Northern California Vascular Study Group Spring 2020 Meeting Minutes
May 16, 2020
10AM – 12PM
Remote Meeting

• Agenda
  Welcome and Introduction Matthew Mell, MD
  National VQI Update Cheryl Jackson, SVS PSO
  RAC Update Shipra Arya, MD
  AQC Update Misty Humphries, MD
  VQC Update Nasim Hedayati, MD
  GC Committee Update Matthew Mell, MD
  Regional Data Review Matthew Mell, MD
  Regional QI Proposals Matthew Mell, MD
  Presentation Ritu Karki Sitaula, RN
  Meeting Evaluation Matthew Mell, MD

• National VQI Update: SVS PSO – See Slides for details

• Quality Improvement Activities:
  o VQI National Initiatives: How do we move the bar?
  o 2019 Quality Improvement: Four QI webinars with presentations from five data managers!
  o 2020 Participation Award Criteria: Approved by the SVS PSO Executive Board
  o Changes/Additions
    ▪ Regional physician leaders and regional lead data managers will get one extra point
    ▪ The host site will get 1 extra point
    ▪ Support staff will receive a maximum of 1 point regardless of MD attendance. Ex – if 1, 3, or 5... support staff at a center attended a meeting, the center will get 1 point.
    ▪ NO star award if no one from a center attends either meeting (Spring and Fall), regardless of total points
    ▪ NO star award for centers at <50% for LTFU, regardless of total points

• Marketing Your Participation Award – see slide
• 3 Star Award Recipients
• New Registries
  ▪ NEW Venous Stent Registry
  ▪ NEW Vascular Medicine Registry

- Paclitaxel, Mortality and VQI – See slides
  ▪ VQI used Data Extraction and Longitudinal Trend Analysis (DELTA), a risk adjusted software application designed for signal detection in clinical registries, to evaluate mortality of Paclitaxel devices in PVI registry
    o Dr Arya shared a related article that shows a 4.6% mortality difference
      ▪ https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.119.044697
Full details about the study are available at clinicaltrials.gov under the identifier NCT04110288.

**Your Data Matters! See slides**

**Summary**

- Compliance was measurable using VQI registries
- Compliance was quite variable – even guidelines with 97% centers with compliance that ranged 51-100%
- Compliance with guidelines (especially high quality) was associated with improved patient outcomes
- Antibiotic – EVAR – Decreased SSI, MACE, and in-hospital mortality
- Internal Iliac Artery – OAAA – Marginally decreased in-hospital and one year mortality
- Cell Salvage – OAAA – Decreased one year mortality
- Tobacco cessation – EVAR – Decreased respiratory complications and in-hospital and one year mortality
- Tobacco cessation – OAAA - Decreased respiratory complications and one year mortality

**Conclusions**

- The degree and impact of compliance with AAA guidelines is dependent on the grade of evidence
- Registry assessment may confirm value of a guideline and help inform guideline writing committees
- Guidelines may also be used to inform content of clinical registries
- Registry participation provides an objective assessment of compliance and performance
- Claudication Guidelines Work Group currently working on gap analysis with VQI data
- On-going work with SVS Clinical Practice Guidelines Committee to align with VQI data collection
- Suggestion to change structure of reports to better benchmark with the nation like STS in regards to public reporting

**Research Advisory Council** – Shipra Arya, MD - See slides. Dr. Arya would like to have a small regional group to review regional projects before they are submitted to the National RAC. If you’re interested please contact her at sarya1@stanford.edu.

**Arterial Quality Council** – Misty Humphries, MD - See slides

**Venous Quality Council** – Nasim Hedayati, MD - See slides

**Governing Council** – Matthew Mell, MD - See slides

- **Associate Medical Directors:**
  - Technical Associate Medical Director
    - Leila Murebee, MD
  - Quality Improvement Associate Medical Director
    - Gary Lemmon, MD
  - Report to current SVS PSO Medical Director, Jens Jorgensen, MD
  - 3 year terms, as of March 2020
Regional Dashboard – Matthew Mell, MD - See slide deck

Comments:
- Long-Term Follow-up – Dr. Mell suggested this be the next regional QI project
- D/C Meds – See Ritu slides on regional QI project and results
- Transfemoral Carotid Artery Stent: Stroke or Death in Hospital
- TransCarotid Artery Revascularization: Stroke or Death in Hospital
- CEA: Asymptomatic Stroke or Death in Hospital
- CEA: Symptomatic Stroke or Death in Hospital
- EVAR: Rate of sac diameter at LTFU – Dr. Mell suggested that centers participating in the EVAR modules should add this metric to their LTFU QI project
- Infrainguinal Bypass: Rate of Major Complications
- PVI: Percentage of claudicants with ABI/Toe pressure reported before procedure

Regional Improvement Projects – Matthew Mell, MD

Presentation – “Quality Improvement Project on the prescription of anti-platelets and Statins upon discharge” by Ritu Karki Sitaula, RN – UC Davis Health

- 4 centers participated in the regional QI project: UCD, UCSF, Stanford, & PAMF
- Success with standardized discharge templates and adding contraindications

Round table:
- Paclitaxel discussion – a couple of centers require an extra consent for DE devices. What’s the “N” for the Kaplan-Meyer slides?
  - Per Jens Jorgensen, MD - The n is at the bottom of the slide. I think the numbers are small due to the follow-up. Ptx devices haven’t been around long so to get data collection for follow up, it puts it in the early phases of Ptx technology when there might not have been much usage.
- Would like to see VISION data cross-referenced with some of the regional reports.
  - Cheryl will contact Phil Goodney, MD and Kristopher Huffman (statistician) for answer.
- Would like to add diabetic % to PVI (same as current smokers). Cheryl will take request back to Kristopher Huffman (statistician).
- Possible Regional QI project – LTFU – centers that perform EVAR can concentrate on LTFU EVAR Imaging. To be discussed at the next Data Manager meeting
  - Heather to plan meeting with DM for next month to discuss this further
- Virtual meeting went well but not ideal
- Can there be a break-out session during a RingCentral meeting and come back to the main meeting?
  - Yes, but would need all the names of each person to assign to each “room”
- Joint meeting with So-Cal with combined data could be remote
  - Cheryl and Dr, Mell to follow up

Meeting Evaluation: Will be sent out with the minutes

Attendance:
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