

WELCOME

PACIFIC NORTHWEST VASCULAR STUDY GROUP

November 2, 2023
3:00 – 5:30pm PT
Vancouver, Canada
Hybrid

In-Person Regional Registration QR Code

REMOTE ATTENDEES - DO NOT USE THE QR CODE



Remote Meeting Attendance Credit

Before we get started, please sign in.

- 1 Click “Participants” in the box at the top or bottom of your screen.
 - 2 If your full name is not listed, hover next to your name and look for “rename”. Select & sign in.
 - 3 Can’t sign in? Email Angela Churilla at achurilla@svspso.org & include the identifier you were signed in under (ex: LM7832) or phone number.
- *NOTE: Credit is NOT given to any attendee or speaker that does not have an ACTIVE PATHWAYS user account.**

Appreciation and Thanks

Thank you to everyone who helped make this event possible:

Sara Zettervall, MD - Regional Medical Director

Kirsten Dansey, MD - Regional Associate Medical Director

Carrie Cornett - Regional Lead Data Manager

Kaity Sullivan - SVS PSO Analytics Team

Angela Churilla - SVS PSO Education & Quality Manager

Jennifer Correa - SVS PSO Marketing Manager

Melissa Latus - SVS PSO Clinical Operations Project Manager

SVS PSO Staff

Today's Agenda

3:00 pm

Welcome

Regional Data Review – Sara Zettervall, MD, (Region) Medical Director

Learning Objectives:

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

CE Credit

4:00 pm

Regional QI Proposal – Sara Zettervall, MD, (Region) Medical Director

Learning Objectives:

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

CE Credit

Today's Agenda - Continued

4:30 pm	Break	No CE Credit
4:35 pm	<p>National VQI Update – Melissa Latus, BSN, RN, PSO Clinical Operations Project Manager</p> <p>Learning Objectives:</p> <ul style="list-style-type: none">• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	CE Credit
5:05 pm	<p>Council / Committee Updates</p> <ul style="list-style-type: none">• AQC – Nam Tran, MD• VQC – open• RAC – vacant• Governing Council – Sara Zettervall, MD	No CE Credit
5:25 pm	Case Presentation	No CE Credit
5:30 pm	Open Discussion/Next Meeting/Meeting Evaluation	No CE Credit

Disclosures

None

Welcome and Introductions

Alaska Regional Hospital
Alyeska Vascular Surgery
Asante Rogue Regional Medical Center
Central Washington Health Services
Association
Federal Way - St. Francis Hospital
Harborview Medical Center
Kadlec Regional Medical Center
Legacy Health
McKenzie-Willamette Medical Center
MultiCare Deaconess Hospital
MultiCare Good Samaritan Hospital
MultiCare Tacoma General Hospital
Oregon Health & Science University
Oregon Heart Center
Oregon Vascular Specialists, LLC
Overlake Medical Center
PeaceHealth Riverbend Medical Center
PeaceHealth Southwest Medical Center
PeaceHealth St. Joseph Medical Center

Providence Alaska Medical Center
Providence Medford Medical Center
Providence Portland Medical Center
Providence Regional Medical Center Everett
Providence Sacred Heart Medical Center
Providence St. Mary Medical Center (WA)
Providence St. Peter Hospital
Providence St. Vincent Medical Center
Roseburg - CHI Mercy Health Medical Center
Salem Health
Seattle - Virginia Mason Medical Center
Seattle Vascular Surgery
Silverdale - St. Michael Medical Center
St. Charles Health System, Inc.
St. Patrick Hospital
Straub Medical Center
Swedish Cherry Hill
Swedish First Hill
Tacoma - St. Joseph Medical Center
University of Washington Medical Center
Valley Medical Center

Fall 2023 SVS VQI Regional Report Slides

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.

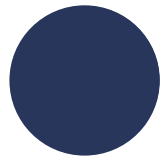
- Interactive Plots

All graphics are now interactive.

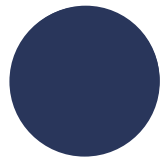
https://www.vqi.org/wp-content/uploads/FALL_2023_REGIONAL_REPORT_SLIDES_REGION_PNW_REVISED.html

CE/CME Meeting Attendance Credit

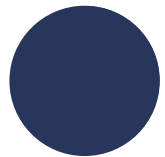
7 days to submit; no email reminder



PUT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)



SEND an email to achurilla@svspso.org with names of group members that are sharing 1 device



OFFICIALLY apply for CME/CE credit by clicking the URL or QR code provided



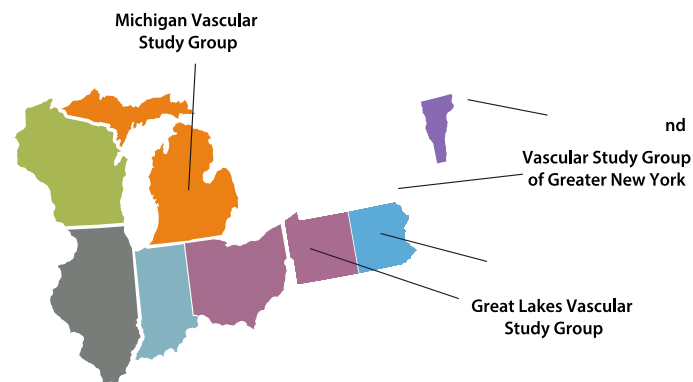
[November 2, 2023 - Pacific Northwest](#)

VQI National Update

Melissa Latus, BSN, RN
Clinical Operations Project Manager
SVS PSO

VQI Participation

Canadian Vascular
Quality Initiative



(VOICE)

AK

HI

Puerto Rico

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 | 75 Centers

Mid-Atlantic Vascular Study Group | 91 Centers

MidSouth Vascular Study Group | 26 Centers

Midwest Vascular Collaborative | 51 Centers

Northern California Vascular Study Group | 27 Centers

Pacific NW Vascular Study Group | 40 Centers

Rocky Mountain Vascular Quality Initiative | 58 Centers

Southeastern Vascular Study Group | 139 Centers

Southern California VOICE | 43 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 | 50 Centers

Virginias Vascular Study Group | 44 Centers

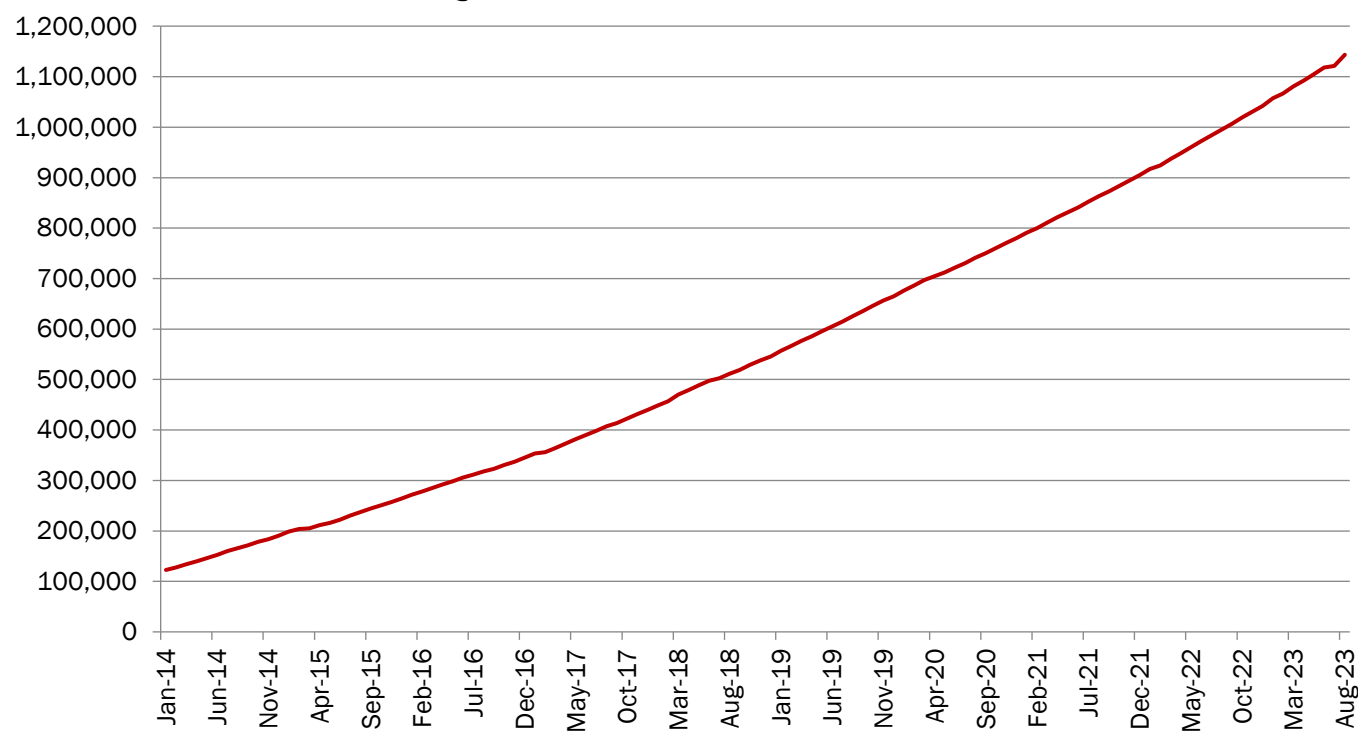
Singapore | 1 Center

TOTAL CENTERS | 1,022 Centers

Procedures Captured

TOTAL PROCEDURES CAPTURED (as of 9/1/2023)		1,143,801
Peripheral Vascular Intervention		396,286
Carotid Endarterectomy		201,578
Infra-Inguinal Bypass		84,367
Endovascular AAA Repair		83,894
Hemodialysis Access		79,165
Carotid Artery Stent		108,549
Varicose Vein		63,640
Supra-Inguinal Bypass		26,875
Thoracic and Complex EVAR		30,658
Lower Extremity Amputations		30,040
IVC Filter		18,695
Open AAA Repair		18,357
Vascular Medicine Consult		1,466
Venous Stent		231

VQI Total Procedure Volume



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



Regional Meeting CME/CE Credit



Des Moines University is the continuing education provider for this activity.



The attendance roster will be cross-referenced with those applying for CME/CE. Sign in correctly.



Each participant **MUST COMPLETE BOTH** the attendance attestation and the meeting evaluation from the URL site – one form.



You will have 7 days from the date of the meeting to complete the forms and **SUBMIT**.



Approximately 14 days from the meeting, Des Moines University will email you instructions on how to access your certificate.





PSO leadership is providing continuing education credit to you at no charge!

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



Tuesday, June 14, 2022

12:00 PM – 5:00 PM EDT VQI Annual Meeting  


Location:312

VQI Annual Meeting



PSO Reporting and Analytics: Drilling into Quarterly Dashboards



 Tuesday, June 14, 2022  12:15 PM – 12:45 PM EDT

Presenter(s)



Leila Mureebe, MD
Duke University Medical Center
Durham

 Video 

 Slides 

SVS | **VQI**
In collaboration with NCDR[®]

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@svspsso.org.

“Participation in the Vascular Quality Initiative is the best way to study our outcomes, and make sure we provide the highest quality care possible to our patients with vascular disease.”

Dr. Phillip Goodney – Dartmouth Health

IMPORTANCE OF REGIONAL GROUPS

Through regional quality group meetings, participants share and analyze collected data to initiate quality improvement projects to reduce complications, readmissions, and length of stay. Quality improvements projects can translate directly to hospital cost reduction. With continued expansion of the SVS VQI and regional quality groups, data will more rapidly accumulate and can be leveraged for benchmarking and quality improvement initiatives.

Benefits of regional quality group participation include:

- Anonymous, benchmarked reports for comparison
- Increasing power and ability to detect root causes of outcomes
- Facilitating & initiating quality improvement projects
- Access to blinded datasets for data analysis at regional and national level
- Improving long-term patient surveillance

[FIND YOUR REGIONAL GROUP →](#)



QUALITY IMPROVEMENT – MEMBERS ONLY



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

<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

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

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

- 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*

what's next?

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 i
Under 60

Graft Origin i
Axillary

ASA Class i
1, 2, or 3

History of Coronary Artery Disease i
None

Results of Stress Test within Past 2 Years i
Not Done

Indication for Surgery i
Claudication

Risk of In-Hospital Postoperative Myocardial Infarction:

1.1 %

Average Risk

Your Risk: 1.1% Average Risk: 2%

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

How to interpret figure:

Black bar represents your risk value based on input variables

Average Risk → Black vertical line represents median risk of patients undergoing SUPRA procedure

Your Risk: 4.4% Average Risk: 2%

Maximum possible risk based on highest risk category of all input variables

Background shaded by risk quartile:
First Quartile (0 – 25th percentile)
Second Quartile (25th – 50th percentile)
Third Quartile (50th – 75th percentile)
Fourth Quartile (75th – 100th percentile)

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

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

Welcome to the VQI Cardiac Risk Index

Last updated: February 2023

This calculator estimates a patient's risk of in-hospital postoperative myocardial infarction for five primary vascular procedures based on the input of preoperative patient characteristics and planned procedure details.

Disclaimer:

The VQI Cardiac Risk Index (VQI-CRI) estimates the chance of an adverse outcome based on preoperative patient and procedure information entered into the calculator. These estimates are calculated using VQI data collected from a large number of patients who had a procedure similar to the one for which the patient may be a candidate.

It is important to note that VQI-CRI risk estimates only take certain information into account. There may be other factors that are not used in the estimate which may increase or decrease the risk of an adverse outcome. Estimates obtained are not a guarantee of results. An adverse outcome may occur even if the risk is low. Similarly, an adverse outcome may not occur even if the risk is high.

The information presented by the VQI-CRI is not meant to replace the advice of a physician or healthcare provider regarding diagnosis, treatment, or potential

AA

svs-vqi.shinyapps.io

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

Age i

Under 60

Graft Origin i

Axillary

ASA Class i

1, 2, or 3

History of Coronary Artery Disease i

None

Results of Stress Test within Past 2 Years i

Not Done

AA

svs-vqi.shinyapps.io

Normal

Results of Stress Test within Past 2 Years i

Not Done

Indication for Surgery i

Claudication

Risk of In-Hospital Postoperative Myocardial Infarction:

1.1 %

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

[GENERATE REPORT](#)

AA

svs-vqi.shinyapps.io



Physician Snapshot Report Discussion

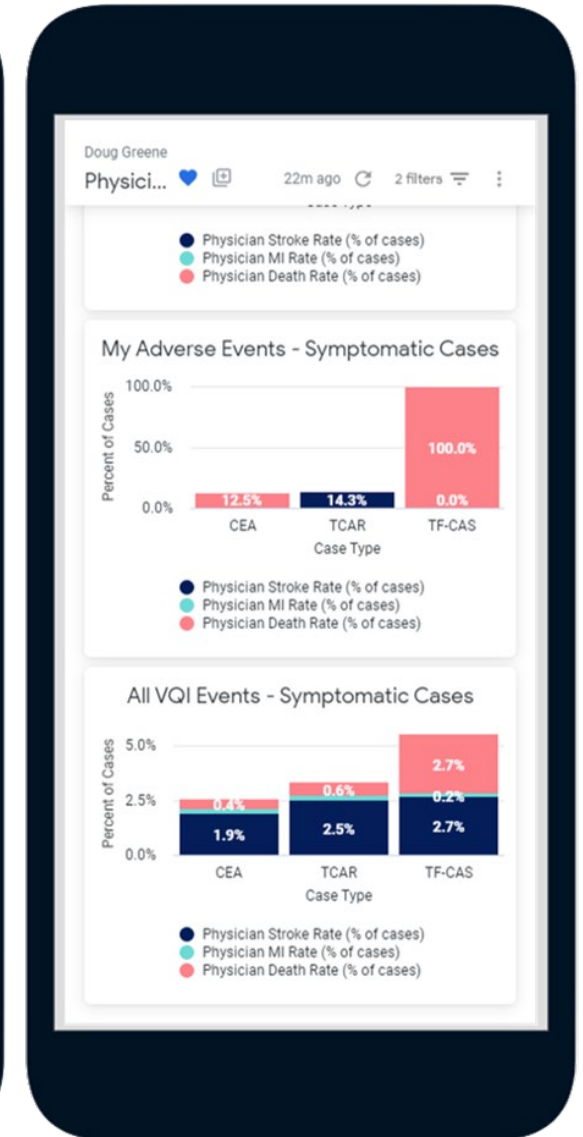
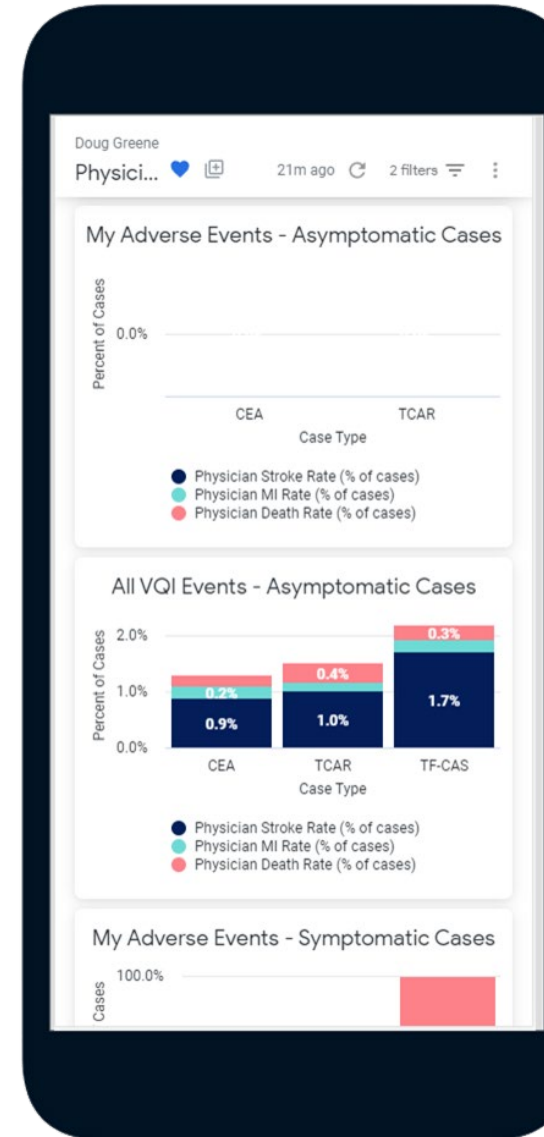
Introducing Physician Snapshot Reports for Carotid Treatment

- 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

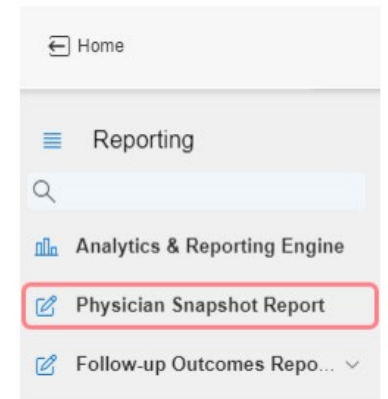


How do I access my Carotid snapshot?



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 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

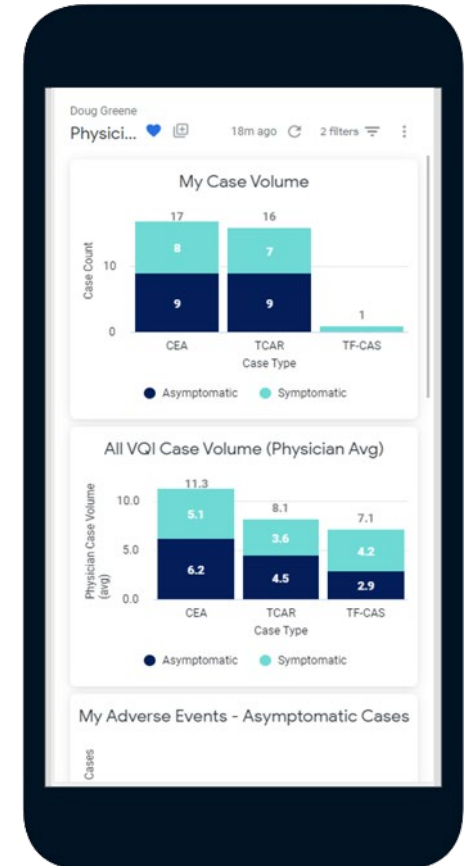
Physician Snapshot Report Feedback



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 PNWVSG Participation Award Winners



Tacoma - St. Joseph Medical Center



Asante Rogue Regional Medical Center
MultiCare Good Samaritan Hospital
MultiCare Tacoma General Hospital
PeaceHealth Southwest Medical Center
Salem Health
Silverdale - St. Michael Medical Center
St. Patrick Hospital
Straub Medical Center
Swedish Cherry Hill
University of Washington Medical Center
(Northwest Campus)



Federal Way - St. Francis Hospital
Harborview Medical Center
Kadlec Regional Medical Center
McKenzie-Williamette Medical
Center
Oregon Vascular Specialists, LLC
Providence Regional Medical Center
Everett
Providence Sacred Heart Medical
Center
Swedish First Hill
University of Washington Medical
Center (Montlake Campus)

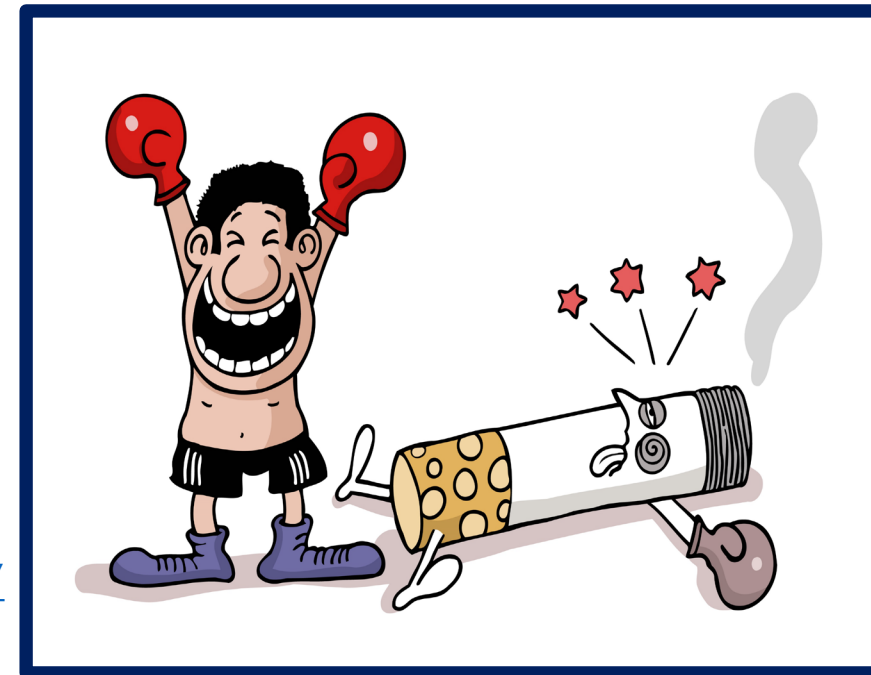
Congratulations!

Quality Improvement Updates

Betsy Wymer, DNP, RN, CV-BC
Director of Quality, SVS PS0

Quality Improvement: National Quality Initiative - Smoking Cessation

- 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 2023
- Webinars
 - July and August (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

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

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 bwymmer@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 bwymmer@svspso.org on or before December 31, 2023.

Quality Improvement – QI Project Domain Requirements

- Present VQI data to C-Suite (leadership, CNO, COO, Chief Vascular Surgeon, etc.)
- Contact Betsy at bwymmer@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

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

AQC Update

Nam Tran, 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

VQC Update

(open)

- 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

Arterial RAC Update

(vacant)

- The proposal review committee meets monthly
- 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

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/>

Data Use Agreement

Data Use Agreement

Below are the terms of the Data Use Agreement for the Society for Vascular acknowledging the terms below.

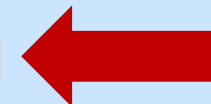
1. The Recipient shall not use or further disclose the data set other than as required to complete T
2. The Recipient shall allow access to the data only to individuals directly accountable to the Recipient
3. The Recipient shall use appropriate safeguards to prevent use or disclosure of the data set other than as required to complete T
4. The recipient agrees that this study must be approved by the IRB of the institution that takes responsibility for the study
5. Upon completion of the project, or should this Agreement be terminated for any reason, including non-compliance with the terms of this Agreement, the Recipient shall destroy all data received from SVS/VQI/NCDR
6. The Recipient agrees to present or publish approved project within 24 months with one refresh

☐ I acknowledge I have read and understood the Data Use Agreement.

☐ I have received approval from my regional RAC, only applicable for those regions that require RAC approval.
(required answer)

Signature:

Select Today's Date:



Venous RAC Update

Mark Meissner, 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-Oz5gu_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

Governing Council Update

Sara Zettervall, 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

Spring 2024 Regional Meeting

TBD



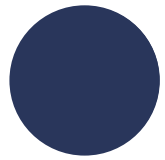
Fall Report Reminder

Reminder:

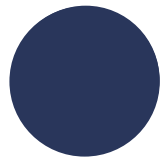
Spring 2024 Report Cut Date = **February 1, 2024**, for
procedures CY 2023

CE/CME Meeting Attendance Credit

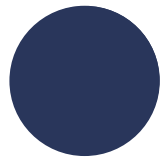
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OFFICIALLY apply for CME/CE credit by clicking the URL or QR code provided



[November 2, 2023 - Pacific Northwest](#)

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

- Thank you to COOK and GORE for your contributions and making these meetings possible
- Thank you to Des Moines University for providing CE/CME credit for today's meeting

Thank You
