# VQI Nor Cal Data Managers Meeting

June 28, 2018 (Thursday)  
3:00 pm – 4:00 pm  
WebEx

<table>
<thead>
<tr>
<th>Invitees:</th>
<th>Kathleen Behan – UC Davis; Lissa Braden - Sequoia Hospital; Pat Cefalu – Marin General; Analynn Cisneros – Washington Hospital; Marsha McCrorie – El Camino Hospital; Carlos Moreno – Stanford; Joyce Nacario – UCSF; Sandi Wong – Sequoia Hospital.</th>
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## AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
<th>Discussant</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00 PM</td>
<td>Share “Year in Review 2017 – 2018”</td>
<td>Joyce Nacario</td>
</tr>
<tr>
<td>3:10 PM</td>
<td>VQI@VAM Recap</td>
<td>Joyce Nacario, Carlos Moreno</td>
</tr>
<tr>
<td>3:20 PM</td>
<td>Escalation request from our region – update</td>
<td>Joyce Nacario, Carlos Moreno</td>
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<tr>
<td>3:30 PM</td>
<td>What universal QI Initiative do we want to improve as a region?</td>
<td>Joyce Nacario, group</td>
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<tr>
<td>3:35 PM</td>
<td>- LTFU – Learning and Sharing</td>
<td>Joyce Nacario, group</td>
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<td></td>
<td>- Templates</td>
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<tr>
<td>3:45 PM</td>
<td>Open Forum</td>
<td>Group</td>
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<tr>
<td></td>
<td>Decrease cost associated with readmissions</td>
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<td></td>
<td>Pick one registry at a time, 9-21 months so broad</td>
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<tr>
<td>3:55 PM</td>
<td>Decide on frequency of meeting</td>
<td>Group</td>
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<td></td>
<td>4th Friday AM/month so Carrie/Cherly can join? Standing meetings?</td>
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</tbody>
</table>
# VQI Nor Cal Data Managers Meeting

**June 28, 2018 (Thursday)**

3:00 pm – 4:00 pm

WebEx

**Present:**
- Kathleen Behan – UC Davis
- Lissa Braden - Sequoia Hospital
- Pat Cefalu – Marin General
- Analynn Cisneros – Washington Hospital
- Marsha McCrorie – El Camino Hospital
- Carlos Moreno – Stanford
- Joyce Nacario – UCSF
- Sandi Wong – Sequoia Hospital

**Absent:**
- Marsha McCrorie – El Camino Hospital
- Sandi Wong – Sequoia Hospital

## MINUTES

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Discussion</th>
<th>Action Item(s)</th>
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</thead>
<tbody>
<tr>
<td>VQI@VAM Recap</td>
<td>Carlos presented synopsis of events at VQI@VAM, focusing on current national issues, Registry updates, and Stanford's High Value Care Reduction project. Consistently as a region overall doing very performing well. Discussed how to capture data more efficiently, how to engage the physicians and the departments, how to keep QI initiatives in full force. New VQI Physician LEAD: Dr Mell from Stanford to UC Davis. Posters mostly re: use of templates and LTFU.</td>
<td>Carlos to share some insights from Dr Dalman’s paper. How to translate LOS = $S dollars. Can we use VQI site as a repository of data, files, posting? ALL DM Managers in the region attend the National call.</td>
<td>Carlos</td>
<td>TBD</td>
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<tr>
<td>Escalation request from our region – update</td>
<td>Joyce &amp; Carlos discussed Carrie Bosela’ s response to questions generated for the SVS-PSO &amp; VQI, focusing on Data definitions, FAQs, and deficiencies in registry. Discussed with Anne Parker re: No Spring meeting – hopefully won’t count against our participation.</td>
<td>Joyce to e-mail Carrie’s answers to group.</td>
<td>Joyce Nacario</td>
<td></td>
</tr>
<tr>
<td>What universal QI Initiative do we want to improve as a region?</td>
<td>Discussion was carried out on what are possible QI initiatives we can focus on or initiate as a region. Examples: LTFU, Discharge Meds.</td>
<td>Group was asked to come up with a brief list of possible QI that are relevant to their institution.</td>
<td>Joyce Nacario, group</td>
<td></td>
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</tbody>
</table>
| Open Forum                                                                 | LTFU – download data – next meeting discussion?  
DC Meds –? Templates?            | Joyce Nacario, group |
|---------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------|
| Frequency of DM meeting                                                  | Decrease cost associated with readmissions  
Pick one registry at a time, 9-21 months so broad                  | Group |
| Discussion was carried out on frequency of Data Manager meetings to carry out initial stage of group discussions | Decision was made to schedule a recurrent meeting for a morning meeting on the 4th Friday every month. | Carlos will send invite for WebEx |

**Questions and Answers from Carrie Bosela; Nor Cal DMs**

1. More robust definitions for each of the data fields, some of the definitions are very limited, or absent.  
   a. This is the primary focus for me and the AQC this summer; we are using feedback from the IRR and VQI@VAM to inform the changes and clarifications that need to be made to all help text. *(Kay – act on this, when? definitions of metric, some have sourced definitions TEVAR LTFU: dissection only? Inconsistent in every registry) inconsistent responses from pathways. Need consistent data dictionary definition.*

2. Enhance the FAQ repository. That it be more current and updated at defined frequency (every quarter). For other registries both these documents are a primary resource for abstractor and lend to more accurate data.  
   a. We have made the decision the FAQ’s will on be technical in nature, how to run reports, etc. All clinical FAQ’s will be incorporated into the help text so no one needs to review two sources to determine the meaning of a variable. Kay FAQ more like a technical vs clinical, not updated, inefficient redundant to keep getting into email for responses, other registries have better FAQs. Try regional FAQs?

3. Request for VQI data changes at a scheduled time like every 6 months or once a year so we can anticipate when we have all our templates updated  
   a. We have discussed this in the past but will bring it up to leadership again. Common request across the country.

4. Request to simplify participation scoring – we may have to brainstorm for a solid suggestion but bottom line is to streamline.  
   a. Happy to take any suggestions. We have committee of about 5 physicians and the PSO staff that work on these every year.

5. Request to align VQI population using codes (CPT or ICD 10) and exclusion reason data field in the module itself – ultimate goal is to avoid the “hellish” ineffective validation over-processing  
   a. This has been considered in the past as well. Will resurface the request as there seems to be continued interest in tracking cases that are excluded. Most sites currently keep a separate spreadsheet as a work around.

6. LTFU – address death date if VQI can get a feed from Death Registry themselves.  
   a. We currently get SSDI and it is in your data download as a separate column and is used in a lot of our calculations if you have not recorded a date of death in Pathways. Pat: SSIDeathIndex, how do we get the interface to work with no full SS only 4 digits being documented?

7. Beef-up VQI data to get potential ambulatory metrics like smoking status/cessation and weight management. To achieve the latter, we need to add height/weight to get BMI calculations.
a. All of these types of details will be covered in the new medicine registry but will take to the AQC for consideration for the existing registries as well.

8. The question in the CAS registry is “Surgery Refused?” is confusing. I am assuming CEA refused? By whom? When CAS has already been done, what then is being asked? A documentation that the risk and benefits on CEA is being discussed? Could we possibly delete this field, unless there is a rationale behind it?
   a. This was covered during the CAS session at VAM. . . rationale was: Indicate whether patient is considered high risk for Carotid Endarterectomy based on CMS carotid stent coverage criteria for high risk

9. Could we highlight the fields in each registry that is considered to be a REQUIRED data element for risk adjustment calculations?
   a. This really isn’t practical as the population in VQI changes the risk model changes; the cost and resources to keep this up to date would be impossible

10. The blood volume is asking for UNITS. Can we clarify the ml in each unit as defined by VQI? Some RBC units come in 250ml, some in 300 ml?
    a. this is on the registry enhancement request list already

11. The new Functional Status options are vague. Can we find another metric that is more objective? Like the MTE activity scale? Or just stick with the previous Ambulatory Status question?
    a. Committee of physicians spend a lot of time on this; please explain the vagueness?

12. If the national initiative is to increase Statins and Antiplatelet use, could we combine ASA, Anticoagulants, and Antiplatelet as one in the regional report analysis?
    a. For the regional reports the definition is: Excludes patients who died in hospital and patients who were not treated for medical reason or non-compliant. “Antiplatelet” is defined as ASA or P2Y12 inhibitor. Anticoagulant is not an Antiplatelet so it’s not part of the calculation.
Vascular Quality Initiative

Year in Review
Since June 2016, VQI has added 57 centers and now comprises 416 centers and over 3,000 physicians. More than 373,000 procedures are recorded in its 12 clinical registries, and development continues on the new Vascular Medicine Registry. In addition to its continued growth, VQI increased both the breadth and depth of quality improvement activities.

FOCUS ON MEMBER EDUCATION AND OUTREACH. The SVS PSO in conjunction with M2S has introduced new quality improvement publications and expanded member outreach through monthly webinars, the new VQI Annual Meeting, the QI Project Guide and the development of a Members’ Only section of the VQI website. (See page 2). A Communications Committee has been formed to keep the membership informed of VQI activities and possibilities for engagement.

VQI PARTICIPATION AWARD. This award recognizes the importance of active participation through long term follow up, attendance at meetings and QI activities as a critical component of the SVS PSO quality improvement mission. Participation Awards are based on degree of involvement and patient follow up and are meant to encourage improved engagement. The median long-term follow-up rate for centers qualifying for a 2016 VQI Participation Award increased from 58% the previous year to 64%, a 10% improvement in this key metric. The 202 sites that received one or more stars are listed on the VQI website alphabetically by center name. (Click here to view listing).

QUALITY IMPROVEMENT REPORTS. This year, the SVS PSO developed three new Center Opportunity Profile for Improvement (COPI) reports and three physician-level reports focusing on aspects of CEA, CAS and PVI procedures. In addition, five new parameters were added to the semi-annual regional reports. Ongoing tracking is in place for surgical site infection rates. A comprehensive data audit is in progress and has so far shown that only 5.9% of VQI variables were subject to data inaccuracies and this resulted in discrepancies in only 0.4% of individual data points in the registries. It is important to note that none of these errors impacted any key outcome variables or clinical findings.

NATIONAL RESEARCH PROJECTS. During the current period, 47 new research projects were presented by 72 unique investigators, and 40 VQI publications and presentations were completed in the year. Since 2011, 128 VQI national research projects have been initiated by the VQI in total, plus 145 regional projects.

ONGOING REGISTRY DEVELOPMENT. The SVS PSO, the Society for Vascular Medicine and M2S are working together on the Vascular Medicine Registry to help evaluate the treatment and outcomes of patients with carotid, AAA and lower extremity arterial disease who are managed medically. The registry is planned to launch in Q4 2017, and will enable outcomes comparisons with surgical registries. A Vascular Stenting Registry is also under consideration to be operational in 2018.

SVS PSO COMMITTEE CHAIRS AND REGIONAL LEADERS: Changes in committee and regional quality leadership have taken place. The Regional Quality Groups meet semi-annually and have robust programs for quality improvement projects. The registry chairs continue to address the needs of the membership and continue consideration of upgrades to the registry data collection forms. The quality committees support ongoing quality improvement initiatives at the local, regional and national level. The Communications Committee will be responsible for keeping the membership updated with recent developments.

GROWTH IN PARTICIPATING CENTERS

Current Quality Initiatives
Quality improvement projects are initiated by committees or the membership and promoted at Regional Quality Groups and nationally. Examples include:

NEW NATIONAL QI INITIATIVE FOR DISCHARGE MEDICATIONS. VQI data showed that patients who had undergone vascular operations and are discharged on an aspirin and statin have improved survival at 5 years compared to not being discharged on these medications. This initiative reminds vascular surgeons to prescribe anti-platelet agents and statins to appropriate patients to improve their long-term outcomes, and is led by Randall R. DeMartino, MD, a Mayo Clinic vascular surgeon and co-chair of the Vascular Medicine Registry. VQI adopted this as a national QI project, and provides physicians and centers with regular feedback as well as tools such as guidelines for patient communication to primary care physicians to increase the number of patients on these medications. For more, click here to see the current QI initiatives.

NEW NATIONAL QI INITIATIVE FOR LONG TERM FOLLOW UP FOR EVAR. It is critical that patients who undergo endovascular aneurysm repair (EVAR) have follow up including imaging annually. This initiative promotes follow up imaging at one year for EVAR patients, and is led by Salvatore Scali, MD, a University of Florida vascular surgeon and Chair of the EVAR Registry. The imaging (MRI, CT or duplex scan) at one year helps surgeons assess aneurysm status and potential for rupture. Follow up can often be improved by simple process measures including physician, staff and patient education. For more, click here to see the EVAR LTFU webinar.

ONGOING TRACKING FOR REDUCTION IN LOS. VQI regional benchmark reports showed wide variation in LOS for major vascular procedures. Hospitals in several regional groups identified potential causes, many of which can be controlled by the provider. Regional Quality Groups brainstormed solutions including developing clinical pathways and standardized order sets. Patient and staff education are important as well as setting discharge expectations during pre-surgical visits. Several VQI centers have adopted the use of Enhance Recovery protocols to improve care and reduce LOS, and the VQI is working with these centers to share best practices.

IMPROVING APPROPRIATENESS OF CARE. Treatment of vascular disease, including both arterial and venous pathology, is subject to wide variation which may result in widely disparate outcomes. In an effort to address population health, a Clinical Indications Committee has been formed to evaluate clinical indications and promote a more standardized approach to care of the vascular patient. Using VQI data and expertise, the Clinical Indications Committee will work closely with the SVS Clinical Practice Council to incorporate evidence based practices. The membership of the Clinical Indications Committee includes experts on both arterial and venous disease with representatives from both academic and community practice.
QI Events and Educational Outreach

In the past year, the expansion of quality improvement events and materials for the VQI was designed to bring together a greater understanding of registry data and data-driven vascular best practices for all members. The sharing of VQI best practices helps to complete the QI cycle of data collection, analysis of results, improvements in process and outcomes, and sharing of both methodology and results with peers.

VQI ANNUAL MEETING. The inaugural VQI@VAM event brought together nearly 200 health professionals for a day of registry-based presentations, key note sessions from external QI experts, and case studies from VQI centers and regional quality groups. The meeting also provided a forum for discussion of quality research and brought regions together. The 2017 meeting has been expanded to include an additional half day on complex registry issues and a poster reception. Attendees will have an opportunity for discussion of complex registry data issues and case studies, and the event is intended to demonstrate the value of VQI data to key decision-makers. (Click here to view details online.)

QI PROJECT GUIDE. This guide defines the key steps needed to complete a data-driven QI project, describes some of the QI tools available and provides guidance on how VQI reports and VQI center case studies can be used. The guide was distributed at the VQI@VAM 2016 event and is available online. It will be updated with case studies, tools and best practice on an ongoing basis and made available to all VQI members.

WEBINAR SERIES. The SVS VQI held six webinars on topics that alternated between specific registry data collection and QI best practices. Each was attended by up to 150 health professionals. Topics included the impact of MIPS and MACRA, long term follow-up for EVAR, and updates to the PVI and CAS Registries.

MEMBERS ONLY WEB RESOURCES. The SVS PSO has created a new Members Only area within the VQI website for quality improvement project content, videos, and case studies. This area includes a National Shared Area for PSO presentations and videos, a Regional Shared Area for regional quality research and presentations, and Members’ Forums for discussion of quality improvement topics. The development of this area was designed to support data managers and physicians and encourage sharing of best practice content among all members. User information, credentials and instructions were sent to members in April 2017.

Technology Improvements through M2S

CAS REVISIONS. The CAS Registry was updated in November 2016 to streamline data entry, include all device types, and align with the Carotid Endarterectomy (CEA) Registry. This registry allows users to meet CMS carotid stent center certification requirements.

NEW PROCEDURE CLONE FEATURE. A feature to pre-populate (clone) data from a similar prior procedure was released for the PVI Registry in early 2017. This new functionality populates a new PVI procedure with relevant data from an existing PVI procedure to reduce the time and effort required for data entry. This time saving and user friendly feature will be applied to other registries in the future.

EMR DATA INTEGRATION. M2S continues to work with EMR vendors to automatically populate VQI registries when VQI data elements are available in the EMR, in order to streamline data collection. Data integration for the Varicose Vein Registry has been accomplished for the Medstreaming Vascular Information System, and is underway for the PVI Registry.

VQI 2017 QCDR and MIPS. CMS has approved M2S to be a Qualified Clinical Data Registry (QCDR) for 2017. M2S submitted nine potential new measures for 2017 to augment existing measures in order to allow VQI members more flexibility in MIPS reporting. Enrollment for 2017 is pending awaiting approval from CMS for the 2017 Quality Measures.

BLINDED DATA SET REVIEW AND UPDATE. During the past year, M2S and the SVS PSO have conducted an extensive audit to assure accuracy of de-identified datasets for research. This has resulted in automation and standardization of the methods used to create the datasets as well as additional quality assurance processes in an effort to insure uniformity and accuracy. In addition, help text specific for investigators has been added. This large project involving each registry sequentially is scheduled for completion in June, 2017.

VQI Member Characteristics

VQI MEMBER CHARACTERISTICS

18 REGIONAL QUALITY GROUPS NOW INCLUDING THE CANADIAN VASCULAR QUALITY INITIATIVE

www.vqi.org
VQI Activity with External Stakeholders

MEDICAL DEVICE MANUFACTURER POST-APPROVAL SURVEILLANCE PROJECTS

**BARD LIFESTENT® POPLITEAL ARTERY STENT PROJECT.** New clinical project designed to further evaluate the Bard LifeStent® for treatment of popliteal artery atherosclerosis. The surveillance project will enroll 74 patients and include one-year and two-year follow up.

**MEDTRONIC IN.PACT ADMIRAL DCB ISR PROJECT.** New clinical project designed to confirm that IN.PACT Admiral DCBs are safe and effective for treatment of ISR lesions in the superficial femoral and popliteal arteries. This project will enroll 300 patients across 50 sites for one-, two- and three-year follow-up.

**TEVAR.** This project, initiated in October 2014, has demonstrated the value of expanding surveillance to real world device performance while meeting FDA requirements, and with faster patient enrollment compared to traditional study methodology. In partnership with Gore and Medtronic, the SVS PSO and M2S completed enrollment of the five-year cohort with annual follow ups continuing for five years, and the one-year cohort has enrolled 176 of the 200 required patients.

**TRANS CAROTID REVASCULARIZATION SURVEILLANCE PROJECT.** This project will enroll >3,000 subjects with one-year follow up to obtain more data about real-world outcomes of trans-carotid artery revascularization (TCAR) in comparison with CEA as performed by VQI centers. In September, 2016, CMS approved reimbursement for physicians and centers that perform TCAR procedures on both symptomatic and asymptomatic medical high-risk patients, provided that those procedures and follow-up are entered into the VQI CAS Registry. The SVS PSO Steering Committee will complete periodic data analyses. Publication of data collected in this project will help inform future CMS CAS coverage decisions.

**CREST-2 REGISTRY.** This randomized controlled clinical trial compares CEA and CAS to the best medical therapy. Investigators must report their carotid artery stent procedures to be qualified for this trial and then report non-randomized procedures during the trial. This year, more than 90 interventionists used VQI to report more than 800 CAS procedures for the CREST-2 Registry project.

**FDA—MEDICAL DEVICE EPIDEMIOLOGY NETWORK (MDEPINET) PROJECTS**

**REGISTRY ASSESSMENT OF PERIPHERAL INTERVENTIONAL DEVICES (RAPID).** VQI is an active participant in RAPID, which has developed a minimum core dataset for total product life cycle device evaluation across multiple data sources. In Phase 2, VQI will contribute prospective data about SFA-popliteal artery treatment to create objective performance criteria, allow for potential indication expansion, and evaluation of specific devices.

**INTERNATIONAL CONSORTIUM OF VASCULAR REGISTRIES (ICVR).** VQI and 11 other national vascular registries from Europe and Australasia combined data to analyze variation in treatment of carotid and aortic aneurysm disease across countries, with an emphasis on open vs. endovascular treatment. Variations in patient selection and treatment were reported across countries and across centers within countries in two publications from ICVR this year. Future projects will analyze PVI outcomes, and prospectively evaluate EVAR treatment and devices used for elective and ruptured AAA.

MACRA and MIPS for VQI Providers

The MIPS program under MACRA can be used by VQI physicians to enhance reimbursement and improve vascular patient care with robust measures based on quality performance. Although reimbursement will not be affected until 2019, it will be based on 2017 activities. It will be important for affected physicians to select and submit data in 2017 for up to six out of 300 quality measures to qualify for payments in 2019.

MIPS is designed to support a combination of quality improvement Activities and Advancing Care elements available to any vascular care provider. Incentives are available for submission of specific information, and the impact will be up to 4% of member’s applicable Medicare billing in 2019, based on 2017 submissions, with increasing impact going forward. An increasing rate of negative reimbursements will be imposed beginning in 2019 for non-submission of required data.

MACRA replaced three Medicare reporting programs (Medicare Meaningful Use, the Physician Quality Reporting System, and the Value-Based Payment Modifier) with MIPS. MACRA defined four performance categories for MIPS—all relating to quality and value of patient care.

MAXIMIZE MIPS COMPOSITE SCORE USING THE VQI

Many data and quality improvement activities that are the foundation of the SVS PSO and VQI will fulfill several elements of MIPS. Participation in the VQI can help individual providers to improve scoring under MIPS through:

- Utilization of VQI data to understand provider and practice variation for quality improvement
- Evaluation of performance against regional and national benchmarks
- Identification of quality improvement projects for VQI centers
- Access to national blinded datasets to investigate specific questions

Please note that the SVS PSO cannot publicly report data; however, M2S can submit data as a QCDR on the behalf of VQI physicians on request.
UCSF VQI Apex Request – Procedural Form x 8

2015 Word

2016 Excel

2018 Apex
1. Template in Word
2. Template in XLS using dropdown menu feature
1. Go to your Post-op Navigator

2. Click Brief Op Notes

3. Choose VQI Procedure Specific Template

3. Template in APEX 2018
NATIONAL – VQI Conference

2018 UCSF Health Improvement Symposium

Project Goals

- To improve VQI data collection process
- To reduce data collection time, effort, and errors
- To ensure that data are collected as close as possible to the procedure time

PROJECT EVALUATION

When going VQI, with our VQI template in March 2018, we are required to enter VQI surgical data electronically. This decreases time for data entry and ensures data accuracy.

PROJECT IMPACT

With the VQI template, we have been able to achieve our goals since March 2018. The VQI template has helped us with our data accuracy and efficiency.

PROJECT EVALUATION & IMPACT

The VQI template is a significant improvement to our data collection process and has helped us achieve our goals.

NEXT STEPS, DISSEMINATION, LESSONS LEARNED

NEXT STEPS: Continue to work with the VQI team to implement the VQI template.

LESSONS LEARNED:

- The VQI template is an improvement to our data collection process.
- The VQI template has helped us achieve our goals.
- The VQI template is a significant improvement to our data collection process.

Jnac 2018
PROBLEM STATEMENT

UCSF Health started with Vascular Quality Initiative (VQI) in April 2015 with 4 modules and added 4 more modules in 2016. We have several ways of abstracting data from Epic by pulling into a report all discreet data such as demographics, lab values, history, imaging, etc but the specific details of the procedure are often the most difficult to find. We tried to capture missing data elements using an xls spreadsheet designed with a dropdown menu to align the answers with the registry. It takes up to 41 days (median) lag time waiting for the forms to be emailed back to the data manager for VQI Registry submission. Documentation is done far behind from the time of procedure making accuracy and completeness of data a major challenge.

Surgical Data Lag Time prior to Implementation

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41 DAYS (median)

PROJECT GOALS

➢ To improve VQI data collection process.
➢ To reduce abstraction time, effort, & missing VQI specific variables.
➢ To create efficient EPIC data tools to assist in data collection.
➢ To move data collection as close as possible to the procedure time.

PROJECT PLAN & INTERVENTIONS

IMPROVEMENT STRATEGIES: Create 8 structured, easy to use VQI specific Brief Op Notes in EPIC to capture complete VQI specific data more efficiently. Design discreet data fields for future data import automation.

PROCESS: We acquired AC3 UCSF IT/Epic Leadership approval to design & build 8 VQI Brief Op Notes using standard Epic clinical documentation tool called the Smart Block. We streamlined the content so that the source of truth of existing data fields in EPIC/EMR are taken into account. Utilizing a structured customized template for each VQI module allows the surgeons to specifically choose the correct VQI procedure and appropriately select the answers that match the VQI registry definition and nomenclature.

The 5 of 8 Vascular Surgery templates are LIVE (March 8, 2018) and each VQI Brief Op Note expands to a longer form dependent on the answers provided by the surgical fellows.
CEA Template created in Apex 2018

AAA Template created in Apex 2018
PROJECT EVALUATION & IMPACT

After going LIVE with the VQI templates in March 8, 2018, the time required to collect VQI surgical data decreased from 41 days (median) to 1 day. By having surgeons enter procedural data at the point of care, documentation is complete & accurate, decreasing the time & effort looking for missing VQI variables.

Although we just went LIVE with only 25 charts to evaluate from March 8 – April 8, 2018, the utilization of a structured VQI brief op note to capture clinical data at the point of care, significantly improved efficiency in the data collection process. The project eliminated misinterpretation of the op notes during chart reviews.
NEXT STEPS: Finish the last two templates for EVAR and TEVAR modules and design Long Term Follow up templates. Maintain, sustain, and update templates to match future changes required by the VQI Registry. DISSEMINATION: Continue to work with the Vascular Surgeons and orient new residents/fellows to the VQI data collection process.

LESSONS LEARNED:
Data collection tools continue to evolve from paper to Excel spreadsheets to Epic/EMR Templates. Key factors include building content of the templates without redundancy of data, utilizing a VQI data expert who also has an in-depth knowledge of Epic documentation, and collaborating consistently with the IT team and the Vascular Surgery Department. The success of our new process using Epic/EMR is dependent upon the utilization of the VQI specific Brief Op Notes in a timely manner as close as possible to the procedure time. Understanding that improving clinical outcomes is only possible with complete, accurate, and timely data therefore, it is an imperative first step to implement structured Op notes that are accessible at the point of care.