

## Upper Midwest Vascular Network Spring 2023 Minutes

**Director:** Dr. Joseph Hart

**Lead Data Managers:** Jennifer Farrell and Ashley Verhyen

**Date:** Friday, April 28, 2023

**Time:** 1:00 pm to 4:00pm

**Location:** Hybrid, MCW

### Attendance:

Janet Abell	Jill Falkosky	Nicole Conway
Amy Horsted	Joan Reis	Dr. Peter Rossi
Angie Lawrence	Dr. Joseph Hart	Rhonda Iverson
Ashley Verhyen	Karen Bunge	Sharon Nehring
Barb Chacko	Kate Goelz	Stephanie Kramer
Beth Baker	Kathleen Carril	Toni Crow
Brian V. Miller	Kelly Magee	Tracey Arndt
cstark-?	Kyla Bennett	
Danielle Martin	Lisa Derengowski	
Douglas Herold	Lisa Schultz	
Dr. Nedaa Skeik	Margaret Heath	
James Wagner	Maria Wellenstein	
Jamie Johnson	Mary Wanzek	
Jen Correa	Melissa Latus	
Jennifer Kohl	Molly Oswald	
Jenny Farrell	Nichole Janssen	

### Intro

- No disclosure
- One new location since last meeting- Essentia Health Fargo

### Presentation: Antithrombotic Therapy for Patient with PAD and after Revascularization

- Recorded on meeting video

### Regional Data Review

- Two new quality data point added this year- pre-op smoking and smoking cessation
- Upper Midwest is the 4<sup>th</sup> highest in procedure volume for 2022

Metric	Region	VQI	Discussion
LTFU	89%	75%	-Above average compared with VQI -2 <sup>nd</sup> highest in the country -We still have a few hospital sites that could improve their percentage. -Please reach out if your center has low performance in this area and would like assistance
Discharge Medications	87%	87%	-As a region, we align with VQI average -Advice from other centers: adding these medications to a notes template -Hardships mentioned: trouble on AAA cases specifically

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Preop Smoking	28%	30%	-New category that tracks cases marked as “current smoker” pre-op. -Our region is slightly better than VQI average.
Smoking Cessation	25%	26%	-New category that tracks the patients the were “current smokers” pre-op and were marked as “no” to smoking on ALL follow-ups. -Discussion of possible quality project in the region for the future
TFEM CAS Asympt Stroke/Death	3.2%	1.8%	-Our region’s observed rate of stroke/death is about double the VQI average. -We have the highest incidence of stroke/death in the US. -There is a lack of statistical significance noted on the chart. -A key factor may be a lack of volume as only 6 out of 21 centers in our region performed at least 10 cases in 2022.
TFEM CAS Sympt Stroke/Death	5.7%	4.1%	-Greater than VQI average -Our region has noted an increase in stroke/death since last year.
TCAR Asympt Stroke/Death	1.4%	1%	-We are slightly above VQI average. -The observed stroke/death is higher than expected, but not statistically significant. -Only 9 out of 31 centers in our region performed at least 10 cases.
TCAR Sympt Stroke/Death	3.2%	2.1%	-Our region is above the VQI average. -Only 4 out of 24 centers have performed over 10 cases in 2022.
CEA Asympt Stroke/Death	0.9%	0.8%	-We almost align with VQI average.
CEA Asympt Postop LOS >1 Day	22.6%	21.2%	-We have consistently aligned with the VQI average.
CEA Sympt Stroke/Death	1.9%	1.8%	-We are usually below VQI average in this category, but are now 0.1% higher.
CEA Sympt Postop LOS >1 Day	38.5%	41.9%	-We are slightly better than VQI average for LOS.
EVAR Postop LOS >2 Days	17.6%	15.1%	-We have a few centers above the regions average of 17.6% -Discussion of reasons for increased LOS: concomitant procedures, discharge to rehab
EVAR Sac Diameter Reporting	72.9%	60.5%	-Our region has the highest reporting rate in the country. -We still have sites that are below VQI average. -We have previously unblended this category. -Discussion of challenges: lost to follow-up, imaging out of range, patient waiting on insurance
EVAR AAA Diameter Guideline	79.2%	75.2%	-We are one of the top regions in the US. -Discussion of future exclusions we’d like to see: saccular aneurysm type, penetrating ulcer, rapid growth, strong family history of rupture -Previous hashtag project with no feedback [Melissa Latus will look into]
TEVAR Sac Diameter Reporting	84.2%	61.9%	-We have no centers with at least 10 cases in this category. -We are above VQI average.
Open AAA In Hospital Mortality	2.1%	4%	-Our region has been a top performer in this category for the last couple years.
Open AAA Cell-Saver Guideline	96.4%	92.7%	-Our region is consistently above average in this category.
Open AAA Iliac Inflow Guideline	98.6%	98.1%	-We are just above VQI average.

PVI Claud ABI/Toe Pressure	63.5%	69.4%	-We have declined since the last report. -We previously dedicated time to talk about this metric and challenges centers were having. -More than half of the centers are below 70% reporting. -Level I evidence for using ABI -If not measurable, right now would need to use check box "not done" -Discussed challenges: easier to schedule angio than ABI, insurance reimbursement issue, provider not believing in the test, patient refusing due to pain -Improvements: one site looking into scheduling ABIs in vascular clinic
Infra Bypass Major Complications	5%	4.7%	-Our region is slightly higher than VQI average.
Supra Bypass Major Complications	7.5%	8.2%	-Our region has no centers that performed over 10 cases in 2022. -We are below VQI average in this category.
LE Amputations Complications	10.8%	11.3%	-We are slightly below VQI average. -There are not many regions in the US with 3 or more centers with at least 10 cases to compare.
HDA: Primary AVF vs Graft	84.1%	81.7%	-Only 3 centers participating
HDA: US Vein Mapping	98.7%	86.7%	-Only 3 centers participating
HDA: Postop Complications	0.6%	1.2%	-Only 3 centers participating -We have seen improvement in reducing post-op complications.
IVC filter retrieval reporting	NA	51.8%	-Only 1 center participating

### National VQI Update- Melissa Latus

- Registry Revision
  - Reviewing variable for retirement, making not mandatory
- Now at over 1000 VQI participating centers
- VAM is June 13 & 14 2023 in National Harbor, MA
  - [https://www.compustystems.com/servlet/ar?evt\\_uid=805](https://www.compustystems.com/servlet/ar?evt_uid=805)
- New VQI website
- Jeff Yoder- Statistician started December 2022
- National Updates
  - Infra/Supra Inguinal bypass revisions March 2023
  - New national quality initiative smoking cessation to be announced at VQI at VAM
  - Risk Calculator
  - Follow-up reports for IVC filter and varicose vein
- Data Integrity Audits
  - Will go-live in May 2023 and will include only 2022 cases
  - Will start with CAS registry
  - Audits will be performed by third party vendor- Telligen
  - Will audit 10 cases per hospital
  - You will not get audited if you have been selected for claims validation
  - HIPPA certified
  - Reach out to [mlatus@svspso.org](mailto:mlatus@svspso.org) with questions

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- SVS Verification Program
  - Inpatient launch in March, Outpatient launch in June
  - National Quality Standards
    - Measurement & feedback w/ required registry participation
    - Certification, accreditation, & regulation w/required facility regulation
    - 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
- New Educational Videos <https://www.vqi.org/registry-education-members-only/>
- Free Trial of Venous Stent and Vascular Medicine Registry
- Link for CME credits: [https://dmu.co1.qualtrics.com/jfe/form/SV\\_85Mph9ybeVNNyCi](https://dmu.co1.qualtrics.com/jfe/form/SV_85Mph9ybeVNNyCi)
  - You have 7 days to complete form and submit
  - Submit both attendance and meeting eval to get CME
  - Certificates will be sent within six weeks of activity date
  - Questions about CME: [ljohnson@svspso.org](mailto:ljohnson@svspso.org)

### Quality Improvement

- Participation awards program

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**

- Must have active pathways account to get attendance score for regional meetings
- Charters
  - 113 charters in US in 2022
  - Toolkits available [www.vqi.org/quality-improvement/quality-improvement-tools/#qi-toolkits](http://www.vqi.org/quality-improvement/quality-improvement-tools/#qi-toolkits)
  - 1:1 Calls with Betsy Wymer [bwymmer@svspso.org](mailto:bwymmer@svspso.org)
- SVS PSO Quality FIT Program
  - [www.vqi.org/quality-improvement/quality-fellowship-in-training-fit-program/](http://www.vqi.org/quality-improvement/quality-fellowship-in-training-fit-program/)

### Arterial Quality Council Update

- Open AAA Major Revision: iliac to left subclavian
- Updates: reporting measures will be the first task
- Review smoking cessation and inclusion of vaping variables
- Data Integrity Program: approx. 100 variables per record, align with reports

### Venous Quality Council Update

- Last meeting: Feb 22
- Focus on new center recruitment, review of current reporting, and adding new reporting measures on reports

### Arterial Research Advisory Council

- Meets to review and decide on all abstracts
- Schedule: <https://www.vqi.org/svs-vqi-national-arterial-rac-schedule/>
- 194 Publications in 2022

### Venous Research Advisory Council

- 2 proposals in 2022
- [The Vascular Quality Initiative - National Venous RAC Schedule \(vqi.org\)](#)
- Schedule: <https://www.vqi.org/national-venous-rac-schedule/>

### Governing Council

- Quality Improvement Update
  - Smoking Cessation as a National Quality Initiative
- RAC Submission
  - 5 proposals per cycle from each institution
  - Once a center reaches 15 Arterial RAC proposals, faculty member will be expected to serve on RAC as an at large member
- Frailty variable development
- OBL Registry Refinement; enhanced value, reporting/reimbursement, ease data burden
- Discussion - Data burden within registry
  - Committee member engagement/expectations
  - Each Committee will have an associate chair
  - Enhance reporting measures
  - Review current variables; consider required fields; elimination of data variables

### Regional Leadership Update

- Dr. Joseph Hart has been voted CVQI Medical Director for the Upper Midwest
- We will soon vote on an Associate Director

### Fall 2023 Regional Meeting

- Will look into holding in conjunction with [Annual Meeting - Midwestern Vascular Surgical Society \(MVSS\) \(midwestvascular.org\)](#)
- Date: Sept 8 or 9, 2023
- In person and hybrid

### Meeting Closure