

SoVONet Spring 2020 Meeting Minutes
Friday, April 17, 2020
1:00 pm – 3:00pm
Remote Meeting

Attendees:

- Anne Parker, M2S
- Cheryl Jackson, SVS
- G. Ross Parkerson
- Lynn Cockrell
- Priya Padmanabhan
- Sue Dorval
- Syma Prince
- Valerie Kratzer
- Bruce Tjaden, MD
- Cesar NahCas
- Crystal Riddle
- Kristi Verschelden
- Lori Pounds
- Matthew Sideman
- Sheila Coogan, MD
- Richi Chaudry
- Todd Bohannon
- Renee Palmer
- Michael Silva Jr
- Gary Lemmon
- Angie Teagle
- Mark Davies
- Janet Williams
- Melissa Pummill
- Robert Smith
- Amanda Creasey
(Memorial Hermann)
- William Schutze, MD
- Rhonda Parker
- Dennis Gable, MD
- Rosha Nodine
- Edic Stephanian
- David Dawson
- Rana Afifi
- Rhonda Ransom
- David Dawson
- Amanda Enerson
- Edic Stephanian
- John Eidt
- Bala Ramanan
- Todd Bohannon
- Rana Afifi
- John Kedora, MD

• Agenda

- Welcome and Introduction Dennis Gable, MD
- National VQI Update Cheryl Jackson, SVS PSO
- AQC Update Bruce Tjaden, MD
- VQC Update Sheila Coogan, MD
- RAC Update William Shutze, MD
- GC Committee Update Dennis Gable, MD
- Memorial Herman LTFU QI Project Amanda Enerson
- Regional Data Review Dennis Gable, MD
- Regional QI Proposals Dennis Gable, MD
- Data Manager Updates Rosha Nodine
- Meeting Evaluation Dennis Gable, MD

• **National VQI Update: , SVS PSO – See Slides for details**

- COVID – 19 Announcement
 - Participation points for remote attendance to spring 2020 regional meeting
 - VQI is looking at disruption in work flow and new guidelines on in office follow-ups
 - VQI assures this will not have negative impact on participation awards
 - Suggestion to add COVID-19 field in cases and follow-up
 - COVID-19 in follow-up would suggest the imaging was not available and tele visit was performed, would fall out of LTFU sac diameter measures
 - STS already tracking, how quickly could a field be added and what fields need to be added
- VAM Cancelled – will refund money or transfer money to next VAM

- All Sessions will be virtual education that will also be recorded for later viewing
 - 1-2 hour sessions of 6-8 weeks
- **Quality Improvement Activities:**
 - VQI National Initiatives: How do we move the bar?
 - **LTFU EVAR Sac Diameter**
 - Some hospitals have added the sac diameter to the imaging reports
 - Patients should be seen every year to make sure no new endoleaks and patients should be aware of this at pre-op visit
 - Discharge Medications
 - Region at 85% but should be closer to 100%
 - There are several tools to increase compliance for both initiatives
 - Reach out to Cheryl Jackson to help find a center that can suggest ways to improve
 - 2019 Quality Improvement: Four QI webinars with presentations from five data managers!
 - 2020 Participation Award Criteria: Approved by the SVS PSO Executive Board
 - **Changes/Additions**
 - Regional physician leaders and regional lead data managers will get one extra point
 - The host site will get 1 extra point
 - Support staff will receive a maximum of 1 point regardless of MD attendance. Ex – if 1, 3, or 5... support staff at a center attended a meeting, the center will get 1 point.
 - NO star award if no one from a center attends either meeting (Spring and Fall), regardless of total points
 - NO star award for centers at <50% for LTFU, regardless of total points
 - Research was removed from QI and Presenting to hospital board does not mean to vascular surgeons or at a quality meeting
 - Must be on agenda and show PowerPoint to Cheryl
 - Charters can be turned in all year – Clarify with Cheryl what award year you would like it applied to
- **Marketing Your Participation Award – see slide**
- **3 Star Award Recipients**
 - Baylor Jack and Jane Hamilton Heart and Vascular Hospital
 - Heart Hospital Baylor Denton
 - Heart Hospital Baylor Plano
 - Scott & White Memorial Hospital
 - New Centers will take time to ramp up and start on follow-up to receive 3 stars, but presentations at regional meetings can help get points
- **New Registries**
 - NEW Venous Stent Registry
 - NEW Vascular Medicine Registry

- Paclitaxel, Mortality and VQI – See slides

- VQI used Data Extraction and Longitudinal Trend Analysis (DELTA), a risk adjusted software application designed for signal detection in clinical registries, to evaluate mortality of Paclitaxel devices in PVI registry
- Full details about the study are available at clinicaltrials.gov under the identifier NCT04110288.

Your Data Matters! See slides

Summary

- Compliance was measurable using VQI registries
- Compliance was quite variable – even guidelines with 97% centers with compliance that ranged 51-100%
- Compliance with guidelines (especially high quality) was associated with improved patient outcomes
- Antibiotic – EVAR – Decreased SSI, MACE, and in-hospital mortality
- Internal Iliac Artery – OAAA – Marginally decreased in-hospital and one year mortality
- Cell Salvage – OAAA – Decreased one year mortality
- Tobacco cessation – EVAR – Decreased respiratory complications and in-hospital and one year mortality
- Tobacco cessation – OAAA - Decreased respiratory complications and one year mortality

Conclusions

- The degree and impact of compliance with AAA guidelines is dependent on the grade of evidence
- Registry assessment may confirm value of a guideline and help inform guideline writing committees
- Guidelines may also be used to inform content of clinical registries
- Registry participation provides an objective assessment of compliance and performance
- Registry reports may be used as a focus for quality improvement efforts
- Claudication Guidelines Work Group currently working on gap analysis with VQI data
- On-going work with SVS Clinical Practice Guidelines Committee to align with VQI data collection

Research Advisory Council – See slides

- Changes in RAC policies will be listed in detail on the VQI website
- If you need any help with a proposal or submission contact Dr. William Shutze
- VQI will tell you if you have a similar project as another site and will try to pair you to collaborate with that site but they will not deny your project
- SoVONet has 0 projects in the last rolling 12 months
 - With our 58 sites we could get close to VSGNE

Arterial Quality Council – See slides

- Use of opioids will be tracked, monitored and benchmarked in VQI starting with Infra inguinal bypass
 - Not mandatory
- Continued GUDID integration in PVI – If device in list provide information so it can be added in the future
- Insights EVAR LTFU Report is being test and will be ready soon
- Follow-up data will be able to be pulled in analytics and data can get down by patient
- Working on a standard structured note – CEA will be pilot

- Patient report outcomes for PAD is valuable measure for patient care
- VQI developing to provide data to members
- It was suggested that COVID-19 be tracked in all the registries like STS

Venous Quality Council - See slides

- Listed new members
- IVC Filter has retrieval report that will email physician or office when it is time for retrieval
- There was a request for VQI to provide a document that can be used with hospital boards to help understand the benefits of the cost of the registry
- Some centers feel the cost of avoiding IVC Filter lawsuits outweighs the cost of the registry
- Not enough sites participate
- Led into a conversation regarding the low number of sites that participate in open AAA and it is felt it is due to reports not available for low volume centers.
 - Requested to lower the number of cases to 8 to be considered for reporting
 - Cheryl said this has been requested by other regions and statistician said it would not work
 - Region said this needs to be taken to the committee and then the board to make this decision

Addendum: VQI response – We can't change the blinding to 5 or 7 cases unfortunately. Since we are a PSO, we have to create policies and procedures that AHRQ finds acceptable for blinding. This is a hard policy that can't be changed. We won the battle with AHRQ for 10 procedures – they wanted at least 20.

As mentioned during the meeting, centers that perform those procedures do get data on their center level report and can compare to the national benchmark, we just can't show that data during the regional meetings.

- It is believed that more people will join this registry when open thoracoabdominal procedures are included
 - FTE might be a problem

Feedback from PSO:

- Group suggested adding a DVT/PE registry. **VQI response** This has been brought up before and the EC voted no. Other regions have expressed an interest in this also. We will take back to the EC. Some of the data can be found in the Venous stent and IVCF registries.

Governing Council – See slides

- Sharing VQI data outside the puts PSO at risk
- Expedited RAC review
 - **Associate Medical Directors:**
- Technical Associate Medical Director
 - Leila Mureebe, MD
- Quality Improvement Associate Medical Director
 - Gary Lemmon, MD – attended call
 - Tasked to help regions increase participation
 - COVID-19 changing the dynamic and will probably look at things differently
 - Listening to all meeting to get ideas
 - Dr. Dennis Gable asked if he could share the ideas he gets and what works for meetings with the regional directors

- Report to current SVS PSO Medical Director, Jens Jorgensen, MD
- 3 year terms, as of March 2020

Memorial Herman QI project – See slide deck

- LTFU Improvement
- Started small with 2 centers and spread to all 9 centers
- Educated team of timeframe and centralized abstraction
- Provided data hints and definitions and where to find the data
- Started asking for follow-up at 15-21 months because prior to 15 months did not provide enough information
- Gained access to larger offices HER
- Base line 43% final 82%

Regional Dashboard – See slide deck

- EVAR Sac diameter – region has room for improvement
 - Suggestion of better reports to see what patients have missed the sac diameter
- Infrainguinal bypass major complication could be a region project
 - Reducing by 3% would make a huge difference
 - The region has a small n number
- Data – If PSO reaches out please respond to help each other and make meeting more meaningful
- Long-Term Follow-up – Sites at the lower end of the follow-up chart might not have been in the registry long enough to have follow-up completed. This report might be where sites are falling right in the window for follow-up
 - Goal is over 80%
- D/C Meds – Good with in the region
 - The category where patients are getting neither antiplatelet nor statin is 3% and could be improved
 - If one of the medications is contraindicated it is not counted in the measure
 - You can hardwire it into your discharge instructions
 - NPs can take an active role in prescribing discharge meds

Regional Improvement Projects

- Projects can be done by a single center or in collaboration with another center
 - Write two charters
- TEVAR Dissection Project is accepting new centers

Data Manager update:

- Meetings occur every other month on the second Tuesday 2:00-3:00pm
- SoVONet needs a data manager volunteer to co-lead the region with Rosha Nodine
 - Rosha would handle the regional meetings and co-lead would handle the data manager meetings

Next Meeting:

Date: Friday, November 6, 2020

Time: TBD

Hotel Crescent Court

400 Crescent Ct, Dallas TX

In conjunction with Texas Society for Vascular and Endovascular Surgery Meeting

Meeting Evaluation:

Complete your meeting evaluations