

## **Mid-South Vascular Study Group**

Fall 2016 Regional Meeting

October 3, 2016

1:00pm – 4:00pm

Saint Thomas Midtown

Attended:

<b>Name</b>	<b>Last</b>	<b>Credentials</b>	<b>Medical Center</b>	<b>City</b>	<b>State</b>	<b>Position</b>
Harvey	Garrett Jr.	MD	Baptist Memorial	Memphis	TN	Physician
Charlotte	Porter	RN	Baptist Memorial Hospital, Memphis	Memphis	TN	Nurse
Heath	Broussard	Board member	JMCGH	Jackson	TN	Physician
*David	Chatman	M.D.	Saint Thomas Rutherford	Murfreesboro	TN	Physician
Patrick	Ryan	MD	Nashville Vascular and Vein Institute	Nashville	TN	Physician
Tami	Stotts	Practice Manager	Nashville Vascular and Vein Institute	Nashville	TN	Other
Tonya	Turner	RMA	Nashville Vascular and Vein Institute	Nashville	TN	Other
Jeff	Gibson	Cardiovascular and Thoracic Surgery	Saint Thomas Midtown	Nashville	TN	Physician
William	Edwards	MD	Saint Thomas Midtown	Nashville	TN	Physician
Allen	Lee	MD	Saint Thomas Midtown	Nashville	TN	Physician
Brenda	Tibbs	RN	St Thomas Midtown	Nashville	TN	Data Manager
*Bradley	Boland	MD	University of Mississippi Medical Center	Jackson	MS	Physician
Debbie	MacAulay	M2S				
Carrie	Bosela	SVS PSO				

### **Welcome, Introduction and Follow-up from Spring Meeting:**

Ed Garrett, MD Medical Director

### **National VQI Update (see slides):** Carrie Bosela, SVS PSO

#### **VQI Overview and Stats**

- 392 centers are now enrolled in VQI. Over 317,000 procedures have been entered; PVI continues to be the highest volume procedure (almost 100,000 PVIs).
- Remote attendance will no longer be counted towards the VQI participation awards, however, remote attendance will still be offered when feasible. Remote attendance was counted for the Spring 2016 meeting but it will not be counted towards the participation awards beginning with the Fall 2016 meeting.

- The June VQI@ VAM meeting was very successful - almost 200 physicians and data managers attended. The attendees found the sessions very informative and useful but requested more networking time. Many participants recommended an expansion of the meeting from one day to 1 ½ days. The SVS PSO is finalizing the arrangements for a longer meeting in 2017. The 2017 VQI meeting will be held in San Diego and is tentatively being scheduled for **Tuesday May 30 through Wed., May 31<sup>st</sup> 2017.**
- The slides from the VQI annual meeting are available for members using your member ID from the M2S Pathways website under the *resource* section.  
<http://www.vascularqualityinitiative.org/successful-inaugural-vqi-annual-meeting-svs-pso-now-planning-next-year>

### Updates on VQI Initiatives

- **PVI registry** - additional time and resources have been allocated for public comment and education on the changes to the PVI registry. Paper copies of the PVI specifications and revisions were distributed so members could prepare for workflow changes and plan for the updated registry. A *September 22 webinar* is scheduled on PVI follow-up.
- **Vascular Medicine Registry** – focuses on the non-operative medical management (e.g. medications and lifestyle modifications) of lower extremity PAD, carotid stenosis and AAA. It will provide opportunities for QI initiatives and for comparing the effectiveness of different treatments. A webinar and opportunities to comment will be available in Fall 2016 and the registry will be released Q1 2017.
- **EPIC Update**
  - Smart Data Elements to capture VQI variables for CEA have been released.
  - A guide to how to configure VQI note templates to use SDEs is available in the resource tab of VQI
  - Smart Data Elements for PVI are under construction, we expect these to be available Q4 2016.
- **Monthly educational webinar series** – a schedule of educational webinars for data managers and physicians will be issued every 6 months. The webinars will address data analytics, registry changes and QI project implementation. The 2016 schedule is
  - August: PVI registry procedure changes
  - September: PVI registry follow up changes
  - October: QI Guide Implementation series
  - November: TEVAR/Complex EVAR vs. EVAR
  - December: QI Guide Implementation series
- **A step by step practical QI guide** to initiate a quality improvement project using VQI data called the SVS PSO QI Guide is available in a digital version on the M2S Pathways site under the resource tab. <http://www.vascularqualityinitiative.org/successful-inaugural-vqi-annual-meeting-svs-pso-now-planning-next-year>. It is suggested that each center or each region identify a data manager and physician leader to use the guide to initiate the QI process. Tami Stotts, RN from Nashville Vascular and Vein institute volunteered.
- **Transparency of LTFU data** – Quorum present voted for transparency

- **SVS PSO Strategic Plan Overview:**
  - Improving Quality and Patient Outcomes
  - Data Accuracy and Integrity
  - Optimizing Participation and Engagement
  - Long-Term Sustainability and Operational Effectiveness

### **Regional Data Review (see slides)** Ed Garrett, MD

Our Region just producing enough data to begin discussions (18 months)

- **Volume of procedures** – high volume procedures for this region include CEA, PVI and Hemodialysis Access
- **Missing procedure data** - This is a first cut of the data showing the % of procedures submitted with missing data for each registry and a center by center comparison within our region. Carrie explained these %'s is reflective of any missing data per procedure, so 1 data field or all, the report does not quantify the number of missing data variables. Further discussion and additional analyses will be needed to assess whether there are certain fields that are always missing and other data trends.
  - **Would like to know who has high % of data capture, what modules they participate in may make a difference.**
- **LTFU:** group would like to see 30 day follow up added for all of the registries
  - **Expect process to improve with Epic updates**
  - **Discussed outside data collection vendors used**
  - **Data collection from private offices not in EPIC**
  - **Motion by Dr. Garrett to give names with results, Dr. Patrick seconded group voted in favor.**
- **D/C Meds:** Lowest performing region in VQI; agreed to take this on as a regional QI project Dr. Garrett to take lead and work on a suggested pathway for the regional to follow.
  - **Discussed forced function in EPIC**
  - **Dr. Garrett communicates with PCP in his follow up post-op letter to PCP that a statin has been ordered.**
  - **Dr. Edwards gives statins in advance.**
  - **Discussion regarding legality of prescribing and not being the primary MD for ongoing medical follow up.**
  - **The process is evolving.**
  - **National organizations support prescribing statins.**
  - **As a region we are not doing well.**
- **ABI:** Group would like to see this requirement narrowed down to just claudication. This report does not exclude patients with gangrene/ulcer/CLI who would often not do an ABI on. Also discussed how ABI's are frequently not done on inpatients.
  - **Group discussion:** ABI not always necessary in patients with limb threatening ischemia. Good to continue or lobby to discontinue? Obstacles: Difficult to train all nurses, becomes complicated when patient is sent to radiologist. Not practical to send a personal assistant to bedside. Sometimes can get a duplex without ABI. Should you

be dinged if the result would not matter in outcome? Real value is in claudication evaluation, not ischemia.

- **CEA LOS:** Dr. Edwards presented his past and current pathway to improve this measure at Saint Thomas Midtown, slides added to regional slide deck.
  - **Dr. Garrett stated nationally #1 reason for increased LOS is uncontrolled hypertension**
  - **Dr. Broussard stated his group noted an improvement after focus on HTN medication compliance preoperatively.**
  - **Dr. Edwards: post-op patients stayed 2 hours in PACU, then moved to specialty floor, Staff with specific post op carotid training/education**
  - **Using Clonidine prn, IV medication to get B/P under control**
- **CEA stroke/death:** Dr. Patrick Ryan self-disclosed as highest performing site; going to look into his pathway to see what he can share with the group
- **AVF graft for Dialysis:** Good research project; highest performing site in VQI. Dr. Garrett to reach out to Dr. Freeman to possibly lead a regional research project.
- **Regional project:** Pathways to Success. Statins and antiplatelet at discharge. Each site would develop plan and report back at next meeting. Dr. Garrett volunteered to lead the project.
- **Discussed QxMD vascular calculator.** App available, also located on The Vascular Quality Initiative/Mid-South Vascular Study Group website.
- **New COPI and Physician Reports** - At least two additional reports are planned for this year:
  - COPI report on hematoma after PVI
  - Surgeon-level report on percentage of high-risk patients receiving CAS
- **Pathways** – Debbie MacAulay highlighted the capacity to drill down to patient level data and information on the use of shared template reports. She provided a status update on medical device projects that are still accepting enrollees including a new project from Bard PV Lifestent. She also reported on a new promotion from M2S marking the 5-year anniversary of the VQI, with promotions and discounts for new and current VQI customers.
- **Bylaws** - Changes to the regions' bylaws were proposed by the PSO to help standardize the process and provide some uniformity across the regional groups. Since there are extensive changes being proposed, members will be polled after the meeting.
- **VQC Representative:** No one currently in any of the venous modules. Saint Thomas Midtown has Medstreaming will look into adding Varicose Veins and Dr. Edwards would volunteer to be the VQC representative.
- **Expanding participation in VQI/selected centers** – Members are asked to review the list on the slides and reach out to M2S (Deborah MacAulay (macaulay@m2s.com) with any key physician contacts.
- **Next Meeting: TBD, add to the post meeting survey options of Nashville, Jackson, Memphis or VAM**