

CVSG Fall 2020 Meeting Minutes
11/6/2020
10:00 AM
Remote Meeting

Participation Award Credit – only available if attendee signed in correctly!

- **Agenda**

Welcome and Introduction	Dr. McGinigle
Regional Data Review	Dr. McGinigle
Regional QI Proposal	Dr. McGinigle
Crow and Confess	Group
National VQI Update	Caroline Morgan
AQC Update	Dr. Todoran
VQC Update	Dr. Sheehan
RAC Update	Dr. Genovese
GC Committee Update	Dr. McGinigle
Meeting Evaluation	Dr. McGinigle

Disclosures: Relevant to the content of this educational activity the presenters have no conflict(s) with commercial interest companies to disclose.

Regional Data Review – See slide deck

Comments:

- Long-Term Follow-up – doing well
- D/C Meds – doing great at 88%
- Transfemoral Carotid Artery Stent Asymp Stroke or Death: 70 cases that met criteria our observed rate was less than VQI overall no deaths or strokes in our region
- Transfemoral Carotid Artery Stent Symp Stroke or Death: 99 cases our observed rate is less than expected, no strokes or deaths
- TransCarotid Artery Revascularization Asymp Stroke or Death: 196 cases, our observed rate is slightly higher than VQI overall
- TransCarotid Artery Revascularization Symp Stroke or Death: 97 cases, observed rate is 2.1% which is lower than national rate of 3% and is better than expected
- CEA: Asymptomatic Stroke or Death in Hospital – 771 cases our observed rate is equal to our expected and the national average
- CEA: Symptomatic Stroke or Death in Hospital – 359 cases our observed rate is 1.4% and is lower than expected and VQI overall
- CEA: Percentage of Asymptomatic Patients with LOS>1 Day – our observed LOS is lower than expected and VQI overall, changing practices in use of foley cath and setting discharge expectations
- CEA: Percentage of Symptomatic Patients with LOS>1 Day – about 40% of our patients are staying > 1 day but still less than VQI overall

- EVAR: Percentage of patients with LOS>2 days – about 490 cases for our region, our cases with LOS > 2 days is about 14% which is about equal with expected LOS > 2days, suspect these centers are being aggressive about foley cath removal
 - Novant found that not sending CEA & EVAR to ICU post op decreased their LOS as well as setting expectations, utilizing order sets for b/p and foley management
 - EVAR: Rate of sac diameter at LTFU – doing better than national, about 2/3rds of patients are followed up and 2/3rds of these patients have a sac diameter recorded. One possibility is that providers are not given an actual measurement, but instead are saying “sac size the same, or no change” so there no is diameter and therefore no credit for the indicator. Need to encourage providers to give measurement or give permission to the abstractor to take the measurement from the radiology report or some other place. Is it possible to look at the data broken down by EVAR and PEVAR? SVS will look to add it to the enhancement report. Dr. McGinigle to look to see if there is a paper about the differences between EVAR with standard cut down and percutaneous approach and will bring back to next meeting. Consider reviewing your clinical template to encourage documentation of sac size diameter.
 - EVAR Sac Size Guideline: Pretty consistent throughout the region and with VQI overall
 - TEVAR: Rate of sac diameter at LTFU: 107 cases entered from our region, handful of centers participating in this module, 46% of cases have sac diameter recorded, which is less than VQI overall
 - PVI: Percentage of Claudicants with ABI/Toe pressure reported before procedure – 86% of our patients have ABI/TP measured pre intervention, significantly better than VQI overall,
 - Infra-inguinal Bypass: Rate of Major Complications – 453 cases only 3.5% with major complications, which includes in hospital death, limb amputation, or graft occlusion, better than VQI overall
 - Suprainguinal Bypass: Rate of Major Complications – 80 cases, our rate is 2.5% and VQI overall is at 5.2%, we are doing well
 - LEAMP: Rate of Postop Complications – 395 cases, high-risk population for complications and we are at 8% compared to VQI overall at 12%. A wide variety of complications is captured and we are doing really well. We have continued to improve in our region over time we are real trendsetters. This is a place where the southeast and the Carolinas are really better than average.
 - Hemodialysis Access: Percentage of Primary AVF vs. Graft – 281 cases and 62% had primary AV fistula compared to 82% VQI overall. The national goal is for 10% of patients to be permcath dependent. 60% of patients getting fistula first rather than grafts might be something we should look at. Only 4 centers in our region participate, would encourage you to look at your data and look at the right procedure for the right patient at the right time.
 - IVCF: Percentage of Temporary Filters w/Retrieval or Attempt at Retrieval –patients who have filter placed without the intent to remove have been removed from this data. In our region, 126 patients had a filter placed and only 31 patients had a follow up record entered, of these 31 patients, 18% had retrieval or attempt at retrieval.
- **Crow and Confess-**
Allows centers to talk about their data, things that have gone well and things maybe need some help with
Mission Hospital have worked on LTFU as a PI project and has gone from 60% to 82% on this report. They use scheduling software as a color coded (red, yellow, & green light) tool for the

schedulers to know when the LTFU window opens and as the window gets closer to closing (the tool will turn red to alert the schedulers the window closes < 3 months). COVID-19 has been an issue with LTFU, it appears that patients are willing to come to the office to have their imaging performed and then follow up with a tele-health visit.

WakeMed-Raleigh just starting a PI project to work on follow up. Looking to develop a centralized database kept on a secured shared drive. A nurse will then cull the list monthly to make sure the appointment is scheduled in the 9-21 month window, if not able to be seen, then performing a phone call visit. We look forward to hearing more at a future meeting.

Duke Hospital noticed poor decision making around palliative amputations, so our return to OR and mortality rate is higher, working on internal risk calculator to inform decisions so can either do terminal wound care or make better decisions, counsel patients better.

MUSC is making progress in LEAMP complication rate, was 20%, is significantly improved, but not down to the average, but proud of the improvement. Challenge is sac diameter reporting for EVAR and TEVAR.

UNC trying a more managed care approach to patients who come in with critical limb ischemia who have a revascularization and have a wound that are at risk of getting lost or an amputation. Proud of better patient navigation between surgery clinic and wound clinic. Confession is all patients have A1C of 9%, trying to figure out how to get patients connected to family practice and endocrinology.

- **National VQI Update:** – See Slide deck for details

- **Vascular Medicine Consult Registry**

Collaboration with Society for Vascular Surgery, American Heart Association, and Society for Vascular Medicine

Inclusion Criteria:

- This registry only includes New Outpatient Consults who are being treated medically for:
- Lower Extremity peripheral arterial disease due to atherosclerosis
- Atherosclerotic carotid artery occlusive disease
- Abdominal aortic aneurysm

Exclusion Criteria:

- Evaluation/diagnosis of pseudo or neurogenic claudication, peripheral arterial disease due to trauma, popliteal entrapment, medial adventitious cystic disease, chronic compartment syndrome
- Carotid disease due to dissection, infection, aneurysm, tumor, isolated common carotid lesion not thought to involve the bifurcation, disease of the carotid bifurcation due solely to vasculitis, and Moyamoya disease, and fibromuscular dysplasia
- Isolated aortic dissection without aneurysm
- Thoracic, thoraco-abdominal, and mycotic aneurysms

Data Collection:

Registry to focus on non-operative medical management of these conditions
Medication details and dosages, along with lifestyle modifications and counseling will be the emphasis of this registry

Opportunities

Identify patterns/variation of treatment and pre-intervention management

Identify QI initiatives

Opportunities in comparative effectiveness research

First site signed and entering data! Many more in the contracting phase!

Webpage link: <https://www.vqi.org/directory/new-vascular-medicine-consult-registry/>

Recorded webinars: <https://www.vqi.org/vascular-medicine-consult-registry-webinar-recordings-available/>

For more information, please contact: VQI@M2S.com

● **VQI Online Highlights:**

- VQI Online hosted 12 sessions over 6 weeks
- Attendance ranged from 300 – 125 live users
- PSO thanks all the Speakers and Moderators
- Feedback has largely been positive.
- Need a better registration and invite process
- Will incorporate virtual sessions even as we return to a live event
- Replays can be found on the VQI Members Only website.

<https://www.vqi.org/wp-content/uploads/VQI-ONLINE-latest-schedule-6.9.2020.pdf>

● **VQI Online:**

After the successful completion of our first VQI ONLINE event series, we have posted the video content on the Members Only area

If you wish to view any of the video sessions, please log in to the VQI Members Only area on the website. (If you do not have credentials for Members Only, please contact Nancy Heatley to set up your access. This is only available for registered VQI members.)

VQI Members Only – <https://www.vqi.org/members-login/>

Full recordings of each event are available at no cost to VQI members through Members Only.

Contact Nancy Heatley Nheatley@svspsso.org if you need assistance!

● **ACC, SVS Join Forces on Single Vascular Registry**

The American College of Cardiology and Society for Vascular Surgery are collaborating on a single vascular registry to harness the strengths of both organizations in improving care and outcomes of patients with vascular disease. <https://www.vqi.org/acc-svs-join-forces-on-single-vascular-registry/>

● **COVID-19 Variables: See slides**

- **PAD Patient Reported Outcomes (PROs)**

- **My Peripheral Arterial Disease: a VQI Pilot of Patient Reported Outcomes for PAD**

- The Society for Vascular Surgery Vascular Quality Initiative is seeking practices to participate in My PAD, a pilot program for the collection of patient reported outcomes (PRO) on patients undergoing endovascular treatment for peripheral arterial disease (PAD).
- The VQI recognizes that traditional outcomes such as patency and re-intervention may not fully capture the quality of care or the experience of PAD patients. There is a long overdue need to learn and measure the patient's perspective.
- Must be in the PVI registry and have greater than 80% follow up!

- **PAD Patient Reported Outcomes (PROs)**

- **Highlights**
- Outpatient peripheral vascular interventions (PVI) for claudication or chronic limb threatening ischemia
- Collect VascuQoL-6 and EuroQoL 5D-5L (estimated completion time 10-15 minutes)
- Collection at three time points: pre-procedure, one month and one year postoperatively
- PRO data entry options include paper forms, computer, tablet and smart phone
- Educational materials for direct from patient data entry
- PRO feedback to participating physicians

- **Reporting Highlights and Questions:**

- Changes to Perioperative Dashboards
- New On-line LTFU reports
- Suggestions for "other reports"?
- Perioperative Dashboard Remodel

- **Overall Modifications**

- Change explanation language- confusing
- *Note also that percentages are computed only among cases with non-missing data for each outcome, so it is possible to have rates for some outcomes but "No cases" for others.*
- *Better to say??: Only cases with complete data have been analyzed.*
- Reorder sequence
- Combine CAS and CEA under "All carotid interventions"- give % of type
- All Carotid; then all Aortic (TEVAR/EVAR/OAAA/Supra); then all LE (PVI/LEB/Amp); then all Vein (VV/IVC/AVF); then Medical
- Eliminate null entry of registry data
- Inefficient and visual fatigue- leave blank and provide no entry; should not require major reprogramming
- Develop common metric for complications
- Return to OR (RTOR) should be common to all with 'BTR': bleeding/thrombosis/revision and then use registry specific complications in separate row or with BTR
- Provide One year and 3 year comparators

- Since Dashboard is quarterly, a rapid look at 1Y and 3Y trend data will be very useful and can be provided via linkage
- Include Category under each registry of excluded 'N's
- Reorganize sequence: Carotid→Aortic→LE→Vein→Medical
- Rolling quarter concept to allow for statistical merit on low volume procedures such as OAAA, etc. to achieve N > ~ 15. This would also be carried over to LTFU regional reports comparison
- Add LTFU metric to category dashboard→Hyperlink option
- Replace 25th /50th/75th percentile with whiskerplot: 90-10%tile which shows median of VQI and arrow locating center level %tile

● Carotid

- Combine into all carotid interventions for total of procedures in center
- Asymptomatic definition changed to 180 days
- Breakout into % CAS vs CEA as well as %TCAR vs TFCAS
- Under each category above: % Age >= 80 and % CMS High Risk Criteria
- MACE reported separated for Total CAS (TCAR + TFCAS) and CEA
- Contralat/Ipsi CVA reported for each procedure type
- List BTR separately from Cranial Nerve Injury
- % Protamine reversal included in CEA report
- Continue with 'Case data'; 'DC meds'; 'Discharge'; 'IV meds for BP' and Dysrhythmia treatment
- **Combined totals** used when statistics do not support separating outcomes and in 'Home' disposition
- Homeless and other hospital eliminated from Disposition
- **Carotid Stenting and Endarterectomy**

● New On-Line LTFU Reports

- **InSights EVAR LTFU Report**
- Select sites scheduled to test Mid October 2020
- To be rolled out to all sites soon
- Over time LTFU reports to be created for all registries (CEA/CAS next)
- *A toggle will be provided at the top of the report to show or hide the (n/m) values
- Ability to drill down to the patient PRIMPROCID
- Ability to filter on Elective, Ruptured, Symptomatic

● Report Suggestions/Ideas

● Regional Bylaw Changes

Quorum:

All voting for nominations and election of officers will be conducted electronically, even during in-person regional meetings. In order to conduct business, a quorum of the regional Executive Committee (EC) is considered a majority vote of all regional members of the EC that participate

in the voting process. Centers are eligible to vote as of the date of the signed contract. No waiting period is required. The regional EC is entitled to one vote per center.

An email notification to the region will be forwarded one week prior to the opening of officer nominations. A region will be permitted a collection period of one week to nominate individuals for the respective office and subsequently the regional EC will be given three weeks to vote for their member of choice.

A regional EC member may designate a proxy for the purposes of voting provided that the VQI is notified in writing, by replying to the voting communication, prior to the end of the voting period. For voting that takes place without SVS PSO involvement, the Regional Medical Director will manage and conduct the voting process in accordance with the regional Bylaws' rules of voting, meeting a quorum. The Regional Medical Director will give prior notification to the regional EC, by means of an agenda, if a vote will be conducted during an upcoming EC meeting or regional meeting.

Regional Bylaw Changes

Associate Medical Director:

The Regional Associate Medical Director (AMD) is a VQI participating physician that will be nominated by the regional Executive Committee (EC) with a final vote based on the regional bylaw policies. This position will report directly to the Regional Medical Director. The Regional AMD will support the Regional Medical Director in managing the region with the application of regional guidelines. Tasks include, but are not limited to, assisting with agenda preparation, budgeting, regional meeting planning and the overall operations of the region. This role is a three-year renewable term, with an automatic succession into the Regional Medical Director's role unless the SVS PSO receives written objection(s) from member(s) of the regional EC. A final vote of the regional EC is required to sanction the transition from Regional AMD to Regional Medical Director.

Regional Bylaw Changes

Medical Director Qualifications:

The Medical Director is a VQI participating physician selected for a three-year renewable term by a majority vote, as defined in the regional Bylaws, of the Executive Committee (EC). The Regional Medical Director chairs the EC, prepares the agenda for meetings, prepares an annual budget and is responsible for the overall operations of the region between meetings of the EC. The Regional Medical Director will represent the region on the SVS PSO National Governing Council, unless the EC decides to elect someone else in the region.

● **CME/CE CREDIT FOR REGIONAL MEETINGS FALL 2020**

● **Participation Award Changes**

- We are aware that COVID-19 placed a significant strain on staff and resources
- Formal announcement sent out April 9, 2020
- Personnel may have been reassigned making the performance of usual operations difficult if not impossible

- Many patients have had their follow-up office visits delayed. This may result in patients being seen outside of the prescribed time period (9-21 months) which is beyond anyone's control.
 - Workflow disruptions may have caused delays in data entry and follow-up
- The Participation Committee will assess the 2020 Participation Award criteria to assure that temporary workflow disruptions will not have a negative impact on participation awards. Updates will be provided via December QI webinar, newsletter, and email blast.

- **Quality Improvement Update Fall 2020**

Quality Improvement Webinars:

- ▶ 2020 Quarterly Webinars
 - ▶ March 2020
 - ▶ "Starting a QI project"
 - ▶ June 2020
 - ▶ Deferred for Online VQI
 - ▶ September 2020
 - ▶ Featuring Northern California Vascular Study Group and their processes for two regional projects
 - ▶ November/December 2020
 - ▶ 2020 Participation Award Information, 2021 Changes and Wrapping up a QI Project

2020 Quality Improvement

Fourteen charters submitted

*LTFU – 5

D/C Medications – 4

Clinical – 2 (LOS – EVAR, LE)

**Documentation – 1 (AAA size compliance)

*2 regions finalizing details for LTFU QI project

** Multi-regional project - finalizing details for AAA size compliance QI project

Focused phone calls are well attended

- **Recap of 2019/2020 QI Projects**

Putting VQI Data into Action

See what your colleagues are doing with QI

Twenty-eight poster abstracts were submitted and accepted for presentation at the 2020 VQI

Annual meeting that was scheduled for Toronto

Five abstracts were featured in the Online QI session

Seven abstracts were featured in the Online RAC session

Great feedback received for all presentations!

Thanks to all who presented and attended the Online VQI sessions!

Quality Improvement Details: Charter Information

Charters

- ▶ 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

- **National QI project details**

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

Visit the VQI Members Only Website for sample charters, webinars, and presentations on VQI Quality Improvement Projects. www.vqi.org

- **Arterial Quality Council** – see slides

Randy DeMartino, MD (Mayo Clinic Rochester) is the new Chair of the AQC

AQC Update:

Current projects:

Common variable help text updates

OAAA registry revisions

SVS guidelines collaboration

COVID variables

Patient reported outcome variables

- **Venous Quality Council**- see slides

Marc Passman, MD (UAB) new chair of the VQC taking over for Jose Almeida, MD

1-3 year goals

Dedicated podium time for VQI at AVF

Update Varicose Vein and IVC quarterly interoperative dashboards

Create Venous Stent dashboard

Work on LTFU dashboards for all 3 venous procedures

Continue work C2 disease and appropriateness of care

Continue work with United Healthcare

IVC retrieval rate is 30% nationally, need to make this a national quality initiative

Create COPI (Center Opportunity for Process Improvement) reports for venous registries

- **Research Advisory Council-** see slides
Nicholas Osborne, MD (Univ of Michigan) FIRST chair of the new Venous RAC
Arterial RAC and Venous RAC alternate months for submissions:
<https://www.vqi.org/data-analysis/national-arterial-and-venous-rac-schedules/>

Proposal Process:

1. Review list of projects approved to avoid duplication
<https://www.vqi.org/data-analysis/rac-approved-project-search/>
 2. Submit proposal on line:
<http://abstracts123.com/svs1/meetinglogin>
- **GC Committee Update**— see slides
Appointments of Vice-Chairs to the VQC and VRAC
Dr. Mark lafrati has been nominated to serve as Vice Chair of the Venous Quality Council
Dr. Fedor Lurie has been nominated to serve as Vice Chair of the Venous RAC
Unblinding EVAR Imaging LTFU: Needs to be voted on by each region
Dr. Goodney presented VISION reporting on EVAR Survival, Reintervention, and Surveillance
The GC discussed the impact to moving to virtual regional meetings and ways to make calls more interactive.
Dr. Beck is the new Vice-Chair of the Executive Committee
The PSO will be appointing 2 new at-large members to the PSO Executive Committee
 - **Meeting Evaluation:**
 - What did you like about this meeting?
 - What can we do better?

SAVE the DATE

**Friday May 7 2021 is the Spring 2021 meeting
To be determined if will be in-person or virtual meeting**