Rocky Mountain Vascular Quality Initiative (RMVQI)

July 27th, 2019, 10:15am - 12:15 pm
The Coeur d'Alene Resort
115 S 2nd St, Coeur d'Alene, ID
Conference Center, Bay 2
PLEASE SIGN THE ATTENDANCE SHEET
Agenda (draft)

I. Welcome and Introduction  Scott Berman, MD
II. National VQI Update  Jim Wadzinski, SVS PSO
III. AQC Update  Ben Brooke, MD
IV. VQC Update  Jim Wadzinski, SVS PSO
V. RAC Update  Ben Brooke, MD
VI. GC Committee Update  Scott Berman, MD
VII. Regional Data Review  Scott Berman, MD
VIII. Regional QI Proposals  Berman & Kraiss
IX. Meeting Evaluation  Scott Berman, MD
Welcome and Introductions

Abrazo Arizona Heart Hospital
Arizona Endovascular Center
Arizona Vascular Specialists, LLC
Avera Heart Hospital of South Dakota
Banner Desert Medical Center
Banner Heart Hospital
Carson Tahoe Regional Hospital
Cheyenne Regional Medical Center
IHC Health Services:
  • Dixie Regional Medical Center
  • Intermountain Medical Center
  • McKay-Dee Hospital
  • Utah Valley Hospital
Lovelace Medical Center
Mayo Clinic Arizona
Memorial Hospital Central
Penrose St. Francis
Porter Adventist Hospital

Presbyterian Hospital
Presbyterian/St. Luke's Medical Center
Providence St. Patrick Hospital
Rose Medical Center
Saint Joseph Hospital
Southern Arizona Vascular Institute, LLC
St Mary's Hospital-SCL
St. Anthony Lakewood
St. Luke's Regional Medical Center
St. Mary Corwin Medical Center
St. Vincent Healthcare (Montana)
Superior Vein Care PLLP
Tucson Medical Center
University of Arizona Medical Center
University of Colorado, Denver
University of Colorado, North Vascular Services
University of New Mexico
University of Utah Hospital and Clinics
Vein Nevada
Yavapai Regional Medical Center
Rocky Mountain – Potential Sites

Top Prospects: Who do you know!

• Ogden Regional Hospital - UT
• North Suburban Medical Center - CO
• St. Mark's Medical Center - UT
• Havasu Regional Medical Center - AZ
• Northwest Medical Center - AZ
• Mountain Vista Medical Center - AZ
• MountainView Hospital - NV
• Sunrise Hospital & Medical Center - NV
National VQI Update:
Jim Wadzinski, SVS PSO
578 VQI Centers
577 centers in North America
1 center in Singapore
18 Regional Quality Groups
**Total Procedures Captured (as of 7/1/2019)** | **605,322**
--- | ---
Peripheral Vascular Intervention | 193,388
Carotid Endarterectomy | 123,480
Infra-Inguinal Bypass | 54,043
Endovascular AAA Repair | 49,849
Hemodialysis Access | 48,953
Carotid Artery Stent | 31,655
Varicose Vein | 31,197
Supra-Inguinal Bypass | 17,964
Thoracic and Complex EVAR | 15,048
Lower Extremity Amputations | 14,769
Open AAA Repair | 12,485
IVC Filter | 12,491

**VQI Total Procedure Volume**

Total Procedure Volume tab reflects net procedures added to the registry for the month.
VQI@VAM Highlights:

- **Expanded Concurrent Abstraction Sessions**
  - Consider adding Data Managers as presenters
  - Add more structured Q&A
  - Need more detailed Op Notes

- **Continued Growth of Poster/Networking Session**
  - People commented on not only the increased number of posters, but the diversity and quality of topics
  - More time allotted for QI presentations
  - Will hold QI presentations to given timeframes, going forward

- **New Topics/Presentations Received High Praise**
  - Opioid Crisis/ERAS Expert Panel
  - Limb Amputation/Preservation
  - Registry Operations Support
Attendance 161

60/40 split – Data Manager/Physician

3.24/4.00 Meeting Evaluation Rating

Who attended?

Feedback? How do we improve?

Slide Decks and Posters have been posted to Members Only

Videos will be posted in August
RMVQI Presentations & Posters

- University of Utah
  - Systems Theory at the Regional Level: #Hashtags

- Pima Heart and Vascular
  - Linking Physician Compensation to Vascular Quality Initiative Metrics

- University of Utah
  - CEA Abstraction Session

- University of Utah
  - The Utilization of an Electronic Health Record Alert During Discharge Planning to Increase the Prescribing Rate of Antiplatelet and Statin Medications Among Vascular Surgery Patients
Systems Theory at the Regional Level

Julie Beckstrom, MSN, RN, CCRC
University of Utah
#Hashtag
What is a #hashtag?

- A hashtag is the pound sign: #
- Used to organize data in a standardized way
- Complies with the Patient Safety Act
- Insert the pound sign directly in front of the word or phrase you want to be a hashtag

#Hashtag
#anythingcanbeahashtag
#eventhis
#hashtag data entry

## Co-morbidities:
- **CVD**: None
- **Dysrhythmia**: No
- **Dialysis**: No
- **Smoking**: Prior
- **CAD Symptoms**: None
- **COPD**: On Home Oxygen
- **Hypertension**: Yes (>=140/90 or history)
- **Prior CHF**: Asymptomatic
- **Diabetes**: None
- **Quit Smoking Date**: 01/30/2014

## Previous:
- **Prior CAEG**: None
- **Prior PCI**: None
- **Prior Aneurysm Repair**: None
- **Prior Arterial Bypass**: No
- **Prior CEA/CAS**: Neither
- **Prior Major Amp**: No

## Testing:
- **Stress Test**: Not done
- **Pre-op Hemoglobin**: 12 g/dL, 120 g/L
- **Creatinine**: 1.2 mg/dL, 106.08 umol/L
- **Pre-op ASA**: Yes
- **Pre-op Statin**: No
- **Pre-op ACE-Inhibitor/ARB**: Yes
- **Pre-op P2Y12 Antagonist**: None
- **Pre-op Chronic Anticoagulant**: None

## Comments:
- #RP_pre_cr_1.00
- #RP_PAD1_cr_1.81
- #RP_PAD2_cr_1.93
- #RP_PAD3_cr_1.93
- #RP_PAD4_cr_1.8

65 of 2000

[Buttons: Save Changes and Revert to Incomplete, Cancel]
Initiated April 2015 by Dr. Benjamin Brooke at the University of Utah
- University of Utah – Salt Lake City, Utah
- St. Luke’s – Boise, Idaho
- St. Vincent – Billings, Montana
- Carondelet – Tucson, Arizona
- Penrose St. Francis – Colorado Springs, CO
- St. Pat’s – Missoula, Montana

QI effort to standardize indication and use of CIN preventive measures

Targeting pts undergoing EVAR being captured in VQI
## Renal Protection #hashtags

<table>
<thead>
<tr>
<th>Time Point</th>
<th>Data Collection Window</th>
<th>#Hashtag</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-op</td>
<td>within one week prior, typically morning of</td>
<td>#RP_pre_cr_x.x</td>
</tr>
<tr>
<td>Post-op day 1</td>
<td>post-op day 1, inpatient prior to discharge</td>
<td>#RP_POD1_cr_x.x</td>
</tr>
<tr>
<td>*Post-op day 3</td>
<td>post-op days 3 to 6, inpatient or outpatient</td>
<td>#RP_POD3_cr_x.x</td>
</tr>
<tr>
<td>Post-op month 1</td>
<td>post-op 1 month +/- 7 days</td>
<td>#RP_POM1_cr_x.x</td>
</tr>
</tbody>
</table>

*If post-op day 1 value is > 10% increase compared to pre-op value, then a post-op day 3 value should be collected.*

## Pre-op Renal Protective Measure #Hashtag

<table>
<thead>
<tr>
<th>Measure</th>
<th>#Hashtag</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV sodium bicarbonate</td>
<td>#RP_Bicarb</td>
</tr>
<tr>
<td>Carbon dioxide angiography</td>
<td>#RP_CO2</td>
</tr>
<tr>
<td>N-acetylcysteine</td>
<td>#RP_Mucost</td>
</tr>
<tr>
<td>*Other</td>
<td>#RP_Other</td>
</tr>
</tbody>
</table>
Initiated May 2018 by Dr. Larry Kraiss at the University of Utah
- University of Utah – Salt Lake City
- Emory University – Atlanta
- University of Nebraska - Omaha
- Dartmouth-Hitchcock – Lebanon, NH

Compare frailty assessment tools and learn which best predict outcomes of surgery

Targeting pts undergoing any major procedure being captured in VQI
Frailty4Site #hashtags

<table>
<thead>
<tr>
<th>FF1</th>
<th>#Hashtag</th>
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</thead>
<tbody>
<tr>
<td>Shrinking</td>
<td>#F4_ffi_shrinking_score_X</td>
</tr>
<tr>
<td>Exhaustion</td>
<td>#F4_ffi_exhaustion_score_X</td>
</tr>
<tr>
<td>Weakness</td>
<td>#F4_ffi_gripstrength_score_X</td>
</tr>
<tr>
<td>Slowness</td>
<td>#F4_ffi_slowwalking_score_X</td>
</tr>
<tr>
<td>Low Activity</td>
<td>#F4_ffi_lowactivity_score_X</td>
</tr>
<tr>
<td>FF1 Total</td>
<td>#F4_ffi_total_score_X</td>
</tr>
<tr>
<td>CFS</td>
<td>#F4_CFS_X</td>
</tr>
<tr>
<td>RAI</td>
<td>#F4_RAI_TotalScore_XX</td>
</tr>
<tr>
<td></td>
<td>#F4_RAI_PctPercent_XX</td>
</tr>
<tr>
<td>REDCap Patient ID #</td>
<td>#F4_REDCap_PtID_XXXXX-X</td>
</tr>
</tbody>
</table>
Process to request #hashtag data

- Request #hashtag data from Nancy Heatley, nheatley@svspso.org
- M2S will send a file with the #hashtag data, blinded by center ID
- At least 3 centers need to have #hashtag data with at least 10 cases in order to release the data

Julie.Beckstrom@hsc.utah.edu
Networking Session Raffle Winner – Layla Lucas, accepted by Dr. Berman
Quality Improvement Activities
Quality Improvement Webinars:

- 2019 Quarterly Webinars
  - February 2019
    - “Starting a QI project”
  - May 2019
    - “Code Rupture: Establishing A Protocol for the Patient With a Ruptured Aneurysm”
  - September 2019
    - Educational – Methodology, QI tools
    - Case studies from participants
  - November 2019
    - Wrapping up a QI project, 2020 Participation Award Information
Recap of 2018 QI Projects

Putting Data into Action
See what your colleagues are doing with QI

- Twenty five posters were presented at the 2019 VQI@VAM
- Eight charters were featured in the poster presentations
- Three charters became podium presenters
- Ten poster presenters were podium presenters
- Four posters were based on the national VQI initiatives: D/C Medications and EVAR Imaging LTFU
## Quality Improvement Details: Charter Information

<table>
<thead>
<tr>
<th>1. Activity</th>
<th>Documentation</th>
<th>Score</th>
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<tbody>
<tr>
<td>1. QI Project Initiation</td>
<td>Attestation to include:</td>
<td>2 points</td>
</tr>
<tr>
<td></td>
<td>• QI Project Title</td>
<td>Can be submitted at anytime</td>
</tr>
<tr>
<td></td>
<td>• Problem Statement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Project Leader</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Clinical Sponsor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Expected start date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Form can be accessed at <a href="https://www.vqi.org/vqi-resource-library/quality-improvement/">https://www.vqi.org/vqi-resource-library/quality-improvement/</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Project charters should be emailed to <a href="mailto:QI@SVSPSO.ORG">QI@SVSPSO.ORG</a> or <a href="mailto:cjackson@svspso.org">cjackson@svspso.org</a></td>
<td></td>
</tr>
</tbody>
</table>
27 new charters to-date, still accepting more
Charter participants become part of focused group calls
- Interactive discussion sharing barriers and successes
- Sharing of charters
- Networking
- Checking in – where are you in the process
- Celebrating success

One on one calls, if requested
Newsletters

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

- **VQI Quality Improvement Newsletter**
  - Distributed every other month
  - Focusing on QI processes, tools, and definitions
Quality Improvement Details for 2019 Participation Award:

- 6-point maximum credit for QI even though additional points can be acquired
- Each VQI center submits one QI project per center for the Participation Award
- Reminder: Eligibility requirement - Participation in VQI for at least 12 months
- Final scoring completed: January 31, 2020
- Star Ratings communicated in March 2020
Participation Awards: 2019

Scoring

- LTFU (40%)
- Regional Meeting attendance (30%)
- QI Project (20%)
- Registry subscriptions (10%)

Participation Committee is in the process of reviewing criteria for 2020 awards
Participation Awards:

3 Star recipients received certificates at the Spring Regional and National Meeting

- View pictures on your region’s website at [www.vqi.org](http://www.vqi.org)
3 Star Award Recipients
For general inquiries about the Participation Awards, please contact Cheryl Jackson at CJACKSON@SVSPSO.ORG or Jim Wadzinski at JWADZINSKI@SVSPSO.ORG.

Submit Project Charters and supporting documentation for presentations and posters to QI@SVSPSO.ORG or cjackson@svspso.org.

Visit the VQI Members Only Website for webinars and presentations on VQI Quality Improvement Projects. www.vqi.org
2019 Reports:

- **Quarter 1:**
  - Spring Regional Reports,
  - QI Update: EVAR LTFU Imaging Update/Risk Calculator
  - Performance Awards

- **Quarter 2:**
  - QI Initiative Updates – DC meds and EVAR LTFU imaging
  - Center and System Dashboards

- **Quarter 3:**
  - Fall Regional Reports
  - QI Initiative Updates – DC meds and EVAR LTFU imaging
  - Center and System Dashboards

- **Quarter 4:**
  - QI Initiative Updates – DC meds and EVAR LTFU imaging
Registry Updates:

- **Hemodialysis Access:** In development and will be released in Q3 2019
- **Vascular Medicine Registry:** Specifications finalized, to be released in Q3 2019
- **Varicose Vein:** Specifications finalized, to be released in Q3 2019
- **Venous Stent Registry:** Specifications finalized, to be released in Q3 2019
Research Advisory Council
Ben Brooke, MD
Change in RAC Policies!

- Policy on RAC Requests Related to Industry Studies
- Policy on Device Identification for approved RAC Requests
- Conflict of Interest Policies Revised based on these new Policies
- All posted on the VQI Web Site
Proposal Submissions

**August 2019**
Call for Proposals: June 11, 2019  
Due Date: July 22, 2019  
Meeting: August 12, 2019  
Notification Sent: August 13, 2019

**October 2019**
Call for Proposals: August 13, 2019  
Due Date: September 16, 2019  
Meeting: October 7, 2019  
Notification Sent: October 8, 2019
No Restriction of data release based on similar projects; collaboration is encouraged

Only 1 refresh of data within 24 months of initial approval

Industry related projects need to collaborate with the steering committee/s (i.e. TCAR)
  – Review policy and industry charters on the web

Device Identification Policy: review on the web before submitting proposal
Check Approved Project List

https://www.vqi.org/data-analysis/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
Arterial Quality Council: Ben Brooke, MD
Opioid Workgroup is formed and charged with putting forth recommendations on how the VQI can be used to track, monitor and benchmark opioid utilization.

Continued refinement to Global Unique Device Identification Database (GUDID) integration in PVI, with planned expansion to other registries.

Initiating Future Registry Updates
- Harmonizing Demographics and Meds across all registries
- Updating Infra/Supra Registries
- Updating OAAA

Provided Education and Clarification on recording “Other Devices” and IDEs
Venous Quality Council
Jim Wadzinski
Council and Committee Transition
- Dr. Almeida is in his last year as Chair of VQC
- Succession needed for VV Registry committee chair

Potential for Formation of a separate RAC for Venous

Continued Interest from United Healthcare on collaborating on Appropriateness for Ablations. Could eliminate the need for pre-authorizations.
Governing Council
Scott Berman, MD
Vote on new Executive Committee Member
   – Dr. Yazan Duwayri, Emory University

Presentation on Potential New Cost Project –
Expanding upon the EVAR Cost Pilot Project

Need for New RAC Policies
   – Revised Data Use Agreements
   – Non-VQI members cannot have access to VQI BDS
   – How to handle center id in Regional Data Sets
Regional Reports:

Scott Berman, 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.
| Registry                        | Outcome                          | Your Center % (n/N) | Your Region [25p|50p|75p] | VQI Overall [25p|50p|75p] |
|--------------------------------|----------------------------------|---------------------|-----------------------------|-----------------------------|
| All                            | Total Procedure Volume           | [34 | 119 | 212]            | [31 | 111 | 273]            |
| Multiple (July 2016-June 2017) | Long-Term Follow-Up              | [25% | 69% | 83%]          | [38% | 70% | 86%]          |
| Multiple                       | Discharge Medications            | [72% | 78% | 90%]         | [76% | 84% | 92%]         |
| AVACCESS                       | Primary AVF vs. Graft             | [76% | 80% | 87%]          | [78% | 86% | 94%]          |
| CAS                            | In-Hospital Stroke/Death         | [0% | 0% | 0%]           | [0% | 0% | 0%]           |
| CEA                            | In-Hospital Stroke/Death         | [0% | 0% | 0%]           | [0% | 0% | 0%]           |
| CEA                            | LOS>1 Day                        | [30% | 23% | 14%]          | [30% | 20% | 12%]          |
| EVAR                           | LOS>2 Days                       | [16% | 8% | 0%]            | [18% | 10% | 0%]            |
| EVAR (July 2016-June 2017)     | Sac Diameter at LTFU             | [27% | 57% | 75%]          | [33% | 62% | 76%]          |
| INFRA                          | Major Complications              | [0% | 0% | 0%]           | [6% | 0% | 0%]           |
| IVCF (January-December 2018)   | Filter Retrieval                 | NA (<3 centers)     | [0% | 8% | 39%]           |
| LEAMP                          | Postop Complications             | NA (<3 centers)     | [15% | 11% | 3%]           |
| OAAA                           | In-Hospital Mortality            | NA (<3 centers)     | [0% | 0% | 0%]           |
| PVI                            | ABI/Toe Pressure Reported        | [65% | 77% | 92%]          | [68% | 83% | 93%]          |
| SUPRA                          | Postop Complications             | NA (<3 centers)     | [0% | 0% | 0%]           |
| TEVAR (July 2016-June 2017)    | Sac Diameter at LTFU             | [38% | 50% | 57%]          | [17% | 43% | 64%]          |
| EVAR                           | Sac Size Guideline               | [58% | 67% | 78%]          | [63% | 74% | 83%]          |
# Total Procedure Volume

Procedures performed between June 1, 2018 and May 31, 2019

Number of cases entered into the VQI, by registry and overall

Data for this report include all cases with surgery date between June 1, 2018 and May 31, 2019, that had been entered into the VQI as of June 30, 2019.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Your Center (N)</th>
<th>Your Region (N)</th>
<th>VQI Overall (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVACCESS</td>
<td></td>
<td>437</td>
<td>6748</td>
</tr>
<tr>
<td>CAS</td>
<td></td>
<td>249</td>
<td>7817</td>
</tr>
<tr>
<td>CEA</td>
<td></td>
<td>791</td>
<td>17482</td>
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<tr>
<td>EVAR</td>
<td></td>
<td>390</td>
<td>6674</td>
</tr>
<tr>
<td>INFRA</td>
<td></td>
<td>261</td>
<td>6308</td>
</tr>
<tr>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
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<td>1708</td>
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<tr>
<td>LEAMP</td>
<td>NA (&lt;3 centers)</td>
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<td>3035</td>
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<tr>
<td>OAAA</td>
<td>NA (&lt;3 centers)</td>
<td></td>
<td>1240</td>
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<tr>
<td>PVI</td>
<td>1706</td>
<td></td>
<td>32595</td>
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<tr>
<td>SUPRA</td>
<td></td>
<td>77</td>
<td>2047</td>
</tr>
<tr>
<td>TEVAR</td>
<td></td>
<td>94</td>
<td>2460</td>
</tr>
<tr>
<td>Varicose Veins</td>
<td></td>
<td>627</td>
<td>7372</td>
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<tr>
<td>Overall (June 2018-May 2019)</td>
<td>4758</td>
<td></td>
<td>95486</td>
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<tr>
<td>Overall (June 2017-May 2018)</td>
<td>4797</td>
<td></td>
<td>101908</td>
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## Total Procedure Volume, All Years

Includes all procedures with surgery date through May 31, 2019.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Your Center (N)</th>
<th>Your Region (N)</th>
<th>VQI Overall (N)</th>
</tr>
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<tbody>
<tr>
<td>AVACCESS</td>
<td>2549</td>
<td>2549</td>
<td>46748</td>
</tr>
<tr>
<td>CAS</td>
<td>931</td>
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<tr>
<td>CEA</td>
<td>4652</td>
<td>4652</td>
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<tr>
<td>EVAR</td>
<td>2633</td>
<td>2633</td>
<td>47972</td>
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<tr>
<td>INFRA</td>
<td>1733</td>
<td>1733</td>
<td>52373</td>
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<tr>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
<td>12067</td>
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<tr>
<td>LEAMP</td>
<td>184</td>
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<td>544</td>
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<tr>
<td>PVI</td>
<td>7997</td>
<td>7997</td>
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<tr>
<td>SUPRA</td>
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<td>TEVAR</td>
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<td>403</td>
<td>13954</td>
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<tr>
<td>Varicose Veins</td>
<td>2226</td>
<td>2226</td>
<td>30094</td>
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<tr>
<td>Overall</td>
<td>24450</td>
<td>24450</td>
<td>586246</td>
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</tbody>
</table>
Physician Specialties Across VQI (as of June 30, 2019, N=4346 Physicians)
Percentage of Procedures with 9 Months or Greater Follow-Up

Procedures performed between July 1, 2016 and June 30, 2017

Data for this report include all cases with surgery date between July 1, 2016 and June 30, 2017, that had been entered into the VQI as of June 30, 2019. The table below shows the number of procedures in the VQI, and the percentage of those procedures with long-term follow-up.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVACCESS</td>
<td>384 (73%)</td>
<td>7666 (59%)</td>
<td></td>
</tr>
<tr>
<td>CAS</td>
<td>119 (66%)</td>
<td>4398 (62%)</td>
<td></td>
</tr>
<tr>
<td>CEA</td>
<td>796 (71%)</td>
<td>17403 (69%)</td>
<td></td>
</tr>
<tr>
<td>EVAR</td>
<td>422 (73%)</td>
<td>6616 (71%)</td>
<td></td>
</tr>
<tr>
<td>INFRA</td>
<td>305 (65%)</td>
<td>7327 (70%)</td>
<td></td>
</tr>
<tr>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
<td>2240 (62%)</td>
<td></td>
</tr>
<tr>
<td>LEAMP</td>
<td>NA (&lt;3 centers)</td>
<td>2394 (62%)</td>
<td></td>
</tr>
<tr>
<td>OAAA</td>
<td>NA (&lt;3 centers)</td>
<td>1250 (68%)</td>
<td></td>
</tr>
<tr>
<td>PVI</td>
<td>1340 (69%)</td>
<td>26918 (70%)</td>
<td></td>
</tr>
<tr>
<td>SUPRA</td>
<td>97 (70%)</td>
<td>2285 (69%)</td>
<td></td>
</tr>
<tr>
<td>TEVAR</td>
<td>71 (48%)</td>
<td>2230 (62%)</td>
<td></td>
</tr>
<tr>
<td>Overall (July 2016-June 2017)</td>
<td>3617 (69%)</td>
<td>80727 (68%)</td>
<td></td>
</tr>
<tr>
<td>Overall (July 2015-June 2016)</td>
<td>3092 (70%)</td>
<td>73396 (73%)</td>
<td></td>
</tr>
</tbody>
</table>
Percentage With Long-Term Follow-Up by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
Long-Term Follow-Up by Center in Your Region (July 2016-June 2017)

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 2016-June 2017)

Regions (regions with <3 centers with at least 10 cases not shown)

“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, 2018 and May 31, 2019

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

Data for this report include all cases with surgery date between June 1, 2018 and May 31, 2019, that had been entered into the VQI as of June 30, 2019. The table below shows the number of procedures in the VQI, and the percentage of patients receiving discharge medications.

<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>Your Region Overall</td>
<td>3514</td>
<td>78%</td>
<td>14%</td>
<td>5%</td>
</tr>
<tr>
<td>VQI Overall</td>
<td>75598</td>
<td>83%</td>
<td>10%</td>
<td>4%</td>
</tr>
</tbody>
</table>
Percentage Receiving Discharge Antiplatelet+Statin by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
Hemodialysis Access: Percentage of Primary AVF vs. Graft

Procedures performed between June 1, 2018 and May 31, 2019
Excludes patients with previous access procedure in the same arm.

Data for this report include all cases with surgery date between June 1, 2018 and May 31, 2019, that had been entered into the VQI as of June 30, 2019. The table below shows the number of access procedures meeting the inclusion criteria in the VQI, and the percentage of those cases that were AVF vs. graft.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of access procedures meeting inclusion criteria</td>
<td>339</td>
<td>5351</td>
<td></td>
</tr>
<tr>
<td>Percentage with primary AVF</td>
<td>84%</td>
<td>83%</td>
<td></td>
</tr>
</tbody>
</table>
Rate of Primary AVF Access by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
Rate of Primary AVF Access in Your Region (June 2018-May 2019)

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 2018-May 2019)

Regions (regions with <3 centers with at least 10 cases not shown)

** indicates region's rate differs significantly from the VQI rate.
Carotid Artery Stent: Stroke or Death in Hospital

Procedures performed between June 1, 2018 and May 31, 2019

Asymptomatic admissions, excluding prior ipsilateral CAS, CAS for intracranial treatment and dissection, trauma and “other” lesion types. Asymptomatic patients are those who have did not have an ipsilateral TIA or stroke within 120 days prior to surgery.

Data for this report include all cases with surgery date between June 1, 2018 and May 31, 2019, that had been entered into the VQI as of June 30, 2019. The table below shows the number of CAS 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 CAS procedures meeting inclusion criteria</td>
<td>171</td>
<td>4625</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1.8%</td>
<td>1.6%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>152</td>
<td>4237</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>2%</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>1.5%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.49</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 by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
Rate of In-Hospital Stroke or Death After CAS in Your Region (June 2018-May 2019)

- 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 2018-May 2019)

- Regions (regions with <3 centers with at least 10 cases not shown)
  - "***" indicates region's observed rate differs significantly from its expected rate.
Carotid Endarterectomy: Stroke or Death in Hospital

Procedures performed between June 1, 2018 and May 31, 2019

Asymptomatic admissions, excluding prior ipsilateral CEA and concomitant CABG, endovascular or other arterial procedure. Asymptomatic patients are those who have did not have an ipsilateral TIA or stroke within 120 days prior to surgery.

Data for this report include all cases with surgery date between June 1, 2018 and May 31, 2019, that had been entered into the VQI as of June 30, 2019. 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</td>
<td>482</td>
<td>11190</td>
<td></td>
</tr>
<tr>
<td>meeting inclusion criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or</td>
<td>0.4%</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>death 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>473</td>
<td>10632</td>
<td></td>
</tr>
<tr>
<td>complete data*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or</td>
<td>0.4%</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>death among cases with</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>complete data*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or</td>
<td>0.9%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>death among cases with complete</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>data*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of</td>
<td>0.46</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 In-Hospital Stroke or Death After CEA by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
Rate of In-Hospital Stroke or Death After CEA in Your Region (June 2018-May 2019)

- 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 2018-May 2019)

- Observed
- Expected

Regions (regions with <3 centers with at least 10 cases not shown)

"**" 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, 2018 and May 31, 2019

Asymptomatic admissions, 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. LOS is based on the midnight rule used for hospital billing. Asymptomatic patients are those who have did not have an ipsilateral TIA or stroke within 120 days prior to surgery.

Data for this report include all cases with surgery date between June 1, 2018 and May 31, 2019, that had been entered into the VQI as of June 30, 2019. 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 meeting inclusion criteria</td>
<td>448</td>
<td>10292</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among procedures meeting inclusion criteria</td>
<td>23%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>441</td>
<td>9866</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among cases with complete data</td>
<td>23%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;1 day among cases with complete data*</td>
<td>21%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.27</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 CEA Patients With LOS>1 Day by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
Rate of CEA Patients With LOS>1 Day in Your Region (June 2018-May 2019)

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 2018-May 2019)

Regions (regions with <3 centers with at least 10 cases not shown)

"**" indicates region's observed rate differs significantly from its expected rate.
Endovascular AAA Repair: Percentage of Patients with LOS>2 Days

Procedures performed between June 1, 2018 and May 31, 2019

Excludes ruptured aneurysms and in-hospital deaths with LOS≤2 days, patients with prior aortic surgery, patients transferred from another hospital, procedures not done on day of admission and weekend procedures. LOS is based on the midnight rule used for hospital billing.

Data for this report include all cases with surgery date between June 1, 2018 and May 31, 2019, that had been entered into the VQI as of June 30, 2019. 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></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 days among procedures meeting inclusion criteria</td>
<td>11%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>279</td>
<td>4820</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 days among cases with complete data</td>
<td>11%</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;2 days among cases with complete data*</td>
<td>10%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.55</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 by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
Rate of EVAR Patients With LOS>2 Days in Your Region (June 2018-May 2019)

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 2018-May 2019)

Regions (regions with <3 centers with at least 10 cases not shown)

*** 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, 2016 and June 30, 2017
Excludes patients who died within 21 months of surgery.

Data for this report include all cases with surgery date between July 1, 2016 and June 30, 2017, that had been entered into the VQI as of June 30, 2019. 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 Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures</td>
<td></td>
<td>396</td>
<td>6150</td>
</tr>
<tr>
<td>Percentage with sac diameter recorded at follow-up</td>
<td></td>
<td>59%</td>
<td>57%</td>
</tr>
</tbody>
</table>
Rate of LTFU Sac Diameter Reporting by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
Rate of LTFU Sac Diameter Reporting in Your Region (July 2016-June 2017)

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 2016-June 2017)

Regions (regions with <3 centers with at least 10 cases not shown)

*** indicates region's rate differs significantly from the VQI rate.
Intrainguinal Bypass: Rate of Major Complications

Procedures performed between June 1, 2018 and May 31, 2019

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, 2018 and May 31, 2019, that had been entered into the VQI as of June 30, 2019. 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 Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of INFRA procedures meeting inclusion criteria</td>
<td></td>
<td>160</td>
<td>3930</td>
</tr>
<tr>
<td>Percentage with major complications after INFRA</td>
<td></td>
<td>3.1%</td>
<td>3.8%</td>
</tr>
</tbody>
</table>
Rate of Major Complications After INFRA by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
Rate of Major Complications After INFRA in Your Region (June 2018-May 2019)

Other centers in your region vs. 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 2018-May 2019)

Regions (regions with <3 centers with at least 10 cases not shown)

“**” indicates region’s rate differs significantly from the VQI rate.
IVCF: Percentage of Temporary Filters With Retrieval or Attempt at Retrieval

Procedures performed between January 1 and December 31, 2018
Excludes patients with permanent filters and patients who have died since discharge.

Data for this report include all cases with surgery date between January 1 and December 31, 2018, that had been entered into the VQI as of June 30, 2019. The table below shows the number of IVCF procedures meeting the inclusion criteria in the VQI, and the percentage of those cases in which the filter was retrieved, or an attempt was made to retrieve it, at any time post-procedure.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of procedures meeting inclusion criteria</td>
<td>NA (&lt;3 centers)</td>
<td>1428</td>
<td></td>
</tr>
<tr>
<td>Percentage with filter retrieval, or attempt at retrieval</td>
<td>32%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage not retrieved because not clinically indicated</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage not retrieved because patient declined</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Rate of IVCF Retrieval by Region Across VQI (January-December 2018)

Regions (regions with <3 centers with at least 10 cases not shown)

*** indicates region’s rate differs significantly from the VQI rate.
Lower-Extremity Amputation: Rate of Postop Complications

Procedures performed between June 1, 2018 and May 31, 2019

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

Data for this report include all cases with surgery date between June 1, 2018 and May 31, 2019, that had been entered into the VQI as of June 30, 2019. The table below shows the number of LEAMP cases in the VQI, and the percentage of those cases that resulted in complication.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of amputation procedures</td>
<td></td>
<td>NA (&lt;3 centers)</td>
<td>3029</td>
</tr>
<tr>
<td>Percentage with complications after LEAMP</td>
<td></td>
<td></td>
<td>11%</td>
</tr>
</tbody>
</table>
Rate of Complications After LEAMP by Region Across VQI (June 2018-May 2019)

Regions (regions with <3 centers with at least 10 cases not shown)

*** indicates region's rate differs significantly from the VQI rate.
Non-Ruptured Open AAA: In-Hospital Mortality

Procedures performed between June 1, 2018 and May 31, 2019
Excludes ruptured aneurysms.

Data for this report include all cases with surgery date between June 1, 2018 and May 31, 2019, that had been entered into the VQI as of June 30, 2019. 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OAAA procedures meeting inclusion criteria</td>
<td>NA (&lt;3 centers)</td>
<td>1009</td>
<td></td>
</tr>
<tr>
<td>Observed rate of in-hospital death among procedures meeting inclusion criteria</td>
<td>4.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>914</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of in-hospital death among cases with complete data</td>
<td>4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected rate of in-hospital death among cases with complete data*</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of in-hospital death among procedures with infrarenal proximal clamp</td>
<td>2.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of in-hospital death among procedures with suprarenal proximal clamp</td>
<td>5.7%</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 In-Hospital Death After OAAA by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
Rate of In-Hospital Death After OAAA by Region Across VQI (June 2018-May 2019)

- **G. Lakes**
  - Observed: 1%
  - Expected: 2%

- **VQI**
  - Observed: 4%
  - Expected: 4%

- **New England**
  - Observed: 6%
  - Expected: 5%

Regions (regions with <3 centers with at least 10 cases not shown)

"**" indicates region’s observed rate differs significantly from its expected rate.
PVI: Percentage of Claudicants with ABI/Toe Pressure Reported Before Procedure

Procedures performed between June 1, 2018 and May 31, 2019

“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, 2018 and May 31, 2019, that had been entered into the VQI as of June 30, 2019. 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 Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PVI procedures with indication of claudication</td>
<td></td>
<td>714</td>
<td>12890</td>
</tr>
<tr>
<td>Percentage with ABI/toe pressure recorded before procedure</td>
<td></td>
<td>64%</td>
<td>77%</td>
</tr>
<tr>
<td>Percentage who were current smokers</td>
<td></td>
<td>32%</td>
<td>38%</td>
</tr>
</tbody>
</table>
Rate of ABI/Toe Pressure Assessment Before PVI by Year

- Your Center
- Your Region
- VQI Overall

Regional data are not shown for the region with <3 centers with at least 10 cases.
Rate of ABI/Toe Pressure Assessment Before PVI in Your Region (June 2018-May 2019)

- **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/Toe Pressure Assessment Before PVI by Region Across VQI (June 2018-May 2019)

Regions (regions with <3 centers with at least 10 cases not shown)

**”** indicates region's rate differs significantly from the VQI rate.
Suprainguinal Bypass: Rate of Major Complications

Procedures performed between June 1, 2018 and May 31, 2019

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, 2018 and May 31, 2019, that had been entered into the VQI as of June 30, 2019. 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 Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SUPRA procedures</td>
<td></td>
<td>NA (&lt;3 centers)</td>
<td>803</td>
</tr>
<tr>
<td>Percentage with major complications after SUPRA</td>
<td></td>
<td></td>
<td>5%</td>
</tr>
</tbody>
</table>
Rate of Major Complications After SUPRA by Region Across VQI (June 2018-May 2019)

Regions (regions with <3 centers with at least 10 cases not shown)

** 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, 2016 and June 30, 2017
Excludes patients who died within 21 months of surgery.

Data for this report include all cases with surgery date between July 1, 2016 and June 30, 2017, that had been entered into the VQI as of June 30, 2019. The table below shows the number of TEVAR 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 Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TEVAR procedures</td>
<td></td>
<td>68</td>
<td>2021</td>
</tr>
<tr>
<td>Percentage with sac diameter recorded at follow-up</td>
<td></td>
<td>32%</td>
<td>45%</td>
</tr>
</tbody>
</table>
Rate of LTFU Sac Diameter Reporting by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
Rate of LTFU Sac Diameter Reporting in Your Region (July 2016-June 2017)

- 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 2016-June 2017)

Regions (regions with <3 centers with at least 10 cases not shown)

"**" indicates region's rate differs significantly from the VQI rate.
EVAR: Percentage of Elective Patients with AAA Diameter Within SVS Guideline (≥5.5cm for Men; ≥5 cm for Women)

Procedures performed between June 1, 2018 and May 31, 2019

Excludes non-elective procedures. If the patient has any iliac aneurysm, the guideline is considered to have been met regardless of AAA diameter.

Data for this report include all cases with surgery date between June 1, 2018 and May 31, 2019, that had been entered into the VQI as of June 30, 2019. The table below shows the number of elective EVAR procedures in the VQI, and the percentage of those cases meeting the SVS sac size guideline.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of elective EVAR procedures</td>
<td></td>
<td>308</td>
<td>5567</td>
</tr>
<tr>
<td>Percentage meeting SVS sac size guideline</td>
<td></td>
<td>69%</td>
<td>72%</td>
</tr>
</tbody>
</table>
Rate of EVAR Cases Meeting Sac Size Guideline by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
Rate of EVAR Cases Meeting Sac Size Guideline in Your Region (June 2018-May 2019)

- 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 EVAR Cases Meeting Sac Size Guideline by Region Across VQI (June 2018-May 2019)

- MidSouth*
- Virginia*
- New York*
- SOVONET
- Rocky Mtns.
- Midwest
- Southeast
- Mid-Atlantic
- VQI
- Pacific NW
- Mid-America
- Carolinas
- New England
- Up-Midwest
- So. Cal.
- Michigan
- G. Lakes*
- Canada*

Regions (regions with <3 centers with at least 10 cases not shown)

** indicates region’s rate differs significantly from the VQI rate.
Regional Improvement Projects

- Suggestions from Drs. Berman & Kraiss
Meeting Evaluation:

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