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Rocky Mountain Vascular Quality Initiative (RMVQI)

September 25, 2020

11:00 am-1:00 pm MT

Remote

SVS | Society for Vascular Surgery
m2s
Society for Vascular Medicine
VASA
SVU Society for Vascular Ultrasound

Participation Award Credit

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PLEASE SIGN IN!!!

Click “Participants” in the box at the top or bottom of your screen. If your full name is not listed, hover next to your name and you’ll see “rename”. Click and sign in. If you can’t sign in, please email Leka Johnson at ljohnson@svspso.org and let her know the identifier you were signed in under (ex –LM7832 or your phone number).

**SPECIAL NOTE: We do give credit to residents/fellows that don’t have a pathways user account !!!

Sign in with your Full name, MD, Name of Institution

Agenda

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Time	Topic	CE Credit
11:00am	Welcome	No
11:10am	Regional Data Review Scott Berman, MD, Regional Medical Director, RMVQI Learning Objectives: • 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
11:50am	Regional QI Proposal Scott Berman, MD, Regional Medical Director, RMVQI Learning Objectives: • 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)

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Time	Topic	CE Credit
12:30pm	National VQI Update Caroline Morgan, Clinical Operations Associate, PSO Learning Objectives: • 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
1:10pm	AQC Update – Benjamin Brooke, MD	No
	VQC Update – Bridgette Smith, MD	No
	RAC Update – Benjamin Brooke, MD	No
	Governing Council Update – Scott Berman, MD	No
1:20pm	Case Presentations 1. Speaker 1, MD, Title, Center 2. Speaker 2, MD, Title, Center	No
	Open Discussion/Next Meeting/Meeting Evaluation	No

Disclosure

Relevant to the content of this educational activity the following individual(s) have no conflict(s) with commercial interest companies to disclose:

Carrie Bosela, RN, CPC, CPC-1, Senior Director Clinical Operations, PSO
Caroline Morgan, BSN, Clinical Operations Associate, PSO

Relevant to the content of this educational activity, the following individual(s) have a conflict with commercial interest to disclose:

Scott Berman, MD, Regional Medical Director – Proctor, Consultant, and Trainer for Silk Road and Cook Medical

Welcome and Introductions

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Abrazo Arizona Heart Hospital
Abrazo Arrowhead Campus
Arizona Endovascular Center
Arizona Vascular Specialists, LLC
Banner Desert Medical Center
Banner Heart Hospital
Carson Tahoe Regional Hospital
Cheyenne Regional Medical Center
Dixie Regional Medical Center
HonorHealth Deer Valley Medical Center
HonorHealth Scottsdale Osborn Medical Center
HonorHealth Scottsdale Thompson Peak Medical Center
Intermountain Medical Center
Kootenai Health
Lovelace Medical Center
Lutheran Medical Center
Mayo Clinic Arizona
McKay-Dee Hospital
Memorial Hospital Central
Parkview Medical Center
Penrose St. Francis
Pima Heart and Vascular
Porter Adventist Hospital
Presbyterian Hospital
Presbyterian/St. Luke's Medical Center
Rose Medical Center
Saint Alphonsus Regional Medical Center
Saint Joseph Hospital
St. Anthony Lakewood
St. Luke's Regional Medical Center
St. Mary Corwin Medical Center
St Mary's Hospital-SCL
St. Vincent Healthcare (Montana)
Superior Vein Care PLLP
The Medical Center of Aurora
Tucson Medical Center
University of Arizona Medical Center
University of Colorado, Denver
University of Colorado, North Vascular Services
University of New Mexico
University of Utah Hospital and Clinics
Utah Valley Hospital
Yavapai Regional Medical Center

AQC Update: Benjamin Brooke

- Randy DeMartino, MD (Mayo Clinic Rochester) is the new Chair of the AQC

AQC Update: Benjamin Brooke

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- Current projects:
  - Common variable help text updates
  - OAAA registry revisions
  - SVS guidelines collaboration
    - Guideline compliance measured using VQI registry data
  - COVID Interest Group and Response (CIGAR)
    - DM and Physician Surveys (sent out in June)
  - Patient Reported Outcomes for PAD (My PAD)
    - Seeking 10 VQI centers to pilot PAD PRO collection

RAC Update: Benjamin Brooke

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- Nicholas Osborne, MD (Univ of Michigan) FIRST chair of the new Venous RAC
- Arterial RAC* and Venous RAC alternate months for submissions:

https://www.vqi.org/data-analysis/national-arterial-and-venous-rac-schedules/

*Next Deadline: September 28th

VQC Update: Brigette Smith

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- Marc Passman, MD (UAB) new chair of the VQC taking over for Jose Almeida, MD
  - 1-3 year goals
    - Dedicated podium time for VQI at AVF
    - Update Varicose Vein and IVC quarterly interoperative dashboards
    - Create Venous Stent dashboard
    - Work on LTFU dashboards for all 3 venous procedures
    - Continue work C2 disease and appropriateness of care
    - Continue work with United Healthcare
    - IVC retrieval rate is 30% nationally, need to make this a national quality initiative
    - Create COPI (Center Opportunity for Process Improvement) reports for venous registries

Proposal Process:

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1. Review list of projects approved to avoid duplication

https://www.vqi.org/data-analysis/rac-approved-project-search/

2. Submit proposal on line:

http://abstracts123.com/svs1/meetinglogin

GC Update: Scott Berman

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- Appointments of Vice-Chairs to the VQC and VRAC
  - Dr. Mark Iafrati has been nominated to serve as Vice Chair of the Venous Quality Council
  - Dr. Fedor Lurie has been nominated to serve as Vice Chair of the Venous RAC
- Unblinding EVAR Imaging LTFU: Needs to be voted on by each region
- Dr. Goodney presented VISION reporting on EVAR Survival, Reintervention, and Surveillance
- The GC discussed the impact to moving to virtual regional meetings and ways to make calls more interactive.
- Dr. Beck is the new Vice-Chair of the Executive Committee
- The PSO will be appointing 2 new at-large members to the PSO Executive Committee

PIMA HEART & VASCULAR

Pima Vascular Patient Reported Outcomes/Quality of Life Hashtag Project

- Project start date **10/01/2019**
- Includes all PVI or bypass procedures done with indication of claudication.
- Goal: To measure the impact of patient's perceived quality of life and assess durability of interventions performed for claudication
- Process: QOL form collected preop, short term postop & 1 year postop. Additionally ABI's are collected early postop as well as the standard 1 year. Data entered using specified # format.
- Currently 2 sites: University of Utah and Pima Heart and Vascular

Total PVI Cases Meeting Criteria	Total PVI Cases With Both Pre & Post op Forms Collected	Total PVI Cases With Postop ABI collected
188	28 (15%)	81 (43%)

#FRAILTY

Dr. Larry Kraiss, MD
Dr. Benjamin Brooke, MD, PhD
Ms. Julie Beckstrom, RN, MSN

Rocky Mountain Vascular Quality Initiative
September 25, 2020

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PROBLEM STATEMENT

Frailty is a multidimensional syndrome of loss of reserves (energy, physical ability, cognition, health) that gives rise to vulnerability to adverse events.[1]

Frailty-based instruments, such as the **Clinical Frailty Scale**, may be useful for predicting long-term clinical and functional outcomes after vascular surgery.

SOURCE: 1. ROCKWOOD ET AL, CMAJ, 2005

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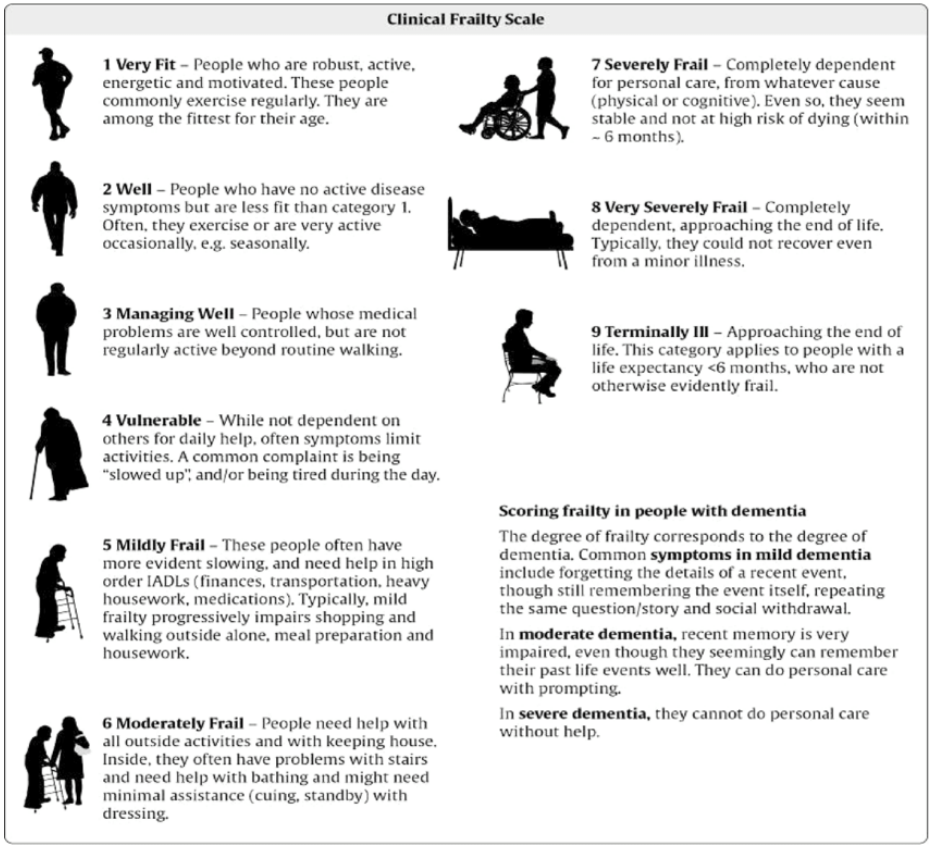
GOAL

Using the **Clinical Frailty Scale**, assess the relationship between pre-operative frailty assessment and long-term outcomes following vascular surgery.



Clinical Frailty Scale

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of dementia. Common **symptoms in mild dementia** include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In **moderate dementia,** recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In **severe dementia,** they cannot do personal care without help.

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SCOPE

Patients undergoing VQI-eligible procedures starting September 13, 2019 and onward. All VQI registries in which the site participates are included in this project.

Participating Centers (5):

- University of Utah, Salt Lake City, UT (Dr. Larry Kraiss & Julie Beckstrom)
- St. Vincent Healthcare, Billings MO (Dr. Kevin Bruen & Judy Daniels)
- PIMA Heart, Tucson AZ (Dr. Scott Berman, Megon Berman)
- University of Arizona, Tucson AZ (Dr. Tze-Woei Tan, Catherine Black)
- University of Colorado, Denver CO (Dr. Emily Malgor, Kimberly Marshall)

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DELIVERABLES

Original Case Form:

- Surgeon to assign pre-operative Clinical Frailty Scale score. If more than one pre-operative score is assigned, input the value that was assigned closest in time to the procedure.
- Hospital VQI Data Manager to input Clinical Frailty Scale score hashtag

Long Term Follow Up (LTFU) Case Form:

- Surgeon to assign Clinical Frailty Scale score upon LTFU visit
- Hospital VQI Data Manager to input Clinical Frailty Scale score hashtag

Hashtags:

- #CFS1, #CFS2, #CFS3, #CFS4, #CFS5, #CFS6, #CFS7, #CFS8, #CFS9

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HASHTAG PULL – SEPT 2020

	Site 31	Site 45	Site 175	Site 119	Total
HD Access	81	34	50	0	166
TEVAR	3	4	1	3	11
SUPRA	2	7	0	2	11
PVI	14	135	0	0	149
OPEN	4	3	4	5	16
INFRA	12	22	0	7	41
EVAR	8	22	5	12	47
CEA	4	40	43	26	113
Total	128	268	103	55	**554**

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CHECK-IN

- How's it going?
- What are your successes/ & challenges?
- What strategies have you implemented to overcome barriers?
- Additional site participation?

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Regional Reports

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Scott Berman, MD

VQI Regional Quality Report

Fall 2020

Important Notes

- All results are based on data entered into the VQI as of June 30th, 2020. Any subsequent changes or updates to data after that date will not be reflected in this report.
- For a given module, regions must have at least 3 centers with at least 10 cases per center meeting inclusion criteria in order for regional data (both aggregate and by center) to be displayed.
- For a given module, cases with missing data elements used in the construction of inclusion/exclusion criteria or outcomes are excluded.
- Please reference the "VQI Case Appendix" in the table of contents on the left to identify your center's included or excluded cases for each module.
- In all graphics, "*" indicates a p-value <.05.

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

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Dashboard

The dashboard summarizes your center's results for each module and provides regional and VQI-wide benchmarks for comparison. The "Your Center" column gives the percentage of your center's cases with the noted outcome. Numbers in parentheses give the number of cases with the outcome and the total number of cases meeting the inclusion criteria for that module. The "Your Region" and "VQI Overall" columns give the aggregate percentage of cases with the noted outcome, as well as the 25th, 50th (median), and 75th percentiles, for centers in your region and VQI, respectively. Percentiles are ordered so that a higher percentile indicates better performance. Your center's results are highlighted green if your center is at or above the 75th percentile across VQI, yellow if among the middle 50% of centers in VQI, and red if at or below the 25th percentile across VQI. For details on a particular module, click on the module report name in the table of contents on the left.

Legend: Green = At or above 75th percentile | Yellow = Middle 50% | Red = At or below 25th percentile

Procedure Group	Outcome	Your Center % (n/N)	Your Region % [25p|50p|75p]	VQI Overall % [25p|50p|75p]
All	Procedure Volume		[20 | 120 | 236]	[20 | 88 | 229]
	Procedure Volume, All Years		[46 | 262 | 1160]	[50 | 339 | 1334]
Multiple	Long-Term Follow-up		69.8% [52% | 71% | 83%]	68.3% [45% | 71% | 87%]
	Discharge Medications		79.2% [76% | 87% | 94%]	84.8% [79% | 88% | 96%]
TFEM CAS ASYMP	Stroke/Death		NA (<3 centers)	1.2% [0% | 0% | 0%]
TFEM CAS SYMP	Stroke/Death		NA (<3 centers)	3.6% [0% | 0% | 0%]
TCAR ASYMP	Stroke/Death		0.9% [0% | 0% | 0%]	1% [0% | 0% | 0%]
TCAR SYMP	Stroke/Death		NA (<3 centers)	3% [0% | 0% | 0%]
CEA ASYMP	Stroke/Death		1.1% [0% | 0% | 0%]	0.9% [0% | 0% | 0%]
	Postop LOS>1 Day		22.8% [33% | 16% | 3%]	23.3% [33% | 21% | 12%]
CEA SYMP	Stroke/Death		0% [0% | 0% | 0%]	1.7% [0% | 0% | 0%]
	Postop LOS>1 Day		38.1% [49% | 39% | 16%]	43% [59% | 40% | 27%]
EVAR	Postop LOS>2 Days		13.5% [21% | 14% | 4%]	14.2% [20% | 13% | 5%]
	Sac Diameter Reporting		56.4% [40% | 58% | 77%]	58.6% [38% | 64% | 79%]
	SVS Sac Size Guideline		75.8% [67% | 75% | 83%]	73.4% [62% | 75% | 87%]
TEVAR	Sac Diameter Reporting		NA (<3 centers)	56.7% [22% | 55% | 73%]
OAAA	In-Hospital Mortality		NA (<3 centers)	4.2% [1% | 0% | 0%]
	SVS Cell-Saver Guideline		NA (<3 centers)	93.3% [95% | 100% | 100%]
	SVS Iliac Inflow Guideline		NA (<3 centers)	98.6% [100% | 100% | 100%]
PVI	ABI/Toe Pressure		57.5% [52% | 74% | 85%]	74.6% [60% | 84% | 94%]
INFRA	Major Complications		5.2% [3% | 0% | 0%]	4.1% [6% | 0% | 0%]
SUPRA	Major Complications		NA (<3 centers)	5.2% [0% | 0% | 0%]
LEAMP	Postop Complications		NA (<3 centers)	12% [18% | 10% | 5%]
AVACCESS	Primary AVF vs. Graft		86.5% [86% | 91% | 98%]	82.1% [72% | 85% | 92%]
IVCF	Filter Retrieval Reporting		NA (<3 centers)	22.8% [0% | 1% | 33%]

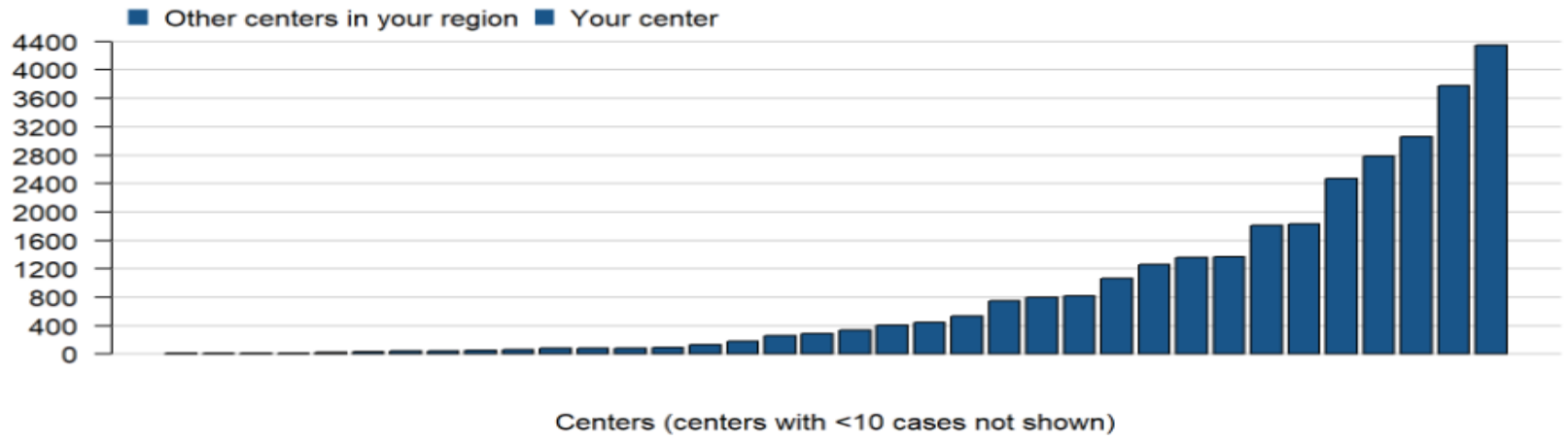
Procedure Volume, All Years

Includes all procedures with procedure date through May 31, 2020

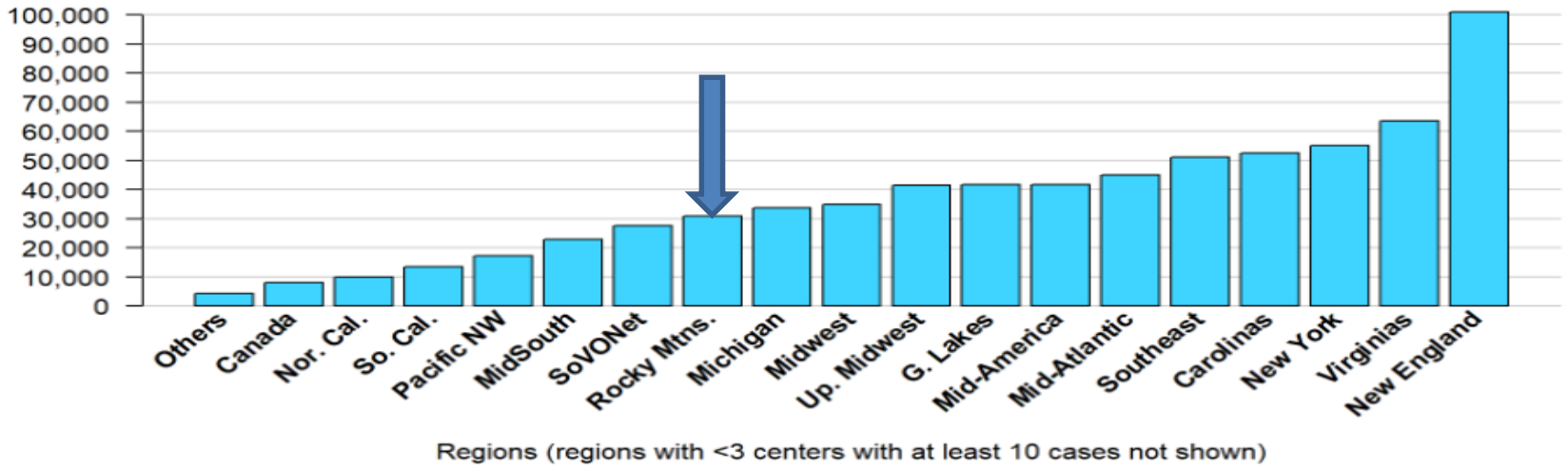
Number of cases entered into the VQI, by registry and overall

	Your Center (N)	Your Region (N)	VQI Overall (N)
AVACCESS		3231	54564
CAS (TFEM CAS & TCAR)		1552	41682
CEA		5285	139597
EVAR		3055	55124
INFRA		2063	59556
IVCF		NA (<3 centers)	14022
LEAMP		260	17738
OAAA		626	13439
PVI		10148	225515
SUPRA		674	19457
TEVAR		536	17236
Varicose Veins		3352	38407
Overall		30782	696337

Procedure Volume by Center in Your Region (Through May 2020)

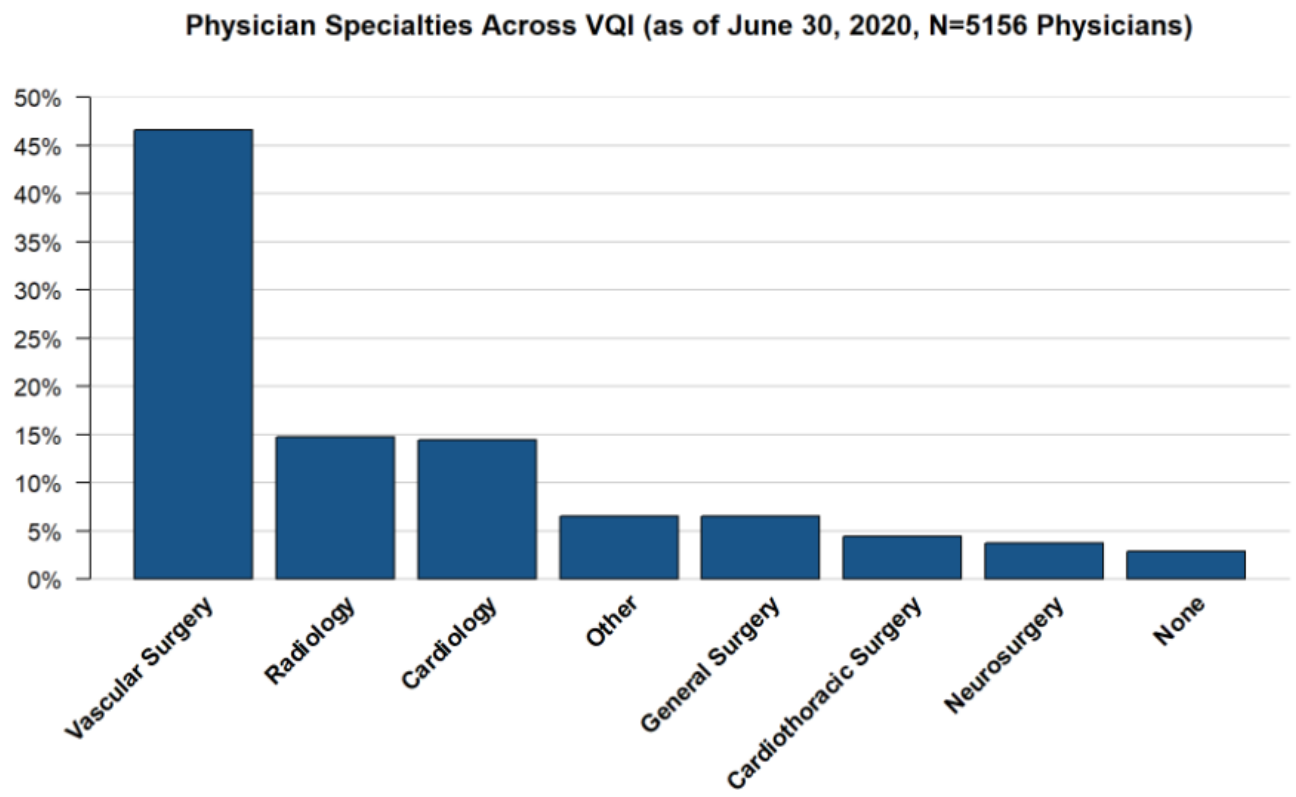


Procedure Volume Across VQI (Through May 2020)

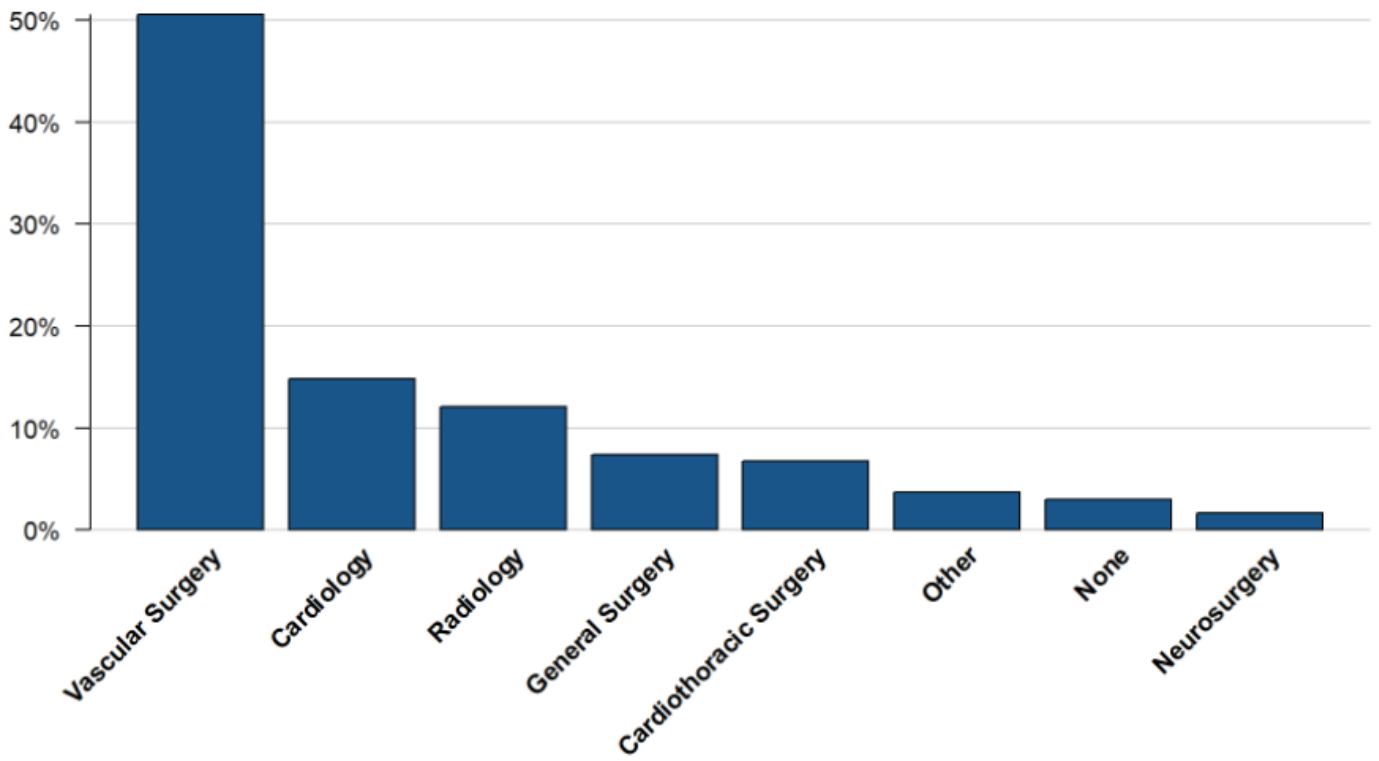


"Others" indicates centers that do not belong to a regional group.

Physician Specialties



Physician Specialties Across Your Region (as of June 30, 2020, N=297 Physicians)



Long-Term Follow-up

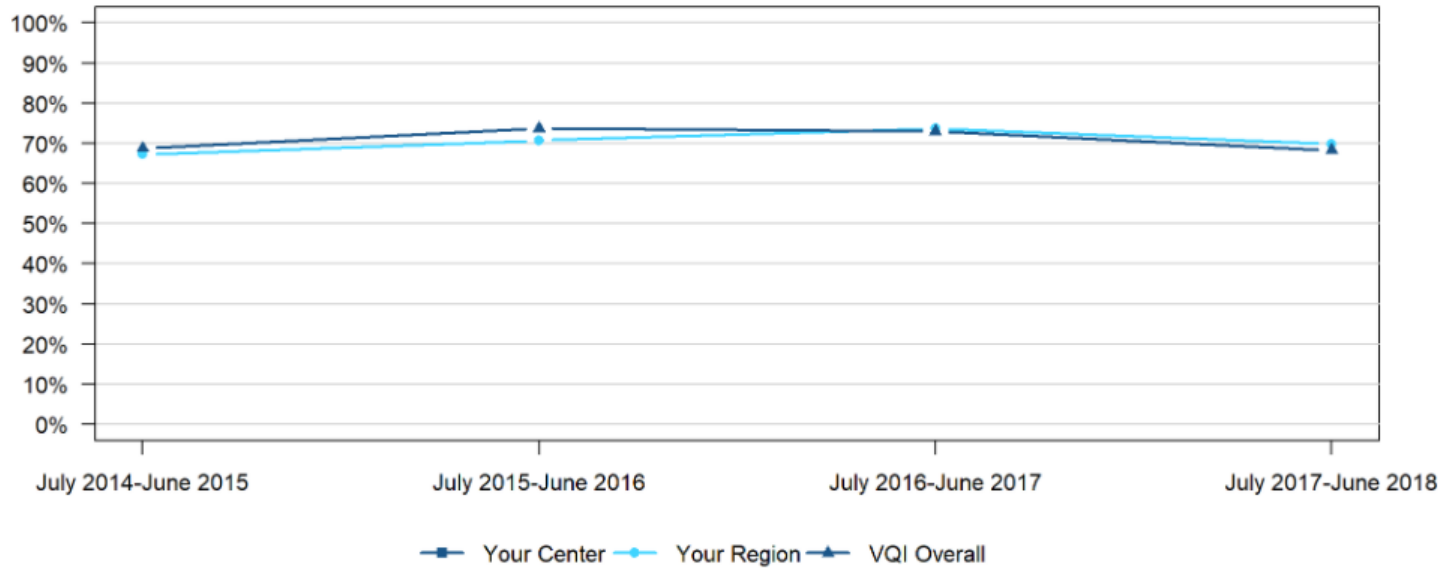
Procedures performed between July 1, 2017 and June 30, 2018

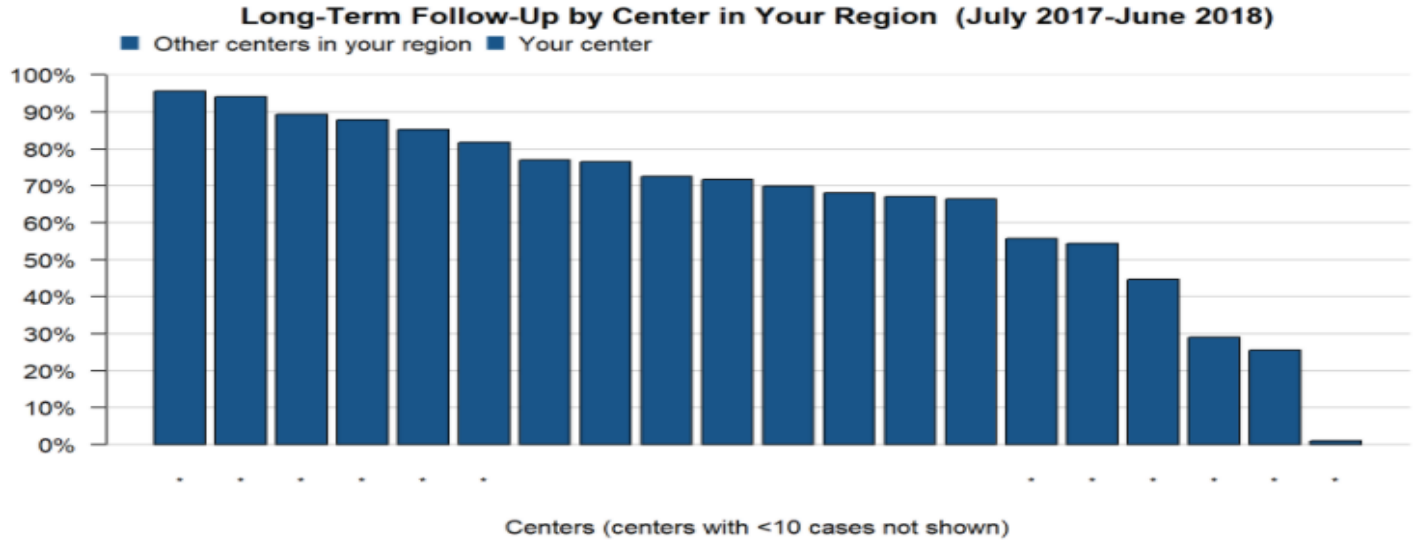
Includes AVACCESS, CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, IVCF, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Excludes cases not eligible for long-term follow-up.

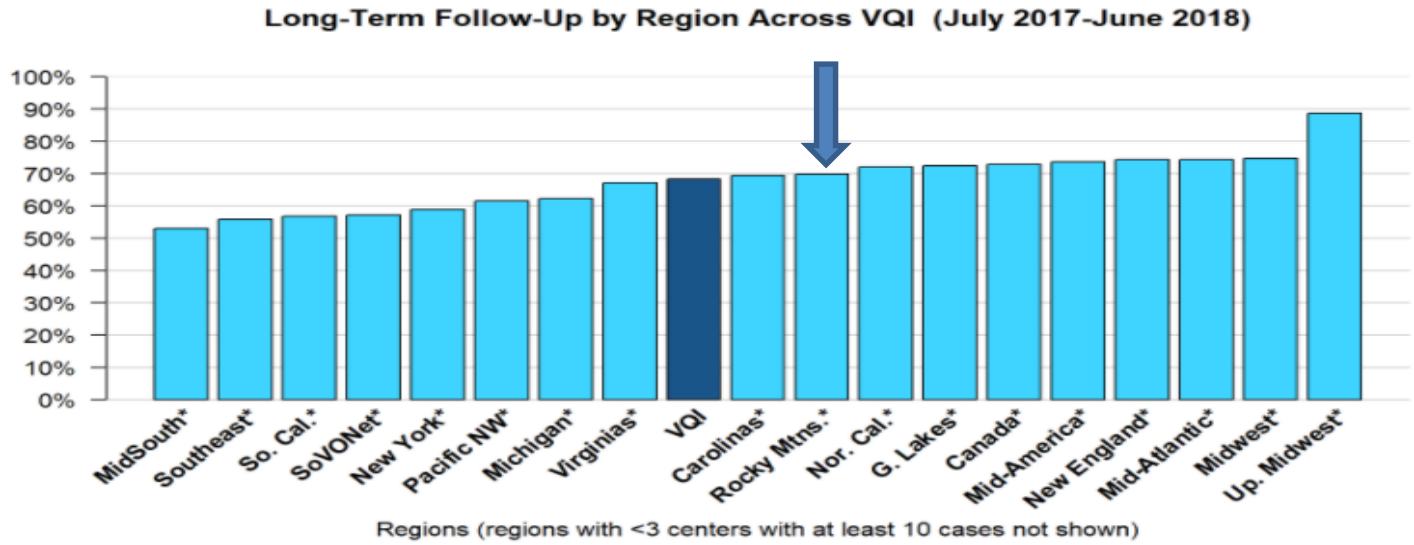
The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures with follow-up recorded between 9 and 21 months post-procedure.

	Your Center	Your Region	VQI Overall
AVACCESS		569 (72%)	7949 (59%)
CAS		264 (66%)	6442 (65%)
CEA		787 (70%)	18395 (70%)
EVAR		465 (71%)	7337 (70%)
INFRA		302 (71%)	7463 (70%)
IVCF		NA (<3 centers)	2153 (71%)
LEAMP		NA (<3 centers)	3143 (63%)
OAAA		89 (63%)	1200 (72%)
PVI		1434 (69%)	32437 (70%)
SUPRA		91 (71%)	2368 (67%)
TEVAR		107 (73%)	2502 (66%)
Overall (July 2017-June 2018)		4179 (70%)	91389 (68%)
Overall (July 2016-June 2017)		3558 (74%)	80731 (73%)

Long-Term Follow-Up by Center in Your Region (July 2017-June 2018)




Long-Term Follow-Up by Center in Your Region (July 2017-June 2018)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Centers (centers with <10 cases not shown)
"*" Indicates center's rate differs significantly from the regional rate.


Long-Term Follow-Up by Region Across VQI (July 2017-June 2018)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
MidSouth*
Southeast*
So. Cal.*
SoVONet*
New York*
Pacific NW*
Michigan*
Virginias*
VQI
Carolinas*
Rocky Mtns.*
Nor. Cal.*
G. Lakes*
Canada*
Mid-America*
New England*
Mid-Atlantic*
Midwest*
Up. Midwest*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

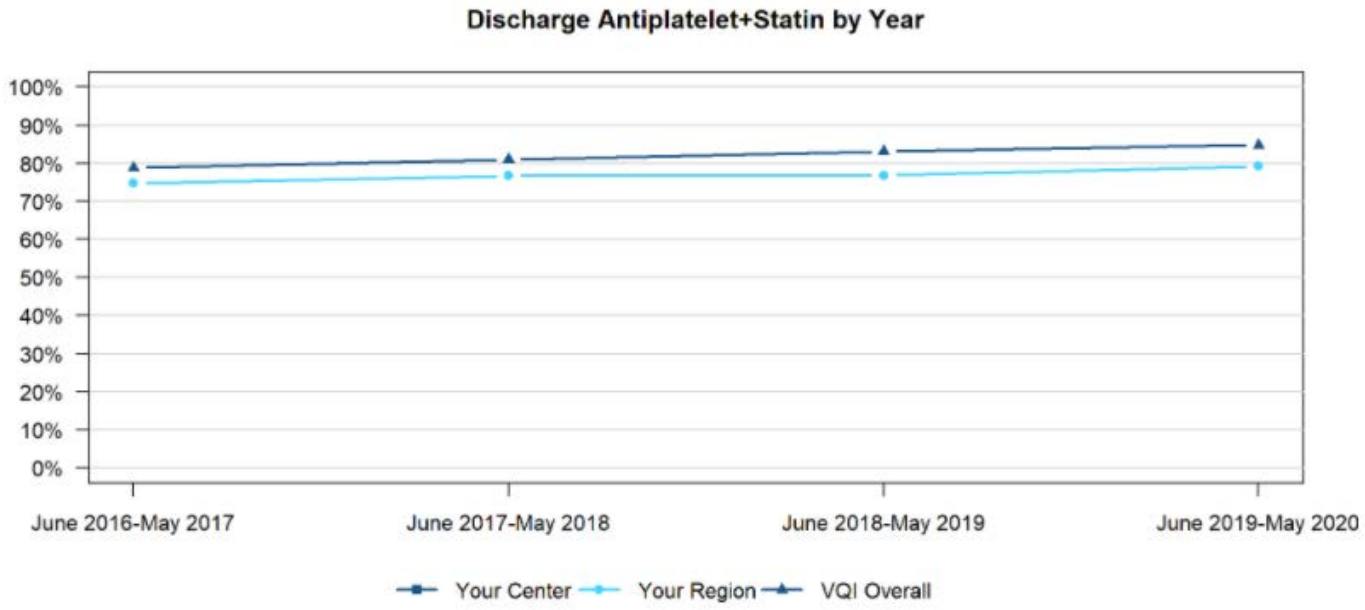
Discharge Medications

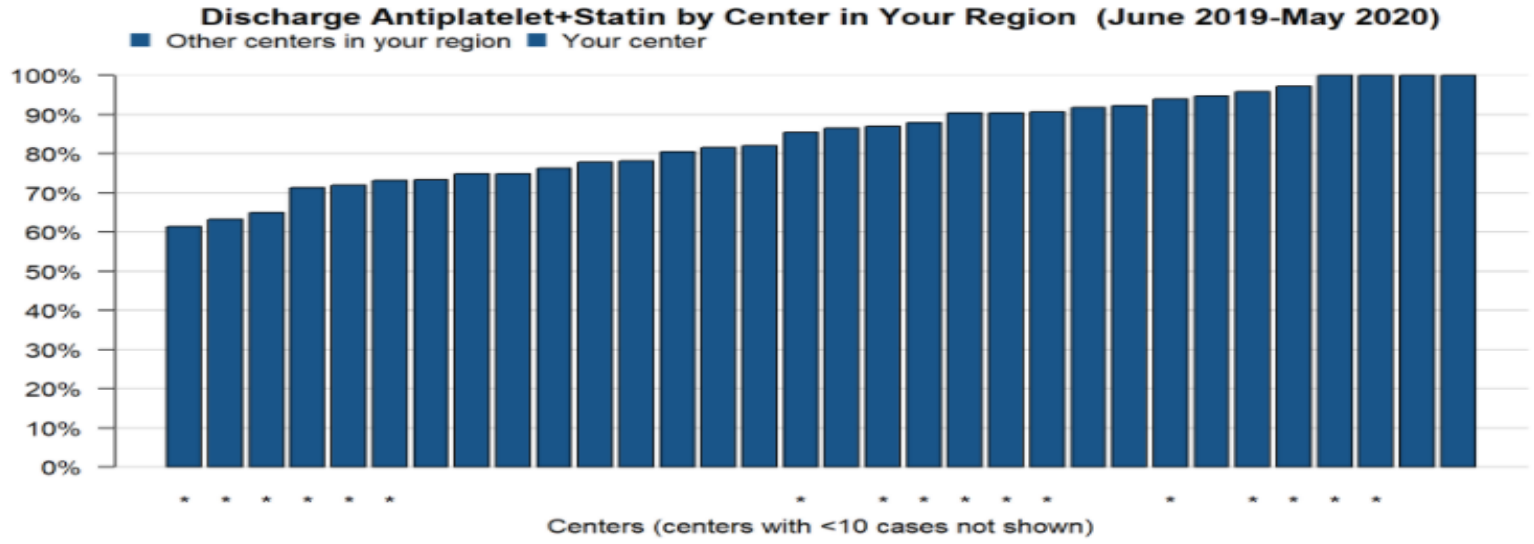
Procedures performed between June 1, 2019 and May 31, 2020

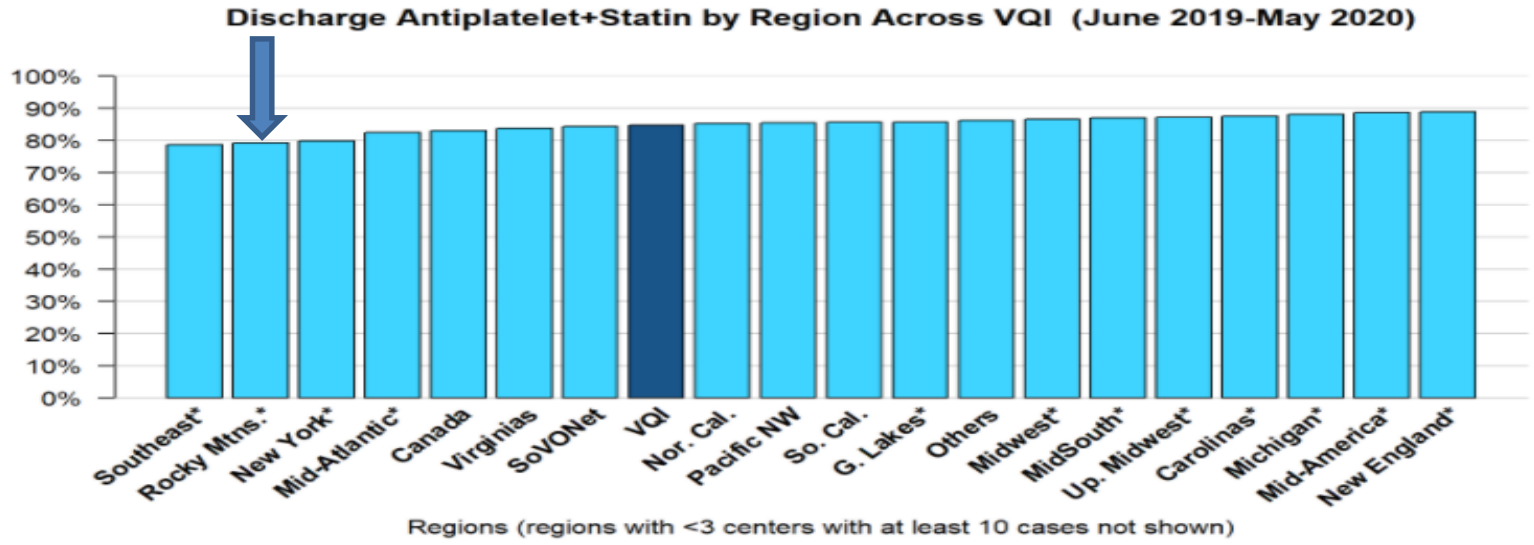
Includes CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Excludes patients who died in hospital or patients who were not treated for medical reason. "Antiplatelet" is defined as ASA or P2Y12 inhibitor.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures where patients received discharge medications.

	Number of Procedures at Your Center	Antiplatelet+Statin	Antiplatelet Only	Statin Only	Neither
CAS					
CEA					
EVAR					
INFRA					
LEAMP					
OAAA					
PVI					
SUPRA					
TEVAR					
Your Center Overall					
Your Region Overall	4369	79%	13%	5%	3%
VQI Overall	80978	85%	9%	4%	2%


Discharge Antiplatelet+Statin by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
June 2016-May 2017
June 2017-May 2018
June 2018-May 2019
June 2019-May 2020
Your Center
Your Region
VQI Overall


Discharge Antiplatelet+Statin by Center in Your Region (June 2019-May 2020)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Centers (centers with <10 cases not shown)
"*" Indicates center's rate differs significantly from the regional rate.


Discharge Antiplatelet+Statin by Region Across VQI (June 2019-May 2020)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Southeast*
Rocky Mtns.*
New York*
Mid-Atlantic*
Canada
Virginias
SoVONet
VQI
Nor. Cal.
Pacific NW
So. Cal.
G. Lakes*
Others
Midwest*
MidSouth*
Up. Midwest*
Carolinas*
Michigan*
Mid-America*
New England*
Regions (regions with <3 centers with at least 10 cases not shown)
"Others" indicates centers that do not belong to a regional group. "*" Indicates region's rate differs significantly from the VQI rate.

TFEM CAS ASYMP: Stroke/Death

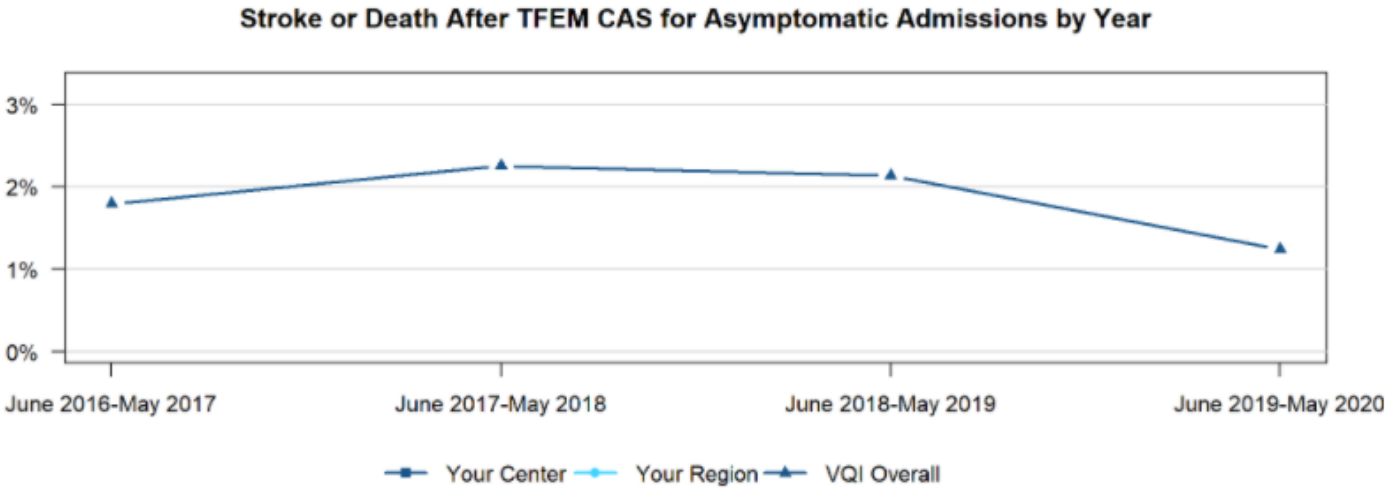
Procedures performed between June 1, 2019 and May 31, 2020

Includes asymptomatic admissions for Transfemoral Carotid Artery Stenting (TFEM CAS) only. Asymptomatic admissions are admissions where the patient had no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than "Femoral" are also excluded.

The table below gives the number of TFEM CAS procedures (performed on asymptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

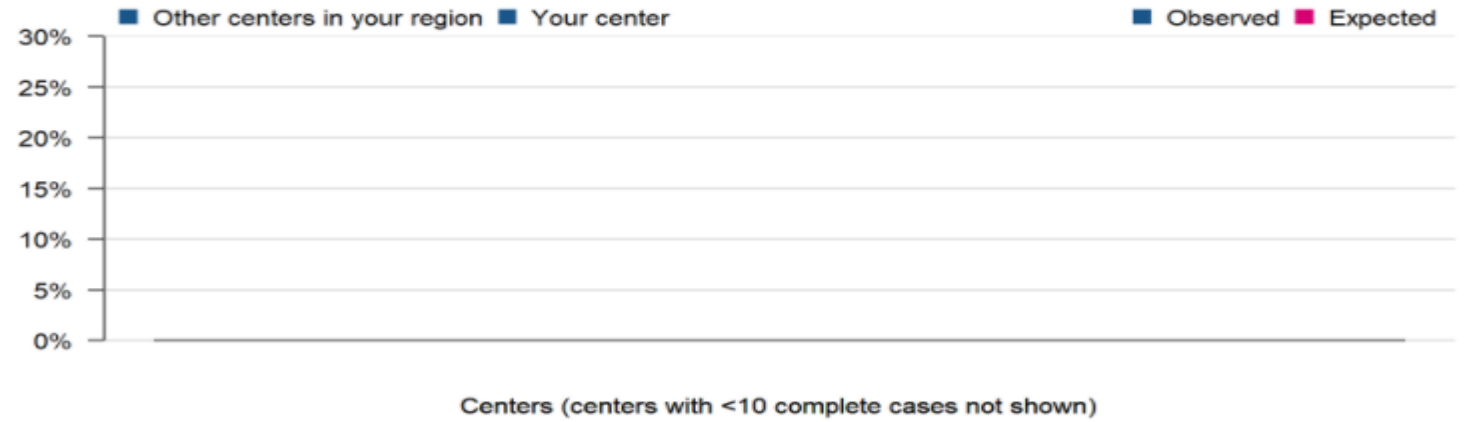
	Your Center	Your Region	VQI Overall
Number of TFEM CAS procedures meeting inclusion criteria		NA (<3 centers)	1205
Observed rate of stroke or death among procedures meeting inclusion criteria			1.2%
Number of procedures with complete data*			1116
Observed rate of stroke or death among cases with complete data			1.3%
Expected rate of stroke or death among cases with complete data*			NA
P-value for comparison of observed and expected rates			NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.



Rates shown are observed rates among cases meeting inclusion criteria.

Stroke or Death After TFEM CAS for Asymptomatic Admissions in Your Region (June 2019-May 2020)

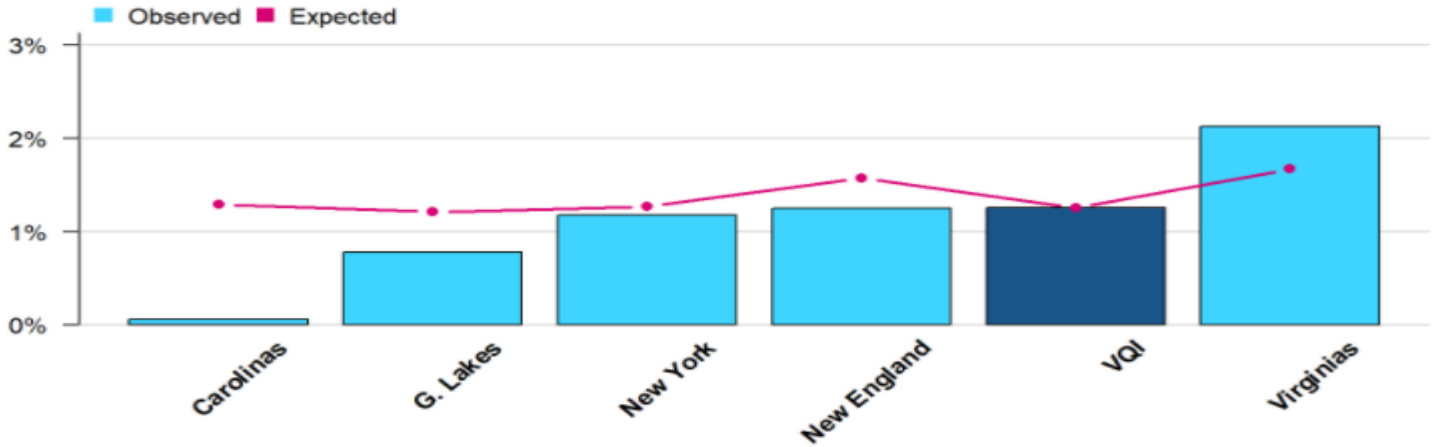


Centers (centers with <10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

"*" Indicates center's observed rate differs significantly from its expected rate

Stroke or Death After TFEM CAS for Asymptomatic Admissions by Region Across VQI (June 2019-May 2020)



Regions (regions with <3 centers with at least 10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

"*" Indicates region's observed rate differs significantly from its expected rate.

TFEM CAS SYMP: Stroke/Death

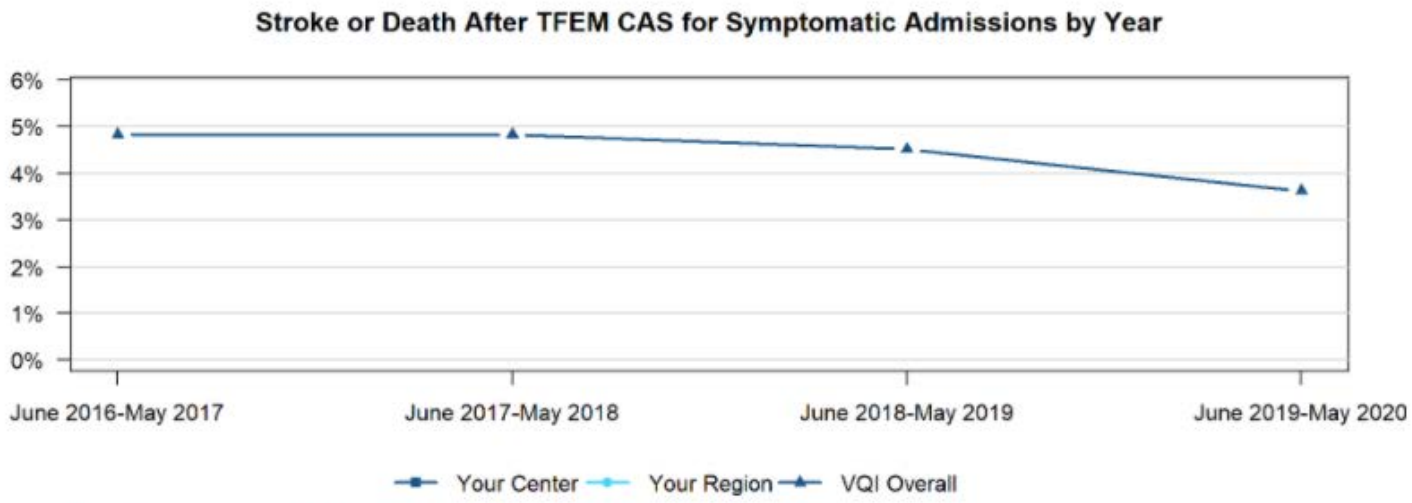
Procedures performed between June 1, 2019 and May 31, 2020

Includes symptomatic admissions for Transfemoral Carotid Artery Stenting (TFEM CAS) only. Symptomatic admissions are admissions where the patient had an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than "Femoral" are also excluded.

The table below gives the number of TFEM CAS procedures (performed on symptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

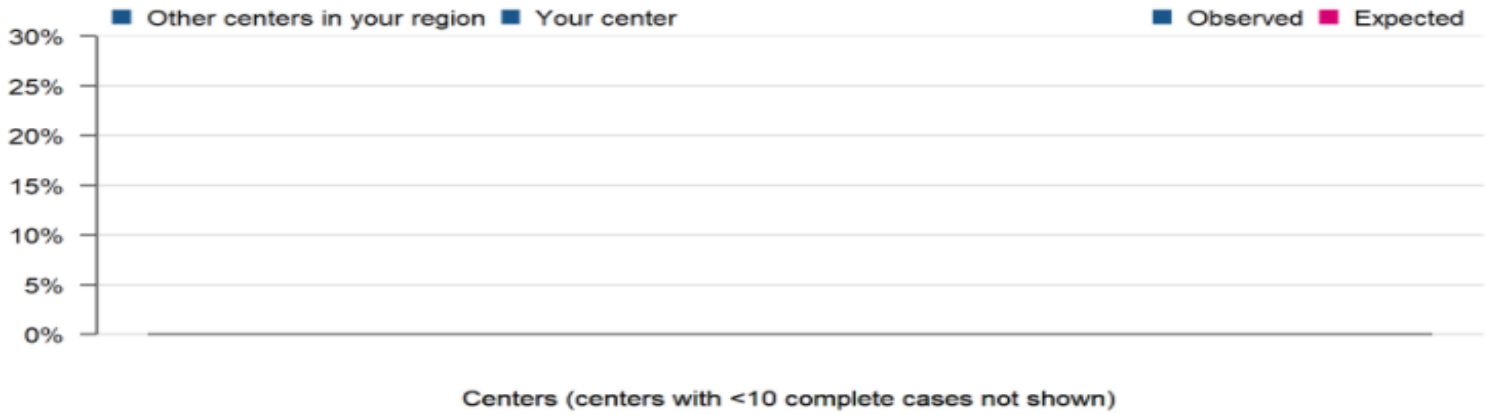
	Your Center	Your Region	VQI Overall
Number of TFEM CAS procedures meeting inclusion criteria		NA (<3 centers)	1407
Observed rate of stroke or death among procedures meeting inclusion criteria			3.6%
Number of procedures with complete data*			1317
Observed rate of stroke or death among cases with complete data			3.1%
Expected rate of stroke or death among cases with complete data*			NA
P-value for comparison of observed and expected rates			NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.



Rates shown are observed rates among cases meeting inclusion criteria.

Stroke or Death After TFEM CAS for Symptomatic Admissions in Your Region (June 2019-May 2020)

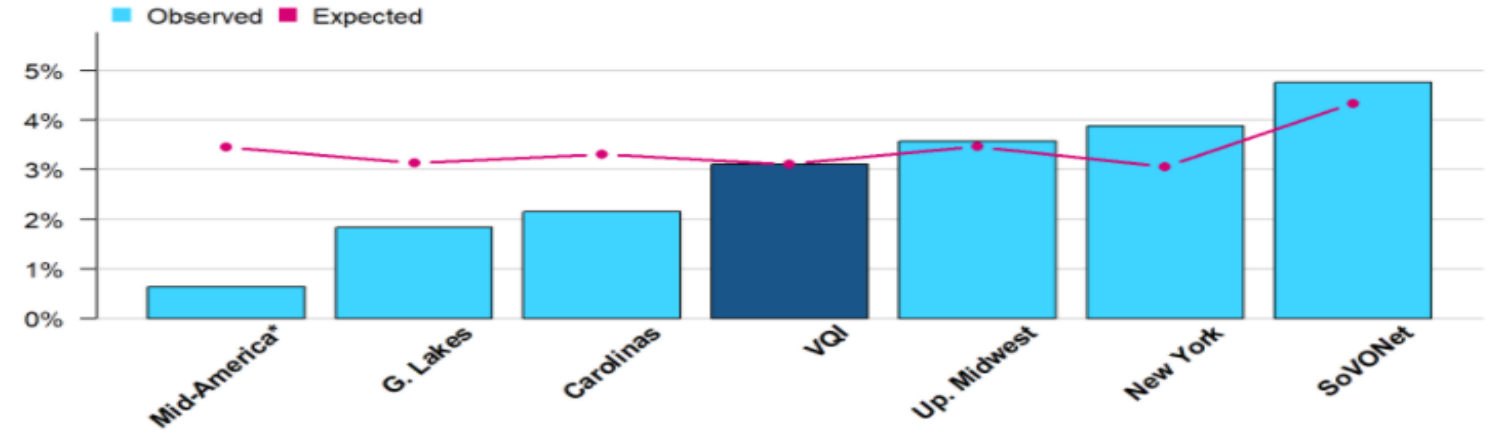


Centers (centers with <10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

"*" Indicates center's observed rate differs significantly from its expected rate

Stroke or Death After TFEM CAS for Symptomatic Admissions by Region Across VQI (June 2019-May 2020)



Regions (regions with <3 centers with at least 10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

"*" Indicates region's observed rate differs significantly from its expected rate.

TCAR ASYMP: Stroke/Death

Procedures performed between June 1, 2019 and May 31, 2020

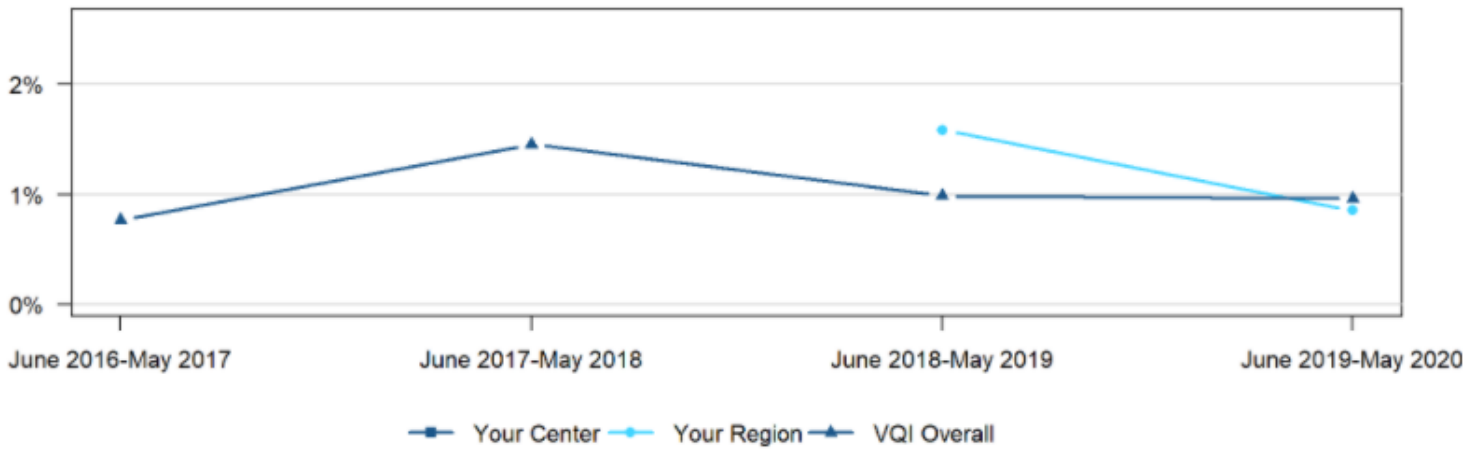
Includes asymptomatic admissions for TransCarotid Artery Revascularization (TCAR) only. Asymptomatic admissions are admissions where the patient had no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than "Femoral" are also excluded.

The table below gives the number of TCAR procedures (performed on asymptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		234	3627
Observed rate of stroke or death among procedures meeting inclusion criteria		0.9%	1%
Number of procedures with complete data*		224	3424
Observed rate of stroke or death among cases with complete data		0.9%	1%
Expected rate of stroke or death among cases with complete data*		1.2%	NA
P-value for comparison of observed and expected rates		1	NA

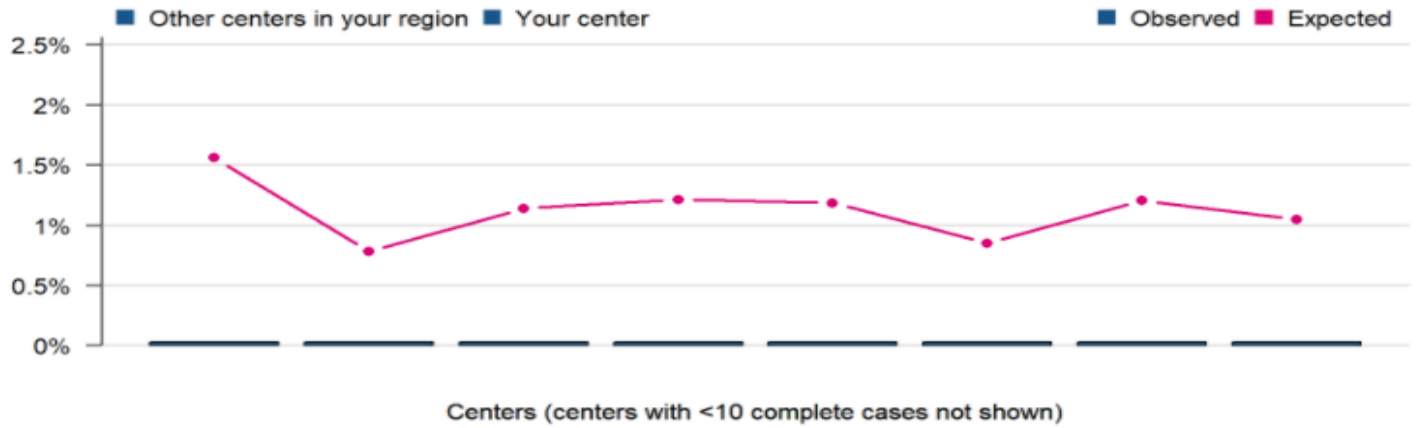
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death After TCAR for Asymptomatic Admissions by Year



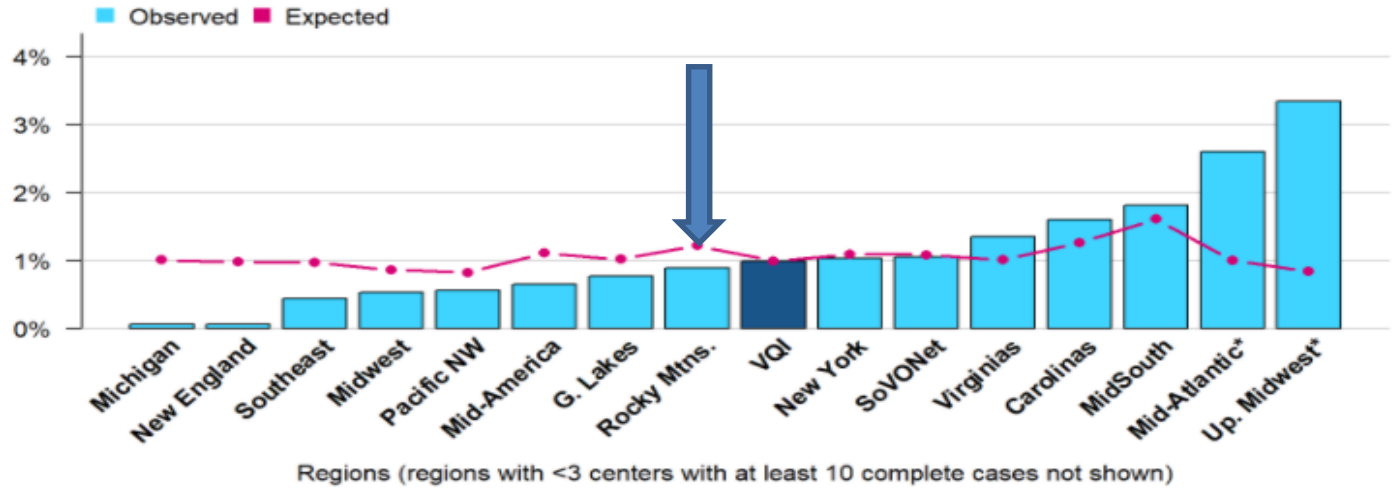
Rates shown are observed rates among cases meeting inclusion criteria.

Stroke or Death After TCAR for Asymptomatic Admissions in Your Region (June 2019-May 2020)



Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" Indicates center's observed rate differs significantly from its expected rate

Stroke or Death After TCAR for Asymptomatic Admissions by Region Across VQI (June 2019-May 2020)



Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" Indicates region's observed rate differs significantly from its expected rate.

TCAR SYMP: Stroke/Death

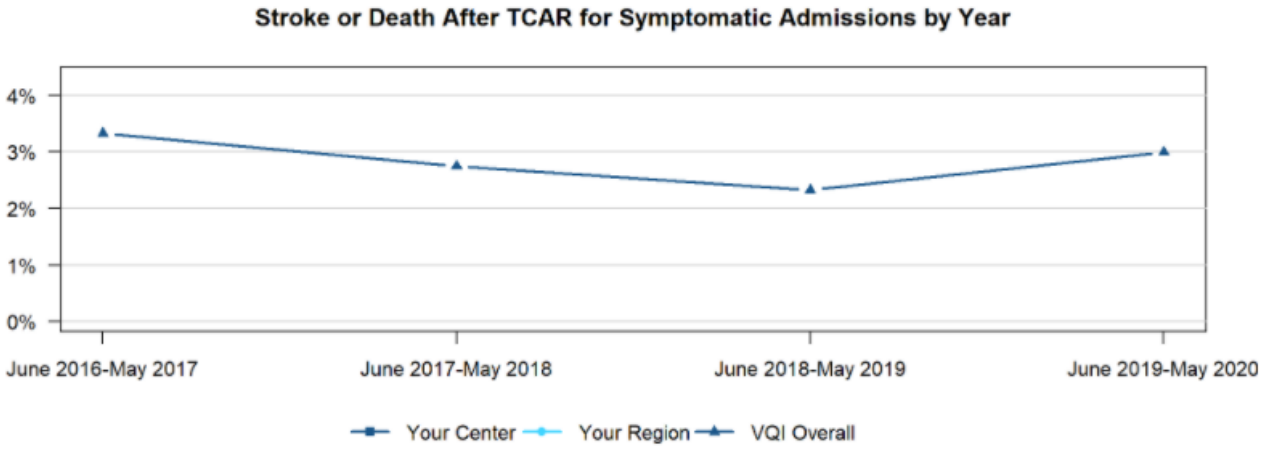
Procedures performed between June 1, 2019 and May 31, 2020

Includes symptomatic admissions for TransCarotid Artery Revascularization (TCAR) only. Symptomatic admissions are admissions where the patient had an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than "Femoral" are also excluded.

The table below gives the number of TCAR procedures (performed on symptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

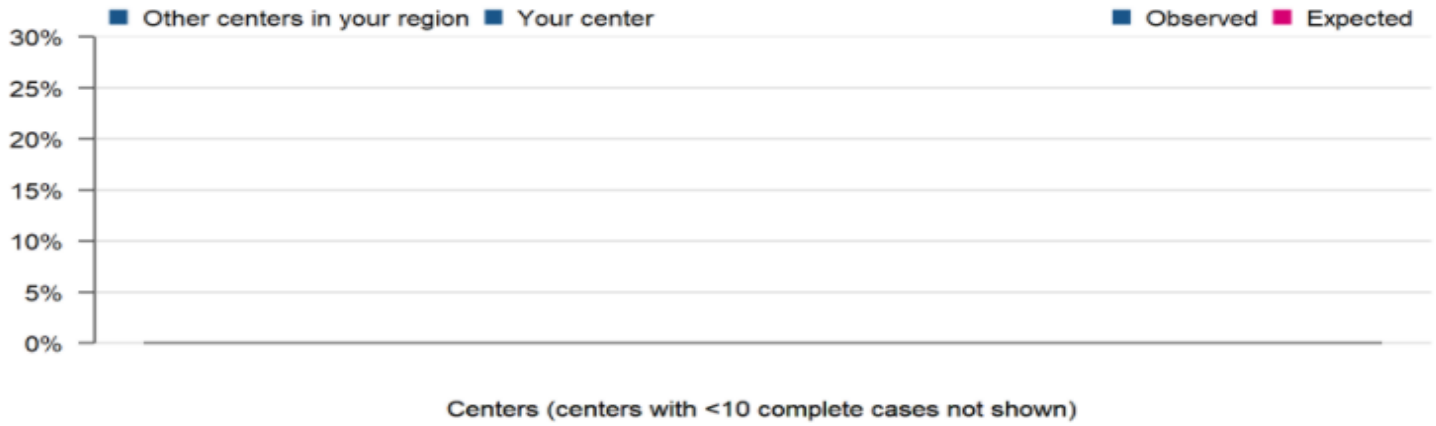
	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		NA (<3 centers)	1803
Observed rate of stroke or death among procedures meeting inclusion criteria			3%
Number of procedures with complete data*			1737
Observed rate of stroke or death among cases with complete data			3.1%
Expected rate of stroke or death among cases with complete data*			NA
P-value for comparison of observed and expected rates			NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.



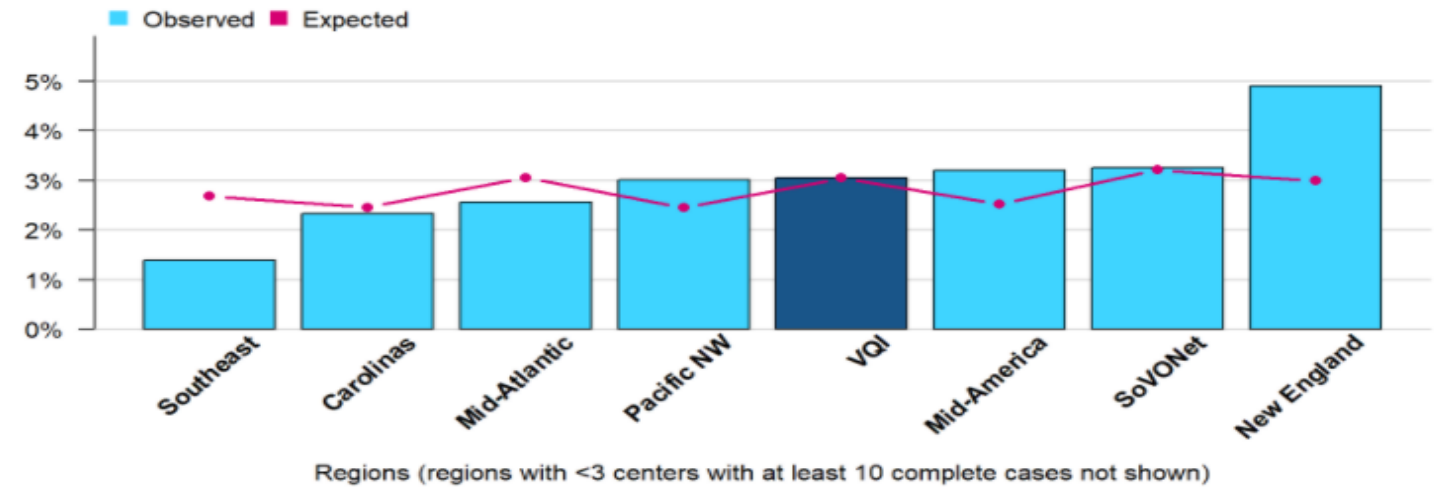
Rates shown are observed rates among cases meeting inclusion criteria.

Stroke or Death After TCAR for Symptomatic Admissions in Your Region (June 2019-May 2020)



Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" Indicates center's observed rate differs significantly from its expected rate

Stroke or Death After TCAR for Symptomatic Admissions by Region Across VQI (June 2019-May 2020)



Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" Indicates region's observed rate differs significantly from its expected rate.

CEA ASYMP: Stroke/Death

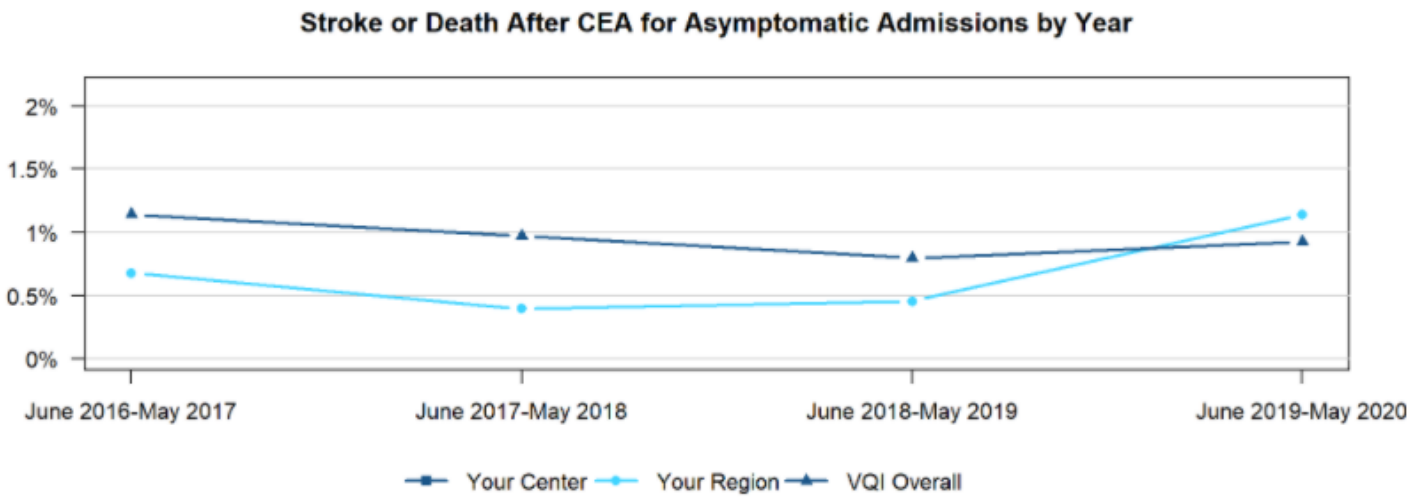
Procedures performed between June 1, 2019 and May 31, 2020

Includes asymptomatic admissions for Carotid Endarterectomy (CEA) only. Asymptomatic admissions are admissions where the patient had no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure.

The table below gives the number of CEA procedures (performed on asymptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

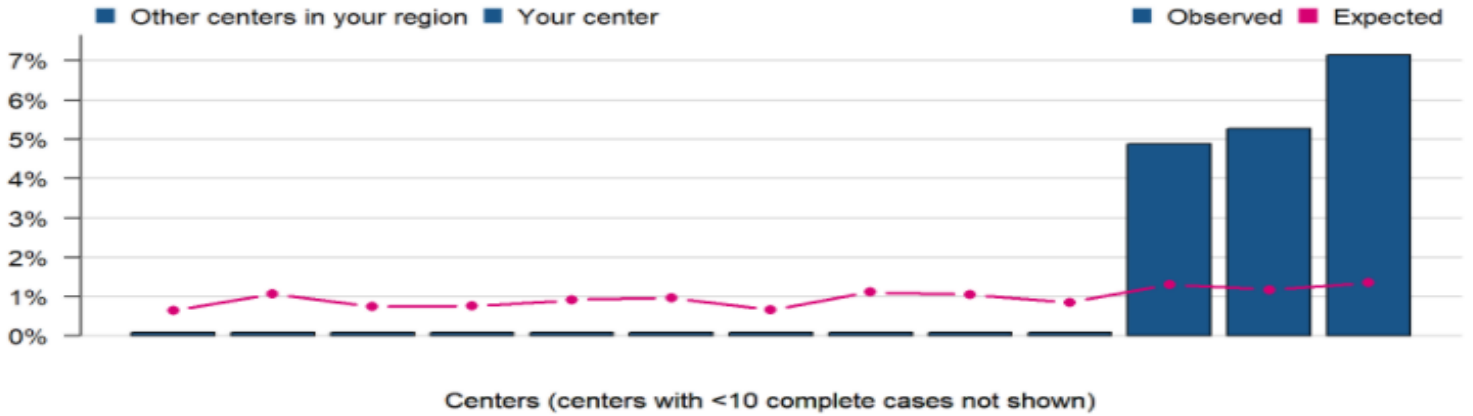
	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		439	9499
Observed rate of stroke or death among procedures meeting inclusion criteria		1.1%	0.9%
Number of procedures with complete data*		426	9126
Observed rate of stroke or death among cases with complete data		1.2%	0.9%
Expected rate of stroke or death among cases with complete data*		1%	NA
P-value for comparison of observed and expected rates		0.62	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.



Rates shown are observed rates among cases meeting inclusion criteria.

Stroke or Death After CEA for Asymptomatic Admissions in Your Region (June 2019-May 2020)

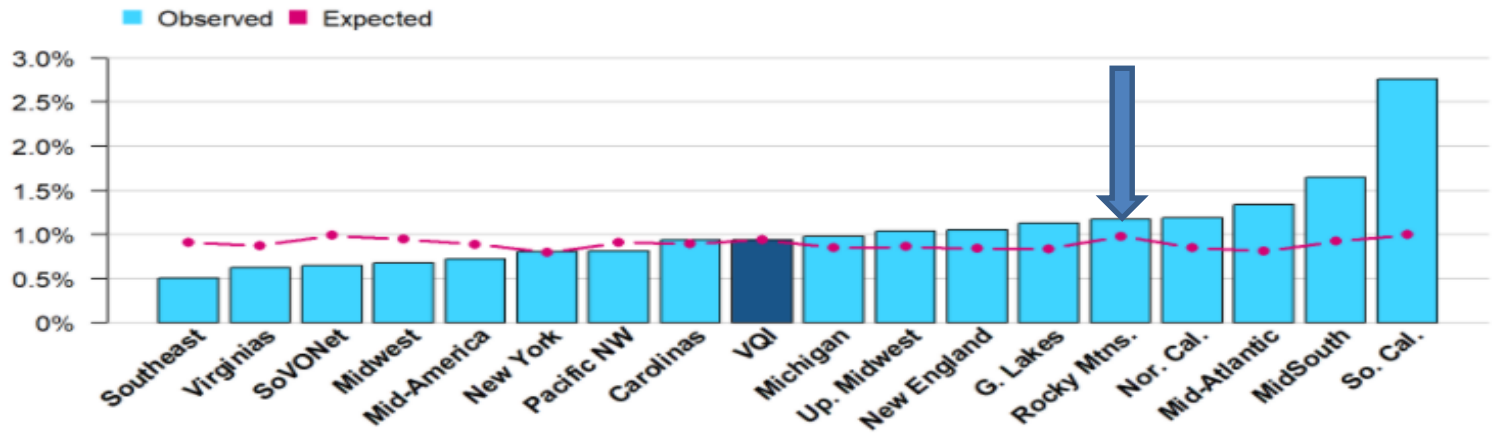


Centers (centers with <10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

"*" Indicates center's observed rate differs significantly from its expected rate

Stroke or Death After CEA for Asymptomatic Admissions by Region Across VQI (June 2019-May 2020)



Regions (regions with <3 centers with at least 10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

"*" Indicates region's observed rate differs significantly from its expected rate.

CEA SYMP: Stroke/Death

Procedures performed between June 1, 2019 and May 31, 2020

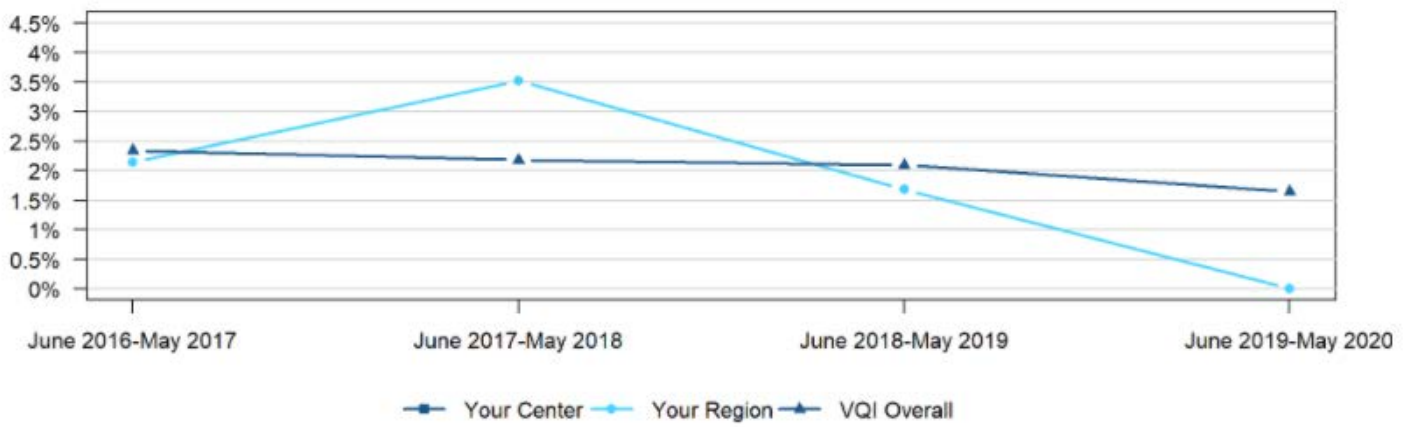
Includes symptomatic admissions for Carotid Endarterectomy (CEA) only. Symptomatic admissions are admissions where the patient had an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure.

The table below gives the number of CEA procedures (performed on symptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		236	4783
Observed rate of stroke or death among procedures meeting inclusion criteria		0%	1.7%
Number of procedures with complete data*		231	4612
Observed rate of stroke or death among cases with complete data		0%	1.6%
Expected rate of stroke or death among cases with complete data*		1.6%	NA
P-value for comparison of observed and expected rates		0.06	NA

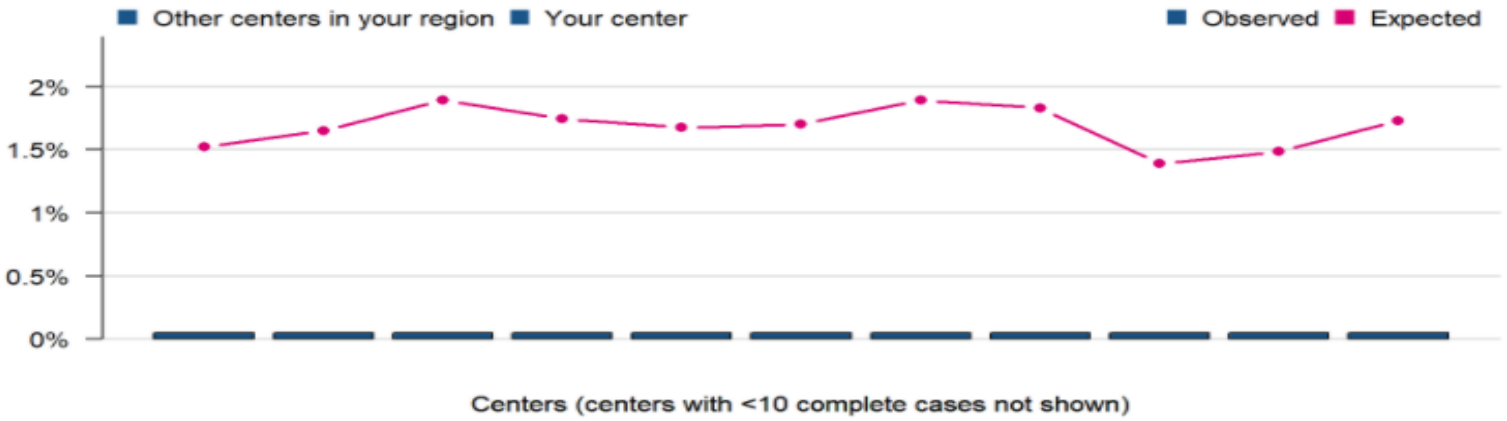
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death After CEA for Symptomatic Admissions by Year



Rates shown are observed rates among cases meeting inclusion criteria.

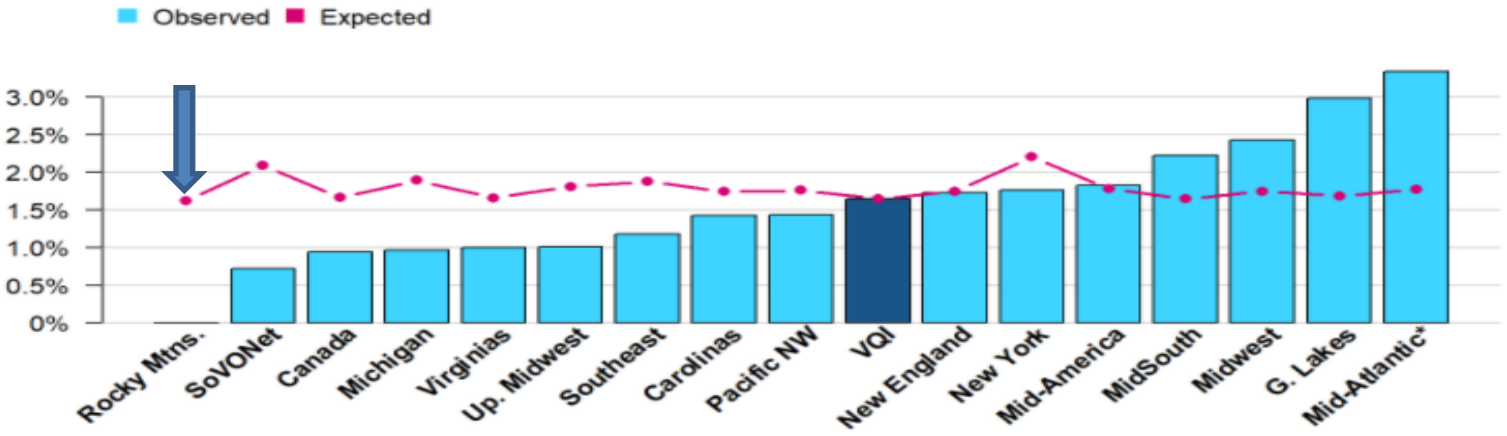
Stroke or Death After CEA for Symptomatic Admissions in Your Region (June 2019-May 2020)



Centers (centers with <10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" Indicates center's observed rate differs significantly from its expected rate

Stroke or Death After CEA for Symptomatic Admissions by Region Across VQI (June 2019-May 2020)



Regions (regions with <3 centers with at least 10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" Indicates region's observed rate differs significantly from its expected rate.

CEA ASYMP: Postop LOS>1 Day

Procedures performed between June 1, 2019 and May 31, 2020

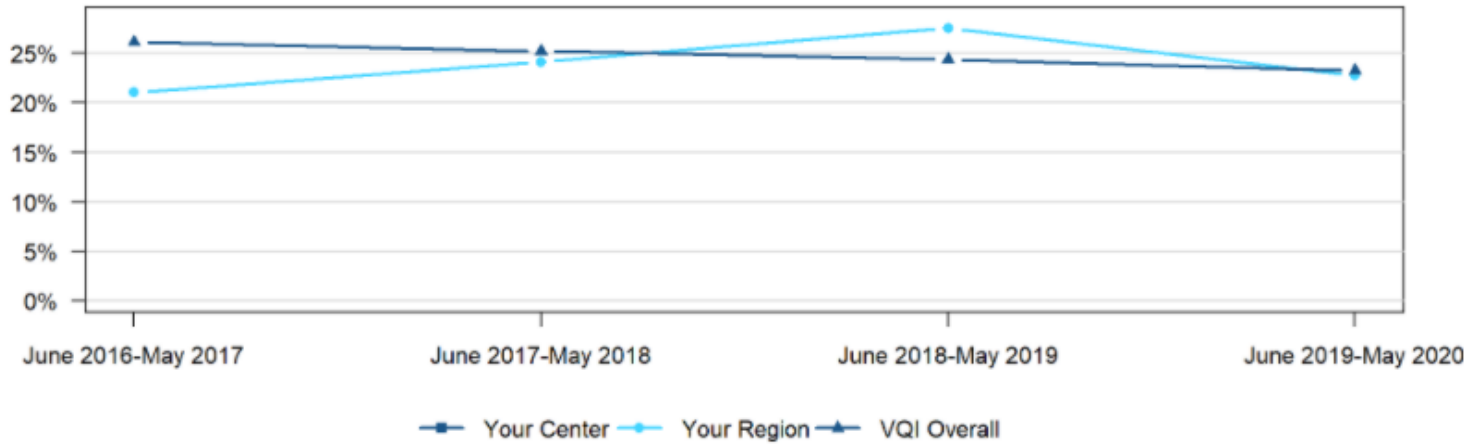
Includes asymptomatic admissions for Carotid Endarterectomy (CEA) only. Asymptomatic admissions are admissions where the patient had no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure. Procedures where in-hospital death occurred with postoperative LOS<=1 day are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

The table below gives the number of CEA procedures (performed on asymptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		439	9498
Observed rate of LOS>1 day among procedures meeting inclusion criteria		22.8%	23.3%
Number of procedures with complete data*		427	9139
Observed rate of LOS>1 day among cases with complete data		22.2%	23.1%
Expected rate of LOS>1 day among cases with complete data*		23.6%	NA
P-value for comparison of observed and expected rates		0.53	NA

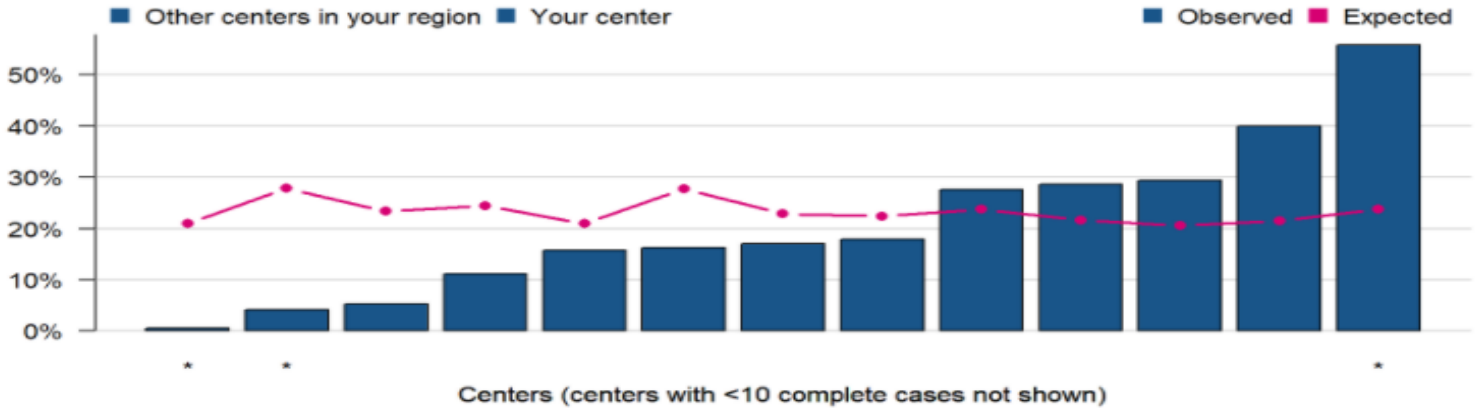
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Postop LOS>1 Day after CEA for Asymptomatic Admissions by Year



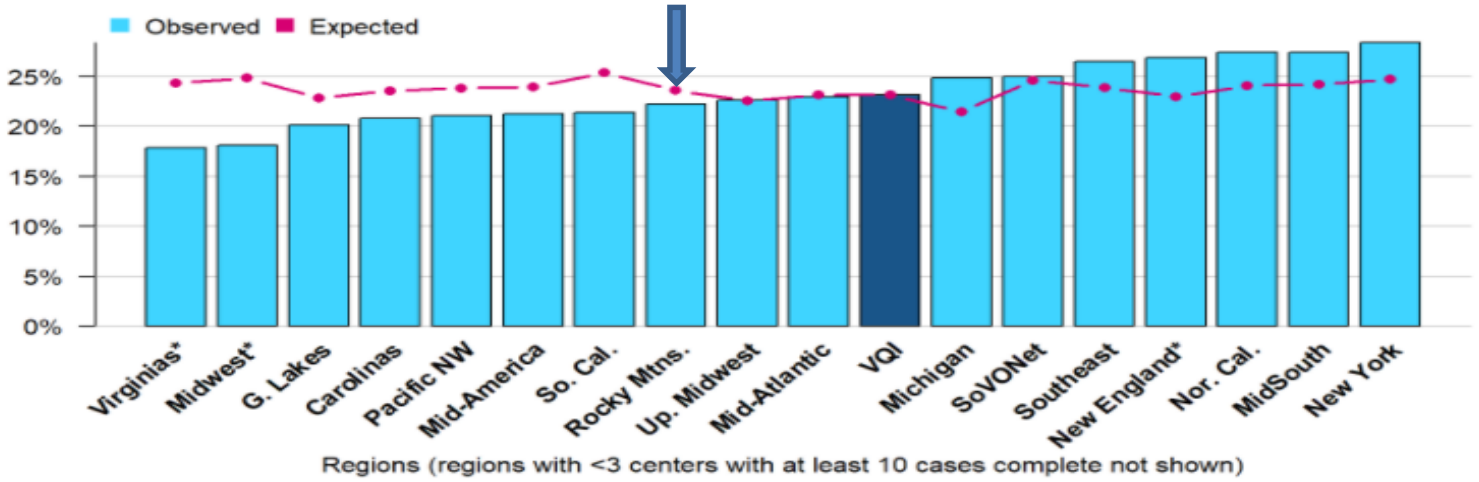
Rates shown are observed rates among cases meeting inclusion criteria.

Postop LOS>1 Day after CEA for Asymptomatic Admissions in Your Region (June 2019-May 2020)



Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" Indicates center's observed rate differs significantly from its expected rate

Postop LOS>1 Day after CEA for Asymptomatic Admissions by Region Across VQI (June 2019-May 2020)



Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" Indicates region's observed rate differs significantly from its expected rate.

CEA SYMP: Postop LOS>1 Day

Procedures performed between June 1, 2019 and May 31, 2020

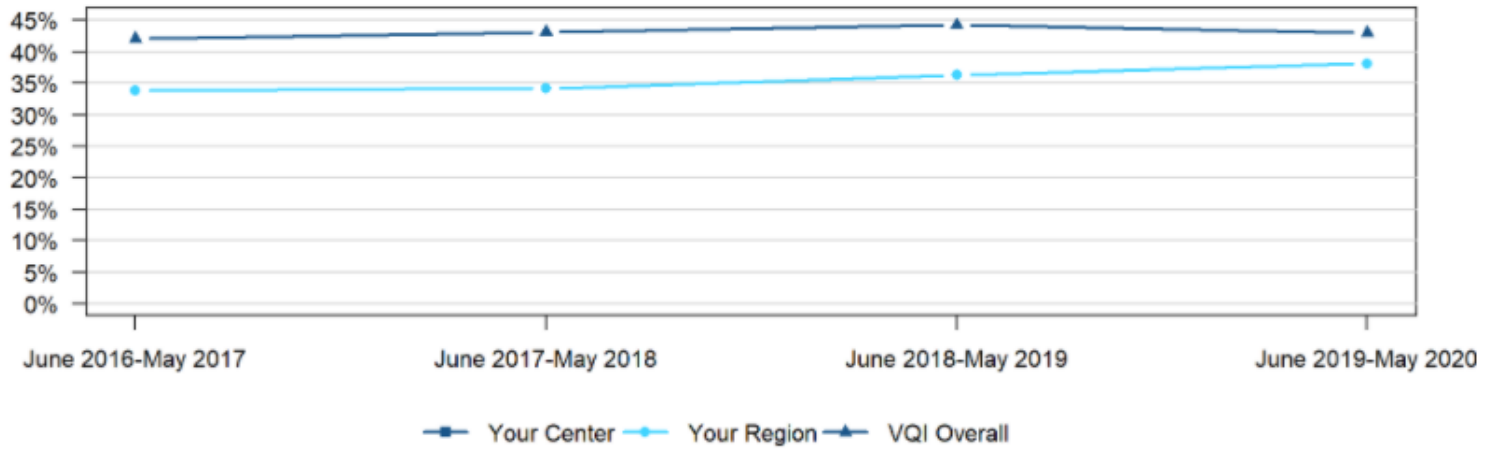
Includes symptomatic admissions for Carotid Endarterectomy (CEA) only. Symptomatic admissions are admissions where the patient had an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure. Procedures where in-hospital death occurred with postoperative LOS<=1 day are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

The table below gives the number of CEA procedures (performed on symptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		236	4784
Observed rate of LOS>1 day among procedures meeting inclusion criteria		38.1%	43%
Number of procedures with complete data*		231	4620
Observed rate of LOS>1 day among cases with complete data		38.5%	42.7%
Expected rate of LOS>1 day among cases with complete data*		42.7%	NA
P-value for comparison of observed and expected rates		0.21	NA

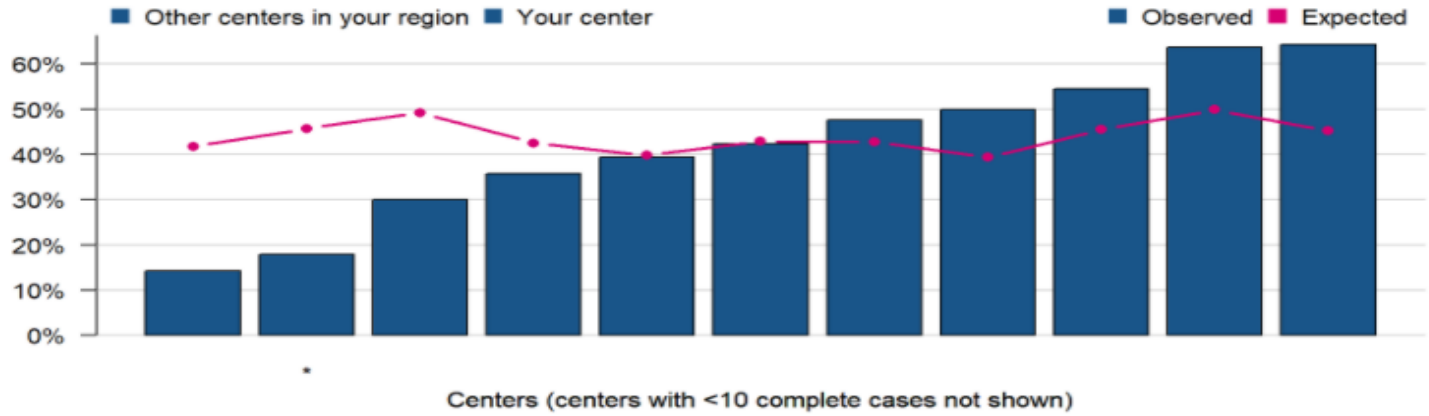
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Postop LOS>1 Day after CEA for Symptomatic Admissions by Year



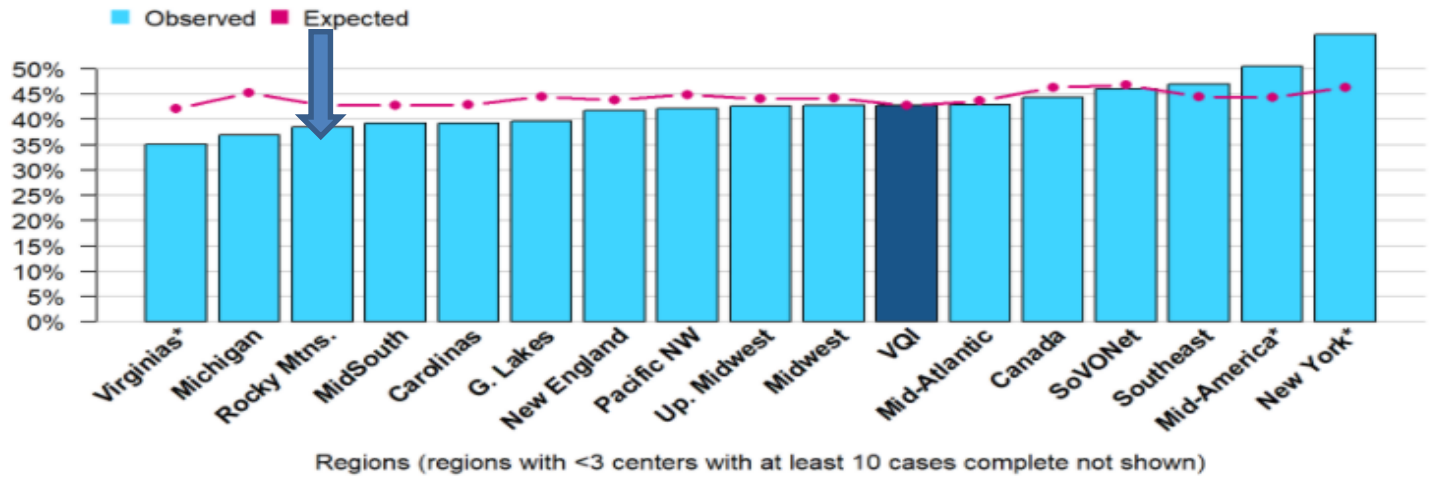
Rates shown are observed rates among cases meeting inclusion criteria.

Postop LOS>1 Day after CEA for Symptomatic Admissions in Your Region (June 2019-May 2020)



Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" Indicates center's observed rate differs significantly from its expected rate

Postop LOS>1 Day after CEA for Symptomatic Admissions by Region Across VQI (June 2019-May 2020)



Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" Indicates region's observed rate differs significantly from its expected rate.

EVAR: Postop LOS>2 Days

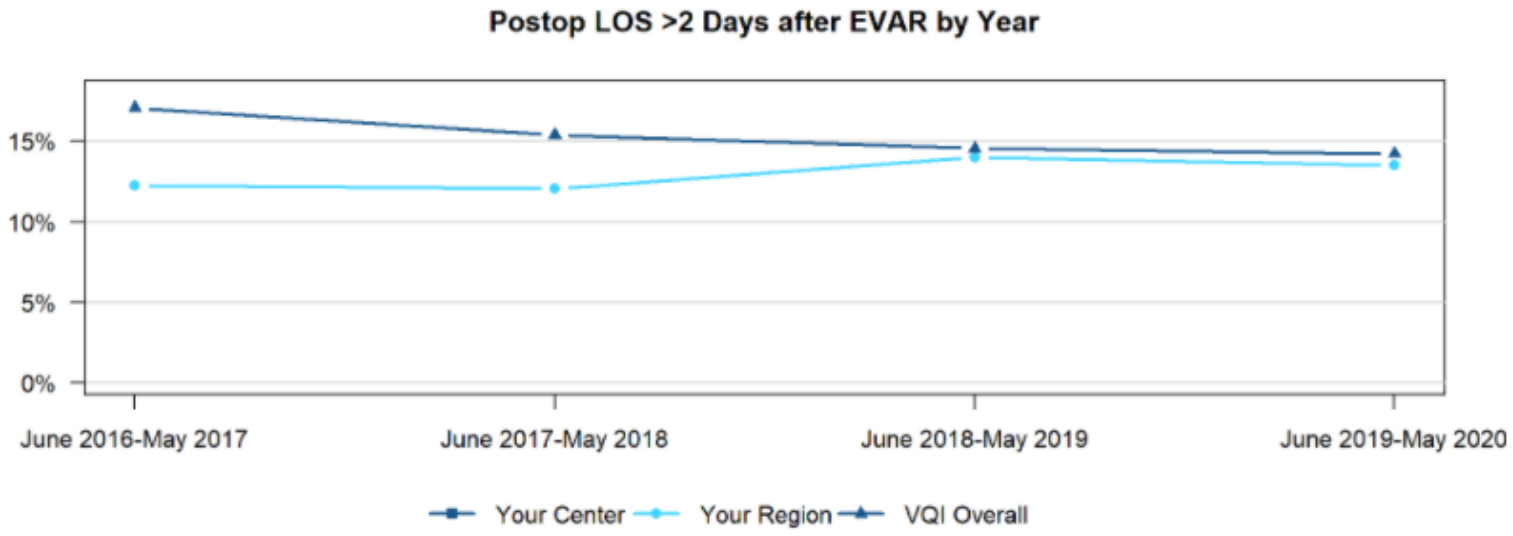
Procedures performed between June 1, 2019 and May 31, 2020

Includes Endovascular AAA Repair (EVAR) procedures only. Excludes any procedure with ruptured aneurysm, patients with prior aortic surgery, or patients transferred from another hospital. Procedures where in-hospital death occurred with postoperative LOS≤2 are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

The table below gives the number of EVAR procedures meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>2 Days for those cases.

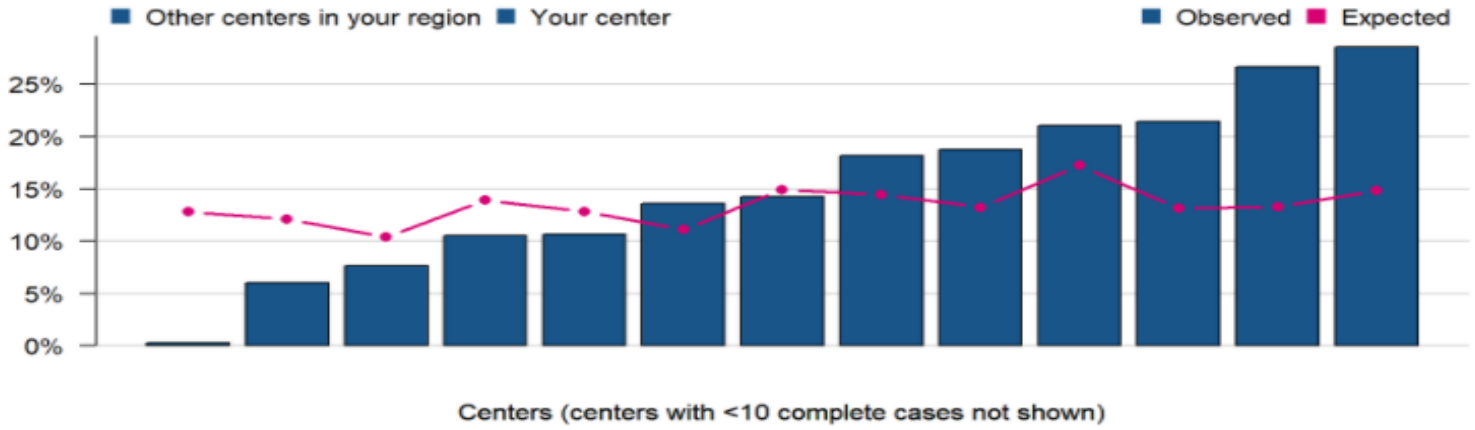
	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		370	5664
Observed rate of LOS>2 days among procedures meeting inclusion criteria		13.5%	14.2%
Number of procedures with complete data*		334	5150
Observed rate of LOS>2 days among cases with complete data		13.2%	14.1%
Expected rate of LOS>2 days among cases with complete data*		13.5%	NA
P-value for comparison of observed and expected rates		0.94	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.



Rates shown are observed rates among cases meeting inclusion criteria.

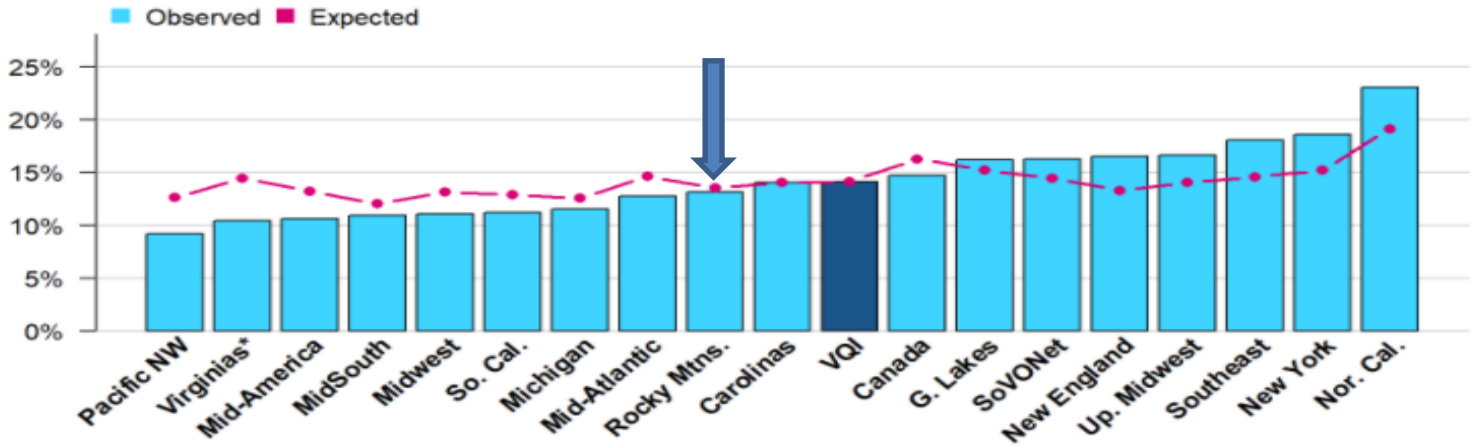
Postop LOS>2 Days after EVAR in Your Region (June 2019-May 2020)



Centers (centers with <10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" Indicates center's observed rate differs significantly from its expected rate

Postop LOS>2 Days after EVAR by Region Across VQI (June 2019-May 2020)



Regions (regions with <3 centers with at least 10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" Indicates region's observed rate differs significantly from its expected rate.

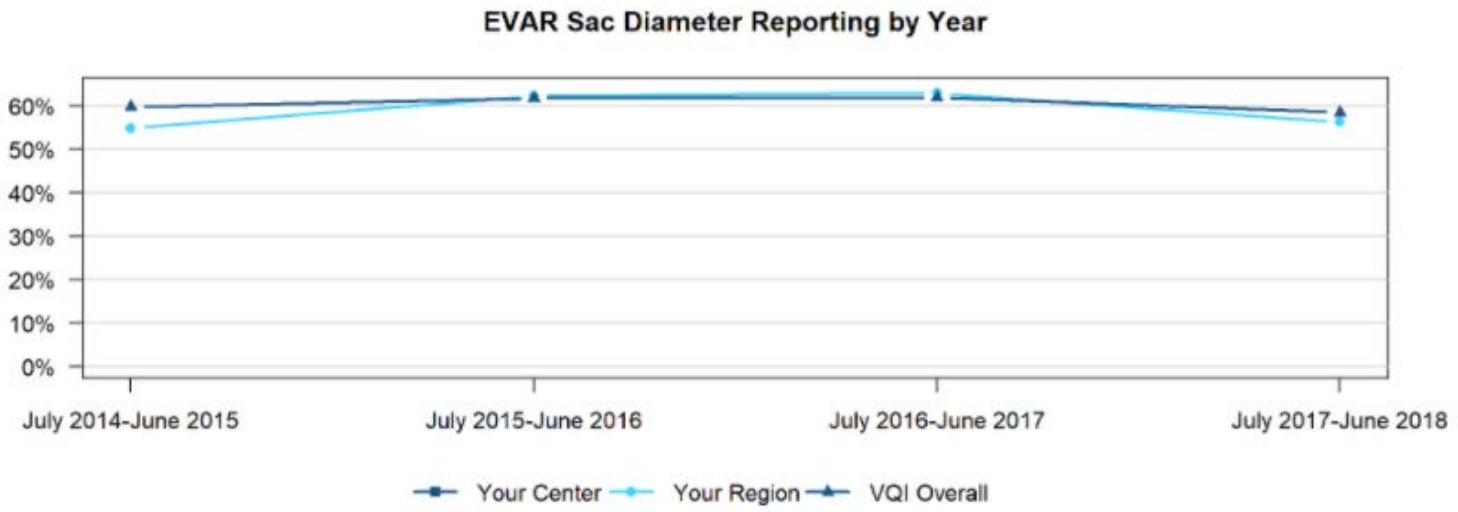
EVAR: Sac Diameter Reporting

Procedures performed between July 1, 2017 and June 30, 2018

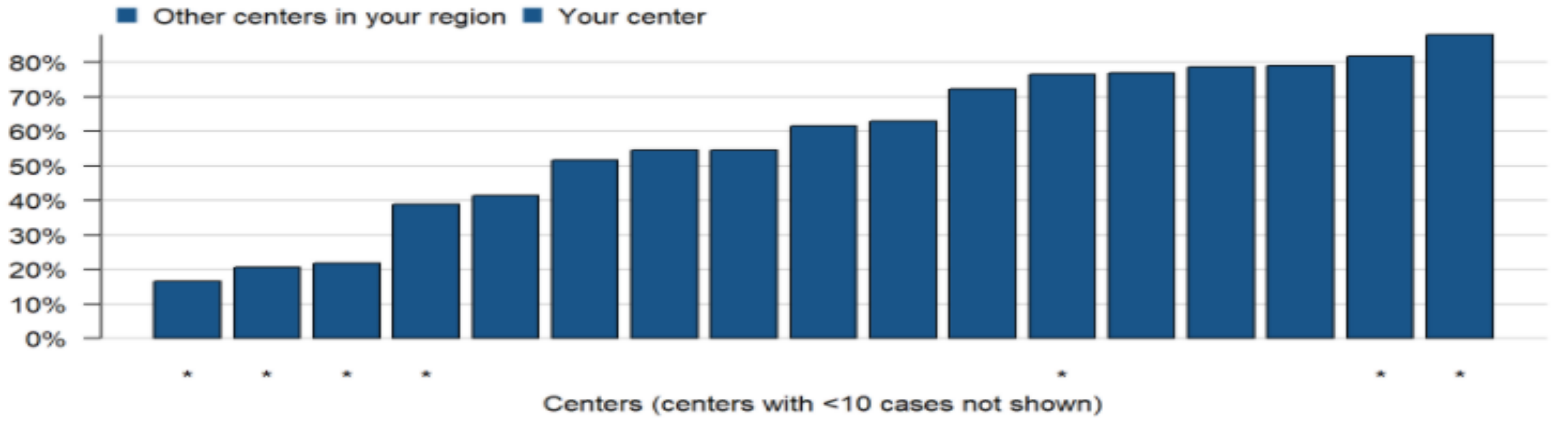
Includes Endovascular AAA Repair (EVAR) procedures only. Excludes patients who were converted to open or died within 21 months of surgery.

The table below gives the number of EVAR procedures meeting the inclusion criteria, and the percentage of those procedures where a sac diameter was reported between 9 and 21 months post-procedure.

	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		436	6821
Percentage with sac diameter reported between 9 and 21 months post-procedure		56.4%	58.6%

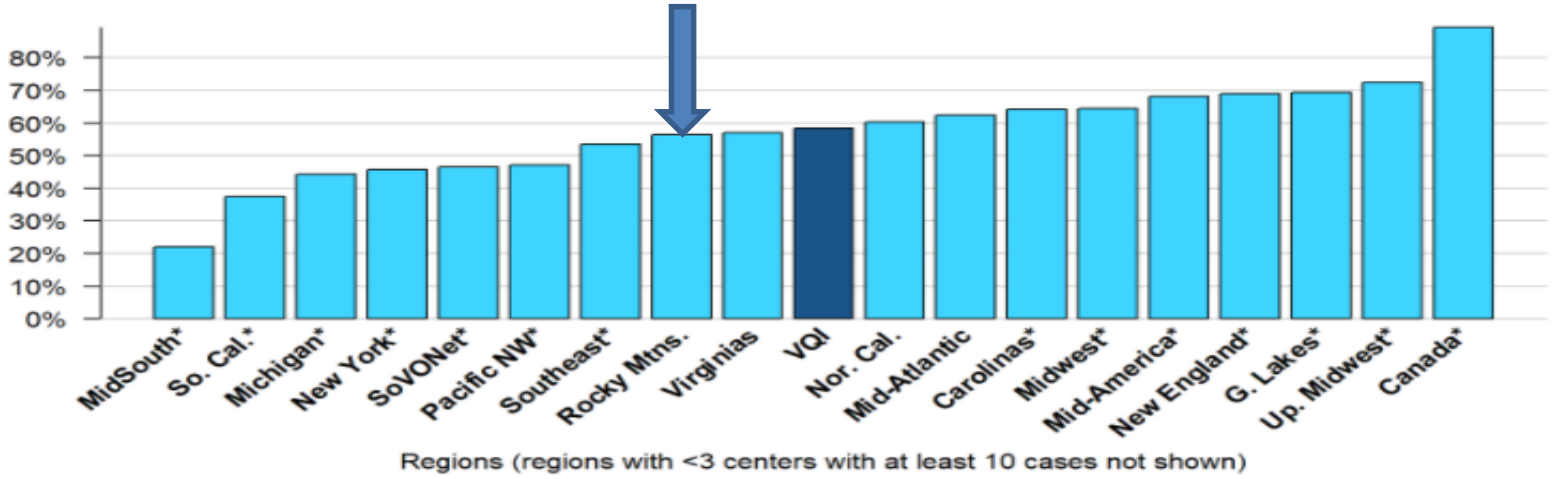

EVAR Sac Diameter Reporting by Year
60%
50%
40%
30%
20%
10%
0%
July 2014-June 2015
July 2015-June 2016
July 2016-June 2017
July 2017-June 2018
Your Center
Your Region
VQI Overall

EVAR Sac Diameter Reporting in Your Region (July 2017-June 2018)



"*" Indicates center's observed rate differs significantly from its expected rate

EVAR Sac Diameter Reporting by Region Across VQI (July 2017-June 2018)



"*" Indicates region's rate differs significantly from the VQI rate.

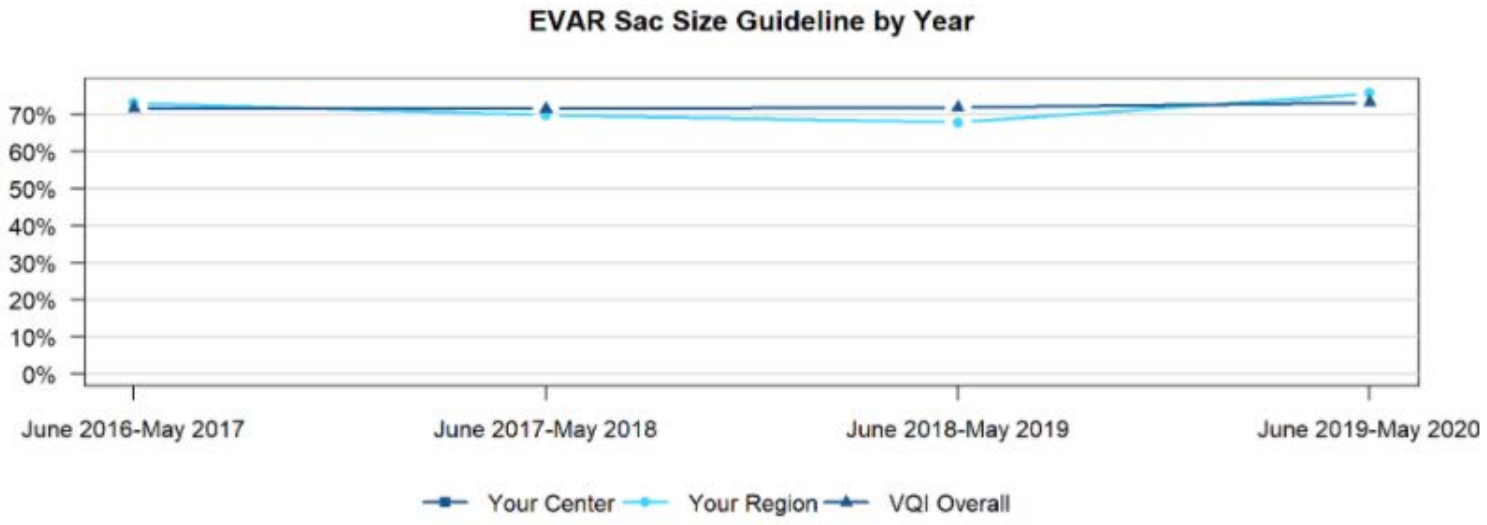
EVAR: SVS Sac Size Guideline

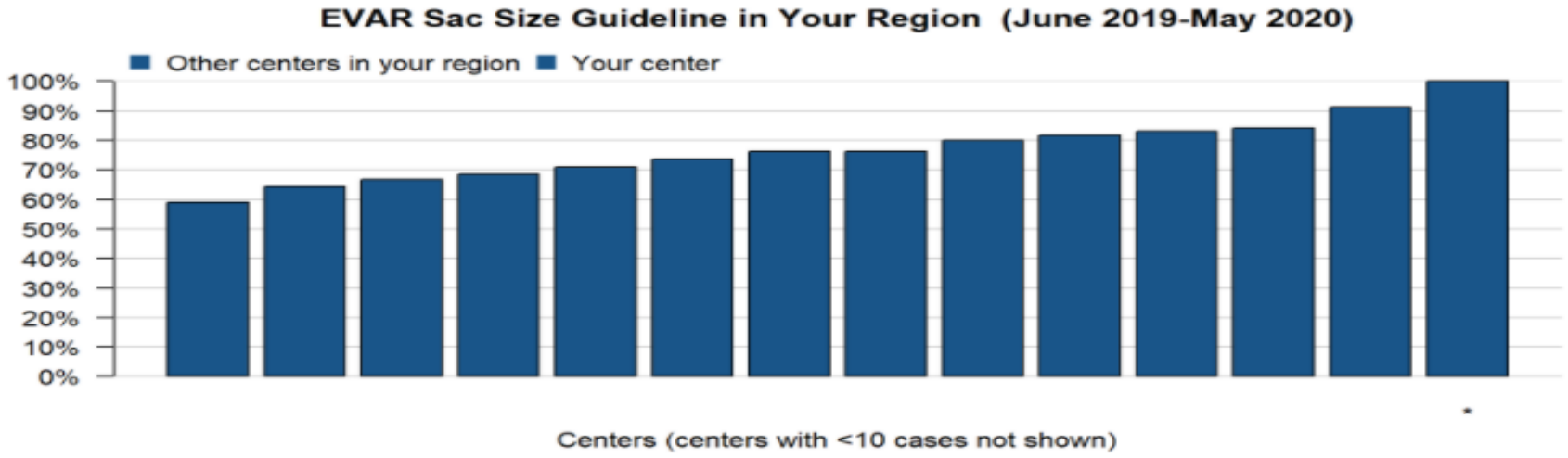
Procedures performed between June 1, 2019 and May 31, 2020

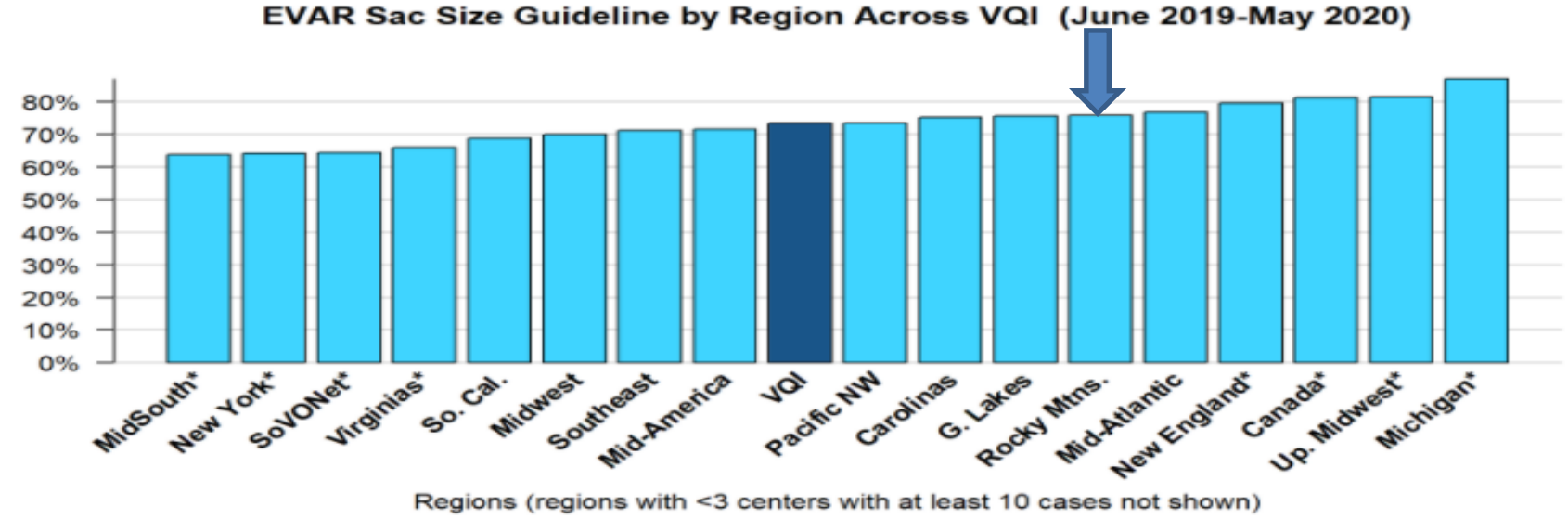
Includes Endovascular AAA Repair (EVAR) procedures only. Excludes any non-elective procedure. SVS sac size guideline is ≥5 cm for Women and ≥5.5cm for men. If the patient has any iliac aneurysm, the guideline is considered met regardless of AAA diameter.

The table below gives the number of EVAR procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS sac size guideline.

	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		356	5426
Percentage meeting SVS sac size guideline		75.8%	73.4%


EVAR Sac Size Guideline by Year
70%
60%
50%
40%
30%
20%
10%
0%
June 2016-May 2017
June 2017-May 2018
June 2018-May 2019
June 2019-May 2020
Your Center
Your Region
VQI Overall


EVAR Sac Size Guideline in Your Region (June 2019-May 2020)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
*
Centers (centers with <10 cases not shown)
"*" Indicates center's observed rate differs significantly from its expected rate


EVAR Sac Size Guideline by Region Across VQI (June 2019-May 2020)
80%
70%
60%
50%
40%
30%
20%
10%
0%
MidSouth*
New York*
SoVONet*
Virginias*
So. Cal.
Midwest
Southeast
Mid-America
VQI
Pacific NW
Carolinas
G. Lakes
Rocky Mtns.
Mid-Atlantic
New England*
Canada*
Up. Midwest*
Michigan*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

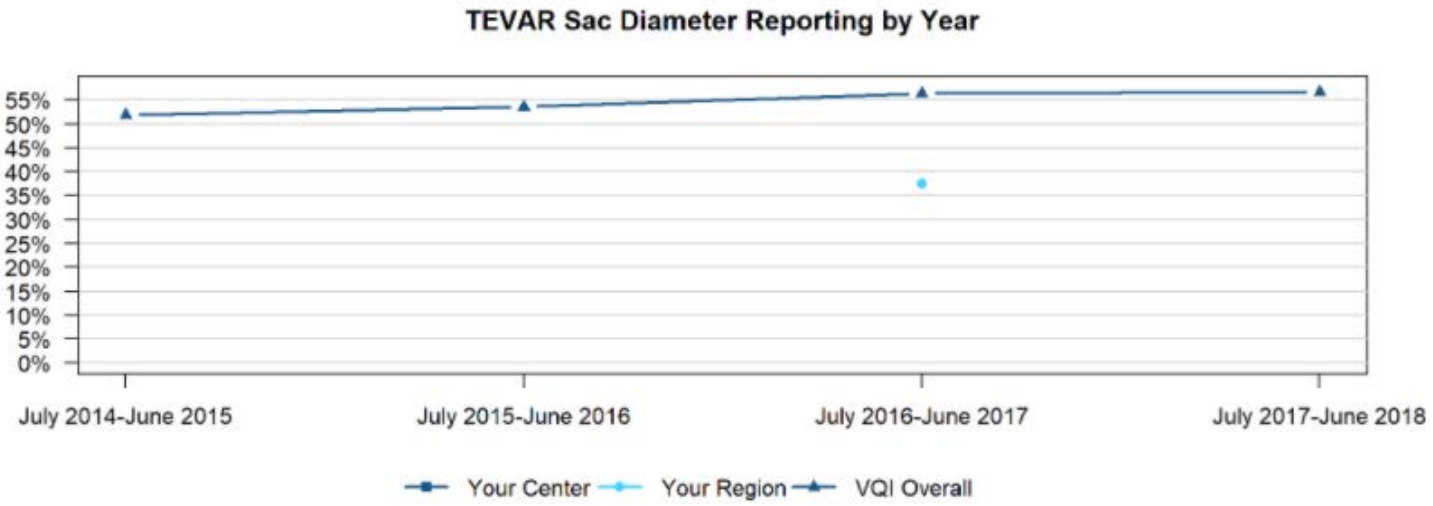
TEVAR: Sac Diameter Reporting

Procedures performed between July 1, 2017 and June 30, 2018

Includes Thoracic Endovascular Aortic Repair (TEVAR) procedures for aneurysm or aneurysm from dissection only. Excludes patients who were converted to open or died within 21 months of surgery.

The table below gives the number of TEVAR procedures meeting the inclusion criteria, and the percentage of those procedures where a sac diameter was reported between 9 and 21 months post-procedure.

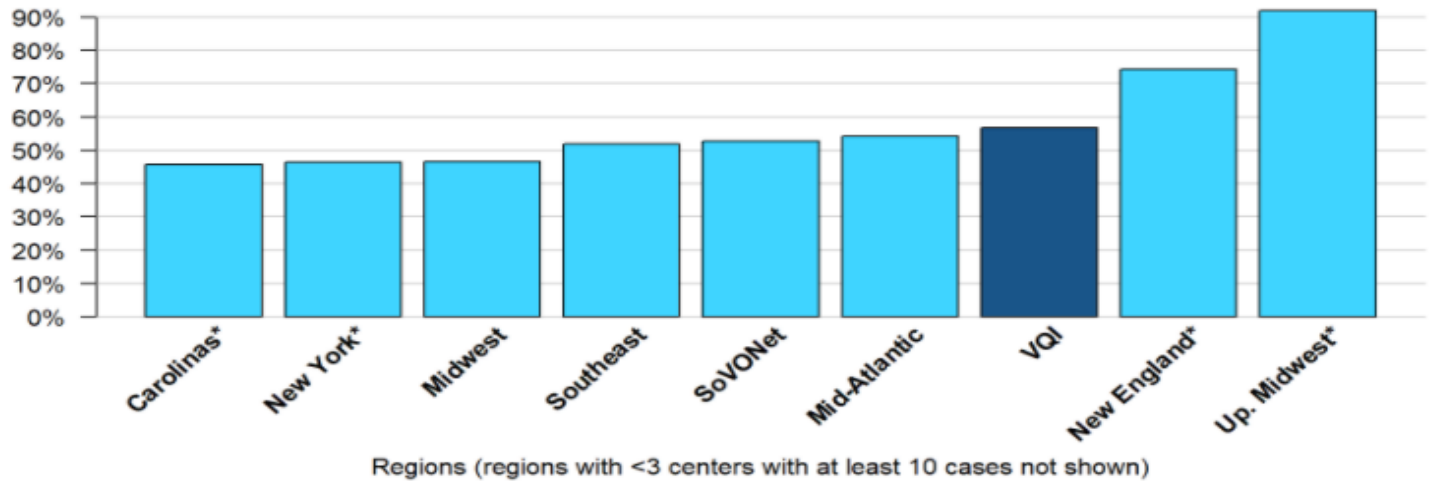
	Your Center	Your Region	VQI Overall
Number of TEVAR procedures meeting inclusion criteria		NA (<3 centers)	1377
Percentage with sac diameter reported between 9 and 21 months post-procedure			56.7%


TEVAR Sac Diameter Reporting by Year
55%
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
July 2014-June 2015
July 2015-June 2016
July 2016-June 2017
July 2017-June 2018
Your Center
Your Region
VQI Overall

TEVAR Sac Diameter Reporting in Your Region (July 2017-June 2018)

"*" Indicates center's observed rate differs significantly from its expected rate

TEVAR Sac Diameter Reporting by Region Across VQI (July 2017-June 2018)



"*" indicates region's rate differs significantly from the VQI rate.

OAAA: In-Hospital Mortality

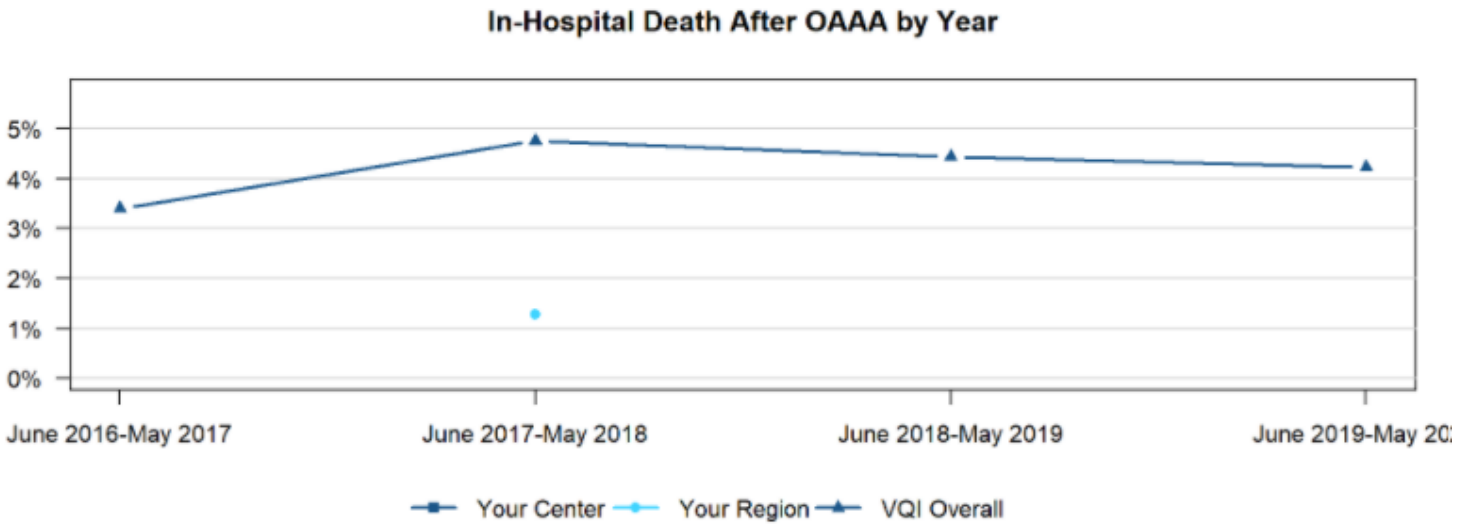
Procedures performed between June 1, 2019 and May 31, 2020

Includes Open AAA (OAAA) procedures only. Excludes any patient with a ruptured aneurysm.

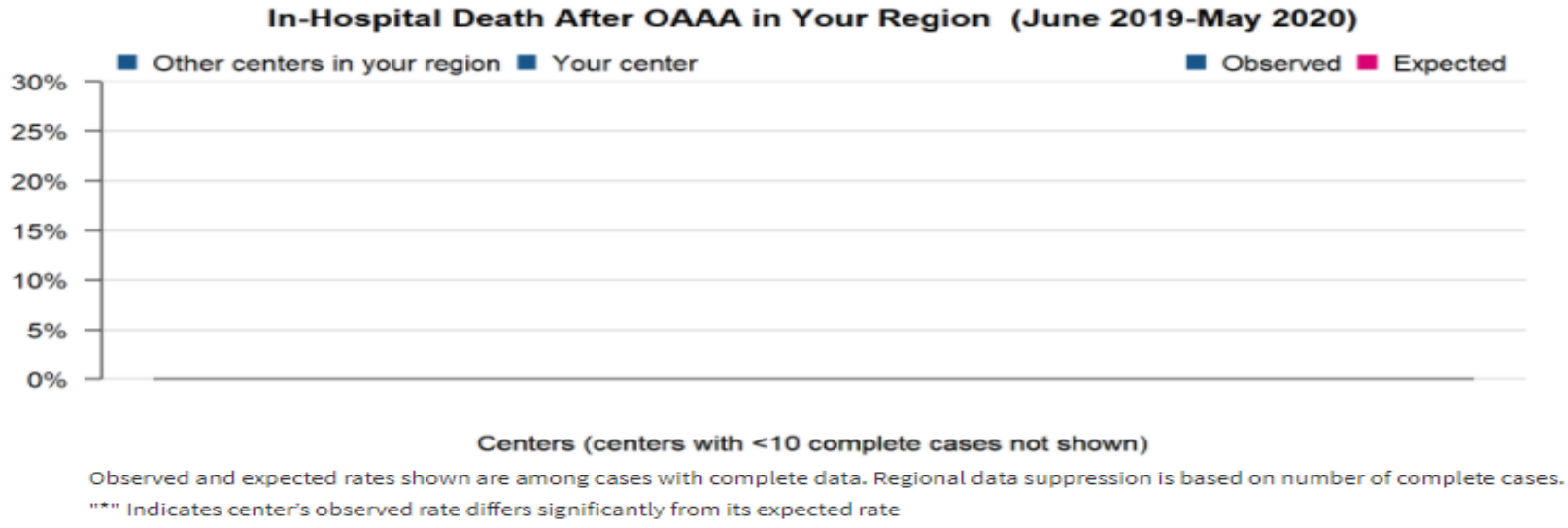
The table below gives the number of OAAA procedures meeting the inclusion criteria, and the observed and expected rates of in-hospital death for those cases.

	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		NA (<3 centers)	970
Observed rate of in-hospital death among procedures meeting inclusion criteria			4.2%
Number of procedures with complete data*			916
Observed rate of in-hospital death among cases with complete data			4.3%
Expected rate of in-hospital death among cases with complete data*			NA
P-value for comparison of observed and expected rates			NA
Observed rate of in-hospital death among procedures with infrarenal proximal clamp			2.9%
Observed rate of in-hospital death among procedures with suprarenal proximal clamp			5.7%

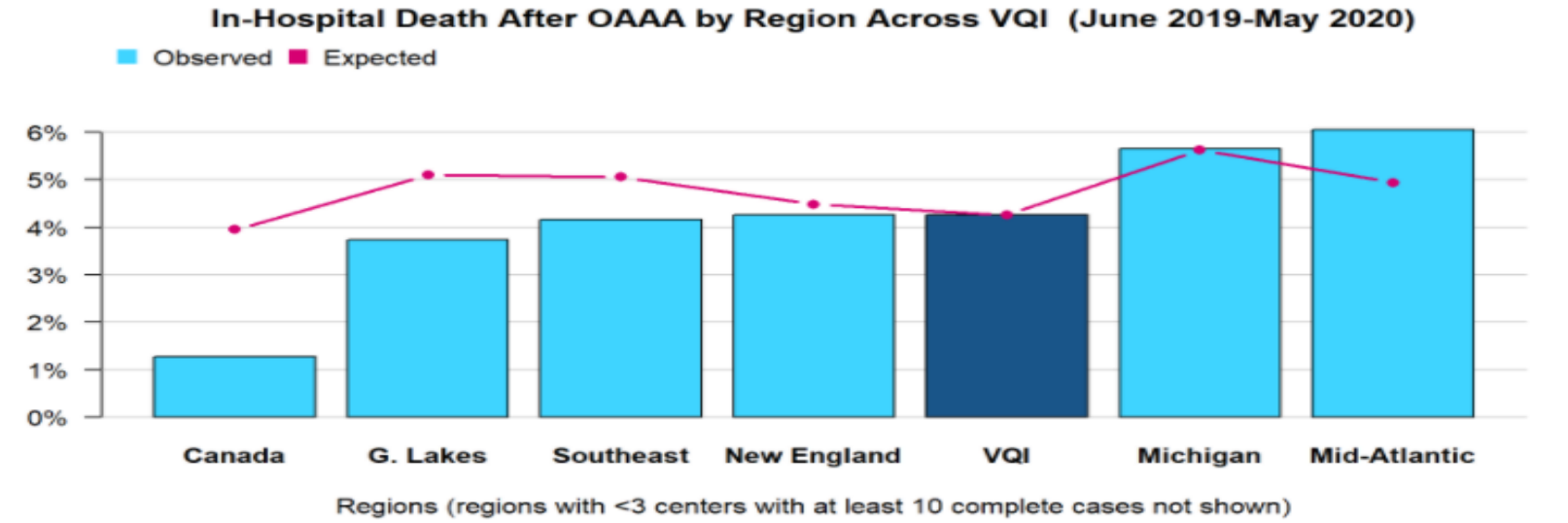
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.



Rates shown are observed rates among cases meeting inclusion criteria.



Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" Indicates center's observed rate differs significantly from its expected rate



Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.
"*" indicates region's observed rate differs significantly from its expected rate.

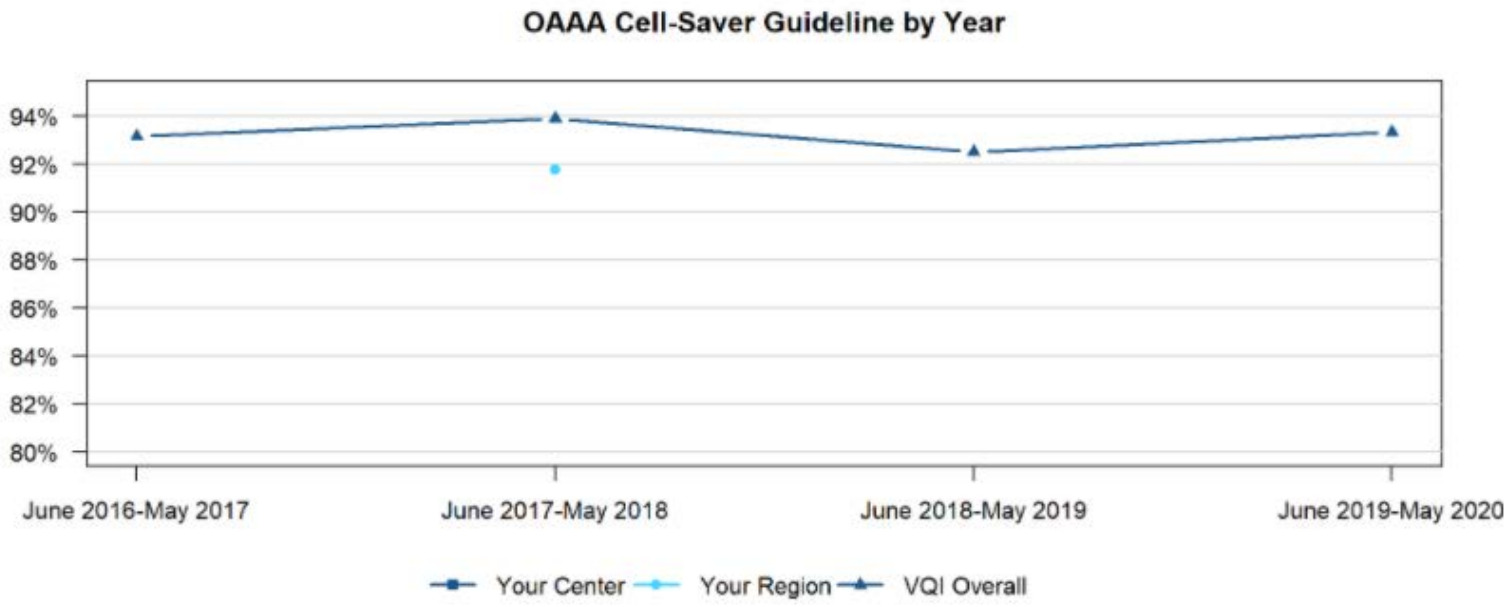
OAAA: SVS Cell-Saver Guideline

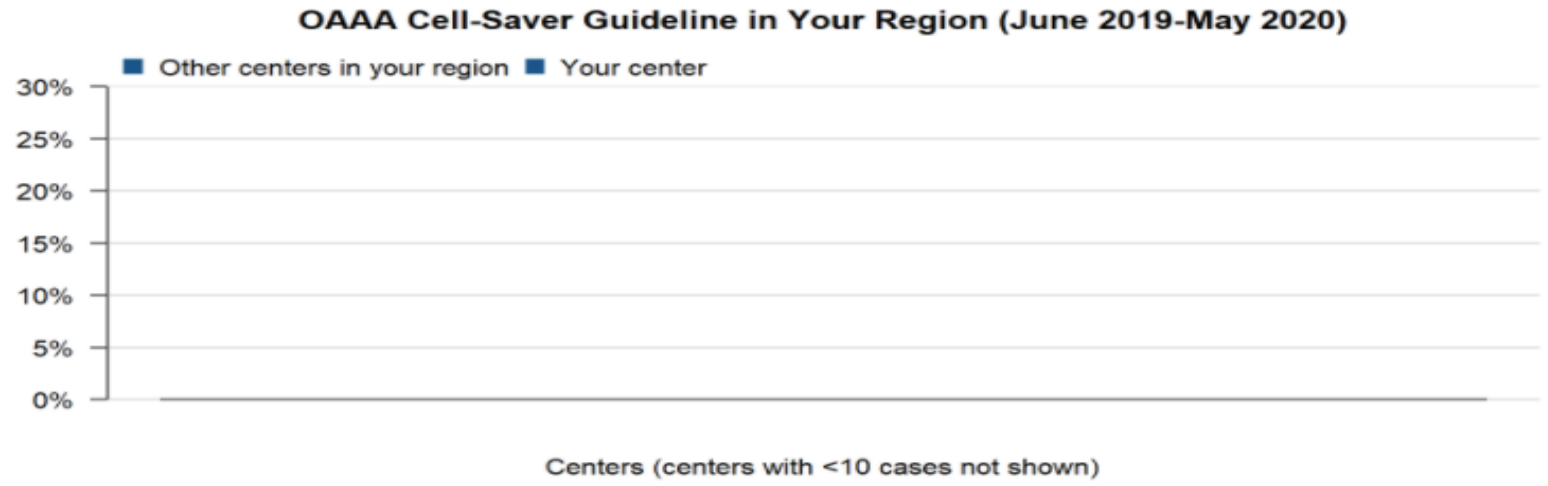
Procedures performed between June 1, 2019 and May 31, 2020

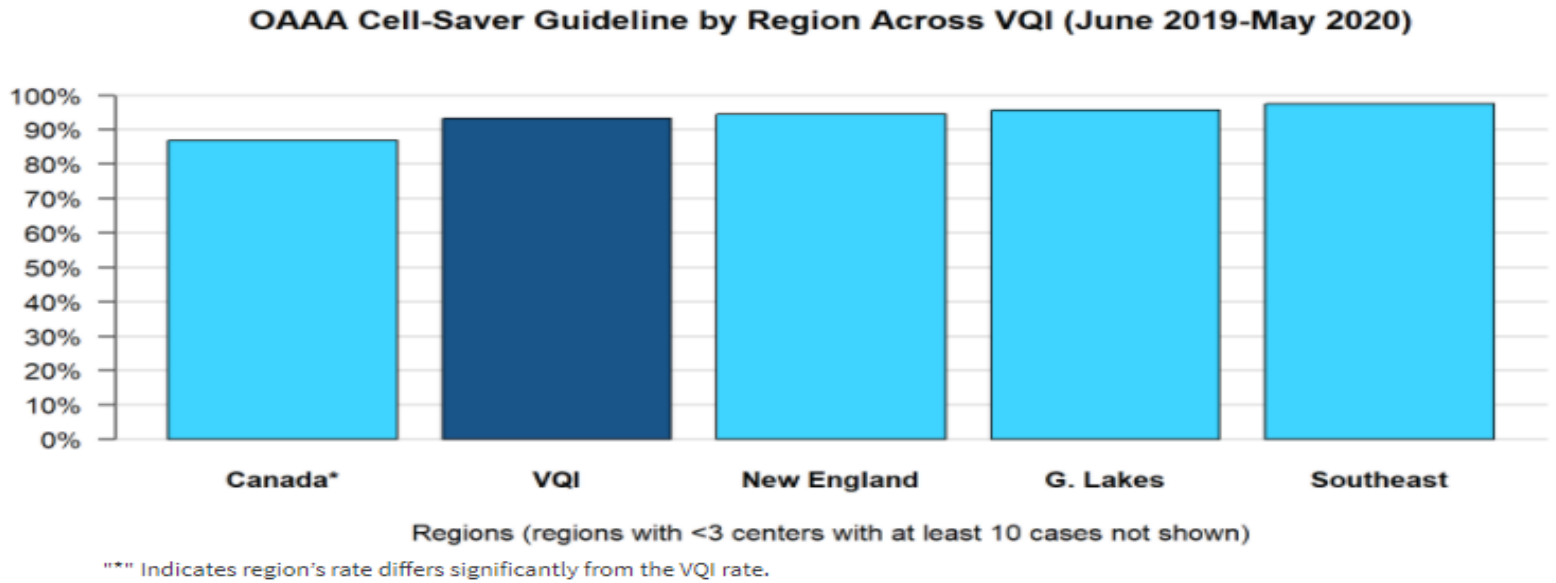
Includes Open AAA (OAAA) procedures only. Excludes any patient with EBL≤500 ml. SVS cell-saver guideline is met if cell salvage or ultrafiltration device was used.

The table below gives the number of OAAA procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS cell-saver guideline.

	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		NA (<3 centers)	1005
Percentage meeting SVS cell-saver guideline			93.3%


OAAA Cell-Saver Guideline by Year
94%
92%
90%
88%
86%
84%
82%
80%
June 2016-May 2017
June 2017-May 2018
June 2018-May 2019
June 2019-May 2020
Your Center
Your Region
VQI Overall


OAAA Cell-Saver Guideline in Your Region (June 2019-May 2020)
Other centers in your region
Your center
30%
25%
20%
15%
10%
5%
0%
Centers (centers with <10 cases not shown)
"*" Indicates center's observed rate differs significantly from its expected rate


OAAA Cell-Saver Guideline by Region Across VQI (June 2019-May 2020)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Canada*
VQI
New England
G. Lakes
Southeast
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

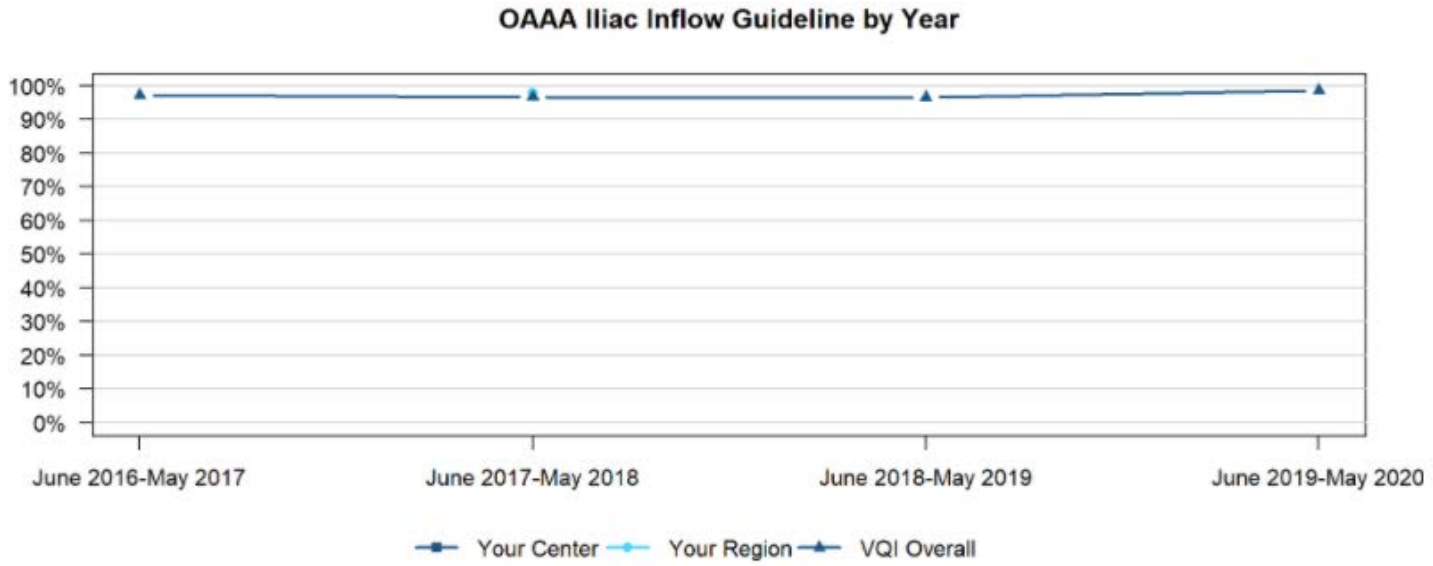
OAAA: SVS Iliac Inflow Guideline

Procedures performed between June 1, 2019 and May 31, 2020

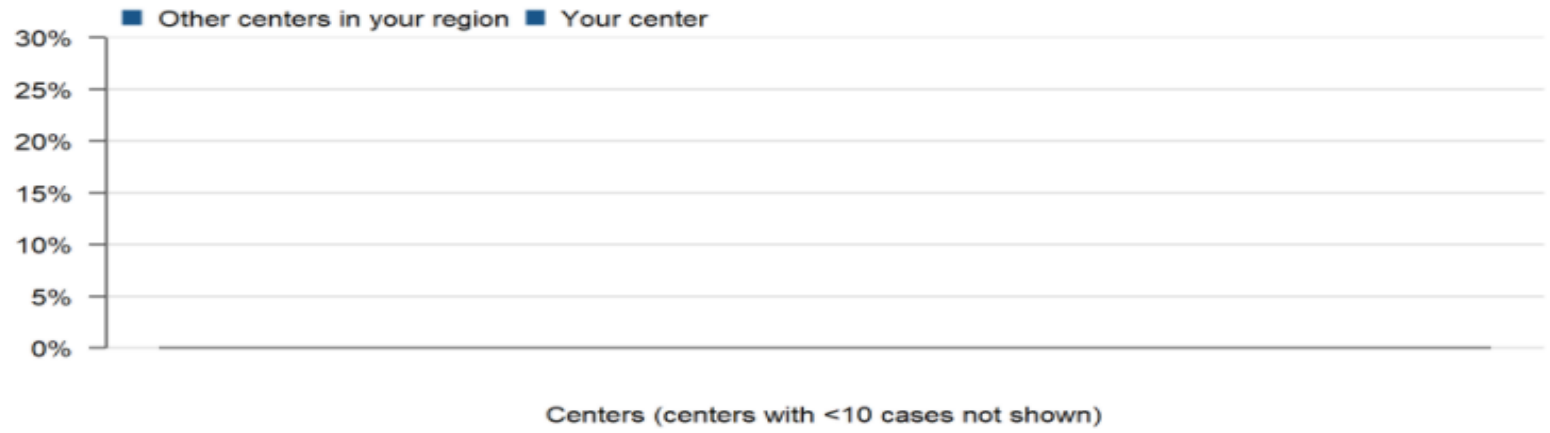
Includes Open AAA (OAAA) procedures only. SVS iliac inflow guideline is met if preservation of flow was maintained to at least one internal iliac artery.

The table below gives the number of OAAA procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS iliac inflow guideline.

	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		NA (<3 centers)	1126
Percentage meeting SVS iliac inflow guideline			98.6%

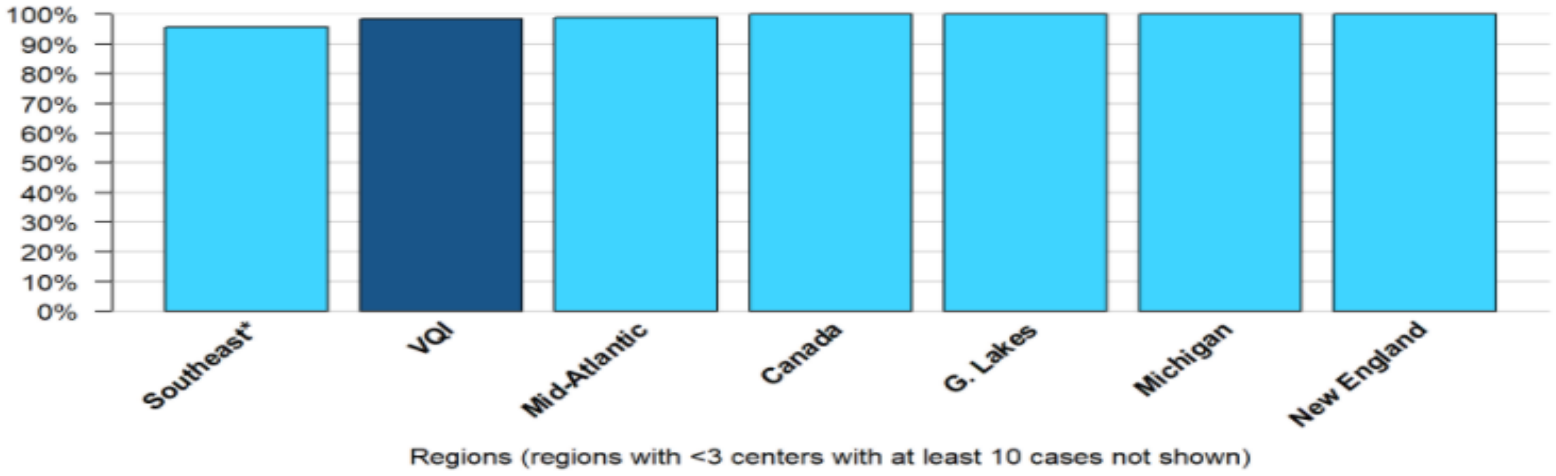

OAAA Iliac Inflow Guideline by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
June 2016-May 2017
June 2017-May 2018
June 2018-May 2019
June 2019-May 2020
Your Center
Your Region
VQI Overall

OAAA Iliac Inflow Guideline in Your Region (June 2019-May 2020)



"*" Indicates center's observed rate differs significantly from its expected rate

OAAA Iliac Inflow Guideline by Region Across VQI (June 2019-May 2020)



"*" Indicates region's rate differs significantly from the VQI rate.

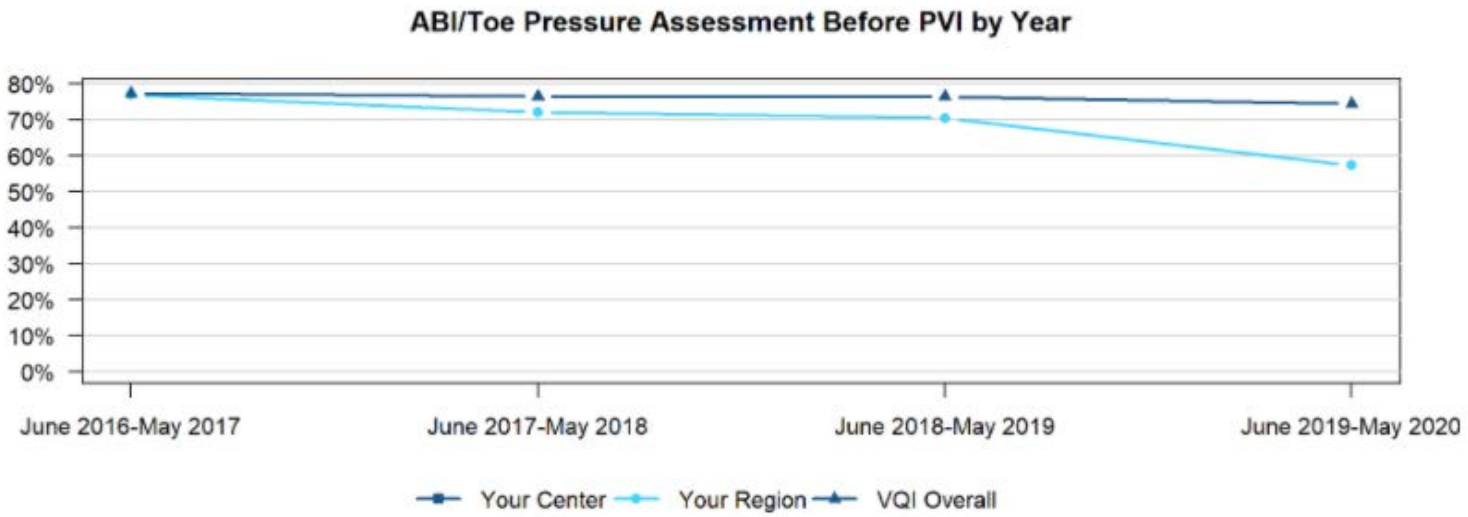
PVI: ABI/Toe Pressure

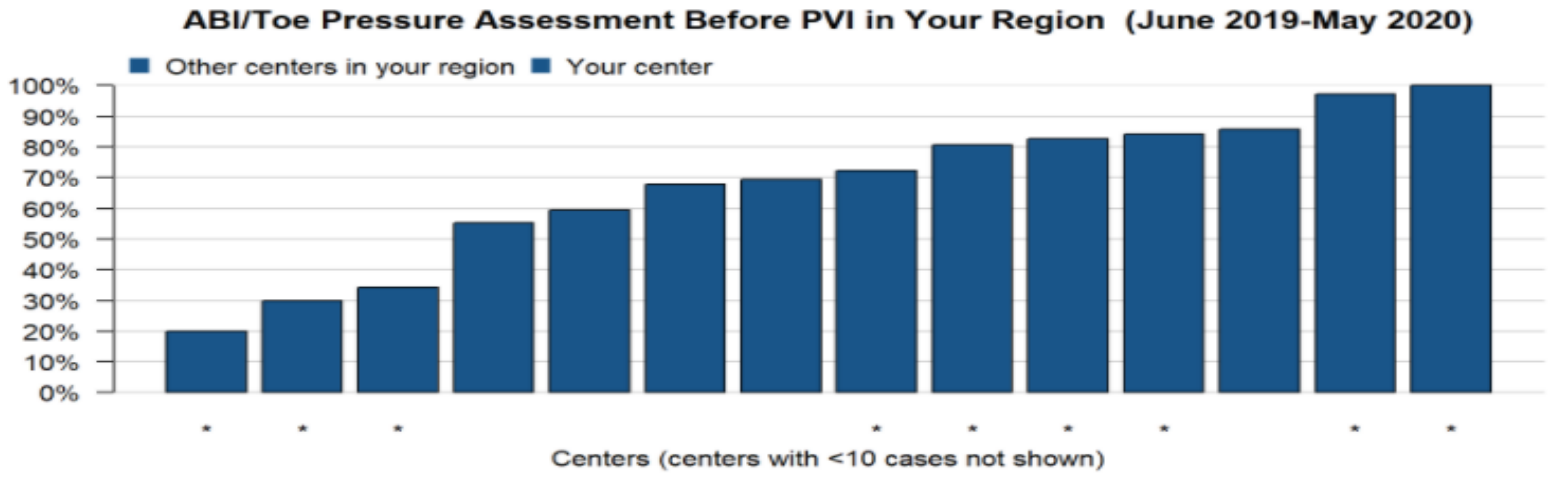
Procedures performed between June 1, 2019 and May 31, 2020

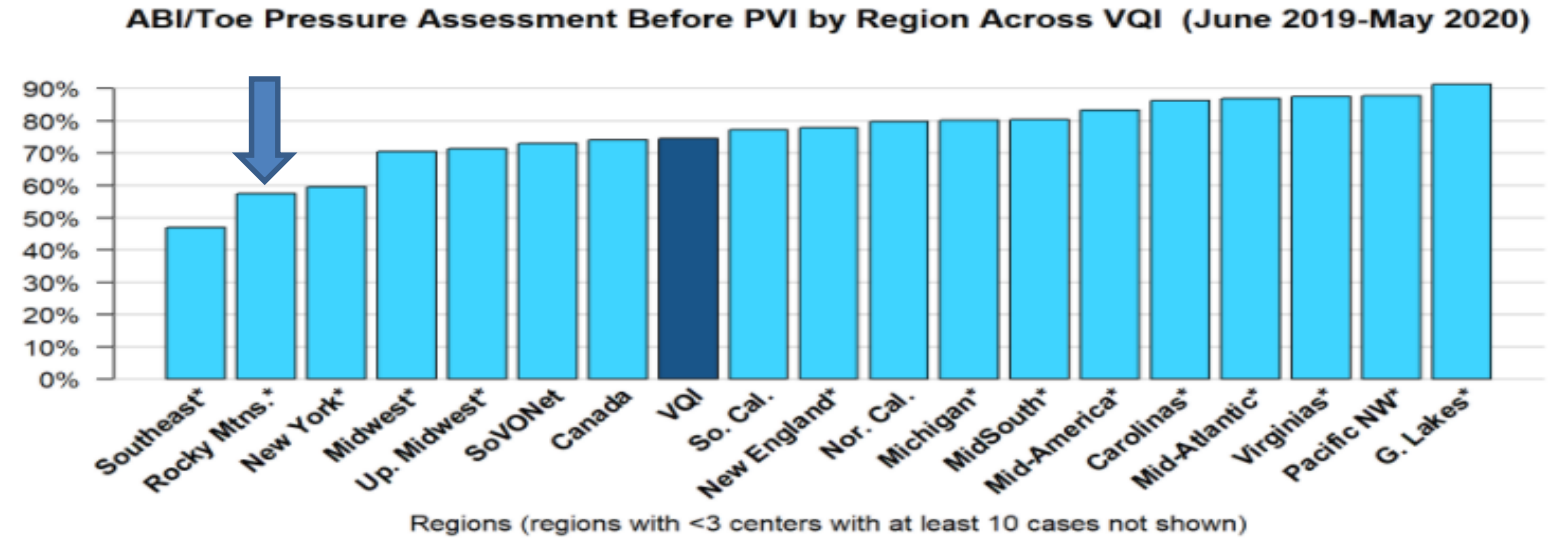
Includes Peripheral Vascular Intervention (PVI) procedures for claudication only. "ABI/Toe Pressure Assessment" indicates at least one ABI or toe pressure assessment was made prior to PVI for the side of the procedure, or on both sides for bilateral and aortic procedures.

The table below gives the number of PVI procedures meeting the inclusion criteria, and the percentage of those procedures in which an ABI or toe pressure was assessed prior to PVI.

	Your Center	Your Region	VQI Overall
Number of PVI procedures meeting inclusion criteria		905	13412
Percentage with ABI/toe pressure assessment		57.5%	74.6%
Percentage who were current smokers		29.7%	36.5%


ABI/Toe Pressure Assessment Before PVI by Year
80%
70%
60%
50%
40%
30%
20%
10%
0%
June 2016-May 2017
June 2017-May 2018
June 2018-May 2019
June 2019-May 2020
Your Center
Your Region
VQI Overall


ABI/Toe Pressure Assessment Before PVI in Your Region (June 2019-May 2020)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Centers (centers with <10 cases not shown)
"*" Indicates center's observed rate differs significantly from its expected rate


ABI/Toe Pressure Assessment Before PVI by Region Across VQI (June 2019-May 2020)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Southeast*
Rocky Mtns.*
New York*
Midwest*
Up. Midwest*
SoVONet
Canada
VQI
So. Cal.
New England*
Nor. Cal.
Michigan*
MidSouth*
Mid-America*
Carolinas*
Mid-Atlantic*
Virginias*
Pacific NW*
G. Lakes*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

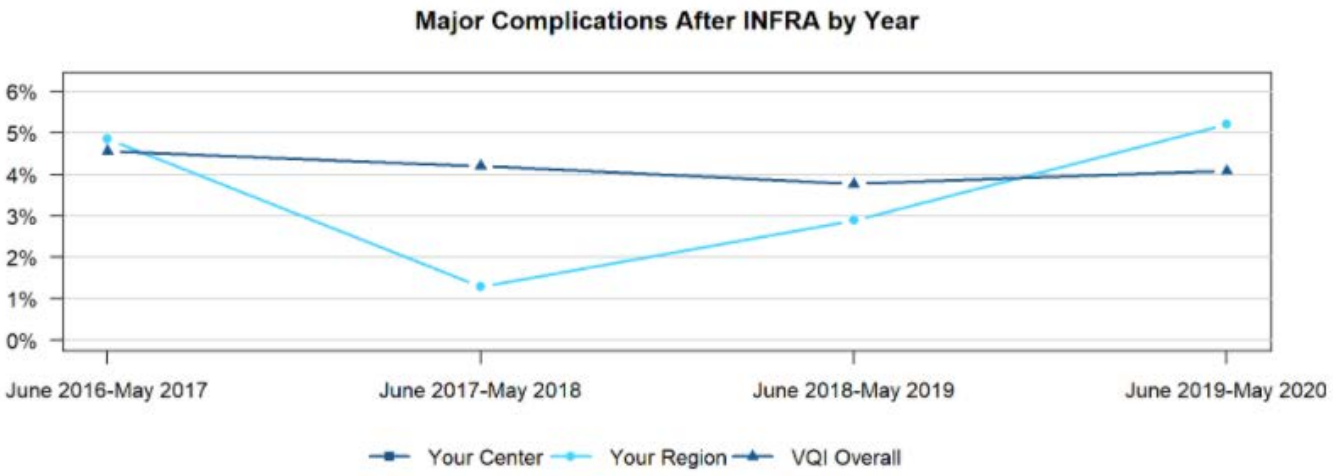
INFRA: Major Complications

Procedures performed between June 1, 2019 and May 31, 2020

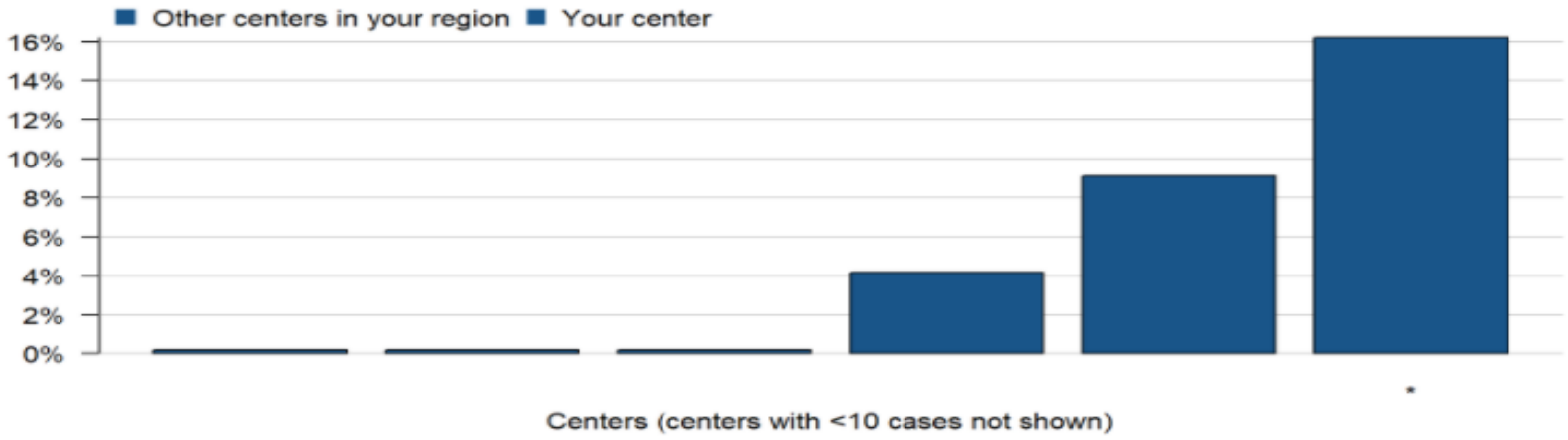
Includes Infrainguinal Bypass (INFRA) procedures only. Excludes any patient with an indication other than rest pain or tissue loss. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

The table below gives the number of INFRA procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

	Your Center	Your Region	VQI Overall
Number of INFRA procedures meeting inclusion criteria		173	4119
Percentage with major complications		5.2%	4.1%

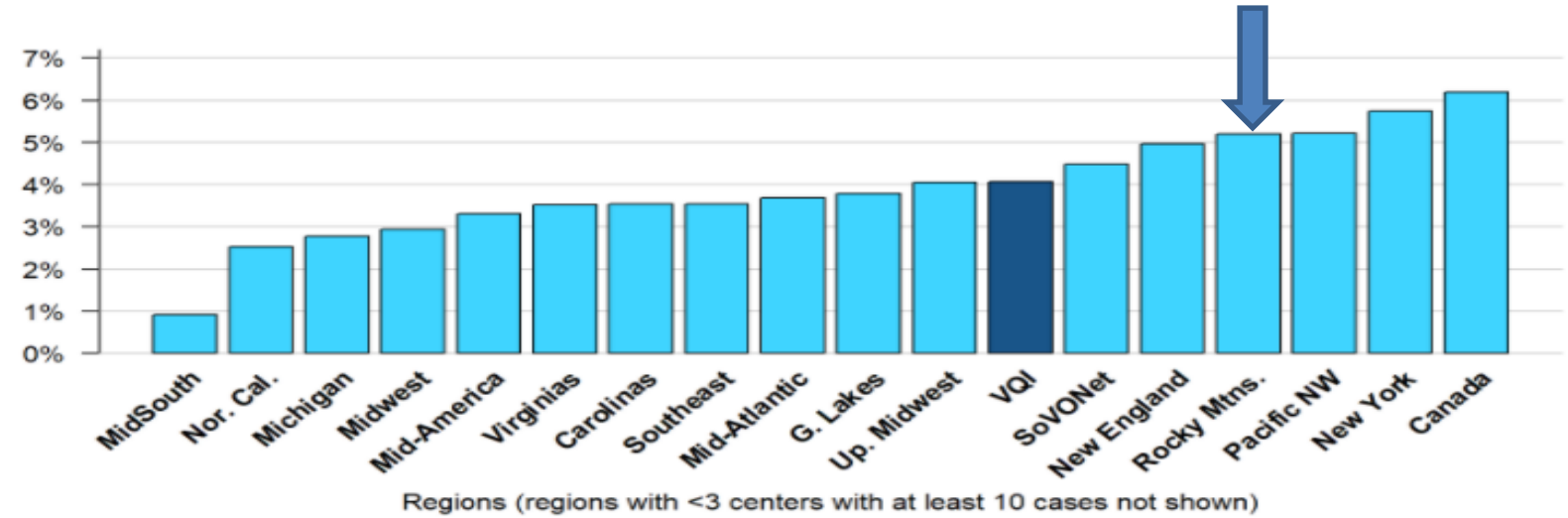

Major Complications After INFRA by Year
6%
5%
4%
3%
2%
1%
0%
June 2016-May 2017
June 2017-May 2018
June 2018-May 2019
June 2019-May 2020
Your Center
Your Region
VQI Overall

Major Complications After INFRA in Your Region (June 2019-May 2020)



"*" Indicates center's observed rate differs significantly from its expected rate

Major Complications After INFRA by Region Across VQI (June 2019-May 2020)



"*" Indicates region's rate differs significantly from the VQI rate.

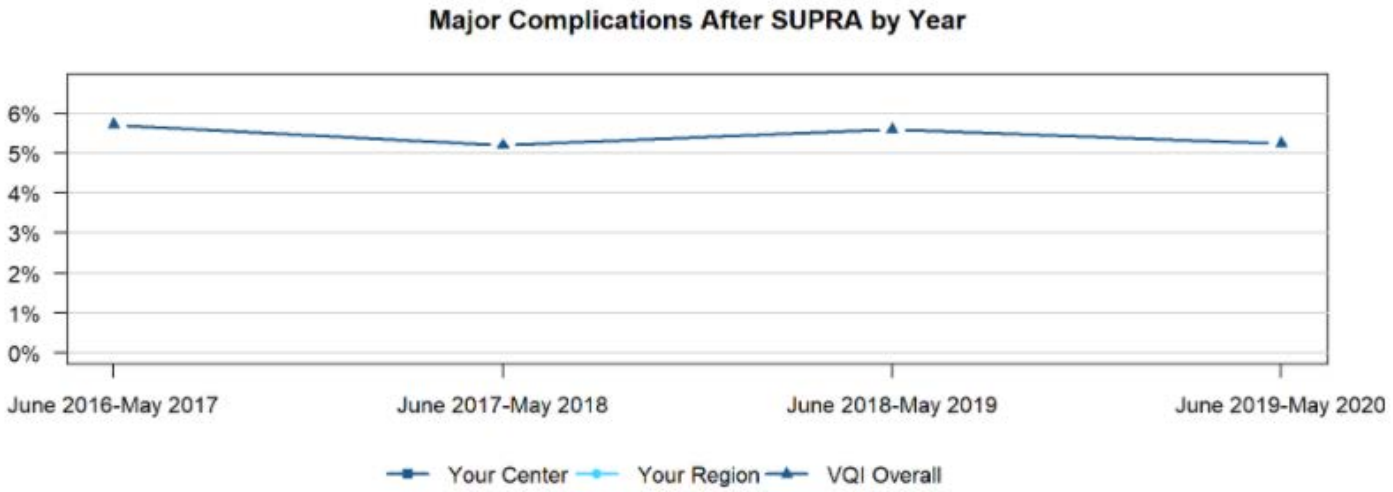
SUPRA: Major Complications

Procedures performed between June 1, 2019 and May 31, 2020

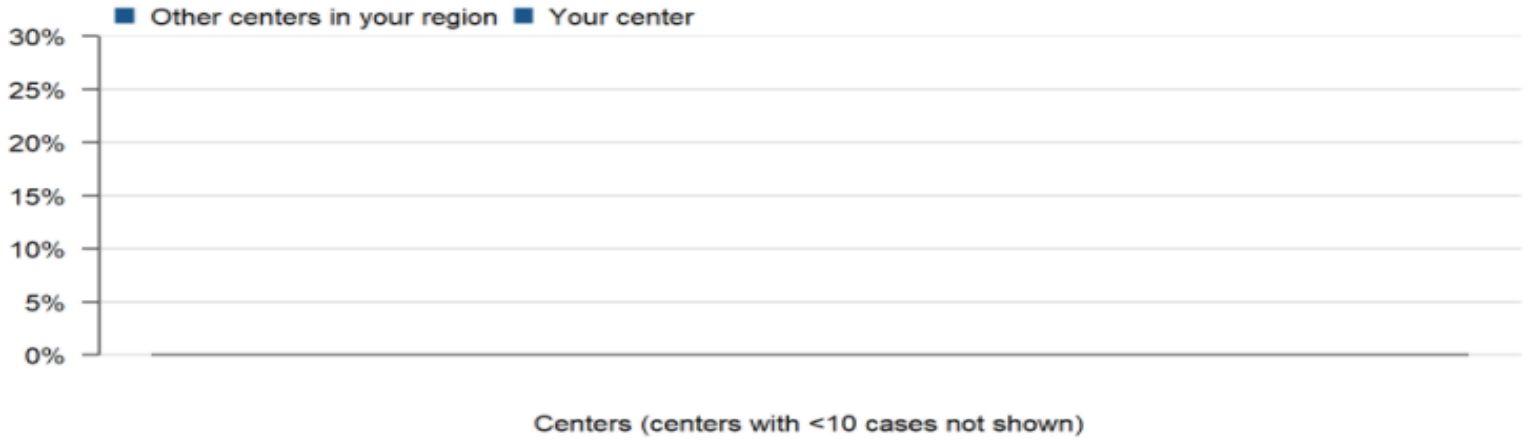
Includes Suprainguinal Bypass (SUPRA) procedures only. Excludes any patient with an indication other than rest pain or tissue loss. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

The table below shows the number of SUPRA procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

	Your Center	Your Region	VQI Overall
Number of SUPRA procedures meeting inclusion criteria		NA (<3 centers)	841
Percentage with major complications			5.2%

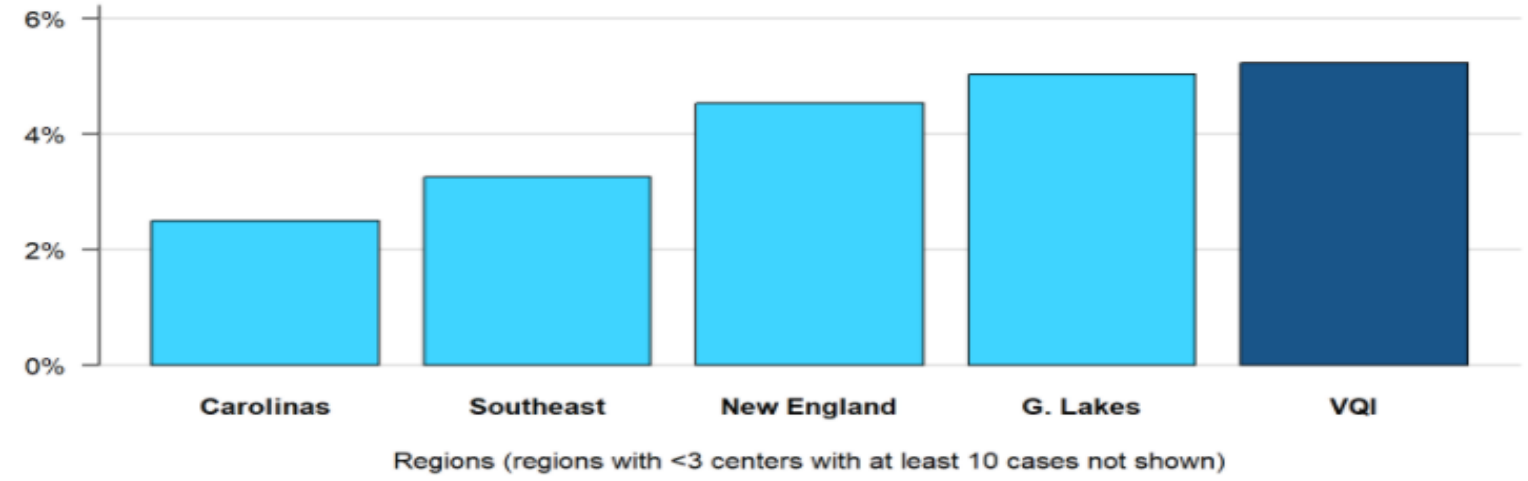

Major Complications After SUPRA by Year
6%
5%
4%
3%
2%
1%
0%
June 2016-May 2017
June 2017-May 2018
June 2018-May 2019
June 2019-May 2020
Your Center
Your Region
VQI Overall

Major Complications After SUPRA in Your Region (June 2019-May 2020)



"*" Indicates center's observed rate differs significantly from its expected rate

Major Complications After SUPRA by Region Across VQI (June 2019-May 2020)



"*" indicates region's rate differs significantly from the VQI rate.

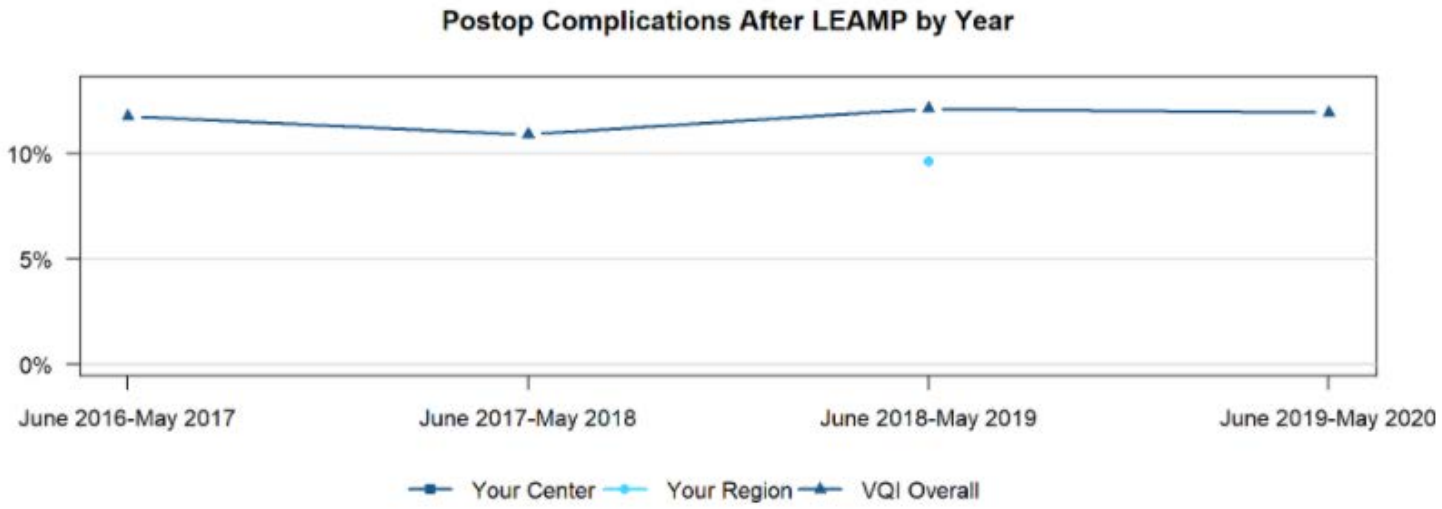
LEAMP: Postop Complications

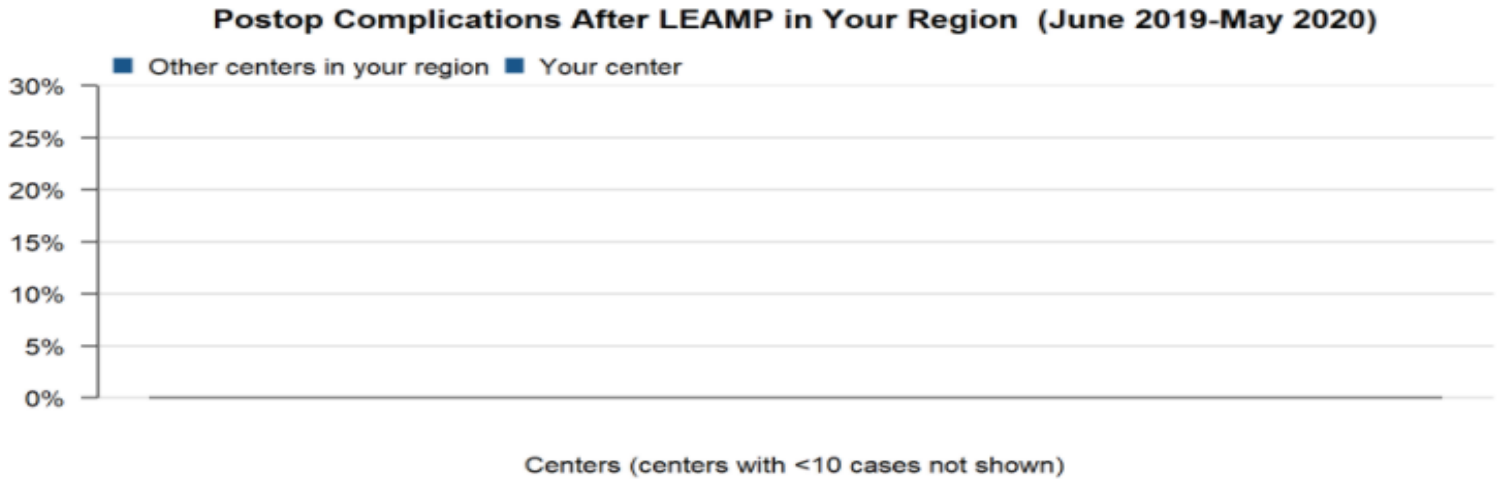
Procedures performed between June 1, 2019 and May 31, 2020

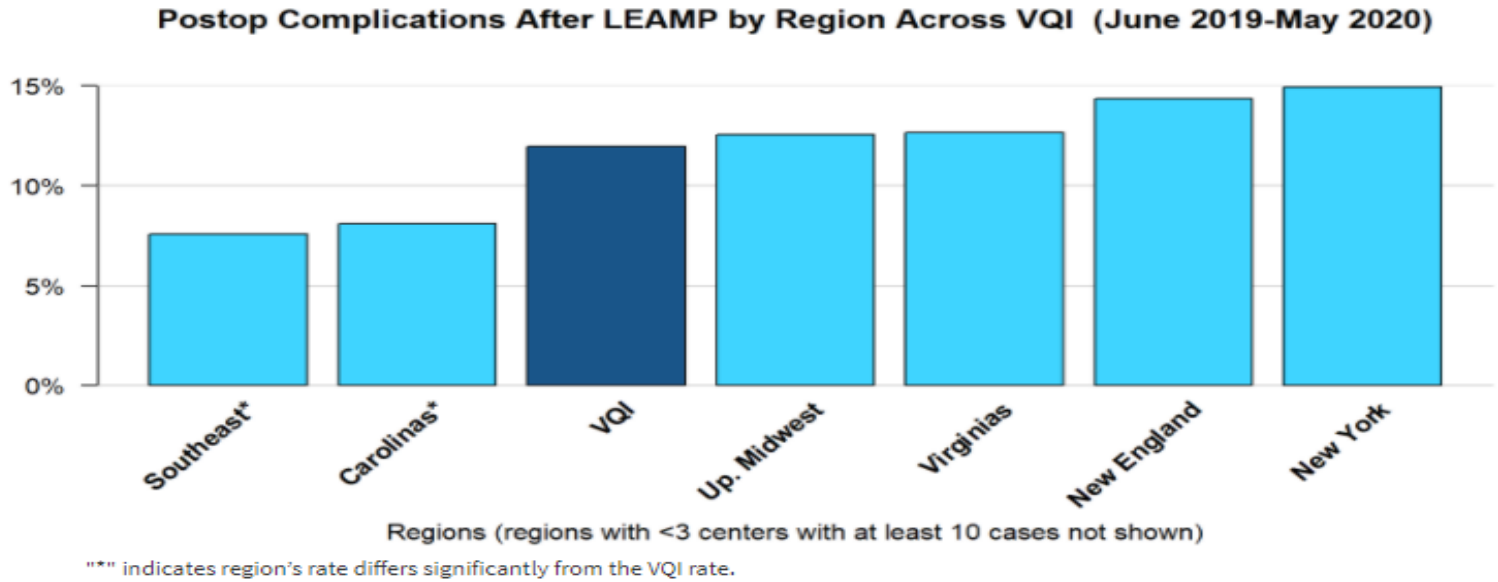
Includes Lower-Extremity Amputation (LEAMP) procedures only. Postoperative complications are defined as myocardial infarction, dysrhythmia, congestive heart failure, surgical site infection, renal complication, or respiratory complication.

The table below gives the number of LEAMP procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in a postoperative complication.

	Your Center	Your Region	VQI Overall
Number of LEAMP procedures meeting inclusion criteria		NA (<3 centers)	3062
Percentage with postoperative complications			12%


Postop Complications After LEAMP by Year
10%
5%
0%
June 2016-May 2017
June 2017-May 2018
June 2018-May 2019
June 2019-May 2020
Your Center
Your Region
VQI Overall


Postop Complications After LEAMP in Your Region (June 2019-May 2020)
Other centers in your region
Your center
30%
25%
20%
15%
10%
5%
0%
Centers (centers with <10 cases not shown)
"*" Indicates center's rate differs significantly from the regional rate.


Postop Complications After LEAMP by Region Across VQI (June 2019-May 2020)
15%
10%
5%
0%
Southeast*
Carolinas*
VQI
Up. Midwest
Virginias
New England
New York
Regions (regions with <3 centers with at least 10 cases not shown)
"*" indicates region's rate differs significantly from the VQI rate.

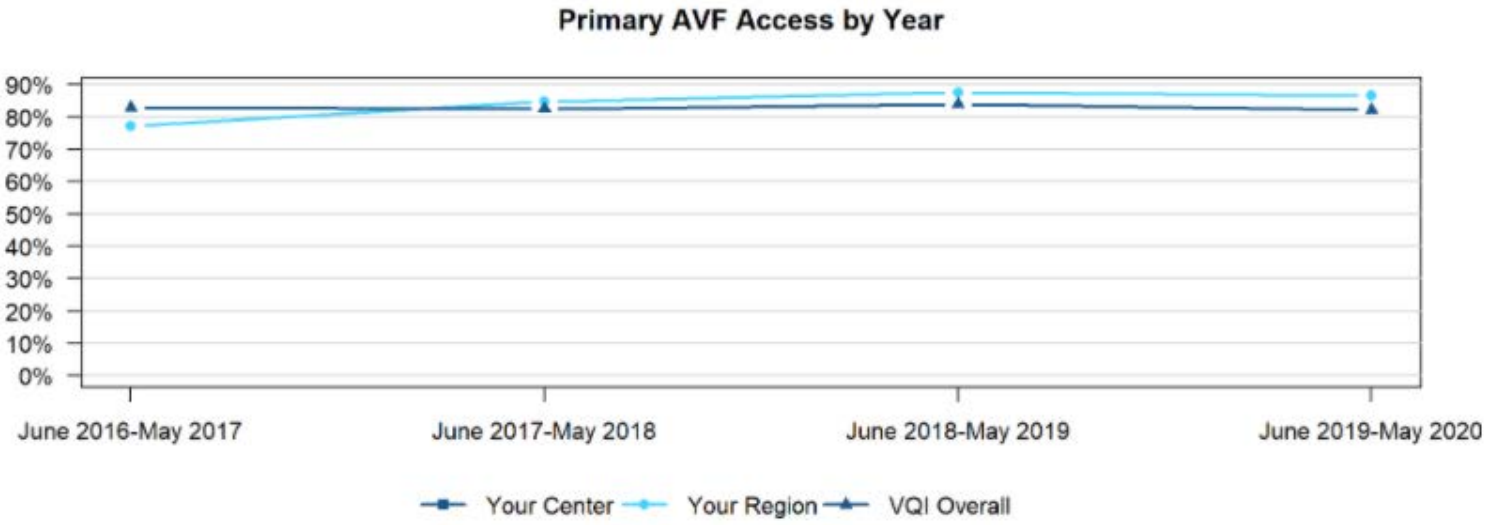
AVACCESS: Primary AVF vs. Graft

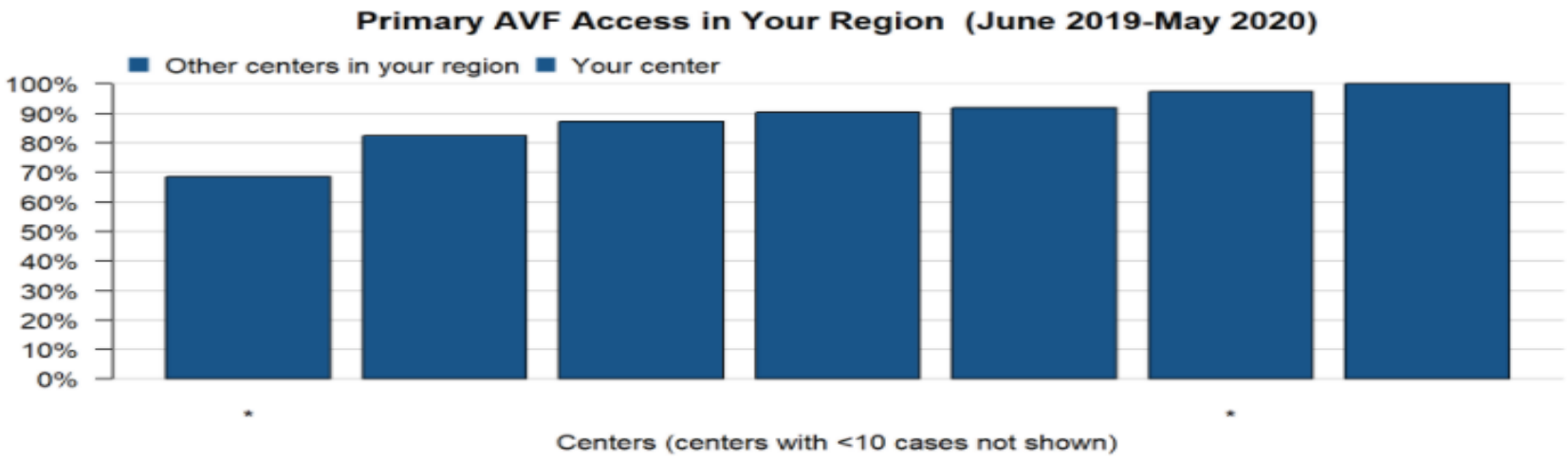
Procedures performed between June 1, 2019 and May 31, 2020

Excludes procedures where Access Type = Endo AVF or patients with a previous access procedure in the same arm.

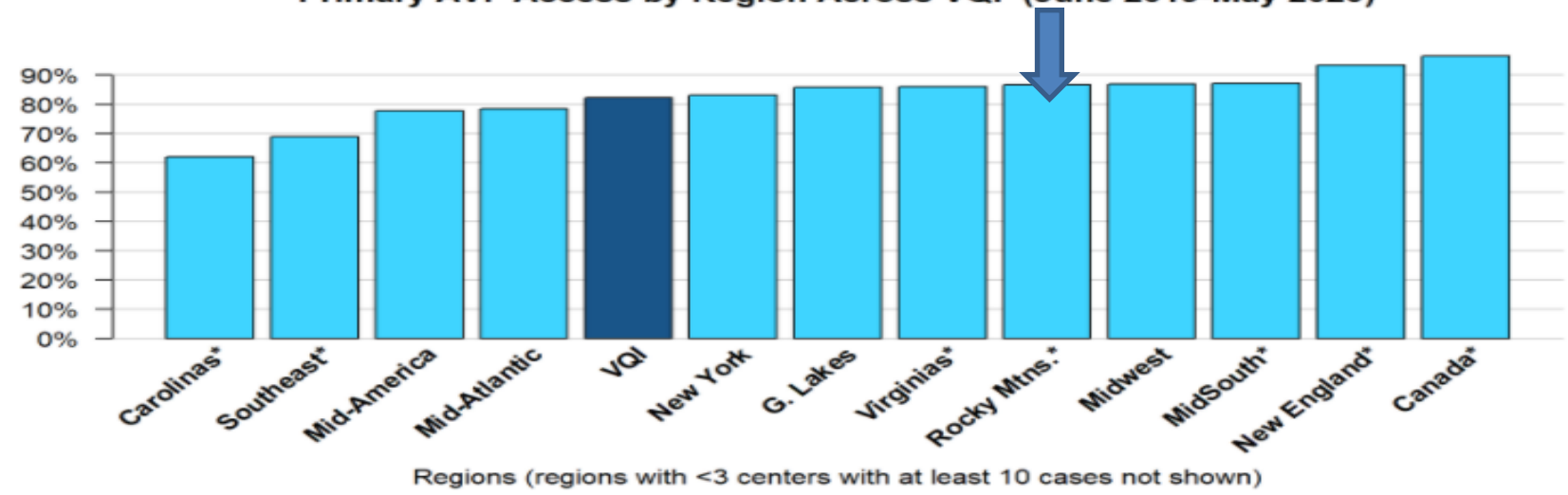
The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures that were primary AVF.

	Your Center	Your Region	VQI Overall
Number of AVACCESS procedures meeting inclusion criteria		370	5116
Percentage with primary AVF		86.5%	82.1%


Primary AVF Access by Year
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
June 2016-May 2017
June 2017-May 2018
June 2018-May 2019
June 2019-May 2020
Your Center
Your Region
VQI Overall



"*" Indicates center's rate differs significantly from the regional rate.



"*" Indicates region's rate differs significantly from the VQI rate.

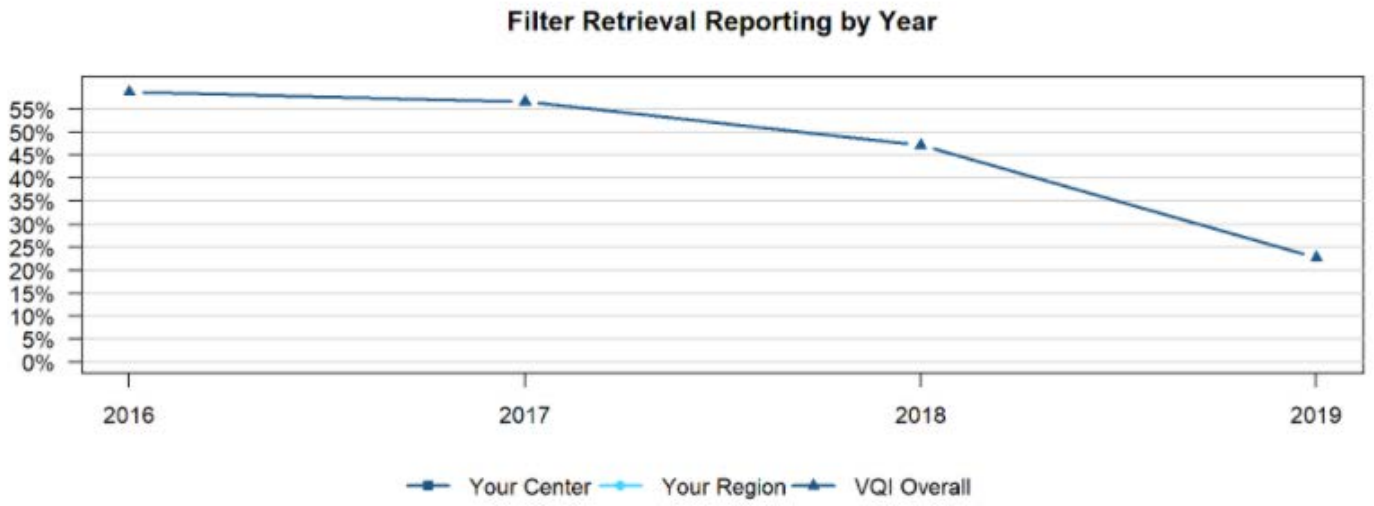
IVCF: Filter Retrieval Reporting

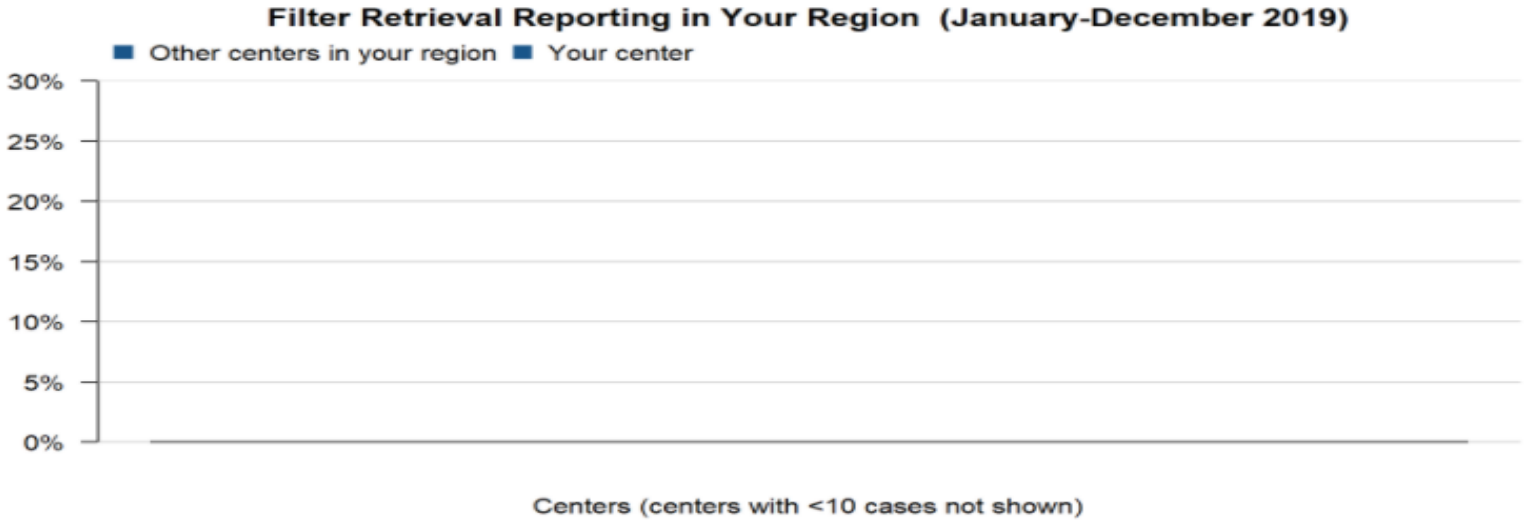
Procedures performed between January 1, 2019 and December 31, 2019

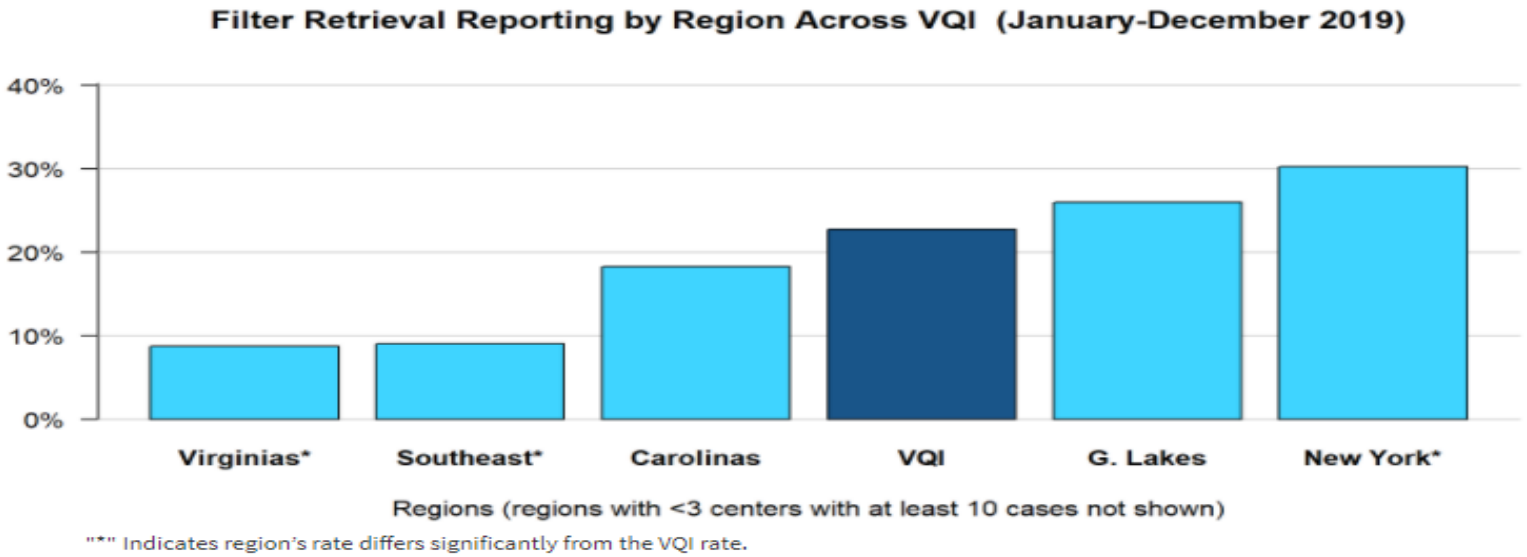
Excludes patients with permanent filters, patients who have died since discharge, or patients where no follow-up was possible.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures in which the filter was reported as retrieved (or retrieval was attempted) at any time post-procedure. Because follow-up is critical for assessing filter retrieval, cases meeting the inclusion criteria are broken down into those with follow-up records (at least 1 follow-up record) and those without follow-up records.

	Your Center	Your Region	VQI Overall
Number of IVCF procedures meeting inclusion criteria		NA (<3 centers)	1427
Number without follow-up records			1023
Number with follow-up records			404
Percentage with Filter Retrieval, or Attempt at Retrieval			22.8%
Percentage not retrieved because No Follow-up Records Created			71.7%
Percentage not retrieved because Not Clinically Indicated			3.5%
Percentage not retrieved because Patient Declined			0.8%
Percentage not retrieved because Lost to Follow-Up			0.1%
Percentage not retrieved because Deemed Too Late for Removal			0%
Percentage not retrieved because Planned Later Removal			0.8%
Percentage not retrieved because No Reason Given			0.3%


Filter Retrieval Reporting by Year
55%
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
2016
2017
2018
2019
Your Center
Your Region
VQI Overall


Filter Retrieval Reporting in Your Region (January-December 2019)
Other centers in your region
Your center
30%
25%
20%
15%
10%
5%
0%
Centers (centers with <10 cases not shown)
"*" Indicates center's rate differs significantly from the regional rate.


Filter Retrieval Reporting by Region Across VQI (January-December 2019)
40%
30%
20%
10%
0%
Virginias*
Southeast*
Carolinas
VQI
G. Lakes
New York*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

Regional Improvement Projects

SVS | VQI
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- Scott Berman, MD

National VQI Update:
Caroline Morgan, SVS PSO

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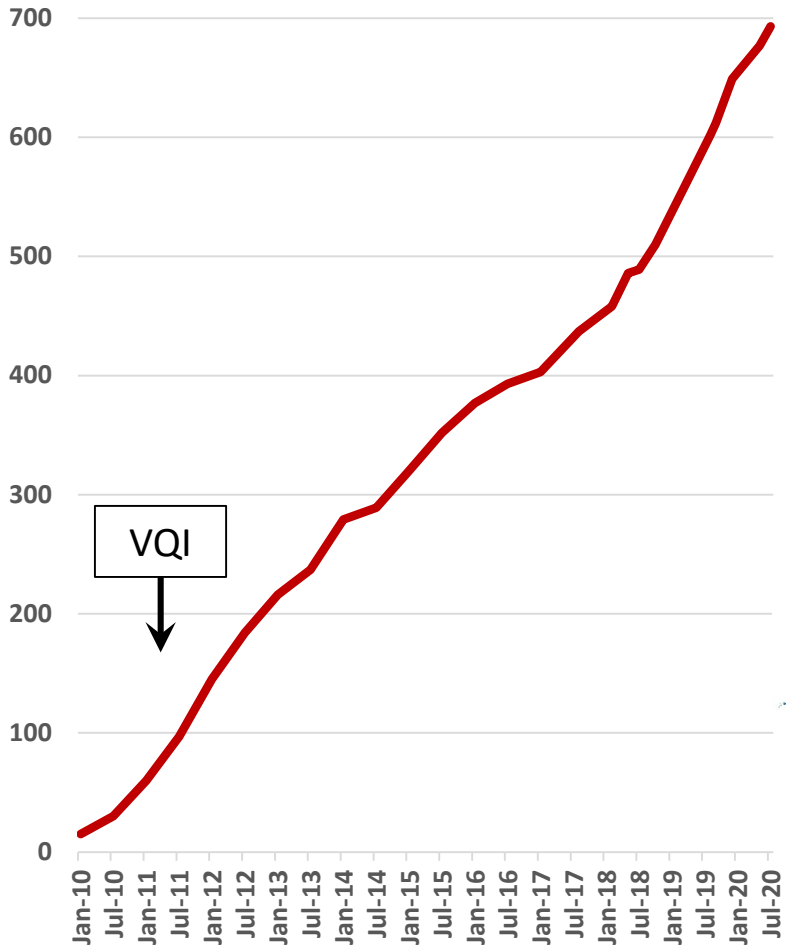
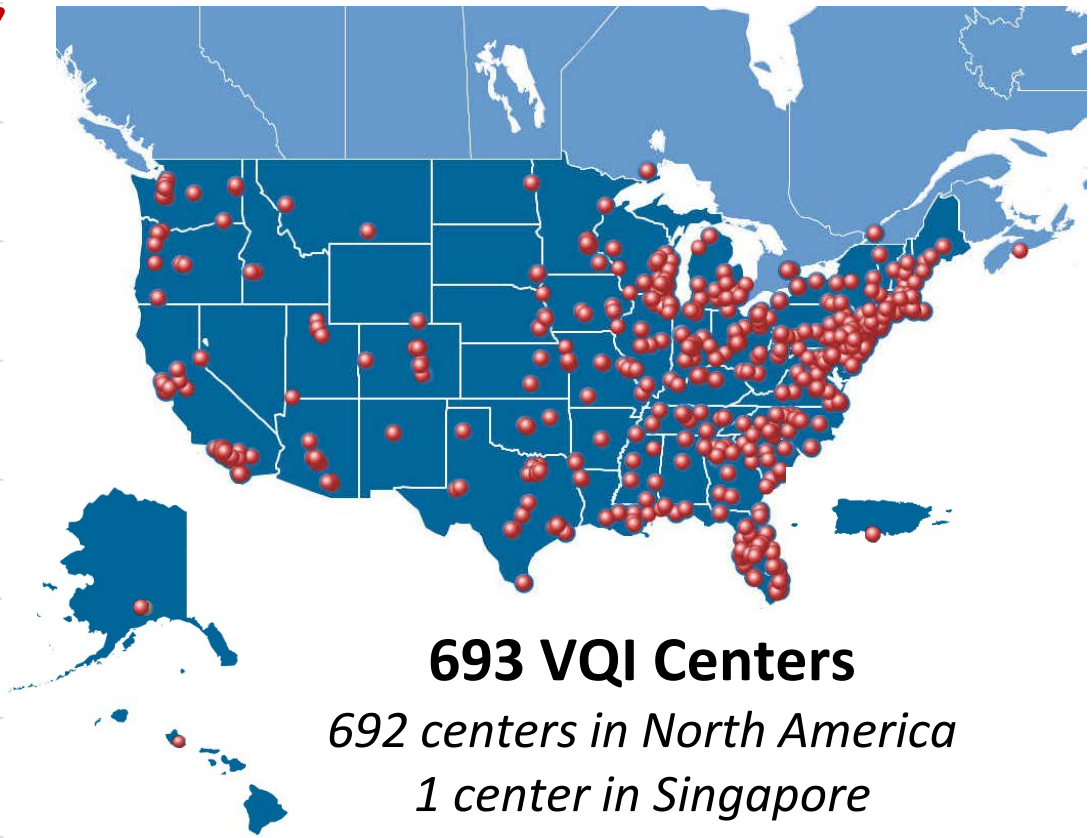
Number of Participating Centers



Location of VQI Participating Centers



693 VQI Centers

692 centers in North America

1 center in Singapore

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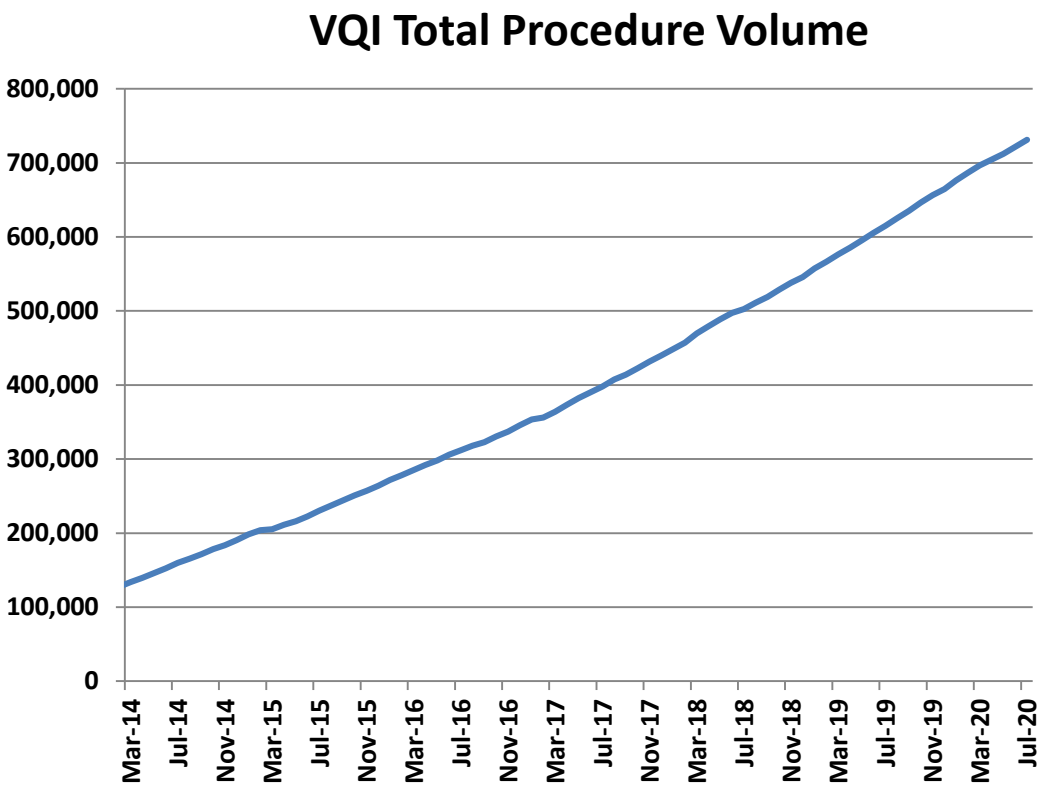
Total Procedures Captured (as of 8/1/2020)	731,047
Peripheral Vascular Intervention	238,942
Carotid Endarterectomy	143,322
Infra-Inguinal Bypass	62,429
Endovascular AAA Repair	57,846
Hemodialysis Access	57,648
Carotid Artery Stent	44,584
Varicose Vein	40,050
Supra-Inguinal Bypass	20,437
Thoracic and Complex EVAR	18,718
Lower Extremity Amputations	18,595
IVC Filter	14,549
Open AAA Repair	13,918



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

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VQI OnLine Highlights:

- VQI OnLine hosted 12 sessions over 6 weeks
- Attendance ranged from 300 – 125 live users
- PSO thanks all the Speakers and Moderators
- Feedback has largely been positive.
- Need a better registration and invite process
- Wil incorporate virtual sessions even as we return to a live event
- Replays can be found on the VQI Members Only website.
- https://www.vqi.org/wp-content/uploads/VQI-ONLINE-latest-schedule-6.9.2020.pdf

VQI OnLine:

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After the successful completion of our first VQI ONLINE event series, we have posted the video content on the Members Only area

If you wish to view any of the video sessions, please log in to the VQI Members Only area on the website. (If you do not have credentials for Members Only, please contact Nancy Heatley to set up your access. This is only available for registered VQI members.)

VQI Members Only – https://www.vqi.org/members-login/

Full recordings of each event are available at no cost to VQI members through Members Only.

Contact Nancy Heatley Nheatley@svspso.org if you need assistance!

ACC, SVS Join Forces on Single Vascular Registry

The American College of Cardiology and Society for Vascular Surgery are collaborating on a single vascular registry to harness the strengths of both organizations in improving care and outcomes of patients with vascular disease.

https://www.vqi.org/acc-svs-join-forces-on-single-vascular-registry/

Vascular Medicine Consult Registry

Collaboration:

Society for Vascular Surgery
American Heart Association
Society for Vascular Medicine

Vascular Medicine Consult Registry

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Inclusion Criteria:

This registry only includes New Outpatient Consults who are being treated medically for:

- Lower Extremity peripheral arterial disease due to atherosclerosis
- Atherosclerotic carotid artery occlusive disease
- Abdominal aortic aneurysm

Exclusion Criteria:

- Evaluation/diagnosis of pseudo or neurogenic claudication, peripheral arterial disease due to trauma, popliteal entrapment, medial adventious cystic disease, chronic compartment syndrome
- Carotid disease due to dissection, infection, aneurysm, tumor, isolated common carotid lesion not thought to involve the bifurcation, disease of the carotid bifurcation due solely to vasculitis, and Moyamoya disease, and fibromuscular dysplasia
- Isolated aortic dissection without aneurysm
- Thoracic, thoraco-abdominal, and mycotic aneurysms

COVID-19 Variables:

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Procedure	COVID status at time of procedure	0=Unknown, not tested; 1=Tested negative pre-op; 2=Tested positive pre-op; 3=Tested negative pre-op but positive post-op
Procedure	COVID symptoms pre-procedure	1=Asymptomatic, 2=Symptomatic, not intubated, 3=Symptomatic, intubated
Procedure	Treatment delay by pandemic	0=None, 1= Delayed < 2 weeks, 2=Delayed 2-6 weeks, 3=Delayed > 6 weeks, 4=Uncertain
Procedure	Impact of delay in treatment	0=No, impact in tx due to delay, 1=Yes, impact of tx due to delay 2=Indeterminate
30 day and LTFU	COVID Test Status after D/C	0= Never tested, no symptoms, 1= Never tested, but had symptoms, 2= Interval test positive with no current symptoms, 3= Interval test positive with active symptoms, 4= Interval test negative with no current symptoms, 5= Interval test negative with active symptoms,

COVID-19 Variable Roll out:

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Release Date	Registry
Friday, August 28, 2020	Open AAA Repair
	Carotid Endarterectomy (CEA)
Saturday, August 29, 2020	Supra-inguinal Bypass (Supra)
	Infra-inguinal Bypass (Infra)
	Hemodialysis Access (HDA)
	Varicose Vein (VV) *COVID variables only
	Venous Stent (VSR)
	Peripheral Vascular Intervention (PVI)
Late September 2020 - to be announced	Carotid Artery Stent (CAS)
	IVC Filter (IVC)
	Lower Extremity Amputation (LEA)
	Endo AAA Repair (EVAR)
	Thoracic and Complex EVAR (TEVAR)

Other COVID-19 Info

We are aware that COVID-19 has put a significant strain on staff and resources. The SVS PSO VQI will do our best to assure that any temporary workflow disruption will not have a negative impact on SVS VQI work or subsequent participation awards.

PAD Patient Reported Outcomes (PROs)

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My Peripheral Arterial Disease: a VQI Pilot of Patient Reported Outcomes for PAD

- The Society for Vascular Surgery Vascular Quality Initiative is seeking practices to participate in My PAD, a pilot program for the collection of patient reported outcomes (PRO) on patients undergoing endovascular treatment for peripheral arterial disease (PAD).
- The VQI recognizes that traditional outcomes such as patency and reintervention may not fully capture the quality of care or the experience of PAD patients. There is a long overdue need to learn and measure the patient's perspective.
- Must be in the PVI registry and have greater than 80% follow up!

PAD Patient Reported Outcomes (PROs)

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Highlights

- Outpatient peripheral vascular interventions (PVI) for claudication or chronic limb threatening ischemia
- Collect VascuQoL-6 and EuroQoL 5D-5L (estimated completion time 10-15 minutes)
- Collection at three time points: pre-procedure, one month and one year postoperatively
- PRO data entry options include paper forms, computer, tablet and smart phone
- Educational materials for direct from patient data entry
- PRO feedback to participating physicians

Reporting Highlights and Questions:

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- Changes to Perioperative Dashboards
- New On-line LTFU reports
- Suggestions for “other reports”?

Perioperative Dashboard Remodel

Overall Modifications

Change explanation language- confusing

- *Note also that percentages are computed only among cases with non-missing data for each outcome, so it is possible to have rates for some outcomes but "No cases" for others.*
- *Better to say??: Only cases with complete data have been analyzed.*

Reorder sequence

- Combine CAS and CEA under "All carotid interventions"- give % of type
- All Carotid; then all Aortic (TEVAR/EVAR/OAAA/Supra); then all LE (PVI/LEB/Amp); then all Vein (VV/IVC/AVF); then Medical

Eliminate null entry of registry data

- Inefficient and visual fatigue- leave blank and provide no entry; should not require major reprogramming

Develop common metric for complications

- Return to OR (RTOR) should be common to all with 'BTR': bleeding/thrombosis/revision and then use registry specific complications in separate row or with BTR

Provide One year and 3 year comparators

- Since Dashboard is quarterly, a rapid look at 1Y and 3Y trend data will be very useful and can be provided via linkage

Include Category under each registry of excluded 'N's

Items to consider changing on current dashboards

- Reorganize sequence:
  Carotid→Aortic→LE→Vein→Medical
- Rolling quarter concept to allow for statistical merit on low volume procedures such as OAAA, etc. to achieve N > ~ 15. This would also be carried over to LTFU regional reports comparison
- Add LTFU metric to category dashboard→Hyperlink option
- Replace 25th /50th/75th percentile with whiskerplot: 90-10%tile which shows median of VQI and arrow locating center level %tile

Carotid

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- Combine into all carotid interventions for total of procedures in center
- Asymptomatic definition changed to 180 days
- Breakout into % CAS vs CEA as well as %TCAR vs TFCAS
- Under each category above: % Age >/= 80 and % CMS High Risk Criteria
- MACE reported separated for Total CAS (TCAR + TFCAS) and CEA
- Contralat/Ipsi CVA reported for each procedure type
- List BTR separately from Cranial Nerve Injury
- % Protamine reversal included in CEA report
- Continue with ‘Case data’; ‘DC meds’; ‘Discharge’; ‘IV meds for BP’ and Dysrhythmia treatment
- **Combined totals** used when statistics do not support separating outcomes and in ‘Home’ disposition
- Homeless and other hospital eliminated from Disposition

Carotid Stenting and Endarterectomy

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Interventions include all carotid procedures meeting entry criteria for CAS and CEA registries with separation of Asymptomatic and Symptomatic presentation

*Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within **180** days prior to surgery*

Total Carotid Interventions N = 130 CAS 68 (52%) with TCAR 64 (49%)/ CEA 62(48%)

Category	Outcome/Complication N =130	Asymptomatic N =100 %CAS/CEA	Symptomatic N =30 %CAS/CEA		Region N % CAS/CEA	National N % CAS/CEA
DC Meds	Antiplatelet + Statin	/	/		/	/
MACE	%Mortality	/	/		/	/
	%CVA	/	/		/	/
	%MI	/	/		/	/
	% CHF	/	/		/	/
Disposition Total Carotids	Home	Combined total	Combined total		Combined total	Combined total
	Rehab Unit/Nursing Home	/	/		/	/

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Carotid Stent: TCAR and TFEM

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Interventions include all carotid procedures meeting entry criteria for CAS and CEA registries with separation of Asymptomatic and Symptomatic presentation.

*Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within **180** days prior to surgery.*

Category	Outcome/Complication	Asymptomatic N = 45	Symptomatic N = 19		Region N	National N
CAS N = 68	TCAR N= 64 TFCAS N = 4	Combined total	Combined total			
	Median PLOS	Combined total	Combined total			
RTOR	(Bleeding/ Thrombosis/Revision)	Combined total	Combined total			
CVA %TFCAS	% Contralateral/Ipsilateral	/	/		/	/
CVA % TCAR	% Contralateral/Ipsilateral	/	/		/	/
Age	Number patients >/= 80	Combined total	Combined total			
Med use	(IV meds for DysR→Rx or Hyper/Hypotension)	Combined total	Combined total			
High Risk	(% meeting CMS criteria)	Combined total	Combined total			
CN Injury	(% X/XII injury at discharge)	Combined total	Combined total			

Carotid Endarterectomy

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*Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within **180** days prior to surgery.*

Interventions include all carotid procedures meeting entry criteria for CAS and CEA registries with separation of Asymptomatic and Symptomatic presentation

Category	Outcome/Complication	Asymptomatic N = 50	Symptomatic N = 12		Region N	National N
CEA N=62	Numbers of cases reviewed					
	Median PLOS					
RTOR	(Bleeding/ Thrombosis/Revision)					
CVA	% Contralateral/Ipsilateral	/	/		/	/
Age	Number patients >/= 80					
Med use	(IV meds for DysR→Rx or Hyper/Hypotension)					
Protamine	% with reversal of anticoag					
High Risk	(% meeting CMS criteria)					
CN Injury	(% X/XII injury at discharge)					

New On-Line LTFU Reports

InSights EVAR LTFU Report

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- Select sites scheduled to test Mid October 2020
- To be rolled out to all sites soon
- Over time LTFU reports to be created for all registries (CEA/CAS next)
- *A toggle will be provided at the top of the report to show or hide the (n/m) values
- Ability to drill down to the patient PRIMPROCID
- Ability to filter on Elective, Ruptured, Symptomatic

My Center (Patients = xx) (Cases = xx)	My Region (Patients = xx) (Cases = xx)	Percentile	All VQI (Patients = xx) (Cases = xx)	Percentile

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InSights EVAR LTFU Report

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	My Center (Patients = xx) (Cases = xx)	My Region (Patients = xx) (Cases = xx)	Percentile	All VQI (Patients = xx) (Cases = xx)	Percentile
Follow-up					
Cases with any follow-up	XX.x%	XX.x%	XX	XX.x%	XX
Cases with LTFU >= 9 months	XX.x%	XX.x%	XX	XX.x%	XX
Cases with LTFU >= 9 months and imaging	XX.x%	XX.x%	XX	XX.x%	XX
Survival					
Freedom from Death (1yr K/M)	XX.x% ± X.x%	XX.x% ± X.x%	XX	XX.x% ± X.x%	XX
Status at most recent follow-up					
Living Status					
Home	XX.x%	XX.x%	XX	XX.x%	XX
Homeless	XX.x%	XX.x%	XX	XX.x%	XX
Nursing Home	XX.x%	XX.x%	XX	XX.x%	XX
New nursing home	XX.x%	XX.x%	XX	XX.x%	XX
Functional Status					
Full	XX.x%	XX.x%	XX	XX.x%	XX
Light Work	XX.x%	XX.x%	XX	XX.x%	XX
Self-care	XX.x%	XX.x%	XX	XX.x%	XX
Assisted Care	XX.x%	XX.x%	XX	XX.x%	XX
Bed Bound	XX.x%	XX.x%	XX	XX.x%	XX
Worse Function	XX.x%	XX.x%	XX	XX.x%	XX
Smoking					
Prior	XX.x%	XX.x%	XX	XX.x%	XX
Current	XX.x%	XX.x%	XX	XX.x%	XX
Never	XX.x%	XX.x%	XX	XX.x%	XX
Quit since procedure	XX.x%	XX.x%	XX	XX.x%	XX
Started since procedure	XX.x%	XX.x%	XX	XX.x%	XX
Renal Function					
New onset dialysis	XX.x%	XX.x%	XX	XX.x%	XX
Creatinine increase > 0.5 mg/dl	XX.x%	XX.x%	XX	XX.x%	XX
Medication					
Antiplatelet	XX.x%	XX.x%	XX	XX.x%	XX
Statin	XX.x%	XX.x%	XX	XX.x%	XX
Anticoagulant	XX.x%	XX.x%	XX	XX.x%	XX

InSights EVAR LTFU Report

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Imaging at most recent follow-up					
Patients having no f/u	XX.x%	XX.x%	XX	XX.x%	XX
Among Patients having f/u					
None	XX.x%	XX.x%	XX	XX.x%	XX
CT/CTA	XX.x%	XX.x%	XX	XX.x%	XX
Duplex	XX.x%	XX.x%	XX	XX.x%	XX
MR/MRA	XX.x%	XX.x%	XX	XX.x%	XX
Angio	XX.x%	XX.x%	XX	XX.x%	XX
Plain Film	XX.x%	XX.x%	XX	XX.x%	XX
Max AAA Diameter					
Shrinkage >= 5 mm	XX.x%	XX.x%	XX	XX.x%	XX
No change >= 5 mm	XX.x%	XX.x%	XX	XX.x%	XX
Expansion >= 5 mm	XX.x%	XX.x%	XX	XX.x%	XX
Complications					
Access Site					
None	XX.x%	XX.x%	XX	XX.x%	XX
Infection	XX.x%	XX.x%	XX	XX.x%	XX
Pseudoaneurysm	XX.x%	XX.x%	XX	XX.x%	XX
Stenosis	XX.x%	XX.x%	XX	XX.x%	XX
Occlusion	XX.x%	XX.x%	XX	XX.x%	XX
Access Complication Treatment Required					
None	XX.x%	XX.x%	XX	XX.x%	XX
Medical	XX.x%	XX.x%	XX	XX.x%	XX
Interventional	XX.x%	XX.x%	XX	XX.x%	XX
Surgical	XX.x%	XX.x%	XX	XX.x%	XX
Graft Limb Occlusions					
None	XX.x%	XX.x%	XX	XX.x%	XX
Unilateral	XX.x%	XX.x%	XX	XX.x%	XX
Bilateral	XX.x%	XX.x%	XX	XX.x%	XX
Renal Artery Encroachment					
None	XX.x%	XX.x%	XX	XX.x%	XX
Stenosis	XX.x%	XX.x%	XX	XX.x%	XX
Occlusion	XX.x%	XX.x%	XX	XX.x%	XX
Endoleak, current					
None	XX.x%	XX.x%	XX	XX.x%	XX
Type Ia	XX.x%	XX.x%	XX	XX.x%	XX
Type Ib	XX.x%	XX.x%	XX	XX.x%	XX
Type II	XX.x%	XX.x%	XX	XX.x%	XX
Type IIIa	XX.x%	XX.x%	XX	XX.x%	XX
Type IIIb	XX.x%	XX.x%	XX	XX.x%	XX
Indeterminate	XX.x%	XX.x%	XX	XX.x%	XX
Endoleak, any time since treatment					
None	XX.x%	XX.x%	XX	XX.x%	XX
Type Ia	XX.x%	XX.x%	XX	XX.x%	XX
Type Ib	XX.x%	XX.x%	XX	XX.x%	XX
Type II	XX.x%	XX.x%	XX	XX.x%	XX
Type IIIa	XX.x%	XX.x%	XX	XX.x%	XX
Type IIIb	XX.x%	XX.x%	XX	XX.x%	XX
Indeterminate	XX.x%	XX.x%	XX	XX.x%	XX

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Report Suggestions/Ideas?

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Regional Bylaw Changes

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Quorum:

- All voting for nominations and election of officers will be conducted electronically, even during in-person regional meetings. In order to conduct business, a quorum of the regional Executive Committee (EC) is considered a majority vote of all regional members of the EC that participate in the voting process. Centers are eligible to vote as of the date of the signed contract. No waiting period is required. The regional EC is entitled to one vote per center.
- An email notification to the region will be forwarded one week prior to the opening of officer nominations. A region will be permitted a collection period of one week to nominate individuals for the respective office and subsequently the regional EC will be given three weeks to vote for their member of choice.
- A regional EC member may designate a proxy for the purposes of voting provided that the VQI is notified in writing, by replying to the voting communication, prior to the end of the voting period. For voting that takes place without SVS PSO involvement, the Regional Medical Director will manage and conduct the voting process in accordance with the regional Bylaws' rules of voting, meeting a quorum. The Regional Medical Director will give prior notification to the regional EC, by means of an agenda, if a vote will be conducted during an upcoming EC meeting or regional meeting.

Regional Bylaw Changes

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In collaboration with NCDR®

Associate Medical Director:

- The Regional Associate Medical Director (AMD) is a VQI participating physician that will be nominated by the regional Executive Committee (EC) with a final vote based on the regional bylaw policies. This position will report directly to the Regional Medical Director. The Regional AMD will support the Regional Medical Director in managing the region with the application of regional guidelines. Tasks include, but are not limited to, assisting with agenda preparation, budgeting, regional meeting planning and the overall operations of the region. This role is a three-year renewable term, with an automatic succession into the Regional Medical Director's role unless the SVS PSO receives written objection(s) from member(s) of the regional EC. A final vote of the regional EC is required to sanction the transition from Regional AMD to Regional Medical Director.

Regional Bylaw Changes

SVS | VQI
In collaboration with NCDR®

Medical Director Qualifications:

- The Medical Director is a VQI participating physician selected for a three-year renewable term by a majority vote, as defined in the regional Bylaws, of the Executive Committee (EC). The Regional Medical Director chairs the EC, prepares the agenda for meetings, prepares an annual budget and is responsible for the overall operations of the region between meetings of the EC. The Regional Medical Director will represent the region on the SVS PSO National Governing Council, unless the EC decides to elect someone else in the region.

CME/CE CREDIT FOR REGIONAL MEETINGS

FALL 2020

Regional Meeting CME/CE Credit

Des Moines University is the continuing education provider for this activity. This meeting will be awarded 2.0 *AMA PRA Category 1 Credit*™, AOA credit, and nursing contact hours.

Attendance has to be meticulously kept with professional role. The attendance roster will be cross-referenced with those applying for CME/CE.

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.

Continuing education credit is provided to you at no charge. Funding for this has been provided by the SVS PSO for the Fall 2020 meting.

One final note of caution: if you do not complete the online forms and submit within 7 days, continuing education credit cannot be awarded.

So Again……You have 7 days!!!

A message (see below) will be placed on the regional web page immediately following the regional meeting with a link to the application for credit:

For CME/CE credit, please click this link:
https://dmu.co1.qualtrics.com/jfe/form/SV_dj3nVgjPUKzVORL

Complete both parts of the form and Don't Forget to hit SUBMIT for credit!

Participation Award Changes

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We are aware that COVID-19 placed a significant strain on staff and resources

- Formal announcement sent out April 9, 2020
- Personnel may have been reassigned making the performance of usual operations difficult if not impossible
- Many patients have had their follow-up office visits delayed. This may result in patients being seen outside of the prescribed time period (9-21 months) which is beyond anyone's control.
- Workflow disruptions may have caused delays in data entry and follow-up

The Participation Committee will assess the 2020 Participation Award criteria to assure that temporary workflow disruptions will not have a negative impact on participation awards.

Updates will be provided via December QI webinar, newsletter, and email blast.

Quality Improvement Update

Fall 2020

Quality Improvement Webinars:

SVS | VQI
In collaboration with NCDR®

- 2020 Quarterly Webinars
  - March 2020
    - "Starting a QI project"
  - June 2020
    - Deferred for Online VQI
  - September 2020
    - Featuring Northern California Vascular Study Group and their processes for two regional projects
  - November/December 2020
    - 2020 Participation Award Information, 2021 Changes and Wrapping up a QI Project

2020 Quality Improvement

SVS | VQI
In collaboration with NCDR®

- Fourteen charters submitted
  - *LTFU – 5
  - D/C Medications – 4
  - Clinical – 2 (LOS – EVAR, LE)
  - **Documentation – 1 (AAA size compliance)

*2 regions finalizing details for LTFU QI project

** Multi-regional project - finalizing details for AAA size compliance QI project

- Focused phone calls are well attended

Recap of 2019/2020 QI Projects

SVS | VQI
In collaboration with NCDR®

Putting VQI Data into Action

See what your colleagues are doing with QI

- Twenty-eight poster abstracts were submitted and accepted for presentation at the 2020 VQI Annual meeting that was scheduled for Toronto
- Five abstracts were featured in the Online QI session
- Seven abstracts were featured in the Online RAC session

Great feedback received for all presentations!

Thanks to all who presented and attended the Online VQI sessions!

Quality Improvement Details: Charter Information

SVS | VQI
In collaboration with NCDR®

1. Activity	Documentation	Score
1. QI Project Initiation	Attestation to include: • QI Project Title • Problem Statement • Goal • Scope • Deliverables • Resources needed • Project Leader • Clinical Sponsor • Expected start/finish date Form can be accessed at https://www.vqi.org/vqi-resource-library/quality-improvement/ • Project charters should be emailed to QI@SVSPSO.ORG or cjackson@svspso.org	2 points **Can be submitted at anytime**

Charters

- Charter participants become part of focused group calls
  - Interactive discussion sharing barriers and successes
  - Sharing of charters
  - Networking
  - Checking in – where are you in the process
  - Celebrating success

One on one calls, if requested

Newsletters

SVS | VQI
In collaboration with NCDR®

- The VQI News
  - Distributed every other month
  - Provides updates on regulatory issues, technical updates, and crossover news from the SVS and SVN
- VQI Quality Improvement Newsletter
  - Distributed every other month
  - Focusing on QI processes, tools, and definitions

National QI project details

SVS | VQI
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- Submit Project Charters and supporting documentation for presentations and posters to QI@SVSPSO.ORG or cjackson@svspso.org.

- Visit the VQI Members Only Website for sample charters, webinars, and presentations on VQI Quality Improvement Projects. www.vqi.org

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M2S Updates

Fall 2020
Regional Group Meetings

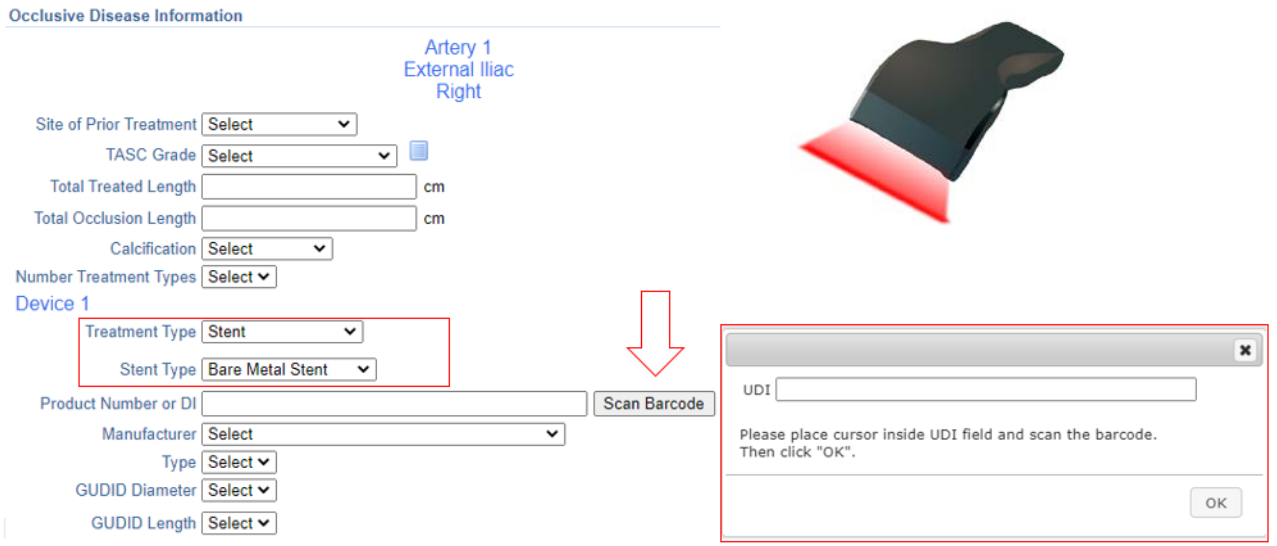
SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine | VASA | SVU Society for Vascular Ultrasound

VQI Technology Updates

Technology Released in Q1 2020

SVS | VQI
In collaboration with NCDR®

- **Barcode scanning feature for PVI device capture**
  - Released on **2/26/2020**
  - This new feature can be used to enter device information for all treatment types where the Product Number or DI is required (i.e., excludes plain balloons).
  - This feature is designed to make device entry easier and more efficient for users who have access to a scanner, but the use of this feature is optional. Users may continue to manually enter device product codes and UDIs (unique device identifiers).



Technology Released in Q1 2020

SVS | VQI
In collaboration with NCDR®

- **Hemodialysis Access (HemoDA) minor revision**
  - Released on **3/26/2020**
  - Demographics tab:
    - GFR (eGFR): The GFR numeric field will not allow decimal values. If a decimal value is entered, the value will be automatically rounded to the nearest whole number.
    - PAD: "None" has been added to options.
    - HTN: Updated help text and criteria.
  - History tab:
    - Central Venous Dialysis Catheter Chest: "None" has been added to options.
  - Procedure tab:
    - Intraoperative Target Artery Diameter: Field updates to retire drop-down options and require numeric entry. One decimal value allowed, the value will be automatically rounded to the nearest tenth. Min/max range values are dependent on the selected Inflow Artery.

Technology Released in Q1 2020

SVS | VQI
In collaboration with NCDR®

- **Hemodialysis Access (HemoDA) minor revision (continued)**
  - Procedure tab:
    - Intraoperative Target Vein Diameter: Field updates to retire drop-down options and require numeric entry. One decimal value allowed, the value will be automatically rounded to the nearest tenth. Min/max range values are dependent on the selected Inflow Artery.
  - Post-Op tab:
    - Periop Antibiotics: 3 new antibiotic fields have been added ("1st 2nd Gen Cephalosporin", "Start <1hr Pre-op" and "Stop <24hr Post-op").

Technology Released in Q2 2020

SVS | VQI
In collaboration with NCDR®

- **Across-registry revision Q2 2020**
  - Released on **4/9/2020**
  - Hypertension Harmonization
    - The Hypertension field (in the Demographics tab) was updated to align with current clinical guidelines. Help text and select options are being updated in the CAS, CEA, EVAR, IVC, Infra, LEA, Open AAA, PVI, Supra, TEVAR, VMC, and VUR registries as follows:
    - New Help Text: “Hypertension = documented in History or recorded blood pressure >= 130/80 (elevation of either systolic or diastolic) on 3 or more occasions. No = no hypertension Yes, controlled = HTN treated with medication, but BP < 130/80 deemed in control; Yes, uncontrolled = HTN not adequately controlled, typically > =130/80 (elevation of either systolic or diastolic) on two occasions.”
    - New select options are: “No”, “Yes, controlled”, or “Yes, uncontrolled.” The former option “Yes (>=140/90 or history) was retired.

Technology Released in Q2 2020

SVS | VQI
In collaboration with NCDR®

- **Across-registry revision Q2 2020 (continued)**
  - Antibiotics Harmonization
    - Data fields to collect Peri-op antibiotics in the Post-Op tab for the CEA, EVAR, Infra, Open AAA, Supra and TEVAR registries were retired and replaced with new data fields as described below. Peri-op antibiotics were not previously captured in the LEA registry, but the new set of fields were also added to the Post-op section of the amputation registry. Please review new help text associated with these fields.
      - The new subset of data fields are as follows:
        - » "1st 2nd Gen Cephalosporin"
        - » "Start <1hr Pre-op" (Displayed only if 1st 2nd Gen Cephalosporin is Yes.)
        - » "Stop <24hr Post-op" (Displayed only if 1st 2nd Gen Cephalosporin is Yes.)

Technology Released in Q2 2020

SVS | VQI
In collaboration with NCDR®

- **Across-registry revision Q2 2020 (continued)**
  - Free text fields to capture details of “Other” Devices:
    - The VQI updated several registries to add free text fields, labeled as “Please Specify Other Device(s)”, to capture specific device details when “Other” is selected in device lists.
      - CEA: to capture “other” Patch Manufacturer in Procedure tab
      - CAS: to capture “other” EPD Type and “other” Flow Reversal Type in Procedure tab for lesions 1 and 2
      - EVAR: to capture “other” Anchors Used in Procedure and Re-Tx tab and on Follow-up Re-Tx 1, Re-Tx 2, and Re-Tx 3 tabs
      - IVC Filter: to capture “other” Device Manufacturer and “other” Filter Type in Procedure tab.
      - TEVAR: to capture “other” Anchor Type in Aortic Devices and Re-Tx tab and on Follow-up Re-Tx 1 and Re-Tx 2 tabs

Technology Released in Q2 2020

SVS | VQI
In collaboration with NCDR®

- **TEVAR Revision Q2 2020**
  - Released on **4/29/2020**
  - Procedure Tab:
    - Sheath size and closure device information will now be captured for right, left or bilateral access. The new fields appear once an “Access” type other than “None” has been selected.
      - Largest Sheath Size (Fr) - The largest French sheath size used by side. There is a Min/Max range of 16-30. (A table with sheath sizes is included in the help text)
      - Number of Closure Devices - The number of closure devices used by side (0 to >5).
      - Closure Device Type – The brand name of the closure device(s) used at the access site. This field will appear if “Number of Closure Devices” is greater than zero.
      - Specify Other - If “Other” is selected as the “Closure Device Type” this field will appear. Please enter manufacturer and device details by free-text.

Technology Released in Q2 2020

SVS | VQI
In collaboration with NCDR®

- **TEVAR Revision Q2 2020 (continued)**
  - Post-Op Tab:
    - Several fields were updated or retired and replaced with new access side-specific data fields and options.
      - Complications section: These new fields will only display for right and/or left access once an access type other than “None” has been selected for the given side on the procedure tab.
        - » Access Site Hematoma / Pseudoaneurysm – The most extensive treatment of hematoma or pseudoaneurysm by side.
        - » Access Site Occlusion – The most extensive treatment for the occlusion by side.
        - » Access Site Infection – The depth and involvement of infection by side.
      - The new fields above replaced the following, which were retired:
        - » Puncture Site Hematoma
        - » Access Site Occlusion
        - » Surgical Site infection

Technology Released in Q2 2020

SVS | VQI
In collaboration with NCDR®

- **TEVAR Revision Q2 2020 (continued)**
  - Post-Op Tab:
    - Re-intervention section:
      - Indication (Re-Tx) – The “Access Related” option was retired and new options to indicate “Right access related” and “Left access related” were added.

Technology Released in Q2 2020

SVS | VQI
In collaboration with NCDR®

- **PVI revision in Q2 2020**
  - Released on **6/29/2020**
  - Demographics Tab:
    - The “Ambulation” field will no longer appear if the “Bed bound” option is chosen for the “Functional Status” field. Previously the “Ambulation“ field displayed and defaulted to “Bedridden”. This change was applied to both the Demographics tab in the procedure form, as well as in the Long Term Follow-up form. The existing select option of “Bedridden” for the “Ambulation” field no longer appears on the form with this new dependency.
  - Procedure Tab:
    - Closure Device fields: The following fields were added for both access sites, in both the Basic and Comprehensive PVI forms:
      - “Number of Closure Devices”, with the options: “1, 2, 3, and >3”.
      - “Closure Outcome”, with the options: “Closure device successful; Closure device failed; Closure device failed, intervention; and Closure device failed, surgery”.
    - The “Closure Device Successful” field was retired, and appears in the Data Download files preceded with “R-” (R- Closure Device Successful).

Technology Released in Q2 2020

SVS | VQI
In collaboration with NCDR®

- **PVI revision in Q2 2020 (continued)**
  - Post-Procedure Tab:
    - "Hematoma" field: The select options for the existing Hematoma fields (for access site 1 and 2 as applicable) were expanded for greater accuracy.
      - The following Hematoma options were maintained: "No, Minor, Transfusion and Thrombin injection".
      - The prior "Surgical Rx" option was re-named "Surgical Re-Tx (intra-op or post-op)"
      - One new option was added: "Interventional Re-Tx (intra-op or post-op)".
    - The "Right/Left Amputation Level" fields no longer appear if the "No" option is chosen for the "Amputation During Admission" field. The existing select option of "No" for the "Right and Left Amputation Level" fields no longer appear on the form with this new dependency.

Technology Released in Q2 2020

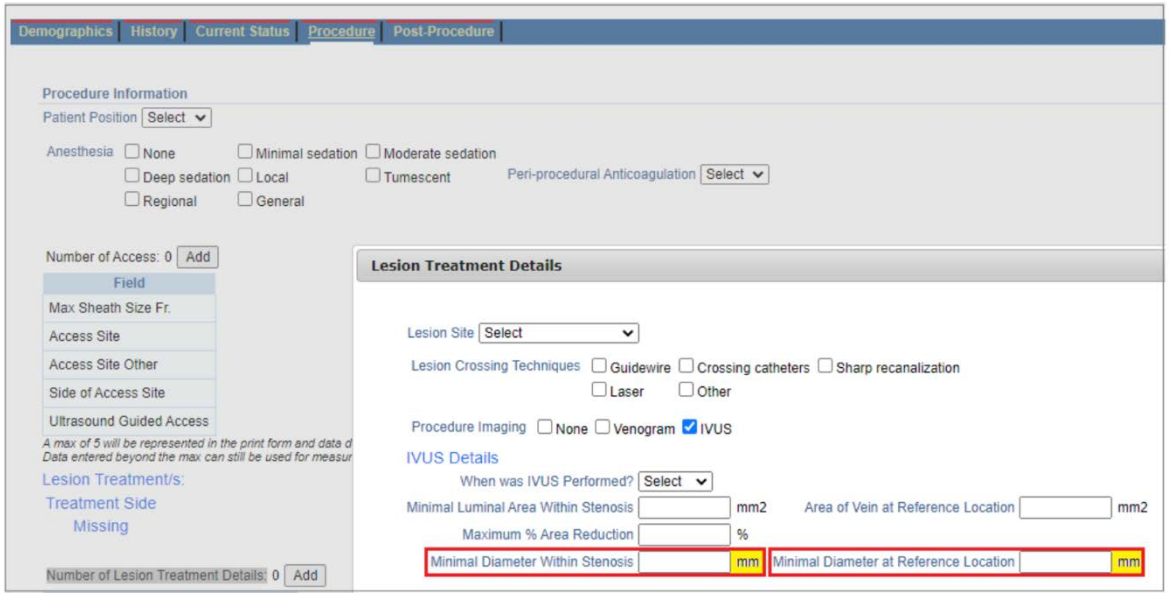
SVS | VQI
In collaboration with NCDR®

- **Add PVI Procedure Context variables to Follow-up data download file**
  - Released on **6/29/2020**
  - In response to member feedback, the VQI added two new columns to the PVI Follow-up data download file to identify the specific arteries and sides treated as selected on the procedure form and displayed in the PATHWAYS follow-up form.
  - The new columns appear before the “Current Patency” fields in the PVI Long Term Follow-up Data Download file. Follow-Up Data Download file additional columns:
    - “Arteries Treated”
    - “Side”
  - The columns appear in groups by field: “Artery Treated 1, Artery Treated 2, Artery Treated 3, Artery Treated 4.., then Side 1, Side 2, Side 3, ..., then Current Patency 1, Current Patency 2”, etc.

Technology Released in Q3 2020

SVS | VQI
In collaboration with NCDR®

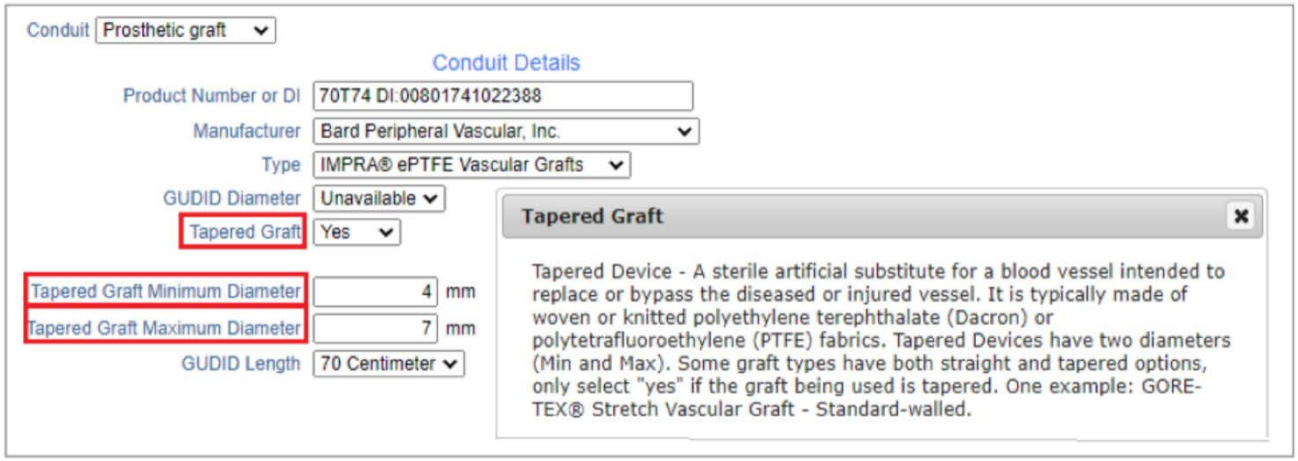
- **VSR diameter unit change mm2 -> mm and related help text updates**
  - Released on **7/15/2020**
  - The units associated with the “Minimal Diameter Within Stenosis” and “Minimal Diameter at Reference Location” fields were changed from “mm2” to “mm”.



Technology Released in Q3 2020

SVS | VQI
In collaboration with NCDR®

- **Hemodialysis Access (HemoDA) revision for tapered graft**
  - Released on **7/29/2020**
  - Three new fields were added to the HDA registry to capture “Tapered Devices”. A new "Tapered Device" field was added to the Procedure tab in the Conduit Details section. If “Yes” is selected for the “Tapered Graft” field, then two new diameter fields display: “Tapered Graft Minimum Diameter” and “Tapered Graft Maximum Diameter”.



Technology Released in Q3 2020

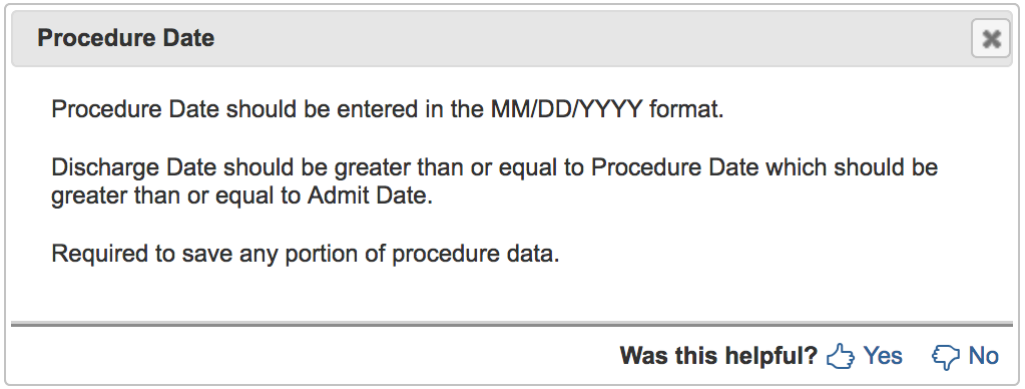
SVS | VQI
In collaboration with NCDR®

- **Revised COVID-19 message for Follow-up Mandatory Fields**
  - Released on **7/29/2020**
  - The VQI added a temporary message about the impact of COVID-19 on LTFU completion rate calculations. The following message is displayed when submitting a LTFU that is missing any mandatory variable:
    - *"IMPORTANT: The PSO understands that routine follow up visits may not be possible due to COVID-19 state mandates. Special considerations will be part of our LTFU calculation for 2020, please collect all of the required fields that are possible during this time."*
  - As a reminder, the VQI allows phone and telehealth appointments to be used for LTFU when Face-to-Face visits are not feasible.

Technology Released in Q3 2020

SVS | VQI
In collaboration with NCDR®

- **"Was this helpful?" feature for Help Text**
  - Released on **7/29/2020**
  - This new feature is to provide feedback regarding the current help text. For each help text field, users will have the option to indicate if the help text provided was useful or not. This information will help the VQI to identify data fields that may be unclear to members.
  - The "Was this helpful?" vote up/down button displays in the bottom right corner of the help text box:



Other Projects in Progress

SVS | VQI
In collaboration with NCDR®

- Across-registry revision to add COVID-19 variables
- TEVAR Revision to align with SVS/STS guidelines
- Vascular Ultrasound Registry (VUR) major revision
- Varicose Vein Registry (VVR) revision for New CEAP Clinical Classification
- Venous Stent Registry (VSR) revision for New CEAP Clinical Classification
- Vascular Medicine Consult (VMC) registry revision to add new drug category and update CAD
- VQI PRO collection for PVI

Registry Projects

SVS Post-Market Surveillance Projects

SVS | VQI
In collaboration with NCDR®

- These projects are conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Medtronic/BARD/Cook/Gore or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.

- Sites must follow their institutional guidelines

TEVAR Dissection Surveillance Project

SVS | VQI
In collaboration with NCDR®

TEVAR Dissection Surveillance Project is Open for Enrollment

- The SVS PSO is excited to announce the reopening of the TEVAR Dissection Surveillance Project to evaluate the Cook Zenith Dissection Endovascular System. FDA approval was granted for this device after safety and effectiveness were demonstrated in pre-market studies of complicated dissection with the proviso that the efficacy of TEVAR treatment of descending aortic dissection would be more fully analyzed through post-market surveillance, as was done through VQI for the W. L. Gore and Medtronic devices after their approval.

- Patients will have 30 day, and annual visits for 5 years.
- Total reimbursement of **$4,000 per patient** for a patient followed annually for 5 years

SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine | VASA | SVU Society for Vascular Ultrasound

TEVAR Dissection Surveillance Project

SVS | VQI
In collaboration with NCDR®

TEVAR Dissection Surveillance Project is Open for Enrollment

- 0 of the 180 required patients enrolled (5 potential cases in process)
  - Retrospective enrollment allowed- All eligible cases from December 31, 2018 (protocol FDA approval date)
- 12 of 40 sites enrolled (11 more in contracting)
  - This project is conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Medtronic or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.

For more information, please contact:
tevarproject@m2s.com

SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine | VASA | SVU Society for Vascular Ultrasound

PVI Post-Market Surveillance Projects

SVS | VQI
In collaboration with NCDR®

Medtronic IN.PACT® Admiral® DCB ISR Project

The Bard® LifeStent® Popliteal Artery Stent Project

Bard® LifeStent® Popliteal Artery Stent

SVS | VQI
In collaboration with NCDR®

- A Prospective Registry Surveillance of the clinical use of the Bard® LifeStent® Vascular Stent Systems.
- Objective: To conduct long term post-market surveillance of the safety and effectiveness of the Bard® LifeStent® Vascular Stent Systems for the treatment of symptomatic de novo or restenotic lesions in the popliteal artery.
- Patients will have 12 month and a 24 month follow up visits.
- Total reimbursement of **$1,400 per patient** for a patient followed annually for 2 years
- 2 additional fields added:
  - Check box to indicate that patient is eligible to enroll project based on the inclusion and exclusion criteria.
  - Post-procedure – site will be asked if the patient has had a stroke.
  - Angios performed at re-intervention and sent to M2S.

SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine | VASA | SVU Society for Vascular Ultrasound

Bard® LifeStent® Popliteal Artery Stent

SVS | VQI
In collaboration with NCDR®

Enrollment Complete

- 74 of the 74 required patients enrolled
  - Retrospective enrollment allowed- All eligible cases from 10/1/2016 (protocol FDA approval date)

- 29 of 30 sites enrolled
  - This project is conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Bard or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.

Medtronic IN.PACT® Admiral® DCB ISR

SVS | VQI
In collaboration with NCDR®

- The Medtronic IN.PACT® Admiral® DCB ISR Project Post-market registry surveillance of the clinical use of the Medtronic IN.PACT® Admiral® Paclitaxel-Coated PTA Balloon.
- Objective: To assess the long-term safety and performance of the IN.PACT® Admiral® DCB in a U.S. population for the treatment of ISR lesions in the superficial femoral and popliteal arteries.
- Patients will be followed at 12, 24 and 36 months
- Total reimbursement of **$1,950 per patient** for a patient followed annually for 3 years
- 1 additional field added:
  - Check box to indicate that patient is eligible to enroll project based on the inclusion and exclusion criteria.

Medtronic IN.PACT® Admiral® DCB ISR

SVS | VQI
In collaboration with NCDR®

Enrollment Complete

- 300 of the 300 required patients enrolled
  - Retrospective enrollment allowed- All eligible cases from December 6, 2016 (protocol FDA approval date)
- 50 of 50 sites enrolled
  - This project is conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Medtronic or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.

For More Information Contact:

Medtronic IN.PACT® Admiral® DCB ISR Project

Anita Duxbury
MedtronicAdmiralDCB@m2s.com

The Bard® LifeStent® Popliteal Artery Stent Project

Charlotte Stirewalt
BardLifeStent@m2s.com

PATHWAYS Support

PATHWAYS Support Projects

SVS | VQI
In collaboration with NCDR®

2019 Claims Validation

The 2019 Claims Validation process was launched in July.

- All hospital managers and physicians at selected centers have been notified.
- The list of centers selected to participate in the 2019 validation cycle is posted to the Resources in PATHWAYS.
- An interactive claims validation webinar will be announced soon and will be recorded for future reference.

PATHWAYS Educational Webinars

- A reporting webinar series (2 sessions) will be scheduled in the Fall.
- Visit the Resources tab in PATHWAYS to access previously recorded webinars.

PATHWAYS Support

SVS | VQI
In collaboration with NCDR®

PATHWAYS Communication

We understand that some members do not always receive mass emails from M2S, due to firewall and spam filter configurations at their centers. In an effort to ensure that all members are aware of important registry updates, we've taken the following steps:

- Each announcement that we send will indicate which user groups it was sent to.

- A notification is posted in PATHWAYS with a link to each announcement sent for all centers impacted by the update.

- Please make sure you review the notices that pop up on your PATHWAYS screen to see important reminders and abstraction tips also!

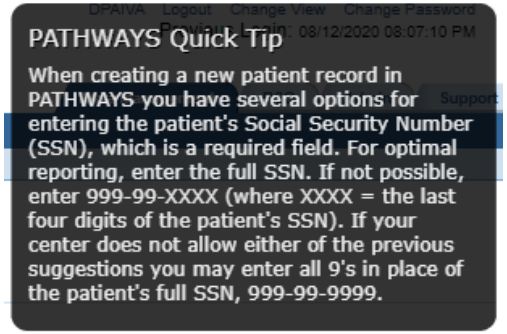
PATHWAYS™

VQI Hospital Managers,

Tonigh day, June 29th from 8 pm until 11 pm ET, PATHWAYS will be offline to accommodate the release HWAYS version 2.12. This release includes Data Download file updates for all registries, upda Peripheral Vascular Intervention (PVI) registry, and the quarterly update for GUDID devices. See de low.

This announcement has been sent to all PATHWAYS Hospital Managers. ***Please notify other PATHWAYS users at your organization.*** *Please read the following announcement carefully.*

Q2 2020 GUDID Refresh


DPAIVA Logout Change View Change Password
Previous Login: 08/12/2020 08:07:10 PM

PATHWAYS Quick Tip

When creating a new patient record in PATHWAYS you have several options for entering the patient's Social Security Number (SSN), which is a required field. For optimal reporting, enter the full SSN. If not possible, enter 999-99-XXXX (where XXXX = the last four digits of the patient's SSN). If your center does not allow either of the previous suggestions you may enter all 9's in place of the patient's full SSN, 999-99-9999.

SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine | VASA | SVU Society for Vascular Ultrasound

Meeting Evaluation

- What did you like about this meeting?
- What can we do better?
- Next meeting location?
  - Grant funding issues with Industry
  - Remote? - Steamboat
- VOTE on unblinding LTFU sac diameter - Doodle

Participation Award Credit

SVS | VQI
In collaboration with NCDR®

- **PLEASE SIGN INTO RING CENTRAL MEETING with your FULL NAME to get CREDIT for ATTENDANCE!**
  (no exceptions will be made)

  More than one of you in a room? Email Leka Johnson @ ljohnson@svspso.org to get credit

- **So Again……You have 7 days!!!**

  For CME/CE credit, please click this link:
  https://dmu.co1.qualtrics.com/jfe/form/SV_dj3nVgjPUKzVORL

  Complete both parts of the form and Don't forget to hit SUBMIT for credit!