

**Pacific Northwest Spring 2020 Meeting Minutes**  
**May 21, 2020**  
**4PM-6PM**  
**Remote Meeting**

- Agenda

Welcome and Introduction	Nam Tran, MD
National VQI Update	Cheryl Jackson, SVS PSO
AQC Update	Nam Tran, MD
VQC Update	Cheryl Jackson, SVS PSO
RAC Update	Cheryl Jackson, SVS PSO
GC Committee Update	Nam Tran, MD
Regional Data Review	Nam Tran, MD
Regional QI Proposals	Nam Tran, MD
Meeting Evaluation	Nam Tran, MD

- **National VQI Update:** Cheryl Jackson, 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**

- **Congrats to Providence Medford Medical Center**

- **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
- Full details about the study are available at [clinicaltrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT04110288) 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

**Research Advisory Council** – See slides

**Arterial Quality Council** – See slides

**Venous Quality Council** - See slides – **This position is vacant – Nominations and self-nominations can be emailed to Leka Johnson at [ljohnson@svspsso.org](mailto:ljohnson@svspsso.org).**

**Governing Council** – 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** – See slide deck

Comments:

- Long-Term Follow-up – particularly interested in follow-up for sac diameter- this would apply to EVAR and TEVAR modules. Look at ways to collect follow up data and/or imaging from other facilities when patient lives out of area and is seen in follow-up elsewhere.
- Due to geographical features, this is a unique project that is well suited for the PNW group
- D/C Meds – doing well and match VQI numbers
- Hemodialysis Access: Percentage of Primary AVF vs. Graft – not enough centers

- Transfemoral Carotid Artery Stent: Stroke or Death in Hospital – not enough centers
- TransCarotid Artery Revascularization: Stroke or Death in Hospital – stroke rate of 0.5% as compare to 1% for VQI
- CEA: Asymptomatic Stroke or Death in Hospital – numbers are similar to VQI with stroke at 0.8%
- CEA: Symptomatic Stroke or Death in Hospital – numbers are also similar to VQI
- CEA: Percentage of Asymptomatic Patients with LOS>1 Day – 25% of patients with LOS > 1
- CEA: Percentage of Symptomatic Patients with LOS>1 Day – multi factors affecting LOS, all were discussed
- EVAR: Percentage of patients with LOS>2 days – Doing better than VQI with 7% vs 11%
- EVAR: Rate of sac diameter at LTFU – only at 46%, this should be a regional improvement target
- Infra-inguinal Bypass: Rate of Major Complications – Doing better than VQI at 3.8% vs 4.5%
- IVCF: Percentage of Temporary Filters w/Retrieval or Attempt at Retrieval – not enough center
- LEAMP: Rate of Postop Complications – not enough center
- Non-ruptured OAAA – In-hospital Mortality – not enough center
- PVI: Percentage of claudicants with ABI/Toe pressure reported before procedure – not enough center
- Suprainguinal Bypass: Rate of Major Complications – not enough center
- TEVAR: Rate of sac diameter at LTFU – not enough center
- EVAR: Percentage of elective patients w/AAA diameter within SVS guideline – Doing well at around ¾ which is similar to VQI
- OAAA: Percentage of Patients Meeting Cell-Saver Guidelines – not enough center
- OAAA: Percentage of Procedures Meeting SVS Internal Iliac Inflow Guideline – not enough center

**Regional Improvement Projects: Nam Tran, MD** – discussed the possibility of choosing LTFU as a regional project. The topic will be discussed at the next regional data managers’ meeting.

#### **Round table**

- TCAR and TFAR discussion - Feel all elective cases should be shown, not just asx. Most of their TCARs are sx. They aren't learning anything by excluding them. "For both CEA and CAS, it would be interesting to see, asymptomatic, symptomatic and all cases on one graph." – Cheryl to take back suggestions to PSO for consideration.
- Would like to add “Hot Topics” to increase meeting attendance. Base it on a rapid-fire session.

**Meeting Evaluation:** Will be sent out with the minutes.