

VQI Best Practices Scorecard

In the tables below, percentages represent the rate of cases with the noted outcome or complication.

Your center's results are highlighted in green if your center is at or above the top 25th percentile among all VQI centers, and in red if at or below the bottom 25th percentile.

Note that percentiles are based on the rates of individual centers, so it is possible for your center's rate to be below the overall VQI rate across all procedures (the "VQI Overall" column) but still be above the 75th percentile across all centers' individual rates.

Note also that percentages are computed only among cases with non-missing data for each outcome, so it is possible to have rates for some outcomes but "No cases" for others.

Regional data are suppressed if your region has fewer than 3 centers participating in the registry.

All results are based on procedures that had been entered into the VQI as of May 31, 2018.

Lower Extremity Amputation (LEAMP)

Timeframe: May 1, 2017-April 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Category	Outcome/Complication	Your Center	Your Region	VQI Overall
Case Data				
	Number of cases reviewed	0	214	2864

Carotid Artery Stent (CAS)

Timeframe: May 1, 2017-April 30, 2018



Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Category	Outcome/Complication	Your Center	Your Region	VQI Overall
Case Data				
	Number of cases reviewed	0	468	5272

Carotid Endarterectomy (CEA)

Timeframe: May 1, 2017-April 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Category	Outcome/Complication	Your Center	Your Region	VQI Overall
Case Data				
	Number of cases reviewed	36	1589	16528
	Median postop LOS (days)	2	1	1
	Median total LOS (days)	2	1	1
Cranial Nerve Injury				
(at discharge)	CNI	0%	3.3%	2.7%
Neurologic Events				
(at discharge)	Any postop TIA or stroke	0%	1.6%	1.9%
	ips. ocular or cortical stroke	0%	0.9%	1%
Other Events (at discharge)				
	MI (troponin only or EKG)	2.8%	1.2%	0.8%
	IV meds for hypertension	22.2%	18.1%	20.7%
	IV meds for hypotension	16.7%	15.2%	10.9%
	Postop CHF	2.8%	0.5%	0.5%
	Postop dysrhythmia	0%	1.9%	1.7%
	Reperfusion symptoms	0%	0.3%	0.2%
	Wound infection	0%	0%	0%
	RTOR	0%	2.4%	2.1%
	RTOR for bleeding	0%	1.4%	1.1%
Discharge Meds				
(excludes death in	Antiplatelet+Statin	97.2%	93.7%	91%

hospital)				
Discharge Destination				
	In-hospital death	0%	0.2%	0.3%
30-Day Outcomes				
(May 2015-April 2016)	lps. ocular or cortical stroke	0%	1.9%	1.6%
	Any TIA or stroke	0%	3%	3.1%
	Death	0%	0.8%	0.7%
1-Year Outcomes				
(May 2015-April 2016)	lps. ocular or cortical stroke	0%	2%	1.8%
	CNI persisting at least 1 year	0%	0.3%	0.3%
	MI (troponin only or EKG)	3.4%	1.1%	1.5%
	Ipsilateral restenosis >70%	0%	1.6%	2%
	Redo CEA or CAS	0%	0.1%	0.3%
	Death	0%	3.6%	3.3%

Endovascular AAA Repair (EVAR)

Timeframe: May 1, 2017-April 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Category	Outcome/Complication	Your Center	Your Region	VQI Overall
Case Data				
	Number of cases reviewed	5	584	6486
	Median postop LOS (days)	1	1	1
	Median total LOS (days)	1	1	1
30-Day Mortality				
(May 2015-April 2016 cases)	Elective admission	0%	0.8%	0.8%
	Non-elective admission	No cases	9.2%	11.6%
1-Year Mortality				
(May 2015-April 2016)	Elective admission	0%	3.7%	4.7%

cases)				
	Non-elective admission	No cases	17.3%	19.9%
Elective AAA Diameter Preop				
	Diameter > 55mm for Men	20%	49.4%	46.3%
	Diameter > 50mm for Women	No cases	72.4%	69%
Postop Type 1a/b or 3 Endoleak				
	Elective admission	0%	5.9%	3.6%
	Non-elective admission	No cases	9.7%	5.4%
30-Day Type 1a/b or 3 Endoleak				
(May 2015-April 2016 cases)				
	Elective admission	0%	8.5%	6.8%
	Non-elective admission	No cases	7%	10.1%
1-Year 1a/b or 3 Leak				
(May 2015-April 2016 cases)				
	Elective admission	0%	12.9%	10.8%
	Non-elective admission	No cases	11.8%	16.4%
Postop Reintervention				
	Elective admission	0%	1.4%	1.5%
	Non-elective admission	No cases	13.9%	9.3%
30-Day Reintervention				
(May 2015-April 2016 cases)				
	Elective admission	0%	2.1%	2.5%
	Non-elective admission	No cases	16.2%	14.1%
1-Year Reintervention				
(May 2015-April 2016 cases)				
	Elective admission	20%	7.4%	7.2%
	Non-elective admission	No cases	38.6%	25.9%
Long-Term Follow-Up (May 2015-				

April 2016 cases)	Long-term follow-up	88.9%	72%	74.6%
LTFU with Imaging				
(May 2015-April 2016 cases)	Imaged 9-21 months post surgery	62.5%	56.5%	57.6%

Hemodialysis Access (AVACCESS)

Timeframe: May 1, 2017-April 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Category	Outcome/Complication	Your Center	Your Region	VQI Overall
Case Data				
	Number of cases reviewed	0	439	7089

*Excludes previous access in same arm.

Infra-inguinal Bypass (INFRA)

Timeframe: May 1, 2017-April 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Category	Outcome/Complication	Your Center	Your Region	VQI Overall
Case Data				
	Number of cases reviewed	10	844	6742
	Median postop LOS	4.5	4	4
Events at Discharge				
	Any Transfusion	0%	27.7%	28.8%
	Return to OR	20%	14.5%	13.4%
	RTOR for Bleeding*	0%	4.1%	11.8%
	RTOR for Thrombosis*	0%	23.8%	23.1%
	RTOR for Infection*	0%	6.6%	7.8%

RTOR for Revision*	0%	14.8%	15.8%
MI (troponin only)	0%	2%	1.2%
MI (EKG)	0%	2.8%	1.4%
Postop CHF	0%	1.8%	1.6%
Dysrhythmia	0%	3.4%	3.1%
Surgical Site Infection	0%	2.6%	2.6%
Minor ipsilateral amputation	10%	9%	9.1%
BK/AK ipsilateral amputation	10%	1.3%	2%
Discharge Medications			
ASA or other antiplatelet	80%	94.3%	93.7%
Statin	40%	87.6%	85.6%
New anticoagulant**	11.1%	19%	16.9%
Discharge Destination			
Dead	0%	1.1%	1.4%

*Rate is among patients returned to the OR and is omitted if no patients were RTOR.

**Rate is among patients not taking anticoagulant on admission.

Inferior Vena Cava Filter (IVCF)

Timeframe: Jan. 1-Dec. 31, 2017

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Category	Outcome/Complication	Your Center	Your Region	VQI Overall
Case Data				
	Number of cases reviewed	0	NA (<3 centers)	2214

*Rate is among patients with filter not removed and reason recorded.

**Rate is among patients with any complication.

Peripheral Vascular Intervention (PVI)

Timeframe: May 1, 2017- April 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Category	Outcome/Complication	Your Center	Your Region	VQI Overall
Case Data				
	Number of cases reviewed	9	3165	28445
Hematoma				
	Any Hematoma	0%	4.2%	2.4%
	Moderate/Major Hematoma	0%	0.9%	0.7%
Discharge Medications				
(excludes death in hospital)	Antiplatelet	100%	95.3%	93.9%
	Statin	88.9%	85.1%	81.9%
Smoking in Claudicants				
	Never	0%	10%	11.5%
	Prior	25%	57.1%	49.3%
	Current	75%	32.8%	39.2%
9-Month Outcomes				
(May 2015-April 2016 cases with 9-month LTFU)	9-Month AFS* for CLI	No cases	88.7%	87.7%***
	9-Month MALE** for CLI	No cases	17.1%	20.7%***
Long term follow-up				
(May 2015-April 2016 cases)	Long term follow-up rate	No cases	59.8%	72.1%

*Freedom from amputation in the ipsilateral limb for at least 9 months among patients treated for critical limb ischemia.

**Major adverse limb event (MALE) is defined as ipsilateral amputation or any reintervention within 9 months among patients treated for critical limb ischemia.

***Only 52% of PVI cases have complete data for these long-term follow-up outcomes, so the VQI benchmarks may be biased. The Vascular Quality

Initiative is working to provide timely, relevant and individualized outcomes data to physicians caring for patients with vascular disease. We rely on diligent long-term follow-up data entry to provide this information to our members.

Supra-inguinal Bypass (SUPRA)

Timeframe: May 1, 2017-April 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Category	Outcome/Complication	Your Center	Your Region	VQI Overall
Case Data				
	Number of cases reviewed	4	271	2105
	Median postop LOS (days)	12	5	5
Other Events at Discharge				
	Any Transfusion	0%	32.2%	30.2%
	Return to OR	0%	10.3%	8.9%
	RTOR for Bleeding*	No cases	10.7%	7.5%
	RTOR for Thrombosis*	No cases	25%	25.3%
	RTOR for Infection*	No cases	14.3%	10.2%
	RTOR for Revision*	No cases	14.3%	12.4%
	MI (troponin only)	0%	3.7%	1.6%
	MI (EKG)	0%	2.2%	1.3%
	Postop CHF	0%	3.3%	1.5%
	Dysrhythmia	0%	6.7%	5.1%
	Wound Complication	0%	4.8%	2.3%
	Minor ipsilateral amputation	0%	1.5%	1.5%
	BK/AK ipsilateral amputation	0%	0.4%	1.3%
Discharge Medications				
	ASA or other antiplatelet	100%	96%	92.7%
	Statin	75%	90.4%	85.6%
	New anticoagulant**	0%	13.4%	11.3%
Discharge Destination				
	Dead	0%	3.3%	3%

*Rate is among patients returned to the OR.

**Rate is among patients not taking anticoagulant on admission.

TEVAR/Complex EVAR

Timeframe: May 1, 2017-April 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Category	Outcome/Complication	Your Center	Your Region	VQI Overall
Case Data				
	Number of cases reviewed	0	234	2108

Varicose Vein (VV)

Timeframe: May 1, 2017-April 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Category	Outcome/Complication	Your Center	Your Region	VQI Overall
Case Data				
	Number of cases reviewed	0	NA (<3 centers)	8373

VQI Quality Initiative Update: Discharge Medications (2018 Procedures)

Excludes patients who died in hospital and patients who were not treated for medical reason or non-compliant. Includes CEA, CAS, OAAA, EVAR, TEVAR, INFRA, SUPRA, PVI and LEAMP procedures entered in the VQI as of March 31, 2018.

For the 2018 Participation Awards, centers that are above the 2018 75th percentile for the rate of discharge antiplatelet+statin will receive a point toward their final award (as long as their rate is not significantly lower than their 2017 rate). Centers that are below the 75th percentile but show

statistically significant improvement (p-value<.05) over their 2017 rate will also receive a point toward their final award.

The first two lines of the table below show your center’s current antiplatelet+statin rate for 2018 cases. Other rows show the rate of discharge antiplatelet+statin that must be achieved among your expected number of remaining 2018 cases for your center to reach the 75th percentile for 2017, or to show statistically significant improvement over its 2017 rate.

Note that the 75th percentile for 2017 has been provided as a benchmark, but the 75th percentile for 2018 cases will likely be different than it was for 2017. Thus, reaching the 75th percentile for 2017 will not guarantee that your center is above the 75th percentile for 2018.

	Results
Number of 2018 procedures meeting inclusion criteria your center had entered as of May 31, 2018	9
N (%) of 2018 patients receiving antiplatelet+statin	8 (89%)
75th percentile of antiplatelet+statin rates among VQI centers for 2017	89%
Your center’s antiplatelet+statin rate for 2017 cases	80%
Estimated total number of procedures your center will enter for 2018*	22
Estimated number of cases remaining to be entered	13
If your center is above the 75th percentile for 2017, minimum rate among estimated remaining 2018 cases to stay NA (below 75th there	percentile)
If your center is below the 75th percentile for 2017, minimum rate among remaining 2018 cases	
to reach the 75th percentile or show statistically significant improvement over your 2017 rate**	12/13 (92%)

*Extrapolated from your center’s case volume for Jan-May 2018.

**“NULL” indicates it is not possible for your center to reach the 75th percentile or show significant improvement given your center’s current rate and its expected case volume for 2018.