**Rocky Mountain VQI**
Spring 2017 Regional Meeting
March 3, 2017
11:00am – 3:00pm
Mayo Clinic – Phoenix, AZ

**Meeting Minutes:**

**Welcome and Introductions:** Scott Berman, MD (Carondelet):

**Renal Protection Project Update:** Julie Beckstrom & Ben Brooke, MD, PhD (University of Utah)

**Participating Centers:**
University of Utah
St. Luke’s – Boise, ID
St. Vincent – Billings, MT
Carondelet – Tucson, AZ
Penrose St. Francis – Colorado Springs, CO
St. Patrick’s – Missoula, MT

Total # Patients = 163

If no value exists for a given time point, do not enter any #hashtag at all.

**Examples of #hashtags not to enter:**

- #RP_POM1_cr_NA
- #RP_POM1_cr_Unavailable at this time
- #RP_POM1_cr_NOF
- #RP_POM1_cr_x.x
- #RP_POM1_cr_

**Missing Data:**
- Post-op Day 1: 11 missing
- Post-op Day 3: 14 missing
- Post-op Month 1: 64 missing (~40%)
Vascular Quality Initiative

Typos:

- #RP_pre_cr_x1.37
- #RP_pre_cr-0.9
- #RP_POD1_cr..93_
- #RP_POM_cr 0.83

VQI Epic EMR eForms: Julie Beckstrom (University of Utah)

At previous Rocky Mtn VQI meetings, the UU has talked about our process in creating and using our Electronic Medical Record, which is Epic, to create VQI specific op notes.

Our workflow is that in theory, after a VQI-qualifying surgery ends and when the surgeon is going to dictate or document their op-note, he/she would go into Epic and select the VQI-specific Brief op note rather than the traditional op-note template. Within this note, we have built it so that all of the VQI variables are addressed. All the surgeon needs to do is click on the appropriate boxes and the variables will automatically pop up over on the right side of the screen, directly into the note. Then the surgeon can edit and add to the note as they need, knowing that all of the VQI variables are addressed.

Later on, when we are completing the VQI data entry, we can easily pull up the VQI Brief Op Note in Epic, and abstract all of the needed variables. In theory there will be nothing left out that the surgeon would still need to address.

We have built VQI brief op notes for all 7 of the modules in which we are participating in.

We’ve recently been working on a similar electronic form for long term follow up.

This is our VQI Clinic note. Instead of using the standard clinic note for documentation, our clinicians will pull up the VQI clinic note. There is a different clinic note form for each type of surgery. The CEA is shown in this picture.

It works the same way in that the clinician would just click on the variable boxes that apply and they automatically pop over to the right side of the screen directly into the final note. Then it can be edited as needed.

We haven’t actually begun using this form yet but hope to soon.

Then when we go to complete the actual VQI form we will already have all of the needed variables documented in Epic and that will make abstraction easier and faster, theoretically.
Jim Wadzinski - SVS PSO Update:

Growth of VQI: Over 400 sites

SVS PSO is pushing the QI portion of VQI bc there is a lot of value there. Industry, QI, Research.
Community barriers: St Al’s in Boise withdrew d/t limited resources. If you have system control and want
a system contract, they can accommodate. Dr. Fowl’s db manager is in Rochester. When you look at the
cost of all of these registries, hospitals are saying are we getting good bang for the buck? Does
participation lead to improvement? How are people who are actually involved, improving?

NSQIP data entry is much less laborious. Inviting non-VQI hospitals to regional VQI meetings might help.
If they see what we are doing, they are more likely to join. Annual meeting is to showcase our case
studies and creating and showing our National Quality projects.

It takes time to see a difference after beginning participation. It’s tough to make changes.

Physician level reporting is unique to VQI. Look at things at a granular level is valuable. COPI reports also
provide details on the risk factor the impact outcomes, which help identify potential issues as QI
projects are initiated.

17 Regional Groups. Potentially an 18th group: Canadian Collaborative. AHRQ really likes the SVS PSO.
Canada wouldn’t be able to be covered under the SVS PSO d/t AHRQ issues. New Jersey might split off
into their own region.

New: Members only site.

VQI @ VAM San Diego

Tuesday March 30 through Wednesday May 31st. Registration open. Tuesday afternoon: I/E criteria,
difficult definitions, case abstraction scenarios. Poster session and networking reception from 5 to 6:30.

Wednesday session will include: best practices, National Quality initiatives, future vision of the VQI,
ERAS, etc. see slides. Would be valuable for data managers to attend. Data managers attending the VQI
Annual meeting will be provided credit towards their institutions annual Participation Award score.

Two New National QI Projects: Prescribing anti-platelets and statins and EVAR Long-term Follow-up
Imaging. Articles in Vascular Specialist Article.
New online QI resources are available within M2S Pathways.

QI webinars are being deployed monthly as are educational webinars.

MACRA/MIPS: Medicare access and reconsideration act. You should submit something in order to not have a negative payment. Participation in VQI would mean you are participating in improvement activities and avoid a negative payment. Physicians don’t know how to link their participation with QCDR. M2S does that for you through QCDR – you have to do a separate enrollment step through SVS though. There are 300 measures, you need to participate in 6, and one of them has to be an outcome measure. There was a webinar on this topic and it’s stored on the M2S website. M2S can share data, SVS cannot. At an enterprise level, like at the University of Utah, this has already been taken care of. It’s very center specific. You really have to know what your center has or has not done for you yet.

Participation Awards out last month. LTFU did improve. Median year over year from 57% to 61%.

**Regional Reports:** Discussion

- Arterial Quality Committee
- Communications Committee
- Quality Improvement Workgroup

These 3 groups are working on the National QI Project.

**Research Advisory Council:**

- Ben Brooke newly appointed

Website rich with resources and deadlines
**Research Blinded Datasets:**

Last year found anomalies in EVAR dataset. Further analysis found issues r/t conversion of data from paper to web-based, and the bulk was mapping issues. Mapping variables. Clinically how do you map them properly with different drop down lists? They have cleared 3 datasets. Process will conclude in June. TEVAR will be the last module they go through. VQI is taking a black eye over this. A lot of people are assuming that the data are unreliable, but that is not true. Bc we did not want people to publish papers that would have to be revised, there will be fewer papers at VAM this year bc they've decided not to accept VQI datasets. It will be stronger in the long run. They’ve uncovered a lot of QA issues in this process. M2S has installed the QA controls we’ve asked for.

**Venous Quality Group**

Possible new registry: venous stent registry. Industry interest in funding.

**Pathways:**

PVI Clone Data

Webinar next week

Data Managers attend

PVI post procedure tab revision

Trans-Carotid Artery Revascularization Project – must be in CAS registry

Lombard Aortix post market Surveillance

Medtronic In.Pact DCB ISR Post market Surveillance

Bard LifeStent Pop Artery Stent Project

Bylaw Approval – vote approved