

# WELCOME

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## VIRGINIAS VASCULAR STUDY GROUP

April 18, 2024

11:00 AM – 4:00 PM ET

Hybrid

Hilton Virginia Beach Oceanfront

# Attendance

## In-person:

- Scan the QR code to record your attendance

## Remote:

- First AND Last name required
- Do NOT scan the QR code
- Sharing a computer or have questions? Email Angela Churilla at [achurilla@svspso.org](mailto:achurilla@svspso.org)



# Appreciation and Thanks

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Thank you to everyone who helped make this event possible:

Samantha Minc, MD - Regional Medical Director

Paul White, MD - Regional Associate Medical Director

Ashlee Fletcher - Regional Lead Data Manager

Rachelle Sapp - Regional Lead Data Manager

Kaity Sullivan – SVS PSO Analytics Team

Angela Churilla– SVS PSO Education & Quality Program Manager

Jennifer Correa – Marketing Manager

Melissa Latus - Clinical Operation Project Manager

SVS PSO Staff

# Today's Agenda

1:00 pm

Welcome

Regional Data Review – Samantha Minc, MD, (Region) Medical Director

Learning Objectives:

- 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

1:30 pm

Regional QI Proposal – Samantha Minc, MD, (Region) Medical Director

Learning Objectives:

- 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.
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- 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

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|         |  |              |
|---------|--|--------------|
| 2:00 pm | National VQI Update – Melissa Latus, RN, PSO<br>Learning Objectives: <ul style="list-style-type: none"><li>• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</li><li>• 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.</li></ul> | CE Credit    |
| 2:30 pm | Council / Committee Updates  | No CE Credit |
| 2:50 pm | Open Discussion/Next Meeting/Meeting Evaluation  | No CE Credit |

# Disclosures

No Disclosures

# Welcome and Introductions

Berkeley Medical Center  
Bon Secours Maryview Medical Center  
Bon Secours Memorial Regional Medical Center  
Bon Secours St. Francis Medical Center  
Bon Secours St. Mary's Hospital  
Camden Clark Medical Center  
Carilion New River Valley Medical Center  
Carilion Roanoke Memorial Hospital  
Charleston Area Medical Center  
Chesapeake Regional Medical Center  
Chippenham Hospital  
Henrico Doctors' Hospital  
Inova Alexandria Hospital  
Inova Fair Oaks Hospital  
Inova Fairfax Hospital

Inova Loudoun Hospital  
Inova Mount Vernon Hospital  
Johnston-Willis Hospital  
LewisGale Medical Center  
Lynchburg General Hospital  
Mary Washington Hospital  
Monongalia County General Hospital  
Company d/b/a Mon Health Medical Center  
Raleigh General Hospital  
Reston Hospital Center  
Riverside Regional Medical Center  
Sentara Careplex Hospital  
Sentara Leigh Hospital  
Sentara Martha Jefferson  
Sentara Norfolk General Hospital

Sentara Northern Virginia Medical Center  
Sentara Obici Hospital  
Sentara Princess Anne Hospital  
Sentara RMH Medical Center  
Sentara Virginia Beach General Hospital  
Sentara Williamsburg Regional Medical Center  
Spotsylvania Regional Medical Center  
St. Mary's Medical Center (WV)  
Stafford Hospital  
United Hospital Center  
University of Virginia Health System  
VCU Health System Authority  
West Virginia University Hospital  
Wheeling Hospital  
Winchester Medical Center

# Regional Lead Data Manager Update

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Ashlee Fletcher – Sentara

Rachelle Sapp – WVU Medicine



# VQI National Update

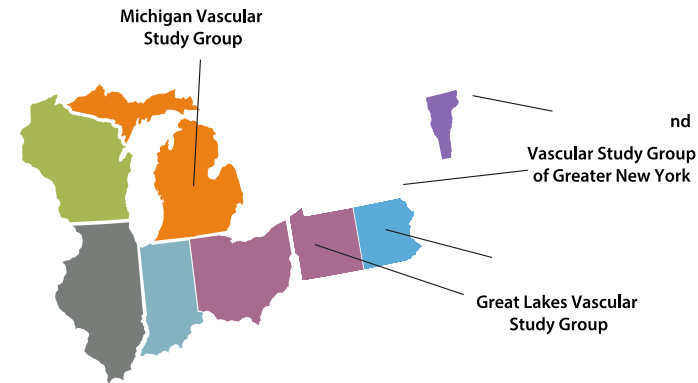
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Melissa Latus, RN

Clinical Operation Project Manager, SVS PSO

# VQI Participation

Canadian Vascular Quality Initiative



(VOICE)

AK

HI

Puerto Rico

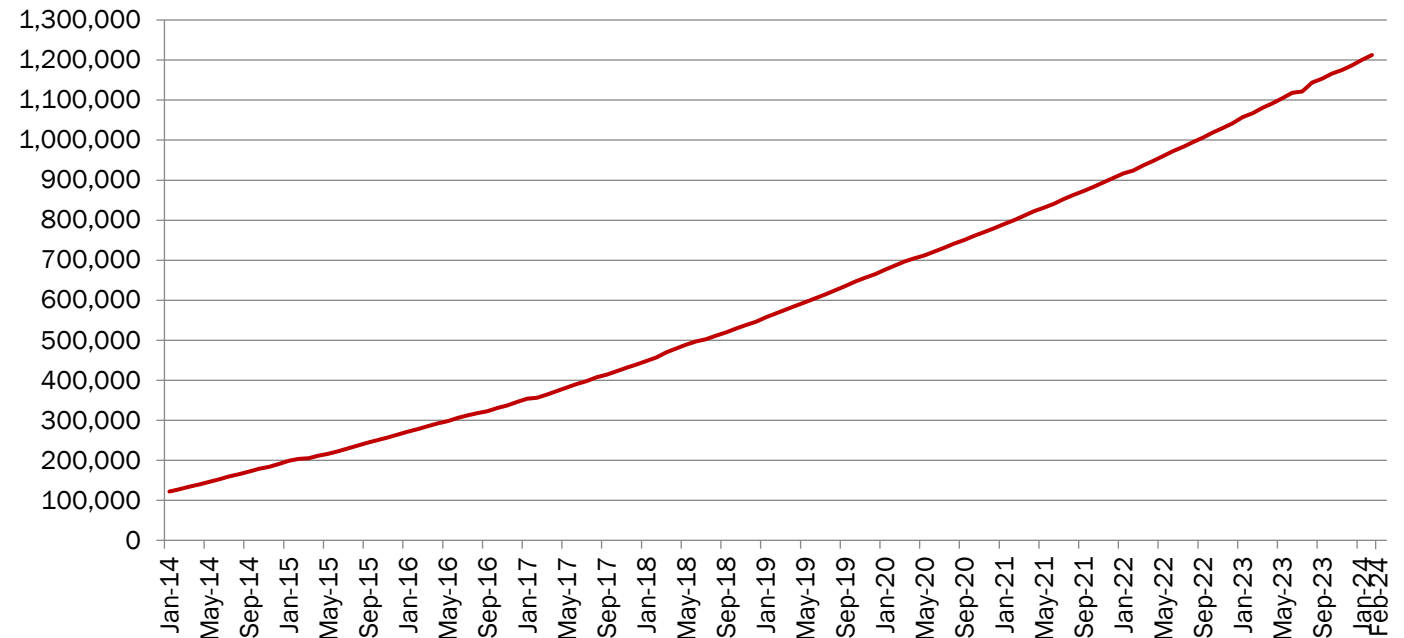
## Regional Breakdown

- 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

| <b>TOTAL PROCEDURES CAPTURED</b> |                  |
|----------------------------------|------------------|
| <b>(as of 3/1/2024)</b>          |                  |
|                                  | <b>1,212,826</b> |
| 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              |

### VQI Total Procedure Volume



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

# 2024 VQI@VAM

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

- 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](mailto:jcorrea@svspsso.org).

# VQI.org Spotlight

## VQI Regional Groups

|  |  |  |   |
|--|--|--|---|
| CANADIAN VASCULAR<br>QUALITY INITIATIVE        | GREAT LAKES<br>VASCULAR STUDY<br>GROUP       | CAROLINAS VASCULAR<br>QUALITY GROUP              | MICHIGAN VASCULAR<br>STUDY GROUP        |
| MID-AMERICA<br>VASCULAR STUDY<br>GROUP         | MID-ATLANTIC<br>VASCULAR STUDY<br>GROUP      | MID-SOUTH VASCULAR<br>STUDY GROUP                | MIDWEST VASCULAR<br>COLLABORATIVE       |
| NORTHERN CALIFORNIA<br>VASCULAR STUDY<br>GROUP | PACIFIC NORTHWEST<br>VASCULAR STUDY<br>GROUP | ROCKY MOUNTAIN<br>VASCULAR QUALITY<br>INITIATIVE | SOUTHEASTERN<br>VASCULAR STUDY<br>GROUP |
| SOUTHERN CALIFORNIA<br>VOICE                   | SOUTHERN VASCULAR<br>OUTCOMES NETWORK        | VIRGINIAS VASCULAR<br>STUDY GROUP                | UPPER MIDWEST<br>VASCULAR NETWORK       |
| VASCULAR STUDY<br>GROUP OF GREATER<br>NEW YORK | VASCULAR STUDY<br>GROUP OF NEW<br>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 above documents
- No reminders; nothing granted retroactively
- Record of meeting attendance is required
- **Must** have active PATHWAYS account
- Approximately two weeks after meeting, MU will send non-physician attendee's instructions on how to access credit certificate

D



[https://dmu.co1.qualtrics.com/jfe/form/SV\\_9EPH0fJYhFVK4cu](https://dmu.co1.qualtrics.com/jfe/form/SV_9EPH0fJYhFVK4cu)

*Provided by Des Moines University (DMU)*

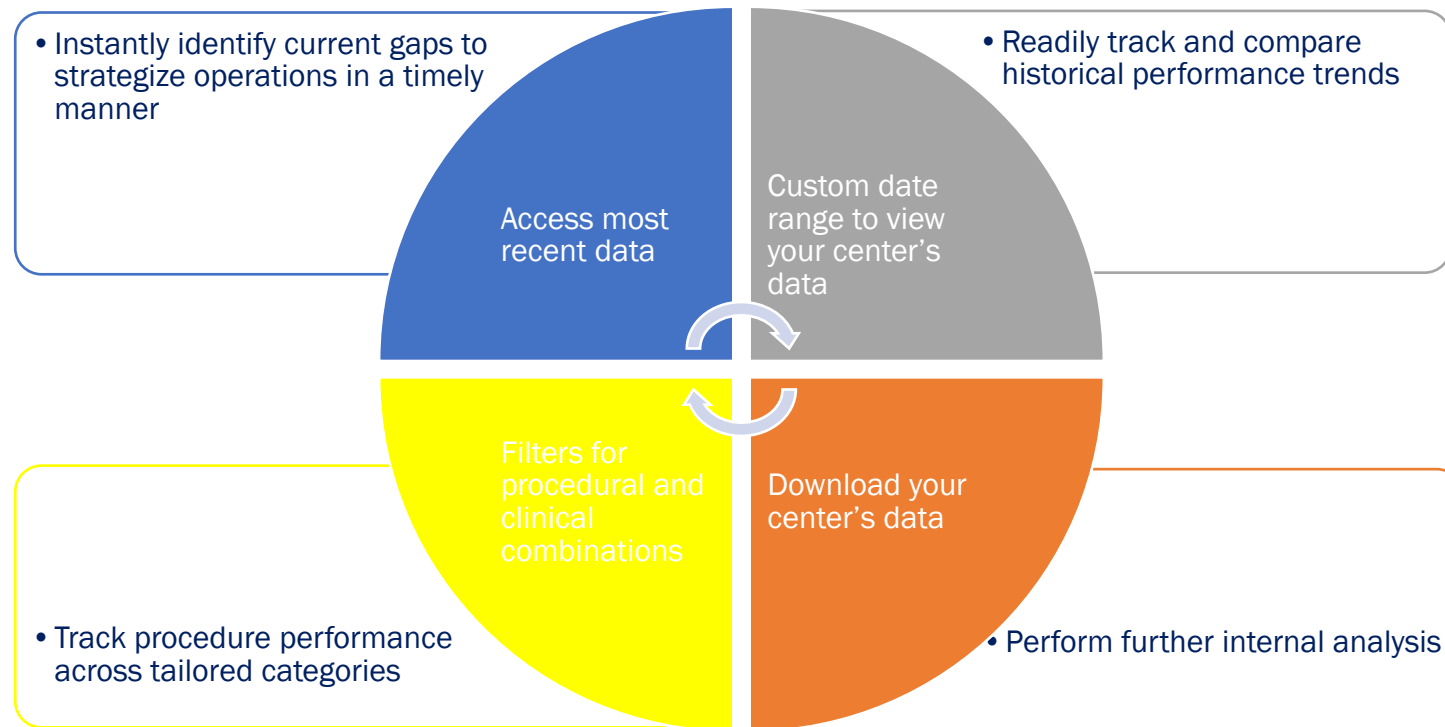


# CE/CME Credit – ABS Transfer (Physicians only)

- 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](mailto: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](mailto:olamide.alabi@emory.edu)
  - Dr. Jacobs [benjamin.jacobs@surgery.ufl.edu](mailto: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
  - 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 Virginias Vascular Participation Award Winners



University of Virginia Health System  
Carilion Roanoke Memorial Hospital  
Sentara Norfolk General Hospital  
Sentara Princess Anne Hospital  
Sentara Virginia Beach General  
Hospital  
Sentara Careplex Hospital  
Sentara Williamsburg Regional  
Medical Center  
Winchester Medical Center  
Inova Fairfax Hospital  
Inova Loudoun Hospital  
Sentara RMH Medical Center  
Camden Clark Medical Center  
Sentara Martha Jefferson  
West Virginia University Hospital  
United Hospital Center



Sentara Leigh Hospital  
Sentara Obici Hospital  
Charleston Area Medical Center  
Inova Fair Oaks Hospital  
Inova Alexandria Hospital  
Inova Mount Vernon Hospital  
Sentara Northern Virginia Medical  
Center  
VCU Health System Authority  
Riverside Regional Medical Center  
Berkeley Medical Center



Monongalia County General Hospital  
Company d/b/a Mon Health Medical  
Center  
Carilion New River Valley Medical  
Center





# Quality Improvement Updates

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

# 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**.

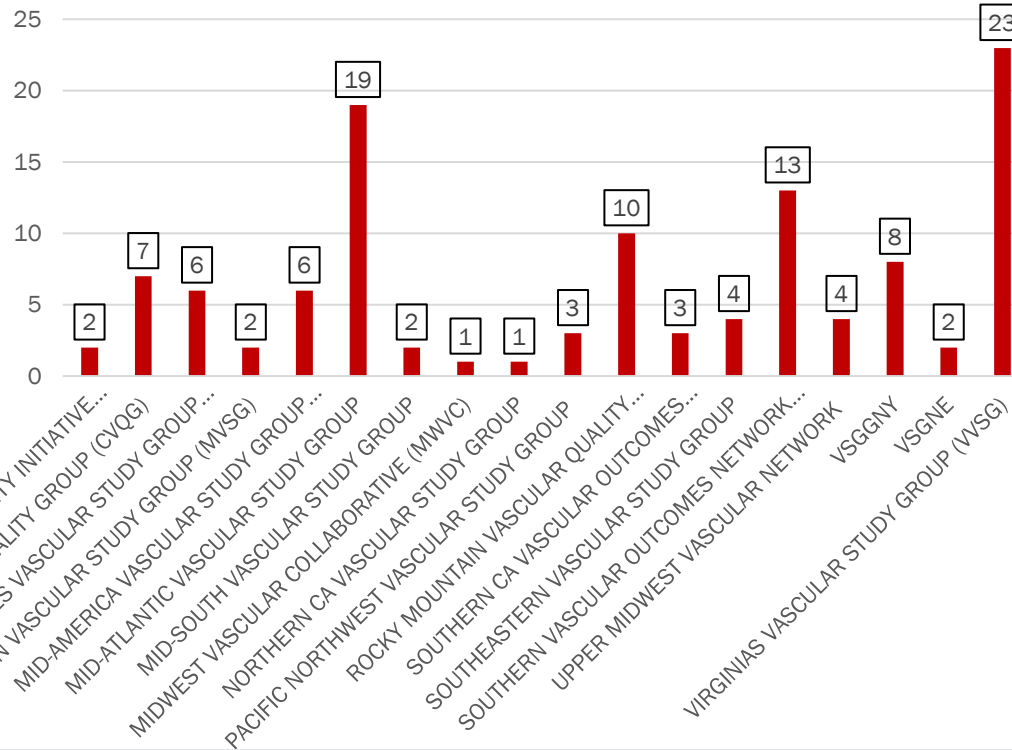
- Initiation of a QI Project, evidenced by submitting a Project Charter to [bwymmer@svspso.org](mailto:bwymmer@svspso.org) (2 points). **One charter per year per center.**
- Presenting a QI Project (presentation or poster) at a Regional VQI, \*Regional Society Meeting, or **\*Hospital Board and/or C 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)

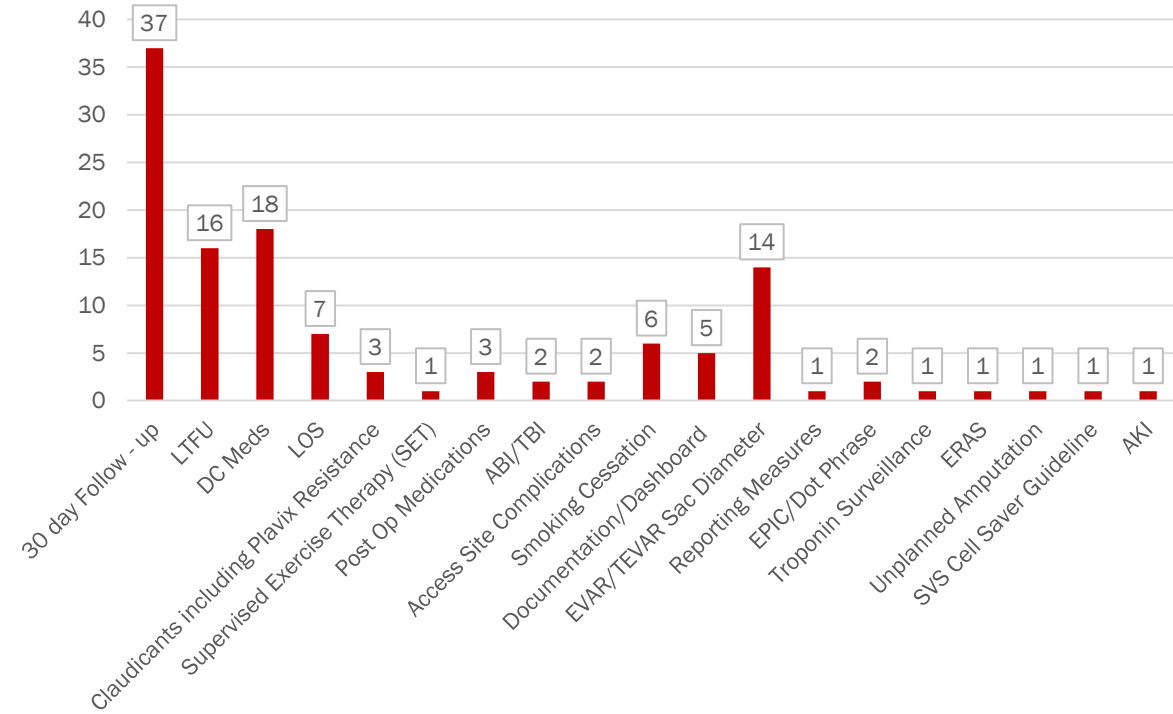
\* Please send attestation (proof) to [bwymmer@svspso.org](mailto:bwymmer@svspso.org) on or before December 31, 2024. Only 2 presentations to the Hospital Board and/or C Suite allowed per year per center.

# 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](https://www.surveymonkey.com/r/VQI_Mentor_Survey)

# Committee Updates

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# AQC Update

Margaret Tracci, 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

David Spinosa, 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

Behzad Farivar, 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 and an active PATHWAYS account.
- 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

David Dexter, 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

**contact us**



# Governing Council Update

Samantha Minc, 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:

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## 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

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## 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

# Fall 2023 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\\_2024\\_REGIONAL\\_REPORT\\_SLIDES\\_REGION\\_Virginias.html](https://www.vqi.org/wp-content/uploads/SPRING_2024_REGIONAL_REPORT_SLIDES_REGION_Virginias.html)

\*\*\*Ctrl + Click to follow link

# Talking Points

- Symptomatic TCAR stroke/death
- Discharge medications
- EVAR sac diameter reporting
- Smoking cessation strategies

-

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# Active Regional Charters

- |        |   |                                       |
|--------|---|---------------------------------------|
| 2023 – | 30 day follow up<br>Regional Charter<br>Rachelle Sapp – Lead  | Samantha Minc – Physician Champion    |
| 2023 – | SET<br>West Virginia University Hospital<br>Rachelle Sapp – Lead  | Samantha Minc – Physician Champion    |
| 2023 – | Statin and Antiplatelet<br>Sentara Martha Jefferson, Sentara Careplex, Sentara Leigh, Sentara Norfolk, Sentara Northern VA, Sentara Obici<br>Sentara Princess Anne, Sentara Rockingham, Sentara VA Beach, Sentara Williamsburg<br>Heidi Mullinex – Lead | Dr. Demasi – Physician Champion       |
| 2023 – | Discharge Medication for all registries – Discharge Medication for CEA patients<br>Carilion Roanoke Memorial Hospital<br>Michelle Martin – Lead   | Colin Brandt MD – Physician Champion  |
| 2023 - | Discharge Meds for CEA patients<br>Carilion New River Valley Medical Center<br>Erin Sydenstricker – Lead  | Joshua Adams, MD – Physician Champion |

# Active Regional Charters

- 2023 - ERAS, Patient Education and Smoking Cessation  
Winchester Medical Center  
Christine Sytsma - Megan Collins – Leads      Ayorinde Akinrinlola, MD, Matthew J. Borkon, MD, Hannah Kim, DO,  
Mark Kumar, MD – Physician Champions
- 2023 - Reporting Measures  
Camden Clark Medical Center  
Jennifer Colvin – Lead      Dr. Mousa – Physician Champion
- 2023 - 30 Day Follow up  
Inova Alexandria Hospital, Inova Fair Oaks Hospital, Inova Fairfax Hospital, Inova Loudoun Hospital, Inova Mount Vernon Hospital  
Luisa Villanueva – Lead      Richard Neville, MD – Physician Champion
- 2023 - Discharge Medications  
United Hospital Center  
Melissa Wilfong – Lead      Dr. Adeniyi – Physician Champion

# Outcomes of 475 Patients with PAD Referred For Supervised Exercise Therapy

Samuel N. Steerman, MD, FACS, RPVI  
EVMS Assistant Professor of Surgery

Sentara Vascular Specialists



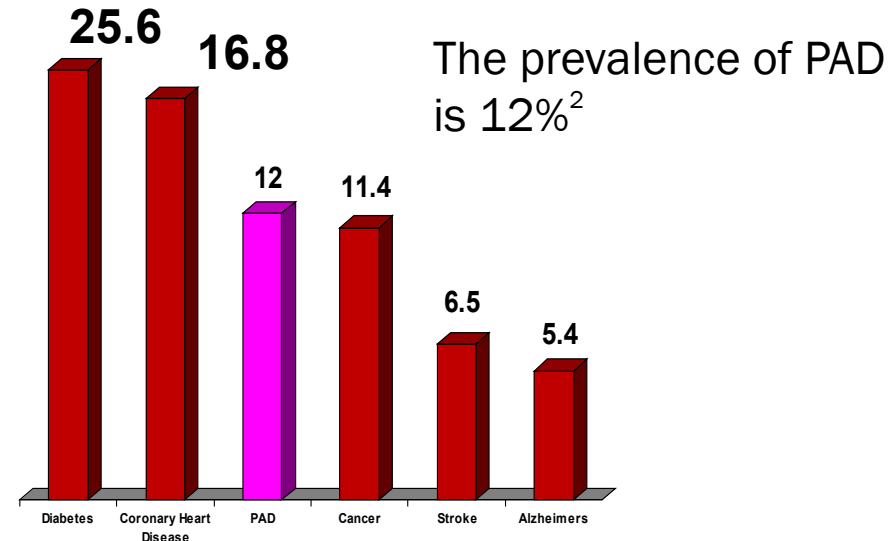
# Outline

1. Background on Peripheral Artery Disease
2. Building a Supervised Exercise Therapy (SET) Program
3. Outcomes of patients referred for SET
4. Lessons Learned in 475 patients

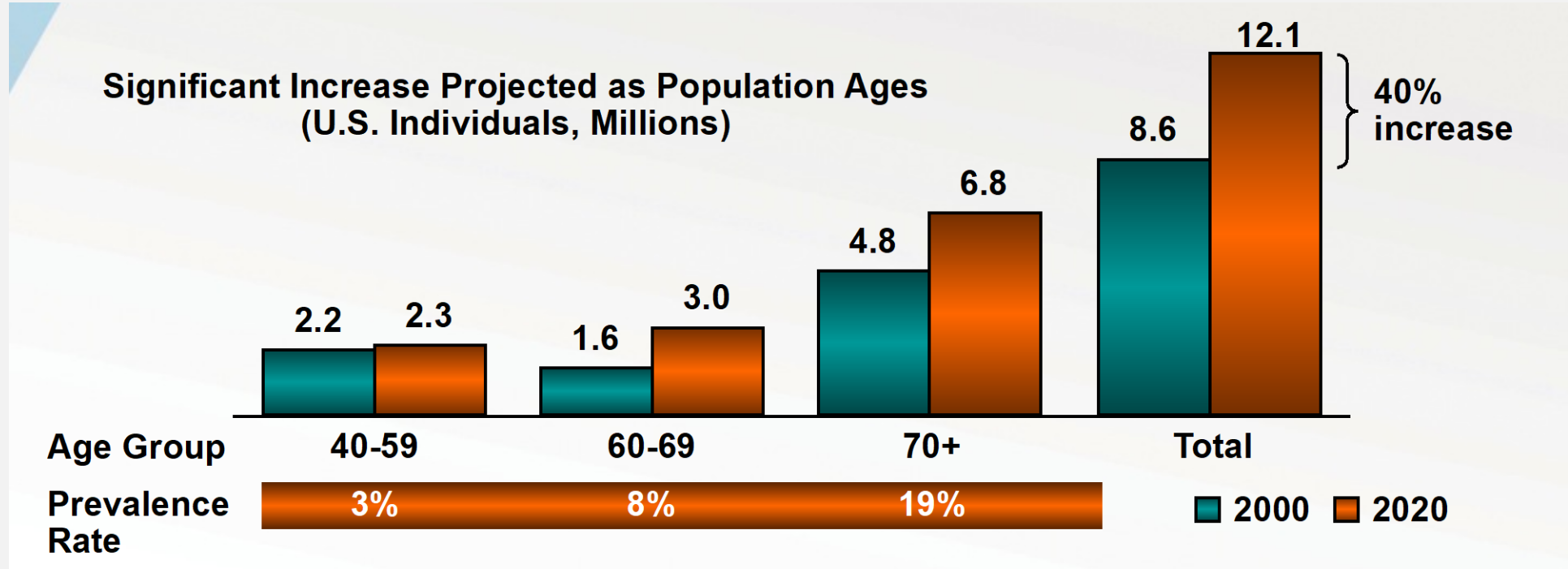


# PAD is more prevalent and deadlier than many leading diseases

- 8.5 million persons in the United States have PAD<sup>1</sup>
- Peripheral Artery Disease (PAD) refers to a chronic systemic atherosclerotic condition in the lower extremities that obstructs blood flow, creating a deficit in oxygen delivery to the leg muscles.
- 20-40% suffer its primary symptom, intermittent claudication (IC: described as cramping or tightening discomfort occurring in one or both calves, but sometimes in the buttocks or thighs, typically with exertion and relieved with rest.)



# Prevalence of PAD in the US



## 1 in 20 people over 50 years have PAD

- Gender: 2X as many men as women aged >50 have intermittent claudication
- Hypertension: 2X increase risk of PAD
- Smokers: 2-10X increase risk of PAD
- Diabetics: 3-4X risk for PAD

## Who Is At Risk For PAD?

The process of fatty deposits building up in the arterial walls causing restricted blood flow, is largely determined by genetics and lifestyle. Some common risk factors are:



**Smoking Cigarettes**  
Smokers have four times the risk of PAD



**Diabetes**  
Diabetes increases the risk of developing PAD



**High Blood Pressure**  
HBP increases the risk of developing PAD



**High Cholesterol**  
High cholesterol, or fat, levels in the blood is a direct cause of PAD

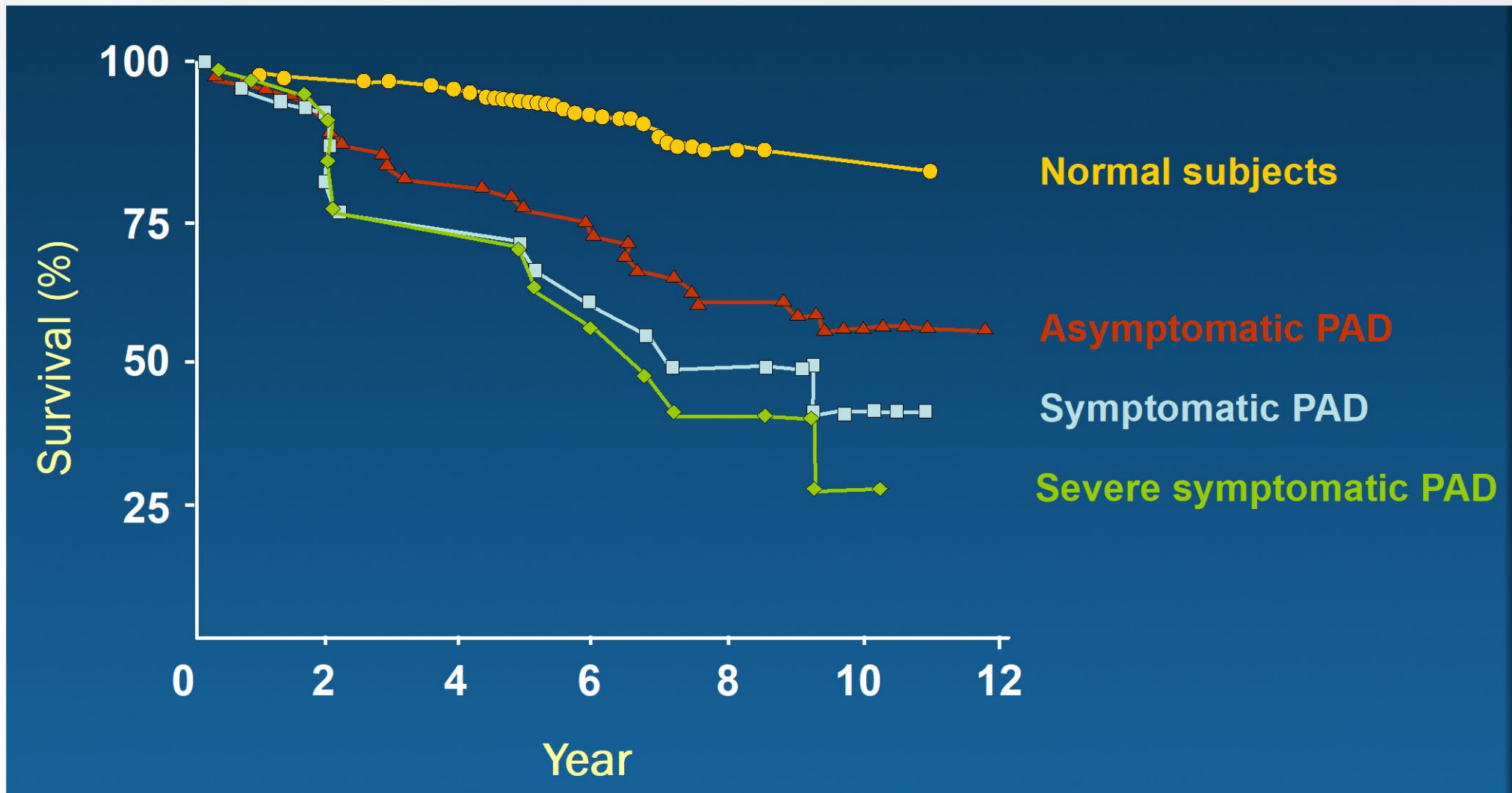


**Obesity**  
Individuals with a Body Mass Index (BMI) of 25 or higher have a higher risk of developing PAD



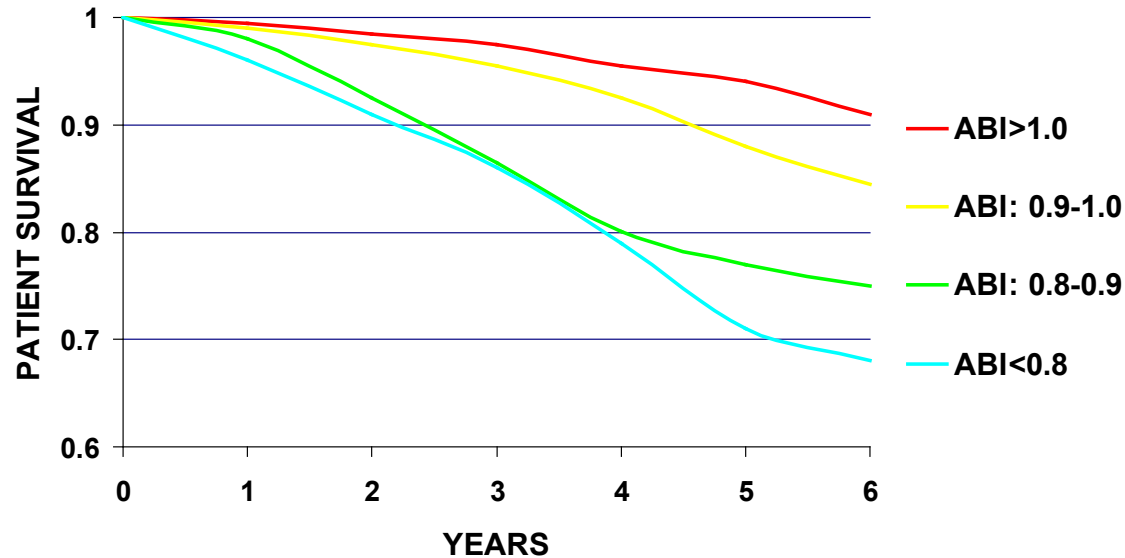
**Physical Inactivity**  
Physical activity can help alleviate symptoms

# Long-Term Survival in Patients With PAD



Criqui MH et al. N Engl J Med. 1992;326:381-386. Copyright © 1992 Massachusetts Medical Society. All rights reserved.

# Patient Survival by Ankle-Brachial Index in Cardiovascular Health Study



# Common Symptoms of PAD: Lower Extremities

## Asymptomatic

- Nearly everyone who has PAD—even those who do not have leg symptoms—suffers from an inability to walk as fast, or as far, as they could before PAD.

## Claudication

- Lower extremity symptoms confined to the muscles with a consistent (reproducible) onset with exercise and relief with rest.

## Critical limb ischemia

- Ischemic rest pain, ulceration, or gangrene.

# Background of Supervised Exercise Therapy

- American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) first introduced Peripheral Artery Disease as an extension of a cardiovascular rehab program in 2002 with its PAD Symposium.
- CLEVER trial published in 2014 by the Univ of MN
  - compared the cost-effectiveness of supervised exercise, stenting and 'optimal medical care' in treatment of claudication
  - found that, given only marginal benefits of stenting over exercise, there is significant rationale for supporting exercise over intervention for symptom management and quality of life
- Early 2017, VascularCures (formerly Vascular Disease Foundation), along with AACVPR, provided the online PAD Exercise Training Toolkit in preparation for implementation of PAD rehab programs.

# Exercise Therapy for Claudication

- Benefits of exercise in claudicants have been recognized for 30 years

## **Benefit of Exercise Conditioning for Patients With Peripheral Arterial Disease**

William F **Exercise Rehabilitation Programs for the Treatment of Claudication Pain**  
A Meta-analysis

Andrew W. Gardner, PhD

JAMA. 1995;274(12):975

## **Exercise Training for Claudication**

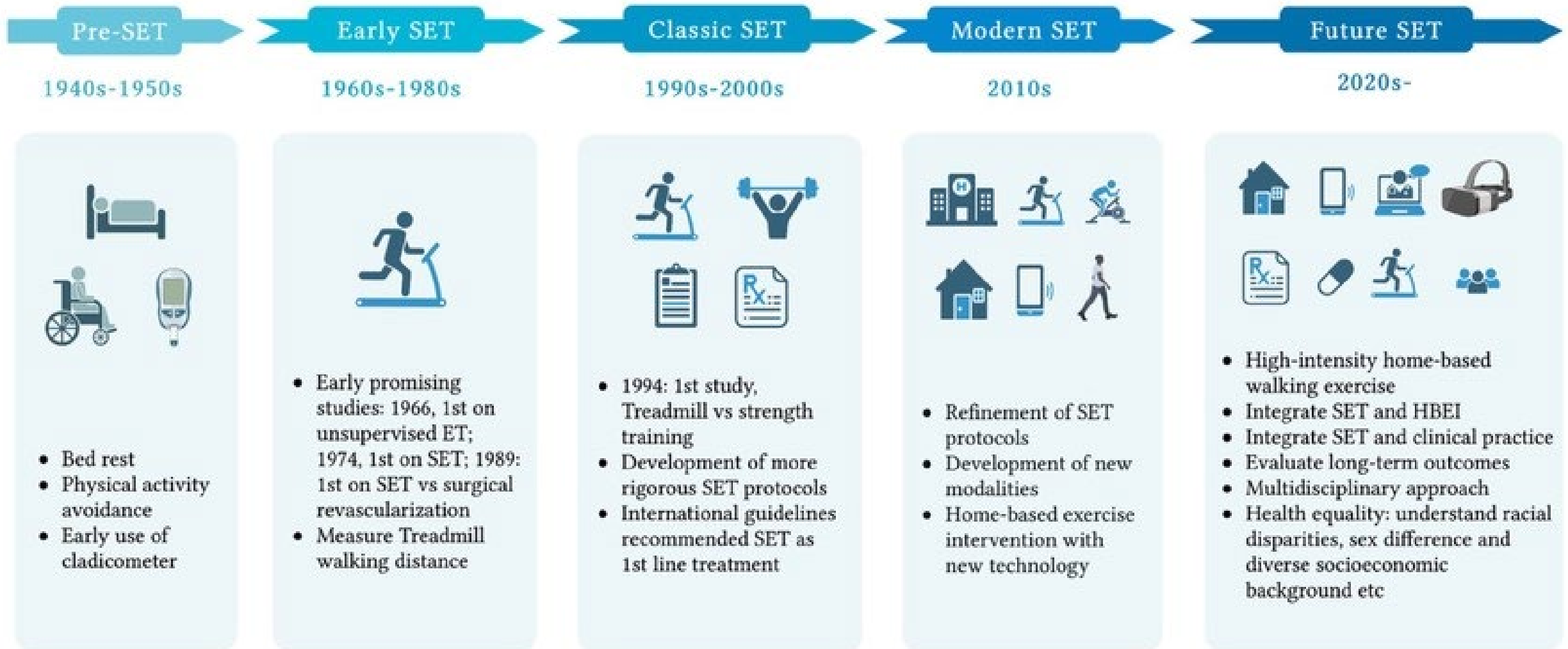
Kerry J. Stewart, Ed.D., William R. Hiatt, M.D., Judith G. Regensteiner, Ph.D., and Alan T. Hirsch, M.D.

December 12, 2002

N Engl J Med 2002;347:1941-1951



# Timeline for the development of SET in the management of PAD with IC



# Background

- May 2017: CMS published a Decision Memo for Supervised Exercise Training for Symptomatic PAD (SET-PAD) (CAG-00449N) that detailed components and requirements for PAD rehab.
- October 2017 Addendum B: Official determination of coverage at \$54.55/copay \$10.91
- Uncertain support from private insurance companies to date

## Decision Memo for Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) (CAG-00449N)

### Decision Summary

- A. The Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is sufficient to cover supervised exercise therapy (SET) for beneficiaries with intermittent claudication (IC) for the treatment of symptomatic peripheral artery disease (PAD). Up to 36 sessions over a 12 week period are covered if all of the following components of a SET program are met:

The SET program must:

- consist of sessions lasting 30-60 minutes comprising a therapeutic exercise-training program for PAD in patients with claudication;
- be conducted in a hospital outpatient setting, or a physician's office;
- be delivered by qualified auxiliary personnel necessary to ensure benefits exceed harms, and who are trained in exercise therapy for PAD; and
- be under the direct supervision of a physician (as defined in 1861(r)(1)), physician assistant, or nurse practitioner/clinical nurse specialist (as identified in 1861(aa)(5)) who must be trained in both basic and advanced life support techniques.

Beneficiaries must have a face-to-face visit with the physician responsible for PAD treatment to obtain the referral for SET. At this visit, the beneficiary must receive information regarding cardiovascular disease and PAD risk factor reduction, which could include education, counseling, behavioral interventions, and outcome assessments.

- B. Medicare Administrative Contractors (MACs) have the discretion to cover SET beyond 36 sessions over 12 weeks and may cover an additional 36 sessions over an extended period of time. A second referral is required for these additional sessions.
- C. SET is non-covered for beneficiaries with absolute contraindications to exercise as determined by their primary physician.

May 25, 2017

# Two Major Goals in Treating Patients with PAD

---

| Limb Outcomes  | Cardiovascular morbidity and mortality outcomes  |
|--|--|
| <ul style="list-style-type: none"><li>■ Improved ability to walk<ul style="list-style-type: none"><li>– Increase in peak walking distance</li><li>– Improvement in quality-of-life (QoL)</li></ul></li><li>■ Prevention of progression to CLI and amputation</li></ul> | <ul style="list-style-type: none"><li>■ Decrease in morbidity from non-fatal MI and stroke</li><li>■ Decrease in cardiovascular mortality from fatal MI and stroke</li></ul> |

# Targeted Therapies for PAD

- Risk Factor Management:
  - Tobacco Cessation- Education, Referral, Pharmacotherapy
  - Blood Sugar Management- Target HbA1C < 7.0% in addition to foot care (reducing risk of limb loss)
  - Lipid Management targeted to 2013 ACC/AHA guidelines
  - Hypertension- Goal < 140/90 for non-diabetics, and <130/80 for diabetics or CKD. Beta-blockers and ACE-I may be indicated/effective.

# Exercise as therapy

- Numerous studies have demonstrated the unequivocal benefit of exercise on improving debilitating symptoms of IC in patients with PAD
- Mechanisms are not entirely clear, but likely similar to cardiovascular changes with exercise where increased blood flow improves ischemic reperfusion through probable collateral and redistributed blood flow, reduced endothelial dysfunction, increased vascular dilation, enhanced ATP production, and attenuated inflammatory responses.

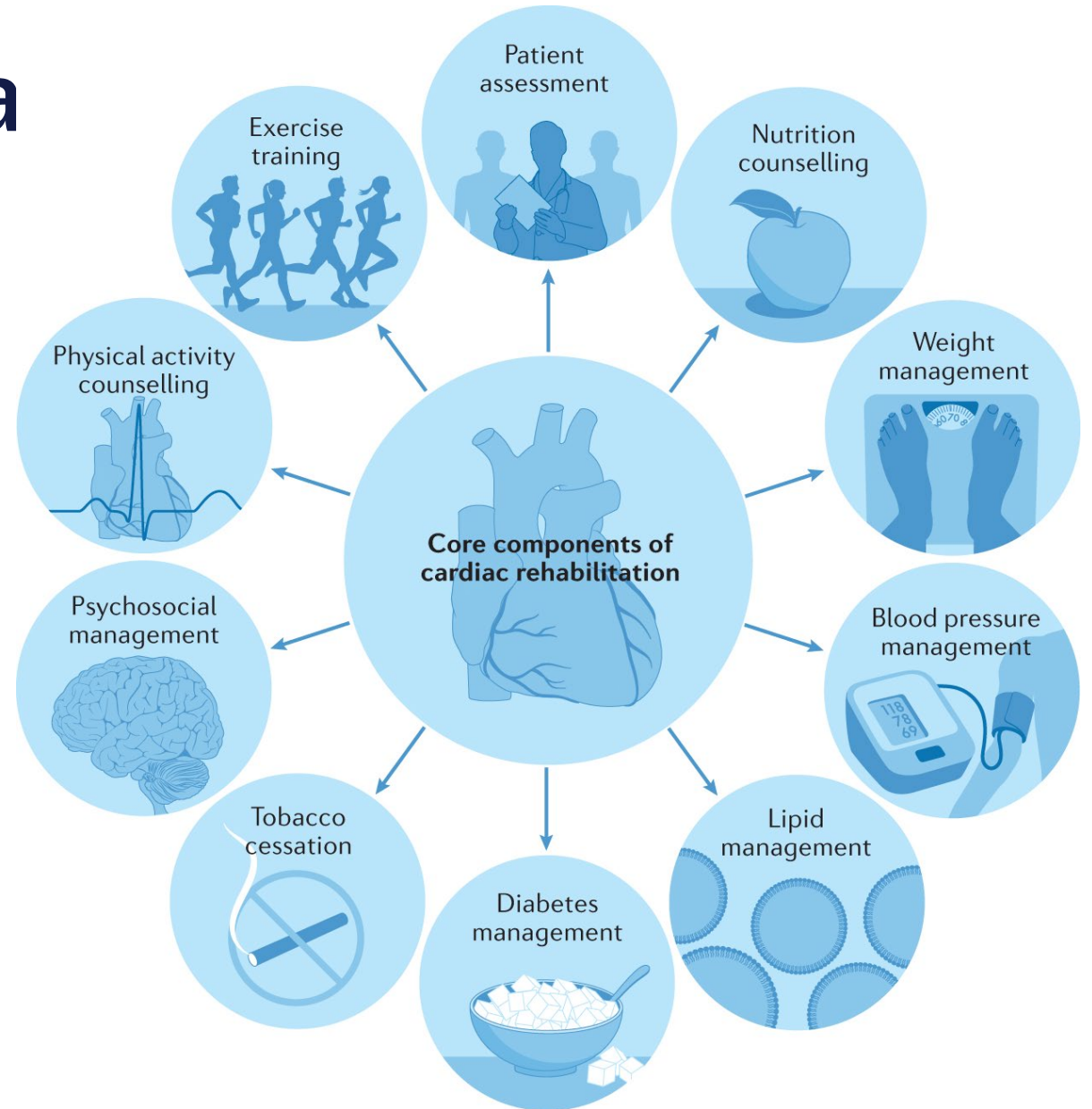
# Which Exercise to do?



- Studies investigating the benefit of alternative conditioning modes (cycling, arm ergometry, resistance training) suggest they may be beneficial in improving symptoms, but the cornerstone of therapy should still be walking exercise

# Exercise Therapy Goal

- Decrease symptoms of intermittent claudication
- Improve distance tolerated to pain threshold
- Slowed progression of disease
- Improved quality of life and overall health
  - similar to cardiopulmonary rehab programs





# Key Components of a Structured Exercise Program

30-60 min of supervised exercise, at least 3x/week for at least 12 weeks

Treadmill or track walking

Walk to point of moderate pain before rest

Program should have complementary educational components

Administered by an individual trained in exercise therapy



# Pre-Program assessment

- Patients should receive medical clearance prior to beginning a PAD exercise program.
  - **Contraindications:** Unstable angina, decompensated heart failure, uncontrolled cardiac arrhythmias, severe or symptomatic valvular disease, and critical limb ischemia.
  - **Relative contraindications:** severe joint disease, uncontrolled diabetes, uncontrolled hypertension

# Pre-Program Assessment

1. Hemodynamic assessments- ABI (ratio of ankle-to-arm systolic blood pressures): BP measurements using a doppler in the dorsalis pedis, posterior tibial and brachial arteries are compared and duplicated for accuracy
2. Resting vitals including blood pressure, heart rate, baseline EKG helpful
3. Medical History/exercise history/CAD risk factors

4. **Functional Status Questionnaires**- evaluate patient's function as impacted by disease limitations.

- **Walking Impairment Questionnaire (WIC)**
- **VascuQoL**
- **Peripheral Artery Questionnaire**
- **Low Level Physical Activity Recall Questionnaire**
- **Others, not cited specifically in Toolkit ( CLAU-S, CCCQ)**

5. **Quality of Life Questionnaires**- not disease-specific

- **SF-36, Sickness Impact Profile, Functional Status Questionnaire**

# Exercise Evaluation

- The value of typical pre-program stress testing is limited by inability to achieve high enough workload to detect underlying abnormalities, such as arrhythmias or ST-T ischemic changes.
- Functional Testing:
  - **Treadmill testing recommended– various protocols suggested involving walking at initial speed of ~1.5-2mph with gradual incremental increases in grade every 2 -3 minutes until moderate pain (3-4/5 on 5-point pain scale) occurs. The workload that evokes initial claudication symptoms is considered the initial training workload.**
  - **Alternatively, a Six Minute Walk Test or Shuttle Test may be used to establish baseline functional assessment**

# Exercise Session

- Sessions should be documented to include resting and post-program vitals (HR, BP, SaO2 and BS if appropriate), individualized exercise modality workload and duration with hemodynamic responses, patient report of exercise response including RPE, assessment of exercise tolerance and goals, and supervising physician.

## Virginia Beach Facility



## Exercise protocols

- **Following traditional warm-up to prepare body for increasing cardiovascular demands, treadmill walking ensues with initial exercise intensity established from the pre-program functional evaluation. Typically, patients begin ~2mph (or at speed they can tolerate) at a grade that brings on the onset of claudication (2/5 PAIN SCALE)**

Warm Up on non-weight bearing machine



# Exercise protocols

- Patients walk to mild-moderate pain (~3-4/5), then sit and rest until pain completely resolves
- Patient resumes walking at same pace, repeating procedure, with initial goal of at least 15 minutes of TM walking time
- Ultimate goal is to increase TM walking time to 45-50 minutes (including rest periods) in addition to warm-up and cool-down exercises



Pt begins Treadmill walking at incline

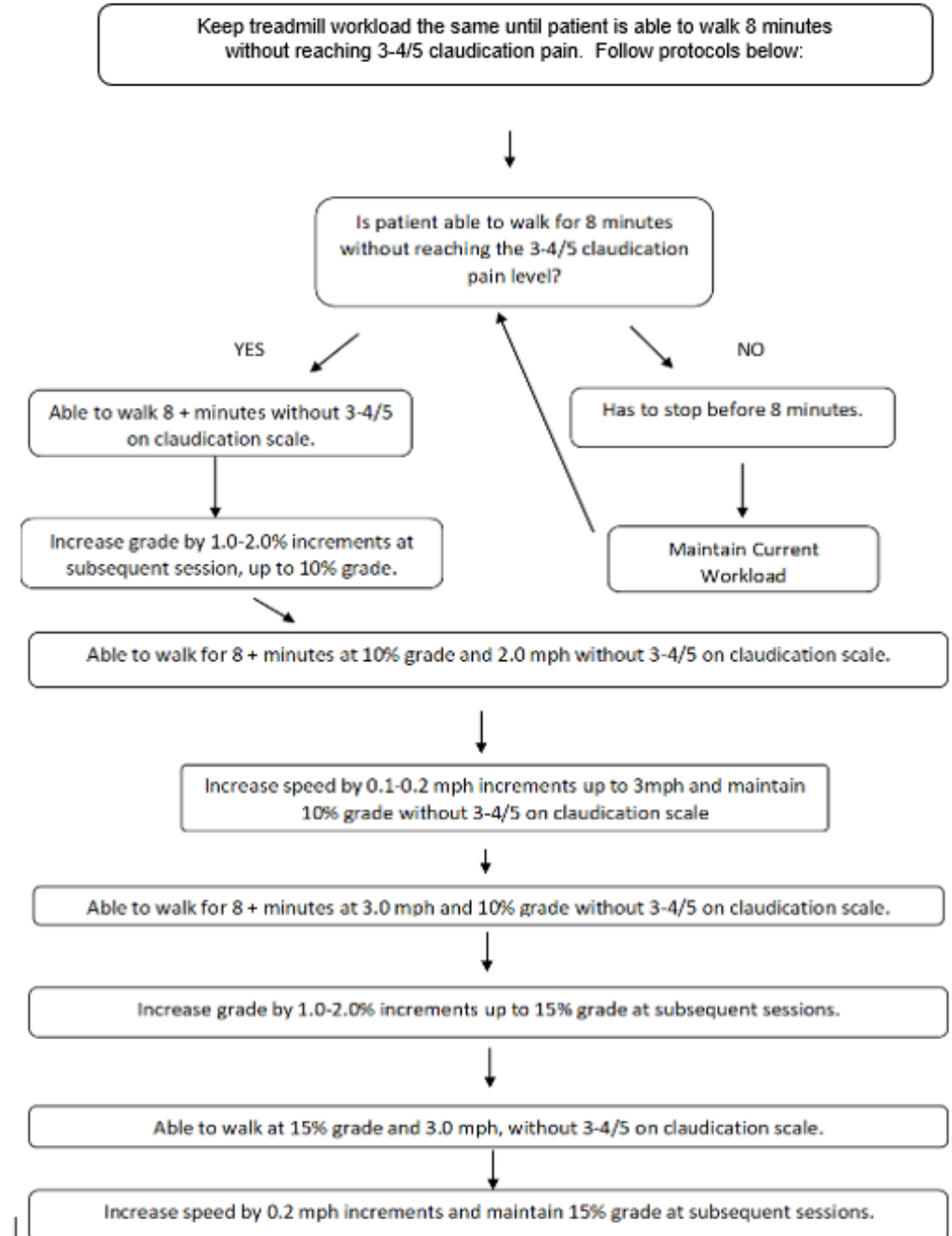


# Exercise protocols

- Progression of walking workload should only be initiated at the beginning of each session, not during the session in progress, so that patients walk at a constant workload throughout each session.



Exercise Vitals monitored  
Pt continues on TM w/  
goal of 15-30mins of  
walking time



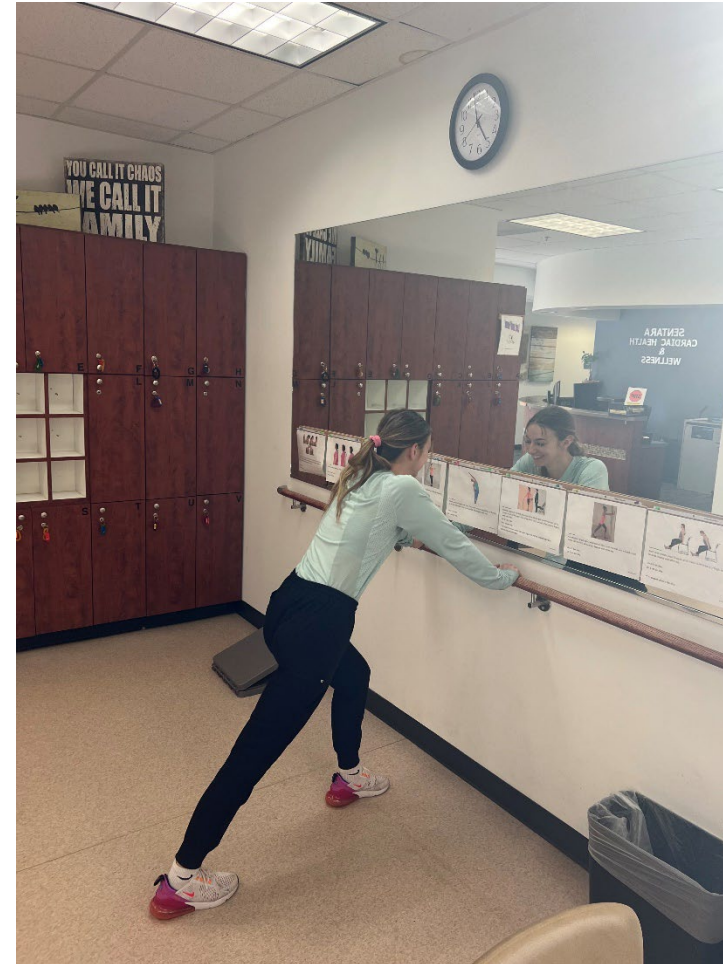
# Exercise protocols

- Cooldown exercises to include total body stretches and flexibility, along with calf and leg stretches, may alleviate any post-exercise discomforts

Resting  
between  
Treadmills



Cool Down  
Stretching



# Education

- Encourage attendance at group education classes for CAD patients, including nutrition counseling, exercise prescription, stress management, pharmacotherapy
- Tobacco cessation education- 3 pronged: physiological, psychological/emotional, behavioral aspects of addiction and behavior change. Referral to community resources with follow up each session (documented)
- Exercise maintenance- home exercise and activity guidelines with accountability (exercise log)

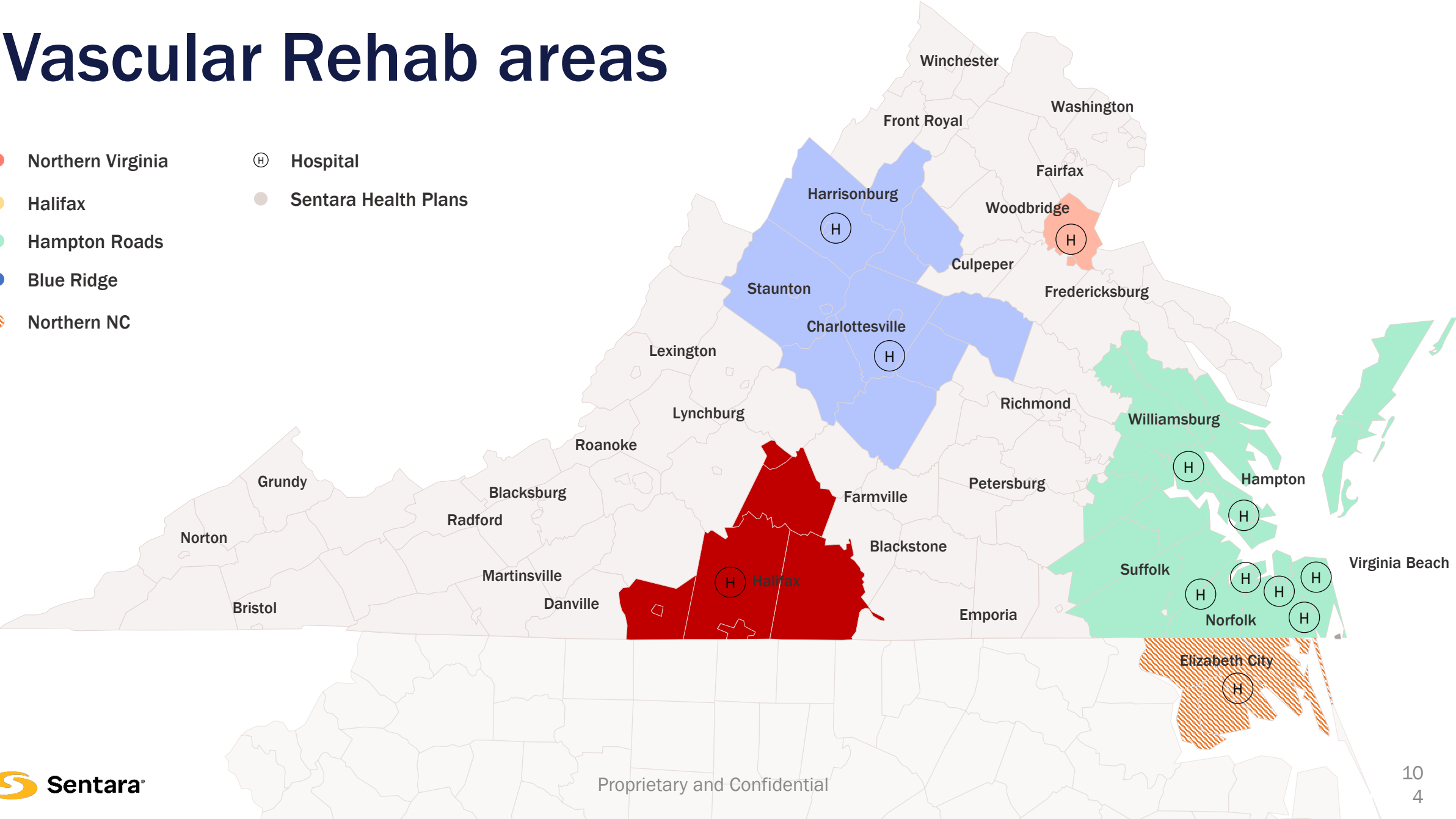
# Post-program assessment

- Include treadmill test or other functional assessment performed at beginning
- Repeat QoL and disease-specific questionnaires
- Repeat ABI (lower number indicates worsening of PAD)
- Discharge questionnaire/evaluation

# Vascular Rehab areas

- Northern Virginia
- Halifax
- Hampton Roads
- Blue Ridge
- Northern NC

- Hospital
- Sentara Health Plans



# Sentara Vascular Rehab Initiation

- Core Team developed:
  - Vascular Rehab Handbook
  - EMR Referral Note to comply with CMS requirements
  - EMR Orders & Charges
  - Clinic Education & Tip Sheets
  - Physician Education & Tip Sheets
  - Education & Marketing Flyers



### Blue Ridge Locations:

**Sentara RMH Medical Center**  
2010 Health Campus Drive  
Harrisonburg, VA 22801  
540-689-1888

**Sentara Martha Jefferson  
Health & Wellness Center**  
Sentara Martha Jefferson Hospital  
590 Peter Jefferson Parkway  
Suite 200  
Charlottesville, VA 22911  
434-654-4510

[SentaraVascularSpecialists.com](http://SentaraVascularSpecialists.com)

### MEET THE TEAM

Every member of your care team has a passion for helping people with PAD. Your rehab specialists work closely with your doctors to ensure that you receive the services you need to enjoy a more active life. Your vascular rehab team includes:



VASCULAR  
SURGEONS



VASCULAR REHAB  
SPECIALISTS



EXERCISE  
PHYSIOLOGISTS



CERTIFIED  
DIABETES  
EDUCATORS



REGISTERED  
DIETITIANS

*Sentara Healthcare complies with applicable Federal Civil Rights Laws and does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, culture, color, religion, marital status, age, sex, sexual orientation, gender identity or gender expression, national origin or any disability or handicap.*

# SENTARA VASCULAR REHAB



 SENTARA®

 SENTARA®



## SPECIALIZED VASCULAR REHAB FOR LEG PAIN

If you have peripheral artery disease (PAD), it can be painful to walk even for a short time. At Sentara, our vascular rehab program can help significantly reduce your leg pain and help you to get back to the activities you enjoy. Rely on us for:

### • AN EXPERT TEAM

You'll work with our experienced rehabilitation specialists who include registered nurses, an exercise physiologist, a registered dietitian, & a certified diabetes educator.

### • MEDICARE-APPROVED VASCULAR REHAB SERVICES

The program focuses on treadmill walking, which has been proven to help people with PAD walk farther. In our 12-week program, you'll work with our exercise physiologist three times per week.

### • SPECIALIZED PATIENT EDUCATION

Your first visit is a one on one assessment with a vascular rehab specialist to discuss your specific needs. At each following session you will continue to work with your vascular team to ensure your treatment plan meets your needs.

We also offer group sessions on a variety of issues of interest to people with PAD, including:

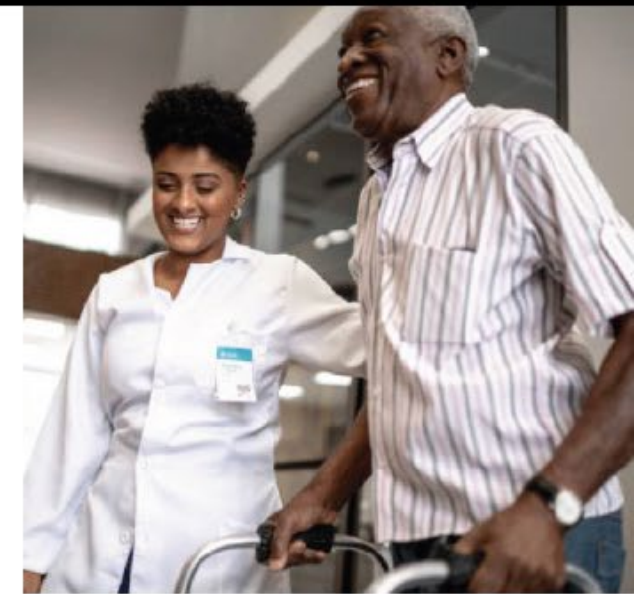
- Diabetes management
- Exercise safety
- Medication management
- Nutrition
- Stress management

## SENTARA'S 12-WEEK WALKING PROGRAM

We designed our vascular rehab program for people who have early-stage PAD with intermittent claudication (occasional leg pain). You'll receive personalized instructions to help you build an exercise plan that you can continue on your own.

### OUR 12-WEEK PROGRAM INCLUDES:

- **Supervised exercise therapy** with our exercise physiologist, three days a week
- **Initial assessment** that includes:
  - Functional assessment on a treadmill to see how well you can walk
  - Quality of life evaluation to understand how PAD affects your home life
  - Depression screening to assess your emotional health
  - Dietary review to determine a healthy eating plan
- **Patient education** through group sessions and one-on-one counseling
- **Close collaboration** with your vascular surgeon for your initial assessment and treatment plan approval
- **Progress updates** to keep your doctors informed, with comprehensive session reports in your electronic medical record



## HOW TO GET STARTED WITH VASCULAR REHAB

To participate in our vascular rehab program, you'll need to:

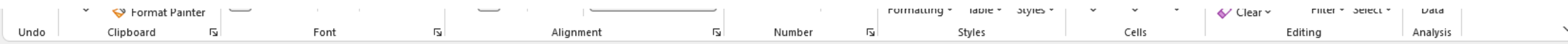
- Have your doctor's referral
  - Be able to walk short distances
- Medicare covers PAD supervised exercise therapy for people who have PAD with intermittent claudication. Many private health insurance plans also cover this therapy. Before you begin the program, our team can help you find out whether your health insurance plan will cover your care.



# Vascular rehab roll out schedule

| <b>Location</b>  | <b>1st patient</b>     |
|------------------|------------------------|
| Sentara CarePlex | Apr-18                 |
| SRMH             | Jun-20                 |
| SVBGH            | Jul-20                 |
| SAMC             | June-21                |
| SWRMC            | Jan-21                 |
| SNGH             | Feb-21                 |
| SOH              | Mar-21                 |
| SMJH             | Mar-22                 |
| SPAH             | April-22               |
| SHRH             | TBD (provider need)    |
| SNVMC            | TBD (provider need)    |
| SLH              | Awaiting first patient |

# Prospective Tracking



B1 Vascular Rehab Patient Referrals

| LC= last checked EPIC for most recent Rehab notes |            |                        |  |                            |                         |  |  |              |                  |                   |                                |   |
|---|------------|------------------------|--|----------------------------|-------------------------|--|--|--------------|------------------|-------------------|--------------------------------|---|
| Program Location                                  | Order Date | Program started? (Y/N) | Reason why pt never started (insurance, never showed up, too expensive, etc) | Number of visits completed | Program completed (Y/N) | Reason why pt didn't complete program (insurance, never showed up, too expensive, etc) | Was patient goal achieved? (Y / N / N/A) | LB loss/gain | 6MWT ft Improved | VasquQOL Improved | QIC still following case (Y/N) | Comments  |
| SCH   | 6/6/2019   | Y                      | N/A  | 33                         | Y                       | N/A  | N/A                                      | -2           | 212              |                   | N                              | "Pt has also improved her VasuQol. "  |
| SCH   | 5/8/2018   | Y                      | N/A  | 36                         | Y                       | N/A  | Y  | 4.8 lost     | 329              | 18                | N                              | Goal to quit smoking. Pt reports that he has remained smoke free since the first week of rehab.     |
| SCH   | 4/24/2018  | Y                      | N/A  | 18                         | Y                       | N/A  | N/A                                      |              | 1100             | 117               | N                              | missed 8 appts d/t low bp, care was escalated to MD   |
| SCH   | 7/1/2019   | Y                      | N/A  | 23                         | Y                       | N/A  | N/A                                      |              |                  | 15                | N                              | No Post 6MWT. Pt reports increased endurance and ability to walk further                            |
| SCH   | 10/19/2020 | Y                      | N/A  | 27                         | Y                       | N/A  | N/A                                      |              |                  |                   | N                              | No Post Outcome info documented   |
| SCH   | 9/23/2019  | Y                      | N/A  | 27                         | Y                       | N/A  | N/A                                      |              | 170              | 8                 | N                              | Pt plans to continue walking at home  |
| SCH   | 5/7/2019   | Y                      | N/A  | 36                         | Y                       | N/A  | N/A                                      |              | 115              | 53                | N                              | Pt reported ability to walk further w/o pain.   |
| SCH   | 12/10/2018 | Y                      | N/A  | 36                         | Y                       | N/A  | N/A                                      |              | 285              | 38                | N                              | Pt reported she has joined the YMCA and plans to attend 3x/week.                                    |
| SCH   | 10/29/2018 | Y                      | N/A  | 35                         | Y                       | N/A  | N/A                                      |              | 589              | 27                | N                              | Pt reports an increase in energy and endurance.   |
| SCH   | 11/19/2018 | Y                      | N/A  | 36                         | Y                       | N/A  | N/A                                      |              | 121              | 32                | N                              | Pt reports improvement in the level of fatigue in her legs while she is walking.                    |
| SCH   | 12/19/2018 | Y                      | N/A  | 35                         | Y                       | N/A  | N/A                                      |              | 598              | 31                | N                              | Pt reports increased endurance since starting vascular rehab.                                       |
| SCH   | 10/22/2020 | Y                      | N/A  | 32                         | Y                       | N/A  | N/A                                      |              | -86              | 10                | N                              | Pt reports post-program that her endurance has increased, improved confidence in health/exercise.   |
| SCH   | 7/24/2018  | Y                      | N/A  | 26                         | Y                       | N/A  | N/A                                      |              | 216              | 4                 | N                              | Pt reports that she plans to join planet fitness and continue walking routine at least 3 days/week. |
| SCH   | 8/17/2020  | Y                      | N/A  | 21                         | Y                       | N/A  | N/A                                      |              | 290              | 23                | N                              | VasquQol: Pre: 131 Post: 154  |
| SCH   | 2/16/2021  | Y                      | N/A  | 33                         | Y                       | N/A  | N/A                                      | -7.3         | 258              | 15                | N                              | VasquQol: Pre: 131, Post: 146   |
| SCH   | 2/16/2021  | Y                      | N/A  | 34                         | Y                       | N/A  | N/A                                      |              | -50              | -11               | N                              | VasquQol: Pre: 86, Post: 75; Pre program 6mwt= 850ft, Post program 6mwt= 800ft                      |
| SCH   | 2/11/2021  | Y                      | N/A  | 36                         | Y                       | N/A  | N/A                                      |              | 149              | 68                | N                              | VasquQol: Pre: 94, Post: 162; Pt died 07/11/2021  |
| SCH   | 4/26/2018  | Y                      | N/A  | 36                         | Y                       | N/A  | N/A                                      | 5.6 lost     | 160              | 5                 | N                              |   |
| SCH   | 6/19/2018  | Y                      | N/A  | 30                         | Y                       | N/A  | N/A                                      |              | 56               | 45                | N                              |   |
| SCH   | 7/10/2018  | Y                      | N/A  | 34                         | Y                       | N/A  | N/A                                      |              | 479              | 89                | N                              |   |
| SCH   | 9/20/2018  | Y                      | N/A  | 33                         | Y                       | N/A  | N/A                                      |              | 33               | 13                | N                              |   |
| SCH   | 2/12/2019  | Y                      | N/A  | 36                         | Y                       | N/A  | N/A                                      |              | 300              | 83                | N                              |   |
| SCH   | 5/20/2019  | Y                      | N/A  | 36                         | Y                       | N/A  | N/A                                      | -10          | 158              | 109               | N                              |   |
| SCH   | 10/14/2019 | Y                      | N/A  | 25                         | Y                       | N/A  | N/A                                      |              | 165              | 1                 | N                              |   |
| SCH   | 9/10/2021  | Y                      | N/A  | 33                         | Y                       | N/A  | N/A                                      |              | 1430             | 5                 | N                              |   |
| SCH   | 10/28/2021 | Y                      | N/A  | 36                         | Y                       | N/A  | N/A                                      |              | 50               | 13                | N                              |   |
| SCH   | 10/28/2021 | Y                      | N/A  | 32                         | Y                       | N/A  | Y  |              | 200              | 4                 | N                              | Pt reports endurance and confidence to exercise has improved  |
| SCH   | 11/22/2021 | Y                      | N/A  | 27                         | Y                       | N/A  | N/A                                      |              | 625              |                   | N                              |   |
| SCH   | 12/1/2021  | Y                      | N/A  | 36                         | Y                       | N/A  | N/A                                      |              | 575              |                   | N                              | Pt plans to walk and do chair exercise at home  |
| SCH   | 7/15/2021  | Y                      | N/A  | 27                         | Y                       | N/A  | N/A                                      | 8lb loss     | 400              |                   | N                              | Pt reports endurance has improved   |

**Vascular Rehab Volume Summary**

updated: 3/25/2024

**April 2018- November 2023**

| Location            | # Orders   | # Pts Started | # Pts Completed | Currently Active pts | % Started  | % Finished | % improved 6MWT and/or VascQOL |
|---------------------|------------|---------------|-----------------|----------------------|------------|------------|--------------------------------|
| SCH                 | 186        | 101           | 54              | 1                    | 54%        | 54%        | 93%                            |
| SMJH*               | 1          | 0             | 0               | 0                    | 0%         | 0%         | 0%                             |
| SNGH                | 71         | 19            | 8               | 2                    | 27%        | 47%        | 100%                           |
| SOH                 | 18         | 9             | 5               | 0                    | 50%        | 56%        | 100%                           |
| SRMH                | 51         | 22            | 8               | 0                    | 43%        | 36%        | 100%                           |
| SVBGH               | 120        | 73            | 46              | 1                    | 61%        | 64%        | 93%                            |
| SWRMC               | 21         | 9             | 4               | 1                    | 43%        | 50%        | 75%                            |
| SAMC*               | 1          | 0             | 0               | 0                    | 0%         | 0%         | 0%                             |
| SHRH*               | 0          | 0             | 0               | 0                    | 0%         | 0%         | 0%                             |
| SNVMC*              | 1          | 0             | 0               | 0                    | 0%         | 0%         | 0%                             |
| SPAH                | 5          | 2             | 2               | 0                    | 40%        | 100%       | 100%                           |
| SLH*                | 0          | 0             | 0               | 0                    | 0%         | 0%         | 0%                             |
| <b>System Total</b> | <b>475</b> | <b>235</b>    | <b>127</b>      | <b>5</b>             | <b>49%</b> | <b>55%</b> | <b>94%</b>                     |

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# Reasons patients did not start SET

Vascular Rehab Summary - Reasons Patients did not start SET (% = of # that did not start, what % did not start) 3/25/2024

April 2018- November 2023

| Location     | # Orders | # Pts Started | # Pts Completed | % didn't start d/t death | % didn't start d/t declined | % didn't start d/t insurance | % didn't start d/t order error | % didn't start d/t schedule conflict | % didn't start d/t not contacted | % didn't start d/t transportation | % didn't start d/t Medical reason | % didn't start d/t Financial | % didn't start d/t Covid | % didn't start d/t No Call Back | % didn't start d/t Duplicate order |
|--------------|----------|---------------|-----------------|--------------------------|-----------------------------|------------------------------|--------------------------------|--------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------|--------------------------|---------------------------------|------------------------------------|
| SCH          | 186      | 101           | 54              | 1.2%                     | 21.2%                       | 8.2%                         | 4.7%                           | 7.1%                                 | 9.4%                             | 3.5%                              | 21.2%                             | 2.4%                         | 1.2%                     | 17.6%                           | 2.4%                               |
| SMJH*        | 1        | 0             | 0               | 0.0%                     | 0.0%                        | 0.0%                         | 0.0%                           | 0.0%                                 | 0.0%                             | 0.0%                              | 0.0%                              | 100.0%                       | 0.0%                     | 0.0%                            | 0.0%                               |
| SNGH         | 71       | 19            | 8               | 0.0%                     | 11.5%                       | 0.0%                         | 1.9%                           | 3.8%                                 | 44.2%                            | 0.0%                              | 7.7%                              | 0.0%                         | 0.0%                     | 28.8%                           | 1.9%                               |
| SOH          | 18       | 9             | 5               | 0.0%                     | 11.1%                       | 0.0%                         | 22.2%                          | 11.1%                                | 11.1%                            | 0.0%                              | 22.2%                             | 0.0%                         | 0.0%                     | 22.2%                           | 0.0%                               |
| SRMH         | 51       | 22            | 8               | 0.0%                     | 20.7%                       | 6.9%                         | 0.0%                           | 20.7%                                | 13.8%                            | 0.0%                              | 24.1%                             | 0.0%                         | 0.0%                     | 13.8%                           | 0.0%                               |
| SVBGH        | 120      | 73            | 45              | 2.1%                     | 17.0%                       | 2.1%                         | 2.1%                           | 8.5%                                 | 21.3%                            | 2.1%                              | 6.4%                              | 2.1%                         | 0.0%                     | 25.5%                           | 10.6%                              |
| SWRMC        | 21       | 9             | 4               | 0.0%                     | 16.7%                       | 16.7%                        | 8.3%                           | 0.0%                                 | 25.0%                            | 0.0%                              | 16.7%                             | 0.0%                         | 0.0%                     | 8.3%                            | 8.3%                               |
| SAMC*        | 1        | 0             | 0               | 0.0%                     | 0.0%                        | 0.0%                         | 0.0%                           | 0.0%                                 | 0.0%                             | 0.0%                              | 0.0%                              | 0.0%                         | 0.0%                     | 0.0%                            | 0.0%                               |
| SHRH*        | 0        | 0             | 0               | 0.0%                     | 0.0%                        | 0.0%                         | 0.0%                           | 0.0%                                 | 0.0%                             | 0.0%                              | 0.0%                              | 0.0%                         | 0.0%                     | 0.0%                            | 0.0%                               |
| SNVMC*       | 1        | 0             | 0               | 0.0%                     | 0.0%                        | 0.0%                         | 100.0%                         | 0.0%                                 | 0.0%                             | 0.0%                              | 0.0%                              | 0.0%                         | 0.0%                     | 0.0%                            | 0.0%                               |
| SPAH         | 5        | 2             | 2               | 0.0%                     | 0.0%                        | 0.0%                         | 0.0%                           | 0.0%                                 | 0.0%                             | 0.0%                              | 0.0%                              | 0.0%                         | 0.0%                     | 0.0%                            | 0.0%                               |
| SLH*         | 0        | 0             | 0               | 0.0%                     | 0.0%                        | 0.0%                         | 0.0%                           | 0.0%                                 | 0.0%                             | 0.0%                              | 0.0%                              | 0.0%                         | 0.0%                     | 0.0%                            | 0.0%                               |
| System Total | 475      | 235           | 126             | 0.8%                     | 17.1%                       | 5.0%                         | 4.2%                           | 7.9%                                 | 20.8%                            | 1.7%                              | 15.0%                             | 1.7%                         | 0.4%                     | 21.3%                           | 3.8%                               |

# Reasons patients did not complete SET

## Vascular Rehab Summary - Reasons Patients did not start VR

(% = % didn't complete VR for each updated:

April 2018- November 2023

| Location            | # Orders   | # Pts Started | # Pts Completed | Currently Active pts | % Started  | % Finished | # Pts started but NOT Completed | % didn't complete d/t Covid | % didn't complete d/t Financial | % didn't complete d/t Home PE | % didn't complete d/t Insurance | % didn't complete d/t Medical | % didn't complete d/t Non Compliance | % didn't complete d/t Schedule Conflict | % didn't complete d/t Transportation |
|---------------------|------------|---------------|-----------------|----------------------|------------|------------|---------------------------------|-----------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|--------------------------------------|---|--------------------------------------|
| SCH                 | 186        | 101           | 54              | 1                    | 54%        | 54%        | 46                              | 0%                          | 1%                              | 1.0%                          | 0%                              | 25.7%                         | 14.9%                                | 3.0%                                    | 0.0%                                 |
| SMJH*               | 1          | 0             | 0               | 0                    | 0%         | 0%         | 0                               | 0%                          | 0%                              | 0%                            | 0%                              | 0%                            | 0%                                   | 0%                                      | 0%                                   |
| SNGH                | 71         | 19            | 8               | 2                    | 27%        | 47%        | 9                               | 0%                          | 0%                              | 0%                            | 0%                              | 26.3%                         | 15.8%                                | 5.3%                                    | 0.0%                                 |
| SOH                 | 18         | 9             | 5               | 0                    | 50%        | 56%        | 4                               | 0%                          | 0%                              | 0%                            | 0%                              | 22.2%                         | 22.2%                                | 0.0%                                    | 0.0%                                 |
| SRMH                | 51         | 22            | 8               | 0                    | 43%        | 36%        | 14                              | 9.1%                        | 0%                              | 4.5%                          | 0%                              | 27.3%                         | 18.2%                                | 0.0%                                    | 4.5%                                 |
| SVBGH               | 120        | 73            | 45              | 1                    | 61%        | 63%        | 27                              | 1%                          | 1%                              | 1.4%                          | 3%                              | 21.9%                         | 1.4%                                 | 0.0%                                    | 5.5%                                 |
| SWRMC               | 21         | 9             | 4               | 1                    | 43%        | 50%        | 4                               | 0%                          | 0%                              | 0%                            | 0%                              | 44.4%                         | 0.0%                                 | 0.0%                                    | 0.0%                                 |
| SAMC*               | 1          | 0             | 0               | 0                    | 0%         | 0%         | 0                               | 0%                          | 0%                              | 0%                            | 0%                              | 0%                            | 0%                                   | 0%                                      | 0%                                   |
| SHRH*               | 0          | 0             | 0               | 0                    | 0%         | 0%         | 0                               | 0%                          | 0%                              | 0%                            | 0%                              | 0%                            | 0%                                   | 0%                                      | 0%                                   |
| SNVMC*              | 1          | 0             | 0               | 0                    | 0%         | 0%         | 0                               | 0%                          | 0%                              | 0%                            | 0%                              | 0%                            | 0%                                   | 0%                                      | 0%                                   |
| SPAH                | 5          | 2             | 2               | 0                    | 40%        | 100%       | 0                               | 0%                          | 0%                              | 0%                            | 0%                              | 0.0%                          | 0.0%                                 | 0.0%                                    | 0.0%                                 |
| SLH*                | 0          | 0             | 0               | 0                    | 0%         | 0%         | 0                               | 0%                          | 0%                              | 0%                            | 0%                              | 0%                            | 0%                                   | 0%                                      | 0%                                   |
| <b>System Total</b> | <b>475</b> | <b>235</b>    | <b>126</b>      | <b>5</b>             | <b>49%</b> | <b>55%</b> | <b>104</b>                      | <b>1.3%</b>                 | <b>1.3%</b>                     | <b>1.3%</b>                   | <b>0.9%</b>                     | <b>25.1%</b>                  | <b>10.6%</b>                         | <b>1.7%</b>                             | <b>2.1%</b>                          |

# Lessons Learned

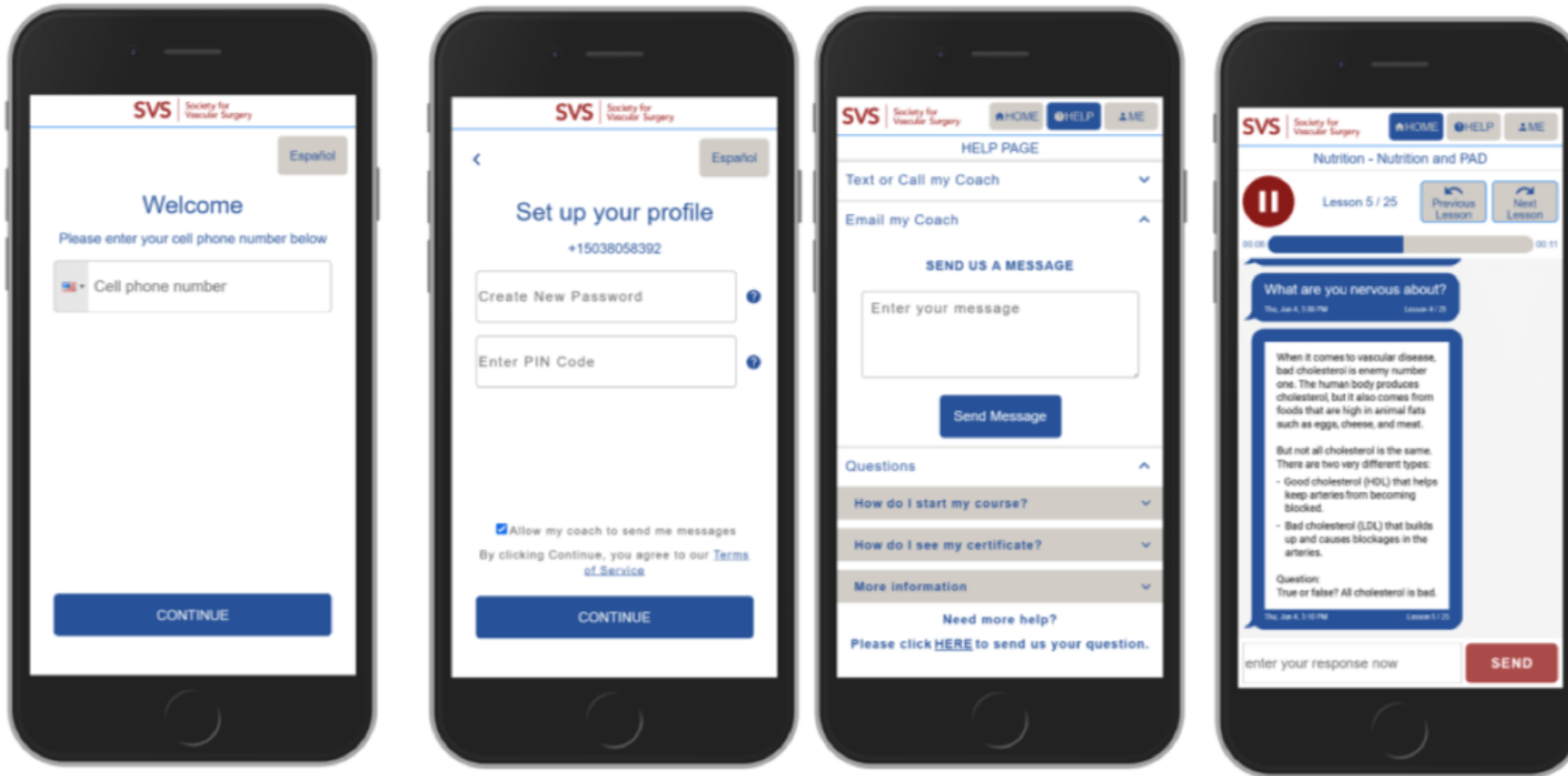
- **Patient and provider “buy-in” necessary**
- **SET is not for severe claudicants**
- **Innumerable reasons to not start the program**
- **ABI doesn’t typically change after the program**

# Next Steps

- Working on Best Practices Alerts
- Reduce attrition rate and increase initiation rate
- Continuing to measure success
- Outreach

# Digital Options in development

## SVS SET Wireframes



SVSONLINE



## Conclusions

- 94% of patient who complete SET achieved improvement in a 6min walk test or the VasQOL survey
- There are many barriers, both institutional and individual, to SET
- Many dedicated stakeholders are necessary for success



# Fall Report Reminder

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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**



# CE/CME Credit

- Scan QR code or click on link to complete attendance attestation & evaluation
- Seven (7) calendar days (including meeting day) to 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



[https://dmu.co1.qualtrics.com/jfe/form/SV\\_9EPH0fJYhFVK4cu](https://dmu.co1.qualtrics.com/jfe/form/SV_9EPH0fJYhFVK4cu)

*Provided by Des Moines University (DMU)*

# CE/CME Credit – ABS Transfer (Physicians only)

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- 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](mailto: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

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