

CVQI Regional Meeting
Friday, 17 September 2021
Remote (Ring Central)

Meeting Highlights/Action Items

(See regional slide deck for detailed data – includes SVS program updates)

On site attendance: (see attendance sheet)

Remote attendance: (download from ring central)

PSO Representative Attending Meeting: **Betsy Wymer and Carolyn Morgan**

I. Presentations:

Presenter:	Title of Presentation	Center Name (PATHWAYS)	Center ID's
Alexa (NS)	Discharge Medications – education for nurses and Welcome packet for new staff Flagging patients on patient processing system to avoid missing pts	NS Health	
Graham Roche-Nagle	Thresholds for AAA repair in Canada/US	TGH	Accepted for publication in JVS
Graham Roche-Nagle	<ul style="list-style-type: none"> • Gender differences and outcomes in CEA/rAAA • Supera Stenting in CFA • Hb threshold • Effect of Vertebral compression on ao neck angulation • Endovascular community response 	TGH	Accepted for publication in JVS

	to Katsanos article (drug eluting technology)		Accepted for publication in JVS
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II. General Discussion and Questions

1. Canada leads VQI in Follow up, EVAR Sac Diameter Reporting and Primary AVF Access
2. Review of Regional Data – note made of heterogeneity of the region
3. EVAR LOS: we have made improvements over the past few years and are now below VQI average.
4. Increased LOS in symptomatic CEA > VQI. Catchment areas are large and patients may stay longer due to travel factors. Stroke/death rate may be of more concern, although with small numbers, this may factor in. Discussed difference between CEA/EVAR LOS—are there process differences in how patients are treated (G Lemmon). It was identified that Canada is highly regionalized; in Alberta, there are 2 hospitals for 5 million people, and no rehab hospitals, therefore LOS may be affected by this. Patient populations are different as well. Most EVARs are elective and have been ‘primed’ for 1-day LOS. Symptomatic carotids are different – may be more urgent and have deficits from the insult.
5. Dr. Lemmon suggested that we share our success with greater VQI as to how we have succeeded in achieving our leading rate in sac diameter reporting. Factors include labs within clinic, tests done at tertiary care centres, and that physicians take the onus on following up their patients.
6. Learning from other regions: Region needs to ask Carrie (Bosela) for a meeting with a high performing centre to learn their successes. This would require self-disclosure from both regions. CVQI (or a specific centre) would need to approve self-disclosure. Dr. Roche-Nagle suggested that we look within the region first, then externally if needed. This goes for identifying which centres are doing the same modules. However, we need to be careful about not violating PSO guidelines about centre identification. This could be avoided by self-identifying during the meetings.
7. SVS Sac size guidelines: Pam Dawe (Edmonton) pointed out that it would be helpful to be able to identify within the aneurysm modules the type of aneurysm being treated; this would help explain why guidelines might not be met (eg. Saccular aneurysms might be treated at a smaller diameter). This is a work in progress (Carolyn) and modules will be amended accordingly.

III. Action Items (including QI projects):

1. Ask to consider self-disclosing and unblinding where we are able (only process measures are allowed – sac diameter reporting) and must be voted on. This will be coordinated and voting tba.
2. Differences in practice patterns between proportions of cases within US/Canada noted especially wrt to oAAA/Supra – potential for study
3. Consider **regional** QI projects for next meeting: wound infections/dressings, medications guidelines, post-op delirium, waiting times for interventions, prevention of limb thrombosis of EVARs – pressure gradient measurement

IV. Nominations (AQC, VQC, RAC, Medical Director):

Current positions with 3-year term ending &/or vacant **N/A**

V. Next Meeting:

TBA, to be coordinated around Winnipeg meeting

Host site: Thunder Bay Regional Health Sciences Centre

Type of meeting (in-person v hybrid v remote) TBD