

# Carolinas Vascular Quality Regional Group

## Spring 2024 Meeting

5/3/24 0830-1100

### Remote meeting via Zoom

Meeting Highlights/Action Items:

(See regional slide deck for detailed data)

On site attendance: N/A

Remote attendance: (download from Zoom)

PSO Representative attending Meeting: Betsy Wymer

- I. Crow and Confess Breakout Sessions
  - a. Aligning compensation with quality- sac diameter reporting
  - b. Automation/hardwiring who is due for follow up
  - c. Use of templated notes to capture data points
- II. Presentations:

Title of Presentation: VQI Regional Quality Report  
Presenter: Katharine McGinigle, MD
- III. General Discussion and Questions
  - a. Welcome to Sentara Albemarle Medical Center
  - b. LTFU improved to 83% for our region and continues to be higher than VQI rate
  - c. Discharge meds continue to do well and outperform the rest of VQI
  - d. Pre-op smoking is new focus of VQI at national level. This measures patients who were smoking within 1 month of elective surgery. Our regional rate is higher than national rate
  - e. Smoking cessation at follow up. This measures patients who were not smoking within 1 month of long term follow up. Sadly, our rate of smoking pre and post op is about the same
  - f. TFEM CAS asymptomatic stroke and death rate our patients are doing well
  - g. TFEM CAS symptomatic stroke and death rate our observed rate is statistically significantly higher (expected 3.5% vs observed 6.1%) than VQI overall. There has been an increase every year

- h. TCAR asymptomatic stroke and death rate our observed rate is about even with our expected rate. Our region is on the wrong side of the national benchmark
- i. TCAR symptomatic stroke and death is about what was expected. Again, we are wrong side of the national benchmark
- j. CEA asymptomatic we did just slightly more than 1000 procedures and stroke and death rate was about what was expected
- k. CEA asymptomatic post op LOS 20% of our patients stayed longer than 1 day, has been pretty consistent over time and better than national benchmark
- l. CEA symptomatic stroke and death observed rate is the same rate, notable our rate after open carotid is lower than our rate after TCAR
- m. CEA symptomatic post op LOS > 1 day about 35% of our patients stay longer than 1 day but less than the VQI national rate
- n. EVAR post op LOS > 2days about 10% of patients stay longer than 2 days, better than national average
- o. EVAR sac diameter reporting doing awesome over 75% of centers are reporting sac diameter now, it has been increasing every year. Our region is the best and statistically significant in our reporting. 1 center reported tying reporting metrics to compensation had helped. Another center reported standardizing follow up post op scheduling and imaging which are scheduled pre-procedure as well as having dedicated team of PA's helped
- p. EVAR SVS AAA diameter guideline we are doing a great job following the guideline. We are all doing this well and better than everyone else
- q. TEVAR sac diameter reporting, about 73% which is similar to EVAR
- r. OAAA in hospital mortality for elective cases is still really high, 190 cases in our region, 7.4% cases died in the hospital after an elective procedure, which is high compared to the national average of 4%
- s. OAAA SVS Cell Saver guideline, everyone is using cell saver which is good news.
- t. PVI ABI/toe pressure, this one of the things we consistently do well on, over 80% of patients are getting ABIs done pre-operatively. Several centers identified staffing issues and longer wait times for ABIs to be completed pre-procedure, we are doing better than VQI overall
- u. Infra-inguinal bypass ABIs, less of these patients are getting pre-op ABIs compared to PVI patients
- v. No return to OR for claudication patients which is great
- w. We are also doing good with return to OR for CLTI patients. 4% of patients had an unplanned amputation, we may want to look at that either how we are documenting it or think more carefully about who may have an amputation with CLTI. More centers/people are starting to use Wifi. It is a little onerous, it is easier if built into a template. There is a Wifi worksheet in Epic and SVS has an app that you can screenshot and put in the patient's chart. It is helpful with benchmarking and outcome discussions

- x. For Supra about 70% of patients are getting ABI/toe pressure is even with VQI overall
  - y. No returns to OR for supra, as well as lower rates of returns for thrombosis, revisions and amputations
  - z. Doing less Wifi for supra cases than for infra cases
  - aa. LEAMP post op complications are about 7.5% compared to 11% for VQI overall
  - bb. We don't have many centers participating in the HDA module, therefore no real reporting for our region (less than 3 centers with less than 10 cases entered)
  - cc. IVCF same as HDA
- IV. National VQI update-
- a. See slide deck
- V. AQC
- a. See slide deck
- VQC
- this position is empty for our region
- b. See slide deck
- RAC
- c. See slide deck
- Governing Council
- d. See slide deck
- Nominations (AQC, VQC, RAC, Medical Director):
- e. See slide deck
- VI. Action Items (including QI projects):
- a. Request for updated contact info for members
  - b. Stroke & death rate post carotid procedures is rising- should look at this for the Fall 2024 meeting
  - c. Link for Guide for Missing Aortic Diameter  
[Quick Reference Guide Missing Aortic Diameter.pdf](#)
- VII. Next Meeting:
- 10/11/24 1-5pm ET with boxed lunch provided, in person meeting at The Grandover Resort and Spa in Greensboro, NC. Being held in conjunction with the endovascular therapy meeting which is 10/11-10/13/24.
- Break out group session to brainstorm for Fall 24 meeting
1. What are your top 3 items to discuss for carotid disease
  2. Step by step walk through of resources on the members only page, going through the links
  3. Interactive dashboard walk through with a faux patient and pathways account
  4. Carotid disease

5. Benefits of break out session for data managers and physicians, deep dive review of regional data pre-meeting and looking at the use of pressors in the peri-procedural period
6. How to ensure data integrity or review of data before being submitted, review of outliers before submitting and improving completeness of data
7. What will happen will Crest-2 data is released?
8. Review of technical parts of TCAR and TFCAS procedures
9. Timing of antiplatelets pre and post procedure
10. Strategies and education/patient selection for TCAR/TFCAS
11. Alternatives to statin use