

# WELCOME

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## SOCAL VOICE

September 29, 2023

10:00 AM – 2:00 PM PT

Bakersfield, CA

Hybrid

# WIFI Password

Giddyup1702



# In-Person Regional Registration QR Code

**REMOTE ATTENDEES - DO NOT USE THE QR CODE**



# Remote Meeting Attendance Credit

Before we get started, please sign in.

- 1 Click “Participants” in the box at the top or bottom of your screen.
- 2 If your full name is not listed, hover next to your name and look for “rename”. Select & sign in.
- 3 Can’t sign in? Email Angela Churilla at & [achurilla@vascularsociety.org](mailto:achurilla@vascularsociety.org) include identifier you were signed in under (ex – LM7832) or phone number.

**\*NOTE: Credit is NOT given to any attendee or speaker that does not have an ACTIVE PATHWAYS user account.**

# Appreciation and Thanks

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Thank you to everyone who helped make this event possible:

Dr. Ankur Chandra - Regional Medical Director

Dr. Gregory Magee - Regional Associate Medical Director

Melinda Lewis - Regional Lead Data Manager

Kaity Sullivan – SVS PSO Analytics Team

Angela Churilla – SVS PSO Education & Quality Program Manager

Jennifer Correa – Marketing Manager

Caroline Morgan - SVS PSO, Director of Clinical Operations

SVS PSO Staff

# Today's Agenda

10:00 am

## Welcome

Regional Data Review – Ankur Chandra, MD, SoCal VOICe Medical Director

### Learning Objectives:

- Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).
- Interpret and compare each centers' VQI results to regional and national benchmarked data.
- Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.
- Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.

CE Credit

11:00 am

## Regional QI Proposal - Ankur Chandra, MD, SoCal VOICe Medical Director

### Learning Objectives:

- Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).
- Interpret and compare each centers' VQI results to regional and national benchmarked data.
- Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.
- Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.

CE Credit

# Today's Agenda - Continued

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12:30 am	<p>National VQI Update – Caroline Morgan, RN, SVS PSO Director of Clinical Operations</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"><li>• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</li><li>• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.</li></ul>	CE Credit
1:30 pm	Council / Committee Updates	No CE Credit
2:00pm	Open Discussion/Next Meeting/Meeting Evaluation	No CE Credit

# Agenda

*Southern California  
Vascular Outcomes Improvement Collaborative  
Hybrid Fall 2023 Regional Meeting*

**Agenda**

September 29, 2023  
Bakersfield Memorial Hospital  
Padre hotel, Bakersfield, CA  
10:00am-2:30pm PT

10:00am - Welcome/Overview	Ankur Chandra, MD
10:10am – Regional Update	Ankur Chandra, MD
10:20am – Regional Data Review	Ankur Chandra, MD
11:00am – Open Discussion	
11:20am – Data Managers’ Update/Presentation	Melinda Lewis, RN, BC-CV
11:35am – National VQI Update	Caroline Morgan, PSO
12:00pm – Lunch	
12:30pm – Asymptomatic CEA/TCAR stroke death	Ankur Chandra, MD Melinda Lewis, RN, BC-CV
1:00pm – National and Regional Committee Updates	
Arterial Quality Council	Beatriz Leong, MD
Venous Quality Council	Isabella Kuo, MD
Arterial/Venous RAC	Gregory Magee, MD
1:30pm – Fivos Development Update	Caroline Morgan, PSO
2:00pm – Meeting Evaluation/Next Meeting Date and Adjourn	



# Disclosures:

Dr. Chandra

No Disclosures

Dr. Magee

GORE

Cook

Silkroad

# Welcome and Introductions

Bakersfield - Bakersfield Memorial Hospital  
Cedars-Sinai Medical Center  
Desert Regional Medical Center  
Eisenhower Medical Center  
Emanate Health Inter-Community Hospital  
Emanate Health Queen of the Valley Hospital  
Hilo Medical Center  
Hoag Memorial Hospital Presbyterian  
Huntington Hospital  
Kaweah Delta Medical Center  
Loma Linda University Medical Center  
Los Alamitos Medical Center  
Los Angeles County Harbor - UCLA Medical Center  
Los Robles Medical Center  
Memorialcare Long Beach Medical Center  
Memorialcare Orange Coast Medical Center  
Memorialcare Saddleback Medical Center  
Mission Hospital-Mission Viejo  
Oxnard - St. John's Regional Medical Center

Placentia-Linda Hospital  
Providence Holy Cross Medical Center  
Providence Little Company of Mary-Torrance  
Providence St. Joseph Medical Center  
Providence St. Jude Fullerton  
Providence Tarzana Medical Center  
Redlands Community Hospital  
Riverside Community Hospital  
San Diego Vascular Center  
Scripps Green Hospital  
Scripps Memorial Hospital Encinitas  
Scripps Memorial Hospital La Jolla  
Sharp Grossmont Hospital  
Sharp Memorial Hospital  
Sierra Vista Regional Medical Center  
Southwest Healthcare System  
St. John's Health Center  
St. Joseph - Orange  
St. Mary Medical Center (CA)  
The University of California Irvine

The University of California San Diego Medical Center  
The University of Southern California on behalf of its Keck Medicine of USC  
Torrance Memorial Medical Center  
UCLA Ronald Reagan Medical Center

# Fall 2023 SVS VQI Regional Report Slides

The VQI Regional Quality Report is produced semiannually to provide centers and regions targeted, comparative results and benchmarks for a variety of procedures, process measures, and postoperative outcomes.

**Please note the following updates have been implemented to enhance and improve the report:**

- Ability to Download/Print Dashboard

The dashboard summary can now be downloaded as an Excel file or printed directly using buttons included above the dashboard table. Please note that printing allows you to save as PDF with the “Print to PDF” feature in your browser.

- Interactive Plots

All graphics are now interactive.

[https://www.vqi.org/wp-content/uploads/FALL\\_2023\\_REGIONAL\\_REPORT\\_SLIDES\\_REGION\\_SOCAL\\_REV.html](https://www.vqi.org/wp-content/uploads/FALL_2023_REGIONAL_REPORT_SLIDES_REGION_SOCAL_REV.html)

\*\*\*Ctrl + Click to follow link

# Open Discussion

# Data Manager's Update

## Melinda Lewis



# Data Managers' Report

Fall 2023

Melinda Lewis, BA, RN, CV-BC  
Lead Data Manager SoCal VOICe



### **CAS audit results**

- When can we anticipate results of the audits?

### **CONCERNS** related to expanding audits to the other modules

- 10 cases
  - Approx. 40 hours to complete

### **LESSON** related to reopening cases

- Highlighted the need for a standard inter rater-review (IRR) process
- Presentation at VQI at VAM on IRR is available to view
- Highly encourage all centers to establish an IRR process to verify consistency in data abstraction



## Carotid Artery Stenting Facility Recertification Process

**UPDATE: The Centers for Medicare & Medicaid Services (CMS) is instituting a moratorium on the carotid artery stenting (CAS) data submission requirement under section B4 of the national coverage determination (NCD) for Percutaneous Transluminal Angioplasty (PTA) (Pub. 100-03, 20.7).**

**Effective until otherwise notified, facilities approved by CMS to perform CAS will no longer submit data to Fu Associates, as had been required every April 1 and October 1.**

With the exception of the CAS data submission requirement, all other NCD requirements remain in effect. Therefore, facilities must continue to submit recertification letters describing how they continue to meet the minimum facility standards identified in section B4 of the NCD (</medicare-coverage-database/details/ncd-details.aspx?NCDId=201>). Recertification letters are due every two years from each facility's effective date as identified on the website of approved CAS facilities (</Medicare/Medicare->





## **CAS Recertification**

“This letter is a request for renewal of certification for the National Coverage Determination (NCD) for Percutaneous Transluminal Angioplasty, (PTA) and NCD 20.7. Included is this facility’s affidavit attesting (CENTER) meets the minimum facility standards for Carotid Artery Stenting (CAS) for high-risk patients, as defined in section B4, paragraph 2 of the NCD...”

<https://www.cms.gov/medicare/coverage/approved-facilities-trials-registries/carotid-artery-stenting-recertification>



# Protocol Development EVAR Long Term Follow-Up

Fall 2023  
SoCal VOICe  
Melinda Lewis, BA, RN, CV-BC  
Lead Data Manager SoCal VOICe



## Proposed Protocol for EVAR LTFU

Southern California Regional Group Recommendations for  
Long Term Follow-Up

### Introduction & Background

Southern California Regional Group has long term follow-up (LTFU) rates which differ significantly from the National VQI rate. Discussions on the barriers to LTFU have taken place over multiple years at both the Regional level and National level.



### Barriers to LTFU reporting have been discussed

- Is LTFU within 9-21 months leading to the exclusion of follow-up appointments
  - Patients are following up at 6 months postoperatively and failing to return
- Lack of full time employees to enter LTFU visits
- Healthcare disparities involving patient education on disease process in their primary language, transportation challenges, and cost of frequent follow ups



## Proposed Protocol for EVAR LTFU

Southern California Regional Group Recommendations for Long Term Follow-Up

### Goals

1. Increase LTFU compliance for asymptomatic EVAR within the defined timeline of 9-21 months
2. Improve follow-up compliance by streamlining the frequency of follow-up visits with recommended postoperative surveillance. Current guidelines from the Journal of Vascular Surgery (JVS) and the Society of Vascular Surgery (SVS) will aid in the development of a SoCal EVAR LTFU Protocol.



## Proposed Protocol for EVAR LTFU

Southern California Regional Group Recommendations for Long Term Follow-Up

**SVS practice guidelines on the care of patients with an abdominal aortic aneurysm include postoperative surveillance.**

<p>We recommend baseline imaging in the first month after EVAR with contrast-enhanced CT and color duplex ultrasound imaging. <b><u>In the absence of an endoleak or sac enlargement, imaging should be repeated in 12 months using contrast-enhanced CT or color duplex ultrasound imaging.</u></b></p>	<p>Level of recommendation 1 (Strong) Quality of evidence B (Moderate)</p>
<p>If neither endoleak nor AAA enlargement is observed 1 year after EVAR, we suggest color duplex ultrasound when feasible, or CT imaging if ultrasound is not possible, for annual surveillance</p>	<p>Level of recommendation 2 (Weak) Quality of evidence C (Low)</p>
<p>If a type II endoleak is associated with an aneurysm sac that is shrinking or stable in size, we suggest color duplex ultrasound for continued surveillance at 6-month intervals for 24 months and then annually thereafter</p>	<p>Level of recommendation 2 (Weak) Quality of evidence C (Low)</p>



## Proposed Protocol for EVAR LTFU

Southern California Regional Group Recommendations for Long Term Follow-Up

“Current recommendations for surveillance after EVAR include a CT scan at **1 month**. **Concerning findings should prompt surveillance at 6 months**. In the absence of a type I or type III endoleak and sac enlargement, surveillance can be performed with CT or color duplex ultrasound. **Annual duplex ultrasound is most likely sufficient for routine surveillance in the absence of new endoleak or sac enlargement**. **New findings should prompt CT imaging to evaluate for type I or type III endoleaks**. Abdominal and pelvic CT imaging should be performed every 5 years after OSR or EVAR.”



We recommend baseline imaging in the first month after EVAR with contrast-enhanced CT and color duplex ultrasound imaging. In the absence of an endoleak or sac enlargement, imaging should be repeated in 12 months using contrast-enhanced CT or color duplex ultrasound imaging.

Level of recommendation 1 (Strong)

Quality of evidence B (Moderate)

If a type II endoleak is observed 1 month after EVAR, we suggest postoperative surveillance with contrast-enhanced CT and color duplex ultrasound imaging at 6 months.

Level of recommendation 2 (Weak)

Quality of evidence B (Moderate)

If neither endoleak nor AAA enlargement is observed 1 year after EVAR, we suggest color duplex ultrasound when feasible, or CT imaging if ultrasound is not possible, for annual surveillance.

Level of recommendation 2 (Weak)

Quality of evidence C (Low)

If a type II endoleak is associated with an aneurysm sac that is shrinking or stable in size, we suggest color duplex ultrasound for continued surveillance at 6-month intervals for 24 months and then annually thereafter.

Level of recommendation 2 (Weak)

Quality of evidence C (Low)

If a new endoleak is detected, we suggest evaluation for a type I or type III endoleak.

Level of recommendation 2 (Weak)

Quality of evidence C (Low)

We suggest noncontrast-enhanced CT imaging of the entire aorta at 5-year intervals after open repair or EVAR.

Level of recommendation 2 (Weak)

Quality of evidence C (Low)





THANK YOU

# Creating A Brief Operative Note for Quality Improvement

Presented By: Melody Malig, VQI Data Manager  
Laura Sjoberg, MSN, ACNP-BC

Date: September 29, 2023

# Problem Statement

Keck Medical Center of USC, Division of Vascular Surgery and Endovascular Therapy onboarded an outside vendor to take over data abstraction for VQI. Previously, our surgeons filled in the procedure data for each module, including specific anatomical measurements.

When we transitioned to an abstraction team, we realized that our current operative reports and imaging reports were missing specific anatomical data elements that are required data fields in the EVAR, CAS, and PVI modules.

# Goal

- To address the missing data in our EMR
- To have a centralized location for data abstractors to find the necessary data needed for the VQI modules.



# Improvement Strategies/Process

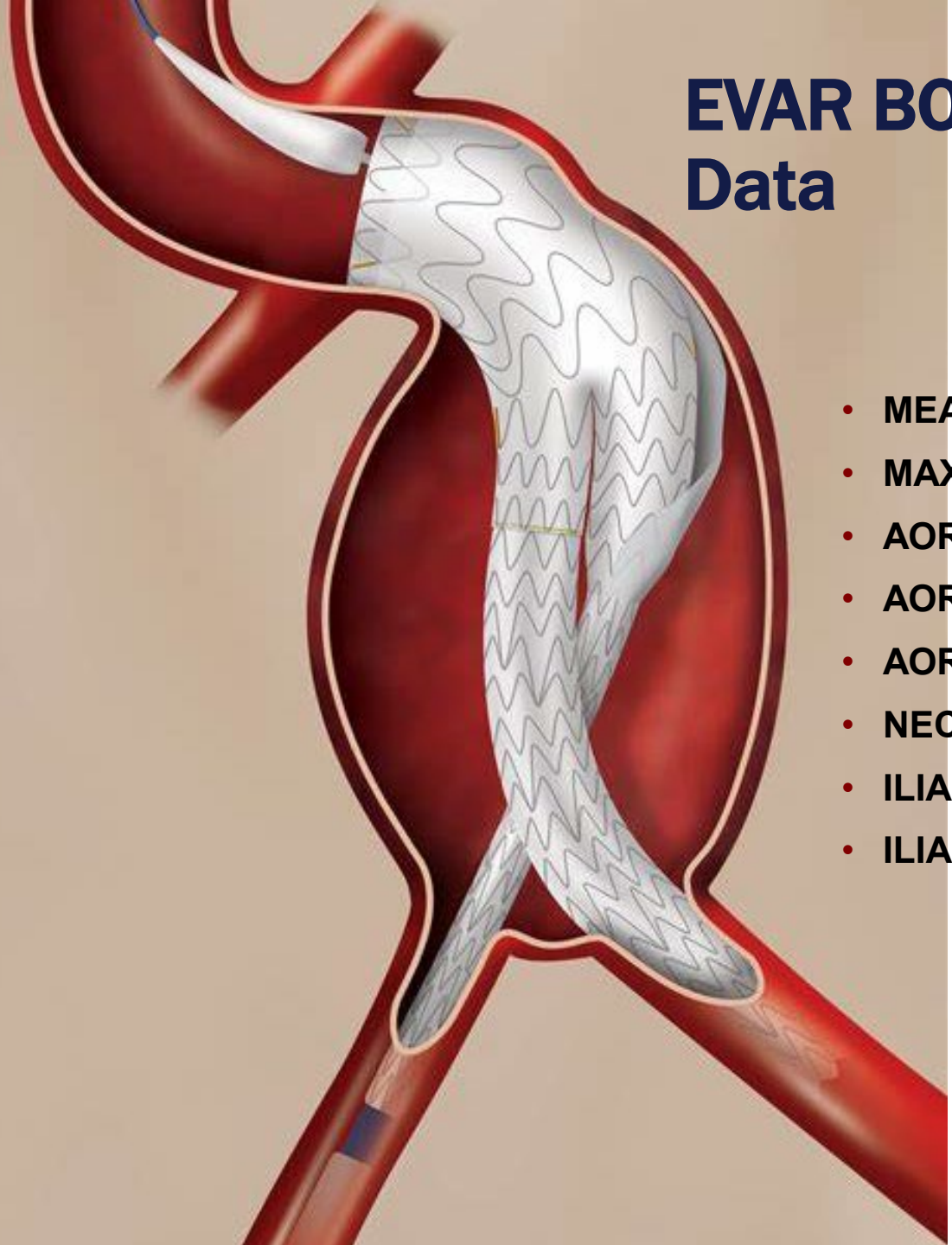
- Identifying the data that was missing from our operative notes and imaging reports.
- Formalizing centralized location for documentation.
- Employing IT to help customize a specific brief op note (BON) that included the specific anatomical data elements.
- Educating residents regarding when and how to fill out BON (EVAR, CAS, & PVI).
- Follow-up with vendor monthly for an audit for BON compliance.

# Results

- Improve data collection for the abstraction team.
- Improve communication between ourselves and our vendor.
- Complete data in our EMR and VQI modules.
- Centralize a location for our data abstractors to look .



# EVAR BON: Additional Specific Anatomical Data



- MEASUREMENTS:
- MAXIMUM AAA DIAMETER: MM
- AORTIC NECK LENGTH: MM
- AORTIC NECK DIAMETER: MM
- AORTA-NECK ANGLE: \_▼
- NECK-AAA ANGLE: \_▼
- ILIAC ANEURYSM: No▼
- ILIAC ARTERY MEASUREMENTS: LEFT COMMON DIAMETER:  
LEFT INTERNAL DIAMETER:  
RIGHT COMMON DIAMETER:  
RIGHT INTERNAL DIAMETER:

# CAS BON: Additional Specific Anatomical Data

LESION CALCIFICATION ON CT:  ▼

ARCH ATHEROSCLEROSIS:  ▼

ARCH TYPE:  ▼

BOVINE ARCH:  ▼

LESION LOCATION:  ▼

LESION STENOSIS % IN OR:

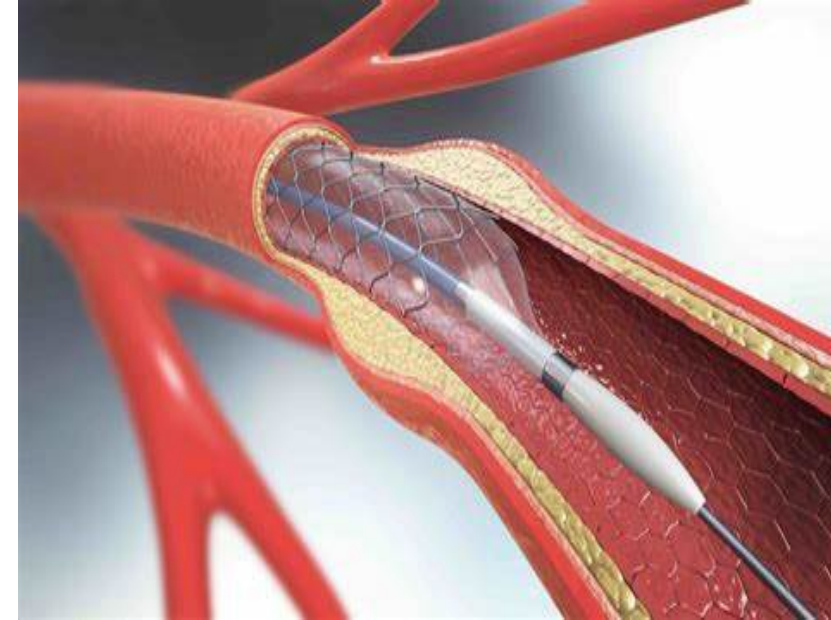
ICA DISTAL TORTUOSITY:  ▼

FLOW REVERSAL TIME:  MIN

INTRA-CRANIAL COMPLETION ANGIOGRAM:  ▼

PROPHYLACTIC ANTI-BRADYARRHYTHMIC:  ▼

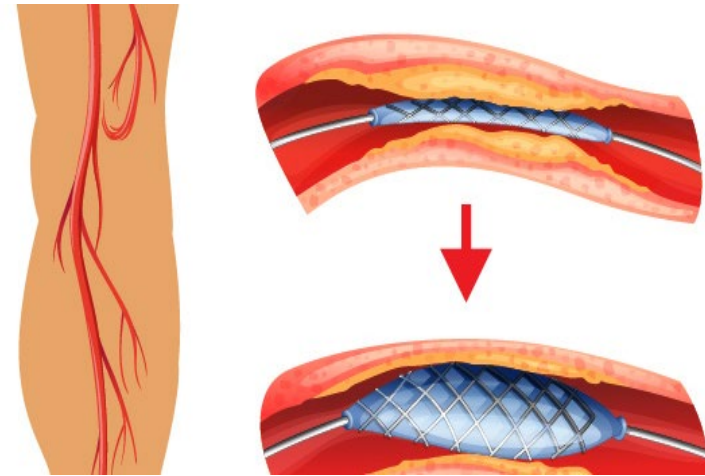
BRADYARRHYTHMIA REQUIRING TREATMENT:  ▼





# PVI BON: Additional Specific Anatomical Data

- SHEATH SIZE: \_
- IMPLANTS/TRANSPLANTS/GRAFTS/DEVICES: \_
- WiFi SCORE: \_
- NUMBER OF PATENT OUTFLOW ARTERIES ON COMPLETION IMAGING: \_
- LESION #\_ ▼ LOCATION: \_
- TASC GRADE : \_ ▼
- TOTAL TREATED LENGTH : \_ CM
- TOTAL OCCLUSION LENGTH : \_ CM
- IVUS USED (VESSELS): \_ ▼
- ..vasc.pvi.lesion



## **Challenges/Lessons Learned**

- Identify a process that could be utilized for this task.
- Working with IT to format the brief operative note.
- Training fellows/residents to use brief operative notes.

## **Successes**

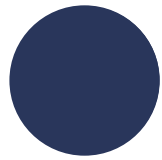
- Creating a more comprehensive/complete operative note
- Having all the information accessible in one place
- Having completed VQI modules for EVAR, CAS, and PVI

# Conclusion

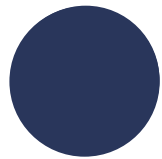
- Collaboration with abstraction team regarding missing data from our operative notes and imaging reports, along with help from IT to create a brief op-note, was key in helping our data abstractors obtain the information needed to complete the modules.
- Creating a centralized location for data abstractors to gather all of the information will improve our completion rate and enhance the communication with the data abstractors.
- The creation of the BON provides centralized information as well as utilizes our EMR to improve surgical documentation.

# CE/CME Meeting Attendance Credit

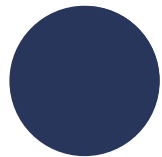
7 days to submit; No email reminder



**P**UT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)



**S**END an email to [achurilla@vascularsociety.org](mailto:achurilla@vascularsociety.org) with names of group members that are sharing 1 device



**O**FFICIALLY apply for CME/CE credit by clicking the URL or QR code provided



[https://dmu.co1.qualtrics.com/jfe/form/SV\\_bpwzY5j51](https://dmu.co1.qualtrics.com/jfe/form/SV_bpwzY5j51)

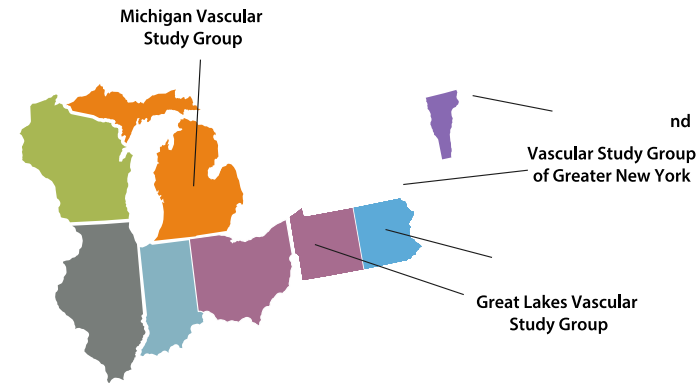
# VQI National Update

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Caroline Morgan, RN  
Director Clinical Operations, SVS PSO

# VQI Participation

Canadian Vascular Quality Initiative



(VOICE)

AK

HI

Puerto Rico

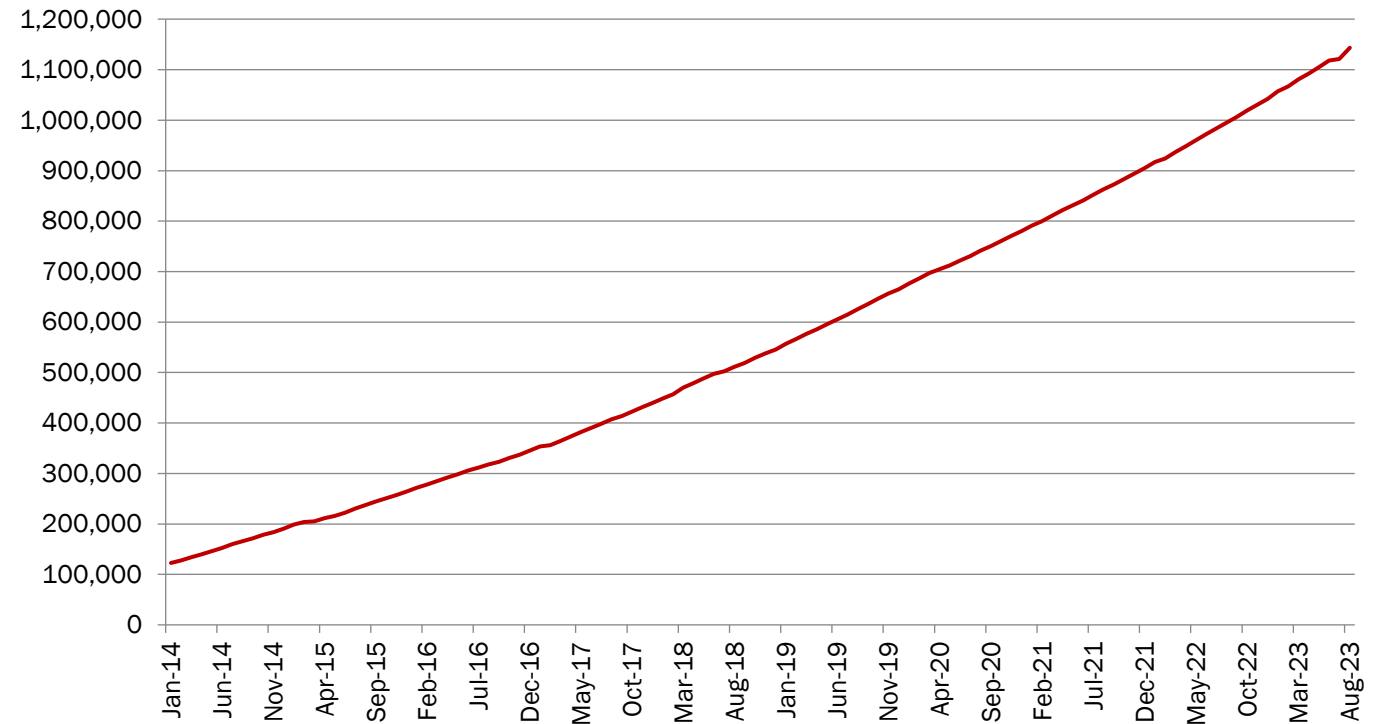
## Regional Breakdown

- Canadian Vascular Quality Initiative | 7 Centers
- Carolinas Vascular Quality Group | 40 Centers
- Great Lakes Vascular Study Group | 63 Centers
- Michigan Vascular Study Group | 37 Centers
- Mid-America Vascular Study Group | 75 Centers
- Mid-Atlantic Vascular Study Group | 91 Centers
- MidSouth Vascular Study Group | 26 Centers
- Midwest Vascular Collaborative | 51 Centers
- Northern California Vascular Study Group | 27 Centers
- Pacific NW Vascular Study Group | 40 Centers
- Rocky Mountain Vascular Quality Initiative | 58 Centers
- Southeastern Vascular Study Group | 139 Centers
- Southern California VOICE | 43 Centers
- Southern Vascular Outcomes Network | 114 Centers
- Upper Midwest Vascular Network | 66 Centers
- Vascular Study Group of Greater New York | 47 Centers
- Vascular Study Group of New England | 50 Centers
- Virginias Vascular Study Group | 44 Centers
- Singapore | 1 Center
- TOTAL CENTERS | 1,022 Centers**

# Procedures Captured

<b>TOTAL PROCEDURES CAPTURED</b>	
<b>(as of 9/1/2023)</b>	
	<b>1,143,801</b>
Peripheral Vascular Intervention	396,286
Carotid Endarterectomy	201,578
Infra-Inguinal Bypass	84,367
Endovascular AAA Repair	83,894
Hemodialysis Access	79,165
Carotid Artery Stent	108,549
Varicose Vein	63,640
Supra-Inguinal Bypass	26,875
Thoracic and Complex EVAR	30,658
Lower Extremity Amputations	30,040
IVC Filter	18,695
Open AAA Repair	18,357
Vascular Medicine Consult	1,466
Venous Stent	231

## VQI Total Procedure Volume



Total Procedure Volume reflects net procedures added to the registry for the month

# Regional Meeting CME/CE Credit



Des Moines University is the continuing education provider for this activity.



The attendance roster will be cross-referenced with those applying for CME/CE. Sign in correctly.



Each participant **MUST COMPLETE BOTH** the attendance attestation and the meeting evaluation from the URL site – one form.



You will have 7 days from the date of the meeting to complete the forms and **SUBMIT**.



Approximately 14 days from the meeting, Des Moines University will email you instructions on how to access your certificate.



PSO leadership is providing continuing education credit to you at no charge!





# Physician Snapshot Report Discussion

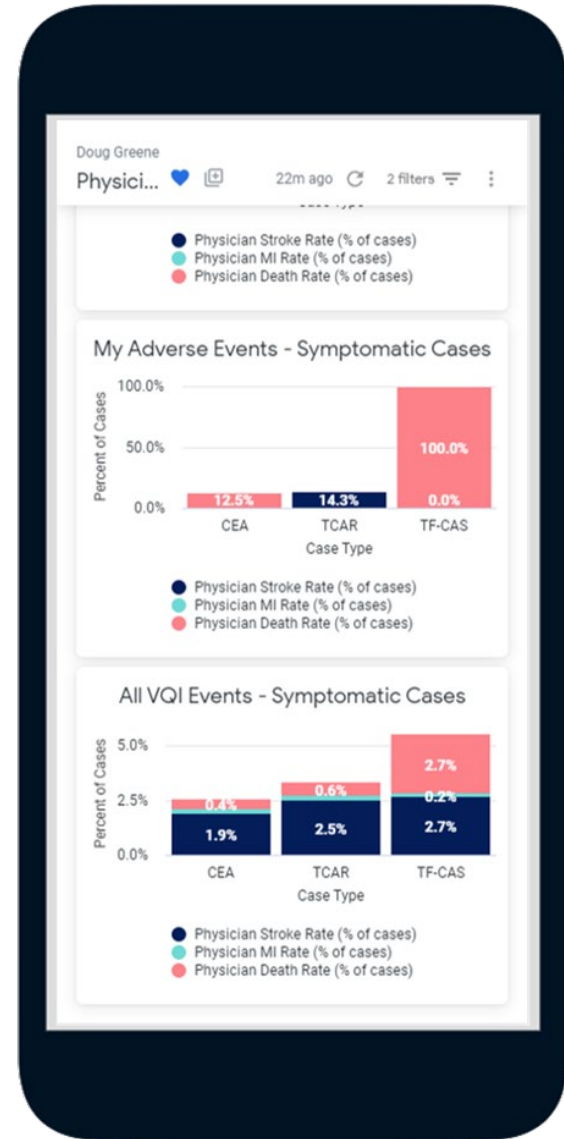
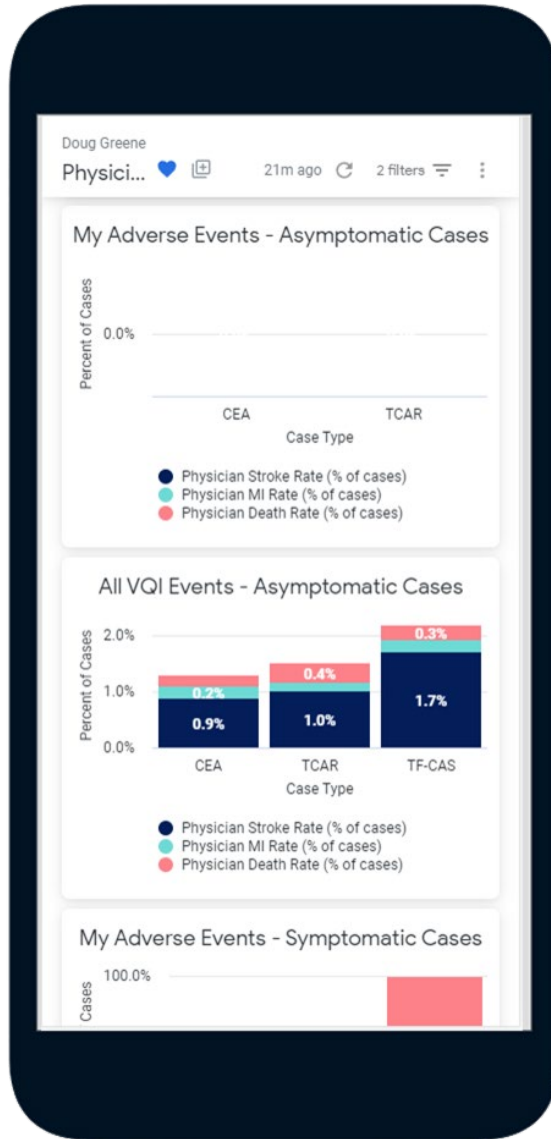
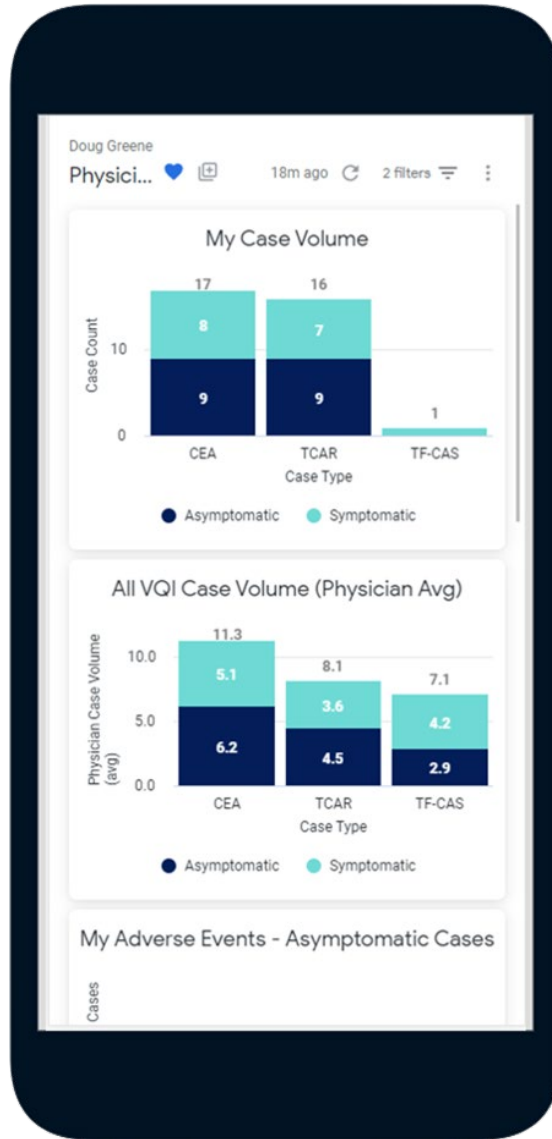
# Introducing Physician Snapshot Reports for Carotid Treatment

- Individual Physician Reporting for individual physicians to compare key outcomes against all VQI cases
- Key features
  - Flexible access: Available on your smart phone or through Pathways reports on your desktop
  - Near real time data with nightly updates
  - CEA, TCAR and TF-CAS available on the same report
  - Flexible time interval views- default view is the last 365 days with options to adjust the date range
  - Secured- viewable only by **you** via your VQI PATHWAYS password



# Compare Physician with VQI Average Annual Case Volume and Key Outcomes

CEA vs TCAR vs TF-CAS, Asymptomatic vs Symptomatic Cases, Stroke, Death, MI

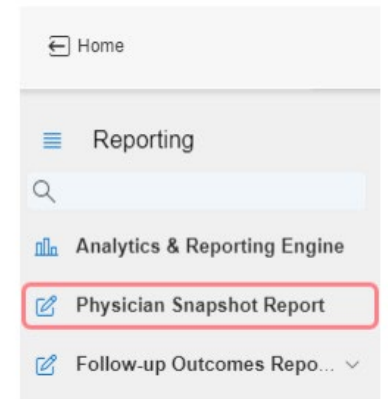


# How do I access my Carotid snapshot?



## Two Options:

1. An email with your URL entitled **View my Carotid Snapshot** was sent to the email on file for you in PATHWAYS- simply click the link and enter your PATHWAYS password
2. From a desktop computer- URL Access: <https://pathways.m2s.com>
  - From the reporting menu in the top right, click the option for the Physician Snapshot Report



Note: You will need your VQI PATHWAYS password to view the report

- If you do not know your VQI PATHWAYS password, please see your VQI hospital manager
- You may also email PATHWAYS support for assistance at [PATHWAYSsupport@fivoshealth.com](mailto:PATHWAYSsupport@fivoshealth.com)

# Physician Snapshot Report Feedback

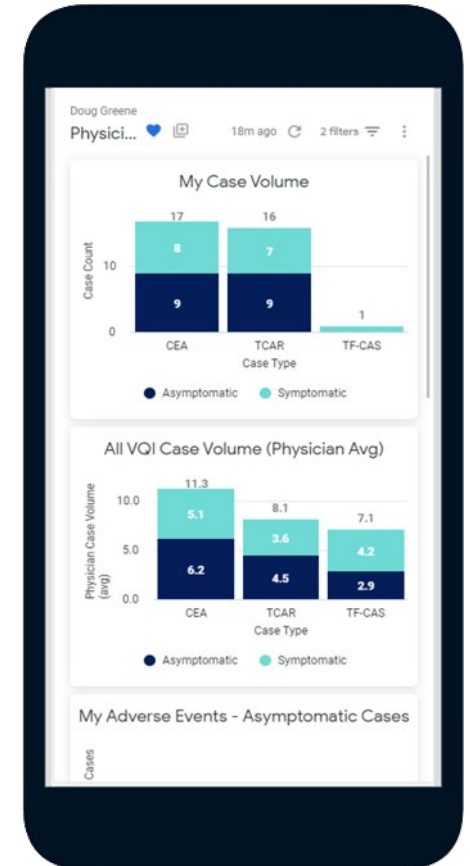


## Polling Questions:

- How many of you have viewed your report?
- If you have not viewed the report, why?
- Can you share your initial reaction or feedback if you have used it?

Note: In order to obtain future feedback, we may send a very brief email survey.

Your participation is greatly appreciated!



# 2023 VQI@VAM Wrap Up

- Recordings & slides available on the VQI@VAM Planner
  - Log into the Planner <https://2023svsvam.eventscribe.net/>
  - Select Full Schedule
  - Select your preferred day
  - Select your session

Tuesday, June 14, 2022

12:00 PM – 5:00 PM EDT      VQI Annual Meeting  

Location:312

VQI Annual Meeting

## PSO Reporting and Analytics: Drilling into Quarterly Dashboards

 Tuesday, June 14, 2022     12:15 PM – 12:45 PM EDT

Presenter(s)

 **Leila Mureebe, MD**  
Duke University Medical Center  
Durham

 Video 

 Slides 

# Have you checked out the new VQI Website?

If not, here's just a peek at what you're missing!

- 1 Registry specific pages – deeper dive into each of the SVS VQI's 14 registries
- 2 The ability to view the VQI.org website in your preferred language! Don't see your preferred language, reach out to see about getting it added to the site
- 3 New webinars & presentations added regularly – either on the main events page, or in Members Only

For more information about the VQI website, contact Jen Correa, SVS PSO Marketing Manager at [jcorrea@svspsso.org](mailto:jcorrea@svspsso.org).

“Participation in the Vascular Quality Initiative is the best way to study our outcomes, and make sure we provide the highest quality care possible to our patients with vascular disease.”

Dr. Phillip Goodney – Dartmouth Health

## IMPORTANCE OF REGIONAL GROUPS

Through regional quality group meetings, participants share and analyze collected data to initiate quality improvement projects to reduce complications, readmissions, and length of stay. Quality improvements projects can translate directly to hospital cost reduction. With continued expansion of the SVS VQI and regional quality groups, data will more rapidly accumulate and can be leveraged for benchmarking and quality improvement initiatives.

Benefits of regional quality group participation include:

- Anonymous, benchmarked reports for comparison
- Increasing power and ability to detect root causes of outcomes
- Facilitating & initiating quality improvement projects
- Access to blinded datasets for data analysis at regional and national level
- Improving long-term patient surveillance

[FIND YOUR REGIONAL GROUP](#) →



## QUALITY IMPROVEMENT – MEMBERS ONLY



# VQI Members Only

**Access to information exclusively available to members of the SVS VQI**

- Find information that is not publicly shared on the VQI Website (ex: Quality Guide, Specific Registry Webinars, etc...)
- Find links and other information for upcoming Regional Group meetings
- Remember, access to the Members Only area of the VQI Website requires a different login than your PATHWAYS user account
- For account access email Jen Correa at: [jcorrea@svspsso.org](mailto:jcorrea@svspsso.org) to receive your username and temporary password



# FDA Communications

<https://www.vqi.org/resources/fda-communication/>

## FDA COMMUNICATIONS

### NEWS/UPDATES FROM THE U.S. FOOD AND DRUG ADMINISTRATION

September 12, 2022

**FDA Advisory Panel Recommendations on Lifelong Surveillance and Long-Term Postmarket Data Collection for Patients with AAA Endovascular Aortic Repair – Letter to Health Care Providers**

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March 9, 2022

**Medtronic Recalls TurboHawk Plus Directional Atherectomy System Due to Risk of Tip Damage During Use**



# Readmission Study University of Rochester

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- 30d Readmission rates
  - Review of readmission cost
  - Frequency of readmissions
  - Frequency of reoperations & cost
- Univ Rochester piloting 30D readmission project
- To join the pilot or for questions contact Stacey Esposito at:

[Stacey\\_Esposito@URMC.Rochester.edu](mailto:Stacey_Esposito@URMC.Rochester.edu)

Benefits determined by the study include:

- More accurate capture of complications after discharge/use of LTFU form for complications prior to 9 mos.
- Track & trend unplanned readmissions
- Identify the reason for unplanned readmissions
- Evidence based data to identify at risk patient populations
- Benchmark against Region and All VQI

- Smoking Cessation launched as a new NQI June 2023 w/ variables added to all Arterial Registries – Early Q3 2023
- Help Text Enhancement Tool – May 2023
- Interactive plots for the Biannual Center and Regional Level Reports
- Retirement of most COVID Variables
- Retirement of >500 Opioid variables
- Collection of Exercise Program variables in Lower Extremity Registries
- In Development:
  - Open Aorta Registry
  - Infrainguinal/Suprainguinal Registry Follow-up reports
  - Continued efforts for harmonization across registries
  - Enhanced reporting measure for biannual reports
  - EPIC integration into VQI. *Looking for Center volunteers*

what's next?

# Cardiac Risk Index

**SVS | VQI**  
*In collaboration with NCDR\**

Home Calculators About FAQ

### Suprainguinal Bypass (SUPRA)

Applicable to any primary, non-emergent suprainguinal bypass for aneurysmal or occlusive disease for indications of claudication, rest pain, tissue loss, or acute ischemia

Generate report

Age <sup>i</sup>  
Under 60

Graft Origin <sup>i</sup>  
Axillary

ASA Class <sup>i</sup>  
1, 2, or 3

History of Coronary Artery Disease <sup>i</sup>  
None

Results of Stress Test within Past 2 Years <sup>i</sup>  
Not Done

Indication for Surgery <sup>i</sup>  
Claudication

### Risk of In-Hospital Postoperative Myocardial Infarction:

# 1.1 %

**Average Risk**

**Your Risk: 1.1%**    **Average Risk: 2%**

Your risk value falls within the 1st quartile (0-25th percentile) of risk.

### How to interpret figure:

Black bar represents your risk value based on input variables

Black vertical line represents median risk of patients undergoing SUPRA procedure

**Your Risk: 4.4%**    **Average Risk: 2%**

Background shaded by risk quartile:  
First Quartile (0 – 25<sup>th</sup> percentile)  
Second Quartile (25<sup>th</sup> – 50<sup>th</sup> percentile)  
Third Quartile (50<sup>th</sup> – 75<sup>th</sup> percentile)  
Fourth Quartile (75<sup>th</sup> – 100<sup>th</sup> percentile)

Maximum possible risk based on highest risk category of all input variables

<https://www.vqi.org/risk-calculators/>

# The VQI-CRI is also available in a mobile-friendly format

Welcome to the VQI Cardiac Risk Index

Last updated: February 2023

This calculator estimates a patient's risk of in-hospital postoperative myocardial infarction for five primary vascular procedures based on the input of preoperative patient characteristics and planned procedure details.

**Disclaimer:**

The VQI Cardiac Risk Index (VQI-CRI) estimates the chance of an adverse outcome based on preoperative patient and procedure information entered into the calculator. These estimates are calculated using VQI data collected from a large number of patients who had a procedure similar to the one for which the patient may be a candidate.

It is important to note that VQI-CRI risk estimates only take certain information into account. There may be other factors that are not used in the estimate which may increase or decrease the risk of an adverse outcome. Estimates obtained are not a guarantee of results. An adverse outcome may occur even if the risk is low. Similarly, an adverse outcome may not occur even if the risk is high.

The information presented by the VQI-CRI is not meant to replace the advice of a physician or healthcare provider regarding diagnosis, treatment, or potential

AA | svq-vqi.shinyapps.io

Suprainguinal Bypass (SUPRA)

Applicable to any primary, non-emergent suprainguinal bypass for aneurysmal or occlusive disease for indications of claudication, rest pain, tissue loss, or acute ischemia

Age ⓘ  
Under 60

Graft Origin ⓘ  
Axillary

ASA Class ⓘ  
1, 2, or 3

History of Coronary Artery Disease ⓘ  
None

Results of Stress Test within Past 2 Years ⓘ  
Not Done

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Results of Stress Test within Past 2 Years ⓘ  
Not Done

Indication for Surgery ⓘ  
Claudication

**Risk of In-Hospital Postoperative Myocardial Infarction:**

# 1.1 %

Your risk value falls within the 1st quartile (0-25th percentile) of risk.

GENERATE REPORT

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# General RAC Submission Guidelines

- Active Pathways Account w/ 'Share a File' privileges
- Center Registry Subscription
- Regional RAC approval required for all regional proposals



# General RAC Submission Guidelines Cont.

- Check email for approval status from Melissa Latus  
[mlatus@svspso.org](mailto:mlatus@svspso.org)
- Check email notification from FIVOS health that data set is available in 'Share A File'
- Data in 'Share A File' will expire after 30 days of receipt

# 2022 SoCAL Participation Award Winners



The University of California San Diego Medical Center  
Sharp Grossmont Hospital  
The University of California Irvine  
Memorialcare Saddleback Medical Center  
Memorialcare Orange Coast Medical Center  
Bakersfield - Bakersfield Memorial Hospital



The University of Southern California on  
behalf of its Keck Medicine of USC  
UCLA Ronald Reagan Medical Center  
Loma Linda University Medical Center  
Scripps Green Hospital

**Congratulations!**

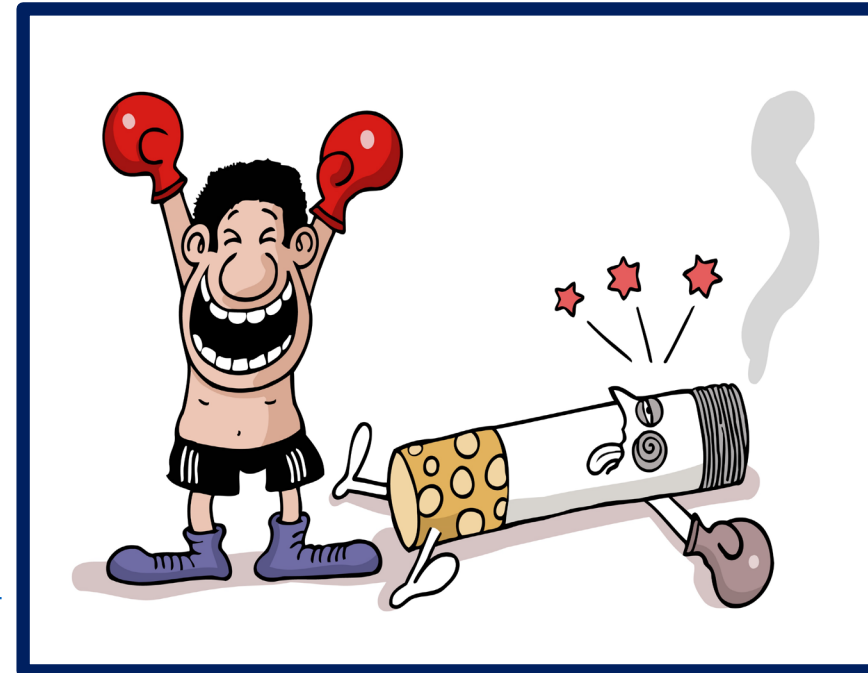


# Quality Improvement Updates

**Betsy Wymer, DNP, RN, CV-BC**  
**Director of Quality, SVS PSO**

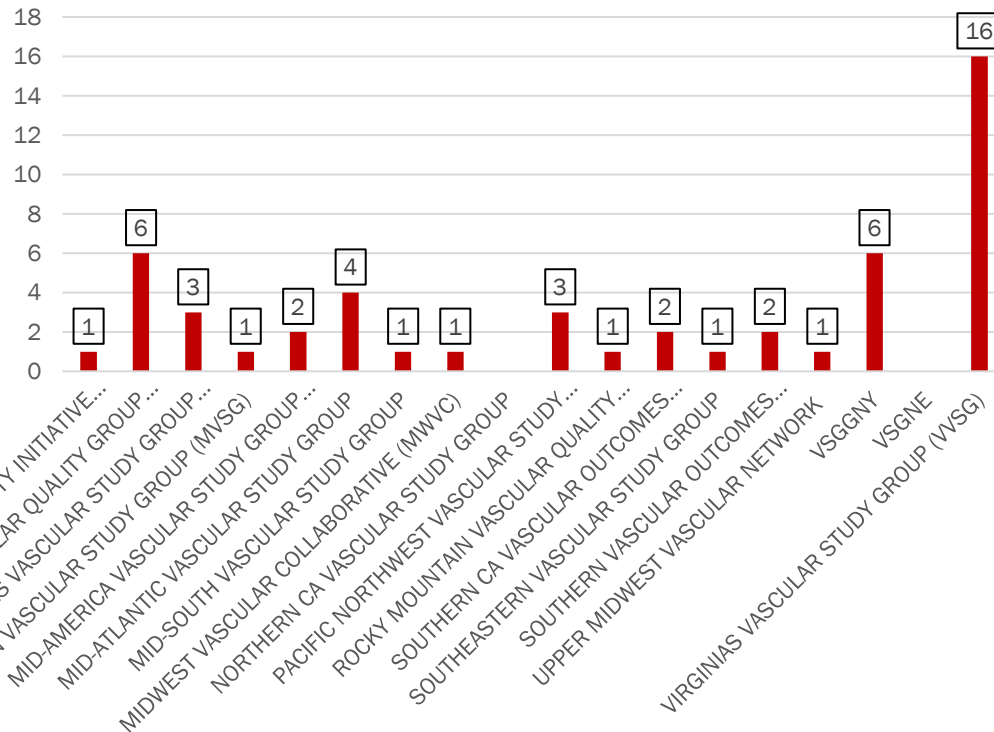
# Quality Improvement: National Quality Initiative - Smoking Cessation

- Introduced at VQI@VAM 2023
- CAN-DO Program
  - Choosing Against combustible Nicotine Despite Obstacles
- Arterial registries only
- Reporting measures added Spring 2023
  - Preop Smoking – Elective procedures
  - Smoking Cessation – Elective, Urgent, Emergent procedures
- Currently have smoking variables
  - Minimal addition of variables
  - Go LIVE August 2023
- Webinars
  - July and August (register at [www.vqi.org](http://www.vqi.org))
- Education <https://www.vqi.org/quality-improvement/national-qi-initiatives/>
  - Physician and Patient
  - Toolkits
  - Billable codes and sample dictation
  - Resources



# Active Regional Charters

Regions with Charters n=51




- Sharp Grossmont Hospital  
LTFU  
Karen Heaney; Scott Musicant, MD
- The University of Southern California on behalf of its Keck Medicine of US  
Documentation  
Melody Malig; Fred Weaver, MD

# Quality Improvement – Participation Points

---

The following is a list of the four domains for the 2023 Participation Awards criteria:

- **Domain 1 – LTFU – 40% weighted**
- **Domain 2 – Regional Meeting Attendance – 30% weighted**
- **Domain 3 – QI Project – 25% weighted** 
- **Domain 4 – Registry Subscriptions – 5% weighted**

# Quality Improvement – Participation Points

## QI Project Domain

### Domain – Quality Improvement Project – 25% weighted

Scoring on 0 – 6-point scale to keep consistent with other measures. This gives centers options for getting **6 maximum QI points**.

- Initiation of a QI Project, evidenced by submitting a Project Charter to [QI@SVSPSO.ORG](mailto:QI@SVSPSO.ORG) or [bwymmer@svspso.org](mailto:bwymmer@svspso.org) (2 points). **One charter per year.**
- Presenting a QI Project (presentation or poster) at a Regional VQI, \*Regional Society Meeting, or \***Hospital Board and/or C Suite** meeting (2 points) *When presenting at succinct regional meetings, project slides must reflect a change or update in status.*
- Presenting a QI Project (presentation or poster) at the National VQI or \*Vascular Annual Meeting (2 points)
- \*Publish a **VQI quality improvement** article in a Peer Reviewed Journal (2 points)
- Centers with significant improvement or excellent performance rates on National QI Initiatives will receive one additional point (per initiative), for a maximum of 6 QI points

\* Please send attestation (proof) to [bwymmer@svspso.org](mailto:bwymmer@svspso.org) on or before December 31, 2023.

# Quality Improvement – QI Project Domain Requirements

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- Present VQI data to C-Suite (leadership, CNO, COO, Chief Vascular Surgeon, etc.)
- Contact Betsy at [bwymmer@svspso.org](mailto:bwymmer@svspso.org)
- Provide the following
  - Agenda/Meeting Minutes (date, your name and presentation, attendees)
  - Copy of presentation (feel free to cover center data)
  - Maximum of 2 presentations per year – slides must present a change or an update in status
- You will receive an email confirmation from Betsy which verifies participation points

# Fellows in Training (FIT) Program 2022-2023

## Jack Cronenwett Scholarship Winners

### Quality

Dr. Christine Kariya

FIT Mentor Dr. Danny Bertges

University of Vermont Medical Center

Dr. Hanna Dakour Aridi

FIT Mentor Dr. Michael Murphy

Indiana University Health – Methodist

### Research

Dr. Ben Li

FIT Mentor Dr. Graham Roche-Nagle

Toronto General Hospital

Dr. Brianna Krafcik

FIT Mentor Dr. Phil Goodney

Dartmouth Hitchcock Medical Center

Dr. Caronae Howell

FIT Mentor Dr. Benjamin Brooks

University of Utah Hospital and Clinics/The University of Arizona



# Quality – Fellows in Training (FIT) Program 2023-2024 FIT Mentor, FIT Fellow, and Center

<b>FIT Mentor</b>	<b>FIT Fellow</b>	<b>Center</b>
Michael Costanza	Deena Chihade	University Hospital
Samantha Minc	Paul Rothenberg	WVU
Nikolaos Zacharias	Mitri Khoury	Massachusetts General Hospital
Nikolaos Zacharias	Tiffany Bellomo	Massachusetts General Hospital
Arash Bornack	Christopher Chow	University of Miami
Mohammed Eslami	Mikayla Lowenkamp	UPMC
Thomas Brothers	Saranya Sundaram	Medical University in South Carolina
Sal Scali	Michael Fassler	University of Florida
Adam Beck	Amanda Filiberto	University of Alabama Birmingham
Brian DeRubertis	Nakia Sarad	Weill Cornell Medical Center
Dan Newton	Syeda Ayesha Farooq	Virginia Commonwealth University



# Improve Your Quality of Care in Vascular Surgery and Interventional Care

Introducing a new quality program developed by the American College of Surgeons and the Society for Vascular Surgery: a standards-based framework designed to meet the unique needs of vascular programs



*facs.org/vascular*

Email [vascular@facs.org](mailto:vascular@facs.org) for information

# Committee Updates

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# AQC Update

Beatriz Leong, MD

- Committee meets every other month
  - Jan, March, May.....
- Re-engagement of registry committees
  - New reporting measures for ea. registry
  - Review of variables for possible retirement
  - One committee each Mtg. will give progress update
- Review & discussion of proposed registry revisions
  - LE/VMC SET variables to align w/guidelines
  - Pilot ERAS Variables
  - Initial discussion of required vs non-required procedure variables

# VQC Update

Isabella Kuo, MD

- Committee meets biannually
- Re-engagement of registry committees
  - New reporting measures for each registry
  - Review of variables for possible retirement
  - Each committee will give updates during the VQC meetings
- Active review of Venous Stent to decrease registry burden
- Discussion on how to increase venous registry presence w/in the venous community
- Next Meeting VEITH (hybrid)
  - November 12-17, 2023

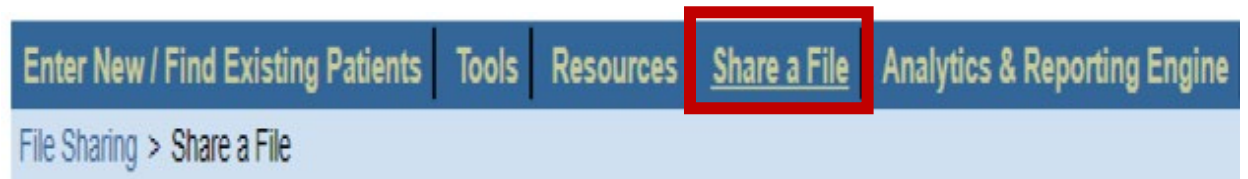
# Arterial RAC Update

Ann Gaffey, MD

- The proposal review committee meets quarterly
- Comprises of all RAC chairs nationally and some other members
- Reviews about 20-30 abstracts each cycle
- The process is fair and open with the aim of approving most proposals
- The committee advises investigators on how to improve the proposals

# Arterial RAC

- When requesting a Data Set, the investigator must have an ACTIVE PATHWAYS account.
- Once approved, the Data Set will be transferred through the “SHARE a FILE” function in PATHWAYS.



- The Data Set will be available through “Share a File” for 30 days

# Arterial RAC

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- Components of a VQI proposal.
- For more information:
  - Podcast: Requesting Data presented by Dr. Leila Mureebe, MD  
[https://drive.google.com/file/d/1tBsYrzhOPu-Oz5gu\\_eHhMmrVvyEtk5i2/view](https://drive.google.com/file/d/1tBsYrzhOPu-Oz5gu_eHhMmrVvyEtk5i2/view)

- Abstract
- Research question/Hypothesis
- Background/significance
- Approach
- Analytic plan
- Mock Tables
- Potential problems/solutions
- IRB approval/exemptions.

# RAC Data Use Agreement

The Data Use Agreement needs to be signed by the Principal Investigator when submitting in Abstract 123

<https://abstracts123.com/svs1/>

## Data Use Agreement

### Data Use Agreement

Below are the terms of the Data Use Agreement for the Society for Vascular acknowledging the terms below.

1. The Recipient shall not use or further disclose the data set other than as required to complete T
2. The Recipient shall allow access to the data only to individuals directly accountable to the Recipient
3. The Recipient shall use appropriate safeguards to prevent use or disclosure of the data set other than as required to complete T
4. The recipient agrees that this study must be approved by the IRB of the institution that takes responsibility for the study
5. Upon completion of the project, or should this Agreement be terminated for any reason, including non-compliance with the terms of this Agreement, the Recipient shall delete all copies of the data set and any derivative works created from the data set
6. The Recipient agrees to present or publish approved project within 24 months with one refresh

I acknowledge I have read and understood the Data Use Agreement.

I have received approval from my regional RAC, only applicable for those regions that require RAC approval.  
(required answer)

Signature:



Select Today's Date:



# RAC Proposal Process

---

## **1. Review list of projects:**

<https://www.vqi.org/data-analysis/rac-approved-project-search/>

## **2. Submit proposal online:**

<http://abstracts123.com/svs1/meetinglogin>

## **3. Deadlines for submissions:**

<https://www.vqi.org/svs-vqi-national-arterial-rac-schedule/>

- Your regional RAC chair is available to help answer questions or help with proposal writing

# Venous RAC Update

NavYash Gupta, MD

- The July Venous RAC had 4 venous proposals submitted
- Podcast: Requesting Data presented by Dr. Leila Mureebe, MD. Follow link below
  - [https://drive.google.com/file/d/1tBsYrzh0Pu-Oz5gu\\_eHhMmrVvyEtk5i2/view](https://drive.google.com/file/d/1tBsYrzh0Pu-Oz5gu_eHhMmrVvyEtk5i2/view)
- The current venous registries with blinded data sets
  - Varicose Vein
  - IVC Filter
- Types of information available:
  - Demographics
  - Comorbidities
  - Operative characteristics
  - Post-operative characteristics
  - Follow-up

# Governing Council Update

Ankur Chandra, MD

- Meets twice a year
- Last meeting: June 16, 2023
- Committee designation:
  - Each region represented by the Regional Lead Medical Directors
- Adam Beck – newly appointed GC Chair; Grace Wang – newly appointed Vice Chair
- All Regional RAC requests must have regional RAC approval; committee highly recommends that the Regional RAC also approve national requests
- Next meeting VEITH; November 2023



# Updates for Fall 2023 VQI Regional Meetings



# 2023 Technology Updates for VQI

- TEVAR Fenestration Treatment Minor Revision
  - “Fenestration Type”, a new field was added to the nine different branches in the branches tab
- CAS Minor Revision
  - Modified the “Approach” field and dependencies
  - Updated “Lesion 2 Side” to auto-populate the value entered for “Lesion 1 Side”
- PVI Minor Revision
  - The PVI registry was modified to align with changes made during the INFRA/SUPRA major revision
- Infra-inguinal Bypass and Supra-inguinal Bypass Revision
  - Major revisions were made to the lower extremity bypass registries



## Same Registry Cloning for Infra/Supra-inguinal Bypass

- The ability to copy data from existing procedure records to a new procedure record for the same patient and registry has been added

The screenshot shows the 'Patient Details' page in the Fivos system. At the top, there are navigation tabs: 'Enter New Patient / Find Existing Patient', 'Tools', 'Resources', 'Share a File', and 'Analytics & Reporting Engine'. Below this is the 'Patient Information' section with fields for Last Name (Testss), First Name (sunil), MI (Sdfs), DOB (12/01/1996), MRN (98765421), SSN (XXX-XX-4321), and MBI. The 'Procedure Records' section includes a search bar and a list of filters: 'Procedure = 'Infra-inguinal Bypass'' and 'Procedure Status'. Below the filters is a table titled 'Procedure Status : Complete' with one record for 'Infra-inguinal Bypass' on '11/01/2022'. At the bottom, the 'Create Procedure' section has 'Procedure Type' set to 'New' and a list of procedure types. The 'Infra-inguinal Bypass' option is selected. At the bottom of this section are 'Create Procedure' and 'Clone Procedure' buttons.

Procedure Date	Procedure	PrimprociD	Surgery Side	Physician	Visit Code	Follow-up	PRO Status	Delete
11/01/2022	Infra-inguinal Bypass	19974633	-	AYA AKL	-	<a href="#">Create/View</a>	-	

## Follow-up Outcome Report Drilldowns

- Drilldown option has been provided to list the PRIMRPCID for procedures included in the calculator for My Center. This option is available for outcomes employing Mean/ STD and Median/IQR calculations.
- Outcomes reports impacted include:
  - CEA
  - HDA
  - VV



CEA Follow-up Outcomes Report

Follow-Up Rate

CEA PDT (7 Filters) ▾

	PRIMRPCID
1	2559725
2	2561458

Download ×

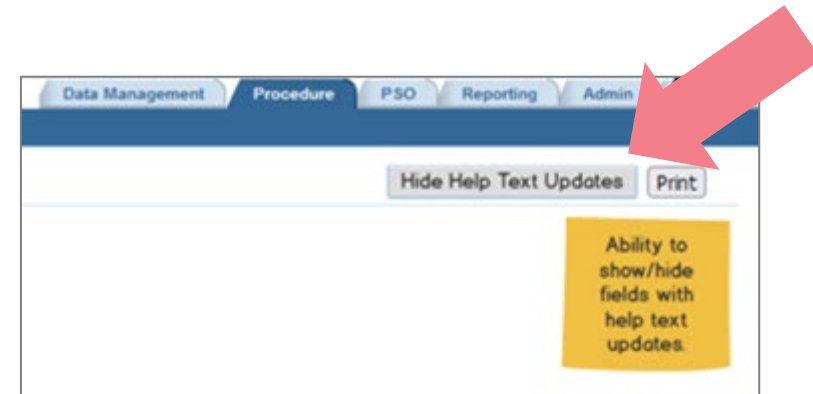


# Released in Q2 2023



## Help Text

- Enhancement to highlight fields with recently updated help text to alert abstractors to revised definitions

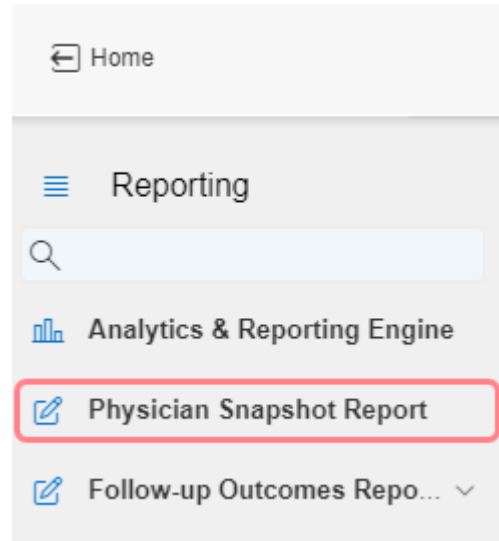


## Support Tab Enhancements

- Addition of "Useful Links" section
- "Training Schedule" page has been renamed to "Upcoming Trainings"
- "Video Library" added on the Support tab

## Physician Snapshot Report

- Introduced new Carotid Physician Snapshot Report.
  - New report privilege added to the Users and Permissions Report





## Claims Validation

- Sort by Response Provided in the Unmatched Claims – You can now sort or filter the “Unmatched Claims” report by the Response column

Claims Validation Year : 2015

Q Go 3. Unmatched Claims Actions Save Changes

-  Response in 'Exclude from PATHWAYS, Miscoded in Billing, To be added in PATHWAYS, To be updated in PATHWAYS, Wrong Identifier in Billing' x
-  Status = 'Unmatched Claims' x

1 - 14 of 14

Filename	Status	Response	Mismatch Reason	Claims NPI	Claims Provider First Name
claim-07.csv	Unmatched Claims	Miscoded in Billing	Claims record didnt match PATHWAYS record	1122112233	Coco
claim-08.csv	Unmatched Claims	Wrong Identifier in Billing	Claims record didnt match PATHWAYS record	1122112233	Coco



# PATHWAYS Support

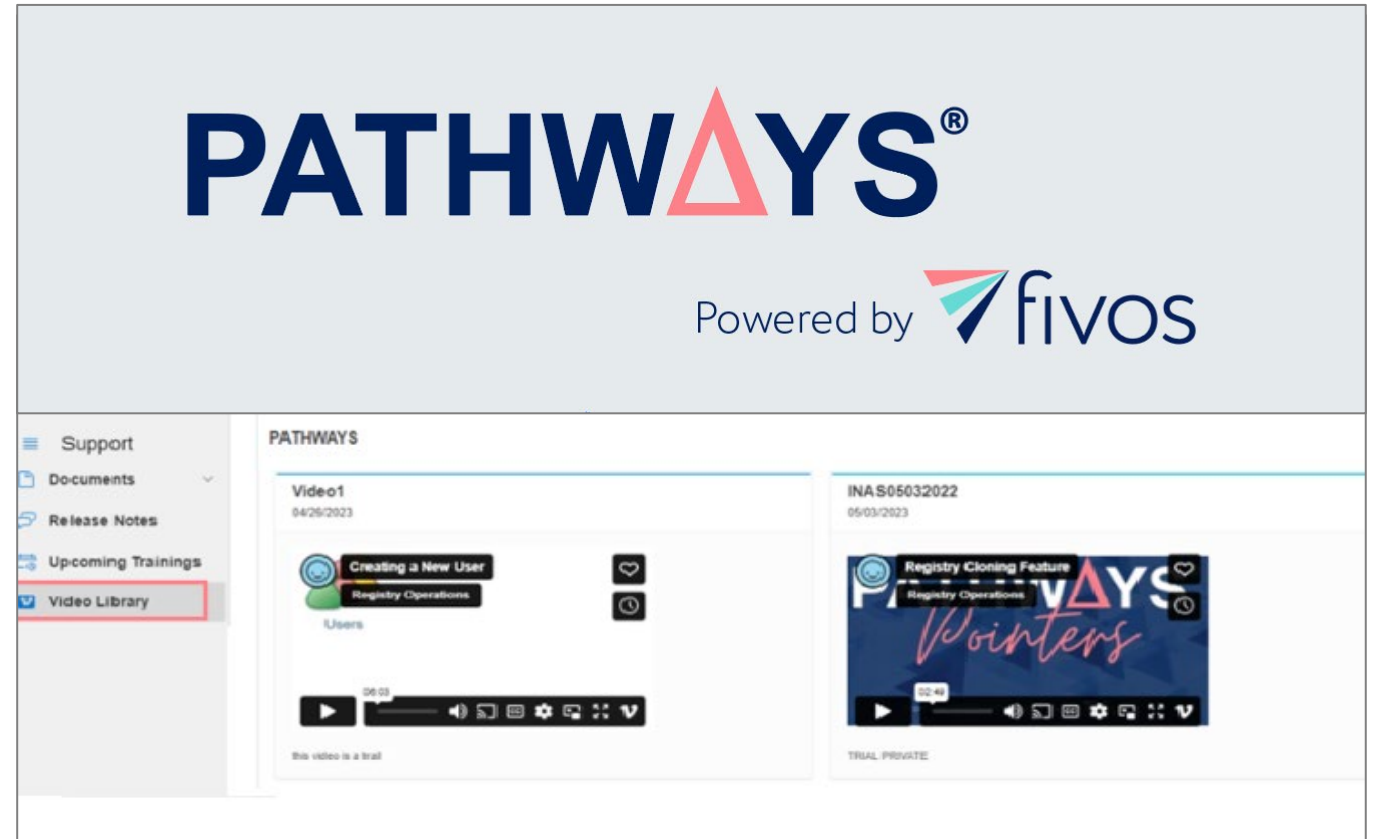
# PATHWAYS Support



## Need help?

Check out the PATHWAYS Support tab.

- **Documents** – List of essential documents necessary for new staff and experienced abstractors to assist with data abstraction.
- **Release Notes** – Listing of release announcements highlighting changes and improvements to the registries.
- **Upcoming Trainings**– List of upcoming training opportunities with registration links for new staff and experienced abstractors.
- **Video Library** – Listing of video tutorials to help you learn at your convenience.



# PATHWAYS Support Updates



## **Announced in the spring:**

### PATHWAYS Hospital Manager Guide

- Added to the Resources Tab
- Helps users better understand role responsibilities

## **NEW announcement:**

### PATHWAYS Administrative Training Video

- Added to the Support Tab Video Library
- Provide even more support to assist new centers and new HMs
- In beta > we welcome feedback on its usefulness during onboarding

# PATHWAYS Support Updates



## Claims Validation

### Recent news:

- The **2022** Claims Validation process was launched in April 2023 and closed in July
- Powerful testimonials about ROI projects during VQI at VAM
  - Direct result of the claims validation audit
- This process can provide even more centers with opportunities to expose revenue leakage and mitigate financial loss (a great opportunity to **WOW** your administrative team)

### Up next:

We are looking forward to launching the **2023** Claims Validation cycle in the **Spring of 2024!**



## Coming Soon

The Support Team continues to develop brief training videos to assist with specific functionality and tasks.

We appreciate feedback we received during our recent VQI@VAM Support Update webinar. We will be sure to use this information for future development!



# PATHWAYS Support – A Closing Note



A friendly reminder...

The following registries are all available in VQI. Reach out to our Sales team for assistance with additional VQI registry opportunities at your center.

- Carotid Artery Stent
- Carotid Endarterectomy
- Endovascular AAA Repair
- Hemodialysis Access
- Infra-Inguinal Bypass
- IVC Filter
- Lower Extremity Amputations

- Open AAA Repair
- Peripheral Vascular Intervention
- Supra-Inguinal Bypass
- Thoracic and Complex EVAR
- Varicose Vein
- Vascular Medicine Consult
- Venous Stent



# Registry Projects

# SVS Post-Market Surveillance Projects



- The following projects are conducted within the SVS PSO, and only non-identifiable data (removal of patient, center and physician information) will be provided to Medtronic/BARD/Cook/Gore or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.
- Sites must follow their institutional guidelines.

# TEVAR Dissection Surveillance Project



- The SVS PSO is excited to announce the continuation of the TEVAR Dissection Surveillance Project to evaluate the Cook Zenith Dissection Endovascular System. FDA approval was granted for this device after safety and effectiveness were demonstrated in pre-market studies of complicated dissection with the proviso that the efficacy of TEVAR treatment of descending aortic dissection would be more fully analyzed through post-market surveillance, as was done through VQI for the W. L. Gore and Medtronic devices after their approval.
- Patients will have 30 day, and annual visits for 5 years.
- Total reimbursement of \$4,000 per patient for a patient followed annually for 5 years.

For enrollment information: Sarah Van Muyden | [sarah.vanmuyden@fivoshealth.com](mailto:sarah.vanmuyden@fivoshealth.com)

# TEVAR Dissection Surveillance Project – Cook Only



- 122 of the 180 required patients enrolled (14 potential cases in process)
- 60 Chronic Cases Enrolled - Enrollment Complete
- 62 Acute Cases Enrolled Currently -52% of total Acute Cases Enrolled
- Retrospective enrollment allowed- All eligible cases from December 31, 2018 (protocol FDA approval date)
- (76) 30-Day visits completed, (66) 1-year follow-up visits completed, (40) 2-year follow-up visit completed and (12) 3-year follow up visits completed
- 28 sites currently participating
- This project is conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Cook or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.



# Gore TBE Project



Gore is collaborating with the Society for Vascular Surgery Vascular Quality Initiative (VQI) to collect data and images from the **TEVAR** registry for a 10-year follow-up project.

Project Objective: To ensure that the clinical outcomes during the commercial use of the GORE® TAG® Thoracic Branch Endoprosthesis are as anticipated.

Patient Population: Patients who undergo treatment with the GORE® TAG® Thoracic Branch Endoprosthesis device.

## Number of Patients

- Max number of patients: 350
- Start Date 01/15/2023



# About the Gore TBE Project



Project specific dynamic content has been added to the TEVAR registry.

Project Timeline:

- **Phase I:** Start-up, development, enrollment (3 years) Current Phase
- **Phase II:** Surveillance period (10 years)
- Total expected duration of the project: (13 years)

Project Imaging Requirements: Procedure + 1 Month + Annually



# Gore TBE Project



- 23 fully executed addendums
- 22 sites full trained
- Current enrollment as of 8/14/23 = 58 patients

For enrollment information:  
Megan Henning  
[megan.henning@fivoshealth.com](mailto:megan.henning@fivoshealth.com)







Please contact  
[PATHWAYSSUPPORT@fivoshealth.com](mailto:PATHWAYSSUPPORT@fivoshealth.com)  
for questions

# Spring 2024 Regional Meeting

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In conjunction w/SoCal Vascular Regional Mtg

The Seabird Resort

101 Mission Ave, Oceanside, CA 92054

April 19, 2023 - Friday



# Fall Report Reminder

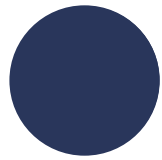
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## Reminder:

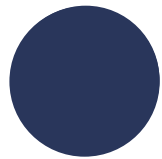
Spring 2024 Report Cut Date = **February 1, 2024**, for  
procedures CY 2023

# CE/CME Meeting Attendance Credit

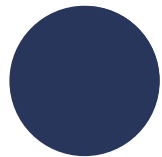
7 days to submit; No email reminder



**P**UT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)



**S**END an email to [achurilla@vascularsociety.org](mailto:achurilla@vascularsociety.org) with names of group members that are sharing 1 device



**O**FFICIALLY apply for CME/CE credit by clicking the URL or QR code provided



[https://dmu.co1.qualtrics.com/jfe/form/SV\\_bpwzY5j51](https://dmu.co1.qualtrics.com/jfe/form/SV_bpwzY5j51)

- Thank you to our members for your continued participation and support of VQI

- Thank you to COOK and GORE for your contributions and making these meetings possible
- Thank you to Des Moines University for providing CE/CME credit for today's meeting

# Thank You

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**SVS** | **VQI**  
*In collaboration with NCDR\**