

MAVSG SPRING Regional Meeting

(March 11, 2021)

(8:00 – 10:30 a.m. Eastern)

Meeting Status – (virtual)

Respectfully submitted by: **Vanessa J. Cambria- Mengel, MSN, RN, CCRN-K**

Participation Award and CME Credit only available if attendee has signed in correctly!

See Power Point slide deck posted on VQI.org for detailed presentation

Agenda:

Regional Data Review

Faisal Aziz , MD, Regional Medical Leader, (Mid Atlantic Vascular Study Group)

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.
- **Embedded Drill Down feature has been added to VQI Regional Reports – this feature has been available on Center reports and is favorable to members**
- **Dashboard Outcomes:**
 - **We are 6th in the country**
 - **Physician specialties Regionally 60% Vascular, 15% Cardiology, 10% Radiology etc – expected to see an increase in cardiology as PVI has merged with ACC**
- **LTFU – 9-21 months**
 - **Our region is better than national overall – target is >80%**
 - **All procedures done prior to Covid but the follow up time frame occurred during Covid**
 - **5th in the Nation**
 - **Regionally – many centers are above @ 100% F/U –**
- **Discharge Medications: Antiplatelets & Statins:**
 - **Regionally – 82%**
 - **Overall VQI - 85%**
- **TFEM CAS ASYMP: Stroke/Death**

- Regional- 4.6%
- Overall VQI 1.4%
 - Introduction of TCAR has led us to decrease the #TFEM Stents – we had been doing well over the years - @ 1-2 % - we will watch and see if this is influenced by TCAR
- CAS SYMP: Stroke/Death
 - Regional 3.2%
 - Overall VQI 4.8%
 - Neurointerventionalist have been more aggressive since the DAWN study – Modified Rankin score – very important to note in documentation for those patients who have experienced a Stroke
- TCAR ASYMP: Stroke/Death – 325 cases
 - Regional - 1.8 %
 - Overall VQI - 1.4 %
- TCAR SYMP: Stroke/Death
 - Regional – 1.9%
 - Overall VQI – 2.1%
 - NOTE: we have a center in our region who has a high Stroke / Death of 7-9% - Please review your individual center data for improvement opportunities
- CEA ASYMP: Stroke/ Death – 800 cases
 - Regional - 0.9%
 - Overall VQI – 0.9%
- CEA SYMP- 303 cases
 - Regional – 2%
 - Overall VQI- 1.8%
 - 2 Centers above 6%
- CEA ASYMP: LOS > 1 day - 798 cases
 - Regional – 21%
 - Overall VQI – 22%
 - 2 centers close to 60% - staying more than 1-day post procedure
 - What Changes can be made to lessen the stay
 - Foley d/c sooner or no foley insertion at all
 - Hypertensive- Getting cardiology involved sooner
 - D/C with BP cuff
 - Schedule as first case with time to observe
- CEA SYMP Post Op > 1 day – 301 cases
 - Regional – 38.5%
 - Overall VQI – 42.4%
 - 2 Centers near 60% staying more than 1 day
- EVAR POST OP >2 Days – 470 cases
 - Regional – 17.2%
 - Overall VQI – 16.6%
 - Trend 25%-->15% significant improvement from previous reporting
 - 1 center 35%

- **EVAR SAC Diameter reporting – 508 cases**
 - **Regional – 58.5%**
 - **Overall VQI – 59.3%**
 - **Strive for 100%**
 - **VQI has deidentified Centers**
 - **Geisinger is 95% F/U compliance**
 - **Whereas Christiana Care is 10% F/U compliance**
 - **Centers with less than 10 cases are not shown**
 - **Actual Diameter needs to be documented not sac diameters is decreased or unchanged or any other wording but measurements**
 - **Data Abstractors – please be sure all available chart information is utilized to assist with capturing the documentation**
 - **Preferably Physician documentation is favorable especially in access for audits**
- **MOVING The Needle**
 - **See Slide Deck**
- **EVAR SVS SAC Size Guidelines – 409 cases**
 - **Regional _ 80.9%**
 - **Overall VQI – 74.2%**
 - **1 Center meeting 50% of guidelines**
- **TEVAR SAC Diameter – 116**
 - **Regional – 50%**
 - **Overall VQI – 59.8%**
 - **Area for Improvement**
 - **4 centers reporting – 1 center > 90%**
- **OAAA In Hospital Mortality**
 - **Regional – 3.3%**
 - **Overall VQI – 4.6%**
 - **We started at 10%**
 - **All centers are doing <10 cases**
- **OAAA SVS Cell Saver Guidelines**
 - **Regional – 97%**
 - **Overall VQI – 92%**
 - **# of cases <10**
- **OAAA SVS Iliac Inflow Guidelines**
 - **Regional 97.4%**
 - **Overall VQI – 98%**
 - **# of cases <10**
- **PVI Claud: ABI/Toes Pressure**
 - **Regional – 86%**
 - **Overall VQI – 75%**
 - **GOAL: 80% or better**
 - **Regionally we range from 100% → <70%**
- **Infra CLTI – Major Complications**
 - **Regional – 7%**

- Overall VQI – 4.6%
 - 1 center is 30% -
- **Supra CLTI – Major Complications**
 - Regional 6%
 - Overall VQI – 7.4%
 - 1 Center 9% complication rate
- **HAD Primary AVF vs Graft**
 - Regional – 73%
 - Overall VQI – 82%
 - Exclude End AVF #'s are too low

Regional QI Proposal

Faisal Aziz & Grace Wang , MD,

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- Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.

Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care

Regional Improvement Projects:

- **Death Rate for ASYMP CEA**
- **National – Antiplatelets /Statins**
- **Regional – Sac Diameter documentation**
- **CLTI Acute Ischemia -**

National VQI Update

Carrie Bosela & Caroline Morgan , SVS PSO

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Council Updates (AQC, VQC, RAC, Governing Council)

See Slide Deck

Open Discussion/Next Meeting/Meeting Evaluation

- 1. Next meeting TBD**
- 2. Meeting evaluation upon CME request**