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Midwest Vascular Collaborative (MVC)

November 5, 2020

6:00 pm - 8:00 pm ET

Remote

SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine | VASA | SVU Society for Vascular Ultrasound

Participation Award Credit

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PLEASE SIGN IN!!!

Click “Participants” in the box at the top or bottom of your screen. If your full name is not listed, hover next to your name and you’ll see “rename”. Click and sign in. If you can’t sign in, please email Leka Johnson at ljohnson@svspso.org and let her know the identifier you were signed in under (ex –LM7832 or your phone number).

**SPECIAL NOTE: We do give credit to residents/fellows that don’t have a pathways user account !!!

Sign in with your Full name, MD, Name of Institution

National VQI Update:
Jim Wadzinksi, SVS PSO

VQI OnLine Highlights:

- VQI OnLine hosted 12 sessions over 6 weeks
- Attendance ranged from 300 – 125 live users
- PSO thanks all the Speakers and Moderators
- Feedback has largely been positive.
- Need a better registration and invite process
- Wil incorporate virtual sessions even as we return to a live event
- Replays can be found on the VQI Members Only website.
- https://www.vqi.org/wp-content/uploads/VQI-ONLINE-latest-schedule-6.9.2020.pdf

VQI OnLine:

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After the successful completion of our first VQI ONLINE event series, we have posted the video content on the Members Only area

If you wish to view any of the video sessions, please log in to the VQI Members Only area on the website. (If you do not have credentials for Members Only, please contact Nancy Heatley to set up your access. This is only available for registered VQI members.)

VQI Members Only – https://www.vqi.org/members-login/

Full recordings of each event are available at no cost to VQI members through Members Only.

Contact Nancy Heatley Nheatley@svspso.org if you need assistance!

ACC, SVS Join Forces on Single Vascular Registry

The American College of Cardiology and Society for Vascular Surgery are collaborating on a single vascular registry to harness the strengths of both organizations in improving care and outcomes of patients with vascular disease.

https://www.vqi.org/acc-svs-join-forces-on-single-vascular-registry/

Vascular Medicine Consult Registry

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Collaboration:

Society for Vascular Surgery
American Heart Association
Society for Vascular Medicine

SVS | Society for Vascular Surgery American Heart Association. Society for Vascular Medicine m2s

Vascular Medicine Consult Registry

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Inclusion Criteria:

This registry only includes New Outpatient Consults who are being treated medically for:

- Lower Extremity peripheral arterial disease due to atherosclerosis
- Atherosclerotic carotid artery occlusive disease
- Abdominal aortic aneurysm

Exclusion Criteria:

- Evaluation/diagnosis of pseudo or neurogenic claudication, peripheral arterial disease due to trauma, popliteal entrapment, medial adventious cystic disease, chronic compartment syndrome
- Carotid disease due to dissection, infection, aneurysm, tumor, isolated common carotid lesion not thought to involve the bifurcation, disease of the carotid bifurcation due solely to vasculitis, and Moyamoya disease, and fibromuscular dysplasia
- Isolated aortic dissection without aneurysm
- Thoracic, thoraco-abdominal, and mycotic aneurysms

Vascular Medicine Consult Registry

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- **Data Collection:**
  - Registry to focus on non-operative medical management of these conditions
  - Medication details and dosages, along with lifestyle modifications and counseling will be the emphasis of this registry
- **Opportunities**
  - Identify patterns/variation of treatment and pre-intervention management
  - Identify QI initiatives
  - Opportunities in comparative effectiveness research

Vascular Medicine Consult Registry

- First site signed and entering data! Many more in the contracting phase!
- Webpage link: https://www.vqi.org/directory/new-vascular-medicine-consult-registry/
- Recorded webinars: https://www.vqi.org/vascular-medicine-consult-registry-webinar-recordings-available/
- For more information please contact:
  - VQI@M2S.com

COVID-19 Variables:

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Procedure	COVID status at time of procedure	0=Unknown, not tested; 1=Tested negative pre-op; 2=Tested positive pre-op; 3=Tested negative pre-op but positive post-op
Procedure	COVID symptoms pre-procedure	1=Asymptomatic, 2=Symptomatic, not intubated, 3=Symptomatic, intubated
Procedure	Treatment delay by pandemic	0=None, 1= Delayed < 2 weeks, 2=Delayed 2-6 weeks, 3=Delayed > 6 weeks, 4=Uncertain
Procedure	Impact of delay in treatment	0=No, impact in tx due to delay, 1=Yes, impact of tx due to delay 2=Indeterminate
30 day and LTFU	COVID Test Status after D/C	0= Never tested, no symptoms, 1= Never tested, but had symptoms, 2= Interval test positive with no current symptoms, 3= Interval test positive with active symptoms, 4= Interval test negative with no current symptoms, 5= Interval test negative with active symptoms,

COVID-19 Variable Roll out:

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Release Date	Registry
Friday, August 28, 2020	Open AAA Repair
	Carotid Endarterectomy (CEA)
Saturday, August 29, 2020	Supra-inguinal Bypass (Supra)
	Infra-inguinal Bypass (Infra)
	Hemodialysis Access (HDA)
	Varicose Vein (VV) *COVID variables only
	Venous Stent (VSR)
	Peripheral Vascular Intervention (PVI)
Late September 2020 - to be announced	Carotid Artery Stent (CAS)
	IVC Filter (IVC)
	Lower Extremity Amputation (LEA)
	Endo AAA Repair (EVAR)
	Thoracic and Complex EVAR (TEVAR)

Other COVID-19 Info

We are aware that COVID-19 has put a significant strain on staff and resources. The SVS PSO VQI will do our best to assure that any temporary workflow disruption will not have a negative impact on SVS VQI work or subsequent participation awards.

PAD Patient Reported Outcomes (PROs)

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My Peripheral Arterial Disease: a VQI Pilot of Patient Reported Outcomes for PAD

- The Society for Vascular Surgery Vascular Quality Initiative is seeking practices to participate in My PAD, a pilot program for the collection of patient reported outcomes (PRO) on patients undergoing endovascular treatment for peripheral arterial disease (PAD).
- The VQI recognizes that traditional outcomes such as patency and reintervention may not fully capture the quality of care or the experience of PAD patients. There is a long overdue need to learn and measure the patient's perspective.
- Must be in the PVI registry and have greater than 80% follow up!

PAD Patient Reported Outcomes (PROs)

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Highlights

- Outpatient peripheral vascular interventions (PVI) for claudication or chronic limb threatening ischemia
- Collect VascuQoL-6 and EuroQoL 5D-5L (estimated completion time 10-15 minutes)
- Collection at three time points: pre-procedure, one month and one year postoperatively
- PRO data entry options include paper forms, computer, tablet and smart phone
- Educational materials for direct from patient data entry
- PRO feedback to participating physicians

Reporting Highlights and Questions:

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- Changes to Perioperative Dashboards
- New On-line LTFU reports
- Suggestions for “other reports”?

Perioperative Dashboard Remodel

Overall Modifications

Change explanation language- confusing

- *Note also that percentages are computed only among cases with non-missing data for each outcome, so it is possible to have rates for some outcomes but "No cases" for others.*
- *Better to say??: Only cases with complete data have been analyzed.*

Reorder sequence

- Combine CAS and CEA under "All carotid interventions"- give % of type
- All Carotid; then all Aortic (TEVAR/EVAR/OAAA/Supra); then all LE (PVI/LEB/Amp); then all Vein (VV/IVC/AVF); then Medical

Eliminate null entry of registry data

- Inefficient and visual fatigue- leave blank and provide no entry; should not require major reprogramming

Develop common metric for complications

- Return to OR (RTOR) should be common to all with 'BTR': bleeding/thrombosis/revision and then use registry specific complications in separate row or with BTR

Provide One year and 3 year comparators

- Since Dashboard is quarterly, a rapid look at 1Y and 3Y trend data will be very useful and can be provided via linkage

Include Category under each registry of excluded 'N's

Items to consider changing on current dashboards

- Reorganize sequence:
  Carotid→Aortic→LE→Vein→Medical
- Rolling quarter concept to allow for statistical merit on low volume procedures such as OAAA, etc. to achieve N > ~ 15. This would also be carried over to LTFU regional reports comparison
- Add LTFU metric to category dashboard→Hyperlink option
- Replace 25th /50th/75th percentile with whiskerplot: 90-10%tile which shows median of VQI and arrow locating center level %tile

Carotid

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- Combine into all carotid interventions for total of procedures in center
- Asymptomatic definition changed to 180 days
- Breakout into % CAS vs CEA as well as %TCAR vs TFCAS
- Under each category above: % Age >/= 80 and % CMS High Risk Criteria
- MACE reported separated for Total CAS (TCAR + TFCAS) and CEA
- Contralat/Ipsi CVA reported for each procedure type
- List BTR separately from Cranial Nerve Injury
- % Protamine reversal included in CEA report
- Continue with ‘Case data’; ‘DC meds’; ‘Discharge’; ‘IV meds for BP’ and Dysrhythmia treatment
- **Combined totals** used when statistics do not support separating outcomes and in ‘Home’ disposition
- Homeless and other hospital eliminated from Disposition

Carotid Stenting and Endarterectomy

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Interventions include all carotid procedures meeting entry criteria for CAS and CEA registries with separation of Asymptomatic and Symptomatic presentation

*Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within **180** days prior to surgery*

Total Carotid Interventions N = 130 CAS 68 (52%) with TCAR 64 (49%)/ CEA 62(48%)

Category	Outcome/Complication N =130	Asymptomatic N =100 %CAS/CEA	Symptomatic N =30 %CAS/CEA		Region N % CAS/CEA	National N % CAS/CEA
DC Meds	Antiplatelet + Statin	/	/		/	/
MACE	%Mortality	/	/		/	/
	%CVA	/	/		/	/
	%MI	/	/		/	/
	% CHF	/	/		/	/
Disposition Total Carotids	Home	Combined total	Combined total		Combined total	Combined total
	Rehab Unit/Nursing Home	/	/		/	/

Carotid Stent: TCAR and TFEM

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Interventions include all carotid procedures meeting entry criteria for CAS and CEA registries with separation of Asymptomatic and Symptomatic presentation.

*Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within **180** days prior to surgery.*

Category	Outcome/Complication	Asymptomatic N = 45	Symptomatic N = 19		Region N	National N
CAS N = 68	TCAR N= 64 TFCAS N = 4	Combined total	Combined total			
	Median PLOS	Combined total	Combined total			
RTOR	(Bleeding/ Thrombosis/Revision)	Combined total	Combined total			
CVA %TFCAS	% Contralateral/Ipsilateral	/	/		/	/
CVA % TCAR	% Contralateral/Ipsilateral	/	/		/	/
Age	Number patients >/= 80	Combined total	Combined total			
Med use	(IV meds for DysR→Rx or Hyper/Hypotension)	Combined total	Combined total			
High Risk	(% meeting CMS criteria)	Combined total	Combined total			
CN Injury	(% X/XII injury at discharge)	Combined total	Combined total			

Carotid Endarterectomy

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*Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within **180** days prior to surgery.*

Interventions include all carotid procedures meeting entry criteria for CAS and CEA registries with separation of Asymptomatic and Symptomatic presentation

Category	Outcome/Complication	Asymptomatic N = 50	Symptomatic N = 12		Region N	National N
CEA N=62	Numbers of cases reviewed					
	Median PLOS					
RTOR	(Bleeding/ Thrombosis/Revision)					
CVA	% Contralateral/Ipsilateral	/	/		/	/
Age	Number patients >/= 80					
Med use	(IV meds for DysR→Rx or Hyper/Hypotension)					
Protamine	% with reversal of anticoag					
High Risk	(% meeting CMS criteria)					
CN Injury	(% X/XII injury at discharge)					

New On-Line LTFU Reports

InSights EVAR LTFU Report

- Select sites scheduled to test Mid October 2020
- To be rolled out to all sites soon
- Over time LTFU reports to be created for all registries (CEA/CAS next)
- *A toggle will be provided at the top of the report to show or hide the (n/m) values
- Ability to drill down to the patient PRIMPROCID
- Ability to filter on Elective, Ruptured, Symptomatic

My Center (Patients = xx) (Cases = xx)	My Region (Patients = xx) (Cases = xx)	Percentile	All VQI (Patients = xx) (Cases = xx)	Percentile

InSights EVAR LTFU Report

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	My Center (Patients = xx) (Cases = xx)	My Region (Patients = xx) (Cases = xx)	Percentile	All VQI (Patients = xx) (Cases = xx)	Percentile
Follow-up					
Cases with any follow-up	XX.x%	XX.x%	XX	XX.x%	XX
Cases with LTFU >= 9 months	XX.x%	XX.x%	XX	XX.x%	XX
Cases with LTFU >= 9 months and imaging	XX.x%	XX.x%	XX	XX.x%	XX
Survival					
Freedom from Death (1yr K/M)	XX.x% ± X.x%	XX.x% ± X.x%	XX	XX.x% ± X.x%	XX
Status at most recent follow-up					
Living Status					
Home	XX.x%	XX.x%	XX	XX.x%	XX
Homeless	XX.x%	XX.x%	XX	XX.x%	XX
Nursing Home	XX.x%	XX.x%	XX	XX.x%	XX
New nursing home	XX.x%	XX.x%	XX	XX.x%	XX
Functional Status					
Full	XX.x%	XX.x%	XX	XX.x%	XX
Light Work	XX.x%	XX.x%	XX	XX.x%	XX
Self-care	XX.x%	XX.x%	XX	XX.x%	XX
Assisted Care	XX.x%	XX.x%	XX	XX.x%	XX
Bed Bound	XX.x%	XX.x%	XX	XX.x%	XX
Worse Function	XX.x%	XX.x%	XX	XX.x%	XX
Smoking					
Prior	XX.x%	XX.x%	XX	XX.x%	XX
Current	XX.x%	XX.x%	XX	XX.x%	XX
Never	XX.x%	XX.x%	XX	XX.x%	XX
Quit since procedure	XX.x%	XX.x%	XX	XX.x%	XX
Started since procedure	XX.x%	XX.x%	XX	XX.x%	XX
Renal Function					
New onset dialysis	XX.x%	XX.x%	XX	XX.x%	XX
Creatinine increase > 0.5 mg/dl	XX.x%	XX.x%	XX	XX.x%	XX
Medication					
Antiplatelet	XX.x%	XX.x%	XX	XX.x%	XX
Statin	XX.x%	XX.x%	XX	XX.x%	XX
Anticoagulant	XX.x%	XX.x%	XX	XX.x%	XX

InSights EVAR LTFU Report

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Imaging at most recent follow-up					
Patients having no f/u	XX.x%	XX.x%	XX	XX.x%	XX
Among Patients having f/u					
None	XX.x%	XX.x%	XX	XX.x%	XX
CT/CTA	XX.x%	XX.x%	XX	XX.x%	XX
Duplex	XX.x%	XX.x%	XX	XX.x%	XX
MR/MRA	XX.x%	XX.x%	XX	XX.x%	XX
Angio	XX.x%	XX.x%	XX	XX.x%	XX
Plain Film	XX.x%	XX.x%	XX	XX.x%	XX
Max AAA Diameter					
Shrinkage >= 5 mm	XX.x%	XX.x%	XX	XX.x%	XX
No change >= 5 mm	XX.x%	XX.x%	XX	XX.x%	XX
Expansion >= 5 mm	XX.x%	XX.x%	XX	XX.x%	XX
Complications					
Access Site					
None	XX.x%	XX.x%	XX	XX.x%	XX
Infection	XX.x%	XX.x%	XX	XX.x%	XX
Pseudoaneurysm	XX.x%	XX.x%	XX	XX.x%	XX
Stenosis	XX.x%	XX.x%	XX	XX.x%	XX
Occlusion	XX.x%	XX.x%	XX	XX.x%	XX
Access Complication Treatment Required					
None	XX.x%	XX.x%	XX	XX.x%	XX
Medical	XX.x%	XX.x%	XX	XX.x%	XX
Interventional	XX.x%	XX.x%	XX	XX.x%	XX
Surgical	XX.x%	XX.x%	XX	XX.x%	XX
Graft Limb Occlusions					
None	XX.x%	XX.x%	XX	XX.x%	XX
Unilateral	XX.x%	XX.x%	XX	XX.x%	XX
Bilateral	XX.x%	XX.x%	XX	XX.x%	XX
Renal Artery Encroachment					
None	XX.x%	XX.x%	XX	XX.x%	XX
Stenosis	XX.x%	XX.x%	XX	XX.x%	XX
Occlusion	XX.x%	XX.x%	XX	XX.x%	XX
Endoleak, current					
None	XX.x%	XX.x%	XX	XX.x%	XX
Type Ia	XX.x%	XX.x%	XX	XX.x%	XX
Type Ib	XX.x%	XX.x%	XX	XX.x%	XX
Type II	XX.x%	XX.x%	XX	XX.x%	XX
Type IIIa	XX.x%	XX.x%	XX	XX.x%	XX
Type IIIb	XX.x%	XX.x%	XX	XX.x%	XX
Indeterminate	XX.x%	XX.x%	XX	XX.x%	XX
Endoleak, any time since treatment					
None	XX.x%	XX.x%	XX	XX.x%	XX
Type Ia	XX.x%	XX.x%	XX	XX.x%	XX
Type Ib	XX.x%	XX.x%	XX	XX.x%	XX
Type II	XX.x%	XX.x%	XX	XX.x%	XX
Type IIIa	XX.x%	XX.x%	XX	XX.x%	XX
Type IIIb	XX.x%	XX.x%	XX	XX.x%	XX
Indeterminate	XX.x%	XX.x%	XX	XX.x%	XX

Report Suggestions or Ideas?

CME/CE CREDIT FOR REGIONAL MEETINGS

FALL 2020

Regional Meeting CME/CE Credit

Des Moines University is the continuing education provider for this activity. This meeting will be awarded 2.0 *AMA PRA Category 1 Credit*™, AOA credit, and nursing contact hours.

Attendance has to be meticulously kept with professional role. The attendance roster will be cross-referenced with those applying for CME/CE.

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.

Continuing education credit is provided to you at no charge. Funding for this has been provided by the SVS PSO for the Fall 2020 meting.

One final note of caution: if you do not complete the online forms and submit within 7 days, continuing education credit cannot be awarded.

So Again……You have 7 days!!!

A message (see below) will be placed on the regional web page immediately following the regional meeting with a link to the application for credit:

For CME/CE credit, please click this link:
https://dmu.co1.qualtrics.com/jfe/form/SV_dj3nVgjPUKzVORL

Complete both parts of the form and Don't Forget to hit SUBMIT for credit!

Participation Award Changes

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We are aware that COVID-19 placed a significant strain on staff and resources

- Formal announcement sent out April 9, 2020
- Personnel may have been reassigned making the performance of usual operations difficult if not impossible
- Many patients have had their follow-up office visits delayed. This may result in patients being seen outside of the prescribed time period (9-21 months) which is beyond anyone's control.
- Workflow disruptions may have caused delays in data entry and follow-up

The Participation Committee will assess the 2020 Participation Award criteria to assure that temporary workflow disruptions will not have a negative impact on participation awards.

Updates will be provided via December QI webinar, newsletter, and email blast.

Quality Improvement Update

Fall 2020

Quality Improvement Webinars:

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- 2020 Quarterly Webinars
  - March 2020
    - "Starting a QI project"
  - June 2020
    - Deferred for Online VQI
  - September 2020
    - Featuring Northern California Vascular Study Group and their processes for two regional projects
  - November/December 2020
    - 2020 Participation Award Information, 2021 Changes and Wrapping up a QI Project

2020 Quality Improvement

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- Fourteen charters submitted
  - *LTFU – 5
  - D/C Medications – 4
  - Clinical – 2 (LOS – EVAR, LE)
  - **Documentation – 1 (AAA size compliance)

*2 regions finalizing details for LTFU QI project

** Multi-regional project - finalizing details for AAA size compliance QI project

- Focused phone calls are well attended

Recap of 2019/2020 QI Projects

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Putting VQI Data into Action

See what your colleagues are doing with QI

- Twenty-eight poster abstracts were submitted and accepted for presentation at the 2020 VQI Annual meeting that was scheduled for Toronto
- Five abstracts were featured in the Online QI session
- Seven abstracts were featured in the Online RAC session

Great feedback received for all presentations!

Thanks to all who presented and attended the Online VQI sessions!

Quality Improvement Details: Charter Information

1. Activity	Documentation	Score
1. QI Project Initiation	Attestation to include: • QI Project Title • Problem Statement • Goal • Scope • Deliverables • Resources needed • Project Leader • Clinical Sponsor • Expected start/finish date Form can be accessed at https://www.vqi.org/vqi-resource-library/quality-improvement/ • Project charters should be emailed to QI@SVSPSO.ORG or cjackson@svspso.org	2 points **Can be submitted at anytime**

Charters

- Charter participants become part of focused group calls
  - Interactive discussion sharing barriers and successes
  - Sharing of charters
  - Networking
  - Checking in – where are you in the process
  - Celebrating success

One on one calls, if requested

Newsletters

- The VQI News
  - Distributed every other month
  - Provides updates on regulatory issues, technical updates, and crossover news from the SVS and SVN
- VQI Quality Improvement Newsletter
  - Distributed every other month
  - Focusing on QI processes, tools, and definitions

National QI Project Details

- Submit Project Charters and supporting documentation for presentations and posters to QI@SVSPSO.ORG or cjackson@svspso.org.

- Visit the VQI Members Only Website for sample charters, webinars, and presentations on VQI Quality Improvement Projects. www.vqi.org

AQC Update

- Current projects:
  - Common variable help text updates
  - OAAA registry revisions
  - SVS guidelines collaboration
  - COVID variables
  - Patient reported outcome variables

VQC Update – Ziad Fayad, MD

- Marc Passman, MD (UAB) new chair of the VQC taking over for Jose Almeida, MD
  - 1-3 year goals
    - Dedicated podium time for VQI at AVF
    - Update Varicose Vein and IVC quarterly interoperative dashboards
    - Create Venous Stent dashboard
    - Work on LTFU dashboards for all 3 venous procedures
    - Continue work C2 disease and appropriateness of care
    - Continue work with United Healthcare
    - IVC retrieval rate is 30% nationally, need to make this a national quality initiative
    - Create COPI (Center Opportunity for Process Improvement) reports for venous registries

VQI Technology Updates

Technology Released in Q1 2020

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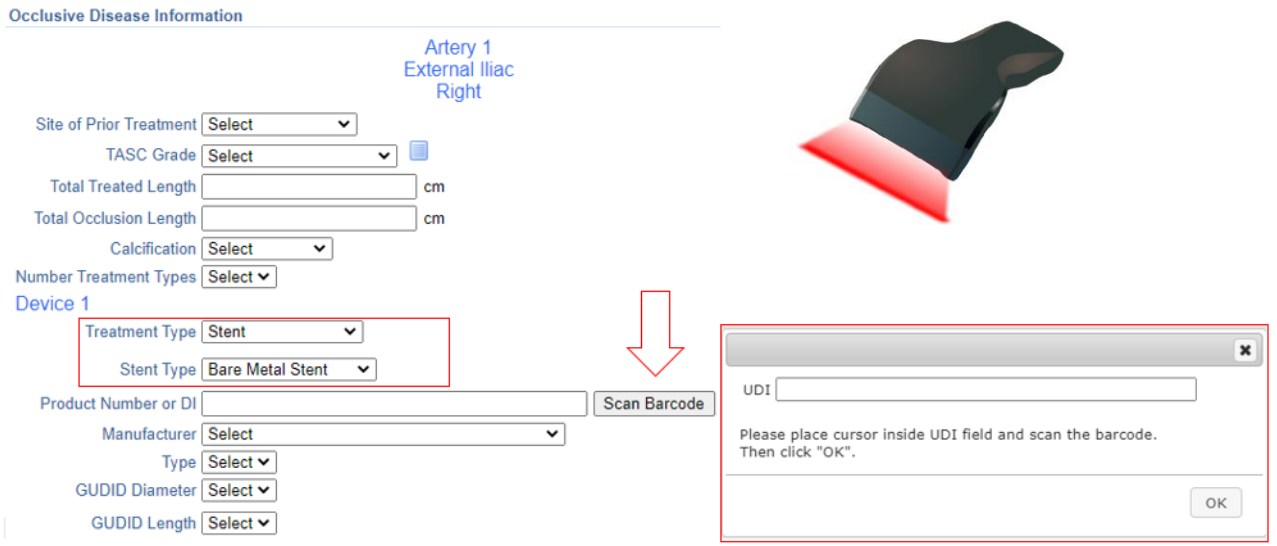
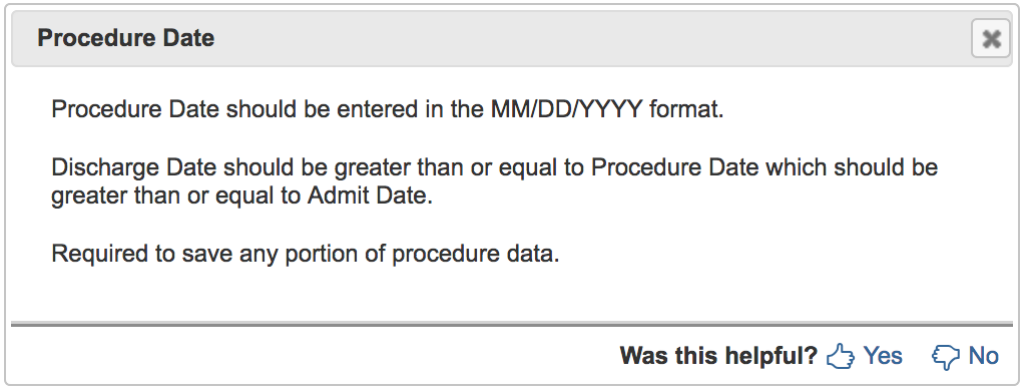
- **Barcode scanning feature for PVI device capture**
  - Released on **2/26/2020**
  - This new feature can be used to enter device information for all treatment types where the Product Number or DI is required (i.e., excludes plain balloons).
  - This feature is designed to make device entry easier and more efficient for users who have access to a scanner, but the use of this feature is optional. Users may continue to manually enter device product codes and UDIs (unique device identifiers).



Technology Released in Q3 2020

- **"Was this helpful?" feature for Help Text**
  - Released on **7/29/2020**
  - This new feature is to provide feedback regarding the current help text. For each help text field, users will have the option to indicate if the help text provided was useful or not. This information will help the VQI to identify data fields that may be unclear to members.
  - The "Was this helpful?" vote up/down button displays in the bottom right corner of the help text box:



Other Projects in Progress

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- Across-registry revision to add COVID-19 variables
- TEVAR Revision to align with SVS/STS guidelines
- Vascular Ultrasound Registry (VUR) major revision
- Varicose Vein Registry (VVR) revision for New CEAP Clinical Classification
- Venous Stent Registry (VSR) revision for New CEAP Clinical Classification
- Vascular Medicine Consult (VMC) registry revision to add new drug category and update CAD
- VQI PRO collection for PVI

PATHWAYS Support Projects

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2019 Claims Validation

The 2019 Claims Validation process was launched in July.

- All hospital managers and physicians at selected centers have been notified.
- The list of centers selected to participate in the 2019 validation cycle is posted to the Resources in PATHWAYS.
- An interactive claims validation webinar will be announced soon and will be recorded for future reference.

PATHWAYS Educational Webinars

- A reporting webinar series (2 sessions) will be scheduled in the Fall.
- Visit the Resources tab in PATHWAYS to access previously recorded webinars.

PATHWAYS Support

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PATHWAYS Communication

We understand that some members do not always receive mass emails from M2S, due to firewall and spam filter configurations at their centers. In an effort to ensure that all members are aware of important registry updates, we've taken the following steps:

- Each announcement that we send will indicate which user groups it was sent to.


PATHWAYS™

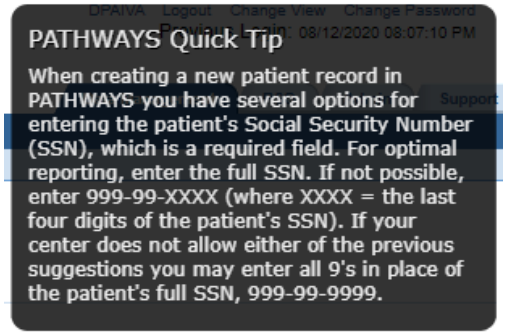
VQI Hospital Managers,

Tonigh day, June 29th from 8 pm until 11 pm ET, PATHWAYS will be offline to accommodate the release HWAYS version 2.12. This release includes Data Download file updates for all registries, upda Peripheral Vascular Intervention (PVI) registry, and the quarterly update for GUDID devices. See de low.

This announcement has been sent to all PATHWAYS Hospital Managers. ***Please notify other PATHWAYS users at your organization.*** *Please read the following announcement carefully.*

Q2 2020 GUDID Refresh

- A notification is posted in PATHWAYS with a link to each announcement sent for all centers impacted by the update.



- Please make sure you review the notices that pop up on your PATHWAYS screen to see important reminders and abstraction tips also!

SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine | VASA | SVU Society for Vascular Ultrasound

Meeting Evaluation

- What did you like about this meeting?
- What can we do better?
- Breakout Sessions in Future Virtual Meetings
- Spring 2021 meeting location?
  - Grant funding issues with Industry
  - Remote?
- VOTE on unblinding LTFU sac diameter

Participation Award Credit

SVS | VQI
In collaboration with NCDR®

- **PLEASE SIGN INTO RING CENTRAL MEETING with your FULL NAME to get CREDIT for ATTENDANCE!**
  (no exceptions will be made)

  More than one of you in a room? Email Leka Johnson @ ljohnson@svspso.org to get credit

- **So Again……You have 7 days!!!**

  For CME/CE credit, please click this link:
  https://dmu.co1.qualtrics.com/jfe/form/SV_dj3nVgjPUKzVORL

  Complete both parts of the form and Don't forget to hit SUBMIT for credit!