I. Welcome and Introductions

II. Regional Lead expectations
   a. Quarterly call with Carrie
   b. Schedule meetings with your regional DM in between these calls
   c. Bring Regional Questions and issues to this call for us all to discuss
   d. Keep minutes and send to Carrie to review
   e. Work with Megan Mathy to organize bi-annual regional meetings
   f. Brief update at the regional meetings to inform the docs what the DM activities have been in the prior 6 months
   g. Work with regional DM on a Quality Improvement project

III. Annual meeting of all DM: SCVS Vegas March 12th all day VQI meeting (tentative)
IV. Questions from the regions:

Upper Midwest:
- Follow up requirements finalized?

Northern California:
- Data Abstraction Services
- Q-Centrix
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Mid-Atlantic:
- Expand the 9 to 21 Month Follow-up Window - Suggest the registry provides a 60 day grace period on each end of the 9 to 21 follow-up month window for these types of instances and instead it will be 7 to 23 months window!
- Do Not Require Special Project Data Entry to Non-participating Hospitals - Do not feel that all participants should be required to obtain special project data on a case if their facility is not participating in that special project. Perhaps a separate tab for those facilities participating could be added to their module. This would allow non-participating facilities to continue without additional burden, reduce their work collection/entry and allow for more follow-up work.
- Same Day Readmission - Currently if you have a patient that was readmitted the same day as discharge, the follow-up form will not allow you to use that discharge date as the follow up admission date, thus that data point is incorrect.

Southeastern:
- Is a follow-up goal of 80% reasonable as the VQI mean is only around the mid-high 50’s%?
- Can the follow-up range be changed to begin at 6 months? Many physicians seem to see their patients at the six month point and not thereafter.
- Are the follow-up stats pulled at the 9 month point rather than at the 21 month point? We need more clarify on calculation rules.
- Star System: group would like to check with Carrie when it will start
• Could VQI procedures have all the form like TEVAR form that has tab could change color after it completed and saved—Shawna mentioned that VQI is currently working on this
• Request more data points which is important of Hemodialysis procedure—possible additional data collection and cost
• A more robust data dictionary is needed. We need clear definitions for all VQI data points. There is a concern of grey area data points could dilute the project efforts.
• Lucas Surgical Group: 1. Accurate date entry for Surgical Interventions done on the same day as original surgery; 2. Implement a new drop down box for patients who are on dialysis that list the type of treatment such as: PD home, Home Hemo, In-Center dialysis. This implementation will benefit for future follow up retrieval.

Virginia’s:
• NEW site recognition award: consider adding data manager attendance @ regional meetings as a component
• Procedure- based mortality reporting vs patient -based
  o ≥ 1 procedure during hospitalization with operative mortality ➔ pt appearing twice on mortality report
• M2S processes, risk analysis, communication plan with emphasis on better costumer communication during unanticipated downtime
• EVAR angulation measurements
• QXMD
• Additional Testing: Hemodialysis access upgrade required additional permission for follow-up personnel giving them access to the additional information not included in the instructions provided.
• Mapping with regard to using VQI data for CMS submission for CAS.
  o mapping of the ‘Modified Rankin Scale Score if Patient Experienced Stroke Pre-Procedure’ has linked what should be a “pre-procedure” data element to report symptoms to a “post-procedure” data element, status at D/C home. If the NCD from CMS is dependent upon pre-procedure symptoms of CAS (a modified Rankin score of greater than or equal to 3 would be excluded from coverage), why would CMS care what the discharge modified Rankin score was or if the patient had expired?
• Update of development with NeuroVascular Quality Initiative (NVQI)

Pacific Northwest:
• Share Point site