1. Welcome and Introductions

2. National VQI Update: Cheryl Jackson, SVS PSO
   a. Data Audits starting in 2018!!
      - **Inter-rater reliability exercise:** We asked for volunteers to abstract identical cases for selected registries to see how often they agree/disagree. This will let us identify problem data elements that we can improve with better help text and/or training.
      - **Random Center Audits:** we plan to audit random cases at selected centers in order to 1) estimate the overall VQI data-element error rate, and 2) identify areas for improvement. Details to come!
      - **New PSO-Center Communication Tool for Data Cleanup:** We will use our new web-based “Audit Tool” to ask centers to verify/correct suspicious data entries (out of range, improbable or impossible values in specific records).
   b. Upcoming webinars
      - August 22: TEVAR case abstraction
      - September: Mandatory Follow-up fields
      - September: QI Webinar Validation Case Study! ROI
      - October: 30 day follow-up
      - Early November: PVI Basic Form Webinar
      - Mid November: Wrapping up a QI project, 2019 and Participation Award information
   c. Enhanced Reporting from the PSO 2018 reporting schedule
      - **July:** Fall Regional Reports
      - **July:** Pilot System-Level Fall Reports for Inova and Ohio Health (new!)
      - **August:** COPI Report: INFRA LOS (new!)
      - **September:** COPI Report: INFRA SSI (new!)
      - **October:** QI Initiative Update
      - **November:** Cumulative Physician Dashboards (new!)
   d. Registry Updates:
      - **Hemodialysis Access:** Under major revision with release in 2018 (TBD)
      - **Vascular Medicine Registry:** Finalizing changes for release in 2018 (TBD)
      - **30-day Follow-up Measures**
      - **Varicose Vein:** Under revisions to only collect data on treated leg (shorten the form)
      - **Venous Stent Registry:** Under development
      - **PVI short form:** Under development
   e. QCDR: Update
   f. Social Security Numbers
      - **Having the SSN in the record allows us to:**
        - Match patients with the Social Security Death Index which allows accurate assessment of mortality following vascular procedures
        - Match patients in VQI to their respective Medicare claims to assess long term outcomes which greatly enhances the length of follow up without requiring data entry
M2S has designed its security and privacy protocols to ensure PHI is safeguarded in accordance with HIPAA and HITECH. PHI is encrypted both while being transmitted and when data is at rest.

VQI is organized under the legal structure of a patient safety organization (PSO) which has greater data protection than most!!

VQI@VAM Highlights:

Introduction to the New Member Guide
By: Nancy Heatley, Education and Research Projects Manager

Tools and Resources of the Vascular Quality Initiative
By: Cheryl Jackson, Director of Quality

Links to the new Member Guide and the new QI Project Guide Supplement can be found on the Members Only section of the VQI website in the National Section: https://www.vqi.org/national-data/

3. VQI@VAM Highlights:

4. Posters submitted from MAVSG:
   - “Achieve 100% Compliance in PVI Data Submission” – Carle Foundation (Urbana, IL) Authors: Julie Cundiff, RN, BSN and Steve Hong, MD, DABR, RPVI
   - “Increasing Compliance with Discharge Medications” – University of Kansas Health System (Kansas City, KS) Authors: Laura Goubeaux MSN, RN and Tamara Thomas, BS, RN
   - “PVI for New Data Managers” – University of Kansas Health System (Kansas City, KS) Authors: Tamara Thomas, BS, RN and Laura Goubeaux MSN, RN

5. Research Advisory Council Update Nick Nolte, MD
   - Change in RAC Policy!
   - Dropping the need to avoid overlap as a criteria for SVS PSO RAC approval.
   - Research protocols now need only to demonstrate feasibility that the research can be accomplished using data available in the VQI dataset.
   - Overlap with an existing project will not be used as grounds for rejection of a research protocol application.
   - National Research Process
   - Check Approved Project List:
     - https://www.vqi.org/vqi-resource-library/quality-research/rac-approved-project-search/
   - To submit a proposal to be considered for the National RAC, please follow the link below:
     - http://abstracts123.com/svs1/meetinglogin
   - National Research Process
   - Medicare Matched Datasets:
   - National Research Process
   - Proposal Submissions

6. Arterial Quality Council Update: Cheryl Jackson, PSO
   - Finalizing Common Variable select options and helpertext amongst registries where applicable
   - Completing all “missing helpertext”
   - Clinically reviewing all helpertext to site scientific support where applicable
   - LTFU required fields are complete and M2S is in the process of development for 2018 release
2018 Special Reports

Physician and Center Dashboards: Physician and center stats on critical outcomes by registry over the past year, including regional and VQI benchmarks. First physician reports delivered in February and will be updated in fall. Center-level dashboards planned for June.

Comparative COPI Reports: We will update prior COPI reports with new data to check centers’ improvement. EVAR LOS planned for May, INFRA LOS for August and INFRA SSI in September.

National QI Initiative Updates: Reports will be issued quarterly starting in March tracking centers’ progress on Discharge Medications and Follow-Up Imaging After EVAR.

7. Venous Quality Council Update  Ravi Hasanadka , MD

First Bi-Annual Varicose Vein Meeting at VAM

Plan to meet at AVF every year and hold a conference call every Fall
(October 29, 2018 10am -12:00pm ET)

VQI Varicose Vein Registry (VVR). Significant participation in first 3 years

Total Procedures entered: 20,536. Entered by 36 sites in 20 states

VVR Approved Research Projects Increasing
- Effects of age, gender, race and other patient factors on outcome of GSV ablation
- Incidence and impact of EHIT after GSV ablation
- Clinical and patient reported outcomes after different types of GSV ablation
- Impact of truncal vein diameter on ablation outcomes
- Factors associated with need for repeat treatment after GSV ablation
- Increased opportunity with increasing data

Venous Quality Council
- Venous Stent Registry: release 2018
- Clinical Workgroup:
  - Marc Passman, MD (chair), William Marston MD, Tony Gasparis MD, Rabih Chaer MD, BK Lal MD, Lowell Kabnick MD
- Industry and FDA Collaboration:
  - Bard, Cook, Gore, Medtronic, Boston Scientific, Veniti

Governing Council Update Cheryl Jackson, PSO
- Addition of members from the Society for Vascular Ultrasound
- Dr. David Dawson; SVU Physician Director
- Kelly Byrnes, BS, RTV, FSVU; NortonHealthcare; SVU Treasurer
- Vote on new Executive Committee Members
  - Dr. Leila Mureebe, Duke
  - Dr. Randy DeMartino, Mayo

SVS Guidelines & VQI
- AAA Guidelines published in January JVS
- 119 recommendations/suggestions
- 15 guidelines potentially measurable in VQI
- Compliance with guideline
- Quit smoking > 2 weeks before OAAA – 44%
- EVAR size threshold – 58%
- Preservation of IIA during EVAR – 98%
• Preop Stress Test
• Size guideline for AAA repair
• Using Cell Saver by Center

8. **SVS Guidelines & VQI**
   • Adherence to use of cell saver had decreased inpatient and one year mortality following open AAA repair
   • Guideline compliance improves outcomes

9. **SVS Guidelines & VQI Next Steps:**
   • Consideration of creation of center level reports for OAAA in Spring of 2019
   • Dr. Forbes authoring a manuscript on initial findings
   • VQI using the Guidelines to inform registry variables
   • Potential to expand this exercise to other procedures

10. **Review of regional data - James Ebaugh, MD**

13. **Presentations**
   a. “Predictors of groin access major complications: A 10 year retrospective review”. Stephen Williams – 4th year medical student with Ravi Hasanadka, MD (Southern Illinois University Medical Center)
   b. “PVI documentation” – Julie Cundiff, RN (Carle Foundation)
   c. “Validation case study ROI” – Cynthia Bik, RN (Iowa Heart Center)

11. Evaluation of meeting. What did you like, what should we do differently
   • Group seemed to like the hotel/meeting site. Felt it was convenient.
   • Comments about limited resources to send staff to meetings.

12. General comments to take back to PSO
   • When will the members have access to the 30-day follow-up data? Will they be able to run their own reports monthly?
   • VQI@VAM
     o Scheduling conflicts due to different meetings/obligations. Explained that day 2 is focused on DMs to try to avoid physician conflict. Physicians found value in attending the DM meetings – learn more of the requirements needed for entering data.
   • RAC – Drs. Hoel and Nolte were both present. Nolte to take comments back to the RAC.
     o Concern that there is lack of oversight which could become a problem for credibility of VQI. I stressed that we’ve hired a new person and that Nancy is devoting most of her time to RAC. Response – that she needs ground rules to adhere to.
     o Projects need to have a finite lifetime so that other investigators may examine similar research questions
   • PVI module – should include fluoro, not just ultrasound
   • LEAMP – when yes for staged procedure – back to OR for planned amputation. Can only place amp under complication. How does this affect the score?
   • Potential sites slide – How do you get to the contracting stage without having a vascular surgeon on board or listed as a “contact”?

13. Next meeting
   a. Spring 2019 – Will be in Peoria IL. Hosted by Dr Nolte. Date and time to be announced.
b. Fall 2019 in conjunction with Midwest Vascular meeting – Sept. 12-14 at Westin Chicago River North, Chicago IL – any volunteers to host??

c. Spring 2020 – any volunteers for this meeting?