Mid-Atlantic Vascular Study Group

October 11, 2018
9:30am – 1:00pm
Philadelphia, PA
PLEASE SIGN THE ATTENDANCE SHEET
I. Welcome and Introduction  Grace Wang, MD
II. National VQI Update  Jim Wadzinski, PSO
III. AQC Update  Grace Wang, MD
IV. VQC Update  Faisal Aziz, MD
V. RAC Update  Faisal Aziz, MD
VI. Governing Council Update  Grace Wang, MD
VII. Regional Data Review  Grace Wang, MD
VIII. Meeting Evaluation  Grace Wang, MD
Welcome and Introductions

- Abington Memorial Hospital
- Associates in Vascular Care
- Bayshore Community Hospital
- Beebe Healthcare
- Capital Health Medical Center - Hopewell
- Capital Health Regional Medical Center
- Chester County Hospital
- Christiana Care Health System
- Cooper University Hospital
- Doylestown Hospital
- Englewood Hospital
- Geisinger Community Medical Center
- Geisinger Medical Center
- Geisinger Wyoming Valley Medical Center
- Guthrie Clinic
- Hackensack University Medical Center
- Holy Spirit - Geisinger
- Horizon Vascular Specialists
- Jersey Shore University Medical Center
- Johns Hopkins Bayview Medical Center
- Johns Hopkins Hospital
- Lancaster General Hospital
- Lehigh Valley Hospital
- MedStar Georgetown University Hospital
- MedStar Good Samaritan Hospital
- Medstar Union Memorial Hospital
- Medstar Washington Hospital Center
- Mercy Medical Center
- Monmouth Medical Center
- Newark Beth Israel Medical Center
- Ocean Medical Center
- Overlook Medical Center
- Penn Presbyterian Medical Center
- Penn State Milton S. Hershey Medical Center
- Pennsylvania Hospital
- Riverview Medical Center
- Rutgers- The State University of New Jersey
- Saint Barnabas Medical Center
- Southern Ocean Medical Center
- St. Luke's Allentown Hospital
- St. Luke's Anderson Hospital
- St. Luke's Bethlehem Hospital
- St. Mary Medical Center
- The Reading Hospital and Medical Center
- Thomas Jefferson University Hospital
- University of Maryland Medical Center
- University of Pennsylvania
- Western Maryland Health System
# Mid-Atlantic Prospect Sites

<table>
<thead>
<tr>
<th>Hospital/Center</th>
<th>City, State</th>
<th>Contact</th>
<th>Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Einstein Institute for Heart and Vascular Health</td>
<td>Philadelphia, PA</td>
<td>Dr. Rashad Choudry</td>
<td>Proposal</td>
</tr>
<tr>
<td>Wellspan/Good Samaritan Hospital/York Hospital</td>
<td>Lebanon, PA</td>
<td>Dr. Quan</td>
<td>Proposal</td>
</tr>
<tr>
<td>Main Line Health/Lankenau Medical Center</td>
<td>Wynnewood, PA</td>
<td>Dr. Alexander Uribe</td>
<td>Legal Review</td>
</tr>
<tr>
<td>Conemaugh Memorial Medical Center</td>
<td>Johnstown, PA</td>
<td>Need a physician contact</td>
<td>Legal Review</td>
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<tr>
<td>AtlantiCare Regional Medical Center</td>
<td>Pomona, NJ</td>
<td>Dr. Gregory Domer</td>
<td>Active Redlines</td>
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<tr>
<td>Deborah Heart and Lung Center</td>
<td>Burlington County, NJ</td>
<td>Dr. Kane Chang</td>
<td>Proposal</td>
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<td>Aria Jefferson Health</td>
<td>Philadelphia, PA</td>
<td>Dr. Paul Dimuzio</td>
<td>Contracting</td>
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<td>Baltimore Washington Medical Center</td>
<td>Glen Burnie, MD</td>
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<td>Morristown Medical Center</td>
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<td>Dr. Amit Patel</td>
<td>Proposal</td>
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<tr>
<td>Crozer-Chester Medical Center</td>
<td>Upland, PA</td>
<td>Dr. Sai Sajja</td>
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</table>
## Mid-Atlantic Prospect Sites

<table>
<thead>
<tr>
<th>Hospital/Center</th>
<th>City, State</th>
<th>Contact</th>
<th>Stage</th>
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<tr>
<td>Medstar-Montgomery</td>
<td>Olney, MD</td>
<td>Dr. Woo</td>
<td>Awaiting Sign-off</td>
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<tr>
<td>Barnabas Heath-Clara Maass MC</td>
<td>Belleville, NJ</td>
<td>Dr. Brener</td>
<td>Proposal</td>
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<tr>
<td>Barnabas Health-Community Hosp</td>
<td>Toms River, NJ</td>
<td>Dr. Brener</td>
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<td>Barnabas Health-Jersey City</td>
<td>Jersey City, NJ</td>
<td>Dr. Brener</td>
<td>Proposal</td>
</tr>
<tr>
<td>Medical Facility Ass</td>
<td>Washington, DC</td>
<td>Dr. Bao Nguyen</td>
<td>Awaiting Sign-off</td>
</tr>
</tbody>
</table>
National VQI Update:
Jim Wadzinski, SVS PSO
Number of Participating Centers

Location of VQI Participating Centers

493 Centers, 46 States + Canada

VQI

Centers, 46 States + Canada
18 Regional Quality Groups
The SVS Vascular Quality Initiative (SVS VQI) Surpasses 500,000 Procedures

The Society for Vascular Surgery® Vascular Quality Initiative® (SVS VQI) has marked another milestone as it recently surpassed 500,000 procedures. With nearly 500 medical centers, and 3,000 participating physicians entering cases across 12 different vascular procedures, the VQI continues to experience tremendous growth across the United States and Canada.

“The VQI’s rich repository of data has had a tremendous impact on vascular patient care,” said Dr. Jens Eldrup-Jorgensen, SVS PSO Medical Director. “With over a half million procedures to date, the VQI has enabled countless opportunities for quality improvement, research projects and collaboration with industry.”
Total Procedure Volume tab reflects net procedures added to the registry for the month.

### Total Procedures Captured (as of 9/1/2018)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Count</th>
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<tbody>
<tr>
<td>Peripheral Vascular Intervention</td>
<td>162,009</td>
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<tr>
<td>Carotid Endarterectomy</td>
<td>107,121</td>
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<tr>
<td>Infra-Inguinal Bypass</td>
<td>47,829</td>
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<tr>
<td>Endovascular AAA Repair</td>
<td>43,217</td>
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<tr>
<td>Hemodialysis Access</td>
<td>42,431</td>
</tr>
<tr>
<td>Carotid Artery Stent</td>
<td>23,428</td>
</tr>
<tr>
<td>Varicose Vein</td>
<td>22,841</td>
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<tr>
<td>Supra-Inguinal Bypass</td>
<td>16,009</td>
</tr>
<tr>
<td>Thoracic and Complex EVAR</td>
<td>12,398</td>
</tr>
<tr>
<td>Lower Extremity Amputations</td>
<td>11,873</td>
</tr>
<tr>
<td>Open AAA Repair</td>
<td>11,295</td>
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<tr>
<td>IVC Filter</td>
<td>10,721</td>
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</table>
Data Audits starting in 2018!!

- **Inter-rater reliability exercise:** We asked for volunteers to abstract identical cases for selected registries to see how often they agree/disagree. This will let us identify problem data elements that we can improve with better help text and/or training.

- **Random Center Audits:** we plan to audit random cases at selected centers in order to 1) estimate the overall VQI data-element error rate, and 2) identify areas for improvement. Details to come!

- **New PSO-Center Communication Tool for Data Cleanup:** We will use our new web-based “Audit Tool” to ask centers to verify/correct suspicious data entries (out of range, improbable or impossible values in specific records).
August: TEVAR case abstraction
30 day follow up

September: Validation Case Study! ROI Failure modes and effects analysis

October: LTFU required fields

November: Wrapping up a QI project, 2019 Participation Award information

December: Hemodialysis Registry Changes
How to identify and document post-op Strokes
2018 reporting schedule

– **July**: Fall Regional Reports
– **July**: Pilot System-Level Fall Reports for Inova and Ohio Health *(new!)*
– **August**: COPI Report: INFRA LOS/Physician Dashboards *(new!)*
– **October**: QI Initiative Update
– **November**: Cumulative Physician Dashboards *(new!)*
Registry Updates:

- **30-day Follow-up Measures (November 2018)**
- **Hemodialysis Access:** Under major revision with release to users in 2019
- **Vascular Medicine Registry:** Finalizing changes for release to users in 2019
- **Varicose Vein:** Under revisions to only collect data on treated leg (shorten the form)
- **Venous Stent Registry:** Under development
- **PVI short form:** Under development
Social Security Numbers

Having the SSN in the record allows us to:

- Match patients with the Social Security Death Index which allows accurate assessment of mortality following vascular procedures
- Match patients in VQI to their respective Medicare claims to assess long term outcomes which greatly enhances the length of follow up without requiring data entry
- M2S has designed its security and privacy protocols to ensure PHI is safeguarded in accordance with HIPAA and HITECH. PHI is encrypted both while being transmitted and when data is at rest.

VQI is organized under the legal structure of a patient safety organization (PSO) which has greater data protection than most!!
<table>
<thead>
<tr>
<th>Title</th>
<th>Registry</th>
<th>Enrolling</th>
<th>Targets</th>
<th>Follow-Up</th>
<th>Typical $ Per Patient</th>
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<td>TCAR Surveillance Project</td>
<td>CAS</td>
<td>Yes</td>
<td>-</td>
<td>1 yr</td>
<td>NCD</td>
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<tr>
<td>Bard® LifeStent® Popliteal Artery Stent Project</td>
<td>PVI</td>
<td>Yes</td>
<td>74 pts 30 sites</td>
<td>1, 2 yr</td>
<td>$1400</td>
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<tr>
<td>Medtronic IN.PACT® Admiral® DCB ISR Project</td>
<td>PVI</td>
<td>Yes</td>
<td>300 pts 50 sites</td>
<td>1, 2, 3 yr</td>
<td>$1950</td>
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<tr>
<td>CREST 2 Registry</td>
<td>CAS</td>
<td>Yes</td>
<td>-</td>
<td>1 yr</td>
<td>-</td>
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<tr>
<td>TEVAR Dissection Surveillance Project</td>
<td>TEVAR</td>
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<td>600 pts 50 sites</td>
<td>30 day 1, 2, 3, 4, 5 yr</td>
<td>$4000</td>
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<tr>
<td>Lombard Aorfix Surveillance Project</td>
<td>EVAR</td>
<td>No</td>
<td>234 pts 50 sites</td>
<td>30 day 1, 2, 3, 4, 5 yr</td>
<td>$4000</td>
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*Expect enrollment to re-open in late 2018

For more information, contact PATHWAYSsupport@m2s.com
Who attended?

Feedback?
VQI@VAM Highlights:

- **Introduction to the New Member Guide**
  By: Nancy Heatley, Education and Research Projects Manager

- **Tools and Resources of the Vascular Quality Initiative**
  By: Cheryl Jackson, Director of Quality

Links to the new Member Guide and the new QI Project Guide Supplement can be found on the Members Only section of the VQI website in the National Section:

[https://www.vqi.org/national-data/](https://www.vqi.org/national-data/)
Mid-Atlantic Presentations

- Pennsylvania State University College of Medicine
  - Outcomes after Ruptured Abdominal Aortic Aneurysm repair: Does Institutional Volume Matter?

- Johns Hopkins School of Medicine
  - Effect of Severe Anemia and Outcomes of Hemodialysis Vascular Access

- Johns Hopkins School of Medicine
  - Predictors of High-Grade Restenosis after Carotid Revascularization in a Multicenter National Database
Tools and Resources of the Vascular Quality Initiative
Data – Now What

- Open your reports
- Analyze your data
- Use your data
- We all have areas of improvement
- Don’t be afraid

Putting Data into Action
Starting a QI Project

VQI RESOURCES
VQI Resources

- Use your VQI reports
  - Bi-annual reports (Spring and Fall)
  - Dashboards
    - Physician level
    - Center level
  - Center Opportunity Profile for Improvement (COPI) reports
    - Center level
    - Physician level
  - National QI reports
  - D/C medications
  - EVAR LTFU Imaging
  - Analytics engine reports
  - SVS guidelines and recommendations
VQI Resources

- Analyze your data
  - QI Project Guide
    - Original – released in 2016
    - National Quality Initiatives Supplement
  - Tools
    - Case studies
    - Charters
    - PDCA/PDSA
    - DMAIC
Webinars

February 2018
- “Starting a QI project”
- PDCA/PDSA

May 2018
- EVAR LTFU Imaging
- How to sustain progress
- DMAIC

September 2018
- Case study from an audit
- Failure modes and effects analysis (FMEA)

November 2018
- Wrapping up a QI project, 2019 Participation Award information
## Fifty five charters

<table>
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<th>Topics</th>
<th>Participants</th>
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<td>Discharge Medications (National Initiative)</td>
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<td>LTFU (including EVAR Imaging a National Initiative), IVCF Retrieval</td>
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<tr>
<td>LOS (CEA and EVAR)</td>
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<tr>
<td>Smoking Cessation</td>
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<tr>
<td>Documentation: Epic Workflow, Preop ABI, PVI Documentation,</td>
<td>5</td>
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<tr>
<td>Clinical: Blood Transfusion, AAA Processes, Limb Salvage, SSI</td>
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Charters From Mid-Atlantic

- Beebe Healthcare
  - Discharge Medications
Charters

- Focused group calls
  - Interactive discussion sharing barriers and successes
  - Sharing of charters
  - Networking
  - Checking in – where are you in the process
  - Celebrating success
Newsletters

- The VQI News
  - Distributed every other month
  - Provides updates on regulatory issues, technical updates, and crossover news from the SVS

- VQI Quality Improvement Newsletter
  - Distributed every other month
  - Focusing on QI processes, tools, and definitions
Members Only Website

- Protected area on the VQI website

- Registry forums
  - All registries listed
  - QI forum
Next Steps

- Where are you?
- Wrapping up a QI project
- Sharing outcomes
  - Internally
  - Externally
How to increase regional meeting attendance and participation?

- Lead physicians agreed to personally call centers that do not regularly attend.

- Created a script of standardized questions (willing to share with other regions).

- Plan to publish results.
Research Advisory Council Update
Faisal Aziz, MD
Change in RAC Policy!

Dropping the need to avoid overlap as a criteria for SVS PSO RAC approval.

- Research protocols now need only to demonstrate feasibility that the research can be accomplished using data available in the VQI dataset.
- Overlap with an existing project will not be used as grounds for rejection of a research protocol application.
Since January 2017, the National RAC has approved 151 projects. 25 of the 151 were from the Mid-Atlantic Region.

Check Approved Project List:
https://www.vqi.org/vqi-resource-library/quality-research/rac-approved-project-search/

To submit a proposal to be considered for the National RAC, please follow the link below:
http://abstracts123.com/svs1/meetinglogin
National Research Process

Medicare Matched Datasets:
https://www.vqi.org/vqi-resource-library/quality-research/blinded-datasets/

VQI Medicare Matched Blinded Datasets

Please review the Overview, Datasets and Flowcharts on this page before you start a National RAC project submission to ensure that the data will be suitable for Medicare-matching as the process has changed.

As the Medicare individual level data are subject to Data Use Agreements (DUAs) with the Centers for Medicare and Medicaid Services (CMS), no individual level data can be shared, but TDI will share CMS data that meets aggregated data release guidelines outlined in our DUA. While prior user agreements suggested that blinded datasets could be disseminated, the new DUA requires that no patient-level data be shared.

Overview for Use of VQI-Medicare Matched Datasets

Dataset Profiles
- Dataset Profile CAS 3.19.18
- Dataset Profile CEA 3.19.18
- Dataset Profile EVAR 3.19.18
- Dataset Profile HEMO 3.19.18
- Dataset Profile INFRA 3.19.18
- Dataset Profile OPEN 3.19.18
- Dataset Profile PVI 3.19.18
- Dataset Profile SUPRA 3.19.18
- Dataset Profile TEVAR 3.19.18
## Proposal Submissions

<table>
<thead>
<tr>
<th>October 2018</th>
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<tr>
<td>Call for Proposals:</td>
<td>August 14, 2018</td>
</tr>
<tr>
<td>Due Date:</td>
<td>September 17, 2018</td>
</tr>
<tr>
<td>Meeting:</td>
<td>October 8, 2018</td>
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<tr>
<td>Notification Sent:</td>
<td>October 9, 2018</td>
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<table>
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<td>November 19, 2018</td>
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<td>Meeting:</td>
<td>December 10, 2018</td>
</tr>
<tr>
<td>Notification Sent:</td>
<td>December 11, 2018</td>
</tr>
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Arterial Quality Council Update: Grace Wang, MD
Finalizing Common Variable select options and helptext amongst registries where applicable

Completing all “missing helptext”

Clinically reviewing all helptext to site scientific support where applicable

LTFU required fields are complete and M2S is in the process of development for 2018 release
Physician and Center Dashboards: Physician and center stats on critical outcomes by registry over the past year, including regional and VQI benchmarks. First physician reports delivered in February and will be updated in fall. Center-level dashboards planned for June.

Comparative COPI Reports: We will update prior COPI reports with new data to check centers’ improvement. EVAR LOS planned for May, INFRA LOS for August and INFRA SSI in September.

National QI Initiative Updates: Reports will be issued quarterly starting in March tracking centers’ progress on Discharge Medications and Follow-Up Imaging After EVAR.
Venous Quality Council Update
Faisal Aziz, MD
First Bi-Annual Varicose Vein Meeting at VAM!!!

Plan to meet at AVF every year and hold a conference call every Fall
(October 29, 2018 10:00am -12:00pm ET)
Significant participation in first 3 years
- 130 Physicians entering consecutive VV cases

41 Varicose Vein Centers

>20,000 Varicose Vein Procedures
VVR Participation:

- Total Procedures entered: 20,536
- Entered by 36 sites in 20 states
VVR Approved Research Projects
Increasing

- Effects of age, gender, race and other patient factors on outcome of GSV ablation
- Incidence and impact of EHIT after GSV ablation
- Clinical and patient reported outcomes after different types of GSV ablation
- Impact of truncal vein diameter on ablation outcomes
- Factors associated with need for repeat treatment after GSV ablation

- Increased opportunity with increasing data

**Research drives Quality Improvement!!!**
C2 Disease Treatment Data:

- 874 total perforator treatments reported, 332 (38%) for C2 disease
- 332 veins were treated as part of 279 total procedures
- **279 procedures, 124 (44%) were performed at one center**
- 2 other centers have 30 such procedures each
- The remaining 95 such procedures are scattered across 20 other centers
Venous Stent Registry: release 2018

Clinical Workgroup:
Marc Passman, MD (chair), William Marston MD, Tony Gasparis MD, Rabith Chaer MD, BK Lal MD, Lowell Kabnick MD

Industry and FDA Collaboration:
Bard, Boston Scientific, Cook, Gore, Medtronic, Veniti
Governing Council Update
Grace Wang, MD
Addition of members from the Society for Vascular Ultrasound

- Dr. David Dawson; SVU Physician Director
- Kelly Byrnes, BS, RTV, FSVU; NortonHealthcare; SVU Treasurer

Vote on new Executive Committee Members

- Dr. Leila Mureebe, Duke
- Dr. Randy DeMartino, Mayo
SVS Guidelines & VQI

SVS Guidelines

- Are they being followed?
- Are they adopted over time?
- Do they influence outcomes?
- Can VQI help answer these questions?
SVS Guidelines & VQI

- AAA Guidelines published in January JVS
- 119 recommendations/suggestions
- 15 guidelines potentially measurable in VQI

Compliance with guideline
- Quit smoking > 2 weeks before OAAA – 44%
- EVAR size threshold – 58%
- Preservation of IIA during EVAR – 98%
SVS Guidelines and VQI

Preop Stress Test

SVS Guidelines and VQI

Size guideline for AAA repair

OAAA: Compliance with Stress Testing Guideline by Center

EVAR: Compliance with AAA Diameter Guideline by Center

Centers (centers with <10 cases omitted)
Using Cell Saver by Center

OAAA: Compliance with Cell Salvage Guideline by Center

% Procedures Meeting Guideline

Centers (centers with <10 cases omitted)
Adherence to use of cell saver had decreased inpatient and one year mortality following open AAA repair

Guideline compliance improves outcomes
Next Steps:

– Consideration of creation of center level reports for OAAA in Spring of 2019
– Dr. Forbes authoring a manuscript on initial findings
– VQI using the Guidelines to inform registry variables
– Potential to expand this exercise to other procedures
Regional Reports:

Grace Wang, MD

Notes:
1) In all reports, regional data are not shown for regions with <3 centers participating in the applicable registry.
2) In “by Center” bar charts, unless noted, data are not shown for centers with <10 cases.
3) In all graphics, “*” indicates a p-value<.05.
4) This report includes all data that had been entered into the VQI as of June 30, 2018.
Dashboard

The table below summarizes your center’s results as presented in each of the subsequent reports and provides regional and national benchmarks for comparison. In the “Your Center” column, percentages represent the rate of cases with the noted outcome. Numbers in parentheses are the number of cases with the outcome/the total number of cases meeting the exclusion criteria (see the full report for details). In the “Region” and “VQI” columns, the numbers represent the 25th, 50th (median) and 75th percentiles for centers in your region and across all centers in the VQI.

Your center’s results are highlighted in green if your center is at or above the top 25th percentile nationally, in yellow if your center is among the middle 50% of centers, and in red if at or below the bottom 25th percentile.
## Dashboard

| Registry                          | Outcome                          | Your Center % (n/N) | Your Region [25p|50p|75p] | VQI Overall [25p|50p|75p] |
|----------------------------------|----------------------------------|---------------------|-----------------------------|----------------------------|
| All                              | Total Procedure Volume           | [16 | 59 | 182]          | [37 | 134 | 330]                     |
| Multiple (July 2015-June 2016)   | Long-Term Follow-Up             | [23% | 72% | 85%]         | [44% | 72% | 86%]                     |
| Multiple                         | Discharge Medications            | [80% | 85% | 96%]         | [75% | 83% | 90%]                     |
| AVACCESS                         | Primary AVF vs. Graft            | [82% | 86% | 88%]         | [74% | 85% | 90%]                     |
| CAS                              | In-Hospital Stroke/Death         | [4% | 0% | 0%]           | [3% | 0% | 0%]                      |
| CEA                              | In-Hospital Stroke/Death         | [1% | 0% | 0%]           | [1% | 0% | 0%]                      |
| CEA                              | LOS>1 Day                        | [41% | 26% | 16%]         | [33% | 22% | 14%]                     |
| EVAR                             | LOS>2 Days                       | [18% | 14% | 9%]          | [18% | 11% | 3%]                      |
| EVAR (July 2015-June 2016)       | Sac Diameter at LTFU             | [41% | 62% | 73%]         | [36% | 56% | 72%]                     |
| INFRA                            | Chlorhexidine Skin Prep          | [82% | 98% | 100%]       | [86% | 98% | 100%]                     |
| INFRA                            | Major Complications              | [7% | 4% | 0%]           | [6% | 0% | 0%]                      |
| IVCF (2017)                      | Filter Retrieval                 | NA (<3 centers)    | [1% | 27% | 45%]                      |
| LEAMP                            | Postop Complications             | NA (<3 centers)    | [24% | 17% | 10%]                      |
| OAAA                             | In-Hospital Mortality            | [17% | 0% | 0%]           | [2% | 0% | 0%]                      |
| PVI                              | Ultrasound Guidance              | [86% | 94% | 99%]         | [74% | 93% | 98%]                     |
| PVI                              | ABI/TBI Reported                 | [77% | 85% | 100%]       | [65% | 81% | 92%]                      |
| SUPRA                            | Postop Complications             | [36% | 33% | 29%]         | [33% | 23% | 11%]                     |
| TEVAR (July 2015-June 2016)      | Sac Diameter at LTFU             | [22% | 35% | 68%]         | [25% | 43% | 56%]                     |
| W (2017)                         | PROMs at LTFU                    | NA (<3 centers)    | [38% | 97% | 100%]                     |
Total Procedure Volume, All Years (2003-May 2018)

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<tr>
<th>Your Region (N)</th>
<th>VQI Overall (N)</th>
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<td>CAS</td>
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<td>EVAR</td>
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<tr>
<td>TEVAR</td>
<td>1107</td>
</tr>
<tr>
<td>Varicose Veins</td>
<td>NA (&lt;3 centers)</td>
</tr>
<tr>
<td>Overall</td>
<td>30557</td>
</tr>
<tr>
<td></td>
<td>475893</td>
</tr>
</tbody>
</table>
Physician Specialties by Region

Physician Specialties Across VQL (as of May 31, 2018, N=3776 Physicians)
Physician Specialties Across Your Region (as of May 31, 2018, N=296 Physicians)
### Percentage of Procedures With 9 Months or Greater Follow-Up

Procedures performed between July 1, 2015 and June 30, 2016
Data for this report include all cases with surgery date between July 1, 2015 and June 30, 2016

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVACCESS</td>
<td>NA (&lt;3 centers)</td>
<td>6740 (70%)</td>
</tr>
<tr>
<td>CAS</td>
<td>234 (69%)</td>
<td>3301 (64%)</td>
</tr>
<tr>
<td>CEA</td>
<td>995 (79%)</td>
<td>15935 (70%)</td>
</tr>
<tr>
<td>EVAR</td>
<td>402 (81%)</td>
<td>6345 (74%)</td>
</tr>
<tr>
<td>INFRA</td>
<td>364 (79%)</td>
<td>6504 (75%)</td>
</tr>
<tr>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
<td>2086 (69%)</td>
</tr>
<tr>
<td>LEAMP</td>
<td>NA (&lt;3 centers)</td>
<td>2051 (74%)</td>
</tr>
<tr>
<td>OAAAA</td>
<td>61 (84%)</td>
<td>1244 (73%)</td>
</tr>
<tr>
<td>PVI</td>
<td>1546 (79%)</td>
<td>23511 (71%)</td>
</tr>
<tr>
<td>SUPRA</td>
<td>113 (81%)</td>
<td>2227 (72%)</td>
</tr>
<tr>
<td>TEVAR</td>
<td>218 (70%)</td>
<td>1976 (69%)</td>
</tr>
<tr>
<td>Overall</td>
<td>4280 (78%)</td>
<td>71920 (71%)</td>
</tr>
<tr>
<td>2015</td>
<td>4181 (78%)</td>
<td>70651 (74%)</td>
</tr>
<tr>
<td>2016</td>
<td>4768 (68%)</td>
<td>73127 (60%)</td>
</tr>
</tbody>
</table>
Long-Term Follow-Up by Center in Your Region (July 2015-June 2016)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

*** indicates center’s rate differs significantly from the regional rate.

Long-Term Follow-Up by Region Across VQI (July 2015-June 2016)

- "Others" indicates centers that do not belong to a regional group. *** indicates region’s rate differs significantly from the VQI rate.
Discharge Medications Procedures performed between June 1, 2017 and May 31, 2018

Excludes patients who died in hospital and patients who were not treated for medical reason or non-compliant. “Antiplatelet” is defined as ASA or P2Y12 inhibitor

<table>
<thead>
<tr>
<th>Number of Procedures at Your Center</th>
<th>Antiplatelet+Statin</th>
<th>Antiplatelet Only</th>
<th>Statin Only</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>4403</td>
<td>82%</td>
<td>14%</td>
<td>3%</td>
</tr>
<tr>
<td>Your Region</td>
<td>69404</td>
<td>81%</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>VQI overall</td>
<td>69404</td>
<td>81%</td>
<td>12%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Discharge Antiplatelet+Statin Rate by Center in Your Region (June 2017-May 2018)

Other centers in your region
Your center

Centers (centers with <10 cases not shown)

*** indicates center's rate differs significantly from the regional rate.

Discharge Antiplatelet+Statin Rate by Region Across VQI (June 2017-May 2018)


"Others" indicates centers that do not belong to a regional group. *** indicates region's rate differs significantly from the VQI rate.
Hemodialysis Access: Percentage of Primary AVF v. Graft
Procedures performed between June 1, 2017 and May 31, 2018

Excludes patients with previous access procedure in the same arm

Data for this report include all cases with surgery date between June 1, 2017 and May 31, 2018.
The table below shows the number of access procedures meeting the inclusion criteria for the VQI
and the percentage of cases that were AVF v. graft.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of access procedures meeting inclusion criteria</td>
<td>223</td>
<td>5641</td>
</tr>
<tr>
<td>Percentage with primary AVF</td>
<td>79%</td>
<td>82%</td>
</tr>
</tbody>
</table>
Rate of Primary AVF Access in Your Region (June 2017-May 2018)

Other centers in your region  Your center

Centers (centers with <10 cases not shown)

*** indicates center's rate differs significantly from the regional rate.

Rate of Primary AVF Access by Region Across VQI (June 2017-May 2018)

Michigan  Mid-America  Southeast  Carolinas  Mid-Atlantic  VQI  Rocky Mtns.  Virginias  New England  New York  Midwest  MidSouth

"Others" indicates centers that do not belong to a regional group. "***" indicates region's rate differs significantly from the VQI rate.
Note: 2105/2016 data point has been omitted as only two centers had data for this period.
Carotid Artery Stent: Stroke or Death in Hospital
Procedures performed between June 1, 2017 and May 31, 2018

Elective procedures, excluding prior ipsilateral CAS, and dissection, trauma and “other” lesion types. The table below shows the number of CAS procedures meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th>Number of CAS procedures meeting inclusion criteria</th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>3.6%</td>
<td>2.2%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>179</td>
<td>3672</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>3.9%</td>
<td>2.1%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>1.7%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.04</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Rate of In-Hospital Stroke or Death After CAS in Your Region (June 2017-May 2018)

Centers (centers with <10 cases not shown)

*** indicates center's observed rate differs significantly from its expected rate.

Rate of In-Hospital Stroke or Death After CAS by Region Across VQI (June 2017-May 2018)

"Others" indicates centers that do not belong to a regional group. *** indicates region's observed rate differs significantly from its expected rate.
Rate of In-Hospital Stroke or Death After CAS by Year

- Your Center
- Your Region
- VQI Overall
Carotid Endarterectomy: Stroke or Death in Hospital
Procedures performed between June 1, 2017 and May 31, 2018
Elective procedures, excluding prior ipsilateral CEA and concomitant CABG, endovascular or other arterial procedure.

Data for this report include all cases with surgery date between June 1, 2017 and May 31, 2018. The table below shows the number of CEA procedures meeting the inclusion criteria in the VQI, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>950</td>
<td>13860</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1.1%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data</td>
<td>905</td>
<td>13147</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>1.1%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data</td>
<td>1.1%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.87</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.
**Rate of In-Hospital Stroke or Death After CEA in Your Region**  
(June 2017-May 2018)

- **Other centers in your region**
- **Your center**
- **Observed**
- **Expected**

Centers (centers with <10 cases not shown)

**"*" indicates center's observed rate differs significantly from its expected rate.**

**Rate of In-Hospital Stroke or Death After CEA by Region Across VQI**  
(June 2017-May 2018)

- **Observed**
- **Expected**

**"Others" indicates centers that do not belong to a regional group. **"*" indicates region's observed rate differs significantly from its expected rate.**
Carotid Endarterectomy: Percentage of Patients with LOS>1 Day
Procedures performed between June 1, 2017 and May 31, 2018

Elective procedures, excluding prior ipsilateral CEA, concomitant CABG, proximal endovascular or other arterial operation, in-hospital death with LOS<=1 day, procedures done on weekends or not done on admission day.

Data for this report include all cases with surgery date between June 1, 2017 and May 31, 2018. The table below shows the number of CEA procedures meeting inclusion criteria in the VQI, and the observed and expected rates of those cases with LOS>1 Day.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures</td>
<td>888</td>
<td>12452</td>
<td></td>
</tr>
<tr>
<td>meeting inclusion criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day</td>
<td>28%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>among procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>meeting inclusion criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of procedures with</td>
<td>849</td>
<td>11954</td>
<td></td>
</tr>
<tr>
<td>complete data*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day</td>
<td>27%</td>
<td>24%</td>
<td></td>
</tr>
<tr>
<td>among cases with complete data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;1 day</td>
<td>23%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>among cases with complete data*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of</td>
<td>0</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>observed and expected rates</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Rate of CEA Patients With LOS>1 Day in Your Region (June 2017-May 2018)

- Other centers in your region
- Your center
- Observed
- Expected

Centers (centers with <10 cases not shown)

"**" indicates center's observed rate differs significantly from its expected rate.

Rate of CEA Patients With LOS>1 Day by Region Across VQI (June 2017-May 2018)

- Observed
- Expected

"Others" indicates centers that do not belong to a regional group. "**" indicates region's observed rate differs significantly from its expected rate.
Rate of CEA Patients With LOS>1 Day by Year

- Your Center
- Your Region
- VQI Overall
Endovascular AAA Repair: Percentage of Patients with LOS>2 Days

Procedures performed between June 1, 2017 and May 31, 2018
Excludes ruptured aneurysms and in-hospital deaths with LOS<=2 days, patients with prior aortic surgery, procedures not done on day of admission and weekend procedures.

Data for this report include all cases with surgery date between June 1, 2017 and May 31, 2018.

The table below shows the number of EVAR procedures meeting the inclusion criteria and the observed and expected rates of those cases with LOS>2 Days.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures meeting inclusion criteria</td>
<td>328</td>
<td>5207</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 days among procedures meeting inclusion criteria</td>
<td>15%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>313</td>
<td>4936</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 among cases with complete data</td>
<td>15%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;2 among cases with complete data*</td>
<td>13%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.24</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Rate of EVAR Patients With LOS>2 Days in Your Region (June 2017-May 2018)

Other centers in your region  Your center  Observed  Expected

Centers (centers with <10 cases not shown)

*** indicates center's observed rate differs significantly from its expected rate.

Rate of EVAR Patients With LOS>2 Days by Region Across VQI (June 2017-May 2018)


" Others" indicates centers that do not belong to a regional group. *** indicates region's observed rate differs significantly from its expected rate.
EVAR: Rate of Sac Diameter Reporting at Long-Term Follow-Up

Procedures performed between July 1, 2015 and June 30, 2016

Data for this report include all cases with surgery date between July 1, 2015 and June 30, 2016. The table below shows the number of EVAR procedures in the VQI, and the percentage of those cases in which the patient had a follow-up visit between 9 and 21 months post-surgery at which a sac diameter was recorded.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures</td>
<td>402</td>
<td>6345</td>
</tr>
<tr>
<td>Percentage with sac diameter recorded at follow-up</td>
<td>51%</td>
<td>55%</td>
</tr>
</tbody>
</table>
Rate of LTFU Sac Diameter Reporting in Your Region (July 2015-June 2016)

Other centers in your region  Your center

Centers (centers with <10 cases not shown)

*** indicates center’s rate differs significantly from the regional rate.

Rate of LTFU Sac Diameter Reporting by Region Across VQI (July 2015-June 2016)

Others indicates centers that do not belong to a regional group. *** indicates region’s rate differs significantly from the VQI rate.
Intrainguinal Bypass: Percentage of Procedures with Chlorhexidine or Chlorhexidine+Alcohol Skin Prep

Procedures performed between June 1, 2017 and May 31, 2018

In VQI patients, chlorhexidine and chlorhexidine+alcohol skin preps have been shown to reduce the surgical-site infection rate by 50% compared to iodine-based skin prep. Chlorhexdine+iodine and chlorhexidine+iodine+alcohol skin preps have not been shown to reduce the infection rate, but rates of their use are also reported in the table below. Data for this report include all cases with surgery date between June 1, 2017 and May 31, 2018.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of procedures</td>
<td>426</td>
<td>6680</td>
</tr>
<tr>
<td>Rate of chlorhexidine or chlorhexidine+alcohol skin prep</td>
<td>84%</td>
<td>88%</td>
</tr>
<tr>
<td>Rate of chlorhexidine+iodine or chlorhexidine+iodine+alcohol prep</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td>Rate of in-hospital surgical-site infection</td>
<td>3.3%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>
Percentage With Chlorhexidine or Chlorhexidine+Alcohol Skin Prep in Your Region (June 2017-May 2018)

Centers (centers with <10 cases not shown)

"***" indicates center's rate differs significantly from the regional rate.

Percentage With Chlorhexidine or Chlorhexidine+Alcohol Skin Prep by Region (June 2017-May 2018)

"*" indicates centers that do not belong to a regional group. "***" indicates region's rate differs significantly from the VQI rate.
Infrainguinal Bypass: Rate of Major Complications

Procedures performed between June 1, 2017 and May 31, 2018
Includes only patients with indication of rest pain or tissue loss. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation or graft occlusion.

Data for this report include all cases with surgery date between June 1, 2017 and May 31, 2018. The table below shows the number of INFRA cases with indication of rest pain or tissue loss in the VQI, and the percentage of those cases that resulted in in-hospital death, ipsilateral amputation or graft occlusion.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of INFRA procedures meeting inclusion criteria</td>
<td>264</td>
<td>4008</td>
</tr>
<tr>
<td>Percentage with major complications after INFRA</td>
<td>4.9%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>
**Rate of Major Complications After INFRA in Your Region** (June 2017-May 2018)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

“***” indicates center’s rate differs significantly from the regional rate.

**Rate of Major Complications After INFRA by Region Across VQI** (June 2017-May 2018)

“Others” indicates centers that do not belong to a regional group. “***” indicates region’s rate differs significantly from the VQI rate.
Rate of Major Complications After INFRA by Year


- Your Center
- Your Region
- VQI Overall
IVCF: Percentage of Temporary Filters With Retrieval or Attempt at Retrieval

Procedures performed between Jan. 1 and Dec. 31, 2017
Excludes patients with permanent filters and patients who have died since discharge.
(Mid-Atlantic did not have 3 centers with 10 or more cases)
Lower-Extremity Amputation: Rate of Postop Complications

Procedures performed between June 1, 2017 and May 31, 2018

Complications are defined as myocardial infarction, dysrhythmia, congestive heart failure, surgical site infection, renal or respiratory complication and/or amputation-related reoperation.

(Mid-Atlantic did not have 3 centers with 10 or more cases)
Non-Ruptured Open AAA: In-Hospital Mortality
Procedures performed between June 1, 2017 and May 31, 2018
Excludes ruptured aneurysms
Data for this report include all cases with surgery date between June 1, 2017 and May 31, 2018. The table below shows the number of OAAA procedures meeting the inclusion criteria in the VQI, and the observed and expected rates of in-hospital death for those cases.
(Mid-Atlantic did not have at least 3 centers with 10 procedures)
PVI: Percentage of Percutaneous Femoral Access Sites Using Ultrasound Guidance

Procedures performed between June 1, 2017 and May 31, 2018
Excludes cut-down access guidance.

Data for this report include all cases with surgery date between June 1, 2017 and May 31, 2018. The table below shows the number of percutaneous femoral PVI access sites in the VQI, the percentage of those cases in which ultrasound access guidance was used, the percentage in which a closure device was used, and the rate of hematoma.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of percutaneous femoral access sites</td>
<td>1799</td>
<td>23903</td>
</tr>
<tr>
<td>Rate of ultrasound access guidance</td>
<td>87%</td>
<td>77%</td>
</tr>
<tr>
<td>Rate of closure device usage</td>
<td>77%</td>
<td>68%</td>
</tr>
<tr>
<td>Rate of any hematoma (minor, moderate or major)</td>
<td>1.4%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Rate of moderate or major hematoma</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
</tbody>
</table>
**Rate of Ultrasound Access Guidance in Your Region (June 2017-May 2018)**

- Other centers in your region
- Your center

**Centers (centers with <10 cases not shown)**

*** indicates center's rate differs significantly from the regional rate.

---

**Rate of Ultrasound Access Guidance by Region Across VQI (June 2017-May 2018)**

- Mid-America*
- G. Lakes*
- Southeast*
- Up. Midwest*
- VQI
- So. Cal.*
- Carolinas*
- Mid-Atlantic*
- Virginias*
- New England*
- New York*
- Rocky Mtns.*
- Pacific NW*
- MidSouth*
- Canada*
- Nor. Cal.*
- SOVONET*

"Others" indicates centers that do not belong to a regional group. "***" indicates region's rate differs significantly from the VQI rate.
PVI: Percentage of Claudicants With ABI or Toe Pressure Reported Before Procedure

Procedures performed between June 1, 2017 and May 31, 2018. “ABI or toe pressure reported” indicates at least one measure was recorded for the side of the operation, or on both sides for bilateral and aortic procedures. Data for this report include all cases with surgery date between June 1, 2017 and May 31, 2018. The table below shows the number of PVI procedures with indication of claudication in the VQI, and the percentage of those cases in which ABI or toe pressure was recorded.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PVI procedures with indication of claudication</td>
<td>762</td>
<td>11807</td>
</tr>
<tr>
<td>Percentage with ABI/TBI recorded before procedure</td>
<td>77%</td>
<td>77%</td>
</tr>
</tbody>
</table>
Rate of ABI/TBI Assessment Before PVI in Your Region (June 2017-May 2018)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

"***" indicates center's rate differs significantly from the regional rate.

Rate of ABI/TBI Assessment Before PVI by Region Across VQI (June 2017-May 2018)

- Midwest*
- New York*
- Nor. Cal.*
- Southeast*
- Canada
- Rocky Mtns.*
- New England
- Up. Midwest
- Pacific NW
- So. Cal.
- MidSouth
- Carolinas
- VQI
- Mid-Atlantic
- Virginias*
- Mid-America*
- Michigan*
- G. Lakes*
- SOVONET*

"Others" indicates centers that do not belong to a regional group. "***" indicates region's rate differs significantly from the VQI rate.
Supra-Inguinal Bypass: Rate of Postop Complications
Procedures performed between June 1, 2017 and May 31, 2018

Complications are defined as myocardial infarction, dysrhythmia, congestive heart failure, respiratory complications, renal complications, surgical site infection, graft infection, leg ischemia/emboli, reoperation, amputation and/or stroke.

Data for this report include all cases with surgery date between June 1, 2017 and May 31, 2018. The table below shows the number of SUPRA cases in the VQI, and the percentage of those cases that resulted in complication.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SUPRA procedures</td>
<td>143</td>
<td>2124</td>
</tr>
<tr>
<td>Percentage with complications after SUPRA</td>
<td>27%</td>
<td>24%</td>
</tr>
</tbody>
</table>
Rate of Complications After SUPRA in Your Region (June 2017-May 2018)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

*** indicates center’s rate differs significantly from the regional rate.

Rate of Complications After SUPRA by Region Across VQI (June 2017-May 2018)

“Others” indicates centers that do not belong to a regional group. *** indicates region’s rate differs significantly from the VQI rate.
TEVAR: Rate of Sac Diameter Reporting at Long-Term Follow-Up

Procedures performed between July 1, 2015 and June 30, 2016.

<table>
<thead>
<tr>
<th></th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TEVAR procedures</td>
<td>218</td>
<td>1976</td>
</tr>
<tr>
<td>Percentage with sac diameter recorded at follow-up</td>
<td>37%</td>
<td>42%</td>
</tr>
</tbody>
</table>
Rate of LTFU Sac Dimaeter Reporting in Your Region (July 2015-June 2016)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

*** indicates center's rate differs significantly from the regional rate.

Rate of LTFU Sac Diameter Reporting by Region Across VQI (July 2015-June 2016)

Rocky Mtns.* Pacific NW* Southeast* SVONET So. Cal. Mid-Atlantic Nor. Cal. VQI Mid-America Virginius Carolinas New England New York Midwest G. Lakes* Up-Midwest* Others indicates centers that do not belong to a regional group. *** indicates region's rate differs significantly from the VQI rate.
Rate of LTFU Sac Diameter Reporting by Year

- Your Center
- Your Region
- VQI Overall


50% | 45% | 40% | 35% | 30% | 25% | 20% | 15% | 10% | 5% | 0%
Meeting Evaluation:

- What did you like about this meeting?
- What can we do better?
- Next meeting location: ???