

## Mid-South Vascular Study Group

### Spring 2020 Meeting Minutes

Sunday, April 19, 2020

1:00 pm - 3:00 pm CT

REMOTE

#### I. Welcome and Introductions: Patrick Ryan, MD

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

#### II. Regional Reports: Patrick Ryan, MD

##### Comments:

- Long-Term Follow-up – 47% for 2017, down from 71% for 2016 cases? What is happening? Would ask the data managers to have some phone calls to try to better understand this? High performers like Nashville Vascular and Vein Institute, University of Mississippi and Jackson Madison County Hospital can hopefully help others who seem to be struggling. Cheryl Jackson, SVS PSO Director of Quality([cjackson@svspsso.org](mailto:cjackson@svspsso.org)) is a good resource as she has many success stories and charters from sites who have greatly improved their LTFU.
- D/C Meds – 87% statistically better than National Average and 3<sup>rd</sup> highest region in VQI
- Hemodialysis Access: Percentage of Primary AVF vs. Graft – 88% statistically better than the National Average and 3<sup>rd</sup> highest region in VQI
- Transfemoral Carotid Artery Stent: Stroke or Death in Hospital: Not enough data to report for the region
- TransCarotid Artery Revascularization: Stroke or Death in Hospital: Not enough data to report for the region
- CEA: Asymptomatic Stroke or Death in Hospital – 1.5% Only one center is a statistical outlier and driving this measure above the national average. Would encourage them to review these cases to improve their outcomes.
- CEA: Symptomatic Stroke or Death in Hospital – 2.3%. A few centers are outliers but not statistically significant.
- 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 – 26% 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 – Only 12% compared to National average of 60%. This is one of 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](mailto:cjackson@svspsso.org)) is a good resource!
- Infra-inguinal Bypass: Rate of Major Complications – 0.9% Best in the country!!!
- IVCF: Percentage of Temporary Filters w/Retrieval or Attempt at Retrieval - Not enough data to report for the region
- 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 – 78% Slightly better than the national average
- Supra-Inguinal Bypass: Rate of Major Complications – Not enough data to report for the region
- TEVAR: Rate of sac diameter at LTFU – Not enough data to report for the region
- EVAR: Percentage of elective patients w/AAA diameter within SVS guideline – 61% statistically lowest region in VQI; National average 72%. Would suggest this be explored by the data managers along with their LTFU Sac Diameter discussion.
- OAAA: Percentage of Patients Meeting Cell-Saver Guidelines – Not enough data to report for the region
- OAAA: Percentage of Procedures Meeting SVS Internal Iliac Inflow Guideline – Not enough data to report for the region

### **Regional Improvement Projects:**

- **LTFU: Data manager lead QI project**
- **EVAR LTFU Sac diameter**
- **SVS EVAR SAC guideline compliance**

### **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: Nashville Vascular and Vein Institute**
- 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](https://clinicaltrials.gov) under the identifier NCT04110288.
- f. **Research Advisory Council** – See slides  
**Arterial Quality Council** – See slides  
**Venous Quality Council** - 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:**

- 21 attendees, remote meeting was very productive and informative
- Next meeting: If decision to have in person meeting, University of Tennessee Medical Center