To Healthcare Workers everywhere!

SVS | VQI

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Mid-America Vascular Study Group (MAVSG)

Monday - April 6, 2020

9:30 am to 12 Noon

Zoom Meeting

Iowa Heart Center Board Room

SVS | Society for Vascular Surgery m2s Society for Vascular Medicine VASA

AGENDA

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I.	Welcome and Introduction	Chew/Ebaugh MD
II.	CE Credit Instructions	Cynthia Bik BSN RN
III.	National VQI Update	Cheryl Jackson, SVS PSO
IV.	AQC Update	Trissa Babrowski, MD
V.	VQC Update	Ravi Hasanadka, MD
VI.	RAC Update	Ryan Nolte, MD
VII.	GC Committee Update	Chew/Ebaugh, MD
VIII.	Regional Data Review	Chew/Ebaugh, MD
IX.	Meeting Attendance/Eval	Cynthia Bik BSN RN

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MAVSG Spring 2020 Meeting

- Hello to All!
- Thank you for your participation in this video Zoom meeting!! WE appreciate all the positive responses and support as we attempt this meeting format.
- I will email you the full PowerPoint of the intended full meeting. This will also be available on our regional website. Please review these slides and contact Cheryl Jackson or myself for any questions.
- Todays meeting will be very abbreviated to cover the regional data and a few new business items.

Housekeeping

- This meeting is conducted via Zoom.
- Hopefully there will be many people on this call and we encourage everyone to participate. We ask that you say your name first when speaking so everyone knows who you are when responding.
- If you have video capabilities please turn it on and we should be able to see you across the bottom of our screen.

MAVSG is the Beta site for Regional Meeting CE Credit

MAVSG is the Beta Test site for this new offering! Des Moines University is the continuing education provider for this activity. This meeting will be awarded 2.0 *AMA PRA Category 1 Credit*™, AOA credit, and nursing contact hours.

Each participant **MUST COMPLETE BOTH** the attendance attestation and the meeting evaluation from the URL site listed – it is one form.

You will have 7 days from the date of this meeting to complete the forms and **SUBMIT.**

Approximately 14 days from today, Des Moines University will email to you instructions on how to access your certificates.

Continuing education credit is provided to you at no charge from the MAVSG meeting. Funding for this has been provided by the SVS PSO and a grant.

One final note of caution: if you to not complete the on line forms and submit within 7 days, continuing education credit cannot be awarded.

https://tinyurl.com/VSG-April-2020

DISCLOSURE STATEMENTS/Meeting Committee

Relevant to the content of this educational activity, the following individuals do not have any relationships with commercial interest companies to disclose.

- Cynthia Bik, BSN, RN, Activity Coordinator and Planning Committee Member
- Carrie Bosela, RN, CPC, CPC-I, Activity Director and Planning Committee Member (SVS PSO)
- David Chew, MD, Moderator/Facilitator and Planning Committee Member
- James Ebaugh, MD, Moderator/Facilitator and Planning Committee Member
- Cheryl Jackson, DNP, MS, RN, CNOR, CPHQ, Planning Committee Member (SVS PSO)
- Leka Johnson, Quality Improvement Specialist - SVS PSO, Activity Coordinator and Planning Committee Member
- Caroline Morgan, RN, Activity Director and Planning Committee Member (SVS PSO)

MAVSG Regional Meeting CE Credit

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URL BELOW FOR ATTENDANCE CREDIT – 2.0 *AMA PRA Category 1-A Credit*™, AOA credit, and nursing contact hours.

Must complete to receive CE credit.

https://tinyurl.com/VSG-April-2020

What the form will look like…….

Mid-America Vascular Study Group Regional Meeting
April 6, 2020

*** ATTENDANCE ATTESTATION ***

Des Moines University is the continuing education provider for this activity. Please provide your information below so a certificate can be generated. Instructions on how to access your certificate will be emailed within two (2) weeks of the activity.

First and Last Name

Email (Required)

Address

City

State

Postal Code

Postal Code

Title/Position

Employer

AOA or License Number

Degree/Credentials

Specialty

So Again……You will have 7 days!!!

The URL is:

https://tinyurl.com/VSG-April-2020

Complete both parts of the form and Don't Forget to hit SUBMIT for credit!

WELCOME AND INTRODUCTIONS

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Advocate Good Samaritan
Advocate South Suburban
Alexian Brothers Medical Center
AMITA Health Adventist LaGrange
Barnes Jewish Hospital
Bryan Medical Center
Carle Foundation Hospital
MercyOne Des Moines Medical Center
Columbia Surgical Services, Inc.
Decatur Memorial Hospital
Edward Hospital
Elmhurst Memorial Hospital
Flint Hills Heart, Vascular, Vein Clinic, LLC
Genesis Medical Center, Davenport
Gilvydis Vein Clinic
Gottleib Memorial Hospital
Great River Medical Center
Kansas Heart Hospital
Loyola University Medical Center
MacNeal Hospital
Medical Center of Aurora
Memorial Hospital Belleville
Memorial Medical Center
Menorah Medical Center
Mercy Hospital Springfield
Mercy Hospital St. Louis
MercyOne Siouxland Medical Center
Midwest Institute Minimally Invasive Therapies
Midwest Physician Alliance
Mosaic Life Care
Premier Vascular, LLC
Nebraska Medicine
Nebraska Methodist Hospital
NorthShore Hospital
Northwestern Medicine Central DuPage Hospital
Northwestern Memorial Hospital
OSF Saint Anthony Medical Center
OSF Saint Francis Medical Center
OSF St. Joseph Medical Center
Saint Luke's Hospital of Kansas City
SIH - Memorial Hospital of Carbondale
Southern Illinois University School of Medicine
SSM DePaul Health Center
SSM Saint Louis University Hospital
SSM St. Clare Health Center
SSM St. Joseph Health Center
SSM St. Mary's Health Center
St. Joseph Medical Center
St. Luke's Methodist Hospital
St. Anthony's Medical Center
Saint Luke's Episcopal Presbyterian Hospital
The Methodist Medical Center of Illinois Unity Point Health Des Moines
UnityPoint Health- Meriter Hospital
University of Chicago Medical Center
University of Iowa
University of Kansas Hospital Authority
University of Missouri Medical Center
Weiss Memorial Hospital
MercyOne Siouxland Medical Center

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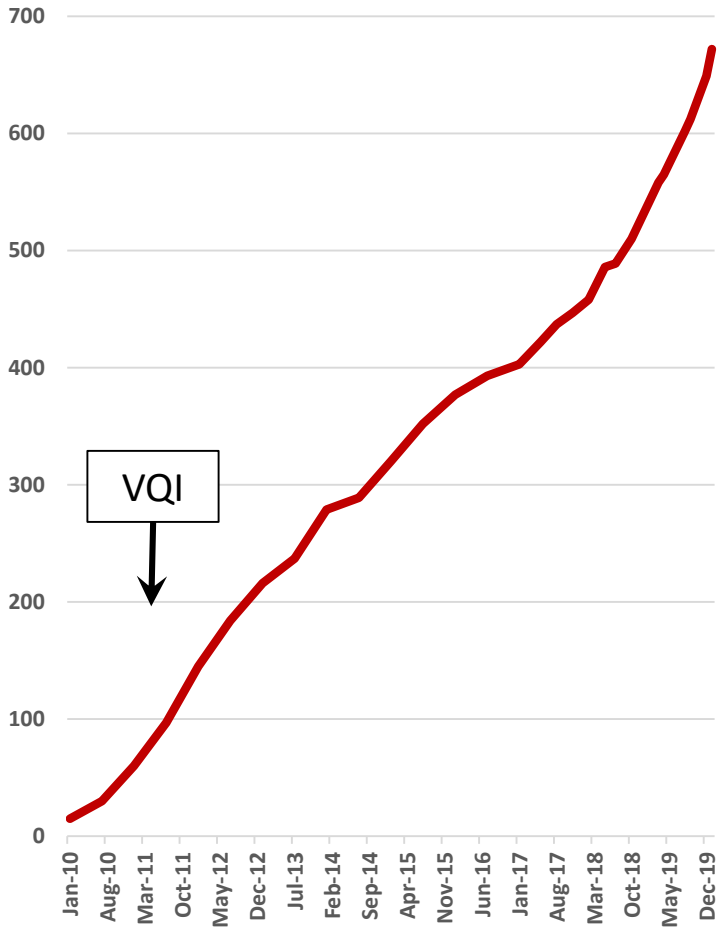
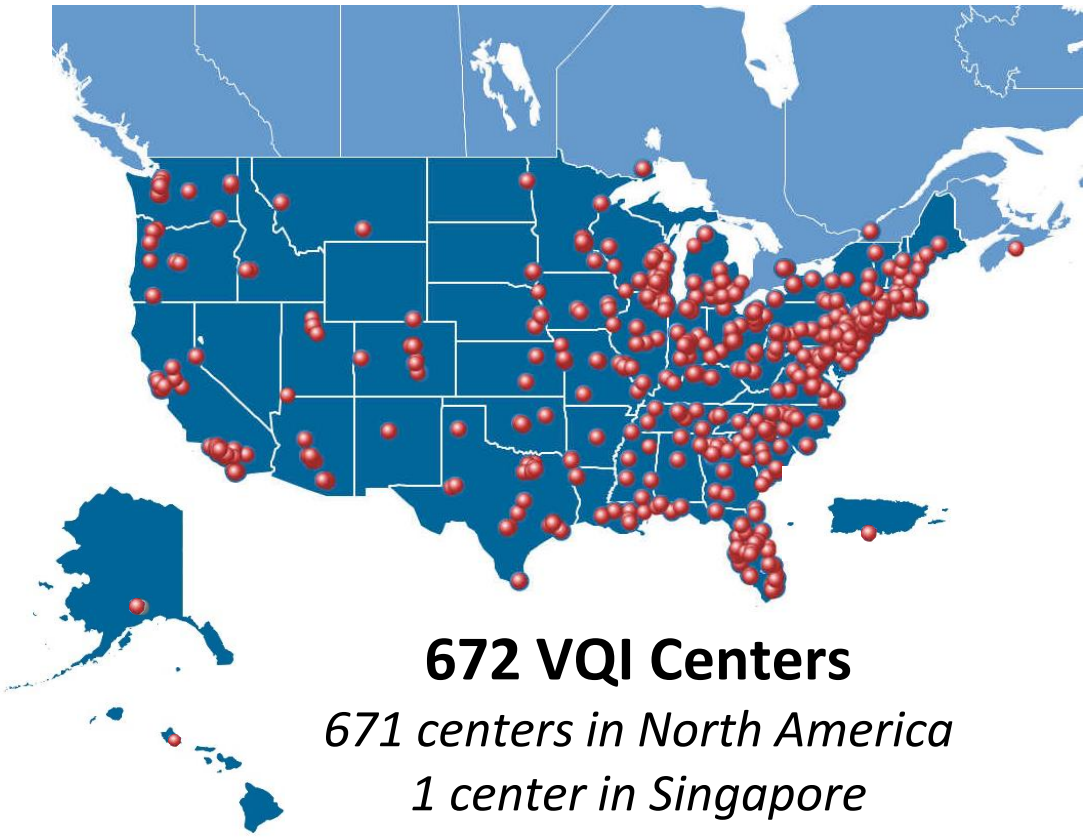
National VQI Update:
Cheryl Jackson, DNP, MS, RN, CNOR,CPHQ, SVS PSO Quality Director Vascular Quality Initiative

cjackson@svspso.org

Number of Participating Centers



Location of VQI Participating Centers



672 VQI Centers

671 centers in North America

1 center in Singapore

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Society for Vascular Medicine

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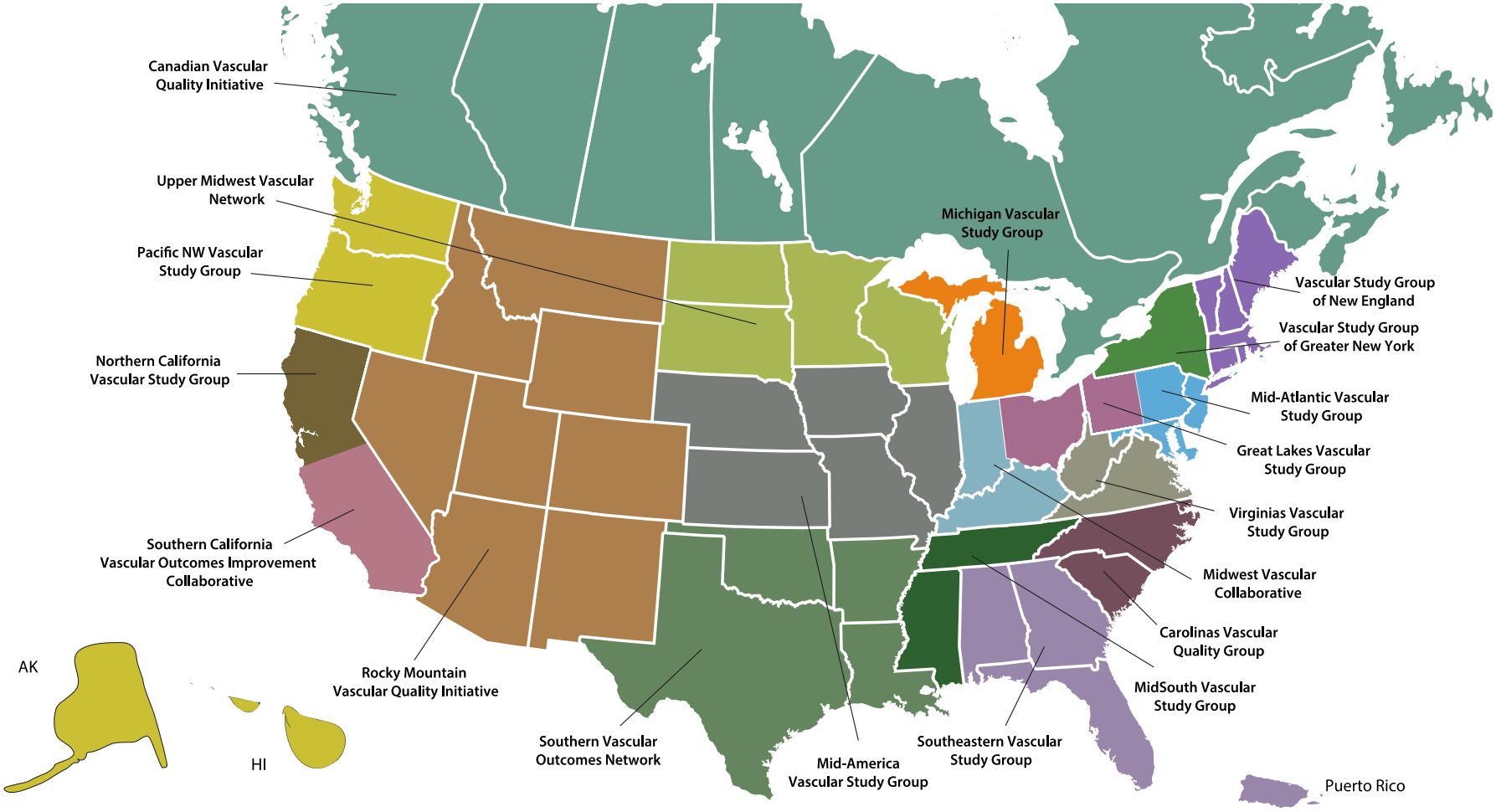
18 Regional Quality Groups



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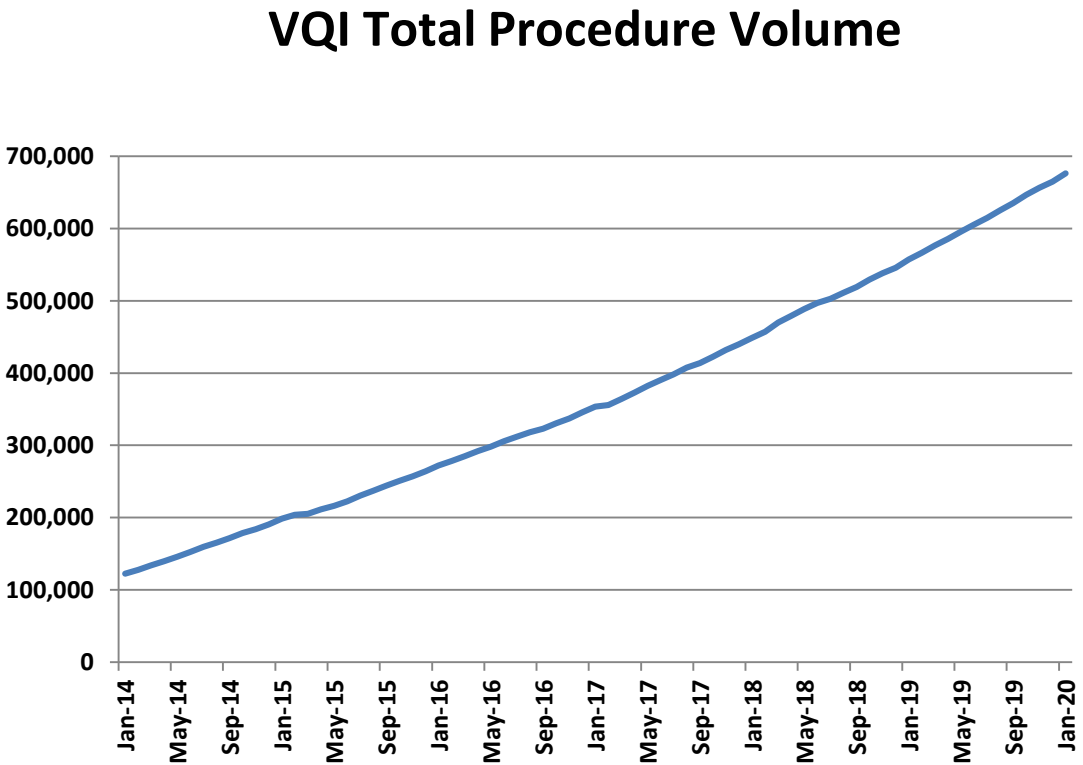
Total Procedures Captured (as of 2/1/2020)	676,488
Peripheral Vascular Intervention	217,925
Carotid Endarterectomy	135,443
Infra-Inguinal Bypass	58,742
Endovascular AAA Repair	54,637
Hemodialysis Access	53,786
Carotid Artery Stent	38,749
Varicose Vein	36,630
Supra-Inguinal Bypass	19,408
Thoracic and Complex EVAR	17,197
Lower Extremity Amputations	16,944
IVC Filter	13,721
Open AAA Repair	13,206



Total Procedure Volume tab reflects net procedures added to the registry for the month

VQI@VAM – LOOK FOR UPDATES

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Save the Date!

2020 VQI@VAM June 16 – 17, 2020 |VAM – June 17-20

Toronto Convention Center, Toronto, Ontario, Canada

June 16, 2020 12:00PM – 6:30PM*
June 17, 2020 8:00AM – 5:00PM

*Poster Presentation and Networking Reception – Tuesday, June 16th at 5:00PM to 6:30PM

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VQI@VAM

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Registration Information

Registration/housing will open in early March. The registration fee for VQI@VAM will be $295. Registrants will be asked to make Tuesday breakout selections at the time of registration. More details to come!

- If you are planning on attending, please be aware that all U.S. residents entering Canada will be required to travel with a valid passport.
- Your passport expiration date may not be within six months of your travel dates.
- For additional information (including passport requirements for international travelers), please visit the Canada Border Services Agency's website.

VQI@VAM DRAFT AGENDA

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June 16, 2020 12:00PM – 6:30PM

- Concurrent Abstraction Sessions: Team presentations (Data Managers and Physician)
- Poster/Networking Reception

June 17, 2020 8:00AM – 5:00PM

- Pathways Update by M2S
- Quality Improvement Presentations
- Registry Updates: Medicine, Stent, Ultrasound, Hemo, Infra/Supra and OAAA
- Compliance with CPGs: Claudication
- Reporting Update – Highlight new InSights Long-Term Follow-up reports
- Reporting and Statistics Overview: What's in your Regional Reports and Dashboards
- EMR Integration Updates
- Introduction of New PSO Staff – Kristopher, Caroline, Leka and Associate Medical Directors
- Paclitaxel and DELTA – Drs. Bertges and Resnic
- Benefits of Medicare-matched Data from VISION: EVAR – Dr. Goodney
- How to use the BDS and tips for creating a successful RAC application
- RAC Policies: Industry Studies, Device Identification and Data Use Agreements
- Rapid-Fire Research Session

Quality Improvement Activities

InSights EVAR LTFU REPORT:

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- Tested by selected sites
- To be rolled out to all sites soon
- Over time LTFU reports to be created for all registries

		My Region	*P =<	All VQI	*P =<.1
	(Patients = 52)	(Patients = 511)	(vs. Region)	(Patients = 7113)	(vs. AllVqi)
	(Cases = 52)	(Cases = 511)		(Cases = 7113)	
Follow-up					
Cases with any follow-up	0 %	13.9 % (71/511)	0.008	16.3 % (1160/7105)	0.003
Cases with LTFU >= 9 months	0 %	0.2 % (1/511)	1	0.4 % (30/7105)	1
Cases with LTFU >= 9 months and imaging	0 %	0.2 % (1/511)	1	0.2 % (14/7105)	1
Survival					
Freedom from Death (1yr K/M)	–	–	0.496	40.3% ± 5.4%	0.033

InSights EVAR LTFU REPORT:

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Status at most recent follow-up

Living Status					
Home	0 %	98.5 % (64/65)	–	98.2 % (1083/1103)	–
Homeless	0 %	0 %	< 0.001	0.1 % (1/1103)	–
Nursing Home	0 %	1.5 % (1/65)	–	1.7 % (19/1103)	–
New Nursing Home	0 %	1.5 % (1/65)	–	1.4 % (15/1103)	–
Functional Status					
Full	0 %	100.0 % (4/4)	0.046	58.6 % (109/186)	–
Light Work	0 %	0 %	0.046	30.1 % (56/186)	–
Self-care	0 %	0 %	0.046	5.9 % (11/186)	–
Assisted Care	0 %	0 %	0.046	5.4 % (10/186)	–
Bed Bound	0 %	0 %	0.046	0 %	< 0.001
Smoking					
Prior	0 %	75.0 % (3/4)	–	55.2 % (106/192)	–
Current	0 %	0 %	0.046	31.2 % (60/192)	–
Never	0 %	25.0 % (1/4)	–	13.5 % (26/192)	–
Quit Since Procedure	0 %	25.0 % (1/4)	–	7.3 % (14/192)	–
Started Since Procedure	0 %	0 %	0.046	1.6 % (3/192)	–
Renal Function					
New Onset Dialysis	0 %	0 %	0.046	1.6 % (3/191)	–
Creatinine increase > 0.5 mg/dl	0 %	0 %	0.317	2.7 % (2/74)	–

InSights EVAR LTFU REPORT:

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Medication					
Antiplatelet	0 %	75.0 % (3/4)	–	81.3 % (157/193)	–
Statin	0 %	50.0 % (2/4)	–	74.1 % (143/193)	–
Anticoagulant	0 %	25.0 % (1/4)	–	17.7 % (34/192)	–
Imaging at most recent follow-up					
None	100.0 % (18/18)	86.1 % (440/511)	0.178	83.7 % (5945/7105)	0.12
Among Patients having f/u					
None	0 %	25.0 % (1/4)	–	47.2 % (91/193)	–
CT/CTA	0 %	50.0 % (2/4)	–	42.5 % (82/193)	–
Duplex	0 %	25.0 % (1/4)	–	13.0 % (25/193)	–
MR/MRA	0 %	0 %	0.046	0.5 % (1/193)	–
Angio	0 %	0 %	0.046	0.5 % (1/193)	–
Plain film	0 %	0 %	0.046	0 %	< 0.001
Max AAA Diameter					
Shrinkage >= 5mm	0 %	0 %	0.157	27.0 % (27/100)	–
No Change >= 5mm	0 %	100.0 % (2/2)	0.157	64.0 % (64/100)	–
Expansion >= 5mm	0 %	0 %	0.157	9.0 % (9/100)	–

InSights EVAR LTFU REPORT:

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Complications

Access Site					
None	0 %	100.0 % (4/4)	0.046	97.4 % (186/191)	–
Infection	0 %	0 %	0.046	2.1 % (4/191)	–
Pseudoaneurysm	0 %	0 %	0.046	0 %	< 0.001
Stenosis	0 %	0 %	0.046	0 %	< 0.001
Occlusion	0 %	0 %	0.046	0.5 % (1/191)	–
Access Complication Treatment Required					
None	0 %	0 %	–	0 %	0.025
Medical	0 %	0 %	–	100.0 % (5/5)	0.025
Interventional	0 %	0 %	–	0 %	0.025
Surgical	0 %	0 %	–	0 %	0.025
Graft Limb Occlusion					
None	0 %	100.0 % (3/3)	0.083	95.1 % (97/102)	–
Unilateral	0 %	0 %	0.083	4.9 % (5/102)	–
Bilateral	0 %	0 %	0.083	0 %	< 0.001

InSights EVAR LTFU REPORT:

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Renal Artery Encroachment					
None	0 %	100.0 % (3/3)	0.083	98.0 % (100/102)	–
Stenosis	0 %	0 %	0.083	2.0 % (2/102)	–
Occlusion	0 %	0 %	0.083	0 %	< 0.001
Endoleak, current					
None	0 %	66.7 % (2/3)	–	83.2 % (84/101)	–
Type Ia	0 %	33.3 % (1/3)	–	1.0 % (1/101)	–
Type Ib	0 %	0 %	0.083	1.0 % (1/101)	–
Type II	0 %	0 %	0.083	13.9 % (14/101)	–
Type IIIa	0 %	0 %	0.083	0 %	< 0.001
Type IIIb	0 %	0 %	0.083	0 %	< 0.001
Indeterminate	0 %	0 %	0.083	1.0 % (1/101)	–
Endoleak, any time since treatment					
None	0 %	66.7 % (2/3)	–	83.2 % (84/101)	–
Type Ia	0 %	33.3 % (1/3)	–	1.0 % (1/101)	–
Type Ib	0 %	0 %	0.083	1.0 % (1/101)	–
Type II	0 %	0 %	0.083	13.9 % (14/101)	–
Type IIIa	0 %	0 %	0.083	0 %	< 0.001
Type IIIb	0 %	0 %	0.083	0 %	< 0.001
Indeterminate	0 %	0 %	0.083	1.0 % (1/101)	–

InSights EVAR LTFU REPORT:

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Re-intervention

Re-interventions					
Re-intervention required	0%	2.8 % (2 / 71)	–	1.3 % (15 / 1163)	–
Freedom from Re-intervention (1yr K/M)	–	–	1	86.1% ± 4.8%	0.263
Indication					
Sac growth	0 %	0 %	0.157	7.1 % (1/14)	–
Endoleak	0 %	100.0 % (2/2)	0.157	28.6 % (4/14)	–
Migration	0 %	0 %	0.157	0 %	< 0.001
Occlusion	0 %	0 %	0.157	42.9 % (6/14)	–
Stenosis	0 %	0 %	0.157	0 %	< 0.001
Rupture	0 %	0 %	0.157	0 %	< 0.001
Graft infection	0 %	0 %	0.157	7.1 % (1/14)	–
Other	0 %	0 %	0.157	21.4 % (3/14)	–
Re-intervention Type					
New graft/stent	0 %	50.0 % (1/2)	–	62.5 % (5/8)	–
Balloon existing device	0 %	0 %	0.157	12.5 % (1/8)	–
Embolization	0 %	0 %	0.157	25.0 % (2/8)	–
Anchors	0 %	50.0 % (1/2)	–	12.5 % (1/8)	–
Bypass	0 %	0 %	0.157	0 %	0.005
Abdominal surgery	0 %	0 %	0.157	0 %	0.005
Other	0 %	50.0 % (1/2)	–	12.5 % (1/8)	–

VQI NATIONAL INITIATIVES:

- **EVAR: LTFU Imaging Sac Diameter**
  - How do we move the bar?
- **Discharge Medications: Statin and Antiplatelet**
- Other suggestions for National QI Initiatives?

2019 QUALITY IMPROVEMENT

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- Thirty seven charters submitted
  - LTFU – 9 (EVAR Imaging, IVCF, general LTFU)
  - D/C Medications – 20
  - Clinical – 3 (LOS, limb salvage)
  - Documentation – 5 (ABIs, Frailty project, ABIs – QOL)
- Focused phone calls were well attended
- Four QI webinars with presentations from five data managers!

IVC FILTER REPORT: Are you using this?

- The IVC Filter Retrieval Report is a tool to identify IVC Filter procedures which require filter removal.
- If an IVC Filter procedure recorded the use of a temporary filter, the procedure will be listed on the report as requiring filter retrieval.
- If a follow-up form has been created recording either that the filter has been retrieved, attempt at retrieval, or the decision was made not to retrieve it, then the procedure will be excluded from the report.

AUTOMATED EMAIL NOTIFICATION SYSTEM: Are you using this?

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- Launched by VQI August 2017
- Sites can set up reminders to be automatically sent for all temporary filters
- 30, 60, 90 day reminders
- Ability to send to anyone
  - Physician
  - Office Staff

2020 Participation Award Criteria

Approved by the SVS PSO Executive Board

There are changes in the 2020 Participation Award Criteria that is posted on the SVS VQI web site in great detail and also explained thru a Webinar.

Specific questions can be addressed to Cheryl Jackson at cjackson@svspso.org

Participation Awards

Participating centers can earn up to three stars based on actions that lead to better patient care, including:

1. **The completeness of long-term, follow-up reporting, based on the percentage of patients for whom they have at least nine months of follow-up data.**

2. **Physician attendance at semi-annual meetings of a regional quality group.**

3. **Initiation of quality improvement activities based on VQI data.**

4. **Number of vascular registries in which the center participates.**

MARKETING YOUR PARTICIPATION AWARD

- PSO limitations
  - Not allowed to publicly report any outcomes data, which is the primary reason we have a Participation Award and not a Quality/Outcomes Award
  - The Participation Award is linked to critical activities that show a center's commitment to quality improvement and patient engagement, but the award is not and cannot be referenced as an indicator directly tied to quality of care
  - Cannot be used for competitive marketing purposes
  - We provide a standard press release when the awards are released
  - Each site now receives a Participation Award certificate for 1, 2, and 3 star recipients. 3 star recipients receive award at regional/national meeting. 1 & 2 start recipients get a PDF file sent to the center's lead physician and lead data manager.
  - This is a Participation Award and should not be interpreted or positioned as a direct indicator of the Quality of Care provided by your institution
  - Data from the SVS VQI/SVS PSO can never be used for punitive purposes

MAVSG 3 STAR AWARD RECIPIENTS 2019

- MercyOne Des Moines Medical Center
- Northwestern Memorial Hospital
- OSF Saint Francis Medical Center

QI PROJECT DETAILS

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- For general inquiries about the Participation Awards, please contact Cheryl Jackson at cjackson@svspso.org
- 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 webinars and presentations on VQI Quality Improvement Projects. www.vqi.org

RELEASE OF REGISTRY UPDATES:

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- **Hemodialysis Access Revisions:** Q3 2019
- **NEW Venous Stent Registry:** Q3 2019
- **Varicose Vein:** Released in Q1 2020
- **NEW Vascular Medicine Registry:** Q1 2020 (collaboration with SVM and AHA)
- **2020 Planned Revisions:**
  - Infra, Supra
  - Open AAA (adding thoracoabominal)

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2020 PUSH REPORT SCHEDULE:

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Deliverable	Data Cut
Regional Reports	
Spring 2020	1-Feb-20
Fall 2020	1-Jul-20
Center Dashboards	
Fall 2019	1-Sep-19
Winter 2019	1-Dec-19
Cumulative	1-Dec-19
Spring 2020	1-Mar-20
Summer 2020	1-Jun-20
Fall 2020	1-Sep-20
Quarterly QI Reports (DC meds/EVAR Imaging)	
2019, Report 3	1-Oct-19
2020, Report 1	1-Apr-20
2020, Report 2	1-Jul-20
2020, Report 3	1-Oct-20
Participation Awards	1-Feb-20

RELEASE OF REGISTRY UPDATES:

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PACLITAXEL, MORTALITY, AND VQI

December, 2018 - Katsanos meta-analysis reported increased mortality with Paclitaxel devices at 2-5 years

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

SCIENTIFIC OVERSIGHT COMMITTEE

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Jens Eldrup-Jorgensen, MD	Maine Medical
Daniel Bertges, MD	UVMMC
Fred Resnic, MD	Lahey
Michel Matheny, MD, MS, MPH	Vanderbilt
Misti Malone, PhD	US FDA
Danica Maric-Dabic, MD, PhD, MMSc	US FDA
Aaron Lottes, PhD, MBA	Cook Medical
Joshua Smale, BS	BD Bard

PACLITAXEL, MORTALITY, AND VQI

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Society for Vascular Surgery Patient Safety Organization Surveillance of Paclitaxel Mortality in the Vascular Quality Initiative

Daniel Bertges, MD, Jens Eldrup-Jorgensen, MD, Fred Resnic, MD, et.al.

Full details about the study are available at clinicaltrials.gov under the identifier NCT04110288.

YOUR DATA MATTERS!

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Society for Vascular Surgery Patient Safety Organization Surveillance of Paclitaxel Mortality in the Vascular Quality Initiative

Authors: Daniel Bertges, MD, Jens Eldrup-Jorgensen, MD, Fred Resnic, MD, et.al.

In December, 2018, a meta-analysis of randomized trials of paclitaxel devices for the treatment of femoral-popliteal disease reported higher 2 and 5 year mortality in patients treated with paclitaxel devices.1 These findings were subsequently validated by an FDA analysis – a potentially concerning signal of increased long-term mortality in study subjects treated with paclitaxel-coated products compared to patients treated with uncoated devices prompting 3 letters of notification to providers. For further information please see the 3 prior FDA communications and the executive summary of the June 2019 Circulatory System Devices Panel Meeting.2-5

In response to this mortality signal, the Society for Vascular Surgery Patient Safety Organization has conducted surveillance of mortality in the Vascular Quality Initiative Peripheral Vascular Intervention registry. The analysis was conducted in collaboration with Dr. Fred Resnic at the Lahey Clinic using Data Extraction and Longitudinal Trend Analysis (DELTA), a risk adjusted software application designed for signal detection in clinical registries. Full details about the study are available at clinicaltrials.gov under the identifier NCT04110288.

PACLITAXEL ON-GOING WORK:

- In conjunction with RAPID
  - MDEpiNet Registry Assessment of Peripheral Interventional Devices
- Two additional studies planned
  - Lead by Dr. Bertges and Dr. Jorgensen
  - Prospective DELTA analysis
    - Lahey Clinic Data Extraction and Longitudinal Trend Analysis
    - Active surveillance for early signal detection
  - VISION Medicare claims match analysis
    - MDEpiNet Vascular Implant Surveillance and Interventional Outcomes Network
    - Claims linkage allows long term follow up

Research Advisory Council

Ryan Nicholas Nolte, MD

Dr. Nolte is leaving us to take a new position in Atlanta. We can not thank him enough for his leadership in our region as the Research Chairman and wish him continued success!!!
Shortly we will send out a survey to see who would like to be considered for this open position.

Relevant to the content of this educational activity, I do not have any relationships with commercial interest companies to disclose.

CHANGE IN RAC POLICIES!

- Policy on RAC Requests Related to Industry Studies
- Policy on Product Identification for approved RAC Requests
- Conflict of Interest Policies Revised based on these new Policies
- All posted on the VQI Web Site

NATIONAL RESEARCH PROCESS

SVS | VQI

Proposal Submissions

June 2020

Call for Proposals:	April 14, 2020
Due Date:	May 18, 2020
Meeting:	June 8, 2020
Notification Sent:	June 12, 2020

August 2020

Call for Proposals:	June 9, 2020
Due Date:	July 20 , 2020
Meeting:	August 10, 2020
Notification Sent:	August 14, 2020

RAC UPDATE - REMINDER

- No Restriction of data release based on similar projects; collaboration is encouraged
- Only 1 refresh of data within 24 months of initial approval
- Industry related projects need to collaborate with the steering committee/s (i.e. TCAR)
  - Review policy and industry charters on the web
- Product Identification Policy: review on the web before submitting proposal

NATIONAL RESEARCH PROCESS

SVS | VQI

Check Approved Project List

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

To submit a proposal to be considered for the National RAC, please follow the link below:
http://abstracts123.com/svs1/meetinglogin

Arterial Quality Council

Trissa Babrowski, MD

tbabrows@surgery.bsd.uchicago.edu

Relevant to the content of this educational activity, I do not have any relationships with commercial interest companies to disclose.

AQC:

- Opioid Workgroup is formed and charged with putting forth recommendations on how the VQI can be used to track, monitor and benchmark opioid utilization. Pilot planned with Infra.

- Continued refinement to Global Unique Device Identification Database (GUDID) integration in PVI

- Initiating Future Registry Updates
  - Harmonizing Common Variables across all registries
  - Updating Infra/Supra Registries
  - Updating OAAA

AQC:

SVS | VQI

- Structured Notes: use the structured note as a standard for all providers, hospitals, EMR's, societies, registries to be used as a template
  - Collaborative Workgroup: SVS, STS, SNIS, ACS, Vascunet, SVS document oversight committee, SVS clinical practice council SVS, EPIC, Cerner, Medstreaming/M2S - technology partner
  - Pilot Project: brief operative note for carotid endarterectomy

PATIENT REPORTED OUTCOMES (PRO)

SVS | VQI

- Patient reported outcomes for PAD increasingly recognized as a valuable measure of our patient care
- VQI developing a plan to provide patient reported data to members
- VQI and SVS committees have recommended Vascu-Qol 6 (VQ6) and EQ5D
- Exploring options for PAD PRO implementation
  - Least burdensome
  - Ideally direct from patient
  - Multi-modal collection (mobile, PC)

Venous Quality Council
Ravi Hasanadka, MD

Ravishankar.hasanadka@osfhealthcare.org

Relevant to the content of this educational activity, I do not have any relationships with commercial interest companies to disclose.

VENOUS QUALITY COUNCIL

SVS | VQI

- Council Transition
  - Dr. Marc Passman new Chair for 2020

- Continued Interest from United Healthcare on collaborating on Appropriateness for Ablations. Could eliminate the need for pre-authorizations.

Venous Quality Council:

- Venous Stent Registry Launched October 2019
- Contact VQI@M2S.com to join the registry!

FORMATION OF THE VENOUS RAC:

SVS | VQI

- Nicholas Osborne, MD – Chair

- Regional Members:
  - Pacific Northwest: Mark H Meissner, MD
  - Michigan: Judith C Lin, MD, MBA
  - SoCal: NavYash Gupta, MD
  - New York: Mikel Sadek, MD
  - Great Lakes: Fedor Lurie, MD, PhD, RPVI, RVT
  - VSGNE: Anahita Dua, MD
  - Southeastern: Jaime Benarroch-Gampel, MD, MS
  - Virginia's: David J. Dexter, II, MD

- AVF Appointed members:
  - Jose A Diaz, MD
  - Faisal Aziz, MD

- Two at large appointments
  - Marc Passman, MD
  - Jose Almeida, MD

Venous Quality Council:

- Venous Stent Registry Launched October 2019
- Contact VQI@M2S.com to join the registry!

MAVSG NEEDS YOU!!!!!

- We are still looking for a volunteer for the Venous RAC committee from our region.
- To serve on this committee you must participate in the Venous Registry or the new Venous Stent Registry so you are very familiar with these registries variables.
- If interested please contact Cynthia Bik at cbik@iowaheart.com or Nancy Heatley at nheatley@svspso.org

Governing Council
David Chew MD / James Ebaugh, MD

dchew@iowaheart.com
jebaugh@iowaheart.com

Relevant to the content of this educational activity, I do not have any relationships with commercial interest companies to disclose.

GC MEETING AT VEITH 2019:

- Approved New RAC Policies
  - DUA updated: data can only be shared with individuals directly accountable to the Primary Investigator
  - Non-VQI members cannot have access to VQI BDS
  - Expedited RAC review process
    - Score >= 2.7 w/o special requests automatically approved
    - Score <=1.7 automatically rejected or requests for modifications

GC MEETING AT VEITH 2019, cont

- Regional RAC Policies:
  - SVS PSO staff will review to ensure all regional studies have at least 3 centers with greater than 10 procedures
  - Regions cannot apply for product identification; only considered at National RAC

REGIONAL REPORTS:

SVS | VQI

Ebaugh / Chew, MD

Vascular Quality Initiative Regional Quality Report

Notes:

1) In all reports, regional data are not shown if the region does not have at least 3 centers with at least 10 cases meeting inclusion criteria for each outcome in the applicable registry.

2) In "by Center" bar charts, unless noted, data are not shown for centers with <10 cases and for regions with <3 centers.

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

4) This report includes all data that had been entered into the VQI as of January 31, 2020.

Dashboard

SVS | VQI

Dashboard

The table below summarizes your center's results as presented in each of the subsequent reports and provides regional and national benchmarks for comparison. In the "Your Center" column, percentages represent the rate of cases with the noted outcome. Numbers in parentheses are the number of cases with the outcome/the total number of cases meeting the exclusio criteria (see the full report for details). In the "Region" and "VQI" columns, the numbers represent the 25th, 50th (median) an 75th percentiles for centers in your region and across all centers in the VQI.

Your center's results are highlighted in green if your center is at or above the top 25th percentile nationally, in yellow if your center is among the middle 50% of centers, and in red if at or below the bottom 25th percentile.

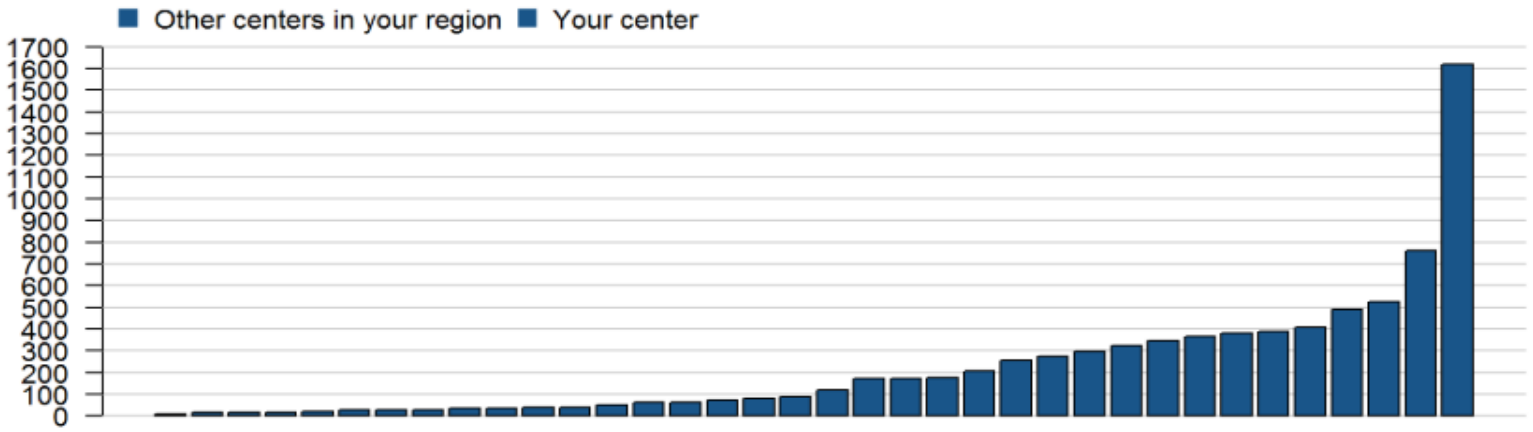
Registry	Outcome	Your Center % (n/N)	Your Region [25p|50p|75p]	VQI Overall [25p|50p|75p]
All	**Total Procedure Volume**		[18 | 64 | 281]	[25 | 105 | 268]
Multiple (Jan-Dec 2017)	**Long-Term Follow-Up**		[57% | 70% | 88%]	[47% | 73% | 88%]
Multiple	**Discharge Medications**		[86% | 92% | 100%]	[79% | 87% | 95%]
AVACCESS	**Primary AVF vs. Graft**		[78% | 85% | 91%]	[77% | 88% | 93%]
Transfemoral CAS	**Stroke/Death in Hospital**		[0% | 0% | 0%]	[0% | 0% | 0%]
TCAR	**Stroke/Death in Hospital**		[0% | 0% | 0%]	[0% | 0% | 0%]
CEA	**Asymptomatic Stroke/Death in Hospital**		[0% | 0% | 0%]	[0% | 0% | 0%]
CEA	**Symptomatic Stroke/Death in Hospital**		[0% | 0% | 0%]	[2% | 0% | 0%]
CEA	**Asymptomatic LOS>1 Day**		[28% | 19% | 11%]	[30% | 19% | 11%]
CEA	**Symptomatic LOS>1 Day**		[33% | 27% | 13%]	[40% | 25% | 12%]
EVAR	**LOS>2 Days**		[13% | 5% | 0%]	[16% | 9% | 0%]
EVAR (Jan-Dec 2017)	**Sac Diameter Reported at LTFU**		[63% | 74% | 85%]	[37% | 66% | 79%]
INFRA	**Major Complications**		[10% | 0% | 0%]	[7% | 2% | 0%]
IVCF (Jul 2018-Jun 2019)	**Filter Retrieval**		[28% | 47% | 63%]	[0% | 7% | 42%]
LEAMP	**Postop Complications**		[17% | 16% | 11%]	[16% | 10% | 5%]
OAAA	**In-Hospital Mortality**		NA (<3 centers)	[6% | 0% | 0%]
PVI	**ABI/Toe Pressure Reported**		[81% | 87% | 95%]	[67% | 85% | 94%]
SUPRA	**Postop Complications**		NA (<3 centers)	[6% | 0% | 0%]
TEVAR (Jan-Dec 2017)	**Sac Diameter Reported at LTFU**		[41% | 50% | 60%]	[28% | 60% | 77%]
EVAR	**SVS Sac Size Guideline**		[62% | 70% | 75%]	[62% | 71% | 83%]
OAAA	**Cell-Saver Guideline**		NA (<3 centers)	[95% | 100% | 100%]
OAAA	**Iliac Inflow Guideline**		NA (<3 centers)	[100% | 100% | 100%]

Total Procedure Volume, All Years

Includes all procedures with surgery date through December 31, 2019.

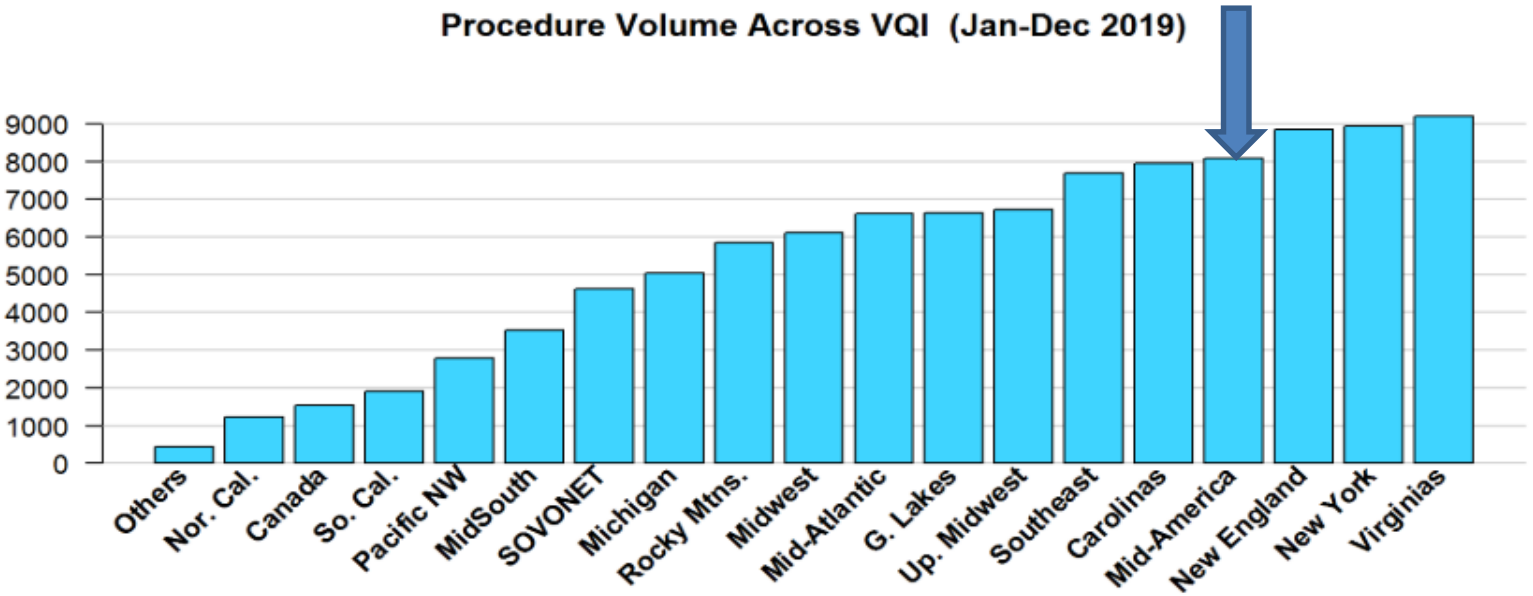
	Your Center (N)	Your Region (N)	VQI Overall (N)
AVACCESS		2878	51328
CAS		3461	37113
CEA		6994	133761
EVAR		2453	52772
INFRA		2527	56834
IVCF		802	13425
LEAMP		729	16216
OAAA		581	13039
PVI		13071	211916
SUPRA		956	18661
TEVAR		796	16002
Varicose Veins		NA (<3 centers)	37051
Overall		39228	658118

Procedure Volume by Center in Your Region (Jan-Dec 2019)



Centers (centers with <10 cases not shown)

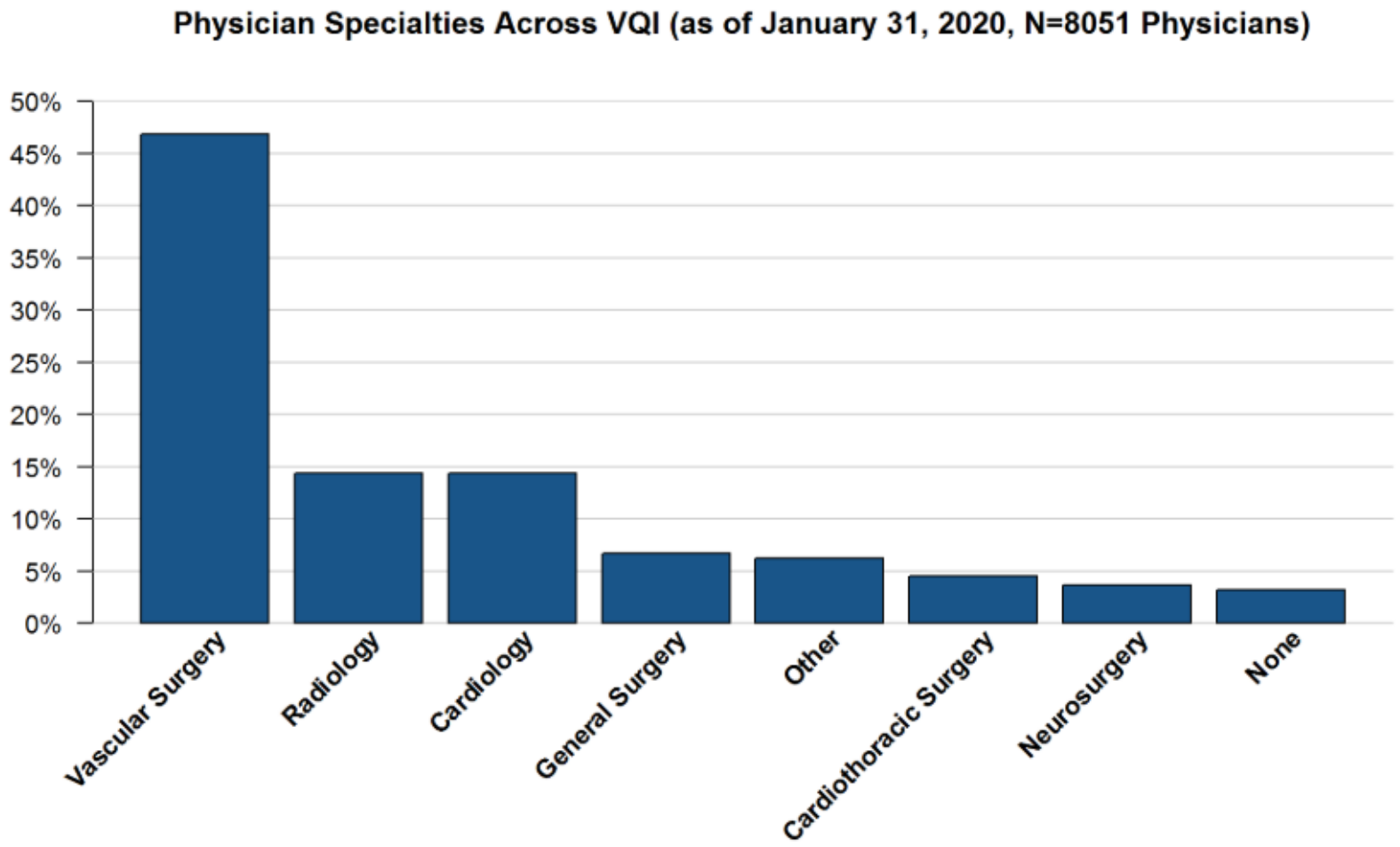
Procedure Volume Across VQI (Jan-Dec 2019)

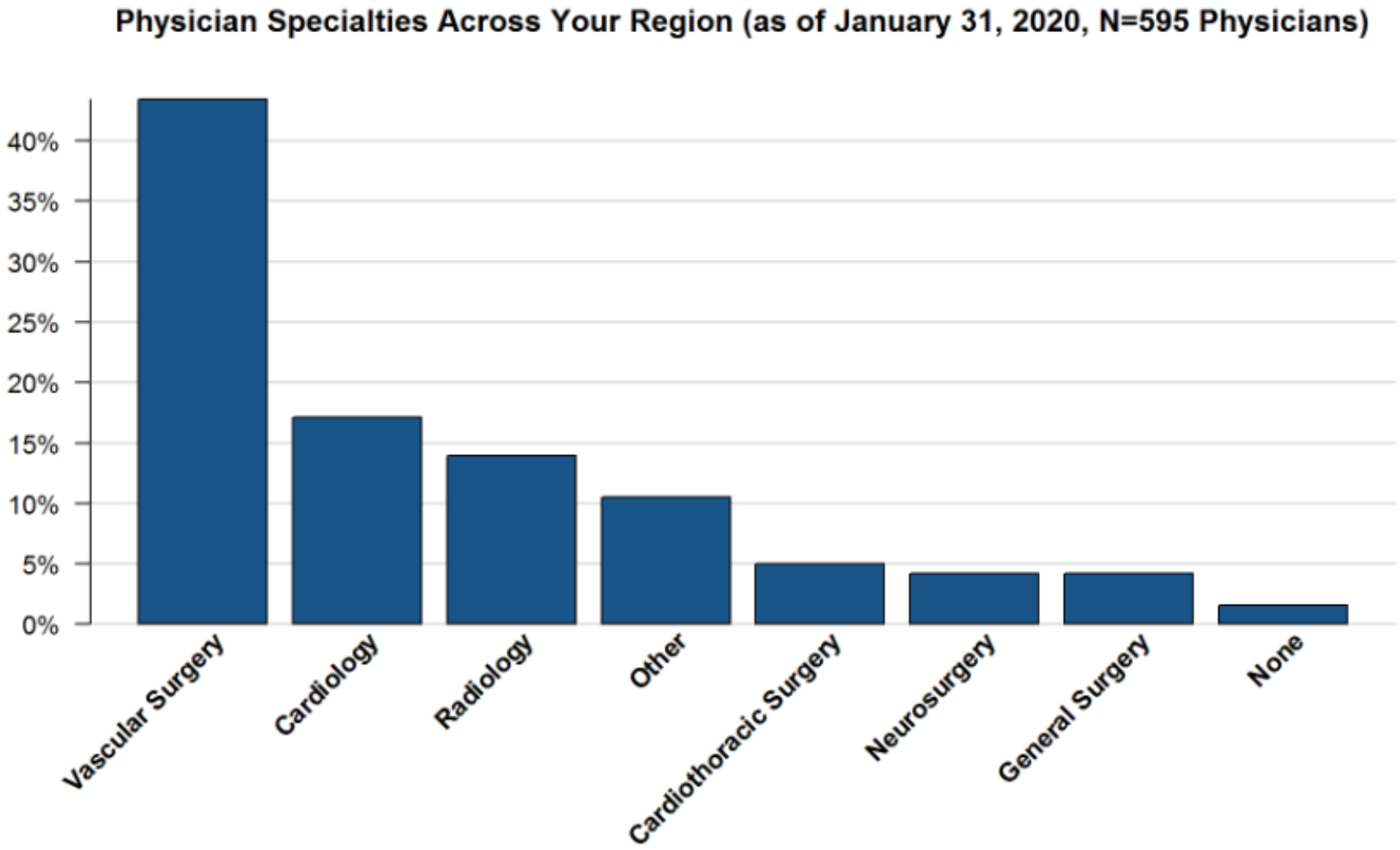


Regions (regions with <3 centers with at least 10 cases not shown)

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

Physician Specialties by Region




Physician Specialties Across Your Region (as of January 31, 2020, N=595 Physicians)
40%
35%
30%
25%
20%
15%
10%
5%
0%
Vascular Surgery
Cardiology
Radiology
Other
Cardiothoracic Surgery
Neurosurgery
General Surgery
None

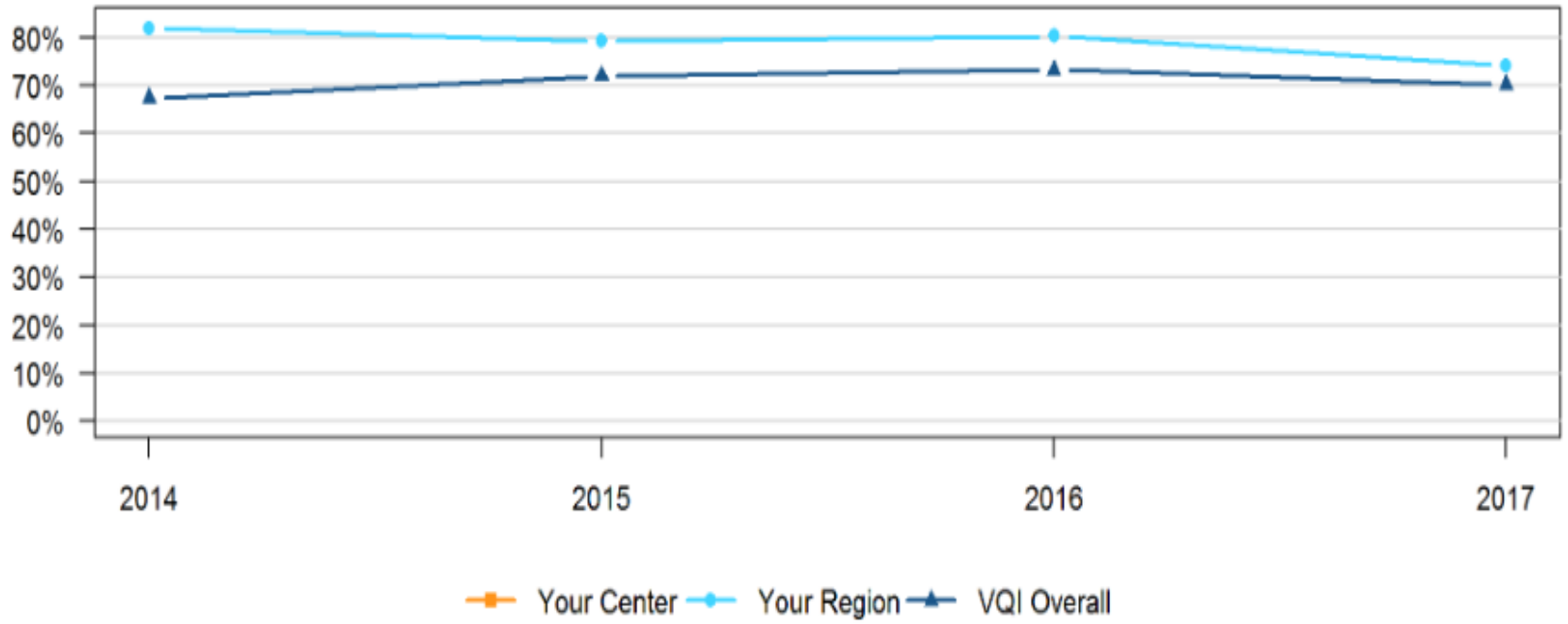
Percentage of Procedures With Follow-Up Within 9-21 Months

Procedures performed between January 1 and December 31, 2017

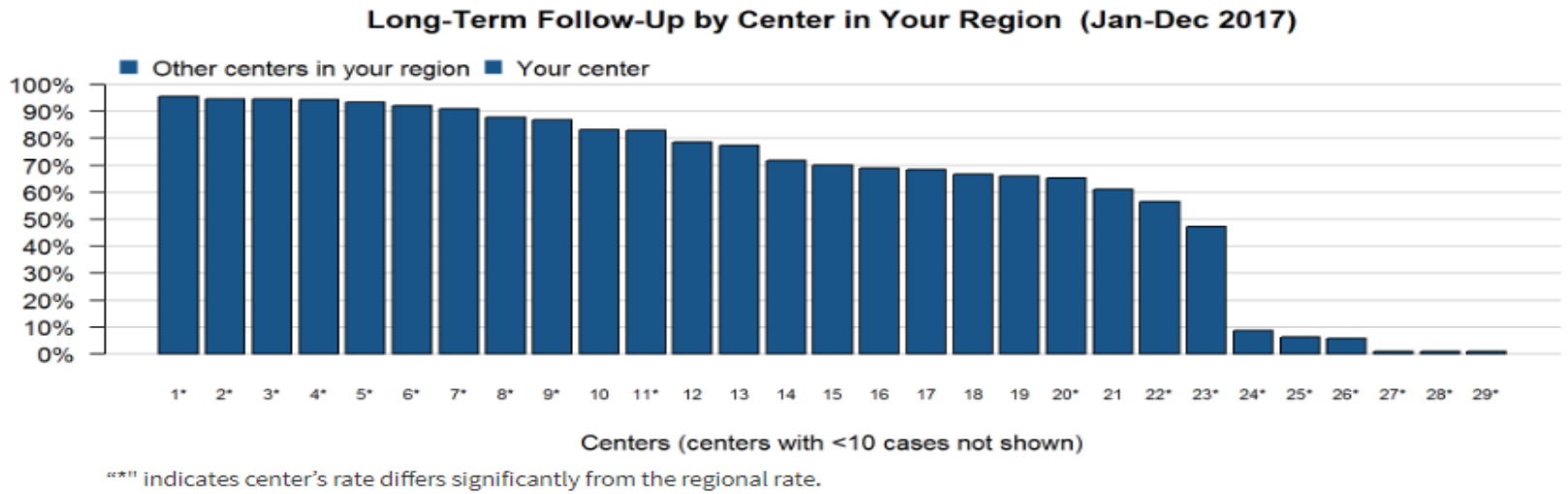
Data for this report include all cases with surgery date between January 1 and December 31, 2017, that had been entered into the VQI as of January 31, 2020. The table below shows the number of procedures in the VQI, and the percentage of those procedures with long-term follow-up.

	Your Center	Your Region	VQI Overall
AVACCESS		413 (54%)	7940 (58%)
CAS		611 (59%)	5307 (65%)
CEA		1025 (73%)	18275 (72%)
EVAR		410 (84%)	7199 (72%)
INFRA		425 (77%)	7643 (72%)
IVCF		196 (94%)	2362 (69%)
LEAMP		168 (41%)	2807 (59%)
OAAA		68 (87%)	1277 (74%)
PVI		2125 (80%)	29157 (74%)
SUPRA		145 (70%)	2352 (69%)
TEVAR		161 (78%)	2418 (66%)
Overall (Jan-Dec 2017)		5747 (74%)	86737 (70%)
Overall (Jan-Dec 2016)		4805 (80%)	75316 (73%)

Percentage With Long-Term Follow-Up by Year

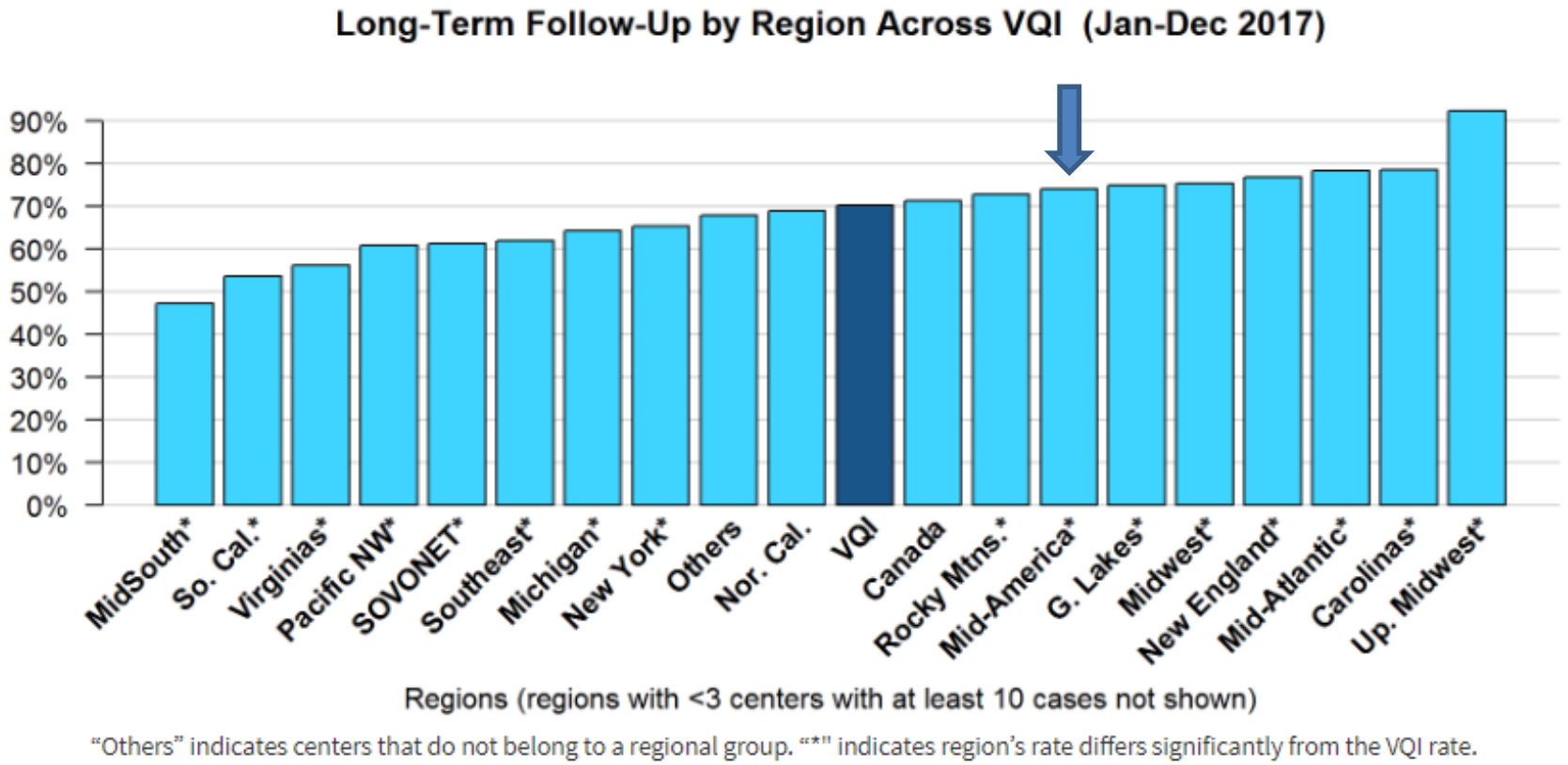


Regional data are not shown for the region with <3 centers with at least 10 cases.



Legend for LTFU by Center Graphic

Num.	Medical Center Name
1	OSF Saint Francis Medical Center
2	OSF St. Joseph Medical Center
3	NorthShore Hospital
4	MercyOne Des Moines Medical Center
5	OSF Saint Anthony Medical Center
6	Central DuPage Hospital
7	Northwestern Memorial Hospital
8	Carle Foundation Hospital
9	SSM Health St. Joseph Hospital - St. Charles
10	Memorial Hospital of Carbondale
11	University of Chicago Medical Center
12	NA
13	University of Kansas Hospital Authority
14	University of Missouri Medical Center
15	Nebraska Medicine
16	University of Iowa Hospitals and Clinics
17	SSM Health St. Clare Hospital - Fenton
18	Mercy Hospital St. Louis
19	Columbia Surgical Services, Inc.
20	SSM Health DePaul Hospital - St. Louis
21	UnityPoint Health Des Moines
22	Saint Luke's Hospital of Kansas City
23	Mercy Hospital Springfield
24	St. Luke's Methodist Hospital
25	Southern Illinois University School of Medicine
26	SSM Health Saint Louis University Hospital
27	Barnes Jewish Hospital
28	Flint Hills Heart, Vascular, Vein Clinic, LLC
29	Saint Luke's Episcopal Presbyterian Hospital



"Others" indicates centers that do not belong to a regional group. "*" indicates region's rate differs significantly from the VQI rate.

Discharge Medications

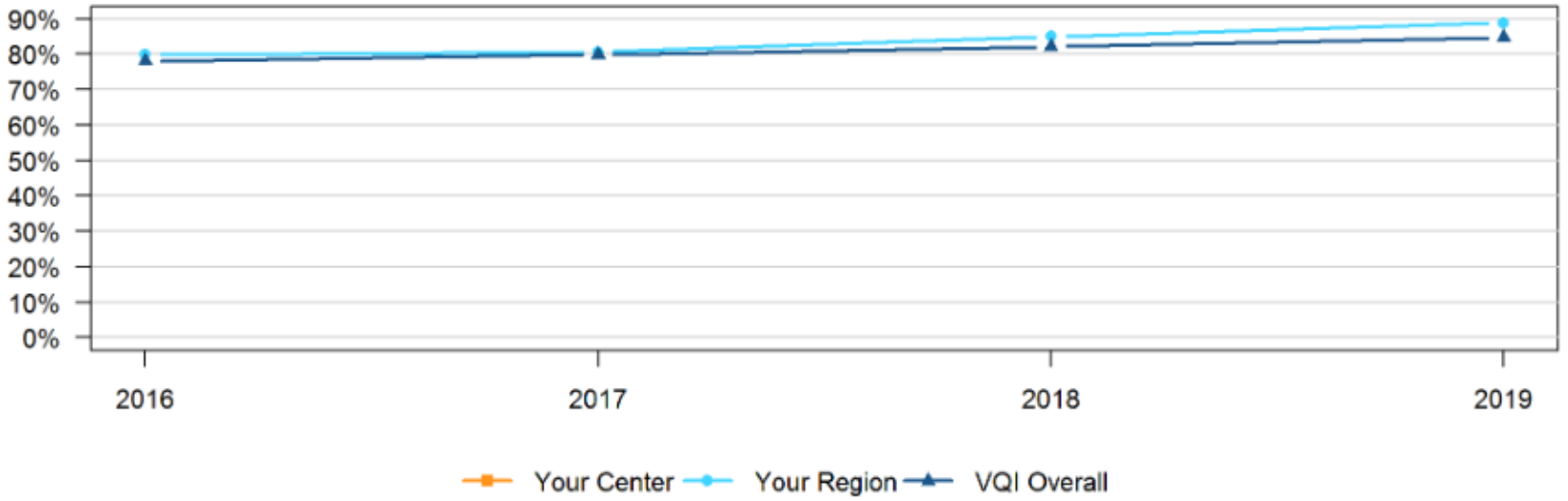
Procedures performed between January 1 and December 31, 2019

Excludes patients who died in hospital and patients who were not treated for medical reason. “Antiplatelet” is defined as ASA or P2Y12 inhibitor.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of procedures in the VQI, and the percentage of patients receiving discharge medications.

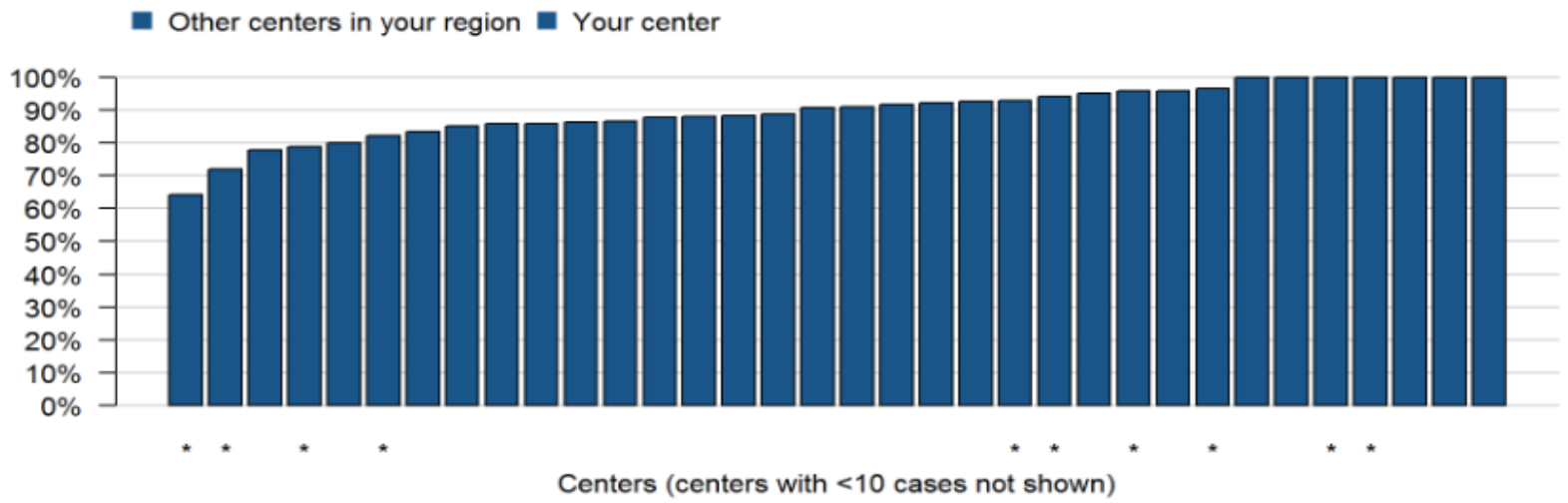
	Number of Procedures at Your Center	Antiplatelet+Statin	Antiplatelet Only	Statin Only	Neither
CAS					
CEA					
EVAR					
INFRA					
LEAMP					
OAAA					
PVI					
SUPRA					
TEVAR					
Your Center Overall					
Your Region Overall	5802	89%	8%	2%	1%
VQI Overall	82204	85%	9%	4%	2%

Percentage Receiving Discharge Antiplatelet+Statin by Year



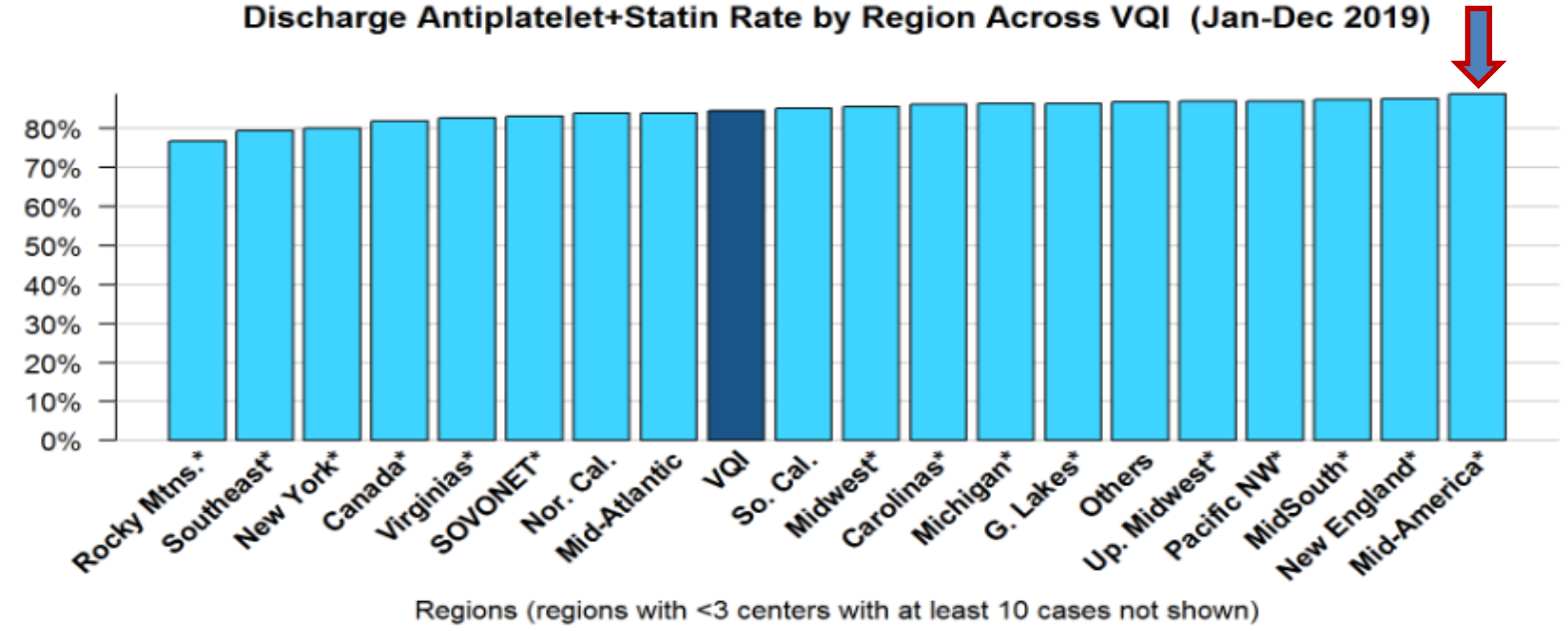
Regional data are not shown for the region with <3 centers with at least 10 cases.

Discharge Antiplatelet+Statin Rate by Center in Your Region (Jan-Dec 2019)



"*" indicates center's rate differs significantly from the regional rate.

Discharge Antiplatelet+Statin Rate by Region Across VQI (Jan-Dec 2019)



"Others" indicates centers that do not belong to a regional group. "*" indicates region's rate differs significantly from the VQI rate.

Hemodialysis Access: Percentage of Primary AVF vs. Graft

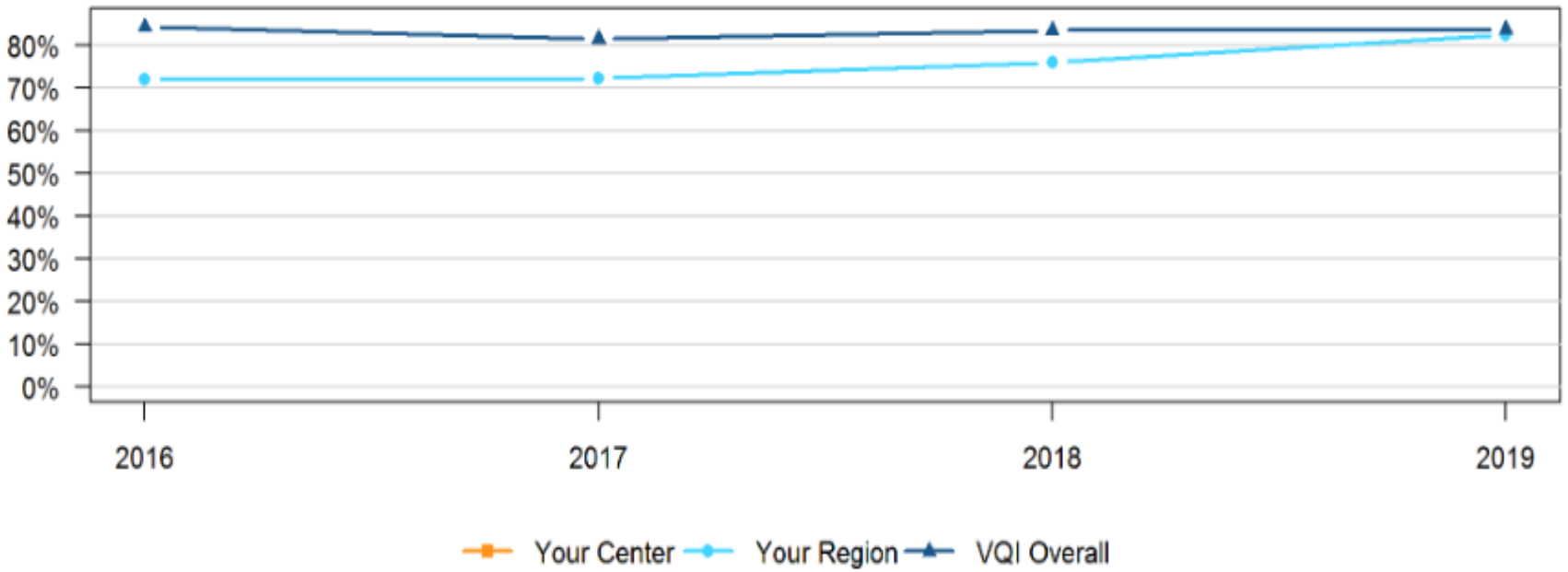
Procedures performed between January 1 and December 31, 2019

Excludes patients with previous access procedure in the same arm.

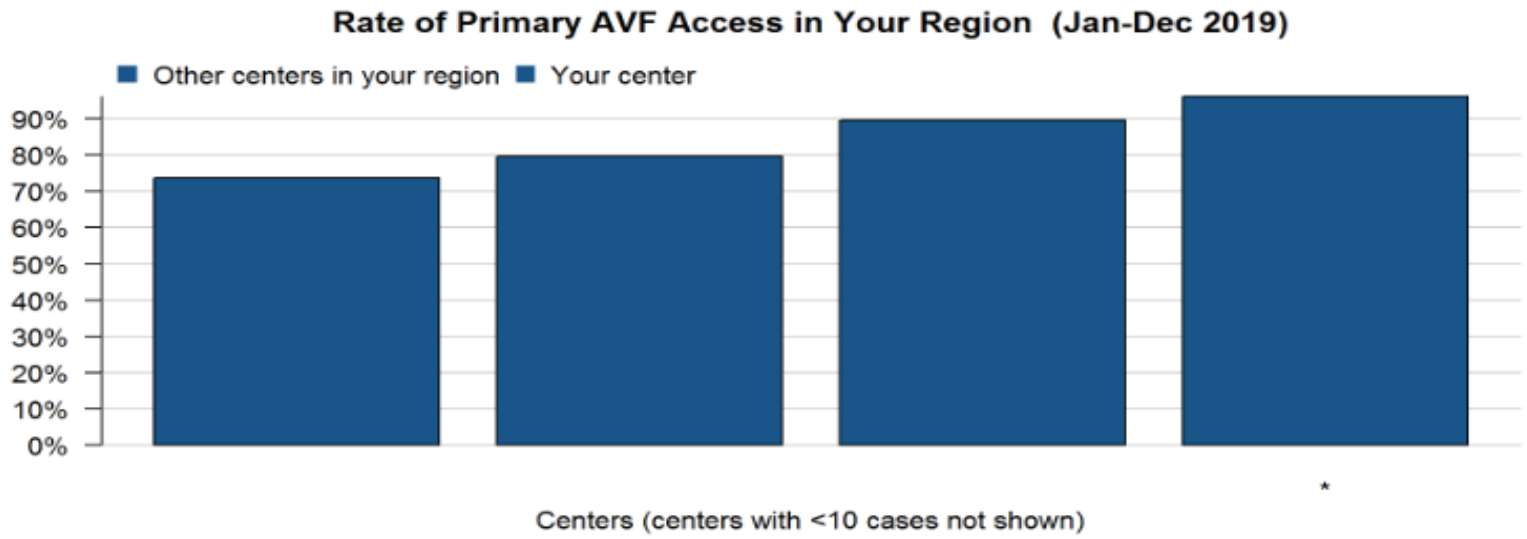
Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of access procedures meeting the inclusion criteria in the VQI, and the percentage of those cases that were AVF vs. graft. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

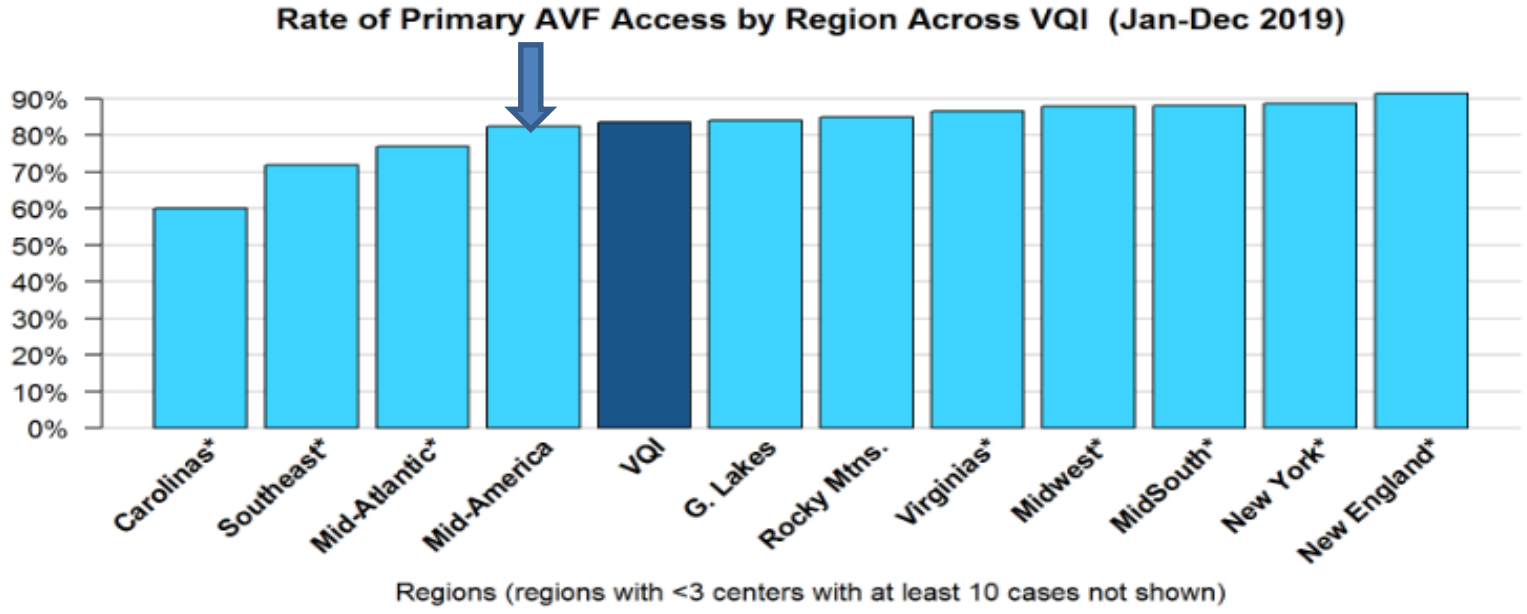
	Your Center	Your Region	VQI Overall
Number of access procedures meeting inclusion criteria		204	5411
Percentage with primary AVF		82%	84%

Rate of Primary AVF Access by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.


Rate of Primary AVF Access in Your Region (Jan-Dec 2019)
Other centers in your region
Your center
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
*
Centers (centers with <10 cases not shown)
"*" indicates center's rate differs significantly from the regional rate.


Rate of Primary AVF Access by Region Across VQI (Jan-Dec 2019)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Carolinas*
Southeast*
Mid-Atlantic*
Mid-America
VQI
G. Lakes
Rocky Mtns.
Virginias*
Midwest*
MidSouth*
New York*
New England*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" indicates region's rate differs significantly from the VQI rate.

Transfemoral Carotid Artery Stent: Stroke or Death in Hospital

Procedures performed between January 1 and December 31, 2019

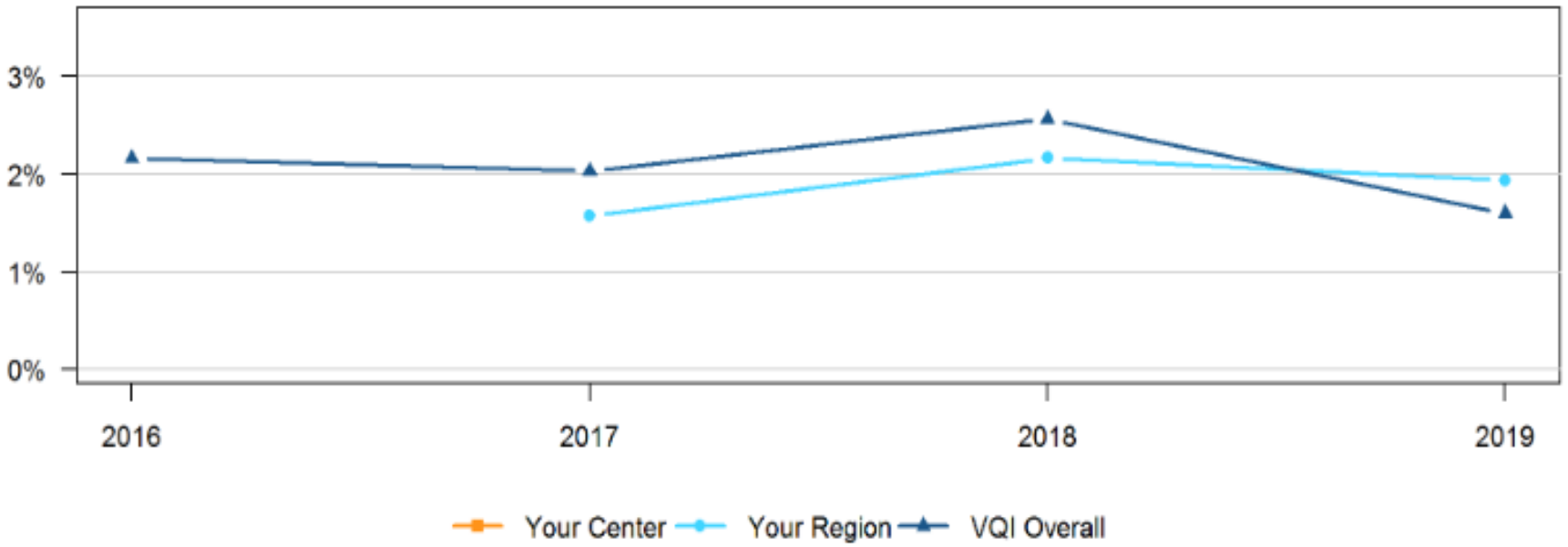
Asymptomatic admissions, excluding prior ipsilateral CAS, CAS for intracranial treatment and dissection, trauma and "other" lesion types. Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within 120 days prior to surgery. Procedures with an approach other than "Femoral" are also excluded.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of Transfemoral CAS procedures meeting the inclusion criteria in the VQI, and the observed and expected rates of stroke or death in hospital for those cases. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

	Your Center	Your Region	VQI Overall
Number of Transfemoral CAS procedures meeting inclusion criteria		155	1504
Observed rate of stroke or death among procedures meeting inclusion criteria		1.9%	1.6%
Number of procedures with complete data*		142	1394
Observed rate of stroke or death among cases with complete data		2.1%	1.5%
Expected rate of stroke or death among cases with complete data*		1.6%	NA
P-value for comparison of observed and expected rates		0.5	NA

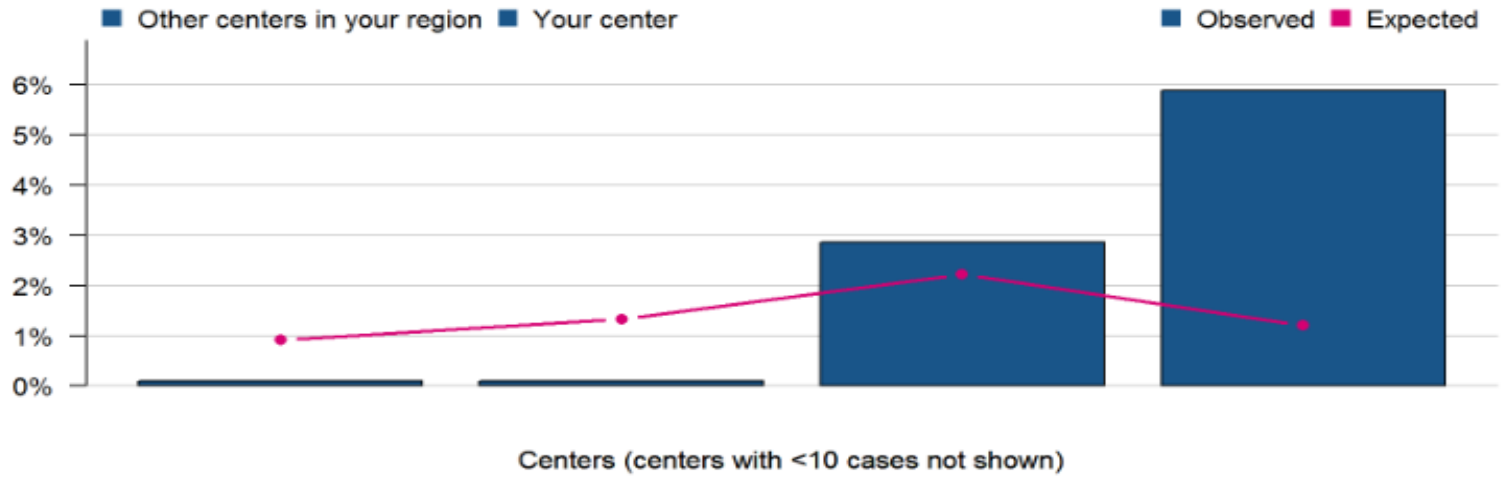
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of In-Hospital Stroke or Death After Transfemoral CAS by Year



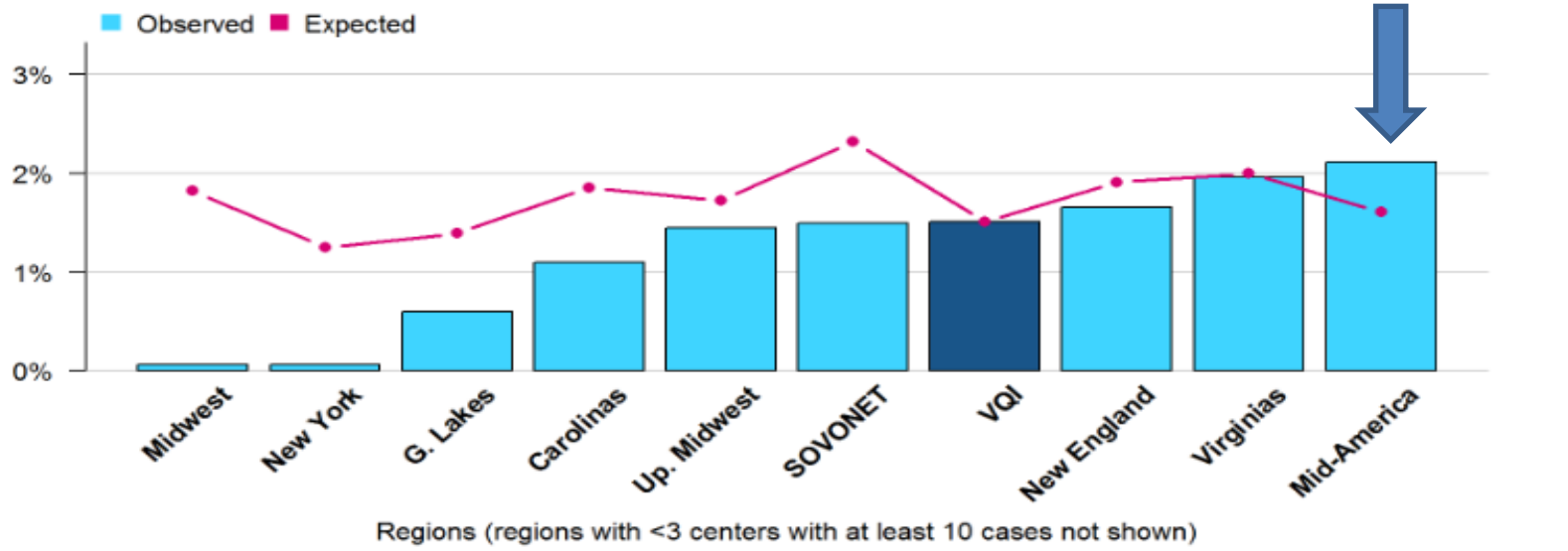
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of In-Hospital Stroke or Death After Transfemoral CAS in Your Region (Jan-Dec 2019)



"*" indicates center's observed rate differs significantly from its expected rate.

Rate of In-Hospital Stroke or Death After Transfemoral CAS by Region Across VQI (Jan-Dec 2019)



"*" indicates region's observed rate differs significantly from its expected rate.

TransCarotid Artery Revascularization: Stroke or Death in Hospital

Procedures performed between January 1 and December 31, 2019

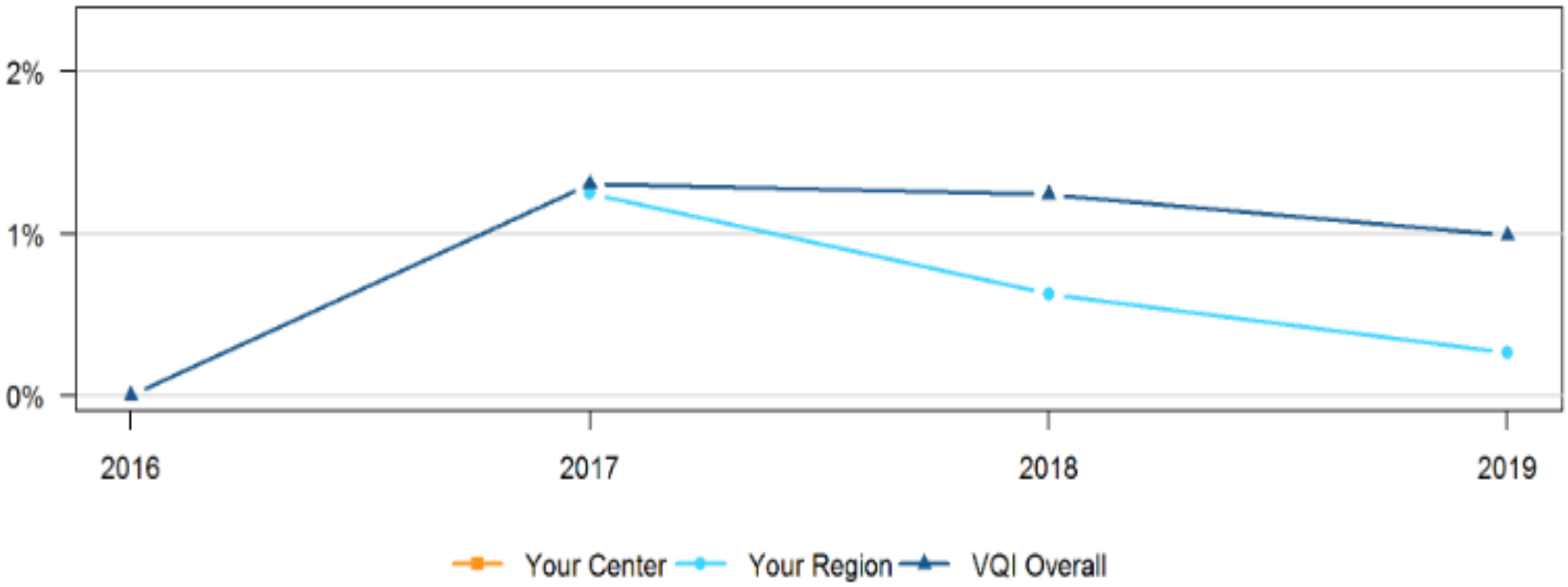
Asymptomatic admissions, excluding prior ipsilateral CAS, CAS for intracranial treatment and dissection, trauma and "other" lesion types. Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within 120 days prior to surgery.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of TCAR procedures meeting the inclusion criteria in the VQI, and the observed and expected rates of stroke or death in hospital for those cases. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		374	3543
Observed rate of stroke or death among procedures meeting inclusion criteria		0.3%	1%
Number of procedures with complete data*		350	3358
Observed rate of stroke or death among cases with complete data		0.3%	1%
Expected rate of stroke or death among cases with complete data*		1%	NA
P-value for comparison of observed and expected rates		0.28	NA

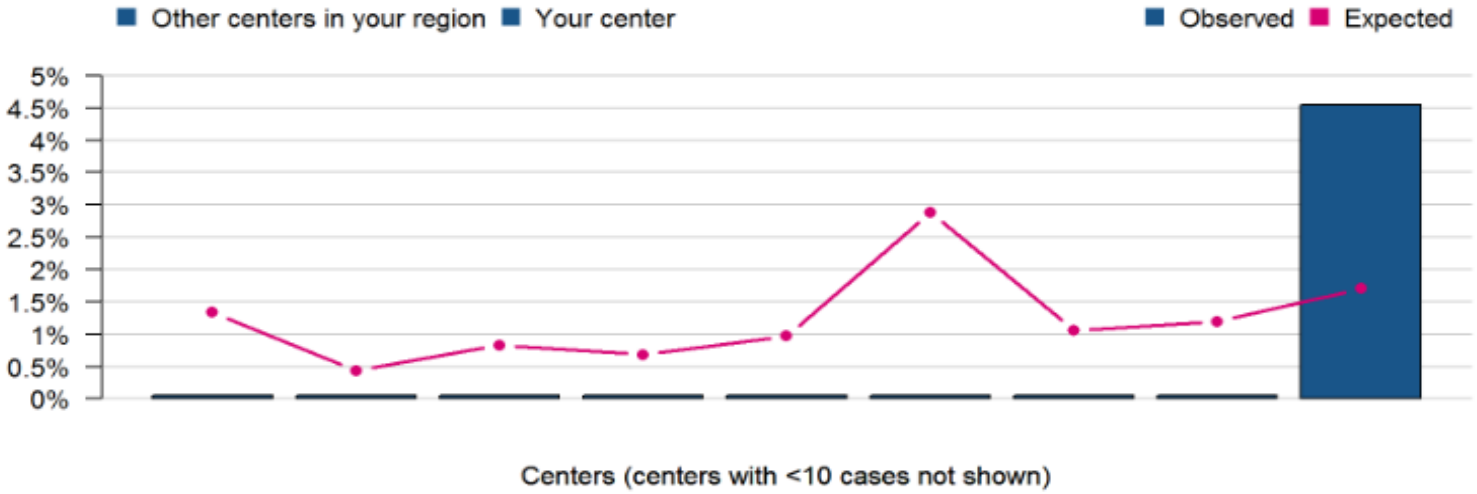
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of In-Hospital Stroke or Death After TCAR by Year



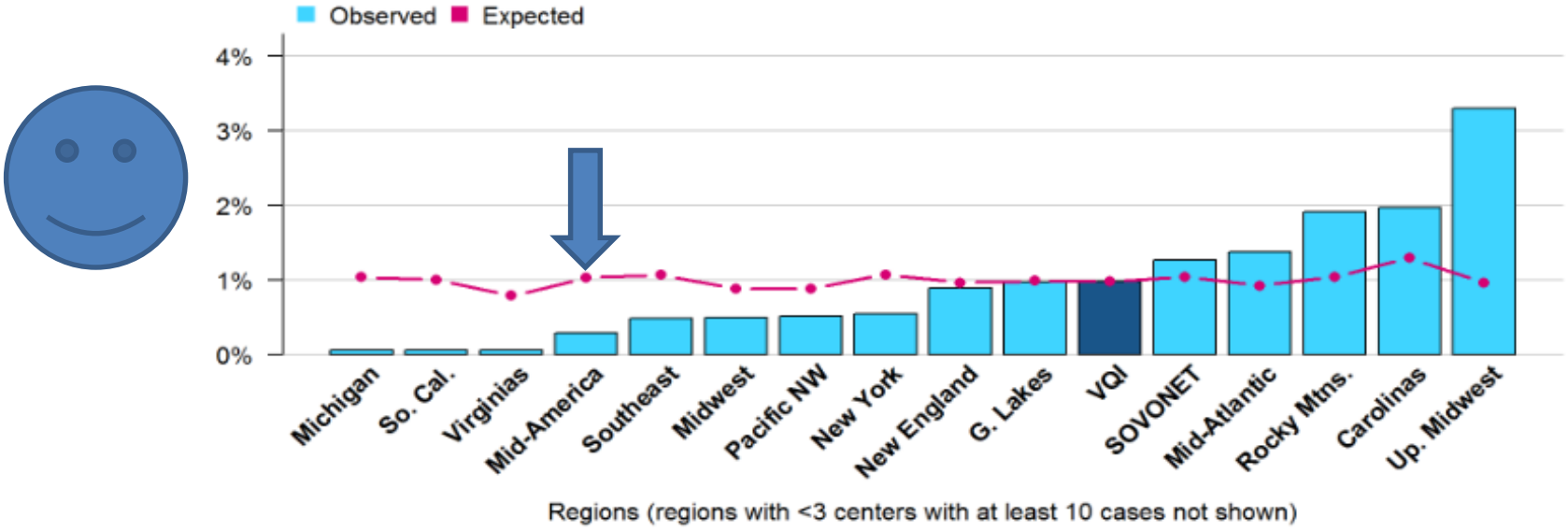
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of In-Hospital Stroke or Death After TCAR in Your Region (Jan-Dec 2019)



"*" indicates center's observed rate differs significantly from its expected rate.

Rate of In-Hospital Stroke or Death After TCAR by Region Across VQI (Jan-Dec 2019)



"*" indicates region's observed rate differs significantly from its expected rate.

Carotid Endarterectomy: Asymptomatic Stroke or Death in Hospital

Procedures performed between January 1 and December 31, 2019

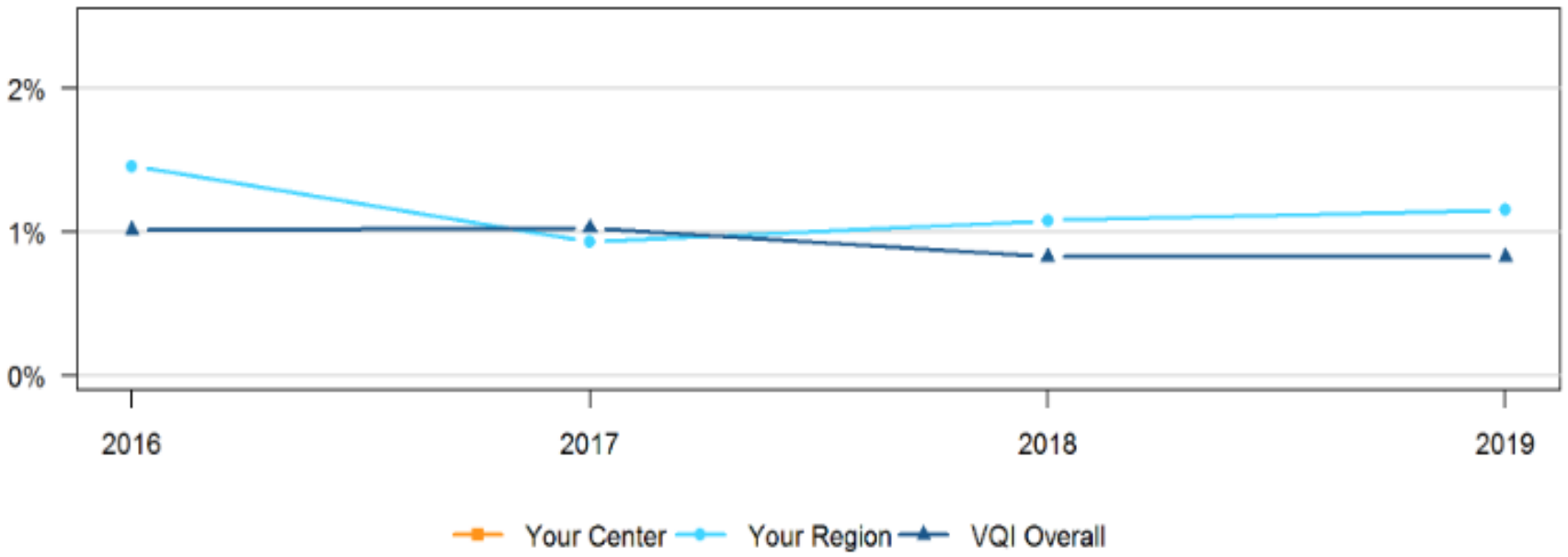
Asymptomatic admissions, excluding prior ipsilateral CEA and concomitant CABG, endovascular or other arterial procedure. Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within 120 days prior to surgery.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of CEA Asymptomatic procedures meeting the inclusion criteria in the VQI, and the observed and expected rates of stroke or death in hospital for those cases. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

	Your Center	Your Region	VQI Overall
Number of Asymptomatic CEA procedures meeting inclusion criteria		695	10775
Observed rate of stroke or death among procedures meeting inclusion criteria		1.2%	0.8%
Number of procedures with complete data*		673	10302
Observed rate of stroke or death among cases with complete data		1.2%	0.8%
Expected rate of stroke or death among cases with complete data*		0.9%	NA
P-value for comparison of observed and expected rates		0.42	NA

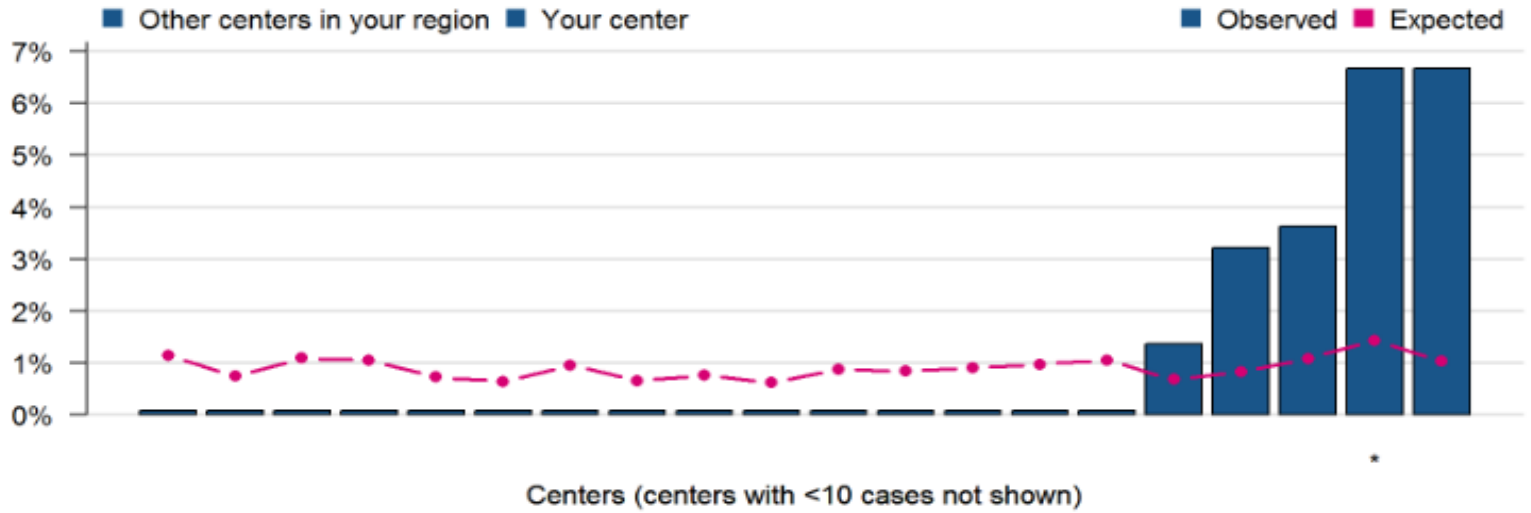
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of Asymptomatic Stroke or Death in Hospital After CEA by Year



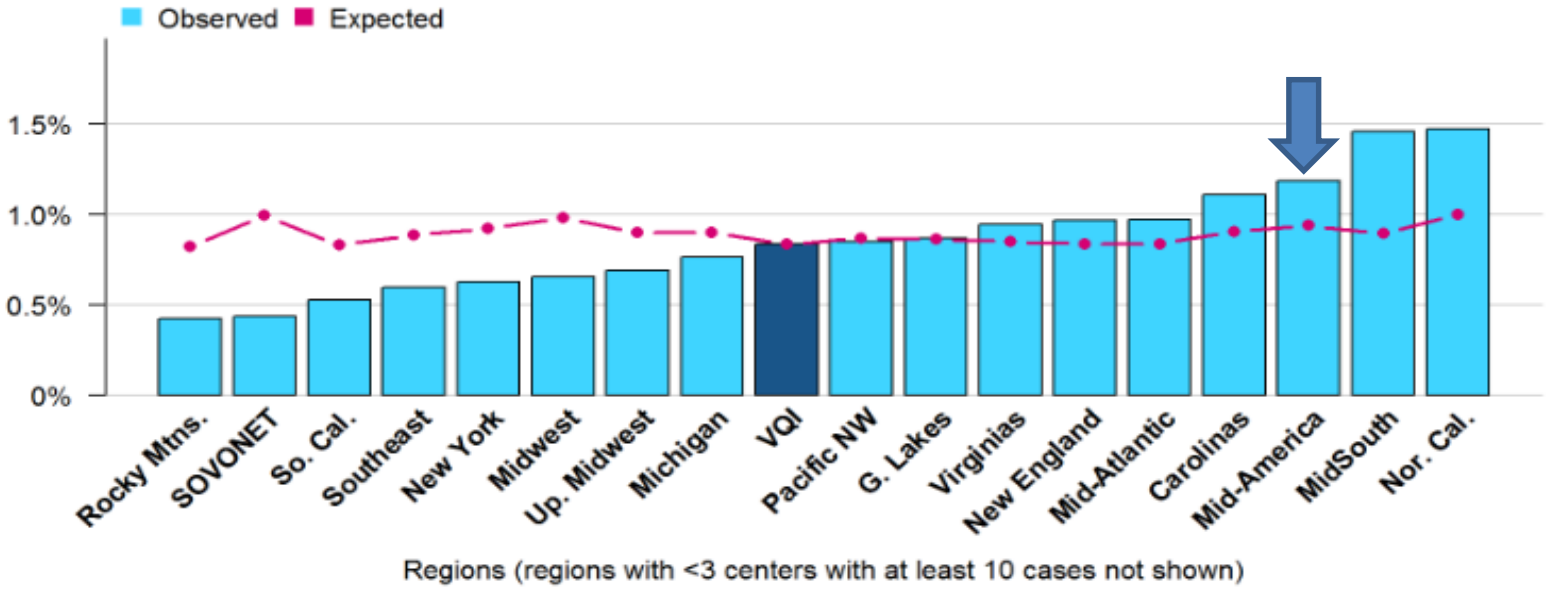
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of Asymptomatic Stroke or Death in Hospital After CEA in Your Region (Jan-Dec 2019)



"*" indicates center's observed rate differs significantly from its expected rate.

Rate of Asymptomatic Stroke or Death in Hospital After CEA by Region Across VQI (Jan-Dec 2019)



"*" indicates region's observed rate differs significantly from its expected rate.

Carotid Endarterectomy: Symptomatic Stroke or Death in Hospital

Procedures performed between January 1 and December 31, 2019

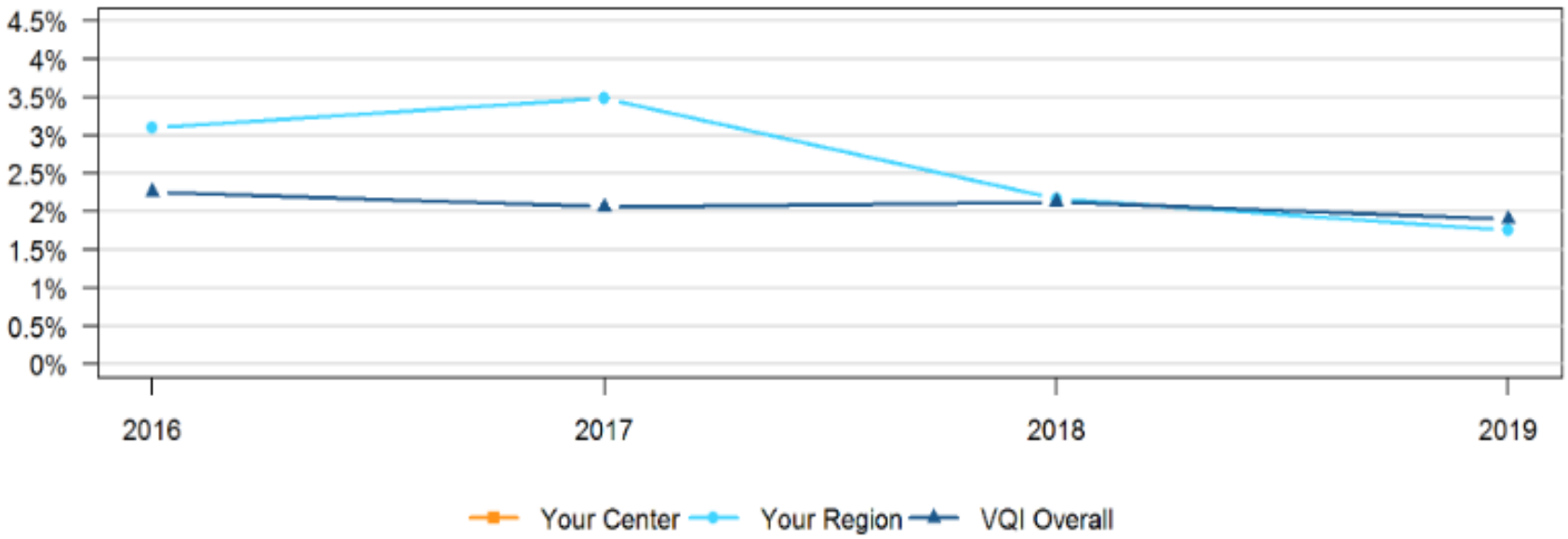
Symptomatic admissions, excluding prior ipsilateral CEA and concomitant CABG, endovascular or other arterial procedure. Symptomatic patients are those who had an ipsilateral or contralateral TIA or stroke within 120 days prior to surgery.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of CEA Symptomatic procedures meeting the inclusion criteria in the VQI, and the observed and expected rates of stroke or death in hospital for those cases. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

	Your Center	Your Region	VQI Overall
Number of Symptomatic CEA procedures meeting inclusion criteria		398	6268
Observed rate of stroke or death among procedures meeting inclusion criteria		1.8%	1.9%
Number of procedures with complete data*		379	6046
Observed rate of stroke or death among cases with complete data		1.3%	1.9%
Expected rate of stroke or death among cases with complete data*		2.1%	NA
P-value for comparison of observed and expected rates		0.47	NA

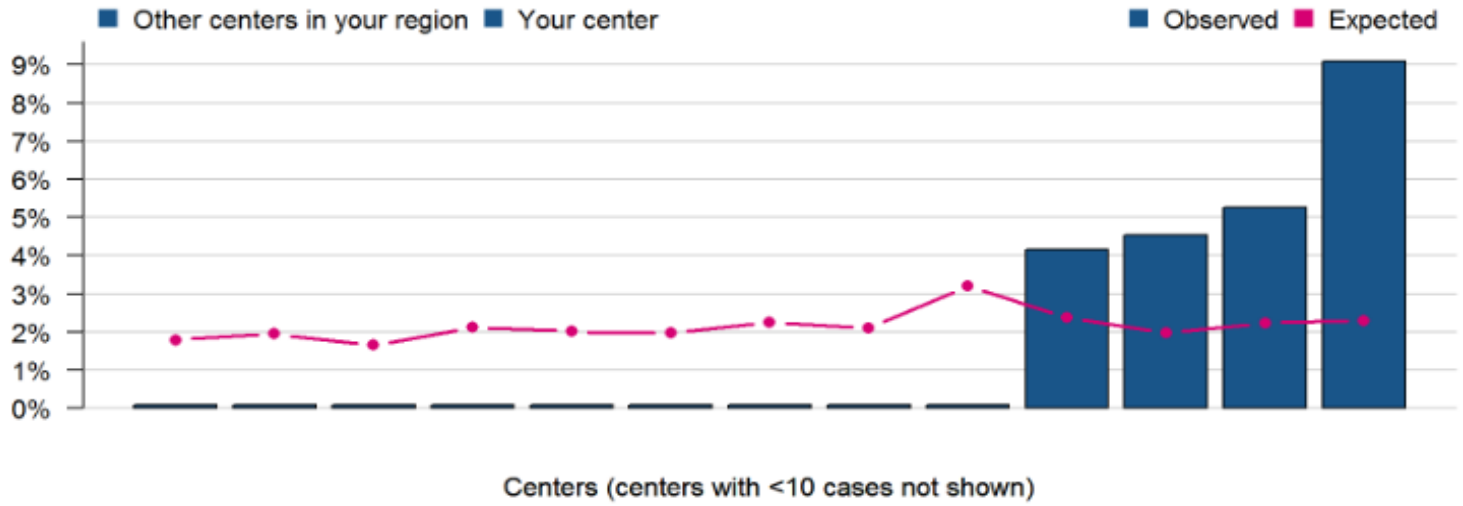
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of Symptomatic Stroke or Death in Hospital After CEA by Year



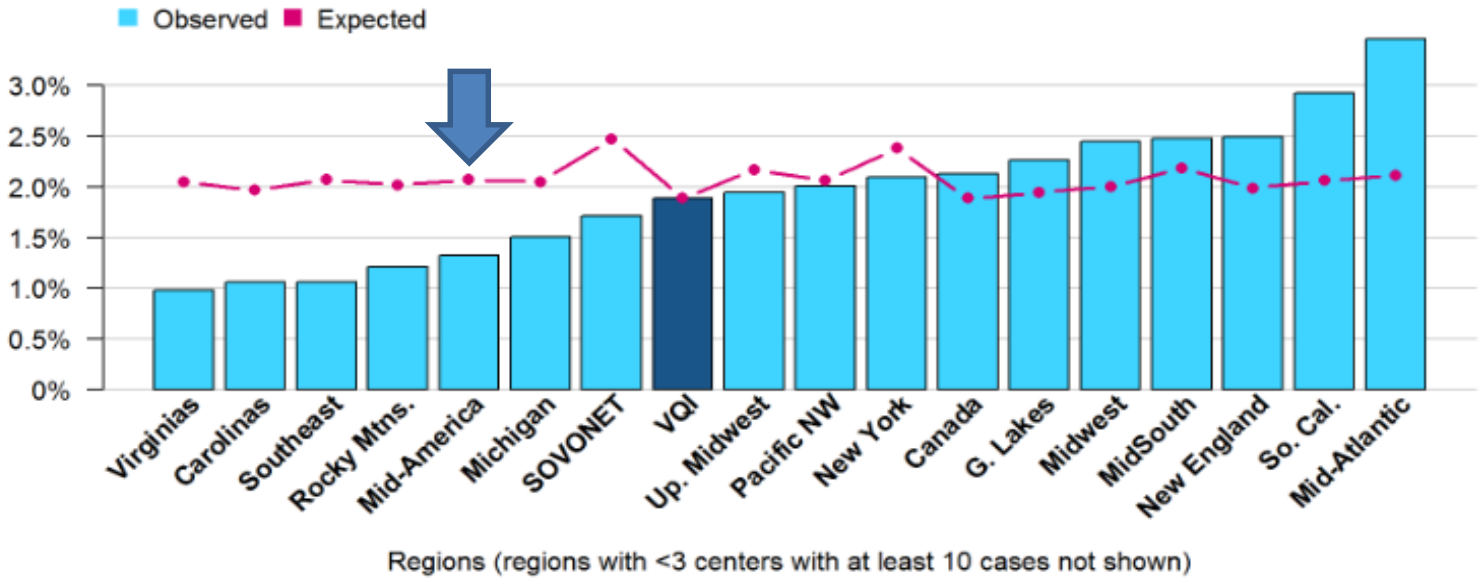
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of Symptomatic Stroke or Death in Hospital After CEA in Your Region (Jan-Dec 2019)



"*" indicates center's observed rate differs significantly from its expected rate.

Rate of Symptomatic Stroke or Death in Hospital After CEA by Region Across VQI (Jan-Dec 2019)



"*" indicates region's observed rate differs significantly from its expected rate.

Carotid Endarterectomy: Percentage of Asymptomatic Patients With LOS>1 Day

Procedures performed between January 1 and December 31, 2019

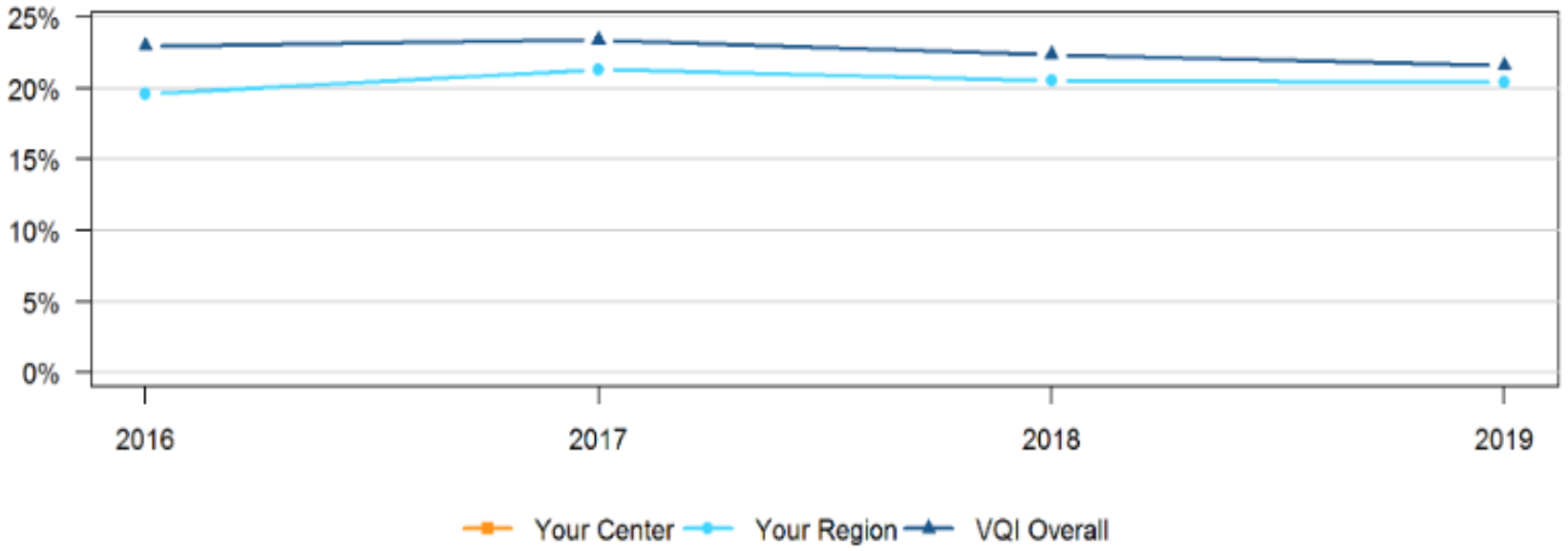
Asymptomatic admissions, excluding prior ipsilateral CEA, concomitant CABG, proximal endovascular or other arterial operation, in-hospital death with LOS<=1 day, procedures done on weekends or not done on admission day. LOS is based on the midnight rule used for hospital billing. Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within 120 days prior to surgery.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of CEA Asymptomatic procedures meeting inclusion criteria in the VQI, and the observed and expected rates of those cases with LOS>1 Day. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

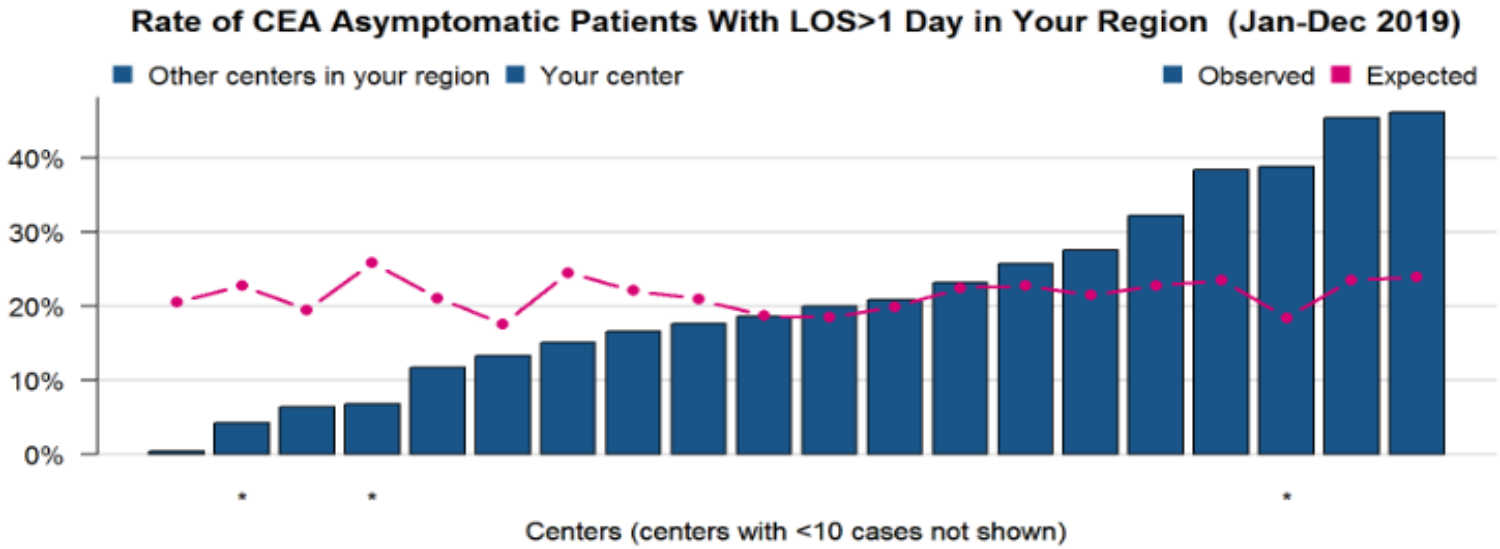
	Your Center	Your Region	VQI Overall
Number of Asymptomatic CEA procedures meeting inclusion criteria		646	10113
Observed rate of LOS>1 day among procedures meeting inclusion criteria		20%	22%
Number of procedures with complete data*		632	9747
Observed rate of LOS>1 day among cases with complete data		20%	21%
Expected rate of LOS>1 day among cases with complete data*		22%	NA
P-value for comparison of observed and expected rates		0.41	NA

*"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.

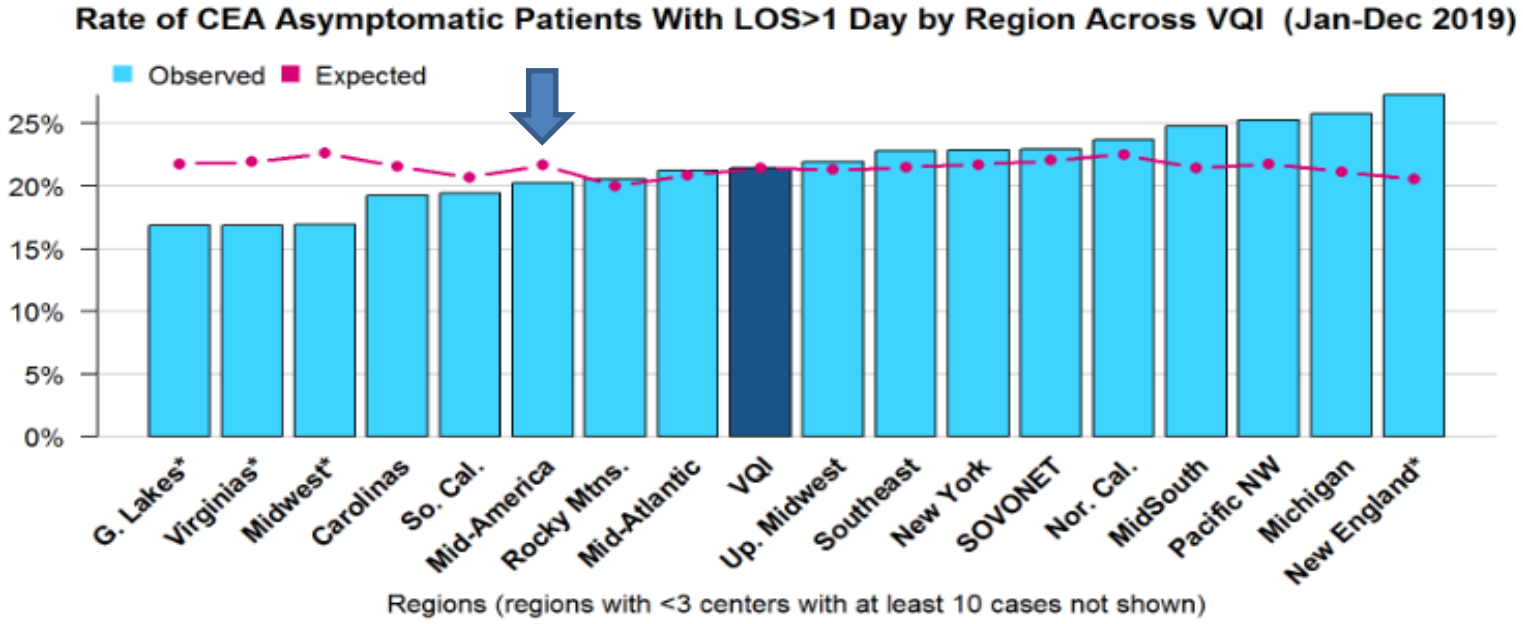
Rate of CEA Asymptomatic Patients With LOS>1 Day by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.



"*" indicates center's observed rate differs significantly from its expected rate.



"*" indicates region's observed rate differs significantly from its expected rate.

Carotid Endarterectomy: Percentage of Symptomatic Patients With LOS>1 Day

Procedures performed between January 1 and December 31, 2019

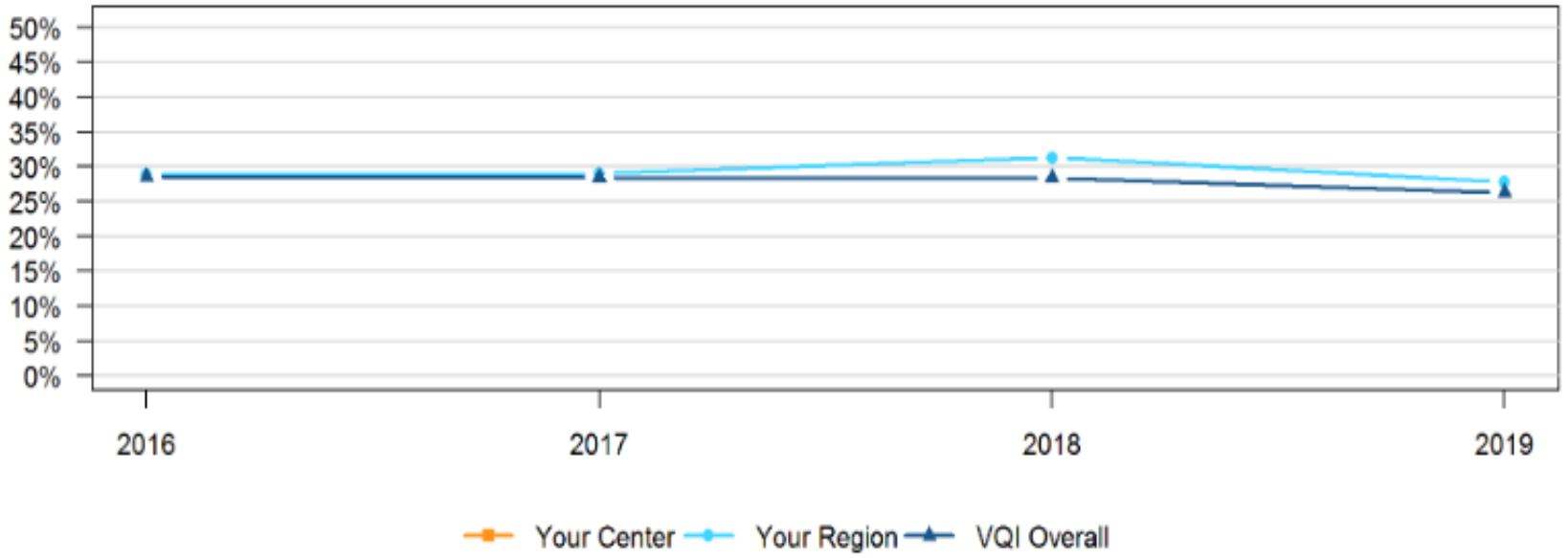
Symptomatic admissions, excluding prior ipsilateral CEA, concomitant CABG, proximal endovascular or other arterial operation, in-hospital death with LOS<=1 day, procedures done on weekends or not done on admission day. LOS is based on the midnight rule used for hospital billing. Symptomatic patients are those who had an ipsilateral or contralateral TIA or stroke within 120 days prior to surgery.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of CEA Symptomatic procedures meeting inclusion criteria in the VQI, and the observed and expected rates of those cases with LOS>1 Day. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

	Your Center	Your Region	VQI Overall
Number of Symptomatic CEA procedures meeting inclusion criteria		219	3463
Observed rate of LOS>1 day among procedures meeting inclusion criteria		28%	26%
Number of procedures with complete data*		215	3354
Observed rate of LOS>1 day among cases with complete data		28%	26%
Expected rate of LOS>1 day among cases with complete data*		27%	NA
P-value for comparison of observed and expected rates		0.7	NA

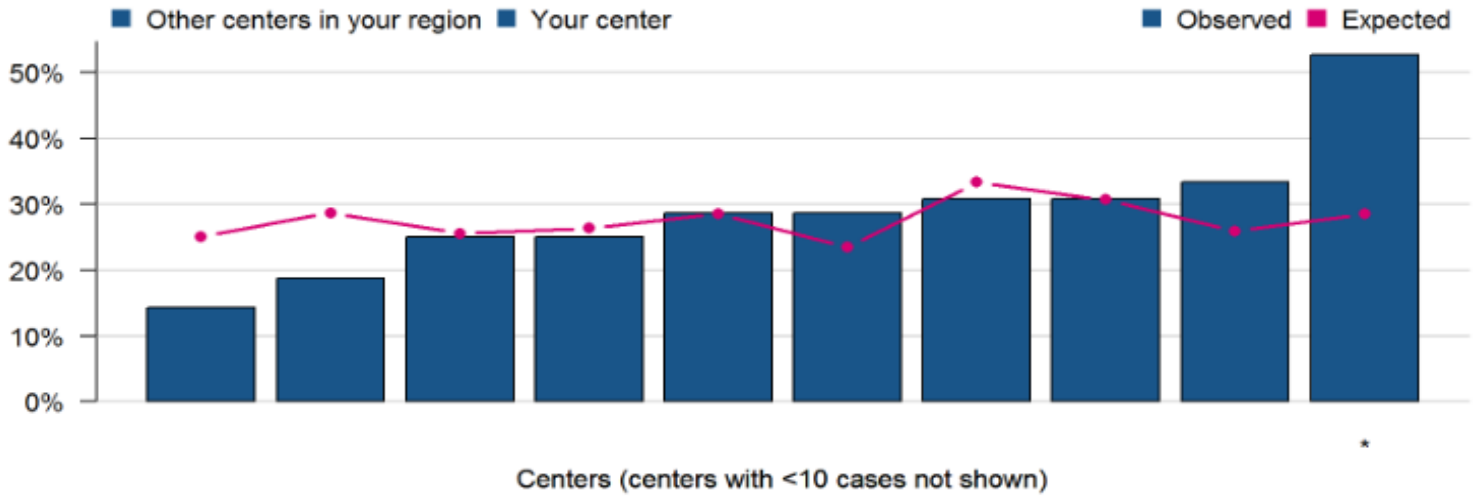
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of CEA Symptomatic Patients With LOS>1 Day by Year



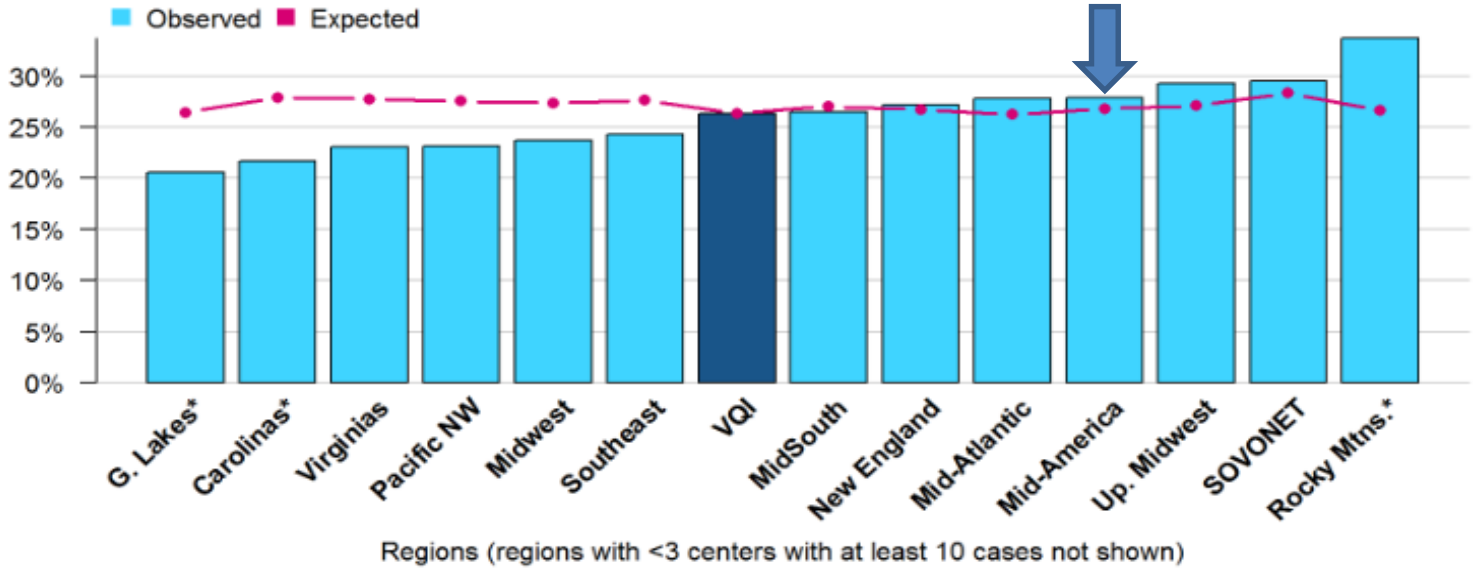
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of CEA Symptomatic Patients With LOS>1 Day in Your Region (Jan-Dec 2019)



"*" indicates center's observed rate differs significantly from its expected rate.

Rate of CEA Symptomatic Patients with LOS>1 Day by Region Across VQI (Jan-Dec 2019)



"*" indicates region's observed rate differs significantly from its expected rate.

Endovascular AAA Repair: Percentage of Patients With LOS>2 Days

Procedures performed between January 1 and December 31, 2019

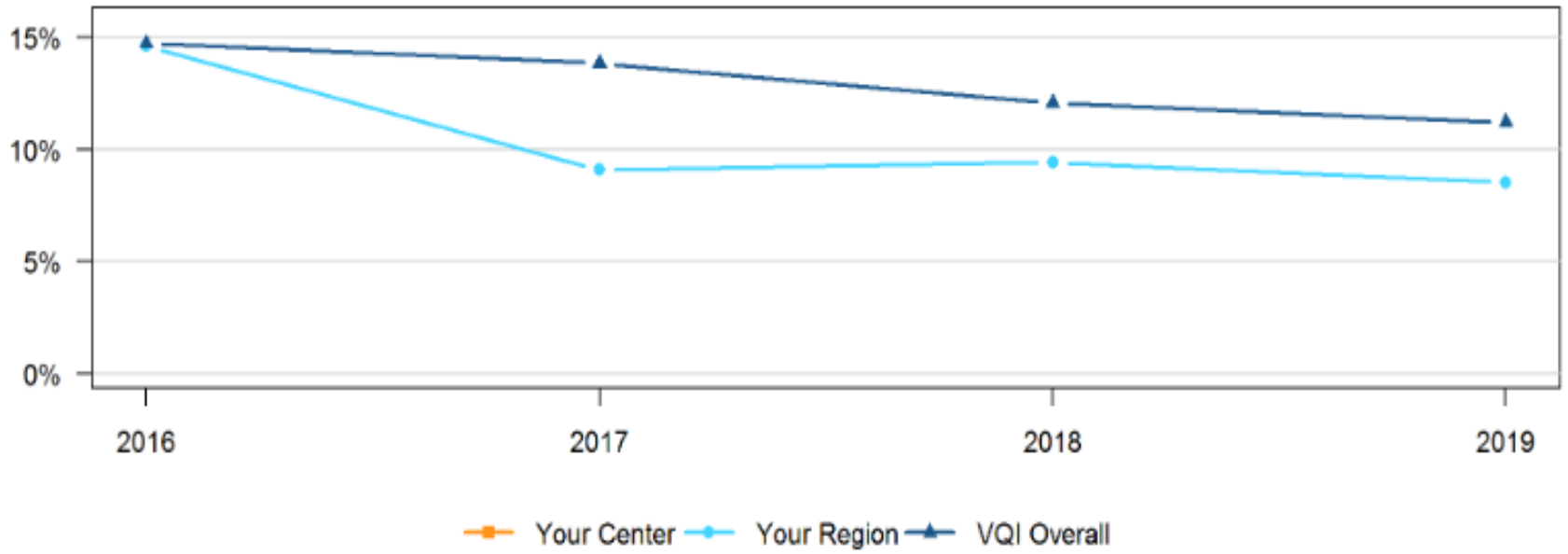
Excludes ruptured aneurysms and in-hospital deaths with LOS≤2 days, patients with prior aortic surgery, patients transferred from another hospital, procedures not done on day of admission and weekend procedures. LOS is based on the midnight rule used for hospital billing.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of EVAR procedures meeting the inclusion criteria and the observed and expected rates of those cases with LOS>2 Days.

	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		316	5549
Observed rate of LOS>2 days among procedures meeting inclusion criteria		9%	11%
Number of procedures with complete data*		300	5107
Observed rate of LOS>2 days among cases with complete data		9%	11%
Expected rate of LOS>2 days among cases with complete data*		11%	NA
P-value for comparison of observed and expected rates		0.2	NA

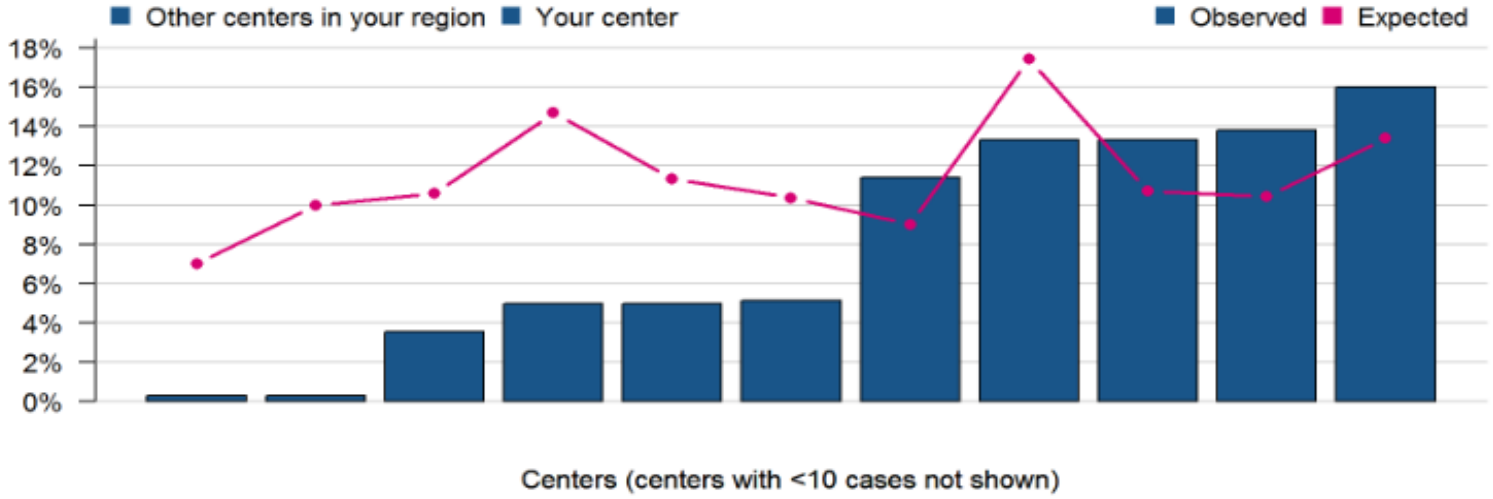
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of EVAR Patients With LOS>2 Days by Year



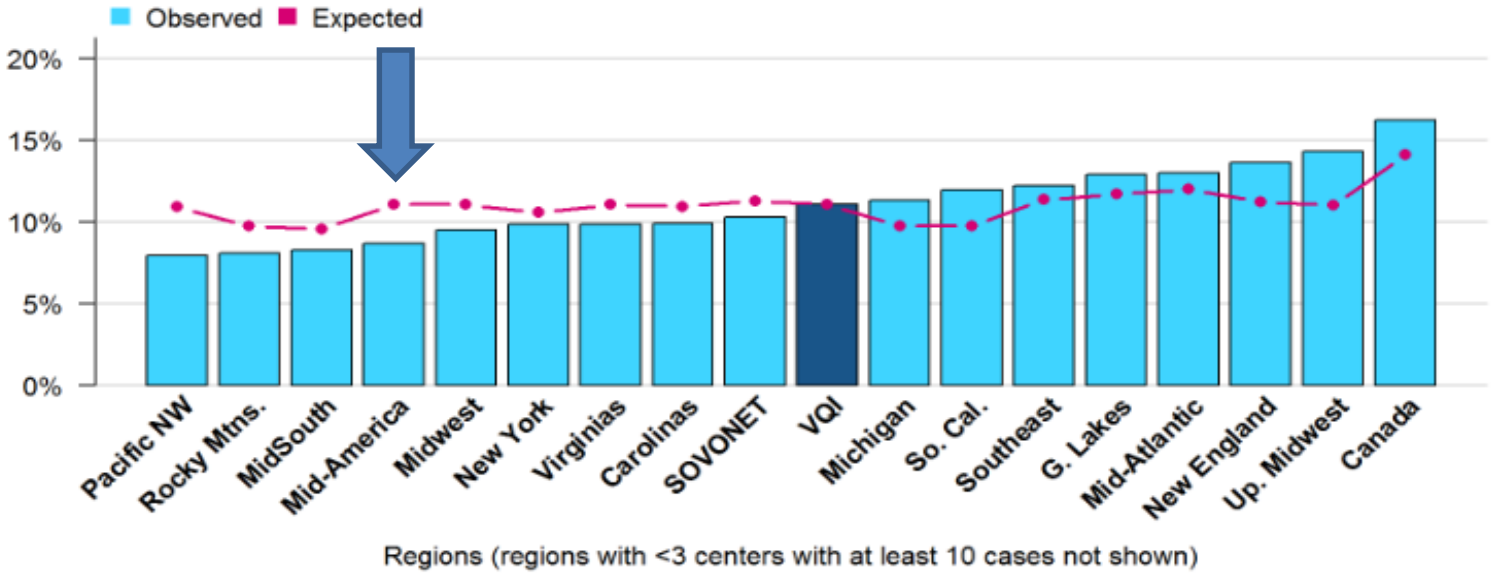
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of EVAR Patients With LOS>2 Days in Your Region (Jan-Dec 2019)



"*" indicates center's observed rate differs significantly from its expected rate.

Rate of EVAR Patients With LOS>2 Days by Region Across VQI (Jan-Dec 2019)



"*" indicates region's observed rate differs significantly from its expected rate.

EVAR: Rate of Sac Diameter Reporting at Long-Term Follow-Up

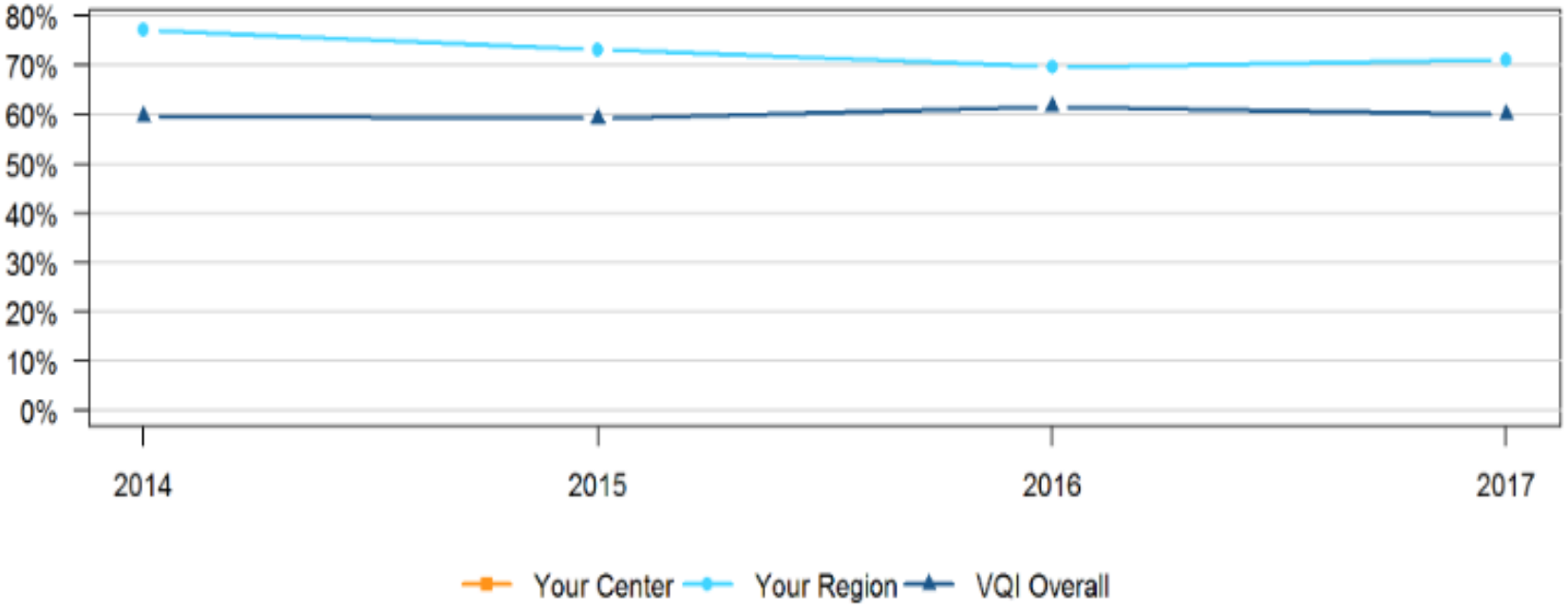
Procedures performed between January 1 and December 31, 2017

Excludes patients who were converted to open or died within 21 months of surgery.

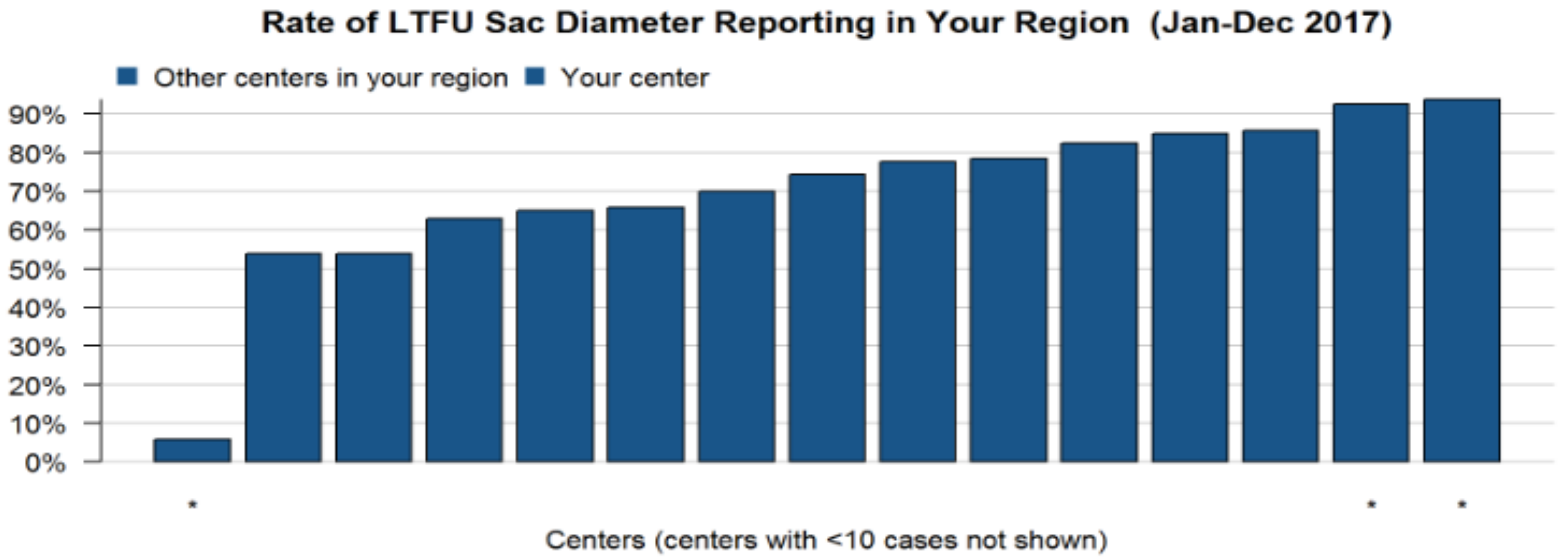
Data for this report include all cases with surgery date between January 1 and December 31, 2017, that had been entered into the VQI as of January 31, 2020. The table below shows the number of EVAR procedures in the VQI, and the percentage of those cases in which the patient had a follow-up visit between 9 and 21 months post-surgery at which a sac diameter was recorded.

	Your Center	Your Region	VQI Overall
Number of EVAR procedures		378	6707
Percentage with sac diameter recorded at follow-up		71%	60%

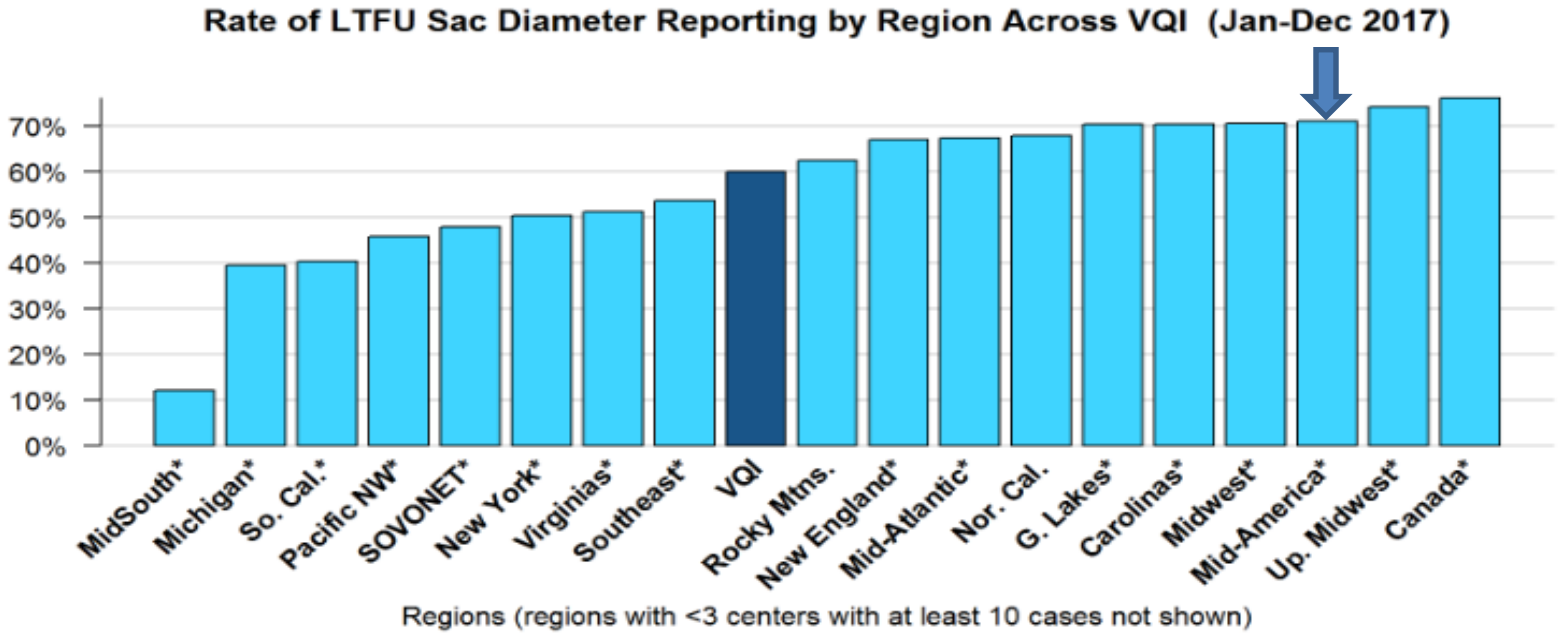
Rate of LTFU Sac Diameter Reporting by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.



"*" indicates center's rate differs significantly from the regional rate.



"*" indicates region's rate differs significantly from the VQI rate.

Infrainguinal Bypass: Rate of Major Complications

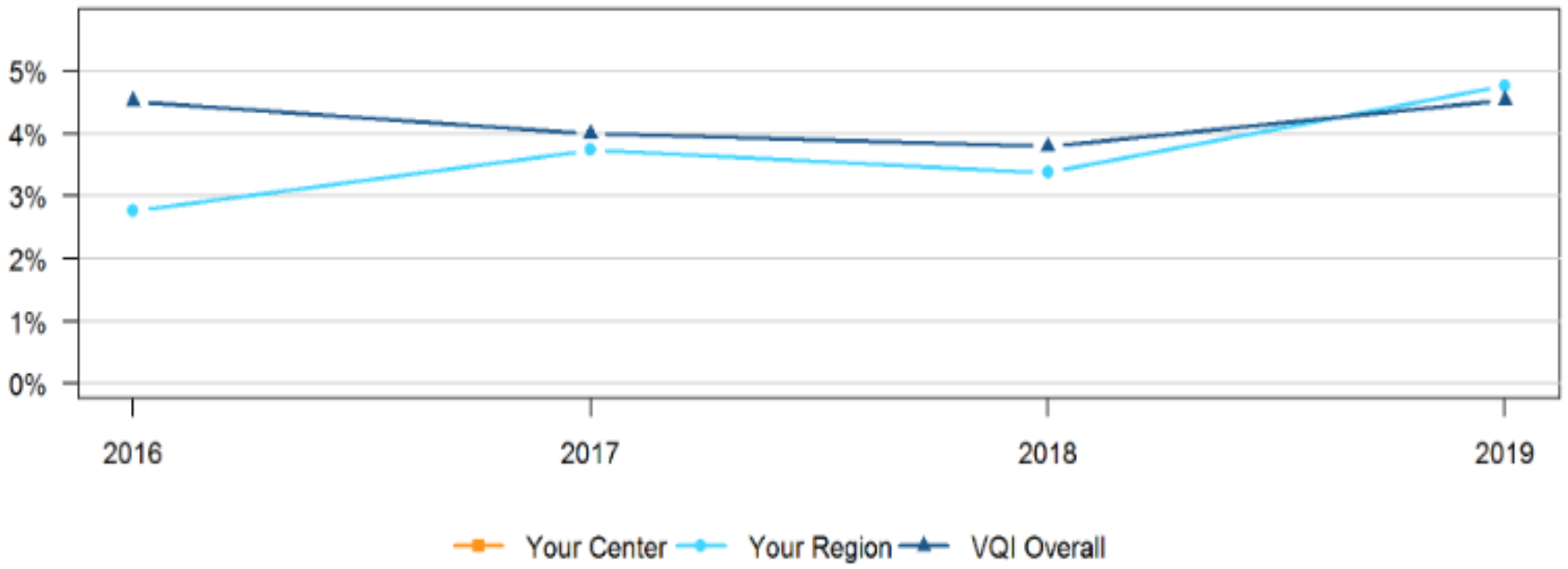
Procedures performed between January 1 and December 31, 2019

Includes only patients with indication of rest pain or tissue loss. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation or graft occlusion.

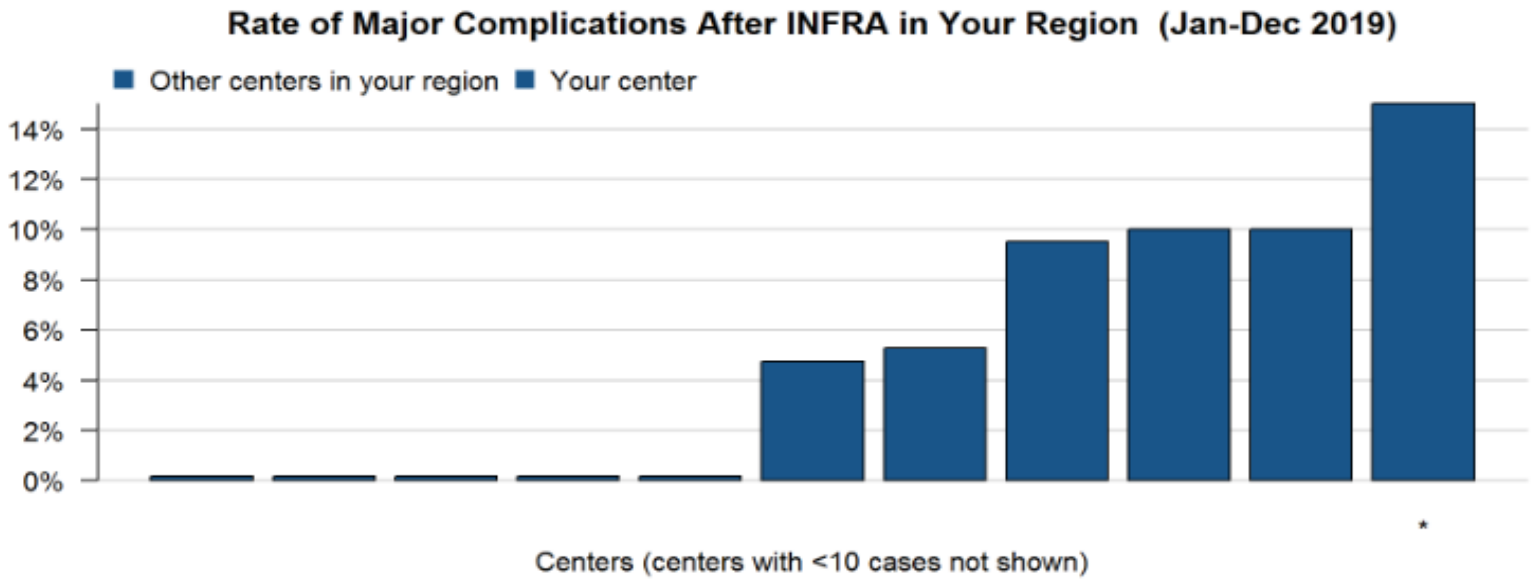
Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of INFRA cases with indication of rest pain or tissue loss in the VQI, and the percentage of those cases that resulted in in-hospital death, ipsilateral amputation or graft occlusion.

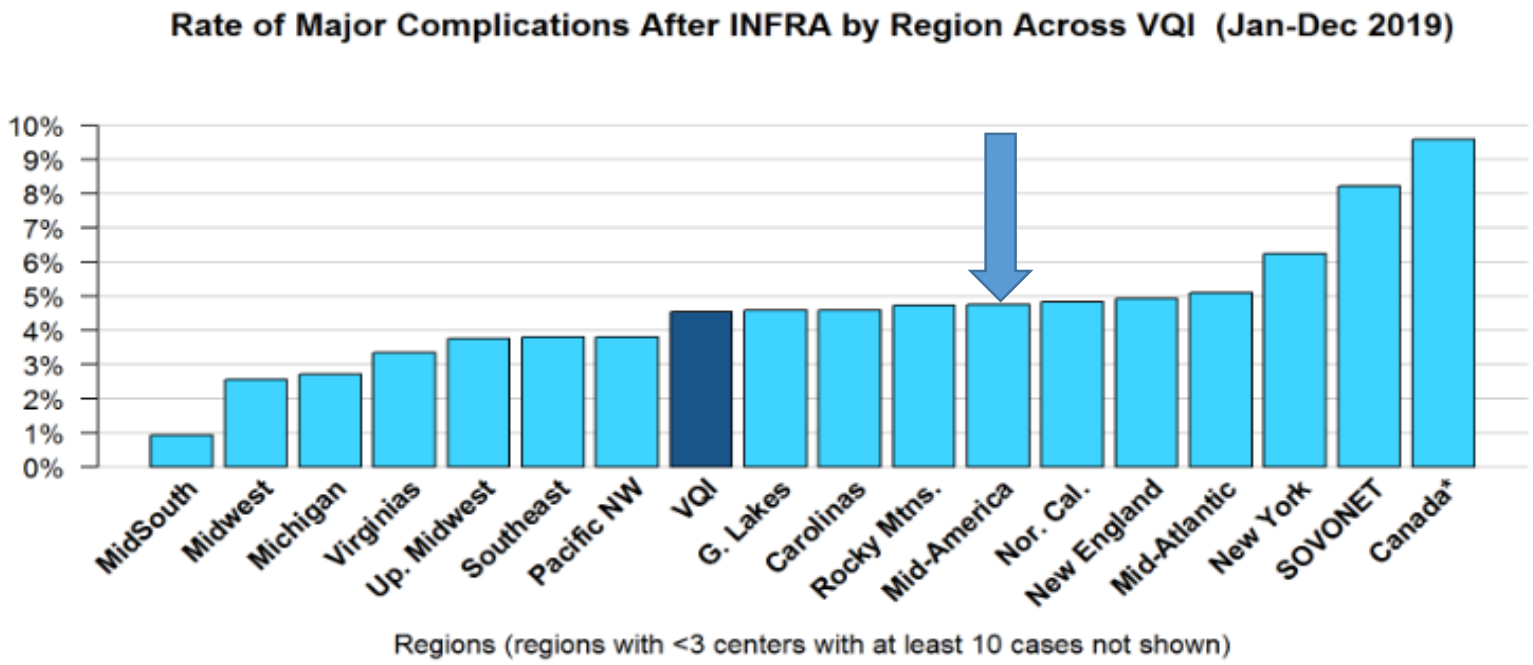
	Your Center	Your Region	VQI Overall
Number of INFRA procedures meeting inclusion criteria		252	4129
Percentage with major complications after INFRA		4.8%	4.5%

Rate of Major Complications After INFRA by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.


Rate of Major Complications After INFRA in Your Region (Jan-Dec 2019)
Other centers in your region
Your center
14%
12%
10%
8%
6%
4%
2%
0%
*
Centers (centers with <10 cases not shown)
"*" indicates center's rate differs significantly from the regional rate.


Rate of Major Complications After INFRA by Region Across VQI (Jan-Dec 2019)
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
MidSouth
Midwest
Michigan
Virginias
Up. Midwest
Southeast
Pacific NW
VQI
G. Lakes
Carolinas
Rocky Mtns.
Mid-America
Nor. Cal.
New England
Mid-Atlantic
New York
SOVONET
Canada*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" indicates region's rate differs significantly from the VQI rate.

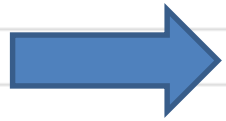
IVCF: Percentage of Temporary Filters With Retrieval or Attempt at Retrieval

Procedures performed between July 1, 2018 and June 30, 2019

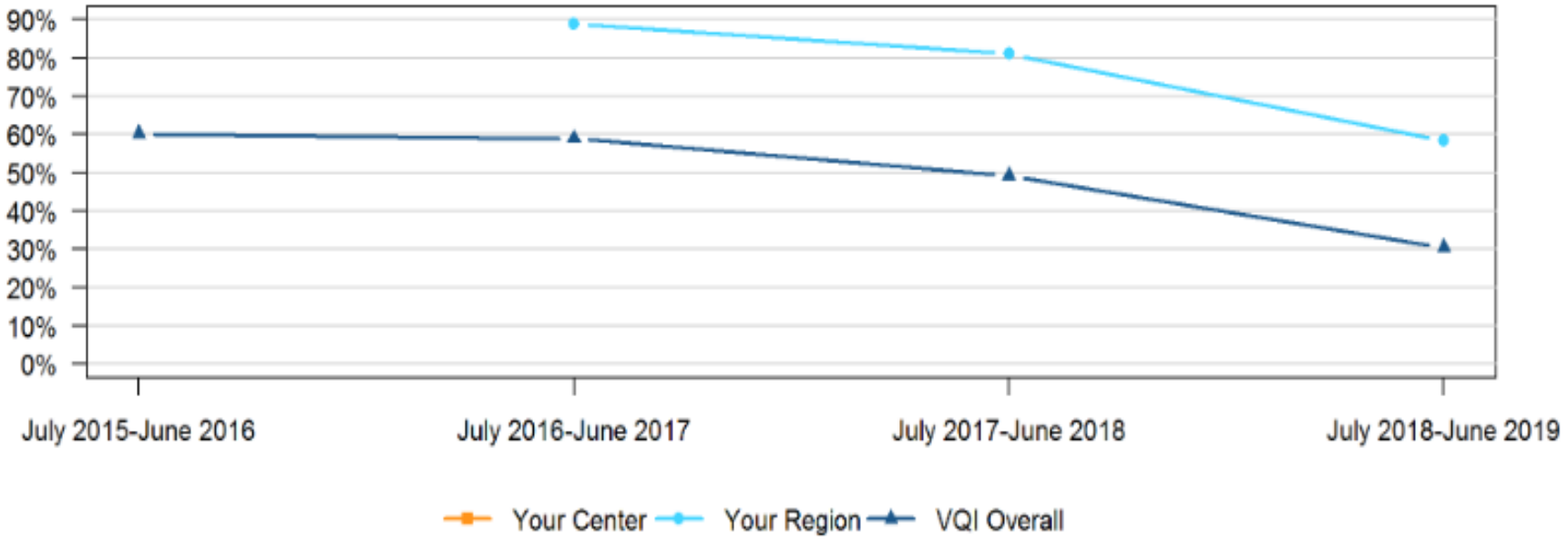
Excludes patients with permanent filters and patients who have died since discharge.

Data for this report include all cases with surgery date between July 1, 2018 and June 30, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of IVCF procedures meeting the inclusion criteria in the VQI, and the percentage of those cases in which the filter was retrieved, or an attempt was made to retrieve it, at any time post-procedure.

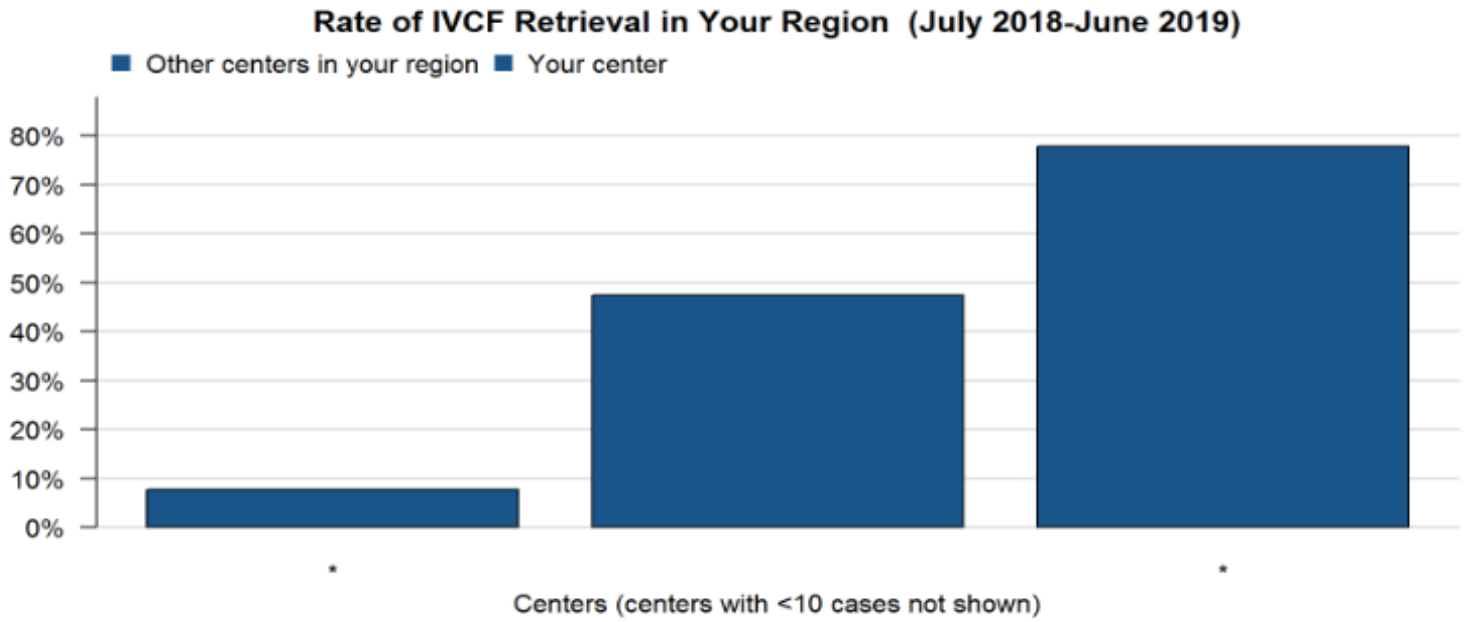
	Your Center	Your Region	VQI Overall
Number of procedures meeting inclusion criteria		77	1403
Percentage with filter retrieval, or attempt at retrieval		58%	30%
Percentage not retrieved because not clinically indicated		0%	5%
Percentage not retrieved because patient declined		0%	1%
Percentage not retrieved because lost to follow-up		0%	0%
Percentage not retrieved because deemed too late for removal		0%	0%
Percentage not retrieved because planned later removal		1%	1%

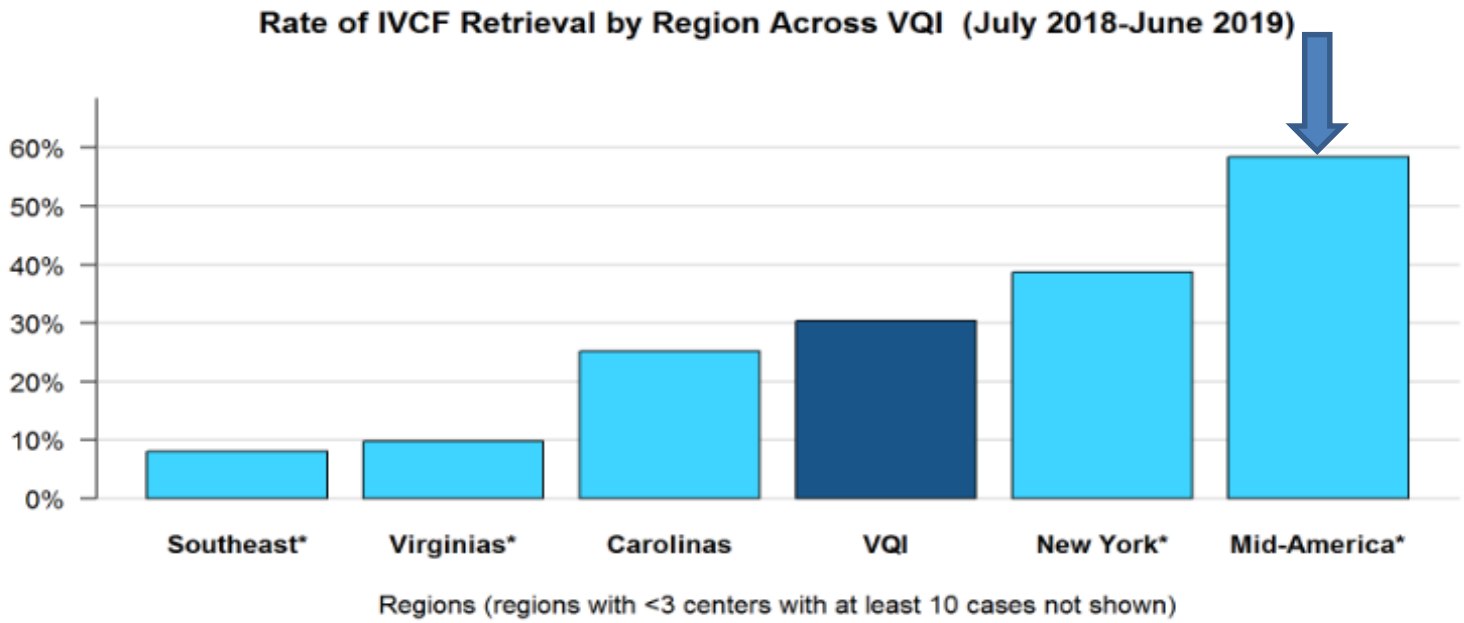


Rate of IVCF Retrieval by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.


Rate of IVCF Retrieval in Your Region (July 2018-June 2019)
Other centers in your region
Your center
80%
70%
60%
50%
40%
30%
20%
10%
0%
*
*
Centers (centers with <10 cases not shown)
"*" indicates center's rate differs significantly from the regional rate.


Rate of IVCF Retrieval by Region Across VQI (July 2018-June 2019)
60%
50%
40%
30%
20%
10%
0%
Southeast*
Virginias*
Carolinas
VQI
New York*
Mid-America*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" indicates region's rate differs significantly from the VQI rate.

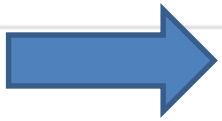
Lower-Extremity Amputation: Rate of Postop Complications

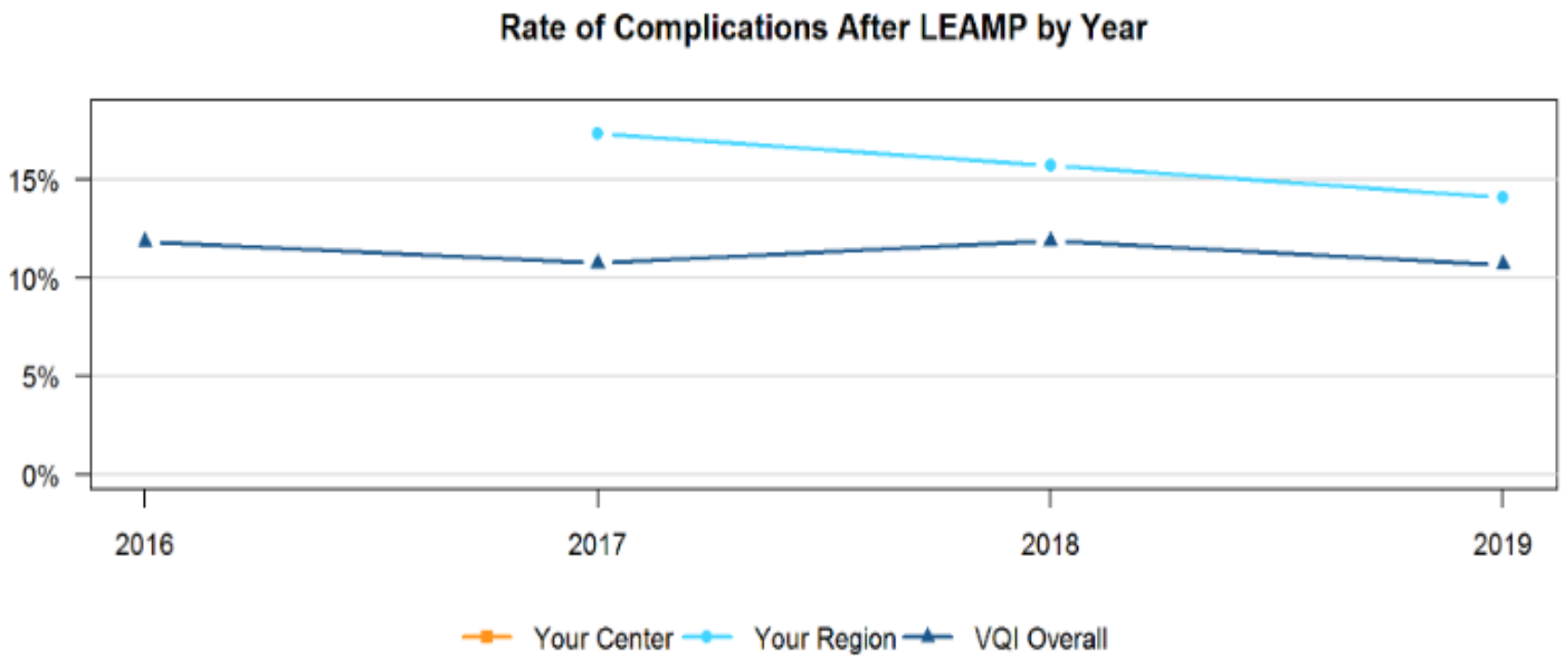
Procedures performed between January 1 and December 31, 2019

Complications are defined as myocardial infarction, dysrhythmia, congestive heart failure, surgical site infection, renal and/or respiratory complication.

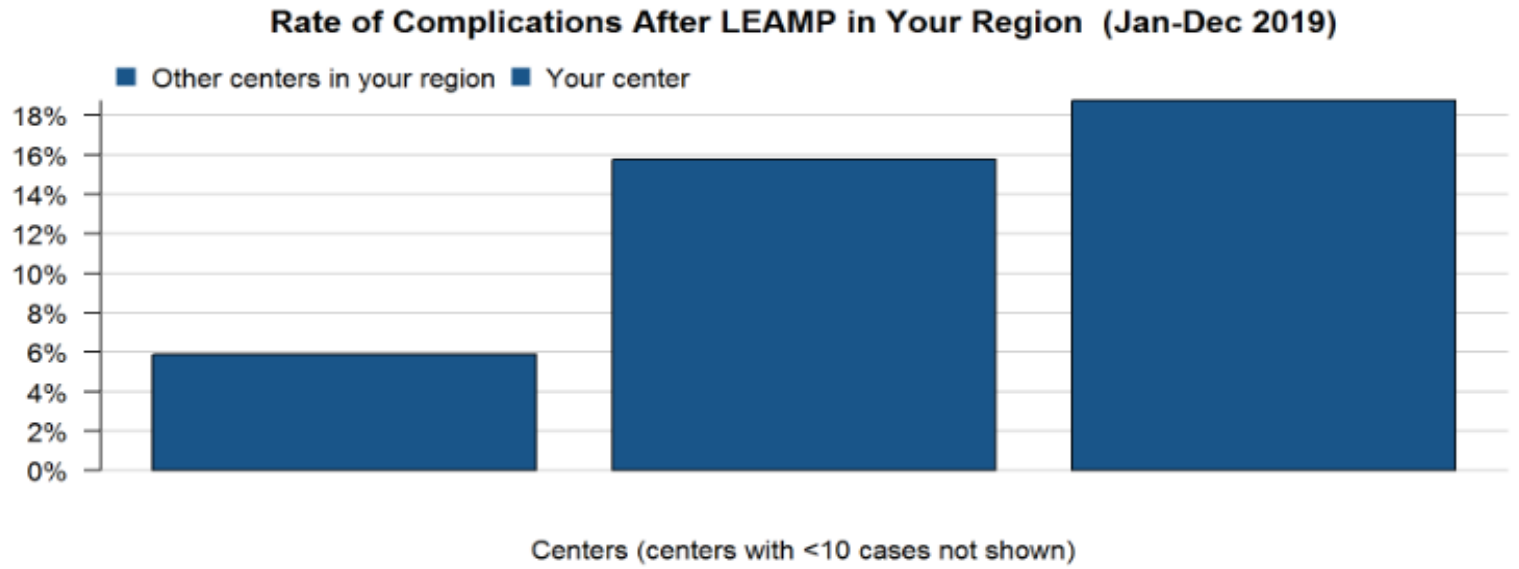
Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of LEAMP cases in the VQI, and the percentage of those cases that resulted in complication.

	Your Center	Your Region	VQI Overall
Number of amputation procedures		71	2969
Percentage with complications after LEAMP		14%	11%

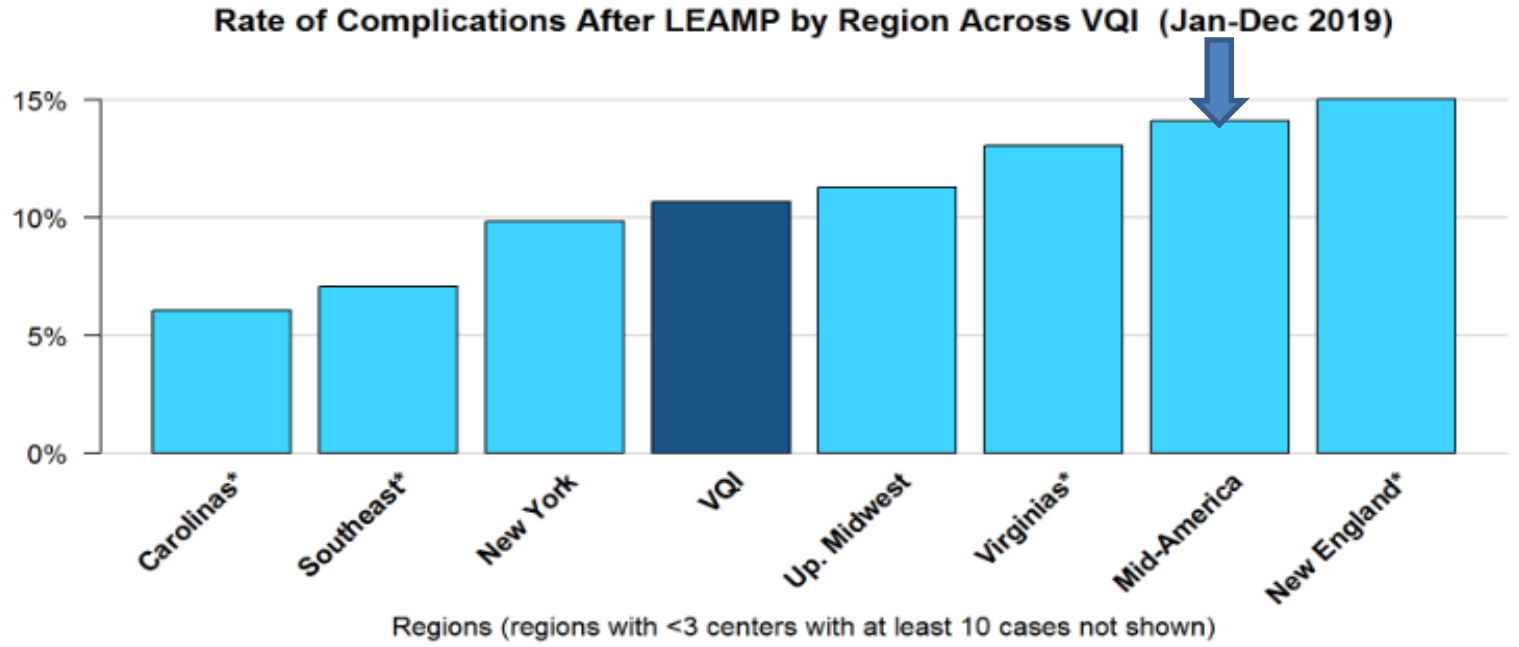




Regional data are not shown for the region with <3 centers with at least 10 cases.



"*" indicates center's rate differs significantly from the regional rate.



"*" indicates region's rate differs significantly from the VQI rate.

Non-Ruptured Open AAA: In-Hospital Mortality

Procedures performed between January 1 and December 31, 2019

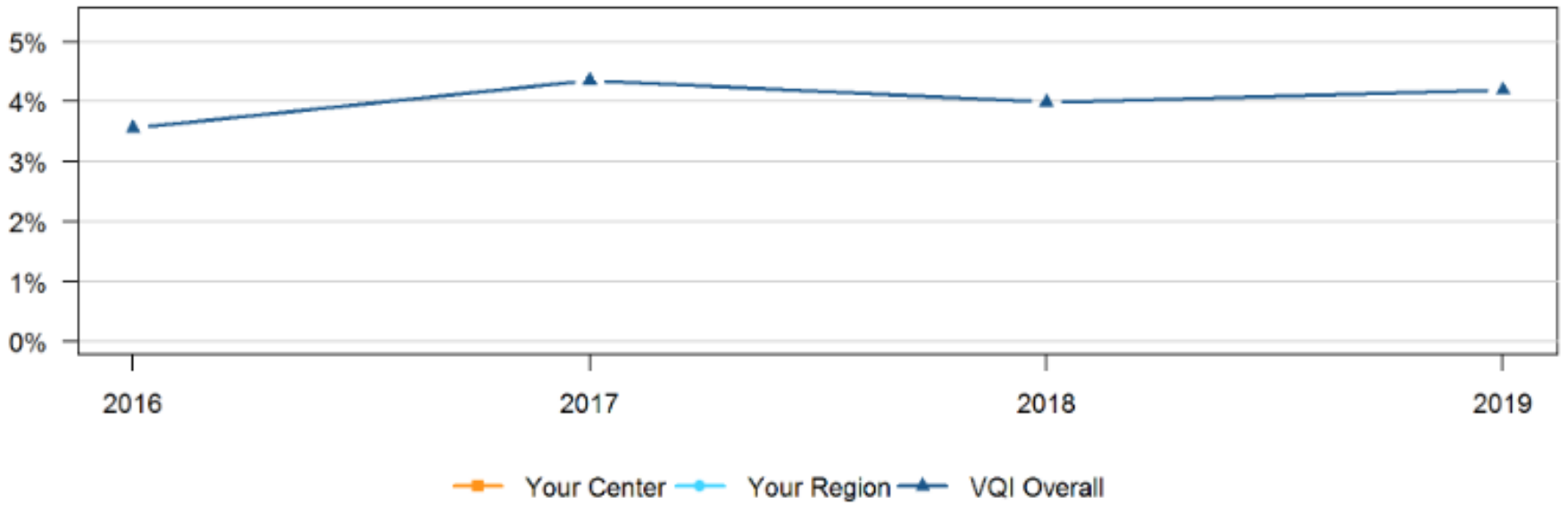
Excludes ruptured aneurysms.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of OAAA procedures meeting the inclusion criteria in the VQI, and the observed and expected rates of in-hospital death for those cases.

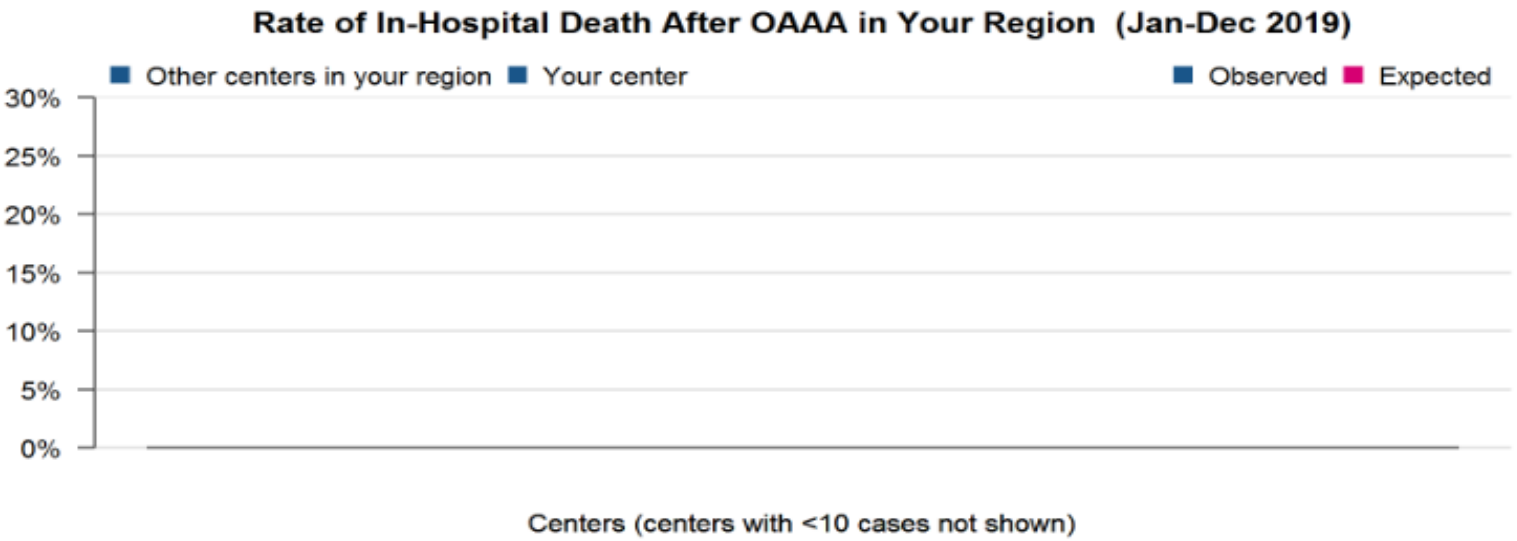
	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		NA (<3 centers)	1003
Observed rate of in-hospital death among procedures meeting inclusion criteria			4.2%
Number of procedures with complete data*			952
Observed rate of in-hospital death among cases with complete data			4.2%
Expected rate of in-hospital death among cases with complete data*			NA
P-value for comparison of observed and expected rates			NA
Observed rate of in-hospital death among procedures with infrarenal proximal clamp			2.6%
Observed rate of in-hospital death among procedures with suprarenal proximal clamp			5.8%

*"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.

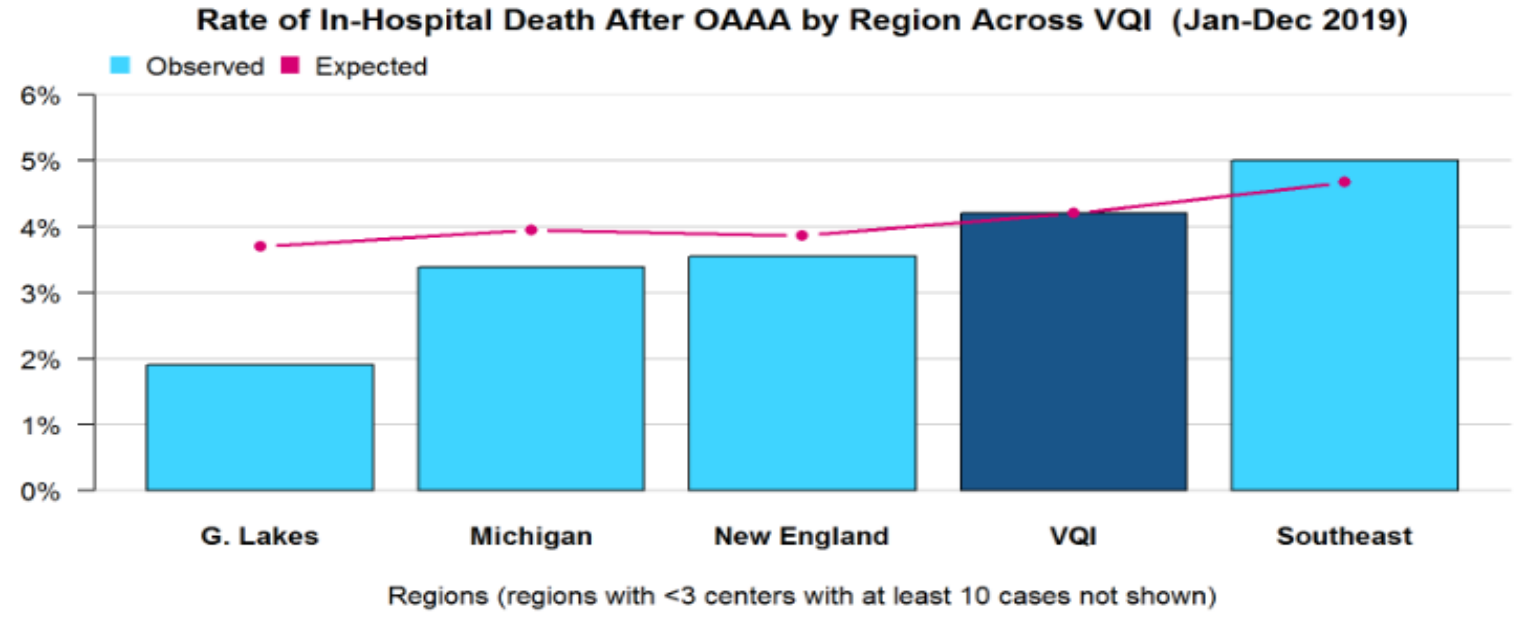
Rate of In-Hospital Death After OAAA by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.



"*" indicates center's observed rate differs significantly from its expected rate.



"*" indicates region's observed rate differs significantly from its expected rate.

PVI: Percentage of Claudicants With ABI/Toe Pressure Reported Before Procedure

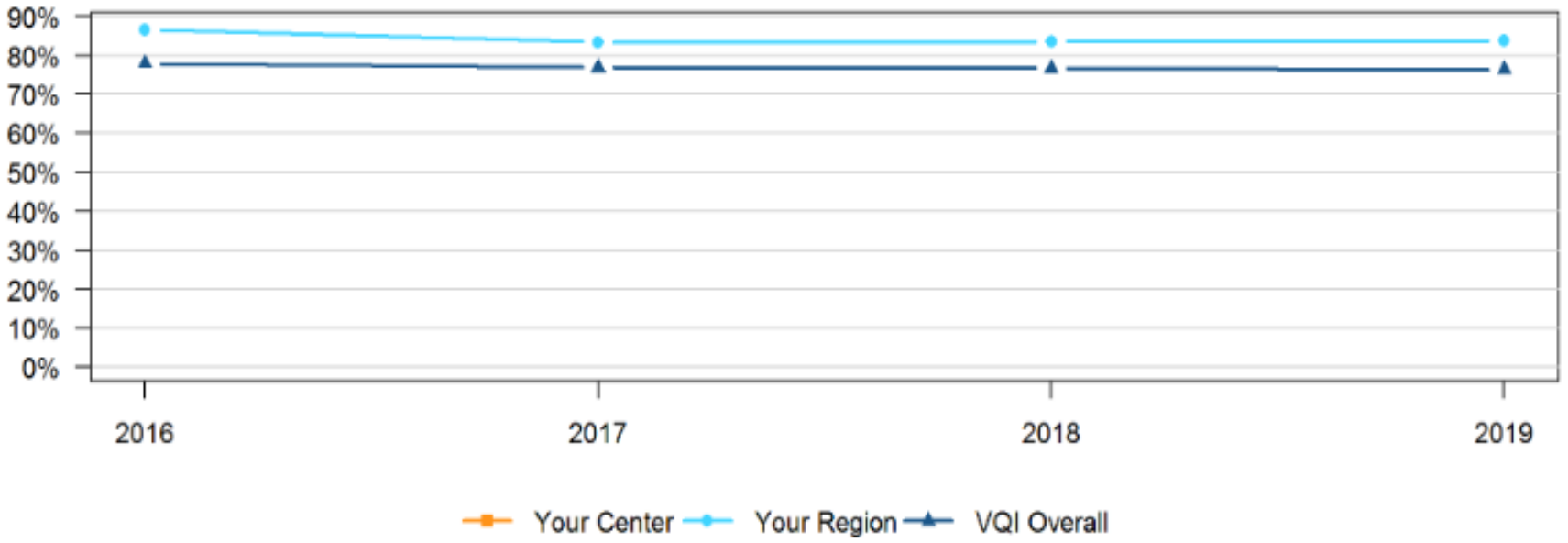
Procedures performed between January 1 and December 31, 2019

"ABI or toe pressure reported" indicates at least one measure was recorded for the side of the operation, or on both sides for bilateral and aortic procedures.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of PVI procedures with indication of claudication in the VQI, and the percentage of those cases in which ABI or toe pressure was recorded.

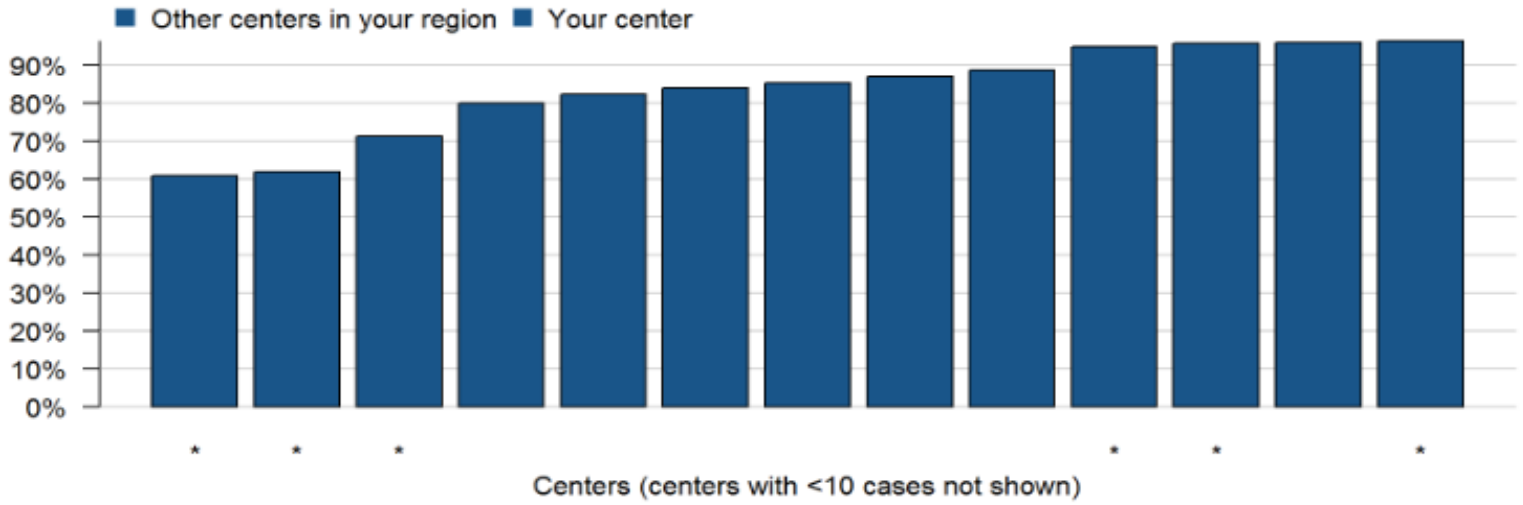
	Your Center	Your Region	VQI Overall
Number of PVI procedures with indication of claudication		1337	13917
Percentage with ABI/toe pressure recorded before procedure		84%	76%
Percentage who were current smokers		36%	38%

Rate of ABI/Toe Pressure Assessment Before PVI by Year



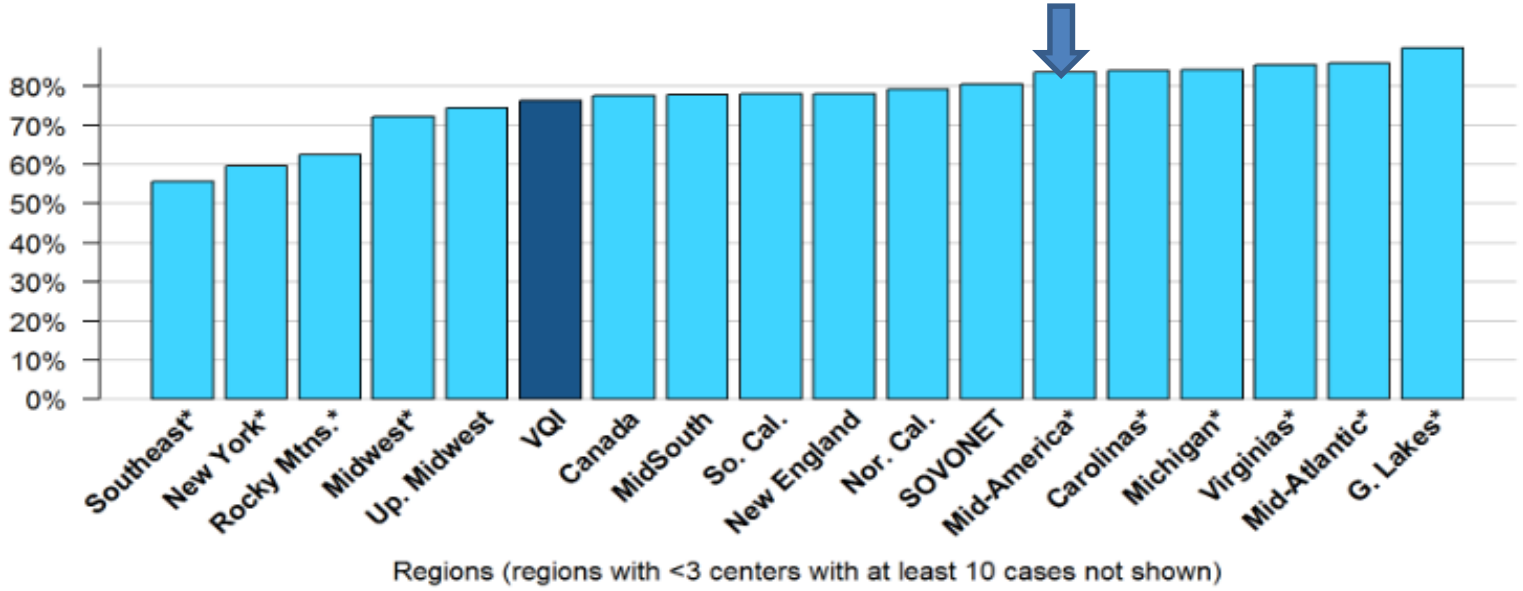
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of ABI/Toe Pressure Assessment Before PVI in Your Region (Jan-Dec 2019)



"*" indicates center's rate differs significantly from the regional rate.

Rate of ABI/Toe Pressure Assessment Before PVI by Region Across VQI (Jan-Dec 2019)



"*" indicates region's rate differs significantly from the VQI rate.

Suprainguinal Bypass: Rate of Major Complications

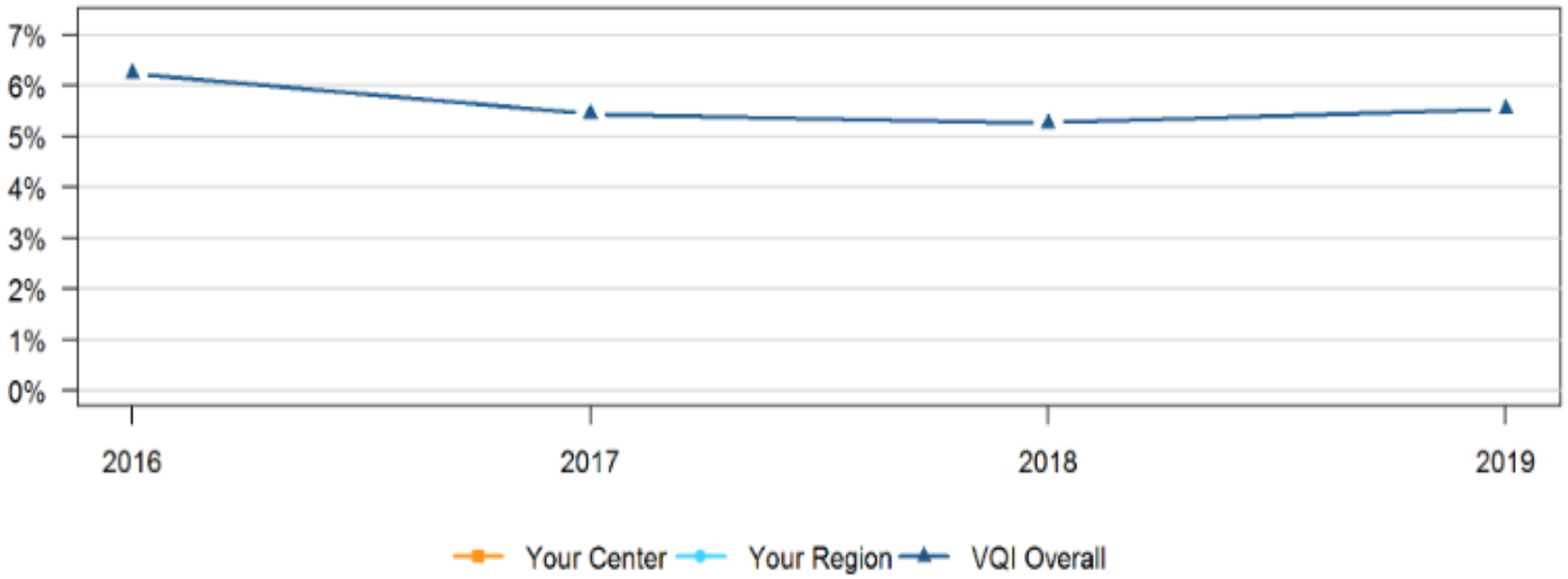
Procedures performed between January 1 and December 31, 2019

Includes only patients with indication of rest pain or tissue loss. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation or graft occlusion.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of SUPRA cases in the VQI, and the percentage of those cases that resulted in complication.

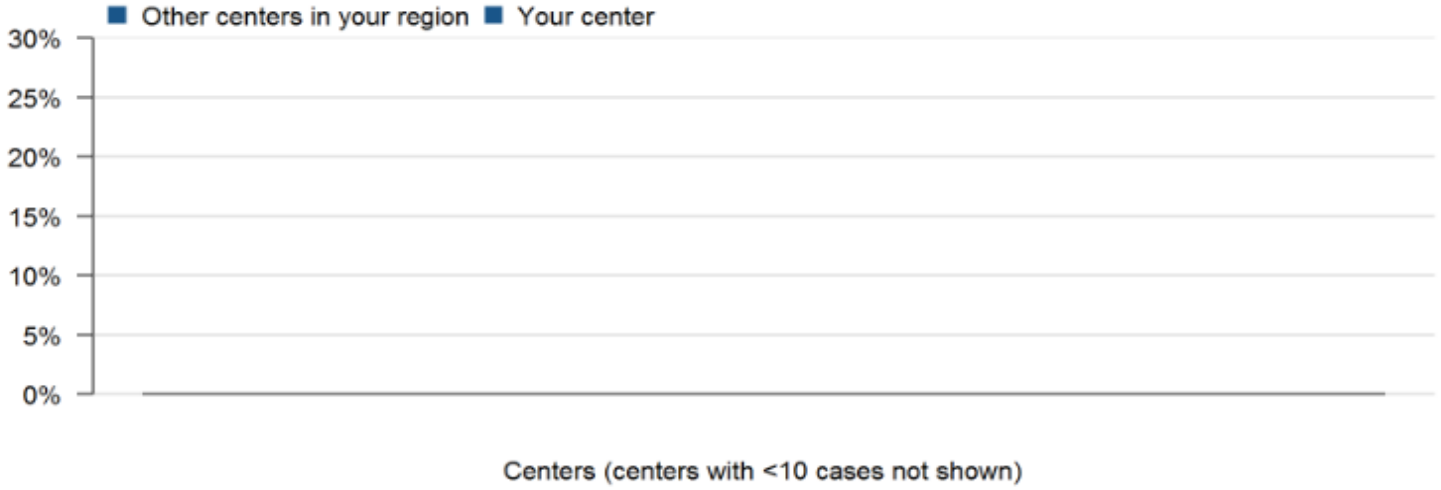
	Your Center	Your Region	VQI Overall
Number of SUPRA procedures		NA (<3 centers)	848
Percentage with major complications after SUPRA			6%

Rate of Major Complications After SUPRA by Year



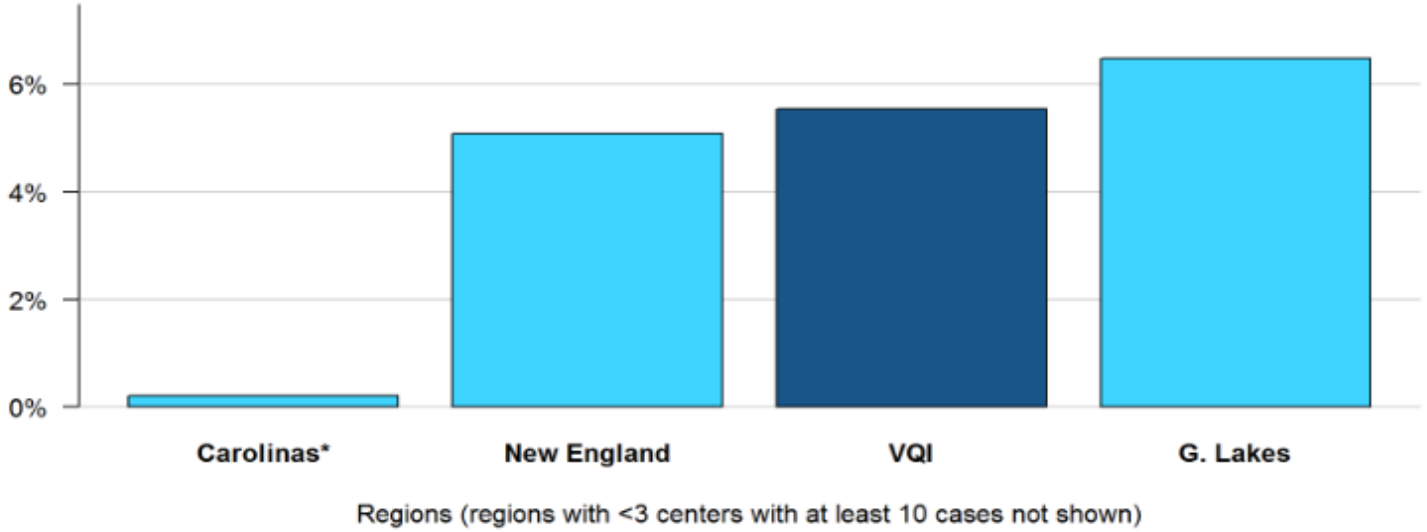
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of Major Complications After SUPRA in Your Region (Jan-Dec 2019)



"*" indicates center's rate differs significantly from the regional rate.

Rate of Major Complications After SUPRA by Region Across VQI (Jan-Dec 2019)



"*" indicates region's rate differs significantly from the VQI rate.

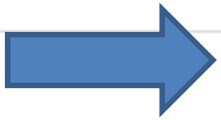
TEVAR: Rate of Sac Diameter Reporting at Long-Term Follow-Up

Procedures performed between January 1 and December 31, 2017

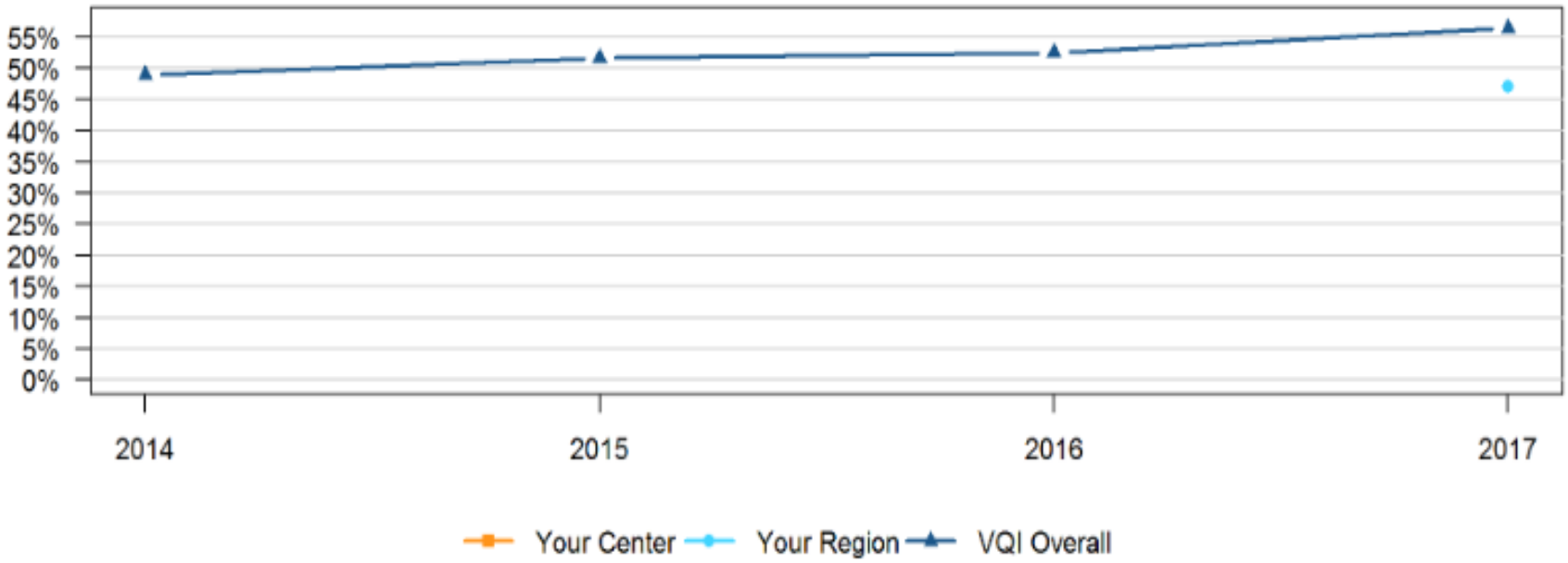
Includes only patients with Pathology=aneurysm or aneurysm from dissection. Excludes patients who died within 21 months of surgery.

Data for this report include all cases with surgery date between January 1 and December 31, 2017, that had been entered into the VQI as of January 31, 2020. The table below shows the number of TEVAR procedures in the VQI, and the percentage of those cases in which the patient had a follow-up visit between 9 and 21 months post-surgery at which a sac diameter was recorded.

	Your Center	Your Region	VQI Overall
Number of TEVAR procedures		100	1338
Percentage with sac diameter recorded at follow-up		47%	57%

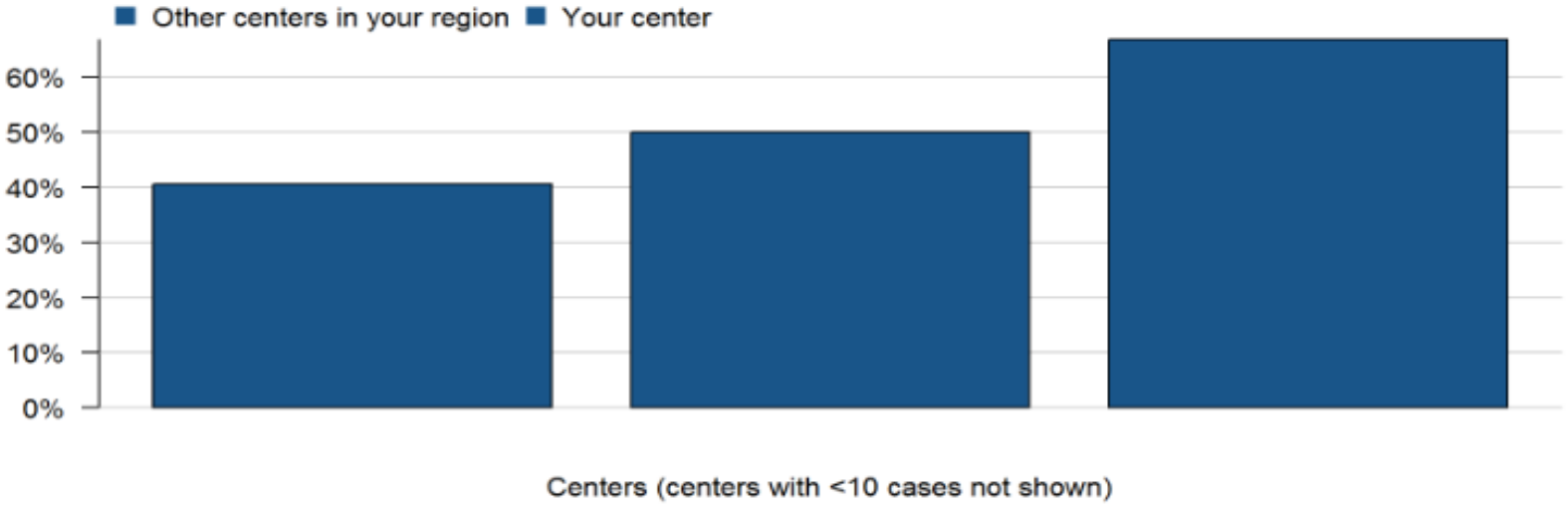


Rate of LTFU Sac Diameter Reporting by Year



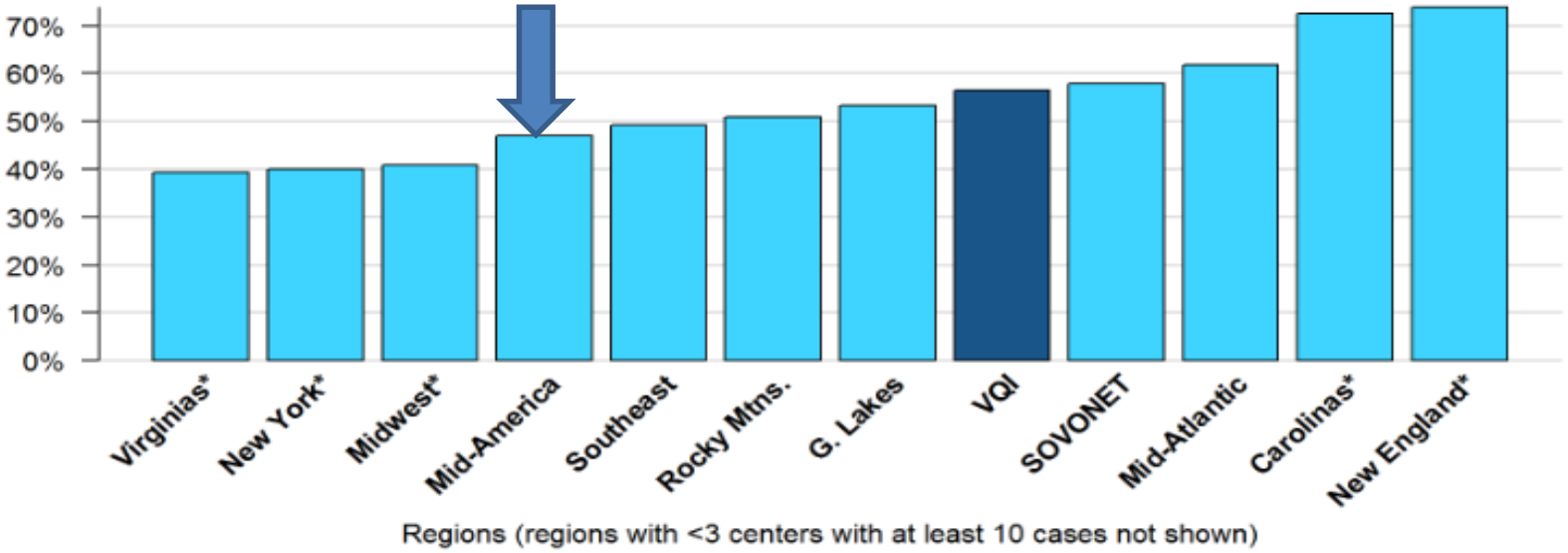
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of LTFU Sac Dimaeter Reporting in Your Region (Jan-Dec 2017)



"*" indicates center's rate differs significantly from the regional rate.

Rate of LTFU Sac Diameter Reporting by Region Across VQI (Jan-Dec 2017)



"*" indicates region's rate differs significantly from the VQI rate.

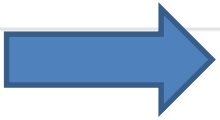
EVAR: Percentage of Elective Patients With AAA Diameter Within SVS Guideline (≥5.5cm for Men; ≥5 cm for Women)

Procedures performed between January 1 and December 31, 2019

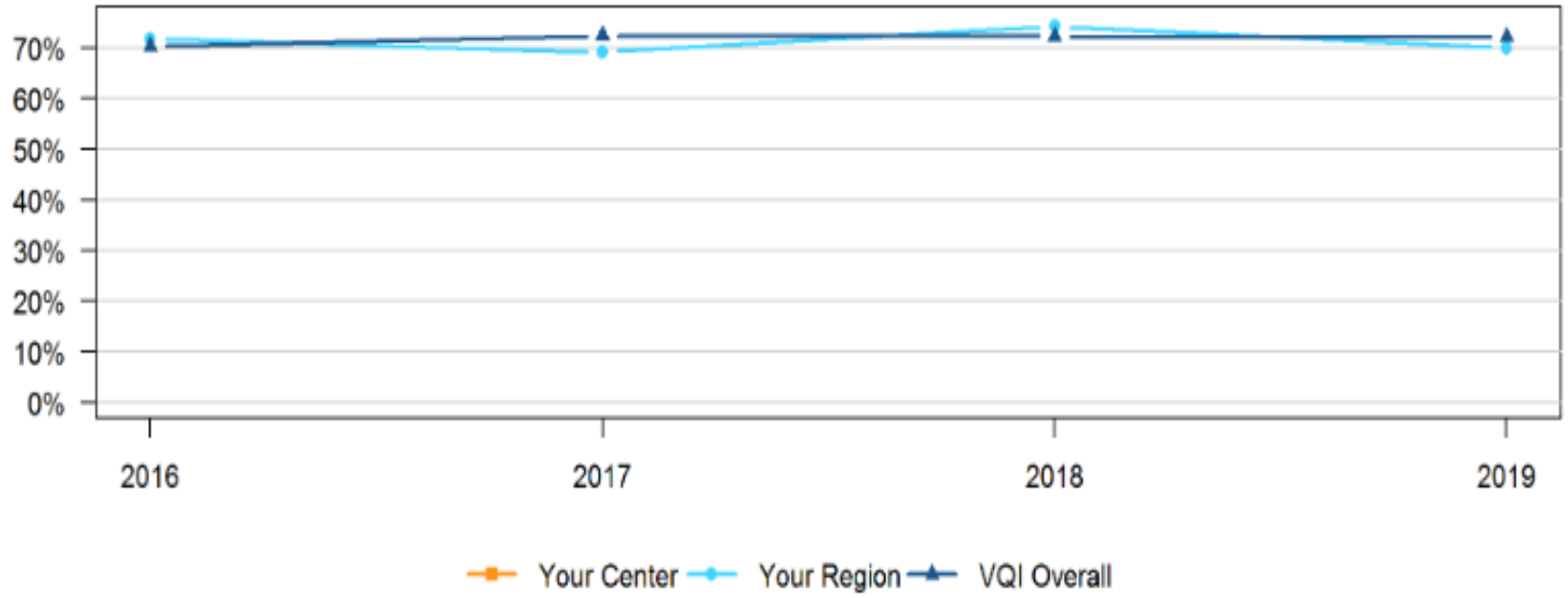
Excludes non-elective procedures. If the patient has any iliac aneurysm, the guideline is considered to have been met regardless of AAA diameter.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of elective EVAR procedures in the VQI, and the percentage of those cases meeting the SVS sac size guideline.

	Your Center	Your Region	VQI Overall
Number of elective EVAR procedures		339	5875
Percentage meeting SVS sac size guideline		70%	72%

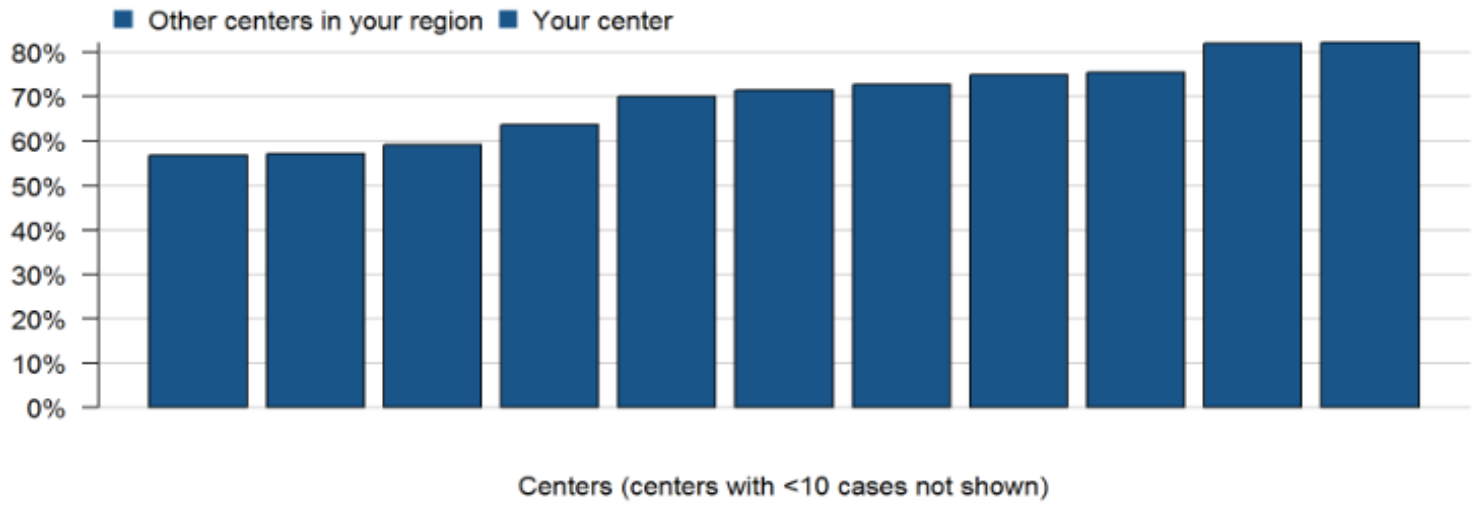


Rate of EVAR Cases Meeting Sac Size Guideline by Year



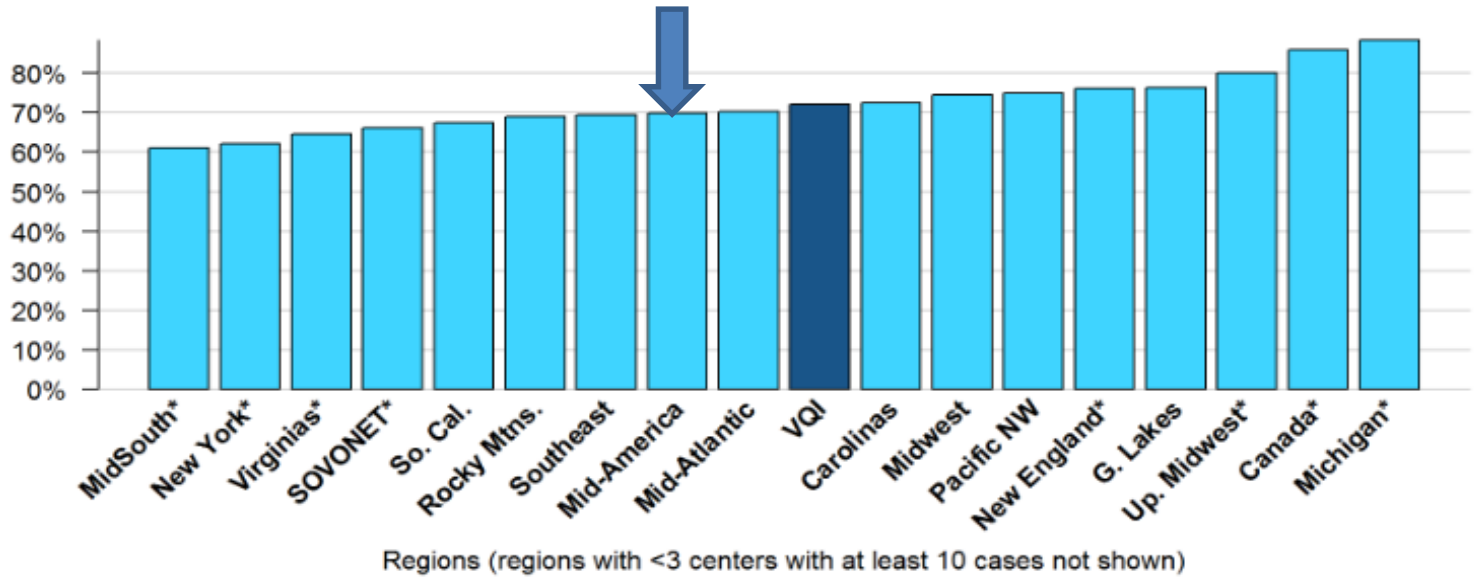
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of EVAR Cases Meeting Sac Size Guideline in Your Region (Jan-Dec 2019)



"*" indicates center's rate differs significantly from the regional rate.

Rate of EVAR Cases Meeting Sac Size Guideline by Region Across VQI (Jan-Dec 2019)



"*" indicates region's rate differs significantly from the VQI rate.

OAAA: Percentage of Patients Meeting SVS Cell-Saver Guideline (Cell Salvage or Ultrafiltration Device Used if EBL>500 ml)

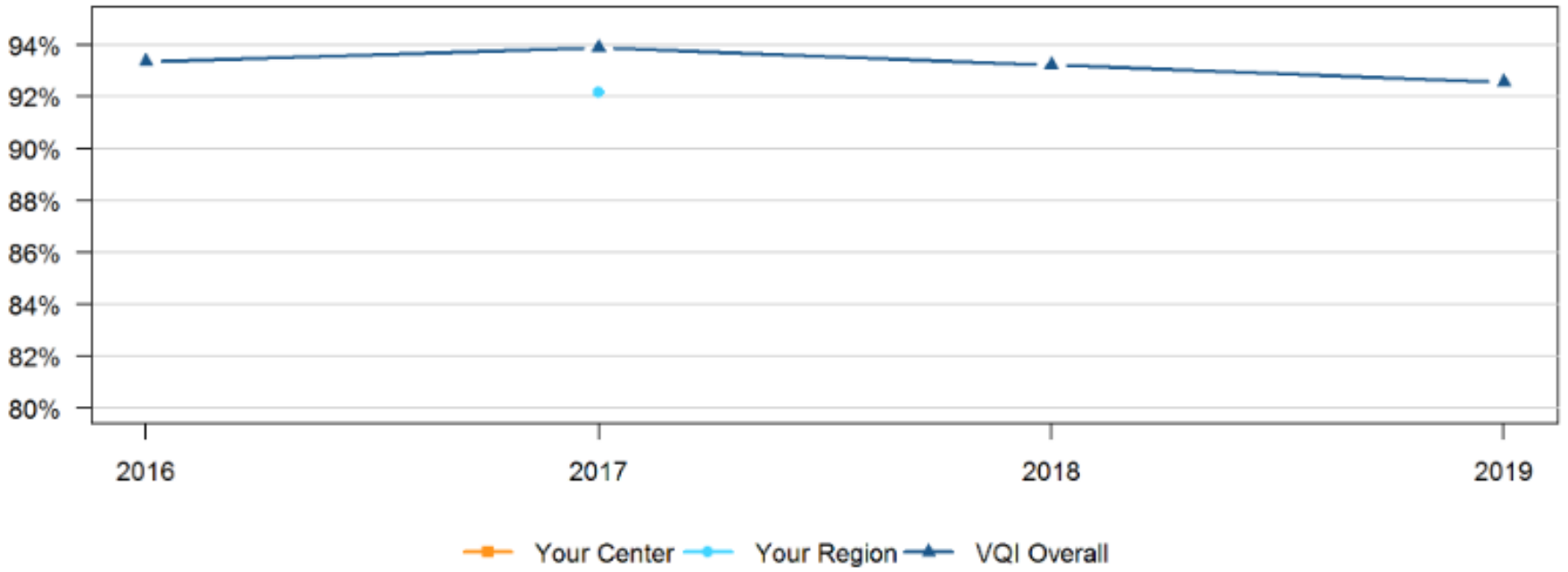
Procedures performed between January 1 and December 31, 2019

Excludes patients with EBL≤500 ml.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of OAAA procedures with EBL>500 ml in the VQI, and the percentage of those cases meeting the SVS cell-saver guideline.

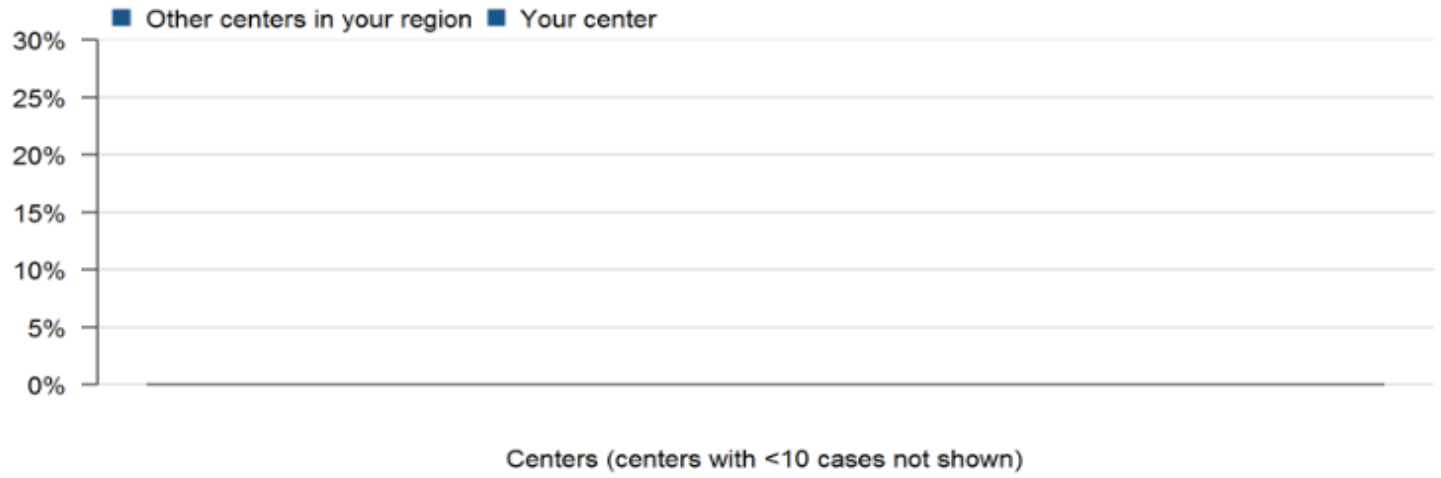
	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		NA (<3 centers)	1035
Percentage meeting cell-saver guideline			93%

Rate of OAAA Cases Meeting Cell-Saver Guideline by Year



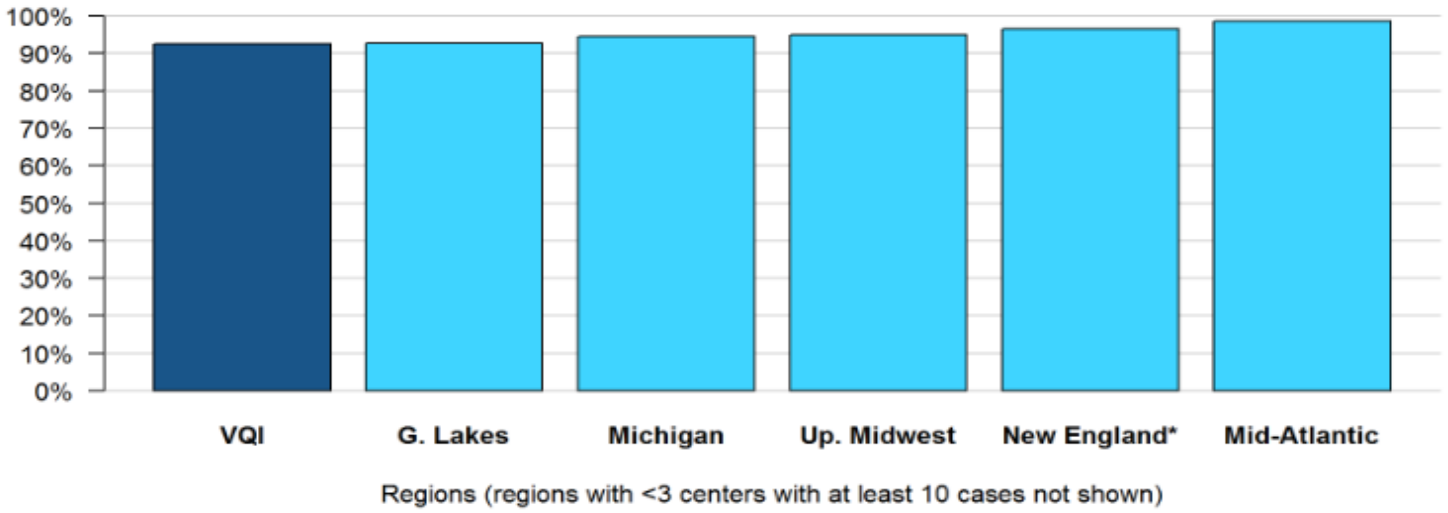
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of OAAA Cases Meeting Cell-Saver Guideline in Your Region (Jan-Dec 2019)



"*" indicates center's rate differs significantly from the regional rate.

Rate of OAAA Cases Meeting Cell-Saver Guideline by Region Across VQI (Jan-Dec 2019)



"*" indicates region's rate differs significantly from the VQI rate.

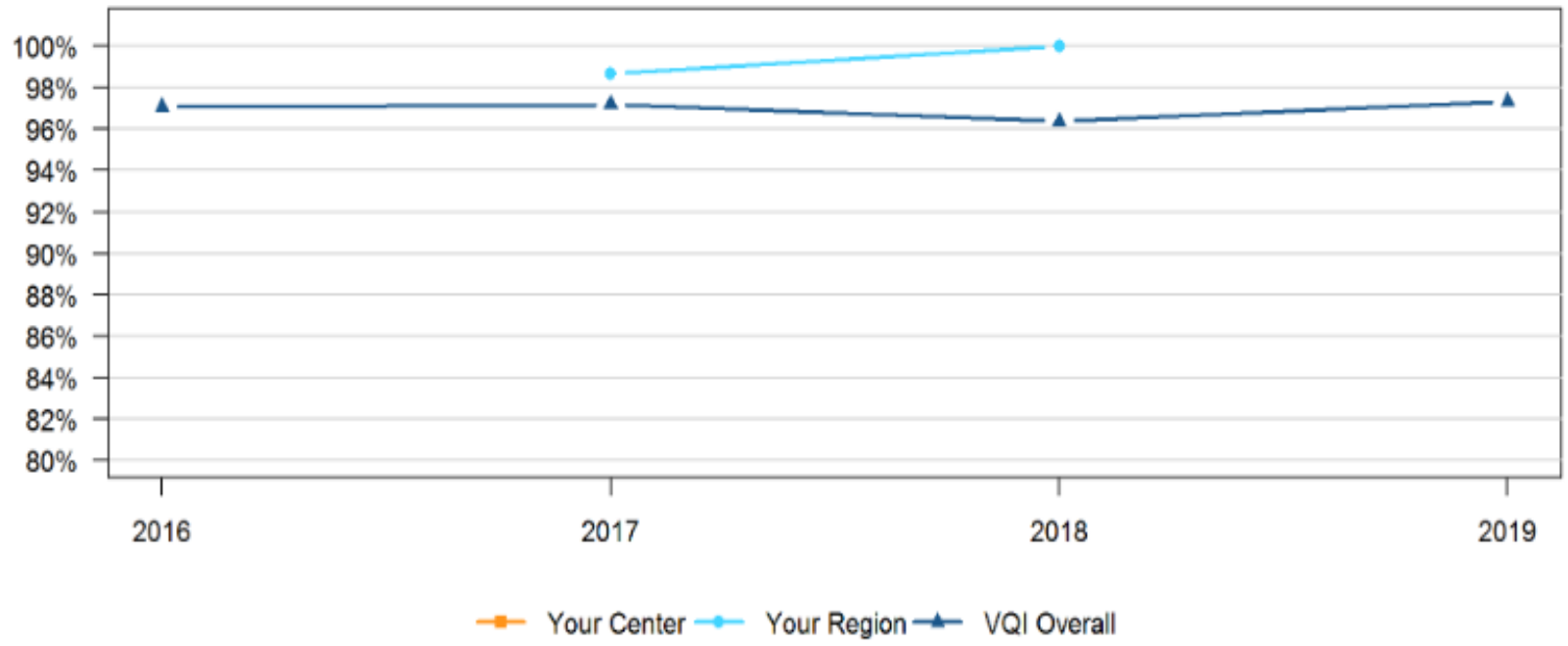
OAAA: Percentage of Procedures Meeting SVS Internal Iliac Inflow Guideline (Preservation of Flow Maintained to at Least One Internal Iliac Artery)

Procedures performed between January 1 and December 31, 2019

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of OAAA procedures in the VQI, and the percentage of those cases meeting the SVS iliac inflow guideline.

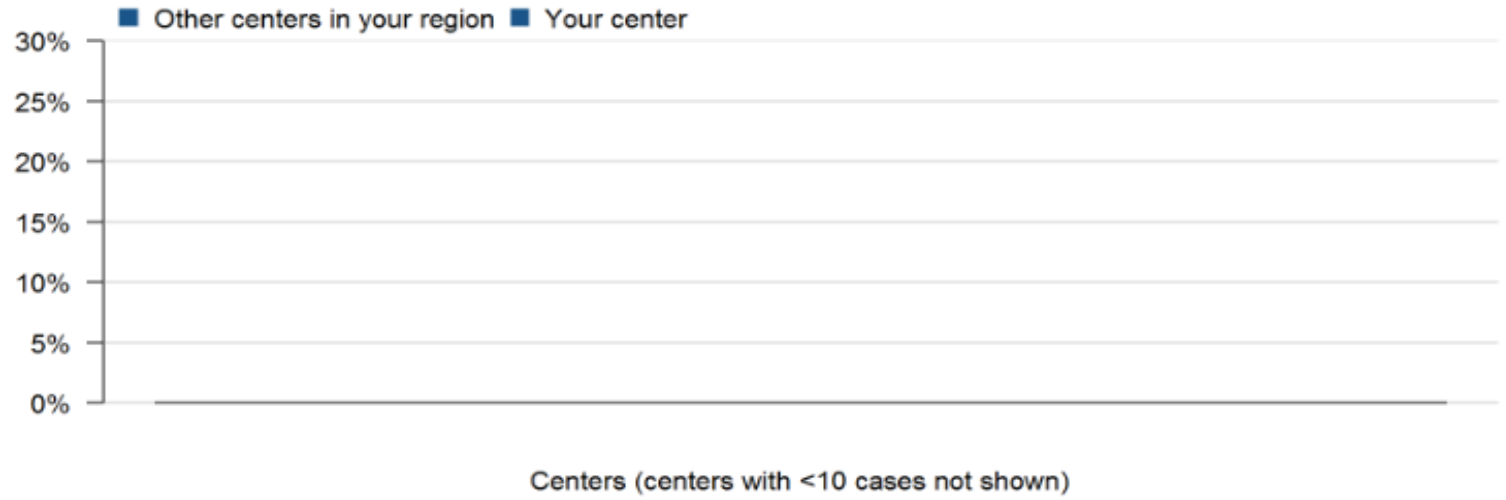
	Your Center	Your Region	VQI Overall
Number of OAAA procedures		NA (<3 centers)	1171
Percentage meeting iliac inflow guideline			97%

Rate of OAAA Cases Meeting Iliac Inflow Guideline by Year



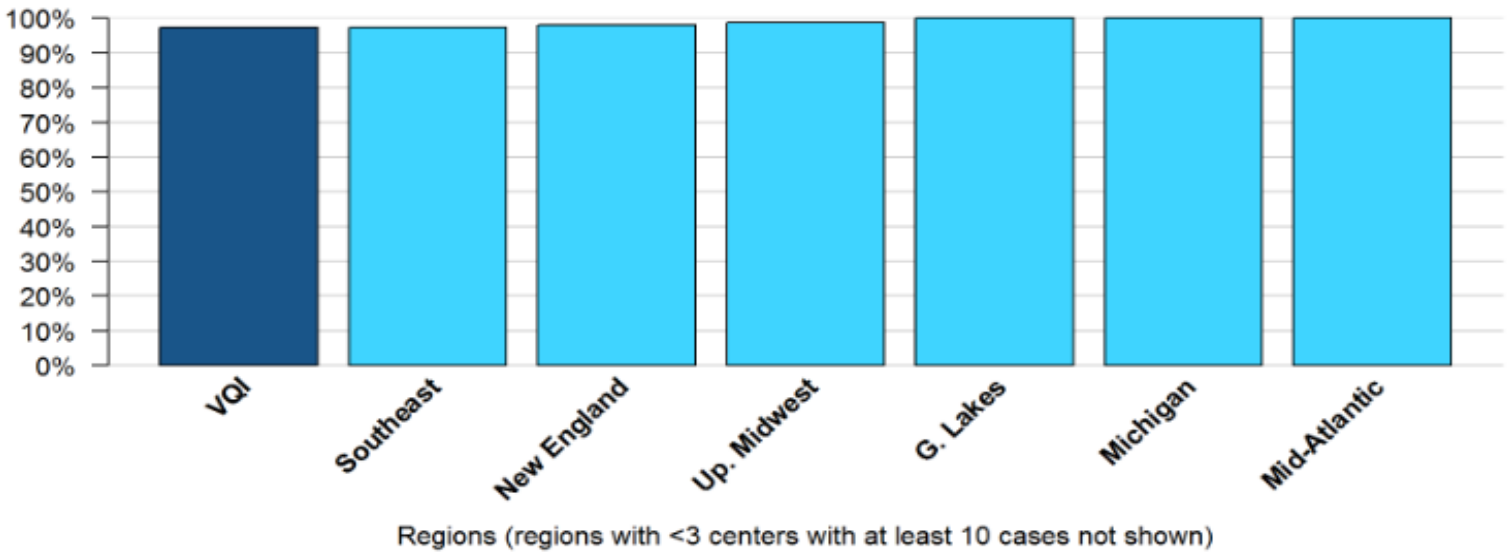
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of OAAA Cases Meeting Iliac Inflow Guideline in Your Region (Jan-Dec 2019)



"*" indicates center's rate differs significantly from the regional rate.

Rate of OAAA Cases Meeting Iliac Inflow Guideline by Region Across VQI (Jan-Dec 2019)



"*" indicates region's rate differs significantly from the VQI rate.

New Business before we close!

SVS | VQI

1. Dr Hasanadka has agreed to serve another 3 year term as the Venous Quality Committee Chair. Term ended in Nov.
2. We need a volunteer to serve on the new Venous Registry Committee. Any volunteers?
3. We need a volunteer to replace Dr Nolte as the RAC chairperson (three year term) for our region? Any Volunteer's? Survey poll and vote on line.
4. We need to select a September 2020 date for our fall meeting at Nebraska Medicine.
5. Drs Chew & Ebaugh, and Cynthia intend to pass the torch after the Spring 2021 meeting. Be thinking……☺

MAVSG Regional Meeting CE Credit

SVS | VQI

URL BELOW FOR ATTENDANCE CREDIT – 2.0 *AMA PRA Category 1-A Credit*™, AOA credit, and nursing contact hours.

Must complete to receive CE credit.

https://tinyurl.com/VSG-April-2020

Meeting Adjourned