

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:**

- VQI National Initiatives: How do we move the bar?
- 2019 Quality Improvement: Four QI webinars with presentations from five data managers!
- 2020 Participation Award Criteria: Approved by the SVS PSO Executive Board
- **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
 - 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
- Registry reports may be used as a focus for quality improvement efforts
- 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 Mureebe, 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
- Infra-inguinal 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:

MedCenterName	Full_Name	Role
Palo Alto Medical Foundation	Michele Cantrell	HOSPMGR
Stanford Hospital & Clinics	Ron Dalman	Physician
Stanford Hospital & Clinics	Carlos Moreno	HOSPMGR
UC Davis Health System	Matthew Mell	Physician
UC Davis Health System	Misty Humphries	Physician
UC Davis Health System	Nasim Hedayati	Physician
UC Davis Health System	Mimmie Kwong	Physician
UC Davis Health System	William Yoon	Physician
UC Davis Health System	Allison Donnalley	OTHER
UC Davis Health System	Heather Houston	HOSPMGR
UC Davis Health System	Lolita Quintero	OTHER
UC Davis Health System	Michelle Lewis	OTHER
UC Davis Health System	Ritu Karki Sitaula	HOSPMGR
UCSF Medical Center	James Iannuzzi	OTHER
UCSF Medical Center	Joyce Nacario	HOSPMGR
UCSF Medical Center	Shipra Arya	Physician
?	Neelima Katragunta	?
?	Dirk Bowman	?