

WELCOME

UPPER MIDWEST VASCULAR NETWORK

April 19, 2024

1-3 PM CT

Remote

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



Appreciation and Thanks

Thank you to everyone who helped make this event possible:

Joseph Hart, MD – Regional Medical Director

Open – Regional Associate Medical Director

Jennifer Farrell – Co-Regional Lead Data Manager

Ashley Verhyen – Co-Regional Lead Data Manager

Kaity Sullivan – SVS PSO Analytics Team

Angela Churilla – SVS PSO Education & Quality Manager

Jennifer Correa – SVS PSO Marketing Manager

Melissa Latus – SVS PSO Clinical Operations Project Manager

SVS PSO Staff

Today's Agenda

1:00 pm	Welcome	No Credit
1:05 pm	<p>Regional Data Review – Joseph Hart, 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
1:50 pm	<p>Regional QI Proposal – Joseph Hart, 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

2:05 pm	National VQI Update – Melissa Latus, RN, PSO Clinical Operations Project Manager 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
2:45pm	Council / Committee Updates	No CE Credit
2:55pm	Open Discussion/Next Meeting/Meeting Evaluation	No CE Credit



Disclosures

None



Regional Quality Report

Spring 2024

This report is patient safety work product generated within the SVS PSO, LLC, and is considered privileged and confidential.

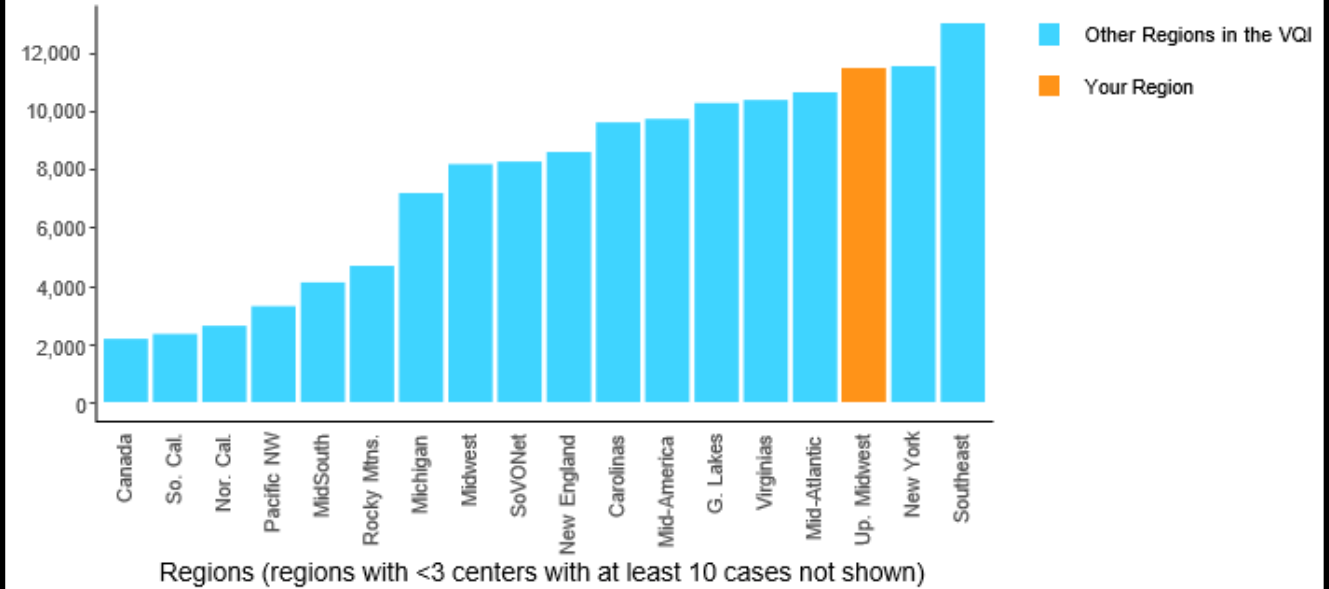
Procedure Volume

Procedures performed between January 1 and December 31, 2023

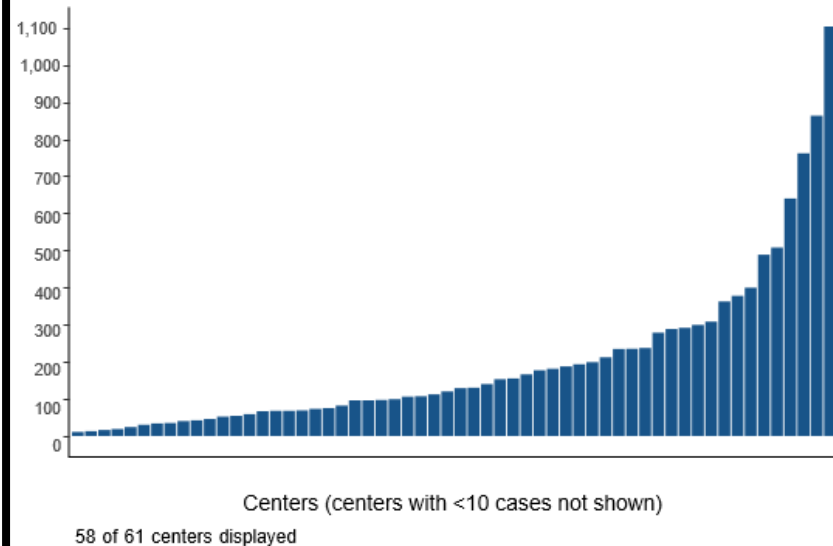
Number of cases entered into the VQI, by registry and overall

	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)	1351	25790
CEA	1744	20376
EVAR	685	8524
HDA	NA (<3 centers)	5732
INFRA	525	7417
IVCF	NA (<3 centers)	961
LEAMP	949	4010
OAAA	96	1394
PVI	5240	52461
SUPRA	67	2036
TEVAR	163	4464
Varicose Veins	582	5822
Overall (Jan-Dec 2023)	11506	138987
Overall (Jan-Dec 2022)	10090	133818

Procedure Volume Across VQI (Jan-Dec 2023)



Procedure Volume by Center in Your Region (Jan-Dec 2023)

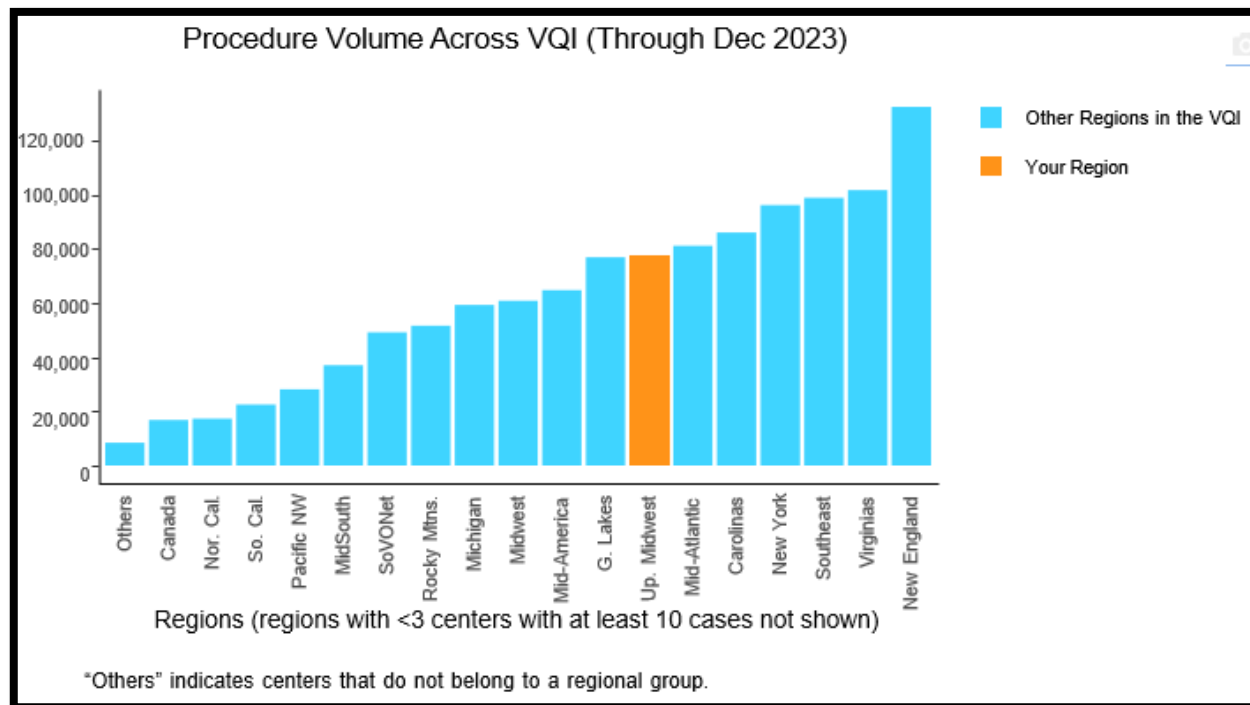


Procedure Volume, All Years

Includes all procedures with procedure date through December 31, 2023

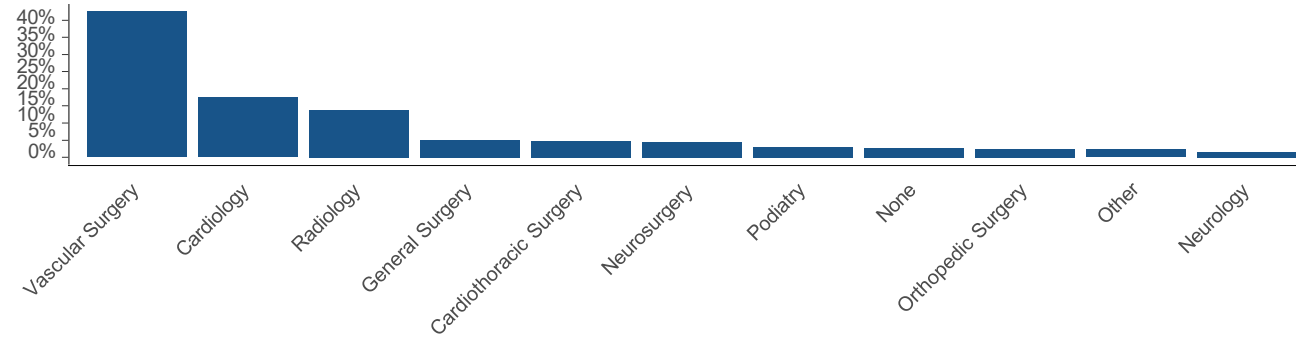
Number of cases entered into the VQI, by registry and overall

	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)	5947	117287
CEA	14933	207304
EVAR	5837	85159
HDA	732	78338
INFRA	4755	84709
IVCF	NA (<3 centers)	18794
LEAMP	5140	30717
OAAA	1056	18532
PVI	32839	405214
SUPRA	1399	26774
TEVAR	1706	31539
Varicose Veins	2176	63844
Overall	77477	1168211

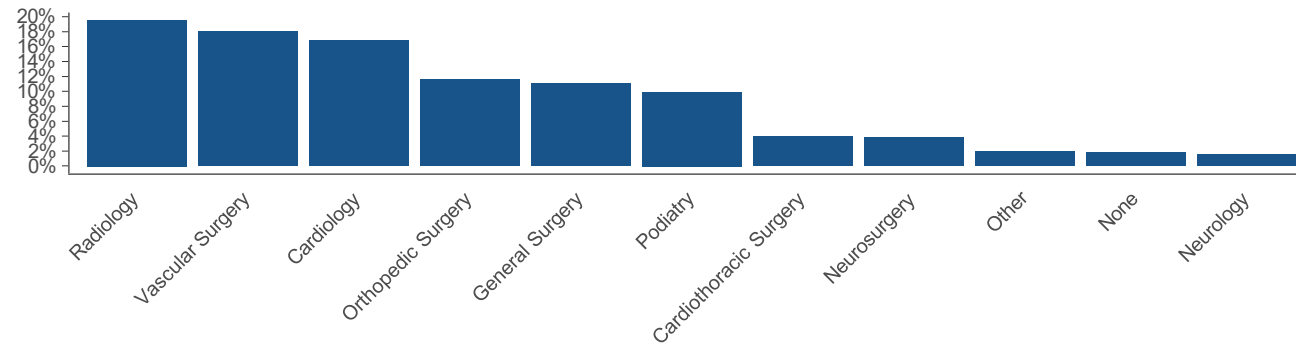


Physician Specialties

Physician Specialties Across VQI (as of January 31, 2024, N=7138 Physicians)

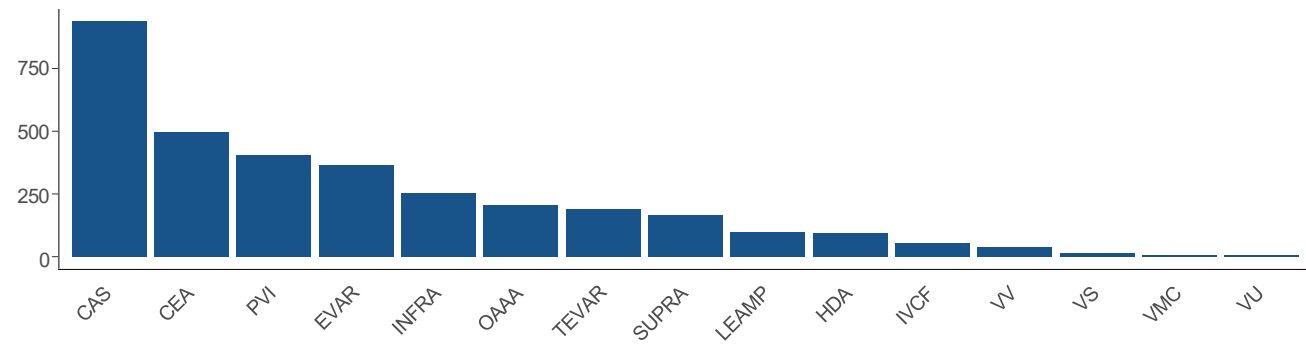


Physician Specialties Across Your Region (as of January 31, 2024, N=726 Physicians)

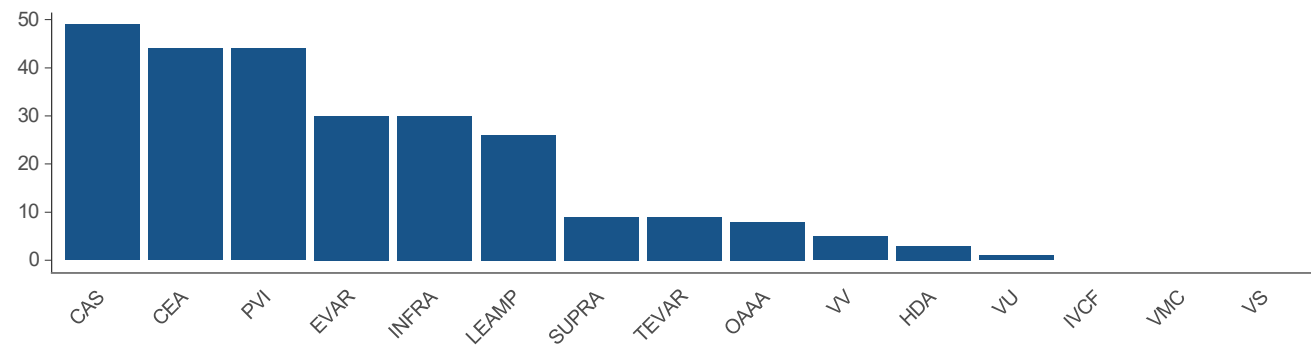


Registry Subscriptions

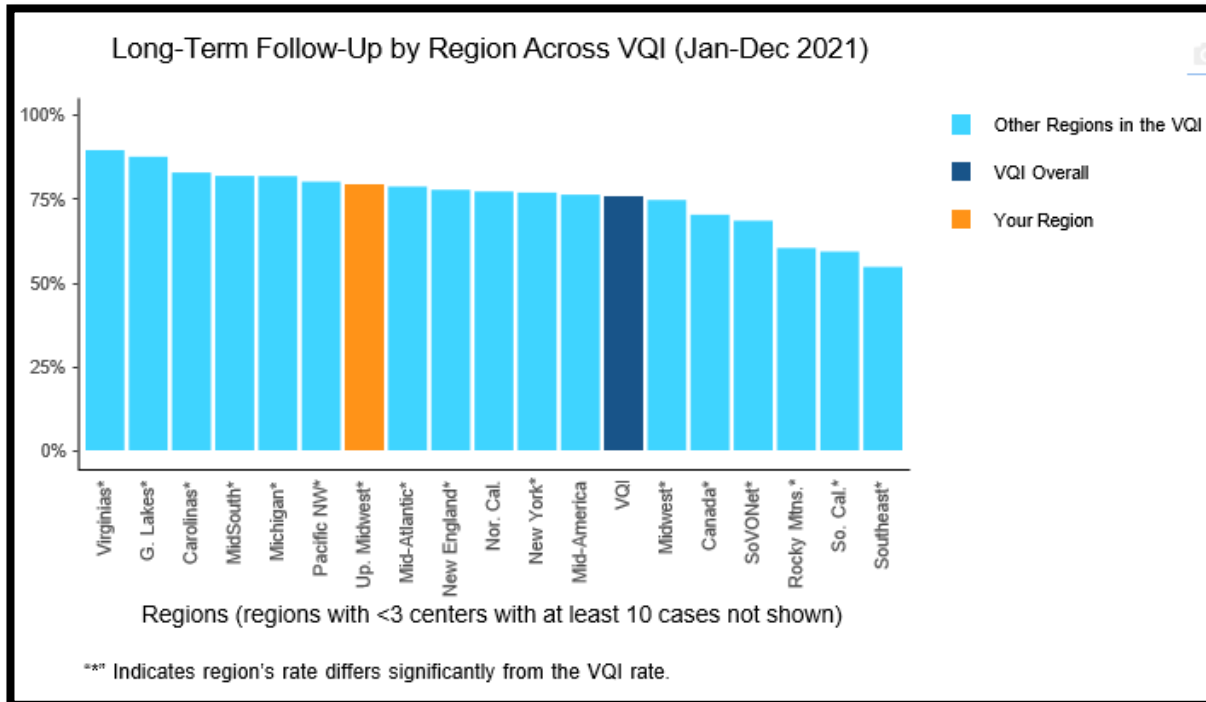
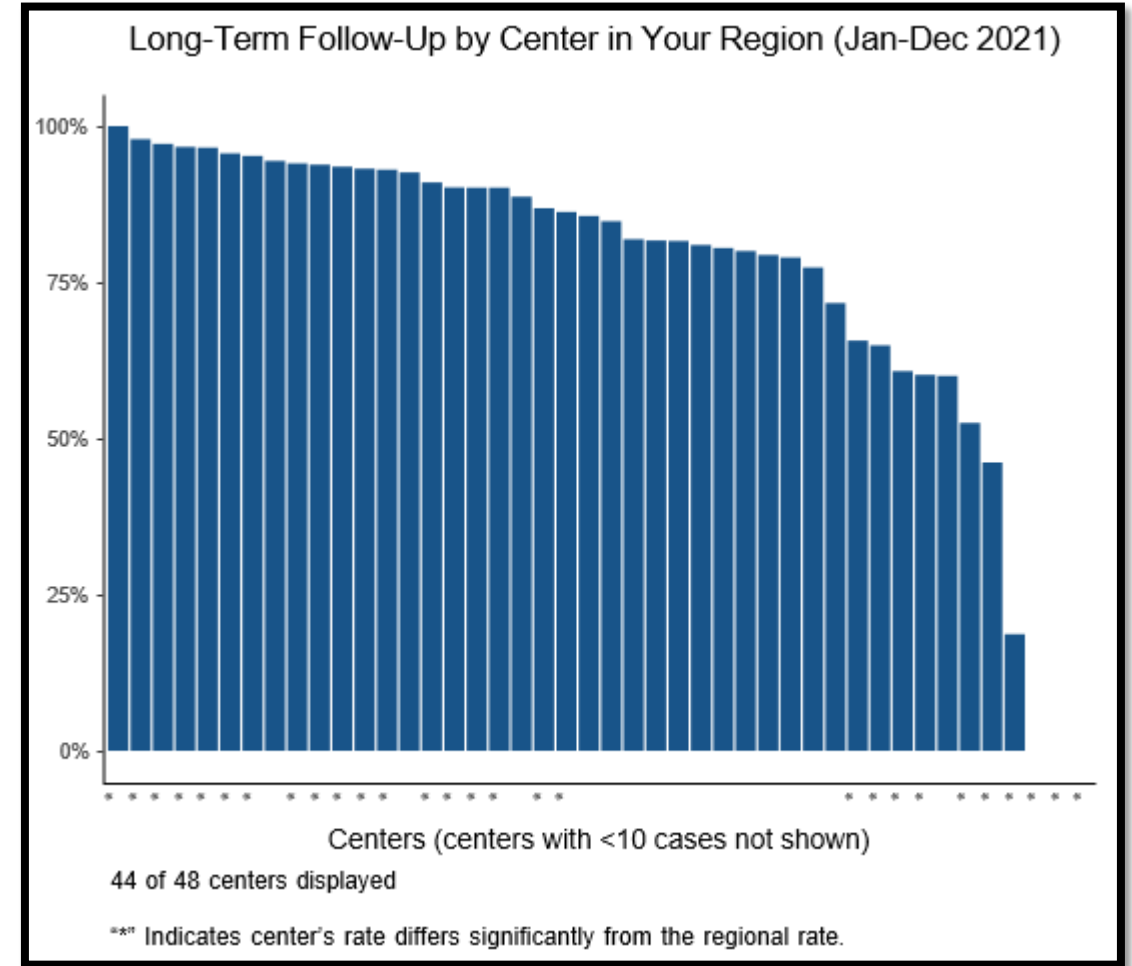
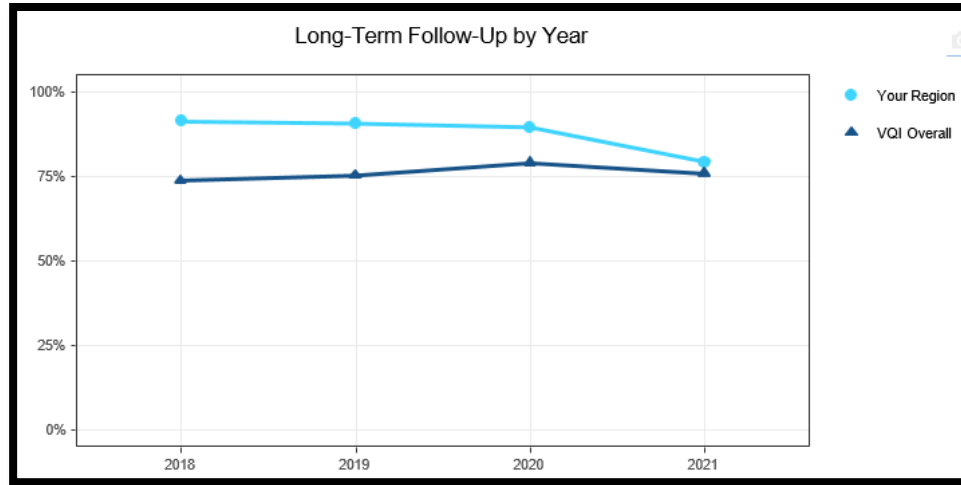
Registry Subscriptions Across VQI (as of January 31, 2024, N=1030 Centers)



Registry Subscriptions Across Your Region (as of January 31, 2024, N=66 Centers)

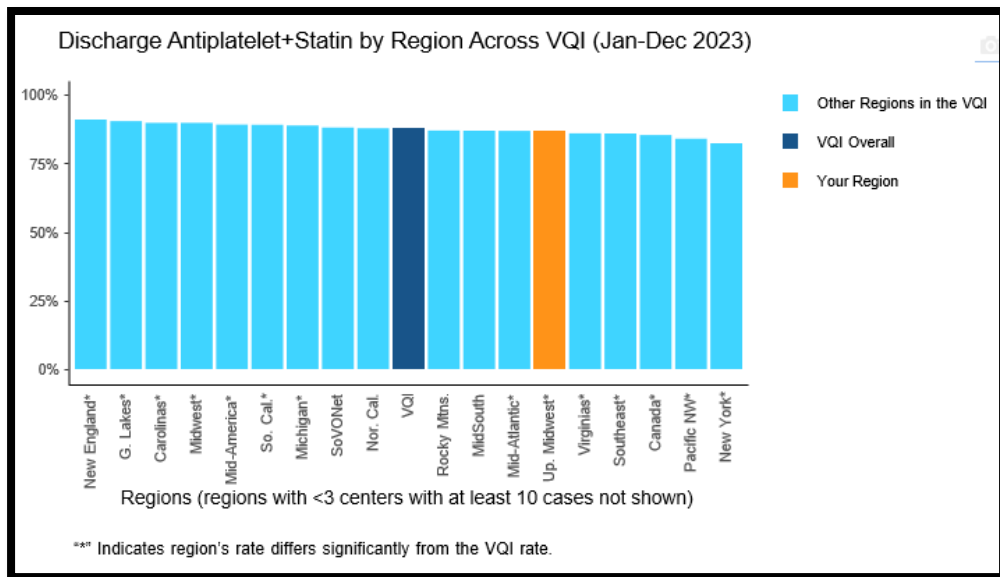
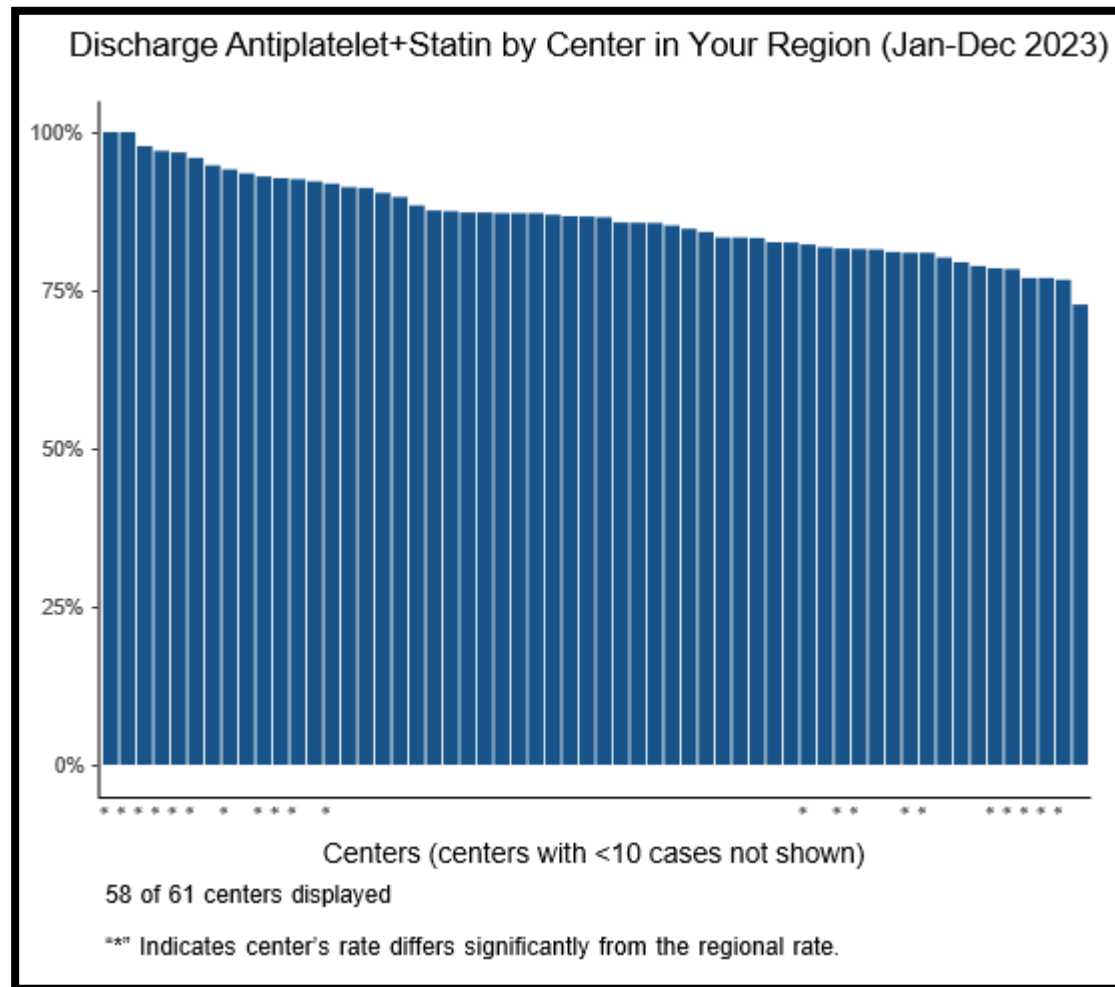
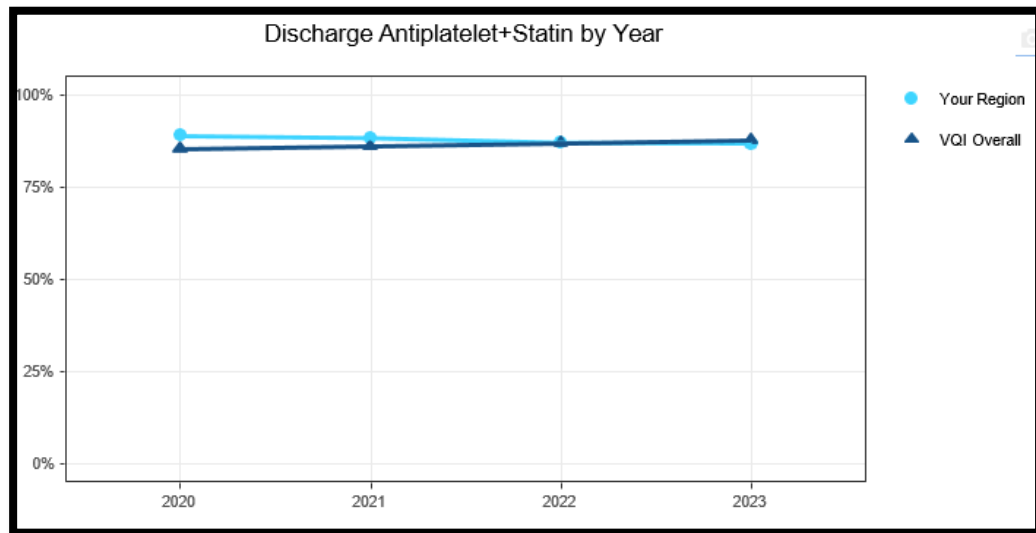


Long-Term Follow-up

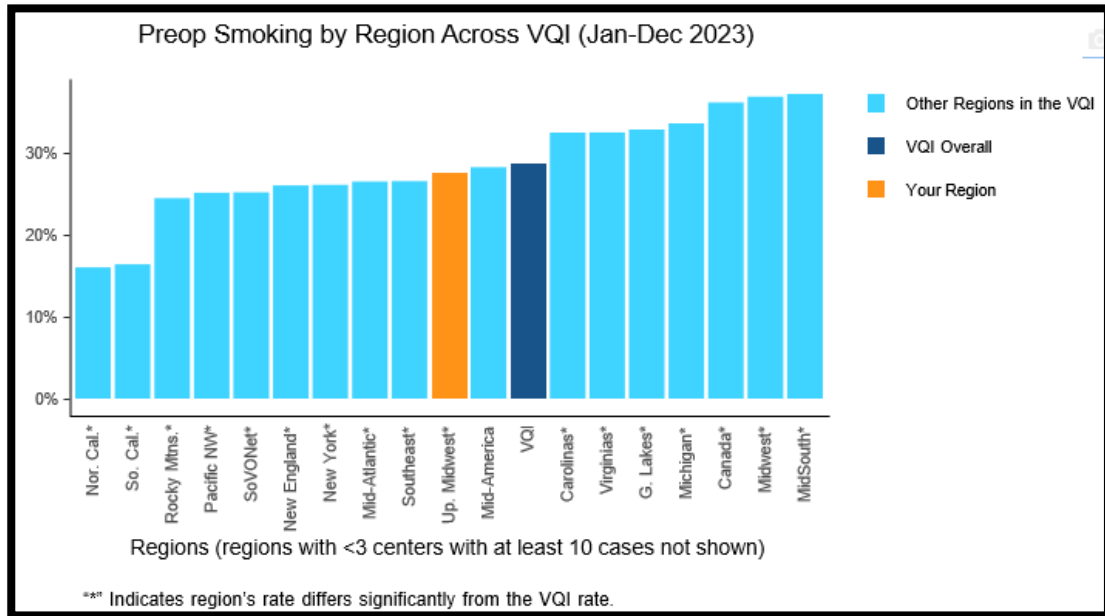
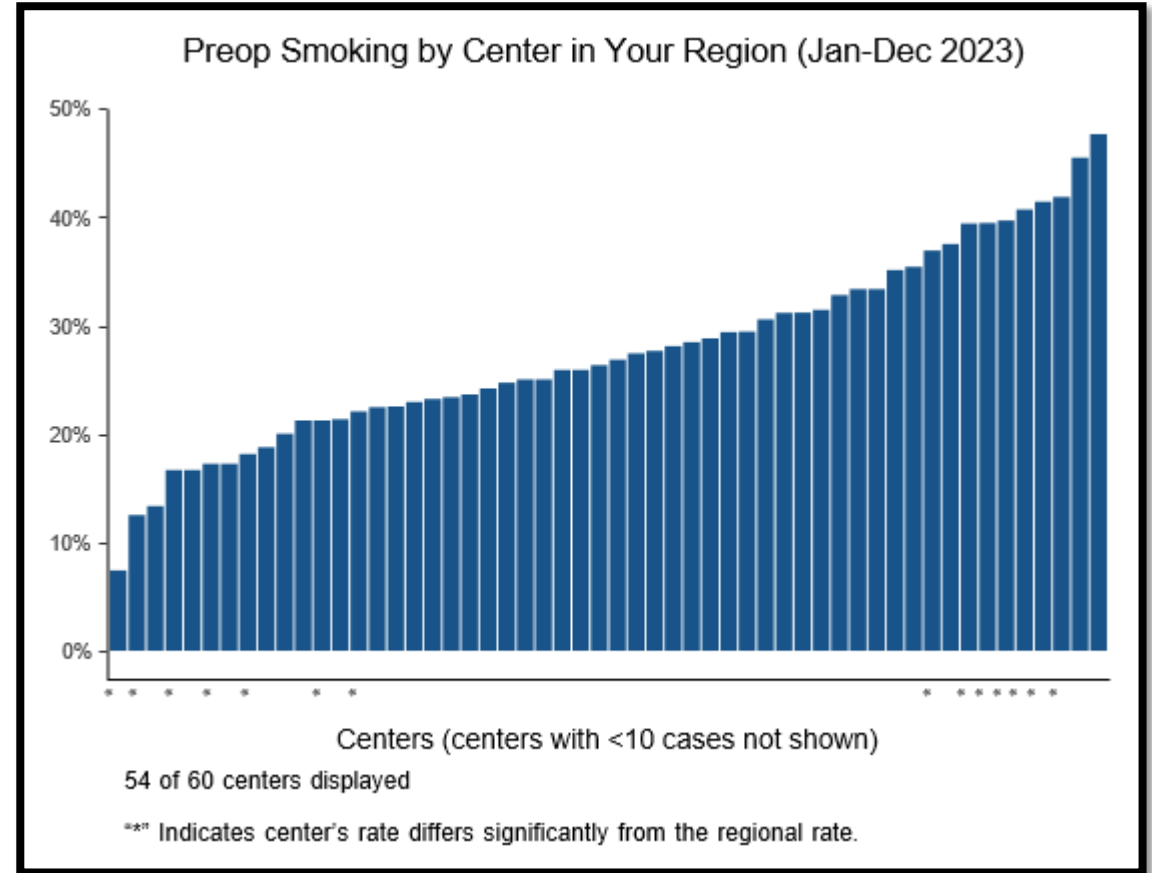
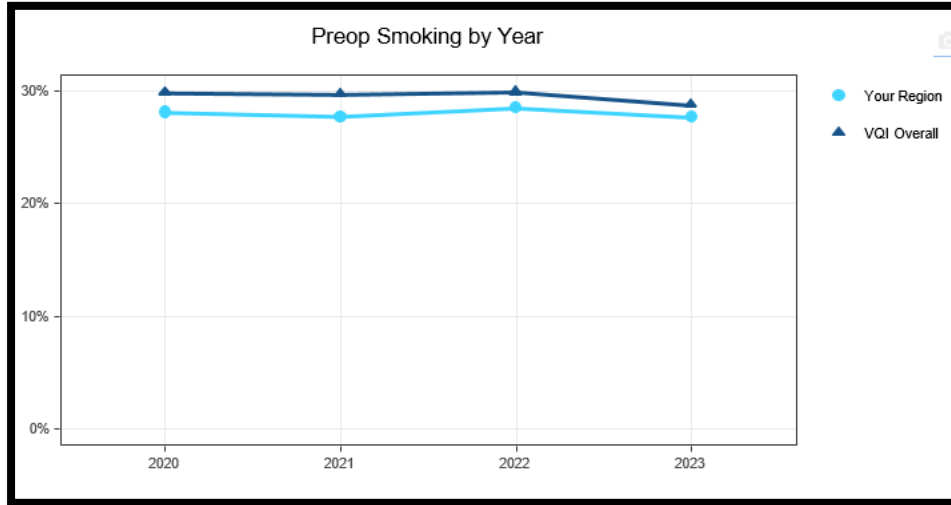


Discharge Medications

Procedures performed between January 1 and December 31, 2023



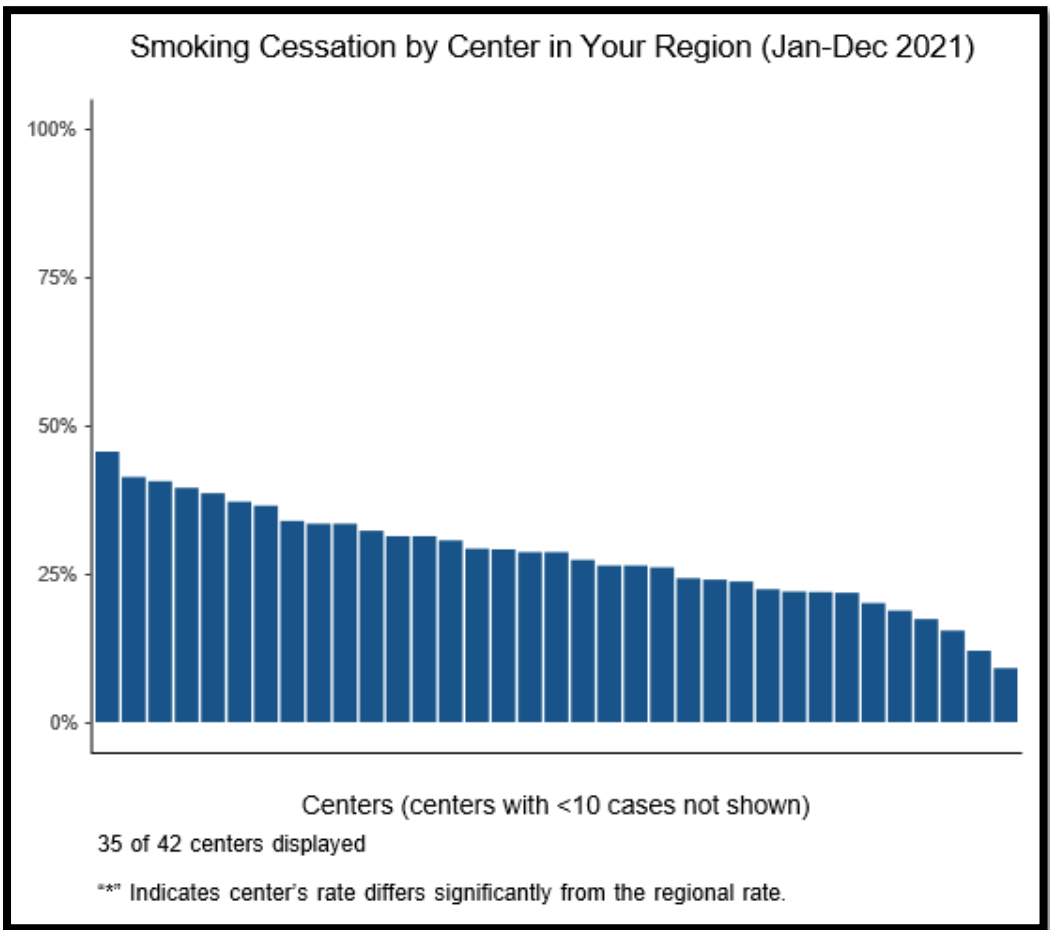
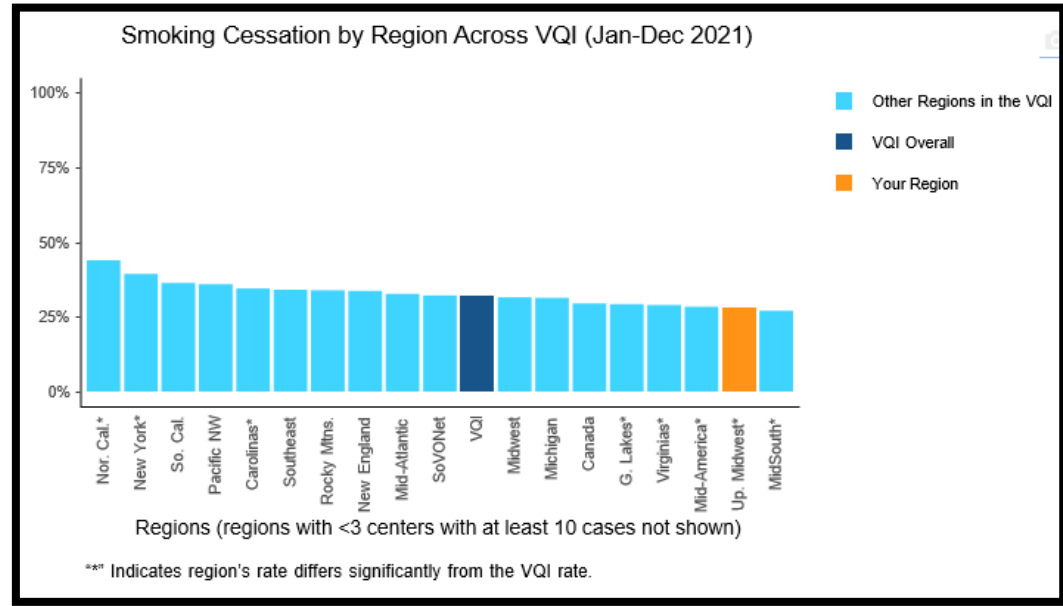
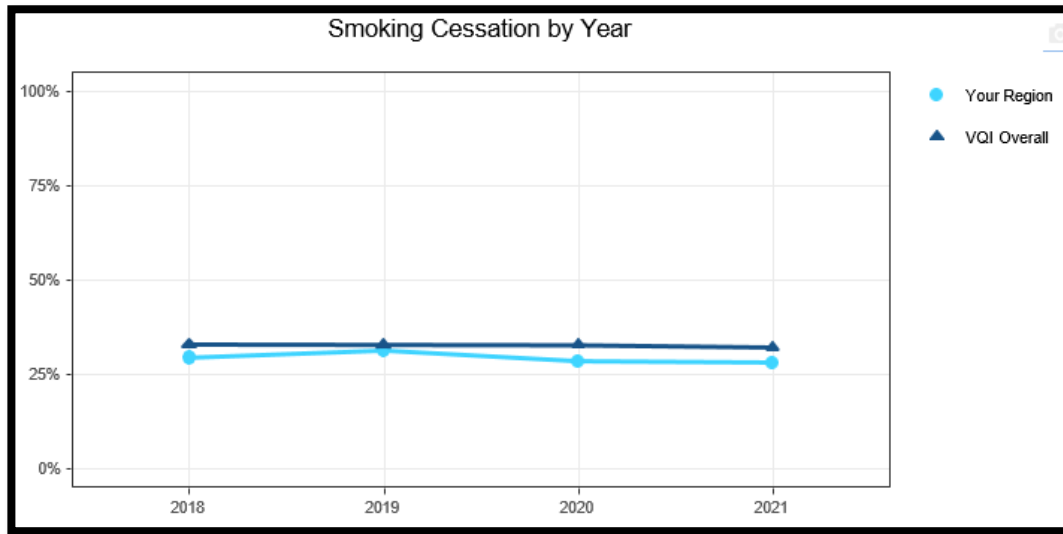
Preop Smoking



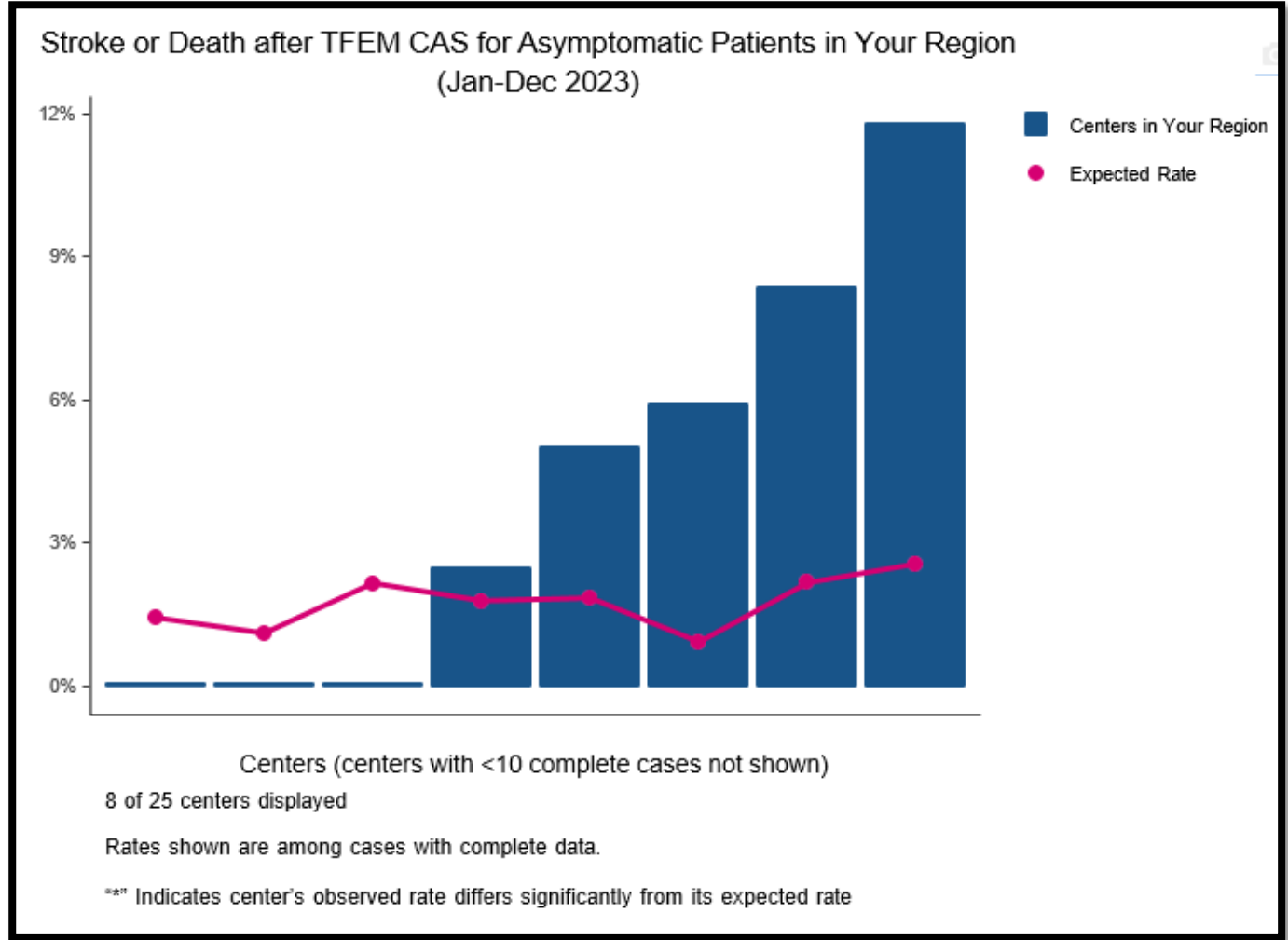
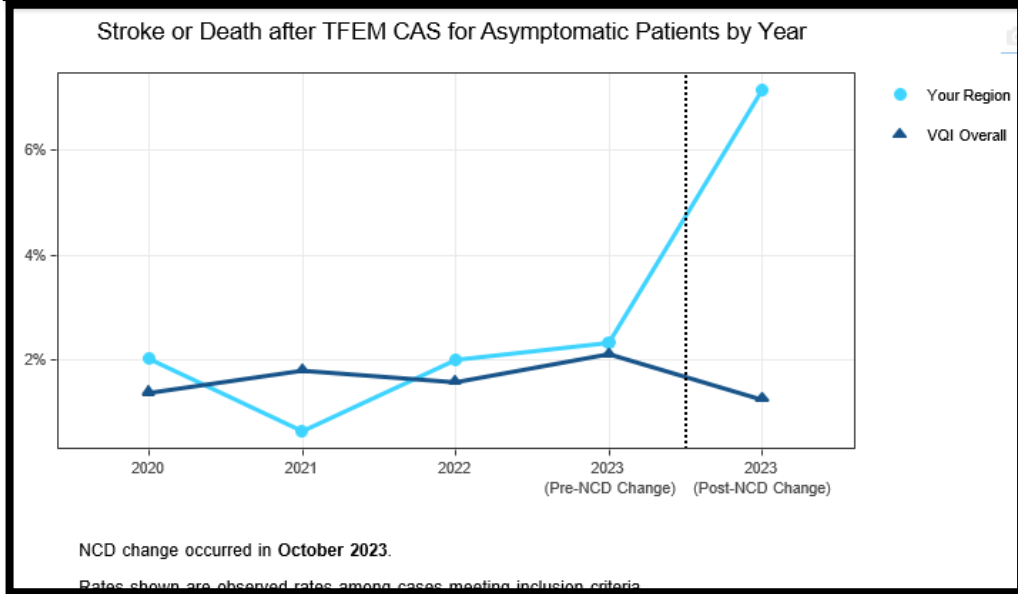
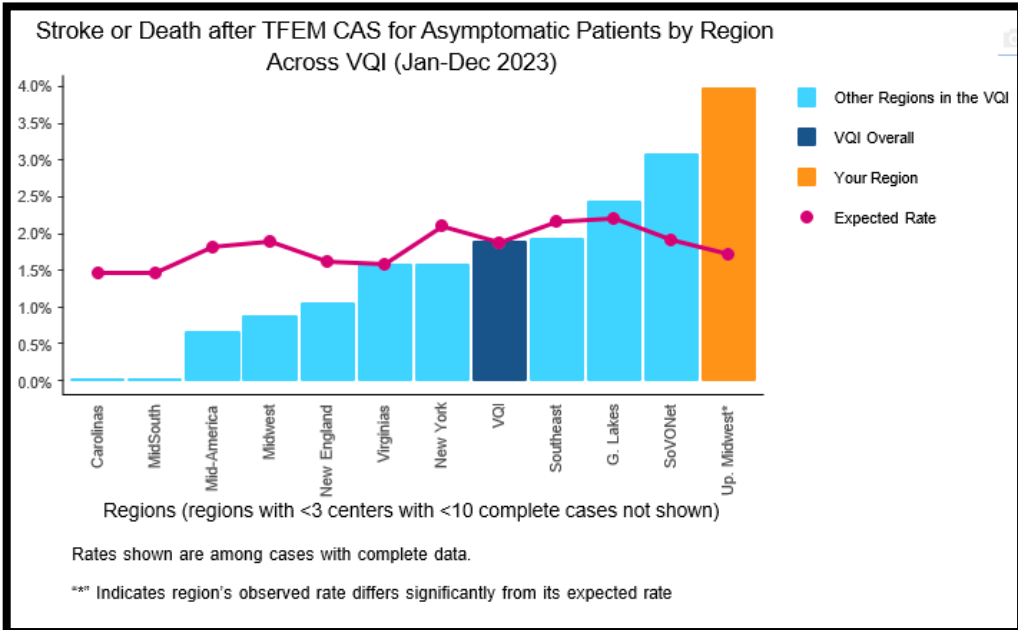


Smoking Cessation at Follow-up

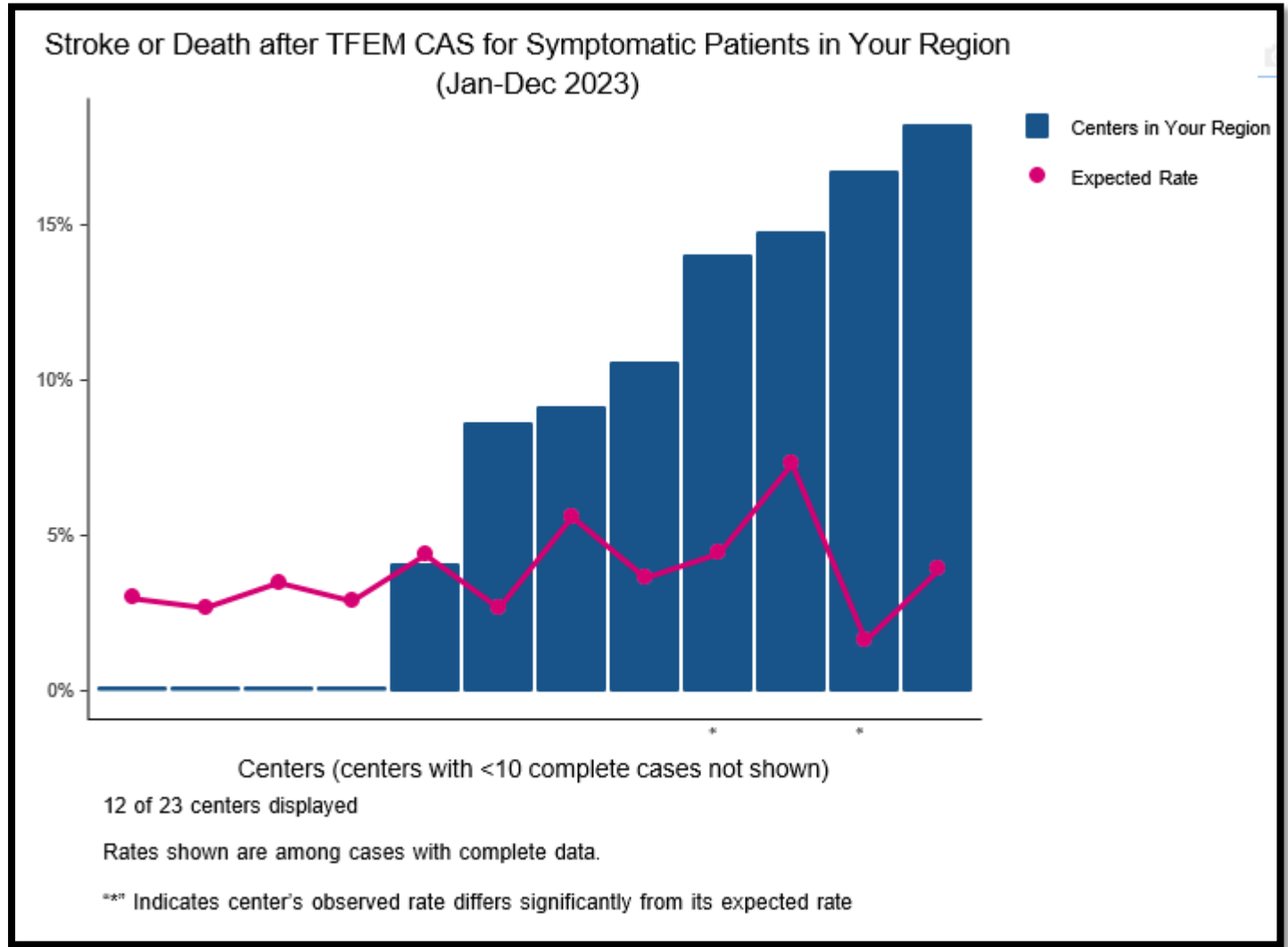
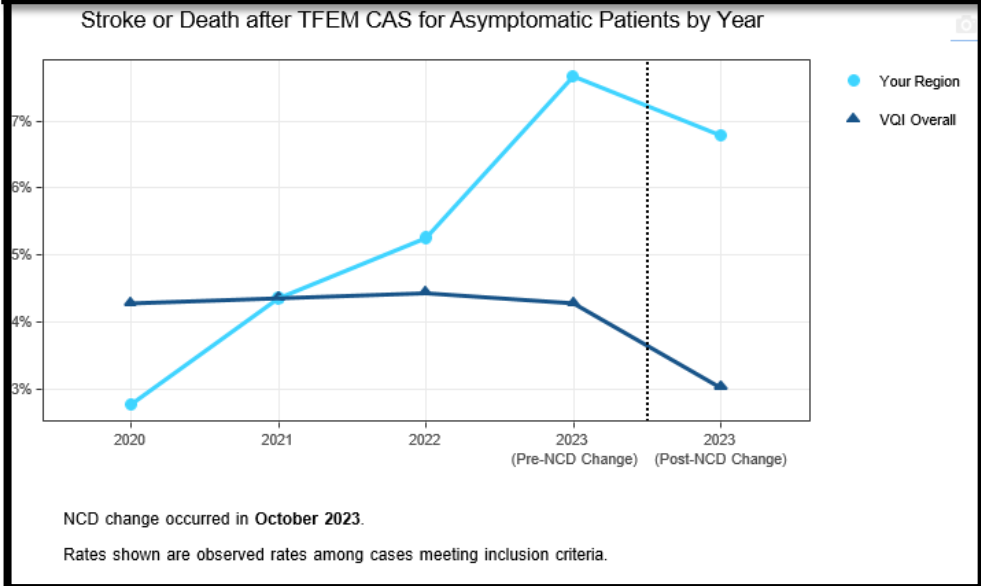
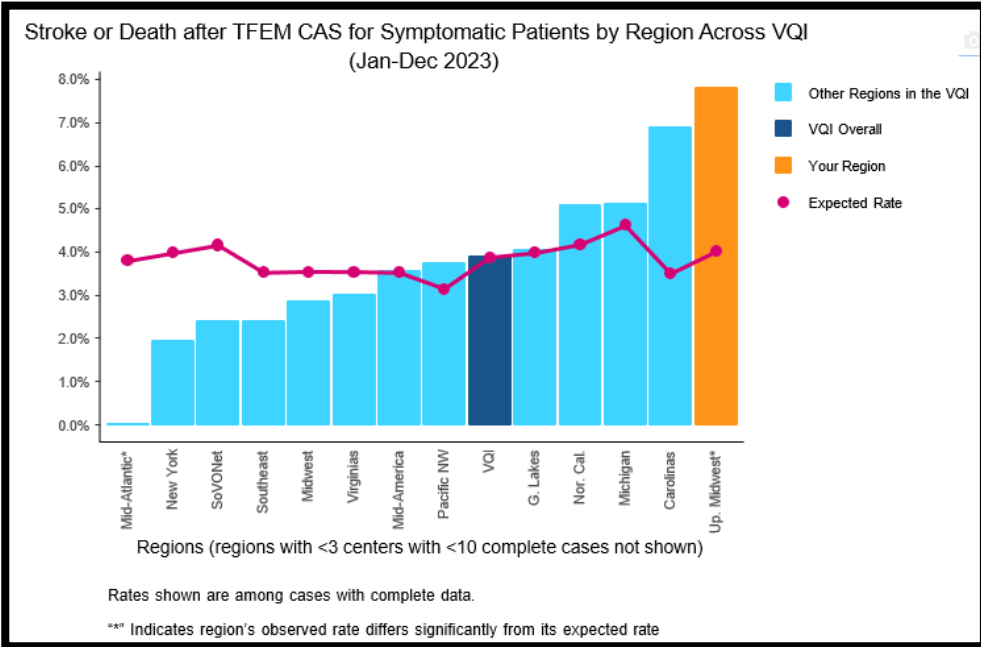
Includes CAS (TFEM CAS and TCAR), CEA, EVAR, HDA, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures of *any urgency status* performed on patients *smoking within one month of the procedure*. Excludes procedures that do not have at least one long-term follow-up record where the patient's follow-up smoking status was recorded.



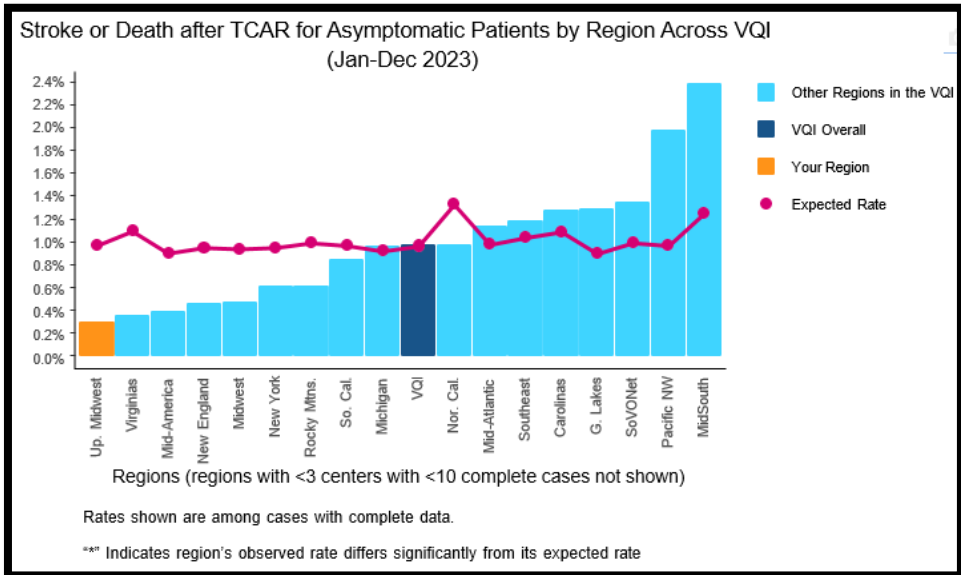
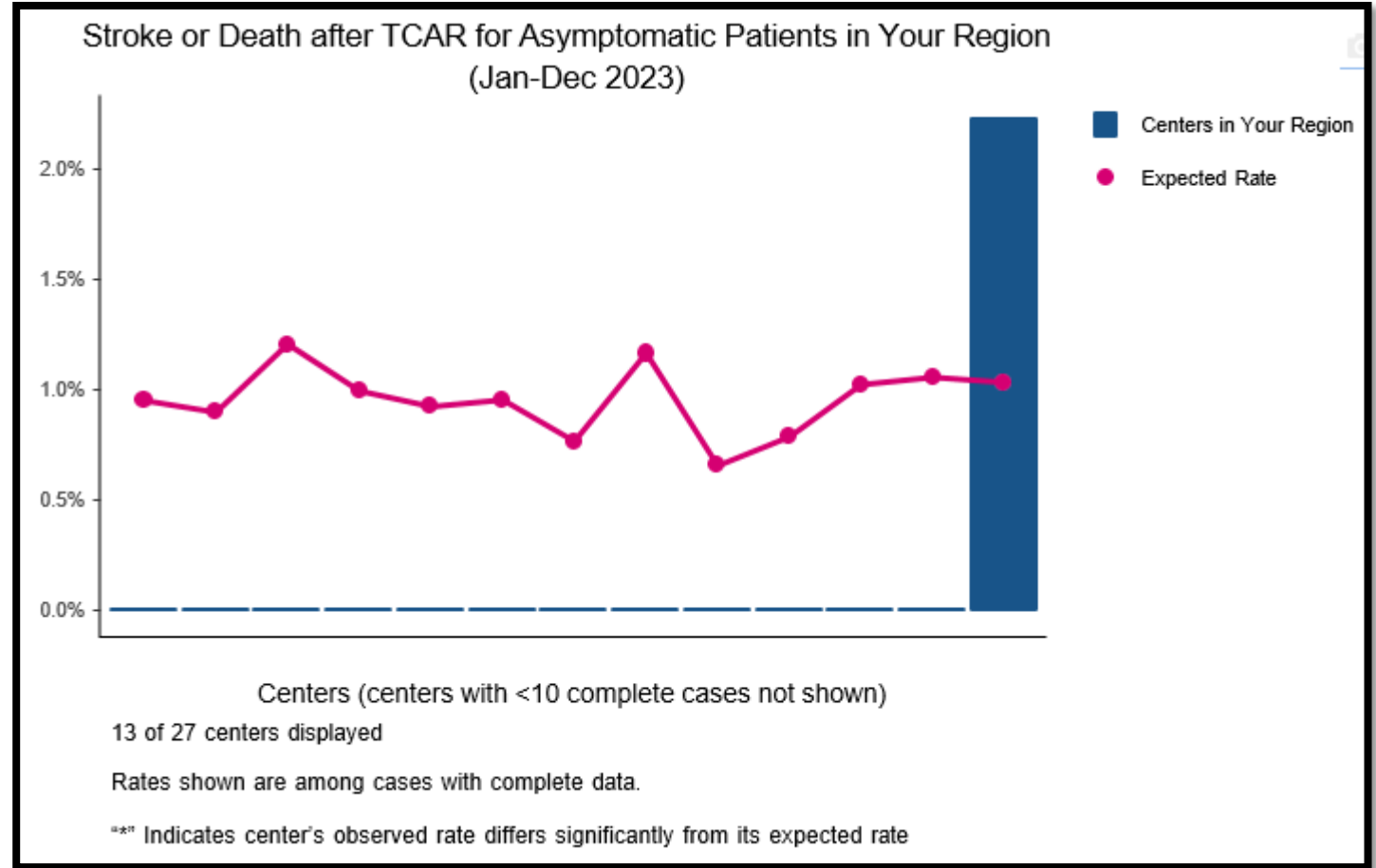
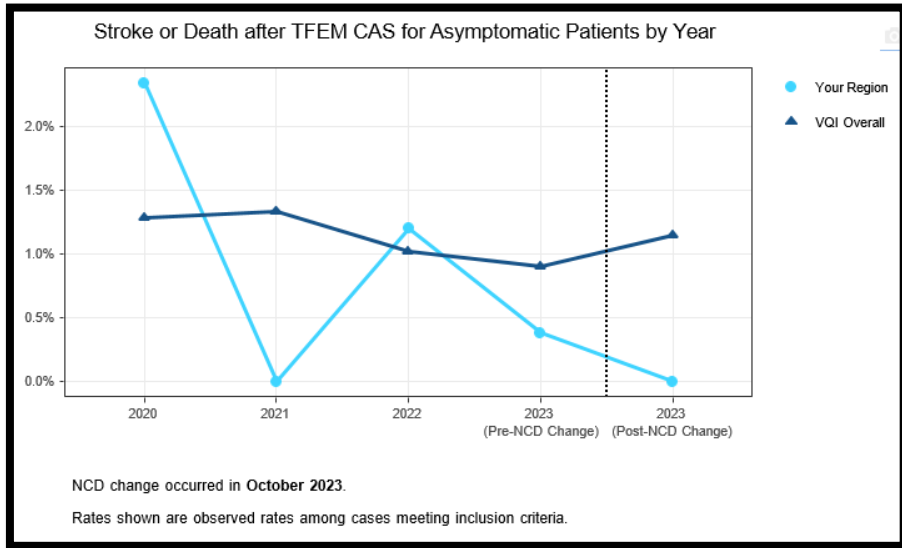
TFEM CAS ASYMP: Stroke/Death



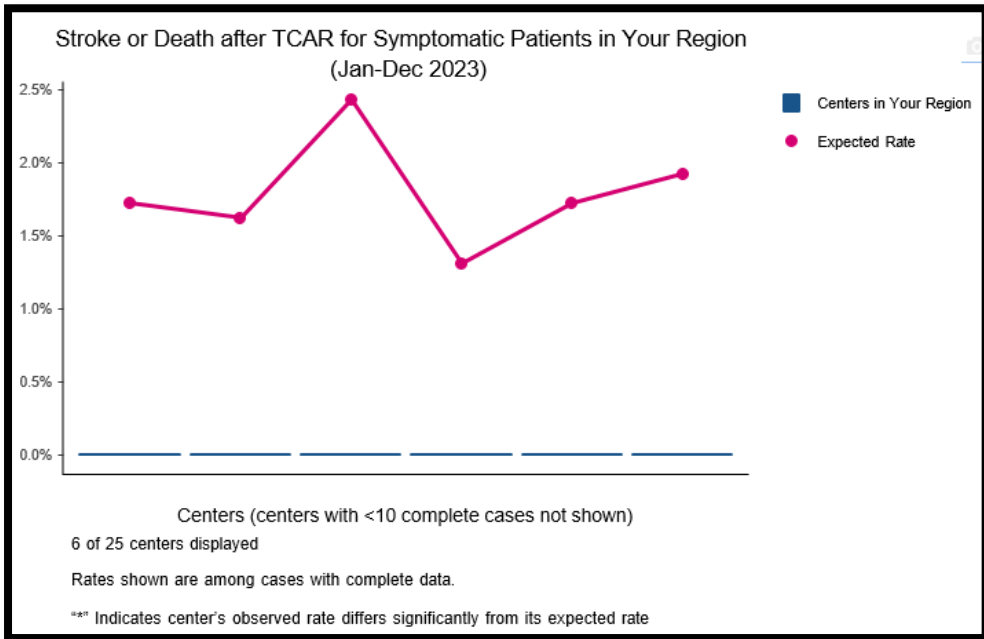
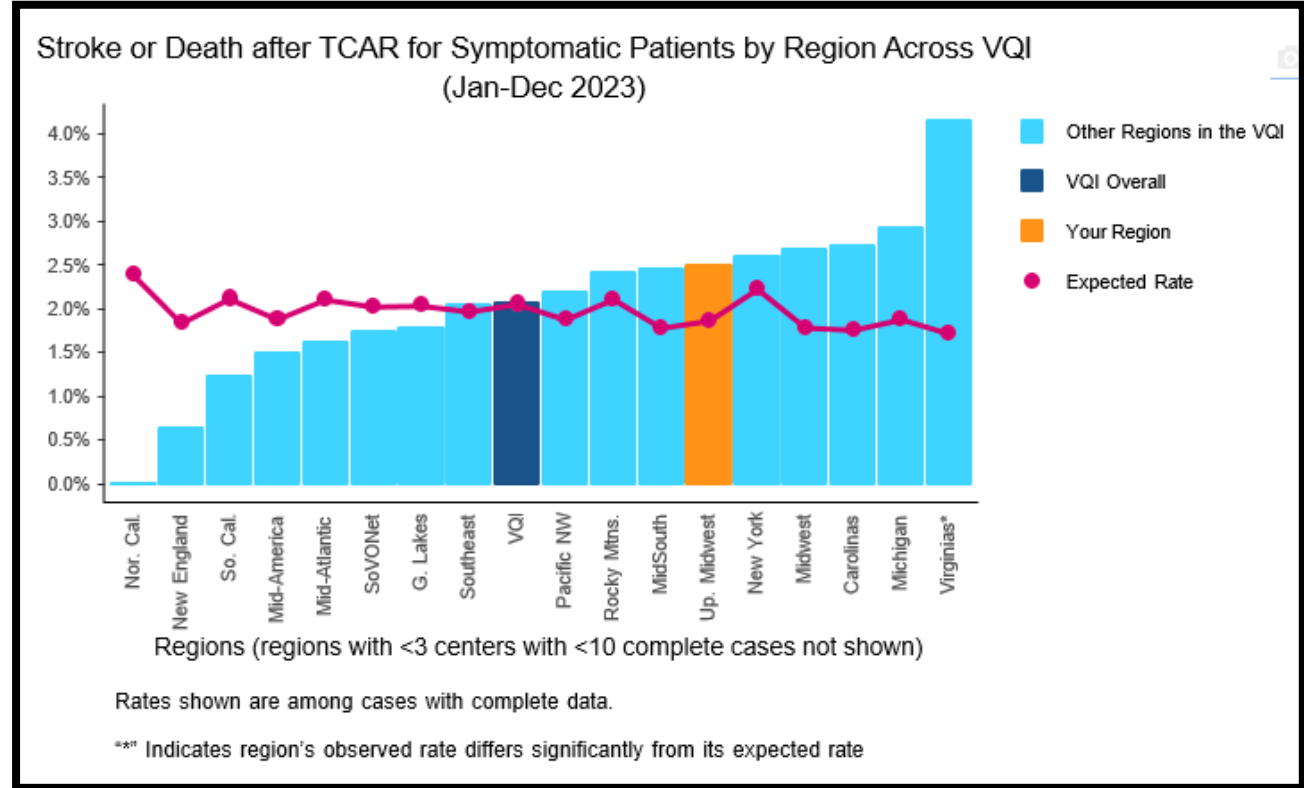
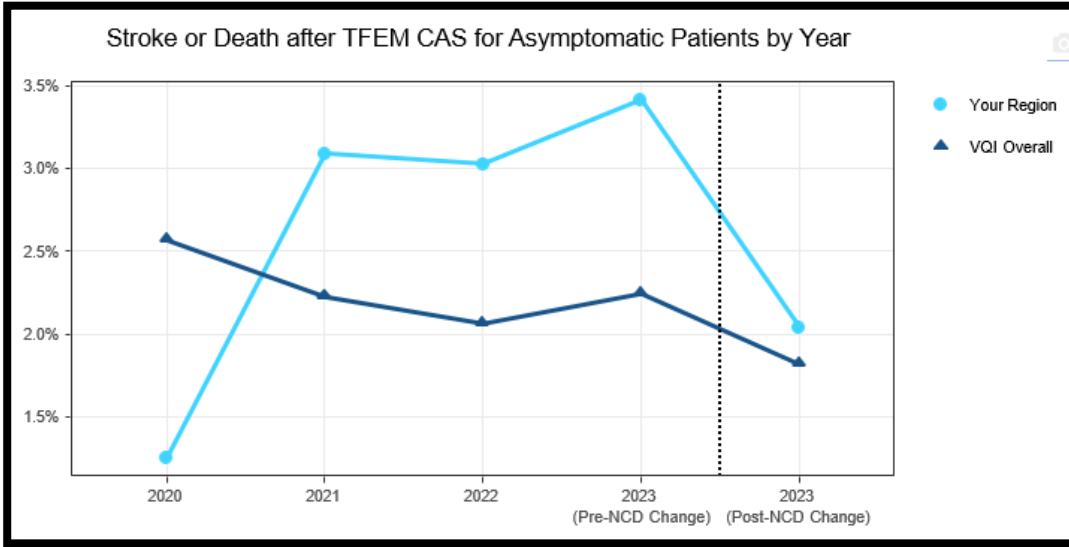
TFEM CAS SYMP: Stroke/Death



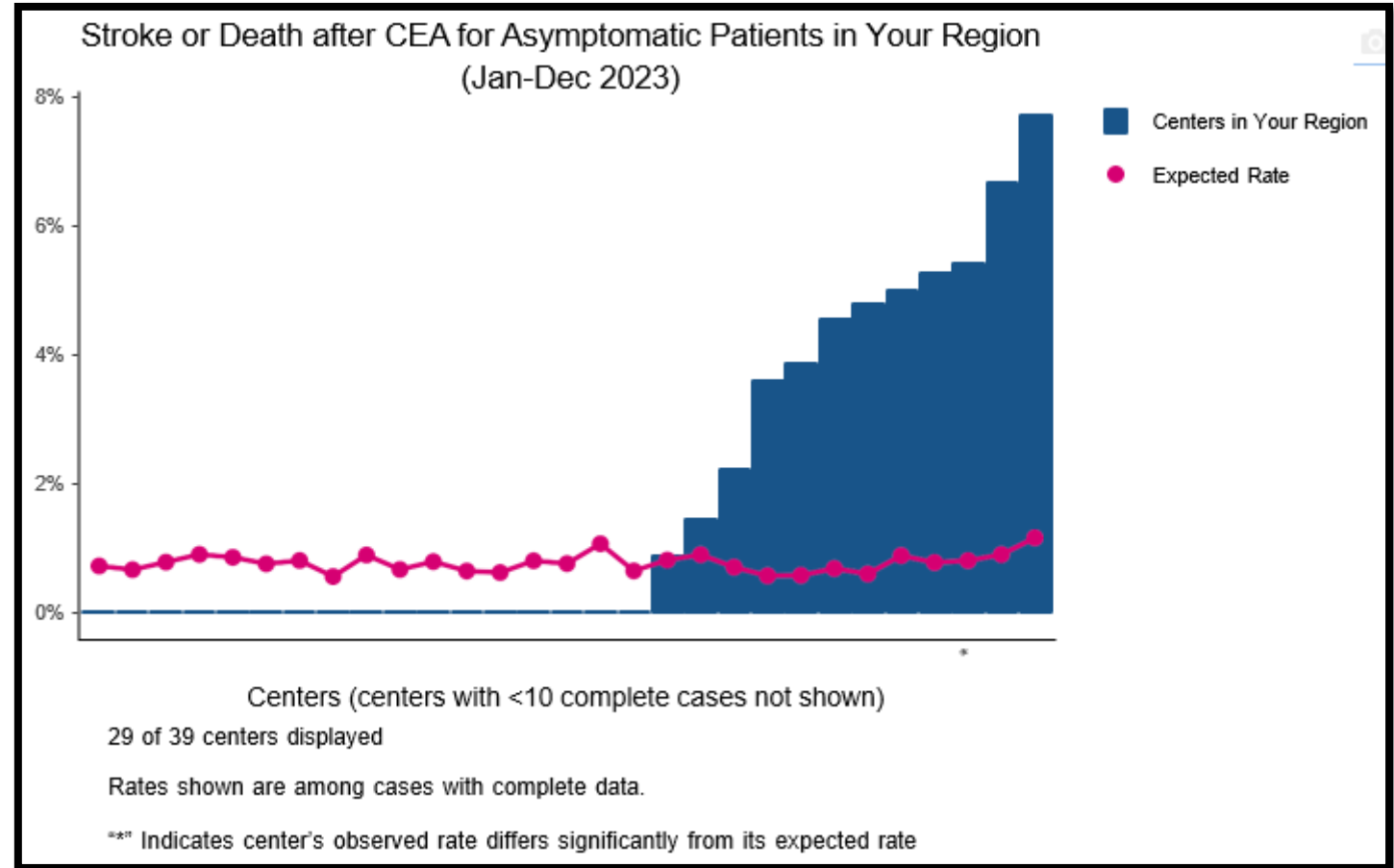
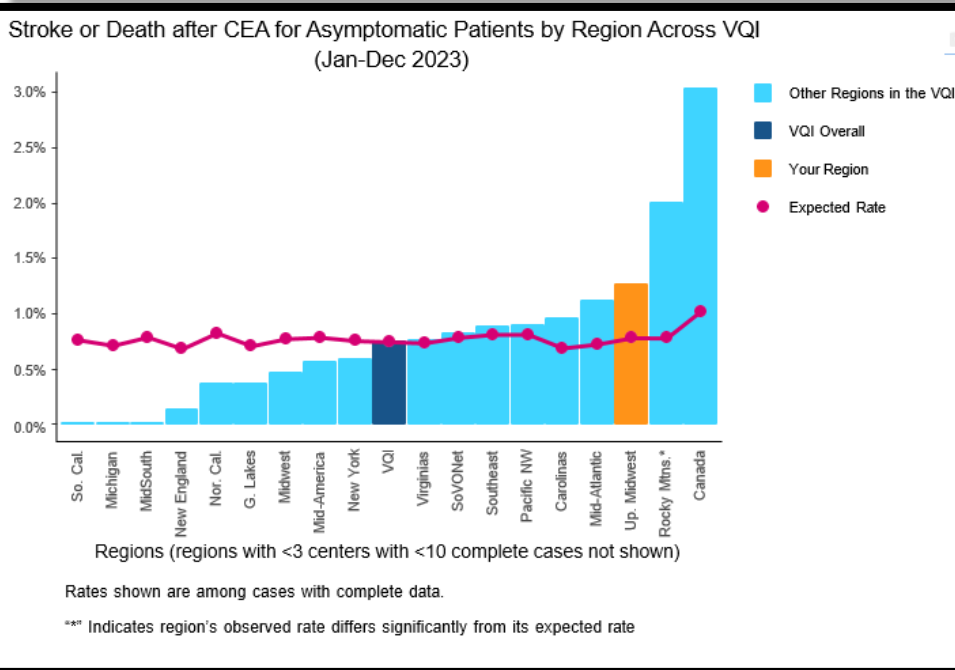
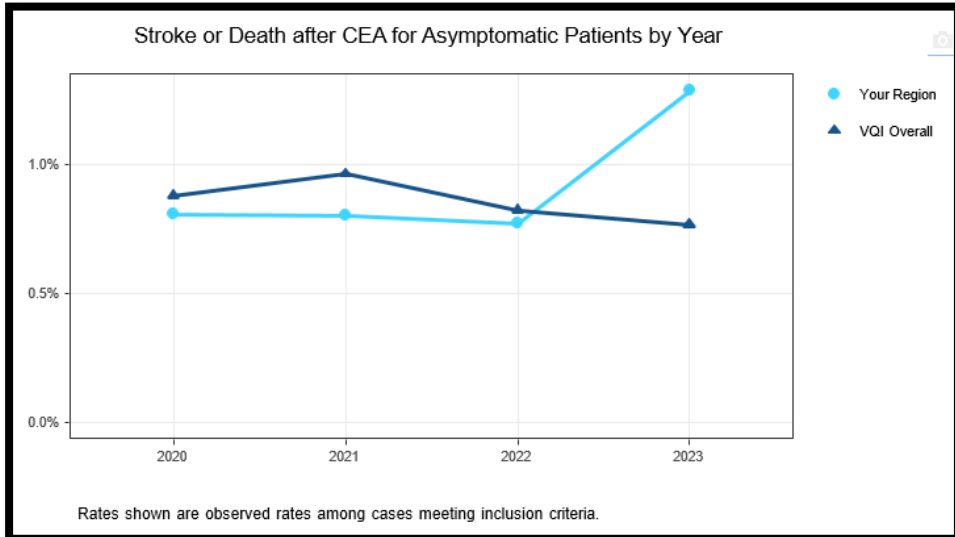
TCAR ASYMP: Stroke/Death



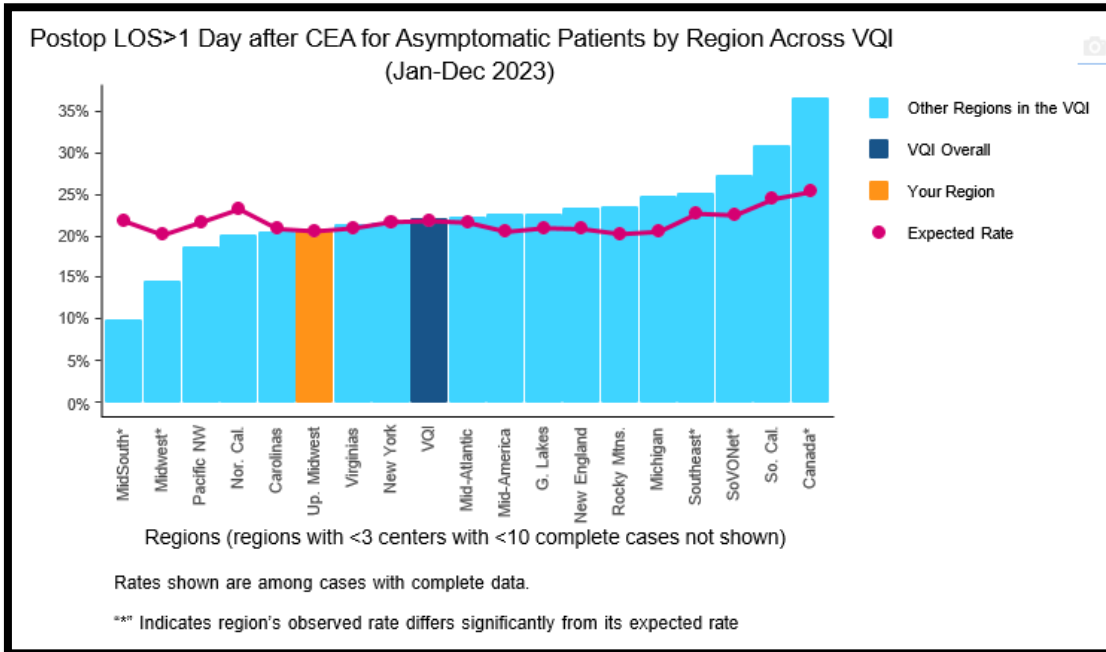
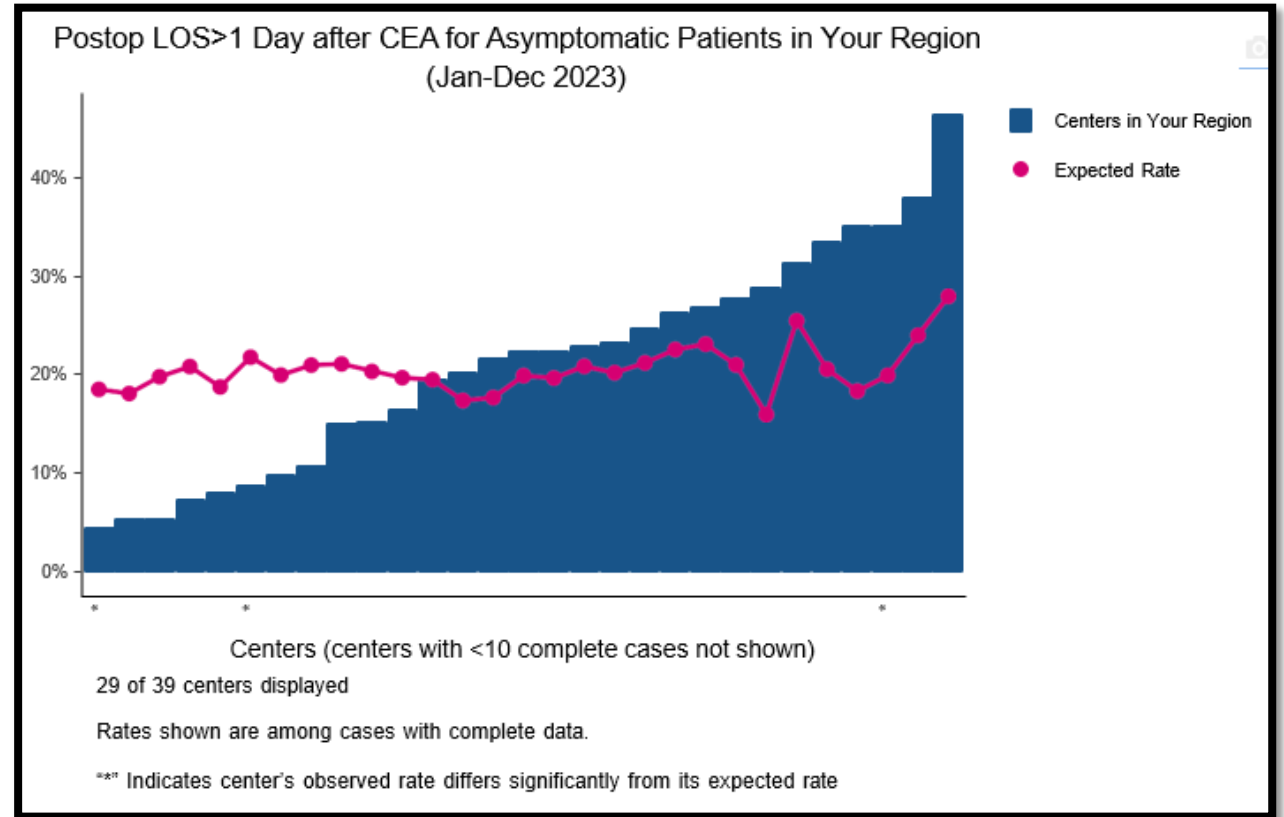
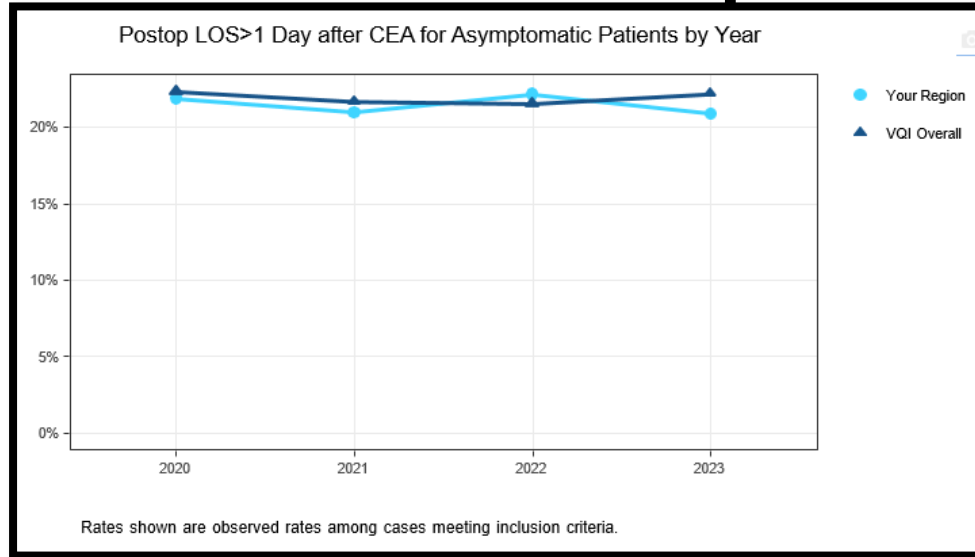
TCAR SYMP: Stroke/Death



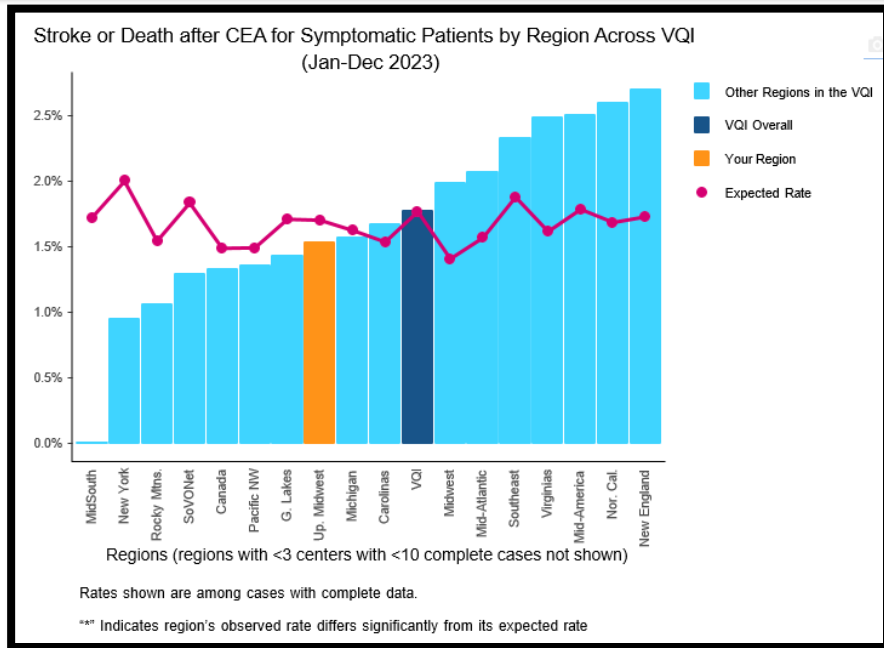
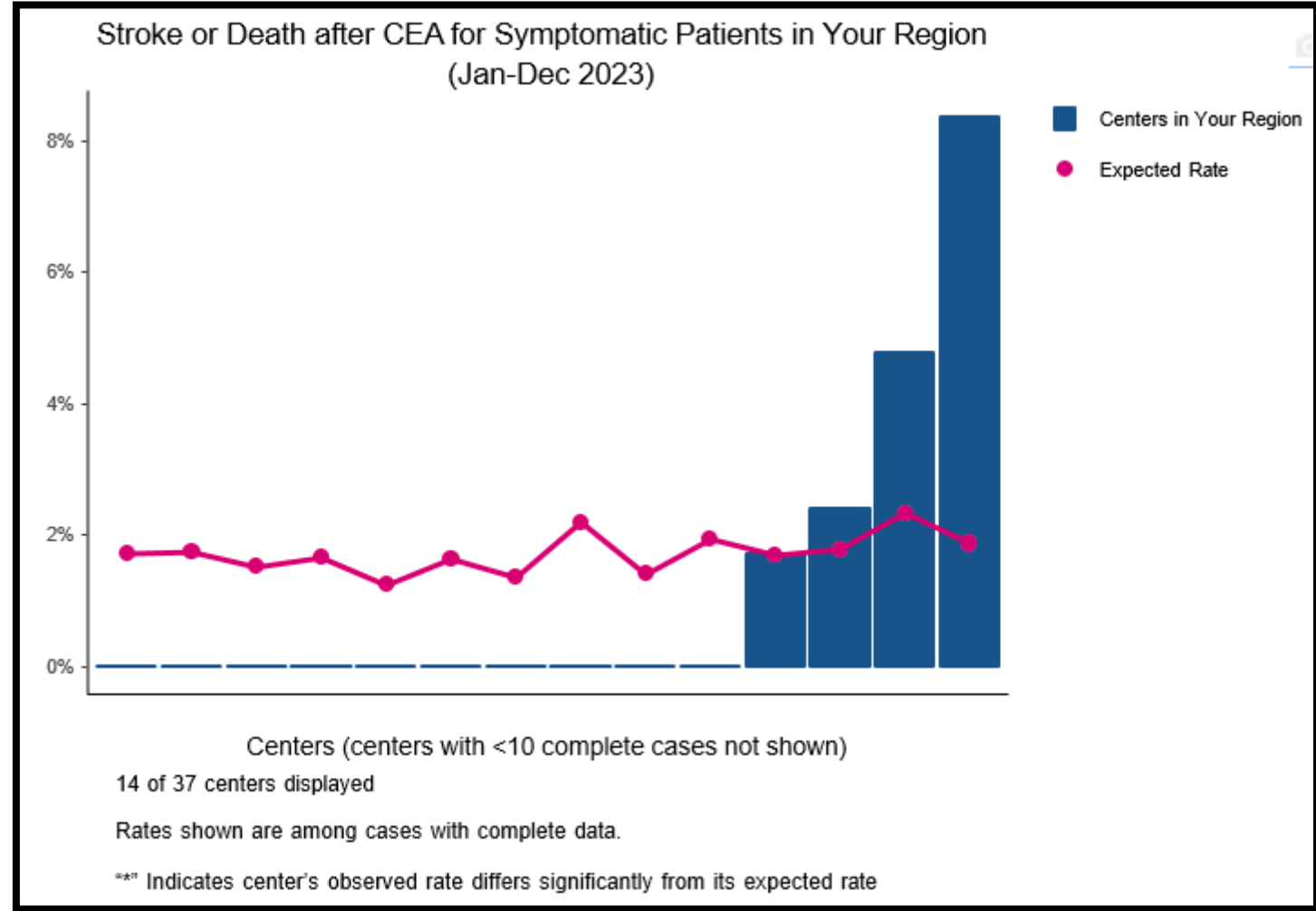
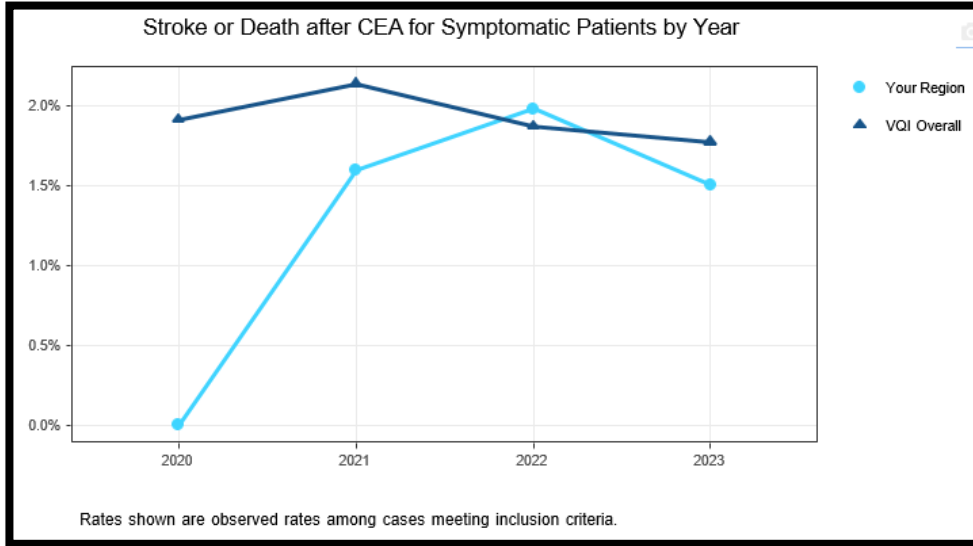
CEA ASYMP: Stroke/Death



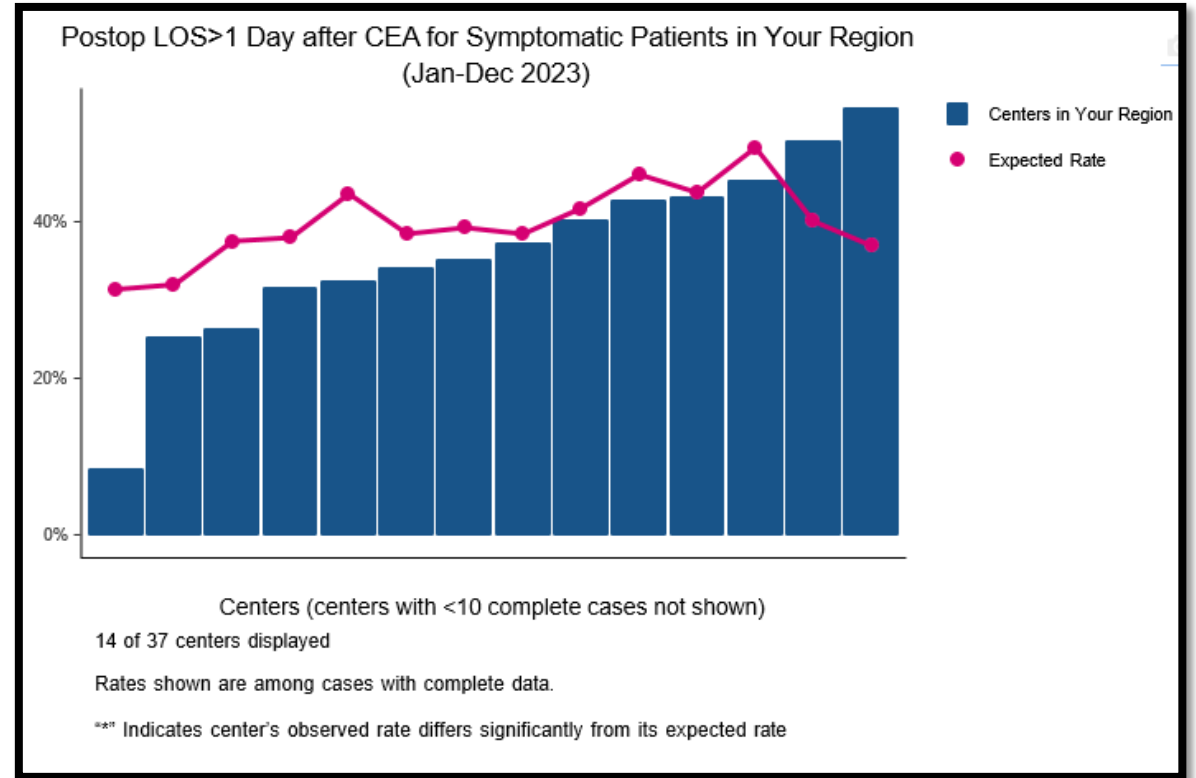
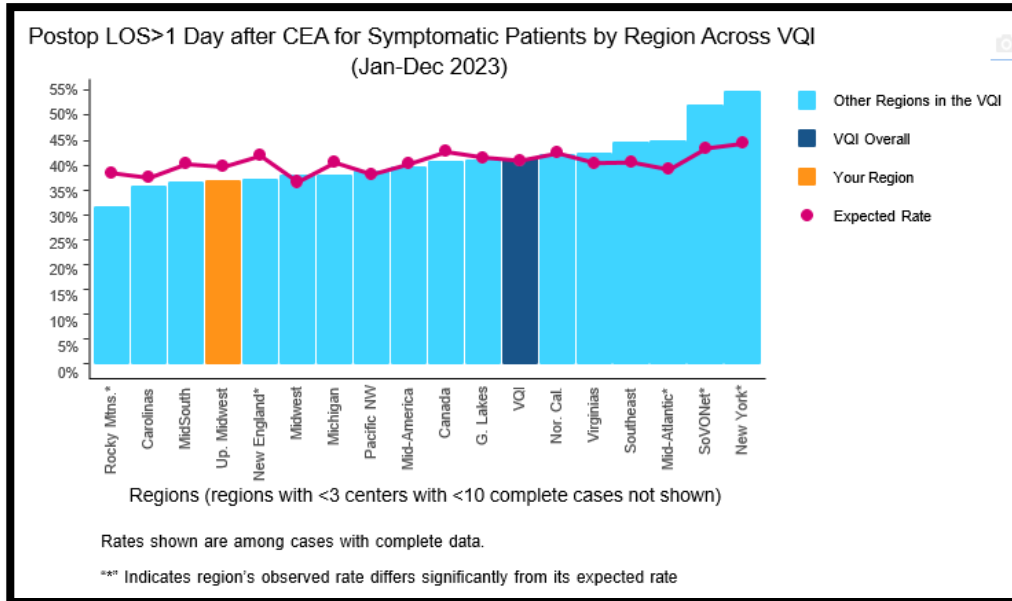
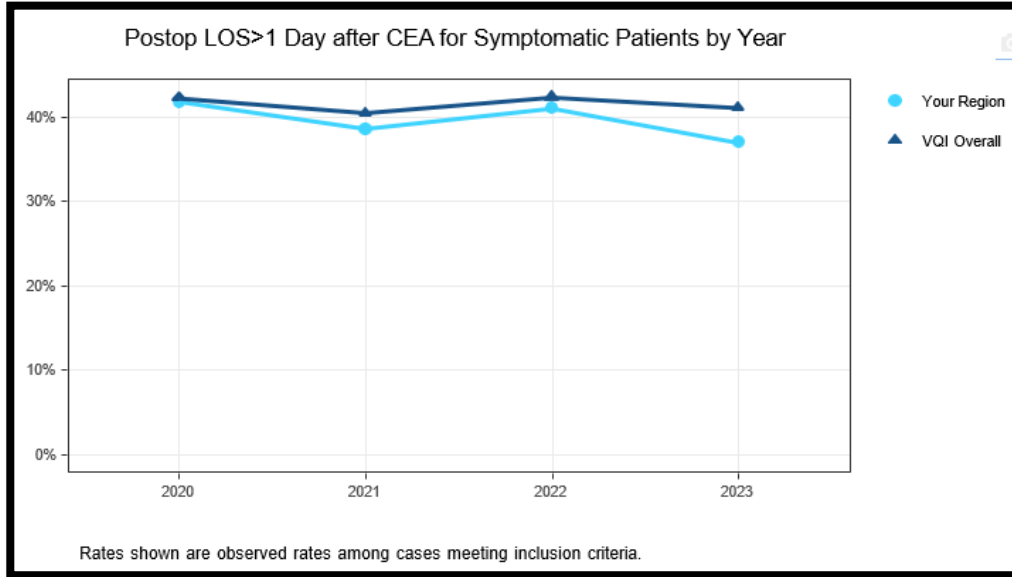
CEA ASYMP: Postop LOS>1 Day



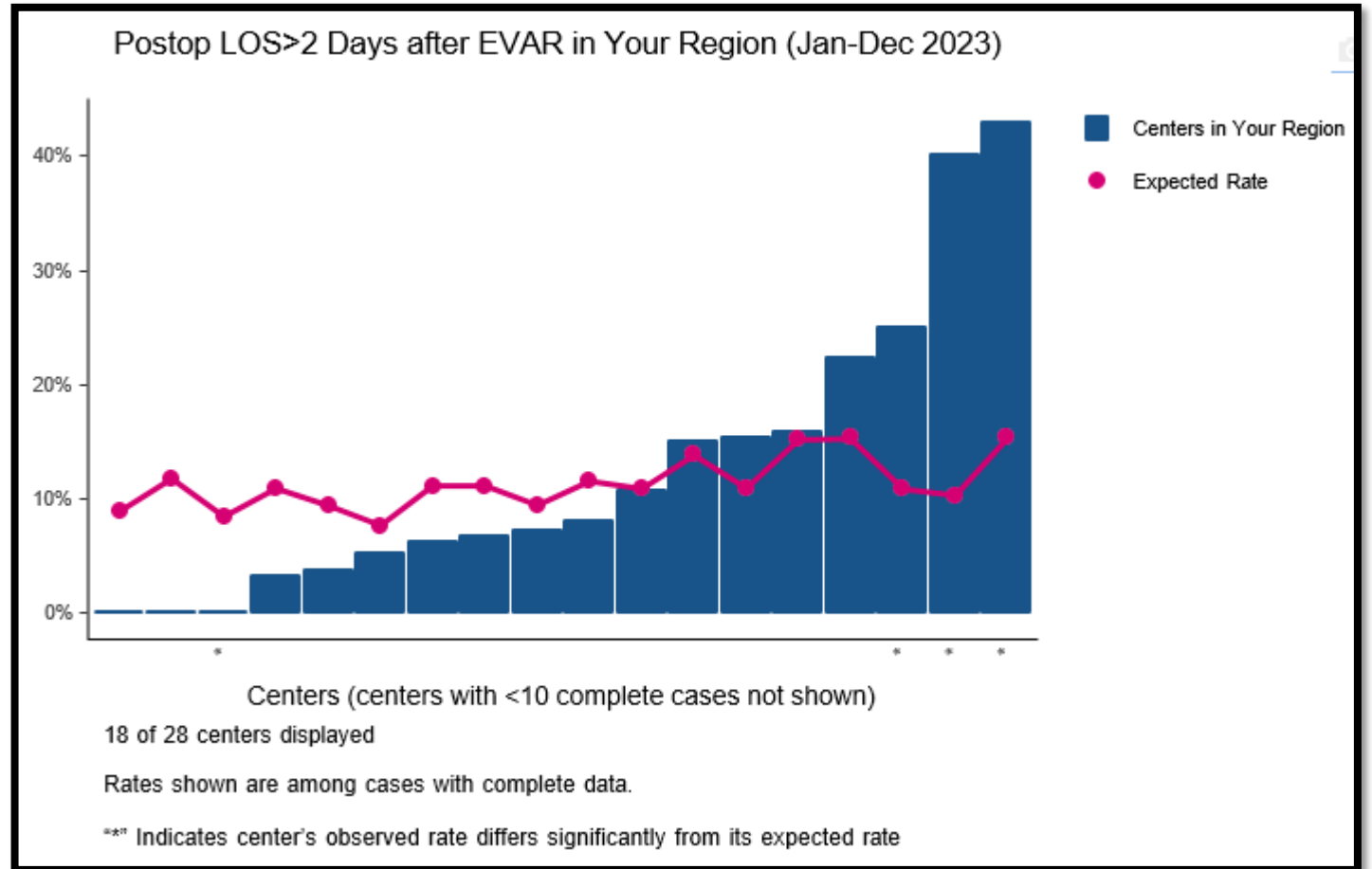
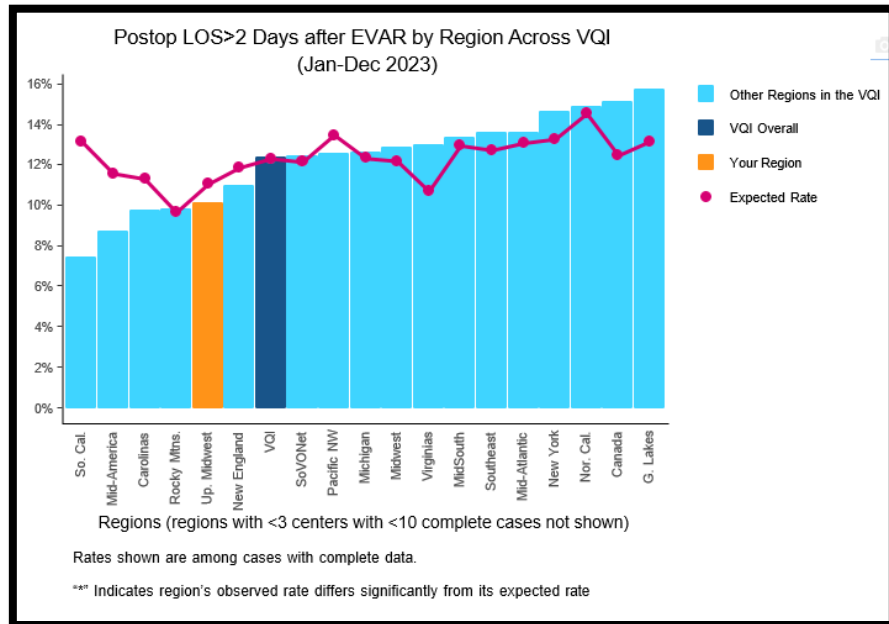
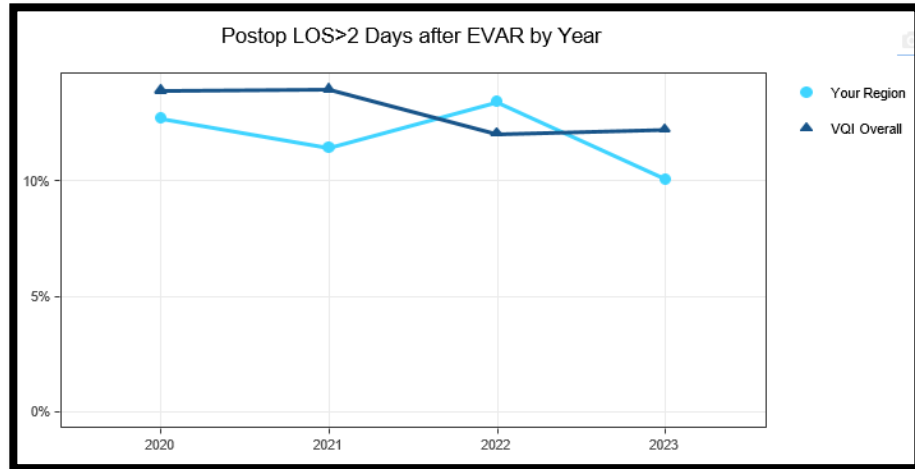
CEA SYMP: Stroke/Death



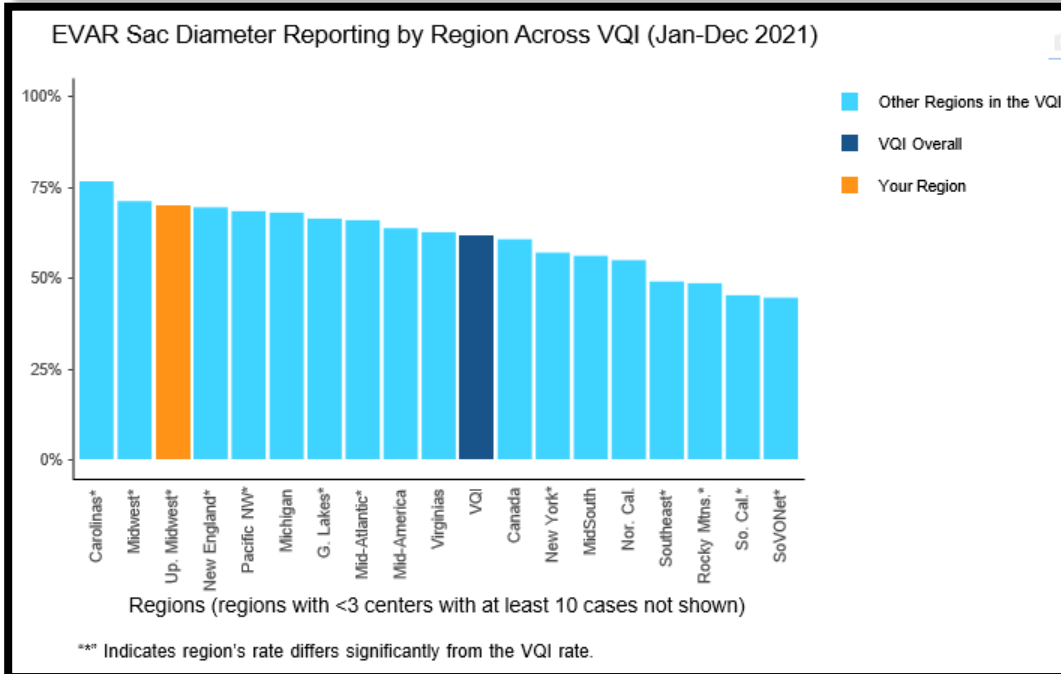
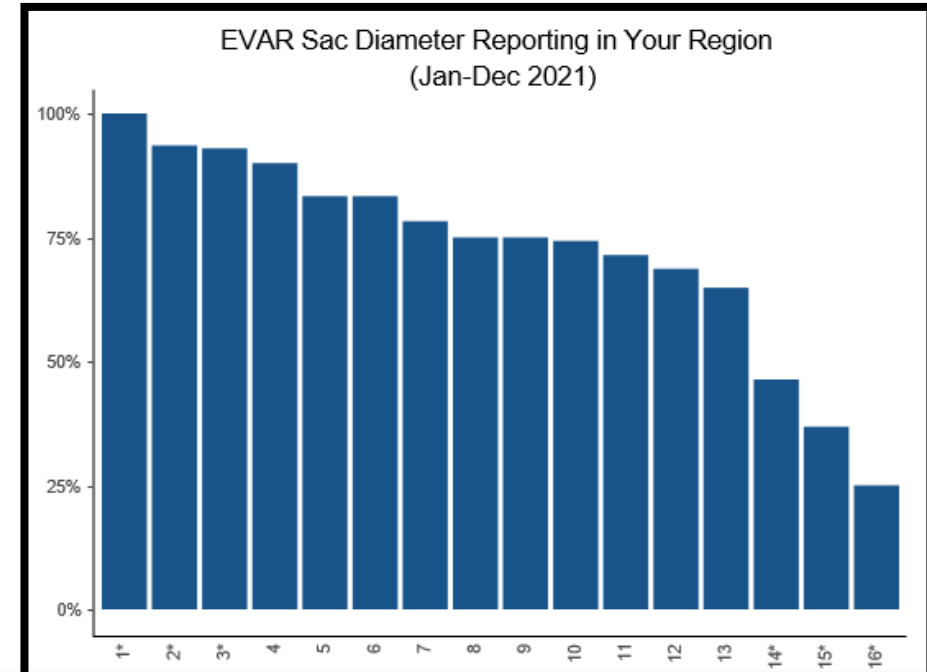
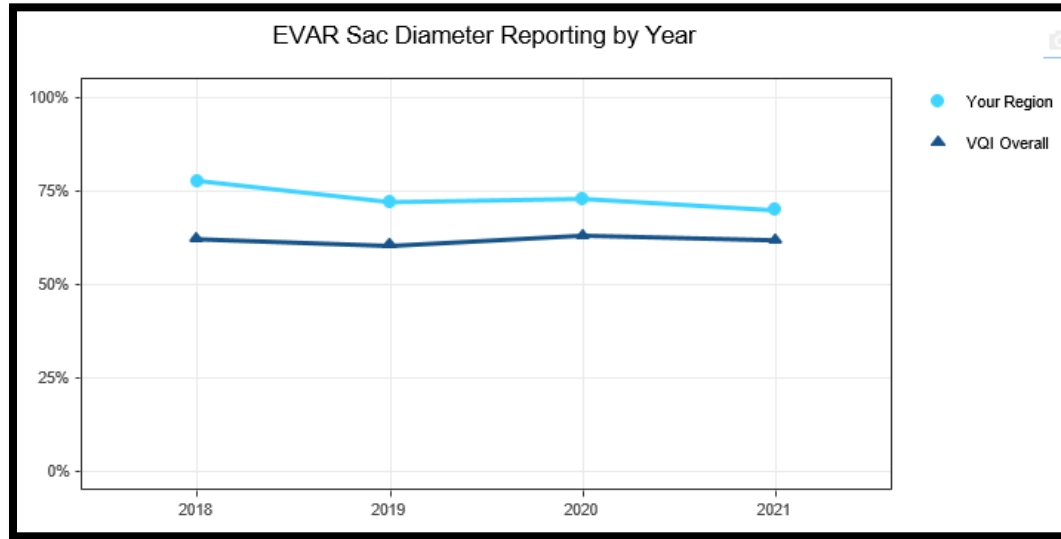
CEA SYMP: Postop LOS>1 Day



EVAR: Postop LOS>2 Days



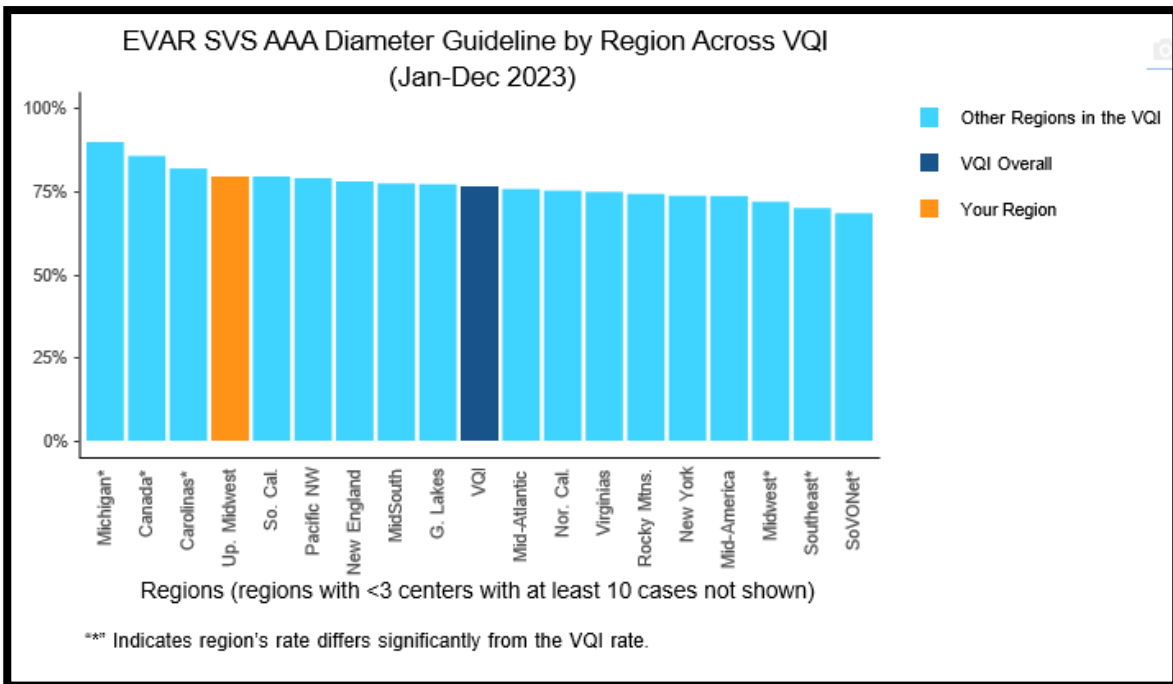
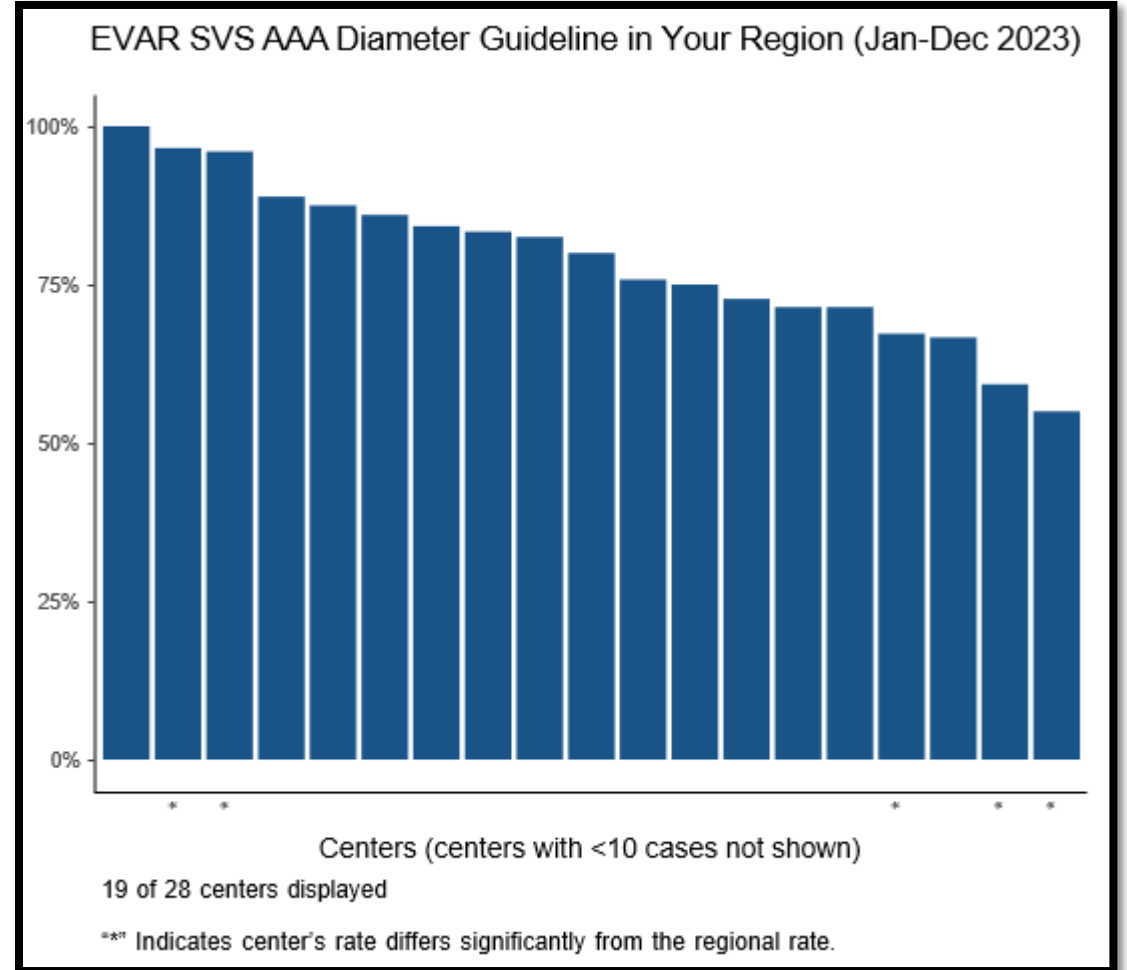
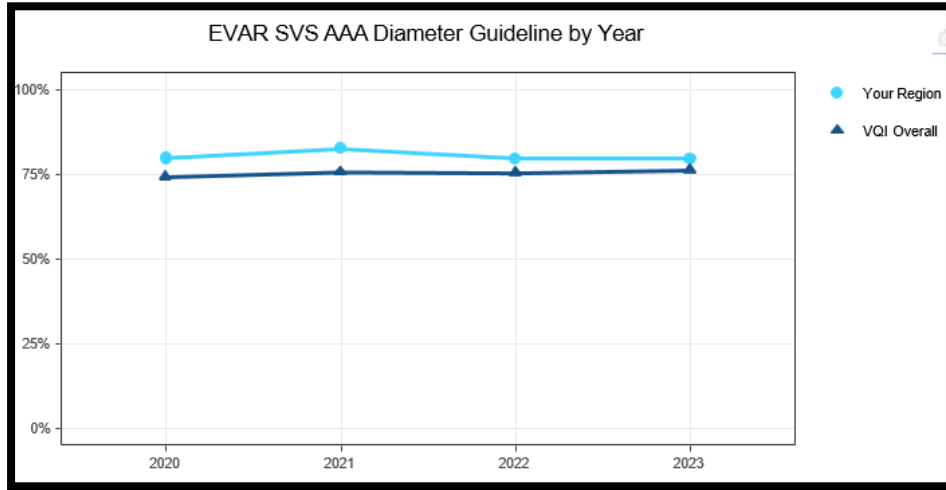
EVAR: Sac Diameter Reporting



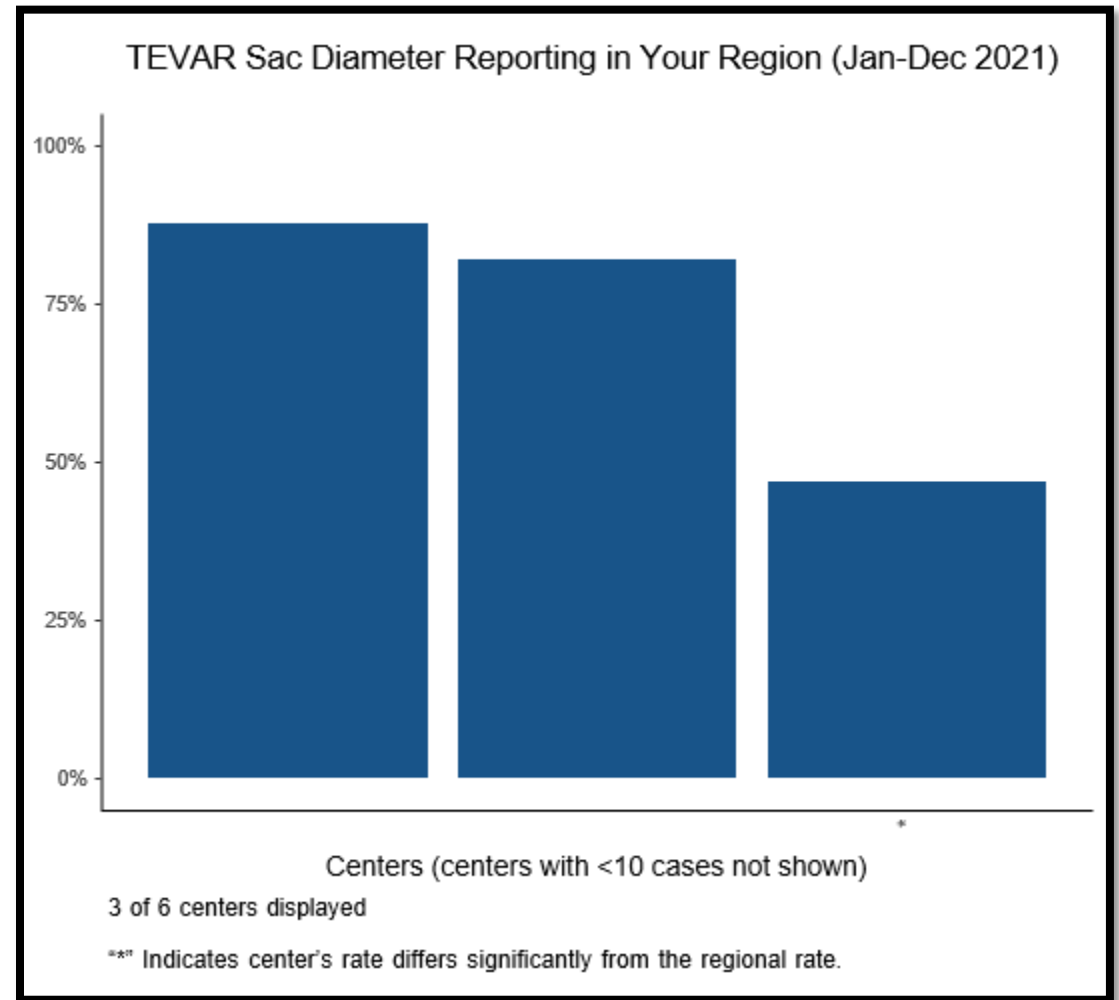
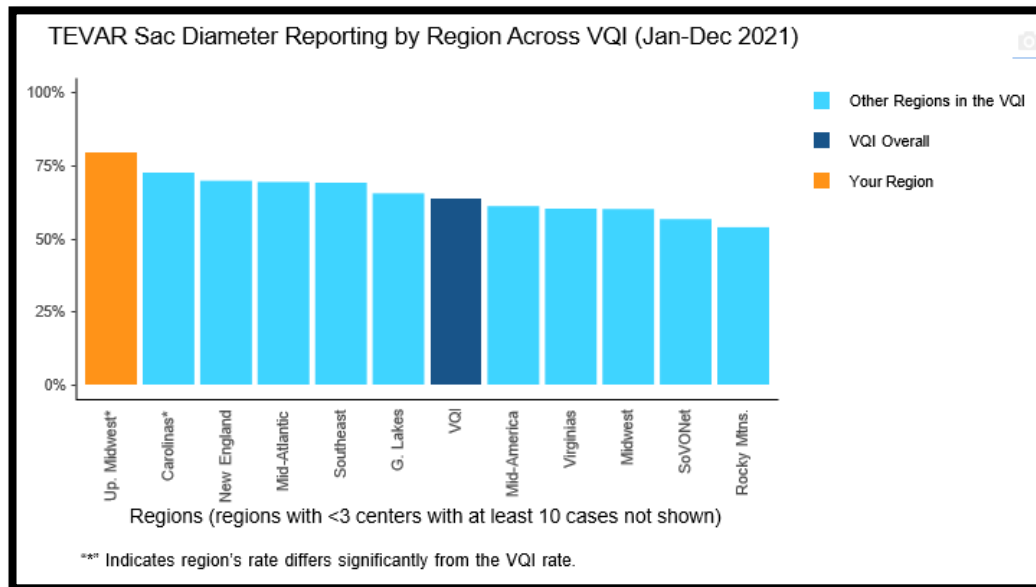
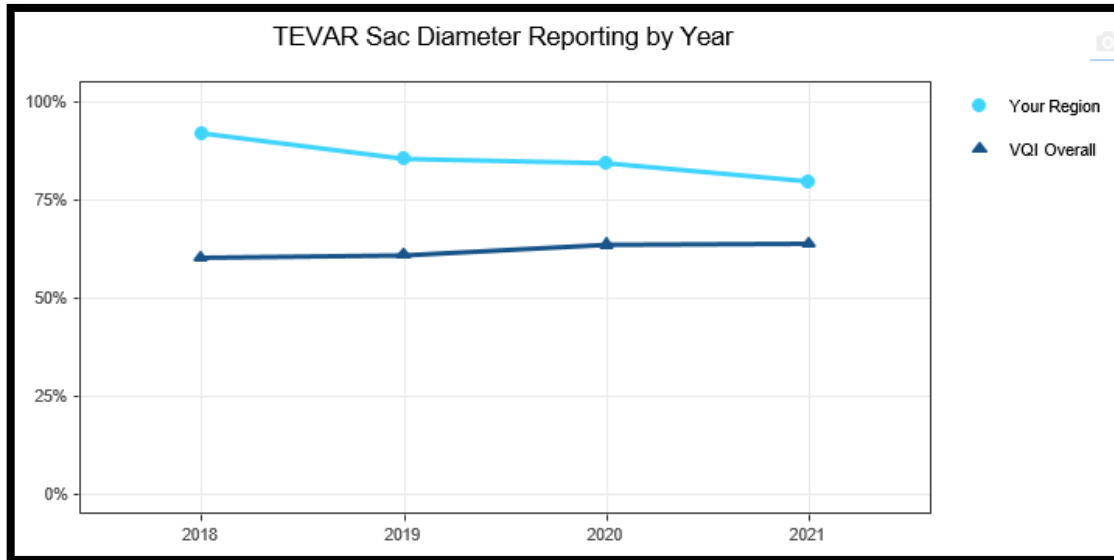
EVAR Sac Diameter Unblinding Legend for Your Region

Index	Medical Center Name	Rate
1	Fairview St. John's Hospital	100.0%
2	Froedtert Health	93.5%
3	Mayo Clinic Hospital - Rochester	93.0%
4	Mayo Clinic Northwest Wisconsin	90.0%
5	Waukesha Memorial Hospital	83.3%
6	Aurora BayCare Medical Center	83.3%
7	United Hospital (Allina)	78.3%
8	Fairview Southdale Hospital	75.0%
9	Mercy Hospital (Allina)	75.0%
10	Monument Health Rapid City Hospital, Inc.	74.3%
11	St. Luke's Hospital - MN	71.4%
12	Aurora St. Luke's Medical Center	68.7%
13	Aspirus Wausau Hospital, Inc.	64.9%
14	University of Wisconsin Hospitals and Clinics Authority	46.3%
15	University of Minnesota Medical Center (UMMC)	36.8%
16	SSM Health St. Mary's Hospital - Madison	25.0%

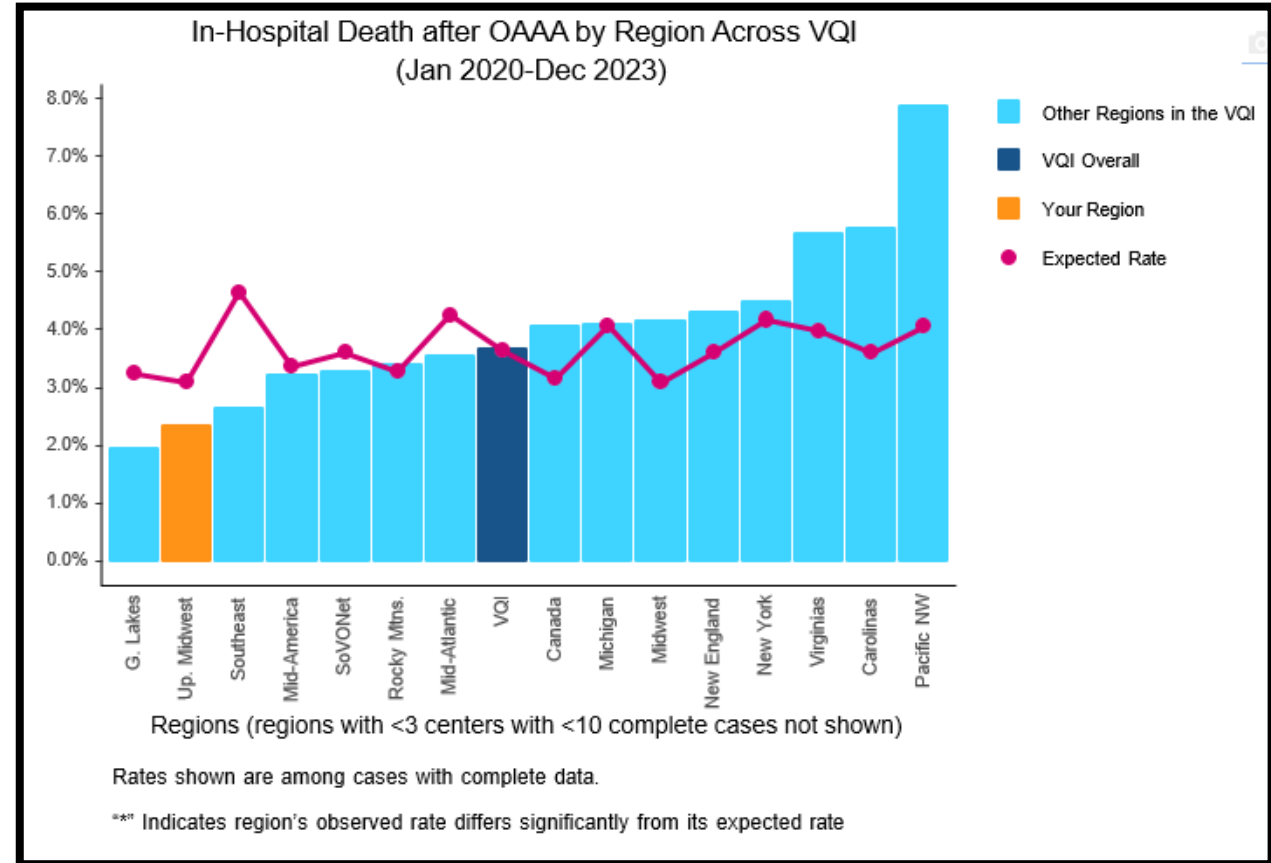
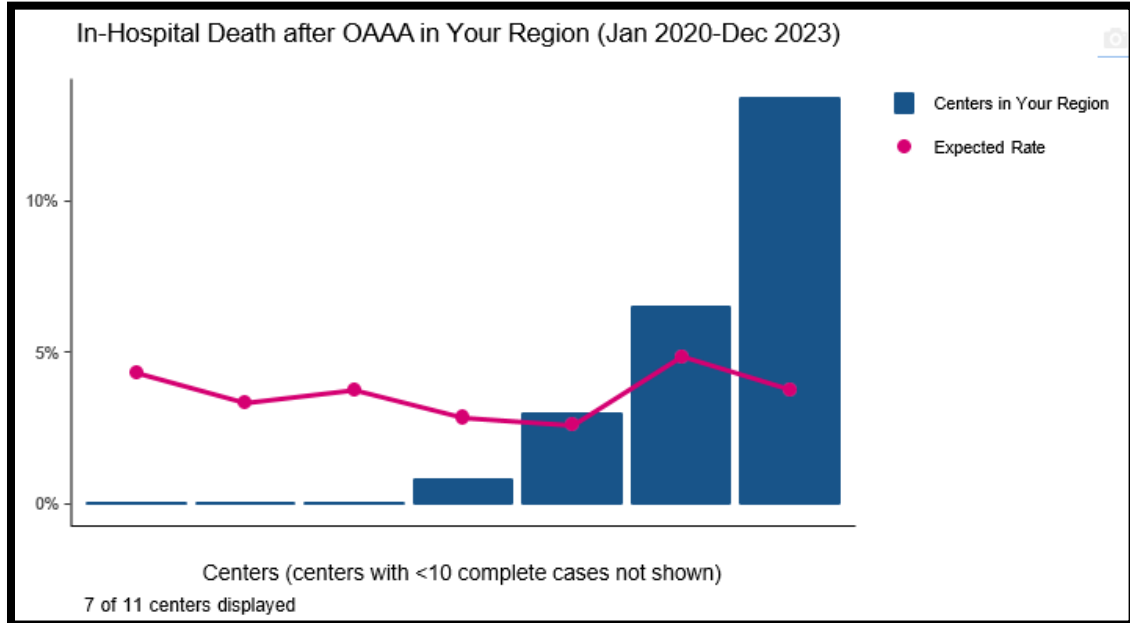
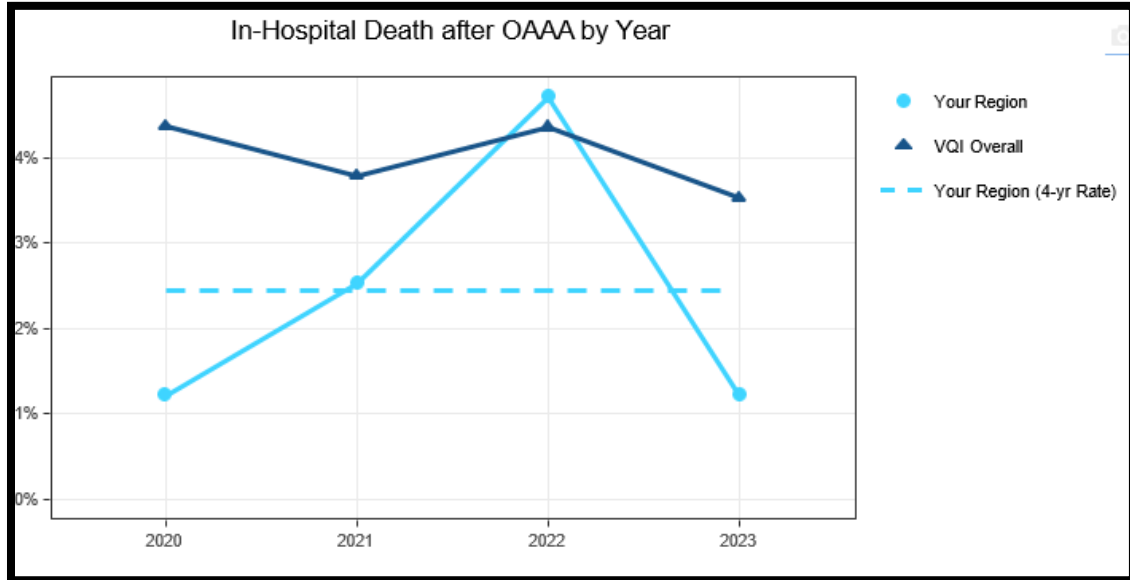
EVAR: SVS AAA Diameter Guideline



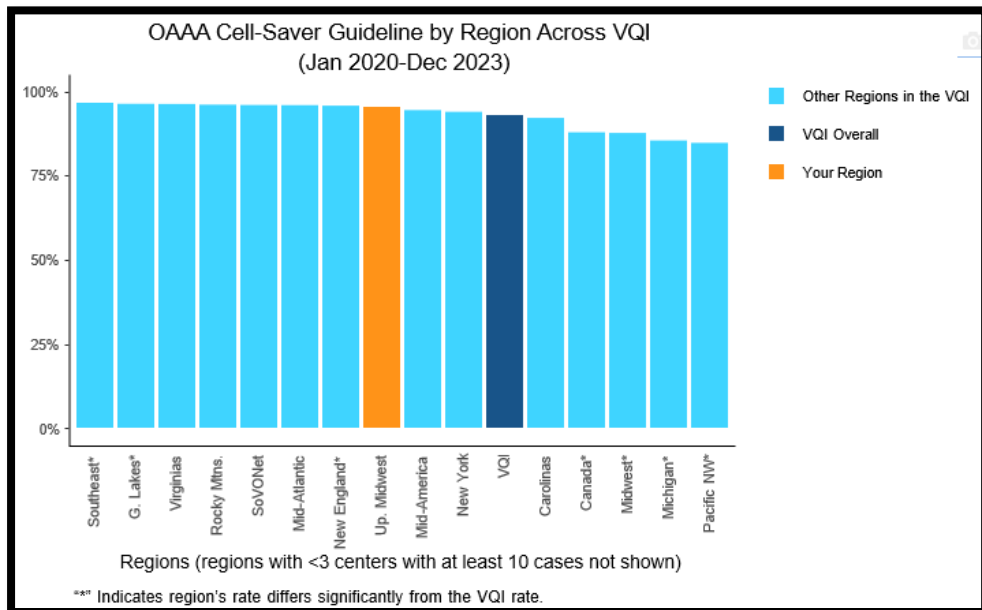
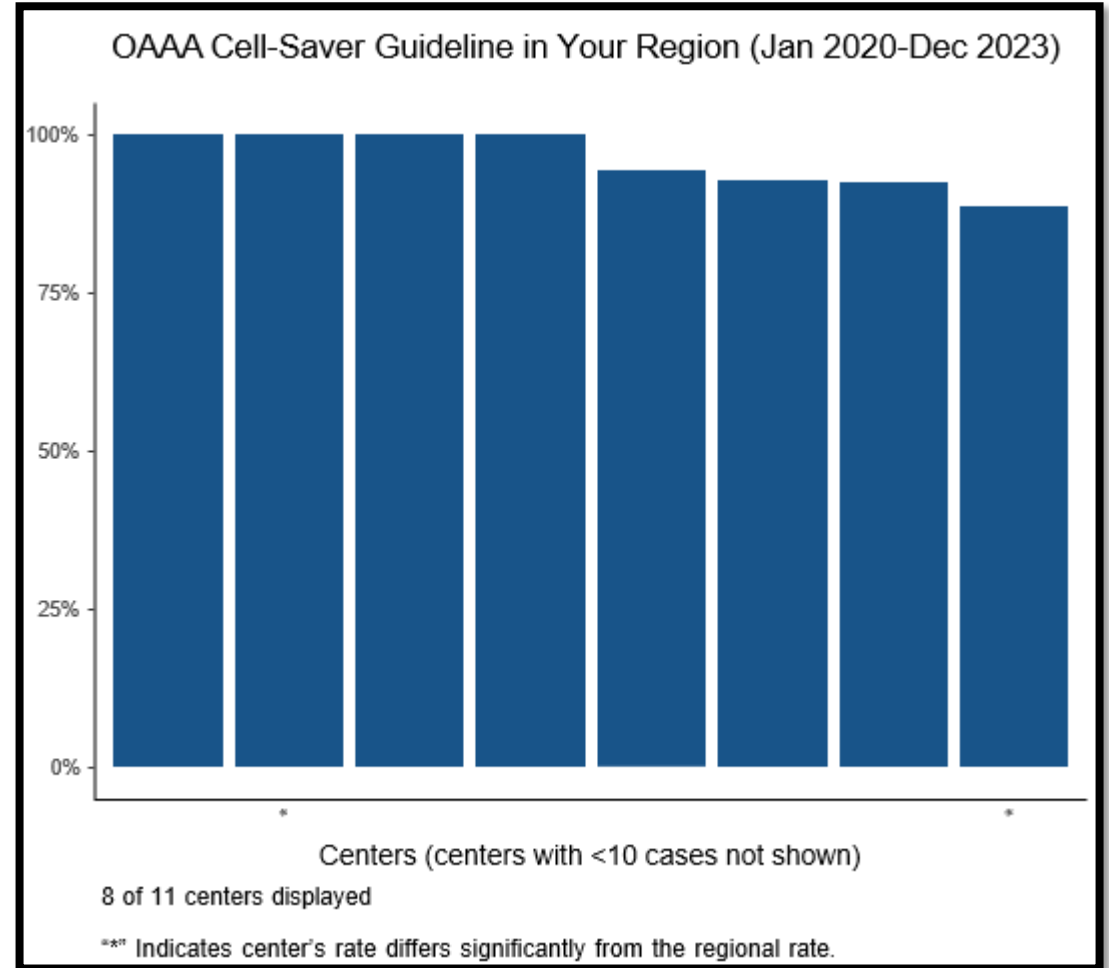
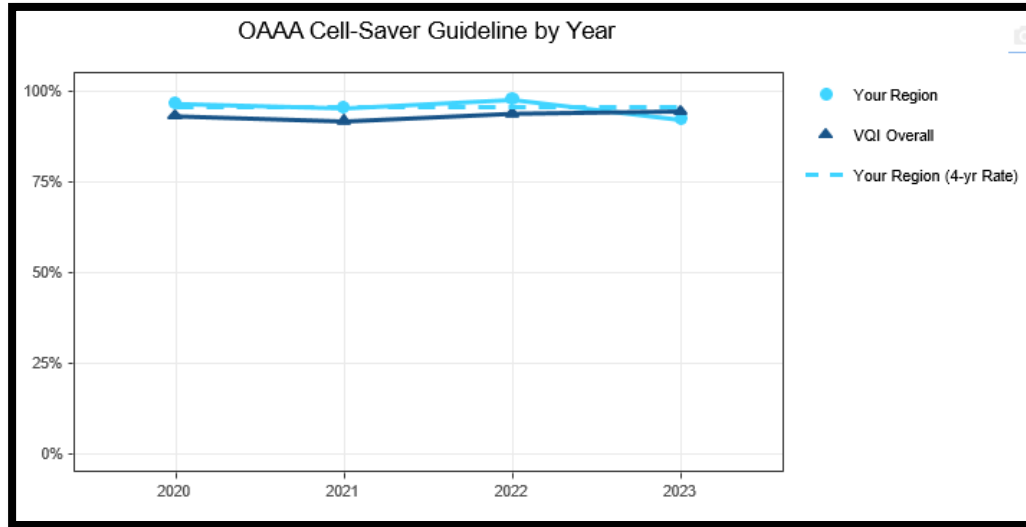
TEVAR: Sac Diameter Reporting



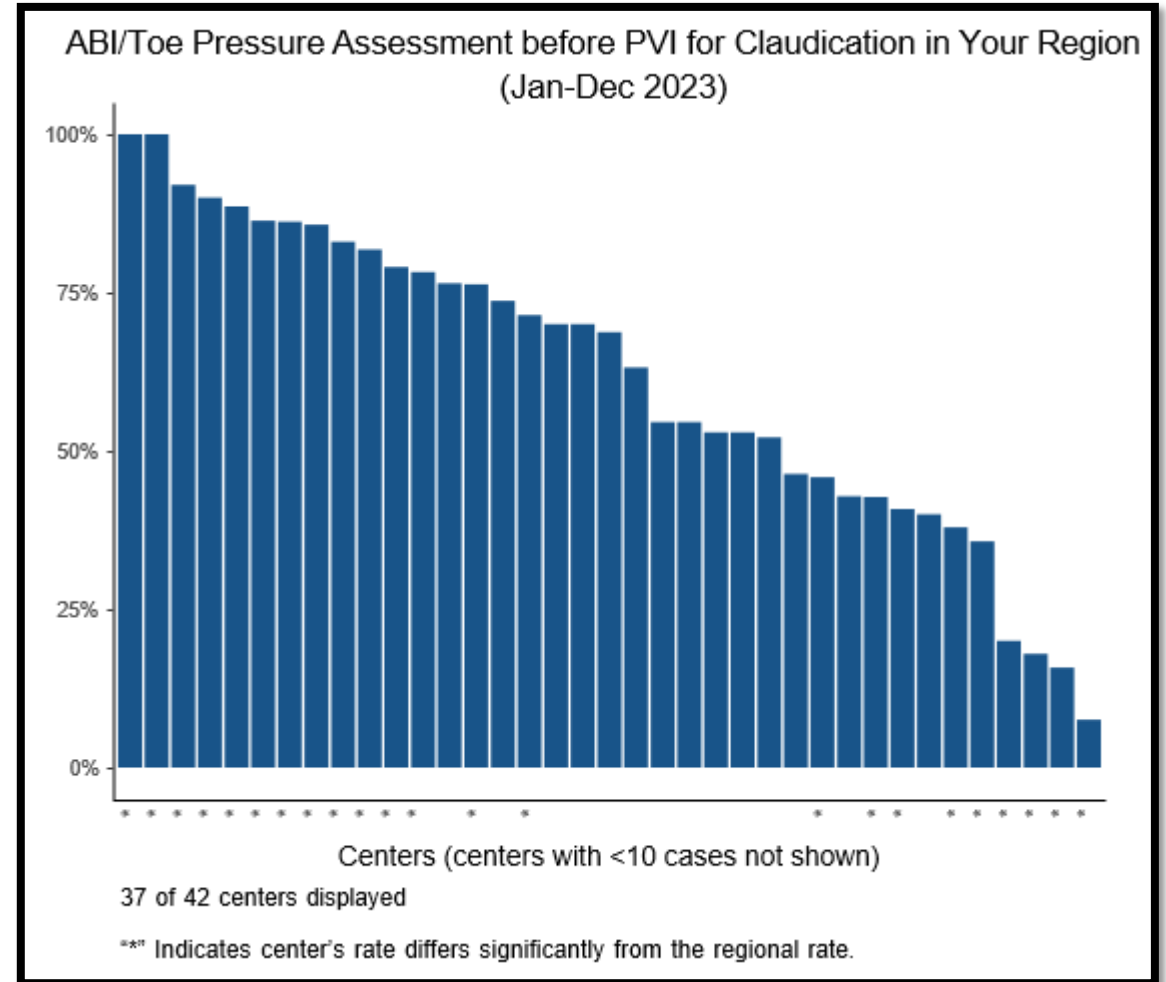
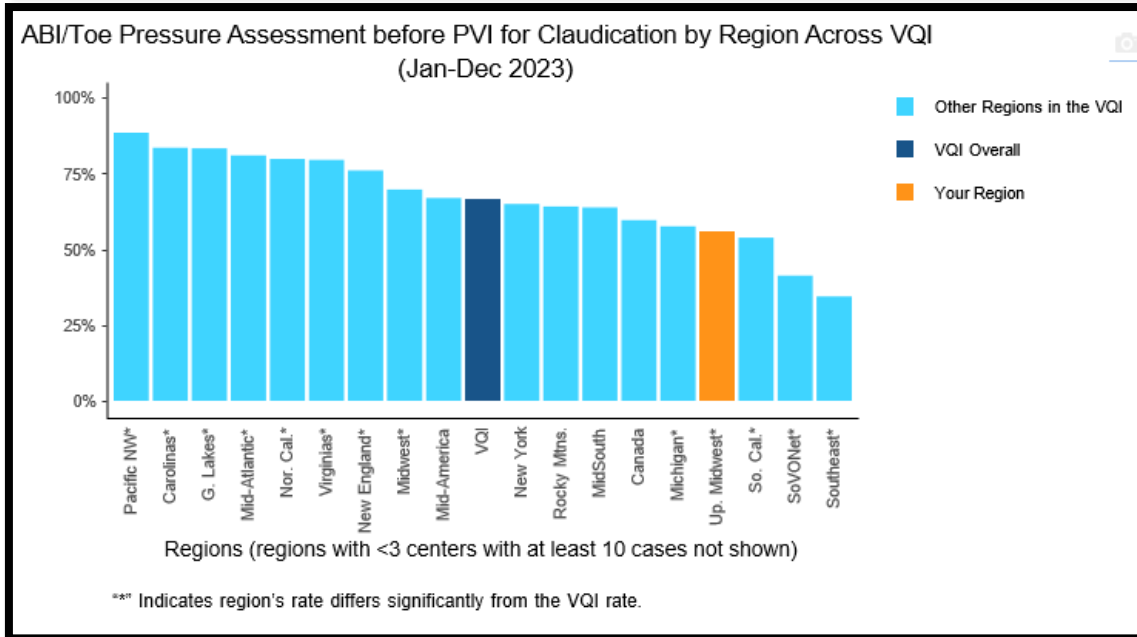
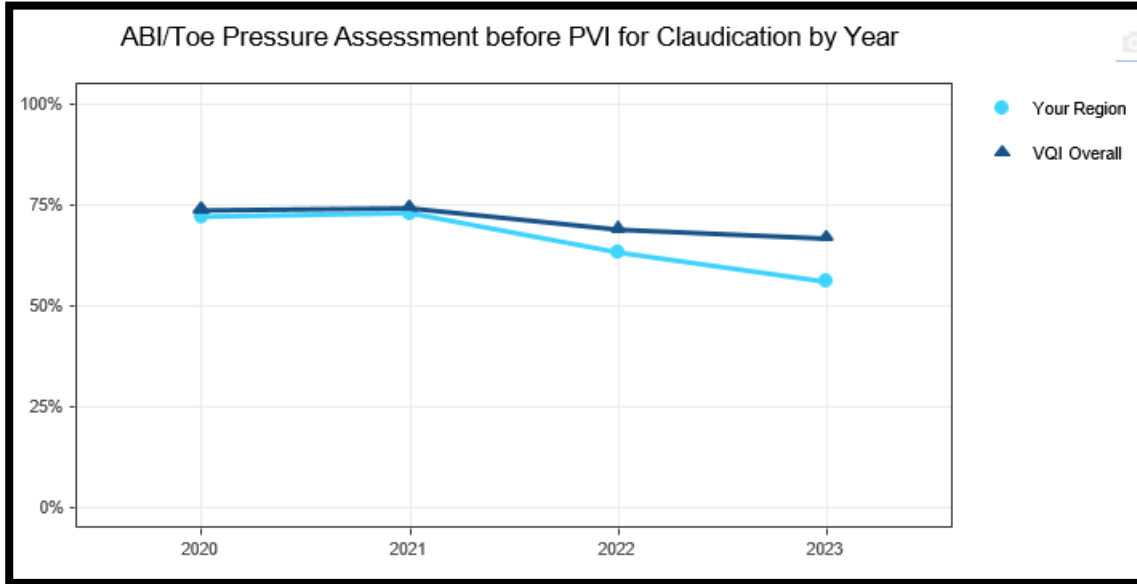
OAAA: In-Hospital Mortality



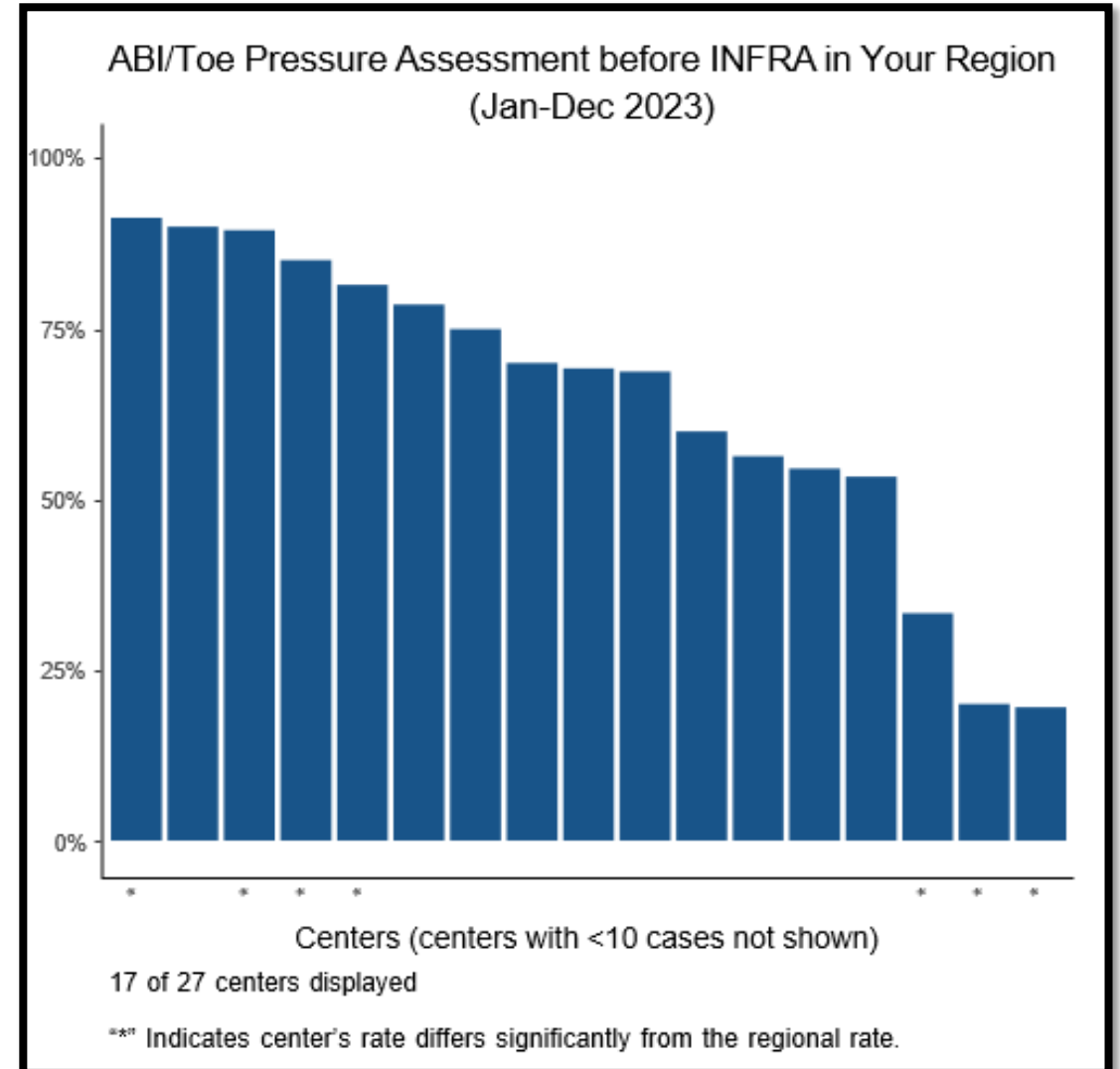
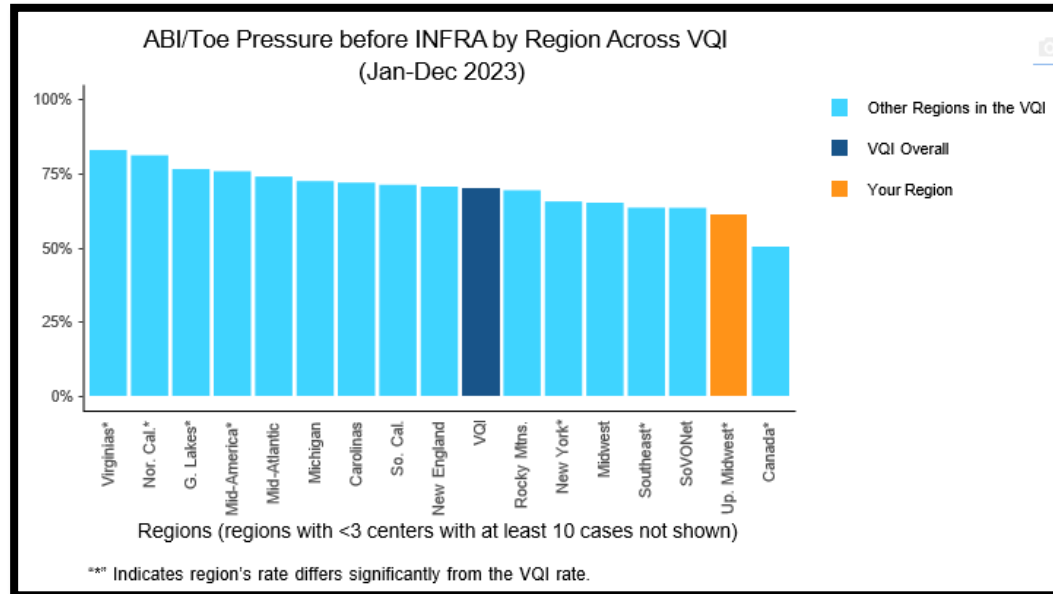
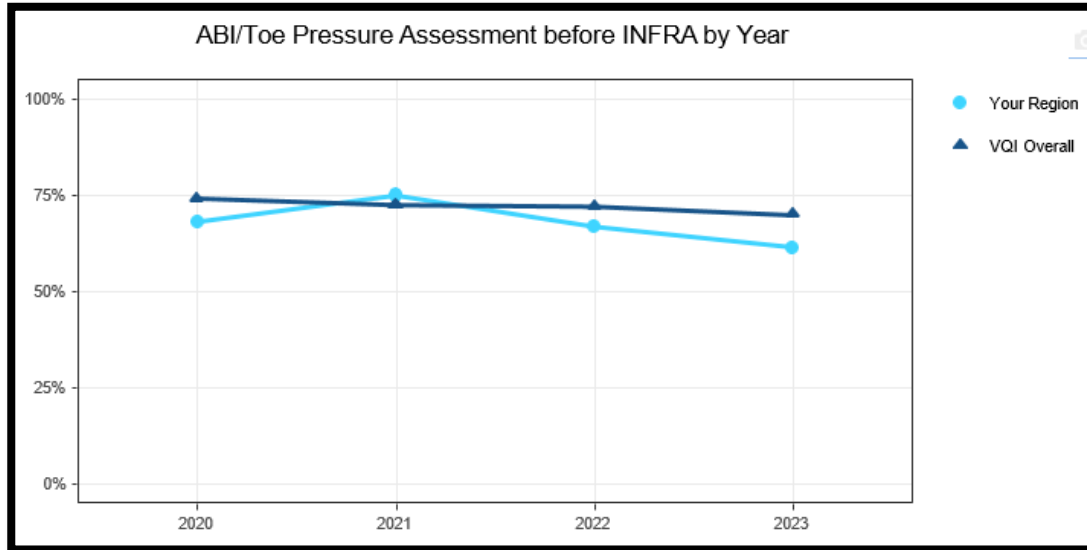
OAAA: SVS Cell-Saver Guideline



PVI CLAUD: ABI/Toe Pressure

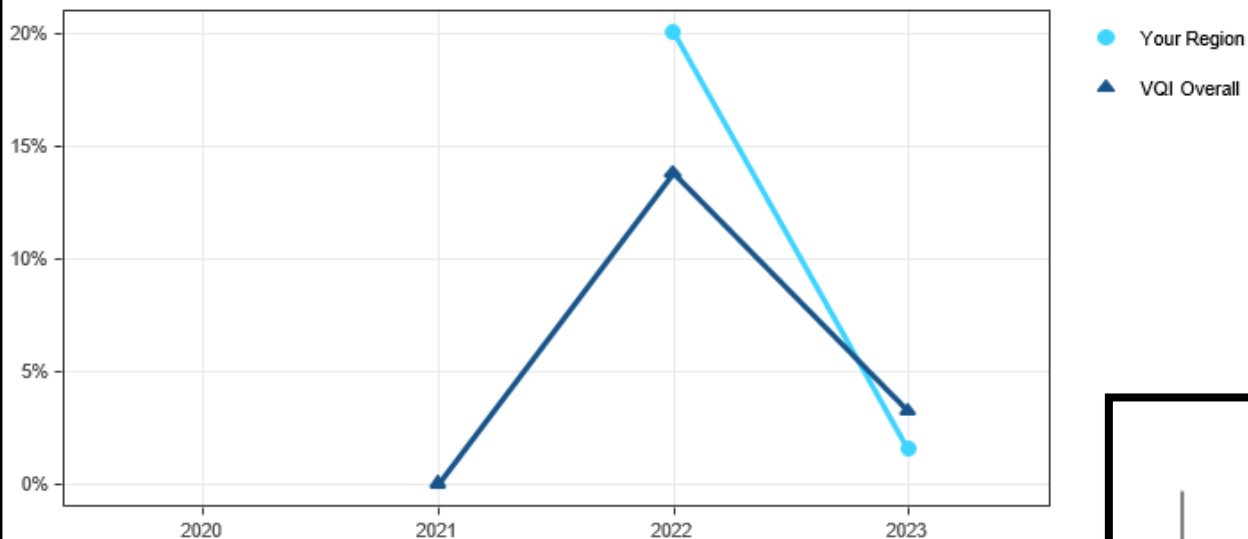


INFRA: ABI/Toe Pressure

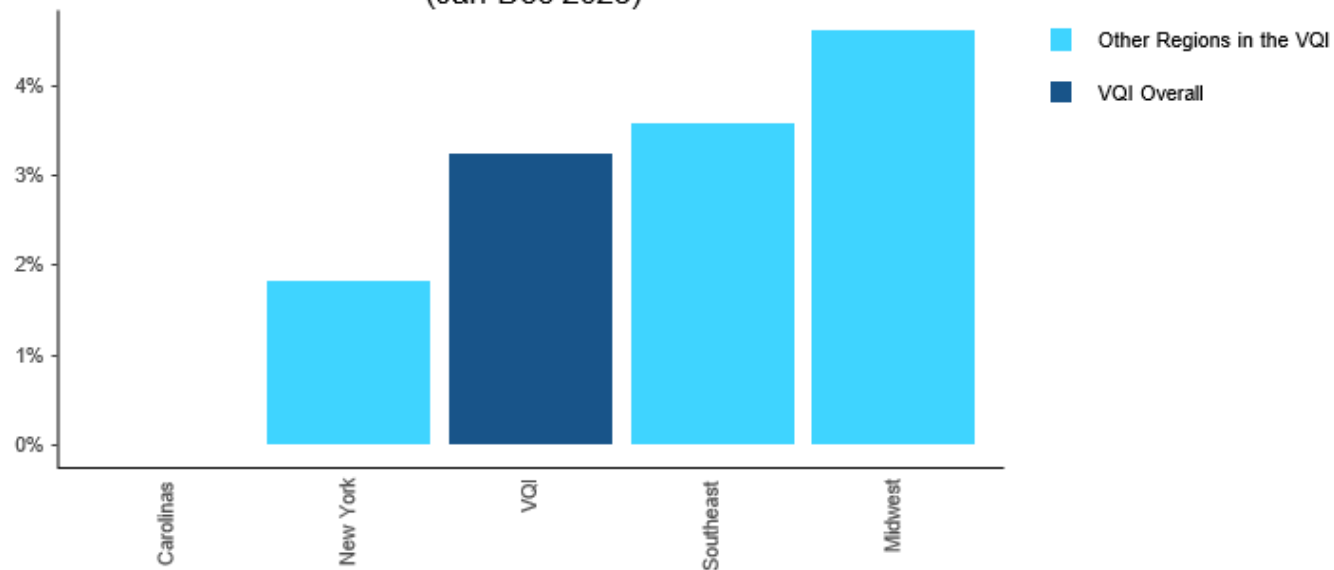


INFRA CLAUD: RTOR

RTOR after INFRA for Claudication by Year



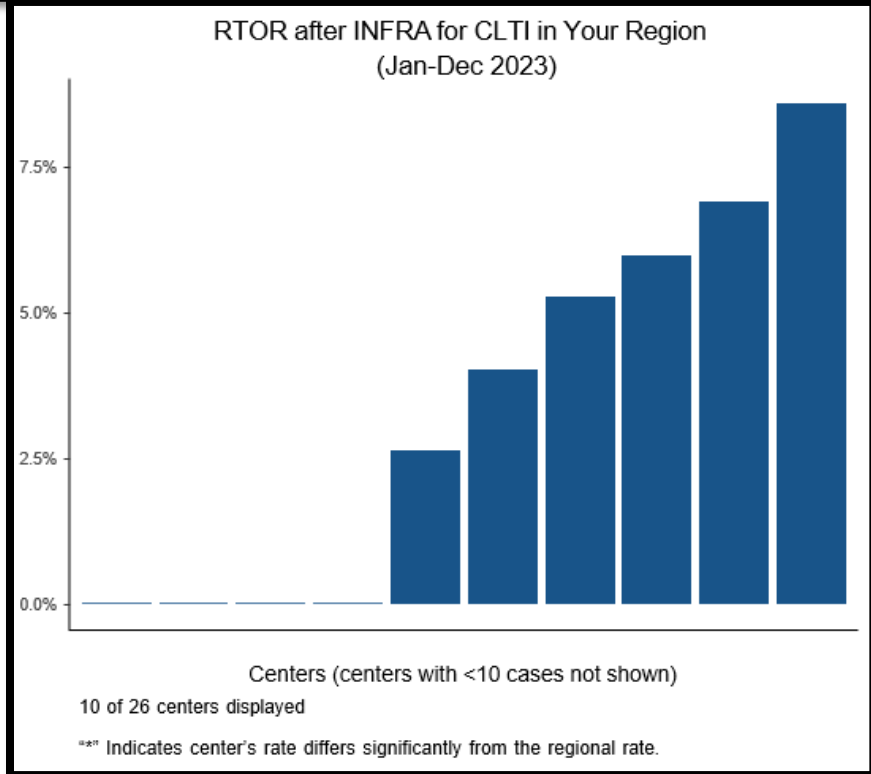
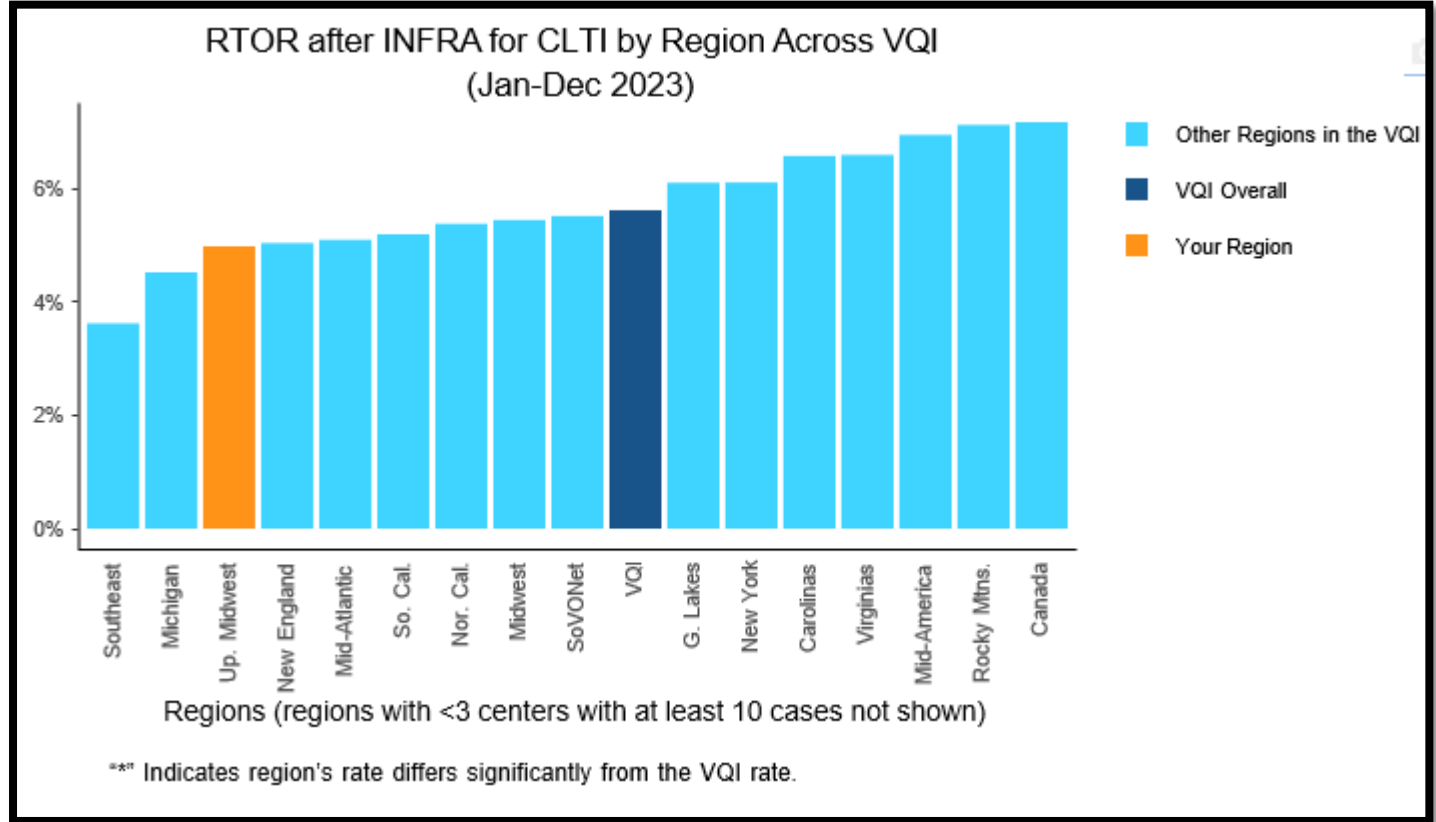
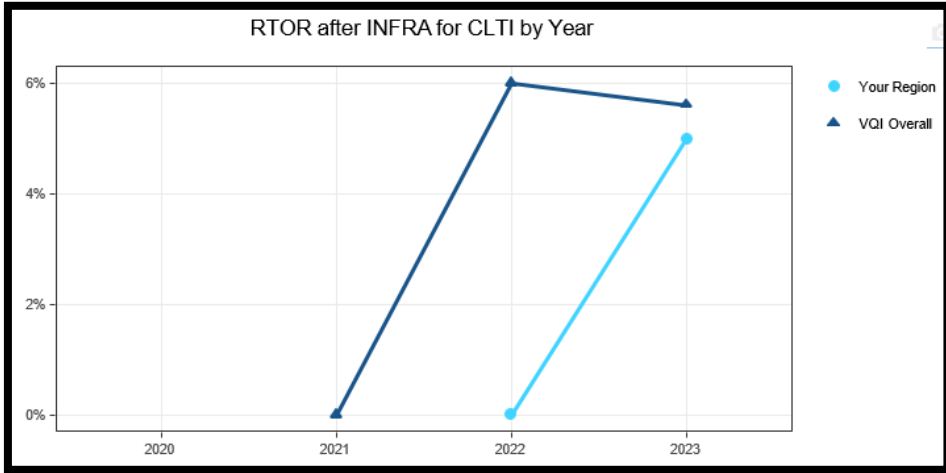
RTOR after INFRA for Claudication by Region Across VQI (Jan-Dec 2023)



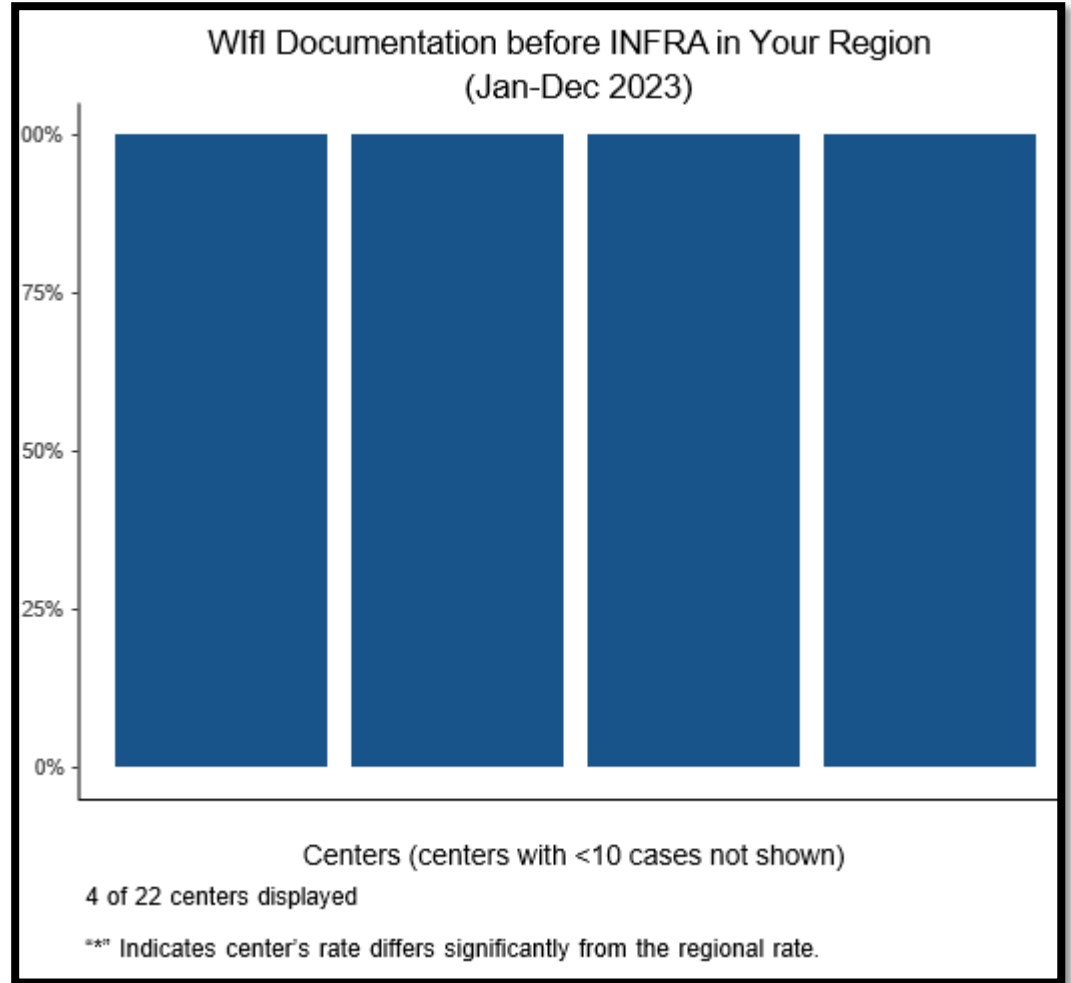
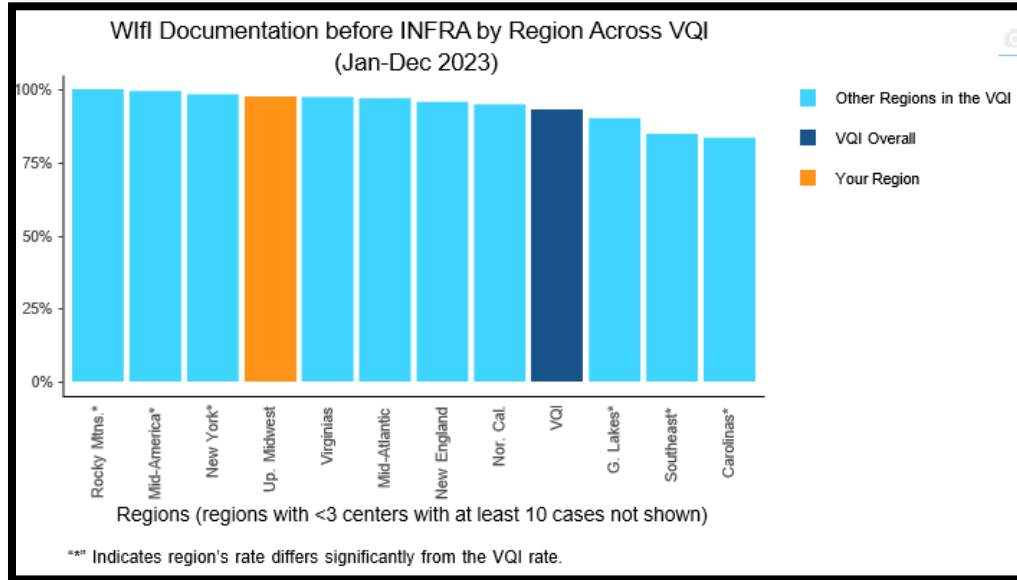
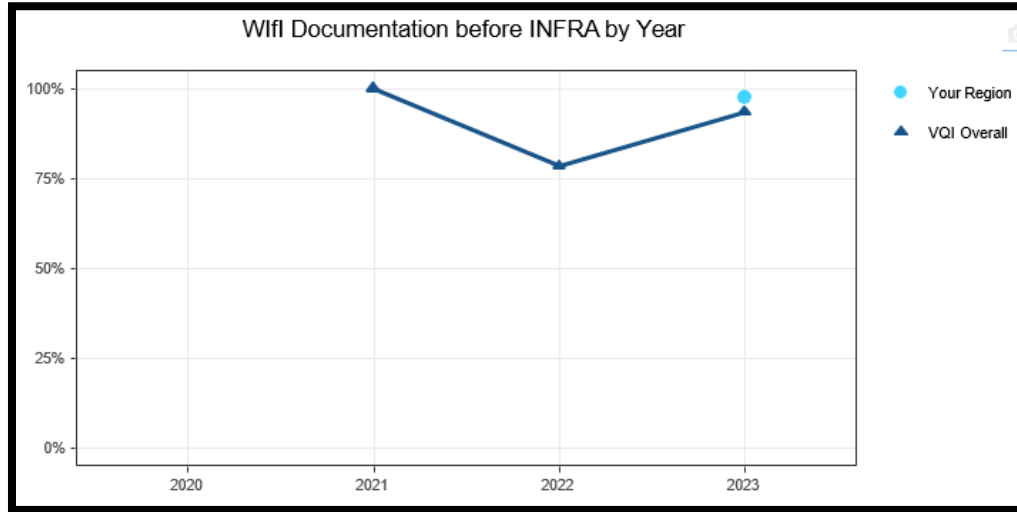
Regions (regions with <3 centers with at least 10 cases not shown)

*** Indicates region's rate differs significantly from the VQI rate.

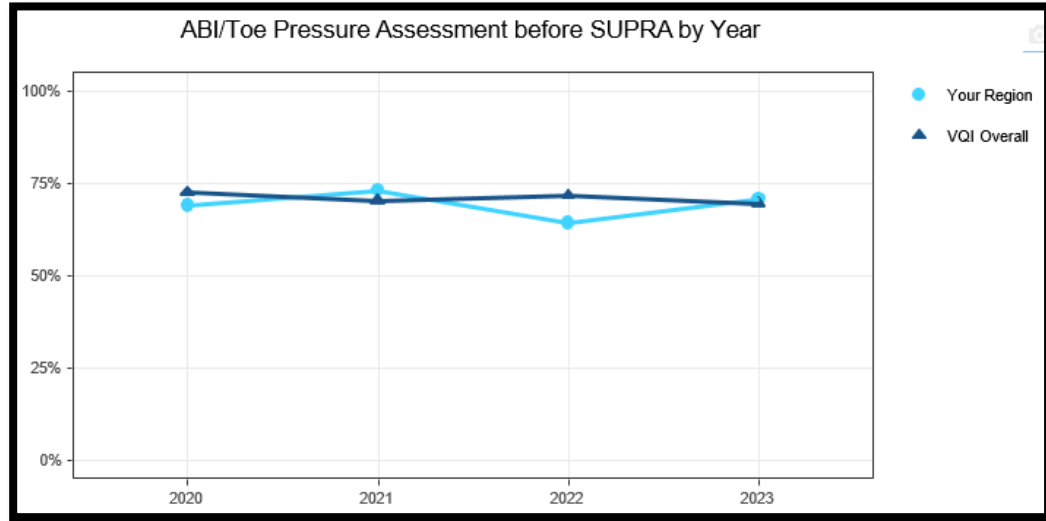
INFRA CLTI: RTOR



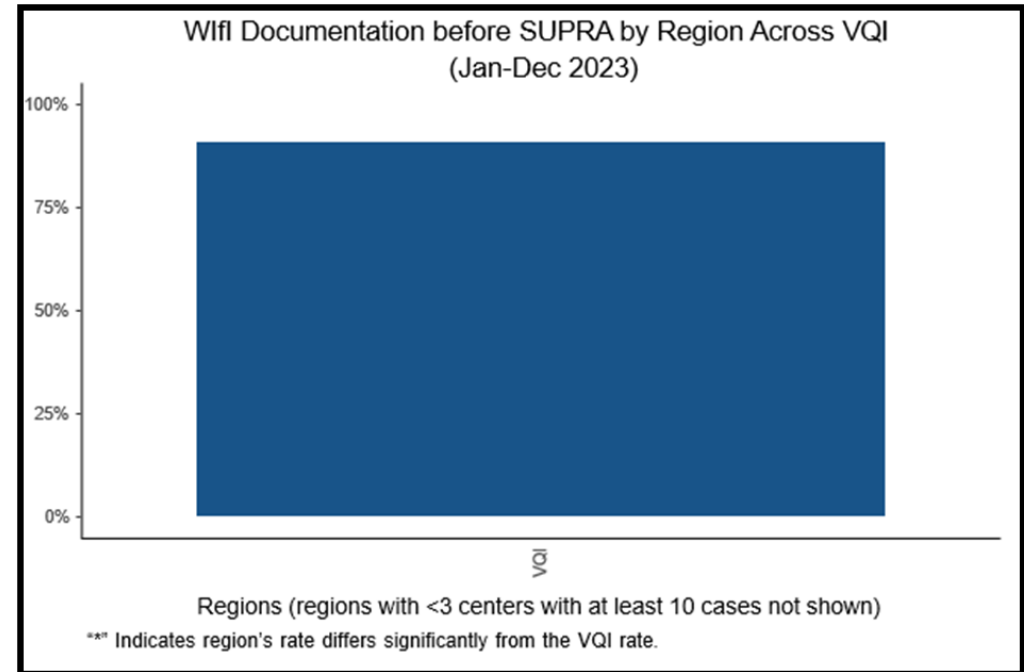
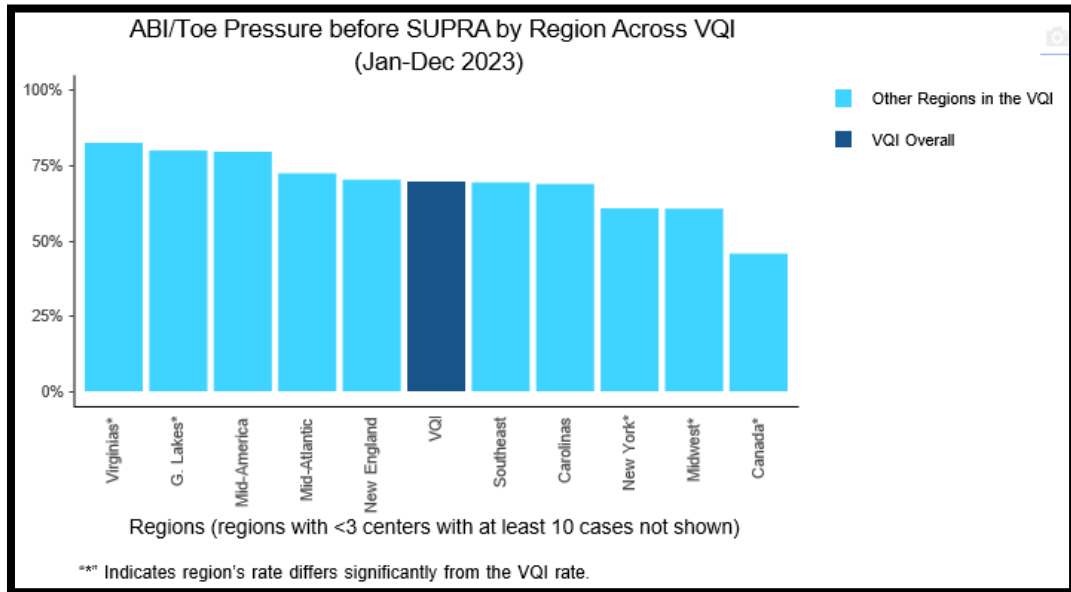
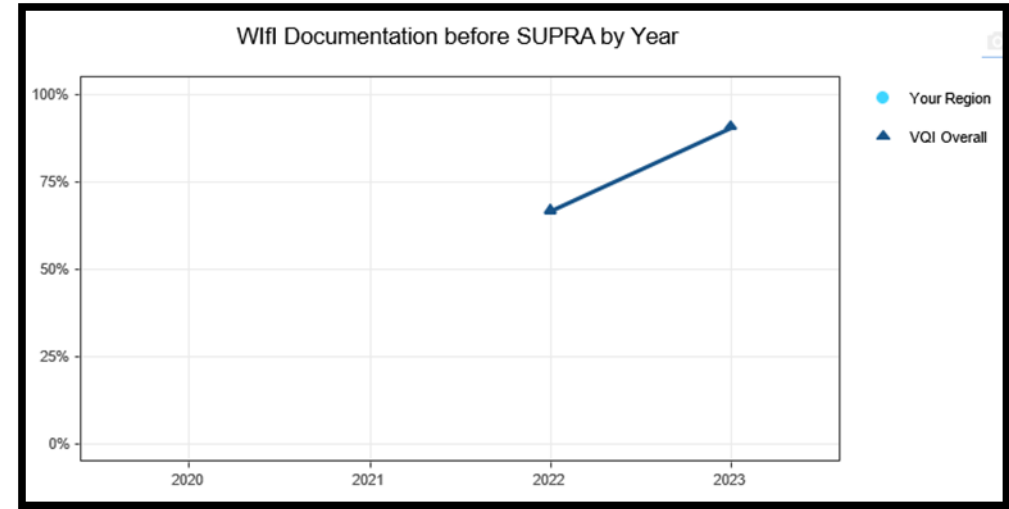
INFRA CLTI: Wifi



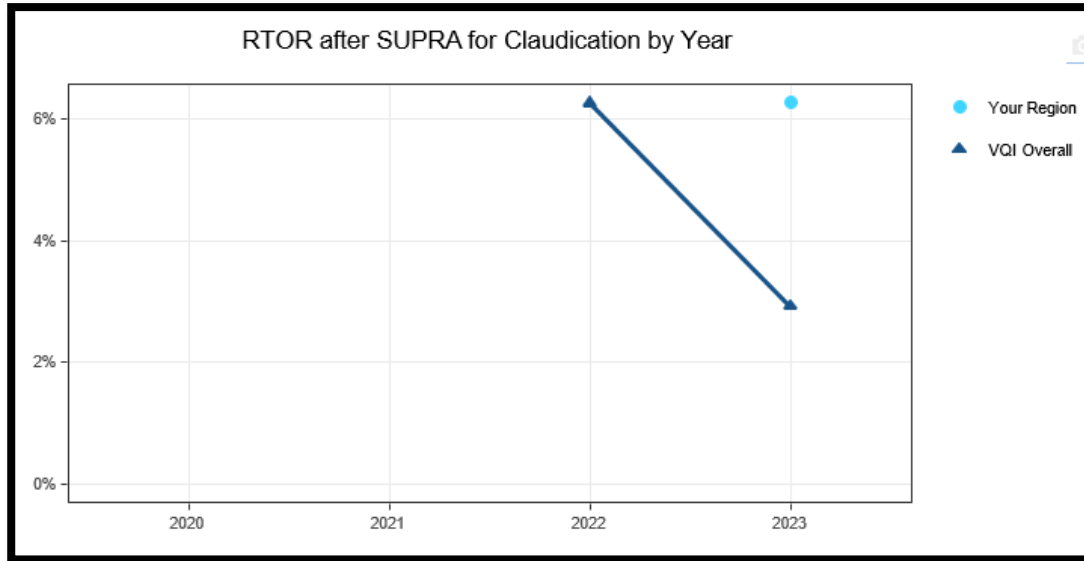
SUPRA: ABI/Toe Pressure



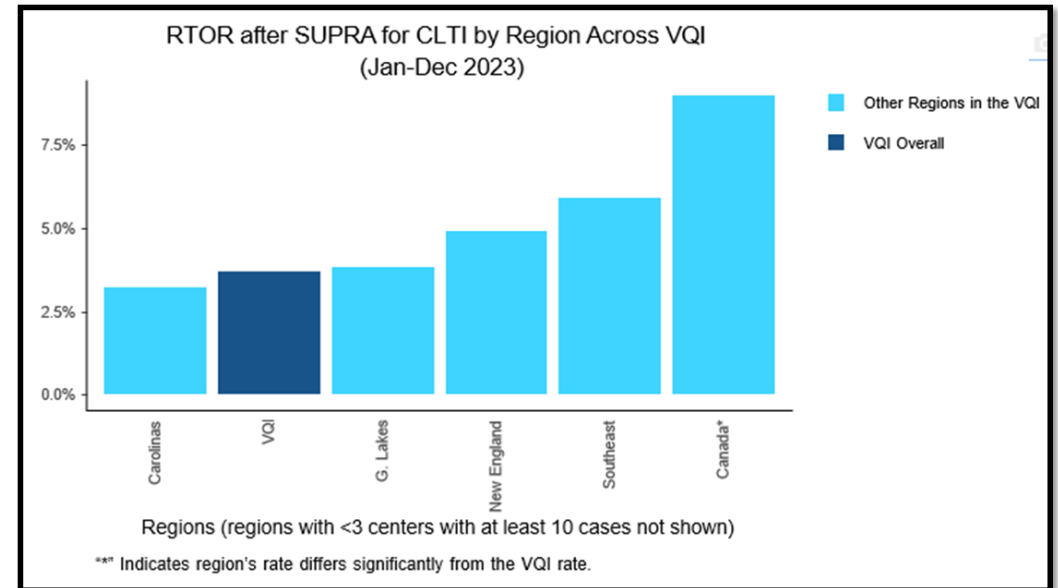
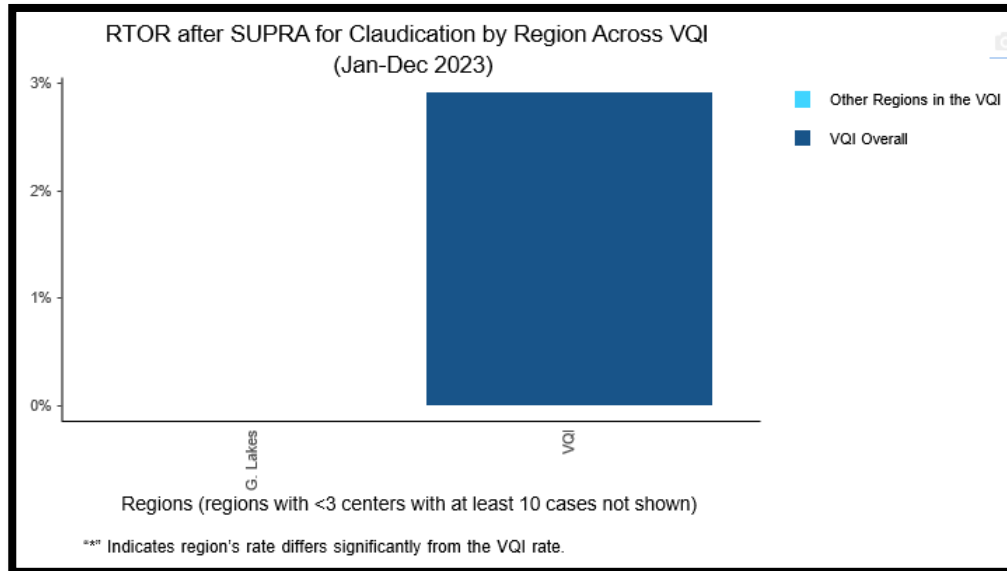
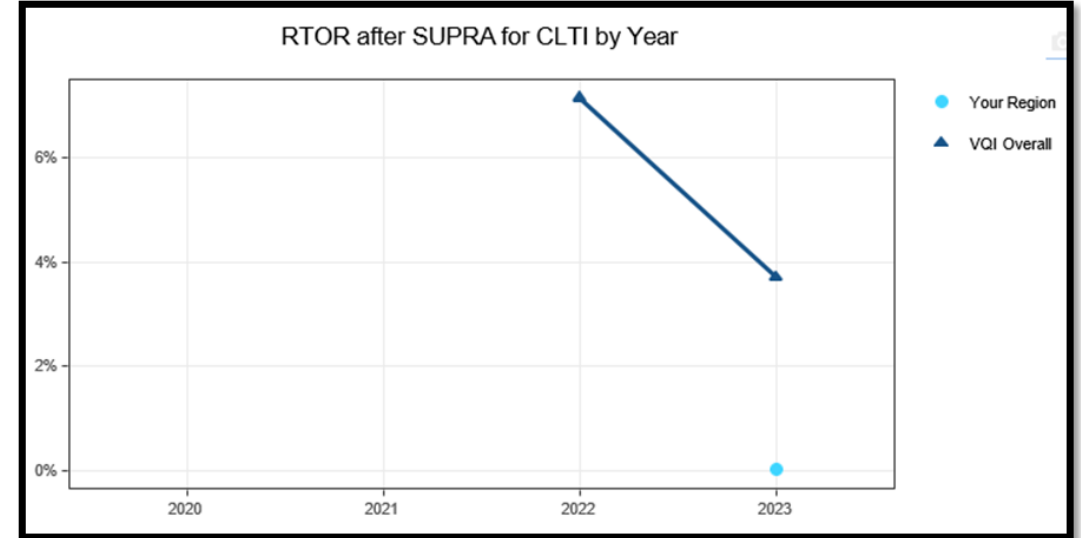
SUPRA CLTI: Wifi



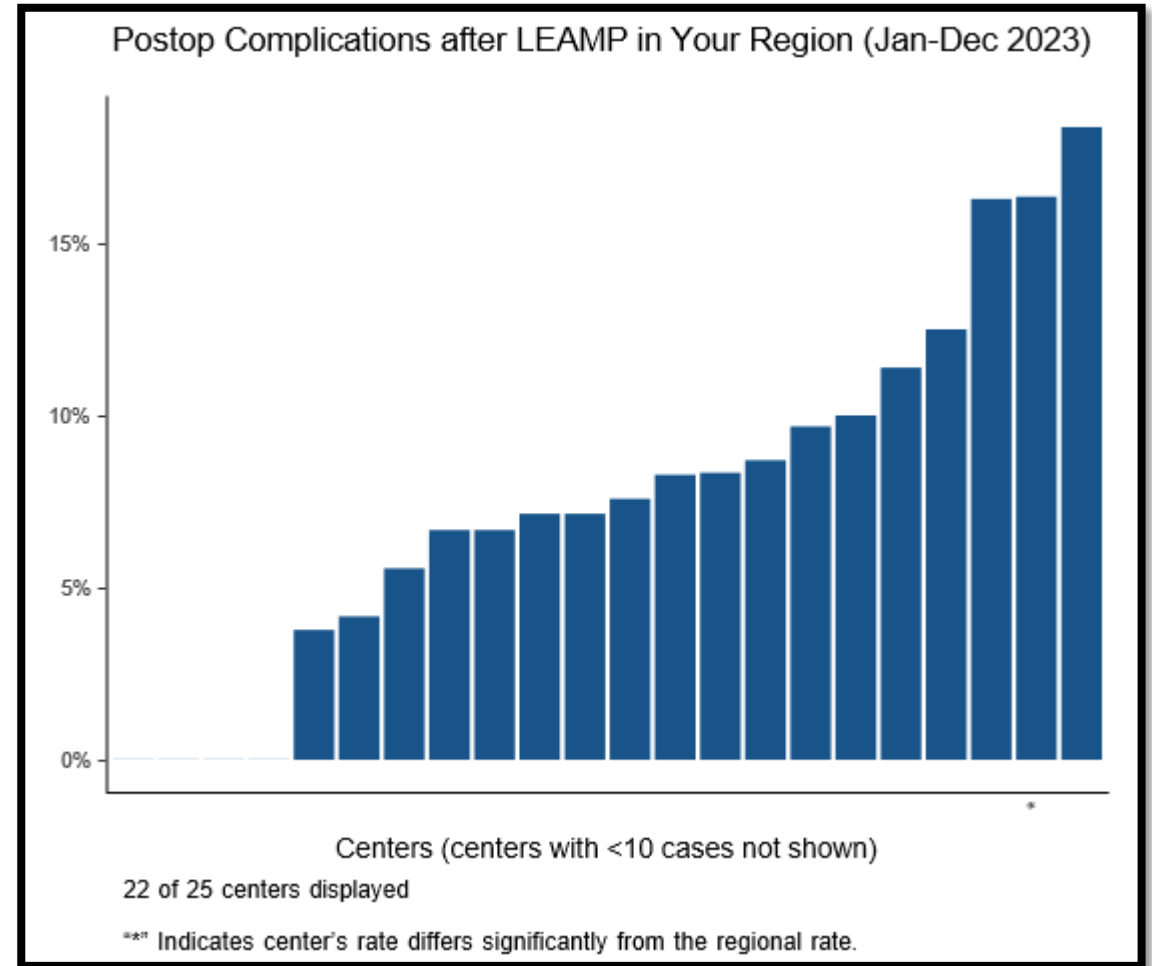
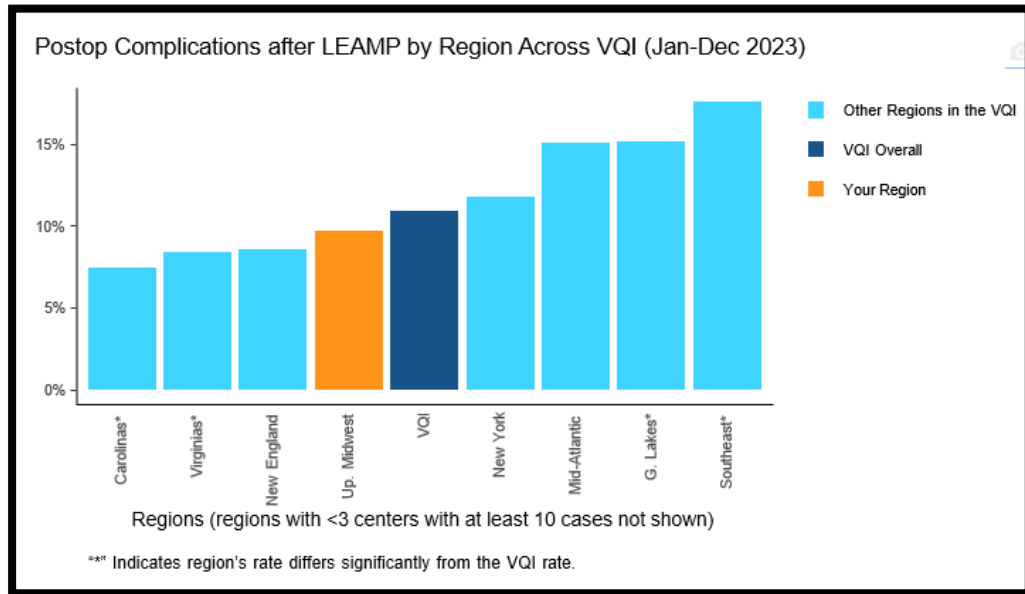
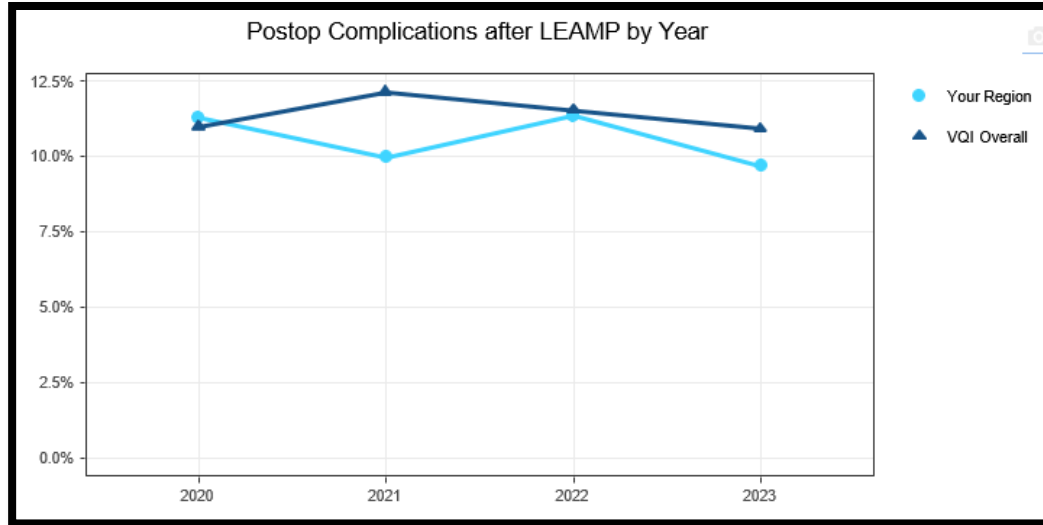
SUPRA CLAUD: RTOR



SUPRA CLTI: RTOR



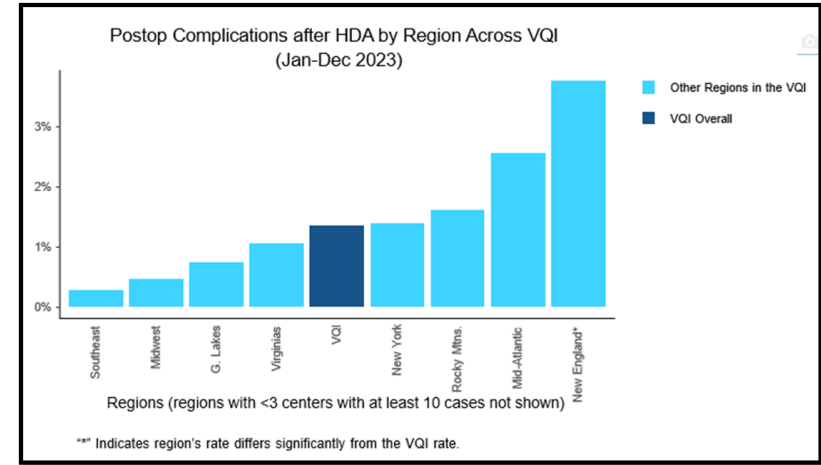
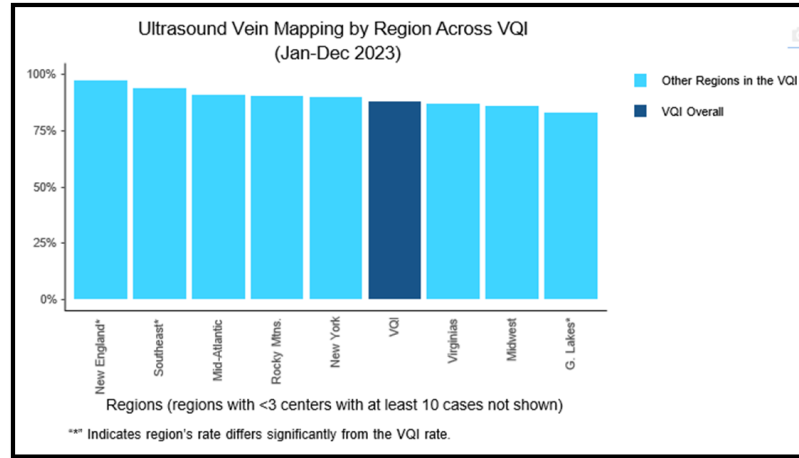
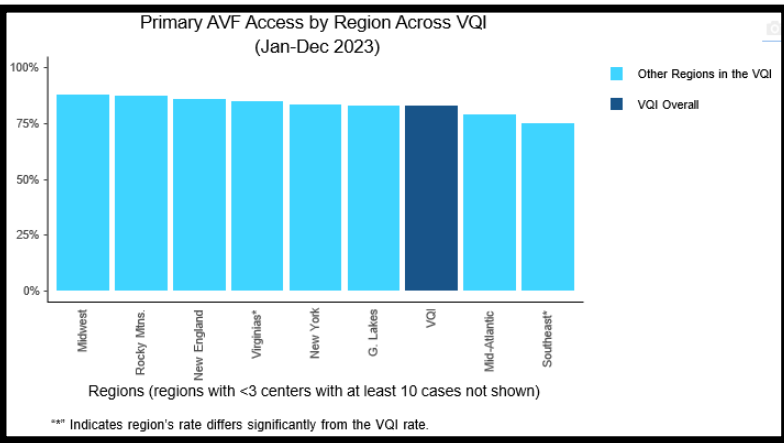
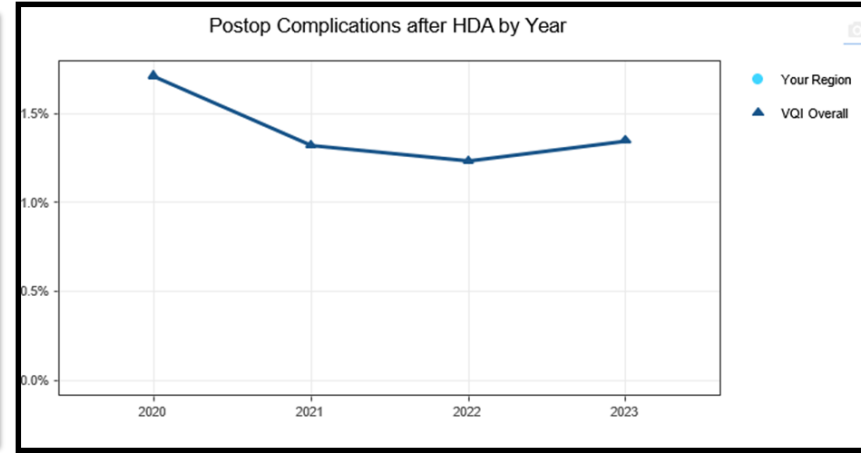
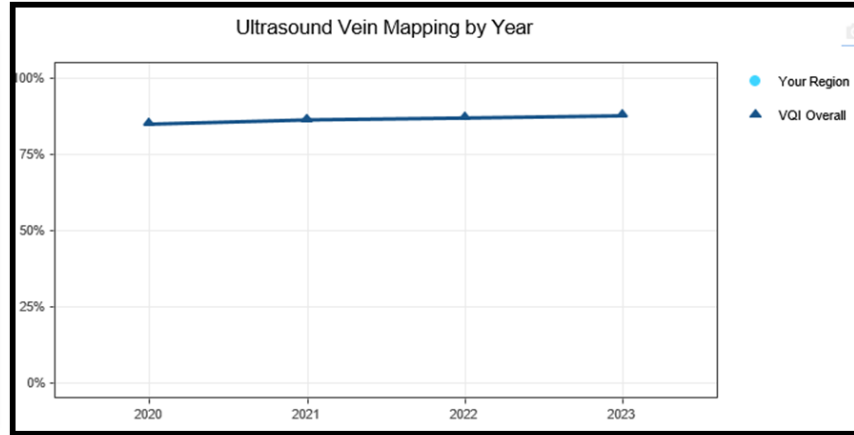
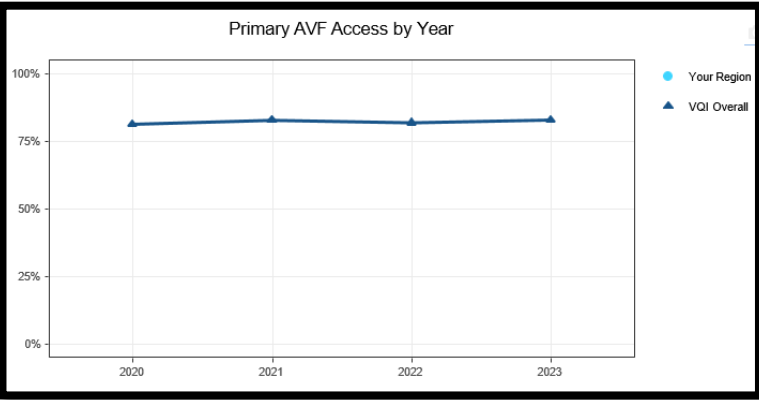
LEAMP: Postop Complications



HDA: Primary AVF vs. Graft

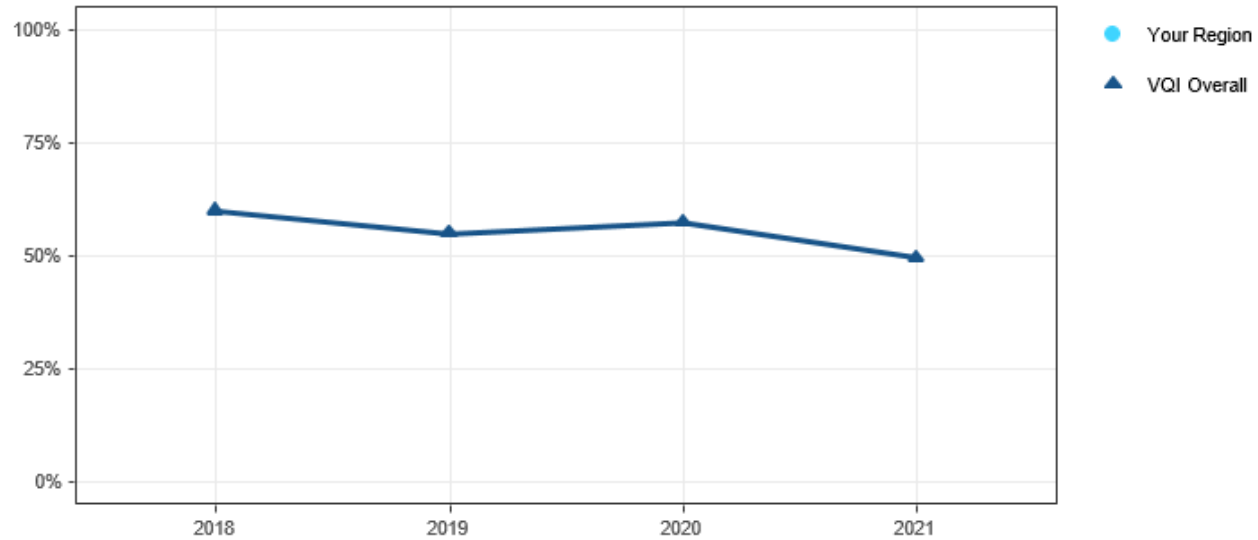
US Vein Mapping

Postop Complications

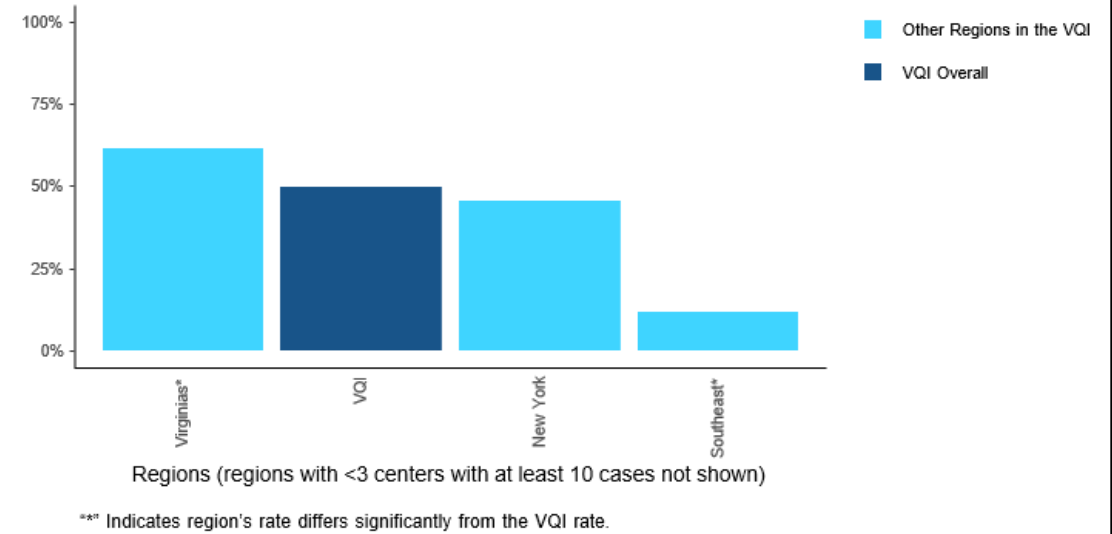


IVCF: Filter Retrieval Reporting

IVC Filter Retrieval Reporting by Year



IVC Filter Retrieval Reporting by Region Across VQI (Jan-Dec 2021)

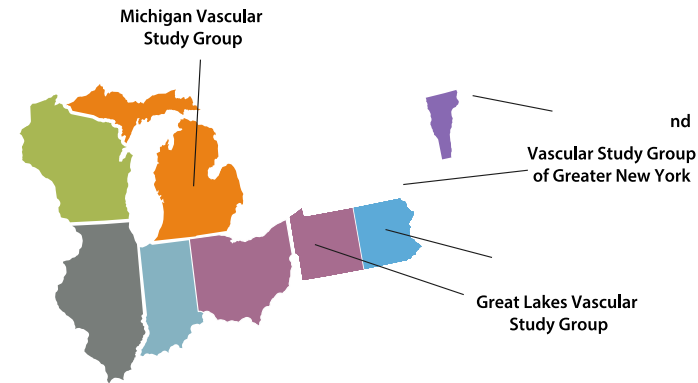


VQI National Update

Melissa Latus, RN
Clinical Operations Project Manager,
SVS PSO

VQI Participation

Canadian Vascular Quality Initiative



(VOICE)

AK

HI

Puerto Rico

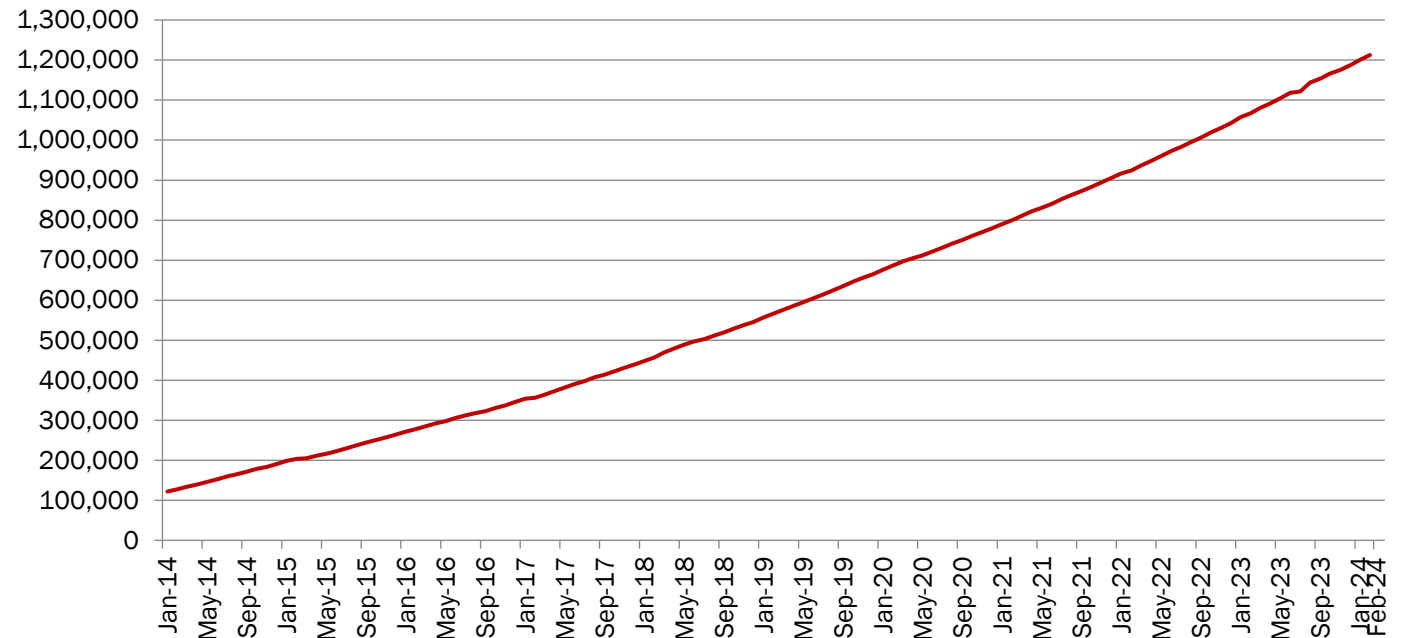
Regional Breakdown

- 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

TOTAL PROCEDURES CAPTURED	
(as of 3/1/2024)	
	1,212,826
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

- 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)

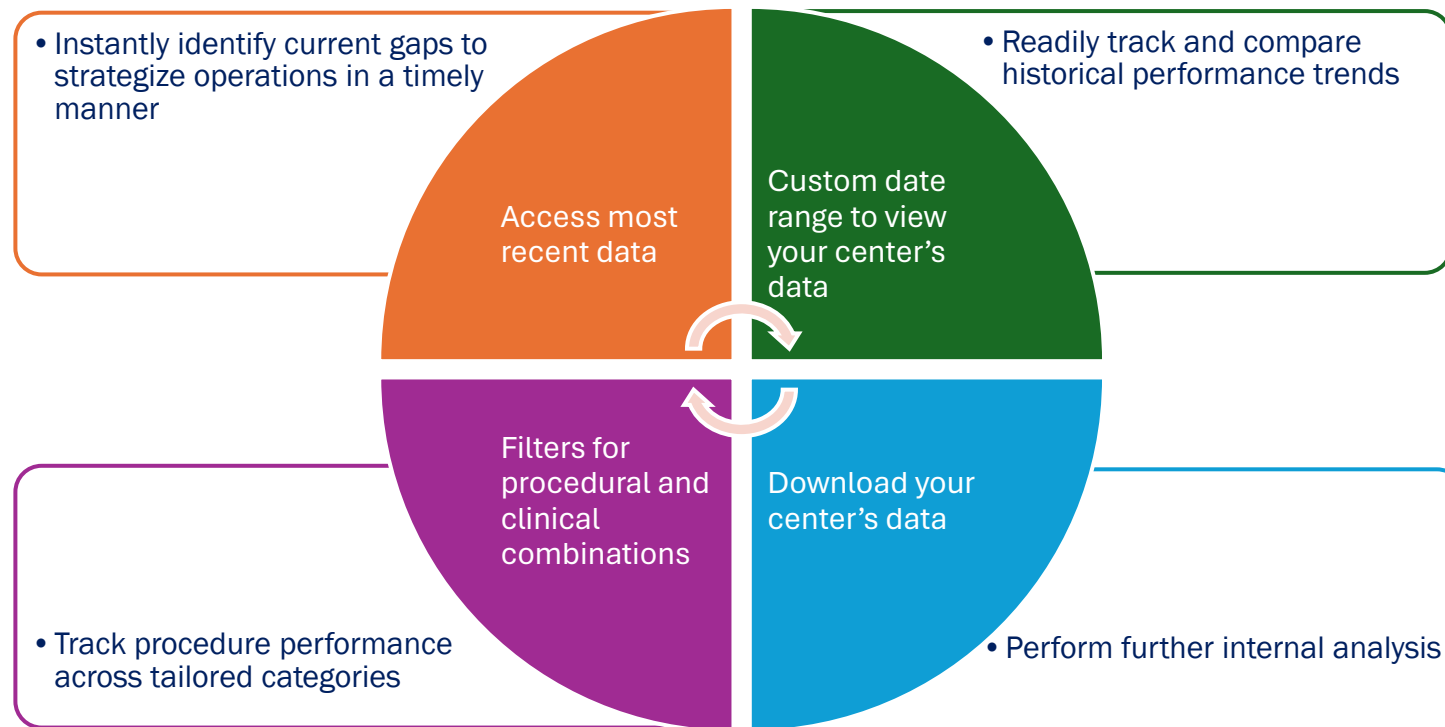
Click the RSVP button below to:

- 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**

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
 - 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 Upper Midwest Participation Award Winners



Froedtert Health
Mayo Clinic Northwest Wisconsin



Aurora St. Luke's South Shore
Aurora West Allis
Aurora Medical Center Washington County
Aurora BayCare Medical Center
Aurora Medical Center Oshkosh
Aurora Medical Center Grafton
Sanford Clinic Vascular Associates
Abbott Northwestern Hospital (Allina)
Mercy Hospital (Allina)
United Hospital (Allina)
Mayo Clinic Hospital - Rochester
Fairview Southdale Hospital
Aurora Medical Center Manitowoc County
UnityPoint Health - Meriter Hospital
Mayo Clinic Health System - Franciscan Healthcare, Inc. (in La Crosse)
Fairview St. John's Hospital
Marshfield Clinic Health System, Inc.
M Health Fairview Clinic - Woodwinds
SSM Health St. Agnes Hospital - Fond du Lac, WI
Sanford Medical Center Fargo
Monument Health Rapid City Hospital, Inc.



Aurora Sinai Medical Center
Aurora Memorial Hospital Burlington
Aurora Medical Center Kenosha
Aurora Medical Center Summit
Waukesha Memorial Hospital
Columbia St. Mary's Hospital Milwaukee, Inc.
University of Wisconsin Hospitals and Clinics Authority
Aspirus Wausau Hospital, Inc.

Congratulations!

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**.

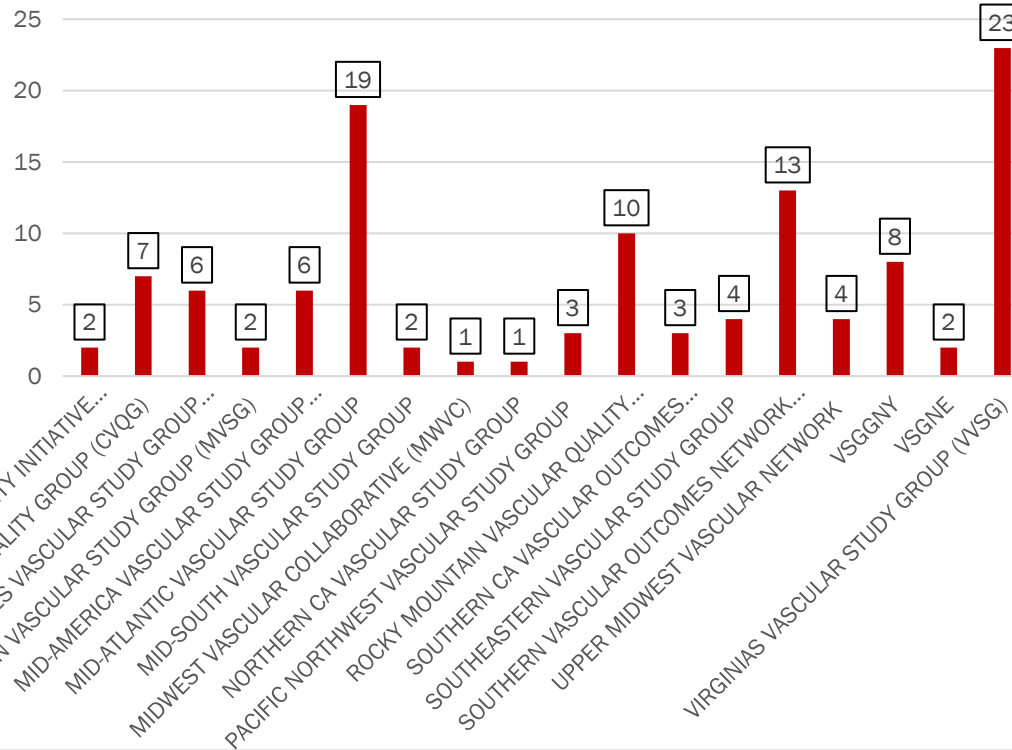
- Initiation of a QI Project, evidenced by submitting a Project Charter to bwymmer@svspso.org (2 points). **One charter per year per center.**
- Presenting a QI Project (presentation or poster) at a Regional VQI, *Regional Society Meeting, or ***Hospital Board and/or C Suite** meeting (2 points) *When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

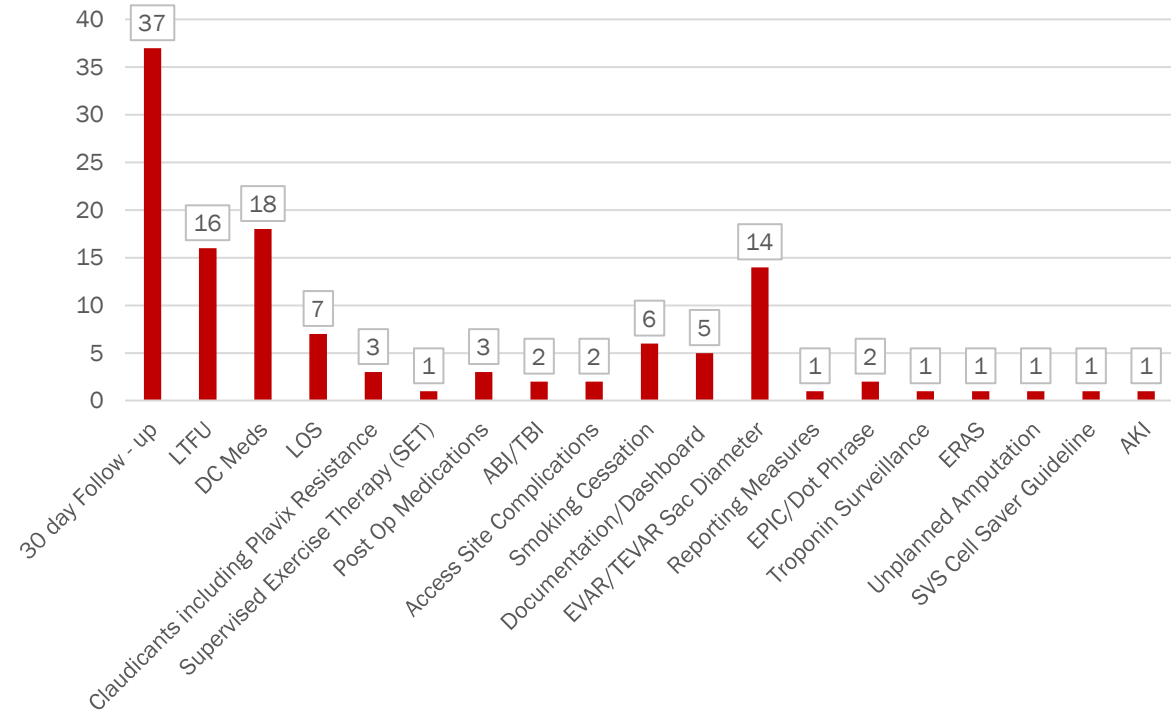
* Please send attestation (proof) to bwymmer@svspso.org on or before December 31, 2024. Only 2 presentations to the Hospital Board and/or C Suite allowed per year per center.

Quality Improvement – 2023 Charter Review

Regions with Charters n=116



Charter Topics



Quality – Fellows in Training (FIT) Program 2023-2024 FIT Mentor, FIT Fellow, and Center

FIT Mentor	FIT Fellow	Center
Michael Costanza	Deena Chihade	University Hospital
Samantha Minc	Paul Rothenberg	WVU
Nikolaos Zacharias	Mitri Khoury	Massachusetts General Hospital
Nikolaos Zacharias	Tiffany Bellomo	Massachusetts General Hospital
Arash Bornack	Christopher Chow	University of Miami
Michael Madigan/Mohammed Eslami	Mikayla Lowenkamp	UPMC
Thomas Brothers	Saranya Sundaram	Medical University in South Carolina
Benjamin Jacobs/Sal Scali	Michael Fassler	University of Florida
Adam Beck	Amanda Filiberto	University of Alabama Birmingham
Brian DeRubertis	Nakia Sarad	Weill Cornell Medical Center
Dan Newton	Syeda Ayesha Farooq	Virginia Commonwealth University

Quality Improvement – FIT 2024



Consider becoming a FIT Mentor

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

Committee Updates



AQC Update

Peter Rossi, 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

Fahad Shuja, 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

Joseph Hart, 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

Vacant

- 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



Governing Council Update

Joseph Hart, 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

GD 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



Fall 2024 Regional Meeting

October 11, 2024
1pm-3pm Central
Remote



- 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

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



[Upper Midwest - 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