

Upper Midwest Vascular Network Fall 2023 Minutes

Director: Dr. Joseph Hart

Lead Data Managers: Jennifer Farrell and Ashley Verhyen

Date: Friday, October 20, 2023

Time: 1:00 pm to 4:00pm

Location: Hybrid, MCW

Attendance:

| | | |
|------------------|------------------|-------------------|
| Amy Horsted | Joan Reis | Rachael Barby |
| Amy Williamson | Karen Bunge | Randall DeMartino |
| Angie Lawrence | Kathleen Carril | ryan_Krista |
| Barb Chacko | Kelly Magee | Stephanie Kramer |
| Cherise Rauter | Krista Ryan | Tiziano Tallarita |
| ctxz0059 | Laura Reurink | Toni Crow |
| Diane Penzkowski | Leah Gober | tostoic |
| Douglas Herold | Lisa Buttweiler | Tracey Arndt |
| Dr. Kyla Bennett | Lisa Derengowski | Zach Timm |
| Jaafer Golzar | Lisa VanOstrand | Ashley Verhyen |
| Jamie Johnson | Margaret Heath | Dr. Joseph Hart |
| Janet Abell | Mary Wanzek | |
| Jennifer Kohl | Nichole Janssen | |
| Jenny Farrell | Nicole Conway | |
| Jess Franko | Nicole Fideler | |
| Jill Falkosky | Peter Rossi | |

*if your name is highlighted, please email achurilla@svspso.org for credit

Intro

- No disclosure

Presentations:

- TCAR, CEA, TFCAS and Medical Management – What is the Right Answer?: Dr. Peter Rossi
- F.I.T. Presentation: Dr. Leah Gober
 - Both are recorded on meeting video
 - Both are available on the region tab on vqi website – members only side

Regional Data Review

- Open Position for Regional Associate Medical Director
 - Able to self-nominate yourself for this position
- There are three active 2023 VQI Charters
- Upper Midwest is the 2nd highest in procedure volume

| Metric | Region | VQI | Discussion |
|-----------------------|--------|-----|---|
| LTFU | 78% | 71% | -Our region has stayed above VQI average -We have had a big dip in percentage since the last report -We do have varying levels of performance in our region |
| Discharge Medications | 86% | 87% | -We are below VQI average |

Upper Midwest Vascular Network Fall 2023 Minutes

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| | | | <p>-Again we have about 35% between our top and bottom performing centers.</p> <p><i>What are examples of what you have implemented to keep up your percentage?</i></p> <p>-challenged specifically with EVAR patients as discharging provider/surgeon did not feel statins were required [response: there is data to show statins slow EVAR growth; most patients with AAA have CAD or other indication for statins; create hard stop in EMR]</p> <p>-there will be another Quality meeting [can sign up on VQI website] specifically about DC meds</p> |
| Preop Smoking | 28% | 30% | <p>-This data point is for elective cases only</p> <p>-We have consistently been below VQI average.</p> <p>-Discussion point: would suggest more focus on cessation than pre-op smoking data point</p> |
| Smoking Cessation | 27.3% | 31.7% | <p>-We have consistently performed worse than VQI average</p> <p>-We are actually one of the worst performing regions</p> <p>-Most of our centers have over 25% for smoking cessation.</p> <p>-Froedtert is submitting a VQI charter for 2024 on smoking cessation</p> <p><i>Are there any key performances you are doing to get patients to quit smoking post-operatively?</i></p> <p>-use referral to smoking cessation specialist</p> <p>-not prescribing Chantix d/t outcomes from medication</p> <p>-soon this will be built into the participation awards</p> |
| TFEM CAS Asympt Stroke/Death | 3.2% | 1.6% | <p>-As a region, we were performing really well in the last report, but are now the worst region in the country in this category</p> <p>-We have 23 centers who collect data in this category, but only 6 performed over 10 cases in a 12 month period</p> |
| TFEM CAS Sympt Stroke/Death | 5.6% | 4.3% | <p>-Again, our region is performing way worse than VQI average</p> <p>-We are way above our expected rate in this category and are again the worst in the country</p> <p>-We have 20 centers pulling data in this category with 12 having over 10 cases in 12 months</p> <p><i>We have a few centers not performing well in this category. Is there anything our region can do to help?</i></p> <p>-request to see if some centers don't do TCAR [response: would only be able to self-disclose]</p> |
| TCAR Asympt Stroke/Death | 0.7% | 0.9% | <p>-We have been continuously improving in this category</p> <p>-There are a couple centers with a high percentage of stroke or death</p> <p>-We are better than VQI average and well below the expected rate</p> |
| TCAR Sympt Stroke/Death | 3.9% | 2% | <p>-Our region has worsened in the last couple reports</p> <p>-We do not have many centers that perform over 10 cases in this category</p> <p>-We are the 2nd worst region in the country</p> |

Upper Midwest Vascular Network Fall 2023 Minutes

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| | | | -We are above our expected average in this category |
| CEA Asympt Stroke/Death | 0.9% | 0.8% | -We don't have a stable history in this category -29 out of 41 centers in our region map -We are slightly worse than VQI average |
| CEA Asympt Postop LOS >1 Day | 21.2% | 22.2% | -We are slightly below VQI average -There are a couple centers that have a longer length of stay for CEA pts |
| CEA Sympt Stroke/Death | 0.5% | 1.7% | -For this report, we returned to below VQI average -We are the top performing region in the country in this category -There are still a couple sites that have a high percentage of stroke or death. |
| CEA Sympt Postop LOS >1 Day | 40% | 42.5% | -We are still performing better than VQI average -There is quite a difference between our top and bottom performing center. <i>Any advice on getting these patients home sooner?</i> -don't send patients to ICU -set patient expectations early -suggestion: have regional case discussion during meeting |
| EVAR Postop LOS >2 Days | 14.8% | 15.4% | -We have a wavering average in this category -In the last report, we are slightly better than VQI average -There again is a wide difference in percentages |
| EVAR Sac Diameter Reporting | 63.9% | 58.1% | -Our region continues to stay above VQI average -This is our unblended data point <i>How can we improve as a region?</i> -call to get a copy of imaging from outside hospital system [by clinic staff] -barriers- imaging outside of timeframe, patient is lost to follow-up, can't see imaging in EMR |
| EVAR AAA Diameter Guideline | 79.3% | 75.5% | -We are still above VQI average <i>How can we get all centers to above 75% for the next report? What cases are being performed that do not meet guidelines?</i> -comment: SVS is in process of guideline update for EVAR [ie rapid expansion] |
| TEVAR Sac Diameter Reporting | 64% | 57% | -We are still above VQI average, but have taken a quick fall since the last report -We have only 6 sites performing this module -We need 3 or more centers with over 10 cases in last 12 months to be on the US bar chart <i>What is preventing Sac Diameter reporting?</i> -comment: same issues as EVAR |
| Open AAA In Hospital Mortality | 2.2% | 4% | -We are better than VQI average since our last report |

Upper Midwest Vascular Network Fall 2023 Minutes

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| | | | <ul style="list-style-type: none"> -These data points have a wider range of procedure dates going back to 2019 -We are the 2nd best region in the US and way below our expected average |
| Open AAA Cell-Saver Guideline | 95.3% | 93.1% | <ul style="list-style-type: none"> -Our July 22 to June 23 cases have dropped below average. However, this data point is reported out as a 4 year window -Looking at 4 years-worth of cases, we are still slightly better than VQI average -Interestingly, Froedtert did notice a discrepancy with the data point entered into VQI and the report definition -The data point is the amount of autotransfusion and the report is use of cell saver equipment -If the patient used cell saver equipment, but there was too low a volume to transfuse we mark –zero- -This would in turn make the report think we did not use the cell saver system |
| Open AAA Iliac Inflow Guideline | 98.4% | 98.3% | <ul style="list-style-type: none"> -In the last year, we have dropped below VQI average, but the bar chart demonstrates our 4 year average is better than VQI -We remain pretty consistent in performance for this category |

Upper Midwest Vascular Network Fall 2023 Minutes

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| PVI Claud ABI/Toe Pressure | 58.5% | 67.4% | <p>-Our region is getting worse in this category -We are one of the worst regions in the US -This has been a consistent discussion in the past couple regional meeting, but we keep getting worse -Over 50% of our centers are lower than 60% -We identified barriers at the previous meetings</p> <p><i>What are your sites doing to overcome the barriers?</i> -ABI is ordered with vascular consult -issue: outside ABI with no report -issue: ABI outside of timeframe as stopped ordering due to incompressibility</p> <p><i>Would anyone be interested in participating in a regional charter?</i> -Will send out general charter document -email Ashley or Jenny if you are interested in participating</p> |
| Infra Bypass Major Complications | 3.9% | 4.8% | <p>-We have been improving in the last couple of reports -We still have one center with over 20% of cases with complications -We are better than VQI average</p> |
| Supra Bypass Major Complications | 4.1% | 7.3% | <p>-We are below VQI average -We do not have at least 3 centers who performed at least 10 cases to be in the US bar chart</p> |
| LE Amputations Complications | 10.9% | 11.8% | <p>-We are below VQI average -There is about 15% difference in our top and bottom performing center</p> |
| HDA: Primary AVF vs Graft | 89.4% | 82% | <p>-Only 3 centers participating -We are better than VQI average in this category</p> |
| HDA: US Vein Mapping | 97.3% | 87.9% | <p>-Only 3 centers participating -We are better than VQI average in this category</p> |
| HDA: Postop Complications | 0% | 1.4% | <p>-Only 3 centers participating -We have seen improvement in reducing post-op complications -We are better than VQI average in this category</p> |
| IVC filter retrieval reporting | NA | 51.8% | <p>-We only have 1 center participating in this category, so we are not on any charts as a region</p> |

National VQI Update

- Procedures Captured: 1,153,531
- Participating Centers: 1022
- 2023 VQI at VAM available online <https://2023svsvam.eventscribe.net/>
- FDA Communications: <https://www.vqi.org/resources/fda-communication/>
- 30 day Follow-Up Pilot
 - If interested in participating, contact Stacey_Esposito@URMC.Rochester.edu
- VQI Updates
 - Smoking Cessation launched as a new NQI June 2023 w/ variables added to all Arterial Registries – Early Q3 2023
 - Help Text Enhancement Tool – May 2023

Upper Midwest Vascular Network Fall 2023 Minutes

- Interactive plots for the Biannual Center and Regional Level Reports
- Retirement of most COVID Variables
- Retirement of >500 Opioid variables
- Collection of Exercise Program variables in Lower Extremity Registries
- VQI Updates in Development
 - Open Aorta Registry
 - Infrainguinal/Suprainguinal Registry Follow-up reports
 - Continued efforts for harmonization across registries
 - Enhanced reporting measure for biannual reports
 - EPIC integration into VQI. *Looking for Center volunteers*
- Cardiac Risk Index
 - Available in mobile app
- Fivos- Physician Snapshot Report
 - Each surgeon should have received an email from Fivos if you participate in carotid treatment
- General RAC Submission Guidelines
 - Have an active account in pathways and “share a file” privileges
 - Center registry subscription for the submission you are requesting
 - Regional RAC approval required for all regional proposals
 - Check for email for approval status from Melissa Latus
 - Check email notification for Fivos that data set is available in share a file
 - Data in share a file will expire after 30 days

Quality Improvement

- National Quality Initiative- smoking cessation
 - Webinars www.vqi.org
 - Education <https://www.vqi.org/quality-improvement/national-qi-initiatives/>
- Participation awards program
 - Presenting data to C-suite can count towards participation points
 - Email Betsy for more information bwmyer@svspsso.org

The following is a list of the four domains for the 2023 Participation Awards criteria:

- **Domain 1 – LTFU – 40% weighted**
- **Domain 2 – Regional Meeting Attendance – 30% weighted**
- **Domain 3 – QI Project – 25% weighted**
- **Domain 4 – Registry Subscriptions – 5% weighted**

- SVS PSO Quality FIT Program
 - www.vqi.org/quality-improvement/quality-fellowship-in-training-fit-program/
- SVS Verification Program
 - National Quality Standards
 - Measurement & feedback w/ required registry participation
 - Certification, accreditation, & regulation w/required facility regulation

Upper Midwest Vascular Network Fall 2023 Minutes

- Consumer incentives & benefit designs with thorough discussion of treatment options and consent
- Health information technology, working with outside software for continuation of care
- Innovation & diffusion with research
- Work force development w/ the capability of resident training

Arterial Quality Council Update

- Meets every other month
- Review & discussion of proposed registry revisions
 - LE/VMC SET variables to align w/guidelines
 - Pilot ERAS Variables
 - Initial discussion of required vs non-required procedure variables

Venous Quality Council Update

- Meets bi-annually
- Active review to decrease registry burden

Arterial Research Advisory Council

- Meets quarterly
- Meets to review and decide on all abstracts
- Schedule: <https://www.vqi.org/svs-vqi-national-arterial-rac-schedule/>

Venous Research Advisory Council

- 4 proposals in 2023
- Podcast: https://drive.google.com/file/d/1tBsYrzh0Pu-Oz5gu_eHhMmrVvyEtk5i2/view
- [The Vascular Quality Initiative - National Venous RAC Schedule \(vqi.org\)](https://www.vqi.org/national-venous-rac-schedule/)
- Schedule: <https://www.vqi.org/national-venous-rac-schedule/>

Governing Council

- Meets twice a year
- Designation: each region represented by Regional Lead Medical Directors

Spring 2024 Regional Meeting

- More information to come

Meeting Closure