

# Southern Vascular Outcomes Network (SoVONet)

# April 21, 2023 9 AM – 12:00 PM (CT) Memorial Hermann Memorial City Hybrid

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### **Meeting Attendance Credit**

Before we get started... Please sign in using your <u>Full Name</u> (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 <u>ljohnson@svspso.org</u> and let her know the identifier you were signed in under (ex –LM7832 or your phone number).

#### \*\*SPECIAL NOTE: ALL ATTENDEES must have an <u>ACTIVE</u> PATHWAYS user account to get attendance credit!!!







#### Agenda-SoVONet-April 21, 2023



| Time    | Торіс                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CE<br>Credit |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 7:00 am | <ul> <li>Regional Data Review – Sheila Coogan, MD, SoVONet Medical Director<br/>Learning Objectives:</li> <li>Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center<br/>(process).</li> <li>Interpret and compare each centers' VQI results to regional and national benchmarked data.</li> <li>Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable<br/>performance indicators, SVS PSO evidence-based research, and outcomes.</li> <li>Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and<br/>prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.</li> </ul> | Yes          |
| 8:00 am | <ul> <li>Regional QI Proposal - Sheila Coogan, MD, SoVONet Medical Director<br/>Learning Objectives:</li> <li>Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center<br/>(process).</li> <li>Interpret and compare each centers' VQI results to regional and national benchmarked data.</li> <li>Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable<br/>performance indicators, SVS PSO evidence-based research, and outcomes.</li> <li>Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes<br/>and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.</li> </ul> | Yes          |

### Agenda (con't)



| Time     | Торіс                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CE Credit |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| 8:50 am  | Break                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | No        |
| 9:00 am  | <ul> <li>National VQI Update –Betsy Wymer, DNP, RN, CV-BC, PSO Quality Director<br/>Learning Objectives:</li> <li>Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</li> <li>Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and<br/>prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.</li> </ul> | Yes       |
| 9:40 am  | AQC Update – Nathan Orr, MD (Welcome!)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | No        |
| 9:45 am  | VQC Update – Joseph Liechty, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No        |
| 9:50 am  | RAC Update –Kimberly Zamor, MD and Joseph Liechty, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | No        |
| 9:55 am  | Governing Council Update – Sheila Coogan, MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | No        |
| 10:00 am | Open Discussion/Next Meeting/Meeting Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No        |





# No Disclosures



### **Welcome and Introductions**

#### Existing 101 New 9



**Arkansas Heart Hospital Arkansas Heart Hospital Encore** Ascension Providence Hospital (TX) **Ascension Seton Hays** Ascension Seton Medical Center Austin Ascension Seton Williamson Ascension St. John **Baptist Health Medical Center - Little Rock Baptist Health Medical Center - North Little Rock 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 **BSA Hospital, LLC Christus Highland Medical Center CHRISTUS Ochsner St. Patrick Hospital** Christus St. Michael Hospital **Christus Trinity Mother Frances Hospital Corpus Christi Medical Center Covenant Medical Center** Dell Seton Medical Center at the University of Texas **Doctors Hospital at Renaissance** East Jefferson General Hospital Harlingen Medical Center

HCA Houston Healthcare Clear Lake HCA Houston Healthcare Conroe HCA Houston Healthcare Kingwood HCA Houston Healthcare Medical Center HCA Houston Healthcare North Cypress HCA Houston Healthcare Northwest HCA Houston Healthcare Southeast HCA Houston Healthcare West

**Hill Country Memorial Hospital Hillcrest Hospital South** Houston - Baylor St. Luke's Medical Center **Houston Methodist Baytown Hospital** Houston Methodist Clear Lake Hospital **Houston Methodist Hospital Houston Methodist Sugar Land Hospital** Houston Methodist The Woodlands Hospital Houston Methodist West Hospital Houston Methodist Willowbrook Hospital **INTEGRIS Baptist Medical Center, Inc.** Jane Phillips Medical Center John Sealy Hospital, UTMB **Lakeview Regional Medical Center** Little Rock - CHI St. Vincent's Infirmary **Medical Center Hospital** 

Medical City Dallas Medical City Denton Medical City Fort Worth Medical City Plano Memorial Hermann Cypress Hospital Memorial Hermann Greater Heights Hospital

**Memorial Hermann Katy Hospital** Memorial Hermann Memorial City Medical Center **Memorial Hermann Northeast Hospital Memorial Hermann Southeast 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 **NEA Baptist Memorial Hospital Ochsner Lafayette General Medical Center** 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 Heart Hospital Our Lady of Lourdes Regional Medical Center Our Lady of the Lake Hospital, Inc. Peripheral Vascular Associates Rapides Regional Medical Center San Antonio Vascular and Endovascular Clinic Scott & White Memorial Hospital Shannon Medical Center Slidell Memorial Hospital SSM St. Anthony Hospital St. Bernards Medical Center

St. David's Medical Center St. David's North Austin Medical Center St. David's Round Rock Medical Center St. David's South Austin Medical Center **Terrebonne General Medical Center Texas Health Harris Methodist Fort Worth Texas Health Presbyterian Hospital Dallas Texas Health Presbyterian Hospital Denton Texas Health Resources Plano 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 UMC El Paso Healthcare, Inc. University of Arkansas for Medical Sciences University of Oklahoma School of Community Medicine Valley Regional Medical Center Vanguard Vascular and Vein PLLC Wadley Regional Medical Center **Washington Regional Medical Center** West Jefferson Medical Center Willis-Knighton North

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#### **Region Volume Appendix**

#### Spring 2023

#### About the Appendix

The Region Volume Appendix provides your region's case volumes for each report. In addition, the number of centers with cases contributing to each report is given. Note that columns referencing complete cases are appropriately left blank for non risk-adjusted reports.



### **Region Volume Index**



| Report                           | Included<br>Cases | Centers<br>with<br>Included<br>Cases | Centers<br>with at<br>least 10<br>Included<br>Cases | Complete<br>Cases | Centers<br>with<br>Complete<br>Cases | Centers<br>with at<br>least 10<br>Complete<br>Cases |
|----------------------------------|-------------------|--------------------------------------|-----------------------------------------------------|-------------------|--------------------------------------|-----------------------------------------------------|
| Procedure Volume                 | 6963              | 86                                   | 66                                                  |                   |                                      |                                                     |
| Procedure Volume, All Years      | 40370             | 93                                   | 83                                                  |                   |                                      |                                                     |
| Long-Term Follow-up              | 4279              | 57                                   | 40                                                  |                   |                                      |                                                     |
| Discharge Medications            | 6501              | 86                                   | 66                                                  |                   |                                      |                                                     |
| Preop Smoking                    | 5468              | 86                                   | 63                                                  |                   |                                      |                                                     |
| Smoking Cessation                | 707               | 39                                   | 19                                                  |                   |                                      |                                                     |
| TFEM CAS ASYMP: Stroke/Death     | 317               | 39                                   | 12                                                  | 295               | 39                                   | 11                                                  |
| TFEM CAS SYMP: Stroke/Death      | 209               | 33                                   | 9                                                   | 201               | 33                                   | 9                                                   |
| TCAR ASYMP: Stroke/Death         | 976               | 69                                   | 30                                                  | 909               | 68                                   | 30                                                  |
| TCAR SYMP: Stroke/Death          | 404               | 54                                   | 17                                                  | 379               | 54                                   | 16                                                  |
| CEA ASYMP: Stroke/Death          | 829               | 28                                   | 20                                                  | 782               | 28                                   | 20                                                  |
| CEA ASYMP: Postop LOS>1 Day      | 824               | 28                                   | 20                                                  | 778               | 28                                   | 20                                                  |
| CEA SYMP: Stroke/Death           | 356               | 26                                   | 14                                                  | 341               | 26                                   | 14                                                  |
| CEA SYMP: Postop LOS>1 Day       | 350               | 26                                   | 13                                                  | 336               | 26                                   | 13                                                  |
| EVAR: Postop LOS>2 Days          | 429               | 21                                   | 17                                                  | 396               | 21                                   | 16                                                  |
| EVAR: Sac Diameter Reporting     | 466               | 22                                   | 18                                                  |                   |                                      |                                                     |
| EVAR: SVS AAA Diameter Guideline | 367               | 21                                   | 14                                                  |                   |                                      |                                                     |
| TEVAR: Sac Diameter Reporting    | 107               | 16                                   | 4                                                   |                   |                                      |                                                     |
| OAAA: In-Hospital Mortality      | 113               | 8                                    | 5                                                   | 108               | 8                                    | 5                                                   |
| OAAA: SVS Cell-Saver Guideline   | 116               | 7                                    | 5                                                   |                   |                                      |                                                     |
| OAAA: SVS Iliac Inflow Guideline | 142               | 8                                    | 5                                                   |                   |                                      |                                                     |
| PVI CLAUD: ABI/Toe Pressure      | 677               | 16                                   | 12                                                  |                   |                                      |                                                     |
| INFRA CLTI: Major Complications  | 102               | 5                                    | 4                                                   |                   |                                      |                                                     |
| SUPRA CLTI: Major Complications  | 4                 | 1                                    | 0                                                   |                   |                                      |                                                     |
| LEAMP: Postop Complications      | 45                | 1                                    | 1                                                   |                   |                                      |                                                     |
| HDA: Primary AVF vs. Graft       | 89                | 1                                    | 1                                                   |                   |                                      |                                                     |
| HDA: Ultrasound Vein Mapping     | 106               | 1                                    | 1                                                   |                   |                                      |                                                     |
| HDA: Postop Complications        | 106               | 1                                    | 1                                                   |                   |                                      |                                                     |
| IVCF: Filter Retrieval Reporting | 33                | 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 centerlevel, 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.

# **SoVONet Spring 2023 Regional Report**



### **2022 Current Quality Improvement Charters**

| CEA DC Meds   | Amanda Enerson | <u>Coogan, Sheila M</u><br><u><sheila.m.cooga< u=""><br/><u>n@uth.tmc.edu&gt;</u></sheila.m.cooga<></u> | Dr. Sheila Coogan          |
|---------------|----------------|---------------------------------------------------------------------------------------------------------|----------------------------|
| Access Site   |                |                                                                                                         |                            |
| Complications | Renee Palmer   | Palmer, Renee <r< td=""><td>Harry Papaconstantinou, MD</td></r<>                                        | Harry Papaconstantinou, MD |



#### **2022 Current Quality Improvement Charters**

| Charter Topic                   | Lead          | Email Address 🔻                                                                                         | Surgeon Champion  | - C |
|---------------------------------|---------------|---------------------------------------------------------------------------------------------------------|-------------------|-----|
| CEA LOS                         | Sheila Coogan | <u>Coogan, Sheila M</u><br><sheila.m.cooga<br>n@uth.tmc.edu&gt;</sheila.m.cooga<br>                     | Dr. Sheila Coogan | F   |
| EVAR Sac Diameter<br>Reporting  | Sheila Coogan | <u>Coogan, Sheila M</u><br><u><sheila.m.cooga< u=""><br/>n@uth.tmc.edu&gt;</sheila.m.cooga<></u>        | Dr. Sheila Coogan | F   |
| TEVAR Sac Diameter<br>Reporting | Sheila Coogan | <u>Coogan, Sheila M</u><br><u><sheila.m.cooga< u=""><br/><u>n@uth.tmc.edu&gt;</u></sheila.m.cooga<></u> | Dr. Sheila Coogan | F   |



- EVAR Sac Diameter reporting
  - Tracking mechanism
  - Regional Participation
- TEVAR Sac Diameter reporting
- CEA LOS >1 day



# National VQI Update

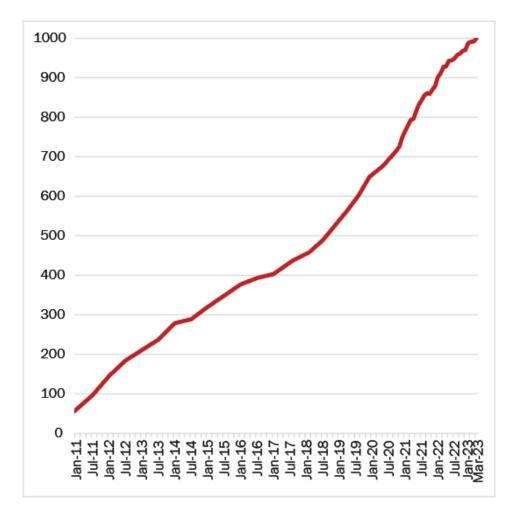
# Betsy Wymer, DNP, RN, CV-BC SVS PSO Quality Director



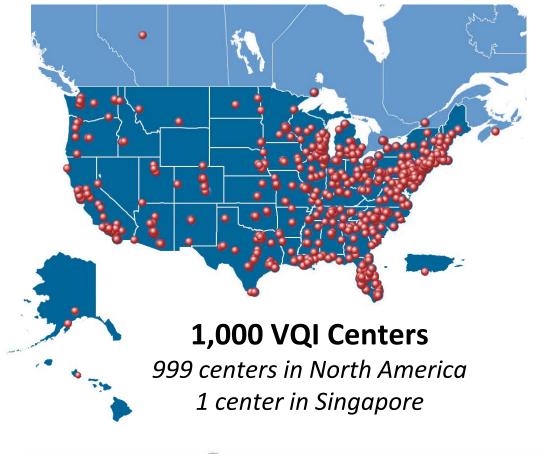
14



#### Number of Participating Centers



#### Location of VQI Participating Centers





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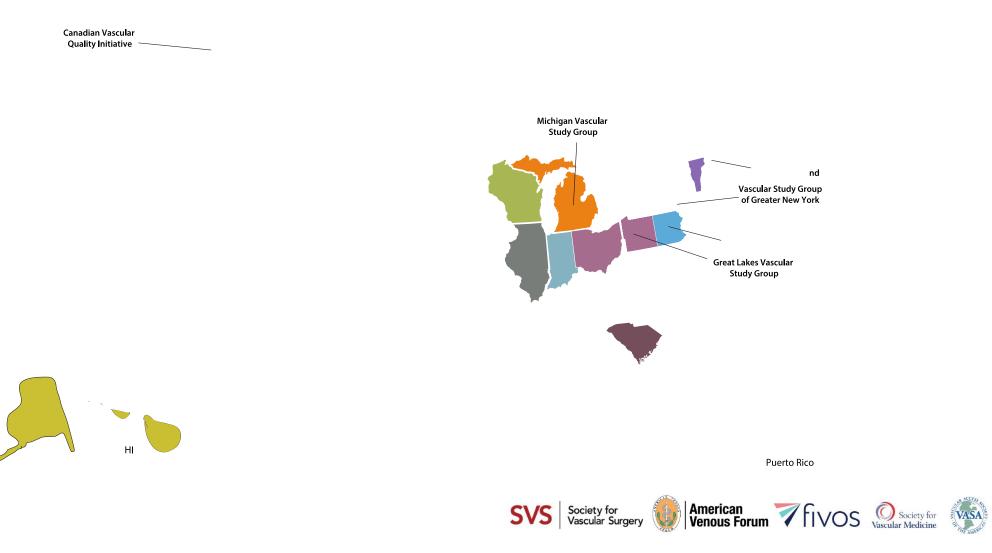
#### **18 Regional Quality Groups**

AK



**SVU** 

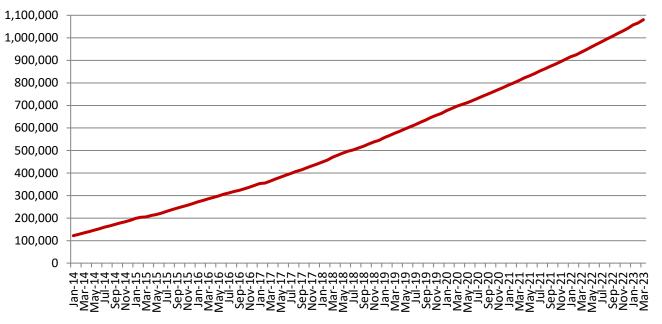
#### **18 Regional Quality Groups**





| 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















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### https://www.compusystems.com/servlet/ar?evt\_uid=805



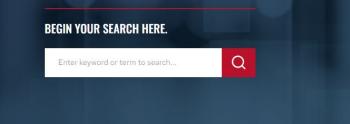
### A Brand New VQI.org!

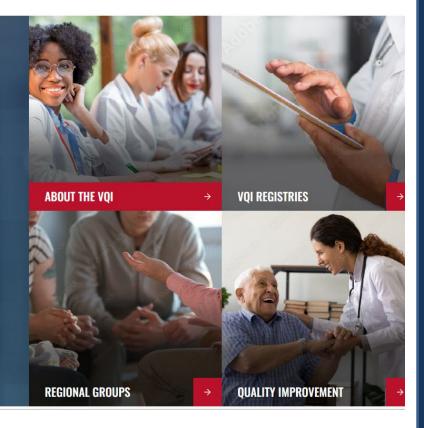




BOUT VQI REGISTRIES QUALITY IMPROVEMENT REGIONAL GROUPS PARTNERS & COLLABORATIONS DATA ANALYSIS & RESEARCH RESOURCES CONTACT / JOIN

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





Q

Society for

- 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

American Venous Forum VIVOS Vascular Medicine

#### Welcome



#### 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

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- 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. <u>mlatus@svspso.org</u>



# SVS Verification Program



- 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





- TASC/GLASS
  - Dr. Elizabeth Genovese, M.D.
- Varicose Vein
  - Dr. Jennifer Ellis, M.D.
- Visit VQI.org for a full listing of all **Educational video offerings**

https://www.vqi.org/registryeducation-members-only/

## **REGISTRY EDUCATION WEBINARS**

- VQI Educational Session Vascular Medicine Consult (VMC)
- <u>VQI Educational Session Infra/Supra</u>
- VQI Educational Session PVI
- VQI Educational Session EVAR
- VQI Educational Session TEVAR/COMPLEX EVAR
- VQI Educational Session CAS and CEA
- <u>VQI Educational Session Open AAA</u>
- SVS VQI Infra/Supra Registry Revisions Webinar
- SVS VQI Educational Webinar TASC/GLASS
- SVS VQI Education Webinar TASC/GLASS Slides











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### 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. <a href="https://pubmed.ncbi.nlm.nih.gov/35709866/">https://pubmed.ncbi.nlm.nih.gov/35709866/</a>
- Ankle-brachial index use in peripheral vascular interventions for claudication Hawkins KE, Valentine RJ, Duke JM, Wang Q, Reed AB. <u>https://pubmed.ncbi.nlm.nih.gov/35276260/</u>
- Assessing the quality of reporting of studies using Vascular Quality Initiative (VQI) data Mirzaie AA, Delgado AM, DuPuis DT, Olowofela B, Berceli 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.
   <a href="https://pubmed.ncbi.nlm.nih.gov/35466788/">https://pubmed.ncbi.nlm.nih.gov/35466788/</a>
- 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. <a href="https://pubmed.ncbi.nlm.nih.gov/36248241/">https://pubmed.ncbi.nlm.nih.gov/36248241/</a>





• 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. <a href="https://pubmed.ncbi.nlm.nih.gov/34560219/">https://pubmed.ncbi.nlm.nih.gov/34560219/</a>

• 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. <a href="https://pubmed.ncbi.nlm.nih.gov/34508797/">https://pubmed.ncbi.nlm.nih.gov/34508797/</a>

• 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. <u>https://pubmed.ncbi.nlm.nih.gov/35074410/</u>

• 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. <u>https://pubmed.ncbi.nlm.nih.gov/35276256/</u>

 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. <u>https://pubmed.ncbi.nlm.nih.gov/34718099/</u>



### 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 <u>attendance attestation</u> and the <u>meeting evaluation</u> 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:**

- PUT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)
- **SEND** an email to <u>ljohnson@svspso.org</u> with names of group members that are sharing 1 device
- OFFICIALLY apply for CME/CE credit by clicking the URL or QR code provided here: <u>https://dmu.co1.qualtrics.com/jfe/form/SV\_en7XeQR8upjp1uC</u>



You only have <mark>7 days</mark> 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





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

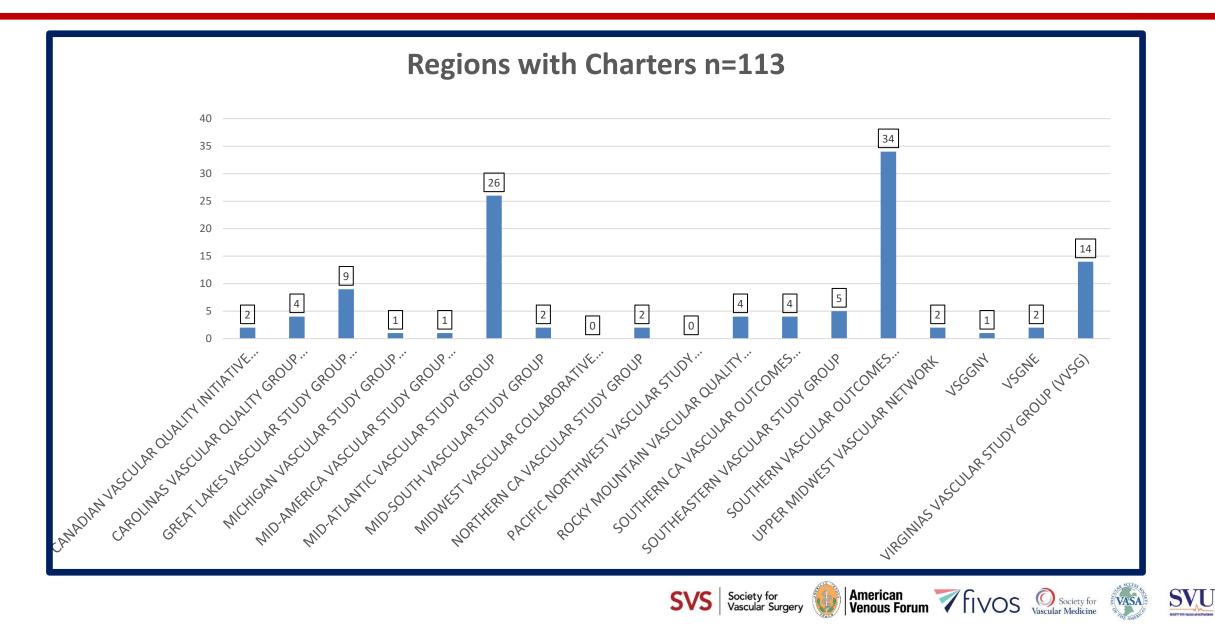
- Domain 1 LTFU 40% weighted
- Domain 2 Regional Meeting Attendance 30% weighted
- Domain 3 QI Project 25% weighted
- Domain 4 Registry Subscriptions 5% weighted

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



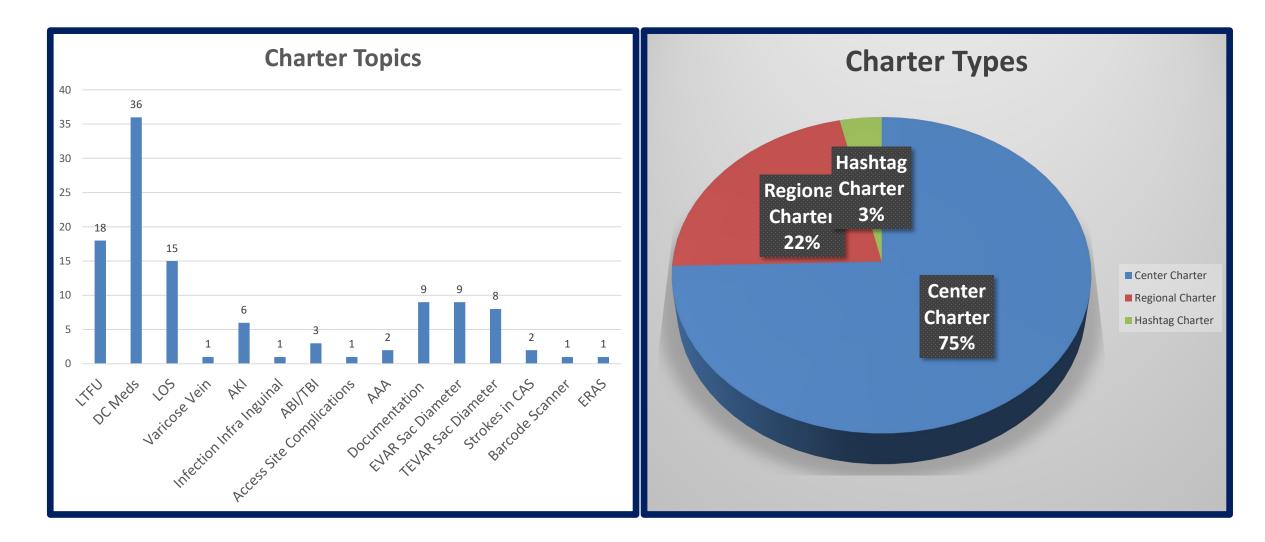
# Quality Improvement - Charters





### Quality Improvement – Charter Breakdown









#### **Quality Improvement**



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







### **SVS Clinical Practice Guidelines**









- 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 <u>bwymer@svspso.org</u>
- <u>www.vqi.org/quality-improvement/quality-fellowship-in-</u> <u>training-fit-program/</u>



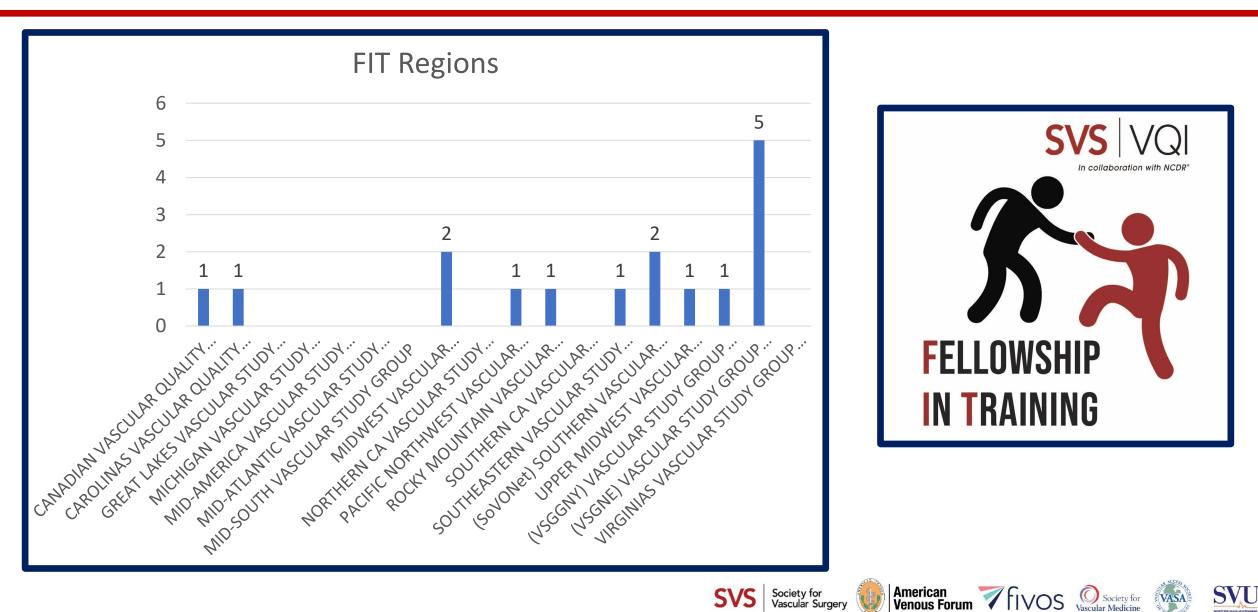






# SVS PSO Quality FIT Program







# **Arterial Quality Council:**

Nathan Orr, MD (Welcome!)



# 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.
   Grp decided not at this time
- Introduction of the Data Integrity Program





## **Venous Quality Council:**

Joseph Liechty, MD



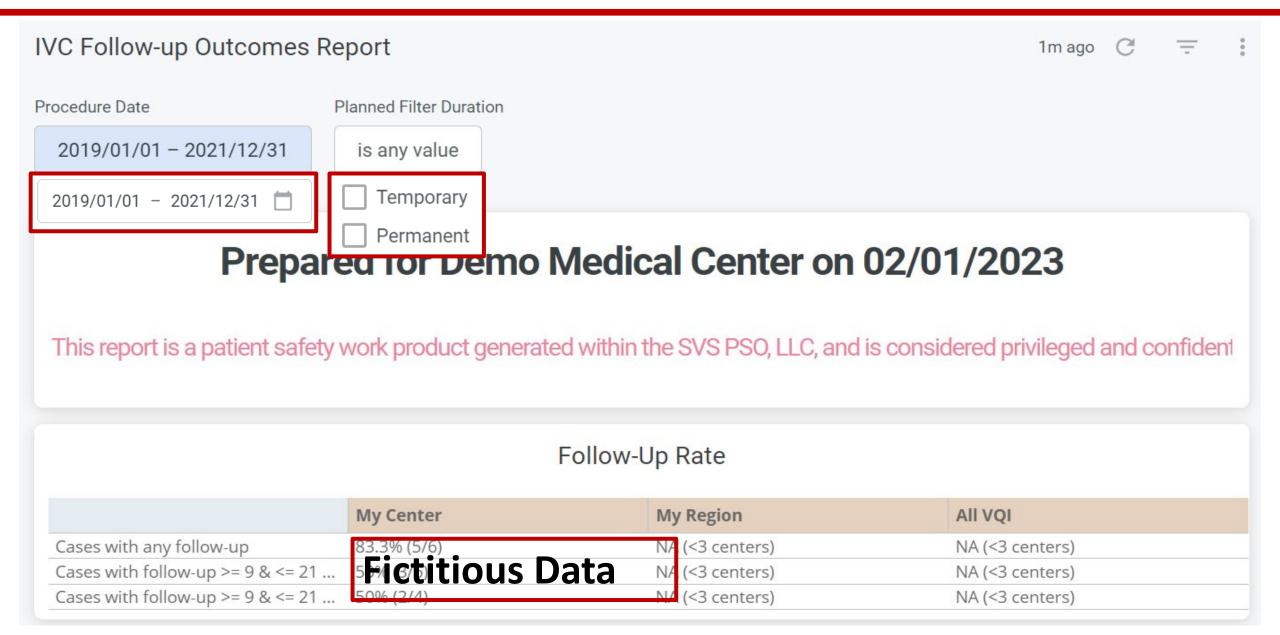
# Venous Quality Council Update



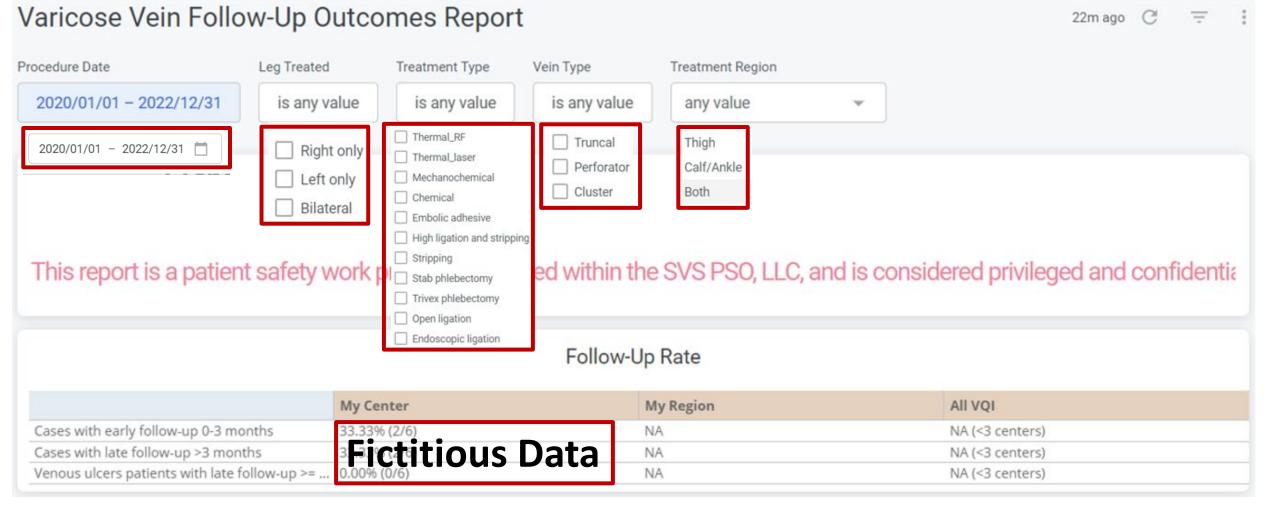
- Last Meeting February 22, 2023
- Re-engagement of the venous registry committees
  - Focus on new center recruitment
  - Review of current reporting
  - Brainstorming & discussion for addition of new reporting measures for bi-annual reports, Quarterly Dashboards and follow-up reports







SVS VQI









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





# **Arterial Research Advisory Council:**

## **Kimberly Zamor, MD**





### 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
- ٠
- 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: Joseph Liechty, MD



### **Venous RAC Update:**



Created a separate Venous RAC in July 2020

The Vascular Quality Initiative - National Venous RAC Schedule (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**



#### **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: <u>http://abstracts123.com/svs1/</u>

(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:**

Sheila Coogan, MD



## **Governing Council Update**



#### 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





SoVONet Lead Data Manager Role is currently open.





# Updates for Spring 2023 VQI Regional Meetings





# **Technology Updates for VQI**





- Carotid Artery Stent (CAS) Revision
  - Air Kerma field was added Air Kerma \*\*



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

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

| Select ~                  | •                                         |
|---------------------------|-------------------------------------------|
| Select                    |                                           |
| No                        |                                           |
| Yes, drug coated balloons |                                           |
| Yes, lithotripsy          |                                           |
| Yes, plain balloon        |                                           |
|                           | Select<br>No<br>Yes, drug coated balloons |



- 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                   | Yes         | 0 | ASA Daily Dose   | Select | ٥ | mg |                            |       |   |                |
|-----------------------|-------------|---|------------------|--------|---|----|----------------------------|-------|---|----------------|
| Chronic Anticoagulant | Rivaroxaban | 0 | Rivaroxaban Dose | 10     | 0 | mg | Rivaroxaban Dose Frequency | Other | ٥ | Please Specify |
| P2Y12 Antagonist      | Select      | ٥ |                  |        |   |    |                            |       |   |                |
| Statin                | Select      | 0 |                  |        |   |    |                            |       |   |                |
| Beta Blocker          | Select      | 0 |                  |        |   |    |                            |       |   |                |
| ACE-Inhibitor/ARB     | Select      | 0 |                  |        |   |    |                            |       |   |                |



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

| Any Bleeding Complication | Select   |
|---------------------------|----------|
| , any brooding comprised  | None     |
|                           | Mild     |
|                           | Moderate |
|                           | Severe   |
|                           | Fatal    |



### **Device Assistant Enhancements**

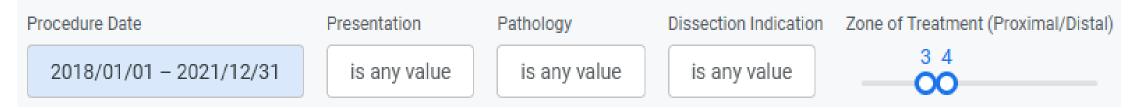
- Moved full or partial matched Catalog Numbers to appear at the top of the device results list
- Added ability to search for Catalog Number, Primary DI or Alternate Catalog Number with or without dashes
- Added the columns 'Description' and 'Alternate Catalog Number' to the device table



**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.

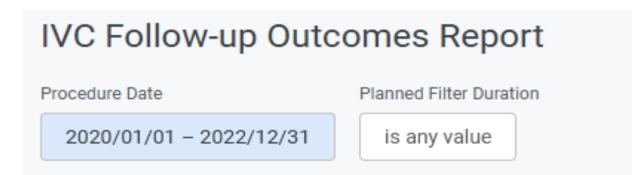
#### **TEVAR Follow-up Outcomes Report**





IVC Filter Follow-up Outcomes Report

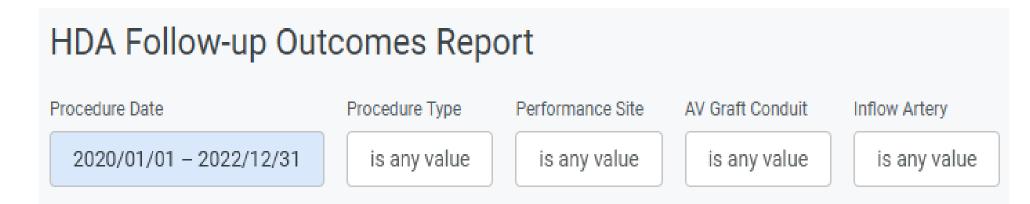
• A new 'Follow-up Outcomes Report' for the IVC Filter registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to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





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.



### 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







#### 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.



| ■ Support Documents ∨           | Welcome                                                                                                                                            |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Code List                       | Use the menu on the left side to access support tools.                                                                                             |
| Data Dictionary                 | Should you need assistance, please reach out to the PATHWAYS Customer<br>Support Team by emailing your inquiry to PATHWAYSsupport@fivoshealth.com. |
| [] Inclusion/Exclusion Criteria | You may also find the PATHWAYS Technical FAQ's, User Guides and previously                                                                         |
| Paper Form                      | recorded Webinars located on the Resources tab as a helpful tool to assist you.                                                                    |
| C Release Notes                 |                                                                                                                                                    |
| Co Training Schedule            |                                                                                                                                                    |



### 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!

### 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<sup>®</sup> 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



- In conjunction with TSVES
- Friday, November 3, 2023
- Time TBD (afternoon)
- Post Oak Hotel Houston, TX





## Thank You!!



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



American Venous Forum **FIVOS** Society for Vascular Medicine

SVU

Society for Vascular Surgery



## **REMEMBER TO PSO:**

- PUT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)
- SEND an email to <u>ljohnson@svspso.org</u> with names of group members that are sharing 1 device
- OFFICIALLY apply for CME/CE credit by clicking the URL or QR code provided here: <u>https://dmu.co1.qualtrics.com/jfe/form/SV\_en7XeQR8upjp1uC</u>

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

