

# Vascular Study Group of Greater New York - VSGGNY

Thursday, June 15, 2023

5:00 PM – 7:30 PM Eastern Time

Gaylord Resort & Convention Center –  
National Harbor, MD

Hybrid

# Meeting Attendance Credit

**Before we get started...**

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

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

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



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

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

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

# Agenda – VSGGNY- June 15, 2023

Time	Topic	CE Credit
5:00 pm	<p>Welcome</p> <p>Regional Data Review –Michael Stoner, MD, VSGGNY Associate Medical Director</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> <li>• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</li> <li>• Interpret and compare each centers’ VQI results to regional and national benchmarked data.</li> <li>• 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.</li> <li>• 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.</li> </ul>	Yes
6:00 pm	<p>Regional QI Proposal –Michael Stoner, MD, VSGGNY Associate Medical Director</p> <p>Learning Objectives:</p> <ul style="list-style-type: none"> <li>• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</li> <li>• Interpret and compare each centers’ VQI results to regional and national benchmarked data.</li> <li>• 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.</li> <li>• 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.</li> </ul>	Yes

# Agenda (con't)

Time	Topic	CE Credit
6:30 pm	Break	No
6:35 pm	National VQI Update – Betsy Wymer, DNP, RN, CV-BC, PSO Quality Director Learning Objectives: <ul style="list-style-type: none"> <li>• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</li> <li>• 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.</li> </ul>	Yes
7:05 pm	AQC Update –Igor Laskowski, MD	No
7:10 pm	VQC Update –Glenn Jacobowitz, MD	No
7:15 pm	RAC Update – Arterial: Richard Schutzer, MD Venous: Michael Sadek, MD	No
	Governing Council Update –Betsy Wymer, PSO Quality Director	No
7:25 pm	Case Presentations Stacey Esposito and Dr. Michael Stoner – 30 Day Readmission - Adding Value with VQI	No
7:30 pm	Open Discussion/Next Meeting/Meeting Evaluation	No

- **Relevant to the content of this educational activity, the following individual(s) have conflict(s) with ineligible companies to disclose. The accredited provider has mitigated all relationships.**

Michael Stoner, MD - Regional Planning Committee Member and Moderator  
Consultant: Silk Road Medical

# Welcome and Introductions

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 - Brooklyn**  
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 of Rochester Medical Center  
Upstate University Medical Center

Vassar Brothers Medical Center  
Weill Cornell University Medical Center  
Westchester Medical Center  
White Plains Hospital

# Region Volume Appendix

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
<b>Procedure Volume</b>	9258	40	32			
<b>Procedure Volume, All Years</b>	83113	45	42			
<b>Long-Term Follow-up</b>	8368	38	29			
<b>Discharge Medications</b>	6514	40	31			
<b>Preop Smoking</b>	5598	39	28			
<b>Smoking Cessation</b>	1259	29	22			
<b>TFEM CAS ASYMP: Stroke/Death</b>	131	17	3	125	16	3
<b>TFEM CAS SYMP: Stroke/Death</b>	188	14	6	182	14	5
<b>TCAR ASYMP: Stroke/Death</b>	340	32	13	329	32	12
<b>TCAR SYMP: Stroke/Death</b>	124	30	2	117	29	2
<b>CEA ASYMP: Stroke/Death</b>	460	19	15	425	19	15
<b>CEA ASYMP: Postop LOS&gt;1 Day</b>	459	19	15	424	19	15
<b>CEA SYMP: Stroke/Death</b>	141	17	5	137	17	5
<b>CEA SYMP: Postop LOS&gt;1 Day</b>	140	17	5	136	17	5
<b>EVAR: Postop LOS&gt;2 Days</b>	422	17	16	399	17	16
<b>EVAR: Sac Diameter Reporting</b>	401	16	15			
<b>EVAR: SVS AAA Diameter Guideline</b>	377	17	14			
<b>TEVAR: Sac Diameter Reporting</b>	89	13	4			
<b>OAAA: In-Hospital Mortality</b>	126	12	6	119	12	5
<b>OAAA: SVS Cell-Saver Guideline</b>	112	12	5			
<b>OAAA: SVS Iliac Inflow Guideline</b>	133	12	6			
<b>PVI CLAUD: ABI/Toe Pressure</b>	1189	21	17			
<b>INFRA CLTI: Major Complications</b>	336	16	12			
<b>SUPRA CLTI: Major Complications</b>	73	12	2			
<b>LEAMP: Postop Complications</b>	388	7	7			
<b>HDA: Primary AVF vs. Graft</b>	500	12	11			
<b>HDA: Ultrasound Vein Mapping</b>	577	12	11			
<b>HDA: Postop Complications</b>	577	12	11			
<b>IVCF: Filter Retrieval Reporting</b>	151	9	5			

The VQI Regional Quality Report is produced semiannually to provide centers and regions targeted, comparative results and benchmarks for a variety of procedures, process measures and postoperative outcomes.

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

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

**Spring 2023 Regional Data Slides**



Andrey Churkin

VSGGNY Regional Lead Data Manager

## Current Quality Improvement Charters - 2023

Charter Topic	Lead	Email Address	Surgeon Champion
Dot Phrase - EPIC	Sora Park	Park, Sora <sop9040@nyp.org>	Dr. Rajeev Dayal
DC Med	Sora Park	Park, Sora <sop9040@nyp.org>	: Dr. Jing Li

- Discussion for possible QI projects
  - Regional LOS Charter
  - Sandy Su
    - DVT/VTE/PE after PVIs
    - Hashtag Project
- Presentation by Stacey Esposito and Dr. Stoner
  - 30 Day Readmission – Adding Value with VQI

# Benefits to making 30 day follow-ups required

- More accurately capture complications after discharge/use of LTFU form for complications prior to 9 mos.
- Track and trend unplanned readmissions
- Identifying the reason for unplanned readmissions
  - Surgical site infection
  - Wound complication
  - Cardiac complication
  - Vascular complication
  - VTE complication
  - Respiratory complication
  - CNS complication
  - Renal complication
  - GI complication
  - Other
- Use data to identify at risk patient populations (big one for us-CLI patients) and what brings them back
- Benchmark against Region and VQI
  - See procedure specific readmission data
  - Identify high performers in Region and share Best Practices in Regional Meetings

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THE HIGHEST ORDER



## 30 Day Follow-up Information

### General Information

# Date of Contact   Contact By  ▼

Current Living Status  ▼

### COVID Information

COVID Test Status after D/C  ▼

### Admission within 30-Days of Discharge

Admission Since Procedure  ▼

### Comments

-Only 5 additional variables to collect if there is NO readmission within 30 days.


82 of 2000

**NOTE:** All follow-up data should be from a readmission within 30-days post discharge. Do not include data or sequelae that occurred during the previous admission.


### 30 Day Follow-up Information

#### General Information

\* Date of Contact   Contact By  

Current Living Status  

#### COVID Information

COVID Test Status after D/C  

#### Admission within 30-Days of Discharge

Admission Since Procedure   Admission Location   Admission Date  

Primary Reason for Admission  

Vascular Complication  Treated artery thrombosis  Distal artery embolization  Bleeding  Swelling w/o DVT  Other

Re-intervention/Re-operation related to primary procedure  

**Please complete a Long Term Follow-up form to capture details of the event.**

#### Comments

If there is a readmission, 10 additional variables are collected (instead of 5) with a prompt to collect a long term follow-up form to capture the details.

This will help to capture complications that are often missed by long term follow ups completed 9-21 months postoperatively.

284 of 2000

**NOTE:** All follow-up data should be from a readmission within 30-days post discharge. Do not include data or sequelae that occurred during the previous admission.

### 30 Day Follow-up Information

#### General Information

\* Date of Contact   Contact By

Current Living Status

#### COVID Information

COVID Test Status after D/C

#### Admission within 30-Days of Discharge

Admission Since Procedure   Admission Location   Admission Date

Primary Reason for Admission

Surgical Site Infection

Re-intervention/Re-operation related to primary procedure

Please complete a Long Term Follow-up form to capture details of the event.

#### Comments

# Invitation to Participate in the Pilot

- Historically, SVS PSO only collected one year follow-up data, but due to interest by VQI membership, an optional 30-day follow-up form was added.
- This is an SVS Supporting Pilot to collect 30 day follow-ups for the VQI Registries your center participates in.
- This project could be used as charter for your center to receive participation points towards the VQI participation awards.
- To join the 30D Pilot project or for more information please email **Stacey Esposito:**  
**[Stacey\\_Esposito@URMC.Rochester.edu](mailto:Stacey_Esposito@URMC.Rochester.edu)**

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# Current list of sites interested in the Pilot Project

Medical Center Name
Providence Sacred Heart Medical Center
Toronto General Hospital
St. Luke's Hospital - Bethlehem Campus
Peripheral Vascular Associates
MercyOne Des Moines Medical Center
Froedtert Health
Wake Forest University Baptist Health Medical Center
University of Kansas Hospital Authority
Saint Luke's Hospital of Kansas City
Salem Health
UnityPoint Health - Meriter Hospital
Aspirus Wausau Hospital, Inc.
UPMC Pinnacle Harrisburg
University of Mississippi Medical Center
Main Line Health's subsidiary, Main Line Hospitals, Inc. - Lankenau Medical Center
Vassar Brothers Medical Center
University of Rochester Medical Center

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**ROCHESTER**  
MEDICAL CENTER

To view the presentation slides please scan:



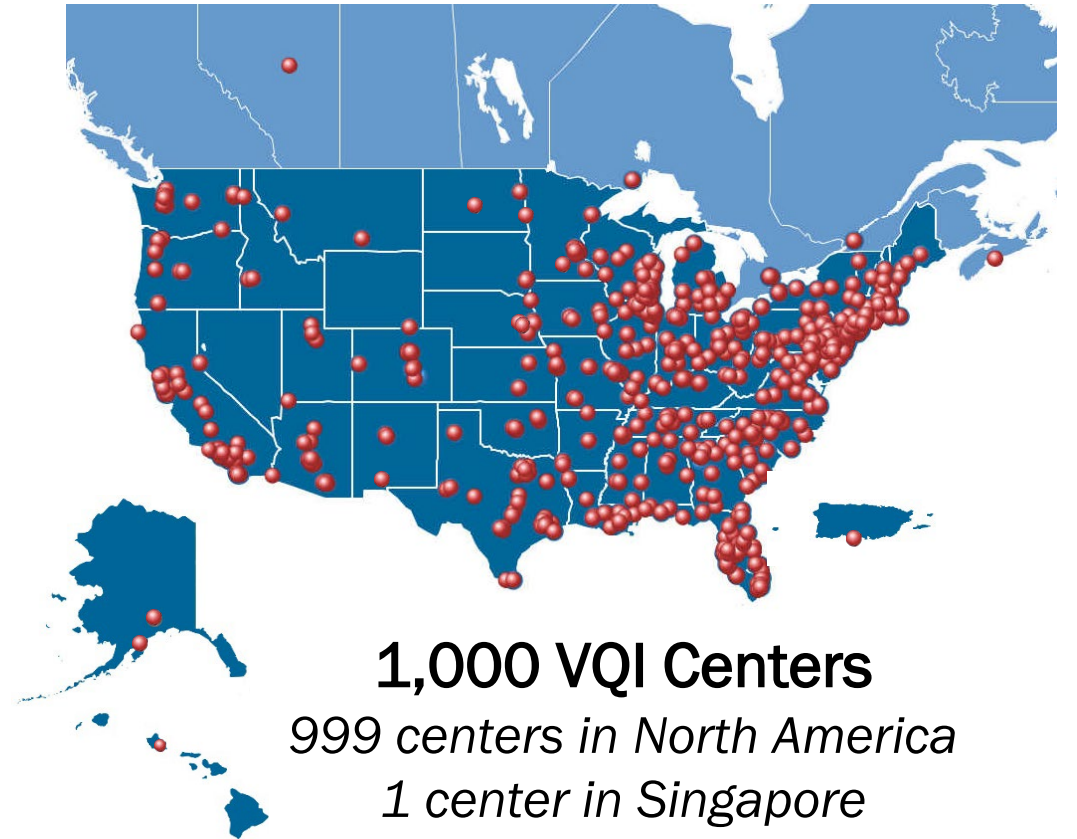
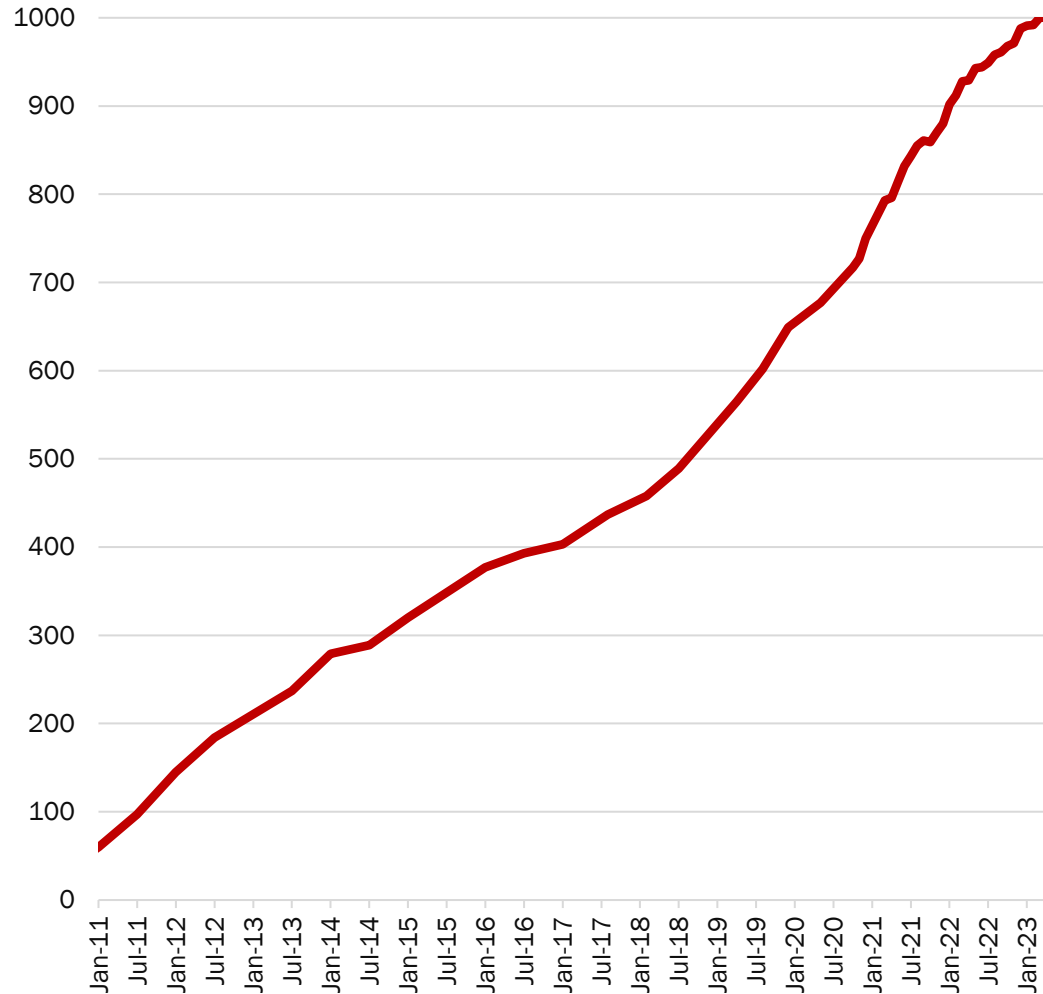
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# National VQI Update

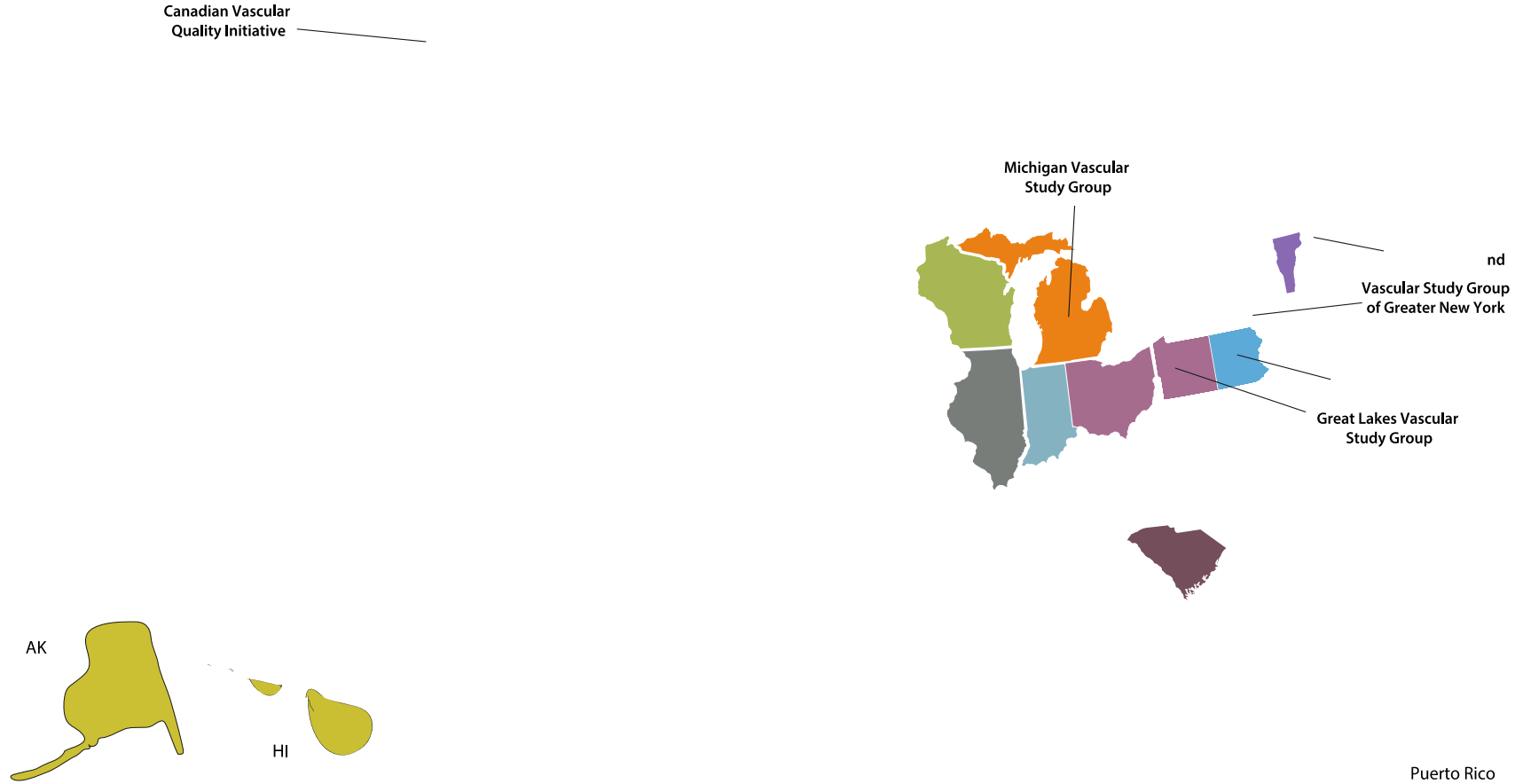
Betsy Wymer, DNP, CV-BC  
PSO Quality Director

# VQI Participation – Growth & Distribution



# 18 Regional Quality Groups

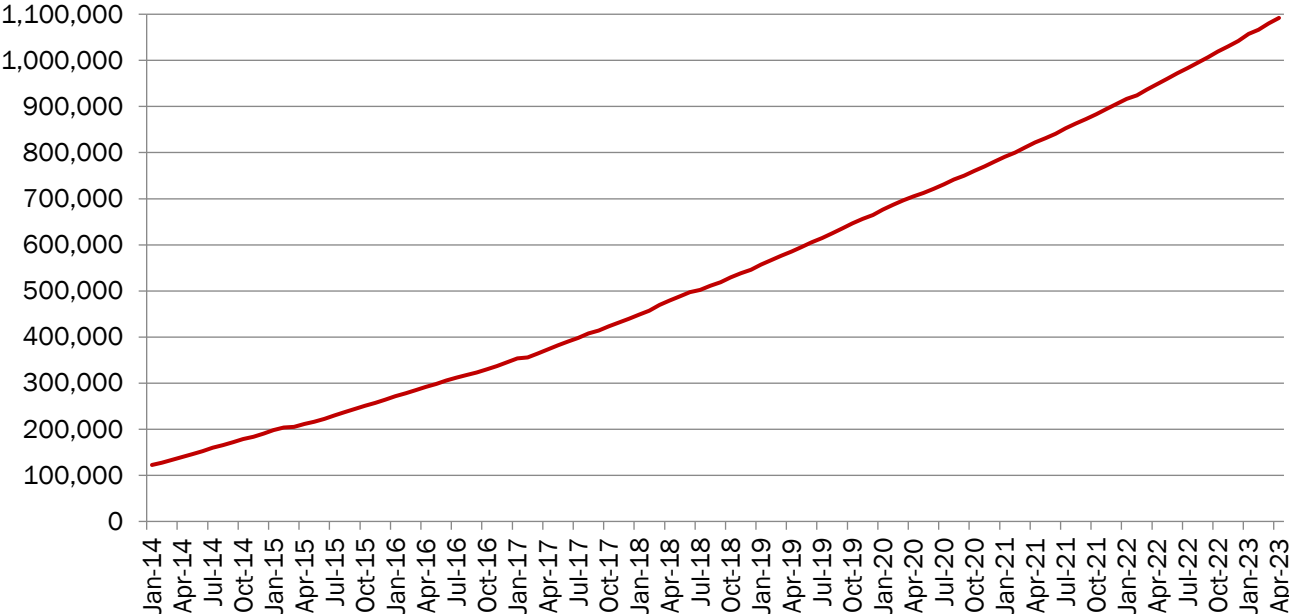
## 18 Regional Quality Groups



# Procedures Captured

TOTAL PROCEDURES CAPTURED (as of 5/1/2023)		1,092,096
Peripheral Vascular Intervention		377,562
Carotid Endarterectomy		193,672
Infra-Inguinal Bypass		81,662
Endovascular AAA Repair		80,821
Hemodialysis Access		76,936
Carotid Artery Stent		98,364
Varicose Vein		61,706
Supra-Inguinal Bypass		26,070
Thoracic and Complex EVAR		29,084
Lower Extremity Amputations		28,598
IVC Filter		18,357
Open AAA Repair		17,850
Vascular Medicine Consult		1,236
Venous Stent		178

VQI Total Procedure Volume



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

[https://www.compusystems.com/servlet/ar?evt\\_uid=805](https://www.compusystems.com/servlet/ar?evt_uid=805)



**2023 Vascular Annual Meeting™**  
National Harbor, MD • June 14-17

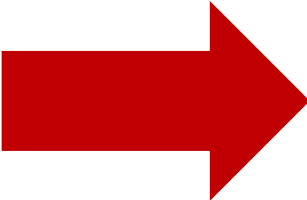
**SVS** Society for Vascular Surgery

**SVS** Society for Vascular Surgery  
SVS Member Username/Password Help - Contact SVS Membership Department at 800-258-7188 or 312-334-2300. Non-Member and VQI Registrants are required to create an account.  
Registration categories are auto assigned based on current membership status.  
Pay lapsed dues online at [www.vascular.org](http://www.vascular.org) to obtain member registration rates.  
Start New SVS Registration

**SVN** SOCIETY OF VASCULAR NURSING  
EMPOWERING NURSES THROUGH EDUCATION & COLLABORATION  
Registration categories are auto assigned based on current membership status.  
Pay lapsed dues online to obtain membership rates.  
Please allow up to 72 hours for payment to be applied.  
Start New SVN Registration

**SVS | VQI**  
In collaboration with NCDR®  
VQI Annual Meeting  
Registration allows for admission to VQI ONLY.  
Start New VQI Registration

**RPVI**  
RPVI Course  
Registration allows for admission to RPVI ONLY.  
Start New RPVI Registration



# A Brand New VQI.org!



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

BEGIN YOUR SEARCH HERE.

Enter keyword or term to search...



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

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



## Jeff Yoder – Statistician

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



## Top Responsibilities:

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

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



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



- In partnership with the American College of Surgeons
- Inpatient launch late March, Outpatient launch June
- Standards derived by SVS members; program is used to measure compliance w/standards
- Six National Quality Strategies to align organizational functions to drive improvement based on the aims & priorities of the Agency for Healthcare Research and Quality (AHRQ):
  - Measurement & feedback w/ required registry participation
  - Certification, accreditation, & regulation w/required facility regulation
  - Consumer incentives & benefit designs with thorough discussion of treatment options and consent
  - Health information technology, working with outside software for continuation of care
  - Innovation & diffusion with research
  - Work force development w/ the capability of resident training

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

Visit [VQI.org](https://www.vqi.org) for a full listing of all Educational video offerings

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

## REGISTRY EDUCATION WEBINARS

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



## Venous Stent Registry and Vascular Medicine Consult Registry Free Trial

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

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

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

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

Or email [vqi@fivoshealth.com](mailto:vqi@fivoshealth.com) to contact an account executive.

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

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



# Regional Meeting CME/CE Credit



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



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



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



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



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



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

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

## REMEMBER TO PSO:



- **P**UT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)
- **S**END an email to [ljohnson@svspso.org](mailto:ljohnson@svspso.org) with names of group members that are sharing 1 device
- **O**FFICIALLY apply for CME/CE credit by clicking the URL or QR code provided here:  
[https://dmu.co1.qualtrics.com/jfe/form/SV\\_bkYhHjFw5MaQ9sa](https://dmu.co1.qualtrics.com/jfe/form/SV_bkYhHjFw5MaQ9sa)

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**

# Participation Award Results



NYU Langone Medical Center  
Stony Brook University Medical  
Center  
University of Rochester Medical  
Center



Columbia University Irving Medical  
Center  
Maimonides Medical Center  
Montefiore Medical Center  
Queens  
St. Luke's Campus  
St. Peter's Hospital  
Upstate University Medical Center  
Weill Cornell University Medical Center



Brooklyn Methodist Hospital  
Catholic Health Mercy Hospital of  
Buffalo  
Danbury Hospital  
Long Island Jewish Medical Center  
North Shore University Hospital  
Norwalk Hospital  
Westchester Medical Center


**Congratulations!**

# Quality Improvement Update Spring 2023



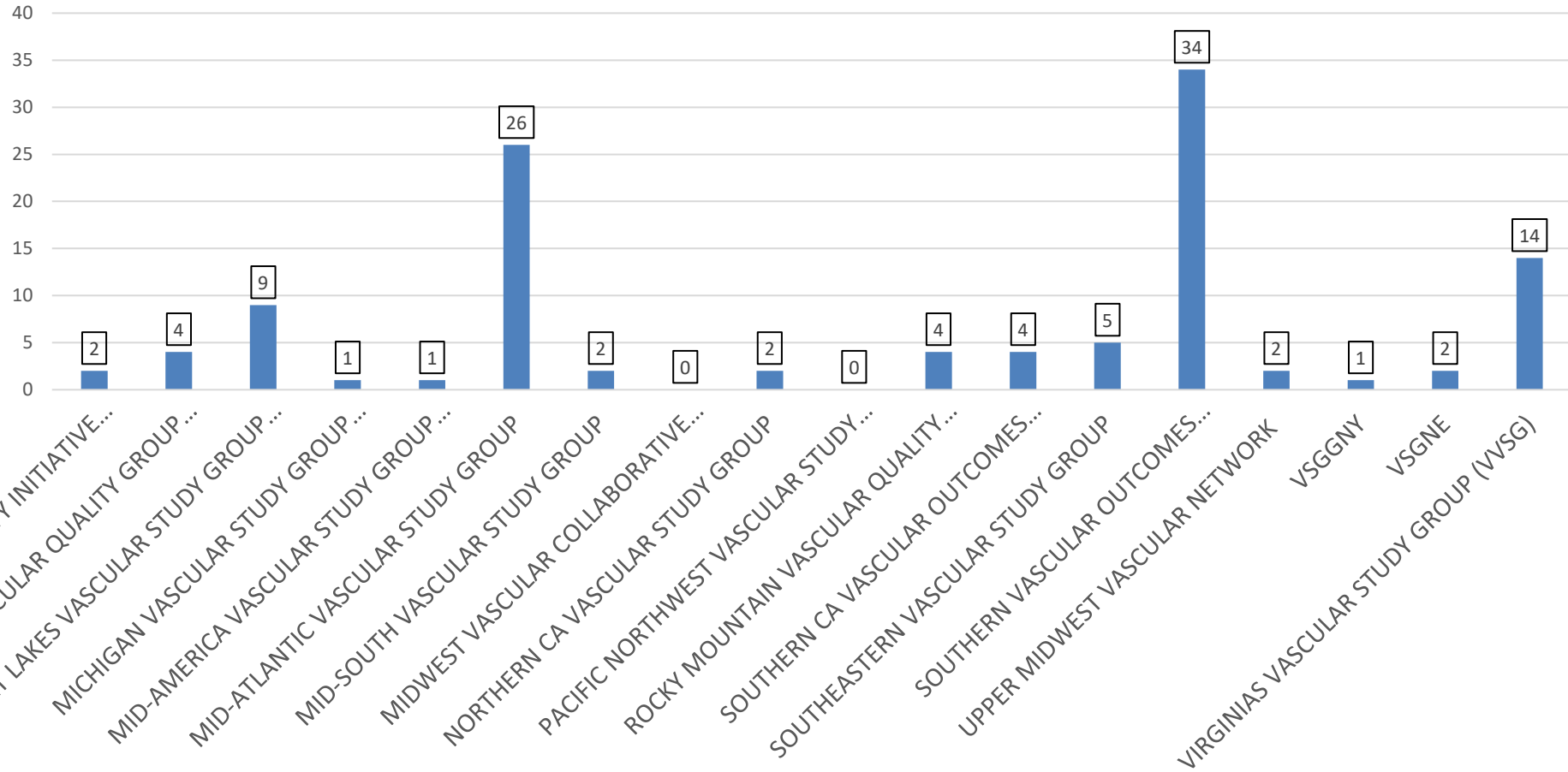
# Quality Improvement – Participation Awards

The following is a list of the four domains for the 2023 Participation Awards criteria:

- **Domain 1 – LTFU – 40% weighted**
- **Domain 2 – Regional Meeting Attendance – 30% weighted**
- **Domain 3 – QI Project – 25% weighted** 
- **Domain 4 – Registry Subscriptions – 5% weighted** 

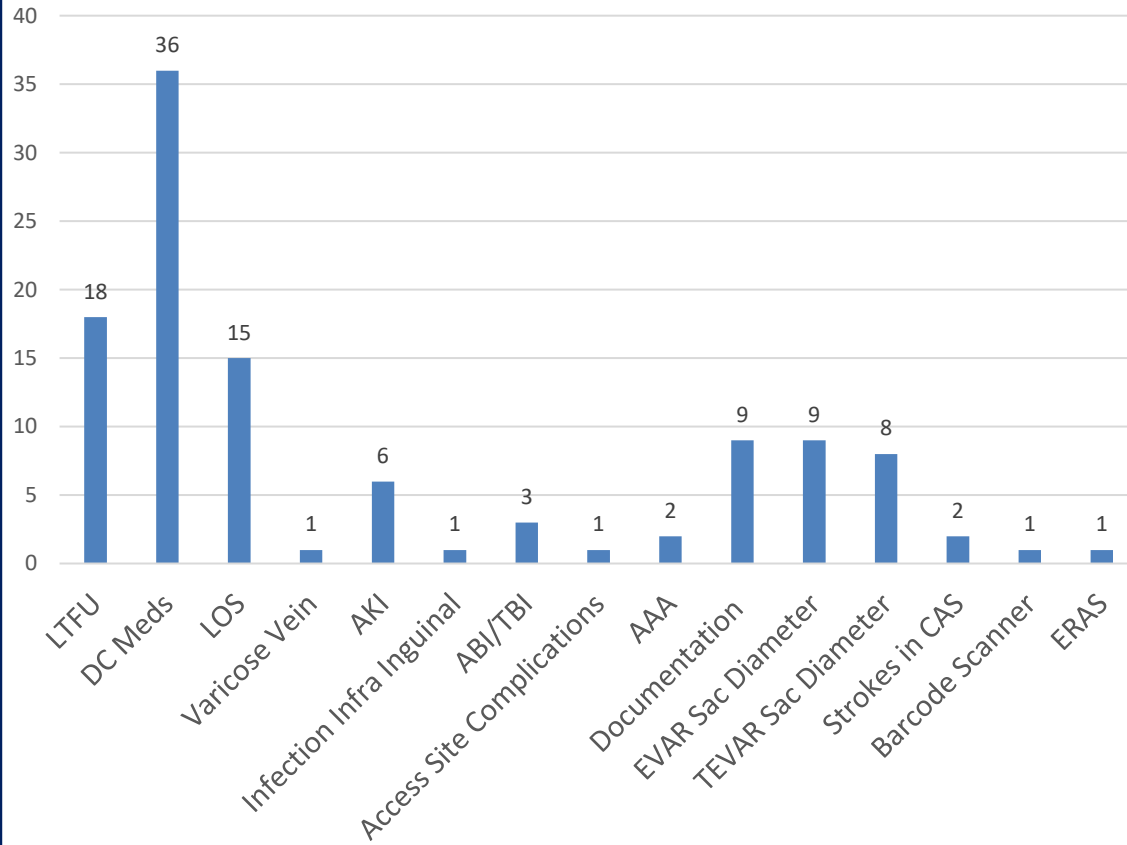
<https://www.vqi.org/quality-improvement/participation-awards/>

### Regions with Charters n=113

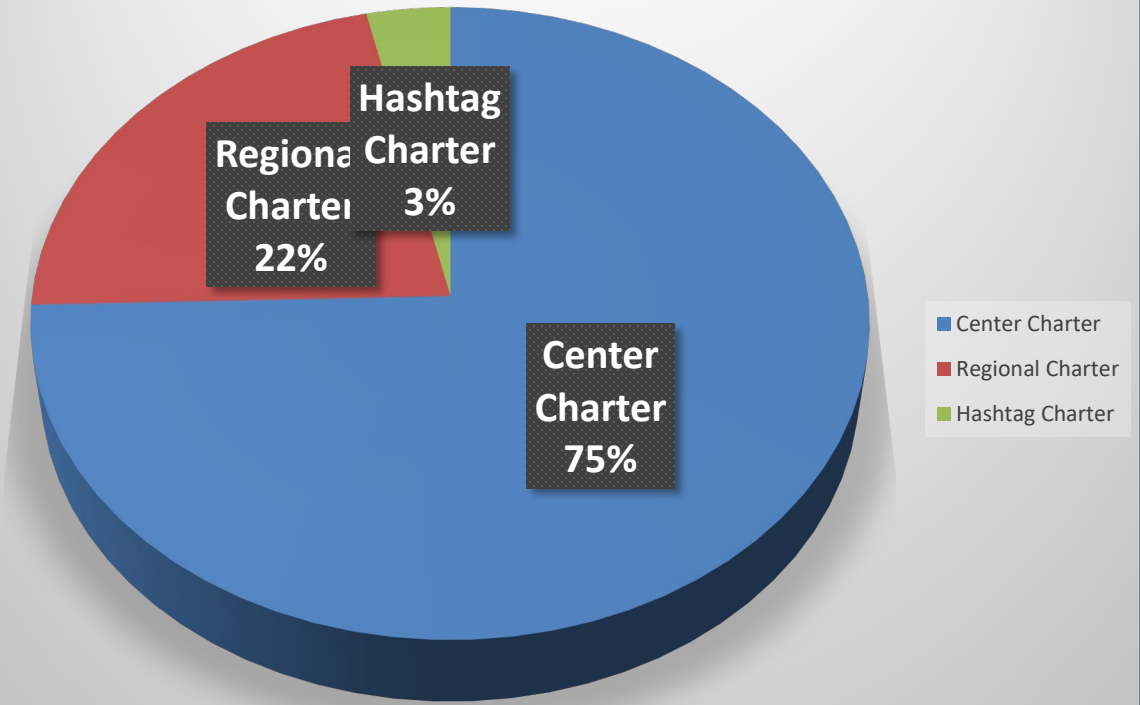


# Quality Improvement – Charter Breakdown

### Charter Topics



### Charter Types



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



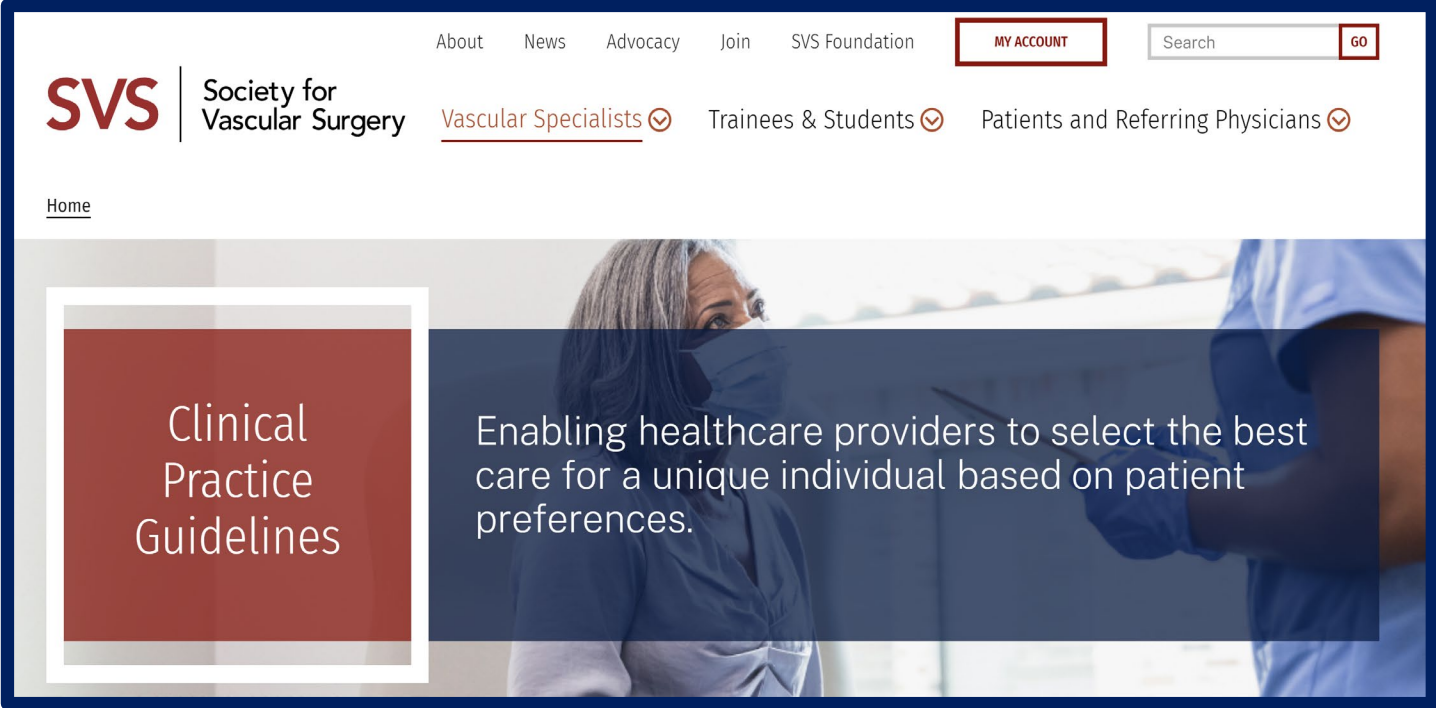


## SVS Clinical Practice Guidelines



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

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Clinical Practice Guidelines

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

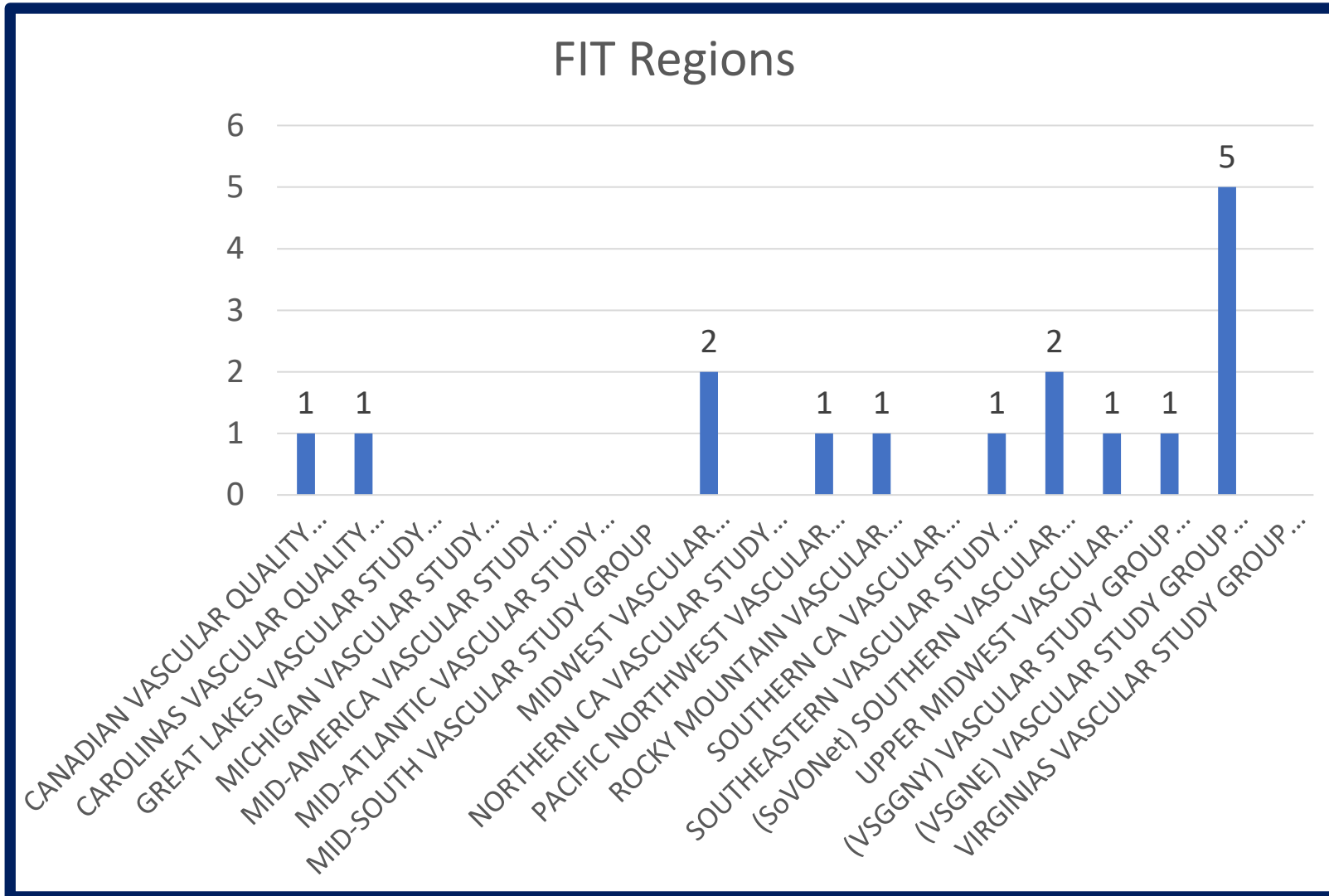


# SVS PSO Quality FIT Program

- Existing FIT Trainees Jack Cronenwett Scholarship Application
  - Scholarship winners announced at VQI@VAM 2023
- FIT Trainee 2023 Applications
  - FIT Trainees with FIT Mentors announced at VQI@VAM 2023
- FIT Mentors
  - Accepted at any time
  - Contact [bwymmer@svspso.org](mailto:bwymmer@svspso.org)
- [www.vqi.org/quality-improvement/quality-fellowship-in-training-fit-program/](http://www.vqi.org/quality-improvement/quality-fellowship-in-training-fit-program/)



# SVS PSO Quality FIT Program



# Arterial Quality Council:

## Igor Laskowski, MD



# Arterial Quality Council Update

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

# Venous Quality Council:

**Glenn Jacobowitz, MD**



# Venous Quality Council Update

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

# IVC Filter Follow Up Report

## IVC Follow-up Outcomes Report

1m ago   

Procedure Date

Planned Filter Duration

2019/01/01 – 2021/12/31

is any value

2019/01/01 – 2021/12/31 

Temporary

Permanent

### Prepared for Demo Medical Center on 02/01/2023

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

### Follow-Up Rate

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

**Fictitious Data**



# Varicose Vein Follow-up Report

## Varicose Vein Follow-Up Outcomes Report

22m ago

Procedure Date: 2020/01/01 – 2022/12/31

Leg Treated: is any value

Treatment Type: is any value

Vein Type: is any value

Treatment Region: any value

2020/01/01 – 2022/12/31

Right only  
 Left only  
 Bilateral

Thermal\_RF  
 Thermal\_Laser  
 Mechanochemical  
 Chemical  
 Embolic adhesive  
 High ligation and stripping  
 Stripping  
 Stab phlebectomy  
 Trivex phlebectomy  
 Open ligation  
 Endoscopic ligation

Truncal  
 Perforator  
 Cluster

Thigh  
 Calf/Ankle  
 Both

This report is a patient safety work product. It is intended to be used within the SVS PSO, LLC, and is considered privileged and confidential.

### Follow-Up Rate

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

**Fictitious Data**

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

# Arterial Research Advisory Council:

## Richard Schutzer, MD



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

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

## 194 Publications in 2022

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

# Venous Research Advisory Council:

**Mikel Sadek, MD**

Created a separate Venous RAC in July 2020

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

2020: 3 proposals

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

2021: 3 proposals

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

2022: Proposals

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

## National Venous RAC Schedule

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

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

### Bi-Monthly Schedule for National Venous RAC Proposal Submissions

#### May 2023

Call for Proposals: March 28, 2023

Submission Deadline: April 25, 2023

Meeting: May 8, 2023

#### July 2023

Call for Proposals: May 30, 2023

Submission Deadline: June 27, 2023

Meeting: July 10, 2023

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



# Governing Council:

## Jeffrey Indes, MD

## Meeting November 18, 2022

- Quality Improvement Update
  - Smoking Cessation as a National Quality Initiative
  - 2022 ended with a record # of charters 113
- RAC Submission
  - 5 proposals per cycle from each institution
  - Once a center reaches 15 Arterial RAC proposals, faculty member will be expected to serve on RAC as an at large member
- Frailty variable development
- OBL Registry Refinement; enhanced value, reporting/reimbursement, ease data burden
- Discussion - Data burden within registry
  - Committee member engagement/expectations
  - Each Committee will have an associate chair
  - Enhance reporting measures
  - Review current variables; consider required fields; elimination of data variables

## Spring 2023:

- Medical Director
  - Dr. Jeffrey Indes term end spring 2023
  - Dr. Michael Stoner term begins spring 2023
- Associate Medical Director
  - EC currently has the votes
  - Results will be final by end of June
  - All proper notifications will be made at that time



# Updates for Spring 2023 VQI Regional Meetings



# Technology Updates for VQI

# Released in Q3 2022




- Carotid Artery Stent (CAS) Revision

- Air Kerma field was added Air Kerma \*\*  mGy DAP \*\*  Gy.cm<sup>2</sup>

\*\* At least one of these fields must be completed for submission

- Select options for Lesion -> Stent -> Pre Dilate were updated

Pre-dilate Lesion

Select 

Select

No

Yes, drug coated balloons

Yes, lithotripsy

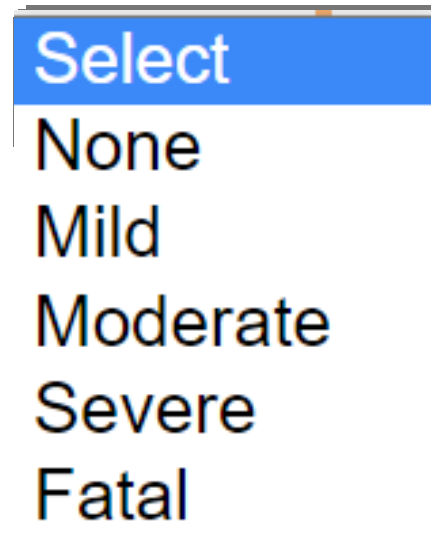
Yes, plain balloon

- Peripheral Vascular Intervention (PVI), Infra- and Suprainguinal Bypass, and Vascular Medicine Consult (VMC) Revision
  - Medication regions, in Demographics, Post- procedure and follow-up forms, were reordered and four new fields related to the dose of ASA and Rivaroxaban were added.

ASA	<input type="text" value="Yes"/>	ASA Daily Dose	<input type="text" value="Select"/>	mg				
Chronic Anticoagulant	<input type="text" value="Rivaroxaban"/>	Rivaroxaban Dose	<input type="text" value="10"/>	mg	Rivaroxaban Dose Frequency	<input type="text" value="Other"/>	Please Specify	<input type="text"/>
P2Y12 Antagonist	<input type="text" value="Select"/>							
Statin	<input type="text" value="Select"/>							
Beta Blocker	<input type="text" value="Select"/>							
ACE-Inhibitor/ARB	<input type="text" value="Select"/>							

- PVI, INFRA, SUPRA, VMC Revision
  - Any Bleeding Complication field was added to the follow-up forms.

## Any Bleeding Complication



A screenshot of a dropdown menu for the 'Any Bleeding Complication' field. The menu is open, showing a blue header with the word 'Select' and five options: 'None', 'Mild', 'Moderate', 'Severe', and 'Fatal'.

Select
None
Mild
Moderate
Severe
Fatal



## Device Assistant Enhancements

- Moved full or partial matched Catalog Numbers to appear at the top of the device results list
- Added ability to search for Catalog Number, Primary DI or Alternate Catalog Number with or without dashes
- Added the columns 'Description' and 'Alternate Catalog Number' to the device table

Released in Q3 2022



## TEVAR Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Thoracic and Complex EVAR 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.

### TEVAR Follow-up Outcomes Report

Procedure Date	Presentation	Pathology	Dissection Indication	Zone of Treatment (Proximal/Distal)
2018/01/01 – 2021/12/31	is any value	is any value	is any value	

Released in Q3 2022



## IVC Filter Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the IVC Filter 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.

### IVC Follow-up Outcomes Report

Procedure Date

2020/01/01 – 2022/12/31

Planned Filter Duration

is any value

Released in Q3 2022



## HDA Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Hemodialysis Access 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.

**HDA Follow-up Outcomes Report**

Procedure Date	Procedure Type	Performance Site	AV Graft Conduit	Inflow Artery
2020/01/01 – 2022/12/31	is any value	is any value	is any value	is any value

# Released to Demo Only in Q4 2022



## VVR Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Varicose Vein 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.

### Varicose Vein Follow-Up Outcomes Report

Procedure Date	Leg Treated	Treatment Type	Vein Type	Treatment Region
2017/01/01 – 2022/12/31	is any value	is any value	is any value	any value ▼



# PATHWAYS Support

# PATHWAYS Support

## Need help?

Check out the PATHWAYS Support tab.

- **Documents**  
List of essential documents necessary for new staff and experienced abstractors to assist with data abstraction.
- **Release Notes**  
Listing of release announcements highlighting changes & improvements to the registries.
- **Training Schedule**  
List of upcoming training opportunities with registration links for new staff and experienced abstractors.

**PATHWAYS**<sup>®</sup>

Powered by **FIVOS**

Support

Documents

- Code List
- Data Dictionary
- Inclusion/Exclusion Criteria
- Paper Form

Release Notes

Training Schedule

## Welcome

Use the menu on the left side to access support tools.

Should you need assistance, please reach out to the PATHWAYS Customer Support Team by emailing your inquiry to [PATHWAYSsupport@fivoshealth.com](mailto:PATHWAYSsupport@fivoshealth.com).

You may also find the PATHWAYS Technical FAQ's, User Guides and previously recorded Webinars located on the [Resources](#) tab as a helpful tool to assist you.

# PATHWAYS Support



**Help us help you.**

[PATHWAYSsupport@fivoshealth.com](mailto:PATHWAYSsupport@fivoshealth.com)

When sending an email inquiry to the PATHWAYS Support team...

- Please include:
  - Detailed information regarding your question including the name of the procedure registry and field(s) in question
  - Primprocid's to identify specific records
  - Your center name and contact information including a phone number in case we need to contact you
- Please **exclude**:
  - PHI from any email or attachments you upload
    - i.e., Patient name & DOB

This will help avoid confusion as we research your questions to ensure an accurate and timely response!



# PATHWAYS Support

Are you new to the role of Hospital Manager at your center?

The **PATHWAYS Hospital Manager Guide**, located on the Resources tab, might help you better understand the responsibilities of your role in the VQI.



## PATHWAYS® Hospital Manager Guide

We are excited to welcome you as a new Hospital Manager to PATHWAYS!

Your center has shown a commitment to quality improvement. The PATHWAYS platform provides a complete solution for collecting and managing registry data. Built-in reporting tools allow you to manage your registry data and compare your outcomes with other centers.

As a new Hospital Manager (HM) for your center, we would encourage you to reach out to existing staff to discuss your center's unique workflows and experience, and to gather information about the status of your registry data abstraction.

### Responsibilities/Expectations of HM Role:

- Primary contact for the Registry at your center
- Receive & distribute communications regarding reports, meetings, announcements, etc.
- Understand the participation requirements of the registry & ensure adherence to these requirements (such as annual claims validation, registry inclusion criteria, and follow-up expectations)
- Create and manage user accounts and privileges
- PATHWAYS Super User
- Designate a secondary "Hospital Manager" at your site for cross coverage
- Maintenance of Center Characteristics
- Respond to data audits & other registry related inquiries

This HM checklist outlines steps to guide you to become familiar with PATHWAYS.

### Getting Started:

- Login to PATHWAYS to get started!

## 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 **2022** Claims Validation process will be launched in **April 2023**

- Centers will be notified via email with a request to provide the contact information for the individual responsible for completing the audit.
- Participating centers will be invited to a webinar providing an overview of the steps required for successful completion.

**PATHWAYS Support is here to help you!**

Please reach out if your center is selected to participate and you need assistance.



## Coming Soon...

The **Support** Team is currently developing brief training videos to assist with specific functionality and tasks. By sharing some pointers with you, we hope to save you time and highlight PATHWAYS functionality and tools that you may not be familiar with.

The **Technology** Team has several features in progress to enhance PATHWAYS functionality including:

- Infra & Supra Follow-up Outcomes reports.
- Expanding data integration capabilities with Cedaron to include more VQI registries.
- Visualization of recently updated help text on the online/electronic form.
- Enhancing the Support tab to accommodate links to external resources.



# THANK YOU

The Fivos team appreciates your support and looks forward to your continued feedback about the PATHWAYS platform and support services.

Please send your suggestions to  
[PATHWAYSsupport@fivoshealth.com](mailto:PATHWAYSsupport@fivoshealth.com)

- In conjunction with VEITH (November 14<sup>th</sup> – November 18<sup>th</sup>)
- Date TBD
- New York Hilton Midtown, New York, NY

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

*Thank  
you*



## REMEMBER TO PSO:



- **P**UT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)
- **S**END an email to [ljohnson@svspso.org](mailto:ljohnson@svspso.org) with names of group members that are sharing 1 device
- **O**FFICIALLY apply for CME/CE credit by clicking the URL or QR code provided here:  
[https://dmu.co1.qualtrics.com/jfe/form/SV\\_bkYhHjFw5MaQ9sa](https://dmu.co1.qualtrics.com/jfe/form/SV_bkYhHjFw5MaQ9sa)

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**