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

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

Quality Improvement Activities:

i. VQI National Initiatives: EVAR: LTFU imaging Sac Diameter-How do we move the bar?
ii. Discharge Medications: Statin and Antiplatelet
iii. 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.