SVS | VQI

Vascular Study Group of New England (VSGNE)

Friday, May 29, 2020

9:00am – 11:00am

(Remote)

SVS | Society for Vascular Surgery m2s Society for Vascular Medicine VASA

PARTICIPATION AWARD CREDIT

SVS | VQI

PLEASE SIGN THE ATTENDANCE SHEET

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).

SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine | VASA

AGENDA

I.	Welcome and Introduction	Philip Goodney MD
II.	Regional Data Review	Philip Goodney MD
III.	National VQI Update	Jens Jorgensen MD, SVS PSO
IV.	Data Manager Update	Patty Bozeman, APRN, CVN
V.	AQC Update	Jessica Simons MD
VI.	VQC Update	Philip Goodney MD
VII.	RAC Update	Jeff Siracuse, MD
VIII.	VSGNE RAC Review	Jeff Siracuse, MD
IX.	GC Committee Update	Philip Goodney, MD
X.	Meeting Evaluation	Philip Goodney, MD

WELCOME AND INTRODUCTIONS

SVS | VQI

Backus Hospital
Baystate Medical Center
Berkshire Medical Center
Beth Israel Deaconess Medical Center
Boston Medical Center
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
Eastern Maine Medical Center
Elliot Health System
Hartford Hospital
Hoenig Vascular Center
Hospital of Central Connecticut
Lahey Hospital and Medical Center
Lakes Region General 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
St. Elizabeth Medical Center
St. Luke's Hospital
St. Peter’s Hospital
St. Vincent’s Medical Center
Stamford Hospital
Steward Good Samaritan Medical Center
Steward Saint Anne's Hospital
Tufts Medical Center
U Mass Memorial
University of Connecticut Health Center
University of Vermont Medical Center
Yale-New Haven Hospital

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REGIONAL REPORTS:

SVS | VQI

Philip Goodney, MD

Vascular Quality Initiative Regional Quality Report

Notes:

1) In all reports, regional data are not shown if the region does not have at least 3 centers with at least 10 cases meeting inclusion criteria for each outcome in the applicable registry.

2) In "by Center" bar charts, unless noted, data are not shown for centers with <10 cases and for regions with <3 centers.

3) In all graphics, "*" indicates a p-value <.05.

4) This report includes all data that had been entered into the VQI as of January 31, 2020.

Dashboard

Dashboard

The table below summarizes your center's results as presented in each of the subsequent reports and provides regional and national benchmarks for comparison. In the "Your Center" column, percentages represent the rate of cases with the noted outcome. Numbers in parentheses are the number of cases with the outcome/the total number of cases meeting the exclusio criteria (see the full report for details). In the "Region" and "VQI" columns, the numbers represent the 25th, 50th (median) an 75th percentiles for centers in your region and across all centers in the VQI.

Your center's results are highlighted in green if your center is at or above the top 25th percentile nationally, in yellow if your center is among the middle 50% of centers, and in red if at or below the bottom 25th percentile.

Legend: Green = At or above 75th percentile | Yellow = Middle 50% | Red = At or below 25th percentile

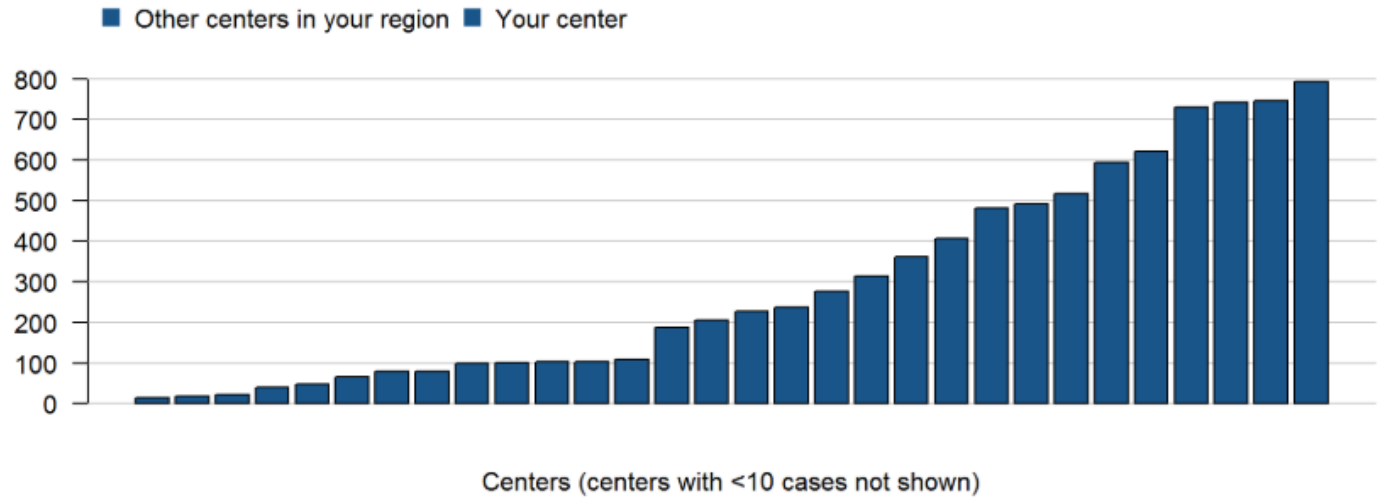
Registry	Outcome	Your Center % (n/N)	Your Region [25p|50p|75p]	VQI Overall [25p|50p|75p]
All	**Total Procedure Volume**		[44 | 110 | 444]	[25 | 105 | 268]
Multiple (Jan-Dec 2017)	**Long-Term Follow-Up**		[57% | 83% | 88%]	[47% | 73% | 88%]
Multiple	**Discharge Medications**		[86% | 88% | 92%]	[79% | 87% | 95%]
AVACCESS	**Primary AVF vs. Graft**		[89% | 92% | 95%]	[77% | 88% | 93%]
Transfemoral CAS	**Stroke/Death in Hospital**		[0% | 0% | 0%]	[0% | 0% | 0%]
TCAR	**Stroke/Death in Hospital**		[0% | 0% | 0%]	[0% | 0% | 0%]
CEA	**Asymptomatic Stroke/Death in Hospital**		[0% | 0% | 0%]	[0% | 0% | 0%]
CEA	**Symptomatic Stroke/Death in Hospital**		[3% | 0% | 0%]	[2% | 0% | 0%]
CEA	**Asymptomatic LOS>1 Day**		[33% | 26% | 14%]	[30% | 19% | 11%]
CEA	**Symptomatic LOS>1 Day**		[40% | 25% | 18%]	[40% | 25% | 12%]
EVAR	**LOS>2 Days**		[20% | 11% | 4%]	[16% | 9% | 0%]
EVAR (Jan-Dec 2017)	**Sac Diameter Reported at LTFU**		[52% | 64% | 79%]	[37% | 66% | 79%]
INFRA	**Major Complications**		[8% | 4% | 0%]	[7% | 2% | 0%]
IVCF (Jul 2018-Jun 2019)	**Filter Retrieval**		NA (<3 centers)	[0% | 7% | 42%]
LEAMP	**Postop Complications**		[26% | 11% | 10%]	[16% | 10% | 5%]
OAAA	**In-Hospital Mortality**		[5% | 0% | 0%]	[6% | 0% | 0%]
PVI	**ABI/Toe Pressure Reported**		[75% | 86% | 90%]	[67% | 85% | 94%]
SUPRA	**Postop Complications**		[4% | 0% | 0%]	[6% | 0% | 0%]
TEVAR (Jan-Dec 2017)	**Sac Diameter Reported at LTFU**		[44% | 64% | 85%]	[28% | 60% | 77%]
EVAR	**SVS Sac Size Guideline**		[65% | 72% | 88%]	[62% | 71% | 83%]
OAAA	**Cell-Saver Guideline**		[100% | 100% | 100%]	[95% | 100% | 100%]
OAAA	**Iliac Inflow Guideline**		[100% | 100% | 100%]	[100% | 100% | 100%]

Total Procedure Volume, All Years

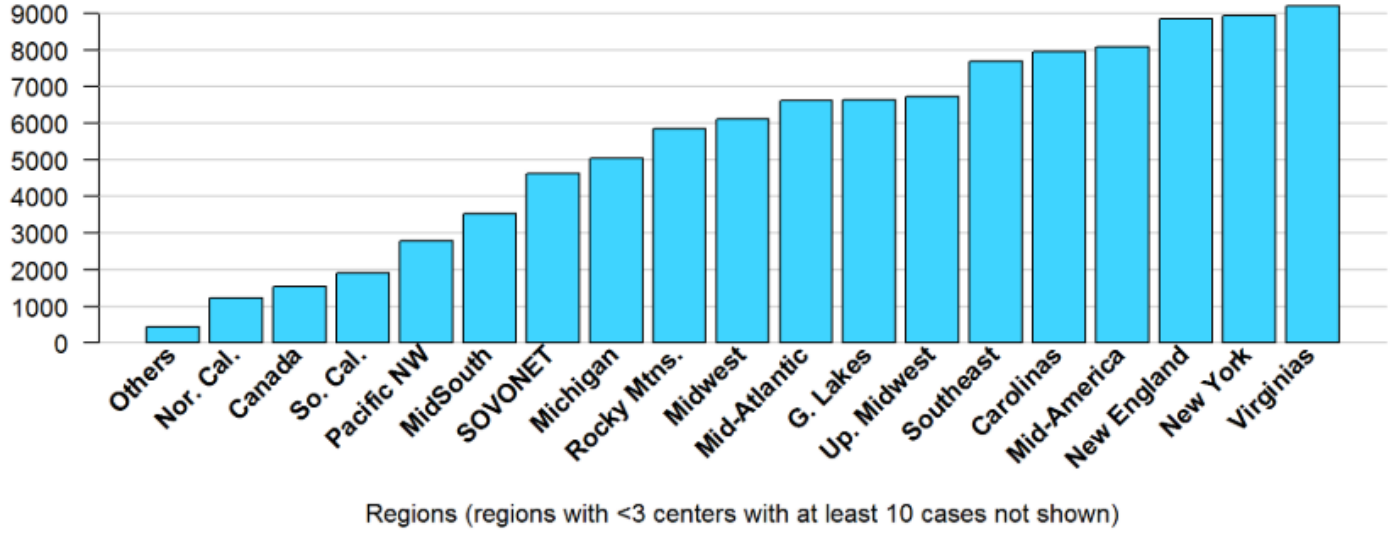
Includes all procedures with surgery date through December 31, 2019.

	Your Center (N)	Your Region (N)	VQI Overall (N)
AVACCESS		4895	51328
CAS		3987	37113
CEA		24575	133761
EVAR		8286	52772
INFRA		13702	56834
IVCF		NA (<3 centers)	13425
LEAMP		1509	16216
OAAA		3859	13039
PVI		30881	211916
SUPRA		3894	18661
TEVAR		1761	16002
Varicose Veins		NA (<3 centers)	37051
Overall		98927	658118

Procedure Volume by Center in Your Region (Jan-Dec 2019)

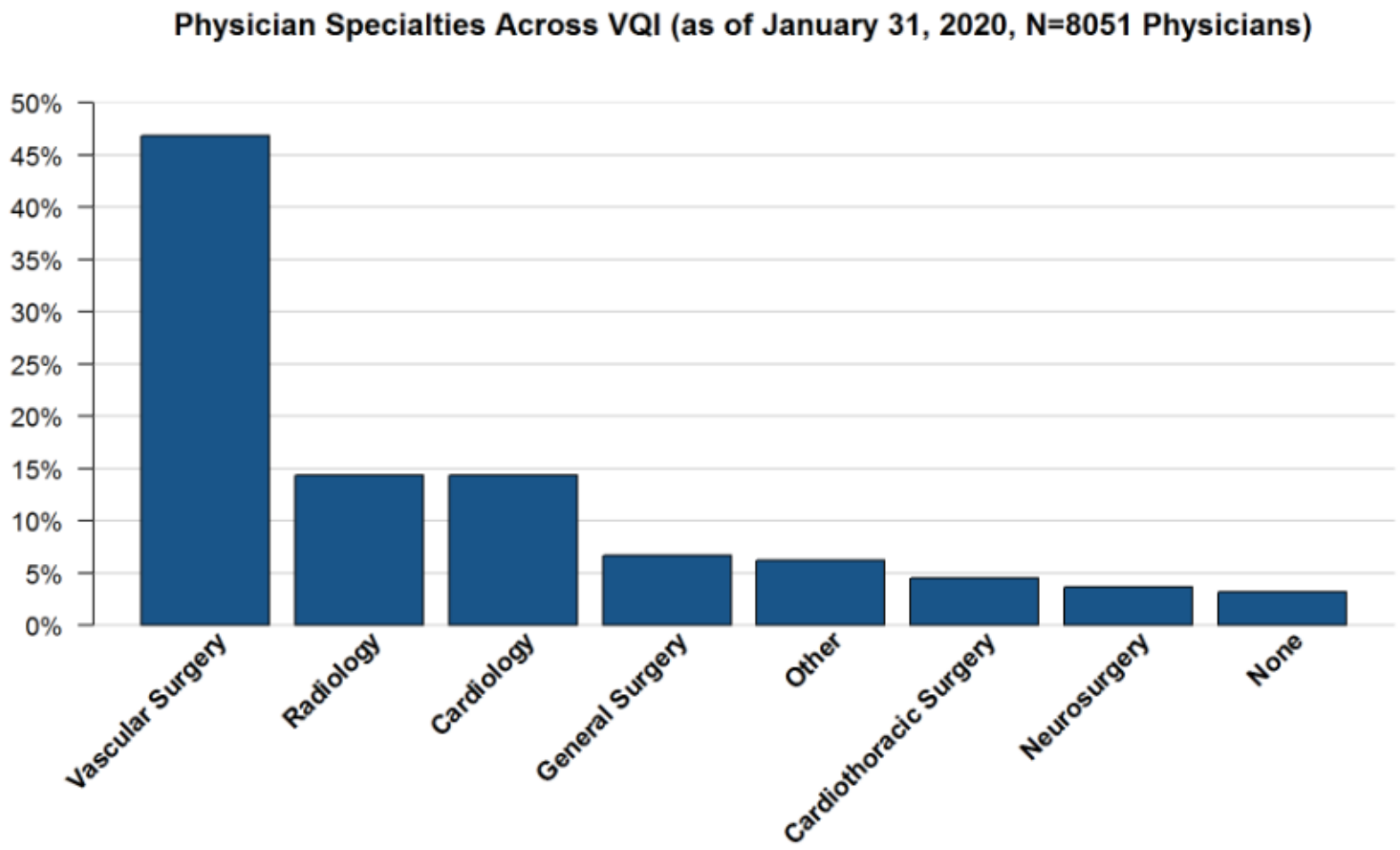


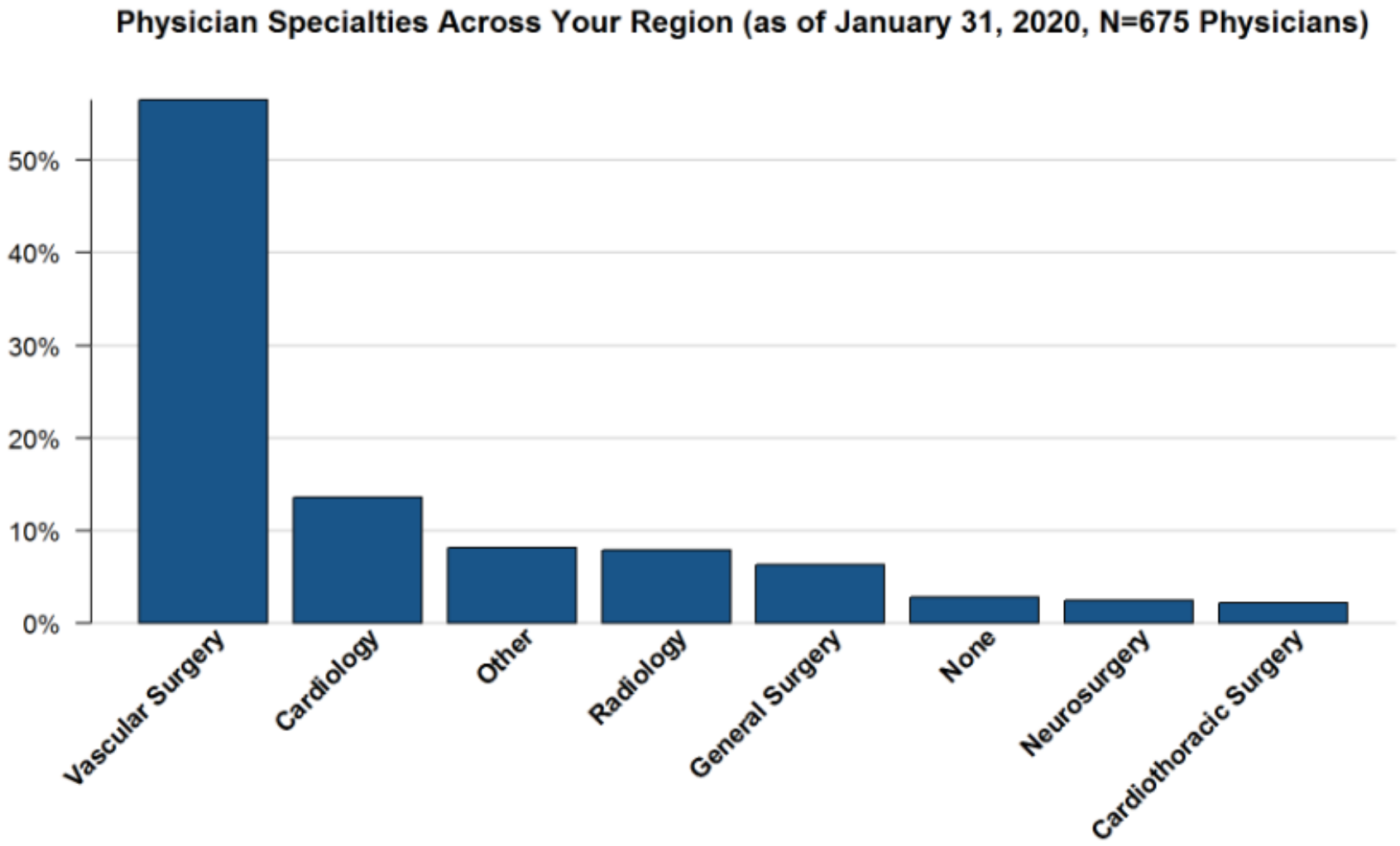
Procedure Volume Across VQI (Jan-Dec 2019)



"Others" indicates centers that do not belong to a regional group.

Physician Specialties by Region




Physician Specialties Across Your Region (as of January 31, 2020, N=675 Physicians)
50%
40%
30%
20%
10%
0%
Vascular Surgery
Cardiology
Other
Radiology
General Surgery
None
Neurosurgery
Cardiothoracic Surgery

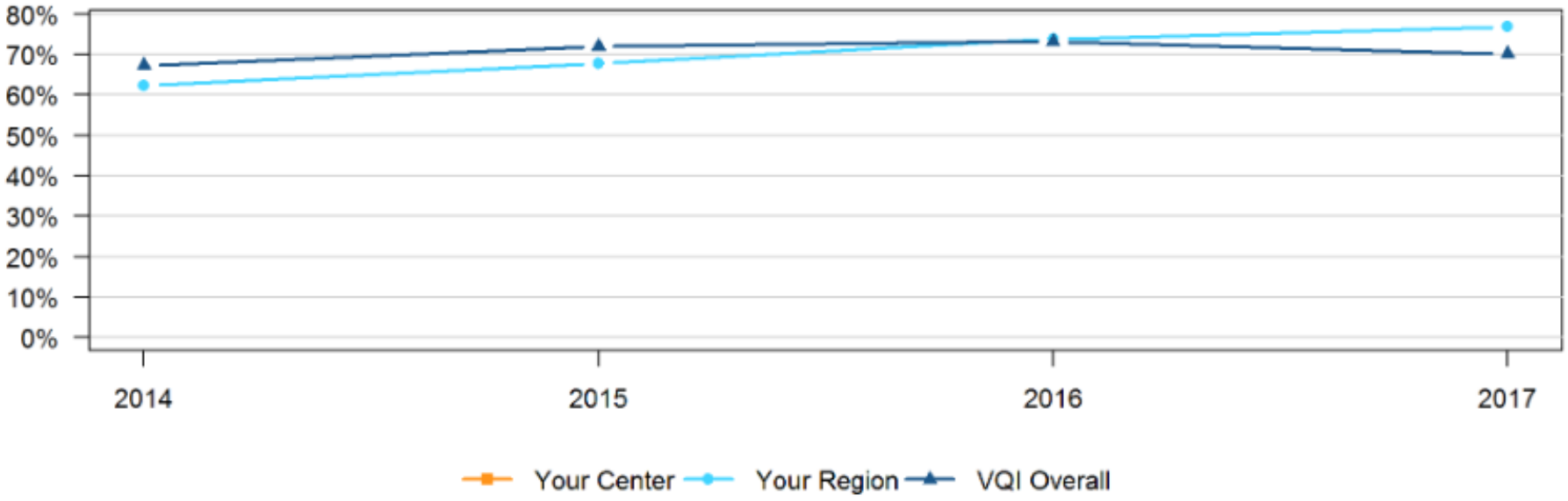
Percentage of Procedures With Follow-Up Within 9-21 Months

Procedures performed between January 1 and December 31, 2017

Data for this report include all cases with surgery date between January 1 and December 31, 2017, that had been entered into the VQI as of January 31, 2020. The table below shows the number of procedures in the VQI, and the percentage of those procedures with long-term follow-up.

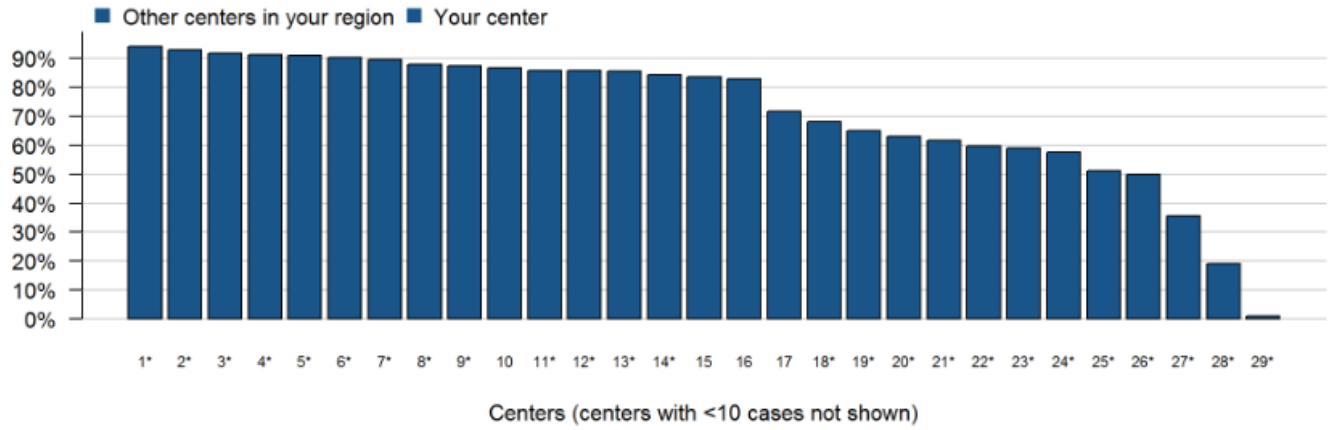
	Your Center	Your Region	VQI Overall
AVACCESS		513 (84%)	7940 (58%)
CAS		467 (69%)	5307 (65%)
CEA		1759 (76%)	18275 (72%)
EVAR		613 (76%)	7199 (72%)
INFRA		985 (78%)	7643 (72%)
IVCF		NA (<3 centers)	2362 (69%)
LEAMP		234 (59%)	2807 (59%)
OAAA		170 (76%)	1277 (74%)
PVI		3275 (78%)	29157 (74%)
SUPRA		283 (76%)	2352 (69%)
TEVAR		221 (77%)	2418 (66%)
Overall (Jan-Dec 2017)		8530 (77%)	86737 (70%)
Overall (Jan-Dec 2016)		8658 (74%)	75316 (73%)

Percentage With Long-Term Follow-Up by Year



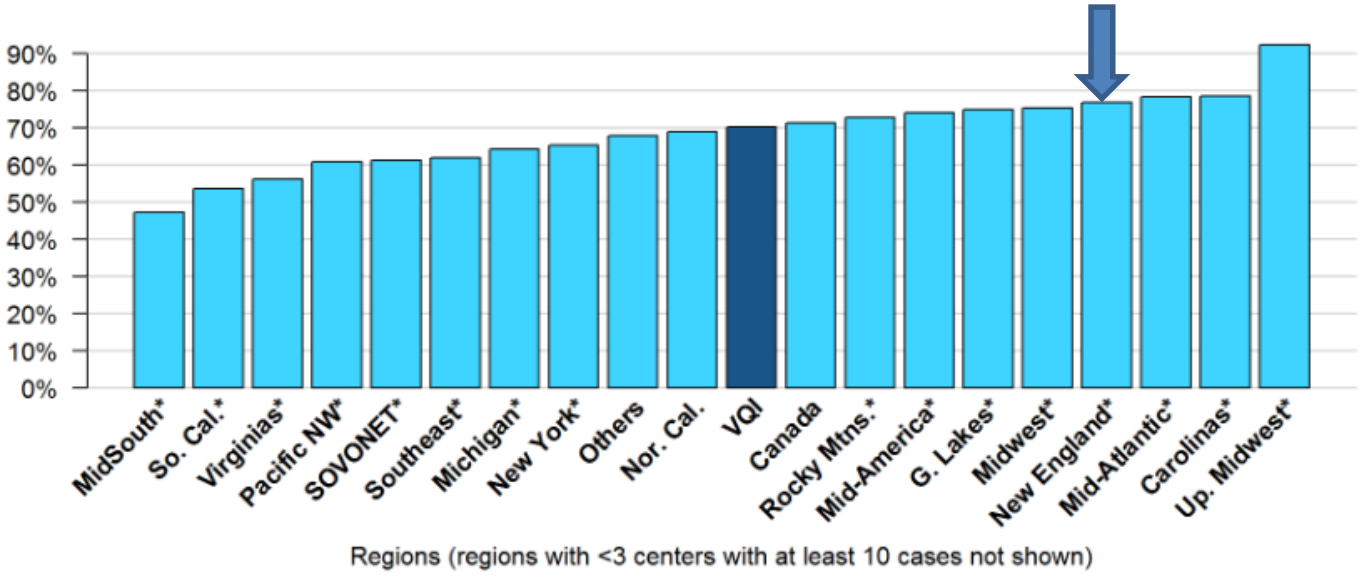
Regional data are not shown for the region with <3 centers with at least 10 cases.

Long-Term Follow-Up by Center in Your Region (Jan-Dec 2017)



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

Long-Term Follow-Up by Region Across VQI (Jan-Dec 2017)



"Others" indicates centers that do not belong to a regional group. "*" indicates region's rate differs significantly from the VQI rate.

Num._	Medical Center Name
1	Berkshire Medical Center
2	Central Maine Medical Center
3	Yale-New Haven Hospital
4	Baystate Medical Center
5	Danbury Hospital
6	Brigham and Women's Hospital
7	University of Vermont Medical Center
8	U Mass Memorial
9	Northern Light Eastern Maine Medical Center
10	Diagnostic Imaging of Milford
11	Massachusetts General Hospital
12	Boston Medical Center
13	Beth Israel Deaconess Medical Center
14	Saint Francis Hospital
15	Charlton Memorial Hospital
16	Concord Hospital
17	Elliot Health System
18	Hartford Hospital
19	Maine Medical Center
20	Dartmouth Hitchcock Medical Center
21	Rhode Island Hospital
22	The Miriam Hospital
23	MaineGeneral Medical Center
24	Hoenig Vascular Center
25	St. Elizabeth Medical Center
26	Catholic Medical Center; CTSA NH
27	Tufts Medical Center
28	Portsmouth Regional Hospital
29	Lakes Region General Hospital

Discharge Medications

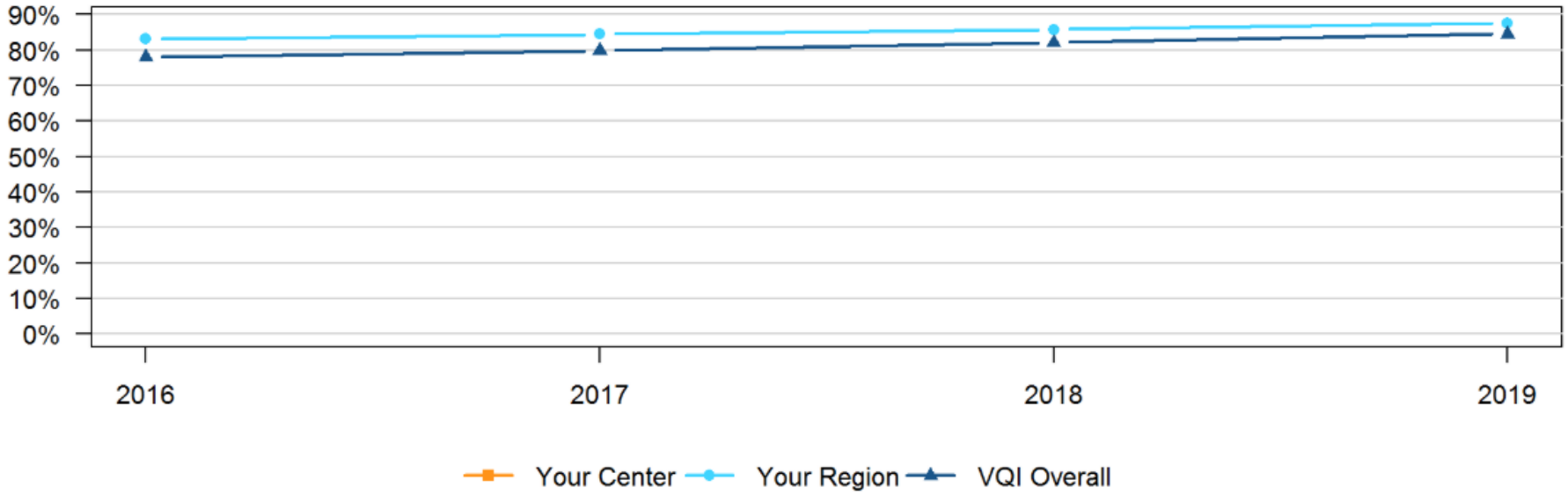
Procedures performed between January 1 and December 31, 2019

Excludes patients who died in hospital and patients who were not treated for medical reason. “Antiplatelet” is defined as ASA or P2Y12 inhibitor.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of procedures in the VQI, and the percentage of patients receiving discharge medications.

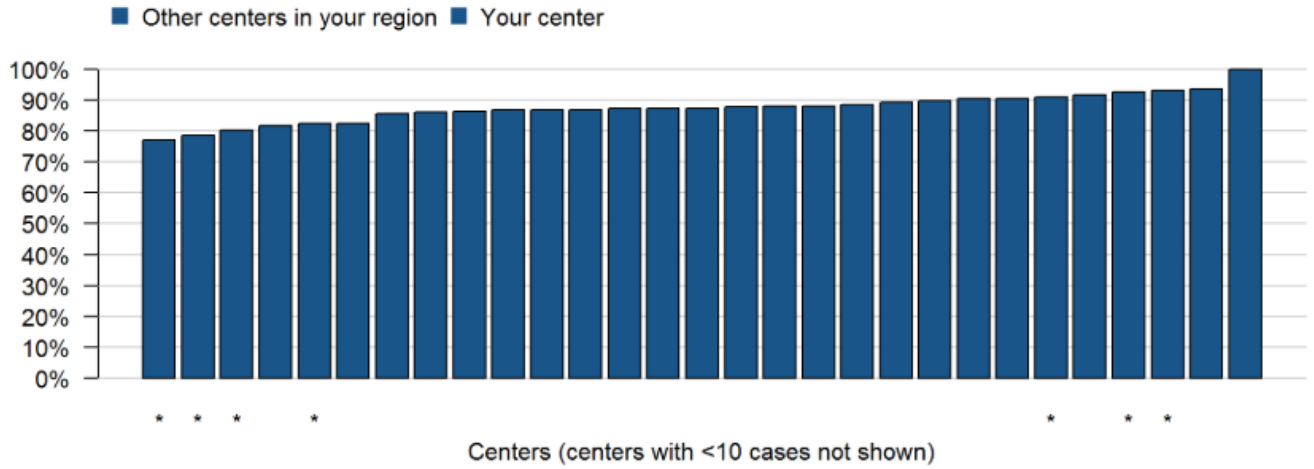
	Number of Procedures at Your Center	Antiplatelet+Statin	Antiplatelet Only	Statin Only	Neither
CAS					
CEA					
EVAR					
INFRA					
LEAMP					
OAAA					
PVI					
SUPRA					
TEVAR					
Your Center Overall					
Your Region Overall	7988	88%	8%	3%	2%
VQI Overall	82204	85%	9%	4%	2%

Percentage Receiving Discharge Antiplatelet+Statin by Year



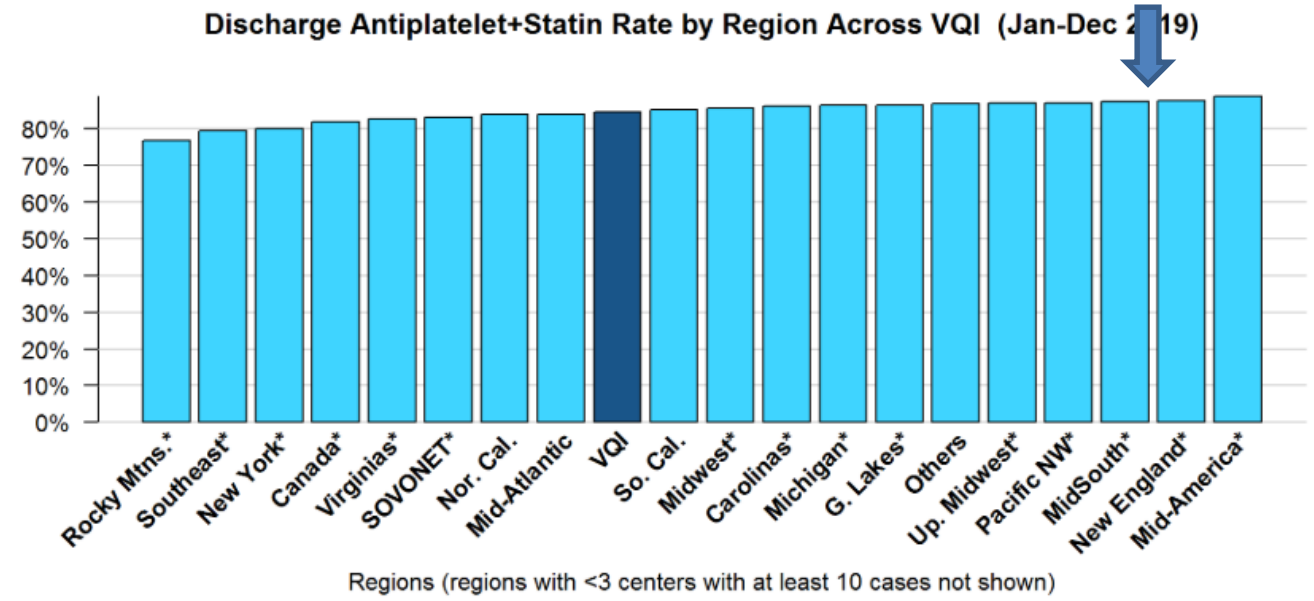
Regional data are not shown for the region with <3 centers with at least 10 cases.

Discharge Antiplatelet+Statin Rate by Center in Your Region (Jan-Dec 2019)



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

Discharge Antiplatelet+Statin Rate by Region Across VQI (Jan-Dec 2019)



"Others" indicates centers that do not belong to a regional group. "*" indicates region's rate differs significantly from the VQI rate.

Hemodialysis Access: Percentage of Primary AVF vs. Graft

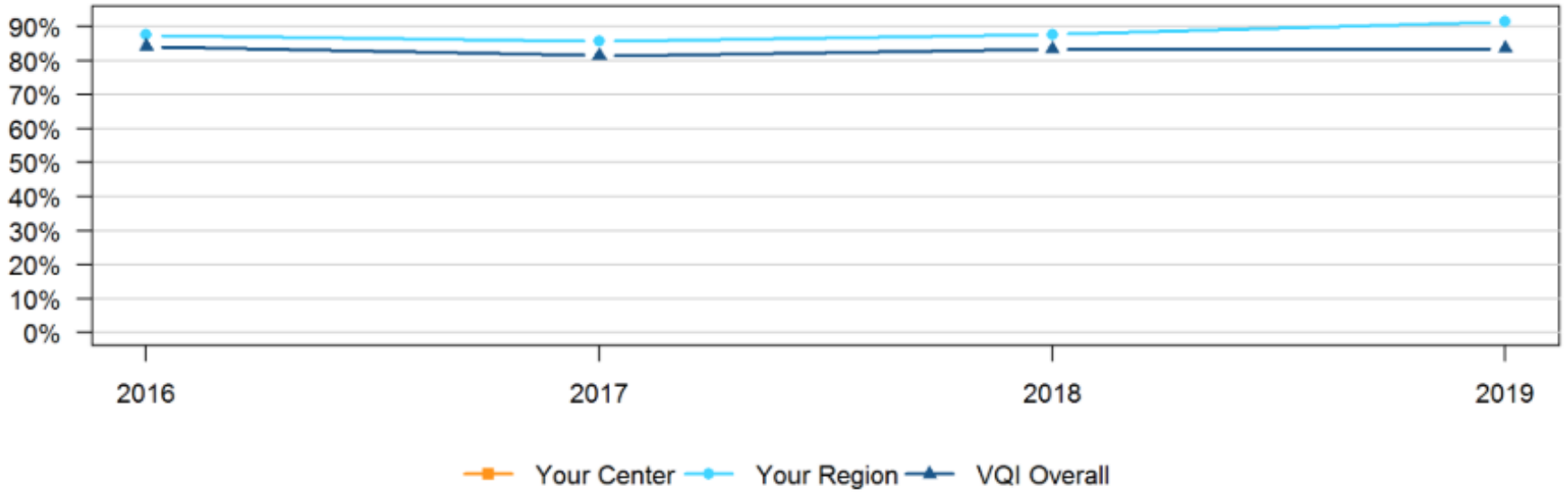
Procedures performed between January 1 and December 31, 2019

Excludes patients with previous access procedure in the same arm.

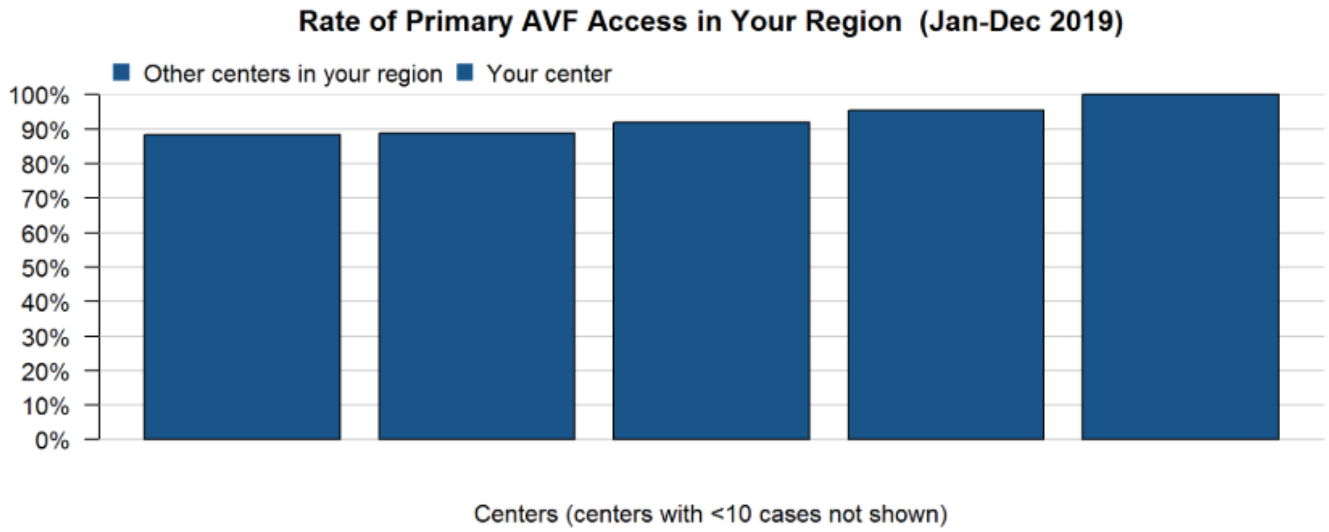
Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of access procedures meeting the inclusion criteria in the VQI, and the percentage of those cases that were AVF vs. graft. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

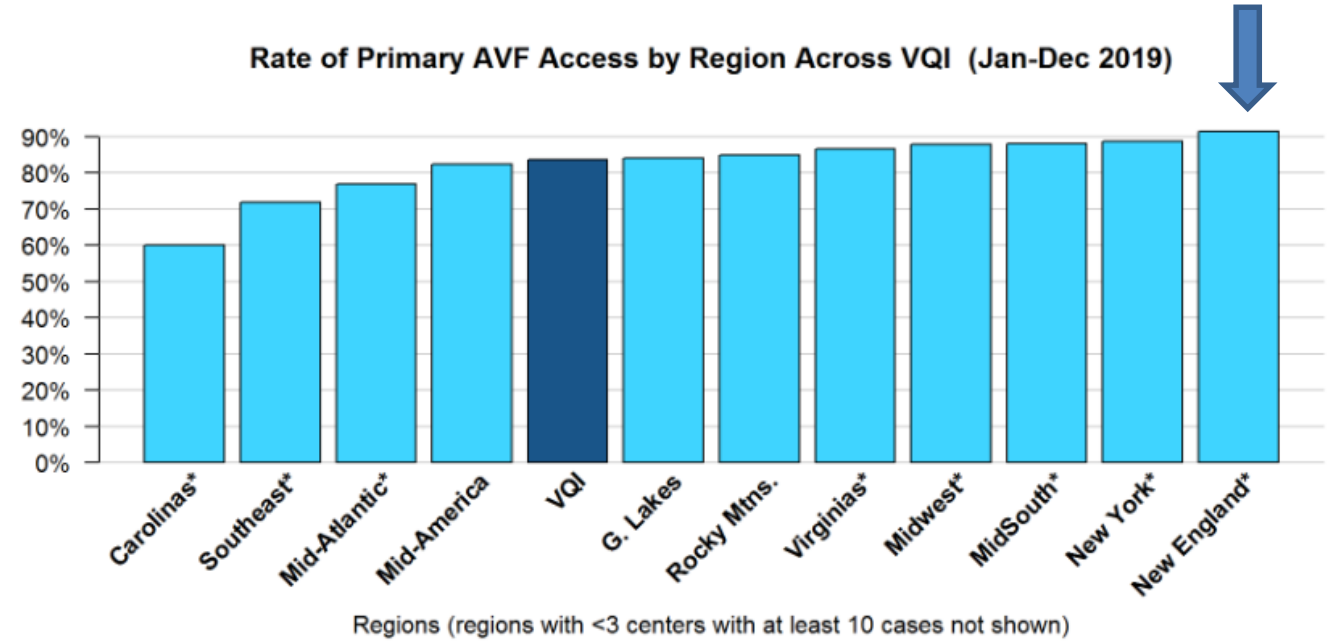
	Your Center	Your Region	VQI Overall
Number of access procedures meeting inclusion criteria		359	5411
Percentage with primary AVF		91%	84%

Rate of Primary AVF Access by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.


Rate of Primary AVF Access in Your Region (Jan-Dec 2019)
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)
"*" indicates center's rate differs significantly from the regional rate.


Rate of Primary AVF Access by Region Across VQI (Jan-Dec 2019)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Carolinas*
Southeast*
Mid-Atlantic*
Mid-America
VQI
G. Lakes
Rocky Mtns.
Virginias*
Midwest*
MidSouth*
New York*
New England*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" indicates region's rate differs significantly from the VQI rate.

Transfemoral Carotid Artery Stent: Stroke or Death in Hospital

Procedures performed between January 1 and December 31, 2019

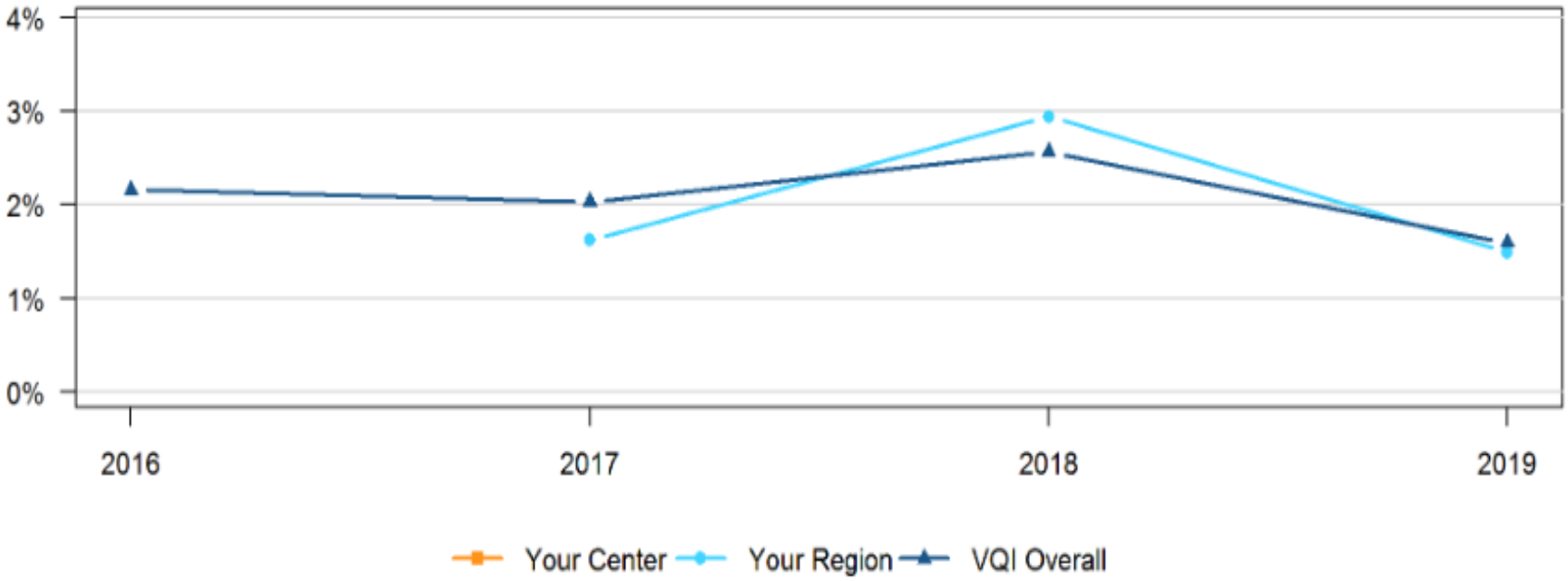
Asymptomatic admissions, excluding prior ipsilateral CAS, CAS for intracranial treatment and dissection, trauma and "other" lesion types. Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within 120 days prior to surgery. Procedures with an approach other than "Femoral" are also excluded.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of Transfemoral CAS procedures meeting the inclusion criteria in the VQI, and the observed and expected rates of stroke or death in hospital for those cases. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

	Your Center	Your Region	VQI Overall
Number of Transfemoral CAS procedures meeting inclusion criteria		134	1504
Observed rate of stroke or death among procedures meeting inclusion criteria		1.5%	1.6%
Number of procedures with complete data*		121	1394
Observed rate of stroke or death among cases with complete data		1.7%	1.5%
Expected rate of stroke or death among cases with complete data*		1.9%	NA
P-value for comparison of observed and expected rates		1	NA

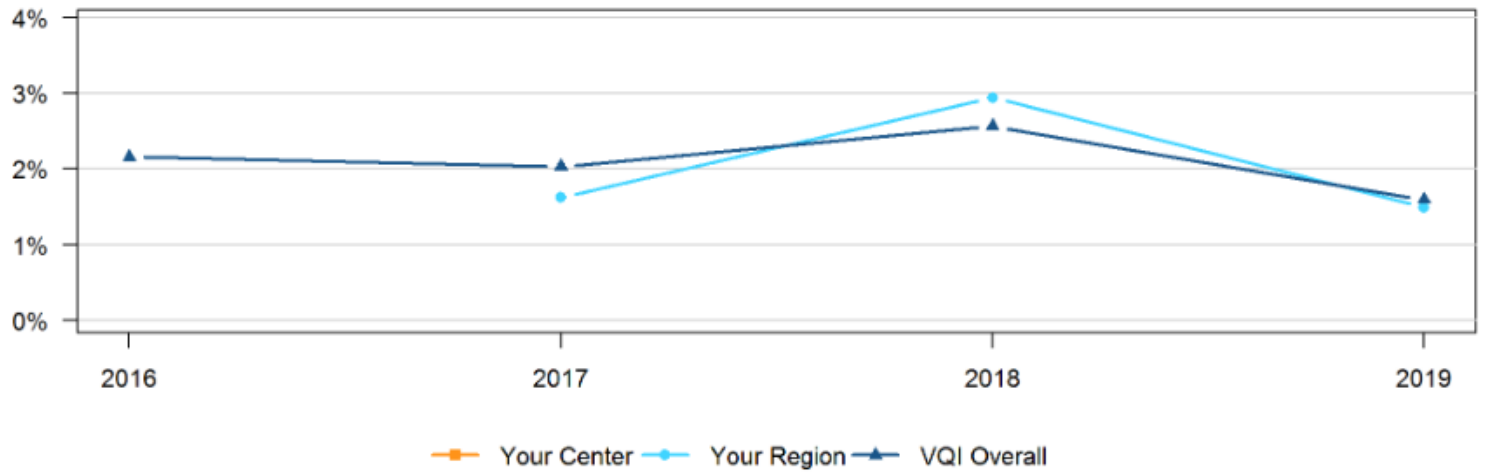
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of In-Hospital Stroke or Death After Transfemoral CAS by Year



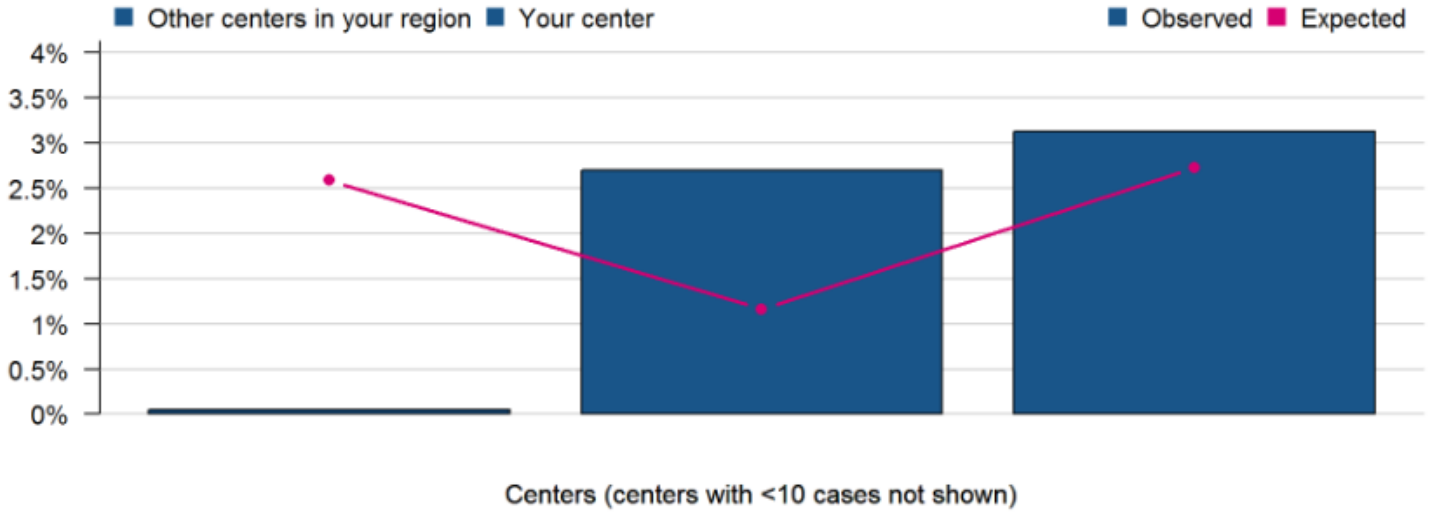
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of In-Hospital Stroke or Death After Transfemoral CAS by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of In-Hospital Stroke or Death After Transfemoral CAS in Your Region (Jan-Dec 2019)



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

TransCarotid Artery Revascularization: Stroke or Death in Hospital

Procedures performed between January 1 and December 31, 2019

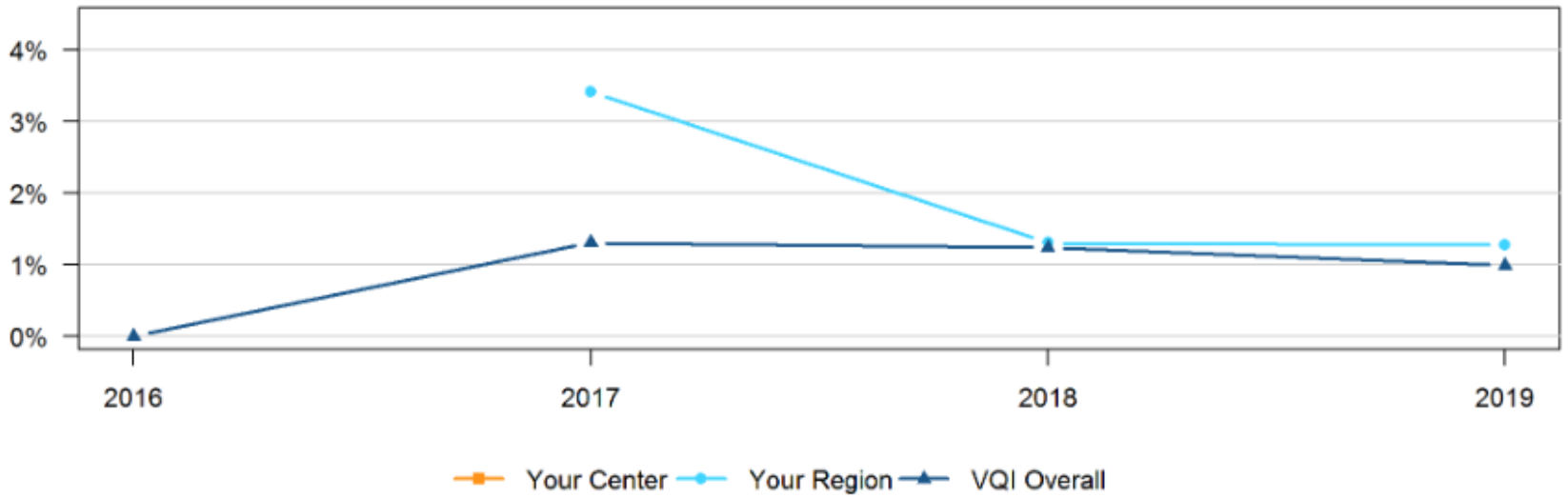
Asymptomatic admissions, excluding prior ipsilateral CAS, CAS for intracranial treatment and dissection, trauma and "other" lesion types. Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within 120 days prior to surgery.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of TCAR procedures meeting the inclusion criteria in the VQI, and the observed and expected rates of stroke or death in hospital for those cases. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

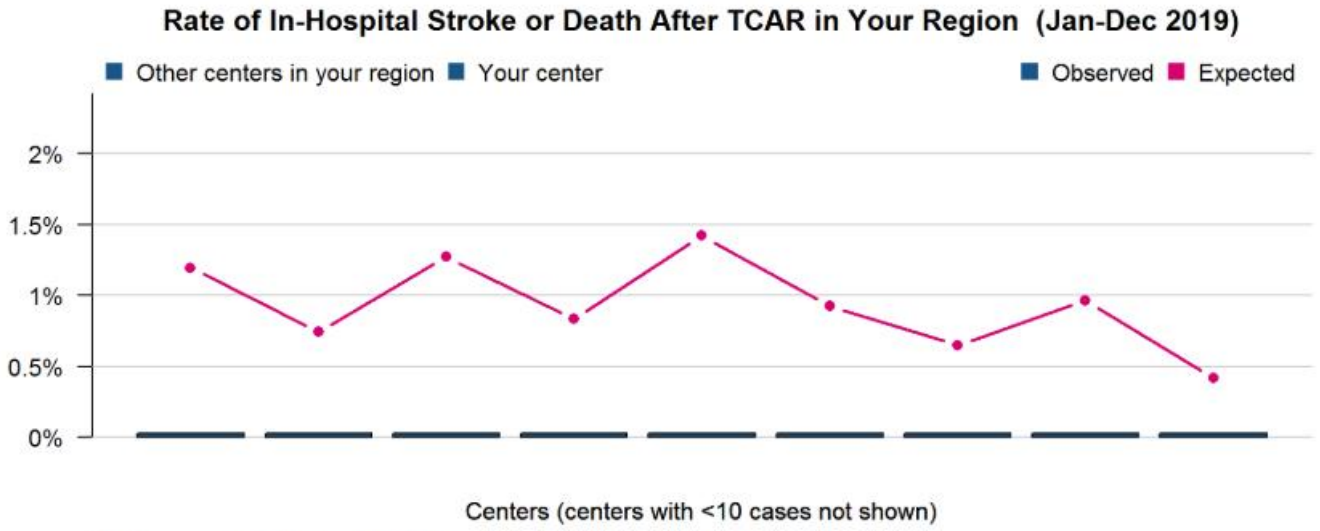
	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		234	3543
Observed rate of stroke or death among procedures meeting inclusion criteria		1.3%	1%
Number of procedures with complete data*		224	3358
Observed rate of stroke or death among cases with complete data		0.9%	1%
Expected rate of stroke or death among cases with complete data*		1%	NA
P-value for comparison of observed and expected rates		1	NA

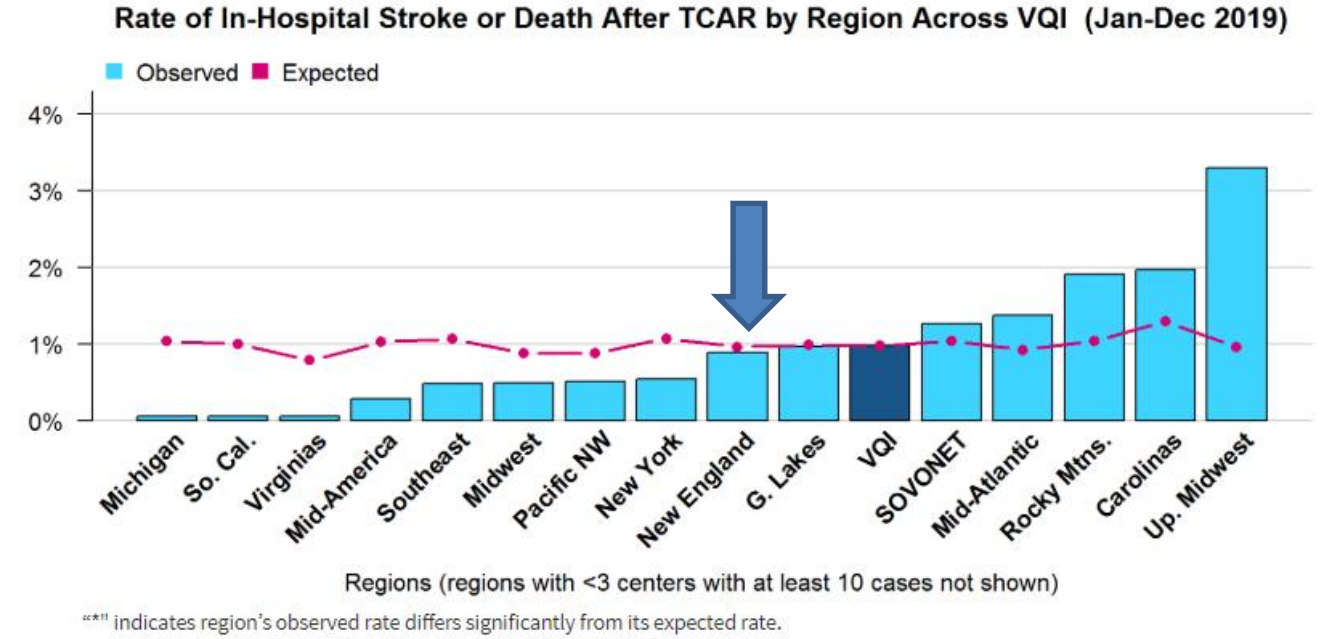
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of In-Hospital Stroke or Death After TCAR by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.


Rate of In-Hospital Stroke or Death After TCAR in Your Region (Jan-Dec 2019)
Other centers in your region
Your center
Observed
Expected
2%
1.5%
1%
0.5%
0%
Centers (centers with <10 cases not shown)
"*" indicates center's observed rate differs significantly from its expected rate.


Rate of In-Hospital Stroke or Death After TCAR by Region Across VQI (Jan-Dec 2019)
Observed
Expected
4%
3%
2%
1%
0%
Michigan
So. Cal.
Virginias
Mid-America
Southeast
Midwest
Pacific NW
New York
New England
G. Lakes
VQI
SOVONET
Mid-Atlantic
Rocky Mtns.
Carolinas
Up. Midwest
Regions (regions with <3 centers with at least 10 cases not shown)
"*" indicates region's observed rate differs significantly from its expected rate.

Carotid Endarterectomy: Asymptomatic Stroke or Death in Hospital

Procedures performed between January 1 and December 31, 2019

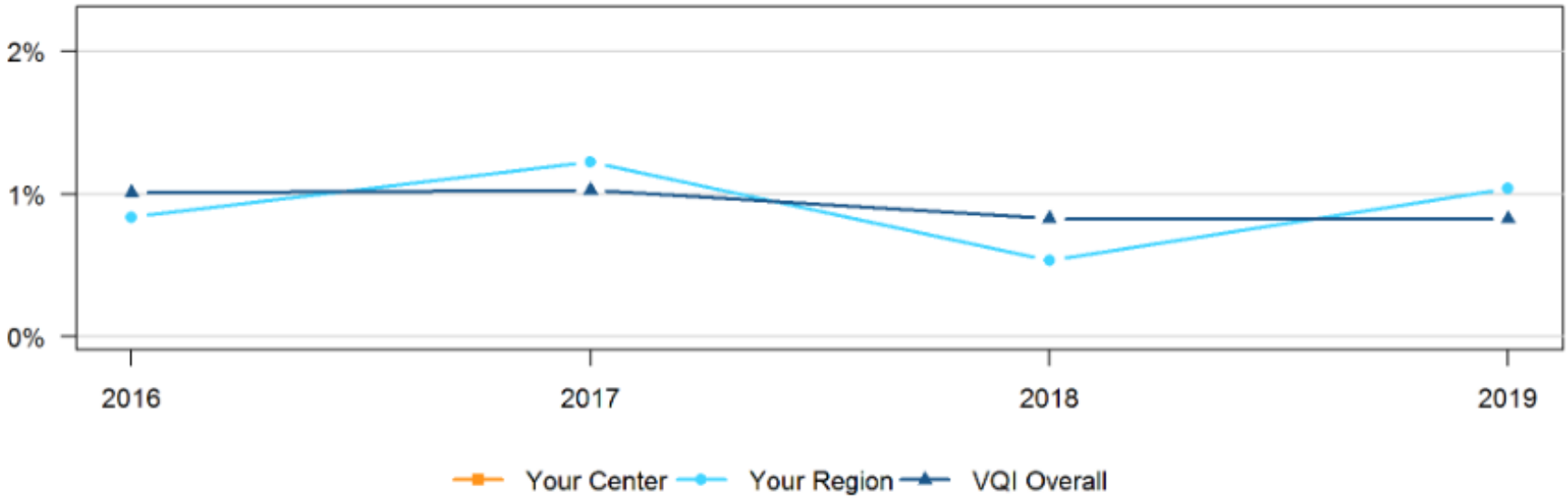
Asymptomatic admissions, excluding prior ipsilateral CEA and concomitant CABG, endovascular or other arterial procedure. Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within 120 days prior to surgery.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of CEA Asymptomatic procedures meeting the inclusion criteria in the VQI, and the observed and expected rates of stroke or death in hospital for those cases. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

	Your Center	Your Region	VQI Overall
Number of Asymptomatic CEA procedures meeting inclusion criteria		866	10775
Observed rate of stroke or death among procedures meeting inclusion criteria		1%	0.8%
Number of procedures with complete data*		826	10302
Observed rate of stroke or death among cases with complete data		1%	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		0.57	NA

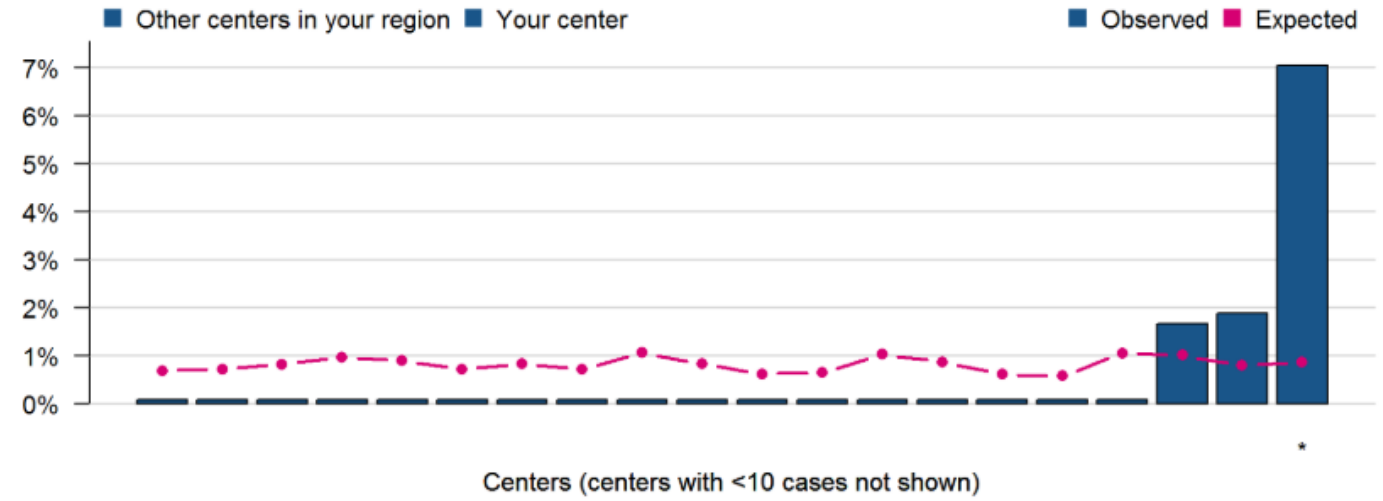
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of Asymptomatic Stroke or Death in Hospital After CEA by Year



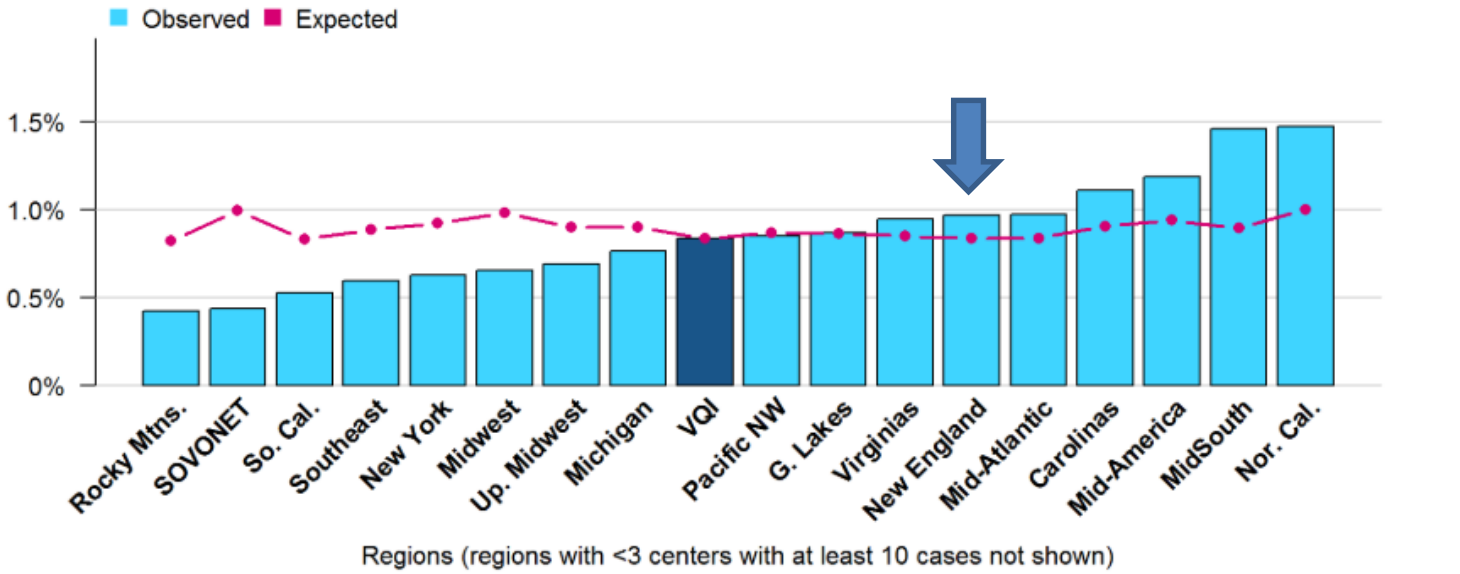
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of Asymptomatic Stroke or Death in Hospital After CEA in Your Region (Jan-Dec 2019)



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

Rate of Asymptomatic Stroke or Death in Hospital After CEA by Region Across VQI (Jan-Dec 2019)



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

Carotid Endarterectomy: Symptomatic Stroke or Death in Hospital

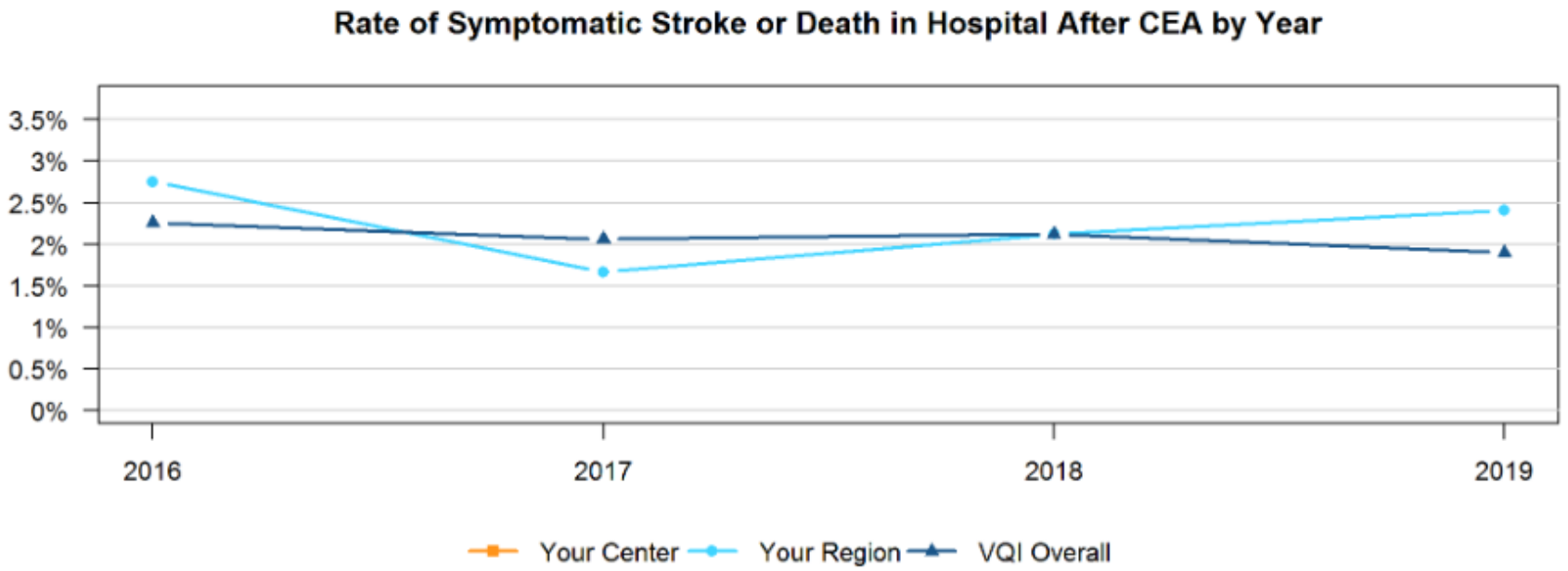
Procedures performed between January 1 and December 31, 2019

Symptomatic admissions, excluding prior ipsilateral CEA and concomitant CABG, endovascular or other arterial procedure. Symptomatic patients are those who had an ipsilateral or contralateral TIA or stroke within 120 days prior to surgery.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of CEA Symptomatic procedures meeting the inclusion criteria in the VQI, and the observed and expected rates of stroke or death in hospital for those cases. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

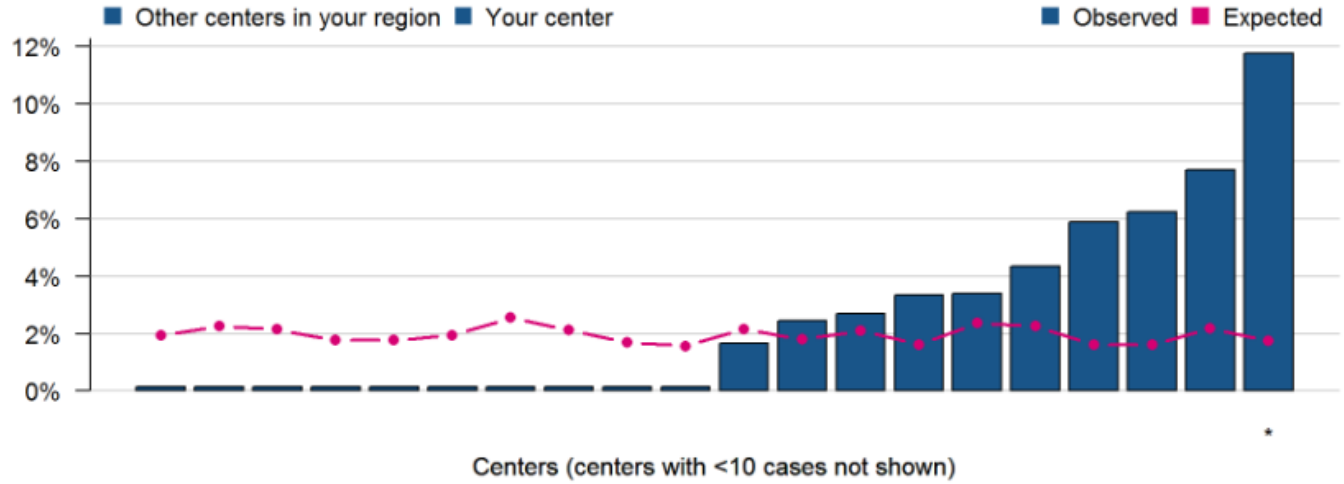
	Your Center	Your Region	VQI Overall
Number of Symptomatic CEA procedures meeting inclusion criteria		665	6268
Observed rate of stroke or death among procedures meeting inclusion criteria		2.4%	1.9%
Number of procedures with complete data*		642	6046
Observed rate of stroke or death among cases with complete data		2.5%	1.9%
Expected rate of stroke or death among cases with complete data*		2%	NA
P-value for comparison of observed and expected rates		0.32	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.



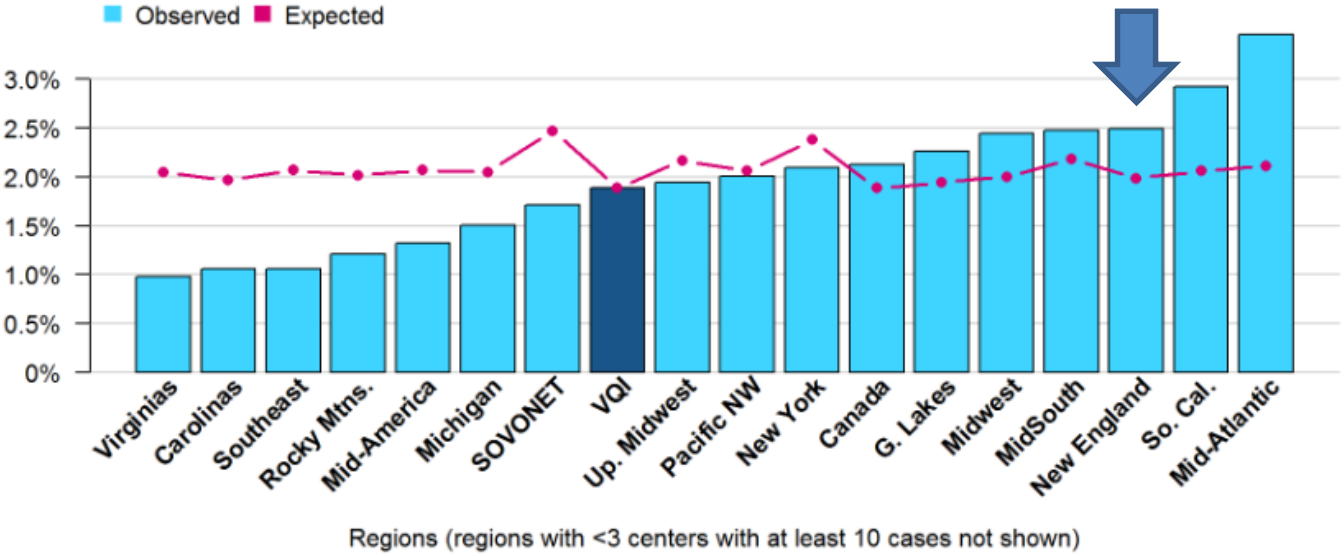
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of Symptomatic Stroke or Death in Hospital After CEA in Your Region (Jan-Dec 2019)



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

Rate of Symptomatic Stroke or Death in Hospital After CEA by Region Across VQI (Jan-Dec 2019)



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

Carotid Endarterectomy: Percentage of Asymptomatic Patients With LOS>1 Day

Procedures performed between January 1 and December 31, 2019

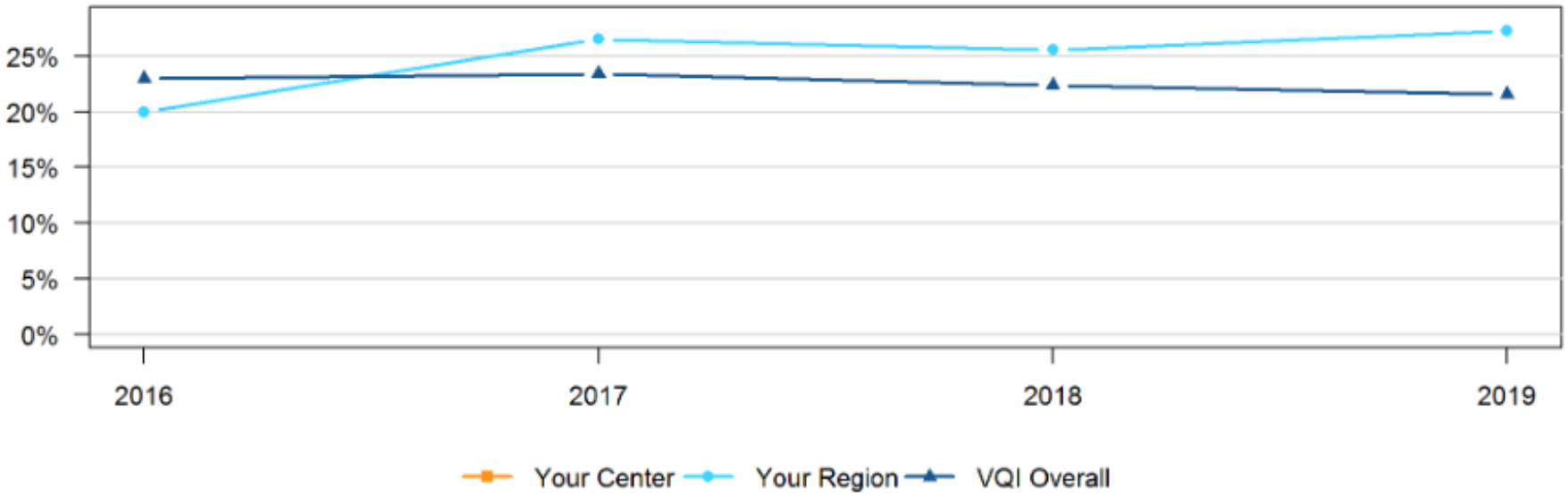
Asymptomatic admissions, excluding prior ipsilateral CEA, concomitant CABG, proximal endovascular or other arterial operation, in-hospital death with LOS<=1 day, procedures done on weekends or not done on admission day. LOS is based on the midnight rule used for hospital billing. Asymptomatic patients are those who had no ipsilateral or contralateral TIA or stroke within 120 days prior to surgery.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of CEA Asymptomatic procedures meeting inclusion criteria in the VQI, and the observed and expected rates of those cases with LOS>1 Day. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

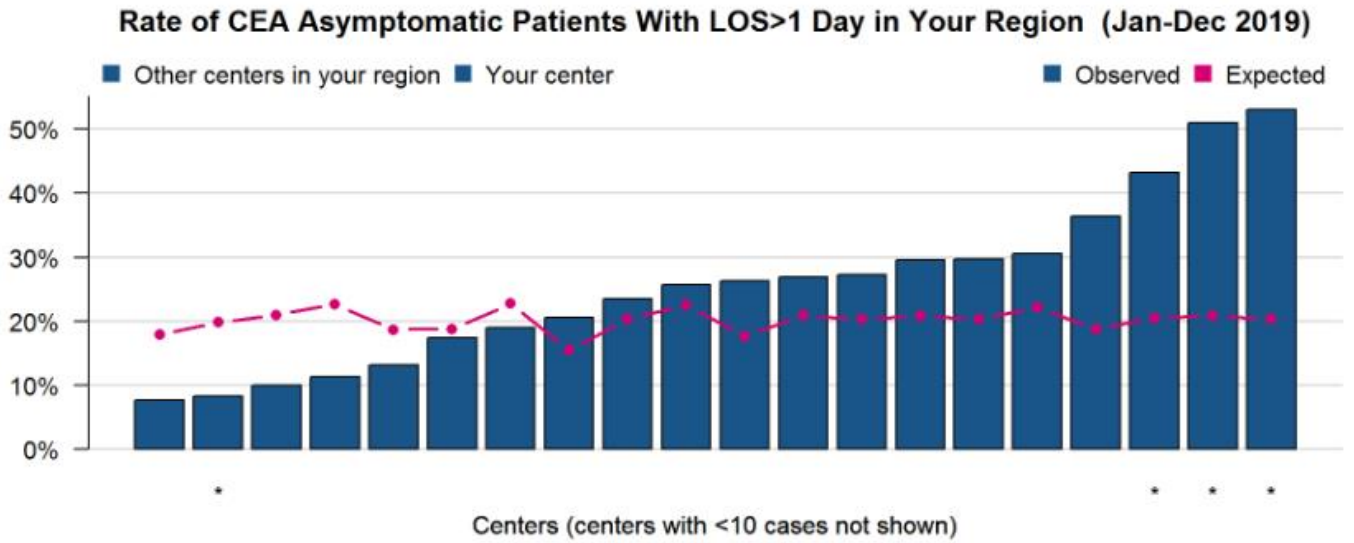
	Your Center	Your Region	VQI Overall
Number of Asymptomatic CEA procedures meeting inclusion criteria		829	10113
Observed rate of LOS>1 day among procedures meeting inclusion criteria		27%	22%
Number of procedures with complete data*		792	9747
Observed rate of LOS>1 day among cases with complete data		27%	21%
Expected rate of LOS>1 day among cases with complete data*		21%	NA
P-value for comparison of observed and expected rates		0	NA

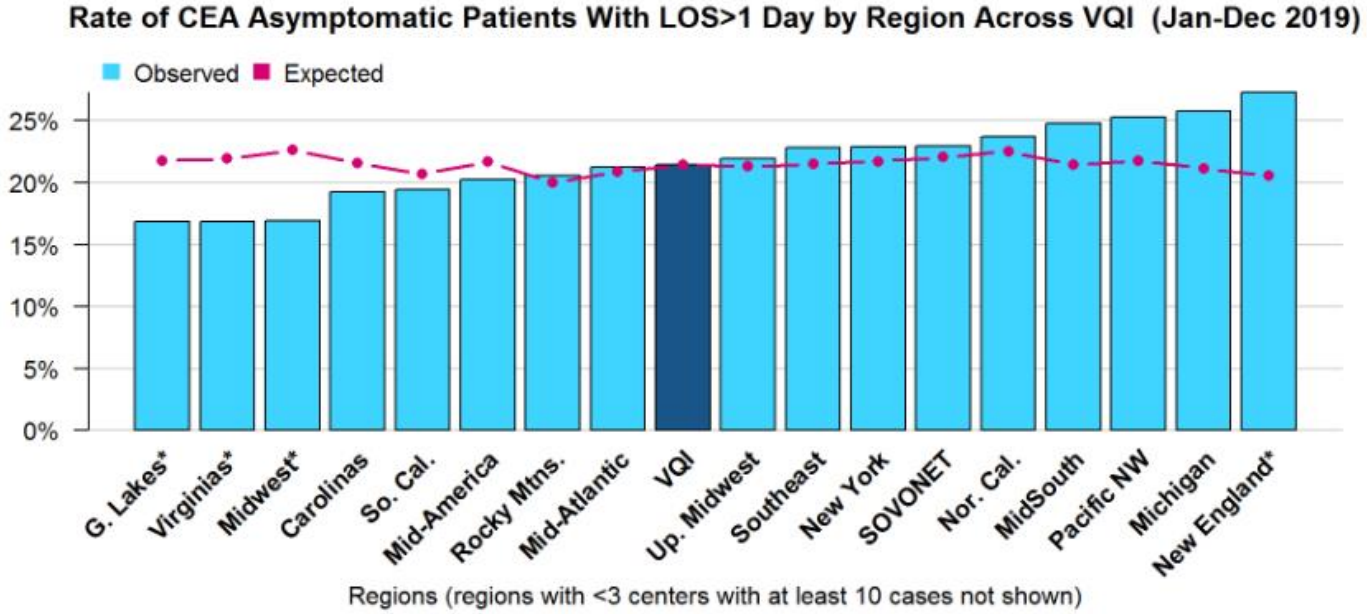
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of CEA Asymptomatic Patients With LOS>1 Day by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.


Rate of CEA Asymptomatic Patients With LOS>1 Day in Your Region (Jan-Dec 2019)
Other centers in your region
Your center
Observed
Expected
50%
40%
30%
20%
10%
0%
Centers (centers with <10 cases not shown)
"*" indicates center's observed rate differs significantly from its expected rate.


Rate of CEA Asymptomatic Patients With LOS>1 Day by Region Across VQI (Jan-Dec 2019)
Observed
Expected
25%
20%
15%
10%
5%
0%
G. Lakes*
Virginias*
Midwest*
Carolinas
So. Cal.
Mid-America
Rocky Mtns.
Mid-Atlantic
VQI
Up. Midwest
Southeast
New York
SOVONET
Nor. Cal.
MidSouth
Pacific NW
Michigan
New England*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" indicates region's observed rate differs significantly from its expected rate.

Carotid Endarterectomy: Percentage of Symptomatic Patients With LOS>1 Day

Procedures performed between January 1 and December 31, 2019

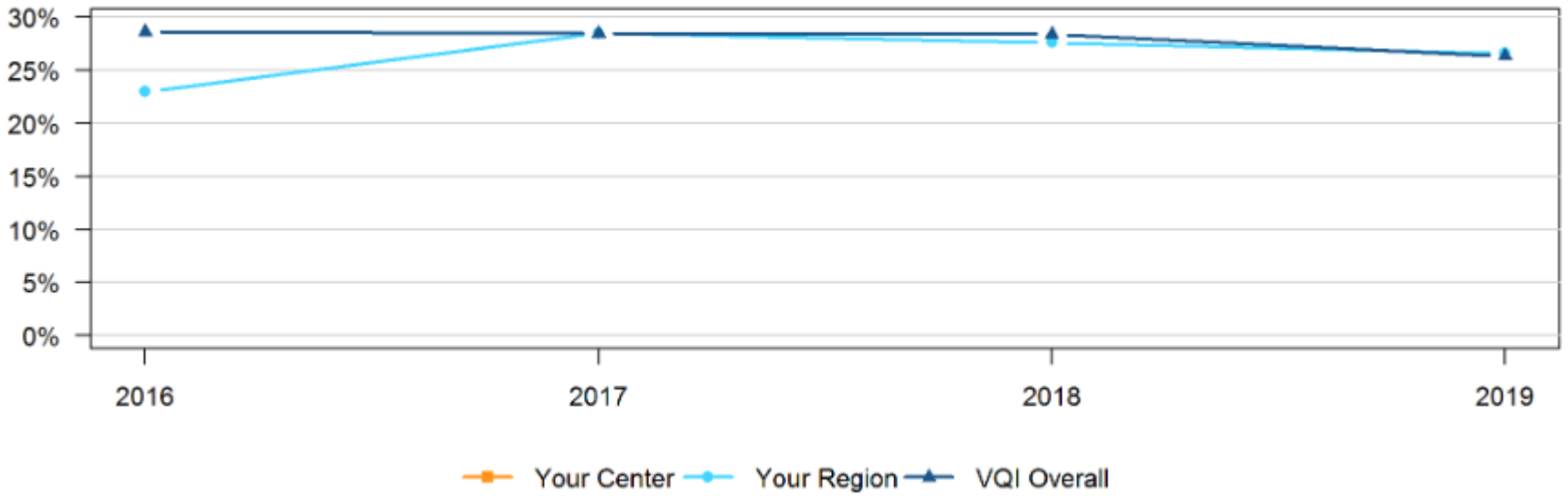
Symptomatic admissions, excluding prior ipsilateral CEA, concomitant CABG, proximal endovascular or other arterial operation, in-hospital death with LOS<=1 day, procedures done on weekends or not done on admission day. LOS is based on the midnight rule used for hospital billing. Symptomatic patients are those who had an ipsilateral or contralateral TIA or stroke within 120 days prior to surgery.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of CEA Symptomatic procedures meeting inclusion criteria in the VQI, and the observed and expected rates of those cases with LOS>1 Day. Cases with missing data elements necessary for the construction of inclusion/exclusion criteria are not included in the table.

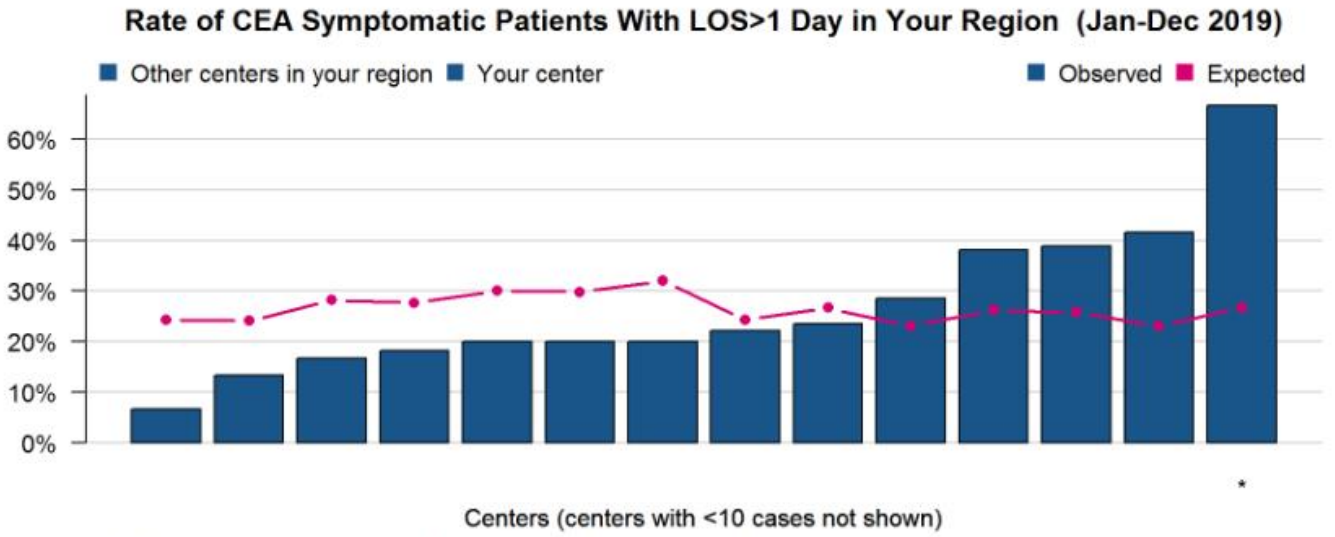
	Your Center	Your Region	VQI Overall
Number of Symptomatic CEA procedures meeting inclusion criteria		357	3463
Observed rate of LOS>1 day among procedures meeting inclusion criteria		27%	26%
Number of procedures with complete data*		339	3354
Observed rate of LOS>1 day among cases with complete data		27%	26%
Expected rate of LOS>1 day among cases with complete data*		27%	NA
P-value for comparison of observed and expected rates		0.85	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.

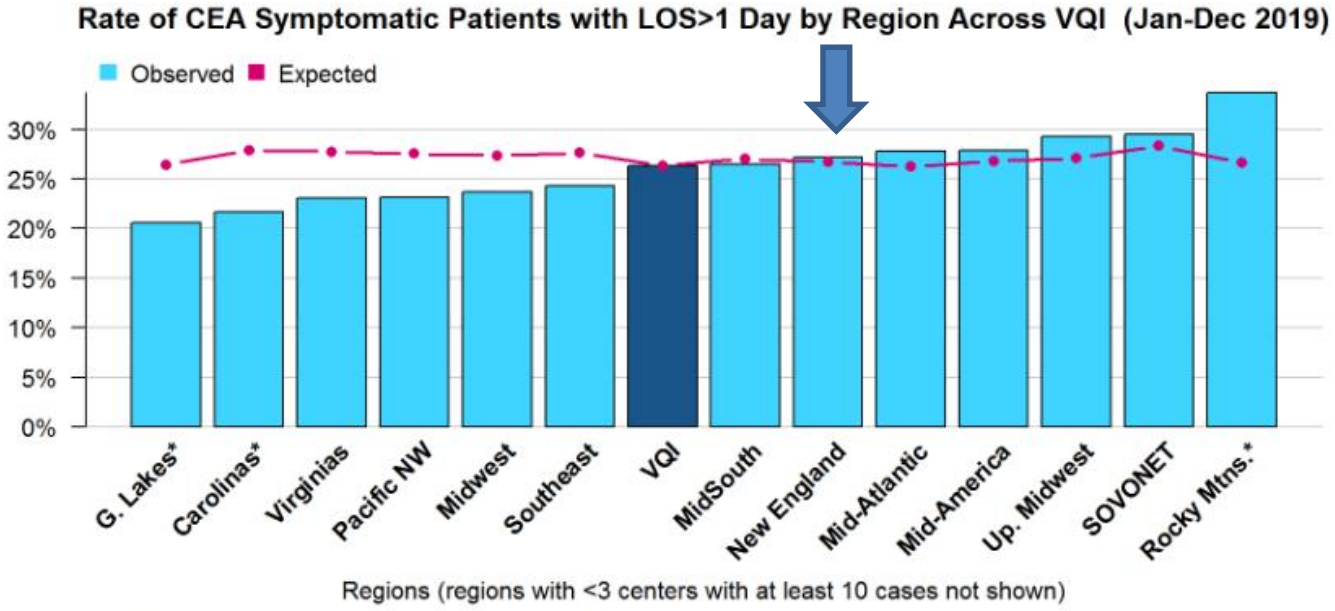
Rate of CEA Symptomatic Patients With LOS>1 Day by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.



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



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

Endovascular AAA Repair: Percentage of Patients With LOS>2 Days

Procedures performed between January 1 and December 31, 2019

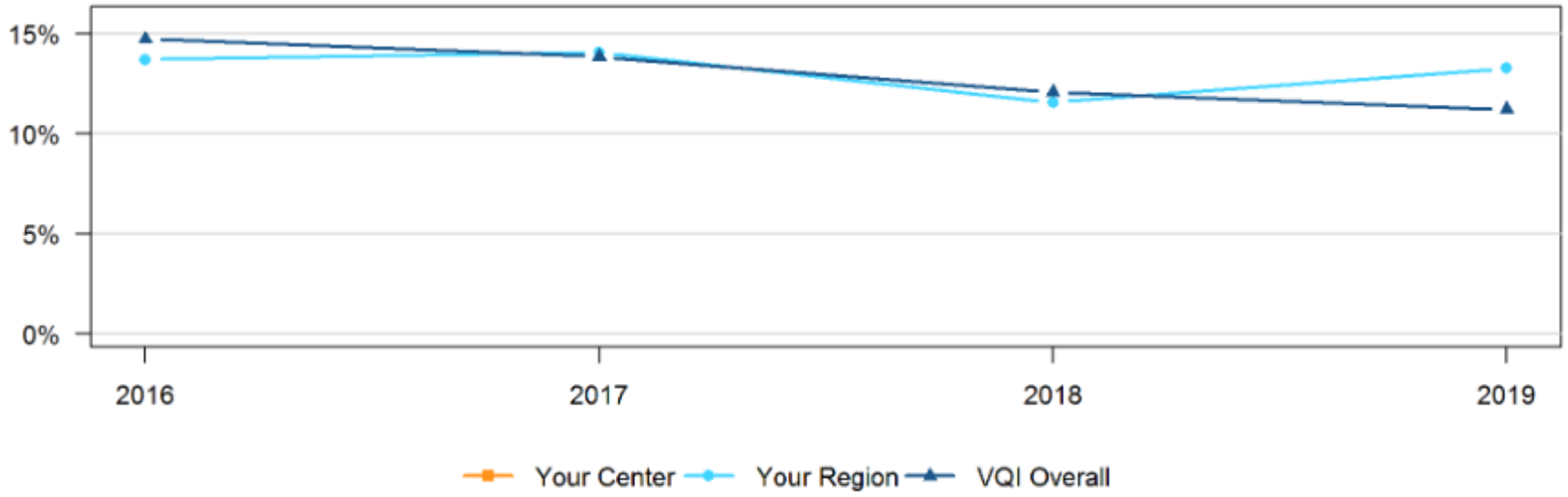
Excludes ruptured aneurysms and in-hospital deaths with LOS≤2 days, patients with prior aortic surgery, patients transferred from another hospital, procedures not done on day of admission and weekend procedures. LOS is based on the midnight rule used for hospital billing.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of EVAR procedures meeting the inclusion criteria and the observed and expected rates of those cases with LOS>2 Days.

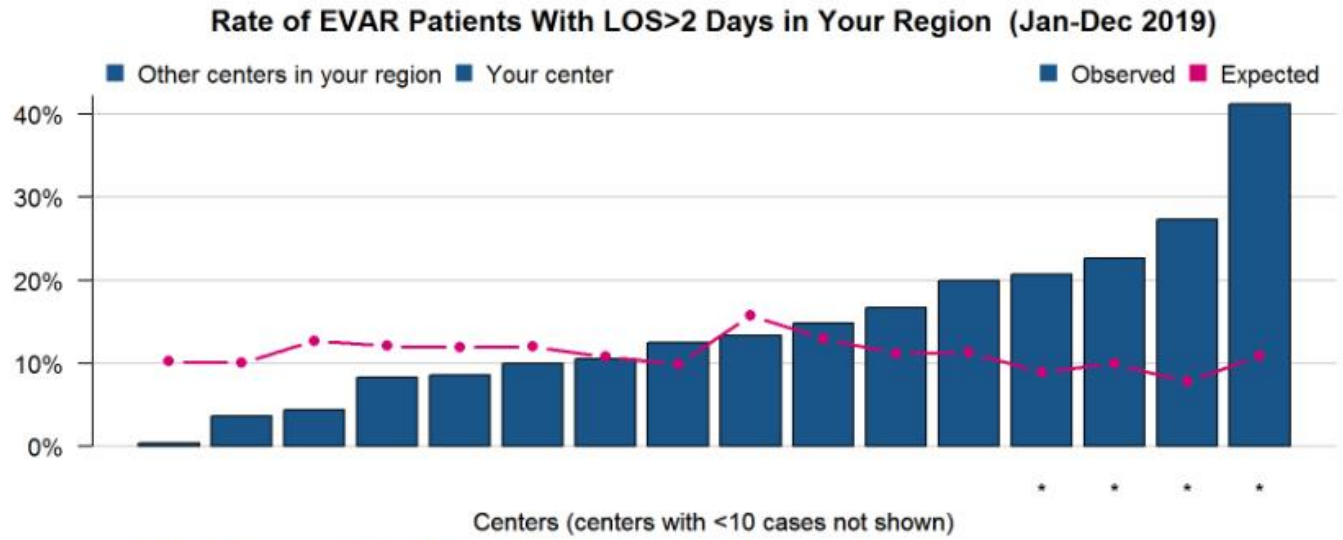
	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		497	5549
Observed rate of LOS>2 days among procedures meeting inclusion criteria		13%	11%
Number of procedures with complete data*		478	5107
Observed rate of LOS>2 days among cases with complete data		14%	11%
Expected rate of LOS>2 days among cases with complete data*		11%	NA
P-value for comparison of observed and expected rates		0.11	NA

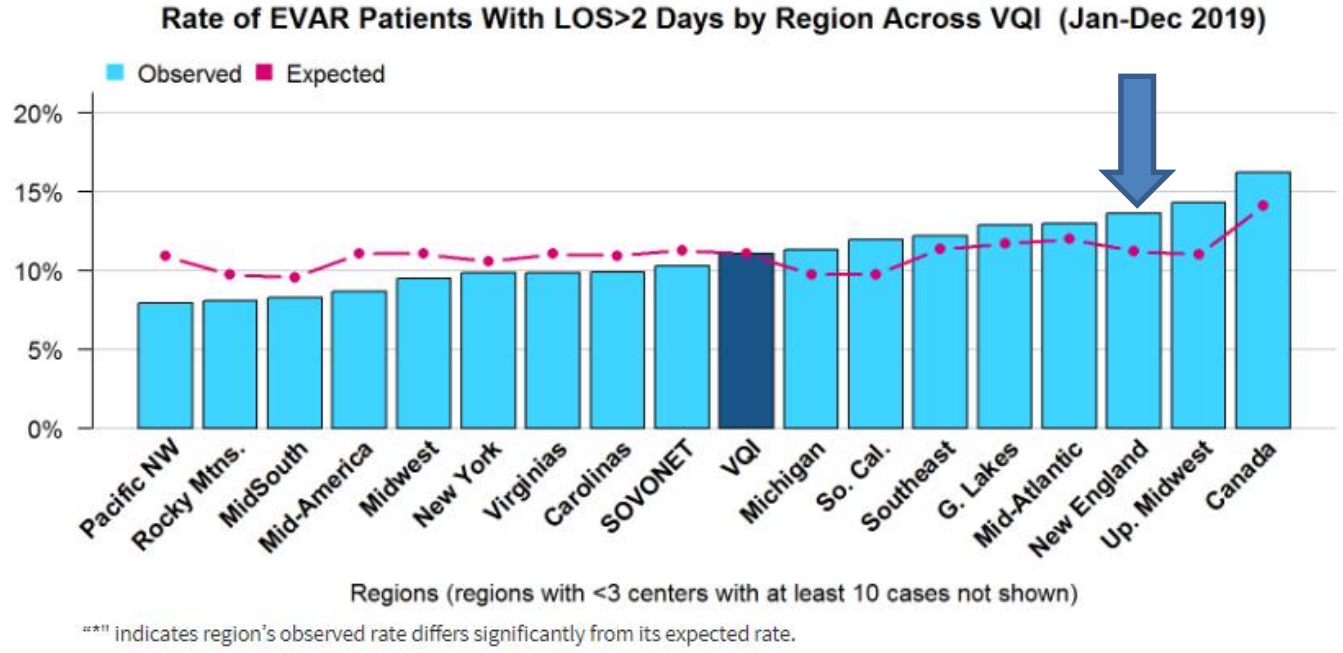
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Rate of EVAR Patients With LOS>2 Days by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.


Rate of EVAR Patients With LOS>2 Days in Your Region (Jan-Dec 2019)
Other centers in your region
Your center
Observed
Expected
40%
30%
20%
10%
0%
* * * *
Centers (centers with <10 cases not shown)
"*" indicates center's observed rate differs significantly from its expected rate.


Rate of EVAR Patients With LOS>2 Days by Region Across VQI (Jan-Dec 2019)
Observed
Expected
20%
15%
10%
5%
0%
Pacific NW
Rocky Mtns.
MidSouth
Mid-America
Midwest
New York
Virginias
Carolinas
SOVONET
VQI
Michigan
So. Cal.
Southeast
G. Lakes
Mid-Atlantic
New England
Up. Midwest
Canada
Regions (regions with <3 centers with at least 10 cases not shown)
"*" indicates region's observed rate differs significantly from its expected rate.

EVAR: Rate of Sac Diameter Reporting at Long-Term Follow-Up

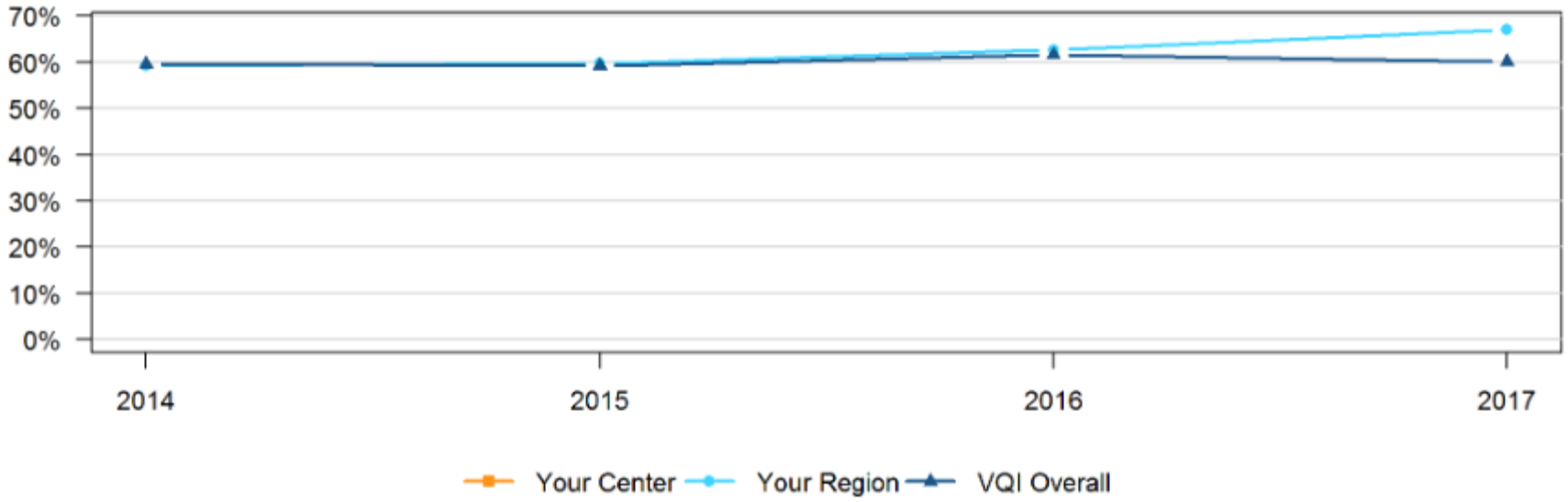
Procedures performed between January 1 and December 31, 2017

Excludes patients who were converted to open or died within 21 months of surgery.

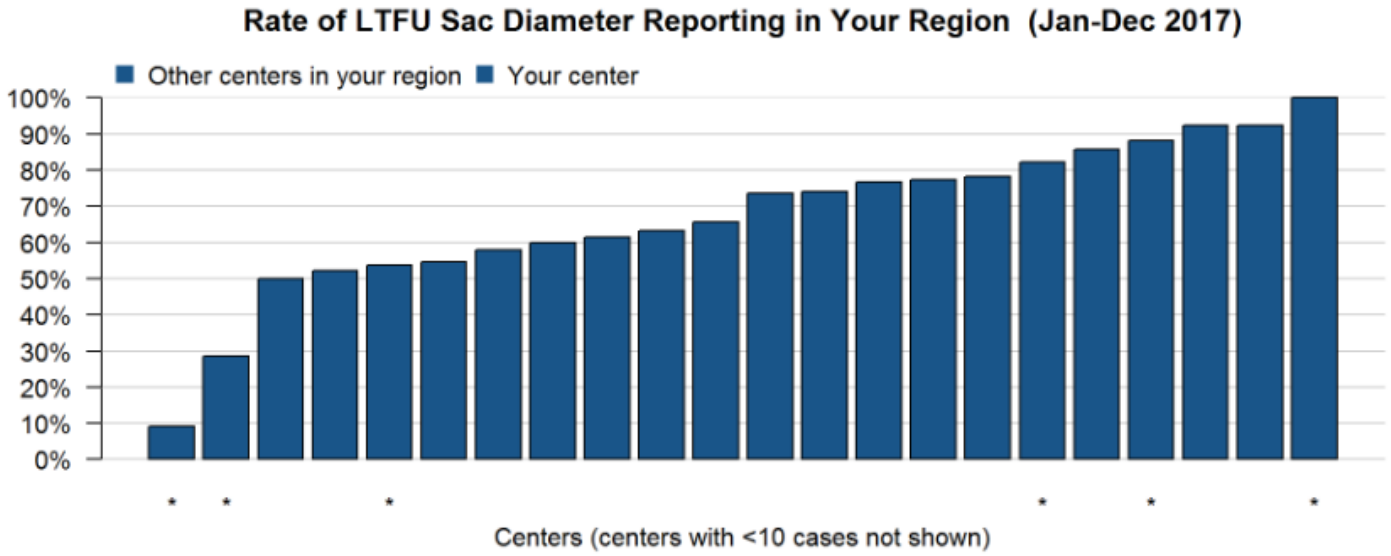
Data for this report include all cases with surgery date between January 1 and December 31, 2017, that had been entered into the VQI as of January 31, 2020. The table below shows the number of EVAR procedures in the VQI, and the percentage of those cases in which the patient had a follow-up visit between 9 and 21 months post-surgery at which a sac diameter was recorded.

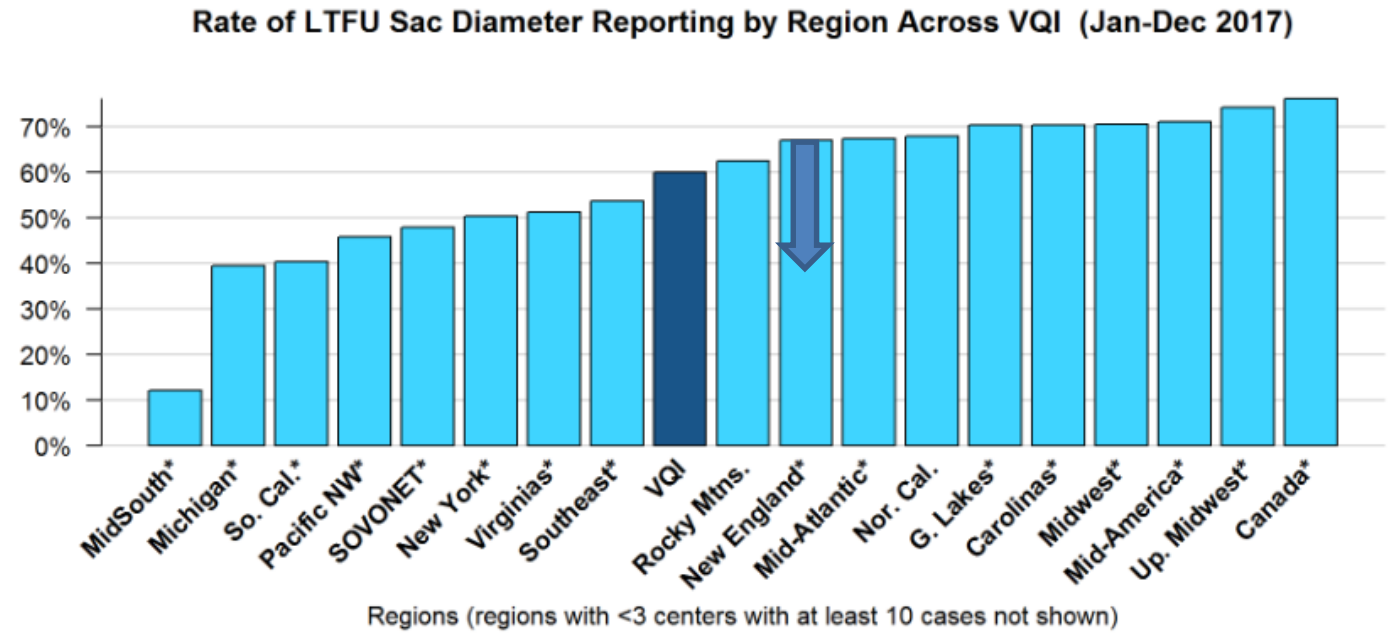
	Your Center	Your Region	VQI Overall
Number of EVAR procedures		583	6707
Percentage with sac diameter recorded at follow-up		67%	60%

Rate of LTFU Sac Diameter Reporting by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.


Rate of LTFU Sac Diameter Reporting in Your Region (Jan-Dec 2017)
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)
"*" indicates center's rate differs significantly from the regional rate.


Rate of LTFU Sac Diameter Reporting by Region Across VQI (Jan-Dec 2017)
70%
60%
50%
40%
30%
20%
10%
0%
MidSouth*
Michigan*
So. Cal.*
Pacific NW*
SOVONET*
New York*
Virginias*
Southeast*
VQI
Rocky Mtns.
New England*
Mid-Atlantic*
Nor. Cal.
G. Lakes*
Carolinas*
Midwest*
Mid-America*
Up. Midwest*
Canada*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" indicates region's rate differs significantly from the VQI rate.

Infrainguinal Bypass: Rate of Major Complications

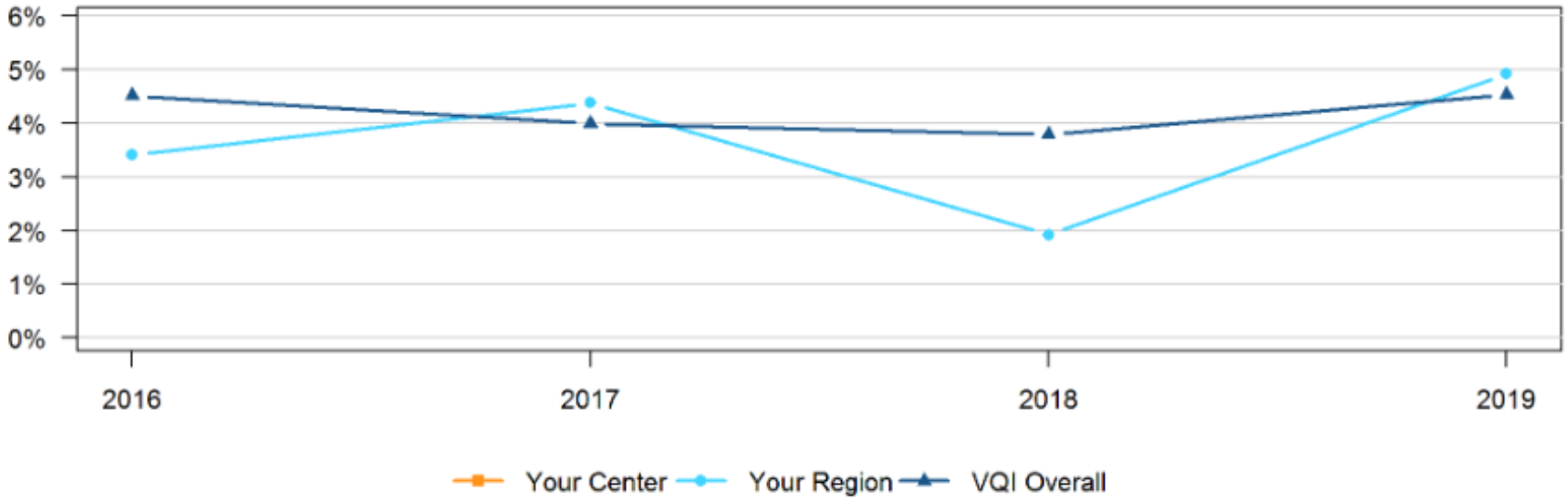
Procedures performed between January 1 and December 31, 2019

Includes only patients with indication of rest pain or tissue loss. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation or graft occlusion.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of INFRA cases with indication of rest pain or tissue loss in the VQI, and the percentage of those cases that resulted in in-hospital death, ipsilateral amputation or graft occlusion.

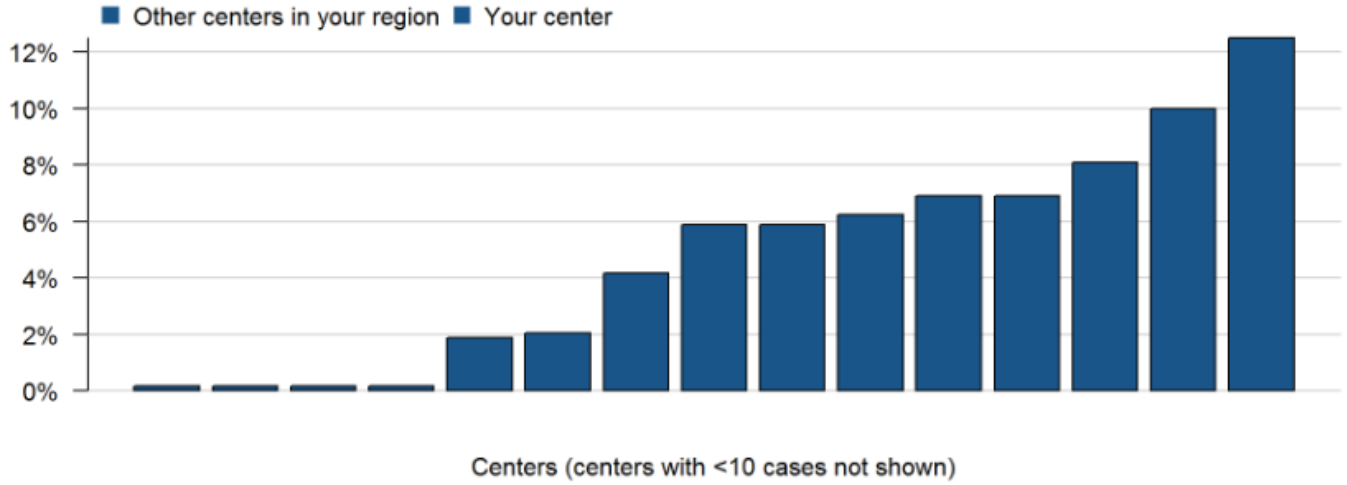
	Your Center	Your Region	VQI Overall
Number of INFRA procedures meeting inclusion criteria		569	4129
Percentage with major complications after INFRA		4.9%	4.5%

Rate of Major Complications After INFRA by Year



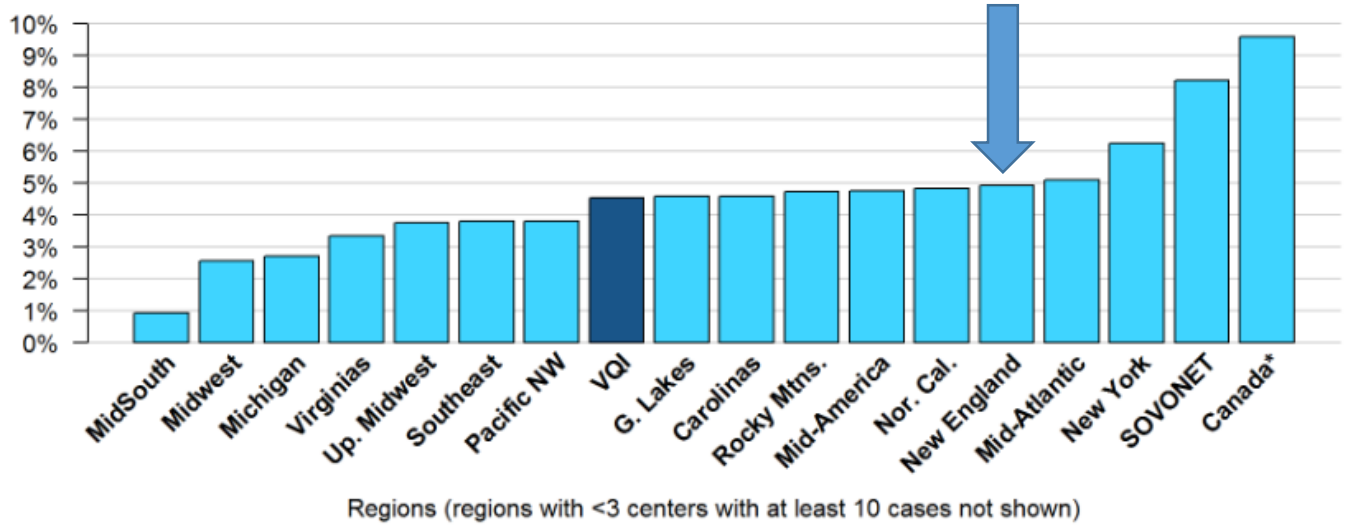
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of Major Complications After INFRA in Your Region (Jan-Dec 2019)



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

Rate of Major Complications After INFRA by Region Across VQI (Jan-Dec 2019)



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

IVCF: Percentage of Temporary Filters With Retrieval or Attempt at Retrieval

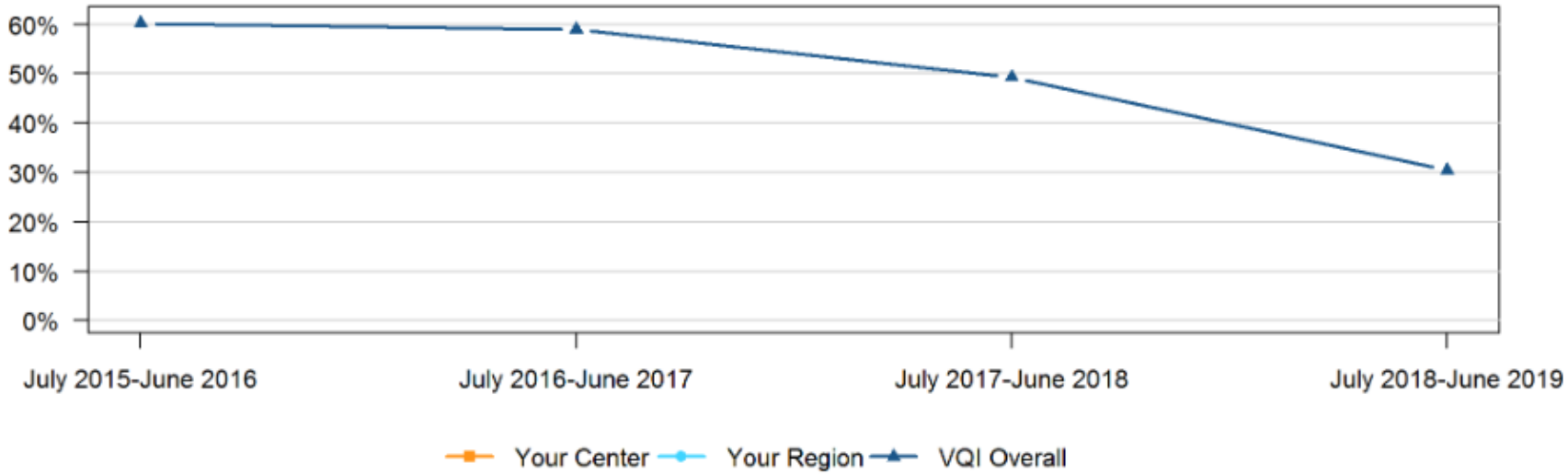
Procedures performed between July 1, 2018 and June 30, 2019

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

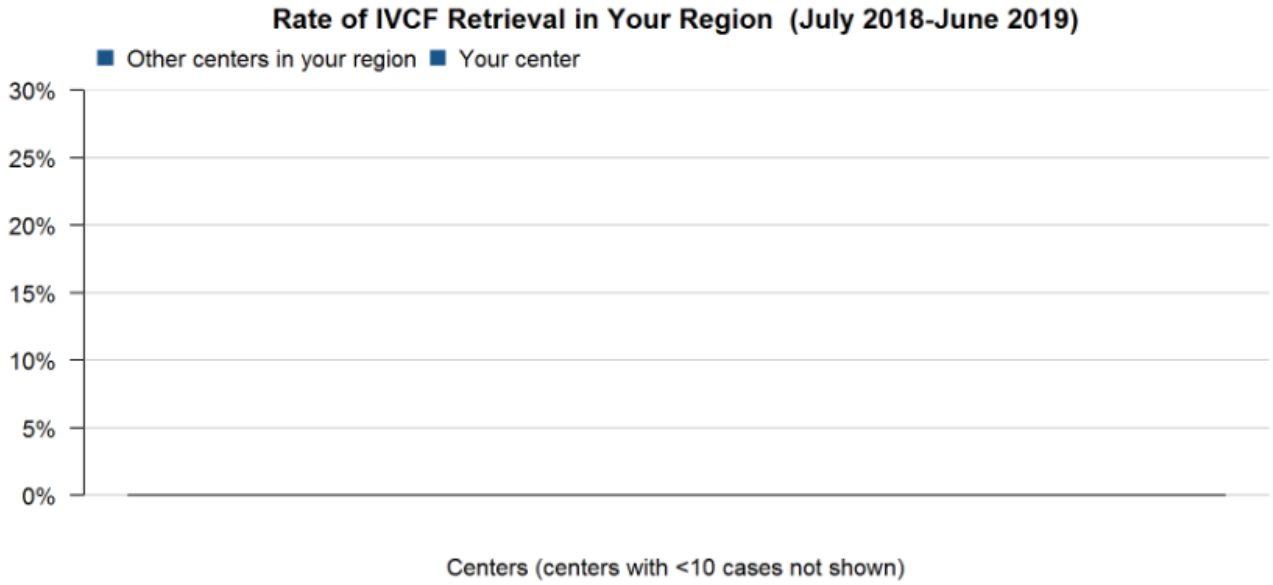
Data for this report include all cases with surgery date between July 1, 2018 and June 30, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of IVCF procedures meeting the inclusion criteria in the VQI, and the percentage of those cases in which the filter was retrieved, or an attempt was made to retrieve it, at any time post-procedure.

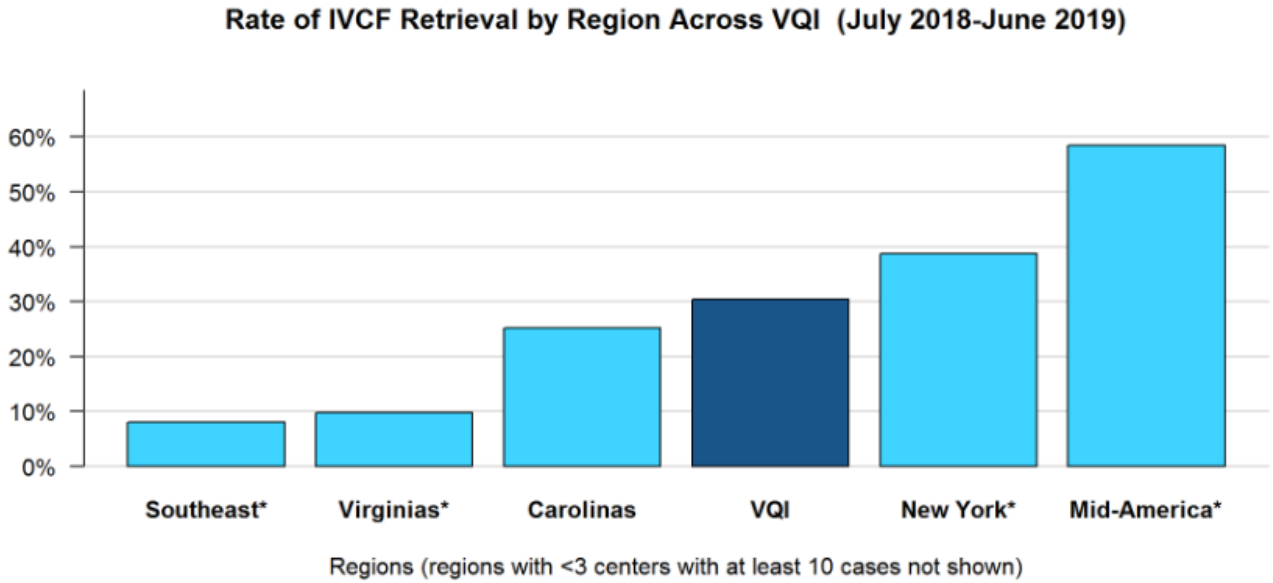
	Your Center	Your Region	VQI Overall
Number of procedures meeting inclusion criteria		NA (<3 centers)	1403
Percentage with filter retrieval, or attempt at retrieval			30%
Percentage not retrieved because not clinically indicated			5%
Percentage not retrieved because patient declined			1%
Percentage not retrieved because lost to follow-up			0%
Percentage not retrieved because deemed too late for removal			0%
Percentage not retrieved because planned later removal			1%

Rate of IVCF Retrieval by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.


Rate of IVCF Retrieval in Your Region (July 2018-June 2019)
Other centers in your region
Your center
30%
25%
20%
15%
10%
5%
0%
Centers (centers with <10 cases not shown)
"*" indicates center's rate differs significantly from the regional rate.


Rate of IVCF Retrieval by Region Across VQI (July 2018-June 2019)
60%
50%
40%
30%
20%
10%
0%
Southeast*
Virginias*
Carolinas
VQI
New York*
Mid-America*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" indicates region's rate differs significantly from the VQI rate.

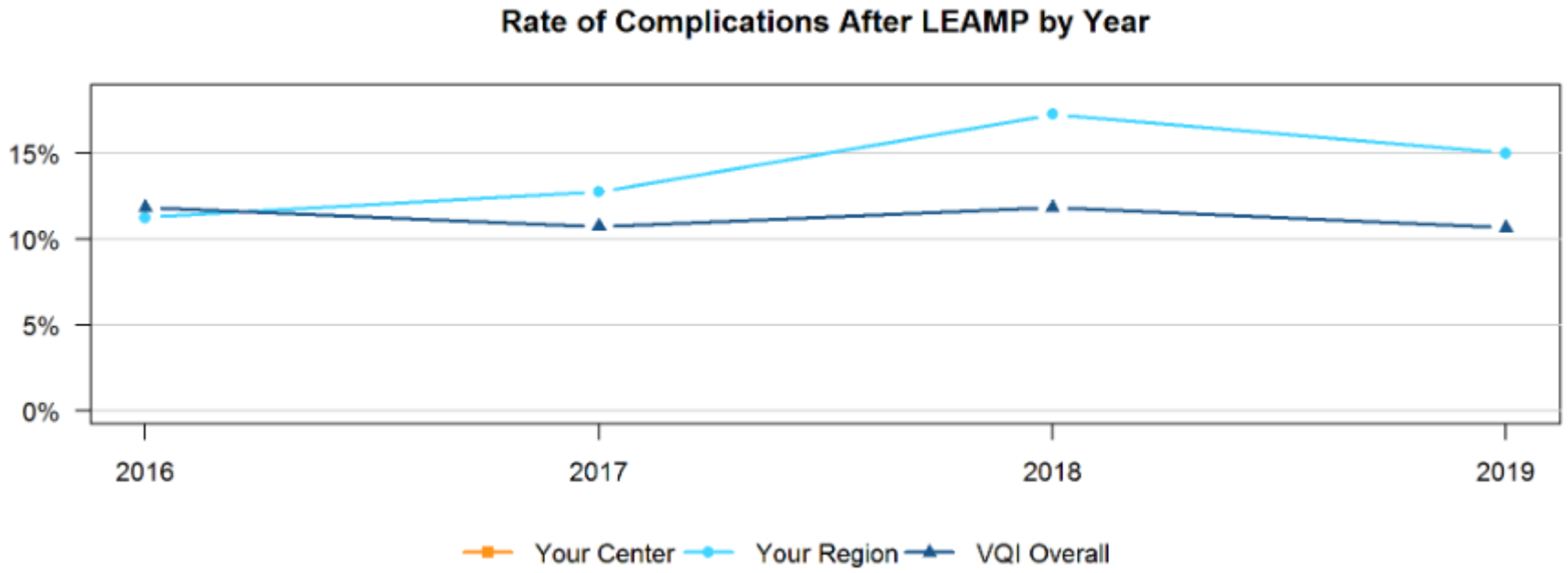
Lower-Extremity Amputation: Rate of Postop Complications

Procedures performed between January 1 and December 31, 2019

Complications are defined as myocardial infarction, dysrhythmia, congestive heart failure, surgical site infection, renal and/or respiratory complication.

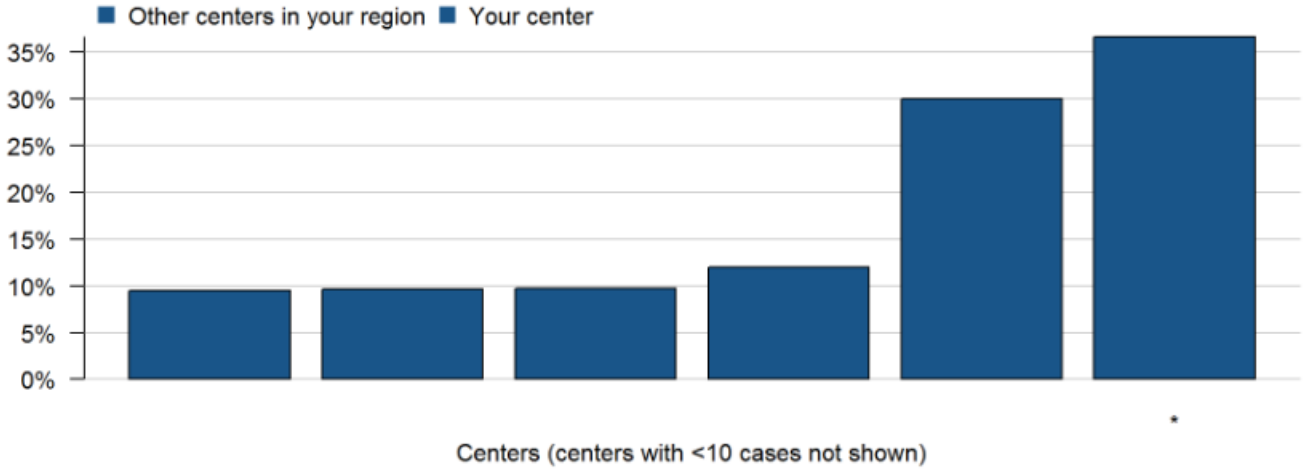
Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of LEAMP cases in the VQI, and the percentage of those cases that resulted in complication.

	Your Center	Your Region	VQI Overall
Number of amputation procedures		253	2969
Percentage with complications after LEAMP		15%	11%



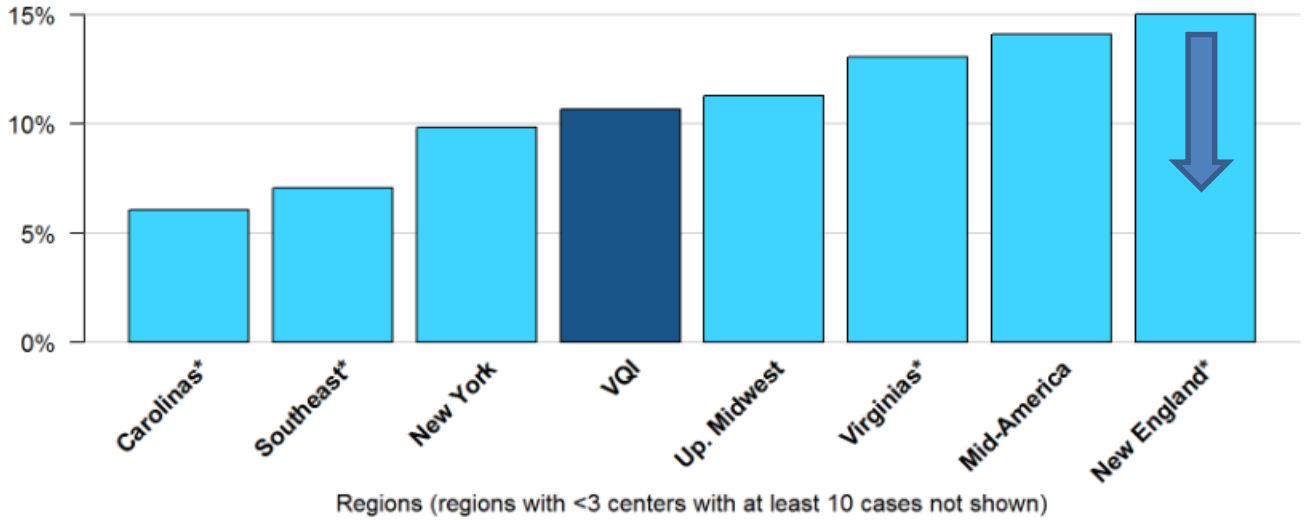
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of Complications After LEAMP in Your Region (Jan-Dec 2019)



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

Rate of Complications After LEAMP by Region Across VQI (Jan-Dec 2019)



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

Non-Ruptured Open AAA: In-Hospital Mortality

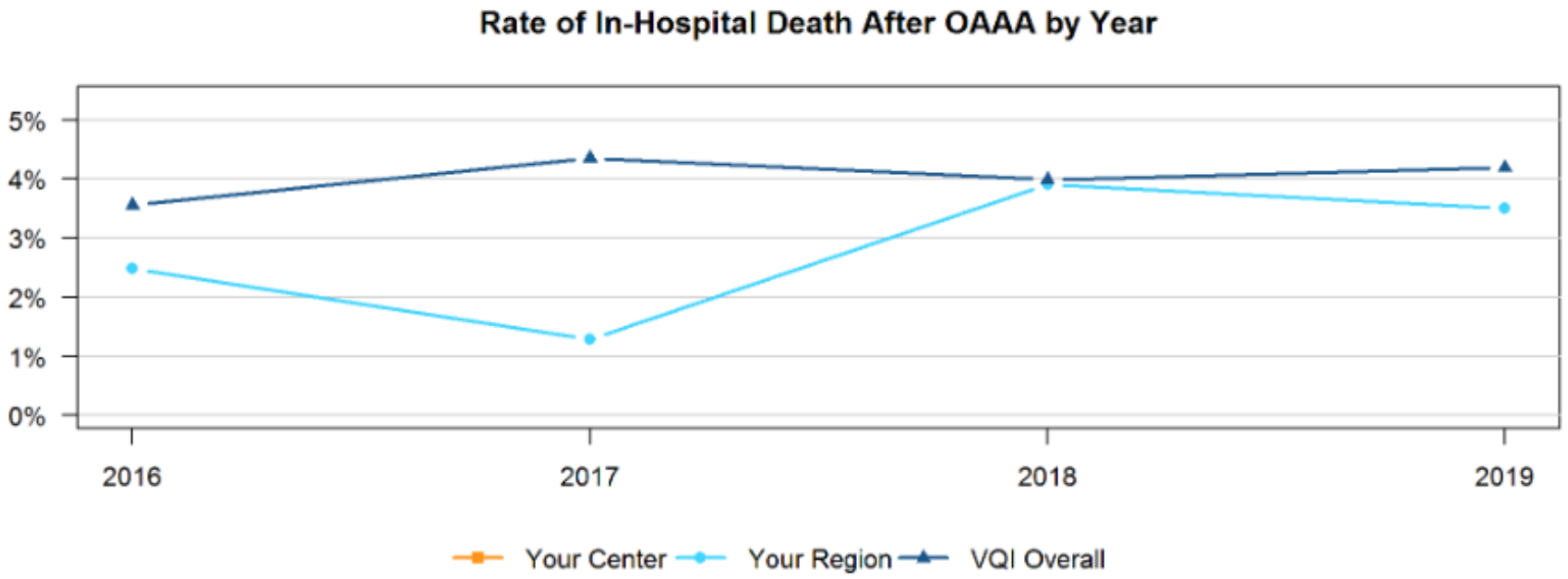
Procedures performed between January 1 and December 31, 2019

Excludes ruptured aneurysms.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of OAAA procedures meeting the inclusion criteria in the VQI, and the observed and expected rates of in-hospital death for those cases.

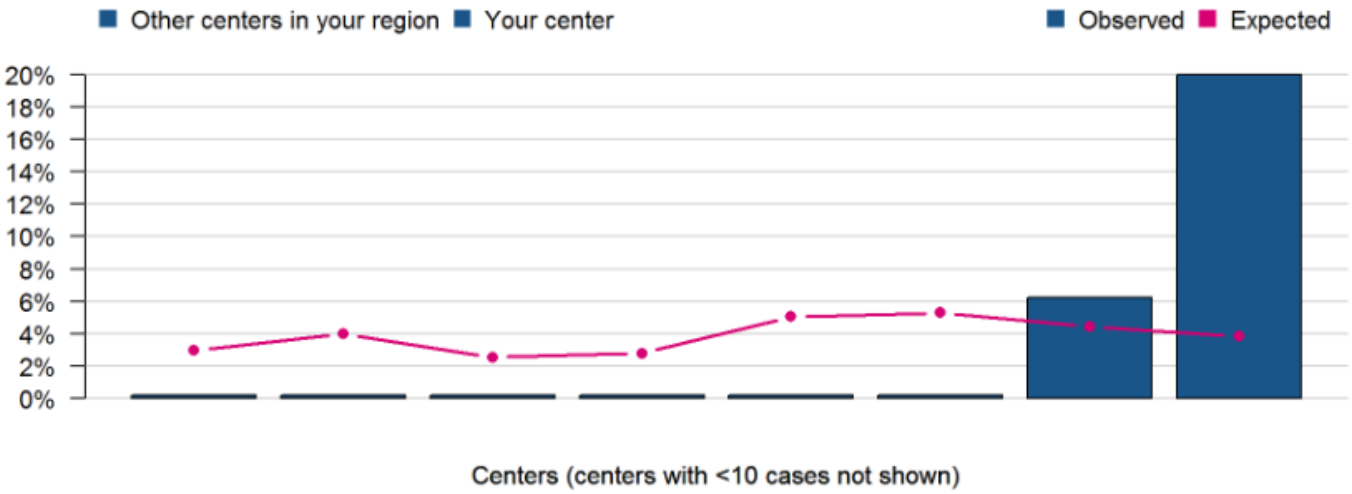
	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		171	1003
Observed rate of in-hospital death among procedures meeting inclusion criteria		3.5%	4.2%
Number of procedures with complete data*		169	952
Observed rate of in-hospital death among cases with complete data		3.6%	4.2%
Expected rate of in-hospital death among cases with complete data*		3.9%	NA
P-value for comparison of observed and expected rates		1	NA
Observed rate of in-hospital death among procedures with infrarenal proximal clamp		2.5%	2.6%
Observed rate of in-hospital death among procedures with suprarenal proximal clamp		4.4%	5.8%

*"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.



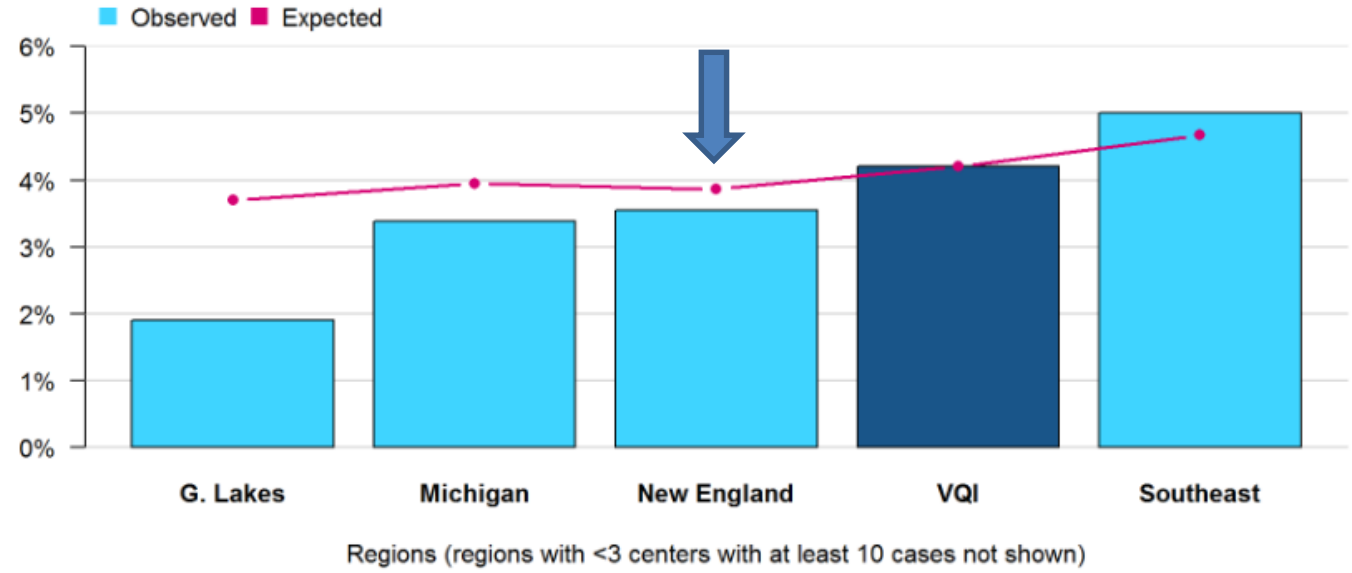
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of In-Hospital Death After OAAA in Your Region (Jan-Dec 2019)



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

Rate of In-Hospital Death After OAAA by Region Across VQI (Jan-Dec 2019)



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

PVI: Percentage of Claudicants With ABI/Toe Pressure Reported Before Procedure

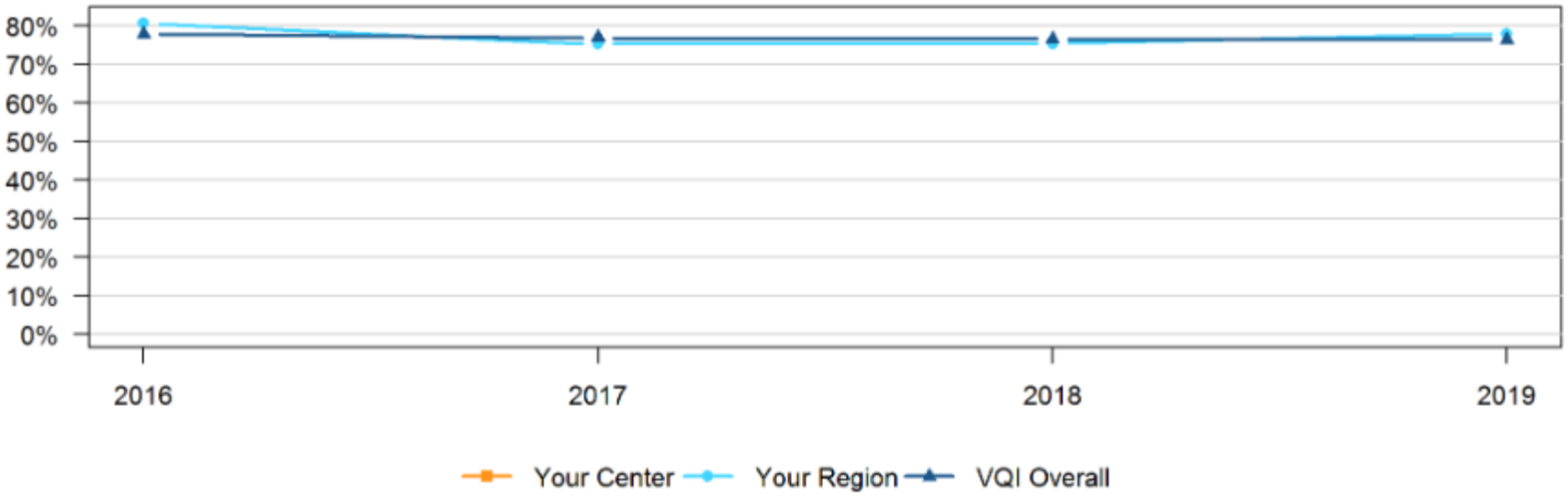
Procedures performed between January 1 and December 31, 2019

"ABI or toe pressure reported" indicates at least one measure was recorded for the side of the operation, or on both sides for bilateral and aortic procedures.

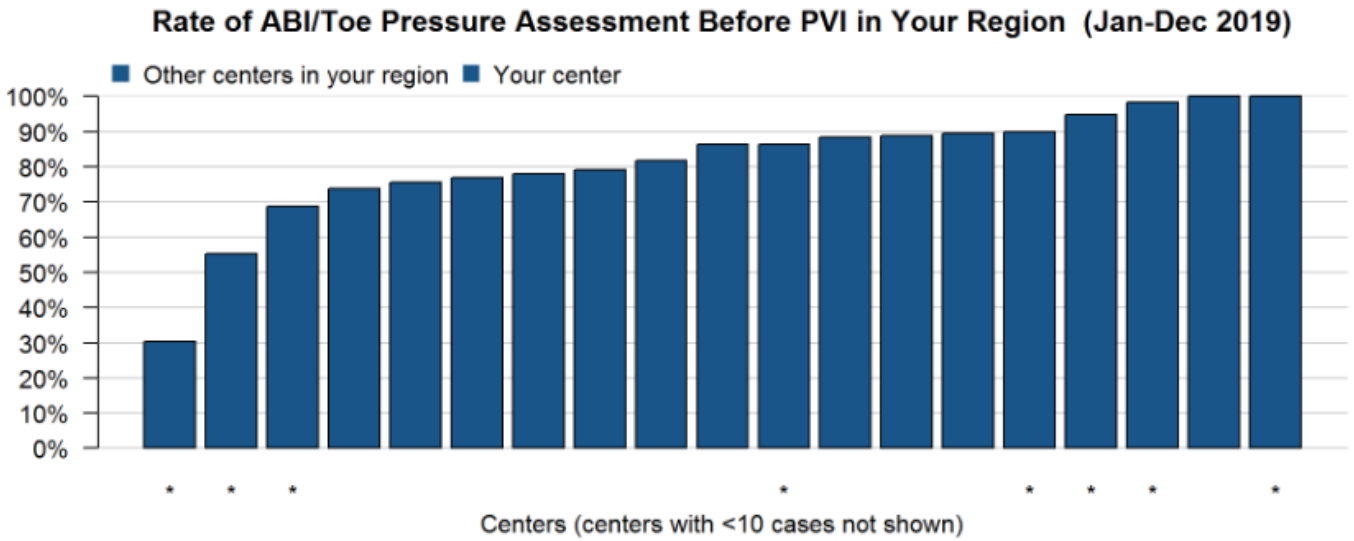
Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of PVI procedures with indication of claudication in the VQI, and the percentage of those cases in which ABI or toe pressure was recorded.

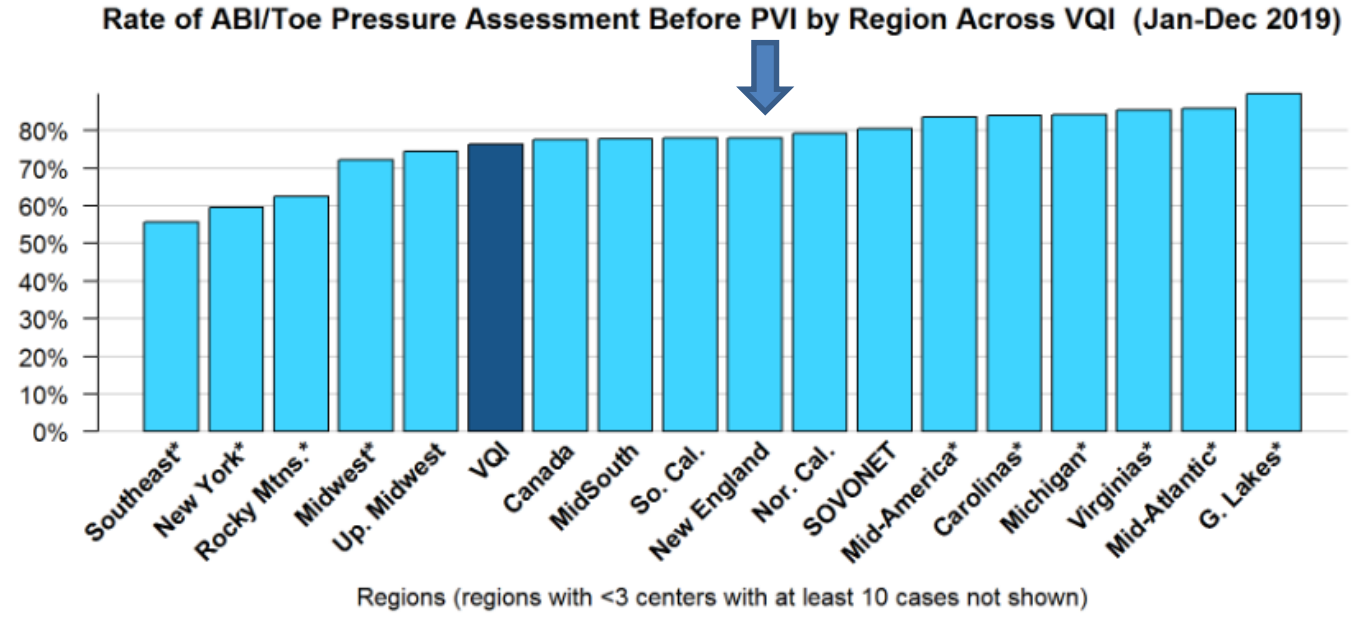
	Your Center	Your Region	VQI Overall
Number of PVI procedures with indication of claudication		1261	13917
Percentage with ABI/toe pressure recorded before procedure		78%	76%
Percentage who were current smokers		31%	38%

Rate of ABI/Toe Pressure Assessment Before PVI by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.


Rate of ABI/Toe Pressure Assessment Before PVI in Your Region (Jan-Dec 2019)
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)
"*" indicates center's rate differs significantly from the regional rate.


Rate of ABI/Toe Pressure Assessment Before PVI by Region Across VQI (Jan-Dec 2019)
80%
70%
60%
50%
40%
30%
20%
10%
0%
Southeast*
New York*
Rocky Mtns.*
Midwest*
Up. Midwest
VQI
Canada
MidSouth
So. Cal.
New England
Nor. Cal.
SOVONET
Mid-America*
Carolinas*
Michigan*
Virginias*
Mid-Atlantic*
G. Lakes*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" indicates region's rate differs significantly from the VQI rate.

Suprainguinal Bypass: Rate of Major Complications

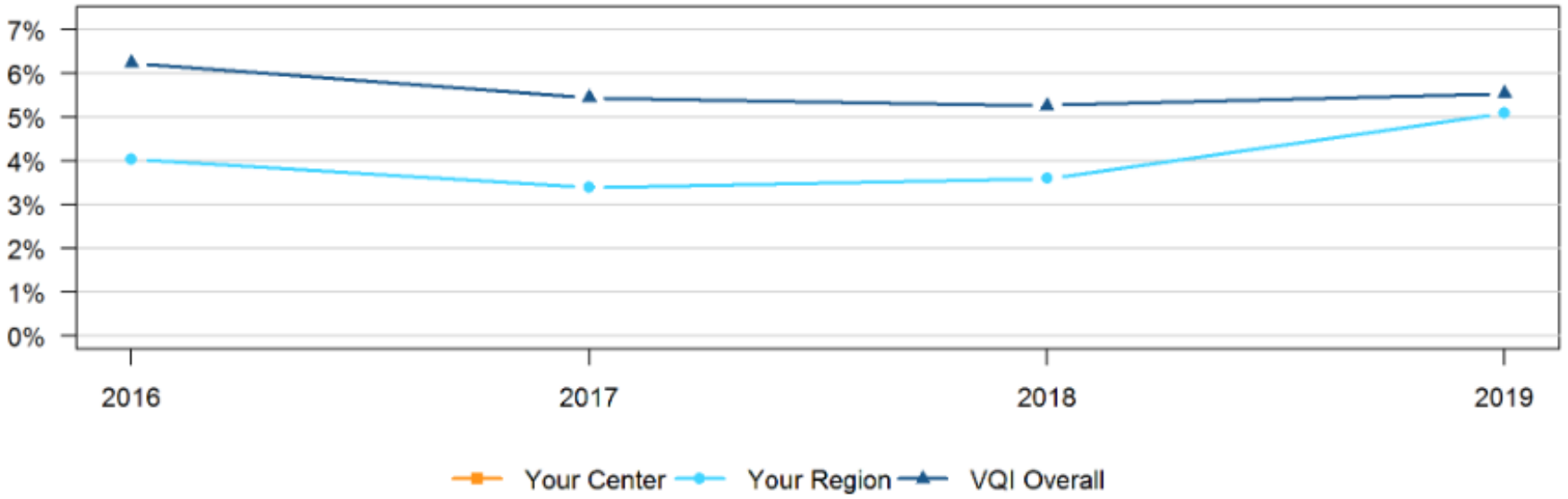
Procedures performed between January 1 and December 31, 2019

Includes only patients with indication of rest pain or tissue loss. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation or graft occlusion.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of SUPRA cases in the VQI, and the percentage of those cases that resulted in complication.

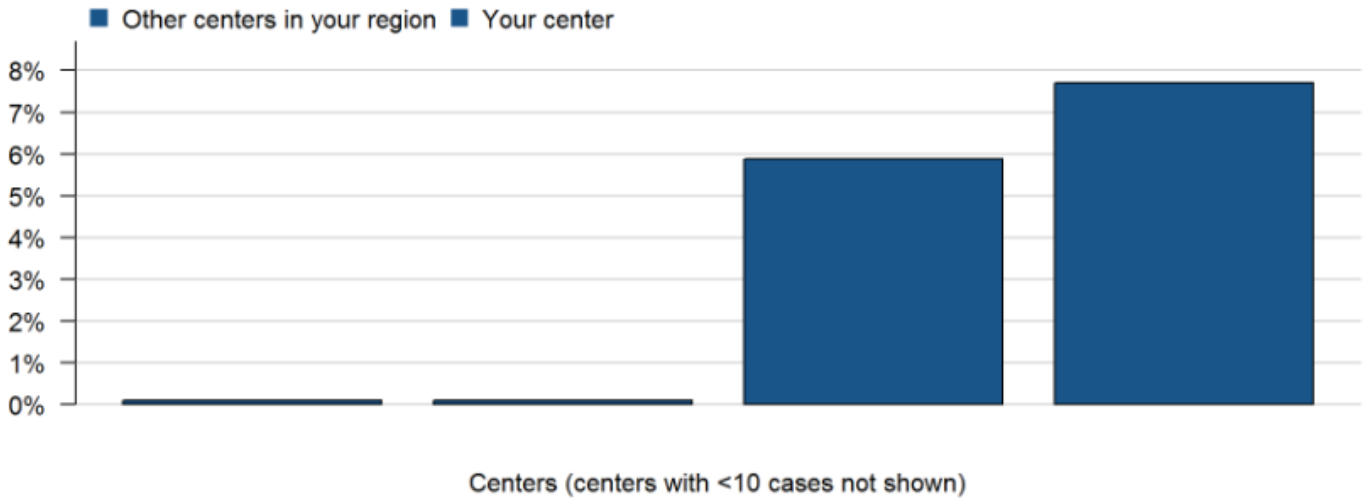
	Your Center	Your Region	VQI Overall
Number of SUPRA procedures		118	848
Percentage with major complications after SUPRA		5%	6%

Rate of Major Complications After SUPRA by Year



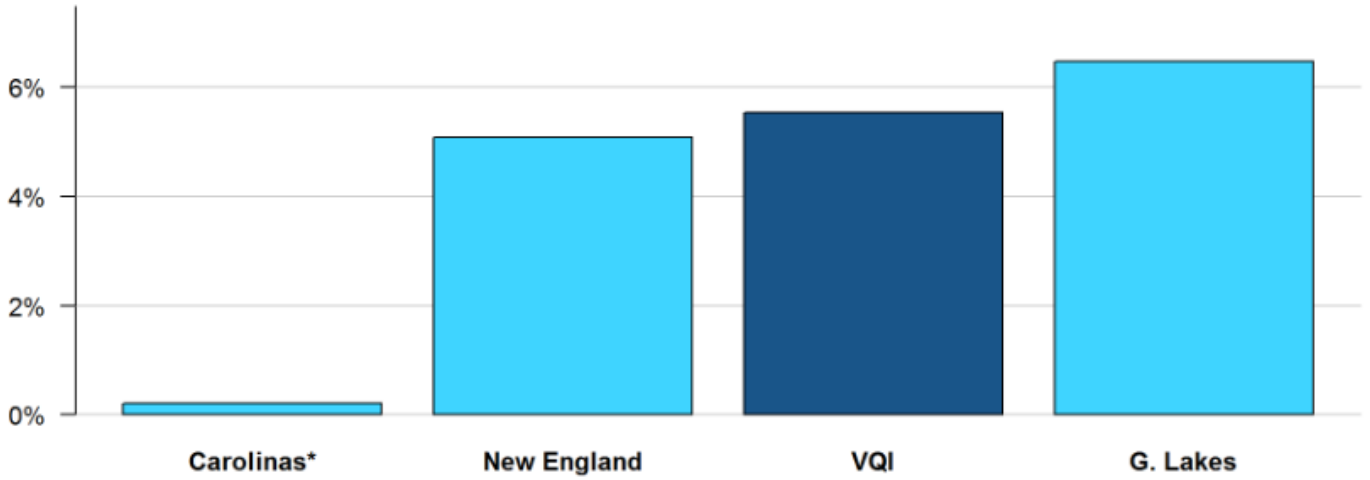
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of Major Complications After SUPRA in Your Region (Jan-Dec 2019)



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

Rate of Major Complications After SUPRA by Region Across VQI (Jan-Dec 2019)



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

TEVAR: Rate of Sac Diameter Reporting at Long-Term Follow-Up

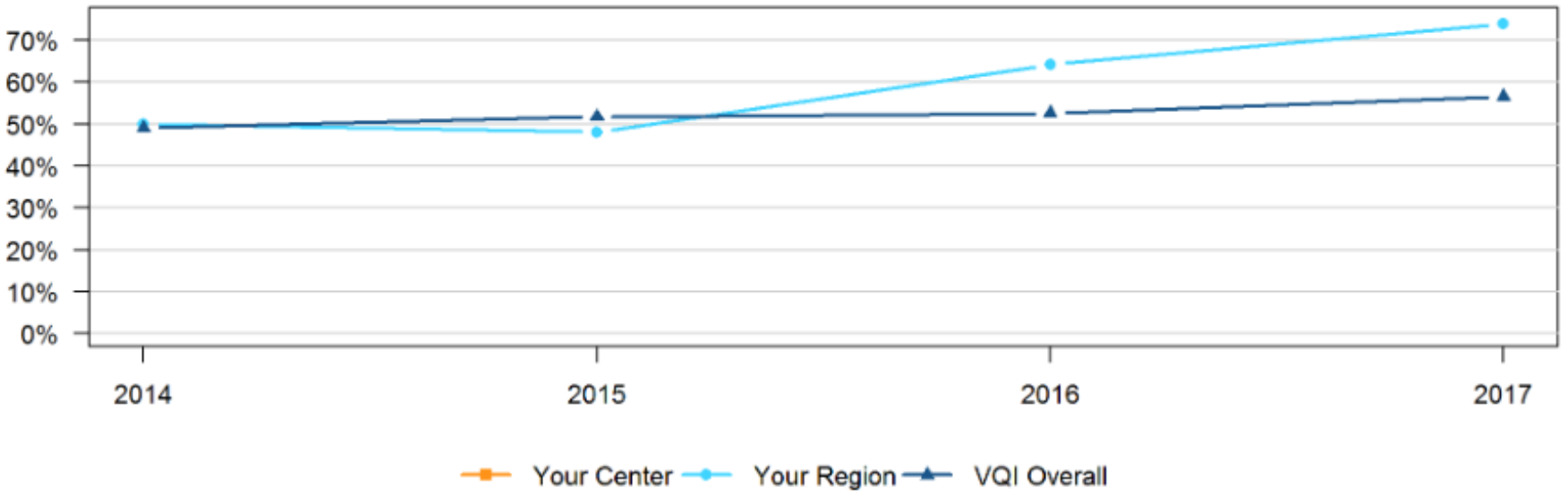
Procedures performed between January 1 and December 31, 2017

Includes only patients with Pathology=aneurysm or aneurysm from dissection. Excludes patients who died within 21 months of surgery.

Data for this report include all cases with surgery date between January 1 and December 31, 2017, that had been entered into the VQI as of January 31, 2020. The table below shows the number of TEVAR procedures in the VQI, and the percentage of those cases in which the patient had a follow-up visit between 9 and 21 months post-surgery at which a sac diameter was recorded.

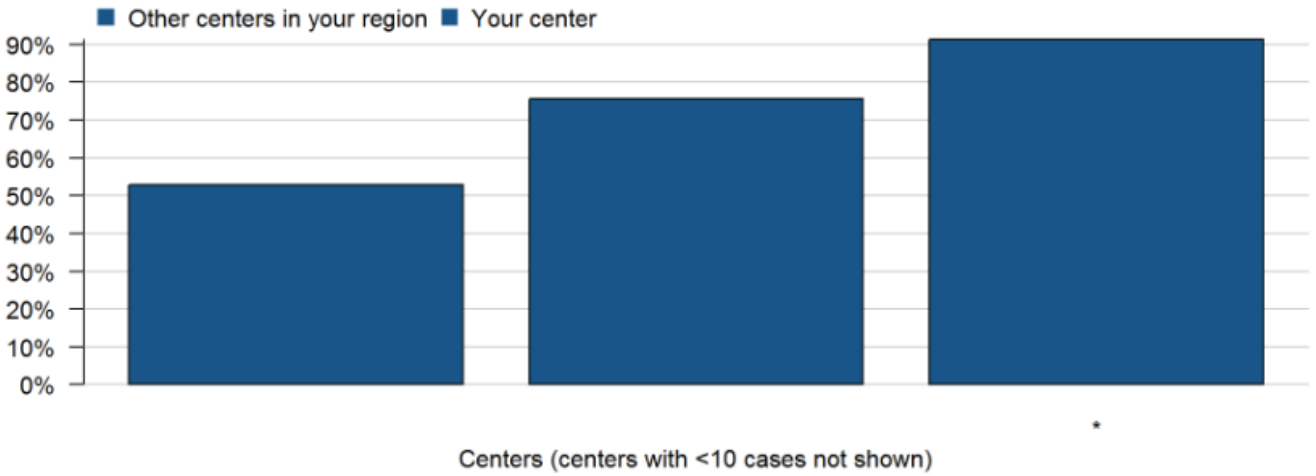
	Your Center	Your Region	VQI Overall
Number of TEVAR procedures		145	1338
Percentage with sac diameter recorded at follow-up		74%	57%

Rate of LTFU Sac Diameter Reporting by Year



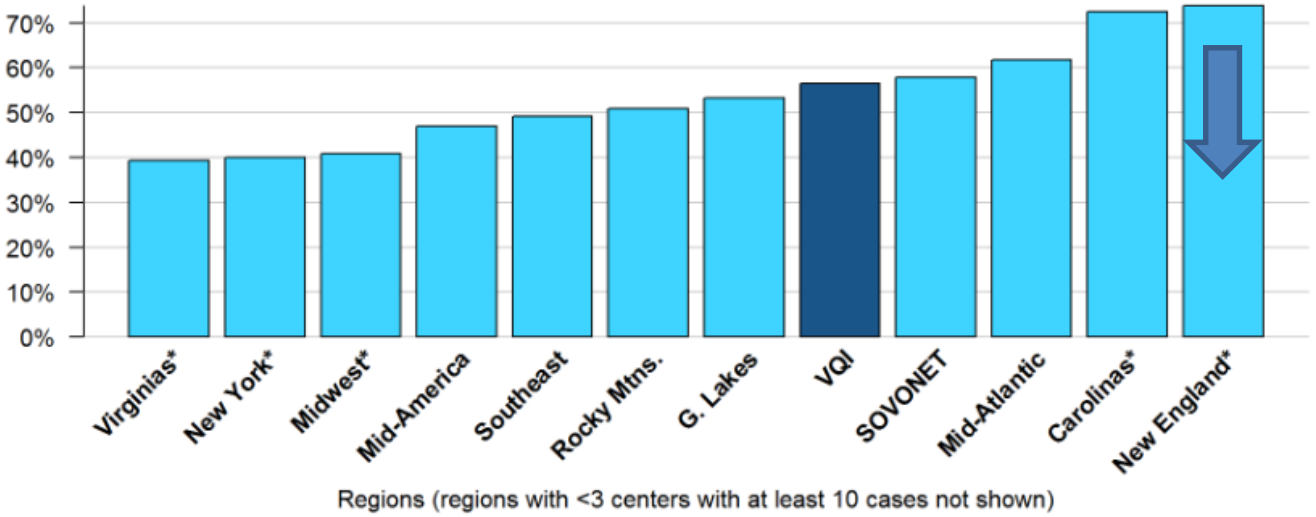
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of LTFU Sac Dimaeter Reporting in Your Region (Jan-Dec 2017)



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

Rate of LTFU Sac Diameter Reporting by Region Across VQI (Jan-Dec 2017)



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

EVAR: Percentage of Elective Patients With AAA Diameter Within SVS Guideline (≥5.5cm for Men; ≥5 cm for Women)

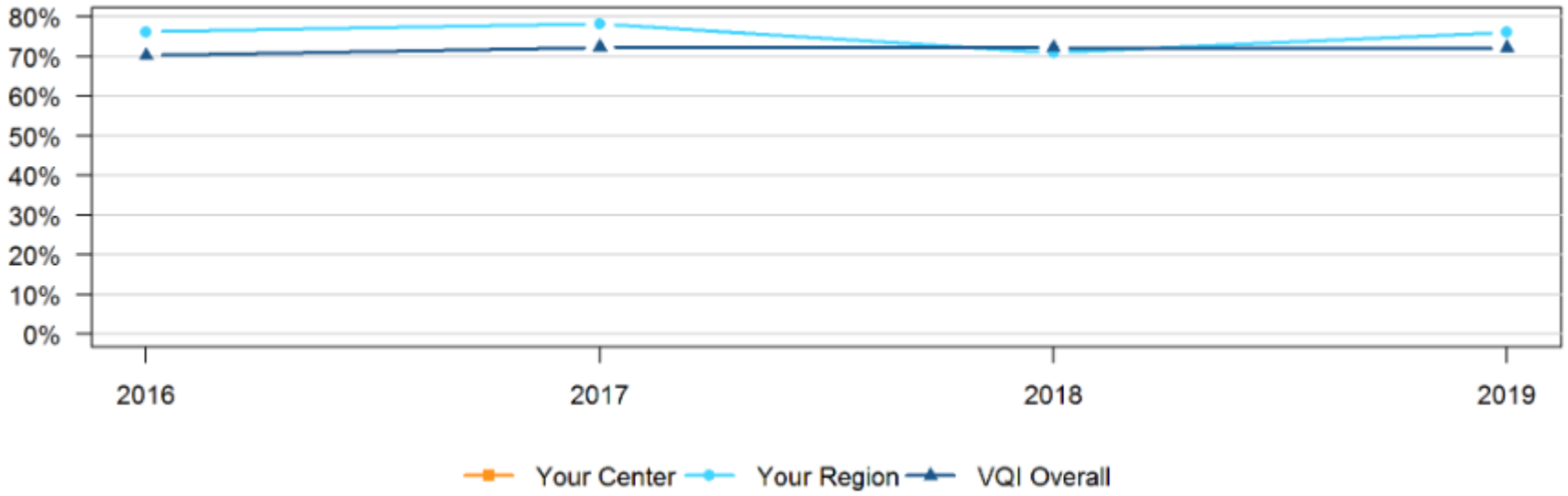
Procedures performed between January 1 and December 31, 2019

Excludes non-elective procedures. If the patient has any iliac aneurysm, the guideline is considered to have been met regardless of AAA diameter.

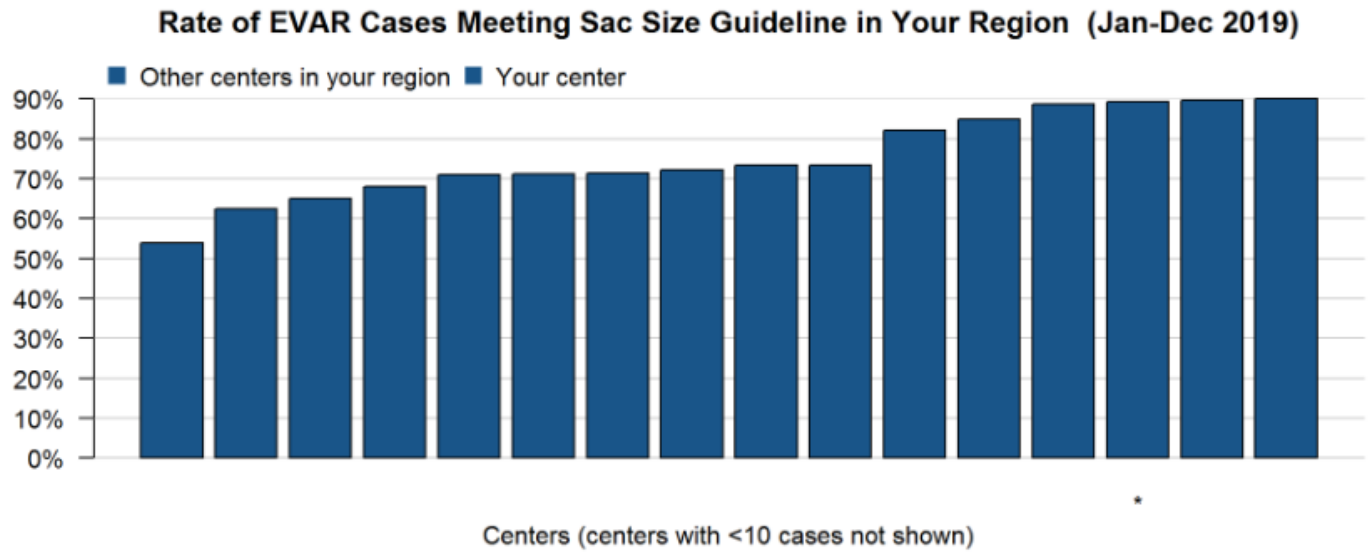
Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of elective EVAR procedures in the VQI, and the percentage of those cases meeting the SVS sac size guideline.

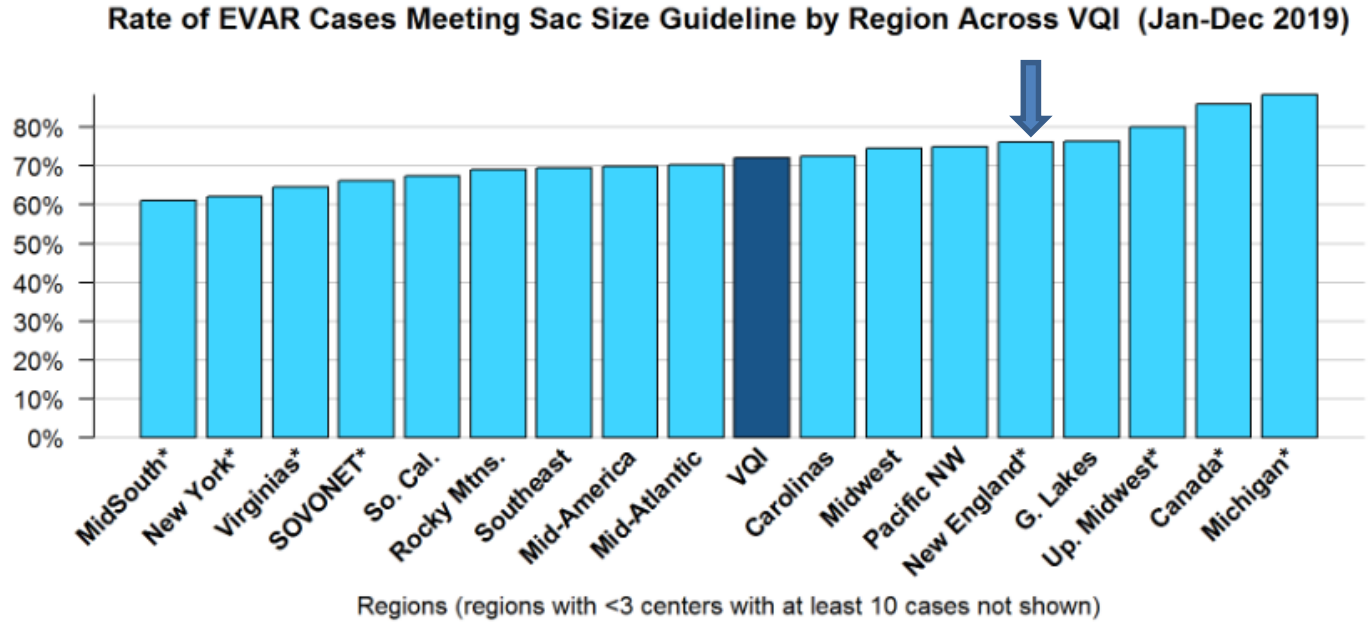
	Your Center	Your Region	VQI Overall
Number of elective EVAR procedures		532	5875
Percentage meeting SVS sac size guideline		76%	72%

Rate of EVAR Cases Meeting Sac Size Guideline by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.


Rate of EVAR Cases Meeting Sac Size Guideline in Your Region (Jan-Dec 2019)
Other centers in your region
Your center
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
*
Centers (centers with <10 cases not shown)
"*" indicates center's rate differs significantly from the regional rate.


Rate of EVAR Cases Meeting Sac Size Guideline by Region Across VQI (Jan-Dec 2019)
80%
70%
60%
50%
40%
30%
20%
10%
0%
MidSouth*
New York*
Virginias*
SOVONET*
So. Cal.
Rocky Mtns.
Southeast
Mid-America
Mid-Atlantic
VQI
Carolinas
Midwest
Pacific NW
New England*
G. Lakes
Up. Midwest*
Canada*
Michigan*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" indicates region's rate differs significantly from the VQI rate.

OAAA: Percentage of Patients Meeting SVS Cell-Saver Guideline (Cell Salvage or Ultrafiltration Device Used if EBL>500 ml)

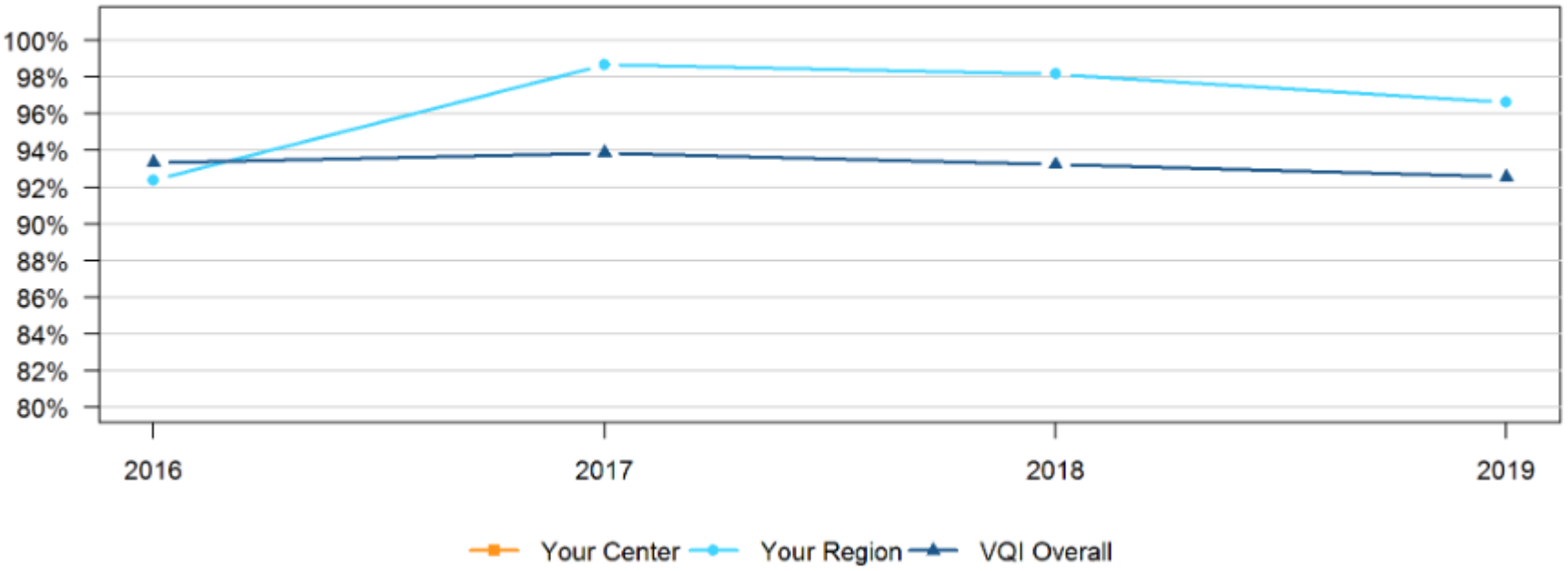
Procedures performed between January 1 and December 31, 2019

Excludes patients with EBL≤500 ml.

Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of OAAA procedures with EBL>500 ml in the VQI, and the percentage of those cases meeting the SVS cell-saver guideline.

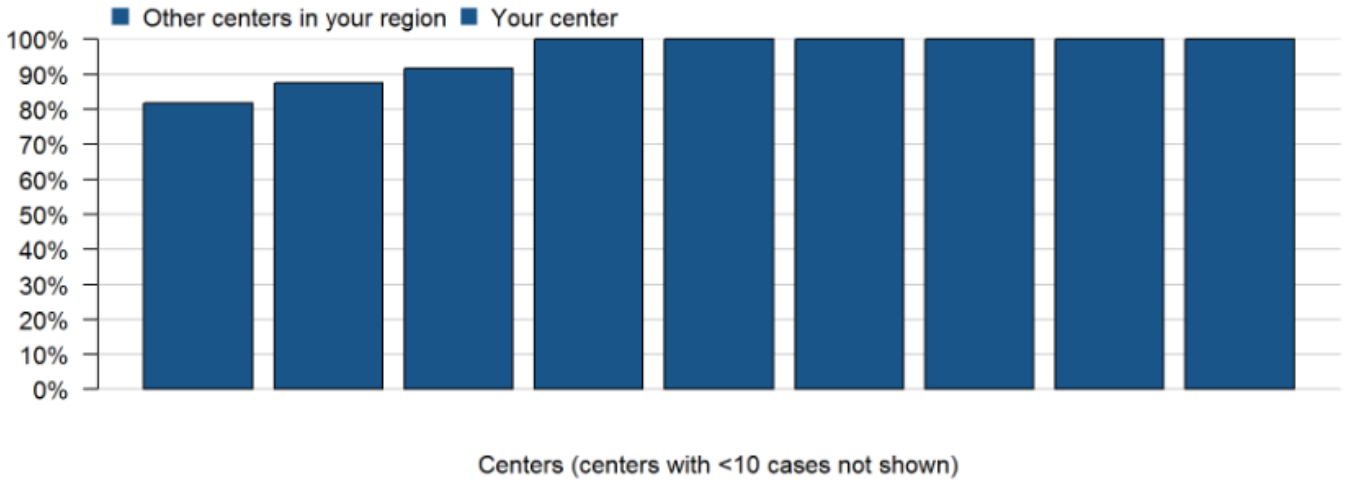
	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		178	1035
Percentage meeting cell-saver guideline		97%	93%

Rate of OAAA Cases Meeting Cell-Saver Guideline by Year



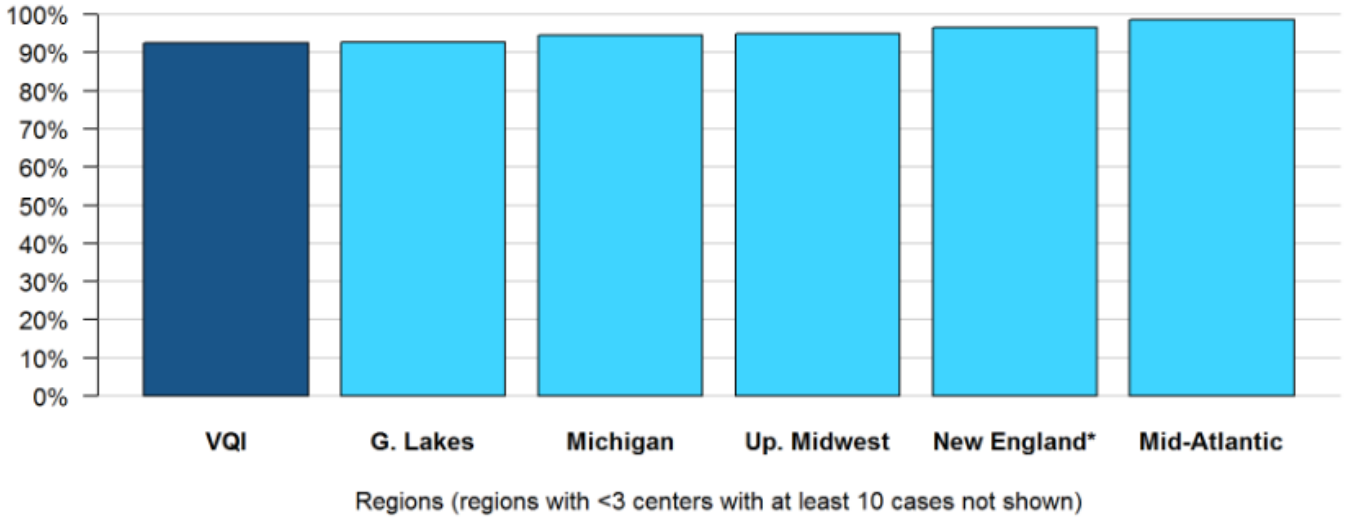
Regional data are not shown for the region with <3 centers with at least 10 cases.

Rate of OAAA Cases Meeting Cell-Saver Guideline in Your Region (Jan-Dec 2019)



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

Rate of OAAA Cases Meeting Cell-Saver Guideline by Region Across VQI (Jan-Dec 2019)



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

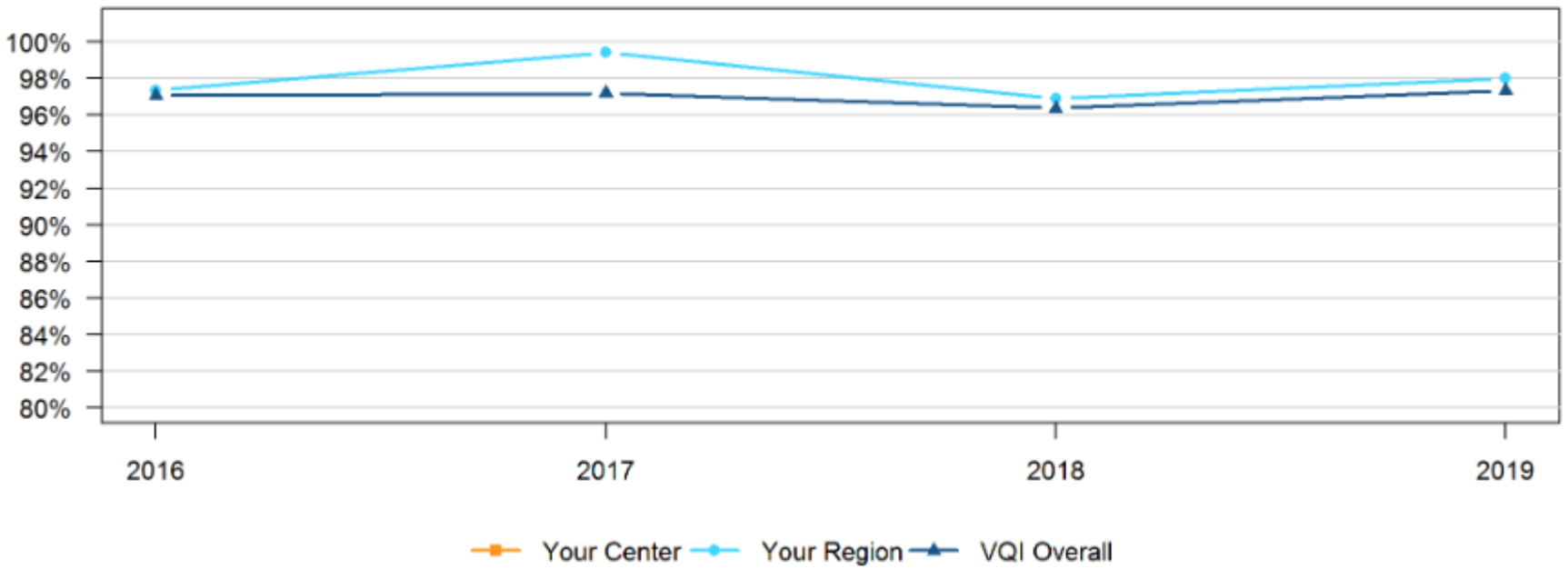
OAAA: Percentage of Procedures Meeting SVS Internal Iliac Inflow Guideline (Preservation of Flow Maintained to at Least One Internal Iliac Artery)

Procedures performed between January 1 and December 31, 2019

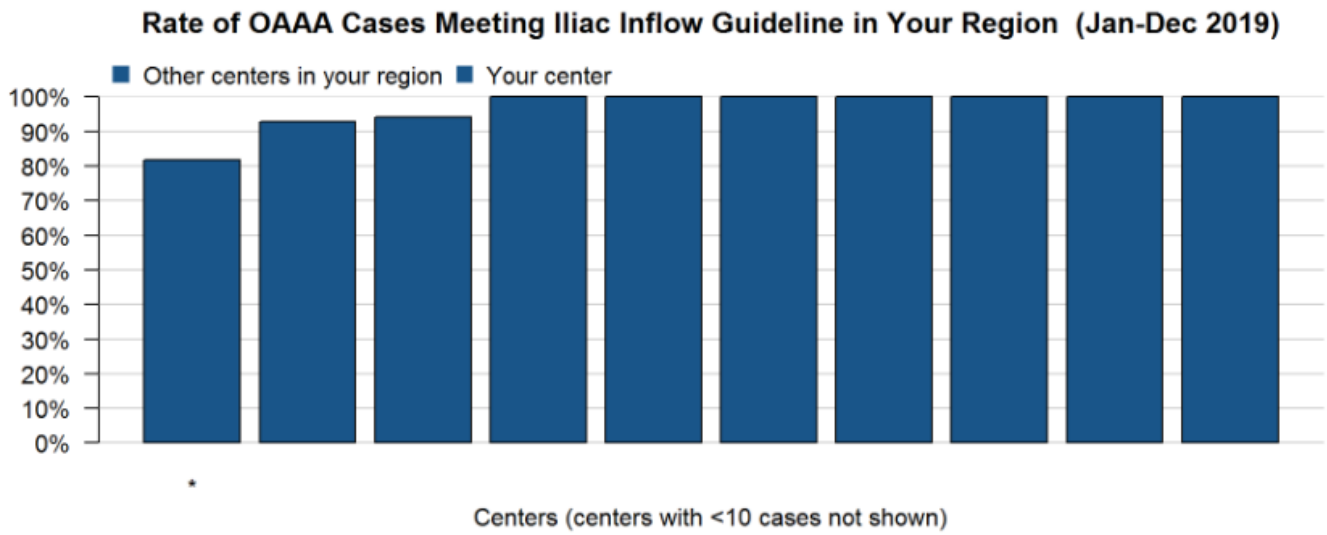
Data for this report include all cases with surgery date between January 1 and December 31, 2019, that had been entered into the VQI as of January 31, 2020. The table below shows the number of OAAA procedures in the VQI, and the percentage of those cases meeting the SVS iliac inflow guideline.

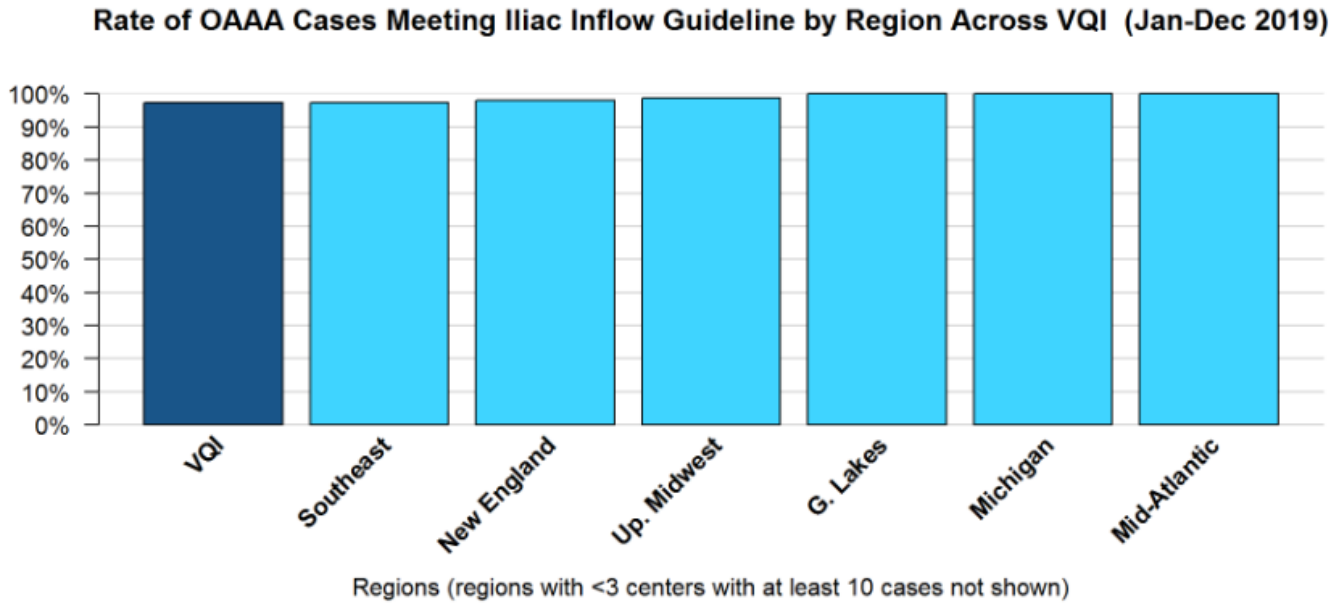
	Your Center	Your Region	VQI Overall
Number of OAAA procedures		203	1171
Percentage meeting iliac inflow guideline		98%	97%

Rate of OAAA Cases Meeting Iliac Inflow Guideline by Year



Regional data are not shown for the region with <3 centers with at least 10 cases.

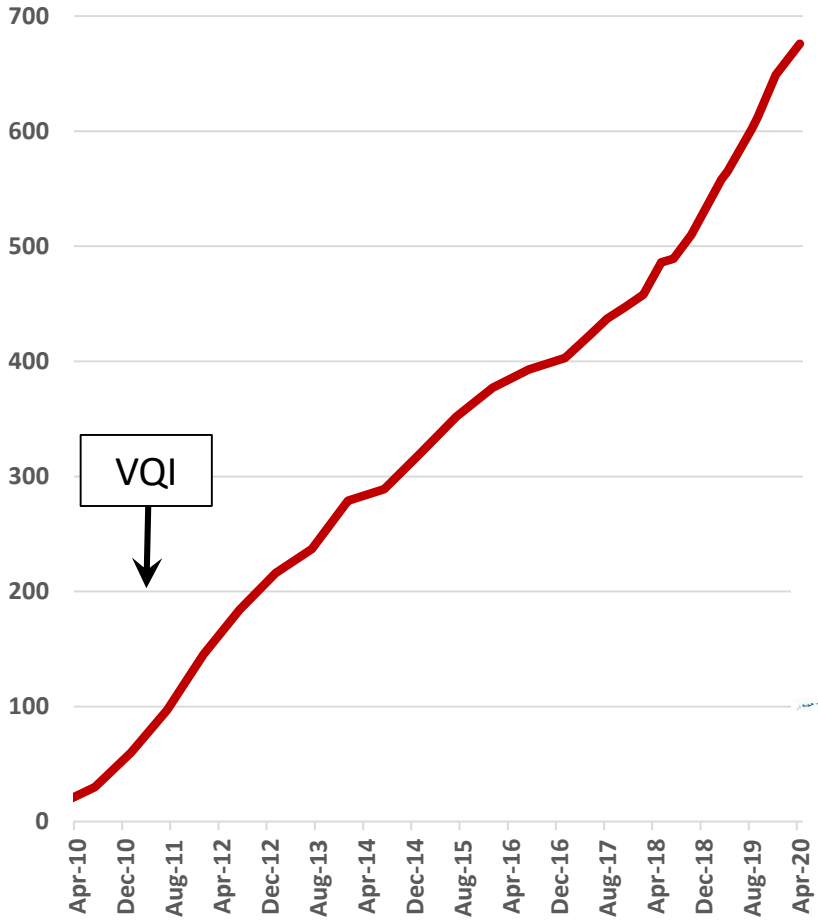

Rate of OAAA Cases Meeting Iliac Inflow Guideline in Your Region (Jan-Dec 2019)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
*
Centers (centers with <10 cases not shown)
"*" indicates center's rate differs significantly from the regional rate.


Rate of OAAA Cases Meeting Iliac Inflow Guideline by Region Across VQI (Jan-Dec 2019)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
VQI
Southeast
New England
Up. Midwest
G. Lakes
Michigan
Mid-Atlantic
Regions (regions with <3 centers with at least 10 cases not shown)
"*" indicates region's rate differs significantly from the VQI rate.

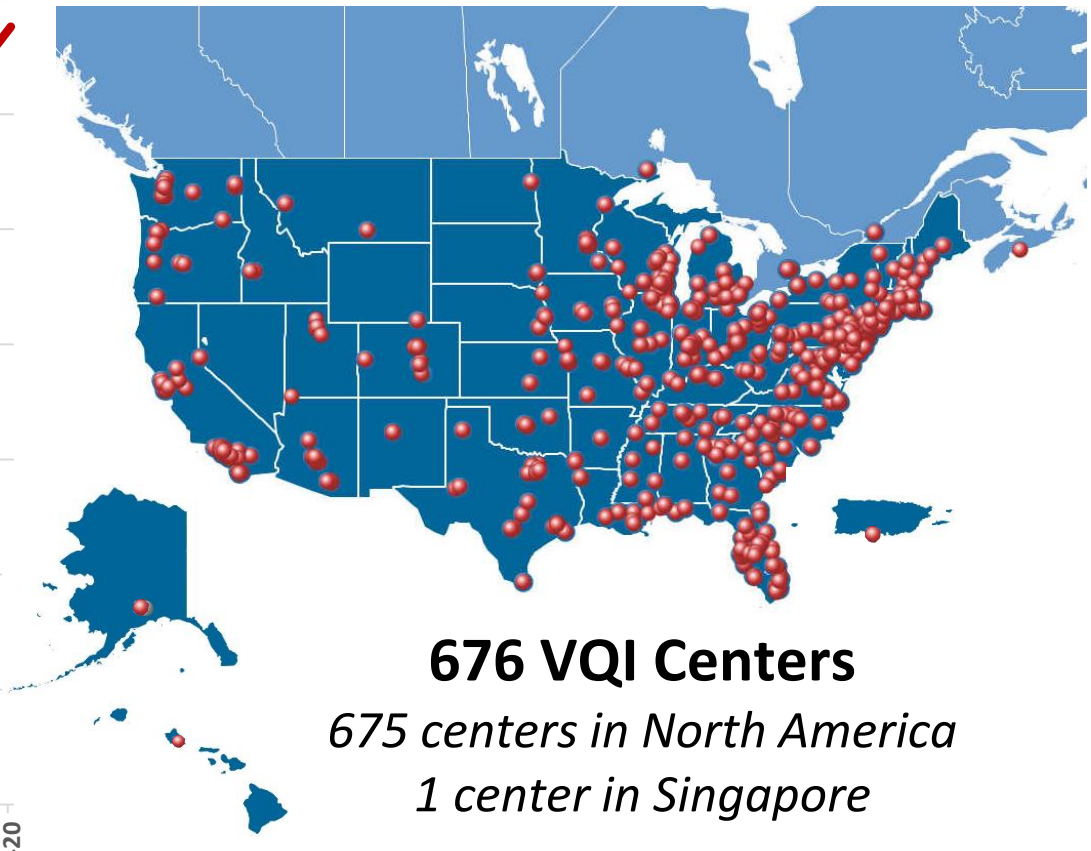
National VQI Update:
Jens Jorgensen, MD, SVS PSO

SVS | VQI

Number of Participating Centers



Location of VQI Participating Centers



676 VQI Centers

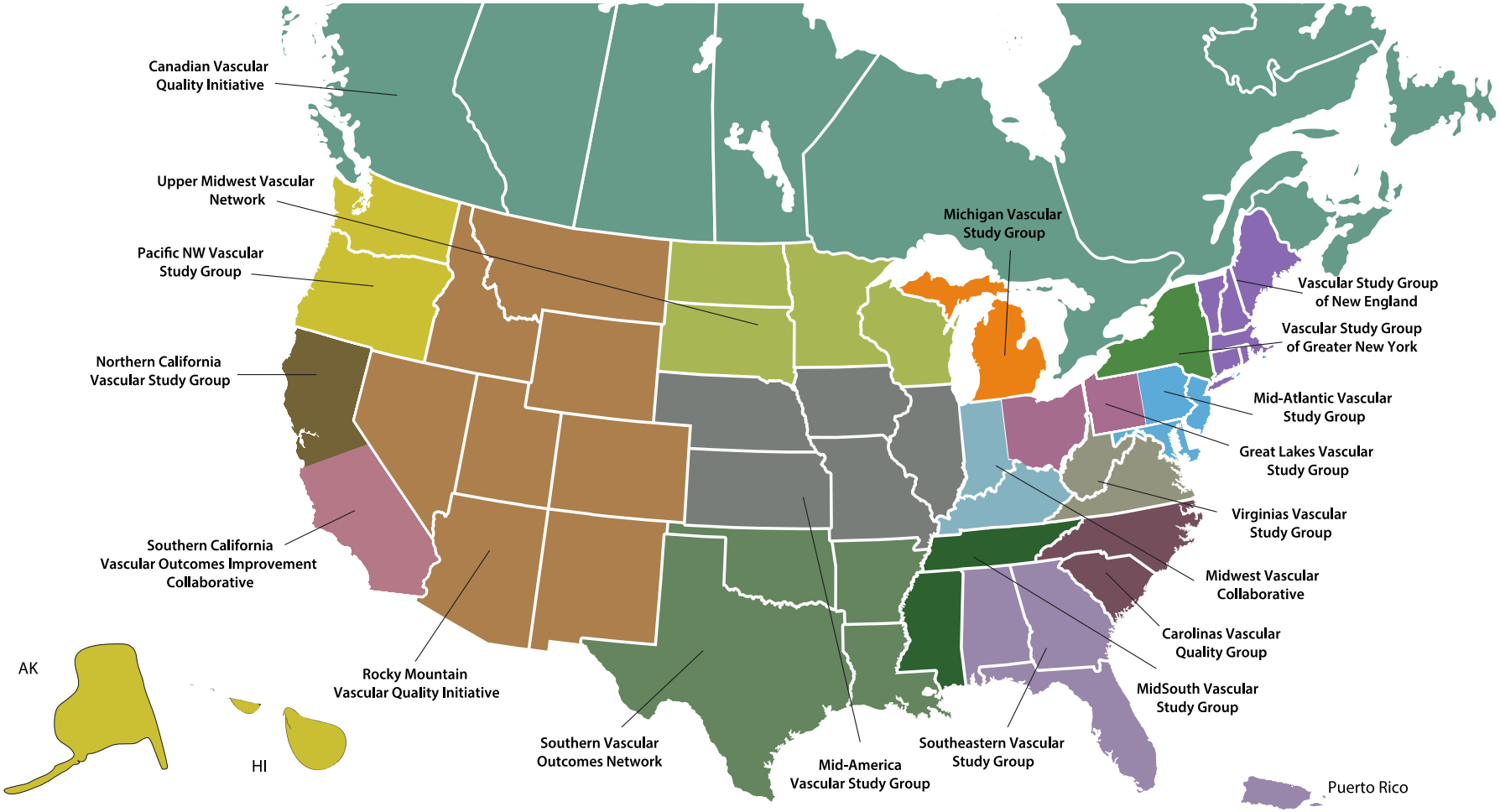
675 centers in North America

1 center in Singapore

SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine | VASA | SVU Society for Vascular Ultrasound

SVS | VQI

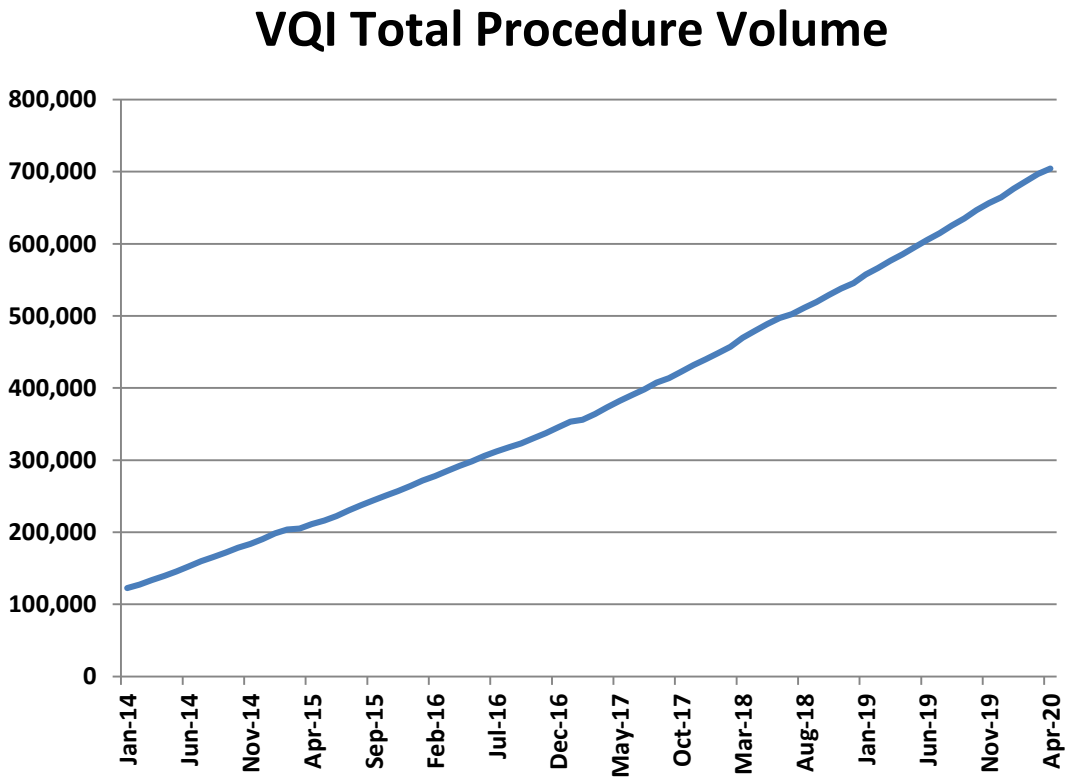
18 Regional Quality Groups



SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine | VASA | SVU Society for Vascular Ultrasound

SVS | VQI

Total Procedures Captured (as of 5/1/2020)	704,619
Peripheral Vascular Intervention	228,367
Carotid Endarterectomy	139,636
Infra-Inguinal Bypass	60,601
Endovascular AAA Repair	56,244
Hemodialysis Access	55,787
Carotid Artery Stent	41,829
Varicose Vein	38,658
Supra-Inguinal Bypass	19,945
Thoracic and Complex EVAR	18,015
Lower Extremity Amputations	17,759
IVC Filter	14,135
Open AAA Repair	13,640



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

SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine | VASA | SVU Society for Vascular Ultrasound

VQI@VAM UPDATE

SVS | VQI

- Cancellation
  - Registration refunds or rollover of registration fees please follow the link below:
    - https://vascular.org/vam
  - Virtual Education Programming
  - Beginning week of June 22
  - Online format
  - 1-2 hour sessions
  - Over a time range of 6-8 weeks
  - All sessions will be recorded for later viewing

COVID-19 Announcement:

SVS | VQI

Formal announcement sent 4/9/2020

- Follow up
- Re-deployed personnel case abstraction
- Remote attendance regional meeting credit

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

- Validation: 2019 selected sites will have 2 years to complete the process

Quality Improvement Activities

VQI NATIONAL INITIATIVES:

- **EVAR: LTFU Imaging Sac Diameter**
  - How do we move the bar?
- **Discharge Medications: Statin and Antiplatelet**
- Other suggestions for National QI Initiatives?

2019 QUALITY IMPROVEMENT

SVS | VQI

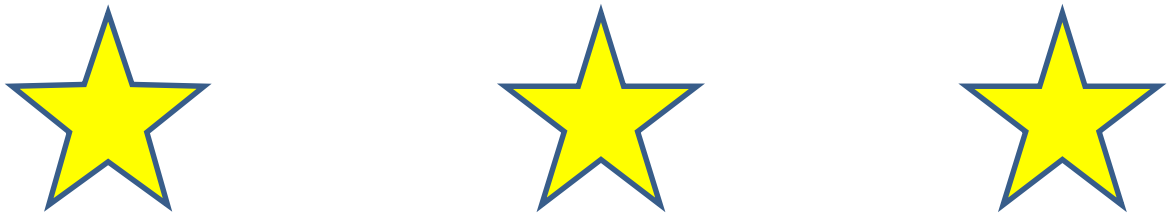
- Thirty seven charters submitted
  - LTFU – 9 (EVAR Imaging, IVCF, general LTFU)
  - D/C Medications – 20
  - Clinical – 3 (LOS, limb salvage)
  - Documentation – 5 (ABIs, Frailty project, ABIs – QOL)
- Focused phone calls were well attended
- Four QI webinars with presentations from five data managers!

2020 Participation Award Criteria

Approved by the SVS PSO Executive Board

3 STAR AWARD RECIPIENTS

- Baystate Medical Center
- Beth Israel Deaconess Medical Center
- Boston Medical Center
- Yale-New Haven Hospital



2020 PUSH REPORT SCHEDULE:

SVS | VQI

Deliverable	Data Cut
Regional Reports	
Spring 2020	1-Feb-20
Fall 2020	1-Jul-20
Center Dashboards	
Fall 2019	1-Sep-19
Winter 2019	1-Dec-19
Cumulative	1-Dec-19
Spring 2020	1-Mar-20
Summer 2020	1-Jun-20
Fall 2020	1-Sep-20
Quarterly QI Reports (DC meds/EVAR Imaging)	
2019, Report 3	1-Oct-19
2020, Report 1	1-Apr-20
2020, Report 2	1-Jul-20
2020, Report 3	1-Oct-20
Participation Awards	1-Feb-20

RELEASE OF REGISTRY UPDATES:

SVS | VQI

- **Hemodialysis Access Revisions:** Q3 2019
- **NEW Venous Stent Registry:** Q3 2019
- **Varicose Vein:** Released in Q1 2020
- **NEW Vascular Medicine Registry:** Q1 2020 (collaboration with SVM and AHA)
- **2020 Planned Revisions:**
  - Infra, Supra
  - Open AAA (adding thoracoabominal)

NEW VENOUS STENT REGISTRY

SVS | VQI

Inclusion Criteria:

Percutaneous (closed) and/or cut-down (open) procedures to treat patients with symptomatic venous obstructions due to chronic thrombosis and/or some venous compression disorders. Vessels included: Inferior Vena Cava, Common iliac vein, External iliac vein, Common Femoral Vein, Deep Femoral Vein, Femoral Vein, Popliteal Vein.

- Acute obstruction of the Vein;
- Chronic thrombotic obstruction= Chronic Stenosis/Obstruction of the Vein;
- Non-thrombotic stenosis/compression such as May Thurner (iliac vein compression syndrome)

Exclusion Criteria:

- Venous Stent of the Internal Iliac (hypogastric), Great Saphenous Vein, Superior vena cava, Renal Veins, Subclavian vein, Jugular vein, Innominate vein and any upper extremity veins
- Vein Diameters that are not treatable per stent sizing recommendations
- Venous Inflow or Outflow issues precluding stent placement

NEW VASCULAR MEDICINE REGISTRY

SVS | VQI

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 adventious 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

DATA AUDITS:

- **Pathways Audit Tool:**
  - Potential error in data entry
- **Third Party Source Data Audits:**
  - Upload data into their share a file
  - Randomly selected sites and procedures
  - Phase III will require SVS to collect the data

YOUR OPINION MATTERS!

SVS | VQI

Recent Surveys

- **VQI Excluded Cases Survey:** Interest in a tool to track excluded cases according to the VQI exclusion criteria?
- **Claims Validation Process:**
  - Spread out over 3 years or do all registries once every 3 years?
  - Only applies to centers with more than 6 registries
  - VOLUNTARY!

PACLITAXEL, MORTALITY, AND VQI

SVS | VQI

December, 2018 - Katsanos meta-analysis reported increased mortality with Paclitaxel devices at 2-5 years

VQI used Data Extraction and Longitudinal Trend Analysis (DELTA), a risk adjusted software application designed for signal detection in clinical registries, to evaluate mortality of Paclitaxel devices in PVI registry

PACLITAXEL ON-GOING WORK:

- In conjunction with RAPID
  - MDEpiNet Registry Assessment of Peripheral Interventional Devices
- Two additional studies planned
  - Lead by Dr. Bertges and Dr. Jorgensen
  - Prospective DELTA analysis
    - Lahey Clinic Data Extraction and Longitudinal Trend Analysis
    - Active surveillance for early signal detection
  - VISION Medicare claims match analysis
    - MDEpiNet Vascular Implant Surveillance and Interventional Outcomes Network
    - Claims linkage allows long term follow up

Data Managers' Update:
Patty Bozeman, APRN, CVN

Arterial Quality Council:
Jessica Simons, MD

AQC:

- Opioid Workgroup is formed and charged with putting forth recommendations on how the VQI can be used to track, monitor and benchmark opioid utilization. Pilot planned with Infra.

- Continued refinement to Global Unique Device Identification Database (GUDID) integration in PVI

- Initiating Future Registry Updates
  - Harmonizing Common Variables across all registries
  - Updating Infra/Supra Registries
  - Updating OAAA

AQC:

SVS | VQI

- Structured Notes: use the structured note as a standard for all providers, hospitals, EMR's, societies, registries to be used as a template
  - Collaborative Workgroup: SVS, STS, SNIS, ACS, Vascunet, SVS document oversight committee, SVS clinical practice council SVS, EPIC, Cerner, Medstreaming/M2S - technology partner
  - Pilot Project: brief operative note for carotid endarterectomy

PATIENT REPORTED OUTCOMES (PRO)

SVS | VQI

- Patient reported outcomes for PAD increasingly recognized as a valuable measure of our patient care
- VQI developing a plan to provide patient reported data to members
- VQI and SVS committees have recommended Vascu-Qol 6 (VQ6) and EQ5D
- Exploring options for PAD PRO implementation
  - Least burdensome
  - Ideally direct from patient
  - Multi-modal collection (mobile, PC)

Venous Quality Council
Philip Goodney MD

VENOUS QUALITY COUNCIL

SVS | VQI

- Council Transition
  - Dr. Marc Passman new Chair for 2020

- Continued Interest from United Healthcare on collaborating on Appropriateness for Ablations. Could eliminate the need for pre-authorizations.

FORMATION OF THE VENOUS RAC:

SVS | VQI

- Nicholas Osborne, MD – Chair
- Fedor Lurie, MD, PhD, RPVI, RVT – Vice-Chair/Great Lakes

- Regional Members: (only regions where there is venous participation)
  - Pacific Northwest: Mark H Meissner, MD
  - Michigan: Judith C Lin, MD, MBA
  - SoCal: Navyash Gupta, MD
  - New York: Mikel Sadek, MD
  - VSGNE: Anahita Dua, MD
  - Southeastern: Jaime Benarroch-Gampel, MD, MS
  - Virginia's: David J. Dexter, II, MD

- AVF Appointed members:
  - Jose A Diaz, MD
  - Faisal Aziz, MD

- Two at large appointments
  - Marc Passman, MD
  - Jose Almeida, MD

IVC FILTER REPORT: Are you using this?

- The IVC Filter Retrieval Report is a tool to identify IVC Filter procedures which require filter removal.
- If an IVC Filter procedure recorded the use of a temporary filter, the procedure will be listed on the report as requiring filter retrieval.
- If a follow-up form has been created recording either that the filter has been retrieved, attempt at retrieval or the decision was made not to retrieve it, then the procedure will be excluded from the report.

AUTOMATED EMAIL NOTIFICATION SYSTEM: Are you using this?

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- Launched by VQI August 2017
- Sites can set up reminders to be automatically sent for all temporary filters
- 30, 60, 90 day reminders
- Ability to send to anyone
  - Physician
  - Office Staff

Venous Quality Council:

- Venous Stent Registry Launched October 2019
- Contact VQI@M2S.com to join the registry!

"COVER":
Consortium Of VEnous Registries:

SVS | VQI

- **Stakeholders:**
  - Society for Vascular Surgery (SVS) Vascular Quality Initiative (VQI)
  - American Venous Forum (AVF)
  - American Vein & Lymphatic Society (AVLS) Patient Reported Outcome (PRO)
  - MDEpiNet
  - FDA
  - Venous Industry Partners

- **Objectives:**
  - Combine resources, talent and information of VQI and AVLS PRO registries to promote better understanding of optimal treatment of superficial venous disease by harmonizing data elements for interoperability

Research Advisory Council
Jeffrey J Siracuse, MD

CHANGE IN RAC POLICIES!

- Policy on RAC requests related to industry studies
  - TCAR, Cook dissection stent
  - Regional will look over, comment and pass on
- Policy on product identification for approved RAC Requests
  - Requires statistical submitted to the VQI
  - Requires national approval
  - All submission for meetings/journals need approval
- Conflict of Interest policies revised based on these new policies – disclose on submission related above
- All posted on the SVS VQI website

NATIONAL RESEARCH PROCESS

SVS | VQI

Proposal ARTERIAL Submissions

August 2020

Call for Proposals: June 9, 2020
Due Date: July 20 , 2020
Meeting: August 10, 2020
Notification Sent: August 14, 2020

October 2020

Call for Proposals: August 11, 2020
Due Date: September 28, 2020
Meeting: October 12, 2020
Notification Sent: October 16, 2020

RAC UPDATE - REMINDER

- No Restriction of data release based on similar projects; collaboration is encouraged
- Only 1 refresh of data within 24 months of initial approval
- Industry related projects need to collaborate with the steering committee/s (i.e. TCAR)
  - Review policy and industry charters on the web
- Product Identification Policy: review on the web before submitting proposal

VSGNE RAC Members

- Jeffrey Siracuse, MD, Chair (BMC)
- Yvon Baribeau, MD (Catholic Medical Center)
- Cassius Ochoa-Chaar, MD (Yale)
- Mark Conrad, MD (MGH)
- Philip Goodney, MD (DHMC)
- Kimberly Malka, MD (MMC)
- Katelynn Ferranti, MD (UVM)
- Douglas Jones, MD (UMassMemorial)
- Carla Moreira, MD (Lifespan)
- Marvin Morris, MD (Baystate)
- Marc Schermerhorn, MD (BIDMC)
- Parth Shah, MD (Hartford Healthcare)

NATIONAL RESEARCH PROCESS

SVS | VQI

Check Approved Project List

https://www.vqi.org/data-analysis/rac-approved-project-search/

To submit a proposal to be considered for the National Arterial RAC, please follow the link below: http://abstracts123.com/svs1/

VSGNE RAC Proposals

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Jeffrey Siracuse, MD, and Scott Levin, MD	BMC	Outcomes of Axillofemoral Bypass for Claudication	Nov-19
Jeffrey Siracuse, MD, and Scott Levin, MD	BMC	Outcomes of Shunting by CEA Technique	Nov-19
Douglas Jones MD, and Kris Boelitz, MD	BMC	Outcomes of peripheral endovascular intervention in patients with and without previous revascularization	Dec-19
Jeffrey Siracuse, MD, and Scott Levin, MD	BMC	Outcomes of Drain Placement During CEA	Jan-20
Ed Aboian MD	Yale	Evaluation of contemporary endovascular therapy for long femoropopliteal lesions	Feb-20
Mengdi Yao MD, Marc L. Schermerhorn MD	BIDMC	Predictors of Adverse Outcomes in Emergent TEVAR	Feb-20
Mark Conrad MD	MGH	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?	Feb-20
Jeffrey Siracuse MD, Scott Levin MD	BMC	Comparing Long-Term Postoperative Survival by Peripheral Arterial Disease Type	Feb-20
Douglas Jones	BMC	Advanced Quality Metrics in Aortic Aneurysm Repair	Feb-20
Carlos Mena, MD	Yale	Trends in utilization of Drug Coated Balloons and Drug-Eluting Stents for treatment of Peripheral Artery Disease after Centers for Medicare and Medicaid Reimbursement Change and the 2018 Katsanos Meta-analysis.	Apr-20
Chien Yi Maximilian Png, MD; Mark Conrad, MD	MGH	Global Abdominal Aortic Aneurysm Treatment	Apr-20
S. Elissa Altin, MD, Qurat-Ul-Ain Jelani, MD	Yale	Patterns of Revascularization by Sex in Patients with Peripheral Artery Disease Undergoing Endovascular Interventions	Apr-20
Kirsten Dansey MD, Marc Schermerhorn	BIDMC	Abdominal Aortic Aneurysm Screening guidelines and its effect on ruptured aneurysms	Apr-20
Scott Levin, MD; Jeffrey Siracuse, MD	BMC	Correlation of Preoperative Vein Mapping with Arteriovenous Access Type	Apr-20
Scott Levin, MD; Jeffrey Siracuse, MD	BMC	Variation in Outcomes of Interventions for Intermittent Claudication by Gender	Apr-20
Cassius Iyad Ochoa Chaar	Yale	High risk for failure with femoropopliteal peripheral vascular interventions	Apr-20

PubMed.gov

"Vascular Study Group of New England" or vsgne

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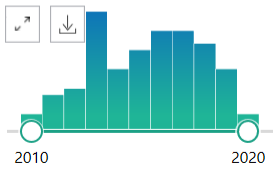
84 results

RESULTS BY YEAR



1 Adverse cardiac events after vascular surgery are prevalent despite negative results of preoperative stress testing.

Columbo JA, Barnes JA, Jones DW, Suckow BD, Walsh DB, Powell RJ, Goodney PP, Stone DH.

J Vasc Surg. 2020 Apr 1:S0741-5214(20)30179-8. doi: 10.1016/j.jvs.2020.01.061. Online ahead of print.

PMID: 32247699

METHODS: We reviewed all patients who underwent elective open abdominal aortic aneurysm repair, suprainguinal bypass, endovascular aneurysm repair (EVAR), carotid endarterectomy (CEA), and infrainguinal bypass within the **Vascular Study Group of New** ...

PubMed.gov

("Vascular Quality Initiative" or VQI) AND (MA or ME or NH or VT, or CT)

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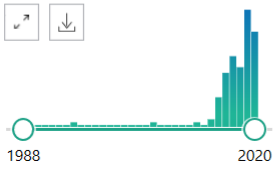
MY NCBI FILTERS

118 results

RESULTS BY YEAR



1 Postcontrast acute kidney injury after Peripheral Vascular Interventions in Kidney Transplant Recipients.

Lee SR, Dardik A, Ochoa Chaar CI.

Ann Vasc Surg. 2020 May 16:S0890-5096(20)30397-6. doi: 10.1016/j.avsg.2020.04.057. Online ahead of print.

PMID: 32428641

METHODS: The **Vascular Quality Initiative** files for PVI (2010-2018) were reviewed. Patients on dialysis were excluded. PC-AKI was defined by **VQI** as creatinine increase ≥0.5mg/dl, or new dialysis requirement.

Governing Council
Philip Goodney, MD

GC MEETING AT VEITH 2019:

SVS | VQI

- Approved New RAC Policies
  - DUA updated: data can only be shared with individuals directly accountable to the Primary Investigator
  - Non-VQI members cannot have access to VQI BDS
  - Expedited RAC review process
    - Score >= 2.7 w/o special requests automatically approved
    - Score <=1.7 automatically rejected or requests for modifications

GC MEETING AT VEITH 2019, cont

- Regional RAC Policies:
  - SVS PSO staff will review to ensure all regional studies have at least 3 centers with greater than 10 procedures
  - Regions cannot apply for product identification; only considered at National RAC

ASSOCIATE MEDICAL DIRECTORS:

SVS | VQI

- Technical Associate Medical Director
  - Leila Mureebe, MD
- Quality Improvement Associate Medical Director
  - Gary Lemmon, MD
- Report to current SVS PSO Medical Director
  - Jens Jorgensen, MD
- 2 year term, as of April 2020 – can be renewed for 1 additional year

For More Information Contact:

The Bard® LifeStent® Popliteal Artery Stent Project

Charlotte Stirewalt

BardLifeStent@m2s.com

MEETING EVALUATION:

- What did you like about this meeting?
- What can we do better?
- Next meeting location?

2020 YEAR IN REVIEW

PSO would like to compile and share “words of wisdom”, innovative ideas, and regional projects from each regional meeting this year to all members at the end of the year

- What would you like to share from this meeting?
- Email c.bosela@svspso.org

PARTICIPATION AWARD CREDIT!!!

SVS | VQI

PLEASE ELECTRONICALLY SIGN IN FOR PARTICIPATION POINTS!

SVS Society for Vascular Surgery | m2s | Society for Vascular Medicine | VASA