**SPRING 2021 VQI Regional Quality Report**

Important Updates

The following updates have been implemented to enhance and improve the SPRING 2021 VQI Regional Quality Report:

* Embedded drill-down and data feedback for each report

The VQI Case Appendix now contains interactive tables that centers can use to easily identify and download cases that were included or excluded from each report, as well as cases with each noted outcome.

* Updated dashboard

The dashboard has been updated and simplified with a new color scheme to increase readability and align with VQI branding. Centers in the “best” 25th percentile or “worst” 25th percentile for VQI Overall are now highlighted blue and coral, respectively (centers in the middle 50% are no longer highlighted). In addition, all percentiles are now ordered the same regardless of whether the outcome is a process measure or complication.

* New regional display criteria for report tables and line charts

Regions now only need at least 3 centers with included cases (instead of at least 3 centers with at least 10 included cases per center) for regional results to be displayed in tables and line charts. This change affords regions more access to their regional results for more reports while still protecting center identity. No changes have been made to regional display criteria for bar charts, which still require regions to have at least 3 centers with at least 10 included cases per center (at least 10 complete cases per center for risk-adjusted reports).

* Consistent bar chart ordering

All bar charts are now ordered from “best” performers to “worst” performers. That is, process measure bar charts are ordered from largest to smallest rate, and complication bar charts are ordered from smallest to largest rate.

* Updated important notes

The Important Notes section of the report has been updated to provide clarification and reflect changes to regional display criteria for table and line charts.

**SPRING 2021 VQI Regional Quality Report**

Report-Specific Updates

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

* Discharge Medications

Clarified inclusion/exclusion criteria in the report description – no changes to the report itself

* TCAR

Fixed a typo in prior report description that erroneously indicated that procedures with an approach other than “Femoral” were excluded from reports

* EVAR: Postop LOS > 2 Days

Changed inclusion/exclusion criteria – Transfers and patients with prior aortic surgery are no longer exclusions for the report. Transfer status and prior aortic surgery are now used as risk-adjustment variables in the statistical model.

* TEVAR: Sac Diameter Reporting

Clarified inclusion/exclusion criteria in the report description – no changes to the report itself

* PVI: ABI/Toe Pressure

Nomenclature change to “PVI CLAUD: ABI/Toe Pressure”. In addition, clarified inclusion/exclusion criteria in the report description – no changes to the report itself.

* INFRA: Major Complications

Nomenclature change to “INFRA CLTI: Major Complications”. In addition, changed inclusion/exclusion criteria to include procedures for acute ischemia.

* SUPRA: Major Complications

Nomenclature change to “SUPRA CLTI: Major Complications”. In addition, changed inclusion/exclusion criteria to include procedures for acute ischemia.

* AVACCESS: Primary AVF vs. Graft

Nomenclature change to “HDA: Primary AVF vs. Graft”. Furthermore, all instances of “AVACCESS” have been replaced by “HDA” (Hemodialysis Access) in all other reports (e.g., Procedure Volume).

* IVCF Filter Retrieval Reporting

Changed procedure timeframe to align the report with data collection practices and entry of follow-up records. Procedure timeframe now mirrors that of Long-Term Follow-up, EVAR Sac Diameter Reporting, and TEVAR Sac Diameter Reporting. Accordingly, report procedure timeframe for Spring 2021 is now CY 2018. In addition, clarified inclusion/exclusion criteria in the report description – no other changes to the report itself.