

## Mid-Atlantic VSG

Spring 2016 Regional Meeting  
Lincoln Memorial Room – Union League  
Philadelphia, PA

### Meeting Summary

**Grace Wang, Medical Director**

#### Meeting Participants

Name	Position	Center
Chris Abularrage	MD	The Johns Hopkins Hospital
Maria Albert	MSN, RN Data Manager	Christiana Hospital
Faisal Aziz	MD	Penn State Hershey
Lisa Baro	RN	Reading Health System
Azalea Barrozo	MD	MedStar
Nadine Caputo	Quality Director	SVS PSO
David J. Carey	PhD	Geisinger Medical Center
Feliz Costantini	MD	U. of Maryland Medical Center
Robert Garvin	MD	Geisinger Medical Center
Debra Humphrey	RN Data Manager	Newark/Beth Israel/St Barnabas
Eric Jaxheimer	MD	Reading Health System
Ralph Lerardi	MD	Christiana Hospital
Kathleen Levan	RN	Geisinger Medical Center
Thad Neidrick	CRNP	Geisinger Medical Center
Amy Pajula	RN	Christiana Care
Brian Rafferty	Industry Sponsor	Gore
Evan Ryer	MD	Geisinger Medical Center
Sean Ryan	MD	Beebe Medical Center
Michele Seiler	RN Data Manager	Beebe Medical Center
Grace Wang	MD	PENN

**Welcome and Introduction:** Dr. Grace Wang, Medical Director

- Thank you to Gore for meeting sponsorship

**National VQI Update (see slides):** Nadine Caputo

First Annual VQ Meeting: June 8, 2016 National Harbor, MD (SVS annual meeting)

- 8:00am to 12:00 pm Data Managers Session
  - Anatomy
  - PVI case abstraction
  - Producing and Interpreting Reports
- 12:00pm to 4:30pm All VQI Participants
  - Key Note Speaker: Dr. Michael Englesbee, MD on leveraging quality data
  - QI success stories from 4 VQI hospitals

- VQI Toolkit to assist with local QI efforts
- Dr. Ted James, MD on implementing actionable and measurable QI initiatives

### VQI National Statistics

Discussed how there are currently 376 center now enrolled in VQI in 46 different states. Over 270,000 procedures entered as of the first of the first of October. Dr.

2016 SVS PSO Recognition Award with points rewarded for: 1) physician and ancillary staff attendance at regional meetings; 2) long-term F/U percentage and 3) number of procedure groups the site participates in

- Centers with LTFU less than 50% will receive mentoring from a peer advisor and a LTFU toolkit from the PSO to assist then in improving their LTFU rates

### New VQI Initiatives

Vascular Medicine Registry to be released by the end of 2016. Focus on Medical Management of Carotid, Aortic and Lower Extremity vascular disease.

EVAR Cost Project with MedAssets: 18 VQI sites participating in Pilot

- Understanding the economics of vascular procedures is critically important
- Combined hospital cost data (MedAssets) with detailed clinical data (VQI) to accurately benchmark similar procedures

EPIC Update:

- Dr. Michael Stoner and Lisa Spellman at University of Rochester
- Working with Epic to build CEA form that can be transferred via JSON file to M2S
- Work should be done and ready for testing end of April 2016
- “How to” documentation will be shared with all VQI EPIC users

### Regional Data Review and Discussion (see slides): Grace Wang, MD

1. Transparency of LTFU results: Overall consensus to be transparent and disclose center specific results but they want to poll all participants via post meeting survey.
2. Ultrasound guidance: no firm conclusions since the research is not definitive and practice patterns and results vary based on experience and training.
3. CEA LOS – discussed factors that contributed to reduced LOS:
  - a. Using a block versus general anesthesia
  - b. Encouraging mobility for patients in the ICU
  - c. Reorienting ICU nurses who may not be accustomed to discharging patients from their service.
  - d. Several hospitals indicated that they discharge CEA patients directly from the ICU, while others try to avoid having patients go to the ICU, if feasible.
  - e. Timing of surgery for early mornings was made a difference – based on the hospital’s root cause analysis.
  - f. Eliminated Foleys whenever feasible
  - g. One hospital sent patients home on Foleys

- h. Since HBP is a major factor in increasing length of stay – discussed whether it is important to bring BP to a normal level or to the pre –surgical level.
4. Infra-inguinal Bypass
- a. Return to the OR was the biggest factor in LOS
  - b. These patients often required minor amputations such as toe amputations – often required additional specialists such as plastic surgeons who often are not available on a daily basis. In some hospitals, vascular surgeons do all of the amputations.
  - c. Discussed the need for a severity score to differentiate the most severe patients, especially when examining LOS; comments that 7 days was not a meaningful marker. Others commented that the VQI data is helpful to provide the clinical evidence when the surgeons are questioned about extended LOS.
  - d. 2.6% of patients IIB patients were asymptomatic – this is a data issue that VQI will review.
  - e. They noted that there was a 25% mortality rate for bedridden patients
5. Discharge medications
- a. Comments that research is clear on improvements with statins but some physicians are not comfortable prescribing it for patients. One hospital commented that they have to provide a reason why the patient is not receiving these medications in the EMR.
6. LTFU
- a. Very difficult to get information from dialysis centers; some are considering pulling out from that module because of the LTFU requirement.
  - b. One hospital system had difficulty obtaining LTFU from community practice physicians, even when they sent a nurse out to their offices. These physicians were removed from the network

#### **Presentations from**

- **UPENN (Grace Wang)**
- **Geisinger (Robert Garvin)**
- **Penn State Hershey (Faisal Aziz)**

#### **Other**

- Would like to see a place in the registries for family history information.
- Commented that the data showed that ‘we are not as good as we think we are’.
- Discussed the option of a half day meeting in 2017, separate from the vascular association meeting. They will discuss this option further in the fall.

#### **Arterial Quality Committee Update**

PVI form being revised, minor and major revisions reviewed and discussed. Release in next couple of months. PSO has started data auditing using statistical methods of identifying out of

range data, highly improbable data combinations (i.e. claudicant in a wheelchair). PSO staff is contacting sites to inquiry about these findings to review and possible update the data.

### **Venous Quality Committee Update (Faisal Aziz)**

IVC Filter: 4778 procedures

- Current workgroup developing an IVC filter retrieval reminder report/email notification
- CMS Quality Measure: Appropriate management of Retrievable IVC filters

Varicose Veins: 3245 procedures

- Focus on vein centers, integrate with vein-specific EMR vendors
  - VeinSpec
  - SonoSoft
  - StreamlineMD
  - MedStreaming
- Includes Quality of Life variables

### **Research Advisory Committee (RAC) Update (Faisal Aziz)**

National Proposals New Portal for Submission:

<http://abstracts123.com/svs1/>