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Vascular Study Group of New York

Thursday, November 17, 2022

4:00 PM – 6:30 PM ET

Hybrid

SVS | Society for Vascular Surgery | American Venous Forum | fivos | Society for Vascular Medicine | VASA | SVU

Meeting Attendance Credit

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Before we get started, please sign in.

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.**

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: Residents/Fellows must have an ACTIVE PATHWAYS user account to get attendance credit!!!**

Sign in with your Full name, MD, Name of Institution

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Agenda –November 17, 2022

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Time	Topic	CE Credit
4:00 pm	Welcome	No
4:05 pm	Regional Data Review –Jeffrey Indes, MD, VSGGNY Medical Director Learning Objectives: • 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. Sharing of best practices/pathways of care.	Yes
5:05 pm	Regional QI Proposal –Jeffrey Indes, MD, VSGGNY Medical Director Learning Objectives: • 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. Sharing of best practices/pathways of care.	Yes

Agenda (con't)

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Time	Topic	CE Credit
5:35 pm	National VQI Update – Caroline Morgan, RN, PSO Director of Clinical Operations Learning Objectives: • 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
6:05 pm	AQC Update –Igor Laskowski, MD	No
6:10 pm	VQC Update –Glenn Jacobowitz, MD	No
6:15 pm	RAC Update –Richard Schutzer, MD	No
6:20 pm	Governing Council Update –Jeffrey Indes, MD	No
6:25 pm	Case Presentations	No
6:30 pm	Open Discussion/Next Meeting/Meeting Evaluation	No

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Disclosure

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No presenter has a disclosure or conflict of interest to report.

Welcome and Introductions

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Albany Medical Center
Arnot Health
Bassett Medical Center
Beth Israel Medical Center
Brooklyn Methodist Hospital
Buffalo General Medical Center
Catholic Health Mercy Hospital of Buffalo
Catholic Health Sister of Charity Hospital
Columbia University Irving Medical Center
Crouse Hospital
Danbury Hospital
East Tremont Vascular Health Care, PLLC
Ellis Hospital
Glens Falls Hospital
Good Samaritan Hospital Medical Center
Good Samaritan Hospital of Suffern, N.Y.
Lenox Hill Hospital
Long Island Jewish Medical Center
Maimonides Medical Center
MidHudson Regional Hospital
Montefiore Medical Center
Mount Sinai Hospital
North Shore University Hospital
Norwalk Hospital
NYU Langone Hospital - Long Island
NYU Langone Medical Center
Orange Regional Medical Center
Our Lady of Lourdes Memorial
Queens
Southside Hospital
St. Anthony Community Hospital
St. Charles Hospital
St. Francis Hospital
St. Luke's Campus
St. Luke's-Roosevelt Hospital Center
St. Peter's Hospital
Staten Island University Hospital - North Site
Stony Brook University Medical Center
United Health Services Hospitals, Inc.
University Hospital
University of Rochester Medical Center
Vassar Brothers Medical Center
Weill Cornell University Medical Center
Westchester Medical Center
White Plains Hospital

45 Total Centers

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Fall Regional Reports

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Jeffrey Indes, MD

VQI Regional Quality Report

Fall 2022

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

About the Report

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 report is organized into separate reports that can be quickly accessed by clicking on the report names in the table of contents on the left.

For drill-down and data feedback on your center's cases, click on "VQI Case Appendix" in the table of contents on the left.

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Dashboard

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Dashboard

The dashboard provides a high-level summarization of your center's results for each of 27 reports, and gives both regional and VQI-wide benchmarks for comparison. The "Your Center" column gives the percentage of your center's cases with the noted outcome. Numbers in parentheses give the number of cases with the outcome and the total number of cases meeting the inclusion criteria for that report. The "Your Region" and "VQI Overall" columns give the aggregate percentage of cases with the noted outcome, as well as the 10th, 25th, 50th (median), 75th, and 90th percentiles for centers in your region and VQI, respectively ([10th|25th|50th|75th|90th]). Your center's results are highlighted blue if your center is in the "top" 25th percentile for VQI Overall, and coral if your center is in the "bottom" 25th percentile for VQI Overall.

For details on a particular report, click on the report name in the table of contents on the left.

Procedure Group	Outcome	Your Center	Your Region	VQI Overall
All	Procedure Volume		[5 | 16 | 84 | 302 | 540]	[7 | 19 | 68 | 201 | 389]
	Procedure Volume, All Years		[20 | 48 | 326 | 3011 | 5667]	[14 | 51 | 262 | 1357 | 3245]
Multiple	Long-Term Follow-up		57% [0 | 31 | 58 | 81 | 92]	69.4% [0 | 33 | 73 | 89 | 97]
	Discharge Medications		82.2% [67 | 76 | 84 | 94 | 100]	86.6% [75 | 83 | 91 | 97 | 100]
TFEM CAS ASYMP	Stroke/Death		5.1% [0 | 0 | 0 | 0 | 12]	1.9% [0 | 0 | 0 | 0 | 3]
TFEM CAS SYMP	Stroke/Death		3.5% [0 | 0 | 0 | 0 | 5]	3.9% [0 | 0 | 0 | 0 | 10]
TCAR ASYMP	Stroke/Death		1.2% [0 | 0 | 0 | 0 | 1]	1.2% [0 | 0 | 0 | 0 | 2]
TCAR SYMP	Stroke/Death		2.8% [0 | 0 | 0 | 0 | 7]	2.4% [0 | 0 | 0 | 0 | 8]
CEA ASYMP	Stroke/Death		1.5% [0 | 0 | 0 | 0 | 4]	0.8% [0 | 0 | 0 | 0 | 2]
	Postop LOS>1 Day		31% [17 | 20 | 29 | 37 | 52]	20.7% [0 | 10 | 19 | 31 | 50]
CEA SYMP	Stroke/Death		0.8% [0 | 0 | 0 | 0 | 0]	2% [0 | 0 | 0 | 0 | 8]
	Postop LOS>1 Day		55.8% [16 | 37 | 50 | 77 | 100]	39.6% [0 | 21 | 39 | 54 | 75]
EVAR	Postop LOS>2 Days		19.3% [8 | 11 | 20 | 33 | 39]	16% [0 | 8 | 15 | 24 | 33]
	Sac Diameter Reporting		43.2% [16 | 32 | 43 | 60 | 78]	55.5% [0 | 31 | 58 | 77 | 89]
	SVS AAA Diameter Guideline		72.7% [48 | 68 | 80 | 86 | 89]	76% [50 | 67 | 78 | 88 | 100]
TEVAR	Sac Diameter Reporting		31.6% [0 | 3 | 22 | 74 | 100]	58.4% [0 | 22 | 59 | 83 | 100]
OAAA	In-Hospital Mortality		7.9% [0 | 0 | 4 | 11 | 24]	4.2% [0 | 0 | 0 | 7 | 16]
	SVS Cell-Saver Guideline		91.5% [83 | 87 | 94 | 100 | 100]	92.5% [73 | 88 | 98 | 100 | 100]
	SVS Iliac Inflow Guideline		99.3% [100 | 100 | 100 | 100 | 100]	97.9% [91 | 99 | 100 | 100 | 100]
PVI CLAUD	ABI/Toe Pressure		64.5% [35 | 56 | 71 | 85 | 100]	73.1% [33 | 56 | 80 | 93 | 100]
INFRA CLTI	Major Complications		6.2% [0 | 2 | 5 | 8 | 12]	4.9% [0 | 0 | 3 | 7 | 11]
SUPRA CLTI	Major Complications		1.5% [0 | 0 | 0 | 0 | 0]	7.2% [0 | 0 | 0 | 10 | 22]
LEAMP	Postop Complications		10.4% [2 | 4 | 10 | 16 | 21]	11.7% [0 | 2 | 10 | 14 | 23]
HDA	Primary AVF vs. Graft		83% [69 | 78 | 83 | 87 | 90]	82.1% [59 | 78 | 84 | 91 | 96]
HDA	Ultrasound Vein Mapping		78.8% [51 | 68 | 93 | 99 | 100]	86.3% [62 | 81 | 90 | 96 | 100]
HDA	Postop Complications		1.7% [0 | 0 | 0 | 3 | 5]	1.2% [0 | 0 | 0 | 2 | 4]
IVCF	Filter Retrieval Reporting		47.7% [24 | 50 | 52 | 61 | 65]	51.8% [12 | 28 | 50 | 63 | 78]

Legend: Blue = "Top" 25th percentile Coral = "Bottom" 25th percentile

Note that procedure volume results are not highlighted.

Region Volume Appendix

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About the Appendix

The Region Volume Appendix provides your region's case volumes for each report. In addition, the number of centers with cases contributing to each report is given. Note that columns referencing complete cases are appropriately left blank for non risk-adjusted reports.

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	8673	38	32			
Procedure Volume, All Years	77439	42	39			
Long-Term Follow-up	8640	34	27			
Discharge Medications	6073	38	30			
TFEM CAS ASYMP: Stroke/Death	157	17	5	150	17	5
TFEM CAS SYMP: Stroke/Death	171	13	6	166	13	6
TCAR ASYMP: Stroke/Death	258	27	8	248	26	7
TCAR SYMP: Stroke/Death	107	22	4	104	22	4
CEA ASYMP: Stroke/Death	409	18	15	375	18	14
CEA ASYMP: Postop LOS>1 Day	407	18	15	373	18	14
CEA SYMP: Stroke/Death	129	15	4	127	15	4
CEA SYMP: Postop LOS>1 Day	129	15	4	127	15	4
EVAR: Postop LOS>2 Days	410	17	15	385	17	13
EVAR: Sac Diameter Reporting	414	16	15			
EVAR: SVS AAA Diameter Guideline	355	17	13			
TEVAR: Sac Diameter Reporting	98	14	2			
OAAA: In-Hospital Mortality	126	12	5	118	12	4
OAAA: SVS Cell-Saver Guideline	118	12	4			
OAAA: SVS Iliac Inflow Guideline	136	12	5			
PVI CLAUD: ABI/Toe Pressure	1159	19	17			
INFRA CLTI: Major Complications	272	15	11			
SUPRA CLTI: Major Complications	68	11	1			
LEAMP: Postop Complications	364	6	6			
HDA: Primary AVF vs. Graft	512	11	11			
HDA: Ultrasound Vein Mapping	590	11	11			
HDA: Postop Complications	590	11	11			
IVCF: Filter Retrieval Reporting	149	9	5			

Fall Regional Reports

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About the Report

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 report is organized into separate reports that can be quickly accessed by clicking on the report names in the table of contents on the left.

For drill-down and data feedback on your center's cases, click on "VQI Case Appendix" in the table of contents on the left.

Important Notes

- All results are based on data entered into the VQI as of July 31, 2022. Any subsequent changes or updates to data after that date will not be reflected in this report.
- Only cases submitted as complete in the PATHWAYS platform are reflected in this report.
- Procedure timeframes and inclusion/exclusion criteria are given at the top of each report. Cases are also excluded if outcomes are missing or not enough data was entered to determine whether the case met inclusion/exclusion criteria.
- Regions must have at least 3 centers with included cases for regional results to be displayed in tables and line charts.
- Regions must have at least 3 centers with at least 10 included cases per center for regional results to be displayed in bar charts. It is therefore possible for a region's results to be displayed in tables and line charts, but not in bar charts.
- For risk-adjusted reports, regions must have at least 3 centers with at least 10 *cases with complete data* per center for regional results to be displayed in bar charts. It is therefore possible for a region's results to be displayed in tables and line charts, but not in bar charts.
- In all graphics, "*" indicates a p-value <.05.

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Fall 2022 VQI Regional Quality Report

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Important Updates

The following updates have been implemented to enhance and improve the Fall 2022 VQI Regional Quality Report:

- New HDA Reports

  Two new HDA reports:

  HDA: Ultrasound Vein Mapping

  HAD Postop Complications, are now provided.

Report-Specific Updates

The following report-specific updates have been implemented to enhance and improve the specified report(s):

- CEA

  Changed inclusion/exclusion criteria – Procedures with an unrelated return to the OR are now excluded from CEA ASYMP: Postop LOS>1 Day and CEA SYMP: Postop LOS>1 Day.

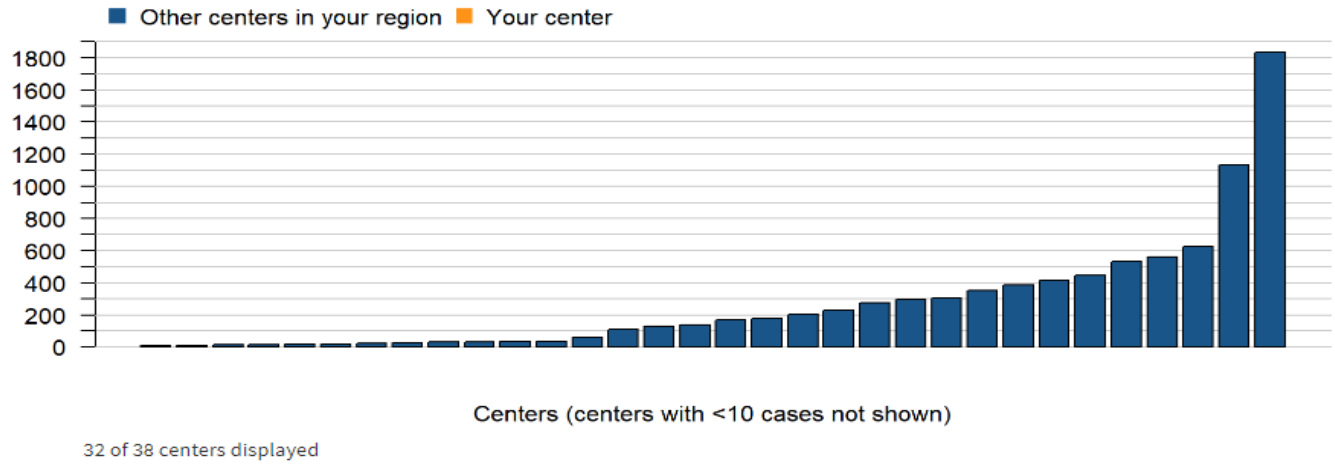
Procedure Volume

Procedures performed between July 1, 2021 and June 30, 2022

Number of cases entered into the VQI, by registry and overall

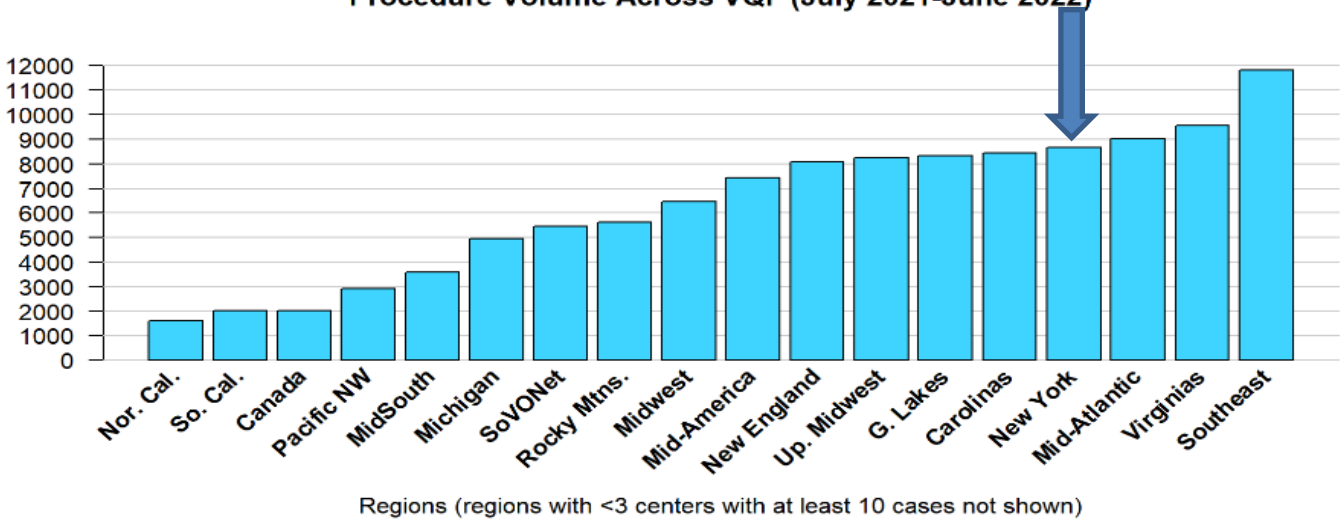
	Your Center (N)	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)		875	16303
CEA		642	17399
EVAR		425	7434
HDA		590	5569
INFRA		385	6568
IVCF		201	1216
LEAMP		365	3141
OAAA		25	1330
PVI		3330	44458
SUPRA		117	1881
TEVAR		157	3319
Varicose Veins		NA (<3 centers)	6256
Overall (July 2021-June 2022)		8673	114874
Overall (July 2020-June 2021)		10648	122571

Procedure Volume by Center in Your Region (July 2021-June 2022)



32 of 38 centers displayed

Procedure Volume Across VQI (July 2021-June 2022)

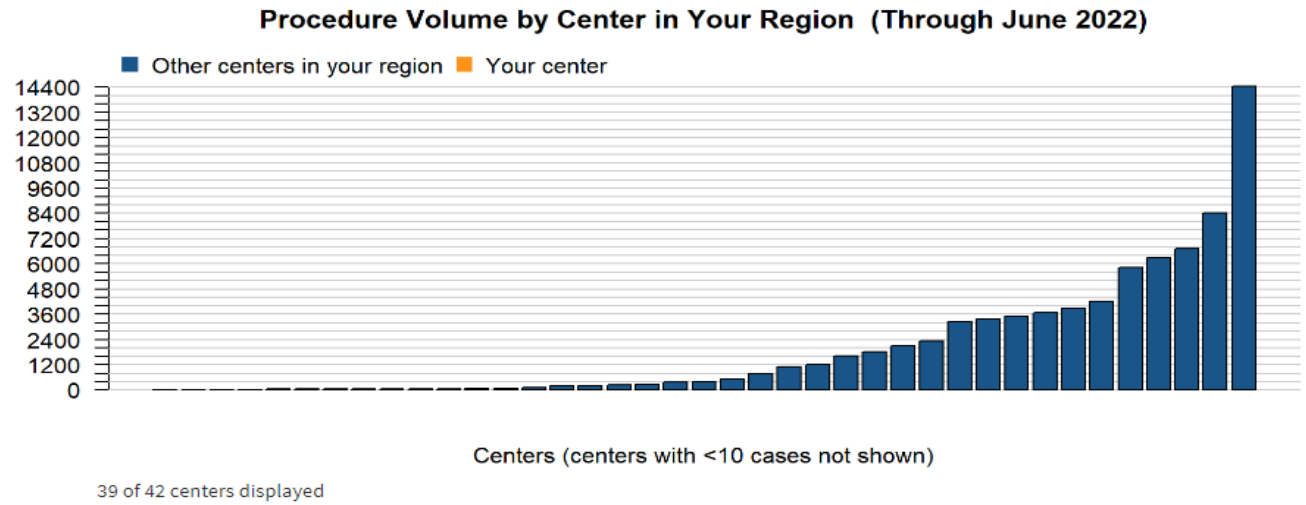


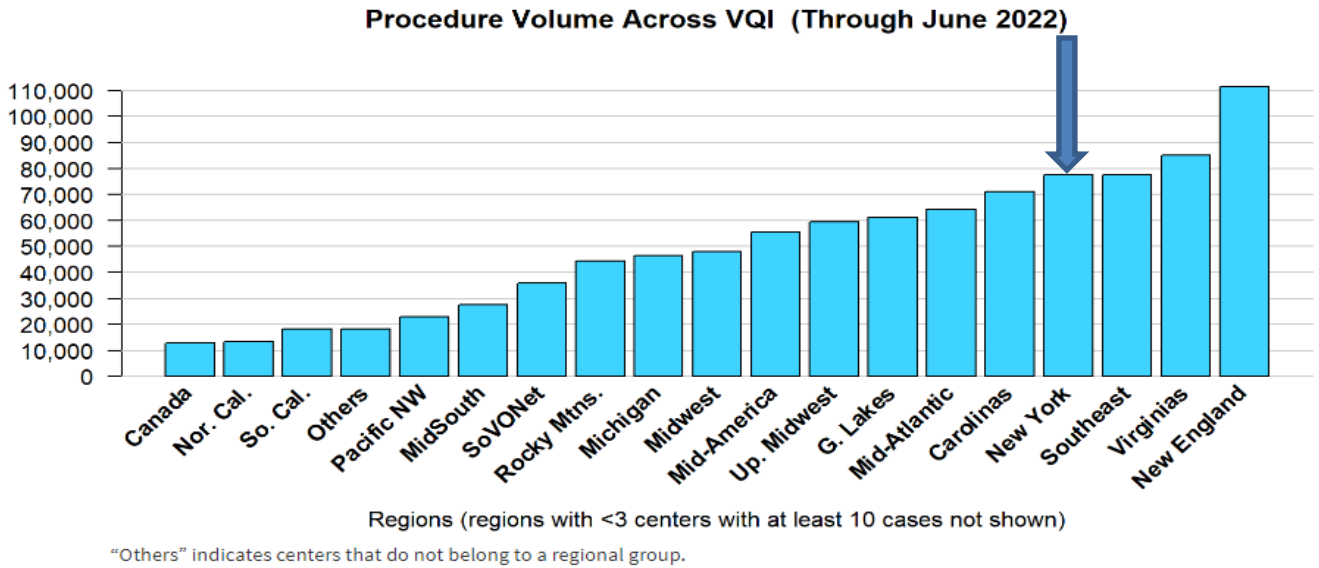
Procedure Volume, All Years

Includes all procedures with procedure date through June 30, 2022

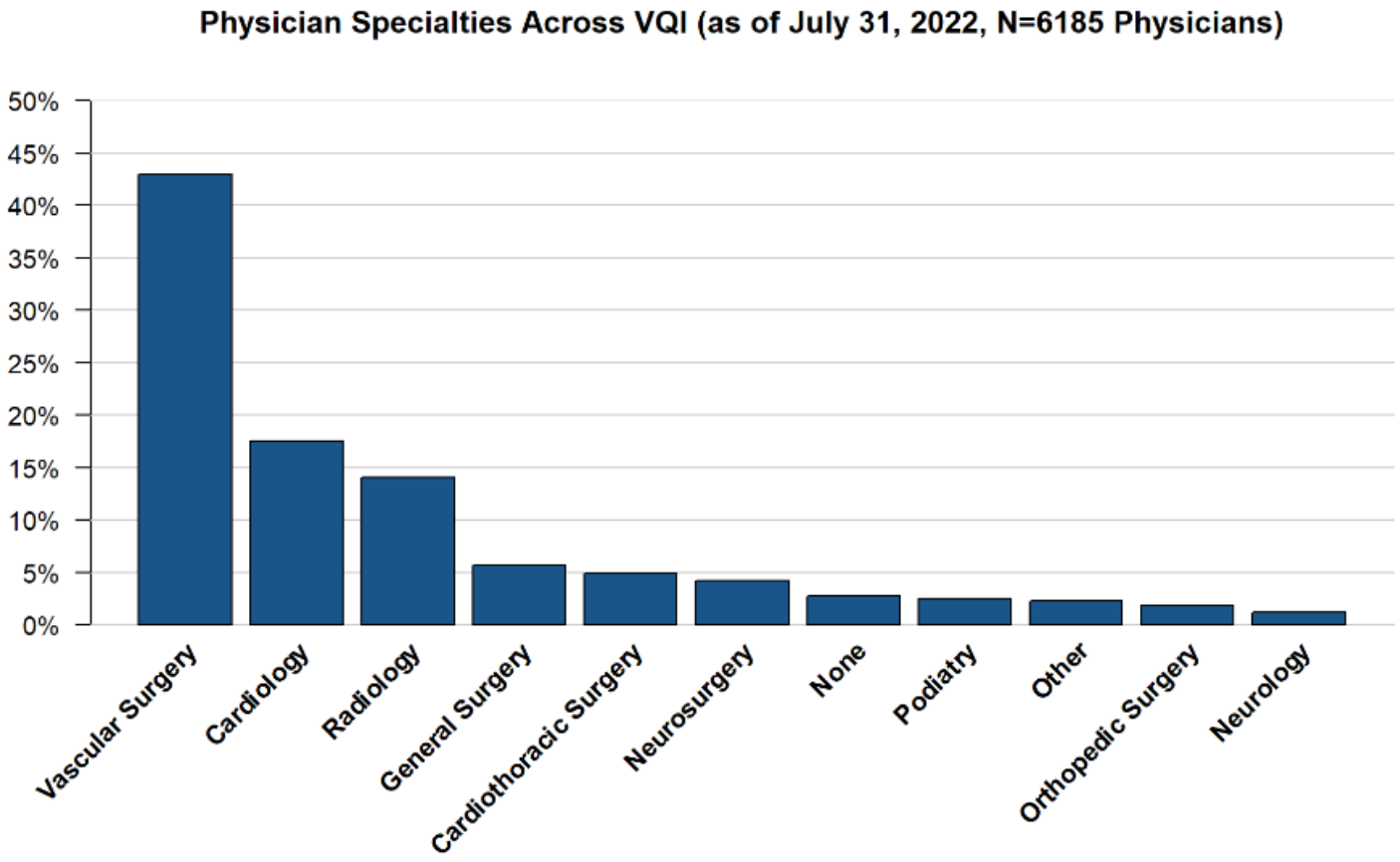
Number of cases entered into the VQI, by registry and overall

	Your Center (N)	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)		4361	76023
CEA		8005	176118
EVAR		4833	71841
HDA		7695	69196
INFRA		4861	73717
IVCF		2185	17227
LEAMP		2395	24978
OAAA		400	16316
PVI		27448	324744
SUPRA		1417	23637
TEVAR		1534	24569
Varicose Veins		NA (<3 centers)	54445
Overall		77439	952811

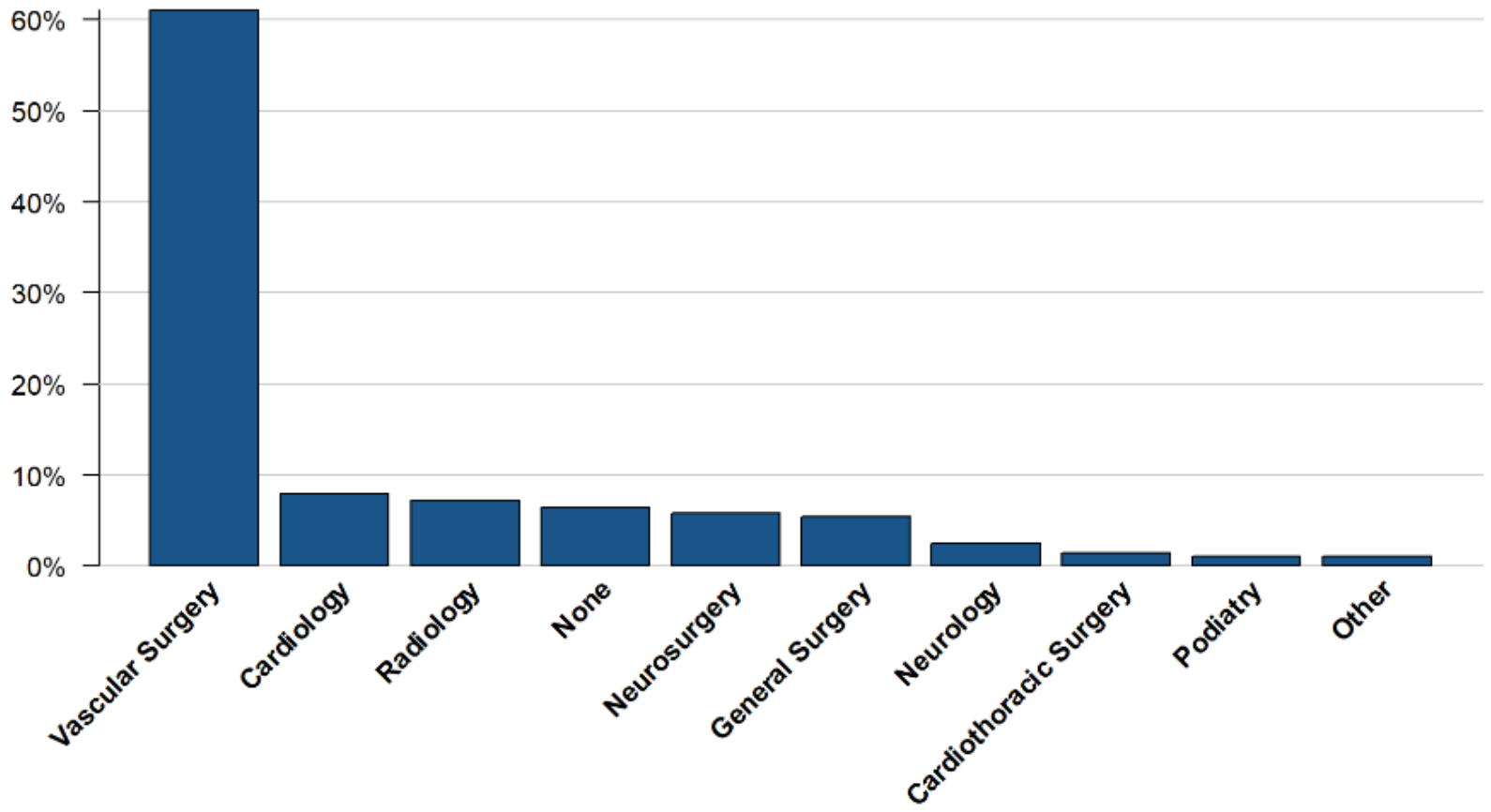

Procedure Volume by Center in Your Region (Through June 2022)
Other centers in your region
Your center
14400
13200
12000
10800
9600
8400
7200
6000
4800
3600
2400
1200
0
Centers (centers with <10 cases not shown)
39 of 42 centers displayed


Procedure Volume Across VQI (Through June 2022)
110,000
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
Canada
Nor. Cal.
So. Cal.
Others
Pacific NW
MidSouth
SoVONet
Rocky Mtns.
Michigan
Midwest
Mid-America
Up. Midwest
G. Lakes
Mid-Atlantic
Carolinas
New York
Southeast
Virginias
New England
Regions (regions with <3 centers with at least 10 cases not shown)
"Others" indicates centers that do not belong to a regional group.

Physician Specialties



Physician Specialties Across Your Region (as of July 31, 2022, N=277 Physicians)



Long-Term Follow-up

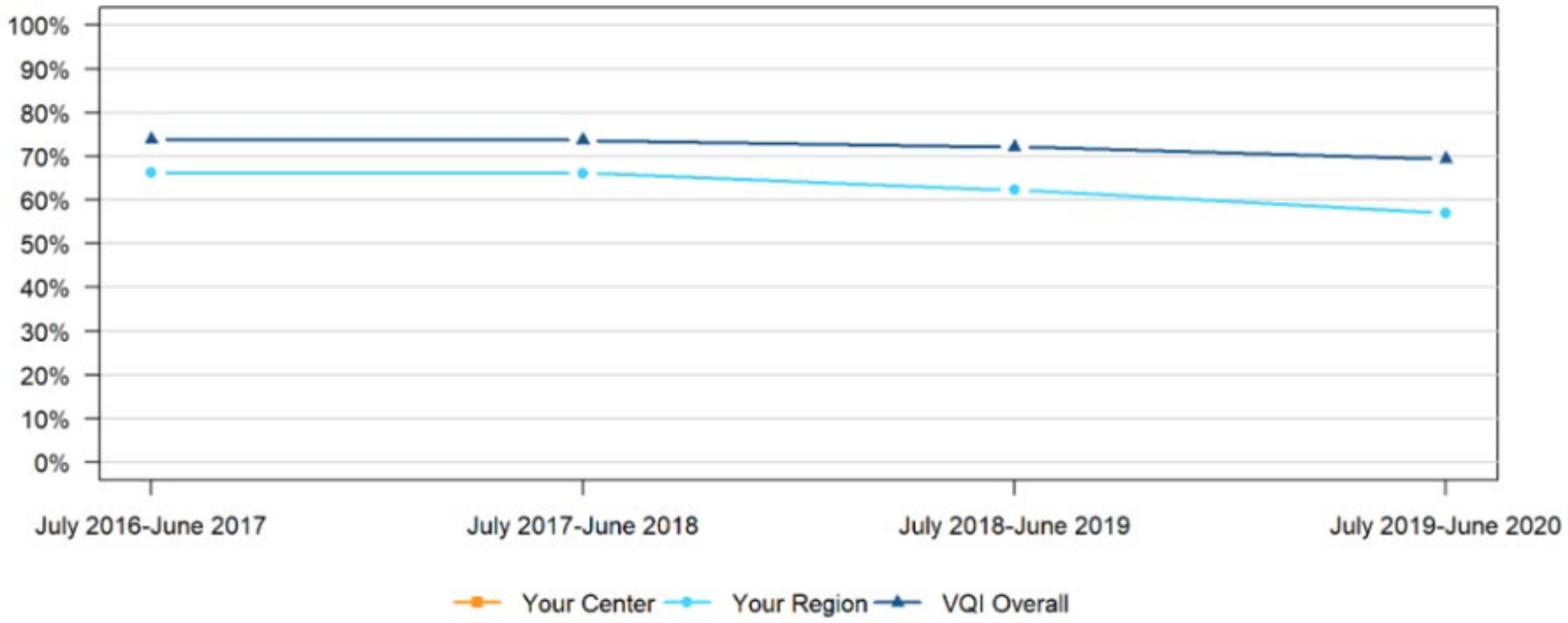
Procedures performed between July 1, 2019 and June 30, 2020

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.

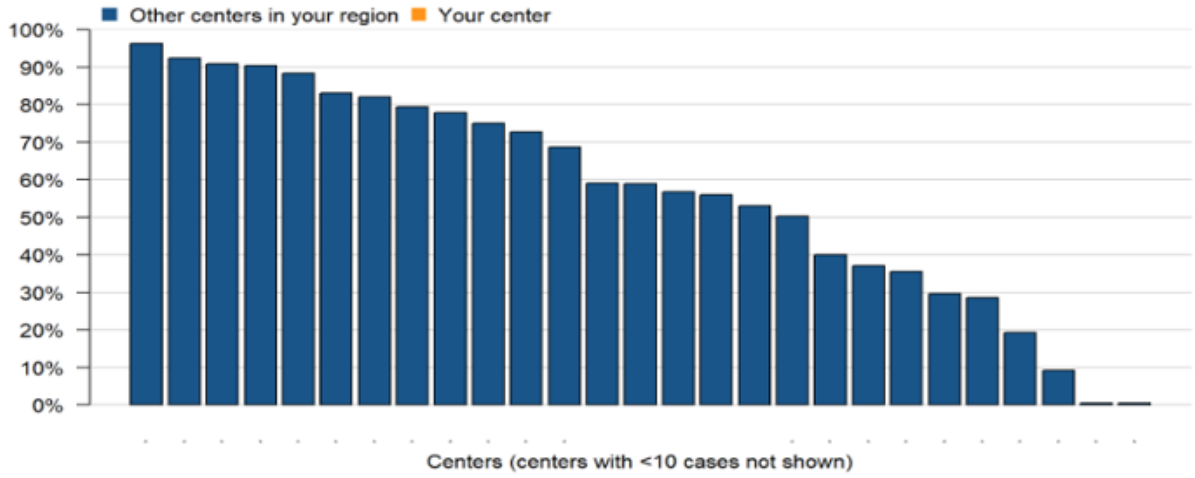
The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures with follow-up recorded between 9 and 21 months post-procedure.

	Your Center	Your Region	VQI Overall
CAS		681 (62%)	11723 (65%)
CEA		882 (62%)	17767 (71%)
EVAR		446 (58%)	7058 (70%)
HDA		964 (59%)	7418 (72%)
INFRA		685 (57%)	7073 (72%)
IVCF		221 (69%)	1655 (75%)
LEAMP		367 (72%)	3270 (74%)
OAAA		33 (55%)	1163 (72%)
PVI		4042 (53%)	40085 (68%)
SUPRA		140 (46%)	2093 (72%)
TEVAR		179 (57%)	2848 (67%)
Overall (July 2019-June 2020)		8640 (57%)	102153 (69%)
Overall (July 2018-June 2019)		8186 (62%)	99531 (72%)

Long-Term Follow-Up by Year



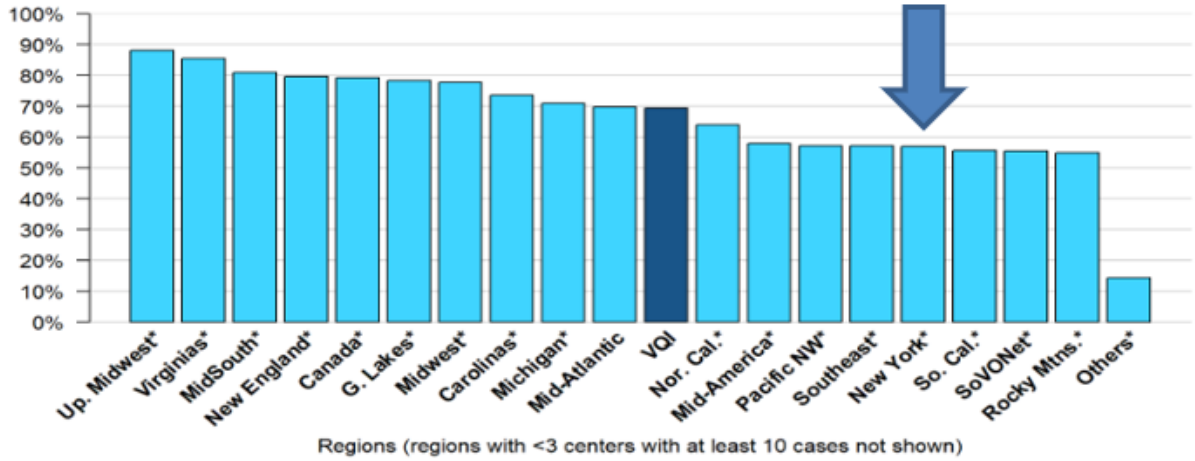
Long-Term Follow-Up by Center in Your Region (July 2019-June 2020)



27 of 34 centers displayed

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

Long-Term Follow-Up by Region Across VQI (July 2019-June 2020)



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

"Others" indicates centers that do not belong to a regional group.

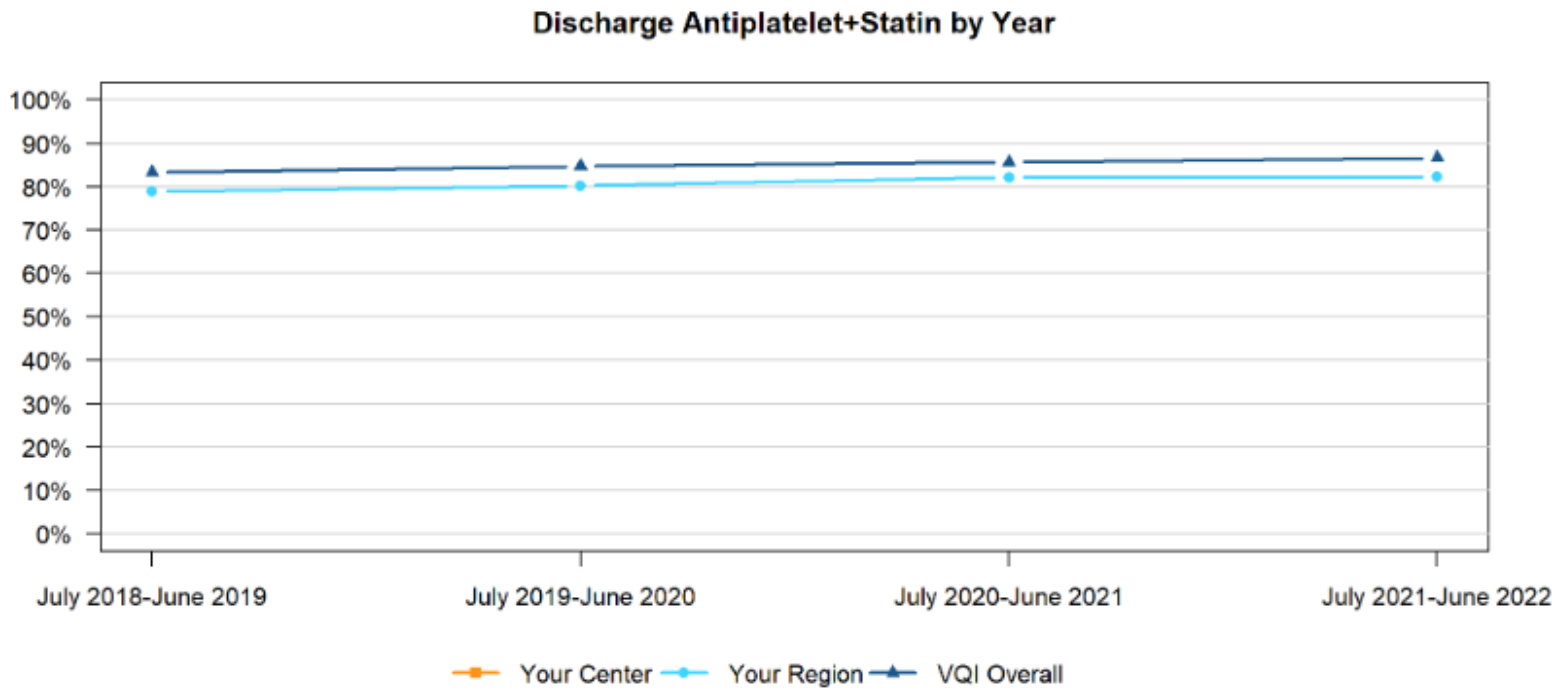
Discharge Medications

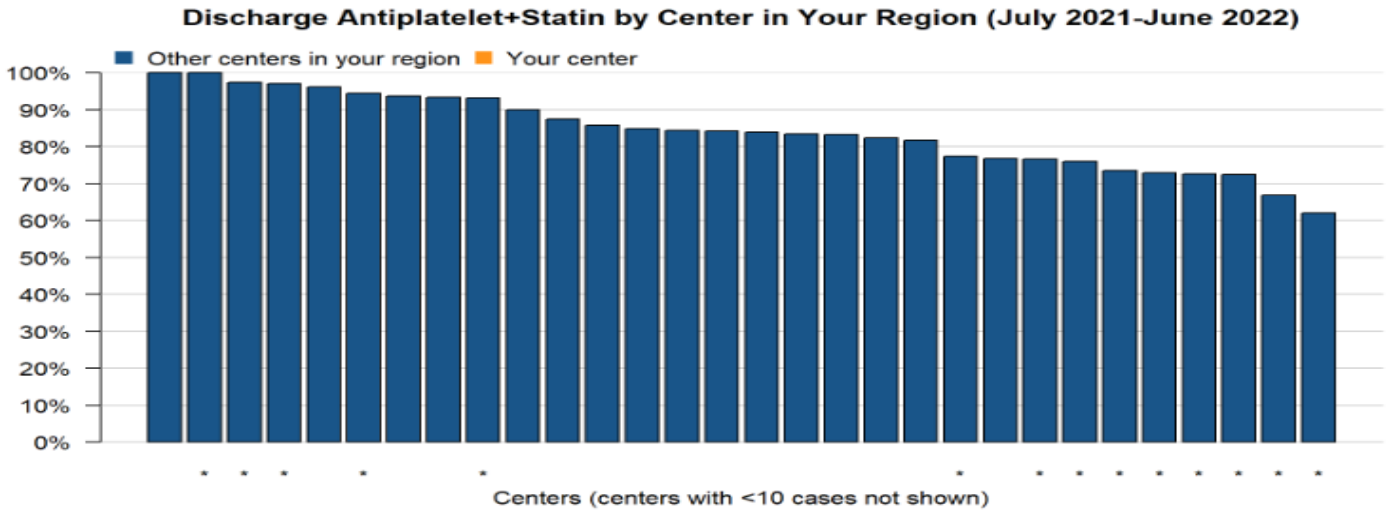
Procedures performed between July 1, 2021 and June 30, 2022

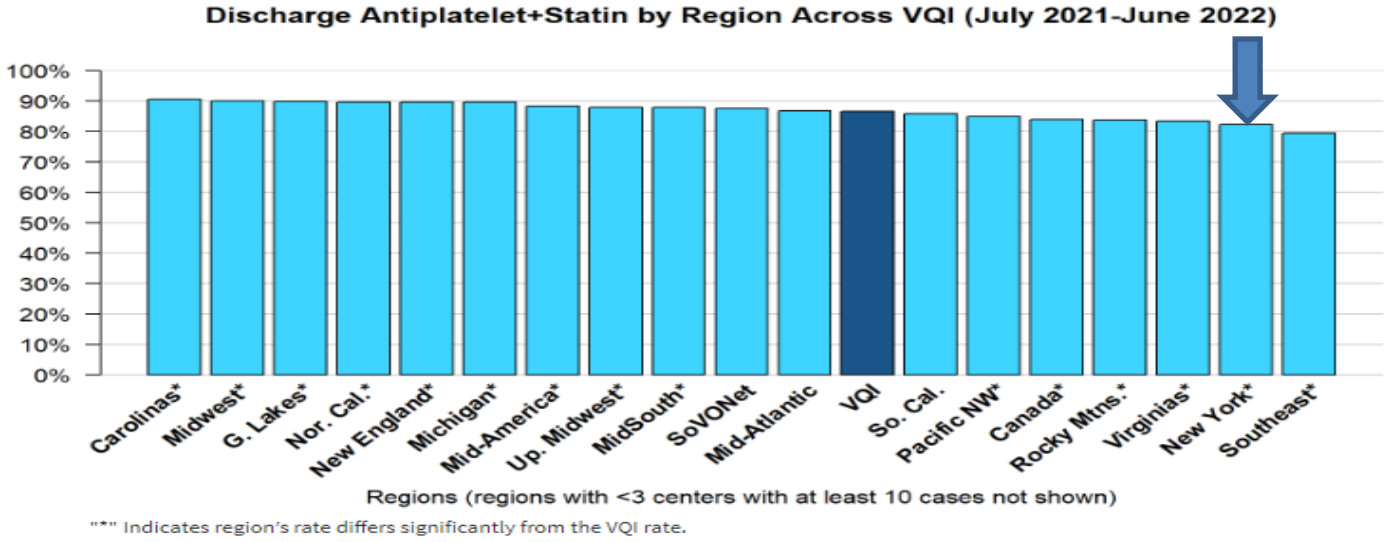
Includes CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Antiplatelet is defined as ASA or P2Y12 inhibitor. Cases are excluded if (1) Discharge Statin = "No, for medical reason" OR (2) Both Discharge ASA = "No, for medical reason" AND Discharge P2Y12 inhibitor = "No, for medical reason" OR (3) An in-hospital death occurred.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures where patients received discharge medications.

	Number of Procedures at Your Center	Antiplatelet+Statin	Antiplatelet Only	Statin Only	Neither
CAS					
CEA					
EVAR					
INFRA					
LEAMP					
OAAA					
PVI					
SUPRA					
TEVAR					
Your Center Overall					
Your Region Overall	6073	82%	11%	4%	3%
VQI Overall	95682	87%	8%	3%	2%


Discharge Antiplatelet+Statin by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
July 2018-June 2019
July 2019-June 2020
July 2020-June 2021
July 2021-June 2022
Your Center
Your Region
VQI Overall


Discharge Antiplatelet+Statin by Center in Your Region (July 2021-June 2022)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Centers (centers with <10 cases not shown)
30 of 38 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


Discharge Antiplatelet+Statin by Region Across VQI (July 2021-June 2022)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Carolinas*
Midwest*
G. Lakes*
Nor. Cal.*
New England*
Michigan*
Mid-America*
Up. Midwest*
MidSouth*
SoVONet
Mid-Atlantic
VQI
So. Cal.
Pacific NW*
Canada*
Rocky Mtns.*
Virginias*
New York*
Southeast*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

TFEM CAS ASYMP: Stroke/Death

Procedures performed between July 1, 2021 and June 30, 2022

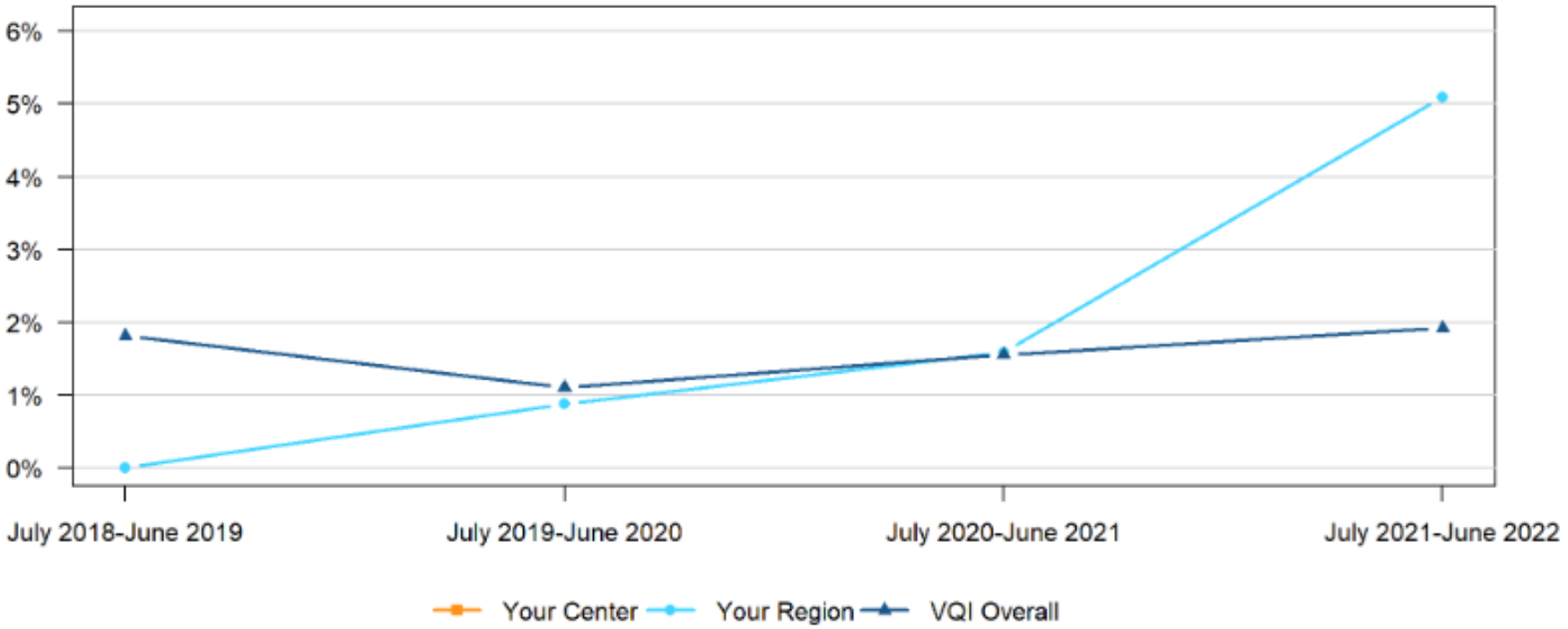
Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial 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		157	2185
Observed rate of stroke or death among procedures meeting inclusion criteria		5.1%	1.9%
Number of procedures with complete data*		150	1995
Observed rate of stroke or death among cases with complete data		5.3%	1.9%
Expected rate of stroke or death among cases with complete data		1.5%	NA
P-value for comparison of observed and expected rates		0	NA

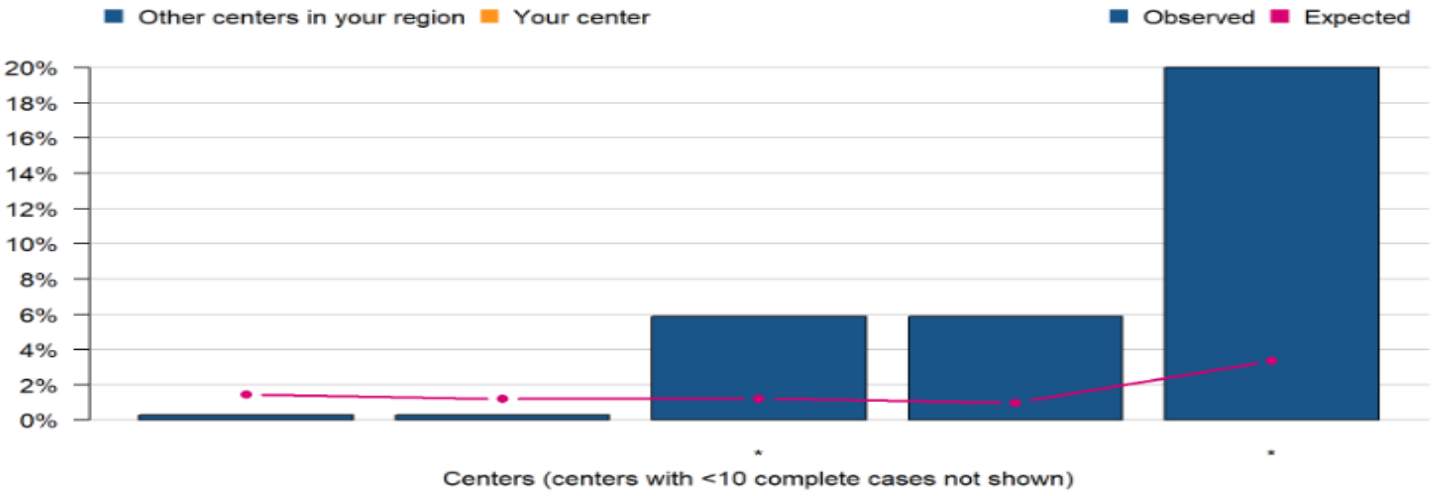
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after TFEM CAS for Asymptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.

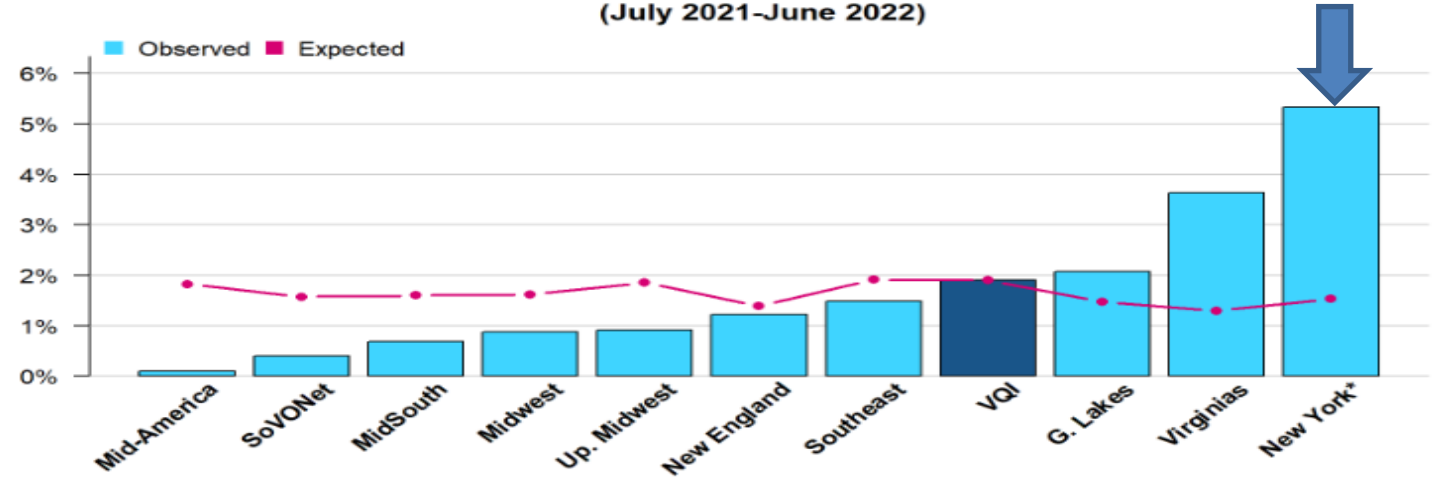
Stroke or Death after TFEM CAS for Asymptomatic Patients in Your Region (July 2021-June 2022)



5 of 17 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

Stroke or Death after TFEM CAS for Asymptomatic Patients by Region Across VQI (July 2021-June 2022)



Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate

TFEM CAS SYMP: Stroke/Death

Procedures performed between July 1, 2021 and June 30, 2022

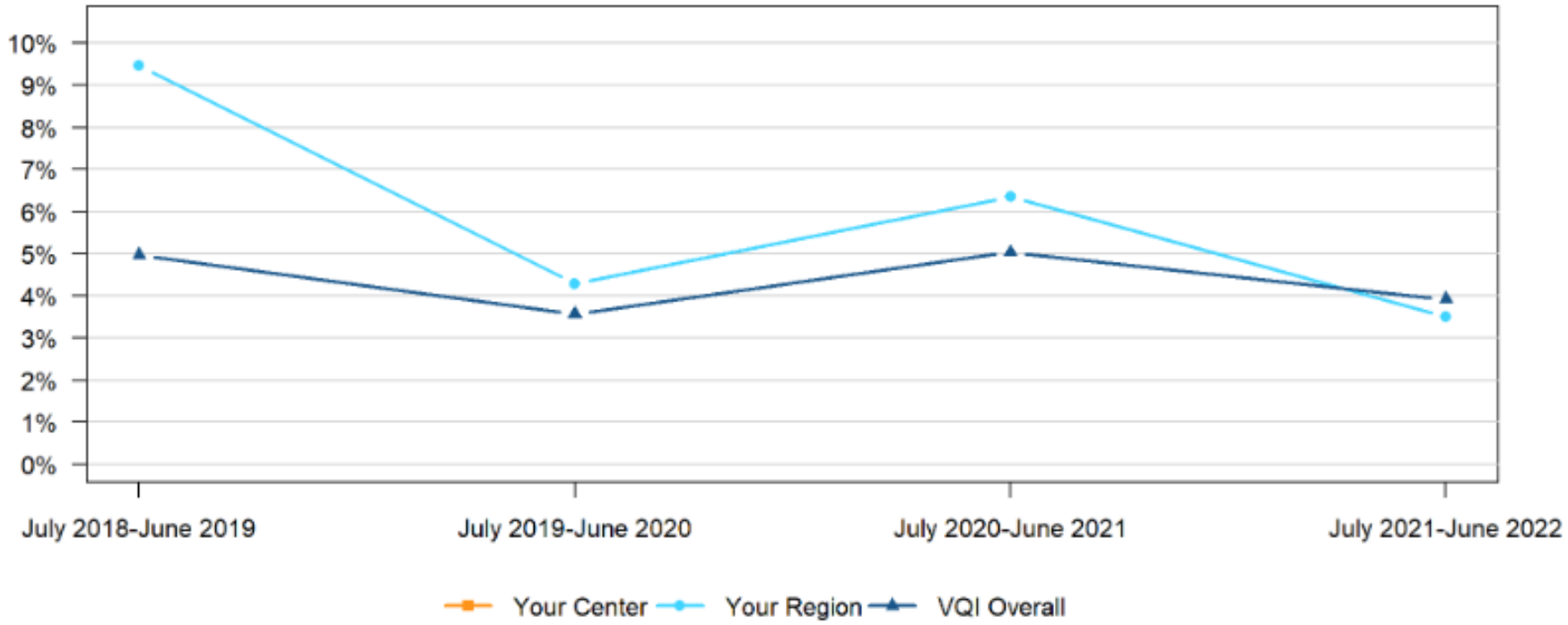
Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial 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		171	2346
Observed rate of stroke or death among procedures meeting inclusion criteria		3.5%	3.9%
Number of procedures with complete data*		166	2188
Observed rate of stroke or death among cases with complete data		3%	3.7%
Expected rate of stroke or death among cases with complete data		4.3%	NA
P-value for comparison of observed and expected rates		0.56	NA

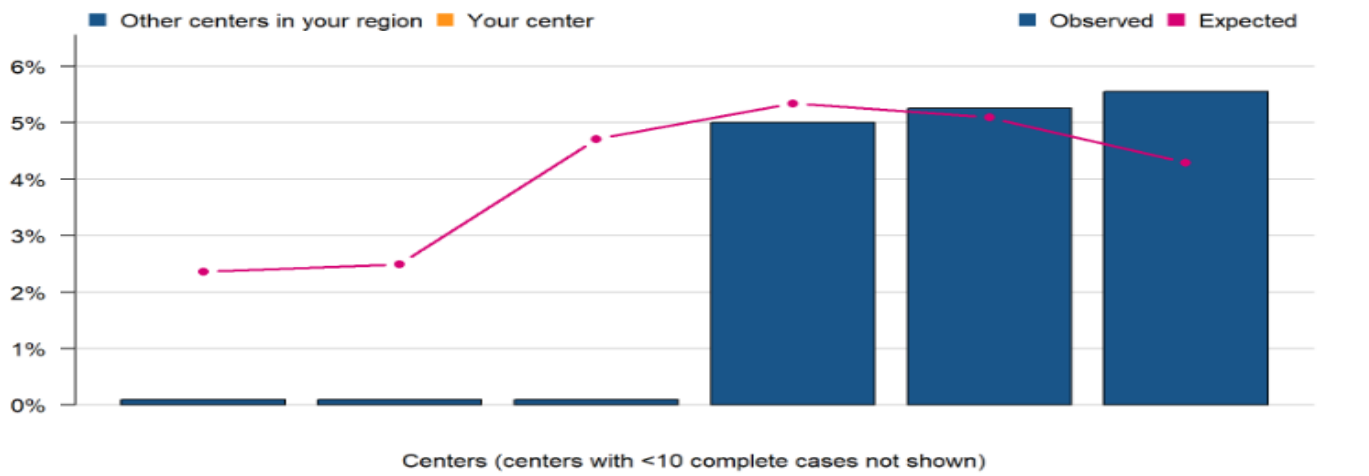
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after TFEM CAS for Symptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.

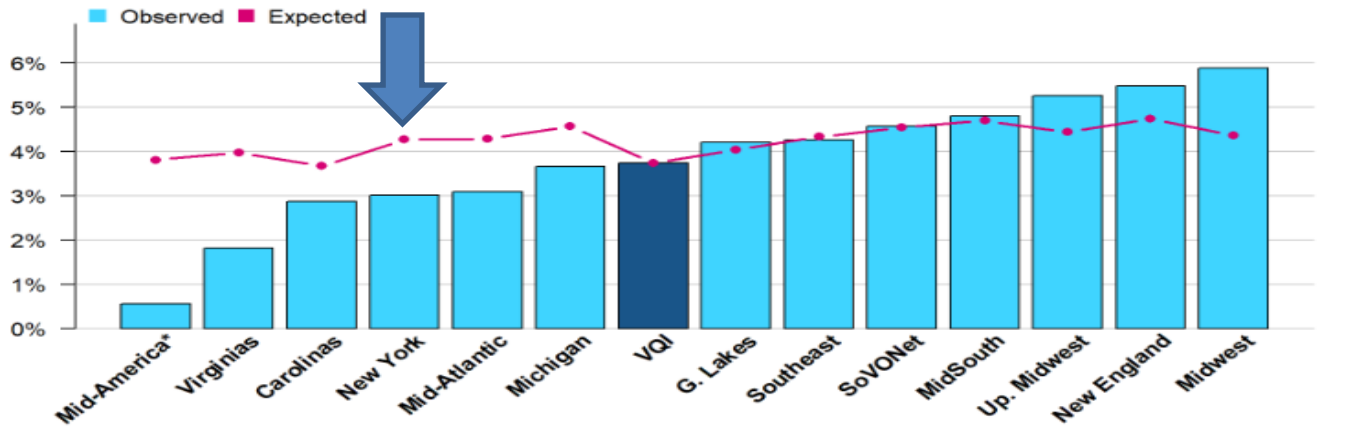
Stroke or Death after TFEM CAS for Symptomatic Patients in Your Region (July 2021-June 2022)



6 of 13 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

Stroke or Death after TFEM CAS for Symptomatic Patients by Region Across VQI (July 2021-June 2022)



Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate

TCAR ASYMP: Stroke/Death

Procedures performed between July 1, 2021 and June 30, 2022

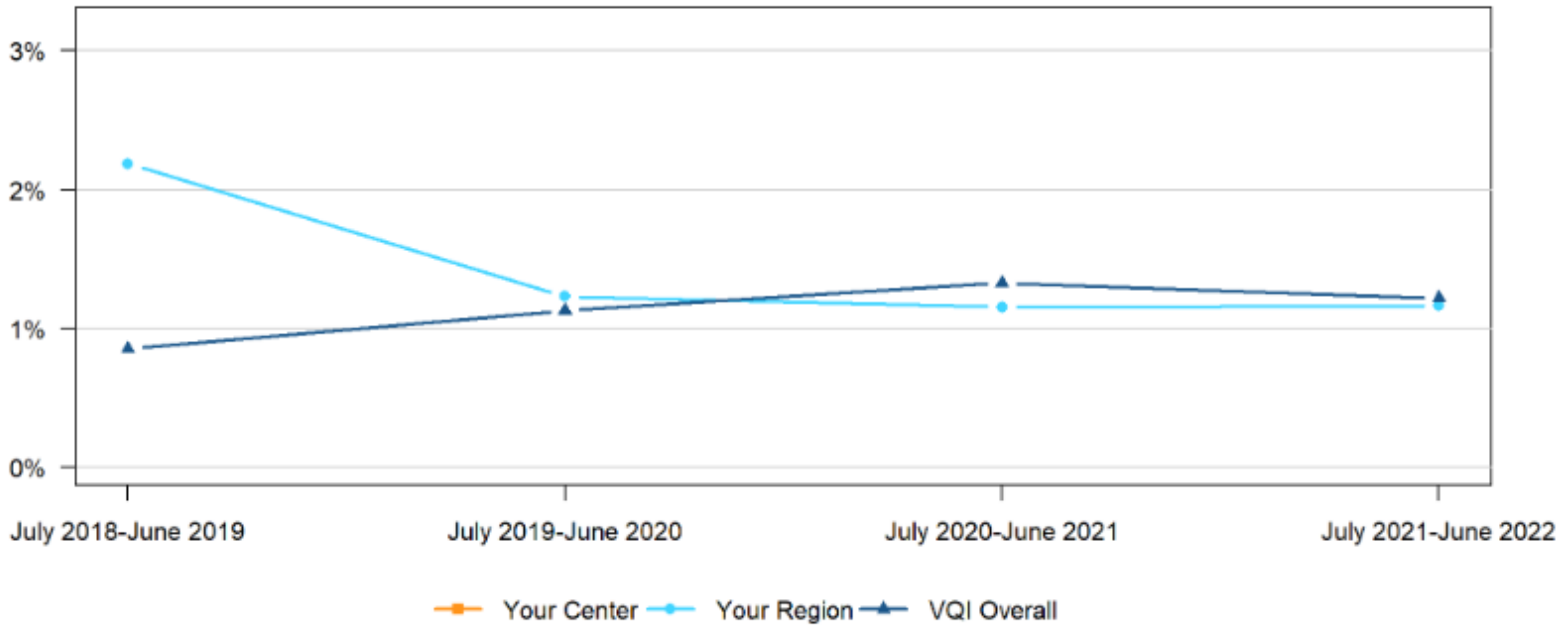
Includes TransCarotid Artery Revascularization (TCAR) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, 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.

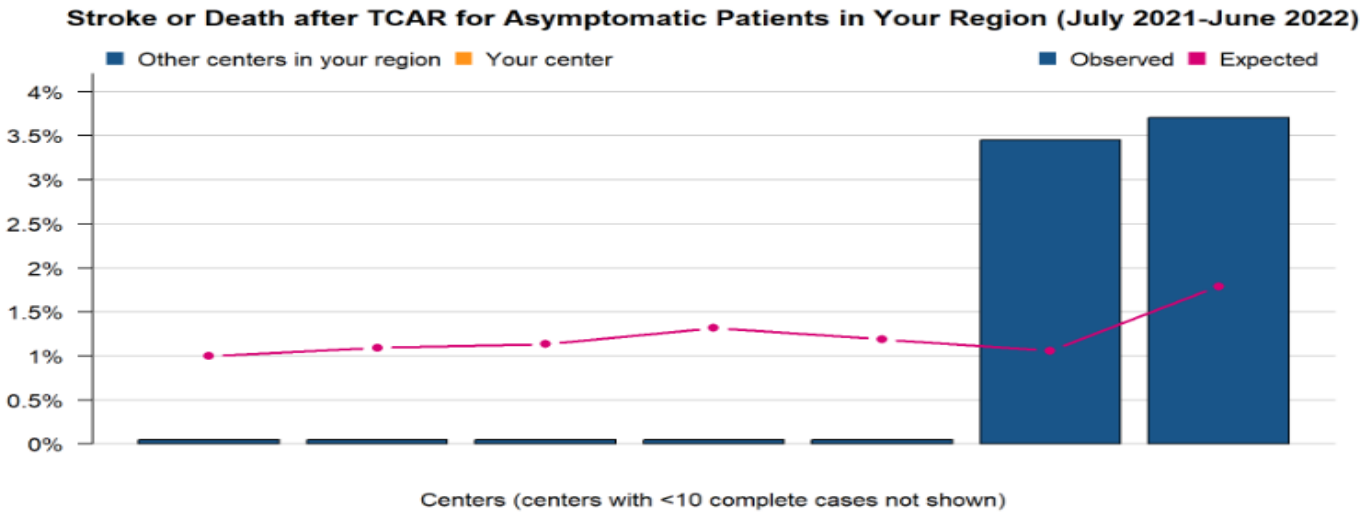
	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		258	5589
Observed rate of stroke or death among procedures meeting inclusion criteria		1.2%	1.2%
Number of procedures with complete data*		248	5226
Observed rate of stroke or death among cases with complete data		1.2%	1.2%
Expected rate of stroke or death among cases with complete data		1.3%	NA
P-value for comparison of observed and expected rates		1	NA

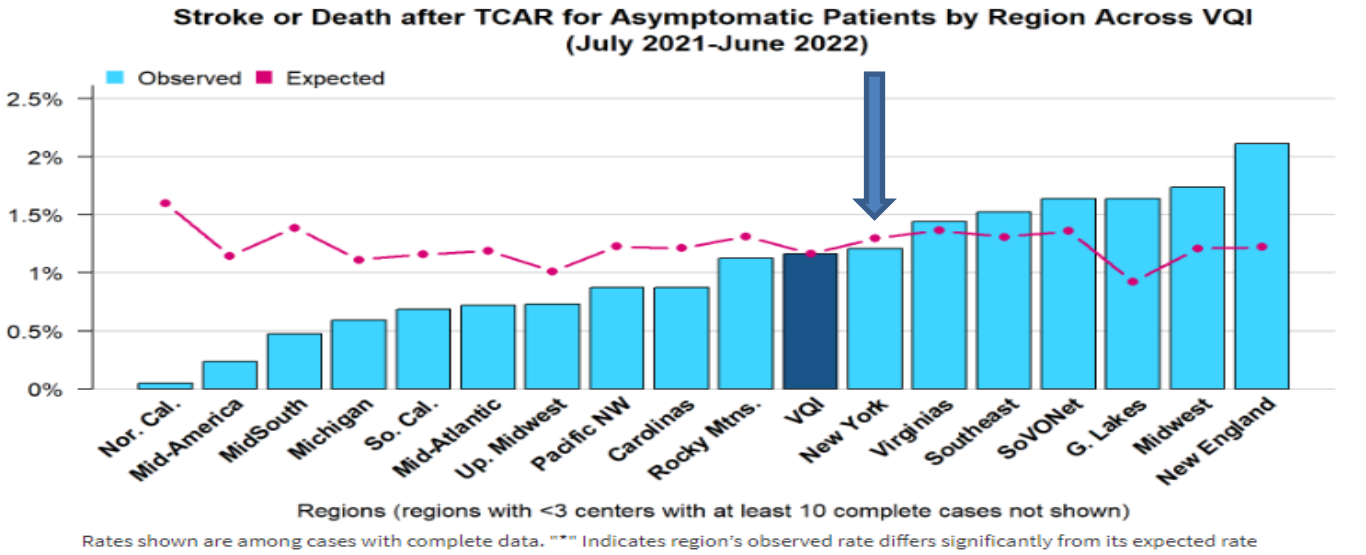
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after TCAR for Asymptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.


Stroke or Death after TCAR for Asymptomatic Patients in Your Region (July 2021-June 2022)
Other centers in your region
Your center
Observed
Expected
4%
3.5%
3%
2.5%
2%
1.5%
1%
0.5%
0%
Centers (centers with <10 complete cases not shown)
7 of 27 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


Stroke or Death after TCAR for Asymptomatic Patients by Region Across VQI (July 2021-June 2022)
Observed
Expected
2.5%
2%
1.5%
1%
0.5%
0%
Nor. Cal.
Mid-America
MidSouth
Michigan
So. Cal.
Mid-Atlantic
Up. Midwest
Pacific NW
Carolinas
Rocky Mtns.
VQI
New York
Virginias
Southeast
SoVONet
G. Lakes
Midwest
New England
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

Procedures performed between July 1, 2021 and June 30, 2022

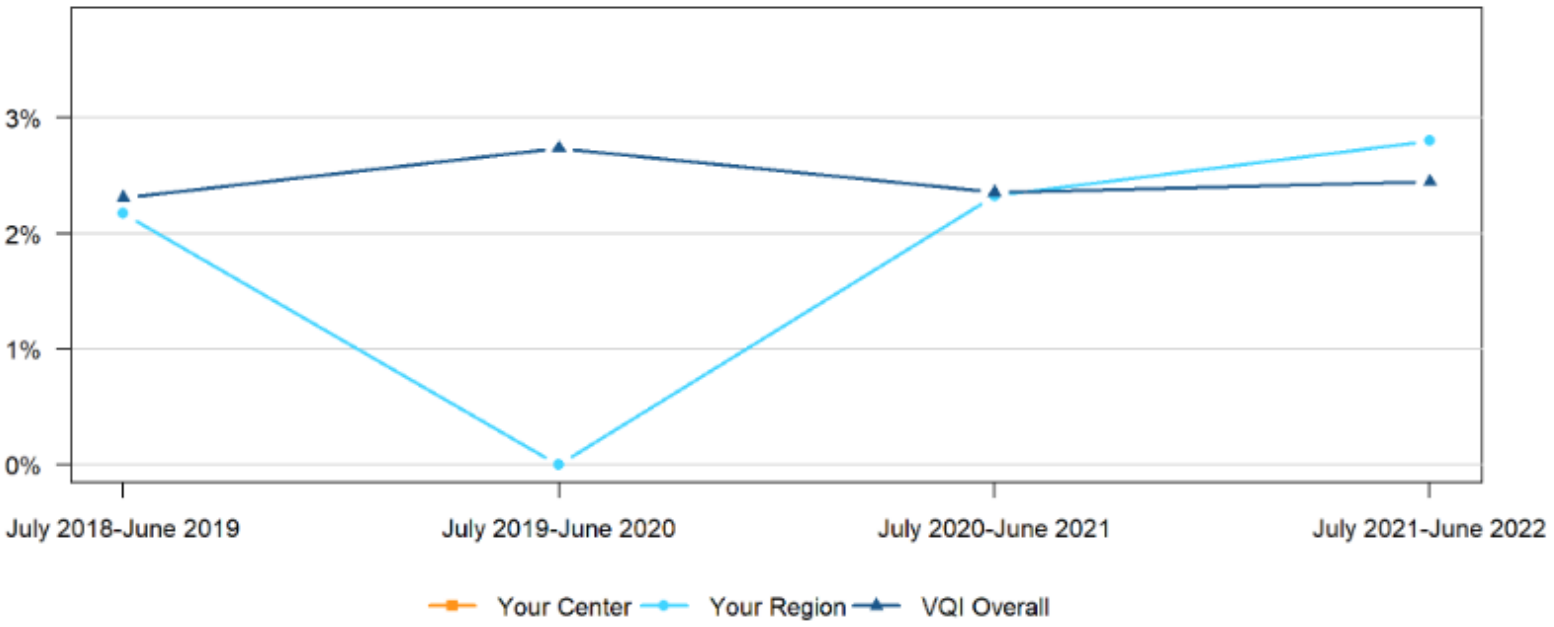
Includes TransCarotid Artery Revascularization (TCAR) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, 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.

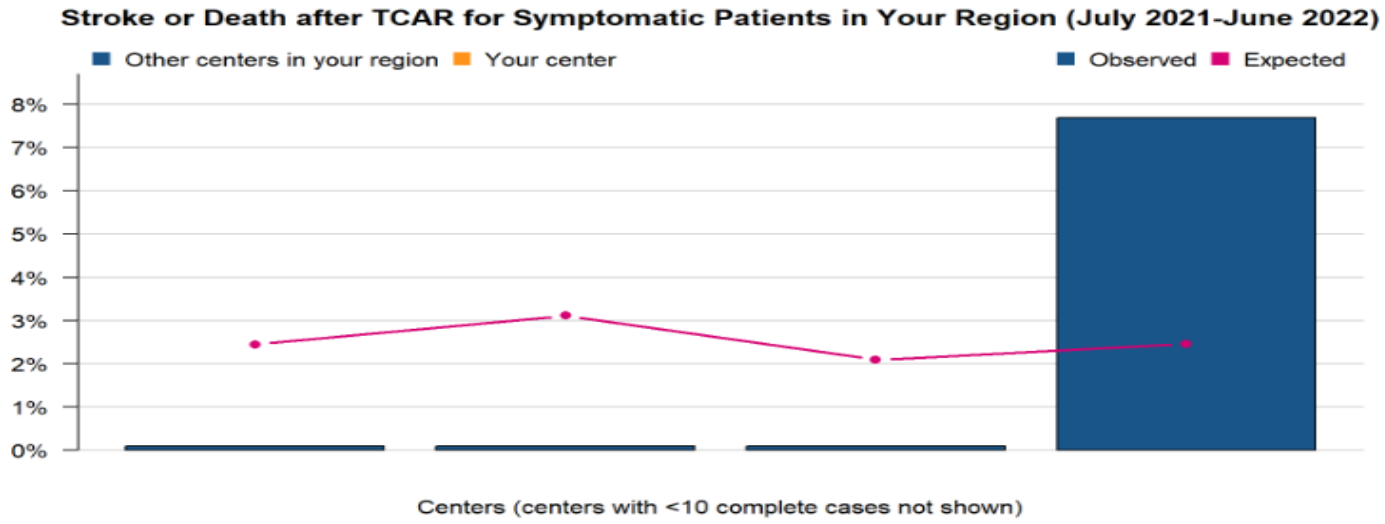
	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		107	2901
Observed rate of stroke or death among procedures meeting inclusion criteria		2.8%	2.4%
Number of procedures with complete data*		104	2745
Observed rate of stroke or death among cases with complete data		1.9%	2.5%
Expected rate of stroke or death among cases with complete data		2.5%	NA
P-value for comparison of observed and expected rates		1	NA

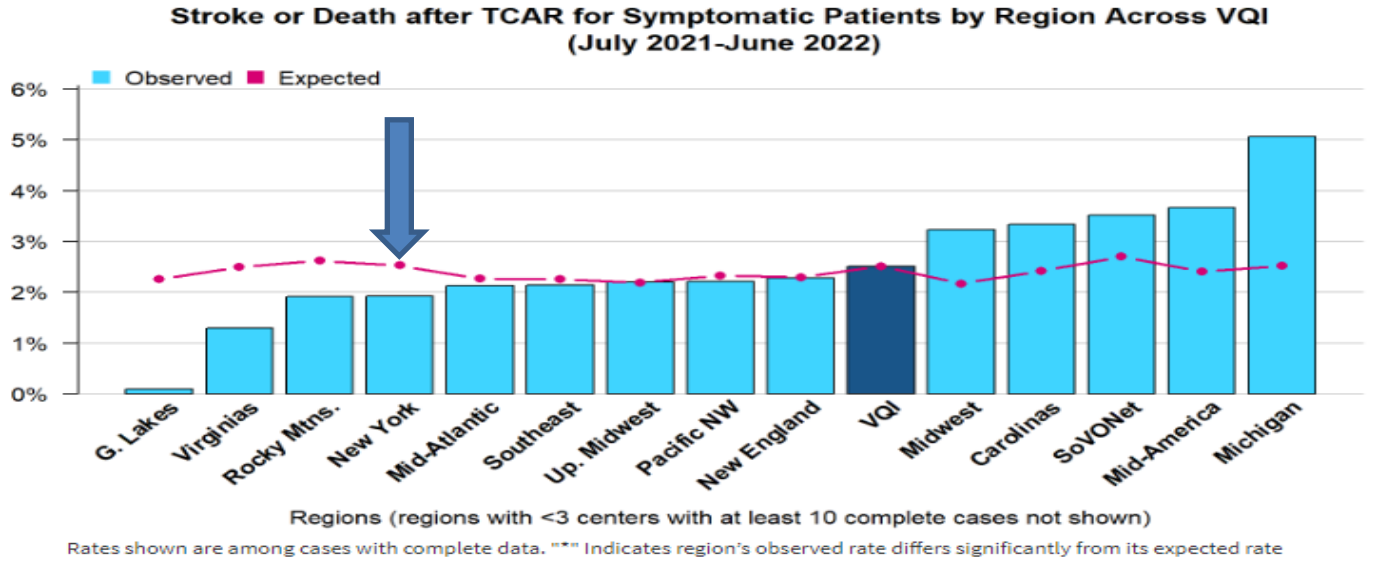
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after TCAR for Symptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.


Stroke or Death after TCAR for Symptomatic Patients in Your Region (July 2021-June 2022)
Other centers in your region
Your center
Observed
Expected
8%
7%
6%
5%
4%
3%
2%
1%
0%
Centers (centers with <10 complete cases not shown)
4 of 22 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


Stroke or Death after TCAR for Symptomatic Patients by Region Across VQI
(July 2021-June 2022)
Observed
Expected
6%
5%
4%
3%
2%
1%
0%
G. Lakes
Virginias
Rocky Mtns.
New York
Mid-Atlantic
Southeast
Up. Midwest
Pacific NW
New England
VQI
Midwest
Carolinas
SoVONet
Mid-America
Michigan
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

Procedures performed between July 1, 2021 and June 30, 2022

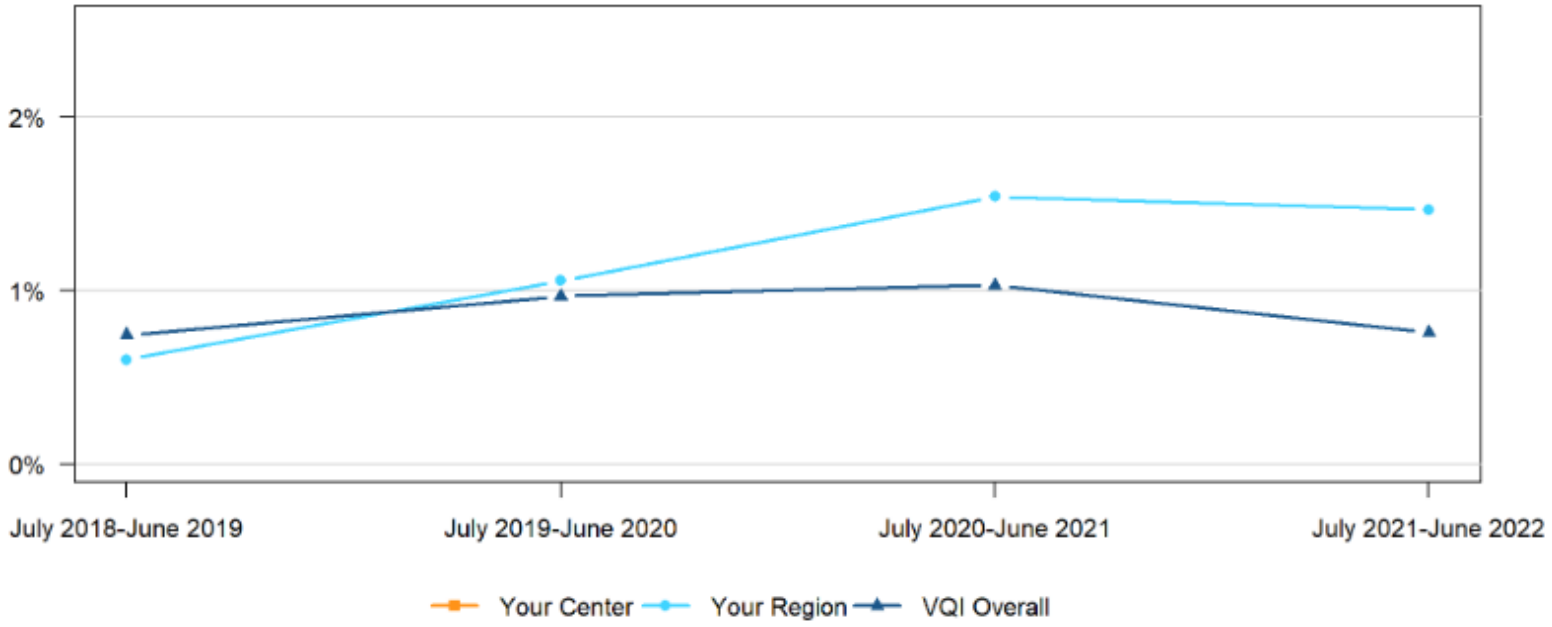
Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral 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.

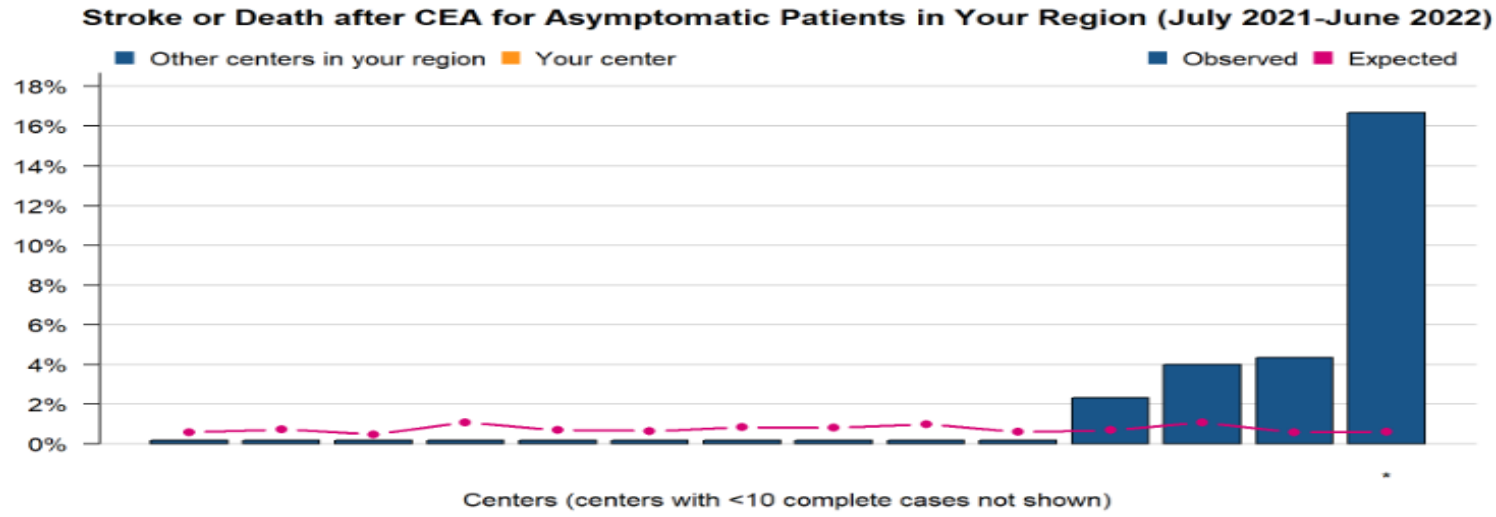
	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		409	9889
Observed rate of stroke or death among procedures meeting inclusion criteria		1.5%	0.8%
Number of procedures with complete data*		375	9351
Observed rate of stroke or death among cases with complete data		1.6%	0.8%
Expected rate of stroke or death among cases with complete data		0.7%	NA
P-value for comparison of observed and expected rates		0.06	NA

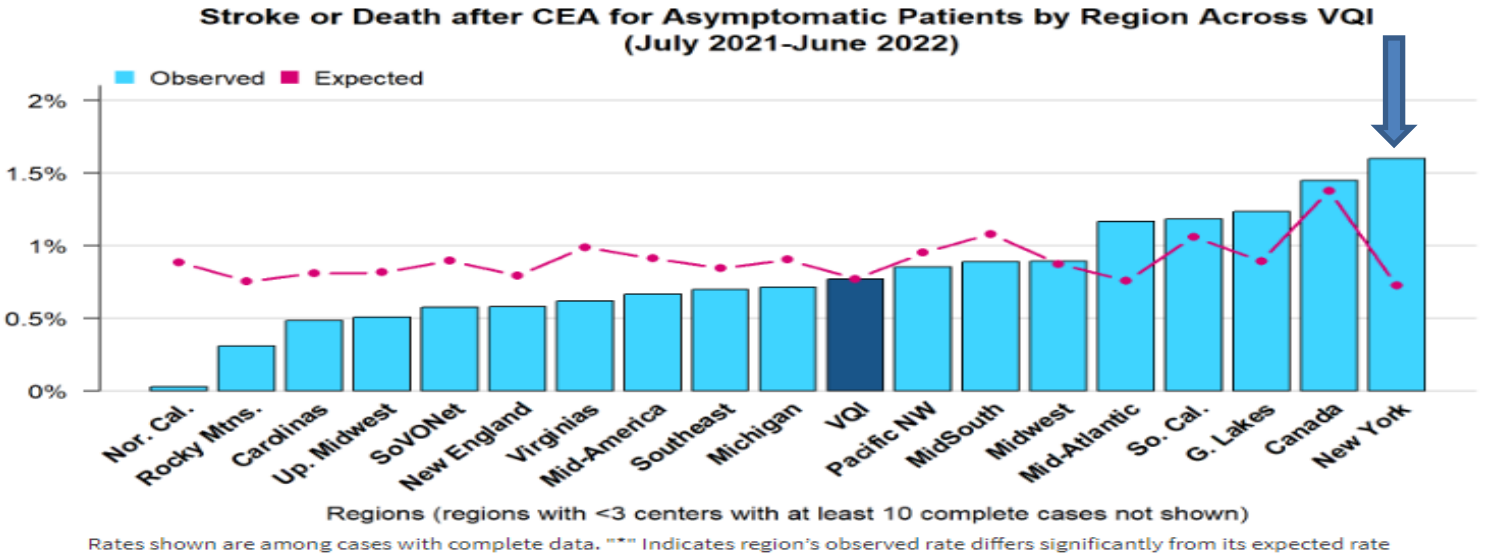
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after CEA for Asymptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.


Stroke or Death after CEA for Asymptomatic Patients in Your Region (July 2021-June 2022)
Other centers in your region
Your center
Observed
Expected
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
Centers (centers with <10 complete cases not shown)
14 of 18 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


Stroke or Death after CEA for Asymptomatic Patients by Region Across VQI
(July 2021-June 2022)
Observed
Expected
2%
1.5%
1%
0.5%
0%
Nor. Cal.
Rocky Mtns.
Carolinas
Up. Midwest
SoVONet
New England
Virginias
Mid-America
Southeast
Michigan
VQI
Pacific NW
MidSouth
Midwest
Mid-Atlantic
So. Cal.
G. Lakes
Canada
New York
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

Procedures performed between July 1, 2021 and June 30, 2022

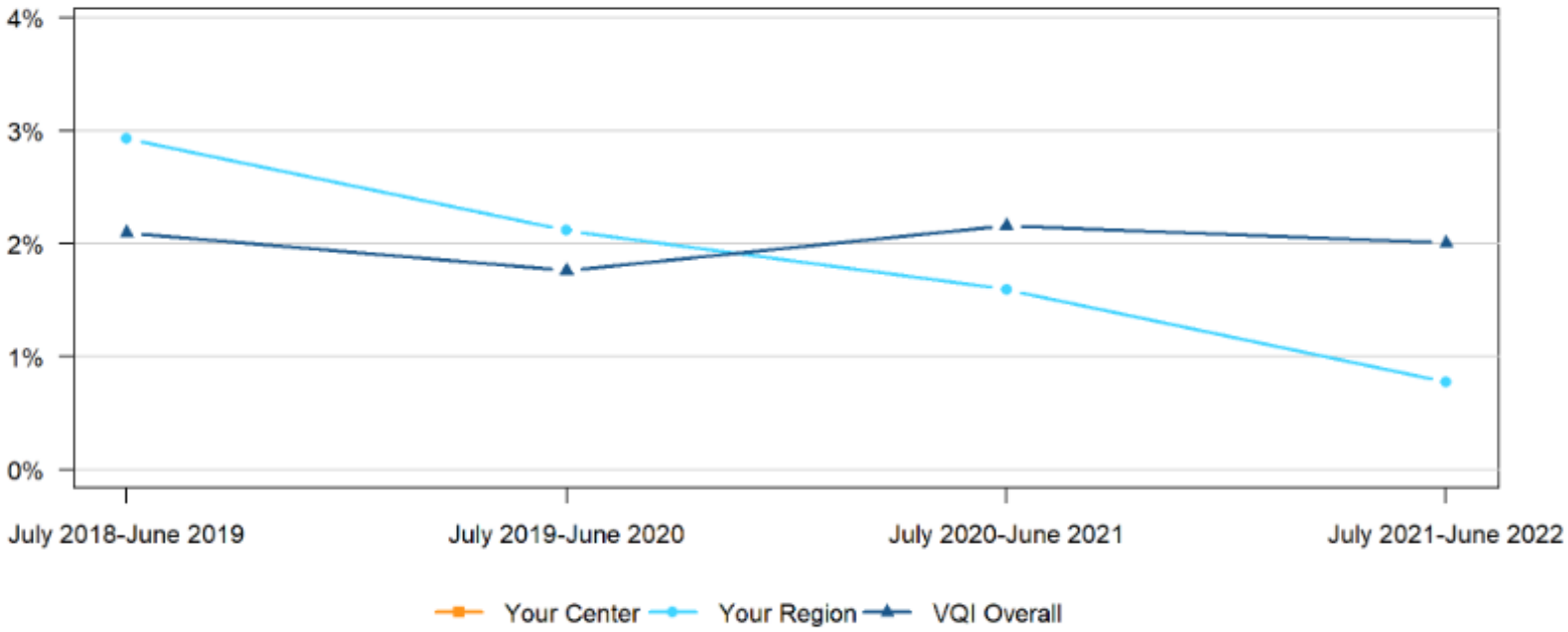
Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral 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		129	5030
Observed rate of stroke or death among procedures meeting inclusion criteria		0.8%	2%
Number of procedures with complete data*		127	4862
Observed rate of stroke or death among cases with complete data		0.8%	2%
Expected rate of stroke or death among cases with complete data		2.1%	NA
P-value for comparison of observed and expected rates		0.53	NA

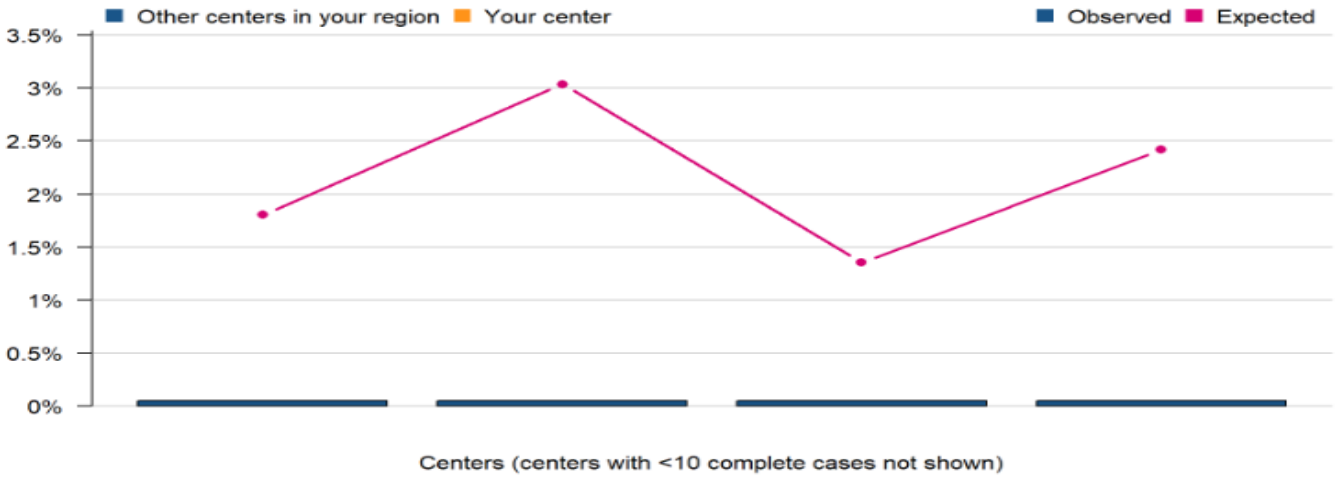
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after CEA for Symptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.

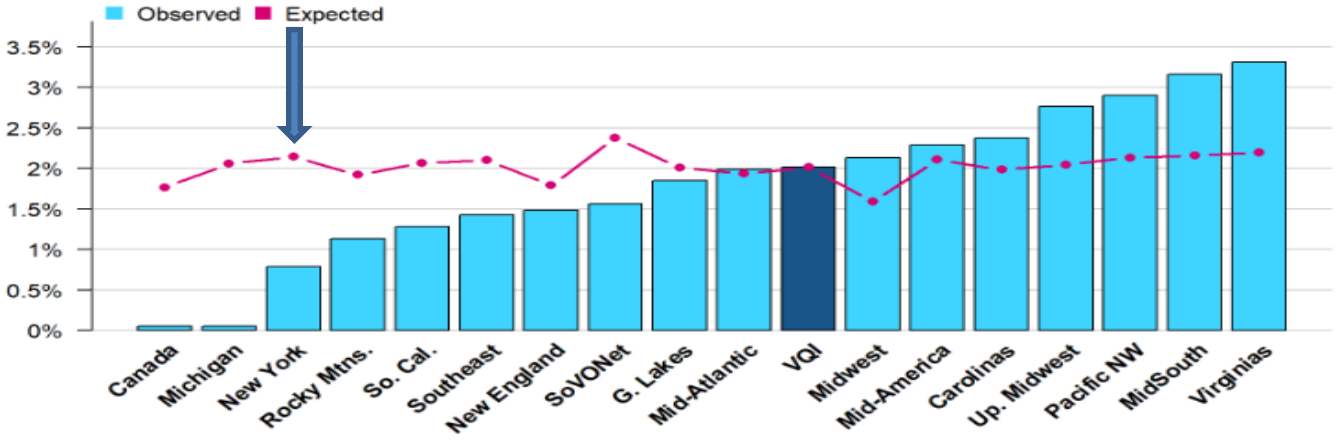
Stroke or Death after CEA for Symptomatic Patients in Your Region (July 2021-June 2022)



4 of 15 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

Stroke or Death after CEA for Symptomatic Patients by Region Across VQI (July 2021-June 2022)



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

Procedures performed between July 1, 2021 and June 30, 2022

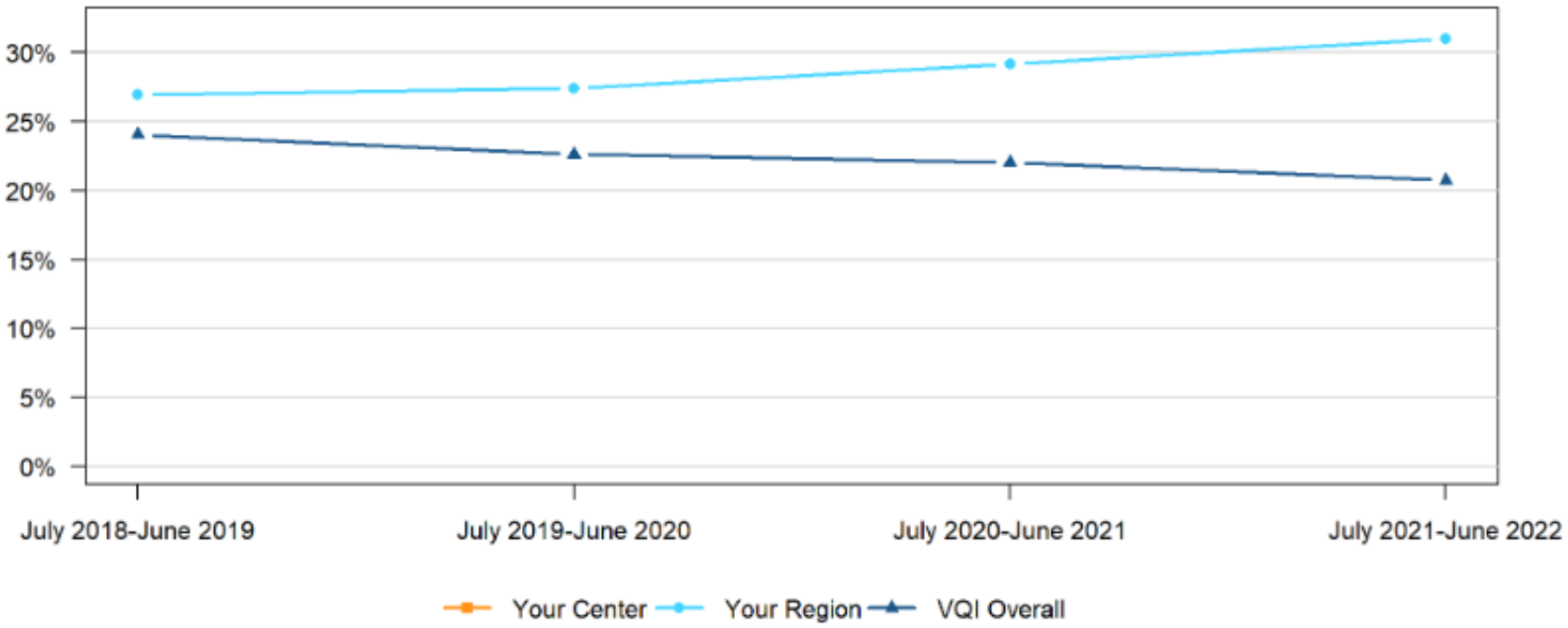
Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral 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		407	9863
Observed rate of LOS>1 day among procedures meeting inclusion criteria		31%	20.7%
Number of procedures with complete data*		373	9323
Observed rate of LOS>1 day among cases with complete data		31.6%	20.9%
Expected rate of LOS>1 day among cases with complete data		21.6%	NA
P-value for comparison of observed and expected rates		0	NA

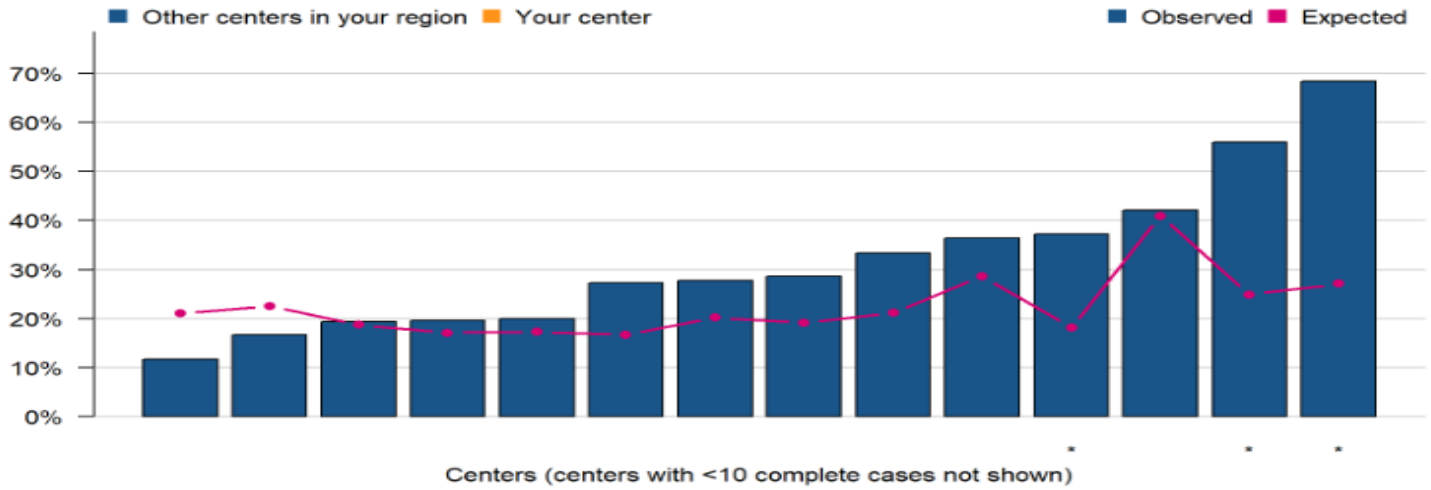
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Postop LOS>1 Day after CEA for Asymptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.

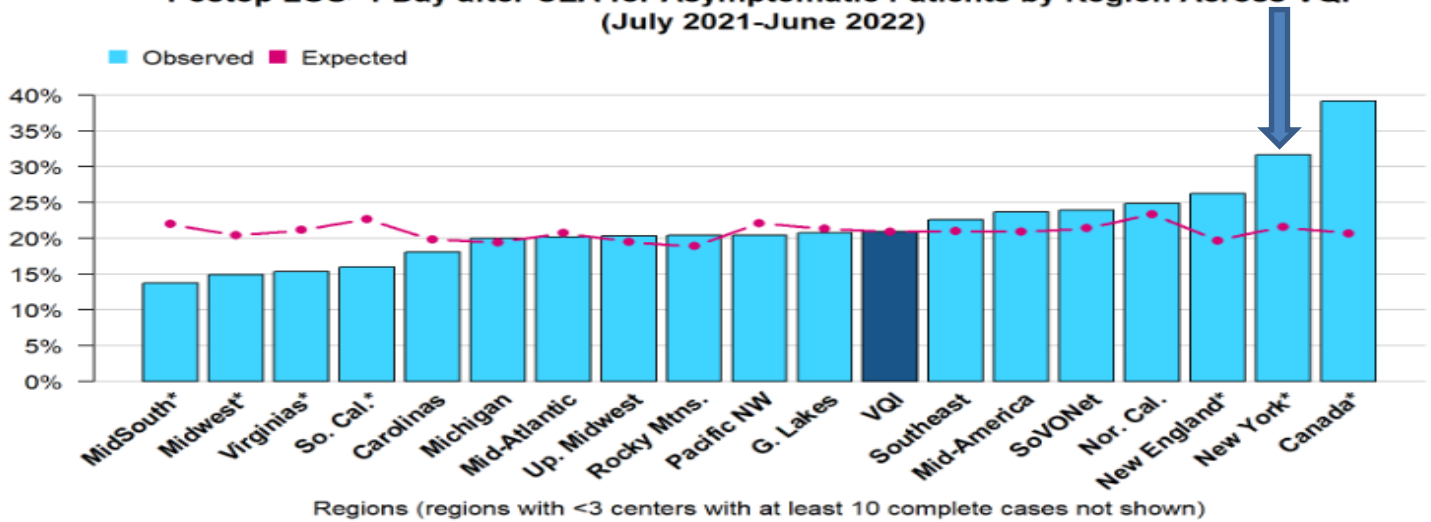
Postop LOS>1 Day after CEA for Asymptomatic Patients in Your Region (July 2021-June 2022)



14 of 18 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

Postop LOS>1 Day after CEA for Asymptomatic Patients by Region Across VQI (July 2021-June 2022)



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

Procedures performed between July 1, 2021 and June 30, 2022

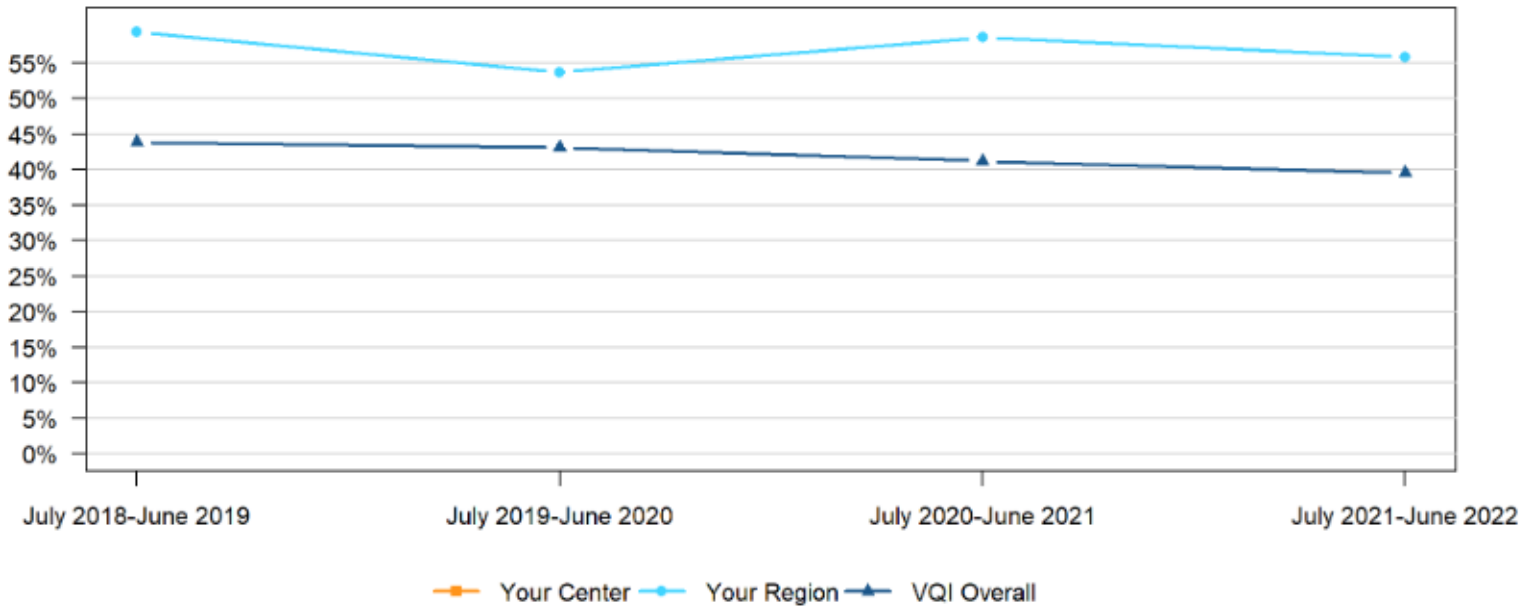
Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral 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		129	5007
Observed rate of LOS>1 day among procedures meeting inclusion criteria		55.8%	39.6%
Number of procedures with complete data*		127	4838
Observed rate of LOS>1 day among cases with complete data		55.1%	39.7%
Expected rate of LOS>1 day among cases with complete data		43.5%	NA
P-value for comparison of observed and expected rates		0.01	NA

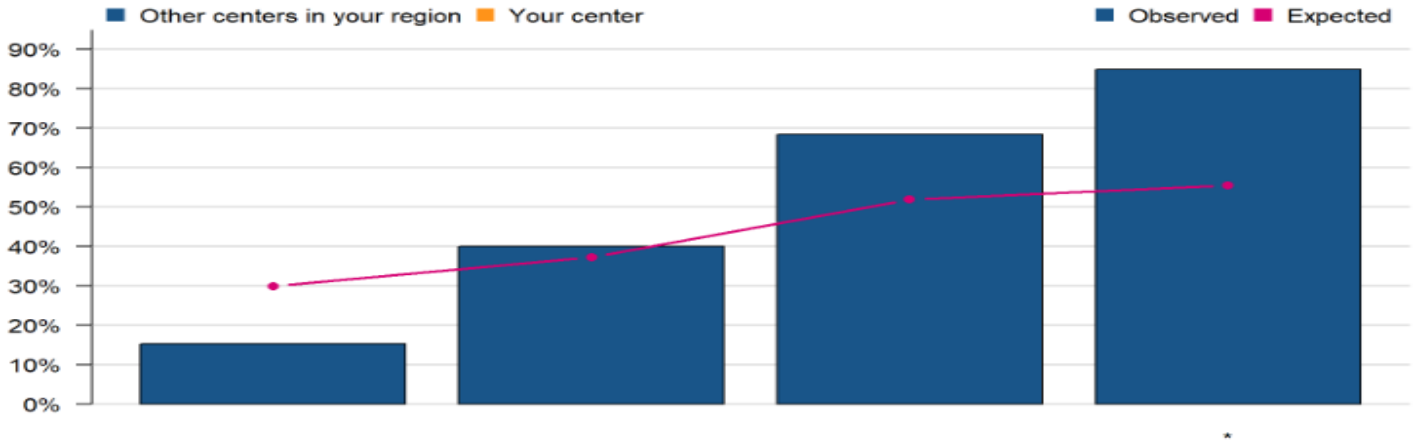
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Postop LOS>1 Day after CEA for Symptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.

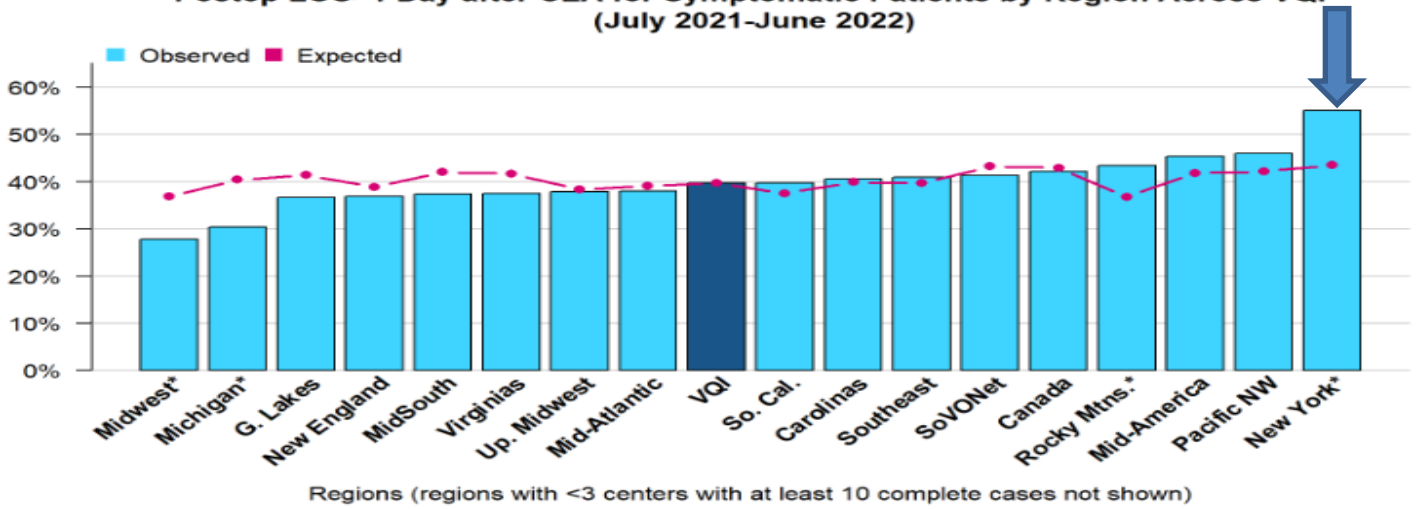
Postop LOS>1 Day after CEA for Symptomatic Patients in Your Region (July 2021-June 2022)



4 of 15 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

Postop LOS>1 Day after CEA for Symptomatic Patients by Region Across VQI (July 2021-June 2022)



Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate

EVAR: Postop LOS>2 Days

Procedures performed between July 1, 2021 and June 30, 2022

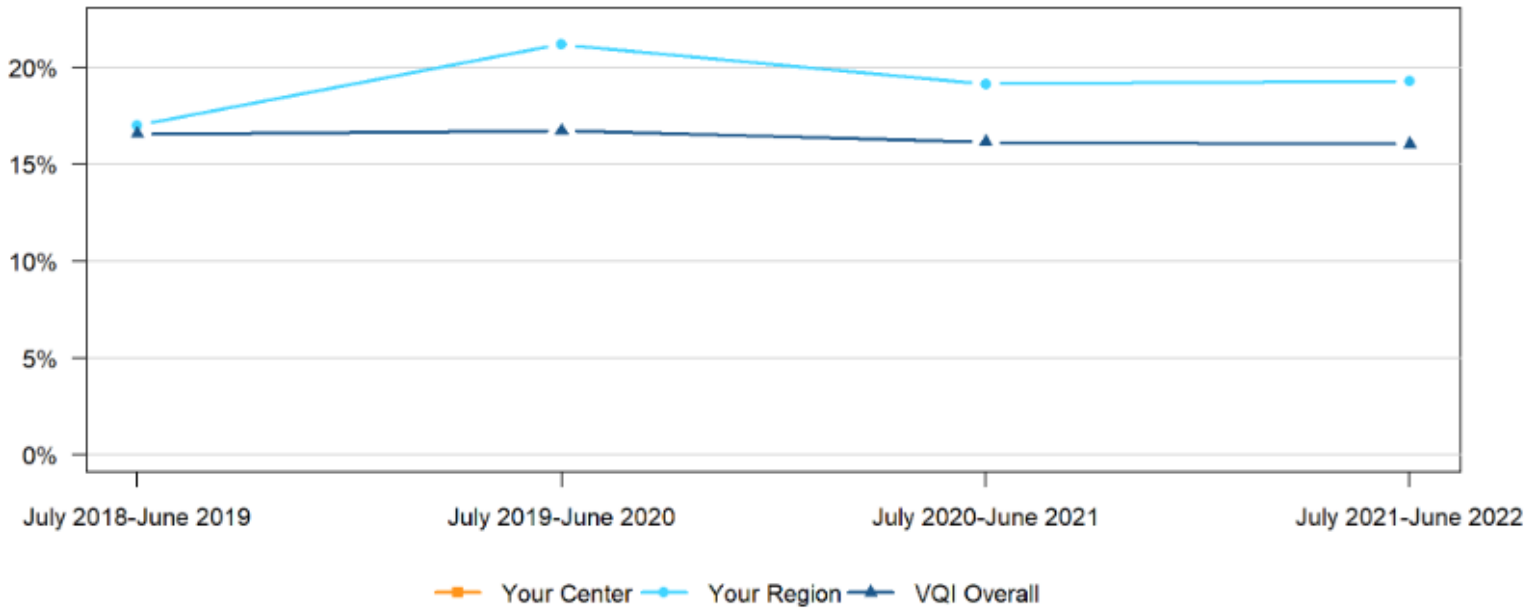
Includes Endovascular AAA Repair (EVAR) procedures. Excludes any procedure with ruptured aneurysm. Procedures where in-hospital death occurred with postoperative LOS≤2 days are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

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.

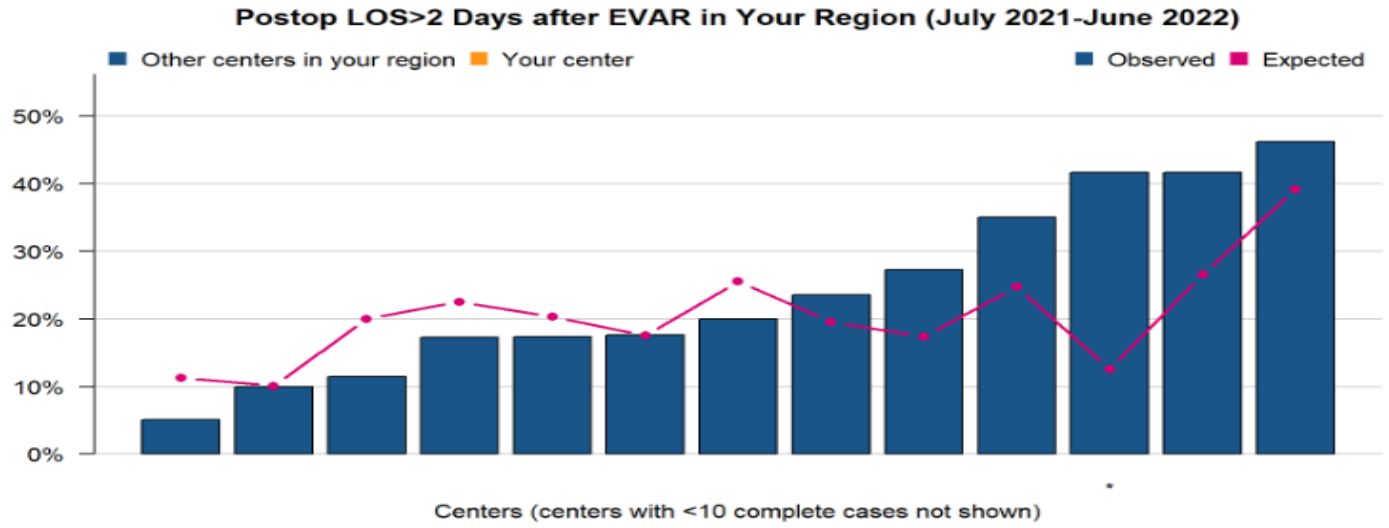
	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		410	6924
Observed rate of LOS>2 days among procedures meeting inclusion criteria		19.3%	16%
Number of procedures with complete data*		385	6428
Observed rate of LOS>2 days among cases with complete data		19.7%	15.9%
Expected rate of LOS>2 days among cases with complete data		19.2%	NA
P-value for comparison of observed and expected rates		0.8	NA

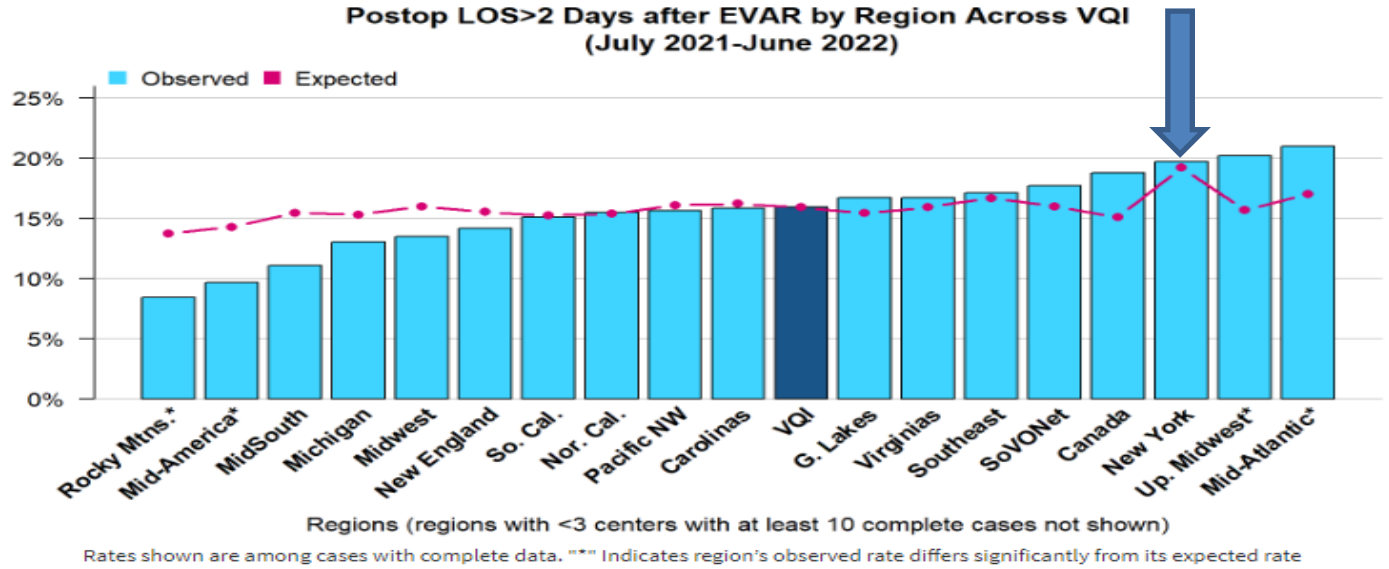
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Postop LOS>2 Days after EVAR by Year



Rates shown are observed rates among cases meeting inclusion criteria.


Postop LOS>2 Days after EVAR in Your Region (July 2021-June 2022)
Other centers in your region
Your center
Observed
Expected
50%
40%
30%
20%
10%
0%
Centers (centers with <10 complete cases not shown)
13 of 17 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


Postop LOS>2 Days after EVAR by Region Across VQI
(July 2021-June 2022)
Observed
Expected
25%
20%
15%
10%
5%
0%
Rocky Mtns.*
Mid-America*
MidSouth
Michigan
Midwest
New England
So. Cal.
Nor. Cal.
Pacific NW
Carolinas
VQI
G. Lakes
Virginias
Southeast
SoVONet
Canada
New York
Up. Midwest*
Mid-Atlantic*
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

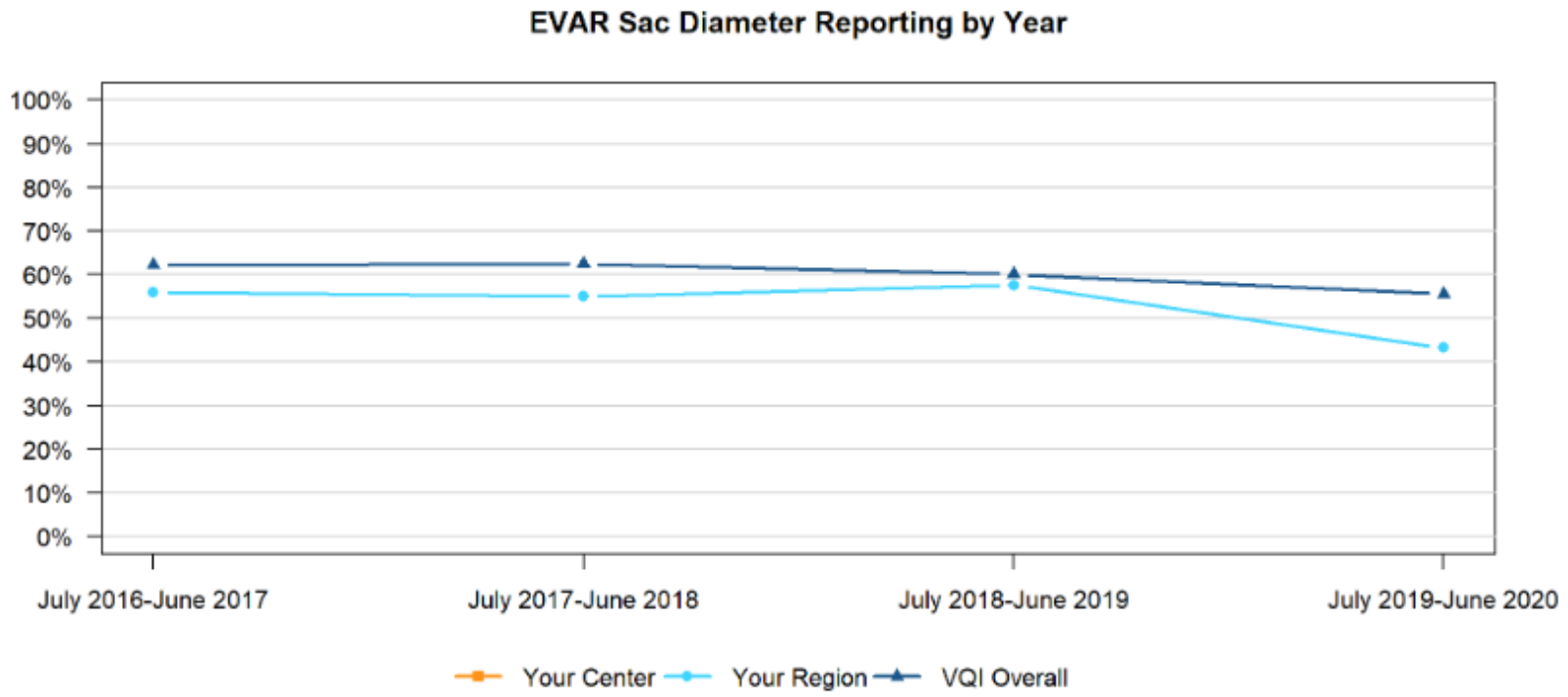
EVAR: Sac Diameter Reporting

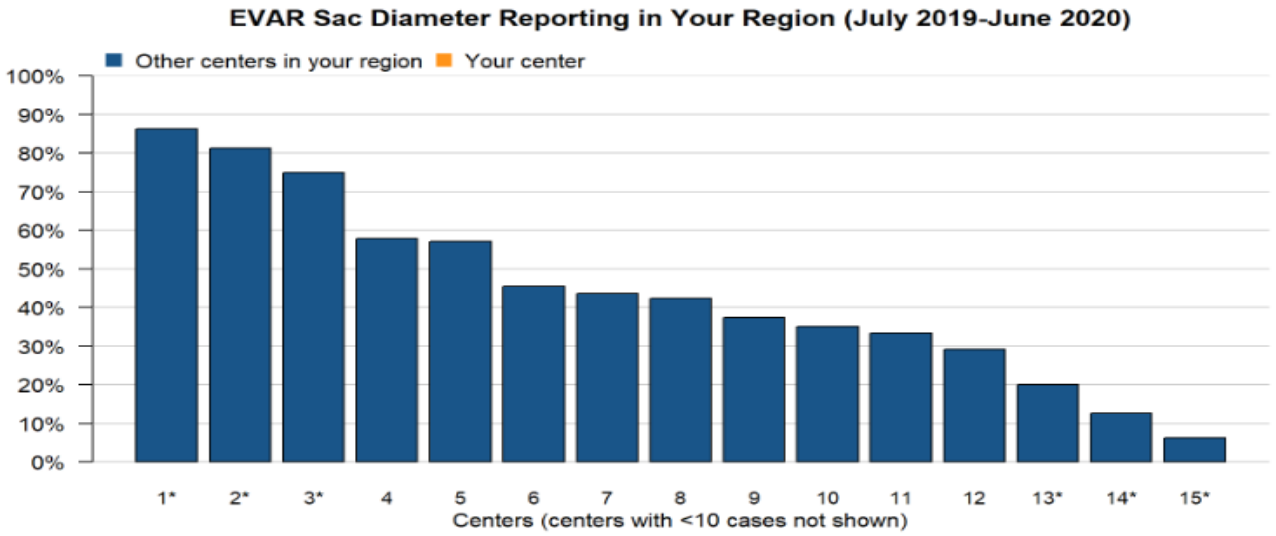
Procedures performed between July 1, 2019 and June 30, 2020

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		414	6497
Percentage with sac diameter reported between 9 and 21 months post-procedure		43.2%	55.5%


EVAR Sac Diameter Reporting by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
July 2016-June 2017
July 2017-June 2018
July 2018-June 2019
July 2019-June 2020
Your Center
Your Region
VQI Overall



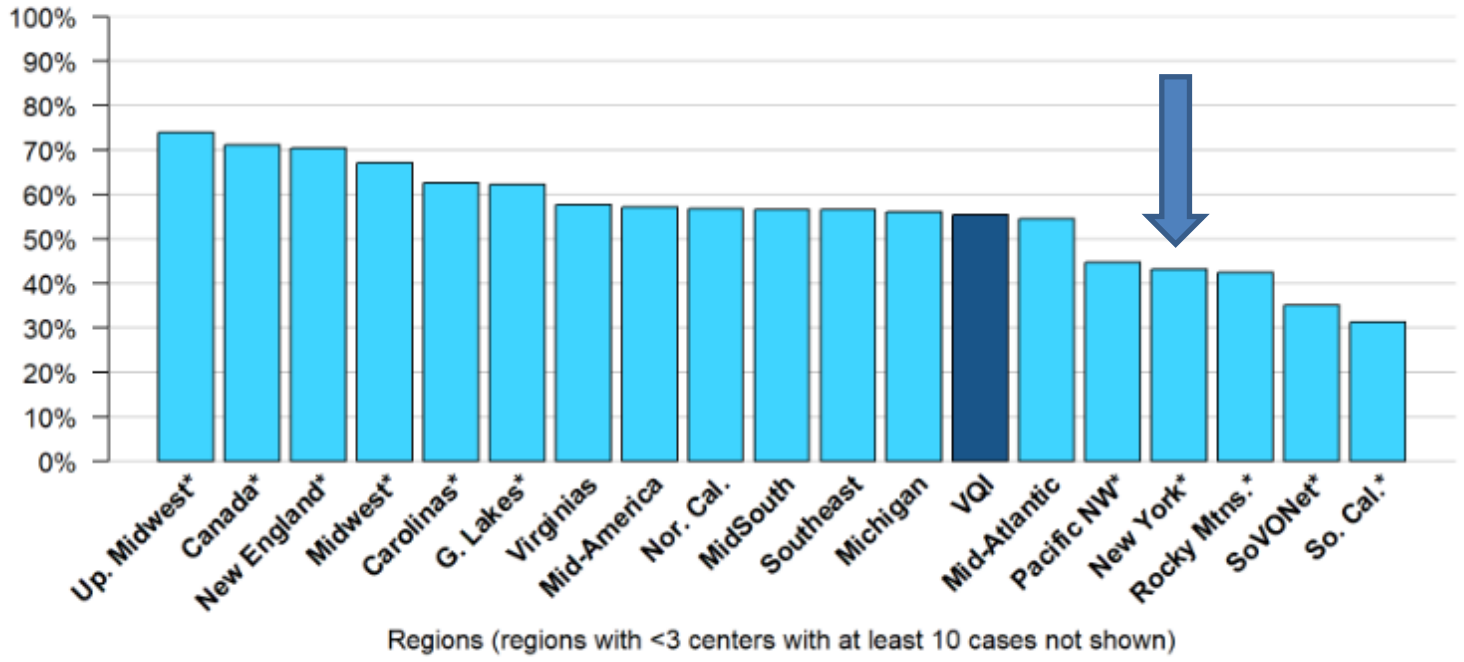
15 of 16 centers displayed

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

EVAR Sac Diameter Reporting Unblinding Legend for Your Region

Index	Medical Center Name
1	University of Rochester Medical Center
2	Stony Brook University Medical Center
3	Columbia University Irving Medical Center
4	North Shore University Hospital
5	Montefiore Medical Center
6	Long Island Jewish Medical Center
7	Catholic Health Sister of Charity Hospital
8	NYU Langone Medical Center
9	Lenox Hill Hospital
10	Catholic Health Mercy Hospital of Buffalo
11	Arnot Health
12	Weill Cornell University Medical Center
13	Maimonides Medical Center
14	Buffalo General Medical Center
15	Staten Island University Hospital - North Site

EVAR Sac Diameter Reporting by Region Across VQI (July 2019-June 2020)



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

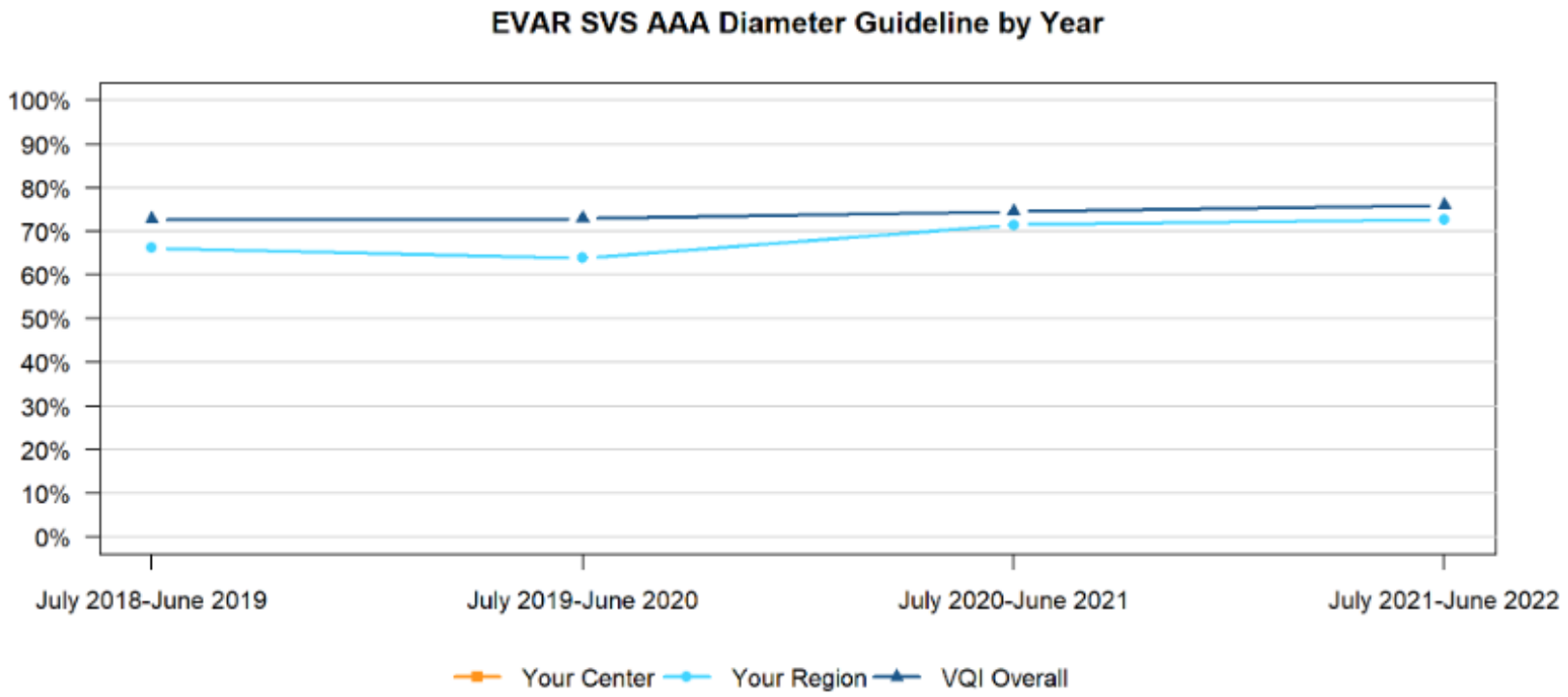
EVAR: SVS AAA Diameter Guideline

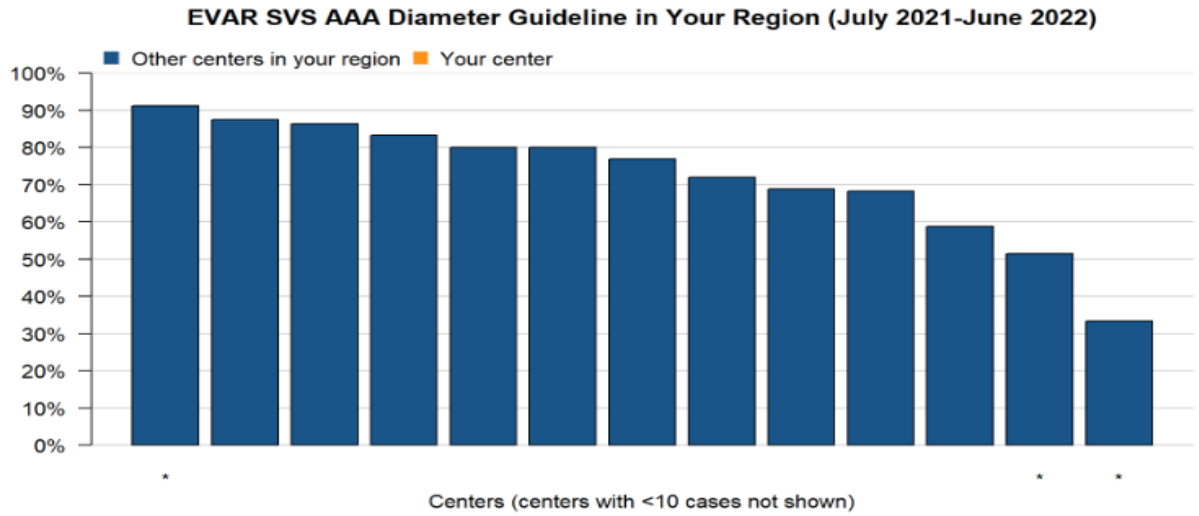
Procedures performed between July 1, 2021 and June 30, 2022

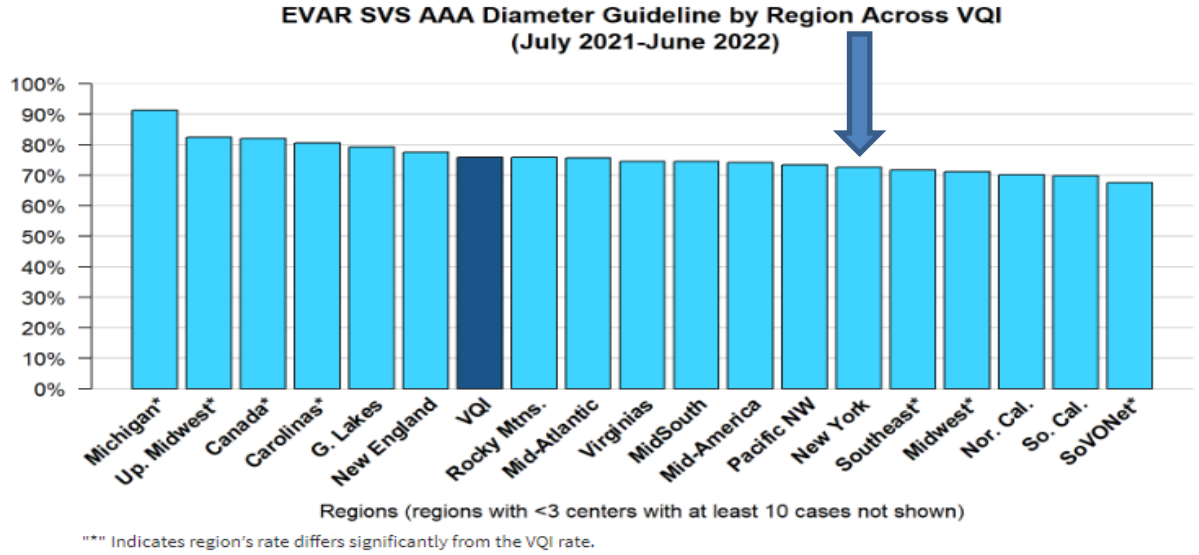
Includes Endovascular AAA Repair (EVAR) procedures. Excludes any non-elective procedure. SVS AAA diameter guideline is ≥5 cm for Women and ≥5.5cm for men. If the patient has any iliac aneurysm, the guideline is considered met regardless of AAA diameter.

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		355	6156
Percentage meeting SVS AAA diameter guideline		72.7%	76%


EVAR SVS AAA Diameter Guideline by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
July 2018-June 2019
July 2019-June 2020
July 2020-June 2021
July 2021-June 2022
Your Center
Your Region
VQI Overall


EVAR SVS AAA Diameter Guideline in Your Region (July 2021-June 2022)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
*
*
*
Centers (centers with <10 cases not shown)
13 of 17 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


EVAR SVS AAA Diameter Guideline by Region Across VQI
(July 2021-June 2022)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Michigan*
Up. Midwest*
Canada*
Carolinas*
G. Lakes
New England
VQI
Rocky Mtns.
Mid-Atlantic
Virginias
MidSouth
Mid-America
Pacific NW
New York
Southeast*
Midwest*
Nor. Cal.
So. Cal.
SoVONet*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

Polling Question # 1

TEVAR: Sac Diameter Reporting

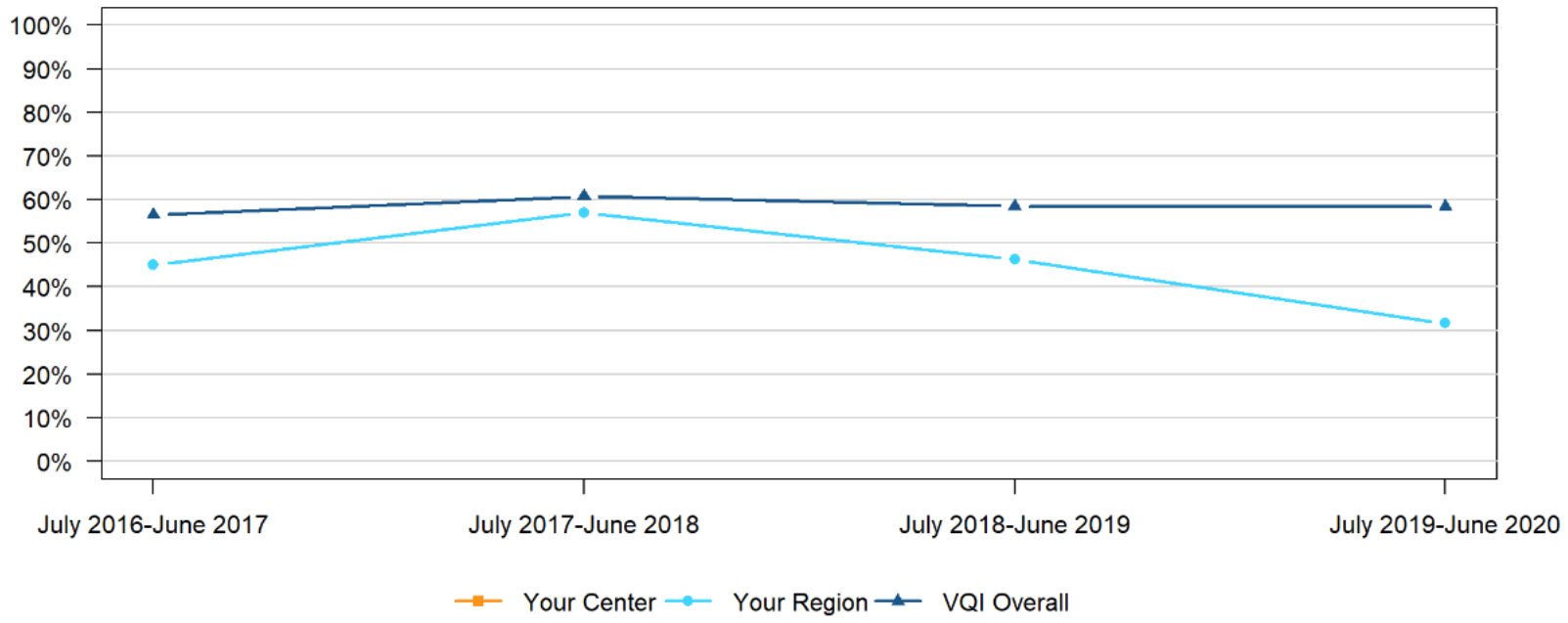
Procedures performed between July 1, 2019 and June 30, 2020

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.

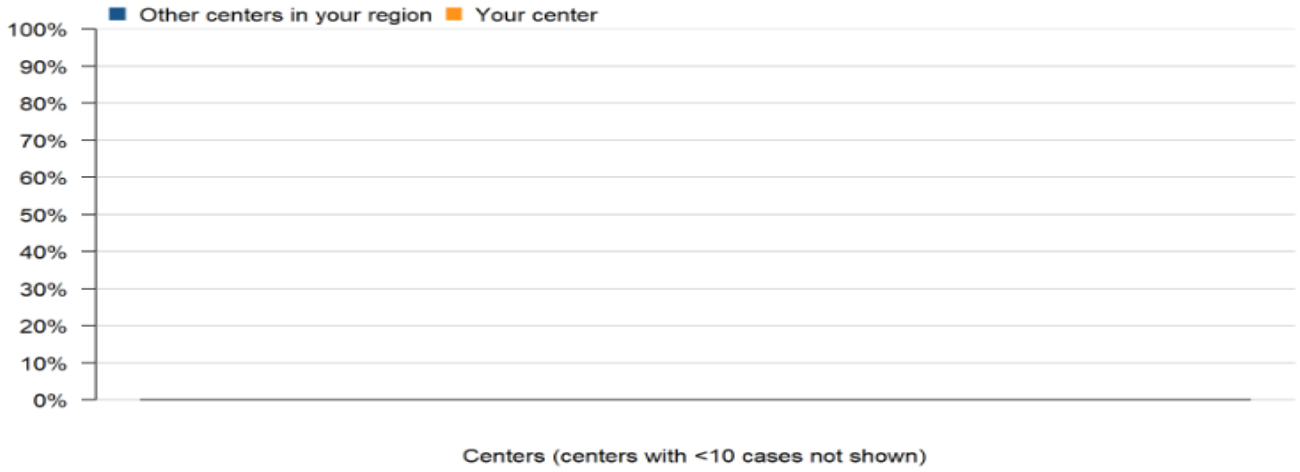
The table below gives the number of TEVAR procedures meeting the inclusion criteria, and the percentage of those procedures where a sac diameter was reported between 9 and 21 months post-procedure.

	Your Center	Your Region	VQI Overall
Number of TEVAR procedures meeting inclusion criteria		98	1560
Percentage with sac diameter reported between 9 and 21 months post-procedure		31.6%	58.4%

TEVAR Sac Diameter Reporting by Year



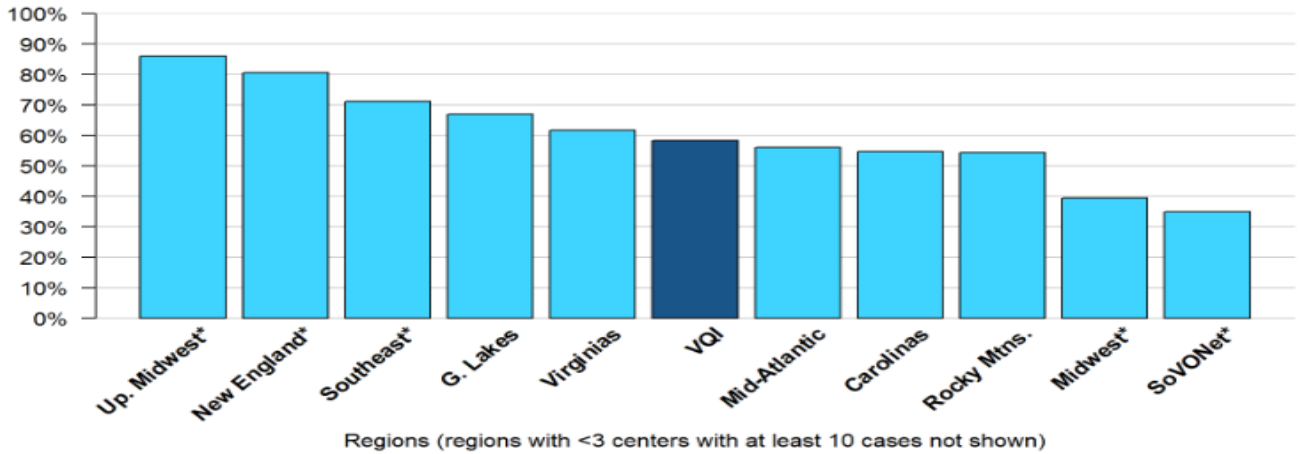
TEVAR Sac Diameter Reporting in Your Region (July 2019-June 2020)



0 of 14 centers displayed

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

TEVAR Sac Diameter Reporting by Region Across VQI (July 2019-June 2020)



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

OAAA: In-Hospital Mortality

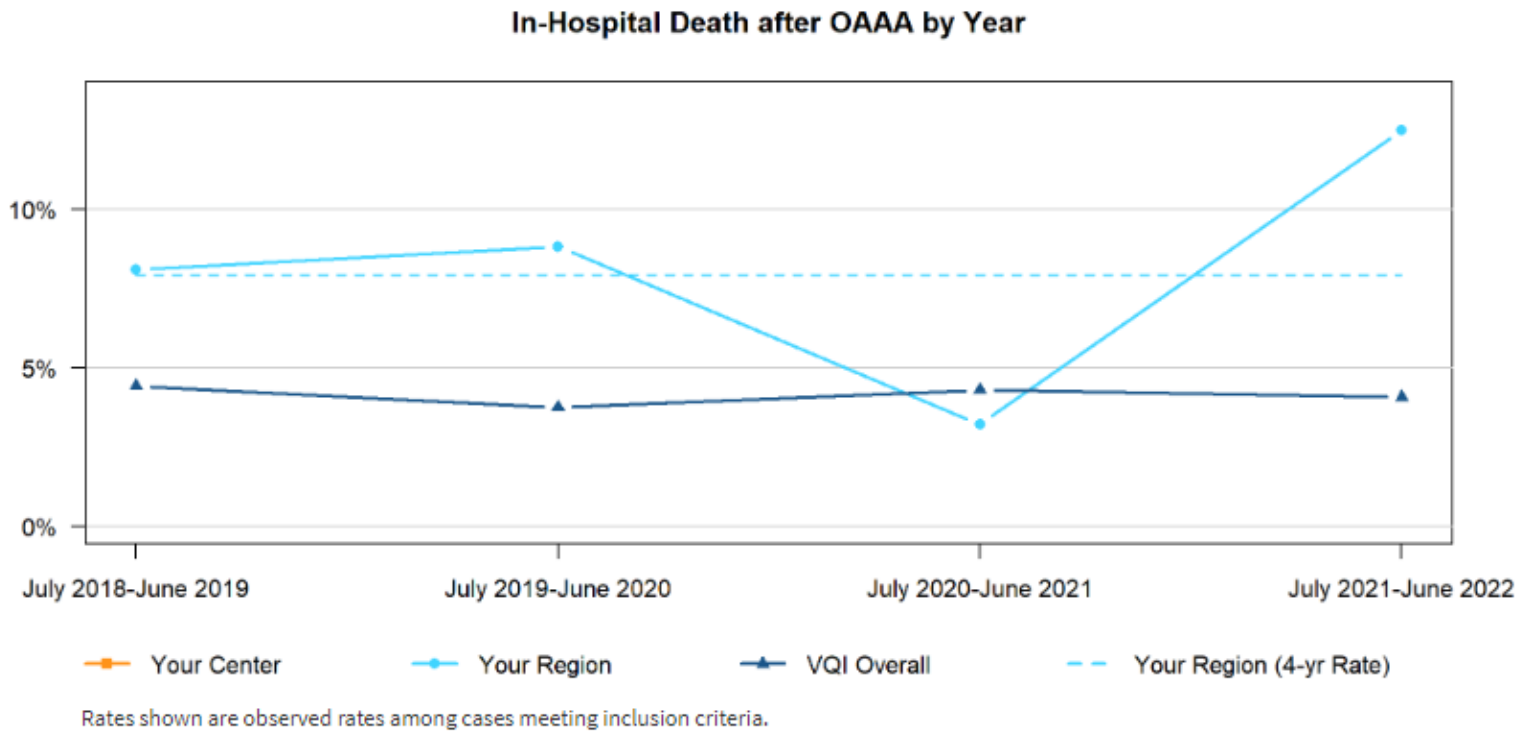
Procedures performed between July 1, 2018 and June 30, 2022

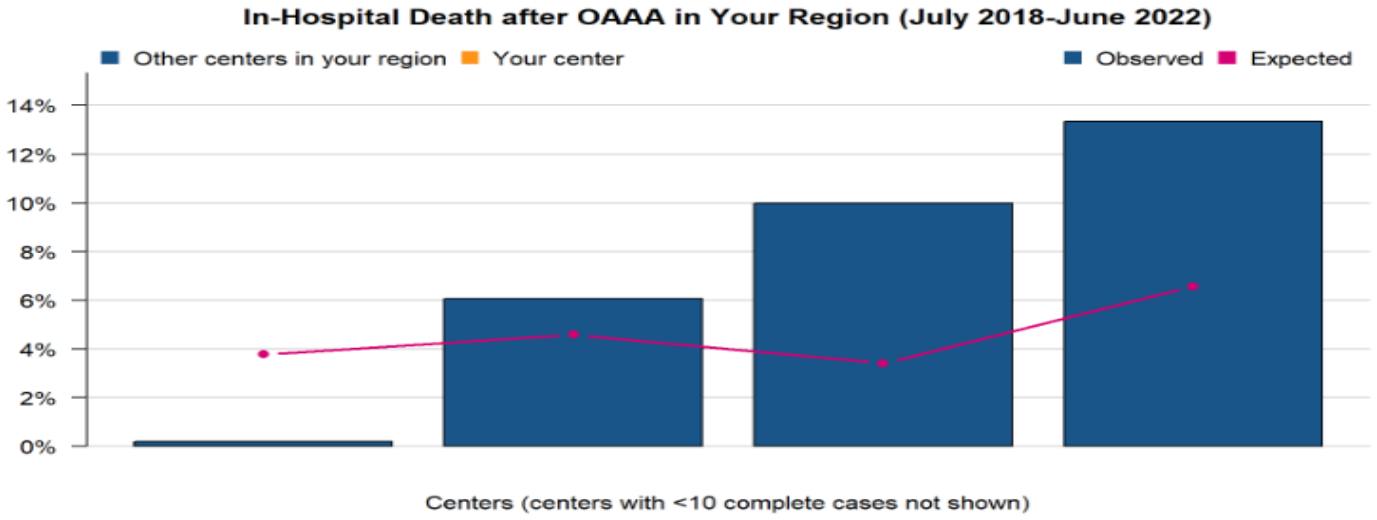
Includes Open AAA (OAAA) procedures. Excludes any patient with a ruptured aneurysm.

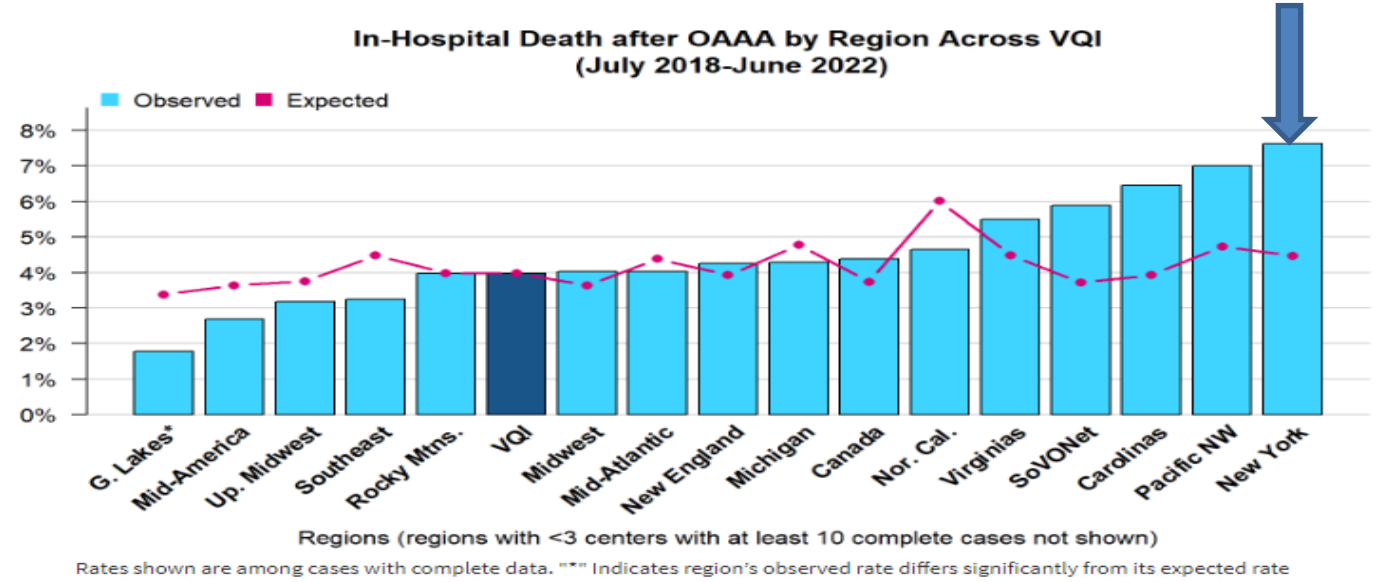
The table below gives the number of OAAA procedures meeting the inclusion criteria, and the observed and expected rates of in-hospital death for those cases.

	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		126	4641
Observed rate of In-Hospital Mortality among procedures meeting inclusion criteria		7.9%	4.2%
Number of procedures with complete data*		118	4320
Observed rate of In-Hospital Mortality among cases with complete data		7.6%	4%
Expected rate of In-Hospital Mortality among cases with complete data		4.5%	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.


In-Hospital Death after OAAA by Year
10%
5%
0%
July 2018-June 2019
July 2019-June 2020
July 2020-June 2021
July 2021-June 2022
Your Center
Your Region
VQI Overall
Your Region (4-yr Rate)
Rates shown are observed rates among cases meeting inclusion criteria.


In-Hospital Death after OAAA in Your Region (July 2018-June 2022)
Other centers in your region
Your center
Observed
Expected
14%
12%
10%
8%
6%
4%
2%
0%
Centers (centers with <10 complete cases not shown)
4 of 12 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


In-Hospital Death after OAAA by Region Across VQI
(July 2018-June 2022)
Observed
Expected
8%
7%
6%
5%
4%
3%
2%
1%
0%
G. Lakes*
Mid-America
Up. Midwest
Southeast
Rocky Mtns.
VQI
Midwest
Mid-Atlantic
New England
Michigan
Canada
Nor. Cal.
Virginias
SoVONet
Carolinas
Pacific NW
New York
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

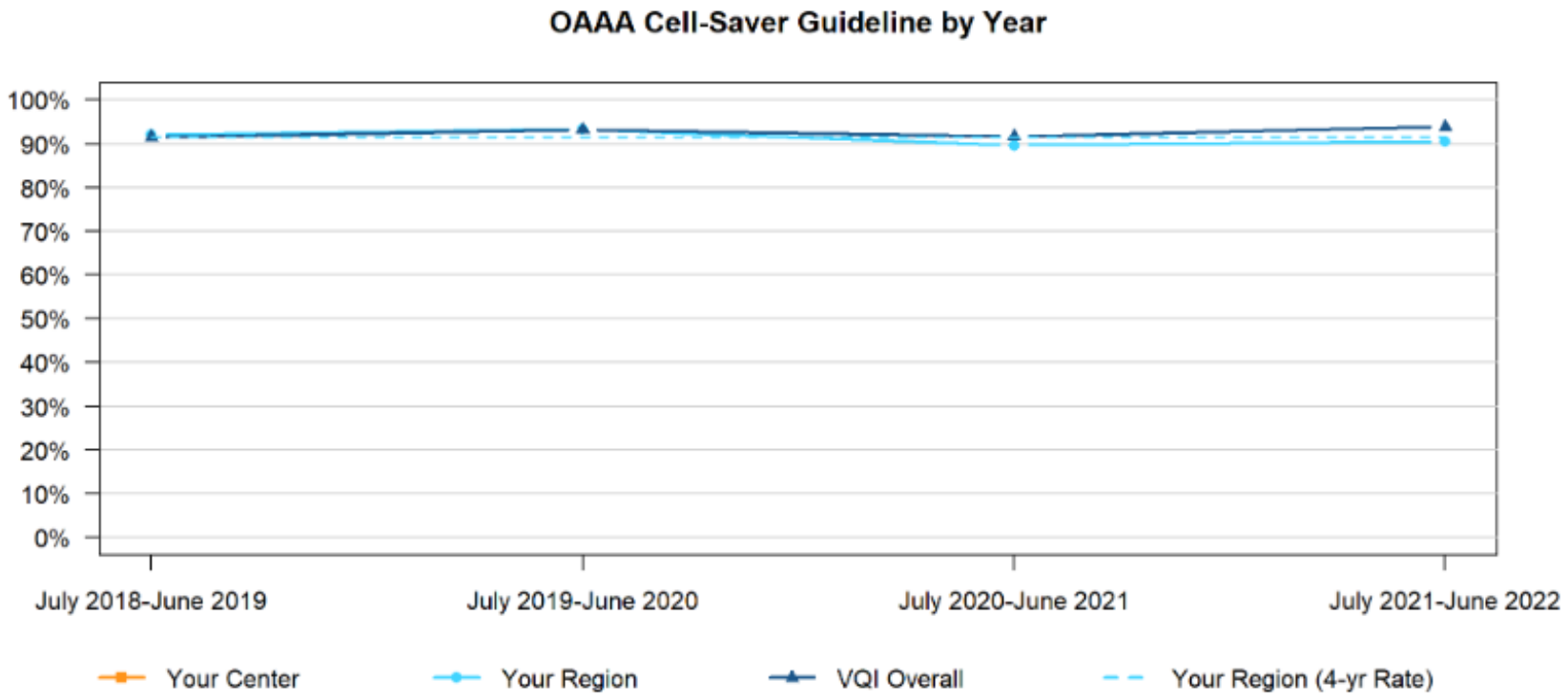
OAAA: SVS Cell-Saver Guideline

Procedures performed between July 1, 2018 and June 30, 2022

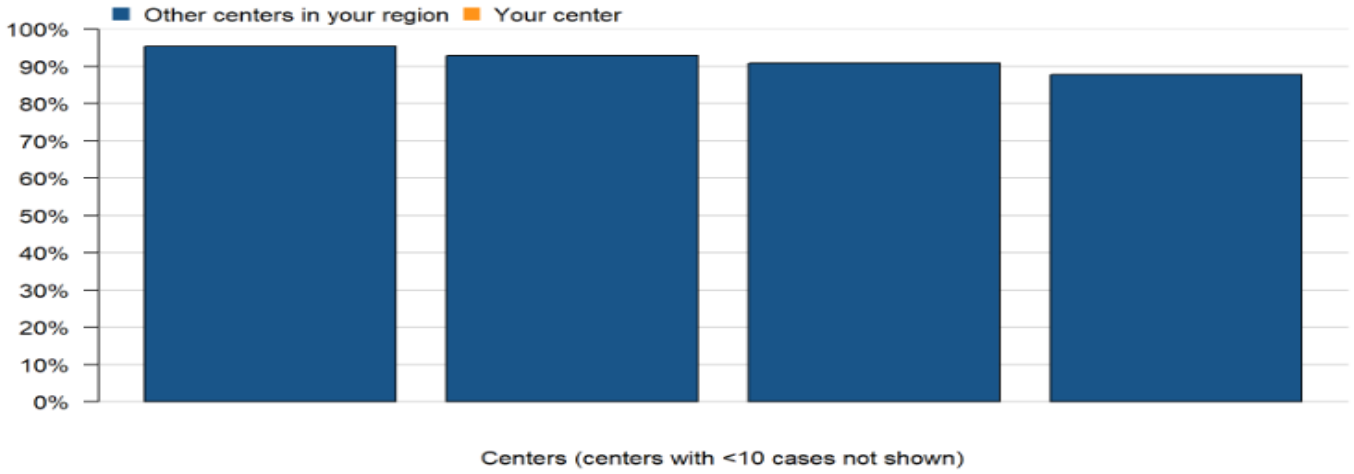
Includes Open AAA (OAAA) procedures. Excludes any patient with EBL≤500 ml. SVS cell-saver guideline is met if cell salvage or ultrafiltration device was used.

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		118	4684
Percentage meeting SVS cell-saver guideline		91.5%	92.5%


OAAA Cell-Saver Guideline by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
July 2018-June 2019
July 2019-June 2020
July 2020-June 2021
July 2021-June 2022
Your Center
Your Region
VQI Overall
Your Region (4-yr Rate)

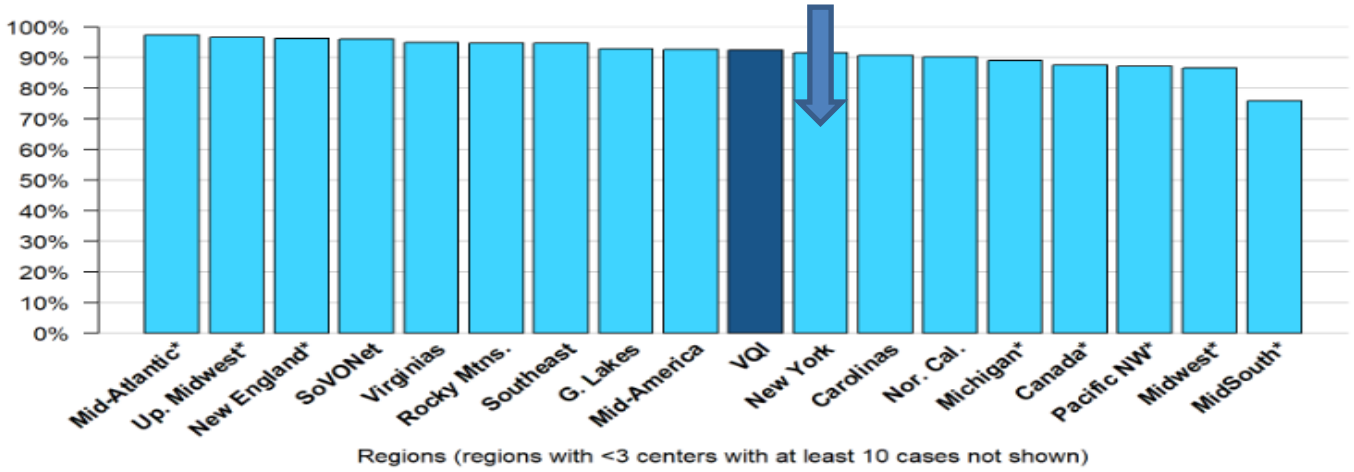
OAAA Cell-Saver Guideline in Your Region (July 2018-June 2022)



4 of 12 centers displayed

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

OAAA Cell-Saver Guideline by Region Across VQI (July 2018-June 2022)



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

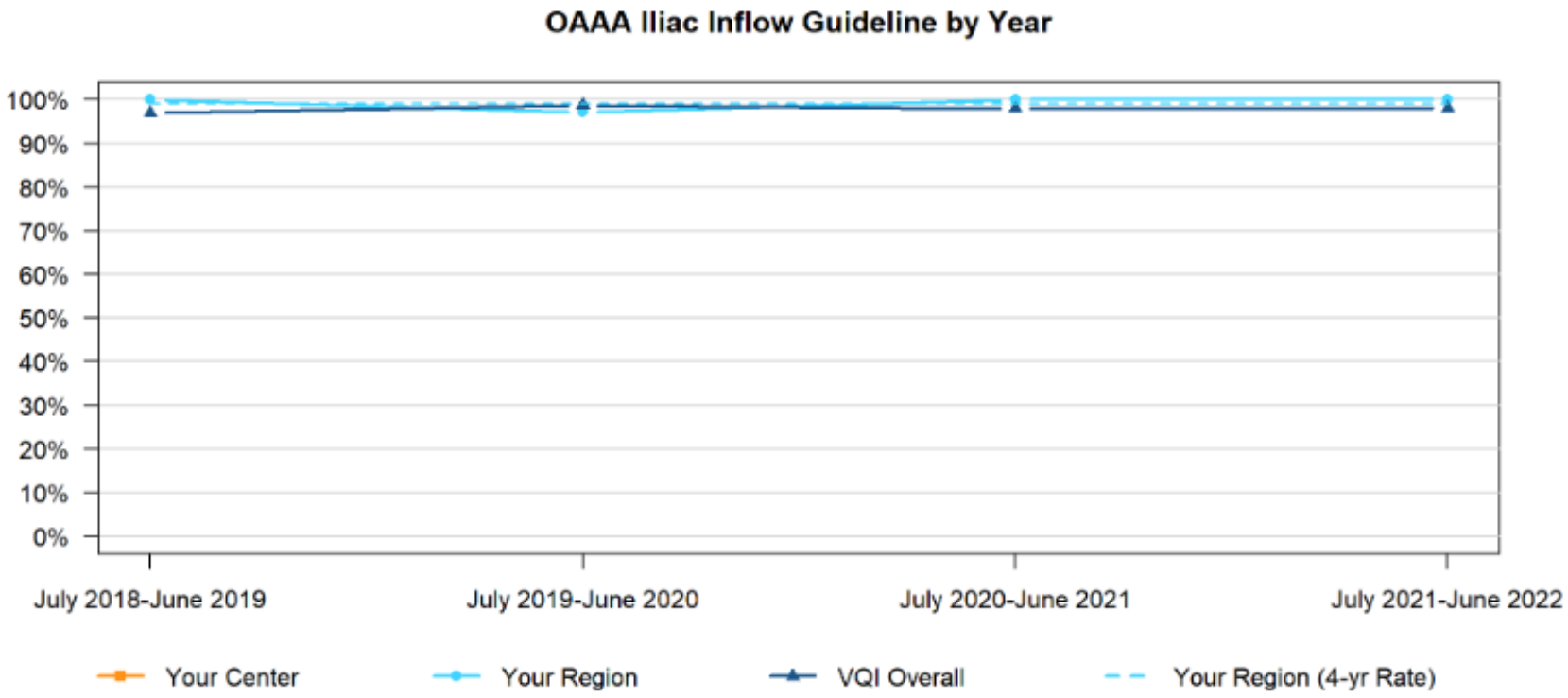
OAAA: SVS Iliac Inflow Guideline

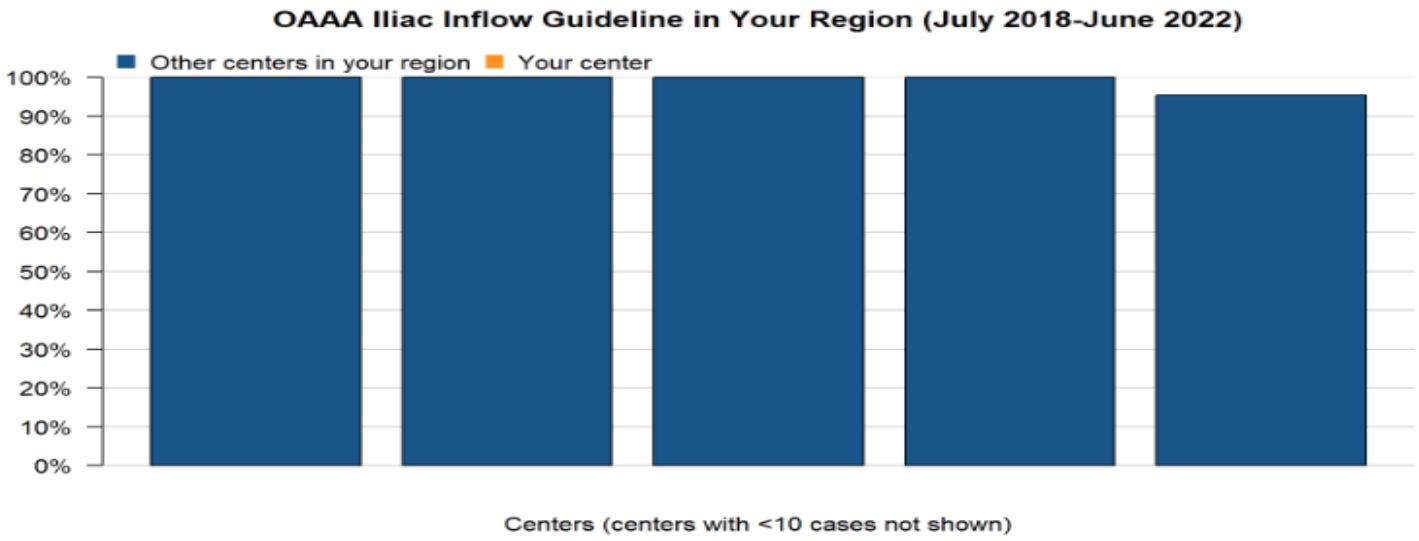
Procedures performed between July 1, 2018 and June 30, 2022

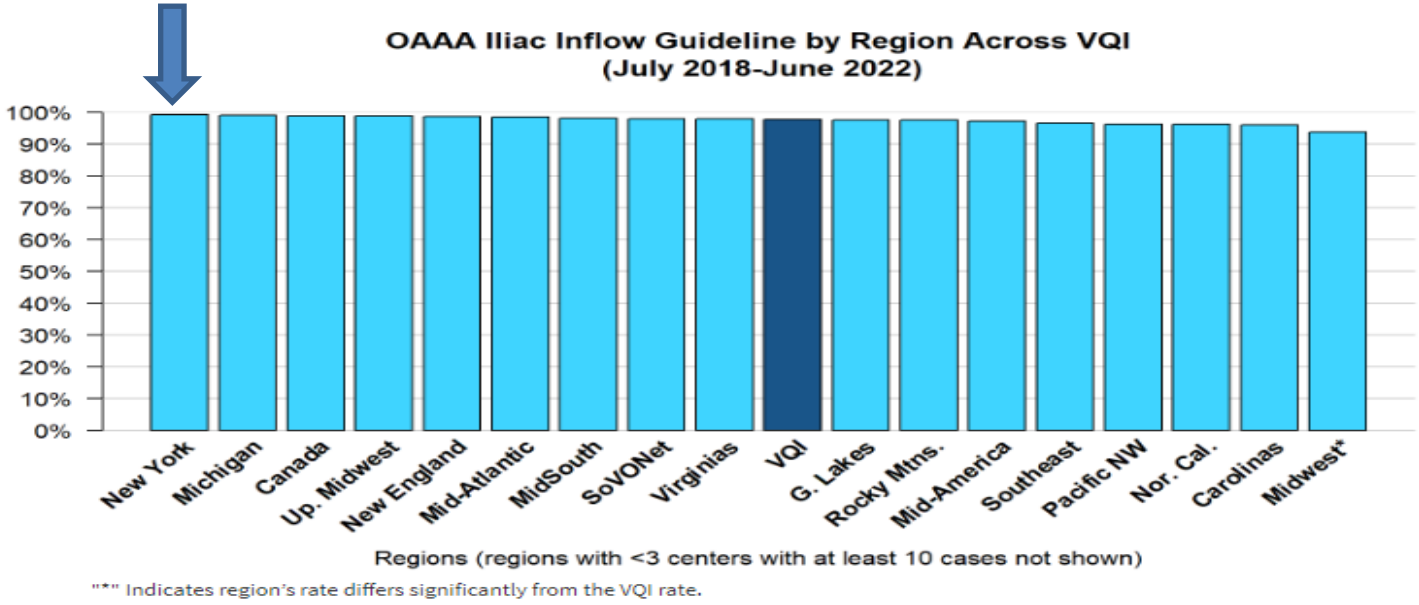
Includes Open AAA (OAAA) procedures. SVS iliac inflow guideline is met if preservation of flow was maintained to at least one internal iliac artery.

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		136	5264
Percentage meeting SVS iliac inflow guideline		99.3%	97.9%


OAAA Iliac Inflow Guideline by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
July 2018-June 2019
July 2019-June 2020
July 2020-June 2021
July 2021-June 2022
Your Center
Your Region
VQI Overall
Your Region (4-yr Rate)


OAAA Iliac Inflow Guideline in Your Region (July 2018-June 2022)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Centers (centers with <10 cases not shown)
5 of 12 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


OAAA Iliac Inflow Guideline by Region Across VQI
(July 2018-June 2022)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
New York
Michigan
Canada
Up. Midwest
New England
Mid-Atlantic
MidSouth
SoVONet
Virginias
VQI
G. Lakes
Rocky Mtns.
Mid-America
Southeast
Pacific NW
Nor. Cal.
Carolinas
Midwest*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

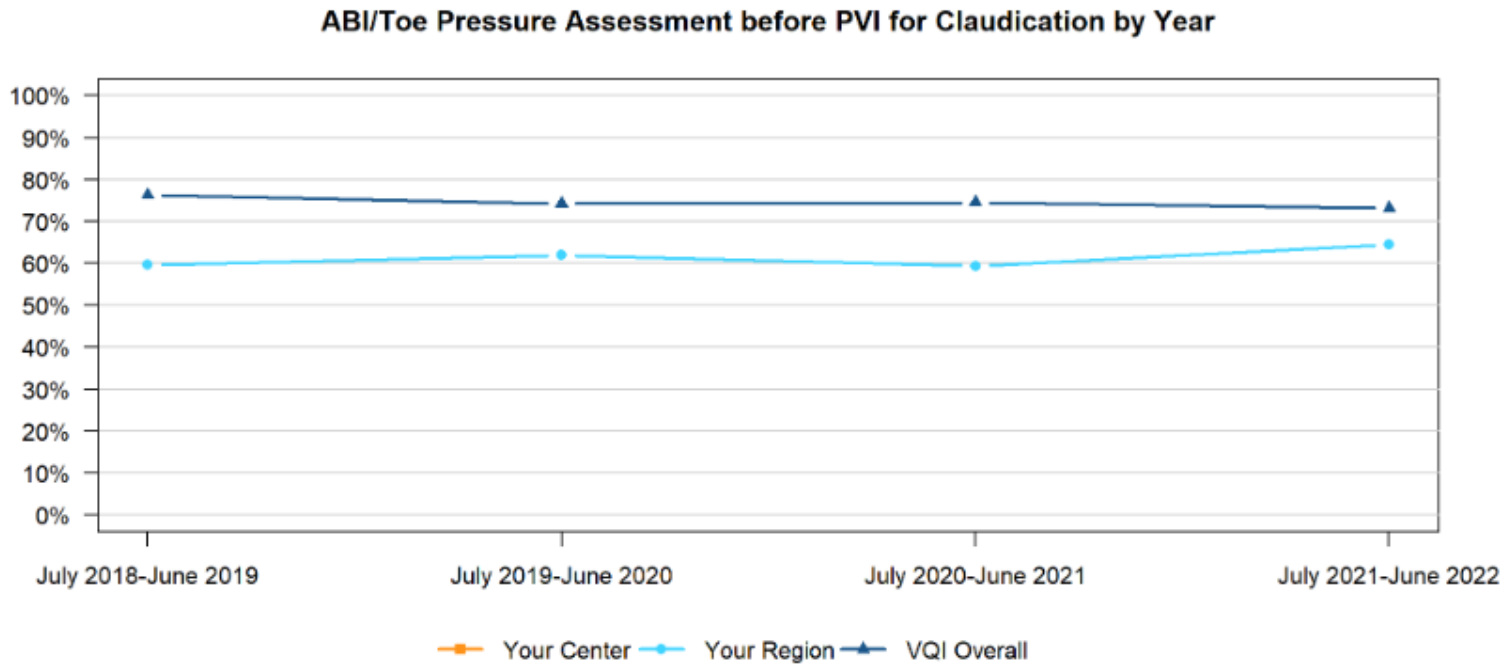
PVI CLAUD: ABI/Toe Pressure

Procedures performed between July 1, 2021 and June 30, 2022

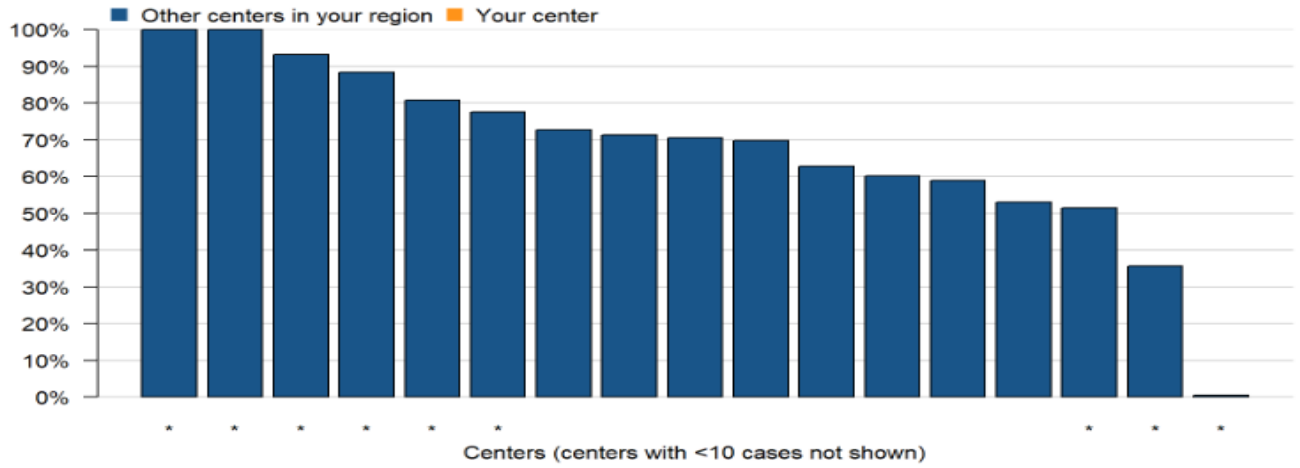
Includes Peripheral Vascular Intervention (PVI) procedures for mild, moderate, or severe claudication. "ABI/Toe Pressure Assessment" indicates at least one ABI or toe pressure assessment was made prior to PVI for the side of the procedure, or on both sides for bilateral and aortic procedures.

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		1159	14529
Percentage with ABI/toe pressure assessment		64.5%	73.1%


ABI/Toe Pressure Assessment before PVI for Claudication by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
July 2018-June 2019
July 2019-June 2020
July 2020-June 2021
July 2021-June 2022
Your Center
Your Region
VQI Overall

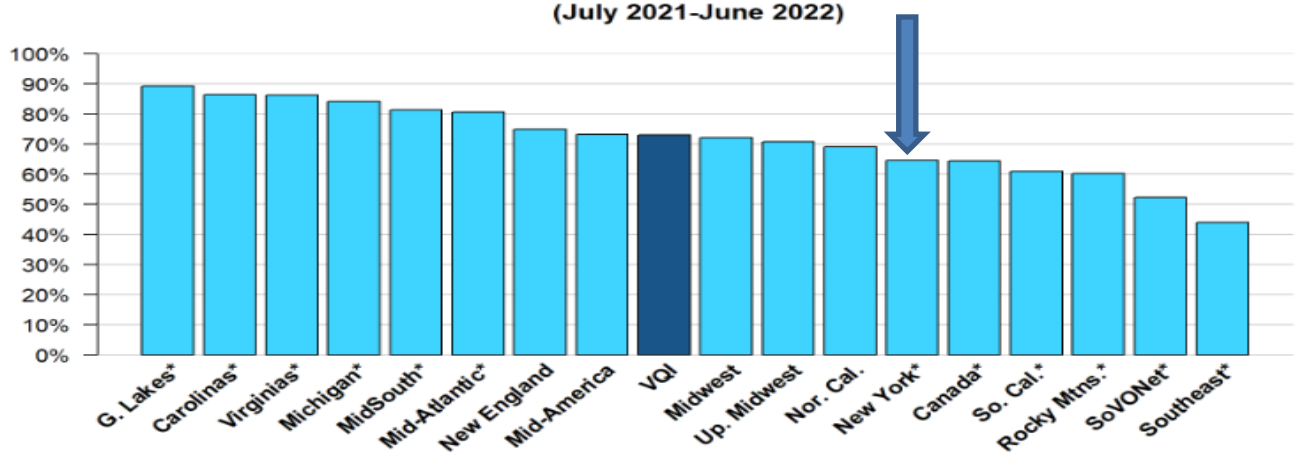
ABI/Toe Pressure Assessment before PVI for Claudication in Your Region (July 2021-June 2022)



17 of 19 centers displayed

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

ABI/Toe Pressure Assessment before PVI for Claudication by Region Across VQI (July 2021-June 2022)



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

Polling Question #2

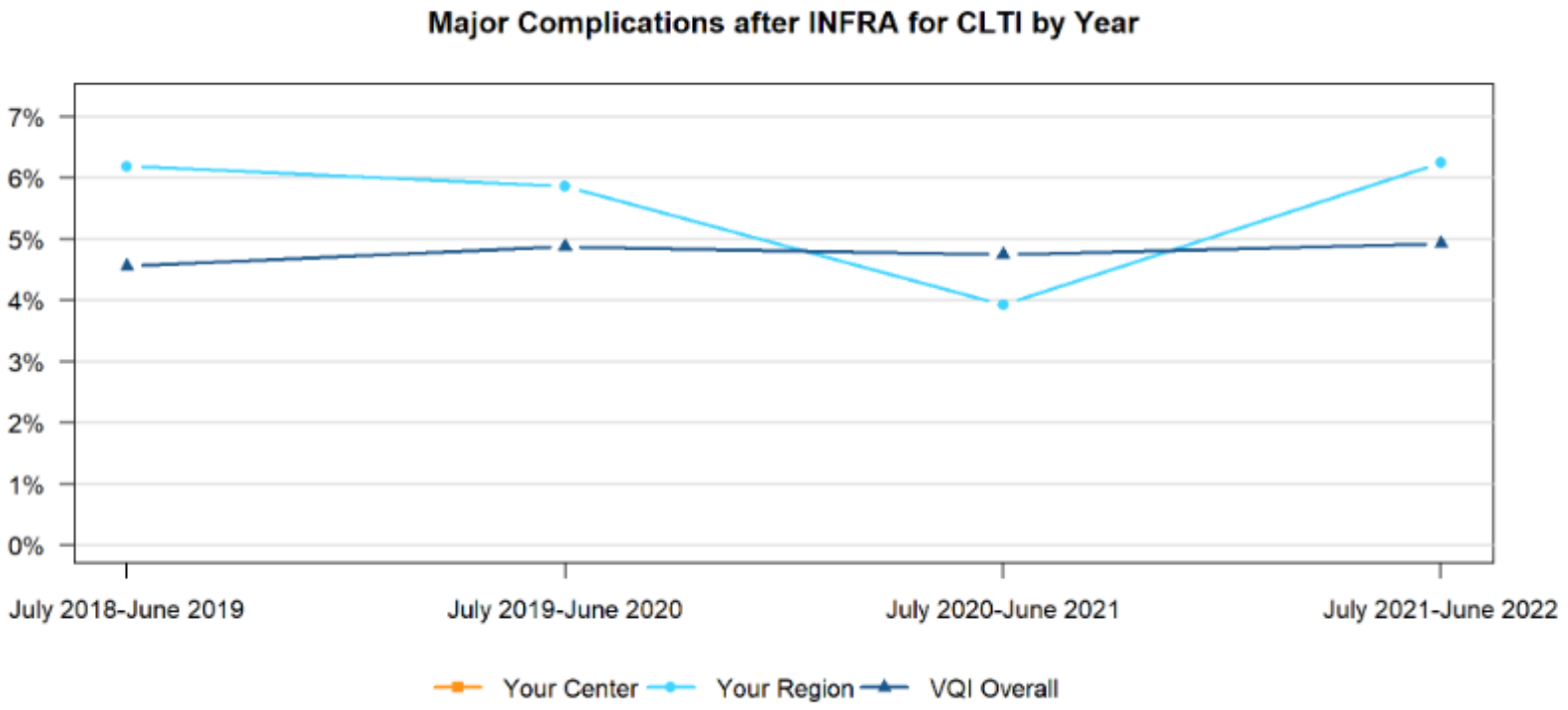
INFRA CLTI: Major Complications

Procedures performed between July 1, 2021 and June 30, 2022

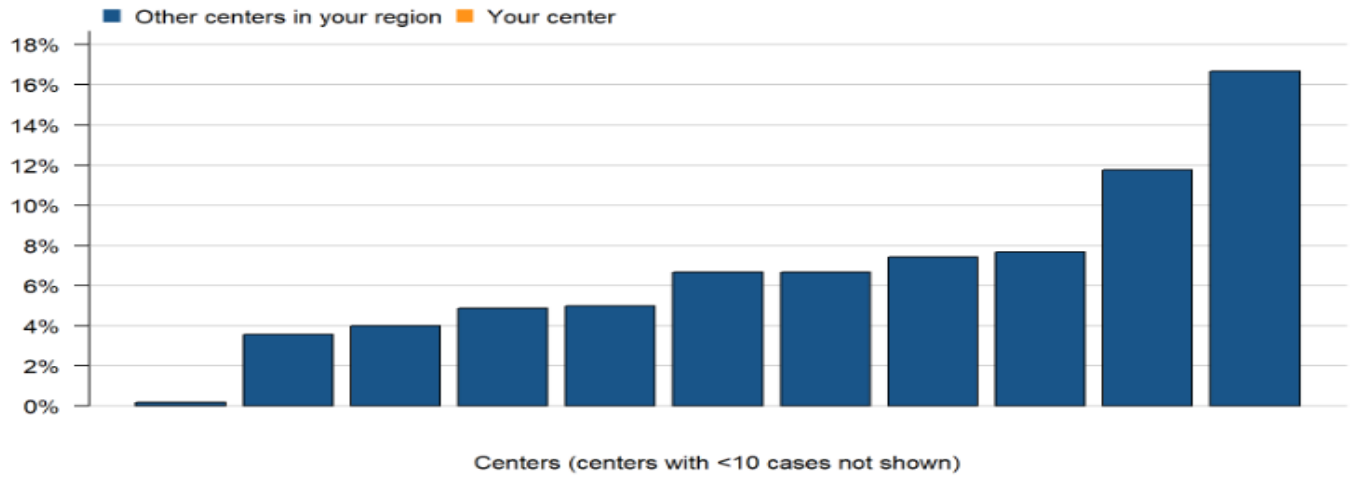
Includes Infrainguinal Bypass (INFRA) procedures for rest pain, tissue loss, or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

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		272	4929
Percentage with major complications		6.2%	4.9%


Major Complications after INFRA for CLTI by Year
7%
6%
5%
4%
3%
2%
1%
0%
July 2018-June 2019
July 2019-June 2020
July 2020-June 2021
July 2021-June 2022
Your Center
Your Region
VQI Overall

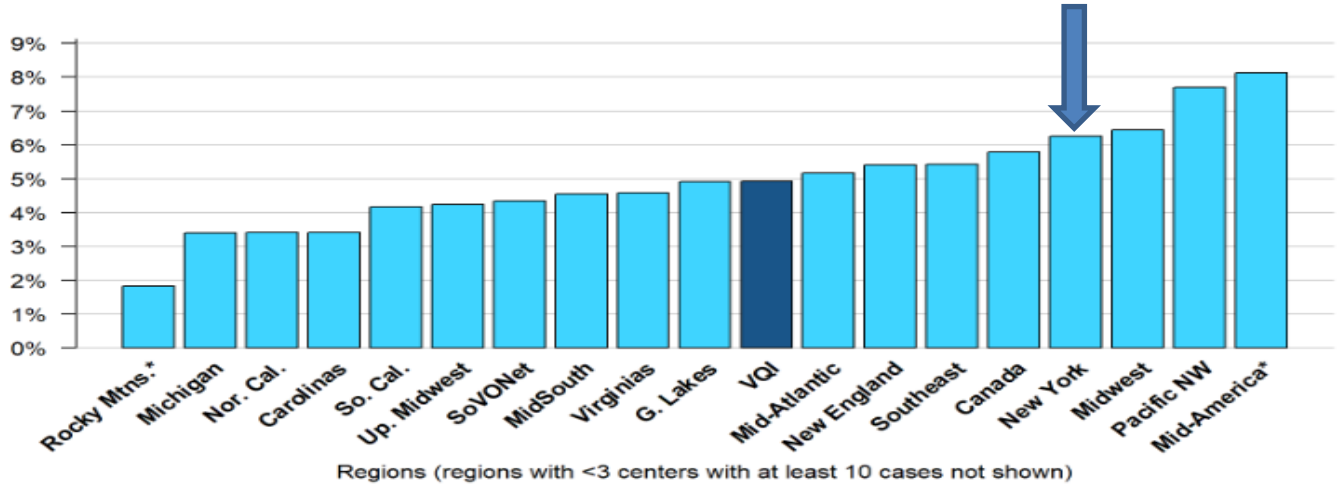
Major Complications after INFRA for CLTI in Your Region (July 2021-June 2022)



11 of 15 centers displayed

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

Major Complications after INFRA for CLTI by Region Across VQI (July 2021-June 2022)



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

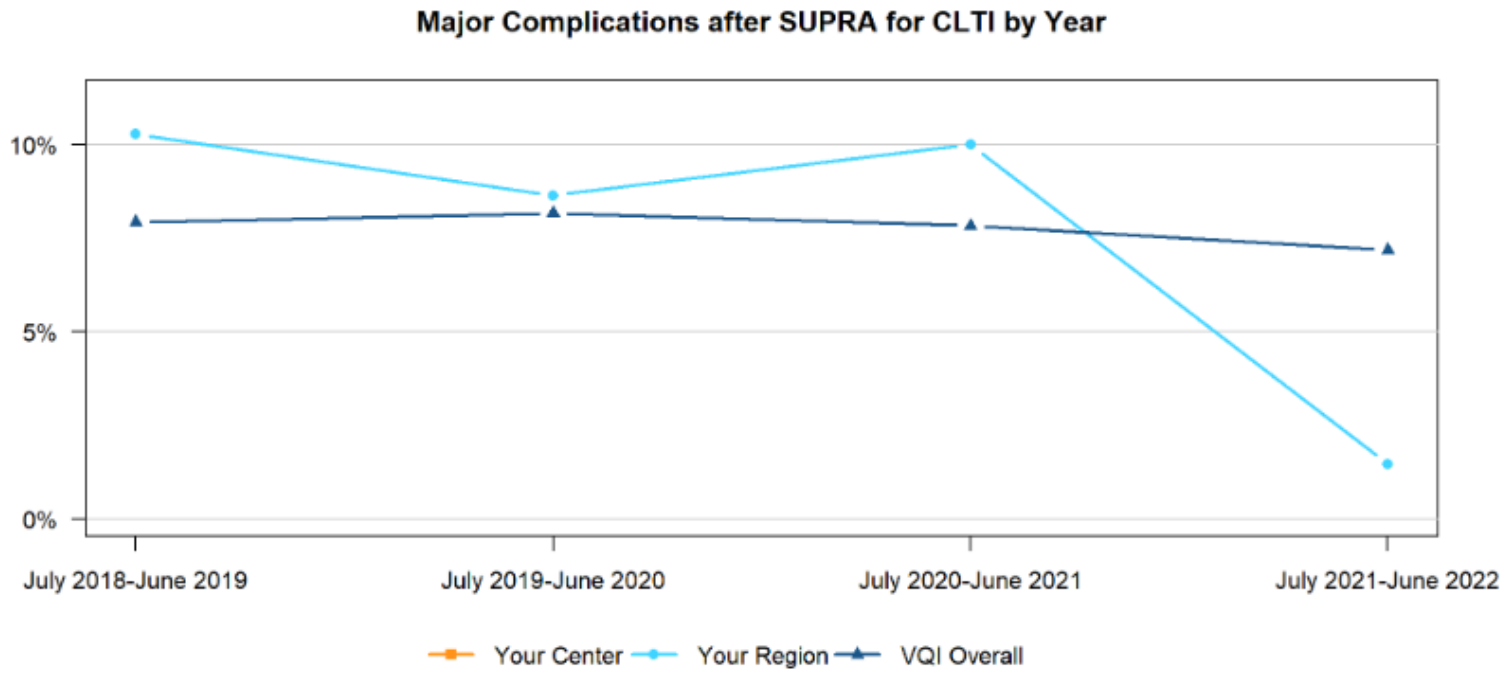
SUPRA CLTI: Major Complications

Procedures performed between July 1, 2021 and June 30, 2022

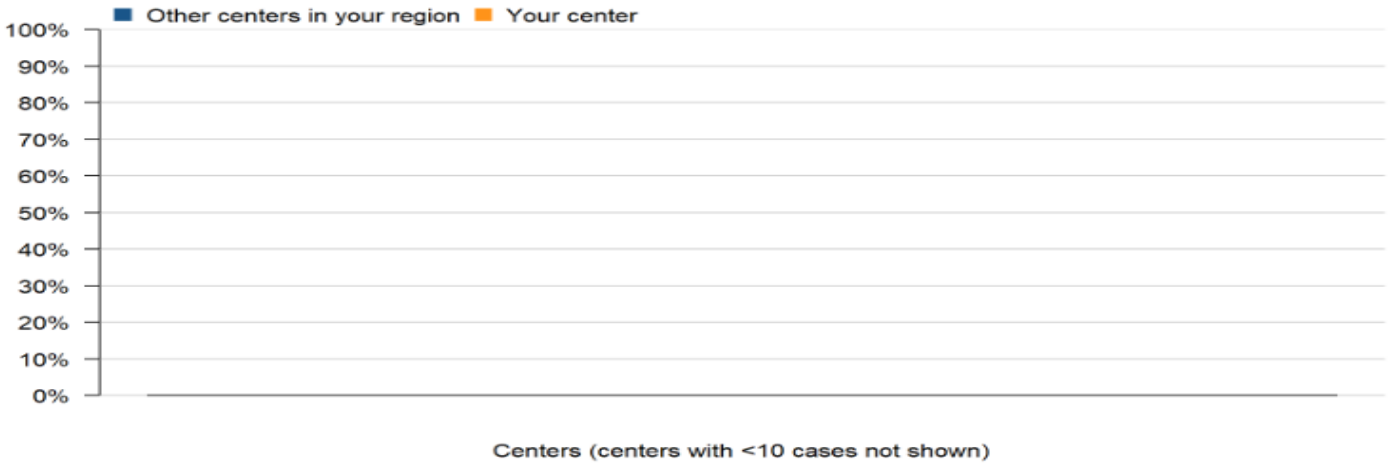
Includes Suprainguinal Bypass (SUPRA) procedures for rest pain, tissue loss, or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

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		68	1183
Percentage with major complications		1.5%	7.2%


Major Complications after SUPRA for CLTI by Year
10%
5%
0%
July 2018-June 2019
July 2019-June 2020
July 2020-June 2021
July 2021-June 2022
Your Center
Your Region
VQI Overall

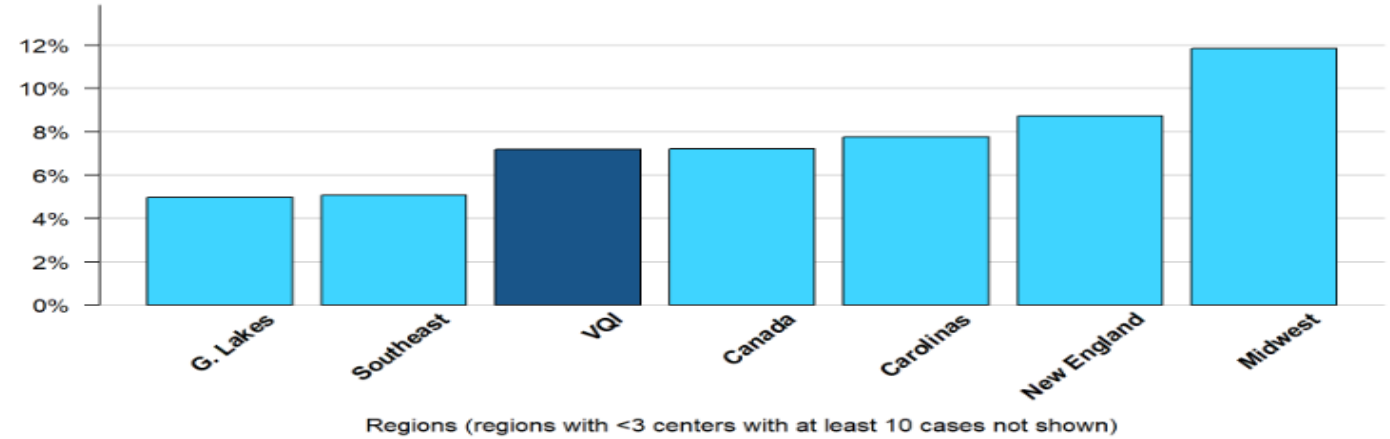
Major Complications after SUPRA for CLTI in Your Region (July 2021-June 2022)



0 of 11 centers displayed

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

Major Complications after SUPRA for CLTI by Region Across VQI (July 2021-June 2022)



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

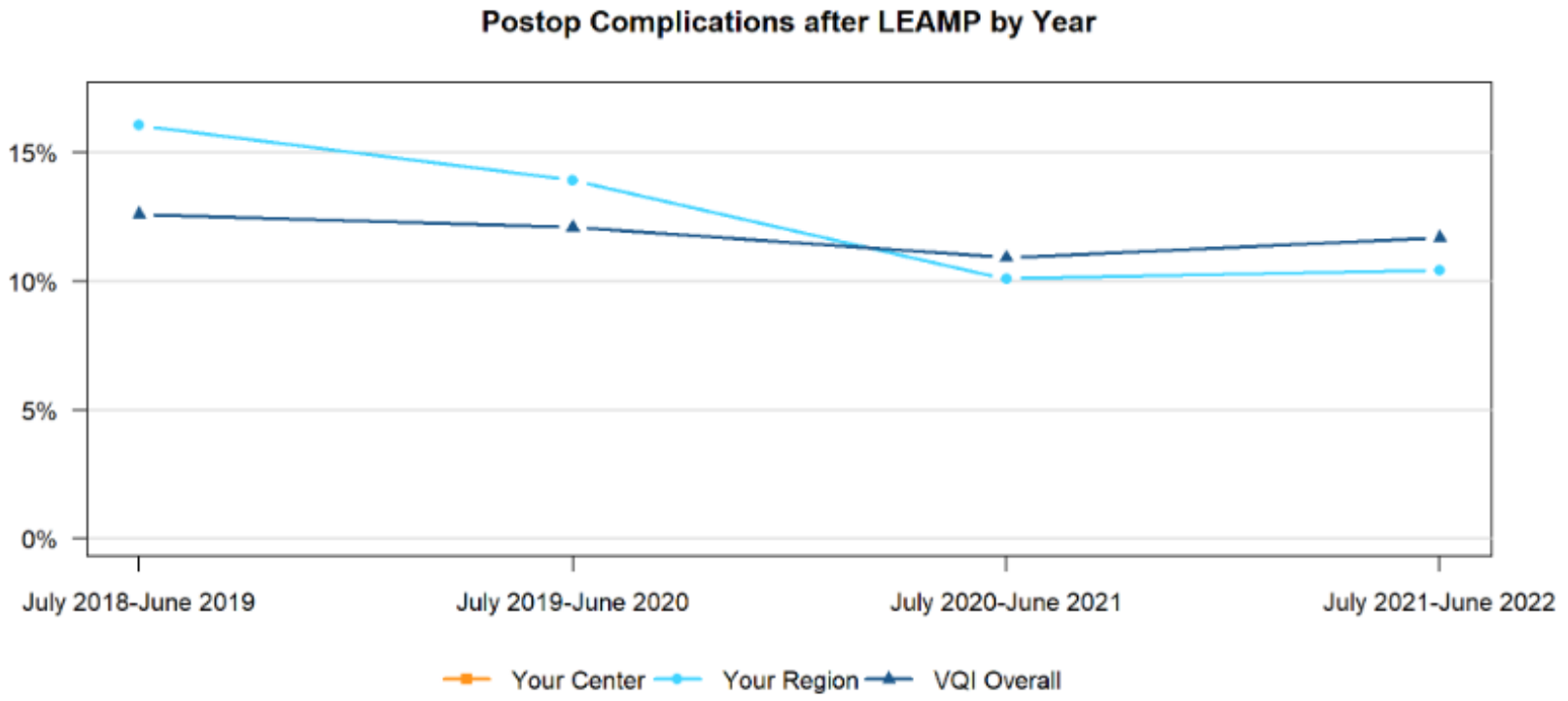
LEAMP: Postop Complications

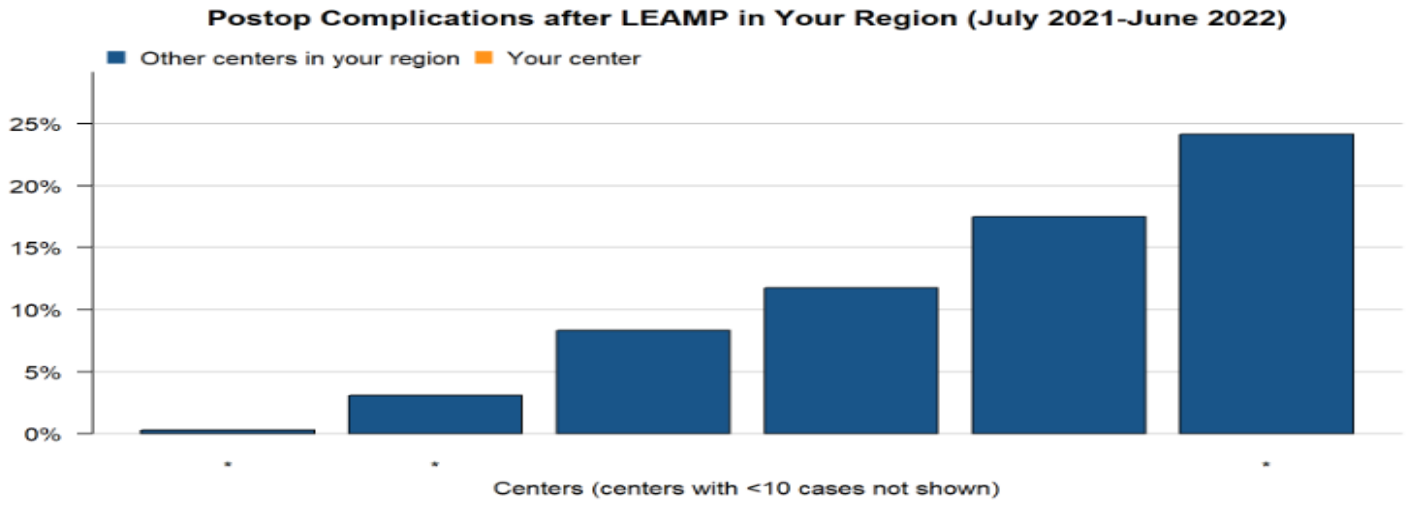
Procedures performed between July 1, 2021 and June 30, 2022

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.

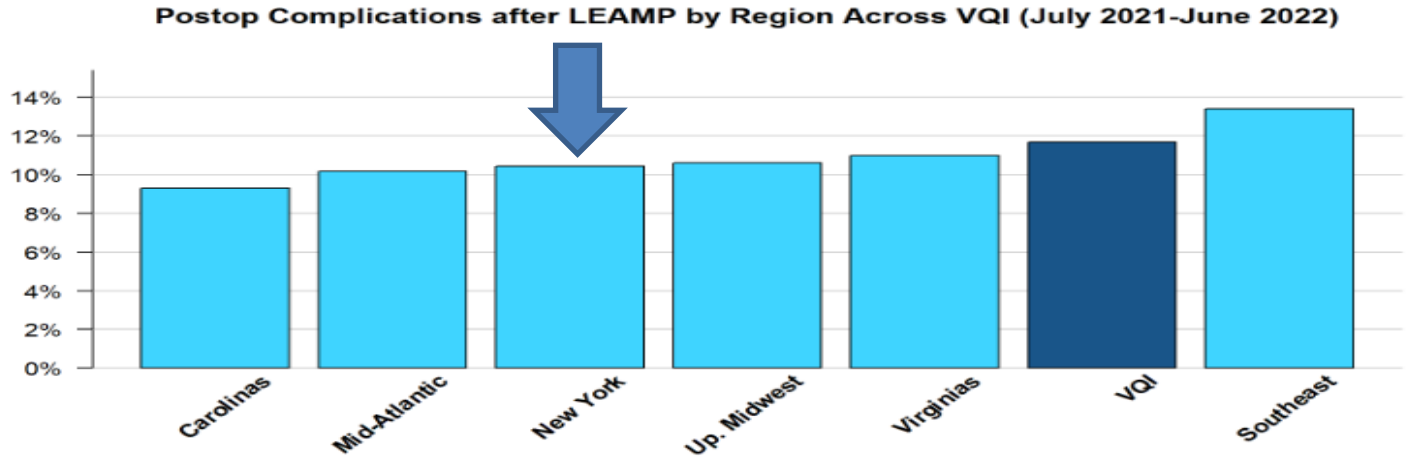
	Your Center	Your Region	VQI Overall
Number of LEAMP procedures meeting inclusion criteria		364	3138
Percentage with postoperative complications		10.4%	11.7%


Postop Complications after LEAMP by Year
15%
10%
5%
0%
July 2018-June 2019
July 2019-June 2020
July 2020-June 2021
July 2021-June 2022
Your Center
Your Region
VQI Overall



6 of 6 centers displayed

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



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

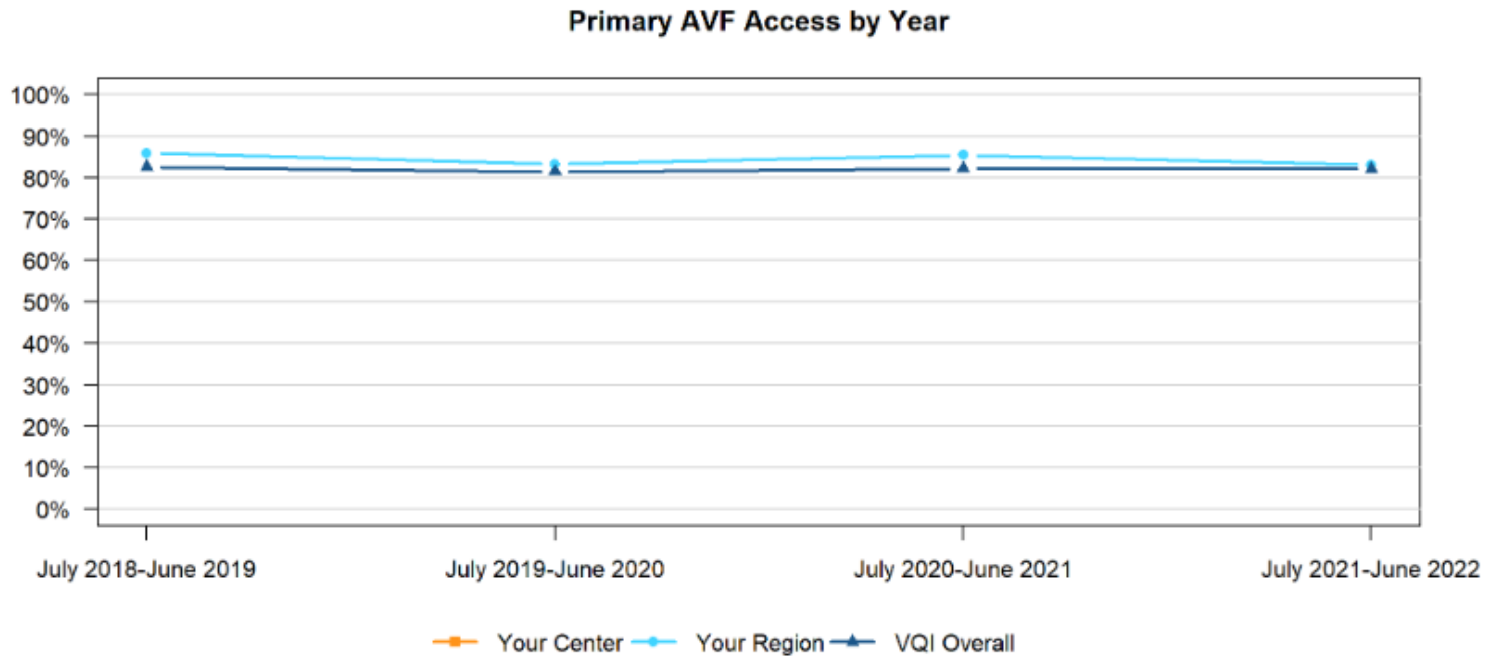
HDA: Primary AVF vs. Graft

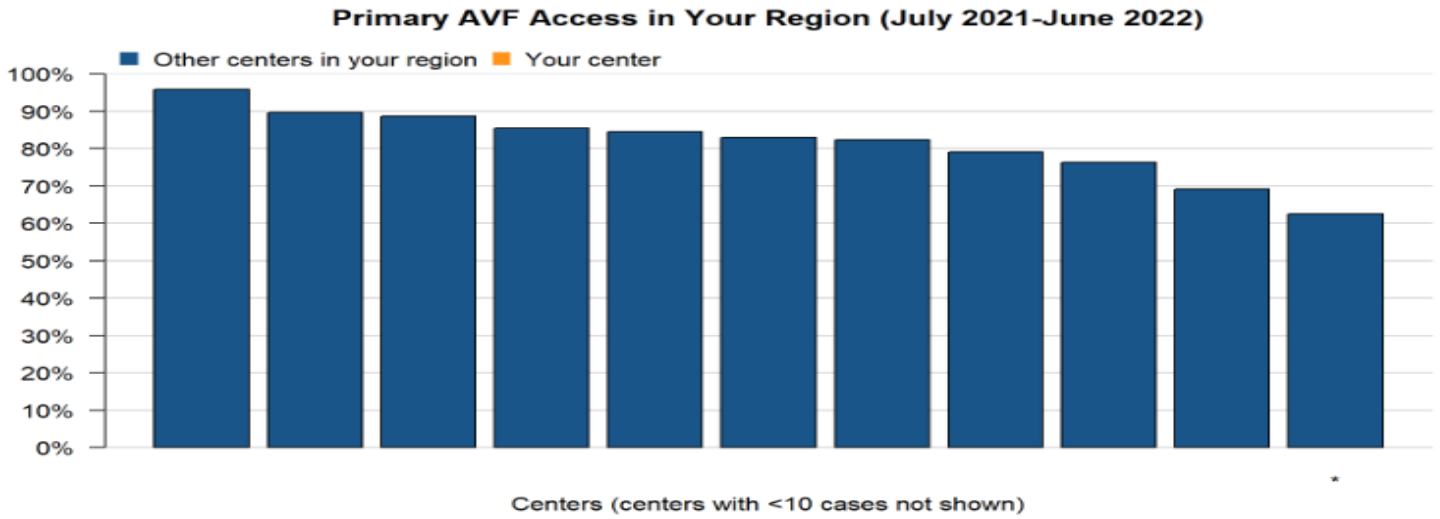
Procedures performed between July 1, 2021 and June 30, 2022

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.

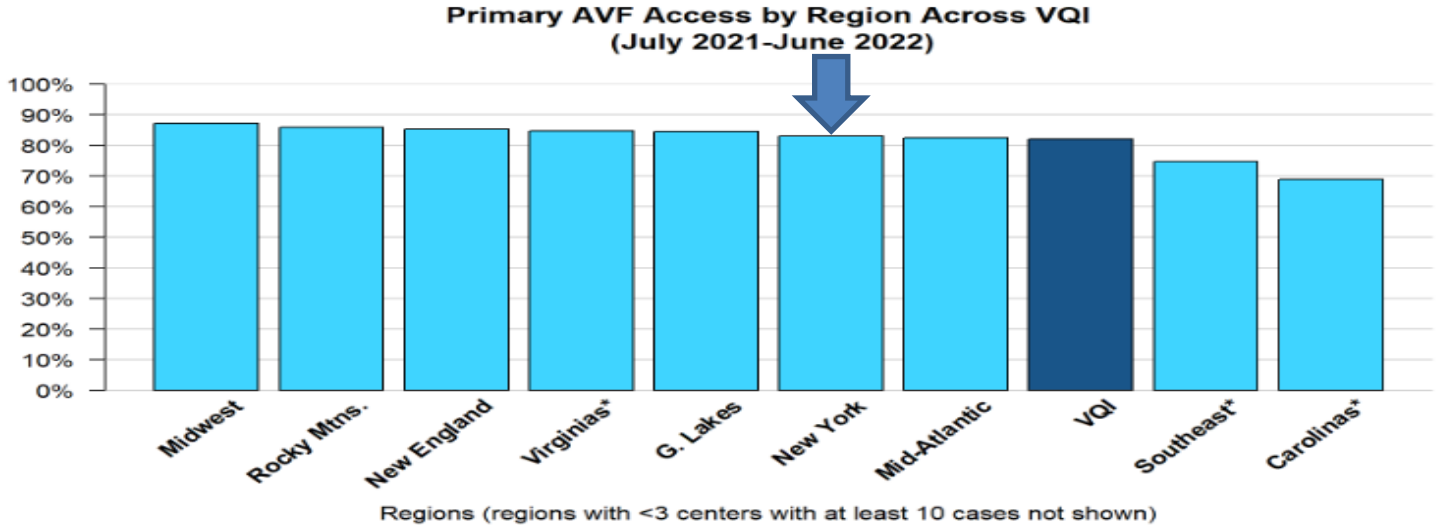
	Your Center	Your Region	VQI Overall
Number of HDA procedures meeting inclusion criteria		512	4524
Percentage with primary AVF		83%	82.1%


Primary AVF Access by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
July 2018-June 2019
July 2019-June 2020
July 2020-June 2021
July 2021-June 2022
Your Center
Your Region
VQI Overall



11 of 11 centers displayed

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



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

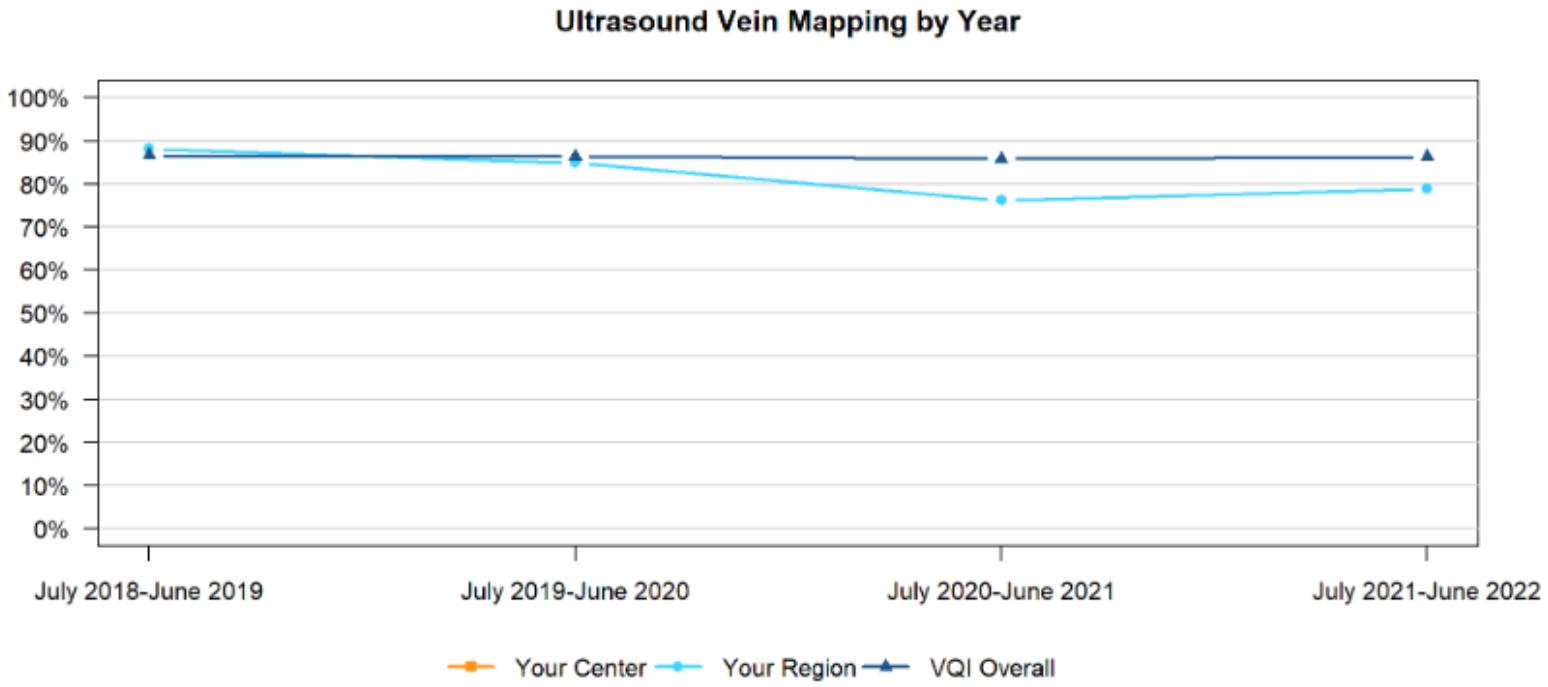
HDA: Ultrasound Vein Mapping

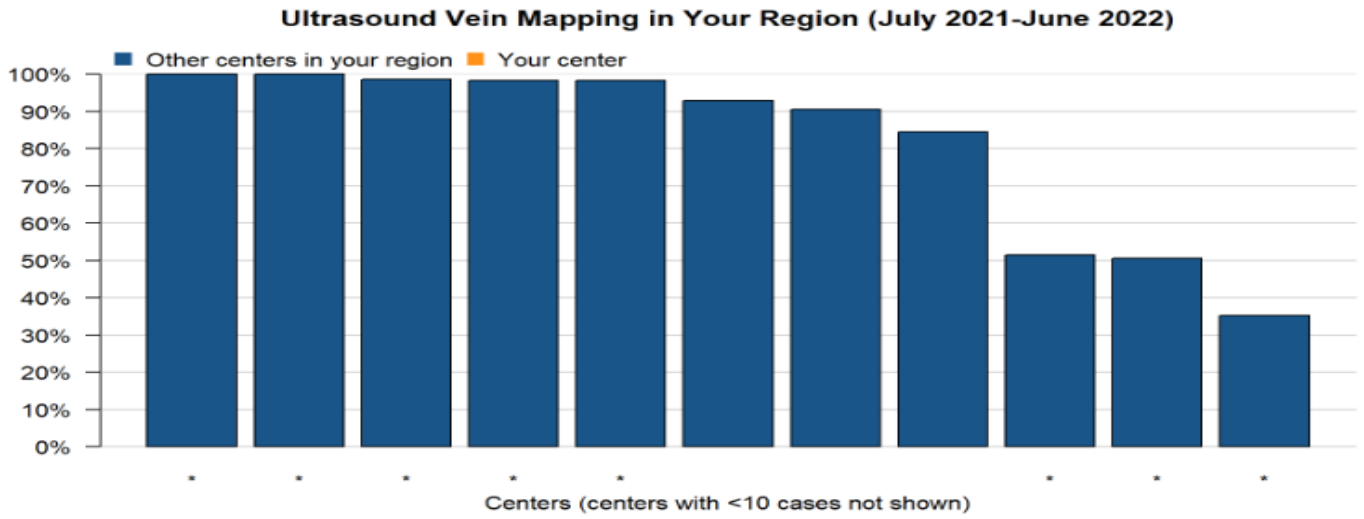
Procedures performed between July 1, 2021 and June 30, 2022

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.

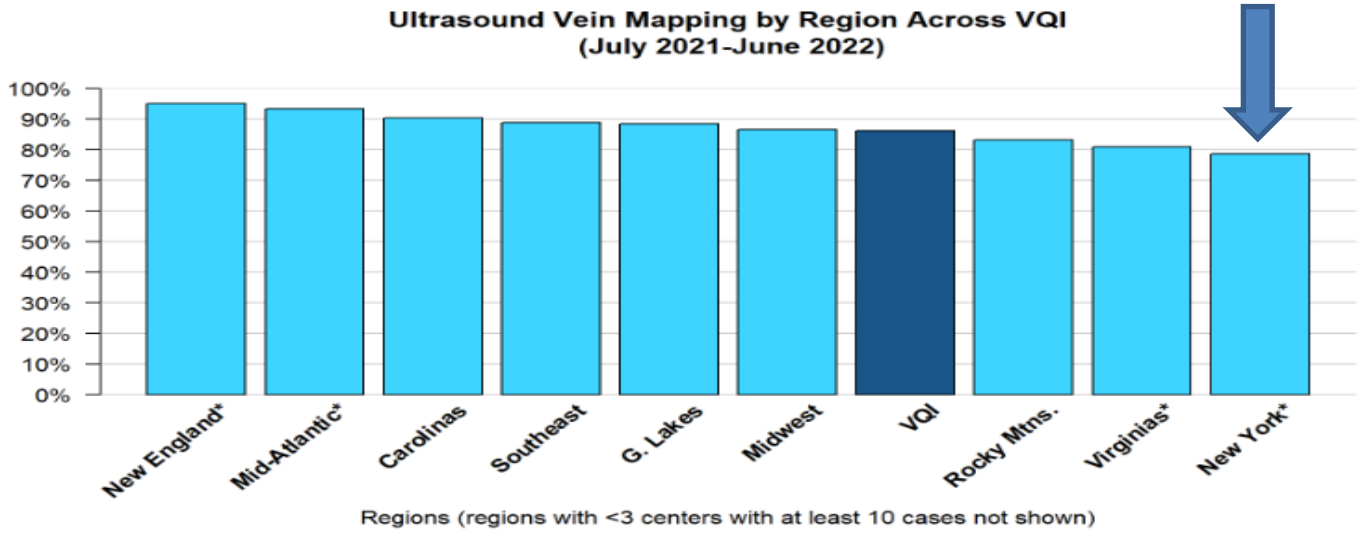
	Your Center	Your Region	VQI Overall
Number of HDA procedures meeting inclusion criteria		590	5565
Percentage with preoperative ultrasound vein mapping		78.8%	86.3%


Ultrasound Vein Mapping by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
July 2018-June 2019
July 2019-June 2020
July 2020-June 2021
July 2021-June 2022
Your Center
Your Region
VQI Overall



11 of 11 centers displayed

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



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

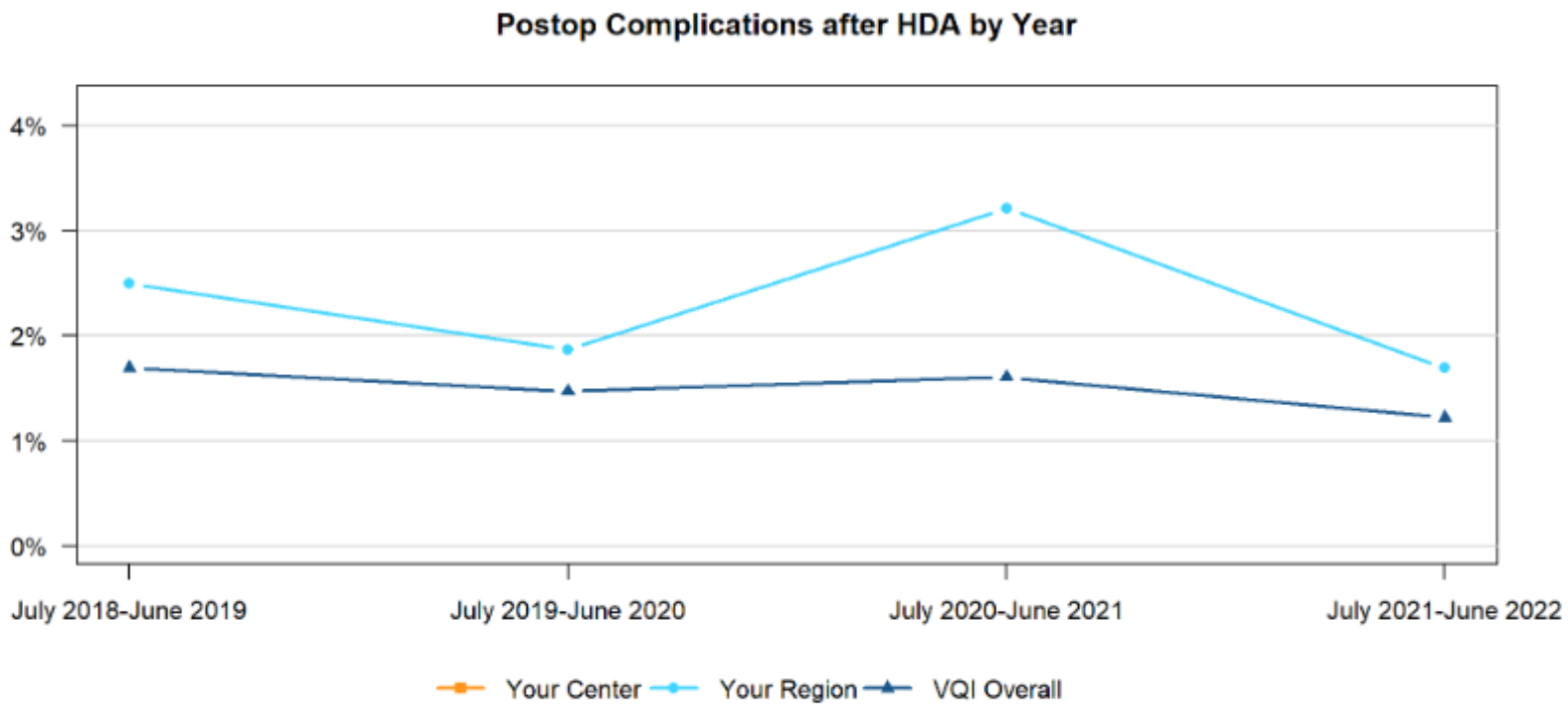
HDA: Postop Complications

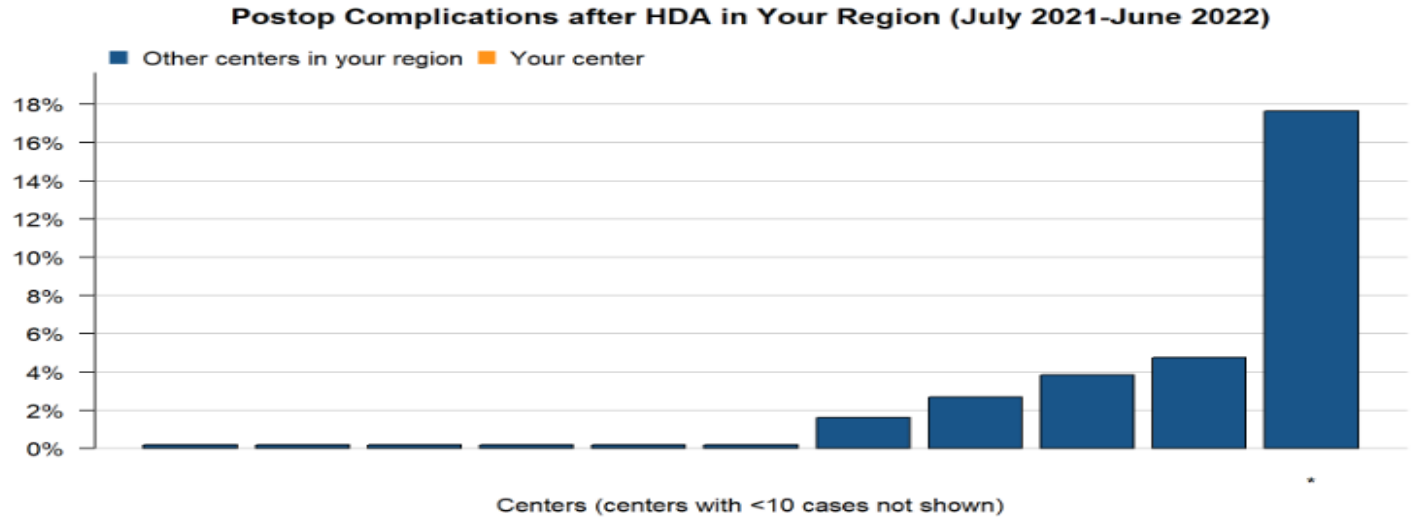
Procedures performed between July 1, 2021 and June 30, 2022

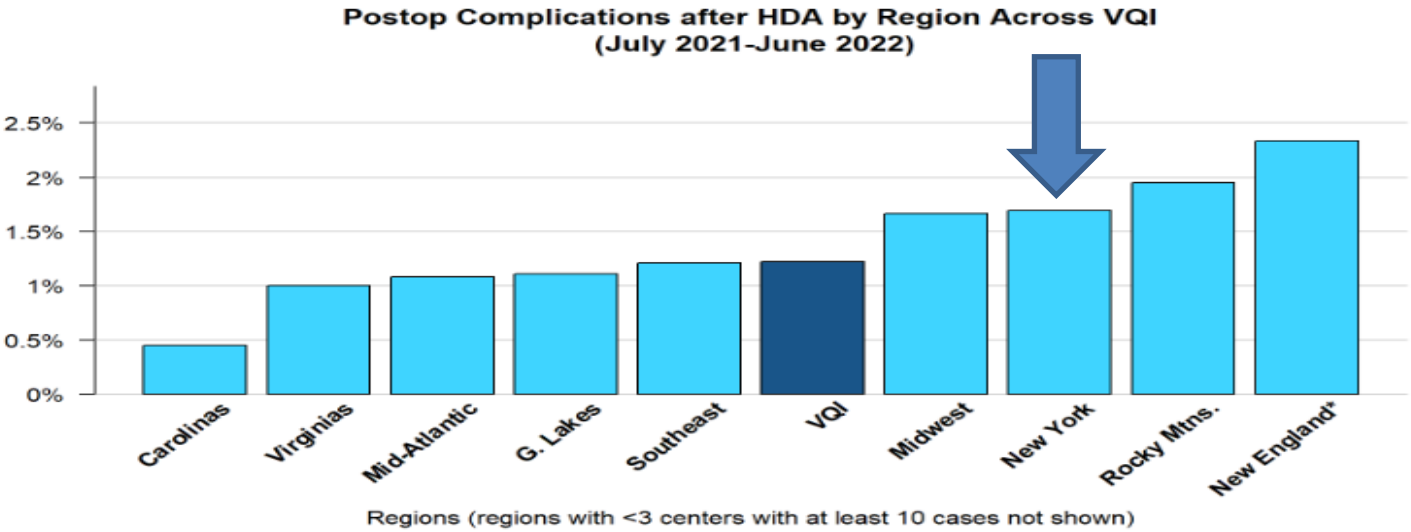
Includes Hemodialysis Access (HDA) procedures.

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		590	5565
Percentage with immediate postoperative complications		1.7%	1.2%


Postop Complications after HDA by Year
4%
3%
2%
1%
0%
July 2018-June 2019
July 2019-June 2020
July 2020-June 2021
July 2021-June 2022
Your Center
Your Region
VQI Overall


Postop Complications after HDA in Your Region (July 2021-June 2022)
Other centers in your region
Your center
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
*
Centers (centers with <10 cases not shown)
11 of 11 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


Postop Complications after HDA by Region Across VQI
(July 2021-June 2022)
2.5%
2%
1.5%
1%
0.5%
0%
Carolinas
Virginias
Mid-Atlantic
G. Lakes
Southeast
VQI
Midwest
New York
Rocky Mtns.
New England*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

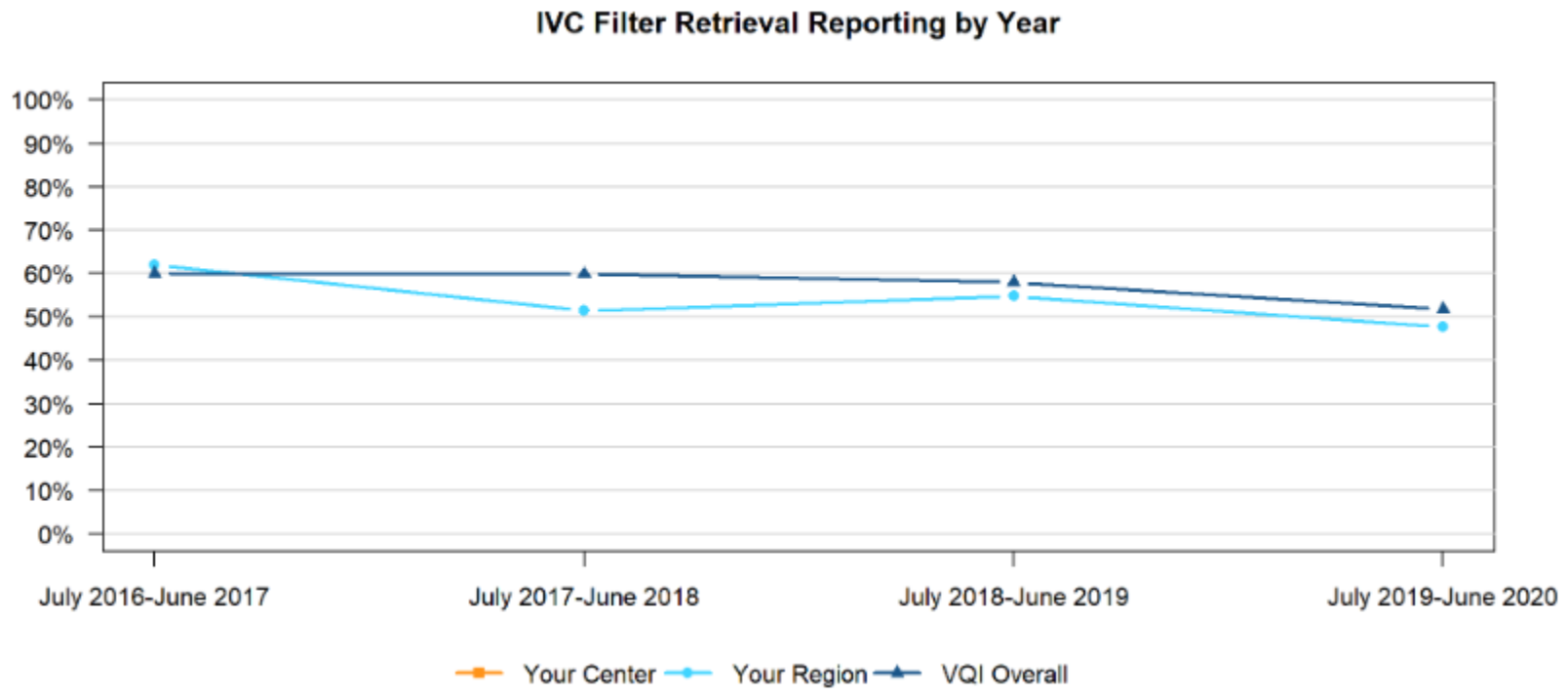
IVCF: Filter Retrieval Reporting

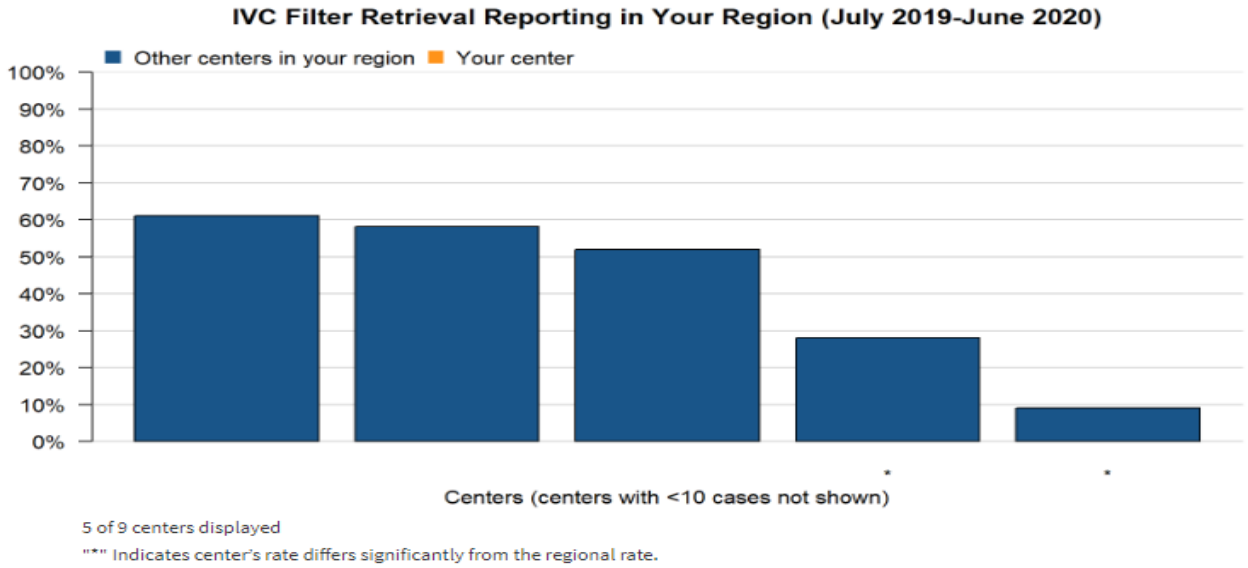
Procedures performed between July 1, 2019 and June 30, 2020

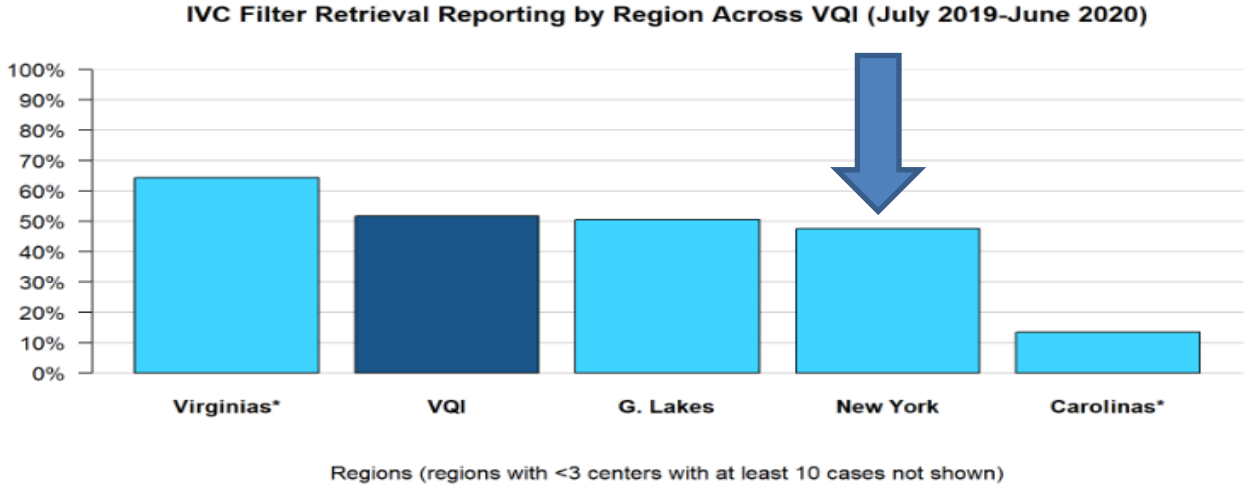
Includes Inferior Vena Cava Filter (IVCF) procedures. Excludes filters with permanent planned duration, patients who have expired, or patients where no follow-up was possible.

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		149	1023
Number without follow-up records		32	195
Number with follow-up records		117	828
Percentage with Filter Retrieval, or Attempt at Retrieval		47.7%	51.8%
Percentage not retrieved because No Follow-up Records Created		21.5%	19.1%
Percentage not retrieved because Not Clinically Indicated		19.5%	18.2%
Percentage not retrieved because Patient Declined		3.4%	2.3%
Percentage not retrieved because Lost to Follow-Up		0.7%	3.5%
Percentage not retrieved because Deemed Too Late for Removal		4%	0.7%
Percentage not retrieved because Planned Later Removal		10.1%	4.9%
Percentage not retrieved because No Reason Given		0%	0.9%


IVC Filter Retrieval Reporting by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
July 2016-June 2017
July 2017-June 2018
July 2018-June 2019
July 2019-June 2020
Your Center
Your Region
VQI Overall


IVC Filter Retrieval Reporting in Your Region (July 2019-June 2020)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Centers (centers with <10 cases not shown)
5 of 9 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


IVC Filter Retrieval Reporting by Region Across VQI (July 2019-June 2020)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Virginias*
VQI
G. Lakes
New York
Carolinas*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

Regional Improvement Projects

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What Charters should our region create?

Polling Question #3

National VQI Update

Caroline Morgan, RN
Director of Clinical Operations

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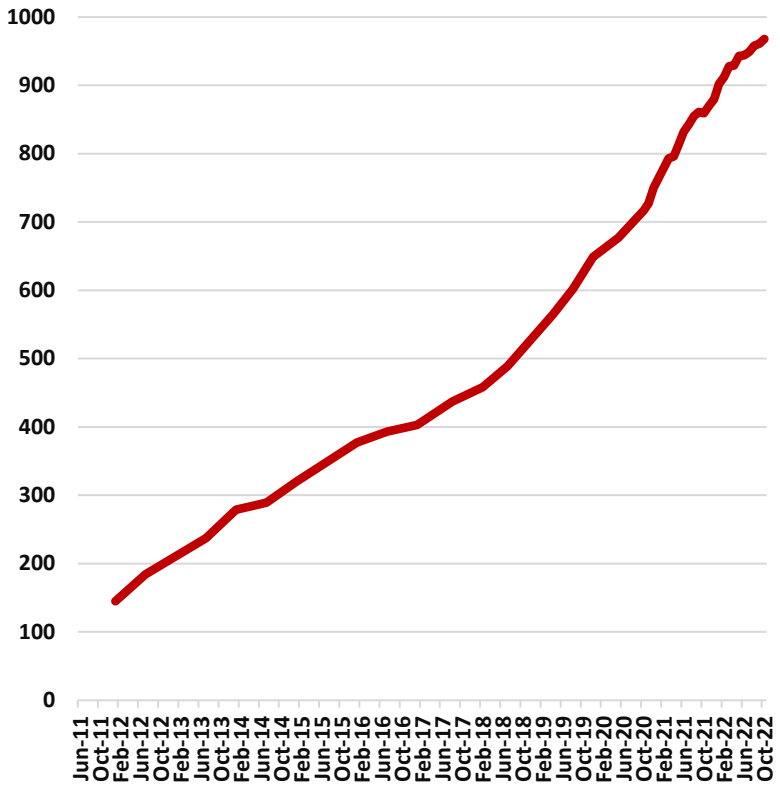
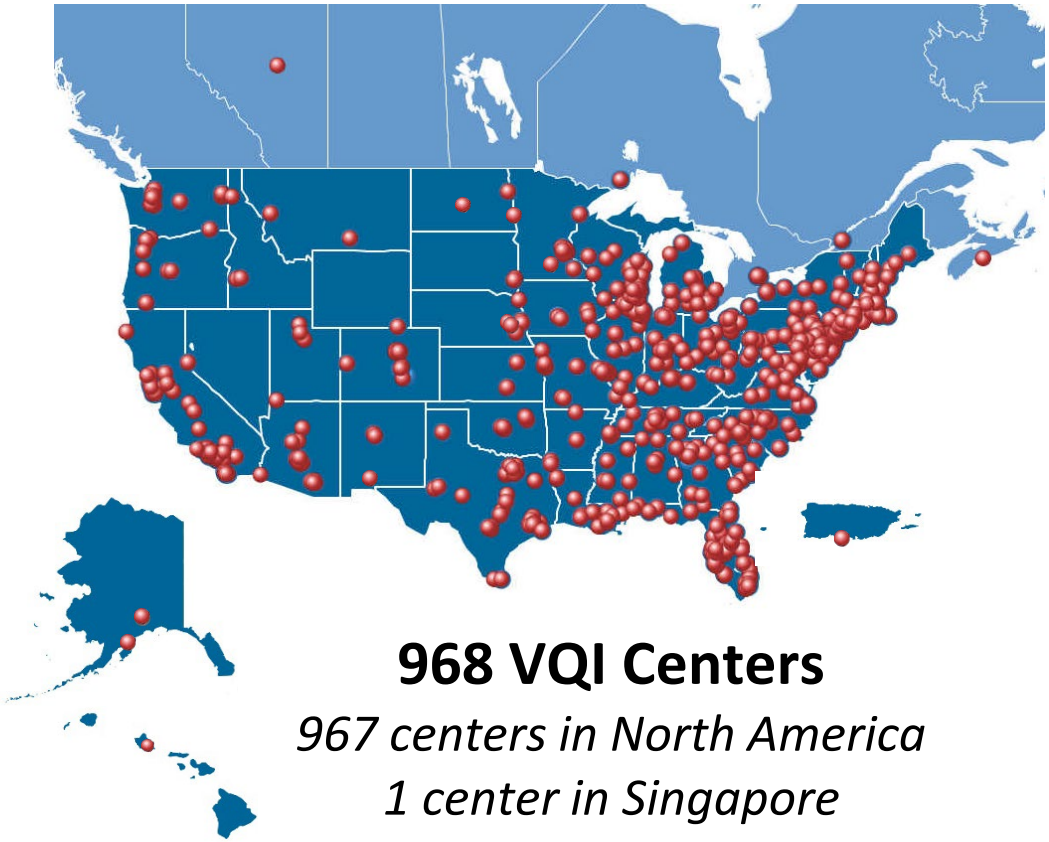
Number of Participating Centers



Location of VQI Participating Centers



968 VQI Centers

967 centers in North America

1 center in Singapore

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18 Regional Quality Groups

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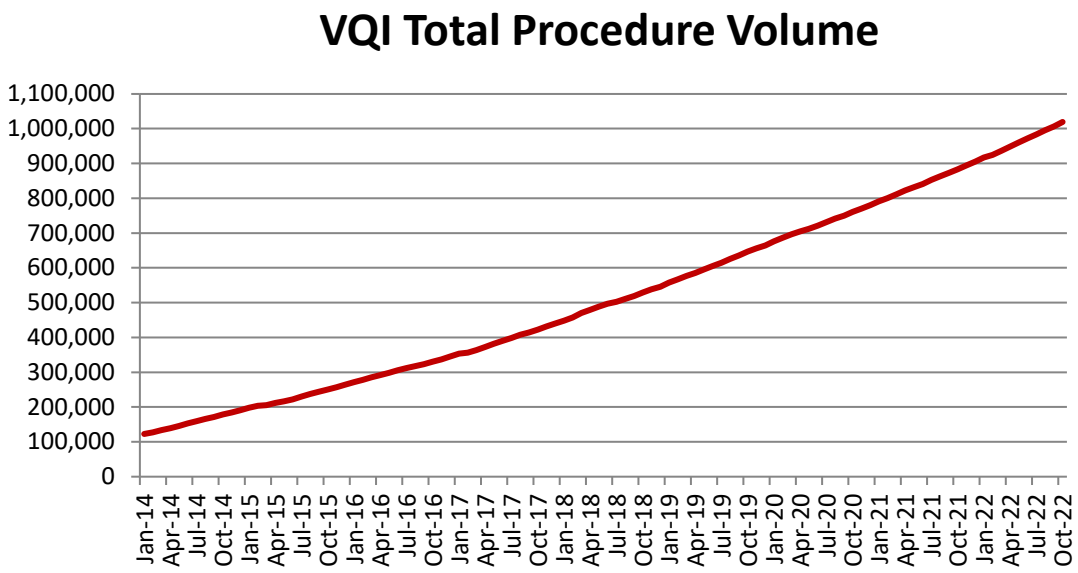
Total Procedures Captured (as of 11/1/2022)	1,019,022
Peripheral Vascular Intervention	350,407
Carotid Endarterectomy	183,519
Infra-Inguinal Bypass	77,773
Endovascular AAA Repair	76,345
Hemodialysis Access	73,530
Carotid Artery Stent	85,157
Varicose Vein	57,810
Supra-Inguinal Bypass	25,001
Thoracic and Complex EVAR	26,996
Lower Extremity Amputations	26,601
IVC Filter	17,857
Open AAA Repair	17,030
Vascular Medicine Consult	877
Venous Stent	119



Total Procedure Volume reflects net procedures added to the registry for the month

My PAD

My Peripheral Arterial Disease Pilot

- Peripheral vascular interventions
- Claudication or chronic limb threatening ischemia
- VascuQoL-6+3 and EuroQoL 5D-5L
- Pre-procedure, one month and one year postoperatively
- PRO entry by paper forms, computer, tablet and smart phone
- Email reminders to patients
- Patient education materials
- PRO feedback to participating physicians

My PAD VQI Physician Survey

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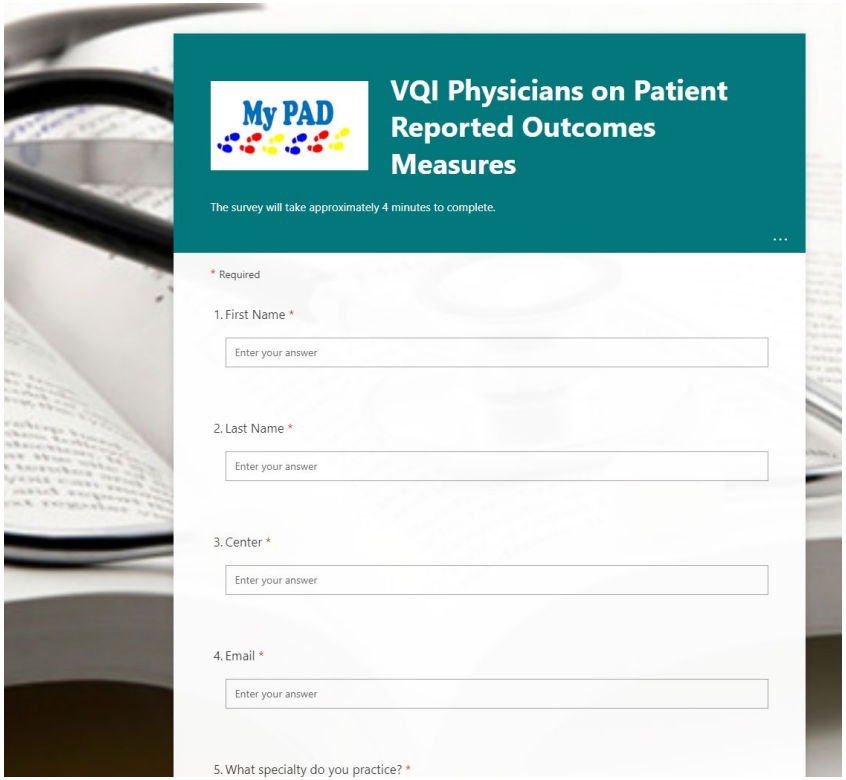
- **Patient reported outcomes (PROMs):** any report of the status of a patient's health condition that *comes directly from the patient*, without interpretation of the patient's response by a clinician or anyone else
- **Survey of VQI physicians regarding attitudes and uses of PROMs in clinical practice**
- 18 questions, mostly multiple choice that can be done in ~4min
- **Goal:** to evaluate the utility and feasibility of incorporating PROMs into the VQI from the physician perspective



Tina Kariya, MD
University of Vermont Vascular Surgery Fellow
Fellow in training, SVS Jack L. Cronenwett Scholarship award

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Link to VQI Physicians PROM survey

https://forms.office.com/r/1x0kq2WHt3

Please contact us with questions

daniel.bertges@uvmhealth.org

cmorgan@svspso.org

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Save the Date!

2023 VQI Annual Meeting
June 13-14, 2023

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

2023

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Key Dates for both Quality Abstracts and Rapid Fire Abstracts

Abstract submissions begin- October 1, 2022
Abstract submission deadline- January 16, 2023

Quality Improvement Poster Session– June 13, 2023, Evening
Quality Improvement Podium Presentations– June 14, 2023, Morning
Rapid Fire Research Presentation– June 14, 2023, Afternoon

VQI@VAM Presentation Recordings

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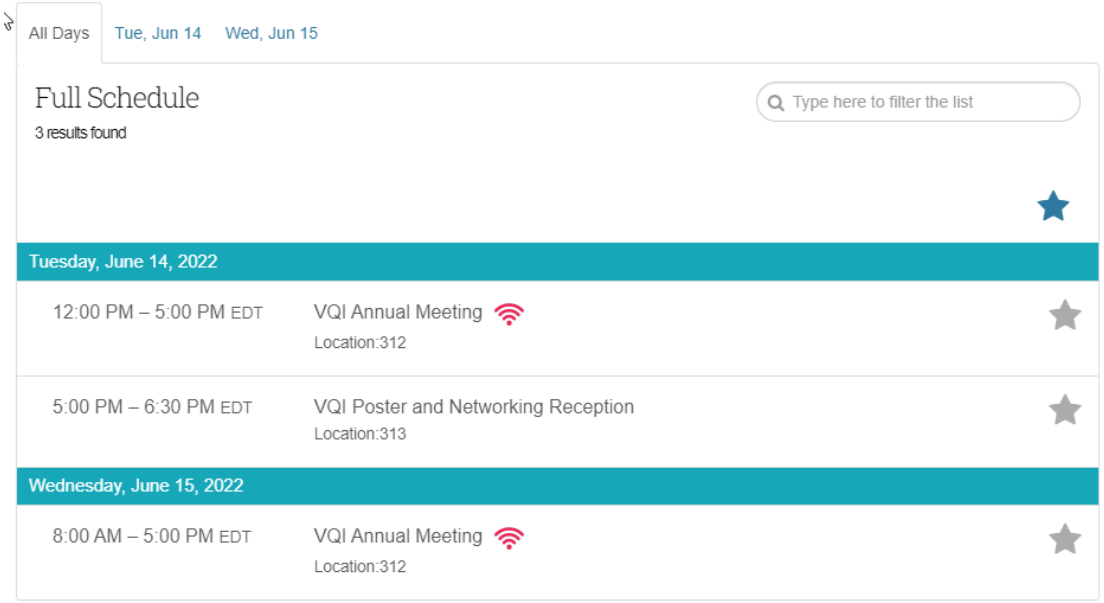
Visit the VAM Online Planner for access to all of the VQI@VAM videos!

1. Use the SVS login that you used to register for VQI@VAM.

2. Visit: https://www.eventscribe.net/2022/SVS-VAM/agenda.asp?BCFO=M&pfp=VQI&fa=&fb=&fc=&fd=&all=1&mode=

3. Enjoy the recordings!



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Welcome

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Melissa Latus – Clinical Operations Program Manager

- Start Date July 11, 2022
- Cardiovascular Registered Nurse
- Registry experience ACS/NSQIP

Top Responsibilities:

Working with Registry Committees

RAC

Support for regional Meetings

Assist with answering Clinical Questions

Upcoming Infra/Supra Revisions Highlights

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- Help text for majority of select options.
- Addition of planned vs unplanned amputations
- Harmonization of variables across like registries
- Addition of WiFi variables
- Expanded Claudication variables
- Revision of Return to OR variable help text
- Cloning between Infra, Supra and PVI

- *Additional questions – cmorgan@svspso.org*

VQI Corner

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- Increased frequency of VQI PSO Webinars focused on registry releases/revisions
- Addition of Data Managers to Registry Committees
- Reminder: Regional Lead DM is a resource for VQI updates and questions

- *Additional questions – cmorgan@svspso.org*

VQI Report Schedule

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Reminder:

Visit VQI.org for the most current VQI Reporting Schedule

https://www.vqi.org/resources/reporting/

VQI Reporting Schedule 2021 - 2022

Report	Data Cut Date*	Anticipated Delivery Date**	Procedure Timeframe***
VQI Regional Quality Reports			
Spring 2022	1-Feb-22	1-Mar-22	CY 2021
Fall 2022	1-Aug-22	1-Sep-22	July 1, 2021 - June 30, 2022
VQI Best Practices Dashboards			
Fall 2021	1-Sep-21	1-Oct-21	July 1, 2020 - June 30, 2021
Winter 2021	1-Dec-21	1-Jan-22	October 1, 2020 - September 30, 2021
Spring 2022	1-Mar-22	1-Apr-22	CY 2021
Spring 2022 (4-year Cumulative)	1-Mar-22	1-Apr-22	CY 2018 - CY 2021
Summer 2022	1-Jun-22	1-Jul-22	April 1, 2021 - March 31, 2022
Fall 2022	1-Sep-22	1-Oct-22	July 1, 2021 - June 30, 2022
Winter 2022	1-Dec-22	1-Jan-23	October 1, 2021 - September 30, 2022
VQI Quality Initiative Updates			
Fall 2021	1-Oct-21	1-Nov-21	DC Meds: Through Quarter 3 2021 EVAR Sac Diameter: 2019
Spring 2022	1-Apr-22	1-May-22	DC Meds: Through Quarter 1 2022 EVAR Sac Diameter: 2020
Summer 2022	1-Jul-22	1-Aug-22	DC Meds: Through Quarter 2 2022 EVAR Sac Diameter: 2020
Fall 2022	1-Oct-22	1-Nov-22	DC Meds: Through Quarter 3 2022 EVAR Sac Diameter: 2020
VQI 2021 Participation Awards	1-Feb-22	1-Mar-22	CY 2021

*** The data-entry/completion deadline for each report is exactly one day prior to the Data Cut Date. Any changes or updates to the data on or after the Data Cut Date will not be reflected in the given report.**

**** The Anticipated Delivery Date is generally within 1 month of the Data Cut Date. Major report updates may require extended time for development, testing, and quality assurance.**

***** For the reporting of LTFU outcomes, the procedure timeframe used is exactly 2 years behind the given Procedure Timeframe.**

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Webinar Schedule

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Date	Time	Webinar Name
October 4, 2022	1:00 PM ET	SVS VQI Quarterly Quality Improvement Educational Webinars
10/11/2022	2:00 PM ET	SVS PSO Quarterly Charter Focus Call
10/26/2022	2:00 PM ET	Help Text and Development Revision Webinar
Q4 2022 – Q1 2023	TBD	Infra / Supra Registry Revision Overview
11/29/2022	2:00 PM ET	New VQI Website Overview
January 31, 2023	1:00 PM ET	SVS VQI Quarterly Quality Improvement Educational Webinars
1/17/2023	2:00 PM ET	SVS PSO Quarterly Charter Focus Call

DISCLAIMER: This is a "living" calendar of events subject to frequent updates and changes.
Please visit https://www.vqi.org/resources/webinars-events/ for the most up to date listing of webinars and events.

Pathways Webinars

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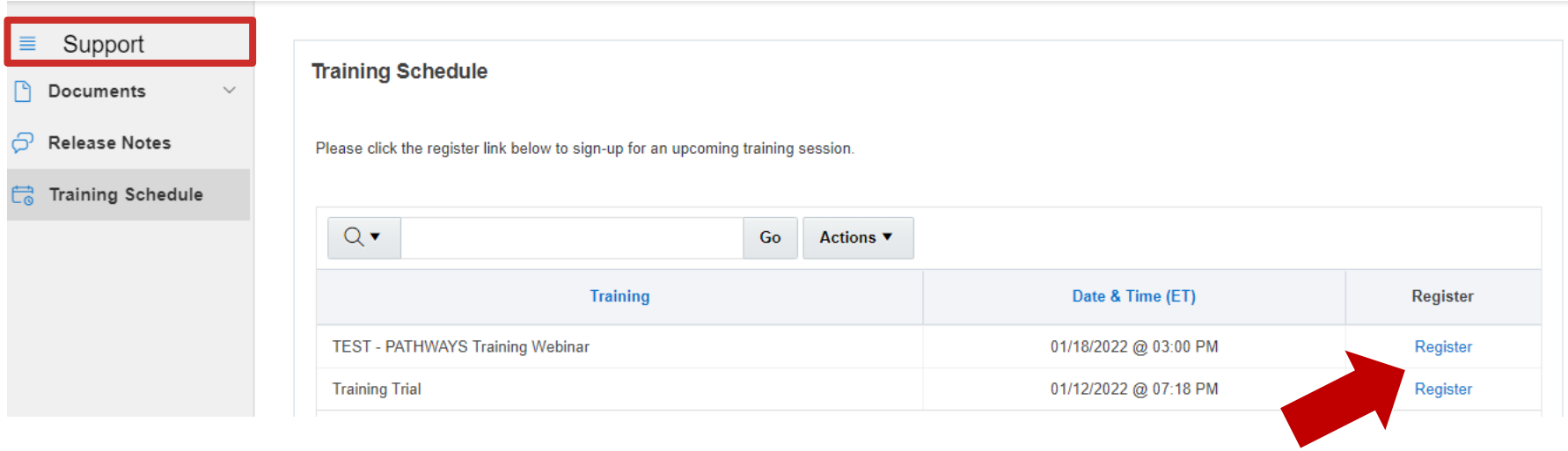
Please visit the Pathways Support Tab/Training Schedule for upcoming events and to register for requested training

PATHWAYS 101: Introduction to PATHWAYS Functional Training – Twice per month (2nd & 4th Wednesdays)

PATHWAYS 102: Introduction to PATHWAYS Follow-up and Reporting Tools - Quarterly



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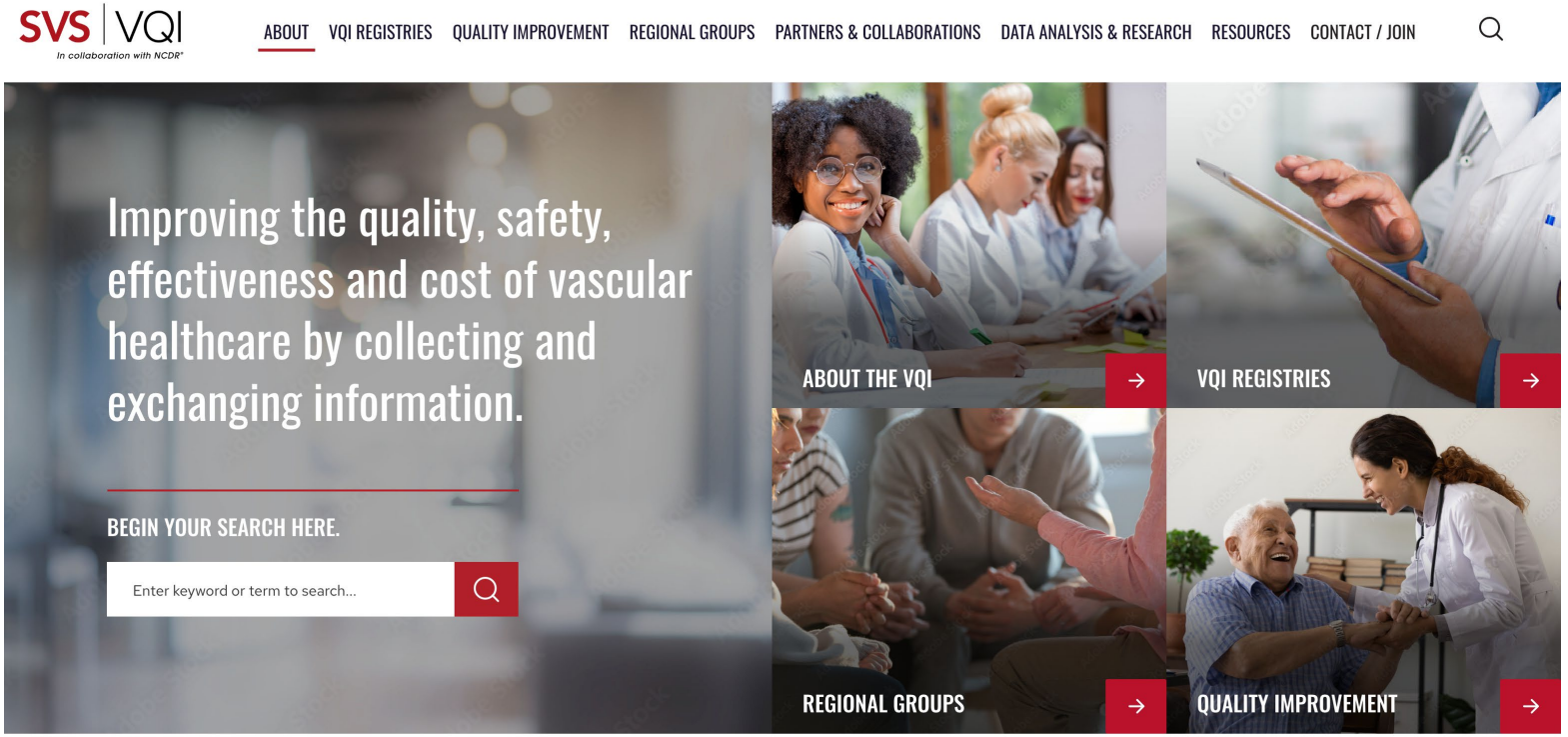
A New VQI Website!

- A new VQI.org experience is coming!
- New look and feel, fresh content, and improved navigation.
- The site is expected to go live by mid-September.



Hashtag Projects

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- Any new hashtag projects submitted as of July 18, 2022, must follow the # format seen below in order to have a BDS provided.

#[Tag:value]

- Multiple hashtags can be entered in the comments box if they are separated by at least one space.
- Project owners are responsible for ensuring that the tags and values are correctly entered.
- If keystroke errors occur, centers may revise the record accordingly and request a revised data set.

Regional Meeting CME/CE Credit

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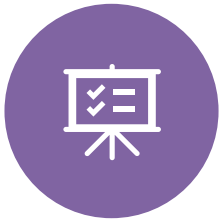
Des Moines University is the continuing education provider for this activity.

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.

Meeting Attendance Credit

SVS | VQI
In collaboration with NCDR®

REMEMBER TO PSO:

- **PUT your FULL NAME in Zoom to get credit for attendance and CME/CE credit (no exceptions will be made)**
- **SEND an email to ljohnson@svspso.org with names of group members that are sharing 1 device**
- **OFFICIALLY apply for CME/CE credit by clicking this link: https://dmu.co1.qualtrics.com/jfe/form/SV_23Te141LfXwUF5I**

You only have 7 days to complete forms for CME/CE Credit.

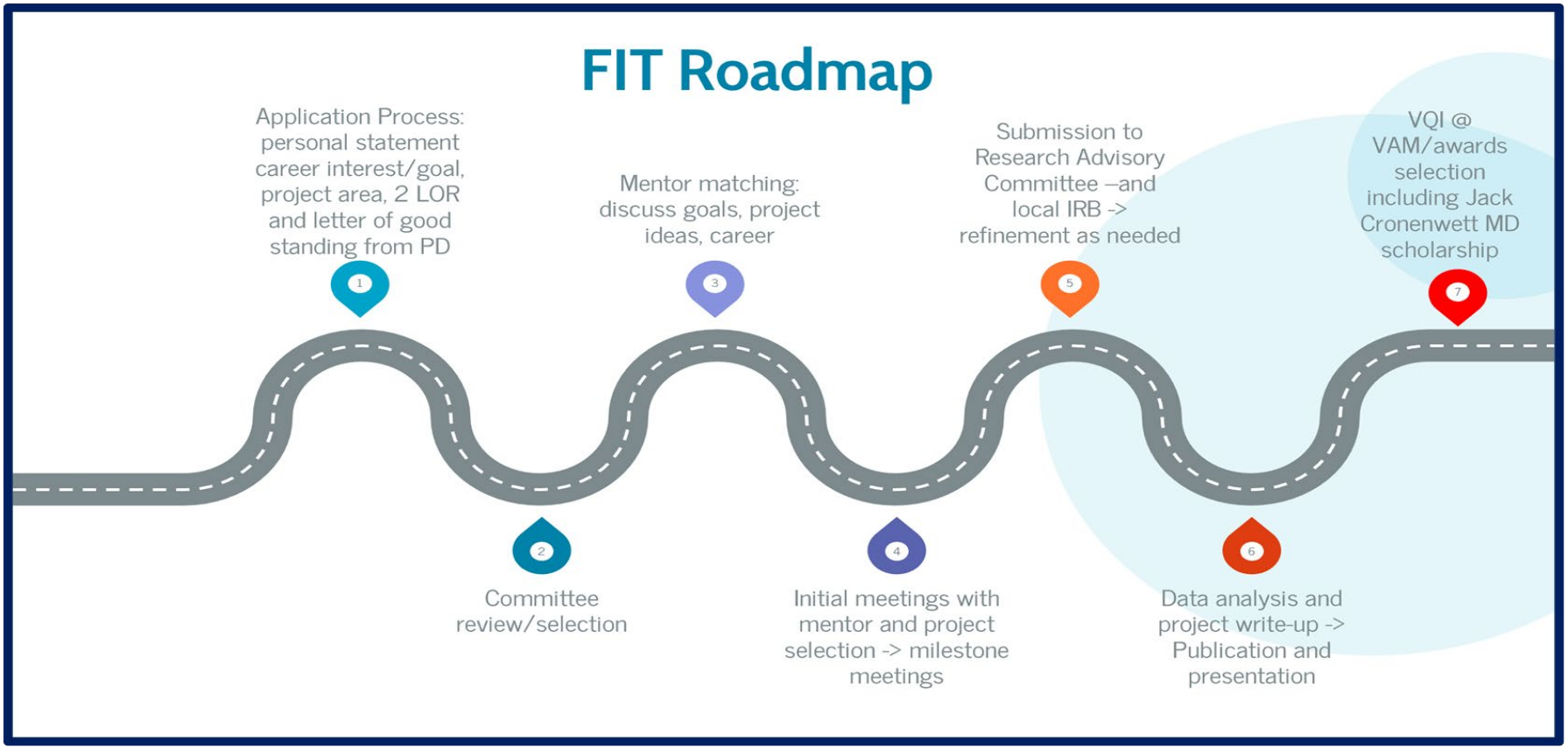
NO EMAIL WILL BE SENT AS A REMINDER OR WITH THE CME/CE LINK

Quality Improvement Update
Fall 2022

Dr. Betsy Wymer, DNP, RN, CV-BC
Director Quality

Trainee Program

SVS | VQI
In collaboration with NCDR®



SVS Society for Vascular Surgery | American Venous Forum | fivos | Society for Vascular Medicine | VASA | SVU

2022-2023 FIT List

SVS | VQI
In collaboration with NCDR®

FIT Mentor	FIT Trainee	Center
Sarah Deery	Aarathi Minisandram	Maine Medical Center
Graham Roche-Nagle	Ben Li	Toronto General Hospital
Sara Zettervall	Blake Murphy	University of Washington Medical Center
Phil Goodney	Brianna Krafcik	Dartmouth Hitchcock Medical Center
Benjamin Brooke	Caronae Howell	The University of Arizona
Shihuan K Wang	Channa Blakely	UTMB Health
Danny Bertges	Christine Kariya	University of Vermont Medical Center
Adam Beck	Claire Motyl	University of Alabama Medical Center
Michael Murphy	Hanaa Dakour Aridi	IU Health - Methodist
Edward Gifford	Laura Healy	Hartford Hospital/University of Connecticut
Eleftherios Xenos	Lauren Grimsley	UK Healthcare
Kyla Bennett	Leah Gober	University of Wisconsin Hospitals and Clinics Authority
Karan Garg	Rae Rokosh	NYU Langone Health
Beau Hawkins	Razan Elsayed	OU Medical Center
Leila Mureebe	Roberto Loanzon	Duke University Health System
Nikoloas Zacharias	Srihari Kumar Lella	Massachusetts General Hospital

Trainee Program

SVS | VQI
In collaboration with NCDR®

- January 2023 - Next Trainee application and JLC Award Submission
- February 28, 2023 – Deadline for Trainee Applications and JLC Award Submissions
- March-April 15, 2023 – Review of Applicants and Scoring by SRC
- April 15-May 30, 2023 – Review and Ranking of JLC Award Submissions
- June 2023 – Announcement of FIT Trainees and JLC Awards
  - https://www.vqi.org/quality-fellowship-in-training-fit-program/

Participation Awards

SVS | VQI
In collaboration with NCDR®

2022 PARTICIPATION AWARDS PROGRAM

The four domains for the 2022 Participation Awards criteria:

Domain 1 – LTFU – 40% weighted
Domain 2 – Regional Meeting Attendance – 30% weighted
Domain 3 – QI Project – 20% weighted
Domain 4 – Registry Subscriptions – 10% weighted

The final score is calculated as follows:

Total points = 4 x LTFU score + 3 x Attendance score + 2 x QI score + 1 x registry score

Participation Points Update

SVS | VQI
In collaboration with NCDR®

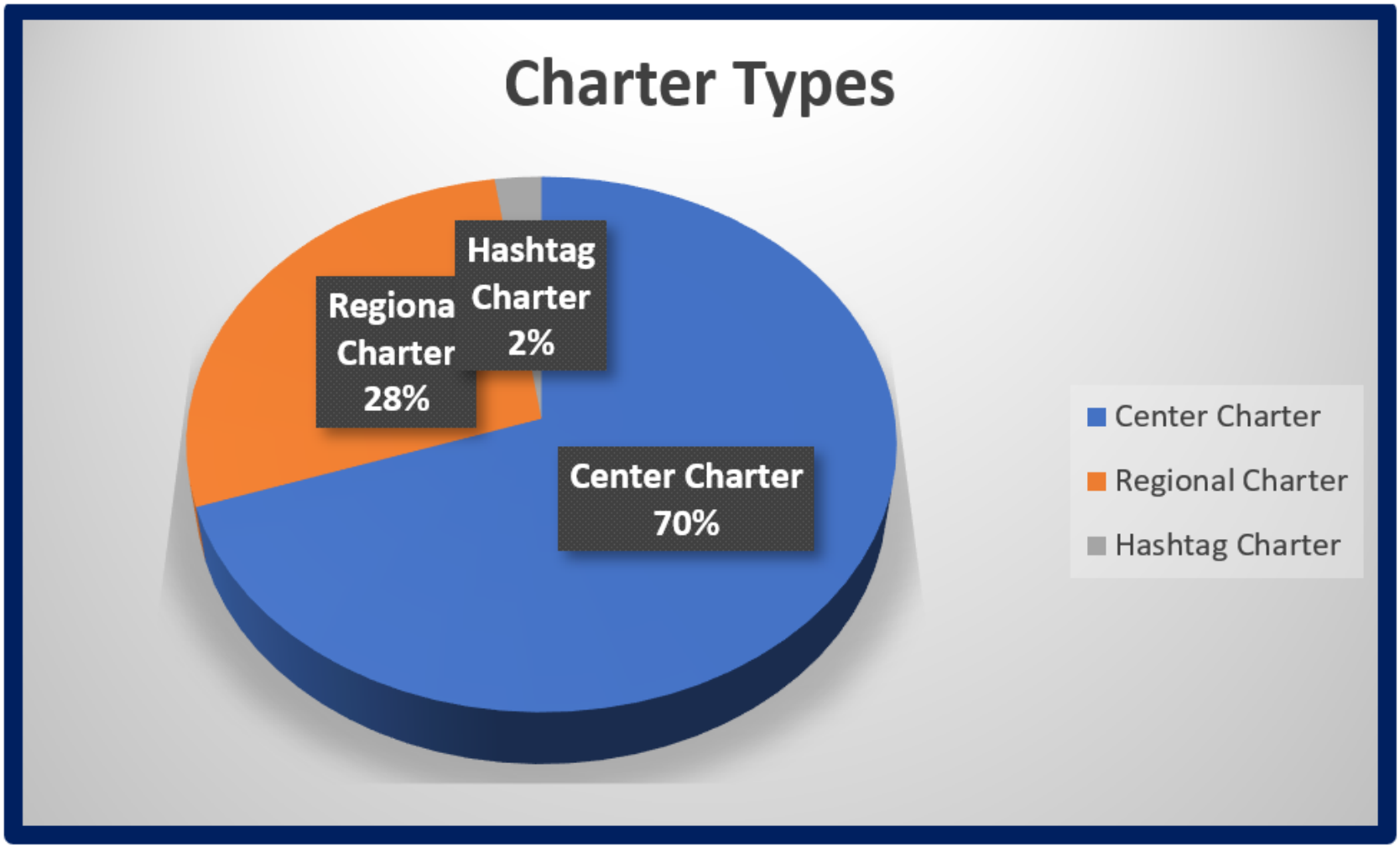
- **Domain – Regional Meeting attendance – 30% weighted**
- Credit will be given for remote attendance since virtual and hybrid meetings will be an option for the 2022 meetings due to the ongoing COVID pandemic.
- Each regional meeting will be scored on a 0–3-point scale:
  - For centers with 3 or more MDs, 1 point for each **MD attending**, up to a max of 3 points
  - If site has only 2 MDs and 1 **MD attends**, 2 points
  - If site has <3 MDs and all **MDs attend**, 3 points
  - **Support staff (Fellows, Residents, Physician Assistants, Nurse Practitioners, et. al., -those with an ACTIVE Pathways account) will receive a maximum of 1 point regardless of MD attendance. Ex – if 1, 3, or 5… support staff at a center attends a meeting, the center will get 1 point.**
  - Regional medical directors and regional lead data managers will each receive one additional point, for a maximum of 6 regional meeting attendance points.
  - **The host site will get 1 extra point this includes on-site and/or off-site).**

Quality Improvement Update

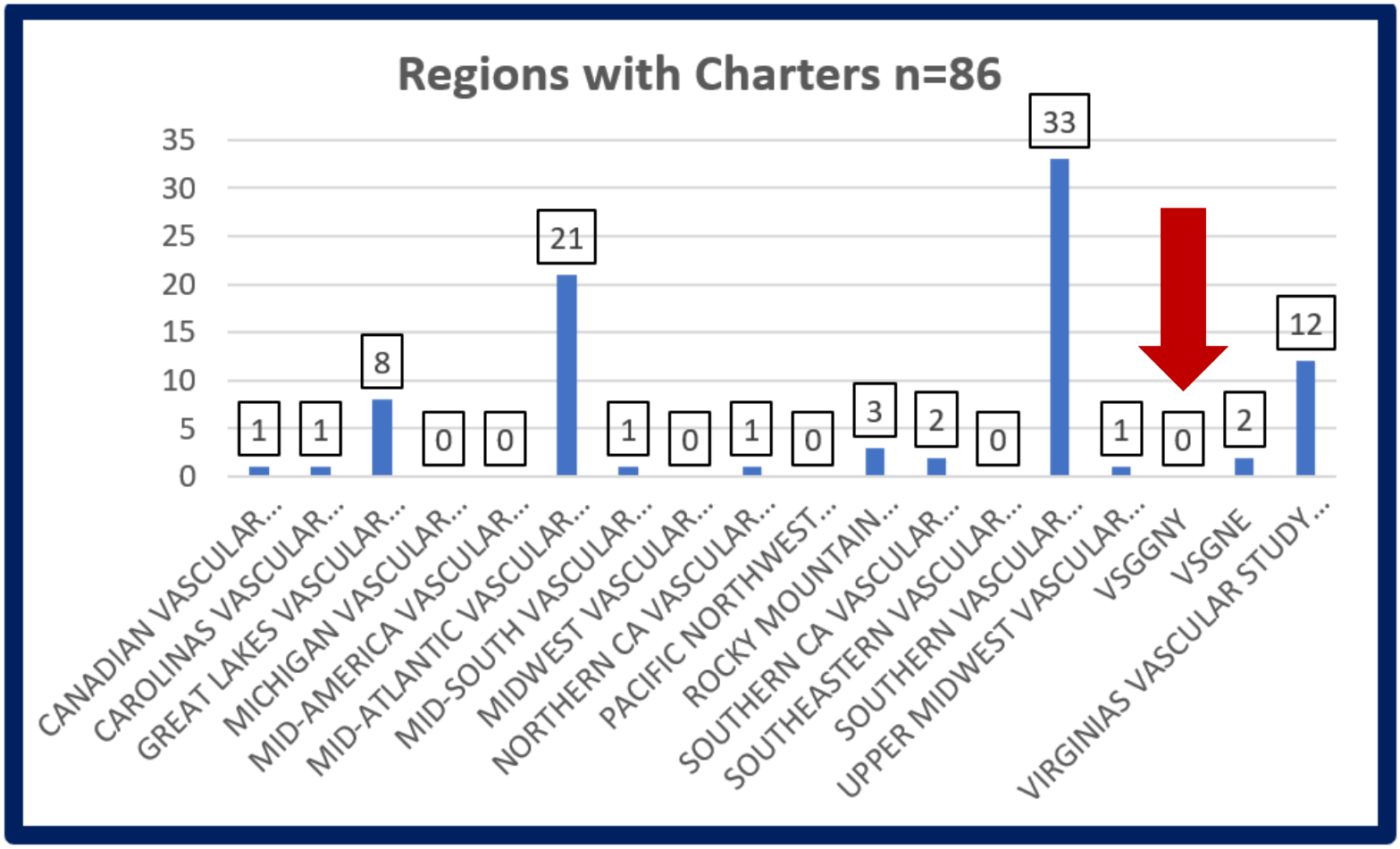
SVS | VQI
In collaboration with NCDR®

- QI Toolkits
  - LTFU to be developed
  - DM to be developed
- Monthly Newsletter
- Quarterly QI Webinars
- Quarterly Focus Charter Calls
- Quarterly Regional Lead Data Manager Calls
- 1:1 Meetings
- https://www.vqi.org/quality-improvement/

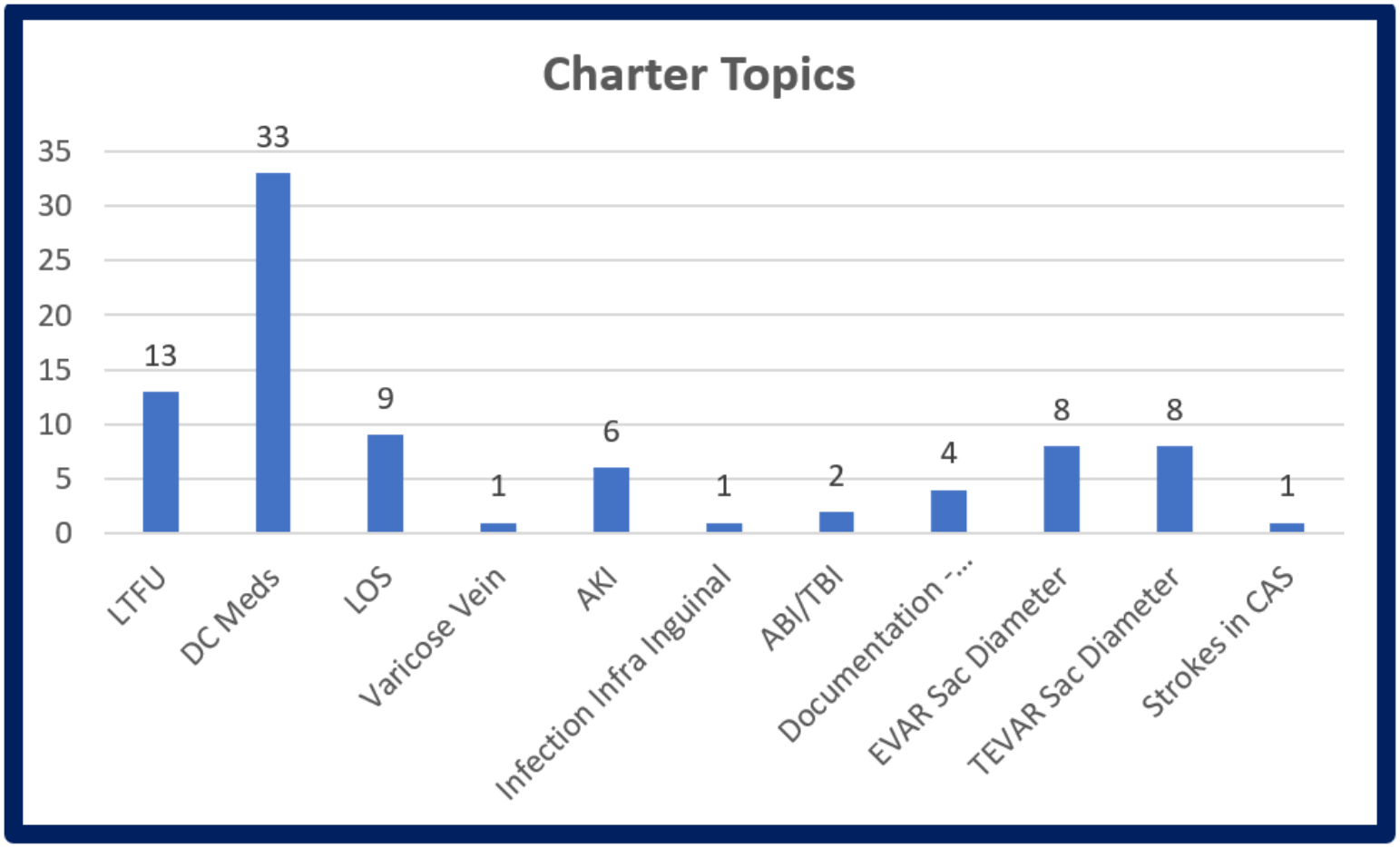
Charter Types 2022



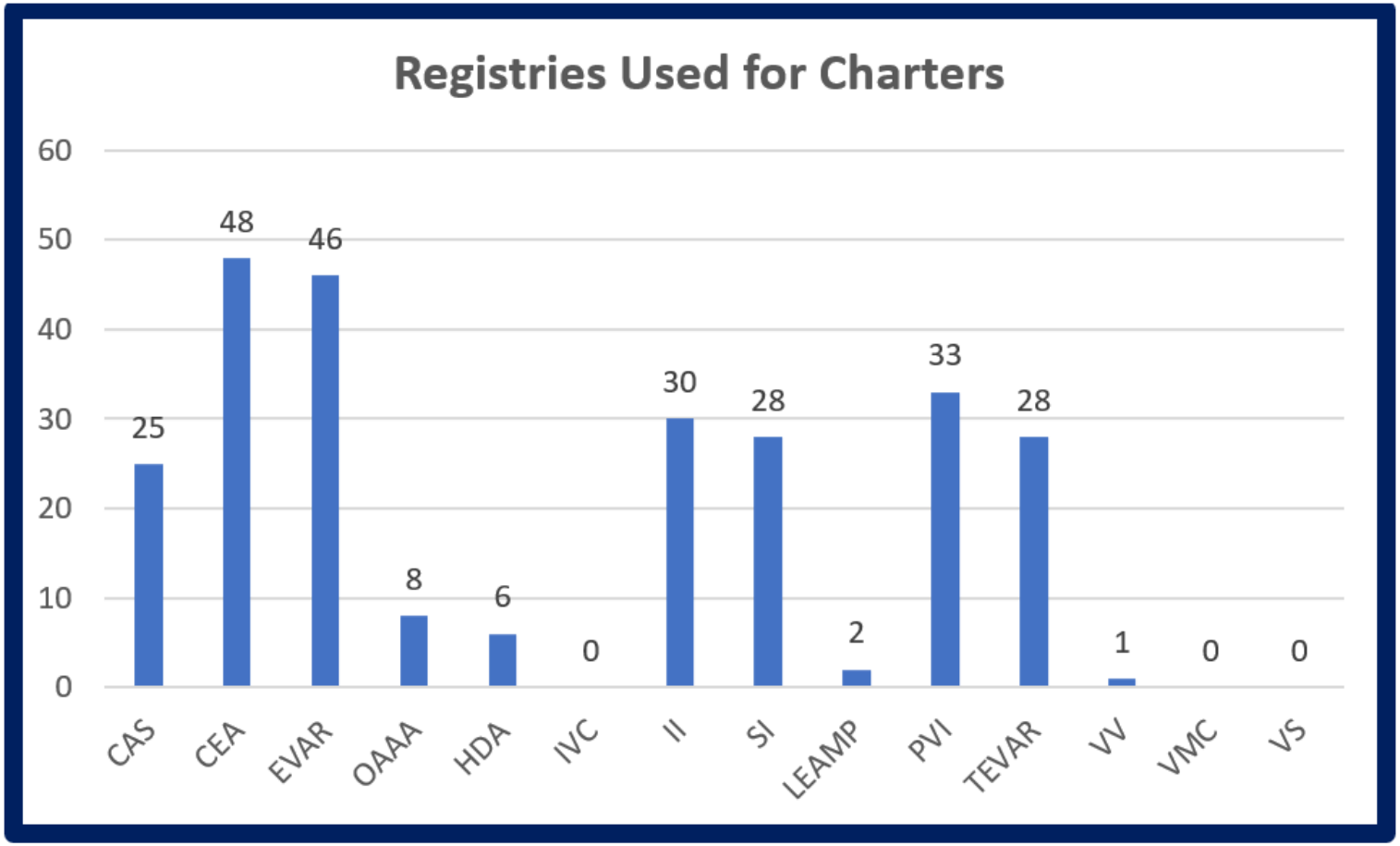
Regions with Charters



Charter Topics



Registries Used for Charters



Arterial Quality Council:

Igor Laskowski, MD

Fall 2022 AQC Update

SVS | VQI
In collaboration with NCDR®

- Every other month AQC meetings
  - Last meeting 9/12/2022
  - Next meeting 11/7/2022
- Approval for harmonization of Chronic Anticoagulation across arterial registries
- Review of the Infra/Supra major revisions
- Risk Calculator Update and integration
- Discussions for potential new National Quality Initiative – Smoking Cessation

Venous Quality Council:

Glenn Jacobowitz, MD

Fall 2022 VQC Update

SVS | VQI
In collaboration with NCDR®

- Quarterly VQC Meetings
  - Next meeting 11/13/2022; Hybrid at VEITH
  - Reviving of Venous Registry Committees

- AVF meeting
  February 23rd - 26th, 2023

Ideas for Venous Registry Specific Metrics:

- Anticoagulation after venous stents?
- C2 disease for varicose veins?
- IVC temporary filter retrieval ?
- IDEAS???

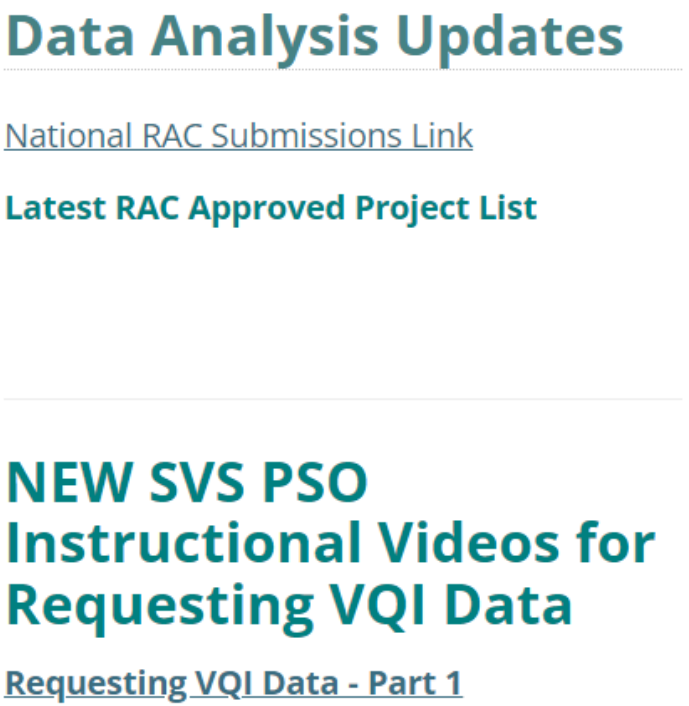
Arterial Research Advisory Council:

Richard Schutzer, MD

Arterial RAC Resources

SVS | VQI
In collaboration with NCDR®

- https://www.vqi.org/data-analysis/svs-pso-data-analysis-guidelines-use/



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Arterial RAC Schedule

December 2022

Call for Proposals – October 17, 2022

Submission Deadline – November 23, 2022

Meetings – December, 12, 2022

https://www.vqi.org/data-analysis/national-arterial-and-venous-rac-schedules/

Venous Research Advisory Council:

Mikel Sadek, MD

Submitting a Venous RAC Proposal

Presentation: How to Submit a Venous RAC Proposal (By Dr. Jaime Benarroch-Gampel)

National Venous RAC

SVS | VQI
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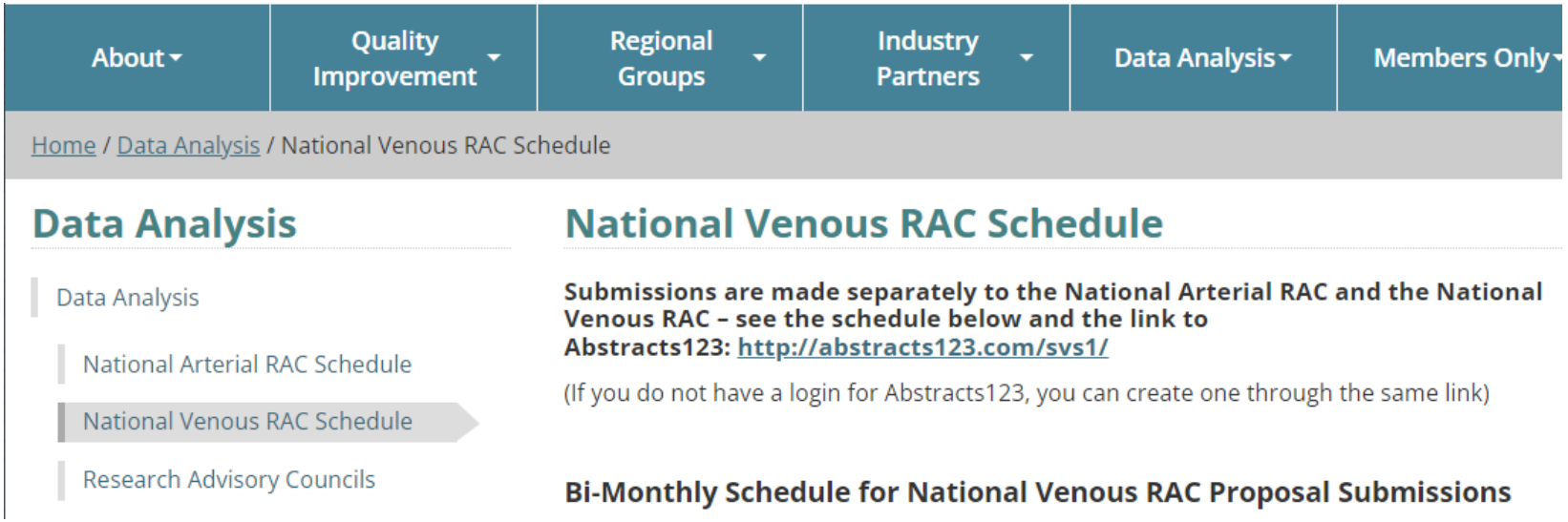
https://www.vqi.org/data-analysis/national-venous-rac-schedule/



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Governing Council:

Evan Lipsitz, MD

Fall 2022 GC Update

SVS | VQI
In collaboration with NCDR®

- Last meeting June 17, 2022
- Publicizing Registry Participation by Site Discussion
- Update on expansion of TCAR
  - Expanded coverage for Transcarotid Artery Revascularization (TCAR) to include standard surgical risk patients within the VQI TCAR Surveillance Project.
- Update on the addition of Cedaron as a VQI reseller
  - Software solution that automates data collection and validation at the point of care
- Continued discussion on PSO Risk Calculator
  - Will reside on the PSO Website w/ possible app for easier accessibility

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Updates for Fall 2022 VQI Regional Meeting

Technology

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Released in Q1 2022

- HDA Revision
  - Demographic Tab
    - GFR dependency modified
    - Hard stops removed from Hemoglobin and Creatinine fields to create commonalities across all registries
  - History Tab
    - Lower Extremity Tunneled Catheter and Other Access dependencies modified
    - Previous Left Type of Other CVD “Port-a-cath”, Current Right Other CVD “Port-a-cath” and Current Left Other CVD “Port-a-cath” modified to a generic name
  - Implement collection of balloon device data and atherectomy data via GUDID

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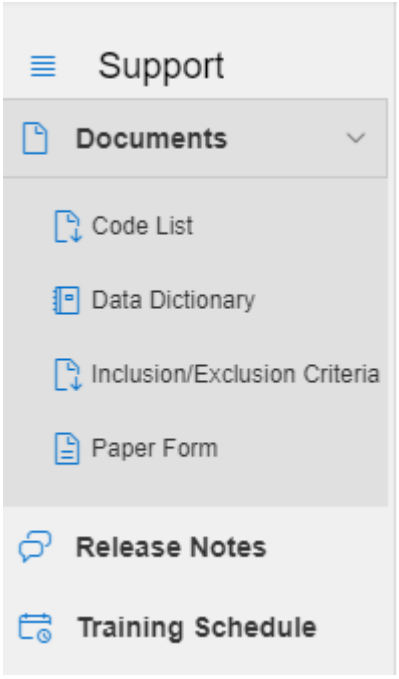
Released in Q1 2022

- Support Tab Enhancements
  - Added menu/navigation on left side for documents, release notes and training schedule
  - Added 30-Day Data Dictionary to dictionary capabilities



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Released in Q1 2022

- Customizable Data Download
  - Additional dates added to Date filter (Discharge Date, Created Date, Admit Date, Updated Date)
  - Added Data Download Label as default for column name
  - Added Record Status filter (both complete and incomplete, complete only, incomplete only)
  - Added Field Selection so users can choose only the desired fields

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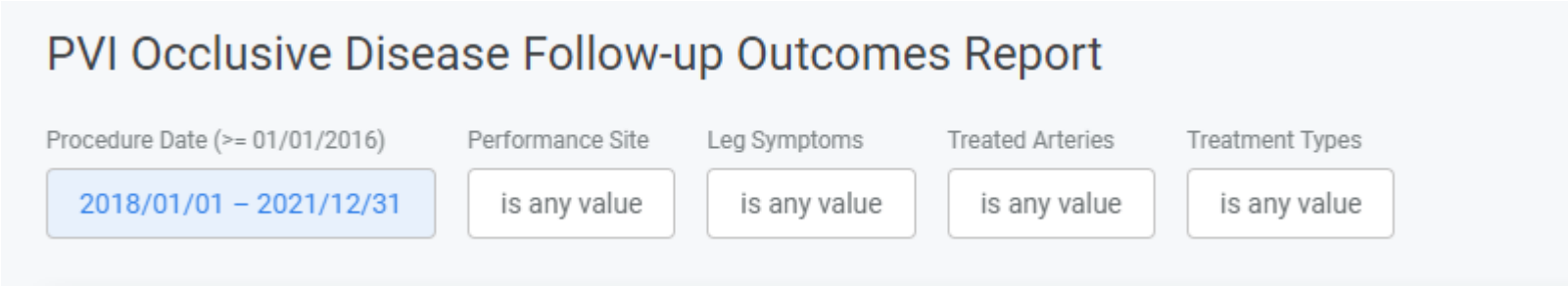
Released in Q2 2022

- PVI Follow-up Outcomes Report
  - A new 'Follow-up Outcomes Report' for the PVI registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.



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Released in Q2 2022

- Imaging Fields added to EVAR/TEVAR
  - Captures additional image guidance technologies used to reduce radiation from std fluoroscopy

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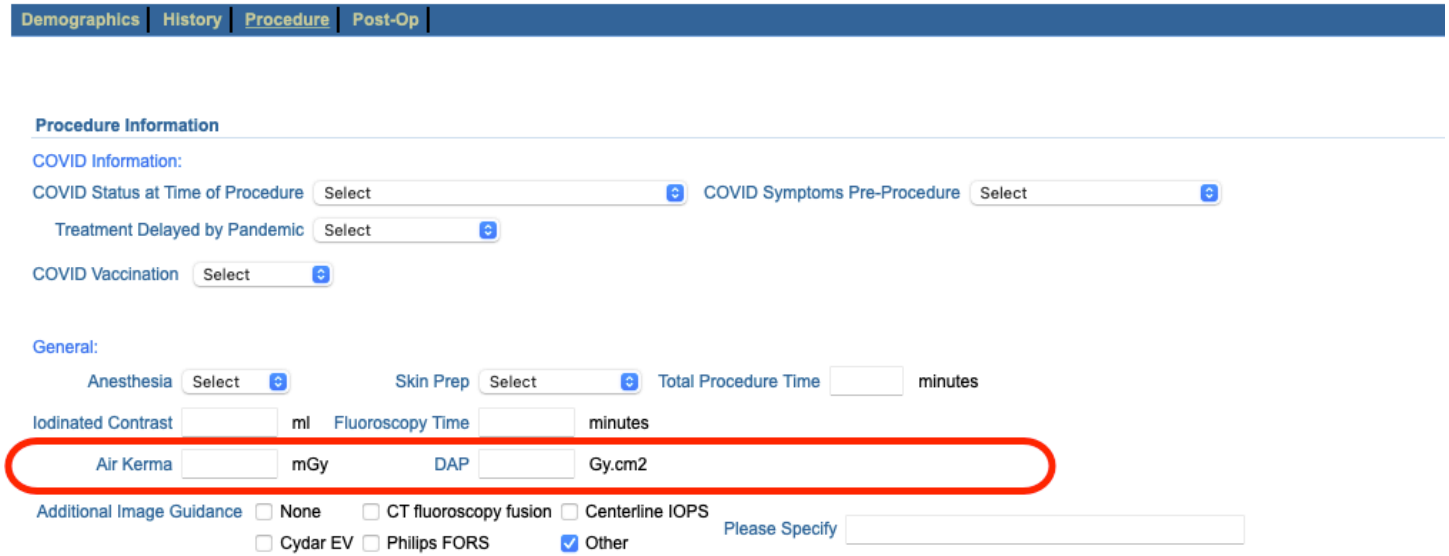
Released in Q2 2022

- Air Kerma and DAP Fields added to EVAR/TEVAR
  - Collection of Dose Area Product and Air Kerma to assess radiation risk from diagnostic x-ray and interventional procedures



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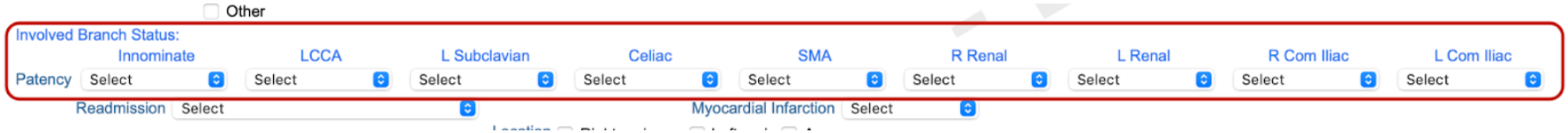
Released Q2 2022

- Modified TEVAR LTF Patency Branch Fields
  - Collect FWP branches' patency fields in standard TEVAR Follow-up records to assess the status of the branch after treatment



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PATHWAYS Support

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PATHWAYS Support

Claims Validation

The annual claims validation process is intended to ensure that all eligible cases have been captured in the registry and is a requirement of participation in the VQI. This process is a key component of VQI's efforts to make certain registry data reflects real world evidence.

The **2021** Claims Validation process was launched in July 2022.

- Centers are notified via email with a request to provide the contact information for the individual responsible for completing the audit.
- The **deadline** to finish is **November 4, 2022.**
- **PATHWAYS** Support is here to help you. Please reach out if your center was selected to participate in the audit and you need assistance.

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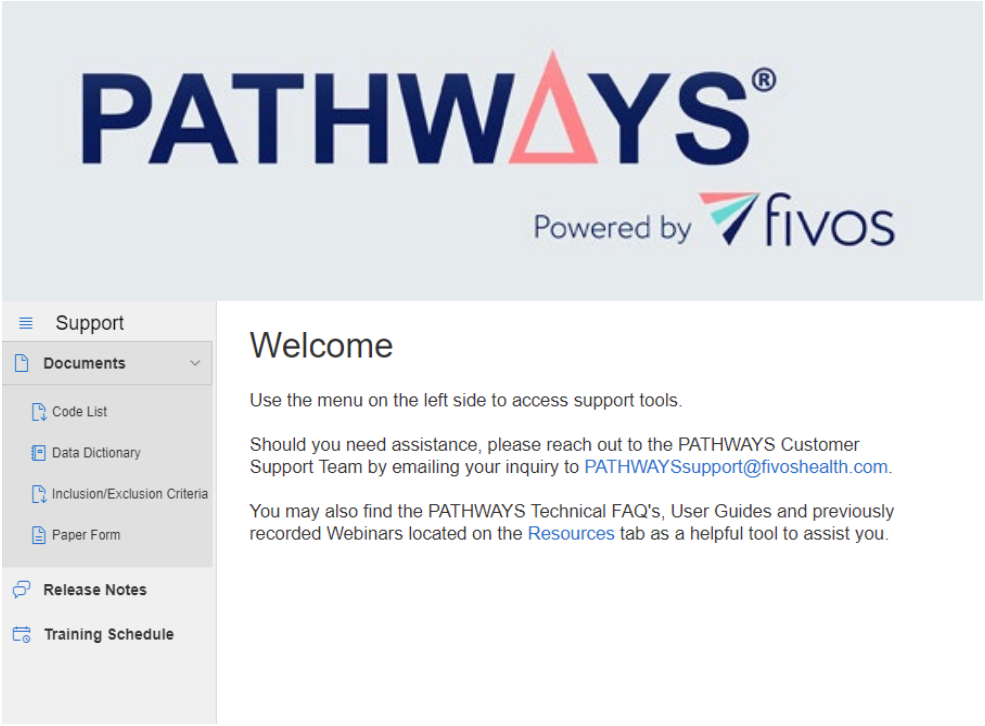
PATHWAYS Support

What's coming up?

Explore the PATHWAYS Support tab



Training Schedule

List of upcoming training opportunities and registration links for new staff and experienced abstractors.

New Report Training opportunities

Please look for a new Report Training opportunity to be available in Q4. We want to make sure you are using all the tools available to you!

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PATHWAYS Support - Tips & Tricks

Help us help you…

- To avoid confusion and expedite resolution, please include detailed information in emails to the PATHWAYS Support team, including:
  - The registry name and specifics of the field in question (if applicable)
  - Center name and phone number, in case we need to contact you (For those of you in multiple centers, it is helpful for us to know which center you are working with.)
- Remember to submit your cases often. Don’t get caught trying to scramble to get multiple cases entered immediately prior to a reporting deadline!
- Periodically review the User and Permissions Report (*PATHWAYS/Data Management/Tools*) to confirm user access and contact details.

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PATHWAYS Support

Coming Soon

The Support Team continues to work on enhanced tools and training opportunities for new and existing PATHWAYS users to learn more about PATHWAYS functionality.

Be sure to read PATHWAYS notifications announcing important updates via email by asking your IT department to white list “fivoshealth.com”

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Registry Projects

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SVS Post-Market Surveillance Projects

- These projects are conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Medtronic/BARD/Cook/Gore or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.

- Sites must follow their institutional guidelines.

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TEVAR Dissection Surveillance Project

- The SVS PSO is excited to announce the continuation of the TEVAR Dissection Surveillance Project to evaluate the Cook Zenith Dissection Endovascular System. FDA approval was granted for this device after safety and effectiveness were demonstrated in pre-market studies of complicated dissection with the proviso that the efficacy of TEVAR treatment of descending aortic dissection would be more fully analyzed through post-market surveillance, as was done through VQI for the W. L. Gore and Medtronic devices after their approval.
- Patients will have 30 day, and annual visits for 5 years.
- Total reimbursement of $4,000 per patient for a patient followed annually for 5 years

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TEVAR Dissection Surveillance Project

- 88 of the 180 required patients enrolled (48 potential cases in process)
- Retrospective enrollment allowed- All eligible cases from December 31, 2018 (protocol FDA approval date)
- 34 30-Day visits completed, 18 1-year follow-up visits completed and 1 2-year follow-up visit completed
- All 40 sites enrolled (4 in contracting and 36 trained)
- This project is conducted within the SVS PSO and only non-identifiable data (removal of patient, center and physician information) will be provided to Cook or the FDA. Only standard of care practice is being evaluated. For such PSO activities, patient informed consent and Institutional Review Board review are not required.

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TEVAR Dissection Surveillance Project

TEVAR Dissection Surveillance
5 Year Project Gore and Medtronic Arm

- Initiated in October 2014, the TEVAR Dissection Surveillance Project Arm evaluates the W.L. Gore and Medtronic devices for treatment of Type B thoracic dissections.
- Meeting FDA requirement
  - 194 chronic and 200 acute patients with device technical success
- Currently in 5-year follow-up phase

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2023 Spring Regional Meeting

SVS | VQI
In collaboration with NCDR®

- Date
- Location

SVS | Society for Vascular Surgery | American Venous Forum | fivos | Society for Vascular Medicine | VASA | SVU

Meeting Attendance Credit

SVS | VQI
In collaboration with NCDR®

REMEMBER TO PSO:

- **PUT your FULL NAME in Zoom to get credit for attendance and CME/CE credit (no exceptions will be made)**
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