

Upper Midwest Vascular Network Spring 2022 Minutes

Director: Dr. Neel Mansukhani

Lead Data Managers: Juliann Inkmann and Jennifer Farrell

Date: Friday, April 8, 2022

Time: 1:00 pm to 4:00pm

Location: Remote

Attendance:

Abby Rothstein	Nicole Conway	Karen Bunge
Amanda Hasburgh	Nijhawan	Kathleen Carril
Amy Horsted	Nathan Kugler	Kelly Magee
Amy Reed	Peggy Goos	Krista Ryan
Ayokunle Olowofela	Peter Rossi	Kyla Bennett
Barb Chacko	Jens Jorgensen	Leah Gober
Beth Baker	Jaafer Golzar	Leka Johnson
Breanna Diedrich	Jamie Johnson	Maggie Heath
Brian Miller	Janet Abell	Mary Wanzek
Caroline Morgan	Jennifer Kohl Fichtner	Neel Mansukhani
Christopher Bunch	Jenny Farrell	Nichole Janssen
D. Zagrodnik	Jill Falkosky	Randy DeMartino
Dana Ducat	Jon S Matsumura	Rumi Faizer
Danielle Martin	Joseph Hart	Sharon Nehring
Debbie MacAulay	Judy Madson	Sherry Henseler
Denise Mueller	Juliann Inkmann	Toni Crow
Douglas Herold	Julie Duke	Zach Noland

Introductions:

- Welcome new hospitals.

Presentation - Dr. Jaafar Golzar: CLTI Limb Preservation – Advocate Trinity Hospital Limb Salvage - Pilot Program

- Dr. Golzar shared work that resulted in a reduction in lower extremity amputations among patients with limb ischemia.
- Outcomes were positively correlated with a multidisciplinary approach to limb salvage - shared collaboration between podiatrists, primary care doctors and vascular surgeons in order to identify appropriate patients.
- Discussed triaging in order to identify the most critical patients - Early referrals to vascular were key to reducing likelihood of amputation
- Protocols and order sets in place – wound care, on-call endovascular specialist, labs, NPO status, etc.
- Pilot group tracked outcomes for 1.5 years – 1.58% amputation rate at one year compared to national average of 25-33%. Currently evaluating data for future publications

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Regional Data Review:

- Spring Regional Report is from 2021 data that is entered as of January 31, 2022.
- Changes in the Regional Report:
 - Number of centers now displayed in all center-variation bar charts
 - The Region Volume Appendix has been updated to include procedure volumes for the current report as well as overall long term total
 - TFem CAS - Brachial and radial access will be included in reports.
 - EVAR – nomenclature changes, report unchanged.
- Our region is high-performing compared to other regions in VQI. High contributors – PVI, carotids. Some very high volume centers - high volume region overall
- Our region is unique in that it is comprised of multi-disciplinary specialties that participate (vascular, IR, cardiology, ortho, podiatry) which is good for collaboration.

Metric	Region	VQI	Discussion
LTFU	89.80%	71.10%	Highest performing region despite reduction in LTFU during height of Covid. A few centers are having difficulty with LTFU - reach out for suggestions. Some barriers may include inability for data managers to call patients directly and inability to use Care Everywhere
Discharge Medications	88.40%	86.10%	Overall on par with VQI with most centers doing very well
TFEM CAS Asympt Stroke/Death	0.70%	1.70%	Stroke and death following asymptomatic CAS – improving over last few years. Now below VQI average and second best overall
TFEM CAS Sympt Stroke/Death	3.40%	4.70%	Slightly below average for stroke and death. A few centers with higher rates but these are not statistically significant.
TCAR Asympt Stroke/Death	0.00%	1.30%	Observed death rate has improved over last several years. Now the highest performing region for stroke or death
TCAR Sympt Stroke/Death	3.70%	2.60%	Has increased since 2019 and 2020 but not enough data to compare to other regions
CEA Asympt Stroke/Death	0.80%	0.90%	Region slightly below VQI average for stroke and death
CEA Asympt Postop LOS >1 Day	21.60%	21.70%	On par with VQI average
CEA Sympt Stroke/Death	1.70%	2.20%	Slightly below average for stroke and death. A few centers with higher rates but these are not statistically significant.
CEA Sympt Postop LOS >1 Day	39.50%	40.80%	Consistent over last couple of years.
EVAR Postop LOS >2 Days	14.10%	16.70%	Slightly better than VQI average, region has improved over last 2 years
EVAR Sac Diameter Reporting	72.10%	58.00%	Consistently higher than VQI average over last couple of years - second highest performing region. Un-blinded data shows each center's reporting from 2019 procedures
EVAR AAA Diameter Guideline	82.60%	75.30%	Look at variability – several sites could look at data for QI projects (reach out to Caroline Morgan if interested). Might be need for improved documentation. The SVS is also looking to align EVAR guidelines with clinical practice guidelines (saccular, rapid growth, etc)
TEVAR Sac Diameter Reporting	85.30%	59.30%	Region is top performer for the nation
Open AAA In Hospital Mortality	2.80%	4.20%	Below VQI - slight increase for 2021 but still improved since 2018. Second lowest mortality compared to rest of VQI
Open AAA Cell-Saver Guideline	96.20%	92.40%	Better than VQI average

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Open AAA Iliac Inflow Guideline	99.10%	97.60%	Second highest performing center in nation
PVI Claud ABI/Toe Pressure	72.70%	74.80%	Area for improvement as a region - need to identify barriers
Infra Bypass Major Complications	4.10%	4.90%	Better than VQI average
Supra Bypass Major Complications	1.50%	8.10%	Trending in positive direction since 2019
LE Amputations Complications	9.60%	11.70%	Trending in positive direction since 2019, second highest performing center in nation
HAD: Primary AVF vs Graft	82.50%	82.40%	Not enough data to compare to VQI

Regional QI Discussion: Developing Regional Project - ABIs for claudication.

- Percentage of patients with preoperative ABIs for claudication is about the same as VQI average, but a lot of variability within the group.
- There may be some differences in preoperative reporting due to provider specialty and whether the procedure was performed inpatient vs outpatient. Some specialties or sites may only perform other imaging such as CTs, duplex, etc.
- Dr. Reed – in published paper regarding claudication, among 6-7,000 patients over the last decade only 40-50% had ABIs preoperatively. The goal is to get more specialties to identify claudication appropriately and perform ABIs before and after procedures.
- Discussed the importance of getting outside records, utilizing Care Everywhere and appropriate documentation by providers
- There was discussion among the group regarding un-blinding sites in order to facilitate discussion surrounding barriers some sites may be facing in obtaining ABIs. A separate survey is to go out which must be unanimous among the group in order to un-blind the data.
- **For the Fall Regional Meeting in October**, it was suggested that each site within the group performs a deep dive to look at various data elements: appropriate documentation of claudication, if ABIs were performed, where the ABIs were performed (i.e. done at another institution)
 - It was also suggested that each site create a checklist to identify the reason for ABIs not being recorded: 1. Not done 2. Done but not available 3. Done but uninterpretable 4. Outpatient chart unavailable 5. Other - fill in the blank.
- There was recommendation to add a check box to the registry to reflect ABIs completed but numbers not available - TBD

Presentation - Jennifer Farrell: Wound Infection Rates for Infra-inguinal Bypasses

- Froedtert & MCW noticed infra-inguinal bypass infection rates were high
- Site has been using various strategies to reduce the number of readmissions due to site infections
 - One strategy has been to create discharge packs that includes CHG wipes. Although not enough data has been collected, the initial response is positive.
 - A second strategy has been clipping (electric clippers) before surgery (floor or holding).
 - Finally, there has been focus on “Nose to toes” – CHG wipes, nasal antiseptics, oral rinse. Done pre-procedure either in the PAR or inpatient units prior to the patient leaving for the OR
- There is hope that there will be more data to share at the next meeting.

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National VQI Updates – Caroline Morgan:

- PSO: Reviewed of the importance of a PSO - protects data from discovery and encourages culture of safety. Important to train new people about PSOs. It is each center's responsibility to protect data.
- Number of VQI Centers - 912 centers: 911 in North America and 1 in Singapore
- **VQI@ VAM: Hynes Convention Center, Boston, MA 06/14 – 06/15.** Tuesday meet and greet with poster presentations, clinical presentations and panels. Abstractors can submit case scenarios before the meeting or enter into the chat during the meeting. Wednesday will be for further discussions and abstracts.
- Long Term Follow Up Reports – multiple reports currently available (EVAR, CAS, CEA). Data managers have ability to break down timeframe and parameters. Soon to come out (PVI, TEVAR, IVC, HAD)
- Device Assist – New device search within Pathways to find devices used during procedures
- My PAD PRO – Pilot for Quality of Life survey consisting of 14 questions. The survey is administered preop, 30 day and 1 year. Extending pilot to new centers - reach out to Caroline if interested in joining pilot.
- Able to request grant support for in-person meetings– allow at least 3 months in advance.
- Redoing vqi.org. Hoping to show at VQI@VAM. The SVS VQI is now on LinkedIn.
- Looking at developing mobile app to use as communication tool with future potential to enter/access reports.
- Medical Devices Advisory Committee Meeting – 2 Day Panel in November to address endoleaks from Endologix devices. VQI data analysis for Paclitaxel (DELTA vs VISION) did not show increased mortality
- 7 days to complete meeting survey to receive CME/CE credit
https://dmu.co1.qualtrics.com/jfe/form/SV_9Relr371Rq1MBqC

Quality Improvement Updates:

- Trainee program – 12-18 month mentor based program. Involved in data review, QI projects and research opportunities. May present at VQI@VAM with possibility to be selected for scholarship. Current FIT Trainees for our region (Leah Gober) mentored by (Kyla Bennett) – UW
- Signing up for mentor program – begin accepting trainee applications January 2023. Check VQI site frequently.
- Participation awards – pdf version of criteria found on VQI site. Data managers have 2 weeks to address potential miscalculations - reach out to Betsy Wymer.

2022 PARTICIPATION AWARDS PROGRAM

The four domains for the 2022 Participation Awards criteria:

Domain 1 – LTFU – 40% weighted
 Domain 2 – Regional Meeting Attendance – 30% weighted
 Domain 3 – QI Project – 20% weighted
 Domain 4 – Registry Subscriptions – 10% weighted

The final score is calculated as follows:

Total points = 4 x LTFU score + 3 x Attendance score + 2 x QI score + 1 x registry score

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- Creating a Charter: Attend Charter Focus calls, listen to Webinars and review samples found on VQI site.

ACC:

- High compliance with Discharge Medications – currently in maintenance mode.
- EVAR Sac Diameter – continue efforts for compliance
- National LTFU Survey – presented at number of QI webinars and quality meetings.
- VQI Risk Calculators – working on making sure VQI data is used appropriately and keep risk calculators up to date. Harmonization of variables as much as possible across registries.

VQC:

- Separate Venous RAC created. There were 3 proposals in 2021: “Incidence of venous thromboembolic events (VTE) after endovenous ablation in patients with venous stasis ulcers (C6 disease)”, “Impact of Treatment Length and Treatment Region on Clinical Outcomes after Varicose Vein Procedures”, and “Safety and efficacy of endovenous ablation in patients with a history of DVT”. Currently look at various metrics for venous registry

RAC:

- In the process of creating videos and tip sheets to streamline RAC submission process.
- Ensure requests complete – reach out to SVS with any questions. Links are available on VQI site to view previous projects, submit proposal and view deadline schedules. The center must participate in the registry module related to the proposal

Presentation – Dr. Mansukhani: EVAR LOS

- Center was outlier for length of stay in 2018
- Site participated in retrospective review for elective EVARs to identify areas of improvement
- Utilized BART model to identify modifiable variables – PT, ICU stay, transportation, etc.
- Began with changes in clinic - education and expectations for patients.
- Postop PT had large impact - avoid routine patient PT with appropriate patients. Standard PT orders could potentially delay discharge in a fully functional patient. Proactive therapy consults help evaluate patients and set expectations.

Open Discussion:

- Need Regional Associate Medical Director and Venous RAC Chair – no initial responses. Will send out another invitation for nominations

Next Meeting Format:

- Fall Meeting – hoping for hybrid format.
- Scheduled Friday, October 14th. Space reserved at MCW pending any restrictions. Split 50/50 for hybrid vs remote.

Meeting Conclusion

