

Northern California Vascular Study Group (NCVSG)

May 8, 2021

8:00am to 11:00am PDT

Meeting Status – virtual

Attendees

MedCenterName	Full Name
Stanford Hospital & Clinics	Jason Lee
Stanford Hospital & Clinics	Shipra Arya
Palo Alto Medical Foundation	Michele Cantrell
UC Davis Health System	Matthew Mell
UC Davis Health System	Heather Houston
UC Davis Health System	Misty Humphries
UC Davis Health System	Michelle Lewis
UC Davis Health System	Allison Donnalley
UC Davis Health System	Ritu Karki Sitaula
UCSF Medical Center	Joyce Nacario
UCSF Medical Center	James Iannuzzi
St. Joseph's Medical Center of Stockton	Pam Lasiter
Fresno Heart & Surgical Hospital	Robert Forey
Stanford Hospital & Clinics	Vivian Ho
Guest	Gary Lemmon
VQI	Cheryl Jackson
VQI	Betsy Wymer
VQI	Caroline Morgan

Respectfully submitted by: Heather Houston, RN

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: SEE SLIDE DECK for Meeting Details

Regional Data Review - CME

Matthew Mell, MD, Regional Medical Leader, (NCVSG)

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.

Regional QI Proposal - CME

Matthew Mell, MD, Regional Medical Leader, (NCVSG)

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National VQI Update - CME

Cheryl Jackson, DNP, MS, RN, CNOR, CPHQ, Quality Director, SVS PSO

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Committees

- AQC Update – Misty Humphries, M.D.
- VQC Update – Nasim Hedayati, MD
- RAC Update – Shipra Arya, M.D.
Nominee Dr. Iannuzzi to replace Dr. Arya; vote in-progress
- VAC Update- Need representation
Only two centers participating in venous modules, unable to commit currently
- Governing Council Update – Matthew Mell, M.D.

Case Presentation

Vy Ho, MD, third-year vascular surgery resident, Stanford Medicine

US National Trends in Vascular Surgery in the COVID-19 Pandemic (see slides)

Regional Improvement Projects:

- Discharge Medications
 - a. Continue to improve as a region, now at 87% which is better than VQI
 - i. Improved from 70% in 2017
 - b. Only 2 institutions around 70%
 - i. Will continue to reach out and help each institution
- Long Term Follow-up
 - a. Maintained at 73% even during COVID, slightly better than VQI
 - b. Institutions with process put in place in 2020, do not expect to see effects until next spring report
 - c. EVAR/TEVAR Sac Diameter Reporting focus for institutions doing EVAR & TEVARs
 - i. EVAR rate at 61.2%, slightly better than VQI
 - ii. TEVAR rate at 59.2%, same at VQI (FEVAR's included)
 - iii. Emphasis on documentation-use numbers not words when reporting diameter
 - iv. Utilize Nurse coordinator to request images from outside providers
 - v. Utilize video visit for remote patients
 - vi. DM/abstractors to audit and alerts MD's when documentation is missing or incomplete

Action Items/Open Discussion/Next Meeting/Meeting Evaluation

- New PSO Trainee Scholarship Program – Dr. Lemmon
 - a. Early involvement to VQI for residents
 - i. Need to promote/advertise to current and incoming residents
- Carotid volumes:
 - a. TFEM decreased as TCAR increases
 - i. Dependent on specialty and region
 - ii. Vascular vs. Cardiology
 - iii. TCAR expensive, so not all sites are performing them
- LOS:
 - a. CEA LOS longer than VQI- Challenges
 - i. Patient are remote and hard to D/C
 - ii. No Step-down unit
 - iii. Vasoactive gtts on too long
 - iv. Not on the radar for some institutions
 - v. Most stay 2 days

vi. Expansion of Stroke Program = increase in Neurology doing carotid cases, LOS longer d/t stroke symptoms not procedural issues

b. EVAR LOS-similar issue with remote patients

- ABI's-Only one center below 50%- thy can reach out to region for help
 - Infra-Bypass-Issues not statistically significant d/t low volume
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- Fall 2021 Reginal Meeting to be in-person-Location, date, and time TBD