

**Vascular Study Group of Greater New York (VSGGNY)**

**June 15, 2022**

**5:00 pm – 7:30 pm (ET)**

**VSGGNY Spring 2022 Regional Meeting Attendance:**

Andrey Churkin  
Angela Kokkosis  
Betsy Wymer  
Caroline Morgan  
Christina Johnson  
Claire Motyl  
Dan Robens  
Elizabeth Deda  
Glenn Jacobowitz  
Hui Qing Sandy Su  
Jacqueline Myrie-Weir  
Jeff Lord  
Jeffrey Indes  
Jennifer Correa  
Jennifer Ellis  
Jennifer Kelly  
Justin Hamilton  
Kathleen Fedele  
Kristen Probeck  
Laura Love  
Leila Mureebe  
Leka Johnson  
Linda Heinz  
Lucyna Price  
Matthew Cambria  
Michael Stoner  
Nhan Nguyen Tran  
Omar Dawkins  
Peter Connolly  
Rajeev Dayal  
Roger Walcott  
Sora Park  
Stacy Esposito  
Susan Nappo

**PSO Representative Attending Meeting:**

Betsy Wymer, DNP Director of Quality

Dr. Leila Mureebe, MD, SVS PSO Associate Director

**Welcome new centers:**

East Tremont Vascular Health Care, PLLC

Our Lady of Lourdes Memorial

**Regional Data Review**

Jeffrey Indes, MD, Regional Medical Leader, VSGGNY

**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.

**National VQI Update**

Betsy Wymer, DNP, RN, RN-BC, Quality Director, PSO

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**Venous Quality Council:**

Glenn Jacobowitz, MD

Spring 2022 VQC Update

## **Governing Council:**

Jeffrey Indes, MD

Spring 2022 GC Update

## **General Discussion and Questions:**

What do you think increased in the VSGGNY Regional CEA Stroke/Death ASYMP patient population?

Why do you think we had an increase in the VSGGNY Regional CEA LOS ASYMP/SYMP LOS > 1 day?

Why do you think we had an increase in the VSGGNY Regional EVAR LOS > 2 days?

Why do you think we had an increase in the VSGGNY Regional in hospital death rates after OAAA?

What is the primary barrier to pre-procedural assessment of ABI/Toe Pressure?

## **Action Items (including QI projects):**

- **CEA Stroke/Death ASYMP**
  - Center Care Process
  - Medication Management
  - Various Parameters: Patients' comorbidities, anatomy, number of TCAR done in the region. Temporal relationships with outcomes before and after TCAR. type of anesthesia and neuro monitoring etc...
- **CEA Stroke/Death SYMP**
  - Center D/C Planning
  - Various Parameters: Patients' comorbidities, anatomy, number of TCAR done in the region. Temporal relationships with outcomes before and after TCAR. type of anesthesia and neuro monitoring etc...
- **EVAR LOS**
  - Where were patients discharged
  - Comorbidities
  - BP control post op, are patients taking BP meds day of surgery?
- **TEVAR Sac Diameter**
  - Likely abstractor difficulty in locating this data is there a way to mitigate this?
- **OAAA v SVS Guidelines**
  - Center volume (Dr. Mureebe to provide guidance)
  - Suggest to ask Dr. Mureebe to present Fall 2022
  - Are we doing more open complex cases? Are we seeing this trend in lower volume centers? These have been looked at and published but not from an outcomes first region specific platform. again, a great paper
- **ABI/Toe Pressures**
  - Data Abstraction
  - Look at SVS guidelines and consider/ask ourselves if this is a specialty driven decrease

**Next Meeting:** Fall 2022 Hybrid in Conjunction with VEITH Nov 15-19

