

Quality Improvement Focus Charter Call

Betsy Wymer, DNP, RN, CV-BC

Tuesday, April 4, 2023

2pm-2:30pm ET

- Welcome
- VQI@VAM 2023
- www.vqi.org website
 - SVS Clinical Practice Guidelines
 - DM Toolkit
 - LTFU Toolkit
- Q&A
- Next meeting



Save the Date!



2023 VQI Annual Meeting
June 13-14, 2023

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

2
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2
3

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

SVS | Society for Vascular Surgery

2023 | Vascular Annual Meeting™

National Harbor, MD • June 14-17

SVS | 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 OF 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

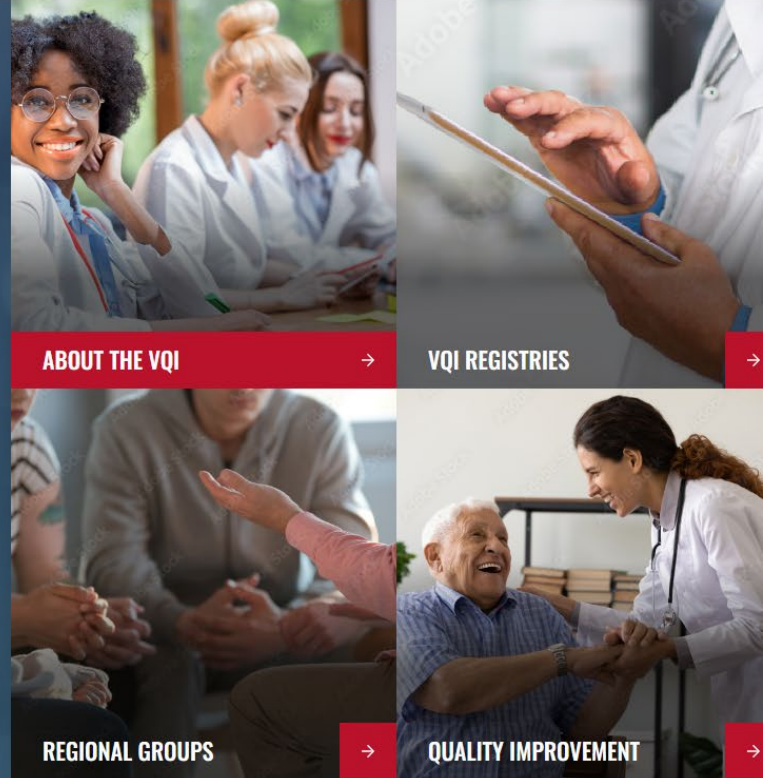


A Brand New VQI.org!

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... 



- 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

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

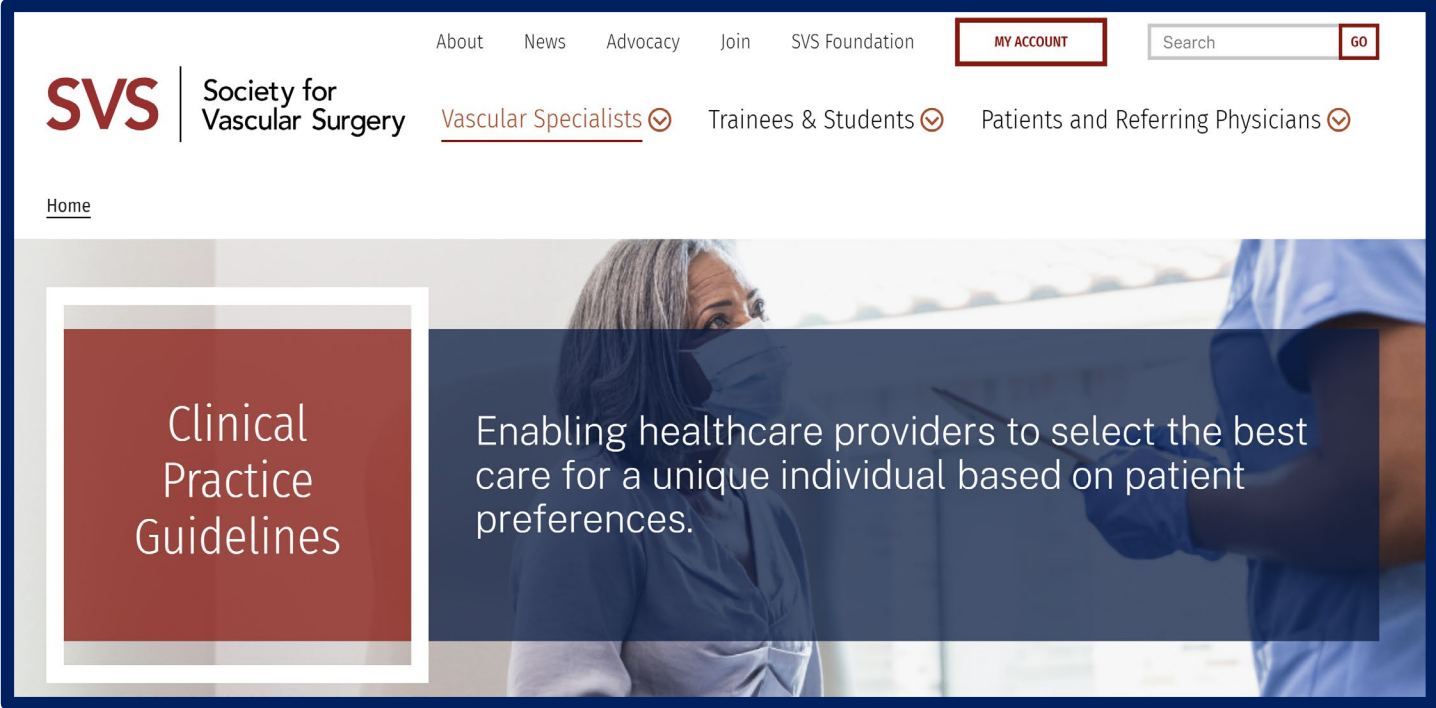


SVS Clinical Practice Guidelines



In collaboration with NCDR®

HOME / QUALITY IMPROVEMENT – MEMBERS ONLY



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Clinical Practice Guidelines

Enabling healthcare providers to select the best care for a unique individual based on patient preferences.

SVS | VQI In collaboration with NCDR®
ABOUT VQI REGISTRIES QUALITY IMPROVEMENT REGIONAL GROUPS PARTNERS & COLLABORATIONS DATA ANALYSIS & RESEARCH RESOURCES CONTACT / JOIN

HOME / QUALITY IMPROVEMENT / QUALITY IMPROVEMENT TOOLS

QUALITY IMPROVEMENT TOOLS

IN THIS SECTION

- QI TOOLS
- QI TOOLKITS
- QI MATERIALS
- QI SAMPLE CHARTERS
- UPCOMING EVENTS
- VQI NEWSLETTERS
- RELATED TOPICS

QI TOOLKITS

- DM
- LTFU
- VQI@VAM



DM Toolkit

Betsy Wymer, DNP, RN, CV-BC

December 2022





Vascular Quality Initiative



Welcome Data Managers

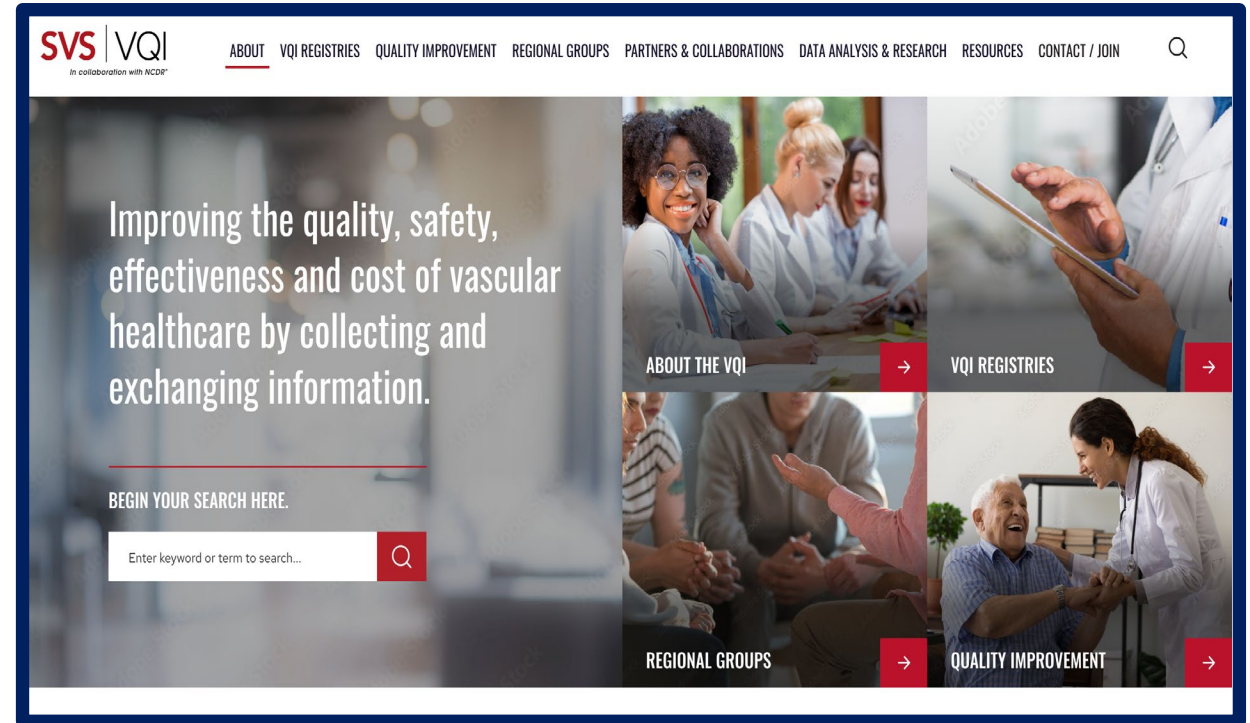
- Wealth of information found on www.vqi.org
- Need access?
 - Contact Jennifer Correa, Marketing Manager
 - jcorrea@svspsso.org
- Everything in this toolkit is found on the website
- Explore the new and improved website
 - Information at your fingertips
 - Quality is just a click away





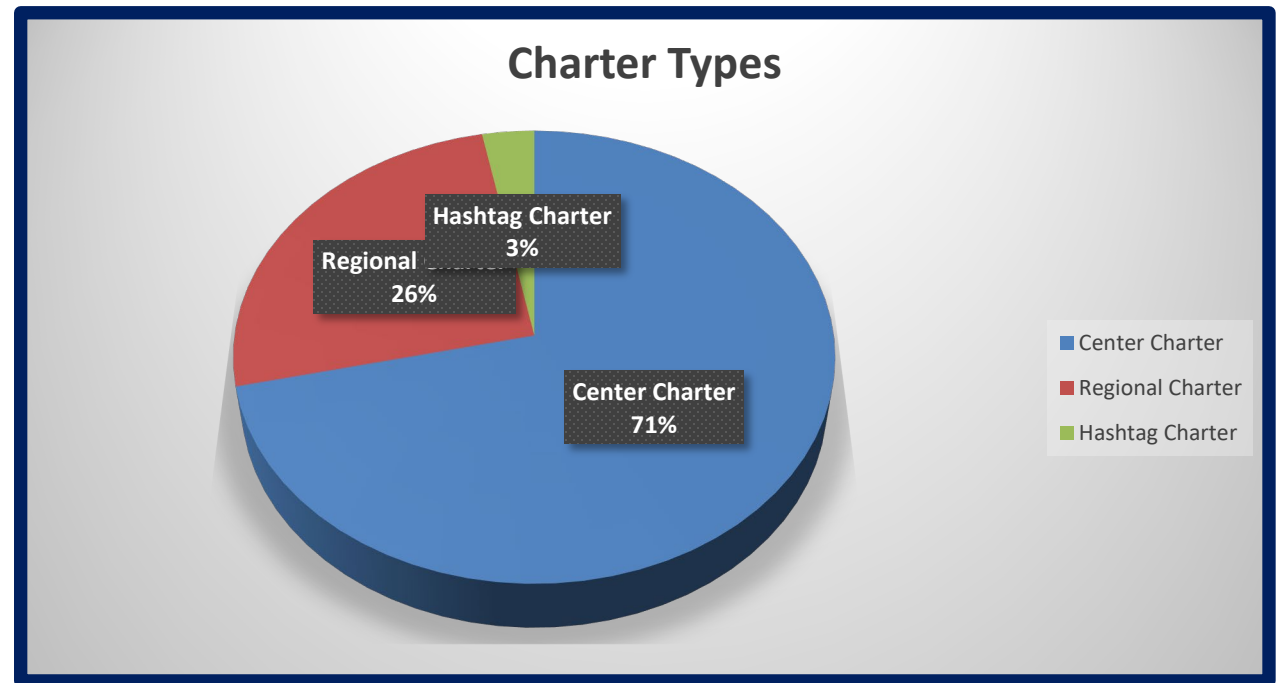
DM Toolkit Overview

- Charters
- Participation Awards
- VQI Corner
- Reporting Schedule
- VQI Webinars
- Pathways Webinars
- Regional Lead Data Managers
- Quality Improvement Resources
- VQI@VAM



Charters can be one of three types

- Hashtag Charters
- Center Charters
- Regional Charters





- Charters must be based on VQI data
- Charters can be approved annually up to three years
 - Must complete a supplemental form years 2 and 3
- All charters must be submitted and approved annually
 - Contact bwymmer@svspso.org
- Use your charter to create a poster presentation for VQI@VAM
 - Share your story
 - Internally
 - Externally



- Any new hashtag projects submitted as of July 18, 2022, must follow the # format seen below in order to have a BDS provided

#[Tag:value]

- Multiple hashtags can be entered in the comments box if they are separated by at least one space
- Project owners are responsible for ensuring that the tags and values are correctly entered
- If keystroke errors occur, centers may revise the record accordingly and request a revised data set
- You can find the hashtag document at www.vqi.org, under the quality improvement tab, quality improvement tools

Regional Medical Director, AMD, and region can develop a regional charter(s) based on their VQI data

Each center can opt to use these charters

Enter own center information into charter

Submit to bwymmer@svspso.org

Receive 2 participation points for a charter per center

If you are part of multiple centers, a charter must be submitted for **each** center

One charter per year per center receives participation points

You can submit more than one charter, just no additional points

Regional Lead Data Manager Responsibilities

Maintain list of centers within region who participate with charters

Lead and manage charters within region

Request BDS for reporting on regional charters (optional)

Consider adding hashtags to charter (optional)

Resources

www.vqi.org



Charters

- Charters are accepted year-round (Jan 1 – Dec 31)
- 1 charter per center per year = 2 participation points max
- Quarterly Focus Charter Calls
Register for the calls -
<https://www.vqi.org/quality-improvement/>
- View sample charters
<https://www.vqi.org/quality-improvement/> (quality tools)

Project Overview		
Problem Statement:		
Goal:		
Scope:		
Deliverable(s):		
Resources Required (including data sources):		
Key Metrics		Milestones
Outcome Metrics:	Milestone / Description:	Date (mm/yy):
Process Metrics:		
Team Members		
Exec Sponsor:	Clinical Sponsor:	
Sponsor:	Process Owner:	
Project Leader:	Team Members:	

Participation Awards Program

***subject to change annually**

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**

The final score is calculated as follows:

Total points = 4 x LTFU score + 3 x Attendance score + 2 x QI score + 1 x registry score



Participation Awards

- Document can be found on www.vqi.org
 - Hyperlink here
- Participation Committee
 - Meets quarterly
 - Cross functional committee with NP, PA
- Each center is responsible for maintaining tally of points annually
- Statistician sends report out every Spring –refer to reporting schedule and cutoff dates
- 2 weeks to dispute points
- Celebrate Participation Award Recipients
 - Regional Meetings (All Stars)
 - VQI@VAM (3 Stars)
- Marketing guidelines for displaying/distribution Participation Awards





- Increased frequency of VQI PSO Webinars focused on registry releases/revisions
- Addition of Data Managers to Registry Committees
- Reminder: Regional Lead DM is a resource for VQI updates and questions
- *Additional questions – cmorgan@svspso.org*



VQI Report Schedule

Reminder:

Visit [VQI.org](https://www.vqi.org) for the most current VQI Reporting Schedule

<https://www.vqi.org/resources/reporting/>

VQI Reporting Schedule 2022 - 2023			
Report	Data Cut Date*	Anticipated Delivery Date**	Procedure Timeframe***
VQI Regional Quality Reports			
Spring 2023	1-Feb-23	1-Mar-23	CY 2022
Fall 2023	1-Aug-23	1-Sep-23	July 1, 2022 - June 30, 2023
Fall 2023, RMVQI	1-Jun-23	1-Jul-23	May 1, 2022 - April 30, 2023
VQI Best Practices Dashboards			
Fall 2022	1-Sep-22	1-Oct-22	July 1, 2021 - June 30, 2022
Winter 2022	1-Dec-22	1-Jan-23	October 1, 2021 - September 30, 2022
Spring 2023	1-Mar-23	1-Apr-23	CY 2022
Spring 2023 (4-year Cumulative)	1-Mar-23	1-Apr-23	CY 2019 - CY 2022
Summer 2023	1-Jun-23	1-Jul-23	April 1, 2022 - March 31, 2023
Fall 2023	1-Sep-23	1-Oct-23	July 1, 2022 - June 30, 2023
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VQI Quality Initiative Updates			
Fall 2022	1-Oct-22	1-Nov-22	DC Meds: Through Quarter 3 2022 EVAR Sac Diameter: 2020
Spring 2023	1-Apr-23	1-May-23	DC Meds: Through Quarter 1 2023 EVAR Sac Diameter: 2021
Summer 2023	1-Jul-23	1-Aug-23	DC Meds: Through Quarter 2 2023 EVAR Sac Diameter: 2021
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	1-Feb-23	1-Mar-23	CY 2022

* The data-entry/completion deadline for each report is exactly one day prior to the Data Cut Date. Any changes or updates to the data on or after the Data Cut Date will not be reflected in the given report.

** The Anticipated Delivery Date is generally within 1 month of the Data Cut Date. Major report updates may require extended time for development, testing, and quality assurance.

*** For the reporting of LTFU outcomes, the procedure timeframe used is exactly 2 years behind the given Procedure Timeframe.



Webinar Schedule Sample



Date	Time	Webinar Name
September 21, 2022 November 29, 2022	1:00 PM ET	New VQI.Org Website Webinar
October 4, 2022	1:00 PM ET	SVS VQI Quarterly Quality Improvement Educational Webinars
October 11, 2022	1:00 PM ET	SVS PSO Quarterly Charter Focus Call
Q4 2022	TBD	Help Text and Development Revision Webinar
Q4 2022 – Q1 2023	TBD	Infra / Supra Registry Revision Overview
January 31, 2023	1:00 PM ET	SVS VQI Quarterly Quality Improvement Educational Webinars
January 17, 2023	1:00 PM ET	SVS PSO Quarterly Charter Focus Call

DISCLAIMER: This is a “living” calendar of events subject to frequent updates and changes.

Please visit <https://www.vqi.org/resources/webinars-events/> for the most up to date listing of webinars and events.



Please visit the Pathways Support Tab/Training Schedule for upcoming events and to register for requested training

PATHWAYS 101: Introduction to PATHWAYS Functional Training – Twice per month (2nd & 4th Wednesdays)

PATHWAYS 102: Introduction to PATHWAYS Follow-up and Reporting Tools - Quarterly

Support

Documents

Release Notes

Training Schedule

Training Schedule

Please click the register link below to sign-up for an upcoming training session.

Training	Date & Time (ET)	Register
TEST - PATHWAYS Training Webinar	01/18/2022 @ 03:00 PM	Register
Training Trial	01/12/2022 @ 07:18 PM	Register



Regional Lead Data Manager

- Excellent resource for you
- One-Two per region
 - Can Co lead
- Networking opportunities
- <https://www.vqi.org/regional-groups/#current-regional-groups>
- Provide updates to you on what's new and what's happening within VQI
- Provide regional calls – RLDM dependent
- Attend your regional meetings
 - Spring
 - Fall
 - Questions can be sent to Leka Johnson ljohnson@svspso.org





- QI Toolkits
 - LTFU
 - DM
- Monthly Newsletter
- Quarterly QI Webinars
- Quarterly Focus Charter Calls
- Quarterly Regional Lead Data Manager Calls
- 1:1 Meetings
- <https://www.vqi.org/quality-improvement/>





VQI@VAM Annual Conference

- Poster presentations
 - Share your story (charter or other center project)
- Registry Education focus
- Podium presentations
 - Selected by PSO Staff and Committee Members
- Networking opportunities
 - Tuesday evening of the event specific time dedicated to networking
- Different venue annually
- Low cost, high value
 - Registry Updates
 - Case Scenarios
 - VQI Future Plans
 - Much More!
- Plan ahead, budget
- Visit www.vqi.org for more information





LTFU Toolkit

Betsy Wymer, DNP, RN, CV-BC

December 2022





Vascular Quality Initiative



- VQI Contract
 - VQI governing policy is specific for LTFU at one year
 - <https://www.vqi.org/wp-content/uploads/SVS-PSO-Governing-Policies-rev051418.pdf>
- CMS Reimbursement Surveillance Projects (example TCAR)
 - LTFU required
 - Possible audits and/or forfeited reimbursement
 - <https://clinicaltrials.gov/ct2/show/NCT02850588?term=tcar&draw=2&rank=1>

Reporting Schedule

- LTFU is exactly 2 years behind the given Procedure Timeframe
- LTFU is considered 9-21 months post procedure
- <https://www.vqi.org/resources/reporting/>

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*** For the reporting of LTFU outcomes, the procedure timeframe used is exactly 2 years behind the given Procedure Timeframe.

- Currently, VQI **requires** 1-year LTFU
 - 9-21 months post procedure
- Pathways allows additional follow up visits
 - Member requested
 - 30-day follow up
 - Focus on Readmission
 - 2 year follow up
 - Additional LTFU
- Additional F/U **encouraged**, not mandatory



Pathways Support Training Schedule

Please visit the Pathways Support Tab/Training Schedule for upcoming events and to register for requested training

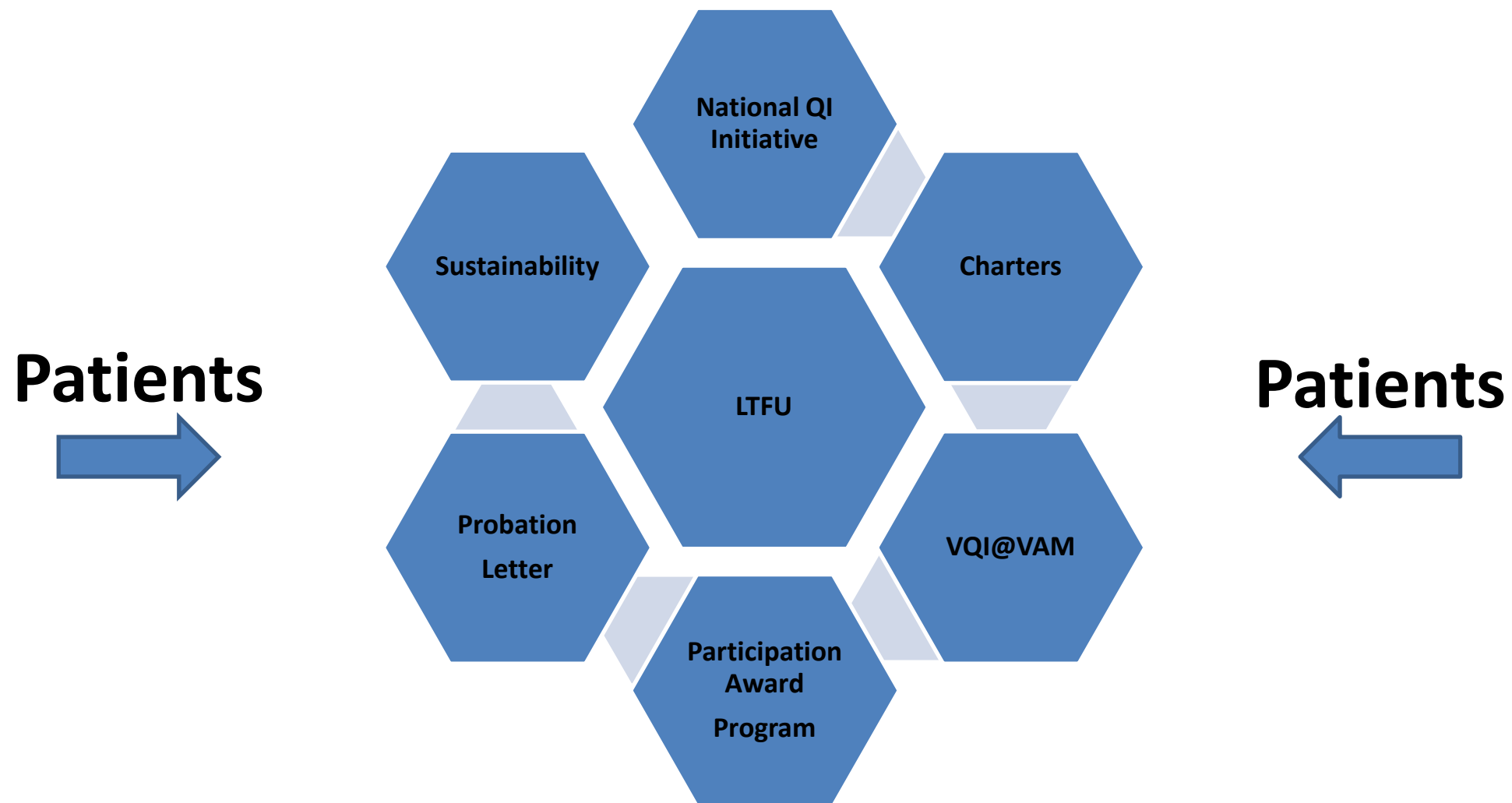
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EVAR Long Term Follow-Up (LTFU) Imaging

- Review center data
- Attend regional meetings
 - 2x per year
- Meet with leaders
- Compare center with national benchmark
- Where do you stand?
- Where do you *want* to stand?



Dr. Gary Lemmon

Indiana University Health System

“For the first time in over 30+ years of clinical practice, vascular surgeons using VQI now have meaningful quality measures of their choosing rather than opaque metrics from hospital administrative databases.”

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Process Metrics:		
Team Members		
Exec Sponsor:	Clinical Sponsor:	
Sponsor:	Process Owner:	
Project Leader:	Team Members:	


Implementation of a Long-Term Follow-up Performance Improvement Project for the VQI TEVAR and Complex EVAR Registry

Authors: Zdenek Novak, Evan Bolden-Perry, Amber Davidson, Adam W. Beck

UAB School of Medicine, Birmingham, AL

Implementation of a Long Term Follow-up Performance Improvement Project for the VQI TEVAR and Complex EVAR Registry

Zdenek Novak, Evan Bolden-Perry, Amber Davidson, Adam W. Beck - UAB School of Medicine, Birmingham, AL



Problem Statement

- Endovascular Aortic Repair has notoriously poor follow-up
- VQI long term follow-up (LTF) completion is necessary to evaluate the health outcomes of patients across time in medically complex case.
- Before this project our center had low rates of TEVAR and complex EVAR LTF rate.
 - Our center's 2019 regional report for the LTF rate for this module was only 26% (the national SVS PSO VQI rate was 70%).
- Internal vascular clinic data suggested our follow-up was greater (at least 50% or above)
- We suspected factors leading to low TEVAR/cEVAR follow-up may impact low LTF reporting in our other VQI registries as well.

Improvement Strategies/Process

Assess the current VQI submission status of completed procedures:

- Data sources used to assess the cohort:
 - The VQI LTF drill down tool
 - EMR reports
 - Local obituaries
 - Internal tracking database
- Using our internal database and VQI resources we created list of submitted index procedures needing follow up within 9-21 months for the years 2017 and 2018 and their corresponding VQI LTF completion status and failure mode (where applicable)
- This analysis allowed us to determine each way our follow-up entry process was challenged.

Discovered Barriers & Failure Modes:


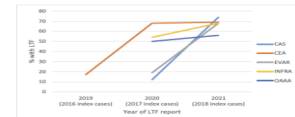
- Patients refusing follow up
- Patients where follow-up was missed or not scheduled
- Patients being scheduled slightly before or after the window designed by the VQI
- For patients within LTF window, data abstraction was often hindered due to clinical notes missing pertinent VQI information such as aortic sac size despite completed imaging at the follow up date.
- Lag in communication or needed information forgotten.

Improvement Process:

- Periodic monthly review of LTF status for eligible VQI patients by VQI coordinator
- For patients who did not complete LTF by 15 months (re-)scheduling reminder is issued
 - Development of improved channels of communication between clinic nurses & schedulers
- Timely gathering of missing information preventing LTF submission
 - Improvement of communication with surgeons/advanced practitioners
- Suggested need to introduce a VQI indicator into the EMR for the scheduling team and surgeons at different steps in the data collection process.
- Emphasis on patient education about need for LTF

Results

- After successful modification of the processes for the LTF identification, scheduling, and data gathering, our LTF rates have increased from 26% in 2016 index cases → 47% in 2017 index cases → 80% in 2018 index cases for TEVAR and complex EVAR procedures.
- These changes also positively affected other VQI modules as demonstrated by improvement in overall VQI LTF rates from 17% in cases from 2016 → 49% in 2017 → 69% in 2018

Goals

- To address discrepancy between LTF rates experienced in our vascular clinic and VQI
- Identify and address systemic issues affecting LTF rates
- Improve completion LTF rates for TEVAR and complex EVAR to at least 80%
- To improve completion LTF rates across other participating modules and overall VQI.

Conclusions



Strategically identifying and addressing gaps in performance for our center's VQI LTF processes was essential for our improvement. TEVAR completion requires coordination between multiple project stakeholders and identified several areas where improved communication was needed. Engaging our VQI coordinator, nursing staff and schedulers as a team was key in our improvement process. We believe the lessons learned from this project will allow us to standardize similar processes across our other participating modules.

Participants

- VQI coordinator
- Scheduling/Clinic Nurse
- Information Systems personnel
- Surgeons/Nursing

Challenges


- Communication between Schedulers, Clinic nurses and VQI coordinator
 - Out-of-state
 - Elderly
 - Located in nursing facilities
- Proper utilization of resources and personnel
- Work in progress
- Imaging retrieval for patient followed outside of our facility

Sustaining High Performance in Long Term Follow Up Care



Authors: Rouchelyn Fallorina, BSN, Stephanie Rose Manuel, Carlos A. Moreno, BS, Eri Fukaya, MD, Ronald L. Dalman, MD

Stanford Health Care, Stanford, California (Division of Vascular and Endovascular Surgery)




Sustaining High Performance in Long Term Follow Up Care

Rouchelyn Fallorina, BSN, Stephanie Rose Manuel, Carlos A. Moreno, BS, Eri Fukaya, MD, Ronald L. Dalman, MD
Division of Vascular and Endovascular Surgery, Stanford Health Care, Stanford, California





Background

➤ We had previously shown that improving clinic and scheduling workflows to focus on long-term follow-up and imaging for EVAR procedures in alignment with VQI National Improvement strategies had resulted in a significant increase in overall VQI LTFU rates.



➤ The VQI registry provides an opportunity to capture and measure long-term follow-up (LTFU) patient visits. However, maintaining a high rate of patient clinical follow-up can be challenging.



Goal

➤ To identify the necessary operational needs and revise workflows to expand to other VQI procedures while sustaining high LTFU rate for EVAR procedures and achieve higher overall VQI LTFU rates

Challenges

➤ We identified the biggest challenges as:

- Scheduling patients needing follow-up visit within the 9-21-month VQI window
- Obtaining missing data for patients unable to follow-up in person.

Improvement Strategies

➤ Revision of existing workflows

In order to make sure that scheduling aligned with the required VQI timeline, clinic workflow was revised to designate responsibility to a single individual (VQI clinical coordinator). Tasks for the VQI coordinator include:

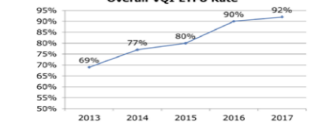
- 1. Patient-centered complex scheduling:** Coordination of same day follow-up imaging and clinic visit for patients traveling from long distances, allowing enough time to have images processed and available for the provider at their subsequent clinic visit.
- 2. Obtaining outside images & documentation:** For patients unable to do an in-person follow-up, the VQI coordinator obtains any images, reports and clinical notes done locally at their place of residence for SHC provider review.
- 3. Performing Telephone follow-up visits:** As an option to capture VQI data for patients unable to return for face-to-face visits.
- 4. Sending reminder letters and phone calls:** To ensure future follow-up visit scheduling/adherence and re-schedule no-show in-person visits

➤ **Training of Clinic Staff**

All clinic staff were trained regarding the importance of proper scheduling for VQI patients in order to identify patients eligible for long-term follow-up. Regular progress reports during staff meetings reinforced accomplishments and identified further challenges.


Results

The implementation of the strategy resulted in an overall increase in the LTFU follow-up rate (n=300) of 92% for 2017 compared to 69% in 2013.




Success Factors

- In order to steadily increase overall LTFU rate in 8 modules with an annual follow-up of over 300 patients, securing the necessary resources to complete VQI tasks was essential.
- The designation of a dedicated clinic coordinator to complete specific VQI long-term follow-up related tasks reduces the occurrence of non-scheduled or missed visits, facilitates communication, diminishes the burden on patients, and allows providers to maintain continuum of care.




Lessons Learned

- Sustaining continuum of care requires reviewing the data daily and following standard workflows.
- We discovered that mixing VQI eligible follow-up in regular clinic workflow caused patients to miss their window.
- Clinic personnel needs to balance responsibilities between tasks, such as optimizing Likelihood to Recommend (LTR) scores, for all patients and providers beyond VQI requirements alone.
- Adjustment of many moving parts are involved in effectively implementing this type of quality measure.
- The main challenge that we faced was assigning VQI follow-up responsibilities to a single individual.
- Support from leadership and providers along with the consistent management support, including intervention and oversight from the Assistant Clinic Manager and Clinic Manager, helped optimize successful implementation of the new workflow.



Conclusion

Continuum of open communication, having a supportive learning environment with enough staff, and understanding the potential failure points associates with VQI LTFU will help sustain a high completion rate going forward.





- VQI@VAM Annual Reports
 - QI Supplemental Quality Guide
 - QI Abstracts Guide
 - Quality Rapid Fire Presentations
 - SVS VQI Detailed Annual Report
- <https://www.vqi.org/qualityimprovement/> (quality tools)



Dr. Patrick Ryan

Nashville Vascular and Vein Institute

“The VQI provides the best method for monitoring quality in my vascular surgery practice thus effecting the greatest possible quality and outcomes for my patients.”

Participation Awards Program

***subject to change annually**

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**



Domain – LTFU – 40% weighted

LTFU reporting demonstrates a commitment to monitoring the ongoing effectiveness of treatment, assessing potential problems and providing optimal medical management. LTFU allows a more meaningful assessment of quality (as opposed to only perioperative outcomes) and is a cornerstone of VQI.

A center's LTFU rate will be determined according to the scale below. Since this category is weighted at 40%, the number of points a center earns for LTFU will be multiplied by 4 before calculating the overall score.

- LTFU rate $\geq 90\%$ 6 points
- LTFU rate $\geq 80\%$ 4 points
- LTFU rate $\geq 70\%$ 2 points
- LTFU rate $< 70\%$ 0 points



- Probation letters come out annually in July
- Check your LTFU status throughout the year
- Must be at >50%

LTFU reporting in the VQI is defined as the submission of a follow-up form at least nine months after the procedure in surviving patients. The SVS PSO Governing Council has determined that data from centers with LTFU reporting <50% cannot accurately depict outcomes and is inconsistent with the quality improvement mission of the VQI. Centers are actually given two full years to complete LTFU within a 9-21-month time period, after a procedure. Of all eligible centers, 25% of VQI members failed to report LTFU for at least 50% of procedures performed in 2019. These centers are now being placed on probation until they can improve their LTFU reporting to include at least 50% of their procedures for a consecutive 12-month interval.

There are several consequences of LTFU probation. If a center does not improve its LTFU rate and remains below 50% for an additional 12 months or longer, there are two additional consequences of probation:

- Such centers will not be permitted to participate in new industry-sponsored projects to assess device performance if LTFU is included in these projects, since complete reporting is critical for these projects. Centers will only be prohibited from participating in industry-sponsored projects for the specific registries that continue to have a LTFU rate of < 50%.
- Such centers will not be permitted to receive de-identified datasets for research, for any registry in which their LTFU remains at <50%.



How to Check Center LTFU Status

- Sign into Pathways
- Select Tools
- Select 'LTFU completion rate by procedure'
- Input dates 1/1/2020 – 12/31/2020
- This shows the compilation % for the Center
- Email a screenshot of this entire screen to bwymmer@svspso.org
- If you have difficulties, please contact pathwayssupport@fivoshealth.com



Dr. Jeb Hallett

Medical University of South Carolina (MUSC)

“In the Carolinas Vascular Regional Quality Group, the VQI has been a wonderful, professional, and personal ‘glue’, for our regional quality efforts.”

- Update and Maintain Center Characteristics
- Continue Stakeholder Updates
- Check LTFU Status
- Review Return on Investment Possibilities
- Share your Quality story



Procedure/treatment Date From Procedure/treatment Date To

Procedure Type	Completion Rate
Carotid Artery Stent	100% (28/28)
Overall	100% (28/28)

*Denominator only includes submitted records.

<https://drive.google.com/file/d/1oXkxdw1KsYGuYN6OUFfw43tlx4o0--6y/view?usp=sharing>

- Q&A
- Next meeting
 - April 11, 2023, QI Call 2pm ET
 - July 18, 2023, Charter Focus Call
 - July 25, 2023, QI Call
 - Make sure to register

