SEVSG Spring 2020 Meeting Minutes  
April 3, 2020  
10:00 – 12:00  
Remote Meeting

- Agenda
  
  Welcome and Introduction  Dr. Yazan Duwayri and Dr. Charles Ross  
  Regional Data Review  Dr. Charles Ross  
  National VQI Update  Carrie Bosela  
  AQC Update  Dr. Adam Beck  (report provided by Carrie Bosela)  
  RAC Update  Dr. Emily Spangler  
  VQC Update  Dr. Olamide Alabi  
  SEVSG Future Directions  Dr. Charles Ross  

  There were 65 participants registered and in attendance on the conference call.

Introductions

The meeting was convened by Carrie Bosela. Dr. Yazan Duwayri, outgoing medical director, introduced Dr. Charles Ross, incoming medical director for 2020-2022. Dr. Ross introduced Kathie Shemwell and Michelle Glanville and Piedmont Atlanta Hospital to the region. Dr. Ross began the meeting by welcoming new participating institutions and acknowledging the contributions of Drs. Beck and Duwayri in growing the SE-VSG to its present size. Multidisciplinary participation in the SE-VSG and VQI as a whole was discussed.

Regional Data Review – See slide deck

Comments:

- **Long-Term Follow-up**: Region performance is falls below the VQI overall. There are sites performing at 100% and would be ideal for those sites to share their process for the LTFU compliance metric. There is a potential opportunity for a region-specific performance improvement project for the data managers.
- **D/C Meds**: Region is underperforming the VQI overall in this metric which examines statin and antiplatelet medications at discharge. There is wide variation in the region, with some centers outperforming the mean. There is a potential opportunity for a region-specific performance improvement project for the data managers.
- **Hemodialysis Access: Percentage of Primary AVF vs. Graft**: Region is underperforming in this metric. Could this be a geographic issue?
- **Transfemoral Carotid Artery Stent: Stroke or Death in Hospital**: Region’s volume has decreased, while there has been an increase in the performance of TCAR procedures. No center in our region reported more than ten cases.
- **TransCarotid Artery Revascularization: Stroke or Death in Hospital**: Region’s volume increasing with good outcomes. Region is outperforming the expected rate of complications. All SEVSG sites are working below their respective expected rates of stroke/death. Review of the improving outcomes trend from 2018 to 2019 maybe due to TCAR learning curve.
- **CEA: Asymptomatic Stroke or Death in Hospital**: Region has a high volume in this cohort of patients. Outperforming VQI overall in this metric. Outlier on the right side of the bar graph should consider reviewing their regional report for a better understanding of their outcomes.
- **CEA: Symptomatic Stroke or Death in Hospital**: Region has fairly good procedure volume. Observed rate is better than the expected rate.
- **CEA: Percentage of Asymptomatic Patients with LOS >1 Day**: Region performance is slightly higher than VQI aggregate. There is quite a bit of variation across the region. Those sites on the right side of the bar graph may want to review their regional report to look for areas for improvement. Carrie stated this can be a huge return on investment for the VQI modules participating in based on the DRG for this cohort of patients.
- **CEA: Percentage of Symptomatic Patients with LOS>1 Day:** This is the first time this metric has been split. There was much discussion about the intent of this metric. Region performance is slightly lower than the VQI aggregate. There is quite a bit of variation across the region. Dr. Susan Shafii suggested to break this out into symptomatic with stroke and without stroke. Dr. Ravi Rajani commented this metric is a challenge for those stroke center facilities and LOS for the stroke patients is determined by their stroke rehabilitation progress. It was suggested to separate this metric into 2 categories: elective vs non-elective and look at the LOS post-surgery. Another suggestion was to look at this metric in the TCAR cohort. These comments and suggestions will be taken back to the SVS committee for consideration.

- **EVAR: Percentage of patients with LOS>2 days:** Region is slightly higher than VQI aggregate.

- **EVAR: Rate of sac diameter at LTFU:** Region is underperforming at 54%. Region has made slight improvement over the yearly trend. There is a lot of variability among the region. Some identified factors contributing suggested were organizational factors, referring MD return visits, lack of quantitative values on the follow up imaging reports. Dr. Salvatore Scali discussed and suggested our region develop a quality improvement project around this metric in determining what led to no follow up being performed in this cohort. He discussed using the # system for an initial survey. It is important to obtain the perspective of our landscape to determine the root cause of what prohibits uniform follow ups. Also suggested it is imperative to inform the patient the importance of the need for LTFU preoperatively. Is there an opportunity to utilize the telehealth technology? This could become one of the VQI’s national initiatives. Will discuss offline with Caroline Jackson, Carrie Bosela, Kathie Schneawolf and Michelle Glennville.

- **Infra-inguinal Bypass: Rate of Major Complications:** Sites on the right side of the bar graph may want to review their regional report for any improvement opportunity.

- **IVCF: Percentage of Temporary Filters w/Retrieval or Attempt at Retrieval:** Region with poor performance with 8% retrieval or attempt at retrieval. Our region has few centers reporting on this metric. This seems to be the national trend also. Are these patients not being followed up and are they being removed and not reported? Innovative centers give a reminder wristband to patients to remind them to return for removal and others give a card with the surgeon generals warning about the IVCF. Carrie reported the option to select bioconvertible is being added to the module to accommodate the SENTRY filter.

- **LEAMP: Rate of Postop Complications:** Region has a low volume. Dr. Arun Chervu discussed a dedicated Amputation service. He described advanced, functional amputation procedures, rehabilitation, and pre- and post- amputation patient counseling. He estimated that a facility needs to perform at least 30 amputations per year to justify the service. This service leads to increased in favorable outcomes, i.e. # of patients achieving independent ambulation, fewer infections and revisions, etc. It was suggested a metric to report on this cohort is number who achieve independent ambulation.

- **Non-ruptured OAAA – In-hospital Mortality:** Carrie shared the inclusion/exclusion criteria for this module will be changing this year. It was reported one site does over 200 open cases annually but only about 10 of those cases met the inclusion criteria. Region had only 4 sites reporting.

- **PVI: Percentage of claudicants with ABI/Tibial pressure reported before procedure:** Region is significantly underperforming in this metric. There is a lot of variability across sites. Question was raised if this is due to the multiple specialties who perform procedures in this cohort. Interventional radiology and interventional cardiology tend to do more duplex scans pre-procedure vs ABI/TBIIs. This has the potential for a performance improvement project for the data managers. SVS is working on developing AUC to include ABI before intervention.

- **Suprainguinal Bypass: Rate of Major Complications:** Nothing to report

- **TEVAR: Rate of sac diameter at LTFU:** Similar issue as reported in EVAR module.

- **EVAR: Percentage of elective patient’s w/OAAA diameter within SVS guideline:** Site on the left hand of the bar graph may want to review their regional report.

- **OAAA: Percentage of Patients Meeting Cell-Saver Guidelines:** Nothing to report

- **OAAA: Percentage of Procedures Meeting SVS Internal Iliac Inflow Guideline:** Region is similar to VQI aggregate.

Any site can request their site-specific patient detail data for the above-mentioned reported outcomes to further determine any opportunity. Reach out Carrie Bosela for this request.
• National VQI Update: Carrie Bosela, SVS PSO – See Slides for details – full deck to be posted on VQI webpage

• Quality Improvement Activities:
  o VQI National Initiatives: How do we move the bar?
  o 2019 Quality Improvement: Four QI webinars with presentations from five data managers!
  o 2020 Participation Award Criteria: Approved by the SVS PSO Executive Board
  o Changes/Additions
    ▪ Regional physician leaders and regional lead data managers will get one extra point
    ▪ The host site will get 1 extra point
    ▪ Support staff will receive a maximum of 1 point regardless of MD attendance. Ex – if 1, 3, or 5... support staff at a center attended a meeting, the center will get 1 point.
    ▪ NO star award if no one from a center attends either meeting (Spring and Fall), regardless of total points
    ▪ NO star award for centers at <50% for LTFU, regardless of total points

• Marketing Your Participation Award – see slide

• 3 Star Award Recipients – Congratulations to SEVSG sites: The Mayo Clinic, The Emory Clinic, and University of Florida - Gainesville

• New Registries
  ▪ NEW Venous Stent Registry
  ▪ NEW Vascular Medicine Registry

- Paclitaxel, Mortality and VQI – See slides
  ▪ VQI used Data Extraction and Longitudinal Trend Analysis (DELTAL), a risk adjusted software application designed for signal detection in clinical registries, to evaluate mortality of Paclitaxel devices in PVI registry
  ▪ Full details about the study are available at clinicaltrials.gov under the identifier NCT04110288.

VQI@VAM – has not yet been canceled

Your Data Matters! See slides

Summary

▪ Compliance was measurable using VQI registries
▪ Compliance was quite variable – even guidelines with 97% centers with compliance that ranged 51-100%
▪ Compliance with guidelines (especially high quality) was associated with improved patient outcomes
▪ Antibiotic – EVAR – Decreased SSI, MACE, and in-hospital mortality
▪ Internal Iliac Artery – OAAA – Marginally decreased in-hospital and one-year mortality
▪ Cell Salvage – OAAA – Decreased one-year mortality
▪ Tobacco cessation – EVAR – Decreased respiratory complications and in-hospital and one-year mortality
▪ Tobacco cessation – OAAA - Decreased respiratory complications and one-year mortality

Conclusions

▪ The degree and impact of compliance with AAA guidelines is dependent on the grade of evidence
▪ Registry assessment may confirm value of a guideline and help inform guideline writing committees
▪ Guidelines may also be used to inform content of clinical registries
▪ Registry participation provides an objective assessment of compliance and performance
▪ Registry reports may be used as a focus for quality improvement efforts
▪ Claudication Guidelines Work Group currently working on gap analysis with VQI data
▪ On-going work with SVS Clinical Practice Guidelines Committee to align with VQI data collection
Research Advisory Council – See slides; report provided by Emily Spangler, MD
Arterial Quality Council – See slides; report provided in Dr. Beck’s absence by Carrie Bosela
Venous Quality Council - See slides; report provided by Dr. Olamide Alabi
Governing Council – See slides; no verbal report was given

Acknowledgement of Associate Medical Directors:
- Technical Associate Medical Director
  - Leila Mureebe, MD
- Quality Improvement Associate Medical Director
  - Gary Lemmon, MD
- Report to current SVS PSO Medical Director, Jens Jorgensen, MD
- 3-year terms, as of March 2020

Regional Improvement Projects and next steps:

The meeting was closed by Dr. Ross. Potential PI projects, as listed below, were discussed.

- Potential PI projects:
  - Increase long term follow up (LTFU) sac diameter reporting for EVARS and TEVARs
  - Increase ABI capture in claudicants in PVI module
  - Increasing LTFU % overall
- Schedule quarterly data manager meetings
- Piedmont Atlanta to host Fall Regional meeting

Kathie Shemwell, RN
Kathie Shemwell, RN
Regional Lead Data manager

Charles B. Ross, MD, FACS, FSVS
Medical Director, SE-VSG