

Mid-Atlantic Vascular Study Group

Spring 2020 Meeting Minutes

Thursday, April 30, 2020

7:00 am - 9:00 am ET

REMOTE

I. Welcome and Introductions: Grace Wang, MD

Slide Deck posted on regional website: <https://www.vqi.org/regional-groups/current-regional-quality-groups/mid-atlantic-vascular-study-group/>

II. Regional Reports: Grace Wang, MD

Comments:

- Long-Term Follow-up – 78 % for 2017, up from 75% for 2016 cases; 3rd highest region in VQI. What is going well? National VQI = 73%. Dr. Wang asked for those on the call to share their success stories. Kelly Alderfer – credits vascular teams and office staff to identify patient and schedule follow-ups. Tim Oskin from St. Lukes’s group. They work through their non-invasive vascular labs to get notifications when patients fail to follow-up for visit. They have dedicated registry managers for different registries. Cheryl Jackson, SVS PSO Director of Quality(cjackson@svspsso.org) is another good resource as she has many success stories and charters from sites who have greatly improved their LTFU, and we encourage your reaching out to her.
- D/C Meds – 84%; National Average 85%. Small variability in the region. One center only at about 33%. We encourage that center to evaluate whether this is a data entry issue, since the literature supports discharging arterial disease patients on antiplatelet agents and statins.
- Hemodialysis Access: Percentage of Primary AVF vs. Graft – 77% slightly lower than the National Average of 84% but this may be secondary to issues with conduit-no quality issues here.
- Transfemoral Carotid Artery Stent: Stroke or Death in Hospital: Not enough data to report for the region, which reflects that as a region, we have come to embrace more TCAR for treating carotid stenosis.
- Trans Carotid Artery Revascularization: Stroke or Death in Hospital: 1.6% compared to 1% nationally. Not statistically different than national outcomes.
- CEA: Asymptomatic Stroke or Death in Hospital – 1%. Five centers are above 2% but not statistically significant. Nationally, our region is doing quite well.
- CEA: Symptomatic Stroke or Death in Hospital – 3.5% compared to 1.9% VQI overall. A few centers are outliers but not statistically significant. There is one center with over 12% stroke rate which is statistically significant. I would invite this center to perform a deep dive into their charts to evaluate for opportunities to reduce stroke following CEA.

- CEA: Percentage of Asymptomatic Patients with LOS>1 Day – 24% Only one center is a statistical outlier and driving this measure above the national average Encourage them to review these cases to work on improving their LOS as a return on investment for their institution.
- CEA: Percentage of Symptomatic Patients with LOS>1 Day – 28% A few centers are outliers but not statistically significant.
- EVAR: Percentage of patients with LOS>2 days – 8% Better than the national average of 11%. One center is a statistical outlier in this region. Encourage them to review these cases to work on improving their LOS as a return on investment for their institution.
- EVAR: Rate of sac diameter at LTFU – 67% compared to National average of 60%. What are our success stories? This is one of the VQI national initiatives. Would ask the data managers to have some phone calls to try to better understand this? Cheryl Jackson, SVS PSO Director of Quality(cjackson@svspsso.org) is a good resource!
- Infra-inguinal Bypass: Rate of Major Complications – 5.1 compared to 4.5% nationally. One center with a 20% rate and is statistically significant. Would be a good QI project. VQI will be excluding planned amputations in the future.
- IVCF: Percentage of Temporary Filters w/Retrieval or Attempt at Retrieval - Not enough data to report for the region. Nationally, retrieval rate is very low.
- LEAMP: Rate of Postop Complications – Not enough data to report for the region
- Non-ruptured OAAA – In-hospital Mortality – Not enough data to report for the region
- PVI: Percentage of Claudicants with ABI/Toe pressure reported before procedure – 86%. Above that national benchmark. Second in the country.
- Supra-Inguinal Bypass: Rate of Major Complications – Not enough data to report for the region
- TEVAR: Rate of sac diameter at LTFU – 62% compared to 57% VQI overall.
- EVAR: Percentage of elective patients' w/AAA diameter within SVS guideline – 70% region in VQI; National average 72%. One center outlier and is statistically significant.
- OAAA: Percentage of Patients Meeting Cell-Saver Guidelines – 99% compared to 100%
- OAAA: Percentage of Procedures Meeting SVS Internal Iliac Inflow Guideline – 100% in the region

Regional Improvement Projects:

- **SVS EVAR SAC guideline compliance**

Call for lead regional Data Manager

III. National VQI Update: Carrie Bosela, SVS PSO

Quality Improvement Activities:

- i. VQI National Initiatives: How do we move the bar for LTFU EVAR sac diameter?
- ii. 2019 Quality Improvement: Four QI webinars with presentations from five data managers!
- iii. 2020 Participation Award Criteria: Approved by the SVS PSO Executive Board

b. Changes/Additions Participation Awards

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

c. 3 Star Award Recipient:

- i. St. Luke's Hospital – Allentown Campus
- ii. St. Luke's Hospital Bethlehem Campus

d. New Registries

- i. NEW Venous Stent Registry
- ii. NEW Vascular Medicine Registry

e. Paclitaxel, Mortality and VQI

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

f. Research Advisory Council – Faisal Aziz, MD See slides

Arterial Quality Council – Faisal Aziz, MD See slides

Venous Quality Council - Faisal Aziz, MD See slides

Governing Council – See slides

g. Associate Medical Directors:

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

Meeting Evaluation:

- 58 attendees, remote meeting was well attended and informative
- Next meeting: Sen out Doodle Poll to vote for Remote vs Face to Face meeting

-The survey overwhelmingly suggested a remote fall meeting. Details forthcoming closer to the date.

Thank you for joining the meeting and sharing your ideas for improving follow-up as well as outcomes in our vascular surgical patients. Until next time,

Best regards,

Grace Wang, MD