WELCOME

MICHIGAN VASCULAR STUDY GROUP

Thursday, November 2, 2023
11:30am – 5pm ET
Livonia, MI
In-person

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Appreciation and Thanks

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Thank you to everyone who helped make this event possible:

Ashraf Mansour, MD - Regional Medical Director
Timothy Nypaver, MD - Regional Associate Medical Director
Joseph Jacot - Regional Lead Data Manager
Kaity Sullivan - SVS PSO Analytics Team
Angela Churilla - SVS PSO Education & Quality Manager
Jennifer Correa – SVS PSO Marketing Manager
Betsy Wymer - SVS PSO Director of Quality
SVS PSO Staff

Welcome and Introductions 35 existing, 2 new centers

Ascension Borgess Hospital
Ascension Genesys Hospital
Ascension Providence Hospital, Novi Campus
Ascension Providence Hospital, Southfield Campus
Ascension St. John Hospital
Ascension St. Mary's Hospital
Bronson Battlecreek Hospital
Bronson Methodist Hospital
Corewell Health Dearborn Hospital
Corewell Health Farmington Hills Hospital
Corewell Health William Beaumont University Hospital
Covenant Healthcare
Henry Ford Allegiance Health
Henry Ford Hospital, Detroit MI
Henry Ford Hospital, West Bloomfield MI
Henry Ford Macomb Hospital
Henry Ford Wyandotte Hospital
McLaren Bay Region
McLaren Flint
McLaren Greater Lansing
McLaren Macomb
McLaren Northern Michigan
McLaren Port Huron
Mercy Health Muskegon Hospital
Mercy Health Saint Mary's
Michigan Vascular Center
Munson Medical Center
MyMichigan Health - Midland
Oaklawn Hospital
Providence Hospital - Rochester
Sparrow Hospital
Spectrum Health Hospital
St. John Macomb Oakland
St. Joseph Mercy Health System
St. Mary Mercy Livonia
University of Michigan
Vascular Institute of Michigan

Active Regional Charters

Regional Group Name	Center Name	Charter Topic	Lead	Email Address	Surgeon Champion
MICHIGAN VASCULAR STUDY GROUP (MVSG)	MyMichigan Health - Midland	Smoking Cessation	Grace Djapri	grace.djapri@mymichigan.org	Constantinos Constantinou, M.D.
MICHIGAN VASCULAR STUDY GROUP	McLaren Bay Region	Smoking Cessation	Terri Militello	Militello, Terri <Terri.Militello@mclaren.org>	Dr. Nicolas Mouawad

Fall 2023 SVS VQI Regional Report Slides

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The VQI Regional Quality Report is produced semiannually to provide centers and regions targeted, comparative results and benchmarks for a variety of procedures, process measures, and postoperative outcomes.

Please note the following updates have been implemented to enhance and improve the report:

- Ability to Download/Print Dashboard

  The dashboard summary can now be downloaded as an Excel file or printed directly using buttons included above the dashboard table. Please note that printing allows you to save as PDF with the “Print to PDF” feature in your browser.

- Interactive Plots

  All graphics are now interactive.

https://www.vqi.org/wp-content/uploads/FALL_2023_REGIONAL_REPORT_SLIDES_REGION_Michigan.html

VQI Regional Quality Report

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VQI Regional Quality Report

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Fall 2023

This report is patient safety work product generated within the SVS PSO, LLC, and is considered privileged and confidential.

About the Report

The VQI Regional Quality Report is produced semiannually to provide centers and regions targeted, comparative results and benchmarks for a variety of procedures, process measures, and postoperative outcomes. The report is organized into separate reports that can be quickly accessed by clicking on the report names in the table of contents on the left.

For drill-down and data feedback on your center's cases, click on "VQI Case Appendix" in the table of contents on the left.

Important Notes

- All results are based on data entered into the VQI as of July 31, 2023. Any subsequent changes or updates to data after that date will not be reflected in this report.
- Only cases submitted as complete in the PATHWAYS platform are reflected in this report.
- Procedure timeframes and inclusion/exclusion criteria are given at the top of each report. Cases are also excluded if outcomes are missing or not enough data was entered to determine whether the case met inclusion/exclusion criteria.
- Regions must have at least 3 centers with included cases for regional results to be displayed in tables and line charts.
- Regions must have at least 3 centers with at least 10 included cases per center for regional results to be displayed in bar charts. It is therefore possible for a region's results to be displayed in tables and line charts, but not in bar charts.
- For risk-adjusted reports, regions must have at least 3 centers with at least 10 *cases with complete data* per center for regional results to be displayed in bar charts. It is therefore possible for a region's results to be displayed in tables and line charts, but not in bar charts.
- In all graphics, a p-value <.05 is considered statistically significant.
- All graphics are interactive. Hover over a plot to view specific values. Select a section to zoom in on using your cursor (double-click to zoom back out). Click on an item in the legend to include/exclude it from the plot and double-click to isolate it. All plots can be downloaded individually using the camera icon in the top right corner of the plot.

Dashboard

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Dashboard

The dashboard provides a high-level summarization of your center's results for each of 29 reports, and gives both regional and VQI-wide benchmarks for comparison. The "Your Center" column gives the percentage of your center's cases with the noted outcome. Numbers in parentheses give the number of cases with the outcome and the total number of cases meeting the inclusion criteria for that report. The "Your Region" and "VQI Overall" columns give the aggregate percentage of cases with the noted outcome, as well as the 10th, 25th, 50th (median), 75th, and 90th percentiles for centers in your region and VQI, respectively ([10th|25th|50th|75th|90th]). Your center's results are highlighted blue if your center is in the "top" 25th percentile for VQI Overall, and coral if your center is in the "bottom" 25th percentile for VQI Overall.

Dashboard

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Procedure Group	Outcome	Your Region	VQI Overall
All	Procedure Volume	[10 | 24 | 82 | 243 | 383]	[6 | 20 | 68 | 214 | 395]
	Procedure Volume, All Years	[23 | 115 | 341 | 1054 | 2992]	[15 | 58 | 251 | 1208 | 3307]
Multiple	Long-Term Follow-up	76.3% [13 | 56 | 84 | 90 | 92]	71.3% [0 | 42 | 74 | 89 | 96]
	Discharge Medications	87.5% [80 | 86 | 90 | 97 | 100]	87.1% [75 | 83 | 91 | 98 | 100]
	Preop Smoking	34.9% [21 | 26 | 32 | 40 | 44]	29.6% [7 | 18 | 26 | 35 | 44]
	Smoking Cessation	27.9% [1 | 21 | 27 | 33 | 49]	31.7% [0 | 19 | 31 | 44 | 67]
TFEM CAS ASYMP	Stroke/Death	1.1% [0 | 0 | 0 | 0 | 0]	1.6% [0 | 0 | 0 | 0 | 2]
TFEM CAS SYMP	Stroke/Death	5.4% [0 | 0 | 0 | 6 | 8]	4.3% [0 | 0 | 0 | 0 | 13]
TCAR ASYMP	Stroke/Death	1% [0 | 0 | 0 | 0 | 1]	0.9% [0 | 0 | 0 | 0 | 2]
TCAR SYMP	Stroke/Death	3.2% [0 | 0 | 0 | 0 | 7]	2% [0 | 0 | 0 | 0 | 6]
CEA ASYMP	Stroke/Death	0.4% [0 | 0 | 0 | 0 | 0]	0.8% [0 | 0 | 0 | 0 | 3]
	Postop LOS>1 Day	24.8% [15 | 17 | 20 | 38 | 40]	22.2% [0 | 12 | 22 | 35 | 50]
CEA SYMP	Stroke/Death	2.6% [0 | 0 | 0 | 3 | 10]	1.7% [0 | 0 | 0 | 0 | 6]
	Postop LOS>1 Day	39.4% [33 | 33 | 42 | 75 | 95]	42.5% [0 | 25 | 41 | 60 | 80]
EVAR	Postop LOS>2 Days	11.3% [8 | 8 | 11 | 14 | 15]	15.4% [0 | 8 | 14 | 21 | 32]
	Sac Diameter Reporting	60.6% [44 | 57 | 72 | 80 | 80]	58.1% [0 | 34 | 63 | 80 | 89]
	SVS AAA Diameter Guideline	90.3% [83 | 86 | 89 | 92 | 95]	75.5% [50 | 66 | 75 | 86 | 100]
TEVAR	Sac Diameter Reporting	NA (<3 centers)	57% [0 | 33 | 59 | 81 | 100]
OAAA	In-Hospital Mortality	4.3% [0 | 0 | 4 | 5 | 6]	4% [0 | 0 | 0 | 8 | 17]
	SVS Cell-Saver Guideline	86.4% [41 | 47 | 84 | 98 | 99]	93.1% [75 | 89 | 97 | 100 | 100]
	SVS Iliac Inflow Guideline	99.4% [98 | 99 | 100 | 100 | 100]	98.3% [93 | 98 | 100 | 100 | 100]
PVI CLAUD	ABI/Toe Pressure	61.3% [18 | 37 | 62 | 93 | 96]	67.4% [17 | 50 | 74 | 89 | 100]
INFRA CLTI	Major Complications	3.8% [2 | 3 | 4 | 6 | 10]	4.8% [0 | 0 | 3 | 7 | 12]
SUPRA CLTI	Major Complications	11.8% [0 | 0 | 0 | 17 | 27]	7.3% [0 | 0 | 0 | 12 | 27]
LEAMP	Postop Complications	NA (<3 centers)	11.8% [0 | 5 | 10 | 16 | 19]
HDA	Primary AVF vs. Graft	NA (<3 centers)	82% [61 | 74 | 83 | 89 | 96]
	Ultrasound Vein Mapping	NA (<3 centers)	87.9% [66 | 83 | 90 | 97 | 100]
	Postop Complications	NA (<3 centers)	1.4% [0 | 0 | 0 | 2 | 5]
IVCF	Filter Retrieval Reporting	NA (<3 centers)	49.8% [0 | 36 | 50 | 67 | 80]

Procedure Volume

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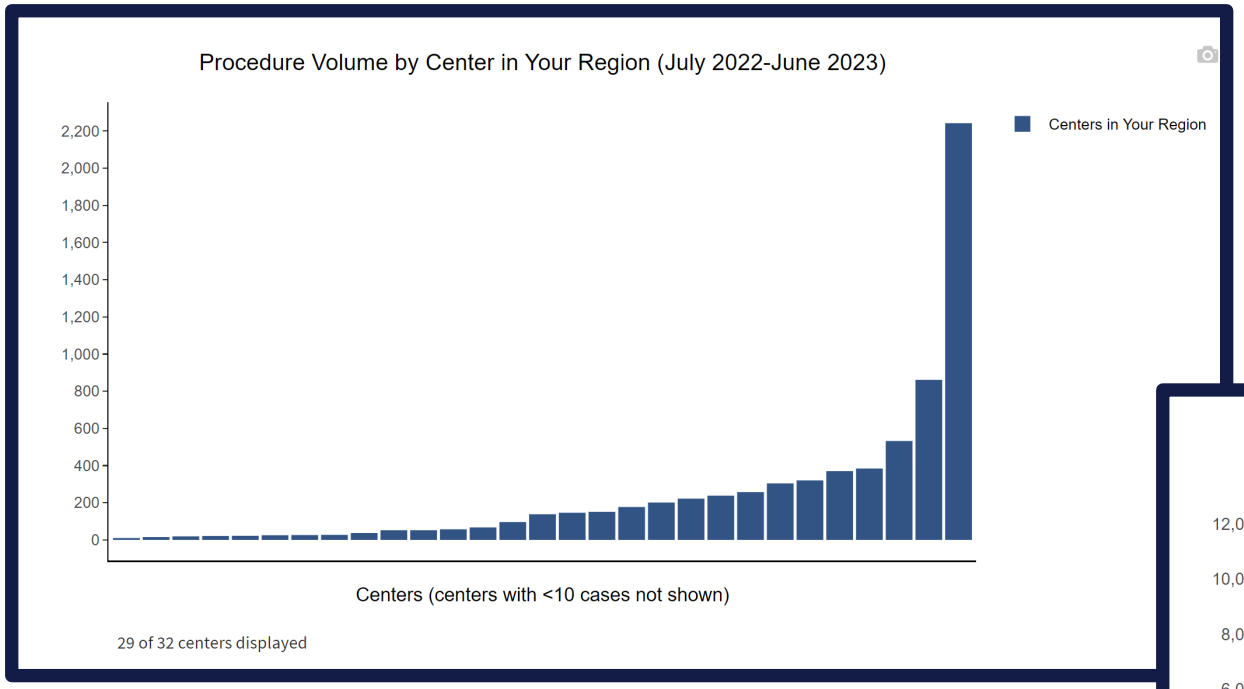
Procedure Volume

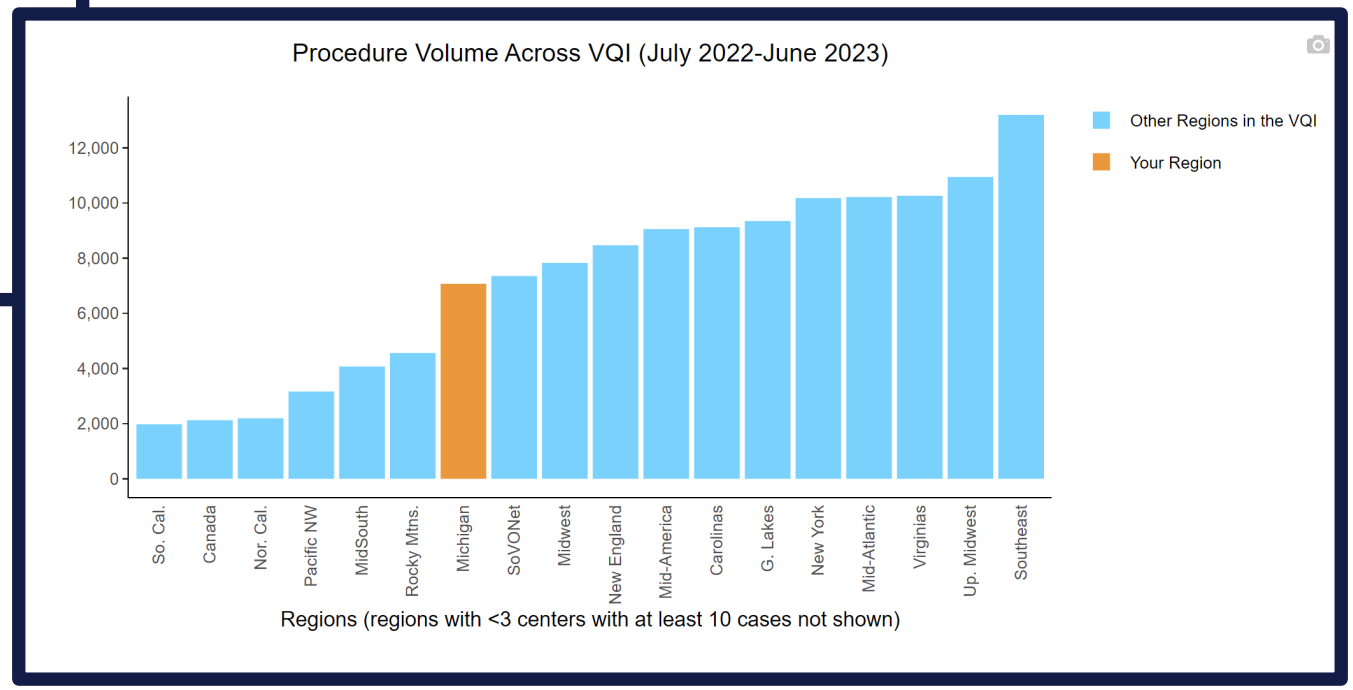
Procedures performed between July 1, 2022 and June 30, 2023

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

	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)	900	23334
CEA	491	19076
EVAR	169	8085
HDA	NA (<3 centers)	5660
INFRA	183	7272
IVCF	NA (<3 centers)	1006
LEAMP	NA (<3 centers)	3670
OAAA	82	1348
PVI	2784	50854
SUPRA	39	2032
TEVAR	47	3849
Varicose Veins	2016	6196
Overall (July 2022-June 2023)	7090	132382
Overall (July 2021-June 2022)	6419	127080

Procedure Volume





Procedure Volume, All Years

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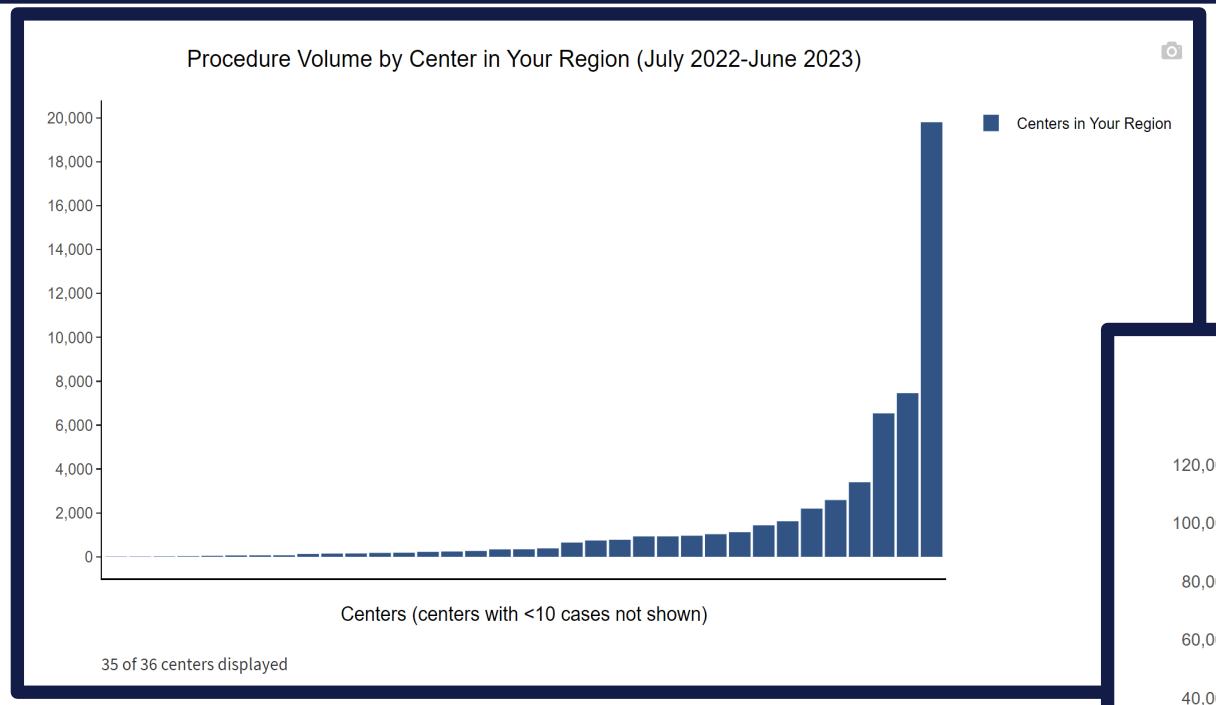
Procedure Volume, All Years

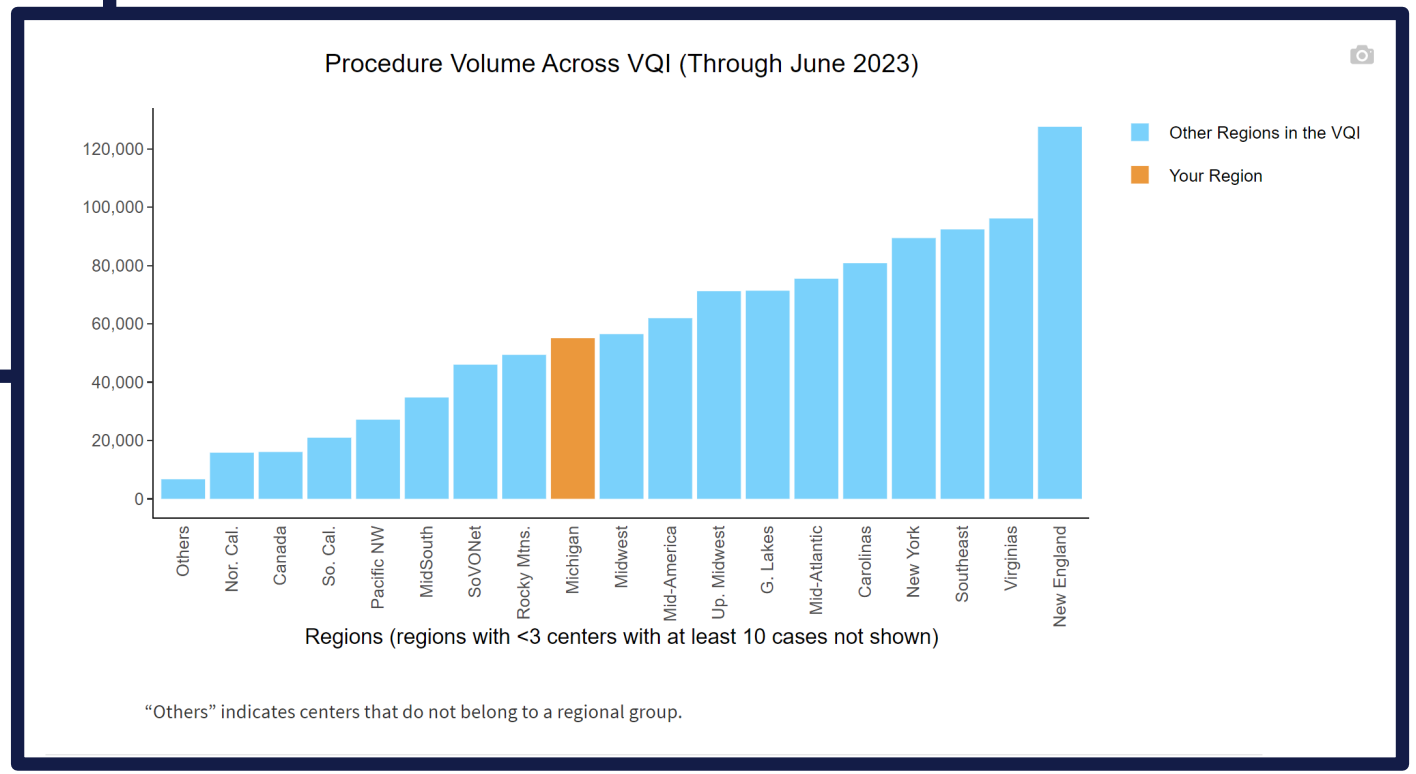
Includes all procedures with procedure date through June 30, 2023

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

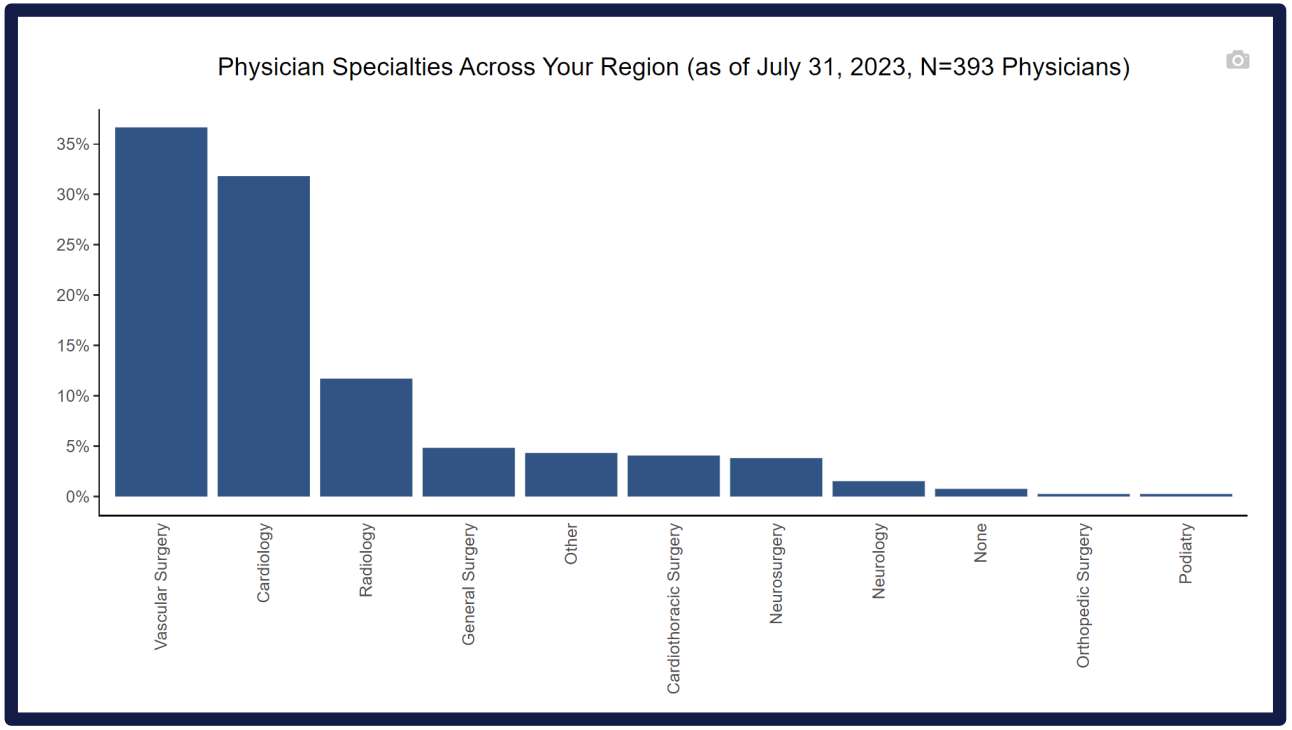
	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)	3687	102290
CEA	5297	196769
EVAR	2106	80848
HDA	3832	75884
INFRA	2861	81473
IVCF	1006	18296
LEAMP	NA (<3 centers)	28881
OAAA	879	17850
PVI	15442	379671
SUPRA	956	25862
TEVAR	345	28950
Varicose Veins	18102	61876
Overall	55108	1098650

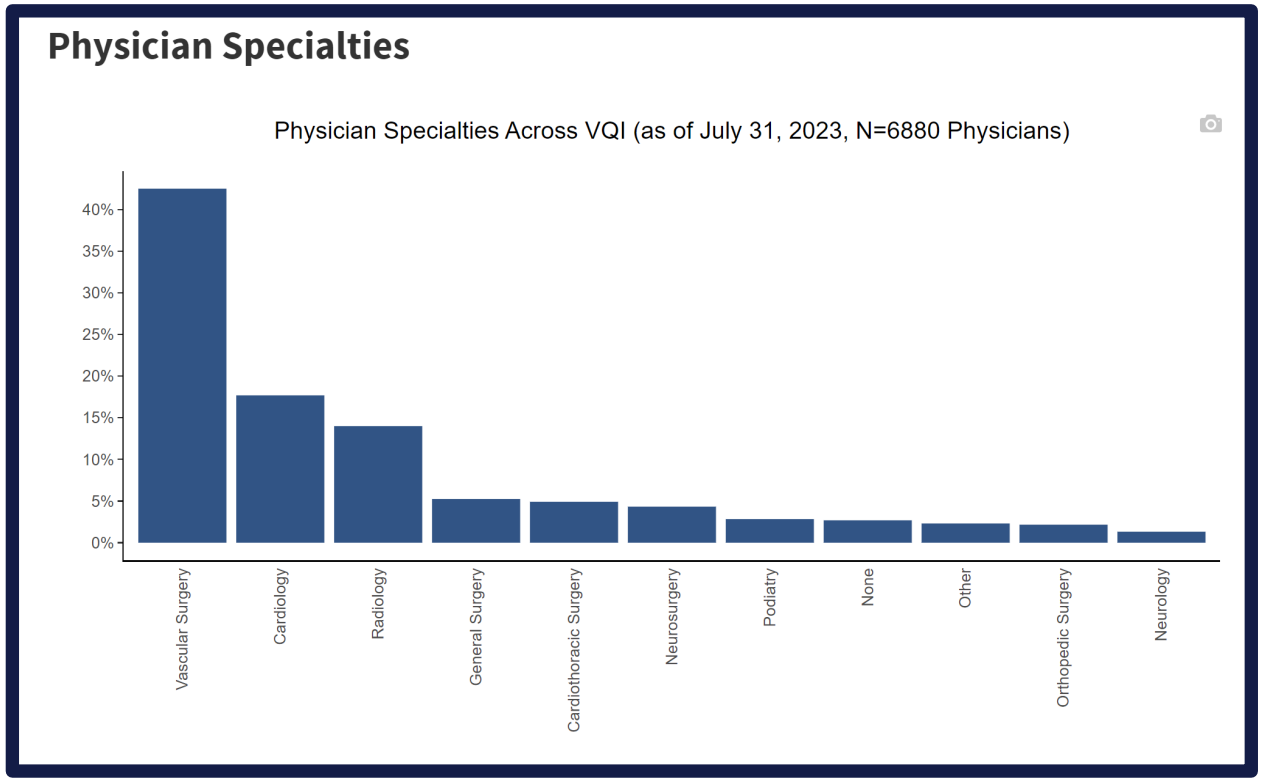
Procedure Volume, All Years





Physician Specialties





Long-Term Follow-Up

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Long-Term Follow-up

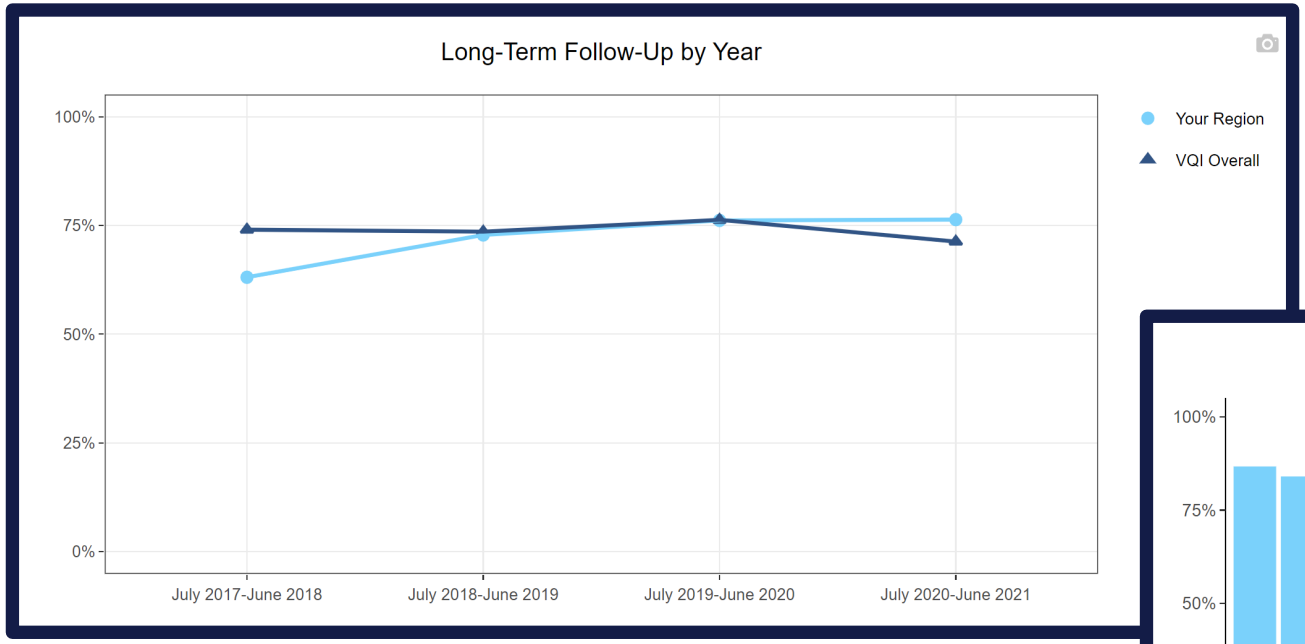
Procedures performed between July 1, 2020 and June 30, 2021

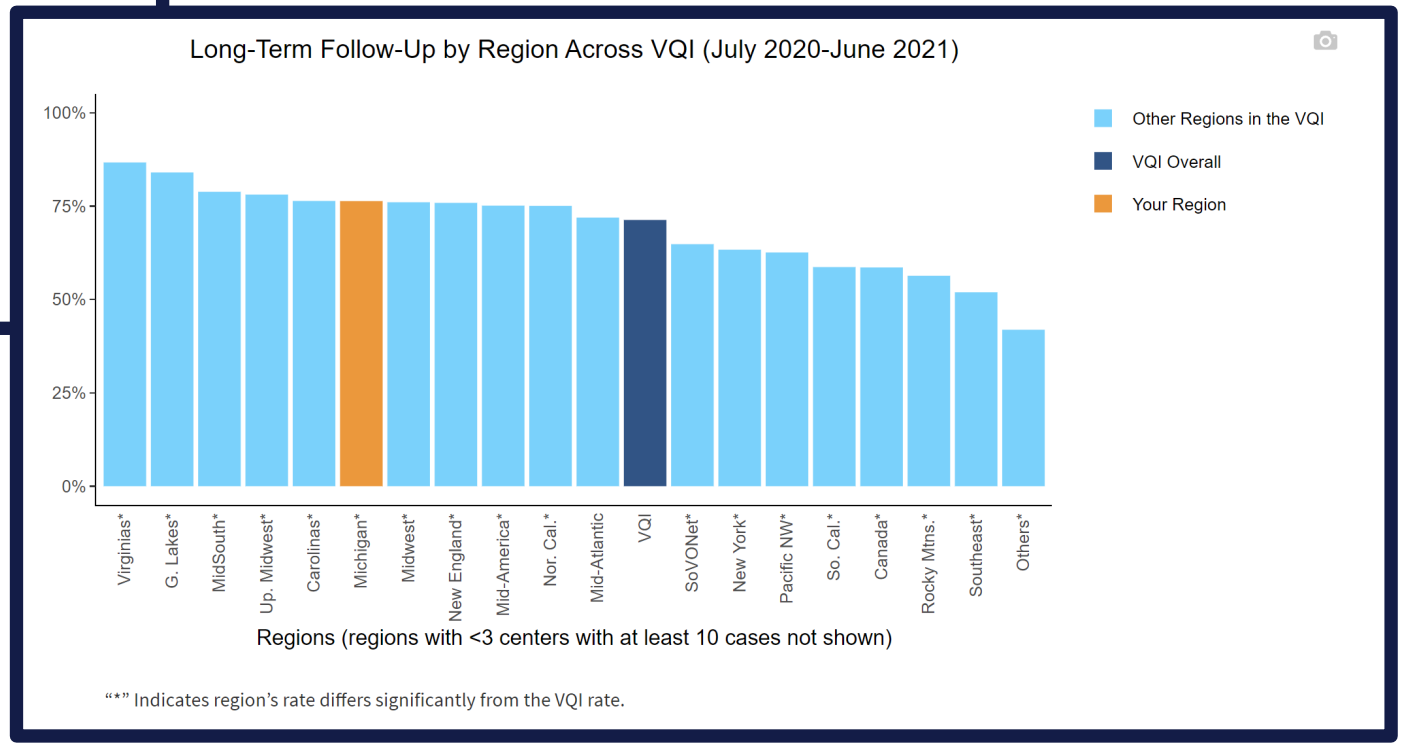
Includes CAS (TFEM CAS and TCAR), CEA, EVAR, HDA, INFRA, IVCF, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Excludes procedures not eligible for long-term follow-up.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures with follow-up recorded between 9 and 21 months post-procedure.

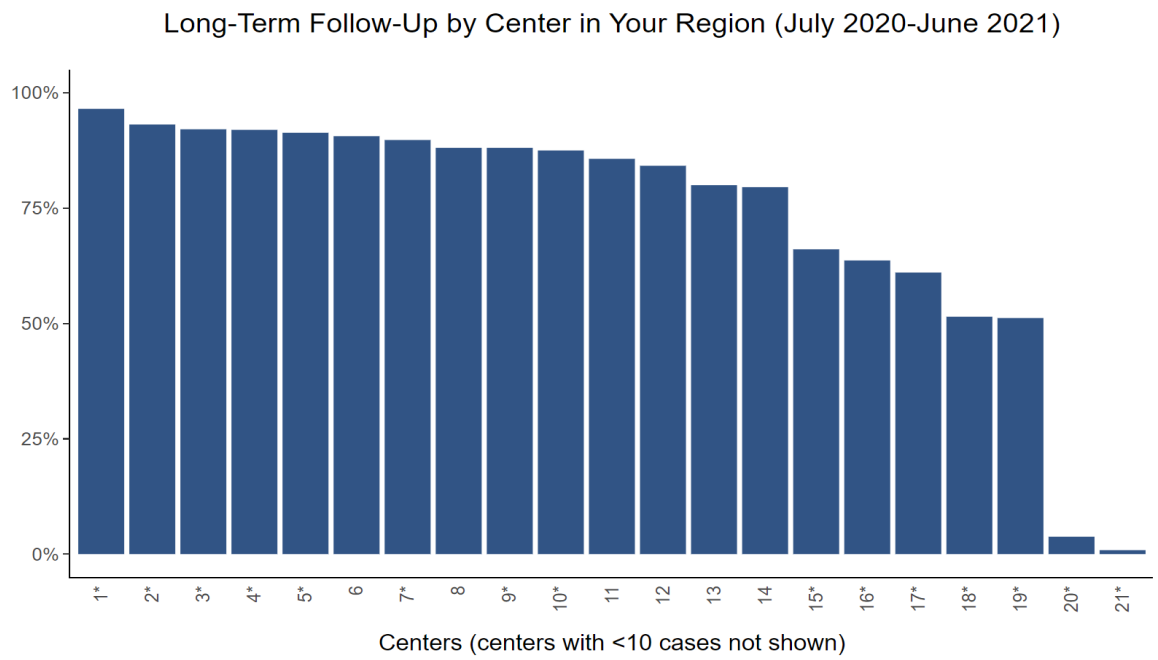
	Your Region	VQI Overall
CAS	604 (83%)	15193 (70%)
CEA	356 (88%)	18765 (74%)
EVAR	154 (78%)	7931 (73%)
HDA	NA (<3 centers)	7610 (70%)
INFRA	235 (88%)	7724 (75%)
IVCF	NA (<3 centers)	1587 (74%)
LEAMP	NA (<3 centers)	3303 (70%)
OAAA	97 (90%)	1362 (76%)
PVI	2088 (68%)	45136 (70%)
SUPRA	75 (85%)	2071 (75%)
TEVAR	9 (67%)	3112 (69%)
Overall (July 2020-June 2021)	4143 (76%)	113794 (71%)
Overall (July 2019-June 2020)	3724 (76%)	102251 (76%)

Long-Term Follow-Up





Long-Term Follow-Up



21 of 23 centers displayed

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

Long-Term Follow-Up Unblinding Legend for Your Region

Index	Medical Center Name
1	Bronson Methodist Hospital
2	Ascension Borgess Hospital
3	McLaren Bay Region
4	Spectrum Health Hospital
5	MyMichigan Health - Midland
6	Bronson Battlecreek Hospital
7	Ascension St. John Hospital
8	Covenant Healthcare
9	University of Michigan
10	Michigan Vascular Center
11	Munson Medical Center
12	St. Mary Mercy Livonia
13	St. Joseph Mercy Health System
14	Henry Ford Hospital, Detroit MI
15	McLaren Greater Lansing
16	Corewell Health William Beaumont University Hospital
17	McLaren Flint
18	Henry Ford Allegiance Health
19	McLaren Macomb
20	McLaren Northern Michigan
21	McLaren Port Huron

Discharge Medications

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Discharge Medications

Procedures performed between July 1, 2022 and June 30, 2023

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Antiplatelet is defined as ASA or P2Y12 inhibitor. Cases are excluded if (1) Discharge Statin = "No, for medical reason" OR (2) Both Discharge ASA = "No, for medical reason" AND Discharge P2Y12 inhibitor = "No, for medical reason" OR (3) An in-hospital death occurred.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures where patients received discharge medications.

	Number of Procedures	Antiplatelet+Statin	Antiplatelet Only	Statin Only	Neither
Your Region Overall	4519	87%	8%	3%	2%
VQI Overall	112903	87%	8%	3%	2%

Discharge Medications

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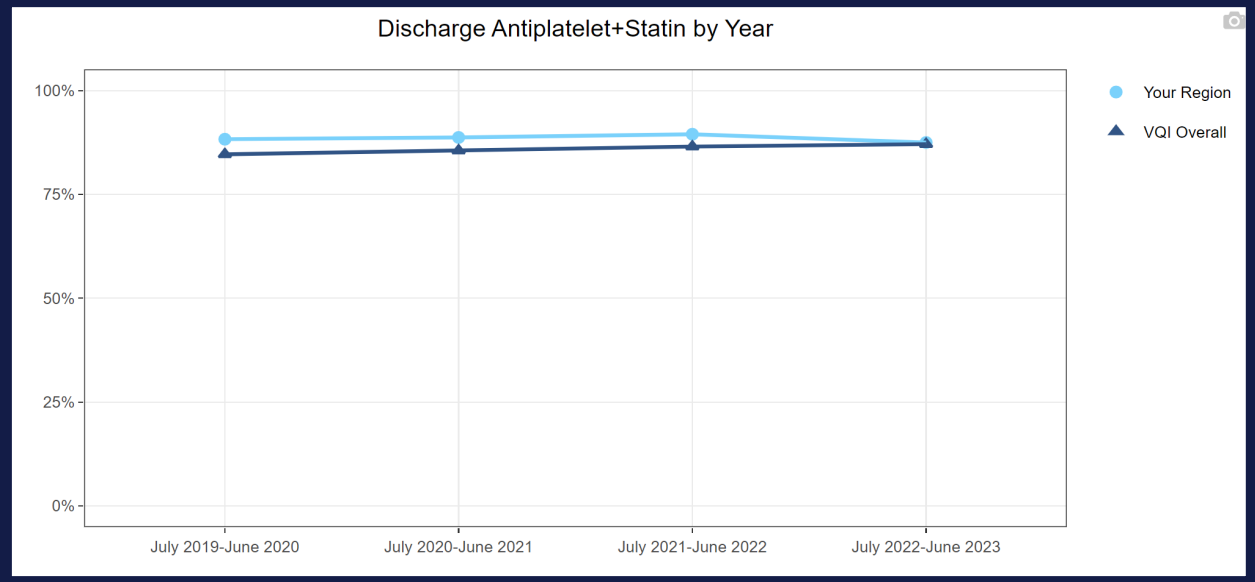
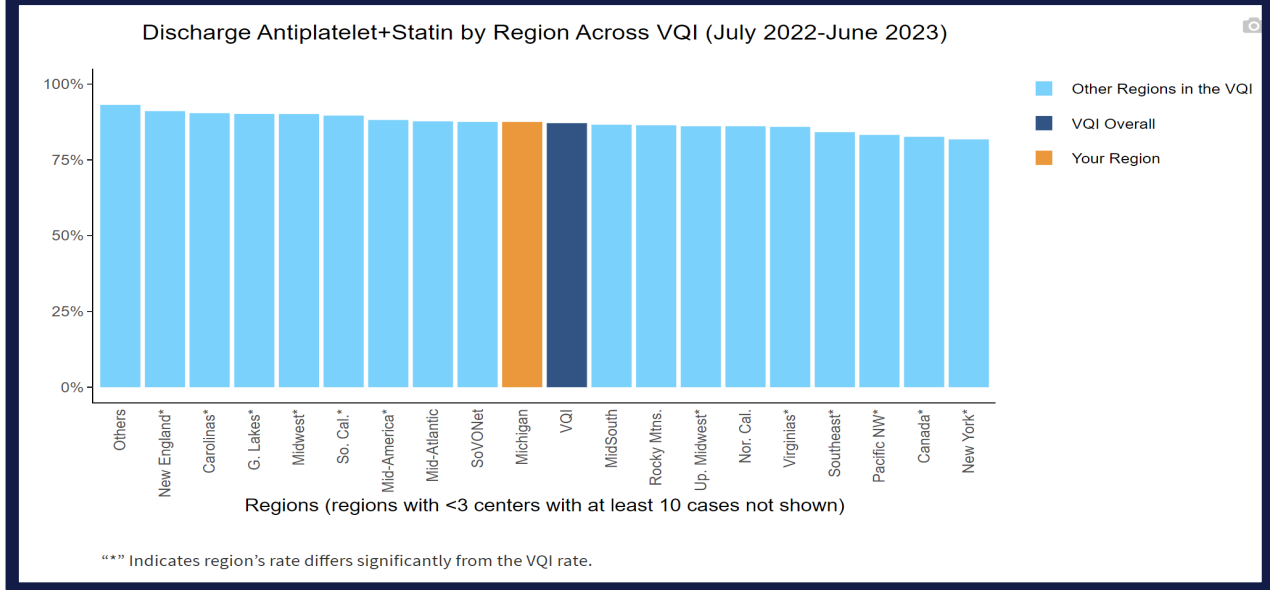
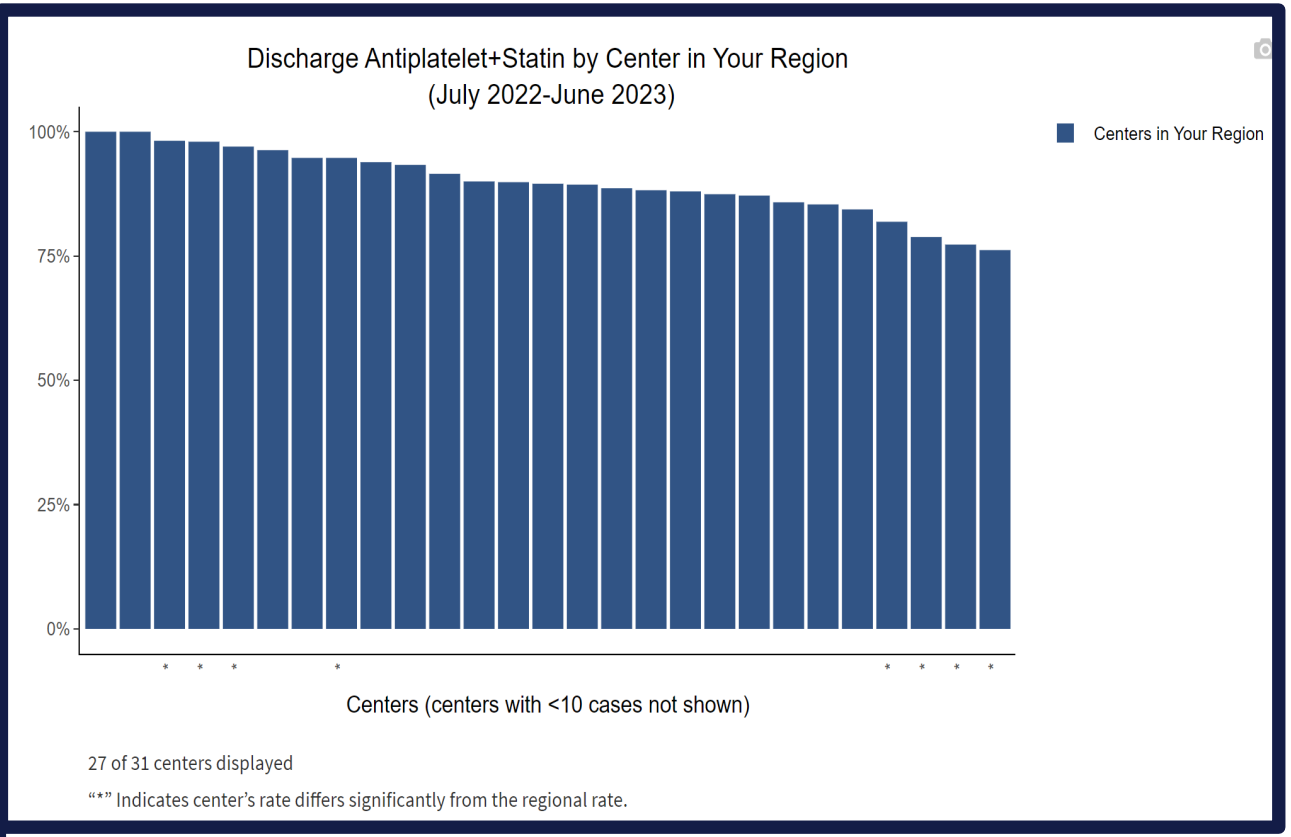




"*" Indicates region's rate differs significantly from the VQI rate.



27 of 31 centers displayed

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

Preop Smoking

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Preop Smoking

Procedures performed between July 1, 2022 and June 30, 2023

Includes elective CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures where the patient was still smoking within one month of the procedure.

	Your Region	VQI Overall
CAS	760 (28%)	18540 (23%)
CEA	434 (23%)	16116 (24%)
EVAR	146 (36%)	6749 (32%)
INFRA	163 (39%)	5487 (39%)
LEAMP	NA (<3 centers)	1545 (26%)
OAAA	67 (42%)	981 (43%)
PVI	2385 (39%)	39806 (32%)
SUPRA	32 (50%)	1526 (53%)
TEVAR	41 (34%)	2720 (29%)
Overall (July 2022-June 2023)	4030 (35%)	93470 (30%)

Preop Smoking

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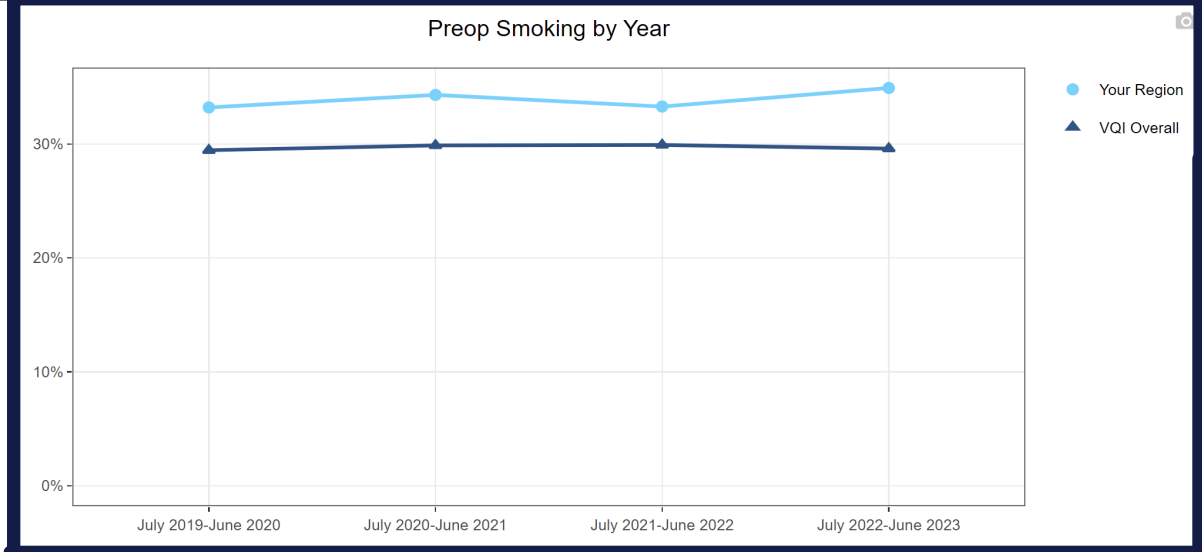
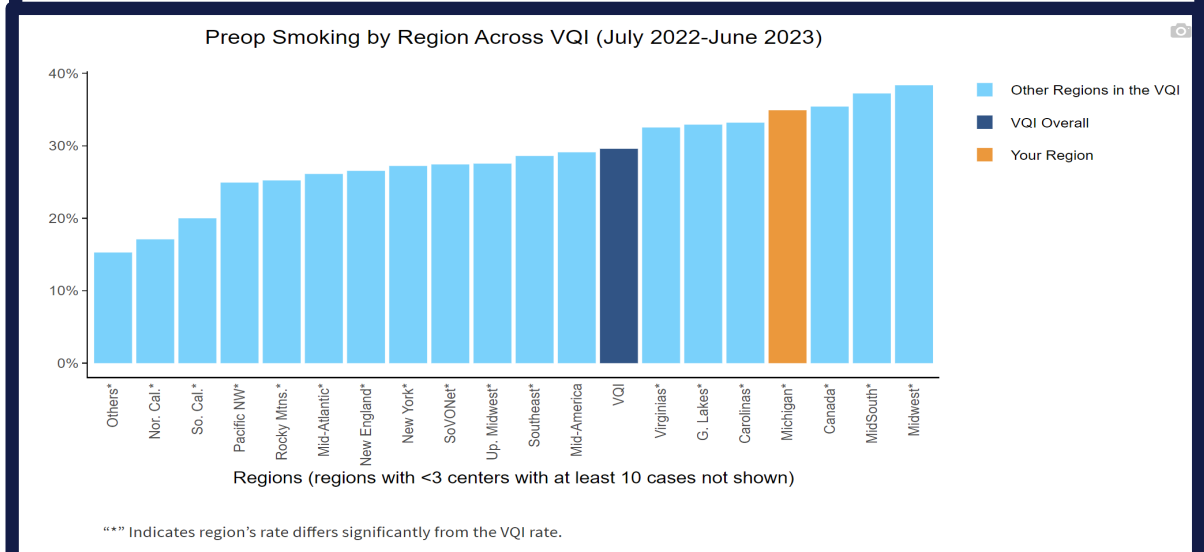
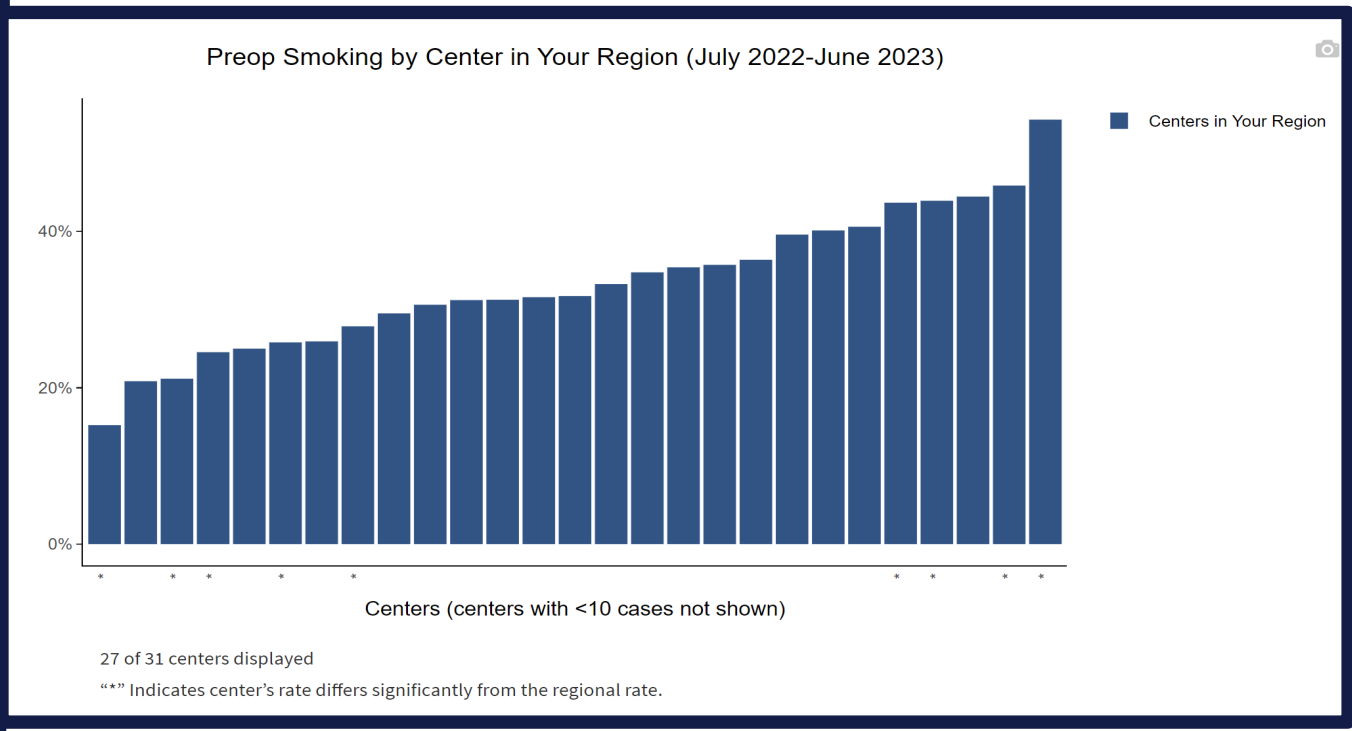




"*" Indicates region's rate differs significantly from the VQI rate.



27 of 31 centers displayed

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

Smoking Cessation

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Smoking Cessation

Procedures performed between July 1, 2020 and June 30, 2021

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, HDA, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures performed on patients still smoking within one month of the procedure. Excludes procedures that do not have at least one long-term follow-up record where the patient's follow-up smoking status was recorded.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures where the patient was not smoking within one month on follow-up for *all* long-term follow-up records where the patient's follow-up smoking status was recorded.

	Your Region	VQI Overall
CAS	137 (32%)	2437 (34%)
CEA	77 (35%)	3400 (31%)
EVAR	48 (35%)	1746 (29%)
HDA	NA (<3 centers)	582 (32%)
INFRA	74 (35%)	2241 (35%)
LEAMP	NA (<3 centers)	466 (33%)
OAAA	38 (34%)	431 (39%)
PVI	476 (24%)	9090 (29%)
SUPRA	34 (29%)	787 (34%)
TEVAR	3 (33%)	593 (43%)
Overall (July 2020-June 2021)	935 (28%)	21773 (32%)

Smoking Cessation

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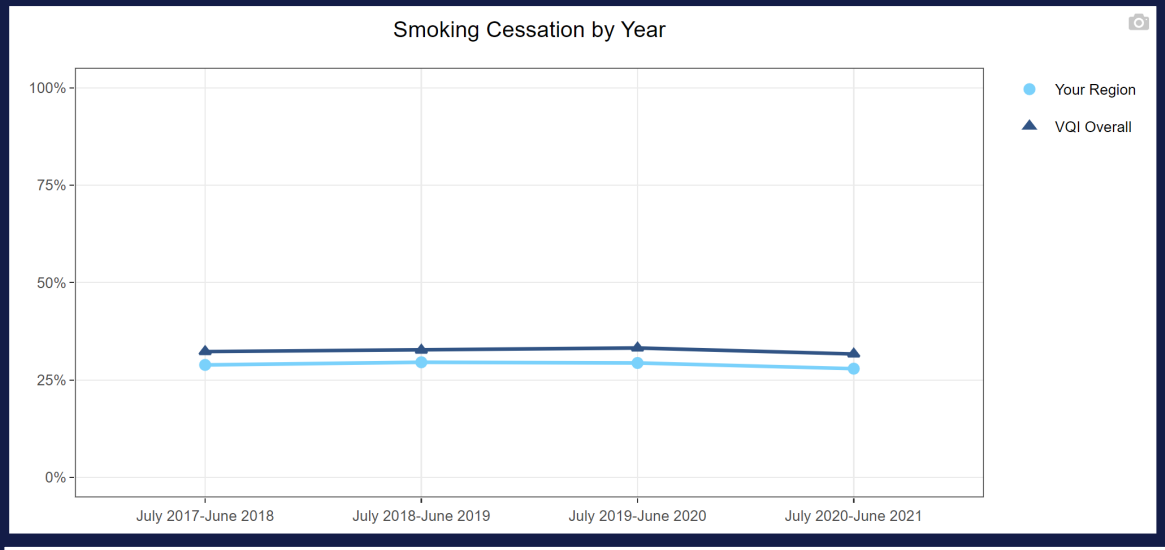

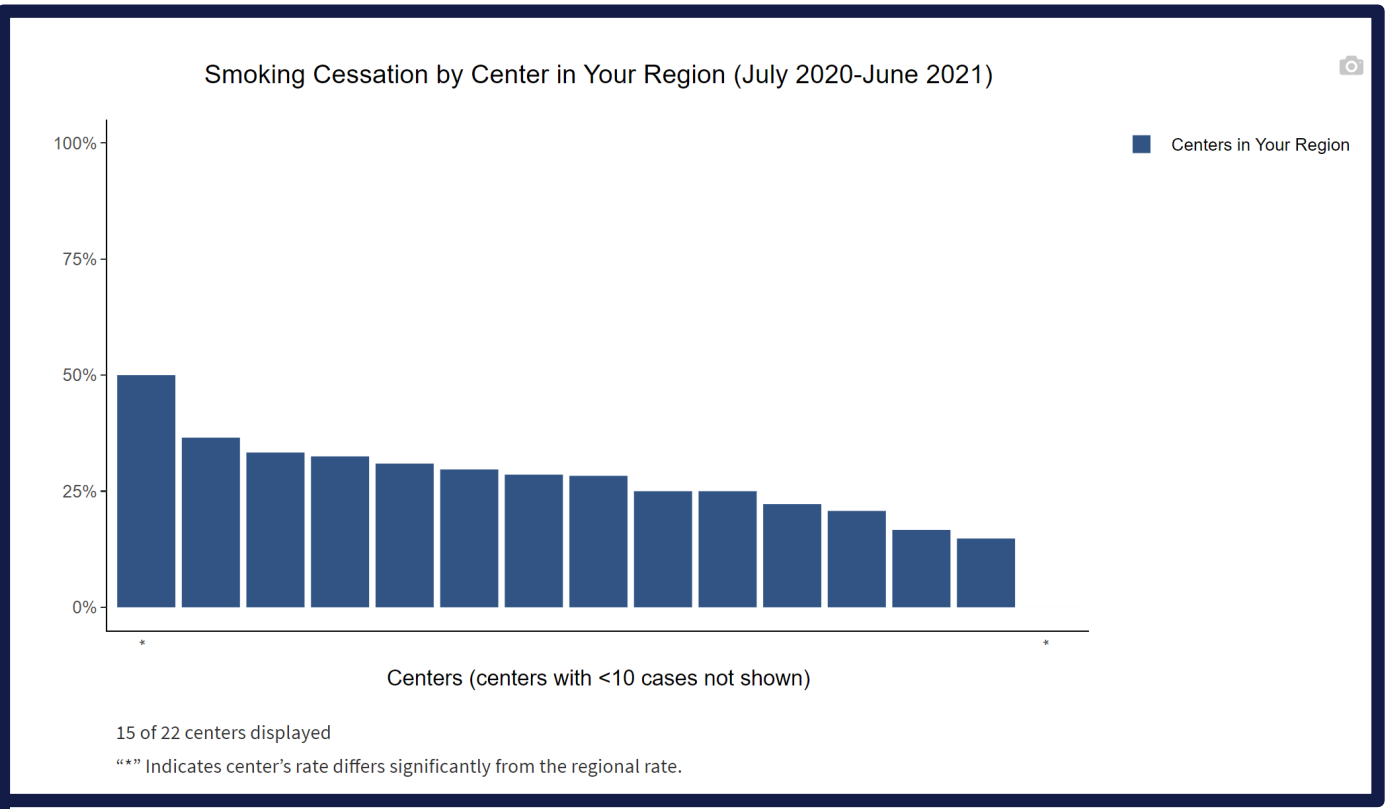

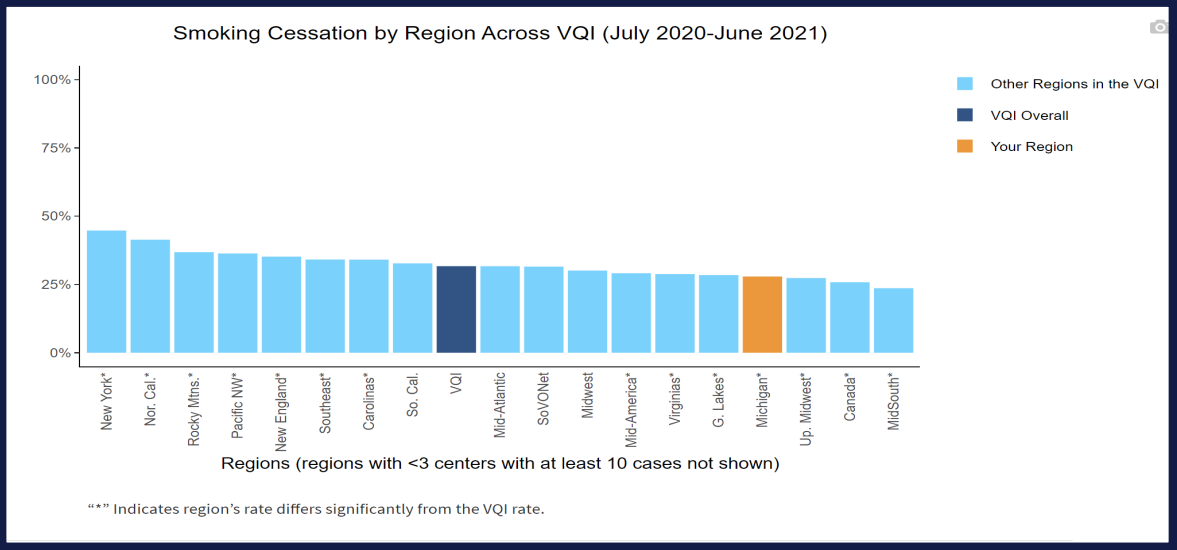

TFEM CAS ASYMP: Stroke/Death

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TFEM CAS ASYMP: Stroke/Death

Procedures performed between July 1, 2022 and June 30, 2023

Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial approach. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than femoral, brachial, or radial are also excluded.

The table below gives the number of TFEM CAS procedures (performed on asymptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Region	VQI Overall
Number of TFEM CAS procedures meeting inclusion criteria	180	2742
Observed rate of stroke or death among procedures meeting inclusion criteria	1.1%	1.6%
Number of procedures with complete data*	153	2483
Observed rate of stroke or death among cases with complete data	1.3%	1.6%
Expected Rate of stroke or death among cases with complete data	1.5%	NA
P-value for comparison of observed and expected rates	1	NA

*"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.

TFEM CAS ASYMP: Stroke/Death

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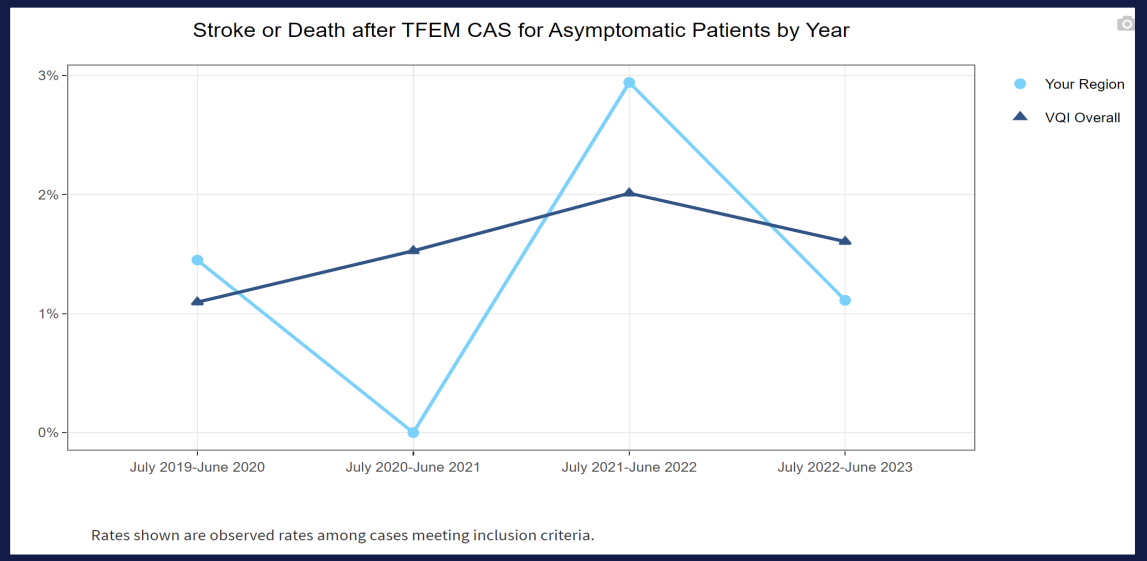

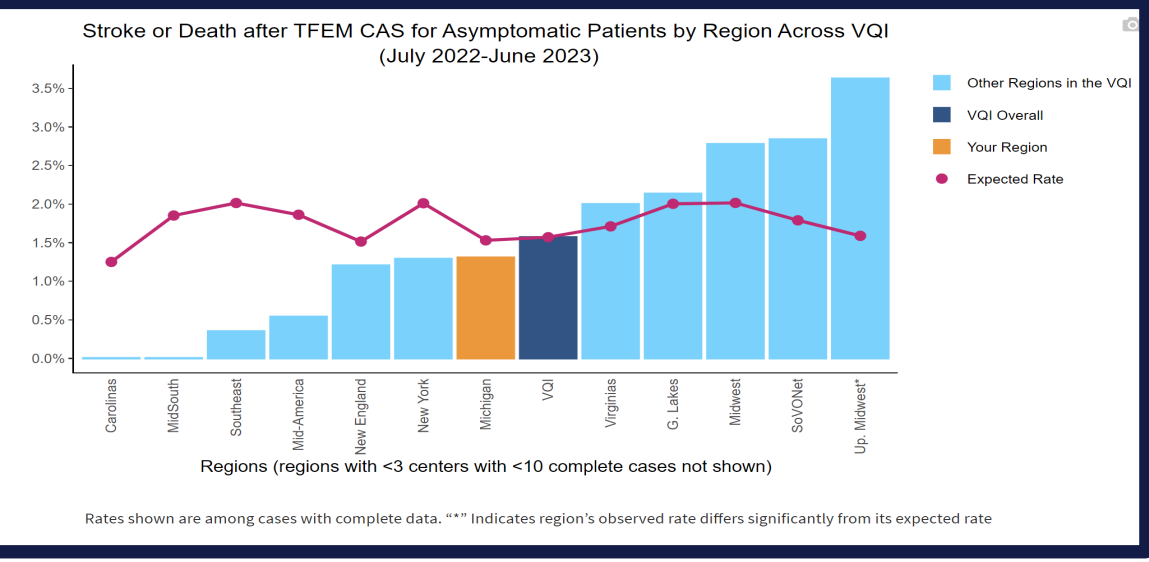

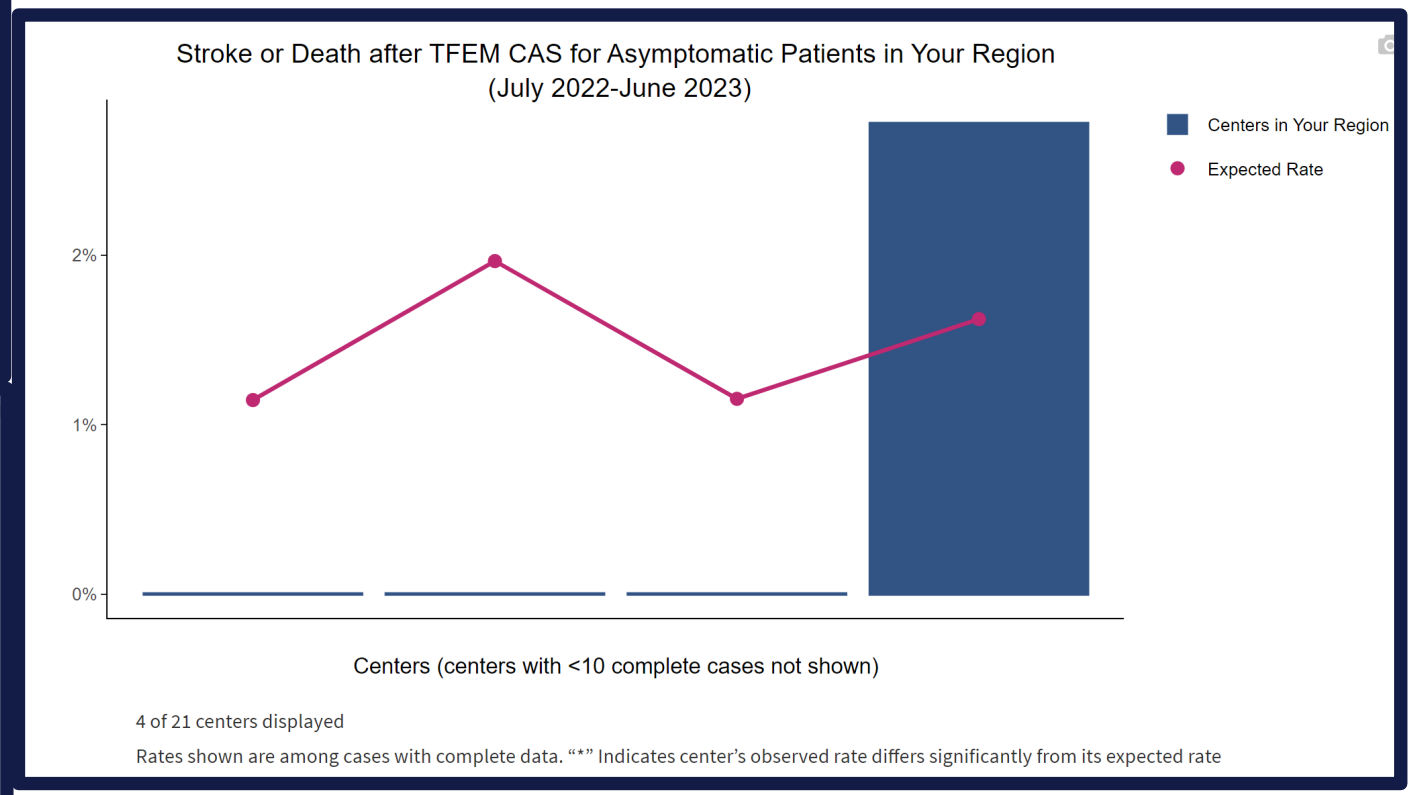

TFEM CAS SYMP: Stroke/Death

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TFEM CAS SYMP: Stroke/Death

Procedures performed between July 1, 2022 and June 30, 2023

Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial approach. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than femoral, brachial, or radial are also excluded.

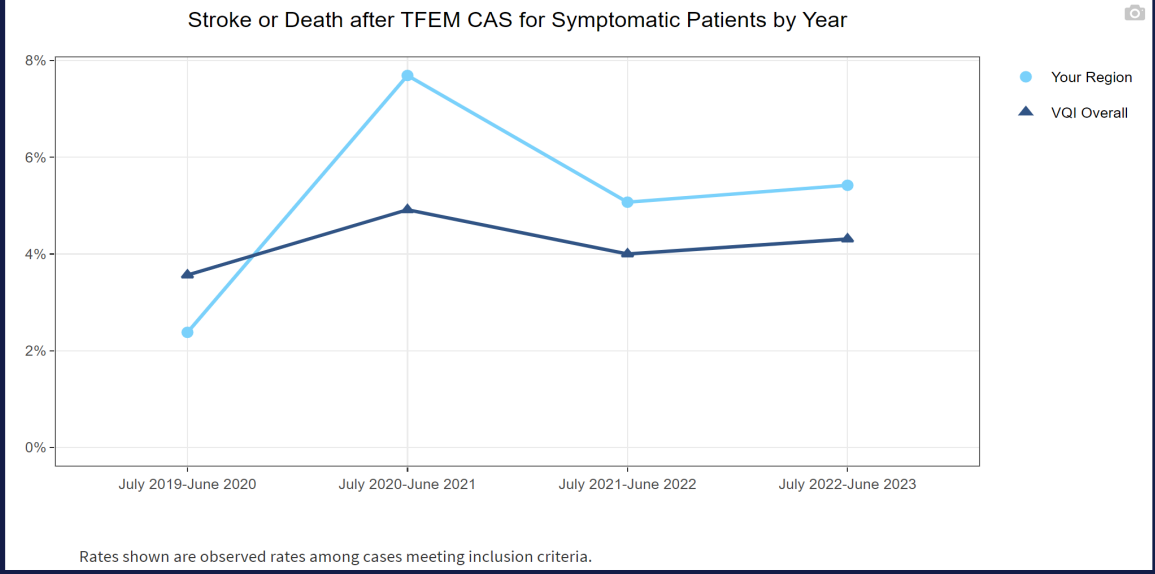
The table below gives the number of TFEM CAS procedures (performed on symptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Region	VQI Overall
Number of TFEM CAS procedures meeting inclusion criteria	166	2923
Observed rate of stroke or death among procedures meeting inclusion criteria	5.4%	4.3%
Number of procedures with complete data*	141	2698
Observed rate of stroke or death among cases with complete data	5.7%	4%
Expected Rate of stroke or death among cases with complete data	4.9%	NA
P-value for comparison of observed and expected rates	0.69	NA

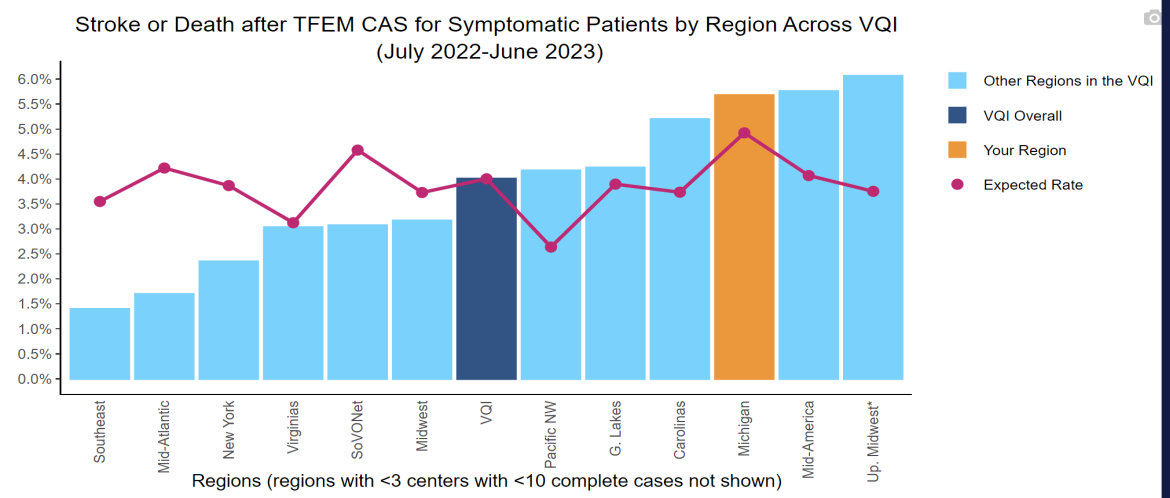
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

TFEM CAS SYMP: Stroke/Death

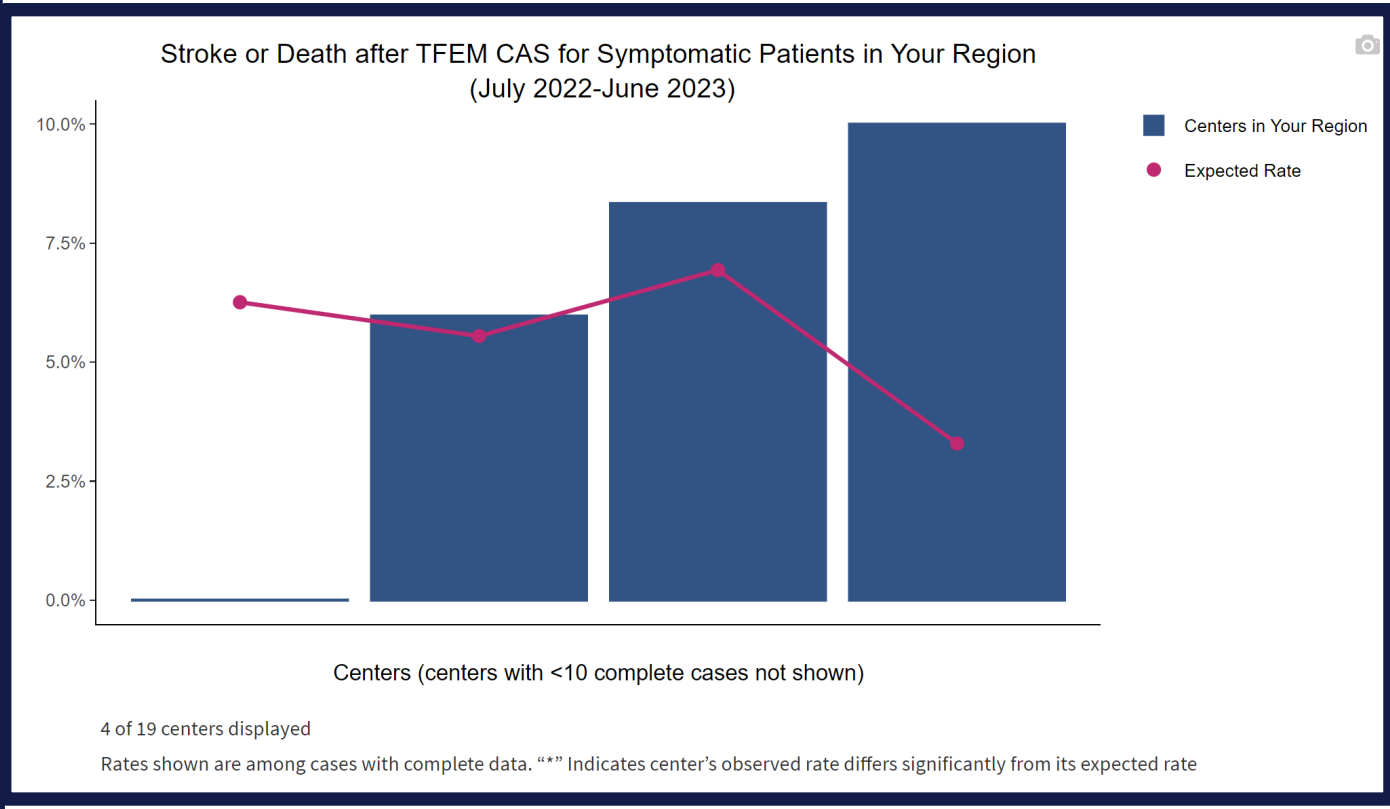
SVS | VQI
In collaboration with NCDR®



Rates shown are observed rates among cases meeting inclusion criteria.



Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate



4 of 19 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

TCAR ASYMP: Stroke/Death

SVS | VQI
In collaboration with NCDR®

TCAR ASYMP: Stroke/Death

Procedures performed between July 1, 2022 and June 30, 2023

Includes TransCarotid Artery Revascularization (TCAR) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than carotid percutaneous or carotid open are also excluded.

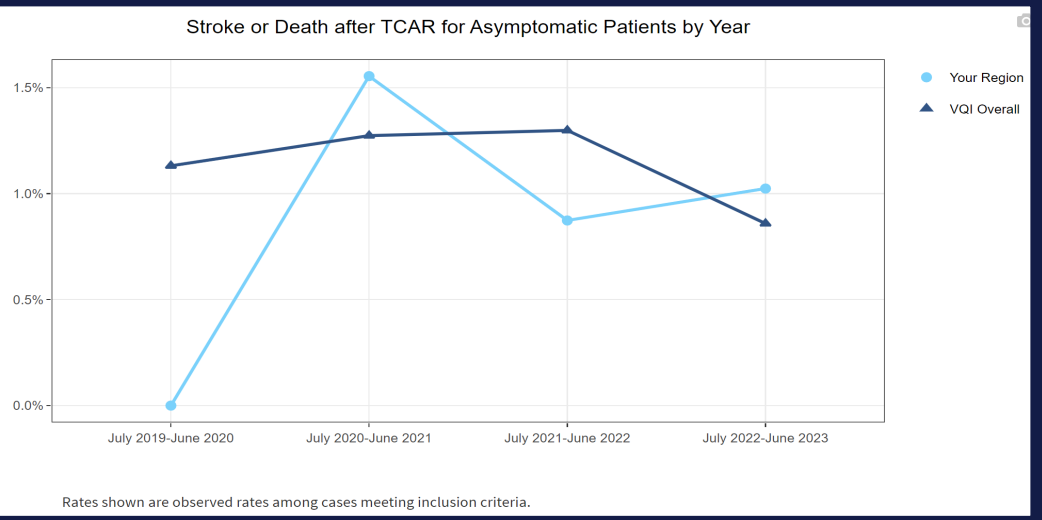
The table below gives the number of TCAR procedures (performed on asymptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria	293	9313
Observed rate of stroke or death among procedures meeting inclusion criteria	1%	0.9%
Number of procedures with complete data*	268	8681
Observed rate of stroke or death among cases with complete data	0.7%	0.9%
Expected Rate of stroke or death among cases with complete data	0.9%	NA
P-value for comparison of observed and expected rates	1	NA

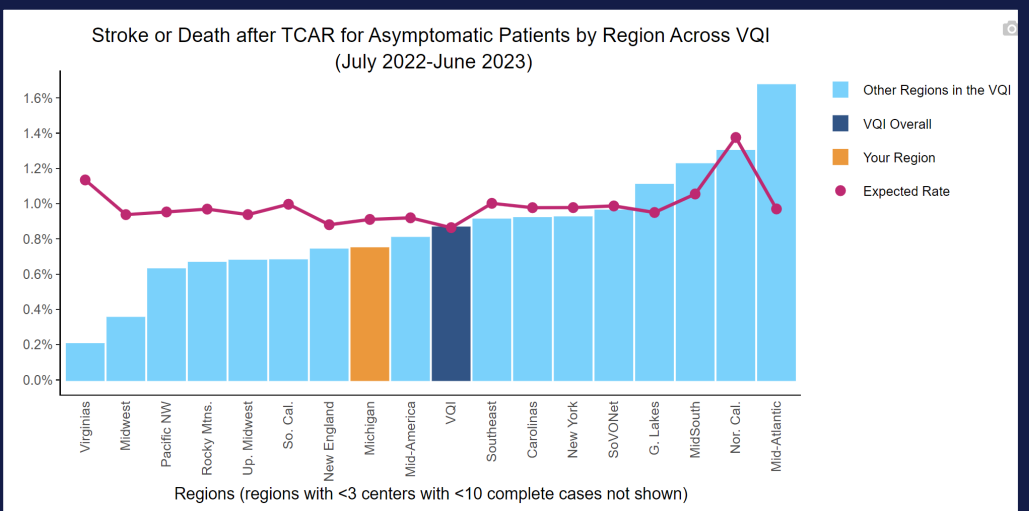
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

TCAR ASYMP: Stroke/Death

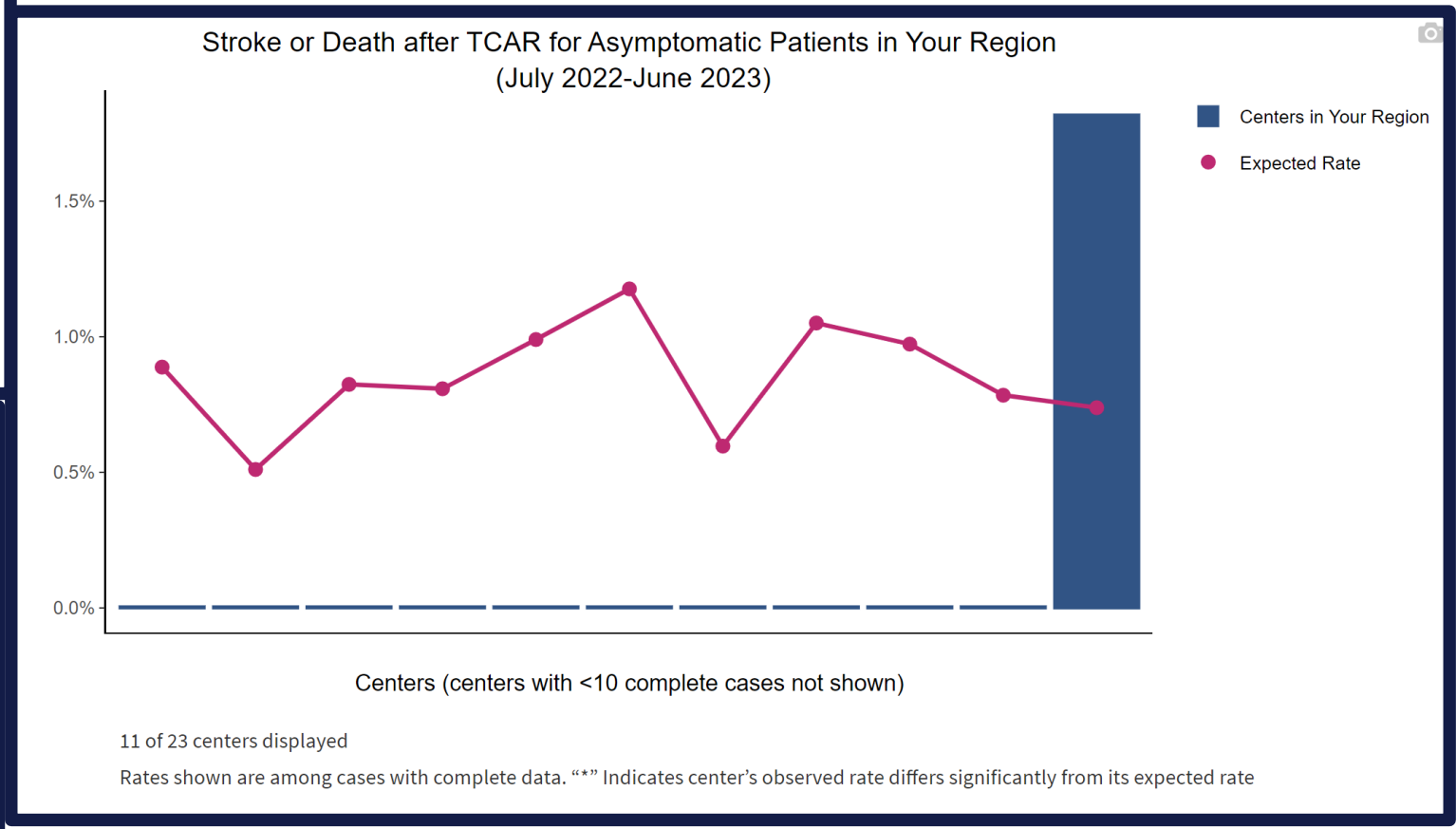
SVS | VQI
In collaboration with NCDR®



Rates shown are observed rates among cases meeting inclusion criteria.



Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate



11 of 23 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

TCAR SYMP: Stroke/Death

SVS | VQI
In collaboration with NCDR®

TCAR SYMP: Stroke/Death

Procedures performed between July 1, 2022 and June 30, 2023

Includes TransCarotid Artery Revascularization (TCAR) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than carotid percutaneous or carotid open are also excluded.

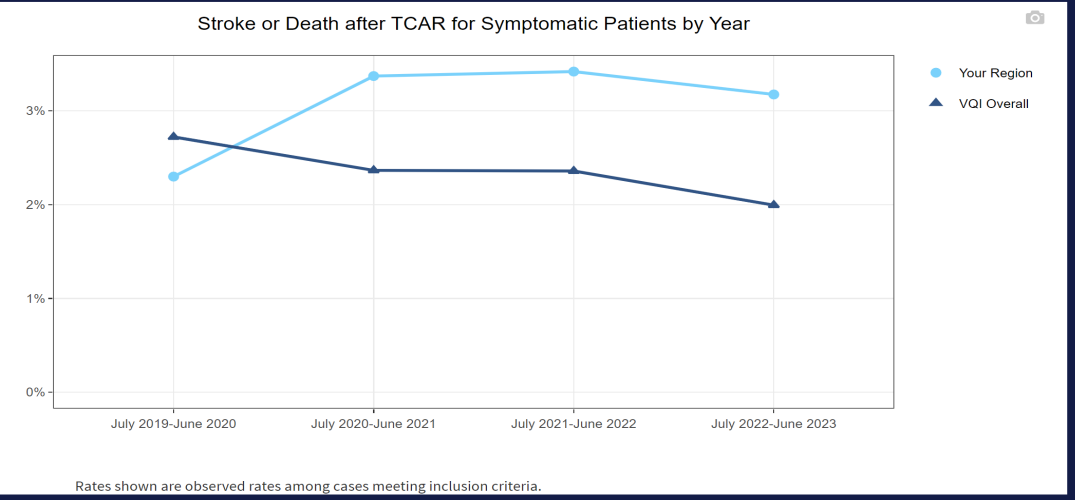
The table below gives the number of TCAR procedures (performed on symptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria	126	4412
Observed rate of stroke or death among procedures meeting inclusion criteria	3.2%	2%
Number of procedures with complete data*	121	4153
Observed rate of stroke or death among cases with complete data	2.5%	2%
Expected Rate of stroke or death among cases with complete data	1.8%	NA
P-value for comparison of observed and expected rates	0.49	NA

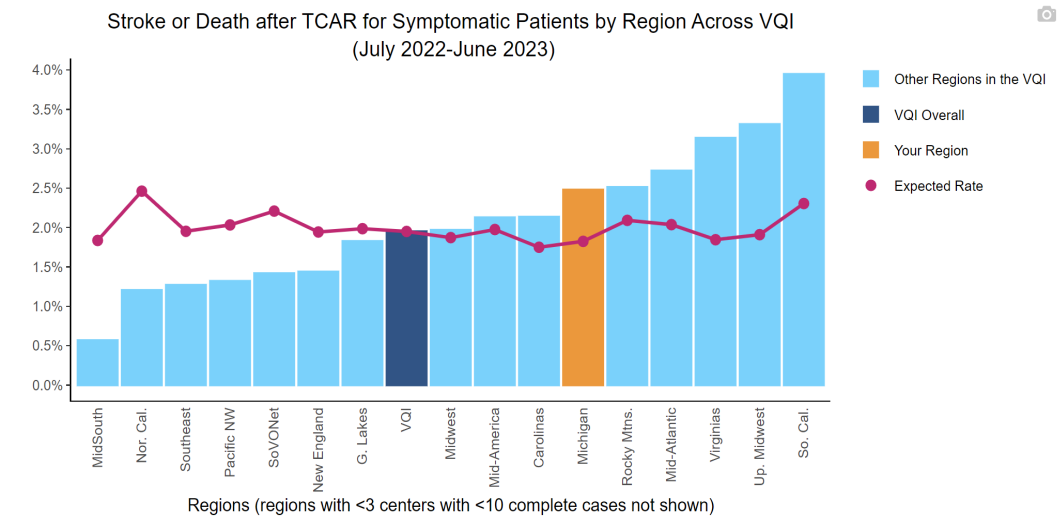
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

TCAR SYMP: Stroke/Death

SVS | VQI
In collaboration with NCDR®



Rates shown are observed rates among cases meeting inclusion criteria.



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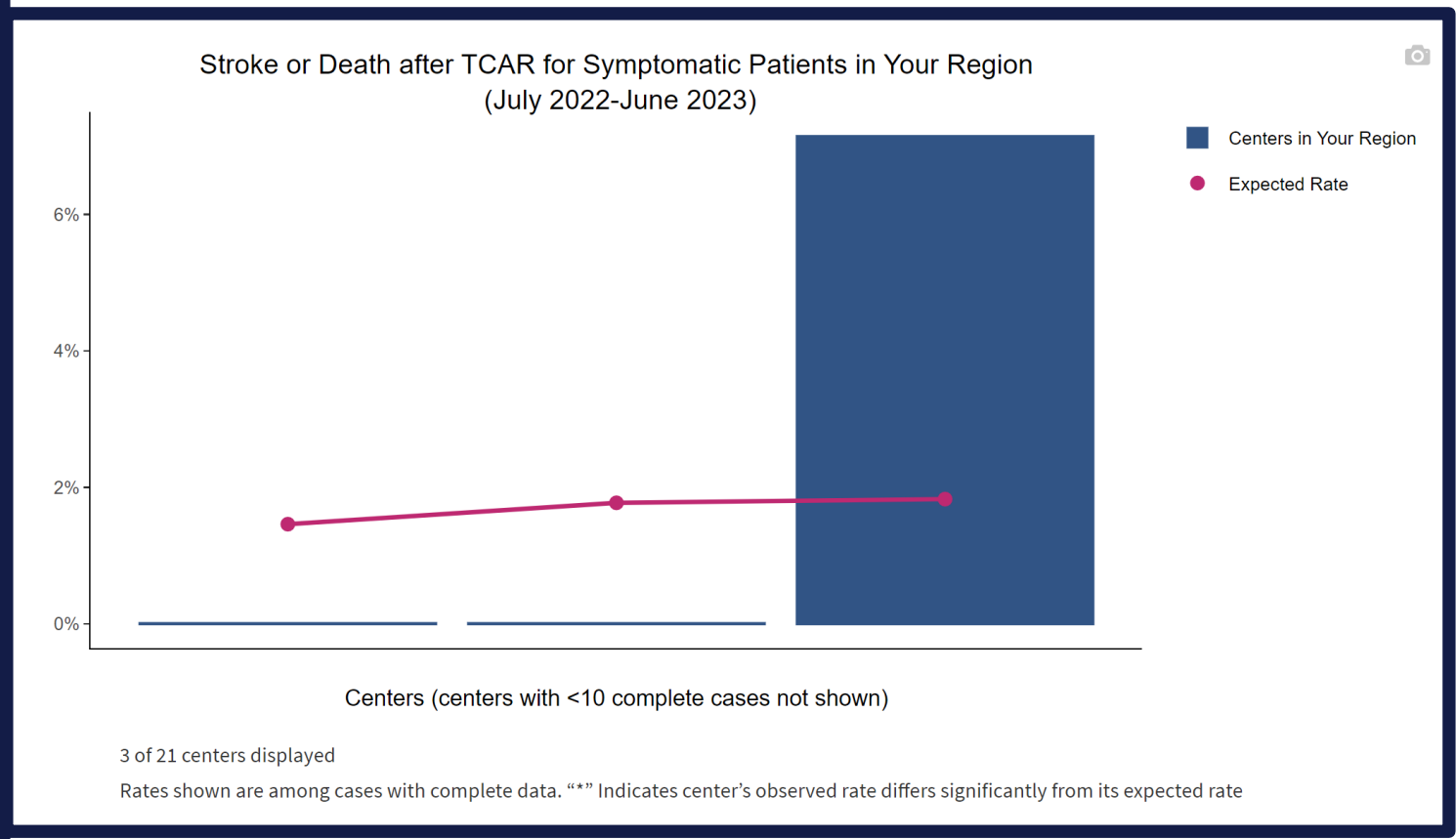


3 of 21 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

CEA ASYMP: Stroke/Death

SVS | VQI
In collaboration with NCDR®

CEA ASYMP: Stroke/Death

Procedures performed between July 1, 2022 and June 30, 2023

Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure.

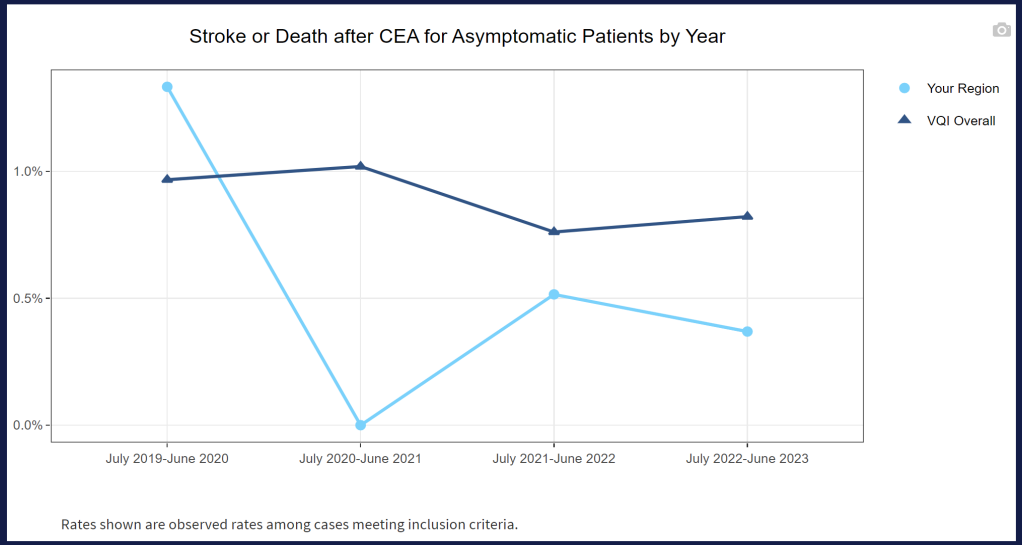
The table below gives the number of CEA procedures (performed on asymptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria	271	11194
Observed rate of stroke or death among procedures meeting inclusion criteria	0.4%	0.8%
Number of procedures with complete data*	244	10450
Observed rate of stroke or death among cases with complete data	0.4%	0.8%
Expected Rate of stroke or death among cases with complete data	0.7%	NA
P-value for comparison of observed and expected rates	1	NA

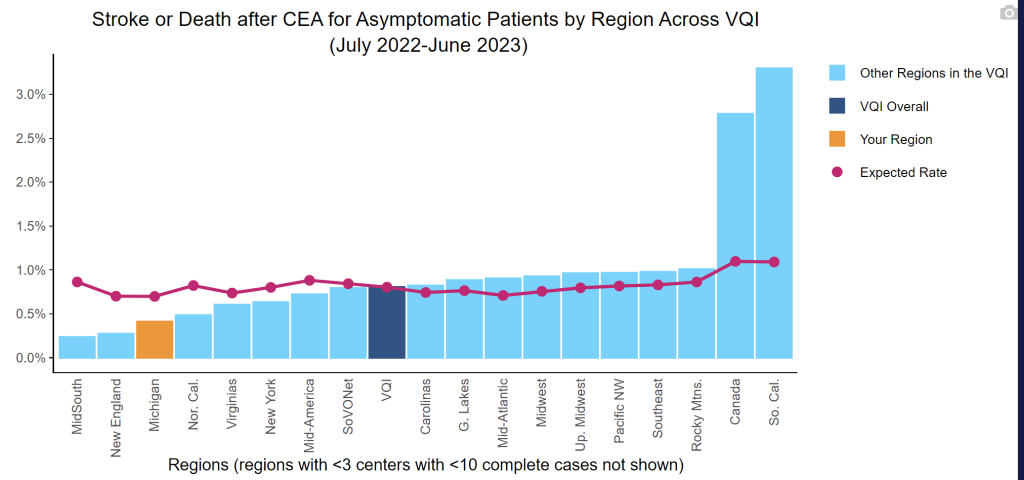
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

CEA ASYMP: Stroke/Death

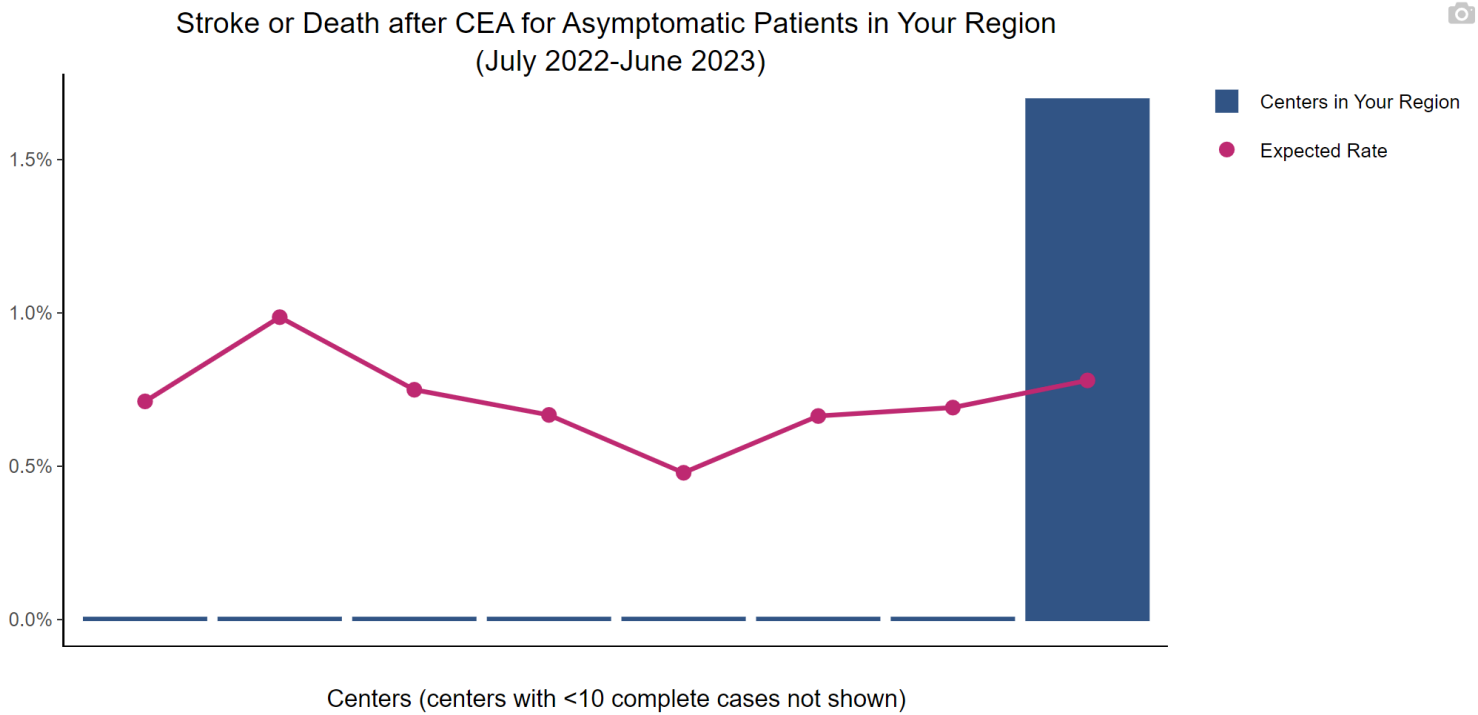
SVS | VQI
In collaboration with NCDR®



Rates shown are observed rates among cases meeting inclusion criteria.



Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate



8 of 13 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

CEA ASYMP: Postop LOS>1 Day

SVS | VQI
In collaboration with NCDR®

CEA ASYMP: Postop LOS>1 Day

Procedures performed between July 1, 2022 and June 30, 2023

Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure. Procedures where in-hospital death occurred with postoperative LOS≤1 day, or procedures with an unrelated return to the OR, are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

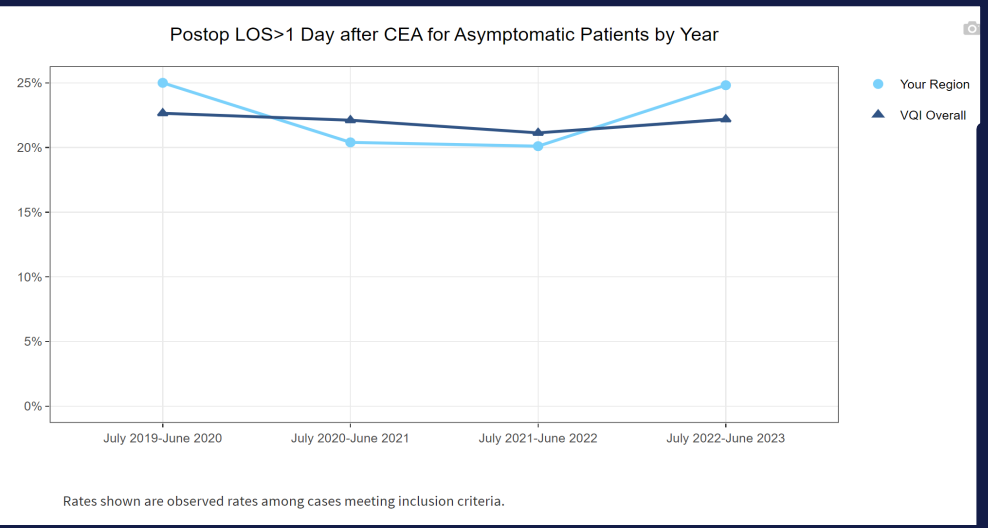
The table below gives the number of CEA procedures (performed on asymptomatic patients) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria	270	11142
Observed rate of LOS>1 day among procedures meeting inclusion criteria	24.8%	22.2%
Number of procedures with complete data*	243	10402
Observed rate of LOS>1 day among cases with complete data	24.7%	21.7%
Expected Rate of LOS>1 day among cases with complete data	20.1%	NA
P-value for comparison of observed and expected rates	0.08	NA

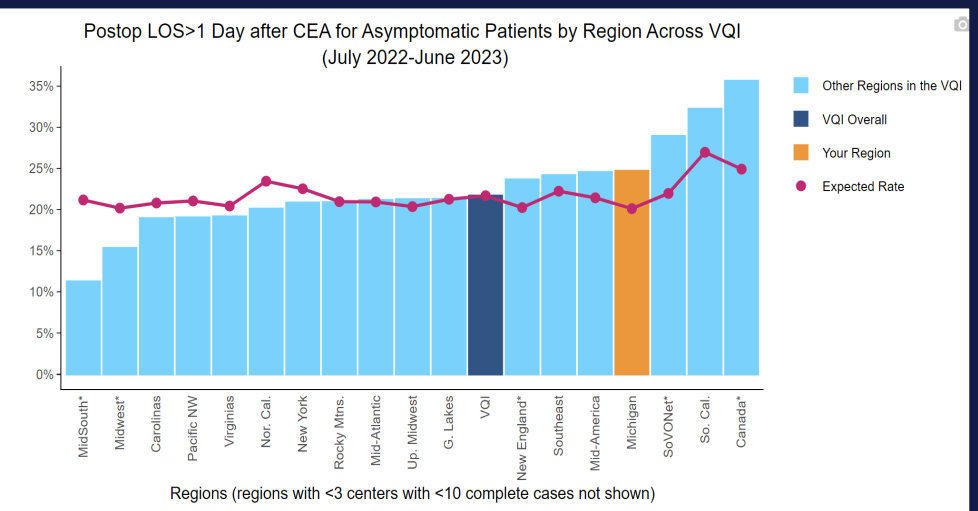
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

CEA ASYMP: Postop LOS>1 Day

SVS | VQI
In collaboration with NCDR®

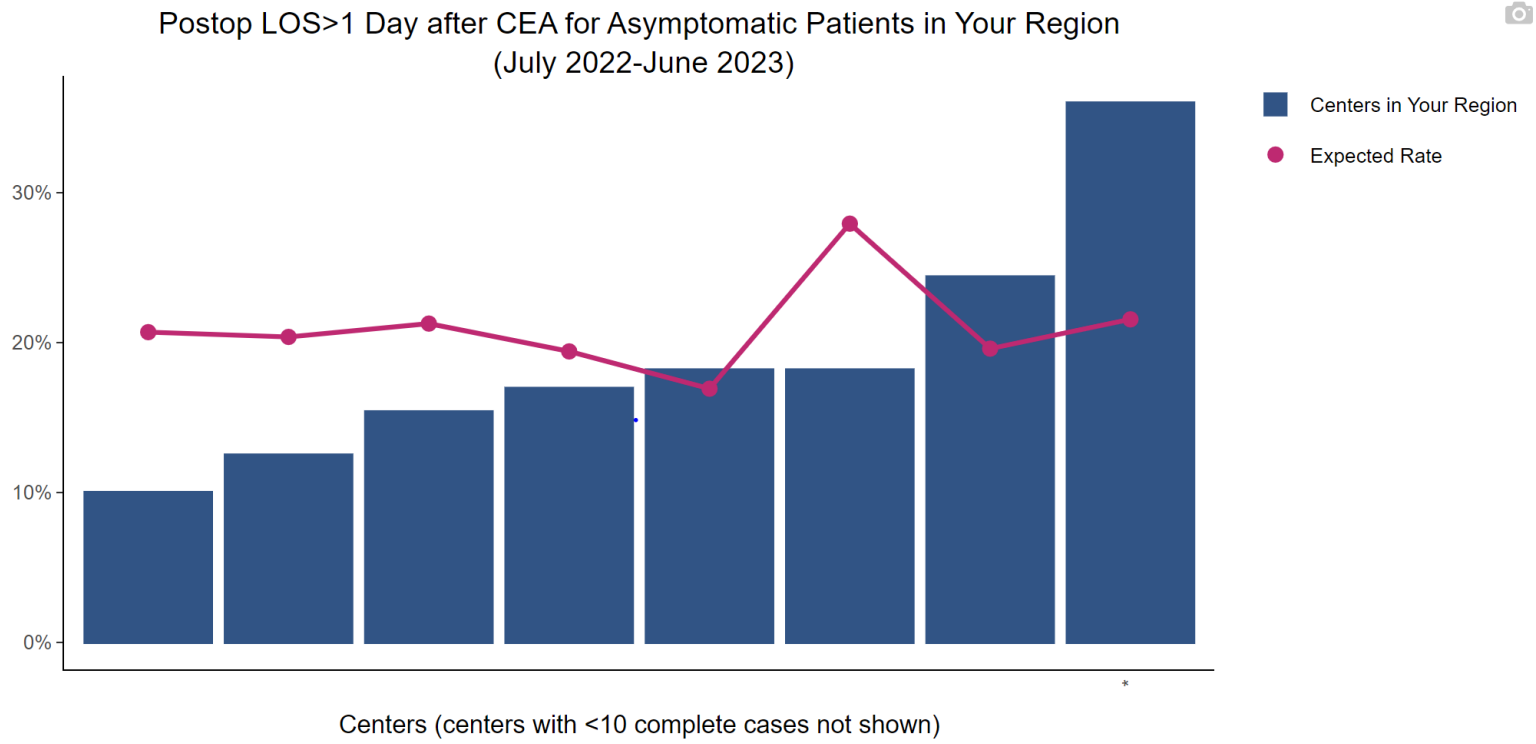


Rates shown are observed rates among cases meeting inclusion criteria.



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

Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate



Centers (centers with <10 complete cases not shown)

8 of 13 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

CEA SYMP: Stroke/Death

SVS | VQI
In collaboration with NCDR®

CEA SYMP: Stroke/Death

Procedures performed between July 1, 2022 and June 30, 2023

Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure.

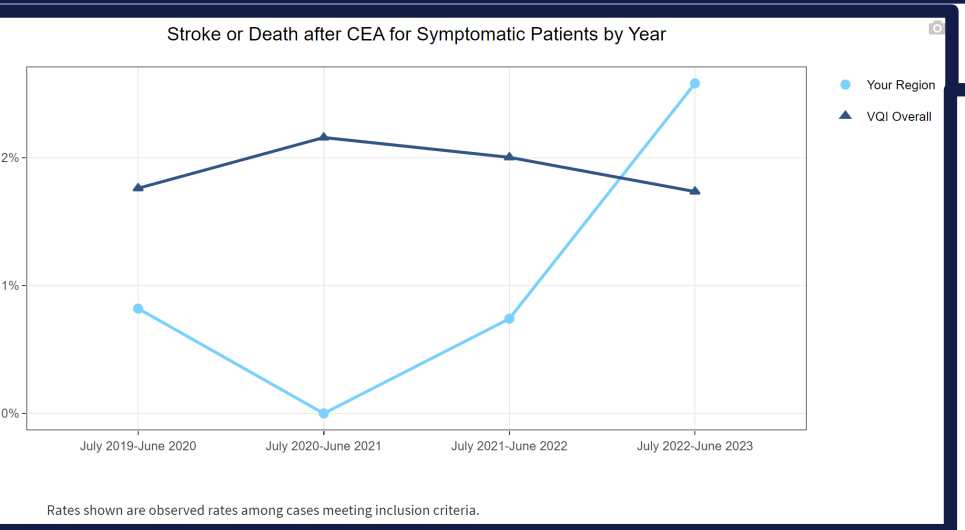
The table below gives the number of CEA procedures (performed on symptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria	155	5245
Observed rate of stroke or death among procedures meeting inclusion criteria	2.6%	1.7%
Number of procedures with complete data*	144	4994
Observed rate of stroke or death among cases with complete data	2.8%	1.8%
Expected Rate of stroke or death among cases with complete data	1.6%	NA
P-value for comparison of observed and expected rates	0.3	NA

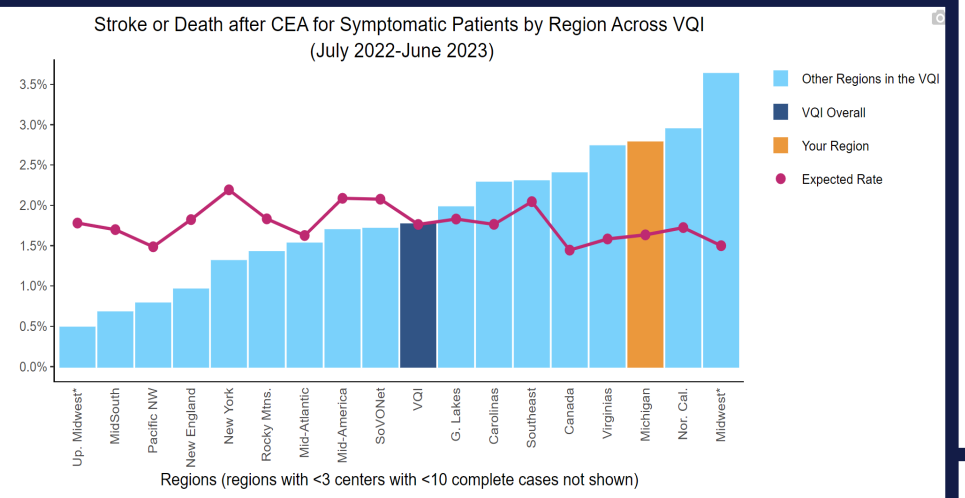
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

CEA SYMP: Stroke/Death

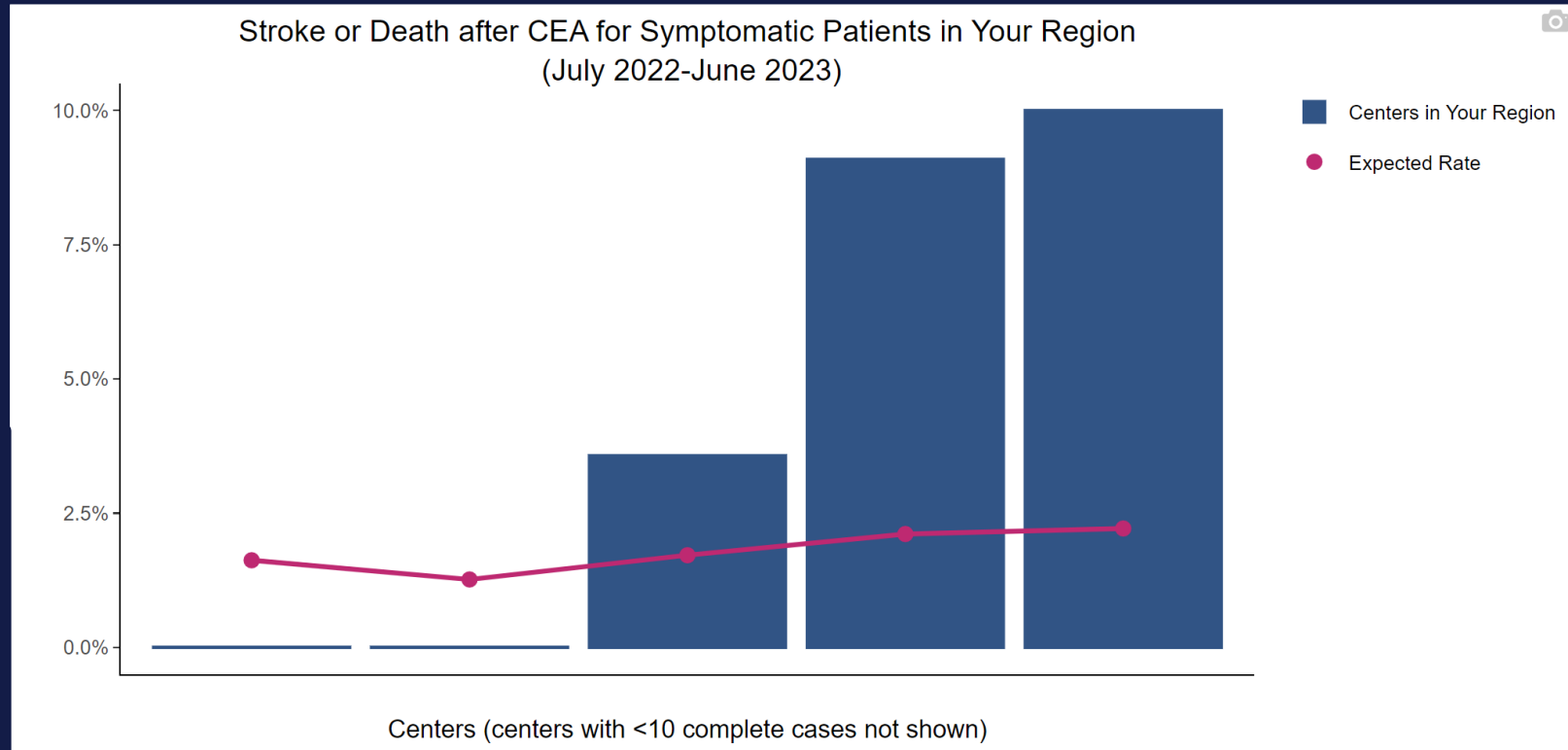
SVS | VQI
In collaboration with NCDR®



Rates shown are observed rates among cases meeting inclusion criteria.



Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate



5 of 13 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

EVAR: Postop LOS>2 Days

SVS | VQI
In collaboration with NCDR®

EVAR: Postop LOS>2 Days

Procedures performed between July 1, 2022 and June 30, 2023

Includes Endovascular AAA Repair (EVAR) procedures. Excludes any procedure with ruptured aneurysm. Procedures where in-hospital death occurred with postoperative LOS≤2 days are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

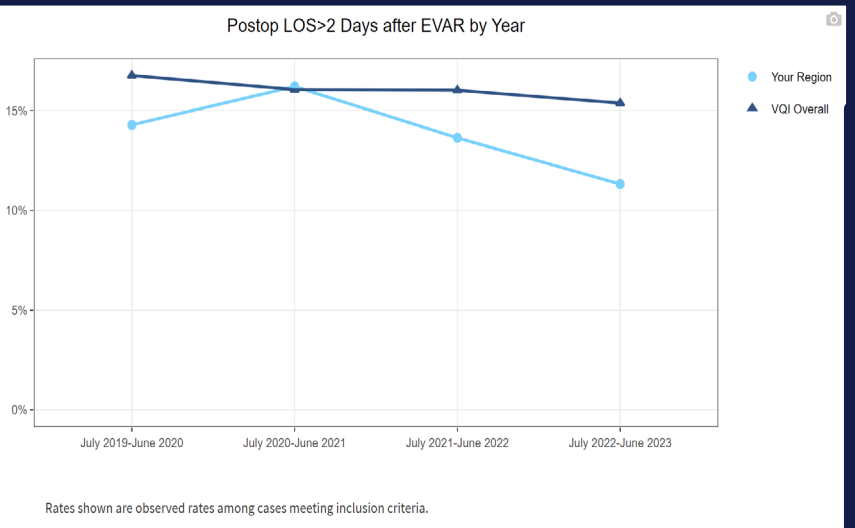
The table below gives the number of EVAR procedures meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>2 Days for those cases.

	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria	159	7516
Observed rate of LOS>2 days among procedures meeting inclusion criteria	11.3%	15.4%
Number of procedures with complete data*	156	6862
Observed rate of LOS>2 days among cases with complete data	11.5%	15.4%
Expected Rate of LOS>2 days among cases with complete data	14%	NA
P-value for comparison of observed and expected rates	0.42	NA

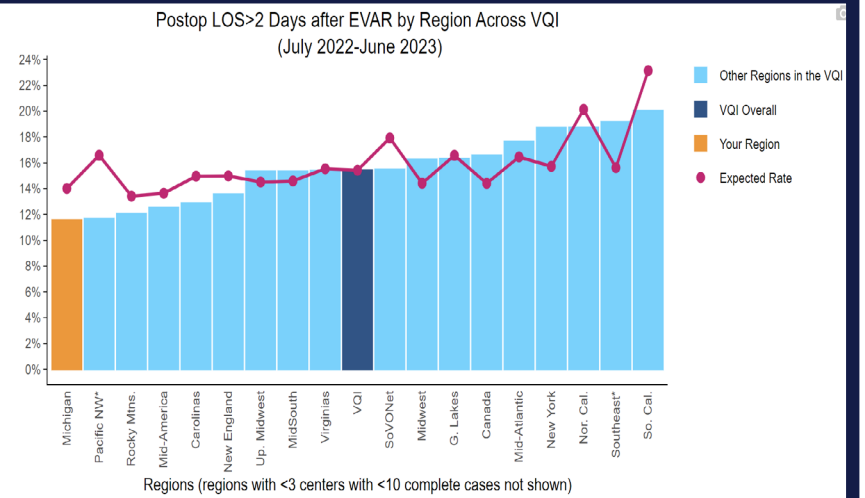
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

EVAR: Postop LOS>2 Days

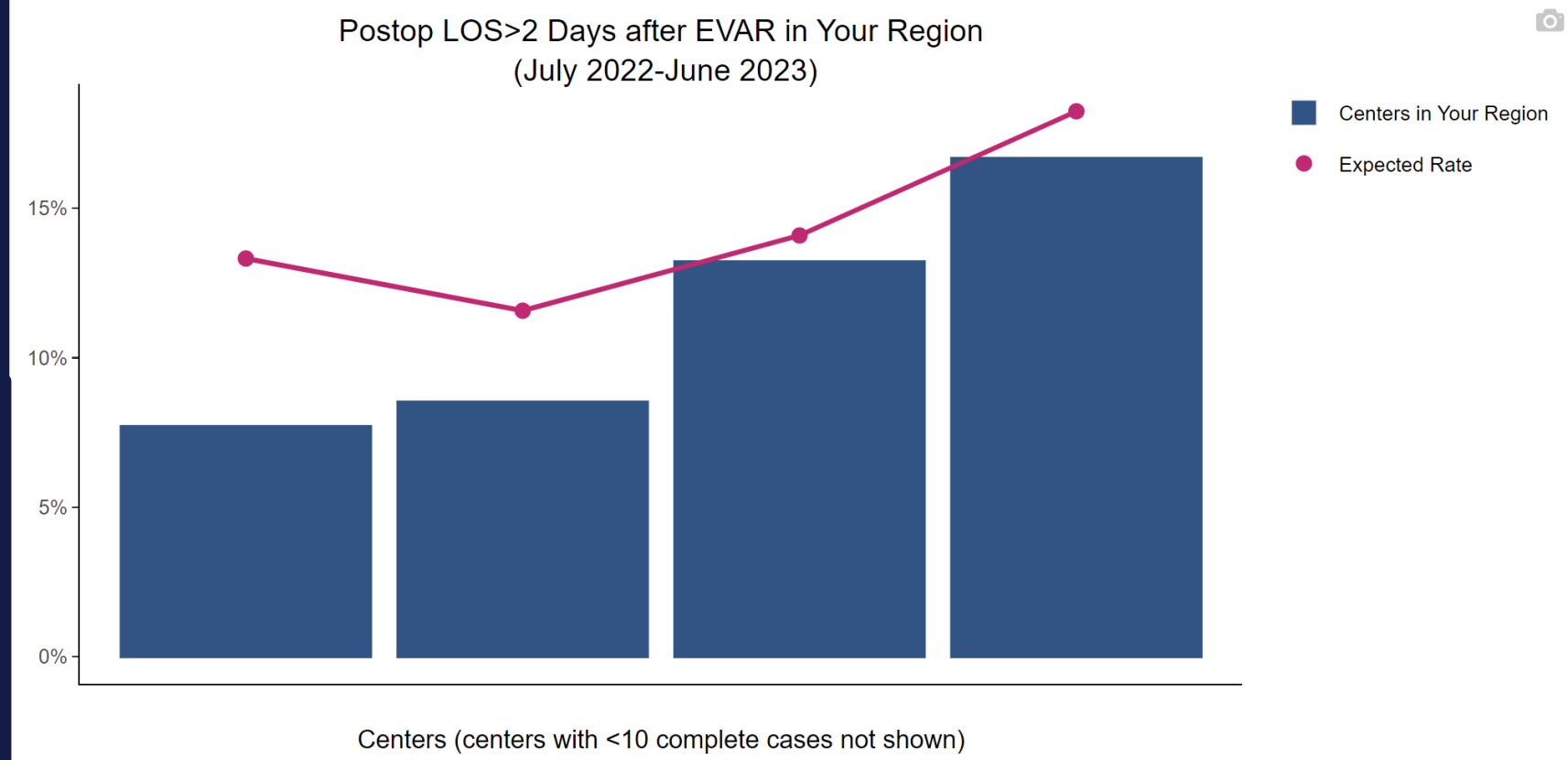
SVS | VQI
In collaboration with NCDR®



Rates shown are observed rates among cases meeting inclusion criteria.



Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate



4 of 4 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

EVAR: Sac Diameter Reporting

SVS | VQI
In collaboration with NCDR®

EVAR: Sac Diameter Reporting

Procedures performed between July 1, 2020 and June 30, 2021

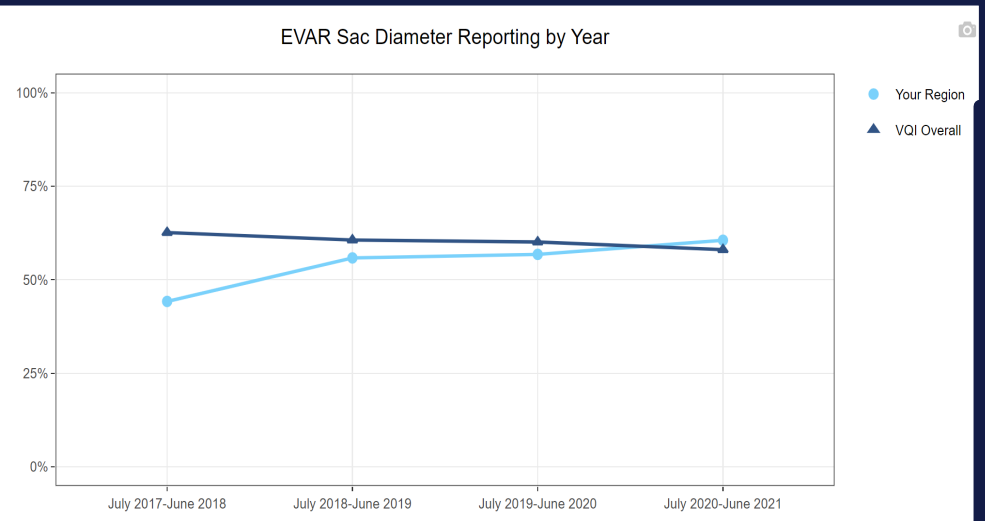
Includes Endovascular AAA Repair (EVAR) procedures. Excludes patients who were converted to open or died within 21 months of surgery.

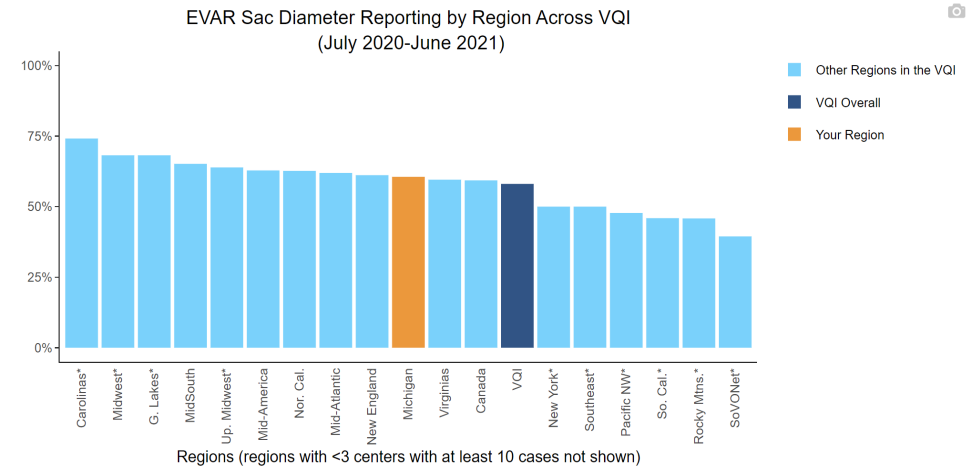
The table below gives the number of EVAR procedures meeting the inclusion criteria, and the percentage of those procedures where a sac diameter was reported between 9 and 21 months post-procedure.

	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria	142	7264
Percentage with sac diameter reported between 9 and 21 months post-procedure	60.6%	58.1%

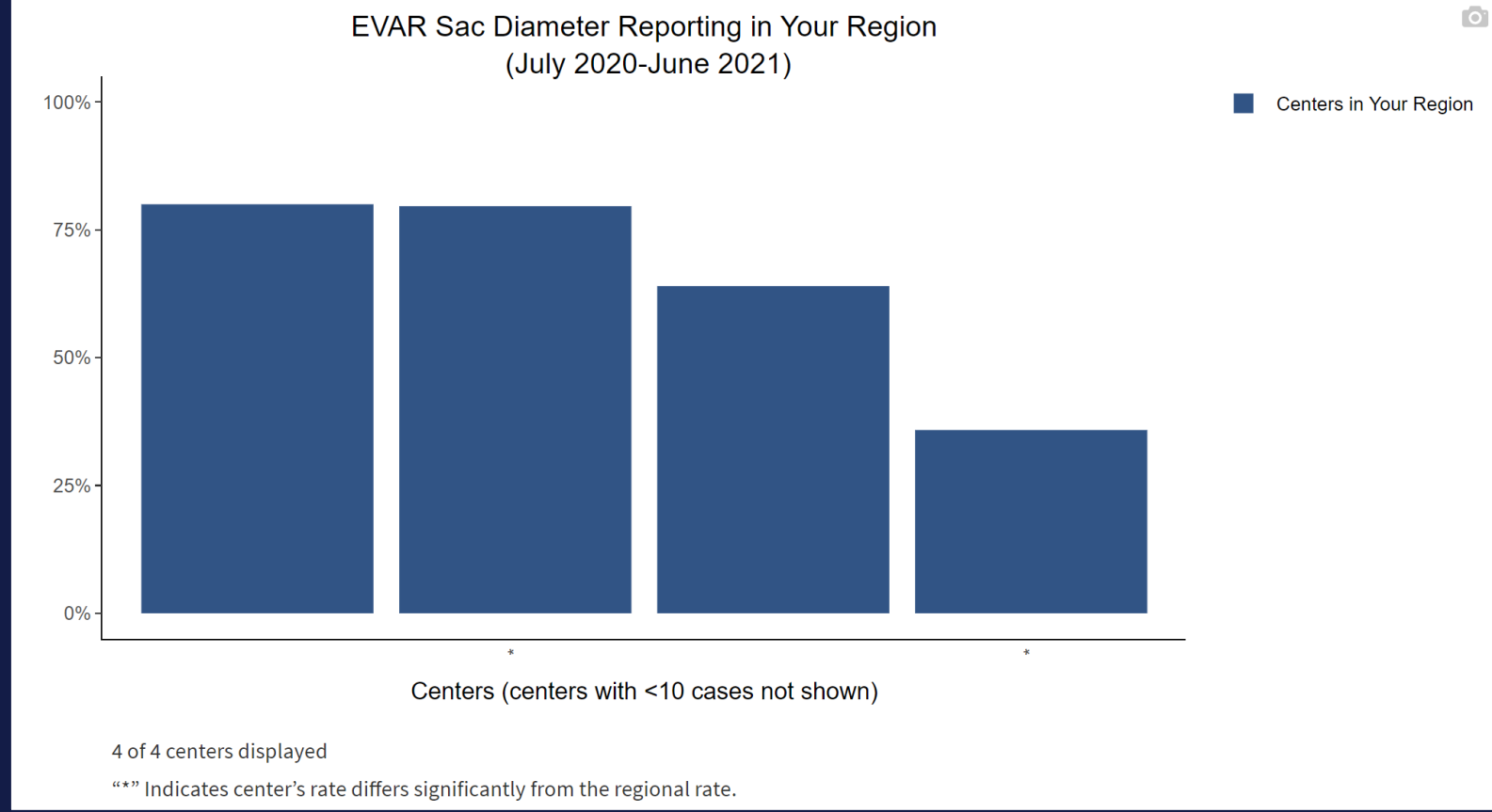
EVAR: Sac Diameter Reporting

SVS | VQI
In collaboration with NCDR®





"*" Indicates region's rate differs significantly from the VQI rate.



4 of 4 centers displayed

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

EVAR: SVS AAA Diameter Guideline

SVS | VQI
In collaboration with NCDR®

EVAR: SVS AAA Diameter Guideline

Procedures performed between July 1, 2022 and June 30, 2023

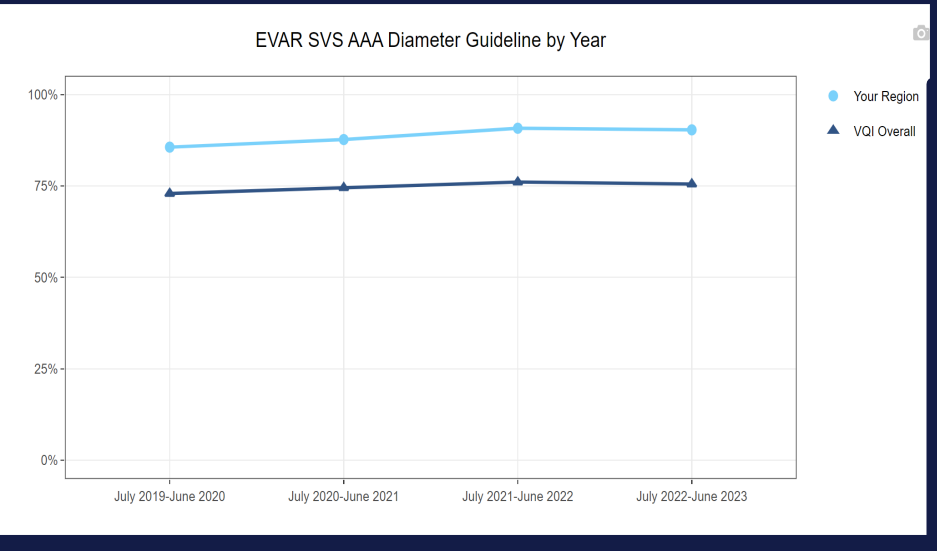
Includes Endovascular AAA Repair (EVAR) procedures. Excludes any non-elective procedure. SVS AAA diameter guideline is ≥5 cm for Women and ≥5.5cm for men. If the patient has any iliac aneurysm, the guideline is considered met regardless of AAA diameter.

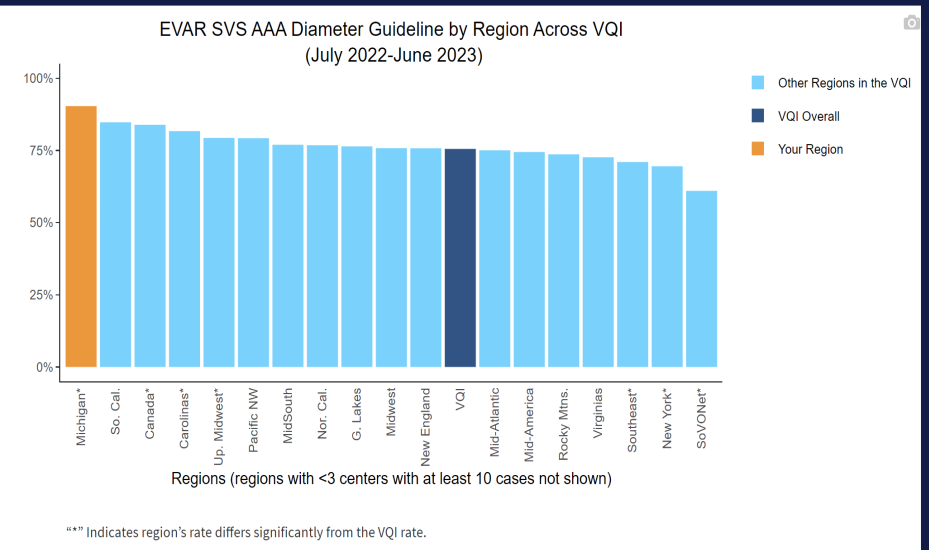
The table below gives the number of EVAR procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS AAA diameter guideline.

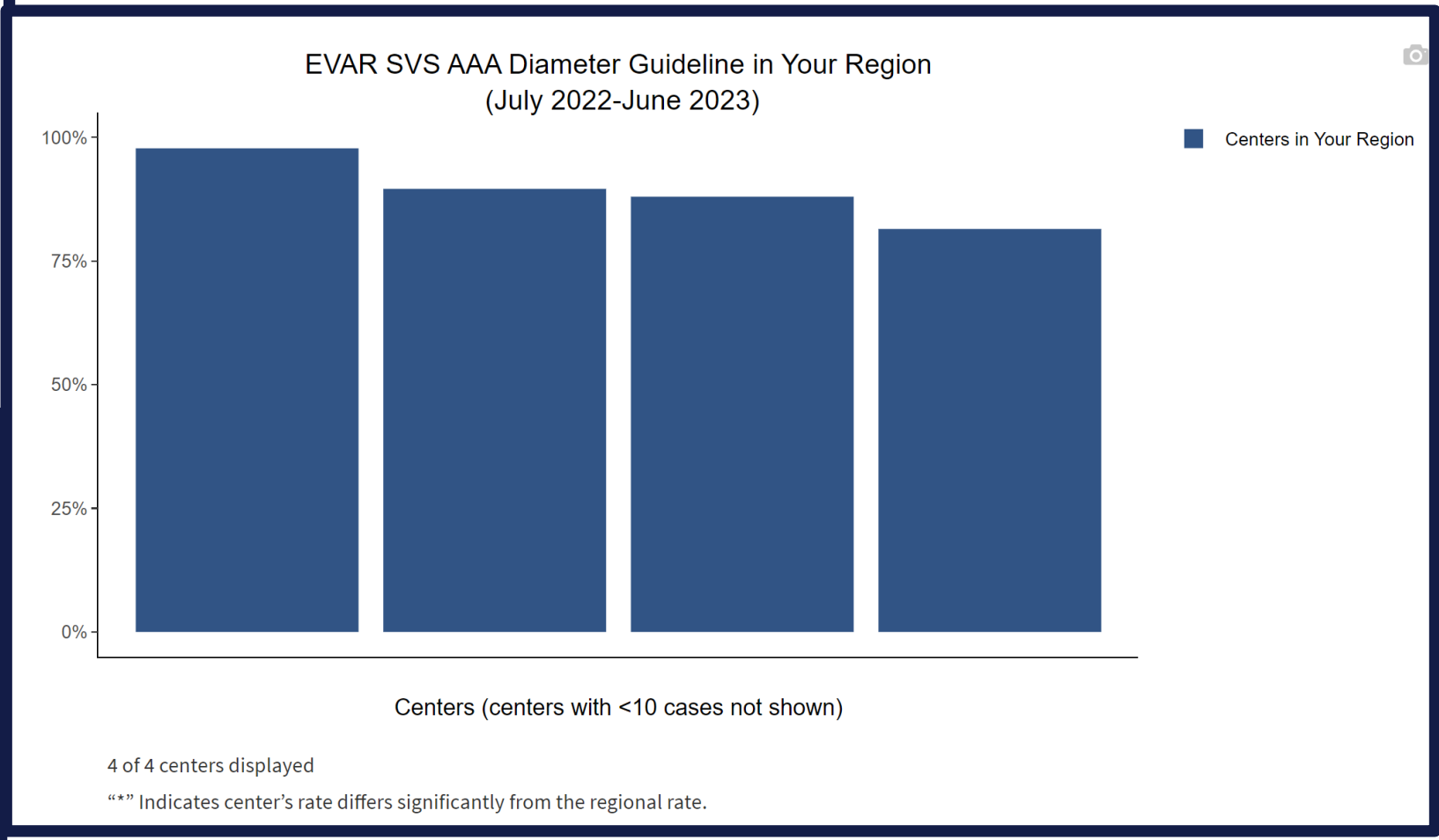
	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria	145	6684
Percentage meeting SVS AAA diameter guideline	90.3%	75.5%

EVAR: SVS AAA Diameter Guideline

SVS | VQI
In collaboration with NCDR®







TEVAR: Sac Diameter Reporting

SVS | VQI
In collaboration with NCDR®

TEVAR: Sac Diameter Reporting

Procedures performed between July 1, 2020 and June 30, 2021

Includes Thoracic Endovascular Aortic Repair (TEVAR) procedures for aneurysm or aneurysm from dissection. Excludes procedures where no aortic device was implanted or patients who were converted to open or died within 21 months of surgery.

The table below gives the number of TEVAR procedures meeting the inclusion criteria, and the percentage of those procedures where a sac diameter was reported between 9 and 21 months post-procedure.

	Your Region	VQI Overall
Number of TEVAR procedures meeting inclusion criteria	NA (<3 centers)	1582
Percentage with sac diameter reported between 9 and 21 months post-procedure		57%

OAAA: In-Hospital Mortality

SVS | VQI
In collaboration with NCDR®

OAAA: In-Hospital Mortality

Procedures performed between July 1, 2019 and June 30, 2023

Includes Open AAA (OAAA) procedures. Excludes any patient with a ruptured aneurysm.

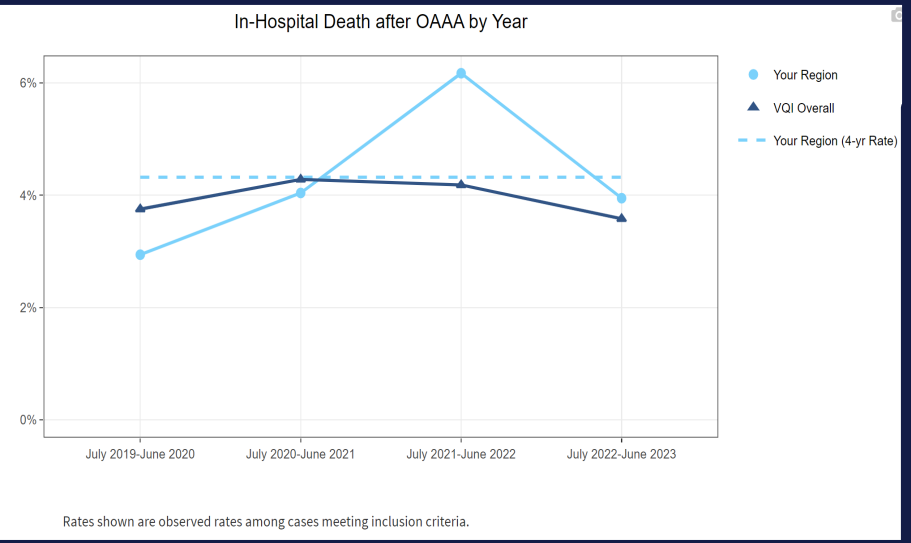
The table below gives the number of OAAA procedures meeting the inclusion criteria, and the observed and expected rates of in-hospital death for those cases.

	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria	324	4763
Observed rate of In-Hospital Mortality among procedures meeting inclusion criteria	4.3%	4%
Number of procedures with complete data*	302	4470
Observed rate of In-Hospital Mortality among cases with complete data	4.6%	3.7%
Expected Rate of In-Hospital Mortality among cases with complete data	4.4%	NA
P-value for comparison of observed and expected rates	0.78	NA

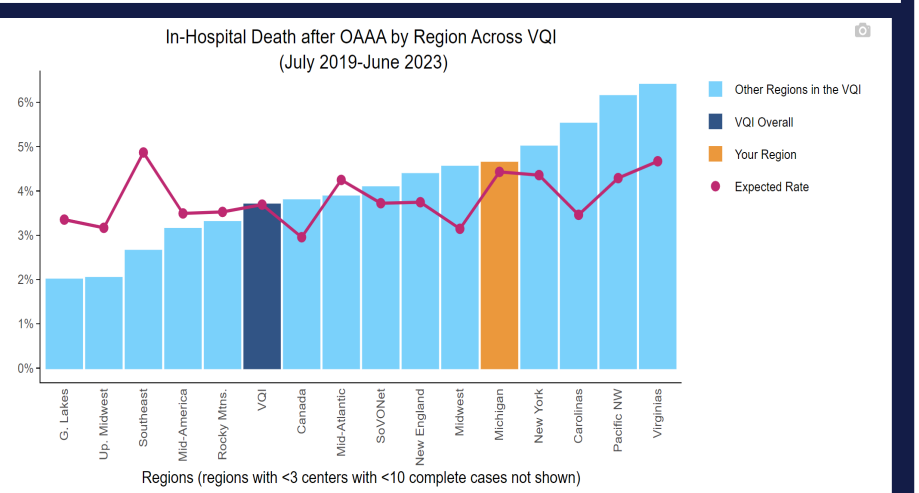
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

OAAA: In-Hospital Mortality

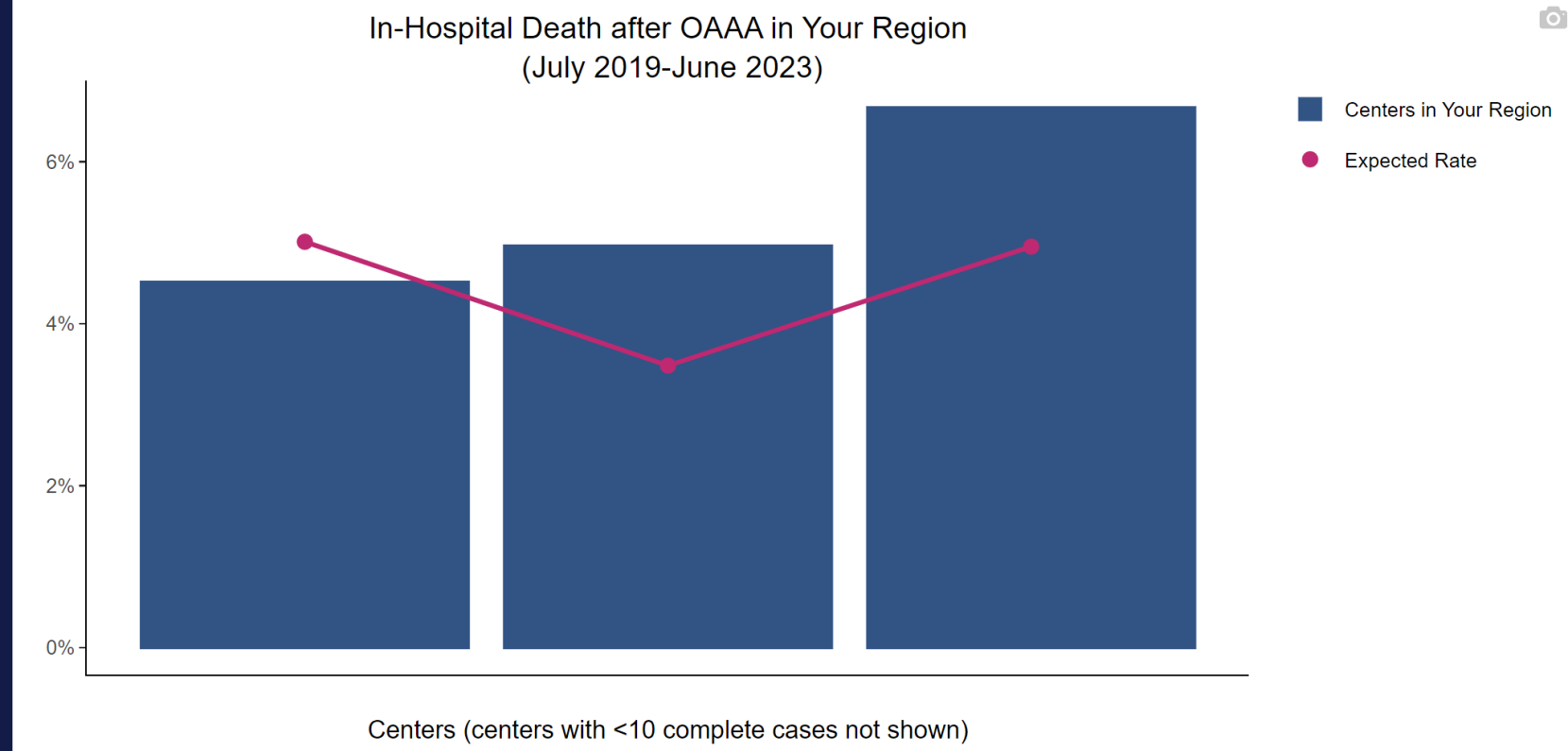
SVS | VQI
In collaboration with NCDR®



Rates shown are observed rates among cases meeting inclusion criteria.



Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate



3 of 5 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

OAAA: SVS Cell-Saver Guideline

SVS | VQI
In collaboration with NCDR®

OAAA: SVS Cell-Saver Guideline

Procedures performed between July 1, 2019 and June 30, 2023

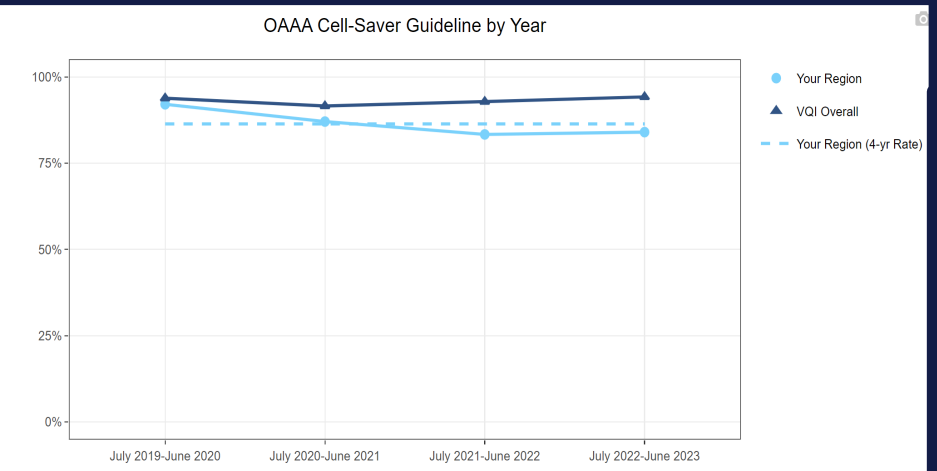
Includes Open AAA (OAAA) procedures. Excludes any patient with EBL≤500 ml. SVS cell-saver guideline is met if cell salvage or ultrafiltration device was used.

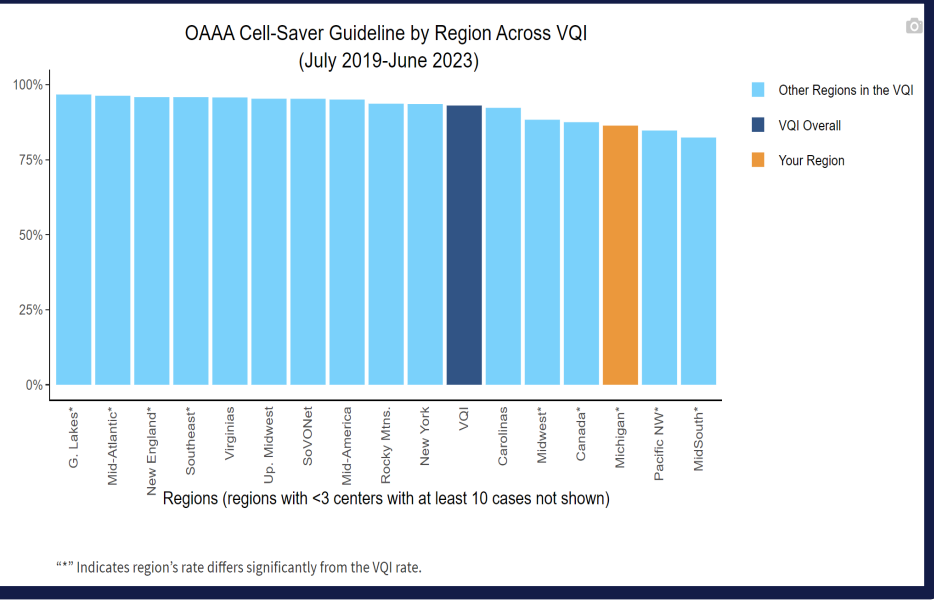
The table below gives the number of OAAA procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS cell-saver guideline.

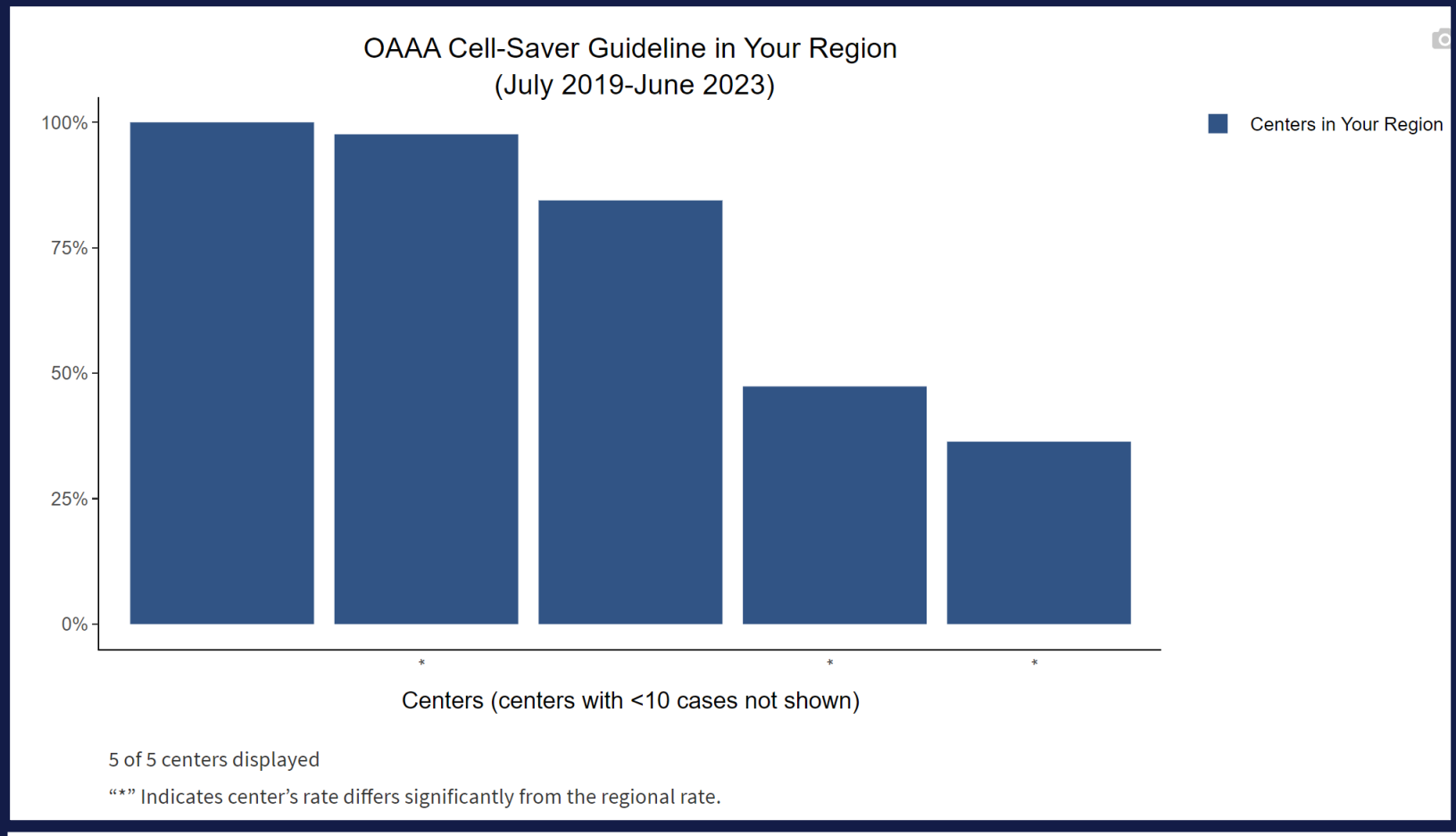
	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria	301	4782
Percentage meeting SVS cell-saver guideline	86.4%	93.1%

OAAA: SVS Cell Saver Guideline

SVS | VQI
In collaboration with NCDR®







OAAA: SVS Iliac Inflow Guideline

SVS | VQI
In collaboration with NCDR®

OAAA: SVS Iliac Inflow Guideline

Procedures performed between July 1, 2019 and June 30, 2023

Includes Open AAA (OAAA) procedures. SVS iliac inflow guideline is met if preservation of flow was maintained to at least one internal iliac artery.

The table below gives the number of OAAA procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS iliac inflow guideline.

	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria	345	5389
Percentage meeting SVS iliac inflow guideline	99.4%	98.3%

OAAA: SVS Iliac Inflow Guideline

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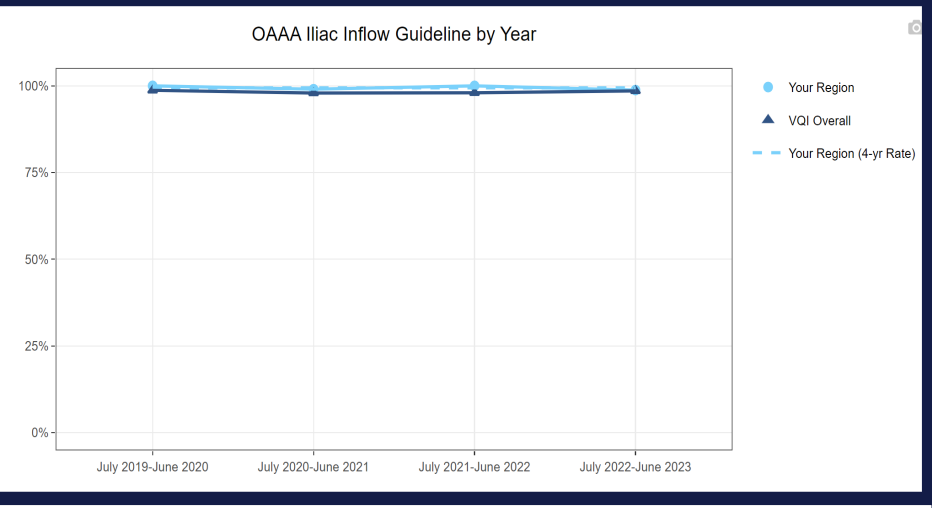
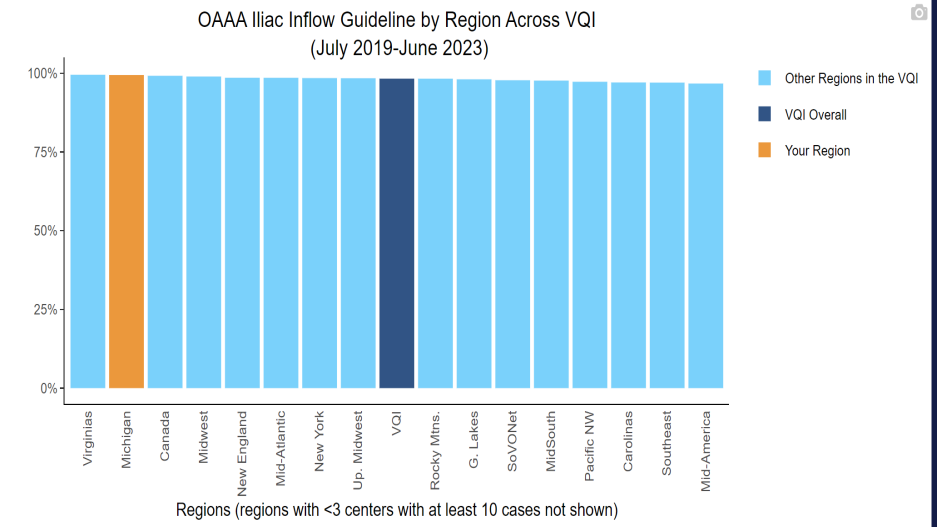
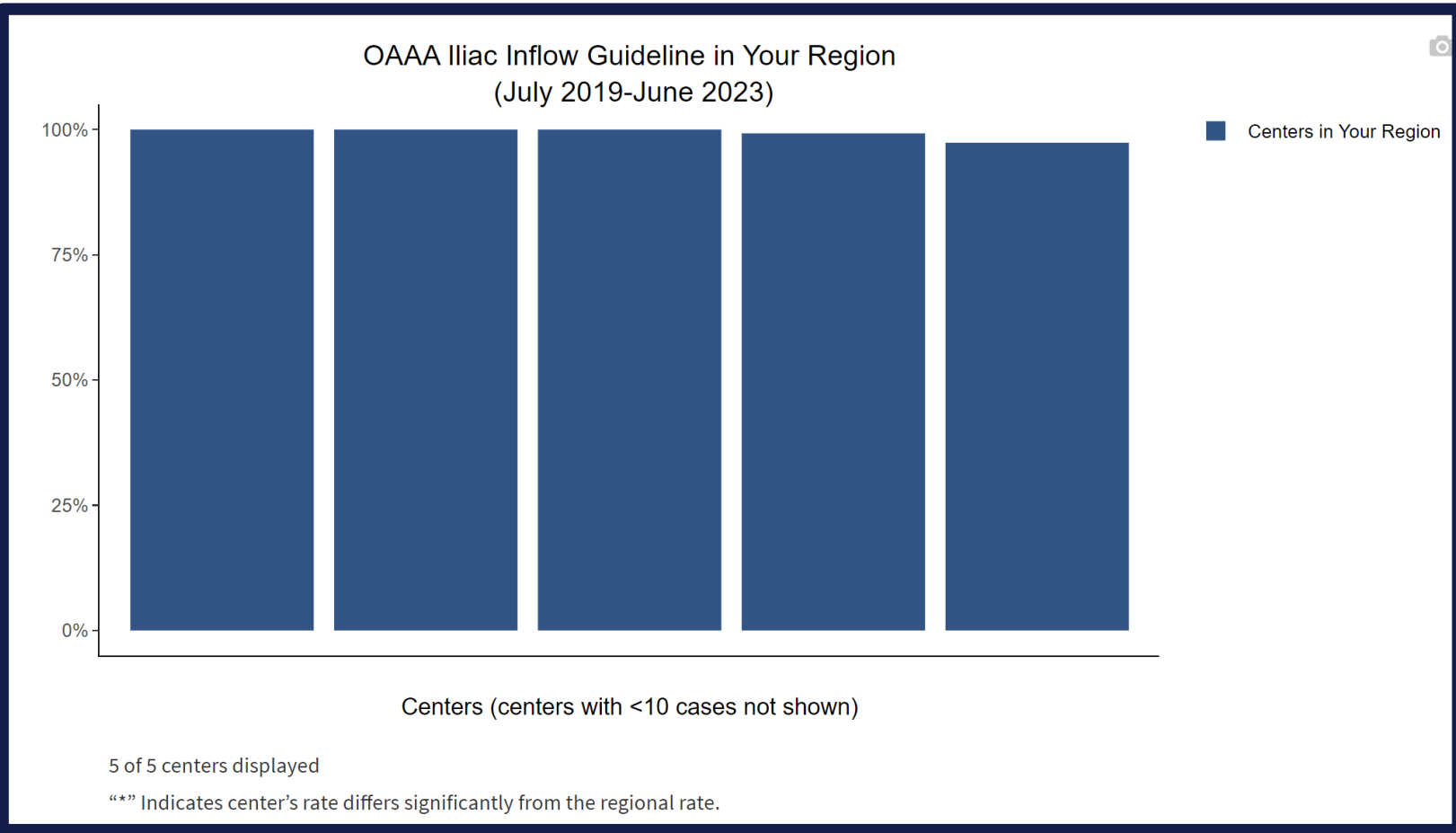
In collaboration with NCDR®





"*" Indicates region's rate differs significantly from the VQI rate.



5 of 5 centers displayed

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

PVI Claud: ABI/Toe Pressure

SVS | VQI
In collaboration with NCDR®

PVI CLAUD: ABI/Toe Pressure

Procedures performed between July 1, 2022 and June 30, 2023

Includes Peripheral Vascular Intervention (PVI) procedures for mild, moderate, or severe claudication. “ABI/Toe Pressure Assessment” indicates at least one ABI or toe pressure assessment was made prior to PVI for the side of the procedure, or on both sides for bilateral and aortic procedures.

The table below gives the number of PVI procedures meeting the inclusion criteria, and the percentage of those procedures in which an ABI or toe pressure was assessed prior to PVI.

	Your Region	VQI Overall
Number of PVI procedures meeting inclusion criteria	1060	17092
Percentage with ABI/toe pressure assessment	61.3%	67.4%

PVI Claud: ABI/Toe Pressure

SVS | VQI
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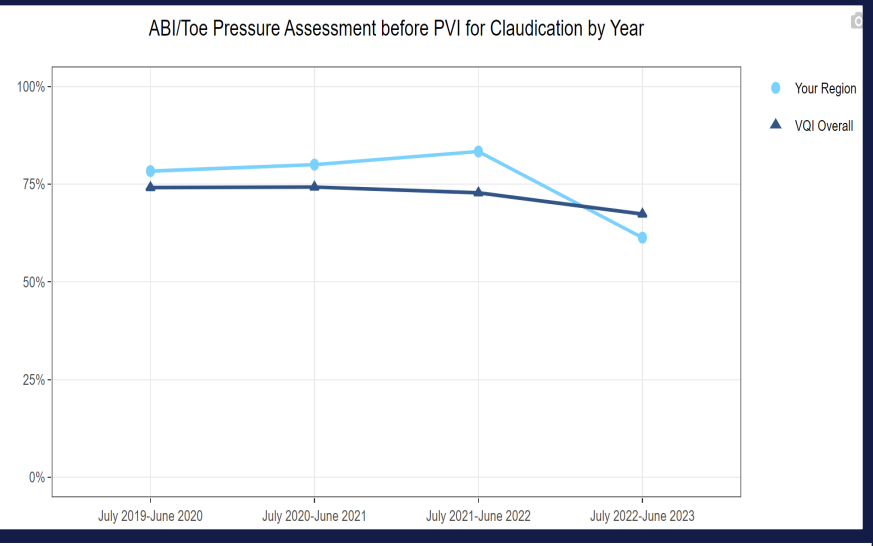
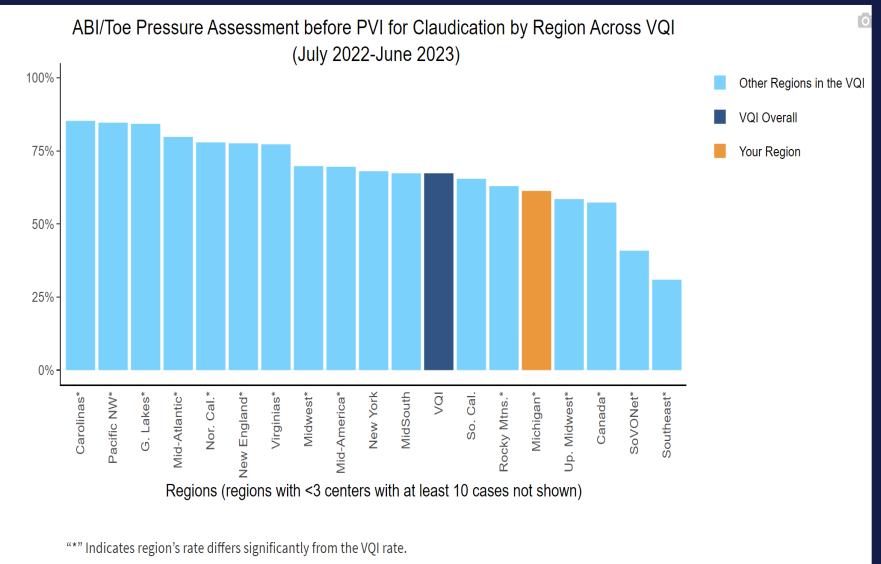
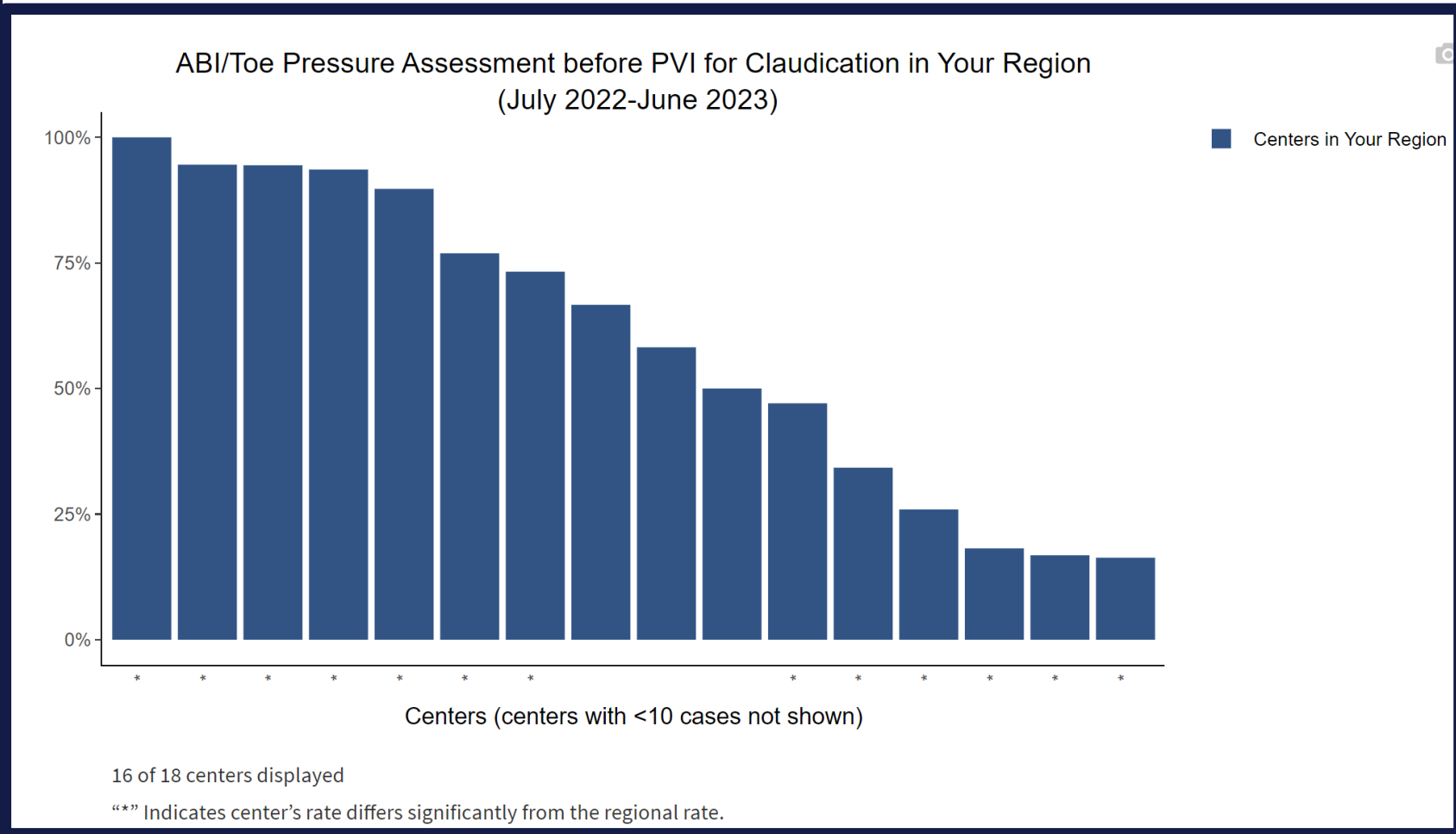




"*" Indicates region's rate differs significantly from the VQI rate.



16 of 18 centers displayed

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

INFRA CLTI: Major Complications

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INFRA CLTI: Major Complications

Procedures performed between July 1, 2022 and June 30, 2023

Includes Infrainguinal Bypass (INFRA) procedures for rest pain, tissue loss (i.e., ulcer, necrosis, or non-healing amputation) , or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

The table below gives the number of INFRA procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

	Your Region	VQI Overall
Number of INFRA procedures meeting inclusion criteria	132	5377
Percentage with major complications	3.8%	4.8%

INFRA CLTI: Major Complications

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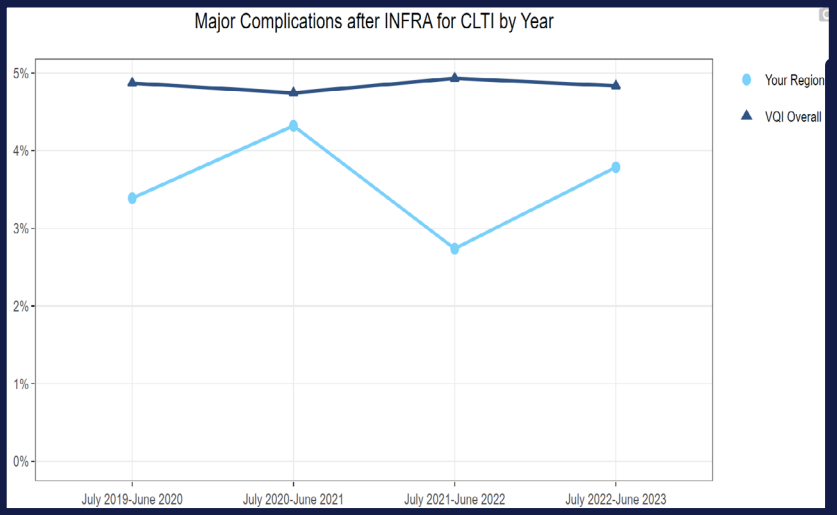

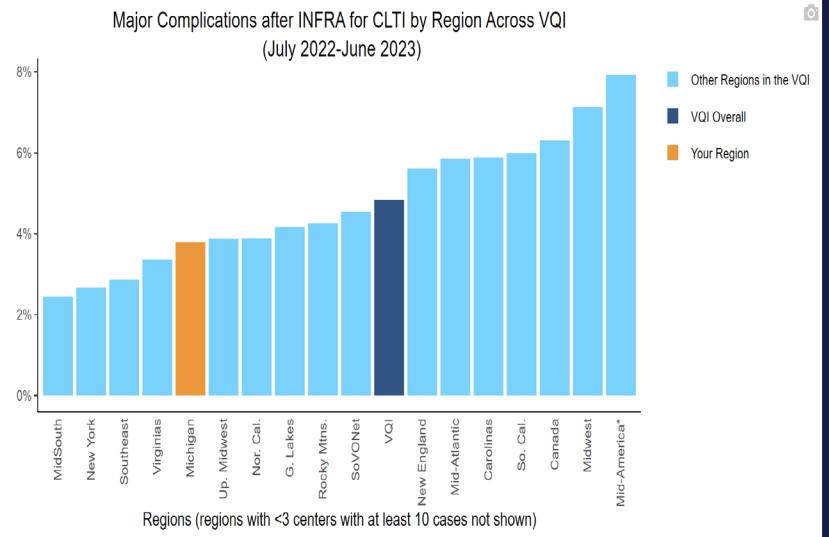

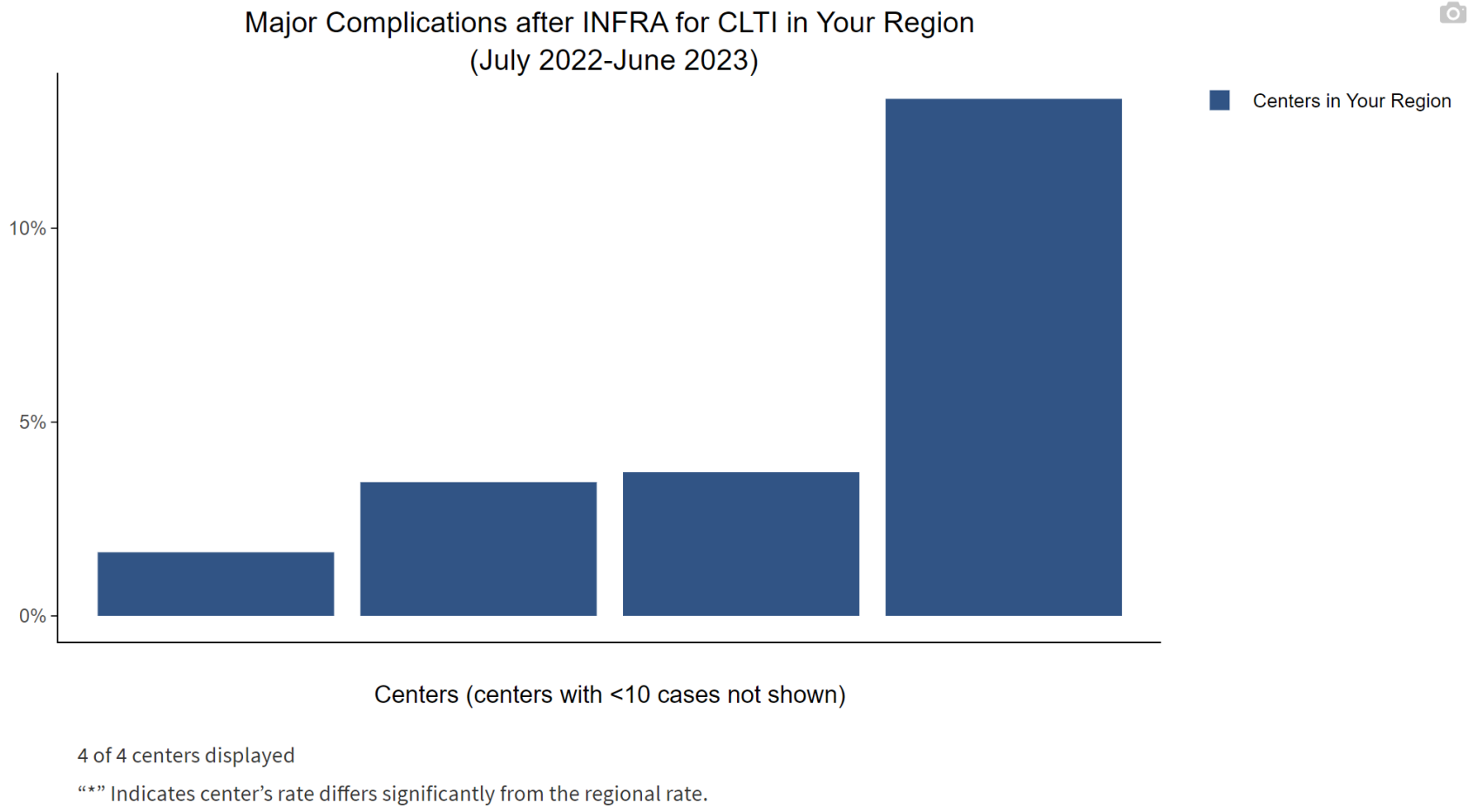

SUPRA CLTI: Major Complications

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In collaboration with NCDR®

SUPRA CLTI: Major Complications

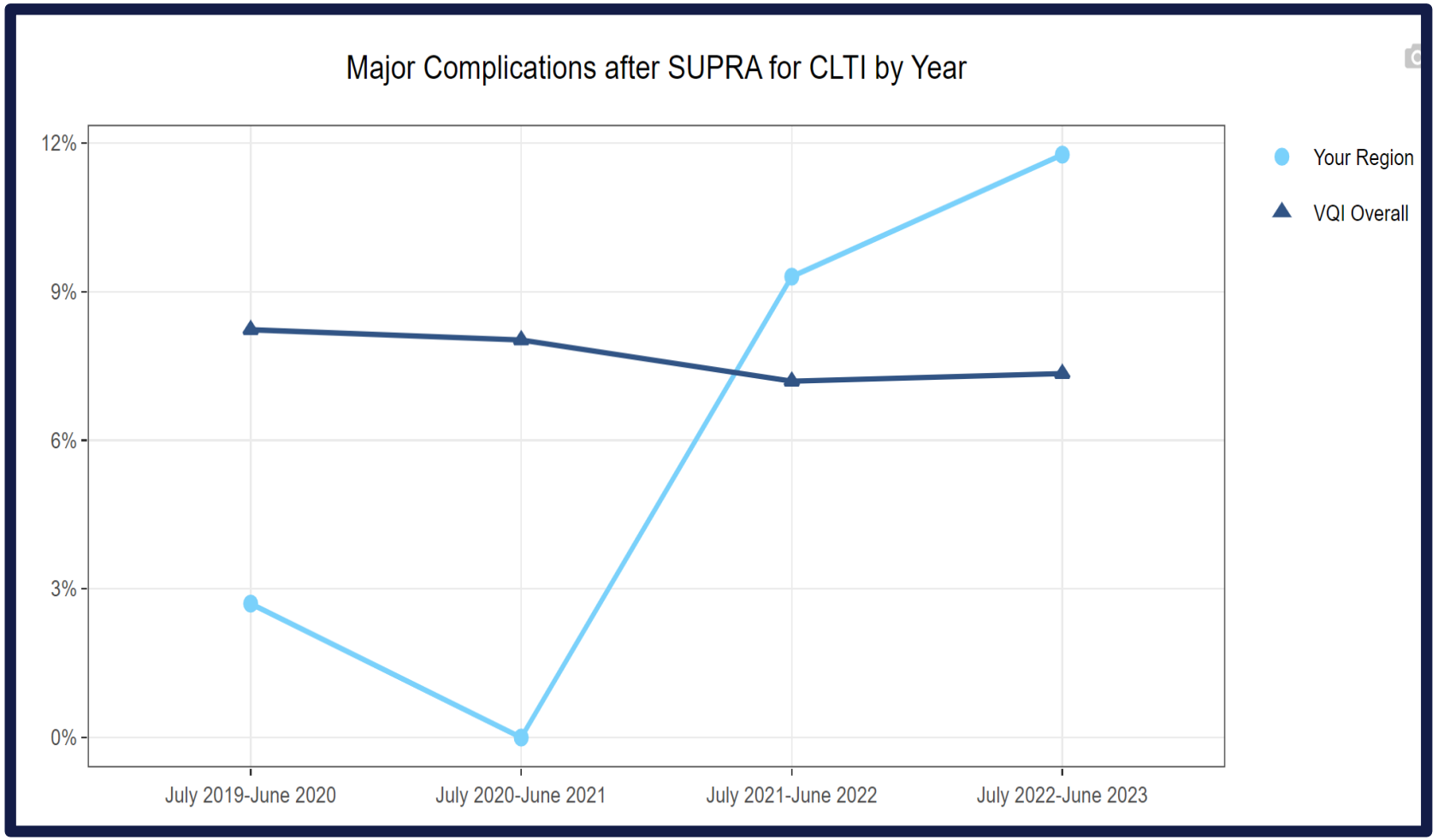
Procedures performed between July 1, 2022 and June 30, 2023

Includes Suprainguinal Bypass (SUPRA) procedures for rest pain, tissue loss (i.e., ulcer, necrosis, or non-healing amputation), or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

The table below gives the number of SUPRA procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

	Your Region	VQI Overall
Number of SUPRA procedures meeting inclusion criteria	17	1266
Percentage with major complications	11.8%	7.3%

SUPRA CLTI: Major Complications



Region Volume Appendix

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Report	Included Cases	Centers with Included Cases	Centers with at least 10 Included Cases	Complete Cases	Centers with Complete Cases	Centers with at least 10 Complete Cases
Procedure Volume	7090	32	29			
Procedure Volume, All Years	55108	36	35			
Long-Term Follow-up	4143	23	21			
Discharge Medications	4519	31	27			
Preop Smoking	4030	31	27			
Smoking Cessation	935	22	15			
TFEM CAS ASYMP: Stroke/Death	180	21	5	153	20	4
TFEM CAS SYMP: Stroke/Death	166	19	4	141	19	4
TCAR ASYMP: Stroke/Death	293	23	11	268	23	11
TCAR SYMP: Stroke/Death	126	21	4	121	21	3
CEA ASYMP: Stroke/Death	271	13	9	244	13	8
CEA ASYMP: Postop LOS>1 Day	270	13	9	243	13	8
CEA SYMP: Stroke/Death	155	13	6	144	13	5
CEA SYMP: Postop LOS>1 Day	155	13	6	144	13	5
EVAR: Postop LOS>2 Days	159	4	4	156	4	4
EVAR: Sac Diameter Reporting	142	4	4			
EVAR: SVS AAA Diameter Guideline	145	4	4			
TEVAR: Sac Diameter Reporting	4	2	0			
OAAA: In-Hospital Mortality	324	5	5	302	5	3
OAAA: SVS Cell-Saver Guideline	301	5	5			
OAAA: SVS Iliac Inflow Guideline	345	5	5			
PVI CLAUD: ABI/Toe Pressure	1060	18	16			
INFRA CLTI: Major Complications	132	4	4			
SUPRA CLTI: Major Complications	17	3	0			
LEAMP: Postop Complications	3	1	0			
HDA: Primary AVF vs. Graft	254	1	1			
HDA: Ultrasound Vein Mapping	294	1	1			
HDA: Postop Complications	293	1	1			
IVCF: Filter Retrieval Reporting	35	1	1			

VQI National Update

Betsy Wymer, DNP, RN, CV-BC
Director of Quality, SVS PSO

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VQI Participation

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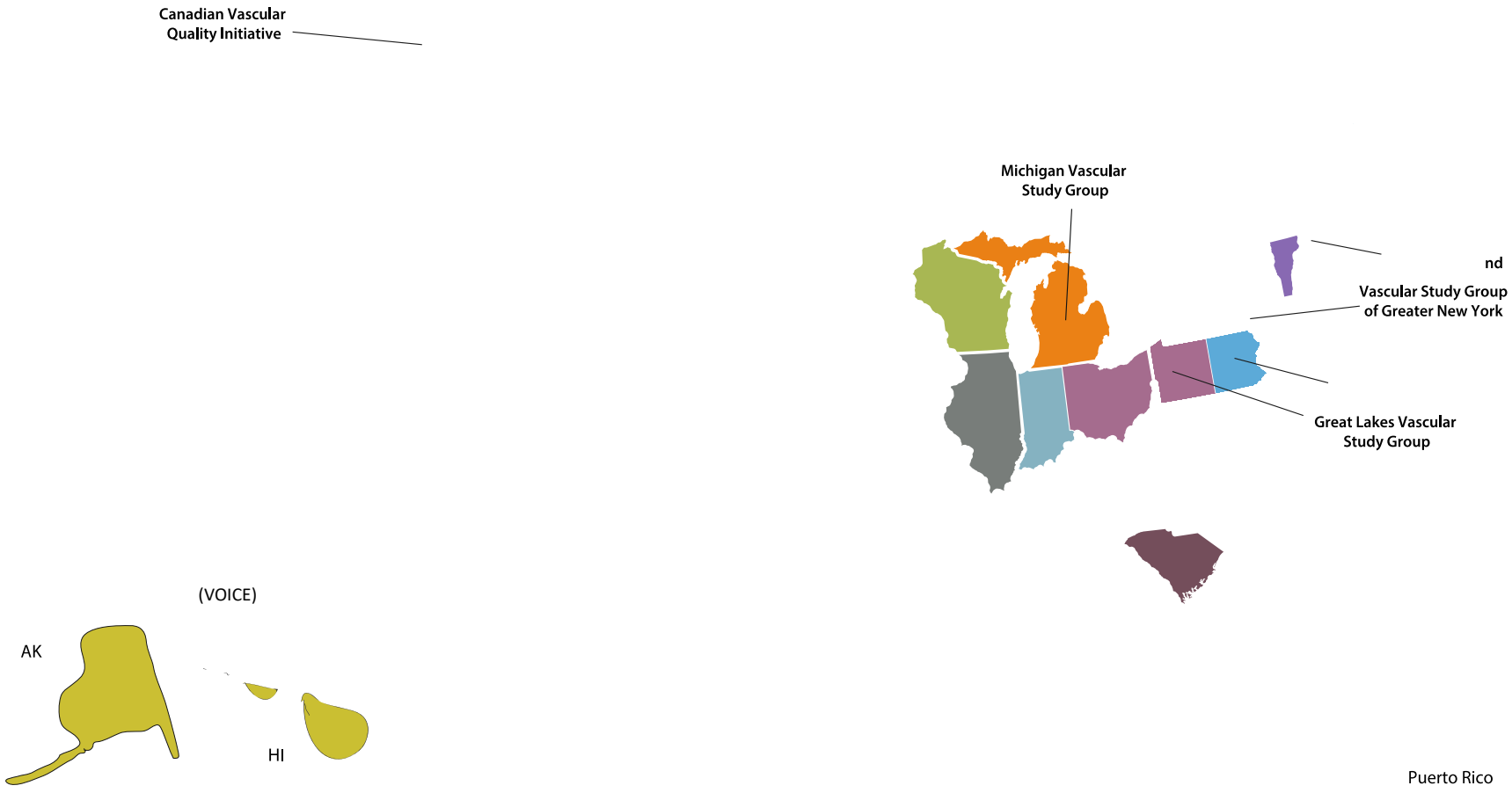

Regional Breakdown

Canadian Vascular Quality Initiative | 7 Centers
Carolinas Vascular Quality Group | 40 Centers
Great Lakes Vascular Study Group | 63 Centers
Michigan Vascular Study Group | 37 Centers
Mid-America Vascular Study Group | 74 Centers
Mid-Atlantic Vascular Study Group | 90 Centers
MidSouth Vascular Study Group | 27 Centers
Midwest Vascular Collaborative | 51 Centers
Northern California Vascular Study Group | 27 Centers
Pacific NW Vascular Study Group | 41 Centers
Rocky Mountain Vascular Quality Initiative | 58 Centers
Southeastern Vascular Study Group | 140 Centers
Southern California VOICE | 42 Centers
Southern Vascular Outcomes Network | 114 Centers
Upper Midwest Vascular Network | 66 Centers
Vascular Study Group of Greater New York | 47 Centers
Vascular Study Group of New England | 51 Centers
Virginias Vascular Study Group | 45 Centers
Singapore | 1 Center
TOTAL CENTERS | 1 ,022 Centers

SVS Society for Vascular Surgery | American Venous Forum | fivos | Society for Vascular Medicine | VASA | SVU

Procedures Captured

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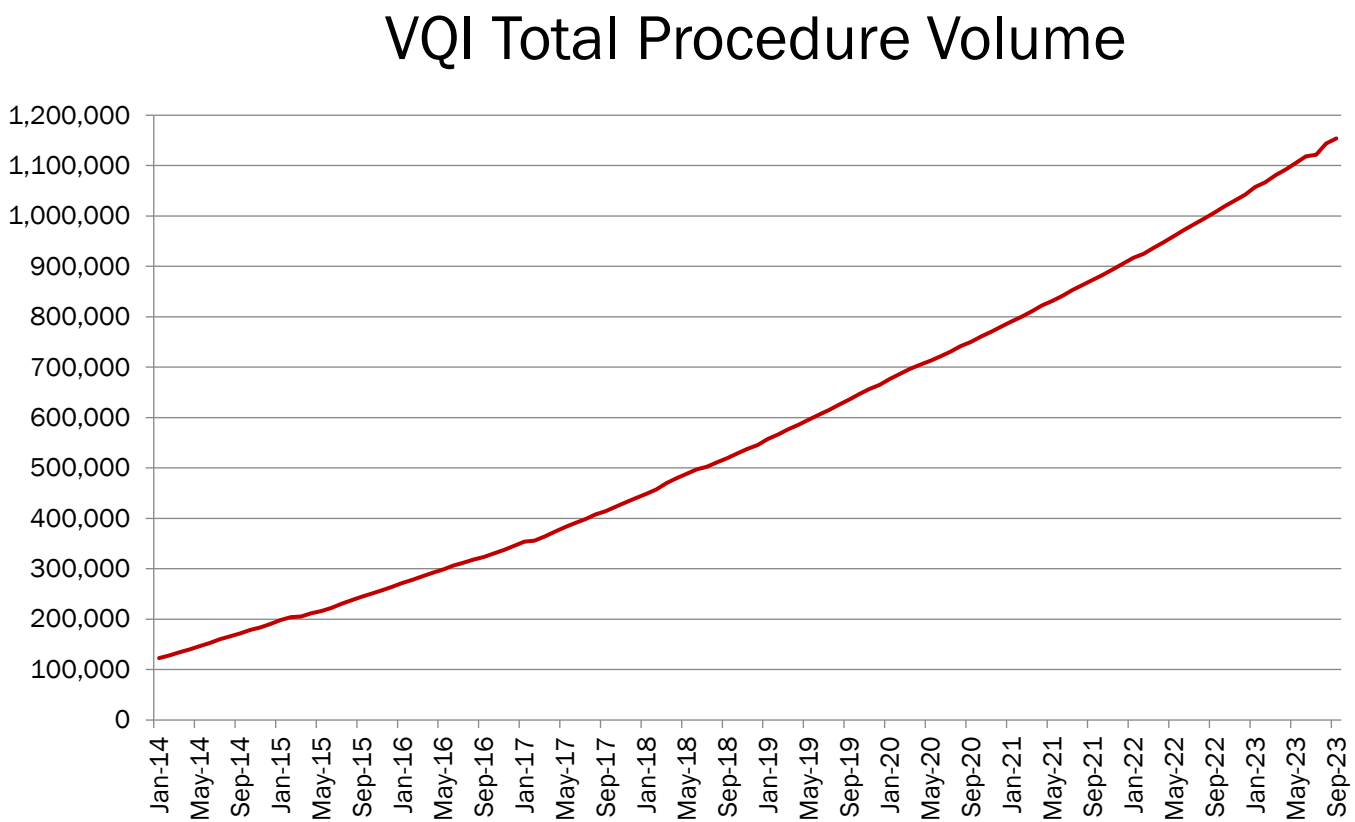
TOTAL PROCEDURES CAPTURED (as of 10/1/2023)	1,153,531
Peripheral Vascular Intervention	399,362
Carotid Endarterectomy	202,995
Infra-Inguinal Bypass	84,711
Endovascular AAA Repair	84,460
Hemodialysis Access	79,600
Carotid Artery Stent	110,945
Varicose Vein	64,039
Supra-Inguinal Bypass	27,063
Thoracic and Complex EVAR	30,969
Lower Extremity Amputations	30,369
IVC Filter	18,770
Open AAA Repair	18,485
Vascular Medicine Consult	1,523
Venous Stent	240



Total Procedure Volume reflects net procedures added to the registry for the month

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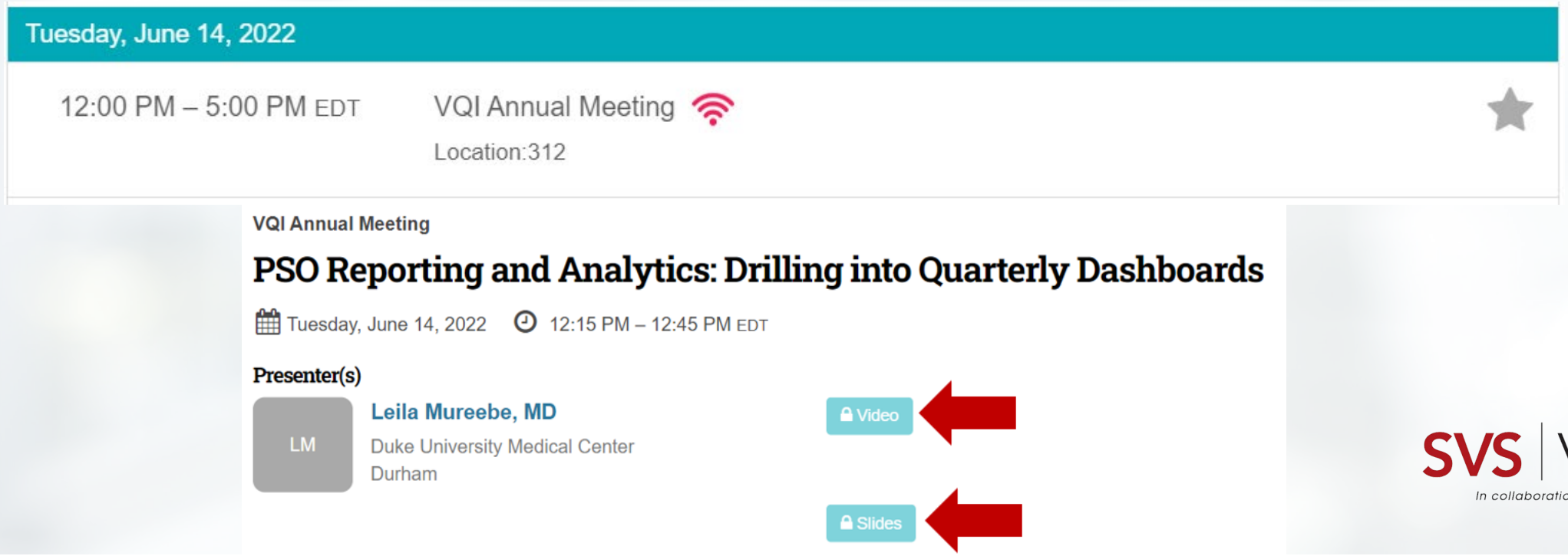
2023 VQI@VAM Wrap Up

- Recordings & slides available on the VQI@VAM Planner
  - Log into the Planner https://2023svsvam.eventscribe.net/
  - Select Full Schedule
  - Select your preferred day
  - Select your session



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Have you checked out the new VQI Website?

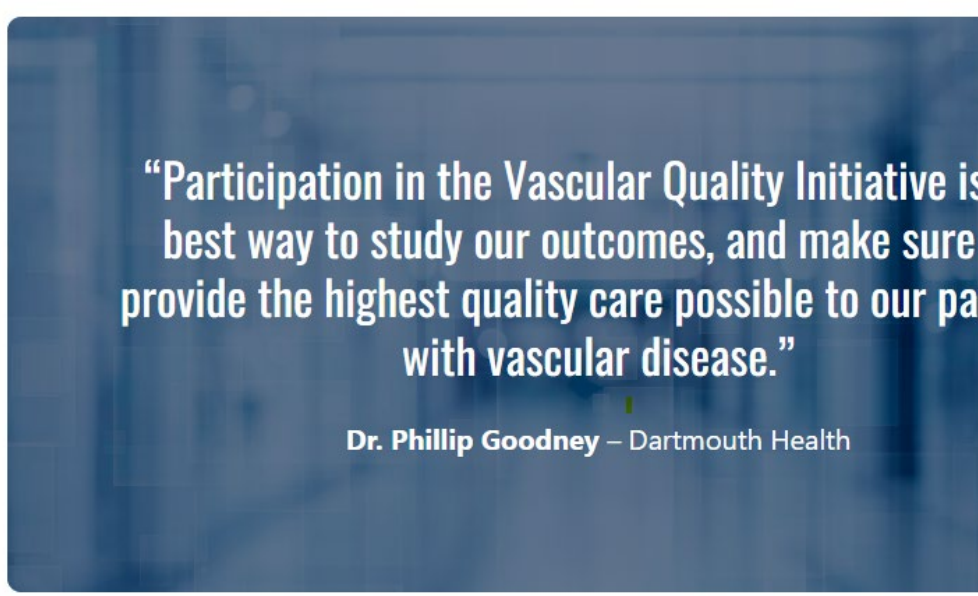
If not, here's just a peek at what you're missing!

1. Registry specific pages – deeper dive into each of the SVS VQI's 14 registries

2. The ability to view the VQI.org website in your preferred language! Don't see your preferred language, reach out to see about getting it added to the site

3. New webinars & presentations added regularly – either on the main events page, or in Members Only

For more information about the VQI website, contact Jen Correa, SVS PSO Marketing Manager, at jcorrea@svspso.org.



SVS | Society for Vascular Surgery | American Venous Forum | fivos | Society for Vascular Medicine | VASA | SVU

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VQI Members Only

Access to information exclusively available to members of the SVS VQI

- Find information that is not publicly shared on the VQI Website (ex: Quality Guide, Specific Registry Webinars, etc....)
- Find links and other information for upcoming Regional Group meetings

- Remember, access to the Members Only area of the VQI Website requires a different login than your PATHWAYS user account
- For account access, email Jen Correa at: jcorrea@svspso.org to receive your username and temporary password

FDA Communications

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https://www.vqi.org/resources/fda-communication/

FDA COMMUNICATIONS

NEWS/UPDATES FROM THE U.S. FOOD AND DRUG ADMINISTRATION

September 12, 2022

FDA Advisory Panel Recommendations on Lifelong Surveillance and Long-Term Postmarket Data Collection for Patients with AAA Endovascular Aortic Repair – Letter to Health Care Providers

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March 9, 2022

Medtronic Recalls TurboHawk Plus Directional Atherectomy System Due to Risk of Tip Damage During Use

Readmission Study University of Rochester

- 30d Readmission rates
  - Review of readmission cost
  - Frequency of readmissions
  - Frequency of reoperations & cost
- Univ Rochester piloting 30D readmission project
- To join the pilot or for questions contact Stacey Esposito at:

Stacey_Esposito@URMC.Rochester.edu

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Benefits determined by the study include:

- More accurate capture of complications after discharge/use of LTFU form for complications prior to 9 mos.
- Track & trend unplanned readmissions
- Identify the reason for unplanned readmissions
- Evidence based data to identify at risk patient populations
- Benchmark against Region and All VQI

VQI Updates

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- Smoking Cessation launched as a new NQI June 2023 w/ variables added to all Arterial Registries – Early Q3 2023
- Help Text Enhancement Tool – May 2023
- Interactive plots for the Biannual Center and Regional Level Reports
- Retirement of most COVID Variables
- Retirement of >500 Opioid variables
- Collection of Exercise Program variables in Lower Extremity Registries

- In Development:
  - Open Aorta Registry
  - Infrainguinal/Suprainguinal Registry Follow-up reports
  - Continued efforts for harmonization across registries
  - Enhanced reporting measure for biannual reports
  - EPIC integration into VQI. *Looking for Center volunteers*

Cardiac Risk Index

SVS | VQI
In collaboration with NCDR®

Home | Calculators | About | FAQ

Suprainguinal Bypass (SUPRA)

Applicable to any primary, non-emergent suprainguinal bypass for aneurysmal or occlusive disease for indications of claudication, rest pain, tissue loss, or acute ischemia

Generate report

Age: Under 60

Graft Origin: Axillary

ASA Class: 1, 2, or 3

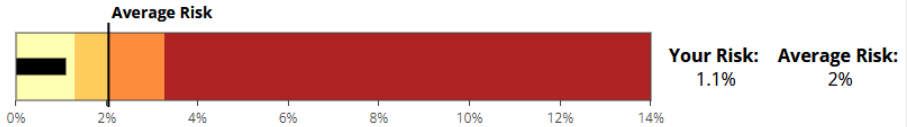
History of Coronary Artery Disease: None

Results of Stress Test within Past 2 Years: Not Done

Indication for Surgery: Claudication

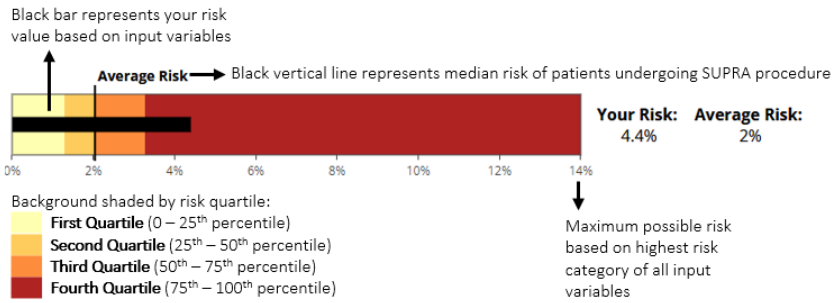
Risk of In-Hospital Postoperative Myocardial Infarction:

1.1 %



Your risk value falls within the 1st quartile (0-25th percentile) of risk.

How to interpret figure:



https://www.vqi.org/risk-calculators/

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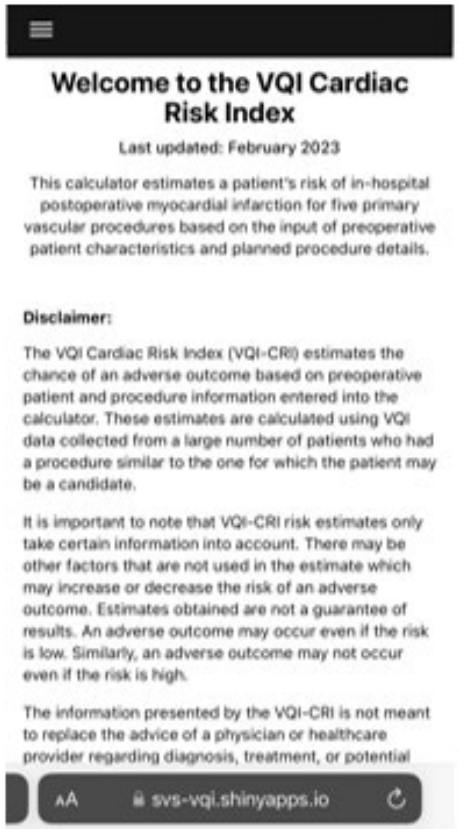
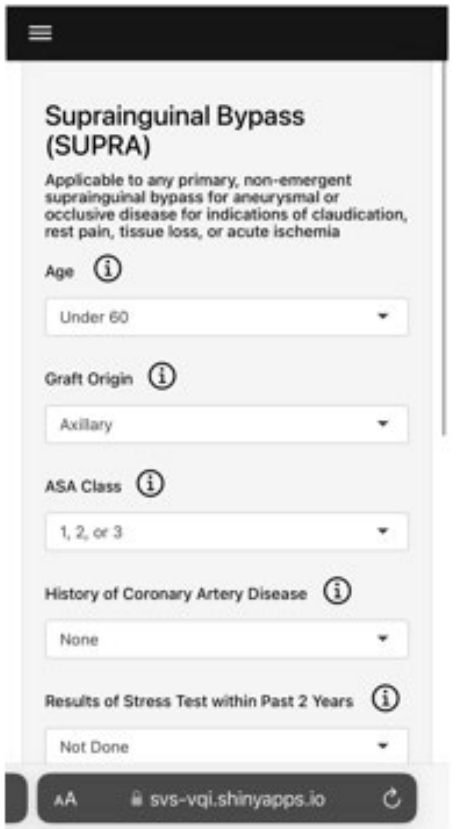
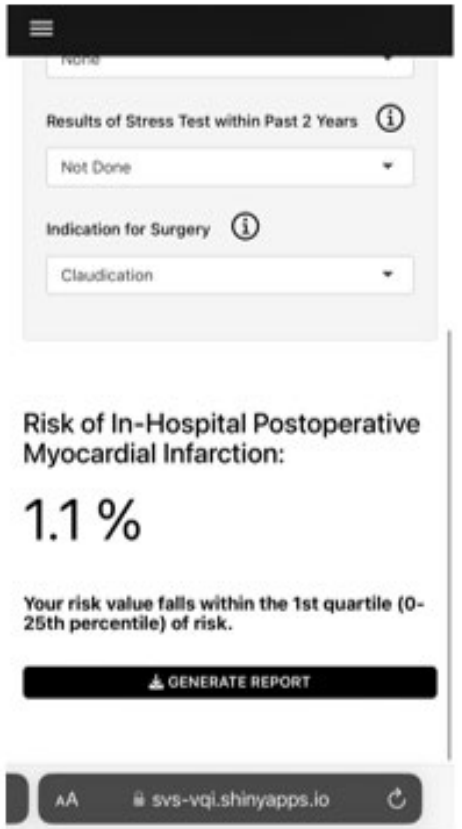
The VQI-CRI is also available in a mobile-friendly format







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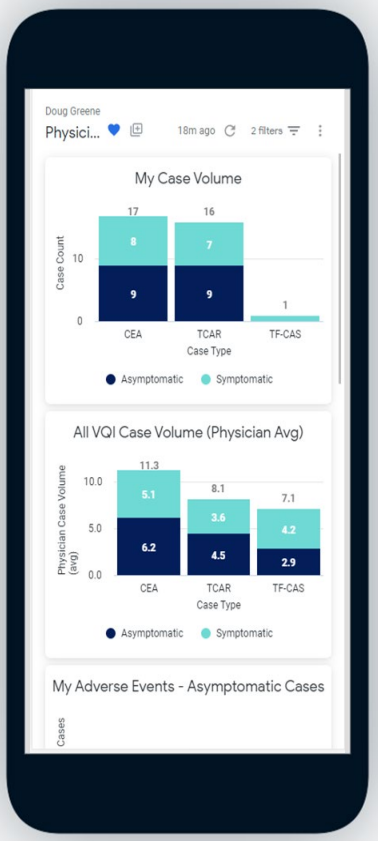
Physician Snapshot Report Discussion

Introducing Physician Snapshot Reports for Carotid Treatment

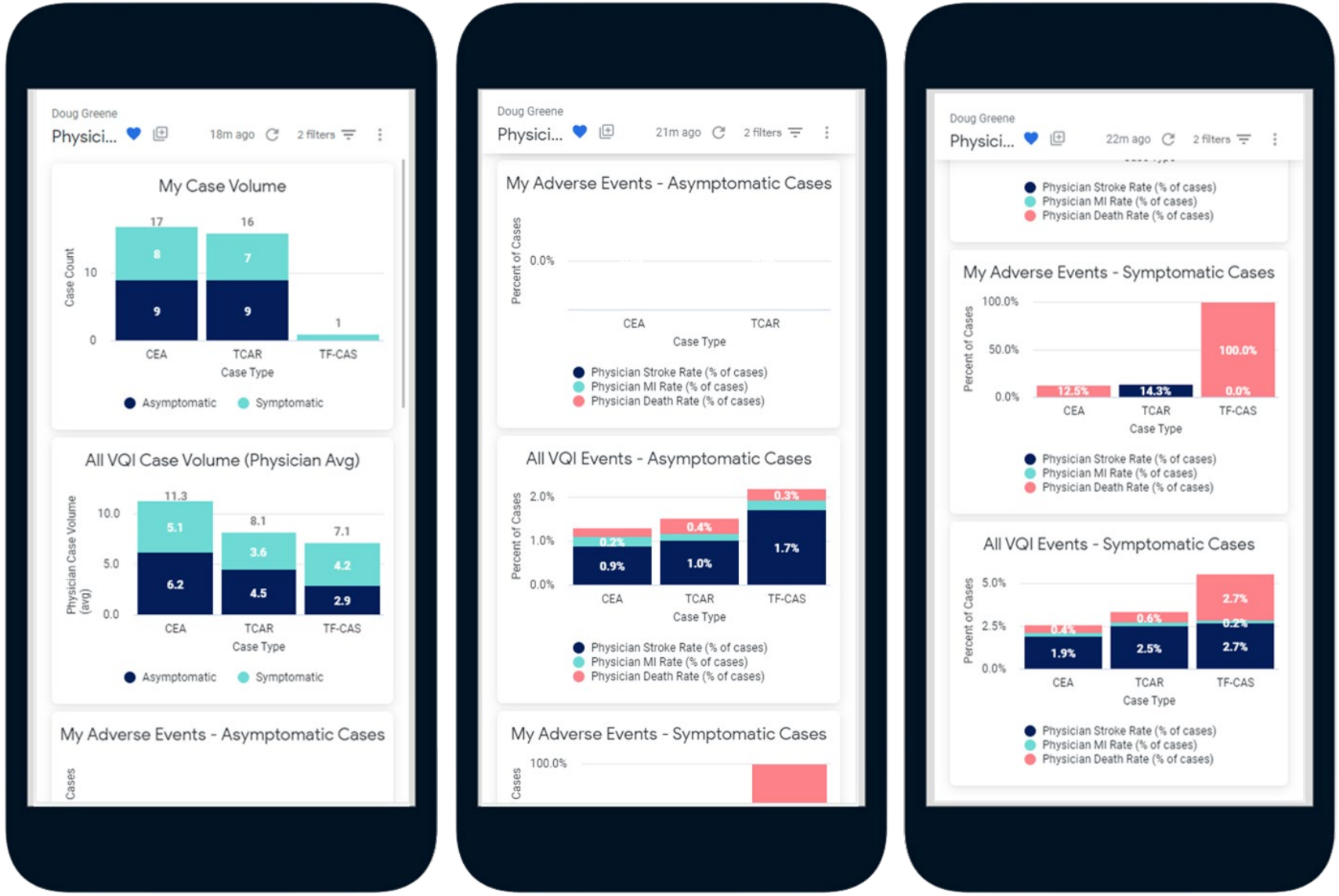
- Individual Physician Reporting for individual physicians to compare key outcomes against all VQI cases

- Key features
  - Flexible access: Available on your smart phone or through Pathways reports on your desktop
  - Near real time data with nightly updates
  - CEA, TCAR and TF-CAS available on the same report
  - Flexible time interval views- default view is the last 365 days with options to adjust the date range
  - Secured- viewable only by **you** via your VQI PATHWAYS password



Compare Physician with VQI Average Annual Case Volume and Key Outcomes

CEA vs TCAR vs TF-CAS, Asymptomatic vs Symptomatic Cases, Stroke, Death, MI

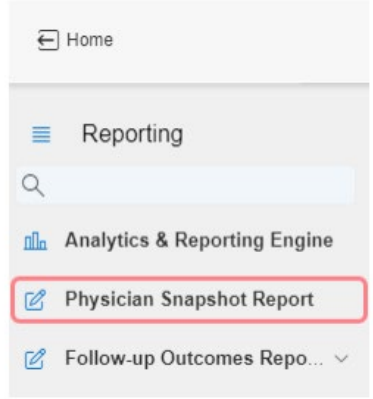


How do I access my Carotid snapshot?

Two Options:

1. An email with your URL entitled **View my Carotid Snapshot** was sent to the email on file for you in PATHWAYS- simply click the link and enter your PATHWAYS password

2. From a desktop computer- URL Access: https://pathways.m2s.com
   -From the reporting menu in the top right, click the option for the Physician Snapshot Report



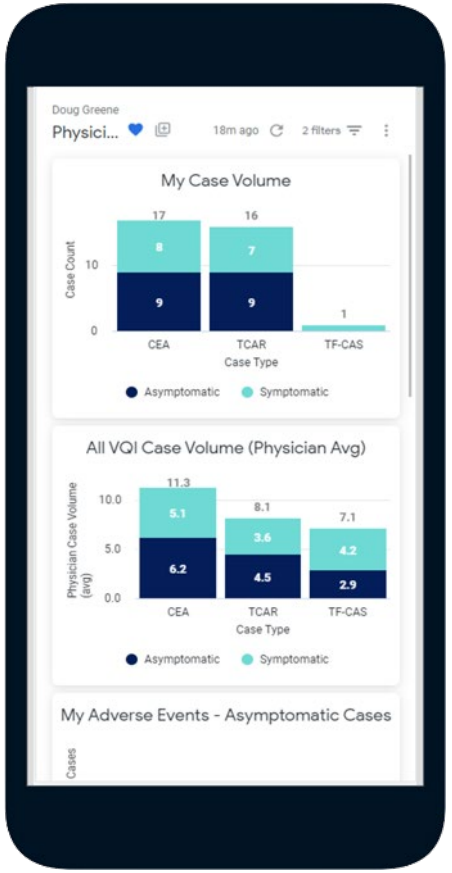
Note: You will need your VQI PATHWAYS password to the view the report

- If you do not know your VQI PATHWAYS password, please see your VQI hospital manager
- You may also email PATHWAYS support for assistance at PATHWAYSsupport@fivoshealth.com

Physician Snapshot Report Feedback

Polling Questions:

- How many of you have viewed your report?
- If you have not viewed the report, why?
- Can you share your initial reaction or feedback if you have used it?



Note: In order to obtain future feedback, we may send a very brief email survey.

Your participation is greatly appreciated!

General RAC Submission Guidelines

- Active Pathways Account w/ ‘Share a File’ privileges
- Center Registry Subscription
- Regional RAC approval required for all regional proposals

General RAC Submission Guidelines Cont.

- Check email for approval status from Melissa Latus mlatus@svspso.org
- Check email notification from FIVOS health that data set is available in ‘Share A File’
- Data in ‘Share A File’ will expire after 30 days of receipt

2022 MVSG Participation Award Winners

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Henry Ford Hospital, Detroit MI
McLaren Bay Region
Munson Medical Center
Spectrum Health Hospital
University of Michigan

Ascension Borgess Hospital
Ascension St. John Hospital
Bronson Battlecreek Hospital
Bronson Methodist Hospital
Covenant Healthcare
Henry Ford Allegiance Health
McLaren Flint
McLaren Greater Lansing
Michigan Vascular Center
MyMichigan Health - Midland
St. Mary Mercy Livonia

Corewell Health William Beaumont
University Hospital
Henry Ford Hospital, West Bloomfield MI
McLaren Macomb
St. Joseph Mercy Health System

Quality Improvement Updates

SVS | VQI
In collaboration with NCDR®

Betsy Wymer, DNP, RN, CV-BC
Director of Quality, SVS PSO

Quality Improvement:
National Quality Initiative - Smoking Cessation

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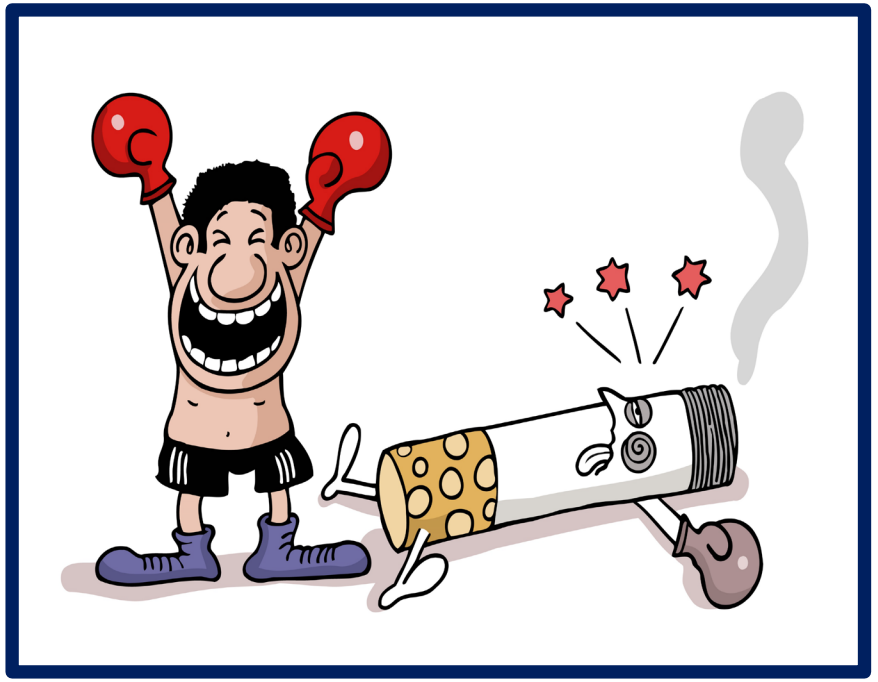
- Introduced at VQI@VAM 2023
- CAN-DO Program
  - Choosing Against combustible Nicotine Despite Obstacles
- Arterial registries only
- Reporting measures added Spring 2023
  - Preop Smoking – Elective procedures
  - Smoking Cessation – Elective, Urgent, Emergent procedures
- Currently have smoking variables
  - Minimal addition of variables
  - Go LIVE August 31, 2023
- Webinars
  - November 7 (register at www.vqi.org)
- Education https://www.vqi.org/quality-improvement/national-qi-initiatives/
  - Physician and Patient
  - Toolkits
  - Billable codes and sample dictation
  - Resources



Quality Improvement – Participation Points

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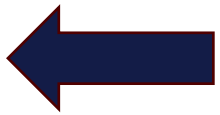
The following is a list of the four domains for the 2023 Participation Awards criteria:

- **Domain 1 – LTFU – 40% weighted**
- **Domain 2 – Regional Meeting Attendance – 30% weighted**
- **Domain 3 – QI Project – 25% weighted** 
- **Domain 4 – Registry Subscriptions – 5% weighted**

Quality Improvement – Participation Points
QI Project Domain

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Domain – Quality Improvement Project – 25% weighted

Scoring on 0 – 6-point scale to keep consistent with other measures. This gives centers options for getting **6 maximum QI points**.

- Initiation of a QI Project, evidenced by submitting a Project Charter to QI@SVSPSO.ORG or bwymer@svspso.org (2 points). **One charter per year.**
- Presenting a QI Project (presentation or poster) at a Regional VQI, *Regional Society Meeting, or ***Hospital Board and/or C Suite** meeting (2 points) *When presenting at succinct regional meetings, project slides must reflect a change or update in status.*
- Presenting a QI Project (presentation or poster) at the National VQI or *Vascular Annual Meeting (2 points)
- *Publish a **VQI quality improvement** article in a Peer Reviewed Journal (2 points)
- Centers with significant improvement or excellent performance rates on National QI Initiatives will receive one additional point (per initiative), for a maximum of 6 QI points

* Please send attestation (proof) to bwymer@svspso.org on or before December 31, 2023.

Quality Improvement – QI Project Domain Requirements

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- Present VQI data to C-Suite (leadership, CNO, COO, Chief Vascular Surgeon, etc.)
- Contact Betsy at bwymer@svspso.org
- Provide the following
  - Agenda/Meeting Minutes (date, your name and presentation, attendees)
  - Copy of presentation (feel free to cover center data)
  - Maximum of 2 presentations per year – slides must present a change or an update in status
- You will receive an email confirmation from Betsy which verifies participation points

Fellows in Training (FIT) Program 2022-2023
Jack Cronenwett Scholarship Winners

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Quality

Dr. Christine Kariya
FIT Mentor Dr. Danny Bertges
University of Vermont Medical Center

Dr. Hanna Dakour Aridi
FIT Mentor Dr. Michael Murphy
Indiana University Health – Methodist

Research

Dr. Ben Li
FIT Mentor Dr. Graham Roche-Nagle
Toronto General Hospital

Dr. Brianna Krafcik
FIT Mentor Dr. Phil Goodney
Dartmouth Hitchcock Medical Center

Dr. Caronae Howell
FIT Mentor Dr. Benjamin Brooks
University of Utah Hospital and Clinics/The University of Arizona

Quality – Fellows in Training (FIT) Program
2023-2024 FIT Mentor, FIT Fellow, and Center

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FIT Mentor	FIT Fellow	Center
Michael Costanza	Deena Chihade	University Hospital
Samantha Minc	Paul Rothenberg	WVU
Nikolaos Zacharias	Mitri Khoury	Massachusetts General Hospital
Nikolaos Zacharias	Tiffany Bellomo	Massachusetts General Hospital
Arash Bornack	Christopher Chow	University of Miami
Michael Madigan/Mohammed Eslami	Mikayla Lowenkamp	UPMC
Thomas Brothers	Saranya Sundaram	Medical University in South Carolina
Benjamin Jacobs/Sal Scali	Michael Fassler	University of Florida
Adam Beck	Amanda Filiberto	University of Alabama Birmingham
Brian DeRubertis	Nakia Sarad	Weill Cornell Medical Center
Dan Newton	Syeda Ayesha Farooq	Virginia Commonwealth University

ACS Vascular-VP

Vascular Verification Program
American College of Surgeons

Improve Your Quality of Care in Vascular Surgery and Interventional Care

Introducing a new quality program developed by the **American College of Surgeons** and the **Society for Vascular Surgery:** a standards-based framework designed to meet the unique needs of vascular programs

*facs.org/**vascular***

Email **vascular@facs.org** for information

Committee Updates

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In collaboration with NCDR®

AQC Update

Mitchell Weaver, MD

- Committee meets every other month
  - Jan, March, May……
- Re-engagement of registry committees
  - New reporting measures for ea. registry
  - Review of variables for possible retirement
  - One committee each Mtg. will give progress update
- Review & discussion of proposed registry revisions
  - LE/VMC SET variables to align w/guidelines
  - Pilot ERAS Variables
  - Initial discussion of required vs non-required procedure variables

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VQC Update

Jennifer Watson, MD

- Committee meets bi-annually
- Re-engagement of registry committees
  - New reporting measures for each registry
  - Review of variables for possible retirement
  - Each committee will give updates during the VQC meetings
- Active review of Venous Stent to decrease registry burden
- Discussion on how to increase venous registry presence w/in the venous community
- Next Meeting VEITH (hybrid)
  - November 12-17, 2023

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Arterial RAC Update

Nicholas Osborne, MD

- The proposal review committee meets quarterly
- Comprises of all RAC chairs nationally and some other members
- Reviews about 20-30 abstracts each cycle
- The process is fair and open with the aim of approving most proposals
- The committee advises investigators on how to improve the proposals

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Arterial RAC

- When requesting a Data Set, the investigator must have an ACTIVE PATHWAYS account.
- Once approved, the Data Set will be transferred through the “SHARE a FILE” function in PATHWAYS.

- The Data Set will be available through “Share a File” for 30 days

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Arterial RAC

- Components of a VQI proposal.

- For more information:

  - Podcast: Requesting Data presented by Dr. Leila Mureebe, MD
    https://drive.google.com/file/d/1tBsYrzh0Pu-0z5gu_eHhMmrVvyEtk5i2/view

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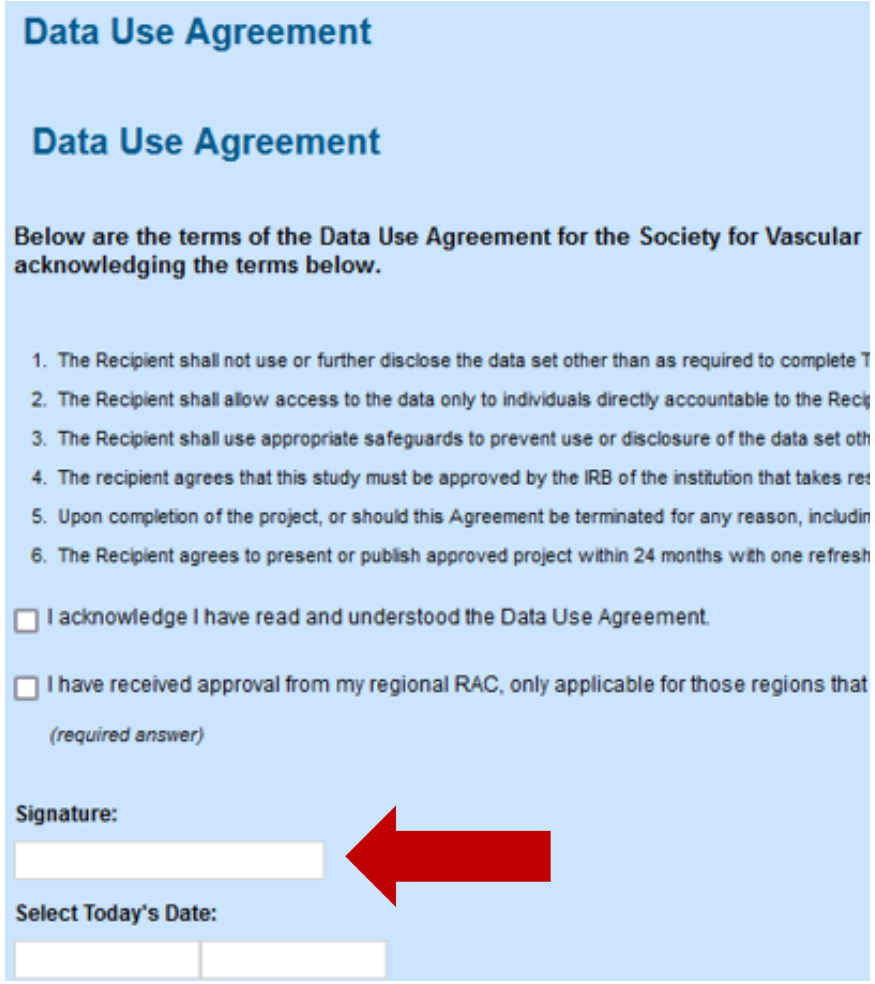
- Abstract
- Research question/Hypothesis
- Background/significance
- Approach
- Analytic plan
- Mock Tables
- Potential problems/solutions
- IRB approval/exemptions.

RAC Data Use Agreement

The Data Use Agreement needs to be signed by the Attending Physician when submitting in Abstract 123

https://abstracts123.com/svs1/



RAC Proposal Process

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In collaboration with NCDR®

1. **Review list of projects:**

https://www.vqi.org/data-analysis/rac-approved-project-search/

2. **Submit proposal online:**

http://abstracts123.com/svs1/meetinglogin

3. **Deadlines for submissions:**

https://www.vqi.org/svs-vqi-national-arterial-rac-schedule/

- Your Regional RAC chair is available to help answer questions or help with proposal writing

Venous RAC Update

Jennifer Watson, MD

- The July Venous RAC had 4 venous proposals submitted
- Podcast: Requesting Data presented by Dr. Leila Mureebe, MD. Follow link below
  - https://drive.google.com/file/d/1tBsYrzh0Pu-0z5gu_eHhMmrVvyEtk5i2/view
- The current venous registries with blinded data sets
  - Varicose Vein
  - IVC Filter
- Types of information available:
  - Demographics
  - Comorbidities
  - Operative characteristics
  - Post-operative characteristics
  - Follow-up

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Governing Council Update

Ashraf Mansour, MD

- Meets twice a year
- Last meeting: June 16, 2023
- Committee designation:
  - Each region represented by the Regional Lead Medical Directors
- Adam Beck – newly appointed GC Chair; Grace Wang – newly appointed Vice Chair
- All Regional RAC requests must have regional RAC approval; committee highly recommends that the Regional RAC also approve national requests
- Next meeting VEITH; November 2023

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Updates for Fall 2023 VQI Regional Meetings

2023 Technology Updates for VQI

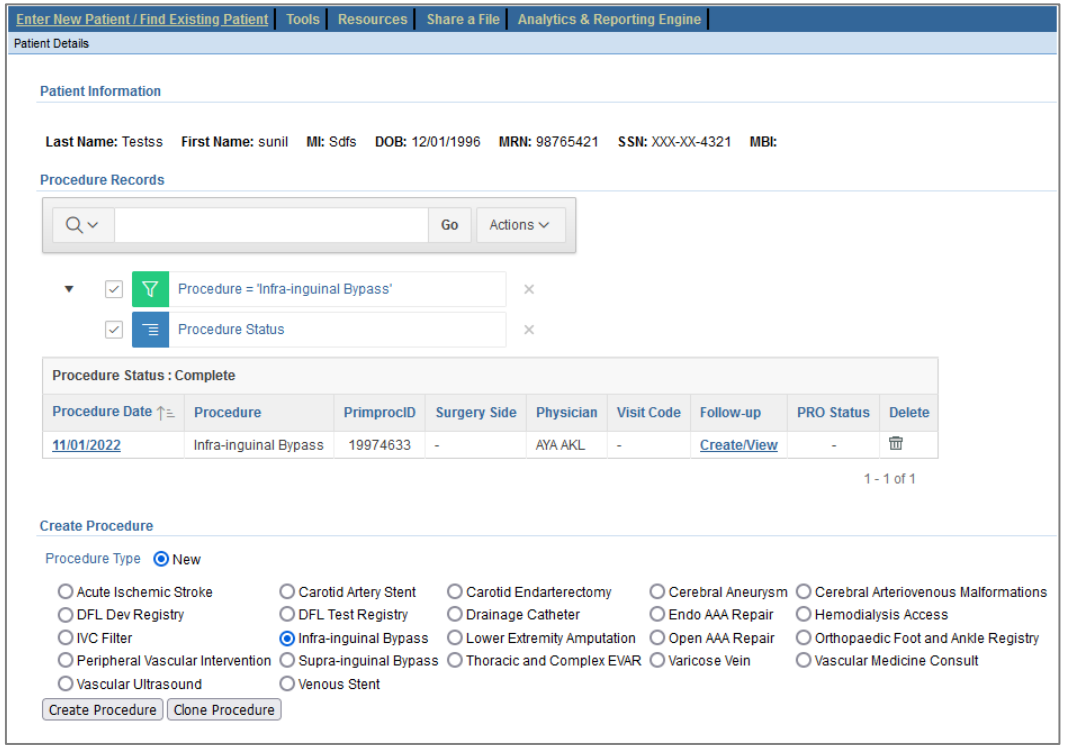
Released in Q1 2023

- TEVAR Fenestration Treatment Minor Revision
  - “Fenestration Type”, a new field was added to the nine different branches in the branches tab
- CAS Minor Revision
  - Modified the “Approach” field and dependencies
  - Updated “Lesion 2 Side” to auto-populate the value entered for “Lesion 1 Side”
- PVI Minor Revision
  - The PVI registry was modified to align with changes made during the INFRA/ SUPRA major revision
- Infra-inguinal Bypass and Supra-inguinal Bypass Revision
  - Major revisions were made to the lower extremity bypass registries

Released in Q1 2023

Same Registry Cloning for Infra/Supra-inguinal Bypass

- The ability to copy data from existing procedure records to a new procedure record for the same patient and registry has been added



Released in Q1 2023

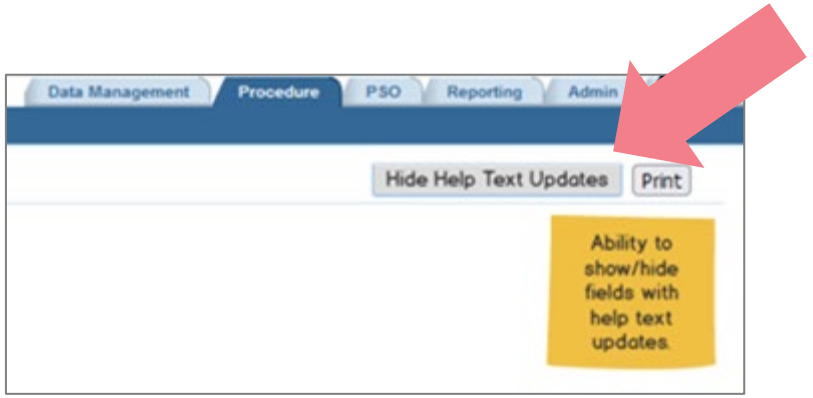
Follow-up Outcome Report Drilldowns

- Drilldown option has been provided to list the PRIMRPCID for procedures included in the calculator for My Center. This option is available for outcomes employing Mean/ STD and Median/IQR calculations.
- Outcomes reports impacted include:
  - CEA
  - HDA
  - VV

Released in Q2 2023

Help Text

- Enhancement to highlight fields with recently updated help text to alert abstractors to revised definitions



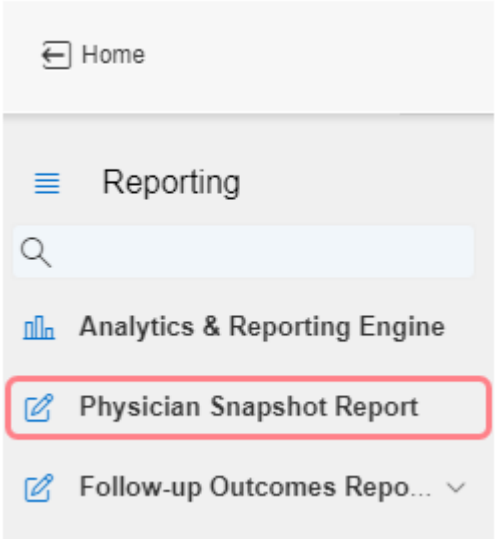
Support Tab Enhancements

- Addition of "Useful Links" section
- "Training Schedule" page has been renamed to “Upcoming Trainings”
- "Video Library" added on the Support tab

Released in Q2 2023

Physician Snapshot Report

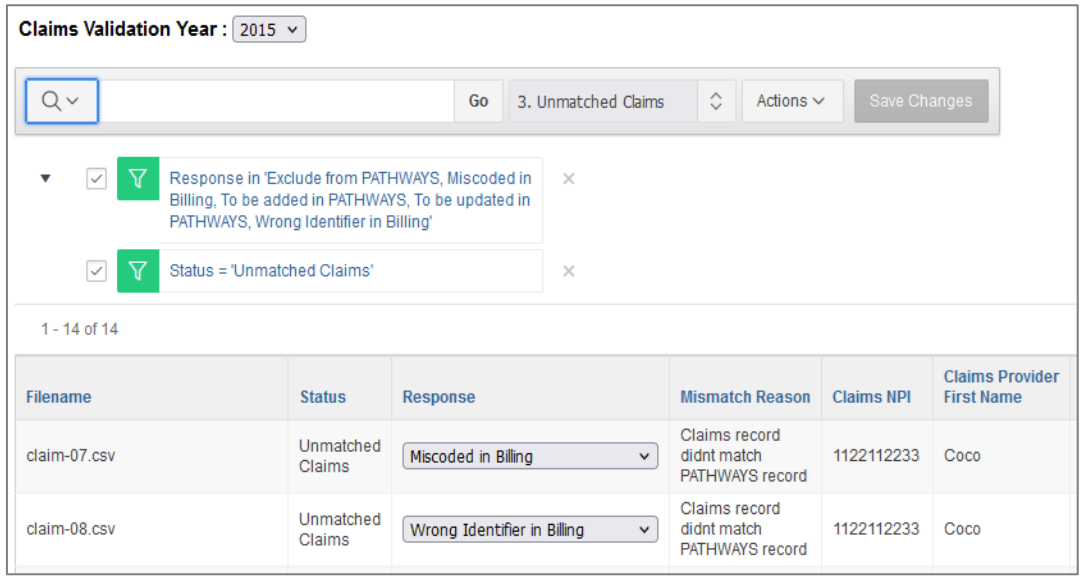
- Introduced new Carotid Physician Snapshot Report.
  - New report privilege added to the Users and Permissions Report



Released in Q2 2023

Claims Validation

- Sort by Response Provided in the Unmatched Claims – You can now sort or filter the “Unmatched Claims” report by the Response column



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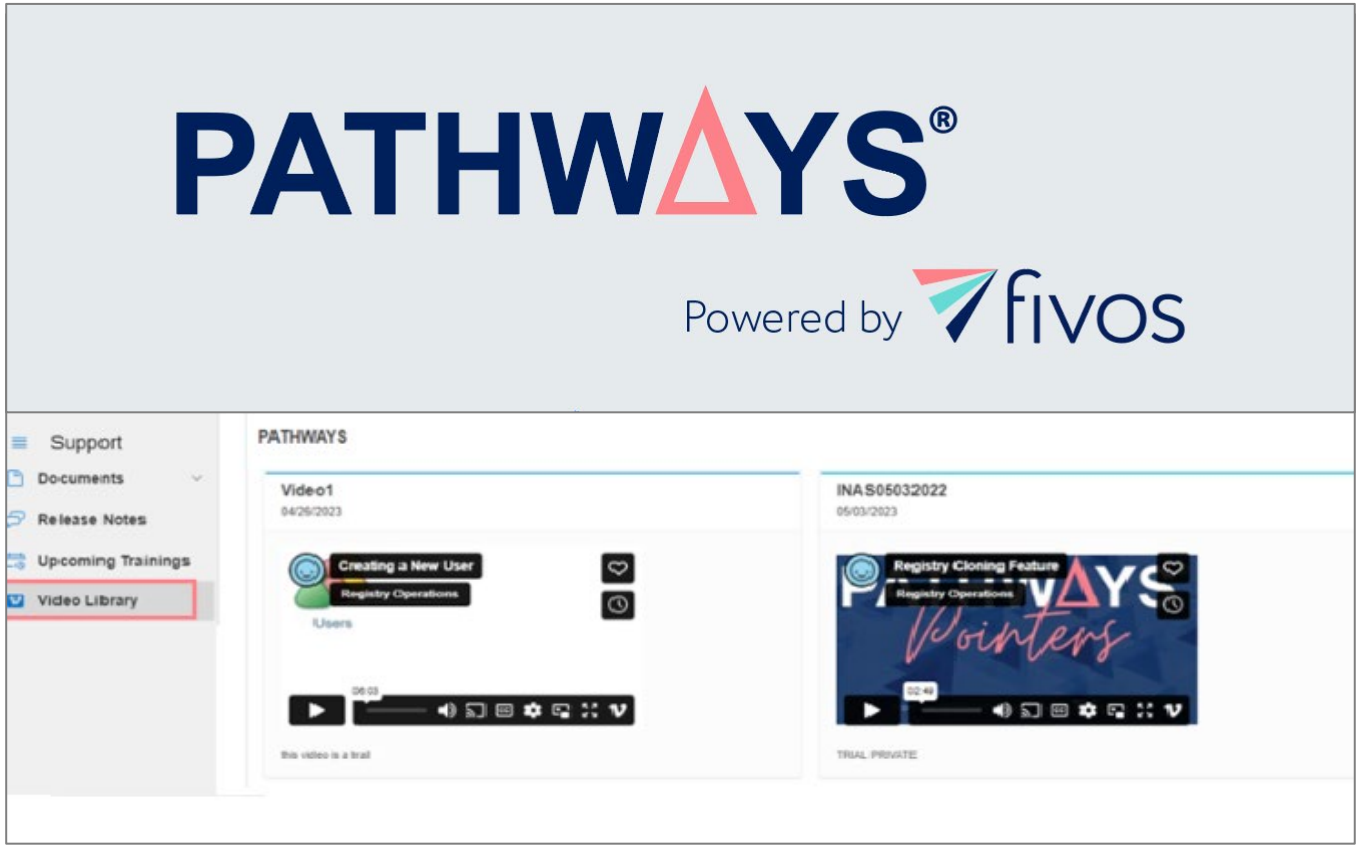
PATHWAYS Support

PATHWAYS Support

Need help?

Check out the PATHWAYS Support tab.

- **Documents** – List of essential documents necessary for new staff and experienced abstractors to assist with data abstraction.
- **Release Notes** – Listing of release announcements highlighting changes and improvements to the registries.
- **Upcoming Trainings**– List of upcoming training opportunities with registration links for new staff and experienced abstractors.
- **Video Library** – Listing of video tutorials to help you learn at your convenience.



PATHWAYS Support Updates

Announced in the spring:

PATHWAYS Hospital Manager Guide

- Added to the Resources Tab
- Helps users better understand role responsibilities

NEW announcement:

PATHWAYS Administrative Training Video

- Added to the Support Tab Video Library
- Provide even more support to assist new centers and new HMs
- In beta > we welcome feedback on its usefulness during onboarding

PATHWAYS Support Updates

Claims Validation

Recent news:

- The **2022** Claims Validation process was launched in April 2023 and closed in July
- Powerful testimonials about ROI projects during VQI at VAM
  - Direct result of the claims validation audit
- This process can provide even more centers with opportunities to expose revenue leakage and mitigate financial loss (a great opportunity to **WOW** your administrative team)

Up next:

We are looking forward to launching the **2023** Claims Validation cycle in the **Spring of 2024**!

Coming Soon

The Support Team continues to develop brief training videos to assist with specific functionality and tasks.

We appreciate feedback we received during our recent VQI@VAM Support Update webinar. We will be sure to use this information for future development!

PATHWAYS Support – A Closing Note

A friendly reminder…

The following registries are all available in VQI. Reach out to our Sales team for assistance with additional VQI registry opportunities at your center.

- Carotid Artery Stent
- Carotid Endarterectomy
- Endovascular AAA Repair
- Hemodialysis Access
- Infra-Inguinal Bypass
- IVC Filter
- Lower Extremity Amputations
- Open AAA Repair
- Peripheral Vascular Intervention
- Supra-Inguinal Bypass
- Thoracic and Complex EVAR
- Varicose Vein
- Vascular Medicine Consult
- Venous Stent

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Registry Projects

SVS Post-Market Surveillance Projects

- The following projects are conducted within the SVS PSO, and only non-identifiable data (removal of patient, center and physician information) will be 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.

- Sites must follow their institutional guidelines.

TEVAR Dissection Surveillance Project

- The SVS PSO is excited to announce the continuation of the TEVAR Dissection Surveillance Project to evaluate the Cook Zenith Dissection Endovascular System. FDA approval was granted for this device after safety and effectiveness were demonstrated in pre-market studies of complicated dissection with the proviso that the efficacy of TEVAR treatment of descending aortic dissection would be more fully analyzed through post-market surveillance, as was done through VQI for the W. L. Gore and Medtronic devices after their approval.
- Patients will have 30 day, and annual visits for 5 years.
- Total reimbursement of $4,000 per patient for a patient followed annually for 5 years.

For enrollment information: Sarah Van Muyden | sarah.vanmuyden@fivoshealth.com

TEVAR Dissection Surveillance Project – Cook Only

- 122 of the 180 required patients enrolled (14 potential cases in process)
- 60 Chronic Cases Enrolled - Enrollment Complete
- 62 Acute Cases Enrolled Currently -52% of total Acute Cases Enrolled
- Retrospective enrollment allowed- All eligible cases from December 31, 2018 (protocol FDA approval date)
- (76) 30-Day visits completed, (66) 1-year follow-up visits completed, (40) 2-year follow-up visit completed and (12) 3-year follow up visits completed
- 28 sites currently participating
- This project is conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Cook 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.

Gore TBE Project

Gore is collaborating with the Society for Vascular Surgery Vascular Quality Initiative (VQI) to collect data and images from the **TEVAR** registry for a 10-year follow-up project.

Project Objective: To ensure that the clinical outcomes during the commercial use of the GORE® TAG® Thoracic Branch Endoprosthesis are as anticipated.

Patient Population: Patients who undergo treatment with the GORE® TAG® Thoracic Branch Endoprosthesis device.

Number of Patients

- Max number of patients: 350
- Start Date 01/15/2023

About the Gore TBE Project

Project specific dynamic content has been added to the TEVAR registry.

Project Timeline:

- **Phase I**: Start-up, development, enrollment (3 years) Current Phase
- **Phase II**: Surveillance period (10 years)
- Total expected duration of the project: (13 years)

Project Imaging Requirements: Procedure + 1 Month + Annually

Gore TBE Project

- 23 fully executed addendums
- 22 sites full trained
- Current enrollment as of 8/14/23 = 58 patients

For enrollment information:
Megan Henning
megan.henning@fivoshealth.com

Please contact

PATHWAYSSUPPORT@fivoshealth.com

for questions

Spring Meeting

Raddison Plaza Hotel

May 1, 2024

- 12-5
- Dinner to follow
- MVS Speaker
- Kalamazoo, MI

Fall Report Reminder

SVS | VQI
In collaboration with NCDR®

Reminder:

Spring 2024 Report Cut Date = February 1, 2024, for procedures CY 2023

- Thank you to our members for your continued participation and support of VQI

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Thank You

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