SOCAL VOICE Spring 2020 Meeting Minutes
May 1, 2020
10am – 12n
Remote Meeting

- Agenda

**Welcome and Introduction** - Welcome Coastal Health. Make sure to pull up reports from share-a-file

Regional Data Review ____________ Ahmed Abou-Zamzam, MD
Regional QI Proposals ____________ Ahmed Abou-Zamzam, MD/Greg Magee, MD
National VQI Update ____________ Cheryl Jackson, SVS PSO
Data Manager Update ____________ Kelsi Ostenson
AQC Update ____________ Ankur Chandra, MD
VQC Update ____________ Isabella Kuo, MD
RAC Update ____________ Greg Magee, MD
GC Committee Update ____________ Ahmed Abou-Zamzam, MD
Meeting Evaluation ____________ Ahmed Abou-Zamzam, MD

- Regional Dashboard – Dr. Abou Zamzam

Comments: See slides

- Long-Term Follow-up – 54% well below the VQI rate of 70%
- D/C Meds – Even with VQI at 85%
- Hemodialysis Access: Percentage of Primary AVF vs. Graft – N/A (< 3 centers)
- Transfemoral Carotid Artery Stent: Stroke or Death in Hospital – N/A (< 3 centers)
- TransCarotid Artery Revascularization: Stroke or Death in Hospital – 0%, below the 1% VQI rate
- CEA: Asymptomatic Stroke or Death in Hospital – 0.5%, slightly below the 0.8% VQI rate
- CEA: Symptomatic Stroke or Death in Hospital – 2.9%, above the 1.9% VQI rate
- CEA: Percentage of Asymptomatic Patients with LOS>1 Day – 20%, Below the 20% VQI rate
- CEA: Percentage of Symptomatic Patients with LOS>1 Day – N/A (< 3 centers)
- EVAR: Percentage of patients with LOS>2 days – 13%, above the 11% VQI rate
- EVAR: Rate of sac diameter at LTFU – 40%, well below the 60% VQI rate
- Infra-inguinal Bypass: Rate of Major Complications – N/A (< 3 centers)
- IVCF: Percentage of Temporary Filters w/Retrieval or Attempt at Retrieval – N/A (< 3 centers)
- LEAMP: Rate of Postop Complications – N/A (< 3 centers)
- Non-ruptured OAAA – In-hospital Mortality – N/A (< 3 centers)
- PVI: Percentage of claudicants with ABI/Toe pressure reported before procedure – 78%, above VQI rate of 76%
- Suprainguinal Bypass: Rate of Major Complications – N/A (< 3 centers)
- TEVAR: Rate of sac diameter at LTFU – N/A (< 3 centers)
- EVAR: Percentage of elective patients w/AAA diameter within SVS guideline – 67%, below VQI rate of 72%
- OAAA: Percentage of Patients Meeting Cell-Saver Guidelines – N/A (< 3 centers)
- OAAA: Percentage of Procedures Meeting SVS Internal Iliac Inflow Guideline – N/A (< 3 centers)
- LTFU unblinding – helpful; Can we unblind sac size reporting?
  - PSO response – Unblinding sac size is being considered to help support the national initiative, stay tuned on Executive Committee decision.
- When there are outliers, can we generate friendly letters to inform participants of their status/offer suggestions or guidance?
  - PSO response – Dr. Lemmon mentions that this is a project he is considering.
- Other suggestions include adding symptomatic TCAR
- During the discussion of guideline adherence for AAA - AAA guidelines for intervention were only followed 50-70%; there is a plan for revising report to include saccular AAA and rapid enlargement; adherence is not expected to be 100%.

- Regional Study Updates – Greg Magee – during update on regional projects with VQI he discussed transfusion in lower extremity bypass (LEB). This is a potential regional project looking at lowest hemoglobin in LEB using the registry. This would need to be obtained in addition to currently collected VQI datapoints. Dr. Weaver noted that there is discussion on a national level to add lowest hemoglobin as a registry datapoint.
  - PSO response – Thanks for the feedback, the PSO will take your recommendation into consideration. Consider hashtag until that time?
- VQI VAM poster – Will be virtual for this year if unable to gather in person
- TCAR EPIC dot phrase is .CASVQI - see slides
- National VQI Update: Cheryl Jackson – currently 672 centers and rising
  - VQI at VAM – will be not in person but remote. 1-2 hr live sessions over 6-8 weeks.
    - 37 charters submitted in 2019
  - National initiatives – EVAR sac diameter and discharge medications, How do we move the bar?
    - Vision reports using claims data will be distributed to each center
    - Drilldown feature
    - Barcode scanning
- Participation Awards
  - Marketing Your Participation Award – PSO limitations
- Quality Improvement Activities:
  - 2019 Quality Improvement: Four QI webinars with presentations from five data managers!
  - 2020 Participation Award Criteria: Approved by the SVS PSO Executive Board
  - Changes/Additions
    - Regional physician leaders and regional lead data managers will get one extra point
    - The host site will get 1 extra point
    - 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.
    - NO star award if no one from a center attends either meeting (Spring and Fall), regardless of total points
- NO star award for centers at <50% for LTFU, regardless of total points

- New Registries
  - NEW Venous Stent Registry
  - NEW Vascular Medicine Registry

- Data Manager Update – Kelsi Ostenson
  - Would like to start more regular calls with data managers, spring was delayed due to COVID.
  - Will start to set up monthly calls with data managers to work through any issues or unique cases the last month
  - May be shorter and can send out case studies prior to call for more input
  - Will work to better assess which projects everyone is working on and come together as a region

- Paclitaxel, Mortality and VQI – See slides
  - 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
  - Full details about the study are available at clinicaltrials.gov under the identifier NCT04110288.

Your Data Matters! See slides

Summary
- Compliance was measurable using VQI registries
- Compliance was quite variable – even guidelines with 97% centers with compliance that ranged 51-100%
- Compliance with guidelines (especially high quality) was associated with improved patient outcomes
- Antibiotic – EVAR – Decreased SSI, MACE, and in-hospital mortality
- Internal Iliac Artery – OAAA – Marginally decreased in-hospital and one year mortality
- Cell Salvage – OAAA – Decreased one year mortality
- Tobacco cessation – EVAR – Decreased respiratory complications and in-hospital and one year mortality
- Tobacco cessation – OAAA – Decreased respiratory complications and one year mortality

Conclusions
- The degree and impact of compliance with AAA guidelines is dependent on the grade of evidence
- Registry assessment may confirm value of a guideline and help inform guideline writing committees
- Guidelines may also be used to inform content of clinical registries
- Registry participation provides an objective assessment of compliance and performance
- Registry reports may be used as a focus for quality improvement efforts
- Claudication Guidelines Work Group currently working on gap analysis with VQI data
- On-going work with SVS Clinical Practice Guidelines Committee to align with VQI data collection

Research Advisory Council – Make sure to take a look online of current and past projects prior to submitting
Arterial Quality Council – See slides
Venous Quality Council - See slides
Governing Council – See slides
- Associate Medical Directors:
  - Technical Associate Medical Director
    o Leila Mureebe, MD
  - Quality Improvement Associate Medical Director
    o Gary Lemmon, MD
  - Report to current SVS PSO Medical Director, Jens Jorgensen, MD
  - 3 year terms, as of March 2020

Round table: Open Discussion – Dr. Lawrence raised the issue of reports on appropriateness of procedures. The general feeling is that this is an important area to investigate and maybe develop reports (similar to COPI) on appropriateness using SVS guidelines. Can this be taken to GC and re-discussed? This has been discussed previously – what is the status?

PSO response – We are working on PVI claudication guidelines so a lot of the “appropriateness” work is rolled up into our guidelines work led by Jens Jorgensen, MD. He will be reporting out on the progress of this work VQI ONLINE.

Meeting Evaluation: Survey to be sent out