FAQ:  
• If a PVI procedure was done, and then another PVI on the same artery a month later, do we enter that as a new visit? If so then do we have 2 follow-ups?
Response:
- Yes, this would be recorded as 2 procedures with each requiring follow-up.
FAQ:

• Isolated iliac aneurysm's are completely excluded? This will not be captured in the EVAR module?
Response:

- Isolated iliac aneurysm repairs are excluded from both the PVI and the Endo AAA Repair registries. These cases will not be captured in the VQI.
FAQ:

- What happens when you have more than 4 vessels being treated?
Response:

• If more than 4 arteries are treated, you will need to create a second PVI procedure to capture the additional vessels. Based on VQI data captured to date, this should occur very infrequently.
FAQ:

- Are we recording now internal iliac arteries too?
Response:
• Yes, PVI procedures for the internal iliac should be included in the new Registry.
FAQ:

• For Performance Site, what is admission status if hospital outpatient?
Response:

- The new PVI form allows you to capture Hospital Outpatient as the Performance Site.
FAQ:

• Hemoglobin is not collected in the PVI Registry. Is this correct?
Response:

- Yes
- Hemoglobin is not collected in the PVI Registry. For those VQI procedure registries which do collect pre-op Hemoglobin, it is preferred that the pre-operative hemoglobin be within 30 days of procedure.
FAQ:

• Is pre-op beta blocker no longer captured?
Response:

• That is correct. Pre-op beta-blocker is no longer being captured on the PVI Registry.
FAQ:
• What variables are required prior to entering procedural data?
Response:

- It will be important to record the Performance Site variable in the Demographics section which will impact the variables displayed in the Post Procedure section. The VQI data dictionary, which can be downloaded from the Resources in PATHWAYS, includes detailed dependency information.
FAQ:
• Can we still "submit without validation"?
Response:

- The Submit Without Validation function will continue to be available for the PVI registry.
FAQ:

• Are the new form and definitions currently available via the resource tab?
Response:

- The new PVI form (v.1.37) is posted to the Resources in PATHWAYS, and the data dictionary, also posted, includes the new PVI specifications.
FAQ:

• What happens when you "submit without validation"? Is this reported? Does it affect our data reports?
PVI FAQ-General (CONT.)

Response:

• Records submitted without validation are included in reporting unless the missing data is required as part of the report definition.
FAQ:

• What about a history of AKA, BKA? Will the PVI form be grayed out on the history of the initial procedure?
Response:

- Amputation information is carried over between the procedure and the associated follow-up form. It will not be carried over between different procedure records.
FAQ:

• What happens if I have a vessel like the SFA that has both occlusive disease AND aneurysmal disease?
Response:

• If an artery is treated for both aneurysm and occlusive disease, the artery should be recorded twice on the form to capture the treatment for both the aneurysm and the occlusive disease.
FAQ:

• Are we duplicating devices because we are documenting PT and DP treated with one device?
Response:

• Yes, if a single device is used in both arteries, it should be listed for each.
FAQ:

• For Number Treatment Types, why do you want to know only 2 or 3 devices used and not every device that is used to treat a lesion?
Response:
• The form committee chose to limit entry to up to three types to be recorded in the order in which they were performed. If more than 3 types were used, please select the 3 that most contributed to the final outcome in the opinion of the interventional list.
PVI FAQ-Procedure

FAQ:

• In device options will there be an option for study stents used?
Response:

- Investigational devices should be recorded by entering "IDE Device" in the Product Number or DI field.
FAQ:
• Is there going to be a free text entry of devices?
Response:

- Other devices not in the database should be captured in the Comments field.
FAQ:

• For Total Occlusion Length, if a vessel is 90%, it would be "zero" for Total occluded length. Right?
Response:

• The Total Occlusion Length should be recorded as 0 if no segment was 100% occluded.
FAQ:
- Would a bailout stent be chosen if there is a dissection after balloon angioplasty?
Response:

• Bailout for stent or stent graft is used when the device was not planned, but had to be used after balloon angioplasty or atherectomy when the result was sub-optimal. Dissection is captured as a Complication on the Post-Procedure tab.
FAQ:

- If we don't find the device (in the case of a balloon) can we assume its a plain balloon?
Response:

- The type of device used should be documented in the procedure notes. If you have the device information, but don't know the device type, you should check with staff or the manufacturer's website to determine the Treatment Type.
FAQ:
• If the patient dies, will the Discharge Medications be grayed out?
Response:

- If the patient is recorded as dead, the discharge medications will not be displayed on the form.
FAQ:

- What is the definition of "planned amputation?"
PVI FAQ-Post-Procedure (CONT.)

Response:
• Planned Amputation = Amputation planned prior to PVI, i.e., PVI performed to allow amputation at this level.
FAQ:
Both intra-op and post-op Target Lesion Dissection Treatment and Remote Dissection Treatment should be captured in the Post-Procedure section. Correct?
Response:

• Yes
Things Might be Helpful to You

• Time Calculator online (Results page for Date Calculator. Shows number of days between two dates. ): https://www.timeanddate.com/date/durationresult.html?m1=&d1=&y1=&m2=&d2=&y2=&h1=14&i1=56&s1=&h2=19&i2=55&s2=

• AccessGUDID - Identify Your Medical Device (The Global Unique Device Identification Database (GUDID) contains key device identification information submitted to the FDA about medical devices that have Unique Device Identifiers (UDI). ) https://accessgudid.nlm.nih.gov/
QUESTIONS?