

Carolinas Vascular Quality Regional Group
Spring 2023 Meeting
5/5/2023 1000am – 400pm
Restoration Hotel Asheville NC & via Zoom

Meeting Highlights/Action Items

(See regional slide deck for detailed data)

On site attendance: see end of meeting minutes

Remote attendance: (download from ring central)

PSO Representative Attending Meeting: Caroline Morgan

I. Presentations:

Title of Presentation: VQI Regional Quality Report

Presenter: Katharine McGinagle, MD

Title of Presentation: How Are We Doing It

Presenter: Charles S. Briggs, MD, RPVI

II. General Discussion and Questions

- a. VQI has decided to focus on smoking cessation as a national initiative replacing the use of statin medication. This will be adding a couple of new questions.
- b. Welcome to St. Francis-Downtown who has joined our region.
- c. LTFU rate continues to be slightly better than national rate currently at 79%.
- d. Discharge medication remains above the national rate which is fantastic and each year we get better. We are the best in the nation!
- e. Preop smoking, this is a new report, for elective cases only more of our patient's smoke compared to the national number.
- f. TFEM asymptomatic CAS stroke and death rate we are about average, in line with national numbers.
- g. TFEM symptomatic CAS lower than national rates for stroke and death. One of the best regions in the country.
- h. TCAR asymptomatic volume is increasing- we are excellent at TCAR, in fact the best post stroke or death rate.

- i. TCAR symptomatic volume is increasing, we are below the national rate for stroke and death rate.
- j. CEA asymptomatic really good at 1% stroke or death rate, better than expected.
- k. CEA symptomatic doing less volume than before, there is an increase in symptomatic TCAR volume. We still have really low complication rate.
- l. EVAR LOS has been focused on nationally and we are in line with the national rate and pretty consistent.
- m. EVAR sac diameter reporting everyone struggles with this, we have about a 70% LTFU rate and 70% sac diameter reporting means we might be missing some endoleaks. We are getting better, potentially the diameter is being reported in the reports so easier for abstractors to get the data. We are seeing the patients in follow up just not doing a good job of recording the diameter so the data can be abstracted. We are second highest region in VQI.
- n. 80% adherence to EVAR SVS AAA diameter guidelines.
- o. TEVAR sac size diameter reporting remains a challenge for all.
- p. Observed in hospital mortality for elective oAAA repair for our region is 7.7% compared to 4% nationally. We have discussed previously about pre-oping our patients better.
- q. Everyone is doing a good job using cell saver in oAAA which is in the national guidelines, also doing well with following SVS inflow guidelines too.
- r. We are stellar at taking care of PVI Claudication patients.
- s. Major complications after Infra for CLTI is about 4% which has been pretty consistent over the last 4 years and better than national average.
- t. Supra CLTI complications are better than oAAA complications. Overall doing pretty well, right in line with national rate.
- u. We are lowest in the country for LEAMP post op complications. We are pretty consistent at around 7%.
- v. HDA primary AVF vs graft 59% of patients in our region are getting primary AVF compared to 82% nationally. 90% of patients are getting vein mapping. Post op complications are 0% compared to 1.2% nationally and are the best in the country.

III. Crow and Confess-

- a. Centers like having access to more recent data so it is easier to see how well you are doing with charters. Caroline shared the PSO is developing more dynamic reporting so more real time or within 24-hour data is available.
- b. One center is finding telehealth follow up visits to be helpful in long term follow up compliance. Selected patients will have their imaging completed and then have a telehealth visit to review the results. This is available to select population of patients.

- c. Kate Walsh and Dr. McGinigle found that underdiagnosing people in the PAD population, but people who already had the diagnosis are undertreated with active symptoms. Now everyone who comes into clinic gets screened and have a streamlined pathway to get patients seen by psychiatry. In the last few months found 2 patients who were having active suicidal ideation and were able to get them emergent help.
- d. 500th TCAR performed yesterday in Charlotte and close to 0% stroke rate which is better than the last 10 years of CEA. They are reviewing antiplatelet and anticoagulant medication regimes and working to standardize.
- e. Cone Health is one of the best in LTFU in Spring report. They are scheduling follow up appointments at procedure time as well as educating patients and staff that PVD is a chronic medical problem. Infra and Supra complication rates are higher and they are looking at how aggressive they are in offering surgical options. They have also implemented an impressive education program for staff on PVD. Our goal for next year will be for Cone to share their results.
- f. Dr. Brothers shared they are struggling with LTFU. They are working on an ERAS protocol for above ankle amputation and in the final process of implementing routine orders set for this group.
- g. a large number of PAD patients had depression, including a large number that were not treated, they have started treating

IV. National VQI Update –

See slide deck

V. Quality Improvement Update

See slide deck

VI. AQC-

See slide deck

VQC-

See slide deck

RAC-

See slide deck

Governing Council

See slide deck

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

- a. Dr. McGinigle will serve as Medical Director for 3 more years.

- b. Dr. Long has stepped down as Associate Medical Director and Dr. Briggs has been nominated. There will be a public nomination so look for that in your email.
- c. Dr. Mureebe has been elected to the AQC.
- d. Dr. Velazquez has been elected as the Arterial RAQ chair.
- e. Current openings we have are:
 - i. Associate Medical Director
 - ii. VQC
 - iii. Venous RAC.

If you are interested in these positions, please let Dr. McGinagle know. You can self-nominate.

VIII. Next Meeting:
TBD