

**Region Name: Mid-South VSG**

Date: Oct 4, 2020

Time: 1:00pm-4:00pm CT

Remote

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

**Agenda:**

**1:00 Welcome**

**1:10 Regional Data Review (Patrick Ryan, MD)**

Learning Objectives:

- Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).
- Interpret and compare each center's VQI results to regional and national benchmarked data.
- Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.
- Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.

**1:50 Regional QI Proposal (Patrick Ryan, MD)**

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- Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.
- Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.

**2:30 National VQI Update (Carrie Bosela)**

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**3:10 AQC Update—Patrick Ryan, MD**

VQC Update—Michael McNally, MD

RAC Update—Patrick Stone, MD

Governing Council Update—Patrick Ryan, MD

**3:20 Open Discussion/Next Meeting/Meeting Evaluation**

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

**Welcome and introductions:** Patrick Ryan, MD, Regional Medical Director, MSVSG

**Regional Data Review:** Patrick Ryan, MD, Regional Medical Director, MSVSG

**Dashboard Comments:**

- Procedure Volume, All years: almost 700,000 procedures; our region almost 23,000 procedures.
- Long-term follow-up: We could be doing better. More recently, our region has followed behind nationally. Unblinded centers for long-term follow up. Our data in our region is now the worst in the country.
- Discharge medications: We are on par with national average, statistically significant improvement over national average.
- Transfemoral Carotid Stent: can't report on region due to <3 centers participating
- TCAR: asymptomatic stroke/death rate—higher than national average, however NOT statistically significant. Symptomatic stroke/death rate, not enough data.
- CEA: Stroke/death rate in our region is higher than national average, NOT statistically significant. (in both symptomatic and asymptomatic).
- EVAR LOS>2 days around the national average.
- Sac diameter reporting—We are not doing well nationally, there are 2 centers that are not reporting at all. The physician note has to list the exact measurements of the sac diameter (not just “unchanged”). They cannot take it from the radiology report in some facilities. There is a question to how much occlusive disease is being treated with endograft.
- Sac size guideline—finding the “norm” not trying for 100%. On average, we are fixing smaller aneurysms than the national average (statistically significant). \*coding with occlusive disease\*. Other exceptions could be transplant centers that require intervention prior to their transplant. Saccular aneurysms will fall out and are not included.
- Iliac inflow Guideline (new)—Preserve at least one internal iliac artery.
- OAAA—possibility in future to expand data timeframe to allow more centers to participate.
- ABI/toe pressure--- for CLAUDICATION, goal is 100% or very high. We are above the national average (stat significant).
- Infra major complications—much lower than the national average. (best in the country). <1%
- Primary AVF access—better than the national average
- 

**Regional Improvement Projects:** Patrick Ryan, MD, Regional Medical Director, MSVSG

- **EVAR sac diameter reporting**
- **ABI reporting for PVI**
- **Data managers to come together to brainstorm other improvement projects.**

**National VQI Update:** Carrie Bosela, Senior Director Clinical Operations SVS PSO

**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

Vascular Medicine Consult Registry

**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](mailto: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](mailto: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 reintervention 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  $N > \sim 15$ . This would also be carried over to LTFU regional reports comparison

Add LTFU metric to category dashboard→Hyperlink option

Replace 25<sup>th</sup> /50<sup>th</sup> /75<sup>th</sup> 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  $\geq 80$  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

### **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](mailto:QI@SVSPSO.ORG) or [cjackson@svspsso.org](mailto:cjackson@svspsso.org).

Visit the VQI Members Only Website for sample charters, webinars, and presentations on VQI Quality Improvement Projects. [www.vqi.org](http://www.vqi.org)

**AQC Update – Patrick Ryan, MD**

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

**VQC Update – Carrie Bosela, SVS SPO**

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

**RAC Update – Patrick Stone, MD**

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 Update – Carrie Bosela and Patrick Ryan, MD**

Appointments of Vice-Chairs to the VQC and VRAC



Dr. Mark Iafrati 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**

### **Next Meeting**