
VQI Best Practices Scorecard

In the tables below, percentages represent the rate of cases with the noted outcome or complication.

Your center's results are highlighted in green if your center is at or above the top 25th percentile among all VQI centers, and in red if at or below the bottom 25th percentile.

Note that percentiles are based on the rates of individual centers, so it is possible for your center's rate to be below the overall VQI rate across all procedures (the "VQI Overall" column) but still be above the 75th percentile across all centers' individual rates.

Note also that percentages are computed only among cases with non-missing data for each outcome, so it is possible to have rates for some outcomes but "No cases" for others.

Regional data are suppressed if your region has fewer than 3 centers participating in the registry.

All results are based on procedures that had been entered into the VQI as of October 31, 2018.

Lower Extremity Amputation (LEAMP)

Timeframe: October 1, 2017-September 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Carotid Artery Stent (CAS)

Timeframe: October 1, 2017-September 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Timeframe: October 1, 2017-September 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

*Cases without complete follow-up are excluded.

Timeframe: October 1, 2017-September 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

*Excludes previous access in same arm.

Infra-inguinal Bypass (INFRA)

Timeframe: October 1, 2017-September 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

*Rate is among patients not taking anticoagulant on admission.

Timeframe: July 1, 2017-June 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

*Rate is among patients with filter not removed and reason recorded.

**Rate is among patients with any complication.

Timeframe: May 1, 2017- April 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

*"Number of cases reviewed" is the number of cases that do not have missing data on "9-Month AFS for CLI". Since cases that are missing data on an outcome are excluded from the results for that outcome, the denominator may vary for other outcomes in this section of the report.

**Freedom from amputation in the ipsilateral limb for at least 9 months among patients treated for critical limb ischemia.

***Major adverse limb event (MALE) is defined as ipsilateral amputation or any reintervention within 9 months among patients treated for critical limb ischemia.

****Only 52% of PVI cases have complete data for these long-term follow-up outcomes, so the VQI benchmarks may be biased. The Vascular Quality Initiative is working to provide timely, relevant and individualized outcomes data to physicians caring for patients with vascular disease. We rely on diligent long-term follow-up data entry to provide this information to our members.

Supra-inguinal Bypass (SUPRA)

Timeframe: October 1, 2017-September 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

*Rate is among patients returned to the OR.

**Rate is among patients not taking anticoagulant on admission.

Timeframe: October 1, 2017-September 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

Timeframe: October 1, 2017-September 30, 2018

Legend: **Green = Top 25th percentile** **Red = Bottom 25th percentile**

VQI Quality Initiative Update: Discharge Medications (2018 Procedures)

Excludes patients who died in hospital and patients who were not treated for medical reason. Includes CEA, CAS, OAAA, EVAR, TEVAR, INFRA, SUPRA, PVI and LEAMP procedures entered in the VQI as of October 31, 2018.

For the 2018 Participation Awards, centers that are above the 2018 75th percentile for the rate of discharge antiplatelet+statin will receive a point toward their final award (as long as their rate is not significantly lower than their 2017 rate). Centers that are below the 75th percentile but show statistically significant improvement ($p\text{-value} < .05$) over their 2017 rate will also receive a point toward their final award.

The first two lines of the table below show your center's current antiplatelet+statin rate for 2018 cases. The third and fourth lines show the 75th percentile benchmarks for 2017 and 2018. Note that the true 75th percentile for 2018 cases will not be known until all 2018 cases have been entered. The 2018 benchmark shown below is based only on cases entered into the VQI as of October 31 and could change after all cases have been entered.

	Results
Number of 2018 procedures meeting inclusion criteria that your center had entered as of Oct. 31, 2018	676
N (%) of 2018 patients receiving antiplatelet+statin	612 (91%)
75th percentile of antiplatelet+statin rates among VQI centers for 2017	89%
Current 75th percentile of antiplatelet+statin rates among VQI centers for 2018	92%