

WELCOME

SOUTHERN CALIFORNIA VASCULAR OUTCOMES IMPROVEMENT COLLABORATIVE

April 19, 2024

10 AM - 3 PM PT

In-person

Attendance

Scan the QR code to record your attendance

Questions?

Email Angela Churilla at
achurilla@svspso.org



Appreciation and Thanks

Thank you to everyone who helped make this event possible:

Ankur Chandra, MD - Regional Medical Director

Gregory Magee, MD - Regional Associate Medical Director

Melinda Lewis - Regional Lead Data Manager

Kaity Sullivan - SVS PSO Analytics Team

Angela Churilla - SVS PSO Education & Quality Manager

Jennifer Correa – SVS PSO Marketing Manager

Today's Agenda

10:00 am	Welcome	No Credit
10:05 am	<p>Regional Data Review – Ankur Chandra, MD, (Regional) Medical Director</p> <p>Learning Objectives:</p> <ul style="list-style-type: none">• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).• Interpret and compare each centers' VQI results to regional and national benchmarked data.• Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	CE Credit
11:05 am	<p>Regional QI Proposal – Ankur Chandra, MD, (Regional) Medical Director</p> <p>Learning Objectives:</p> <ul style="list-style-type: none">• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).• Interpret and compare each centers' VQI results to regional and national benchmarked data.• Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	CE Credit

Today's Agenda - Continued

12:05 pm	Lunch	
1:05 pm	National VQI Update – Caroline Morgan, RN, PSO Clinical Operations Director Learning Objectives: <ul style="list-style-type: none">• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	CE Credit
2:05 pm	Break	
2:35pm	Council / Committee Updates	No CE Credit
2:45pm	Open Discussion/Next Meeting/Meeting Evaluation	No CE Credit

Disclosures:

Ankur Chandra, MD

None

Gregory Magee, MD

Consultant – WL Gore; Cook Medical;
Silk Road; Humacyte, Medtronic

The above financial relationships are not relevant to the content of this activity.

Welcome and Introductions

Bakersfield - Bakersfield Memorial Hospital
Cedars-Sinai Medical Center
Desert Regional Medical Center
Eisenhower Medical Center
Emanate Health Inter-Community Hospital
Emanate Health Queen of the Valley Hospital
Hilo Medical Center
Hoag Memorial Hospital Presbyterian
Huntington Hospital
Kaweah Delta Medical Center
Loma Linda University Medical Center
Los Alamitos Medical Center
Los Robles Medical Center
Memorialcare Long Beach Medical Center
Memorialcare Orange Coast Medical Center
Memorialcare Saddleback Medical Center

Mission Hospital-Mission Viejo
Oxnard - St. John's Regional Medical Center
Placentia-Linda Hospital
Providence Holy Cross Medical Center
Providence Little Company of Mary-Torrance
Providence St. Joseph Medical Center
Providence St. Jude Fullerton
Redlands Community Hospital
Riverside Community Hospital
San Diego Vascular Center
Scripps Green Hospital
Scripps Memorial Hospital Encinitas
Scripps Memorial Hospital La Jolla
Sharp Grossmont Hospital
Sharp Memorial Hospital

Sierra Vista Regional Medical Center
Southwest Healthcare System
St. John's Health Center
St. Joseph - Orange
St. Mary Medical Center (CA)
The University of California Irvine
The University of California San Diego Medical Center
The University of Southern California on behalf of its Keck Medicine of USC
Torrance Memorial Medical Center
UCLA Ronald Reagan Medical Center

Regional Lead Data Manager Update

Melinda Lewis

Bakersfield Memorial Hospital

Active Regional Charters

2023 - LTFU

Sharp Grossmont Hospital

Karen Heaney

Scott Musicant, MD – Physician Champion

2023 – LTFU EVAR

Bakersfield Memorial Hospital

Melinda Lewis

Ankur Chandra MD, Greg Magee MD –
Physician Champions

2023 - Documentation

The University of Southern California; Keck Medicine of USC

Melody Malig

Fred Weaver, MD – Physician Champion

Data Manager Feedback

Many field are difficult to answer

- MM/DD/YYYY
 - The exact date is often a best guess
- Duplex Ultrasound
 - End Diastolic

Long Term Follow Up

- Are we proceeding with the a SoCal Long Term Follow up Protocol?
- MD Champion

EVAR LTFU Protocol

Introduction & Background

Southern California Regional Group has LTFU rates which differ significantly from the VQI rate.

Discussion on the barriers to LTFU have taken place over multiple years and both the regional level and national level. Barriers to LTFU reporting have been discussed

9-21 month range may be excluding follow up appointments

1. Patients are following up at 6 months postoperatively and failing to return before 21 months
2. Lack of full time employees to enter LTFU visits and or place calls to patients to fulfill LTFU requirements
3. Healthcare disparities involving adequate patient education on disease process in their primary language, transportation challenges, and cost of frequent follow ups

Goals

1. Increase LTFU compliance from elective EVAR with asymptomatic fusiform aneurysms in the allowable LTFU time period.
2. Improve follow up compliance by streamlining the frequency of follow up visits based on current guidelines from the Journal of Vascular Surgery (JVS) and the Society for Vascular Surgery (SVS) by the development of a SoCal EVAR LTFU Protocol

Scope

This project will include:

Asymptomatic EVAR patients, with no known endoleaks at the time of discharge.

Spring 2024 SVS VQI Regional Report Slides

The VQI Regional Quality Report is produced semiannually to provide centers and regions targeted, comparative results and benchmarks for a variety of procedures, process measures, and postoperative outcomes.

Please note the following updates have been implemented to enhance and improve the report:

- Ability to Download/Print Dashboard

The dashboard summary can now be downloaded as an Excel file or printed directly using buttons included above the dashboard table. Please note that printing allows you to save as PDF with the “Print to PDF” feature in your browser.

- Interactive Plots

All graphics are now interactive.

https://www.vqi.org/wp-content/uploads/SPRING_REGIONAL_REPORT_SLIDES_REGION_SoCal.html

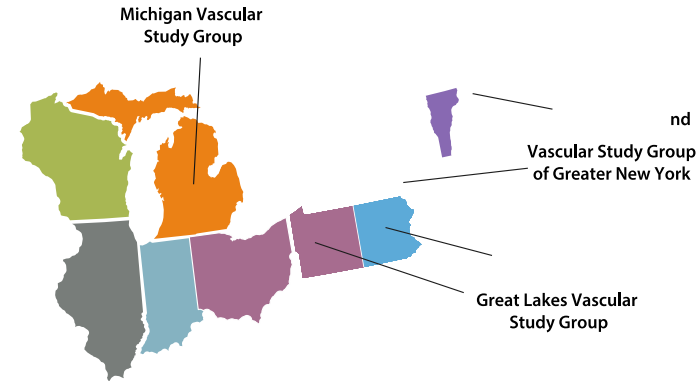
****Ctrl + click to open****

VQI National Update

Caroline Morgan, RN
Director of Clinical Operations, SVS PSO

VQI Participation

Canadian Vascular Quality Initiative



(VOICE)

AK

HI

Puerto Rico

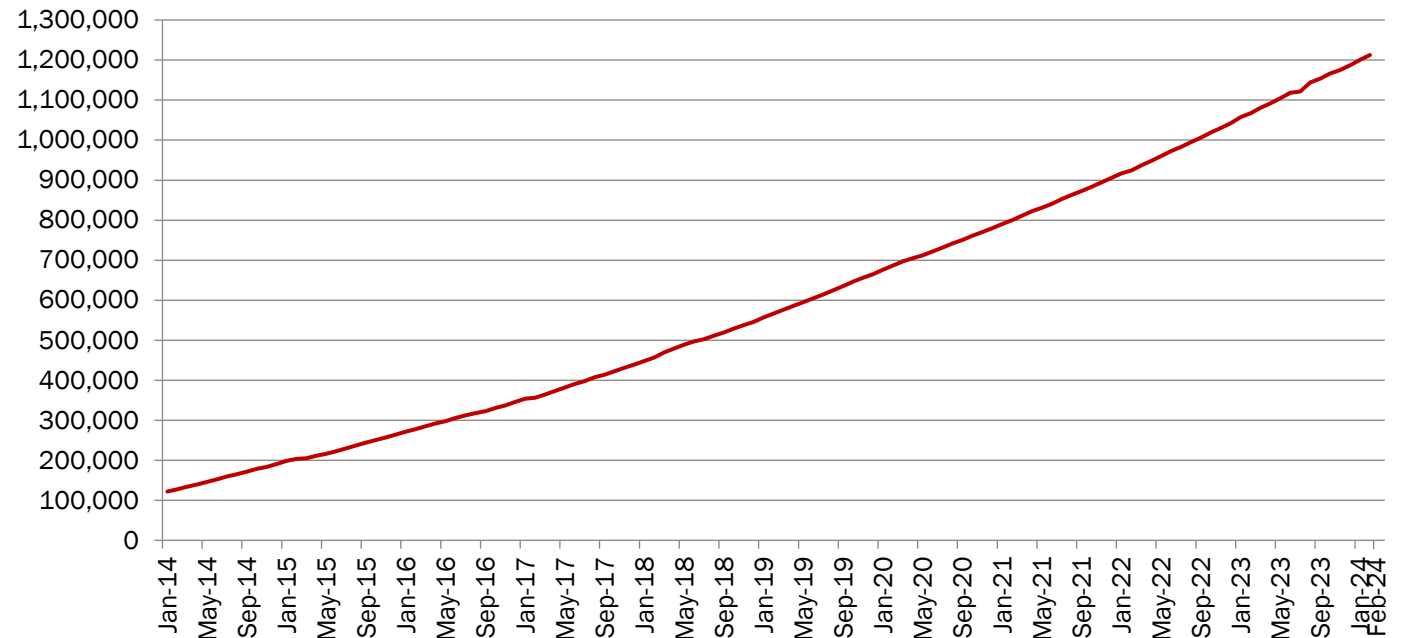
Regional Breakdown

- Canadian Vascular Quality Initiative | 7 Centers
- Carolinas Vascular Quality Group | 42 Centers
- Great Lakes Vascular Study Group | 64 Centers
- Michigan Vascular Study Group | 37 Centers
- Mid-America Vascular Study Group | 74 Centers
- Mid-Atlantic Vascular Study Group | 96 Centers
- MidSouth Vascular Study Group | 27 Centers
- Midwest Vascular Collaborative | 49 Centers
- Northern California Vascular Study Group | 27 Centers
- Pacific NW Vascular Study Group | 39 Centers
- Rocky Mountain Vascular Quality Initiative | 57 Centers
- Southeastern Vascular Study Group | 142 Centers
- Southern California VOICE | 41 Centers
- Southern Vascular Outcomes Network | 117 Centers
- Upper Midwest Vascular Network | 66 Centers
- Vascular Study Group of Greater New York | 47 Centers
- Vascular Study Group of New England | 53 Centers
- Virginias Vascular Study Group | 44 Centers
- Singapore | 1 Center
- TOTAL CENTERS | 1,032 Centers**

Procedures Captured

TOTAL PROCEDURES CAPTURED	
(as of 3/1/2024)	
Peripheral Vascular Intervention	421,309
Carotid Endarterectomy	211,850
Infra-Inguinal Bypass	87,781
Endovascular AAA Repair	88,167
Hemodialysis Access	81,652
Carotid Artery Stent	123,237
Varicose Vein	65,538
Supra-Inguinal Bypass	27,797
Thoracic and Complex EVAR	33,288
Lower Extremity Amputations	31,920
IVC Filter	19,164
Open AAA Repair	19,019
Vascular Medicine Consult	1,833
Venous Stent	271
TOTAL	1,212,826

VQI Total Procedure Volume



Total Procedure Volume reflects net procedures added to the registry for the month

2024 VQI@VAM

- VQI@VAM will be TWO Full Days of Education this year!
- Registration Go Live March 20, 2024
- To register visit: <https://vascular.org/vam-2024/registration-info>

SAVE THE DATE

2024 VQI@VAM Meeting

June 18-19, 2024

McCormick Place • Chicago, IL

SVS | **VQI**
In collaboration with NCDR®

VQI.org

Spotlight

Webinars & Recordings

SVS | VQI
In collaboration with NCDR*

ABOUT | VQI REGISTRIES | QUALITY IMPROVEMENT | REGIONAL GROUPS | PARTNERS & COLLABORATIONS | DATA ANALYSIS & RESEARCH | RESOURCES | CONTACT / JO

HOME / WEBINARS/RECORDINGS

IN THIS SECTION

- WEBINARS/RECORDINGS
- UPCOMING WEBINARS
- QI WEBINAR RECORDINGS
- REGISTRY EDUCATION WEBINAR RECORDINGS
- REGISTRY REVISION/UPDATES WEBINAR RECORDINGS
- SMOKING CESSATION WEBINAR RECORDINGS
- FIT PROGRAM RECORDINGS

WEBINARS/RECORDINGS

The VQI provides webinars on a monthly basis for both quality improvement and registry development and training.

UPCOMING WEBINARS REGISTER TODAY

- SVS VQI PVI Registry Revision Webinar – March 7, 2024
- SVS VQI Quarterly Quality Improvement Charter Call Discussion – April 9, 2024
- SVS VQI Quarterly Quality Improvement Educational Webinar Series – April 16, 2024

QUALITY IMPROVEMENT WEBINAR RECORDINGS

Looking for VQI Webinar Recordings and Slides?

To register for upcoming webinars and view recordings visit:

<https://www.vqi.org/webinars-even>

Please note that many recordings will require Members Only access. If you do not have a Members Only login, please contact jcorrea@svspsso.org.

VQI.org Spotlight

VQI Regional Groups

CANADIAN VASCULAR QUALITY INITIATIVE	GREAT LAKES VASCULAR STUDY GROUP	CAROLINAS VASCULAR QUALITY GROUP	MICHIGAN VASCULAR STUDY GROUP
MID-AMERICA VASCULAR STUDY GROUP	MID-ATLANTIC VASCULAR STUDY GROUP	MID-SOUTH VASCULAR STUDY GROUP	MIDWEST VASCULAR COLLABORATIVE
NORTHERN CALIFORNIA VASCULAR STUDY GROUP	PACIFIC NORTHWEST VASCULAR STUDY GROUP	ROCKY MOUNTAIN VASCULAR QUALITY INITIATIVE	SOUTHEASTERN VASCULAR STUDY GROUP
SOUTHERN CALIFORNIA VOICE	SOUTHERN VASCULAR OUTCOMES NETWORK	VIRGINIAS VASCULAR STUDY GROUP	UPPER MIDWEST VASCULAR NETWORK
VASCULAR STUDY GROUP OF GREATER NEW YORK	VASCULAR STUDY GROUP OF NEW ENGLAND		

Did you know there is a dedicated Regional Group page for each of the 18 Regional Groups in the VQI?

What can you find on your Regional Group page?

- Regional Meeting Information
- Regional Meeting Minutes
- Regional Meeting Slides
- Regional Group Information
- Visit: <https://www.vqi.org/regional-groups/#current-regional-groups>

New Invitation Process

Overview

- Use of MailChimp for distribution – same platform as VQI monthly newsletter
- Sender – look for **SVS PSO**; check junk/clutter folders
- Once RSVP, ability to ‘add to calendar’ enabled/presented

Additional Mtg Information Resource Areas

- Individual regional web pages on VQI site
- Monthly VQI newsletter

[View this email in your browser](#)



Spring 2024 Regional Meeting Information

DATE: Thursday, April 4

TIME: 3-6pm CT; data mgrs to meet at 2pm CT

FORMAT: Hybrid - the Zoom link can be found in the RSVP process

LOCATION (if applicable): Fairmont Winnipeg, Winnipeg, Canada (in conjunction with the Winnipeg Vascular & Endovascular Symposium)

Click the RSVP button below to:

- 1) Record your participation; and
- 2) Add the event to your calendar

As with previous meetings, the PSO will be granting attendees points for remote participation. Come prepared to discuss your region's results, and how improvements can be made!

 **RSVP**

CE/CME Credit

- Scan QR code or click on link to complete attendance attestation & evaluation
- Seven (7) calendar days - including meeting day - to complete above documents
- No reminders; nothing granted retroactively
- Record of meeting attendance is required
- **Must** have active PATHWAYS account
- Approximately two weeks after meeting, DMU will send non-physician attendee's instructions on how to access credit certificate



[SoCal - April 19, 2024](#)

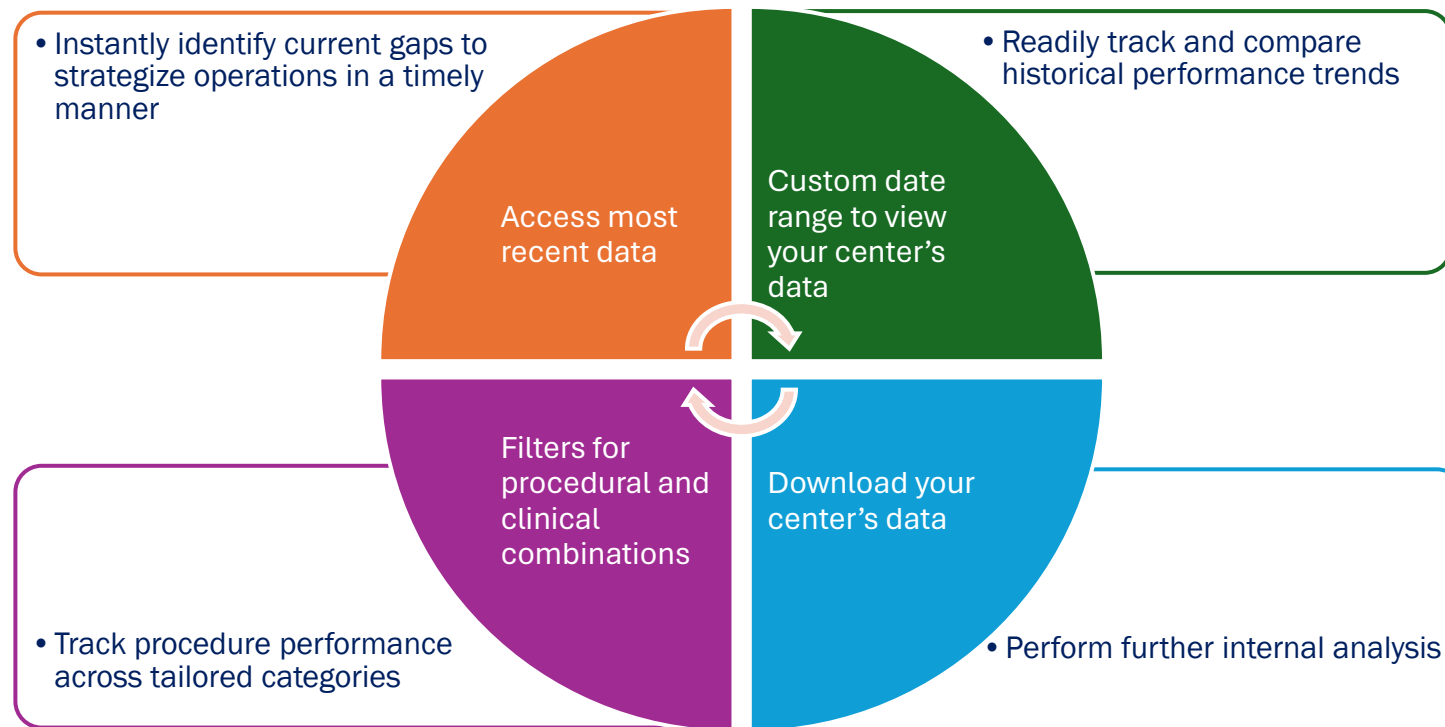
Provided by Des Moines University (DMU)

CE/CME Credit – ABS Transfer (Physicians only)

- DMU will submit credit to the American Board of Surgery (ABS)
- Following fields must be provided on attestation/evaluation only if credit is to be transferred to ABS
 - First and last name as it appears in your ABS record
 - Date of birth – month and day
- Wait eight (8) weeks from activity date prior to reviewing transcript

Questions? Contact cme@dmu.edu

New VQI Interactive Dashboards



- Launch – April 2024
- Available on Pathways Platform
- Initial launch CAS registry
- Potential next registries –
 - CEA
 - PVI
 - Varicose Vein
 - INFRA/SUPRA

IVC Filter Committee Charter

- IVC Filter Registry Participants
- Focus – IVC Filter Retrieval Rates
- 2 Year Project
- Highlighted at 2024 VQI@VAM – Tuesday Venous Panel Discussion
- Anticipate scheduled mtgs, quarterly reports, and education for participating centers
- IVC Filter Registry last updated 2013
 - Major revision
- Questions?
 - Dr. Alabi olamide.alabi@emory.edu
 - Dr. Jacobs benjamin.jacobs@surgery.ufl.edu

IVC Filter Committee Charter Spring 2024

Project Overview

Problem Statement:

Placement of Inferior Vena Caval filters is common in the United States, performed to limit risk of pulmonary embolism in selected patients with lower extremity deep vein thrombosis. Often these filters are placed temporarily until the patient returns to normal risk, or can be safely anticoagulated. It is well known that significant numbers of vena cava filters are placed and never retrieved – in a recent review of a large database, only 18% of over 50,000 vena cava filters were retrieved. Complications from persistent indwelling vena cava filter, while not common, can be severe, including thrombosis, erosion, and filter migration.

Named Physician Permission Management – IN DEVELOPMENT

- A new module within PATHWAYS for the lead Hospital Manager to collect and administer the permission from Physicians for Named Physician Reporting.
- Module includes a new dashboard, available to the lead HM only, for managing the physician-level permission and permission requests.
- Via email request, initiated by the lead HM, physicians will visit a dedicated web page and grant or deny permission to the Lead HM for viewing.



TRENDING TOPICS

SVS VQI 2023 PUBLICATIONS

The SVS PSO Medical Director and Associate Medical Directors reviewed nearly 200 articles involving SVS VQI that were published in 2023. The team has chosen the following trending articles as a few of its favorites.

<https://www.vqi.org/wp-content/uploads/Trending-Topics-Final-1.31.24.pdf>

- Smoking Cessation Campaign focusing on patient/clinician education & SVS collaboration
- Harmonization of anticoagulation in arterial registries
- Device assist for collection of Thrombectomy/Thrombolysis devices in PVI
- Launch of Interactive Dashboard reports in CAS
- Infrainguinal Outcome Report
- In Development:
 - Open Aorta Registry
 - Interactive Dashboard reporting staggered release to all registries
 - TEVAR branch enhancement to include aberrant anatomy
 - Continued efforts for harmonization across registries
 - Suprainguinal Outcome Reports
 - Enhanced reporting measure for biannual reports
 - PVI and Open Aorta Registries

what's next?

Unblinding Reporting Measures

- Process measures only
- All center lead physicians in the region are requested to vote for unblinding. One ‘No’ vote will result in the measure failing to unblind.
- Once approved to unblind by the region, unblinding will be part of regional reports. New physicians to the region are grandfathered into the previous vote
- What are the process measures?
 - Preop Smoking
 - Smoking Cessation at Follow-up
 - Long-Term Follow-up
 - Discharge Medications
 - Sac Diameter - EVAR/TEVAR
 - ABI/TBI - PVI, Infrainguinal & Suprainguinal Bypass
 - HDA: Primary AVF vs. Graft
 - HDA: Ultrasound Vein Mapping

2023 SoCal Participation Award Winners



Sharp Grossmont Hospital
Bakersfield - Bakersfield
Memorial Hospital



The University of Southern California
on behalf of its Keck Medicine of USC
UCLA Ronald Reagan Medical Center
The University of California San Diego
Medical Center
Sharp Memorial Hospital
Memorial Care Orange Coast Medical
Center
Mission Hospital-Mission Viejo



Cedars-Sinai Medical Center
St. John's Health Center
The University of California Irvine
Riverside Community Hospital

Congratulations!

Quality Improvement Updates

Betsy Wymer, DNP, RN, CV-BC
Director of Quality, SVS PS0

Quality Improvement: National Quality Initiative - Smoking Cessation

- Introduced at VQI@VAM 2023
- CAN-DO Program
 - Choosing Against combustible Nicotine Despite Obstacles
- Arterial registries only
- Reporting measures added Spring 2023
 - Preop Smoking – Elective procedures
 - Smoking Cessation LTFU– Elective, Urgent, Emergent procedures
- Minimal addition of variables Fall 2023
- Education <https://www.vqi.org/quality-improvement/national-qi-initiatives/>
 - Physician and Patient
 - Toolkits
 - Billable codes and sample dictation
 - Resources
- Participation Points
 - To be calculated like other NQI's at 80%



Quality Improvement – Participation Points

- Participation Point Document
 - <https://www.vqi.org/quality-improvement/participation-awards/>
- No change in domains for **2024**
 - LTFU
 - Regional Meeting Attendance
 - QI Project
 - Registry Subscriptions
- **New Annual Webinar** – Review of participation point breakdown
 - In addition to reminders throughout year
- Participation points
 - Captured CY January 1- December 31
 - No extensions, no exceptions
 - Center responsibility to know point status estimate throughout year
 - PSO calculates this only annually
 - 2-week adjudication period
 - Follow SVS VQI Reporting schedule <https://www.vqi.org/resources/reporting/>
 - Monitor share-a-file

Participation Points New 2024 Update

Domain – Regional Meeting attendance – 30% weighted

Credit will be given for remote attendance since virtual and hybrid meetings will be an option for the 2024 meetings.

- 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 **MD attends**, 2 points
 - If site has <3 MDs and all **MDs attend**, 3 points
 - Support staff (Fellows, Residents, Physician Assistants, Nurse Practitioners, et. al., -those with an **ACTIVE** Pathways account) will receive a maximum of 1 point regardless of MD attendance. Ex – if 1, 3, or 5... support staff at a center attends a meeting, the center will get 1 point.
 - Regional medical directors and regional lead data managers will each receive one

Centers with non-physician staff members attending VQI@VAM, either in person OR virtual, will earn 1 extra point

point

Participation Points New 2024 Update

Domain – Quality Improvement Project – 25% weighted

Scoring on 0 – 6-point scale to keep consistent with other measures. This gives centers options for getting **6 maximum QI points**.

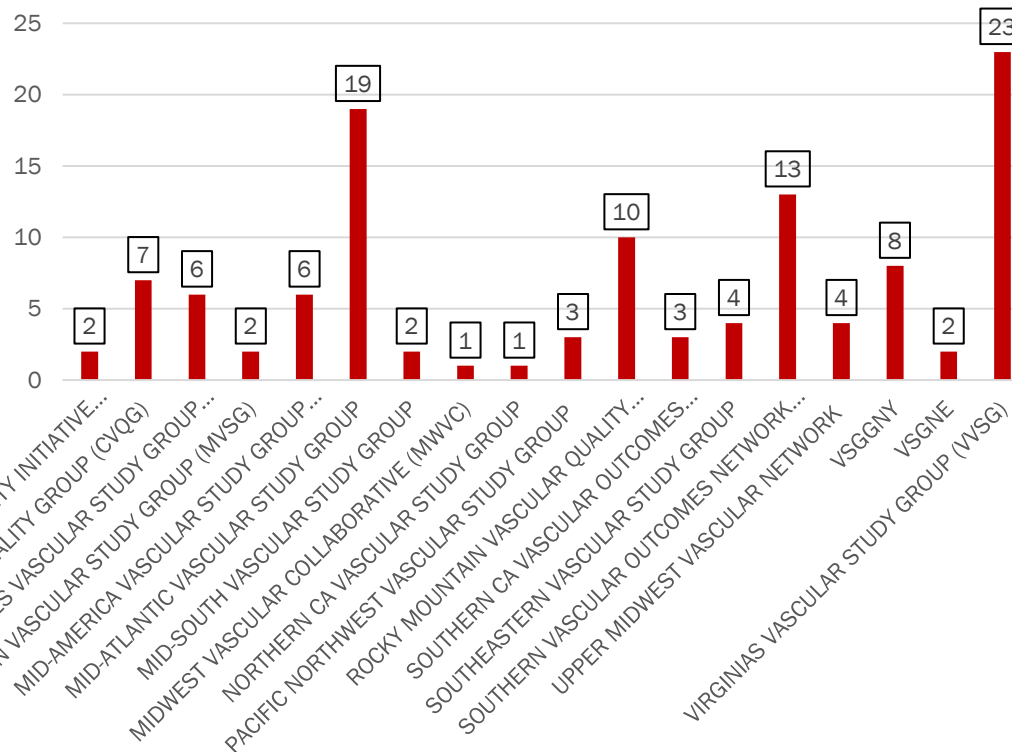
- Initiation of a QI Project, evidenced by submitting a Project Charter to bwymmer@svspso.org (2 points). **One charter per year per center.**
- Presenting a QI Project (presentation or poster) at a Regional VQI, *Regional Society Meeting, or ***Hospital Board and/or C Suite** meeting (2 points) *When presenting at succinct regional meetings, project slides must reflect a change or update in status*
- Presenting a QI Project (presentation or poster) at the National VQI or *Vascular Annual Meeting (2 points)
- *Pub
- Cente
- Initia

Support staff (Fellows, Residents, Physician Assistants, Nurse Practitioners, et. al., -those with an **ACTIVE** Pathways account)

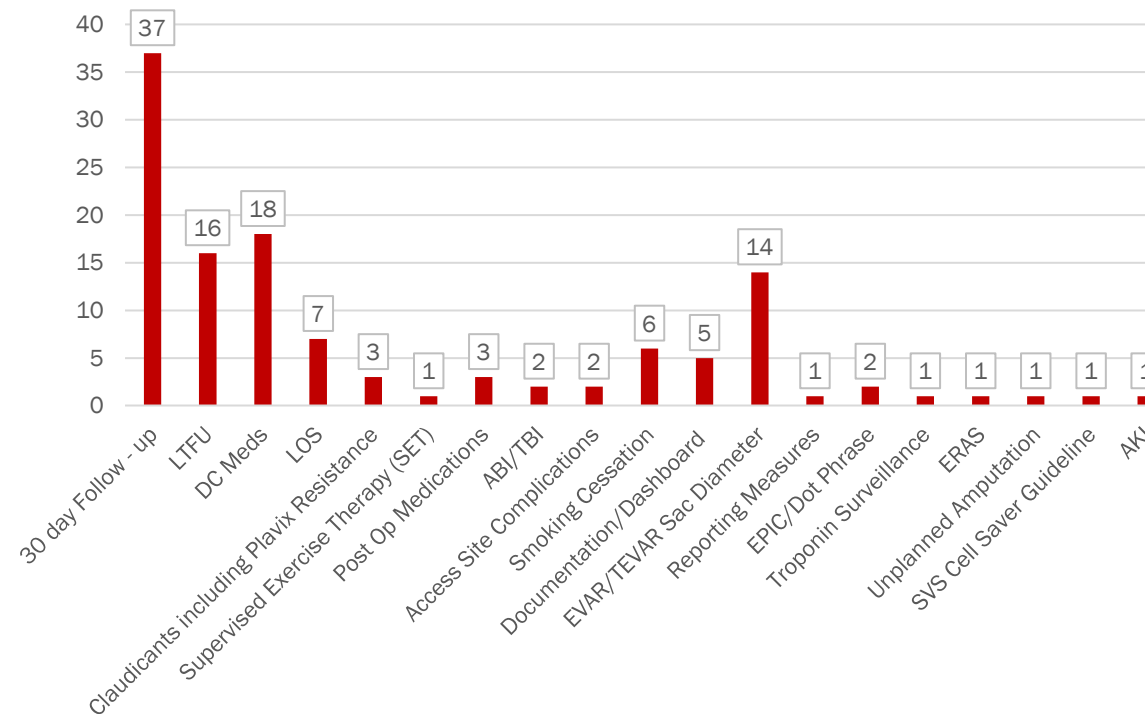
* Please send attestation (proof) to bwymmer@svspso.org on or before December 31, 2024. Only 2 presentations to the Hospital Board and/or C Suite allowed per year per center.

Quality Improvement – 2023 Charter Review

Regions with Charters n=116



Charter Topics



Quality Improvement – FIT 2024



Consider becoming a FIT Mentor

https://www.surveymonkey.com/r/VQI_Mentor_Survey

Committee Updates



AQC Update

Beatriz Leong, MD

- Committee meets every other month
 - Jan, March, May.....
- Re-engagement of registry committees
 - Review of Open Aorta Registry revision & providing committee feedback
- Decision made to keep all registry procedure variables mandatory for data submission
- New reporting measures are beginning to be rolled out for Biannual meetings. Continuing to work with committees



VQC Update

Isabella Kuo, MD

- Committee meets bi-annually
- Next meeting June 20, 2024, hybrid meeting at VAM. Details to be sent soon
- Venous Stent Registry continuing work with committee to revise data fields & decrease data burden
- Varicose Vein Registry will be working with the PSO to review reporting measures & integration into the new Interactive Dashboards
- IVC filter registry continues work on their IVC charter & suggested registry revisions

Arterial RAC Update

Ann Gaffey, MD

As access to VQI data is a valuable benefit to participation in a registry. Below are important guidelines to remember:

- There is a limit on number of proposals per cycle to 5 from each institution
- If a center hits 50% of the limit (15 proposals) a faculty member from their site will be expected to serve on the RAC as an at large member the next calendar year.
- Participation will be considered actively reviewing assigned RAC proposal for each RAC cycle and attending the review meeting.
- If there is a failure to comply with the review and meeting requirements in any given RAC review cycle, that institution's data sets will be withheld for their approved projects, until the next cycle in which they are compliant with these requirements.

Guidelines and Restrictions on Data Use

- In order to receive a SVS VQI dataset, your center must already have a subscription to that SVS VQI registry.
- Please review the [SVS PSO Data Use Agreement](#) for restrictions and conditions on use.
- Please see the [Product Identification Policy](#), which may affect your dataset request as there are stringent restrictions on the use of product data in VQI protocols.

Arterial RAC Resources

<https://www.vqi.org/data-analysis/>

IN THIS SECTION

DATA ANALYSIS & RESEARCH

SVS VQI PUBLICATIONS

RAC APPROVED PROJECT SEARCH

SVS VQI MEDICARE MATCHED

BLINDED DATASETS

SVS VQI VISION

SVS PSO DATA ANALYSIS GUIDELINES

DATA ANALYSIS TOOLS

PSO Arterial RAC – June 2024 Proposal Submission

Call for Proposals: May 1, 2024

Submission Deadline: May 29 2024

Review period open: May 30, 2024

Review period end: June 9, 2024

Meeting: June 10, 2024

Venous RAC Update

NavYash Gupta, MD

- In order to receive a PSO VQI dataset, your center must have a subscription to the registry of interest or include an author the does
- <https://www.vqi.org/data-analysis/>

IN THIS SECTION

DATA ANALYSIS & RESEARCH

SVS VQI PUBLICATIONS

RAC APPROVED PROJECT SEARCH

SVS VQI MEDICARE MATCHED

BLINDED DATASETS

SVS VQI VISION

SVS PSO DATA ANALYSIS GUIDELINES

DATA ANALYSIS TOOLS

PSO Venous RAC – May 2024 Proposal Submission

Call for Proposals: April 3, 2024

Submission Deadline: May 1, 2024

Review Period open: May 2, 2024

Review Period close: May 12, 2024

Meeting: May 13, 2024

PSO Venous RAC – July 2024 Proposal Submission

Call for Proposals: May 29, 2024

Submission Deadline: June 26, 2024

Review period open: June 27, 2024

Review period close: July 7, 2024

Meeting: July 8, 2024

**Everything RAC =
mlatus@svspso.org**





Governing Council Update

Ankur Chandra, MD

- Meets twice a year
- Last meeting: November 2023
- ACC representatives added to each of the SVS VQI Governing Councils & Committees
- Carotid Stent NCD Education & Communication
- Prioritization of Registry Development – LE Amputation registry slated for next major revision
- Adam Beck –GC Chair
- Grace Wang –Vice Chair
- Next meeting June 2024 - VAM

GC Update Continued:

Committee Review Process

- Reconstituting all Committees
 - Active Participants
 - Chairs
 - Vice-Chairs
 - Non-Physician Participants
- Formal Terms Limits
- Formal Evaluation Form, Utilizing SVS Pre-existing Format
- Chairs Will Evaluate Members on an Annual Basis
- Executive Committee, Staff and Medical Directors will Evaluate Chairs

GC Update Continued

Strategies to Increase Regional Meeting Engagement

- Begin planning early
 - Save the date to Regional calendars asap – Additional details can be added as necessary
 - Invite speakers early
 - Your Regional Lead Data Manager is there to assist with planning
- Use annual Trending Publication list for possible presentations (provided by the PSO)
- Invite Regional Physicians to speak about their committee activities
- Invite FIT Fellows to present/provide updates on their projects
- Ask Data Managers to present/provide updates on charters
- Think of Hot Topics and invite guest speakers – Remote attendance may make this more attractive
- Send out Regional specific agenda to the group in advance of the meeting to encourage interest and engagement

VQI: Transfusion in Vascular Surgery Patients

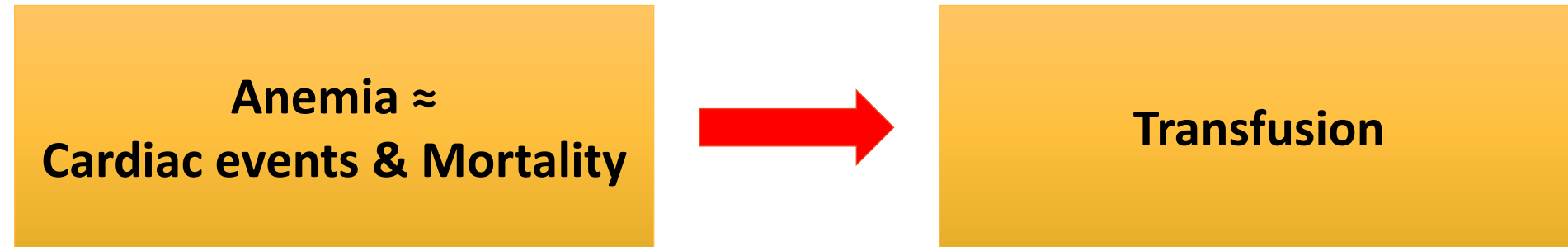
Michelle Manesh, MD, Gregory Magee, MD, MSc
University of Southern California, Los Angeles, CA



Background

- Vascular surgery patients at **increased risk for cardiovascular events and mortality**
- Kougias P, Sharath S, Barshes NR, Chen M, Mills JL Sr. **Effect of postoperative anemia and baseline cardiac risk on serious adverse outcomes after major vascular interventions.** *J Vasc Surg.* 2017 Dec;66(6):1836-1843. doi: 10.1016/j.jvs.2017.05.113. Epub 2017 Sep 22. PMID: 28947229.
- Kougias P, Sharath S, Mi Z, Biswas K, Mills JL. **Effect of Postoperative Permissive Anemia and Cardiovascular Risk Status on Outcomes After Major General and Vascular Surgery Operative Interventions.** *Ann Surg.* 2019 Oct;270(4):602-611. doi: 10.1097/SLA.0000000000003525. PMID: 31478978.

Background



- Johnson CE, Manzur MF, Potter HA, Ortega AJ, Ding L, Rowe VL, Weaver FA, Ziegler KR, Han SM, Magee GA. **Impact of Perioperative Blood Transfusion in Anemic Patients Undergoing Infra Inguinal Bypass.** Ann Vasc Surg. 2022 Feb;79:72-80. doi: 10.1016/j.avsg.2021.07.014. Epub 2021 Oct 10. PMID: 34644631.

Background

- **Mixed data** and **ongoing debate** about the impact of anemia and transfusion
- **No defined transfusion threshold** in vascular surgery patients
- **Significant variation** in transfusion practices amongst surgeons and across institutions
- Relationship between anemia and transfusion → ?
- **VQI Data --> RBC transfusion mitigate the negative impact of anemia?**

Impact of anemia and transfusion in open vascular surgery

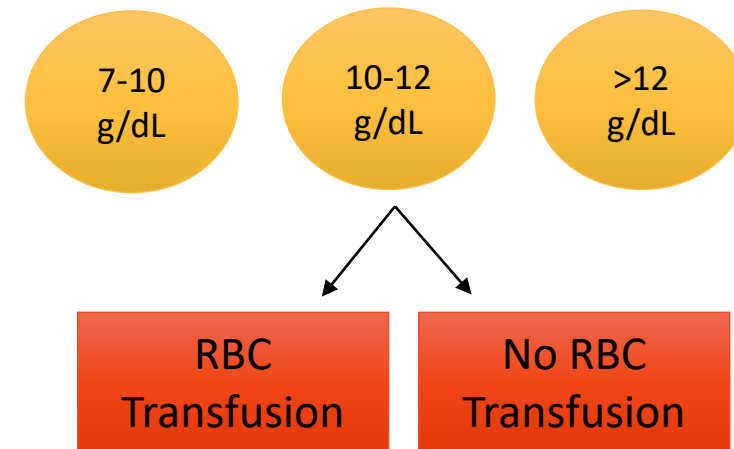
- **Objective:** evaluate the impact of perioperative blood transfusion at different anemic thresholds on major adverse cardiac events (MACE) and mortality in patients undergoing open vascular surgery

Methods

- **Design:** Retrospective cohort analysis
- **Database:** Society for Vascular Surgery Vascular Quality Initiative (VQI)
- **Inclusion Criteria:** Adult patients undergoing elective open vascular operations (2003-2020)
 - Abdominal aortic aneurysm repair
 - Suprainguinal bypass
- **Exclusion Criteria:** Preop Hgb <7g/dL, emergent/urgent cases

- **Outcomes: MACE & 30-day Mortality**
 - MACE: myocardial infarction, new congestive heart failure, arrhythmia, stroke
- **Statistical analysis:** Multivariable logistic regression; models created for each operation type

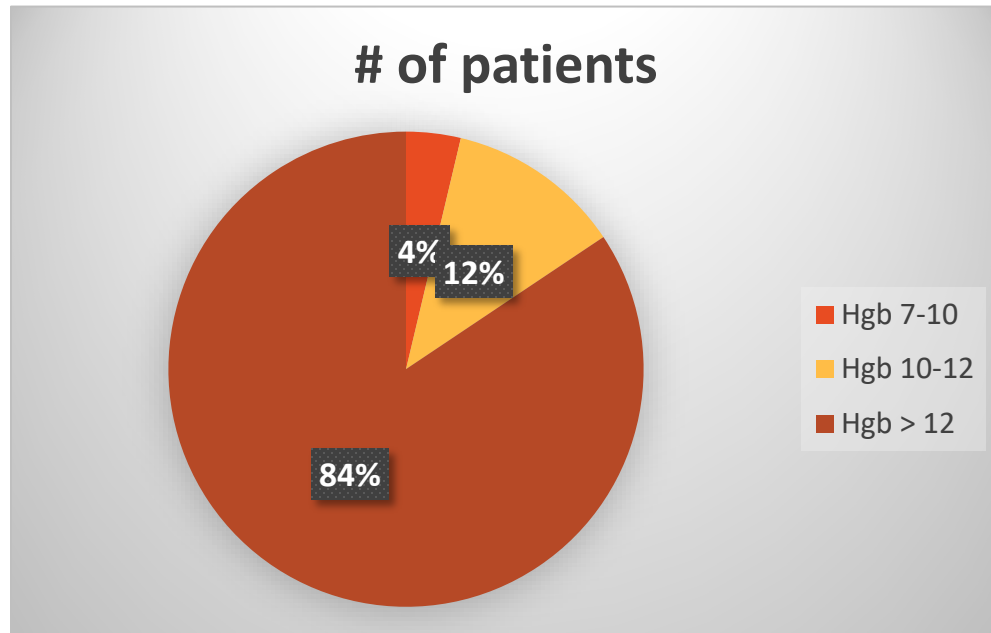
- **Primary exposure (cohorts)**
 - Preoperative Hgb
- **Secondary exposure (stratification)**
 - RBC transfusion



Results

Total Cases: 28,558 patients

- OAR: 10,350
- SIB: 18,208



Incidence of **MACE** based on transfusion status

	Preoperative Hemoglobin	No RBC Transfusion	+ RBC Transfusion	P-value
OAR	7-10g/dL	13 (12.6%)	88 (23.2%)	0.02
	10-12g/dL	55 (11.8%)	231 (22.4%)	<0.0001
	>12g/dL	609 (11.9%)	773 (24.2%)	<0.0001
SIB	7-10g/dL	26 (5.0%)	178 (13.31%)	<0.0001
	10-12g/dL	96 (5.0%)	290 (16.7%)	<0.0001
	>12g/dL	550 (5.7%)	571 (19.3%)	<0.0001

Incidence of **30-Day Mortality** based on transfusion status

	Preoperative Hemoglobin	No RBC Transfusion	+ RBC Transfusion	P-value
OAR	7-10g/dL	3 (2.9%)	45 (11.6%)	0.008
	10-12g/dL	9 (1.9%)	95 (9.1%)	<0.0001
	>12g/dL	42 (0.8%)	196 (6.1%)	<0.0001
SIB	7-10g/dL	12 (2.3%)	90 (6.4%)	0.0002
	10-12g/dL	29 (1.5%)	105 (6.0%)	<0.0001
	>12g/dL	77 (0.8%)	158 (5.4%)	<0.0001

Multivariable analysis for MACE and 30-day Mortality

		Open AAA Repair		Suprainguinal Bypass	
		OR	P-value	OR	P-value
▶	RBC Transfusion	2.05	<0.0001	3.00	<0.0001
▶	Preop Hgb				
	7-10g/dL	0.92	0.47	0.67	<0.0001
	10-12g/dL	0.87	0.05	0.82	0.0027
	>12g/dL	Ref		Ref	
▶	EBL				
	<800	Ref			
	800-1300	1.03	0.71	1.45	<0.0001
	1300-2250	1.16	0.05	1.67	<0.0001
	>2250	1.28	0.0012	2.05	<0.0001

		Open AAA Repair		Suprainguinal Bypass	
		OR	P-value	OR	P-value
	RBC Transfusion	5.51	<.0001	4.65	<0.0001
	Preop Hgb				
	7-10g/dL	1.87	0.0001	1.24	0.09
	10-12g/dL	1.39	0.0076	1.12	0.31
	>12g/dL	Ref		Ref	
	EBL				
	<800	Ref		Ref	
	800-1300	0.84	0.35	0.87	0.34
	1300-2250	1.15	0.38	0.83	0.23
	>2250	1.47	0.01	1.18	0.25

Conclusions

- **Transfusion is independently associated with MACE and 30-day mortality** for patients with Hemoglobin > 7
- The impact of RBC transfusion is **more significant** than impact of anemia and blood loss
- For **elective** vascular operations, we must implement strategies to prevent RBC transfusion
 1. Start with higher hemoglobin (preop optimization)
 2. Meticulous surgical technique to reduce blood loss
 3. Rigorous use of red cell salvage techniques for autogenous re-transfusion
 4. Lower Hgb threshold for transfusion in stable patients

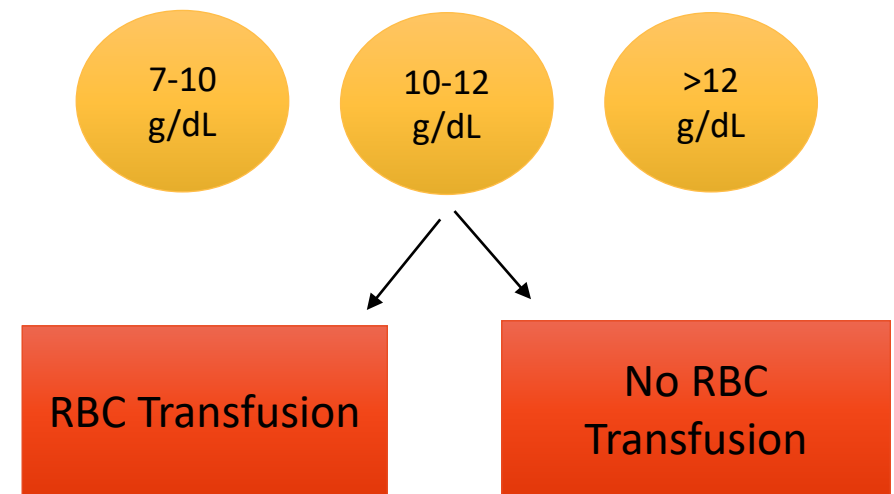
Impact of anemia and transfusion in patients undergoing infrainguinal bypass

- **Objective:** evaluate the impact of perioperative blood transfusion at different anemic thresholds on major adverse cardiac events (MACE), major adverse limb events (MALE), and mortality in patients undergoing infrainguinal bypass procedures

Methods

- **Design:** Retrospective cohort analysis
- **Database:** Society for Vascular Surgery Vascular Quality Initiative
- **Inclusion:** Adult patients undergoing **elective** infrainguinal bypass
- **Exclusion:** Preop Hgb <7g/dL, emergent/urgent cases
- **Outcomes:** MACE, MALE, 30-day mortality
 - **MACE:** myocardial infarction, new congestive heart failure, arrhythmia, stroke
 - **MALE:** loss of primary patency, return to OR for thrombosis, major ipsilateral amputation
- **Statistical analysis:** Multivariable logistic regression for MACE and MALE

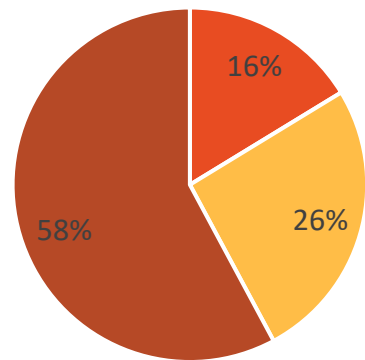
- **Primary exposure (cohorts)**
 - Preoperative Hgb
- **Secondary exposure (stratification)**
 - RBC transfusion



Results

Total cases: 55,884

- Hgb 7-10: 9,1000
- Hgb 10-12: 14,462
- Hgb>12: 32,322



■ Hgb 7-10 ■ Hgb 10-12
■ Hgb >12

Table 1. Outcomes based on transfusion status

Preop Hemoglobin	★ Transfusion		No transfusion	p-value
	MACE	MALE		
7-10g/dL	MACE	752 (12%)	141 (5%)	<0.0001
	MALE	2262 (37%)	672 (23%)	<0.0001
10-12g/dL	MACE	769 (14%)	430 (5%)	<0.0001
	MALE	1724 (31%)	1860 (21%)	<0.0001
> 12g/dL	MACE	716 (16%)	955 (3%)	<0.0001
	MALE	1438 (32%)	4575 (16%)	<0.0001

Multivariable logistics regression

Models account for **hemoglobin level, surgical blood loss, VSGNE Risk Index**, and other **variables that were significant ($p < 0.05$)** on univariate analyses.

Table 2. Multivariable logistic regression for **MACE**

Preop Hgb	Transfusion	OR	95% CI	P-value
7-10 g/dL	Yes	2.4	2.0 – 2.9	<0.0001
	No	Ref		
10-12 g/dL	Yes	2.8	2.5 – 3.2	<0.0001
	No	Ref		
>12 g/dL	Yes	4.5	4.0 – 5.0	<0.0001
	No	Ref		

Interaction: $p < 0.0001$

Table 3. Multivariable logistic regression for **MALE**

Preop Hgb	Transfusion	OR	95% CI	P-value
7-10 g/dL	Yes	2.1	1.9 – 2.3	<0.0001
	No	Ref		
10-12 g/dL	Yes	1.8	1.7 – 2.0	<0.0001
	No	Ref		
>12 g/dL	Yes	2.6	2.4 – 2.8	<0.0001
	No	Ref		

Interaction: $p < 0.0001$

1-year survival

Hgb 7-10 g/dL
P<0.0001

Hgb 10-12 g/dL
P<0.0001

Hgb >12g/dL
P<0.0001

Conclusions

- **Transfusion is independently associated with MACE and MALE for patients with Hb >7**
- The impact of transfusion on MACE increases for patients with higher hemoglobin → **liberal transfusion is harmful in this population**
- **Transfusion in patients with higher preop Hgb → increased mortality**
- Implications:
 - Highlights the need for ongoing research to evaluate the relationship between anemia and transfusion
 - **Strategies to prevent/reduce perioperative transfusion**

Conclusions / Future Research

- **Transfusion does not mitigate the negative impact of anemia**
 - Still not fully clear if hemoglobin number, underlying comorbidities associated with anemia, transfusion status, or combination of factors lead to poor outcomes
- Prior studies → retrospective
 - Threshold for transfusion in vascular surgery is still not defined
- **TOP TRIAL:** Kougias P, Mi Z, Zhan M, Carson JL, Dosluoglu H, Nelson P, Sarosi GA Jr, Arya S, Norman LE, Sharath S, Scrymgeour A, Ollison J, Calais LA, Biswas K. **Transfusion trigger after operations in high cardiac risk patients (TOP) trial protocol. Protocol for a multicenter randomized controlled transfusion strategy trial.** Contemp Clin Trials. 2023 Mar;126:107095. doi: 10.1016/j.cct.2023.107095.
 - Two-armed, single blinded, RCT across 15 VA hospitals with >3K enrollment
 - Exposure: Liberal (transfusion trigger Hb < 10g/dL) vs Restrictive (transfusion trigger Hb < 7g/dL)
 - Study duration 5 years
 - Primary endpoint: all-cause mortality, MI, coronary revascularization, acute renal failure, stroke within 90 days, mortality at 1 year



Technology Update

Product Releases



Q1 2024		
Release Date	Description	Registries
02/28/2024	PVI Revision; Center Characteristics Update; CAS Certification Data Download Report - Retired	AMP; AVACCESS; CAS; CEA; EVAR; INFRA; IVC; OPEN_AAA; PVI; SUPRA; TEVAR; VMC; VSR; VUR; VV
02/07/2024	Shared Decision field to CAS Registry; Open AAA Repair Revision - ERAS Tab; TEVAR Registry - Aberrant Anatomy Revision; Delete Reason for Submitted Record; LTFU Data Download Update; Device Updates	AMP; AVACCESS; CAS; CEA; EVAR; INFRA; IVC; OPEN_AAA; PVI; SUPRA; TEVAR; VMC; VSR; VUR; VV
01/17/2024	PVI Display Label Change	PVI
Q4 2023		
12/20/2023	2024 VQI Procedure Inclusion/Exclusion Criteria; 2024 VQI Eligible ICD-10/CPT Codes	AMP; AVACCESS; CAS; CEA; EVAR; INFRA; IVC; OPEN_AAA; PVI; SUPRA; TEVAR; VMC; VSR; VUR; VV
12/13/2023	Harmonization of CAD; Update Exercise Program Variables; HDA Report Updates to Filters and Definitions	AMP; AVACCESS; CAS; CEA; EVAR; INFRA; IVC; OPEN_AAA; PVI; SUPRA; TEVAR; VMC; VSR; VUR; VV
12/06/2023	2023 Q4 VQI Help Text Update	AMP; AVACCESS; CAS; CEA; EVAR; INFRA; IVC; OPEN_AAA; PVI; SUPRA; TEVAR; VMC; VSR; VUR; VV
11/01/2023	Smoking Fields Revision	AMP; AVACCESS; CAS; CEA; EVAR; INFRA; OPEN_AAA; PVI; SUPRA; TEVAR; VMC
09/27/2023	Infra/Supra Registry Update; Device Updates; Q3 2023 GUDID & Symmetric Refresh	AVACCESS; CAS; EVAR; INFRA; PVI; SUPRA; TEVAR; VSR
09/12/2023	2023 Q3 VQI Additional Help Text Updates	AMP; AVACCESS; CAS; CEA; EVAR; INFRA; IVC; OPEN_AAA; PVI; SUPRA; TEVAR; VMC; VSR
09/06/2023	2023 Q3 VQI Help Text Update	EVAR; INFRA; PVI; SUPRA; TEVAR; VMC
08/30/2023	NEW Smoking Cessation Fields, Follow-up Outcomes Reports Updates, COVID Variables Retired, Infra-inguinal Bypass Update - Opioid Fields	AMP; AVACCESS; CAS; CEA; EVAR; INFRA; IVC; OPEN_AAA; PVI; SUPRA; TEVAR; VMC; VSR; VUR; VV
06/14/2023	Physician Snapshot Reports	CAS; CEA

HM Named Physician Permission Management (In Development)



- A new module within PATHWAYS for the lead Hospital Manager to collect and administer the permission from Physicians for Named Physician Reporting.
- Module includes a new dashboard, available to the lead HM only, for managing the physician-level permission and permission requests.
- Via email request, initiated by the lead HM, physicians will visit a dedicated web page and grant or deny permission to the Lead HM for viewing.





PATHWAYS Support

PATHWAYS Support



Need help? Check out PATHWAYS Support!

Support

Home

Documents

- Code List
- Data Dictionary
- Inclusion/Exclusion Criteria
- Paper Form

Release Notes

Upcoming Trainings

Video Library

Welcome

Use the menu on the left side to access support tools.

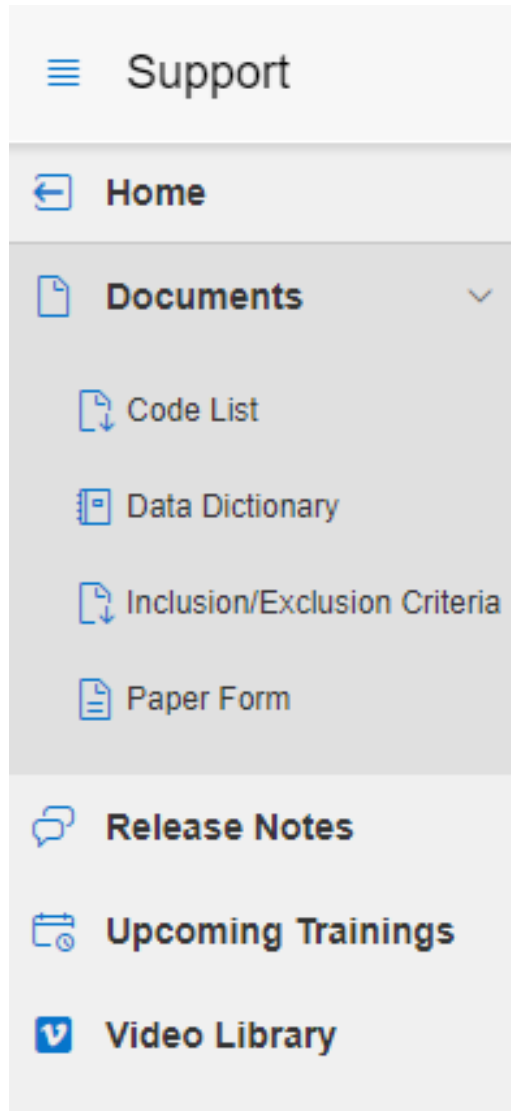
Should you need assistance, please reach out to the PATHWAYS Customer Support Team by emailing your inquiry to PATHWAYSsupport@fivoshealth.com.

You may also find the PATHWAYS Technical FAQ's, User Guides and previously recorded Webinars located on the [Resources](#) tab as a helpful tool to assist you.

Useful Links

Vascular Quality Initiative

The Society for Vascular Surgery Vascular Quality Initiative[®] (VQI[®]) is a collaboration of the Society for Vascular Surgery Patient Safety Organization (SVS PSO),



- **Documents**

List of documents necessary for new staff and experienced abstractors to assist with data abstraction.

- **Release Notes**

Release announcements highlighting changes and improvements to the registries.

- **Upcoming Trainings**

Upcoming training opportunities with registration links for new staff and experienced abstractors.

- **Video Library**

Video tutorials to help you learn at your convenience.

PATHWAYS Support

Important Notifications

We will communicate release updates and revisions in multiple ways:

- All users with the role of Hospital Manager will receive an email and are alerted to share the notification with other PATHWAYS users at the organization.
- All users will be alerted with a bubble notification to view the New Release Note in the Support Tab. All prior release notes are available should you miss the alert.



PATHWAYS Announcement: 2.21.0 PATHWAYS Release

PATHWAYS Hospital Managers,

On Wednesday, February 7th, PATHWAYS will be offline from 8pm - 11pm ET to accommodate the release of PATHWAYS version 2.21.0. This release includes the addition of the **Shared Decision Making Documented Interaction** field for the Carotid Artery Stent (CAS) registry, revisions to the Open AAA Repair and Thoracic and Complex EVAR (TEVAR) registries, a new functionality that allows centers to collect the reason for deleting PATHWAYS records, the addition of the ZIP code to the long term follow up (LTFU) data download to all applicable VQI registries, and the quarterly device updates. Please see important details below.

This announcement has been sent to PATHWAYS Hospital Managers. Please notify other PATHWAYS users at your organization. Please read the following announcement carefully.

Shared Decision field to CAS Registry:

- A new field **Shared Decision Making Documented Interaction** will be added to the History tab in the CAS registry.
- The select options for the new field are 0 = "No" and 1 = "Yes".

History Information

Shared Decision Making Documented Interaction Yes ▾

- Help text:
 - Shared Decision Making (SDM).
 - If a center is submitting TCAR data as of and prior to 10/11/2023, you are automatically enrolled in the SVS VQI Transcarotid Revascularization Surveillance Project (TSP), and Shared Decision Making (SDM) is not required; but recommended because it is considered best practice. If there is not a documented SDM conversation in the health record, abstract as "No". Abstract "Yes" if there was a documented SDM discussion. All TFEM carotid artery stent procedures are required to have documentation in the health

PATHWAYS Support



Training Schedule

The Support Team holds bi-monthly functional training webinars that provide an opportunity to have your functional questions answered by the Support Team.

Register today and reserve your spot at an upcoming training!

Support

- Home
- Documents
- Release Notes
- Upcoming Trainings**
- Video Library

Upcoming Trainings

Please click the register link below to sign-up for an upcoming training session.

Search [] Go Actions

Training	Date & Time (ET)	Register
PATHWAYS 101: Introduction to PATHWAYS Functional Training	03/13/2024 @ 12:00 PM	Register
PATHWAYS 101: Introduction to PATHWAYS Functional Training	03/27/2024 @ 03:00 PM	Register
PATHWAYS 102: Introduction to PATHWAYS Follow-up and Reporting Tools	04/03/2024 @ 02:00 PM	Register
PATHWAYS 101: Introduction to PATHWAYS Functional Training	04/10/2024 @ 12:00 PM	Register
PATHWAYS 101: Introduction to PATHWAYS Functional Training	04/24/2024 @ 03:00 PM	Register

1 - 5 of 5

For questions about trainings please contact PATHWAYSsupport@fivoshealth.com.

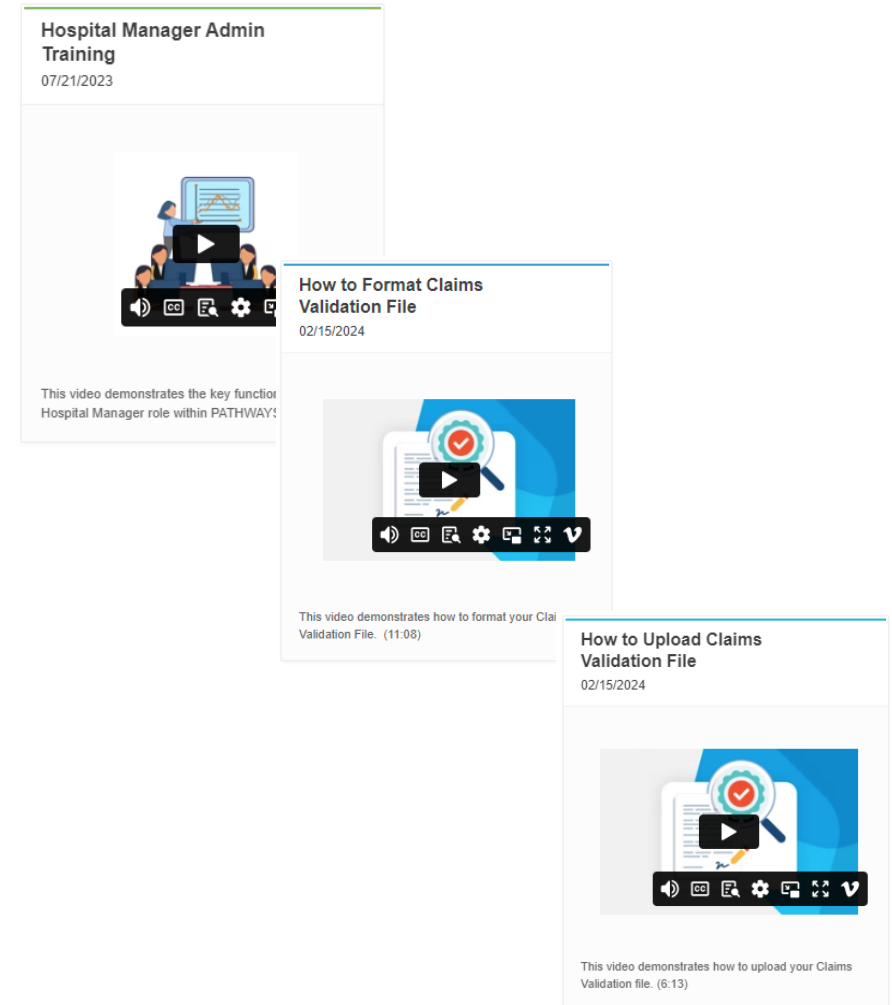
PATHWAYS Support



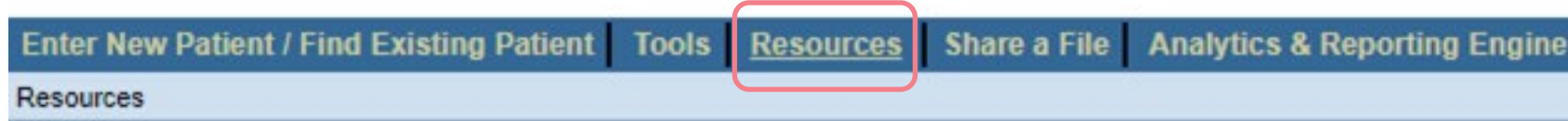
New Videos!

- Hospital Manager Admin Training
- How to **Format** Claims Validation File
- How to **Upload** Claims Validation File

As the Support Team continues to develop brief training videos, please share your feedback on videos you watch and let us know if you find them helpful.



PATHWAYS Support – Resources Tab



Available Documents

A search and filter control bar containing a search input field with a magnifying glass icon and a dropdown arrow, a 'Go' button, a 'Rows' label with a value of '15' and a dropdown arrow, and an 'Actions' dropdown menu.

- Visit PATHWAYS Resources to access additional training guides and tools. For example:
 - Hospital Manager Guide
 - Recorded webinars and slide decks
 - User Manual
 - Technical FAQs, and more!



PATHWAYS Support

Coming Soon...

Next up in videos: 2-Factor Authentication

Did you know that PATHWAYS offers enhanced security for your account by enabling 2 Factor Authentication? For now, check out the user guide in Resources, and we'll have a video tutorial for you soon.

PATHWAYS Support and the SVS PSO are teaming up for webinars.

The support team looks forward to partnering with the SVS PSO to include brief support presentations as part of registry update webinars.

Claims Validation

The annual claims validation process is intended to ensure that all eligible cases have been captured in the registry and is a requirement of participation in the VQI. This process is a key component of the VQI's efforts to make certain registry data reflects real-world evidence.

The **2023** Claims Validation process will be launched in **April 2024**

- Centers will be notified via email with a request to provide the contact information for the individual responsible for completing the audit.
- Participating centers will be invited to a webinar providing an overview of the steps required for successful completion.
- PATHWAYS Support is here to help. Please reach out if your center is selected to participate and you need assistance.



PATHWAYS Support

By the way...

All these registries are available in the SVS VQI. Reach out to our Sales team for assistance with additional VQI registry opportunities at your Center.

Carotid Artery Stent
Carotid Endarterectomy
Endovascular AAA Repair
Hemodialysis Bypass
IVC Filter
Lower Extremity Amputations
Open AAA Repair

Peripheral Vascular Intervention
Supra-Inguinal Bypass
Thoracic and Complex EVAR
Varicose Vein
Vascular Medicine Consult
Venous Stent



Registry Projects

SVS Post-Market Surveillance Projects



- These projects are conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Endologix/Cook/Gore or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.
- Sites must follow their institutional guidelines.

TEVAR Dissection Surveillance Project



- The SVS PSO is excited to announce the continuation of the TEVAR Dissection Surveillance Project to evaluate the Cook Zenith Dissection Endovascular System. FDA approval was granted for this device after safety and effectiveness were demonstrated in pre-market studies of complicated dissection with the proviso that the efficacy of TEVAR treatment of descending aortic dissection would be more fully analyzed through post-market surveillance, as was done through VQI for the W. L. Gore and Medtronic devices after their approval.
- Patients will have 30 day, and annual visits for 5 years.
- Total reimbursement of \$4,000 per patient for a patient followed annually for 5 years.

For enrollment information: Sarah Van Muyden |
sarah.vanmuyden@fivoshealth.com

TEVAR Dissection Surveillance Project – Cook Only



- 125 of the 180 required patients enrolled (4 potential cases in process)
- 60 Chronic Cases Enrolled - Enrollment Complete
- 65 Acute Cases Enrolled Currently -54% of total Acute Cases Enrolled
- Retrospective enrollment allowed- All eligible cases from December 31, 2018 (protocol FDA approval date)
- (100) 30-Day visits completed (1)in progress, (87) 1-year follow-up visits completed (2) in progress, (78) 2-year follow-up visit completed(1) in progress,(27) 3-year follow up visits completed(1) in progress, (7) 4-year follow up visits completed (0) in progress
- 28 sites currently participating-4 new invitations sent out, 1 new fully executed addendum
- This project is conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Cook or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.

Gore TBE Project



Gore is collaborating with the Society for Vascular Surgery Vascular Quality Initiative (VQI) to collect data and images from the **TEVAR** registry for a 10 year follow-up project.

Project Objective: To ensure that the clinical outcomes during the commercial use of the GORE® TAG® Thoracic Branch Endoprosthesis are as anticipated.

Patient Population: Patients who undergo treatment with the GORE® TAG® Thoracic Branch Endoprosthesis device.

Number of Patients

- Max number of patients: 350
- Start Date 01/15/2023



About the Gore TBE Project



Project specific dynamic content has been added to the TEVAR registry.

Project Timeline:

- **Phase I:** Start-up, development, enrollment (3 years) Current Phase
- **Phase II:** Surveillance period (10 years)
- Total expected duration of the project: (13 years)

Project Imaging Requirements: Procedure + 1 Month + Annually



Gore TBE Project



- 30 fully executed addendums
- 28 sites full trained
- Current enrollment as of 02/21/24 = 260

For enrollment information:
Megan Henning
megan.henning@fivoshealth.com



Upcoming Projects-Endologix



DETOUR Project-Percutaneous Transluminal Arterial Bypass (PTAB)
Procedure for the PVI Registry(As of 03/04/24)

-16 Sites invited, 1 site contracted, 1 site trained

Fall Report Reminder

Fall 2024 Report Cut Date = **August 1, 2024**, for procedure dates of July 1, 2023 – June 30, 2024

Submit by 7/31/2024 @ 23:59:59 CT

REMINDER

Fall 2024 Regional Meeting

TBD



CE/CME Credit

- Scan QR code or click on link to complete attendance attestation & evaluation
- Seven (7) calendar days - including meeting day - to complete above documents
- No reminders; nothing granted retroactively
- Record of meeting attendance is required
- **Must** have active PATHWAYS account
- Approximately two weeks after meeting, DMU will send non-physician attendee's instructions on how to access credit certificate



[SoCal - April 19, 2024](#)

Provided by Des Moines University (DMU)

CE/CME Credit – ABS Transfer (Physicians only)

- DMU will submit credit to the American Board of Surgery (ABS)
- Following fields must be provided on attestation/evaluation only if credit is to be transferred to ABS
 - First and last name as it appears in your ABS record
 - Date of birth – month and day
- Wait eight (8) weeks from activity date prior to reviewing transcript

Questions? Contact cme@dmu.edu

- Thank you to our members for your continued participation and support of VQI

- Thank you to COOK and GORE for your contributions and making these meetings possible
- Thank you to Des Moines University for providing CE/CME credit for today's meeting

Thank You

SVS | **VQI**
*In collaboration with NCDR**