



Southeastern Vascular Study Group

October 29, 2021

9:30 – 12:30

Remote Session

Respectfully submitted: Dr. Charles Ross
 Kathie Shemwell, RN

Remote attendance:

Alexis Neill – The Emory Clinic
Amber Davidson – University of Alabama Medical Center
Anuj Mahajan – The Emory Clinic
Barath Badrinathan -
Benjamin Jacobs - University of Florida, Gainesville
Chris Ramos – The Emory Clinic
Christina Casazza – Boca Raton Regional Hospital
Charles Ross – Piedmont Atlanta
Courtney Busby – University of Alabama Medical Center
Cynthia Silva – Cleveland Clinic Martin North Hospital
Danielle Stephen – Tampa General Hospital
David Snyder – Wellstar
Ellis Jones –
Emily Spangler – University of Alabama Medical Center
Gail Buda – Gulf Coast Medical Center
Jaime Benarroch – Grady Memorial Hospital
Jeannie Morse – Baycare
Jennifer Godoi – Orlando Health
Jody Conaway –
Katherine Cornelius – University of Alabama Medical Center
Katherine Hekman - The Emory Clinic
Kathie Shemwell – Piedmont Atlanta
Kathleen Hannon – Coastal Vein and Vascular Specialists
Kellie Hatcher – Albany Vascular Specialist Center
Kristy Hayes – Holmes Regional Medical Center
Lisa Owens – Advent Health Tampa
Mary Wanzek – Mayo Clinic Florida
Maurie Wright –

Michelle Glanville – Piedmont Atlanta
 Middleton Change – Emory
 Mrinal Shukla – Augusta University Medical Center, Inc.
 Ravi Rajani – Grady Memorial Hospital
 Rhonda Iverson - Mayo Clinic Florida
 Sahar Saleh – Delray Medical Center
 Sal Scali – University of Florida, Gainesville
 Sara Easterlin – Piedmont Athens
 Sheree Parker – Shelby Baptist Medical Center
 Stefanie Ledbetter – East Alabama Medical Center
 Stephanie Cholowski – Sarasota Memorial Hospital
 Susan Shafii – Baycare
 Suzanne Kriner – Northeast Georgia Medical Center, Inc.
 Sylvia Yaw –
 Thomas Brown –
 Vickie Saak – Orlando Health
 Yazan Duwayri – The Emory Clinic
 Young Erben – Mayo Clinic Florida
 Yuming Lin - University of Florida, Gainesville

PSO Representative Attending Meeting: Gary Lemon, MD, Associate Medical Director
 Betsy Wymer, DNP Director of Quality
 Caroline Morgan, BSN Clinical Operations Associate
 Leka Johnson, Quality Improvement Specialist

Meeting Highlights/Action Items

(See regional slide deck for detailed data)

I. Presentations:

- | | | |
|---|---|----------------------------|
| Young Erben MD: | Crest 2 Overview | Mayo Clinic Florida |
| J. Middleton Chang MD: | Top Cited VQI Papers (3) 2020 – 2021 | The Emory Clinic |
| 1. Tibial bypass in patients with intermittent claudication is associated with poor outcomes. J VascSurg, 73(2), 564-571.e561. https://doi.org/10.1016/j.jvs.2020.06.118
Levin, S. R., Farber, A., Osborne, N. H., Beck, A. W., McFarland, G. E., Rybin, D., Cheng, T. W., & Siracuse, J. J. (2021). | | |
| 2. Vascular Quality Initiative assessment of compliance with Society for Vascular Surgery clinical practice guidelines on the care of patients with abdominal aortic aneurysm. J VascSurg, 72(3), 874-885. https://doi.org/10.1016/j.jvs.2019.10.097 Eldrup-Jorgensen, J., Kraiss, L. W., Chaikof, E. L., Neal, D., & Forbes, T. L. (2020). | | |
| 3. Endovascular Interventions for Claudication Do Not Meet Minimum Standards for the Society for Vascular Surgery Efficacy Guidelines. J VascSurg. Bath, J., Lawrence, P. F., Neal, D., Zhao, Y., Smith, J. B., Beck, A. W., Conte, M., Schermerhorn, M., & Woo, K. (2020). | | |

II. General Discussion and Questions

a. **Welcome:**

Welcome to the new centers (7) with total participating sites equaling 104 centers.

Welcome to Dr. Young Erben, Associate Professor of Surgery at Mayo Clinic Florida to the Associate Regional Medical Leader role for the SEVSG.

b. Regional Data Review (see slide deck):

Dr. Charles Ross, Regional Medical Leader in conjunction with Dr. Young Erben, Associate Regional Medical Leader presented the regional data.

- Procedure Volume: Region is performing approximately 10% of overall VQI cases. Region is leading the VQI for this reporting period. For all years, region is performing 13% of overall VQI.
- LTFU: Consistently underperforming the VQI. One center reported the dedication of the data manager who communicates with the office scheduling staff to reach out to the patient to schedule the follow up visit. Data managers were encouraged to utilize the long term follow up completion report as a tool to assist in this data collection. Unblinding of the centers was recommended and historically in the last year the region was polled for unblinding centers and was met with multiple centers objection.
- Discharge Medications: Consistently underperforming the VQI with the worse performance of all regions.
- TFEM CAS Asymptomatic & Symptomatic Stroke/death: Underperforming the VQI in both metrics.
- TCAR Asymptomatic Stroke/death: Performance is similar to the VQI
- TCAR Symptomatic Stroke/death: Outperforming the VQI
- CEA Asymptomatic Stroke/death: Underperforming the VQI
- CEA Symptomatic Stroke/death: Performance is similar to the VQI
- CEA Asymptomatic LOS > 1 day: Slightly underperforming the VQI
- CEA Symptomatic LOS > 1 day: Outperforming the VQI
- EVAR Post op LOS > 2 days: Underperforming the VQI
- New FEVAR/FBEVAR/chEVAR Dashboard report: anticipated release Spring 2022 and will be new to the report. This will provide a break out of the TEVAR from the Complex EVAR procedures.
- EVAR Sac diameter reporting in LTFU: Consistently underperforming the VQI.
- EVAR Sac Size Guideline: Underperforming the VQI with worse performance in the VQI. Identified there is not a place within the data collection tool to capture reasons for not meeting the Sac size guideline due to different factors: rapid growth of aneurysm, saccular morphology or patient anxiety. It was reported there is current work on performing a cross walk between registry modules and guideline adherence.
- TEVAR Sac Diameter Reporting: Outperforming the VQI
- OAAA in hospital mortality: Outperforming the VQI
- PVI Claudicants: ABI/Toe pressure: Vastly underperforming the VQI.
- Infra CLTI: Major Complications: Similar performance to VQI

- Supra CLTI: Major Complications: Underperforming the VQI; It would be interesting to see in hospital mortality broken out from the other complications to see a “pure” mortality rate.

III. Action Items (including QI projects): All centers were encouraged to review their site report and determine any quality improvement opportunities for their center. Quality improvement activities (i.e. QI charters) are part of the participation awards (20% weight).

IV. Nominations (AQC, VQC, RAC, Medical Director):
None at this time

V. Next Meeting: Spring 2022 meeting – will work towards a hybrid meeting to be held at Piedmont Atlanta. A doodle poll will be sent out for spring dates.