WELCOME

CAROLINAS VASCULAR QUALITY GROUP

October 20, 2023
9:00 AM– 1:00 PM ET
REMOTE

SVS | VQI
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Remote Meeting Attendance Credit

Before we get started, please sign in.

1. Click “Participants” in the box at the top or bottom of your screen.

2. If your full name is not listed, hover next to your name and look for “rename”. Select & sign in.

3. Can’t sign in? Email Angela Churilla at achurilla@vascularsociety.org & include identifier you were signed in under (ex – LM7832) or phone number.

***NOTE: Credit is NOT given to any attendee or speaker that does not have an ACTIVE PATHWAYS user account.**

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Appreciation and Thanks

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Thank you to everyone who helped make this event possible:

Katharine McGinigle, MD - Regional Medical Director
Open Position - Regional Associate Medical Director
Lynne Hampton - Regional Lead Data Manager
Kaity Sullivan – SVS PSO Analytics Team
Angela Churilla– SVS PSO Education & Quality Program Manager
Jennifer Correa – Marketing Manager
Melissa Latus - SVS PSO Clinical Operations Project Manager
SVS PSO Staff

Today's Agenda

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9:00 am	Welcome Regional Data Review – Katharine McGinigle, CVQG Medical Director Learning Objectives: • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • Interpret and compare each centers' VQI results to regional and national benchmarked data. • Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes. • Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	CE Credit
10:00 am	Regional QI Proposal - Katharine McGinigle, CVQG Medical Director Learning Objectives: • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • Interpret and compare each centers' VQI results to regional and national benchmarked data. • Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes. • Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	CE Credit

Today's Agenda - Continued

11:00 am	National VQI Update – Melissa Latus, RN, PSO Clinical Operations Project Manager Learning Objectives: • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	CE Credit
12:15 pm	Council / Committee Updates	No CE Credit
12:30 pm	Open Discussion/Next Meeting/Meeting Evaluation	No CE Credit

Disclosures

None

Welcome and Introductions

Aiken Regional Medical Center
Alamance Regional Medical Center
Anmed Health
Atrium Health Cabarrus
Atrium Health Pineville
Atrium Health Union
Beaufort Memorial Hospital
Cape Fear Valley Health
CarolinaEast Medical Center
CaroMont Regional Medical Center
Catawba Valley Medical Center
Cone Health
Duke University Medical Center
Lexington Medical Center
Margaret R. Pardee Memorial Hospital
McLeod Health
Medical University Hospital Authority
Mission Hospital

MUSC Health Columbia Medical Center
MUSC Health Florence Medical Center
New Hanover Regional Medical Center
Novant Health Forsyth Medical Center
Novant Health Matthews Medical Center
Novant Health Presbyterian Medical Center
PineHurst Surgical
Prisma Health Richland
Regional Medical Centers of Orangeburg and Calhoun Counties
Rex Hospital, Inc.
Roper St. Francis
Sanger Heart and Vascular Institute
Self Regional Health
Spartanburg Regional
St. Francis Hospital Downtown
Trident Medical Center
University of North Carolina Hospitals

Vidant Medical Center
Wake Forest University Baptist Health Medical Center
WakeMed Health & Hospitals-Cary Campus
WakeMed Health & Hospitals-Raleigh Campus
Wayne UNC Healthcare

Fall 2023 SVS VQI Regional Report Slides

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The VQI Regional Quality Report is produced semiannually to provide centers and regions targeted, comparative results and benchmarks for a variety of procedures, process measures, and postoperative outcomes.

Please note the following updates have been implemented to enhance and improve the report:

- Ability to Download/Print Dashboard

  The dashboard summary can now be downloaded as an Excel file or printed directly using buttons included above the dashboard table. Please note that printing allows you to save as PDF with the “Print to PDF” feature in your browser.

- Interactive Plots

  All graphics are now interactive.

https://www.vqi.org/wp-content/uploads/FALL_2023_REGIONAL_REPORT_SLIDES_Carolinas_REVISED.html

****Ctrl + Click to follow link

CE/CME Meeting Attendance Credit

7 days to submit; No email reminder

- **PUT** your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)
- **SEND** an email to achurilla@vascularsociety.org with names of group members that are sharing 1 device
- **OFFICALLY** apply for CME/CE credit by clicking the URL or QR code provided

https://dmu.co1.qualtrics.com/jfe/form/SV_56kxvid1wI

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VQI National Update

Melissa Latus, RN

Clinical Operations Project Manager, SVS PSO

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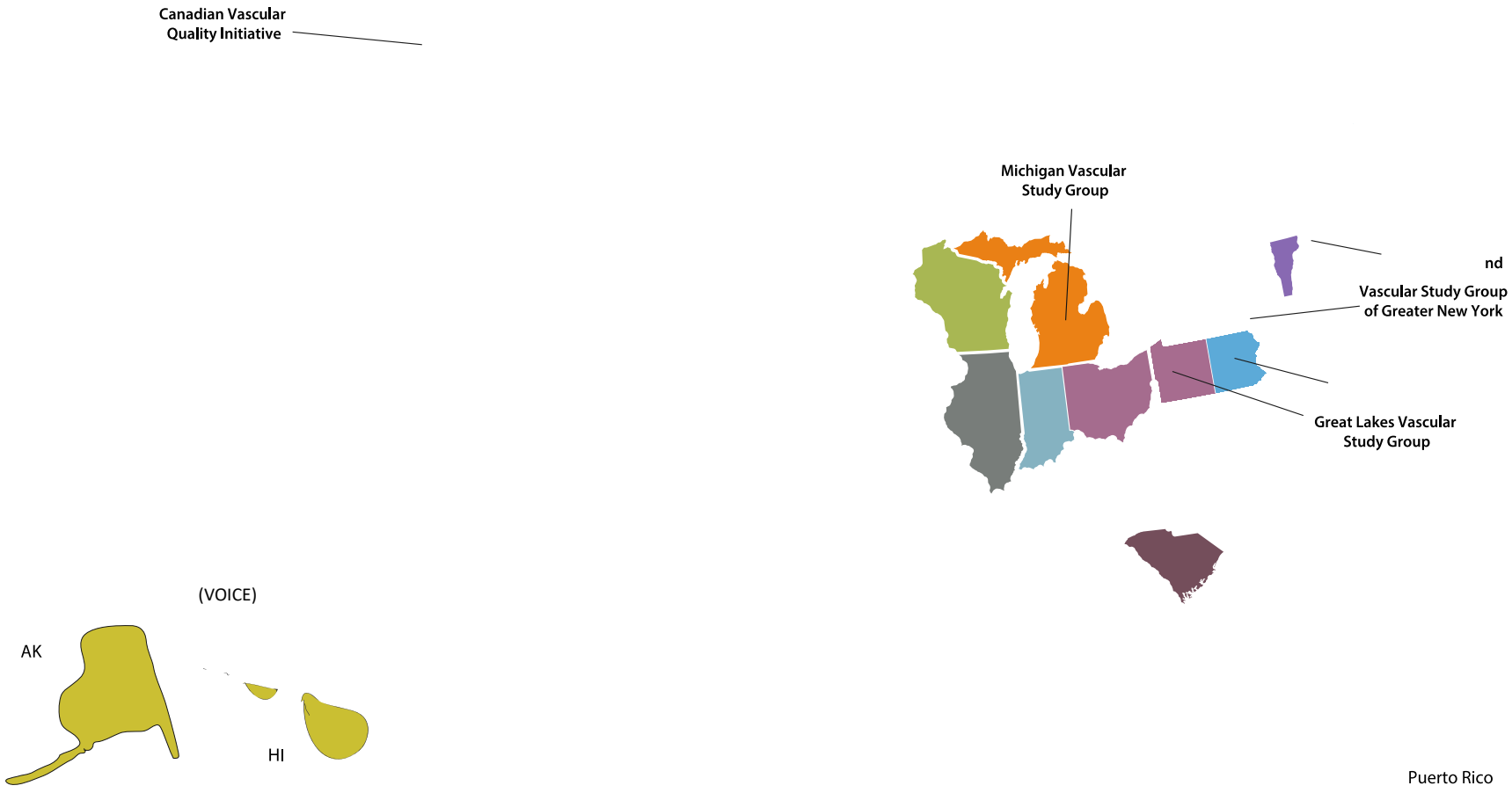
VQI Participation

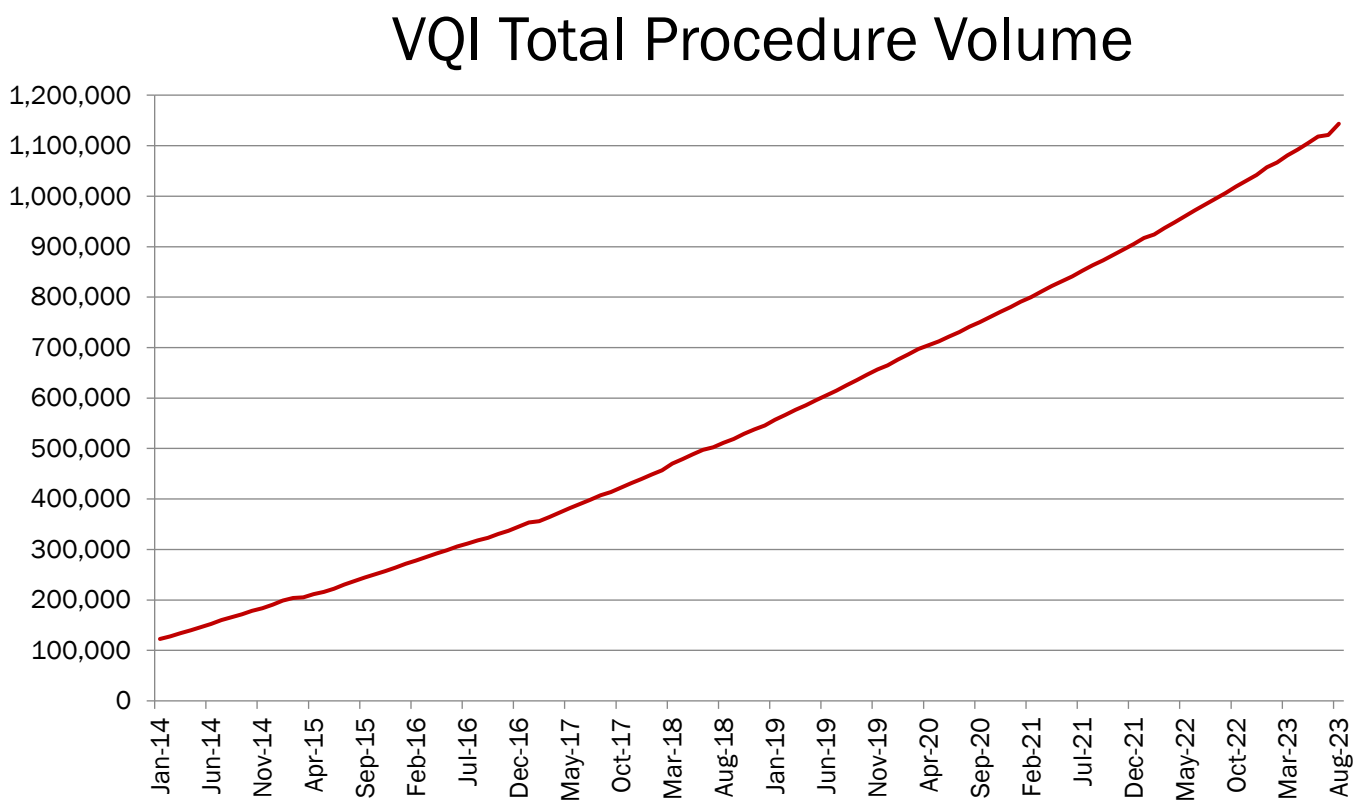


Regional Breakdown

- Canadian Vascular Quality Initiative | 7 Centers
- Carolinas Vascular Quality Group | 40 Centers
- Great Lakes Vascular Study Group | 63 Centers
- Michigan Vascular Study Group | 37 Centers
- Mid-America Vascular Study Group | 75 Centers
- Mid-Atlantic Vascular Study Group | 91 Centers
- MidSouth Vascular Study Group | 26 Centers
- Midwest Vascular Collaborative | 51 Centers
- Northern California Vascular Study Group | 27 Centers
- Pacific NW Vascular Study Group | 40 Centers
- Rocky Mountain Vascular Quality Initiative | 58 Centers
- Southeastern Vascular Study Group | 139 Centers
- Southern California VOICE | 43 Centers
- Southern Vascular Outcomes Network | 114 Centers
- Upper Midwest Vascular Network | 66 Centers
- Vascular Study Group of Greater New York | 47 Centers
- Vascular Study Group of New England | 50 Centers
- Virginias Vascular Study Group | 44 Centers
- Singapore | 1 Center
- TOTAL CENTERS | 1 ,022 Centers

Procedures Captured

TOTAL PROCEDURES CAPTURED (as of 9/1/2023)	1,143,801
Peripheral Vascular Intervention	396,286
Carotid Endarterectomy	201,578
Infra-Inguinal Bypass	84,367
Endovascular AAA Repair	83,894
Hemodialysis Access	79,165
Carotid Artery Stent	108,549
Varicose Vein	63,640
Supra-Inguinal Bypass	26,875
Thoracic and Complex EVAR	30,658
Lower Extremity Amputations	30,040
IVC Filter	18,695
Open AAA Repair	18,357
Vascular Medicine Consult	1,466
Venous Stent	231



Total Procedure Volume reflects net procedures added to the registry for the month

Regional Meeting CME/CE Credit

Des Moines University is the continuing education provider for this activity.

The attendance roster will be cross-referenced with those applying for CME/CE. Sign in correctly.

Each participant **MUST COMPLETE BOTH** the attendance attestation and the meeting evaluation from the URL site – one form.

You will have 7 days from the date of the meeting to complete the forms and **SUBMIT.**

Approximately 14 days from the meeting, Des Moines University will email you instructions on how to access your certificate.

PSO leadership is providing continuing education credit to you at no charge!

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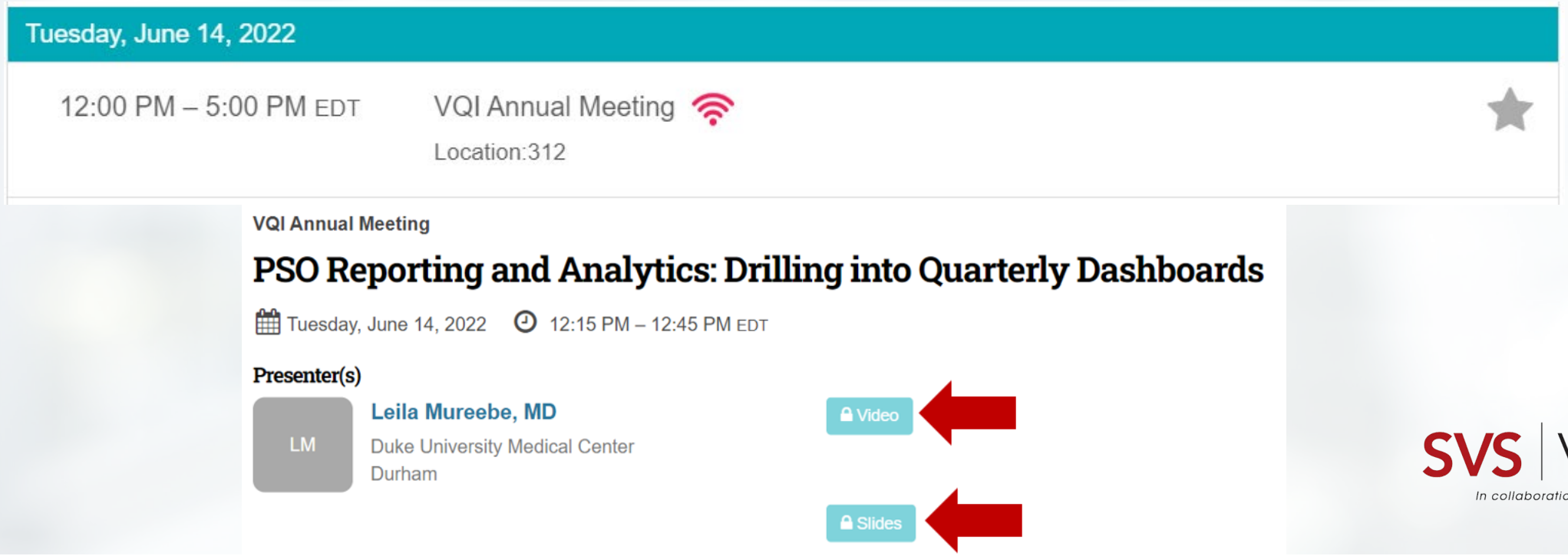
2023 VQI@VAM Wrap Up

- Recordings & slides available on the VQI@VAM Planner
  - Log into the Planner https://2023svsvam.eventscribe.net/
  - Select Full Schedule
  - Select your preferred day
  - Select your session



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Have you checked out the new VQI Website?

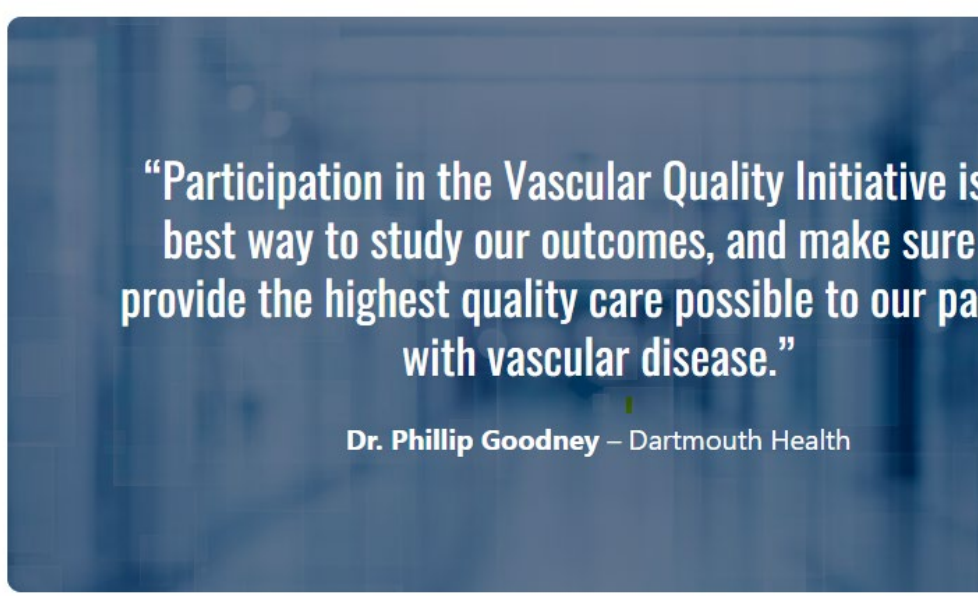
If not, here's just a peek at what you're missing!

1. Registry specific pages – deeper dive into each of the SVS VQI's 14 registries

2. The ability to view the VQI.org website in your preferred language! Don't see your preferred language, reach out to see about getting it added to the site

3. New webinars & presentations added regularly – either on the main events page, or in Members Only

For more information about the VQI website, contact Jen Correa, SVS PSO Marketing Manager at jcorrea@svspso.org.



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QUALITY IMPROVEMENT – MEMBERS ONLY

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VQI Members Only

Access to information exclusively available to members of the SVS VQI

- Find information that is not publicly shared on the VQI Website (ex: Quality Guide, Specific Registry Webinars, etc....
- Find links and other information for upcoming Regional Group meetings

- Remember, access to the Members Only area of the VQI Website requires a different login than your PATHWAYS user account
- For account access email Jen Correa at: jcorrea@svspso.org to receive your username and temporary password

FDA Communications

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https://www.vqi.org/resources/fda-communication/

FDA COMMUNICATIONS

NEWS/UPDATES FROM THE U.S. FOOD AND DRUG ADMINISTRATION

September 12, 2022

FDA Advisory Panel Recommendations on Lifelong Surveillance and Long-Term Postmarket Data Collection for Patients with AAA Endovascular Aortic Repair – Letter to Health Care Providers

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March 9, 2022

Medtronic Recalls TurboHawk Plus Directional Atherectomy System Due to Risk of Tip Damage During Use

Readmission Study University of Rochester

- 30d Readmission rates
  - Review of readmission cost
  - Frequency of readmissions
  - Frequency of reoperations & cost
- Univ Rochester piloting 30D readmission project
- To join the pilot or for questions contact Stacey Esposito at:

Stacey_Esposito@URMC.Rochester.edu

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Benefits determined by the study include:

- More accurate capture of complications after discharge/use of LTFU form for complications prior to 9 mos.
- Track & trend unplanned readmissions
- Identify the reason for unplanned readmissions
- Evidence based data to identify at risk patient populations
- Benchmark against Region and All VQI

VQI Updates

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- Smoking Cessation launched as a new NQI June 2023 w/ variables added to all Arterial Registries – Early Q3 2023
- Help Text Enhancement Tool – May 2023
- Interactive plots for the Biannual Center and Regional Level Reports
- Retirement of most COVID Variables
- Retirement of >500 Opioid variables
- Collection of Exercise Program variables in Lower Extremity Registries

- In Development:
  - Open Aorta Registry
  - Infrainguinal/Suprainguinal Registry Follow-up reports
  - Continued efforts for harmonization across registries
  - Enhanced reporting measure for biannual reports
  - EPIC integration into VQI. *Looking for Center volunteers*

Cardiac Risk Index

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Home | Calculators | About | FAQ

Suprainguinal Bypass (SUPRA)

Applicable to any primary, non-emergent suprainguinal bypass for aneurysmal or occlusive disease for indications of claudication, rest pain, tissue loss, or acute ischemia

Generate report

Age: Under 60

Graft Origin: Axillary

ASA Class: 1, 2, or 3

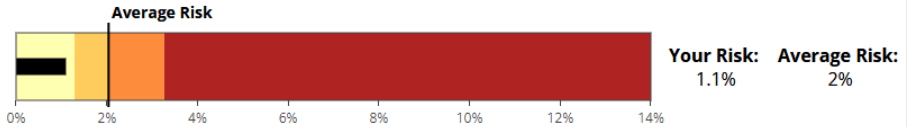
History of Coronary Artery Disease: None

Results of Stress Test within Past 2 Years: Not Done

Indication for Surgery: Claudication

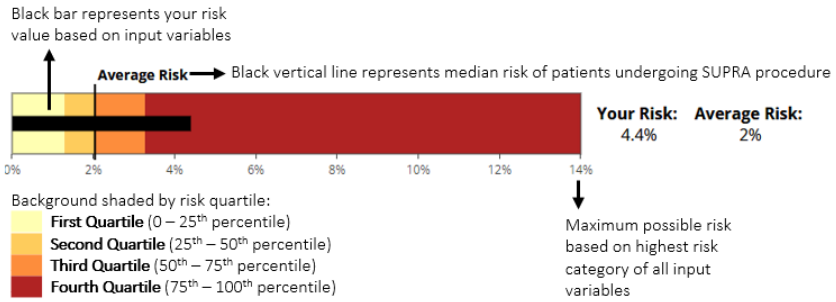
Risk of In-Hospital Postoperative Myocardial Infarction:

1.1 %



Your risk value falls within the 1st quartile (0-25th percentile) of risk.

How to interpret figure:



https://www.vqi.org/risk-calculators/

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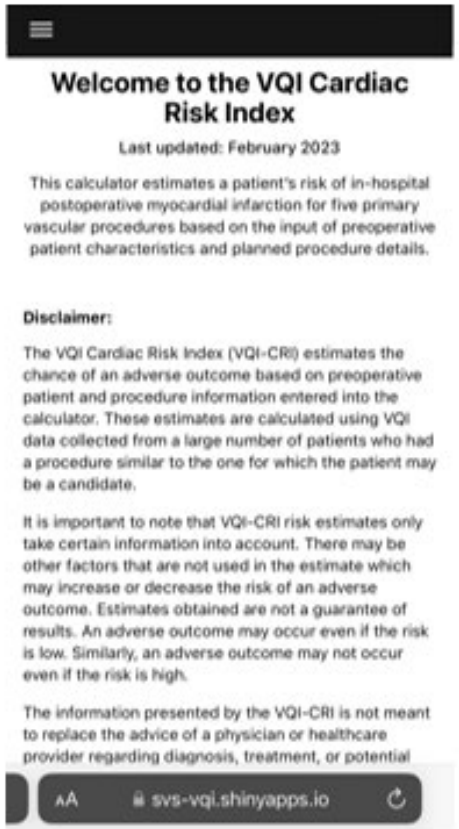
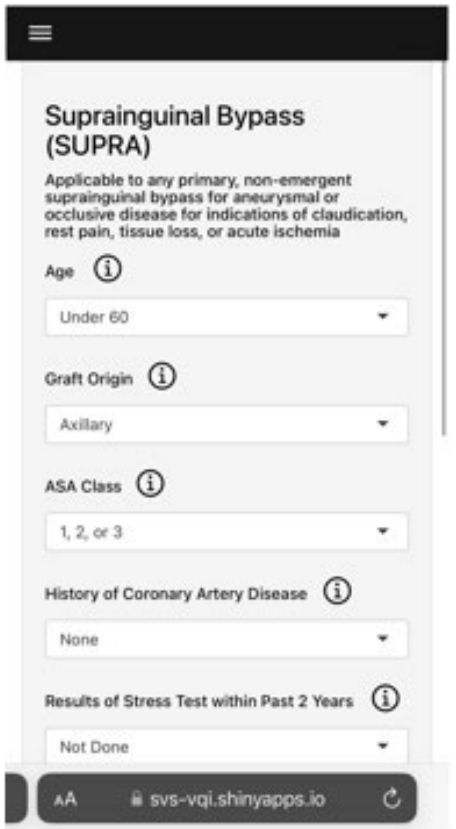
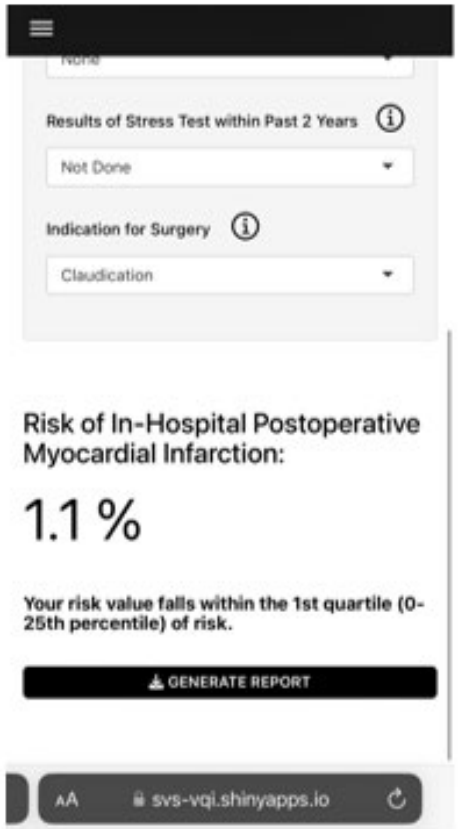
The VQI-CRI is also available in a mobile-friendly format







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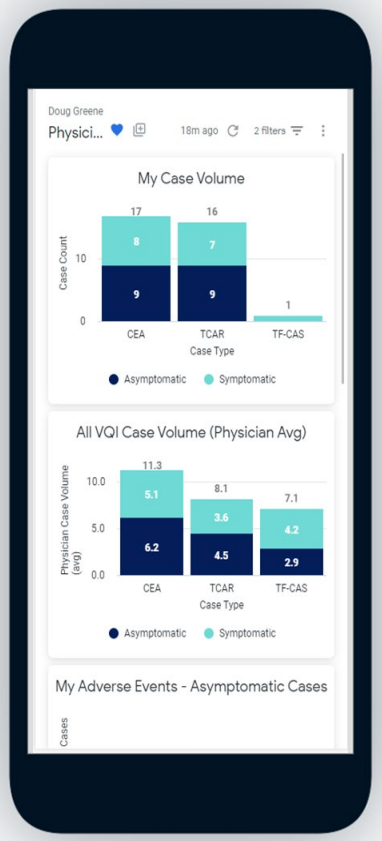
Physician Snapshot Report Discussion

Introducing Physician Snapshot Reports for Carotid Treatment

- Individual Physician Reporting for individual physicians to compare key outcomes against all VQI cases

- Key features
  - Flexible access: Available on your smart phone or through Pathways reports on your desktop
  - Near real time data with nightly updates
  - CEA, TCAR and TF-CAS available on the same report
  - Flexible time interval views- default view is the last 365 days with options to adjust the date range
  - Secured- viewable only by **you** via your VQI PATHWAYS password



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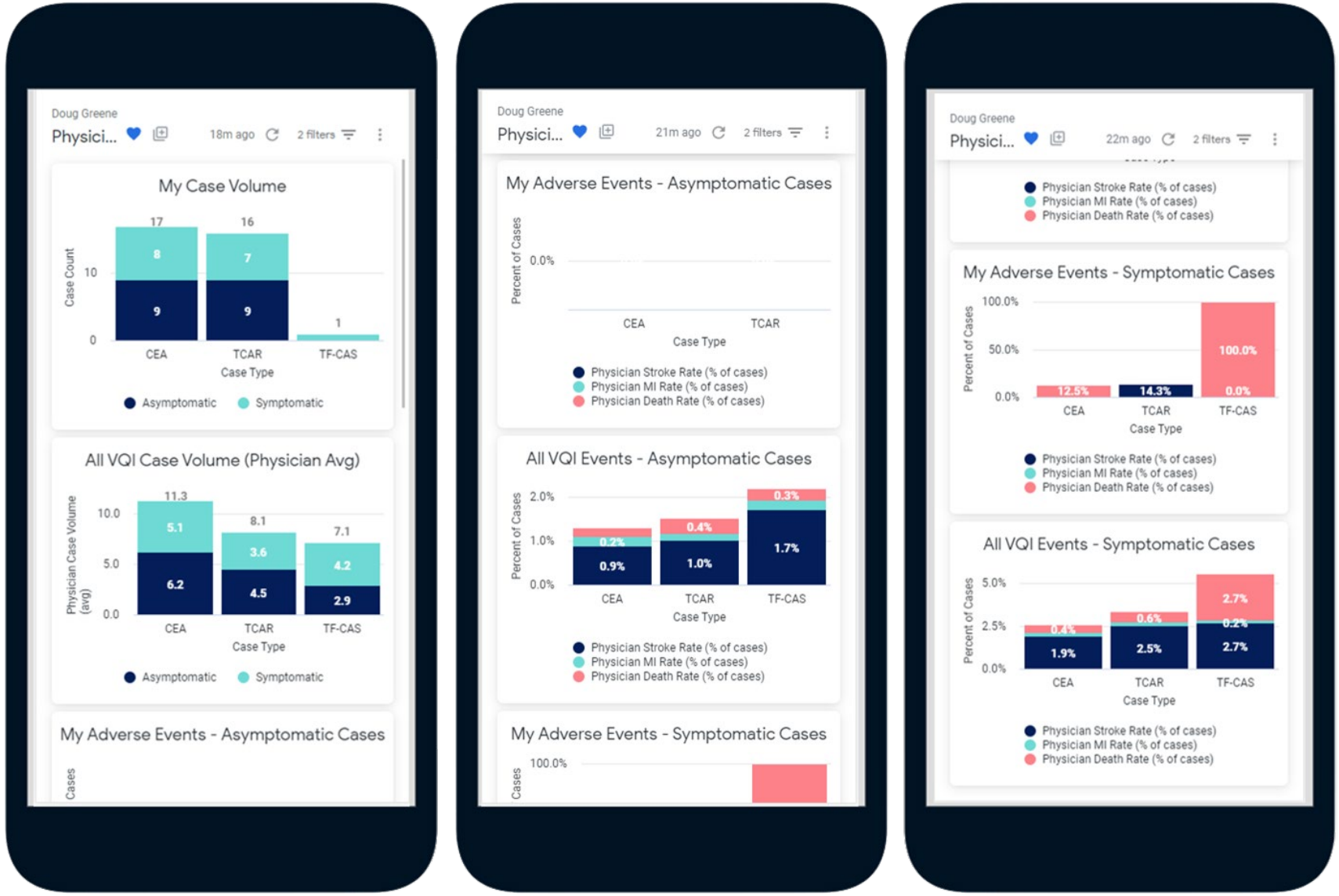
Compare Physician with VQI Average Annual Case Volume and Key Outcomes

CEA vs TCAR vs TF-CAS, Asymptomatic vs Symptomatic Cases, Stroke, Death, MI



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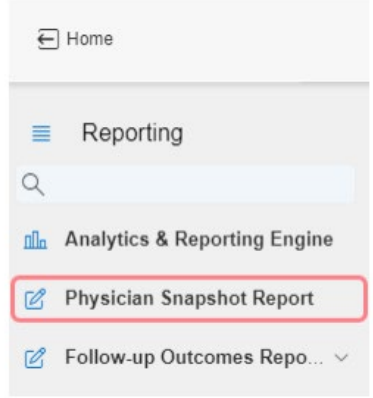
How do I access my Carotid snapshot?

Two Options:

1. An email with your URL entitled **View my Carotid Snapshot** was sent to the email on file for you in PATHWAYS- simply click the link and enter your PATHWAYS password

2. From a desktop computer- URL Access: https://pathways.m2s.com
   -From the reporting menu in the top right, click the option for the Physician Snapshot Report



Note: You will need your VQI PATHWAYS password to the view the report

- If you do not know your VQI PATHWAYS password, please see your VQI hospital manager
- You may also email PATHWAYS support for assistance at PATHWAYSsupport@fivoshealth.com

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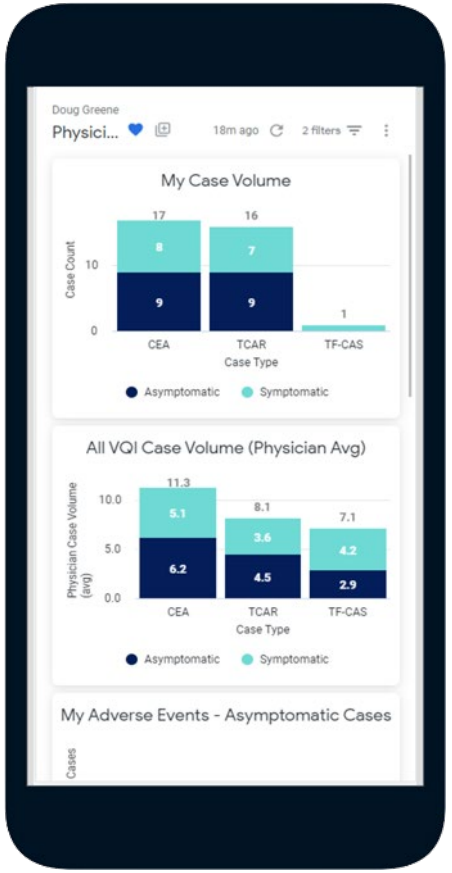
Physician Snapshot Report Feedback

Polling Questions:

- How many of you have viewed your report?
- If you have not viewed the report, why?
- Can you share your initial reaction or feedback if you have used it?



Note: In order to obtain future feedback, we may send a very brief email survey.

Your participation is greatly appreciated!

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General RAC Submission Guidelines

- Active Pathways Account w/ ‘Share a File’ privileges
- Center Registry Subscription
- Regional RAC approval <u>required</u> for all regional proposals

General RAC Submission Guidelines Cont.

- Check email for approval status from Melissa Latus mlatus@svspso.org
- Check email notification from FIVOS health that data set is available in ‘Share A File’
- Data in ‘Share A File’ will expire after 30 days of receipt

2022 CVQG Participation Award Winners

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Self Regional Health
Cone Health
McLeod Health
WakeMed Health & Hospitals-Raleigh Campus
WakeMed Health & Hospitals-Cary Campus

Novant Health Presbyterian Medical Center
Sanger Heart and Vascular Institute
University of North Carolina Hospitals
Alamance Regional Medical Center
Mission Hospital
Vidant Medical Center
Prisma Health Richland
Wake Forest University Baptist Health Medical Center
Atrium Health Pineville
Duke University Medical Center
Rex Hospital, Inc.
Atrium Health Cabarrus
Atrium Health Union

Roper St. Francis
Novant Health Forsyth Medical Center
Spartanburg Regional
Medical University Hospital Authority
Novant Health Matthews Medical Center
Catawba Valley Medical Center
CarolinaEast Medical Center

Quality Improvement Updates

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Betsy Wymer, DNP, RN, CV-BC
Director of Quality, SVS PSO

Quality Improvement:
National Quality Initiative - Smoking Cessation

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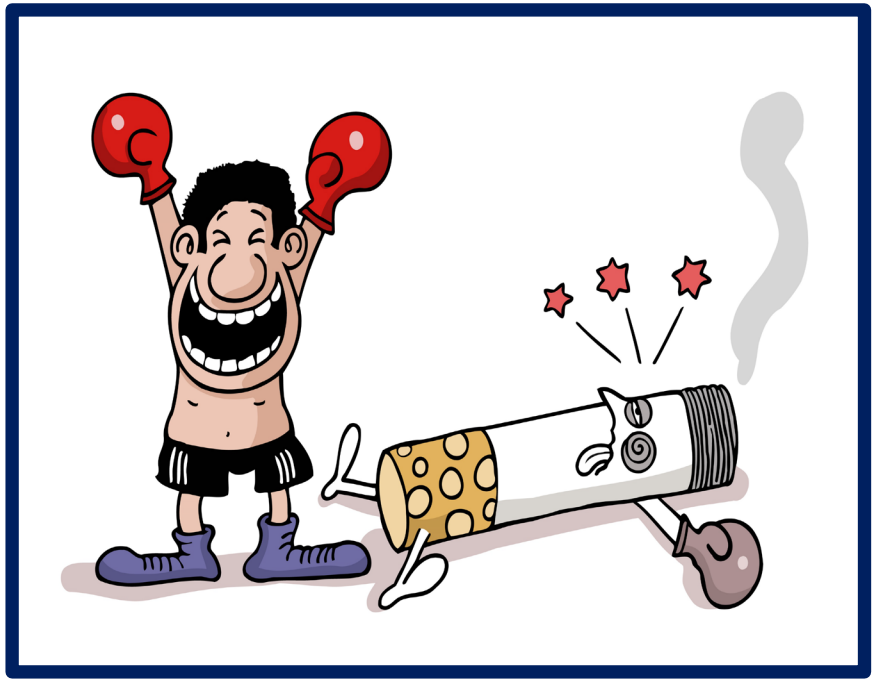
- Introduced at VQI@VAM 2023
- CAN-DO Program
  - Choosing Against combustible Nicotine Despite Obstacles
- Arterial registries only
- Reporting measures added Spring 2023
  - Preop Smoking – Elective procedures
  - Smoking Cessation – Elective, Urgent, Emergent procedures
- Currently have smoking variables
  - Minimal addition of variables
  - Go LIVE August 2023
- Webinars
  - July and August (register at www.vqi.org)
- Education https://www.vqi.org/quality-improvement/national-qi-initiatives/
  - Physician and Patient
  - Toolkits
  - Billable codes and sample dictation
  - Resources



Active Regional Charters

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None

Quality Improvement – Participation Points

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The following is a list of the four domains for the 2023 Participation Awards criteria:

- **Domain 1 – LTFU – 40% weighted**
- **Domain 2 – Regional Meeting Attendance – 30% weighted**
- **Domain 3 – QI Project – 25% weighted**
- **Domain 4 – Registry Subscriptions – 5% weighted**

Quality Improvement – Participation Points
QI Project Domain

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Domain – Quality Improvement Project – 25% weighted

Scoring on 0 – 6-point scale to keep consistent with other measures. This gives centers options for getting **6 maximum QI points**.

- Initiation of a QI Project, evidenced by submitting a Project Charter to QI@SVSPSO.ORG or bwymer@svspso.org (2 points). **One charter per year.**
- Presenting a QI Project (presentation or poster) at a Regional VQI, *Regional Society Meeting, or ***Hospital Board and/or C Suite** meeting (2 points) *When presenting at succinct regional meetings, project slides must reflect a change or update in status.*
- Presenting a QI Project (presentation or poster) at the National VQI or *Vascular Annual Meeting (2 points)
- *Publish a **VQI quality improvement** article in a Peer Reviewed Journal (2 points)
- Centers with significant improvement or excellent performance rates on National QI Initiatives will receive one additional point (per initiative), for a maximum of 6 QI points

* Please send attestation (proof) to bwymer@svspso.org on or before December 31, 2023.

Quality Improvement – QI Project Domain Requirements

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- Present VQI data to C-Suite (leadership, CNO, COO, Chief Vascular Surgeon, etc.)
- Contact Betsy at bwymer@svspso.org
- Provide the following
  - Agenda/Meeting Minutes (date, your name and presentation, attendees)
  - Copy of presentation (feel free to cover center data)
  - Maximum of 2 presentations per year – slides must present a change or an update in status
- You will receive an email confirmation from Betsy which verifies participation points

Fellows in Training (FIT) Program 2022-2023
Jack Cronenwett Scholarship Winners

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Quality

Dr. Christine Kariya
FIT Mentor Dr. Danny Bertges
University of Vermont Medical Center

Dr. Hanna Dakour Aridi
FIT Mentor Dr. Michael Murphy
Indiana University Health – Methodist

Research

Dr. Ben Li
FIT Mentor Dr. Graham Roche-Nagle
Toronto General Hospital

Dr. Brianna Krafcik
FIT Mentor Dr. Phil Goodney
Dartmouth Hitchcock Medical Center

Dr. Caronae Howell
FIT Mentor Dr. Benjamin Brooks
University of Utah Hospital and Clinics/The University of Arizona

Quality – Fellows in Training (FIT) Program
2023-2024 FIT Mentor, FIT Fellow, and Center

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FIT Mentor	FIT Fellow	Center
Michael Costanza	Deena Chihade	University Hospital
Samantha Minc	Paul Rothenberg	WVU
Nikolaos Zacharias	Mitri Khoury	Massachusetts General Hospital
Nikolaos Zacharias	Tiffany Bellomo	Massachusetts General Hospital
Arash Bornack	Christopher Chow	University of Miami
Michael Madigan/Mohammed Eslami	Mikayla Lowenkamp	UPMC
Thomas Brothers	Saranya Sundaram	Medical University in South Carolina
Benjamin Jacobs/Sal Scali	Michael Fassler	University of Florida
Adam Beck	Amanda Filiberto	University of Alabama Birmingham
Brian DeRubertis	Nakia Sarad	Weill Cornell Medical Center
Dan Newton	Syeda Ayesha Farooq	Virginia Commonwealth University

ACS Vascular-VP

Vascular Verification Program
American College of Surgeons

Improve Your Quality of Care in Vascular Surgery and Interventional Care

Introducing a new quality program developed by the **American College of Surgeons** and the **Society for Vascular Surgery:** a standards-based framework designed to meet the unique needs of vascular programs

*facs.org/**vascular***

Email **vascular@facs.org** for information

Committee Updates

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AQC Update

Leila Mureebe,MD

- Committee meets every other month
  - Jan, March, May……
- Re-engagement of registry committees
  - New reporting measures for ea. registry
  - Review of variables for possible retirement
  - One committee each Mtg. will give progress update
- Review & discussion of proposed registry revisions
  - LE/VMC SET variables to align w/guidelines
  - Pilot ERAS Variables
  - Initial discussion of required vs non-required procedure variables

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VQC Update

Katharine McGinigle, MD

- Committee meets bi-annually
- Re-engagement of registry committees
  - New reporting measures for each registry
  - Review of variables for possible retirement
  - Each committee will give updates during the VQC meetings
- Active review of Venous Stent to decrease registry burden
- Discussion on how to increase venous registry presence w/in the venous community
- Next Meeting VEITH (hybrid)
  - November 12-17, 2023

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Arterial RAC Update

Gabriela Velazquez, MD

- The proposal review committee meets bimonthly
- Comprises of all RAC chairs nationally and some other members
- Reviews about 20-30 abstracts each cycle
- The process is fair and open with the aim of approving most proposals
- The committee advises investigators on how to improve the proposals

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Arterial RAC

- When requesting a Data Set, the investigator must have an ACTIVE PATHWAYS account.
- Once approved, the Data Set will be transferred through the “SHARE a FILE” function in PATHWAYS.

- The Data Set will be available through “Share a File” for 30 days

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Arterial RAC

- Components of a VQI proposal.

- For more information:

  - Podcast: Requesting Data presented by Dr. Leila Mureebe, MD

    https://drive.google.com/file/d/1tBsYrzh0Pu-0z5gu_eHhMmrVvyEtk5i2/view

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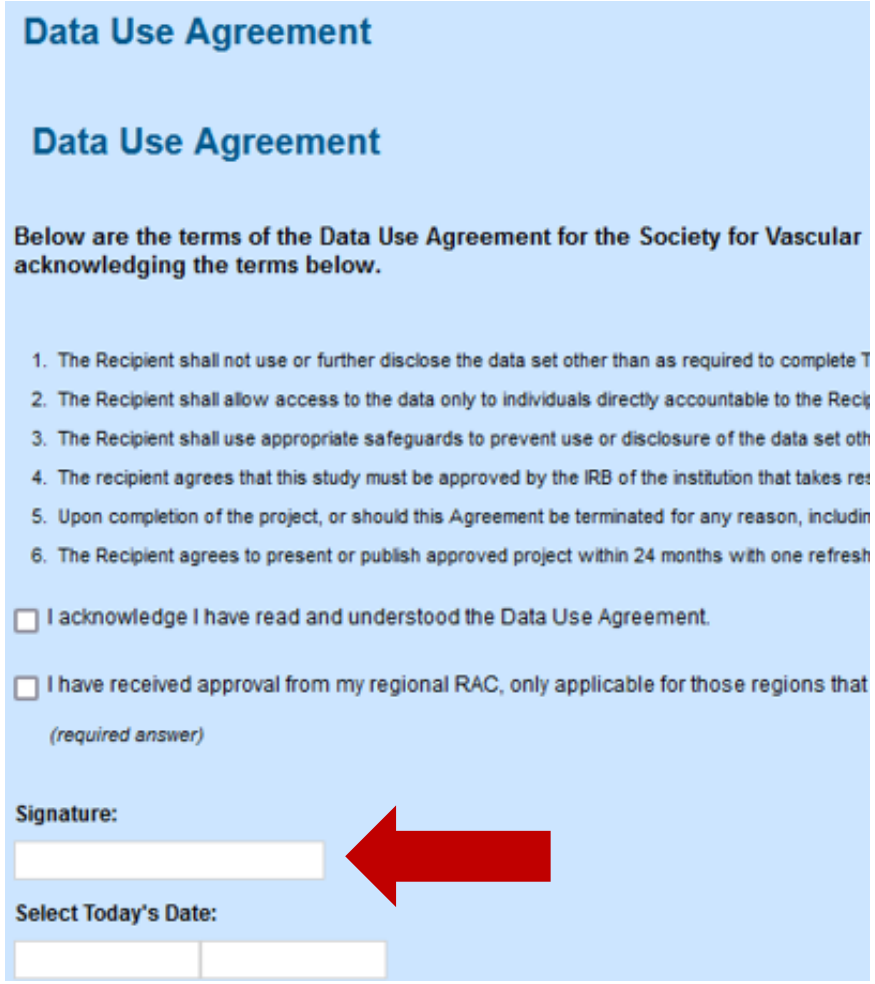
- Abstract
- Research question/Hypothesis
- Background/significance
- Approach
- Analytic plan
- Mock Tables
- Potential problems/solutions
- IRB approval/exemptions.

RAC Data Use Agreement

The Data Use Agreement needs to be signed by the Attending Physician when submitting in Abstract 123

https://abstracts123.com/svs1/



RAC Proposal Process

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1. **Review list of projects:**

https://www.vqi.org/data-analysis/rac-approved-project-search/

2. **Submit proposal online:**

http://abstracts123.com/svs1/meetinglogin

3. **Deadlines for submissions:**

https://www.vqi.org/svs-vqi-national-arterial-rac-schedule/

- Your Regional RAC chair is available to help answer questions or help with proposal writing

Venous RAC Update

- The July Venous RAC had 4 venous proposals submitted
- Podcast: Requesting Data presented by Dr. Leila Mureebe, MD. Follow link below
  - https://drive.google.com/file/d/1tBsYrzh0Pu-0z5gu_eHhMmrVvyEtk5i2/view
- The current venous registries with blinded data sets
  - Varicose Vein
  - IVC Filter
- Types of information available:
  - Demographics
  - Comorbidities
  - Operative characteristics
  - Post-operative characteristics
  - Follow-up

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Governing Council Update

Katharine McGinigle, MD

- Meets twice a year
- Last meeting: June 16, 2023
- Committee designation:
  - Each region represented by the Regional Lead Medical Directors
- Adam Beck – newly appointed GC Chair; Grace Wang – newly appointed Vice Chair
- All Regional RAC requests must have regional RAC approval; committee highly recommends that the Regional RAC also approve national requests
- Next meeting VEITH; November 2023

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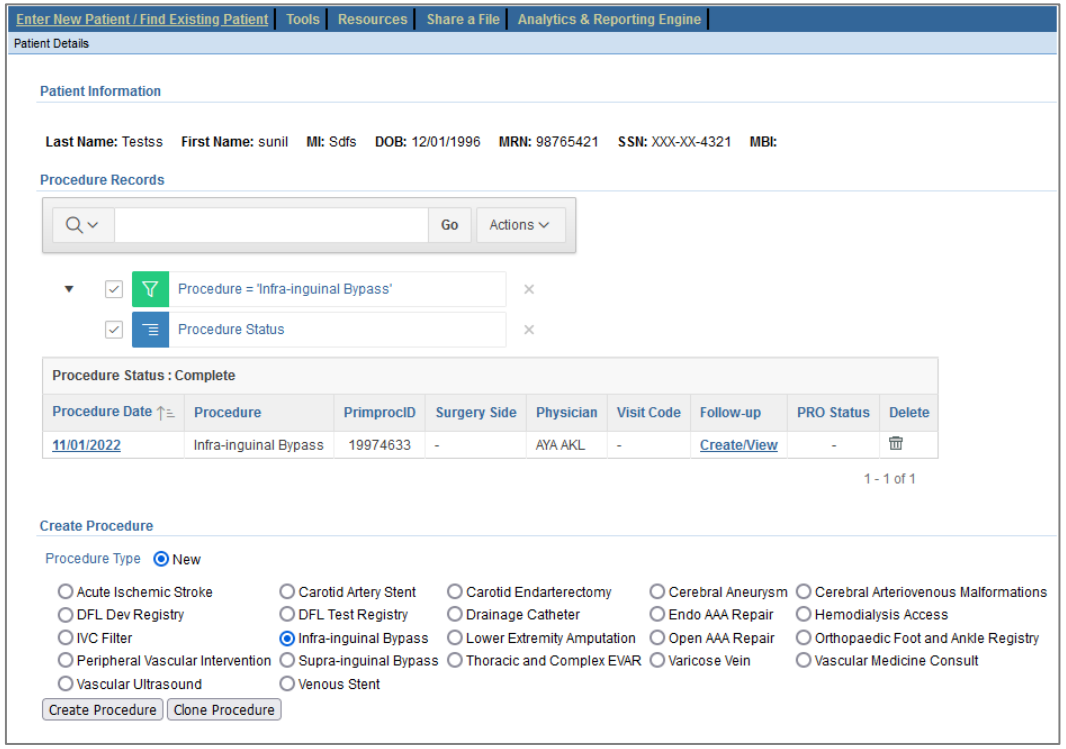
Released in Q1 2023

Same Registry Cloning for Infra/Supra-inguinal Bypass

- The ability to copy data from existing procedure records to a new procedure record for the same patient and registry has been added



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PATHWAYS® Quick Reference Guide: Registry 'Clone Procedure'

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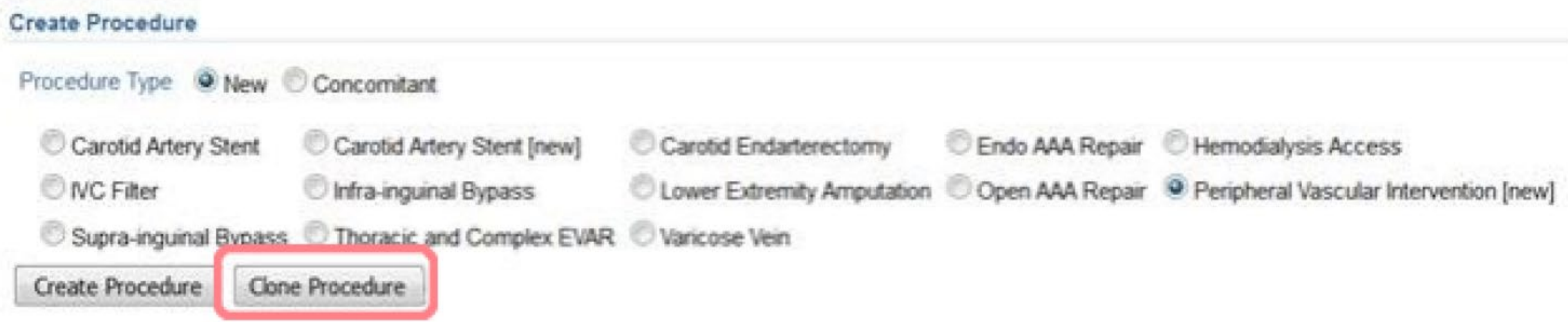

PATHWAYS® Quick Reference Guide: Registry 'Clone Procedure'

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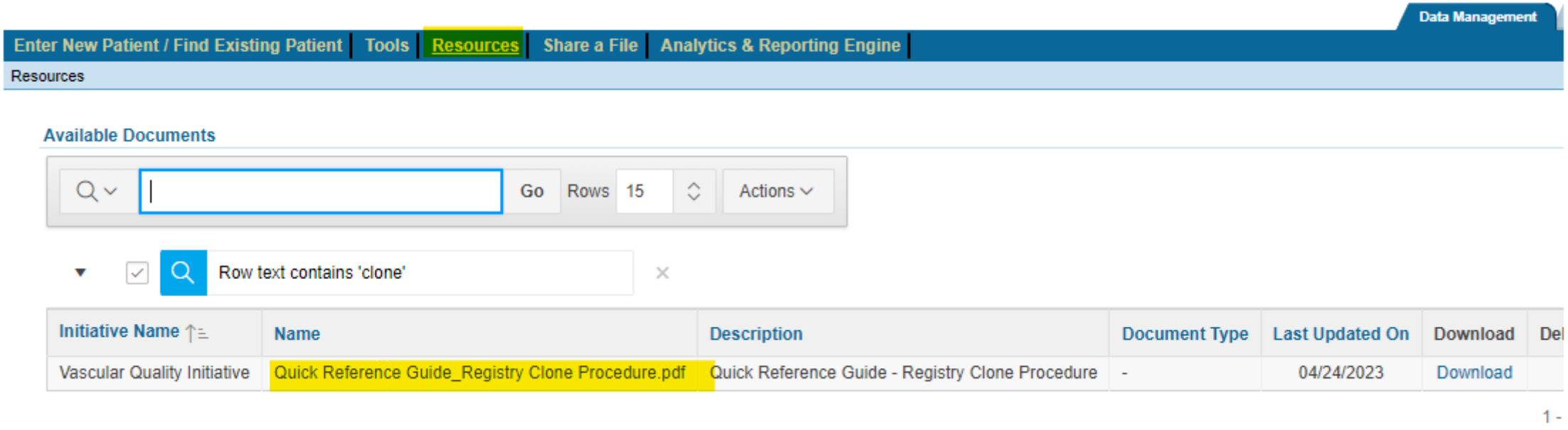

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Field Label	Days Since Procedure Date Eligible for Cloning	Tab	Registry (Infra, PVI, Supra)
Birth Sex	Default	Demographics	All
Race	Default	Demographics	All
Hispanic or Latino	Default	Demographics	All
Primary Insurer	30	Demographics	All
Height Inches	999	Demographics	All
Height cm	999	Demographics	All

Creatinine mg/dL	7	Demographics	All
Creatinine umol/L	7	Demographics	All
Pre ACE-Inhibitor/ARB / Pre-op ACE-Inhibitor/ARB	30	Demographics	All
Pre Op Hemorheologic Agent Pre-op Hemorheologic Agent	30	Demographics	Infra, Supra

Spring 2024 Regional Meeting

May 3, 2024

Fall Report Reminder

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Reminder:

Spring 2024 Report Cut Date = February 1, 2024, for procedures CY 2023

CE/CME Meeting Attendance Credit

7 days to submit; No email reminder

- **PUT** your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)
- **SEND** an email to Angela Churilla achurilla@vascularsociety.org with names of group members that are sharing 1 device
- **OFFICALLY** apply for CME/CE credit by clicking the URL or QR code provided

https://dmu.co1.qualtrics.com/jfe/form/SV_56kxvid1w

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- Thank you to our members for your continued participation and support of VQI

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- Thank you to COOK and GORE for your contributions and making these meetings possible

- Thank you to Des Moines University for providing CE/CME credit for today's meeting

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Thank You

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