Southern Vascular Outcomes Network (SoVONet)

• April 7, 2021
• 1:00 pm-3:30 pm CT
• Remote
• Data Manager’s meeting to follow
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 you’ll see “rename”.
3. Click and sign in.

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

**SPECIAL NOTE: We do give credit to residents/fellows that don’t have a PATHWAYS user account !!!

Sign in with your Full name, MD, Name of Institution
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>CE Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00 pm</td>
<td>Welcome</td>
<td>No</td>
</tr>
<tr>
<td>1:05 pm</td>
<td><strong>Regional Data Review</strong></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Dennis Gable, MD, Regional Medical Leader, SoVONet</td>
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<tr>
<td></td>
<td><strong>Learning Objectives:</strong></td>
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<tr>
<td></td>
<td>• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</td>
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<td></td>
<td>• Interpret and compare each centers’ VQI results to regional and national benchmarked data.</td>
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<td>• 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.</td>
<td></td>
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<tr>
<td></td>
<td>• 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.</td>
<td></td>
</tr>
<tr>
<td>2:05 pm</td>
<td><strong>Regional QI Proposal</strong></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Dennis Gable, MD, Regional Medical Leader, SoVONet</td>
<td></td>
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</tr>
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<td>Topic</td>
<td>CE Credit</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
| 2:35 pm| National VQI Update  
Cheryl Jackson, DNP, MS, RN, CNOR, CPHQ, Quality Director, PSO  
Learning Objectives:  
• 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       |
| 3:05 pm| AQC Update – Mark Davies, M.D.                                      | No        |
|        | RACC Update – William Shutze, M.D.                                  | No        |
|        | VQC Update – Sheila Coogan, M.D.                                    | No        |
|        | Governing Council Update – Dennis Gable, M.D.                       | No        |
| 3:20 pm| Case Presentations  
Priya Padmanabhan, Baylor Hear and Vascular Hospital Dallas        | No        |
| 3:30 pm| Open Discussion/Next Meeting/Meeting Evaluation                     | No        |
No presenter has a disclosure or conflict of interest to report.
Welcome and Introductions

Ascension Providence Hospital (TX)
Ascension Seton Medical Center Austin
Ascension St. John
Baton Rouge General
Baxter Regional Medical Center
Baylor All Saints Medical Center
Baylor Jack and Jane Hamilton Heart and Vascular Hospital
Baylor Scott & White Medical Center - Irving
Baylor Scott & White Medical Center - McKinney
Baylor Scott & White Medical Center - Round Rock
Baylor University Medical Center - VQI
BSA Hospital, LLC
Cardiothoracic and Vascular Surgeons
Christus Highland Medical Center
Christus St. Michael Hospital
Christus Trinity Mother Frances Hospital
Dell Seton Medical Center at the University of Texas
Dignity Health - St John's Regional Medical Center
Doctors Hospital at Renaissance
East Jefferson General Hospital
Harlingen Medical Center
Heart Hospital of Lafayette
Houston Methodist Baytown Hospital
Houston Methodist Clear Lake Hospital
Houston Methodist Hospital
Houston Methodist St. John Hospital
Houston Methodist Sugar Land Hospital
Houston Methodist The Woodlands Hospital
Houston Methodist West Hospital
Houston Methodist Willowbrook Hospital
INTEGRIS Baptist Medical Center, Inc.
John Sealy Hospital, UTMB
Lakeview Regional Medical Center
Medical Center Hospital
Medical City Dallas
Medical City Denton
Medical City Fort Worth
Medical City Plano
Memorial Hermann Greater Heights Hospital
Memorial Hermann Katy Hospital
Memorial Hermann Memorial City Medical Center
Memorial Hermann Northeast Hospital
Memorial Hermann Southwest Hospital
Memorial Hermann Sugar Land
Memorial Hermann Texas Medical Center
Memorial Hermann The Woodlands
Methodist Dallas Medical Center
Methodist Richardson Medical Center
Midland Memorial Hospital
Northeast Methodist Hospital
Ochsner Medical Center
Oklahoma Heart Hospital South, LLC
Oklahoma Heart Hospital, LLC
Oklahoma Heart Institute at Hillcrest Medical Center
OU Medical Center
Our Lady of Lourdes Regional Medical Center, Inc.
Our Lady of the Lakes Medical Center
Peripheral Vascular Associates
Rapides Regional Medical Center
Russell C. Lam MD PA
San Antonio Vascular and Endovascular Clinic
Scott & White Memorial Hospital
Shannon Medical Center
Slidell Memorial Hospital
SSM St. Anthony Hospital
Terrebonne General Medical Center
Texas Health Harris Methodist Fort Worth
Texas Health Presbyterian Hospital Dallas
Texas Health Presbyterian Hospital Denton
The Heart Hospital Baylor Denton
THE HEART HOSPITAL Baylor Plano
The University of Texas Southwestern Medical Center
The University of Texas Southwestern Medical Center - Cerebrovascular Group
Tyler Regional Hospital
U of Texas Health Science Center, San Antonio
University of Arkansas for Medical Sciences
University of Oklahoma School of Community Medicine
University of Texas, M.D. Anderson Cancer Center
Vanguard Vascular and Vein PLLC
Wadley Regional Medical Center
West Jefferson Medical Center
Willis-Knighton North
VQI Regional Quality Report

Spring 2021

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

About the Report

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 report is organized into separate reports that can be quickly accessed by clicking on the report names in the table of contents on the left.

For drill-down and data feedback on your center’s cases, click on “VQI Case Appendix” in the table of contents on the left.
Important Notes

- All results are based on data entered into the VQI as of January 31, 2021. Any subsequent changes or updates to data after that date will not be reflected in this report.

- Procedure timeframes and inclusion/exclusion criteria are given at the top of each report. Cases are also excluded if outcomes are missing or not enough data was entered to determine whether the case met inclusion/exclusion criteria.

- Regions must have at least 3 centers with included cases for regional results to be displayed in tables and line charts.

- Regions must have at least 3 centers with at least 10 included cases per center for regional results to be displayed in bar charts. It is therefore possible for a region’s results to be displayed in tables and line charts, but not in bar charts.

- For risk-adjusted reports, regions must have at least 3 centers with at least 10 complete cases per center for regional results to be displayed in bar charts. It is therefore possible for a region’s results to be displayed in tables and line charts, but not in bar charts.

- In all graphics, "**" indicates a p-value <.05.
Dashboard

The dashboard provides a high-level summarization of your center’s results for each of 25 reports, and gives both regional and VQI-wide benchmarks for comparison. The “Your Center” column gives the percentage of your center’s cases with the noted outcome. Numbers in parentheses give the number of cases with the outcome and the total number of cases meeting the inclusion criteria for that report. The “Your Region” and “VQI Overall” columns give the overall, aggregate percentage of cases with the noted outcome, as well as the 25th, 50th (median), and 75th percentiles, for centers in your region and VQI, respectively ([25th|50th|75th]). Your center’s results are highlighted blue if your center is in the “best” 25th percentile for VQI Overall, and coral if your center is in the “worst” 25th percentile for VQI Overall.

For details on a particular report, click on the report name in the table of contents on the left.

Legend: Blue = “Best” 25th percentile  Coral = “Worst” 25th percentile

Note that procedure volume results are not highlighted
Dashboard Highlights

• New Colors

• New procedure groupings

• New Case Appendix with...
<table>
<thead>
<tr>
<th>Procedure Group</th>
<th>Outcome</th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Procedure Volume</td>
<td>[8</td>
<td>31</td>
<td>86]</td>
</tr>
<tr>
<td></td>
<td>Procedure Volume, All Years</td>
<td>[21</td>
<td>84</td>
<td>333]</td>
</tr>
<tr>
<td>Multiple</td>
<td>Long-Term Follow-up</td>
<td>64.3% [27%</td>
<td>67%</td>
<td>81%]</td>
</tr>
<tr>
<td></td>
<td>Discharge Medications</td>
<td>84.5% [81%</td>
<td>88%</td>
<td>100%]</td>
</tr>
<tr>
<td>TFEM CAS ASYMP</td>
<td>Stroke/Death</td>
<td>2.6% [0%</td>
<td>0%</td>
<td>0%]</td>
</tr>
<tr>
<td>TFEM CAS SYMP</td>
<td>Stroke/Death</td>
<td>3.6% [0%</td>
<td>0%</td>
<td>0%]</td>
</tr>
<tr>
<td>TCAR ASYMP</td>
<td>Stroke/Death</td>
<td>1.9% [0%</td>
<td>0%</td>
<td>0%]</td>
</tr>
<tr>
<td>TCAR SYMP</td>
<td>Stroke/Death</td>
<td>3.3% [0%</td>
<td>0%</td>
<td>0%]</td>
</tr>
<tr>
<td>CEA ASYMP</td>
<td>Stroke/Death</td>
<td>0.6% [0%</td>
<td>0%</td>
<td>0%]</td>
</tr>
<tr>
<td>Postop LOS&gt;1 Day</td>
<td>21.8% [14%</td>
<td>29%</td>
<td>38%]</td>
<td>22.7% [11%</td>
</tr>
<tr>
<td>CEA SYMP</td>
<td>Stroke/Death</td>
<td>1.9% [0%</td>
<td>0%</td>
<td>0%]</td>
</tr>
<tr>
<td>Postop LOS&gt;1 Day</td>
<td>52.1% [32%</td>
<td>60%</td>
<td>67%]</td>
<td>42.4% [24%</td>
</tr>
<tr>
<td>EVAR</td>
<td>Postop LOS&gt;2 Days</td>
<td>19.3% [14%</td>
<td>19%</td>
<td>27%]</td>
</tr>
<tr>
<td>Sac Diameter Reporting</td>
<td>53.3% [42%</td>
<td>50%</td>
<td>60%]</td>
<td>59.3% [33%</td>
</tr>
<tr>
<td>SVS Sac Size Guideline</td>
<td>70.4% [63%</td>
<td>68%</td>
<td>75%]</td>
<td>74.2% [66%</td>
</tr>
<tr>
<td>TEVAR</td>
<td>Sac Diameter Reporting</td>
<td>56.4% [29%</td>
<td>50%</td>
<td>73%]</td>
</tr>
<tr>
<td>OAAA</td>
<td>In-Hospital Mortality</td>
<td>3.6% [0%</td>
<td>0%</td>
<td>0%]</td>
</tr>
<tr>
<td>SVS Cell-Saver Guideline</td>
<td>93.1% [88%</td>
<td>100%</td>
<td>100%]</td>
<td>92.5% [97%</td>
</tr>
<tr>
<td>SVS Iliac Inflow Guideline</td>
<td>97.4% [100%</td>
<td>100%</td>
<td>100%]</td>
<td>98.1% [100%</td>
</tr>
<tr>
<td>PVI CLAUD</td>
<td>ABI/Toe Pressure</td>
<td>75.5% [50%</td>
<td>79%</td>
<td>95%]</td>
</tr>
<tr>
<td>INFRA CLTI</td>
<td>Major Complications</td>
<td>2.1% [0%</td>
<td>2%</td>
<td>3%]</td>
</tr>
<tr>
<td>SUPRA CLTI</td>
<td>Major Complications</td>
<td>NA (&lt;3 centers)</td>
<td>7.4% [0%</td>
<td>0%</td>
</tr>
<tr>
<td>LEAMP</td>
<td>Postop Complications</td>
<td>NA (&lt;3 centers)</td>
<td>10.7% [5%</td>
<td>10%</td>
</tr>
<tr>
<td>HDA</td>
<td>Primary AVF vs. Graft</td>
<td>NA (&lt;3 centers)</td>
<td>81.7% [72%</td>
<td>84%</td>
</tr>
<tr>
<td>IVCF</td>
<td>Filter Retrieval Reporting</td>
<td>NA (&lt;3 centers)</td>
<td>59.7% [36%</td>
<td>55%</td>
</tr>
</tbody>
</table>

Procedures with no data to present
# Procedure Volume

Procedures performed between January 1 and December 31, 2020

Number of cases entered into the VQI, by registry and overall

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Your Center (N)</th>
<th>Your Region (N)</th>
<th>VQI Overall (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS (TFEM CAS &amp; TCAR)</td>
<td>1028</td>
<td>6122</td>
<td>11221</td>
</tr>
<tr>
<td>CEA</td>
<td>895</td>
<td>15828</td>
<td></td>
</tr>
<tr>
<td>EVAR</td>
<td>503</td>
<td>6473</td>
<td></td>
</tr>
<tr>
<td>HDA</td>
<td>NA (&lt;3 centers)</td>
<td>6405</td>
<td></td>
</tr>
<tr>
<td>INFRA</td>
<td>120</td>
<td>6797</td>
<td></td>
</tr>
<tr>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
<td>1515</td>
<td></td>
</tr>
<tr>
<td>LEAMP</td>
<td>NA (&lt;3 centers)</td>
<td>3192</td>
<td></td>
</tr>
<tr>
<td>OAAA</td>
<td>39</td>
<td>1243</td>
<td></td>
</tr>
<tr>
<td>PVI</td>
<td>821</td>
<td>37799</td>
<td></td>
</tr>
<tr>
<td>SUPRA</td>
<td>NA (&lt;3 centers)</td>
<td>1892</td>
<td></td>
</tr>
<tr>
<td>TEVAR</td>
<td>238</td>
<td>2691</td>
<td></td>
</tr>
<tr>
<td>Varicose Veins</td>
<td>NA (&lt;3 centers)</td>
<td>5938</td>
<td></td>
</tr>
<tr>
<td>Overall (Jan-Dec 2020)</td>
<td>4001</td>
<td>100994</td>
<td></td>
</tr>
<tr>
<td>Overall (Jan-Dec 2019)</td>
<td>4859</td>
<td>116809</td>
<td></td>
</tr>
</tbody>
</table>
Physician Specialties

Physician Specialties Across VQI (as of January 31, 2021, N=5617 Physicians)

- Vascular Surgery: 50%
- Cardiology: 15%
- Radiology: 10%
- Other: 5%
- General Surgery: 5%
- Cardiothoracic Surgery: 5%
- Neurosurgery: 5%
- None: 5%
Physician Specialties Across Your Region (as of January 31, 2021, N=445 Physicians)
Long-Term Follow-up

Procedures performed between January 1 and December 31, 2018

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, HDA, INFRA, IVCF, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Excludes cases not eligible for long-term follow-up.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures with follow-up recorded between 9 and 21 months post-procedure.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS</td>
<td>914 (63%)</td>
<td>7782 (64%)</td>
<td></td>
</tr>
<tr>
<td>CEA</td>
<td>1604 (67%)</td>
<td>18807 (71%)</td>
<td></td>
</tr>
<tr>
<td>EVAR</td>
<td>604 (68%)</td>
<td>7327 (72%)</td>
<td></td>
</tr>
<tr>
<td>HDA</td>
<td>NA (&lt;3 centers)</td>
<td>8010 (67%)</td>
<td></td>
</tr>
<tr>
<td>INFRA</td>
<td>434 (35%)</td>
<td>7339 (72%)</td>
<td></td>
</tr>
<tr>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
<td>2003 (77%)</td>
<td></td>
</tr>
<tr>
<td>LEAMP</td>
<td>NA (&lt;3 centers)</td>
<td>3309 (66%)</td>
<td></td>
</tr>
<tr>
<td>OAAA</td>
<td>75 (77%)</td>
<td>1251 (75%)</td>
<td></td>
</tr>
<tr>
<td>PVI</td>
<td>419 (60%)</td>
<td>34936 (70%)</td>
<td></td>
</tr>
<tr>
<td>SUPRA</td>
<td>71 (66%)</td>
<td>2359 (72%)</td>
<td></td>
</tr>
<tr>
<td>TEVAR</td>
<td>250 (68%)</td>
<td>2684 (69%)</td>
<td></td>
</tr>
<tr>
<td>Overall (Jan-Dec 2018)</td>
<td>4648 (64%)</td>
<td>95807 (70%)</td>
<td></td>
</tr>
<tr>
<td>Overall (Jan-Dec 2017)</td>
<td>3532 (61%)</td>
<td>86744 (73%)</td>
<td></td>
</tr>
</tbody>
</table>
**Long-Term Follow-Up Unblinding Legend for Your Region**

<table>
<thead>
<tr>
<th>Index</th>
<th>Medical Center Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Memorial Hermann Katy Hospital</td>
</tr>
<tr>
<td>2</td>
<td>Memorial Hermann Southeast Hospital</td>
</tr>
<tr>
<td>3</td>
<td>Baylor All Saints Medical Center</td>
</tr>
<tr>
<td>4</td>
<td>Memorial Hermann Greater Heights Hospital</td>
</tr>
<tr>
<td>5</td>
<td>Memorial Hermann Southwest Hospital</td>
</tr>
<tr>
<td>6</td>
<td>Ochsner Medical Center</td>
</tr>
<tr>
<td>7</td>
<td>Memorial Hermann Memorial City Medical Center</td>
</tr>
<tr>
<td>8</td>
<td>Memorial Hermann Northeast Hospital</td>
</tr>
<tr>
<td>9</td>
<td>Memorial Hermann The Woodlands</td>
</tr>
<tr>
<td>10</td>
<td>Baylor Jack and Jane Hamilton Heart and Vascular Hospital</td>
</tr>
<tr>
<td>11</td>
<td>Scott &amp; White Memorial Hospital</td>
</tr>
<tr>
<td>12</td>
<td>Cardiothoracic and Vascular Surgeons</td>
</tr>
<tr>
<td>13</td>
<td>THE HEART HOSPITAL Baylor Plano</td>
</tr>
<tr>
<td>14</td>
<td>University of Texas, M.D. Anderson Cancer Center</td>
</tr>
<tr>
<td>15</td>
<td>Oklahoma Heart Institute at Hillcrest Medical Center</td>
</tr>
<tr>
<td>16</td>
<td>Memorial Hermann Texas Medical Center</td>
</tr>
<tr>
<td>17</td>
<td>Oklahoma Heart Hospital, LLC</td>
</tr>
<tr>
<td>18</td>
<td>Our Lady of the Lakes Medical Center</td>
</tr>
<tr>
<td>19</td>
<td>U of Texas Health Science Center, San Antonio</td>
</tr>
<tr>
<td>20</td>
<td>Willis-Knighton North</td>
</tr>
<tr>
<td>21</td>
<td>INTEGRIS Baptist Medical Center, Inc.</td>
</tr>
<tr>
<td>22</td>
<td>Harlingen Medical Center</td>
</tr>
<tr>
<td>23</td>
<td>The Heart Hospital Baylor Denton</td>
</tr>
<tr>
<td>24</td>
<td>Heart Hospital of Lafayette</td>
</tr>
<tr>
<td>25</td>
<td>Vanguard Vascular and Vein PLLC</td>
</tr>
<tr>
<td>26</td>
<td>Peripheral Vascular Associates</td>
</tr>
<tr>
<td>27</td>
<td>Medical Center Hospital</td>
</tr>
<tr>
<td>28</td>
<td>Baylor Scott &amp; White Medical Center - Irving</td>
</tr>
<tr>
<td>29</td>
<td>BSA Hospital, LLC</td>
</tr>
<tr>
<td>30</td>
<td>SSM St. Anthony Hospital</td>
</tr>
<tr>
<td>31</td>
<td>Baton Rouge General</td>
</tr>
<tr>
<td>32</td>
<td>Baylor University Medical Center - VQI</td>
</tr>
</tbody>
</table>

***Indicates center’s rate differs significantly from the regional rate.***
Long-Term Follow-Up by Region Across VQI (Jan-Dec 2018)

Regions (regions with <3 centers with at least 10 cases not shown)

*** Indicates region’s rate differs significantly from the VQI rate.
## Discharge Medications

Procedures performed between January 1 and December 31, 2020

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Antiplatelet is defined as ASA or P2Y12 inhibitor. Cases are excluded if (1) Discharge Statin = “No, for medical reason” OR (2) Both Discharge ASA = “No, for medical reason” AND Discharge P2Y12 inhibitor = “No, for medical reason” OR (3) An in-hospital death occurred.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures where patients received discharge medications.

<table>
<thead>
<tr>
<th></th>
<th>Number of Procedures at Your Center</th>
<th>Antiplatelet+Statin</th>
<th>Antiplatelet Only</th>
<th>Statin Only</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVAR</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>INFRA</td>
<td></td>
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<tr>
<td>LEAMP</td>
<td></td>
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</tr>
<tr>
<td>OAAA</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PVI</td>
<td></td>
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<tr>
<td>SUPRA</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>TEVAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Center Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Region Overall</td>
<td>3490</td>
<td>84%</td>
<td>10%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>VQI Overall</td>
<td>81735</td>
<td>85%</td>
<td>9%</td>
<td>4%</td>
<td>2%</td>
</tr>
</tbody>
</table>
"**" indicates center’s rate differs significantly from the regional rate.

"Others" indicates centers that do not belong to a regional group.

"***" indicates region’s rate differs significantly from the VQI rate.
TFEM CAS ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2020

Includes asymptomatic admissions for Transfemoral Carotid Artery Stenting (TFEM CAS) only. Asymptomatic admissions are admissions where the patient had no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or “Other” lesion types. Procedures with an approach other than “Femoral” are also excluded.

The table below gives the number of TFEM CAS procedures (performed on asymptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TFEM CAS procedures</td>
<td>117</td>
<td>1338</td>
<td></td>
</tr>
<tr>
<td>meeting inclusion criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death</td>
<td>2.6%</td>
<td>1.4%</td>
<td></td>
</tr>
<tr>
<td>among procedures meeting inclusion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete</td>
<td>110</td>
<td>1224</td>
<td></td>
</tr>
<tr>
<td>data*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death</td>
<td>2.7%</td>
<td>1.5%</td>
<td></td>
</tr>
<tr>
<td>among cases with complete data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death</td>
<td>1.3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>among cases with complete data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed</td>
<td>0.16</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>and expected rates</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Stroke or Death after TFEM CAS for Asymptomatic Admissions by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Stroke or Death after TFEM CAS for Asymptomatic Admissions in Your Region (Jan-Dec 2020)

Rates shown are among complete cases. "**" indicates center's observed rate differs significantly from its expected rate.

Stroke or Death after TFEM CAS for Asymptomatic Admissions by Region Across VQI (Jan-Dec 2020)

Rates shown are among complete cases. "**" indicates region's observed rate differs significantly from its expected rate.
TFEM CAS SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2020

Includes symptomatic admissions for Transfemoral Carotid Artery Stenting (TFEM CAS) only. Symptomatic admissions are admissions where the patient had an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or “Other” lesion types. Procedures with an approach other than “Femoral” are also excluded.

The table below gives the number of TFEM CAS procedures (performed on symptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TFEM CAS procedures meeting inclusion criteria</td>
<td>111</td>
<td>1537</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>3.6%</td>
<td>4.8%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>104</td>
<td>1434</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>3.8%</td>
<td>4.9%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data</td>
<td>4.8%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.82</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Stroke or Death after TFEM CAS for Symptomatic Admissions by Year

Rates shown are observed rates among cases meeting inclusion criteria.
TCAR ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2020

Includes asymptomatic admissions for TransCarotid Artery Revascularization (TCAR) only. Asymptomatic admissions are admissions where the patient had no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or “Other” lesion types.

The table below gives the number of TCAR procedures (performed on asymptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TCAR procedures meeting inclusion criteria</td>
<td>375</td>
<td>4068</td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1.9%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>345</td>
<td>3864</td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>1.7%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data</td>
<td>1.3%</td>
<td>NA</td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.47</td>
<td>NA</td>
</tr>
</tbody>
</table>

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Stroke or Death after TCAR for Asymptomatic Admissions by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Stroke or Death after TCAR for Asymptomatic Admissions in Your Region (Jan-Dec 2020)

- Other centers in your region
- Your center
- Observed
- Expected

Centers (centers with <10 complete cases not shown)
Rates shown are among complete cases. "***" Indicates center's observed rate differs significantly from its expected rate.

Stroke or Death after TCAR for Asymptomatic Admissions by Region Across VQI (Jan-Dec 2020)

- Observed
- Expected

Regions (regions with <3 centers with at least 10 complete cases not shown)
Rates shown are among complete cases. "***" Indicates region's observed rate differs significantly from its expected rate.
TCAR SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2020

Includes symptomatic admissions for TransCarotid Artery Revascularization (TCAR) only. Symptomatic admissions are admissions where the patient had an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or “Other” lesion types.

The table below gives the number of TCAR procedures (performed on symptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TCAR procedures meeting inclusion criteria</td>
<td>213</td>
<td>2138</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>3.3%</td>
<td>2.1%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>188</td>
<td>2039</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>3.7%</td>
<td>2.1%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data</td>
<td>2.9%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.51</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
**Stroke or Death after TCAR for Symptomatic Admissions in Your Region (Jan-Dec 2020)**

- Other centers in your region
- Your center
- Observed vs. Expected

Rates shown are among complete cases. "*" indicates center's observed rate differs significantly from its expected rate.

---

**Stroke or Death after TCAR for Symptomatic Admissions by Region Across VQI (Jan-Dec 2020)**

- Observed vs. Expected

Rates shown are among complete cases. "*" indicates region’s observed rate differs significantly from its expected rate.
CEA ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2020

Includes asymptomatic admissions for Carotid Endarterectomy (CEA) only. Asymptomatic admissions are admissions where the patient had no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or “Other” arterial procedure.

The table below gives the number of CEA procedures (performed on asymptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>467</td>
<td>8867</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>0.6%</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>457</td>
<td>8410</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>0.7%</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data</td>
<td>1.3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.4</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Stroke or Death after CEA for Asymptomatic Admissions in Your Region (Jan-Dec 2020)

Rates shown are among complete cases. "***" indicates center’s observed rate differs significantly from its expected rate.

Stroke or Death after CEA for Asymptomatic Admissions by Region Across VQI (Jan-Dec 2020)

Rates shown are among complete cases. "***" indicates region’s observed rate differs significantly from its expected rate.
CEA ASYMP: Postop LOS>1 Day

Procedures performed between January 1 and December 31, 2020

Includes asymptomatic admissions for Carotid Endarterectomy (CEA) only. Asymptomatic admissions are admissions where the patient had no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or “Other” arterial procedure. Procedures where in-hospital death occurred with postoperative LOS<=1 day are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

The table below gives the number of CEA procedures (performed on asymptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>467</td>
<td>8867</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among procedures meeting inclusion criteria</td>
<td>21.8%</td>
<td>22.7%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>459</td>
<td>8427</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among cases with complete data</td>
<td>21.6%</td>
<td>22.7%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;1 day among cases with complete data</td>
<td>25.3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.08</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Postop LOS>1 Day after CEA for Asymptomatic Admissions in Your Region (Jan-Dec 2020)

- **Other centers in your region**
- **Your center**
- **Observed**
- **Expected**

Rates shown are among complete cases. "***" indicates center's observed rate differs significantly from its expected rate.

Postop LOS>1 Day after CEA for Asymptomatic Admissions by Region Across VQI (Jan-Dec 2020)

- **Observed**
- **Expected**

Rates shown are among complete cases. "***" indicates region's observed rate differs significantly from its expected rate.
CEA SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2020

Includes symptomatic admissions for Carotid Endarterectomy (CEA) only. Symptomatic admissions are admissions where the patient had an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or “Other” arterial procedure.

The table below gives the number of CEA procedures (performed on symptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>261</td>
<td>4593</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1.9%</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>256</td>
<td>4416</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>2%</td>
<td>1.8%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data</td>
<td>2.3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.84</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Stroke or Death after CEA for Symptomatic Admissions in Your Region (Jan-Dec 2020)

Other centers in your region — Your center

Centers (centers with <10 complete cases not shown)

Rates shown are among complete cases. "***" indicates center's observed rate differs significantly from its expected rate.

Stroke or Death after CEA for Symptomatic Admissions by Region Across VQI (Jan-Dec 2020)

Observed — Expected

Regions (regions with <3 centers with at least 10 complete cases not shown)

Rates shown are among complete cases. "***" indicates region's observed rate differs significantly from its expected rate.
CEA SYMP: Postop LOS>1 Day

Procedures performed between January 1 and December 31, 2020

Includes symptomatic admissions for Carotid Endarterectomy (CEA) only. Symptomatic admissions are admissions where the patient had an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or “Other” arterial procedure. Procedures where in-hospital death occurred with postoperative LOS<=1 day are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

The table below gives the number of CEA procedures (performed on symptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>261</td>
<td>4592</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among procedures meeting inclusion criteria</td>
<td>52.1%</td>
<td>42.4%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>256</td>
<td>4430</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among cases with complete data</td>
<td>52%</td>
<td>42.3%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;1 day among cases with complete data</td>
<td>48.6%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.29</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Postop LOS>1 Day after CEA for Symptomatic Admissions in Your Region (Jan-Dec 2020)

- Other centers in your region
- Your center
- Observed
- Expected

Centers (centers with <10 complete cases not shown)

Rates shown are among complete cases. "***" Indicates center's observed rate differs significantly from its expected rate.

Postop LOS>1 Day after CEA for Symptomatic Admissions by Region Across VQI (Jan-Dec 2020)

- Observed
- Expected

Regions (regions with <3 centers with at least 10 complete cases not shown)

Rates shown are among complete cases. "***" Indicates region's observed rate differs significantly from its expected rate.
EVAR: Postop LOS>2 Days

Procedures performed between January 1 and December 31, 2020

Includes Endovascular AAA Repair (EVAR) procedures only. Excludes any procedure with ruptured aneurysm. Procedures where in-hospital death occurred with postoperative LOS≤2 are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

The table below gives the number of EVAR procedures meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>2 Days for those cases.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures meeting inclusion criteria</td>
<td>460</td>
<td>6032</td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 days among procedures meeting inclusion criteria</td>
<td>19.3%</td>
<td>16.6%</td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>421</td>
<td>5450</td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 days among cases with complete data</td>
<td>19.7%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Expected rate of LOS&gt;2 days among cases with complete data</td>
<td>16.5%</td>
<td>NA</td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.08</td>
<td>NA</td>
</tr>
</tbody>
</table>

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
Rates shown are among complete cases. "***" Indicates center’s observed rate differs significantly from its expected rate.

Rates shown are among complete cases. "***" Indicates region’s observed rate differs significantly from its expected rate.
EVAR: Sac Diameter Reporting

Procedures performed between January 1 and December 31, 2018

Includes Endovascular AAA Repair (EVAR) procedures only. Excludes patients who were converted to open or died within 21 months of surgery.

The table below gives the number of EVAR procedures meeting the inclusion criteria, and the percentage of those procedures where a sac diameter was reported between 9 and 21 months post-procedure.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures meeting inclusion criteria</td>
<td>548</td>
<td>6782</td>
<td></td>
</tr>
<tr>
<td>Percentage with sac diameter reported between 9 and 21 months post-procedure</td>
<td>53.3%</td>
<td>59.3%</td>
<td></td>
</tr>
</tbody>
</table>
EVAR Sac Diameter Reporting in Your Region (Jan-Dec 2018)

- Other centers in your region
- Your center

EVAR Sac Diameter Reporting Unblinding Legend for Your Region

<table>
<thead>
<tr>
<th>Index</th>
<th>Medical Center Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Memorial Hermann Greater Heights Hospital</td>
</tr>
<tr>
<td>2</td>
<td>Baylor Jack and Jane Hamilton Heart and Vascular Hospital</td>
</tr>
<tr>
<td>3</td>
<td>Memorial Hermann Southwest Hospital</td>
</tr>
<tr>
<td>4</td>
<td>Cardiotoracic and Vascular Surgeons</td>
</tr>
<tr>
<td>5</td>
<td>THE HEART HOSPITAL Baylor Plano</td>
</tr>
<tr>
<td>6</td>
<td>Oklahoma Heart Institute at Hillcrest Medical Center</td>
</tr>
<tr>
<td>7</td>
<td>Scott &amp; White Memorial Hospital</td>
</tr>
<tr>
<td>8</td>
<td>Peripheral Vascular Associates</td>
</tr>
<tr>
<td>9</td>
<td>Memorial Hermann Southwest Hospital</td>
</tr>
<tr>
<td>10</td>
<td>U of Texas Health Science Center, San Antonio</td>
</tr>
<tr>
<td>11</td>
<td>Memorial Hermann Memorial City Medical Center</td>
</tr>
<tr>
<td>12</td>
<td>Ochsner Medical Center</td>
</tr>
<tr>
<td>13</td>
<td>Memorial Hermann Texas Medical Center</td>
</tr>
<tr>
<td>14</td>
<td>Memorial Hermann The Woodlands</td>
</tr>
<tr>
<td>15</td>
<td>Memorial Hermann Northeast Hospital</td>
</tr>
</tbody>
</table>

"**" Indicates center's rate differs significantly from the regional rate.
EVAR Sac Diameter Reporting by Region Across VQI (Jan-Dec 2018)

Regions (regions with <3 centers with at least 10 cases not shown)

*** Indicates region's rate differs significantly from the VQI rate.
National Quality Initiative – EVAR Sac Diameter Report
• Wide Variation in Compliance – VQI Mean 58.6% (22-89%)
• Little improvement since inception in 2016

“It is the obligation of the operating surgeon to stress the need for lifelong surveillance and integrate discussions about LTFU into all stages of AAA EVAR care to ensure that their patients achieve optimal outcomes.” – Salvatore Scali, MD, Professor of Surgery, University of Florida.

Barriers to Reporting
• No LTFU; patient lost to evaluation
• Patient Factors
  ▪ No Need, “Felling Well”
  ▪ Unaware of importance of LTFU and imaging
  ▪ Moved/phone disconnected
  ▪ Lost insurance
  ▪ Too far to travel/inconvenient parking
Moving The Needle

Other Barriers
- Dictated Patient Visit with “AAA sac unchanged” or “No endoleak or size increase”
- Imaging not available at time of visit
- Center not wanting to use Radiology report information

Discussion

Suggestions for improvement:
- Center unblinding at Regional meetings ➔ Peer competition
- Biannual Physician Report sent with PRIMPROCID information
- GC Update Report from each Regional Medical Director to maintain awareness
- “Best Practice” Webinar made available for low performing centers
- Make Sac Diameter size notation at every patient encounter
EVAR: SVS Sac Size Guideline

Procedures performed between January 1 and December 31, 2020

Includes Endovascular AAA Repair (EVAR) procedures only. Excludes any non-elective procedure. SVS sac size guideline is ≥5 cm for Women and ≥5.5cm for men. If the patient has any iliac aneurysm, the guideline is considered met regardless of AAA diameter.

The table below gives the number of EVAR procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS sac size guideline.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures meeting inclusion criteria</td>
<td>382</td>
<td>5357</td>
<td></td>
</tr>
<tr>
<td>Percentage meeting SVS sac size guideline</td>
<td>70.4%</td>
<td>74.2%</td>
<td></td>
</tr>
</tbody>
</table>
EVAR Sac Size Guideline in Your Region (Jan-Dec 2020)

Centers (centers with <10 cases not shown)

*** Indicates center’s rate differs significantly from the regional rate.

EVAR Sac Size Guideline by Region Across VQI (Jan-Dec 2020)

Regions (regions with <3 centers with at least 10 cases not shown)

*** Indicates region’s rate differs significantly from the VQI rate.
TEVAR: Sac Diameter Reporting

Procedures performed between January 1 and December 31, 2018

Includes Thoracic Endovascular Aortic Repair (TEVAR) procedures for aneurysm or aneurysm from dissection only. Excludes cases where no aortic device was implanted or patients who were converted to open or died within 21 months of surgery.

The table below gives the number of TEVAR procedures meeting the inclusion criteria, and the percentage of those procedures where a sac diameter was reported between 9 and 21 months post-procedure.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TEVAR procedures meeting inclusion criteria</td>
<td>117</td>
<td>1454</td>
<td></td>
</tr>
<tr>
<td>Percentage with sac diameter reported between 9 and 21 months post-procedure</td>
<td>56.4%</td>
<td>59.8%</td>
<td></td>
</tr>
</tbody>
</table>
**TEVAR Sac Diameter Reporting in Your Region (Jan-Dec 2018)**

![Graph showing percentage of centers reporting TEVAR sac diameter in your region.]

- Other centers in your region
- Your center

**Centers (centers with <10 cases not shown)**

“***” Indicates center’s rate differs significantly from the regional rate.

**TEVAR Sac Diameter Reporting by Region Across VQI (Jan-Dec 2018)**

![Graph showing TEVAR sac diameter reporting by region.]

- Southeast
- New England
- VQI
- New York
- SoVNet
- Mid-America
- Rocky Mtn.
- Mid-Atlantic
- Carolinas

**Regions (regions with <3 centers with at least 10 cases not shown)**

“***” Indicates region’s rate differs significantly from the VQI rate.
OAAA: In-Hospital Mortality

Procedures performed between January 1 and December 31, 2020
Includes Open AAA (OAAA) procedures only. Excludes any patient with a ruptured aneurysm.

The table below gives the number of OAAA procedures meeting the inclusion criteria, and the observed and expected rates of in-hospital death for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OAAA procedures meeting inclusion criteria</td>
<td>28</td>
<td>1044</td>
<td></td>
</tr>
<tr>
<td>Observed rate of In-Hospital Mortality among procedures meeting inclusion criteria</td>
<td>3.6%</td>
<td>4.6%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>27</td>
<td>977</td>
<td></td>
</tr>
<tr>
<td>Observed rate of In-Hospital Mortality among cases with complete data</td>
<td>3.7%</td>
<td>4.4%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of In-Hospital Mortality among cases with complete data</td>
<td>3.3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.59</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.
OAAA: SVS Cell-Saver Guideline

Procedures performed between January 1 and December 31, 2020

Includes Open AAA (OAAA) procedures only. Excludes any patient with EBL≤500 ml. SVS cell-saver guideline is met if cell salvage or ultrafiltration device was used.

The table below gives the number of OAAA procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS cell-saver guideline.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OAAA procedures meeting inclusion criteria</td>
<td>29</td>
<td>1063</td>
<td></td>
</tr>
<tr>
<td>Percentage meeting SVS cell-saver guideline</td>
<td>93.1%</td>
<td>92.5%</td>
<td></td>
</tr>
</tbody>
</table>
OAAA: SVS Iliac Inflow Guideline

Procedures performed between January 1 and December 31, 2020

Includes Open AAA (OAAA) procedures only. SVS iliac inflow guideline is met if preservation of flow was maintained to at least one internal iliac artery.

The table below gives the number of OAAA procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS iliac inflow guideline.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OAAA procedures meeting inclusion criteria</td>
<td>39</td>
<td>1176</td>
<td></td>
</tr>
<tr>
<td>Percentage meeting SVS iliac inflow guideline</td>
<td>97.4%</td>
<td>98.1%</td>
<td></td>
</tr>
</tbody>
</table>
PVI CLAUD: ABI/Toe Pressure

Procedures performed between January 1 and December 31, 2020

Includes Peripheral Vascular Intervention (PVI) procedures for mild, moderate, or severe claudication only. “ABI/Toe Pressure Assessment” indicates at least one ABI or toe pressure assessment was made prior to PVI for the side of the procedure, or on both sides for bilateral and aortic procedures.

The table below gives the number of PVI procedures meeting the inclusion criteria, and the percentage of those procedures in which an ABI or toe pressure was assessed prior to PVI.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PVI procedures meeting inclusion criteria</td>
<td>249</td>
<td></td>
<td>12455</td>
</tr>
<tr>
<td>Percentage with ABI/toe pressure assessment</td>
<td>75.5%</td>
<td></td>
<td>74.5%</td>
</tr>
</tbody>
</table>
**ABI/Toe Pressure Assessment before PVI for Claudication in Your Region (Jan-Dec 2020)**

- **Other centers in your region**
- **Your center**

**ABl/Toe Pressure Assessment before PVI for Claudication by Region Across VQI (Jan-Dec 2020)**

- **Regions** (regions with <3 centers with at least 10 cases not shown)

**Indicates center's rate differs significantly from the regional rate.**

**Indicates region's rate differs significantly from the VQI rate.**
INFRA CLTI: Major Complications

Procedures performed between January 1 and December 31, 2020

Includes Infringuinal Bypass (INFRA) procedures for rest pain, tissue loss, or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

The table below gives the number of INFRA procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of INFRA procedures meeting inclusion criteria</td>
<td>96</td>
<td>5212</td>
</tr>
<tr>
<td>Percentage with major complications</td>
<td>2.1%</td>
<td>4.6%</td>
</tr>
</tbody>
</table>
Major Complications after INFRA for CLTI in Your Region (Jan-Dec 2020)

Centers (centers with <10 cases not shown)

*** Indicates center’s rate differs significantly from the regional rate.

Major Complications after INFRA for CLTI by Region Across VQI (Jan-Dec 2020)

Regions (regions with <3 centers with at least 10 cases not shown)

*** Indicates region’s rate differs significantly from the VQI rate.
Regional Improvement Projects

• Dennis Gable, MD
• Mark Davies, MD
• Sheila Coogan, MD
• William Shutze, MD
Regional Nominations

• Venous RAC Chair:
  – Nominee has to be from a center that participates in at least one venous module
  – Can re-open if there are any potential nominees

• Regional Lead Medical Director to start after Spring 2021 meeting:
  – Sheila Coogan, MD – Memorial Hermann Northeast Hospital

• Regional Associate Medical Director to start Fall 2021:
  – Rana Afifi, MD – Memorial Herman Texas Medical Ctr

• Nominations were open 3/17, closed 3/24

Next steps:
  – The vote is with the regional Executive Council (EC) until April 22
  – All nominees will be notified of the EC’s voting results
Case Presentation:
Priya Padmanabhan, MD
National VQI Update:
Cheryl Jackson
Quality Director
SVS PSO
VQI Regional Quality Groups

18 Regional Quality Groups

Map showing the distribution of 18 Regional Quality Groups across different regions with labels for Michigan Vascular Study Group, Vascular Study Group of Greater New York, Great Lakes Vascular Study Group, and Puerto Rico.
# VQI Procedure Volume

![Graph showing VQI Total Procedure Volume](image)

<table>
<thead>
<tr>
<th>Total Procedures Captured (as of 3/1/2021)</th>
<th>800,030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral Vascular Intervention</td>
<td>264,170</td>
</tr>
<tr>
<td>Carotid Endarterectomy</td>
<td>153,662</td>
</tr>
<tr>
<td>Infra-Iguinal Bypass</td>
<td>66,858</td>
</tr>
<tr>
<td>Endovascular AAA Repair</td>
<td>62,262</td>
</tr>
<tr>
<td>Hemodialysis Access</td>
<td>62,252</td>
</tr>
<tr>
<td>Carotid Artery Stent</td>
<td>52,728</td>
</tr>
<tr>
<td>Varicose Vein</td>
<td>44,970</td>
</tr>
<tr>
<td>Supra-Iguinal Bypass</td>
<td>21,629</td>
</tr>
<tr>
<td>Lower Extremity Amputations</td>
<td>20,547</td>
</tr>
<tr>
<td>Thoracic and Complex EVAR</td>
<td>20,624</td>
</tr>
<tr>
<td>IVC Filter</td>
<td>15,486</td>
</tr>
<tr>
<td>Open AAA Repair</td>
<td>14,762</td>
</tr>
<tr>
<td>Vascular Medicine Consult</td>
<td>55</td>
</tr>
<tr>
<td>Venous Stent</td>
<td>25</td>
</tr>
</tbody>
</table>

Total Procedure Volume tab reflects net procedures added to the registry for the month.
Trainee engagement:

- VQI wants to help medical students, residents and fellows learn about quality improvement
Trainee engagement:

- Plans –
  - Invite students and trainees to regional and national meetings
  - Engage students and trainees in quality improvement projects
  - Participate in presentations and publications
  - VQI intern program (in development)
Trainee engagement:

- What are your ideas?
Update on PSO Diversity Committee

VQI Members call for volunteers early 2021:

• 19 Applicants

• VQI Representatives
  – Dr. Leila Maureebe - Chair
  – Dr. Carla Moreiro – Vice-Chair
  – Dr. Samantha Minc
  – Dr. Patricia Fernandez
  – Dr. Mina Boutros
  – Dr. Rafael Melgor
Update on PSO Diversity Committee

• Awaiting appointments from
  ➢ SVS DEI Committee
  ➢ AVF
  ➢ ACC

• Broad representation
  ➢ Years in practice
  ➢ Region
  ➢ Gender
  ➢ Race
FDA Safety Notifications

• As a Patient Safety Organization, we feel compelled to share Safety Notifications with VQI Members
• FDA will contact the SVS PSO with Safety Notifications it wants us to communicate
• Safety Notifications will appear in both the PSO and SVS newsletters
• All Safety Notifications are posted to the VQI and SVS Websites

https://www.vqi.org/resources/fda-communication/
The 2021 VQI Annual Meeting has been moved to August!

Important Dates and Times for the 2021 VQI Annual Meeting at VAM

August 17, 2021 12PM – 6:30PM* Pacific Time
August 18, 2021 8AM – 5PM Pacific Time
*Poster Presentation and Networking Reception – Tuesday, August 17th at 5:00PM to 6:30PM

We are hopeful that we will be able to have an in-person meeting at the San Diego Convention Center. In the event we are unable to meet live, we will transition to on-line presentation.
Now Is The Time

- ACC and SVS began 2021 with a united vascular registry - creating a single resource focused on improving care and outcomes of patients with vascular disease.

- ACC PVI registry participants who have not yet joined the SVS VQI, may contact the SVS VQI account team by emailing vqi@m2s.com, or by calling 603-298-6717, to begin enrollment.
Ongoing Collaboration

ACC NCDR will have representation on all VQI Councils and Committees
COVID-19 Update

- COVID-19 Variable insertion into registries (Sept. 2020)
- Two JVS Publications (JVS & JVSVL) on registry volumes
- AHRQ PSO Presentation on VQI Response
- International Registry submission for June issue Seminars in Vascular Surgery
- Initial Outcomes Review of COVID-19 effect in registries
- Collaboration with Vascular Surgery COVID-19 Collaborative (VASCC) on LTFU in participating centers
My Peripheral Arterial Disease: a VQI Pilot of Patient Reported Outcomes for PAD

• The Society for Vascular Surgery Vascular Quality Initiative is seeking practices to participate in My PAD, a pilot program for the collection of patient reported outcomes (PRO) on patients undergoing endovascular treatment for peripheral arterial disease (PAD).

• The VQI recognizes that traditional outcomes such as patency and reintervention may not fully capture the quality of care or the experience of PAD patients. There is a long overdue need to learn and measure the patient’s perspective.

• Must be in the PVI registry and have greater than 70% follow up! Pilot sites launch March 2021. Not too late to join the Pilot!!
**Highlights**

- Outpatient peripheral vascular interventions (PVI) for claudication or chronic limb threatening ischemia
- Collect VascuQoL-6 and EuroQoL 5D-5L (estimated completion time 10-15 minutes)
- Collection at three time points: pre-procedure, one month and one year postoperatively
- PRO data entry options include paper forms, computer, tablet and smart phone
- Educational materials for direct from patient data entry
- PRO feedback to participating physicians
Reporting Highlights and Questions:

- New On-line Follow-up reports
  - EVAR Released - Jan 2021
  - CEA/CAS/PVI/TEVAR – To Be Released in 2021
- New Dashboard and Regional Report Drilldown
- Suggestions for “other” reports
CME/CE CREDIT FOR REGIONAL MEETINGS

SPRING 2021
## CME/CE Results from Fall 2020

### Successful Rollout

<table>
<thead>
<tr>
<th>Type of credit</th>
<th>Total of those who took survey and claimed Contact Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>IBON (Iowa Board of Nursing)</td>
<td>83</td>
</tr>
<tr>
<td>AMA (MD/DO)</td>
<td>75</td>
</tr>
<tr>
<td>CE (Others)</td>
<td>25</td>
</tr>
<tr>
<td>All</td>
<td>183</td>
</tr>
</tbody>
</table>

Approx. time to complete eval 6 min

31.4% of meeting attendees participated in the survey to receive 2.0 credit hours 183/582
Please describe any 'pearls' or takeaway messages:

• Identifying our areas of concern by comparison to others in our region and nationally is helpful toward setting priorities
• Other facilities are experiencing the same difficulties I am with data abstraction
• Excellent Meeting
• Good collaboration and networking with peers
• How important it is for my facility, not just the doctors, to have this information from the registry
• By sharing the report with benchmarks, our organization will identify quality improvements we can work on to improve patient outcomes
• Will look into doing more patient education
Barriers

• Lack of administrative support, Patient compliance issues
• Lack of resources/equipment
• MDs to give specific measurement in their notes
• Abstractions leave little time for QI projects
• COVID, patients traveling and receiving follow up elsewhere

How will you address these barriers?

• Look in to obtaining additional administrative organization and support
• Review operational definitions and email m2support for clarification
• Educate others at my location. Continue patient education and follow-up.
• Keep as organized as possible and enter patient information ASAP
• Work with IT to create template for follow-up office visits (to include key data points)
• Show cost savings of implementation
• Better communication with PCP
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.
Meeting Attendance Credit

REMEMBER TO PSO:

- **P**ut your FULL NAME in RingCentral to get credit for attendance and 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 this link:
  
  ![Link](https://dmu.co1.qualtrics.com/jfe/form/SV_3TKF7oemcG2Ex3E)

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 2021
Quality Improvement Resources:

- 2021 Quarterly Webinars
  - March 2021
  - June 2021
  - September 2021
  - November/December 2021
    - Participation Award Information

- The VQI News
  - Provides updates on regulatory issues, technical updates, and crossover news from the SVS and SVN

- VQI Quality Improvement Newsletter
  - Focusing on QI processes, tools, and definitions

- VQI.org Members only pages
Update on Charters 2020 and 2021

• Fifty-eight (58) charters submitted in 2020!
  – LTFU – 14
  – D/C Medications – 17
  – Clinical – 3
  – *Documentation – 24

• *Multi-regional AAA size compliance project – 19 charter participants. 33 overall participants.

• 2021 – Twenty charters already!

• Focused phone calls are well attended – now on a quarterly schedule (Jan, April, July, Oct).
Putting VQI Data into Action
See what your colleagues are doing with QI

• Abstracts were submitted and acceptance notifications were sent out on March 1\textsuperscript{st}
• Planning on an in-person meeting in San Diego
• If needed, we will once again convert the meeting into an all-virtual format
• Incorporating some aspects of virtual online learning
• Posters that were accepted for 2020 were automatically accepted into the 2021 poster session without the need to resubmit
Charter participants become part of focused group calls
- Interactive discussion sharing barriers and successes
- Sharing of charters
- Networking
- Checking in – where are you in the process
- Celebrating success

One on one calls, if requested
National QI project details

• Submit Project Charters and supporting documentation for presentations and posters to QI@SVSPSO.ORG or cjackson@svspso.org.

• Visit the VQI Members Only Website for sample charters, webinars, and presentations on VQI Quality Improvement Projects. www.vqi.org
2020 Participation Award Changes
MAJOR CHANGE

• Long Term Follow-Up 2018 cases
  – COVID-19 affect
  – Remove LFTU from the 2020 Participation Award – BUT...
  – Acknowledge centers that maintained, improved LTFU with a certificate
    • Centers in top 25% for 2018 LTFU rates
    • Statistically significant increase in LTFU rate from 2017 to 2018
Scoring 2020 (During COVID-19)

• Three categories scored, each on a 0-6 point scale:
  o LTFU – REMOVED. Separate recognition.
  o Meeting attendance (weighted 50%)
  o QI project involvement (weighted 40%)
  o Number of registry subscriptions (weighted 10%)

• The final score is calculated as follows:
  Total points = 5 x Attendance score + 4 x QIP score + 1 x Registry score
Participation Awards Program

- 2020 Participation Award results announced
- 3 Star recipients are presented at the in-person Annual VQI meeting
- Participation Awards began in 2016 to encourage active participation in the registries program and recognize the importance of participation.
- Participating centers can earn up to three stars based on actions that lead to better patient care – more details available at https://www.vqi.org/quality-improvement/participation-awards/
SoVONet Participation Award Results

U of Texas Health Science Center, San Antonio
Ochsner Medical Center
Baylor All Saints Medical Center
The University of Texas Southwestern Medical Center
Vanguard Vascular and Vein PLLC
Memorial Hermann The Woodlands
Baylor Scott & White Medical Center - Irving
Medical City Dallas
Medical City Plano
Memorial Hermann Southwest Hospital
Scott & White Memorial Hospital
Memorial Hermann Texas Medical Center
The Heart Hospital Baylor Denton
Memorial Hermann Memorial City Medical Center
Memorial Hermann Katy Hospital
Memorial Hermann Greater Heights Hospital
Memorial Hermann Northeast Hospital
Memorial Hermann Southeast Hospital
Memorial Hermann Sugar Land

THE HEART HOSPITAL Baylor Plano
Baylor Jack and Jane Hamilton Heart and Vascular Hospital

Congratulations to all Star Awards
Arterial Quality Council:
Mark Davies, MD
AQC Update:

Chair: Randy DeMartino, MD (Mayo)
Vice Chair: Jessica Simons, MD (UMASS)
Kelly Byrnes & Marguerite Marlow,
Vascular Ultrasound representatives
ACC to make 2 appointments mid 2021
AQC Update:

Always looking for Volunteers to Join Registry Committees! Contact Carrie Bosela C.Bosela@svspso.org if interested!!

<table>
<thead>
<tr>
<th>Preliminary Development priorities for 2021:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Infra/Supra - Jess Simons</td>
<td></td>
</tr>
<tr>
<td>2. OAAA - Rumi Faizer</td>
<td></td>
</tr>
<tr>
<td>3. Amputation - Ahmed Abou-Zamzam</td>
<td></td>
</tr>
</tbody>
</table>
AQC Update:

• Clinical Appropriateness Performance Indicators (CAPI reports)
  ➢ Aligning with SVS Guidelines
• Registry Specific Quality Improvement Initiatives
• PAD PRO’s
• COVID Interest Group and Response (CIGAR)
  ➢ VASCC Collaboration
The Society for Vascular Surgery Patient Safety Organization® (SVS PSO) and the Society for Vascular Medicine (SVM), in collaboration with the American Heart Association® (AHA), are excited to introduce the SVS Vascular Quality Initiative’s Vascular Medicine Consult (VMC) Registry.

This Registry will target the management of NEW Outpatient Consults who are being treated medically for:

- Atherosclerotic carotid artery occlusive disease
- Abdominal Aortic aneurysm
- Peripheral lower extremity arterial disease due to atherosclerosis or true aneurysm

The Vascular Medicine Consult Registry provides a unique opportunity to look at the natural history of a disease and what factors impact the progression. The emphasis of this Registry will be medication details and dosages, risk factor and lifestyle modifications such as exercise and diet, and non-operative treatments and counseling. The value of this Registry centers on the comparative effectiveness of surgery vs. medically managing these vascular diseases.

Learn more: The Vascular Quality Initiative | Vascular Medicine Consult Registry (New) (vqi.org)
Research Advisory Council:
William Shutze, MD
1. Review list of projects approved to avoid duplication

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

2. Submit proposal on line:

http://abstracts123.com/svs1/meetinglogin
<table>
<thead>
<tr>
<th>Primary Investigator</th>
<th>Center</th>
<th>Title</th>
<th>Registry</th>
<th>Review Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bala Ramanan</td>
<td>UT Southwestern Medical Center</td>
<td>The impact of renal dysfunction and dialysis on patients undergoing open and endovascular procedures</td>
<td>Endovascular AAA, TEVAR/Complex EVAR, Open AAA</td>
<td>Dec-20</td>
</tr>
<tr>
<td>John Modrall; Mitri Khoury</td>
<td>University of Texas, Southwestern</td>
<td>Endovascular aortic repair in patients not deemed acceptable for open repair</td>
<td>Endovascular AAA</td>
<td>Oct-20</td>
</tr>
<tr>
<td>William Shutze; Salvatore Scali</td>
<td>Texas Vascular Associates</td>
<td>IVUS use in TEVAR</td>
<td>TEVAR/Complex EVAR</td>
<td>Aug-20</td>
</tr>
<tr>
<td>John Modrall; Mitri Khoury</td>
<td>University of Texas, Southwestern</td>
<td>Calculating Operative Risk in Octogenarians after AAA Repair</td>
<td>Endovascular AAA,Open AAA Repair,TEVAR/Complex EVAR</td>
<td>Jun-20</td>
</tr>
<tr>
<td>Shirling Tsai, Bala Ramanan</td>
<td>UT Southwestern Medical Center</td>
<td>Effect of AAA diameter in women vs. men on medium-term mortality after aneurysm repair</td>
<td>Endovascular AAA,Open AAA Repair,TEVAR/Complex EVAR</td>
<td>Oct-18</td>
</tr>
<tr>
<td>Bala Ramanan</td>
<td>UT Southwestern Medical Center</td>
<td>Impact of dual antiplatelet therapy on lower extremity revascularization outcomes in patients with critical limb ischemia</td>
<td>Amputation,Infrainguinal Bypass,Peripheral Vascular Intervention,Suprainguinal Bypass</td>
<td>Jun-18</td>
</tr>
<tr>
<td>William Shutze/Sal Scali</td>
<td>The Heart Hospital Baylor Plano</td>
<td>Risk Factors for delayed discharge after carotid endarterectomy</td>
<td>Carotid Endarterectomy</td>
<td>Jun-18</td>
</tr>
</tbody>
</table>
2020 Top 10 Publications


   https://doi.org/10.1016/j.jvs.2019.10.097


   https://doi.org/10.1161/circinterventions.119.008528

2020 Top 10 Publications


Venous Quality Council:
Sheila Coogan, MD
Venous SVS PSO Organization

SVS PSO Venous Arm

Governing Council
4 SVS Representatives
2 AVF Representatives
18 Regional Group Representatives

Research Advisory Council (venous RAC)
Chair: Nicholas Osborne

Venous Quality Council (VQC)
Chair: Marc Passman
3 AVF + 2 SVS Representatives
18 Regional Group Representatives

IVC Filter Committee
Chair: Tony Gasparis

Varicose Vein Committee
Chair: Nick Osborne

Venous Stent Committee
Chair: William Marston
Three Year Goals for VQC:

- Dedicated podium time for VQI at AVF
- Update Varicose Vein and IVC quarterly interoperative dashboards
- Create Venous Stent dashboard
- Work on LTFU dashboards for all 3 venous procedures
- Continue work C2 disease and appropriateness of care
- Continue work with United Healthcare
- Create COPI (Center Opportunity for Process Improvement) reports
- Create CAPI (Clinical Appropriateness Performance Indicators) reports
Inclusion Criteria:

Percutaneous (closed) and/or cut-down (open) procedures to treat patients with symptomatic venous obstructions due to chronic thrombosis and/or some venous compression disorders. Vessels included: Inferior Vena Cava, Common iliac vein, External iliac vein, Common Femoral Vein, Deep Femoral Vein, Femoral Vein, Popliteal Vein.

- Acute obstruction of the Vein;
- Chronic thrombotic obstruction= Chronic Stenosis/Obstruction of the Vein;
- Non-thrombotic stenosis/compression such as May Thurner (iliac vein compression syndrome)

Exclusion Criteria:

- Venous Stent of the Internal Iliac (hypogastric), Great Saphenous Vein, Superior vena cava, Renal Veins, Subclavian vein, Jugular vein, Innominate vein and any upper extremity veins
- Vein Diameters that are not treatable per stent sizing recommendations
- Venous Inflow or Outflow issues precluding stent placement
Join Today!!!

• [VQI@M2S.com](mailto:VQI@M2S.com)
• Lots of research potential
  – Submit ideas to Venous RAC

The Vascular Quality Initiative | National Arterial and Venous RAC Schedules (vqi.org)
GC Update: Dennis Gable, MD

• Agenda topics for the GC Meeting April 2021
• Dr. Mureebe will discuss the formation of the SVS PSO’s new Diversity, Equity and Inclusion Committee
• Jim and Carrie will present the draft agenda for the VQI Annual Meeting and solicit ideas for additional programing
• Drs. Lemmon and Jorgensen will present the GC a proposal on a new PSO Trainee Scholarship Program
• Dr. Weaver will provide an update on progress against strategic priorities, including an update on our collaboration with ACC
M2S Updates

Spring 2021

Regional Group Meetings
Projects in Progress

- VQI Patient Reported Outcome (PRO) collection for PVI
- Add opioid variables to INFRA
- Long-term follow-up reports
- HDA 2021 medium revision
- VMC 2021 small revision
- INFRA 2021 major revision
- SUPRA 2021 major revision
- OPEN 2021 major revision
Registry Projects
These 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.
The SVS PSO is excited to announce the reopening 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.
TEVAR Dissection Surveillance Project is Open for Enrollment

• 12 of the 180 required patients enrolled (11 potential cases in process)
  – Retrospective enrollment allowed- All eligible cases from December 31, 2018 (protocol FDA approval date)
• 23 of 40 sites enrolled (10 more in contracting)
  – 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.

For more information, please contact: tevarproject@m2s.com
Initiated in October 2014, the TEVAR Dissection Surveillance Project Arm evaluates the W.L. Gore and Medtronic devices for treatment of Type B thoracic dissections.

- Meeting FDA requirement
  - 194 chronic and 200 acute patients with device technical success

- Currently in 5-year follow-up phase
Conclusion
Meeting Evaluation/Roundtable

- What did you like about this meeting?
- What can we do better?
- Next meeting location?
Meeting Attendance Credit

REMEMBER TO PSO:

• **P**ut your FULL NAME in RingCentral to get credit for attendance and 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 this link: https://dmu.co1.qualtrics.com/jfe/form/SV_3TKF7oemcG2Ex3E

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**