

Pacific Northwest Vascular Study Group - PNWVSG

Thursday, May 25, 2023

3:30 PM – 5:30 PM Pacific Time

Hyatt Regency Hotel – Seattle, WA

Hybrid

Meeting Attendance Credit

Before we get started...

Please sign in using your Full Name (First and Last).

In-Person Attendees – Scan the QR code shown and sign in

Remote Attendees – See below instructions (#1-#3)

1. Click “Participants” in the box at the top or bottom of your screen.
2. If your full name is not listed, hover next to your name and you’ll see “rename”.
3. Click and sign in.



Please note: If you can't sign in, please email Leka Johnson at ljohnson@svspsso.org and let her know the identifier you were signed in under (ex –LM7832 or your phone number).

****SPECIAL NOTE: ALL ATTENDEES must have an ACTIVE PATHWAYS user account to get attendance credit!!!**

Agenda-PNWVSG-May 24, 2023

Time	Topic	CE Credit
3:30 pm	<p>Welcome</p> <p>Regional Data Review –Nam Tran, MD, PNWVSG Medical Director</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> • 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. 	Yes
4:30 pm	<p>Regional QI Proposal –Nam Tran, MD, PNWVSG Medical Director</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> • 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. 	Yes

Agenda (con't)

Time	Topic	CE Credit
5:30 pm	<p>National VQI Update –Caroline Morgan, RN, PSO Director of Clinical Operations</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • 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. 	Yes
6:00 pm	Open Discussion/Next Meeting/Meeting Evaluation	No

No presenter has a conflict to report.

Welcome and Introductions

Alaska Regional Hospital

Alyeska Vascular Surgery
Asante Rogue Regional Medical Center
Central Washington Health Services Association
Federal Way - St. Francis Hospital
Harborview Medical Center
Kadlec Regional Medical Center
Legacy Health
McKenzie-Willamette Medical Center
MultiCare Deaconess Hospital
MultiCare Good Samaritan Hospital
MultiCare Tacoma General Hospital
Oregon Health & Science University
Oregon Vascular Specialists, LLC
Overlake Medical Center
PeaceHealth Riverbend Medical Center
PeaceHealth Southwest Medical Center
PeaceHealth St. Joseph Medical Center
Providence Alaska Medical Center
Providence Medford Medical Center

Providence Portland Medical Center
Providence Regional Medical Center Everett
Providence Sacred Heart Medical Center
Providence St. Mary Medical Center (WA)
Providence St. Peter Hospital
Providence St. Vincent Medical Center
Roseburg - CHI Mercy Health Medical Center
Salem Health
Seattle - Virginia Mason Medical Center
Seattle Vascular Surgery
Silverdale - St. Michael Medical Center
St. Charles Health System, Inc.
St. Patrick Hospital
Straub Medical Center
Swedish Cherry Hill
Swedish First Hill
Tacoma - St. Joseph Medical Center
University of Washington Medical Center
(Montlake Campus)

University of Washington Medical Center
(Northwest Campus)
Valley Medical Center

Region Volume Appendix

Report	Included Cases	Centers with Included Cases	Centers with at least 10 Included Cases	Complete Cases	Centers with Complete Cases	Centers with at least 10 Complete Cases
Procedure Volume	2948	32	28			
Procedure Volume, All Years	25430	39	38			
Long-Term Follow-up	2784	30	25			
Discharge Medications	2513	31	27			
Preop Smoking	2215	31	26			
Smoking Cessation	419	27	12			
TFEM CAS ASYMP: Stroke/Death	46	9	2	43	9	2
TFEM CAS SYMP: Stroke/Death	93	12	3	93	12	3
TCAR ASYMP: Stroke/Death	305	25	12	289	25	12
TCAR SYMP: Stroke/Death	282	26	11	274	25	11
CEA ASYMP: Stroke/Death	333	15	12	313	15	12
CEA ASYMP: Postop LOS>1 Day	333	15	12	313	15	12
CEA SYMP: Stroke/Death	275	15	10	266	15	10
CEA SYMP: Postop LOS>1 Day	275	15	10	266	15	10
EVAR: Postop LOS>2 Days	281	11	10	258	11	10
EVAR: Sac Diameter Reporting	307	14	12			
EVAR: SVS AAA Diameter Guideline	248	11	10			
TEVAR: Sac Diameter Reporting	43	2	1			
OAAA: In-Hospital Mortality	114	13	4	109	13	4
OAAA: SVS Cell-Saver Guideline	113	13	3			
OAAA: SVS Iliac Inflow Guideline	138	13	5			
PVI CLAUD: ABI/Toe Pressure	321	3	3			
INFRA CLTI: Major Complications	61	2	2			
SUPRA CLTI: Major Complications	31	2	1			
LEAMP: Postop Complications	52	2	2			
HDA: Primary AVF vs. Graft	121	2	2			
HDA: Ultrasound Vein Mapping	159	2	2			
HDA: Postop Complications	157	2	2			
IVCF: Filter Retrieval Reporting	6	1	0			

The VQI Regional Quality Report is produced semiannually to provide centers and regions targeted, comparative results and benchmarks for a variety of procedures, process measures and postoperative outcomes.

The following updates have been implemented to enhance and improve the Spring 2023 VQI Regional Quality Report:

- **Preop Smoking Report Added** - A preop smoking report is now provided. This report displays center-level, regional, and VQI overall rates of current smoking at time of procedure.
- **Smoking Cessation Report Added** - A smoking cessation report is now provided. This report displays center-level, regional, and VQI overall rates of smoking cessation at follow up.

Spring 2023 Regional Data Reports

Amanda Sigala

Carrie Cornett

PNWVSG Regional Lead Data Manager

2023 Quality Improvement Charters

LOS CEA ICU Patients

Salem Health

Lead: Wendy Sousa

Physician Champion: Timothy Hodges, MD

VQI CAS MODULE REVIEW

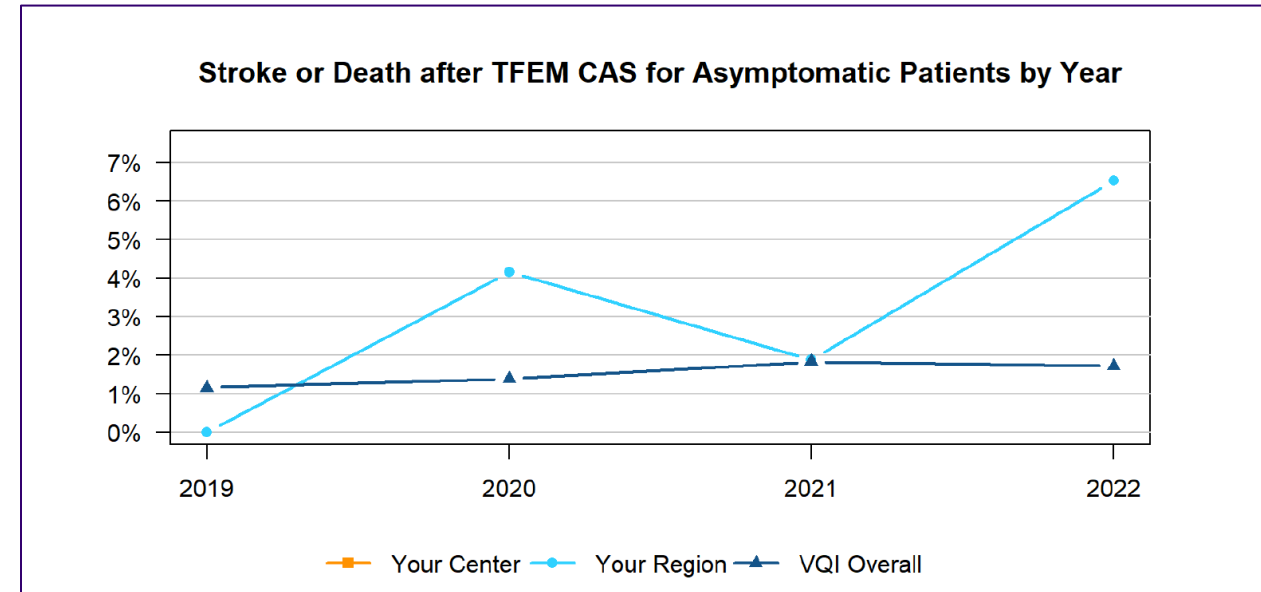
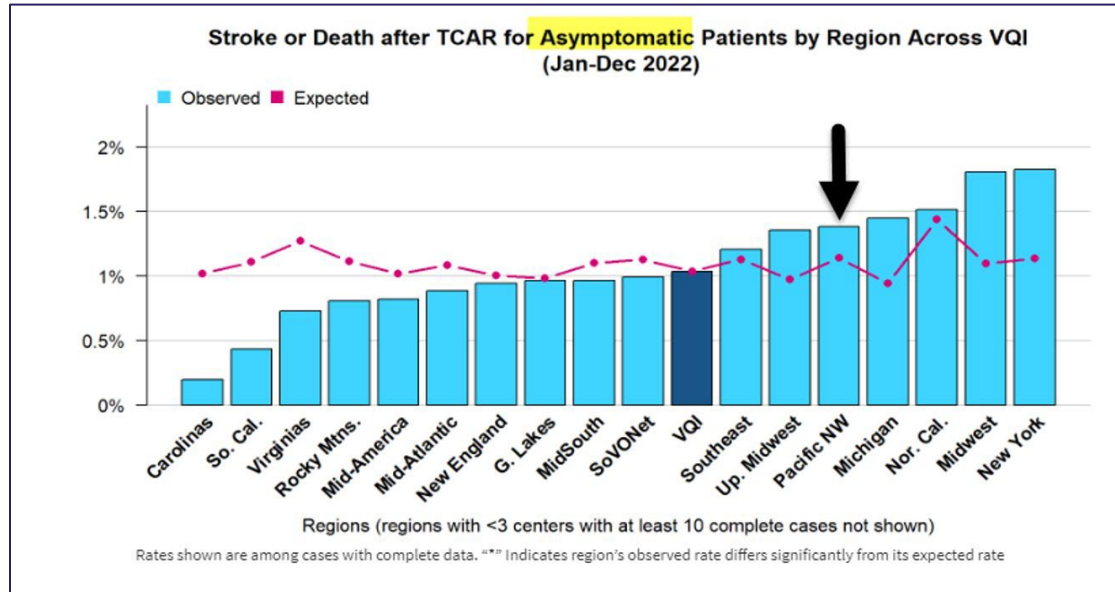
Asymptomatic and Symptomatic Stroke Rates

BLAKE ELIZABETH MURPHY, MD

Division of Vascular Surgery, University of Washington

VQI PNW Regional Meeting | May 2023

Assessing Regional Stroke Rates for Carotid Interventions



The Clinical Question

Why are stroke rates so high for asymptomatic patients undergoing transfemoral carotid artery stenting (TF-CAS)?

Updated Society for Vascular Surgery guidelines for management of extracranial carotid disease

John J. Ricotta, MD,^a Ali AbuRahma, MD, FACS,^b Enrico Ascher, MD,^c Mark Eskandari, MD,^d Peter Faries, MD,^e and Brajesh K. Lal MD,^f *Washington, DC; Charleston, WV; Brooklyn, NY; Chicago, Ill; New York, NY; and Baltimore, Md*

- Neurologically **asymptomatic** patients with 70-99% stenosis.
 - Combined stroke and death rate must be < 3% to ensure benefit for the patients
 - Average annual ipsilateral stroke rates approximately 1.0% with medical intervention alone, similar with CEA or CAS for **asymptomatic** patients > 2%
 - Acceptable **stroke rate 1-2% per VQI**
- Neurologically **symptomatic** patients with ipsilateral carotid occlusion have an approximately 5.5% risk of ischemic stroke per year
 - Acceptable **stroke rate 4-5% per VQI**

Assessing Stroke Rates in VQI CAS Module

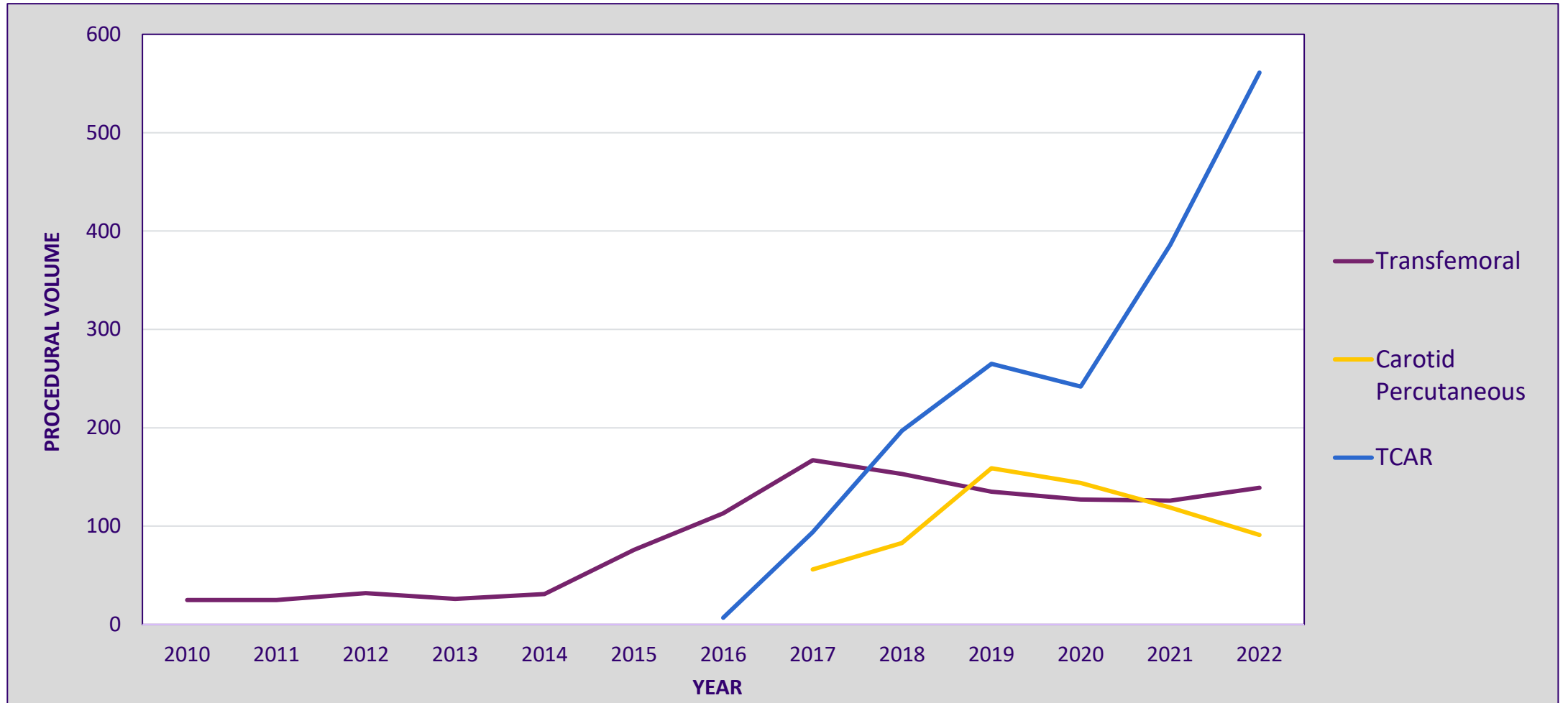
- **VQI Fellowship in Training (FIT) Project**
 - Assess trends in carotid stenting for asymptomatic/symptomatic patients
 - Delineate data based on approach type and presence of postoperative neurologic event (stroke or TIA)
 - Understand center procedural volume and associated stroke rates
 - Assess stroke rates based on:
 - type of carotid stenting longitudinally
 - asymptomatic vs symptomatic patient population



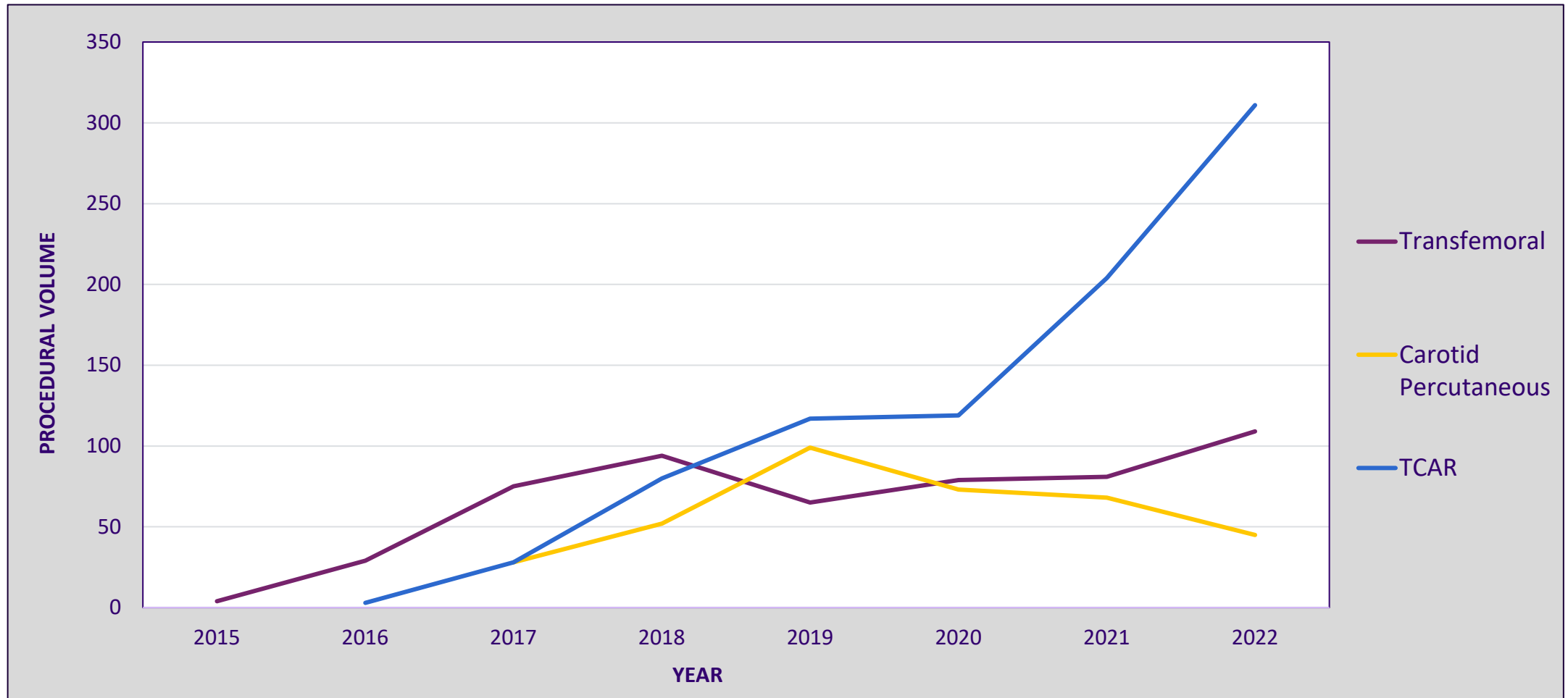
Assessing Stroke Rates in VQI CAS Module

- Approach organized by following categories
 - Femoral – open cutdown of the groin to locate the femoral artery with percutaneous femoral artery access or direct percutaneous femoral artery access through skin for stent placement or angioplasty [TF-CAS]
 - Carotid percutaneous – percutaneous access through the skin of the neck and carotid artery for stent placement or angioplasty ***
 - Carotid open – incision made through the skin of the neck with puncture of the common carotid arterial wall for stent placement or angioplasty [TCAR]
 - Brachial – open cutdown of the arm to locate the brachial artery with percutaneous access of the direct percutaneous access of brachial artery
 - Radial – open cutdown of the wrist to locate the radial artery with percutaneous access or direct percutaneous access of radial artery
 - Other – other access used for stent placement or angioplasty

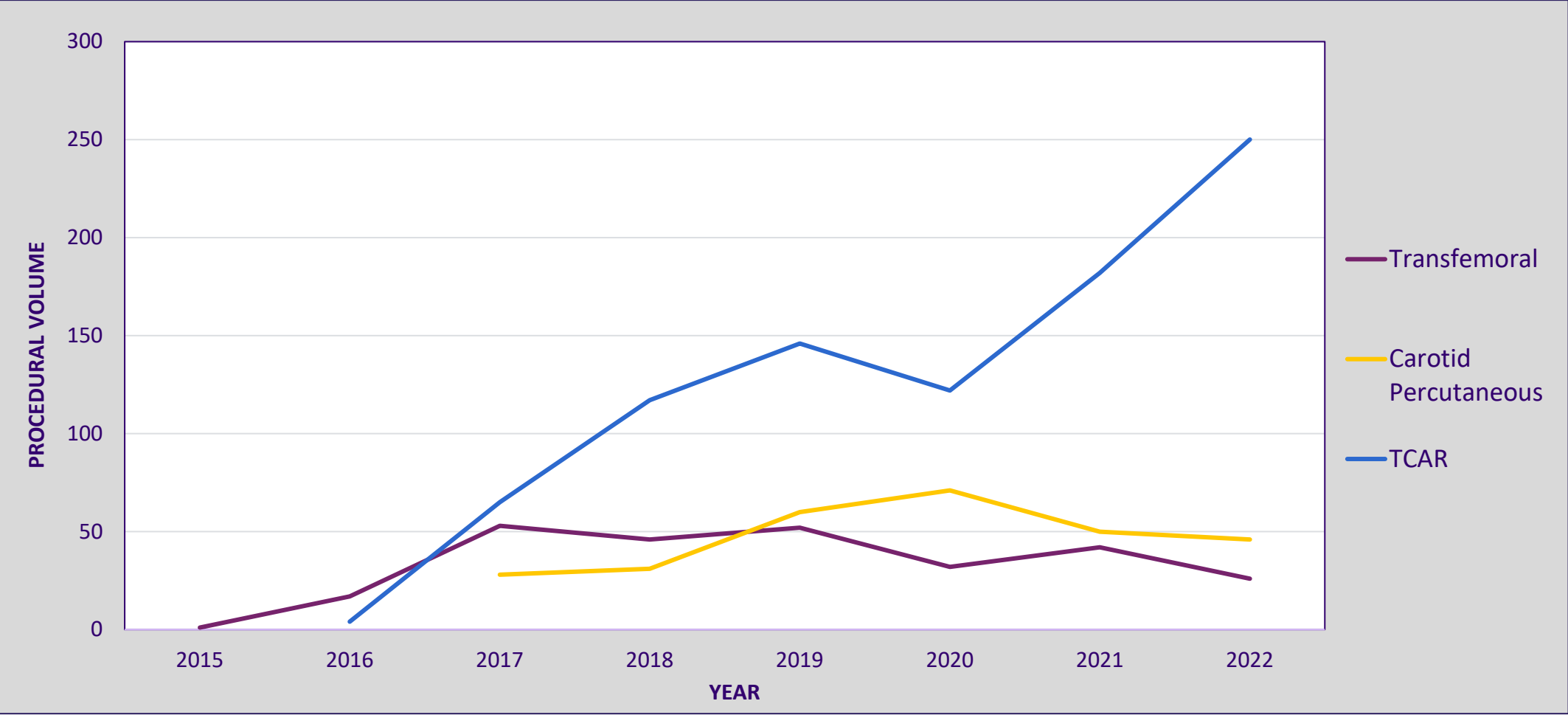
Carotid Stenting for All Carotid Stenosis PNW Region



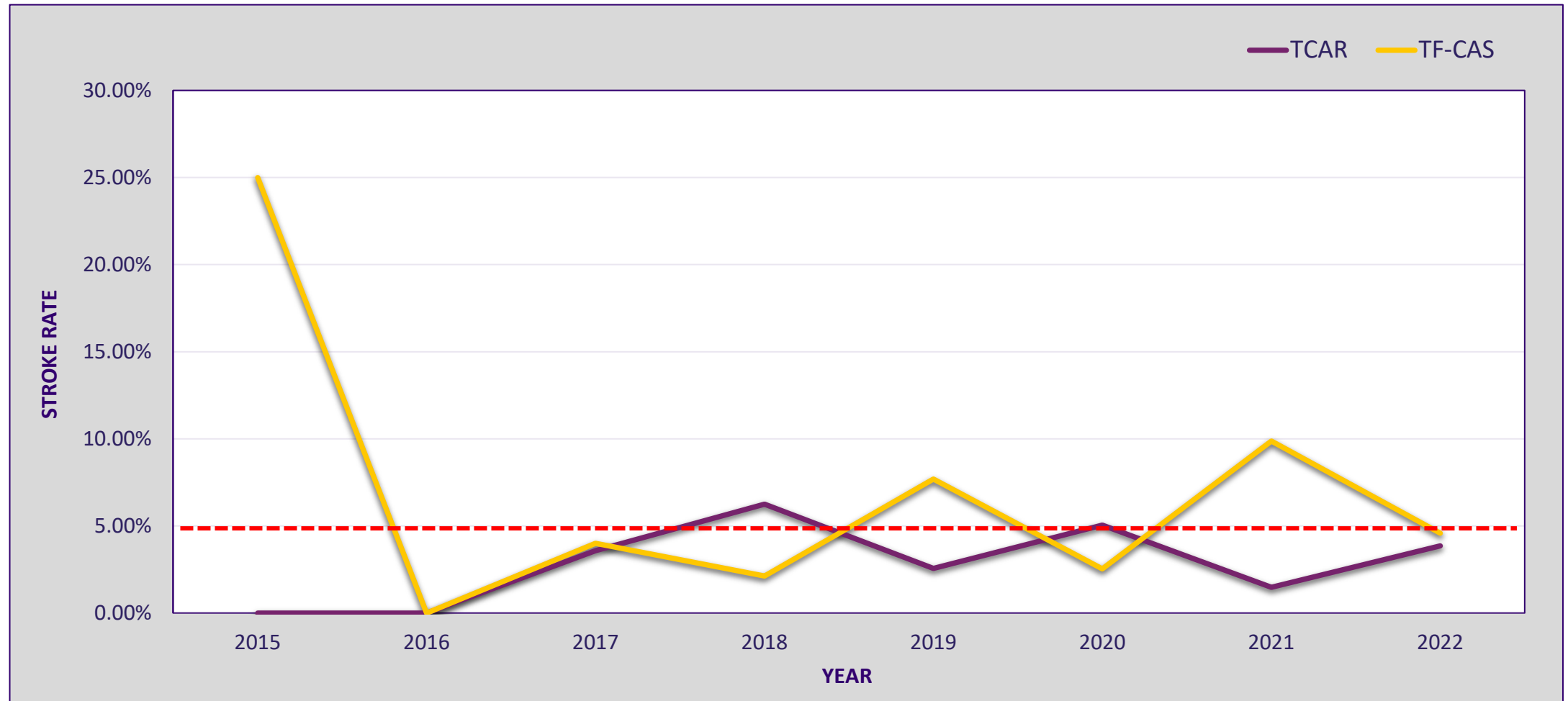
Carotid Stenting for Symptomatic Patients PNW Region



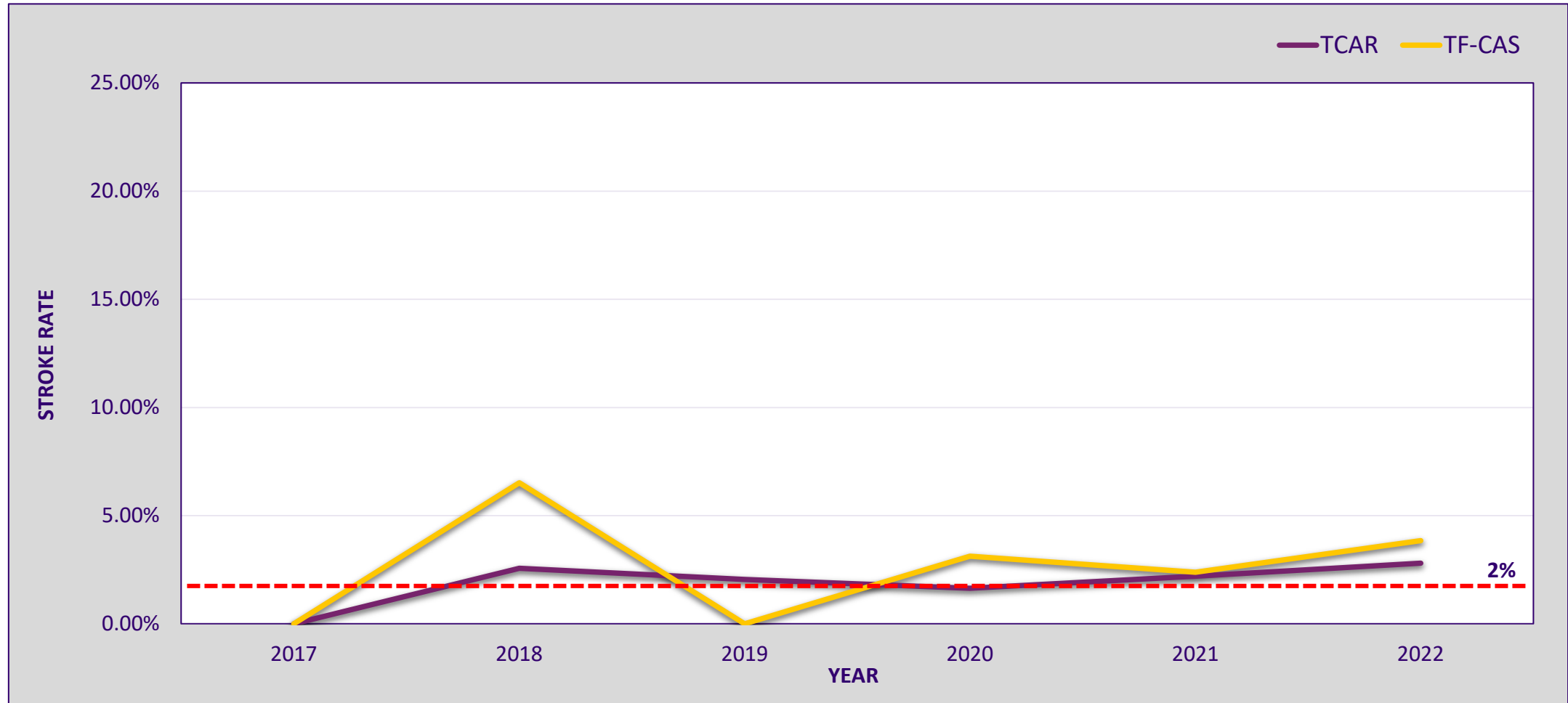
Carotid Stenting for Asymptomatic Patients PNW Region



Stroke Rates for Symptomatic Carotid Stenosis (2015-2022)

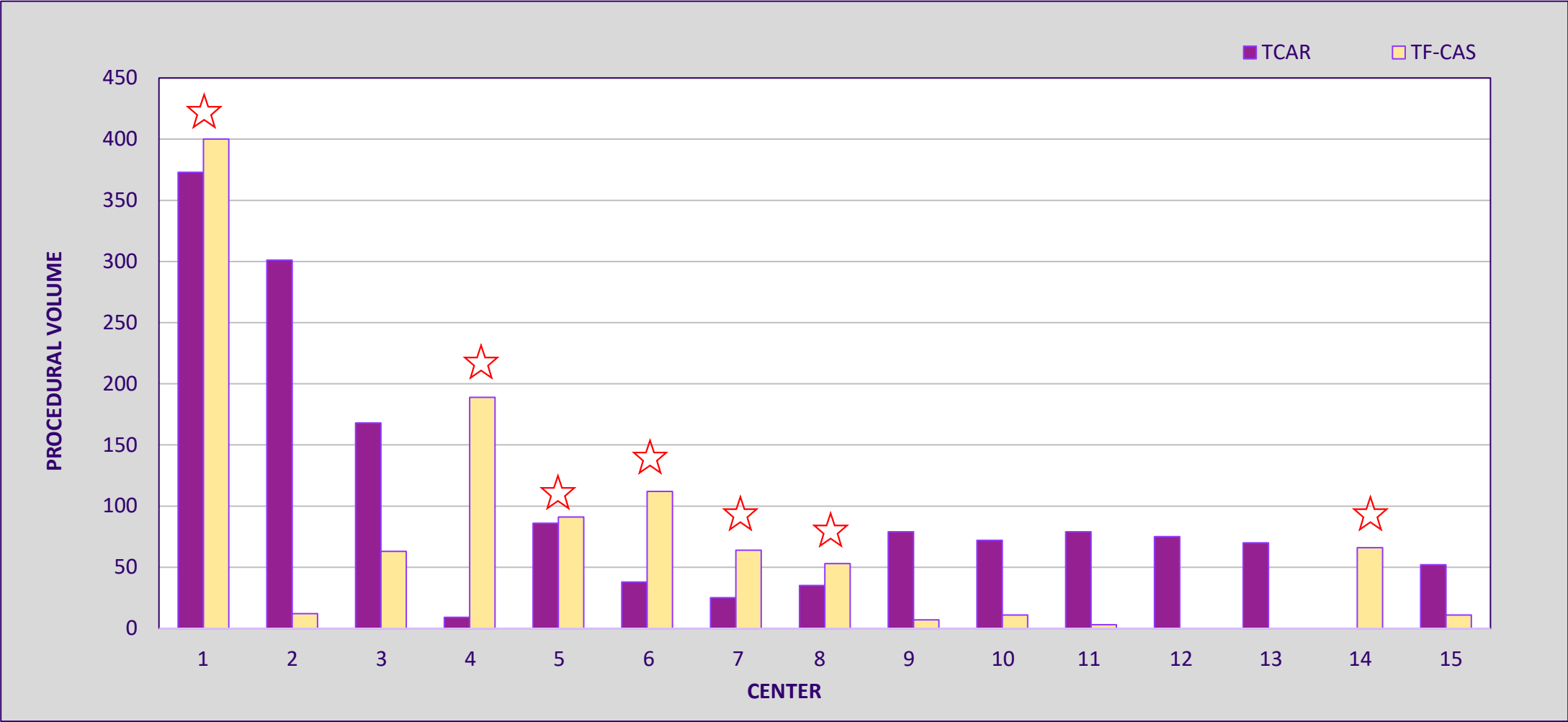


Stroke Rates Asymptomatic Carotid Stenosis (2017-2022)



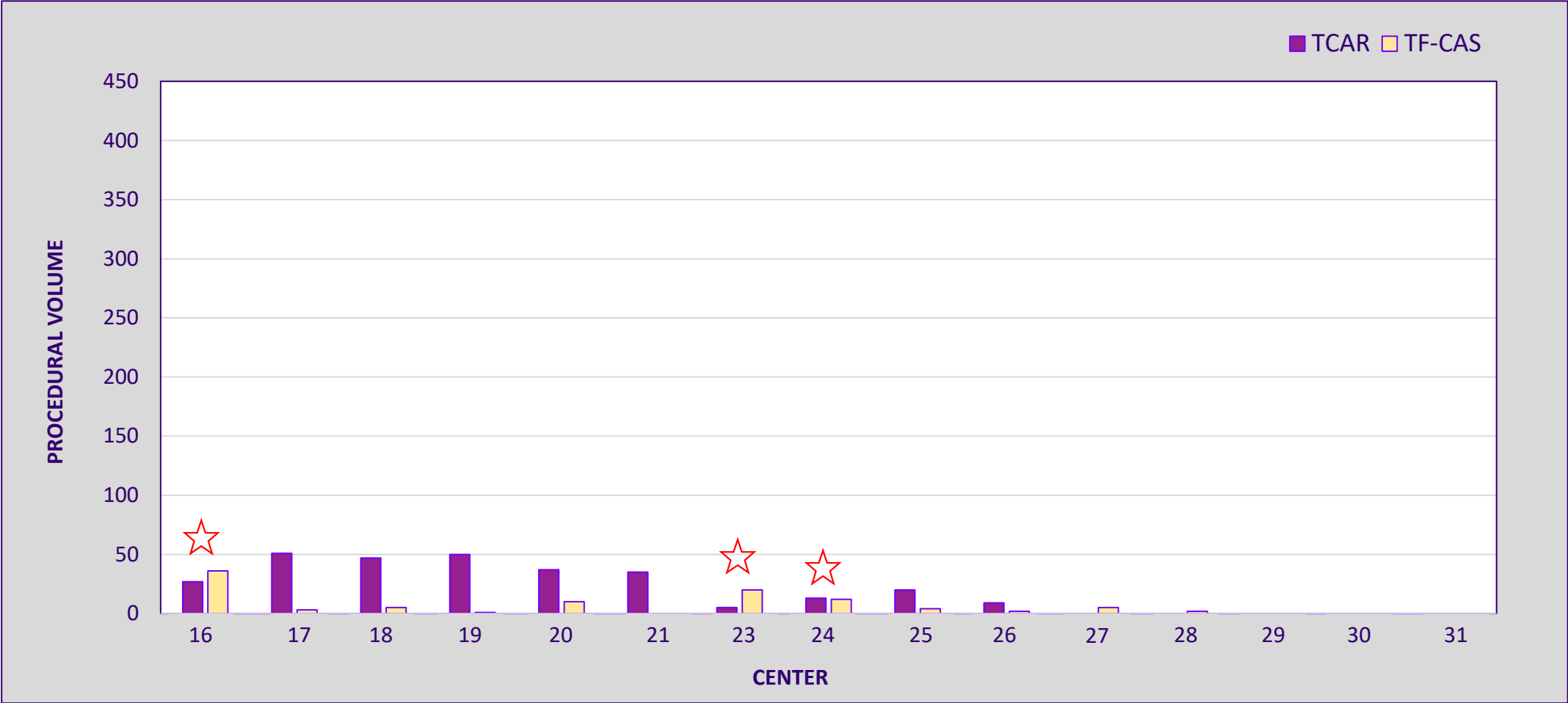


Procedural Volume by Center – All TCAR and TF-CAS



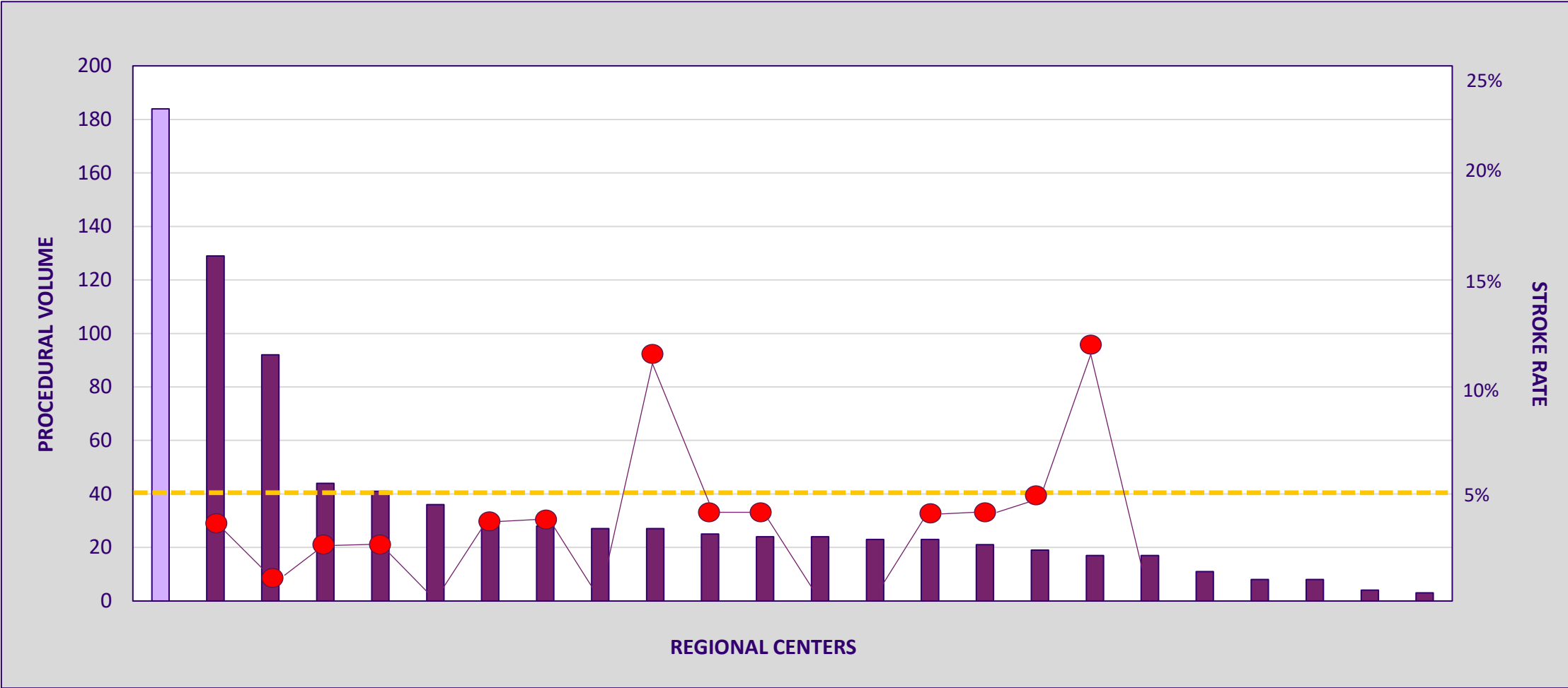


Procedural Volume by Center – TCAR and TF-CAS (Part 2)

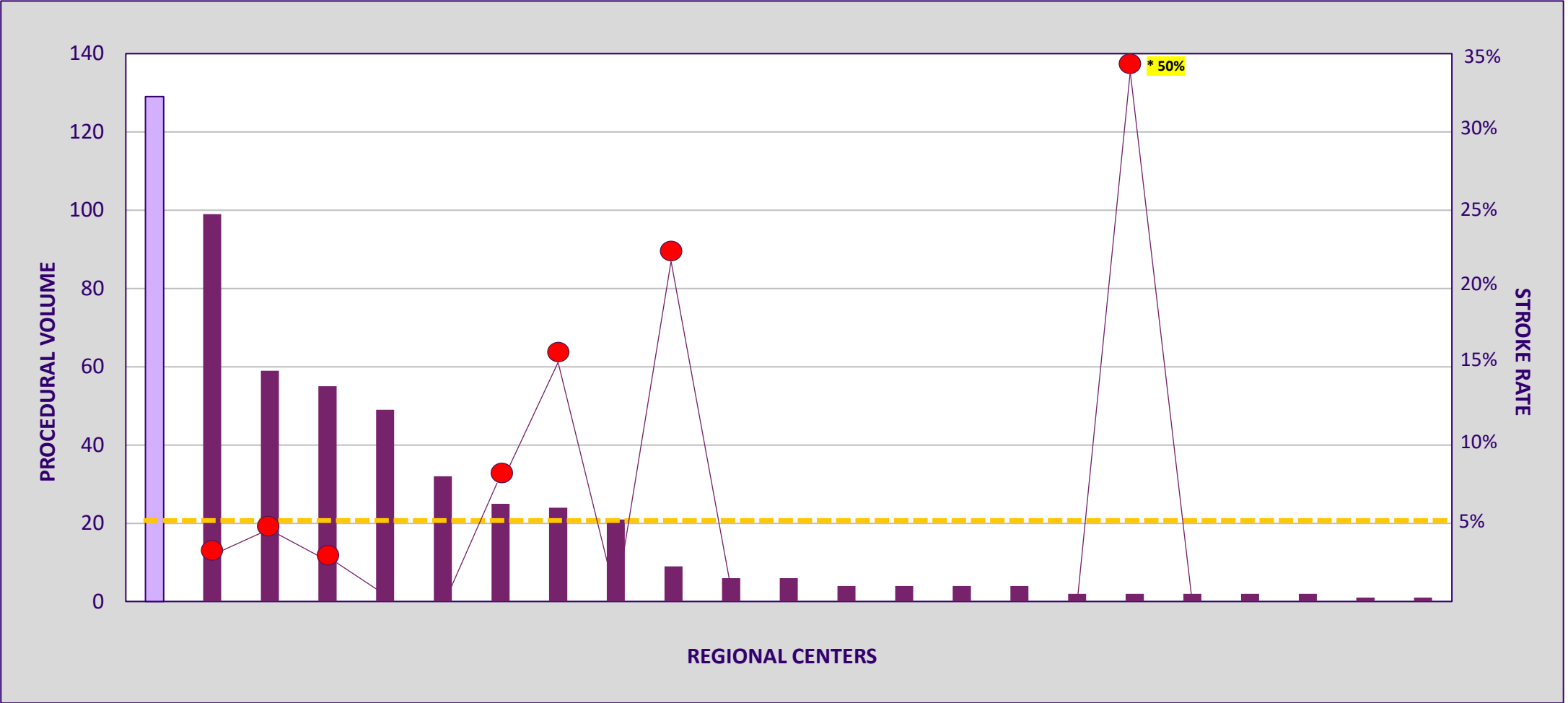




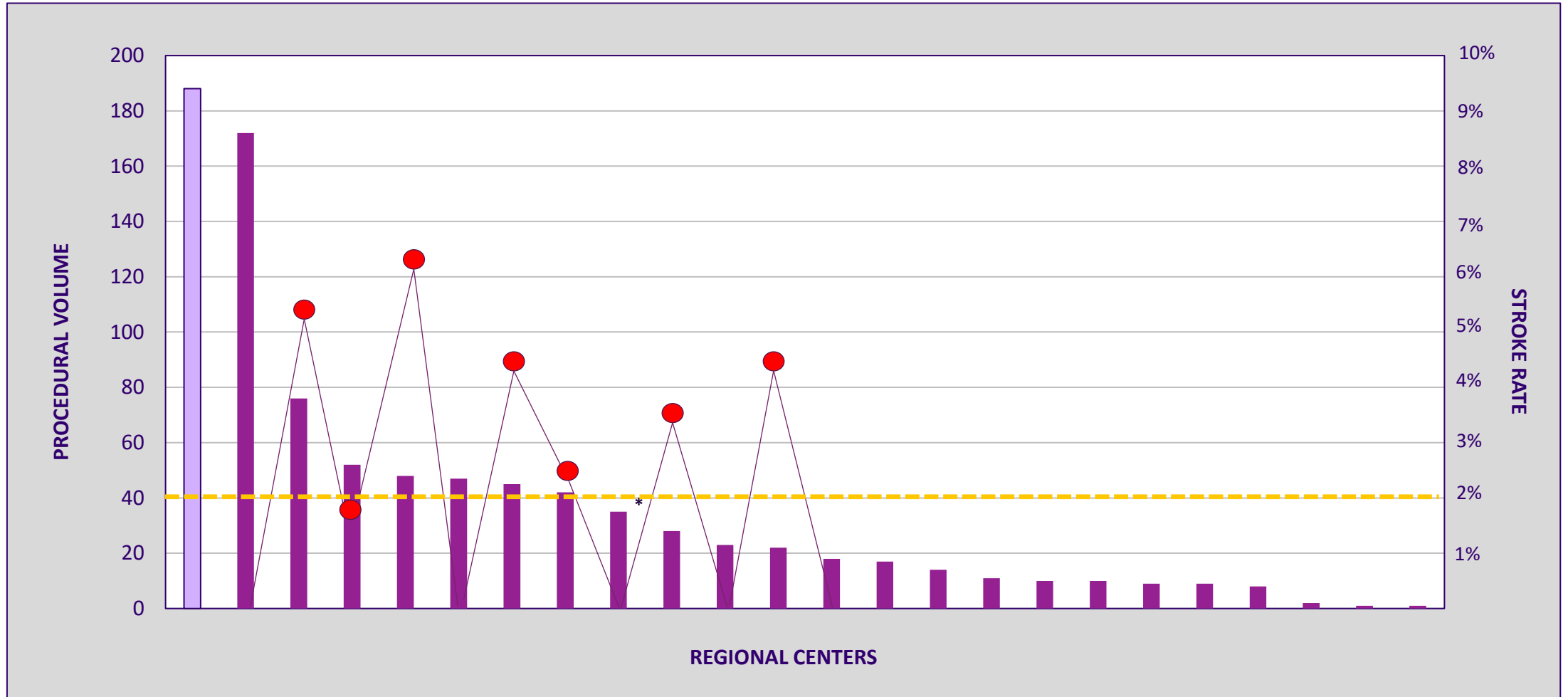
TCAR Volume and Stroke Rate | Symptomatic Patients



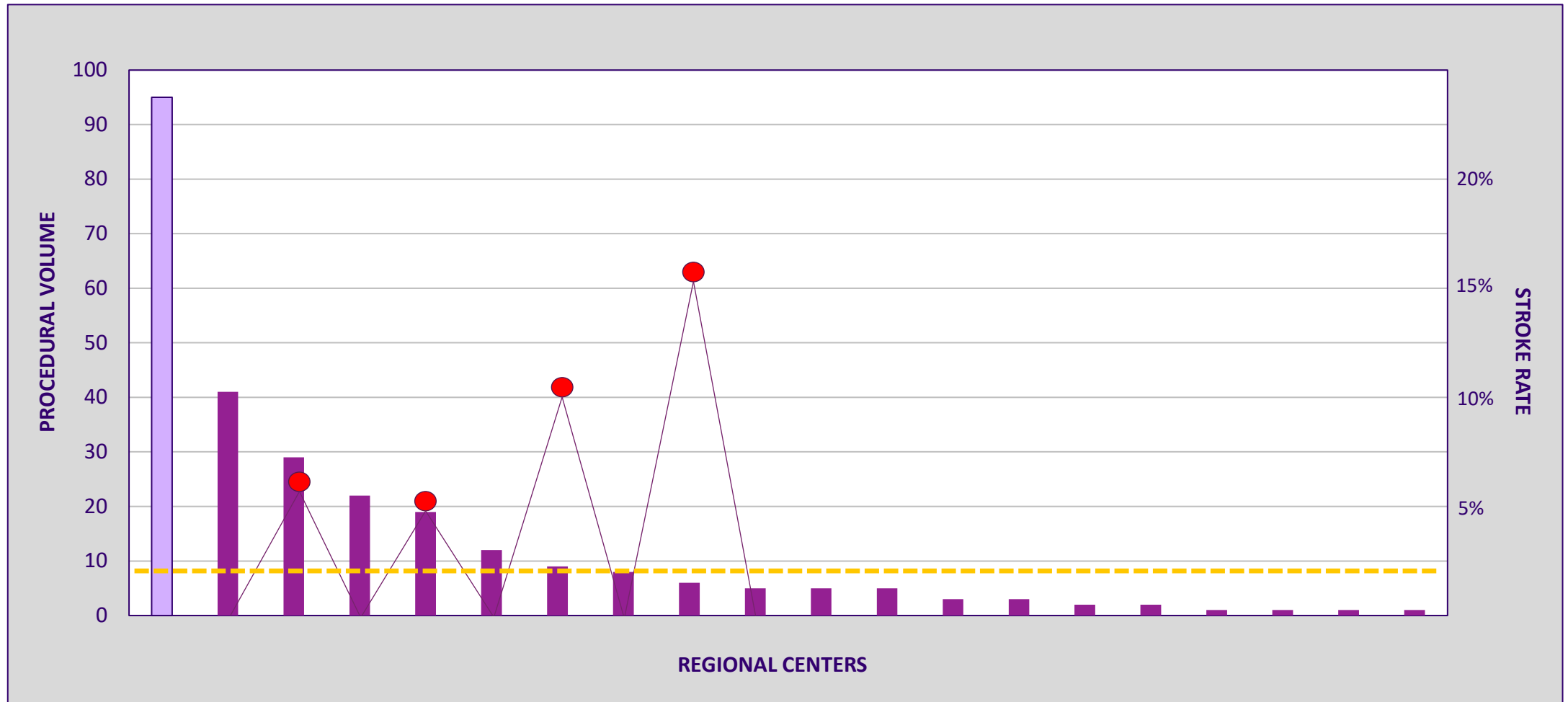
TF-CAS Volume and Stroke Rate | Symptomatic Patients



TCAR Volume and Stroke Rate | Asymptomatic Patients



TF-CAS Volume and Stroke Rate | Asymptomatic Patients





Summary and Action Items

- Transcarotid (TCAR) stenting has widely adopted and remains predominant choice for treatment of CAS over the past 5 years
- Many centers across PNW Region **continue to utilize transfemoral stenting** for both symptomatic and asymptomatic carotid interventions and **often more frequently than TCAR**
- Several centers are coding for **carotid percutaneous approach** option, potentially in place of TCAR vs TF-CAS



Summary and Action Items

- Stroke rates are **unacceptably high** for patients undergoing TCAR and TF-CAS for *asymptomatic carotid artery stenosis*
- High rates of postoperative stroke are occurring at **high-volume centers** for both asymptomatic and symptomatic interventions, **NOT low volume centers**
- Several centers within the PNW region have above acceptable stroke rates for **symptomatic interventions** (transfemoral > transcarotid)



Summary and Action Items

- Individual centers should seek to assess the following:
 - Evaluation of patient candidacy given ongoing, high utilization of transfemoral stenting for asymptomatic and symptomatic interventions

QUESTIONS?



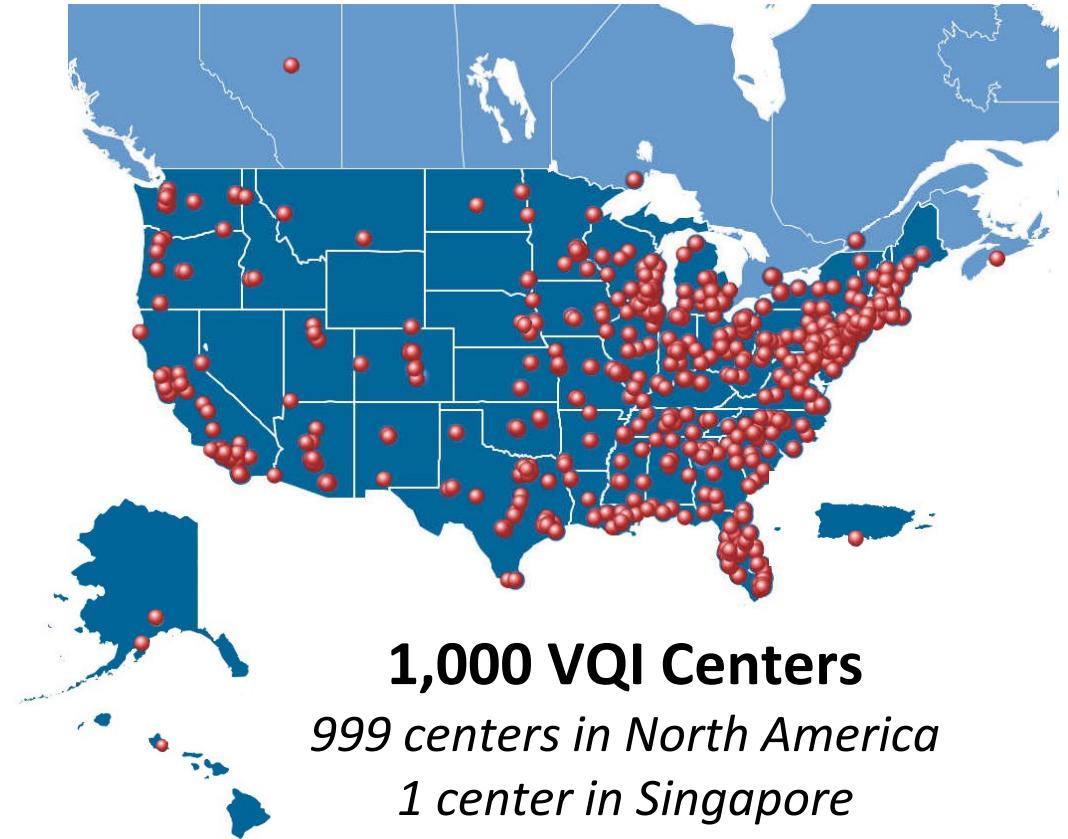
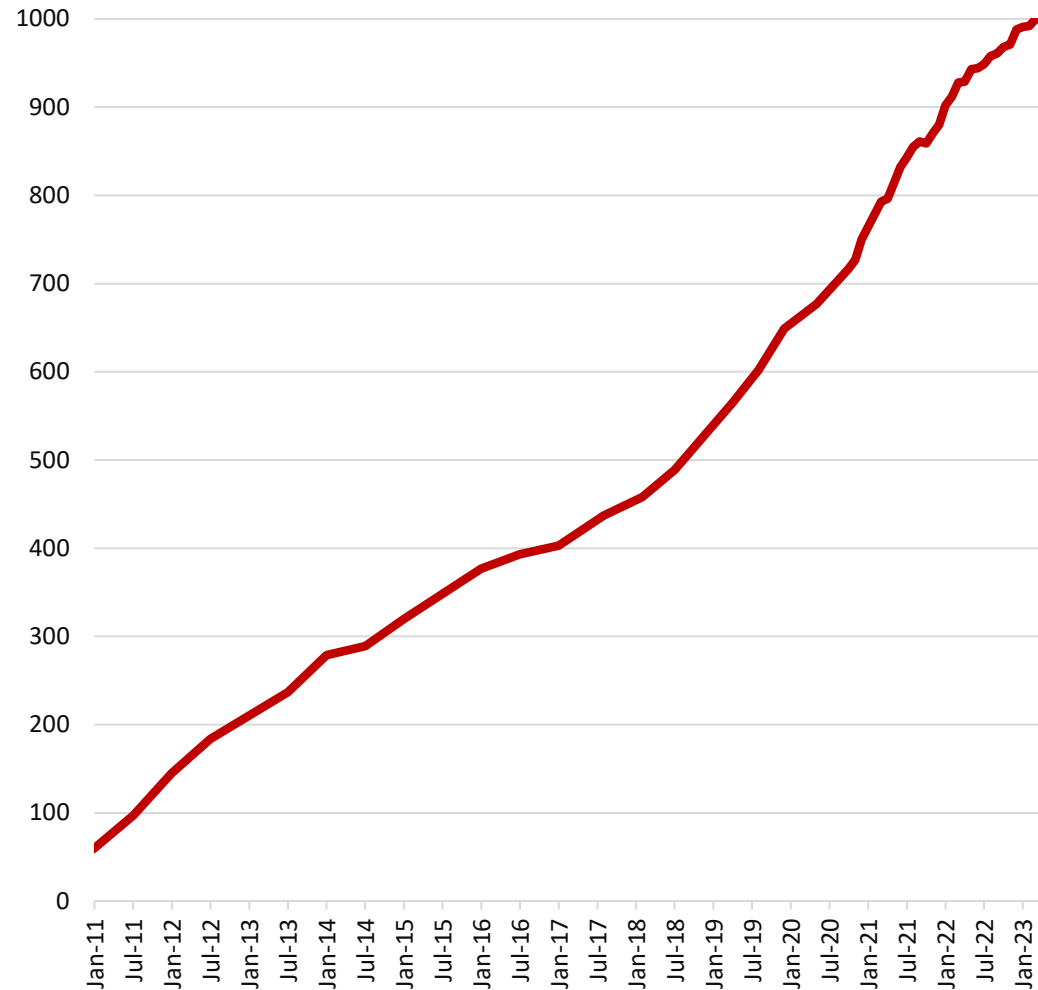
- Discussion on possible QI projects

National VQI Update

Caroline Morgan, RN

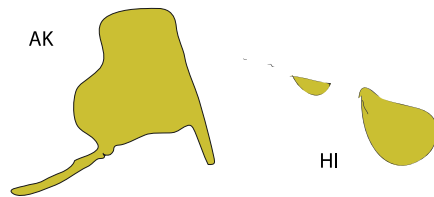
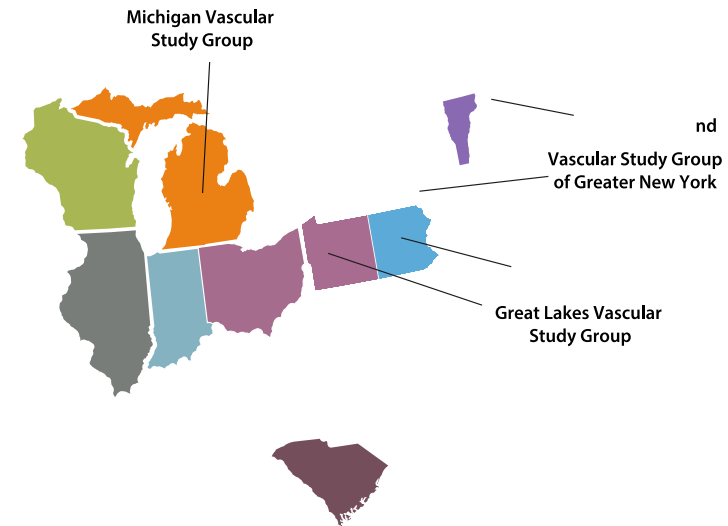
PSO Director of Clinical Operations

VQI Participation – Growth & Distribution



Regional Quality Groups

Canadian Vascular
Quality Initiative

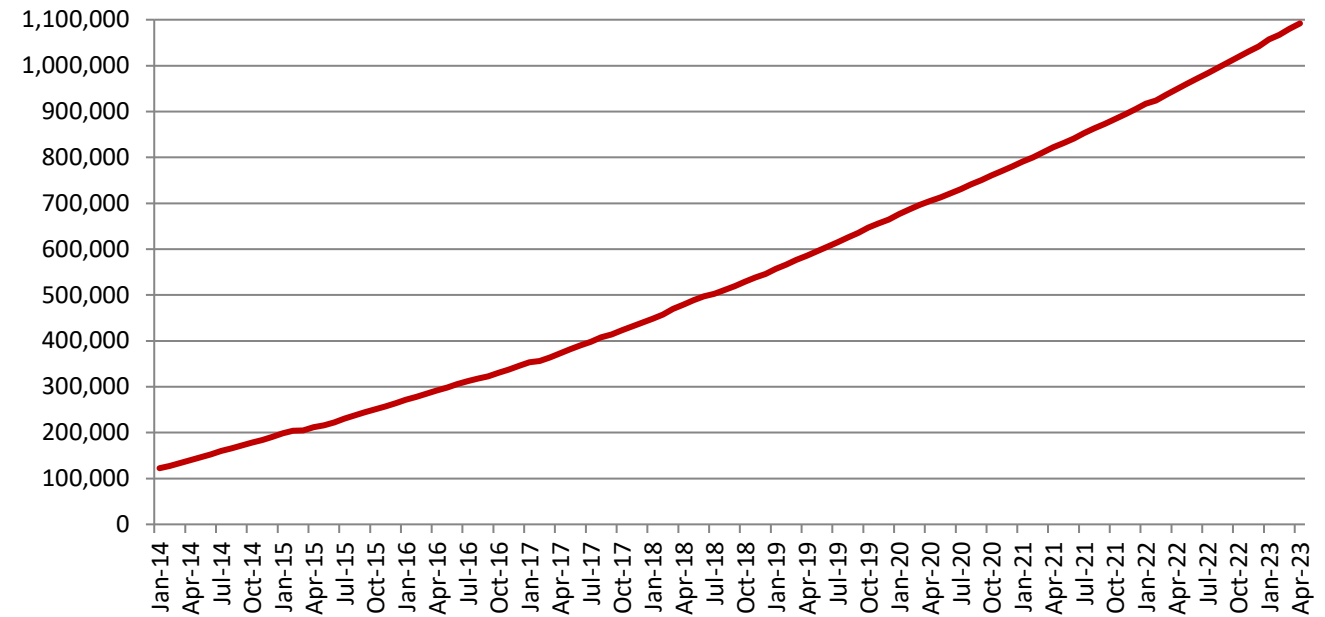


Puerto Rico

Procedures Captured

TOTAL PROCEDURES CAPTURED (as of 5/1/2023)		1,092,096
Peripheral Vascular Intervention		377,562
Carotid Endarterectomy		193,672
Infra-Inguinal Bypass		81,662
Endovascular AAA Repair		80,821
Hemodialysis Access		76,936
Carotid Artery Stent		98,364
Varicose Vein		61,706
Supra-Inguinal Bypass		26,070
Thoracic and Complex EVAR		29,084
Lower Extremity Amputations		28,598
IVC Filter		18,357
Open AAA Repair		17,850
Vascular Medicine Consult		1,236
Venous Stent		178

VQI Total Procedure Volume



Total Procedure Volume reflects net procedures added to the registry for the month

Save the Date!

2023 VQI Annual Meeting
June 13-14, 2023

Gaylord National Resort & Convention Center
National Harbor, MD (outside **Washington, DC**)

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2
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https://www.compusystems.com/servlet/ar?evt_uid=805





2023 Vascular Annual Meeting™
National Harbor, MD • June 14-17

SVS | Society for Vascular Surgery



Society for Vascular Surgery

SVS Member Username/Password Help - Contact SVS Membership Department at 800-258-7188 or 312-334-2300. Non-Member and VQI Registrants are required to create an account.

Registration categories are auto assigned based on current membership status. Pay lapsed dues online at www.vascular.org to obtain member registration rates.

Start New SVS Registration



SVN SOCIETY® VASCULAR NURSING
EMPOWERING NURSES THROUGH EDUCATION & COLLABORATION

Registration categories are auto assigned based on current membership status. Pay lapsed dues online to obtain membership rates. Please allow up to 72 hours for payment to be applied.

Start New SVN Registration



SVS | **VQI**
In collaboration with NCDR®

VQI Annual Meeting
Registration allows for admission to VQI ONLY.

Start New VQI Registration

RPVI

RPVI Course
Registration allows for admission to RPVI ONLY.

Start New RPVI Registration

A Brand New VQI.org!

SVS | **VQI**
In collaboration with NCDR®

ABOUT VQI REGISTRIES QUALITY IMPROVEMENT REGIONAL GROUPS PARTNERS & COLLABORATIONS DATA ANALYSIS & RESEARCH RESOURCES CONTACT / JOIN

Q

Improving the quality, safety, effectiveness and cost of vascular healthcare by collecting and exchanging information.

BEGIN YOUR SEARCH HERE.

Enter keyword or term to search... Q

ABOUT THE VQI →

VQI REGISTRIES →

REGIONAL GROUPS →

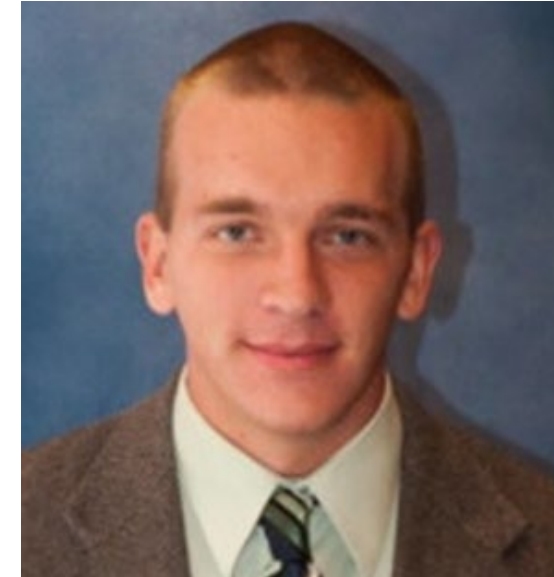
QUALITY IMPROVEMENT →

<https://staging.vqi.bytesco.site/about/>

- The addition of 14 registry specific pages
- More robust search capabilities, so customers can easily get the information they need
- Clean presentation of content
- Consistent menu options for each of the 18 Regional Group Pages.
- Streamlined Members Only area

Jeff Yoder – Statistician

- Start Date December 2022
- M.S. degree in Statistical Science from Indiana University
- Teaching assistant at Indiana University.



Top Responsibilities:

Working with the PSO Analytics team on a variety of projects and initiatives.

- Infra/Supra Inguinal Bypass Revisions Live late March 30, 2023
- New National Quality Initiative Smoking Cessation to be announced at VQI@VAM
- Data Integrity Audit Program
- Risk Calculator
- Follow-up reports:
 - IVC Filter and Varicose Vein
- Coming soon:
 - Harmonization of CAD variables
 - Harmonization of Anticoagulation
 - Open AAA Registry Revision



- Data Integrity Audits have begun Spring 2023.
- The Carotid Artery Stent Registry - first to go live.
- Additional registries will be added on a regular basis.
- Data results will not be punitive; will be utilized to update training and help texts.
- Audits are being performed by a third-party vendor – Telligen.
- Audited records will be blindly abstracted by Telligen; then compared to the completed case in Pathways for matches.
- More information to come soon.
- All inquiries should be sent to Melissa Latus. mlatus@svspso.org



- In partnership with the American College of Surgeons
- Inpatient launch late March, Outpatient launch June
- Standards derived by SVS members; program is used to measure compliance w/standards
- Six National Quality Strategies to align organizational functions to drive improvement based on the aims & priorities of the Agency for Healthcare Research and Quality (AHRQ):
 - Measurement & feedback w/ required registry participation
 - Certification, accreditation, & regulation w/required facility regulation
 - Consumer incentives & benefit designs with thorough discussion of treatment options and consent
 - Health information technology, working with outside software for continuation of care
 - Innovation & diffusion with research
 - Work force development w/ the capability of resident training

Program Standards Manual for Inpatient Program

- Institutional commitment
- Program scope and governance
- Resources for facilities, equipment, services, and personnel
- Clinical care
- Data abstraction and analysis
- Quality improvement
- Education and research
- <https://www.facs.org/quality-programs/accreditation-and-verification/vascular-verification/standards/>

For more information contact:

- vascular@facs.org



- TASC/GLASS
 - Dr. Elizabeth Genovese, M.D.
- Varicose Vein
 - Dr. Jennifer Ellis, M.D.

Visit VQI.org for a full listing of all Educational video offerings

<https://www.vqi.org/registry-education-members-only/>

REGISTRY EDUCATION WEBINARS

- VQI Educational Session – Vascular Medicine Consult (VMC)
- VQI Educational Session – Infra/Supra
- VQI Educational Session – PVI
- VQI Educational Session – EVAR
- VQI Educational Session – TEVAR/COMPLEX EVAR
- VQI Educational Session – CAS and CEA
- VQI Educational Session – Open AAA
- SVS VQI Infra/Supra Registry Revisions Webinar
- SVS VQI Educational Webinar – TASC/GLASS
- SVS VQI Education Webinar – TASC/GLASS Slides

**SPECIAL
OFFER**

Venous Stent Registry and Vascular Medicine Consult Registry Free Trial

For a limited time, SVS VQI is offering a **complimentary one-year trial subscription** to the VSR and VMC for an easily accessible first-hand experience of its value and ROI.

<https://mailchi.mp/5119b784e8d0/no-time-like-the-present>

To learn more about the Venous Stent Registry offer click here: [Venous Stent](#)

To learn more about the Vascular Medicine Consult Registry offer click here: [Vascular Medicine](#)

Or email vqi@fivoshealth.com to contact an account executive.

- **A Vascular Quality Initiative frailty assessment predicts post discharge mortality in patients undergoing arterial reconstruction** Kraiss LW, Al-Dulaimi R, Allen CM, Mell MW, Arya S, Presson AP, Brooke BS.
<https://pubmed.ncbi.nlm.nih.gov/35709866/>
- **Ankle-brachial index use in peripheral vascular interventions for claudication** Hawkins KE, Valentine RJ, Duke JM, Wang Q, Reed AB. <https://pubmed.ncbi.nlm.nih.gov/35276260/>
- **Assessing the quality of reporting of studies using Vascular Quality Initiative (VQI) data** Mirzaie AA, Delgado AM, DuPuis DT, Olowofela B, Berceli SA, Scali ST, Huber TS, Upchurch GR Jr, Shah SK.
<https://pubmed.ncbi.nlm.nih.gov/35760240/>
- **Incidence of Procedure-Related Complications in Patients Treated With Atherectomy in the Femoropopliteal and Tibial Vessels in the Vascular Quality Initiative** Sanon O, Carnevale M, Indes J, Gao Q, Lipsitz E, Koleilat I.
<https://pubmed.ncbi.nlm.nih.gov/35466788/>
- **Survival, reintervention and surveillance reports: long-term, center-level evaluation and feedback of vascular interventions** Fowler XP, Gladders B, Moore K, Mao J, Sedrakyan A, Goodney P.
<https://pubmed.ncbi.nlm.nih.gov/36248241/>

- **Perioperative outcomes of carotid endarterectomy and transfemoral and transcervical carotid artery stenting in radiation-induced carotid lesions** Batarseh P, Parides M, Carnevale M, Indes J, Lipsitz E, Koleilat I.
<https://pubmed.ncbi.nlm.nih.gov/34560219/>
- **Long-term implications of elective evar that is non-compliant with clinical practice guideline diameter thresholds** de Guerre LEVM, Dansey KD, Patel PB, Marcaccio CL, Stone DH, Scali ST, Schermerhorn ML.
<https://pubmed.ncbi.nlm.nih.gov/34508797/>
- **Effect of postoperative antithrombotic therapy on lower extremity outcomes after Infrapopliteal bypass for chronic limb-threatening ischemia** Marcaccio CL, Patel PB, Wang S, Rastogi V, Moreira CC, Siracuse JJ, Schermerhorn ML, Stangenberg L. <https://pubmed.ncbi.nlm.nih.gov/35074410/>
- **The association between device instructions for use adherence and outcomes after elective endovascular aortic abdominal aneurysm repair** De Guerre LEVM, O'Donnell TFX, Varkevisser RRB, Swerdlow NJ, Li C, Dansey K, van Herwaarden JA, Schermerhorn ML, Patel VI. <https://pubmed.ncbi.nlm.nih.gov/35276256/>
- **Association of preoperative vein mapping with hemodialysis access characteristics and outcomes in the Vascular Quality Initiative** Fedorova E, Zhang GQ, Shireman PK, Woo K, Hicks CW.
<https://pubmed.ncbi.nlm.nih.gov/34718099/>

Regional Meeting CME/CE Credit



Des Moines University is the continuing education provider for this activity.



The attendance roster will be cross-referenced with those applying for CME/CE. Sign in correctly.



Each participant **MUST COMPLETE BOTH** the attendance attestation and the meeting evaluation from the URL site – one form.



You will have 7 days from the date of the meeting to complete the forms and **SUBMIT**.



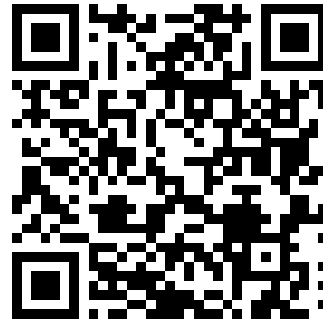
Approximately 14 days from the meeting, Des Moines University will email you instructions on how to access your certificate.



PSO leadership is providing continuing education credit to you at no charge!

If you do not complete and submit the online forms within 7 days, continuing education credit cannot be awarded.

REMEMBER TO PSO:



- **P**UT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)
- **S**END an email to ljohnson@svspso.org with names of group members that are sharing 1 device
- **O**FFICIALLY apply for CME/CE credit by clicking the URL or QR code provided here:
https://dmu.co1.qualtrics.com/jfe/form/SV_2uwQPX70hDt7vbo

You only have **7 days** to complete forms for CME/CE Credit.
NO EMAIL WILL BE SENT AS A REMINDER OR WITH THE CME/CE LINK

Participation Award Results



Tacoma - St. Joseph Medical Center



University of Washington Medical
Center (Northwest Campus)
St. Patrick Hospital
Swedish Cherry Hill
MultiCare Good Samaritan Hospital
MultiCare Tacoma General Hospital
Silverdale - St. Michael Medical Center
Asante Rogue Regional Medical Center
Straub Medical Center
Salem Health
PeaceHealth Southwest Medical Center



Providence Sacred Heart Medical
Center
Harborview Medical Center
University of Washington Medical
Center (Montlake Campus)
Providence Regional Medical Center
Everett
Kadlec Regional Medical Center
Swedish First Hill
Oregon Vascular Specialists, LLC
Federal Way - St. Francis Hospital
McKenzie-Willamette Medical
Center



Congratulations!

Quality Improvement Update Spring 2023



Quality Improvement – Participation Awards

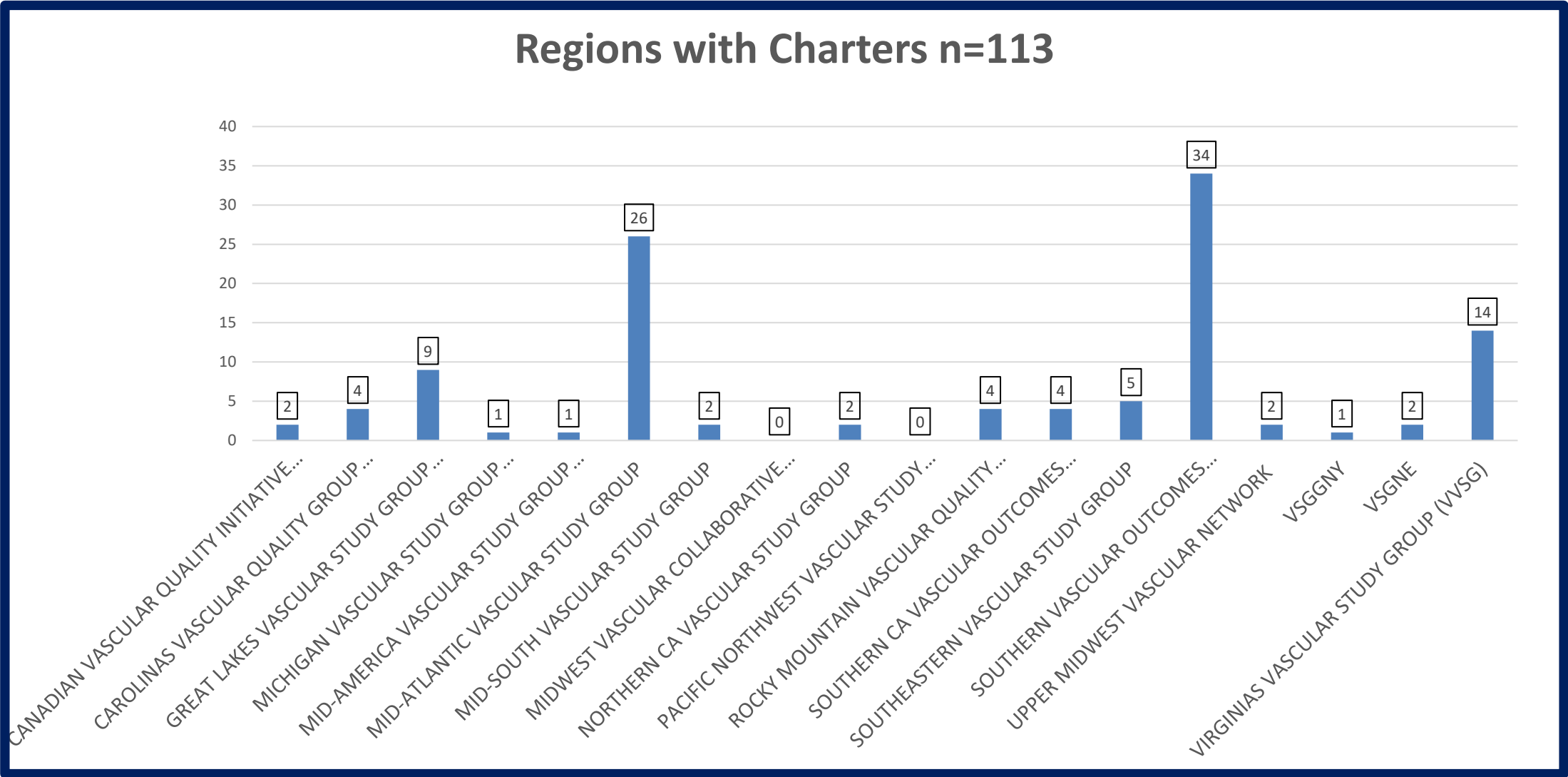
The following is a list of the four domains for the 2023 Participation Awards criteria:

- **Domain 1 – LTFU – 40% weighted**
- **Domain 2 – Regional Meeting Attendance – 30% weighted**
- **Domain 3 – QI Project – 25% weighted** 
- **Domain 4 – Registry Subscriptions – 5% weighted** 

<https://www.vqi.org/quality-improvement/participation-awards/>



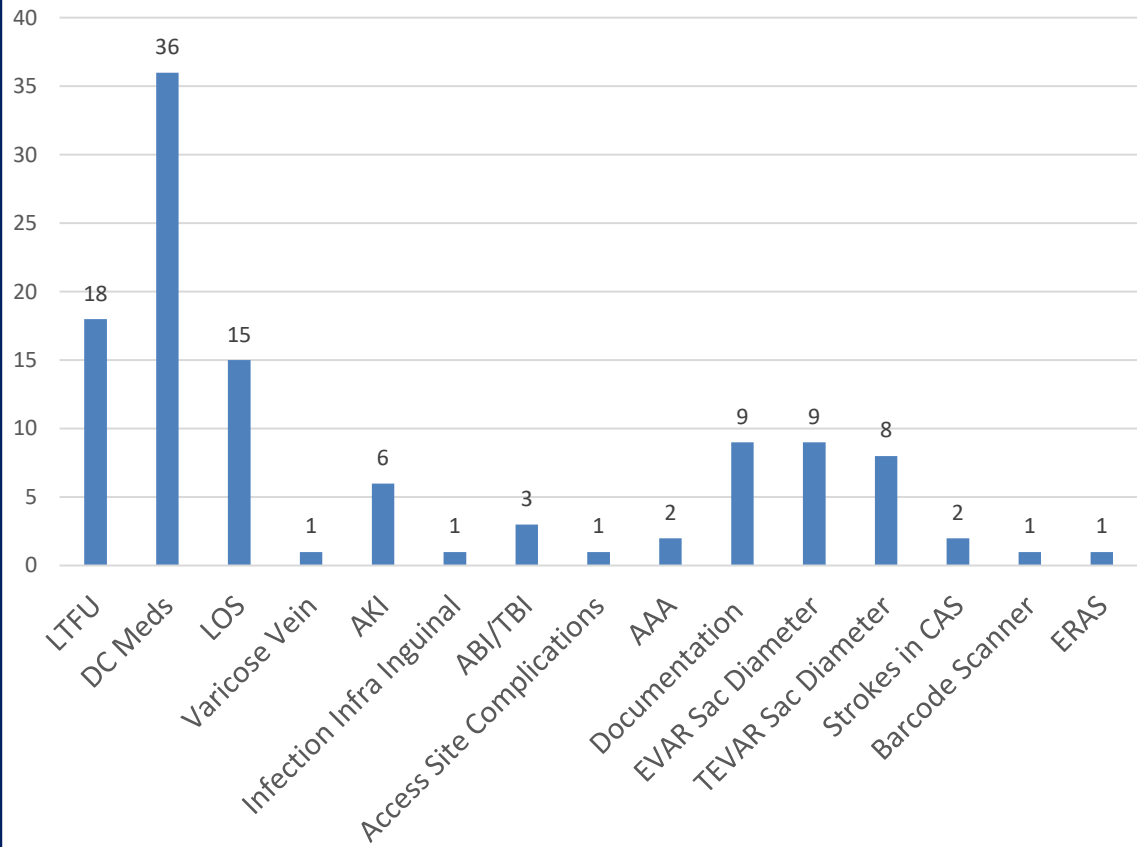
Quality Improvement - Charters



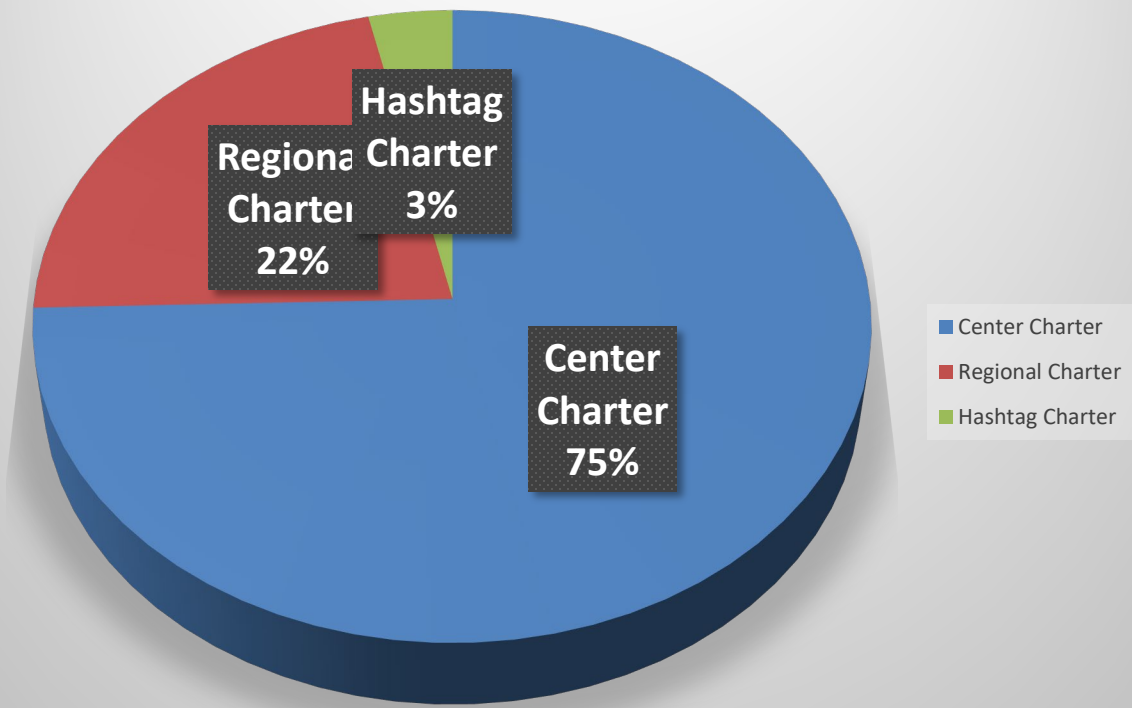


Quality Improvement – Charter Breakdown

Charter Topics



Charter Types



- Quarterly Webinars (Charter and QI)
 - www.vqi.org/quality-improvement-members-only/#upcoming-events
- Sample Charters
 - www.vqi.org/quality-improvement/quality-improvement-tools/#qi-charters
- Toolkits (VQI@VAM, Data Manager, LTFU)
 - www.vqi.org/quality-improvement/quality-improvement-tools/#qi-toolkits
- New improved VQI website
 - www.vqi.org
- 1:1 Calls
 - bwymmer@svspso.org



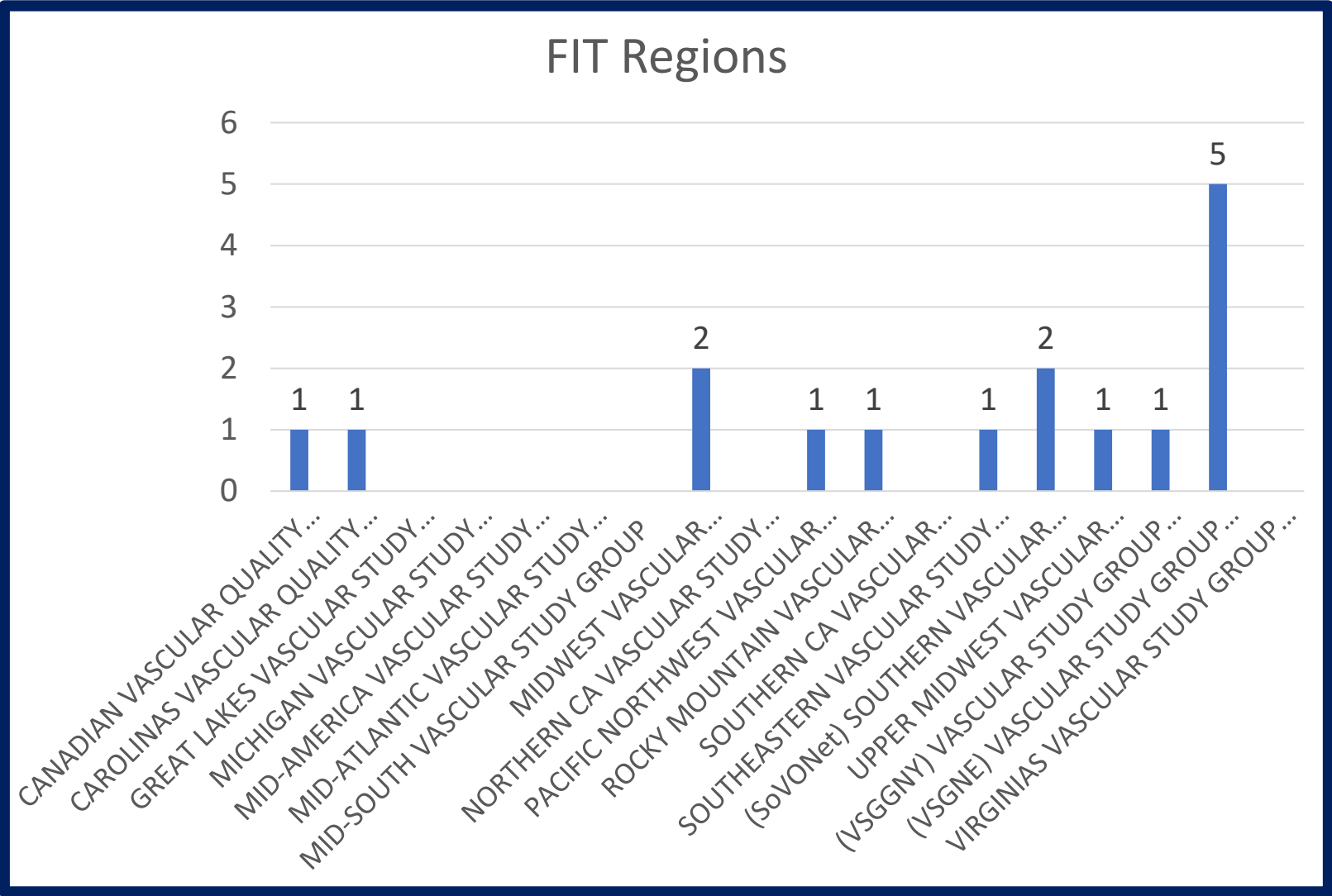
SVS PSO Quality FIT Program

- Existing FIT Trainees Jack Cronenwett Scholarship Application
 - Applications accepted January 9 – February 28
 - FIT Committee Review March – April
 - Scholarship winners announced at VQI@VAM 2023
- FIT Trainee 2023 Applications
 - Applications accepted January 9 - February 28
 - FIT Committee Review April – May
 - FIT Trainees with FIT Mentors announced at VQI@VAM 2023
- FIT Mentors
 - Accepted at any time
 - Contact bwymmer@svspso.org
- www.vqi.org/quality-improvement/quality-fellowship-in-training-fit-program/





SVS PSO Quality FIT Program



Arterial Quality Council:

Nam Tran, MD



Arterial Quality Council Update

- Open AAA Major Revision
 - Will be renamed to accurately capture intent of the registry
 - Iliac to Left Subclavian
- Registry Committee updates
- Review Smoking Cessation and inclusion of vaping variables.
Grp decided not at this time
- Introduction of the Data Integrity Program

Venous Quality Council:



Venous Quality Council Update

- Last Meeting February 22, 2023
- Re-engagement of the venous registry committees
 - Focus on new center recruitment
 - Review of current reporting
 - Brainstorming & discussion for addition of new reporting measures for bi-annual reports, Quarterly Dashboards and follow-up reports



IVC Filter Follow Up Report

IVC Follow-up Outcomes Report

1m ago

Procedure Date

Planned Filter Duration

2019/01/01 – 2021/12/31

is any value

2019/01/01 – 2021/12/31

- ☐ Temporary
- ☐ Permanent

Prepared for Demo Medical Center on 02/01/2023

This report is a patient safety work product generated within the SVS PSO, LLC, and is considered privileged and confidential

Follow-Up Rate

	My Center	My Region	All VQI
Cases with any follow-up	83.3% (5/6)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 & <= 21 ...	50% (2/4)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 & <= 21 ...	50% (2/4)	NA (<3 centers)	NA (<3 centers)

Fictitious Data

Varicose Vein Follow-up Report

Varicose Vein Follow-Up Outcomes Report

22m ago

Procedure Date

2020/01/01 – 2022/12/31

2020/01/01 – 2022/12/31

Leg Treated

is any value

☐ Right only

☐ Left only

☐ Bilateral

Treatment Type

is any value

☐ Thermal_RF

☐ Thermal_Laser

☐ Mechanochemical

☐ Chemical

☐ Embolic adhesive

☐ High ligation and stripping

☐ Stripping

☐ Stab phlebectomy

☐ Trivex phlebectomy

☐ Open ligation

☐ Endoscopic ligation

Vein Type

is any value

☐ Truncal

☐ Perforator

☐ Cluster

Treatment Region

any value

Thigh

Calf/Ankle

Both

This report is a patient safety work product. It was created within the SVS PSO, LLC, and is considered privileged and confidential.

Follow-Up Rate

	My Center	My Region	All VQI
Cases with early follow-up 0-3 months	33.33% (2/6)	NA	NA (<3 centers)
Cases with late follow-up >3 months	33.33% (2/6)	NA	NA (<3 centers)
Venous ulcers patients with late follow-up >= 3 months	0.00% (0/6)	NA	NA (<3 centers)

Fictitious Data

- Melissa Latus is your PSO primary point of contact on the status or refresh request. mlatus@svspso.org
- An **ACTIVE** pathways account & privileges to '*Share a File*' is required in order to receive your requested Blinded Data Set (BDS)
- Always include your RAC proposal number in any communications please.

Arterial Research Advisory Council:



Arterial RAC Schedule

<https://www.vqi.org/svs-vqi-national-arterial-rac-schedule/>

- PSO Arterial RAC - April 2023 Proposal Submission
- Call for Proposals: February 28, 2023
- Submission Deadline: March 28, 2023
- Meeting: April 10, 2023
-
- PSO Arterial RAC - June 2023 Proposal Submission
- Call for Proposals: May 2, 2023
- Submission Deadline: May 30, 2023
- Meeting: June 12, 2023
-
- PSO Arterial RAC – August 2023 Proposal Submission
- Call for Proposals: July 4 ,2023
- Submission Deadline: August 1, 2023
- Meeting: August 14, 2023

194 Publications in 2022

- **Data Security:** All investigators/team members are responsible for security of datasets, which are only to be used for the project for which they were approved.
- **Dataset Access:** Investigators have free access to the datasets to which their center has subscribed, providing that their center has at least 50% Long Term Follow-Up for the registry data being requested. Please confirm that your center subscribes to the dataset(s) you wish to analyze before submitting your proposal.
- **Comparison of Specialties:** The SVS VQI is a multi-specialty registry, therefore the SVS PSO Executive Committee does not allow comparisons between specialties in submission topics.

Venous Research Advisory Council:

Mark Meissner, MD

Venous RAC Update:

Created a separate Venous RAC in July 2020

[The Vascular Quality Initiative - National Venous RAC Schedule \(vqi.org\)](https://vqi.org)

2020: 3 proposals

- The impact of vein size on closure rate in treatment of the saphenous vein for venous insufficiency: **Jaime Benarroch-Gampel, MD**
- Comparison of complication rates of IVC filters based on anticoagulant and indication: **Emily Spangler, MD**
- Effect of Access Site Choice on Angulation of IVC filter and Impact on retrieval rates: **Khalil Qato, MD**

2021: 3 proposals

- Incidence of venous thromboembolic events (VTE) after endovenous ablation in patients with venous stasis ulcers (C6 disease): **Jaime Benarroch-Gampel, MD**
- Impact of Treatment Length and Treatment Region on Clinical Outcomes after Varicose Vein Procedures: **Halbert Bai, MD**
- Safety and efficacy of Endovenous ablation in patients with a history of DVT: **Mikel Sadek, MD**

2022: Proposals

- Impact of IAC Vein Treatment Center Accreditation on practice habits, utilization index, and patient outcomes: ProMedica Toledo Hospital
- Patient, Provider, and Geographical Factors Influencing Appropriate Use of Endovenous Ablation Therapy
- Outcomes following endovenous ablation therapy for obese patients with CEAP C2 and C3 venous disease

National Venous RAC Schedule

Submissions are made separately to the National Arterial RAC and the National Venous RAC – see the schedule below and the link to Abstracts123: <http://abstracts123.com/svs1/>

(If you do not have a login for Abstracts123, you can create one through the same link)

Bi-Monthly Schedule for National Venous RAC Proposal Submissions

May 2023

Call for Proposals: March 28, 2023

Submission Deadline: April 25, 2023

Meeting: May 8, 2023

July 2023

<https://www.vqi.org/national-venous-rac-schedule/>

Call for Proposals: May 30, 2023

Submission Deadline: June 27, 2023

Meeting: July 10, 2023

Governing Council:

Nam Tran, MD

Meeting November 18, 2022

- Quality Improvement Update
 - Smoking Cessation as a National Quality Initiative
 - 2022 ended with a record # of charters 113
- RAC Submission
 - 5 proposals per cycle from each institution
 - Once a center reaches 15 Arterial RAC proposals, faculty member will be expected to serve on RAC as an at large member
- Frailty variable development
- OBL Registry Refinement; enhanced value, reporting/reimbursement, ease data burden
- Discussion - Data burden within registry
 - Committee member engagement/expectations
 - Each Committee will have an associate chair
 - Enhance reporting measures
 - Review current variables; consider required fields; elimination of data variables

Spring 2023:

- Medical Director
 - Dr. Tran's term end spring 2023
 - Dr. Sara Zettervall term begins spring 2023
- Associate Medical Director
 - Kirsten Dansey-University of Washington (NW Campus)
- Arterial Research Advisory Committee
 - Nominations currently open
- Venous Quality Council
 - Jake Hemingway-University of Washington



Updates for Spring 2023 VQI Regional Meetings



Technology Updates for VQI

Released in Q3 2022



- Carotid Artery Stent (CAS) Revision

- Air Kerma field was added Air Kerma ** mGy DAP ** Gy.cm²

** At least one of these fields must be completed for submission

- Select options for Lesion -> Stent -> Pre Dilate were updated

Pre-dilate Lesion

Select ▼

Select

No

Yes, drug coated balloons

Yes, lithotripsy

Yes, plain balloon

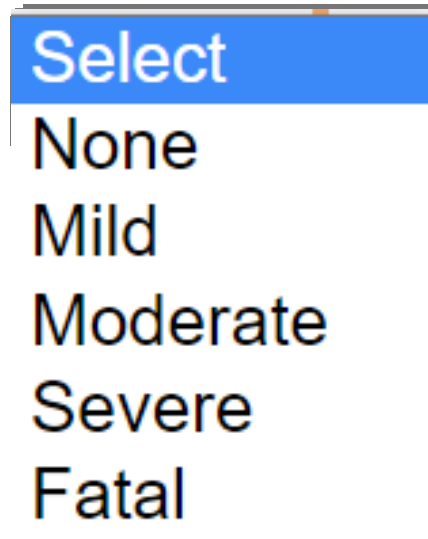


- Peripheral Vascular Intervention (PVI), Infra- and Suprainguinal Bypass, and Vascular Medicine Consult (VMC) Revision
 - Medication regions, in Demographics, Post- procedure and follow-up forms, were reordered and four new fields related to the dose of ASA and Rivaroxaban were added.

ASA	<div>Yes</div>	ASA Daily Dose	<div>Select</div>	mg		
Chronic Anticoagulant	<div>Rivaroxaban</div>	Rivaroxaban Dose	<div>10</div>	mg	Rivaroxaban Dose Frequency	
					<div>Other</div>	Please Specify
P2Y12 Antagonist	<div>Select</div>					
Statin	<div>Select</div>					
Beta Blocker	<div>Select</div>					
ACE-Inhibitor/ARB	<div>Select</div>					

- PVI, INFRA, SUPRA, VMC Revision
 - Any Bleeding Complication field was added to the follow-up forms.

Any Bleeding Complication



A screenshot of a dropdown menu. The menu is open, showing a list of options. The top bar of the dropdown is blue with the word "Select" in white. Below this, the following options are listed in black text: "None", "Mild", "Moderate", "Severe", and "Fatal".

Select
None
Mild
Moderate
Severe
Fatal

Device Assistant Enhancements

- Moved full or partial matched Catalog Numbers to appear at the top of the device results list
- Added ability to search for Catalog Number, Primary DI or Alternate Catalog Number with or without dashes
- Added the columns 'Description' and 'Alternate Catalog Number' to the device table

Released in Q3 2022



TEVAR Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Thoracic and Complex EVAR registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

TEVAR Follow-up Outcomes Report

Procedure Date	Presentation	Pathology	Dissection Indication	Zone of Treatment (Proximal/Distal)
2018/01/01 – 2021/12/31	is any value	is any value	is any value	<div><div>3 4</div><div></div></div>

Released in Q3 2022



IVC Filter Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the IVC Filter registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

IVC Follow-up Outcomes Report

Procedure Date

2020/01/01 – 2022/12/31

Planned Filter Duration

is any value

Released in Q3 2022



HDA Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Hemodialysis Access registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

HDA Follow-up Outcomes Report

Procedure Date

2020/01/01 – 2022/12/31

Procedure Type

is any value

Performance Site

is any value

AV Graft Conduit

is any value

Inflow Artery

is any value

VVR Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Varicose Vein registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

Varicose Vein Follow-Up Outcomes Report

Procedure Date

2017/01/01 – 2022/12/31

Leg Treated

is any value

Treatment Type

is any value

Vein Type

is any value

Treatment Region

any value ▼



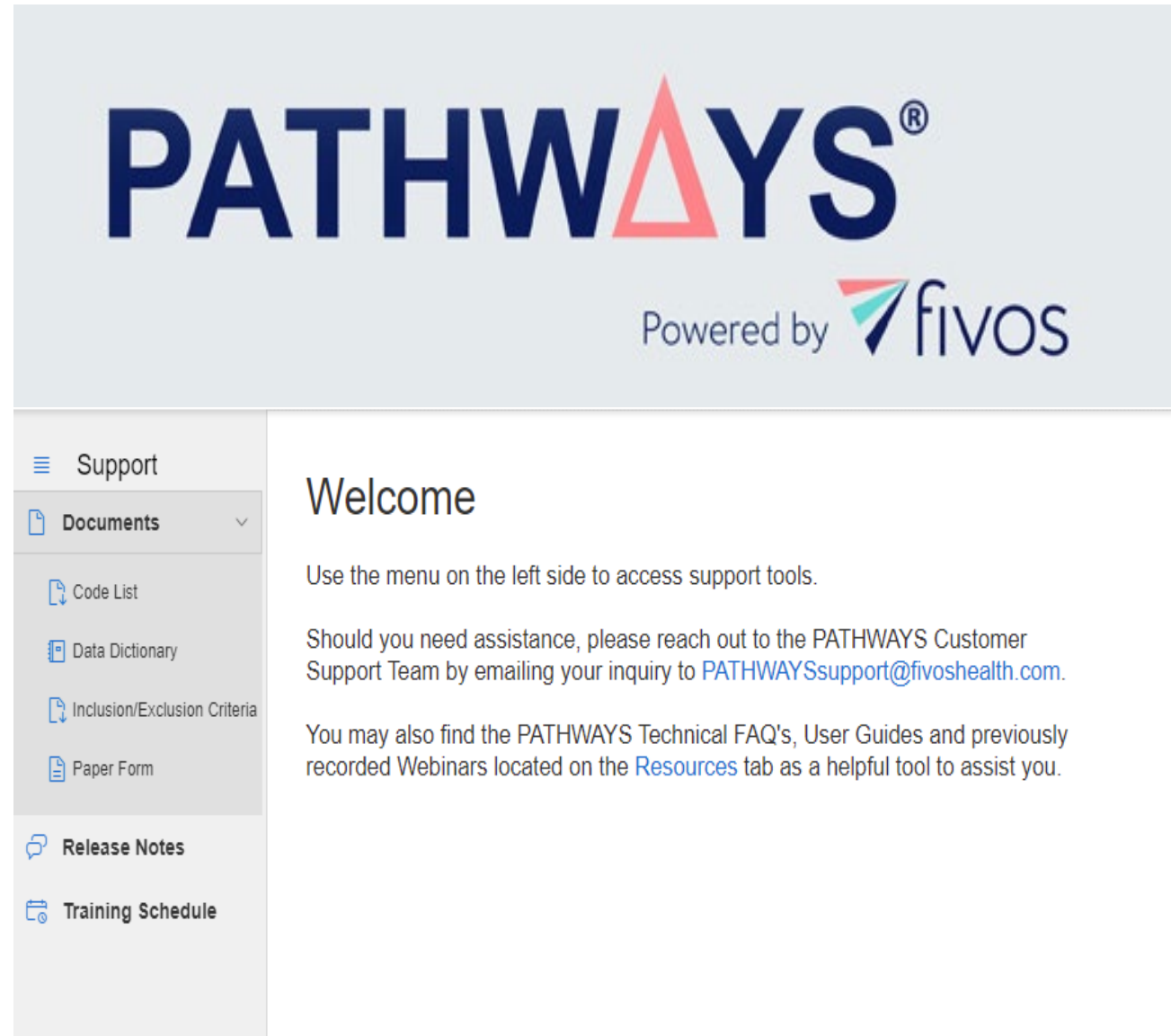
PATHWAYS Support

PATHWAYS Support

Need help?

Check out the PATHWAYS Support tab.

- **Documents**
List of essential documents necessary for new staff and experienced abstractors to assist with data abstraction.
- **Release Notes**
Listing of release announcements highlighting changes & improvements to the registries.
- **Training Schedule**
List of upcoming training opportunities with registration links for new staff and experienced abstractors.



PATHWAYS Support



Help us help you.

PATHWAYSsupport@fivoshealth.com

When sending an email inquiry to the PATHWAYS Support team...

- Please include:
 - Detailed information regarding your question including the name of the procedure registry and field(s) in question
 - Primprocid's to identify specific records
 - Your center name and contact information including a phone number in case we need to contact you
- Please **exclude**:
 - PHI from any email or attachments you upload
 - i.e., Patient name & DOB

This will help avoid confusion as we research your questions to ensure an accurate and timely response!

PATHWAYS Support

Are you new to the role of Hospital Manager at your center?

The **PATHWAYS Hospital Manager Guide**, located on the Resources tab, might help you better understand the responsibilities of your role in the VQI.



PATHWAYS® Hospital Manager Guide

We are excited to welcome you as a new Hospital Manager to PATHWAYS!

Your center has shown a commitment to quality improvement. The PATHWAYS platform provides a complete solution for collecting and managing registry data. Built-in reporting tools allow you to manage your registry data and compare your outcomes with other centers.

As a new Hospital Manager (HM) for your center, we would encourage you to reach out to existing staff to discuss your center's unique workflows and experience, and to gather information about the status of your registry data abstraction.

Responsibilities/Expectations of HM Role:

- Primary contact for the Registry at your center
- Receive & distribute communications regarding reports, meetings, announcements, etc.
- Understand the participation requirements of the registry & ensure adherence to these requirements (such as annual claims validation, registry inclusion criteria, and follow-up expectations)
- Create and manage user accounts and privileges
- PATHWAYS Super User
- Designate a secondary "Hospital Manager" at your site for cross coverage
- Maintenance of Center Characteristics
- Respond to data audits & other registry related inquiries

This HM checklist outlines steps to guide you to become familiar with PATHWAYS.

Getting Started:

- Login to PATHWAYS to get started!

Claims Validation

The annual claims validation process is intended to ensure that all eligible cases have been captured in the registry and is a requirement of participation in the VQI. This process is a key component of VQI's efforts to make certain registry data reflects real-world evidence.

The **2022** Claims Validation process will be launched in **April 2023**

- Centers will be notified via email with a request to provide the contact information for the individual responsible for completing the audit.
- Participating centers will be invited to a webinar providing an overview of the steps required for successful completion.

PATHWAYS Support is here to help you!

Please reach out if your center is selected to participate and you need assistance.



Coming Soon...

The **Support** Team is currently developing brief training videos to assist with specific functionality and tasks. By sharing some pointers with you, we hope to save you time and highlight PATHWAYS functionality and tools that you may not be familiar with.

The **Technology** Team has several features in progress to enhance PATHWAYS functionality including:

- Infra & Supra Follow-up Outcomes reports.
- Expanding data integration capabilities with Cedaron to include more VQI registries.
- Visualization of recently updated help text on the online/electronic form.
- Enhancing the Support tab to accommodate links to external resources.



THANK YOU

The Fivos team appreciates your support and looks forward to your continued feedback about the PATHWAYS platform and support services.

Please send your suggestions to
PATHWAYSsupport@fivoshealth.com

- November 2-3, 2023
- Vancouver
- PNW Regional Vascular Meeting

- Industry Supporters
 - Cook Medical
 - W.L. Gore
- CME/CE Accrediting Entity – Des Moines University
- Regional Membership Team



REMEMBER TO PSO:



- **P**UT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)
- **S**END an email to ljohnson@svspso.org with names of group members that are sharing 1 device
- **O**FFICIALLY apply for CME/CE credit by clicking the URL or QR code provided here:
https://dmu.co1.qualtrics.com/jfe/form/SV_2uwQPX70hDt7vbo

You only have **7 days** to complete forms for CME/CE Credit.
NO EMAIL WILL BE SENT AS A REMINDER OR WITH THE CME/CE LINK