

Upper Midwest Vascular Network

April 28, 2023

1:00 PM – 4:00 PM (CT)

Medical College of Wisconsin

Meeting Attendance Credit

Before we get started...

Please sign in using your Full Name (First and Last).

In-Person Attendees – Scan the QR code shown and sign in

Remote Attendees – See below instructions (#1-#3)

1. Click “Participants” in the box at the top or bottom of your screen.
2. If your full name is not listed, hover next to your name and you’ll see “rename”.
3. Click and sign in.



Please note: If you can't sign in, please email Leka Johnson at ljohnson@svspso.org and let her know the identifier you were signed in under (ex –LM7832 or your phone number).

****SPECIAL NOTE: ALL ATTENDEES must have an ACTIVE PATHWAYS user account to get attendance credit!!!**

Agenda-UMVN-April 28, 2023

Time	Topic	CE Credit
1:05 PM	<ul style="list-style-type: none">Antithrombotic Therapy for Patient with PAD and after Revascularization [45 min]<ul style="list-style-type: none">Dr. Nedaa Skeik, MD, FACC, FACP, FSVM, RPVIAllina Health MN	
1:50 PM	<p>Regional Data Review –Joseph Hart, MD, UMN Interim Medical Director [50 min]</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. <p>Sharing of best practices/pathways of care.</p>	Yes
2:50 pm	Break [10 min]	No

Agenda (con't)

Time	Topic	CE Credit
3:00 pm	National VQI Update – Melissa Latus, BSN, 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.	Yes
3:40 pm	AQC Update – Peter Rossi, MD	No
3:42 pm	VQC Update – Fahad Shuja, MD	No
3:45 pm	RAC Update – Joseph Hart, MD	No
3:50 pm	Governing Council Update –Melissa Latus, PSO	No
4:00 pm	Open Discussion/Next Meeting/Meeting Evaluation	No

No disclosures

Welcome and Introductions

Abbott Northwestern Hospital (Allina)
Advocate Christ Medical Center
Advocate Condell Medical Center
Advocate Good Samaritan Hospital
Advocate Good Shepherd Hospital
Advocate Illinois Masonic Medical Center
Advocate Lutheran General Hospital
Advocate Sherman Hospital
Advocate South Suburban Hospital
Advocate Trinity Hospital
All Saints Hospital
Altru Hospital
Aspirus Wausau Hospital, Inc.
Aurora BayCare Medical Center
Aurora Medical Center Grafton
Aurora Medical Center Kenosha
Aurora Medical Center Manitowoc County
Aurora Medical Center Oshkosh
Aurora Medical Center Summit
Aurora Medical Center Washington County
Aurora Memorial Hospital Burlington
Aurora Sheboygan Memorial Medical Center
Aurora Sinai Medical Center
Aurora St. Luke's Medical Center

Aurora St. Luke's South Shore
Aurora West Allis
Avera Heart Hospital of South Dakota
Avera McKennan Hospital
Bellin Memorial Hospital, Inc.
Bismarck - CHI St. Alexius Health
CentraCare Health
Columbia St. Mary's Hospital Milwaukee, Inc.
Columbia St. Mary's Hospital Ozaukee, Inc.
Elmbrook Memorial
Essentia Health - Fargo
Essentia Health - St. Mary's Medical Center
Fairview Southdale Hospital
Fairview St. John's Hospital
Fox Valley Surgical Associates Ltd.
Franklin Hospital
Froedtert Health
HealthPartners, Inc.
M Health Fairview Clinic - Woodwinds
Marshfield Clinic Health System, Inc.
Mayo Clinic Health System - Franciscan Healthcare, Inc.
(in La Crosse)
Mayo Clinic Health System - Mankato
Mayo Clinic Hospital - Rochester

Mayo Clinic Northwest Wisconsin
Mercy Hospital (Allina)
Mercy Medical Center - Oshkosh
Monument Health Rapid City Hospital, Inc.
North Memorial Health Hospital
Radiology Associates-Fox Valley
Sacred Heart Hospital of the Hospital Sisters of the Third
Order of St. Francis
Sanford Bemidji Medical Center
Sanford Clinic Vascular Associates
Sanford Medical Center Fargo
SSM Health St. Agnes Hospital - Fond du Lac, WI
SSM Health St. Mary's Hospital - Madison
St. Elizabeth's Medical Center
St. Francis Hospital - Milwaukee
St. Joseph Hospital - Milwaukee
St. Luke's Hospital - MN
St. Vincent Hospital of the Hospital Sisters of the Third
Order of St. Francis
United Hospital (Allina)
UnityPoint Health - Meriter Hospital
University of Minnesota Medical Center (UMMC)
University of Wisconsin Hospitals and Clinics Authority
Waukesha Memorial Hospital

Antithrombotic Therapy for Patient with PAD and after Revascularization

Dr. Nedaa Skeik, MD, FACC, FACP, FSVM, RPVI

Allina Health MN

Region Volume Index

The region must have ≥ 3 centers with included cases for comparison to VQI overall

Report	Included Cases	Centers with Included Cases	Centers with at least 10 Included Cases	Complete Cases	Centers with Complete Cases	Centers with at least 10 Complete Cases
Procedure Volume	9595	64	54			
Procedure Volume, All Years	65339	67	63			
Long-Term Follow-up	6920	43	37			
Discharge Medications	8387	63	53			
Preop Smoking	6464	63	51			
Smoking Cessation	1609	38	31			
TFEM CAS ASYMP: Stroke/Death	180	21	7	154	18	6
TFEM CAS SYMP: Stroke/Death	289	23	12	261	22	10
TCAR ASYMP: Stroke/Death	232	31	9	221	31	9
TCAR SYMP: Stroke/Death	125	24	4	125	24	4
CEA ASYMP: Stroke/Death	878	40	28	807	40	27
CEA ASYMP: Postop LOS>1 Day	874	40	28	802	40	26
CEA SYMP: Stroke/Death	436	33	15	415	33	15
CEA SYMP: Postop LOS>1 Day	432	33	15	410	33	15
EVAR: Postop LOS>2 Days	555	31	16	507	31	13
EVAR: Sac Diameter Reporting	409	20	13			
EVAR: SVS AAA Diameter Guideline	504	31	16			
TEVAR: Sac Diameter Reporting	76	6	2			
OAAA: In-Hospital Mortality	312	11	9	283	11	9
OAAA: SVS Cell-Saver Guideline	336	11	9			
OAAA: SVS Iliac Inflow Guideline	366	11	9			
PVI CLAUD: ABI/Toe Pressure	1368	40	30			
INFRA CLTI: Major Complications	339	25	10			
SUPRA CLTI: Major Complications	67	13	2			
LEAMP: Postop Complications	676	23	18			
HDA: Primary AVF vs. Graft	113	3	2			
HDA: Ultrasound Vein Mapping	157	3	2			
HDA: Postop Complications	157	3	2			
IVCF: Filter Retrieval Reporting	106	1	1			

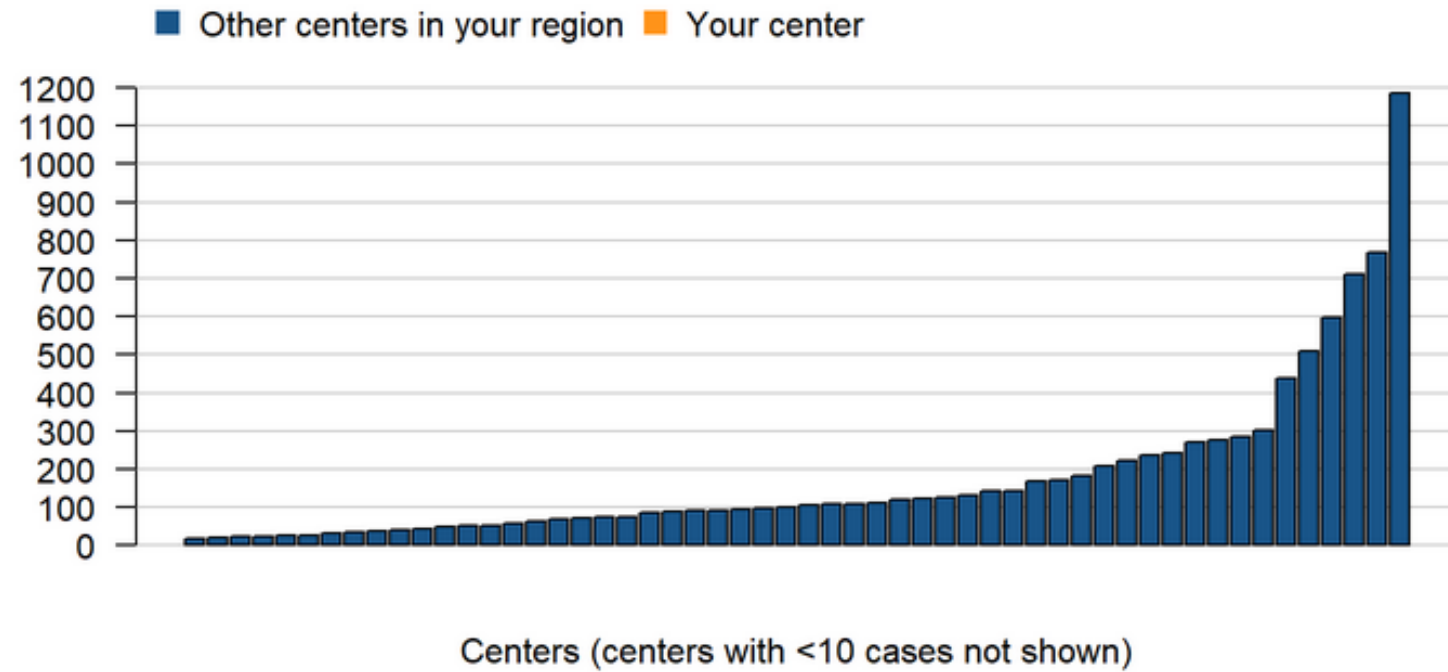
The region must have at ≥ 3 centers with ≥ 10 cases for regional comparison between centers

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.

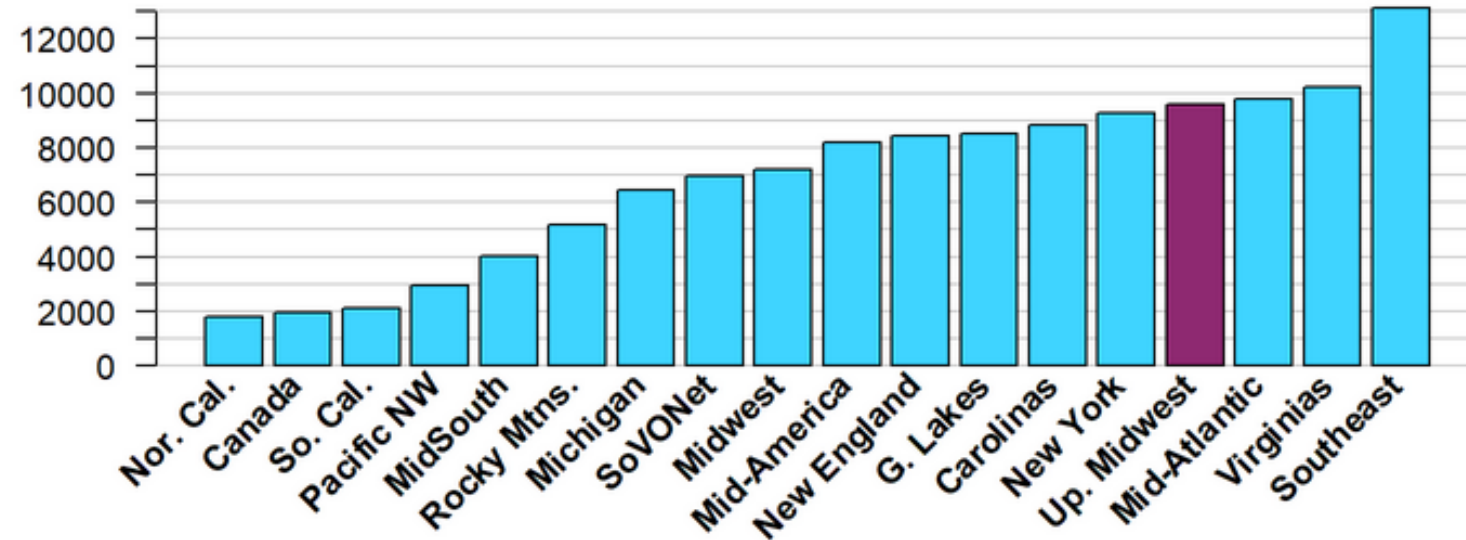
The following updates have been implemented to enhance and improve the Spring 2023 VQI Regional Quality Report:

- **Preop Smoking Report Added** - A preop smoking report is now provided. This report displays center-level, regional, and VQI overall rates of current smoking at time of procedure.
- **Smoking Cessation Report Added** - A smoking cessation report is now provided. This report displays center-level, regional, and VQI overall rates of smoking cessation at follow up.

Procedure Volume by Center in Your Region (Jan-Dec 2022)

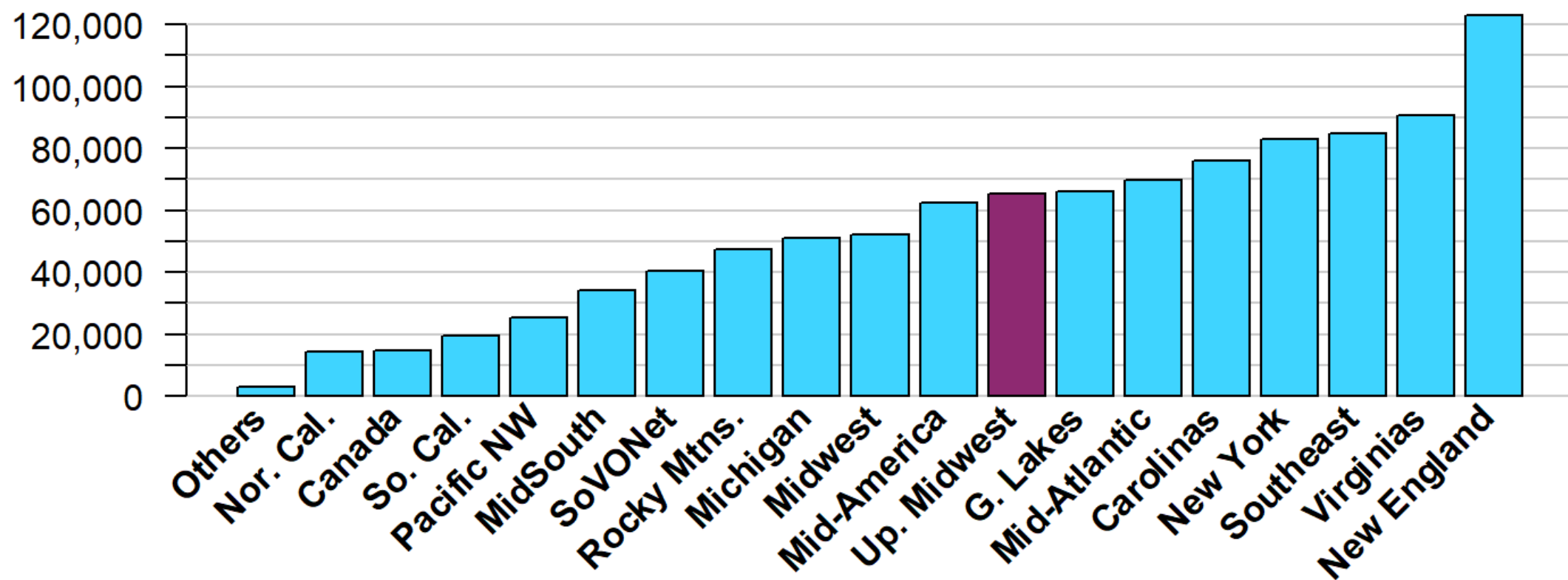


Procedure Volume Across VQI (Jan-Dec 2022)

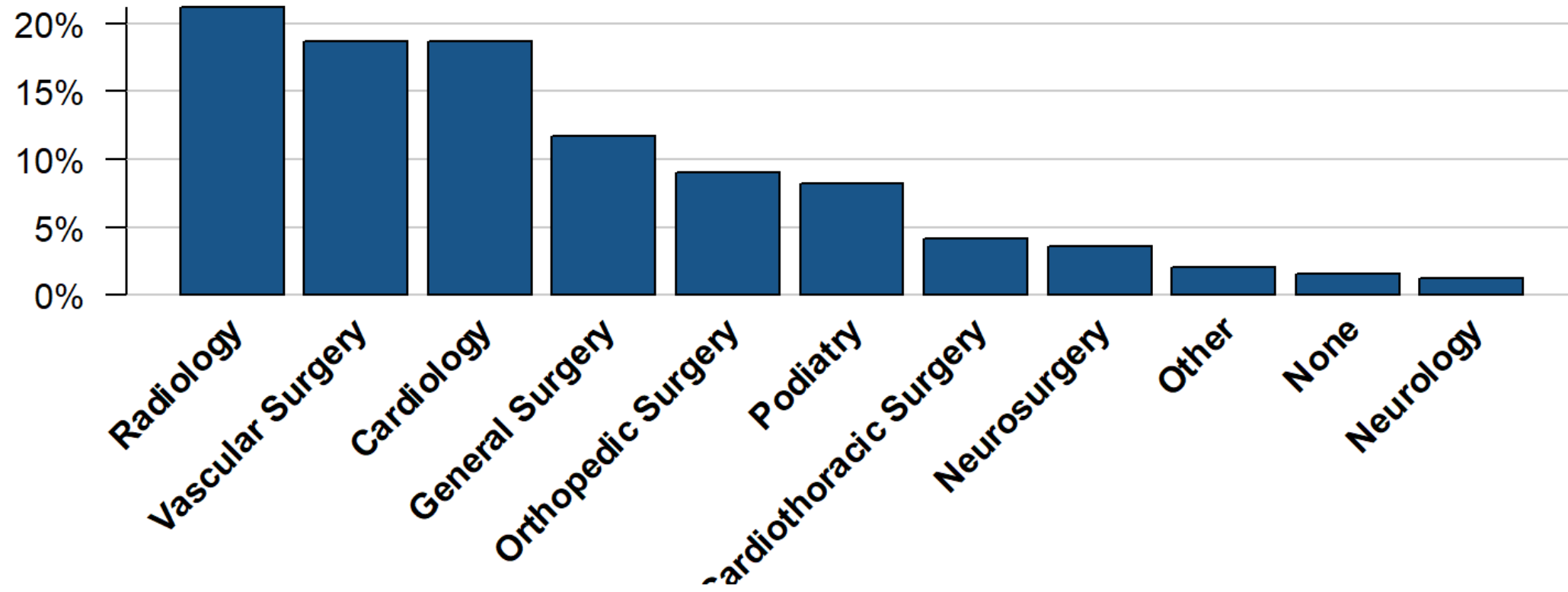


Regions (regions with <3 centers with at least 10 cases not shown)

Procedure Volume Across VQI (Through Dec 2022)



Physician Specialties Across Your Region (as of January 31, 2023, N=643 Physicians)



Long-Term Follow-up

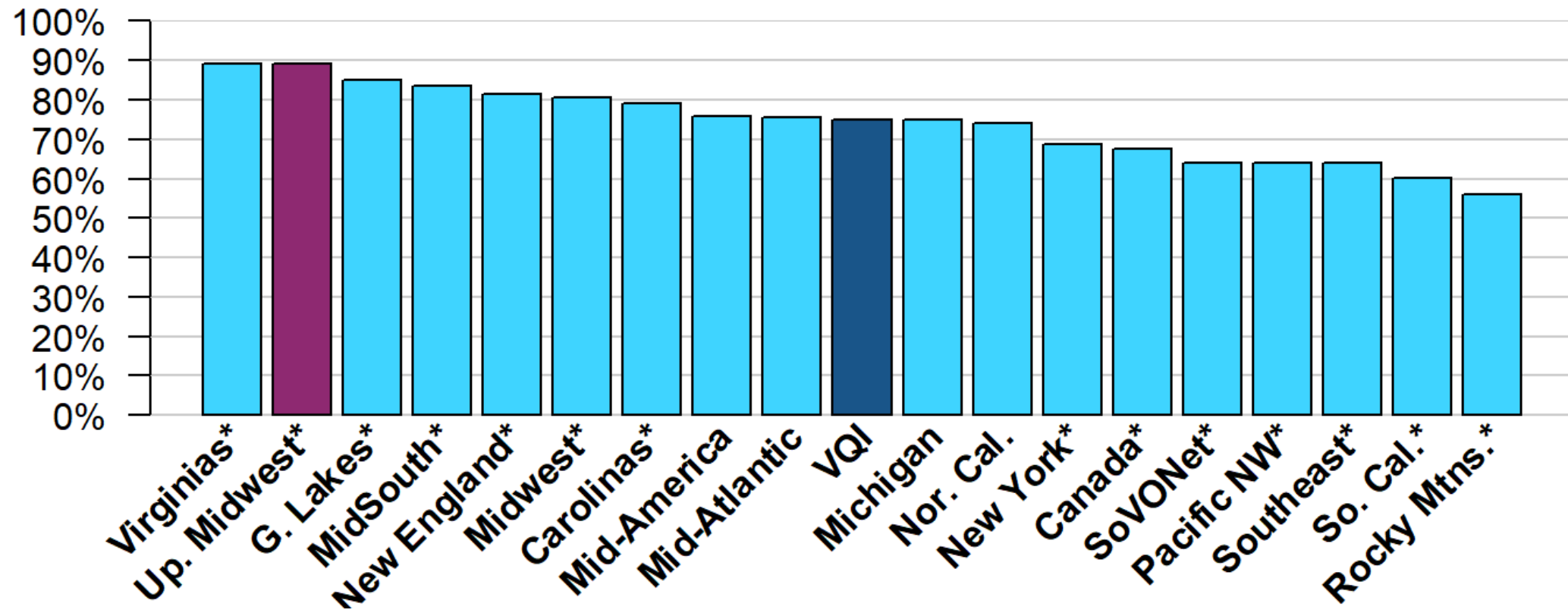
Procedures performed between January 1 and December 31, 2020

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, HDA, INFRA, IVCF, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Excludes procedures not eligible for long-term follow-up.

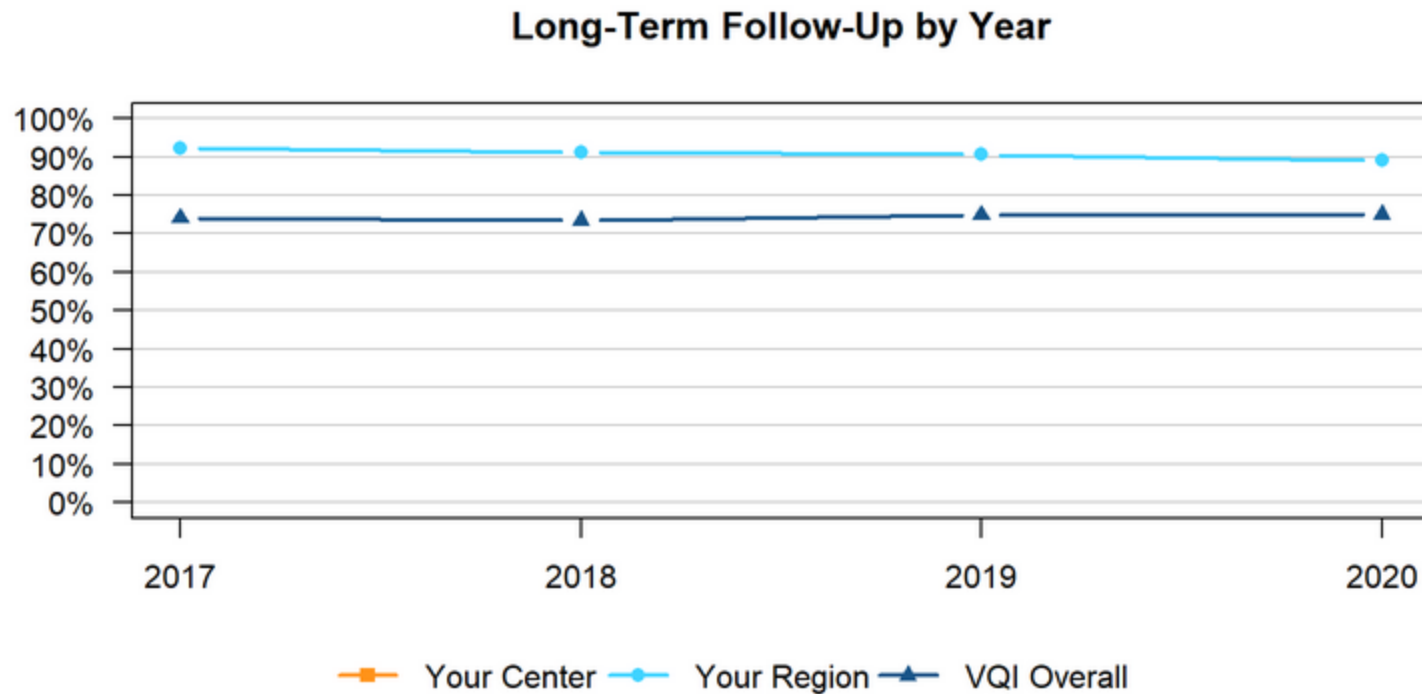
The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures with follow-up recorded between 9 and 21 months post-procedure.

	Your Center	Your Region	VQI Overall
CAS		645 (81%)	12510 (72%)
CEA		1398 (90%)	17079 (77%)
EVAR		460 (91%)	6985 (76%)
HDA		133 (77%)	7359 (78%)
INFRA		472 (90%)	7243 (78%)
IVCF		NA (<3 centers)	1526 (82%)
LEAMP		467 (84%)	3301 (75%)
OAAA		93 (87%)	1233 (79%)
PVI		2868 (91%)	39984 (74%)
SUPRA		119 (95%)	2021 (78%)
TEVAR		145 (92%)	2804 (74%)
Overall (Jan-Dec 2020)		6920 (89%)	102045 (75%)
Overall (Jan-Dec 2019)		7042 (91%)	105991 (75%)

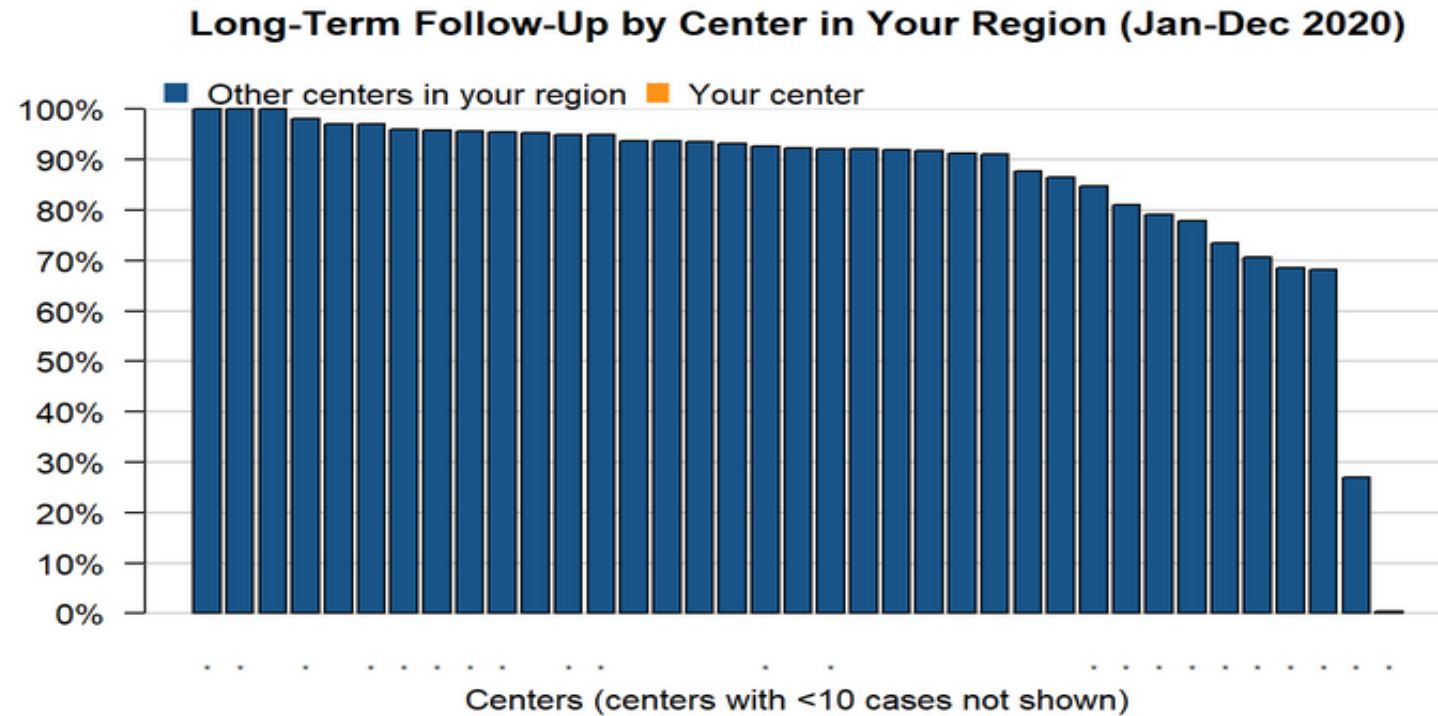
Long-Term Follow-Up by Region Across VQI (Jan-Dec 2020)



Long-Term Follow-up



Long-Term Follow-up

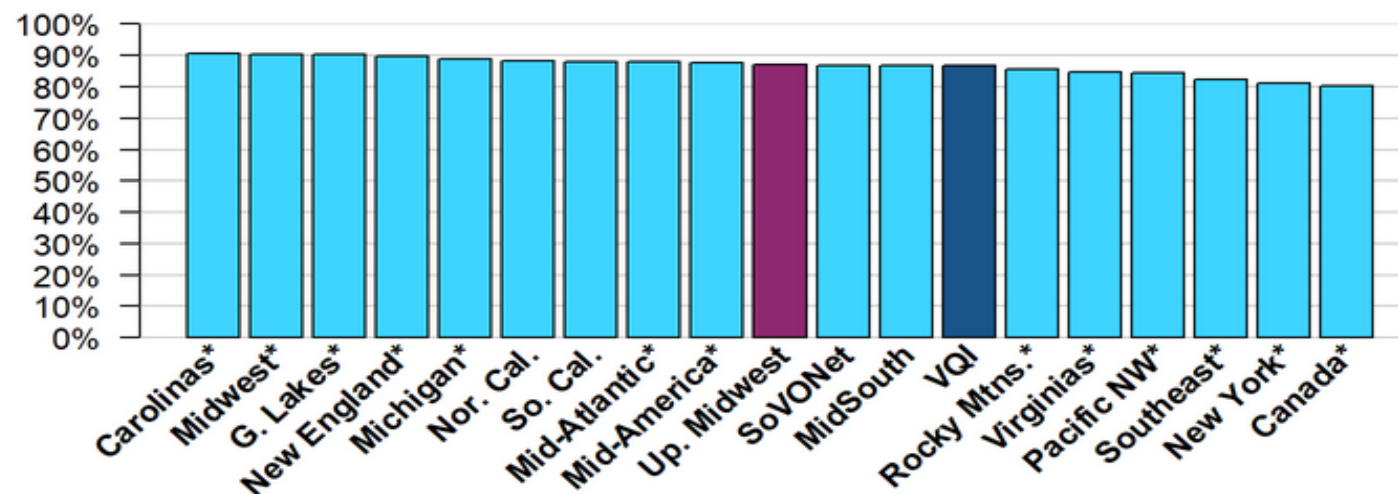


37 of 43 centers displayed

“*” Indicates center’s rate differs significantly from the regional rate.

Discharge Medications

Discharge Antiplatelet+Statin by Region Across VQI (Jan-Dec 2022)

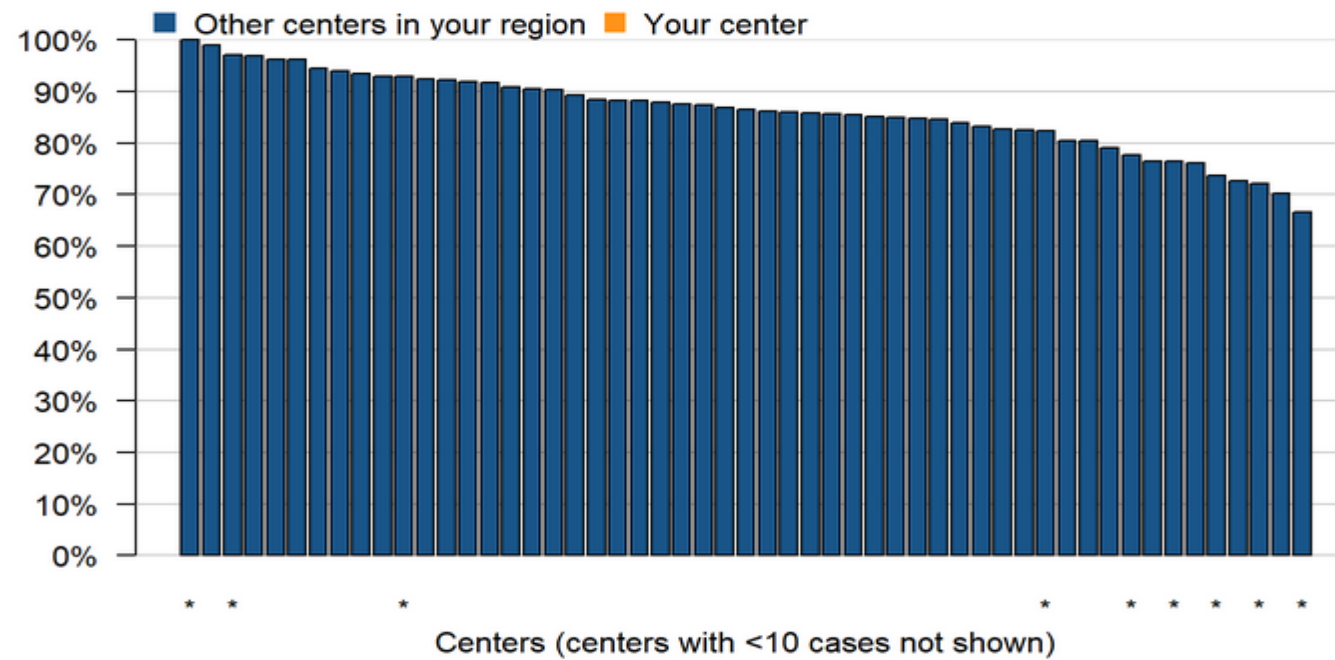


Regions (regions with <3 centers with at least 10 cases not shown)

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

Discharge Medications

Discharge Antiplatelet+Statin by Center in Your Region (Jan-Dec 2022)



53 of 63 centers displayed

"*" Indicates center's rate differs significantly from the regional rate.

Preop Smoking

Procedures performed between January 1 and December 31, 2022

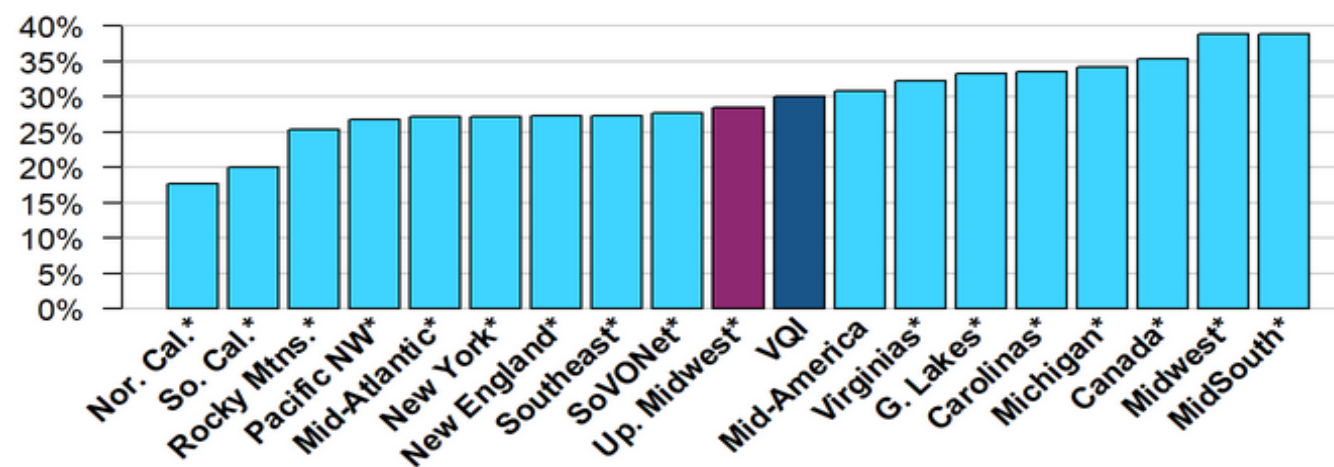
Includes elective CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures where the patient was still smoking within one month of the procedure.

	Your Center	Your Region	VQI Overall
CAS		731 (19%)	15892 (22%)
CEA		1262 (22%)	15161 (25%)
EVAR		511 (31%)	6490 (32%)
INFRA		348 (38%)	5229 (39%)
LEAMP		194 (24%)	1604 (26%)
OAAA		71 (37%)	992 (42%)
PVI		3127 (31%)	37730 (33%)
SUPRA		93 (42%)	1550 (55%)
TEVAR		127 (29%)	2575 (30%)
Overall (Jan-Dec 2022)		6464 (28%)	87223 (30%)

Preop Smoking

Preop Smoking by Region Across VQI (Jan-Dec 2022)

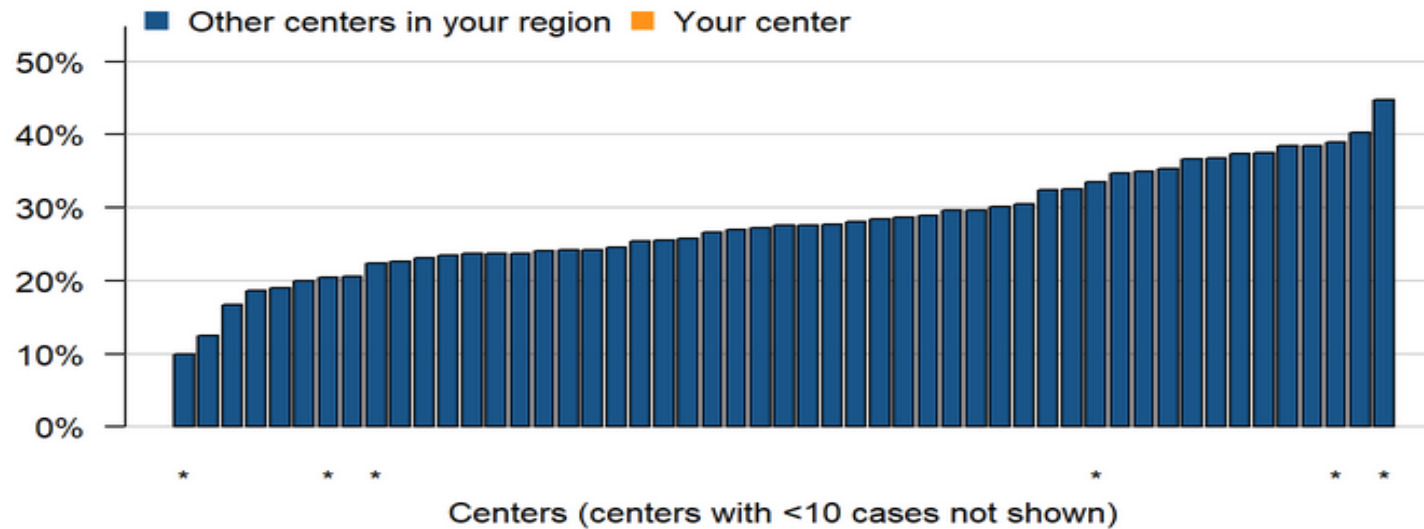


Regions (regions with <3 centers with at least 10 cases not shown)

“*” Indicates region’s rate differs significantly from the VQI rate.

Preop Smoking

Preop Smoking by Center in Your Region (Jan-Dec 2022)



51 of 63 centers displayed

"*" Indicates center's rate differs significantly from the regional rate.

Smoking Cessation

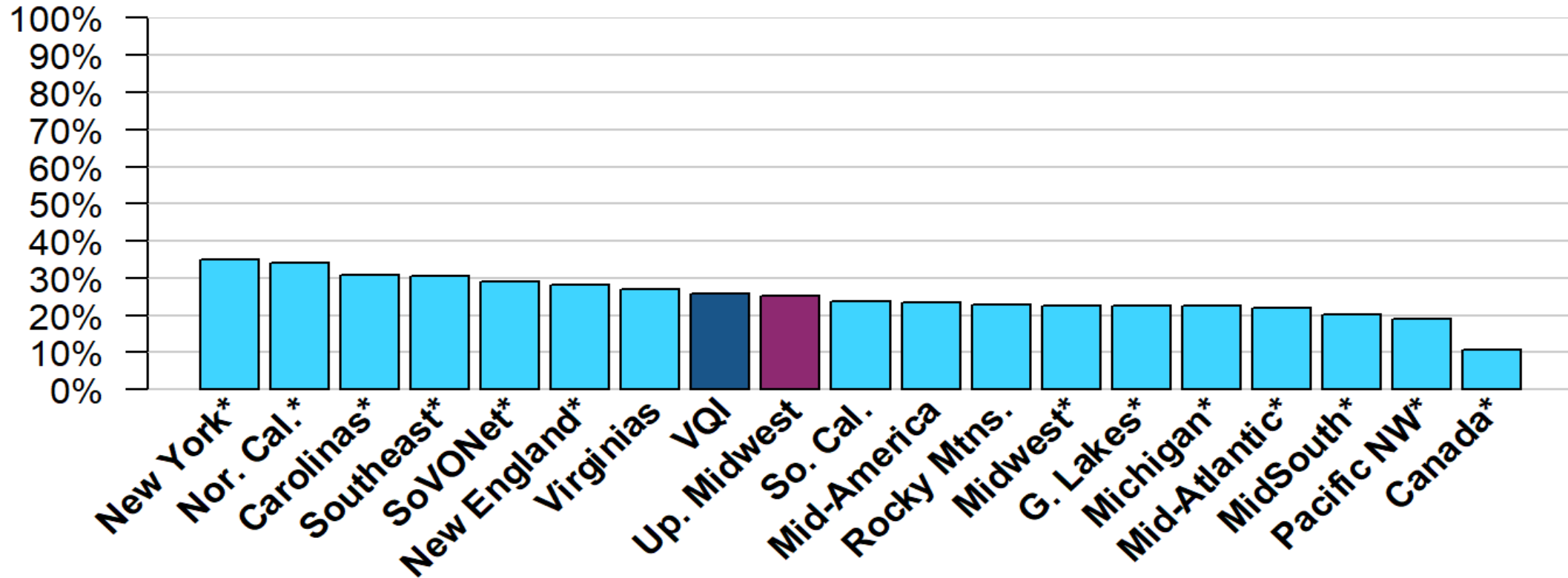
Procedures performed between January 1 and December 31, 2020

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, HDA, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures performed on patients still 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.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures where the patient was not smoking within one month on follow-up for *all* long-term follow-up records where the patient's follow-up smoking status was recorded.

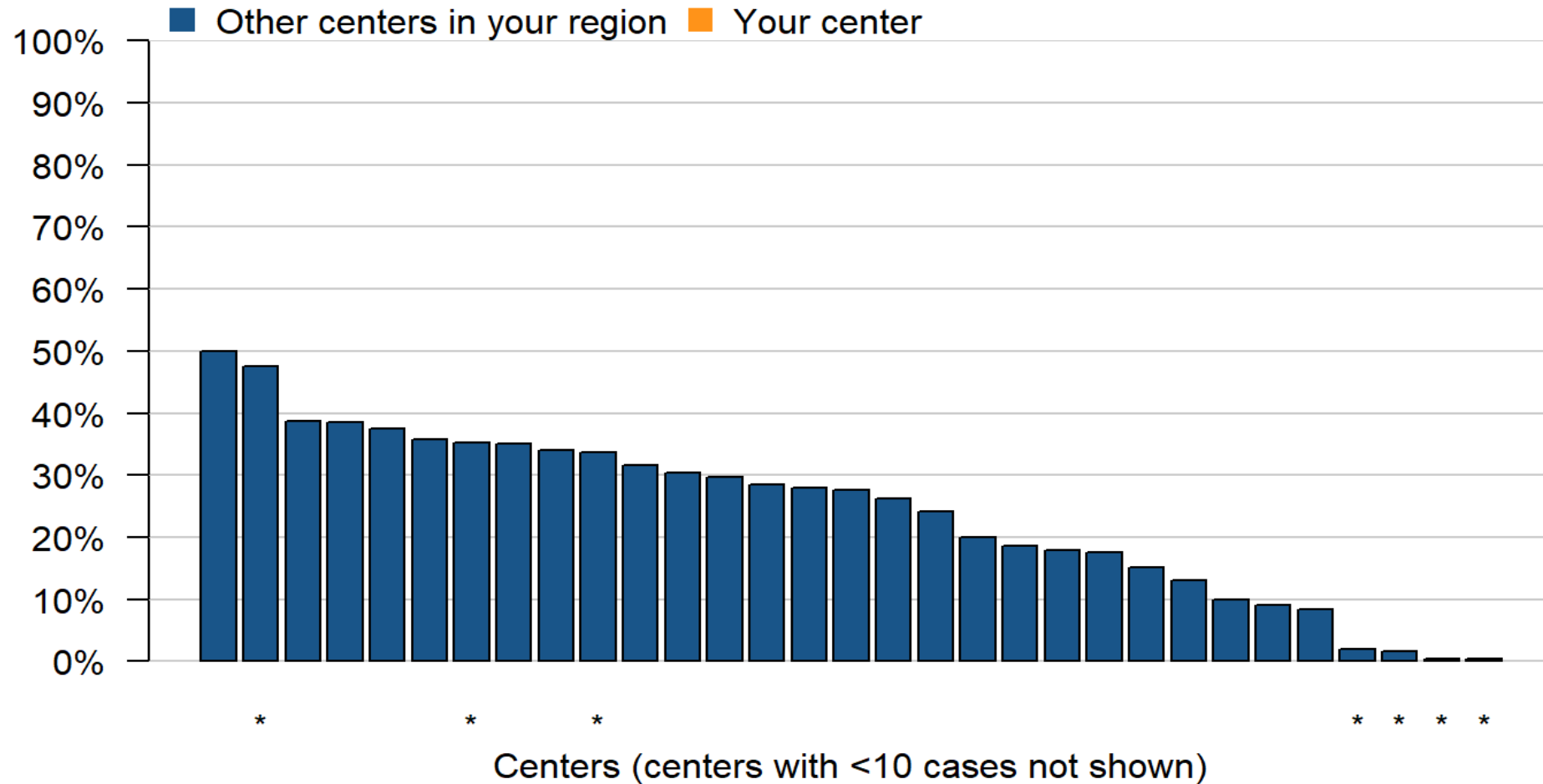
	Your Center	Your Region	VQI Overall
CAS		131 (30%)	2123 (26%)
CEA		295 (23%)	3104 (22%)
EVAR		120 (21%)	1640 (22%)
HDA		NA (<3 centers)	647 (30%)
INFRA		146 (32%)	2171 (27%)
LEAMP		90 (28%)	519 (31%)
OAAA		27 (30%)	398 (25%)
PVI		699 (24%)	8478 (26%)
SUPRA		51 (35%)	845 (28%)
TEVAR		33 (36%)	567 (33%)
Overall (Jan-Dec 2020)		1609 (25%)	20492 (26%)

Smoking Cessation by Region Across VQI (Jan-Dec 2020)



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

Smoking Cessation by Center in Your Region (Jan-Dec 2020)



TFEM CAS ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2022

Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial approach. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than femoral, brachial, or radial are also excluded.

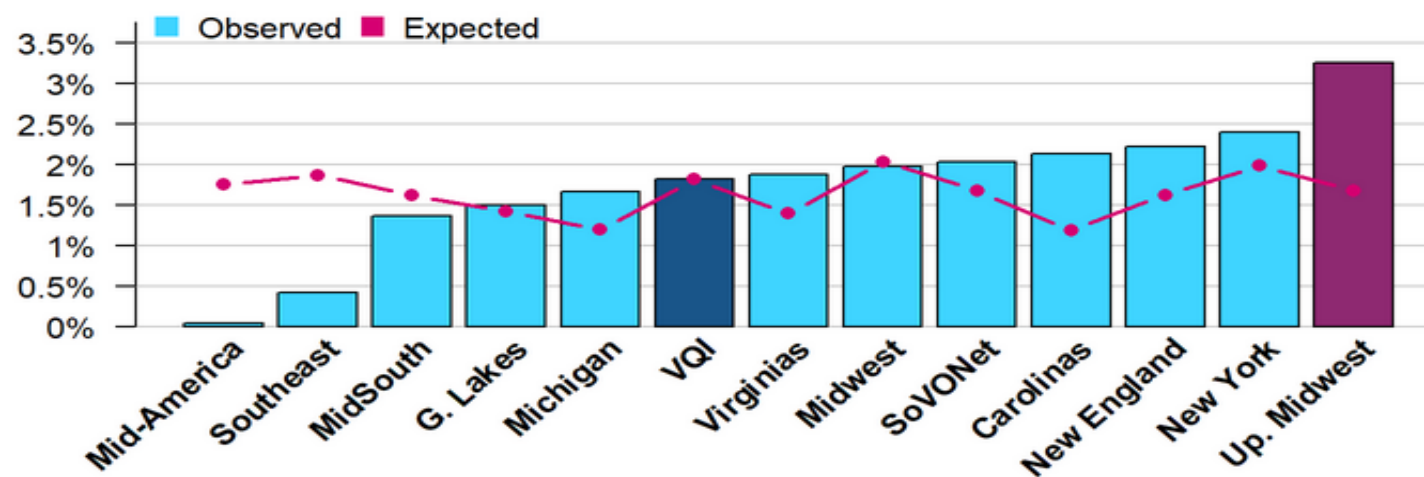
The table below gives the number of TFEM CAS procedures (performed on asymptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Center	Your Region	VQI Overall
Number of TFEM CAS procedures meeting inclusion criteria		180	2426
Observed rate of stroke or death among procedures meeting inclusion criteria		2.8%	1.7%
Number of procedures with complete data*		154	2202
Observed rate of stroke or death among cases with complete data		3.2%	1.8%
Expected rate of stroke or death among cases with complete data		1.7%	NA
P-value for comparison of observed and expected rates		0.12	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

TFEM CAS ASYMP: Stroke/Death

Stroke or Death after TFEM CAS for Asymptomatic Patients by Region Across VQI (Jan-Dec 2022)



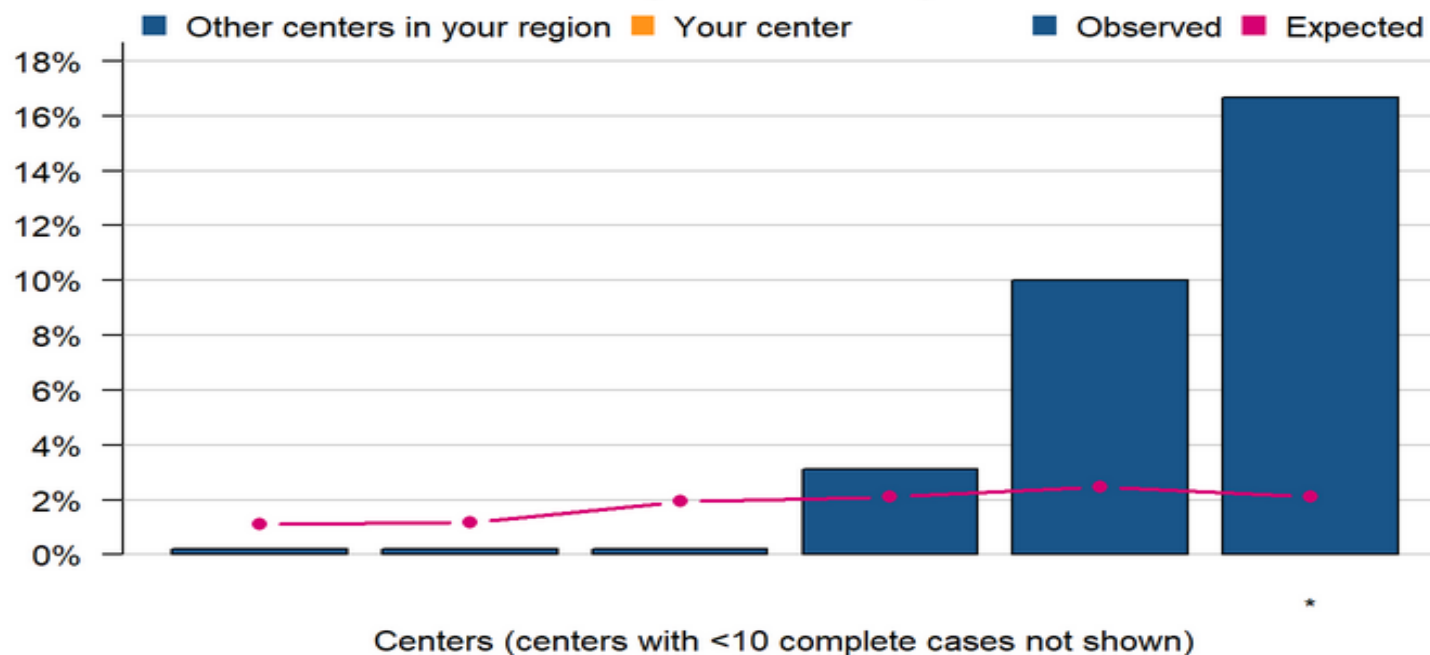
Regions (regions with <3 centers with at least 10 complete cases not shown)

Rates shown are among cases with complete data.

"*" Indicates region's observed rate differs significantly from its expected rate

TFEM CAS ASYMP: Stroke/Death

**Stroke or Death after TFEM CAS for Asymptomatic Patients in Your Region
(Jan-Dec 2022)**



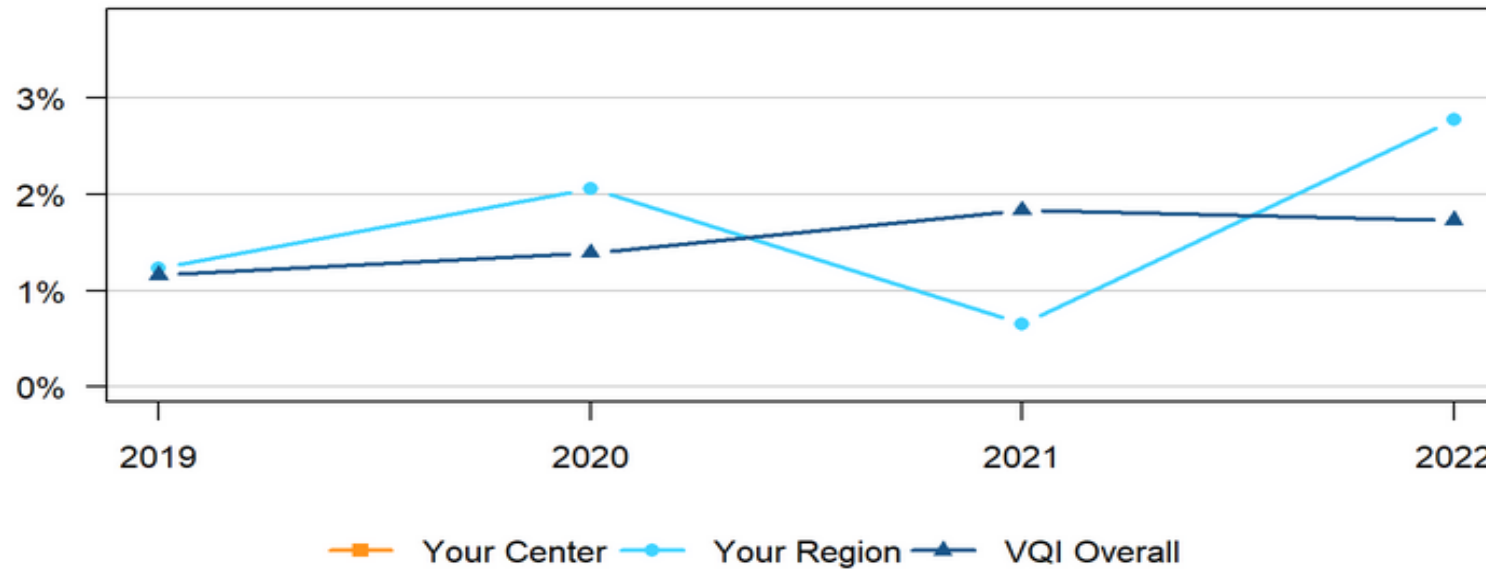
6 of 21 centers displayed

Rates shown are among cases with complete data.

"*" Indicates center's observed rate differs significantly from its expected rate

TFEM CAS ASYMP: Stroke/Death

Stroke or Death after TFEM CAS for Asymptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.

TFEM CAS SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2022

Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial approach. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than femoral, brachial, or radial are also excluded.

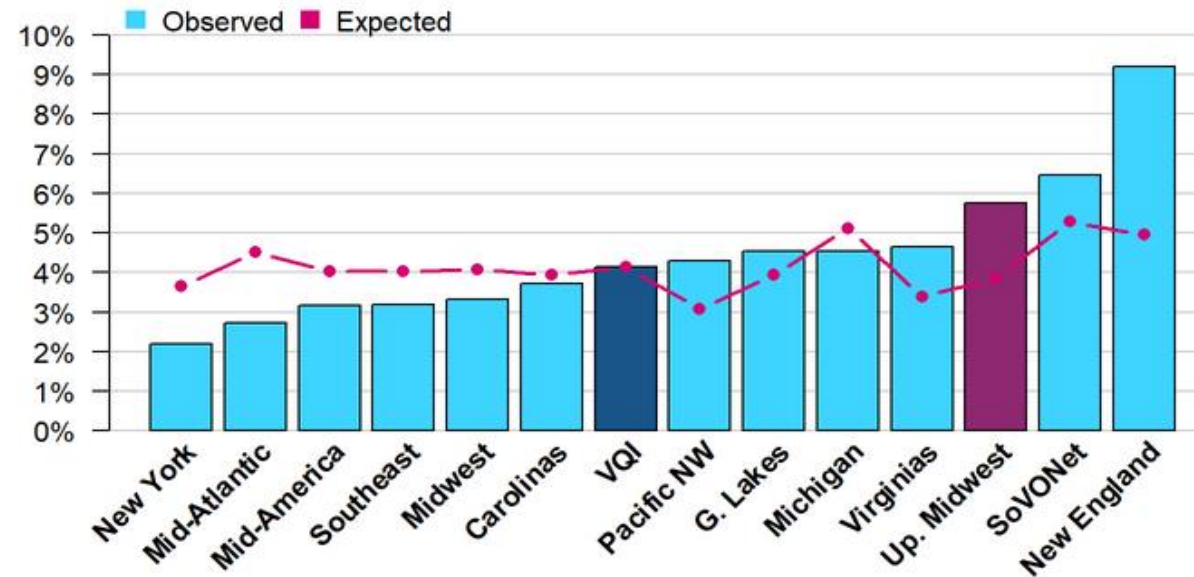
The table below gives the number of TFEM CAS procedures (performed on symptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Center	Your Region	VQI Overall
Number of TFEM CAS procedures meeting inclusion criteria	289		2659
Observed rate of stroke or death among procedures meeting inclusion criteria	5.2%		4.4%
Number of procedures with complete data*	261		2486
Observed rate of stroke or death among cases with complete data	5.7%		4.1%
Expected rate of stroke or death among cases with complete data	3.9%		NA
P-value for comparison of observed and expected rates	0.11		NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

TFEM CAS SYMP: Stroke/Death

**Stroke or Death after TFEM CAS for Symptomatic Patients by Region Across VQI
(Jan-Dec 2022)**

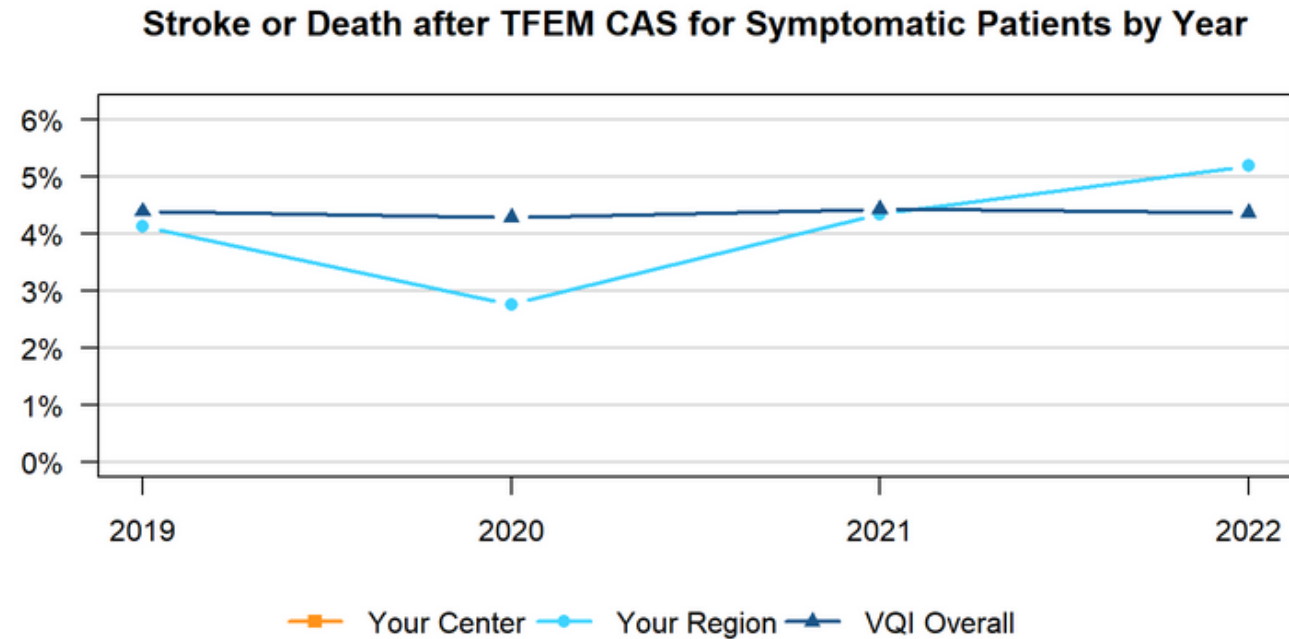


Regions (regions with <3 centers with at least 10 complete cases not shown)

Rates shown are among cases with complete data.

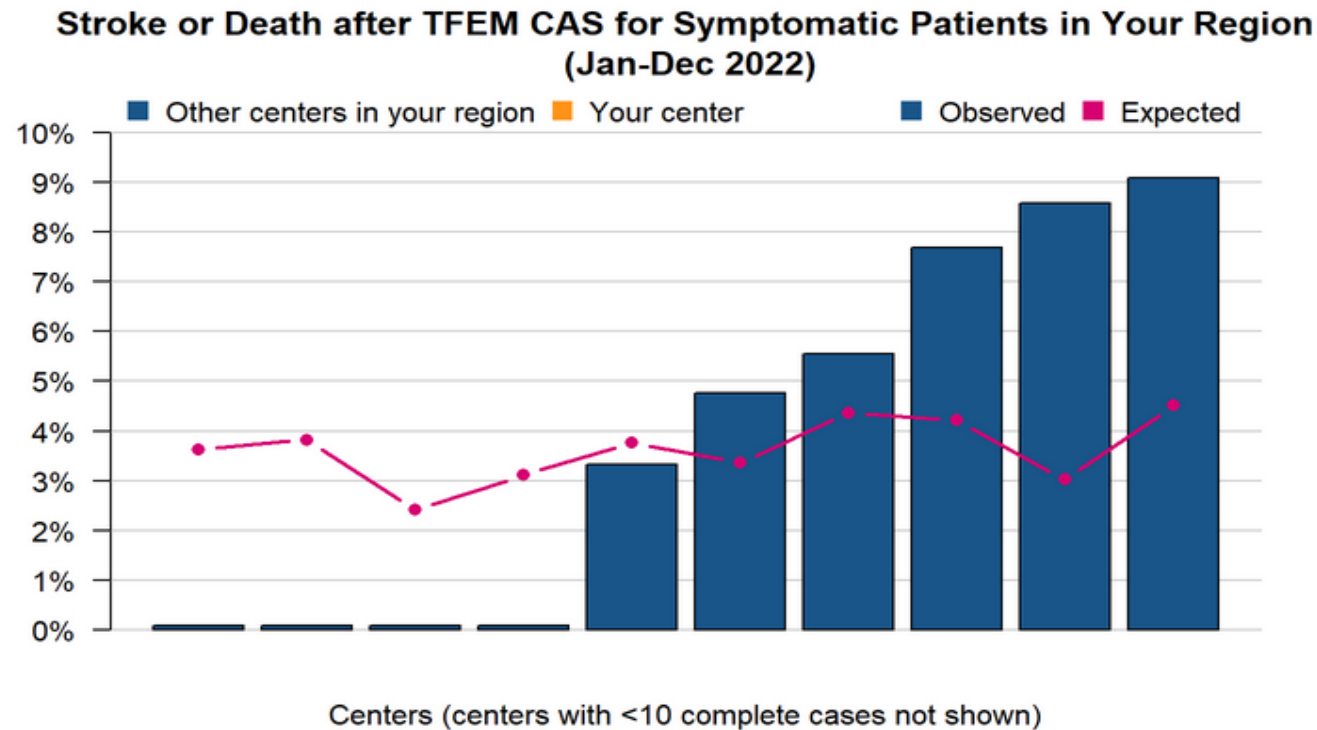
"**" Indicates region's observed rate differs significantly from its expected rate

TFEM CAS SYMP: Stroke/Death



Rates shown are observed rates among cases meeting inclusion criteria.

TFEM CAS SYMP: Stroke/Death



10 of 23 centers displayed

Rates shown are among cases with complete data.

*** Indicates center's observed rate differs significantly from its expected rate

TCAR ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2022

Includes TransCarotid Artery Revascularization (TCAR) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than carotid percutaneous or carotid open are also excluded.

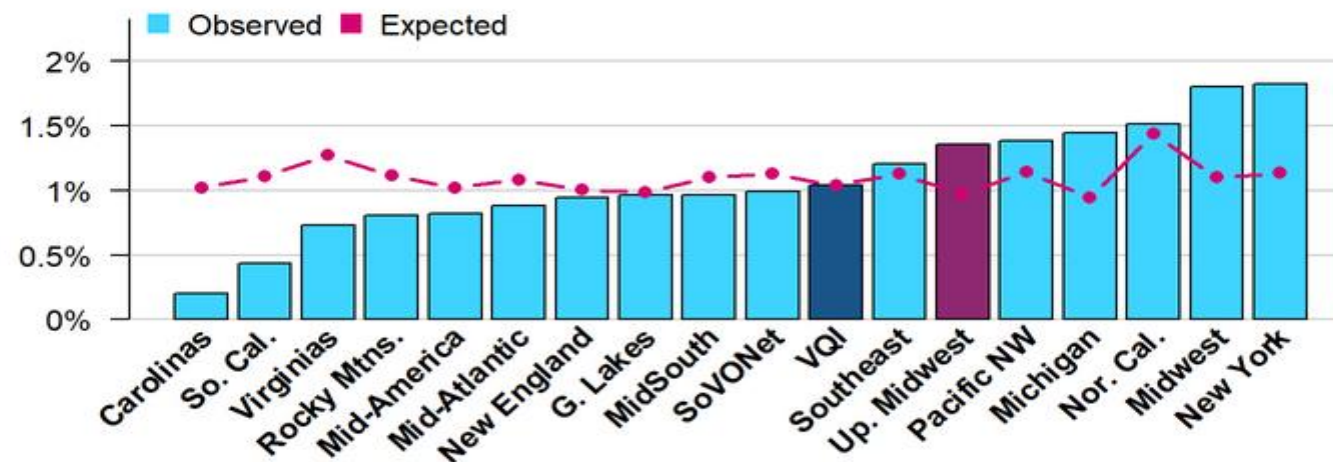
The table below gives the number of TCAR procedures (performed on asymptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		232	7701
Observed rate of stroke or death among procedures meeting inclusion criteria		1.3%	1%
Number of procedures with complete data*		221	7136
Observed rate of stroke or death among cases with complete data		1.4%	1%
Expected rate of stroke or death among cases with complete data		1%	NA
P-value for comparison of observed and expected rates		0.48	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

TCAR ASYMP: Stroke/Death

**Stroke or Death after TCAR for Asymptomatic Patients by Region Across VQI
(Jan-Dec 2022)**



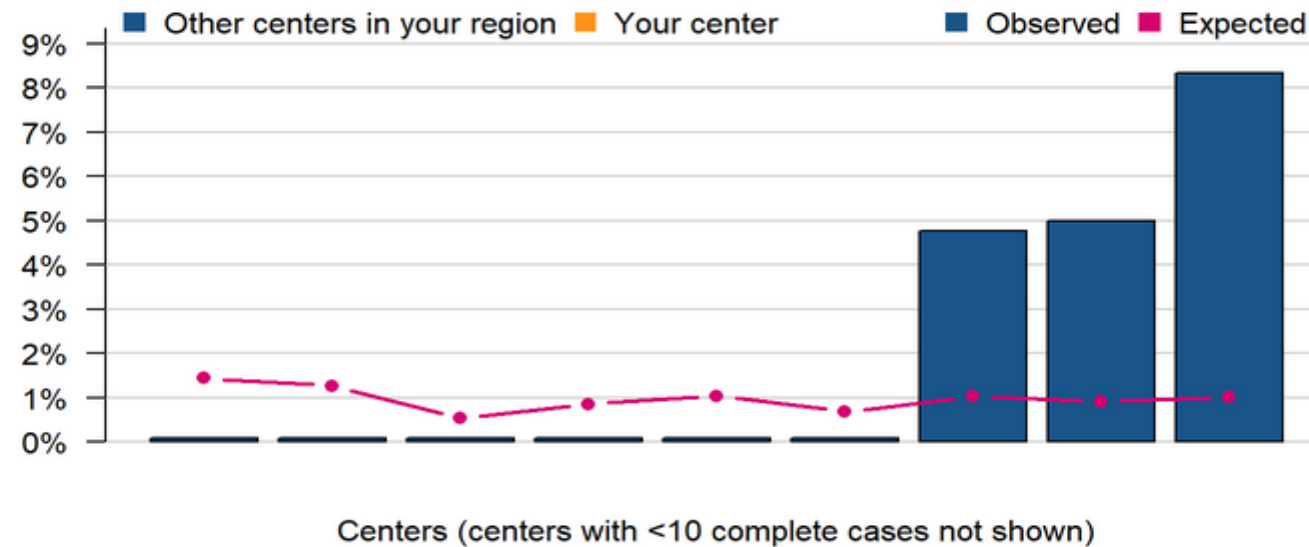
Regions (regions with <3 centers with at least 10 complete cases not shown)

Rates shown are among cases with complete data.

** Indicates region's observed rate differs significantly from its expected rate

TCAR ASYMP: Stroke/Death

**Stroke or Death after TCAR for Asymptomatic Patients in Your Region
(Jan-Dec 2022)**



9 of 31 centers displayed

Rates shown are among cases with complete data.

“*” Indicates center’s observed rate differs significantly from its expected rate

TCAR SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2022

Includes TransCarotid Artery Revascularization (TCAR) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than carotid percutaneous or carotid open are also excluded.

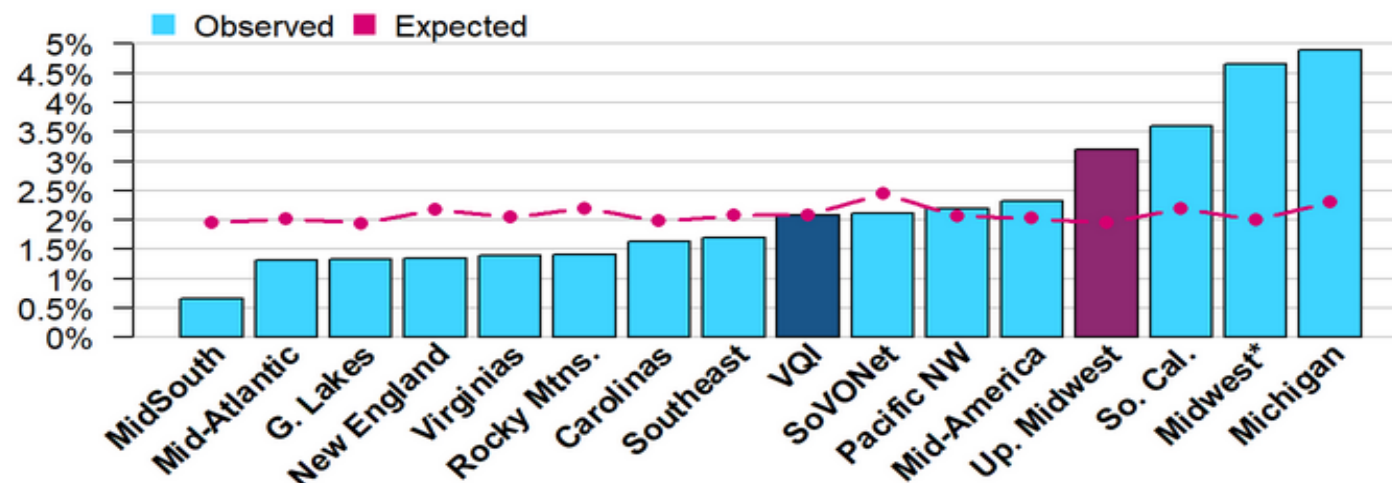
The table below gives the number of TCAR procedures (performed on symptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		125	3840
Observed rate of stroke or death among procedures meeting inclusion criteria		3.2%	2.1%
Number of procedures with complete data*		125	3606
Observed rate of stroke or death among cases with complete data		3.2%	2.1%
Expected rate of stroke or death among cases with complete data		1.9%	NA
P-value for comparison of observed and expected rates		0.31	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

TCAR SYMP: Stroke/Death

**Stroke or Death after TCAR for Symptomatic Patients by Region Across VQI
(Jan-Dec 2022)**



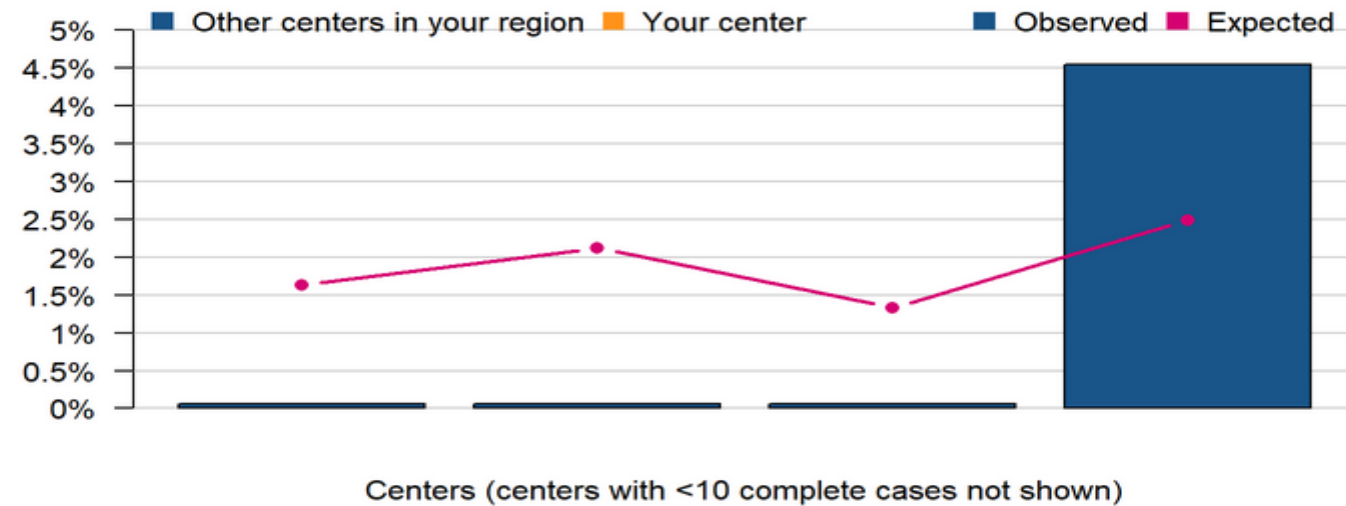
Regions (regions with <3 centers with at least 10 complete cases not shown)

Rates shown are among cases with complete data.

“*” Indicates region’s observed rate differs significantly from its expected rate

TCAR SYMP: Stroke/Death

Stroke or Death after TCAR for Symptomatic Patients in Your Region (Jan-Dec 2022)



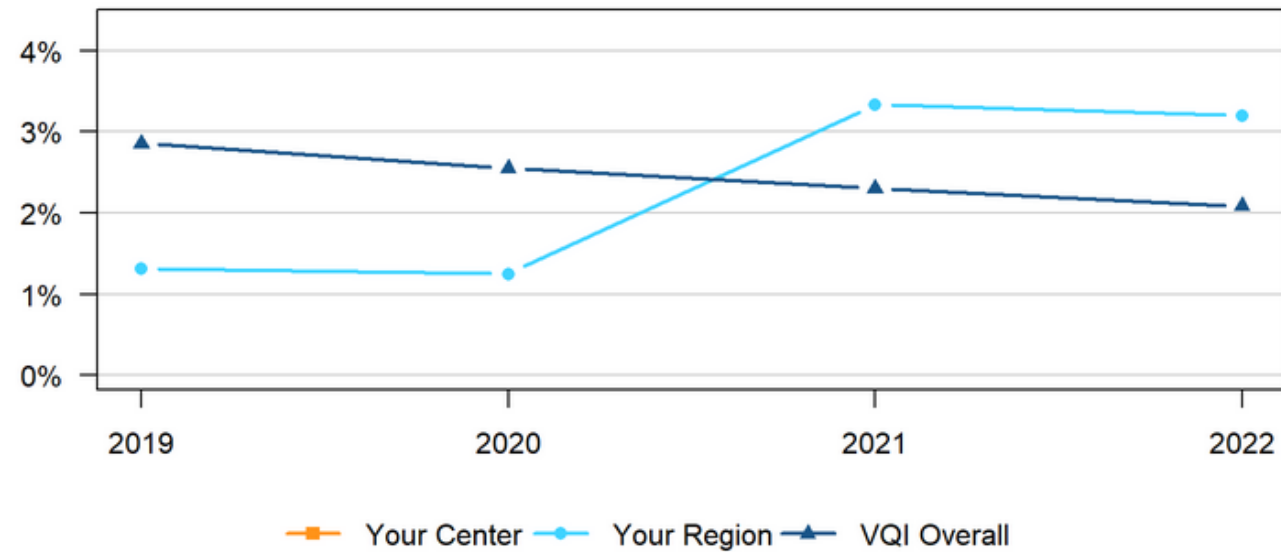
4 of 24 centers displayed

Rates shown are among cases with complete data.

“*” Indicates center’s observed rate differs significantly from its expected rate

TCAR SYMP: Stroke/Death

Stroke or Death after TCAR for Symptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.

CEA ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2022

Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure.

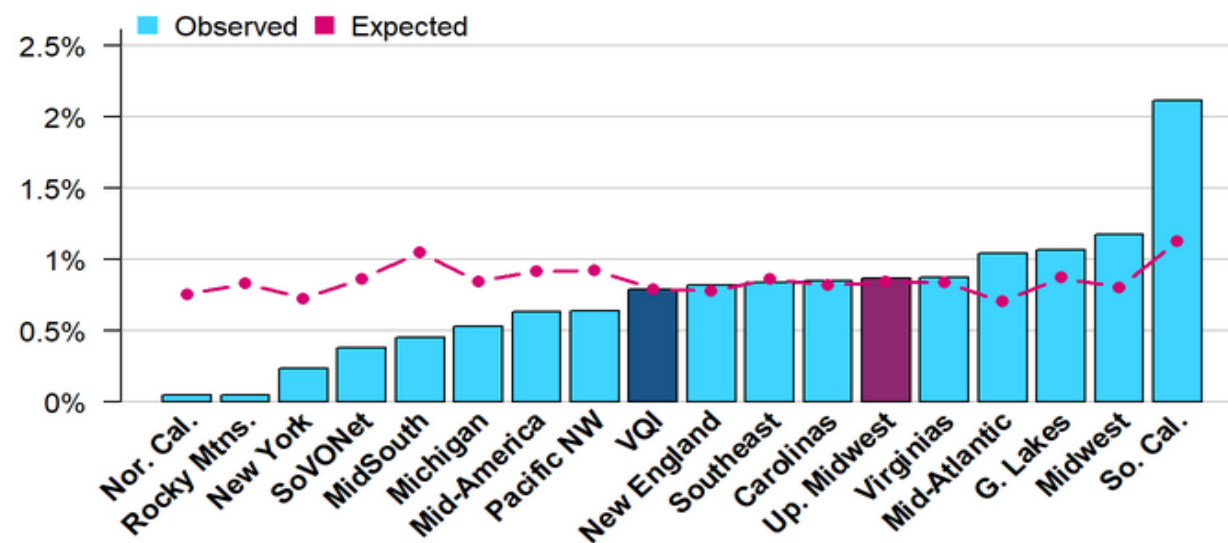
The table below gives the number of CEA procedures (performed on asymptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		878	10414
Observed rate of stroke or death among procedures meeting inclusion criteria		0.8%	0.8%
Number of procedures with complete data*		807	9733
Observed rate of stroke or death among cases with complete data		0.9%	0.8%
Expected rate of stroke or death among cases with complete data		0.8%	NA
P-value for comparison of observed and expected rates		0.85	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

CEA ASYMP: Stroke/Death

**Stroke or Death after CEA for Asymptomatic Patients by Region Across VQI
(Jan-Dec 2022)**



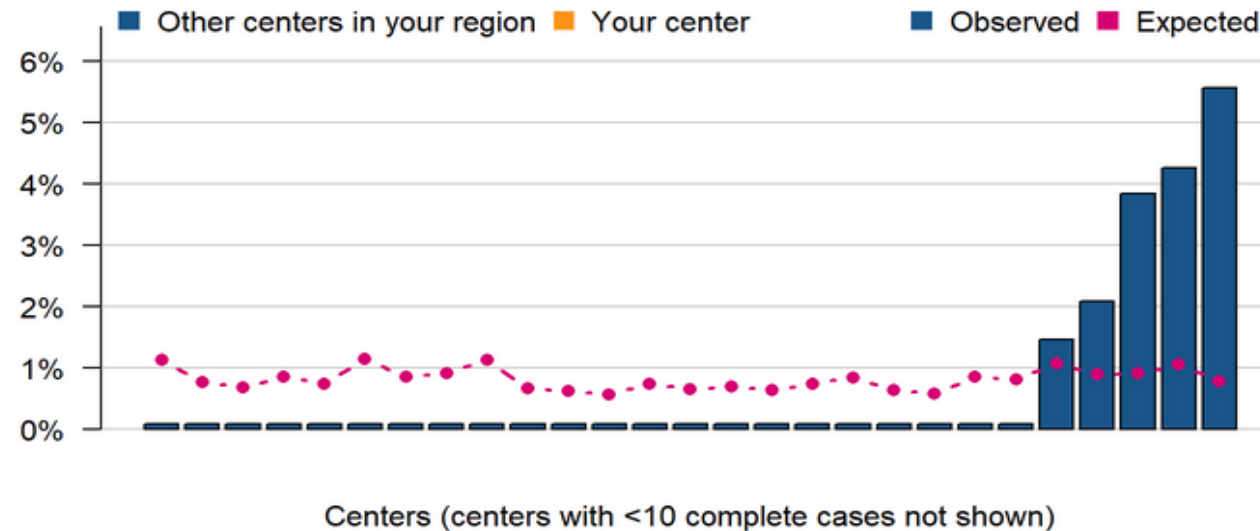
Regions (regions with <3 centers with at least 10 complete cases not shown)

Rates shown are among cases with complete data.

“*” Indicates region’s observed rate differs significantly from its expected rate

CEA ASYMP: Stroke/Death

Stroke or Death after CEA for Asymptomatic Patients in Your Region (Jan-Dec 2022)



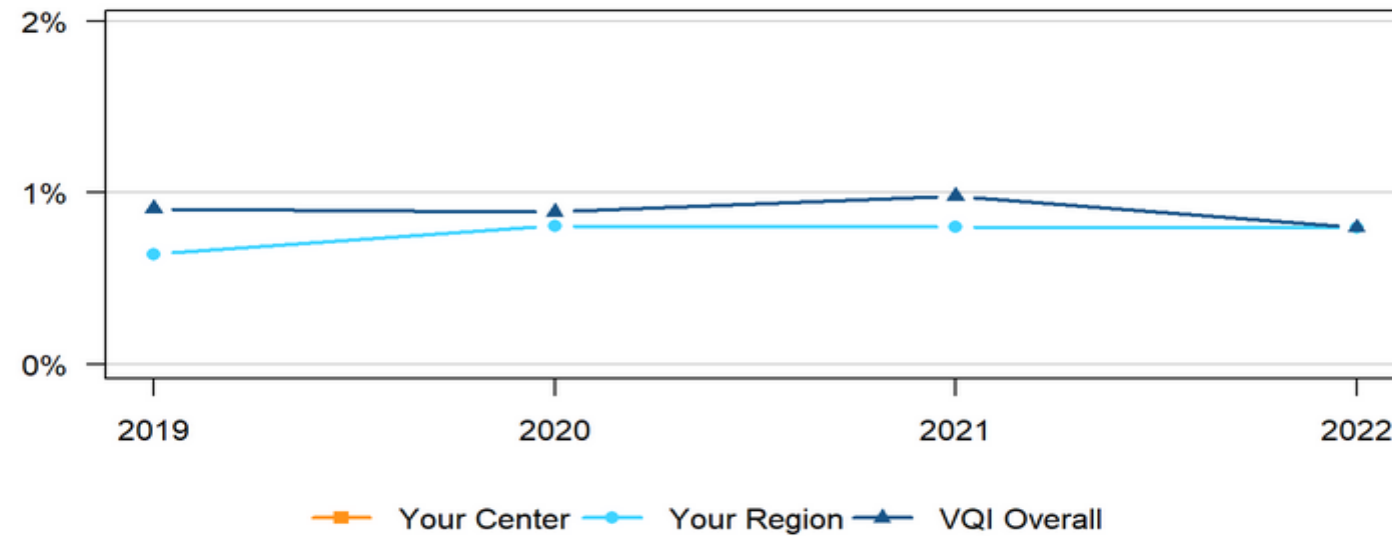
27 of 40 centers displayed

Rates shown are among cases with complete data.

“*” Indicates center’s observed rate differs significantly from its expected rate

CEA ASYMP: Stroke/Death

Stroke or Death after CEA for Asymptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.

CEA ASYMP: Postop LOS>1 Day

Procedures performed between January 1 and December 31, 2022

Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure. Procedures where in-hospital death occurred with postoperative LOS≤1 day, or procedures with an unrelated return to the OR, are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

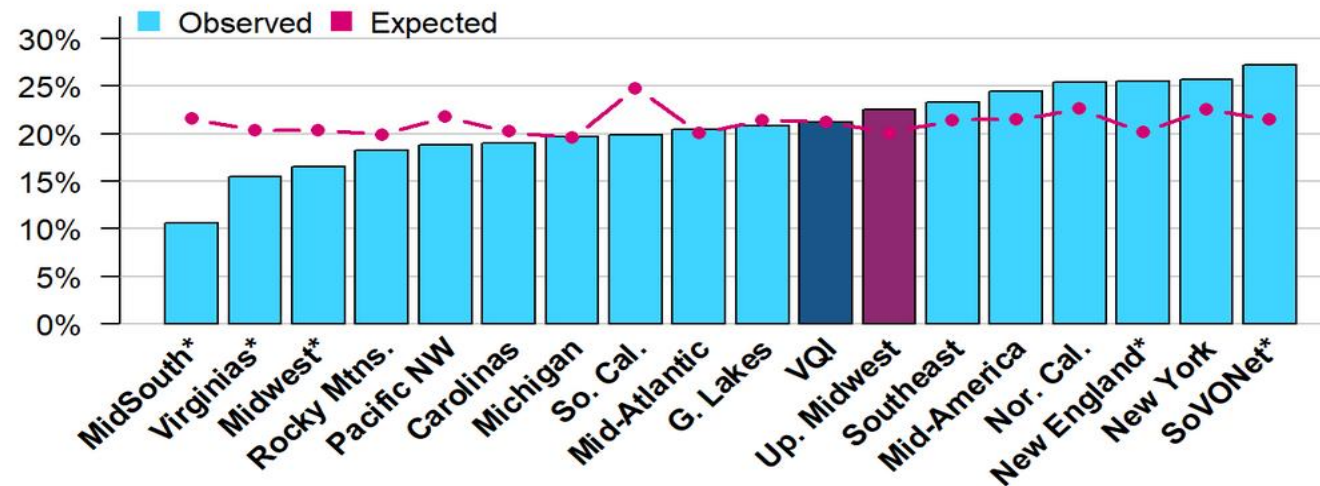
The table below gives the number of CEA procedures (performed on asymptomatic patients) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		874	10381
Observed rate of LOS>1 day among procedures meeting inclusion criteria		22.2%	21.4%
Number of procedures with complete data*		802	9702
Observed rate of LOS>1 day among cases with complete data		22.6%	21.2%
Expected rate of LOS>1 day among cases with complete data		20.1%	NA
P-value for comparison of observed and expected rates		0.09	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

CEA ASYMP: Postop LOS>1 Day

**Postop LOS>1 Day after CEA for Asymptomatic Patients by Region Across VQI
(Jan-Dec 2022)**



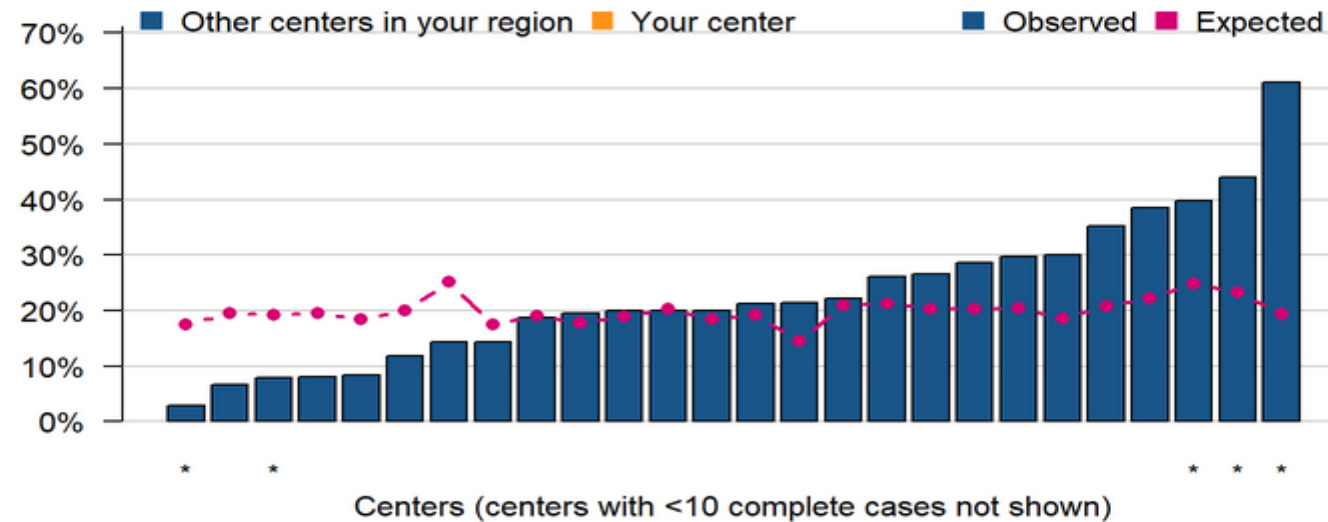
Regions (regions with <3 centers with at least 10 complete cases not shown)

Rates shown are among cases with complete data.

"*" Indicates region's observed rate differs significantly from its expected rate

CEA ASYMP: Postop LOS>1 Day

**Postop LOS>1 Day after CEA for Asymptomatic Patients in Your Region
(Jan-Dec 2022)**

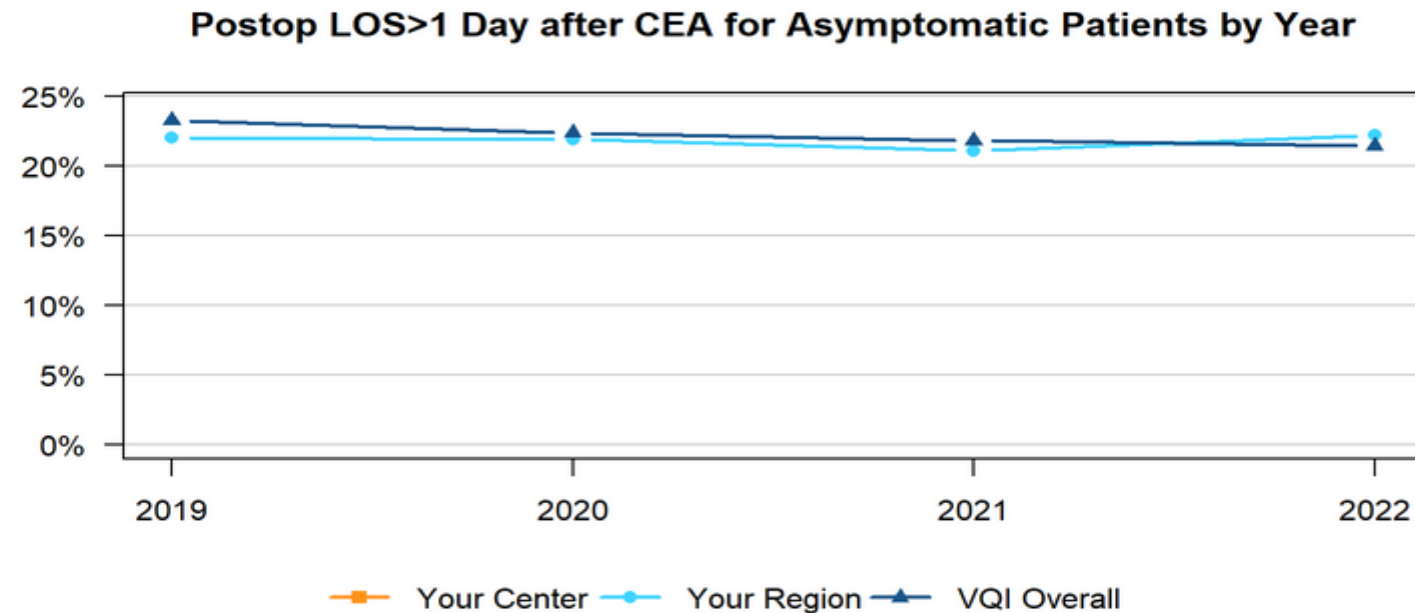


26 of 40 centers displayed

Rates shown are among cases with complete data.

“*” Indicates center’s observed rate differs significantly from its expected rate

CEA ASYMP: Postop LOS>1 Day



Rates shown are observed rates among cases meeting inclusion criteria.

CEA SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2022

Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure.

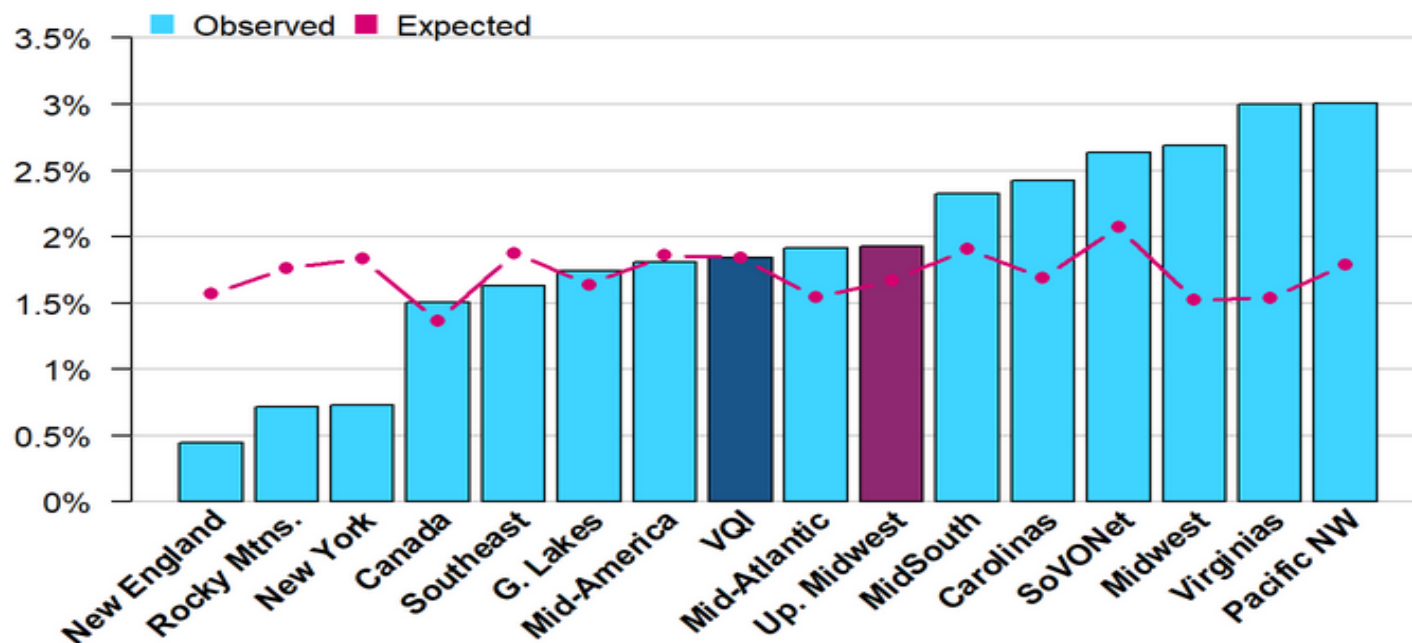
The table below gives the number of CEA procedures (performed on symptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		436	5043
Observed rate of stroke or death among procedures meeting inclusion criteria		1.8%	1.8%
Number of procedures with complete data*		415	4830
Observed rate of stroke or death among cases with complete data		1.9%	1.8%
Expected rate of stroke or death among cases with complete data		1.7%	NA
P-value for comparison of observed and expected rates		0.57	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

CEA SYMP: Stroke/Death

**Stroke or Death after CEA for Symptomatic Patients by Region Across VQI
(Jan-Dec 2022)**

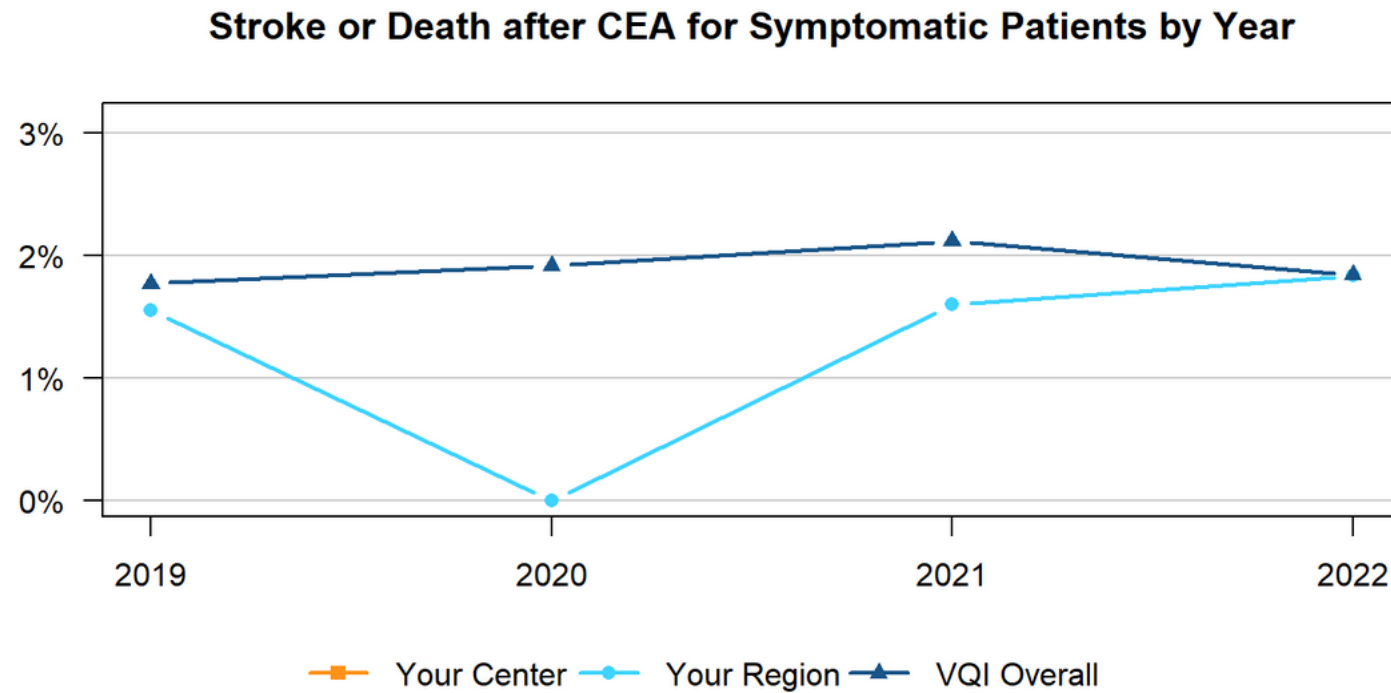


Regions (regions with <3 centers with at least 10 complete cases not shown)

Rates shown are among cases with complete data.

“*” Indicates region’s observed rate differs significantly from its expected rate

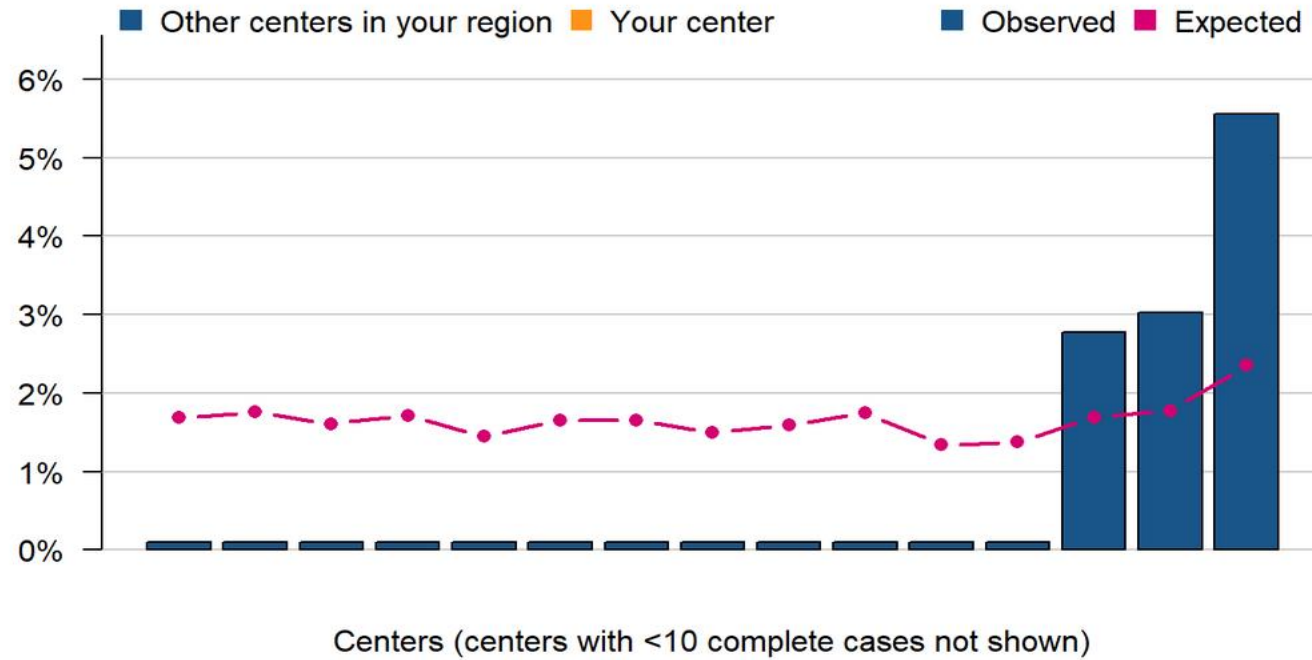
CEA SYMP: Stroke/Death



Rates shown are observed rates among cases meeting inclusion criteria.

CEA SYMP: Stroke/Death

Stroke or Death after CEA for Symptomatic Patients in Your Region (Jan-Dec 2022)



15 of 33 centers displayed

Rates shown are among cases with complete data.

"*" Indicates center's observed rate differs significantly from its expected rate

CEA SYMP: Postop LOS>1 Day

Procedures performed between January 1 and December 31, 2022

Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure. Procedures where in-hospital death occurred with postoperative LOS≤1 day, or procedures with an unrelated return to the OR, are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

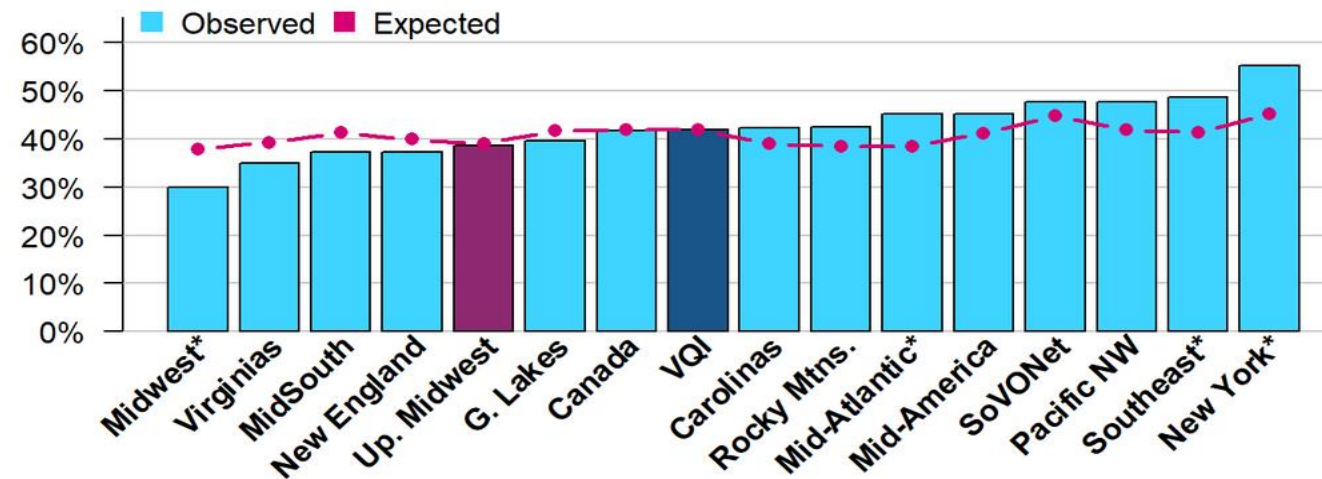
The table below gives the number of CEA procedures (performed on symptomatic patients) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		432	5018
Observed rate of LOS>1 day among procedures meeting inclusion criteria		39.8%	42.2%
Number of procedures with complete data*		410	4804
Observed rate of LOS>1 day among cases with complete data		38.5%	41.9%
Expected rate of LOS>1 day among cases with complete data		39%	NA
P-value for comparison of observed and expected rates		0.88	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

CEA SYMP: Postop LOS>1 Day

**Postop LOS>1 Day after CEA for Symptomatic Patients by Region Across VQI
(Jan-Dec 2022)**



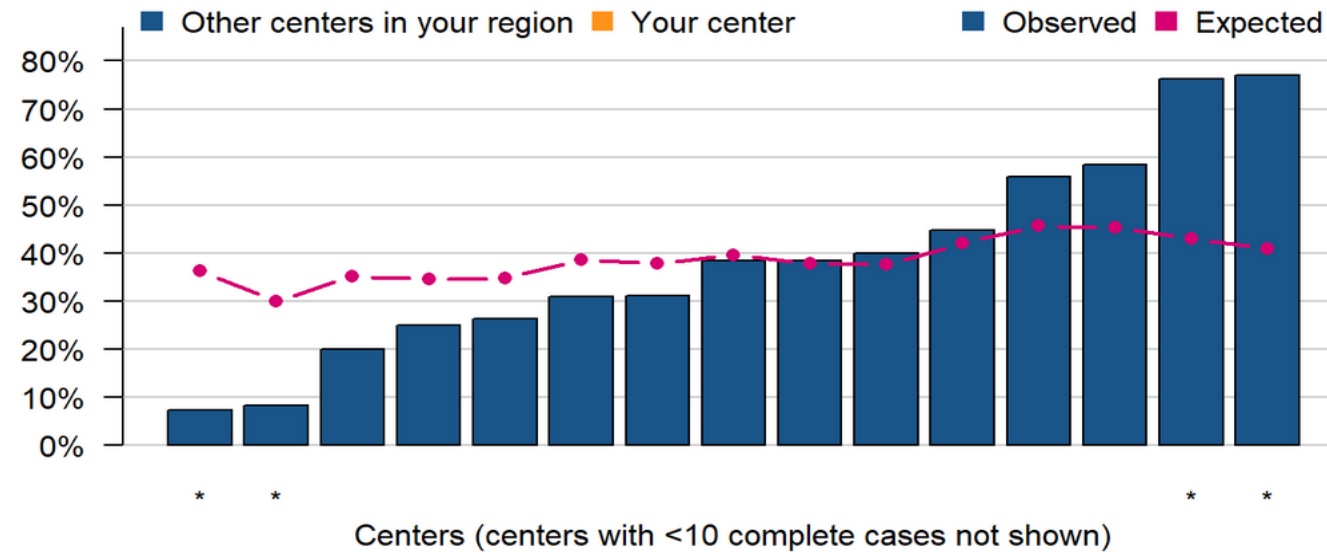
Regions (regions with <3 centers with at least 10 complete cases not shown)

Rates shown are among cases with complete data.

"*" Indicates region's observed rate differs significantly from its expected rate

CEA SYMP: Postop LOS>1 Day

**Postop LOS>1 Day after CEA for Symptomatic Patients in Your Region
(Jan-Dec 2022)**



15 of 33 centers displayed

Rates shown are among cases with complete data.

“*” Indicates center’s observed rate differs significantly from its expected rate

EVAR: Postop LOS>2 Days

Procedures performed between January 1 and December 31, 2022

Includes Endovascular AAA Repair (EVAR) procedures. Excludes any procedure with ruptured aneurysm. Procedures where in-hospital death occurred with postoperative LOS≤2 days are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

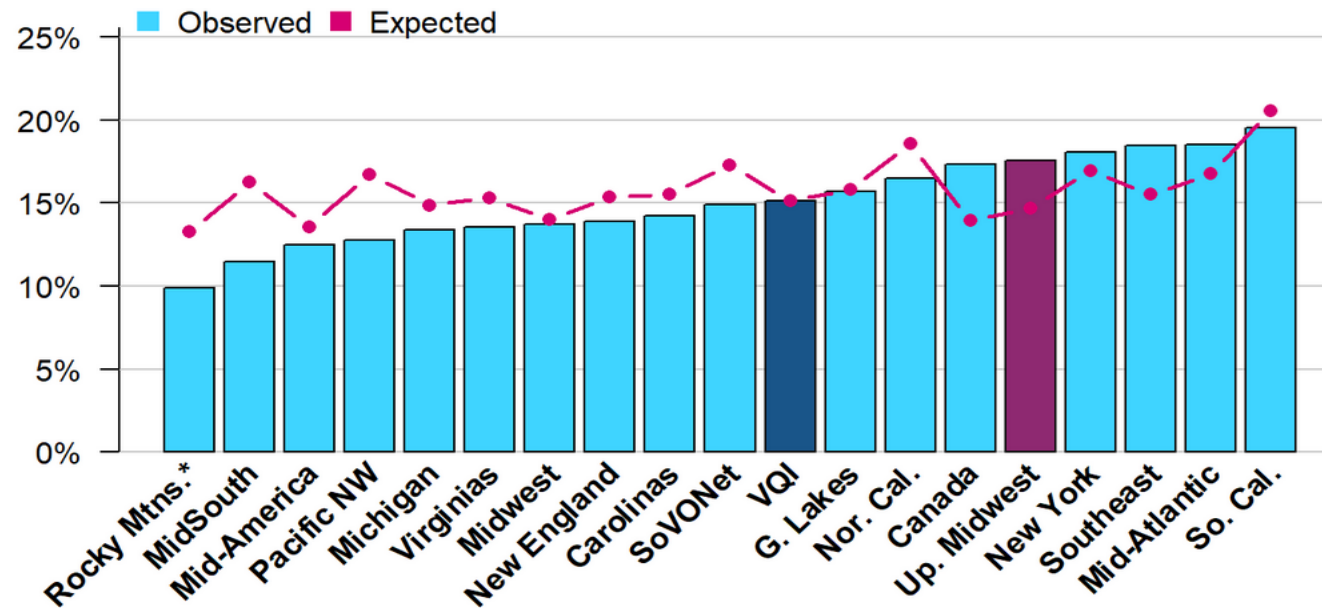
The table below gives the number of EVAR procedures meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>2 Days for those cases.

	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		555	7210
Observed rate of LOS>2 days among procedures meeting inclusion criteria		16.8%	15.3%
Number of procedures with complete data*		507	6619
Observed rate of LOS>2 days among cases with complete data		17.6%	15.1%
Expected rate of LOS>2 days among cases with complete data		14.7%	NA
P-value for comparison of observed and expected rates		0.07	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

EVAR: Postop LOS>2 Days

**Postop LOS>2 Days after EVAR by Region Across VQI
(Jan-Dec 2022)**



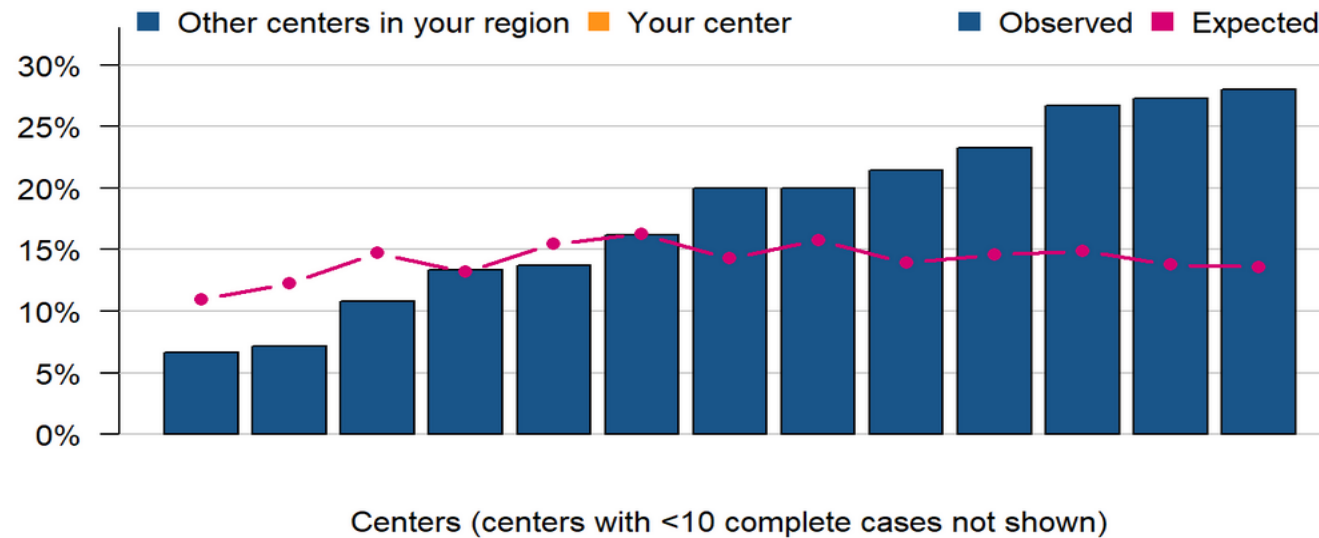
Regions (regions with <3 centers with at least 10 complete cases not shown)

Rates shown are among cases with complete data.

"*" Indicates region's observed rate differs significantly from its expected rate

EVAR: Postop LOS>2 Days

Postop LOS>2 Days after EVAR in Your Region (Jan-Dec 2022)

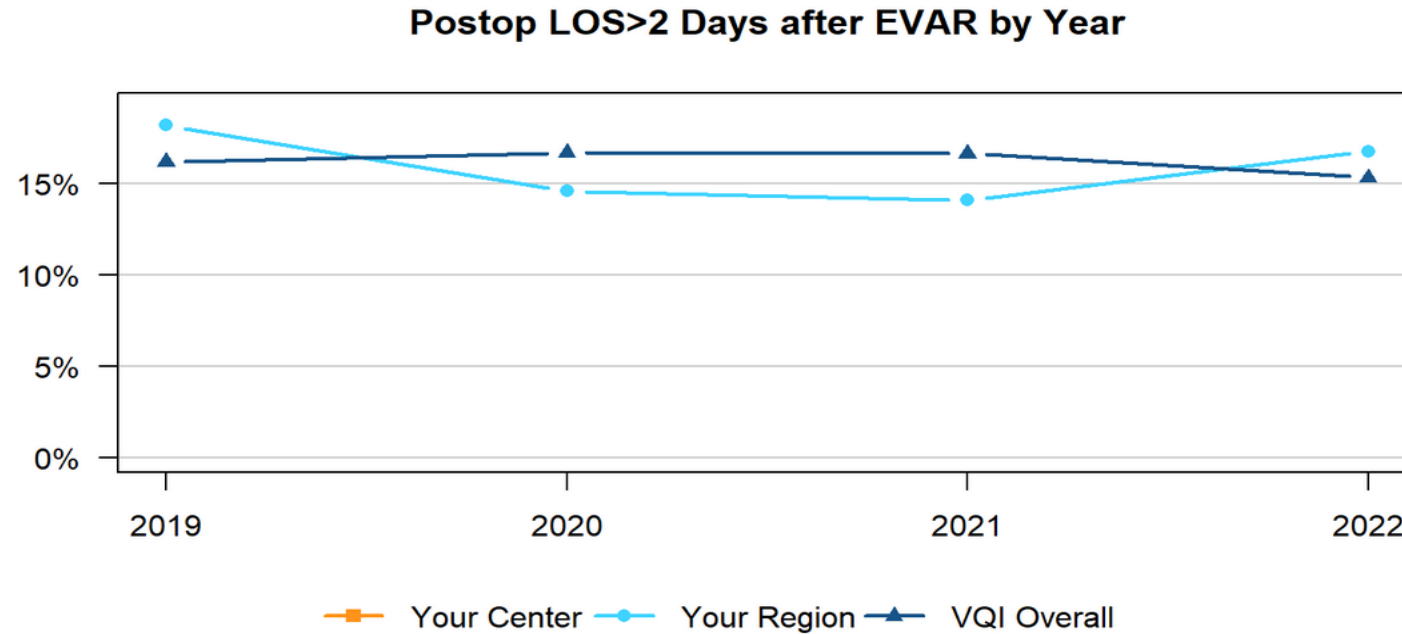


13 of 31 centers displayed

Rates shown are among cases with complete data.

“*” Indicates center’s observed rate differs significantly from its expected rate

EVAR: Postop LOS>2 Days



Rates shown are observed rates among cases meeting inclusion criteria.

EVAR: Sac Diameter Reporting

Procedures performed between January 1 and December 31, 2020

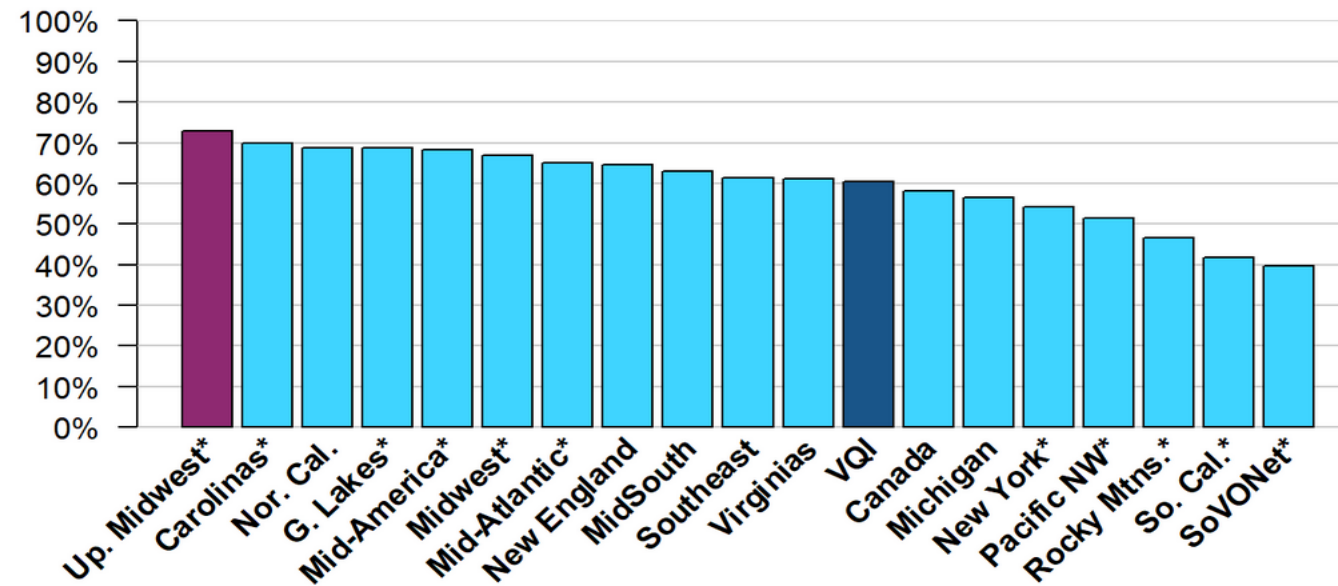
Includes Endovascular AAA Repair (EVAR) procedures. Excludes patients who were converted to open or died within 21 months of surgery.

The table below gives the number of EVAR procedures meeting the inclusion criteria, and the percentage of those procedures where a sac diameter was reported between 9 and 21 months post-procedure.

	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		409	6360
Percentage with sac diameter reported between 9 and 21 months post-procedure		72.9%	60.5%

EVAR: Sac Diameter Reporting

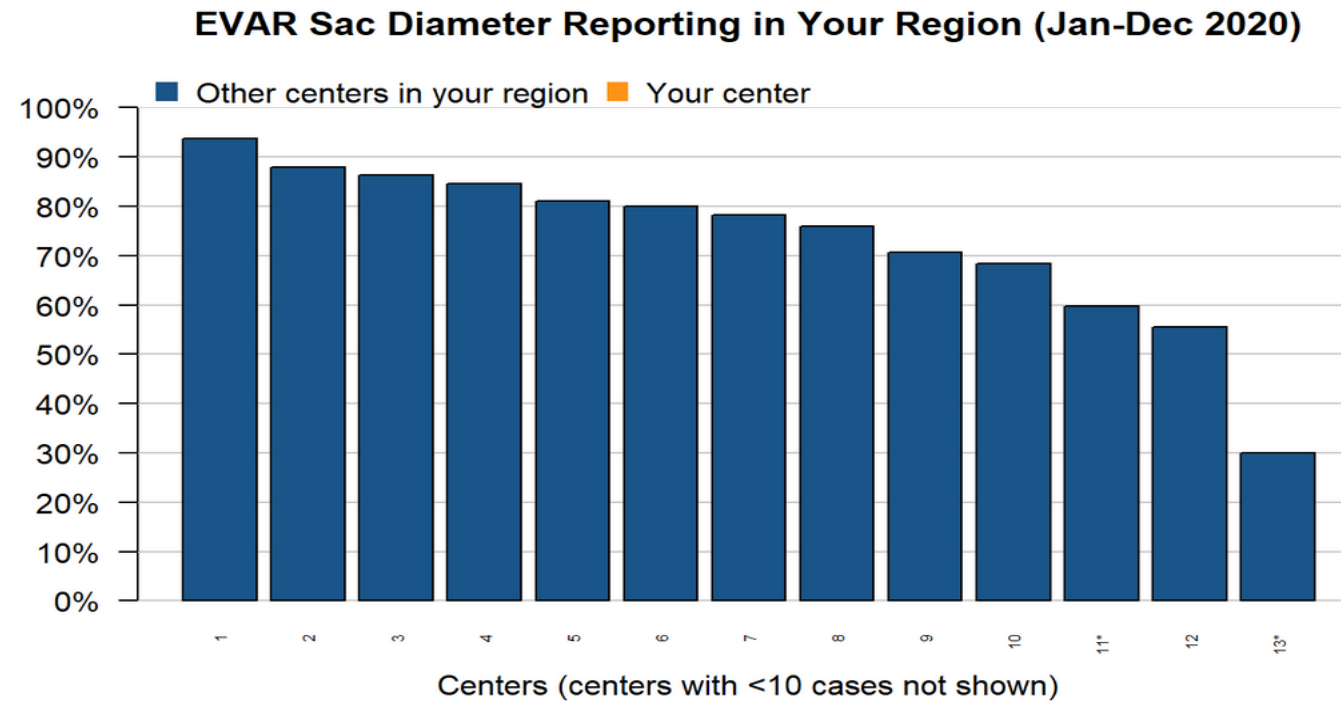
EVAR Sac Diameter Reporting by Region Across VQI (Jan-Dec 2020)



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

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

EVAR: Sac Diameter Reporting



13 of 20 centers displayed

"*" Indicates center's rate differs significantly from the regional rate.

EVAR: Sac Diameter Reporting

EVAR Sac Diameter Reporting Unblinding Legend for Your Region	
Index	Medical Center Name
1	St. Luke's Hospital - MN
2	Froedtert Health
3	SSM Health St. Mary's Hospital - Madison
4	Mayo Clinic Northwest Wisconsin
5	Mayo Clinic Hospital - Rochester
6	Waukesha Memorial Hospital
7	Fairview Southdale Hospital
8	Mercy Hospital (Allina)
9	Aspirus Wausau Hospital, Inc.
10	United Hospital (Allina)
11	Aurora St. Luke's Medical Center
12	University of Wisconsin Hospitals and Clinics Authority
13	NA

EVAR: SVS AAA Diameter Guideline

Procedures performed between January 1 and December 31, 2022

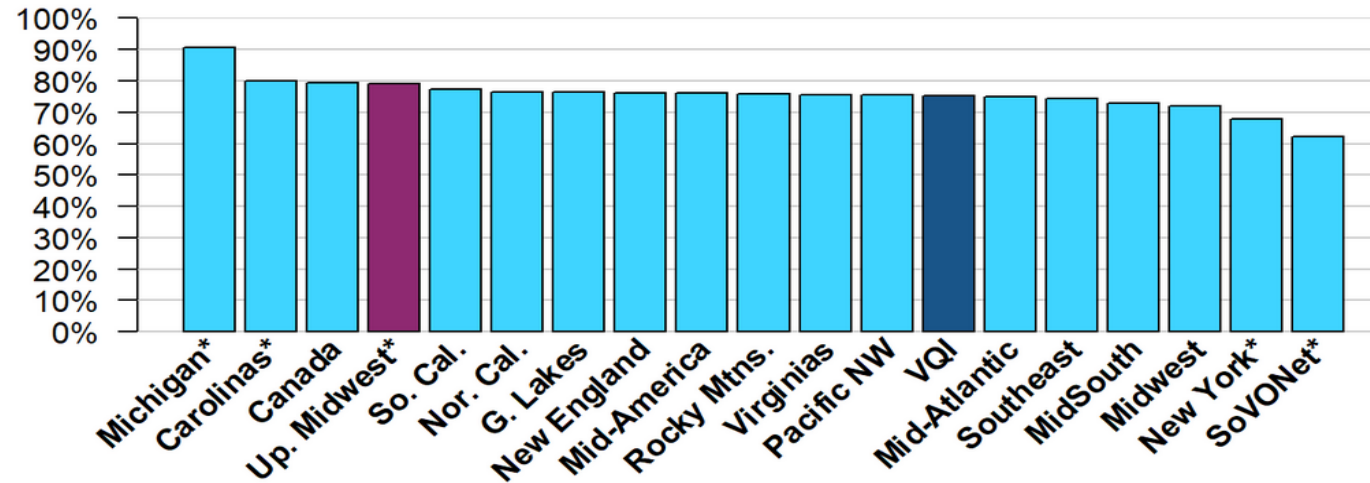
Includes Endovascular AAA Repair (EVAR) procedures. Excludes any non-elective procedure. SVS AAA diameter guideline is ≥ 5 cm for Women and ≥ 5.5 cm for men. If the patient has any iliac aneurysm, the guideline is considered met regardless of AAA diameter.

The table below gives the number of EVAR procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS AAA diameter guideline.

	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		504	6400
Percentage meeting SVS AAA diameter guideline		79.2%	75.2%

EVAR: SVS AAA Diameter Guideline

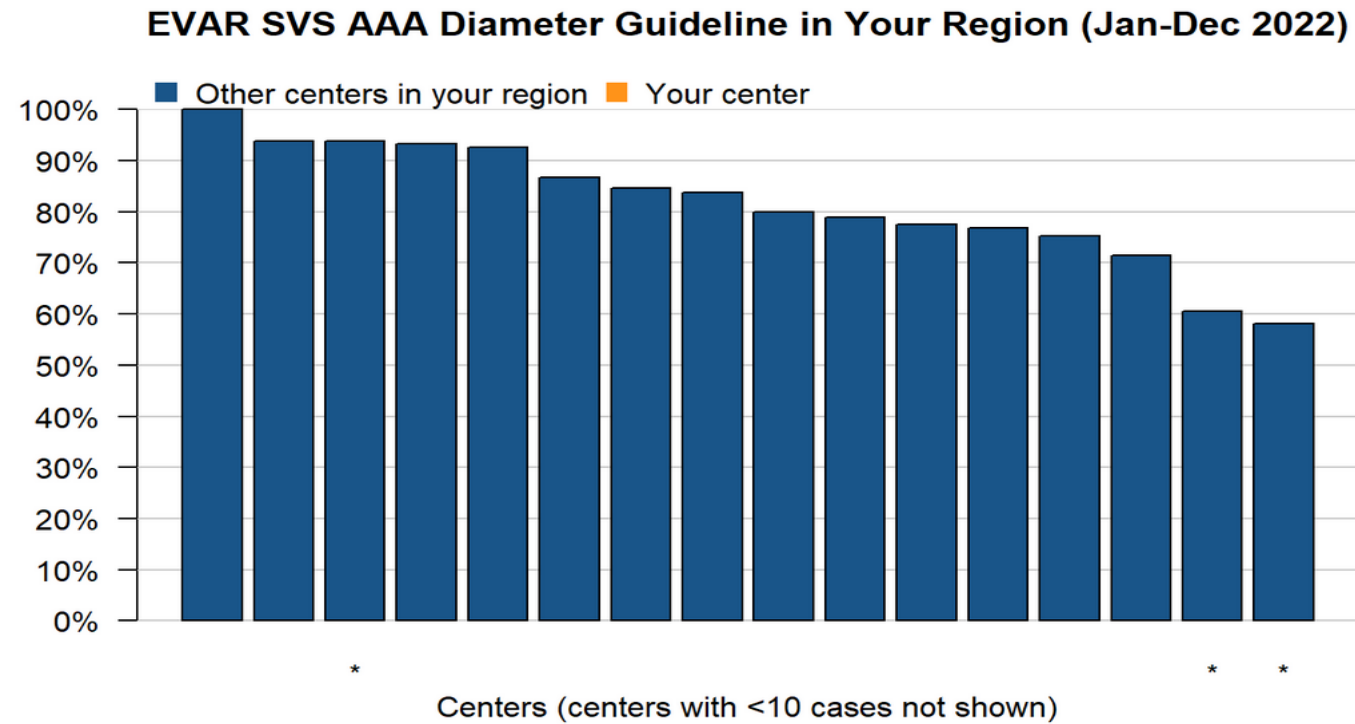
**EVAR SVS AAA Diameter Guideline by Region Across VQI
(Jan-Dec 2022)**



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

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

EVAR: SVS AAA Diameter Guideline

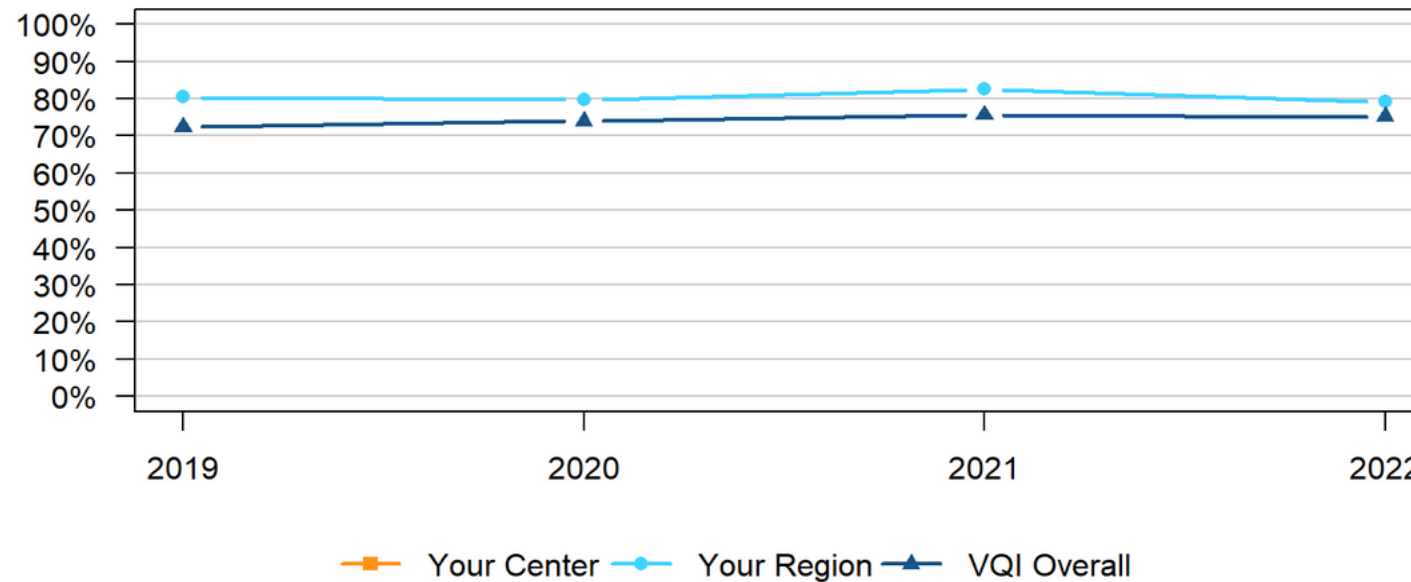


16 of 31 centers displayed

"*" Indicates center's rate differs significantly from the regional rate.

EVAR: SVS AAA Diameter Guideline

EVAR SVS AAA Diameter Guideline by Year



TEVAR: Sac Diameter Reporting

Procedures performed between January 1 and December 31, 2020

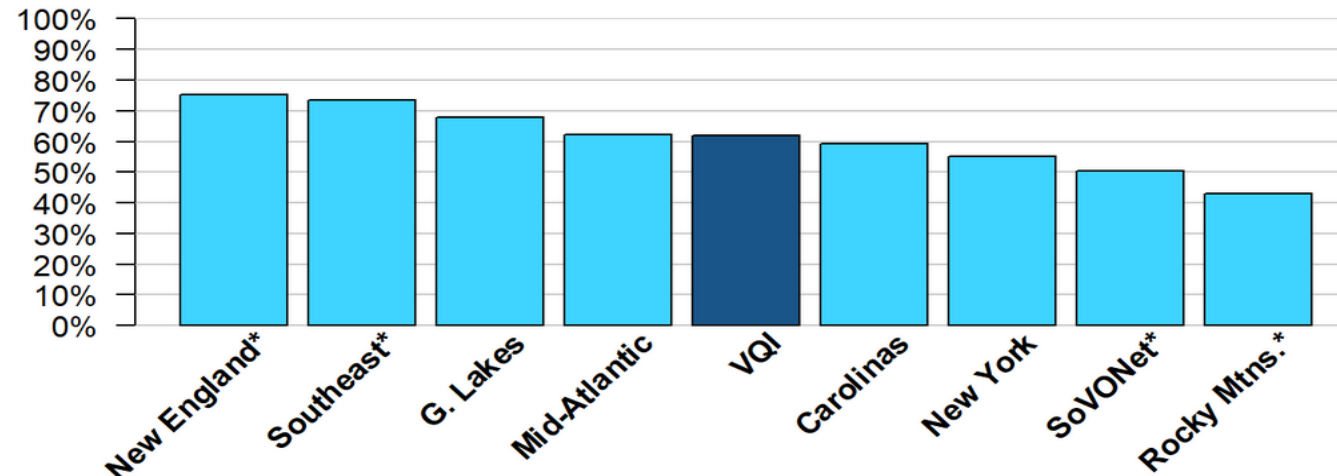
Includes Thoracic Endovascular Aortic Repair (TEVAR) procedures for aneurysm or aneurysm from dissection.
Excludes procedures where no aortic device was implanted or patients who were converted to open or died within 21 months of surgery.

The table below gives the number of TEVAR procedures meeting the inclusion criteria, and the percentage of those procedures where a sac diameter was reported between 9 and 21 months post-procedure.

	Your Center	Your Region	VQI Overall
Number of TEVAR procedures meeting inclusion criteria		76	1427
Percentage with sac diameter reported between 9 and 21 months post-procedure		84.2%	61.9%

TEVAR: Sac Diameter Reporting

TEVAR Sac Diameter Reporting by Region Across VQI (Jan-Dec 2020)



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

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

OAAA: In-Hospital Mortality

Procedures performed between January 1, 2019 and December 31, 2022

Includes Open AAA (OAAA) procedures. Excludes any patient with a ruptured aneurysm.

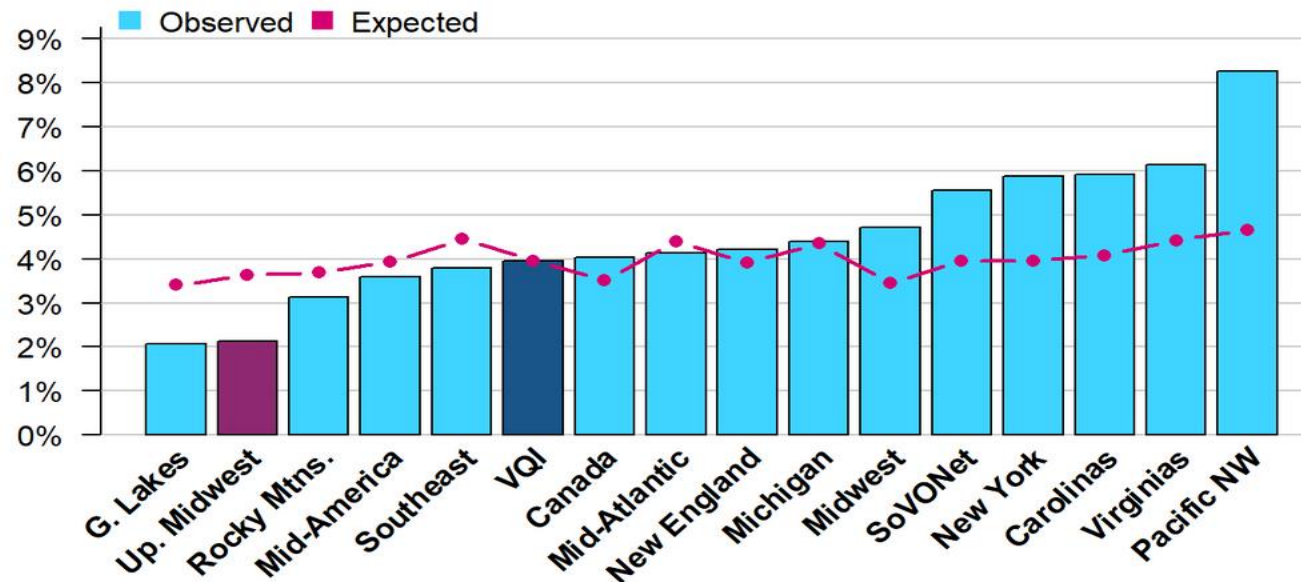
The table below gives the number of OAAA procedures meeting the inclusion criteria, and the observed and expected rates of in-hospital death for those cases.

	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		312	4664
Observed rate of In-Hospital Mortality among procedures meeting inclusion criteria		2.2%	4.2%
Number of procedures with complete data*		283	4369
Observed rate of In-Hospital Mortality among cases with complete data		2.1%	4%
Expected rate of In-Hospital Mortality among cases with complete data		3.6%	NA
P-value for comparison of observed and expected rates		0.2	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

OAAA: In-Hospital Mortality

**In-Hospital Death after OAAA by Region Across VQI
(Jan 2019-Dec 2022)**



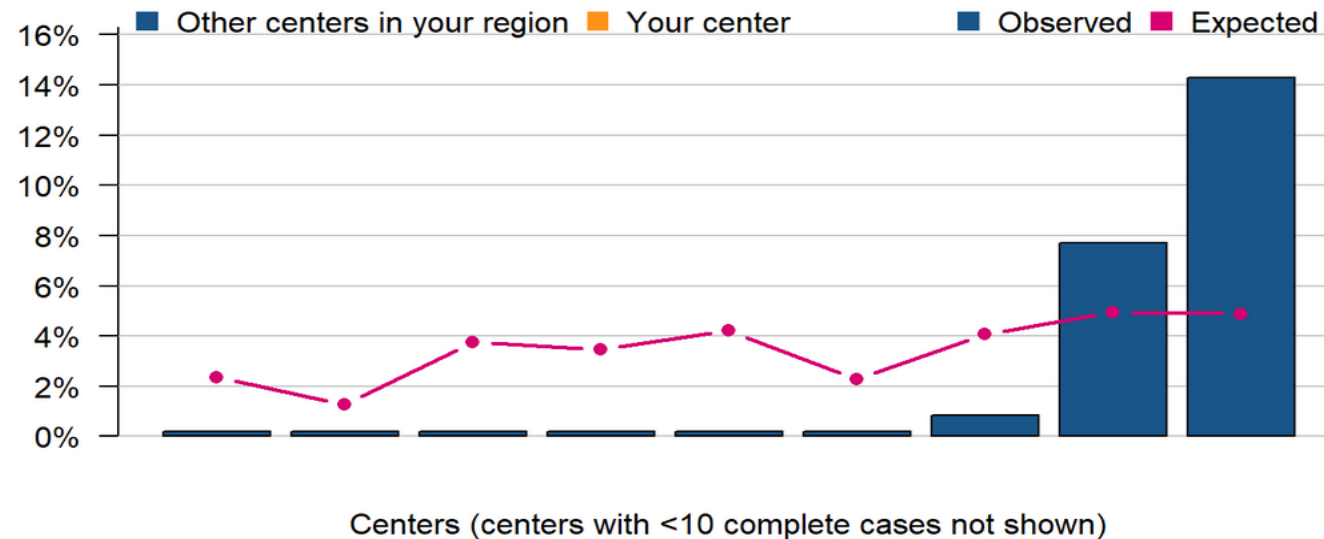
Regions (regions with <3 centers with at least 10 complete cases not shown)

Rates shown are among cases with complete data.

^{***} Indicates region's observed rate differs significantly from its expected rate

OAAA: In-Hospital Mortality

In-Hospital Death after OAAA in Your Region (Jan 2019-Dec 2022)



9 of 11 centers displayed

Rates shown are among cases with complete data.

“*” Indicates center’s observed rate differs significantly from its expected rate

OAAA: SVS Cell-Saver Guideline

Procedures performed between January 1, 2019 and December 31, 2022

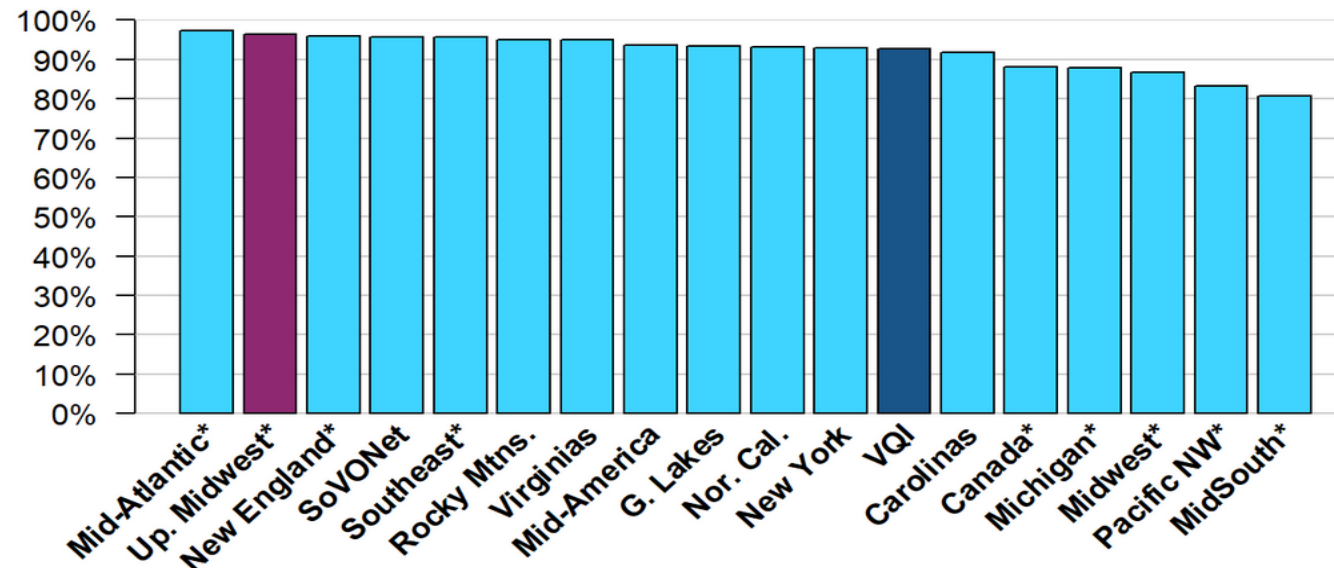
Includes Open AAA (OAAA) procedures. Excludes any patient with EBL≤500 ml. SVS cell-saver guideline is met if cell salvage or ultrafiltration device was used.

The table below gives the number of OAAA procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS cell-saver guideline.

	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		336	4702
Percentage meeting SVS cell-saver guideline		96.4%	92.7%

OAAA: SVS Cell-Saver Guideline

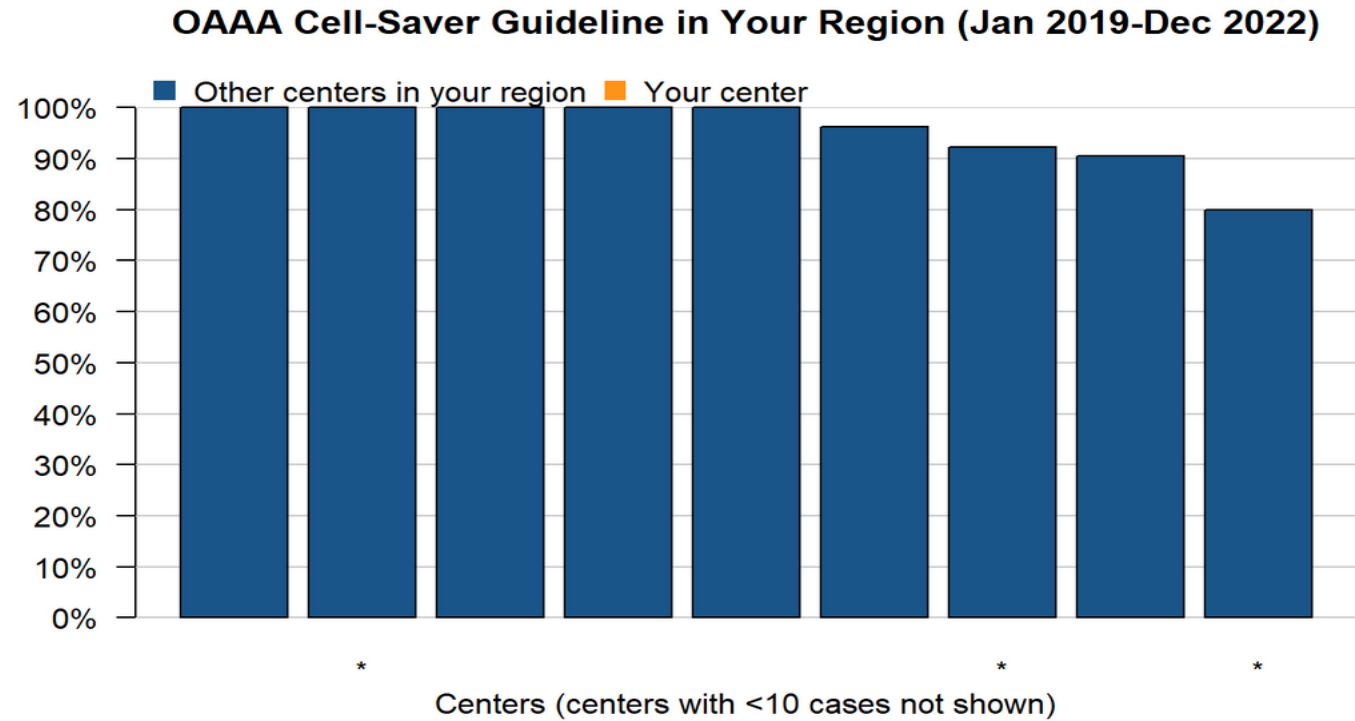
**OAAA Cell-Saver Guideline by Region Across VQI
(Jan 2019-Dec 2022)**



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

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

OAAA: SVS Cell-Saver Guideline



9 of 11 centers displayed

"*" Indicates center's rate differs significantly from the regional rate.

OAAA: SVS Iliac Inflow Guideline

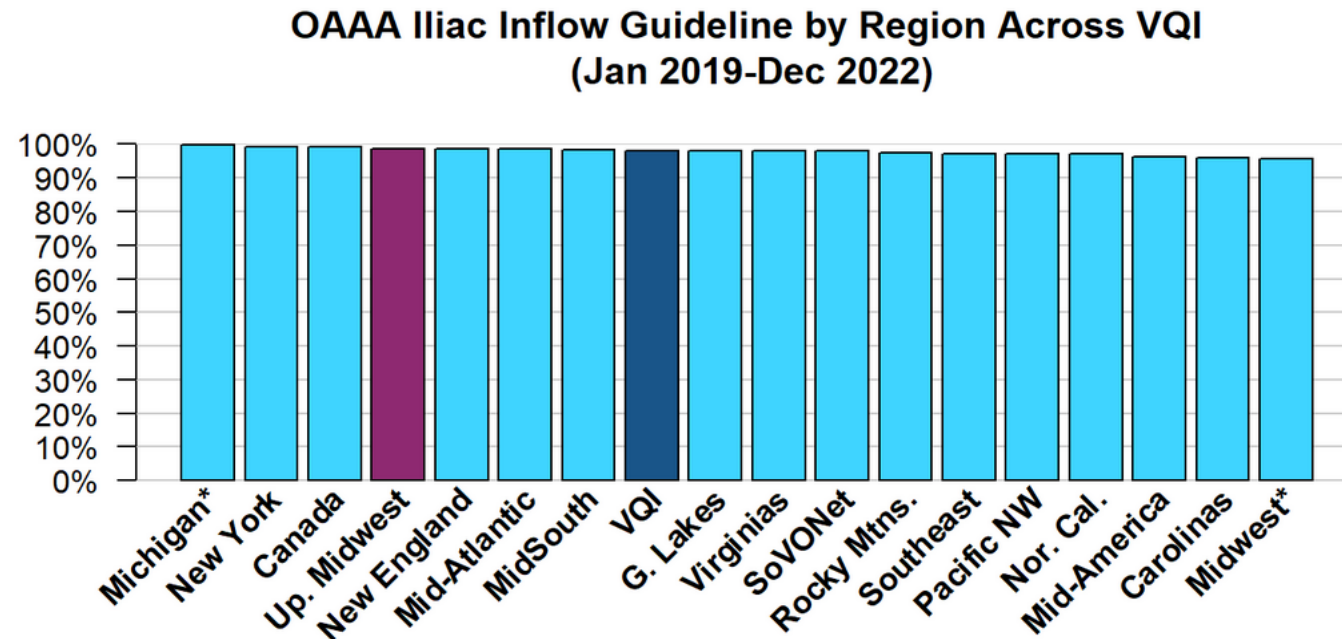
Procedures performed between January 1, 2019 and December 31, 2022

Includes Open AAA (OAAA) procedures. SVS iliac inflow guideline is met if preservation of flow was maintained to at least one internal iliac artery.

The table below gives the number of OAAA procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS iliac inflow guideline.

	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		366	5304
Percentage meeting SVS iliac inflow guideline		98.6%	98.1%

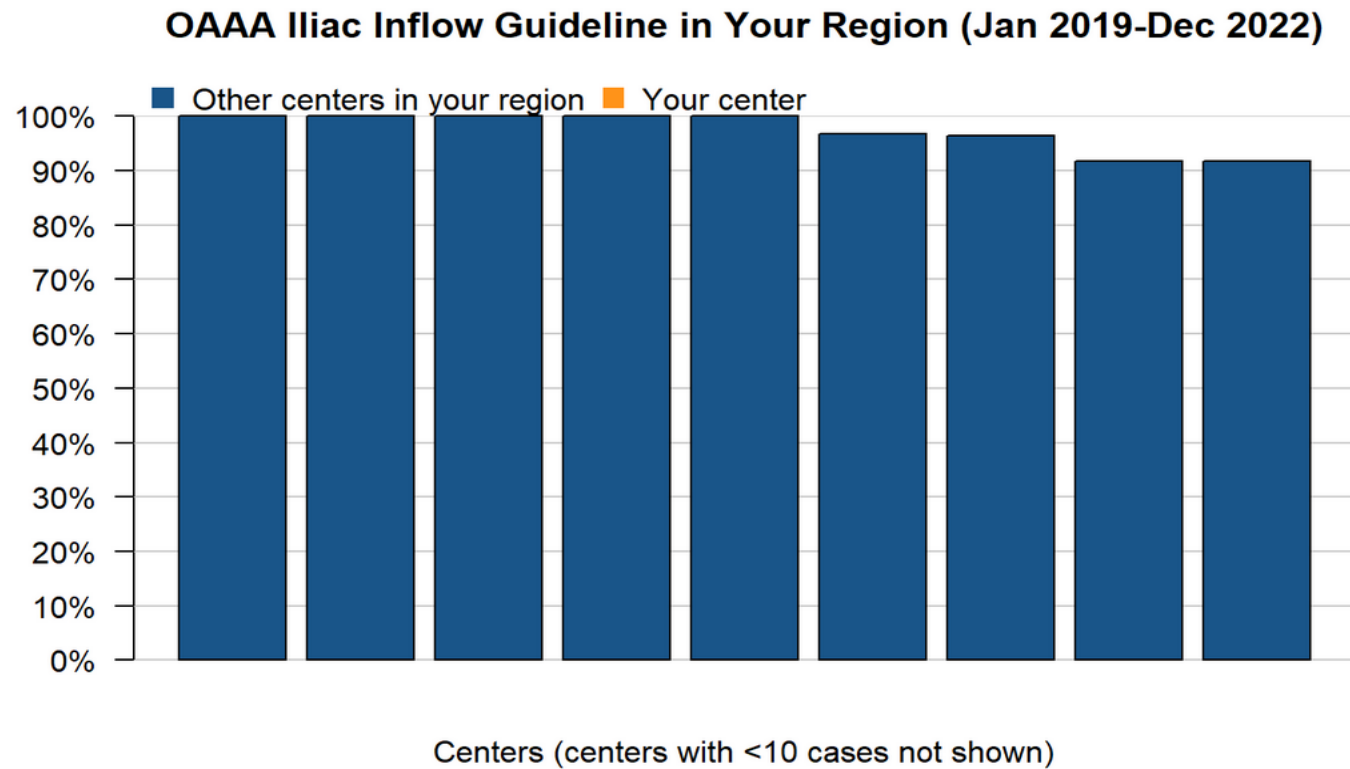
OAAA: SVS Iliac Inflow Guideline



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

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

OAAA: SVS Iliac Inflow Guideline



9 of 11 centers displayed

“*” Indicates center’s rate differs significantly from the regional rate.

PVI CLAUD: ABI/Toe Pressure

Procedures performed between January 1 and December 31, 2022

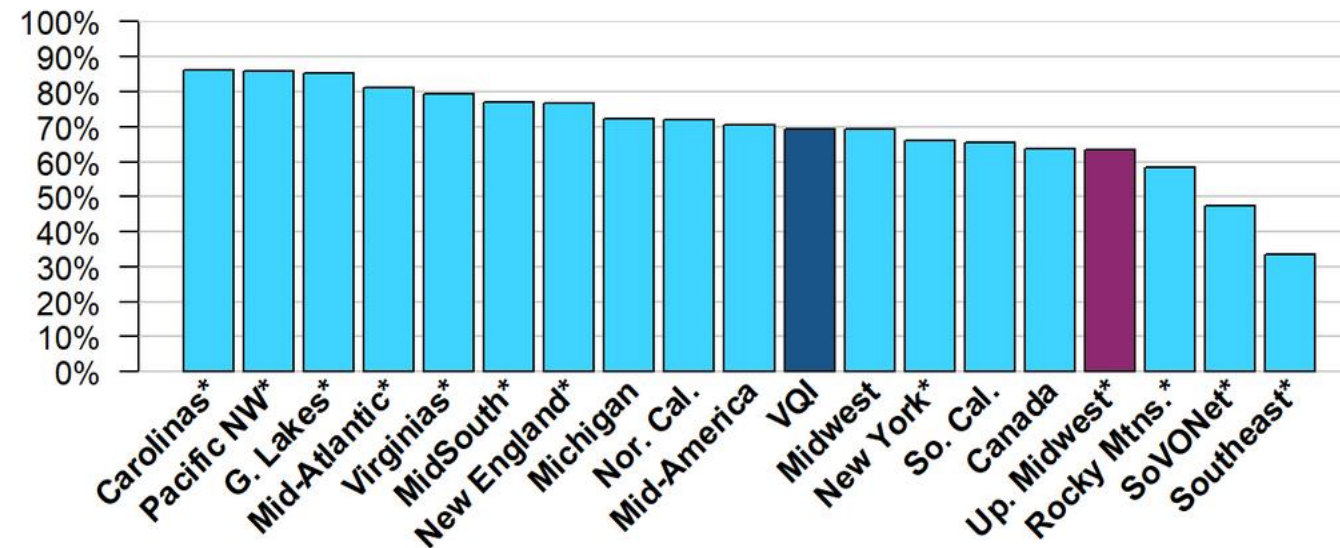
Includes Peripheral Vascular Intervention (PVI) procedures for mild, moderate, or severe claudication. "ABI/Toe Pressure Assessment" indicates at least one ABI or toe pressure assessment was made prior to PVI for the side of the procedure, or on both sides for bilateral and aortic procedures.

The table below gives the number of PVI procedures meeting the inclusion criteria, and the percentage of those procedures in which an ABI or toe pressure was assessed prior to PVI.

	Your Center	Your Region	VQI Overall
Number of PVI procedures meeting inclusion criteria		1368	16075
Percentage with ABI/toe pressure assessment		63.5%	69.4%

PVI CLAUD: ABI/Toe Pressure

**ABI/Toe Pressure Assessment before PVI for Claudication by Region Across VQI
(Jan-Dec 2022)**

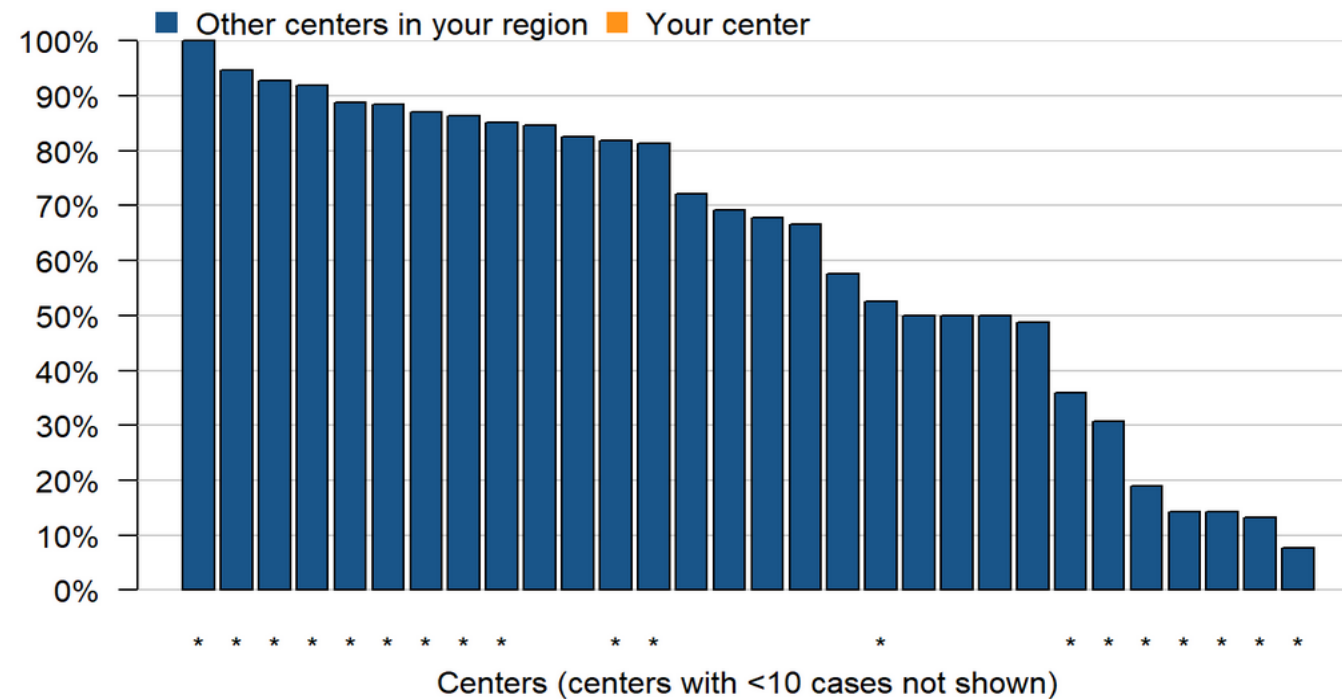


Regions (regions with <3 centers with at least 10 cases not shown)

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

PVI CLAUD: ABI/Toe Pressure

**ABI/Toe Pressure Assessment before PVI for Claudication in Your Region
(Jan-Dec 2022)**



30 of 40 centers displayed

"*" Indicates center's rate differs significantly from the regional rate

INFRA CLTI: Major Complications

Procedures performed between January 1 and December 31, 2022

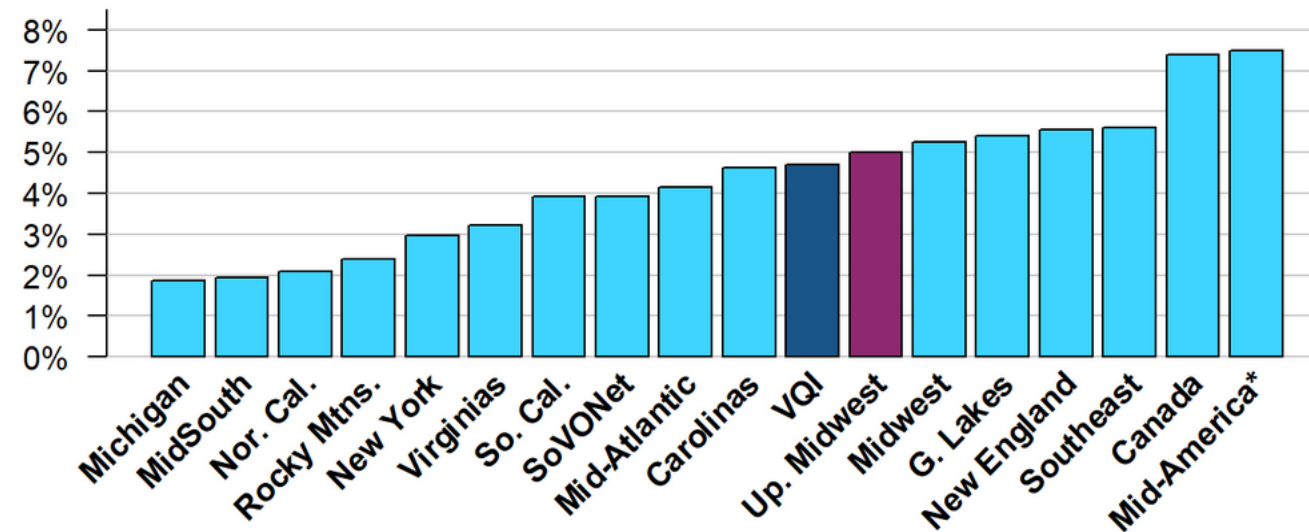
Includes Infrainguinal Bypass (INFRA) procedures for rest pain, tissue loss, or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

The table below gives the number of INFRA procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

	Your Center	Your Region	VQI Overall
Number of INFRA procedures meeting inclusion criteria		339	5203
Percentage with major complications		5%	4.7%

INFRA CLTI: Major Complications

Major Complications after INFRA for CLTI by Region Across VQI (Jan-Dec 2022)

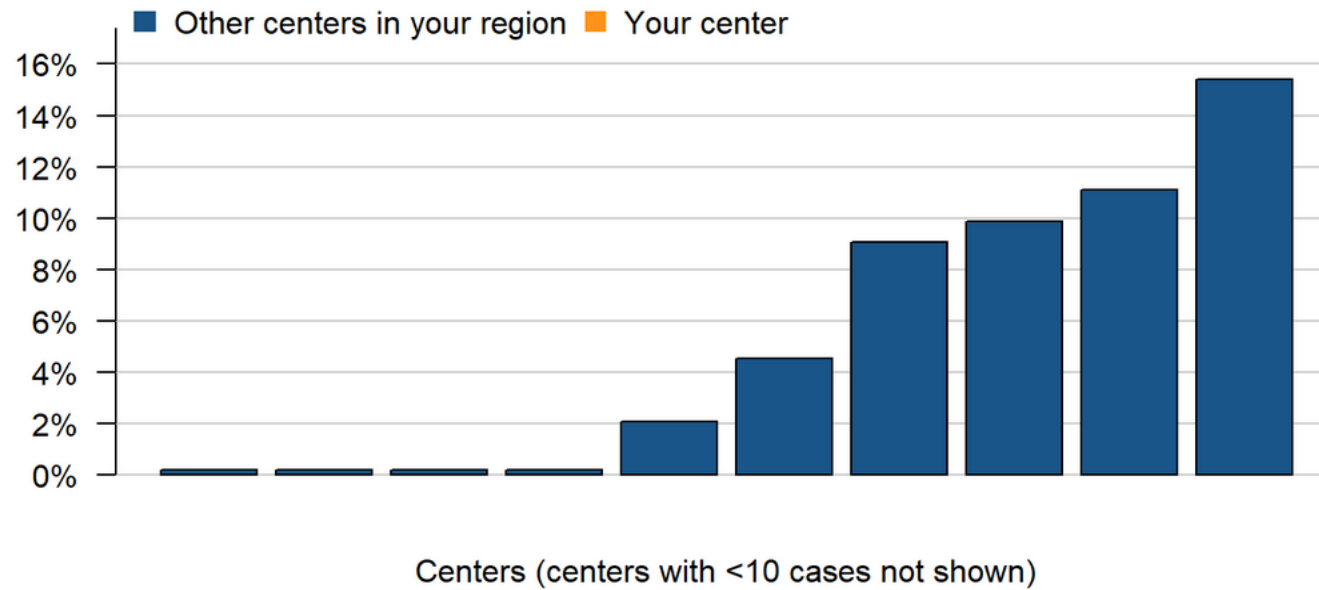


Regions (regions with <3 centers with at least 10 cases not shown)

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

INFRA CLTI: Major Complications

Major Complications after INFRA for CLTI in Your Region (Jan-Dec 2022)



10 of 25 centers displayed

“*” Indicates center’s rate differs significantly from the regional rate.

SUPRA CLTI: Major Complications

Procedures performed between January 1 and December 31, 2022

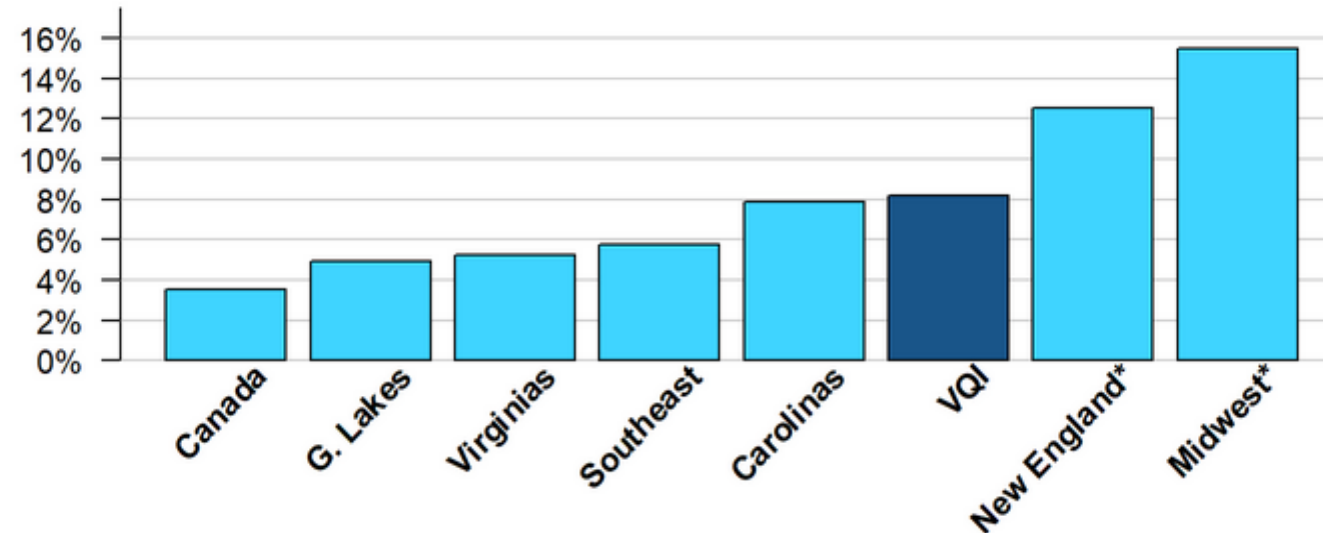
Includes Suprainguinal Bypass (SUPRA) procedures for rest pain, tissue loss, or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

The table below gives the number of SUPRA procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

	Your Center	Your Region	VQI Overall
Number of SUPRA procedures meeting inclusion criteria		67	1282
Percentage with major complications		7.5%	8.2%

SUPRA CLTI: Major Complications

Major Complications after SUPRA for CLTI by Region Across VQI (Jan-Dec 2022)

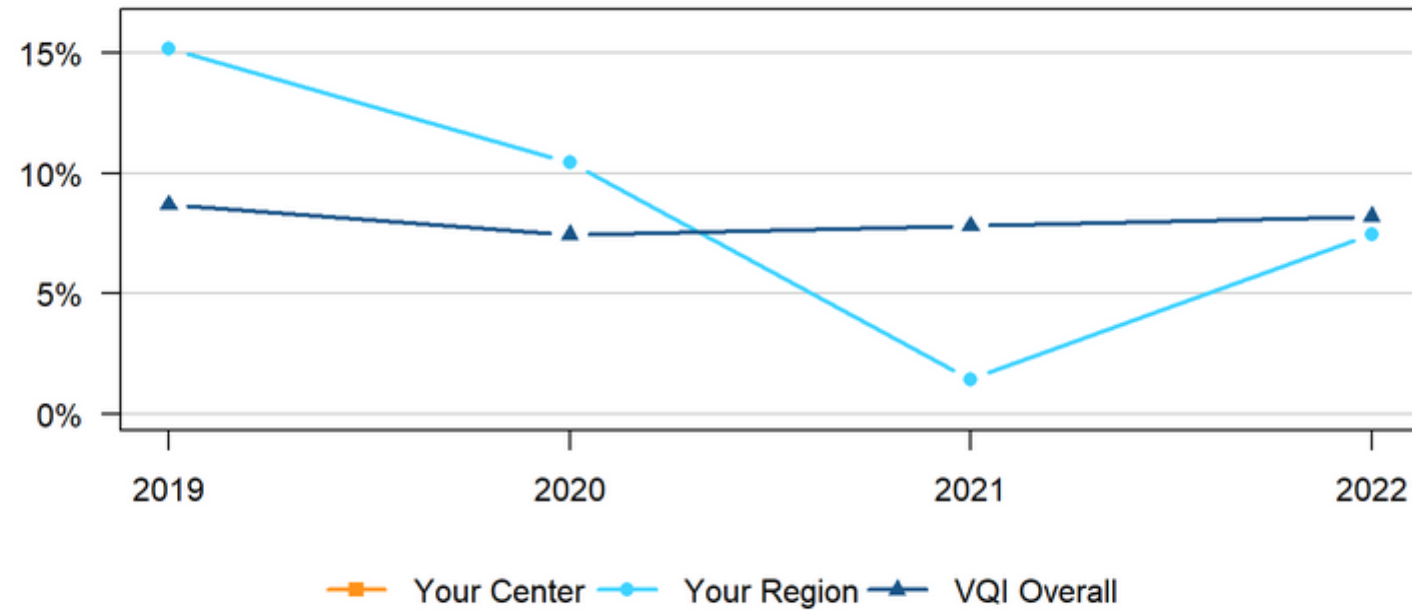


Regions (regions with <3 centers with at least 10 cases not shown)

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

SUPRA CLTI: Major Complications

Major Complications after SUPRA for CLTI by Year



LEAMP: Postop Complications

Procedures performed between January 1 and December 31, 2022

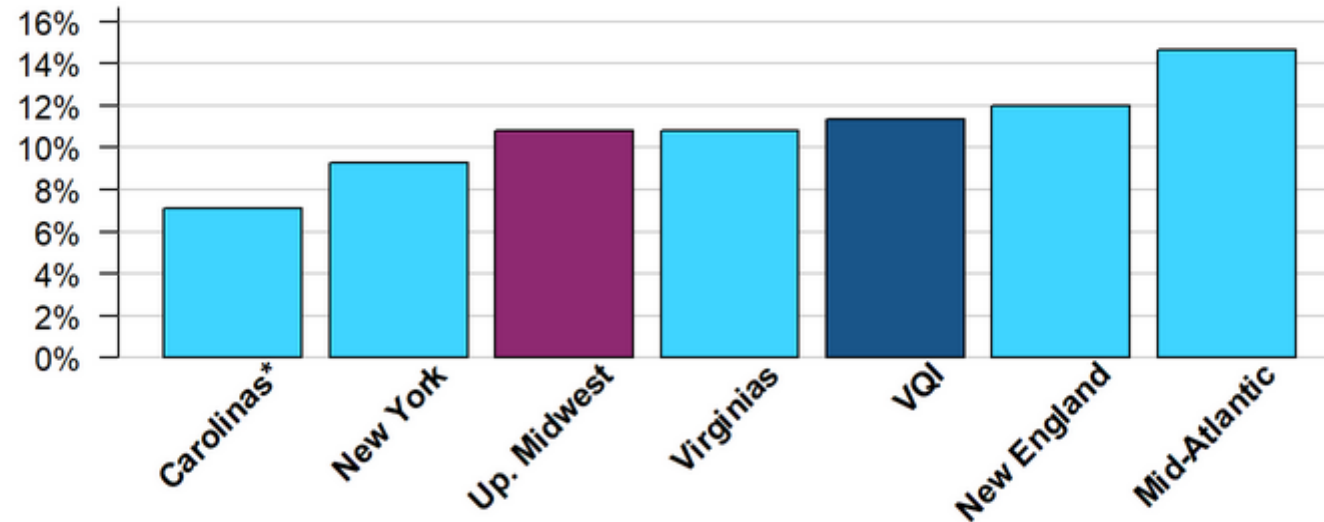
Includes Lower-Extremity Amputation (LEAMP) procedures. Postoperative complications are defined as myocardial infarction, dysrhythmia, congestive heart failure, surgical site infection, renal complication, or respiratory complication.

The table below gives the number of LEAMP procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in a postoperative complication.

	Your Center	Your Region	VQI Overall
Number of LEAMP procedures meeting inclusion criteria		676	3363
Percentage with postoperative complications		10.8%	11.3%

LEAMP: Postop Complications

Postop Complications after LEAMP by Region Across VQI (Jan-Dec 2022)

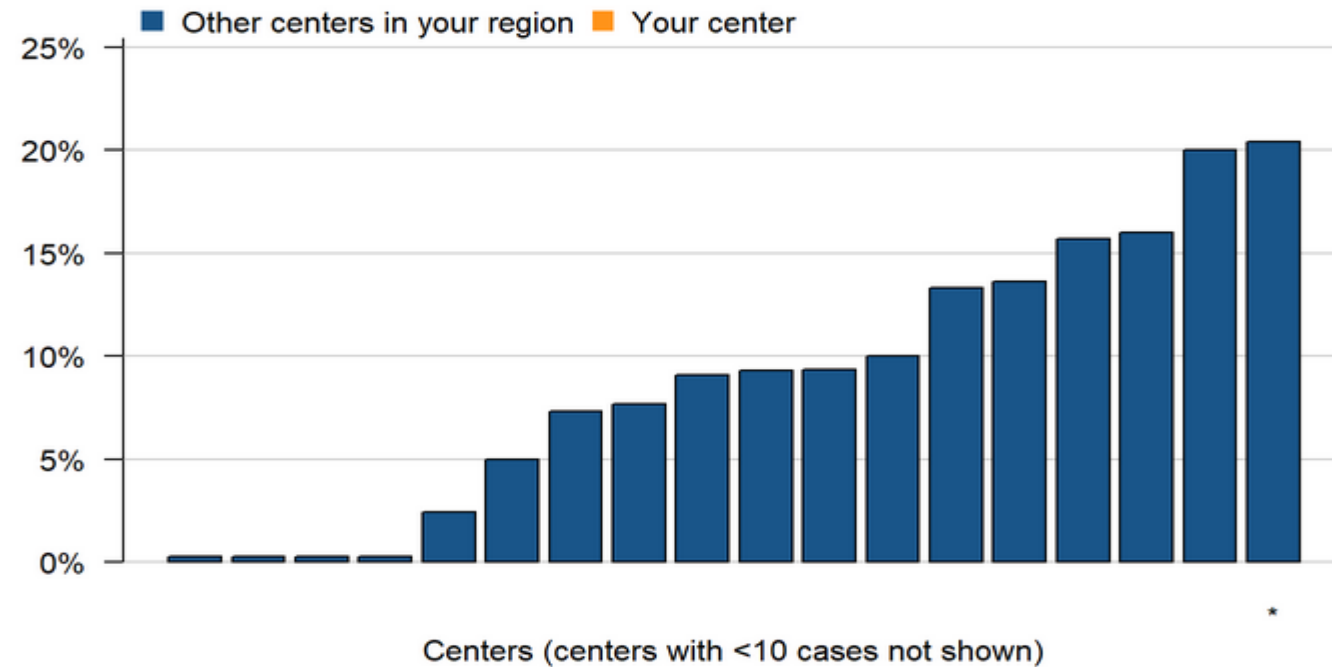


Regions (regions with <3 centers with at least 10 cases not shown)

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

LEAMP: Postop Complications

Postop Complications after LEAMP in Your Region (Jan-Dec 2022)



18 of 23 centers displayed

“*” Indicates center's rate differs significantly from the regional rate.

HDA: Primary AVF vs. Graft

Procedures performed between January 1 and December 31, 2022

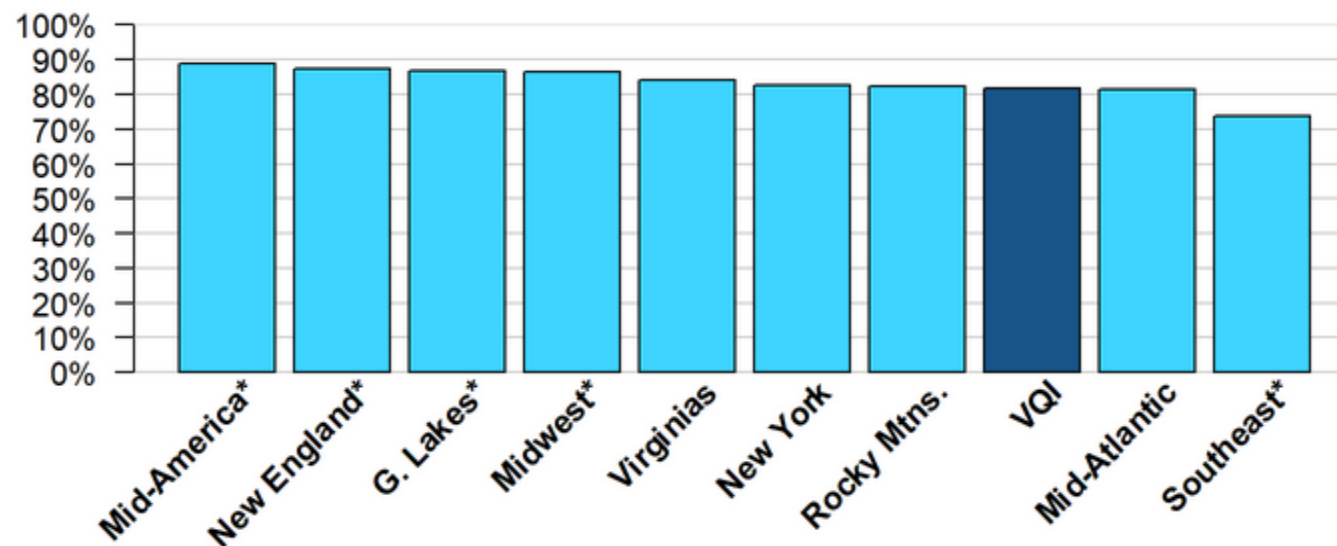
Includes Hemodialysis Access (HDA) procedures. Excludes procedures where Access Type = Endo AVF or patients with a previous access procedure in the same arm.

The table below gives the number of HDA procedures meeting the inclusion criteria, and the percentage of those procedures that were primary AVF.

	Your Center	Your Region	VQI Overall
Number of HDA procedures meeting inclusion criteria		113	4585
Percentage with primary AVF		84.1%	81.7%

HDA: Primary AVF vs. Graft

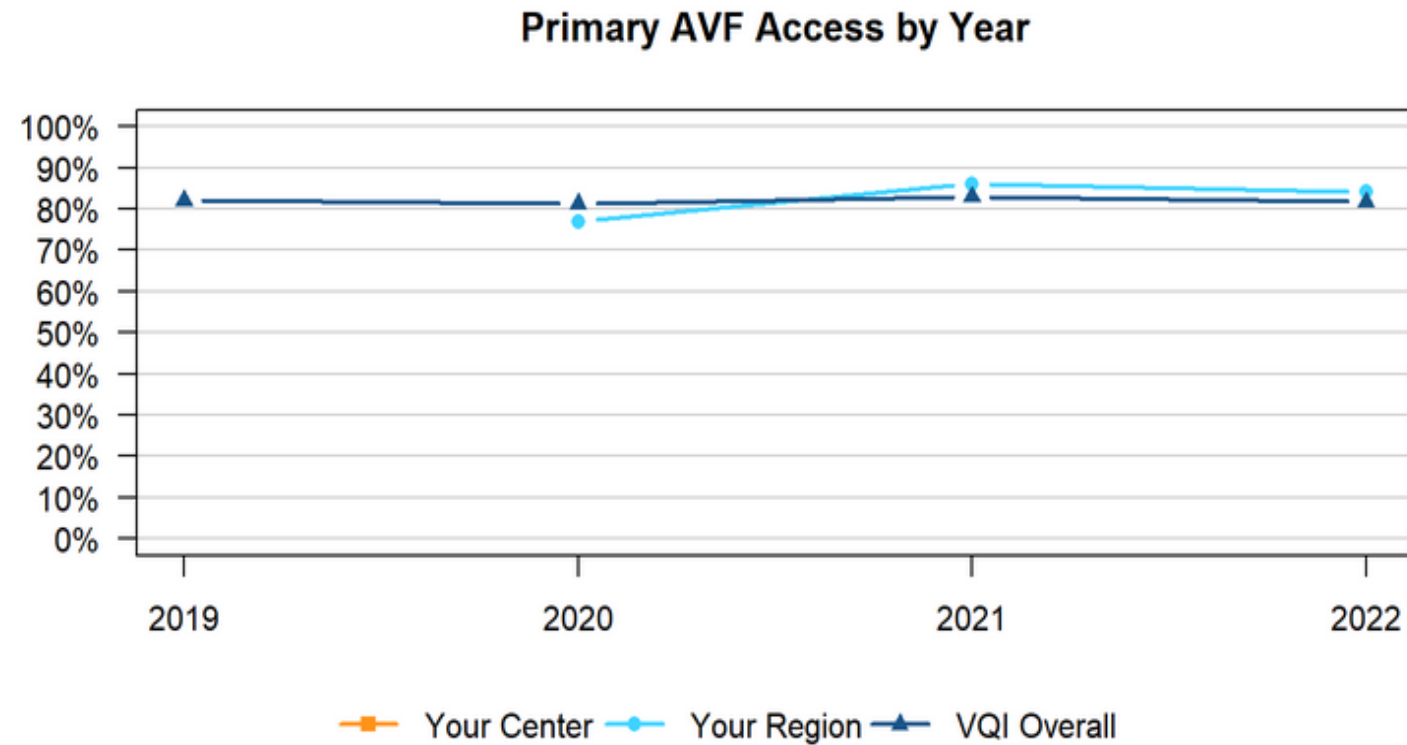
**Primary AVF Access by Region Across VQI
(Jan-Dec 2022)**



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

“*” Indicates region’s rate differs significantly from the VQI rate.

HDA: Primary AVF vs. Graft



HDA: Ultrasound Vein Mapping

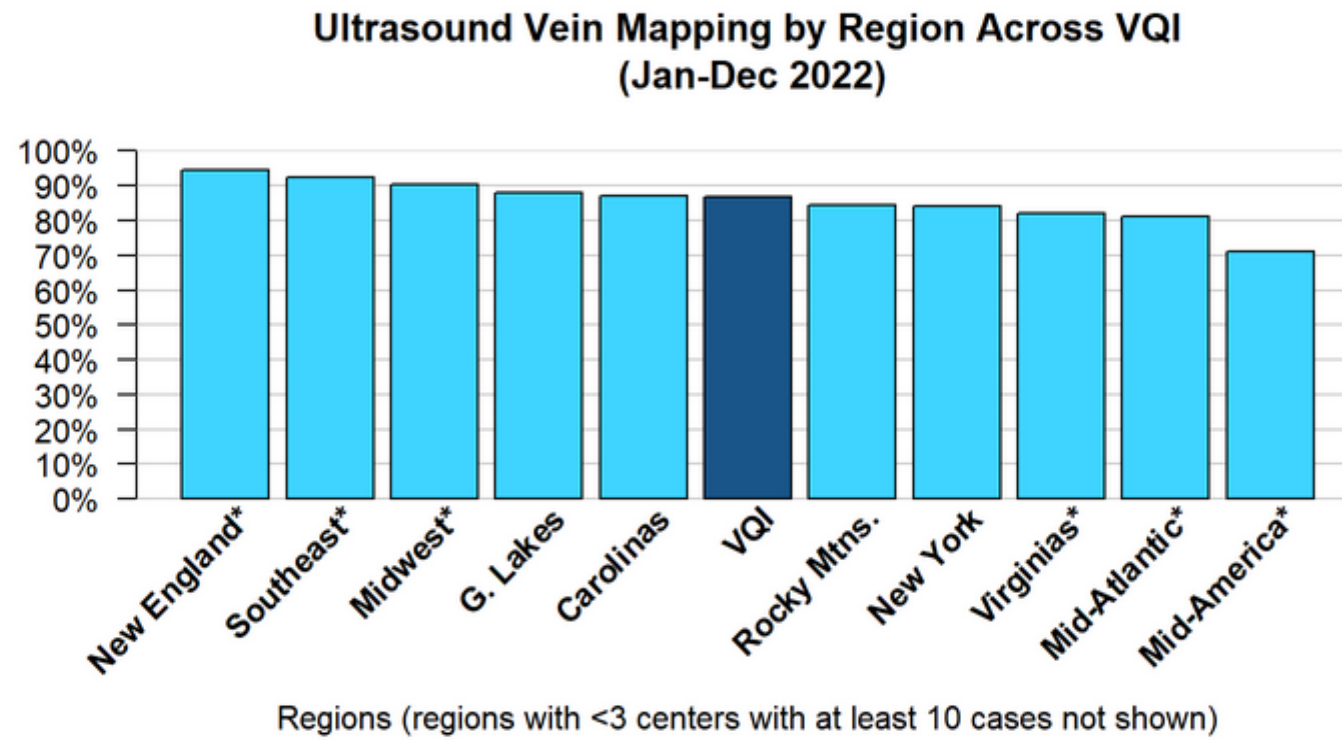
Procedures performed between January 1 and December 31, 2022

Includes Hemodialysis Access (HDA) procedures.

The table below gives the number of HDA procedures meeting the inclusion criteria, and the percentage of those procedures with preoperative ultrasound vein mapping.

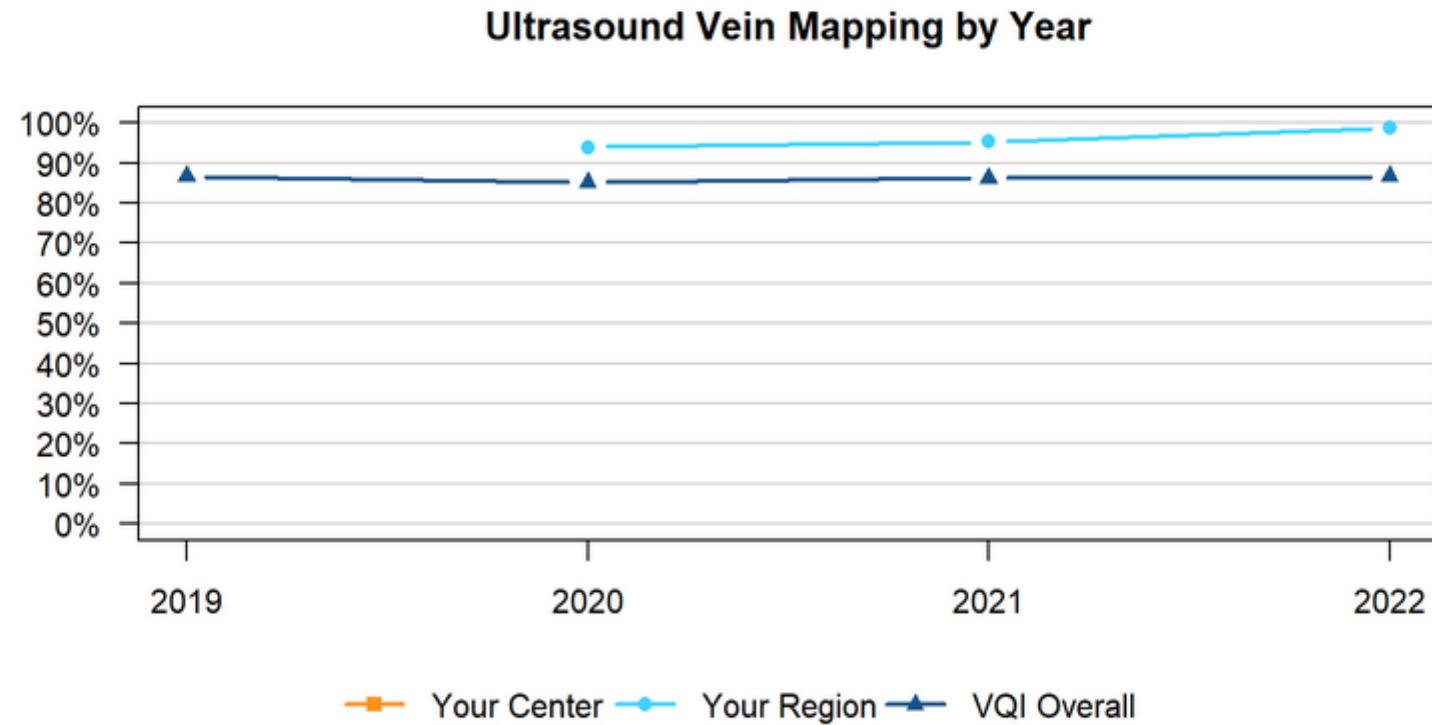
	Your Center	Your Region	VQI Overall
Number of HDA procedures meeting inclusion criteria		157	5661
Percentage with preoperative ultrasound vein mapping		98.7%	86.7%

HDA: Ultrasound Vein Mapping



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

HDA: Ultrasound Vein Mapping



HDA: Postop Complications

Procedures performed between January 1 and December 31, 2022

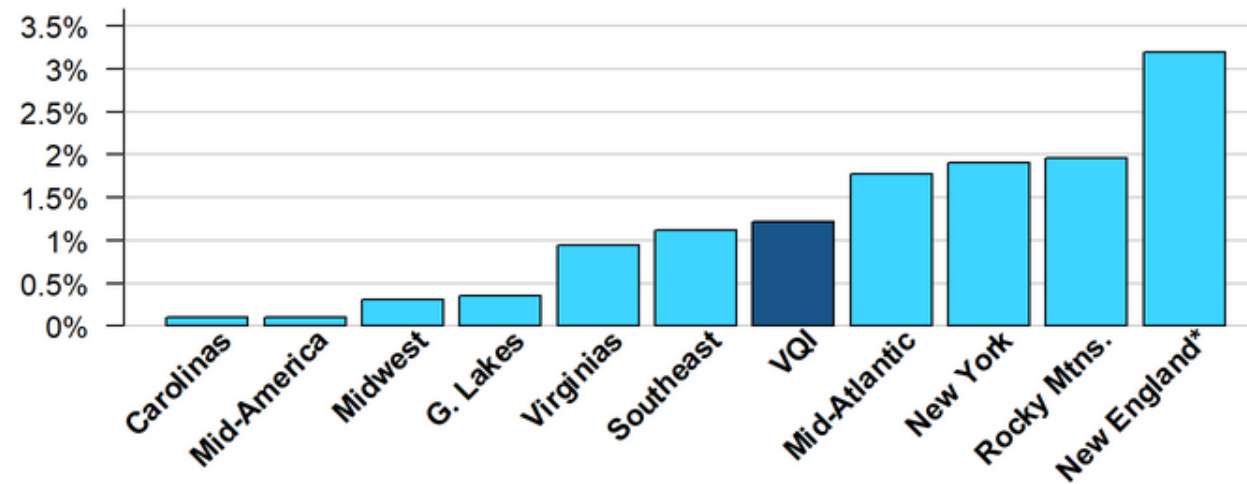
Includes Hemodialysis Access (HDA) procedures.

The table below gives the number of HDA procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in an immediate postoperative complication. Postoperative complications are defined as bleeding, ischemic steal, ischemic monomelic neuropathy, access thrombosis, or other complication requiring reoperation.

	Your Center	Your Region	VQI Overall
Number of HDA procedures meeting inclusion criteria		157	5660
Percentage with immediate postoperative complications		0.6%	1.2%

HDA: Postop Complications

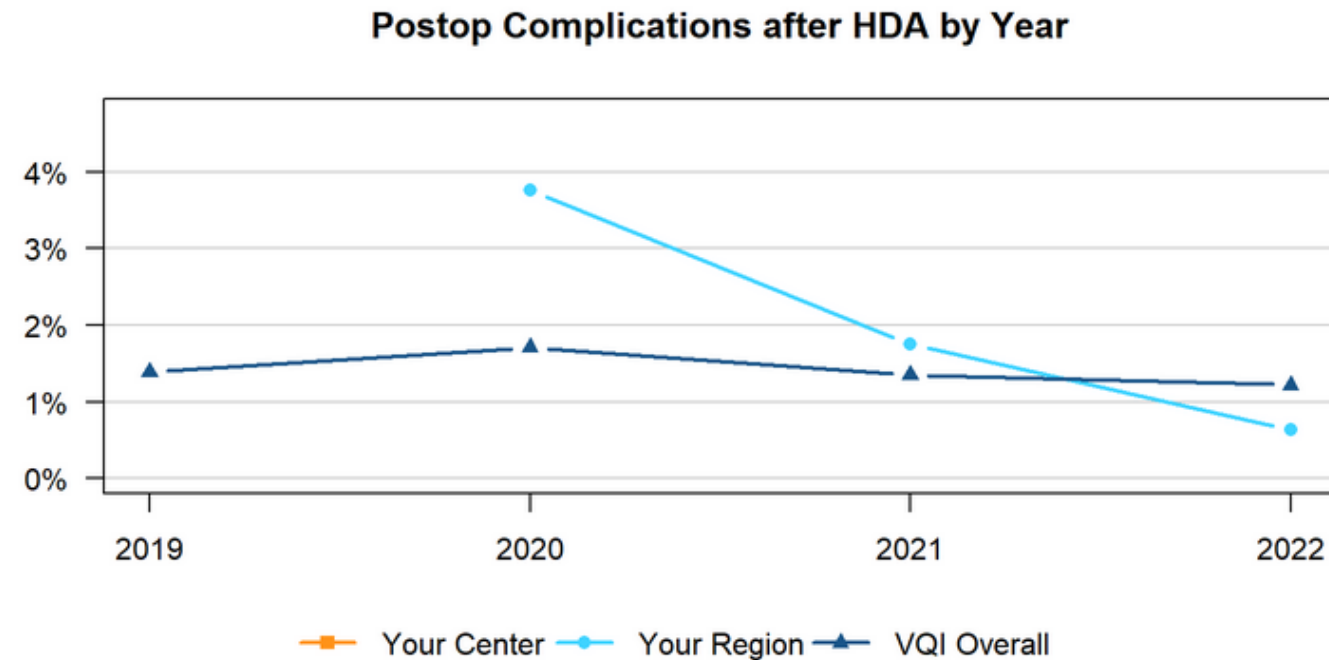
**Postop Complications after HDA by Region Across VQI
(Jan-Dec 2022)**



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

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

HDA: Postop Complications



IVCF: Filter Retrieval Reporting

Procedures performed between January 1 and December 31, 2020

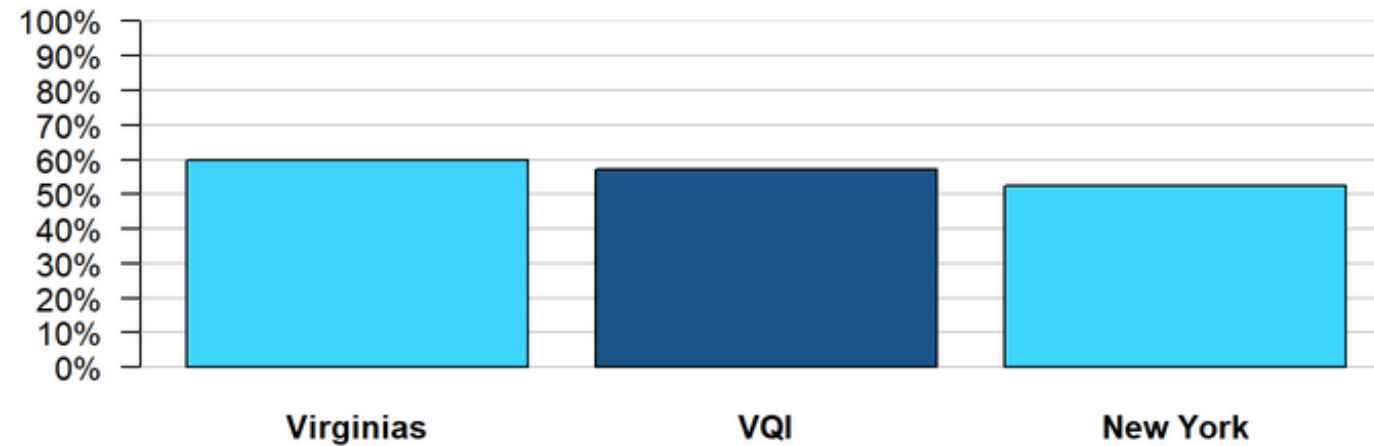
Includes Inferior Vena Cava Filter (IVCF) procedures. Excludes filters with permanent planned duration, patients who have expired, or patients where no follow-up was possible.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures in which the filter was reported as retrieved (or retrieval was attempted) at any time post-procedure. Because follow-up is critical for assessing filter retrieval, cases meeting the inclusion criteria are broken down into those with follow-up records (at least 1 follow-up record) and those without follow-up records.

	Your Center	Your Region	VQI Overall
Number of IVCF procedures meeting inclusion criteria		NA (<3 centers)	943
Number without follow-up records			108
Number with follow-up records			835
Percentage with Filter Retrieval, or Attempt at Retrieval			57.1%
Percentage not retrieved because No Follow-up Records Created			11.5%
Percentage not retrieved because Not Clinically Indicated			20.6%
Percentage not retrieved because Patient Declined			2.1%
Percentage not retrieved because Lost to Follow-Up			5.4%
Percentage not retrieved because Deemed Too Late for Removal			0.4%
Percentage not retrieved because Planned Later Removal			3.7%
Percentage not retrieved because No Reason Given			0.5%

IVCF: Filter Retrieval Reporting

IVC Filter Retrieval Reporting by Region Across VQI (Jan-Dec 2020)



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

“*” Indicates region’s rate differs significantly from the VQI rate.

National VQI Update

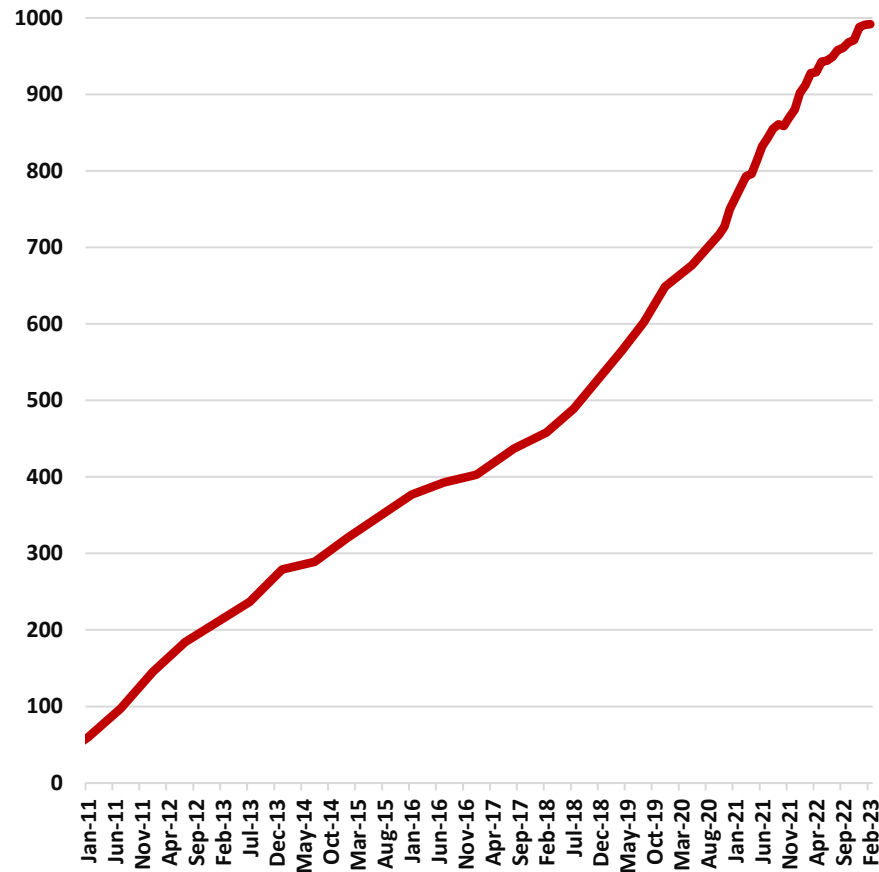
Melissa Latus, BSN, RN

SVS PSO Clinical Operations Project Manager

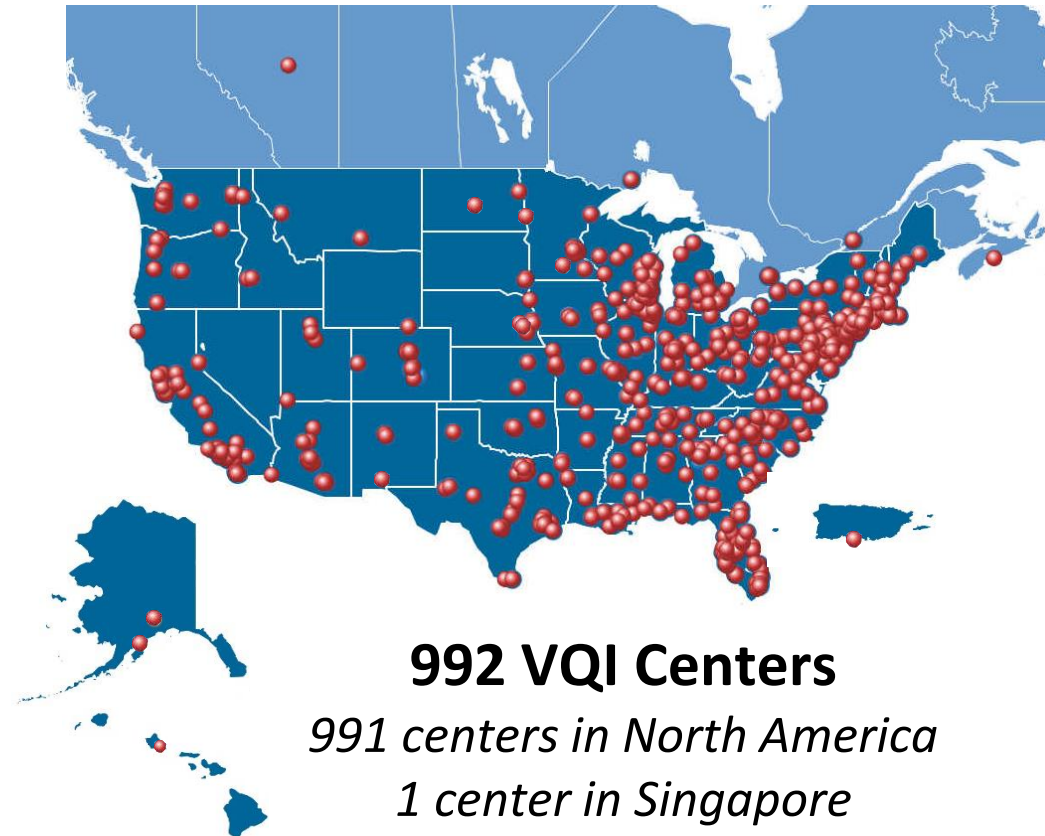
- SVS PSO recognizes need to reduce number of registry variables while maintaining balance between QI & research/publishing
- Work underway to decrease data entry burden
- Registry committees have begun reviewing variables
 - Possible variable retirement
 - Marking variables as mandatory versus **NOT** mandatory for record completion
- Variables required for reporting measures, industry projects & guideline/AUC recommendations will be taken into consideration
- Progress being made with data integration between EMRs & VQI. Updates provided at the VQI Annual Meeting



Number of Participating Centers



Location of VQI Participating Centers



Save the Date!

2023 VQI Annual Meeting
June 13-14, 2023

Gaylord National Resort & Convention Center
National Harbor, MD (outside **Washington, DC**)

2
0
2
3

A Brand New VQI.org!

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

ABOUT VQI REGISTRIES QUALITY IMPROVEMENT REGIONAL GROUPS PARTNERS & COLLABORATIONS DATA ANALYSIS & RESEARCH RESOURCES CONTACT / JOIN

Q

Improving the quality, safety, effectiveness and cost of vascular healthcare by collecting and exchanging information.

BEGIN YOUR SEARCH HERE.

Enter keyword or term to search...

Q

ABOUT THE VQI →

VQI REGISTRIES →

REGIONAL GROUPS →

QUALITY IMPROVEMENT →

<https://staging.vqi.bytesco.site/about/>

- The addition of 14 registry specific pages
- More robust search capabilities, so customers can easily get the information they need
- Clean presentation of content
- Consistent menu options for each of the 18 Regional Group Pages.
- Streamlined Members Only area

Jeff Yoder – Statistician

- Start Date December 2022
- M.S. degree in Statistical Science from Indiana University
- Teaching assistant at Indiana University.



Top Responsibilities:

Working with the PSO Analytics team on a variety of projects and initiatives.

- Infra/Supra Inguinal Bypass Revisions Live late March 30, 2023
- New National Quality Initiative Smoking Cessation to be announced at VQI@VAM
- Data Integrity Audit Program
- Risk Calculator
- Follow-up reports:
 - IVC Filter and Varicose Vein
- Coming soon:
 - Harmonization of CAD variables
 - Harmonization of Anticoagulation
 - Open AAA Registry Revision



- Data Integrity Audits have begun Spring 2023.
- The Carotid Artery Stent Registry - first to go live.
- Additional registries will be added on a regular basis.
- Data results will not be punitive; will be utilized to update training and help texts.
- Audits are being performed by a third-party vendor – Telligen.
- Audited records will be blindly abstracted by Telligen; then compared to the completed case in Pathways for matches.
- More information to come soon.
- All inquiries should be sent to Melissa Latus. mlatus@svspso.org

- In partnership with the American College of Surgeons
- Inpatient launch late March, Outpatient launch June
- Standards derived by SVS members; program is used to measure compliance w/standards
- Six National Quality Strategies to align organizational functions to drive improvement based on the aims & priorities of the Agency for Healthcare Research and Quality (AHRQ):
 - 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

- TASC/GLASS
 - Dr. Elizabeth Genovese, M.D.
- Varicose Vein
 - Dr. Jennifer Ellis, M.D.

Visit VQI.org for a full listing of all Educational video offerings

<https://www.vqi.org/registry-education-members-only/>

REGISTRY EDUCATION WEBINARS

- VQI Educational Session – Vascular Medicine Consult (VMC)
- VQI Educational Session – Infra/Supra
- VQI Educational Session – PVI
- VQI Educational Session – EVAR
- VQI Educational Session – TEVAR/COMPLEX EVAR
- VQI Educational Session – CAS and CEA
- VQI Educational Session – Open AAA
- SVS VQI Infra/Supra Registry Revisions Webinar
- SVS VQI Educational Webinar – TASC/GLASS
- SVS VQI Education Webinar – TASC/GLASS Slides

**SPECIAL
OFFER**

Venous Stent Registry and Vascular Medicine Consult Registry Free Trial

For a limited time, SVS VQI is offering a **complimentary one-year trial subscription** to the VSR and VMC for an easily accessible first-hand experience of its value and ROI.

<https://mailchi.mp/5119b784e8d0/no-time-like-the-present>

To learn more about the Venous Stent Registry offer click here: [Venous Stent](#)

To learn more about the Vascular Medicine Consult Registry offer click here: [Vascular Medicine](#)

Or email vqi@fivoshealth.com to contact an account executive.

- **A Vascular Quality Initiative frailty assessment predicts post discharge mortality in patients undergoing arterial reconstruction** Kraiss LW, Al-Dulaimi R, Allen CM, Mell MW, Arya S, Presson AP, Brooke BS.
<https://pubmed.ncbi.nlm.nih.gov/35709866/>
- **Ankle-brachial index use in peripheral vascular interventions for claudication** Hawkins KE, Valentine RJ, Duke JM, Wang Q, Reed AB. <https://pubmed.ncbi.nlm.nih.gov/35276260/>
- **Assessing the quality of reporting of studies using Vascular Quality Initiative (VQI) data** Mirzaie AA, Delgado AM, DuPuis DT, Olowofela B, Berceli SA, Scali ST, Huber TS, Upchurch GR Jr, Shah SK.
<https://pubmed.ncbi.nlm.nih.gov/35760240/>
- **Incidence of Procedure-Related Complications in Patients Treated With Atherectomy in the Femoropopliteal and Tibial Vessels in the Vascular Quality Initiative** Sanon O, Carnevale M, Indes J, Gao Q, Lipsitz E, Koleilat I.
<https://pubmed.ncbi.nlm.nih.gov/35466788/>
- **Survival, reintervention and surveillance reports: long-term, center-level evaluation and feedback of vascular interventions** Fowler XP, Gladders B, Moore K, Mao J, Sedrakyan A, Goodney P.
<https://pubmed.ncbi.nlm.nih.gov/36248241/>

- **Perioperative outcomes of carotid endarterectomy and transfemoral and transcervical carotid artery stenting in radiation-induced carotid lesions** Batarseh P, Parides M, Carnevale M, Indes J, Lipsitz E, Koleilat I.
<https://pubmed.ncbi.nlm.nih.gov/34560219/>
- **Long-term implications of elective evar that is non-compliant with clinical practice guideline diameter thresholds** de Guerre LEVM, Dansey KD, Patel PB, Marcaccio CL, Stone DH, Scali ST, Schermerhorn ML.
<https://pubmed.ncbi.nlm.nih.gov/34508797/>
- **Effect of postoperative antithrombotic therapy on lower extremity outcomes after Infrapopliteal bypass for chronic limb-threatening ischemia** Marcaccio CL, Patel PB, Wang S, Rastogi V, Moreira CC, Siracuse JJ, Schermerhorn ML, Stangenberg L. <https://pubmed.ncbi.nlm.nih.gov/35074410/>
- **The association between device instructions for use adherence and outcomes after elective endovascular aortic abdominal aneurysm repair** De Guerre LEVM, O'Donnell TFX, Varkevisser RRB, Swerdlow NJ, Li C, Dansey K, van Herwaarden JA, Schermerhorn ML, Patel VI. <https://pubmed.ncbi.nlm.nih.gov/35276256/>
- **Association of preoperative vein mapping with hemodialysis access characteristics and outcomes in the Vascular Quality Initiative** Fedorova E, Zhang GQ, Shireman PK, Woo K, Hicks CW.
<https://pubmed.ncbi.nlm.nih.gov/34718099/>

Regional Meeting CME/CE Credit



Des Moines University is the continuing education provider for this activity.



The attendance roster will be cross-referenced with those applying for CME/CE. Sign in correctly.



Each participant **MUST COMPLETE BOTH** the attendance attestation and the meeting evaluation from the URL site – one form.



You will have 7 days from the date of the meeting to complete the forms and **SUBMIT**.



Approximately 14 days from the meeting, Des Moines University will email you instructions on how to access your certificate.



PSO leadership is providing continuing education credit to you at no charge!

If you do not complete and submit the online forms within 7 days, continuing education credit cannot be awarded.

CE/CME Meeting Attendance Credit

REMEMBER TO PSO:



- **P**UT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)
- **S**END an email to ljohnson@svspso.org with names of group members that are sharing 1 device
- **O**FFICIALLY apply for CME/CE credit by clicking the URL or QR code provided here:
https://dmu.co1.qualtrics.com/jfe/form/SV_85Mph9ybeVNNyCi



You only have **7 days** to complete forms for CME/CE Credit.
NO EMAIL WILL BE SENT AS A REMINDER OR WITH THE CME/CE LINK

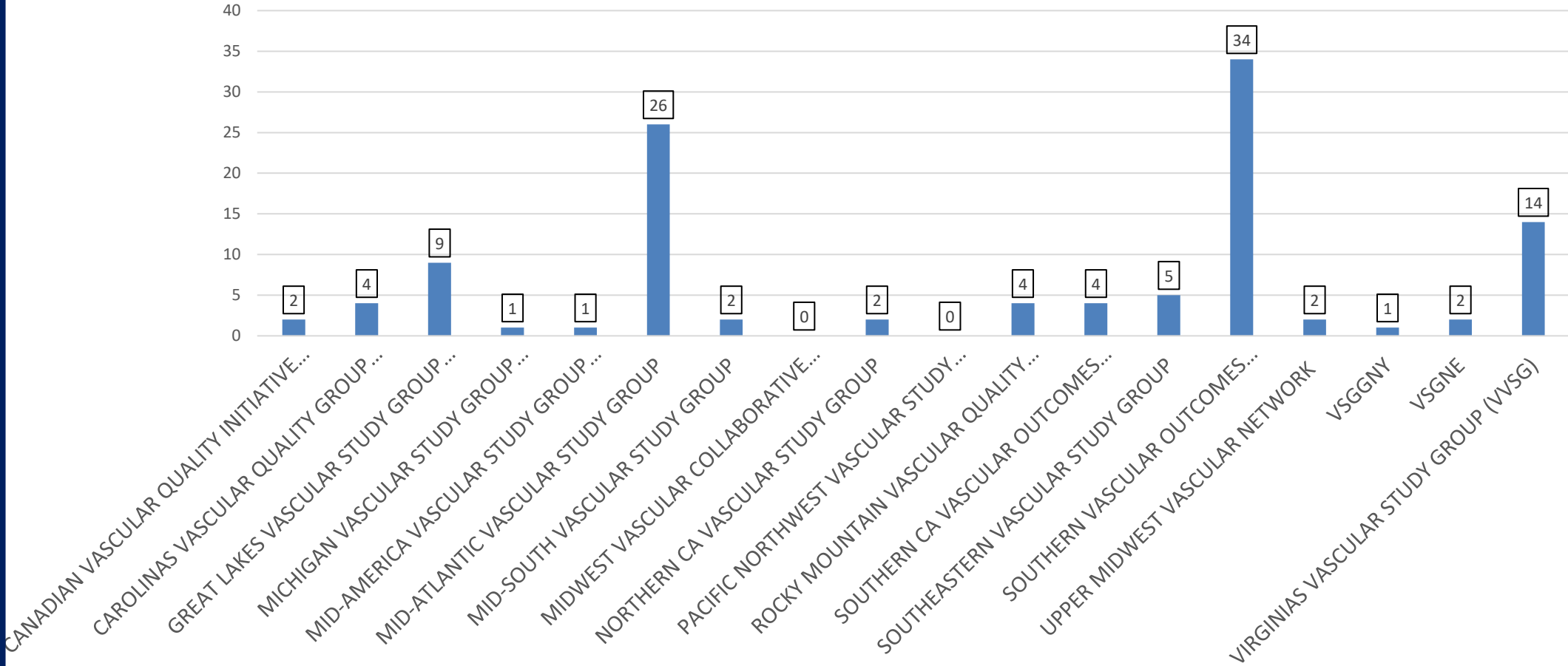
Quality Improvement Update Spring 2023

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** 

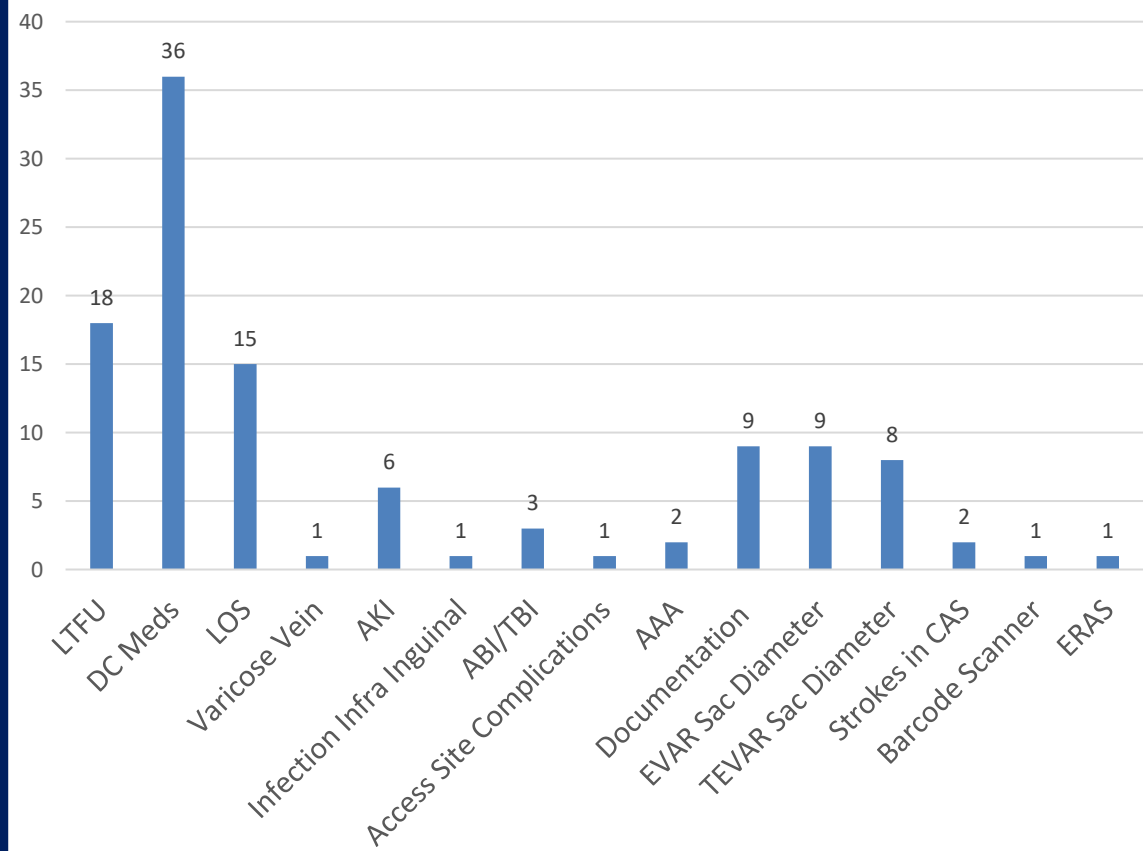
<https://www.vqi.org/quality-improvement/participation-awards/>

Regions with Charters n=113

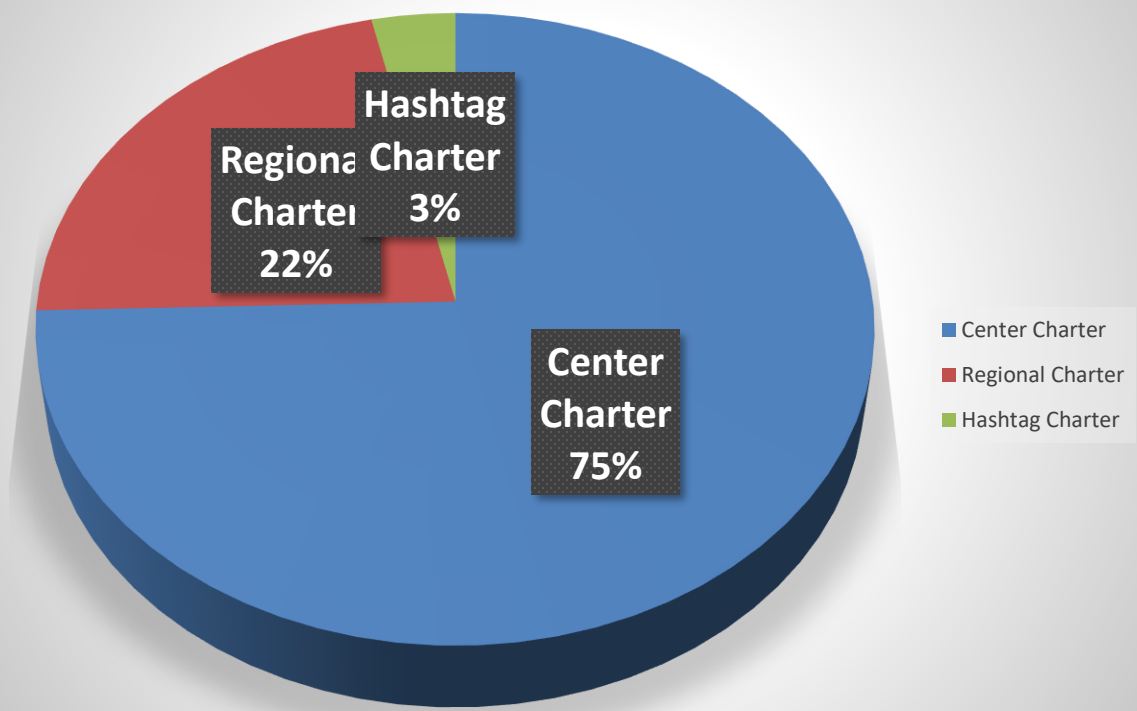


Quality Improvement – Charter Breakdown

Charter Topics



Charter Types



- Quarterly Webinars (Charter and QI)
 - www.vqi.org/quality-improvement-members-only/#upcoming-events
- Sample Charters
 - www.vqi.org/quality-improvement/quality-improvement-tools/#qi-charters
- Toolkits (VQI@VAM, Data Manager, LTFU)
 - www.vqi.org/quality-improvement/quality-improvement-tools/#qi-toolkits
- New improved VQI website
 - www.vqi.org
- 1:1 Calls
 - bwymmer@svspso.org

SVS Clinical Practice Guidelines

SVS | VQI

In collaboration with NCDR®

HOME / QUALITY IMPROVEMENT – MEMBERS ONLY

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Trainees & Students

Patients and Referring Physicians

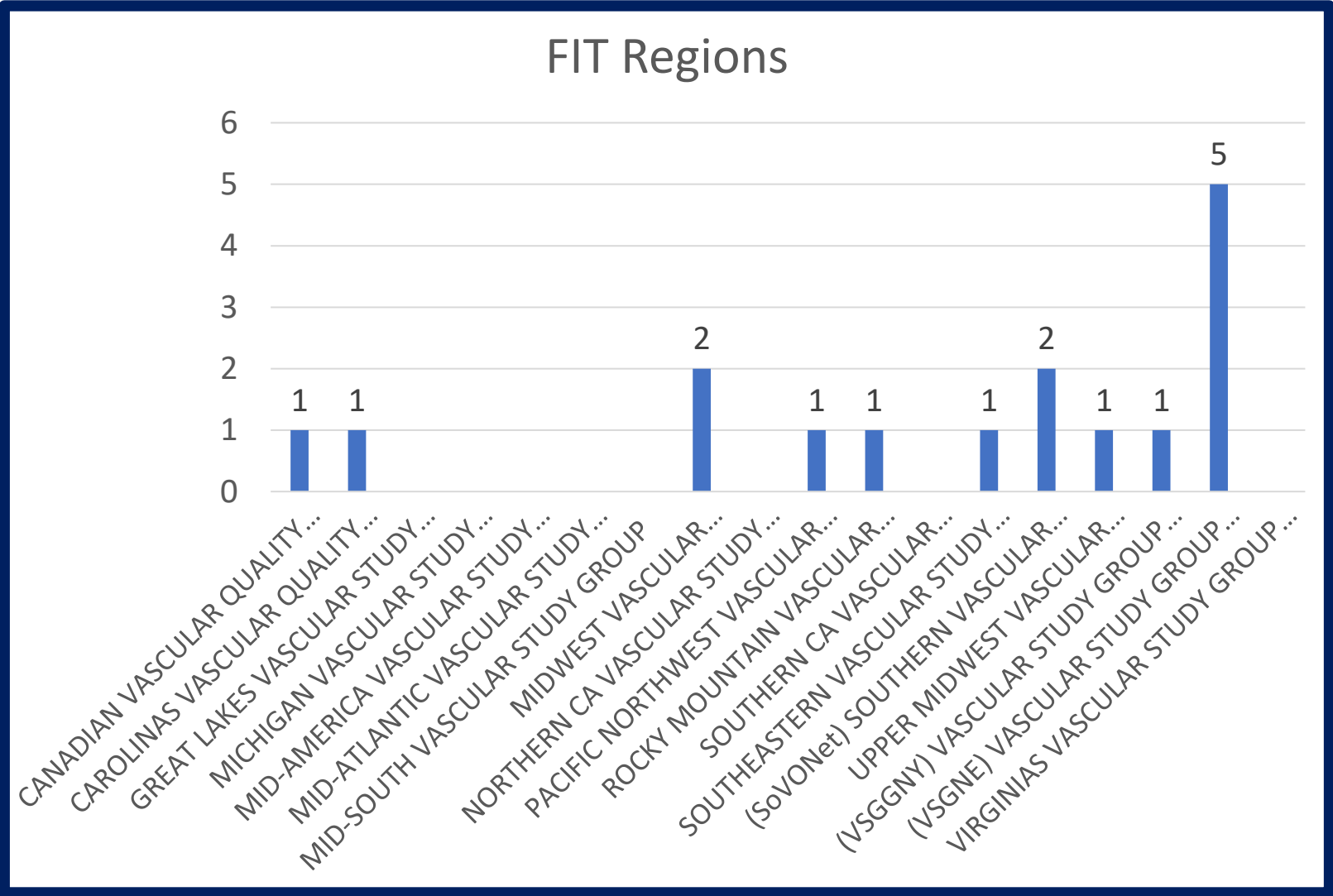
Home

Clinical Practice Guidelines

Enabling healthcare providers to select the best care for a unique individual based on patient preferences.

- Existing FIT Trainees Jack Cronenwett Scholarship Application
 - Applications accepted January 9 – February 28
 - FIT Committee Review March – April
 - Scholarship winners announced at VQI@VAM 2023
- FIT Trainee 2023 Applications
 - Applications accepted January 9 - February 28
 - FIT Committee Review April – May
 - FIT Trainees with FIT Mentors announced at VQI@VAM 2023
- FIT Mentors
 - Accepted at any time
 - Contact bwymmer@svspso.org
- www.vqi.org/quality-improvement/quality-fellowship-in-training-fit-program/





Arterial Quality Council:

Peter Rossi, MD

- Open AAA Major Revision
 - Will be renamed to accurately capture intent of the registry
 - Iliac to Left Subclavian
- Registry Committee updates
- Review Smoking Cessation and inclusion of vaping variables.
Grp decided not at this time
- Introduction of the Data Integrity Program

Venous Quality Council:

Fahad Shuja, MD

- Last Meeting February 22, 2023
- Re-engagement of the venous registry committees
 - Focus on new center recruitment
 - Review of current reporting
 - Brainstorming & discussion for addition of new reporting measures for bi-annual reports, Quarterly Dashboards and follow-up reports

IVC Filter Follow Up Report

IVC Follow-up Outcomes Report

1m ago







Procedure Date

Planned Filter Duration

2019/01/01 – 2021/12/31

is any value

2019/01/01 – 2021/12/31



☐ Temporary

☐ Permanent

Prepared for Demo Medical Center on 02/01/2023

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

Follow-Up Rate

	My Center	My Region	All VQI
Cases with any follow-up	83.3% (5/6)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 & <= 21 ...	50% (2/4)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 & <= 21 ...	50% (2/4)	NA (<3 centers)	NA (<3 centers)

Fictitious Data

Varicose Vein Follow-up Report

Varicose Vein Follow-Up Outcomes Report

22m ago

Procedure Date

2020/01/01 – 2022/12/31

2020/01/01 – 2022/12/31

Leg Treated

is any value

☐ Right only

☐ Left only

☐ Bilateral

Treatment Type

is any value

☐ Thermal_RF

☐ Thermal_Laser

☐ Mechanochemical

☐ Chemical

☐ Embolic adhesive

☐ High ligation and stripping

☐ Stripping

☐ Stab phlebectomy

☐ Trivex phlebectomy

☐ Open ligation

☐ Endoscopic ligation

Vein Type

is any value

☐ Truncal

☐ Perforator

☐ Cluster

Treatment Region

any value

Thigh

Calf/Ankle

Both

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

Follow-Up Rate

	My Center	My Region	All VQI
Cases with early follow-up 0-3 months	33.33% (2/6)	NA	NA (<3 centers)
Cases with late follow-up >3 months	33.33% (2/6)	NA	NA (<3 centers)
Venous ulcers patients with late follow-up >= 3 months	0.00% (0/6)	NA	NA (<3 centers)

Fictitious Data

- Melissa Latus is your PSO primary point of contact on the status or refresh request. mlatus@svspso.org
- An **ACTIVE** pathways account & privileges to '*Share a File*' is required in order to receive your requested Blinded Data Set (BDS)
- Always included your RAC proposal number in any communications please.

Arterial Research Advisory Council:

Joseph Hart, MD

<https://www.vqi.org/svs-vqi-national-arterial-rac-schedule/>

- PSO Arterial RAC - April 2023 Proposal Submission
- Call for Proposals: February 28, 2023
- Submission Deadline: March 28, 2023
- Meeting: April 10, 2023
-
- PSO Arterial RAC - June 2023 Proposal Submission
- Call for Proposals: May 2, 2023
- Submission Deadline: May 30, 2023
- Meeting: June 12, 2023
-
- PSO Arterial RAC – August 2023 Proposal Submission
- Call for Proposals: July 4 ,2023
- Submission Deadline: August 1, 2023
- Meeting: August 14, 2023

194 Publications in 2022

- **Data Security:** All investigators/team members are responsible for security of datasets, which are only to be used for the project for which they were approved.
- **Dataset Access:** Investigators have free access to the datasets to which their center has subscribed, providing that their center has at least 50% Long Term Follow-Up for the registry data being requested. Please confirm that your center subscribes to the dataset(s) you wish to analyze before submitting your proposal.
- **Comparison of Specialties:** The SVS VQI is a multi-specialty registry, therefore the SVS PSO Executive Committee does not allow comparisons between specialties in submission topics.

Venous Research Advisory Council:

Joseph Hart, MD

Venous RAC Update:

Created a separate Venous RAC in July 2020

[The Vascular Quality Initiative - National Venous RAC Schedule \(vqi.org\)](https://vqi.org)

2020: 3 proposals

- The impact of vein size on closure rate in treatment of the saphenous vein for venous insufficiency: **Jaime Benarroch-Gampel, MD**
- Comparison of complication rates of IVC filters based on anticoagulant and indication: **Emily Spangler, MD**
- Effect of Access Site Choice on Angulation of IVC filter and Impact on retrieval rates: **Khalil Qato, MD**

2021: 3 proposals

- Incidence of venous thromboembolic events (VTE) after endovenous ablation in patients with venous stasis ulcers (C6 disease): **Jaime Benarroch-Gampel, MD**
- Impact of Treatment Length and Treatment Region on Clinical Outcomes after Varicose Vein Procedures: **Halbert Bai, MD**
- Safety and efficacy of Endovenous ablation in patients with a history of DVT: **Mikel Sadek, MD**

2022: Proposals

- Impact of IAC Vein Treatment Center Accreditation on practice habits, utilization index, and patient outcomes: ProMedica Toledo Hospital
- Patient, Provider, and Geographical Factors Influencing Appropriate Use of Endovenous Ablation Therapy
- Outcomes following endovenous ablation therapy for obese patients with CEAP C2 and C3 venous disease

National Venous RAC Schedule

Submissions are made separately to the National Arterial RAC and the National Venous RAC – see the schedule below and the link to Abstracts123: <http://abstracts123.com/svs1/>

(If you do not have a login for Abstracts123, you can create one through the same link)

Bi-Monthly Schedule for National Venous RAC Proposal Submissions

May 2023

Call for Proposals: March 28, 2023

Submission Deadline: April 25, 2023

Meeting: May 8, 2023

July 2023

Call for Proposals: May 30, 2023

Submission Deadline: June 27, 2023

Meeting: July 10, 2023

<https://www.vqi.org/national-venous-rac-schedule/>

Governing Council:

Melissa Latus, PSO

Meeting November 18, 2022

- Quality Improvement Update
 - Smoking Cessation as a National Quality Initiative
 - 2022 ended with a record # of charters 113
- 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

CVQI Medical Director – Dr. Joseph Hart

We still need an Associate Director.

- Midwest Vascular Meeting
 - Dates: Sept 7-9
 - Location: Renaissance Minneapolis Hotel
- Tentatively planned to coincide with the Midwest Vascular Meeting above.
- Will continue to have hybrid option.

- Industry Supporters
 - Cook Medical
 - W.L. Gore
- CME/CE Accrediting Entity – Des Moines University
- Regional Membership Team

*Thank
you*



REMEMBER TO PSO:

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- **O**FFICIALLY apply for CME/CE credit by clicking the URL or QR code provided here:
https://dmu.co1.qualtrics.com/jfe/form/SV_85Mph9ybeVNNyCi



You only have **7 days** to complete forms for CME/CE Credit.
NO EMAIL WILL BE SENT AS A REMINDER OR WITH THE CME/CE LINK

