

Great Lakes Vascular Surgery Group

Spring 2020 Meeting Minutes

Friday 5/15/2020

1:00 pm - 3:00 pm ET

REMOTE

I. **Welcome and Introductions: Dr. Mohammad H. Eslami, MD**

Slide Deck posted on regional website: <https://www.vqi.org/regional-groups/current-regional-quality-groups/great-lakes-vascular-study-group/>

Regional Reports: Dr. Mohammad H. Eslami, MD

Comments:

- Long-Term Follow-up – 77%
- D/C Meds – 86% statistically better than National Average
- Hemodialysis Access: Total of 315 cases, reporting 84% for a primary AVF, which is the same as VQI.
- Transfemoral Carotid Artery Stent: Stroke or Death in Hospital: GLVSG reporting lower rates, than VQI
- TransCarotid Artery Revascularization: Stroke or Death in Hospital: Total number of TCAR cases 113, with only 0.9% rate, which is lower than VQI
- CEA: Asymptomatic Stroke or Death in Hospital – two-thirds of cases are asymptomatic. Total of 816 cases in our region. 0.9% stroke or death after CEA, which is slightly higher than VQI.
- CEA: Symptomatic Stroke or Death in Hospital: Total of 448 cases were symptomatic. 2.2% cases report post op stroke or death in hospital, which again is higher than VQI
- CEA: LOS for asymptomatic and symptomatic endarterectomy's best in the country
- EVAR: Percentage of patients with LOS>2 days – 13%, which is slightly higher than expected, however a decrease from previous years at 20%. GLVSG LOS is higher than average, should discuss a regional quality study on this.
- EVAR: Rate of sac diameter at LTFU –Reporting 70% in the region, higher than VQI who is reporting at 60%. This is one of VQI national initiatives. GLVSG region reporting significantly more than VQI.
- EVAR: Percentage of elective patients w/AAA diameter within SVS guidelines: Total of 342 cases reporting at 76%, which is higher than VQI.

- Infra-inguinal Bypass: Rate of Major Complications: A total of 328 cases and reporting a major complication of 4.6%, trends decreasing from 2016, which is good and we are similar to VQI
- IVCF: Percentage of Temporary Filters w/Retrieval or Attempt at Retrieval - Not enough data to report for the region
- LEAMP: Rate of Postop Complications – Not enough data to report for the region
- Non-ruptured OAAA – 106 cases, 1.9 % mortality. No death from infra-renal clamping and a 5.8% in hospital death rate of 5.3%, which is slightly lower than VQI. Only 3 centers reporting. Only small amount of regions report Open AAA repair
- PVI: Percentage of Claudicants with ABI/Toe pressure reported before procedure – A total of 925 cases with 90% cases with a pre-op ABI. 46% were smokers, which is higher than VQI. GLVSG is best in the country for reporting ABI/TBI
- Supra-Inguinal Bypass: Rate of Major Complications – 108 total cases, and rate of 6% for major complications, which was slightly higher than in previous years, but the same a VQI. Only four regions reporting, but have the highest complication rate from all regions
- TEVAR: Rate of sac diameter at LTFU – Total of 45 cases reported and sac diameter reported in 53% of cases. There are only 3 regions that report.
- OAAA: Percentage of Patients Meeting Cell-Saver Guidelines – Appropriate use, reported 93%, same as VQI, only 3 centers reporting.
- OAAA: Percentage of Procedures Meeting SVS Internal Iliac Inflow Guideline – GLVSG reporting 100%, which is excellent.

II. **National VQI Update: Carrie Bosela, SVS PSO**

VQI/VAM updates

VQI/VAM 2020 Cancelled

- Registration refunds or rollover of registration fees <https://vascular.org/vam>
- Virtual Education programming, beginning week of June 22nd
- Online format, 1-2 hour sessions or a 6-8 week timeframe
- All sessions will be recorded for viewing at a later date

Quality Improvement Activities:

- VQI National Initiatives: EVAR: LTFU imaging Sac Diameter-How do we move the bar?
- Discharge Medications: Statin and Antiplatelet
- 37 Charters submitted

1. LTFU-9 (EVAR imaging, IVCF, general LTFU)
 2. D/C Medications-20
 3. Clinical-3 (LOS, limb salvage)
 4. Ideas are always welcomed for research, please contact Carrie Bosela, SVS PSO if interested
- iv. Focused phone calls were well attended
 - v. Four QI webinars with presentations from 5 data managers!
 - vi. 2020 Participation Award Criteria: Approved by the SVS PSO Executive Board
- b. Changes/Additions Participation Awards**
- i. Regional physician leaders and regional lead data managers will get one extra point
 - ii. The host site will get 1 extra point
 - iii. Support staff will receive a maximum of 1 point regardless of MD attendance. Ex – if 1, 3, or 5... support staff at a center attended a meeting, the center will get 1 point.
 - iv. NO star award if no one from a center attends either meeting (Spring and Fall), regardless of total points
 - v. NO star award for centers at <50% for LTFU, regardless of total points
- c. 3 Star Award Recipient: 1. Cleveland Clinic Foundation, ProMedica Toledo Hospital, The Ohio State University**
- d. New Registries**
- i. NEW Venous Stent Registry
 - ii. NEW Vascular Medicine Registry
- e. Paclitaxel, Mortality and VQI**
- i. VQI used Data Extraction and Longitudinal Trend Analysis (DELTA), a risk adjusted software application designed for signal detection in clinical registries, to evaluate mortality of Paclitaxel devices in PVI registry
 - ii. Full details about the study are available at clinicaltrials.gov under the identifier NCT04110288.
- f. Research Advisory Council – See slides**
Arterial Quality Council – See slides
Venous Quality Council - See slides
Governing Council – See slides
- g. Associate Medical Directors:**
- i. Technical Associate Medical Director: Leila Mureebe, MD
 - ii. Quality Improvement Associate Medical Director: Gary Lemmon, MD
 - iii. Report to current SVS PSO Medical Director, Jens Jorgensen, MD
 - iv. 3 year terms, as of March 2020

Meeting Evaluation:

- Region as a whole not doing too much research, if you have ideas, please reach out to Dr. Michael Madigan (RAC) or Dr. Eslami

- What can we do better, as a region?
- 57 attendees, remote meeting was very productive and informative
- Next meeting: Possible remote or hybrid meeting for fall, depending on status of COVID-19 pandemic. Dr. Eslami wants to include a hour of research for our fall regional meeting, please contact Dr. Eslami if you would be interested in present at our Fall meeting.