

Semi Annual Meeting

Thursday, September 27, 2018

Le Westin Hotel, Montreal QC

AGENDA

1645	Welcome	
1645 – 1705	National Update	Carrie Bosela
1705 – 1800	Data Review	Graham Roche-Nagle
1800 – 1815	Data Discussion	
1815 – 1845	Successes and Challenges	All sites
1845 – 1900	Wrap Up/Discussion re next meeting	
1900	Adjourn	

MINUTES

1. Attendees were welcomed and introductions made. Guest: Dr. Paul Petrasek from Calgary, whose site is considering joining. Dr. Petrasek requested a copy of a paper from Dr. Roche-Nagle which outlines how Toronto General has leveraged VQI in its centre.
2. National Update:
 - a. Carrie Bosela reviewed the slides that will be posted on the website. She noted that Canada had 3 posters and one podium presentation at the VQI@VAM meeting in Boston.
 - b. We asked if it would be possible to incorporate grafts and stents that are not yet approved in the US added to the drop downs. Carrie explained that this is not possible since VQI follows the FDA GUIDD numbers.

3. Regional Research

- a. Graham Roche-Nagle identified a potential project for the new region to compare practice elements of Canadian vs US centres. This would be a snapshot of practices.
- b. Review the new SVS guidelines to examine adherence, eg, 50% of AAA in the US are < 55 mm prior to EVAR. Do we do the same?
- c. We discussed looking at aneurysm size vs driving guidelines. What are the provincial requirements/variations. This could be a good student project. Some provincial payer rules require surgery for aneurysm of 5.0 for men, which is not in line with SVS Guidelines.

4. Data/Data Discussion

- a. Slides were reviewed with national / regional comparators. Some sites are doing better than others and opportunities for growth were addressed. Pam Dawe (Edmonton DM) shared her site's pamphlet for patients concerning the use of statins and antiplatelets.
- b. Canada is an outlier for CEA and EVAR LOS. Toronto was able to decrease their LOS as a Quality project which helps the hospital justify the value and cost of VQI. He encouraged others to do the same. Naomi can share the project with others in the region.
- c. Infra SSI is high; Carrie reported that the Chlorhexidine recommendations is going to be retracted. While data from New England supported its prevention of SSI back in 2013, national data can no longer support that. Will most likely just follow the CDC guideline of Alcohol based skin preps.

5. Successes/Challenges

As a young group, we shared some successes and challenges we are having, notably, geography. Those present agreed that the Winnipeg meeting and the CSVS were both opportunities for meeting in person, and that we could have GoTo meeting as well.

6. Next meeting: April 4 – 6, in conjunction with the Winnipeg Vascular Meeting.

Details to follow

Also agreed to have annual Fall meeting in conjunction with Canada Vascular Society meeting.

The meeting was adjourned.