Rocky Mountain Vascular Quality Initiative (RMVQI)

Friday March 20, 2020
11:30-1:30 (Mountain Time)
REMOTE
Participation Award Credit!!!

PLEASE SIGN THE ATTENDANCE SHEET

Click “Participants” in the box at the top or bottom of your screen. If your full name is not listed, hover next to your name and you’ll see “rename”. Click and sign in. If you can’t sign in, please email Leka Johnson at ljohnson@svspso.org and let her know the identifier you were signed in under (ex –LM7832 or your phone number).
SAVE THE DATE

The 41st Annual Meeting of the Rocky Mountain Vascular Society will be held from Wednesday evening, July 29 to 1 pm on Saturday, August 2, 2020 at the Steamboat Grand Resort in Steamboat Springs, CO.

Steamboat Grand

The hotel features a year-round outdoor pool and hot tub. Free WiFi is available in all guest accommodations. All units feature a flat-screen cable TV, a DVD player, ironing facilities, and a coffee maker. Serving breakfast lunch and dinner, The Cabin bar and restaurant is located on-site. The restaurant features authentic Colorado produce meat and game and offers a children’s breakfast and dinner menu along with vegetarian options. A Friday through Sunday Happy Hour is offered at the bar.

A full-service spa is available to guests of The Steamboat Grand, which offers a number of different massages body treatments and facials. Guests have access to the business center with fax and photocopying services. For convenience a guest launderette is available. A free transfer service is available to Steamboat town center just 1.6 mi away from this hotel. Strawberry Hot Springs is 10 minutes’ drive. Numerous mountain biking and hiking trails are located in the area around this hotel.
Agenda

I. Welcome and Introduction               Scott Berman, MD
II. National VQI Update                  Cheryl Jackson, SVS PSO
III. AQC Update                          Ben Brooke, MD
IV. VQC Update                           Bridgette Smith, MD
V. RAC Update                            Ben Brooke, MD
VI. GC Committee Update                 Scott Berman, MD
VII. Regional Data Review                Scott Berman, MD
VIII. Regional QI Proposals             Scott Berman, MD
IX. Meeting Evaluation                  Scott Berman, MD
Welcome and Introductions

Abrazo Arizona Heart Hospital
Abrazo Arrowhead Campus
Arizona Endovascular Center
Arizona Vascular Specialists, LLC
Avera Heart Hospital of South Dakota
Banner Desert Medical Center
Banner Heart Hospital
Carson Tahoe Regional Hospital
Cheyenne Regional Medical Center
IHC Health Services:
• Dixie Regional Medical Center
• Intermountain Medical Center
• McKay-Dee Hospital
• Utah Valley Hospital
HonorHealth:
• Deer Valley Medical Center
• Scottsdale Osborn Medical Center
• Scottsdale Thompson Peak Medical Center
Lovelace Medical Center
Lutheran Medical Center
Mayo Clinic Arizona
Memorial Hospital Central
Parkview Medical Center
Penrose St. Francis

Pima Heart and Vascular
Porter Adventist Hospital
Presbyterian Hospital
Presbyterian/St. Luke's Medical Center
Providence St. Patrick Hospital
Rose Medical Center
Saint Joseph Hospital
St. Anthony Lakewood
St. Luke's Regional Medical Center
St. Mary Corwin Medical Center
St Mary's Hospital-SCL
St. Vincent Healthcare (Montana)
Superior Vein Care PLLP
Tucson Medical Center
University of Arizona Medical Center
University of Colorado, Denver
University of Colorado, North Vascular Services
University of New Mexico
University of Utah Hospital and Clinics
Utah Valley Hospital
Yavapai Regional Medical Center
National VQI Update:
Cheryl Jackson, SVS PSO
672 VQI Centers
671 centers in North America
1 center in Singapore
18 Regional Quality Groups
Total Procedure Volume tab reflects net procedures added to the registry for the month.
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
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

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
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?
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!
Claudicator Quality Improvement Project

Improving compliance with pre-treatment ABI’s while measuring the impact on quality of life after PVI for claudicators
Hashtag project-open to all RMVQI participants

QOL questionnaire given at the following time points:

- Preop  #QOL_PRE_XX
- 4-6 weeks postop  #QOL_POM1_XX
- 4-6 week ABI entry  #QOL_POM1_ABI_X.XX
- 1 year postop (+/- 1 month)  #QOL_POY1_XX
PVI Questionnaire

1. Because of the poor circulation in my legs, the range of activities that I would have liked to do in the past two weeks has been...
   1. Severely limited—most activities not done
   2. Very limited
   3. Slightly limited
   4. Not limited at all—have done all the activities that I wanted to
2. During the past two weeks, my legs felt tired or weak...
   1. All of the time
   2. Some of the time
   3. A little of the time
   4. None of the time
3. During the past two weeks, because of the poor circulation in my legs, my ability to walk has been...
   1. Totally limited, couldn’t walk at all
   2. Very limited
   3. Slightly limited
   4. Not at all limited
4. During the past two weeks, I have been concerned about having poor circulation in my legs...
   1. All of the time
   2. Some of the time
   3. A little of the time
   4. None of the time
5. During the past two weeks, because of the poor circulation in my legs, my ability to participate in social activities has been...
   1. Totally limited, couldn’t socialize at all
   2. Very limited
   3. Slightly limited
   4. Not at all limited
6. During the past two weeks, when I have had pain in the leg (or foot) it has given me...
   1. A great deal of discomfort or distress
   2. A moderate amount of discomfort or distress
   3. Very little discomfort or distress
   4. No discomfort or distress


QUESTIONS or COMMENTS?
Patient Reported Outcomes (PRO)

- 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 VascuQol 6 (VQ6) and EQ5D
- Exploring options for PAD PRO implementation
  - Least burdensome
  - Ideally direct from patient
  - Multi-modal collection (mobile, PC)
PROBLEM STATEMENT

Frailty is a multidimensional syndrome of loss of reserves (energy, physical ability, cognition, health) that gives rise to vulnerability to adverse events.\(^1\)

Frailty-based instruments, such as the Clinical Frailty Scale, may be useful for predicting long-term clinical and functional outcomes after vascular surgery.

SOURCE: 1. ROCKWOOD ET AL, CMAJ, 2005
**GOAL**

Using the **Clinical Frailty Scale**, assess the relationship between pre-operative frailty assessment and long-term outcomes following vascular surgery.

<table>
<thead>
<tr>
<th>Clinical Frailty Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 Very Fit</strong> – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</td>
</tr>
<tr>
<td><strong>2 Well</strong> – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.</td>
</tr>
<tr>
<td><strong>3 Managing Well</strong> – People whose medical problems are well controlled, but are not regularly active beyond routine walking.</td>
</tr>
<tr>
<td><strong>4 Vulnerable</strong> – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being &quot;slowed up,&quot; and/or being tired during the day.</td>
</tr>
<tr>
<td><strong>5 Mildly Frail</strong> – These people often have more evident slowing, and need help in high order (ADLs: finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.</td>
</tr>
<tr>
<td><strong>6 Moderately Frail</strong> – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standing) with dressing.</td>
</tr>
<tr>
<td><strong>7 Severely Frail</strong> – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~6 months).</td>
</tr>
<tr>
<td><strong>8 Very Severely Frail</strong> – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</td>
</tr>
<tr>
<td><strong>9 Terminally Ill</strong> – Approaching the end of life. This category applies to people with a life expectancy &lt;6 months, who are not otherwise evidently frail.</td>
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**Scoring frailty in people with dementia**

The degree of frailty corresponds to the degree of dementia. Common symptoms in mild dementia include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.

In moderate dementia, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.

In severe dementia, they cannot do personal care without help.
SCOPE

Patients undergoing VQI-eligible procedures starting September 13, 2019 and onward. All VQI registries in which the site participates are included in this project.

Participating Centers (5):

– University of Utah, Salt Lake City, UT (Dr. Larry Kraiss & Julie Beckstrom)
– St. Vincent Healthcare, Billings MO (Dr. Kevin Bruen & Judy Daniels)
– PIMA Heart and Vascular, Tucson AZ (Dr. Scott Berman, Megan Berman)
– University of Arizona, Tucson AZ (Dr. Tze-Woei Tan, Catherine Black)
– University of Colorado, Denver CO (Dr. Emily Malgor, Kimberly Marshall)
DELIVERABLES

Original Case Form:
- Surgeon to assign pre-operative Clinical Frailty Scale score. If more than one pre-operative score is assigned, input the value that was assigned closest in time to the procedure.
- Hospital VQI Data Manager to input Clinical Frailty Scale score hashtag

Long Term Follow Up (LTFU) Case Form:
- Surgeon to assign Clinical Frailty Scale score upon LTFU visit
- Hospital VQI Data Manager to input Clinical Frailty Scale score hashtag

Hashtags:
- #C FS1, #C FS2, #C FS3, #C FS4, #C FS5, #C FS6, #C FS7, #C FS8, #C FS9
CHECK-IN

• How’s it going?

• What are your successes/ & challenges?

• What strategies have you implemented to overcome barriers?

• Additional site participation?

• Discuss timing of 1st Hashtag data pull
2020 PARTICIPATION AWARD CRITERIA

Approved by the SVS PSO Executive Board
No changes

<70% = 0 points  
>=70% = 2  
>=80% = 4  
>=90% = 6

NOTE: Centers having a LTFU rate of less than 50% for two consecutive years are placed on probation. A center’s data is then excluded from de-identified datasets. Additionally, the center cannot obtain research datasets or participate in industry studies for the specific registries with an LTFU rate of < 50%.
Current Regional Meeting attendance criteria

- Each regional meeting will be scored on a 0-3 point scale
  - For centers with 3 or more MDs, 1 point for each MD attending, up to a max of 3 points
  - If site has only 2 MDs and 1 attends, 2 points
  - If site has <3 MDs and all attend, 3 points
  - Extra point for support staff attending with an MD (but not if it pushes total for that meeting over 3 points).
  - If no MD attends, 0 points, regardless of support staff attendance.
- If total score for both meetings is < 6 points, the center can receive an additional point if any non-physician staff member attends the Annual VQI meeting at VAM.

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.
Participation Award 2020 - QI Project Domain

Scoring on 0 – 6 point scale to keep consistent with other measures

- Initiation of a QI Project, evidenced by submitting a Project Charter
- Presenting a QI/Research Project (presentation or poster) at a Regional VQI, Regional Society Meeting, or Hospital Board Meeting
- Presenting a QI/Research Project (presentation or poster) at the National VQI or Vascular Annual Meeting
- Publish VQI based article in a Peer Reviewed Journal

- 6-point maximum credit for QI even though additional points can be acquired
- Each VQI center submits one QI project per center for the Participation Award
Registry Subscriptions – No changes

- 1-2 registries = 0 points
- 3-5 registries = 2
- 6-8 registries = 4
- ≥ 9 registries = 6

- If the center is a vein-only center (i.e. could only possibly subscribe to 1 registry) = 1 point
Improvement of rates or maintaining excellent performance rates on National QI Initiatives – **No changes**

- Any hospital that shows a statistically significant improvement in either its rate of EVAR LTFU imaging or DC medications from the prior year to the scoring year will receive one point per measure.

- Any hospital that was at or above the 75\textsuperscript{th} percentile for either measure in the prior year will get one point per measure if it remains at or above the 75\textsuperscript{th} percentile in either measure in the scoring year, as long as either of its rates has not gotten significantly worse.
Participation Award 2020

Scoring – No changes

- Four categories scored, each on a 0-6 point scale:
  - LTFU (weighted 40%)
  - Meeting attendance (weighted 30%)
  - QI project involvement (weighted 20%)
  - Registry Subscriptions (weighted 10%)

- The final score calculated as follows:
  Total points = 4 x LTFU + 3 x Attendance + 2 x QIP + 1 x registry
Other Criteria

- **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
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
3 Star Award Recipients

- University of Utah Hospital and Clinics
- Pima Heart and Vascular
- St. Luke's Regional Medical Center
- St. Vincent Healthcare
QI project details

- 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 c.jackson@svspso.org.

- Visit the VQI Members Only Website for webinars and presentations on VQI Quality Improvement Projects. www.vqi.org
## 2020 Push Report Schedule:

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<th>Deliverable</th>
<th>Data Cut</th>
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<tr>
<td><strong>Regional Reports</strong></td>
<td></td>
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<tr>
<td>Spring 2020</td>
<td>1-Feb-20</td>
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<tr>
<td>Fall 2020</td>
<td>1-Jul-20</td>
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<tr>
<td><strong>Center Dashboards</strong></td>
<td></td>
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<tr>
<td>Fall 2019</td>
<td>1-Sep-19</td>
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<tr>
<td>Winter 2019</td>
<td>1-Dec-19</td>
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<tr>
<td>Cumulative</td>
<td>1-Dec-19</td>
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<tr>
<td>Spring 2020</td>
<td>1-Mar-20</td>
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<tr>
<td>Summer 2020</td>
<td>1-Jun-20</td>
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<tr>
<td>Fall 2020</td>
<td>1-Sep-20</td>
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<tr>
<td><strong>Quarterly QI Reports (DC meds/EVAR Imaging)</strong></td>
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<tr>
<td>2019, Report 3</td>
<td>1-Oct-19</td>
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<tr>
<td>2020, Report 1</td>
<td>1-Apr-20</td>
</tr>
<tr>
<td>2020, Report 2</td>
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<tr>
<td>2020, Report 3</td>
<td>1-Oct-20</td>
</tr>
<tr>
<td>Participation Awards</td>
<td>1-Feb-20</td>
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</tbody>
</table>
Release of Registry Updates:

- **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)
NEW Venous Stent Registry

Inclusion Criteria:
Percutaneous (closed) and/or cut-down (open) procedures to treat patients with symptomatic venous obstructions due to chronic thrombosis and/or some venous compression disorders. Vessels included: Inferior Vena Cava, Common iliac vein, External iliac vein, Common Femoral Vein, Deep Femoral Vein, Femoral Vein, Popliteal Vein.

• Acute obstruction of the Vein;
• Chronic thrombotic obstruction= Chronic Stenosis/Obstruction of the Vein;
• Non-thrombotic stenosis/compression such as May Thurner (iliac vein compression syndrome)

Exclusion Criteria:

• Venous Stent of the Internal Iliac (hypogastric), Great Saphenous Vein, Superior vena cava, Renal Veins, Subclavian vein, Jugular vein, Innominate vein and any upper extremity veins
• Vein Diameters that are not treatable per stent sizing recommendations
• Venous Inflow or Outflow issues precluding stent placement
NEW Vascular Medicine Registry

**Inclusion Criteria:**
This registry only includes New Outpatient Consults who are being treated medically for:
- Lower Extremity peripheral arterial disease due to atherosclerosis
- Atherosclerotic carotid artery occlusive disease
- Abdominal aortic aneurysm

**Exclusion Criteria:**
- Evaluation/diagnosis of pseudo or neurogenic claudication, peripheral arterial disease due to trauma, popliteal entrapment, medial adventitious cystic disease, chronic compartment syndrome
- Carotid disease due to dissection, infection, aneurysm, tumor, isolated common carotid lesion not thought to involve the bifurcation, disease of the carotid bifurcation due solely to vasculitis, and Moyamoya disease, and fibromuscular dysplasia
- Isolated aortic dissection without aneurysm
- Thoracic, thoraco-abdominal, and mycotic aneurysms
Data Audits:

- Pathways Audit Tool:
  - Potential error in data entry

- Third Party Source Data Audits:
  - Upload data into their share a file
  - Randomly selected sites and procedures
  - Phase III will require SVS to collect the data
Recent Surveys

- **VQI Excluded Cases Survey:** Interest in a tool to track excluded cases according to the VQI exclusion criteria?

- **Claims Validation Process:**
  - Spread out over 3 years or do all registries once every 3 years?
  - Only applies to centers with more than 6 registries
  - VOLUNTARY!
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

- 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

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.
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.
Figure 1. Kaplan-Meier Survival Plot for estimated two-year freedom from death due to any cause for paclitaxel drug coated balloon (green) as compared with plain balloon treatment (blue).
Figure 2. Kaplan-Meier Survival Plot for estimated two-year freedom from death due to any cause for paclitaxel eluting stent (green) as compared with bare metal stent treatment (blue).
Paclitaxel On-Going Work:

- In conjunction with RAPID
  - MDEpiNet Registry Assessment of Peripheral Interventional Devices

- Two additional studies planned
  - Led 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
PROFESSIONAL GUIDELINES -

• Are they being followed?
• Do they impact outcomes?
OBJECTIVES: SVS AAA Guidelines

• Use Vascular Quality Initiative (VQI) registry to assess compliance

• And impact on outcomes
GRADING OF RECOMMENDATIONS, ASSESSMENT, DEVELOPMENT, EVALUATION

- **Strength of Recommendation**
  - 1 – Strong – “We recommend”
  - 2 – Weak – “We suggest”

- **Level of Evidence**
  - A – High
  - B – Moderate
  - C – Low

- Good practice statement - Ungraded
Antibiotic (1A) – Compliance
EVAR – 94% (27-100%)       OAAA 93%(60-100%)
Antibiotic (1A) – Compliance
EVAR – 94% (27-100%)  OAAA 93% (60-100%)
Antibiotic (1A) – Compliance
EVAR – 94% (27-100%)  OAAA 93% (60-100%)

Room for improvement
Cell Salvage (1B) – Compliance
OAAA 92% (25-100%)
Cell Salvage (1B) – Decreased one year mortality
OAAA 92% (25-100%)

Focus for QI efforts
Tobacco cessation (1C) – Compliance
EVAR 55% (13-100%)      OAAA 40% (0-83%)
Tobacco cessation (1C) – Compliance
EVAR 55% (13-100%)       OAAA 40% (0-83%)
Tobacco cessation (1C) – Compliance
EVAR 55% (13-100%) OAAA 40% (0-83%)

Decreased respiratory complications and decreased in-hospital and one year mortality
Decreased respiratory complications and decreased one year mortality
Tobacco cessation (1C) – Compliance
EVAR 55% (13-100%)  OAAA 40% (0-83%)

Room for improvement
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
Summary, cont

- 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
Ben Brooke, MD
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

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
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

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: Ben Brooke, MD
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
InSights EVAR LTFU Report:

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

<table>
<thead>
<tr>
<th>Follow-up</th>
<th>My Region</th>
<th>( *P =&lt; )</th>
<th>All VQI</th>
<th>( *P =&lt; .1 )</th>
</tr>
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<tbody>
<tr>
<td>(Patients = 52)</td>
<td>(Patients = 511)</td>
<td>(vs. Region)</td>
<td>(Patients = 7113)</td>
<td>(vs. AllVQI)</td>
</tr>
<tr>
<td>(Cases = 52)</td>
<td>(Cases = 511)</td>
<td>(Cases = 7113)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cases with any follow-up</td>
<td>0 %</td>
<td>13.9 % (71/511)</td>
<td>0.008</td>
<td>16.3 % (1160/7105)</td>
</tr>
<tr>
<td>Cases with LTFU &gt;= 9 months</td>
<td>0 %</td>
<td>0.2 % (1/511)</td>
<td>1</td>
<td>0.4 % (30/7105)</td>
</tr>
<tr>
<td>Cases with LTFU &gt;= 9 months and imaging</td>
<td>0 %</td>
<td>0.2 % (1/511)</td>
<td>1</td>
<td>0.2 % (14/7105)</td>
</tr>
<tr>
<td>Survival</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freedom from Death (1yr K/M)</td>
<td>–</td>
<td>–</td>
<td>0.496</td>
<td>40.3% ± 5.4%</td>
</tr>
</tbody>
</table>
## Status at most recent follow-up

<table>
<thead>
<tr>
<th>Living Status</th>
<th>0 %</th>
<th>98.5 % (64/65)</th>
<th>–</th>
<th>98.2 % (1083/1103)</th>
<th>–</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>0 %</td>
<td>0 %</td>
<td>&lt;0.001</td>
<td>0.1 % (1/1103)</td>
<td>–</td>
</tr>
<tr>
<td>Homeless</td>
<td>0 %</td>
<td>1.5 % (1/65)</td>
<td>–</td>
<td>1.7 % (19/1103)</td>
<td>–</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>0 %</td>
<td>1.5 % (1/65)</td>
<td>–</td>
<td>1.4 % (15/1103)</td>
<td>–</td>
</tr>
</tbody>
</table>

### Functional Status

<table>
<thead>
<tr>
<th>Functional Status</th>
<th>0 %</th>
<th>100.0 % (4/4)</th>
<th>0.046</th>
<th>58.6 % (109/186)</th>
<th>–</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>30.1 % (56/186)</td>
<td>–</td>
</tr>
<tr>
<td>Light Work</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>5.9 % (11/186)</td>
<td>–</td>
</tr>
<tr>
<td>Self-care</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>5.4 % (10/186)</td>
<td>–</td>
</tr>
<tr>
<td>Assisted Care</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>0 %</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Bed Bound</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>0 %</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

### Smoking

<table>
<thead>
<tr>
<th>Smoking</th>
<th>0 %</th>
<th>75.0 % (3/4)</th>
<th>–</th>
<th>55.2 % (106/192)</th>
<th>–</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>31.2 % (60/192)</td>
<td>–</td>
</tr>
<tr>
<td>Current</td>
<td>0 %</td>
<td>25.0 % (1/4)</td>
<td>–</td>
<td>13.5 % (26/192)</td>
<td>–</td>
</tr>
<tr>
<td>Never</td>
<td>0 %</td>
<td>25.0 % (1/4)</td>
<td>–</td>
<td>7.3 % (14/192)</td>
<td>–</td>
</tr>
<tr>
<td>Quit Since Procedure</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>1.6 % (3/192)</td>
<td>–</td>
</tr>
<tr>
<td>Started Since Procedure</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>0 %</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

### Renal Function

<table>
<thead>
<tr>
<th>Renal Function</th>
<th>0 %</th>
<th>0 %</th>
<th>0.046</th>
<th>1.6 % (3/191)</th>
<th>–</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Onset Dialysis</td>
<td>0 %</td>
<td>0 %</td>
<td>0.317</td>
<td>2.7 % (2/74)</td>
<td>–</td>
</tr>
<tr>
<td>Creatinine increase &gt; 0.5 mg/dl</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>1.6 % (3/191)</td>
<td>–</td>
</tr>
</tbody>
</table>
## InSights EVAR LTFU Report:

<table>
<thead>
<tr>
<th>Medication</th>
<th>%</th>
<th>(Count)</th>
<th>p-value</th>
<th>%</th>
<th>(Count)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiplatelet</td>
<td>0 %</td>
<td>75.0 % (3/4)</td>
<td>81.3 %</td>
<td>81.3 % (157/193)</td>
<td></td>
</tr>
<tr>
<td>Statin</td>
<td>0 %</td>
<td>50.0 % (2/4)</td>
<td>74.1 %</td>
<td>74.1 % (143/193)</td>
<td></td>
</tr>
<tr>
<td>Anticoagulant</td>
<td>0 %</td>
<td>25.0 % (1/4)</td>
<td>17.7 %</td>
<td>17.7 % (34/192)</td>
<td></td>
</tr>
</tbody>
</table>

### Imaging at most recent follow-up

<table>
<thead>
<tr>
<th>None</th>
<th>%</th>
<th>(Count)</th>
<th>p-value</th>
<th>%</th>
<th>(Count)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100.0 % (18/18)</td>
<td>86.1 % (440/511)</td>
<td>0.178</td>
<td>83.7 % (5945/7105)</td>
<td>0.12</td>
</tr>
</tbody>
</table>

### Among Patients having f/u

<table>
<thead>
<tr>
<th>Among Patients having f/u</th>
<th>%</th>
<th>(Count)</th>
<th>p-value</th>
<th>%</th>
<th>(Count)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0 %</td>
<td>25.0 % (1/4)</td>
<td>47.2 %</td>
<td>47.2 % (91/193)</td>
<td></td>
</tr>
<tr>
<td>CT/CTA</td>
<td>0 %</td>
<td>50.0 % (2/4)</td>
<td>42.5 %</td>
<td>42.5 % (82/193)</td>
<td></td>
</tr>
<tr>
<td>Duplex</td>
<td>0 %</td>
<td>25.0 % (1/4)</td>
<td>13.0 %</td>
<td>13.0 % (25/193)</td>
<td></td>
</tr>
<tr>
<td>MR/MRA</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>0.5 % (1/193)</td>
<td></td>
</tr>
<tr>
<td>Angio</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>0.5 % (1/193)</td>
<td></td>
</tr>
<tr>
<td>Plain film</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>0 %</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

### Max AAA Diameter

<table>
<thead>
<tr>
<th>Shrinkage &gt;= 5mm</th>
<th>%</th>
<th>(Count)</th>
<th>p-value</th>
<th>%</th>
<th>(Count)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 %</td>
<td>0 %</td>
<td>0.157</td>
<td>27.0 % (27/100)</td>
<td></td>
</tr>
<tr>
<td>No Change &gt;= 5mm</td>
<td>0 %</td>
<td>100.0 % (2/2)</td>
<td>0.157</td>
<td>64.0 % (64/100)</td>
<td></td>
</tr>
<tr>
<td>Expansion &gt;= 5mm</td>
<td>0 %</td>
<td>0 %</td>
<td>0.157</td>
<td>9.0 % (9/100)</td>
<td></td>
</tr>
<tr>
<td>Complications</td>
<td>Access Site</td>
<td>None</td>
<td>Infection</td>
<td>Pseudoaneurysm</td>
<td>Stenosis</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------</td>
<td>------</td>
<td>-----------</td>
<td>----------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 %</td>
<td>100.0 % (4/4)</td>
<td>0.046</td>
<td>97.4 % (186/191)</td>
</tr>
<tr>
<td></td>
<td>Infection</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>2.1 % (4/191)</td>
</tr>
<tr>
<td></td>
<td>Pseudoaneurysm</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>0 %</td>
</tr>
<tr>
<td></td>
<td>Stenosis</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>0 %</td>
</tr>
<tr>
<td></td>
<td>Occlusion</td>
<td>0 %</td>
<td>0 %</td>
<td>0.046</td>
<td>0.5 % (1/191)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Access Complication Treatment Required</th>
<th>None</th>
<th>Medical</th>
<th>Interventional</th>
<th>Surgical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 %</td>
<td>0 %</td>
<td>-</td>
<td>0 %</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>100.0 % (5/5)</td>
<td>0.025</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 %</td>
<td>0.025</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 %</td>
<td>0.025</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Graft Limb Occlusion</th>
<th>None</th>
<th>Unilateral</th>
<th>Bilateral</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 %</td>
<td>100.0 % (3/3)</td>
<td>0.083</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>95.1 % (97/102)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 %</td>
<td>0.083</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4.9 % (5/102)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 %</td>
<td>0.083</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0 %</td>
</tr>
</tbody>
</table>
### InSights EVAR LTFU Report:

#### Renal Artery Encroachment

<table>
<thead>
<tr>
<th></th>
<th>0 %</th>
<th>100.0 % (3/3)</th>
<th>0.083</th>
<th>98.0 % (100/102)</th>
<th>–</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0 %</td>
<td>100.0 % (3/3)</td>
<td>0.083</td>
<td>98.0 % (100/102)</td>
<td>–</td>
</tr>
<tr>
<td>Stenosis</td>
<td>0 %</td>
<td>0 %</td>
<td>0.083</td>
<td>2.0 % (2/102)</td>
<td>–</td>
</tr>
<tr>
<td>Occlusion</td>
<td>0 %</td>
<td>0 %</td>
<td>0.083</td>
<td>0 %</td>
<td>–</td>
</tr>
<tr>
<td>Endoleak, current</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>0 %</td>
<td>66.7 % (2/3)</td>
<td>–</td>
<td>83.2 % (84/101)</td>
<td>–</td>
</tr>
<tr>
<td>Type Ia</td>
<td>0 %</td>
<td>33.3 % (1/3)</td>
<td>–</td>
<td>1.0 % (1/101)</td>
<td>–</td>
</tr>
<tr>
<td>Type Ib</td>
<td>0 %</td>
<td>0 %</td>
<td>0.083</td>
<td>1.0 % (1/101)</td>
<td>–</td>
</tr>
<tr>
<td>Type II</td>
<td>0 %</td>
<td>0 %</td>
<td>0.083</td>
<td>13.9 % (14/101)</td>
<td>–</td>
</tr>
<tr>
<td>Type IIIa</td>
<td>0 %</td>
<td>0 %</td>
<td>0.083</td>
<td>0 %</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Type IIIb</td>
<td>0 %</td>
<td>0 %</td>
<td>0.083</td>
<td>0 %</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Indeterminate</td>
<td>0 %</td>
<td>0 %</td>
<td>0.083</td>
<td>1.0 % (1/101)</td>
<td>–</td>
</tr>
</tbody>
</table>

#### Endoleak, any time since treatment

<table>
<thead>
<tr>
<th></th>
<th>0 %</th>
<th>66.7 % (2/3)</th>
<th>–</th>
<th>83.2 % (84/101)</th>
<th>–</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0 %</td>
<td>66.7 % (2/3)</td>
<td>–</td>
<td>83.2 % (84/101)</td>
<td>–</td>
</tr>
<tr>
<td>Type Ia</td>
<td>0 %</td>
<td>33.3 % (1/3)</td>
<td>–</td>
<td>1.0 % (1/101)</td>
<td>–</td>
</tr>
<tr>
<td>Type Ib</td>
<td>0 %</td>
<td>0 %</td>
<td>0.083</td>
<td>1.0 % (1/101)</td>
<td>–</td>
</tr>
<tr>
<td>Type II</td>
<td>0 %</td>
<td>0 %</td>
<td>0.083</td>
<td>13.9 % (14/101)</td>
<td>–</td>
</tr>
<tr>
<td>Type IIIa</td>
<td>0 %</td>
<td>0 %</td>
<td>0.083</td>
<td>0 %</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Type IIIb</td>
<td>0 %</td>
<td>0 %</td>
<td>0.083</td>
<td>0 %</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>Indeterminate</td>
<td>0 %</td>
<td>0 %</td>
<td>0.083</td>
<td>1.0 % (1/101)</td>
<td>–</td>
</tr>
</tbody>
</table>
## InSights EVAR LTFU Report:

### Re-intervention

<table>
<thead>
<tr>
<th>Re-interventions</th>
<th>0%</th>
<th>2.8% (2/71)</th>
<th>1.3% (15/1163)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-intervention required</td>
<td>0%</td>
<td>2.8% (2/71)</td>
<td>1.3% (15/1163)</td>
</tr>
<tr>
<td>Freedom from Re-intervention (1yr K/M)</td>
<td>0%</td>
<td>2.8% (2/71)</td>
<td>1.3% (15/1163)</td>
</tr>
<tr>
<td>Indication</td>
<td>0%</td>
<td>2.8% (2/71)</td>
<td>1.3% (15/1163)</td>
</tr>
<tr>
<td>Sac growth</td>
<td>0%</td>
<td>0%</td>
<td>0.157</td>
</tr>
<tr>
<td>Endoleak</td>
<td>0%</td>
<td>100.0% (2/2)</td>
<td>0.157</td>
</tr>
<tr>
<td>Migration</td>
<td>0%</td>
<td>0%</td>
<td>0.157</td>
</tr>
<tr>
<td>Occlusion</td>
<td>0%</td>
<td>0%</td>
<td>0.157</td>
</tr>
<tr>
<td>Stenosis</td>
<td>0%</td>
<td>0%</td>
<td>0.157</td>
</tr>
<tr>
<td>Rupture</td>
<td>0%</td>
<td>0%</td>
<td>0.157</td>
</tr>
<tr>
<td>Graft infection</td>
<td>0%</td>
<td>0%</td>
<td>0.157</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>0%</td>
<td>0.157</td>
</tr>
<tr>
<td>Re-intervention Type</td>
<td>0%</td>
<td>50.0% (1/2)</td>
<td>62.5% (5/8)</td>
</tr>
<tr>
<td>New graft/stent</td>
<td>0%</td>
<td>50.0% (1/2)</td>
<td>62.5% (5/8)</td>
</tr>
<tr>
<td>Balloon existing device</td>
<td>0%</td>
<td>0%</td>
<td>0.157</td>
</tr>
<tr>
<td>Embolization</td>
<td>0%</td>
<td>0%</td>
<td>0.157</td>
</tr>
<tr>
<td>Anchors</td>
<td>0%</td>
<td>50.0% (1/2)</td>
<td>12.5% (1/8)</td>
</tr>
<tr>
<td>Bypass</td>
<td>0%</td>
<td>0%</td>
<td>0.157</td>
</tr>
<tr>
<td>Abdominal surgery</td>
<td>0%</td>
<td>0%</td>
<td>0.157</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
<td>50.0% (1/2)</td>
<td>12.5% (1/8)</td>
</tr>
</tbody>
</table>

**Note:** The table includes rates and percentages for different outcomes and complications related to endovascular aortic repair (EVAR) procedures, including re-intervention rates, freedom from re-intervention, and various indications and re-intervention types. The percentages and rates are calculated based on the number of occurrences over the total number of cases.
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
Venous Quality Council

Bridgette Smith, MD
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.
Formation of VENOUS RAC:

- 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
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?

- 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
Venous Quality Council:

- Venous Stent Registry Launched October 2019
- Contact VQI@M2S.com to join the registry!
Stakeholders:
- Society for Vascular Surgery (SVS) Vascular Quality Initiative (VQI)
- American Venous Forum (AVF)
- American Vein & Lymphatic Society (AVLS) Patient Reported Outcome (PRO)
- MDEpiNet
- FDA
- Venous Industry Partners

Objectives:
- Combine resources, talent and information of VQI and AVLS PRO registries to promote better understanding of optimal treatment of superficial venous disease by harmonizing data elements for interoperability
Governing Council
Scott Berman, MD
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 $\geq 2.7$ w/o special requests automatically approved
  - Score $\leq 1.7$ automatically rejected or requests for modifications
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
Associate Medical Directors:

- Technical Associate Medical Director
  - Leila Mureebe, MD
- Quality Improvement Associate Medical Director
  - Gary Lemmon, MD
- Report to current SVS PSO Medical Director
  - Jens Jorgensen, MD
- 3 year terms, as of March 2020
Regional Reports:

Scott Berman, 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

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 exclusion criteria (see the full report for details). In the “Region” and “VQI” columns, the numbers represent the 25th, 50th (median) and 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                       |                     | [20 | 92 | 231]                  | [25 | 105 | 268]          |
| Multiple (Jan-Dec 2017)   | Long-Term Follow-Up                          | [55% | 74% | 90%]                  | [47% | 73% | 88%]          |
| Multiple                  | Discharge Medications                        | [76% | 83% | 91%]                  | [79% | 87% | 95%]          |
| AVACCESS                  | Primary AVF vs. Graft                         | [72% | 85% | 87%]                  | [77% | 88% | 93%]          |
| Transfemoral CAS          | Stroke/Death in Hospital                     | NA (<3 centers)     | [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                       | [24% | 18% | 2%]                  | [30% | 19% | 11%]          |
| CEA                       | Symptomatic LOS>1 Day                        | [48% | 33% | 16%]                  | [40% | 25% | 12%]          |
| EVAR                      | LOS>2 Days                                   | [10% | 7% | 0%]                  | [16% | 9% | 0%]          |
| EVAR (Jan-Dec 2017)       | Sac Diameter Reported at LTFU                | [48% | 68% | 82%]                  | [37% | 66% | 79%]          |
| INFRA                     | Major Complications                          | [3% | 0% | 0%]                  | [7% | 2% | 0%]          |
| IVCF (Jul 2018-Jun 2019)  | Filter Retrieval                             | NA (<3 centers)     | [0% | 7% | 42%]                  |
| LEAMP                     | Postop Complications                         | NA (<3 centers)     | [16% | 10% | 5%]                 |
| OAAAA                     | In-Hospital Mortality                        | NA (<3 centers)     | [6% | 0% | 0%]                  |
| PVI                       | ABI/Toe Pressure Reported                    | [56% | 77% | 85%]                  | [67% | 85% | 94%]          |
| SUPRA                     | Postop Complications                         | NA (<3 centers)     | [6% | 0% | 0%]                  |
| TEVAR (Jan-Dec 2017)      | Sac Diameter Reported at LTFU                | [33% | 58% | 65%]                  | [28% | 60% | 77%]          |
| EVAR                      | SVS Sac Size Guideline                       | [54% | 67% | 79%]                  | [62% | 71% | 83%]          |
| OAAAA                     | Cell-Saver Guideline                         | NA (<3 centers)     | [95% | 100% | 100%]             |
| OAAAA                     | Iliac Inflow Guideline                       | NA (<3 centers)     | [100% | 100% | 100%]            |
## Total Procedure Volume, All Years

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

<table>
<thead>
<tr>
<th>Your Center (N)</th>
<th>Your Region (N)</th>
<th>VQI Overall (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVACCESS</td>
<td>3021</td>
<td>51328</td>
</tr>
<tr>
<td>CAS</td>
<td>1269</td>
<td>37113</td>
</tr>
<tr>
<td>CEA</td>
<td>5205</td>
<td>133761</td>
</tr>
<tr>
<td>EVAR</td>
<td>2927</td>
<td>52772</td>
</tr>
<tr>
<td>INFRA</td>
<td>1917</td>
<td>56834</td>
</tr>
<tr>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
<td>13425</td>
</tr>
<tr>
<td>LEAMP</td>
<td>218</td>
<td>16216</td>
</tr>
<tr>
<td>OAAA</td>
<td>595</td>
<td>13039</td>
</tr>
<tr>
<td>PVI</td>
<td>9054</td>
<td>211916</td>
</tr>
<tr>
<td>SUPRA</td>
<td>639</td>
<td>18661</td>
</tr>
<tr>
<td>TEVAR</td>
<td>483</td>
<td>16002</td>
</tr>
<tr>
<td>Varicose Veins</td>
<td>3144</td>
<td>37051</td>
</tr>
<tr>
<td>Overall</td>
<td>28472</td>
<td>658118</td>
</tr>
</tbody>
</table>
Procedure Volume by Center in Your Region (Jan-Dec 2019)

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 Across VQI (as of January 31, 2020, N=8051 Physicians)
Physician Specialties Across Your Region (as of January 31, 2020, N=480 Physicians)
### 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.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AVACCESS</td>
<td>472 (78%)</td>
<td>7940 (58%)</td>
</tr>
<tr>
<td></td>
<td>CAS</td>
<td>189 (63%)</td>
<td>5307 (65%)</td>
</tr>
<tr>
<td></td>
<td>CEA</td>
<td>846 (75%)</td>
<td>18275 (72%)</td>
</tr>
<tr>
<td></td>
<td>EVAR</td>
<td>489 (78%)</td>
<td>7199 (72%)</td>
</tr>
<tr>
<td></td>
<td>INFRA</td>
<td>302 (70%)</td>
<td>7643 (72%)</td>
</tr>
<tr>
<td></td>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
<td>2362 (69%)</td>
</tr>
<tr>
<td></td>
<td>LEAMP</td>
<td>NA (&lt;3 centers)</td>
<td>2807 (59%)</td>
</tr>
<tr>
<td></td>
<td>OAAA</td>
<td>88 (67%)</td>
<td>1277 (74%)</td>
</tr>
<tr>
<td></td>
<td>PVI</td>
<td>1414 (71%)</td>
<td>29157 (74%)</td>
</tr>
<tr>
<td></td>
<td>SUPRA</td>
<td>102 (75%)</td>
<td>2352 (69%)</td>
</tr>
<tr>
<td></td>
<td>TEVAR</td>
<td>86 (65%)</td>
<td>2418 (66%)</td>
</tr>
<tr>
<td></td>
<td>Overall (Jan-Dec 2017)</td>
<td>4044 (73%)</td>
<td>86737 (70%)</td>
</tr>
<tr>
<td></td>
<td>Overall (Jan-Dec 2016)</td>
<td>3218 (73%)</td>
<td>75316 (73%)</td>
</tr>
</tbody>
</table>
Percentage With Long-Term Follow-Up by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
**Long-Term Follow-Up by Center in Your Region** (Jan-Dec 2017)

- **Other centers in your region**
- **Your center**

Centers (centers with <10 cases not shown)

**Long-Term Follow-Up by Region Across VQI** (Jan-Dec 2017)

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

"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.

<table>
<thead>
<tr>
<th>Number of Procedures at Your Center</th>
<th>Antiplatelet+Statin</th>
<th>Antiplatelet Only</th>
<th>Statin Only</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFRA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEAMP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OAAA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PVI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPRA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEVAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Center Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Region Overall</td>
<td>3984</td>
<td>77%</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>VQI Overall</td>
<td>82204</td>
<td>85%</td>
<td>9%</td>
<td>4%</td>
</tr>
</tbody>
</table>
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)**

- **Other centers in your region**
- **Your center**

Centers (centers with <10 cases not shown)

---

“**” indicates center’s rate differs significantly from the regional rate.

---

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

- Rocky Mtns.
- Southeast
- New York
- Canada
- Virginia
- SOVONET
- Nor. Cal.
- Mid-Atlantic
- VQI
- So. Cal.
- Midwest
- Carolinas
- Michigan
- G. Lakes
- Others
- Up. Midwest
- Pacific NW
- MidSouth
- New England
- Mid-America

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

“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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of access procedures meeting inclusion criteria</td>
<td></td>
<td>420</td>
<td>5411</td>
</tr>
<tr>
<td>Percentage with primary AVF</td>
<td></td>
<td>85%</td>
<td>84%</td>
</tr>
</tbody>
</table>
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

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)

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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Transfemoral CAS procedures meeting inclusion criteria</td>
<td>NA (&lt;3 centers)</td>
<td>1504</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1.6%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>1394</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>1.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*“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)

Centers (centers with <10 cases not shown)

*** 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)

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

*** 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TCAR procedures meeting inclusion criteria</td>
<td>172</td>
<td>3543</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1.7%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>157</td>
<td>3358</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>1.9%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>1%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.23</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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)

- Other centers in your region
- Your center
- Observed
- Expected

Centers (centers with <10 cases not shown)

"**" 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)

- Observed
- Expected

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

"**" 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.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Asymptomatic CEA procedures meeting inclusion criteria</td>
<td>482</td>
<td></td>
<td>10775</td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>0.4%</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>472</td>
<td></td>
<td>10302</td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>0.4%</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>0.8%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.6</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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)

- Other centers in your region
- Your center
- Observed
- Expected

Centers (centers with <10 cases not shown)

*** 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)

- Observed
- Expected

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

*** 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Symptomatic CEA procedures meeting inclusion criteria</td>
<td>338</td>
<td>6268</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1.2%</td>
<td>1.9%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>330</td>
<td>6046</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>1.2%</td>
<td>1.9%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>2%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.43</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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)

- **Other centers in your region**
- **Your center**
- **Observed**
- **Expected**

Centers (centers with <10 cases not shown)

"***" 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)

- **Observed**
- **Expected**

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

"***" 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Asymptomatic CEA procedures meeting inclusion criteria</td>
<td>461</td>
<td>10113</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among procedures meeting inclusion criteria</td>
<td>21%</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>452</td>
<td>9747</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among cases with complete data</td>
<td>21%</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;1 day among cases with complete data*</td>
<td>20%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.77</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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.
Rate of CEA Asymptomatic Patients With LOS>1 Day in Your Region (Jan-Dec 2019)

- Other centers in your region
- Your center
- Observed
- Expected

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

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

- Observed
- Expected

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

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

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Symptomatic CEA procedures meeting inclusion criteria</td>
<td>205</td>
<td>3463</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among procedures meeting inclusion criteria</td>
<td>34%</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>202</td>
<td>3354</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among cases with complete data</td>
<td>34%</td>
<td>26%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;1 day among cases with complete data*</td>
<td>27%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.03</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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)

Centers (centers with <10 cases not shown)

* 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)

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

* 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures meeting inclusion criteria</td>
<td>362</td>
<td>5549</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 days among procedures meeting inclusion criteria</td>
<td>8%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>333</td>
<td>5107</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 days among cases with complete data</td>
<td>8%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;2 days among cases with complete data*</td>
<td>10%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.36</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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)

- Other centers in your region: Observed
- Your center: Expected

Centers (centers with <10 cases not shown)

*** 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)

- Observed
- Expected

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

*** 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures</td>
<td></td>
<td>448</td>
<td>6707</td>
</tr>
<tr>
<td>Percentage with sac diameter</td>
<td></td>
<td>62%</td>
<td>60%</td>
</tr>
<tr>
<td>recorded at follow-up</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 Diameter Reporting in Your Region (Jan-Dec 2017)

Centers (centers with <10 cases not shown)

*** indicates center’s rate differs significantly from the regional rate.

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

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

*** 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of INFRA procedures meeting inclusion criteria</td>
<td>169</td>
<td>4129</td>
<td></td>
</tr>
<tr>
<td>Percentage with major complications after INFRA</td>
<td>4.7%</td>
<td>4.5%</td>
<td></td>
</tr>
</tbody>
</table>
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)

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)

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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region (≤3 centers)</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of procedures meeting inclusion criteria</td>
<td></td>
<td>NA</td>
<td>1403</td>
</tr>
<tr>
<td>Percentage with filter retrieval, or attempt at retrieval</td>
<td></td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>Percentage not retrieved because not clinically indicated</td>
<td></td>
<td></td>
<td>5%</td>
</tr>
<tr>
<td>Percentage not retrieved because patient declined</td>
<td></td>
<td></td>
<td>1%</td>
</tr>
<tr>
<td>Percentage not retrieved because lost to follow-up</td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Percentage not retrieved because deemed too late for removal</td>
<td></td>
<td></td>
<td>0%</td>
</tr>
<tr>
<td>Percentage not retrieved because planned later removal</td>
<td></td>
<td></td>
<td>1%</td>
</tr>
</tbody>
</table>
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 vs. Your center

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)

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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of amputation procedures</td>
<td></td>
<td>NA (&lt;3 centers)</td>
<td>2969</td>
</tr>
<tr>
<td>Percentage with complications after LEAMP</td>
<td></td>
<td></td>
<td>11%</td>
</tr>
</tbody>
</table>
Rate of Complications After LEAMP by Year

Regional data are not shown for the region with <3 centers with at least 10 cases.
Rate of Complications After LEAMP in Your Region (Jan-Dec 2019)

Centers (centers with <10 cases not shown)

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

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

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

*** 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.

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

*"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.
Rate of In-Hospital Death After OAAA in Your Region (Jan-Dec 2019)

Centers (centers with <10 cases not shown)

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

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

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

"**" 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PVI procedures with indication of claudication</td>
<td>770</td>
<td>13917</td>
<td></td>
</tr>
<tr>
<td>Percentage with ABI/toe pressure recorded before procedure</td>
<td>62%</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>Percentage who were current smokers</td>
<td>32%</td>
<td>38%</td>
<td></td>
</tr>
</tbody>
</table>
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)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

*** 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)

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

*** 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.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SUPRA procedures</td>
<td>848</td>
</tr>
<tr>
<td>Percentage with major complications after SUPRA</td>
<td>6%</td>
</tr>
</tbody>
</table>
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)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

** indicates center’s rate differs significantly from the regional rate.

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

- Carolinas*
- New England
- VQI
- G. Lakes

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

** 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TEVAR procedures</td>
<td></td>
<td>55</td>
<td>1338</td>
</tr>
<tr>
<td>Percentage with sac diameter recorded at follow-up</td>
<td>51%</td>
<td>57%</td>
<td></td>
</tr>
</tbody>
</table>
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)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

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

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

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

*** 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of elective EVAR procedures</td>
<td></td>
<td>366</td>
<td>5875</td>
</tr>
<tr>
<td>Percentage meeting SVS sac size guideline</td>
<td></td>
<td>69%</td>
<td>72%</td>
</tr>
</tbody>
</table>
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)

- **Other centers in your region**
- **Your center**

 Centers (centers with <10 cases not shown)

*** 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)


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

*** 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OAAA procedures meeting inclusion criteria</td>
<td>NA (&lt;3 centers)</td>
<td>1035</td>
<td></td>
</tr>
<tr>
<td>Percentage meeting cell-saver guideline</td>
<td></td>
<td></td>
<td>93%</td>
</tr>
</tbody>
</table>
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)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

“***” 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)

- VQI
- G. Lakes
- Michigan
- Up. Midwest
- New England*
- Mid-Atlantic

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

“***” 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OAAA procedures</td>
<td></td>
<td>NA (&lt;3 centers)</td>
<td>1171</td>
</tr>
<tr>
<td>Percentage meeting iliac inflow guideline</td>
<td></td>
<td></td>
<td>97%</td>
</tr>
</tbody>
</table>
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)

Centers: (centers with <10 cases not shown)

Other centers in your region
Your center

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

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

VQI
Southeast
New England
Up-Midwest
G. Lakes
Michigan
Mid-Atlantic

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

*** indicates region's rate differs significantly from the VQI rate.
Participation Award Credit!!!

PLEASE SIGN THE ATTENDANCE SHEET

Click “Participants” in the box at the top or bottom of your screen. If your full name is not listed, hover next to your name and you’ll see “rename”. Click and sign in. If you can’t sign in, please email Leka Johnson at ljohson@svspso.org and let her know the identifier you were signed in under (ex –LM7832 or your phone number).
The 41st Annual Meeting of the Rocky Mountain Vascular Society will be held from Wednesday evening, July 29 to 1 pm on Saturday, August 2, 2020 at the Steamboat Grand Resort in Steamboat Springs, CO.

Steamboat Grand

The hotel features a year-round outdoor pool and hot tub. Free WiFi is available in all guest accommodations. All units feature a flat-screen cable TV, a DVD player, ironing facilities, and a coffee maker. Serving breakfast lunch and dinner, The Cabin bar and restaurant is located on-site. The restaurant features authentic Colorado produce meat and game and offers a children’s breakfast and dinner menu along with vegetarian options. A Friday through Sunday Happy Hour is offered at the bar.

A full-service spa is available to guests of The Steamboat Grand, which offers a number of different massages body treatments and facials. Guests have access to the business center with fax and photocopying services. For convenience a guest launderette is available. A free transfer service is available to Steamboat town center just 1.6 mi away from this hotel. Strawberry Hot Springs is 10 minutes’ drive. Numerous mountain biking and hiking trails are located in the area around this hotel.