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Rocky Mountain Vascular Quality Initiative

March 18, 2022

11:00 AM – 3:00 PM MT

Hybrid

SVS | Society for Vascular Surgery | American Venous Forum | fivos | Society for Vascular Medicine | VASA | SVU

Meeting Attendance Credit

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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: We do give credit to residents/fellows that don't have a PATHWAYS user account !!!**

Sign in with your Full name, MD, Name of Institution

Appreciation and Thanks

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- Scott Berman, MD - Regional Medical Director
- Tze-Woei Tan, MD - Regional Associate Medical Director
- Megon Berman - Regional Lead Data Manager
- Jens Jorgensen, MD - SVS PSO Medical Director
- Kristopher Huffman - Director Analytics & Analytic Team
- Leka Johnson - Quality Improvement Specialist
- Betsy Wymer - SVS PSO Director of Quality
- SVS PSO Staff

Site Profile

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- Please routinely review your Center Characteristics for accuracy
- For those who have left your facility, please change their status to inactive and maintain current email addresses

Admin

Admin > Center Characteristics

Medical Center Name & Address

Medical Center Name: Please select a Medical Center Name
Initials:
Country: Select
Address 1:
Address 2:
City:
State/Province: Select
Zip/Postal Code:

Medical Center Details

Tax ID Number (TIN): N/A
AHA Number: N/A
Medicare Hospital ID: N/A
Type of Contracting Entity: Select
Ownership Status: Select
Size of Metropolitan Area: Select
Electronic Medical Record System: Select

Medical Center Contacts

Lead Hospital Manager: Select Email Address: Phone Number:
Lead Physician: Select Email Address: Phone Number:

	First Name	Last Name	Phone Number	Email Address
Quality Officer				
Financial Officer				
Department Chair				

Cancel | Verify/Update

Agenda – March 18, 2022

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Time	Topic	CE Credit
11:00 am	Welcome	No
11:05am	Regional Data Review – Scott Berman, MD, (Region) Medical Director Learning Objectives: • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • Interpret and compare each centers' VQI results to regional and national benchmarked data. • Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes. • Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	Yes
12:05pm	Regional QI Proposal – Scott Berman, MD, (Region) Medical Director Learning Objectives: • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • Interpret and compare each centers' VQI results to regional and national benchmarked data. • Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes. • Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	Yes

Agenda (cont.)

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Time	Topic	CE Credit
12:35pm	National VQI Update – PSO Staff Member Name and Title Learning Objectives: • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	Yes
1:05pm	AQC Update – Benjamin Brooke, MD	No
1:10pm	VQC Update – Brigitte K Smith, MD	No
1:15pm	RAC Update – Benjamin Brooke, MD	No
1:20pm	Governing Council Update – Scott Berman, MD	No
1:25pm	Case Presentations	No
1:30pm	Open Discussion/Next Meeting/Meeting Evaluation	No

Disclosure

No presenter has a disclosure or conflict of interest to report.

Welcome and Introductions

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

Dr. Caronae Howell, MD

The University of Arizona

University of Utah Hospital and Clinics

Introduction to The Vascular Quality Initiative Quality Fellowship-in-Training Program (VQI Quality-FIT)

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Overview

1

VQI Quality-FIT Basics

Program Leadership

Current Trainees + Mentors

Program Goals

Program Themes

Quality-FIT Roadmap and Timeline

Milestones

My Project

VQI Quality-FIT Basics

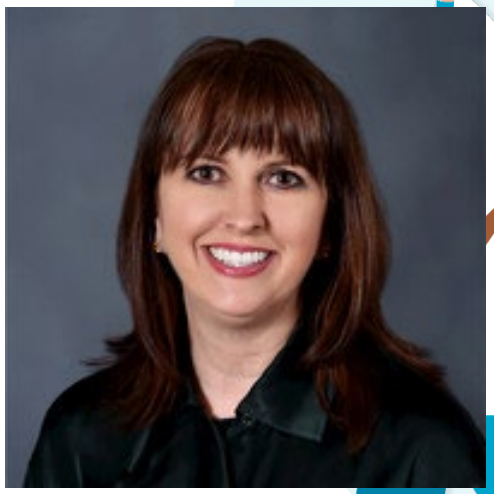
- 12-18 month pilot program for trainees (Vascular surgery, General surgery, Interventional cardiology, Vascular medicine)
- Designed as an intro to outcomes/quality research using Patient Safety Organization (PSO) data and resources
- Trainees matched with mentor based on project/interests

Program Leadership

Dr. Gary Lemmon, MD (Program Director)

Dr. Brigitte Smith, MD (Program Director)

Betsy Wymer, RN, MSN, DNP (Program Coordinator/VQI Director of Quality)



Trainees and Mentors

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

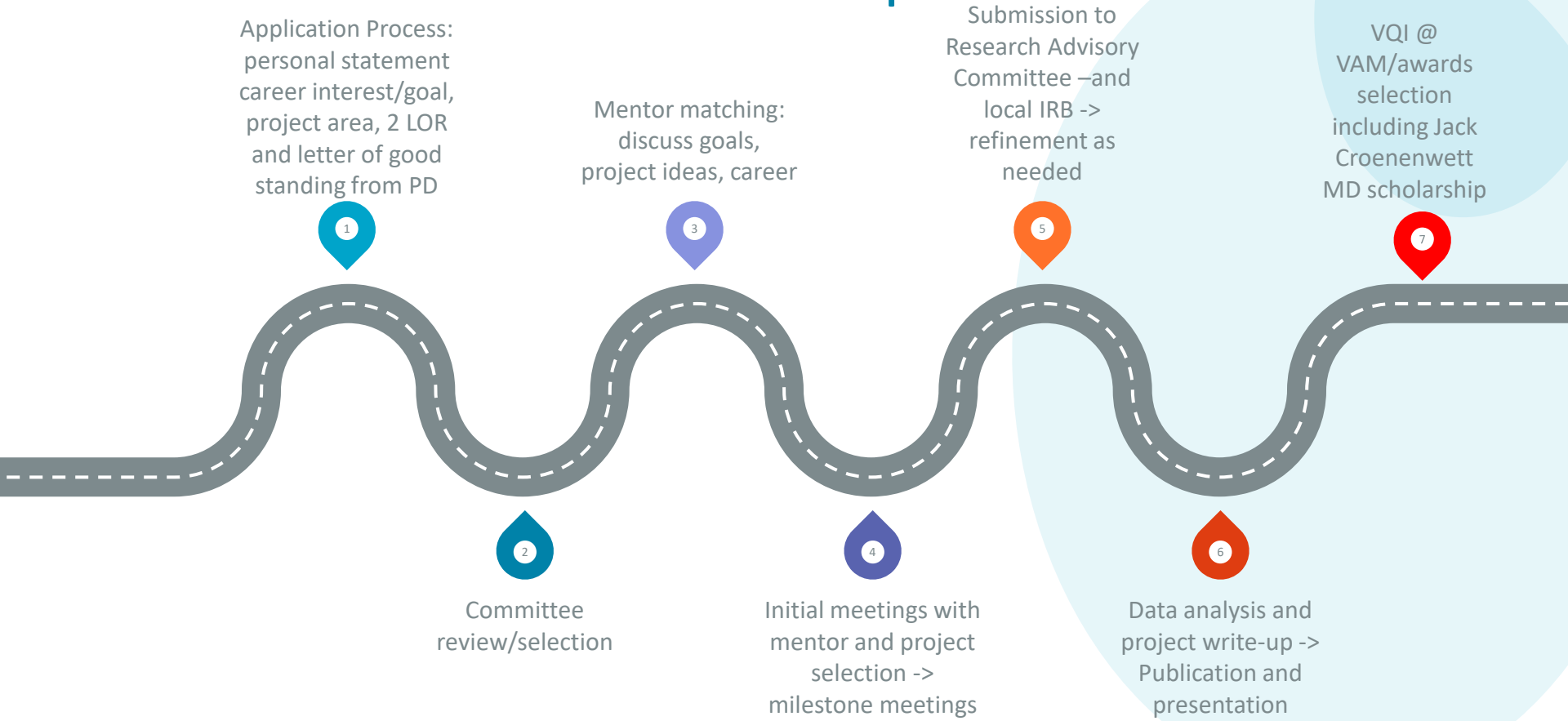
Program Goals

“Fostering an understanding of quality processes and metrics among vascular residents and fellows (‘trainees’) through mentorship in the VQI, in collaboration with the Association of Program Directors in Vascular Surgery (APDVS), American College of Cardiology, and Society for Vascular Medicine.”

Program Themes

- Use registry data from trainee/mentor center
- Flexible structure
  - QA/QI education, methodology and stats instruction, regional/national meetings
- Key milestones
  - Biannual mentorship meetings

FIT Roadmap


Application Process: personal statement career interest/goal, project area, 2 LOR and letter of good standing from PD
1
Committee review/selection
2
Mentor matching: discuss goals, project ideas, career
3
Initial meetings with mentor and project selection -> milestone meetings
4
Submission to Research Advisory Committee –and local IRB -> refinement as needed
5
Data analysis and project write-up -> Publication and presentation
6
VQI @ VAM/awards selection including Jack Croenenwett MD scholarship
7

FIT Timeline

January, 2022

Applicant selection and program start

Spring/summer/fall 2022

Research and data analysis

June, 2023

VQI @ VAM or other meetings

Milestones: QI

Quality Improvement Checklist				
Level 1	Level 2	Level 3	Level 4	Level 5
Introduction VQI-Web Portal info (members only login) Mentor led review of variables/definitions LTFU parameters and mandatory fields Local Data Manager introduction	Acquire Knowledge Review of local data/QI with Mentor and DM Knowledge of Quality Charter build Regional meeting prep call (ad hoc)	Familiarity with VQI Existing Quality Charters and QI projects (website) Participate in Quality Charter build at local/regional level	Participates Demonstrate skills for use of Registry data to develop QI project Initiate Quality Charter or QI project Publication with VQI data (minor role)	Leads National QI at center/regional level Presents QI/QC at regional/national meeting Publication with VQI data (major role)

Milestones: Patient Safety

Patient Safety Checklist				
Level 1	Level 2	Level 3	Level 4	Level 5
Introduction PSO Organizational Chart Pathways website and Analytic Engine Reports Audible bleeding: RAC introduction	Acquire Knowledge Interpret Registry reports for Quality Improvement Review existing RAC projects GC meeting attendance (ad hoc) Attend Regional Study Group	Familiarity with PSO Present comparative data at Regional Study Group SQUIRE 2.0 guidelines and RAC requirements for research RAC journal club	Participates Regional Project for Venous or Arterial RAC-new Join existing RAC project-analysis	Leads Abstract submission for VQI@VAM Podium presentation of RAC research RAC research publication (major role)

My Project

Mentor: Dr. Benjamin Brooke, MD (University of Utah)

Areas of interest: Limb salvage in racial/ethnic minorities, microvascular disease, run-off patterns, disparities in access to care

Title: Patterns of Diseased-vessel Distribution in Racial/Ethnic Minorities with CLTI (preliminary)

Registries: Peripheral Vascular Intervention (PVI), Lower Extremity Amputation (LEAMP), Infra-inguinal bypass (INFRA)

SALSA
SOUTHERN ARIZONA LIMB SALVAGE ALLIANCE
University Medical Center, Tucson

THANKS!

Any questions?

You can find me at:

- Caronae.howell@bannerhealth.com

Regional Improvement Projects

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Current Quality Improvement Charters

- Relationship Between Pre-operative Frailty Assessment and long-term outcomes following vascular surgery
  - University of Utah; Julie Beckstrom
- Documentation - LOS CEA and EVAR
  - Pima Vascular; Megon Berman
- PRO & ABI
  - Pima Vascular; Megon Berman

#Frailty – PI: Larry Kraiss, MD, FACS

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Using the **Clinical Frailty Scale**, assess the relationship between pre-operative frailty assessment and long-term outcomes following vascular surgery.

Feb 2022 Hashtag Pull:

- 1,665 Procedure
- 675 LTF
- 336 Paired Procedure & LTF

Clinical Frailty Scale

1 Very Fit – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.

2 Well – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.

3 Managing Well – People whose medical problems are well controlled, but are not regularly active beyond routine walking.

4 Vulnerable – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up", and/or being tired during the day.

5 Mildly Frail – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

6 Moderately Frail – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.

7 Severely Frail – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).

8 Very Severely Frail – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.

9 Terminally Ill – Approaching the end of life. This category applies to people with a life expectancy <6 months, who are not otherwise evidently frail.

Scoring frailty in people with dementia

The degree of frailty corresponds to the degree of

4 Participating Rocky Mountain Region Center:

- University of Utah
- St. Vincent Healthcare
- PIMA Heart & Vascular
- University of Arizona

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Pima Heart & Vascular QOL PRO Project Update

- Cases Where intervention performed for claudication only, NO CLI.
- VascuQOL 6 used preop, short term postop (up to 3 months) & 1 year postop
- Short term postop ABI collection

Date Range 10/1/2019-12/31/2021		
Eligible Cases	451	100%
Male	283	63%
Female	168	37%
OP	90	20%
IP	57	13%
OBL	304	67%
Fall outs (repeat ipsilateral intervention during FU period)	87	19%

Pima Heart & Vascular QOL PRO Project Update

Of Remaining 343(not including fallouts)		
Preop score documented	97	28%
Early postop score documented	62	18%
1 yr postop score documented	24	7%
Early postop ABI documented	160	47%

Pima Heart & Vascular QOL PRO Project Update

Preop ABI Collection Rate Before & After Implementation of QI Project	
2019	52%
2020-2021	73%

Pima Heart & Vascular LOS Hashtag Project Update

- Began June 1, 2021
- Captures EVAR postop LOS>2d and CEA postop LOS >1d with complications listed as "none" due to lack of appropriate option on current postop form.
- **#[LOS:REL]**
- **#[LOS:CLIN]**
- **#[LOS:NONCLIN]**

	LOS over expected value	Total non-ruptured EVAR/asx CEA	%	Reason for extended stay
CEA	2	40	5%	1 Clinical Related (chest pain, spontaneously resolved w/o any associated dx); 1 Clinical Non Related (c-diff & UTI)
EVAR	3	39	8%	2 Clinical Related (urinary retention & postop hypotension); 1 Clinical Non-related (stayed for dialysis/ESRD pt)

Spring Regional Reports

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Scott Berman, MD

VQI Regional Quality Report

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Spring 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.

Spring Regional Reports

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Important Notes

- All results are based on data entered into the VQI as of January 31, 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.

Important Updates

The following updates have been implemented to enhance and improve the Spring 2022 VQI Regional Quality Report:

- Number of Centers Displayed
  - All center-variation bar charts now show the number of centers displayed in the chart, as well as the total number of centers in the region contributing data to the associated report.

- Updated Region Volume Appendix
  - The Region Volume Appendix now contains entries for the “Procedure Volume” and “Procedure Volume, All Years” reports.

Spring 2022 Important Report Updates:

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Report-Specific Updates

The following report-specific updates have been implemented to enhance and improve the specified report(s):

- TFEM CAS
  - Changed inclusion/exclusion criteria – Procedures with an approach of either Brachial or Radial are now included in both ASYMP and SYMP reports.
- EVAR: SVS Sac Size Guideline
  - Nomenclature change to "EVAR: SVS AAA Diameter Guideline". No changes to the report itself.

Dashboard

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Dashboard

The dashboard provides a high-level summarization of your center's results for each of 25 reports, and gives both regional and VQI-wide benchmarks for comparison. The "Your Center" column gives the percentage of your center's cases with the noted outcome. Numbers in parentheses give the number of cases with the outcome and the total number of cases meeting the inclusion criteria for that report. The "Your Region" and "VQI Overall" columns give the aggregate percentage of cases with the noted outcome, as well as the 10th, 25th, 50th (median), 75th, and 90th percentiles for centers in your region and VQI, respectively ([10th|25th|50th|75th|90th]). Your center's results are highlighted blue if your center is in the "top" 25th percentile for VQI Overall, and coral if your center is in the "bottom" 25th percentile for VQI Overall.

For details on a particular report, click on the report name in the table of contents on the left.

Legend: Blue = "Top" 25th percentile **Coral = "Bottom" 25th percentile**

Note that procedure volume results are not highlighted.

RMVQI Regional Dashboard

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Procedure Group	Outcome	Your Center	Your Region	VQI Overall
All	Procedure Volume		[12 | 19 | 100 | 196 | 252]	[7 | 19 | 76 | 203 | 413]
	Procedure Volume, All Years		[19 | 51 | 229 | 1034 | 2280]	[12 | 47 | 266 | 1294 | 3153]
Multiple	Long-Term Follow-up		52.8% [5 | 43 | 62 | 77 | 95]	71.1% [0 | 37 | 73 | 89 | 96]
	Discharge Medications		82.3% [67 | 78 | 89 | 95 | 100]	86.1% [73 | 82 | 90 | 97 | 100]
TFEM CAS ASYMP	Stroke/Death		0% [0 | 0 | 0 | 0 | 0]	1.7% [0 | 0 | 0 | 0 | 3]
TFEM CAS SYMP	Stroke/Death		1.8% [0 | 0 | 0 | 0 | 0]	4.7% [0 | 0 | 0 | 0 | 13]
TCAR ASYMP	Stroke/Death		1.7% [0 | 0 | 0 | 0 | 4]	1.3% [0 | 0 | 0 | 0 | 4]
TCAR SYMP	Stroke/Death		3.5% [0 | 0 | 0 | 0 | 16]	2.6% [0 | 0 | 0 | 0 | 10]
CEA ASYMP	Stroke/Death		1.5% [0 | 0 | 0 | 0 | 7]	0.9% [0 | 0 | 0 | 0 | 3]
	Postop LOS>1 Day		22.2% [0 | 10 | 18 | 26 | 47]	21.7% [0 | 11 | 20 | 32 | 50]
CEA SYMP	Stroke/Death		1.8% [0 | 0 | 0 | 0 | 6]	2.2% [0 | 0 | 0 | 0 | 8]
	Postop LOS>1 Day		41.8% [14 | 36 | 45 | 53 | 75]	40.8% [0 | 25 | 40 | 56 | 75]
EVAR	Postop LOS>2 Days		9.7% [0 | 0 | 7 | 14 | 15]	16.7% [0 | 7 | 15 | 23 | 34]
	Sac Diameter Reporting		42.2% [0 | 31 | 52 | 69 | 89]	58% [0 | 38 | 60 | 77 | 87]
	SVS AAA Diameter Guideline		73.2% [52 | 65 | 69 | 80 | 85]	75.3% [50 | 64 | 76 | 86 | 100]
TEVAR	Sac Diameter Reporting		55.6% [39 | 52 | 60 | 70 | 76]	59.3% [0 | 33 | 58 | 78 | 94]
OAAA	In-Hospital Mortality		4.5% [0 | 0 | 0 | 7 | 13]	4.2% [0 | 0 | 0 | 7 | 15]
	SVS Cell-Saver Guideline		94.7% [84 | 94 | 96 | 100 | 100]	92.4% [73 | 89 | 98 | 100 | 100]
	SVS Iliac Inflow Guideline		97.1% [92 | 97 | 100 | 100 | 100]	97.6% [92 | 98 | 100 | 100 | 100]
PVI CLAUD	ABI/Toe Pressure		63.2% [33 | 53 | 72 | 90 | 100]	74.8% [39 | 63 | 82 | 93 | 100]
INFRA CLTI	Major Complications		2.8% [0 | 0 | 0 | 2 | 6]	4.9% [0 | 0 | 3 | 7 | 12]
SUPRA CLTI	Major Complications		9.6% [0 | 0 | 0 | 38 | 64]	8.1% [0 | 0 | 0 | 12 | 25]
LEAMP	Postop Complications		8.6% [2 | 4 | 7 | 13 | 22]	11.7% [0 | 3 | 8 | 15 | 21]
HDA	Primary AVF vs. Graft		87.1% [69 | 78 | 90 | 95 | 97]	82.4% [64 | 73 | 84 | 91 | 100]
IVCF	Filter Retrieval Reporting		NA (<3 centers)	54.5% [9 | 31 | 52 | 72 | 87]

RMVQI Volume Appendix

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Spring 2022

About the Appendix

The Region Volume Appendix provides your region's case volumes for each report. In addition, the number of centers with cases contributing to each report is given. Note that columns referencing complete cases are appropriately left blank for non risk-adjusted reports.

Report	Included Cases	Centers with Included Cases	Centers with at least 10 Included Cases	Complete Cases	Centers with Complete Cases	Centers with at least 10 Complete Cases
Procedure Volume	6352	46	41			
Procedure Volume, All Years	41384	51	47			
Long-Term Follow-up	5045	34	29			
Discharge Medications	4825	44	39			
TFEM CAS ASYMP: Stroke/Death	87	13	2	82	13	2
TFEM CAS SYMP: Stroke/Death	55	12	1	53	12	1
TCAR ASYMP: Stroke/Death	302	27	11	282	27	10
TCAR SYMP: Stroke/Death	171	25	9	163	25	8
CEA ASYMP: Stroke/Death	397	22	15	382	22	15
CEA ASYMP: Postop LOS>1 Day	397	22	15	382	22	15
CEA SYMP: Stroke/Death	275	21	12	264	21	12
CEA SYMP: Postop LOS>1 Day	275	21	12	264	21	12
EVAR: Postop LOS>2 Days	485	23	18	461	23	17
EVAR: Sac Diameter Reporting	445	20	18			
EVAR: SVS AAA Diameter Guideline	441	23	17			
TEVAR: Sac Diameter Reporting	72	7	4			
OAAA: In-Hospital Mortality	224	16	8	221	16	8
OAAA: SVS Cell-Saver Guideline	228	16	8			
OAAA: SVS Iliac Inflow Guideline	273	16	10			
PVI CLAUD: ABI/Toe Pressure	863	21	17			
INFRA CLTI: Major Complications	250	15	10			
SUPRA CLTI: Major Complications	52	10	1			
LEAMP: Postop Complications	105	4	4			
HDA: Primary AVF vs. Graft	340	8	7			
IVCF: Filter Retrieval Reporting	0	0	0			

Procedure Volume

Procedures performed between January 1 and December 31, 2021

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

	Your Center (N)	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)		765	15409
CEA		791	17679
EVAR		529	7653
HDA		437	5978
INFRA		347	6789
IVCF		NA (<3 centers)	1322
LEAMP		105	3085
OAAA		71	1283
PVI		2307	43995
SUPRA		77	1870
TEVAR		147	3163
Varicose Veins		776	5991
Overall (Jan-Dec 2021)		6352	114217
Overall (Jan-Dec 2020)		6728	111113

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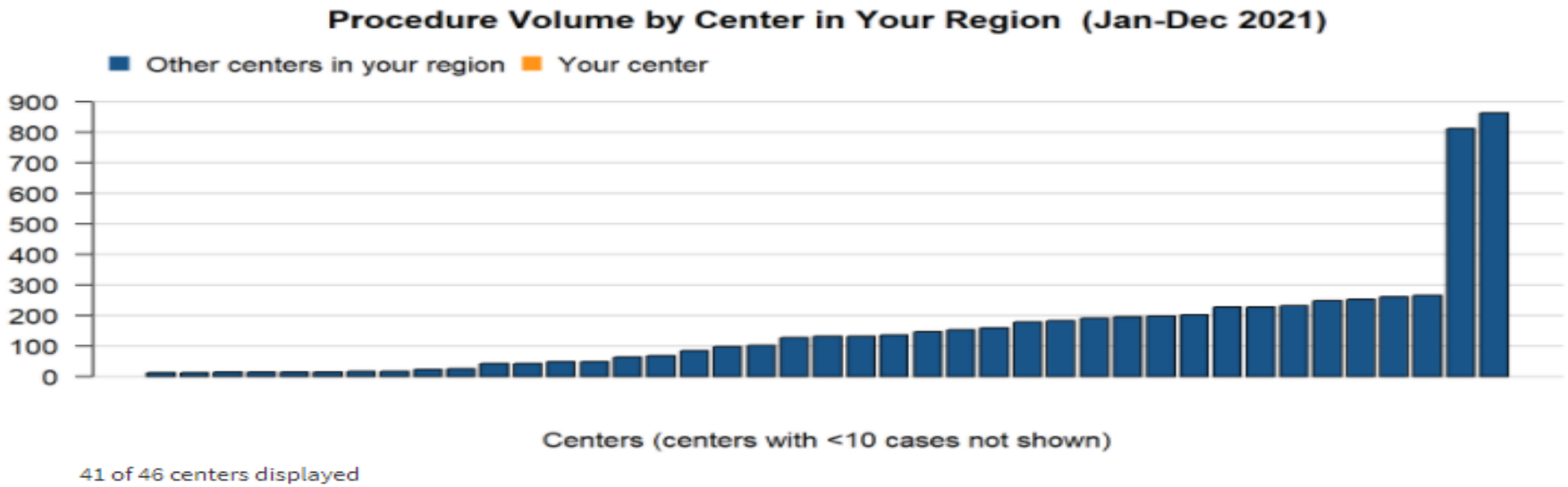

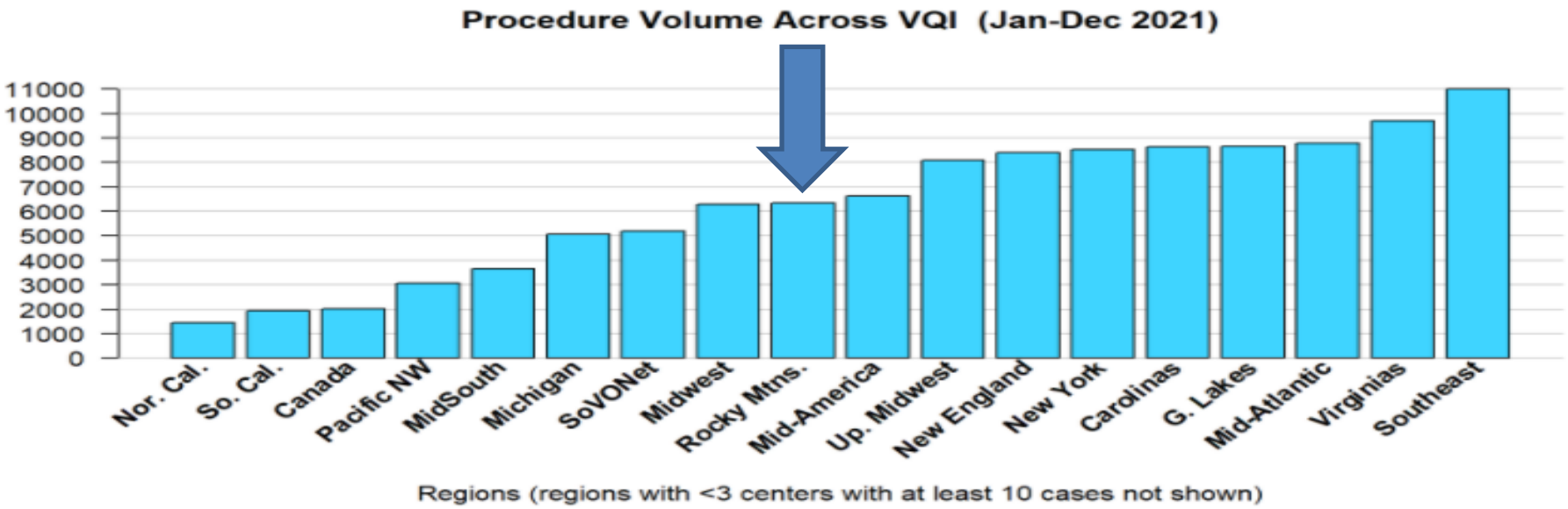

Procedure Volume, All Years

Includes all procedures with procedure date through December 31, 2021

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

	Your Center (N)	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)		2793	66792
CEA		6571	167675
EVAR		3928	67929
HDA		4123	66228
INFRA		2678	70209
IVCF		NA (<3 centers)	16522
LEAMP		463	23123
OAAA		736	15617
PVI		14319	299452
SUPRA		805	22545
TEVAR		750	22625
Varicose Veins		4218	50680
Overall		41384	889397

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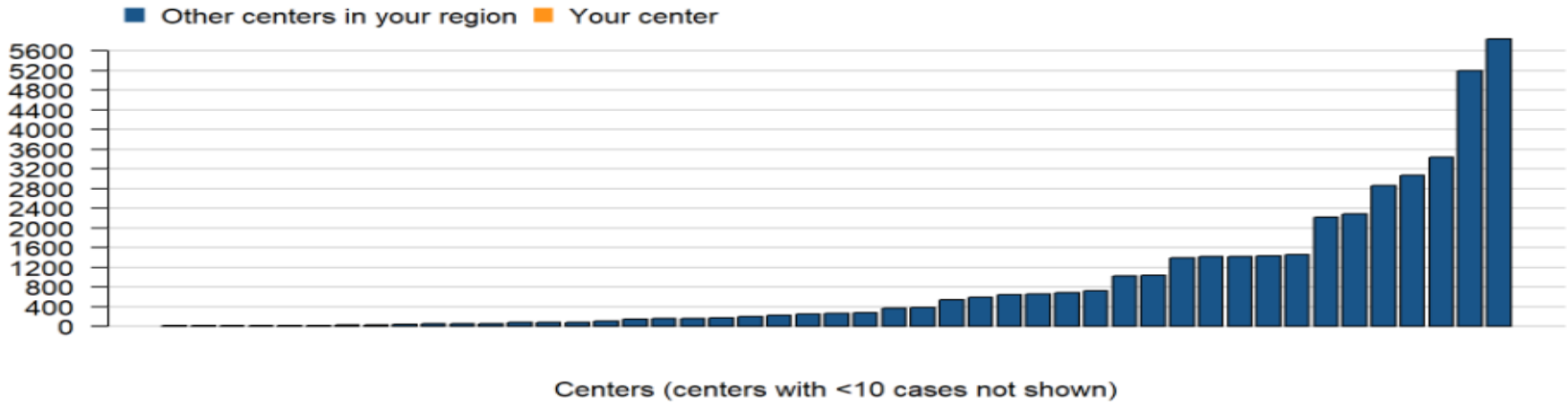
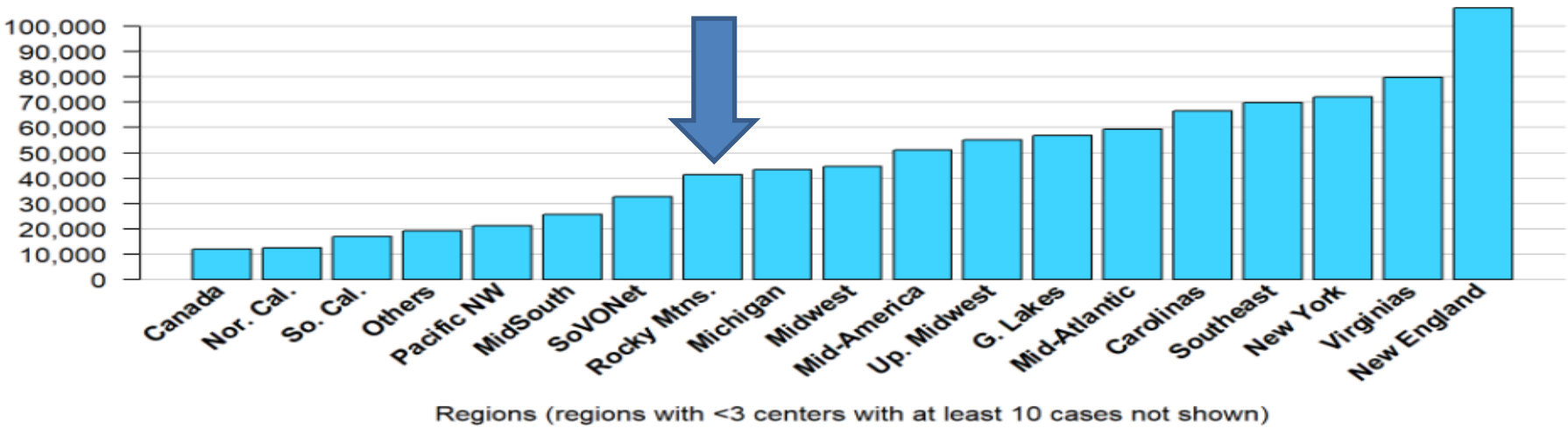
Procedure Volume by Center in Your Region (Through Dec 2021)



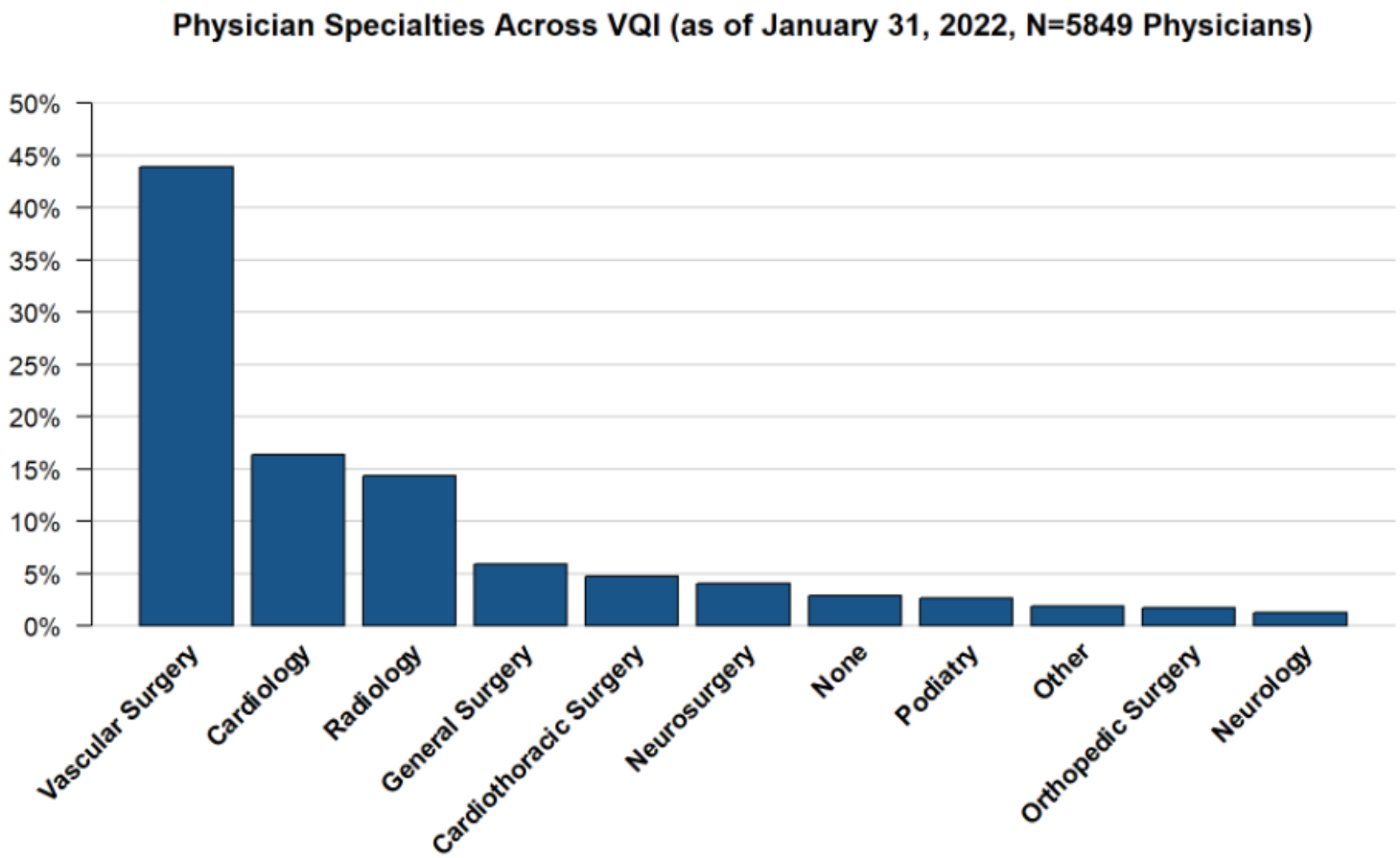
47 of 51 centers displayed

Procedure Volume Across VQI (Through Dec 2021)

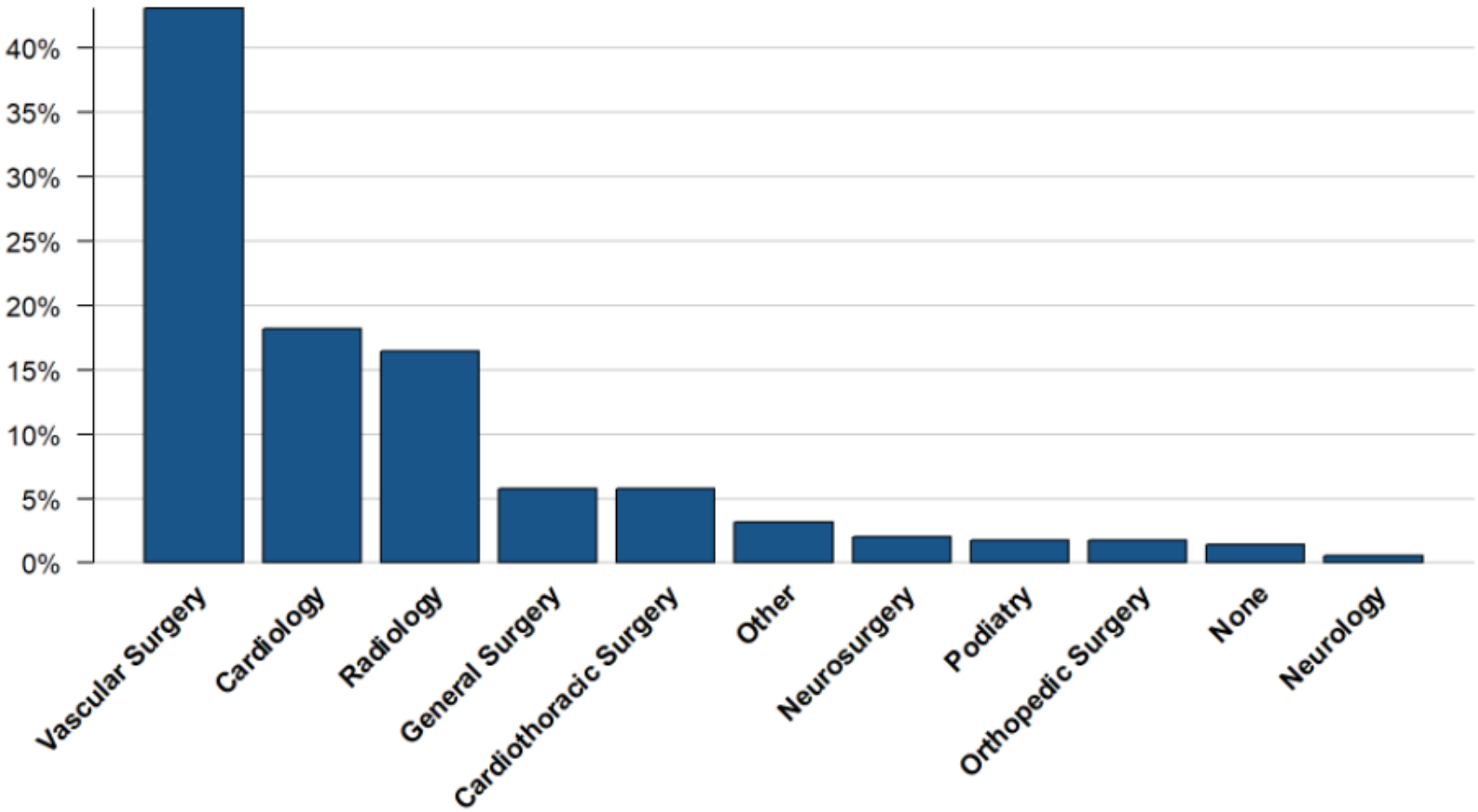


"Others" indicates centers that do not belong to a regional group.

Physician Specialties



Physician Specialties Across Your Region (as of January 31, 2022, N=346 Physicians)



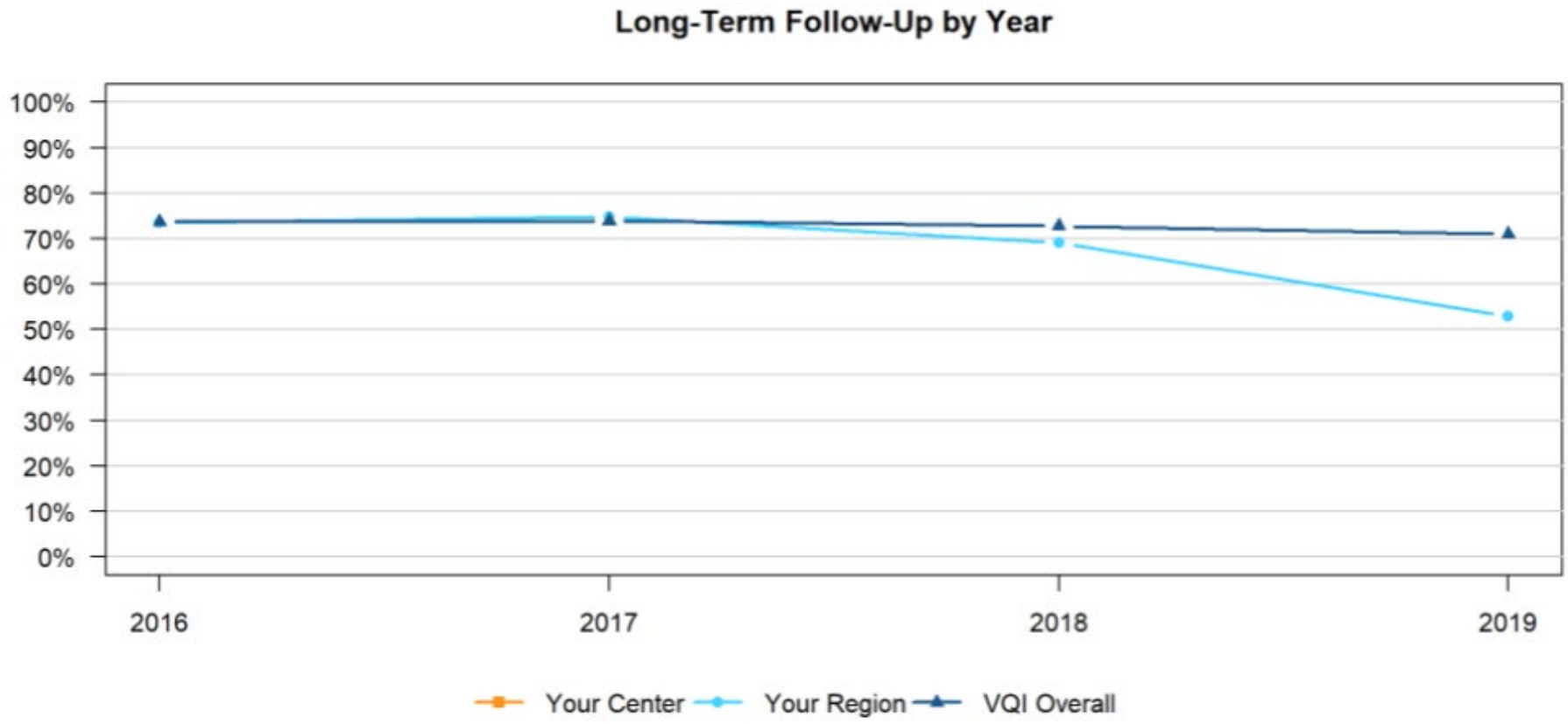
Long-Term Follow-up

Procedures performed between January 1 and December 31, 2019

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.

	Your Center	Your Region	VQI Overall
CAS		445 (59%)	11358 (66%)
CEA		828 (57%)	19463 (73%)
EVAR		461 (52%)	7711 (72%)
HDA		577 (63%)	8378 (69%)
INFRA		312 (69%)	7383 (74%)
IVCF		NA (<3 centers)	1887 (76%)
LEAMP		83 (27%)	3199 (72%)
OAAA		60 (68%)	1250 (74%)
PVI		2108 (45%)	40101 (71%)
SUPRA		77 (56%)	2269 (73%)
TEVAR		94 (70%)	2961 (68%)
Overall (Jan-Dec 2019)		5045 (53%)	105960 (71%)
Overall (Jan-Dec 2018)		4288 (69%)	95242 (73%)



SVS | VQI
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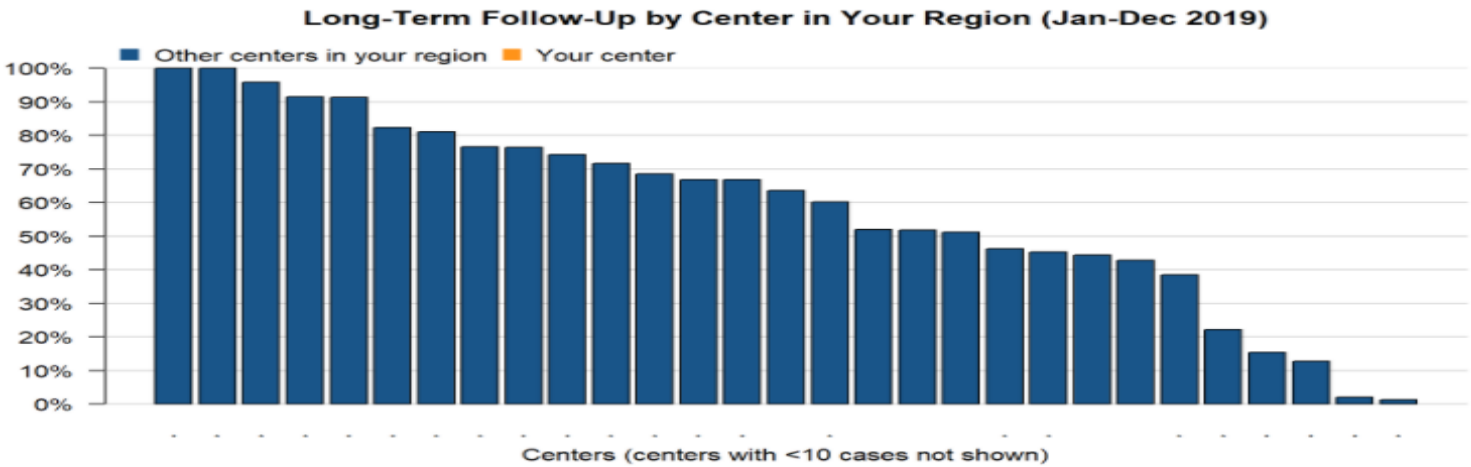
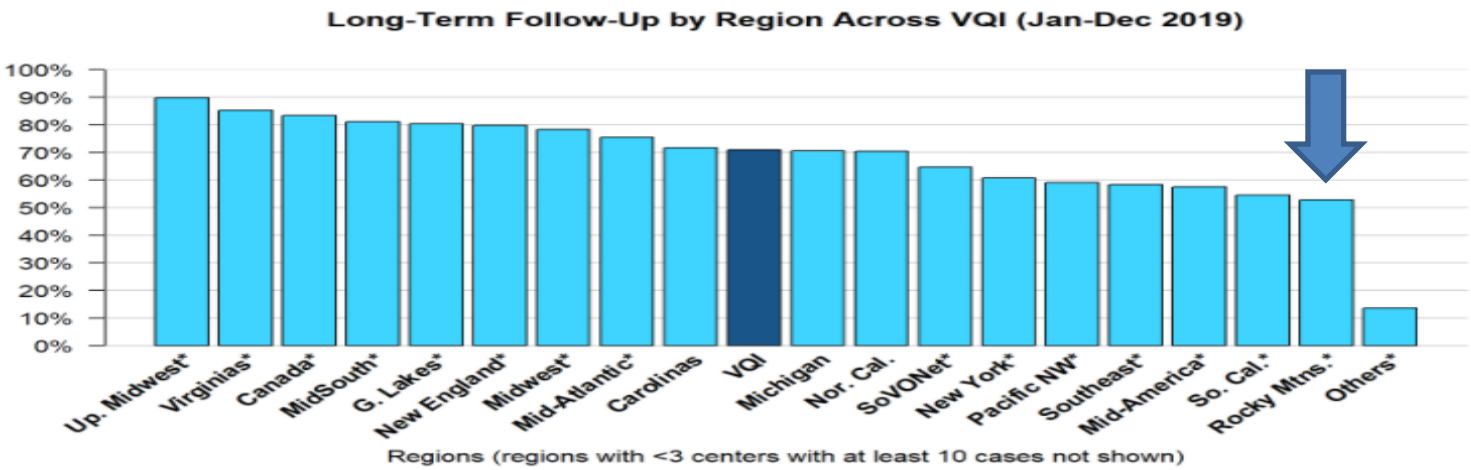


29 of 34 centers displayed

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



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

"Others" indicates centers that do not belong to a regional group.

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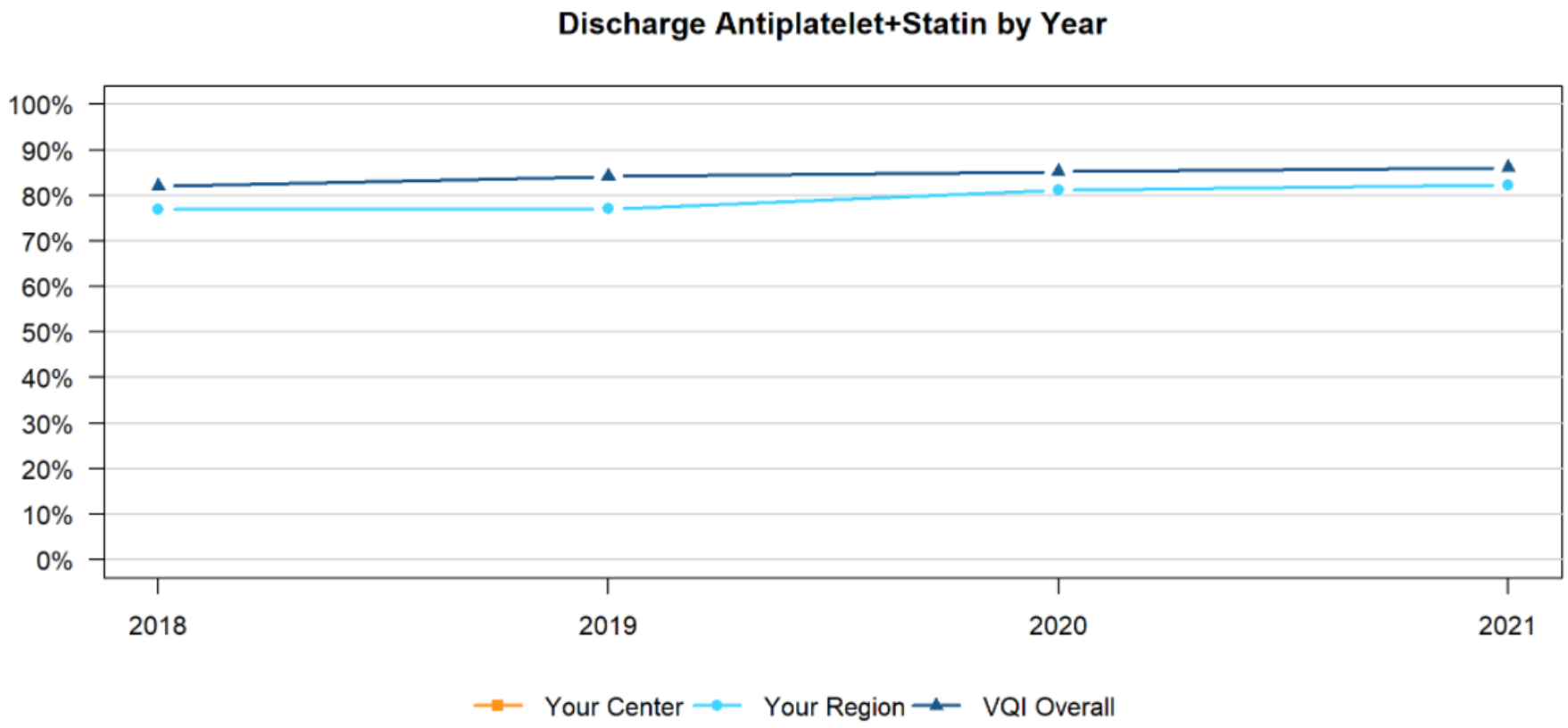
Discharge Medications

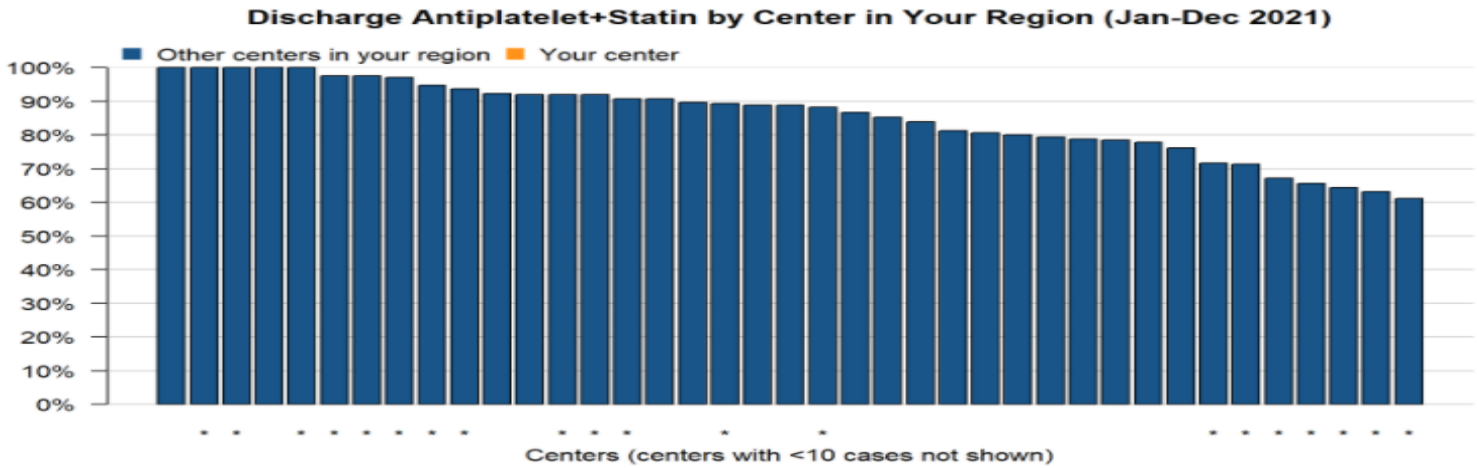
Procedures performed between January 1 and December 31, 2021

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.

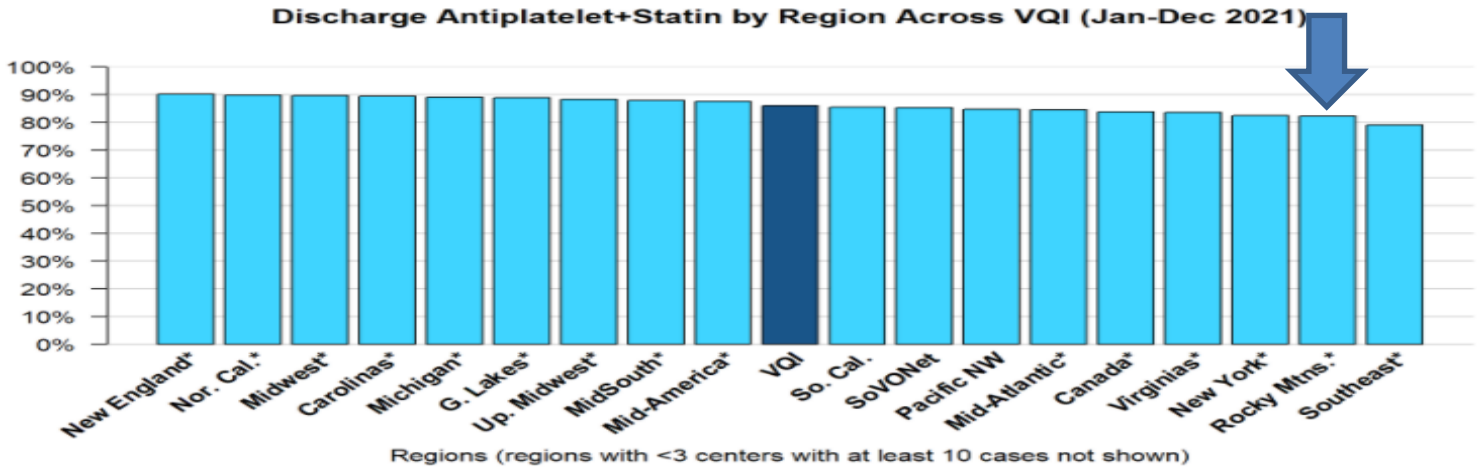
	Number of Procedures at Your Center	Antiplatelet+Statin	Antiplatelet Only	Statin Only	Neither
CAS					
CEA					
EVAR					
INFRA					
LEAMP					
OAAA					
PVI					
SUPRA					
TEVAR					
Your Center Overall					
Your Region Overall	4825	82%	11%	5%	2%
VQI Overall	94988	86%	9%	3%	2%





39 of 44 centers displayed

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



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

TFEM CAS ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2021

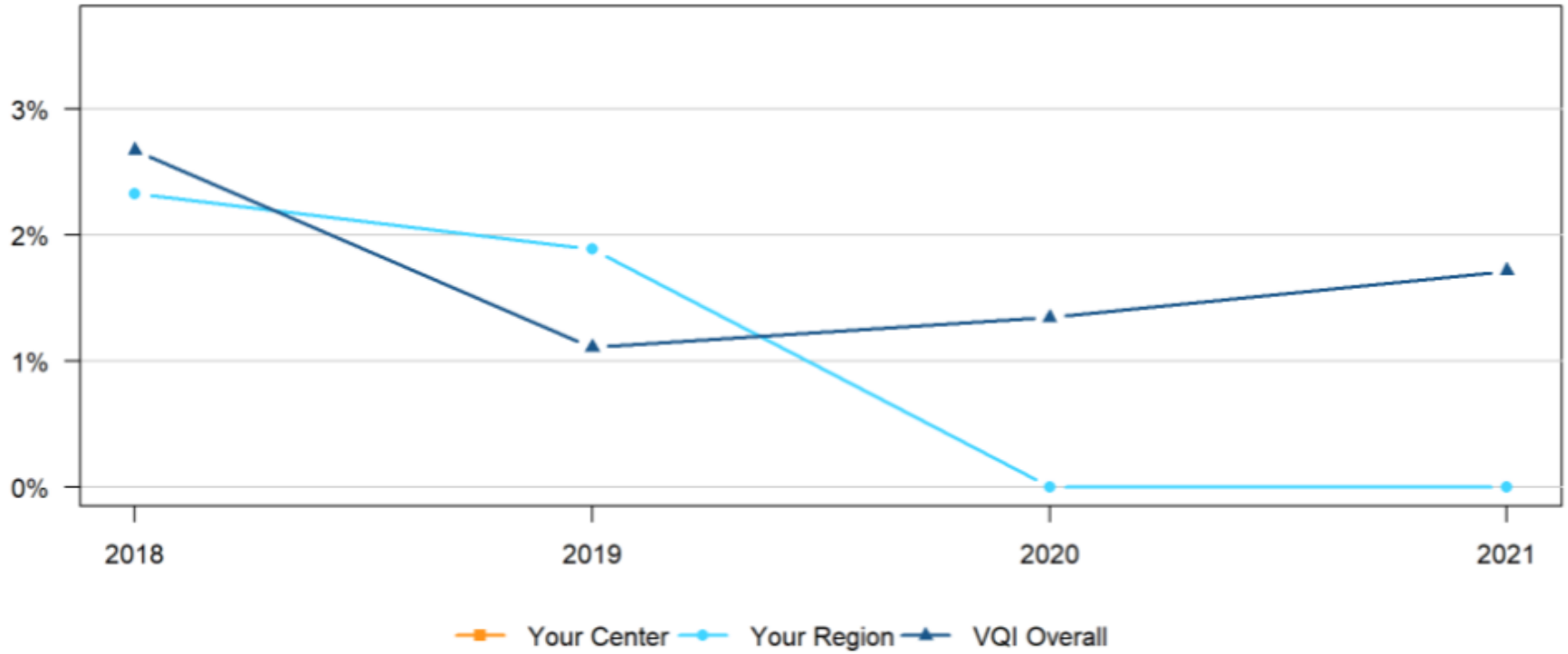
Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial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

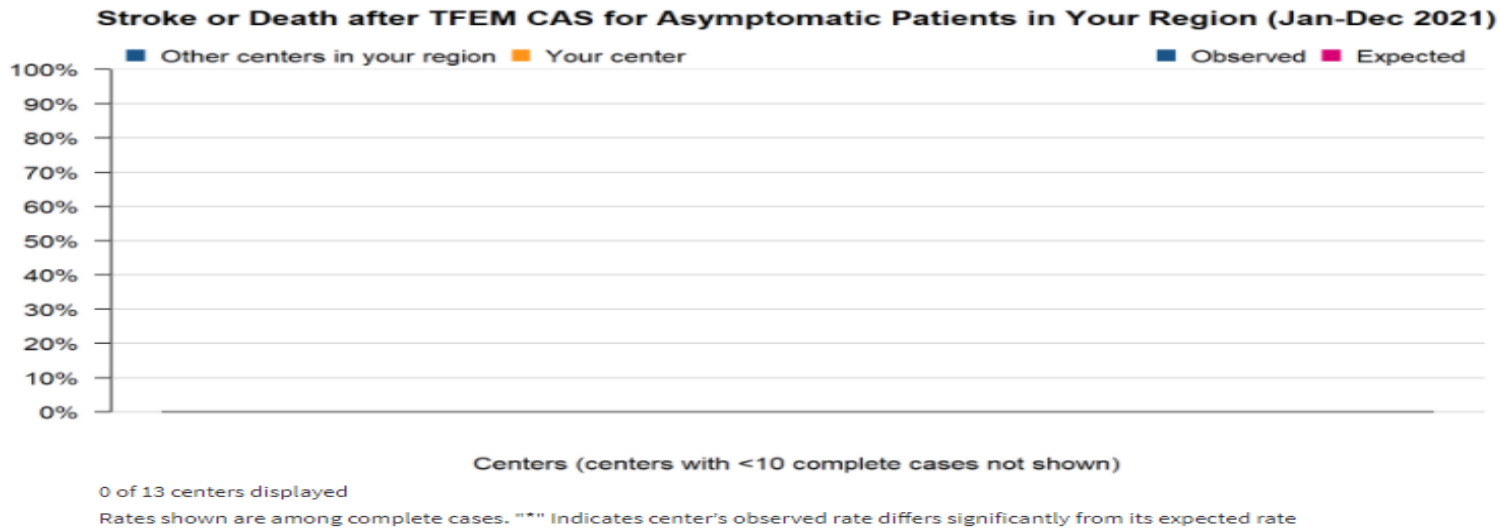
	Your Center	Your Region	VQI Overall
Number of TFEM CAS procedures meeting inclusion criteria		87	2334
Observed rate of stroke or death among procedures meeting inclusion criteria		0%	1.7%
Number of procedures with complete data*		82	2125
Observed rate of stroke or death among cases with complete data		0%	1.6%
Expected rate of stroke or death among cases with complete data		1.3%	NA
P-value for comparison of observed and expected rates		0.63	NA

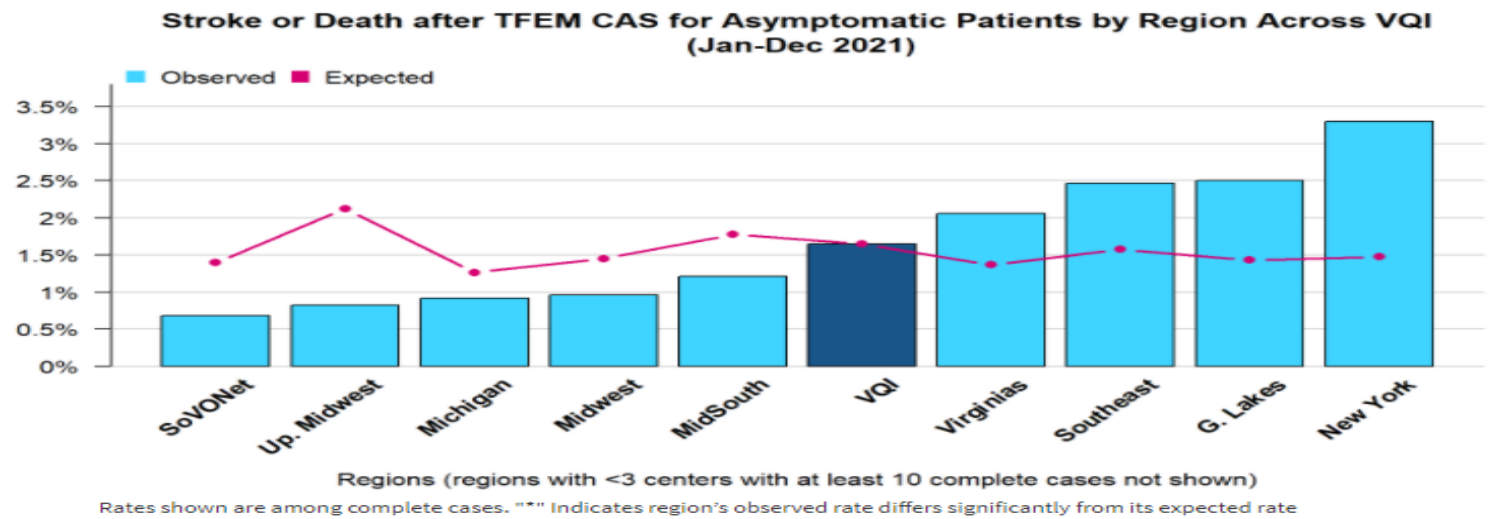
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after TFEM CAS for Asymptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.





TFEM CAS SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2021

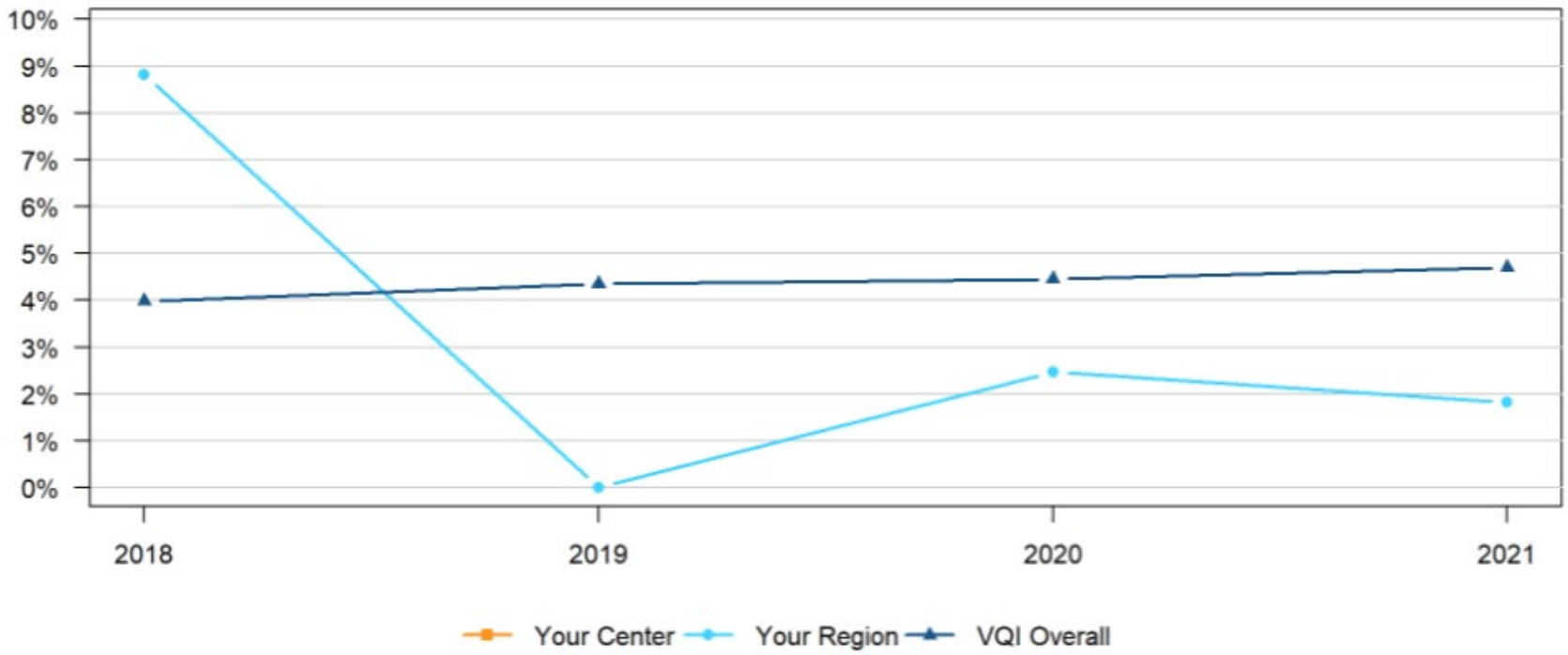
Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial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

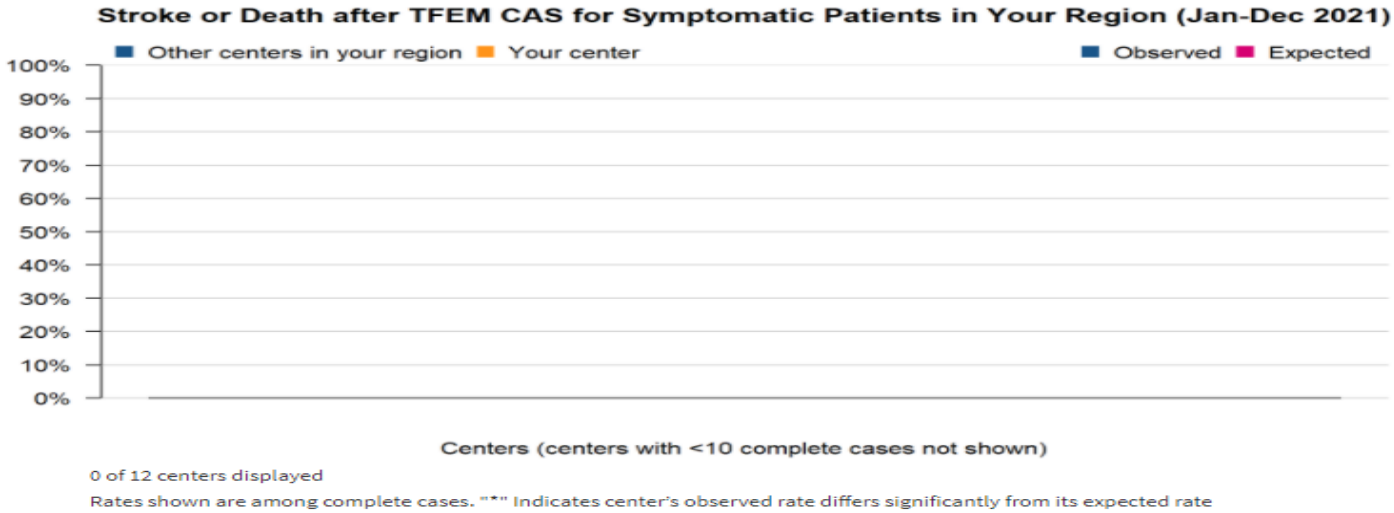
	Your Center	Your Region	VQI Overall
Number of TFEM CAS procedures meeting inclusion criteria		55	2316
Observed rate of stroke or death among procedures meeting inclusion criteria		1.8%	4.7%
Number of procedures with complete data*		53	2135
Observed rate of stroke or death among cases with complete data		1.9%	4.5%
Expected rate of stroke or death among cases with complete data		4.2%	NA
P-value for comparison of observed and expected rates		0.73	NA

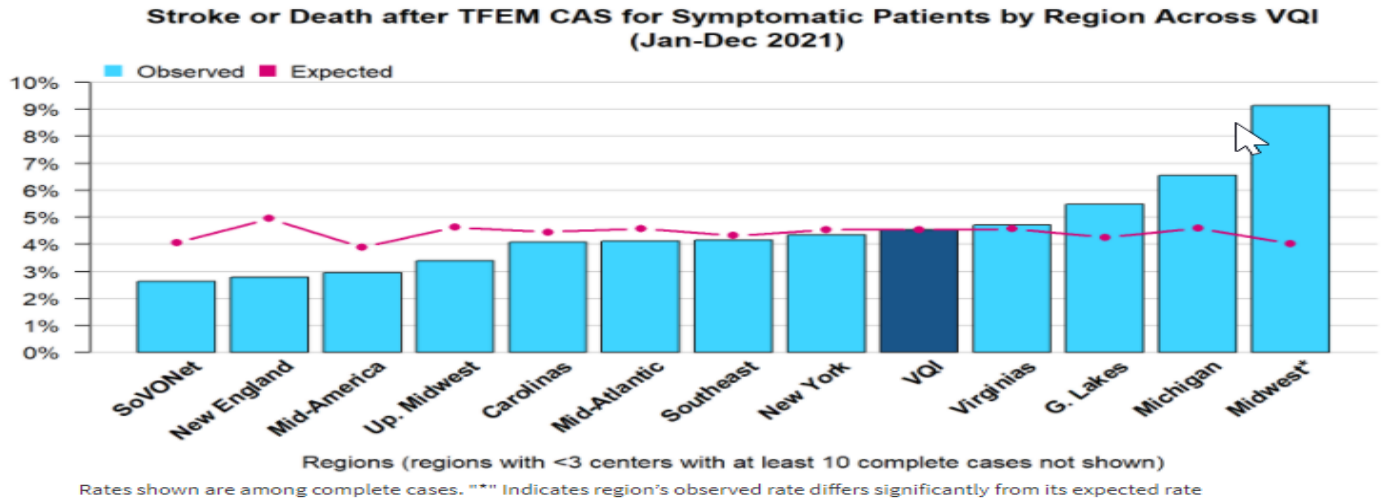
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after TFEM CAS for Symptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.





TCAR ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2021

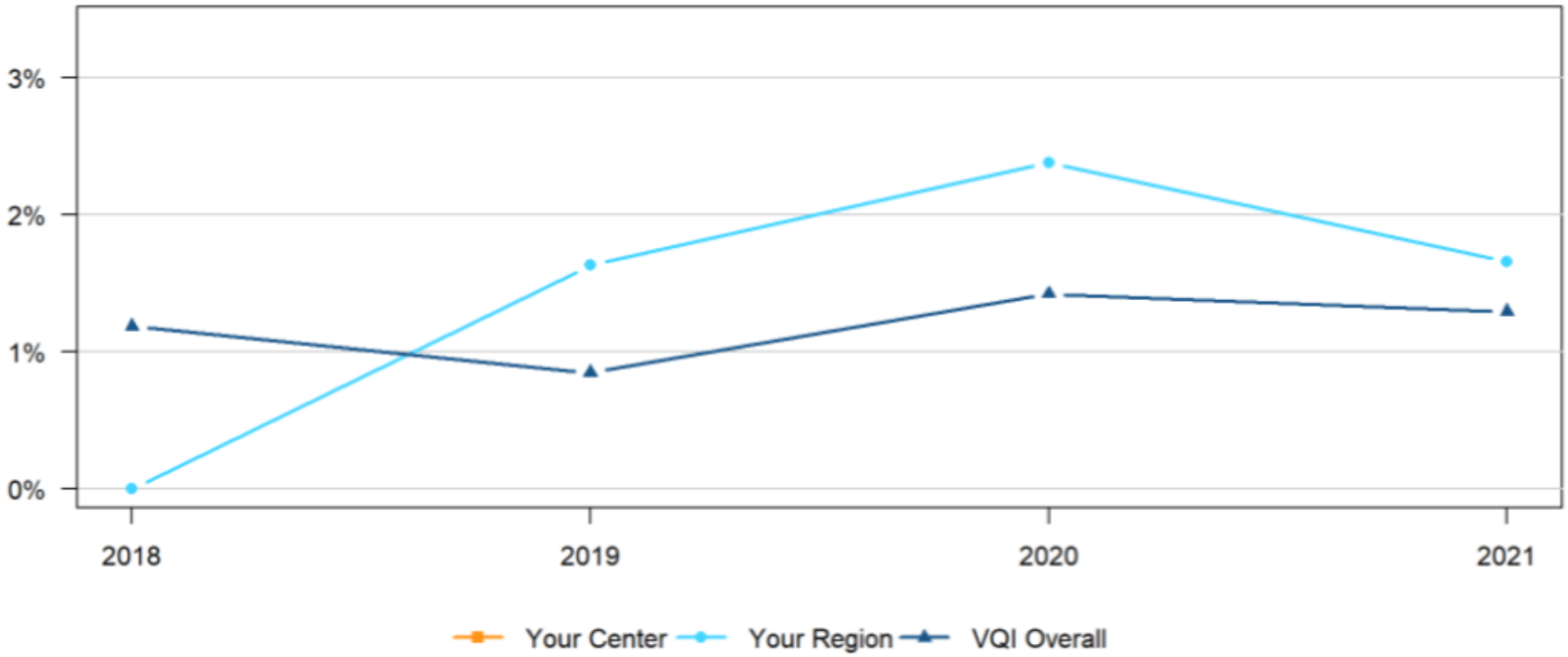
Includes TransCarotid Artery Revascularization (TCAR) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, 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.

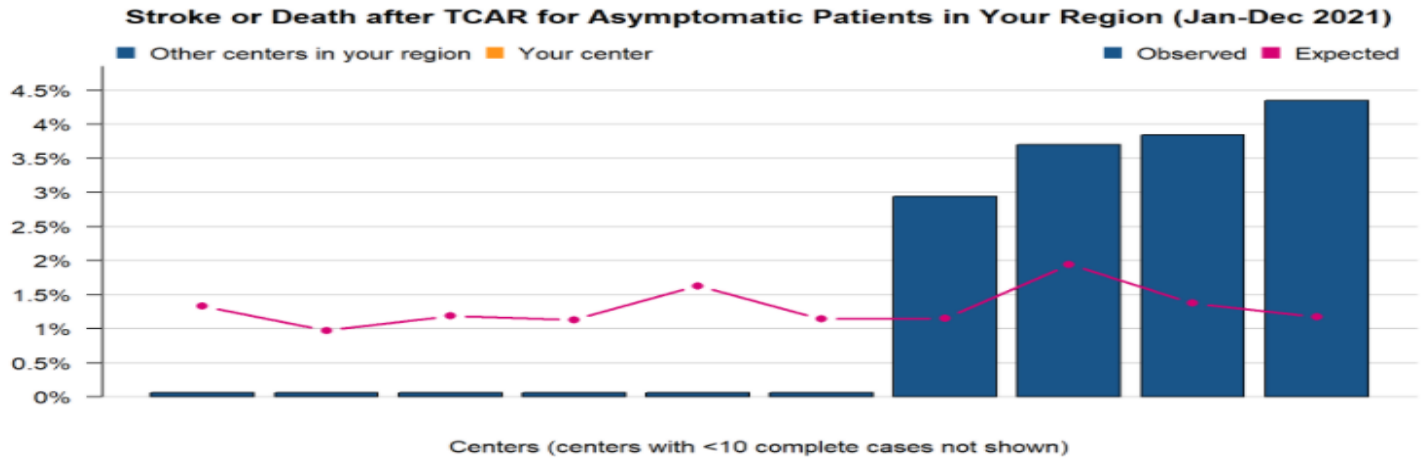
	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		302	5108
Observed rate of stroke or death among procedures meeting inclusion criteria		1.7%	1.3%
Number of procedures with complete data*		282	4840
Observed rate of stroke or death among cases with complete data		1.8%	1.2%
Expected rate of stroke or death among cases with complete data		1.3%	NA
P-value for comparison of observed and expected rates		0.43	NA

*"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

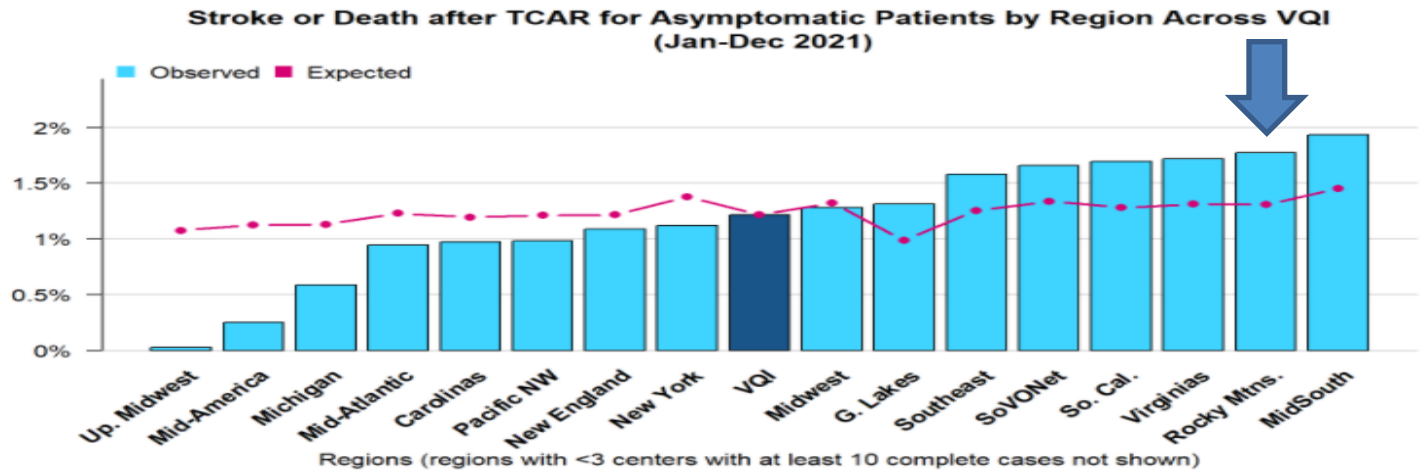


Rates shown are observed rates among cases meeting inclusion criteria.



10 of 27 centers displayed

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



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

TCAR SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2021

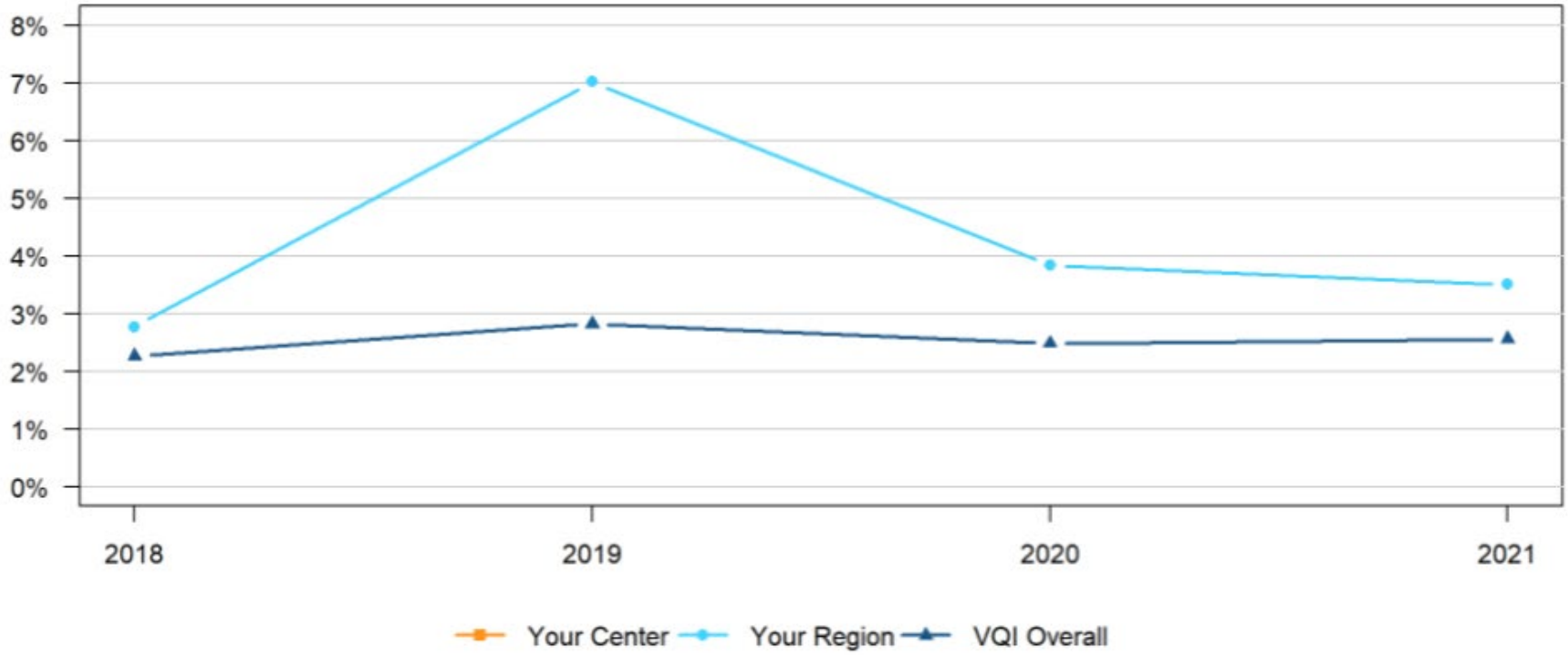
Includes TransCarotid Artery Revascularization (TCAR) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, 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.

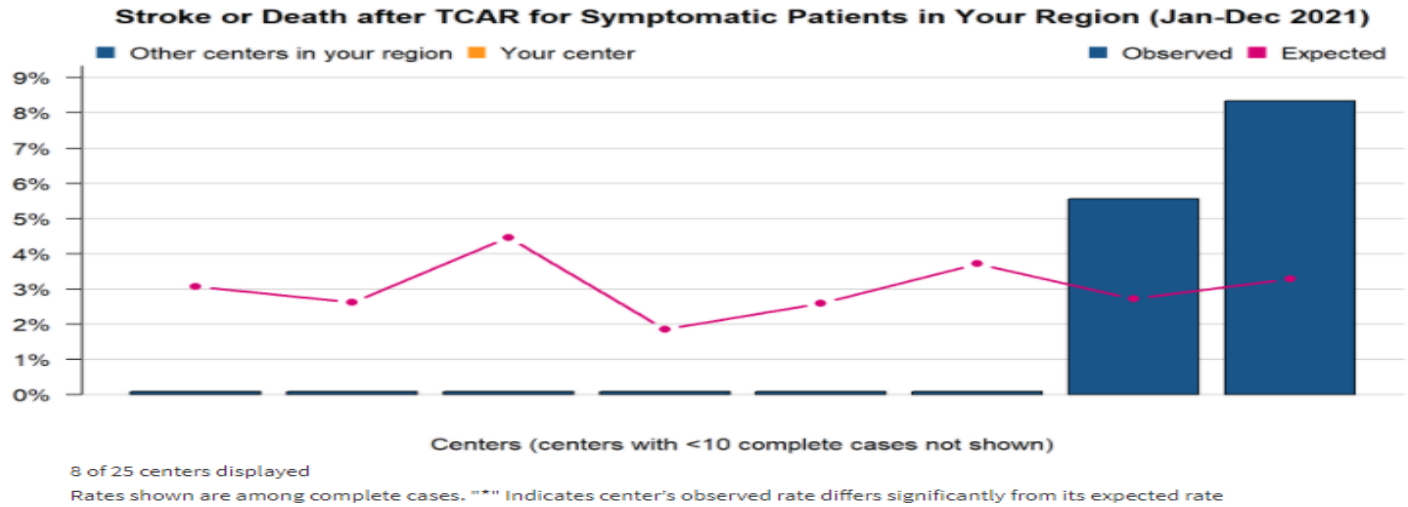
	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		171	2611
Observed rate of stroke or death among procedures meeting inclusion criteria		3.5%	2.6%
Number of procedures with complete data*		163	2498
Observed rate of stroke or death among cases with complete data		3.7%	2.6%
Expected rate of stroke or death among cases with complete data		2.9%	NA
P-value for comparison of observed and expected rates		0.48	NA

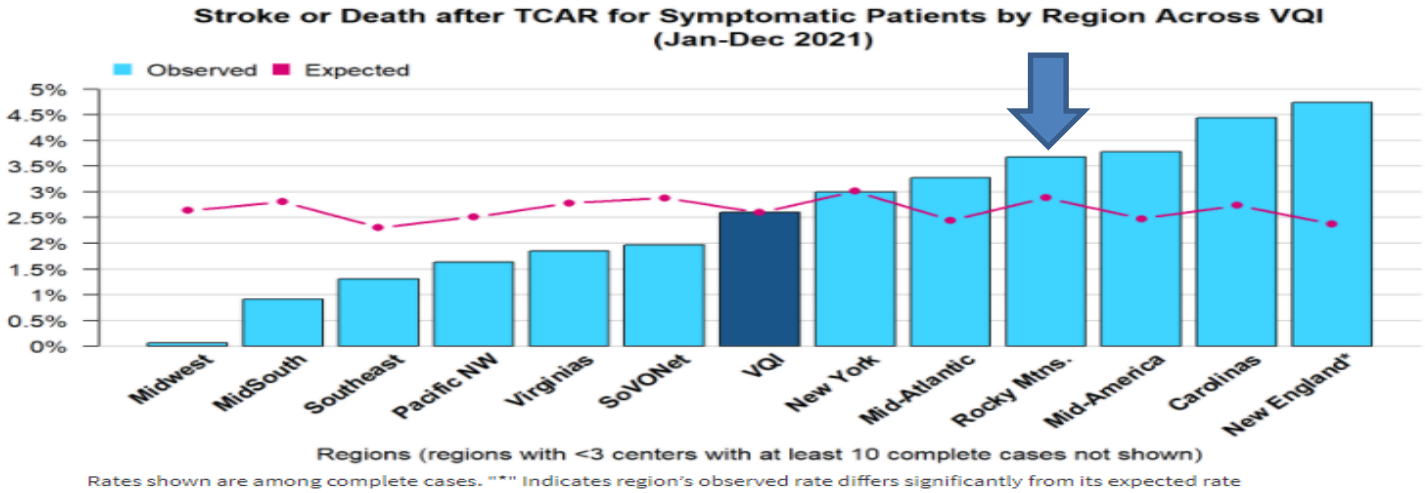
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after TCAR for Symptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.





CEA ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2021

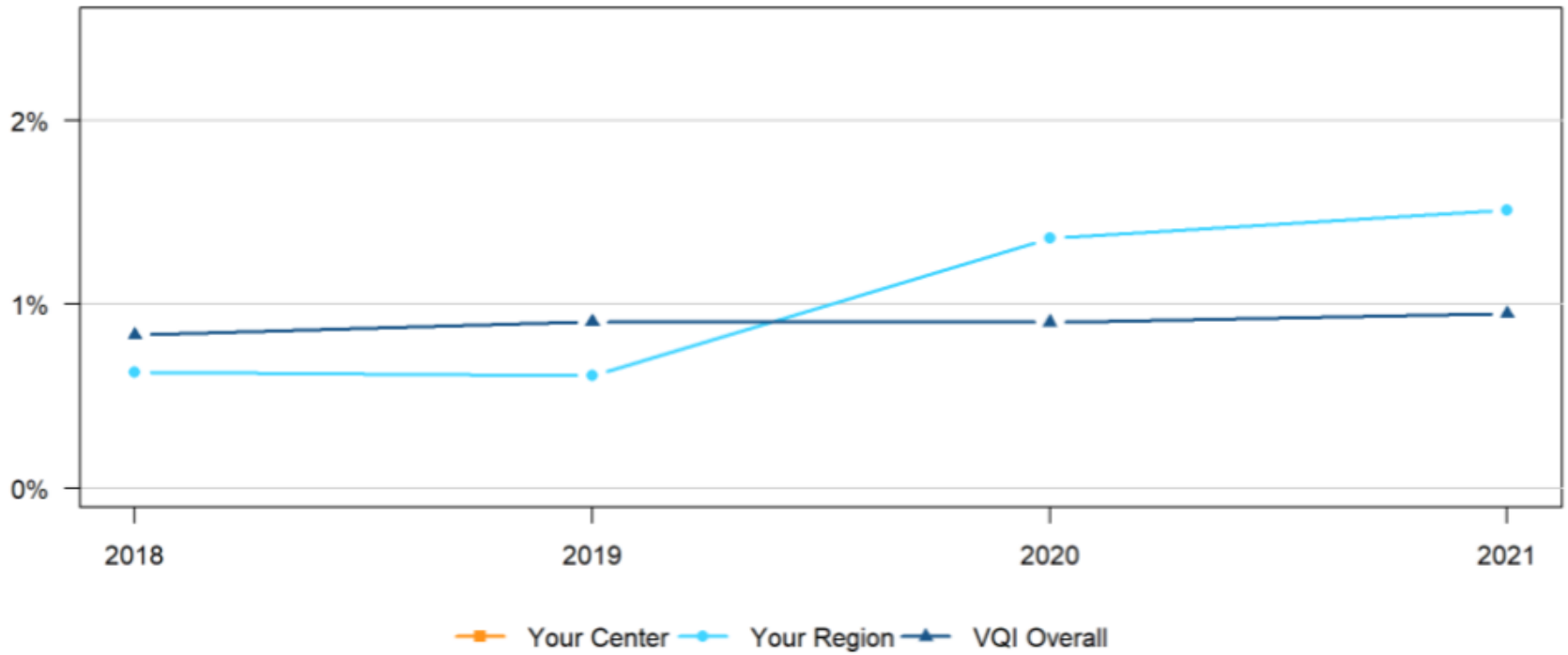
Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral 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.

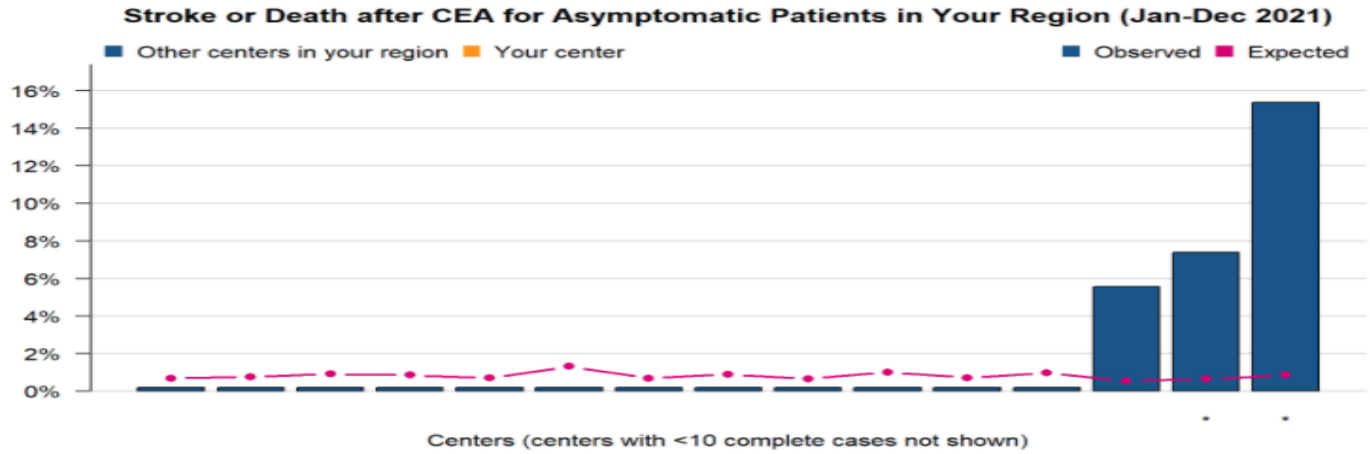
	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		397	10107
Observed rate of stroke or death among procedures meeting inclusion criteria		1.5%	0.9%
Number of procedures with complete data*		382	9627
Observed rate of stroke or death among cases with complete data		1.6%	1%
Expected rate of stroke or death among cases with complete data		0.8%	NA
P-value for comparison of observed and expected rates		0.14	NA

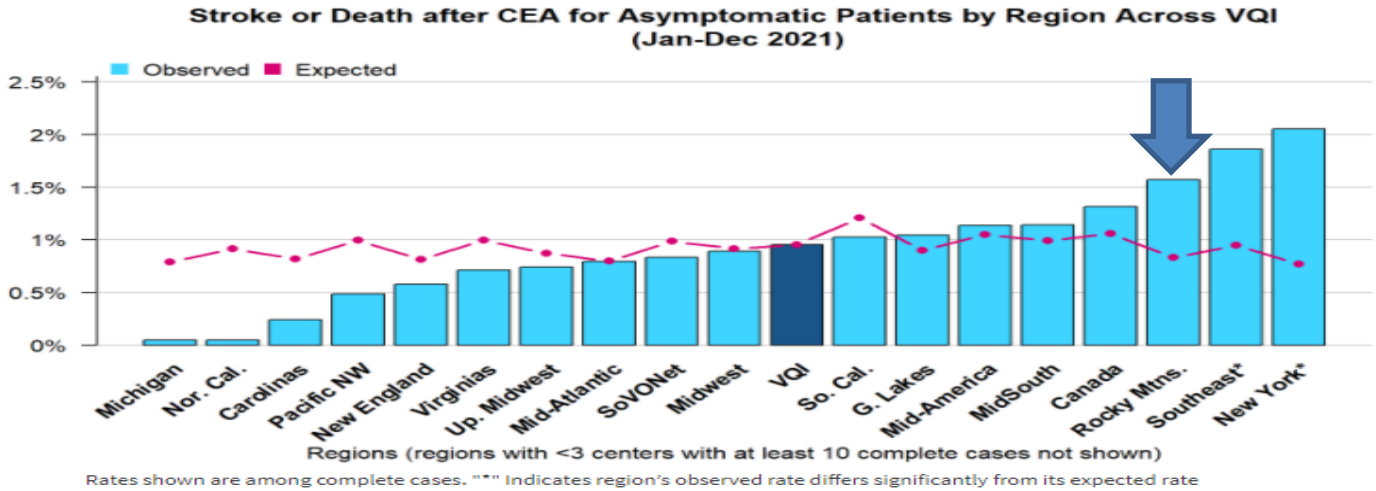
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after CEA for Asymptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.





CEA SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2021

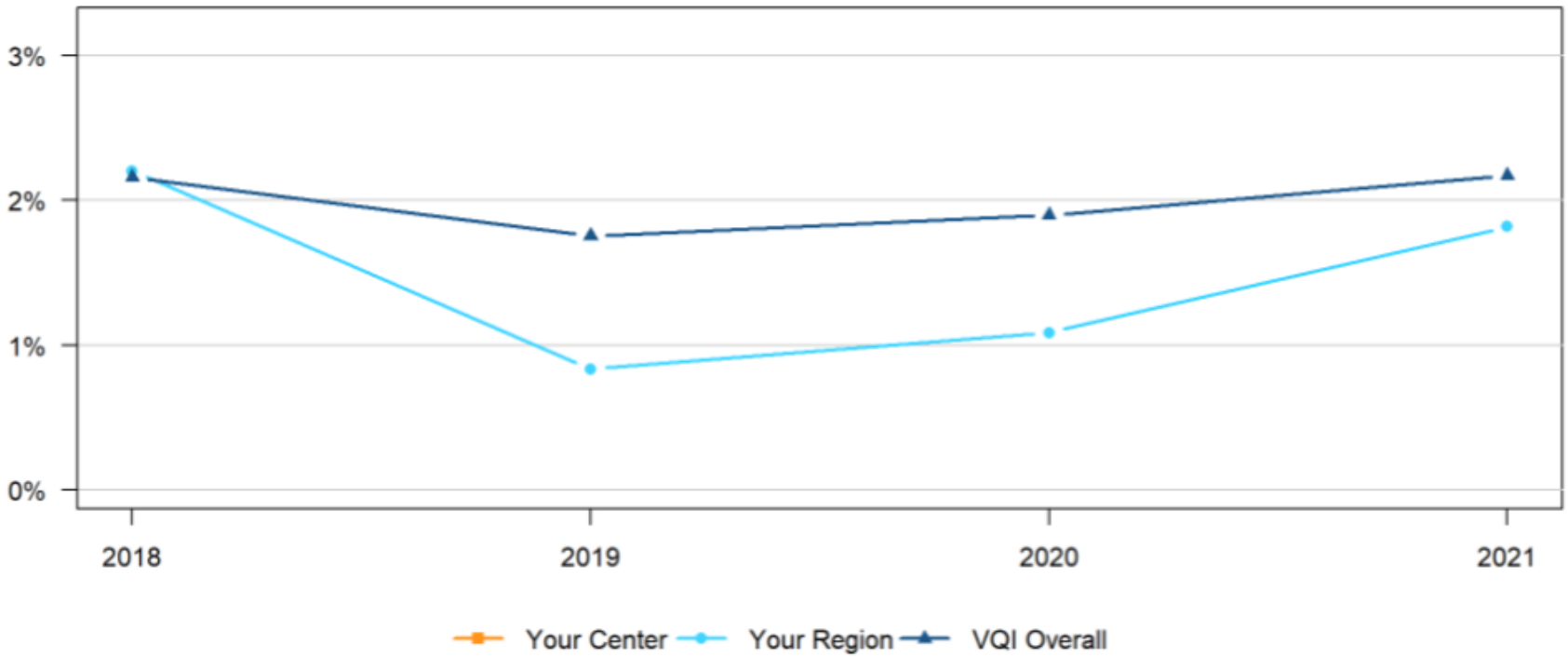
Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral 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.

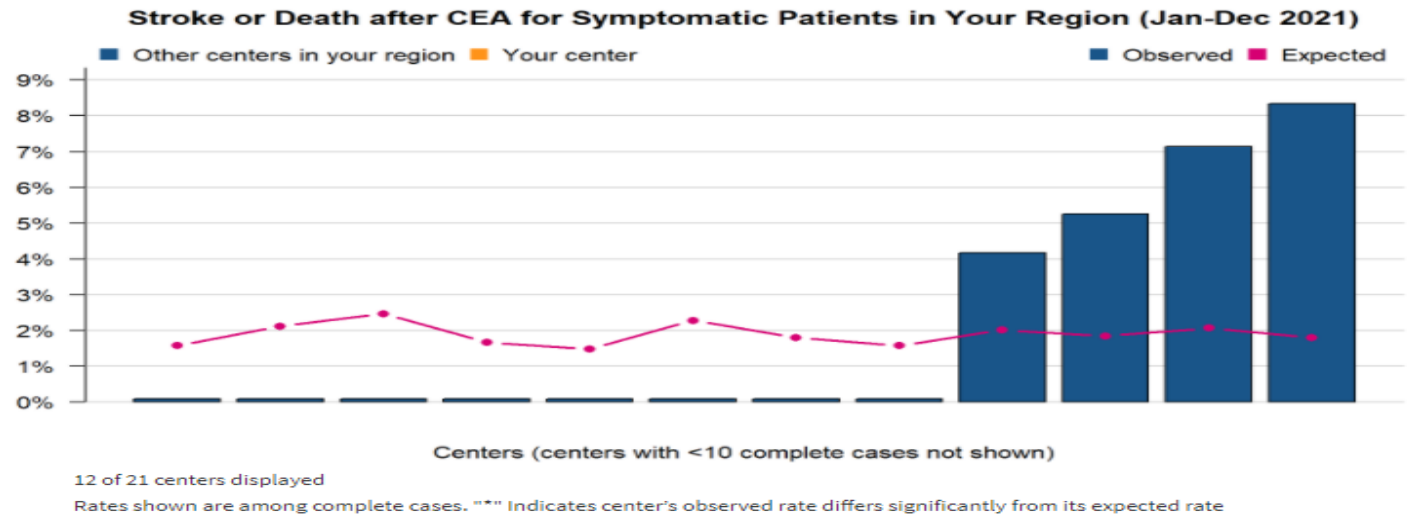
	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		275	5069
Observed rate of stroke or death among procedures meeting inclusion criteria		1.8%	2.2%
Number of procedures with complete data*		264	4888
Observed rate of stroke or death among cases with complete data		1.9%	2.2%
Expected rate of stroke or death among cases with complete data		1.9%	NA
P-value for comparison of observed and expected rates		0.82	NA

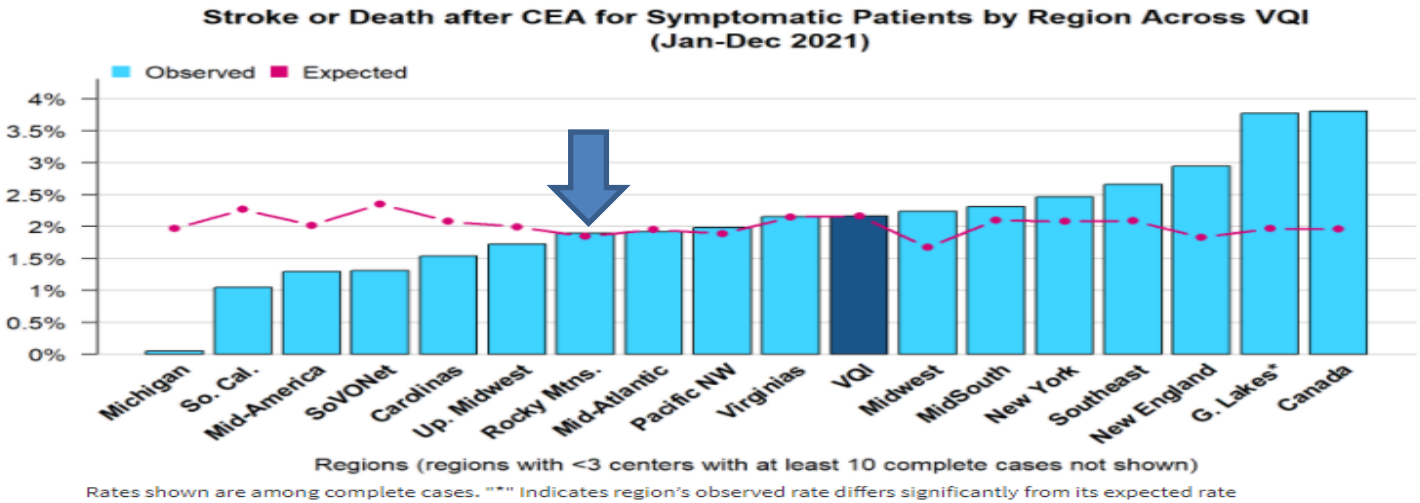
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after CEA for Symptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.





CEA ASYMP: Postop LOS>1 Day

Procedures performed between January 1 and December 31, 2021

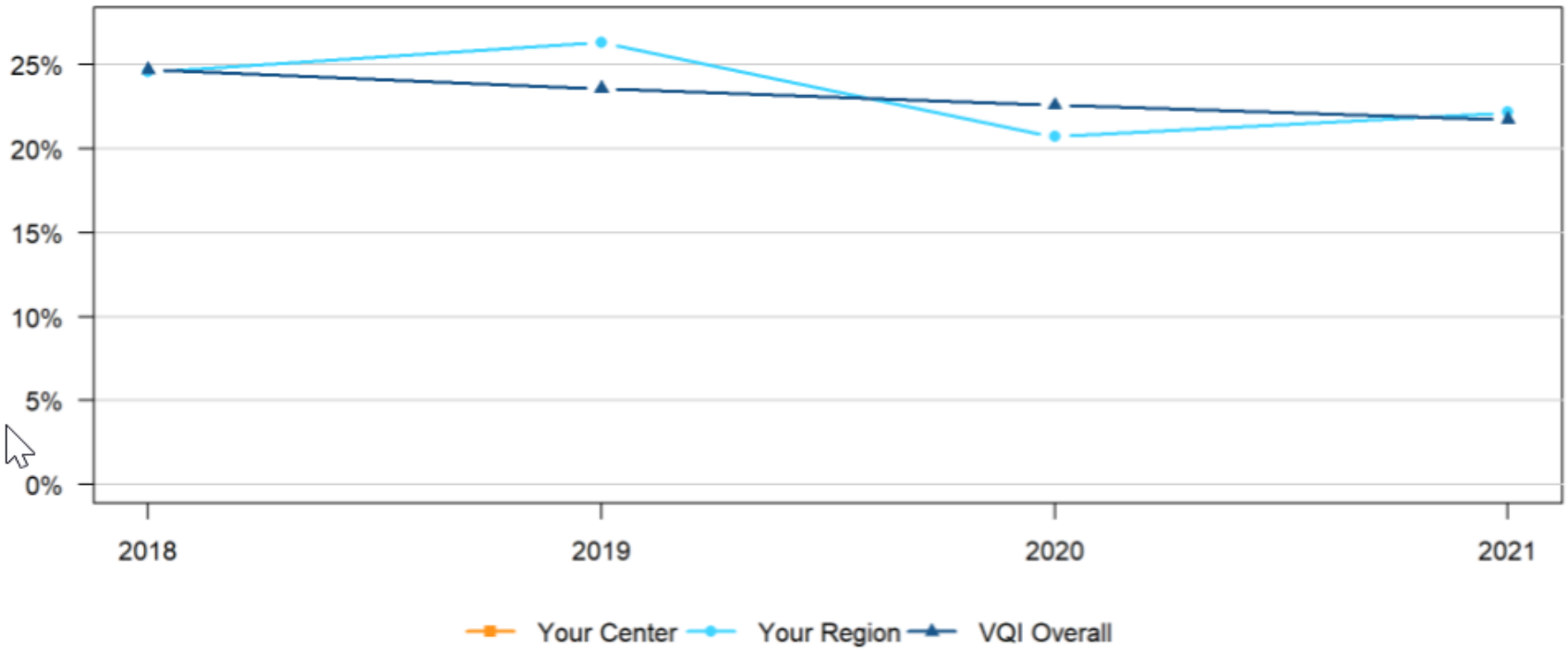
Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral 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.

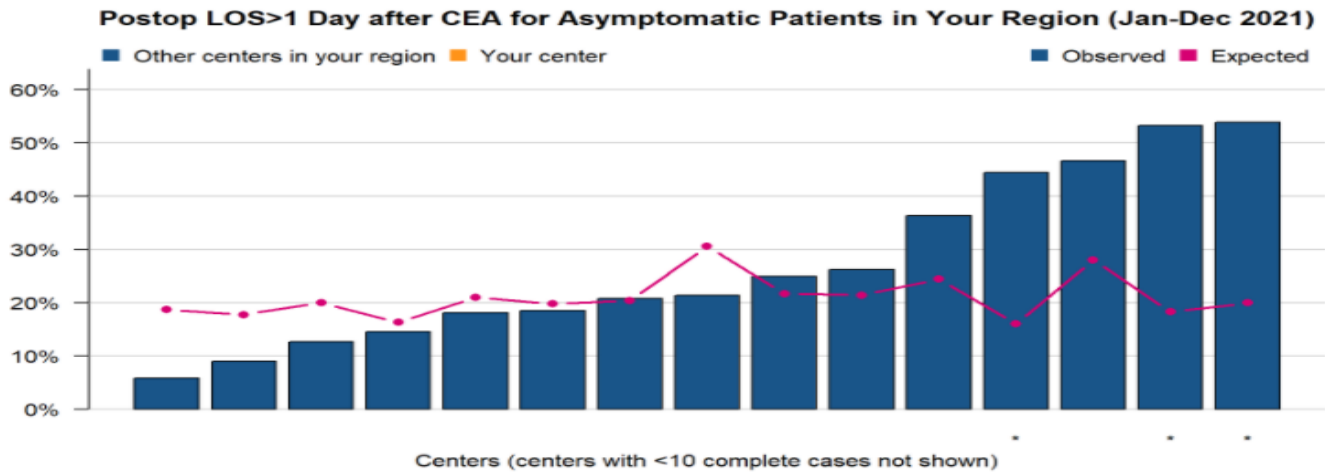
	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		397	10111
Observed rate of LOS>1 day among procedures meeting inclusion criteria		22.2%	21.7%
Number of procedures with complete data*		382	9628
Observed rate of LOS>1 day among cases with complete data		22.5%	21.6%
Expected rate of LOS>1 day among cases with complete data		20.7%	NA
P-value for comparison of observed and expected rates		0.38	NA

*"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

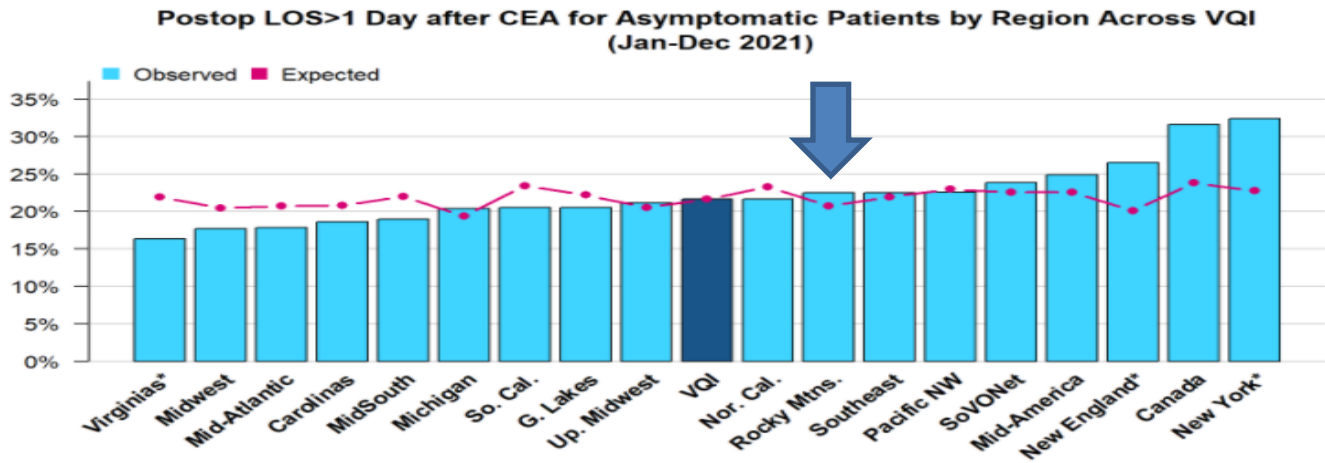


Rates shown are observed rates among cases meeting inclusion criteria.



15 of 22 centers displayed

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



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

CEA SYMP: Postop LOS>1 Day

Procedures performed between January 1 and December 31, 2021

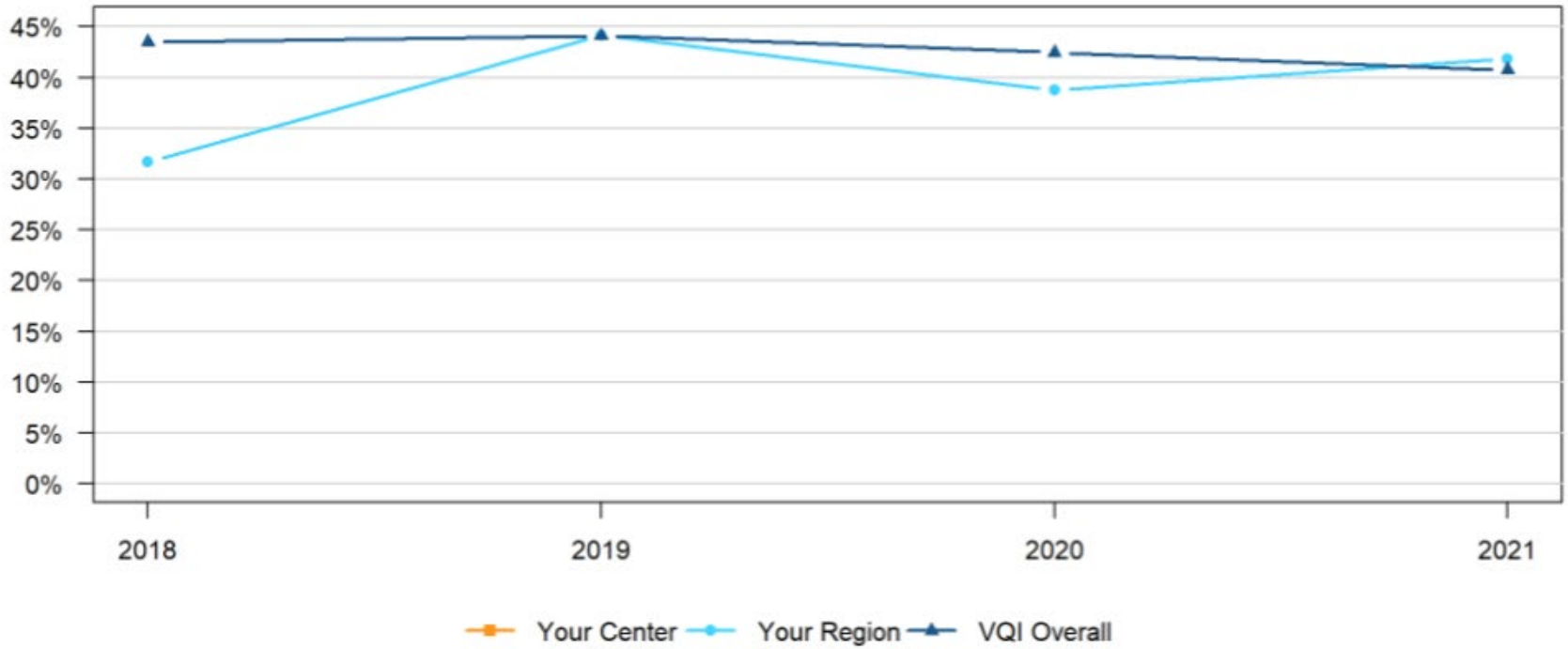
Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral 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.

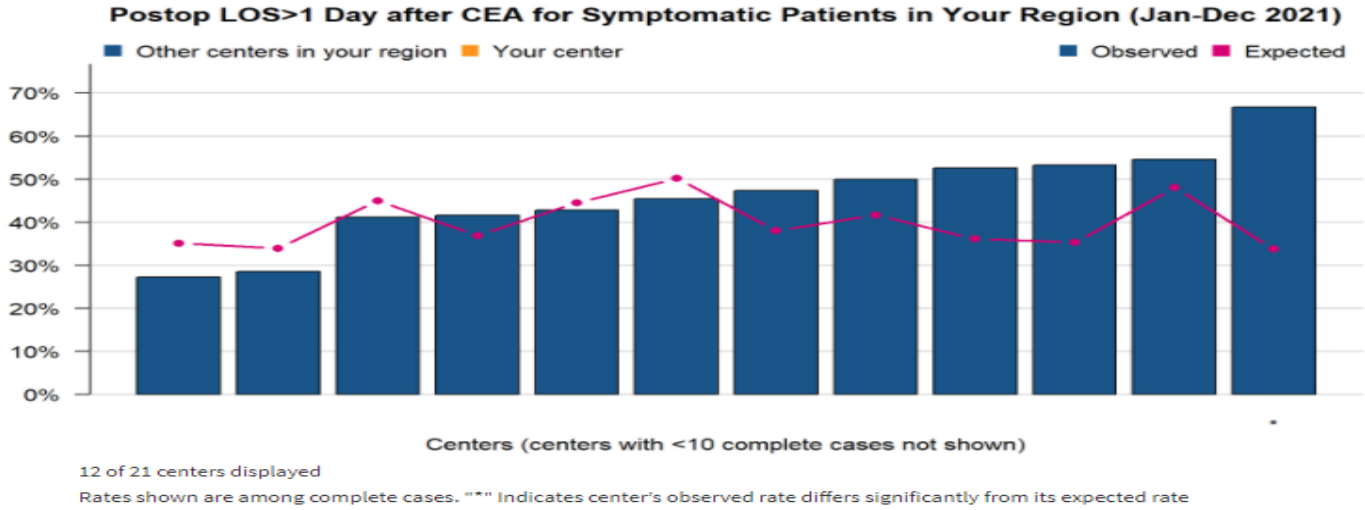
	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		275	5069
Observed rate of LOS>1 day among procedures meeting inclusion criteria		41.8%	40.8%
Number of procedures with complete data*		264	4888
Observed rate of LOS>1 day among cases with complete data		42%	40.9%
Expected rate of LOS>1 day among cases with complete data		38.9%	NA
P-value for comparison of observed and expected rates		0.31	NA

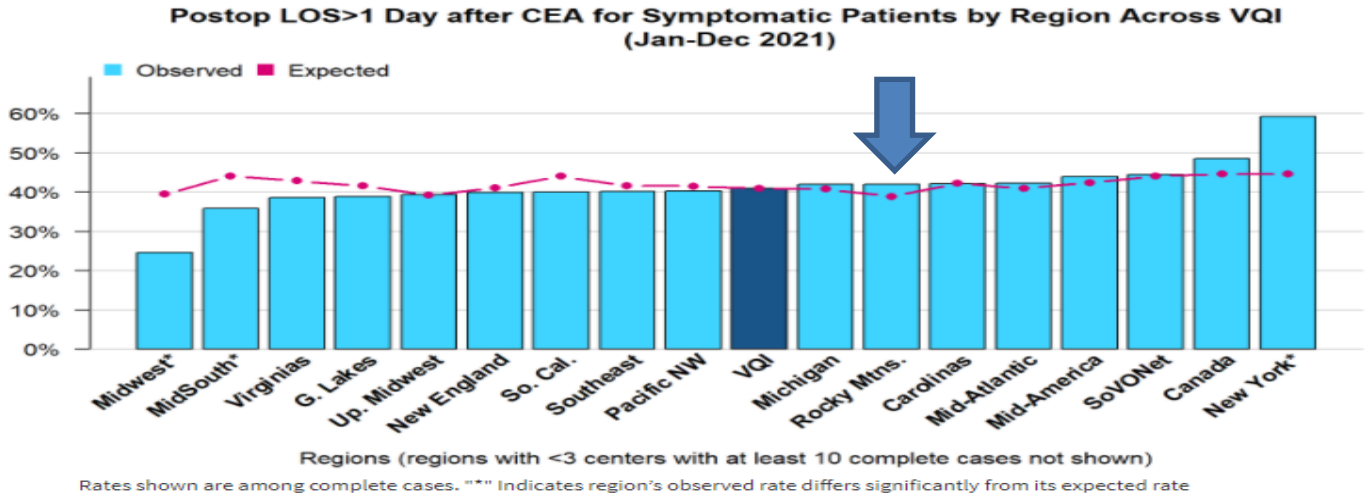
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Postop LOS>1 Day after CEA for Symptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.





EVAR: Postop LOS>2 Days

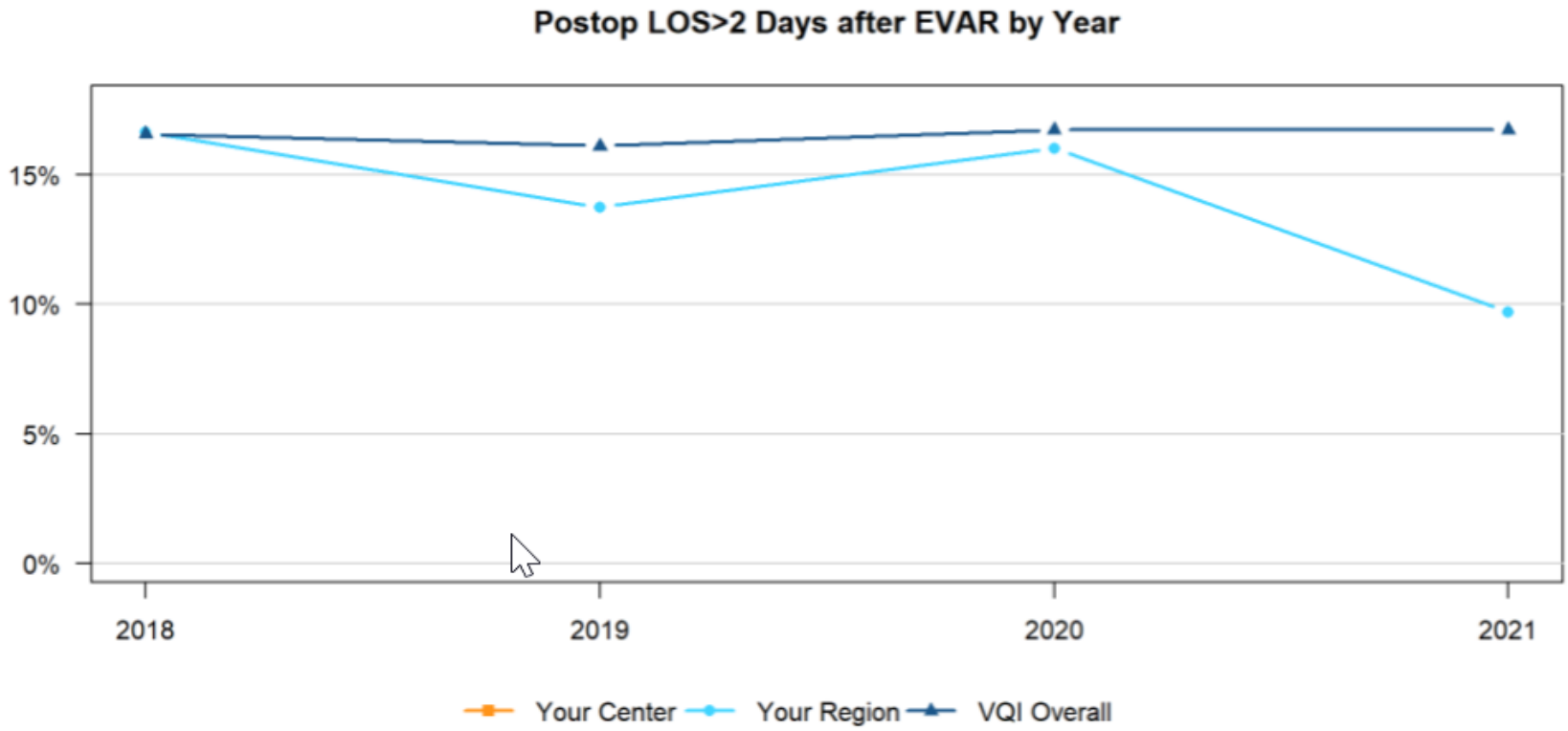
Procedures performed between January 1 and December 31, 2021

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.

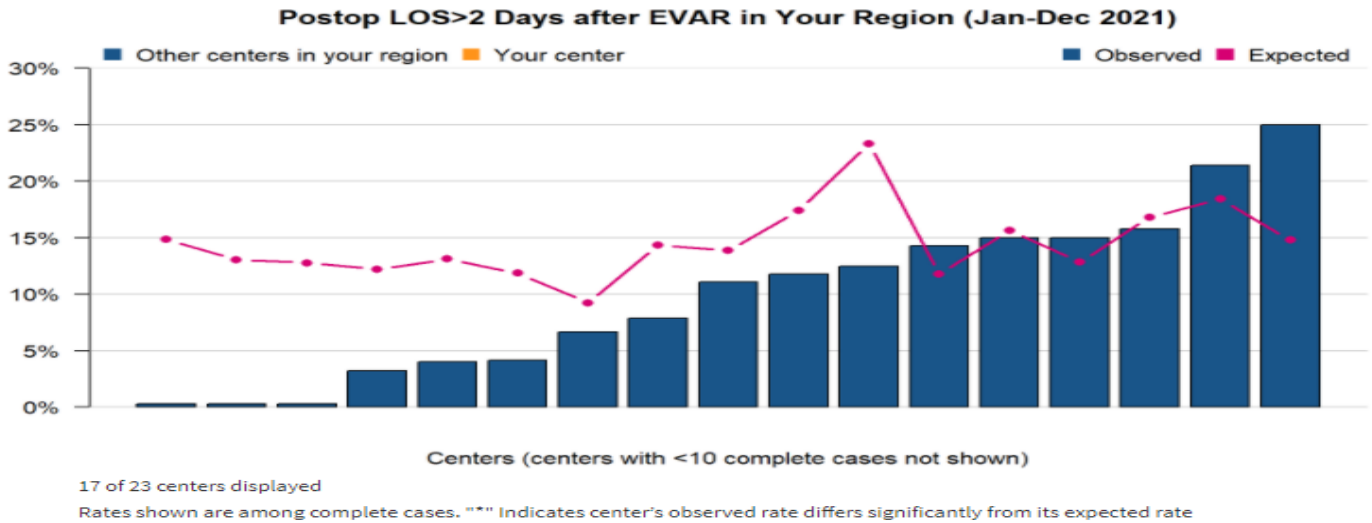
The table below gives the number of EVAR procedures meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>2 Days for those cases.

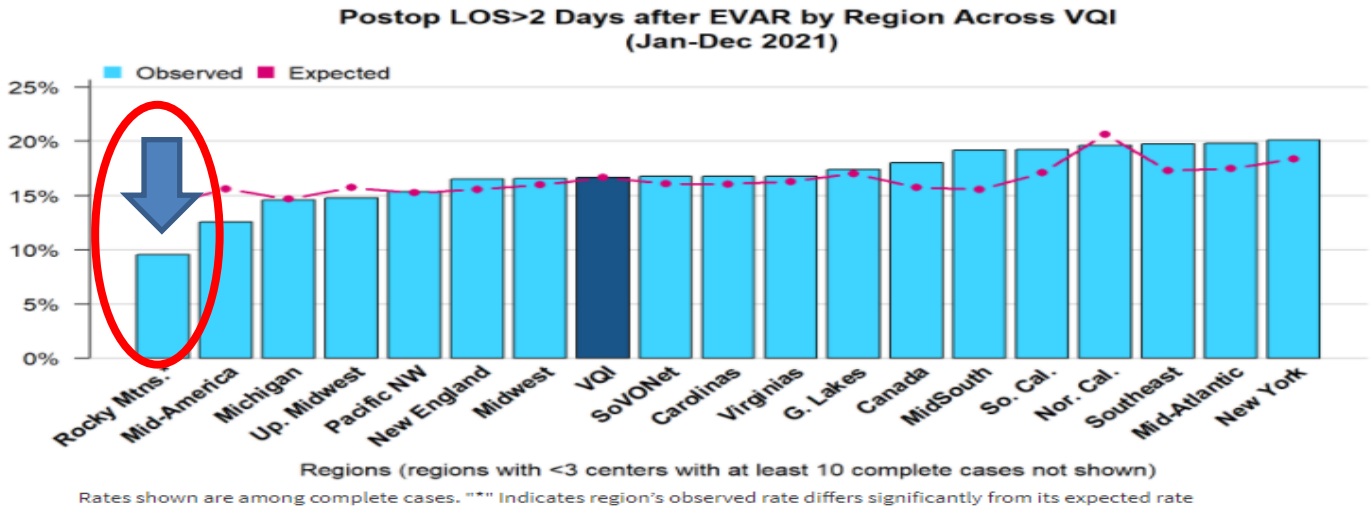
	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		485	7138
Observed rate of LOS>2 days among procedures meeting inclusion criteria		9.7%	16.7%
Number of procedures with complete data*		461	6628
Observed rate of LOS>2 days among cases with complete data		9.5%	16.7%
Expected rate of LOS>2 days among cases with complete data		14.1%	NA
P-value for comparison of observed and expected rates		0	NA

*"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.



Rates shown are observed rates among cases meeting inclusion criteria.





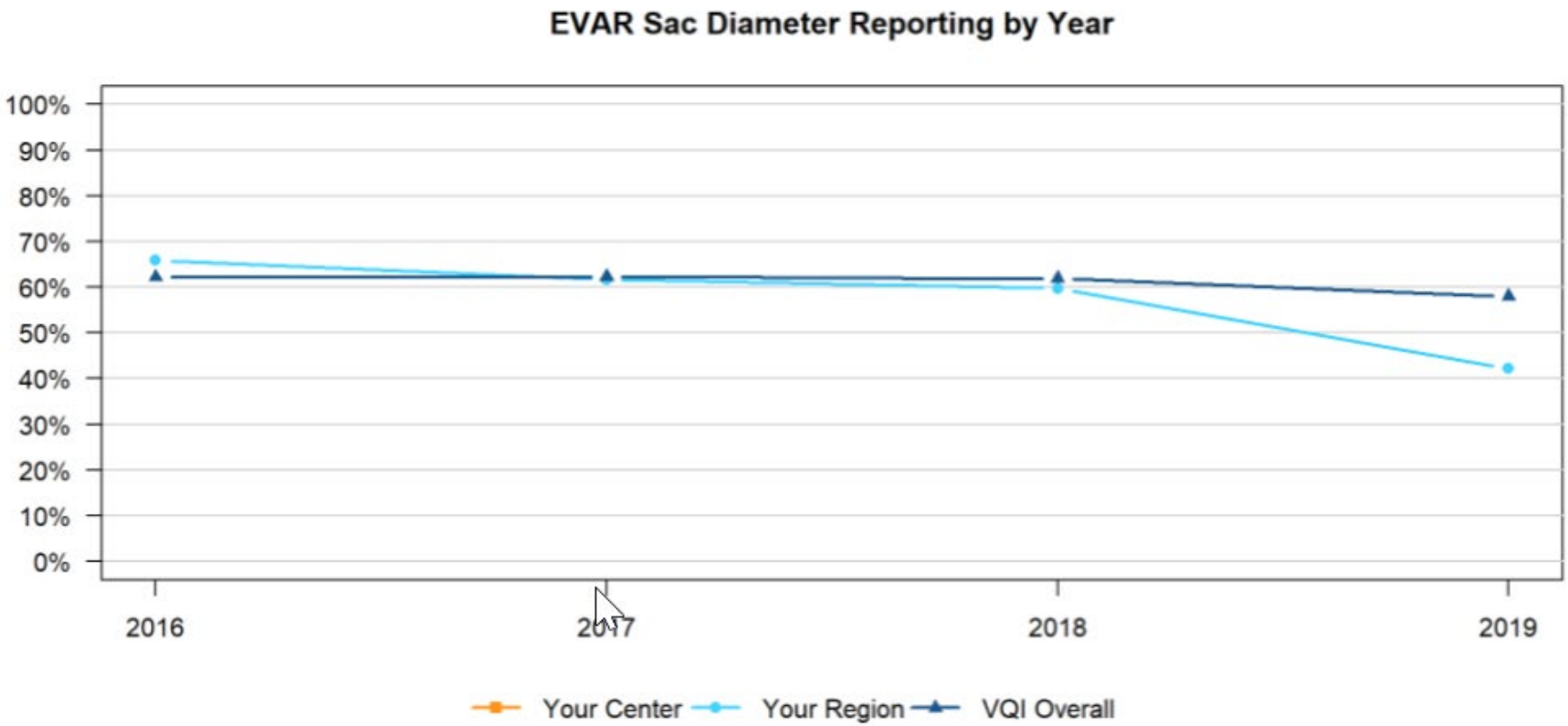
EVAR: Sac Diameter Reporting

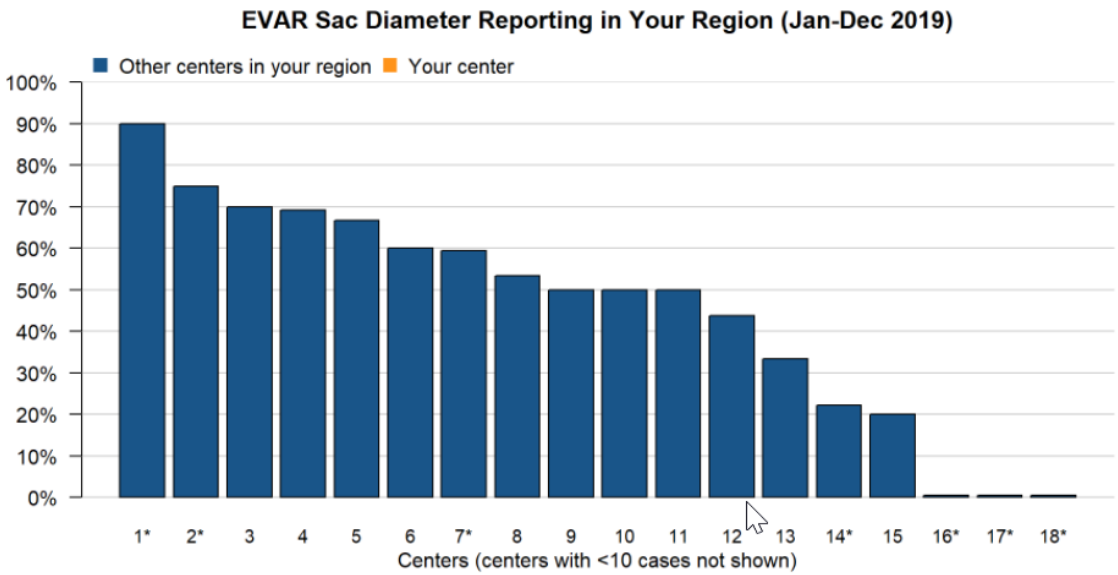
Procedures performed between January 1 and December 31, 2019

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.

	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		445	7112
Percentage with sac diameter reported between 9 and 21 months post-procedure		42.2%	58%


EVAR Sac Diameter Reporting by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2016
2017
2018
2019
Your Center
Your Region
VQI Overall



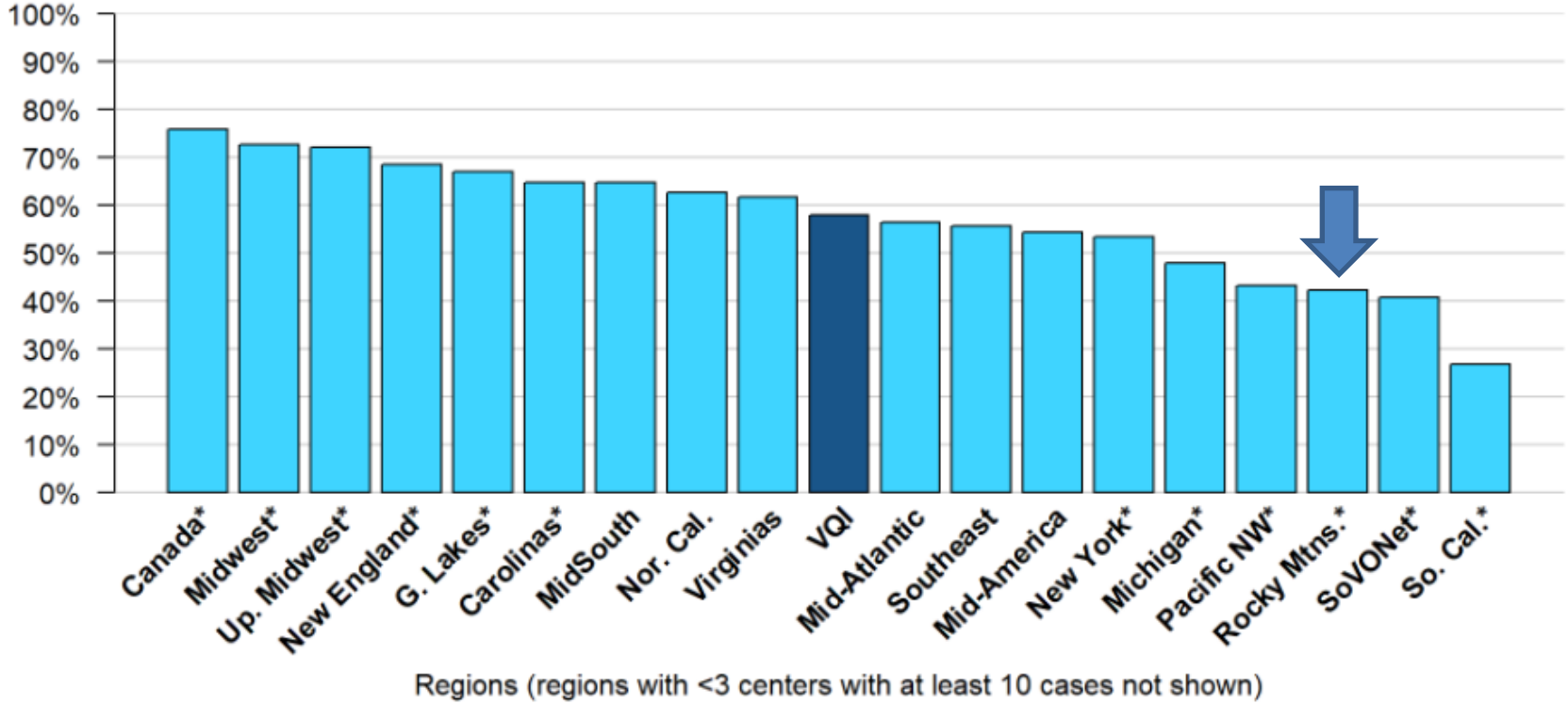
18 of 20 centers displayed

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

EVAR Sac Diameter Reporting Unblinding Legend for Your Region

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

EVAR Sac Diameter Reporting by Region Across VQI (Jan-Dec 2019)



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

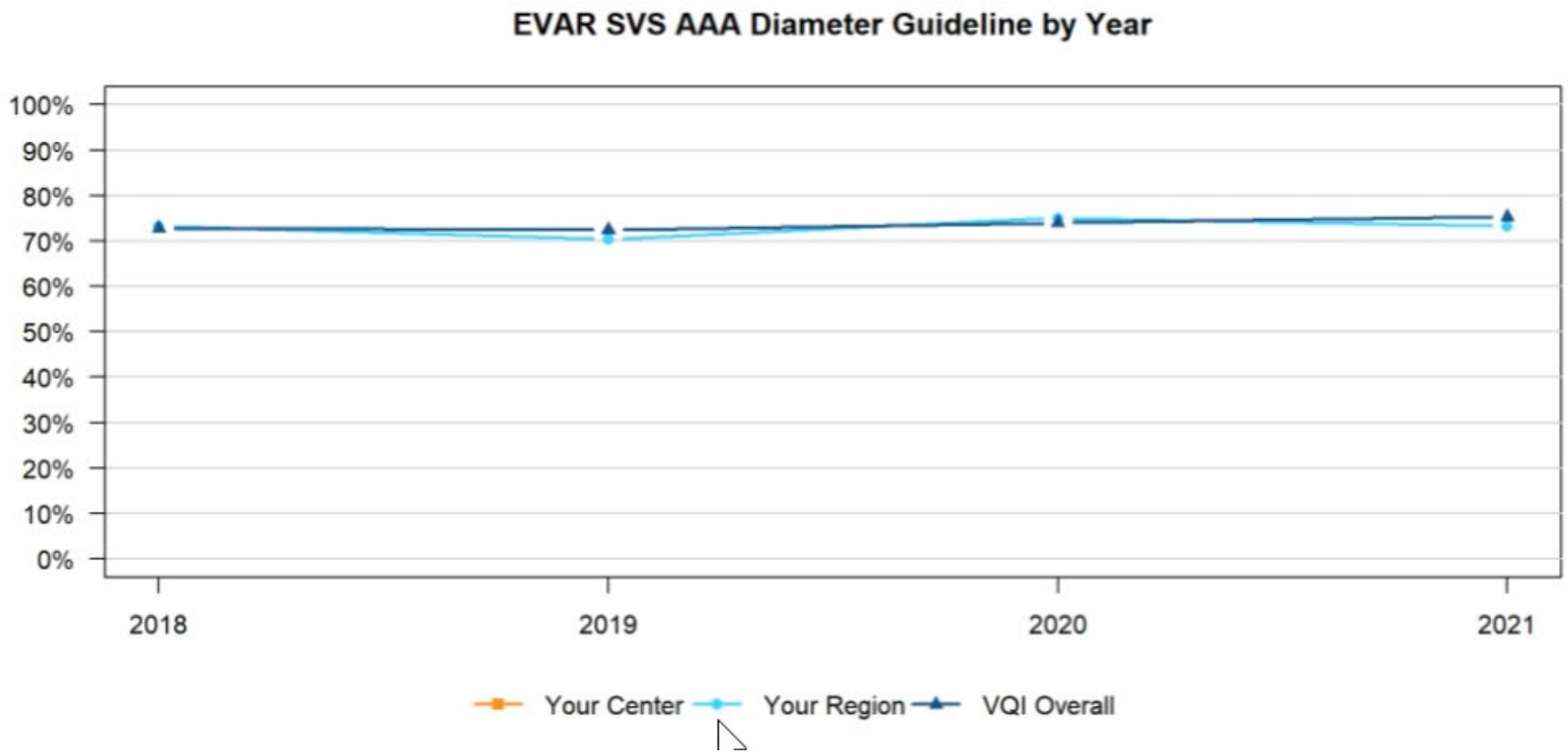
EVAR: SVS AAA Diameter Guideline

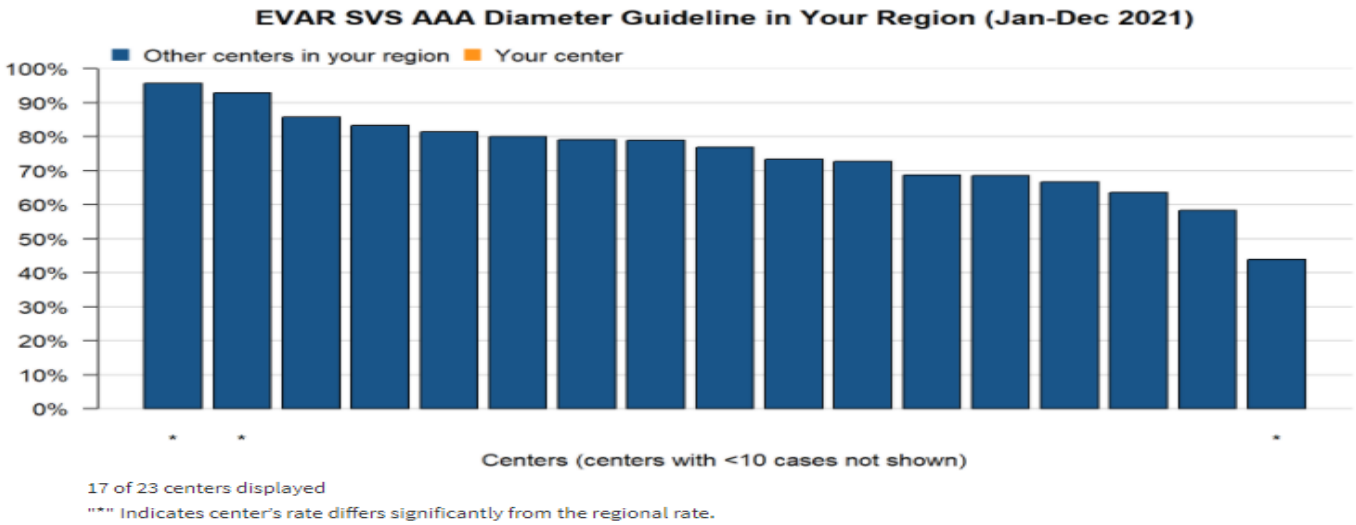
Procedures performed between January 1 and December 31, 2021

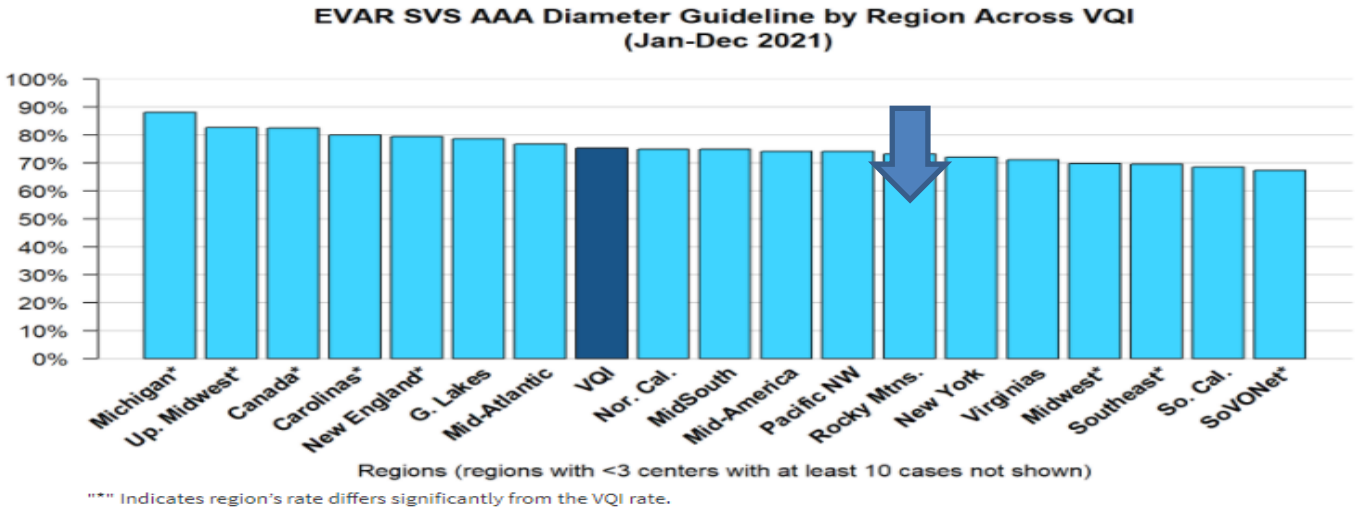
Includes Endovascular AAA Repair (EVAR) procedures. Excludes any non-elective procedure. SVS AAA diameter guideline is ≥5 cm for Women and ≥5.5cm for men. If the patient has any iliac aneurysm, the guideline is considered met regardless of AAA diameter.

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.

	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		441	6335
Percentage meeting SVS AAA diameter guideline		73.2%	75.3%







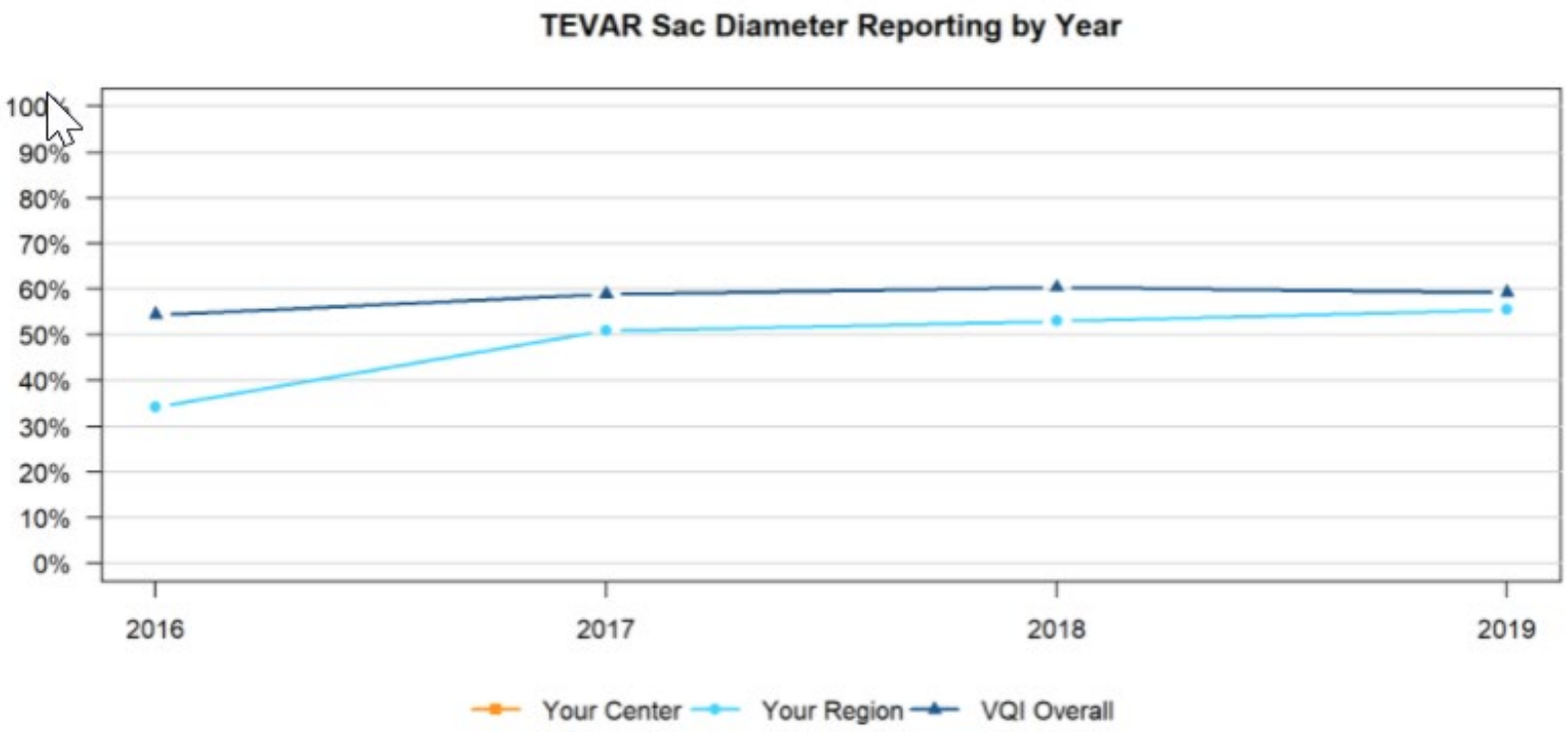
TEVAR: Sac Diameter Reporting

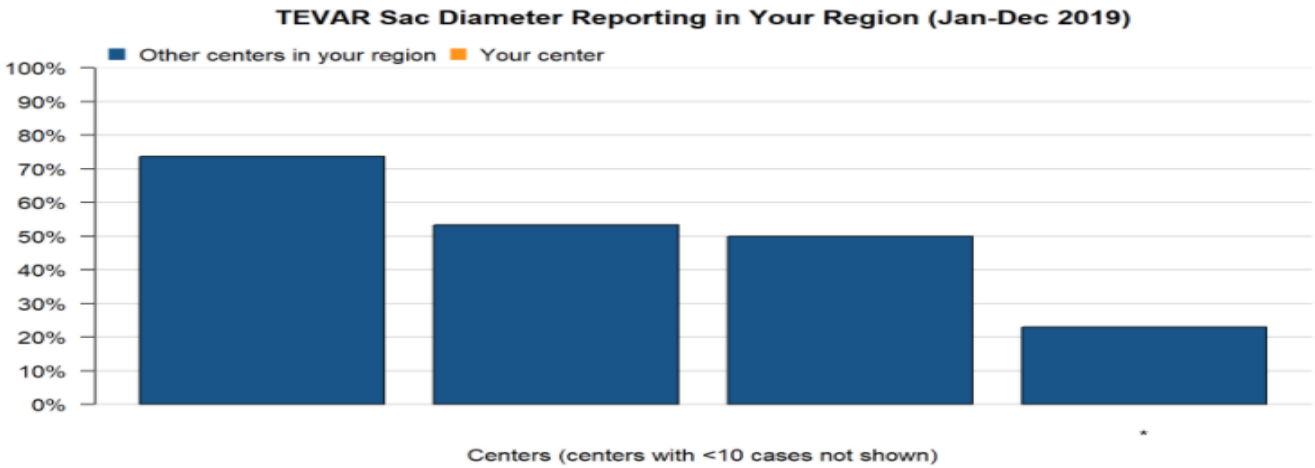
Procedures performed between January 1 and December 31, 2019

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.

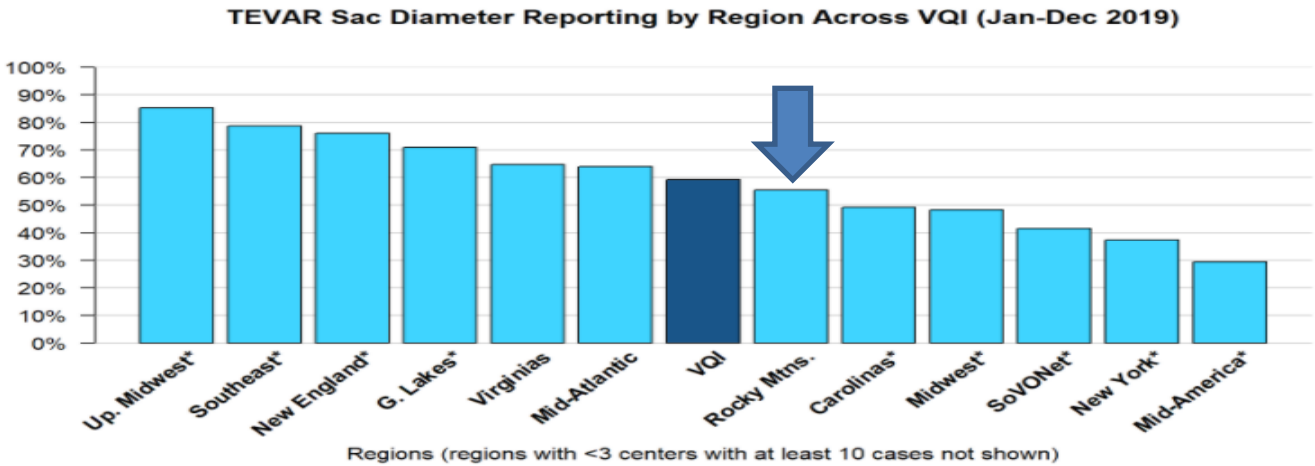
	Your Center	Your Region	VQI Overall
Number of TEVAR procedures meeting inclusion criteria		72	1703
Percentage with sac diameter reported between 9 and 21 months post-procedure		55.6%	59.3%





4 of 7 centers displayed

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



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

OAAA: In-Hospital Mortality

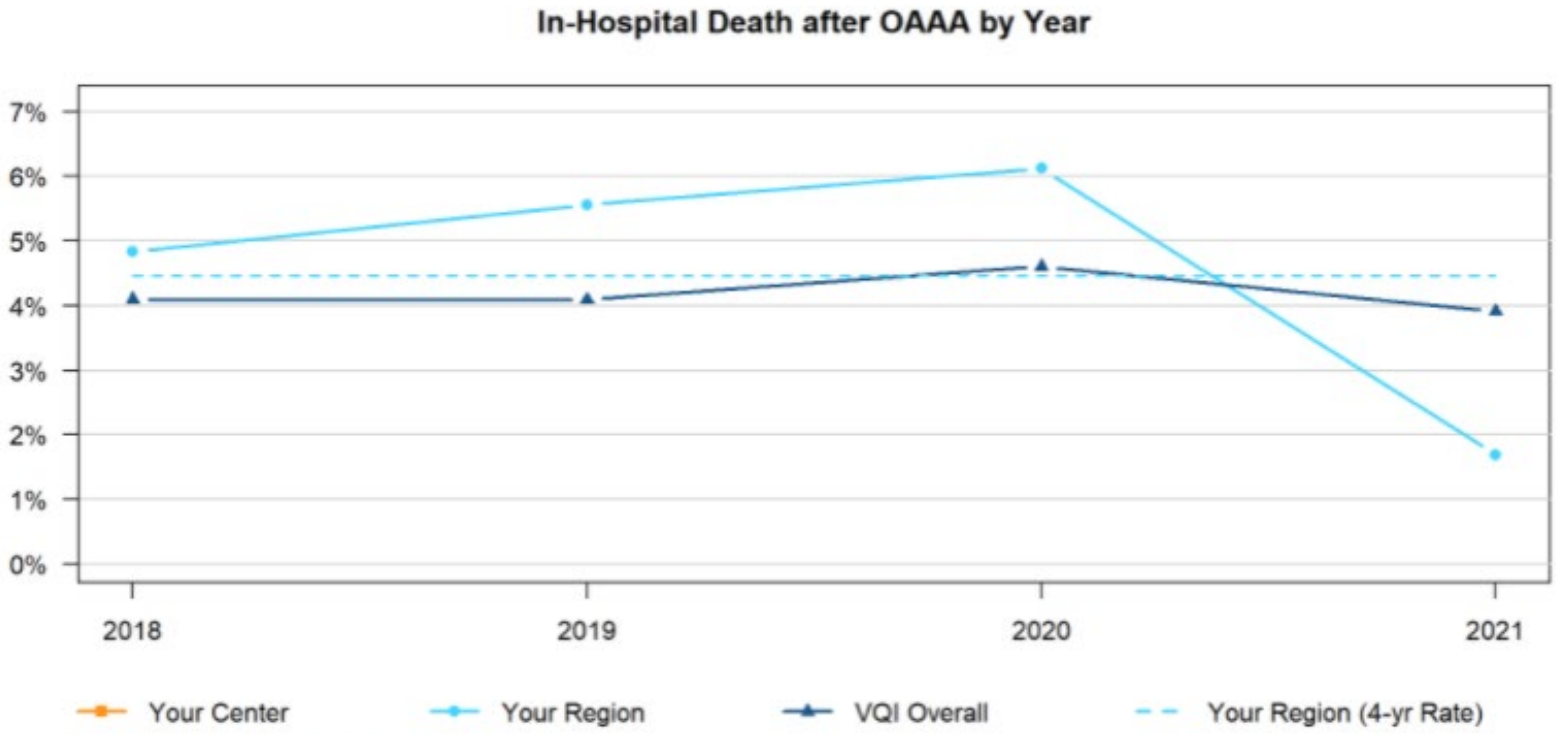
Procedures performed between January 1, 2018 and December 31, 2021

Includes Open AAA (OAAA) procedures. Excludes any patient with a ruptured aneurysm.

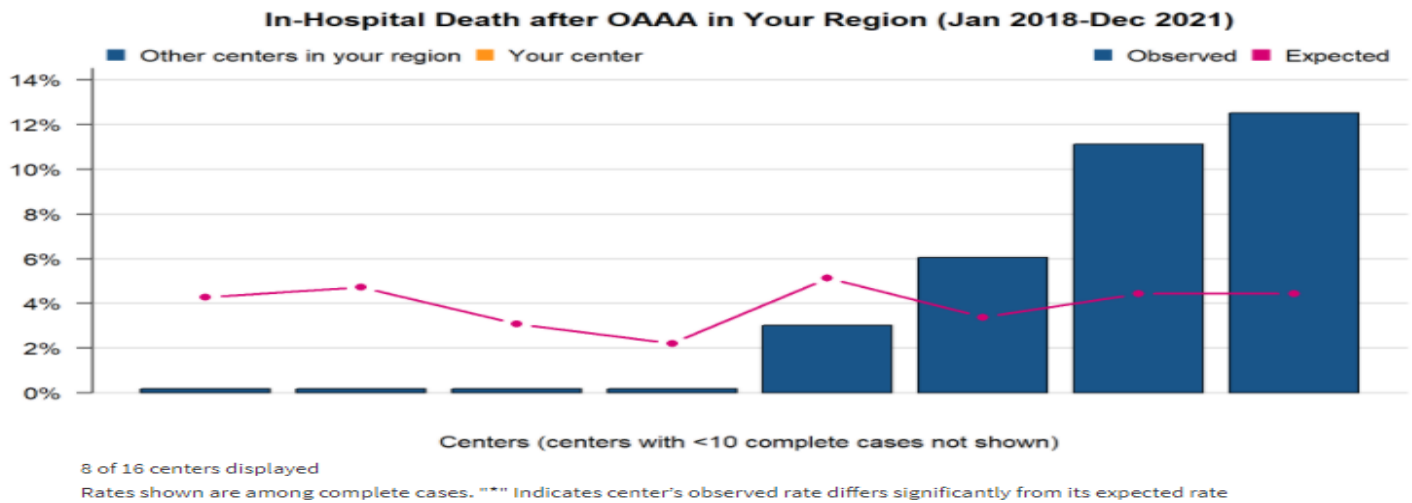
The table below gives the number of OAAA procedures meeting the inclusion criteria, and the observed and expected rates of in-hospital death for those cases.

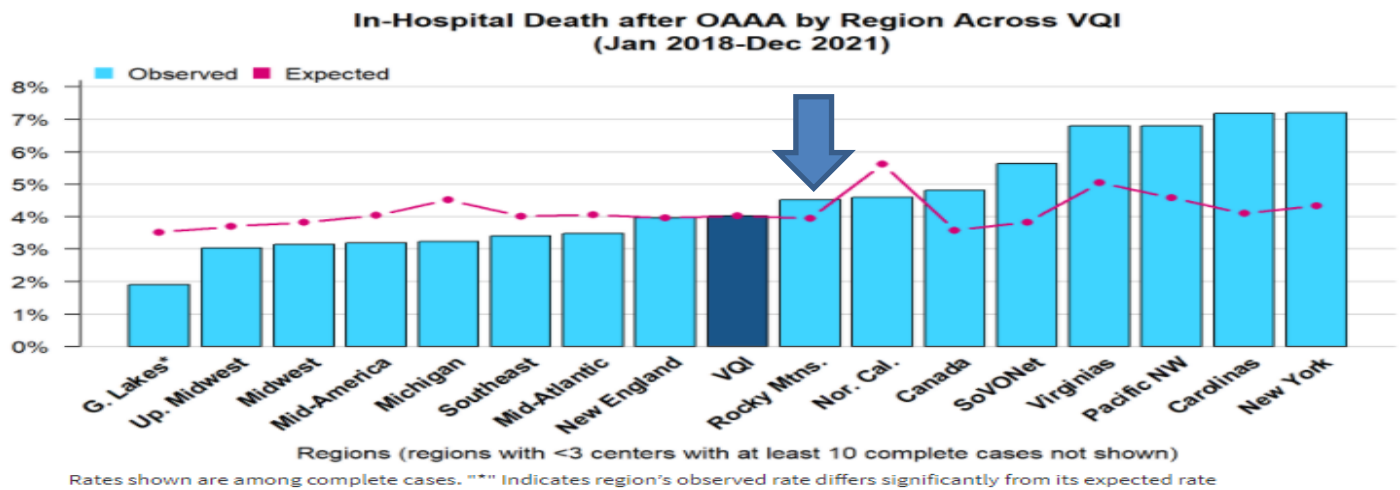
	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		224	4503
Observed rate of In-Hospital Mortality among procedures meeting inclusion criteria		4.5%	4.2%
Number of procedures with complete data*		221	4201
Observed rate of In-Hospital Mortality among cases with complete data		4.5%	4%
Expected rate of In-Hospital Mortality among cases with complete data		3.9%	NA
P-value for comparison of observed and expected rates		0.6	NA

*"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.



Rates shown are observed rates among cases meeting inclusion criteria.





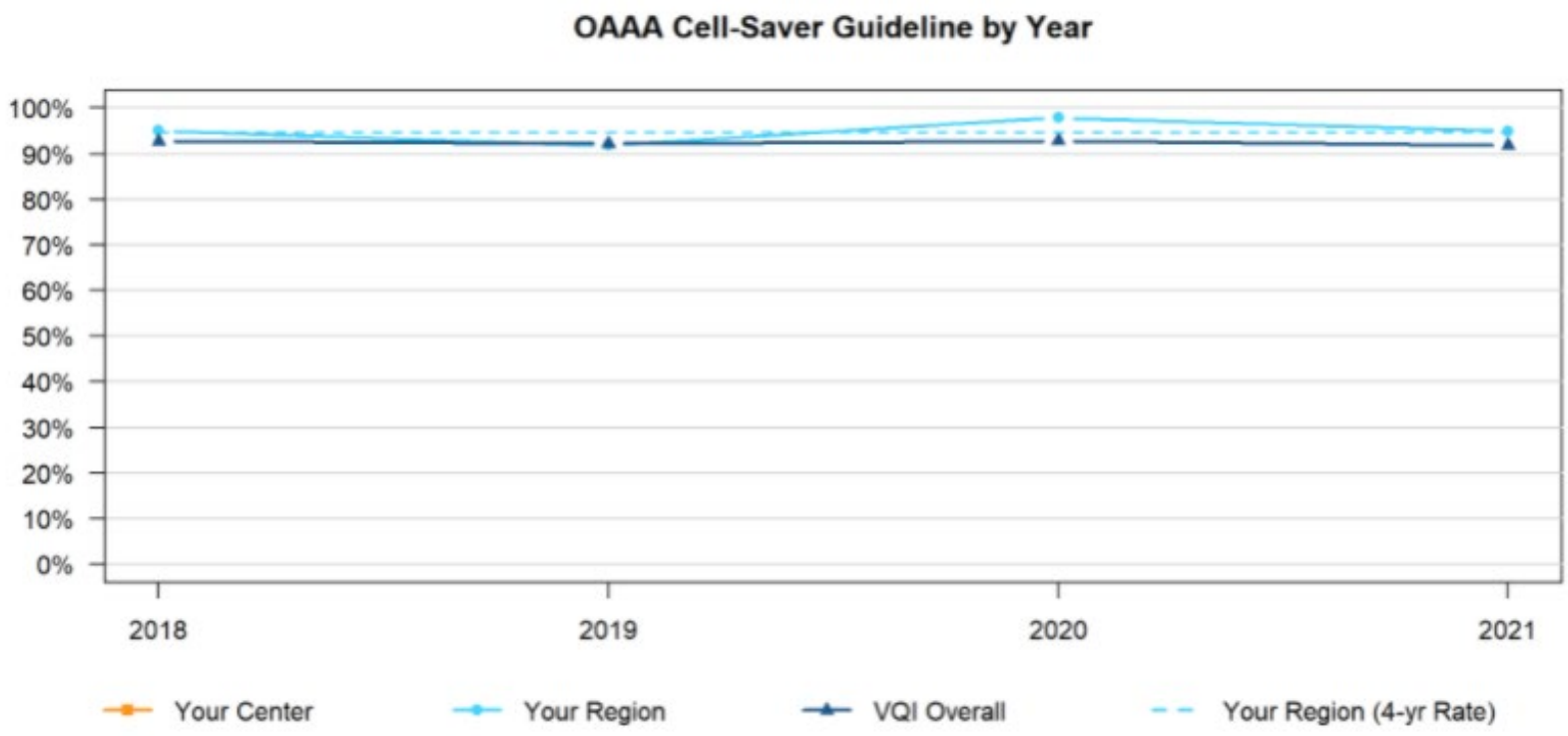
OAAA: SVS Cell-Saver Guideline

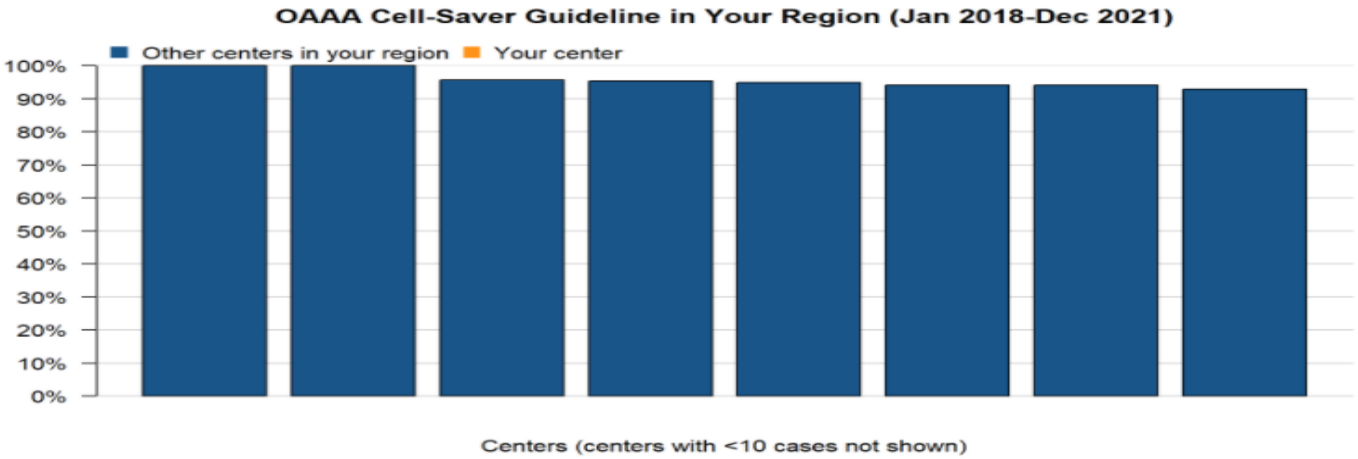
Procedures performed between January 1, 2018 and December 31, 2021

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.

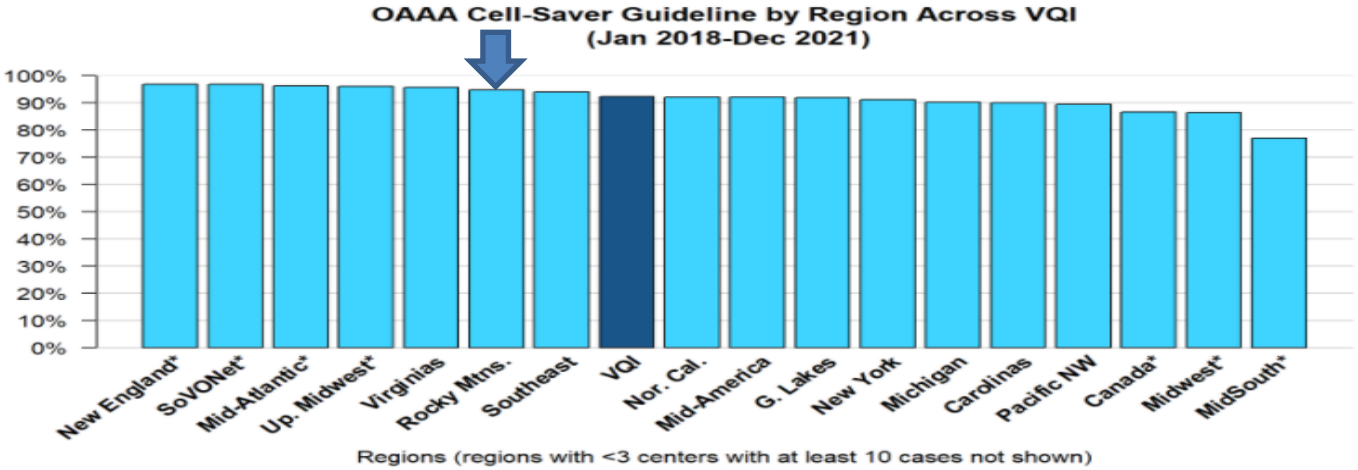
	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		228	4576
Percentage meeting SVS cell-saver guideline		94.7%	92.4%





8 of 16 centers displayed

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



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

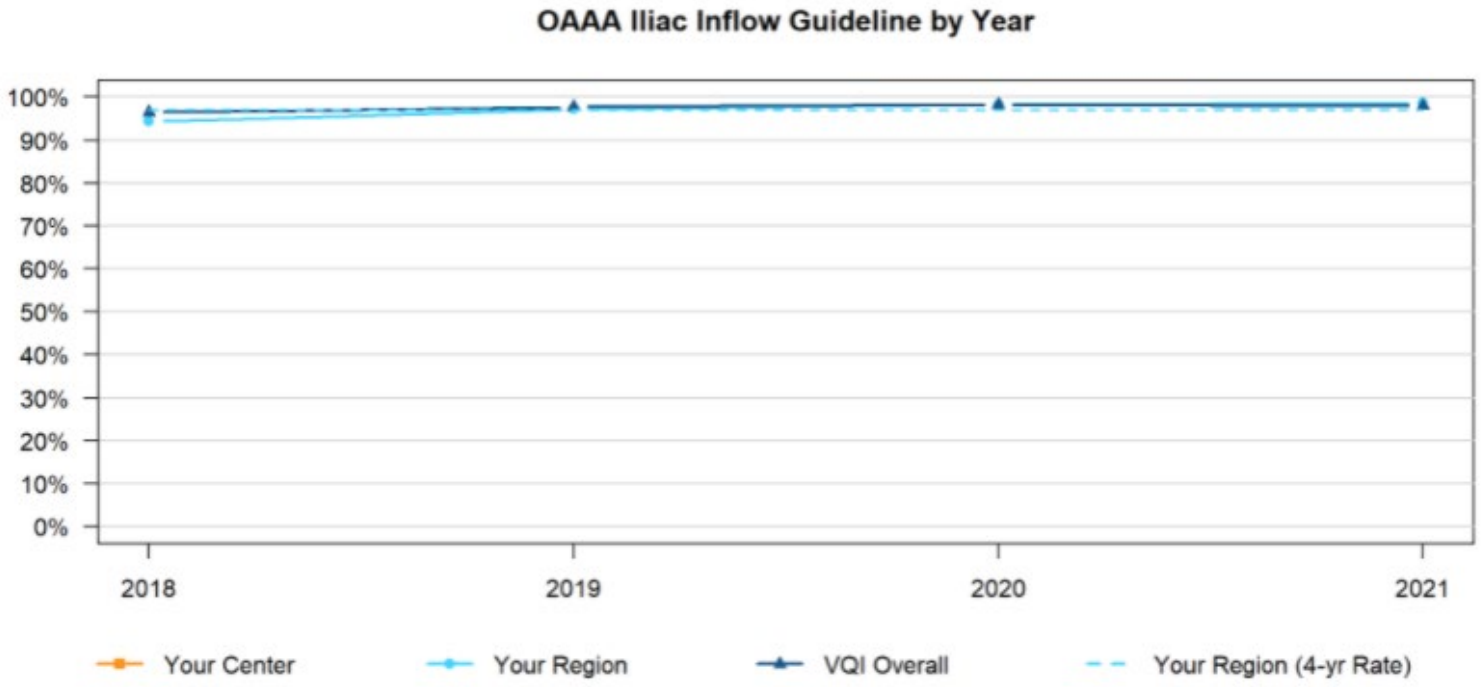
OAAA: SVS Iliac Inflow Guideline

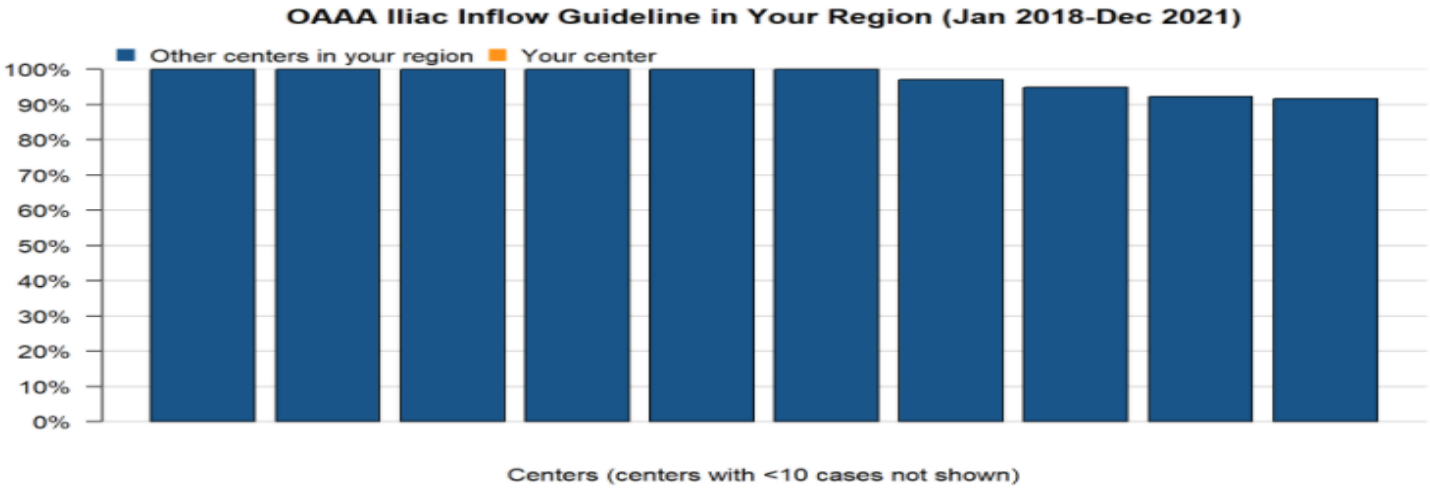
Procedures performed between January 1, 2018 and December 31, 2021

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.

	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		273	5134
Percentage meeting SVS iliac inflow guideline		97.1%	97.6%





10 of 16 centers displayed

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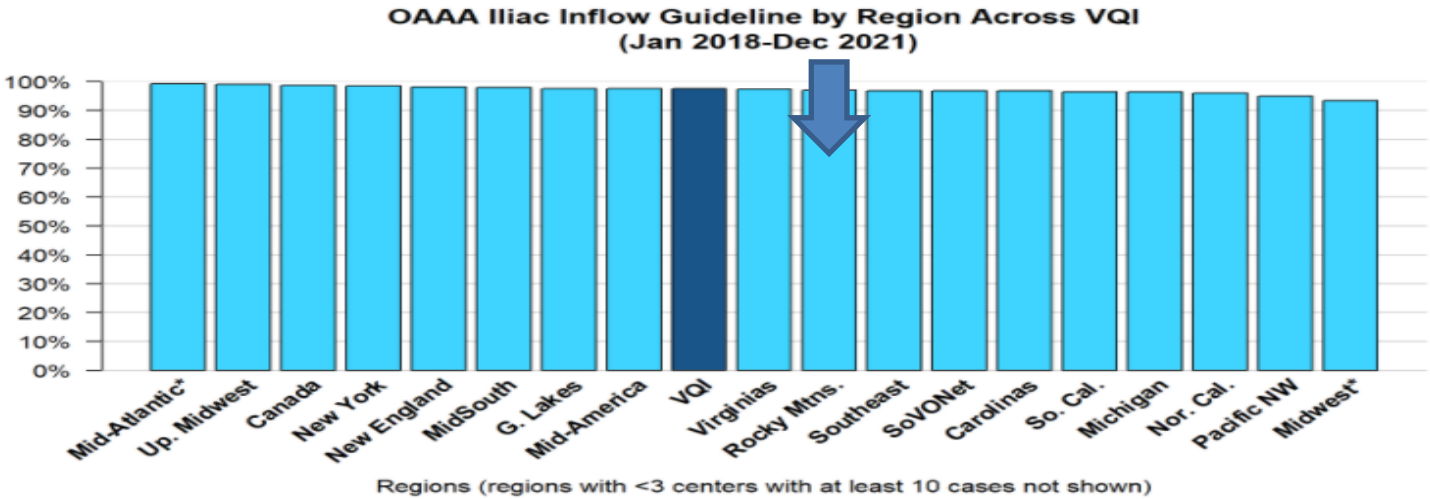


"*" Indicates region's rate differs significantly from the VQI rate.

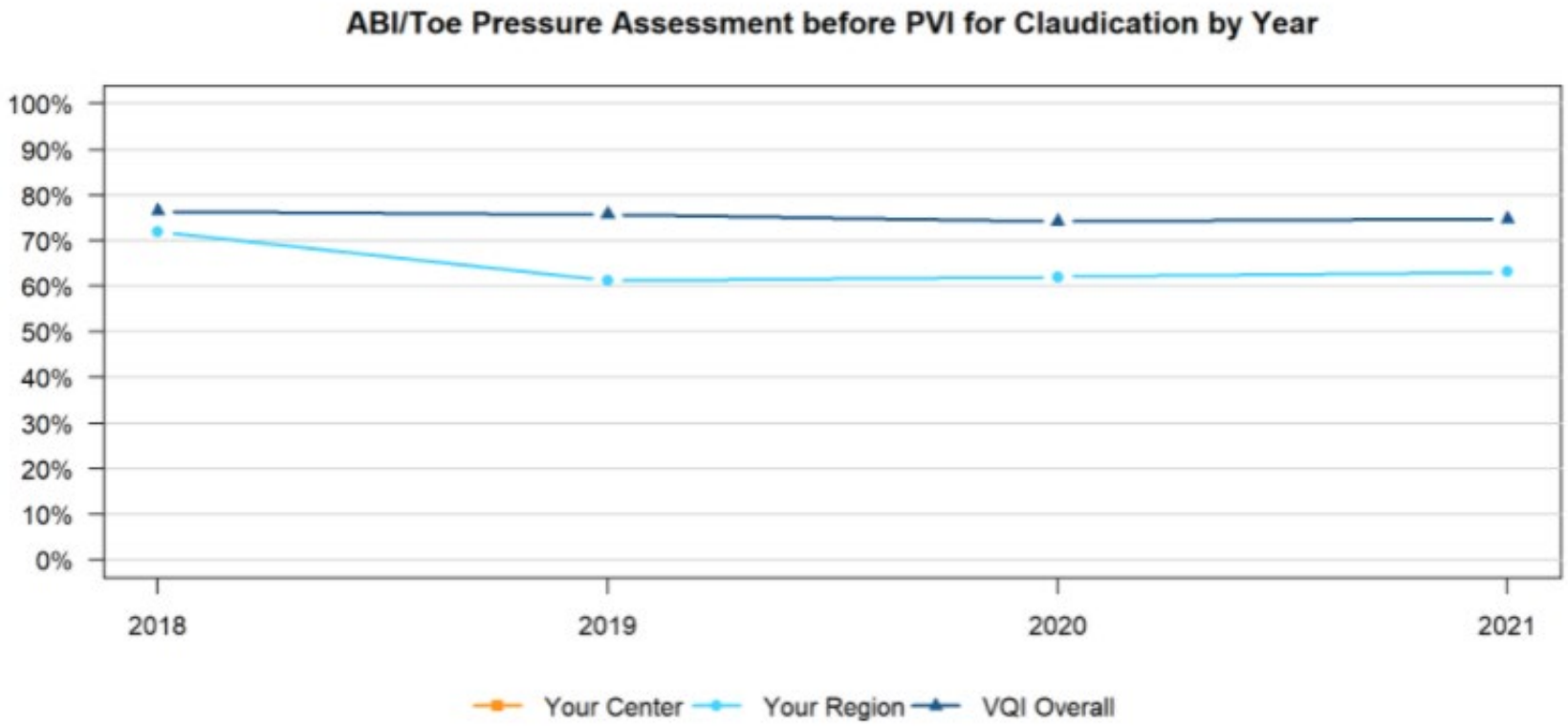
PVI CLAUD: ABI/Toe Pressure

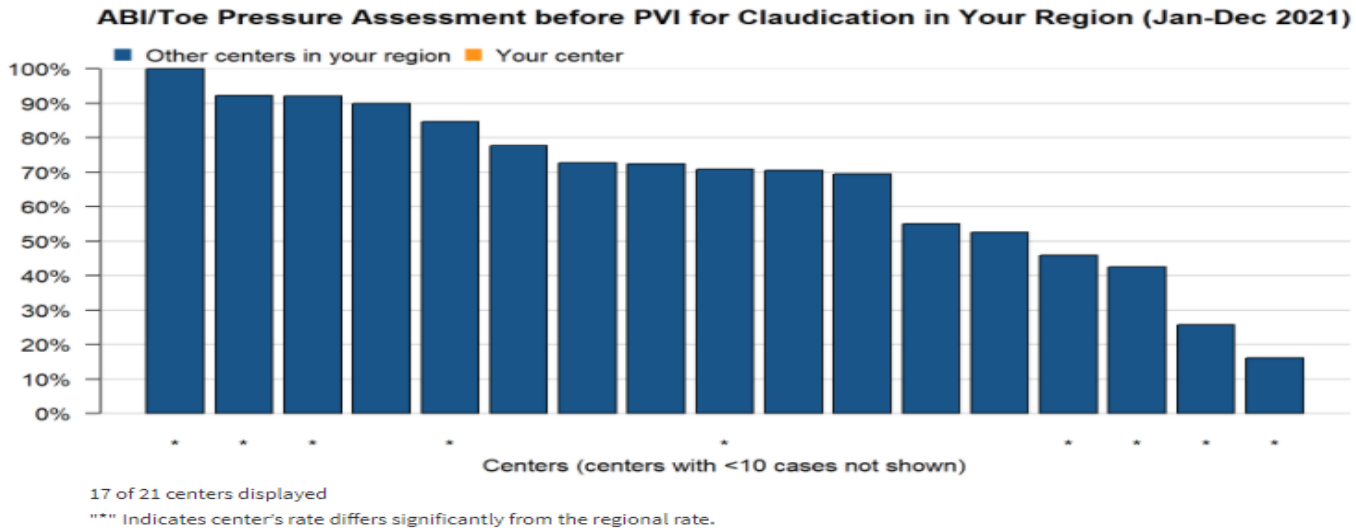
Procedures performed between January 1 and December 31, 2021

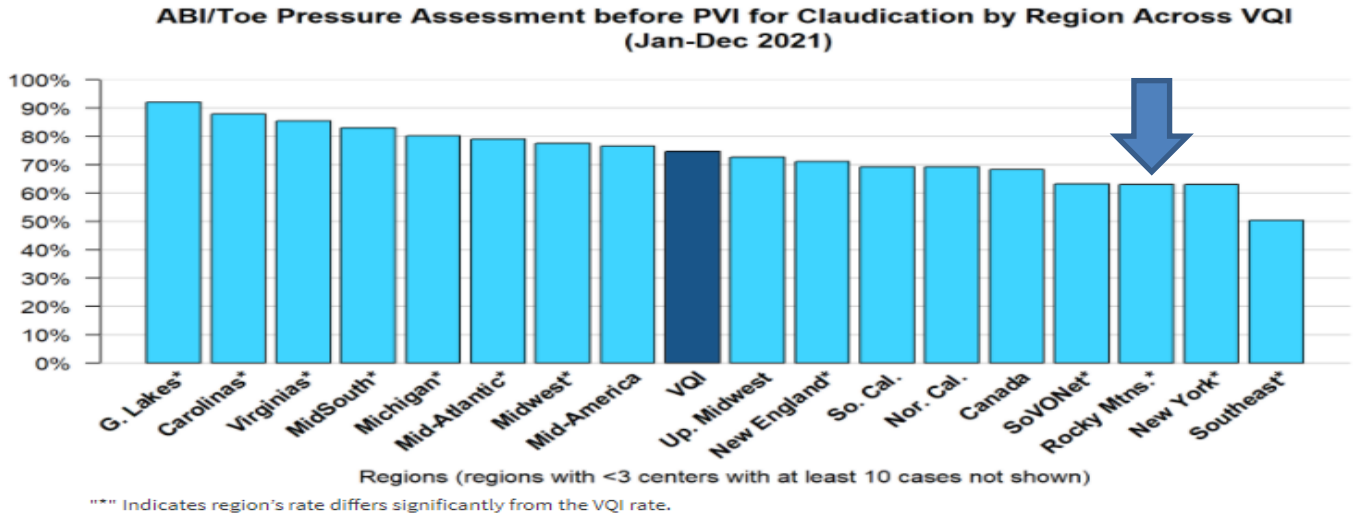
Includes Peripheral Vascular Intervention (PVI) procedures for mild, moderate, or severe claudication. "ABI/Toe Pressure Assessment" indicates at least one ABI or toe pressure assessment was made prior to PVI for the side of the procedure, or on both sides for bilateral and aortic procedures.

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.

	Your Center	Your Region	VQI Overall
Number of PVI procedures meeting inclusion criteria		863	14657
Percentage with ABI/toe pressure assessment		63.2%	74.8%







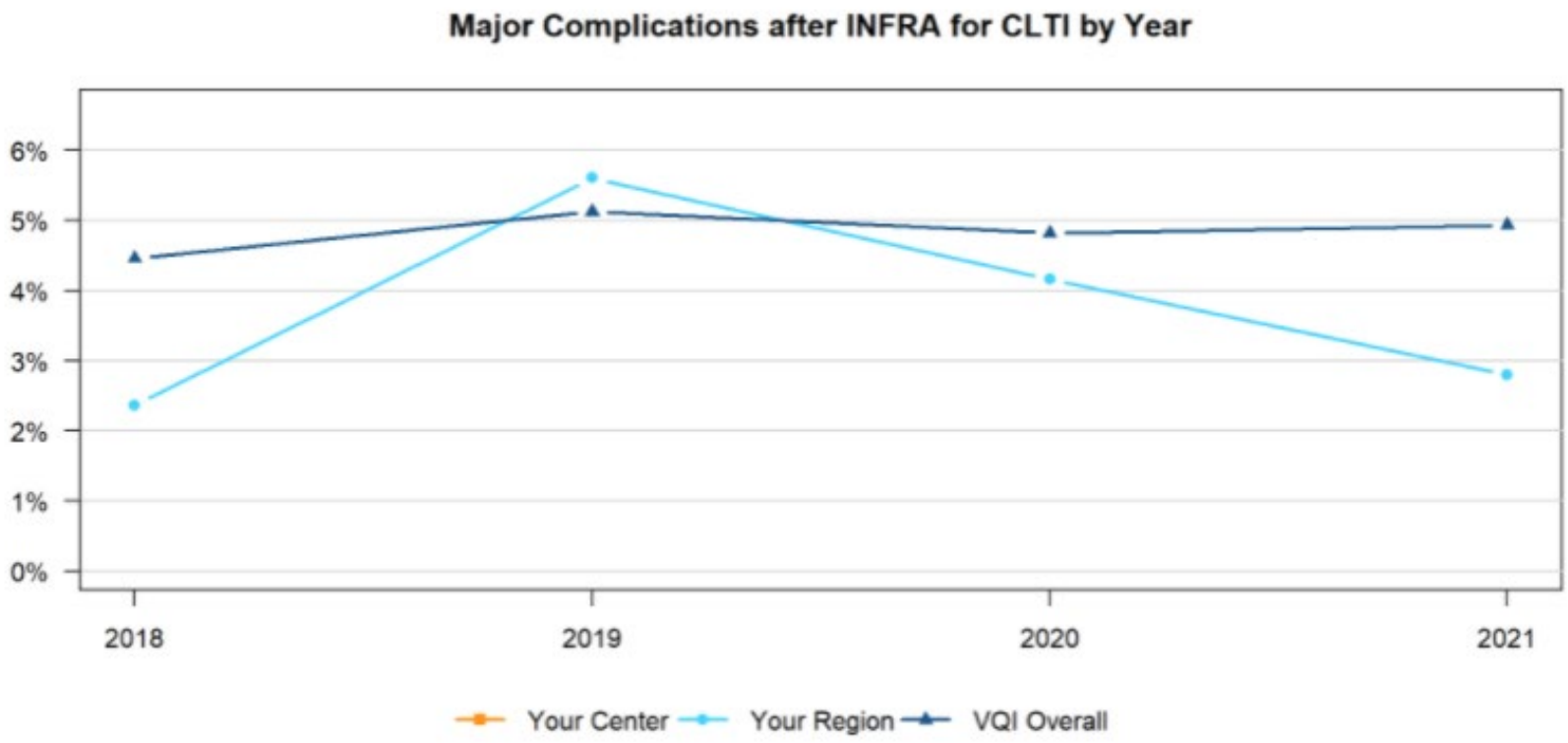
INFRA CLTI: Major Complications

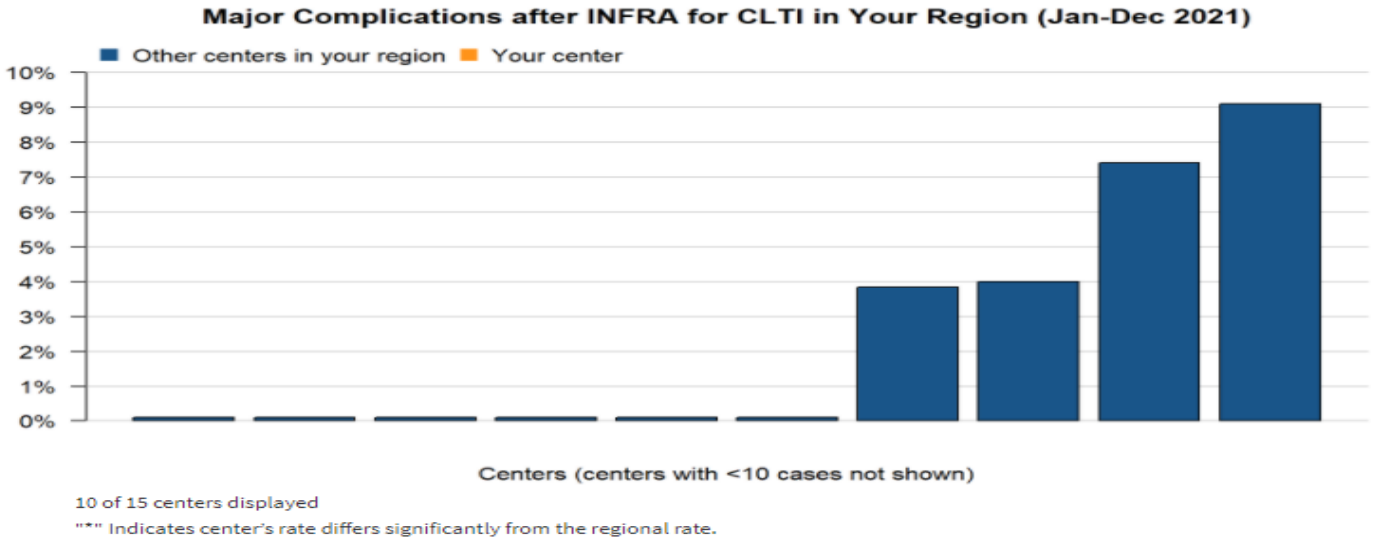
Procedures performed between January 1 and December 31, 2021

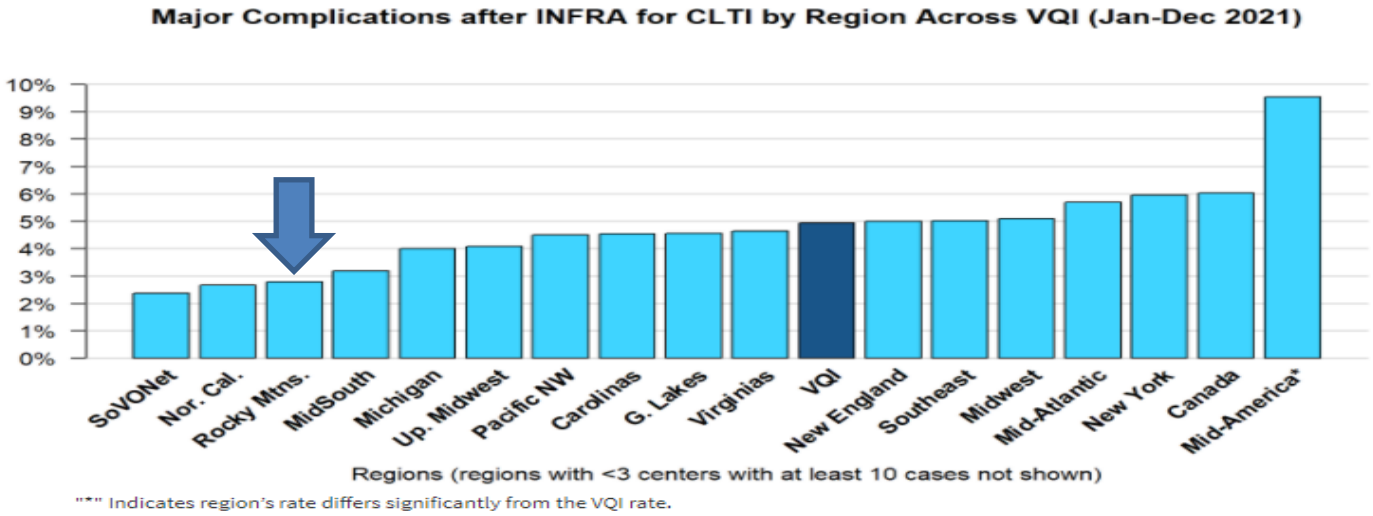
Includes Infrainguinal Bypass (INFRA) procedures for rest pain, tissue loss, or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

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.

	Your Center	Your Region	VQI Overall
Number of INFRA procedures meeting inclusion criteria		250	5187
Percentage with major complications		2.8%	4.9%







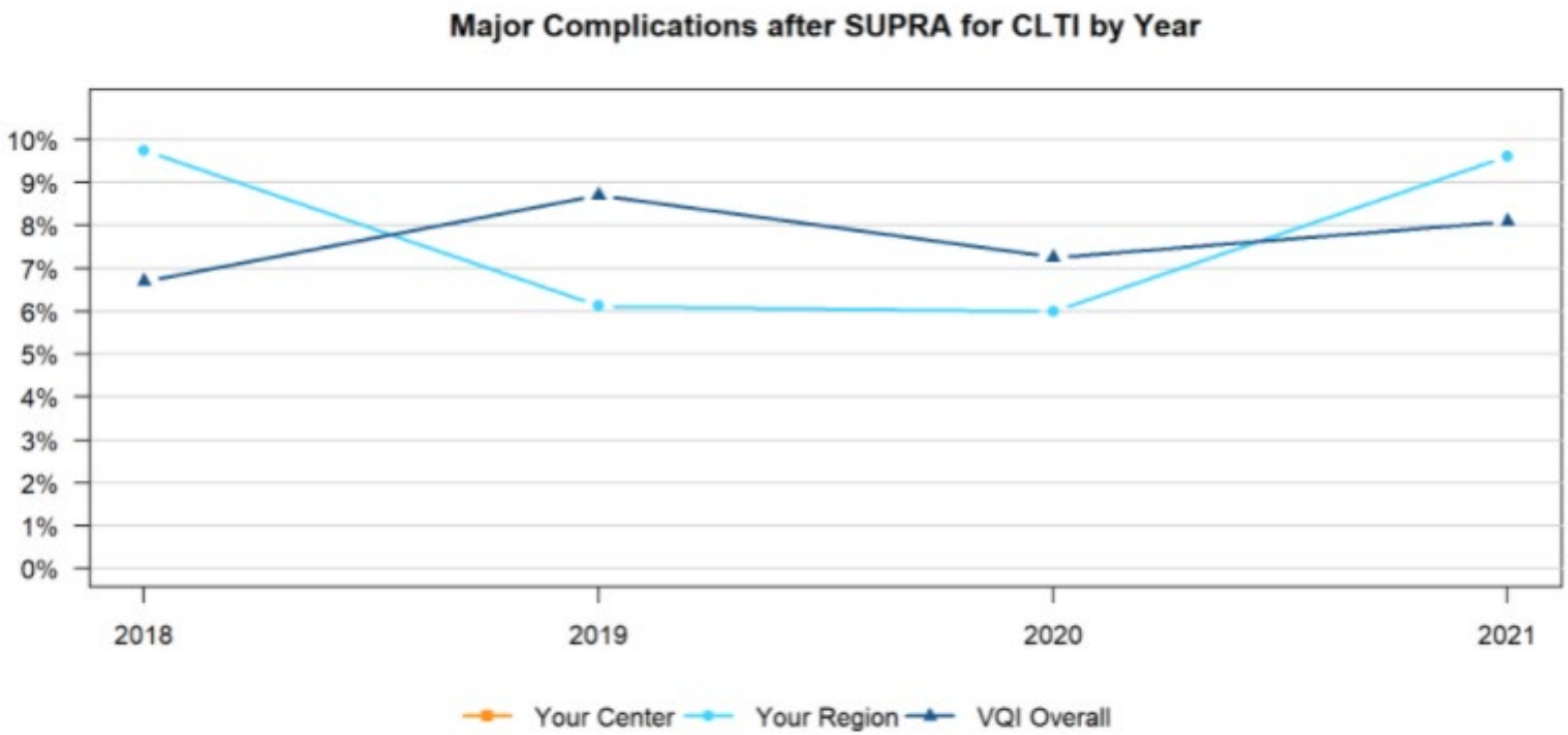
SUPRA CLTI: Major Complications

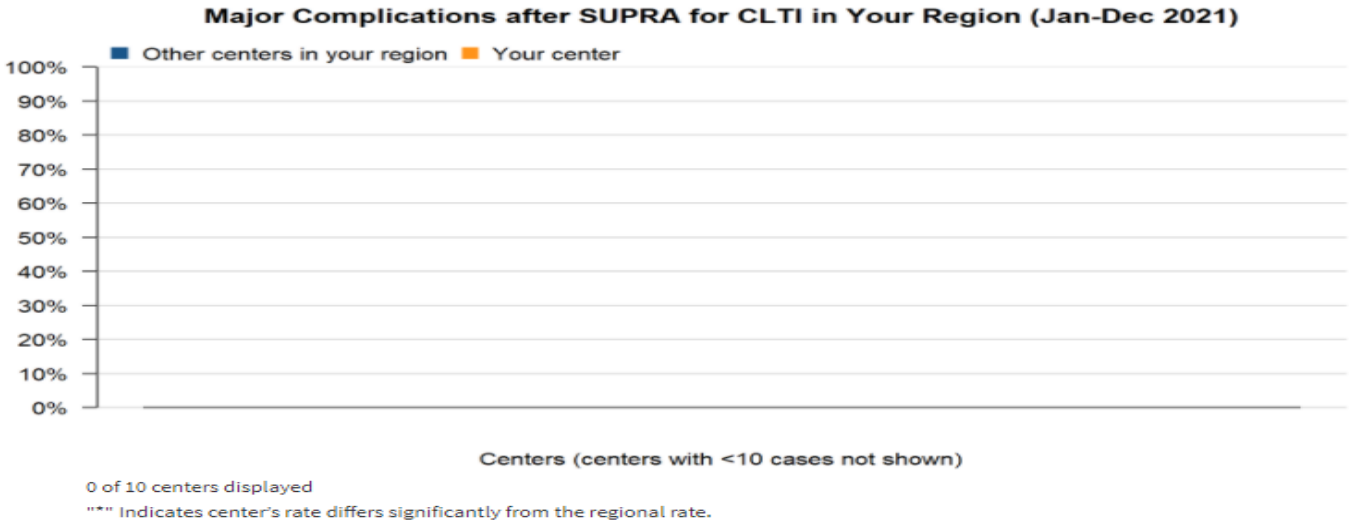
Procedures performed between January 1 and December 31, 2021

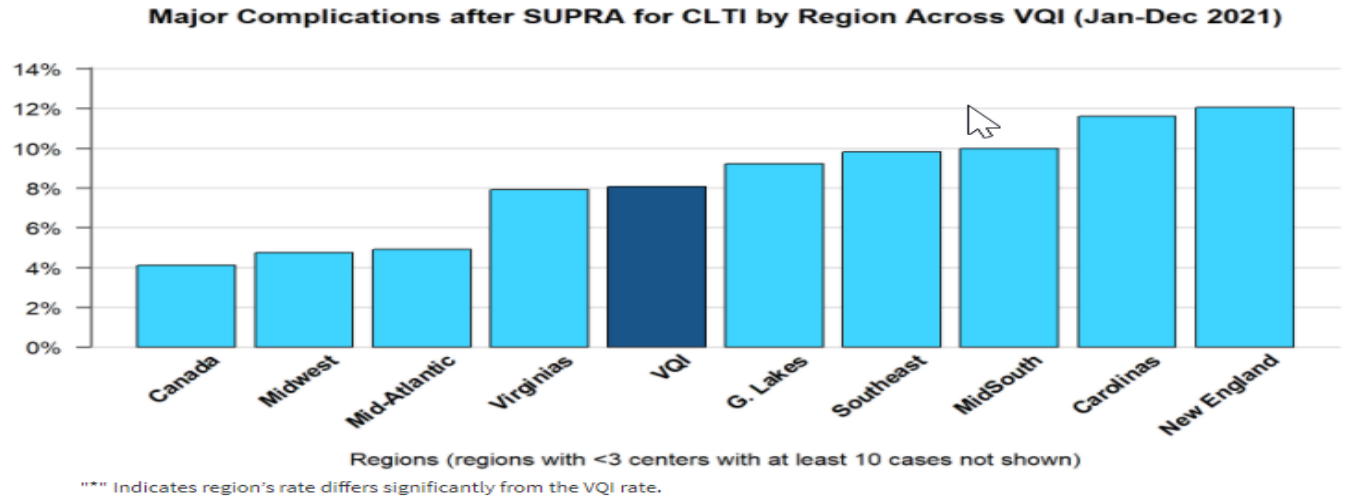
Includes Suprainguinal Bypass (SUPRA) procedures for rest pain, tissue loss, or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

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.

	Your Center	Your Region	VQI Overall
Number of SUPRA procedures meeting inclusion criteria		52	1162
Percentage with major complications		9.6%	8.1%







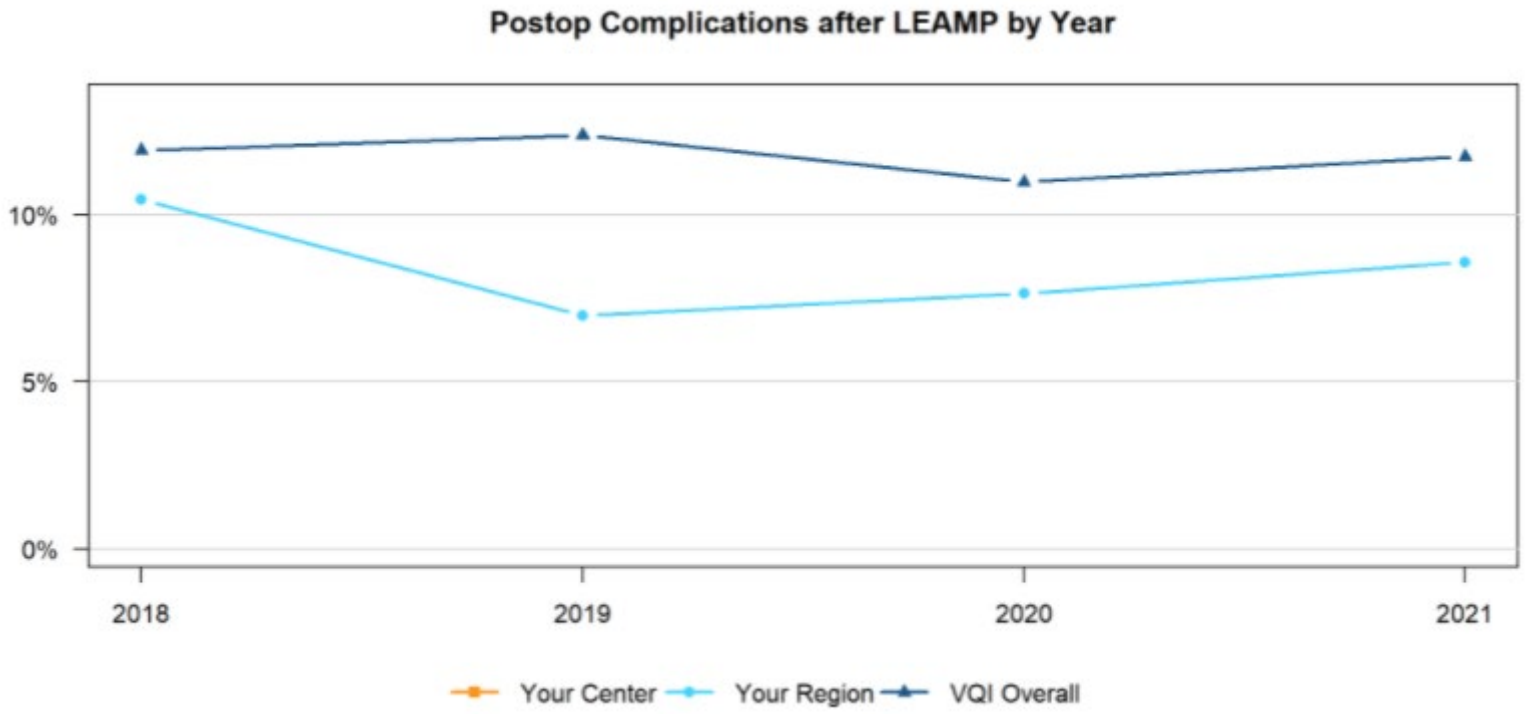
LEAMP: Postop Complications

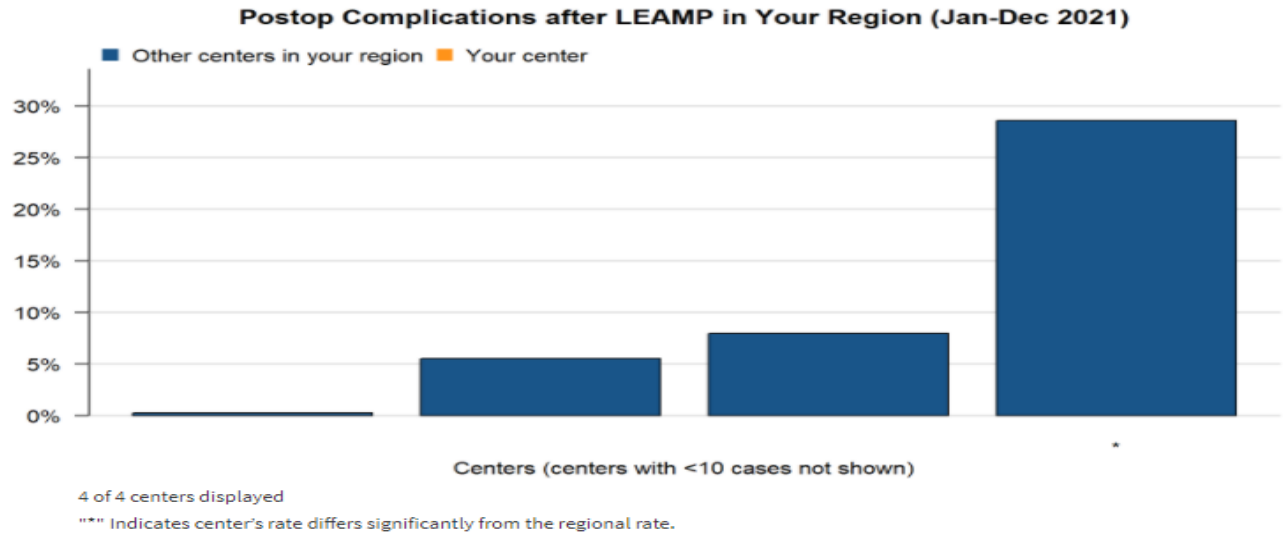
Procedures performed between January 1 and December 31, 2021

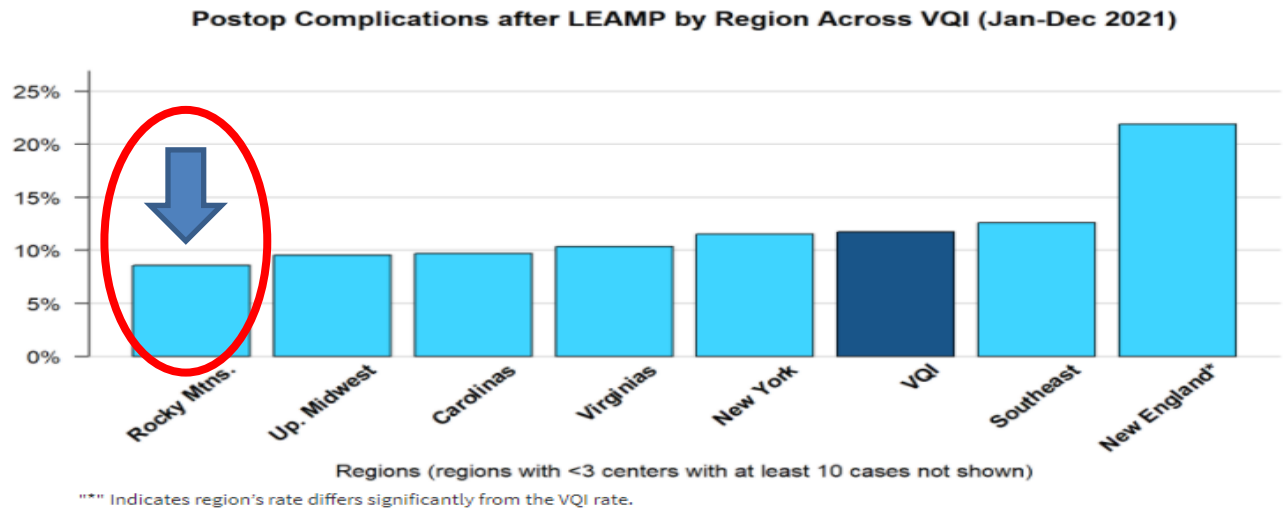
Includes Lower-Extremity Amputation (LEAMP) procedures. Postoperative complications are defined as myocardial infarction, dysrhythmia, congestive heart failure, surgical site infection, renal complication, or respiratory complication.

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.

	Your Center	Your Region	VQI Overall
Number of LEAMP procedures meeting inclusion criteria		105	3080
Percentage with postoperative complications		8.6%	11.7%


Postop Complications after LEAMP by Year
10%
5%
0%
2018
2019
2020
2021
Your Center
Your Region
VQI Overall





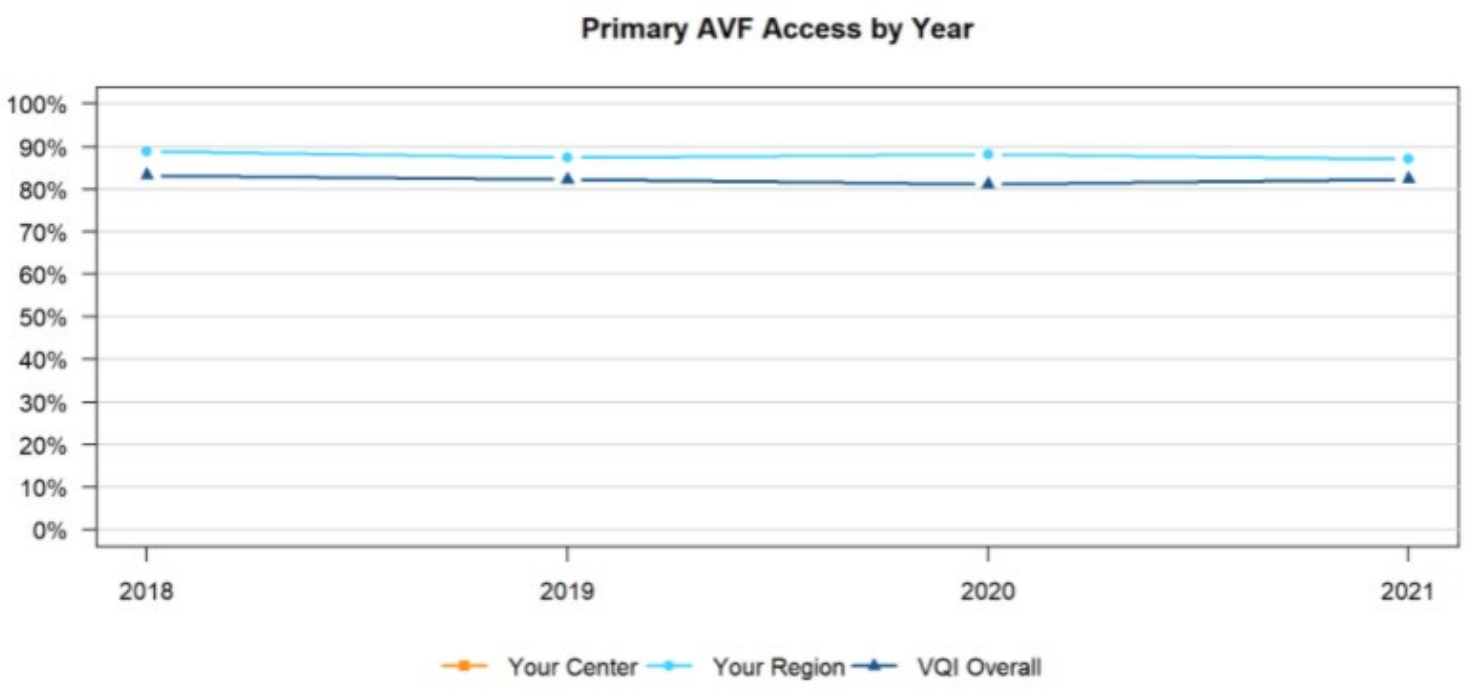
HDA: Primary AVF vs. Graft

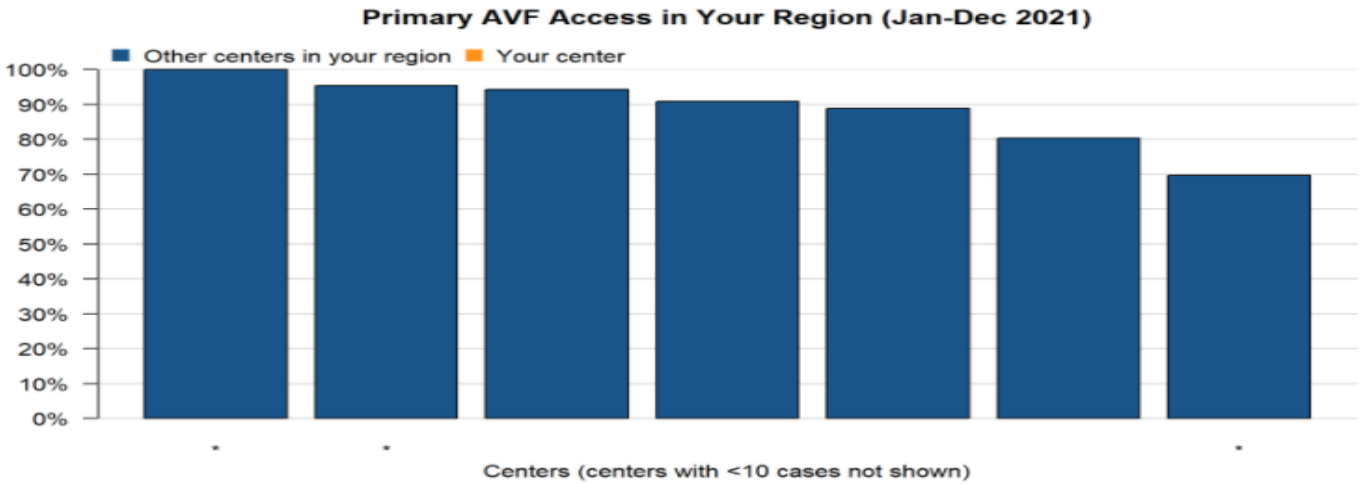
Procedures performed between January 1 and December 31, 2021

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.

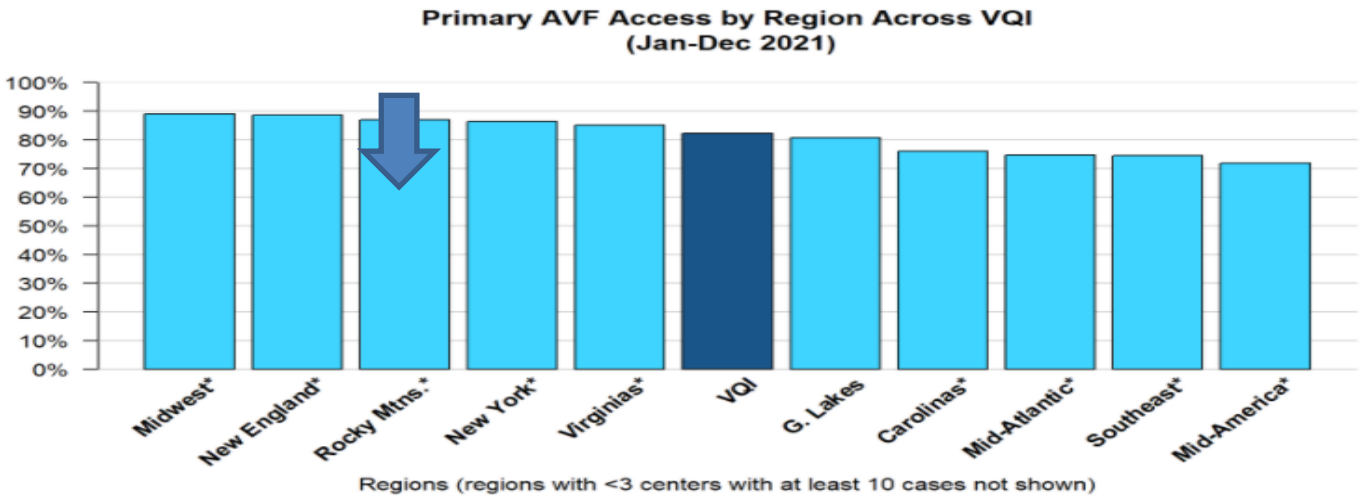
	Your Center	Your Region	VQI Overall
Number of HDA procedures meeting inclusion criteria		340	4829
Percentage with primary AVF		87.1%	82.4%





7 of 8 centers displayed

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



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

Regional Improvement Projects

SVS | VQI
In collaboration with NCDR®

Scott Berman, MD

Tze-Woei Tan, MD

- Brainstorming for new Regional Quality Improvement Projects
  - LTFU Improvement
  - Resistance to Plavix in TCAR Patients

National VQI Update

Caroline Morgan, BSN
Clinical Operations

What is a PSO

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PSO = Patient Safety Organization

- Created under authorization of the Patient Safety and Quality Improvement Act of 2005 (PSQIA)
- Goal – Improve quality & safety of health care delivery
- PSQIA encourages voluntary reporting & sharing of patient safety information without fear of legal discovery

Functions of a PSO

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- Protects comparative data from discovery
- Eliminates need for informed patient consent & IRB approval for core registry participation
- Allows patient identifiers to be included for internal purposes
- Only de-identified data can be released
  - Benchmarking, risk adjustment and merging with other identified data sets done within the PSO
  - QI research requires approval of PSO RAC committee; analytic data sets are de-identified

PSO Activities

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- Patient Safety Work Product (PSWP) - Reports that identify center-specific or physician-specific outcomes or processes
  - Semi-annual reports
  - Quarterly Dashboards
  - COPI/CAPI reports
- All reports treated as confidential
- Utilization of PSWP
  - Encourages a culture of safety
  - Provides a mechanism for feedback
  - Non-identifiable
  - Never used for punitive or competitive purposes

Center Requirements

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In collaboration with NCDR®

Patient Safety Evaluation System (PSES)

- Designation of user account privileges
- PSWP analysis is recommended to be outside of normal QA/Peer Review meetings
- Develop process on how to integrate PSWP results into the overall QI operations
- PSES requires training for those with access to PSWP to ensure that the privilege & confidentiality of PSWP is maintained
- The law provides significant penalties for failure to maintain the confidentiality of PSWP.

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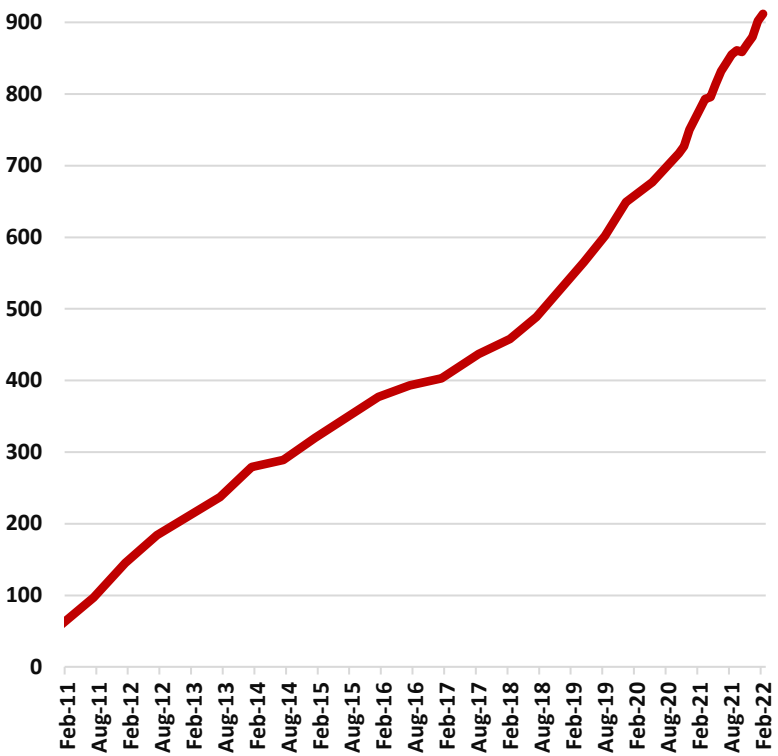
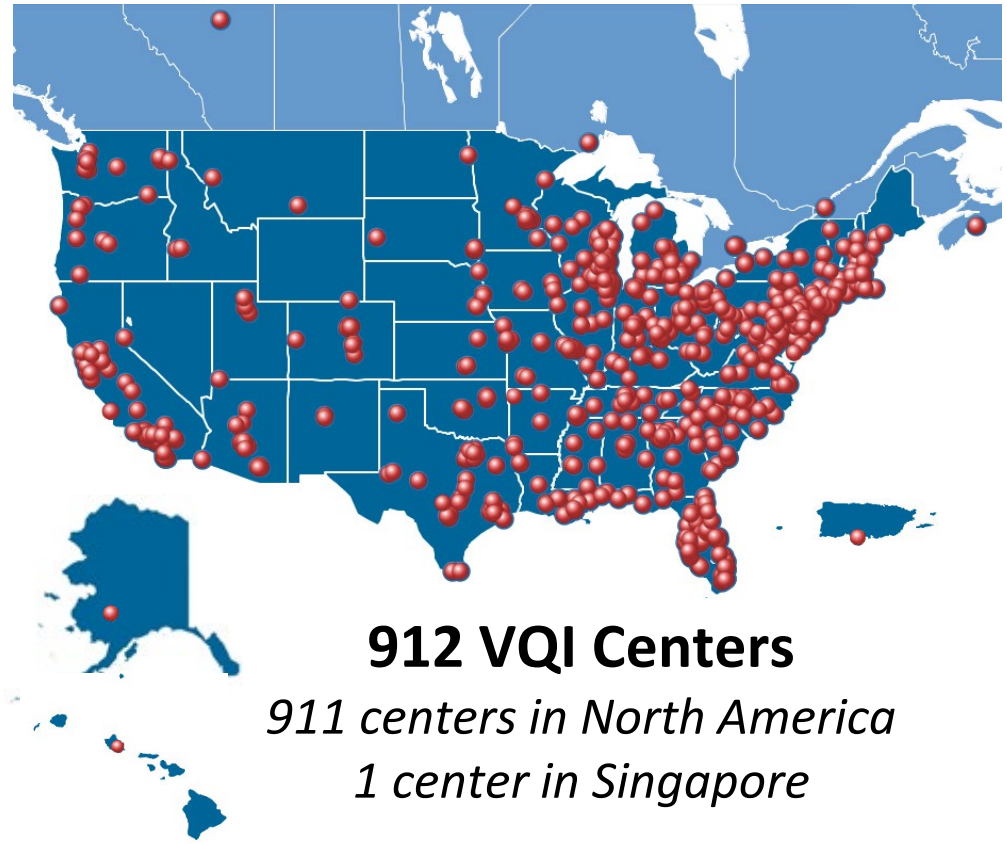
Number of Participating Centers



Location of VQI Participating Centers



912 VQI Centers

911 centers in North America

1 center in Singapore

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18 Regional Quality Groups

Canadian Vascular Quality Initiative

Michigan Vascular Study Group

nd

Vascular Study Group of Greater New York

Great Lakes Vascular Study Group

AK

HI

Puerto Rico

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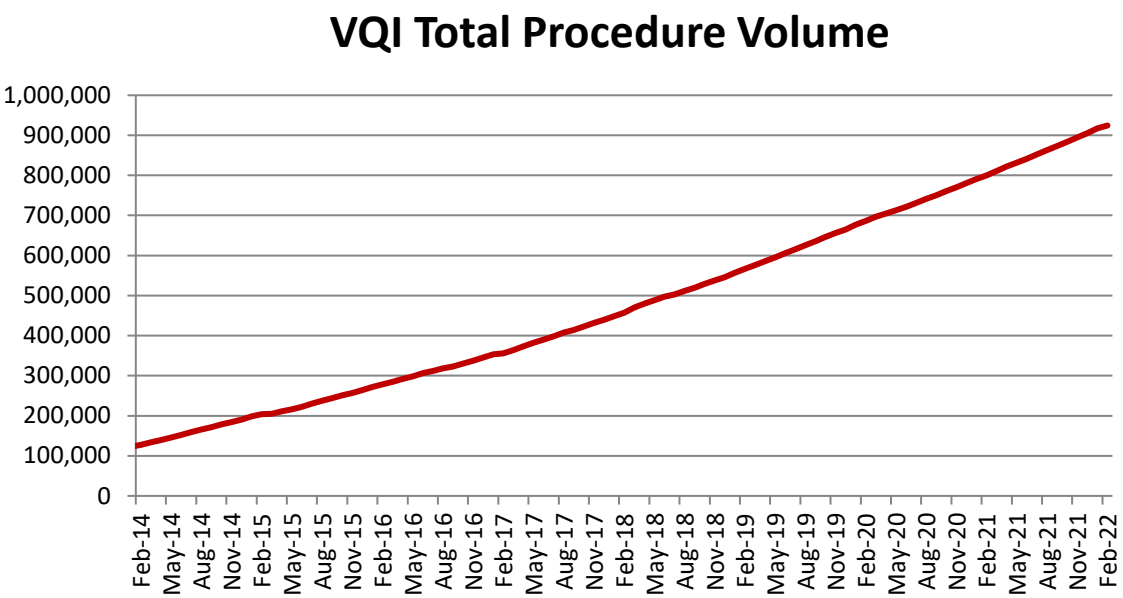
Total Procedures Captured (as of 3/1/2022)	924,286
Peripheral Vascular Intervention	313,170
Carotid Endarterectomy	170,726
Infra-Inguinal Bypass	72,646
Endovascular AAA Repair	70,670
Hemodialysis Access	69,019
Carotid Artery Stent	70,506
Varicose Vein	52,477
Supra-Inguinal Bypass	23,437
Thoracic and Complex EVAR	24,076
Lower Extremity Amputations	24,009
IVC Filter	16,970
Open AAA Repair	16,033
Vascular Medicine Consult	475
Venous Stent	72



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

VQI @ VAM 2022

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In collaboration with NCDR®

2022 VQI Annual Meeting at VAM

Dates:

Tuesday afternoon, June 14, 2022,
12PM – 6:30PM ET

Wednesday, June 15, 2022,
8AM – 5PM ET

Location:

Hynes Convention Center, Boston, MA

***Poster Presentation and Networking Reception**
Tuesday, June 14, 2022
5:00PM to 6:30PM

Hope to see you there!!!

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Long Term Follow Up Reports

SVS | VQI
In collaboration with NCDR®

Currently available:

- EVAR, CAS, CEA
- Soon to be released PVI, TEVAR, IVC, HDA……

CEA Follow-Up Outcomes Report

Procedure Date * 2018/01/01 – 2021/12/31

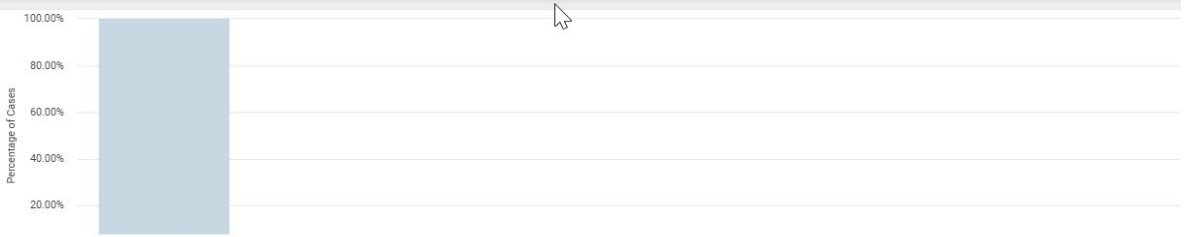
Symptom Status is Asymptomatic or Prior TIA and Stroke or ...

Prepared for Demo Medical Center on 02/08/2022

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

Follow-Up Rate

	My Center	My Region	All VQI
Cases with any follow-up	100% (2/2)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 months	0% (0/2)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 months and imaging	0% (0/2)	NA (<3 centers)	NA (<3 centers)



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Device Assist and Symmetric Integration

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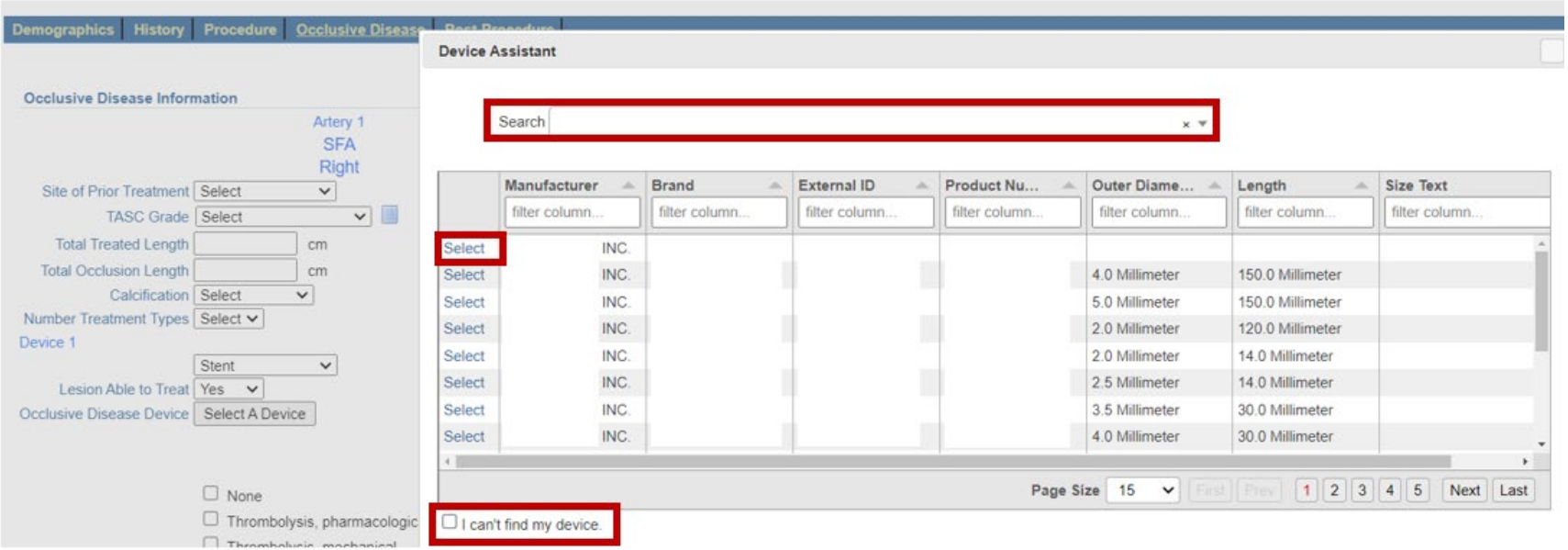
In collaboration with NCDR®

- Device Assist – New device search functionality within Pathways to assist in finding the devices used for treatment
  - Search by manufacturer, device name
  - Available in the PVI Registry Comprehensive data collection tool
- Symmetric – Healthcare supply software company
  - Reducing/eliminating data discrepancies
  - Providing real-time up to date access to FDA approved devices



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Pilot Extension

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In collaboration with NCDR®

My PAD

My Peripheral Arterial Disease Pilot

- Quality of Life survey for the PVI Registry
- Extending pilot to new interested centers
- Start up education and promotional documents will be provided
- For questions or interest please contact cmorgan@svspso.org

Regional Lead Data Managers

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- Volunteer position
- Help to organize/coordinate Regional Meetings
- Disseminate information gathered from RLDM quarterly meetings with the SVS PSO staff to your region's Data Managers
- Strategies for recruitment & filling vacant positions

Grants & Industry Meeting Support

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In collaboration with NCDR®

- Not guaranteed funds
- On average industry supporters provided $1,000 - $2,000 for regional meetings
- New reporting standards have changed food and beverage support for regional meetings
- Be prepared to cover these type costs with other funding

Website Redesign

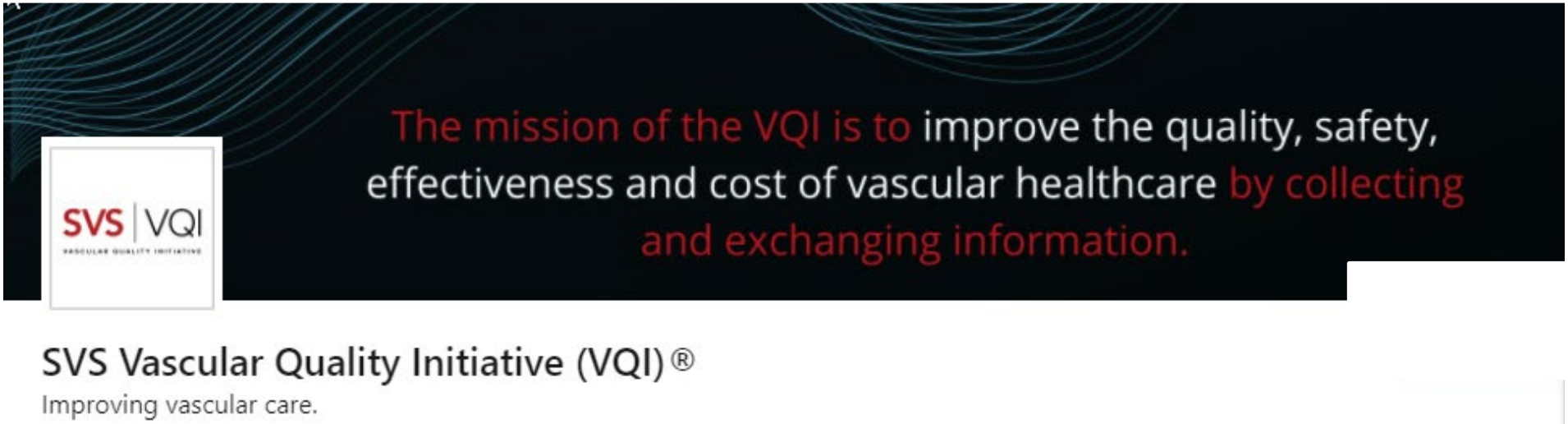
SVS | VQI
In collaboration with NCDR®

- A new VQI.org experience is coming!
- New look and feel, fresh content, and improved navigation.
- Our goal is to showcase the new site at VQI@VAM

VQI LinkedIn

SVS | VQI
In collaboration with NCDR®

The SVS Vascular Quality Initiative (VQI) is now on LinkedIn. Follow our page for the latest news and events!



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VQI Mobile App

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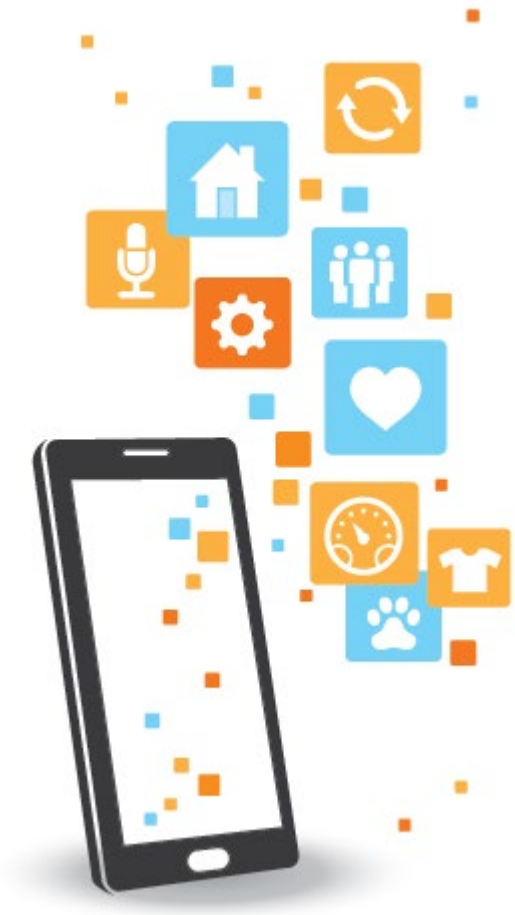

- The SVS PSO is pursuing the creation of a brand new VQI Mobile App that could be used on your personal device.
- We hope this will allow us to get information to you more effectively and efficiently.
- The VQI Mobile App will start out as a communication tool, and hopefully grow from there.

Circulatory System Devices Panel of the Medical Devices Advisory Committee Meeting

SVS | VQI
In collaboration with NCDR®

- Nov 2, 2021 – Day #1
- Benefit-risk profile of the Endologix AFX endovascular graft system with regards to the risk of Type III endoleaks
- Nov 3, 2021 – Day #2
- Real World Surveillance of AAA Endovascular Stent Grafts

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Conclusions:

Endologix AFX has history of increased Type III endoleaks –

- Panel expressed concerns about role of AFX 2
- Mitigation efforts taken
- Further steps underway with FDA, industry and VQI

Real World Evidence plays an important role in analyzing EVAR

- Follow up 5-10 years
- Needs support

- Clinical Registry – VQI
- Vascular Research Collaborative (VRC)
- VISION - CMS claims linkage

Paclitaxel Update

SVS | VQI
In collaboration with NCDR®

VQI analysis of Paclitaxel controversy

DELTA

Data Extraction and Longitudinal Trend Analysis 2020-2024

Registry surveillance

Fred Resnic, MD

Lahey Hospital & Medical Center

VISION

Vascular Implant Surveillance and Interventional Outcomes Network

VQI-CMS claims matched analysis

MDEpiNet Medical Device Epidemiology Network

Phil Goodney, MD — Dartmouth-Hitchcock Health

Art Sedrakyan, MD — Weill Cornell Medicine

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Paclitaxel Update

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Conclusions:

- Prospective, active surveillance of the SVS VQI PVI registry using DELTA did not demonstrate a signal for increased mortality
- Claims analysis through VISION did not demonstrate a signal for increased mortality or major amputation
- VQI data did not show increased mortality with Paclitaxel devices

Regional Meeting CME/CE Credit

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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.

Meeting Attendance Credit

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REMEMBER TO PSO:

- **PUT your FULL NAME in RingCentral to get credit for attendance and CME/CE credit (no exceptions will be made)**
- **SEND an email to ljohnson@svspso.org with names of group members that are sharing 1 device**
- **OFFICIALLY apply for CME/CE credit by clicking this link: https://dmu.co1.qualtrics.com/jfe/form/SV_bvVaWchfYe3WhQq**

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


TIME FOR A BREAK

Quality Improvement Update Spring 2022

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

Trainee Program Update

SVS | VQI
In collaboration with NCDR®

- Mentor based 12–18-month program
- Regional meetings, center data review
- Quality and research opportunities
- VQI@VAM
- Chance to be selected for scholarship
- Quarterly check-ins with SVS PSO staff
- Satisfaction surveys, feedback
- GLemmon@svspso.org or bwymer@svspso.org

2022-2023 FIT List

SVS | VQI
In collaboration with NCDR®

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

Trainee Program Update

SVS | VQI
In collaboration with NCDR®

- Sign up to be a mentor
- Next Trainee application – January 2023
- Check www.vqi.org frequently
  - https://www.vqi.org/quality-fellowship-in-training-fit-program/

Quality Fellowship In Training (FIT) Program

Mentors For Quality FIT Program

Trainees for Quality FIT Program

- Share your tweets

  #nextgenVQI

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2022 PARTICIPATION AWARDS PROGRAM

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 Awards

SVS | VQI
In collaboration with NCDR®

- https://www.vqi.org/wp-content/uploads/2022-Participation-Award-Points.pdf

Domain – QI Project – 20% weighted

Scoring on 0 – 6-point scale to keep consistent with other measures. This gives centers options for getting **6 maximum QI points**.

- Initiation of a QI Project, evidenced by submitting a Project Charter to QI@SVSPSO.ORG or bwymer@svspso.org (2 points). **One charter per year.**
- Presenting a QI Project (presentation or poster) at a Regional VQI, *Regional Society Meeting, or *Hospital **Board** meeting (2 points) *When presenting at succinct regional meetings, project slides must reflect a change or update in status.*
- Presenting a QI Project (presentation or poster) at the National VQI or *Vascular Annual Meeting (2 points)
- *Publish a **VQI quality improvement** article in a Peer Reviewed Journal (2 points)
- Centers with significant improvement or excellent performance rates on National QI Initiatives will receive one additional point (per initiative), for a maximum of 6 QI points

* Please send attestation (proof) to bwymer@svspso.org on or before December 31, 2022.

Participation Award Results

SVS | VQI
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Coming Soon!!!!

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Charter Historical Review

SVS | VQI
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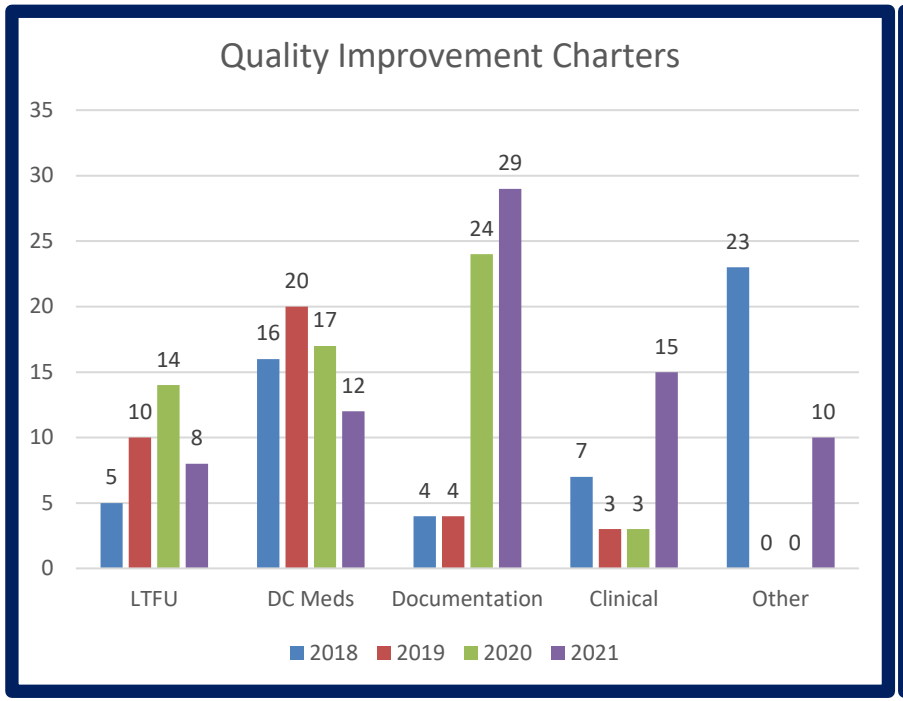

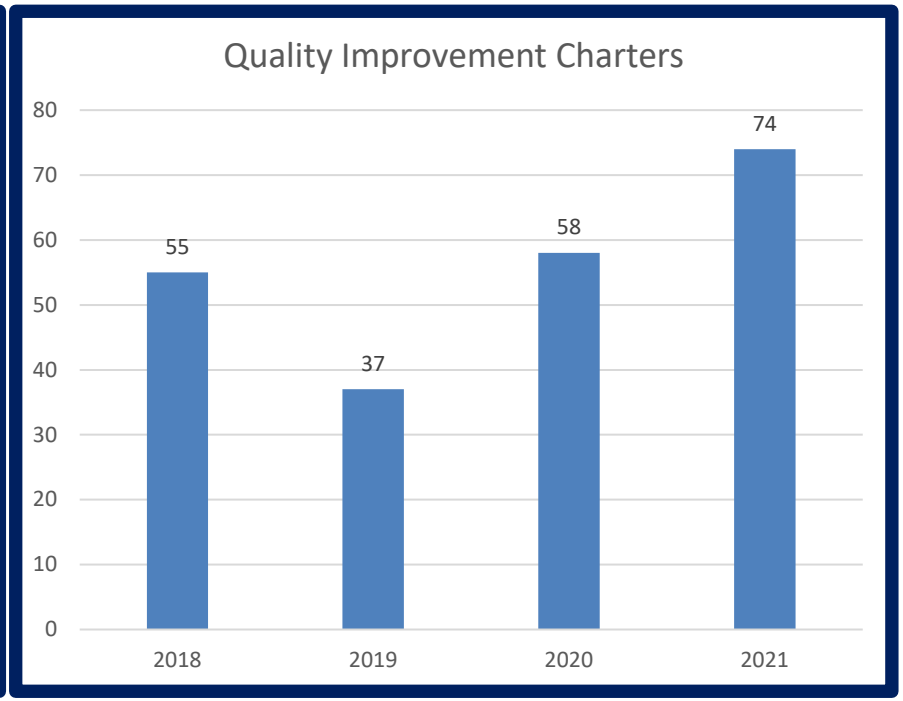

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Quality Improvement Updates

SVS | VQI
In collaboration with NCDR®

- How to Begin a Charter
  - Attend Charter Focus Calls
  - Listen to Prior Webinars
    - www.vqi.org
  - Review Sample Charters
    - https://www.vqi.org/quality-improvement/qi-projects/
  - Network with colleagues
  - 1:1 Meeting
    - bwymer@svspso.org

Quality Improvement Updates

SVS | VQI
In collaboration with NCDR®

- Charter Focus Calls
  - New format
- Quarterly Webinars
- Monthly VQI Newsletter
- Sample Charters
- Overview of QI Tools
- https://www.vqi.org/quality-improvement/

Arterial Quality Council:

Benjamin Brooke, MD, PhD

Spring 2022 AQC Update

SVS | VQI
In collaboration with NCDR®

- Discussion for development of new National Quality Initiatives
  - Discharge Mediation measure placed in maintenance mode due to high compliance
  - EVAR Sac Diameter – need for continued efforts to improve compliance
- National LTFU Survey creation & results
- VQI Risk Calculators
- Harmonization of Urgency variables as much as possible across “like” registries

Venous Quality Council:

Brigitte K Smith, MD

Spring 2022 VQC Update

SVS | VQI
In collaboration with NCDR®

SVS created a separate Venous RAC

The Vascular Quality Initiative - National Venous RAC Schedule (vqi.org)

2021: 3 proposals

- Incidence of venous thromboembolic events (VTE) after endovenous ablation in patients with venous stasis ulcers (C6 disease): Jaime Benarroch-Gampel
- Impact of Treatment Length and Treatment Region on Clinical Outcomes after Varicose Vein Procedures: Halbert Bai
- Safety and efficacy of endovenous ablation in patients with a history of DVT: Mikel Sadek

- 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

Spring 2022 RAC Reminders

SVS | VQI
In collaboration with NCDR®

Dr. Leila Mureebe,

SVS PSO Associate Medical Director

- Creating videos on how to submit a RAC Proposal for "success"
- Creating useful tools and tips to train new investigators

Spring 2022 RAC Submission Reminders

SVS | VQI
In collaboration with NCDR®

- Ensure your RAC submission is complete
  - Data Tables
  - Full Research proposal
  - CV
  - Regional RAC Review

- Your center must participate in the registry related to your research proposal

Spring 2022 RAC Proposal Process:

SVS | VQI
In collaboration with NCDR®

1. Review list of projects:

https://www.vqi.org/data-analysis/rac-approved-project-search/

2. Submit proposal online:

http://abstracts123.com/svs1/meetinglogin

3. Deadlines for submissions:

The Vascular Quality Initiative | National Arterial and Venous RAC Schedules (vqi.org)

Governing Council:

Jens Jorgensen, MD

Spring 2022 GC Update

SVS | VQI
In collaboration with NCDR®

- Dr. Lemmon provided an updated on the VQI Fellows in Training program
- The Governing Council provided input on the PSO 2022/2023 software development activities
- Dr. Jorgensen provided an update on the FDA panel discussions regarding type 3 endoleaks
- Kristopher Huffman presented the PSO's strategy around the development and maintenance of Risk Calculators

Nominations Venous RAC

SVS | VQI
In collaboration with NCDR®

- Call for nominations to fill vacancy for the RMVQI Venous Research Advisory Council.
  - Three-year term with one additional renewal
  - Email notification to the region Sent March 14, 2022, of officer nominations.
  - Region will be permitted a period of one week to nominate individuals.
  - Regional EC will be given three weeks to vote for their member of choice.
  - All nominations will be conducted in the spring.

fivos

Updates for Spring 2022 VQI Regional Meeting

fivos

PATHWAYS Support

Claims Validation

The annual claims validation process is intended to ensure that all eligible cases have been captured in the registry and is a requirement of participation in the VQI.

The 2020 Claims Validation process was launched in September 2021.

- The deadline to finish was 12/31/21.
- PATHWAYS Support is here to help you. Please reach out if your center was selected to participate in the audit and would like assistance.

The selection and launch of **2021 Claims Validation is coming soon**! Stay tuned!

PATHWAYS Support

What's New?

Please check out recent enhancements in the PATHWAYS Support tab designed to improve your experience. Let us know what you think!

- **Documents**– Easy access to important abstraction documents.
  - **Code List** – Complete list of current VQI Eligible ICD-10 and CPT codes.
  - **Data Dictionary** – Ability to download data variables by procedure or all procedures.
  - **Inclusion/Exclusion Criteria** – Defines the procedures that are eligible for Inclusion/Exclusion in the registry.
  - **Paper Form** – Paper form for data abstraction.
- **Release Notes** - Access details on historical registry updates and other important announcements.
- **Training Schedule** – List of upcoming training opportunities and registration links for new staff and experienced abstractors.

PATHWAYS Support

Coming Soon...

The Support Team continues to work on implementing enhanced tools and training opportunities for new and existing PATHWAYS users to learn more about PATHWAYS functionality.

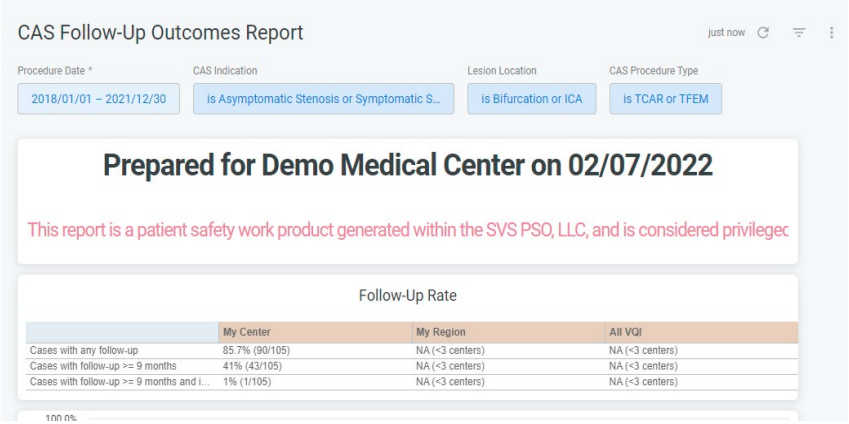
More details to come!

Technology Updates for VQI

fivos

Released in Q3 2021

- CAS Follow-up Outcomes Report
  - A new 'Follow-up Outcomes Report' for the CAS registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.



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Released in Q3 2021

- Infra Opioid Pilot
  - Infra-inguinal Bypass registry was updated to include new Opioid fields for all participating sites. The fields appear on their own tab at the end of the procedure and follow-up forms.
  - Procedure variables were added to the Procedure form in a tab called “Opioid”. The tab contains both Demographics and Post-Op variables.
  - Follow-up variables are in the 30-day follow-up and long-term follow-up forms for Infra-inguinal Bypass procedures.
  - Discharge and follow-up opioid detail columns display dynamically depending on type(s) of opioids selected.

fivos

Released in Q3 2021

- Infra Opioid Pilot, cont.
  - Follow-up medications also include reference columns so the user can see the number of pills/patches and refills originally prescribed at discharge. These reference columns automatically populate based on data entered in the procedure form, or display N/A if there is no discharge information available.
  - For discharge and follow-up opioids, the Morphine Equivalent (MME) column is automatically calculated using medication-specific factors. MME is calculated as Dose x Frequency x Conversion Factor. We will not calculate the MME value if the medication type is Other, and/or if the frequency is PRN. Please note that for Methadone the conversion factor increases at higher doses and for Fentanyl it is dosed in mcg/hr instead of mg/day.

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Released in Q3 2021

- TEVAR revisions - New dependency for LTFU Entry Flow and Dissection Date and Type
  - TEVAR LTFU Entry Flow:
    - A change was made to the dependency for Entry Flow on the TEVAR follow-up form. The field ‘Entry Flow’ no longer displays when imaging is equal to ‘None’.
  - TEVAR Dissection Date and Type:
    - There was formerly no validation between Dissection Onset Date and Procedure Date, or between Dissection Onset Date and Dissection Type. As such, it was possible to enter a Dissection Date that is after Procedure Date, as well as record a Dissection Date that does not match the selected type (Acute or Chronic). Validation was added so if this mismatch occurs, users must correct either the ‘Dissection Date’ or the ‘Dissection Type’ before being allowed to submit the procedure form.

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Released in Q3 2021

- CEA revisions
  - New fields associated with imaging were added.
  - New dependencies were added to the Modified Rankin Score fields so they will display on the form only when the patient had a stroke.
  - The layout of the Pre-op Imaging section was changed slightly in order to harmonize the format with other registries where Right and Left sides are displayed separately in two columns.
  - The Stenosis fields being retired were mapped to new fields.

Released in Q3 2021

- CAS revisions
  - New event fields and fields associated with imaging were added in order to collect more granular information.
  - Modified fields - Lesion Stenosis L1 and L2 have updated min/max ranges from 0-99 to 0-100.
  - The Other Imaging Stenosis fields were retired and replaced with fields that are specific to each imaging type.

fivos

Released in Q3 2021

- VMC revisions
  - New fields were added to the VMC registry to capture Peak Systolic Velocity and End Diastolic Velocity Stenosis Events in the Procedure and Long-Term Follow-up.
  - The response options for the Carotid Stenosis Right and Carotid Stenosis Left in both the Procedure and the Follow-up forms were revised.
  - The Carotid PSV Right and Carotid PSV Left data collection fields were retired. The layout of the Carotid Disease section of the Procedure Form will be changed slightly in order to harmonize the format with other registries where Right and Left sides are displayed separately in two columns.

Released in Q3 2021

- IVC Filter revisions
  - The registry consolidated the “Other” IVC filter device options into a single option for both retrievable and permanent devices. All of the “Other” temporary and retrievable devices (select options 20 through 39 in the IVC_FILTER_TYPE field) were retired and a new 99 = Other field was created which will open the existing Other field (IVC_FILTER_TYPE_OTHER).

Released in Q3 2021

- Add comment to completed record
  - Users are now able to append additional comments without making changes to original data in the form. The Comments field now includes a new button labelled “Update Comments” that initially appears as grayed out. If users change or add any information in the Comments field, the button becomes active and allows the user to save the changes without reverting the form.

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Released in Q3 2021

- Auto-save before timeout
  - Formerly, if users were logged out of PATHWAYS due to inactivity, any data entry changes they have made were lost. This feature will automatically save changes to records and will flag the record accordingly in the record information table.

Incomplete Records Report

Go | 1. Primary Report | Rows 25 | Actions

	First Name	Last Name	Date of Birth	MRN	Procedure	Physician	Type	Procedure Date	Followup Contact Date	Created Date	Updated Da	Autosaved
Resume	Pvi	Wilson	06/02/1937	1000001	Peripheral Vascular Intervention	Demo Doctor	Procedure	04/15/2021	-	04/15/2021	08/05/2021	Yes
Resume	Inas	Yassine	10/12/1993	1232334345545	Venous Stent	Walter Freeman	Long Term Follow-up	07/01/2020	04/06/2021	04/07/2021	08/04/2021	Yes
Resume	Z	Zzzzz	01/01/1950	1959	Thoracic and Complex EVAR	Alice Adams-King	Procedure	12/11/2021	-	06/28/2021	06/28/2021	-
Resume	Inas	Yassine	10/12/1993	1232334345545	Varicose Vein	Name Doc	Procedure	07/07/2021	-	07/21/2021	07/21/2021	-
Resume	Pvi	Wilson	06/02/1937	1000001	Peripheral Vascular Intervention	Alice Adams-King	Procedure	06/09/2021	-	06/09/2021	07/12/2021	-
Resume	R	S	08/25/1950	MR7777	Thoracic and Complex EVAR	Theodore Geisel	Procedure	06/01/2021	-	06/30/2021	06/30/2021	-

Released in Q4 2021

- EVAR and TEVAR revisions: Convert "Aptus HeliFX" device name to "HeliFX"
  - The manufacturer name was removed from the response options for the “Anchors Type” field. Therefore the “Aptus Heli-FX” device name was converted to “Heli-FX”. This change affected both the procedure and long-term follow-up (LTFU) forms.

fivos

Released in Q4 2021

- EVAR Follow-up Outcomes Report
  - The existing EVAR Follow-up Outcomes report was moved from Insights to the Reporting tab in PATHWAYS. As a result, the Report Privileges in the User Information page under the Admin tab replaced the current Insights section.
  - The report was updated to include Kaplan Meier rates of occurrence for Stroke, Myocardial Infarction, Mortality, and Re-intervention at 1 year.
  - At the time of release, all users who currently had access to the Insights version of the report will automatically have the permission enabled for the updated version.

Released in Q4 2021

- Custom Lists
  - A new “Custom Lists” button was added to the Admin tab in PATHWAYS. The existing “Assistant Setup” and “Hemodialysis Access Late Follow-up Contact” icons under the Admin tab were transitioned to the “Custom Lists” functionality. Custom Lists will allow users to create Assistants, Trainees and Hemodialysis Access late Follow-Up Contacts

Current View

New View

fivos

Released in Q4 2021

- Infra Opioid Updates
  - Antidepressant option was removed from the Non-Opioid Pain Med Use variables.
  - The Number of Pills Prescribed fields was modified to accept 3 digits instead of 2.
  - The “Number of Refills Since Procedure” labels was changed to “Number of New Prescriptions Since Procedure.”
  - The Dose, frequency, number of pills/patches, and number of new prescriptions fields will be optional in the 30-day follow-up form.
  - The Dose, frequency, number of pills/patches, and number of new prescriptions fields will remain required on the Long-Term Follow-up (LTFU) but will not be mandatory for follow-up credit.
  - The LTFU Completion Rate will be recalculated. LTFU records submitted before the release that meet the updated mandatory field requirements will be flagged as valid and included in the calculation for successful follow-up.

Released in Q4 2021

- VQI Across Registry Revisions - Gender to Sex
  - The label for the “Gender” data collection field will be changed across all VQI registries to “Birth Sex” and a new response option, “Other”, will be added. The help text will be updated to reflect this change:

Birth Sex

Male = As assigned at birth.

Female = As assigned at birth.

Other = Not designated.

Released in Q4 2021

- New COVID Vaccination fields
  - Four new data collection fields will be added under the Procedure tab in PATHWAYS to collect information about COVID-19 vaccines

Released in Q4 2021

- New Trainee and Other Assistant fields
  - PATHWAYS Admin section of PATHWAYS was updated to introduce new Trainee fields to the VQI registries. This release allows trainee and other assistant information and retires the Assistant field previously used to collect similar information.

Released in Q4 2021

- EVAR/TEVAR revisions
  - **EVAR**
    - The min/max range for Largest Sheath Size Right and Largest Sheath Size Left will be changed from 7-24 to 6-24.
    - The help text will be updated to reflect the change in the min/max range, and the existing EVAR Devices graph will be removed.
  - **TEVAR**
    - The min/max range for Largest Sheath Size Right and Largest Sheath Size Left will be changed from 16-30 to 6-30.
    - The help text will be updated to reflect the change in the min/max range, and the existing TEVAR Devices graph will be removed.

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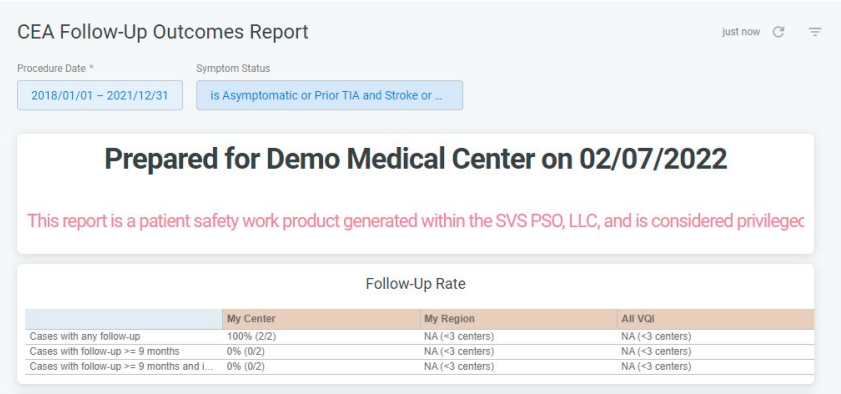
Released in Q4 2021

- CEA Follow-up Outcomes Report
  - A new 'Follow-up Outcomes Report' for the CEA registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.



	My Center	My Region	All VQI
Cases with any follow-up	100% (2/2)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 months	0% (0/2)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 months and i...	0% (0/2)	NA (<3 centers)	NA (<3 centers)

Registry Projects

fivos

SVS Post-Market Surveillance Projects

- These projects are conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Medtronic/BARD/Cook/Gore or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.

- Sites must follow their institutional guidelines.

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TEVAR Dissection Surveillance Project

- The SVS PSO is excited to announce the continuation of the TEVAR Dissection Surveillance Project to evaluate the Cook Zenith Dissection Endovascular System. FDA approval was granted for this device after safety and effectiveness were demonstrated in pre-market studies of complicated dissection with the proviso that the efficacy of TEVAR treatment of descending aortic dissection would be more fully analyzed through post-market surveillance, as was done through VQI for the W. L. Gore and Medtronic devices after their approval.
- Patients will have 30 day, and annual visits for 5 years.
- Total reimbursement of $4,000 per patient for a patient followed annually for 5 years

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TEVAR Dissection Surveillance Project

- 73 of the 180 required patients enrolled (39 potential cases in process)
- Retrospective enrollment allowed- All eligible cases from December 31, 2018 (protocol FDA approval date)
- 34 30-Day visits completed, 18 1-year follow-up visits completed and 1 2-year follow-up visit completed
- All 40 sites enrolled (5 are in contracting)
- This project is conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Cook or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.

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TEVAR Dissection Surveillance Project

TEVAR Dissection Surveillance
5 Year Project Gore and Medtronic Arm

- Initiated in October 2014, the TEVAR Dissection Surveillance Project Arm evaluates the W.L. Gore and Medtronic devices for treatment of Type B thoracic dissections.
- Meeting FDA requirement
  - 194 chronic and 200 acute patients with device technical success
- Currently in 5-year follow-up phase

PATHWAYS Support

RMVQI 2022 Fall Regional Meeting

SVS | VQI
In collaboration with NCDR®

- In conjunction with the Rocky Mountain Vascular Society Meeting
- July 14-17, 2022

ELDORADO
HOTEL & SPA

Eldorado Hotel & Spa
309 W San Francisco St.
Santa Fe, NM 87501

Meeting Attendance Credit

SVS | VQI
In collaboration with NCDR®

REMEMBER TO PSO:

- **PUT your FULL NAME in RingCentral to get credit for attendance and CME/CE credit (no exceptions will be made)**
- **SEND an email to ljohnson@svspso.org with names of group members that are sharing 1 device**
- **OFFICIALLY apply for CME/CE credit by clicking this link:**

https://dmu.co1.qualtrics.com/jfe/form/SV_bvVaWchfYe3WhQq

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