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In collaboration with NCDR®

Vascular Study Group of New England

Friday, November 4, 2022

10:00 AM – 4:00 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

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

Disclosure

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

Agenda-November 4, 2022

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Time	Topic	CE Credit
10:00 am	Welcome	No
10:05 am	Regional Data Review – Dr. Jeffrey Siracuse, VSGNE 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
11:05 am	Regional QI Proposal – Dr. Jeffrey Siracuse, VSGNE 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
12:05 pm	National VQI Update –Jens Jorgensen, MD, PSO Medical Director 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
1:05 pm	Lunch	No
2:05 pm	Guest Speaker, Dr. Nicholas Osborne, University of Michigan, PSO Venous RAC Chair	No
2:45 pm	AQC Update – Jens Jorgensen, MD	No
2:50 pm	VQC Update –Nathan Aranson, MD	No
2:55 pm	Break	No
3:00 pm	RAC Update –Cassius Ochoa-Chaar, MD/RAC Project Updates	No
3:30 pm	QIP Award Presentations	No
3:50 pm	Governing Council Update – Jeffrey Siracuse, MD	No
4:00 pm	Open Discussion/Next Meeting/Meeting Evaluation	No

Welcome and Introductions

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Backus Hospital
Baystate Medical Center
Berkshire Medical Center
Beth Israel Deaconess Medical Center
Boston Medical Center
Bridgeport Hospital
Brigham and Women's Hospital
Brockton Hospital
Cape Cod Hospital
Catholic Medical Center; CTSA NH
Central Maine Medical Center
Charlton Memorial Hospital
Concord Hospital
Dartmouth Hitchcock Medical Center
Elliot Health System
Exeter Hospital
Griffin Hospital
Hartford Hospital
Kent Hospital
Lawrence + Memorial Hospital
Maine Medical Center
MaineGeneral Medical Center
Massachusetts General Hospital
Middlesex Hospital
MidState Medical Center
Mount Auburn Hospital
Newton-Wellesley Hospital
Portsmouth Regional Hospital
Rhode Island Hospital
Saint Francis Hospital and Medical Center
St. Elizabeth Medical Center
St. Luke's Hospital
St. Mary's Hospital - Waterbury
St. Vincent's Medical Center
Stamford Hospital
Steward Good Samaritan Medical Center, Inc.
Steward St. Anne's Hospital Corporation
The Hospital Of Central Connecticut
The Miriam Hospital
The Vascular Care Group
Tufts Medical Center
UMass Memorial Medical Center, Inc.
University of Connecticut Health Center
University of Vermont Medical Center
Yale New Haven Hospital

Fall 2022 Regional Reports

Jeffrey Siracuse, 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.

Fall Regional Reports

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About the Report

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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.

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 and HDA: 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.

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		[7 | 18 | 98 | 326 | 581]	[7 | 19 | 68 | 201 | 389]
	Procedure Volume, All Years		[15 | 164 | 1174 | 4835 | 6660]	[14 | 51 | 262 | 1357 | 3245]
Multiple	Long-Term Follow-up		79.6% [18 | 50 | 79 | 93 | 97]	69.4% [0 | 33 | 73 | 89 | 97]
	Discharge Medications		89.7% [80 | 83 | 91 | 95 | 100]	86.6% [75 | 83 | 91 | 97 | 100]
TFEM CAS ASYMP	Stroke/Death		1.1% [0 | 0 | 0 | 0 | 0]	1.9% [0 | 0 | 0 | 0 | 3]
TFEM CAS SYMP	Stroke/Death		4.9% [0 | 0 | 0 | 4 | 9]	3.9% [0 | 0 | 0 | 0 | 10]
TCAR ASYMP	Stroke/Death		2.3% [0 | 0 | 0 | 0 | 11]	1.2% [0 | 0 | 0 | 0 | 2]
TCAR SYMP	Stroke/Death		2.1% [0 | 0 | 0 | 0 | 0]	2.4% [0 | 0 | 0 | 0 | 8]
CEA ASYMP	Stroke/Death		0.6% [0 | 0 | 0 | 0 | 2]	0.8% [0 | 0 | 0 | 0 | 2]
	Postop LOS>1 Day		25.7% [8 | 13 | 25 | 33 | 48]	20.7% [0 | 10 | 19 | 31 | 50]
CEA SYMP	Stroke/Death		1.4% [0 | 0 | 0 | 0 | 4]	2% [0 | 0 | 0 | 0 | 8]
	Postop LOS>1 Day		37.2% [14 | 32 | 42 | 50 | 57]	39.6% [0 | 21 | 39 | 54 | 75]
EVAR	Postop LOS>2 Days		15.3% [0 | 6 | 9 | 18 | 27]	16% [0 | 8 | 15 | 24 | 33]
	Sac Diameter Reporting		70.4% [33 | 47 | 61 | 84 | 91]	55.5% [0 | 31 | 58 | 77 | 89]
	SVS AAA Diameter Guideline		77.5% [63 | 68 | 82 | 88 | 94]	76% [50 | 67 | 78 | 88 | 100]
TEVAR	Sac Diameter Reporting		80.5% [33 | 68 | 83 | 89 | 100]	58.4% [0 | 22 | 59 | 83 | 100]
OAAA	In-Hospital Mortality		4.4% [0 | 0 | 3 | 8 | 14]	4.2% [0 | 0 | 0 | 7 | 16]
	SVS Cell-Saver Guideline		96.3% [93 | 95 | 99 | 100 | 100]	92.5% [73 | 88 | 98 | 100 | 100]
	SVS Iliac Inflow Guideline		98.8% [96 | 99 | 100 | 100 | 100]	97.9% [91 | 99 | 100 | 100 | 100]
PVI CLAUD	ABI/Toe Pressure		75.1% [52 | 67 | 80 | 94 | 100]	73.1% [33 | 56 | 80 | 93 | 100]
INFRA CLTI	Major Complications		5.4% [0 | 0 | 2 | 6 | 10]	4.9% [0 | 0 | 3 | 7 | 11]
SUPRA CLTI	Major Complications		8.7% [0 | 0 | 3 | 8 | 20]	7.2% [0 | 0 | 0 | 10 | 22]
LEAMP	Postop Complications		15.6% [13 | 14 | 15 | 17 | 18]	11.7% [0 | 2 | 10 | 14 | 23]
HDA	Primary AVF vs. Graft		85.4% [79 | 82 | 91 | 98 | 100]	82.1% [59 | 78 | 84 | 91 | 96]
HDA	Ultrasound Vein Mapping		95.1% [78 | 89 | 91 | 98 | 100]	86.3% [62 | 81 | 90 | 96 | 100]
HDA	Postop Complications		2.3% [0 | 0 | 0 | 2 | 3]	1.2% [0 | 0 | 0 | 2 | 4]
IVCF	Filter Retrieval Reporting		NA (<3 centers)	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	8076	40	33			
Procedure Volume, All Years	111457	42	41			
Long-Term Follow-up	8140	36	31			
Discharge Medications	7231	40	33			
TFEM CAS ASYMP: Stroke/Death	95	13	4	82	10	3
TFEM CAS SYMP: Stroke/Death	82	11	5	73	11	3
TCAR ASYMP: Stroke/Death	308	32	13	284	31	13
TCAR SYMP: Stroke/Death	238	28	6	219	28	5
CEA ASYMP: Stroke/Death	726	28	21	689	28	21
CEA ASYMP: Postop LOS>1 Day	727	28	21	689	28	21
CEA SYMP: Stroke/Death	490	28	16	472	27	16
CEA SYMP: Postop LOS>1 Day	489	28	16	471	27	16
EVAR: Postop LOS>2 Days	452	22	18	423	22	17
EVAR: Sac Diameter Reporting	479	23	16			
EVAR: SVS AAA Diameter Guideline	414	22	18			
TEVAR: Sac Diameter Reporting	149	11	4			
OAAA: In-Hospital Mortality	723	22	16	683	22	16
OAAA: SVS Cell-Saver Guideline	707	22	15			
OAAA: SVS Iliac Inflow Guideline	825	22	15			
PVI CLAUD: ABI/Toe Pressure	998	21	16			
INFRA CLTI: Major Complications	629	23	14			
SUPRA CLTI: Major Complications	172	16	7			
LEAMP: Postop Complications	160	4	2			
HDA: Primary AVF vs. Graft	363	6	4			
HDA: Ultrasound Vein Mapping	428	6	4			
HDA: Postop Complications	428	6	4			
IVCF: Filter Retrieval Reporting	6	1	0			

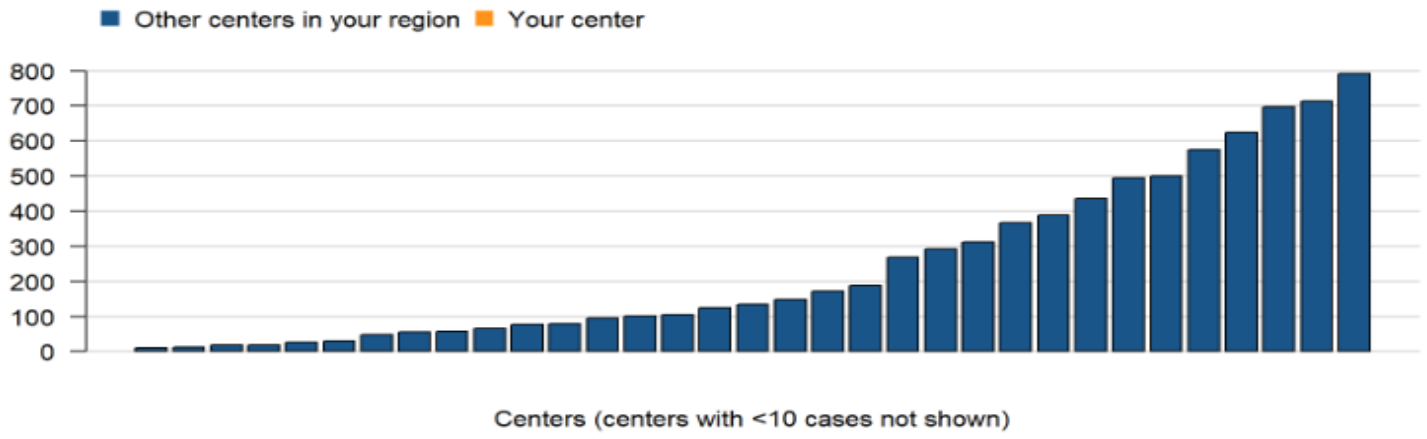
Procedure Volume

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

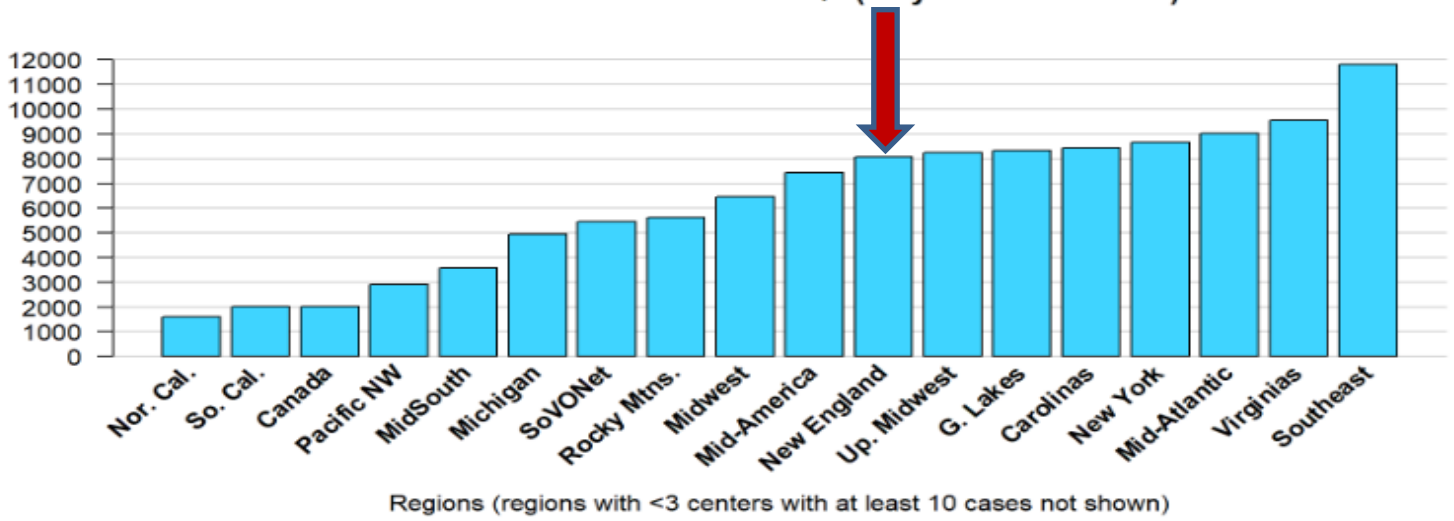
Number of cases entered into the VQI, by registry and overall

	Your Center (N)	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)		874	16303
CEA		1337	17399
EVAR		470	7434
HDA		429	5569
INFRA		798	6568
IVCF		NA (<3 centers)	1216
LEAMP		160	3141
OAAA		212	1330
PVI		3173	44458
SUPRA		271	1881
TEVAR		320	3319
Varicose Veins		NA (<3 centers)	6256
Overall (July 2021-June 2022)		8076	114874
Overall (July 2020-June 2021)		9075	122571

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



Procedure Volume Across VQI (July 2021-June 2022)

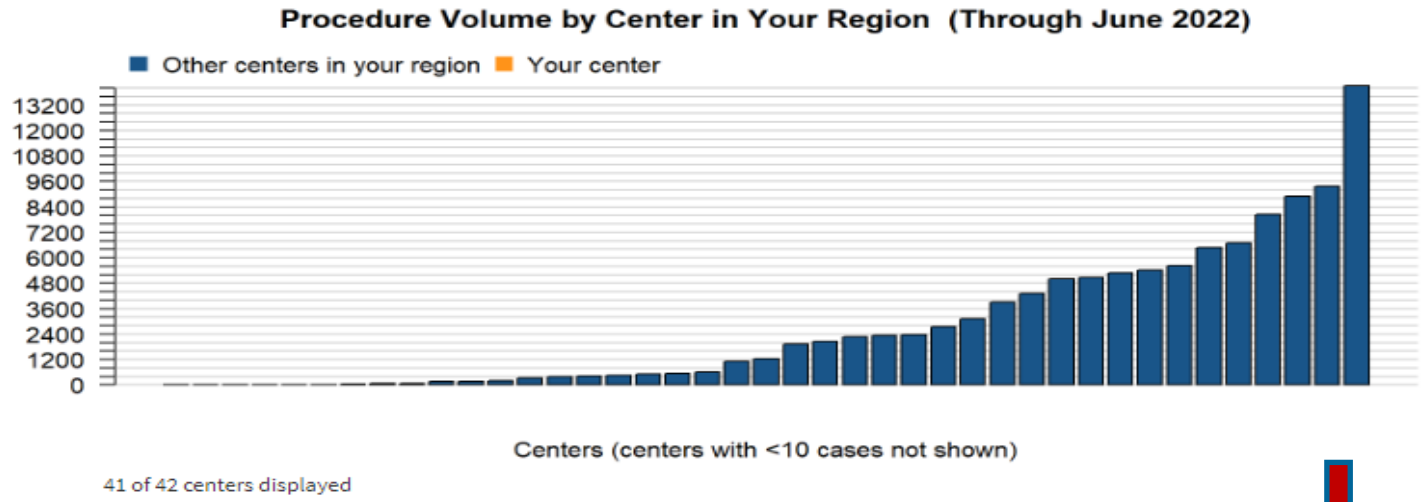


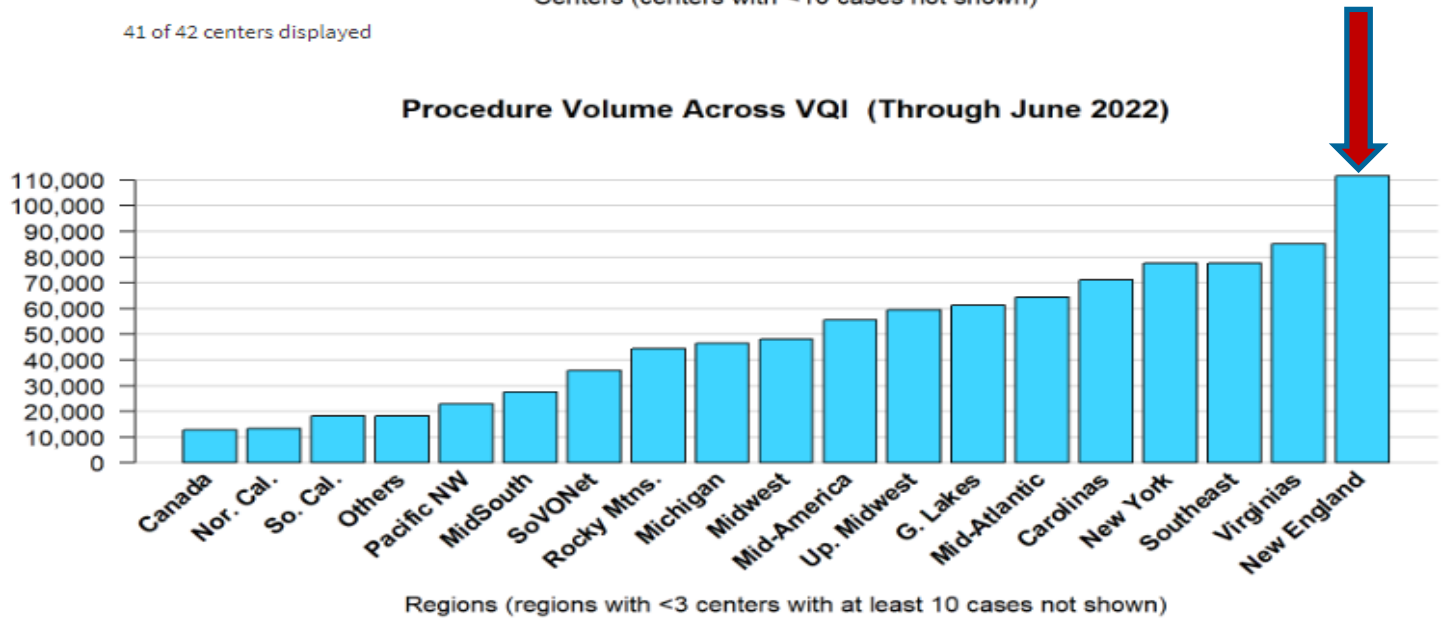
Procedure Volume, All Years

Includes all procedures with procedure date through June 30, 2022

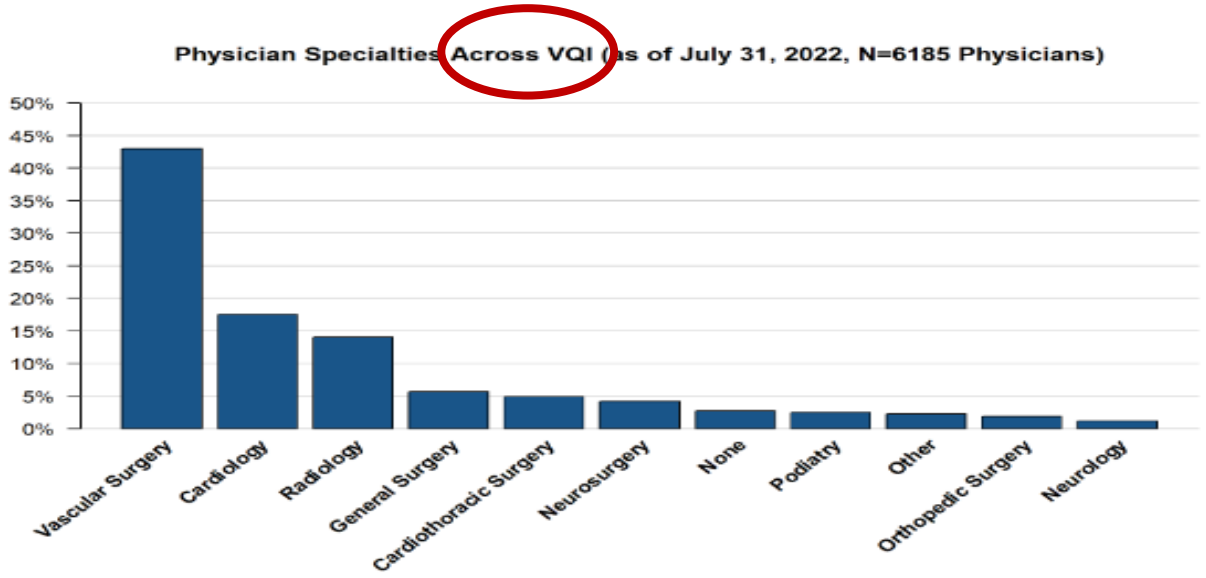
Number of cases entered into the VQI, by registry and overall

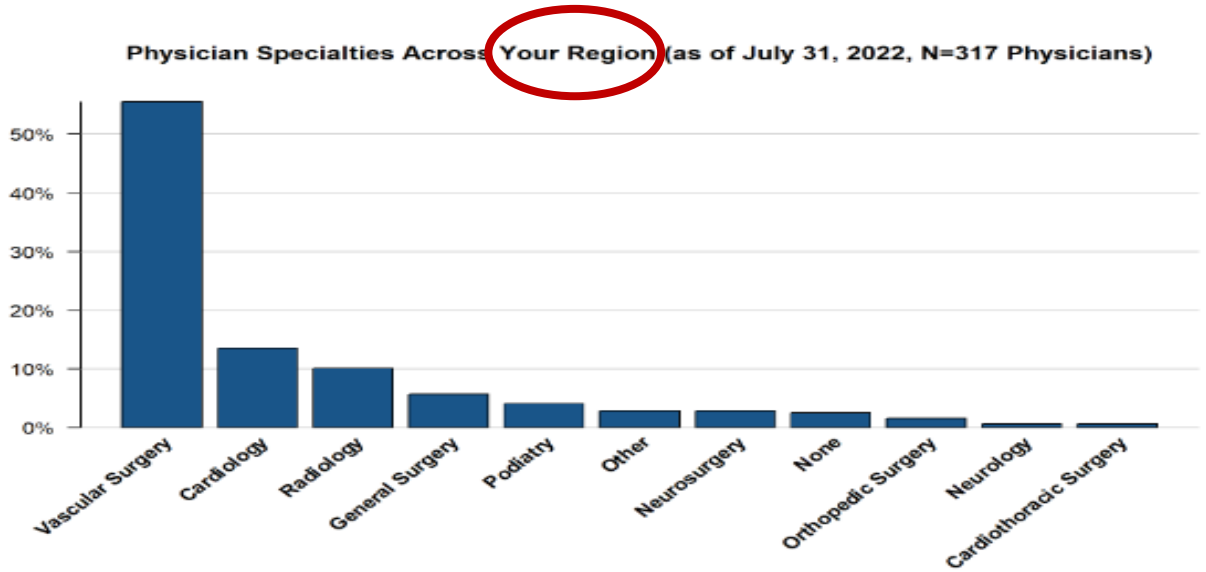
	Your Center (N)	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)		5771	76023
CEA		24961	176118
EVAR		8787	71841
HDA		5760	69196
INFRA		14658	73717
IVCF		NA (<3 centers)	17227
LEAMP		1903	24978
OAAA		3954	16316
PVI		37833	324744
SUPRA		4338	23637
TEVAR		2432	24569
Varicose Veins		970	54445
Overall		111457	952811


Procedure Volume by Center in Your Region (Through June 2022)
Other centers in your region
Your center
13200
12000
10800
9600
8400
7200
6000
4800
3600
2400
1200
0
Centers (centers with <10 cases not shown)
41 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





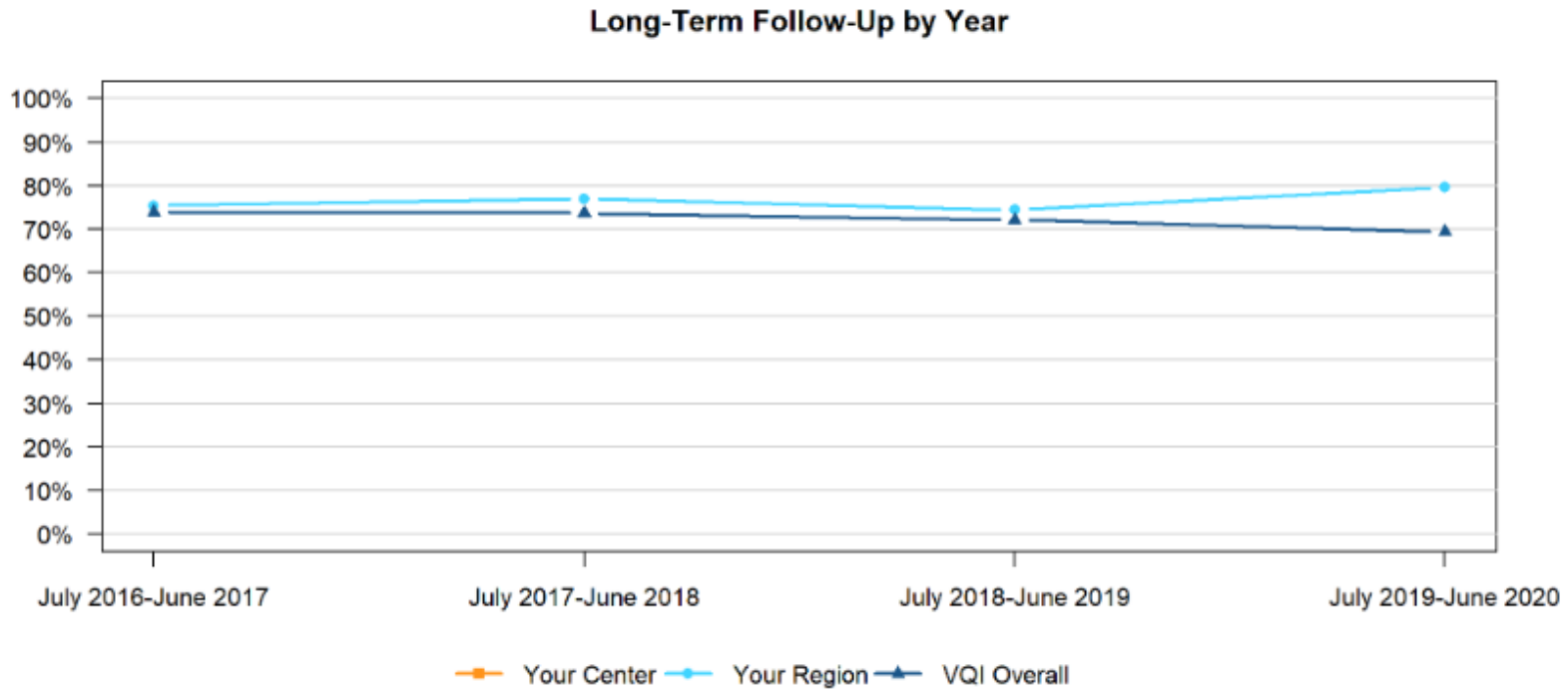
Long-Term Follow-up

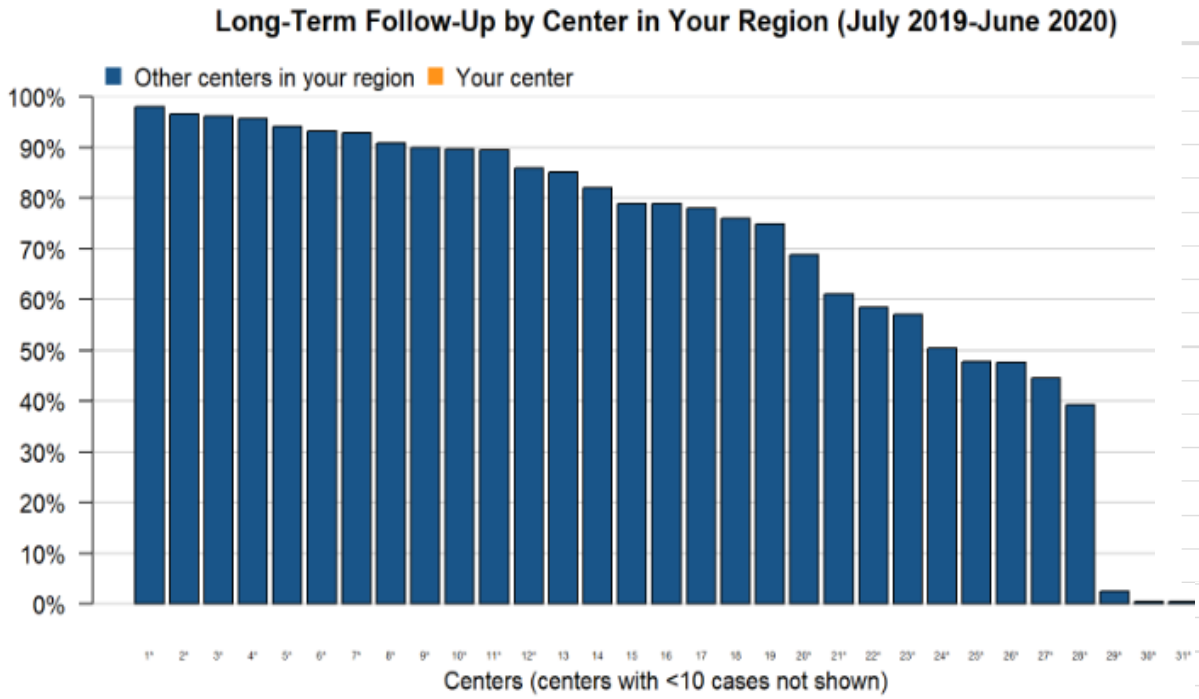
Procedures performed between July 1, 2019 and June 30, 2020

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		705 (74%)	11723 (65%)
CEA		1506 (78%)	17767 (71%)
EVAR		509 (78%)	7058 (70%)
HDA		420 (87%)	7418 (72%)
INFRA		821 (79%)	7073 (72%)
IVCF		NA (<3 centers)	1655 (75%)
LEAMP		203 (72%)	3270 (74%)
OAAA		171 (75%)	1163 (72%)
PVI		3297 (81%)	40085 (68%)
SUPRA		270 (79%)	2093 (72%)
TEVAR		227 (84%)	2848 (67%)
Overall (July 2019-June 2020)		8140 (80%)	102153 (69%)
Overall (July 2018-June 2019)		9234 (74%)	99531 (72%)


Long-Term Follow-Up 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



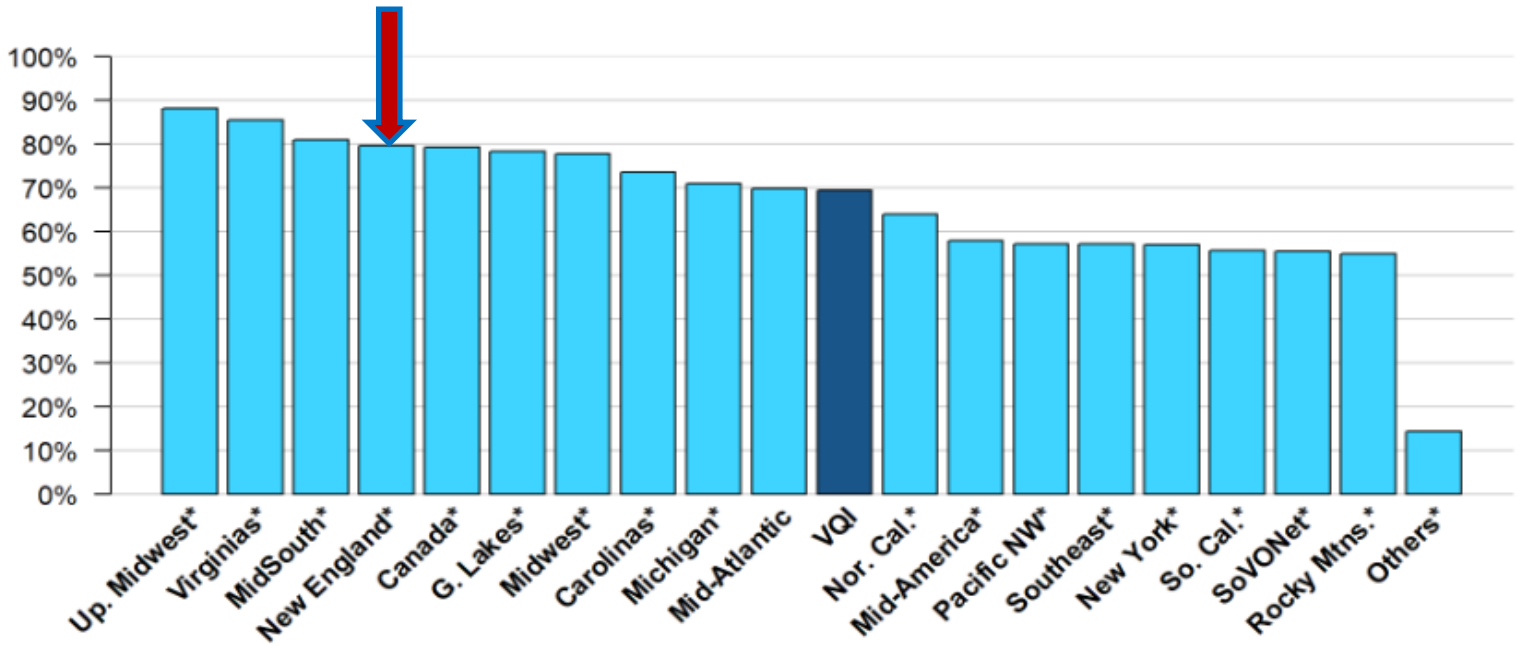
31 of 36 centers displayed

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

Long-Term Follow-Up Unblinding Legend for Your Region

Index	Medical Center Name
1	Backus Hospital
2	Central Maine Medical Center
3	Saint Francis Hospital and Medical Center
4	University of Vermont Medical Center
5	Hartford Hospital
6	The Hospital Of Central Connecticut
7	UMass Memorial Medical Center, Inc.
8	Yale New Haven Hospital
9	Baystate Medical Center
10	Brigham and Women's Hospital
11	Elliot Health System
12	Maine Medical Center
13	Concord Hospital
14	Beth Israel Deaconess Medical Center
15	Stamford Hospital
16	Boston Medical Center
17	Massachusetts General Hospital
18	Dartmouth Hitchcock Medical Center
19	The Vascular Care Group
20	NA
21	Catholic Medical Center; CTSA NH
22	The Miriam Hospital
23	MaineGeneral Medical Center
24	Rhode Island Hospital
25	St. Elizabeth Medical Center
26	MidState Medical Center
27	Portsmouth Regional Hospital
28	Charlton Memorial Hospital
29	Tufts Medical Center
30	Steward Good Samaritan Medical Center, Inc.
31	Berkshire Medical Center

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.

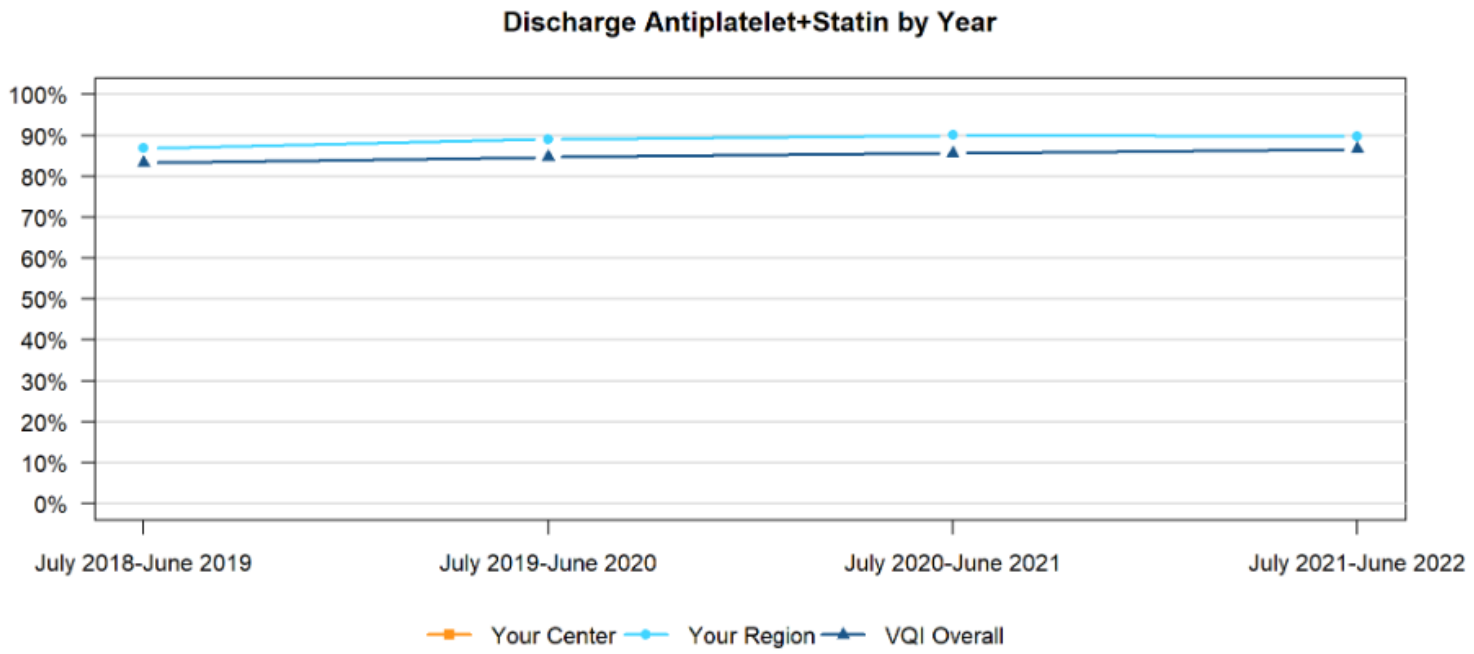
Discharge Medications

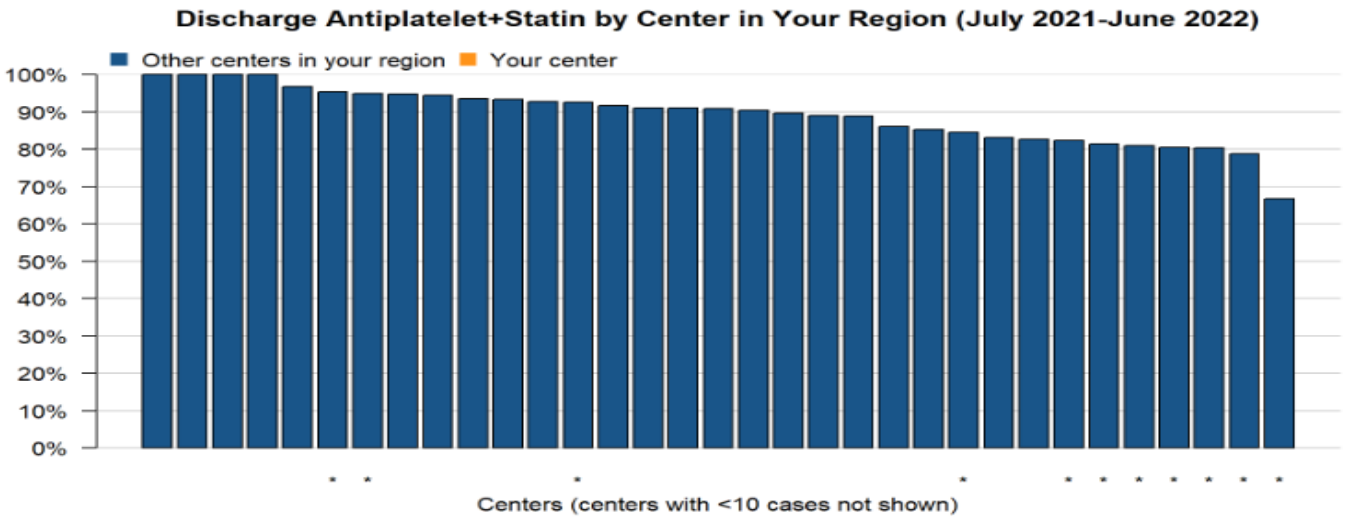
Procedures performed between July 1, 2021 and June 30, 2022

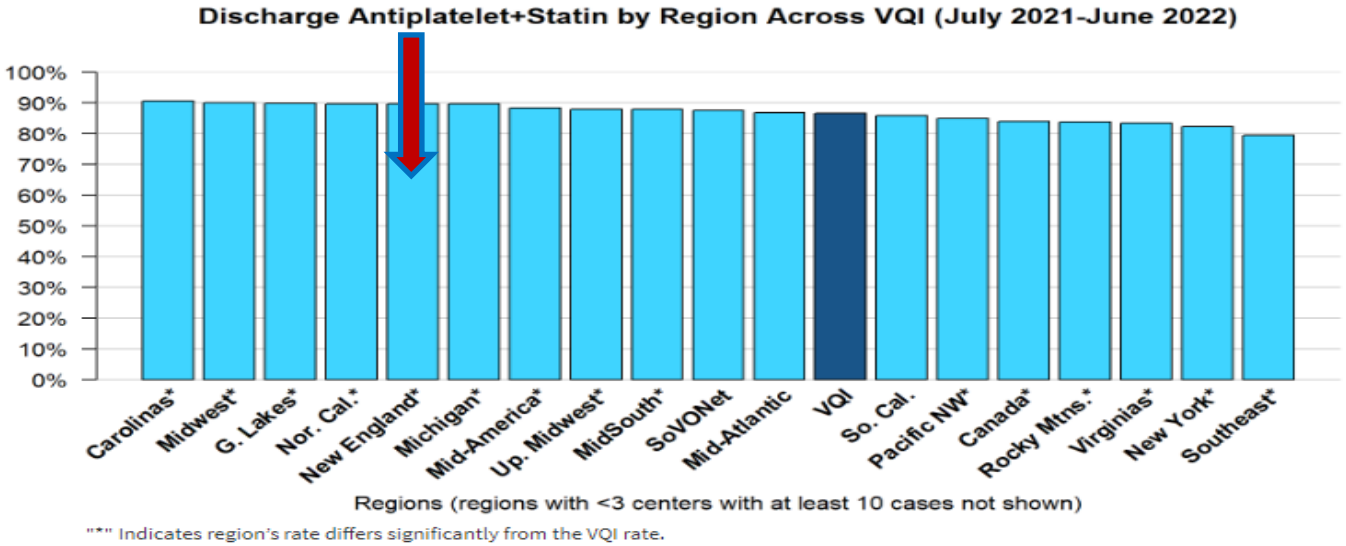
Includes CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Antiplatelet is defined as ASA or P2Y12 inhibitor. Cases are excluded if (1) Discharge Statin = "No, for medical reason" OR (2) Both Discharge ASA = "No, for medical reason" AND Discharge P2Y12 inhibitor = "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	7231	90%	6%	3%	1%
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)
33 of 40 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

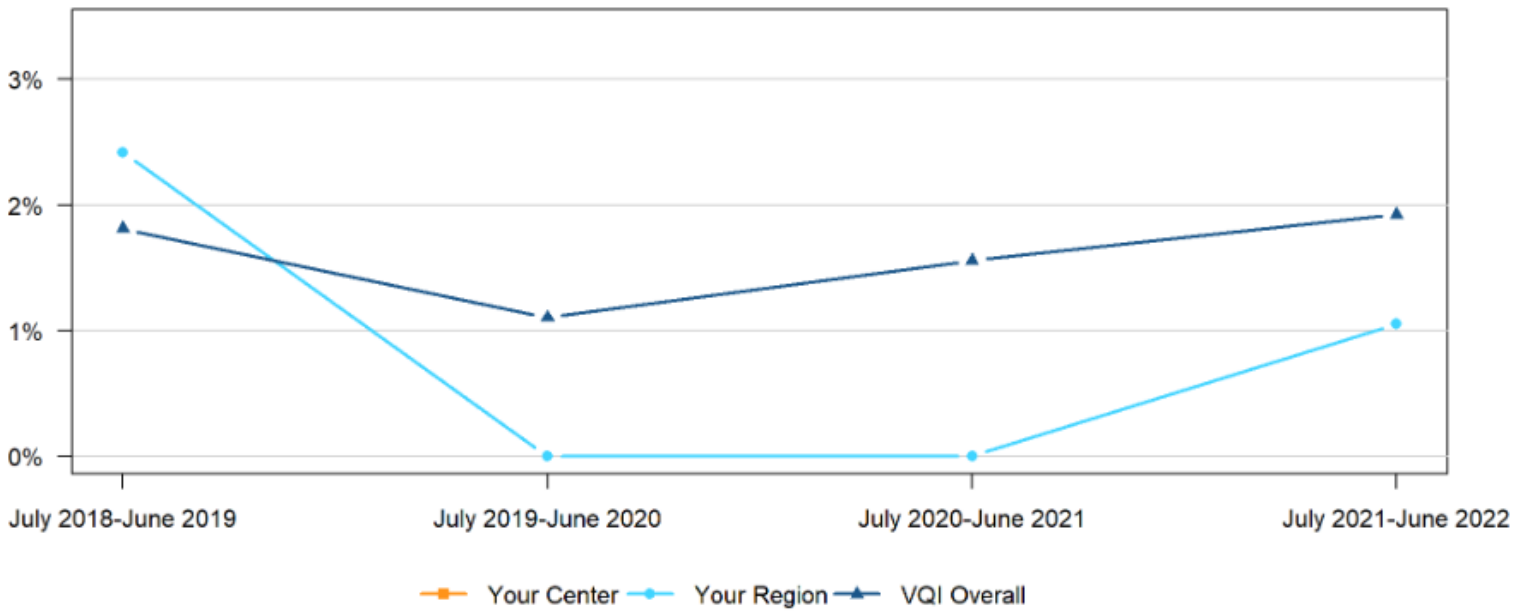
Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial 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		95	2185
Observed rate of stroke or death among procedures meeting inclusion criteria		1.1%	1.9%
Number of procedures with complete data*		82	1995
Observed rate of stroke or death among cases with complete data		1.2%	1.9%
Expected rate of stroke or death among cases with complete data		1.4%	NA
P-value for comparison of observed and expected rates		1	NA

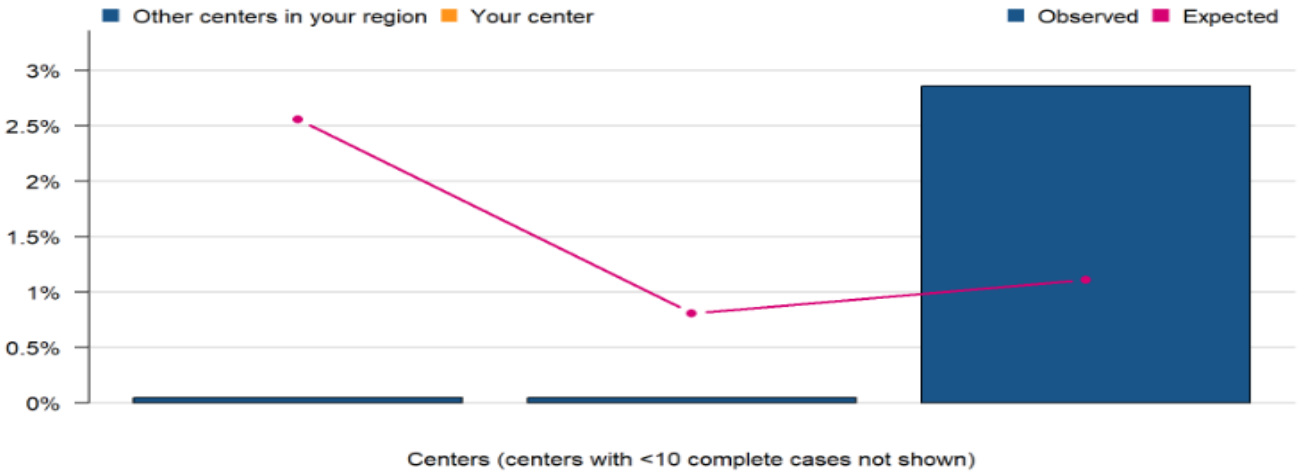
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after TFEM CAS for Asymptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.

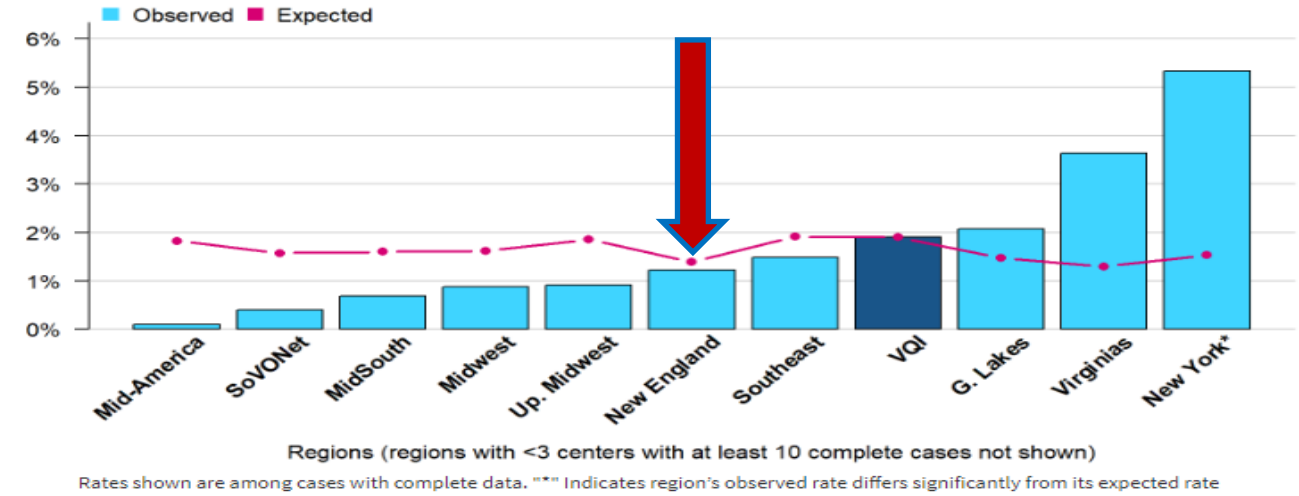
Stroke or Death after TFEM CAS for Asymptomatic Patients in Your Region (July 2021-June 2022)



3 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 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

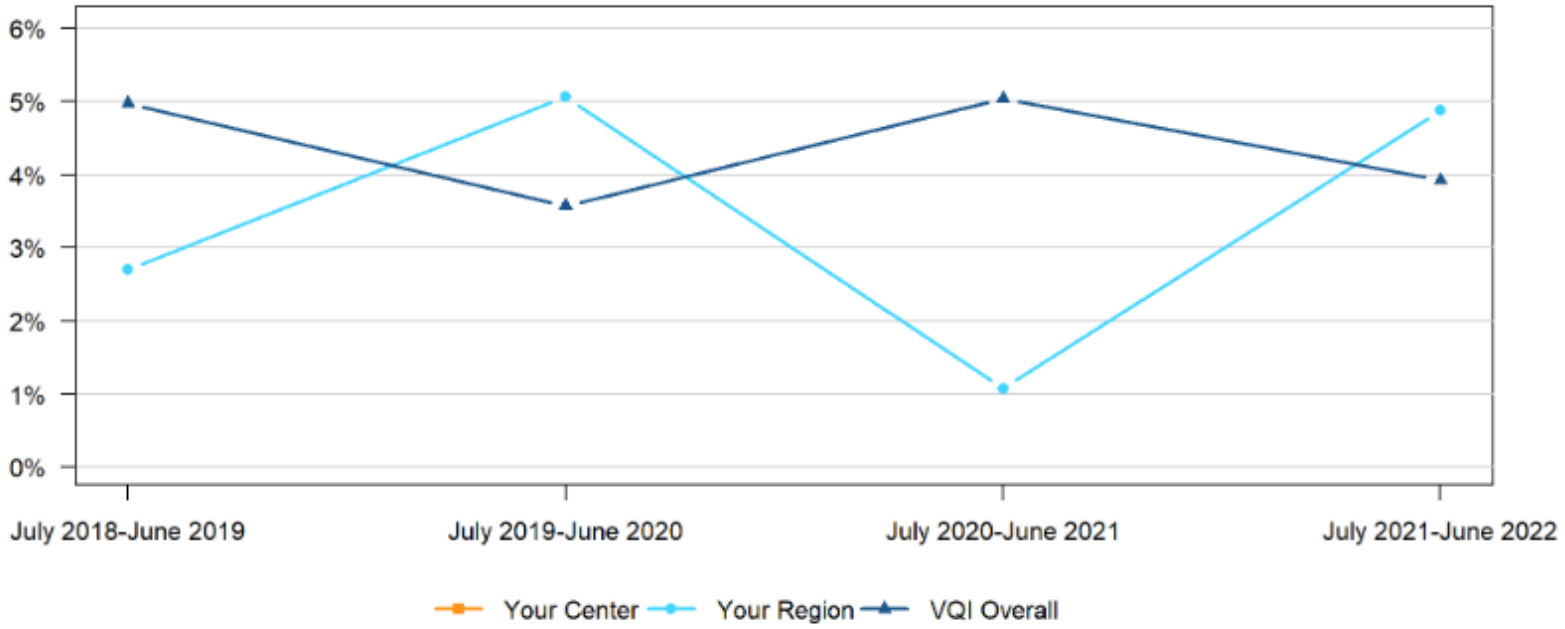
Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial 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.

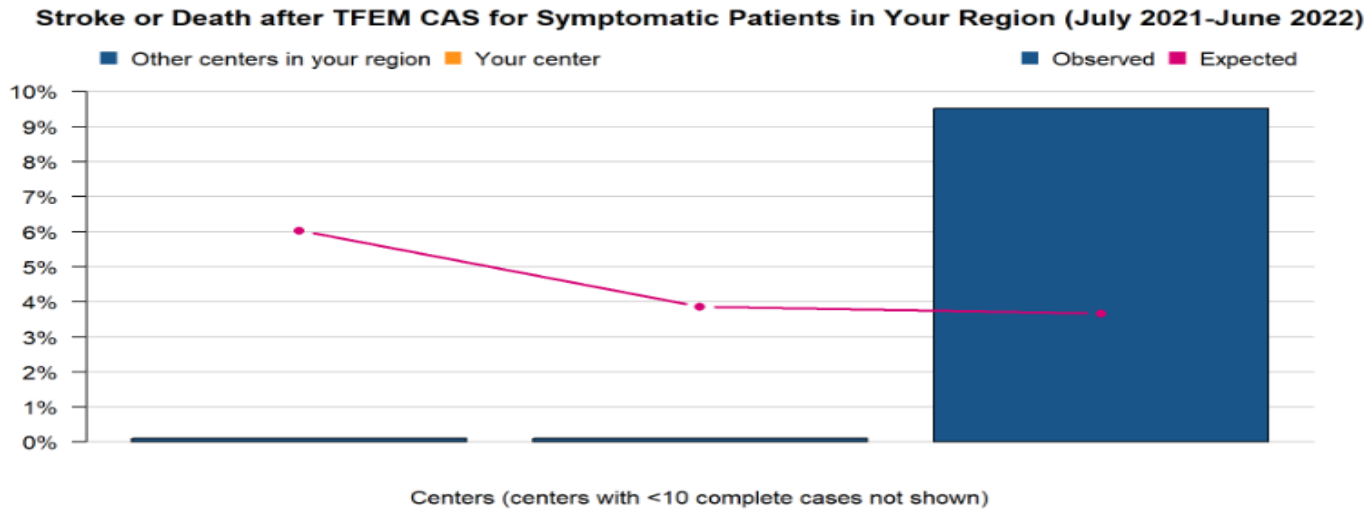
	Your Center	Your Region	VQI Overall
Number of TFEM CAS procedures meeting inclusion criteria		82	2346
Observed rate of stroke or death among procedures meeting inclusion criteria		4.9%	3.9%
Number of procedures with complete data*		73	2188
Observed rate of stroke or death among cases with complete data		5.5%	3.7%
Expected rate of stroke or death among cases with complete data		4.7%	NA
P-value for comparison of observed and expected rates		0.78	NA

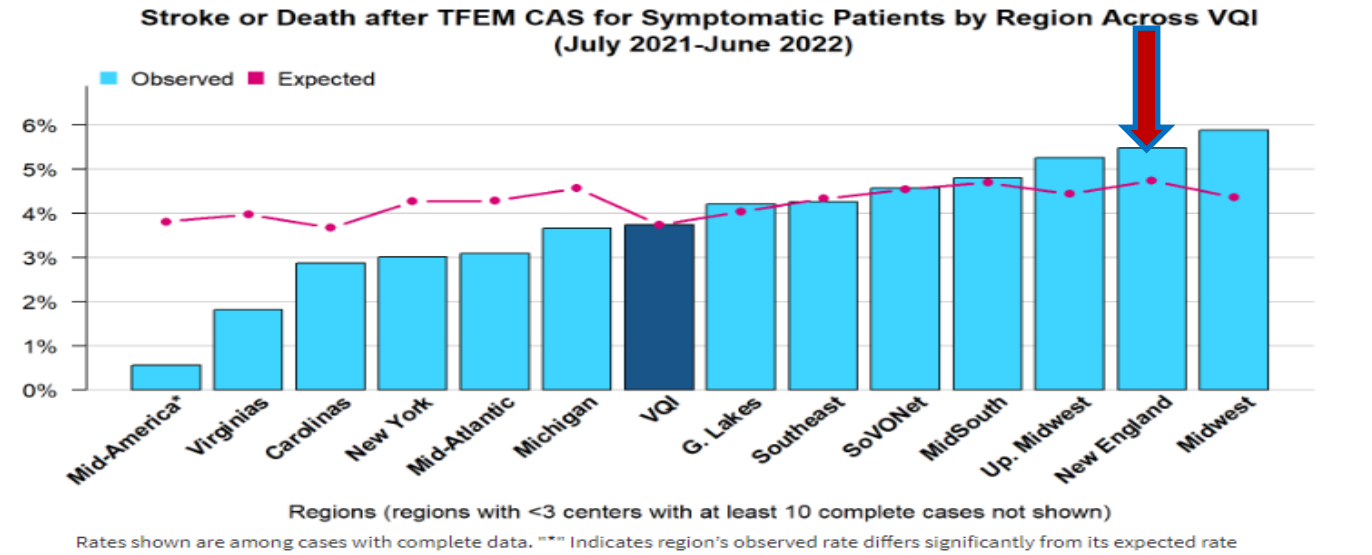
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

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)
Other centers in your region
Your center
Observed
Expected
10%
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
Centers (centers with <10 complete cases not shown)
3 of 11 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)
Observed
Expected
6%
5%
4%
3%
2%
1%
0%
Mid-America*
Virginias
Carolinas
New York
Mid-Atlantic
Michigan
VQI
G. Lakes
Southeast
SoVONet
MidSouth
Up. Midwest
New England
Midwest
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 ASYMP: Stroke/Death

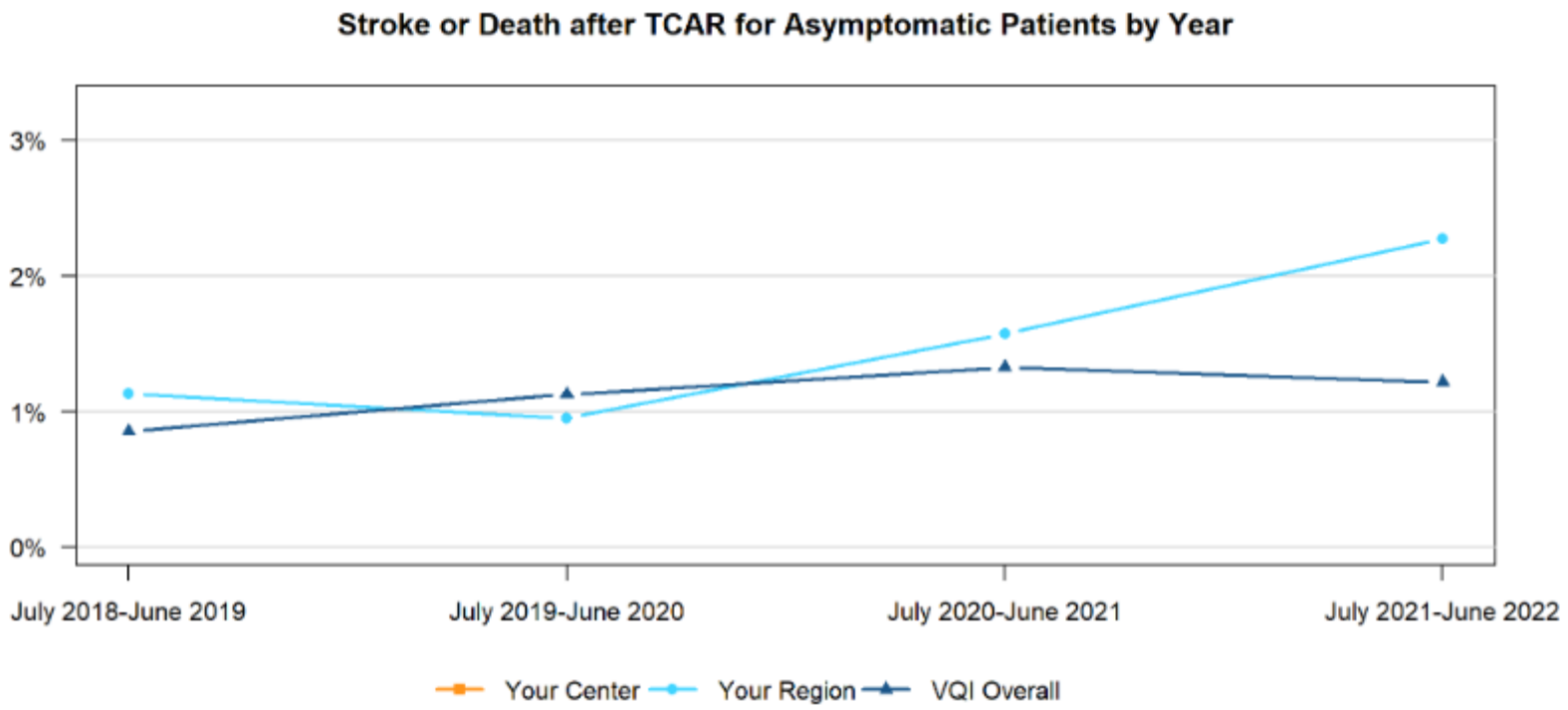
Procedures performed between July 1, 2021 and June 30, 2022

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.

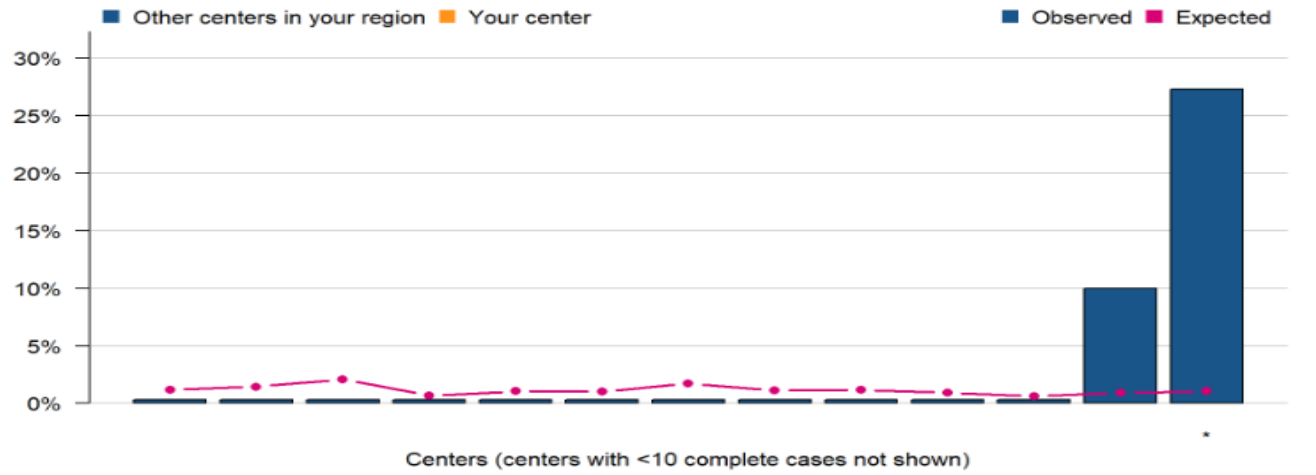
	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		308	5589
Observed rate of stroke or death among procedures meeting inclusion criteria		2.3%	1.2%
Number of procedures with complete data*		284	5226
Observed rate of stroke or death among cases with complete data		2.1%	1.2%
Expected rate of stroke or death among cases with complete data		1.2%	NA
P-value for comparison of observed and expected rates		0.17	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.



Rates shown are observed rates among cases meeting inclusion criteria.

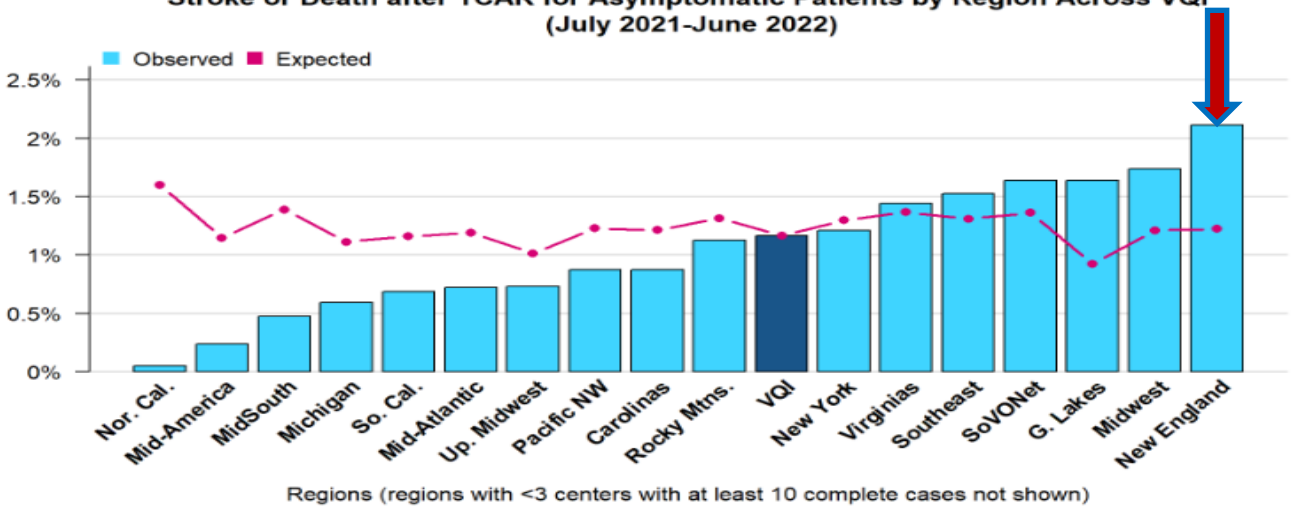
Stroke or Death after TCAR for Asymptomatic Patients in Your Region (July 2021-June 2022)



13 of 32 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)



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

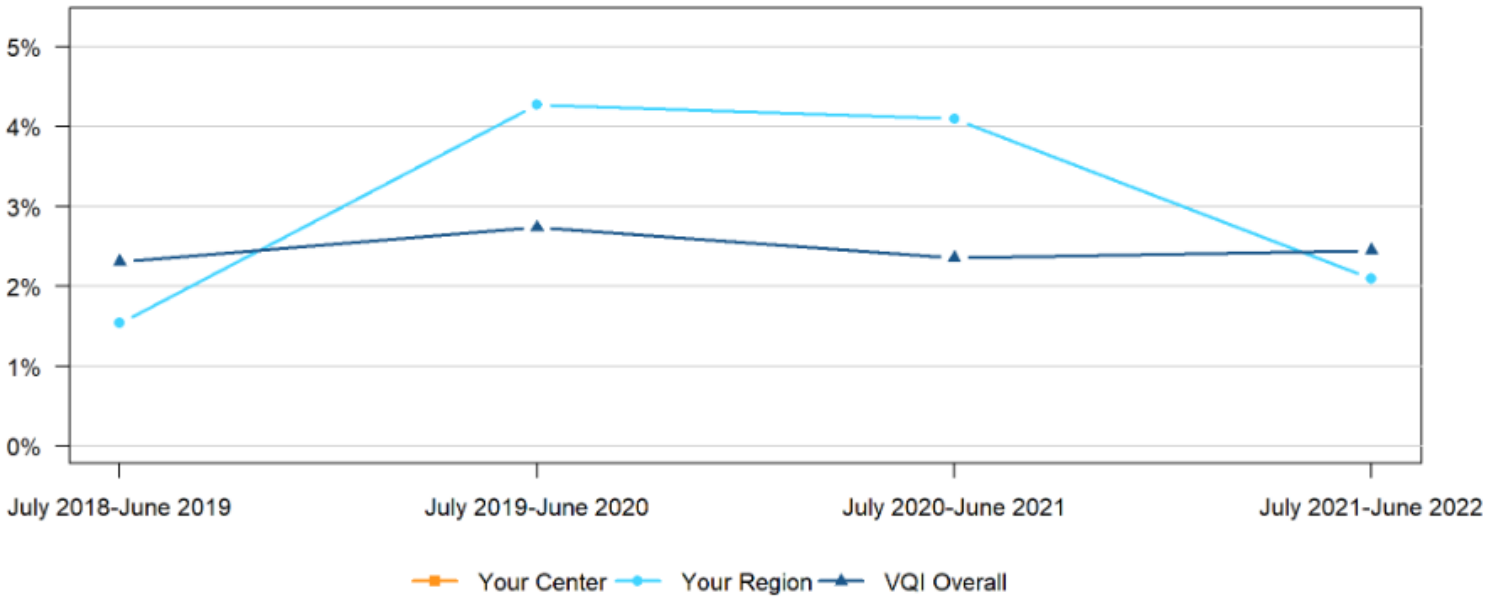
Includes TransCarotid Artery Revascularization (TCAR) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke,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

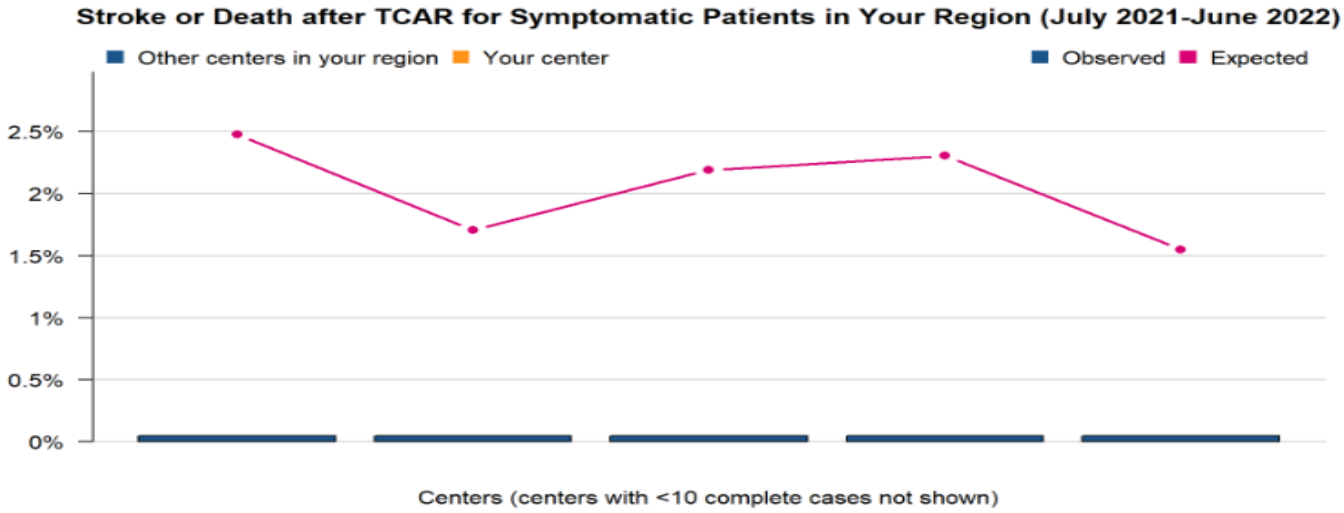
	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		238	2901
Observed rate of stroke or death among procedures meeting inclusion criteria		2.1%	2.4%
Number of procedures with complete data*		219	2745
Observed rate of stroke or death among cases with complete data		2.3%	2.5%
Expected rate of stroke or death among cases with complete data		2.3%	NA
P-value for comparison of observed and expected rates		1	NA

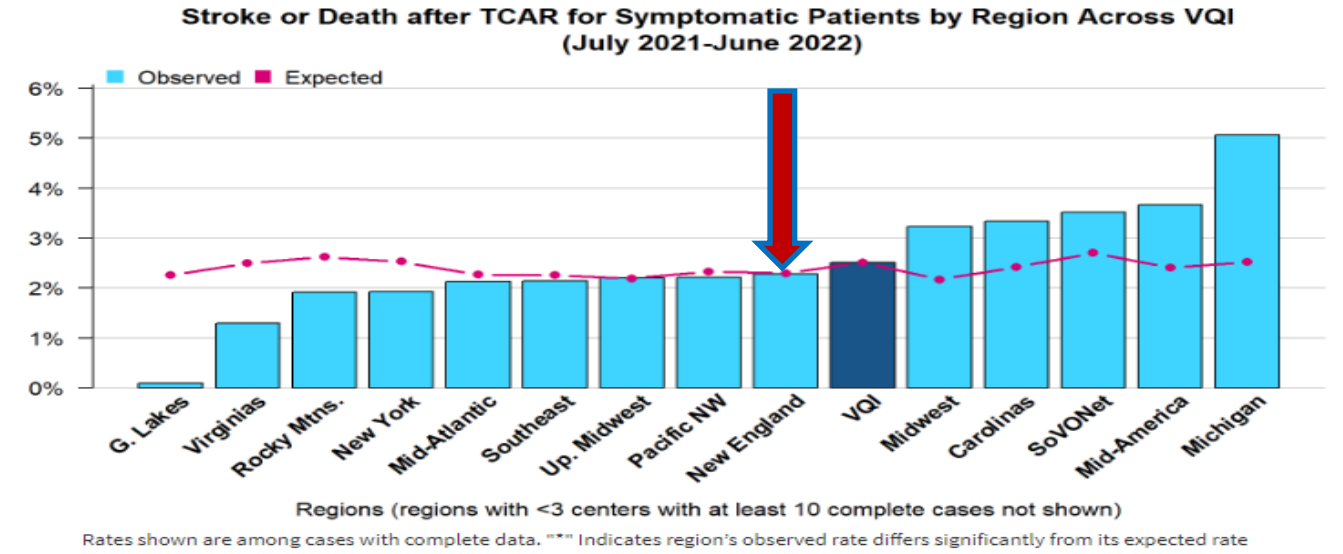
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after TCAR for 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
2.5%
2%
1.5%
1%
0.5%
0%
Centers (centers with <10 complete cases not shown)
5 of 28 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

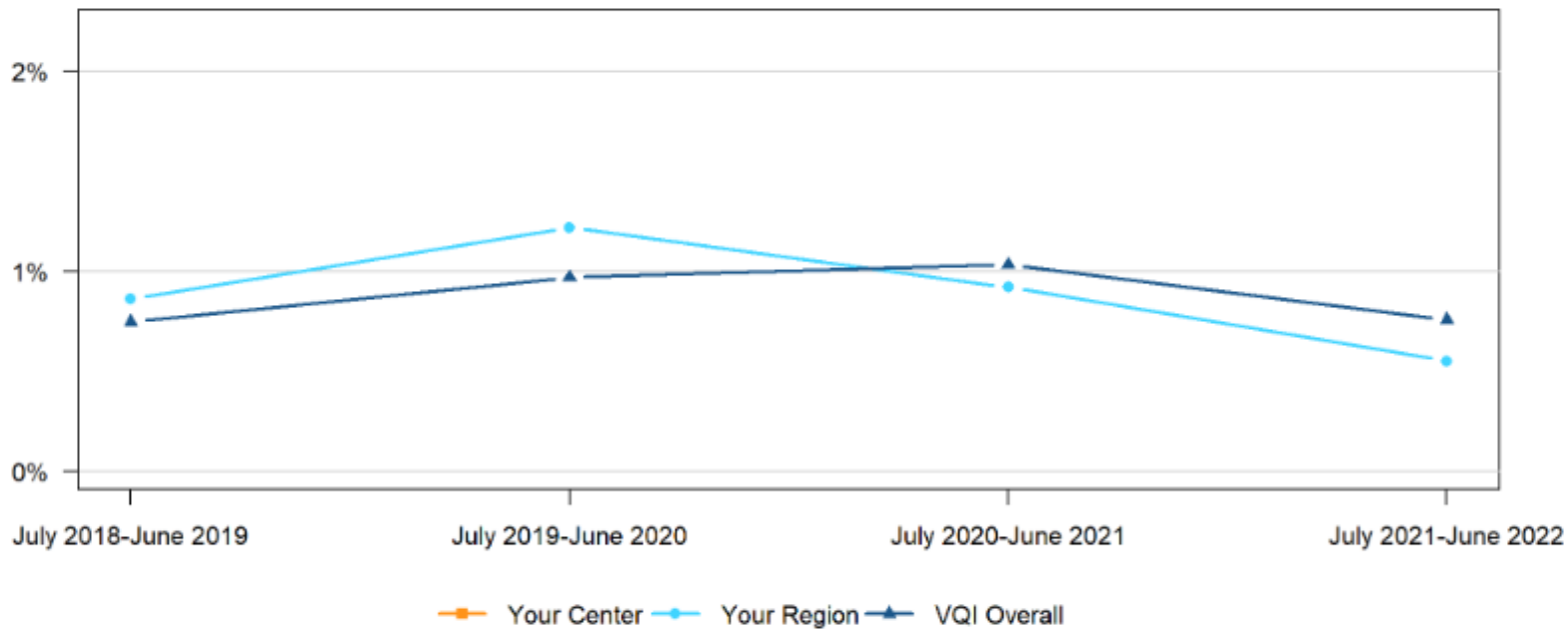
Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral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

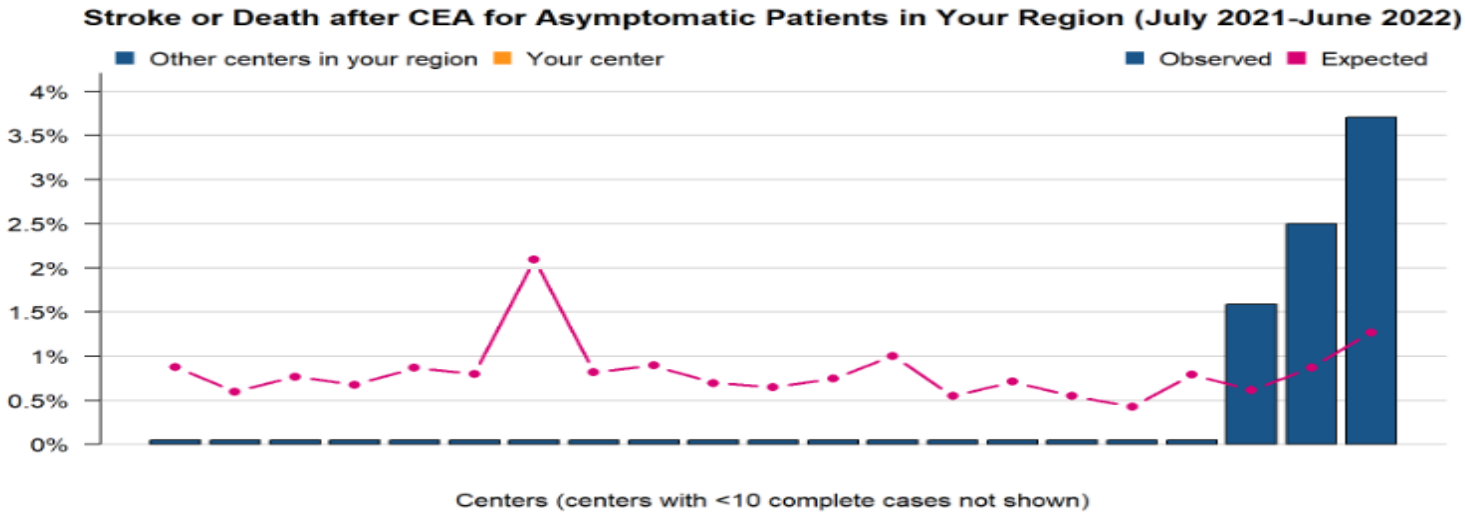
	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		726	9889
Observed rate of stroke or death among procedures meeting inclusion criteria		0.6%	0.8%
Number of procedures with complete data*		689	9351
Observed rate of stroke or death among cases with complete data		0.6%	0.8%
Expected rate of stroke or death among cases with complete data		0.8%	NA
P-value for comparison of observed and expected rates		0.83	NA

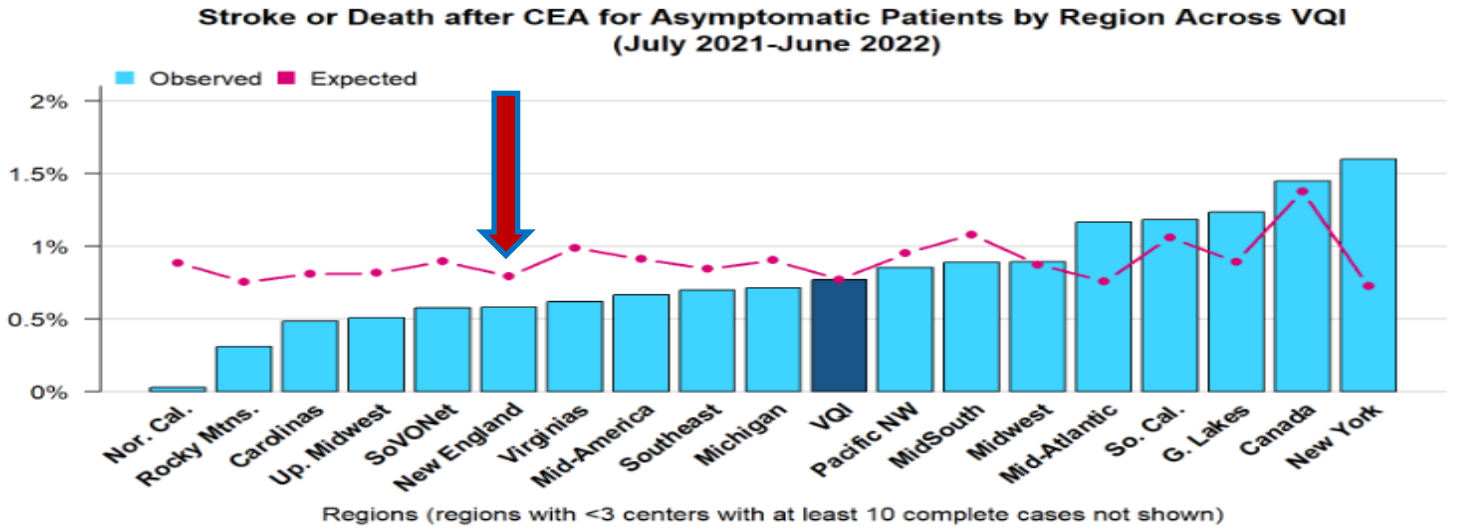
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

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
4%
3.5%
3%
2.5%
2%
1.5%
1%
0.5%
0%
Centers (centers with <10 complete cases not shown)
21 of 28 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 ASYMP: Postop LOS>1 Day

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

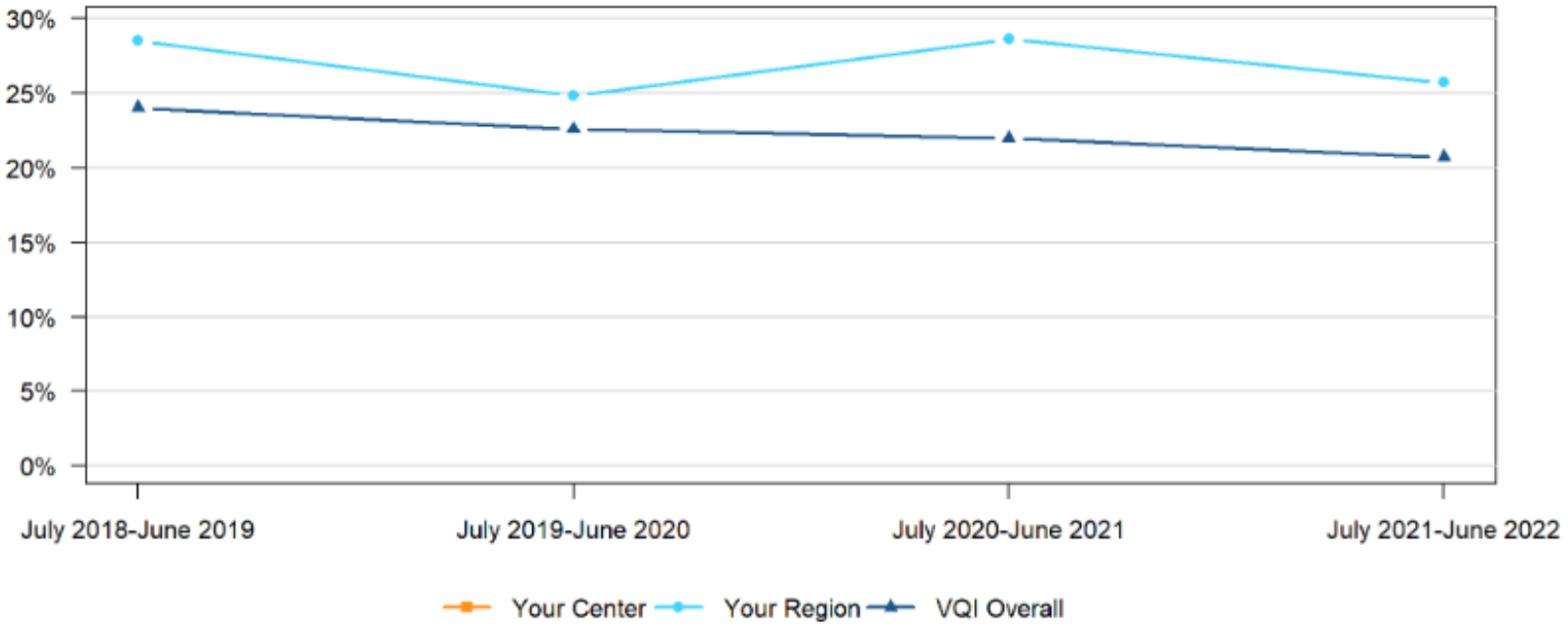
Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral 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		727	9863
Observed rate of LOS>1 day among procedures meeting inclusion criteria		25.7%	20.7%
Number of procedures with complete data*		689	9323
Observed rate of LOS>1 day among cases with complete data		26.3%	20.9%
Expected rate of LOS>1 day among cases with complete data		19.7%	NA
P-value for comparison of observed and expected rates		0	NA

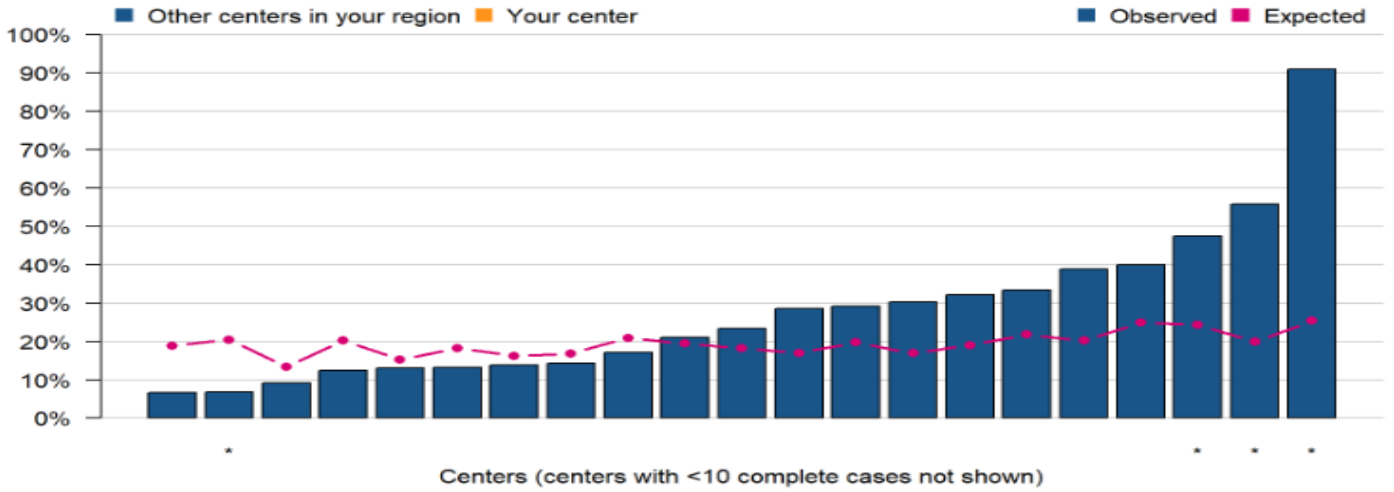
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

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



Rates shown are observed rates among cases meeting inclusion criteria.

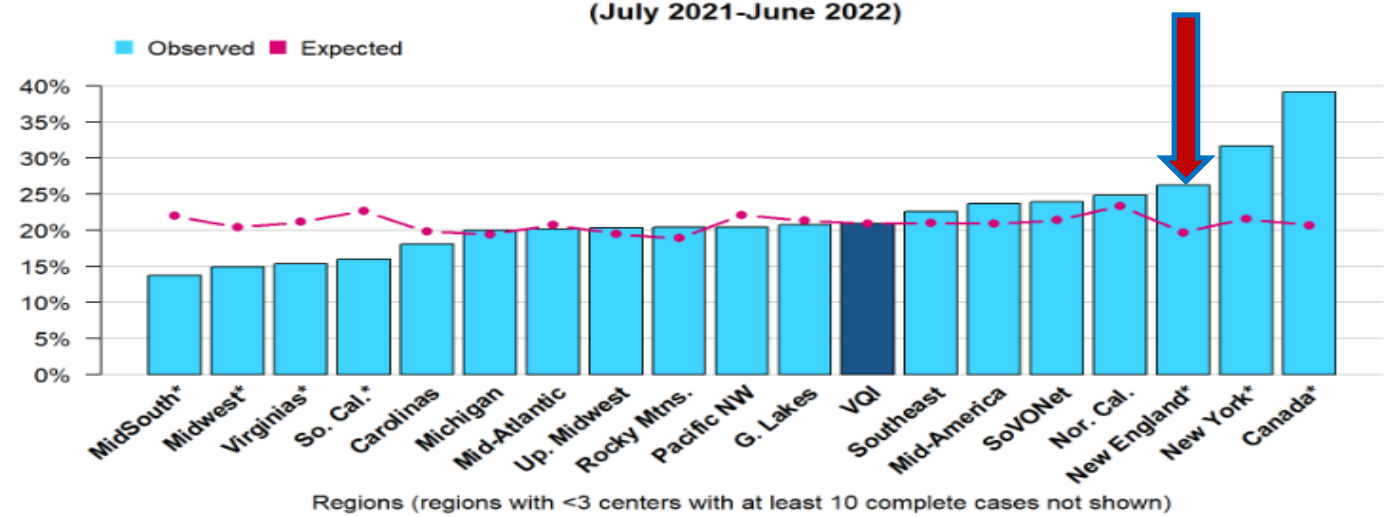
Postop LOS>1 Day after CEA for Asymptomatic Patients in Your Region (July 2021-June 2022)



21 of 28 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: Stroke/Death

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

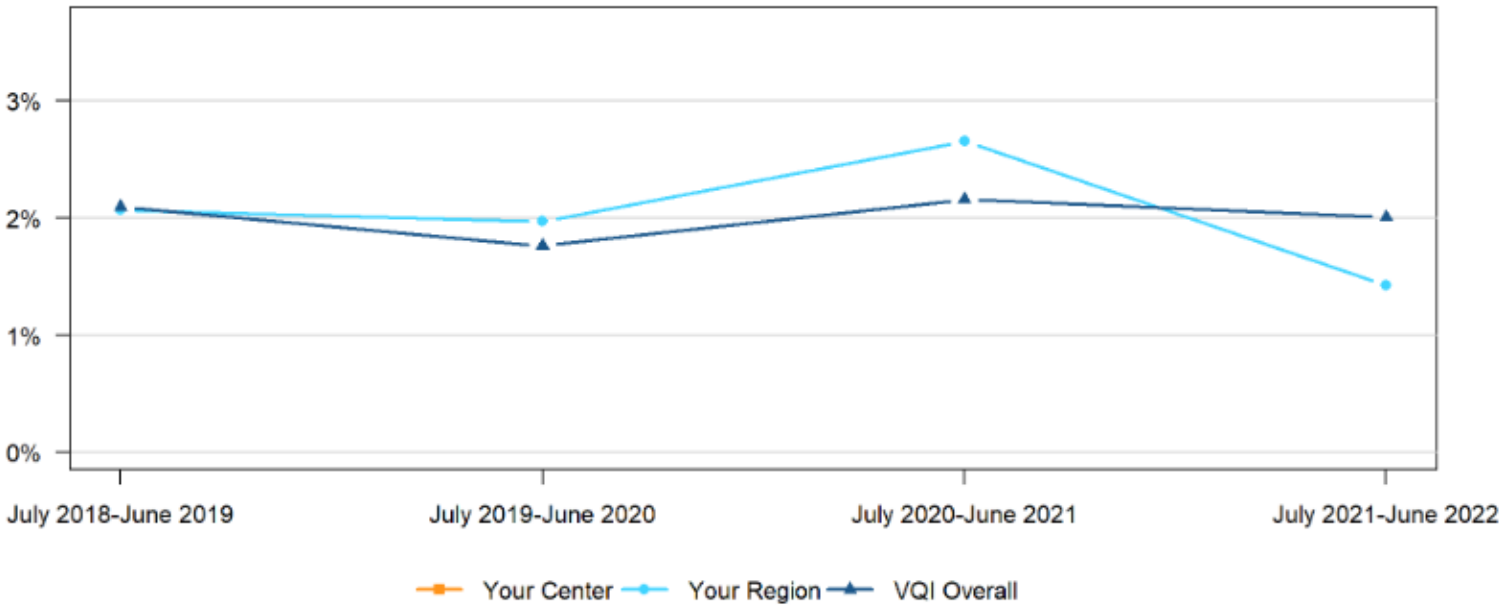
Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral 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		490	5030
Observed rate of stroke or death among procedures meeting inclusion criteria		1.4%	2%
Number of procedures with complete data*		472	4862
Observed rate of stroke or death among cases with complete data		1.5%	2%
Expected rate of stroke or death among cases with complete data		1.8%	NA
P-value for comparison of observed and expected rates		0.86	NA

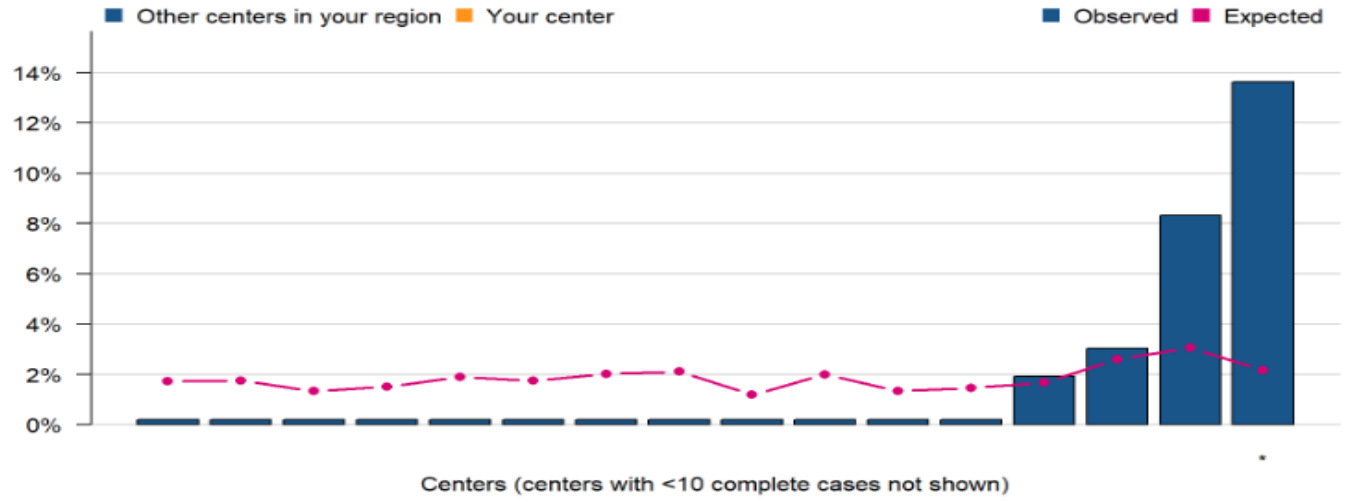
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after CEA for Symptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.

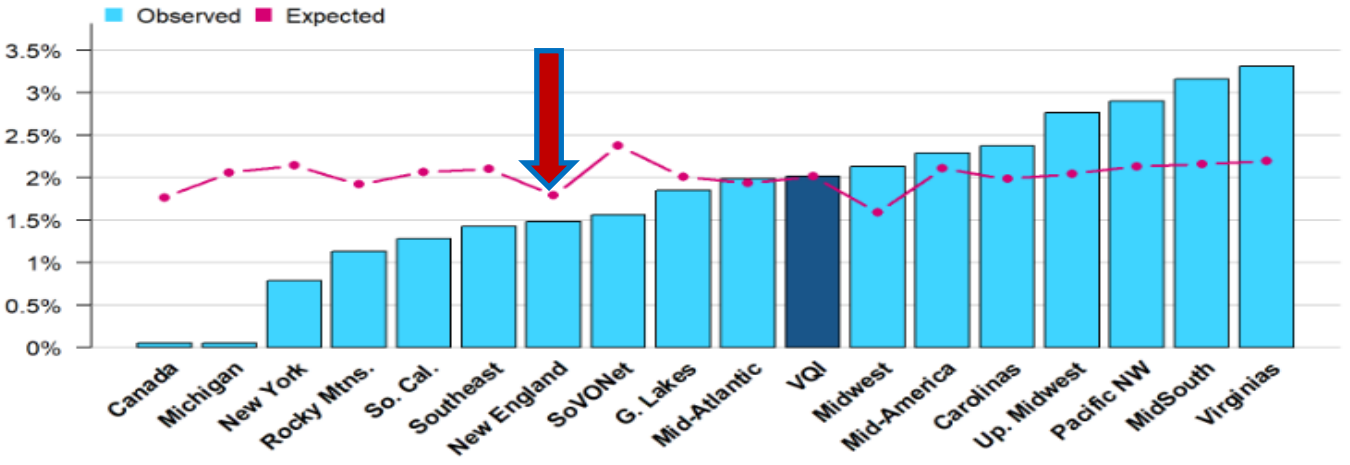
Stroke or Death after CEA for Symptomatic Patients in Your Region (July 2021-June 2022)



16 of 28 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 SYMP: Postop LOS>1 Day

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

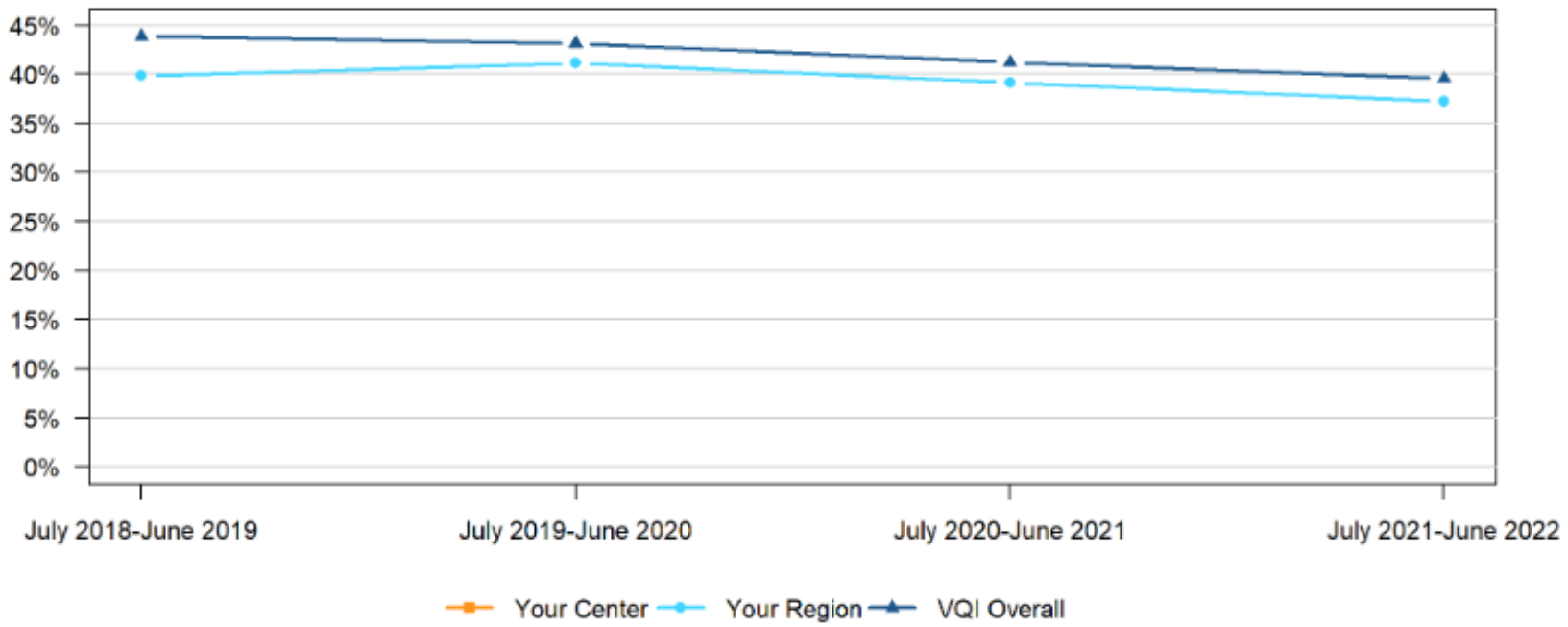
Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral 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		489	5007
Observed rate of LOS>1 day among procedures meeting inclusion criteria		37.2%	39.6%
Number of procedures with complete data*		471	4838
Observed rate of LOS>1 day among cases with complete data		36.9%	39.7%
Expected rate of LOS>1 day among cases with complete data		38.9%	NA
P-value for comparison of observed and expected rates		0.4	NA

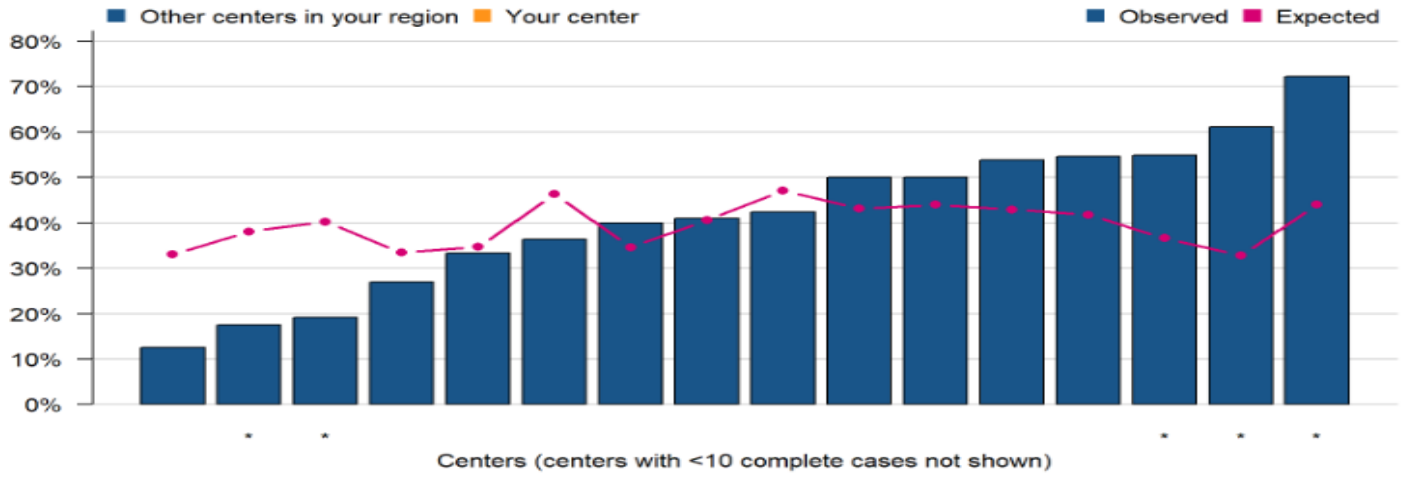
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

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



Rates shown are observed rates among cases meeting inclusion criteria.

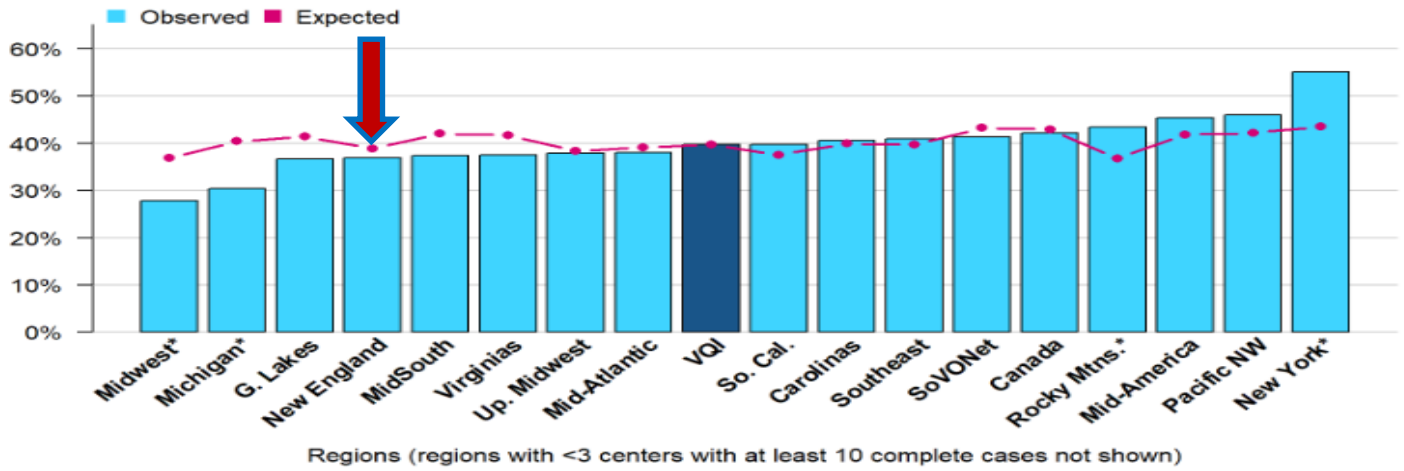
Postop LOS>1 Day after CEA for Symptomatic Patients in Your Region (July 2021-June 2022)



16 of 28 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

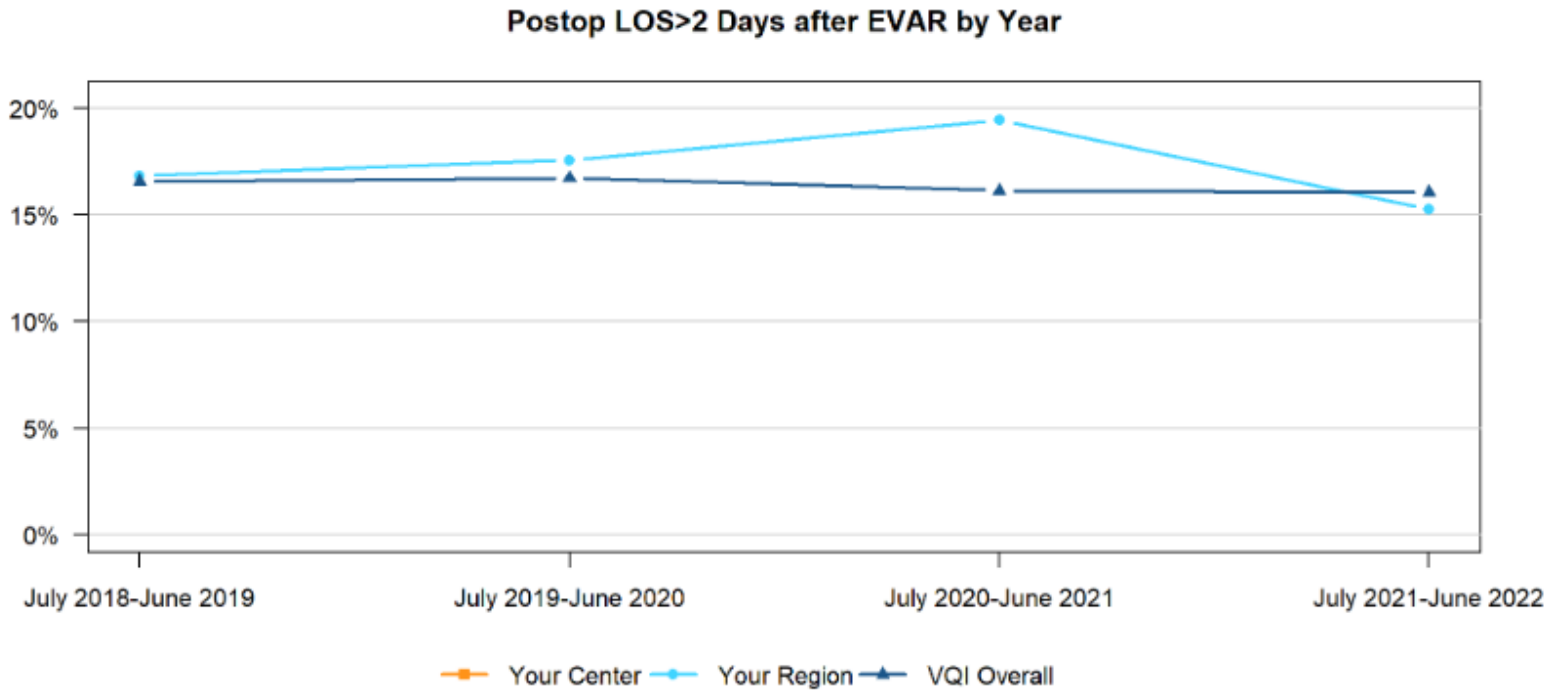
Procedures performed between July 1, 2021 and June 30, 2022

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.

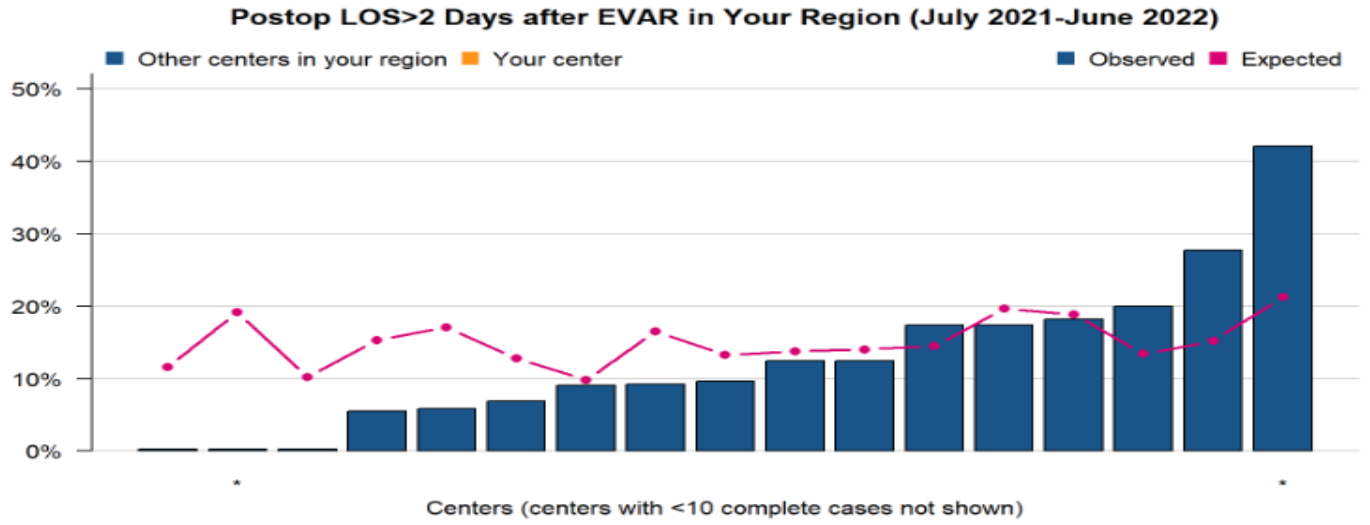
The table below gives the number of EVAR procedures meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>2 Days for those cases.

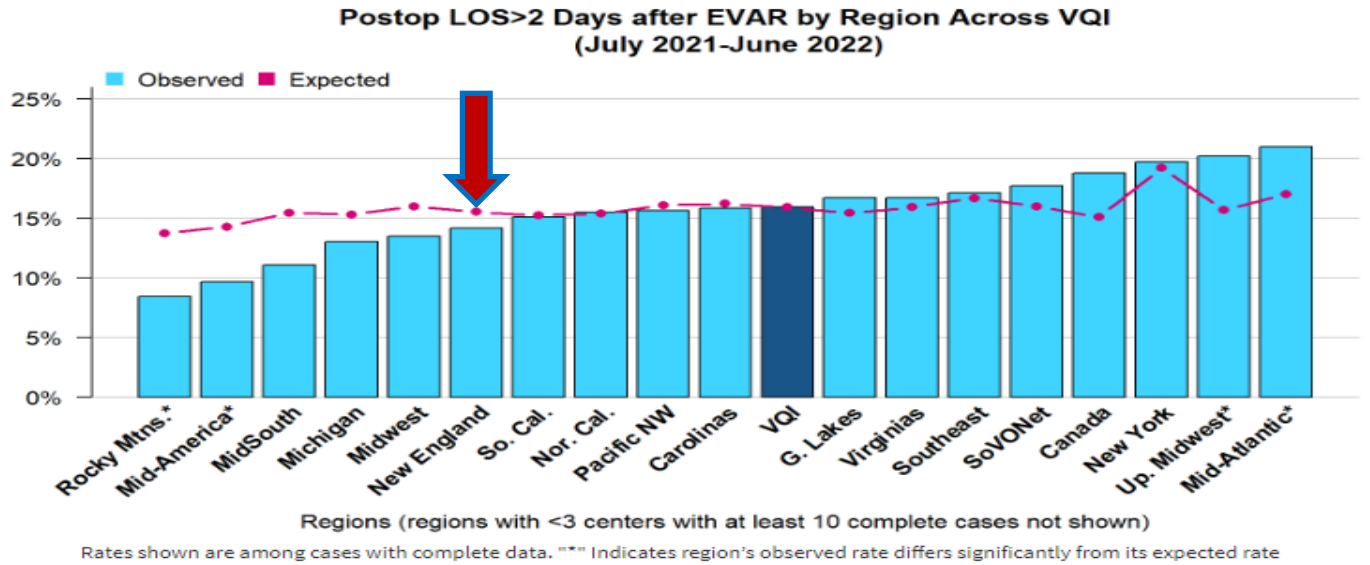
	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		452	6924
Observed rate of LOS>2 days among procedures meeting inclusion criteria		15.3%	16%
Number of procedures with complete data*		423	6428
Observed rate of LOS>2 days among cases with complete data		14.2%	15.9%
Expected rate of LOS>2 days among cases with complete data		15.6%	NA
P-value for comparison of observed and expected rates		0.46	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.



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)
17 of 22 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

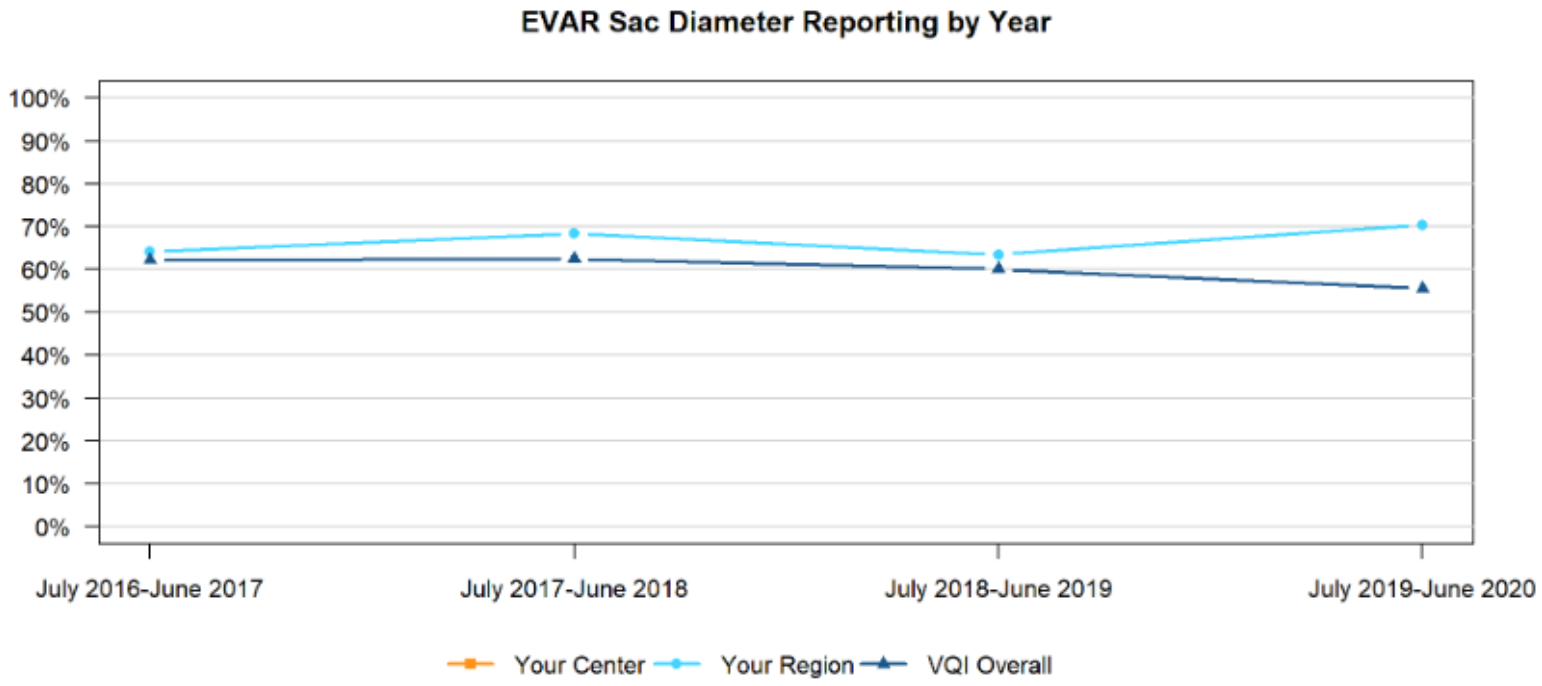
EVAR: Sac Diameter Reporting

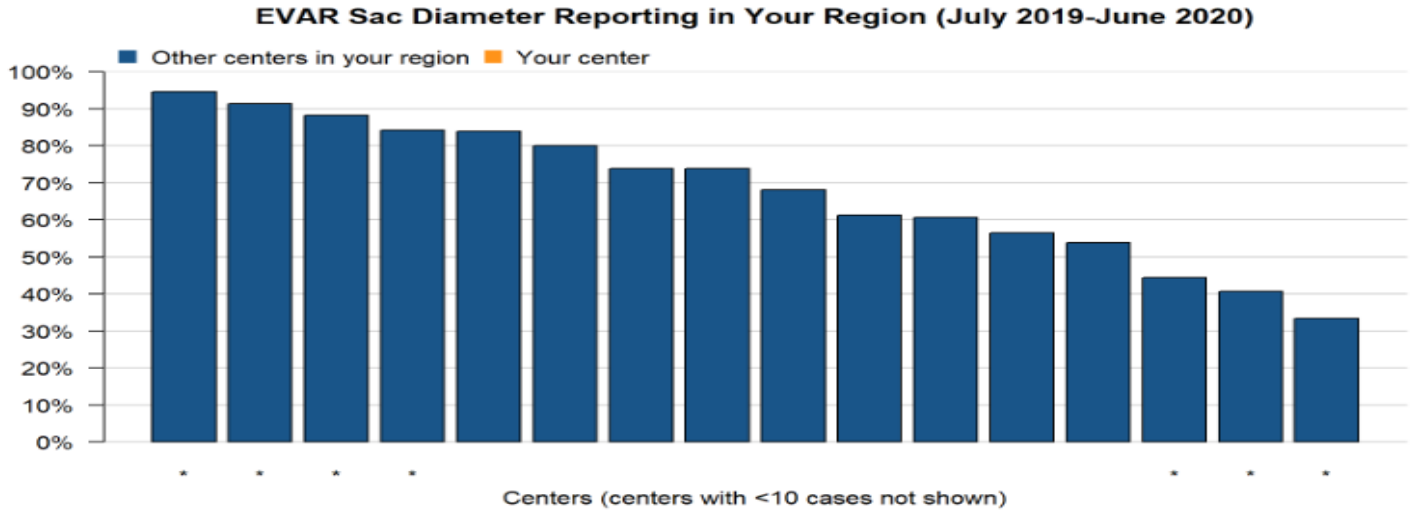
Procedures performed between July 1, 2019 and June 30, 2020

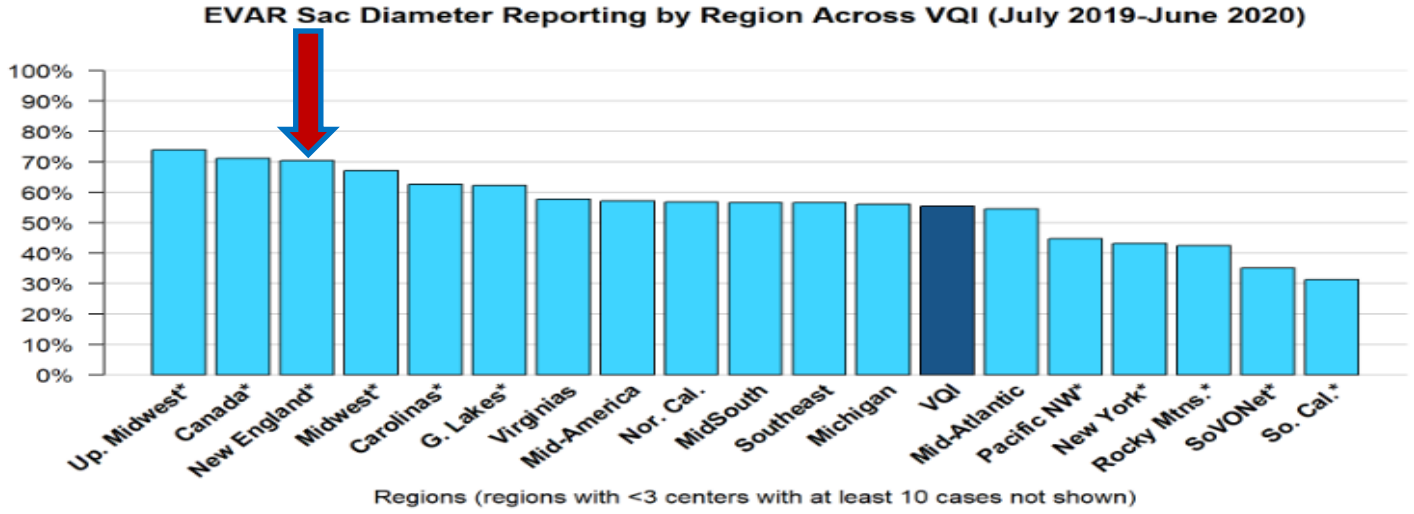
Includes Endovascular AAA Repair (EVAR) procedures. Excludes patients who were converted to open or died within 21 months of surgery.

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		479	6497
Percentage with sac diameter reported between 9 and 21 months post-procedure		70.4%	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


EVAR Sac Diameter 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)
16 of 23 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


EVAR Sac Diameter Reporting by Region Across VQI (July 2019-June 2020)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Up. Midwest*
Canada*
New England*
Midwest*
Carolinas*
G. Lakes*
Virginias
Mid-America
Nor. Cal.
MidSouth
Southeast
Michigan
VQI
Mid-Atlantic
Pacific NW*
New York*
Rocky Mtns.*
SoVONet*
So. Cal.*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

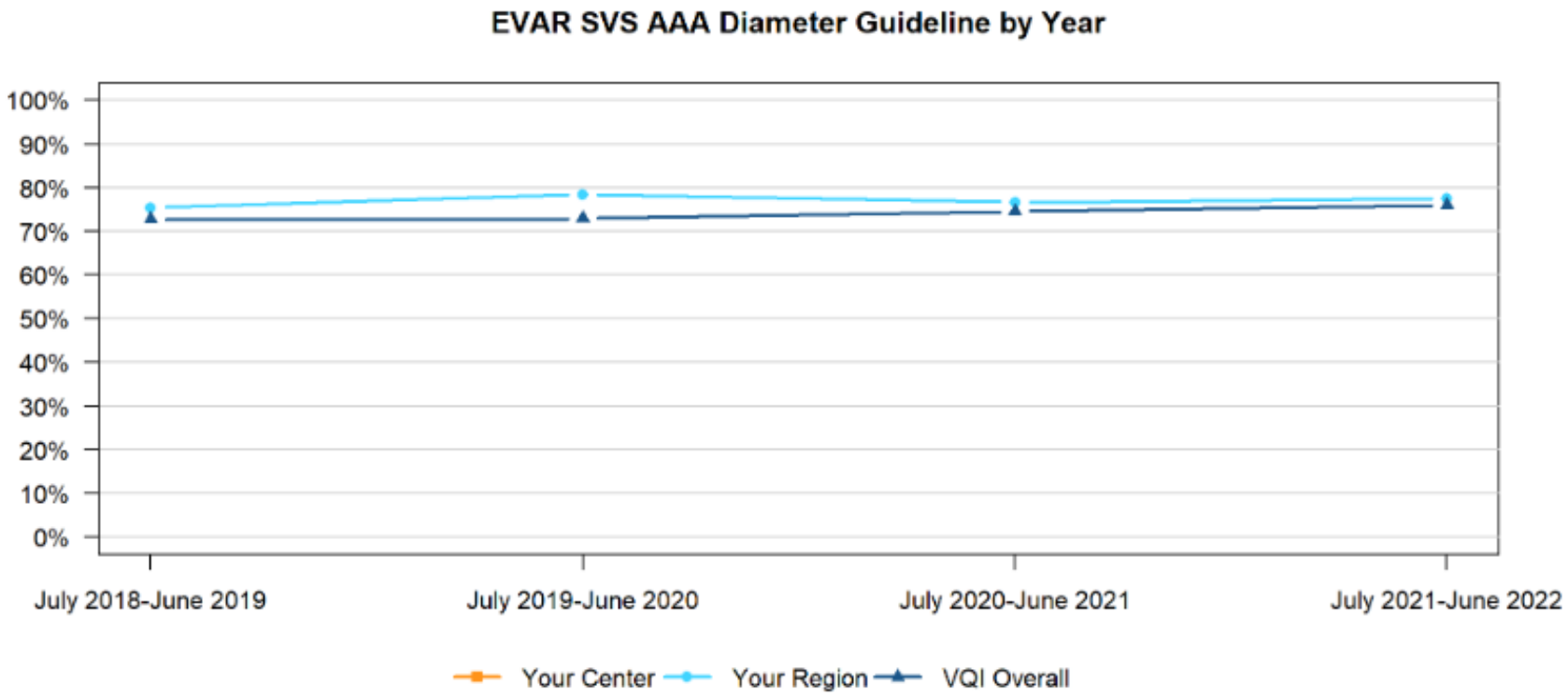
EVAR: SVS AAA Diameter Guideline

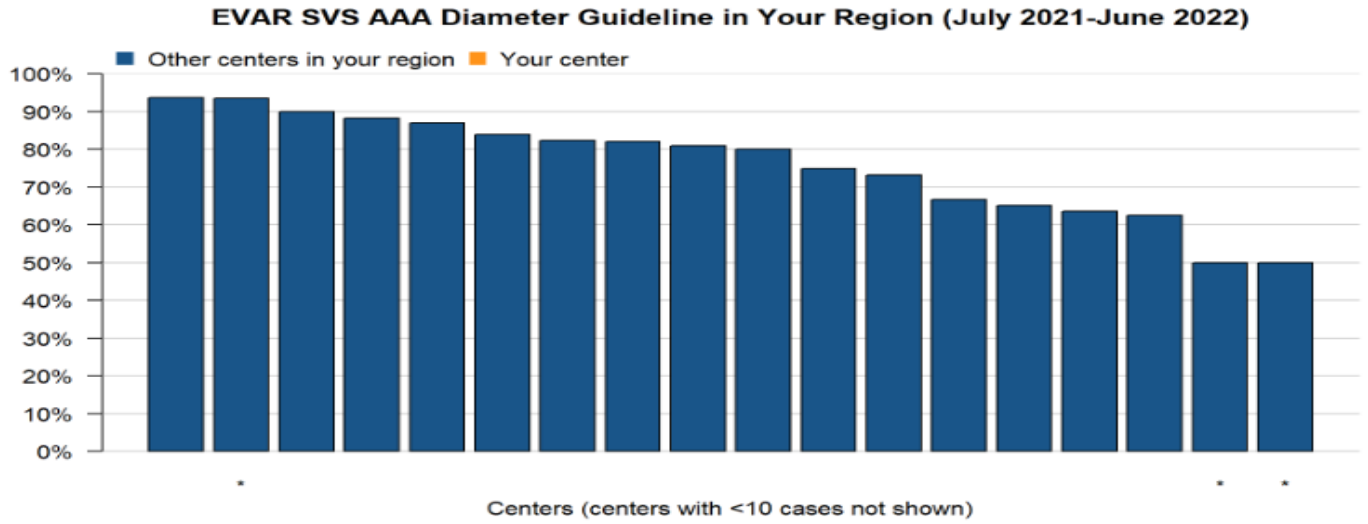
Procedures performed between July 1, 2021 and June 30, 2022

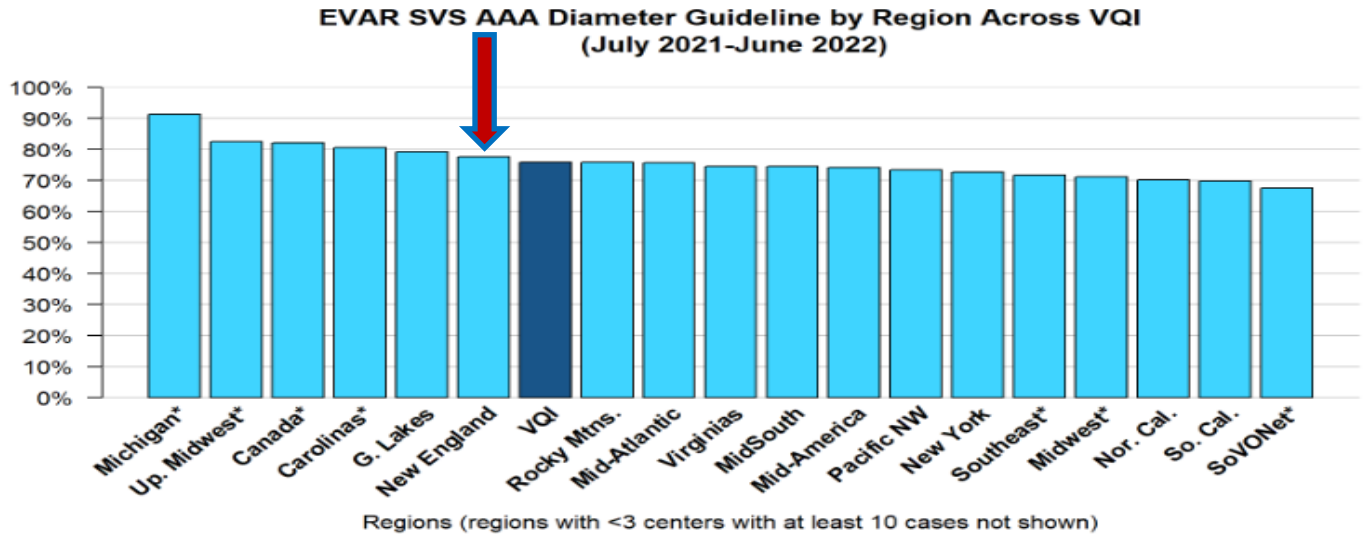
Includes Endovascular AAA Repair (EVAR) procedures. Excludes any non-elective procedure. SVS AAA diameter guideline is ≥5 cm for Women and ≥5.5cm for men. If the patient has any iliac aneurysm, the guideline is considered met regardless of AAA diameter.

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		414	6156
Percentage meeting SVS AAA diameter guideline		77.5%	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)
18 of 22 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.

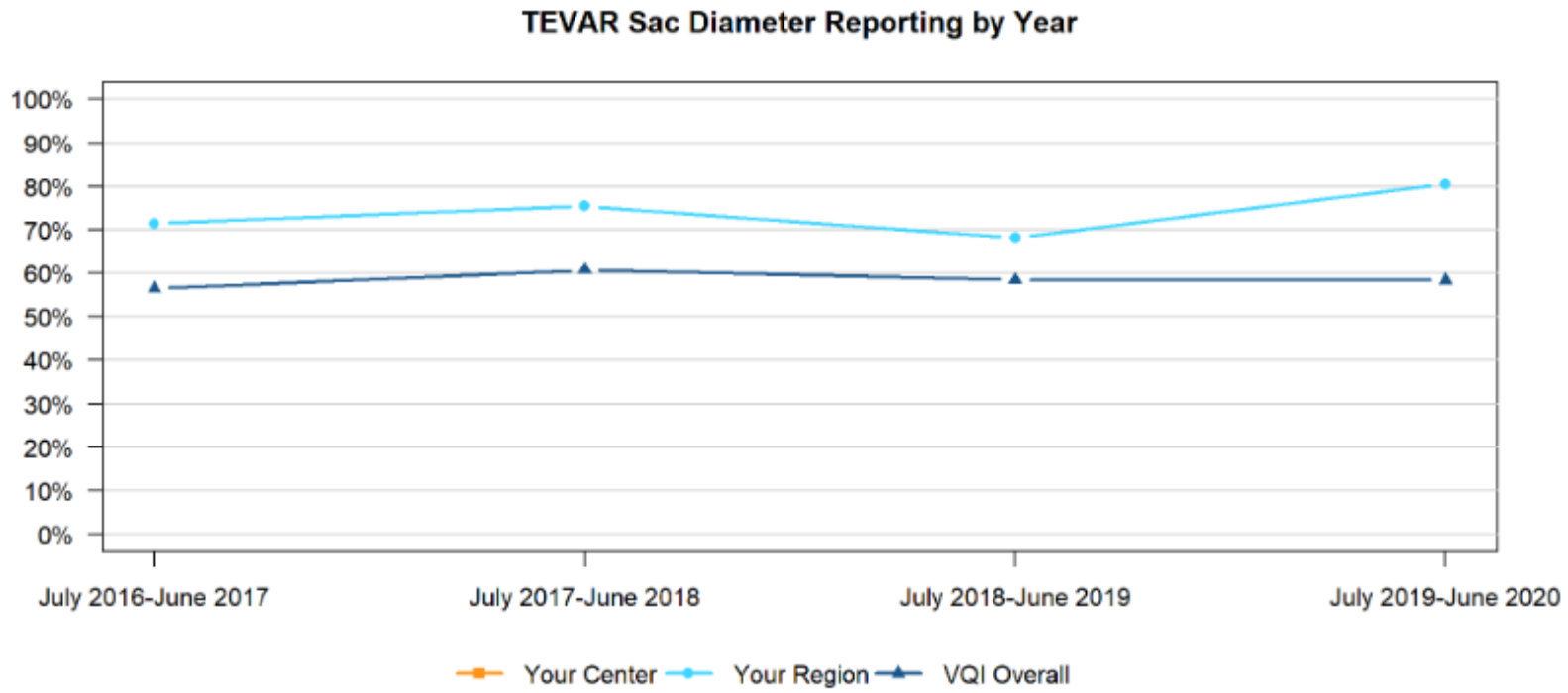
TEVAR: Sac Diameter Reporting

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

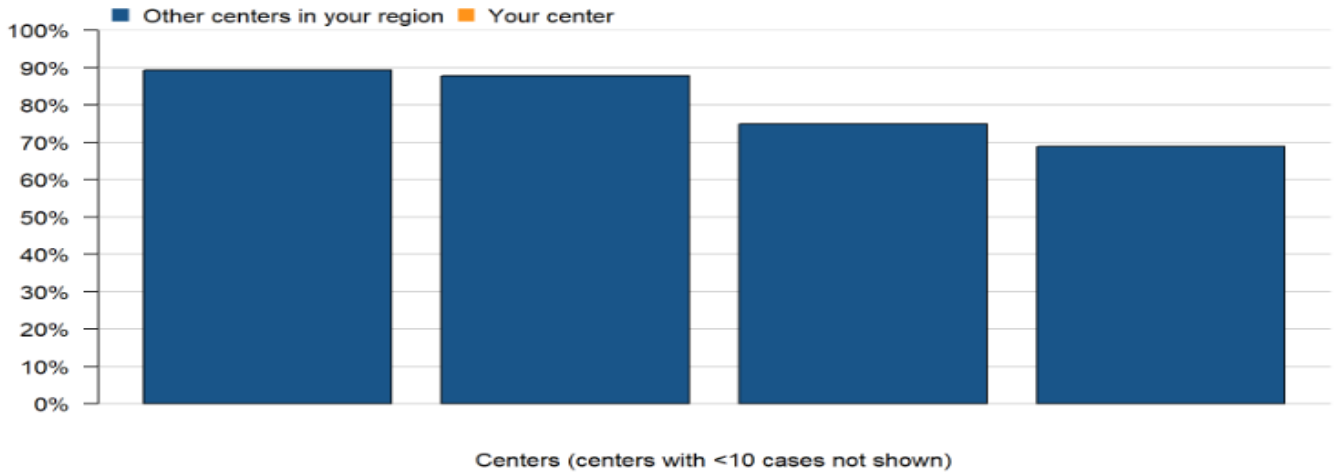
Includes Thoracic Endovascular Aortic Repair (TEVAR) procedures for aneurysm or aneurysm from dissection. Excludes procedures where no aortic device was implanted or patients who were converted to open or died within 21 months of surgery.

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		149	1560
Percentage with sac diameter reported between 9 and 21 months post-procedure		80.5%	58.4%


TEVAR 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

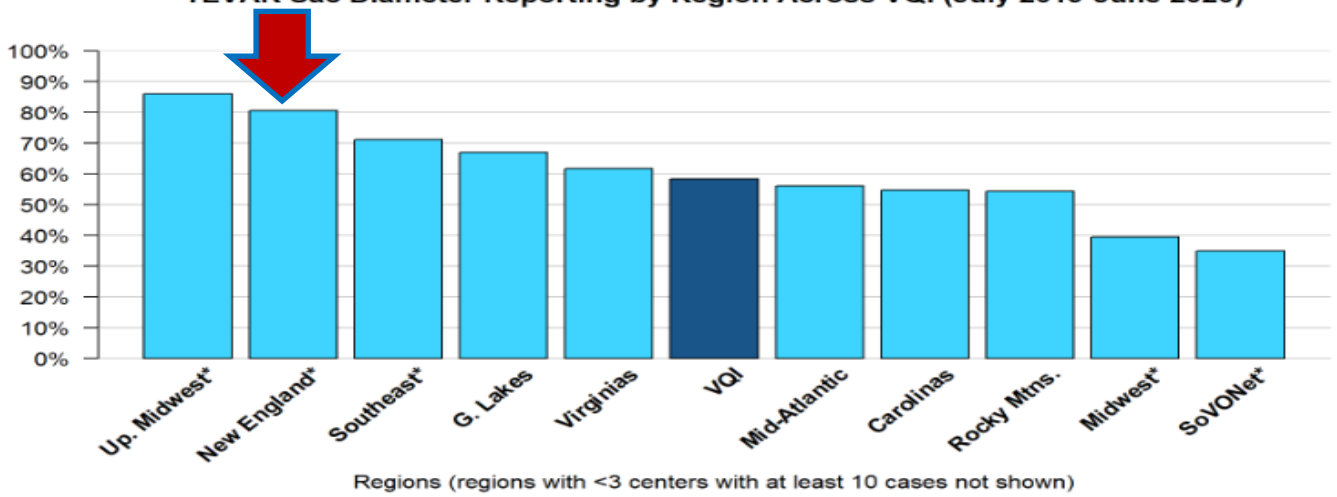
TEVAR Sac Diameter Reporting in Your Region (July 2019-June 2020)



4 of 11 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

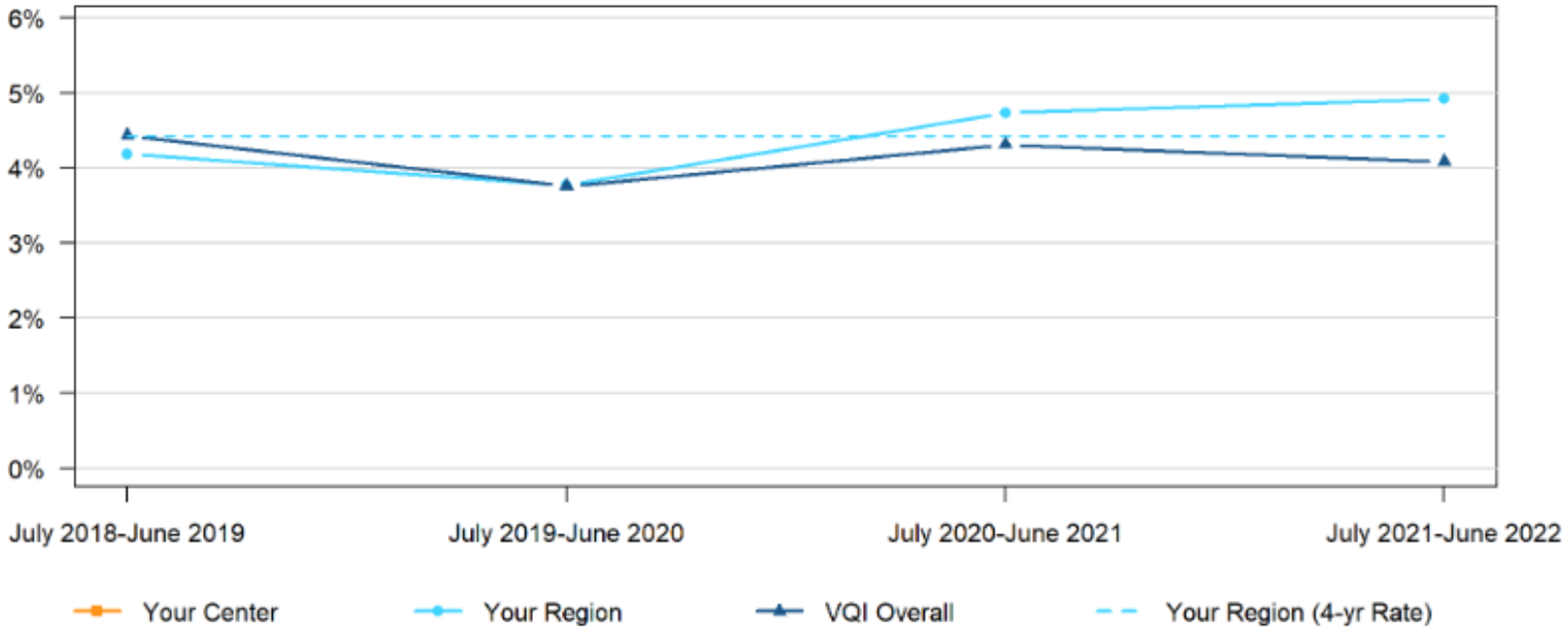
Includes Open AAA (OAAA) procedures. Excludes any patient with a ruptured aneurysm.

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.

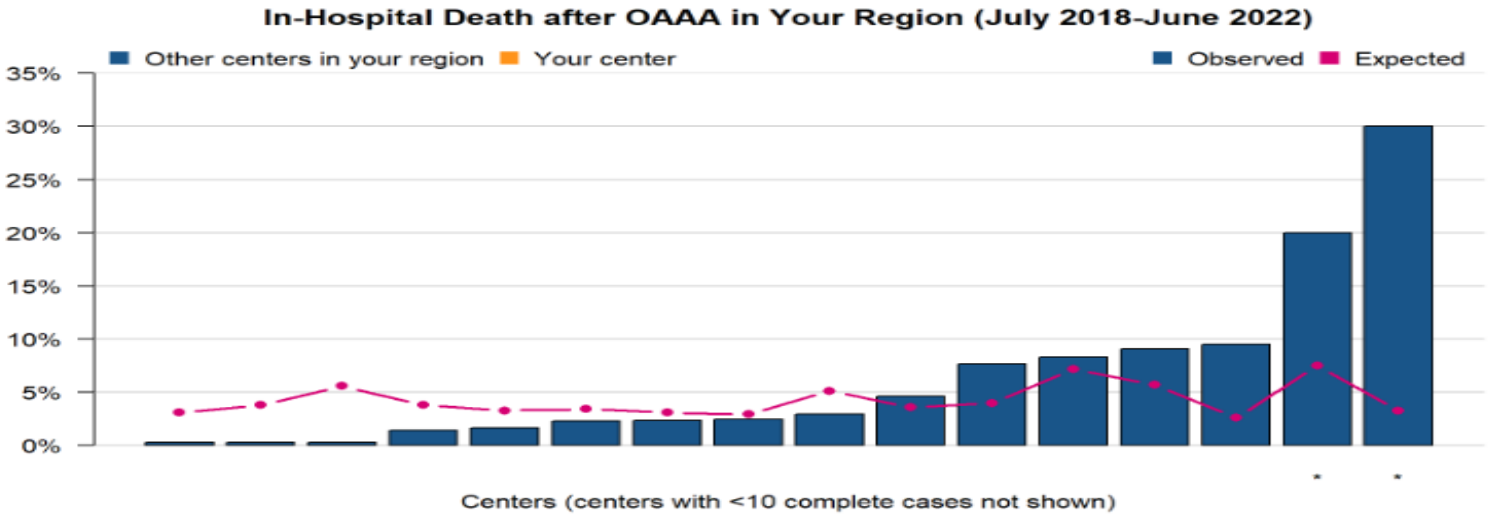
	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		723	4641
Observed rate of In-Hospital Mortality among procedures meeting inclusion criteria		4.4%	4.2%
Number of procedures with complete data*		683	4320
Observed rate of In-Hospital Mortality among cases with complete data		4.2%	4%
Expected rate of In-Hospital Mortality among cases with complete data		3.9%	NA
P-value for comparison of observed and expected rates		0.62	NA

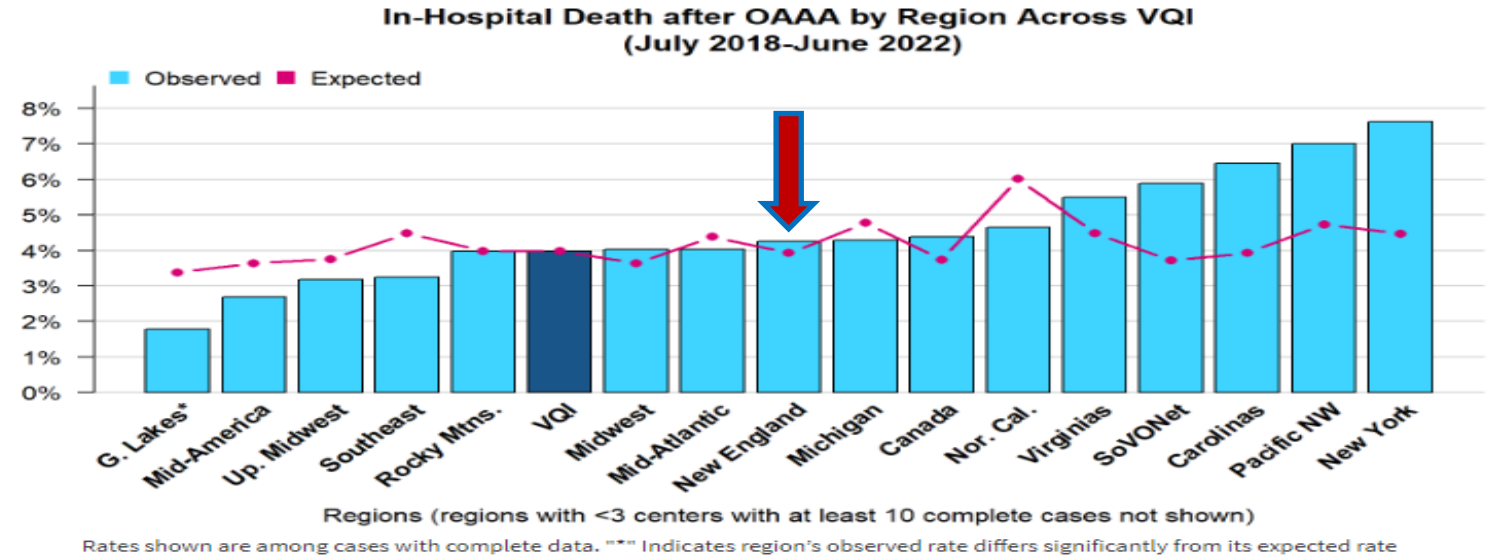
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

In-Hospital Death after OAAA by Year



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
35%
30%
25%
20%
15%
10%
5%
0%
Centers (centers with <10 complete cases not shown)
16 of 22 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

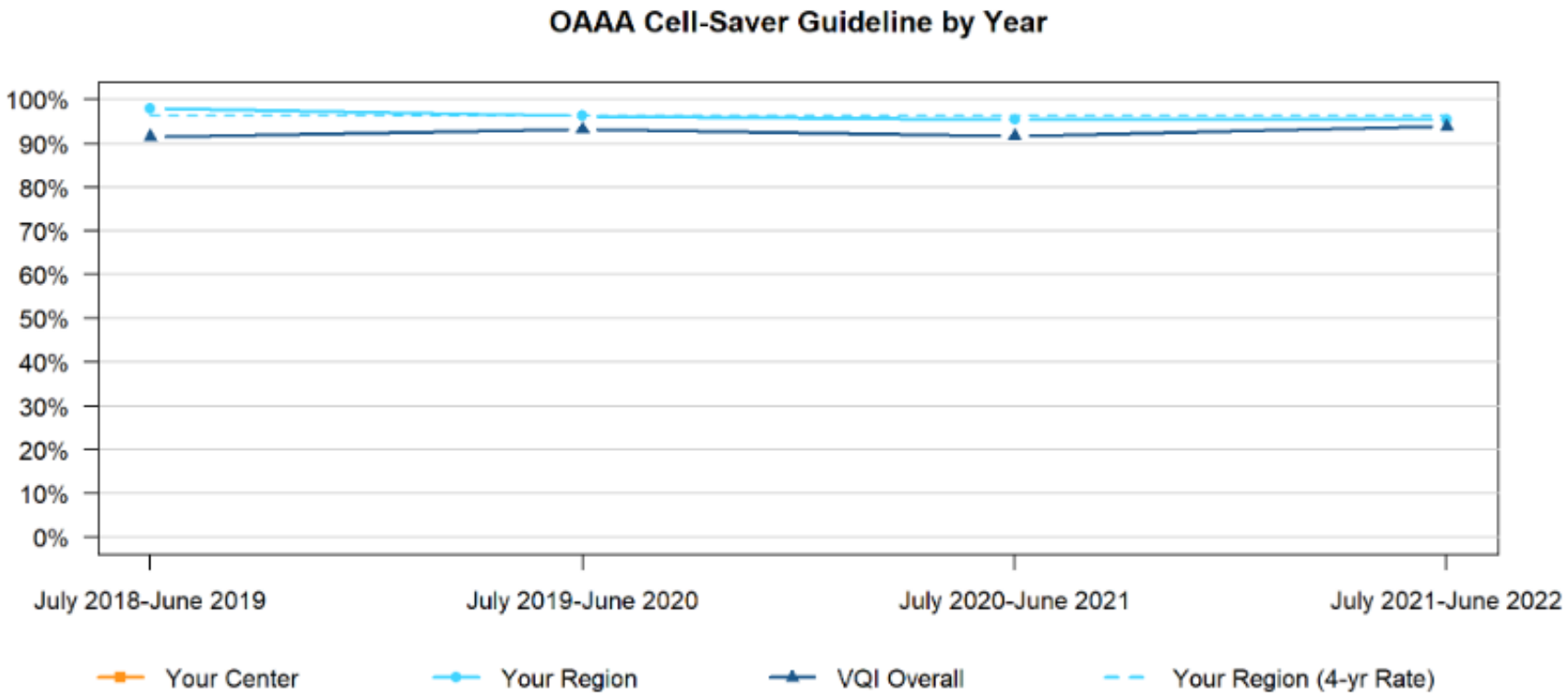
OAAA: SVS Cell-Saver Guideline

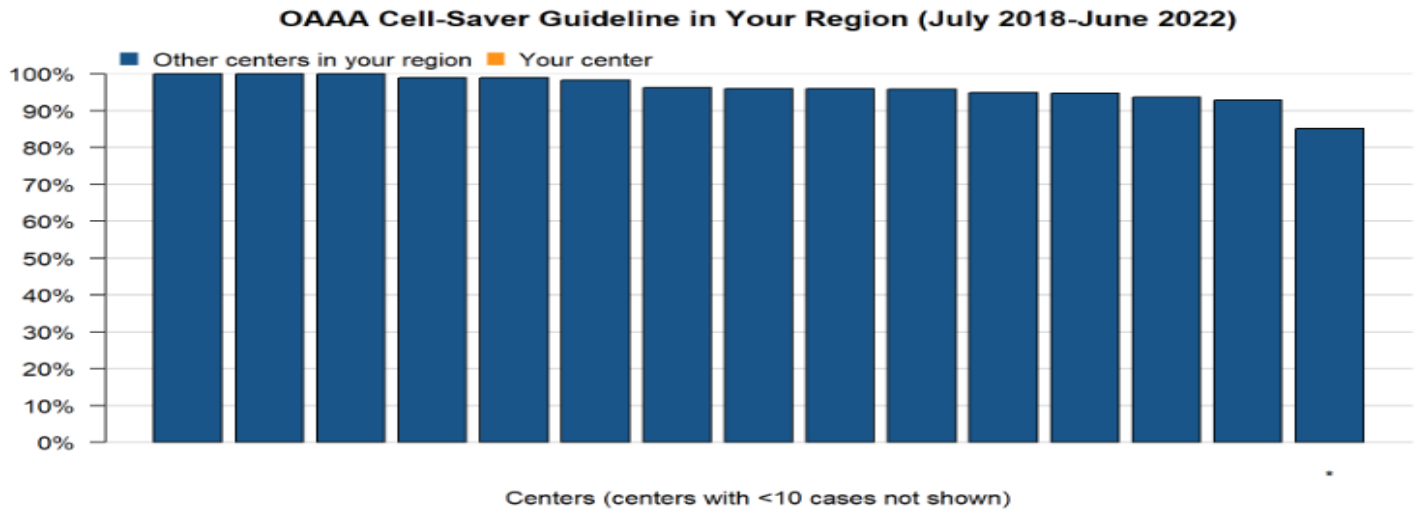
Procedures performed between July 1, 2018 and June 30, 2022

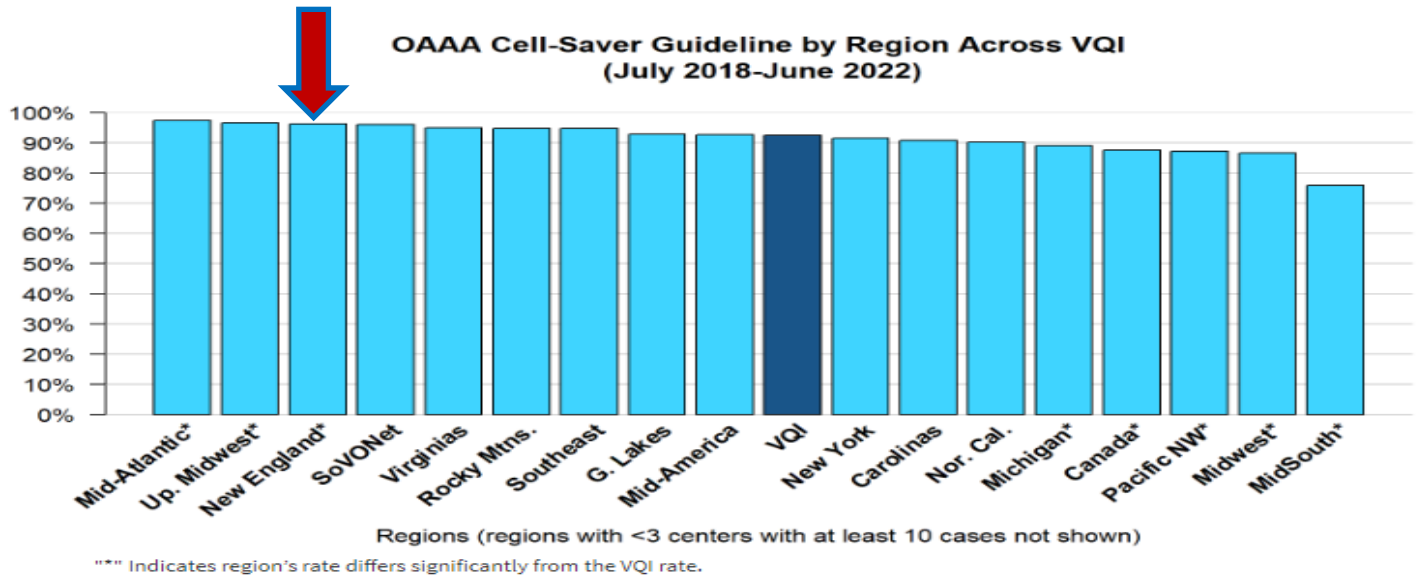
Includes Open AAA (OAAA) procedures. Excludes any patient with EBL≤500 ml. SVS cell-saver guideline is met if cell salvage or ultrafiltration device was used.

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		707	4684
Percentage meeting SVS cell-saver guideline		96.3%	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)
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)
15 of 22 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


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

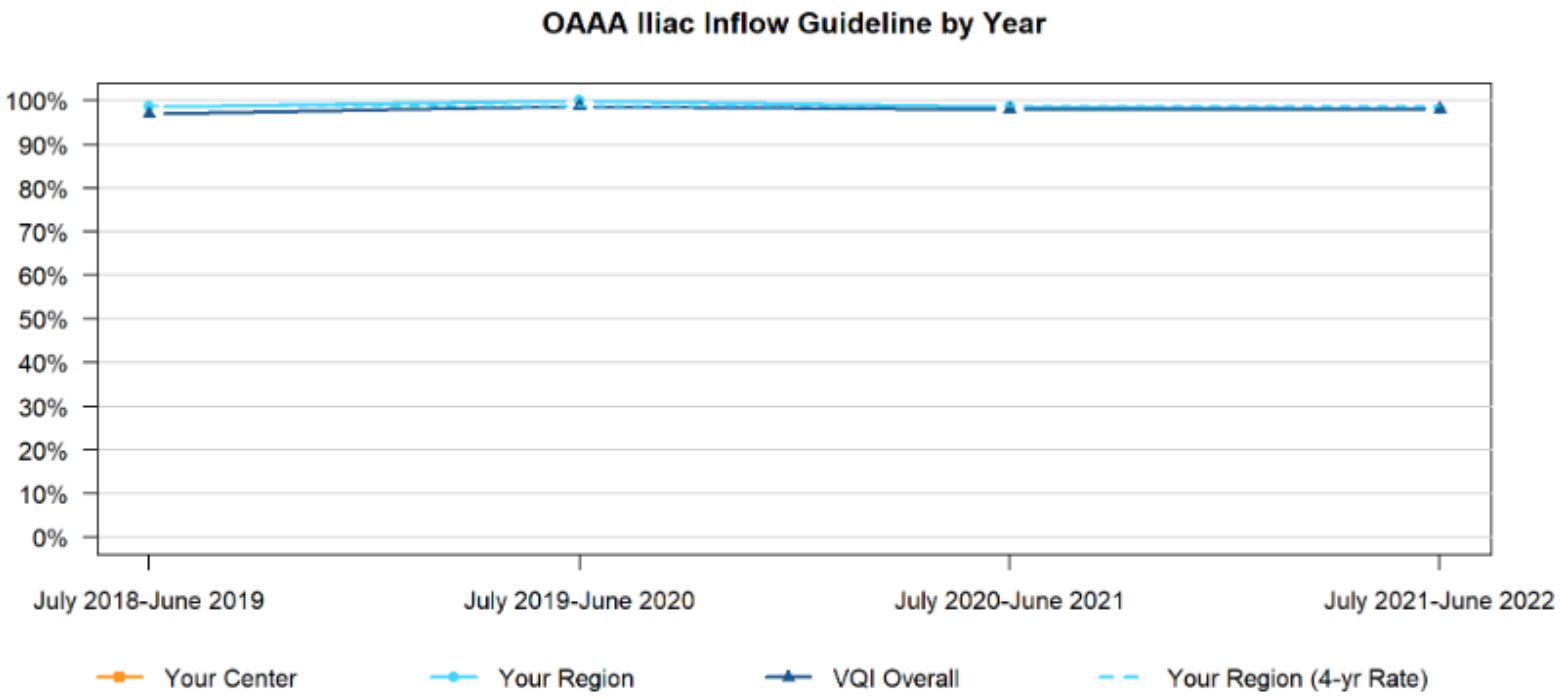
OAAA: SVS Iliac Inflow Guideline

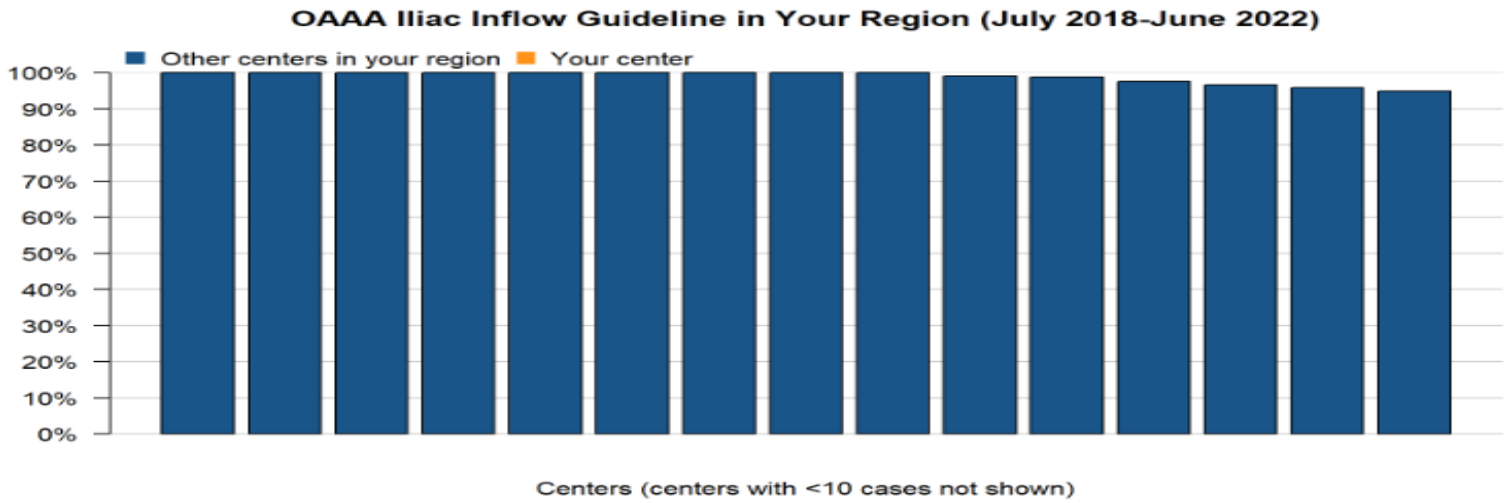
Procedures performed between July 1, 2018 and June 30, 2022

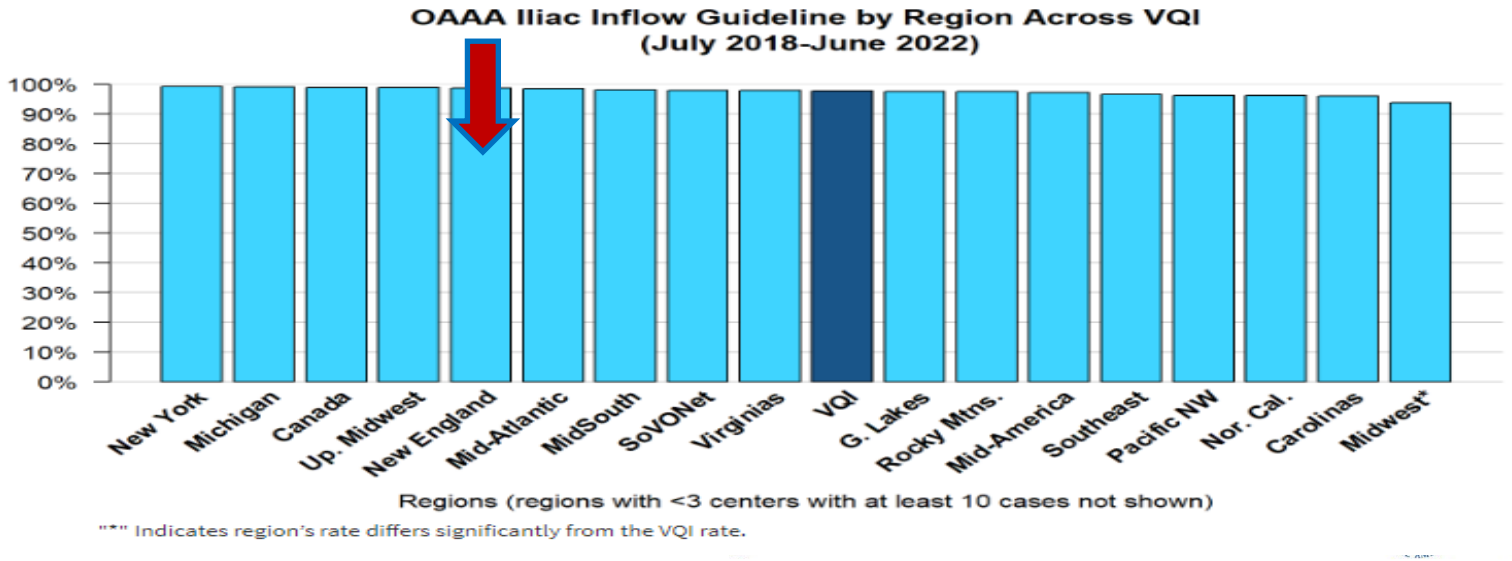
Includes Open AAA (OAAA) procedures. SVS iliac inflow guideline is met if preservation of flow was maintained to at least one internal iliac artery.

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		825	5264
Percentage meeting SVS iliac inflow guideline		98.8%	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)
15 of 22 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.

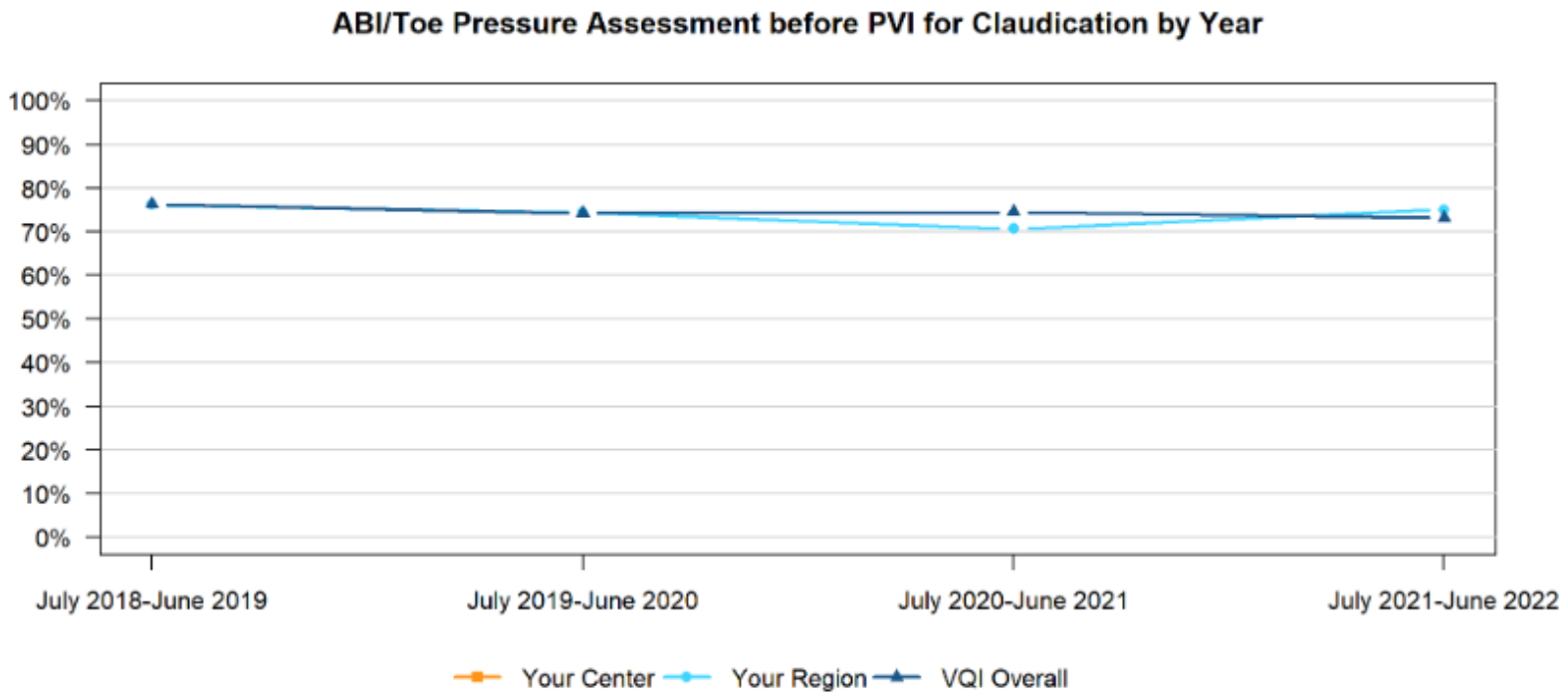
PVI CLAUD: ABI/Toe Pressure

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

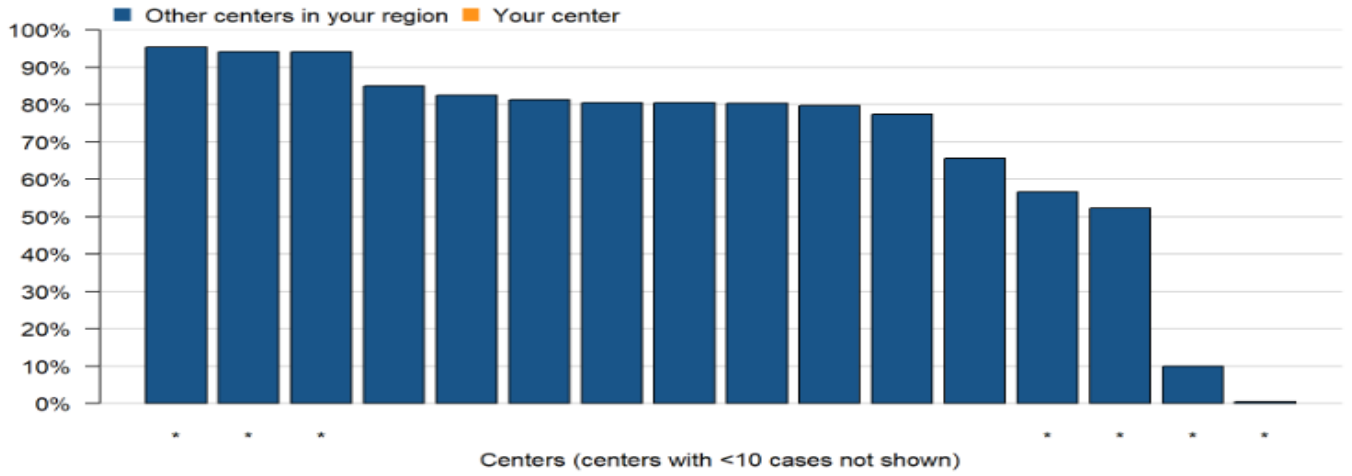
Includes Peripheral Vascular Intervention (PVI) procedures for mild, moderate, or severe claudication. "ABI/Toe Pressure Assessment" indicates at least one ABI or toe pressure assessment was made prior to PVI for the side of the procedure, or on both sides for bilateral and aortic procedures.

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		998	14529
Percentage with ABI/toe pressure assessment		75.1%	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

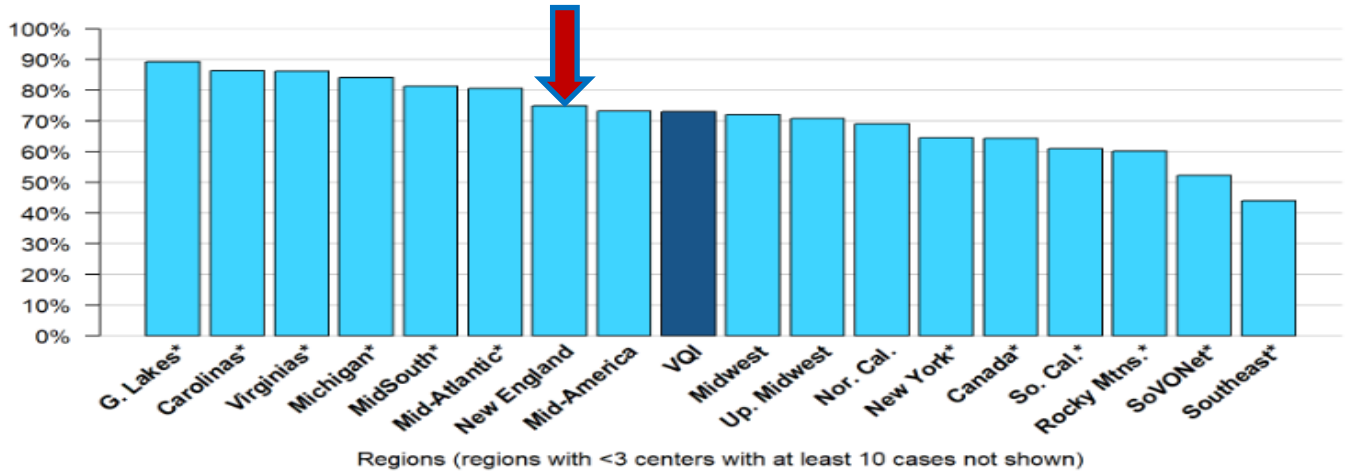
ABI/Toe Pressure Assessment before PVI for Claudication in Your Region (July 2021-June 2022)



16 of 21 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.

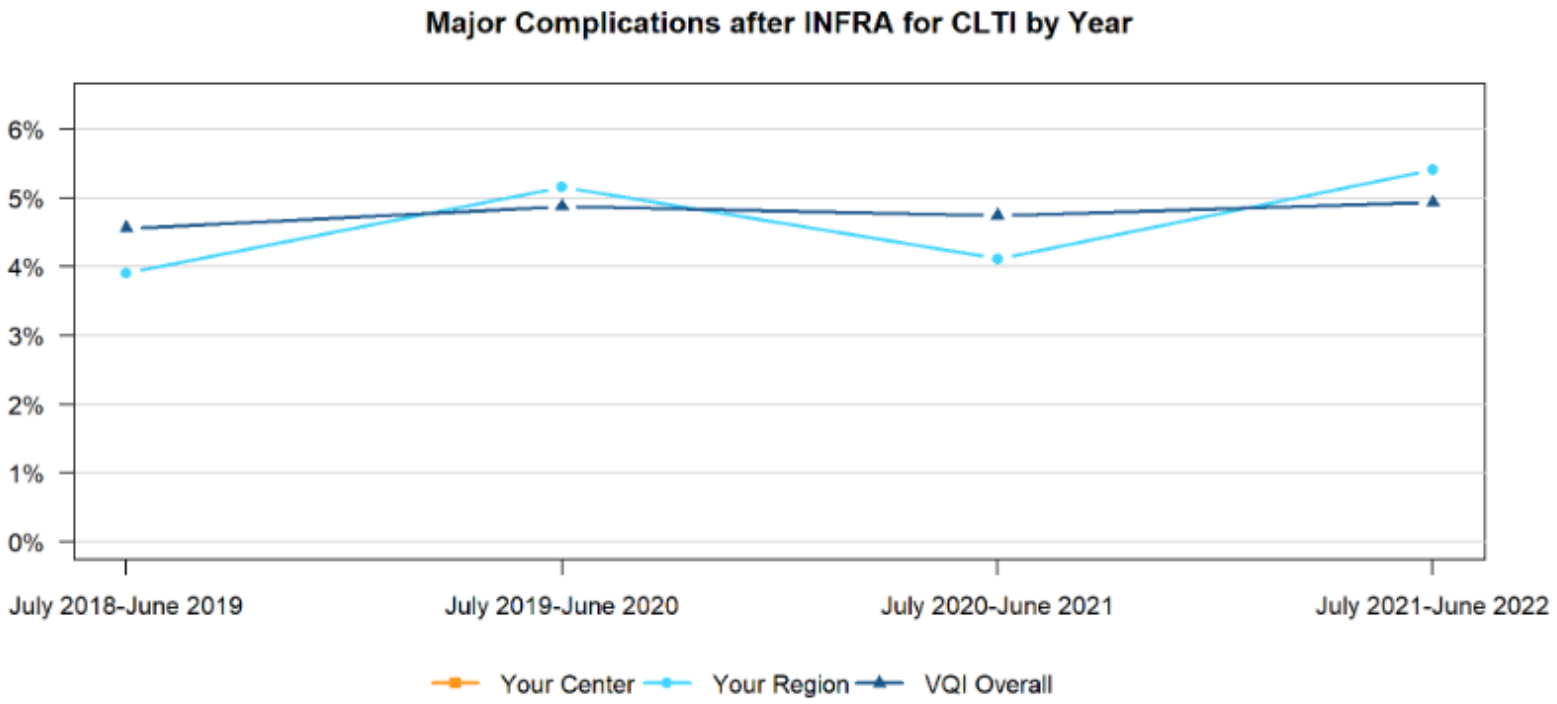
INFRA CLTI: Major Complications

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

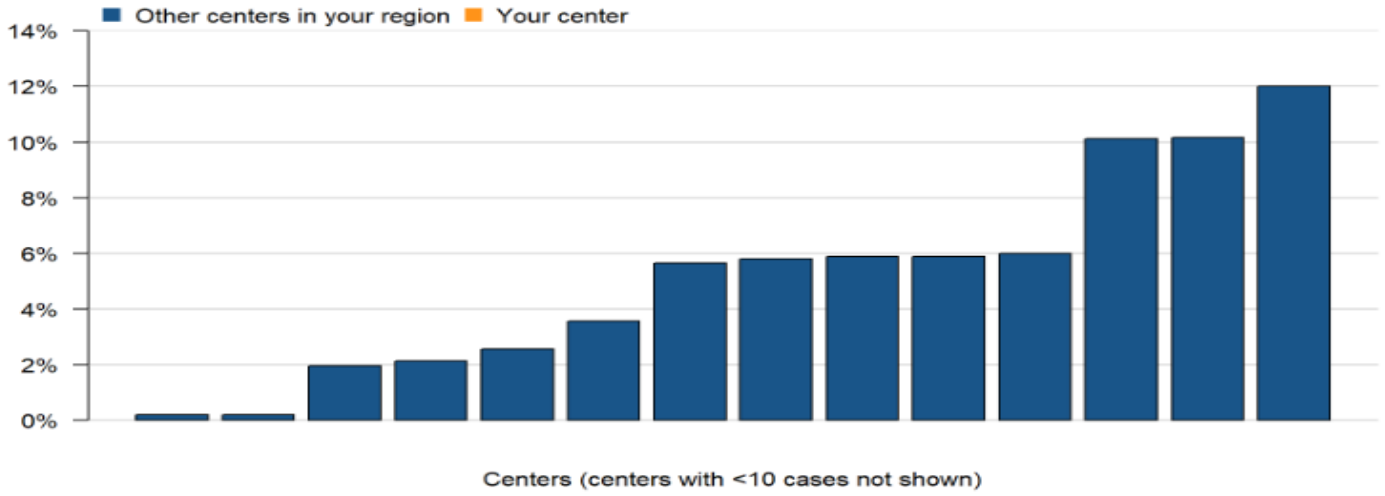
Includes Infrainguinal Bypass (INFRA) procedures for rest pain, tissue loss, or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

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		629	4929
Percentage with major complications		5.4%	4.9%


Major Complications after INFRA for CLTI by Year
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

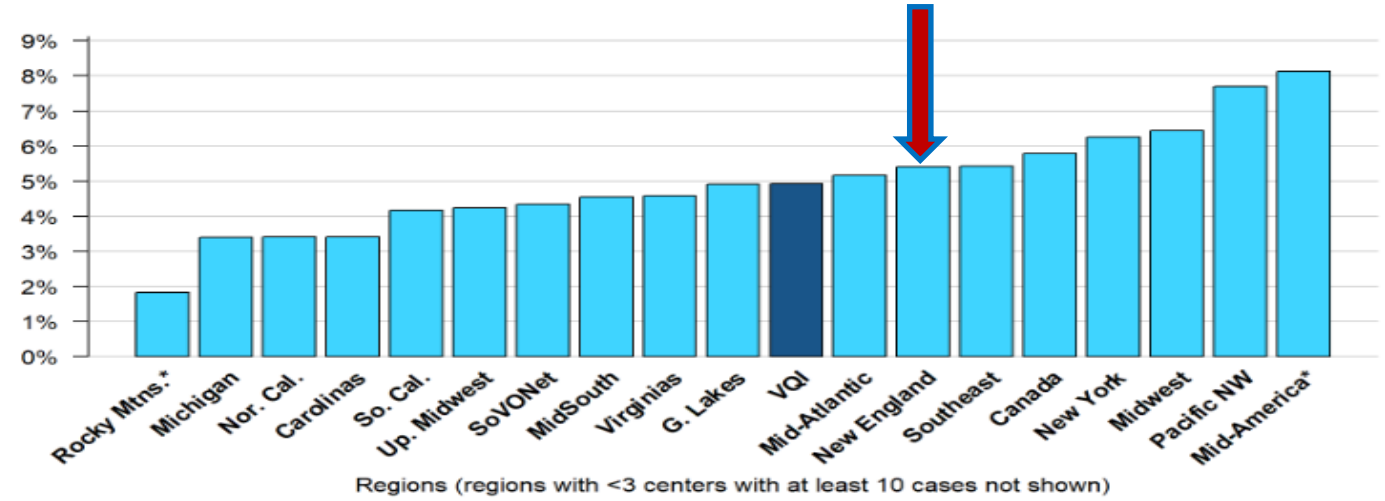
Major Complications after INFRA for CLTI in Your Region (July 2021-June 2022)



14 of 23 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.

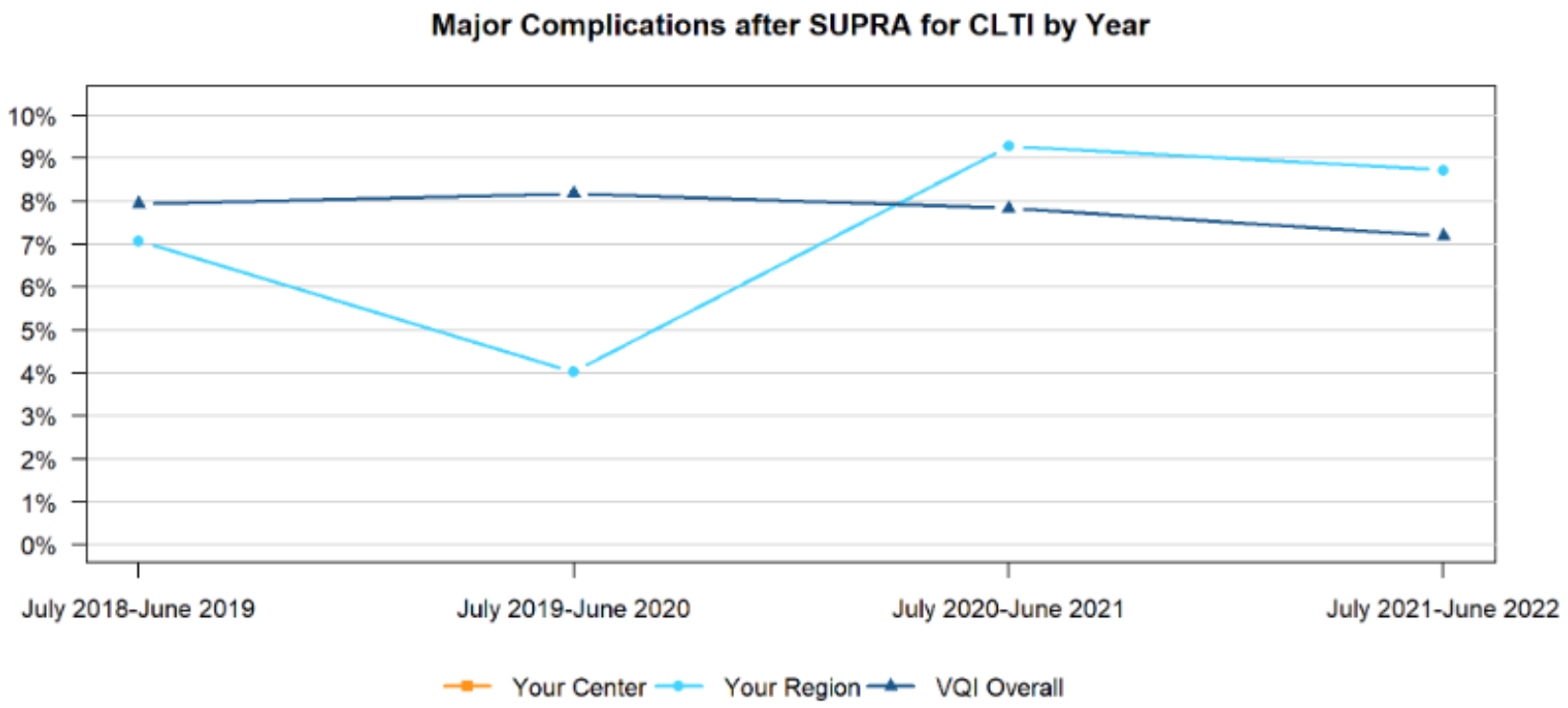
SUPRA CLTI: Major Complications

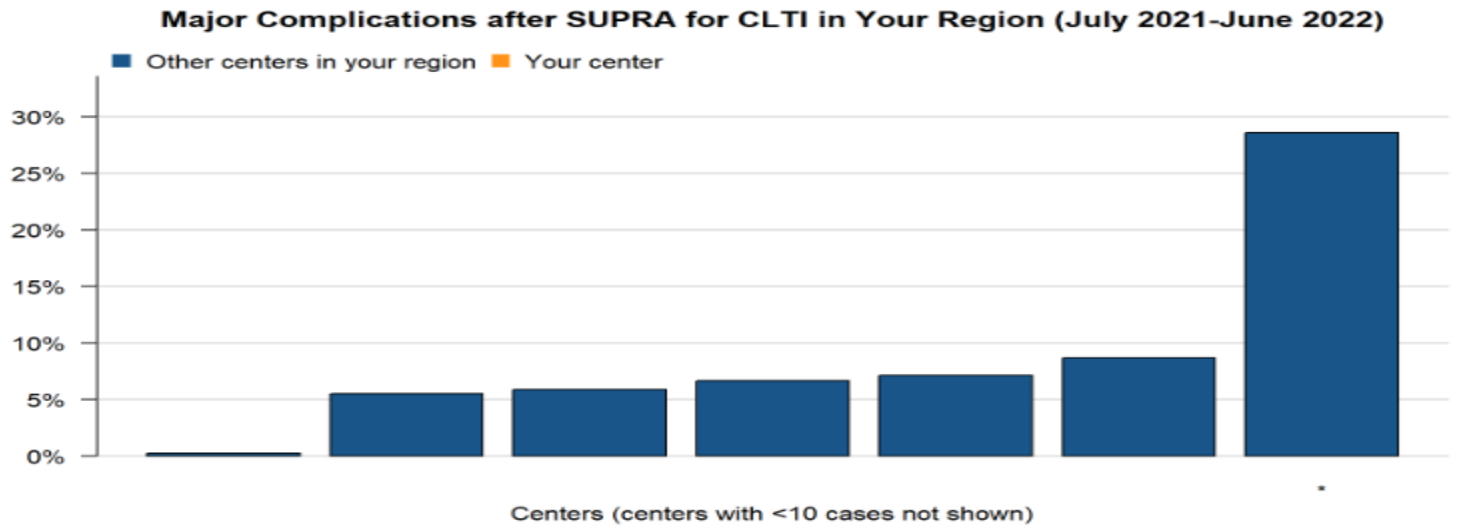
Procedures performed between July 1, 2021 and June 30, 2022

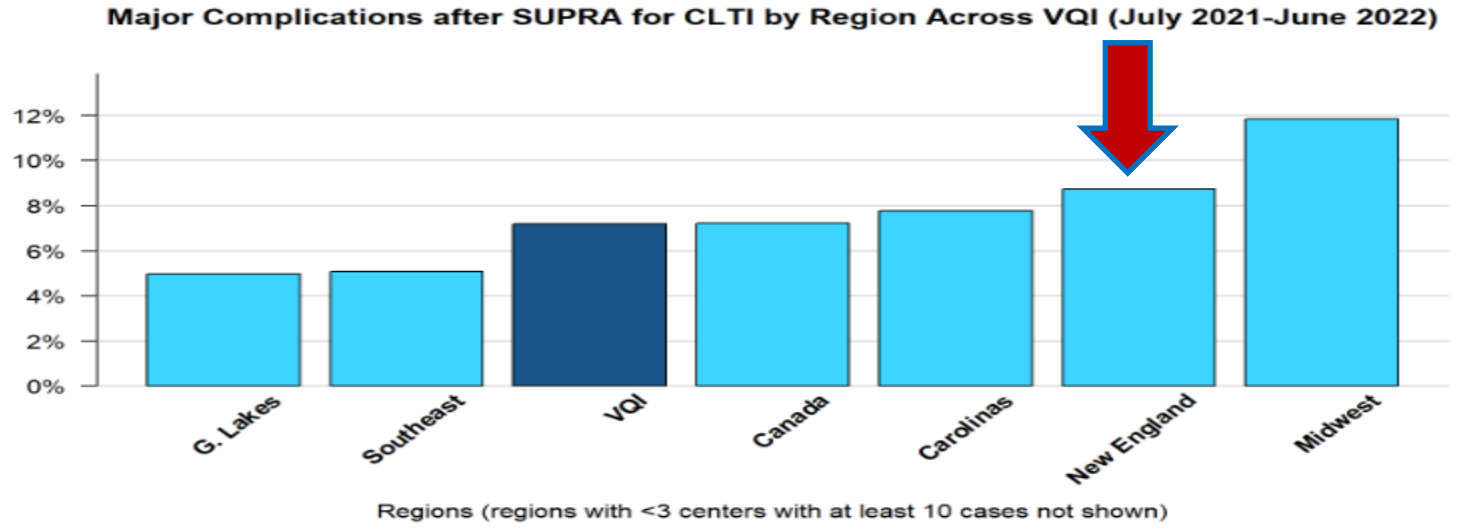
Includes Suprainguinal Bypass (SUPRA) procedures for rest pain, tissue loss, or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

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		172	1183
Percentage with major complications		8.7%	7.2%


Major Complications after SUPRA for CLTI by Year
10%
9%
8%
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 SUPRA for CLTI in Your Region (July 2021-June 2022)
Other centers in your region
Your center
30%
25%
20%
15%
10%
5%
0%
Centers (centers with <10 cases not shown)
7 of 16 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)
12%
10%
8%
6%
4%
2%
0%
G. Lakes
Southeast
VQI
Canada
Carolinas
New England
Midwest
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

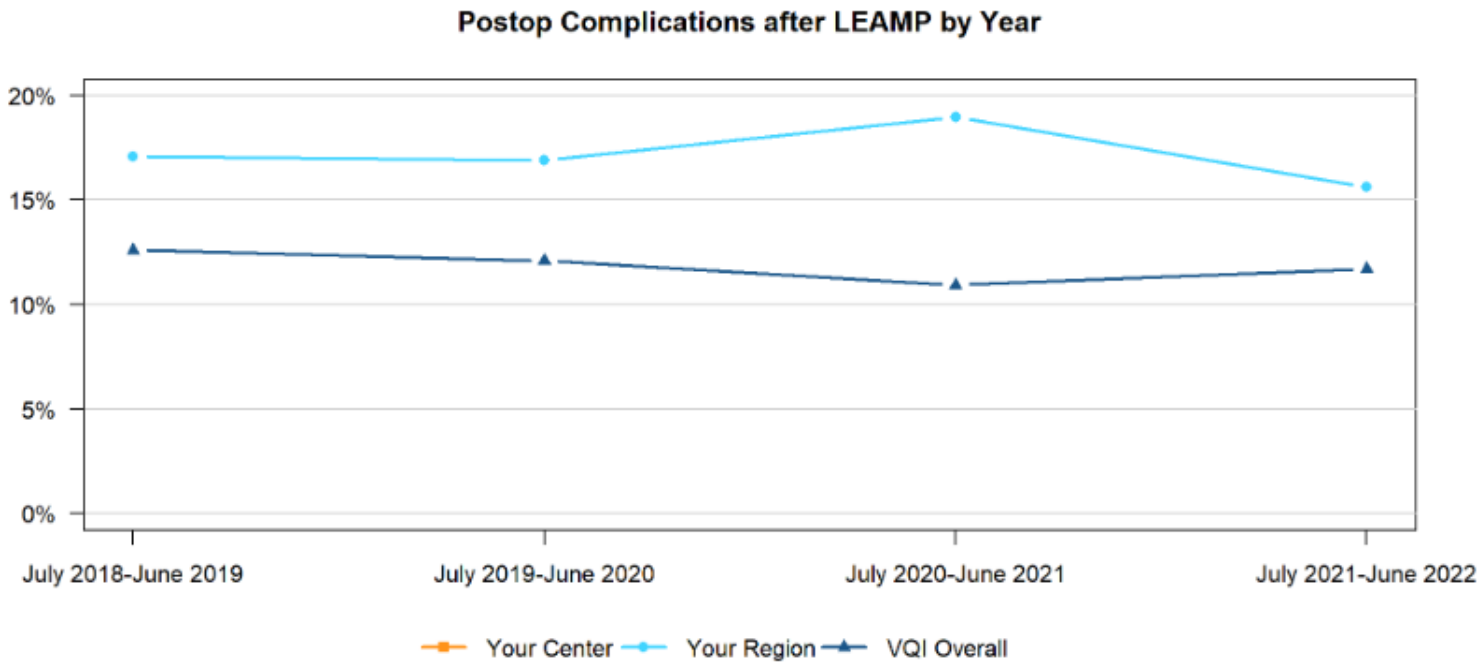
LEAMP: Postop Complications

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

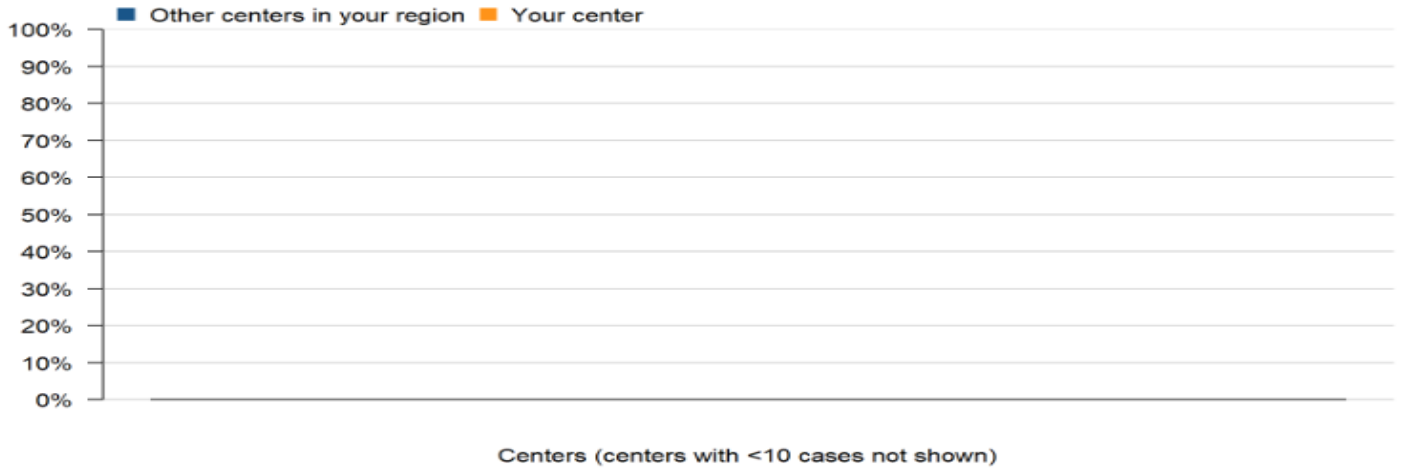
Includes Lower-Extremity Amputation (LEAMP) procedures. Postoperative complications are defined as myocardial infarction, dysrhythmia, congestive heart failure, surgical site infection, renal complication, or respiratory complication.

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		160	3138
Percentage with postoperative complications		15.6%	11.7%


Postop Complications after LEAMP by Year
20%
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

Postop Complications after LEAMP in Your Region (July 2021-June 2022)



0 of 4 centers displayed

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

Postop Complications after LEAMP by Region Across VQI (July 2021-June 2022)

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

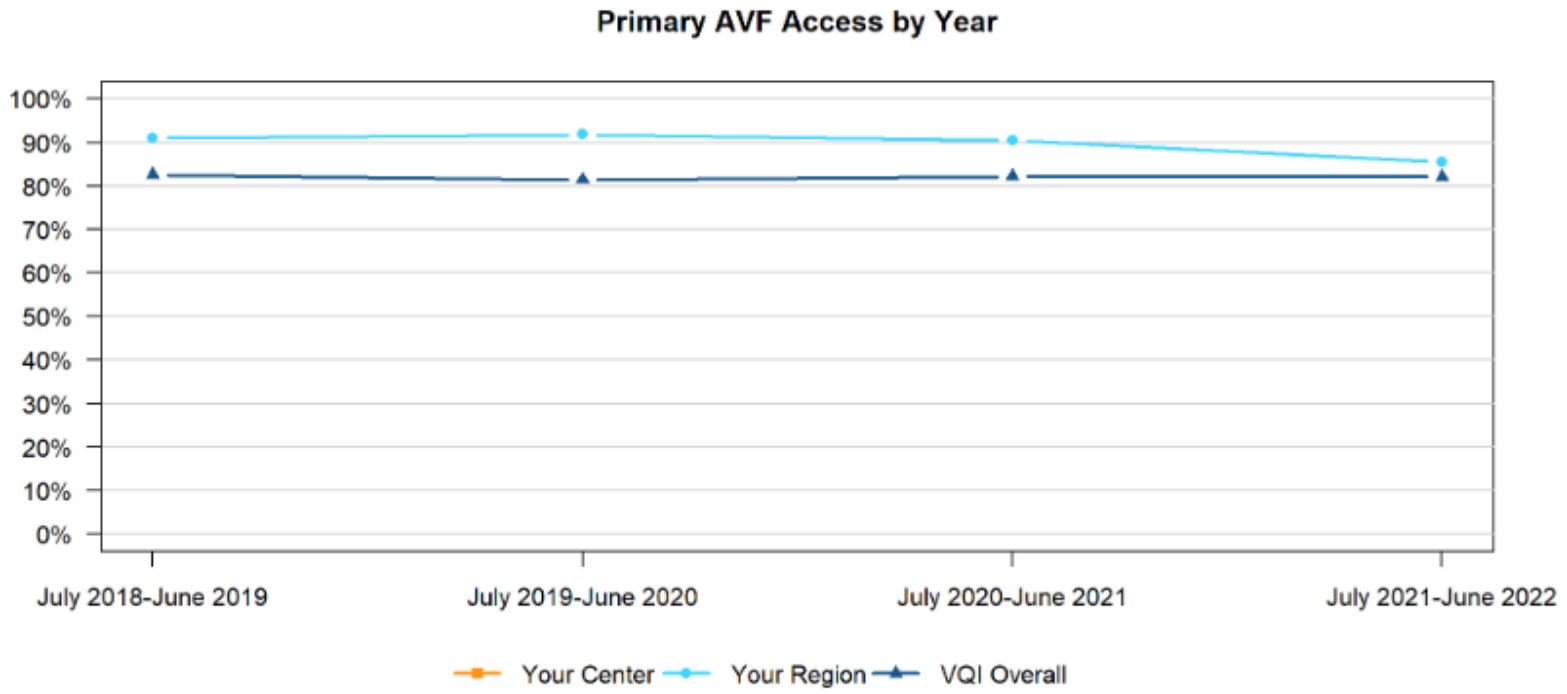
HDA: Primary AVF vs. Graft

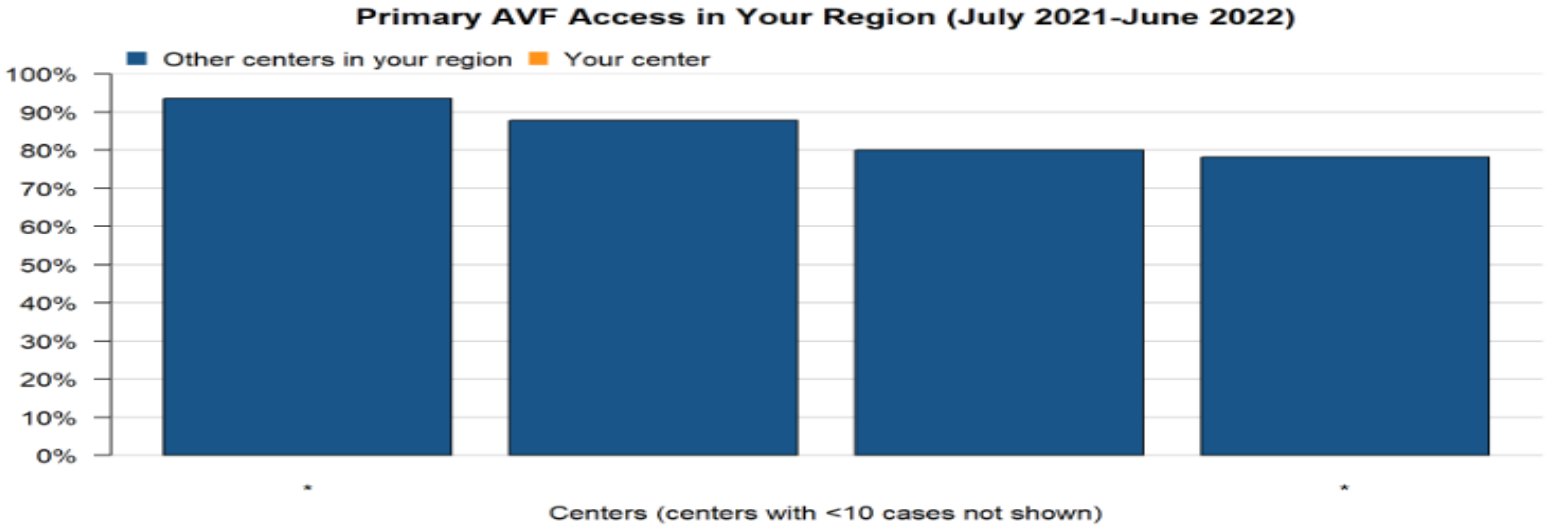
Procedures performed between July 1, 2021 and June 30, 2022

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.

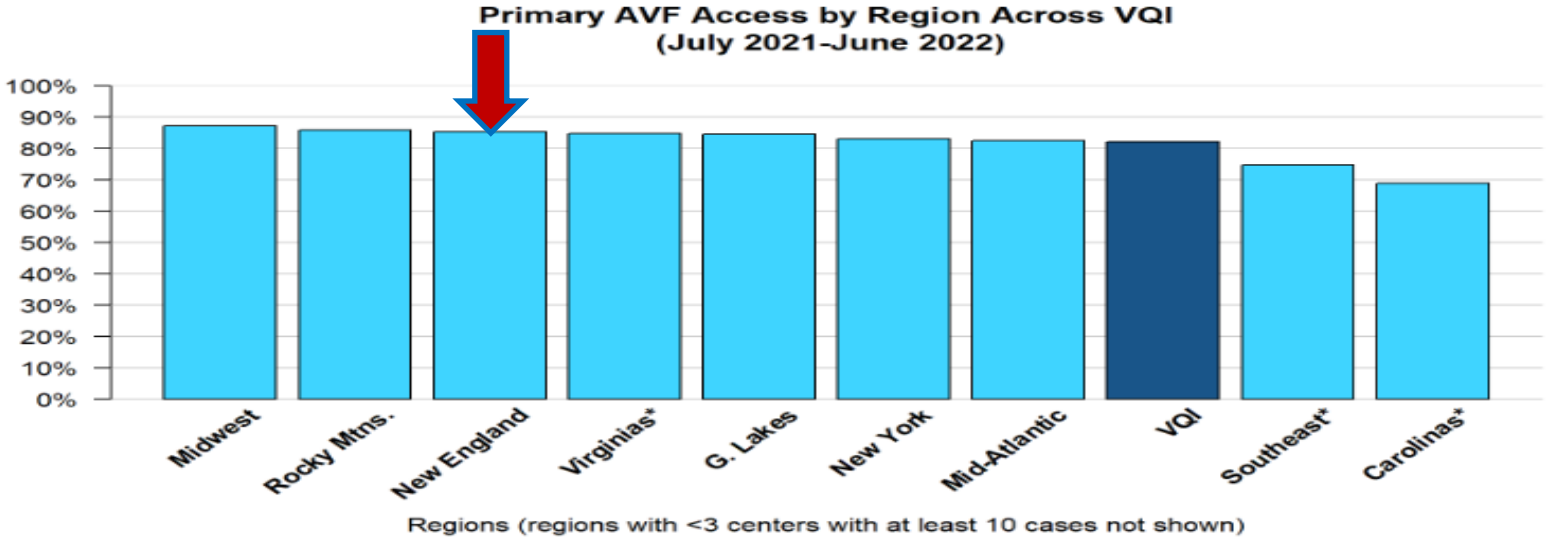
	Your Center	Your Region	VQI Overall
Number of HDA procedures meeting inclusion criteria		363	4524
Percentage with primary AVF		85.4%	82.1%


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



4 of 6 centers displayed

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



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

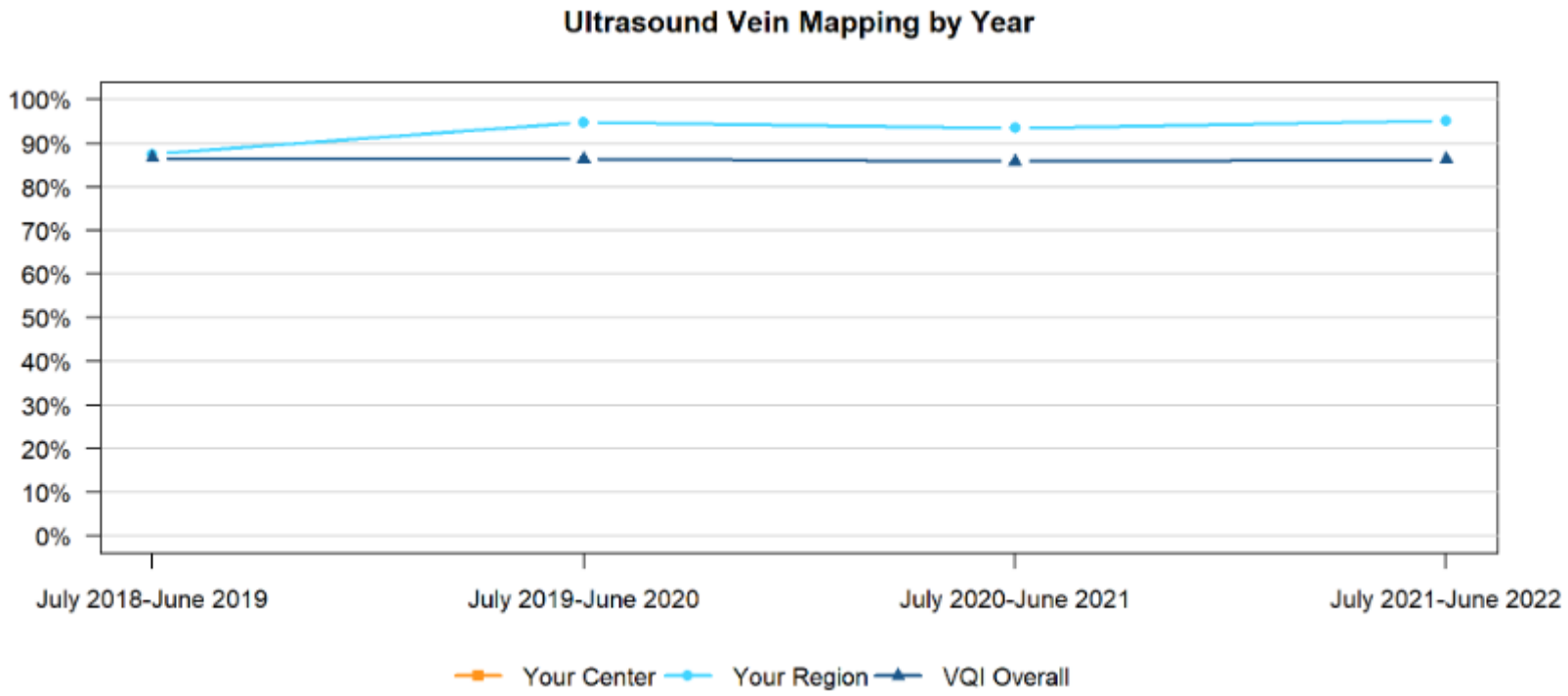
HDA: Ultrasound Vein Mapping

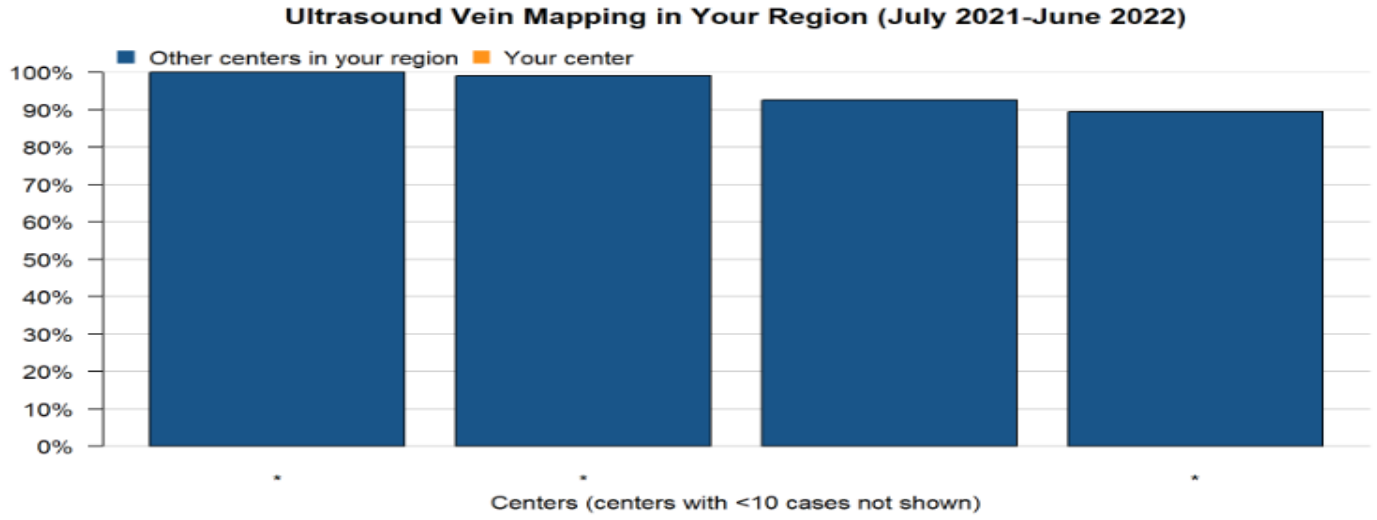
Procedures performed between July 1, 2021 and June 30, 2022

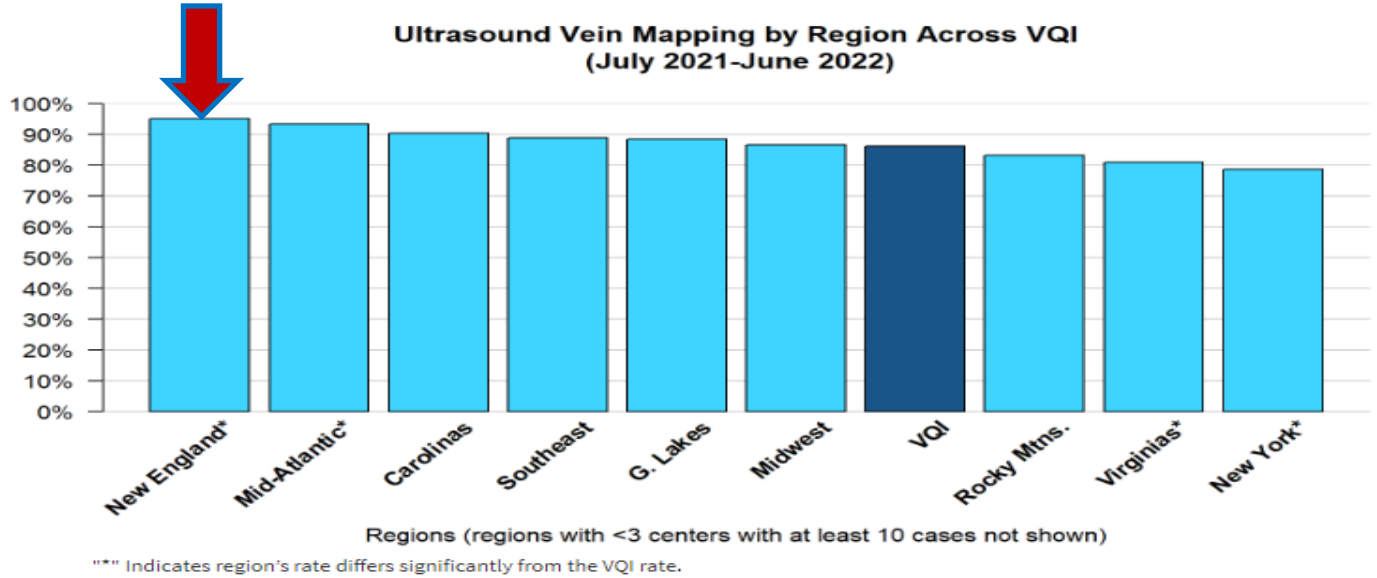
Includes Hemodialysis Access (HDA) procedures.

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		428	5565
Percentage with preoperative ultrasound vein mapping		95.1%	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


Ultrasound Vein Mapping 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)
4 of 6 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


Ultrasound Vein Mapping by Region Across VQI
(July 2021-June 2022)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
New England*
Mid-Atlantic*
Carolinas
Southeast
G. Lakes
Midwest
VQI
Rocky Mtns.
Virginias*
New York*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

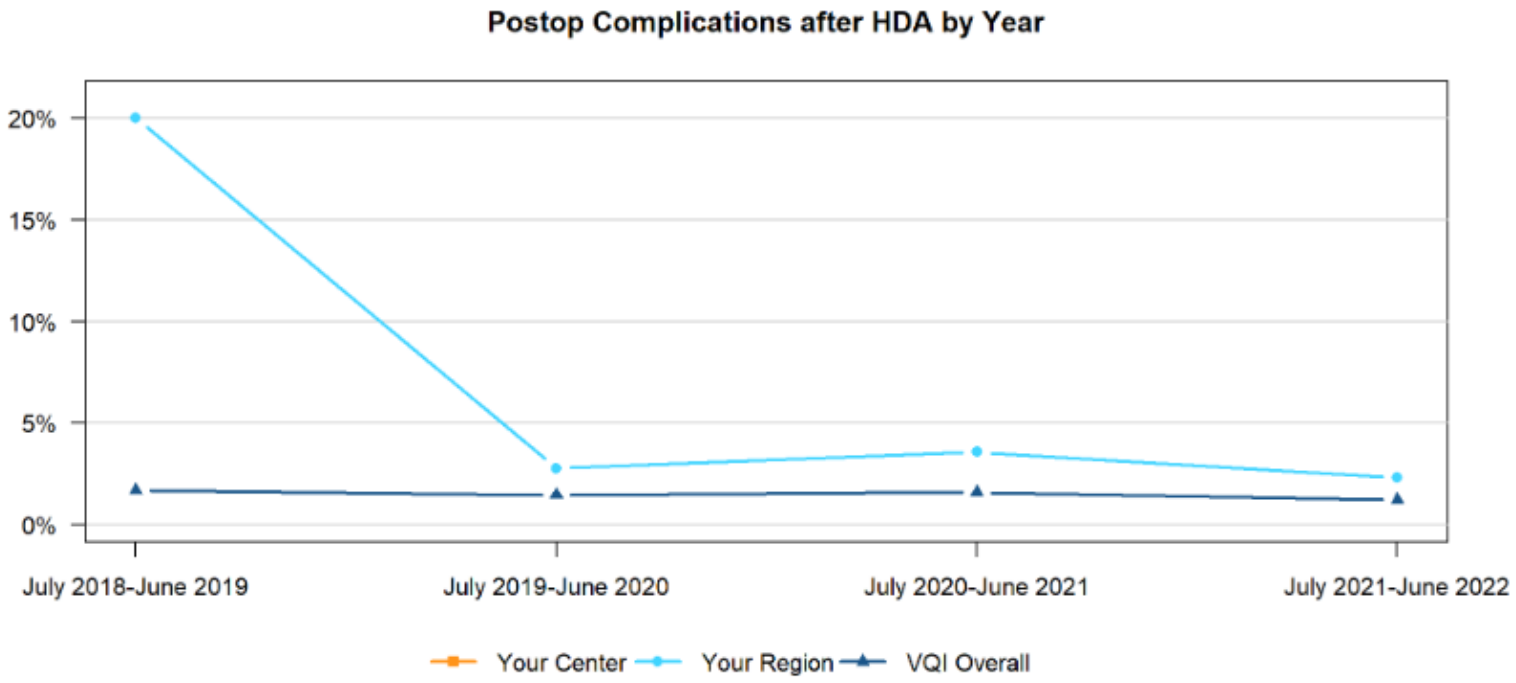
HDA: Postop Complications

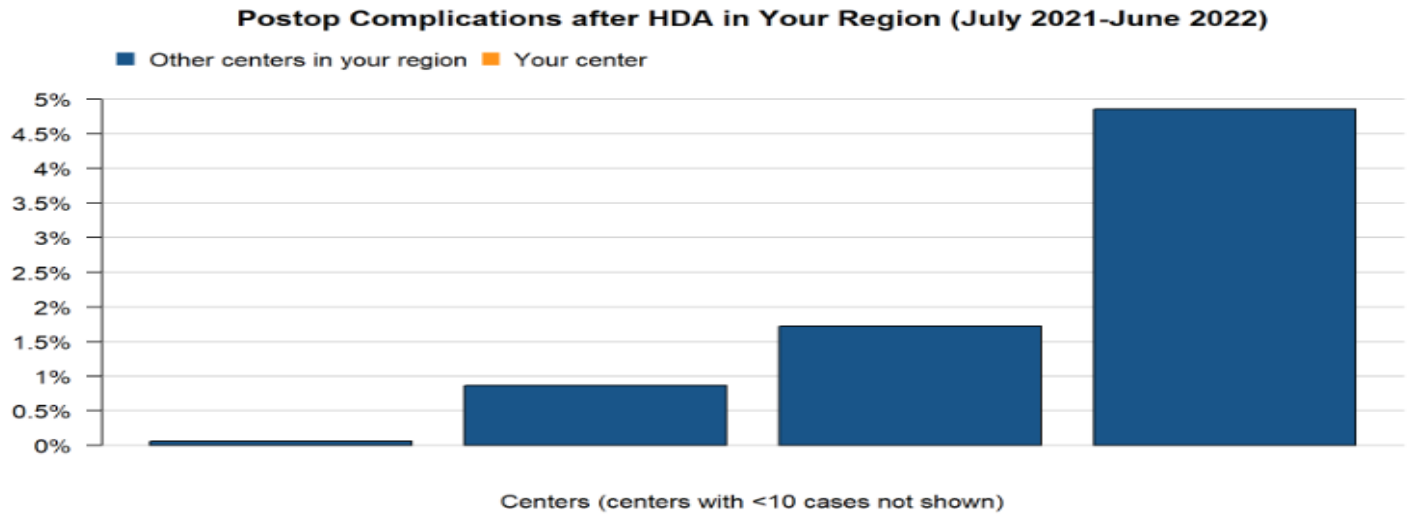
Procedures performed between July 1, 2021 and June 30, 2022

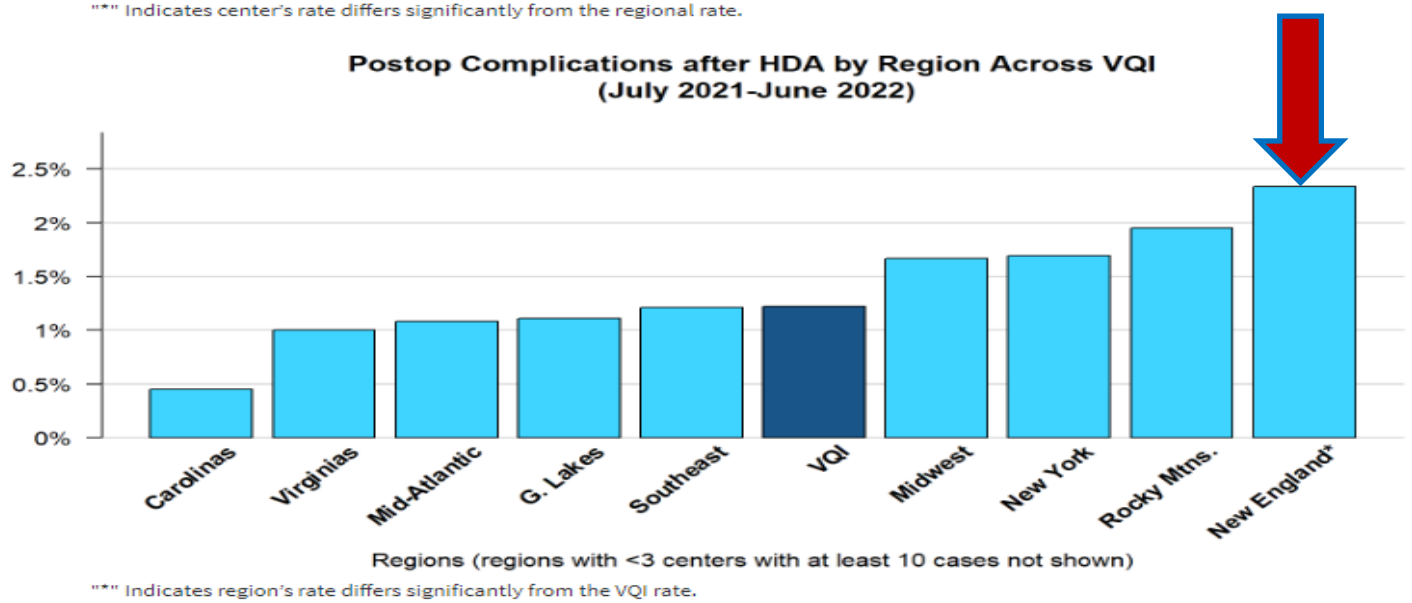
Includes Hemodialysis Access (HDA) procedures.

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		428	5565
Percentage with immediate postoperative complications		2.3%	1.2%


Postop Complications after HDA by Year
20%
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


Postop Complications after HDA in Your Region (July 2021-June 2022)
Other centers in your region
Your center
5%
4.5%
4%
3.5%
3%
2.5%
2%
1.5%
1%
0.5%
0%
Centers (centers with <10 cases not shown)
4 of 6 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.

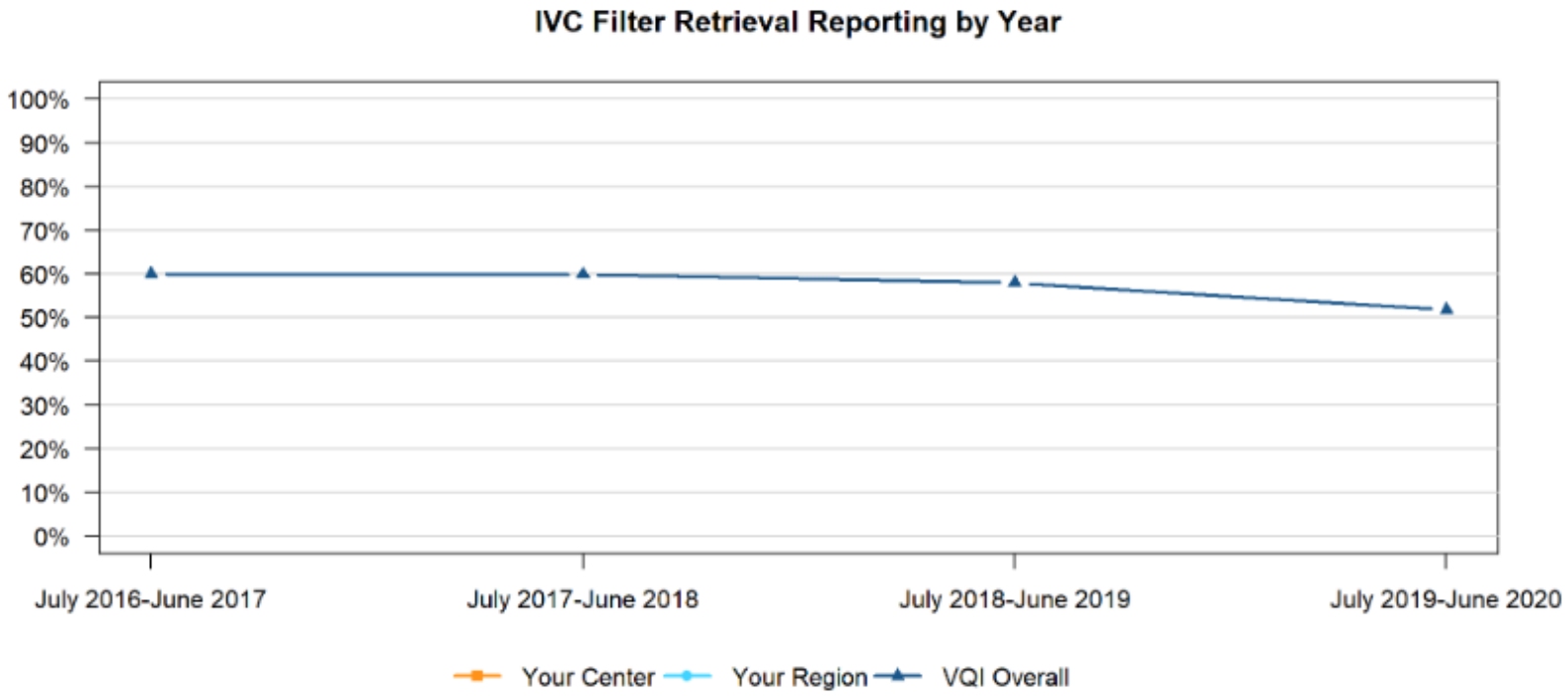
IVCF: Filter Retrieval Reporting

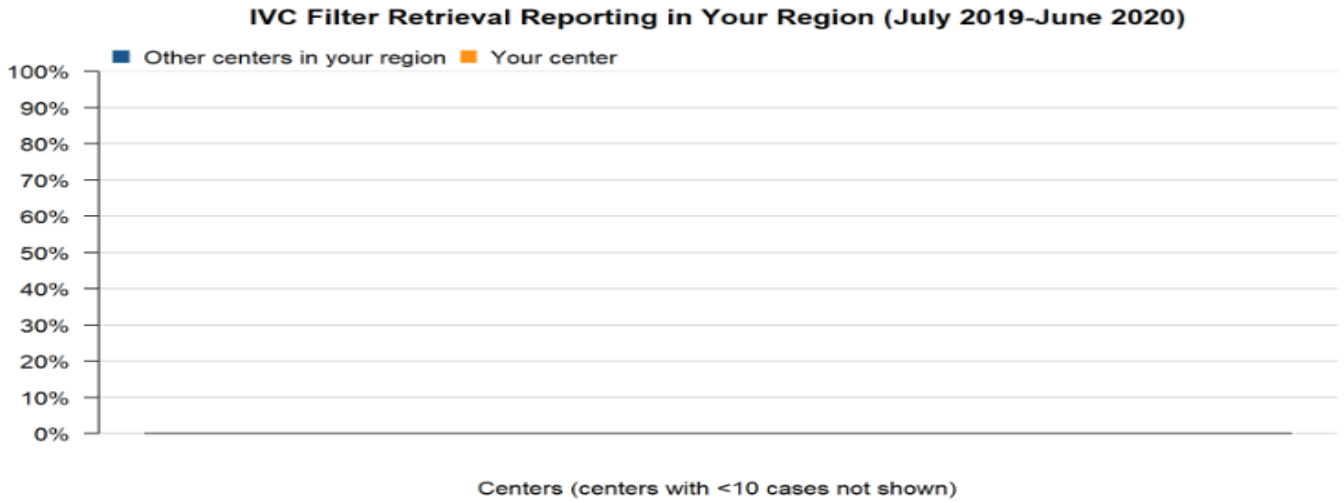
Procedures performed between July 1, 2019 and June 30, 2020

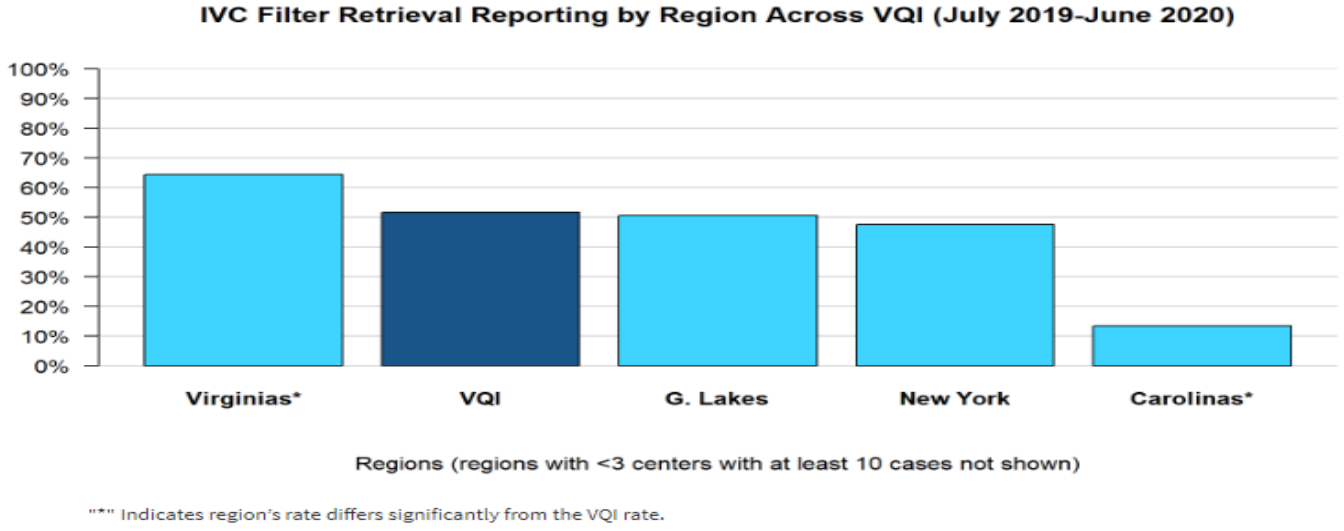
Includes Inferior Vena Cava Filter (IVCF) procedures. Excludes filters with permanent planned duration, patients who have expired, or patients where no follow-up was possible.

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		NA (<3 centers)	1023
Number without follow-up records			195
Number with follow-up records			828
Percentage with Filter Retrieval, or Attempt at Retrieval			51.8%
Percentage not retrieved because No Follow-up Records Created			19.1%
Percentage not retrieved because Not Clinically Indicated			18.2%
Percentage not retrieved because Patient Declined			2.3%
Percentage not retrieved because Lost to Follow-Up			3.5%
Percentage not retrieved because Deemed Too Late for Removal			0.7%
Percentage not retrieved because Planned Later Removal			4.9%
Percentage not retrieved because No Reason Given			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)
0 of 1 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 Quality Improvement Project Updates:

SVS | VQI
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Moderator – Dr. Jeffrey Siracuse:

- Elizabeth King, MD, Boston Medical Center
- Joshua Huttler, MD, Yale New Haven
- Allison Adajian, MD, Hartford Healthcare

VSGNE QIP Project Update

ELIZABETH G. KING, MD

BOSTON UNIVERSITY SCHOOL OF MEDICINE

The Universal Femoral Access "No Guess with Access"

Quality Improvement Initiative

Project update November 2022

Joshua Huttler, MS4, Yale School of Medicine
Cassius Iyad Ochoa Chaar, MD
Ocean Setia, MD

YaleNewHavenHealth
Yale New Haven Hospital

Yale SCHOOL OF MEDICINE

Questions / Educational Video

Correspondence:

joshua.huttler@yale.edu

cassius.chaar@yale.edu

Video Link:

https://www.youtube.com/watch?v=npRl86B9XHY

Hartford HealthCare
Connect to healthier.

Improving Adherence Rates to Supervised Exercise Therapy Programs in Patients with Intermittent Claudication

Patricia Bozeman APRN
Hartford Healthcare Medical Group (HHCMG)
November 4th, 2022

Investigators

Principal Investigator:

Parth Shah, MD[1,2]

Co-Investigators:

Allison Adajian, PA[1]
Edward Gifford, MD[1, 2]
Laura Healy, MD[2]

1. Division of Vascular and Endovascular Surgery, Hartford Healthcare, Hartford CT
2. Department of Surgery, University of Connecticut, Farmington, CT

Hartford HealthCare

NESVS/VSGNE Research Bootcamp Update

November 4, 2022

Course Directors: Jeff Siracuse, MD and Kimberly Malka, MD, PhD

LUNCH BREAK

Lunch is being served at:

820 Harrison Street

Carter FGH, Ground Floor

The afternoon program will be held in the same building as lunch!

Choose VA

MEDICAL SCHOOL
UNIVERSITY OF MICHIGAN

INSTITUTE FOR
HEALTHCARE POLICY & INNOVATION
UNIVERSITY OF MICHIGAN

CENTER FOR HEALTHCARE OUTCOMES & POLICY

Success stories and failures from the VQI VVR: How do we improve outpatient venous care?

Nicholas Osborne, MD MS
Associate Professor
Chief of Surgery
LTC Charles S. Kettles, VAMC (Ann Arbor)

Email: nichosbo@med.umich.edu

National VQI Update

Jens Jorgensen, MD
PSO Medical Director

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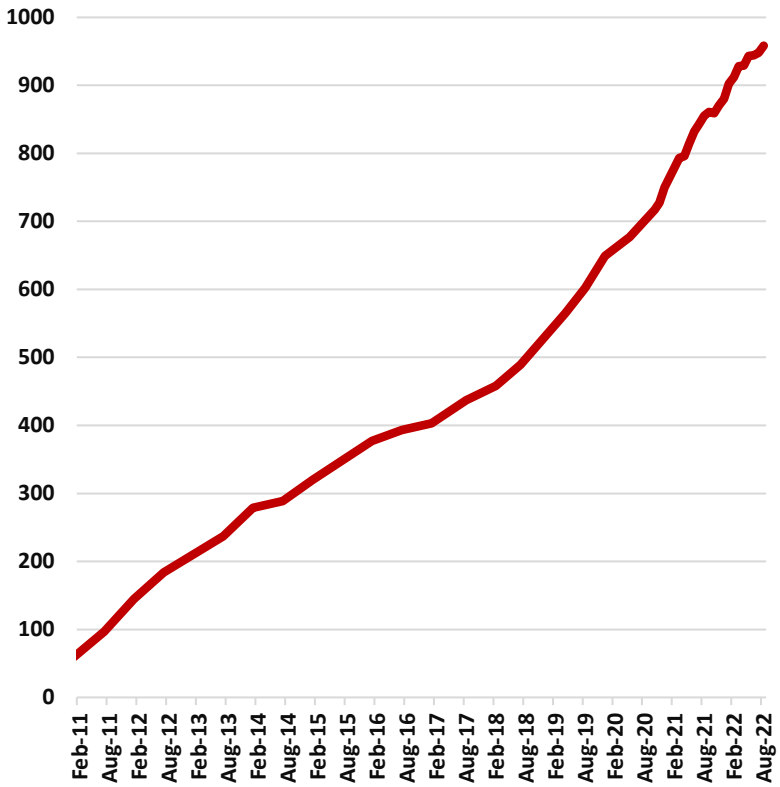
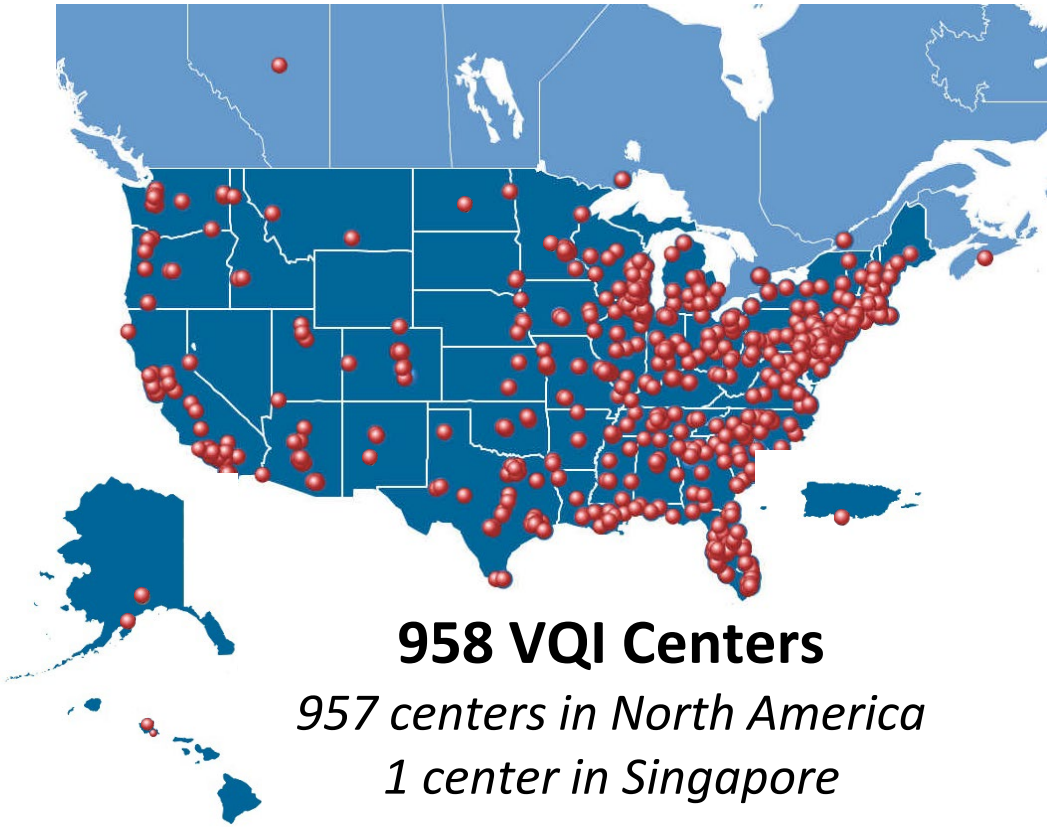
Number of Participating Centers



Location of VQI Participating Centers



958 VQI Centers

957 centers in North America

1 center in Singapore

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18 Regional Quality Groups

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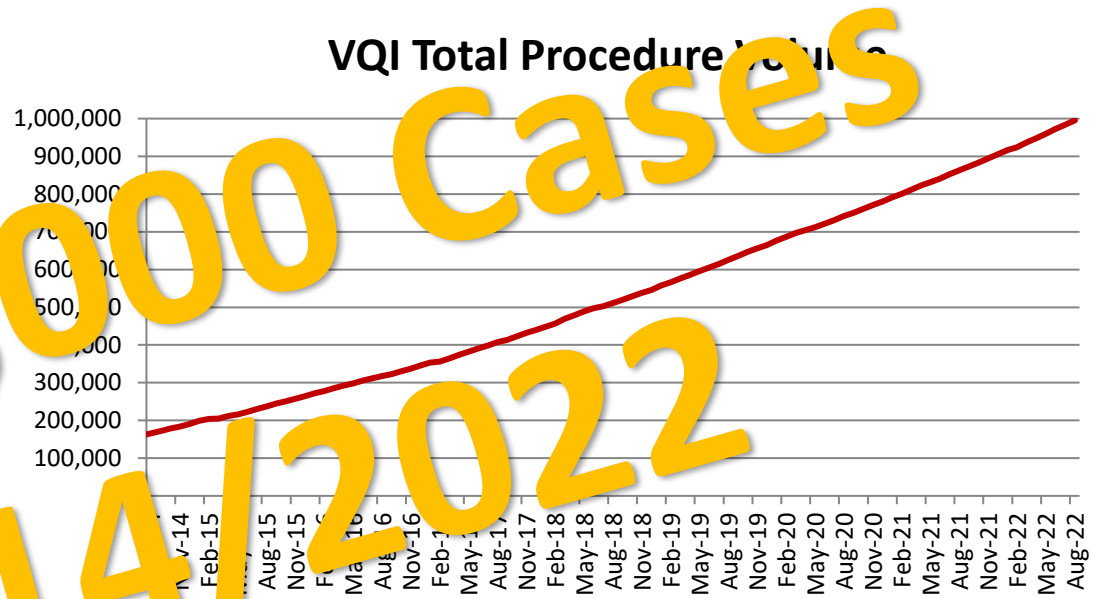
Total Procedures Captured (as of 9/1/2022)	995,265
Peripheral Vascular Intervention	341,405
Carotid Endarterectomy	180,241
Infra-Inguinal Bypass	6,552
Endovascular AAA Repair	980
Hemodialysis Acce	543
Carotid tery Sten	81,133
Varicose	56,222
Supra-Inguinal Bypass	59
Thoracic and Complex EVAR	267
Lower Extremity Amputations	046
IVC Filter	629
Open AAA Repair	16,794
Vascular Medicine Consult	757
Venous Stent	100



1,000,000 Cases
9/14/2022

(Chart depicts past 8 years through August 31, 2022)

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

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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

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

VQI@VAM Presentation Recordings

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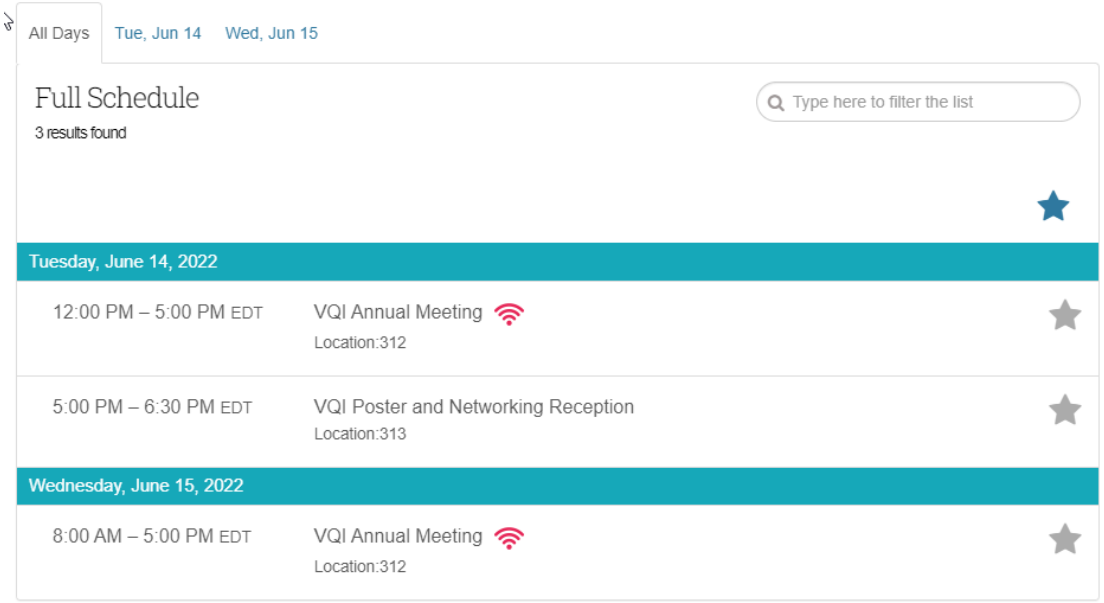
Visit the VAM Online Planner for access to all of the VQI@VAM videos!

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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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

Free Trial Offer!

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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.

Click here to learn more about the Venous Stent Registry offer

Click here to learn more about the Vascular Medicine Consult Registry offer

Or email vqi@fivoshealth.com to get in touch with an account executive.

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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

- 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

Date	Time	Webinar Name
November 29, 2022	1:00 PM ET	New VQI.Org Website Webinar
October 26, 2022	TBD	Help Text and Development Revision Webinar
Q4 2022 – Q1 2023	TBD	Infra / Supra Registry Revision Overview
January 31, 2023	1:00 PM ET	SVS VQI Quarterly Quality Improvement Educational Webinars
January 17, 2023	1:00 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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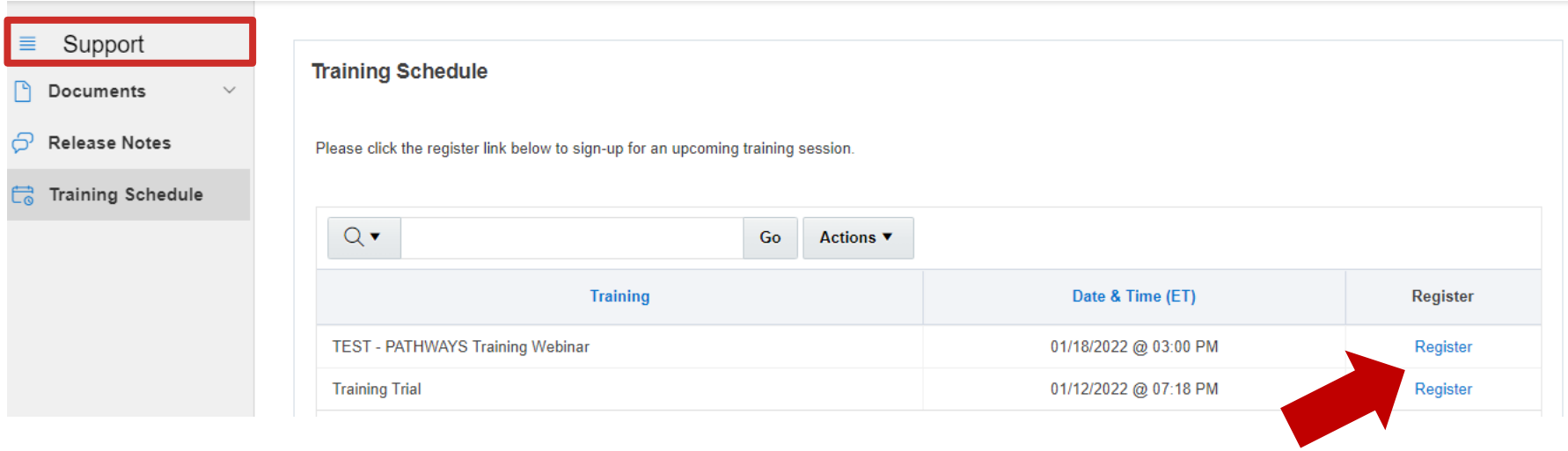
Please visit the Pathways Support Tab/Training Schedule for upcoming events and to register for requested training

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

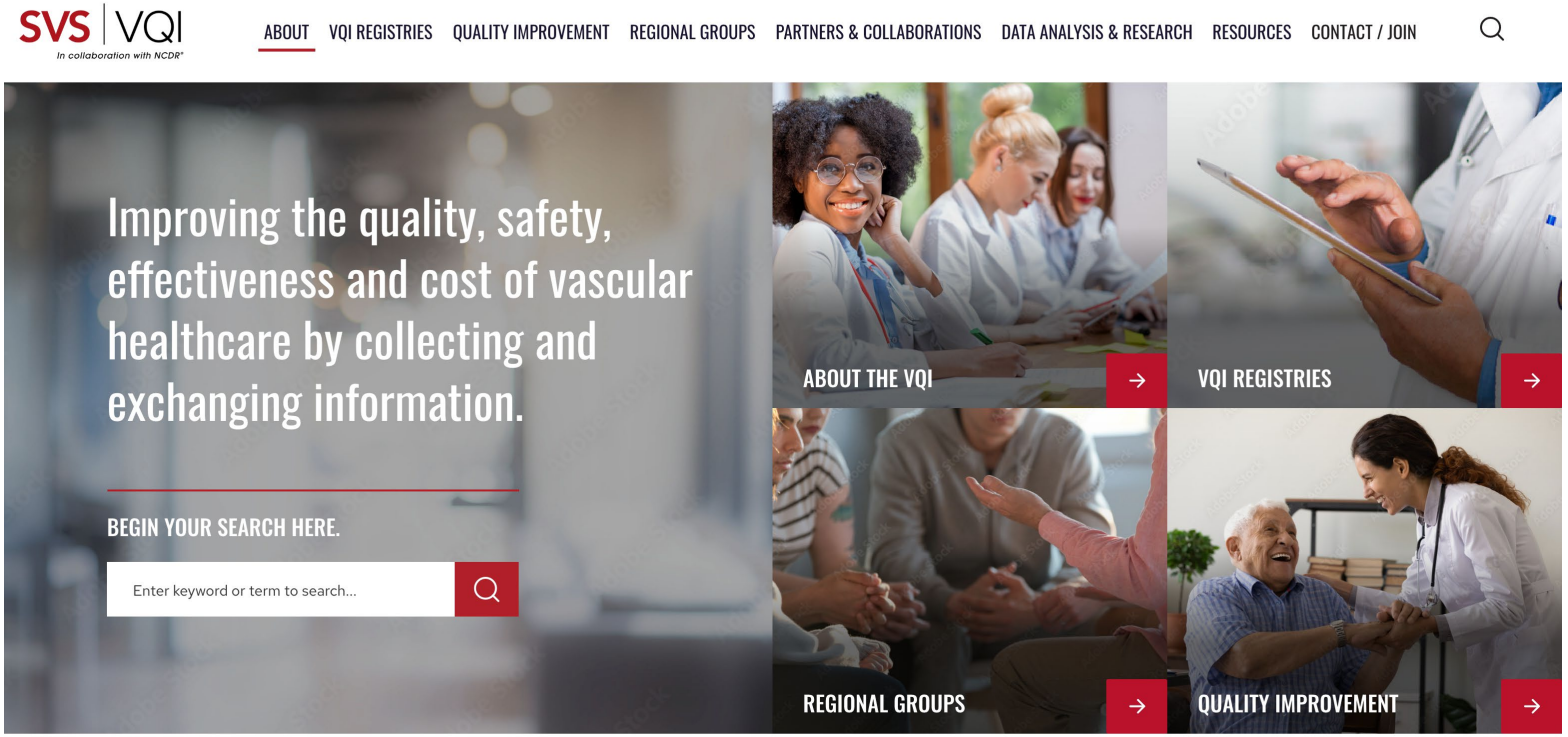
PATHWAYS 102: Introduction to PATHWAYS Follow-up and Reporting Tools - Quarterly



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

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 the end of 2022.



Hashtag Projects

SVS | VQI
In collaboration with NCDR®

- 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]

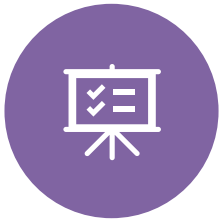
- Multiple hashtags can be entered in the comments box if they are separated by at least one space.
- Project owners are responsible for ensuring that the tags and values are correctly entered.
- If keystroke errors occur, centers may revise the record accordingly and request a revised data set.

Regional Meeting CME/CE Credit

SVS | VQI
In collaboration with NCDR®

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_4OCHUW126o2ZQnc

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

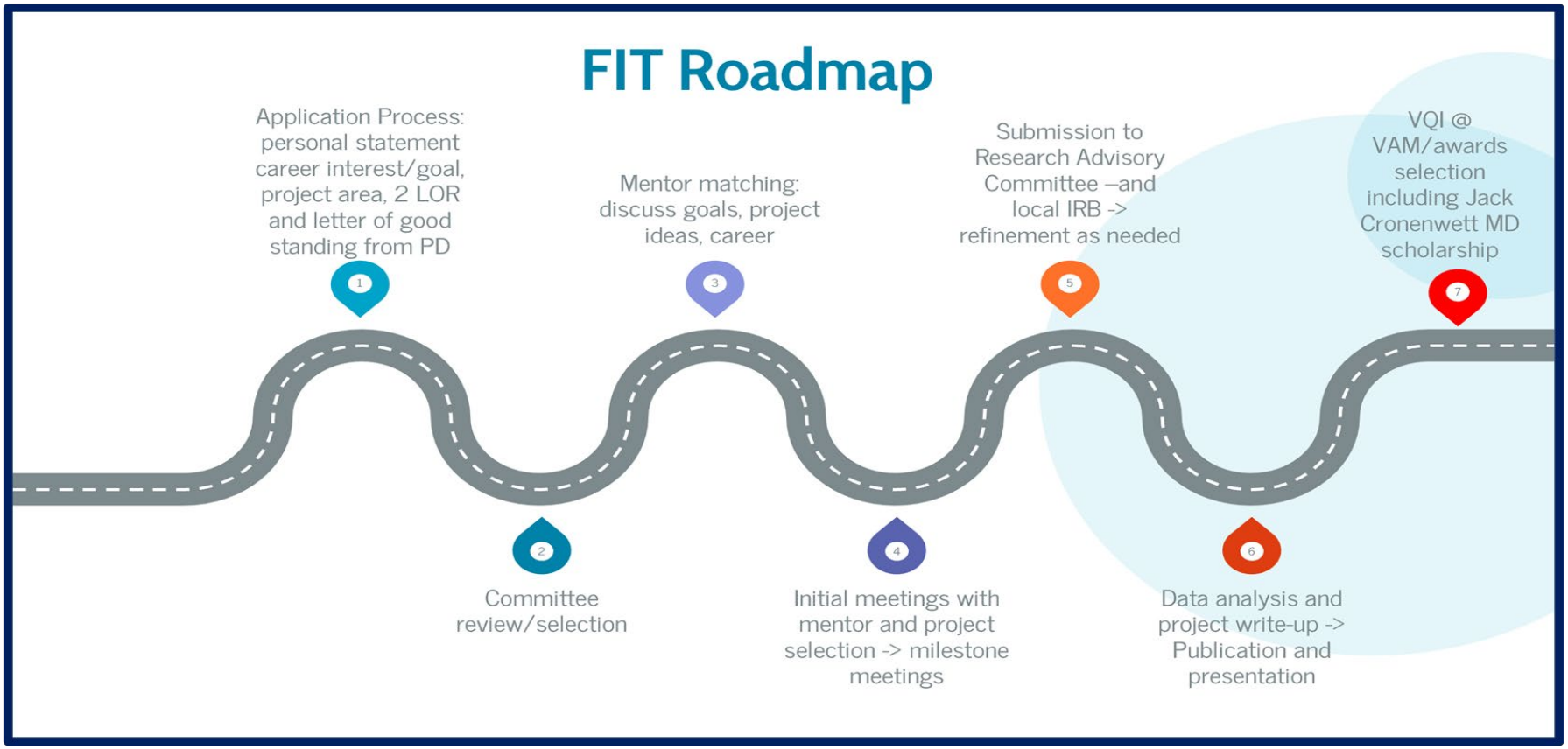
Quality Improvement Update Fall 2022

Provided By:

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

PSO Quality Director

Trainee Program



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®

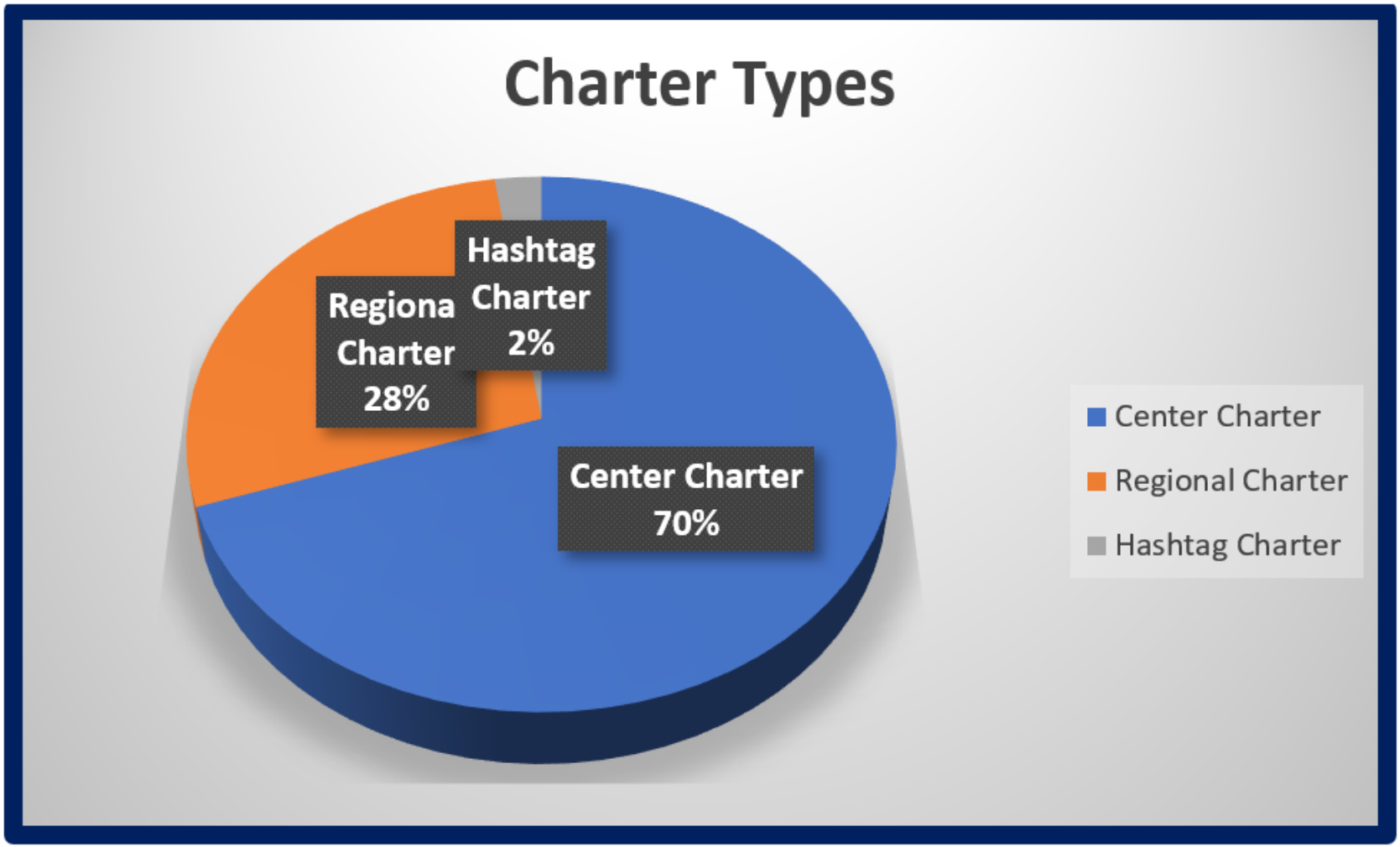
- **Domain – Regional Meeting attendance – 30% weighted**
- Credit will be given for remote attendance since virtual and hybrid meetings will be an option for the 2022 meetings due to the ongoing COVID pandemic.
- Each regional meeting will be scored on a 0–3-point scale:
  - For centers with 3 or more 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

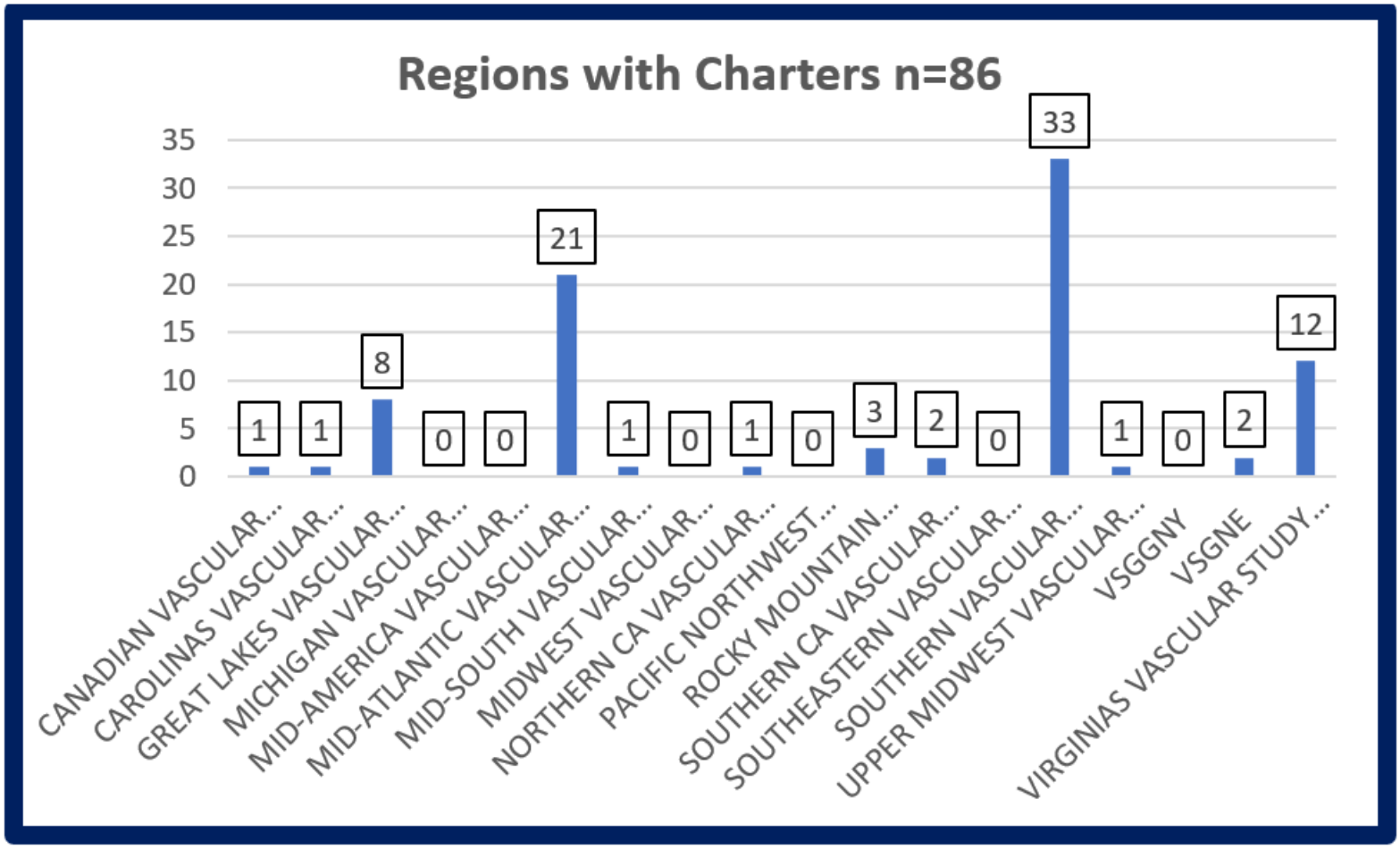
SVS | VQI
In collaboration with NCDR®

- 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/

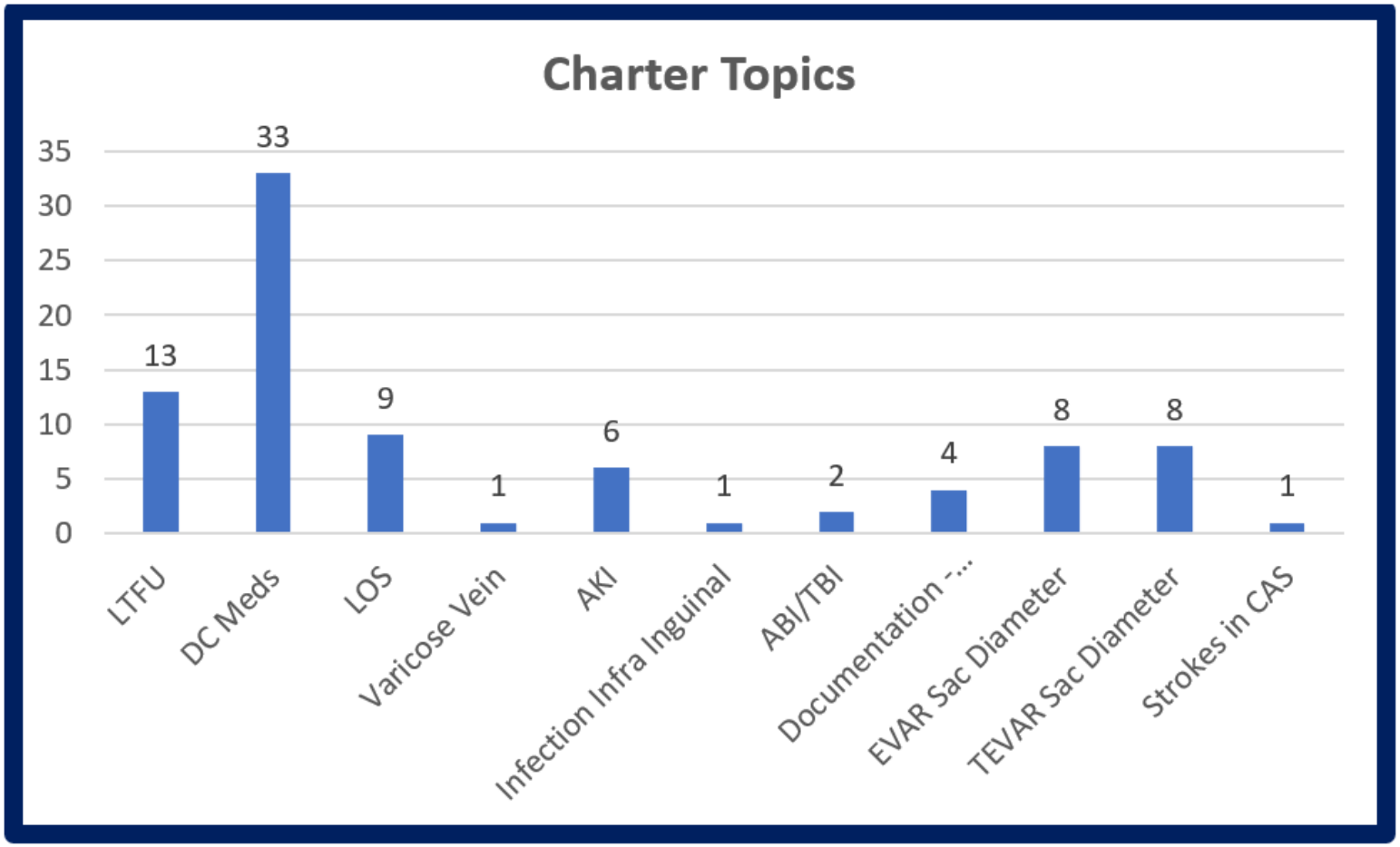
Charter Types 2022



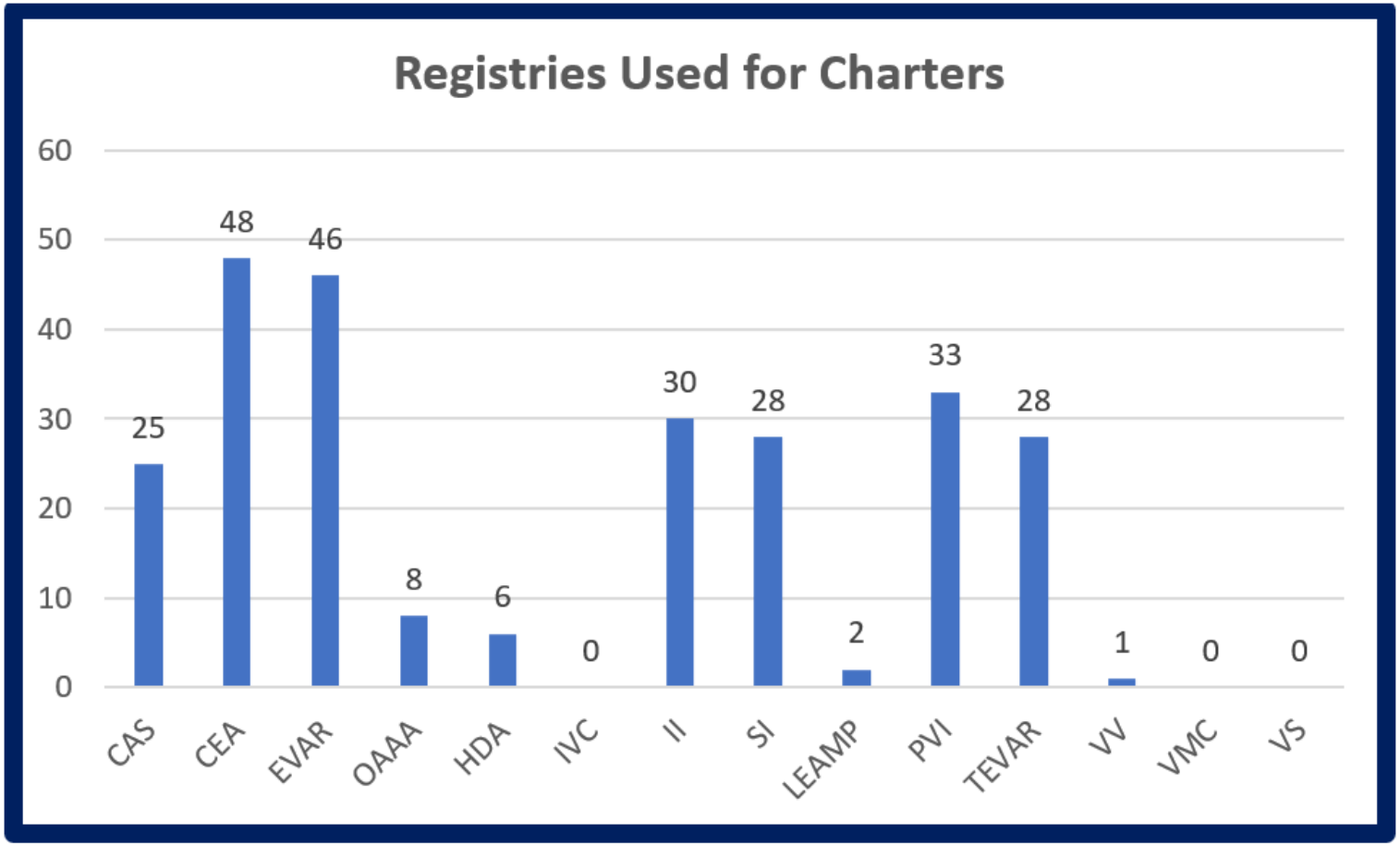
Regions with Charters



Charter Topics



Registries Used for Charters



BREAK

UP NEXT:
Regional Council and Committee Updates

VSGNE Data Managers'Update:

- Patty Bozeman, APRN, CVN, Hartford Healthcare, Regional Lead Data Manager
- Elizabeth Schwendler, Dartmouth-Hitchcock Medical Center, Regional Lead Data Manager

Arterial Quality Council:

Roger Laham, 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:

Nathan Aranson, 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???

Governing Council:

Jeffrey Siracuse, 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

Arterial Research Advisory Council:

Cassius Ochoa-Chaar, MD

VSGNE Regional Arterial RAC Members

SVS | VQI
In collaboration with NCDR®

Cassius Ochoa-Chaar, MD, Yale New Haven Hospital, Chair
Kimberly Malka, MD, Maine Medical Center, Vice-Chair
Herbert Aronow, MD, Rhode Island Hospital & The Miriam Hospital
Yvon Baribeau, MD, Catholic Medical Center
Carla Moreira, MD, Rhode Island Hospital & The Miriam Hospital
Marvin Morris, MD, Baystate Medical Center
Parth Shah, MD, Hartford Healthcare
Jeffrey Siracuse, MD, Boston Medical Center
Katelynn Ferranti, MD, University of Vermont Medical Center
Douglas Jones, MD, UMass Memorial Medical Center
Lars Stangenberg, MD, Beth Israel Deaconess Medical Center
Elizabeth King, MD, Boston Medical Center
Edward Gifford, MD, Hartford Healthcare
Jesse Columbo, MD, Dartmouth Hitchcock Medical Center
Kwame Amankwah, MD, University of Connecticut Health Center
Nikolaos Zacharias, MD, Massachusetts General Hospital

VSGNE Regional Arterial RAC – 2022 Proposal Stats

SVS | VQI
In collaboration with NCDR®

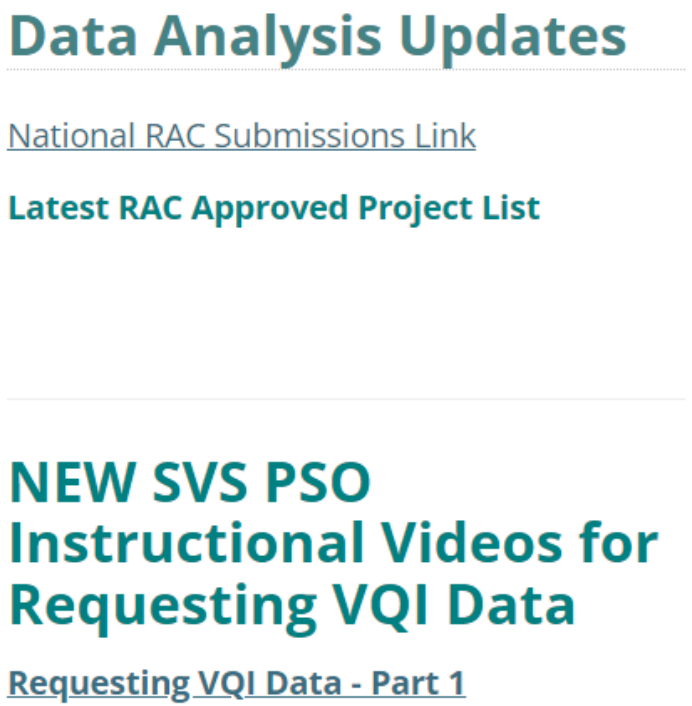
Month	Submitted	Approved	Rejected	Modify/Revise
January	1	1	0	0
February	5	5	0	0
March	0	0	0	0
April	5	3	0	2
May	5	3	0	2
June	6	4	0	2
July	5	4	0	1
August	4	3	0	1
September	5	5	0	0
October	4	2	0	2
TOTALS:	***40***	***30***	***0***	***10***

2021 Proposal Stats:

October 2021	Submitted	Approved	Rejected	Modify/Revise
TOTALS:	***42***	***33***	***3***	***6***

Arterial RAC Resources

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



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:

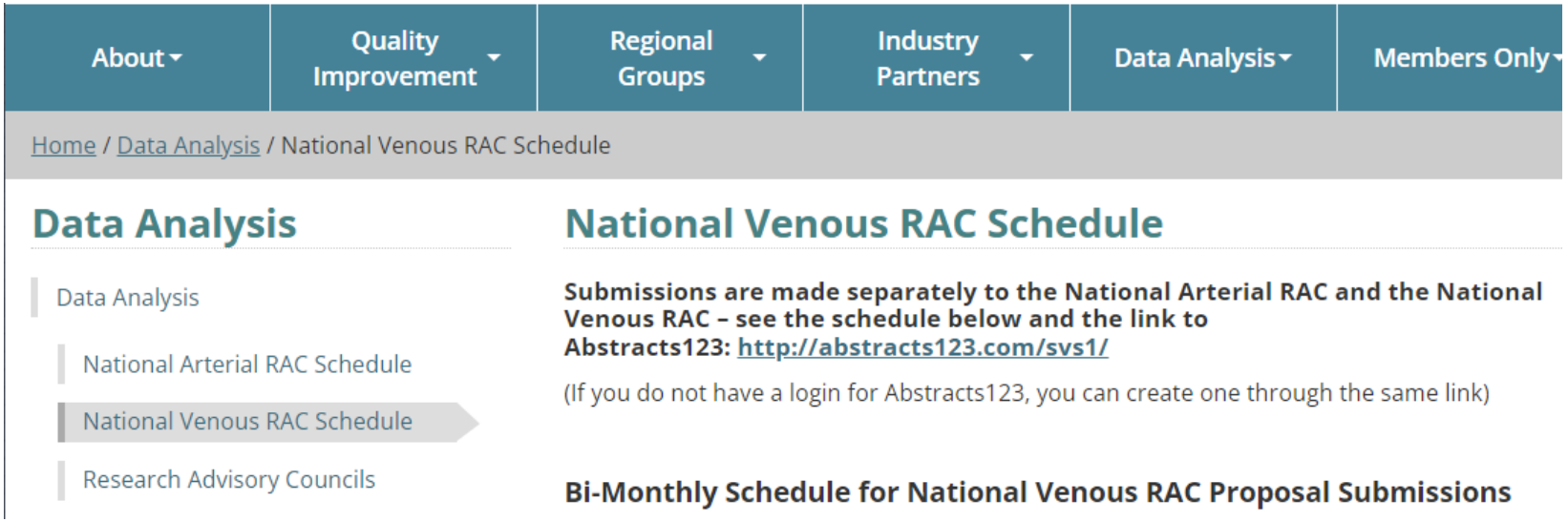
Anita Dua, MD

Submitting a Venous RAC Proposal

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

National Venous RAC

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



Arterial RAC Project Updates

Moderator – Dr. Cassius Ochoa-Chaar

- Sai Divya Yadavalli, MD, Beth Israel Deaconess Medical Center
- Niklas Hase, MD, Maine Medical Center
- Colin Cleary, MD, UCONN
- Thomas Cheng, MD, Boston Medical Center

Effect of Diabetes Mellitus and its Management on Outcomes following Abdominal Aortic Aneurysm repair

Vinamr Rastogi, MD; Jonathan Perrier; Sai Divya Yadavalli, MD;
Marc L. Schermerhorn, MD

Beth Israel Deaconess Medical Center

HARVARD MEDICAL SCHOOL

Acknowledgements

- Dr. Marc L Schermerhorn, MD
- Dr. Lars Stangenberg MD
- Vinamr Rastogi, MD
- Jonathan Perrier, MD
- Sophie X. Wang MD
- Douglas Jones MD
- Hence J.M. Verhagen MD

Beth Israel Deaconess Medical Center

HARVARD MEDICAL SCHOOL

Maine Medical Center
MaineHealth

Relationship between pre-dilation balloon angioplasty and outcomes following TCAR

Sarah E. Deery, MD, MPH[1,2], Nathan Aranson, MD[1,2], Niklas Hase[2]

[1]Vascular Surgery, Maine Medical Center
[2]Tufts University School of Medicine

BEST REGIONAL HOSPITALS U.S.News & WORLD REPORT PORTLAND METRO RECOGNIZED IN 13 TYPES OF CARE 2021-22

MAGNET RECOGNIZED AMERICAN NURSES CREDENTIALING CENTER

THE JOINT COMMISSION NATIONAL QUALITY APPROVAL

The Impact of Hemodialysis Access Modality on Outcomes and Access Durability in Diabetic Patients

Colin Cleary, PhD, Rong Wu, PhD, Kwame Amankwah, MD, Mina Boutrous, MD
University of Connecticut School of Medicine
Department of Vascular and Endovascular Surgery

UCONN HEALTH

BOSTON UNIVERSITY

BOSTON MEDICAL CENTER

EXCEPTIONAL CARE. WITHOUT EXCEPTION.

Outcomes of infrainguinal cryopreserved vein graft with anticoagulation therapy

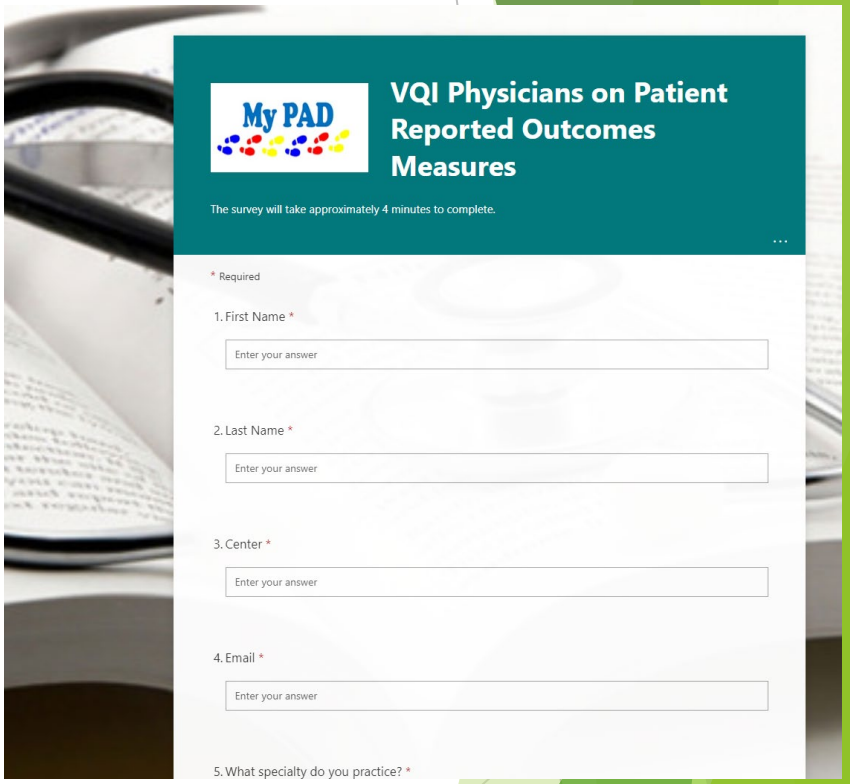
Thomas W. Cheng, M.S. and Jeffrey J. Siracuse, M.D., M.B.A.

Boston Medical Center

Boston University School of Medicine

MyPAD survey

- **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

Updates for Fall 2022 VQI Regional Meeting

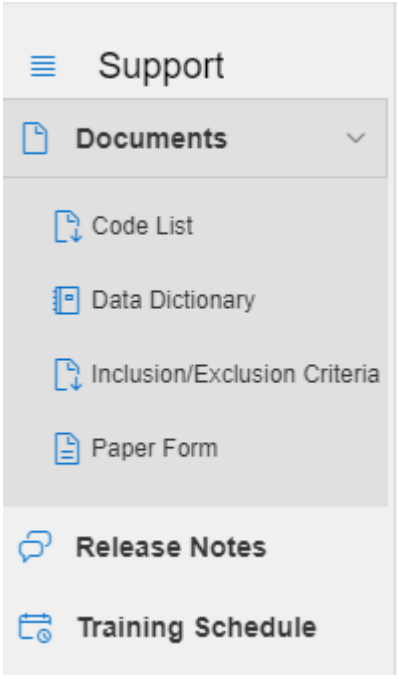
Technology

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

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

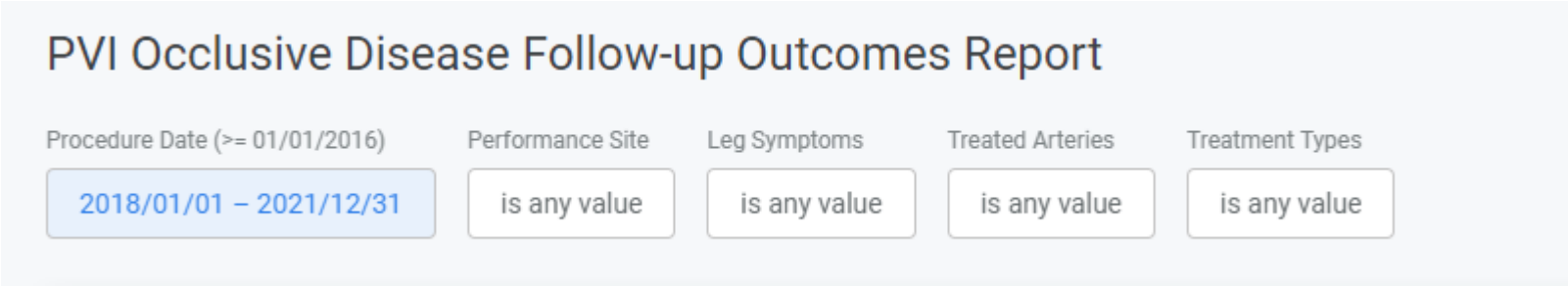


Released in Q1 2022

- 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

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.

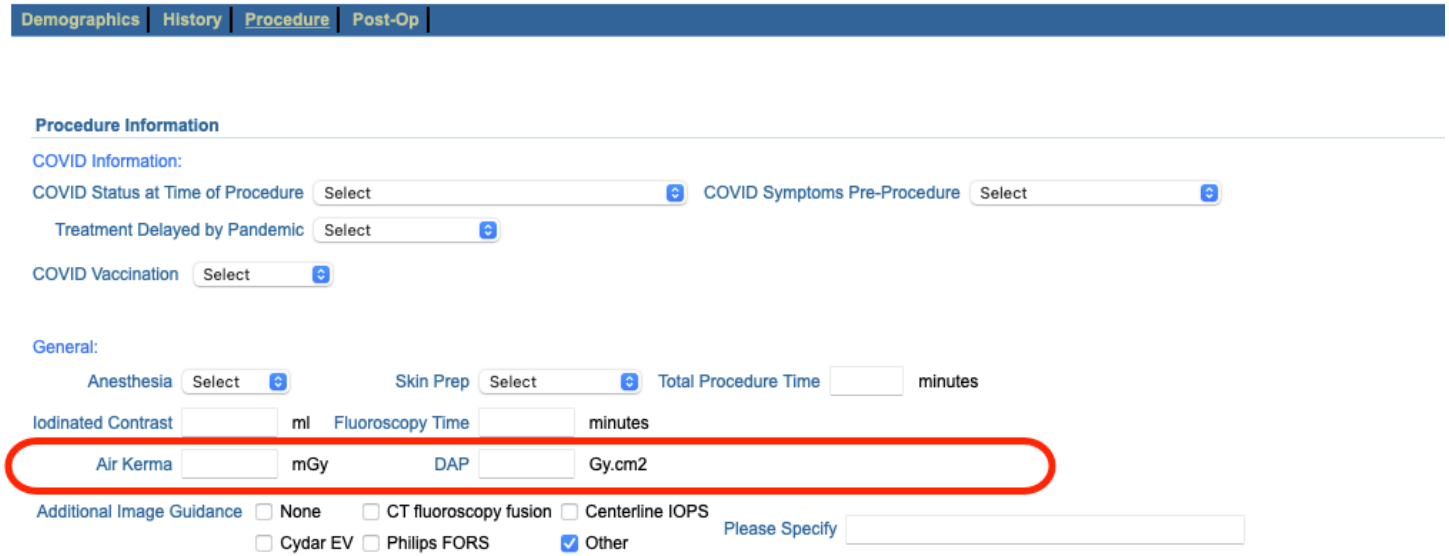


Released in Q2 2022

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

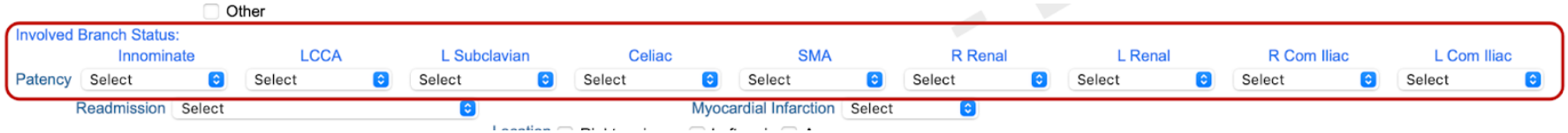
Released in Q2 2022

- 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



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



PATHWAYS Support

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.

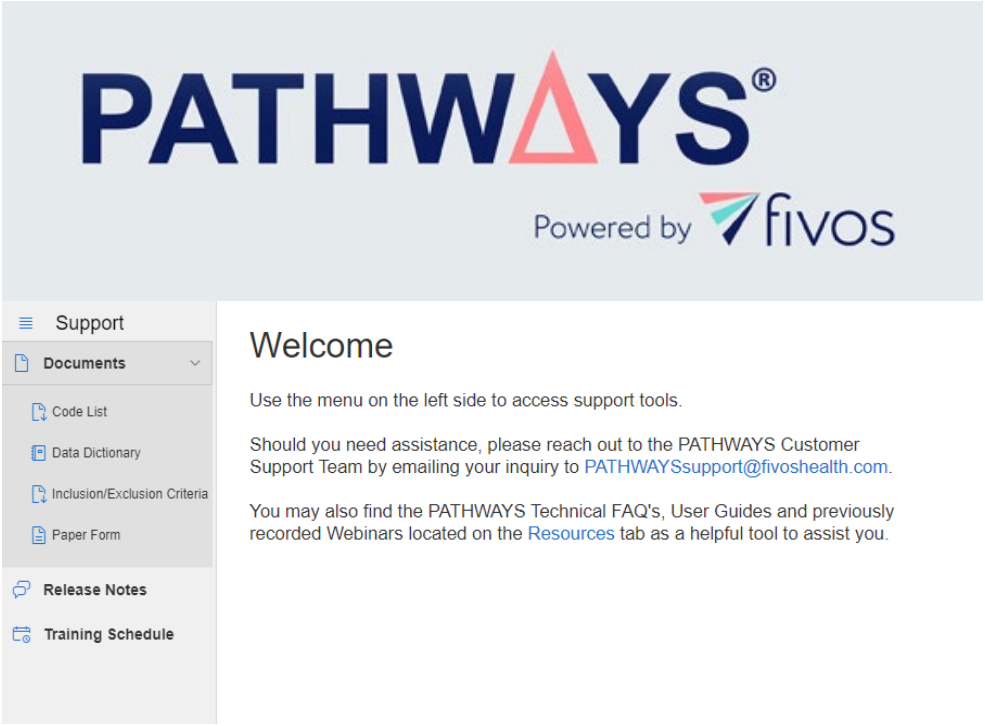
The **2021** Claims Validation process was launched in July 2022.

- 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.

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!

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.

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”

Registry Projects

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.

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

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.

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

VSGNE 2023 Spring Regional Meeting

- Friday, May 19, 2023
- Host – Hartford Healthcare
- Time **TBD**

Thank You

- **Cook Medical**
- **W.L. Gore**
- **Maureen Demmert, Boston Medical Center**
- **VSGNE Leadership Team**
- **VSGNE Membership**

Meeting Attendance Credit

SVS | VQI
In collaboration with NCDR®

REMEMBER TO PSO:

- **P**UT your FULL NAME in Zoom to get credit for attendance and CME/CE credit (no exceptions will be made)
- **S**END an email to ljohnson@svspso.org with names of group members that are sharing 1 device
- **O**FFICIALLY apply for CME/CE credit by clicking this link: https://dmu.co1.qualtrics.com/jfe/form/SV_4OCHUW126o2ZQnc

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