

SOCAL VOICE Fall 2020 Meeting Minutes

October 23, 2020

10:00 am-12:30 pm PT

Remote

- **Agenda**

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

Welcome and Introduction - Bakersfield Memorial Hospital, St. John's Health Center and University of California San Diego Medical Center

Regional Data Review	Ahmed Abou-Zamzam, MD
Regional QI Proposals	Greg Magee, MD
National VQI Update	Cheryl Jackson, SVS PSO
Data Managers Update	Kelsi Ostenson
AQC Update	Ankur Chandra, MD
VQC Update	Isabella Kuo, MD
RAC Update	Greg Magee, MD
GC Committee Update	Ahmed Abou-Zamzam, MD
VQI Technology Update	Cheryl Jackson, SVS PSO
Meeting Wrap Up	Ahmed Abou-Zamzam, MD

- **Regional Data Review – Dr. Abou Zamzam**

Comments: **See slides**

- Procedure Volume: reduction in VOICe procedure volume for VOICe primarily in CEA/PVI and overall reduction in total cases in both VOICe and VQI
- Long- Term follow-up: 57%, remains well below VQI rate of 68%
- Discharge medications: holding gains with VOICe 86% and VQI at 85%
- TFEM CAS Data: New report with symptomatic/asymptomatic stroke/death. N/A (<3 centers)
- TCAR Data: New report with symptomatic/asymptomatic stroke/death
 - Discussion: Many sites with >10 cases but no data available as a result of new data drill down
 - Graphs with numerators more helpful than percentages
- CEA Asymptomatic Stroke/Death: 2.5%, above the 0.9% VQI rate
- CEA Asymptomatic Postop LOS>1 day: 22.2%, slightly below 23.3% VQI rate
- CEA Symptomatic Stroke/Death: NA (<3 centers)
- CEA Symptomatic Postop LOS>1 day: (<3 centers)
 - Discussion: Group notes change in inclusion/exclusion criteria from Spring 2020 reports
- EVAR Post op LOS>2 Days: 13.4%, below the 14.2% VQI rate
- EVAR Sac Diameter reporting at LTFU: 37.6%, well below 58.6% VQI rate
 - Discussion: impact of telehealth on LTFU and no sac diameter surveillance
- EVAR SVS Sac Size Guideline: 68.9%, below VQI rate 73.4%
 - Discussion: Current project looking at sac size guidelines in asymptomatic male vs female, inequities of care delivery male vs female
 - Note rapid expansion criteria being developed for addition to registry
- TEVAR Sac Diameter Reporting at LTFU: NA (<3 centers)
- OAAA In-Hospital Mortality: NA (<3 centers)
- OAAA SVS Cell-Saver Guideline: NA (<3 centers)
- OAAA SVS Iliac Inflow Guideline (new): NA (<3 centers)
- PVI Claudicant ABI/toe Pressure assessed prior to procedure: 77.2%, above VQI rate 74.6%

- Infra-Inguinal Bypass Major Complications: NA (<3 centers)
 - Supra-Inguinal Bypass Major Complications: NA (<3 centers)
 - LEAMP Post op Complications: NA (<3 centers)
 - AV Access Primary AVF vs Graft: NA (<3 centers)
 - Metrics for percutaneous AVF creation under development
 - IVC Retrieval Reporting: NA (<3 centers)
- **Regional QI Proposals – Greg Magee, MD**
 - Reviewed regional project, impact of peri-operative blood transfusion in anemic patients undergoing infrainguinal bypass. Using # method. Invited other regional members to participate
 - Presented RAC approved projects from SoCal VOICe membership (see slide)
 - RAC proposals and data analysis available on vqi.org

- **National VQI Update - Cheryl Jackson, SVS PSO**

Comments: **See slides**

- VQI online sessions (12) available on VQI members only website. Contact Nancy Heatley to set up access
- SVS and ACC collaborating on a single vascular registry
- SVS, AHA and SVM collaborating on Vascular Medicine Consult Registry. Focus on medical management of LE PAD, Carotid artery disease, AAA. Refer to slides for inclusion/exclusion criteria
 - Emphasis on non-operative medical management including medications, lifestyle modifications and counseling will be the emphasis
 - 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/>
 - Contact: VQI@M2S.com
- New COVID-19 Variables added to registry
- **PAD Patient Reported Outcomes (PROs)**
 - My Peripheral Arterial Disease: a VQI Pilot of Patient Reported Outcomes for PAD
SVS seeking practice participation in pilot program for patients undergoing EV treatment of PAD
Must have participate in PVI registry and achieve >80% follow up
See slides for details
- Reporting Highlights and Questions:
 - Revisions to Perioperative Dashboard
 - New On-line LTFU reports

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 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

- **Data Managers Update – Kelsi Ostenson**

- Recognized impact of Covid 19 on many data managers and difficulty in keeping the work moving forward
- Regional data manager webinars will resume every other month beginning 2021 using a case presentation and FAQ format

- **AQC Update – Ankur Chandra, MD**

- Randy DeMartino, MD (Mayo Clinic Rochester) is the new Chair of the AQC
- Current projects:
 - Update common variable help text
 - OAAA registry revisions
 - SVS guideline collaboration
 - COVID variables
 - PRO variables

- **TCAR dot Phrase for TCAR – Ankur Chandra, MD**

Comments: **See slides**

- Scripps Health EPIC Dot phrase for TCAR procedure reviewed
- Encouraged group to access shared templates on EPIC UserWeb

- Discussion: A web call will be organized for interested users
- **VQC Update – Isabella Kuo, MD**
 - Marc Passman, MD (UAB) new chair of the VQC replacing 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
 - National Quality initiative: IVC retrieval rate (currently 30%)
 - COPI (Center Opportunity for Process Improvement) reports for venous registries
 -
- **RAC Update – Greg Magee, MD**

Comments: **See slides**

 - Nicholas Osborne, MD (University 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:
 - Review projects approved to avoid duplication <https://www.vqi.org/data-analysis/rac-approved-project-search/>
 - Submit proposal on line <http://abstracts123.com/svs1/meetinglogin>
- **Governing Council Update – Ahmed Abou-Zamzam, MD**
 - Dr. Mark Iafrati nominated as Vice Chair of the Venous Quality Council
 - Dr. Fedor Lurie has been nominated 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. Adam Beck new Vice-Chair of the Executive Committee
 - The PSO will be appointing 2 new at-large members to the PSO Executive Committee

M2S Updates

• **VQI Technology Updates**

Comments: **See slides**

- Barcode scanning for PVI device capture
- Many registry revisions and effort to harmonize data fields across registries. Please review slides for comprehensive details.
- **Registry Projects**
 - Projects conducted within the SVS PSO with only non-identifiable data (removal of patient, center and physician information) provided to Medtronic/BARD/Cook/Gore or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.
 - TEVAR Dissection Surveillance Project (5y) open for enrollment
 - Medtronic IN.PACT® Admiral® DCB ISR Project enrollment complete
 Contact: Anita Duxbury MedtronicAdmiralDCB@m2s.com
 - The Bard® LifeStent® Popliteal Artery Stent Project enrollment complete

Contact: Charlotte Stirewalt BardLifeStent@m2s.com

Meeting Evaluation

Next Meeting TBD