37th Rocky Mountain Vascular Society Annual Meeting
Rocky Mountain Vascular Quality Initiative (RMVQI)
Grand Summit, Park City Utah
August 13, 2016 9:00-12:00

Attended:

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Scott Berman, MD</td>
<td>Carondelet Heart and Vascular</td>
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<td>Megan Cundiff, database admin</td>
<td>Carondelet Heart and Vascular</td>
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<td>Karma Miller, FNP-C</td>
<td>Carondelet Heart and Vascular</td>
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<td>Shonda Banegas, DO</td>
<td>Carondelet Heart and Vascular</td>
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<td>Rhonda Quick, MD</td>
<td>Carondelet Heart and Vascular</td>
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<td>Richard Fowl, MD</td>
<td>Mayo Clinic Arizona</td>
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<td>Alan Syn, MD</td>
<td>Presbyterian/St. Luke’s Medical Center</td>
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<td>Ty Garland, MD</td>
<td>Presbyterian/St. Luke’s Medical Center</td>
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<td>Jeffrey Gilbertson, MD, Medical Director</td>
<td>St. Luke’s Regional Medical Center</td>
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<td>Brian Matteson, MD</td>
<td>St. Luke’s Regional Medical Center</td>
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<td>Kevin Bruen, MD</td>
<td>St. Vincent Healthcare</td>
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<td>Layla Lucas, MD</td>
<td>Tucson Medical Center</td>
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<td>Johan Marek, MD</td>
<td>University of New Mexico</td>
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<td>Benjamin Brooke, MD</td>
<td>University of Utah</td>
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<td>Brent Hill, RN PhD</td>
<td>University of Utah</td>
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<td>Clair Griffin, MD</td>
<td>University of Utah</td>
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<td>Julie Beckstrom, database admin</td>
<td>University of Utah</td>
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<td>Luke Mirabelli, Med Student II</td>
<td>University of Utah</td>
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<td>Mark Sarfati, MD</td>
<td>University of Utah</td>
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<td>Betti Kerrigan</td>
<td>VP sales M2S</td>
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<tr>
<td>Carrie Bosela, RN</td>
<td>SVS PSO Administrative Director</td>
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Renal Protection Project: (see attached slides)
Julie Beckstrom
Ben Brooke, MD, PhD

Consider obtaining 6 month or 1 year Cr levels, but also would want to know if they had any additional contrast procedures that would impact result. If we decide to do the 6 month time point, then collection window would be 6 to 9 months.
Frailty: (see attached slides)
Ben Brooke, MD, PhD

Frailty collection measures. Predicting morbidity/mortality. 1 year mortality by VQI Frailty index.
Clinical Frailty Score. By Dr. Rockwood. Found to be just as predictive as Fried’s 45 minute assessment.
Comparison of different frailty measures. They are all moderately correlated with Fried’s.
Bottom line is that there are quick and easy measurements of frailty out there.
We want to find a correlation with pre-op frailty assessment and long-term outcomes.
Consider doing a clinical frailty score hash tag. We would need regional vote and national buy in. It might be interesting to do this within the medical management module.

VQI National Update:
Carrie Bossela, RN

Slides from 1st VQI annual meeting are online
Participation award: 1, 2, 3 star award.
No more credit for remote attendance.
PVI Registry update
PVI Educational webinar Aug 25, 2016 1pm ET

Medicine registry update: Medical management of LE PAD, carotid stenosis and AAA. 1-year follow-up. Webinar will be in Sept. Release for Q1. Opportunity: decision-making should have surgery or not?
Monthly webinars: QI guide webinar in October. Nov is TEVAR/Complex EVAR vs. EVAR.
If there are not 3 centers with at least 10 procedures, from any of our reports, then we won’t give you the center variation bc center name would be evident.

Review of Regional Report:
Jeff Gilbertson, MD

LTFU: St. Luke’s self-disclosed they are the highest performing site and willing to be a resource to others in the region. Contact:
Kim Burruel burruelk@slhs.org
Missing data report: M2S can’t quantify how much data is missing when submitted without validation. Be aware. Each registry has a work group. If it is continually missing, maybe we should not collect that variable anymore.

Infra-inguinal bypass surgical site infection rate: should our region consider a “groin bundle” as a regional QI project. Other factors: morbid obesity. Vertical vs. transverse groin incision, diabetes, nutritional state, etc. It’s an issue for general surgeons and it’s a measure they are being judged on. Should we come up on some standardization? We could get our own regional dataset and look at it next meeting. Some of the data would be there: BMI, type of incision, HA1C, anbx, when did you prep, type of prep. Kick around this idea on email. Scott would not include EVAR. But would include PVI or bypass.

What are your chlorhexedine procedures? Do you use timers?

CEA LOS report: These are only pts that were admitted for surgery. Doesn’t account for sympt. Vs. assympt but they are elective procedures. M2S shares the risk adjusted model for CEA LOS>1 day report. We have 4 centers that are over (Univ of Utah is one of them). Look at annual slides for tips on how to improve this.

Our region is statistically significant for EVAR LOS >2 days. Publishing opp.

ABI field should grey out if there was an amputation.

**AQC, RAC, VQC National Update**

*Carrie Bosela, SVS PSO*

Actionable Reports:

Physician-Level reporting: These comparisons allow sites to analyze blinded physician results between physicians at the same site as well as between facilities to understand detailed results and best practices. You can share your Physician level report with whomever you want though.

COPI (center level) and Physician Reports:

Two COPI reports:

30-day stroke and 1 year mortality after CEA
30-day stroke or 1-year mortality after CAS

Two Surgeon level reports
Cardiac Risk Calculators: (iphone apps)
QXMD website. Online vascular surgery clinical calculators created from VQI data.
http://www.qxmd.com/calculate-online/vascular-surgery

Current ongoing AQC work:
CAS module being updated in response to the Crest II trial.
Determining variables per registry that negate the need for LTFU. For example, if you had an amputation.
Finalizing PVI registry updates (release Sept 1, 2016)

National Research Projects:
64 approved.
51 unique VQI investigators
26 centers
go to the website to see what’s been done.

Regional Research Projects?
Any new ideas?

VQC data from Varicose Veins and IVC filter shared. Question high recanalyzed rate for Varicose Veins. Asked to make sure the data was correct, or do an audit of the sites. Also would like to see Phlebectomy separated from other “surgery” for varicose Veins.

**Governing Council Update from VAM:**

Voted to un-blind LTFU data rates. Should we vote on this? The purpose is to help each other. Would unbind all members, even low performing sites. We need 2/3rds of the sites to agree. Who has the authority to voice that vote for a particular institution? Per the bylaws there is a designee from each institution. We have 7 sites here today, and we have 16 total sites. Not enough here today to vote.

Reminder that M2S was acquired by Medstreaming.
Consensus of this group is that this meeting is actually helpful now that we are a mature group and many attend.
Discussion around the star system. Some expressed that it’s difficult for private practice physicians to attend meetings in person.
**Pathways Development Update:**

Drill down – stroke rate: be able to drill down from a tabular report down to which patients are contributing. Let’s say stroke rate is high, click on it and you’ll see all the forms associated. Registry operations team can assist. Physicians can only drill down to their own patients.

Shared reports: as you log into pathways you’ll see a new section called shared reports. Tons available. New on supra, dialysis, CAS, major complications, etc. You can modify shared reports.

Physician level reporting – choose your view. Can look at your center or your own. Are these named physicians? If your center has chosen to un-blind the names.