Rocky Mountain Vascular Quality Initiative

July 17, 2022
11:00 AM – 3:00 PM MT
Hybrid
Before we get started, please sign in.

1. Click “Participants” in the box at the top or bottom of your screen.
2. If your full name is not listed, hover next to your name and you’ll see “rename”.
3. 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: Residents/Fellows must have an **ACTIVE** PATHWAYS user account to get attendance credit!!!

Sign in with your Full name, MD, Name of Institution
No presenter has a disclosure or conflict of interest to report.
Welcome and Introductions

<table>
<thead>
<tr>
<th>Arizona Endovascular Center</th>
<th>Mayo Clinic Arizona</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrazo Arrowhead Campus</td>
<td>McK Kay-Dee Hospital</td>
</tr>
<tr>
<td>Arizona Vascular Specialists, LLC</td>
<td>Memorial Hospital Central</td>
</tr>
<tr>
<td>Banner Desert Medical Center</td>
<td>Memorial Hospital of Laramie County</td>
</tr>
<tr>
<td>Banner Heart Hospital</td>
<td>d/b/a Cheyenne Regional Medical Center</td>
</tr>
<tr>
<td>Banner-University Medical Center Phoenix</td>
<td>Parkview Medical Center</td>
</tr>
<tr>
<td>Carson Tahoe Regional Hospital</td>
<td>Pima Vascular</td>
</tr>
<tr>
<td>Chandler Regional Medical Center</td>
<td>Porter Adventist Hospital</td>
</tr>
<tr>
<td>Flagstaff Medical Center</td>
<td>Presbyterian Hospital</td>
</tr>
<tr>
<td>HonorHealth Deer Valley Medical Center</td>
<td>Presbyterian/St. Luke's Medical Center</td>
</tr>
<tr>
<td>HonorHealth Scottsdale Osborn Medical Center</td>
<td>Rose Medical Center</td>
</tr>
<tr>
<td>HonorHealth Scottsdale Thompson Peak Medical Center</td>
<td>Saint Alphonsus Regional Medical Center</td>
</tr>
<tr>
<td>Intermountain Medical Center</td>
<td>Saint Joseph Hospital</td>
</tr>
<tr>
<td>Kootenai Health</td>
<td>St. Anthony Lakewood</td>
</tr>
<tr>
<td>Lovelace Medical Center</td>
<td>St. George Regional Hospital</td>
</tr>
<tr>
<td>Lutheran Medical Center</td>
<td>St. Joseph's Hospital and Medical Center</td>
</tr>
<tr>
<td></td>
<td>St. Luke's Health System, Ltd.</td>
</tr>
<tr>
<td></td>
<td>St. Mary Corwin Medical Center</td>
</tr>
<tr>
<td></td>
<td>St. Mary's Hospital</td>
</tr>
<tr>
<td></td>
<td>Saint Mary's Regional Medical Center</td>
</tr>
<tr>
<td></td>
<td>St. Vincent Healthcare</td>
</tr>
<tr>
<td></td>
<td>Superior Vein Care, PLLP</td>
</tr>
<tr>
<td></td>
<td>The Medical Center of Aurora</td>
</tr>
<tr>
<td></td>
<td>Tucson Medical Center</td>
</tr>
<tr>
<td></td>
<td>University of Arizona Medical Center</td>
</tr>
<tr>
<td></td>
<td>University of Colorado, Denver</td>
</tr>
<tr>
<td></td>
<td>University of Colorado, North Vascular Services</td>
</tr>
<tr>
<td></td>
<td>University of New Mexico</td>
</tr>
<tr>
<td></td>
<td>University of Utah Hospital and Clinics</td>
</tr>
<tr>
<td></td>
<td>Utah Valley Hospital</td>
</tr>
<tr>
<td></td>
<td>Verde Valley Medical Center</td>
</tr>
<tr>
<td></td>
<td>VHS of Arrowhead, Inc. d/b/a Abrazo Arizona Heart Hospital</td>
</tr>
<tr>
<td></td>
<td>VVAVS - Varicose Vein and Aesthetic Solutions</td>
</tr>
<tr>
<td></td>
<td>Yavapai Regional Medical Center</td>
</tr>
<tr>
<td></td>
<td>Yuma Regional Medical Center</td>
</tr>
</tbody>
</table>
Regional Improvement Projects

Current Quality Improvement Charters

• Relationship Between Pre-operative Frailty Assessment and long-term outcomes following vascular surgery
  – University of Utah; Julie Hales

• Documentation - LOS CEA and EVAR
  – Pima Vascular; Megon Berman

• PRO & ABI
  – Pima Vascular; Megon Berman

• CAS and Plavix Resistance
  – Pima Vascular; Megon Berman
Presentations

• Using VQI-Based Frailty Instrument to Estimate Mortality at 9-Month Follow-up
  – Larry Krais, MD

• PRO & ABI
  – Scott Berman, MD
VQI Regional Quality Report

Fall 2022

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

About the Report
The VQI Regional Quality Report is produced semiannually to provide centers and regions targeted, comparative results and benchmarks for a variety of procedures, process measures, and postoperative outcomes. The report is organized into separate reports that can be quickly accessed by clicking on the report names in the table of contents on the left.

For drill-down and data feedback on your center’s cases, click on “VQI Case Appendix” in the table of contents on the left.
• RMVQI Reporting Timeframes
  – Current reports timeframe = June 1, 2021 - May 31, 2022
  – Beginning Fall 2023 fall reporting timeframe will be for Procedures performed between May 1, 2022, and April 30, 2023
  – Data cut will be June 1, 2023
### VQI Regional Quality Reports

<table>
<thead>
<tr>
<th>Report</th>
<th>Data Cut Date</th>
<th>Procedure Timeframe</th>
<th>LTF Procedure Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2023</td>
<td>1-Feb-23</td>
<td>CY 2022</td>
<td>CY 2020</td>
</tr>
<tr>
<td>Fall 2023 (All Regions expect RMV)</td>
<td>1-Aug-23</td>
<td>July 1, 2022 - June 30, 2023</td>
<td>July 1, 2020 - June 30, 2021</td>
</tr>
<tr>
<td>Fall 2023 RMV</td>
<td>1-Jun-23</td>
<td>May 1, 2022 - April 30, 2023</td>
<td>May 1, 2020 - April 30, 2021</td>
</tr>
<tr>
<td>Spring 2024</td>
<td>1-Feb-24</td>
<td>CY 2023</td>
<td>CY 2021</td>
</tr>
</tbody>
</table>

**Notes**

- 6 months of new data after Spring 2023
- 4 months of new data after Spring 2023

**More notes**

- Spring 2024 gives 6 months of new data after Fall 2023
- Spring 2024 gives 8 months of new data after Fall 2023
Important Notes

- All results are based on data entered into the VQI as of June 30, 2022. Any subsequent changes or updates to data after that date will not be reflected in this report.
- Procedure timeframes and inclusion/exclusion criteria are given at the top of each report. Cases are also excluded if outcomes are missing or not enough data was entered to determine whether the case met inclusion/exclusion criteria.
- Regions must have at least 3 centers with included cases for regional results to be displayed in tables and line charts.
- Regions must have at least 3 centers with at least 10 included cases per center for regional results to be displayed in bar charts. It is therefore possible for a region’s results to be displayed in tables and line charts, but not in bar charts.
- For risk-adjusted reports, regions must have at least 3 centers with at least 10 complete cases per center for regional results to be displayed in bar charts. It is therefore possible for a region’s results to be displayed in tables and line charts, but not in bar charts.
- In all graphics, "*" indicates a p-value <.05.
Procedure Volume

Procedures performed between June 1, 2021 and May 31, 2022
Number of cases entered into the VQI, by registry and overall

<table>
<thead>
<tr>
<th>Your Center (N)</th>
<th>Your Region (N)</th>
<th>VQI Overall (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS (TFEM CAS &amp; TCAR)</td>
<td>724</td>
<td>15659</td>
</tr>
<tr>
<td>CEA</td>
<td>724</td>
<td>17276</td>
</tr>
<tr>
<td>EVAR</td>
<td>494</td>
<td>7289</td>
</tr>
<tr>
<td>HDA</td>
<td>345</td>
<td>5590</td>
</tr>
<tr>
<td>INFRA</td>
<td>292</td>
<td>6562</td>
</tr>
<tr>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
<td>1276</td>
</tr>
<tr>
<td>LEAMP</td>
<td>75</td>
<td>3192</td>
</tr>
<tr>
<td>OAAA</td>
<td>51</td>
<td>1281</td>
</tr>
<tr>
<td>PVI</td>
<td>1959</td>
<td>43885</td>
</tr>
<tr>
<td>SUPRA</td>
<td>50</td>
<td>1831</td>
</tr>
<tr>
<td>TEVAR</td>
<td>142</td>
<td>3153</td>
</tr>
<tr>
<td>Varicose Veins</td>
<td>815</td>
<td>6416</td>
</tr>
<tr>
<td>Overall (June 2021-May 2022)</td>
<td>5671</td>
<td>113410</td>
</tr>
<tr>
<td>Overall (June 2020-May 2021)</td>
<td>7091</td>
<td>121555</td>
</tr>
</tbody>
</table>
Procedure Volume by Center in Your Region (June 2021-May 2022)

Other centers in your region  |  Your center
---|---

Centers (centers with <10 cases not shown)

42 of 46 centers displayed

Procedure Volume Across VQI (June 2021-May 2022)

Regions (regions with <3 centers with at least 10 cases not shown)
## Procedure Volume, All Years

Includes all procedures with procedure date through May 31, 2022

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

<table>
<thead>
<tr>
<th>Procedure Type</th>
<th>Your Center (N)</th>
<th>Your Region (N)</th>
<th>VQI Overall (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS (TFEM CAS &amp; TCAR)</td>
<td>3068</td>
<td>73854</td>
<td></td>
</tr>
<tr>
<td>CEA</td>
<td>6849</td>
<td>174360</td>
<td></td>
</tr>
<tr>
<td>EVAR</td>
<td>4117</td>
<td>70985</td>
<td></td>
</tr>
<tr>
<td>HDA</td>
<td>4254</td>
<td>68680</td>
<td></td>
</tr>
<tr>
<td>INFRA</td>
<td>2779</td>
<td>73035</td>
<td></td>
</tr>
<tr>
<td>IVCF NA (&lt;3 centers)</td>
<td>NA</td>
<td>17154</td>
<td></td>
</tr>
<tr>
<td>LEAMP</td>
<td>486</td>
<td>24740</td>
<td></td>
</tr>
<tr>
<td>OAAA</td>
<td>754</td>
<td>16138</td>
<td></td>
</tr>
<tr>
<td>PVI</td>
<td>15131</td>
<td>319665</td>
<td></td>
</tr>
<tr>
<td>SUPRA</td>
<td>825</td>
<td>23407</td>
<td></td>
</tr>
<tr>
<td>TEVAR</td>
<td>797</td>
<td>24071</td>
<td></td>
</tr>
<tr>
<td>Varicose Veins</td>
<td>4642</td>
<td>53914</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>43702</td>
<td>940003</td>
<td></td>
</tr>
</tbody>
</table>
Procedure Volume by Center in Your Region (Through May 2022)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

47 of 49 centers displayed

Procedure Volume Across VQI (Through May 2022)

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

“Others” indicates centers that do not belong to a regional group.
Physician Specialties

Physician Specialties Across VQI (as of June 30, 2022, N=6054 Physicians)
Physician Specialties Across Your Region (as of June 30, 2022, N=350 Physicians)
Long-Term Follow-up

Procedures performed between July 1, 2019 and June 30, 2020

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, HDA, INFRA, IVCF, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Excludes procedures 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.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS</td>
<td>579 (60%)</td>
<td>11714 (62%)</td>
</tr>
<tr>
<td>CEA</td>
<td>810 (53%)</td>
<td>17764 (69%)</td>
</tr>
<tr>
<td>EVAR</td>
<td>460 (52%)</td>
<td>7046 (67%)</td>
</tr>
<tr>
<td>HDA</td>
<td>570 (55%)</td>
<td>7420 (70%)</td>
</tr>
<tr>
<td>INFRA</td>
<td>307 (63%)</td>
<td>7069 (70%)</td>
</tr>
<tr>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
<td>1655 (75%)</td>
</tr>
<tr>
<td>LEAMP</td>
<td>89 (18%)</td>
<td>3270 (71%)</td>
</tr>
<tr>
<td>OAAA</td>
<td>57 (63%)</td>
<td>1161 (70%)</td>
</tr>
<tr>
<td>PVI</td>
<td>2512 (51%)</td>
<td>40074 (66%)</td>
</tr>
<tr>
<td>SUPRA</td>
<td>79 (53%)</td>
<td>2089 (69%)</td>
</tr>
<tr>
<td>TEVAR</td>
<td>100 (64%)</td>
<td>2843 (64%)</td>
</tr>
<tr>
<td>Overall (July 2019-June 2020)</td>
<td>5563 (53%)</td>
<td>102105 (67%)</td>
</tr>
<tr>
<td>Overall (July 2018-June 2019)</td>
<td>4431 (59%)</td>
<td>99523 (72%)</td>
</tr>
</tbody>
</table>
Long-Term Follow-Up by Center in Your Region (July 2019–June 2020)

Index Medical Center Name
1. Utah Valley Hospital
2. Banner Desert Medical Center
3. Intermountain Medical Center
5. University of Utah Hospital and Clinics
6. St. George Regional Hospital
7. Mayo Clinic Arizona
8. Banner Heart Hospital
9. HonorHealth Scottsdale Osborn Medical Center
10. Pima Vascular
11. HonorHealth Deer Valley Medical Center
12. Banner–University Medical Center Tucson
13. St. Mary’s Hospital
14. HonorHealth Scottsdale Thompson Peak Medical Center
15. Saint Joseph Hospital
16. Lutheran Medical Center
17. St. Anthony Lakewood
18. Presbyterian/St. Luke’s Medical Center
19. Parkview Medical Center
20. St. Vincent Healthcare
21. Porter Adventist Hospital
22. The Medical Center of Aurora
23. University of Colorado, Denver
24. Tucson Medical Center
25. Rose Medical Center
26. Arizona Vascular Specialists, LLC
27. University of New Mexico
28. Prescott - Yavapai Regional Medical Center
29. Memorial Hospital Central
30. Memorial Hospital of Laramie County d/b/a Cheyenne Regional Medical Center
31. Presbyterian Hospital
32. VHS of Arrowhead, Inc. d/b/a Abrazo Arizona Heart Hospital
33. Arizona Endovascular Center
34. NA
35. Lovelace Medical Center

35 of 37 centers displayed

*** Indicates center’s rate differs significantly from the regional rate.
Long-Term Follow-Up by Region Across VQI (July 2019-June 2020)

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

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

“Others” indicates centers that do not belong to a regional group.
Discharge Medications

Procedures performed between June 1, 2021 and May 31, 2022

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Antiplatelet is defined as ASA or P2Y12 inhibitor. Cases are excluded if (1) Discharge Statin = “No, for medical reason” OR (2) Both Discharge ASA = “No, for medical reason” AND Discharge P2Y12 inhibitor = “No, for medical reason” OR (3) An in-hospital death occurred.

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

<table>
<thead>
<tr>
<th></th>
<th>Number of Procedures at Your Center</th>
<th>Antiplatelet+Statin</th>
<th>Antiplatelet Only</th>
<th>Statin Only</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS</td>
<td>4253</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFRA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEAMP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OAAA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PVI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPRA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEVAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Center Overall</td>
<td>4253</td>
<td>83%</td>
<td>10%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Your Region Overall</td>
<td>94134</td>
<td>87%</td>
<td>8%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>VQI Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Discharge Antiplatelet+Statin by Center in Your Region (June 2021-May 2022)**

- **Other centers in your region**
- **Your center**

40 of 44 centers displayed

*** Indicates center’s rate differs significantly from the regional rate.

**Discharge Antiplatelet+Statin by Region Across VQI (June 2021-May 2022)**

- **Midwest**
- **Carolina**
- **New England**
- **G. Lakes**
- **Michigan**
- **Nor. Cal.**
- **Up. Midwest**
- **Mid-America**
- **MidSouth**
- **SOVONet**
- **Mid-Atlantic**
- **VQI**
- **So. Cal.**
- **Pacific NW**
- **Canada**
- **Rocky Mts.**
- **Virginia**
- **New York**
- **Southeast**

Regions (regions with <3 centers with at least 10 cases not shown)
TFEM CAS ASYMP: Stroke/Death

Procedures performed between June 1, 2021 and May 31, 2022

Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial approach. 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, brachial, or radial are also excluded.

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

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>84</td>
<td>2160</td>
<td></td>
</tr>
<tr>
<td>1.2%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>1963</td>
<td></td>
</tr>
<tr>
<td>1.3%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>1.3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

"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 TFEM CAS for Asymptomatic Patients in Your Region (June 2021-May 2022)

- Other centers in your region
- Your center
- Observed
- Expected

Centers (centers with <10 complete cases not shown)

0 of 12 centers displayed

Rates shown are among complete cases. ** indicates center's observed rate differs significantly from its expected rate.

Stroke or Death after TFEM CAS for Asymptomatic Patients by Region Across VQI (June 2021-May 2022)

- Observed
- Expected

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

Rates shown are among complete cases. *** indicates region's observed rate differs significantly from its expected rate.
TFEM CAS SYMP: Stroke/Death

Procedures performed between June 1, 2021 and May 31, 2022

Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial approach. 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, brachial, or radial are also excluded.

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

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TFEM CAS procedures meeting inclusion criteria</td>
<td>55</td>
<td>2327</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>3.6%</td>
<td>3.7%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>54</td>
<td>2162</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td><strong>3.7%</strong></td>
<td><strong>3.5%</strong></td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data</td>
<td>3.9%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>1</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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 TFEM CAS for Symptomatic Patients by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Stroke or Death after TFEM CAS for Symptomatic Patients in Your Region (June 2021-May 2022)

Centers (centers with <10 complete cases not shown)

0 of 12 centers displayed

Rates shown are among complete cases. ** indicates center's observed rate differs significantly from its expected rate.

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

Rates shown are among complete cases. ** indicates region's observed rate differs significantly from its expected rate.
TCAR ASYMP: Stroke/Death

Procedures performed between June 1, 2021 and May 31, 2022

Includes TransCarotid Artery Revascularization (TCAR) procedures performed on asymptomatic patients. Asymptomatic patients are patients with 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 carotid percutaneous or carotid open are also excluded.

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

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TCAR procedures meeting inclusion criteria</td>
<td>285</td>
<td>5279</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1.8%</td>
<td>1.1%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>264</td>
<td>4937</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>1.9%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data</td>
<td>1.2%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.27</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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 Patients by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Stroke or Death after TCAR for Asymptomatic Patients in Your Region (June 2021-May 2022)

- Other centers in your region
- Your center
- Observed
- Expected

Centers (centers with <10 complete cases not shown)

11 of 27 centers displayed.
Rates shown are among complete cases. "***" indicates center's observed rate differs significantly from its expected rate.

Stroke or Death after TCAR for Asymptomatic Patients by Region Across VQI (June 2021-May 2022)

- Observed
- Expected

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

Rates shown are among complete cases. "***" indicates region's observed rate differs significantly from its expected rate.
TCAR SYMP: Stroke/Death

Procedures performed between June 1, 2021 and May 31, 2022

Includes TransCarotid Artery Revascularization (TCAR) procedures performed on symptomatic patients. Symptomatic patients are patients with 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 carotid percutaneous or carotid open are also excluded.

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

<table>
<thead>
<tr>
<th>Your Center Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TCAR procedures meeting inclusion criteria</td>
<td>165</td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1.2%</td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>156</td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>1.3%</td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data</td>
<td>2.7%</td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.45</td>
</tr>
</tbody>
</table>

*“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 Symptomatic Patients by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Stroke or Death after TCAR for Symptomatic Patients in Your Region (June 2021-May 2022)

- Other centers in your region
- Your center
- Observed
- Expected

Centers (centers with <10 complete cases not shown)

5 of 24 centers displayed
Rates shown are among complete cases. ** indicates center's observed rate differs significantly from its expected rate.

Stroke or Death after TCAR for Symptomatic Patients by Region Across VQI (June 2021-May 2022)

- Observed
- Expected

Rates shown are among complete cases. ** indicates region's observed rate differs significantly from its expected rate.
CEA ASYMP: Stroke/Death

Procedures performed between June 1, 2021 and May 31, 2022

Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with 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 patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>353</td>
<td>9816</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>0.8%</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>339</td>
<td>9296</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>0.9%</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data</td>
<td>0.8%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.75</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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 Asymptomatic Patients by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Stroke or Death after CEA for Asymptomatic Patients in Your Region (June 2021-May 2022)

Centers (centers with <10 complete cases not shown)
13 of 22 centers displayed
Rates shown are among complete cases. *** indicates center's observed rate differs significantly from its expected rate.

Stroke or Death after CEA for Asymptomatic Patients by Region Across VQI (June 2021-May 2022)

Rates shown are among complete cases. *** indicates region’s observed rate differs significantly from its expected rate.
# CEA SYMP: Stroke/Death

Procedures performed between June 1, 2021 and May 31, 2022

Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with 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 patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>269</td>
<td>4957</td>
</tr>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>1.5%</td>
<td>2%</td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>262</td>
<td>4801</td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>1.5%</td>
<td>2.1%</td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>0.82</td>
<td>NA</td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>1.9%</td>
<td></td>
</tr>
</tbody>
</table>

*“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 Patients by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Stroke or Death after CEA for Symptomatic Patients in Your Region (June 2021-May 2022)

Centers (centers with <10 complete cases not shown)

Rates shown are among complete cases. *** Indicates center's observed rate differs significantly from its expected rate.

Stroke or Death after CEA for Symptomatic Patients by Region Across VQI (June 2021-May 2022)

Rates shown are among complete cases. *** Indicates region's observed rate differs significantly from its expected rate.
CEA ASYMP: Postop LOS>1 Day

Procedures performed between June 1, 2021 and May 31, 2022

Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with 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 patients) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>353</td>
<td>9824</td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among procedures meeting inclusion criteria</td>
<td>19.5%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>339</td>
<td>9301</td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among cases with complete data</td>
<td><strong>20.1%</strong></td>
<td><strong>21.3%</strong></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;1 day among cases with complete data</td>
<td>19.3%</td>
<td>NA</td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.73</td>
<td>NA</td>
</tr>
</tbody>
</table>

*“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 Patients by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Postop LOS>1 Day after CEA for Asymptomatic Patients in Your Region (June 2021-May 2022)

Centers (centers with <10 complete cases not shown)

Rates shown are among complete cases. *** indicates center’s observed rate differs significantly from its expected rate.

Postop LOS>1 Day after CEA for Asymptomatic Patients by Region Across VQI (June 2021-May 2022)

Rates shown are among complete cases. *** indicates region’s observed rate differs significantly from its expected rate.

Regions (regions with <3 centers with at least 10 complete cases not shown)
CEA SYMP: Postop LOS>1 Day

Procedures performed between June 1, 2021 and May 31, 2022

Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with 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 patients) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>269</td>
<td>4956</td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among procedures meeting inclusion criteria</td>
<td>42.4%</td>
<td>39.9%</td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>262</td>
<td>4799</td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among cases with complete data</td>
<td>43.1%</td>
<td>40%</td>
</tr>
<tr>
<td>Expected rate of LOS&gt;1 day among cases with complete data</td>
<td>36.9%</td>
<td>NA</td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.04</td>
<td>NA</td>
</tr>
</tbody>
</table>

*“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 Patients in Your Region (June 2021-May 2022)

Centers (centers with <10 complete cases not shown)

12 of 19 centers displayed

Rates shown are among complete cases. *** indicates center’s observed rate differs significantly from its expected rate.

Postop LOS>1 Day after CEA for Symptomatic Patients by Region Across VQI (June 2021-May 2022)

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

Rates shown are among complete cases. *** indicates region’s observed rate differs significantly from its expected rate.
EVAR: Postop LOS>2 Days

Procedures performed between June 1, 2021 and May 31, 2022

Includes Endovascular AAA Repair (EVAR) procedures. Excludes any procedure with ruptured aneurysm. Procedures where in-hospital death occurred with postoperative LOS≤2 days 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures meeting inclusion criteria</td>
<td>452</td>
<td>6789</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 days among procedures meeting inclusion criteria</td>
<td>8.6%</td>
<td>16.3%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>427</td>
<td>6303</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 days among cases with complete data</td>
<td><strong>7.7%</strong></td>
<td>16.1%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;2 days among cases with complete data</td>
<td>13.3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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>2 Days after EVAR by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Postop LOS >2 Days after EVAR in Your Region (June 2021-May 2022)

- Other centers in your region
- Your center
- Observed
- Expected

16 of 23 centers displayed

Rates shown are among complete cases. "**" indicates center’s observed rate differs significantly from its expected rate.

Postop LOS >2 Days after EVAR by Region Across VQI (June 2021-May 2022)

- Observed
- Expected

Regions (regions with <3 centers with at least 10 complete cases not shown)
EVAR: Sac Diameter Reporting

Procedures performed between July 1, 2019 and June 30, 2020

Includes Endovascular AAA Repair (EVAR) procedures. 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.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>436</td>
<td>6503</td>
<td></td>
</tr>
<tr>
<td>40.4%</td>
<td>53.1%</td>
<td></td>
</tr>
</tbody>
</table>

Number of EVAR procedures meeting inclusion criteria
Percentage with sac diameter reported between 9 and 21 months post-procedure
EVAR Sac Diameter Reporting in Your Region (July 2019-June 2020)

Legend for Your Region

Index Medical Center Name
1 St. Luke’s Health System, Ltd.
2 Mayo Clinic Arizona
3 University of Utah Hospital and Clinics
4 Saint Joseph Hospital
5 St. Mary’s Hospital
6 Banner-University Medical Center Tucson
7 Pima Vascular
8 Porter Adventist Hospital
9 Presbyterian/St. Luke’s Medical Center
10 University of Colorado, Denver
11 Memorial Hospital Central
12 St. Anthony Lakewood
13 University of New Mexico
14 Tucson Medical Center
15 NA
16 Lovelace Medical Center
17 Presbyterian Hospital

17 of 21 centers displayed
** Indicates center’s rate differs significantly from the regional rate.
EVAR Sac Diameter Reporting by Region Across VQI (July 2019-June 2020)

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

*** Indicates region’s rate differs significantly from the VQI rate.
EVAR: SVS AAA Diameter Guideline

Procedures performed between June 1, 2021 and May 31, 2022

Includes Endovascular AAA Repair (EVAR) procedures. Excludes any non-elective procedure. SVS AAA diameter 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 AAA diameter guideline.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures meeting inclusion criteria</td>
<td>414</td>
<td>6033</td>
</tr>
<tr>
<td>Percentage meeting SVS AAA diameter guideline</td>
<td>74.4%</td>
<td>76%</td>
</tr>
</tbody>
</table>
EVAR SVS AAA Diameter Guideline by Year

- Your Center
- Your Region
- VQI Overall

June 2018-May 2019
June 2019-May 2020
June 2020-May 2021
June 2021-May 2022
EVAR SVS AAA Diameter Guideline in Your Region (June 2021-May 2022)

16 of 23 centers displayed  
* * * Indicates center's rate differs significantly from the regional rate.

EVAR SVS AAA Diameter Guideline by Region Across VQI  
(June 2021-May 2022)

16* Indicates region's rate differs significantly from the VQI rate.
TEVAR: Sac Diameter Reporting

Procedures performed between July 1, 2019 and June 30, 2020

Includes Thoracic Endovascular Aortic Repair (TEVAR) procedures for aneurysm or aneurysm from dissection. Excludes procedures where no aortic device was implanted or 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.

<table>
<thead>
<tr>
<th>Your Center Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>68</td>
</tr>
<tr>
<td>Number of TEVAR procedures meeting inclusion criteria</td>
<td>51.5%</td>
</tr>
<tr>
<td>Percentage with sac diameter reported between 9 and 21 months post-procedure</td>
<td></td>
</tr>
</tbody>
</table>
TEVAR Sac Diameter Reporting by Year

- Your Center
- Your Region
- VQI Overall

July 2016-June 2017
July 2017-June 2018
July 2018-June 2019
July 2019-June 2020
TEVAR Sac Diameter Reporting in Your Region (July 2019-June 2020)

Centers (centers with <10 cases not shown)

3 of 6 centers displayed

*Indicates center’s rate differs significantly from the regional rate.

TEVAR Sac Diameter Reporting by Region Across VQI (July 2019-June 2020)

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

*Indicates region’s rate differs significantly from the VQI rate.
OAAA: In-Hospital Mortality

Procedures performed between June 1, 2018 and May 31, 2022
Includes Open AAA (OAAA) procedures. 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.

<table>
<thead>
<tr>
<th>Your Center Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OAAA procedures meeting inclusion criteria</td>
<td>207</td>
</tr>
<tr>
<td>Observed rate of In-Hospital Mortality among procedures meeting inclusion criteria</td>
<td>4.3%</td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>199</td>
</tr>
<tr>
<td>Observed rate of In-Hospital Mortality among cases with complete data</td>
<td>4%</td>
</tr>
<tr>
<td>Expected rate of In-Hospital Mortality among cases with complete data</td>
<td>4%</td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.86</td>
</tr>
</tbody>
</table>

**“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.**
In-Hospital Death after OAAA by Year

Rates shown are observed rates among cases meeting inclusion criteria.
In-Hospital Death after OAAA in Your Region (June 2018-May 2022)

- Other centers in your region
- Your center
- Observed
- Expected

Centers (centers with <10 complete cases not shown)

6 of 10 centers displayed
Rates shown are among complete cases. ** indicates center's observed rate differs significantly from its expected rate.

In-Hospital Death after OAAA by Region Across VQI (June 2018-May 2022)

- Observed
- Expected

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

Rates shown are among complete cases. ** indicates region's observed rate differs significantly from its expected rate.
OAAA: SVS Cell-Saver Guideline

Procedures performed between June 1, 2018 and May 31, 2022

Includes Open AAA (OAAA) procedures. 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OAAA</td>
<td>213</td>
<td>4613</td>
<td></td>
</tr>
<tr>
<td>procedures meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>inclusion criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage meeting</td>
<td>94.8%</td>
<td>92.5%</td>
<td></td>
</tr>
<tr>
<td>SVS cell-saver</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>guideline</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
OAAA Cell-Saver Guideline in Your Region (June 2018-May 2022)

8 of 16 centers displayed

*** indicates center’s rate differs significantly from the regional rate.

OAAA Cell-Saver Guideline by Region Across VQI
(June 2018-May 2022)

*** indicates region’s rate differs significantly from the VQI rate.
OAAA: SVS Iliac Inflow Guideline

Procedures performed between June 1, 2018 and May 31, 2022
Includes Open AAA (OAAA) procedures. 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OAAA procedures meeting inclusion criteria</td>
<td>255</td>
<td>5188</td>
<td></td>
</tr>
<tr>
<td>Percentage meeting SVS iliac inflow guideline</td>
<td>97.3%</td>
<td>97.8%</td>
<td></td>
</tr>
</tbody>
</table>
OAAA Iliac Inflow Guideline in Your Region (June 2018-May 2022)

Centers (centers with <10 cases not shown)

9 of 16 centers displayed

** indicates center's rate differs significantly from the regional rate.

OAAA Iliac Inflow Guideline by Region Across VQI (June 2018-May 2022)

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

*** indicates region's rate differs significantly from the VQI rate.
PVI CLAUD: ABI/Toe Pressure

Procedures performed between June 1, 2021 and May 31, 2022

Includes Peripheral Vascular Intervention (PVI) procedures for mild, moderate, or severe claudication. “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.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PVI procedures meeting inclusion criteria</td>
<td>729</td>
<td>14498</td>
</tr>
<tr>
<td>Percentage with ABI/toe pressure assessment</td>
<td>62.1%</td>
<td>73.3%</td>
</tr>
</tbody>
</table>
ABI/Toe Pressure Assessment before PVI for Claudication by Year


Your Center  Your Region  VQI Overall
ABI/Toe Pressure Assessment before PVI for Claudication in Your Region (June 2021-May 2022)

12 of 21 centers displayed
*** indicates center’s rate differs significantly from the regional rate.

ABI/Toe Pressure Assessment before PVI for Claudication by Region Across VQI (June 2021-May 2022)

*** indicates region’s rate differs significantly from the VQI rate.
INFRA CLTI: Major Complications

Procedures performed between June 1, 2021 and May 31, 2022

Includes Infrainguinal Bypass (INFRA) procedures for rest pain, tissue loss, or acute ischemia. 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of INFRA procedures meeting inclusion criteria</td>
<td>219</td>
<td>4928</td>
<td></td>
</tr>
<tr>
<td>Percentage with major complications</td>
<td>1.8%</td>
<td>4.9%</td>
<td></td>
</tr>
</tbody>
</table>
Major Complications after INFRA for CLTI by Year

- Your Center
- Your Region
- VQI Overall
Major Complications after INFRA for CLTI in Your Region (June 2021-May 2022)

8 of 15 centers displayed

*** indicates center's rate differs significantly from the regional rate.

Major Complications after INFRA for CLTI by Region Across VQI (June 2021-May 2022)

*** indicates region's rate differs significantly from the VQI rate.
SUPRA CLTI: Major Complications

Procedures performed between June 1, 2021 and May 31, 2022

Includes Suprainguinal Bypass (SUPRA) procedures for rest pain, tissue loss, or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

The table below gives 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SUPRA procedures meeting inclusion criteria</td>
<td>28</td>
<td>1128</td>
<td></td>
</tr>
<tr>
<td>Percentage with major complications</td>
<td>14.3%</td>
<td>6.9%</td>
<td></td>
</tr>
</tbody>
</table>
Major Complications after SUPRA for CLTI by Year

- Your Center
- Your Region
- VQI Overall
Major Complications after SUPRA for CLTI in Your Region (June 2021-May 2022)

Centers (centers with <10 cases not shown)

0 of 9 centers displayed

*** indicates center’s rate differs significantly from the regional rate.

Major Complications after SUPRA for CLTI by Region Across VQI (June 2021-May 2022)

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

**** indicates region’s rate differs significantly from the VQI rate.
LEAMP: Postop Complications

Procedures performed between June 1, 2021 and May 31, 2022

Includes Lower-Extremity Amputation (LEAMP) procedures. 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of LEAMP procedures meeting inclusion criteria</td>
<td>75</td>
<td>3189</td>
<td></td>
</tr>
<tr>
<td>Percentage with postoperative complications</td>
<td>6.7%</td>
<td>11.8%</td>
<td></td>
</tr>
</tbody>
</table>
Postop Complications after LEAMP in Your Region (June 2021-May 2022)

Centers (centers with <10 cases not shown)

0 of 4 centers displayed

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

Postop Complications after LEAMP by Region Across VQI (June 2021-May 2022)

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

*** Indicates region's rate differs significantly from the VQI rate.
HDA: Primary AVF vs. Graft

Procedures performed between June 1, 2021 and May 31, 2022

Includes Hemodialysis Access (HDA) procedures. 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 HDA procedures meeting the inclusion criteria, and the percentage of those procedures that were primary AVF.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of HDA procedures meeting inclusion criteria</td>
<td>273</td>
<td>4548</td>
</tr>
<tr>
<td>Percentage with primary AVF</td>
<td>88.3%</td>
<td>82.6%</td>
</tr>
</tbody>
</table>
Primary AVF Access by Year

- Your Center
- Your Region
- VQI Overall
Primary AVF Access in Your Region (June 2021-May 2022)

Centers (centers with <10 cases not shown)

7 of 8 centers displayed

*** Indicates center’s rate differs significantly from the regional rate.

Primary AVF Access by Region Across VQI (June 2021-May 2022)

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

*** Indicates region’s rate differs significantly from the VQI rate.
IVCF: Filter Retrieval Reporting

Procedures performed between July 1, 2019 and June 30, 2020

Includes Inferior Vena Cava Filter (IVCF) procedures. Excludes filters with permanent planned duration, patients who have expired, 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.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of IVCF procedures meeting inclusion criteria</td>
<td>NA (&lt;3 centers)</td>
<td>1024</td>
</tr>
<tr>
<td>Number without follow-up records</td>
<td>205</td>
<td></td>
</tr>
<tr>
<td>Number with follow-up records</td>
<td>819</td>
<td></td>
</tr>
<tr>
<td>Percentage with Filter Retrieval, or Attempt at Retrieval</td>
<td>51.6%</td>
<td></td>
</tr>
<tr>
<td>Percentage not retrieved because No Follow-up Records Created</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Percentage not retrieved because Not Clinically Indicated</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Percentage not retrieved because Patient Declined</td>
<td>2.3%</td>
<td></td>
</tr>
<tr>
<td>Percentage not retrieved because Lost to Follow-Up</td>
<td>3.2%</td>
<td></td>
</tr>
<tr>
<td>Percentage not retrieved because Deemed Too Late for Removal</td>
<td>0.7%</td>
<td></td>
</tr>
<tr>
<td>Percentage not retrieved because Planned Later Removal</td>
<td>4.7%</td>
<td></td>
</tr>
<tr>
<td>Percentage not retrieved because No Reason Given</td>
<td>0.9%</td>
<td></td>
</tr>
</tbody>
</table>
IVC Filter Retrieval Reporting in Your Region (July 2019–June 2020)

Centers (centers with <10 cases not shown)

0 of 0 centers displayed

**”** Indicates center’s rate differs significantly from the regional rate.

IVC Filter Retrieval Reporting by Region Across VQI (July 2019–June 2020)

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

Scott Berman, MD
Tze-Woei Tan, MD
National VQI Update

Caroline Morgan, BSN
Clinical Operations
Number of Participating Centers

Location of VQI Participating Centers

943 VQI Centers
942 centers in North America
1 center in Singapore
<table>
<thead>
<tr>
<th>Total Procedures Captured</th>
<th>960,159 (as of 6/1/2022)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral Vascular Intervention</td>
<td>327,285</td>
</tr>
<tr>
<td>Carotid Endarterectomy</td>
<td>175,590</td>
</tr>
<tr>
<td>Infra-Inguinal Bypass</td>
<td>74,709</td>
</tr>
<tr>
<td>Endovascular AAA Repair</td>
<td>72,860</td>
</tr>
<tr>
<td>Hemodialysis Access</td>
<td>71,022</td>
</tr>
<tr>
<td>Carotid Artery Stent</td>
<td>75,378</td>
</tr>
<tr>
<td>Varicose Vein</td>
<td>54,483</td>
</tr>
<tr>
<td>Supra-Inguinal Bypass</td>
<td>24,019</td>
</tr>
<tr>
<td>Thoracic and Complex EVAR</td>
<td>25,143</td>
</tr>
<tr>
<td>Lower Extremity Amputations</td>
<td>25,162</td>
</tr>
<tr>
<td>IVC Filter</td>
<td>17,365</td>
</tr>
<tr>
<td>Open AAA Repair</td>
<td>16,418</td>
</tr>
<tr>
<td>Vascular Medicine Consult</td>
<td>641</td>
</tr>
<tr>
<td>Venous Stent</td>
<td>84</td>
</tr>
</tbody>
</table>

VQI Total Procedure Volume

(Through May 31, 2022)

Total Procedure Volume reflects net procedures added to the registry for the month
Save the Date!

2023 VQI Annual Meeting
June 13-14, 2023
Gaylord National Resort & Convention Center
National Harbor, MD (outside Washington, DC)
Visit the VAM Online Planner for access to all of the VQI@VAM videos!

1. Use the SVS login that you used to register for VQI@VAM.


3. Enjoy the recordings!
Welcome

Melissa Latus – Clinical Operations Program Manager

• Start Date July 11, 2022
• Cardiovascular Registered Nurse
• Registry experience ACS/NSQIP

Top Responsibilities:
Working with Registry Committees
RAC
Support for regional Meetings
Assist with answering Clinical Questions
Upcoming Infra/Supra Revisions Highlights

• Help text for majority of select options.
• Addition of planned vs unplanned amputations
• Harmonization of variables across like registries
• Addition of WiFi variables
• Expanded Claudication variables
• Revision of Return to OR variable help text
• Collection of graft details mirroring device collection in PVI
• Cloning between Infra, Supra and PVI

• Additional questions – cmorgan@svspso.org
VQI Corner

• Increased frequency of VQI PSO Webinars focused on registry releases/revisions

• Addition of Data Managers to Registry Committees

• Reminder: Regional Lead DM is a resource for VQI updates and questions

• Additional questions – cmorgan@svspso.org
VQI Report Schedule

Reminder:
Visit VQI.org for the most current VQI Reporting Schedule

https://www.vqi.org/resources/reporting/
RMVQI Regional Reports

RMVQI updated cut dates

• No impact until Fall 2023
• 4 months new data for Fall schedule and 8 months Spring 2024 schedule

<table>
<thead>
<tr>
<th>Report</th>
<th>Data Cut Date</th>
<th>Procedure Timeframe</th>
<th>LTF Procedure Timeframe</th>
<th>Notes</th>
<th>More notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>VQI Regional Quality Reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring 2023</td>
<td>1-Feb-23</td>
<td>CY 2022</td>
<td>CY 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall 2023 (All Regions expect RMV)</td>
<td>1-Aug-23</td>
<td>July 1, 2022 - June 30, 2023</td>
<td>July 1, 2020 - June 30, 2021</td>
<td>6 months of new data after Spring 2023</td>
<td>Spring 2024 gives 6 months of new data after Fall 2023</td>
</tr>
<tr>
<td>Fall 2023 RMV</td>
<td>1-Jun-23</td>
<td>May 1, 2022 - April 30, 2023</td>
<td>May 1, 2020 - April 30, 2021</td>
<td>4 months of new data after Spring 2023</td>
<td>Spring 2024 gives 8 months of new data after Fall 2023</td>
</tr>
<tr>
<td>Spring 2024</td>
<td>1-Feb-24</td>
<td>CY 2023</td>
<td>CY 2021</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Webinar Schedule**

**DISCLAIMER:** This is a “living” calendar of events subject to frequent updates and changes. Please visit [https://www.vqi.org/resources/webinars-events/](https://www.vqi.org/resources/webinars-events/) for the most up to date listing of webinars and events.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Webinar Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 14, 2022</td>
<td>2:00 PM ET</td>
<td>Device Assist</td>
</tr>
<tr>
<td>July 26, 2022</td>
<td>1:00 PM ET</td>
<td>SVS VQI Quarterly Quality Improvement Educational Webinars</td>
</tr>
<tr>
<td>Q3 2022</td>
<td>TBD</td>
<td>New VQI.Org Website Webinar</td>
</tr>
<tr>
<td>October 4, 2022</td>
<td>1:00 PM ET</td>
<td>SVS VQI Quarterly Quality Improvement Educational Webinars</td>
</tr>
<tr>
<td>10/11/2022</td>
<td>2:00 PM ET</td>
<td>SVS PSO Quarterly Charter Focus Call</td>
</tr>
<tr>
<td>Q4 2022</td>
<td>TBD</td>
<td>Help Text and Development Revision Webinar</td>
</tr>
<tr>
<td>Q4 2022 – Q1 2023</td>
<td>TBD</td>
<td>Infra / Supra Registry Revision Overview</td>
</tr>
<tr>
<td>January 31, 2023</td>
<td>1:00 PM ET</td>
<td>SVS VQI Quarterly Quality Improvement Educational Webinars</td>
</tr>
<tr>
<td>1/17/2023</td>
<td>2:00 PM ET</td>
<td>SVS PSO Quarterly Charter Focus Call</td>
</tr>
</tbody>
</table>
Please visit the Pathways Support Tab/Training Schedule for upcoming events and to register for requested training

PATHWAYS 101: Introduction to PATHWAYS Functional Training – Twice per month (2\textsuperscript{nd} & 4\textsuperscript{th} Wednesdays)

PATHWAYS 102: Introduction to PATHWAYS Follow-up and Reporting Tools - Quarterly
Hashtag Projects

• Any new hashtag projects submitted as of July 18, 2022, must follow the # format seen below in order to have a BDS provided.

# [Tag:value]

• Multiple hashtags can be entered in the comments box if they are separated by at least one space.

• Project owners are responsible for ensuring that the tags and values are correctly entered.

• If keystroke errors occur, centers may revise the record accordingly and request a revised data set.
Des Moines University is the continuing education provider for this activity.

The attendance roster will be cross-referenced with those applying for CME/CE. Sign in correctly.

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.

PSO leadership is providing continuing education credit to you at no charge!

If you do not complete and submit the online forms within 7 days, continuing education credit cannot be awarded.
REMEMBER TO PSO:

• **P**UT your FULL NAME in RingCentral to get credit for attendance and CME/CE credit (no exceptions will be made)

• **S**END an email to ljohnson@svspso.org with names of group members that are sharing 1 device

• **O**FFICIALLY apply for CME/CE credit by clicking this link:
  https://dmu.co1.qualtrics.com/jfe/form/SV_25pqp79BVIz4qyO

You only have **7 days** to complete forms for CME/CE Credit.
NO EMAIL WILL BE SENT AS A REMINDER OR WITH THE CME/CE LINK
Quality Improvement Update
Fall 2022

Dr. Betsy Wymer, DNP, RN, RN-BC
Director Quality
Trainee Program

FIT Roadmap

Application Process:
- personal statement
- career interest/goal, project area
- 2 LOR and letter of good standing from PD

Mentor matching:
- discuss goals, project ideas, career

Submission to Research Advisory Committee:
- and local IRB
- refinement as needed

Committee review/selection

Initial meetings with mentor and project selection:
- milestone meetings

Data analysis and project write-up:
- Publication and presentation

VQI @ VAM/awards selection including Jack Cronenwett MD scholarship
# 2022-2023 FIT List

<table>
<thead>
<tr>
<th>FIT Mentors</th>
<th>FIT Trainees</th>
<th>Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Deery</td>
<td>Aarathi Minisandram</td>
<td>Maine Medical Center</td>
</tr>
<tr>
<td>Graham Roche-Nagle</td>
<td>Ben Li</td>
<td>Toronto General Hospital</td>
</tr>
<tr>
<td>Sarah Zetervall</td>
<td>Blake Murphy</td>
<td>University of Washington Medical Center</td>
</tr>
<tr>
<td>Phil Goodney</td>
<td>Brianna Krafcik</td>
<td>Dartmouth Hitchcock Medical Center</td>
</tr>
<tr>
<td>Benjamin Brooke</td>
<td>Caronae Howell</td>
<td>The University of Arizona/University of Utah</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital and Clinics</td>
</tr>
<tr>
<td>Shihuan K Wang</td>
<td>Channa Blakely</td>
<td>UTMB Health/Memorial Hermann Texas Medical Center</td>
</tr>
<tr>
<td>Danny Bertges</td>
<td>Christine Kariya</td>
<td>University of Vermont Medical Center</td>
</tr>
<tr>
<td>Adam Beck</td>
<td>Claire Motyl</td>
<td>University of Alabama Medical Center</td>
</tr>
<tr>
<td>Michael Murphy</td>
<td>Hanaa Dakour Aridi</td>
<td>IU Health – Methodist</td>
</tr>
<tr>
<td>Edward Gifford</td>
<td>Laura Healy</td>
<td>Hartford Hospital University of Connecticut</td>
</tr>
<tr>
<td>Eleftherios Xenos</td>
<td>Lauren Grimsley</td>
<td>UK Healthcare</td>
</tr>
<tr>
<td>Kyla Bennett</td>
<td>Leah Gober</td>
<td>University of Wisconsin Hospitals and Clinics Authority</td>
</tr>
<tr>
<td>Karan Garg</td>
<td>Rae Rokosh</td>
<td>NYU Langone Health</td>
</tr>
<tr>
<td>Beau Hawkins</td>
<td>Razan Elsayed</td>
<td>OU Medical Center</td>
</tr>
<tr>
<td>Mitchell Cox</td>
<td>Roberto Loanzonz</td>
<td>Duke University Health System</td>
</tr>
<tr>
<td>Nikoaloas Zacharias</td>
<td>Srihari Kumar Lella</td>
<td>Massachusetts General Hospital</td>
</tr>
</tbody>
</table>
Trainee Program

- January 2023 - Next Trainee application and JLC Award Submission
- February 28, 2023 – Deadline for Trainee Applications and JLC Award Submissions
- March-April 15, 2023 – Review of Applicants and Scoring by SRC
- April 15-May 30, 2023 – Review and Ranking of JLC Award Submissions
- June 2023 – Announcement of FIT Trainees and JLC Awards

Participation Award Results

University of Utah Hospital and Clinics
Pima Vascular
St. Luke's Health System, Ltd.
University of Colorado, Denver

University of Arizona Medical Center
Mayo Clinic Arizona
Banner Desert Medical Center
Utah Valley Hospital
Intermountain Medical Center
St. George Regional Hospital

HonorHealth Scottsdale Thompson Peak Medical Center

Congratulations!
The four domains for the 2022 Participation Awards criteria:

Domain 1 – LTFU – 40% weighted
Domain 2 – Regional Meeting Attendance – 30% weighted
Domain 3 – QI Project – 20% weighted
Domain 4 – Registry Subscriptions – 10% weighted

The final score is calculated as follows:

Total points = 4 x LTFU score + 3 x Attendance score + 2 x QI score + 1 x registry score
Participation Points Update

- **Domain – Regional Meeting attendance – 30% weighted**
  - Credit will be given for remote attendance since virtual and hybrid meetings will be an option for the 2022 meetings due to the ongoing COVID pandemic.
  - Each regional meeting will be scored on a 0–3-point scale:
    - For centers with 3 or more MDs, 1 point for each **MD attending**, up to a max of 3 points
    - If site has only 2 MDs and 1 **MD attends**, 2 points
    - If site has <3 MDs and all **MDs attend**, 3 points
    - Support staff (Fellows, Residents, Physician Assistants, Nurse Practitioners, et. al., **those with an ACTIVE Pathways account**) will receive a maximum of 1 point regardless of MD attendance. Ex – if 1, 3, or 5... support staff at a center attends a meeting, the center will get 1 point.
    - Regional medical directors and regional lead data managers will each receive one additional point, for a maximum of 6 regional meeting attendance points.
    - The host site will get 1 extra point this includes on-site and/or off-site).
Quality Improvement Update

• QI Toolkits
  – LTFU to be developed
  – DM to be developed
• Monthly Newsletter
• Quarterly QI Webinars
• Quarterly Focus Charter Calls
• Quarterly Regional Lead Data Manager Calls
• 1:1 Meetings
• https://www.vqi.org/quality-improvement/
Arterial Quality Council:
Benjamin Brooke, MD, PhD
• Bi-monthly AQC meetings
  – Last meeting 7/11/2022
  – Next meeting 9/12/2022
• Discussion of harmonization of Chronic Anticoagulation across most registries
• Review of the Infra/Supra major revisions
• Open AAA Major Revision Discussion
  – Include Open Supra Renal; extend to the arch?
Venous Quality Council:
Brigitte K Smith, MD
Fall 2022 VQC Update

• Bi-monthly VQC Meetings
  – Next meeting 10/13/2022
  – Reviving of Venous Registry Committees

• AVF meeting
  February 23rd - 26th, 2022

Ideas for Venous Registry Specific Metrics:
  – Anticoagulation after venous stents?
  – C2 disease for varicose veins?
  – IVC temporary filter retrieval?
  – IDEAS???
Arterial Research Advisory Council:
Benjamin Brooke, MD, PhD
Arterial RAC Resources


---

Data Analysis Updates

- National RAC Submissions Link
- Latest RAC Approved Project List

---

NEW SVS PSO Instructional Videos for Requesting VQI Data

- [Requesting VQI Data - Part 1](#)
Arterial RAC Schedule

August 2022
Call for Proposals – June 20, 2022
Submission Deadline – July 22, 2022
Meetings – August 8, 2022

October 2022
Call for Proposals – August 15, 2022
Submission Deadline – September 22, 2022
Meetings – October 10, 2022

December 2022
Call for Proposals – October 17, 2022
Submission Deadline – November 23, 2022
Meetings – December, 12, 2022

Venous Research Advisory Council:
Benjamin Brooke, MD, PhD
Submitting a Venous RAC Proposal

Presentation: How to Submit a Venous RAC Proposal (By Dr. Jaime Benarroch-Gampel)
National Venous RAC


Data Analysis

National Venous RAC Schedule

Submissions are made separately to the National Arterial RAC and the National Venous RAC – see the schedule below and the link to Abstracts123: http://abstracts123.com/svs1/

(If you do not have a login for Abstracts123, you can create one through the same link)

Bi-Monthly Schedule for National Venous RAC Proposal Submissions
Governing Council:
Scott Berman, MD
Fall 2022 GC Update

• Last meeting June 17, 2022
• Publicizing Registry Participation by Site Discussion
• Update on expansion of TCAR
  • Expanded coverage for Transcarotid Artery Revascularization (TCAR) to include standard surgical risk patients within the VQI TCAR Surveillance Project.
• Update on the addition of Cedaron as a VQI reseller
  • Software solution that automates data collection and validation at the point of care
• Continued discussion on PSO Risk Calculator
  • Will reside on the PSO Website w/ possible app for easier accessibility
Open Nominations

• AMD
  – RMVQI AMD Nomination Link: https://www.surveymonkey.com/r/RMVQI_NomAMD_Spring2022
  – Open 7/15 – 7/22

• Venous RAC
  – RMVQI Venous RAC Chair Nomination Link: https://www.surveymonkey.com/r/RMVQI_Nom_VRAC_Spring2022
  – Open 7/15 – 7/22
RMVQI 2023 Spring Regional Meeting

- Date
- Location
Meeting Attendance Credit

REMEMBER TO PSO:

• **P**UT your FULL NAME in RingCentral to get credit for attendance and CME/CE credit (no exceptions will be made)

• **S**END an email to lj johnson@svspso.org with names of group members that are sharing 1 device

• **O**FFICIALLY apply for CME/CE credit by clicking this link: https://dmu.co1.qualtrics.com/jfe/form/SV_25ppp79BV1z4qyO

You only have **7 days** to complete forms for CME/CE Credit.

NO EMAIL WILL BE SENT AS A REMINDER OR WITH THE CME/CE LINK