

**Rocky Mountain Vascular Quality Initiative (RMVQI)**  
**Spring 2020 Meeting Minutes**  
**Friday, March 20, 2020**  
**11:30 – 1:30 MT**  
**Remote Meeting**

- Agenda

Welcome and Introduction	Scott Berman, MD
National VQI Update	Cheryl Jackson, SVS PSO
AQC Update	Scott Berman, MD
VQC Update	Scott Berman, MD
RAC Update	Scott Berman, MD
GC Committee Update	Scott Berman, MD
Regional Data Review	Scott Berman, MD
Regional QI Proposals	Scott Berman, MD
Meeting Evaluation	Scott Berman, MD

- **National VQI Update: Cheryl Jackson, SVS PSO – See Slides for details**

- **Quality Improvement Activities:**

- VQI National Initiatives: How do we move the bar?
- 2019 Quality Improvement: Four QI webinars with presentations from five data managers!
- 2020 Participation Award Criteria: Approved by the SVS PSO Executive Board

- **Changes/Additions**

- Regional physician leaders and regional lead data managers will get one extra point
- The host site will get 1 extra point
- Support staff will receive a maximum of 1 point regardless of MD attendance. Ex – if 1, 3, or 5... support staff at a center attended a meeting, the center will get 1 point.
- NO star award if no one from a center attends either meeting (Spring and Fall), regardless of total points
- NO star award for centers at <50% for LTFU, regardless of total points

- **Marketing Your Participation Award – see slide**

- Press release template and Do's and Don'ts attached.

- **3 Star Award Recipients**

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

- **Regional Improvement Projects**
  - Claudicator Quality Improvement Project – see slides
  - Patient Reported Outcomes – see slides
  - Frailty Project – Julie Beckstrom, RN, MSN – see slides
- **New Registries**
  - NEW Venous Stent Registry
  - NEW Vascular Medicine Registry

**- Paclitaxel, Mortality and VQI – See slides**

- VQI used Data Extraction and Longitudinal Trend Analysis (DELTA), a risk adjusted software application designed for signal detection in clinical registries, to evaluate mortality of Paclitaxel devices in PVI registry
- Full details about the study are available at [clinicaltrials.gov](https://clinicaltrials.gov) under the identifier NCT04110288.

**Your Data Matters! See slides**

**Summary**

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

**Conclusions**

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

**Research Advisory Council** – See slides

**Arterial Quality Council** – See slides

**Venous Quality Council** - See slides

**Governing Council** – See slides

**- Associate Medical Directors:**

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

**Regional Dashboard** – See slide deck

**Regional Improvement Projects**

**Round table:**

- Questions/Comments for PSO:
  - The new Hemodialysis LTFU is too labor intensive the new Hemo Access LTFU is. Also, want to see new data on the reports instead of AVF vs. AVG.
    - Cheryl's response – The PSO responded to members wanting granularity in the data and the only way to do that is to add variables. It's a two edge sword – more granularity = more data being abstracted = complaints of the registry being too complicated or too labor intensive. That's why detailed op reports are important and why we're working on "Structured Notes" as discussed in the AQC slides.
    - As soon as we started getting outcomes data on the new HDA forms, then we'll release different data.
  - Members need more direction with hospital-based VQI entry when an independent practitioner is also entering cases. Problem – double entry of patient and case. Who has priority of the patient?
    - Cheryl discussed with the PSO group. The PSO is aware of this situation and will be forming a task force to address this situation. The task force will also include Drs. Molnar and Jorgensen. Will reach out to Dr. Berman to sit on committee.
  - **Press release and "Rules" for star awards** – will be included when your center receives their star award via email.

**Meeting Evaluation:**

Will be sent out with the minutes.