Rocky Mountain Vascular Quality Initiative (RMVQI)  
February 23, 2018  
10am – 4pm MST  
Carondelet Heart and Vascular Institute at St. Mary’s Hospital  

I. Welcome and Introductions: Dr. Scott Berman  

II. National SVS PSO update: Carrie Bosela  

- Current Stats:  
  - 456 Centers, 46 States + Canada  
  - 448,000 procedures as of 2/1/2018  
  - 18 regional groups, including the newest one in Canada  
- VQI@VAM:  
  - Date: Wednesday, June 20, through Thursday, June 21, 2018  
  - Place: Hynes Convention Center, Boston, MA  
- VQI Approved by CMS as a 2018 Qualified Clinical Data Registry (QCDR)  
  - MIPS Quality Component is 50% of the total MIPS score  
  - VQI QCDR offers 25 measures  
- Data Audits starting in 2018!!  
  - Inter-rater reliability exercise  
  - Random data audits  
  - New PSO-Center Communication Tool for Data Cleanup  
- 2018 Participation Award:  
  - There will be 4 categories scored, each on a 0-6 point scale:  
  - LTFU  
  - Meeting attendance  
  - QI project involvement  
  - Number of registry subscriptions  
- Educational Webinars:  
  - February: Merit-Based Incentive Payment System (MIPS) for your Vascular Team  
  - February: Starting a QI project  
  - March: TEVAR difficult case abstraction, 2016-2017 Validation training  
  - April: Analytic Engine and Reporting  
  - May: Quality Improvement  
  - June: VQI@VAM  
- 2018 Registry updates:  
  - Hemodialysis Access: Under major revision  
  - Vascular Medicine Registry: Finalizing changes  
  - 30-day Follow-up Measures  
  - Varicose Vein: Under revisions to only collect data on treated leg (shorten the form)  
  - Venous Stent Registry: Under development  
  - PVI short form: Under development
• **Social Security Number needed in VQI:**
  - Including SSN in VQI – Dr. Larry Kraiss:
  - Having SSN in the record purpose was originally to confirm pt identity. Now we are using it to query administrative databases to figure out whether or not pt is alive, has been seen in a different hospital, has received imaging, etc. The PSO has been approved legislatively to receive SSNs. W/ a SSN, the VQI can run checks against the SS death index, and find out if the pt died. If pt is a Medicare pt, we can find out if pt was admitted to a different hospital with the dx of stroke. For example, clinicians are unable to view SSNs at UoU. Only about 50% of VQI hospitals are entering valid SSNs. The next iteration of participation awards will involve the inclusion of the SSN. They really need the full number. The Medicare number is sometimes the SSN. They are working on discovering the value of the last 4 digits. Medicare needs all digits. SS death index just needs last 4.

III. **Arterial Quality Council update:**
- Finalizing Common Variable select options and helptext amongst registries where applicable
- Completing all “missing helptext”
- Clinically reviewing all helptext to site scientific support where applicable
- 30 day variables for all registries are being reviewed
- LTFU required fields are complete and M2S is in the process of development for 2018 release
- **Physician and Center Dashboards:** Physician and center stats on critical outcomes by registry over the past year, including regional and VQI benchmarks. First physician reports delivered in February and will be updated in fall. Center-level dashboards planned for June.
- **Comparative COPI Reports:** We will update prior COPI reports with new data to check centers’ improvement. EVAR LOS planned for May, INFRA LOS for August and INFRA SSI in September.
- **National QI Initiative Updates:** Reports will be issued quarterly starting in March tracking centers’ progress on Discharge Medications and Follow-Up Imaging After EVAR.
- **Presentations:**
  i. “Change in renal function after EVAR” by Ben Brookes, MD and Julie Beckstrom, RN (Univ of Utah)
  ii. Four Article Review by Crystal Rodriguez, MD (Univ of AZ)

IV. **Venous Quality Council update:**
- Varicose Vein Appropriateness Project
- Development of NEW Venous Stent registry

V. **Research Advisory Council update:**
- **National Research Process:**
Projects are reviewed on a quarterly basis. There are 2 levels of approval. Regional and National. Go to VQI website and pull a list of the approved projects to prevent duplication. Approved projects have a time limit, 2-3 years max to accomplish, then others can work on that topic.
• **Current RMVQI Project: Renal Protection Project:**

QI efforts needed to standardize indication and use of CIN preventive measures  
Targeting pts undergoing EVAR being captured in VQI  
Record creatinine at 3 time points  
Record pre-op renal protective measures  
Participating institutions asked to collect data on all pts undergoing EVAR since April 2015

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_

<table>
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<th>Pre-Operative Creatinine Category</th>
<th>Mean Creatinine Pre-Op</th>
<th>Mean Creatinine POD #1</th>
<th>Mean Creatinine POD #3</th>
<th>Mean Creatinine 1 month Post-Op</th>
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<tbody>
<tr>
<td>Creatinine &lt;1.3 (N = 101)</td>
<td>0.95</td>
<td>0.92</td>
<td>0.99</td>
<td>0.97</td>
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<tr>
<td>Creatinine 1.3–2.0 (N = 30)</td>
<td>1.48</td>
<td>1.43</td>
<td>1.40</td>
<td>1.54</td>
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<td>Creatinine &gt;2.0 (N = 19)</td>
<td>2.16</td>
<td>2.42</td>
<td>2.67</td>
<td>3.54</td>
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- **Potential collaboration opportunity between University of Utah and Carondelet. Carondelet to send Utah all #hashtags via email (de-identified). Dr. Brooke and Dr. Berman to discuss further once data is combined.**

- **Regional Research Projects – New Ideas?**  
  Scott: Groin bundle for Groin problems. There’s no universal way of making, closing, and caring for groin incisions. Develop a Best Practice approach. PVIs. Isolated Common Fem endarterectomy are not included. There are many groin incisions not captured by VQI. We can do a survey, but how to collect baseline data? Do people who close their groins with staples have a higher rate of infection? No data to support. Survey to see how much commonality there is. Carrie and Julie work on list of questions. INFRA 30 day form, can collect groin complications there. Who is making transverse incisions? Survey first, how do people make groin incision? Close incision? Aftercare is vastly different. Scott switched to dermabond and tape, much improvement. Ben, has any of this stuff been shown to be effective? Groin wound management. Survey Monkey. Query all of the southern Cali participants w/ Fred Weaver, MD.
VI. **SVS PSO Governing Council Meeting at VEITH:**
Last year SVS program committee discovered errors in blinded datasets prepared for research. Reviewed all of the blinded data sets internally. Internally consistency for what was entered into VQI vs. what was coming out of the datasets. Found definition errors, coding errors, etc. 160 million data points. 400k pts. No errors in key outcome variables. Have developed new quality control measures.

VII. **VQI Approved by CMS as a 2018 QCDR:**
VQI meets quality improvement requirements for MIPS. We can only do it at the physician level and it is attached to your NPI. Does your institution do this for you already? St. Luke’s, yes. Those in private practice would benefit from doing this through SVS VQI. The cost is about $599 per physician.

VIII. **VQI paper presentations: Crystal Rodriguez, MS IV, University of AZ**
- Predicting failure to rescue after abdominal aortic aneurysm repair in elderly patients *Hicks et. al. Journal of Surgical Research 2017; 217: 265-270*

IX. **Regional Report Highlights:**
- Total Regional Procedures: 16,363 PVI and CEA largest volumes
- Regional LTFU %= 71%
- Two high performing centers for CEA LOS (would ask them to present at the next mtg)
- One high performer for LTFU EVAR imaging (would ask them to present at the next mtg)
- 84% of the region uses Chlorhexidine yet the infection rate is higher than the national average (may be worth looking at the regional data to better understand)
- 91% of the region uses U/S guidance for PVI and yet the major hematoma rate is higher than the national average (may be worth looking at the regional data to better understand)
- Only 75% of the region gets an ABI or TBI on claudication patients prior to PVI procedure?

**Ideas for discussion at next meeting:**
Specific surgery themed meetings or disease driven meetings; focus on appropriateness reports.
July Meeting theme suggestions: CLI vs. Claudicant treatments/outcome
Presenting papers is a good idea.
Invite outside speakers to regional meetings.
ERAS: Enhanced Recovery After Surgery

How to engage new attendees at meetings?
Find agenda items that people are interested in. Choose site with lowest AAA complication rate, create a panel discussion.
Reach out to individuals who have never attended, and ask them to give a talk. That would ensure their attendance.
Phil Goodney just assigns talks.
You can ask the low performers to speak on something generic.
Ask high performers to present and ask low performers to be on panels.

General discussion:
- Want reports in pdf. Too difficult to print in current format.
- 30 day F/U – would like to see “who made the decision to admit the pt” added so the surgeons don’t get dinged. Most of the time it’s the ED physician without the surgeon’s knowledge until the next morning.

“Fall Meeting”:
Fall Meeting in conjunction with RM Vascular Society Meeting. July 25-28th at the Westin Riverfront Resort and Spa at Beaver Creek.