

Southern California Vascular Outcomes Improvement Collaborative – SoCal VOICe

Friday, April 28, 2023

10:00am – 2:00pm Pacific Time

LaQuinta Resort & Club – LaQuinta, CA

Hybrid

Meeting Attendance Credit

Before we get started...

Please sign in using your Full Name (First and Last).

In-Person Attendees – Scan the QR code shown and sign in

Remote Attendees – See below instructions (#1-#3)

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 you’ll see “rename”.
3. Click and sign in.



Please note: If you can't sign in, please email Leka Johnson at ljohnson@svspsso.org and let her know the identifier you were signed in under (ex –LM7832 or your phone number).

****SPECIAL NOTE: ALL ATTENDEES must have an ACTIVE PATHWAYS user account to get attendance credit!!!**

Agenda-SoCal VOICe-April 28, 2023

Time	Topic	CE Credit
10:00 am	<p>Welcome Regional Data Review – Ankur Chandra, MD, SoCal VOICe Medical Director Learning Objectives:</p> <ul style="list-style-type: none"> • 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. 	Yes
11:00 am	<p>Regional QI Proposal - Ankur Chandra, MD, SoCal VOICe Medical Director Learning Objectives:</p> <ul style="list-style-type: none"> • 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. 	Yes

Agenda (con't)

Time	Topic	CE Credit
12:00 pm	Lunch	No
12:30 pm	National VQI Update –Betsy Wymer, DNP, RN, CV-BC, PSO Quality Director Learning Objectives: <ul style="list-style-type: none"> • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • 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. 	Yes
1:30 pm	AQC Update – Beatriz Leong, MD	No
1:35 pm	VQC Update – Isabella Kuo, MD	No
1:40 pm	RAC Update –Ann Gaffey, MD NavYash Gupta, MD	No
1:45 pm	Governing Council Update – Ankur Chandra, MD	No
1:50 pm	Regional Lead Data Manager Update– Melinda Lewis, RN, SoCal VOICe Lead Data Manager <ul style="list-style-type: none"> • Request LTFU module, Discussion of CAS module, and CEA module 	No
2:00 pm	Open Discussion/Next Meeting/Meeting Evaluation	No

- **Relevant to the content of this educational activity, the following individual(s) have conflict(s) with ineligible companies to disclose. The accredited provider has mitigated all relationships.**

Gregory Magee, MD, MSc, FACS - Regional Activity Director
Consultant: WL Gore and Silk Road Medical

Welcome and Introductions 40 existing 2 new

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
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

Report	Included Cases	Centers with Included Cases	Centers with at least 10 Included Cases	Complete Cases	Centers with Complete Cases	Centers with at least 10 Complete Cases
Procedure Volume	2123	32	24			
Procedure Volume, All Years	19552	37	31			
Long-Term Follow-up	1634	24	16			
Discharge Medications	1657	31	24			
Preop Smoking	1261	31	22			
Smoking Cessation	206	15	5			
TFEM CAS ASYMP: Stroke/Death	35	6	2	32	6	2
TFEM CAS SYMP: Stroke/Death	70	6	1	66	6	1
TCAR ASYMP: Stroke/Death	251	27	11	230	27	10
TCAR SYMP: Stroke/Death	118	22	5	111	21	3
CEA ASYMP: Stroke/Death	156	13	6	142	13	5
CEA ASYMP: Postop LOS>1 Day	155	13	6	141	13	5
CEA SYMP: Stroke/Death	59	11	2	58	11	2
CEA SYMP: Postop LOS>1 Day	60	11	2	58	11	2
EVAR: Postop LOS>2 Days	100	10	4	92	10	4
EVAR: Sac Diameter Reporting	134	12	6			
EVAR: SVS AAA Diameter Guideline	79	10	3			
TEVAR: Sac Diameter Reporting	82	6	1			
OAAA: In-Hospital Mortality	39	7	1	36	7	1
OAAA: SVS Cell-Saver Guideline	34	8	1			
OAAA: SVS Iliac Inflow Guideline	46	8	1			
PVI CLAUD: ABI/Toe Pressure	122	6	5			
INFRA CLTI: Major Complications	51	4	3			
SUPRA CLTI: Major Complications	9	2	0			
LEAMP: Postop Complications	34	2	1			
HDA: Primary AVF vs. Graft	83	2	1			
HDA: Ultrasound Vein Mapping	100	2	1			
HDA: Postop Complications	101	2	1			
IVCF: Filter Retrieval Reporting	27	2	1			

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.

The following updates have been implemented to enhance and improve the Spring 2023 VQI Regional Quality Report:

- **Preop Smoking Report Added** - A preop smoking report is now provided. This report displays center-level, regional, and VQI overall rates of current smoking at time of procedure.
- **Smoking Cessation Report Added** - A smoking cessation report is now provided. This report displays center-level, regional, and VQI overall rates of smoking cessation at follow up.

Spring 2023 Regional Data Slides

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.

Sample Regional QI Project

Project Overview
<p>Problem Statement: There is inadequate follow-up entered into VQI registry database between the time periods of June 2019-June 2020 (as reflected in our Center Report, Center Dashboard, and Regional Report) in the PVI Registry. Our overall long term follow-up rate for our center is 30%, compared to 60% in our region, and 68% in VQI overall in the same time period.</p>
<p>Goal: To improve our overall long-term follow up rate to 55% by the end of 2023. This will be a 25% improvement in LTFU documentation for the PVI Registry.</p>
<p>Scope: This project will include all patients entered into VQI PVI registry database that will require a long-term follow-up from June 2019-June 2020. The project will require review of long-term follow-up records and documentation in EPIC and support from the quality management specialist/data manager, vascular physicians, and administrative/scheduling to obtain long-term follow-up data.</p>
<p>Deliverable(s):</p> <ol style="list-style-type: none"> 1. Quality Management Specialist/Data Manager will download required LTFU data download from VQI PVI database to assess how many LTFU cases need to be entered 2. Quality Management Specialist/Data Manager will go over LTFU needs and requirements for VQI at the next quality meeting, which will include quality analytics team members, the vascular service line, and vascular physicians 3. Available LTFU via EPIC and/or other EMR records will be entered into VQI database for eligible PVI patients 4. Develop dot phrases for EPIC for physician documentation with clinicians 5. Develop plan for ongoing LTFU data entry in a timely manner with team 6. Develop plan for those patients who are lost to follow up: telephone call, letter, contact PCP

Key Metrics	Milestones	
<p>Outcome Metrics:</p> <ol style="list-style-type: none"> 1. Monthly Outcome – 10% of LTFU will be entered 2. 6 Month Outcome – 50% of LTFU will be entered 3. 12 Month Outcome – 100% of LTFU will be entered 	<p>Milestone / Description:</p> <p>Complete LTFU data download</p> <p>Confirm baseline outcome metric</p> <p>Identify root cause/hypothesis</p> <p>Meeting with Physicians for LTFU</p> <p>Implement Deliverables</p> <p>Evaluate progress</p> <p>Project completion</p>	<p>Date</p> <p>January 2023</p> <p>February 2021</p> <p>March/2021</p> <p>April/2021</p> <p>Monthly</p> <p>Ongoing</p> <p>December 2023</p>
<p>Process Metrics: Monthly performance report to clinical teams</p>		
<p>Exec Sponsor: Lead Regional Director</p> <p>Sponsor: Vascular Surgeon Champion</p> <p>Project Leader: Data Manager</p>	<p>Clinical Sponsor: CNO</p> <p>Process Owner: Data Manager</p> <p>Team Members: Clinical Teams, Quality Mgmt, Scheduling Team</p>	

Regional Improvement Projects 2022-2023

Regional Group	Center Name	Charter Topic	Lead	Email Address	Surgeon Champion
SOUTHERN CALIFORNIA VASCULAR OUTCOMES IMPROVEMENT COLLABORATIVE (VOICE)	Bakersfield - Bakersfield Memorial Hospital	Ruptured AAA Protocol	Melinda Lewis	Melinda Lewis CA-Bakersfield <melinda.lewis@commonspirit.org>	Dr. Hao Bui
SOUTHERN CALIFORNIA VASCULAR OUTCOMES IMPROVEMENT COLLABORATIVE (VOICE)	Sharp Grossmont Hospital	DC Meds	Karen Heaney	Karen Heaney <Karen.Heaney@sharp.com>	Gregg Gunn, PA

2022

Regional Group	Center Name	Charter Topic	Lead	Email Address	Surgeon Champion
SOUTHERN CALIFORNIA VASCULAR OUTCOMES IMPROVEMENT COLLABORATIVE (VOICE)	Sharp Grossmont Hospital	LTFU	Karen Heaney	Karen Heaney <Karen.Heaney@sharp.com>	Scott Musicant, MD

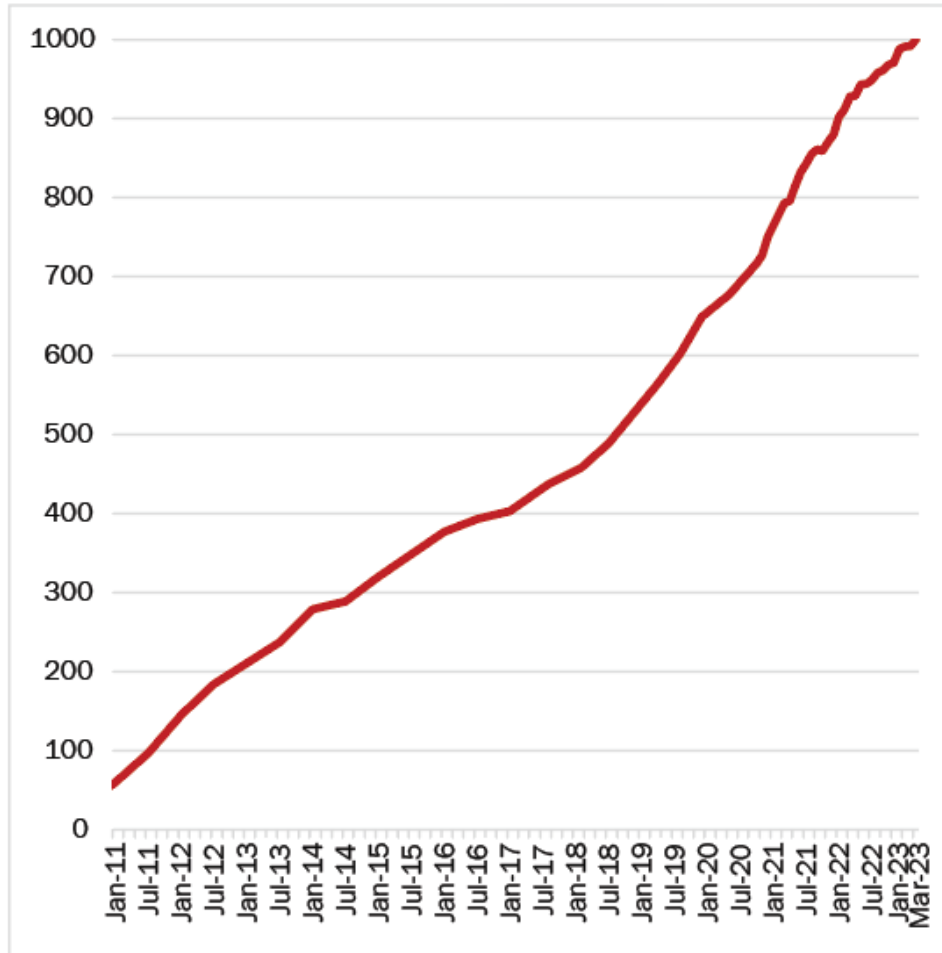
2023

Open Discussion

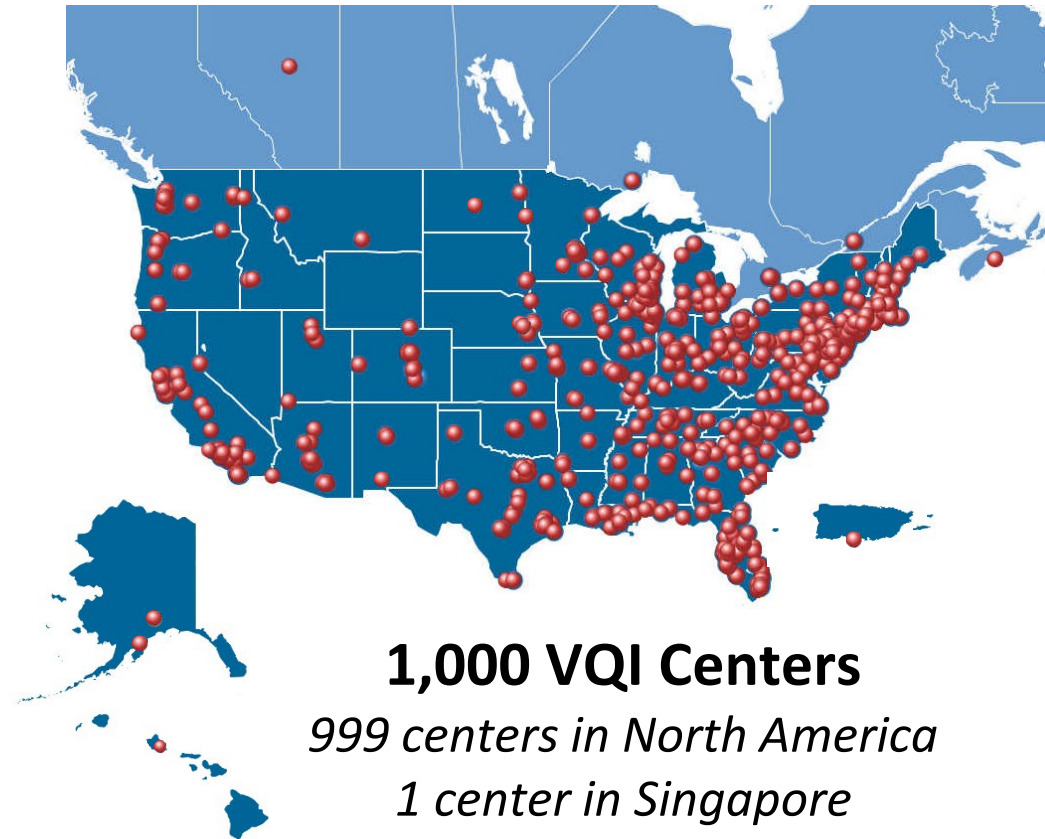
National VQI Update

Betsy Wymer, DNP, RN, CV-BC
PSO Quality Director

Number of Participating Centers

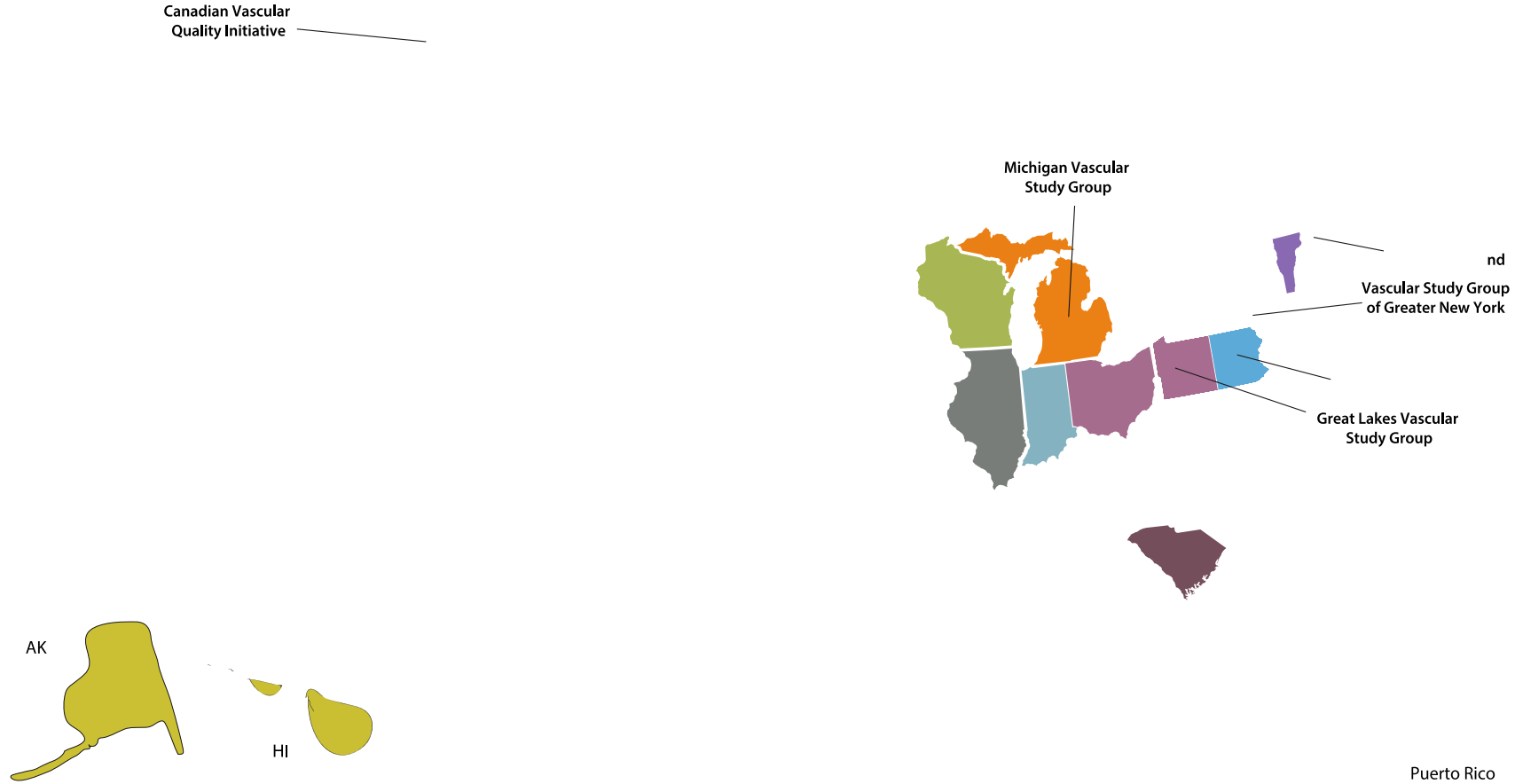


Location of VQI Participating Centers



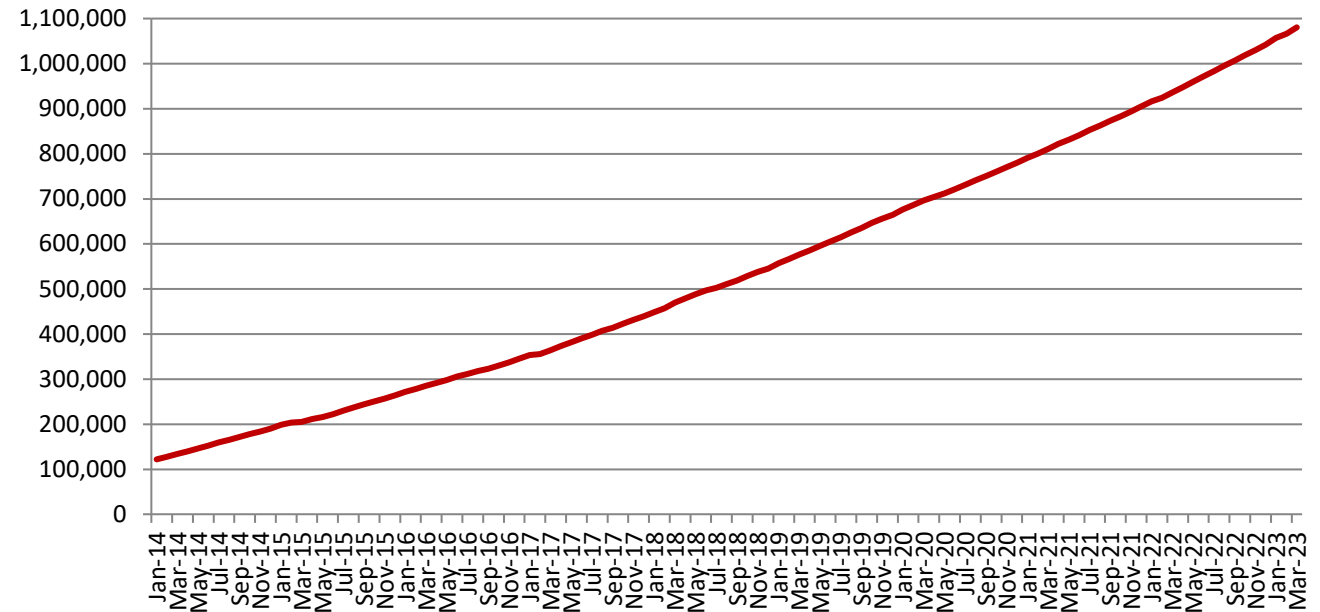
18 Regional Quality Groups

18 Regional Quality Groups



TOTAL PROCEDURES CAPTURED	
(as of 4/1/2023)	
	1,080,461
Peripheral Vascular Intervention	373,148
Carotid Endarterectomy	192,093
Infra-Inguinal Bypass	81,019
Endovascular AAA Repair	80,103
Hemodialysis Access	76,335
Carotid Artery Stent	96,355
Varicose Vein	61,164
Supra-Inguinal Bypass	25,887
Thoracic and Complex EVAR	28,692
Lower Extremity Amputations	28,322
IVC Filter	18,290
Open AAA Repair	17,727
Vascular Medicine Consult	1,162
Venous Stent	164

VQI Total Procedure Volume



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

Save the Date!

2023 VQI Annual Meeting
June 13-14, 2023

Gaylord National Resort & Convention Center
National Harbor, MD (outside **Washington, DC**)

2
0
2
3

https://www.compusystems.com/servlet/ar?evt_uid=805

SVS | Society for Vascular Surgery

2023 | Vascular Annual Meeting™

National Harbor, MD • June 14-17

SVS | Society for Vascular Surgery

SVS Member Username/Password Help - Contact SVS Membership Department at 800-258-7188 or 312-334-2300. Non-Member and VQI Registrants are required to create an account.

Registration categories are auto assigned based on current membership status. Pay lapsed dues online at www.vascular.org to obtain member registration rates.

Start New SVS Registration

SVN SOCIETY OF VASCULAR NURSING
EMPOWERING NURSES THROUGH EDUCATION & COLLABORATION

Registration categories are auto assigned based on current membership status. Pay lapsed dues online to obtain membership rates. Please allow up to 72 hours for payment to be applied.

Start New SVN Registration

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

VQI Annual Meeting
Registration allows for admission to VQI ONLY.

Start New VQI Registration

RPVI

RPVI Course
Registration allows for admission to RPVI ONLY.

Start New RPVI Registration

A Brand New VQI.org!



Improving the quality, safety, effectiveness and cost of vascular healthcare by collecting and exchanging information.

BEGIN YOUR SEARCH HERE.

Enter keyword or term to search...

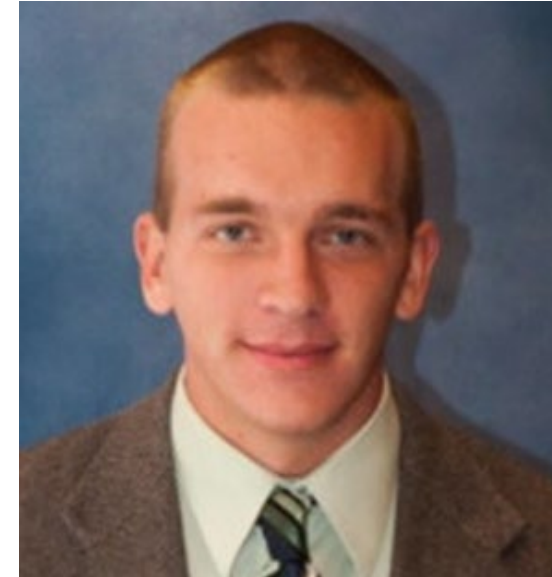


- The addition of 14 registry specific pages
- More robust search capabilities, so customers can easily get the information they need
- Clean presentation of content
- Consistent menu options for each of the 18 Regional Group Pages.
- Streamlined Members Only area

https://staging.vqi.bytesco.site/about/

Jeff Yoder – Statistician

- Start Date December 2022
- M.S. degree in Statistical Science from Indiana University
- Teaching assistant at Indiana University



Top Responsibilities:

Working with the PSO Analytics team on a variety of projects and initiatives

- Infra/Supra Inguinal Bypass Revisions Live late March 30, 2023
- New National Quality Initiative Smoking Cessation to be announced at VQI@VAM
- Data Integrity Audit Program
- Risk Calculator
- Follow-up reports:
 - IVC Filter and Varicose Vein
- Coming soon:
 - Harmonization of CAD variables
 - Harmonization of Anticoagulation
 - Open AAA Registry Revision



- SVS PSO recognizes need to reduce number of registry variables while maintaining balance between QI & research/publishing
- Work underway to decrease data entry burden
- Registry committees have begun reviewing variables
 - Possible variable retirement
 - Marking variables as mandatory versus **NOT** mandatory for record completion
- Variables required for reporting measures, industry projects & guideline/AUC recommendations will be taken into consideration
- Progress being made with data integration between EMRs & VQI. Updates provided at the VQI Annual Meeting



- Data Integrity Audits have begun Spring 2023
- The Carotid Artery Stent Registry - first to go live
- Additional registries will be added on a regular basis
- Data results will not be punitive; will be utilized to update training and help texts
- Audits are being performed by a third-party vendor – Telligen
- Audited records will be blindly abstracted by Telligen; then compared to the completed case in Pathways for matches
- More information to come soon
- All inquiries should be sent to Melissa Latus mlatus@svspso.org



- In partnership with the American College of Surgeons
- Inpatient launch late March, Outpatient launch June
- Standards derived by SVS members; program is used to measure compliance w/standards
- Six National Quality Strategies to align organizational functions to drive improvement based on the aims & priorities of the Agency for Healthcare Research and Quality (AHRQ):
 - Measurement & feedback w/ required registry participation
 - Certification, accreditation, & regulation w/required facility regulation
 - Consumer incentives & benefit designs with thorough discussion of treatment options and consent
 - Health information technology, working with outside software for continuation of care
 - Innovation & diffusion with research
 - Work force development w/ the capability of resident training

Program Standards Manual for Inpatient Program

- Institutional commitment
- Program scope and governance
- Resources for facilities, equipment, services, and personnel
- Clinical care
- Data abstraction and analysis
- Quality improvement
- Education and research
- <https://www.facs.org/quality-programs/accreditation-and-verification/vascular-verification/standards/>

For more information contact:

- vascular@facs.org



- TASC/GLASS
 - Dr. Elizabeth Genovese, M.D.
- Varicose Vein
 - Dr. Jennifer Ellis, M.D.

Visit [VQI.org](https://www.vqi.org) for a full listing of all Educational video offerings

<https://www.vqi.org/registry-education-members-only/>

REGISTRY EDUCATION WEBINARS

- [VQI Educational Session – Vascular Medicine Consult \(VMC\)](#)
- [VQI Educational Session – Infra/Supra](#)
- [VQI Educational Session – PVI](#)
- [VQI Educational Session – EVAR](#)
- [VQI Educational Session – TEVAR/COMPLEX EVAR](#)
- [VQI Educational Session – CAS and CEA](#)
- [VQI Educational Session – Open AAA](#)
- [SVS VQI Infra/Supra Registry Revisions Webinar](#)
- [SVS VQI Educational Webinar – TASC/GLASS](#)
- [SVS VQI Education Webinar – TASC/GLASS Slides](#)

**SPECIAL
OFFER**

Venous Stent Registry and Vascular Medicine Consult Registry Free Trial

For a limited time, SVS VQI is offering a **complimentary one-year trial subscription** to the VSR and VMC for an easily accessible first-hand experience of its value and ROI.

<https://mailchi.mp/5119b784e8d0/no-time-like-the-present>

To learn more about the Venous Stent Registry offer click here: [Venous Stent](#)

To learn more about the Vascular Medicine Consult Registry offer click here: [Vascular Medicine](#)

Or email vqi@fivoshealth.com to contact an account executive.

- **A Vascular Quality Initiative frailty assessment predicts post discharge mortality in patients undergoing arterial reconstruction** Kraiss LW, Al-Dulaimi R, Allen CM, Mell MW, Arya S, Presson AP, Brooke BS.
<https://pubmed.ncbi.nlm.nih.gov/35709866/>
- **Ankle-brachial index use in peripheral vascular interventions for claudication** Hawkins KE, Valentine RJ, Duke JM, Wang Q, Reed AB. <https://pubmed.ncbi.nlm.nih.gov/35276260/>
- **Assessing the quality of reporting of studies using Vascular Quality Initiative (VQI) data** Mirzaie AA, Delgado AM, DuPuis DT, Olowofela B, Berceci SA, Scali ST, Huber TS, Upchurch GR Jr, Shah SK.
<https://pubmed.ncbi.nlm.nih.gov/35760240/>
- **Incidence of Procedure-Related Complications in Patients Treated With Atherectomy in the Femoropopliteal and Tibial Vessels in the Vascular Quality Initiative** Sanon O, Carnevale M, Indes J, Gao Q, Lipsitz E, Koleilat I.
<https://pubmed.ncbi.nlm.nih.gov/35466788/>
- **Survival, reintervention and surveillance reports: long-term, center-level evaluation and feedback of vascular interventions** Fowler XP, Gladders B, Moore K, Mao J, Sedrakyan A, Goodney P.
<https://pubmed.ncbi.nlm.nih.gov/36248241/>

- **Perioperative outcomes of carotid endarterectomy and transfemoral and transcervical carotid artery stenting in radiation-induced carotid lesions** Batarseh P, Parides M, Carnevale M, Indes J, Lipsitz E, Koleilat I.
<https://pubmed.ncbi.nlm.nih.gov/34560219/>
- **Long-term implications of elective evar that is non-compliant with clinical practice guideline diameter thresholds** de Guerre LEVM, Dansey KD, Patel PB, Marcaccio CL, Stone DH, Scali ST, Schermerhorn ML.
<https://pubmed.ncbi.nlm.nih.gov/34508797/>
- **Effect of postoperative antithrombotic therapy on lower extremity outcomes after Infrapopliteal bypass for chronic limb-threatening ischemia** Marcaccio CL, Patel PB, Wang S, Rastogi V, Moreira CC, Siracuse JJ, Schermerhorn ML, Stangenberg L. <https://pubmed.ncbi.nlm.nih.gov/35074410/>
- **The association between device instructions for use adherence and outcomes after elective endovascular aortic abdominal aneurysm repair** De Guerre LEVM, O'Donnell TFX, Varkevisser RRB, Swerdlow NJ, Li C, Dansey K, van Herwaarden JA, Schermerhorn ML, Patel VI. <https://pubmed.ncbi.nlm.nih.gov/35276256/>
- **Association of preoperative vein mapping with hemodialysis access characteristics and outcomes in the Vascular Quality Initiative** Fedorova E, Zhang GQ, Shireman PK, Woo K, Hicks CW.
<https://pubmed.ncbi.nlm.nih.gov/34718099/>

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!

If you do not complete and submit the online forms within 7 days, continuing education credit cannot be awarded.

REMEMBER TO PSO:

- **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 ljohnson@svspso.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 here:
https://dmu.co1.qualtrics.com/jfe/form/SV_1T7zWzf5HLnD6PI




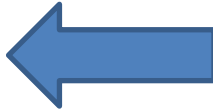
You only have **7 days** to complete forms for CME/CE Credit.
NO EMAIL WILL BE SENT AS A REMINDER OR WITH THE CME/CE LINK

Quality Improvement Update Spring 2023



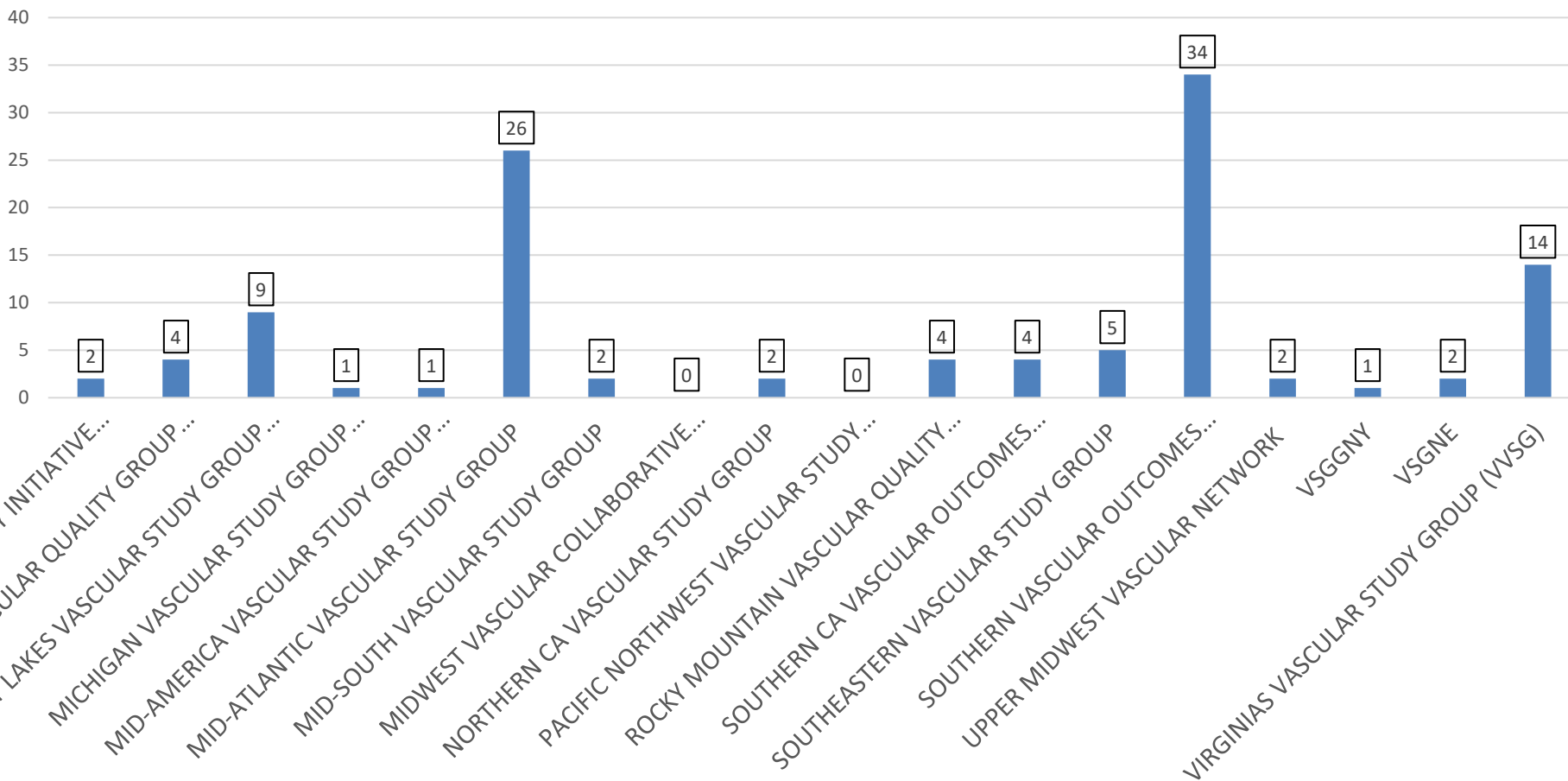
Quality Improvement – Participation Awards

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** 

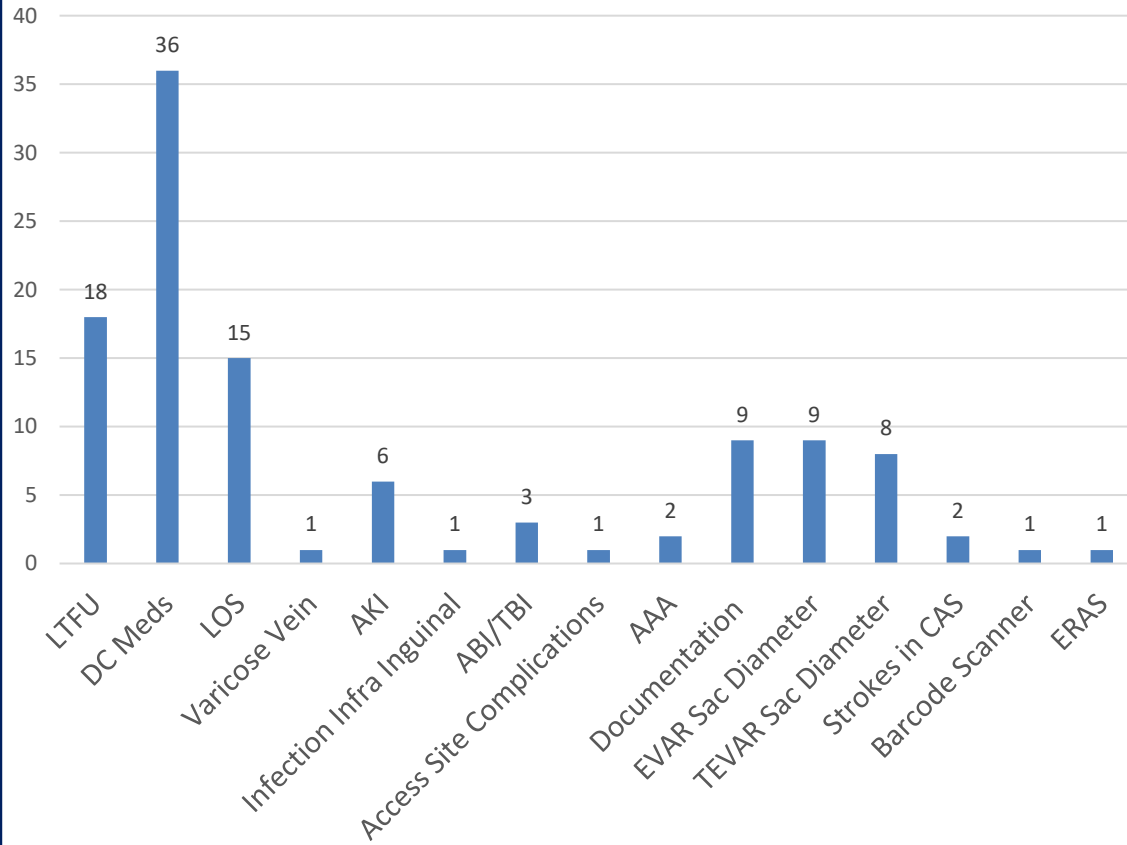
<https://www.vqi.org/quality-improvement/participation-awards/>

Regions with Charters n=113

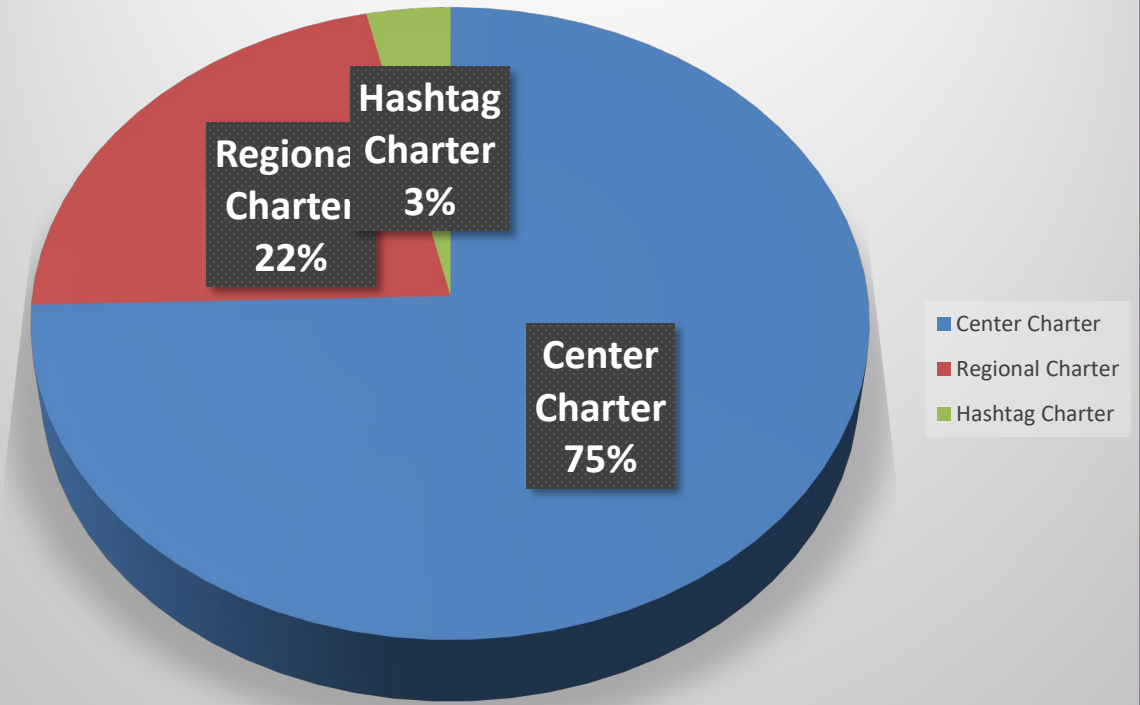


Quality Improvement – Charter Breakdown

Charter Topics



Charter Types



- Quarterly Webinars (Charter and QI)
 - www.vqi.org/quality-improvement-members-only/#upcoming-events
- Sample Charters
 - www.vqi.org/quality-improvement/quality-improvement-tools/#qi-charters
- Toolkits (VQI@VAM, Data Manager, LTFU)
 - www.vqi.org/quality-improvement/quality-improvement-tools/#qi-toolkits
- New improved VQI website
 - www.vqi.org
- 1:1 Calls
 - bwymmer@svspso.org

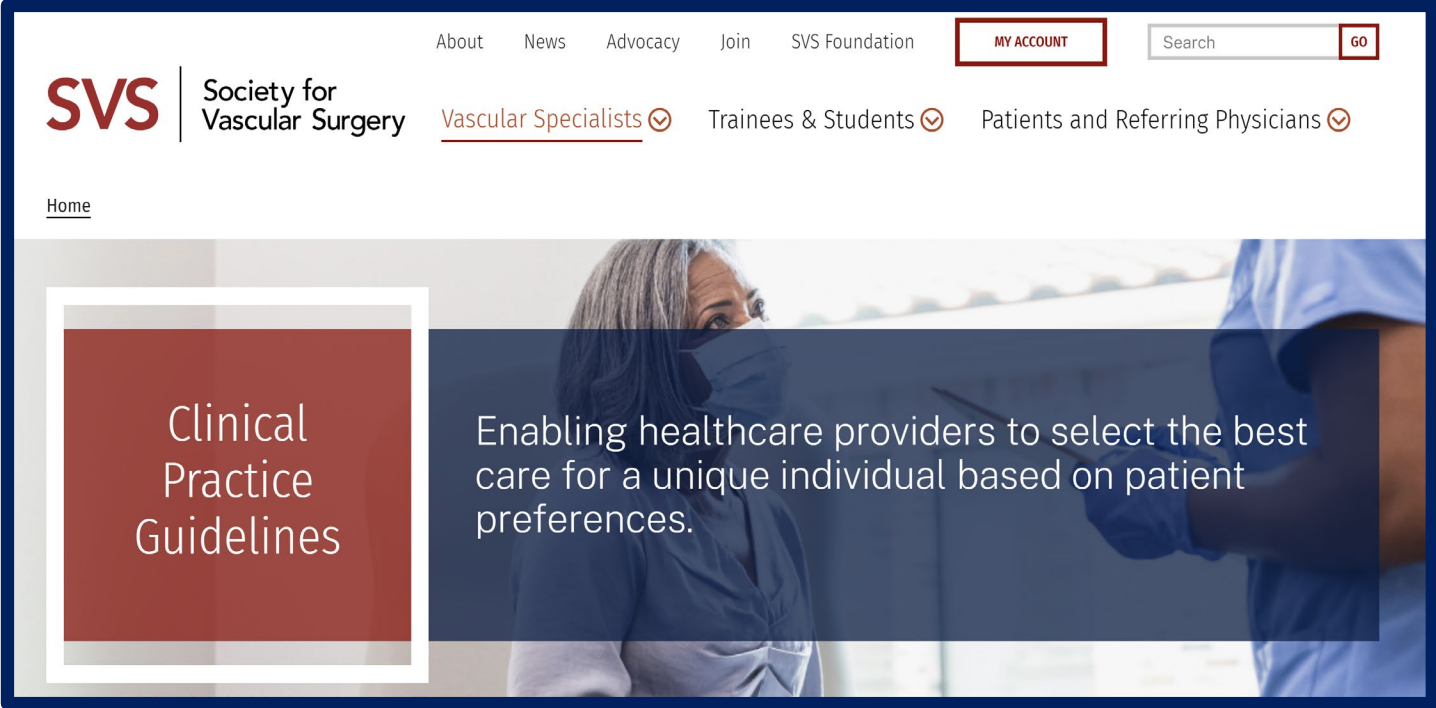


SVS Clinical Practice Guidelines



SVS | VQI
In collaboration with NCDR®

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Clinical Practice Guidelines

Enabling healthcare providers to select the best care for a unique individual based on patient preferences.

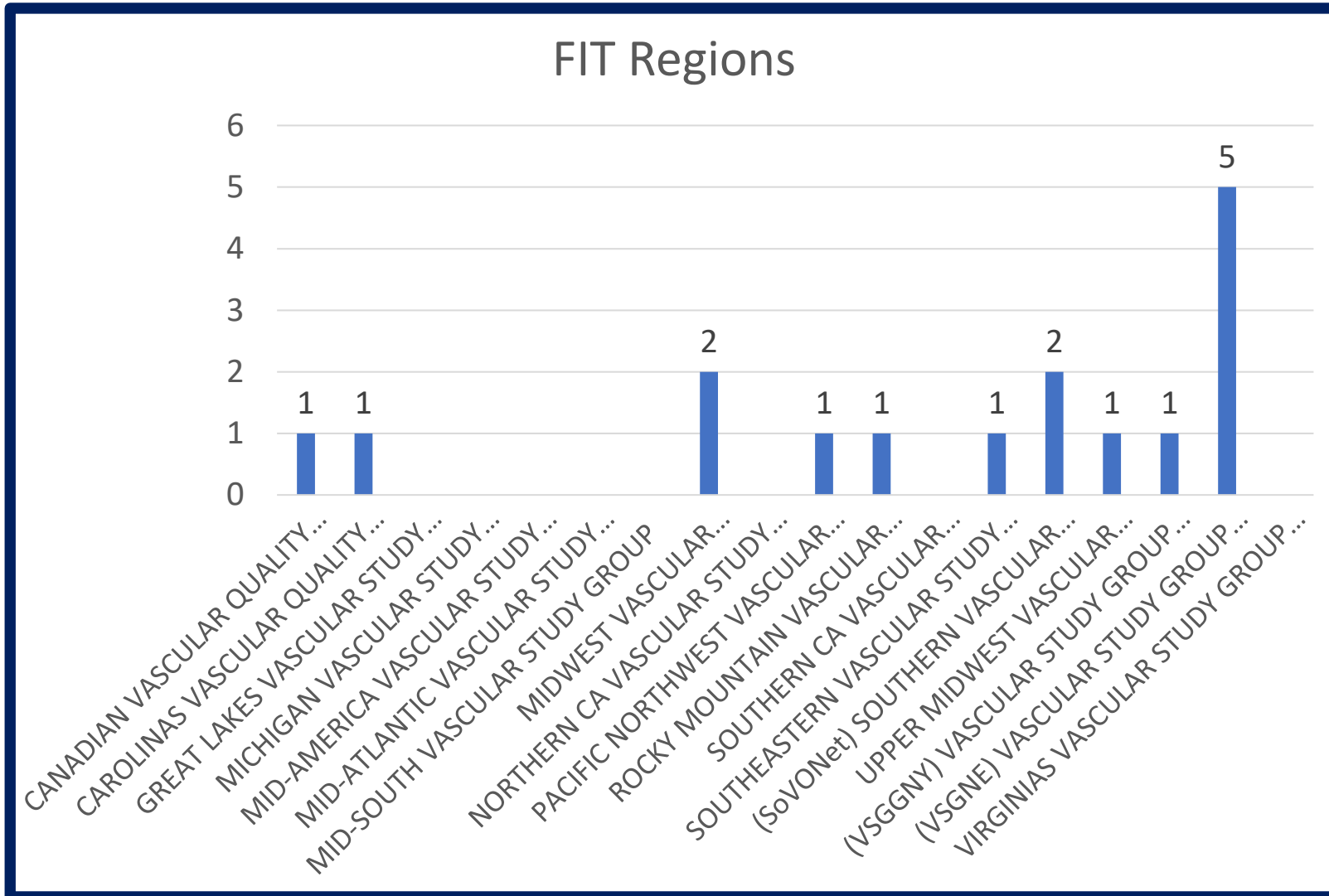


SVS PSO Quality FIT Program

- Existing FIT Trainees Jack Cronenwett Scholarship Application
 - Applications accepted January 9 – February 28
 - FIT Committee Review March – April
 - Scholarship winners announced at VQI@VAM 2023
- FIT Trainee 2023 Applications
 - Applications accepted January 9 - February 28
 - FIT Committee Review April – May
 - FIT Trainees with FIT Mentors announced at VQI@VAM 2023
- FIT Mentors
 - Accepted at any time
 - Contact bwymmer@svspso.org
- www.vqi.org/quality-improvement/quality-fellowship-in-training-fit-program/



SVS PSO Quality FIT Program



Arterial Quality Council:

Beatriz Leong, MD



Arterial Quality Council Update

- Open AAA Major Revision
 - Will be renamed to accurately capture intent of the registry
 - Iliac to Left Subclavian
- Registry Committee updates
- Review Smoking Cessation and inclusion of vaping variables
Group decided not at this time
- Introduction of the Data Integrity Program

Venous Quality Council:

Isabella Kuo, MD



Venous Quality Council Update

- Last Meeting February 22, 2023
- Re-engagement of the venous registry committees
 - Focus on new center recruitment
 - Review of current reporting
 - Brainstorming & discussion for addition of new reporting measures for bi-annual reports, Quarterly Dashboards and follow-up reports

IVC Filter Follow Up Report

IVC Follow-up Outcomes Report

1m ago   

Procedure Date

Planned Filter Duration

2019/01/01 – 2021/12/31

is any value

2019/01/01 – 2021/12/31 

Temporary

Permanent

Prepared for Demo Medical Center on 02/01/2023

This report is a patient safety work product generated within the SVS PSO, LLC, and is considered privileged and confidential

Follow-Up Rate

	My Center	My Region	All VQI
Cases with any follow-up	83.3% (5/6)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 & <= 21 ...	50% (2/4)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 & <= 21 ...	50% (2/4)	NA (<3 centers)	NA (<3 centers)

Fictitious Data

Varicose Vein Follow-up Report

Varicose Vein Follow-Up Outcomes Report

22m ago

Procedure Date: 2020/01/01 – 2022/12/31

Leg Treated: is any value

Treatment Type: is any value

Vein Type: is any value

Treatment Region: any value

2020/01/01 – 2022/12/31

Right only
 Left only
 Bilateral

Thermal_RF
 Thermal_Laser
 Mechanochemical
 Chemical
 Embolic adhesive
 High ligation and stripping
 Stripping
 Stab phlebectomy
 Trivex phlebectomy
 Open ligation
 Endoscopic ligation

Truncal
 Perforator
 Cluster

Thigh
Calf/Ankle
Both

This report is a patient safety work product. It is intended to be used for internal quality improvement and patient care within the SVS PSO, LLC, and is considered privileged and confidential.

Follow-Up Rate

	My Center	My Region	All VQI
Cases with early follow-up 0-3 months	33.33% (2/6)	NA	NA (<3 centers)
Cases with late follow-up >3 months	33.33% (2/6)	NA	NA (<3 centers)
Venous ulcers patients with late follow-up >= ...	0.00% (0/6)	NA	NA (<3 centers)

Fictitious Data

- Melissa Latus is your PSO primary point of contact on the status or refresh request. mlatus@svspsso.org
- An **ACTIVE** pathways account & privileges to '*Share a File*' is required in order to receive your requested Blinded Data Set (BDS).
- Always include your RAC proposal number in any communications please.

Arterial Research Advisory Council:

Ann Gaffey, MD



Arterial RAC Schedule

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

- PSO Arterial RAC - April 2023 Proposal Submission
- Call for Proposals: February 28, 2023
- Submission Deadline: March 28, 2023
- Meeting: April 10, 2023
-
- PSO Arterial RAC - June 2023 Proposal Submission
- Call for Proposals: May 2, 2023
- Submission Deadline: May 30, 2023
- Meeting: June 12, 2023
-
- PSO Arterial RAC – August 2023 Proposal Submission
- Call for Proposals: July 4 ,2023
- Submission Deadline: August 1, 2023
- Meeting: August 14, 2023

194 Publications in 2022

- **Data Security:** All investigators/team members are responsible for security of datasets, which are only to be used for the project for which they were approved.
- **Dataset Access:** Investigators have free access to the datasets to which their center has subscribed, providing that their center has at least 50% Long Term Follow-Up for the registry data being requested. Please confirm that your center subscribes to the dataset(s) you wish to analyze before submitting your proposal.
- **Comparison of Specialties:** The SVS VQI is a multi-specialty registry, therefore the SVS PSO Executive Committee does not allow comparisons between specialties in submission topics.

Venous Research Advisory Council:

NavYash Gupta, MD

Created a separate Venous RAC in July 2020

[The Vascular Quality Initiative - National Venous RAC Schedule \(vqi.org\)](https://vqi.org)

2020: 3 proposals

- The impact of vein size on closure rate in treatment of the saphenous vein for venous insufficiency: **Jaime Benarroch-Gampel, MD**
- Comparison of complication rates of IVC filters based on anticoagulant and indication: **Emily Spangler, MD**
- Effect of Access Site Choice on Angulation of IVC filter and Impact on retrieval rates: **Khalil Qato, MD**

2021: 3 proposals

- Incidence of venous thromboembolic events (VTE) after endovenous ablation in patients with venous stasis ulcers (C6 disease): **Jaime Benarroch-Gampel, MD**
- Impact of Treatment Length and Treatment Region on Clinical Outcomes after Varicose Vein Procedures: **Halbert Bai, MD**
- Safety and efficacy of Endovenous ablation in patients with a history of DVT: **Mikel Sadek, MD**

2022: Proposals

- Impact of IAC Vein Treatment Center Accreditation on practice habits, utilization index, and patient outcomes: ProMedica Toledo Hospital
- Patient, Provider, and Geographical Factors Influencing Appropriate Use of Endovenous Ablation Therapy
- Outcomes following endovenous ablation therapy for obese patients with CEAP C2 and C3 venous disease

National Venous RAC Schedule

Submissions are made separately to the National Arterial RAC and the National Venous RAC – see the schedule below and the link to Abstracts123: <http://abstracts123.com/svs1/>

(If you do not have a login for Abstracts123, you can create one through the same link)

Bi-Monthly Schedule for National Venous RAC Proposal Submissions

May 2023

Call for Proposals: March 28, 2023

Submission Deadline: April 25, 2023

Meeting: May 8, 2023

July 2023

Call for Proposals: May 30, 2023

Submission Deadline: June 27, 2023

Meeting: July 10, 2023

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

Governing Council:

Ankur Chandra, MD

Meeting November 18, 2022

- Quality Improvement Update
 - Smoking Cessation as a National Quality Initiative
 - 2022 ended with a record # of charters 113
- RAC Submission
 - 5 proposals per cycle from each institution
 - Once a center reaches 15 Arterial RAC proposals, faculty member will be expected to serve on RAC as an at large member
- Frailty variable development
- OBL Registry Refinement; enhanced value, reporting/reimbursement, ease data burden
- Discussion - Data burden within registry
 - Committee member engagement/expectations
 - Each Committee will have an associate chair
 - Enhance reporting measures
 - Review current variables; consider required fields; elimination of data variables

Melinda Lewis, BA, RN, CV-BC Data Manager Update

Data Integrity Audit Program

- Concerned that only aggregate data will be provided, no return of center level data
- *Melissa Latus will be happy to take questions mlatus@svspsso.org

LTFU and EVAR Sac Size Reporting

- Region proposed a goal to increase LTFU rates but 10% and EVAR Sac Diameter Reporting by 10%
 - LTFU minimal change 55.8% to 60.2%
 - EVAR Sac Diameter reporting improved 31.4 to 41.8

CEA

- Perfusion monitoring
 - Cerebral Oximetry
 - Create a data field similar to Neuromonitoring?
- Duplex imaging

Pre-op Duplex: Both right and left sides ▾

	Right	Left
CCA PSV	<input type="text"/> cm/sec	<input type="text"/> cm/sec
CCA EDV	<input type="text"/> cm/sec	<input type="text"/> cm/sec
ICA PSV	<input type="text"/> cm/sec	<input type="text"/> cm/sec
ICA EDV	<input type="text"/> cm/sec	<input type="text"/> cm/sec
ICA/CCA Ratio	<input type="text"/>	<input type="text"/>
Duplex Stenosis	Select ▾	Select ▾

CAS

- Protection devices vs flow reversal
 - MoMa device
 - Occlusive balloons with hand aspiration? Is this a flow reversal device?

RLDM Update

Lesions Treated
Distinct Lesions Treated Second Stenosis (Not Treated) Second Stenosis Severity %

Lesion 1

Lesion Type Lesion Side Lesion Location

Lesion Length mm Lesion Stenosis %

ICA Distal Tortuosity Protection Device Used Protection Device Type

Flow Reversal Type Flow Reversal Time

Pre-dilate Before Protection Device Pre-dilate Lesion Technical Failure

Neurologic Change Intra-cranial Completion Arteriogram



Lesion 1

Lesion Type Lesion Side Lesion Location

Lesion Length mm Lesion Stenosis %

ICA Distal Tortuosity Protection Device Used Protection Device Type

Flow Reversal Type Flow Reversal Time minutes

Pre-dilate Before Protection Device Pre-dilate Lesion Technical Failure

Neurologic Change Intra-cranial Completion Arteriogram

Comments

- Select
- Silk Road ENROUTE
- Medtronic MoMa
- IDE device
- Other



Updates for Spring 2023 VQI Regional Meetings



Technology Updates for VQI

Released in Q3 2022




- Carotid Artery Stent (CAS) Revision

- Air Kerma field was added Air Kerma ** mGy DAP ** Gy.cm²

** At least one of these fields must be completed for submission

- Select options for Lesion -> Stent -> Pre Dilate were updated

Pre-dilate Lesion

Select 

Select

No

Yes, drug coated balloons

Yes, lithotripsy

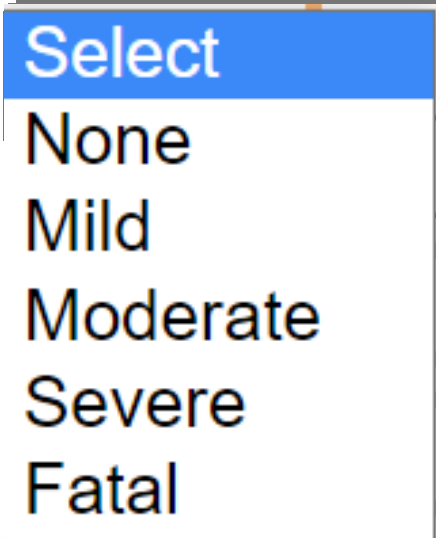
Yes, plain balloon

- Peripheral Vascular Intervention (PVI), Infra- and Suprainguinal Bypass, and Vascular Medicine Consult (VMC) Revision
 - Medication regions, in Demographics, Post- procedure and follow-up forms, were reordered and four new fields related to the dose of ASA and Rivaroxaban were added.

ASA	<input type="text" value="Yes"/>	ASA Daily Dose	<input type="text" value="Select"/>	mg				
Chronic Anticoagulant	<input type="text" value="Rivaroxaban"/>	Rivaroxaban Dose	<input type="text" value="10"/>	mg	Rivaroxaban Dose Frequency	<input type="text" value="Other"/>	Please Specify	<input type="text"/>
P2Y12 Antagonist	<input type="text" value="Select"/>							
Statin	<input type="text" value="Select"/>							
Beta Blocker	<input type="text" value="Select"/>							
ACE-Inhibitor/ARB	<input type="text" value="Select"/>							

- PVI, INFRA, SUPRA, VMC Revision
 - Any Bleeding Complication field was added to the follow-up forms.

Any Bleeding Complication



A screenshot of a dropdown menu for the field 'Any Bleeding Complication'. The menu is open, showing a list of options: 'Select', 'None', 'Mild', 'Moderate', 'Severe', and 'Fatal'. The 'Select' option is highlighted in blue.

Select
None
Mild
Moderate
Severe
Fatal

Device Assistant Enhancements

- Moved full or partial matched Catalog Numbers to appear at the top of the device results list
- Added ability to search for Catalog Number, Primary DI or Alternate Catalog Number with or without dashes
- Added the columns 'Description' and 'Alternate Catalog Number' to the device table

Released in Q3 2022



TEVAR Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Thoracic and Complex EVAR registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

TEVAR Follow-up Outcomes Report

Procedure Date	Presentation	Pathology	Dissection Indication	Zone of Treatment (Proximal/Distal)
2018/01/01 – 2021/12/31	is any value	is any value	is any value	

Released in Q3 2022



IVC Filter Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the IVC Filter registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

IVC Follow-up Outcomes Report

Procedure Date

2020/01/01 – 2022/12/31

Planned Filter Duration

is any value

Released in Q3 2022



HDA Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Hemodialysis Access registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

HDA Follow-up Outcomes Report

Procedure Date	Procedure Type	Performance Site	AV Graft Conduit	Inflow Artery
2020/01/01 – 2022/12/31	is any value	is any value	is any value	is any value

Released to Demo Only in Q4 2022



VVR Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Varicose Vein registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

Varicose Vein Follow-Up Outcomes Report

Procedure Date	Leg Treated	Treatment Type	Vein Type	Treatment Region
2017/01/01 – 2022/12/31	is any value	is any value	is any value	any value ▾



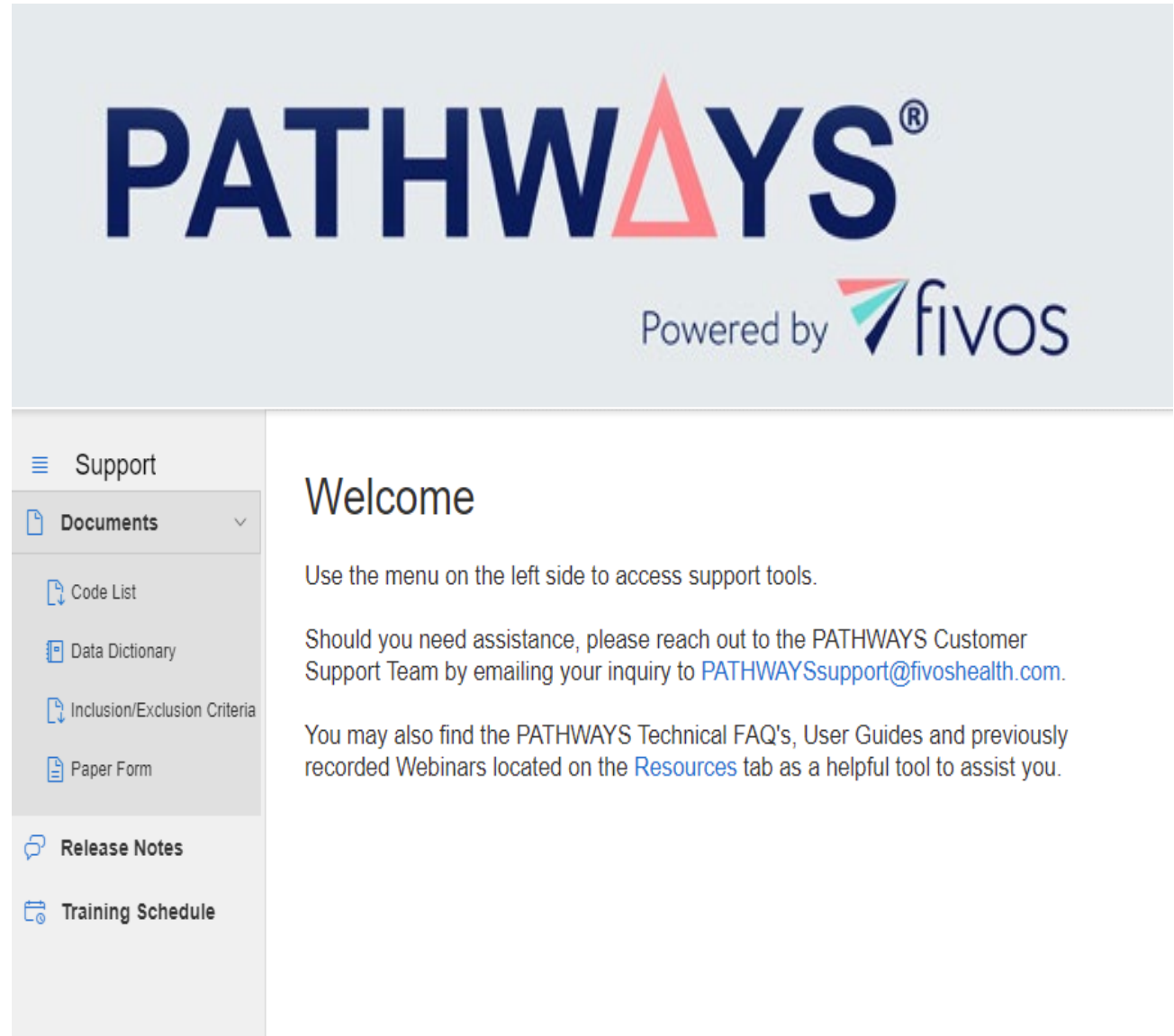
PATHWAYS Support

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 & improvements to the registries.
- **Training Schedule**
List of upcoming training opportunities with registration links for new staff and experienced abstractors.



PATHWAYS[®]

Powered by **FIVOS**

Support

Documents

- Code List
- Data Dictionary
- Inclusion/Exclusion Criteria
- Paper Form

Release Notes

Training Schedule

Welcome

Use the menu on the left side to access support tools.

Should you need assistance, please reach out to the PATHWAYS Customer Support Team by emailing your inquiry to PATHWAYSsupport@fivoshealth.com.

You may also find the PATHWAYS Technical FAQ's, User Guides and previously recorded Webinars located on the [Resources](#) tab as a helpful tool to assist you.

PATHWAYS Support



Help us help you.

PATHWAYSsupport@fivoshealth.com

When sending an email inquiry to the PATHWAYS Support team...

- Please include:
 - Detailed information regarding your question including the name of the procedure registry and field(s) in question
 - Primprocid's to identify specific records
 - Your center name and contact information including a phone number in case we need to contact you
- Please **exclude**:
 - PHI from any email or attachments you upload
 - i.e., Patient name & DOB

This will help avoid confusion as we research your questions to ensure an accurate and timely response!

PATHWAYS Support

Are you new to the role of Hospital Manager at your center?

The **PATHWAYS Hospital Manager Guide**, located on the Resources tab, might help you better understand the responsibilities of your role in the VQI.



PATHWAYS® Hospital Manager Guide

We are excited to welcome you as a new Hospital Manager to PATHWAYS!

Your center has shown a commitment to quality improvement. The PATHWAYS platform provides a complete solution for collecting and managing registry data. Built-in reporting tools allow you to manage your registry data and compare your outcomes with other centers.

As a new Hospital Manager (HM) for your center, we would encourage you to reach out to existing staff to discuss your center's unique workflows and experience, and to gather information about the status of your registry data abstraction.

Responsibilities/Expectations of HM Role:

- Primary contact for the Registry at your center
- Receive & distribute communications regarding reports, meetings, announcements, etc.
- Understand the participation requirements of the registry & ensure adherence to these requirements (such as annual claims validation, registry inclusion criteria, and follow-up expectations)
- Create and manage user accounts and privileges
- PATHWAYS Super User
- Designate a secondary "Hospital Manager" at your site for cross coverage
- Maintenance of Center Characteristics
- Respond to data audits & other registry related inquiries

This HM checklist outlines steps to guide you to become familiar with PATHWAYS.

Getting Started:

- Login to PATHWAYS to get started!

Claims Validation

The annual claims validation process is intended to ensure that all eligible cases have been captured in the registry and is a requirement of participation in the VQI. This process is a key component of VQI's efforts to make certain registry data reflects real-world evidence.

The **2022** Claims Validation process will be launched in **April 2023**

- Centers will be notified via email with a request to provide the contact information for the individual responsible for completing the audit.
- Participating centers will be invited to a webinar providing an overview of the steps required for successful completion.

PATHWAYS Support is here to help you!

Please reach out if your center is selected to participate and you need assistance.



Coming Soon...

The **Support** Team is currently developing brief training videos to assist with specific functionality and tasks. By sharing some pointers with you, we hope to save you time and highlight PATHWAYS functionality and tools that you may not be familiar with.

The **Technology** Team has several features in progress to enhance PATHWAYS functionality including:

- Infra & Supra Follow-up Outcomes reports.
- Expanding data integration capabilities with Cedaron to include more VQI registries.
- Visualization of recently updated help text on the online/electronic form.
- Enhancing the Support tab to accommodate links to external resources.



THANK YOU

The Fivos team appreciates your support and looks forward to your continued feedback about the PATHWAYS platform and support services.

Please send your suggestions to
PATHWAYSsupport@fivoshealth.com

SoCal VOICe 2023 Fall Regional Meeting

- Friday, September 29, 2023
- Bakersfield Memorial Hospital
- Time 10am-2pm



Mark Your
CALENDAR



- Industry Supporters
 - Cook Medical
 - W.L. Gore
- CME/CE Accrediting Entity – Des Moines University
- Regional Membership Team

*Thank
you*



REMEMBER TO PSO:

- **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 ljohnson@svspso.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 here:
https://dmu.co1.qualtrics.com/jfe/form/SV_1T7zWzf5HLnD6PI



You only have **7 days** to complete forms for CME/CE Credit.
NO EMAIL WILL BE SENT AS A REMINDER OR WITH THE CME/CE LIN"