November 20, 2014 - Vascular Study Group of Greater New York Meeting

Location: New York Hilton-Midtown, Conference Room C, Concourse Level, 1335 Avenue of the Americas

Attendees
Members:
Carrie Bosela, Glenn Jacobowitz, Evan Lipsitz, Dr. Apostolos Tassiopoulos, Olympia Christoforatos, Kristen Probeck, Alfio Carroccio, Paul Anain, Robert Rhee, Michael Schwartz, Olga Fatakhova, Linda Harris, Sapir Vangruber, Larry Scher, Marcie Cortez

Invited Guests/Future Members:
Kimberly Ho from Mt. Sinai Medical Center

Meeting Goals
• Present SVS VQI regional data and update from members on subcommittees
• Discussion on Non for Profit Organization of the Regional Group
• Expansion on the follow up rate
• Expand participation by engaging potentially interested new members

Participants:
• Stony Brook University Medical Center
• Montefiore Medical Center
• New York Presbyterian/
• Weill Cornell Medical Center
• NYU Medical Center
• Maimonides Medical Center
• Winthrop University Hospital
• North Shore University Hospital / LIJ Medical Center
• Lenox Hill Hospital
• Mt. Sinai Medical Center & St. Luke’s Roosevelt
• Beth Israel Medical Center
• Staten Island University Hospital-North Site
• Catholic Health-Kenmore Mercy Hospital
• Catholic Health-Mercy Hospital of Buffalo
• Catholic Health-Sisters of Charity Hospital
• Kaleida-Buffalo General Hospital
• Strong Memorial University
• SUNY-Upstate Medical University
• Westchester Medical Center

We are the third largest region

PSO Regulations: Not permitted to disclosure of own institutions results in the meeting. The group can discuss the region’s data. The packets that were given out in a sealed envelope are your own center reports. If your center is a high performer and would like to share personal quality stories then this is the forum where it can be shared with others to benefit others.

A. National VQI Update: Carrie Bosela
See attached slide presentation
B. Regional Data Review January 2012- June 2014: Dr. Tassiopoulos and Carrie Bosela RN

**Regional Procedure Volumes:**

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carotid Endarterectomy</td>
<td>1395</td>
</tr>
<tr>
<td>Infra-inguinal Bypass</td>
<td>769</td>
</tr>
<tr>
<td>Endo AAA Repair</td>
<td>879</td>
</tr>
<tr>
<td>Open AAA Repair</td>
<td>137</td>
</tr>
<tr>
<td>Carotid Artery Stent</td>
<td>144</td>
</tr>
<tr>
<td>Peripheral Vascular Intervention</td>
<td>3148</td>
</tr>
<tr>
<td>Supra-inguinal Bypass</td>
<td>255</td>
</tr>
<tr>
<td>Thoracic and Complex EVAR</td>
<td>159</td>
</tr>
<tr>
<td>Hemodialysis Access</td>
<td>1274</td>
</tr>
<tr>
<td>Lower Extremity Amputation</td>
<td>55</td>
</tr>
<tr>
<td>IVC Filter</td>
<td>147</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>8362</strong></td>
</tr>
</tbody>
</table>

Subcommittee dedicated to increase the follow up numbers. Possibly some Journals will not publish papers without compliance of 80% follow up. Issue arises with high “telephone” follow up rates by some institutions. Follow up imaging is extremely important. Do not want to discourage participation in the VQI program. Follow ups are labor intense and questions facilities if they have the resources to supply the follow ups. At Stony Brook in EMR (Cerner) created 3 item fields to provide follow up data to increase the rates of follow up. Some facilities are private and faces challenges at the hospitals. Some received feedback from admin. that competing with NSQIP FT employee. Will not supply another FTE for the VQI.

**Action:** Olympia will send a template attached in email for proposal of Full time Employee for the VQI.
Action: Asking for others to share their story of success of high rates of DC meds of Statins/Antipltls at our next regional meeting. Stony brook developed 2 forms: antiplatelet medication and cardiac Eval form for preop pts. These 2 forms go to presurgical testing to facilitate communication between key players. Encourage members to implement these tools and reevaluate the data.

Action: Olympia will attach Stony brook forms in email.

Some physicians within individual institutions do not use Chlorhexidine at all. Continuing to work with them.
Please check your Sample size with the 100% bar center. We are national average as a group.

**Mean Preoperative Ipsilateral Duplex Peak Systolic Velocity in Asymptomatic Patients undergoing CEA**
(Patients without any history of neurologic or retinal symptoms on either side, 2011-June, 2014)

There are different selections on when to treat (operate) Carotid pts. Please check your data managers for accuracy and vascular labs for accreditations.
Wide range within our region. We as a group are a little higher for the national average. Research project recently got approval on recommendations. Abstractor will not document if it's in the dictation. Need a picture for insurance reimbursement.

**Carotid Endarterectomy Stroke or Death in Hospital**

(Primary, isolated, elective procedures, all years through June, 2014)

National numbers are low.
Low rates, excellent.

Sample is 107 as a region. Possibly appears 2 centers are driving our numbers higher. Please look at 2 centers what challenges they are facing. One comment: transfers from community hospitals with very complex repairs and increase comorbidities. Risk adjusted report. Please look at the clinical documentation for the 2 centers.
Wide variation in LOS as a region. On the higher side on a national level. Please look at your individual data and encourage the review of the COPI reports given to each facility. Please share your stories of either challenges or success at our next meeting. Comments from individuals that there is no DC planning within their hospitals. Suggestion to place accountability of your own individual pts and outcomes. Some hospitals do not have dashboards so please use your own VQI data.

Endovascular AAA Repair: Percentage of Patients with Length of Stay > 2 Days
(Non-ruptured, infra-renal repairs during all years through June, 2014)
Open AAA Repair: Percentage of Patients with Length of Stay >= 8 Days

(Non-ruptured, infra-renal repairs during all years through June, 2014)

Please check your sample size. Nationally we are average.
Next Meeting:

Discussion on locations for our regional meetings. Central location and accommodations are important for the region. Suggestion was to set up one of our meetings to be at the same time of the NYS of vascular society meeting. April is reasonable for one meeting.

Non for Profit Organization: Dr. Lantis

Discussion on non for profit funding. We have a tax ID number. Only two facilities out of seven have contributing monies to pay for the lawyer fees for the creation of the non for profit organization. We can move forward until we received payments from the institutions. Two invoices were mailed out in summer and early fall.

Action: Olympia will send out a reminder email to the institutions for payments. For centers who met criteria for payment. Please send payment to address St. Luke’s Roosevelt Hospital Center: 1090 Amsterdam Ave, Suite 7A, New York, NY 10025. Tax ID: 47-2207821

Website Content: Dr. Lantis

Content provided to Nancy form M2S to create our regional website. She will have a draft by the beginning of the new yr. The group requests to link individual institutions to the regional website.

Below is the standard side bar/drop down list for the regional website:

- About Us
- Participating Hospitals and Surgeons
- Bylaws
- Data Elements
- Data Reports
- Cardiac Risk Index
- Upcoming events
- Vascular Quality Initiative Data Entry Portal
- Contact us

D. Arterial Quality Committee Update: Dr. Schneider

Arterial Quality Committee – Larry Kraiss, MD, Chair → Adam Beck, MD

- Beta blocker analysis: not recommended prophylactically
- Heart rate analysis: not predictive of post-op cardiac events
- Quality recommendation for antiplatelet and statin medications prescribed at discharge to prolong survival
- Revised TEVAR and EVAR data forms
- RAC approved 22 national clinical research projects
Center Opportunity Profile for Improvement (COPI) Report:

- For elective endovascular aneurysm repair (EVAR), 21% of patients are staying longer than 2 days
- SVS PSO recently released a COPI report to improve EVAR LOS based on risk adjusted model

Patient Population
- Procedures done from 2011 to May 28, 2014
  - Elective EVAR
  - Excluding patients with
    - prior aortic surgery
    - those admitted from a nursing home
    - procedures performed during the weekend
    - death prior to 3 days

- EVAR LOS COPI report was sent July 2014
  - Instructions to download report
    - VQI application
      - https://pathways.m2s.com
  - Once you receive the report and you have questions about it contact Carrie Bosela
    - C.Bosela@svspso.org

30 day follow up Infra

- Offered to all VQI members August 2014
- Data Collected:
  - 30 day Post Op SSI
  - 30 day Readmission data (used to assess feasibility of broader readmission collection in future)
  - Report available to identify procedures requiring 30 day follow up
  - 1 year follow up still required
#Hashtags to Track New Variables

- Requests: for the addition of new variables to the VQI registry for specific new quality improvement or quality research projects
- Temporary Solution: #hashtags in comment field
- Each Tag must follow the #[Tag:value] format, where ‘Tag’ is the unique variable name and the ‘value’ is a numeric or textual value
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- Each Tag must follow the #[Tag:value] format, where ‘Tag’ is the unique variable name and the ‘value’ is a numeric or textual value
- A regional group wishes to monitor whether nicotine replacement was prescribed at time of discharge.
- New variable = nictrx (Nicotine replacement), with options = 0, 1 or 2 where 0=none, 1=patch, 2=gum
- Hashtag would be entered as : #[nictrx:0] or #[nictrx:1] or #[nictrx:2]
- This illustrates use of numbers for categorical choices as response, which may be more applicable if many choices, or long words with many keystrokes.

E. Quality Improvement Projects and Research Update: Dr. Schneider and Dr. Jacobowitz

Tabled. No proposals submitted by the region.