Vascular Study Group of New England (VSGNE)

November 20, 2020
9:00am – 12:00pm ET
Remote
Participation Award Credit

PLEASE SIGN IN!!!

Click “Participants” in the box at the top or bottom of your screen. If your full name is not listed, hover next to your name and you’ll see “rename”. 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: We do give credit to residents/fellows that don’t have a pathways user account !!!
Sign in with your Full name, MD, Name of Institution
<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>CE Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00am</td>
<td>Welcome</td>
<td>No</td>
</tr>
<tr>
<td>9:10am</td>
<td>Regional Data Review</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Philip Goodney, MD, Regional Medical Director, VSGNE</td>
<td></td>
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<tr>
<td></td>
<td>Learning Objectives:</td>
<td></td>
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<tr>
<td></td>
<td>• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).</td>
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<tr>
<td></td>
<td>• Interpret and compare each centers’ VQI results to regional and national benchmarked data.</td>
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<td>• 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.</td>
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<td>• 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.</td>
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<tr>
<td>10:10am</td>
<td>Region-wide QI Proposal</td>
<td>Yes</td>
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<tr>
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</tbody>
</table>
## Agenda (con’t)

<table>
<thead>
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<th>Topic</th>
<th>CE Credit</th>
</tr>
</thead>
</table>
| 10:10am  | Region-wide QI Proposal  
Case Presentations – VSGNE RAC – Jeffrey Siracuse, MD (Moderator)  
1. Tessa Cattermole, MD, University of Vermont  
2. Devon Robichaud, MD, U Mass Memorial  
3. Livia de Guerre, MD, Beth-Israel Deaconess Medical Center  
4. Mark Eid, MD, Dartmouth-Hitchcock Medical Center | Yes       |
| 10:40am  | National VQI Update  
Jens Jorgensen, MD, PSO Medical Director, PSO  
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       |
| 11:10am  | AQC Update – Jessica Simons, MD  
VQC Update – Philip Goodney, MD  
Governing Council Update – Philip Goodney, MD  
RAC Update – Jeffrey Siracuse, MD | No        |
## Agenda (con’t)

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>CE Credit</th>
</tr>
</thead>
</table>
| 11:25am    | Case Presentations – VSGNE RAC – Jeffrey Siracuse, MD (Moderator)  
1. Scott Levin, MD, Boston Medical Center  
2. Kirsti Bellamkonda, MD, Yale-New Haven Hospital  
3. Lucas Souza-Mota, MD, Beth-Israel Deaconess Medical Center  
4. Charles DeCarlo, MD, Massachusetts General Hospital  
5. Emily Fan, MD, UMASS Memorial | No         |
| 11:55am    | Open Discussion/Next Meeting/Meeting Evaluation                                                               | No         |
Relevant to the content of this educational activity presenters have no conflict(s) with commercial interest companies to disclose.
Welcome and Introductions

Backus Hospital
Baystate Medical Center
Berkshire Medical Center
Beth Israel Deaconess Medical Center
Boston Medical Center
**Bridgeport Hospital**
Brigham and Women's Hospital
Cape Cod Hospital
Catholic Medical Center; CTSA NH
Central Maine Medical Center
Charlton Hospital (Southcoast)
Concord Hospital
Danbury Hospital
Dartmouth Hitchcock Medical Center
Diagnostic Imaging of Milford
Elliot Health System
Hartford Hospital
Hoenig Vascular Center
**Kent Hospital**
Lahey Hospital and Medical Center
Lakes Region General Hospital

**Lawrence + Memorial Hospital**
Maine Medical Center
MaineGeneral Medical Center
Massachusetts General Hospital
Middlesex Hospital
Midstate Medical Center
Newton-Wellesley Hospital
Norwalk Hospital
Portsmouth Regional Hospital
Rhode Island Hospital
Saint Francis Hospital and Medical Center
St. Elizabeth Medical Center
St. Luke's Hospital
St. Vincent’s Medical Center
Stamford Hospital
Steward Good Samaritan Medical Center, Inc.
Steward Saint Anne's Hospital Corporation
The Hospital of Central Connecticut
The Miriam Hospital
Tufts Medical Center
U Mass Memorial
University of Connecticut Health Center
University of Vermont Medical Center
Yale New Haven Hospital
VQI Regional Quality Report

Fall 2020

Important Notes

• All results are based on data entered into the VQI as of June 30th, 2020. Any subsequent changes or updates to data after that date will not be reflected in this report.
• For a given module, regions must have at least 3 centers with at least 10 cases per center meeting inclusion criteria in order for regional data (both aggregate and by center) to be displayed.
• For a given module, cases with missing data elements used in the construction of inclusion/exclusion criteria or outcomes are excluded.
• Please reference the “VQI Case Appendix” in the table of contents on the left to identify your center’s included or excluded cases for each module.
• In all graphics, "**" indicates a p-value <.05.

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

The dashboard summarizes your center’s results for each module and provides 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 module. The “Your Region” and “VQI Overall” columns give the aggregate percentage of cases with the noted outcome, as well as the 25th, 50th (median), and 75th percentiles, for centers in your region and VQI, respectively. Percentiles are ordered so that a higher percentile indicates better performance. Your center’s results are highlighted green if your center is at or above the 75th percentile across VQI, yellow if among the middle 50% of centers in VQI, and red if at or below the 25th percentile across VQI. For details on a particular module, click on the module report name in the table of contents on the left.
| Procedure Group | Outcome                  | Your Center % (n/N) | Your Region % [25p|50p|75p] | VQI Overall % [25p|50p|75p] |
|-----------------|--------------------------|---------------------|-----------------------------|-----------------------------|
| All             | Procedure Volume         | [48 | 144 | 392]             | [20 | 88 | 229]                       |
|                 | Procedure Volume, All Years | [230 | 1714 | 4089]          | [50 | 339 | 1334]                      |
| Multiple        | Long-Term Follow-up      | 74.4% [52% | 69% | 88%]             | 68.3% [45% | 71% | 87%]          |
|                 | Discharge Medications    | 89% [86% | 90% | 93%]             | 84.8% [79% | 88% | 96%]          |
| TFEM CAS ASYMP  | Stroke/Death             | 1.2% [0% | 0% | 0%]              | 1.2% [0% | 0% | 0%]            |
| TFEM CAS SYMP   | Stroke/Death             | 6.3% [11% | 0% | 0%]              | 3.6% [0% | 0% | 0%]            |
| TCAR ASYMP      | Stroke/Death             | 0.5% [0% | 0% | 0%]              | 1% [0% | 0% | 0%]            |
| TCAR SYMP       | Stroke/Death             | 4.7% [9% | 0% | 0%]              | 3% [0% | 0% | 0%]            |
| CEA ASYMP       | Stroke/Death             | 1% [0% | 0% | 0%]               | 0.9% [0% | 0% | 0%]            |
|                 | Postop LOS>1 Day         | 26.8% [38% | 24% | 12%]             | 23.3% [33% | 21% | 12%]           |
| CEA SYMP        | Stroke/Death             | 1.7% [1% | 0% | 0%]              | 1.7% [0% | 0% | 0%]            |
|                 | Postop LOS>1 Day         | 41.1% [58% | 40% | 28%]             | 43% [59% | 40% | 27%]           |
| EVAR            | Postop LOS>2 Days        | 15.6% [23% | 13% | 3%]              | 14.2% [20% | 13% | 5%]            |
|                 | Sac Diameter Reporting   | 69.1% [54% | 76% | 86%]             | 58.6% [38% | 64% | 79%]          |
|                 | SVS Sac Size Guideline   | 79.7% [72% | 79% | 93%]             | 73.4% [62% | 75% | 87%]          |
| TEVAR           | Sac Diameter Reporting   | 74.2% [31% | 71% | 75%]             | 56.7% [22% | 55% | 73%]          |
| OAAA            | In-Hospital Mortality    | 4.3% [8% | 0% | 0%]               | 4.2% [1% | 0% | 0%]            |
|                 | SVS Cell-Saver Guideline | 94.5% [92% | 100% | 100%]            | 93.3% [95% | 100% | 100%]          |
|                 | SVS Iliac Inflow Guideline | 100% [100% | 100% | 100%]         | 98.6% [100% | 100% | 100%]          |
| PVI             | ABI/Toe Pressure         | 77.8% [77% | 86% | 89%]             | 74.6% [60% | 84% | 94%]          |
| INFRA           | Major Complications      | 5% [6% | 3% | 0%]              | 4.1% [6% | 0% | 0%]            |
| SUPRA           | Major Complications      | 4.5% [0% | 0% | 0%]              | 5.2% [0% | 0% | 0%]            |
| LEAMP           | Postop Complications     | 14.4% [20% | 15% | 11%]             | 12% [18% | 10% | 5%]            |
| AVACCESS        | Primary AVF vs. Graft    | 93.2% [92% | 94% | 99%]             | 82.1% [72% | 85% | 92%]          |
| IVCF            | Filter Retrieval Reporting | NA (<3 centers) | NA (<3 centers)             | 22.8% [0% | 1% | 33%]          |
# Procedure Volume, All Years

Includes all procedures with procedure date through May 31, 2020

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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Your Center (N)</th>
<th>Your Region (N)</th>
<th>VQI Overall (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVACCESS</td>
<td></td>
<td>5001</td>
<td>54564</td>
</tr>
<tr>
<td>CAS (TFEM CAS &amp; TCAR)</td>
<td></td>
<td>4247</td>
<td>41682</td>
</tr>
<tr>
<td>CEA</td>
<td></td>
<td>25090</td>
<td>139597</td>
</tr>
<tr>
<td>EVAR</td>
<td></td>
<td>8341</td>
<td>55124</td>
</tr>
<tr>
<td>INFRA</td>
<td></td>
<td>14006</td>
<td>59556</td>
</tr>
<tr>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
<td></td>
<td>14022</td>
</tr>
<tr>
<td>LEAMP</td>
<td></td>
<td>1582</td>
<td>17738</td>
</tr>
<tr>
<td>OAAA</td>
<td></td>
<td>3929</td>
<td>13439</td>
</tr>
<tr>
<td>PVI</td>
<td></td>
<td>32027</td>
<td>225515</td>
</tr>
<tr>
<td>SUPRA</td>
<td></td>
<td>4007</td>
<td>19457</td>
</tr>
<tr>
<td>TEVAR</td>
<td></td>
<td>1867</td>
<td>17236</td>
</tr>
<tr>
<td>Varicose Veins</td>
<td>NA (&lt;3 centers)</td>
<td></td>
<td>38407</td>
</tr>
<tr>
<td>Overall</td>
<td></td>
<td>101067</td>
<td>696337</td>
</tr>
</tbody>
</table>
Procedure Volume by Center in Your Region (Through May 2020)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

Procedure Volume Across VQI (Through May 2020)

- Others
- Canada
- Nor. Cal.
- So. Cal.
- Pacific NW
- MidSouth
- SoVONet
- Rocky Mtns.
- Michigan
- Midwest
- Up. Midwest
- G. Lakes
- Mid-America
- Mid-Atlantic
- Southeast
- Carolinas
- New York
- Virginias
- New England

Regions (regions with <3 centers with at least 10 cases not shown)

“Others” indicates centers that do not belong to a regional group.
Physician Specialties

Physician Specialties Across VQI (as of June 30, 2020, N=5156 Physicians)
Physician Specialties Across Your Region (as of June 30, 2020, N=321 Physicians)
Long-Term Follow-up

Procedures performed between July 1, 2017 and June 30, 2018

Includes AVACCESS, CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, IVCF, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Excludes cases 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.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVACCESS</td>
<td>483 (86%)</td>
<td>7949 (59%)</td>
<td></td>
</tr>
<tr>
<td>CAS</td>
<td>553 (63%)</td>
<td>6442 (65%)</td>
<td></td>
</tr>
<tr>
<td>CEA</td>
<td>1758 (76%)</td>
<td>18395 (70%)</td>
<td></td>
</tr>
<tr>
<td>EVAR</td>
<td>632 (77%)</td>
<td>7337 (70%)</td>
<td></td>
</tr>
<tr>
<td>INFRA</td>
<td>924 (77%)</td>
<td>7463 (70%)</td>
<td></td>
</tr>
<tr>
<td>IVCF</td>
<td>NA (&lt;3 centers)</td>
<td>2153 (71%)</td>
<td></td>
</tr>
<tr>
<td>LEAMP</td>
<td>230 (50%)</td>
<td>3143 (63%)</td>
<td></td>
</tr>
<tr>
<td>OAAA</td>
<td>178 (67%)</td>
<td>1200 (72%)</td>
<td></td>
</tr>
<tr>
<td>PVI</td>
<td>3595 (74%)</td>
<td>32437 (70%)</td>
<td></td>
</tr>
<tr>
<td>SUPRA</td>
<td>308 (76%)</td>
<td>2368 (67%)</td>
<td></td>
</tr>
<tr>
<td>TEVAR</td>
<td>242 (77%)</td>
<td>2502 (66%)</td>
<td></td>
</tr>
<tr>
<td>Overall (July 2017-June 2018)</td>
<td>8911 (74%)</td>
<td>91389 (68%)</td>
<td></td>
</tr>
<tr>
<td>Overall (July 2016-June 2017)</td>
<td>8565 (75%)</td>
<td>80731 (73%)</td>
<td></td>
</tr>
</tbody>
</table>
Long-Term Follow-Up by Center in Your Region (July 2017–June 2018)

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

Long-Term Follow-Up Unblinding Legend for Your Region

<table>
<thead>
<tr>
<th>Index</th>
<th>Medical Center Name</th>
<th>#</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Danbury Hospital</td>
<td>16</td>
</tr>
<tr>
<td>2</td>
<td>Central Maine Medical Center</td>
<td>17</td>
</tr>
<tr>
<td>3</td>
<td>University of Vermont Medical Center</td>
<td>18</td>
</tr>
<tr>
<td>4</td>
<td>Yale-New Haven Hospital</td>
<td>19</td>
</tr>
<tr>
<td>5</td>
<td>Saint Francis Hospital and Medical Center</td>
<td>20</td>
</tr>
<tr>
<td>6</td>
<td>Brigham and Women’s Hospital</td>
<td>21</td>
</tr>
<tr>
<td>7</td>
<td>U Mass Memorial</td>
<td>22</td>
</tr>
<tr>
<td>8</td>
<td>Baystate Medical Center</td>
<td>23</td>
</tr>
<tr>
<td>9</td>
<td>Boston Medical Center</td>
<td>24</td>
</tr>
<tr>
<td>10</td>
<td>The Hospital Of Central Connecticut</td>
<td>25</td>
</tr>
<tr>
<td>11</td>
<td>Massachusetts General Hospital</td>
<td>26</td>
</tr>
<tr>
<td>12</td>
<td>Hartford Hospital</td>
<td>27</td>
</tr>
<tr>
<td>13</td>
<td>Concord Hospital</td>
<td>28</td>
</tr>
<tr>
<td>14</td>
<td>Diagnostic Imaging of Milford</td>
<td>29</td>
</tr>
<tr>
<td>15</td>
<td>Maine General Medical Center</td>
<td></td>
</tr>
</tbody>
</table>
Long-Term Follow-Up by Region Across VQI (July 2017-June 2018)

Regions (regions with <3 centers with at least 10 cases not shown)

"**" indicates region's rate differs significantly from the VQI rate.
**Discharge Medications**

Procedures performed between June 1, 2019 and May 31, 2020

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Excludes patients who died in hospital or patients who were not treated for medical reason. “Antiplatelet” is defined as ASA or P2Y12 inhibitor.

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

<table>
<thead>
<tr>
<th></th>
<th>Number of Procedures at Your Center</th>
<th>Antiplatelet+Statin</th>
<th>Antiplatelet Only</th>
<th>Statin Only</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CEA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>INFRA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LEAMP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OAAA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PVI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPRA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEVAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Center Overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your Region Overall</td>
<td>7046</td>
<td>89%</td>
<td>7%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>VQI Overall</td>
<td>80978</td>
<td>85%</td>
<td>9%</td>
<td>4%</td>
<td>2%</td>
</tr>
</tbody>
</table>
Discharge Antiplatelet+Statin by Center in Your Region (June 2019-May 2020)

Other centers in your region
Your center

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

Discharge Antiplatelet+Statin by Region Across VQI (June 2019-May 2020)

Southeast,
Rocky Mtns.,
New York,
Mid-Atlantic,
Canada,
Virginia,
SoVONet,
VQI,
Nor. Cal.,
Pacific NW,
So. Cal.,
G. Lakes,
Others,
Midwest,
MidSouth,
Up Midwest,
Carolinas,
Michigan,
Mid-America,
New England,

"Others" indicates centers that do not belong to a regional group. "***" indicates region's rate differs significantly from the VQI rate.
TFEM CAS ASYMP: Stroke/Death

Procedures performed between June 1, 2019 and May 31, 2020

Includes asymptomatic admissions for Transfemoral Carotid Artery Stenting (TFEM CAS) only. Asymptomatic admissions are admissions where the patient had 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 "Femoral" are also excluded.

The table below gives the number of TFEM CAS procedures (performed on asymptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TFEM CAS procedures meeting inclusion criteria</td>
<td>82</td>
<td>1205</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1.2%</td>
<td>1.2%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>80</td>
<td>1116</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>1.2%</td>
<td>1.3%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>1.6%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>1</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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 Admissions by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Stroke or Death After TFEM CAS for Asymptomatic Admissions in Your Region (June 2019-May 2020)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases. "***" indicates center’s observed rate differs significantly from its expected rate.

Stroke or Death After TFEM CAS for Asymptomatic Admissions by Region Across VQI (June 2019-May 2020)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases. "***" indicates region’s observed rate differs significantly from its expected rate.
**TFEM CAS SYMP: Stroke/Death**

Procedures performed between June 1, 2019 and May 31, 2020

Includes symptomatic admissions for Transfemoral Carotid Artery Stenting (TFEM CAS) only. Symptomatic admissions are admissions where the patient had 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 “Femoral” are also excluded.

The table below gives the number of TFEM CAS procedures (performed on symptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TFEM CAS procedures</td>
<td>63</td>
<td>1407</td>
<td></td>
</tr>
<tr>
<td>meeting inclusion criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or</td>
<td>6.3%</td>
<td>3.6%</td>
<td></td>
</tr>
<tr>
<td>death among procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>meeting inclusion criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of procedures with</td>
<td>60</td>
<td>1317</td>
<td></td>
</tr>
<tr>
<td>complete data*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or</td>
<td>5%</td>
<td>3.1%</td>
<td></td>
</tr>
<tr>
<td>death among cases with complete</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>data*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or</td>
<td>3.5%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>death among cases with complete</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>data*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of</td>
<td>0.47</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>observed and expected rates</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*“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 Admissions by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Stroke or Death After TFEM CAS for Symptomatic Admissions in Your Region (June 2019-May 2020)

- Other centers in your region
- Your center
- Observed
- Expected

Centers (centers with <10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

"***" indicates center's observed rate differs significantly from its expected rate

Stroke or Death After TFEM CAS for Symptomatic Admissions by Region Across VQI (June 2019-May 2020)

- Observed
- Expected

Regions (regions with <3 centers with at least 10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

"***" indicates region’s observed rate differs significantly from its expected rate.
TCAR ASYMP: Stroke/Death

Procedures performed between June 1, 2019 and May 31, 2020

Includes asymptomatic admissions for TransCarotid Artery Revascularization (TCAR) only. Asymptomatic admissions are admissions where the patient had 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 “Femoral” are also excluded.

The table below gives the number of TCAR procedures (performed on asymptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TCAR procedures meeting inclusion criteria</td>
<td></td>
<td>215</td>
<td>3627</td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td></td>
<td>0.5%</td>
<td>1%</td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td></td>
<td>205</td>
<td>3424</td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td></td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data^</td>
<td></td>
<td>1%</td>
<td>NA</td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td></td>
<td>0.28</td>
<td>NA</td>
</tr>
</tbody>
</table>

*“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 Admissions in Your Region (June 2019-May 2020)

Centers (centers with <10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases. "***" Indicates center’s observed rate differs significantly from its expected rate.

Stroke or Death After TCAR for Asymptomatic Admissions by Region Across VQI (June 2019-May 2020)

Regions (regions with <3 centers with at least 10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases. "***" Indicates region’s observed rate differs significantly from its expected rate.
TCAR SYMP: Stroke/Death

Procedures performed between June 1, 2019 and May 31, 2020

Includes symptomatic admissions for TransCarotid Artery Revascularization (TCAR) only. Symptomatic admissions are admissions where the patient had 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 “Femoral” are also excluded.

The table below gives the number of TCAR procedures (performed on symptomatic admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TCAR procedures meeting inclusion criteria</td>
<td>170</td>
<td>1803</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>4.7%</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>163</td>
<td>1737</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>4.9%</td>
<td>3.1%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.16</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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 Admissions by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Stroke or Death After TCAR for Symptomatic Admissions in Your Region (June 2019-May 2020)

Centers (centers with <10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

**Indicates center’s observed rate differs significantly from its expected rate.

Stroke or Death After TCAR for Symptomatic Admissions by Region Across VQI (June 2019-May 2020)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

***Indicates region’s observed rate differs significantly from its expected rate.
**CEA ASYMP: Stroke/Death**

Procedures performed between June 1, 2019 and May 31, 2020

Includes asymptomatic admissions for Carotid Endarterectomy (CEA) only. Asymptomatic admissions are admissions where the patient had 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 admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th>Number of CEA procedures meeting inclusion criteria</th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>695</td>
<td>9499</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>666</td>
<td>9126</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>1.1%</td>
<td>0.9%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>0.8%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.52</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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 CEA for Asymptomatic Admissions in Your Region (June 2019-May 2020)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases. “***” Indicates center’s observed rate differs significantly from its expected rate.

Stroke or Death After CEA for Asymptomatic Admissions by Region Across VQI (June 2019-May 2020)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases. “***” Indicates region’s observed rate differs significantly from its expected rate.
CEA ASYMP: Postop LOS>1 Day

Procedures performed between June 1, 2019 and May 31, 2020

Includes asymptomatic admissions for Carotid Endarterectomy (CEA) only. Asymptomatic admissions are admissions where the patient had 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 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 admissions) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>694</td>
<td>9498</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among procedures meeting inclusion criteria</td>
<td>26.8%</td>
<td>23.3%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>666</td>
<td>9139</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among cases with complete data</td>
<td>26.9%</td>
<td>23.1%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;1 day among cases with complete data*</td>
<td>23%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.02</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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 Admissions by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

"**" Indicates center’s observed rate differs significantly from its expected rate.

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

"**" Indicates region’s observed rate differs significantly from its expected rate.
CEA SYMP: Stroke/Death

Procedures performed between June 1, 2019 and May 31, 2020

Includes symptomatic admissions for Carotid Endarterectomy (CEA) only. Symptomatic admissions are admissions where the patient had 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 admissions) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td>542</td>
<td>4783</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among procedures meeting inclusion criteria</td>
<td>1.7%</td>
<td>1.7%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>521</td>
<td>4612</td>
<td></td>
</tr>
<tr>
<td>Observed rate of stroke or death among cases with complete data</td>
<td>1.7%</td>
<td>1.6%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of stroke or death among cases with complete data*</td>
<td>1.7%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>1</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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 Admissions by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Stroke or Death After CEA for Symptomatic Admissions in Your Region (June 2019-May 2020)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases. "**" indicates center's observed rate differs significantly from its expected rate.

Stroke or Death After CEA for Symptomatic Admissions by Region Across VQI (June 2019-May 2020)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases. "**" indicates region's observed rate differs significantly from its expected rate.
CEA SYMP: Postop LOS>1 Day

Procedures performed between June 1, 2019 and May 31, 2020

Includes symptomatic admissions for Carotid Endarterectomy (CEA) only. Symptomatic admissions are admissions where the patient had 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 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 admissions) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CEA procedures meeting inclusion criteria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among procedures meeting inclusion criteria</td>
<td></td>
<td>41.1%</td>
<td>43%</td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>522</td>
<td></td>
<td>4620</td>
</tr>
<tr>
<td>Observed rate of LOS&gt;1 day among cases with complete data</td>
<td></td>
<td>41.8%</td>
<td>42.7%</td>
</tr>
<tr>
<td>Expected rate of LOS&gt;1 day among cases with complete data*</td>
<td></td>
<td>43.9%</td>
<td>NA</td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td></td>
<td>0.35</td>
<td>NA</td>
</tr>
</tbody>
</table>

*“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 Admissions by Year

Rates shown are observed rates among cases meeting inclusion criteria.
Postop LOS>1 Day after CEA for Symptomatic Admissions in Your Region (June 2019-May 2020)

- Other centers in your region
- Your center
- Observed
- Expected

Centers (centers with <10 complete cases not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

"**" Indicates center’s observed rate differs significantly from its expected rate.

Postop LOS>1 Day after CEA for Symptomatic Admissions by Region Across VQI (June 2019-May 2020)

- Observed
- Expected

Regions (regions with <3 centers with at least 10 cases complete not shown)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

"**" Indicates region’s observed rate differs significantly from its expected rate.
EVAR: Postop LOS>2 Days

Procedures performed between June 1, 2019 and May 31, 2020

Includes Endovascular AAA Repair (EVAR) procedures only. Excludes any procedure with ruptured aneurysm, patients with prior aortic surgery, or patients transferred from another hospital. Procedures where in-hospital death occurred with postoperative LOS≤2 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures meeting inclusion criteria</td>
<td>416</td>
<td>5654</td>
<td>5654</td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 days among procedures meeting inclusion criteria</td>
<td>15.6%</td>
<td>14.2%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>394</td>
<td>5150</td>
<td></td>
</tr>
<tr>
<td>Observed rate of LOS&gt;2 days among cases with complete data</td>
<td>16.5%</td>
<td>14.1%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of LOS&gt;2 days among cases with complete data*</td>
<td>13.3%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>0.07</td>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

*“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.
Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

*** Indicates center’s observed rate differs significantly from its expected rate.

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases.

*** Indicates region’s observed rate differs significantly from its expected rate.
EVAR: Sac Diameter Reporting

Procedures performed between July 1, 2017 and June 30, 2018

Includes Endovascular AAA Repair (EVAR) procedures only. 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures meeting inclusion criteria</td>
<td>585</td>
<td></td>
<td>6821</td>
</tr>
<tr>
<td>Percentage with sac diameter reported between 9 and 21 months post-procedure</td>
<td>69.1%</td>
<td>58.6%</td>
<td></td>
</tr>
</tbody>
</table>
EVAR Sac Diameter Reporting in Your Region (July 2017-June 2018)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

*** indicates center's observed rate differs significantly from its expected rate.

EVAR Sac Diameter Reporting by Region Across VQI (July 2017-June 2018)

Regions (regions with <3 centers with at least 10 cases not shown)

*** indicates region's rate differs significantly from the VQI rate.
EVAR: SVS Sac Size Guideline

Procedures performed between June 1, 2019 and May 31, 2020

Includes Endovascular AAA Repair (EVAR) procedures only. Excludes any non-elective procedure. SVS sac size 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 sac size guideline.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of EVAR procedures meeting inclusion criteria</td>
<td>414</td>
<td>5426</td>
<td></td>
</tr>
<tr>
<td>Percentage meeting SVS sac size guideline</td>
<td>79.7%</td>
<td>73.4%</td>
<td></td>
</tr>
</tbody>
</table>
EVAR Sac Size Guideline in Your Region (June 2019-May 2020)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

**"** Indicates center’s observed rate differs significantly from its expected rate

EVAR Sac Size Guideline by Region Across VQI (June 2019-May 2020)

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, 2017 and June 30, 2018

Includes Thoracic Endovascular Aortic Repair (TEVAR) procedures for aneurysm or aneurysm from dissection only. Excludes 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TEVAR procedures meeting inclusion criteria</td>
<td></td>
<td>159</td>
<td>1377</td>
</tr>
<tr>
<td>Percentage with sac diameter reported between 9 and 21 months post-procedure</td>
<td></td>
<td>74.2%</td>
<td>56.7%</td>
</tr>
</tbody>
</table>
TEVAR Sac Diameter Reporting in Your Region (July 2017-June 2018)

Centers (centers with <10 cases not shown)

"***" Indicates center’s observed rate differs significantly from its expected rate.

TEVAR Sac Diameter Reporting by Region Across VQI (July 2017-June 2018)

Regions (regions with <3 centers with at least 10 cases not shown)

"***" indicates region’s rate differs significantly from the VQI rate.
OAAA: In-Hospital Mortality

Procedures performed between June 1, 2019 and May 31, 2020

Includes Open AAA (OAAA) procedures only. 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OAAA procedures meeting inclusion criteria</td>
<td>141</td>
<td>970</td>
<td></td>
</tr>
<tr>
<td>Observed rate of in-hospital death among procedures meeting inclusion criteria</td>
<td>4.3%</td>
<td>4.2%</td>
<td></td>
</tr>
<tr>
<td>Number of procedures with complete data*</td>
<td>141</td>
<td>916</td>
<td></td>
</tr>
<tr>
<td>Observed rate of in-hospital death among cases with complete data</td>
<td>4.3%</td>
<td>4.3%</td>
<td></td>
</tr>
<tr>
<td>Expected rate of in-hospital death among cases with complete data*</td>
<td>4.5%</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>P-value for comparison of observed and expected rates</td>
<td>1</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>Observed rate of in-hospital death among procedures with infrarenal proximal clamp</td>
<td>4.9%</td>
<td>2.9%</td>
<td></td>
</tr>
<tr>
<td>Observed rate of in-hospital death among procedures with suprarenal proximal clamp</td>
<td>3.3%</td>
<td>5.7%</td>
<td></td>
</tr>
</tbody>
</table>

*“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 (June 2019-May 2020)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases. "**" indicates center’s observed rate differs significantly from its expected rate.

In-Hospital Death After OAAA by Region Across VQI (June 2019-May 2020)

Observed and expected rates shown are among cases with complete data. Regional data suppression is based on number of complete cases. "**" indicates region’s observed rate differs significantly from its expected rate.
OAAA: SVS Cell-Saver Guideline

Procedures performed between June 1, 2019 and May 31, 2020

Includes Open AAA (OAAA) procedures only. 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OAAA procedures meeting inclusion criteria</td>
<td>145</td>
<td>1005</td>
<td></td>
</tr>
<tr>
<td>Percentage meeting SVS cell-saver guideline</td>
<td>94.5%</td>
<td>93.3%</td>
<td></td>
</tr>
</tbody>
</table>
**OAAA Cell-Saver Guideline in Your Region (June 2019-May 2020)**

Centers (centers with <10 cases not shown)

“*” indicates center’s observed rate differs significantly from its expected rate.

**OAAA Cell-Saver Guideline by Region Across VQI (June 2019-May 2020)**

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 June 1, 2019 and May 31, 2020

Includes Open AAA (OAAA) procedures only. 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of OAAA procedures meeting inclusion criteria</td>
<td></td>
<td>162</td>
<td>1126</td>
</tr>
<tr>
<td>Percentage meeting SVS iliac inflow guideline</td>
<td></td>
<td>100%</td>
<td>98.6%</td>
</tr>
</tbody>
</table>
OAAA Iliac Inflow Guideline by Year

- June 2016-May 2017
- June 2017-May 2018
- June 2018-May 2019
- June 2019-May 2020

- Your Center
- Your Region
- VQI Overall
OAAA Iliac Inflow Guideline in Your Region (June 2019-May 2020)

Centers (centers with <10 cases not shown)

*** Indicates center’s observed rate differs significantly from its expected rate.

OAAA Iliac Inflow Guideline by Region Across VQI (June 2019-May 2020)

** Regions (regions with <3 centers with at least 10 cases not shown)

*** Indicates region’s rate differs significantly from the VQI rate.
PVI: ABI/Toe Pressure

Procedures performed between June 1, 2019 and May 31, 2020

Includes Peripheral Vascular Intervention (PVI) procedures for claudication only. “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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of PVI procedures meeting inclusion criteria</td>
<td>995</td>
<td>13412</td>
<td></td>
</tr>
<tr>
<td>Percentage with ABI/toe pressure assessment</td>
<td>77.8%</td>
<td>74.6%</td>
<td></td>
</tr>
<tr>
<td>Percentage who were current smokers</td>
<td>30.5%</td>
<td>36.5%</td>
<td></td>
</tr>
</tbody>
</table>
ABI/Toe Pressure Assessment Before PVI in Your Region (June 2019-May 2020)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

** Indicates center’s observed rate differs significantly from its expected rate

ABI/Toe Pressure Assessment Before PVI by Region Across VQI (June 2019-May 2020)

Regions (regions with <3 centers with at least 10 cases not shown)

*** Indicates region’s rate differs significantly from the VQI rate.
INFRA: Major Complications

Procedures performed between June 1, 2019 and May 31, 2020

Includes Infrainguinal Bypass (INFRA) procedures only. Excludes any patient with an indication other than rest pain or tissue loss. 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of INFRA procedures meeting inclusion criteria</td>
<td>524</td>
<td>4119</td>
<td></td>
</tr>
<tr>
<td>Percentage with major complications</td>
<td>5%</td>
<td>4.1%</td>
<td></td>
</tr>
</tbody>
</table>
Major Complications After INFRA by Year

June 2016-May 2017
June 2017-May 2018
June 2018-May 2019
June 2019-May 2020

Your Center
Your Region
VQI Overall
Major Complications After INFRA in Your Region (June 2019-May 2020)

Centers (centers with <10 cases not shown)

"***" Indicates center’s observed rate differs significantly from its expected rate.

Major Complications After INFRA by Region Across VQI (June 2019-May 2020)

Regions (regions with <=3 centers with at least 10 cases not shown)

"***" Indicates region's rate differs significantly from the VQI rate.
SUPRA: Major Complications

Procedures performed between June 1, 2019 and May 31, 2020

Includes Suprainguinal Bypass (SUPRA) procedures only. Excludes any patient with an indication other than rest pain or tissue loss. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

The table below shows 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of SUPRA procedures meeting inclusion criteria</td>
<td>110</td>
<td>841</td>
<td></td>
</tr>
<tr>
<td>Percentage with major complications</td>
<td>4.5%</td>
<td>5.2%</td>
<td></td>
</tr>
</tbody>
</table>
Major Complications After SUPRA in Your Region (June 2019-May 2020)

Centers (centers with <10 cases not shown)

"***" Indicates center's observed rate differs significantly from its expected rate.

Major Complications After SUPRA by Region Across VQI (June 2019-May 2020)

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 June 1, 2019 and May 31, 2020

Includes Lower-Extremity Amputation (LEAMP) procedures only. 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.

<table>
<thead>
<tr>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of LEAMP procedures meeting inclusion criteria</td>
<td>209</td>
<td>3062</td>
</tr>
<tr>
<td>Percentage with postoperative complications</td>
<td>14.4%</td>
<td>12%</td>
</tr>
</tbody>
</table>
Postop Complications After LEAMP in Your Region (June 2019-May 2020)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

*** Indicates center’s rate differs significantly from the regional rate.

Postop Complications After LEAMP by Region Across VQI (June 2019-May 2020)

Regions (regions with <3 centers with at least 10 cases not shown)

*** Indicates region’s rate differs significantly from the VQI rate.
AVACCESS: Primary AVF vs. Graft

Procedures performed between June 1, 2019 and May 31, 2020

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 procedures meeting the inclusion criteria, and the percentage of those procedures that were primary AVF.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of AVACCESS procedures meeting inclusion criteria</td>
<td></td>
<td>307</td>
<td>5116</td>
</tr>
<tr>
<td>Percentage with primary AVF</td>
<td></td>
<td>93.2%</td>
<td>82.1%</td>
</tr>
</tbody>
</table>
Primary AVF Access in Your Region (June 2019-May 2020)

Centers (centers with <10 cases not shown)

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

Primary AVF Access by Region Across VQI (June 2019-May 2020)

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 January 1, 2019 and December 31, 2019

Excludes patients with permanent filters, patients who have died since discharge, 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.

<table>
<thead>
<tr>
<th></th>
<th>Your Center</th>
<th>Your Region</th>
<th>VQI Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of IVCF procedures meeting inclusion criteria</td>
<td>NA (&lt;3 centers)</td>
<td>1427</td>
<td>1427</td>
</tr>
<tr>
<td>Number without follow-up records</td>
<td>1023</td>
<td>1023</td>
<td>1023</td>
</tr>
<tr>
<td>Number with follow-up records</td>
<td>404</td>
<td>404</td>
<td>404</td>
</tr>
<tr>
<td>Percentage with Filter Retrieval, or Attempt at Retrieval</td>
<td>22.8%</td>
<td>22.8%</td>
<td>22.8%</td>
</tr>
<tr>
<td>Percentage not retrieved because No Follow-up Records Created</td>
<td>71.7%</td>
<td>71.7%</td>
<td>71.7%</td>
</tr>
<tr>
<td>Percentage not retrieved because Not Clinically Indicated</td>
<td>3.5%</td>
<td>3.5%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Percentage not retrieved because Patient Declined</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Percentage not retrieved because Lost to Follow-Up</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Percentage not retrieved because Deemed Too Late for Removal</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Percentage not retrieved because Planned Later Removal</td>
<td>0.8%</td>
<td>0.8%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Percentage not retrieved because No Reason Given</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>
Filter Retrieval Reporting in Your Region (January-December 2019)

- Other centers in your region
- Your center

Centers (centers with <10 cases not shown)

"**" indicates center’s rate differs significantly from the regional rate.

Filter Retrieval Reporting by Region Across VQI (January-December 2019)

Regions (regions with <3 centers with at least 10 cases not shown)

"***" Indicates region’s rate differs significantly from the VQI rate.
Jeffrey Siracuse, MD – Moderator

- QIP – Using Smartphone applications to improve patient care, Livia DeGuerre, MD, BIDMC
- QIP – Variation in Opioid prescribing Among patients undergoing Lower Extremity Bypass, Mark Eid, MD, DHMC
- QIP – Targeted Use of Post-Operative Discharge Phone Calls to Reduce 30 Day Hospital Readmission Rates after Vascular Surgery, Devon Robichaud, ACNP, UMASS Memorial
- QIP - Integration of Palliative Care Consultation into the Management of Patients with Chronic Limb Threatening Ischemia: A Pilot Study, Tessa Cattermole, MD, UVM
VSGNE QIP Updates

Using Smartphone applications to improve patient care

Livia DeGuerre, MD, BIDMC

liviadeguerre@gmail.com
VSGNE QIP Updates
Variation in Opioid prescribing Among patients undergoing Lower Extremity Bypass
Mark Eid, MD, DHMC
Mark.A.Eid@hitchcock.org
VSGNE QIP Updates
Targeted Use of Post-Operative Discharge Phone Calls to Reduce 30 Day Hospital Readmission Rates after Vascular Surgery
Devon Robichaud, ACNP, UMASS Memorial

Devon.Robichaud@umassmemorial.org
VSGNE QIP Updates
Integration of Palliative Care Consultation into the Management of Patients with Chronic Limb Threatening Ischemia: A Pilot Study,
Tessa Cattermole, MD, UVM
tessa.cattermole@uvmhealth.org
National VQI Update:  
Jens Jorgensen, MD  
SVS PSO Medical Director
Number of Participating Centers

Location of VQI Participating Centers

727 VQI Centers
726 centers in North America
1 center in Singapore
Total Procedures Captured (as of 11/1/2020) | 760,578
---|---
Peripheral Vascular Intervention | 249,816
Carotid Endarterectomy | 147,747
Infra-Inguinal Bypass | 64,359
Endovascular AAA Repair | 59,805
Hemodialysis Access | 59,766
Carotid Artery Stent | 47,905
Varicose Vein | 41,972
Supra-Inguinal Bypass | 20,965
Lower Extremity Amputations | 19,523
Thoracic and Complex EVAR | 19,487
IVC Filter | 14,936
Open AAA Repair | 14,276
Venous Stent | 13
Vascular Medicine Consult | 8

Total Procedure Volume tab reflects net procedures added to the registry for the month.
VQI OnLine Highlights:

- VQI OnLine hosted 12 sessions over 6 weeks
- Attendance ranged from 300 – 125 live users
- PSO thanks all the Speakers and Moderators
- Feedback has largely been positive.
- Need a better registration and invite process
- Will incorporate virtual sessions even as we return to a live event
- Replays can be found on the VQI Members Only website.
ACC, SVS Join Forces on Single Vascular Registry

The American College of Cardiology and Society for Vascular Surgery are collaborating on a single vascular registry to harness the strengths of both organizations in improving care and outcomes of patients with vascular disease.

https://www.vqi.org/acc-svs-join-forces-on-single-vascular-registry/
Collaboration:

Society for Vascular Surgery
American Heart Association
Society for Vascular Medicine
**Inclusion Criteria:**
This registry only includes New Outpatient Consults who are being treated medically for:

- Lower Extremity peripheral arterial disease due to atherosclerosis
- Atherosclerotic carotid artery occlusive disease
- Abdominal aortic aneurysm

**Exclusion Criteria:**

- Evaluation/diagnosis of pseudo or neurogenic claudication, peripheral arterial disease due to trauma, popliteal entrapment, medial adventitious cystic disease, chronic compartment syndrome
- Carotid disease due to dissection, infection, aneurysm, tumor, isolated common carotid lesion not thought to involve the bifurcation, disease of the carotid bifurcation due solely to vasculitis, and Moyamoya disease, and fibromuscular dysplasia
- Isolated aortic dissection without aneurysm
- Thoracic, thoraco-abdominal, and mycotic aneurysms
• First site signed and entering data! Many more in the contracting phase!

• Webpage link: https://www.vqi.org/directory/new-vascular-medicine-consult-registry/

• Recorded webinars: https://www.vqi.org/vascular-medicine-consult-registry-webinar-recordings-available/

• For more information please contact:
  – VQI@M2S.com
### COVID-19 Variables:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID status at time of procedure</td>
<td>0=Unknown, not tested; 1=Tested negative pre-op; 2=Tested positive pre-op; 3=Tested negative pre-op but positive post-op</td>
</tr>
<tr>
<td>COVID symptoms pre-procedure</td>
<td>1=Asymptomatic, 2=Symptomatic, not intubated, 3=Symptomatic, intubated</td>
</tr>
<tr>
<td>Treatment delay by pandemic</td>
<td>0=None, 1= Delayed &lt; 2 weeks, 2=Delayed 2-6 weeks, 3=Delayed &gt; 6 weeks, 4=Uncertain</td>
</tr>
<tr>
<td>Impact of delay in treatment</td>
<td>0=No, impact in tx due to delay, 1=Yes, impact of tx due to delay 2=Indeterminate</td>
</tr>
<tr>
<td>30 day and LTFU</td>
<td>0= Never tested, no symptoms, 1= Never tested, but had symptoms, 2=Interval test positive with no current symptoms, 3= Interval test positive with active symptoms, 4= Interval test negative with no current symptoms, 5= Interval test negative with active symptoms,</td>
</tr>
</tbody>
</table>
COVID-19 Variable Roll out:

<table>
<thead>
<tr>
<th>Release Date</th>
<th>Registry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, August 28, 2020</td>
<td>Open AAA Repair</td>
</tr>
<tr>
<td></td>
<td>Carotid Endarterectomy (CEA)</td>
</tr>
<tr>
<td>Saturday, August 29, 2020</td>
<td>Supra-inguinal Bypass (Supra)</td>
</tr>
<tr>
<td></td>
<td>Infra-inguinal Bypass (Infra)</td>
</tr>
<tr>
<td></td>
<td>Hemodialysis Access (HDA)</td>
</tr>
<tr>
<td></td>
<td>Varicose Vein (VV) *COVID variables only</td>
</tr>
<tr>
<td></td>
<td>Venous Stent (VSR)</td>
</tr>
<tr>
<td></td>
<td>Peripheral Vascular Intervention (PVI)</td>
</tr>
<tr>
<td>Late September 2020 - to be announced</td>
<td>Carotid Artery Stent (CAS)</td>
</tr>
<tr>
<td></td>
<td>IVC Filter (IVC)</td>
</tr>
<tr>
<td></td>
<td>Lower Extremity Amputation (LEA)</td>
</tr>
<tr>
<td></td>
<td>Endo AAA Repair (EVAR)</td>
</tr>
<tr>
<td></td>
<td>Thoracic and Complex EVAR (TEVAR)</td>
</tr>
</tbody>
</table>

Other COVID-19 Info
We are aware that COVID-19 has put a significant strain on staff and resources. The SVS PSO VQI will do our best to assure that any temporary workflow disruption will not have a negative impact on SVS VQI work or subsequent participation awards.
My Peripheral Arterial Disease: a VQI Pilot of Patient Reported Outcomes for PAD

• The Society for Vascular Surgery Vascular Quality Initiative is seeking practices to participate in My PAD, a pilot program for the collection of patient reported outcomes (PRO) on patients undergoing endovascular treatment for peripheral arterial disease (PAD).

• The VQI recognizes that traditional outcomes such as patency and reintervention may not fully capture the quality of care or the experience of PAD patients. There is a long overdue need to learn and measure the patient’s perspective.

• Must be in the PVI registry and have greater than 80% follow up!
PAD Patient Reported Outcomes (PROs)

**Highlights**

- Outpatient peripheral vascular interventions (PVI) for claudication or chronic limb threatening ischemia
- Collect VascuQoL-6 and EuroQoL 5D-5L (estimated completion time 10-15 minutes)
- Collection at three time points: pre-procedure, one month and one year postoperatively
- PRO data entry options include paper forms, computer, tablet and smart phone
- Educational materials for direct from patient data entry
- PRO feedback to participating physicians
InSights EVAR LTFU Report

- Select sites piloting reports and functionality now
- To be rolled out to all sites by the end of 2020
- Over time LTFU reports to be created for all registries (CEA/CAS next)
- *A toggle will be provided at the top of the report to show or hide the (n/m) values
- Ability to drill down to the patient PRIMPROCID
- Ability to filter on Elective, Ruptured, Symptomatic

| My Center (Patients = xx) (Cases = xx) | My Region (Patients = xx) (Cases = xx) | Percentile | All VQI (Patients = xx) (Cases = xx) | Percentile |
• Creating Dashboards by anatomical location
  – Compare outcomes of CEA/CAS procedures for major outcomes
  – Symptomatic vs. Asymptomatic
  – TFEM vs. TCAR

• Dr. Gary Lemmon, SVS PSO Associate Medical Director, leading this work with the PSO Analytic team and registry committees
Regional Bylaw Changes

• All nominations and voting will be done annually every SPRING by the PSO based on term limits
• A quorum of the regional Executive Committee (EC) is considered a majority vote of all regional members of the EC that participate in the voting process
• Centers are eligible to vote as of the date of the signed contract
• The regional EC is entitled to one vote per center
• EC will be given three weeks to vote for their member of choice
Regional Bylaw Changes

Medical Director Qualifications:
• The Medical Director is a VQI participating physician selected for a three-year renewable term by a majority vote

Associate Medical Director:
• The Regional Associate Medical Director (AMD) is a VQI participating physician that will be nominated by the regional Executive Committee (EC)
• This role is a three-year renewable term, with an automatic succession into the Regional Medical Director’s role
• A final vote of the regional EC is required to sanction the transition from Regional AMD to Regional Medical Director
CME/CE CREDIT FOR REGIONAL MEETINGS

FALL 2020
Regional Meeting CME/CE Credit

This meeting is eligible for 2.0 AMA PRA Category 1 Credit™, AOA credit, and nursing contact hours.

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 both parts of the form and **Don’t Forget to hit SUBMIT** for credit!

Continuing education credit is provided to you at **no charge**. Funding for this has been provided by the SVS PSO for the Fall 2020 meeting.

**For CME/CE credit, please click this link:**
[https://dmu.co1.qualtrics.com/jfe/form/SV_dj3nVgjPUKzVORL](https://dmu.co1.qualtrics.com/jfe/form/SV_dj3nVgjPUKzVORL)
We are aware that COVID-19 placed a significant strain on staff and resources

- Personnel may have been reassigned making the performance of usual operations difficult if not impossible
- Many patients have had their follow-up office visits delayed. This may result in patients being seen outside of the prescribed time period (9-21 months) which is beyond anyone’s control.
- Workflow disruptions may have caused delays in data entry and follow-up

The Participation Committee will assess the 2020 Participation Award criteria to assure that temporary workflow disruptions will not have a negative impact on participation awards.

Updates will be provided via December QI webinar, newsletter, and email blast.
Quality Improvement Update

Fall 2020
Quality Improvement Webinars:

- 2020 Quarterly Webinars
  - March 2020
    - “Starting a QI project”
  - June 2020
    - Deferred for Online VQI
  - September 2020
    - Featuring Northern California Vascular Study Group and their processes for two regional projects
- November/December 2020
  - 2020 Participation Award Information, 2021 Changes and Wrapping up a QI Project
National QI Project Resources

- Submit Project Charters and supporting documentation for presentations and posters to QI@SVSPSO.ORG or cjackson@svspso.org
  - One on one calls, if requested

- The VQI News
  - Provides updates on regulatory issues, technical updates, and crossover news from the SVS and SVN

- VQI Quality Improvement Newsletter
  - Focusing on QI processes, tools, and definitions

- Visit the VQI Members Only Website for sample charters, webinars, and presentations on VQI Quality Improvement Projects. www.vqi.org
Appointments of Vice-Chairs to the VQC and VRAC
- Dr. Mark Iafrati has been nominated to serve as Vice Chair of the Venous Quality Council
- Dr. Fedor Lurie has been nominated to serve as Vice Chair of the Venous RAC

Unblinding EVAR Imaging LTFU: Needs to be voted on by each region

Dr. Goodney presented VISION reporting on EVAR Survival, Reintervention, and Surveillance

The GC discussed the impact to moving to virtual regional meetings and ways to make calls more interactive.

Dr. Beck is the new Vice-Chair of the Executive Committee

The PSO has appointed 2 new at-large members to the PSO Executive Committee – Dr. Grace Wang and Dr. Dennis Gable

Jennifer Avise will be serving as the SVS Community Practice Committee appointee to the PSO Executive Committee
• SVS PSO Diversity Committee
  – Dr. Leila Mureebe has been appointed by the PSO Executive Committee to serve as Chair
  – Vice-Chair will be appointed by the SVS PSO Executive Committee
  – Five (5) At-Large members will come from a call for volunteers from VQI membership
  – One (1) appointment each from ACC and AVF
  – All positions will serve one term of three years, non-renewable
  – Contact Dr. Leila Mureebe for more information:
    • LEILA.MUREEEBE@DUKE.EDU
• Randy DeMartino, MD (Mayo Clinic Rochester) is the new Chair of the AQC
• Jessica Simons, MD (University of Massachusetts Memorial) is the new Vice-Chair of the AQC
• Current projects:
  – Common variable help text updates
  – OAAA registry revisions
  – SVS guidelines collaboration
  – COVID variables
  – Patient reported outcome variables
VQC Update – Philip Goodney, MD

• Marc Passman, MD (UAB) new chair of the VQC taking over for Jose Almeida, MD
  – 1-3 year goals
    • Dedicated podium time for VQI at AVF
    • Update Varicose Vein and IVC quarterly interoperative dashboards
    • Create Venous Stent dashboard
    • Work on LTFU dashboards for all 3 venous procedures
    • Continue work C2 disease and appropriateness of care
    • Continue work with United Healthcare
    • IVC retrieval rate is 30% nationally, need to make this a national quality initiative
    • Create COPI (Center Opportunity for Process Improvement) reports for venous registries
• Nicholas Osborne, MD (Univ of Michigan) **FIRST** chair of the new Venous RAC
• Arterial RAC and Venous RAC alternate months for submissions:

Proposal Process:

1. Review list of projects approved to avoid duplication
   https://www.vqi.org/data-analysis/rac-approved-project-search/

2. Submit proposal online:
   http://abstracts123.com/svs1/meetinglogin
Regional Data Manager Update: Patty Bozeman APRN, CVN
VSGNE RAC Updates

Jeff Siracuse, MD - Moderator
VSGNE RAC Updates

“Association of State Tobacco Control Policies with Active Smoking at the Time of Intervention for Intermittent Claudication”

“Axillofemoral Bypass for Intermittent Claudication Is Associated with Poor Outcomes”

Scott Levin, MD
Boston Medical Center
Scott.Levin@bmc.org
VSGNE RAC Updates
Small AAA Rupture in the VQI
Kirthi Bellamkonda, MD
Yale-New Haven Hospital
kirthi.bellamkonda@yale.edu
VSGNE RAC Updates
Abdominal Aortic Aneurysm Screening guidelines and its effect on ruptured aneurysms
Lucas Souza-Mota, MD
Beth-Israel Deaconess Medical Center
lsouzamo@bidmc.harvard.edu
VSGNE RAC Updates

Does simultaneous treatment of proximal carotid lesions during carotid artery stenting increase the risk of perioperative and long-term stroke and how does this compare to a hybrid approach?

Charles DeCarlo, MD
Massachusetts General Hospital
CSDECARLO@PARTNERS.ORG
VSGNE RAC Updates
Clinical implications of variation in hemoglobin A1c ascertainment for diabetic patients undergoing infrainguinal lower extremity bypass
Emily Fan, MD
UMASS Memorial Medical Center
Emily.Fan@umassmemorial.org
Meeting Evaluation

- What did you like about this meeting?
- What can we do better?
- Next meeting location?
  - Remote?
- VOTE on unblinding LTFU sac diameter (email vote to follow meeting)
Participation Award Credit

• PLEASE SIGN INTO RING CENTRAL MEETING with your FULL NAME to get CREDIT for ATTENDANCE! (no exceptions will be made)

More than one of you in a room? Email Leka Johnson @ ljohson@svspso.org to get credit

• So Again……………You have 7 days!!!

For CME/CE credit, please click this link: https://dmu.co1.qualtrics.com/jfe/form/SV_dj3nVgjPUKzVORL

Complete both parts of the form and Don’t forget to hit SUBMIT for credit!