SVS PSO Quarterly Focus Charter Call
July 19, 2022
Betsy Wymer, DNP, RN, CV-BC
Agenda

- Resources
- Resource Location
- Breakdown of Specific Resources
- Charters
- Sustainability
- Q&A
• QI Toolkits
  – LTFU to be developed
  – DM to be developed
• Monthly Newsletter
• Quarterly QI Webinars
• Quarterly Focus Charter Calls
• Quarterly Regional Lead Data Manager Calls
• 1:1 Meetings
• QI Abstract Guide
• QI Supplemental Guide
"The mission of the VQI is to improve the quality, safety, effectiveness and cost of vascular healthcare by collecting and exchanging information."
Quality Improvement

- Webinars
- Sample Charters
- Focus Charter Call Power Points, Recordings, and Minutes
- VQI@VAM Posters and Presentations
- Regional Information
- Networking Emails

Quality Improvement

- Quality Improvement Tools
- QI Process
- National QI Initiatives
- QI Projects
- 2021 VQI@VAM
- Participation Awards
- Quality Fellowship In Training (FIT) Program
- Members Only
Member Services

- Members Only
- Members’ Only – National Data
- Forums
- VQI Registry Login

Members Only – Resources Listing

- New Member Guide for 2019 - Click here to download latest version
- QI Quality Guide 2021 Supplement
- Quality Abstracts Guide - 2020 and 2021
- Quality Rapid Fire Presentations - 2021
- Click here for a quick guide to the National Shared Area.
# Resources - Reporting

## Resources
- Resources
- Reporting
- Articles
- Webinars/Events
- VQI Annual Meeting
- SVS VQI Risk Calculators
- PATHWAYS Data Entry Portal
- SVS VQI and VASCC Working Together

## VQI Reporting Schedule 2021 - 2022

<table>
<thead>
<tr>
<th>Report</th>
<th>Data Cut Date*</th>
<th>Anticipated Delivery Date**</th>
<th>Procedure Timeframe***</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VQI Regional Quality Reports</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring 2022</td>
<td>1-Feb-22</td>
<td>1-Mar-22</td>
<td>CY 2021</td>
</tr>
<tr>
<td>Fall 2022</td>
<td>1-Aug-22</td>
<td>1-Sep-22</td>
<td>July 1, 2021 - June 30, 2022</td>
</tr>
<tr>
<td><strong>VQI Best Practices Dashboards</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall 2021</td>
<td>1-Sep-21</td>
<td>1-Oct-21</td>
<td>July 1, 2020 - June 30, 2021</td>
</tr>
<tr>
<td>Winter 2021</td>
<td>1-Dec-21</td>
<td>1-Jan-22</td>
<td>October 1, 2020 - September 30, 2021</td>
</tr>
<tr>
<td>Spring 2022</td>
<td>1-Mar-22</td>
<td>1-Apr-22</td>
<td>CY 2021</td>
</tr>
<tr>
<td>Spring 2022 (4-year Cumulative)</td>
<td>1-Mar-22</td>
<td>1-Apr-22</td>
<td>CY 2018 - CY 2021</td>
</tr>
<tr>
<td>Summer 2022</td>
<td>1-Jun-22</td>
<td>1-Jul-22</td>
<td>April 1, 2021 - March 31, 2022</td>
</tr>
<tr>
<td>Fall 2022</td>
<td>1-Sep-22</td>
<td>1-Oct-22</td>
<td>July 1, 2021 - June 30, 2022</td>
</tr>
<tr>
<td>Winter 2022</td>
<td>1-Dec-22</td>
<td>1-Jan-23</td>
<td>October 1, 2021 - September 30, 2022</td>
</tr>
<tr>
<td><strong>VQI Quality Initiative Updates</strong></td>
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</tr>
</tbody>
</table>
| Fall 2021                      | 1-Oct-21       | 1-Nov-21                   | DC Meds: Through Quarter 3 2021  
EvA R Sa c Diam er: 2019 |
| Spring 2022                    | 1-Apr-22       | 1-May-22                   | DC Meds: Through Quarter 1 2022  
EvA R Sa c Diam er: 2020 |
| Summer 2022                    | 1-Jul-22       | 1-Aug-22                   | DC Meds: Through Quarter 2 2022  
EvA R Sa c Diam er: 2020 |
| Fall 2022                      | 1-Oct-22       | 1-Nov-22                   | DC Meds: Through Quarter 3 2022  
EvA R Sa c Diam er: 2020 |
| **VQI 2021 Participation Awards** |                |                            | CY 2021                |

* The data-entry/completion deadline for each report is exactly one day prior to the Data Cut Date. Any changes or updates to the data on or after the Data Cut Date will not be reflected in the given report.

** The Anticipated Delivery Date is generally within 1 month of the Data Cut Date. Major report updates may require extended time for development, testing, and quality assurance.

*** For the reporting of LTFU outcomes, the procedure timeframe used is exactly 2 years behind the given Procedure Timeframe.
The 2021 VQI@VAM presentations covered a broad range of topics. Click below to review the topics that were presented:

Click here to view the 2020 and 2021 Quality Abstracts

Click here to view the 2021 Rapid Fire Abstracts
Charters

- Charters – Individual or Regional
- Charters - VQI Data Based
- Blank Charter – Guide
- Build a Team
- Obtainable Goal
- Set Milestones
- Review Resources
- Submit Charter
- Make a Difference
- Share Your Story

Project Overview

Problem Statement:

Goal:

Scope:

Deliverable(s):

Resources Required:
Quality Improvement

• Review Your Data
• Ideas
• Create a Team
• Find a Champion
• What is Your Goal?
• Stakeholder Buy-In
Quality Improvement

- **VQI Regional Quality Report**
  - Cornerstone of VQI regional quality group meetings
  - 23 key, targeted measures

- **VQI Best Practices Dashboard**
  - Wealth of information
  - Over 200 measures
**Dashboards**

### IVCF

**Procedure Timeframe:** January 1, 2019 - December 31, 2019

Includes Inferior Vena Cava Filter (IVCF) procedures.

<table>
<thead>
<tr>
<th>Legend Blue = &quot;Top&quot; 25th percentile</th>
<th>Coral = &quot;Bottom&quot; 25th percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Outcome/Complication</td>
</tr>
<tr>
<td>Case Data</td>
<td>Number of Cases Reviewed</td>
</tr>
<tr>
<td></td>
<td>Median Postop LOS (days)</td>
</tr>
<tr>
<td></td>
<td>Median Total LOS (days)</td>
</tr>
<tr>
<td>Planned Duration</td>
<td>Temporary</td>
</tr>
<tr>
<td></td>
<td>Permanent</td>
</tr>
<tr>
<td>Postop Complications</td>
<td>Insertion Site Complication</td>
</tr>
</tbody>
</table>

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

### EVAR

**Procedure Timeframe:** January 1, 2021 - December 31, 2021

Includes Endovascular AAA Repair (EVAR) procedures. Excludes any procedures performed outside this timeframe.

<table>
<thead>
<tr>
<th>Legend Blue = &quot;Top&quot; 25th percentile</th>
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<tr>
<td></td>
<td>Median Postop LOS (days)</td>
</tr>
<tr>
<td></td>
<td>Median Total LOS (days)</td>
</tr>
<tr>
<td></td>
<td>Median Aortic Diameter (mm)</td>
</tr>
</tbody>
</table>

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

### INFRA LT1

**Procedure Timeframe:** January 1, 2021 - December 31, 2021

Includes Infrainguinal Bypass (INFRA) procedures for rest pain, tissue loss, or acute ischemia.

<table>
<thead>
<tr>
<th>Legend Blue = &quot;Top&quot; 25th percentile</th>
<th>Coral = &quot;Bottom&quot; 25th percentile</th>
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</thead>
<tbody>
<tr>
<td>Category</td>
<td>Outcome/Complication</td>
</tr>
<tr>
<td>Case Data</td>
<td>Number of Cases Reviewed</td>
</tr>
<tr>
<td></td>
<td>Median Postop LOS (days)</td>
</tr>
<tr>
<td></td>
<td>Median Total LOS (days)</td>
</tr>
<tr>
<td></td>
<td>Wound Infection</td>
</tr>
<tr>
<td></td>
<td>Graft Infection</td>
</tr>
<tr>
<td></td>
<td>Any Transfusion (Pre/Intra/Post)</td>
</tr>
<tr>
<td></td>
<td>MI</td>
</tr>
<tr>
<td></td>
<td>CHF</td>
</tr>
<tr>
<td></td>
<td>Any Stroke</td>
</tr>
<tr>
<td></td>
<td>New Diabetes</td>
</tr>
<tr>
<td></td>
<td>Change in Renal Function</td>
</tr>
<tr>
<td></td>
<td>New Dysrhythmia</td>
</tr>
<tr>
<td></td>
<td>Return to OIL</td>
</tr>
<tr>
<td></td>
<td>Ipsilateral Amputation</td>
</tr>
<tr>
<td></td>
<td>Graft Patent at Discharge</td>
</tr>
</tbody>
</table>

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

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

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**SVS | VQI**

**in collaboration with NCDR**
Dashboard Data for Charter

• LOS
• Surgical Site Infection
• MI
• New Dysrhythmia
• CHF
• Any Stroke
• New Dialysis
• Reintervention

EVAR
Procedure Timeframe: January 1, 2021 - December 31, 2021
Includes Endovascular AAA Repair (EVAR) procedures. Excludes any procedure with ruptured aneurysm.

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Outcome/Complication</th>
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</thead>
<tbody>
<tr>
<td>Case Data</td>
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<td>Number of Cases Reviewed</td>
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<td>Median Postop LOS (days)</td>
<td></td>
</tr>
<tr>
<td>Median Total LOS (days)</td>
<td></td>
</tr>
<tr>
<td>Median Aortic Diameter (mm)</td>
<td></td>
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<tr>
<td>Postop Events</td>
<td></td>
</tr>
<tr>
<td>Any Transfusion</td>
<td></td>
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<tr>
<td>Puncture Site Hematoma</td>
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<tr>
<td>Access Site Occlusion</td>
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<tr>
<td>Surgical Site Infection</td>
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<tr>
<td>MI</td>
<td></td>
</tr>
<tr>
<td>New Dysrhythmia</td>
<td></td>
</tr>
<tr>
<td>CHF</td>
<td></td>
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<tr>
<td>Any Stroke</td>
<td></td>
</tr>
<tr>
<td>New Dialysis</td>
<td></td>
</tr>
<tr>
<td>Reintervention (during admission)</td>
<td></td>
</tr>
<tr>
<td>Any Reintervention</td>
<td></td>
</tr>
<tr>
<td>Related to Procedure</td>
<td></td>
</tr>
<tr>
<td>Unrelated to Procedure</td>
<td></td>
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</tbody>
</table>
Use of VQI Modules to Identify Modifiable Risk Factors Associated with Post-Operative Arrhythmia

Authors: Qvavdze T., Mason J., Oriowo B., Lurie F., and Hallett K.

*Data from six VQI registries (EVAR, OAAA, II, SI, CEA, and CAS) were used to identify variables associated with incident post-operative arrhythmias.
Use of VQI Modules to Identify Modifiable Risk Factors Associated with Post-Operative Arrhythmia
Team Members

- Executive Sponsor – Regional Medical Director
- Sponsor – Center Quality Director
- Project Leader – Data Manager
- Clinical Sponsor – Chief of Vascular Services
- Process Owner – Data Manager, Dr. Smith
- Team Members – IT, Cardiovascular Services, Heart & Vascular Services, Scheduling Team
### Key Metrics

**Outcome Metrics:**
“How will you know the project is successful?”
e.g., LOS, surgical site infections

**Process Metrics:**
“How will you ensure the interventions you implement are being completed?”
e.g., % pts on progressive care unit, % discharged patients on statins and anti-platelets Rx

### Milestones

<table>
<thead>
<tr>
<th>Milestone / Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete ‘QI Project Overview’</td>
<td>Month 1</td>
</tr>
<tr>
<td>Confirm baseline outcome metric</td>
<td>Month 2</td>
</tr>
<tr>
<td>Identify root cause / hypothesis</td>
<td>Month 3</td>
</tr>
<tr>
<td>Identify potential improvement(s)</td>
<td>Month 4</td>
</tr>
<tr>
<td>Implement improvement(s)</td>
<td>Month 4-5</td>
</tr>
<tr>
<td>Evaluate progress &amp; confirm action plan</td>
<td>Month 6</td>
</tr>
</tbody>
</table>
## Project Overview

### Problem Statement:

“What is wrong with our current process? Why do we care?”
- create a statement that is specific, measurable, and relevant; include data or use placeholders until you get the data

### Goal:

“What specifically do we want to achieve as measured by X, and when do we want to achieve it?”
- e.g., “Reduce LOS by 0.5 days for elective EVAR patients by the 4th quarter.”

### Scope:

“For this project: (1) What areas will we improve and over what time period will we do the improvement? (2) What are the limitations of resources?”
- e.g., “This project will include Surgical units, not Medicine units, for the first two quarters of the fiscal year.”

### Deliverable(s):

“What new processes will we deliver in order to achieve our goals?”

### Resources Required:

“What people, materials, and/or finances will be needed to conduct the project? Who must be kept informed?”
Problem Statement

• The VQI registry data shows that patients undergoing EVAR procedures had an increased length of stay from July 1, 2018, to June 30, 2019. Our center showed an additional one day to the median total and post op LOS for our center as compared to the regional and VQI overall. Careful review of the process indicated the delay was attributed to providing patient education in the pre and post op phase.

Goal

• Our aim is to decrease our length of stay for EVAR procedures by an average of 0.5 days by Jan 1, 2023.

Scope

• The patient population includes EVAR patients who meet inclusion criteria in the VQI.
Deliverable(s)

- We will incorporate distribution of educational patient material in outpatient clinics to provide to patients and caregivers when scheduling their EVAR procedure, explaining in detail the procedure and recovery phase. By educating the patient and caregiver preoperatively, they will better understand their medical care and expectations which will ensure a smoother recovery phase and earlier discharge.

Resources Required

- Various clinicians (Physicians, Physician Assistants, Nurse Practitioners, Nurses, Technicians) will be trained on distributing and explaining educational material to patients and caregivers. Facility patient satisfaction surveys will be reviewed regarding education and preparedness for EVAR procedure, before and after. Educational material is currently available; therefore, no additional cost required. Most importantly, review of registry data to determine success in decreasing LOS will occur.
Charters

- Stakeholder Buy-In
- Charter Submission
- Make a Difference
  - Celebrate Milestones
  - Learn from Experiences
- Share Your Story
Sustainability

• Ongoing communication
• Provide updates
• Grow your team
• Celebrate
• Don’t put it on a shelf
• Educate
• What’s next?
  – For, From, Fresh
Sustainability

Patient Outcomes

Gaps in Care

External Pressures

ROI

Quality Improvement