SVS | VQI
In collaboration with NCDR®

Vascular Study Group of New England - VSGNE

Friday, May 19, 2023

10:00 AM – 4:00 PM ET

Hartford Healthcare – Hartford, CT

Hybrid

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

Meeting Attendance Credit

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Before we get started…
Please sign in using your Full Name (First and Last).

In-Person Attendees – Scan the QR code shown and sign in

Remote Attendees – See below instructions (#1-#3)

1. **Click "Participants" in the box at the top or bottom of your screen.**
2. **If your full name is not listed, hover next to your name and you'll see "rename".**
3. **Click and sign in.**

Please note: 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: ALL ATTENDEES must have an ACTIVE PATHWAYS user account to get attendance credit!!!**

Agenda-VSGNE-May 19, 2023

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Time	Topic	CE Credit
10:00 am	Welcome Regional Data Review – Dr. Jeffrey Siracuse, VSGNE Medical Director Learning Objectives: • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • Interpret and compare each centers' VQI results to regional and national benchmarked data. • Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes. • Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	Yes
11:00 am	Regional QI Proposal – Dr. Jeffrey Siracuse, VSGNE Medical Director Learning Objectives: • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • Interpret and compare each centers' VQI results to regional and national benchmarked data. • Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes. • Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	Yes

Agenda (con't)

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Time	Topic	CE Credit
12:00 pm	Lunch	No
1:00 pm	National VQI Update –Jens Jorgensen, MD, PSO Medical Director Learning Objectives: • Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process). • Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	Yes
2:00 pm	Break	No
2:15 pm	Guest Speaker – Salvatore Scali, MD	Yes
3:15 pm	AQC Update – Roger Laham, MD	No
3:20 pm	VQC Update –Nathan Aranson, MD	No
3:25 pm	RAC Update –Jeffrey Siracuse, MD	No
3:35 pm	Governing Council Update –Jeffrey Siracuse, MD	No
3:40 pm	Case Presentations RAC Presentations 1 -7	No
4:00 pm	Open Discussion/Next Meeting/Meeting Evaluation	No

Disclosures

None

Welcome and Introductions

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

Spring 2023 SVS VQI Regional Report Slides

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The VQI Regional Quality Report is produced semiannually to provide centers and regions targeted, comparative results and benchmarks for a variety of procedures, process measures and postoperative outcomes.

The following updates have been implemented to enhance and improve the Spring 2023 VQI Regional Quality Report:

- **Preop Smoking Report Added** - A preop smoking report is now provided. This report displays center-level, regional, and VQI overall rates of current smoking at time of procedure.
- **Smoking Cessation Report Added** - A smoking cessation report is now provided. This report displays center-level, regional, and VQI overall rates of smoking cessation at follow up.

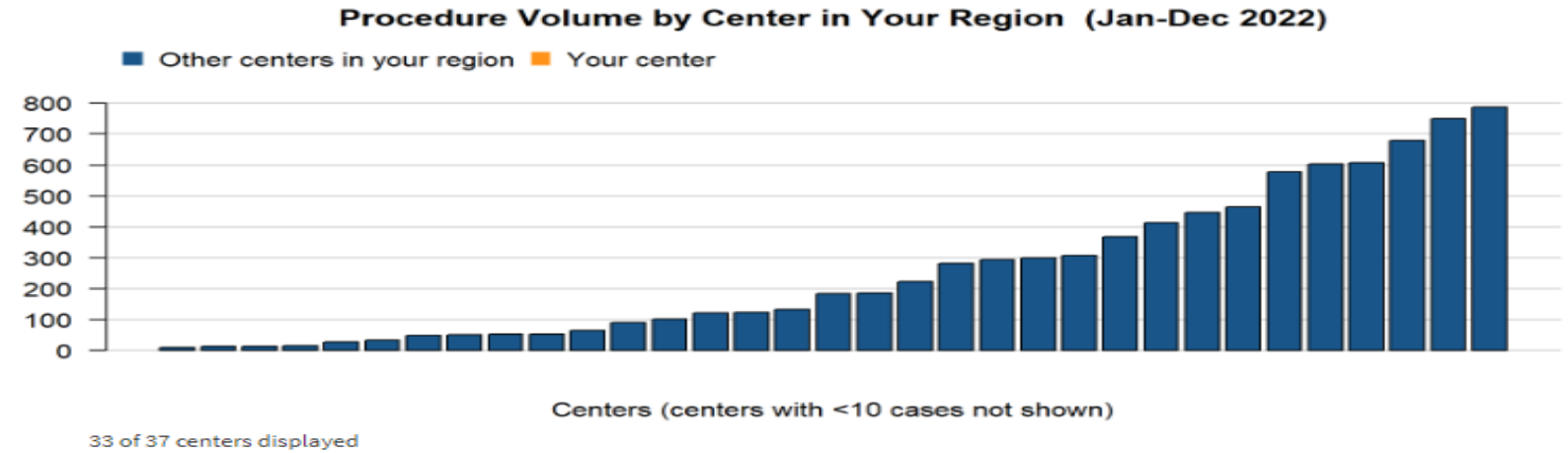
Spring 2023 Regional Data Slides

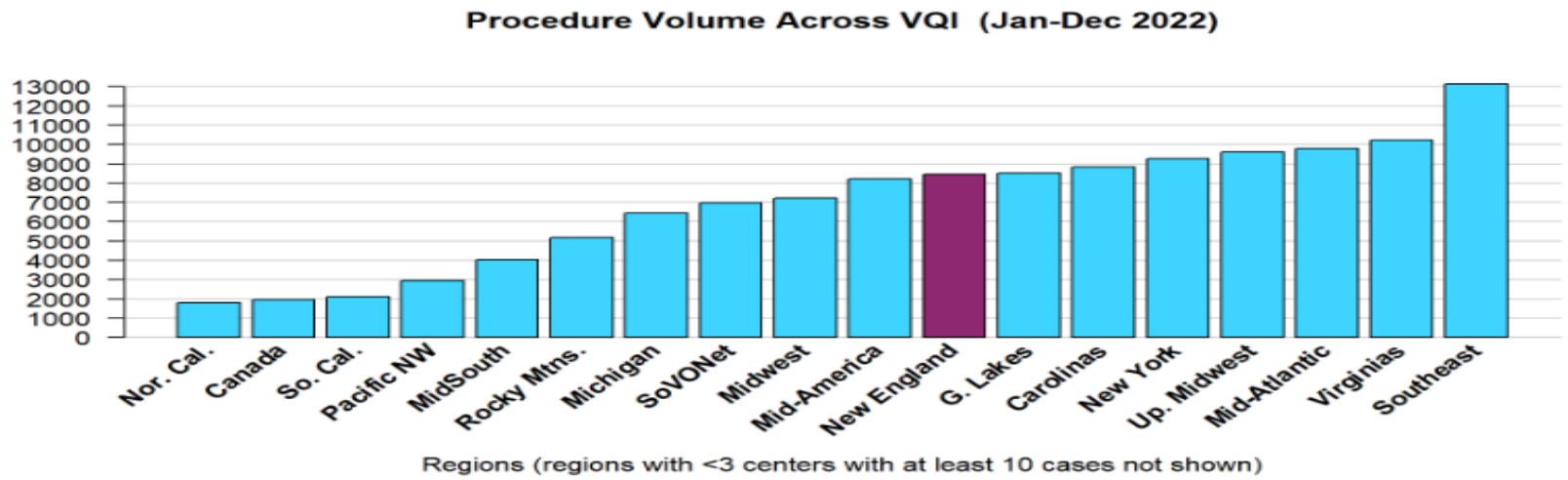
Procedure Volume

Procedures performed between January 1 and December 31, 2022

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

	Your Center (N)	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)		983	20003
CEA		1377	18006
EVAR		526	7759
HDA		408	5664
INFRA		833	6979
IVCF		NA (<3 centers)	1101
LEAMP		167	3365
OAAA		217	1339
PVI		3296	48816
SUPRA		310	2063
TEVAR		337	3665
Varicose Veins		NA (<3 centers)	6500
Overall (Jan-Dec 2022)		8456	125260
Overall (Jan-Dec 2021)		9175	126046


Procedure Volume by Center in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
800
700
600
500
400
300
200
100
0
Centers (centers with <10 cases not shown)
33 of 37 centers displayed

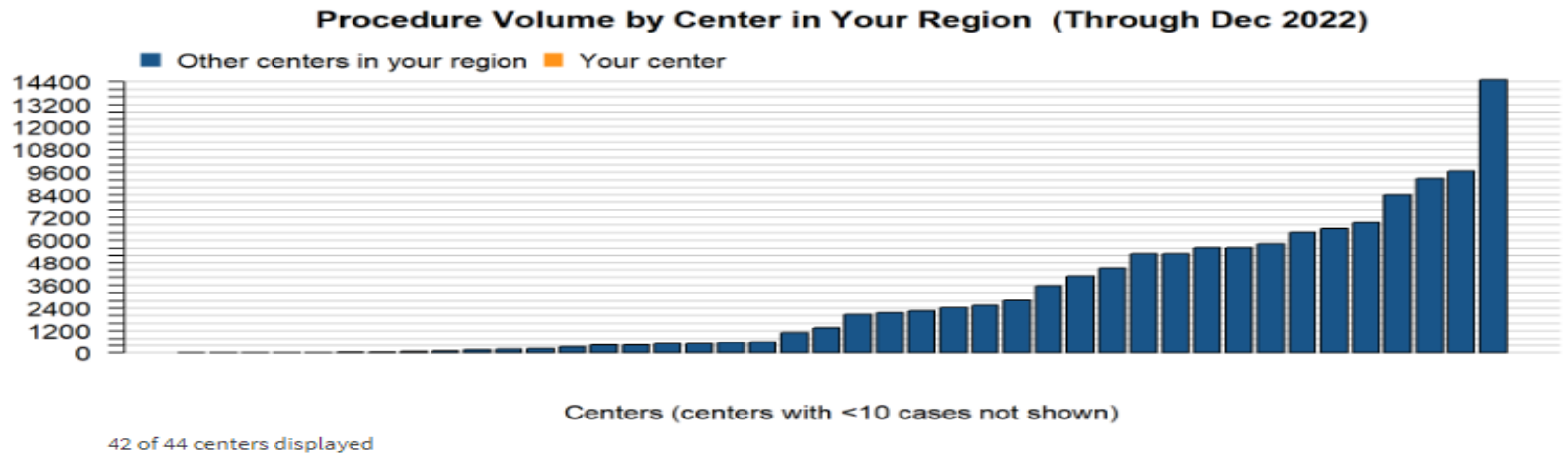

Procedure Volume Across VQI (Jan-Dec 2022)
13000
12000
11000
10000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
Nor. Cal.
Canada
So. Cal.
Pacific NW
MidSouth
Rocky Mtns.
Michigan
SoVONet
Midwest
Mid-America
New England
G. Lakes
Carolinas
New York
Up. Midwest
Mid-Atlantic
Virginias
Southeast
Regions (regions with <3 centers with at least 10 cases not shown)

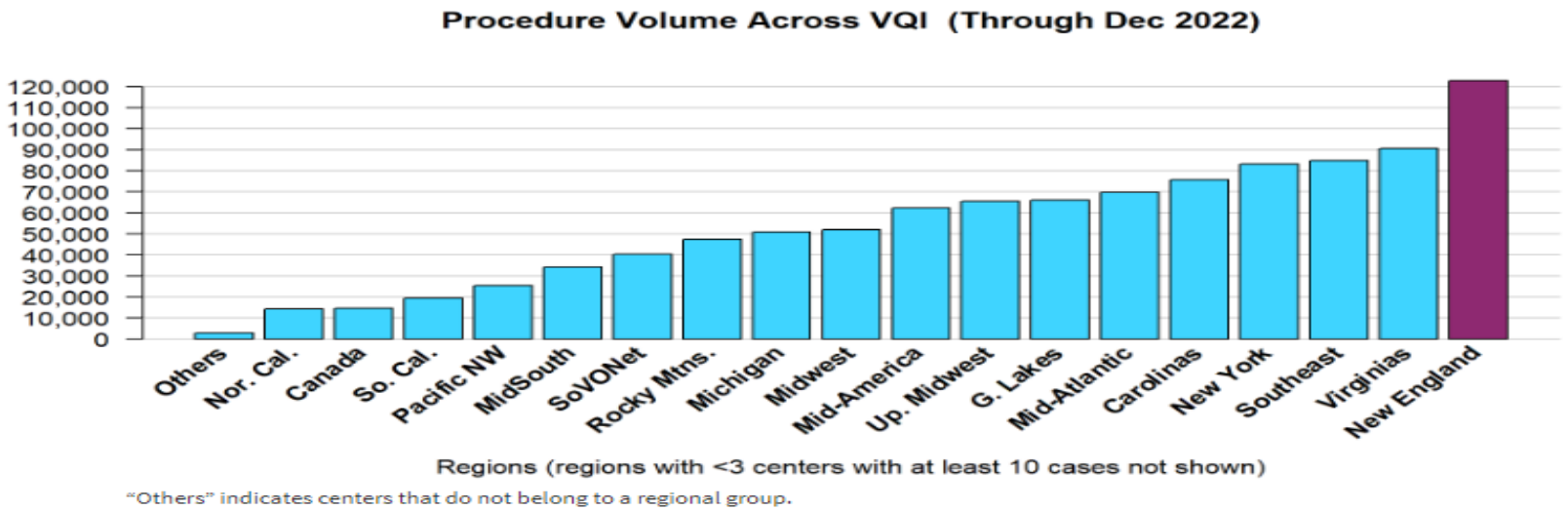
Procedure Volume, All Years

Includes all procedures with procedure date through December 31, 2022

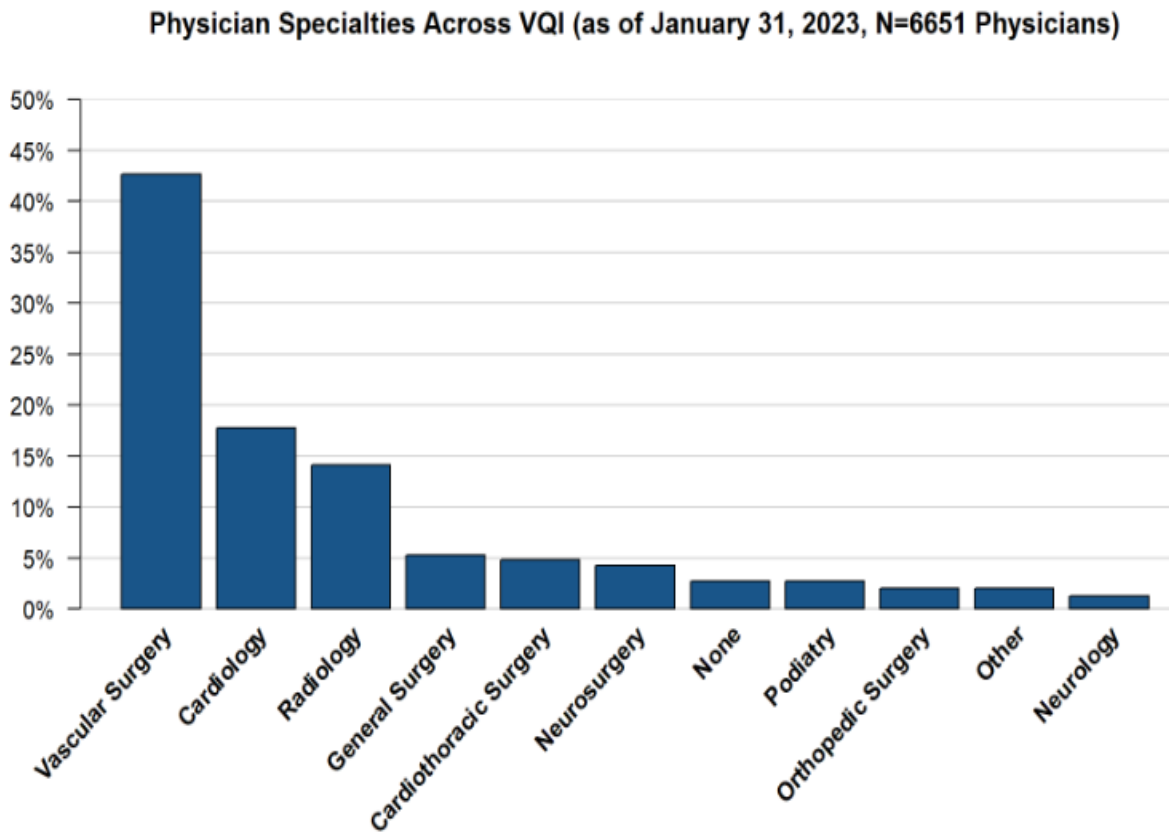
Number of cases entered into the VQI, by registry and overall

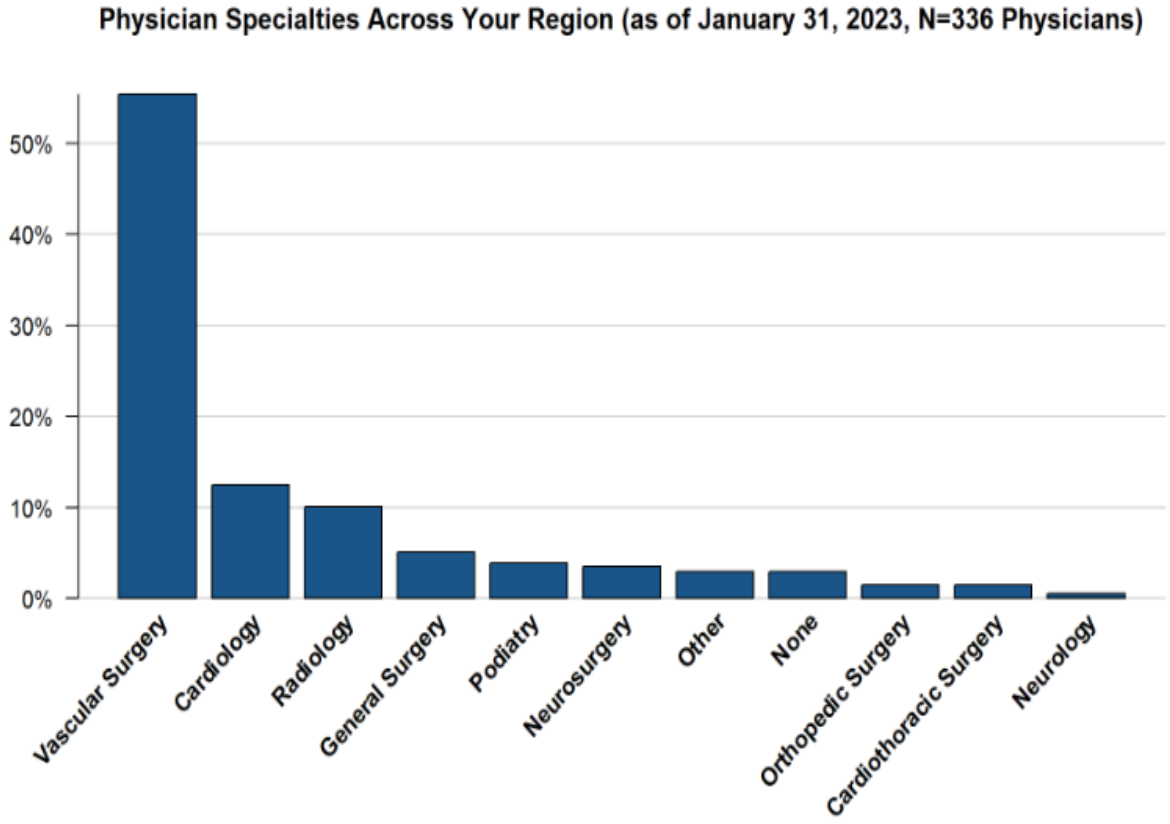
	Your Center (N)	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)		6723	88622
CEA		27921	186348
EVAR		9618	76380
HDA		6247	72316
INFRA		15996	77555
IVCF		NA (<3 centers)	17782
LEAMP		1985	26942
OAAA		4445	17052
PVI		41475	352693
SUPRA		4808	24831
TEVAR		2646	26757
Varicose Veins		970	58547
Overall		122926	1025825


Procedure Volume by Center in Your Region (Through Dec 2022)
Other centers in your region
Your center
14400
13200
12000
10800
9600
8400
7200
6000
4800
3600
2400
1200
0
Centers (centers with <10 cases not shown)
42 of 44 centers displayed


Procedure Volume Across VQI (Through Dec 2022)
120,000
110,000
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
Others
Nor. Cal.
Canada
So. Cal.
Pacific NW
MidSouth
SoVONet
Rocky Mtns.
Michigan
Midwest
Mid-America
Up. Midwest
G. Lakes
Mid-Atlantic
Carolinas
New York
Southeast
Virginias
New England
Regions (regions with <3 centers with at least 10 cases not shown)
"Others" indicates centers that do not belong to a regional group.

Physician Specialties





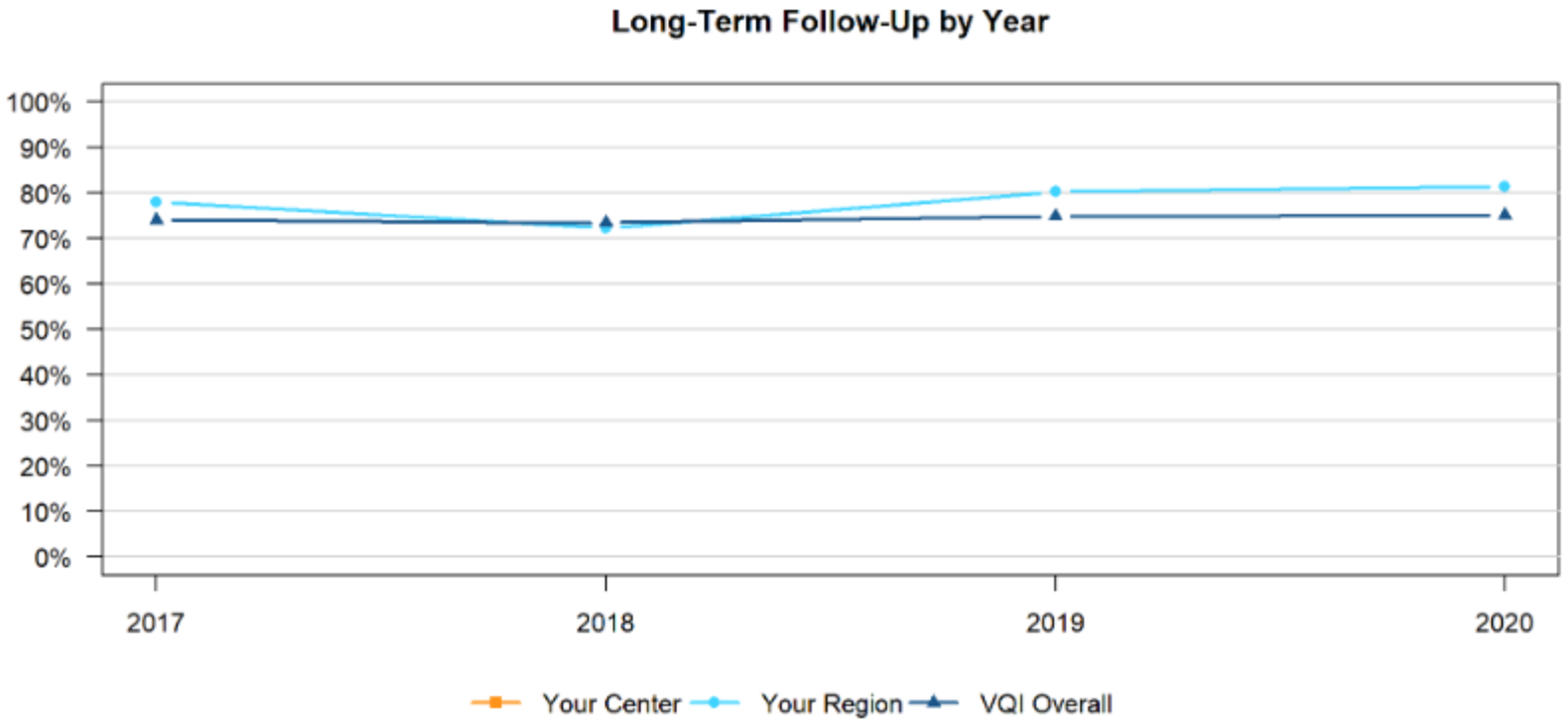
Long-Term Follow-up

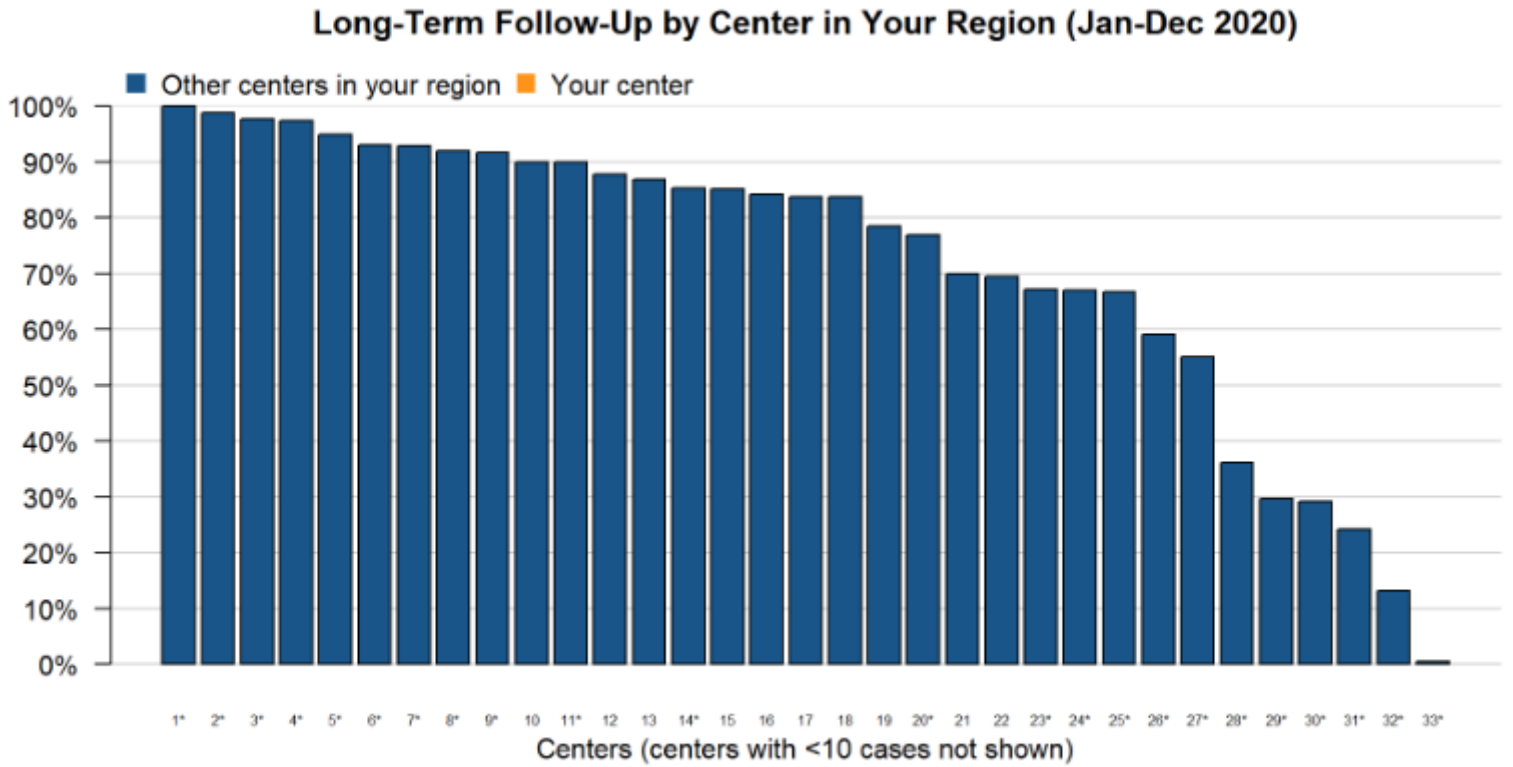
Procedures performed between January 1 and December 31, 2020

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, HDA, INFRA, IVCF, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Excludes procedures not eligible for long-term follow-up.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures with follow-up recorded between 9 and 21 months post-procedure.

	Your Center	Your Region	VQI Overall
CAS		784 (74%)	12510 (72%)
CEA		1447 (79%)	17079 (77%)
EVAR		460 (75%)	6985 (76%)
HDA		416 (92%)	7359 (78%)
INFRA		828 (84%)	7243 (78%)
IVCF		NA (<3 centers)	1526 (82%)
LEAMP		153 (79%)	3301 (75%)
OAAA		168 (79%)	1233 (79%)
PVI		3298 (83%)	39984 (74%)
SUPRA		291 (81%)	2021 (78%)
TEVAR		207 (81%)	2804 (74%)
Overall (Jan-Dec 2020)		8055 (81%)	102045 (75%)
Overall (Jan-Dec 2019)		9316 (80%)	105991 (75%)


Long-Term Follow-Up by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2017
2018
2019
2020
Your Center
Your Region
VQI Overall



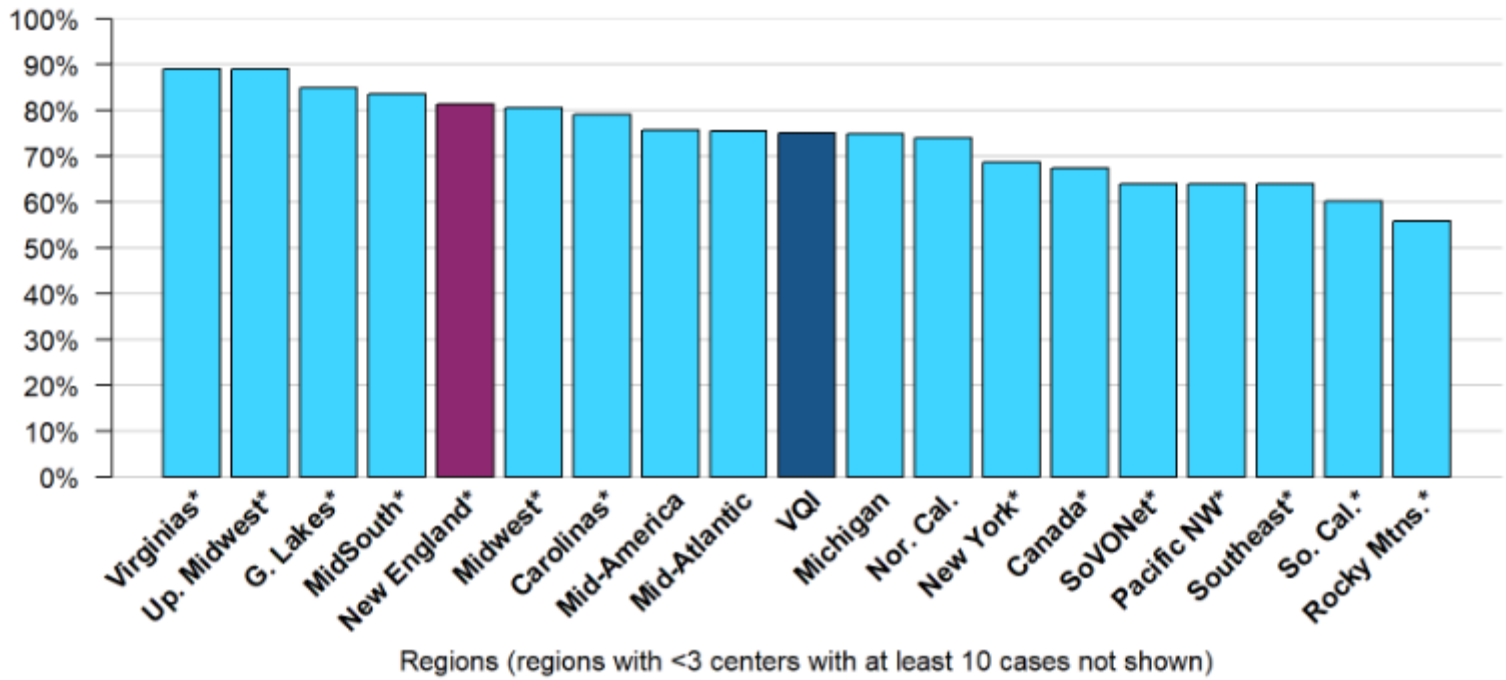
33 of 37 centers displayed

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

Long-Term Follow-Up Unblinding Legend for Your Region

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

Long-Term Follow-Up by Region Across VQI (Jan-Dec 2020)



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

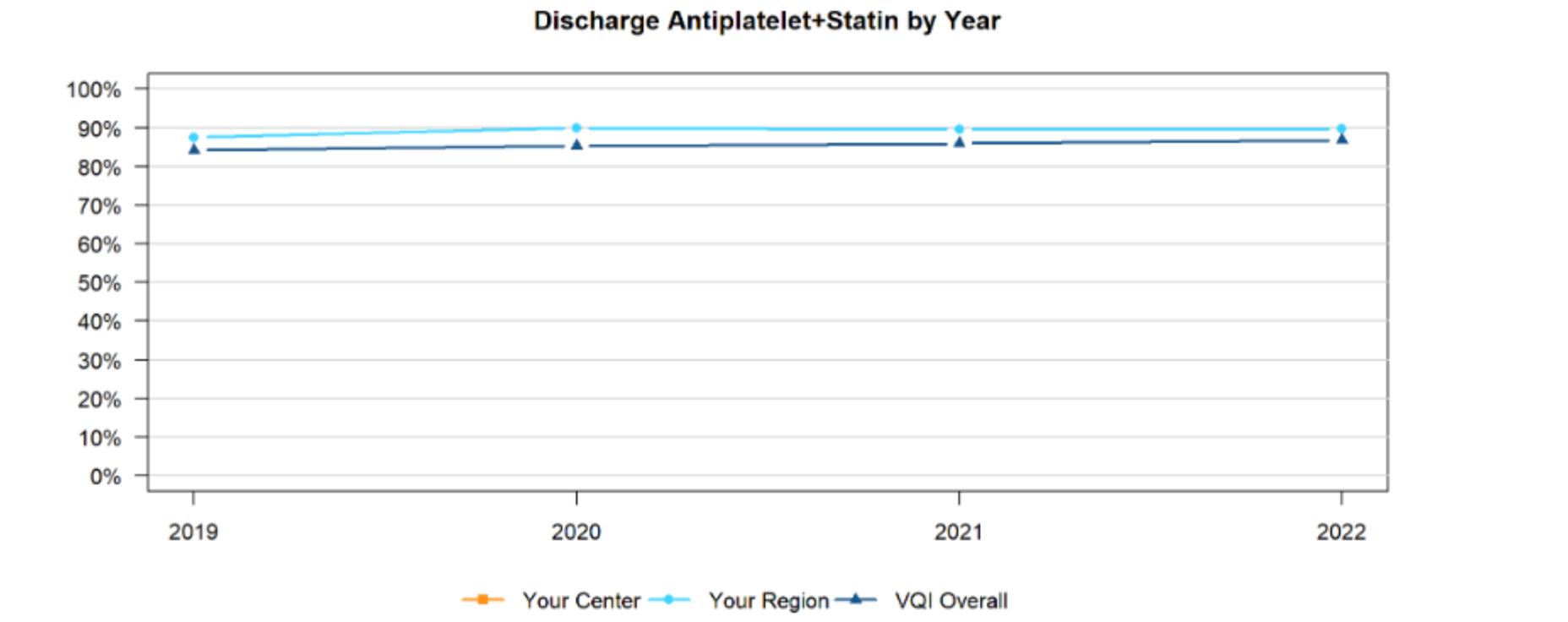
Discharge Medications

Procedures performed between January 1 and December 31, 2022

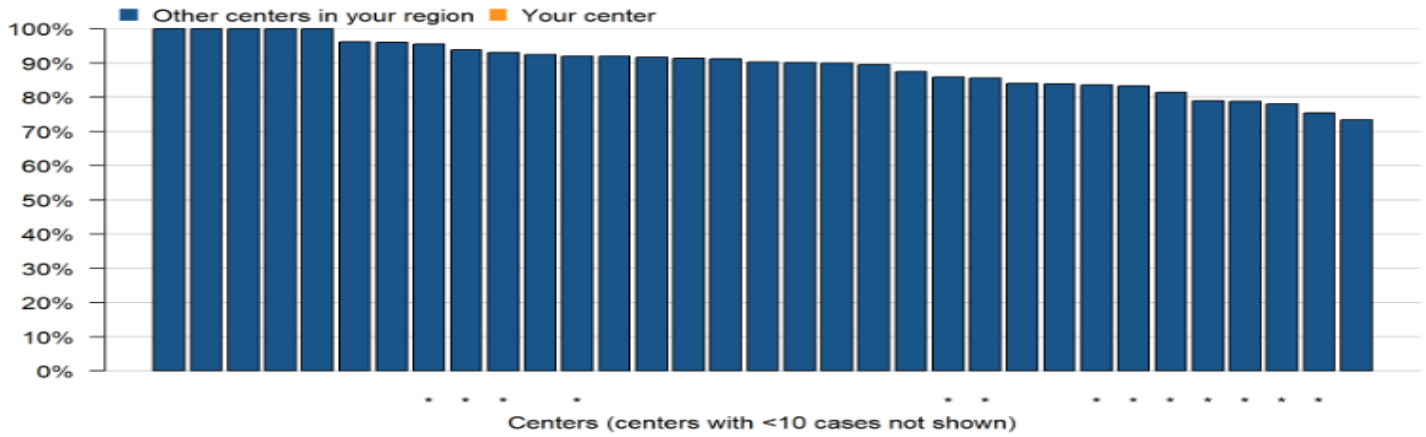
Includes CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Antiplatelet is defined as ASA or P2Y12 inhibitor. Cases are excluded if (1) Discharge Statin = "No, for medical reason" OR (2) Both Discharge ASA = "No, for medical reason" AND Discharge P2Y12 inhibitor = "No, for medical reason" OR (3) An in-hospital death occurred.

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

	Number of Procedures at Your Center	Antiplatelet+Statin	Antiplatelet Only	Statin Only	Neither
CAS					
CEA					
EVAR					
INFRA					
LEAMP					
OAAA					
PVI					
SUPRA					
TEVAR					
Your Center Overall					
Your Region Overall	7636	90%	6%	3%	1%
VQI Overall	105416	87%	8%	3%	2%


Discharge Antiplatelet+Statin by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall

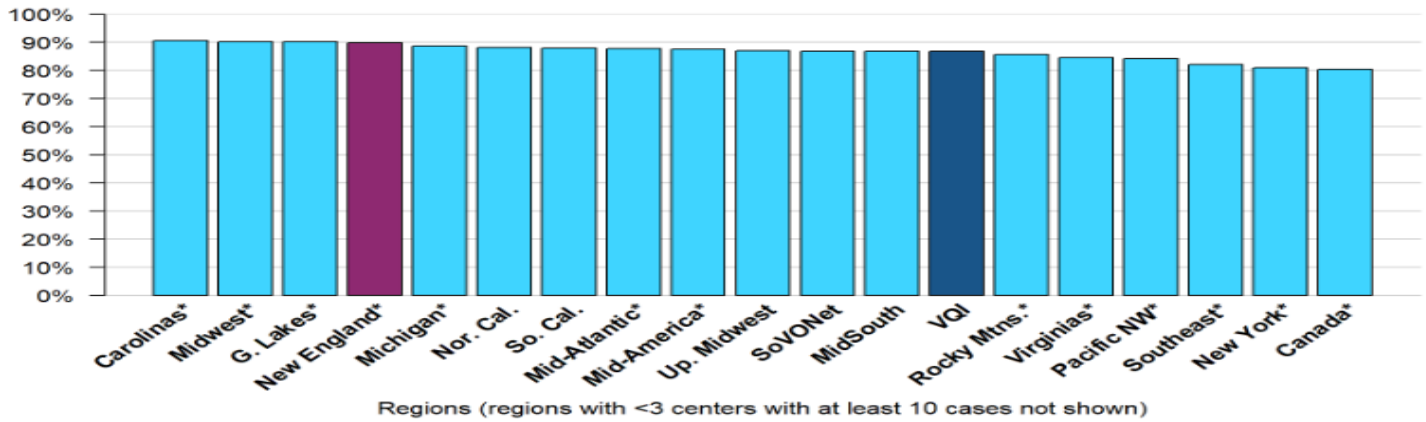
Discharge Antiplatelet+Statin by Center in Your Region (Jan-Dec 2022)



33 of 37 centers displayed

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

Discharge Antiplatelet+Statin by Region Across VQI (Jan-Dec 2022)



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

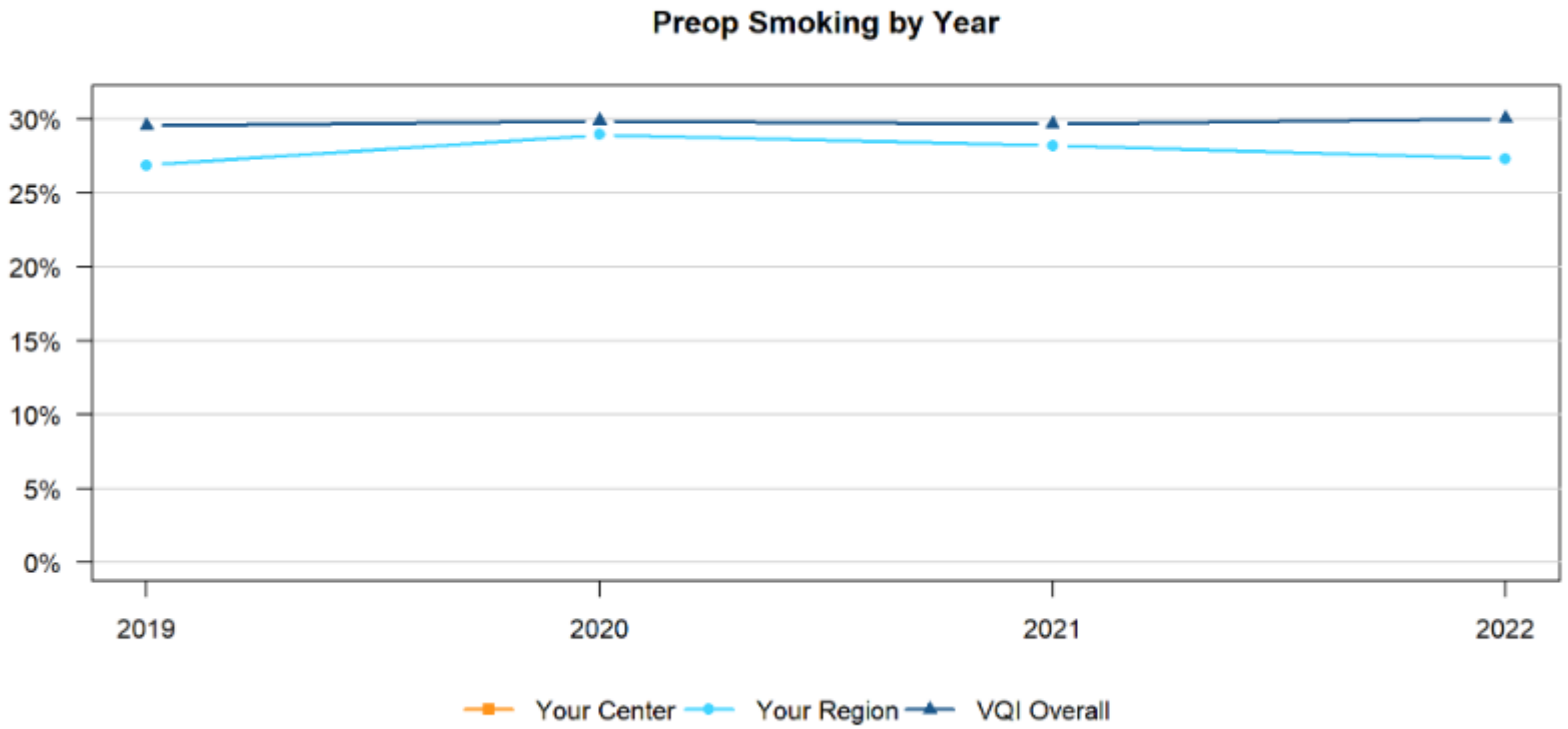
Preop Smoking

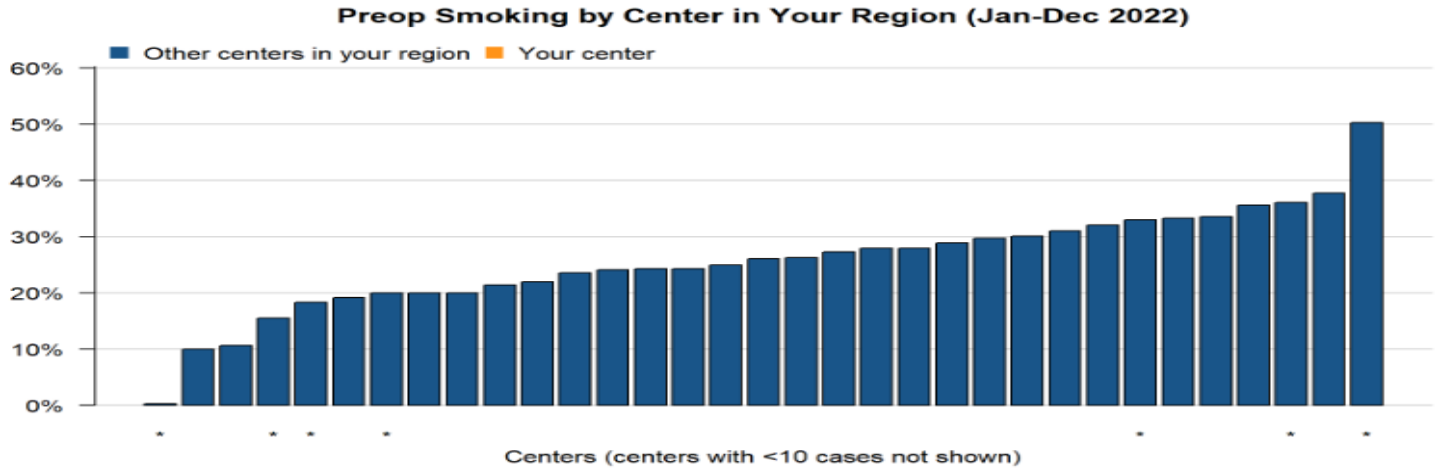
Procedures performed between January 1 and December 31, 2022

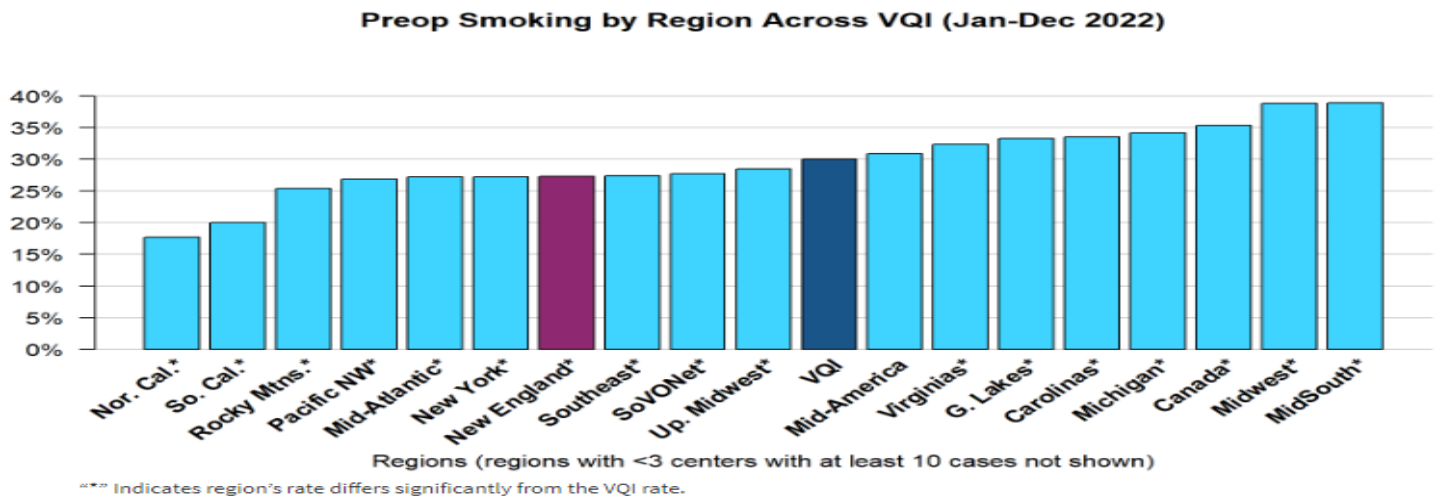
Includes elective CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures where the patient was still smoking within one month of the procedure.

	Your Center	Your Region	VQI Overall
CAS		780 (19%)	15892 (22%)
CEA		1150 (23%)	15161 (25%)
EVAR		449 (30%)	6490 (32%)
INFRA		592 (35%)	5229 (39%)
LEAMP		72 (29%)	1604 (26%)
OAAA		163 (38%)	992 (42%)
PVI		2686 (27%)	37730 (33%)
SUPRA		218 (53%)	1550 (55%)
TEVAR		245 (26%)	2575 (30%)
Overall (Jan-Dec 2022)		6355 (27%)	87223 (30%)


Preop Smoking by Year
30%
25%
20%
15%
10%
5%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall


Preop Smoking by Center in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
60%
50%
40%
30%
20%
10%
0%
Centers (centers with <10 cases not shown)
33 of 36 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


Preop Smoking by Region Across VQI (Jan-Dec 2022)
40%
35%
30%
25%
20%
15%
10%
5%
0%
Nor. Cal.*
So. Cal.*
Rocky Mtns.*
Pacific NW*
Mid-Atlantic*
New York*
New England*
Southeast*
SoVONet*
Up. Midwest*
VQI
Mid-America
Virginias*
G. Lakes*
Carolinas*
Michigan*
Canada*
Midwest*
MidSouth*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

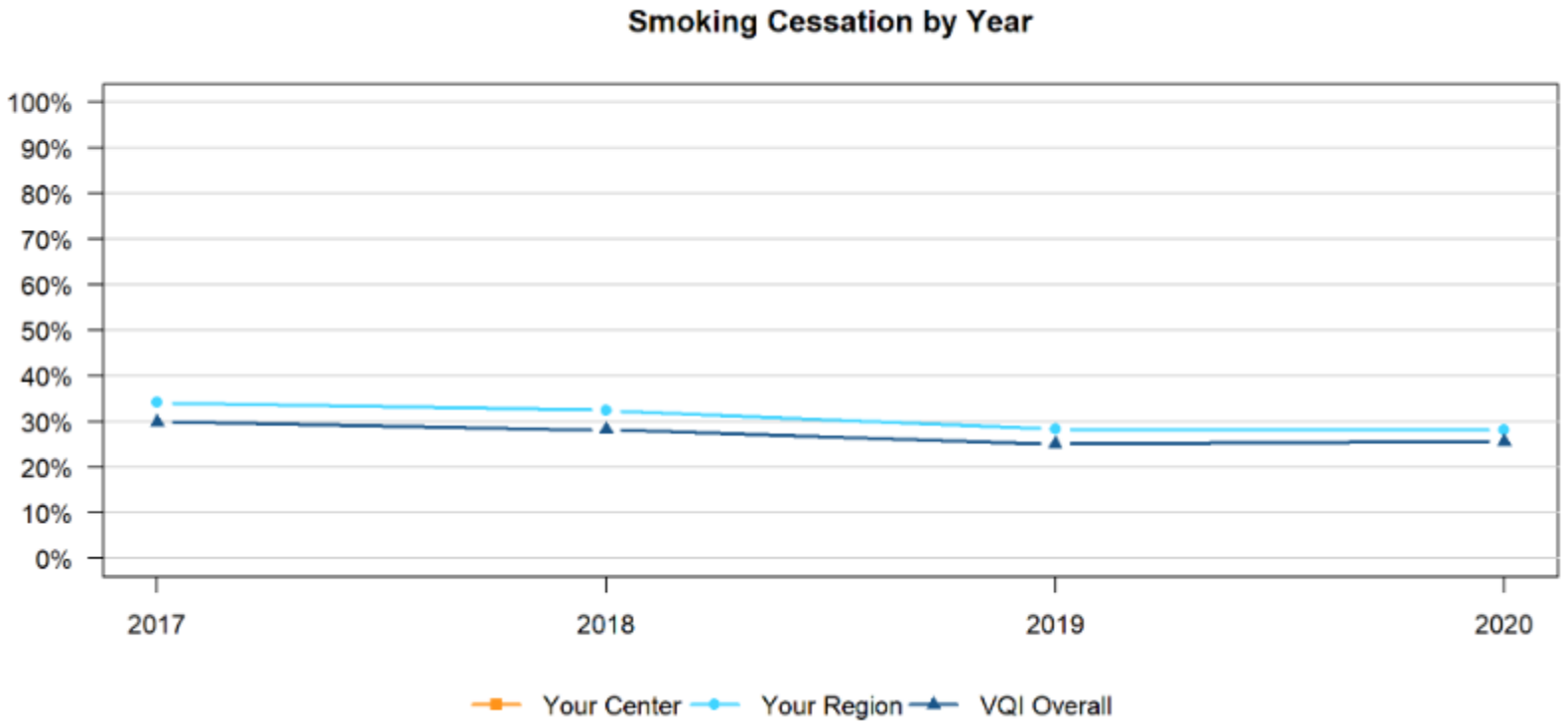
Smoking Cessation

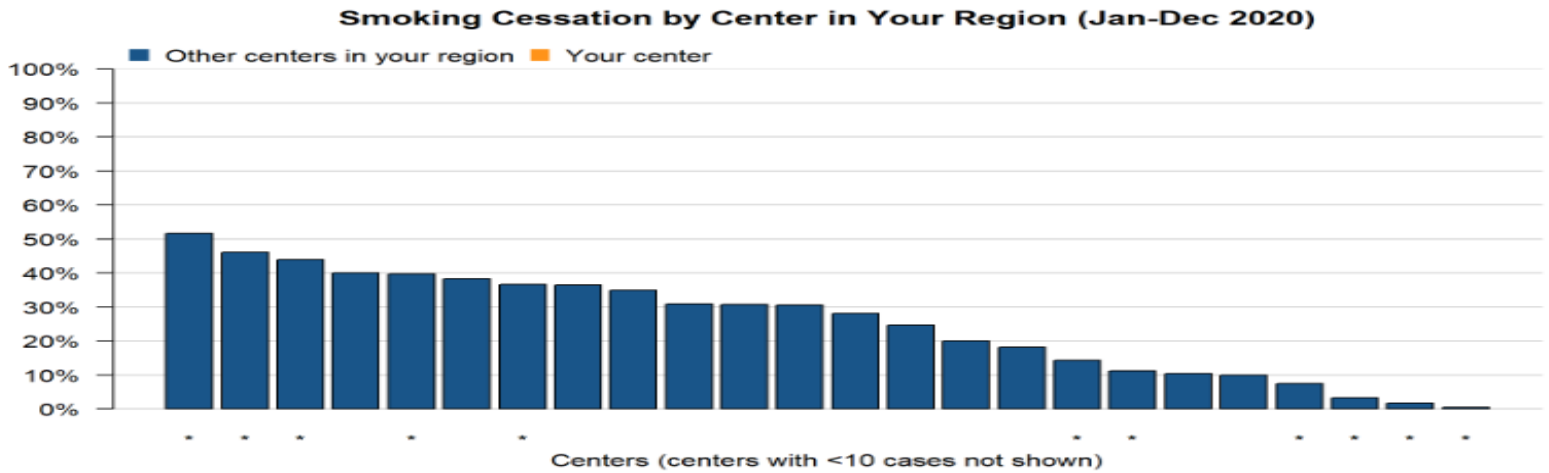
Procedures performed between January 1 and December 31, 2020

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, HDA, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures performed on patients still smoking within one month of the procedure. Excludes procedures that do not have at least one long-term follow-up record where the patient's follow-up smoking status was recorded.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures where the patient was not smoking within one month on follow-up for *all* long-term follow-up records where the patient's follow-up smoking status was recorded.

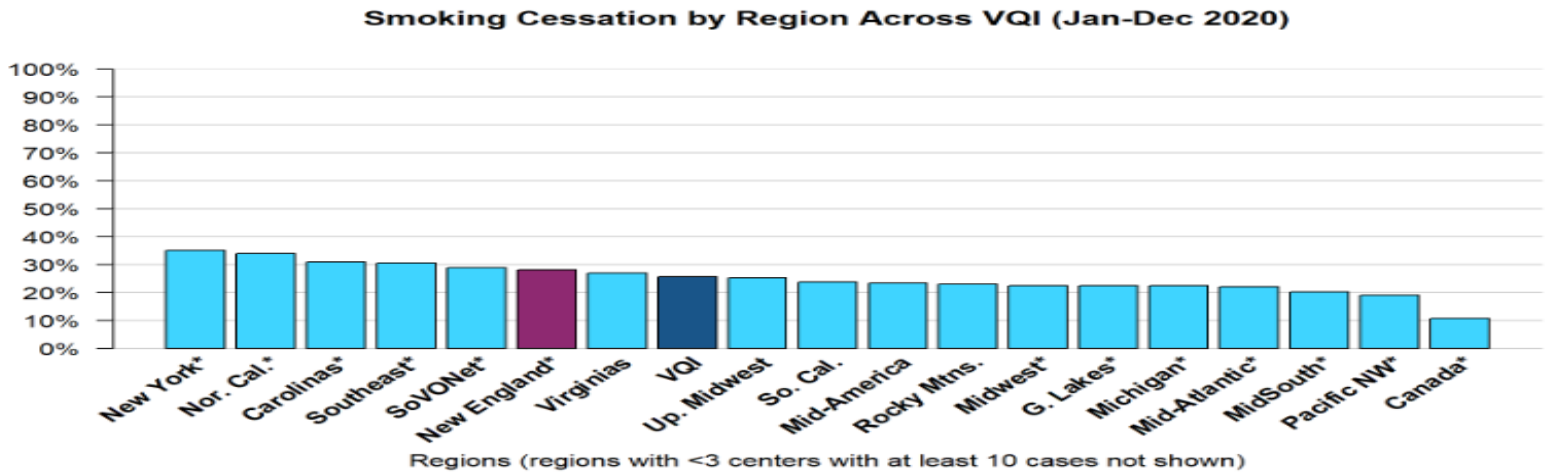
	Your Center	Your Region	VQI Overall
CAS		115 (37%)	2123 (26%)
CEA		260 (30%)	3104 (22%)
EVAR		89 (21%)	1640 (22%)
HDA		44 (NA)	647 (30%)
INFRA		255 (23%)	2171 (27%)
LEAMP		22 (18%)	519 (31%)
OAAA		57 (32%)	398 (25%)
PVI		702 (29%)	8478 (26%)
SUPRA		132 (27%)	845 (28%)
TEVAR		49 (37%)	567 (33%)
Overall (Jan-Dec 2020)		1725 (28%)	20492 (26%)


Smoking Cessation by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2017
2018
2019
2020
Your Center
Your Region
VQI Overall



24 of 33 centers displayed

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



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

TFEM CAS ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2022

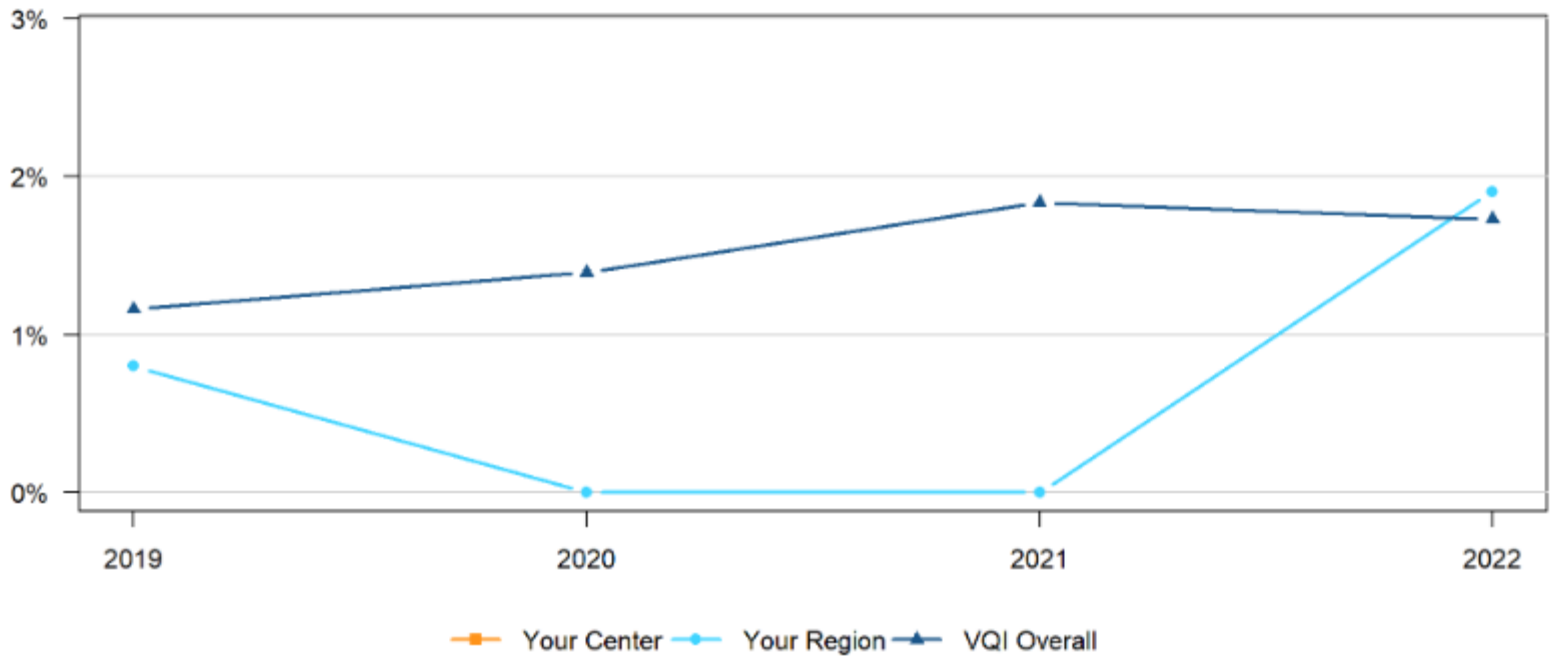
Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial approach. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than femoral, brachial, or radial are also excluded.

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

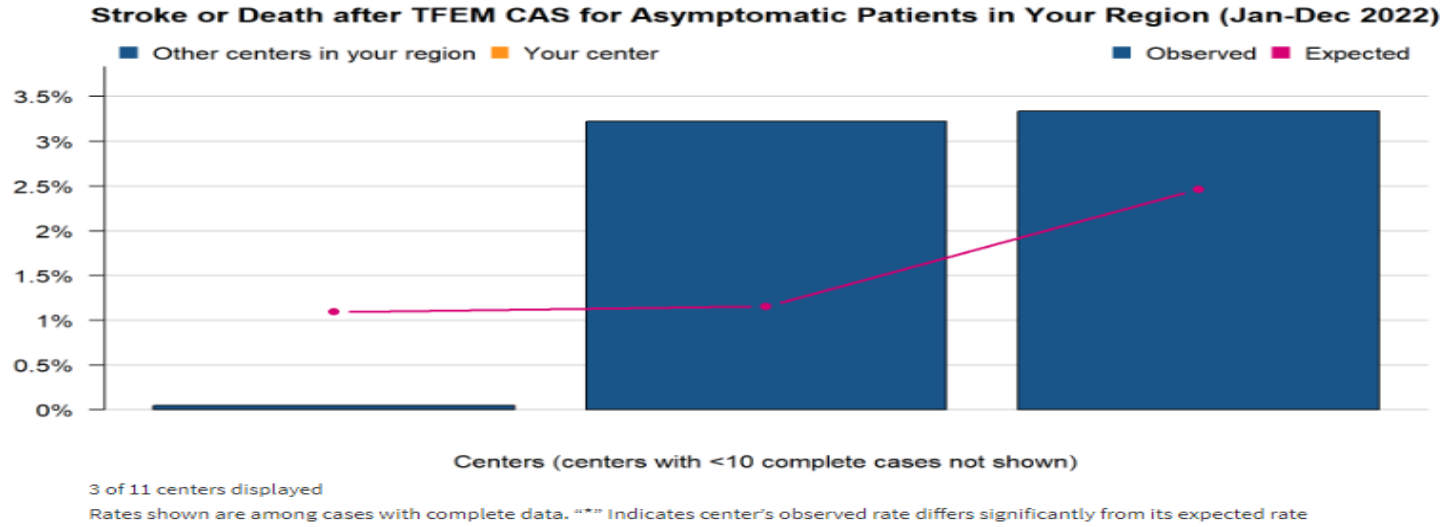
	Your Center	Your Region	VQI Overall
Number of TFEM CAS procedures meeting inclusion criteria		105	2426
Observed rate of stroke or death among procedures meeting inclusion criteria		1.9%	1.7%
Number of procedures with complete data*		90	2202
Observed rate of stroke or death among cases with complete data		2.2%	1.8%
Expected rate of stroke or death among cases with complete data		1.6%	NA
P-value for comparison of observed and expected rates		0.66	NA

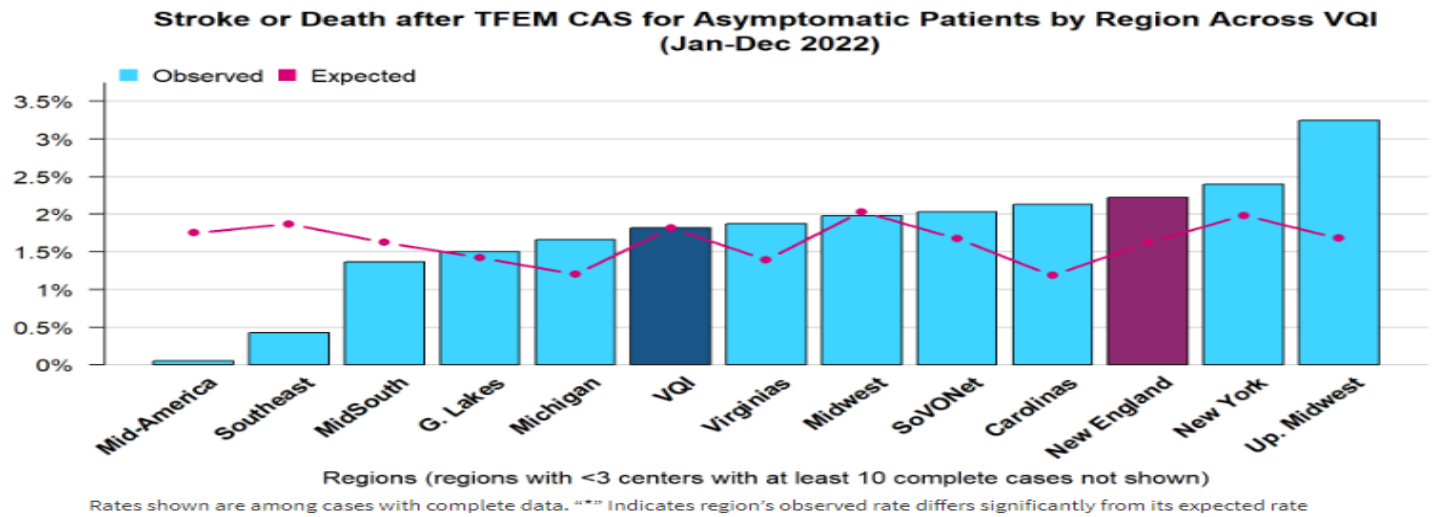
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after TFEM CAS for Asymptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.


Stroke or Death after TFEM CAS for Asymptomatic Patients in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
Observed
Expected
3.5%
3%
2.5%
2%
1.5%
1%
0.5%
0%
Centers (centers with <10 complete cases not shown)
3 of 11 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


Stroke or Death after TFEM CAS for Asymptomatic Patients by Region Across VQI (Jan-Dec 2022)
Observed
Expected
3.5%
3%
2.5%
2%
1.5%
1%
0.5%
0%
Mid-America
Southeast
MidSouth
G. Lakes
Michigan
VQI
Virginias
Midwest
SoVONet
Carolinas
New England
New York
Up. Midwest
Regions (regions with <3 centers with at least 10 complete cases not shown)
Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate

TFEM CAS SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2022

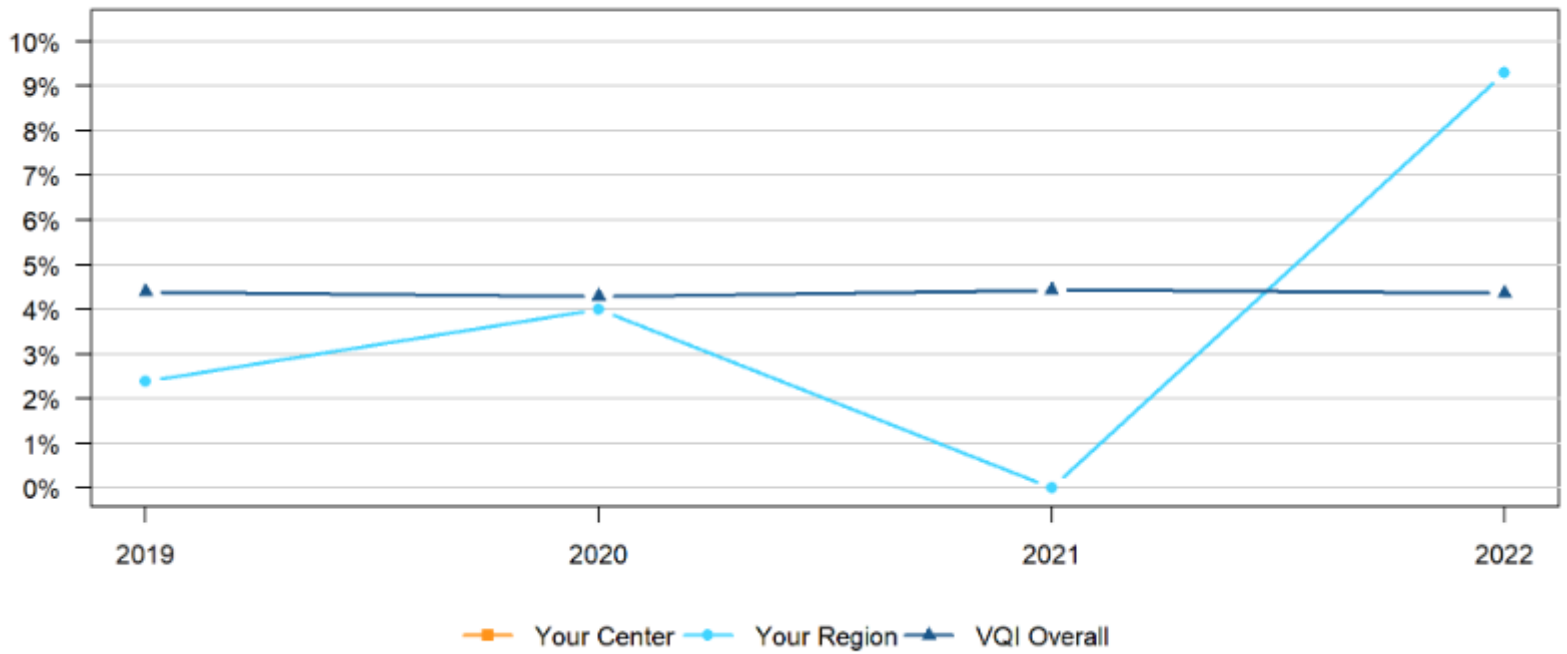
Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial approach. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than femoral, brachial, or radial are also excluded.

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

	Your Center	Your Region	VQI Overall
Number of TFEM CAS procedures meeting inclusion criteria		86	2659
Observed rate of stroke or death among procedures meeting inclusion criteria		9.3%	4.4%
Number of procedures with complete data*		76	2486
Observed rate of stroke or death among cases with complete data		9.2%	4.1%
Expected rate of stroke or death among cases with complete data		5%	NA
P-value for comparison of observed and expected rates		0.1	NA

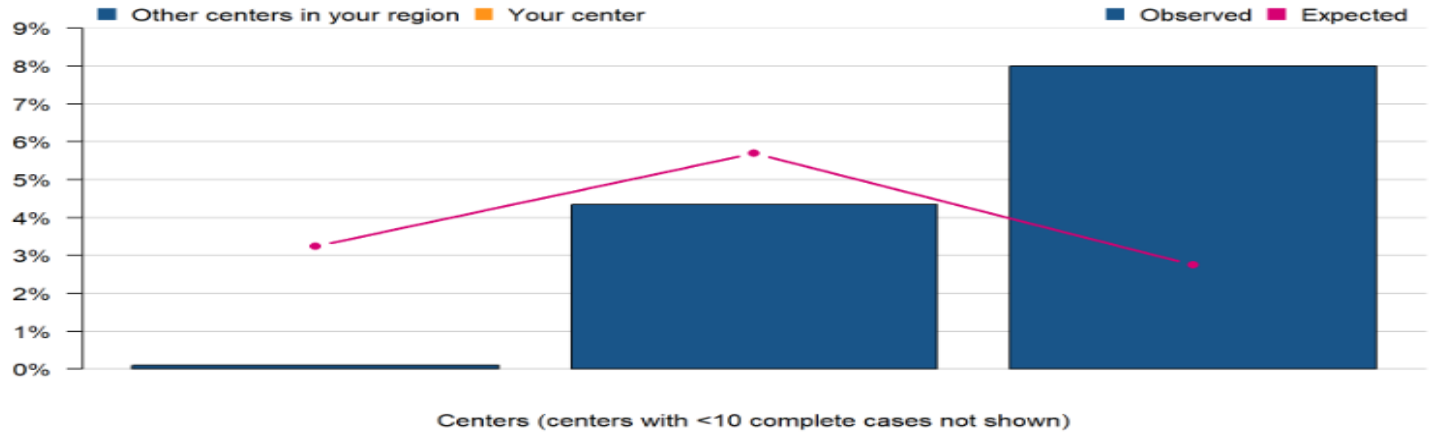
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after TFEM CAS for Symptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.

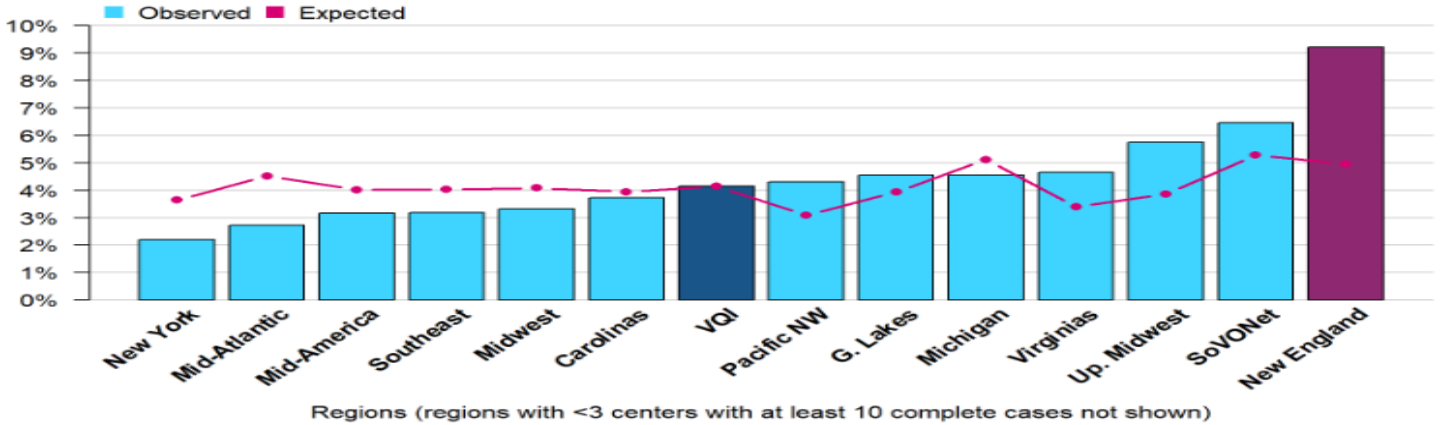
Stroke or Death after TFEM CAS for Symptomatic Patients in Your Region (Jan-Dec 2022)



3 of 8 centers displayed

Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate

Stroke or Death after TFEM CAS for Symptomatic Patients by Region Across VQI (Jan-Dec 2022)



Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate

TCAR ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2022

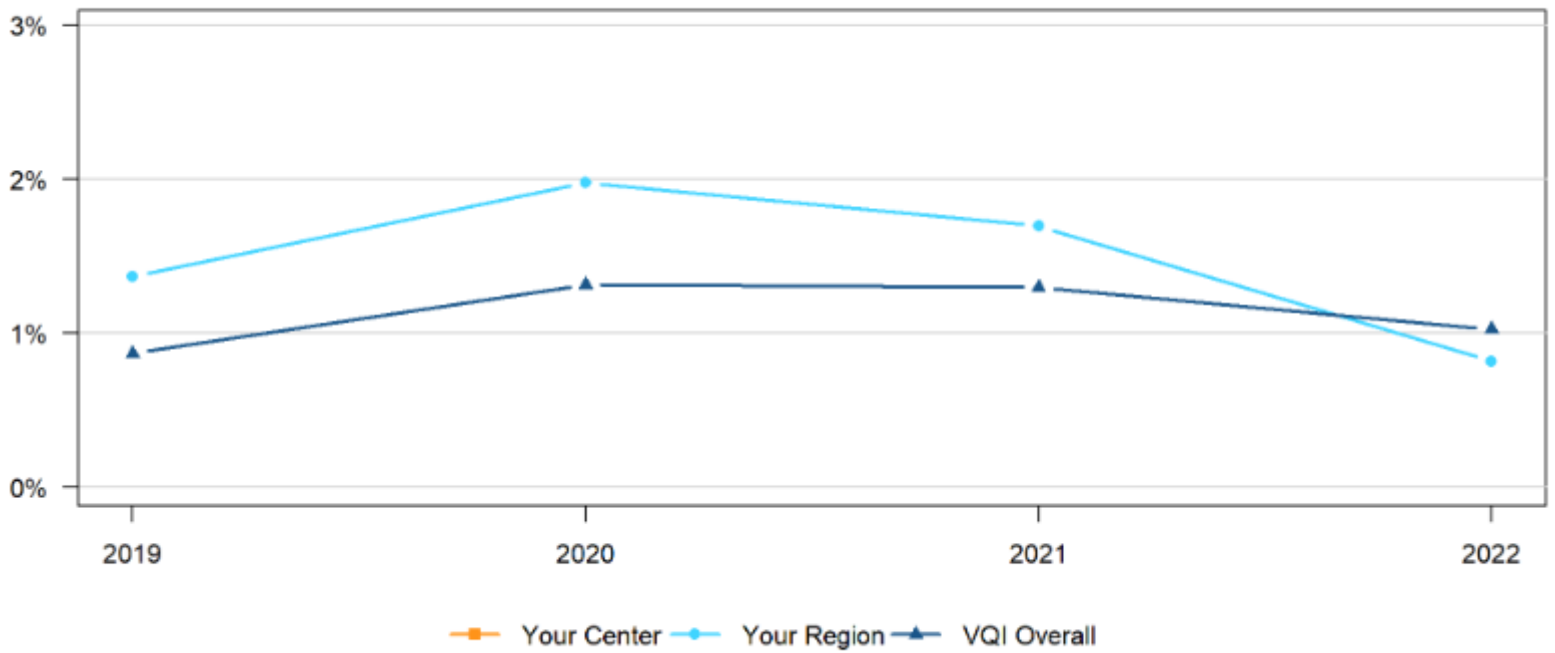
Includes TransCarotid Artery Revascularization (TCAR) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than carotid percutaneous or carotid open are also excluded.

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

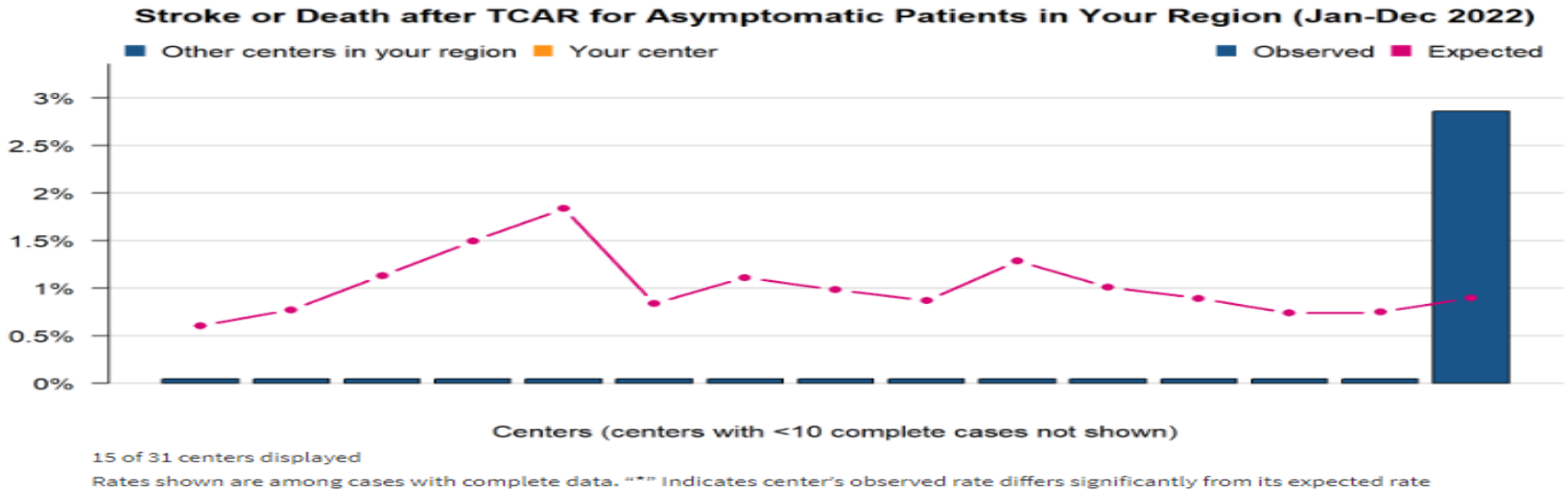
	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		367	7701
Observed rate of stroke or death among procedures meeting inclusion criteria		0.8%	1%
Number of procedures with complete data*		318	7136
Observed rate of stroke or death among cases with complete data		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

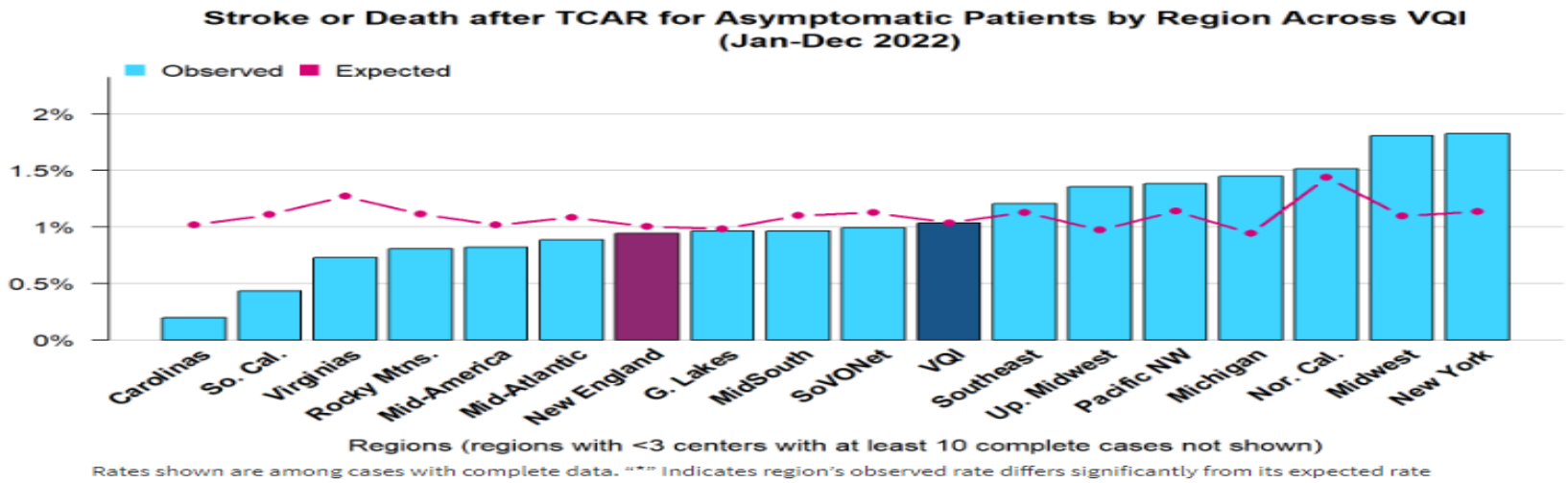
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after TCAR for Asymptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.


Stroke or Death after TCAR for Asymptomatic Patients in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
Observed
Expected
3%
2.5%
2%
1.5%
1%
0.5%
0%
Centers (centers with <10 complete cases not shown)
15 of 31 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


Stroke or Death after TCAR for Asymptomatic Patients by Region Across VQI (Jan-Dec 2022)
Observed
Expected
2%
1.5%
1%
0.5%
0%
Carolinas
So. Cal.
Virginias
Rocky Mtns.
Mid-America
Mid-Atlantic
New England
G. Lakes
MidSouth
SoVONet
VQI
Southeast
Up. Midwest
Pacific NW
Michigan
Nor. Cal.
Midwest
New York
Regions (regions with <3 centers with at least 10 complete cases not shown)
Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate

TCAR SYMP: Stroke/Death

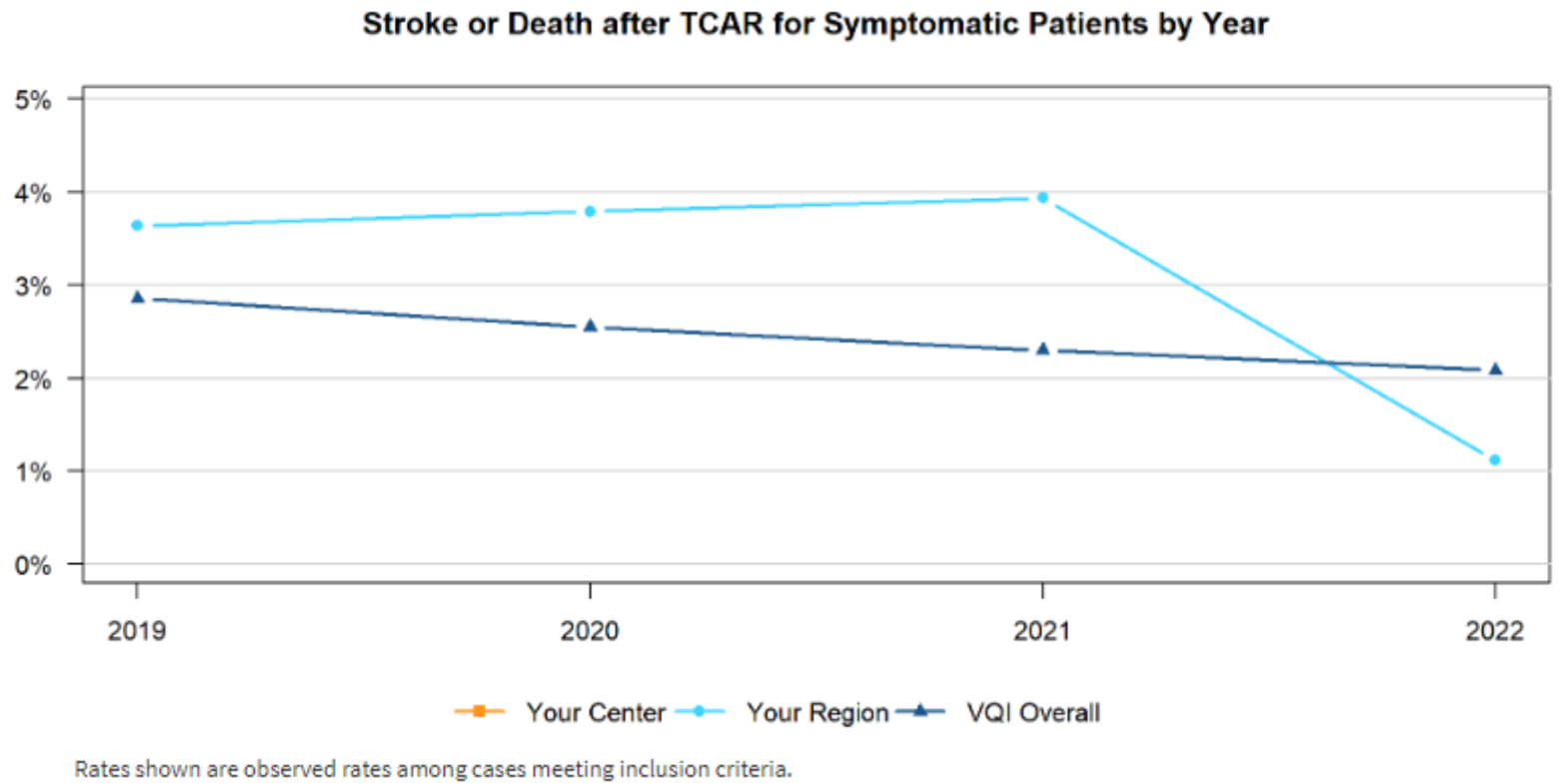
Procedures performed between January 1 and December 31, 2022

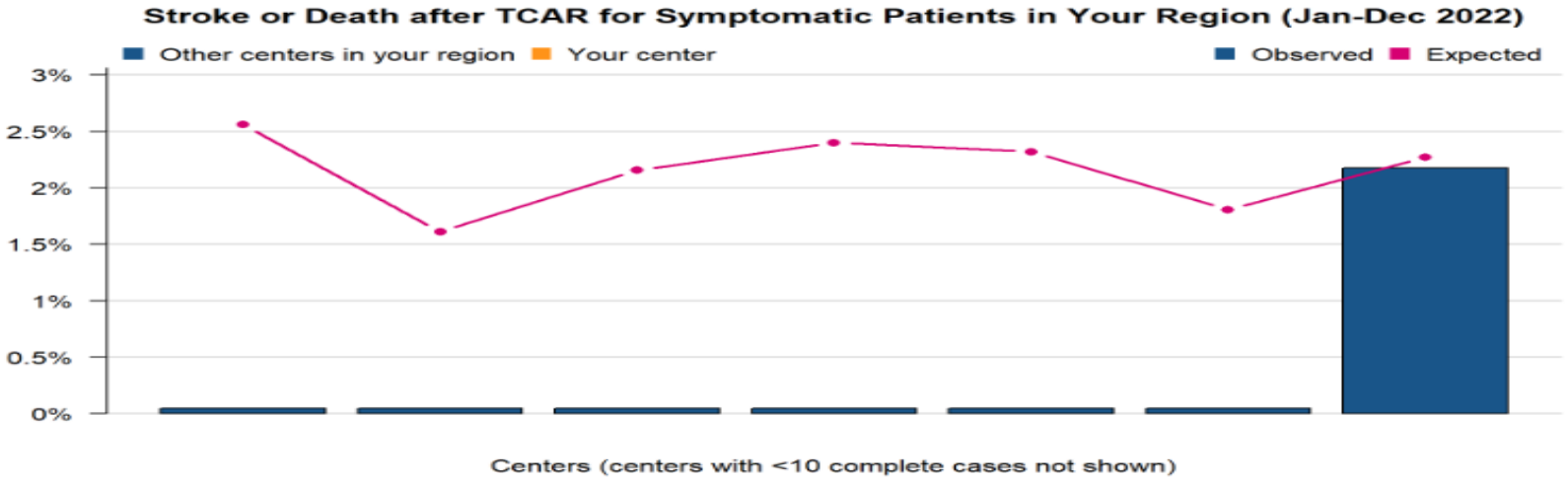
Includes TransCarotid Artery Revascularization (TCAR) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than carotid percutaneous or carotid open are also excluded.

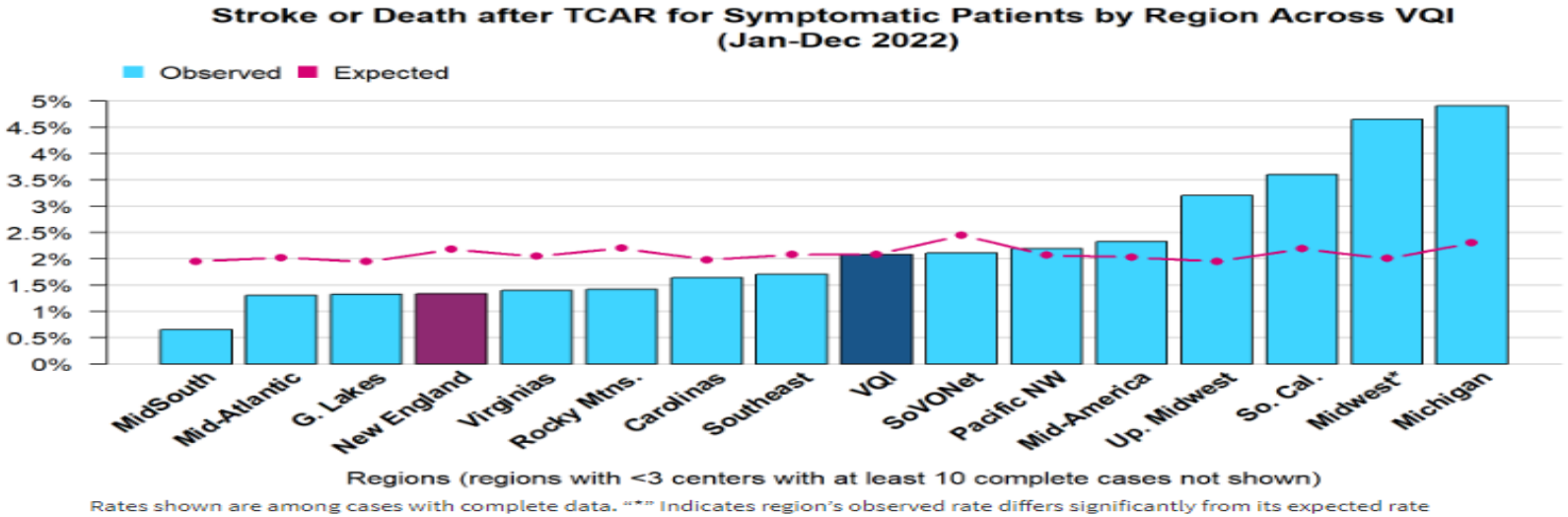
The table below gives the number of TCAR procedures (performed on symptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Center	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria		269	3840
Observed rate of stroke or death among procedures meeting inclusion criteria		1.1%	2.1%
Number of procedures with complete data*		224	3606
Observed rate of stroke or death among cases with complete data		1.3%	2.1%
Expected rate of stroke or death among cases with complete data		2.2%	NA
P-value for comparison of observed and expected rates		0.64	NA

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


Stroke or Death after TCAR for Symptomatic Patients by Year
5%
4%
3%
2%
1%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall
Rates shown are observed rates among cases meeting inclusion criteria.


Stroke or Death after TCAR for Symptomatic Patients in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
Observed
Expected
3%
2.5%
2%
1.5%
1%
0.5%
0%
Centers (centers with <10 complete cases not shown)
7 of 29 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


Stroke or Death after TCAR for Symptomatic Patients by Region Across VQI (Jan-Dec 2022)
Observed
Expected
5%
4.5%
4%
3.5%
3%
2.5%
2%
1.5%
1%
0.5%
0%
MidSouth
Mid-Atlantic
G. Lakes
New England
Virginias
Rocky Mtns.
Carolinas
Southeast
VQI
SoVONet
Pacific NW
Mid-America
Up. Midwest
So. Cal.
Midwest*
Michigan
Regions (regions with <3 centers with at least 10 complete cases not shown)
Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate

CEA ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2022

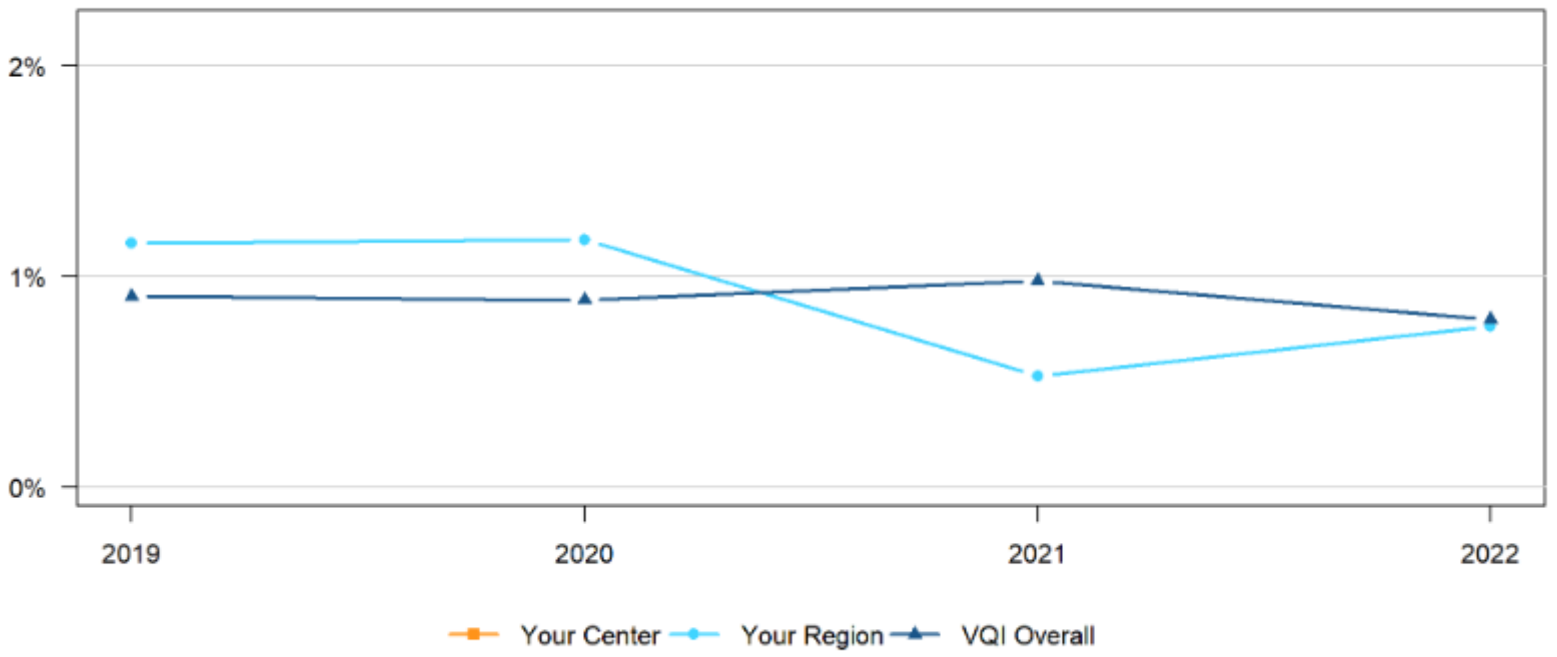
Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure.

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

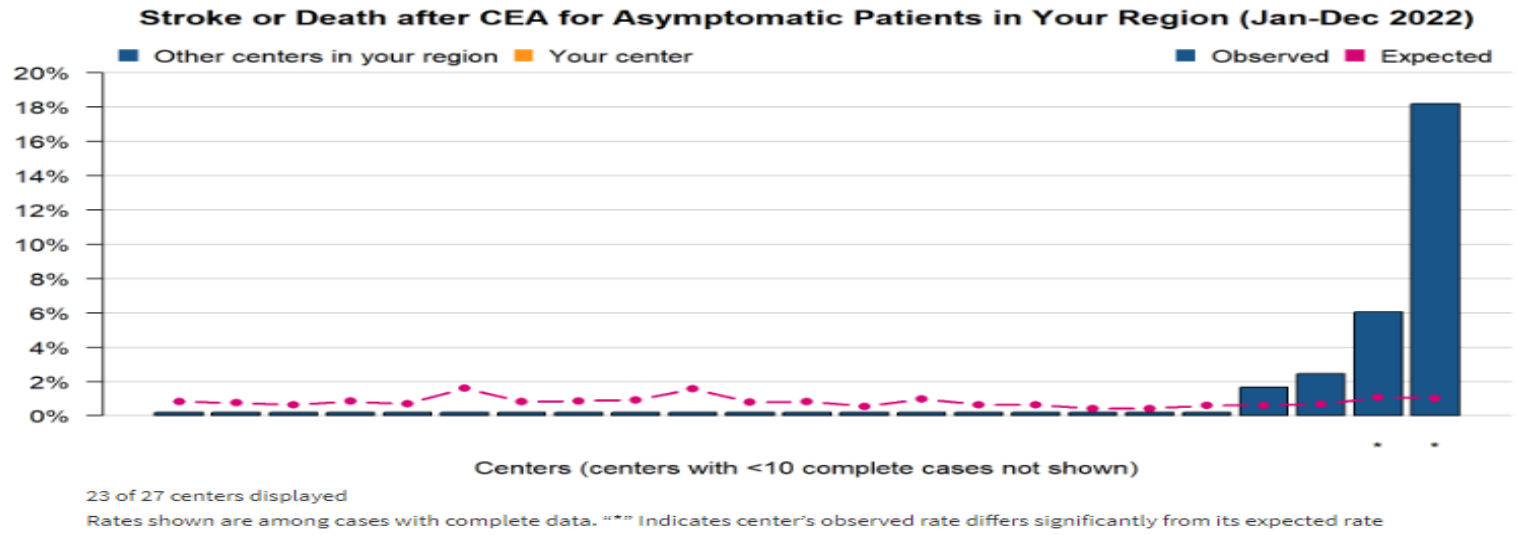
	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		787	10414
Observed rate of stroke or death among procedures meeting inclusion criteria		0.8%	0.8%
Number of procedures with complete data*		734	9733
Observed rate of stroke or death among cases with complete data		0.8%	0.8%
Expected rate of stroke or death among cases with complete data		0.8%	NA
P-value for comparison of observed and expected rates		0.83	NA

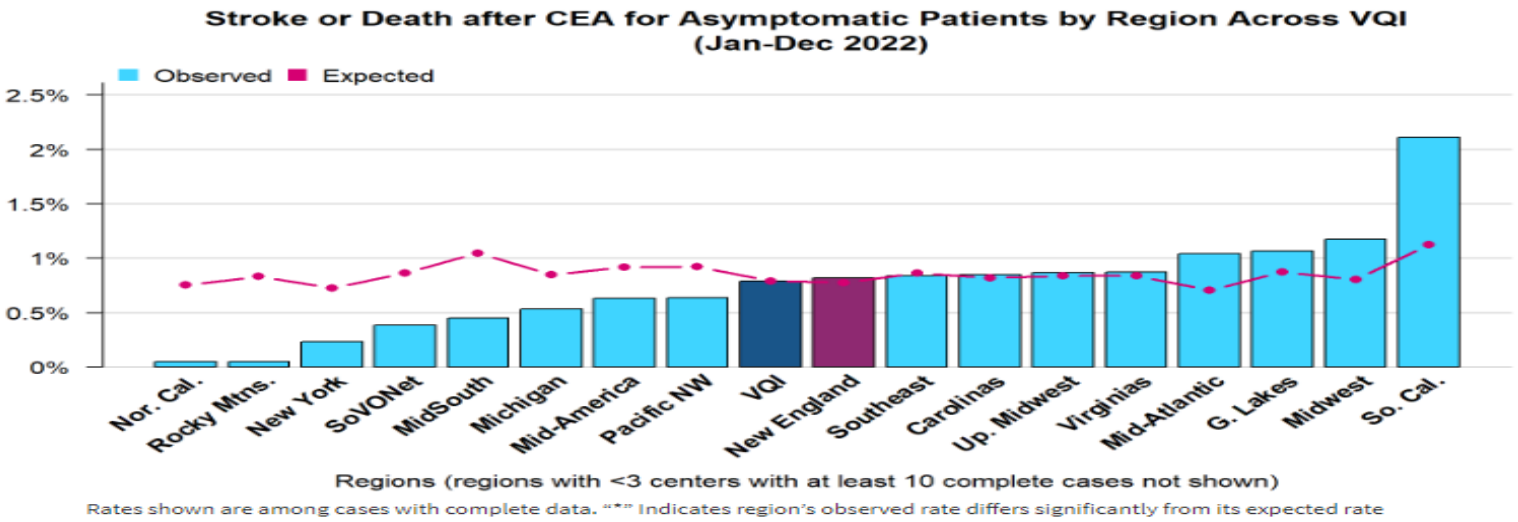
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after CEA for Asymptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.


Stroke or Death after CEA for Asymptomatic Patients in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
Observed
Expected
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
Centers (centers with <10 complete cases not shown)
23 of 27 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


Stroke or Death after CEA for Asymptomatic Patients by Region Across VQI (Jan-Dec 2022)
Observed
Expected
2.5%
2%
1.5%
1%
0.5%
0%
Nor. Cal.
Rocky Mtns.
New York
SoVONet
MidSouth
Michigan
Mid-America
Pacific NW
VQI
New England
Southeast
Carolinas
Up. Midwest
Virginias
Mid-Atlantic
G. Lakes
Midwest
So. Cal.
Regions (regions with <3 centers with at least 10 complete cases not shown)
Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate

CEA ASYMP: Postop LOS>1 Day

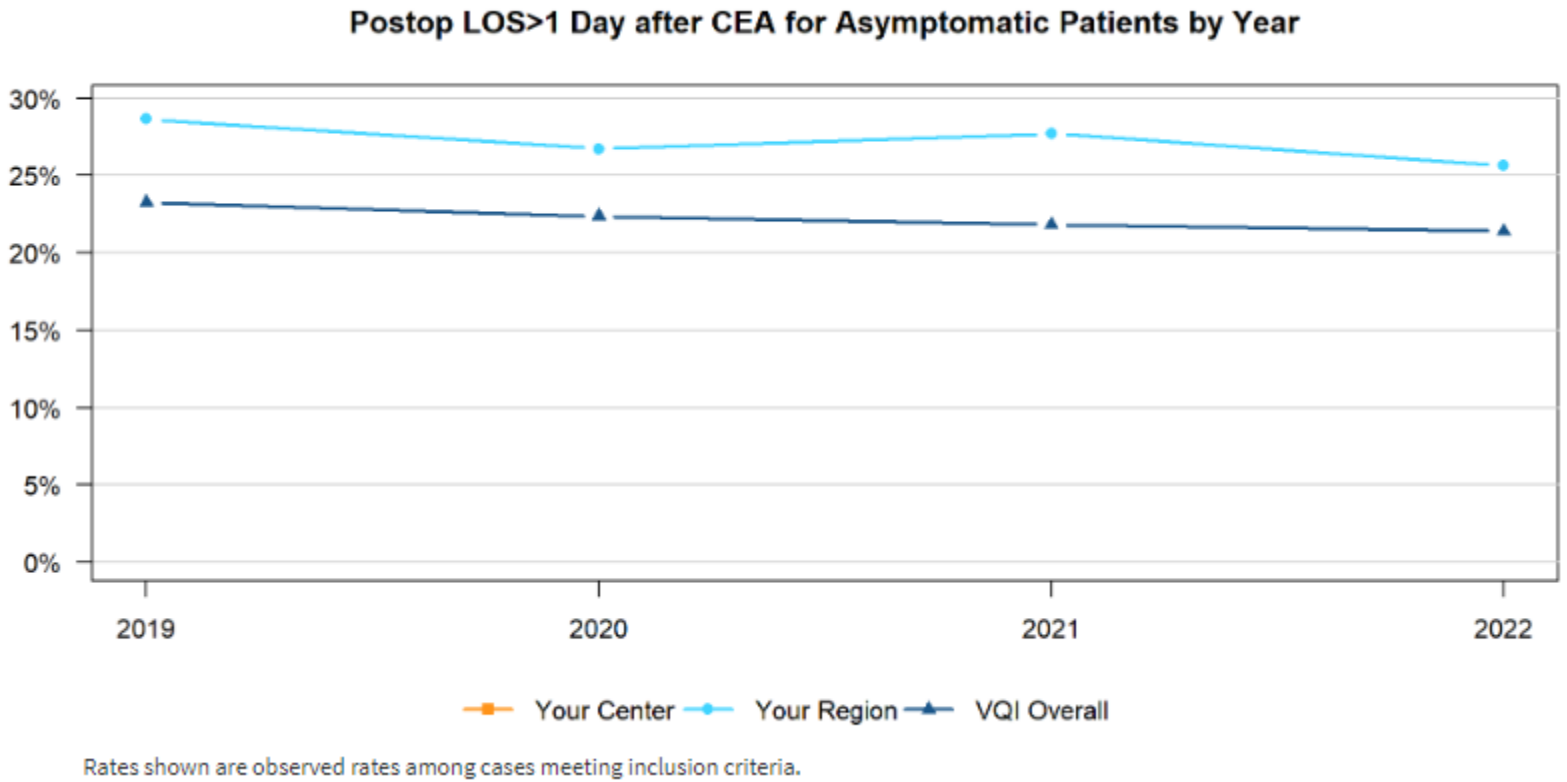
Procedures performed between January 1 and December 31, 2022

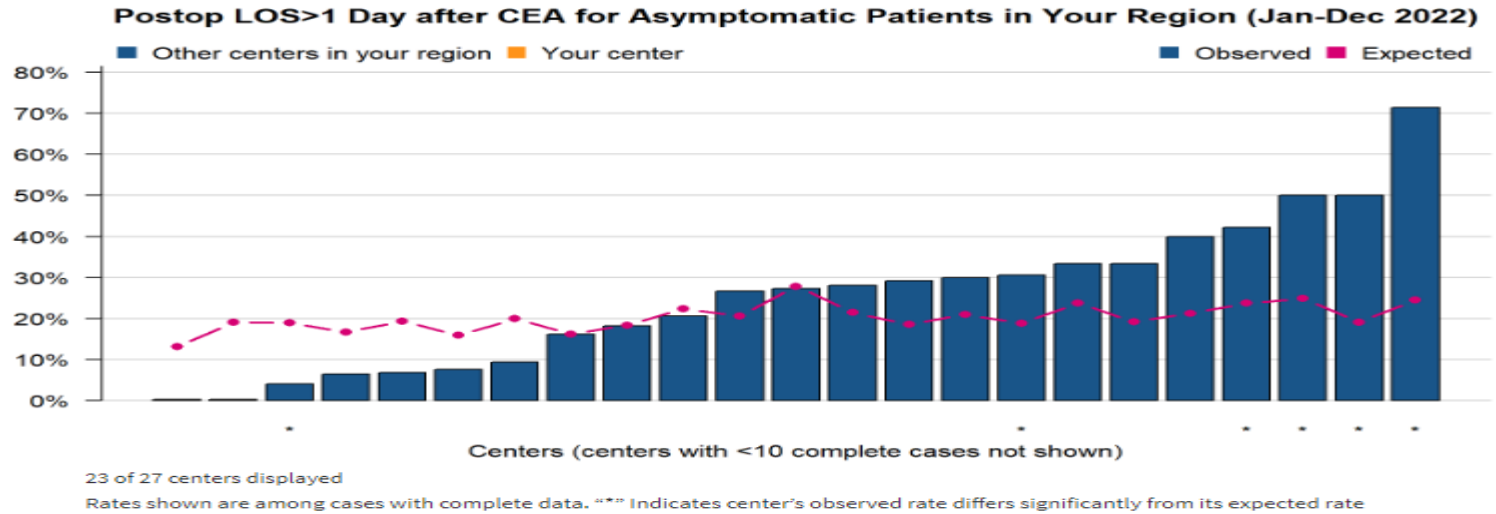
Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure. Procedures where in-hospital death occurred with postoperative LOS≤1 day, or procedures with an unrelated return to the OR, are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

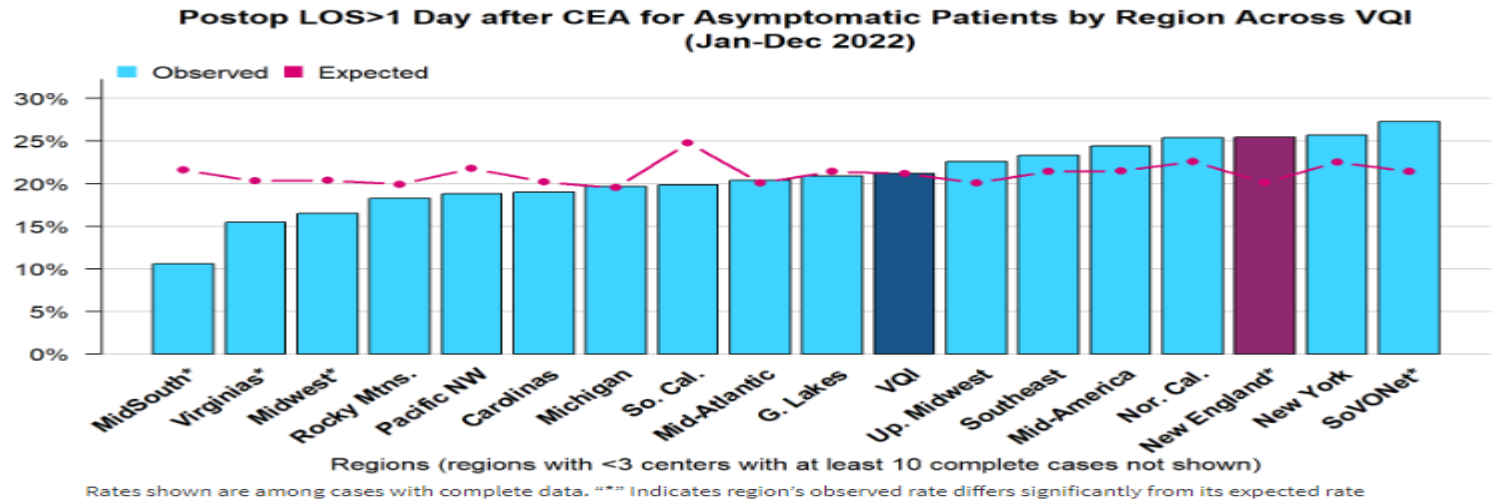
The table below gives the number of CEA procedures (performed on asymptomatic patients) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		788	10381
Observed rate of LOS>1 day among procedures meeting inclusion criteria		25.6%	21.4%
Number of procedures with complete data*		734	9702
Observed rate of LOS>1 day among cases with complete data		25.5%	21.2%
Expected rate of LOS>1 day among cases with complete data		20.1%	NA
P-value for comparison of observed and expected rates		0	NA

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


Postop LOS>1 Day after CEA for Asymptomatic Patients by Year
30%
25%
20%
15%
10%
5%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall
Rates shown are observed rates among cases meeting inclusion criteria.


Postop LOS>1 Day after CEA for Asymptomatic Patients in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
Observed
Expected
80%
70%
60%
50%
40%
30%
20%
10%
0%
Centers (centers with <10 complete cases not shown)
23 of 27 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


Postop LOS>1 Day after CEA for Asymptomatic Patients by Region Across VQI (Jan-Dec 2022)
Observed
Expected
30%
25%
20%
15%
10%
5%
0%
MidSouth*
Virginias*
Midwest*
Rocky Mtns.
Pacific NW
Carolinas
Michigan
So. Cal.
Mid-Atlantic
G. Lakes
VQI
Up. Midwest
Southeast
Mid-America
Nor. Cal.
New England*
New York
SoVONet*
Regions (regions with <3 centers with at least 10 complete cases not shown)
Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate

CEA SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2022

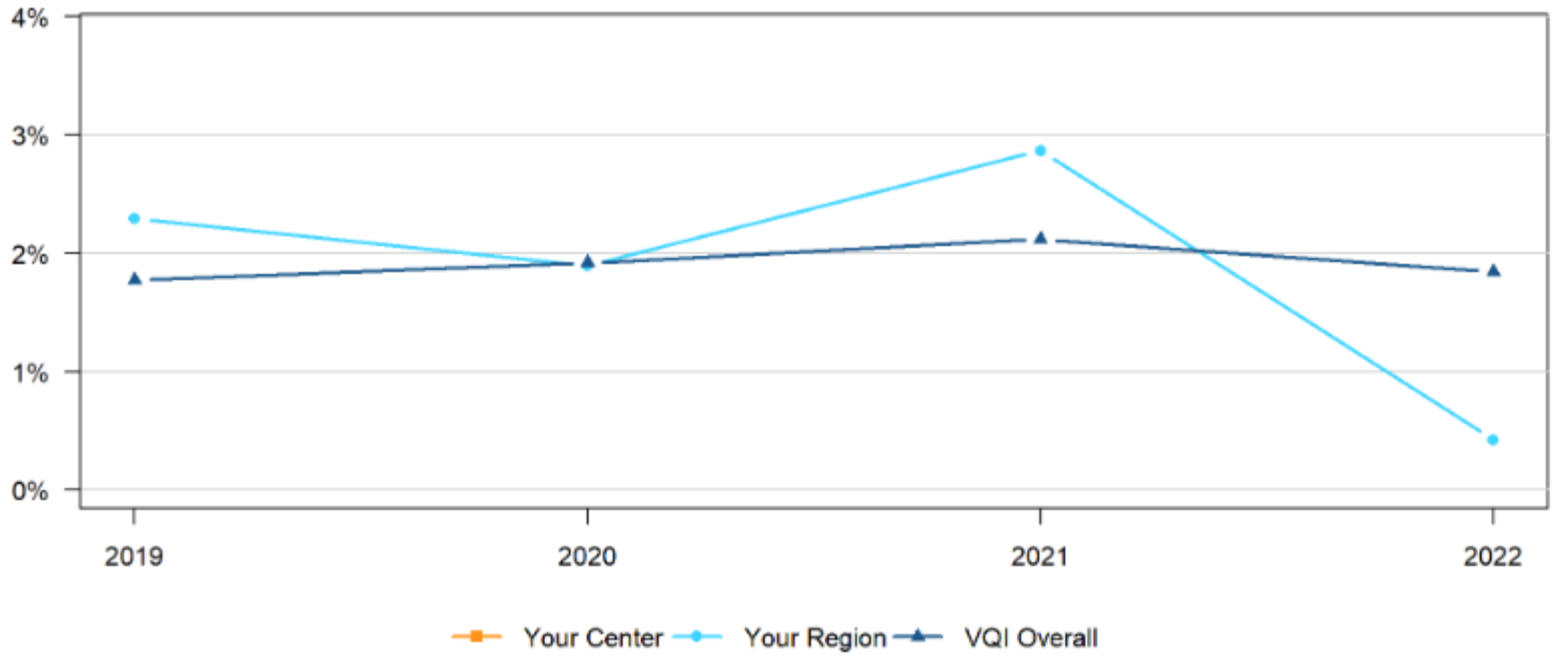
Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure.

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

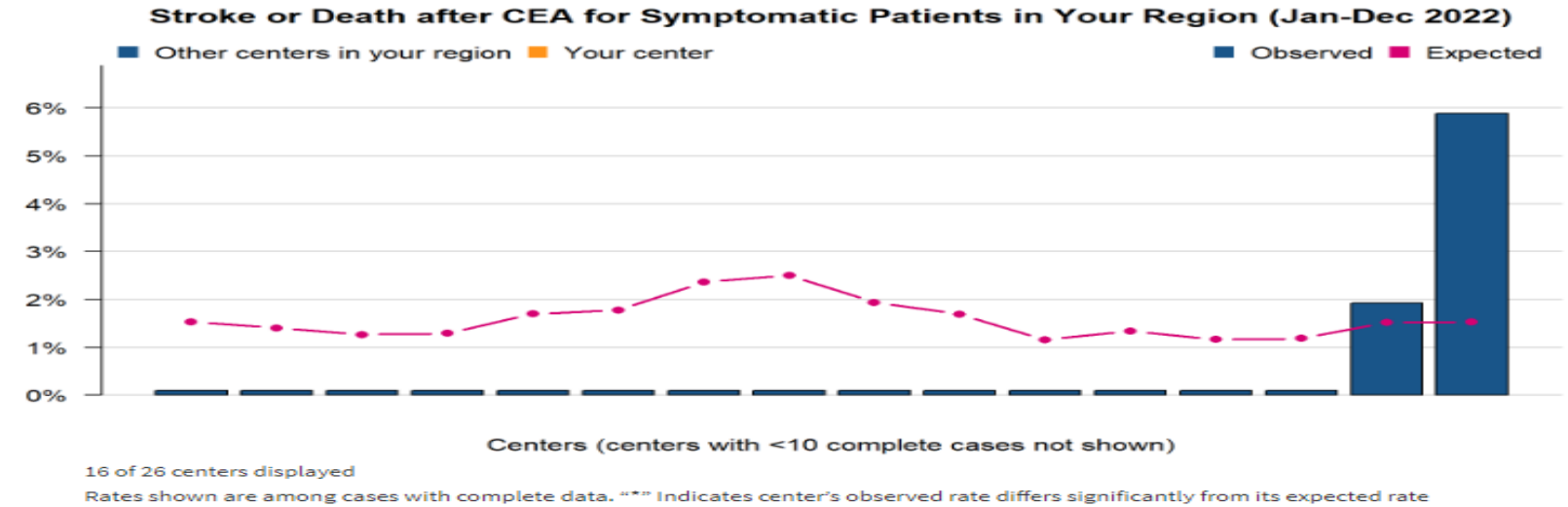
	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		473	5043
Observed rate of stroke or death among procedures meeting inclusion criteria		0.4%	1.8%
Number of procedures with complete data*		448	4830
Observed rate of stroke or death among cases with complete data		0.4%	1.8%
Expected rate of stroke or death among cases with complete data		1.6%	NA
P-value for comparison of observed and expected rates		0.05	NA

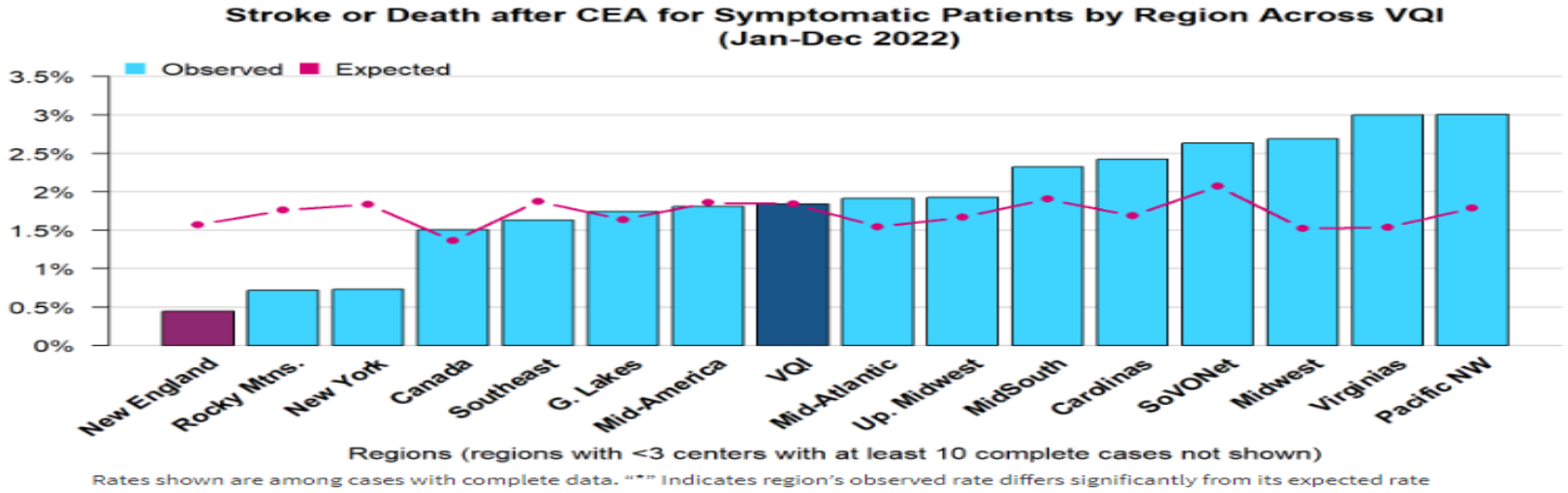
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Stroke or Death after CEA for Symptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.


Stroke or Death after CEA for Symptomatic Patients in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
Observed
Expected
6%
5%
4%
3%
2%
1%
0%
Centers (centers with <10 complete cases not shown)
16 of 26 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


Stroke or Death after CEA for Symptomatic Patients by Region Across VQI (Jan-Dec 2022)
Observed
Expected
3.5%
3%
2.5%
2%
1.5%
1%
0.5%
0%
New England
Rocky Mtns.
New York
Canada
Southeast
G. Lakes
Mid-America
VQI
Mid-Atlantic
Up. Midwest
MidSouth
Carolinas
SoVONet
Midwest
Virginias
Pacific NW
Regions (regions with <3 centers with at least 10 complete cases not shown)
Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate

CEA SYMP: Postop LOS>1 Day

Procedures performed between January 1 and December 31, 2022

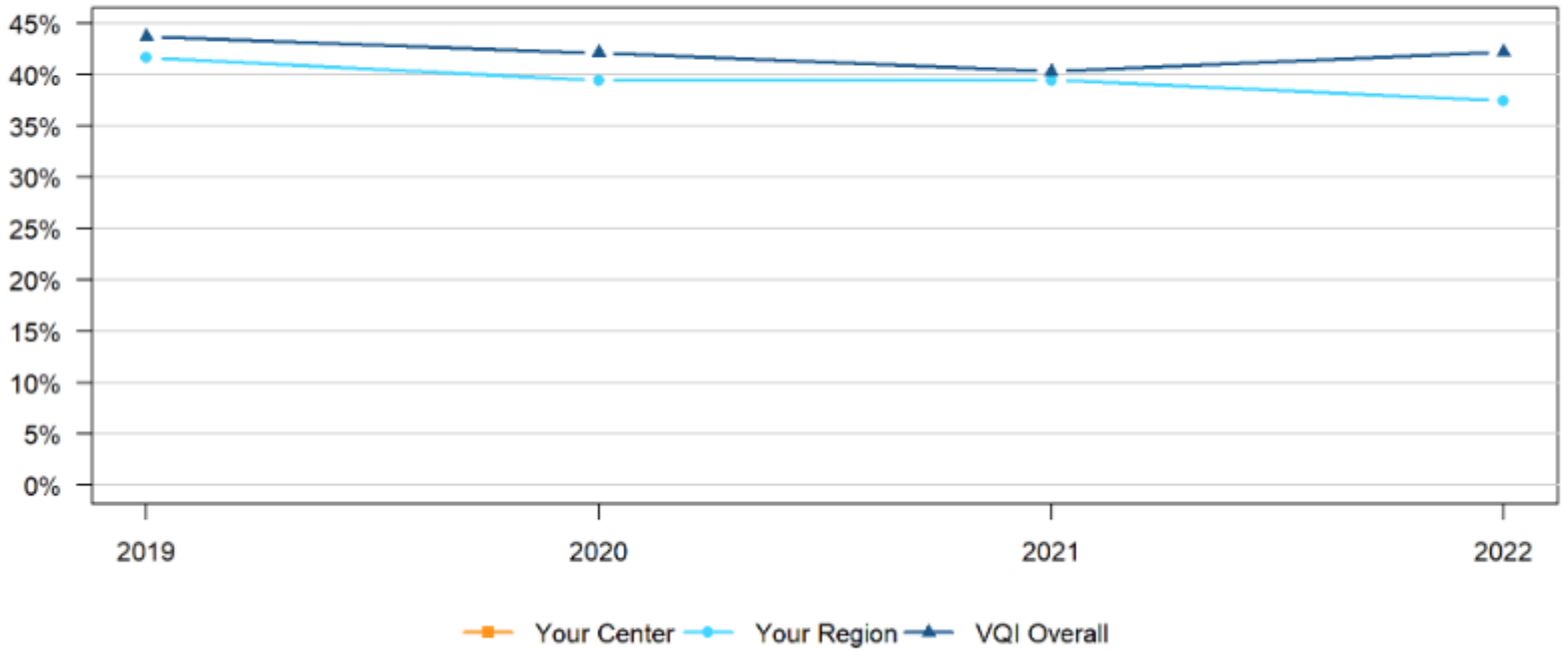
Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or "Other" arterial procedure. Procedures where in-hospital death occurred with postoperative LOS≤1 day, or procedures with an unrelated return to the OR, are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

The table below gives the number of CEA procedures (performed on symptomatic patients) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

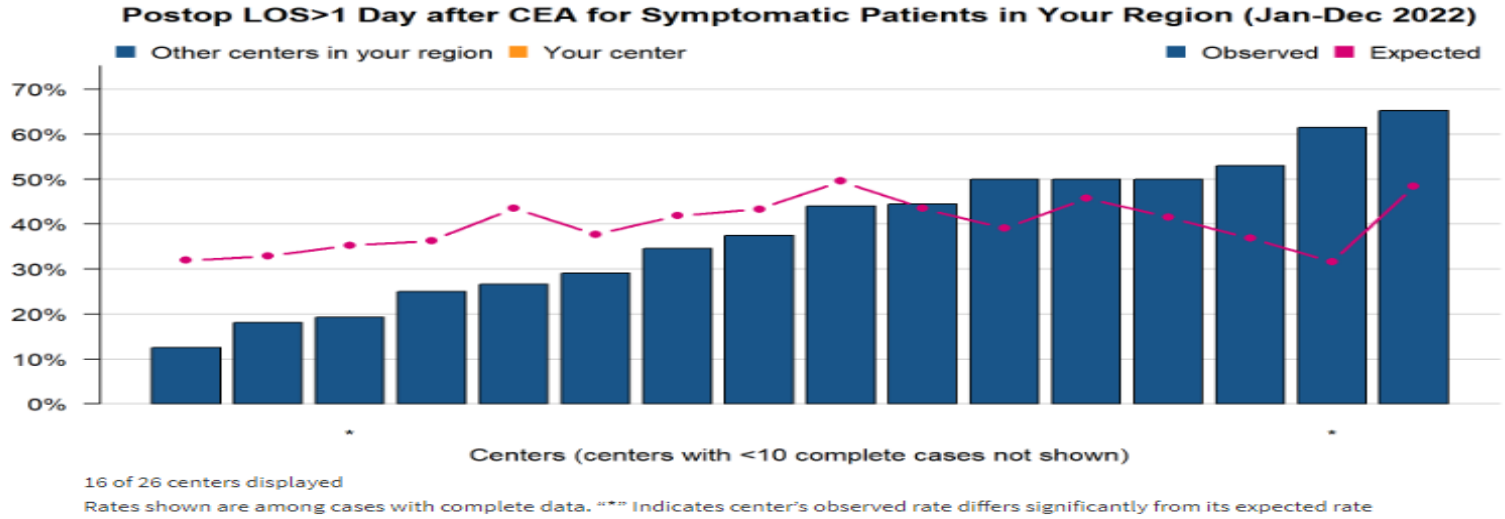
	Your Center	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria		473	5018
Observed rate of LOS>1 day among procedures meeting inclusion criteria		37.4%	42.2%
Number of procedures with complete data*		448	4804
Observed rate of LOS>1 day among cases with complete data		37.3%	41.9%
Expected rate of LOS>1 day among cases with complete data		39.9%	NA
P-value for comparison of observed and expected rates		0.27	NA

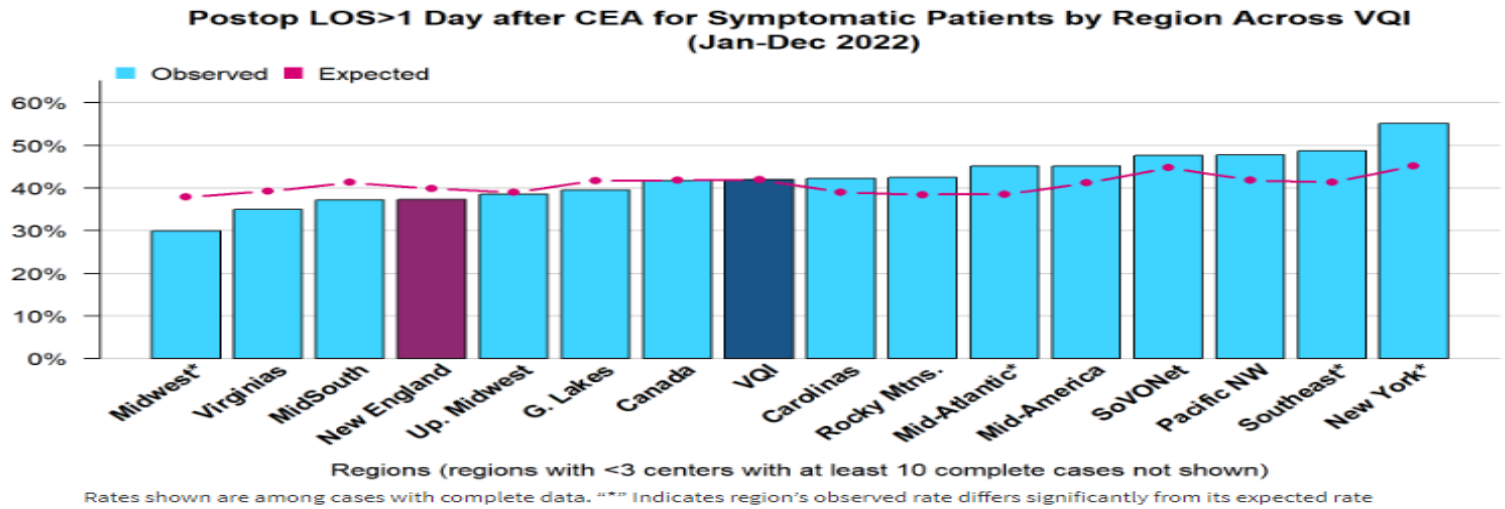
*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

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



Rates shown are observed rates among cases meeting inclusion criteria.


Postop LOS>1 Day after CEA for Symptomatic Patients in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
Observed
Expected
70%
60%
50%
40%
30%
20%
10%
0%
*
*
Centers (centers with <10 complete cases not shown)
16 of 26 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


Postop LOS>1 Day after CEA for Symptomatic Patients by Region Across VQI (Jan-Dec 2022)
Observed
Expected
60%
50%
40%
30%
20%
10%
0%
Midwest*
Virginias
MidSouth
New England
Up. Midwest
G. Lakes
Canada
VQI
Carolinas
Rocky Mtns.
Mid-Atlantic*
Mid-America
SoVONet
Pacific NW
Southeast*
New York*
Regions (regions with <3 centers with at least 10 complete cases not shown)
Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate

EVAR: Postop LOS>2 Days

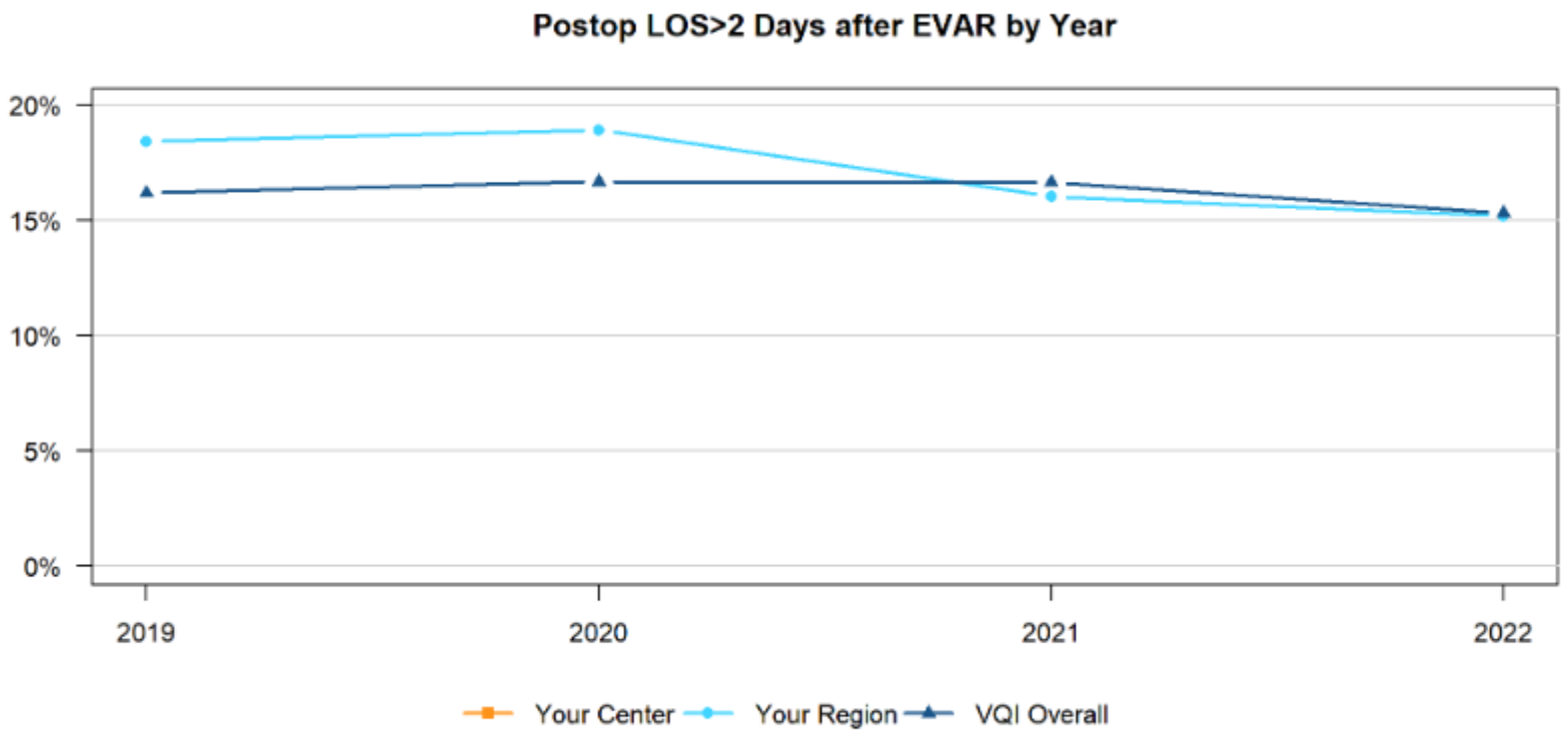
Procedures performed between January 1 and December 31, 2022

Includes Endovascular AAA Repair (EVAR) procedures. Excludes any procedure with ruptured aneurysm. Procedures where in-hospital death occurred with postoperative LOS≤2 days are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

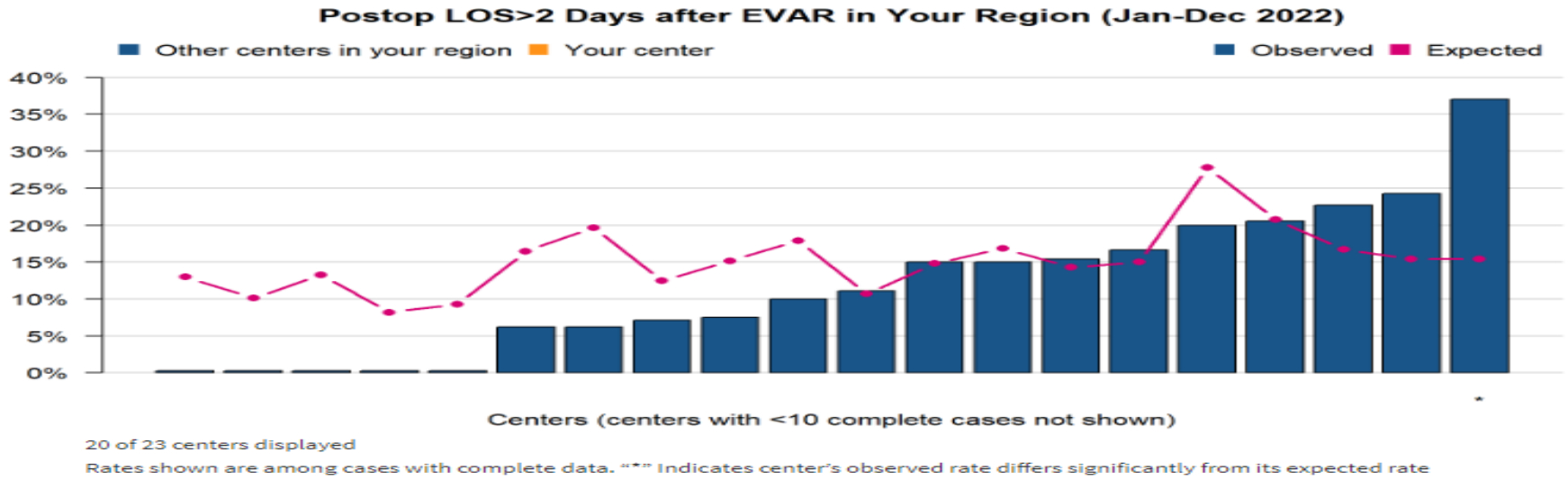
The table below gives the number of EVAR procedures meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>2 Days for those cases.

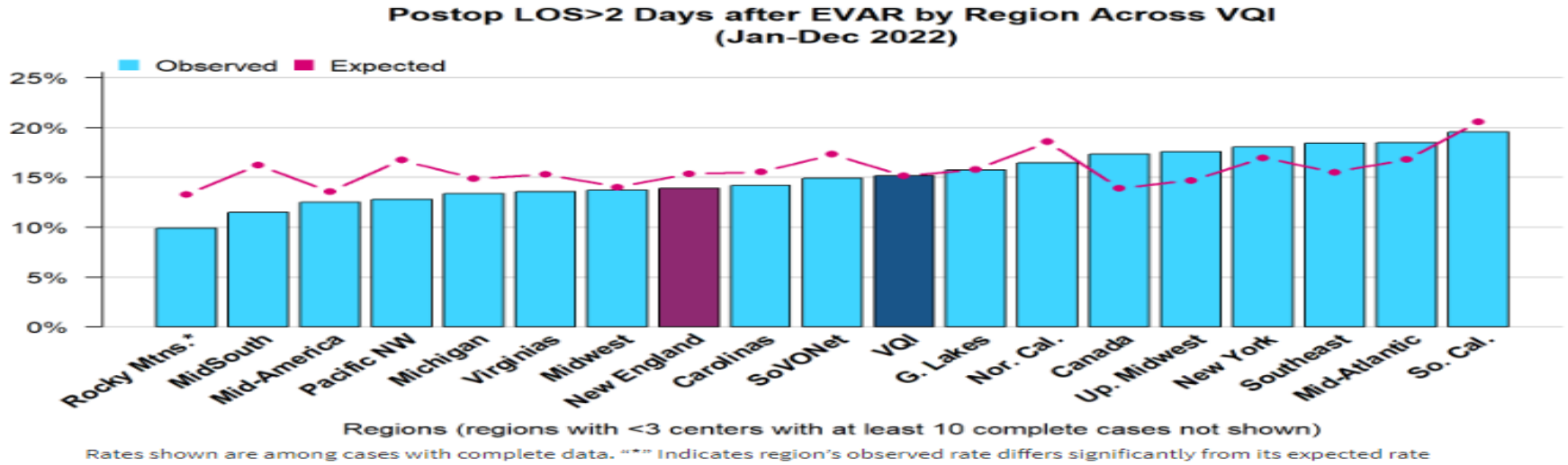
	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		494	7210
Observed rate of LOS>2 days among procedures meeting inclusion criteria		15.2%	15.3%
Number of procedures with complete data*		461	6619
Observed rate of LOS>2 days among cases with complete data		13.9%	15.1%
Expected rate of LOS>2 days among cases with complete data		15.3%	NA
P-value for comparison of observed and expected rates		0.44	NA

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



Rates shown are observed rates among cases meeting inclusion criteria.


Postop LOS>2 Days after EVAR in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
Observed
Expected
40%
35%
30%
25%
20%
15%
10%
5%
0%
*
Centers (centers with <10 complete cases not shown)
20 of 23 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


Postop LOS>2 Days after EVAR by Region Across VQI
(Jan-Dec 2022)
Observed
Expected
25%
20%
15%
10%
5%
0%
Rocky Mtns.*
MidSouth
Mid-America
Pacific NW
Michigan
Virginias
Midwest
New England
Carolinas
SoVONet
VQI
G. Lakes
Nor. Cal.
Canada
Up. Midwest
New York
Southeast
Mid-Atlantic
So. Cal.
Regions (regions with <3 centers with at least 10 complete cases not shown)
Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate

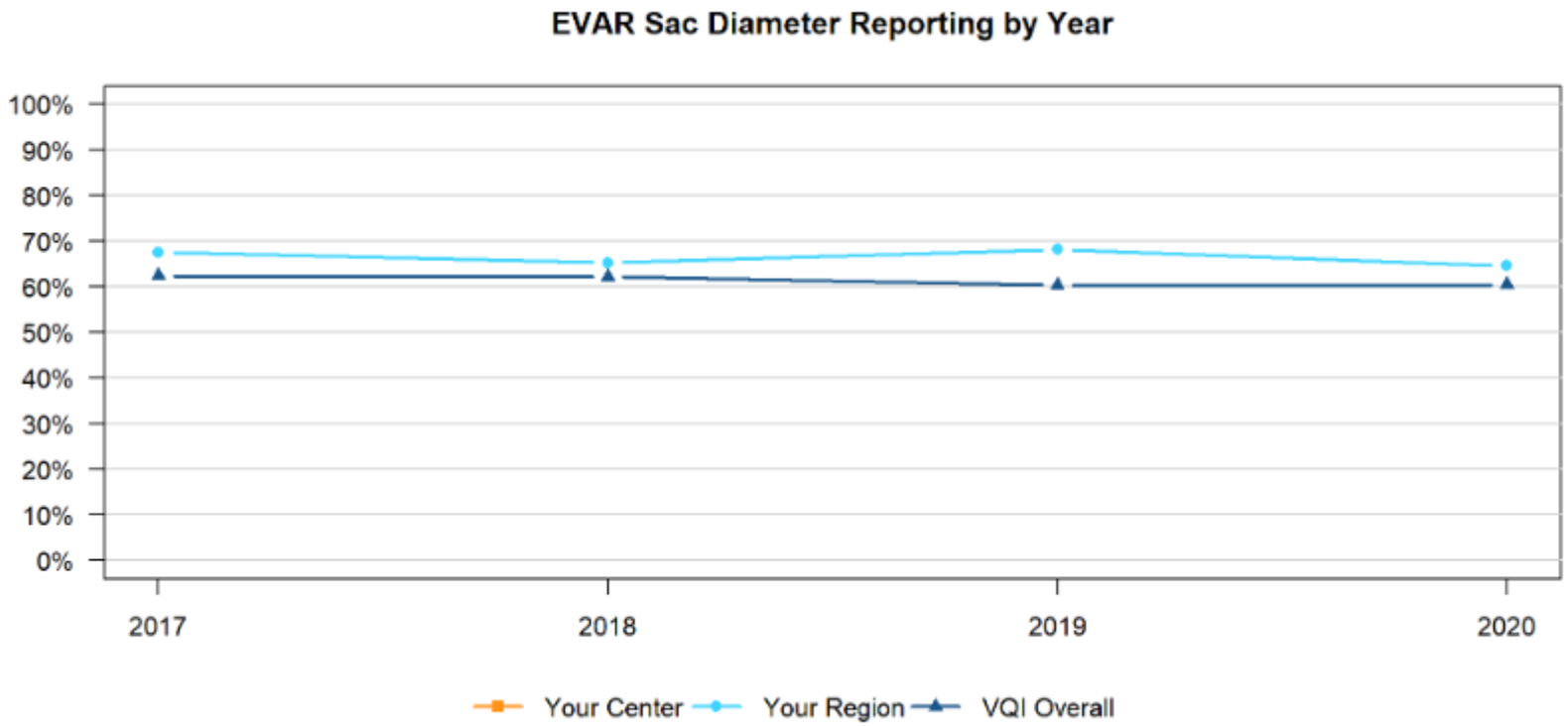
EVAR: Sac Diameter Reporting

Procedures performed between January 1 and December 31, 2020

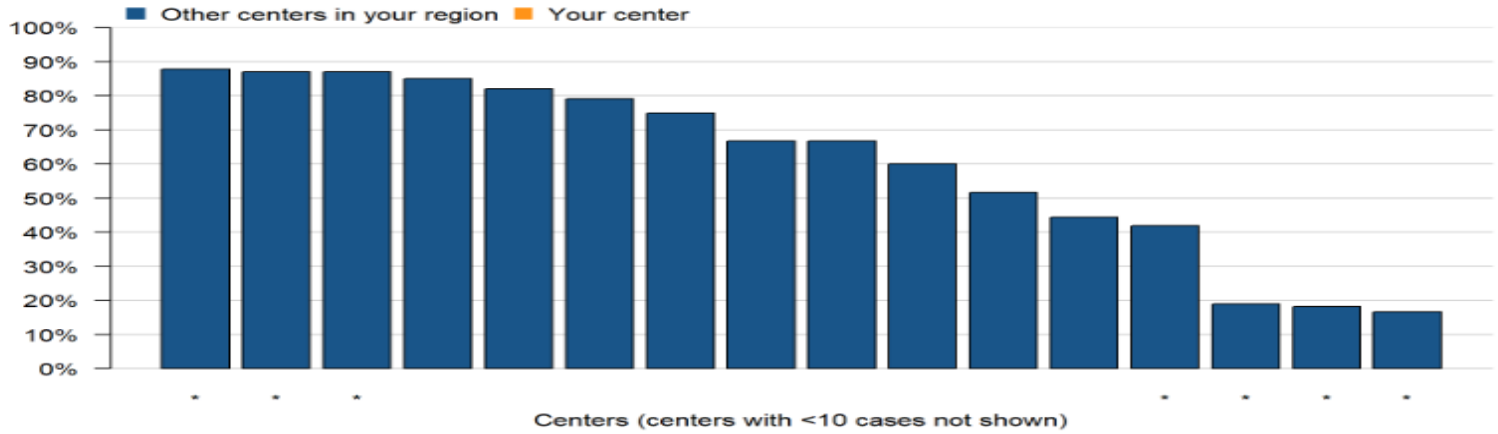
Includes Endovascular AAA Repair (EVAR) procedures. Excludes patients who were converted to open or died within 21 months of surgery.

The table below gives the number of EVAR procedures meeting the inclusion criteria, and the percentage of those procedures where a sac diameter was reported between 9 and 21 months post-procedure.

	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		429	6360
Percentage with sac diameter reported between 9 and 21 months post-procedure		64.6%	60.5%


EVAR Sac Diameter Reporting by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2017
2018
2019
2020
Your Center
Your Region
VQI Overall

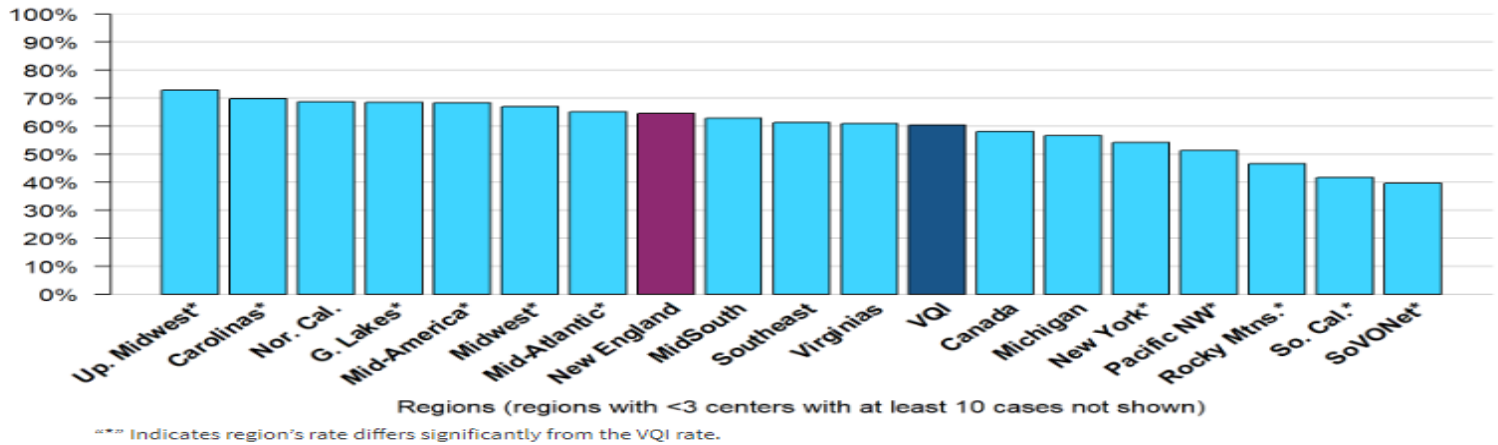
EVAR Sac Diameter Reporting in Your Region (Jan-Dec 2020)



16 of 23 centers displayed

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

EVAR Sac Diameter Reporting by Region Across VQI (Jan-Dec 2020)



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

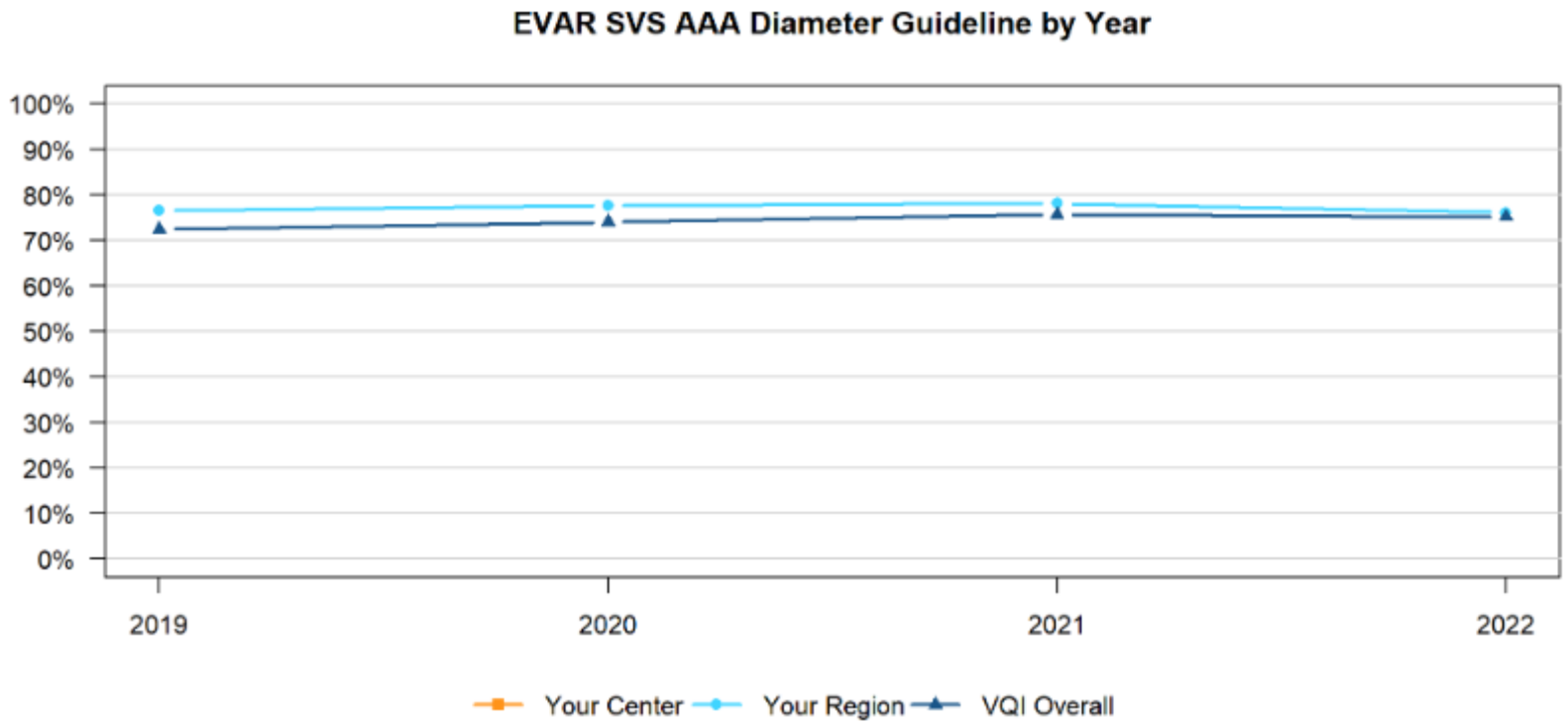
EVAR: SVS AAA Diameter Guideline

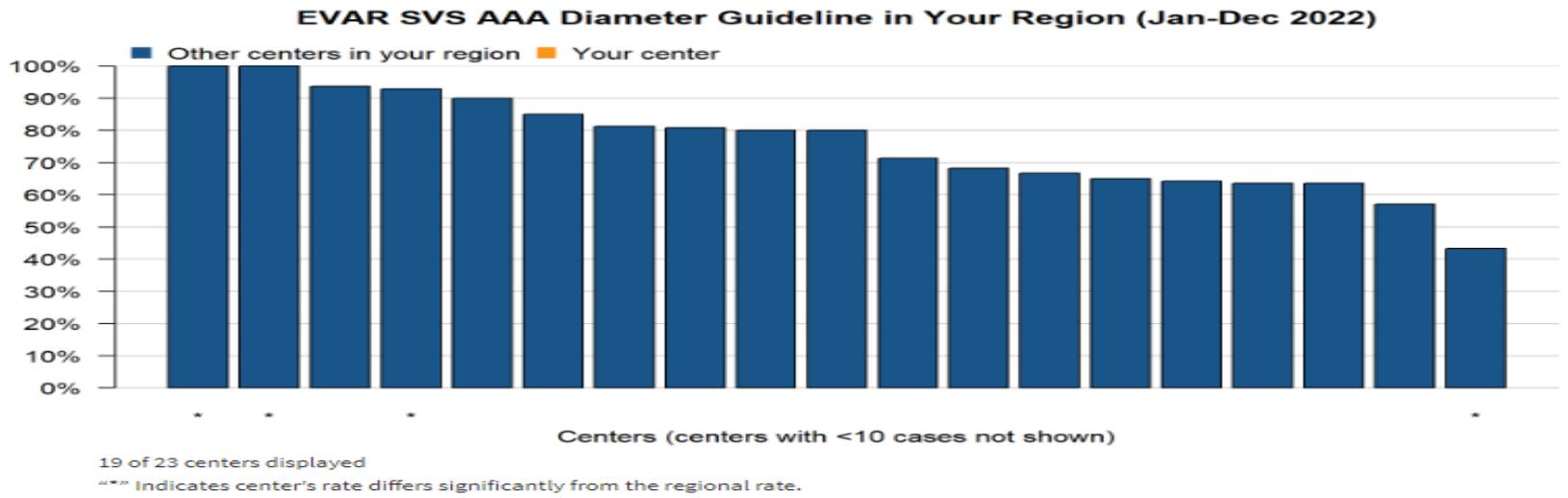
Procedures performed between January 1 and December 31, 2022

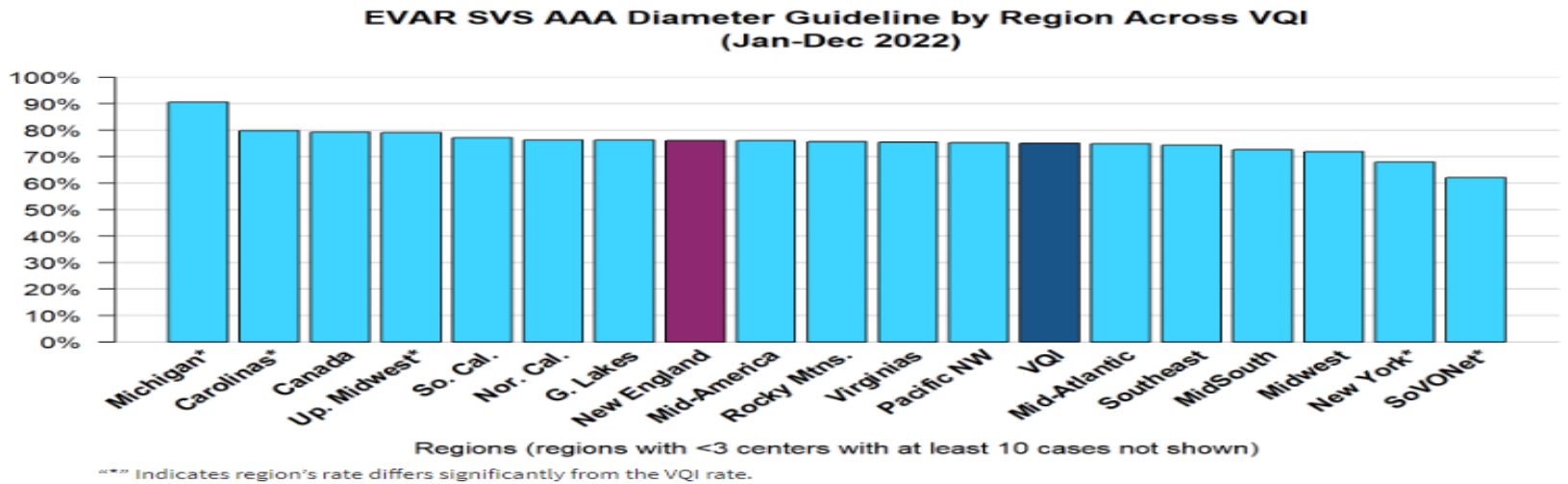
Includes Endovascular AAA Repair (EVAR) procedures. Excludes any non-elective procedure. SVS AAA diameter guideline is ≥5 cm for Women and ≥5.5cm for men. If the patient has any iliac aneurysm, the guideline is considered met regardless of AAA diameter.

The table below gives the number of EVAR procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS AAA diameter guideline.

	Your Center	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria		448	6400
Percentage meeting SVS AAA diameter guideline		76.1%	75.2%


EVAR SVS AAA Diameter Guideline by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall


EVAR SVS AAA Diameter Guideline in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Centers (centers with <10 cases not shown)
19 of 23 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


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

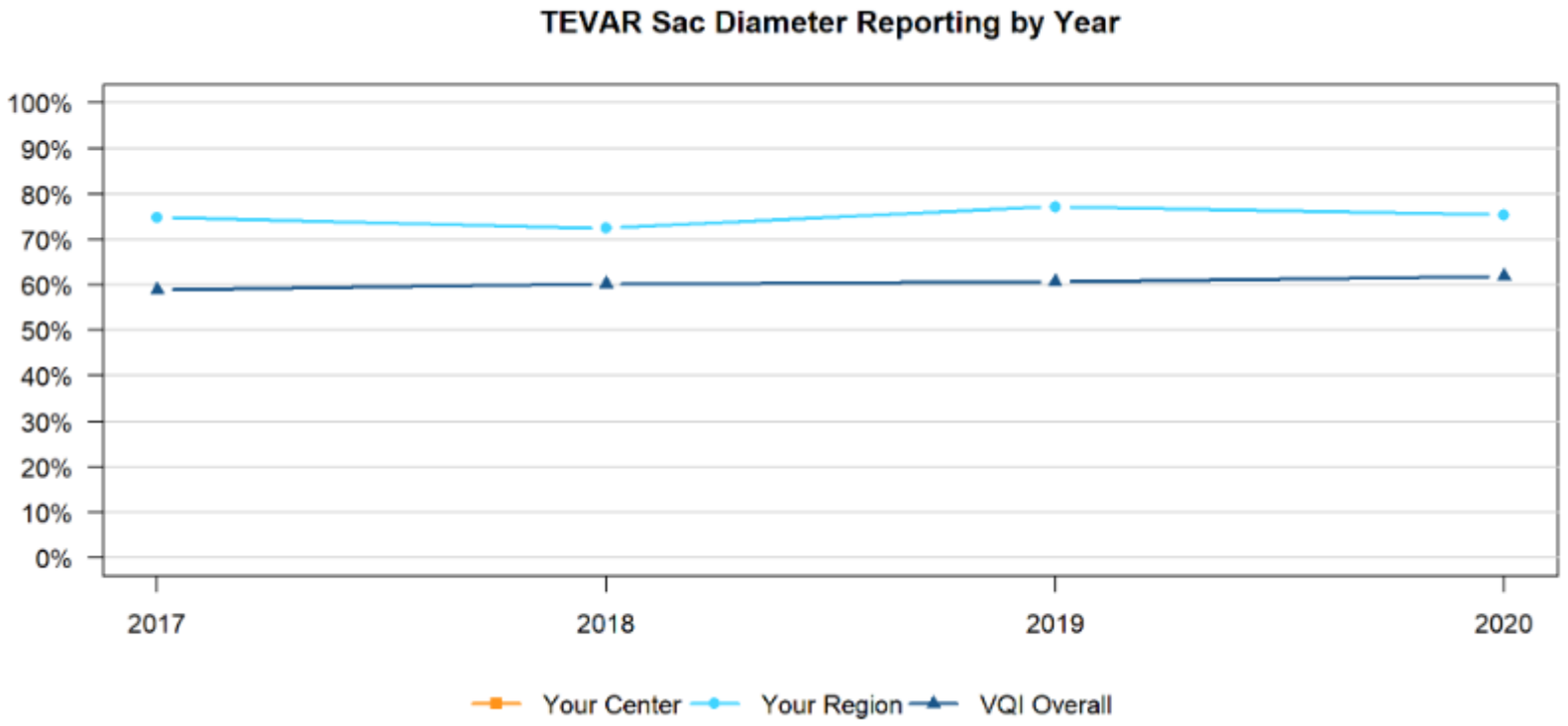
TEVAR: Sac Diameter Reporting

Procedures performed between January 1 and December 31, 2020

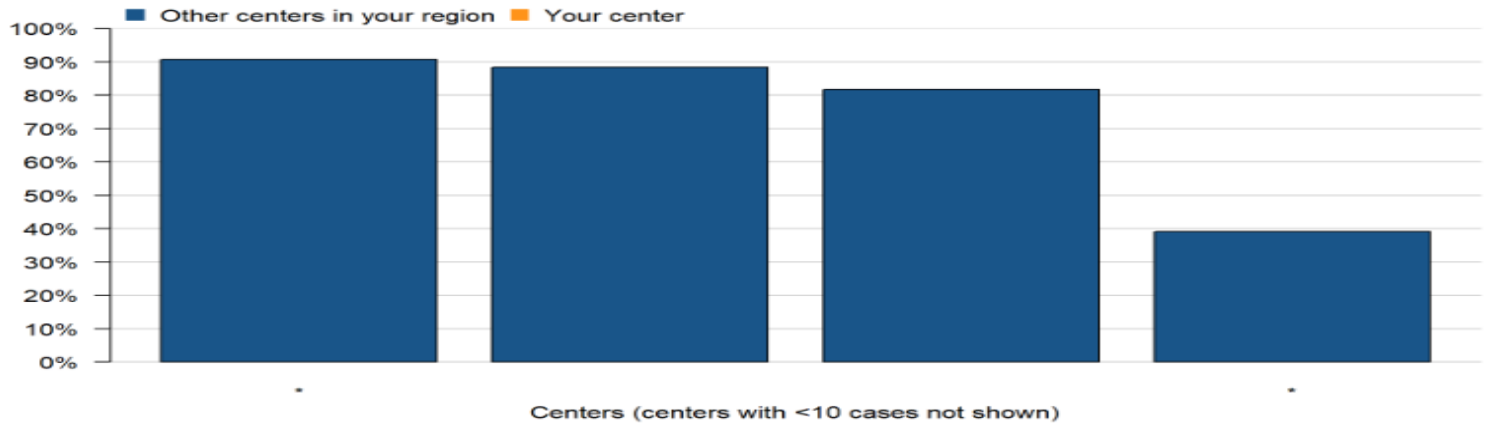
Includes Thoracic Endovascular Aortic Repair (TEVAR) procedures for aneurysm or aneurysm from dissection. Excludes procedures where no aortic device was implanted or patients who were converted to open or died within 21 months of surgery.

The table below gives the number of TEVAR procedures meeting the inclusion criteria, and the percentage of those procedures where a sac diameter was reported between 9 and 21 months post-procedure.

	Your Center	Your Region	VQI Overall
Number of TEVAR procedures meeting inclusion criteria		138	1427
Percentage with sac diameter reported between 9 and 21 months post-procedure		75.4%	61.9%


TEVAR Sac Diameter Reporting by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2017
2018
2019
2020
Your Center
Your Region
VQI Overall

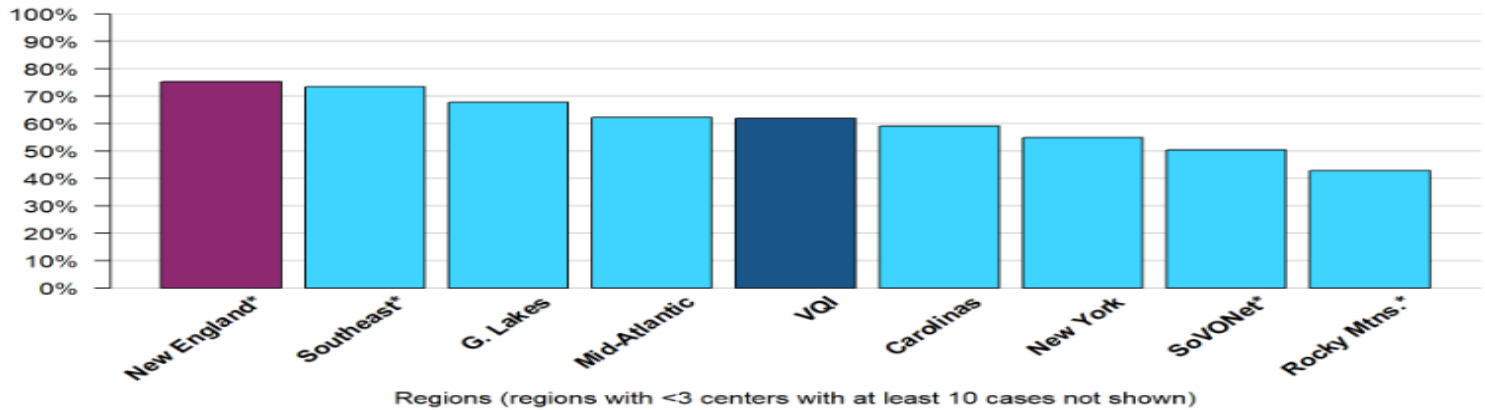
TEVAR Sac Diameter Reporting in Your Region (Jan-Dec 2020)



4 of 10 centers displayed

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

TEVAR Sac Diameter Reporting by Region Across VQI (Jan-Dec 2020)



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

OAAA: In-Hospital Mortality

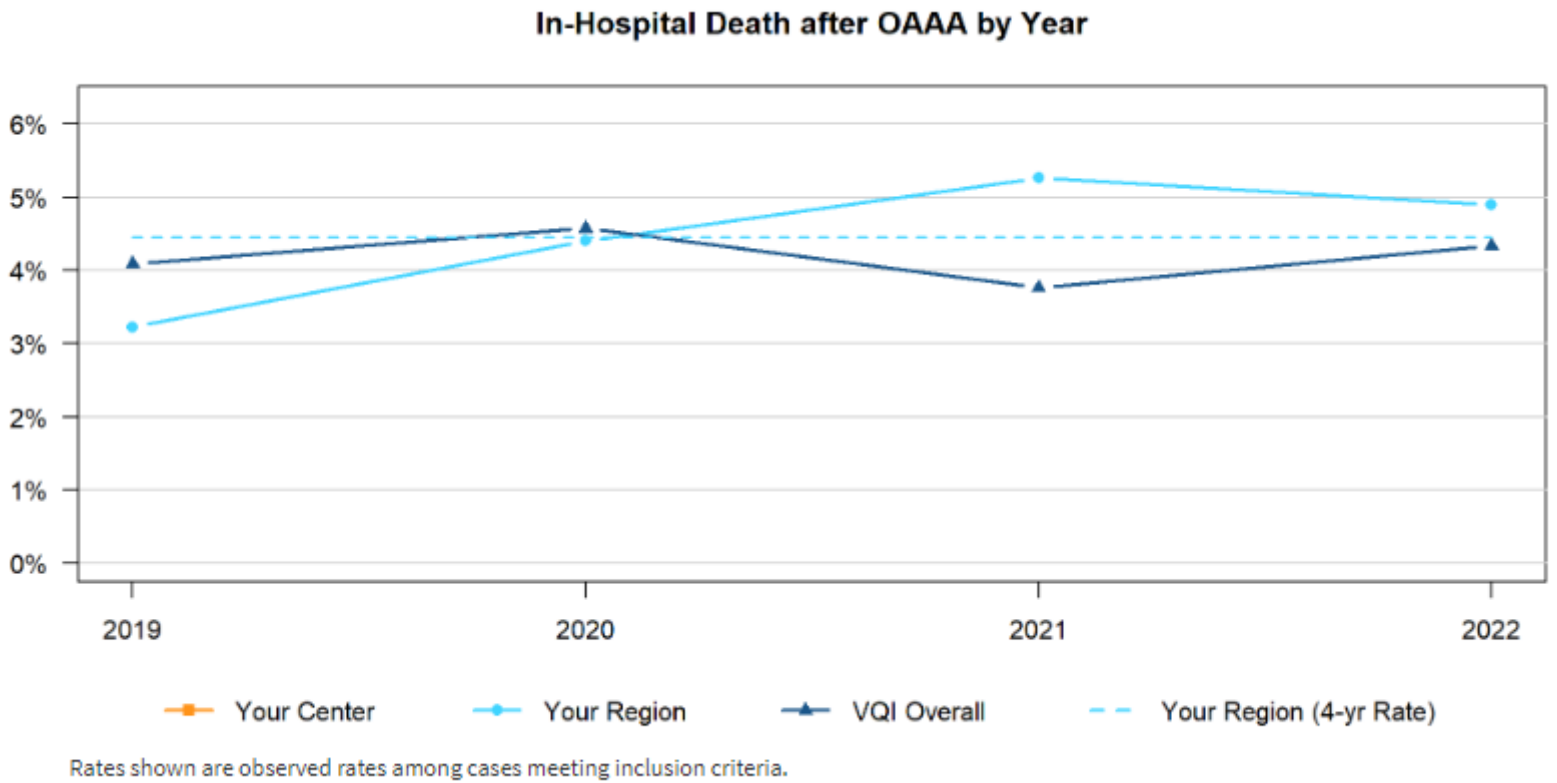
Procedures performed between January 1, 2019 and December 31, 2022

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

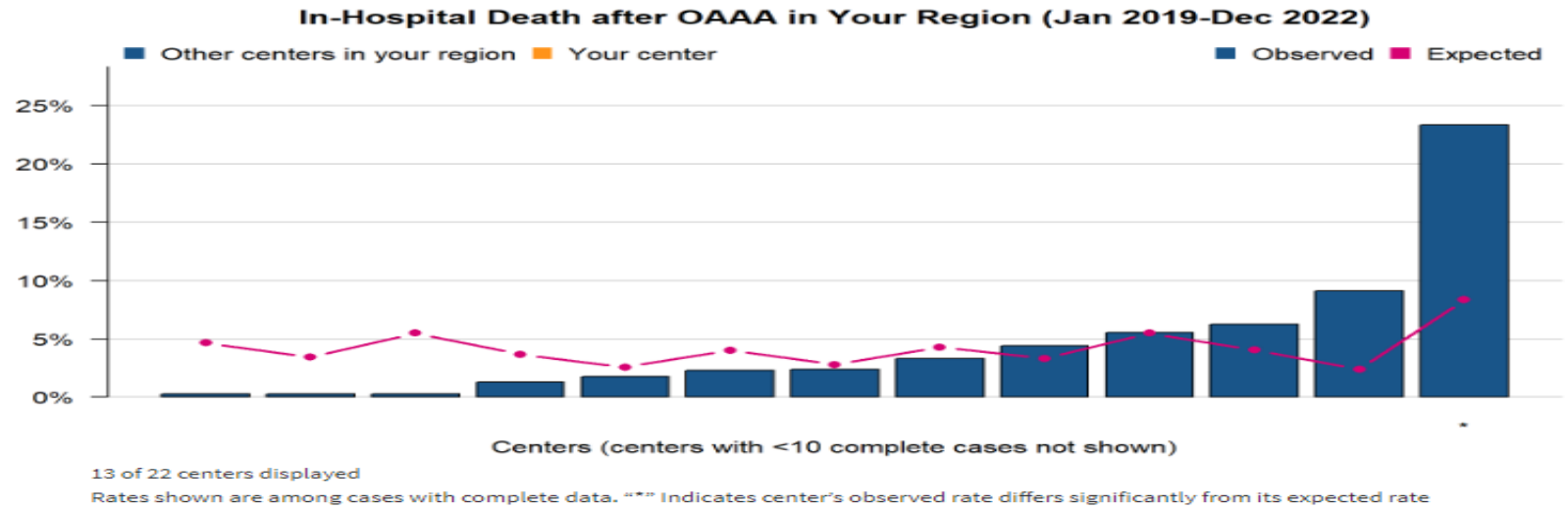
The table below gives the number of OAAA procedures meeting the inclusion criteria, and the observed and expected rates of in-hospital death for those cases.

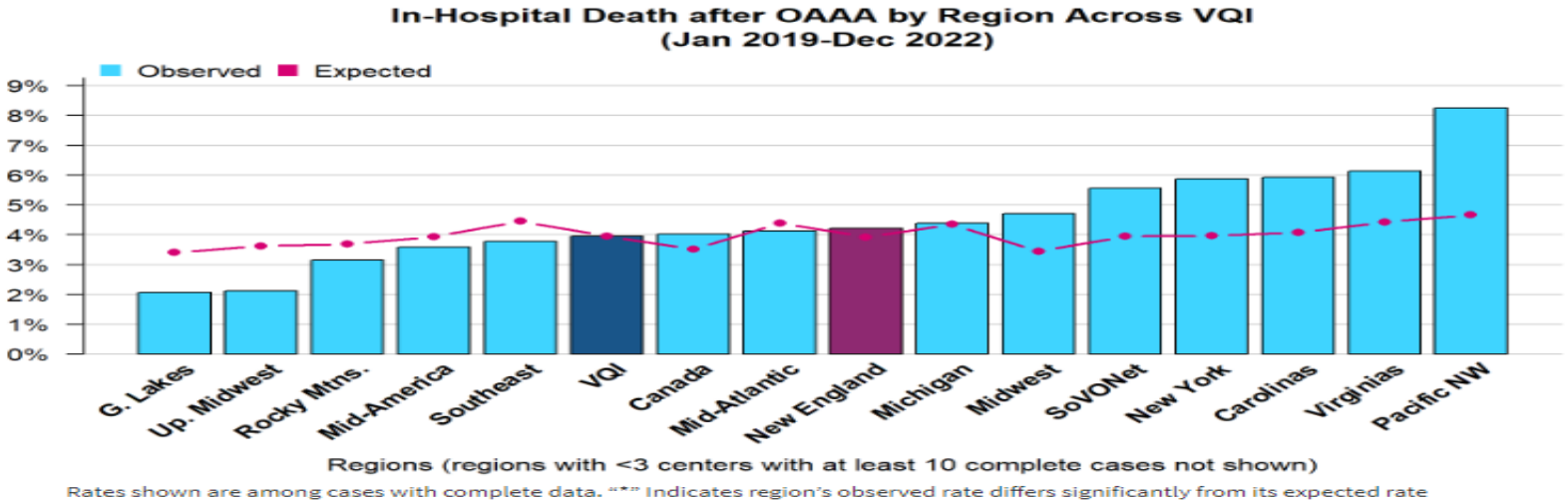
	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		719	4664
Observed rate of In-Hospital Mortality among procedures meeting inclusion criteria		4.5%	4.2%
Number of procedures with complete data*		688	4369
Observed rate of In-Hospital Mortality among cases with complete data		4.2%	4%
Expected rate of In-Hospital Mortality among cases with complete data		3.9%	NA
P-value for comparison of observed and expected rates		0.69	NA

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



Rates shown are observed rates among cases meeting inclusion criteria.


In-Hospital Death after OAAA in Your Region (Jan 2019-Dec 2022)
Other centers in your region
Your center
Observed
Expected
25%
20%
15%
10%
5%
0%
Centers (centers with <10 complete cases not shown)
13 of 22 centers displayed
Rates shown are among cases with complete data. "*" Indicates center's observed rate differs significantly from its expected rate


In-Hospital Death after OAAA by Region Across VQI
(Jan 2019-Dec 2022)
Observed
Expected
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
G. Lakes
Up. Midwest
Rocky Mtns.
Mid-America
Southeast
VQI
Canada
Mid-Atlantic
New England
Michigan
Midwest
SoVONet
New York
Carolinas
Virginias
Pacific NW
Regions (regions with <3 centers with at least 10 complete cases not shown)
Rates shown are among cases with complete data. "*" Indicates region's observed rate differs significantly from its expected rate

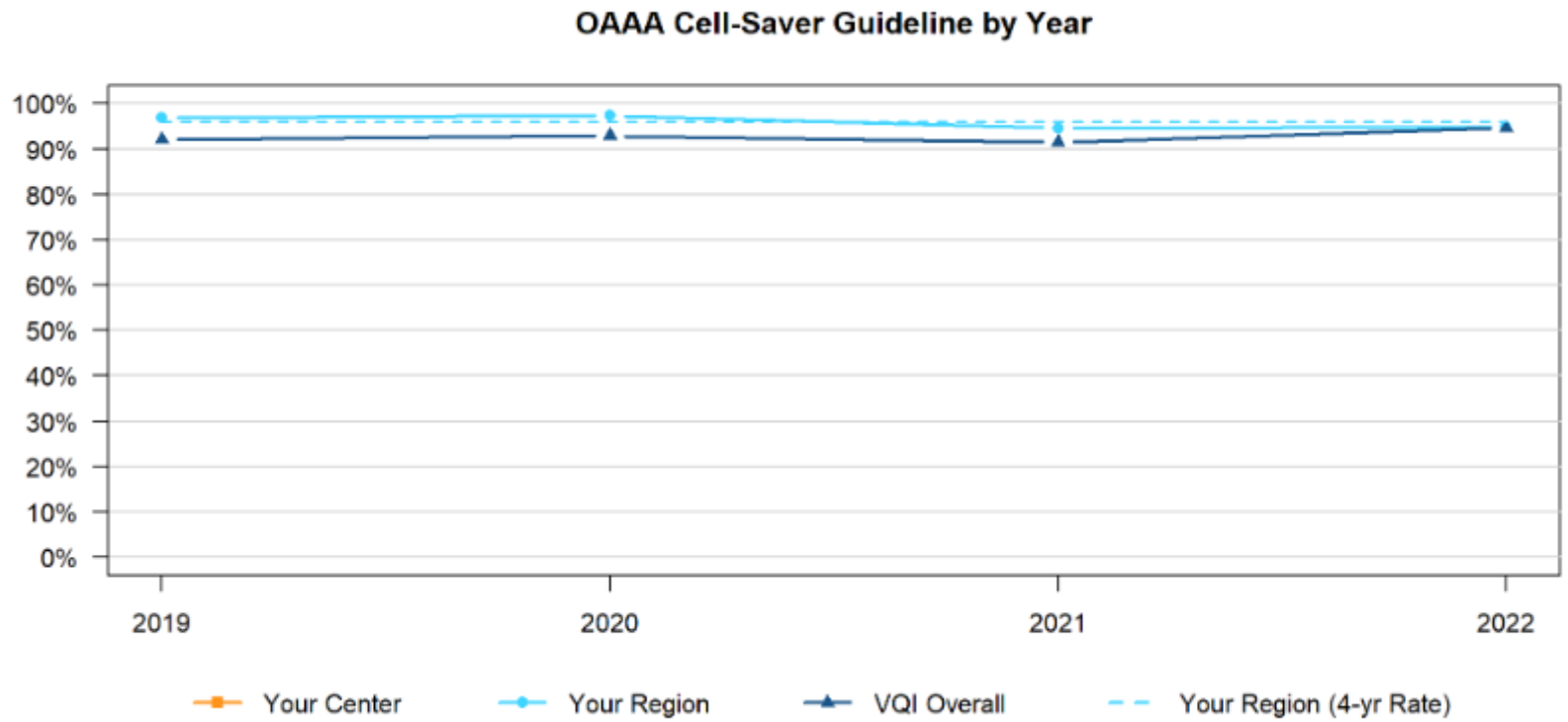
OAAA: SVS Cell-Saver Guideline

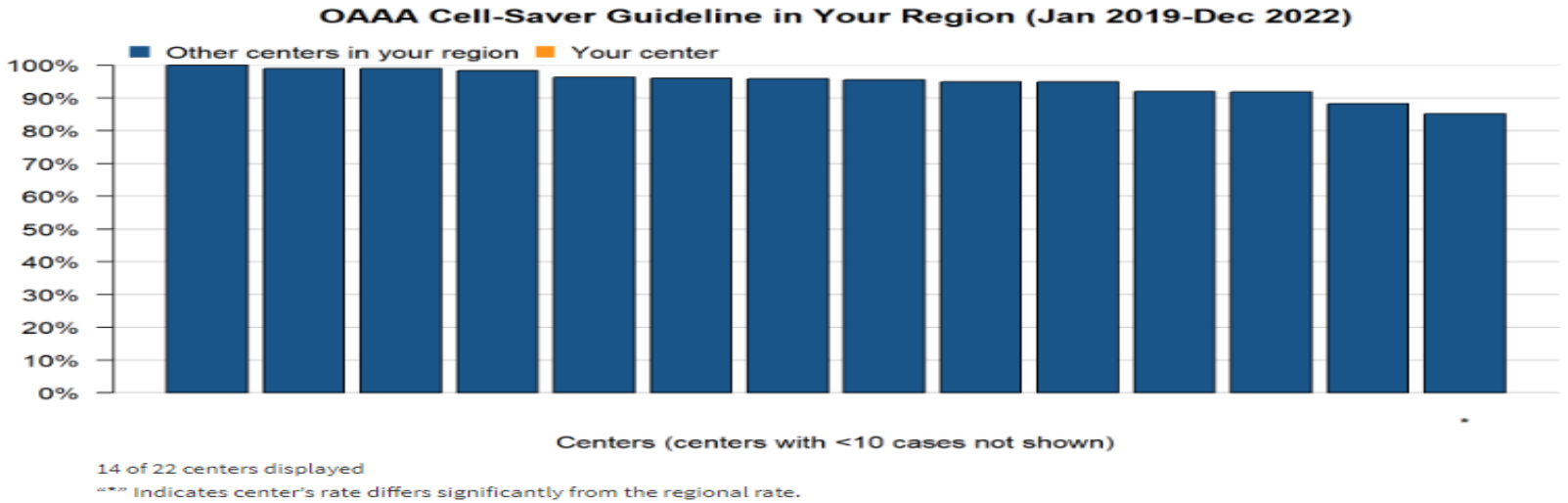
Procedures performed between January 1, 2019 and December 31, 2022

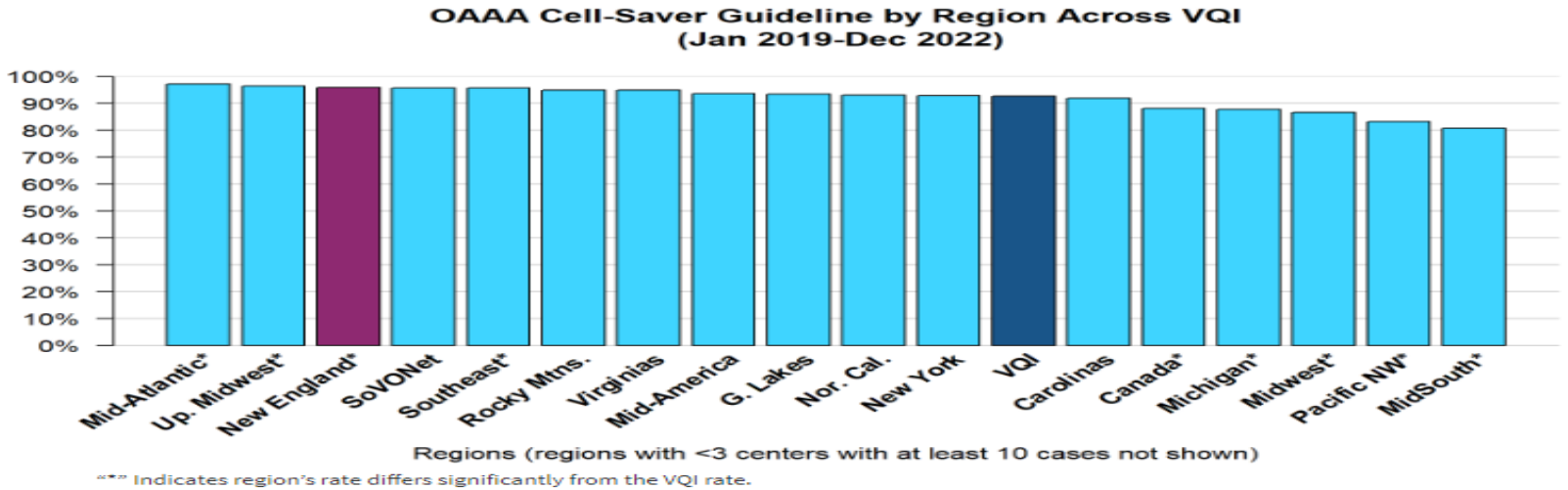
Includes Open AAA (OAAA) procedures. Excludes any patient with EBL≤500 ml. SVS cell-saver guideline is met if cell salvage or ultrafiltration device was used.

The table below gives the number of OAAA procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS cell-saver guideline.

	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		712	4702
Percentage meeting SVS cell-saver guideline		95.9%	92.7%


OAAA Cell-Saver Guideline by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall
Your Region (4-yr Rate)


OAAA Cell-Saver Guideline in Your Region (Jan 2019-Dec 2022)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Centers (centers with <10 cases not shown)
14 of 22 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


OAAA Cell-Saver Guideline by Region Across VQI
(Jan 2019-Dec 2022)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Mid-Atlantic*
Up. Midwest*
New England*
SoVONet
Southeast*
Rocky Mtns.
Virginias
Mid-America
G. Lakes
Nor. Cal.
New York
VQI
Carolinas
Canada*
Michigan*
Midwest*
Pacific NW*
MidSouth*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

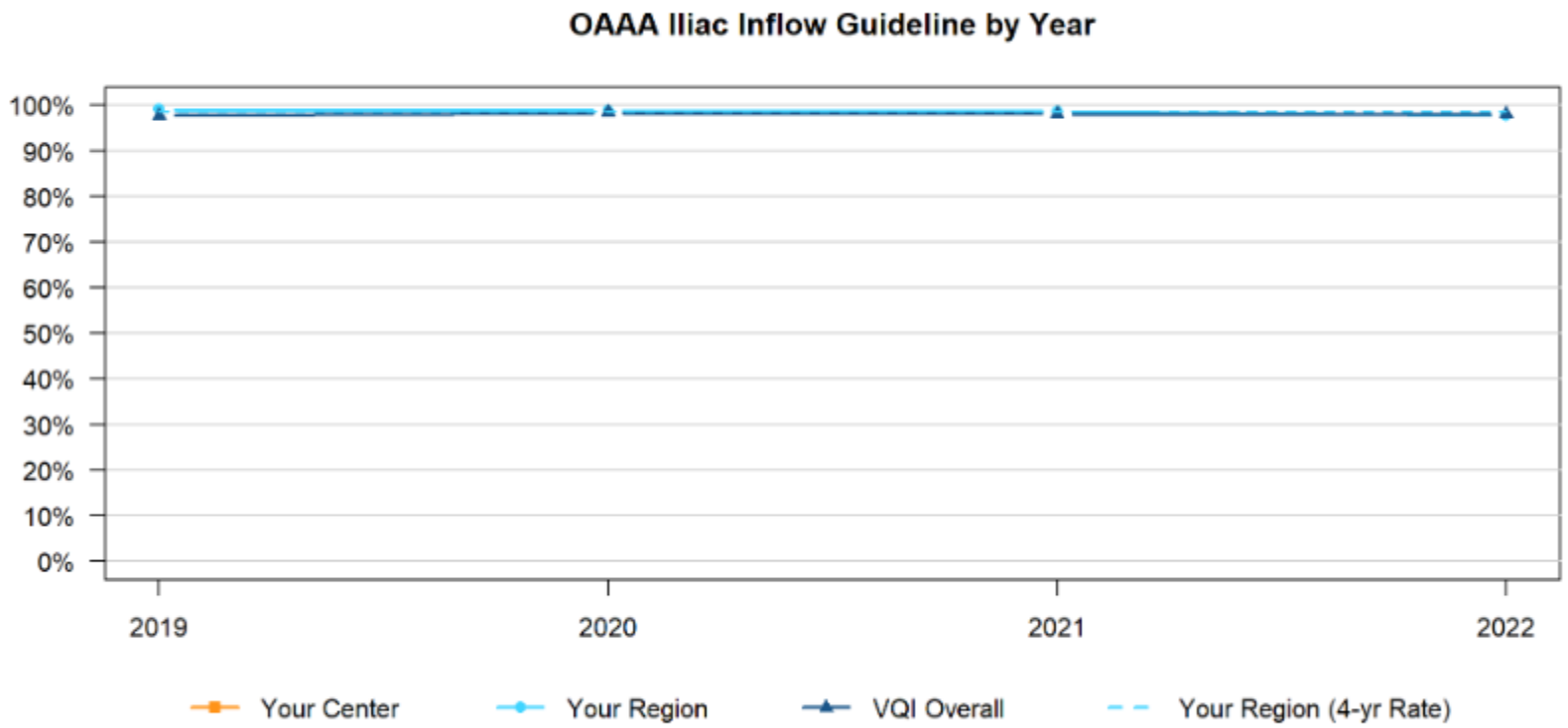
OAAA: SVS Iliac Inflow Guideline

Procedures performed between January 1, 2019 and December 31, 2022

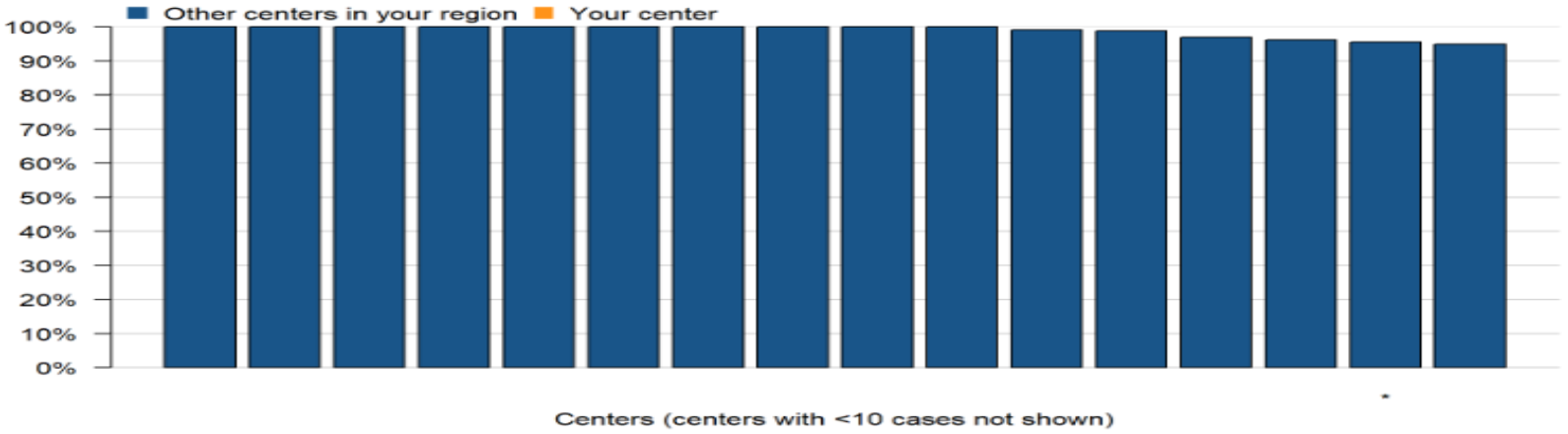
Includes Open AAA (OAAA) procedures. SVS iliac inflow guideline is met if preservation of flow was maintained to at least one internal iliac artery.

The table below gives the number of OAAA procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS iliac inflow guideline.

	Your Center	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria		838	5304
Percentage meeting SVS iliac inflow guideline		98.6%	98.1%


OAAA Iliac Inflow Guideline by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall
Your Region (4-yr Rate)

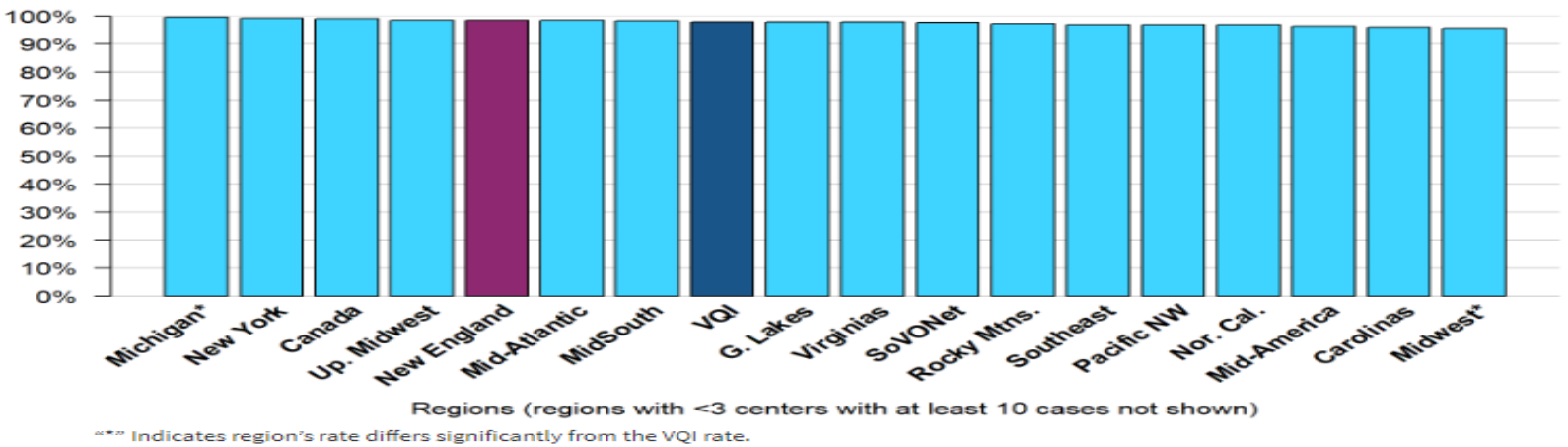
OAAA Iliac Inflow Guideline in Your Region (Jan 2019-Dec 2022)



16 of 22 centers displayed

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

OAAA Iliac Inflow Guideline by Region Across VQI (Jan 2019-Dec 2022)



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

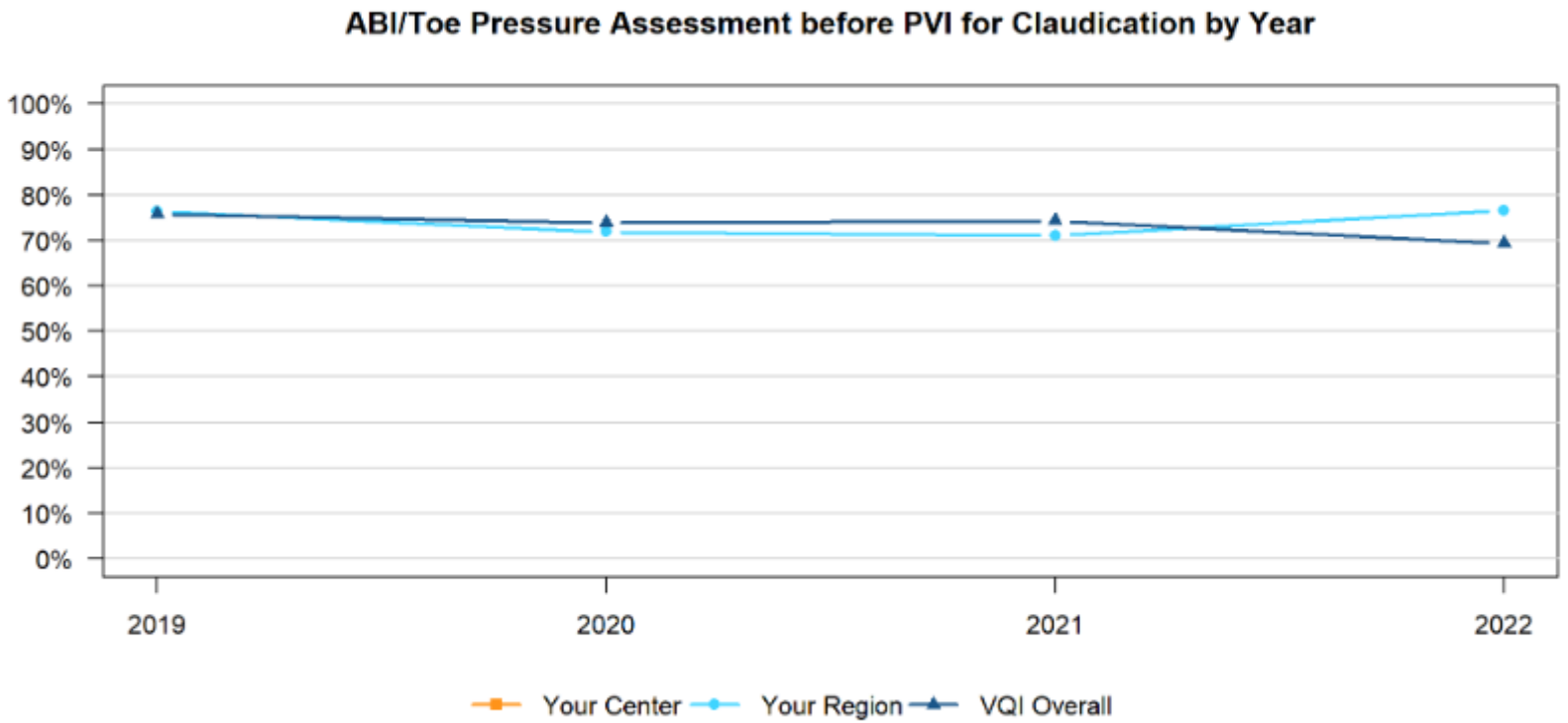
PVI CLAUD: ABI/Toe Pressure

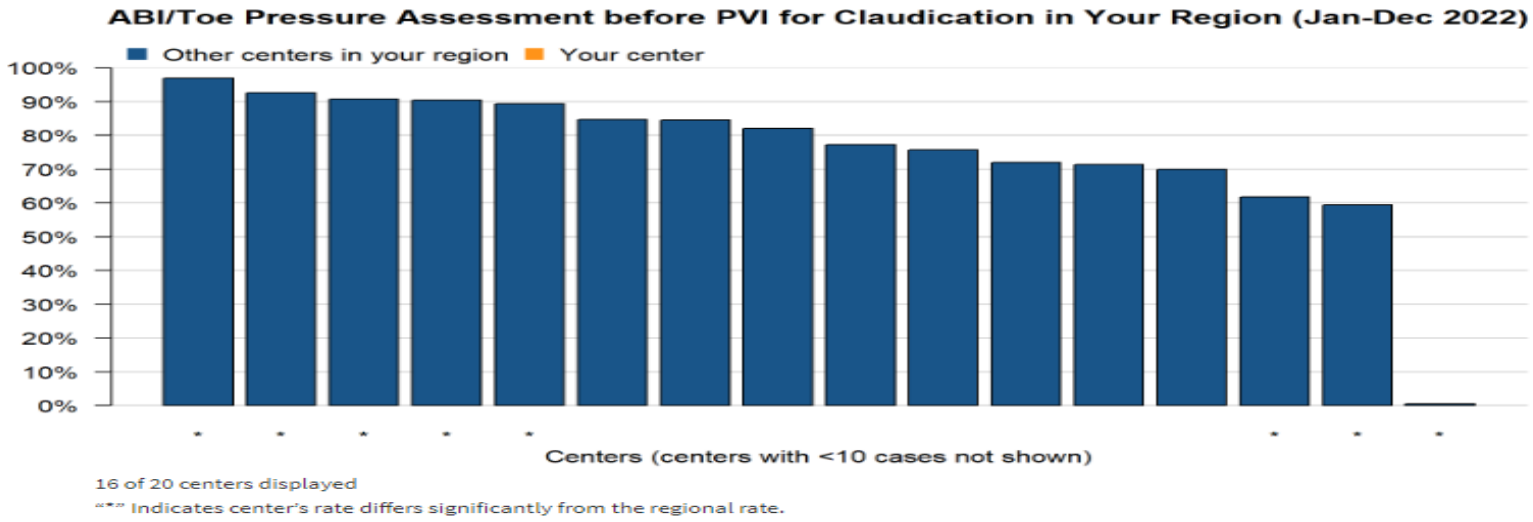
Procedures performed between January 1 and December 31, 2022

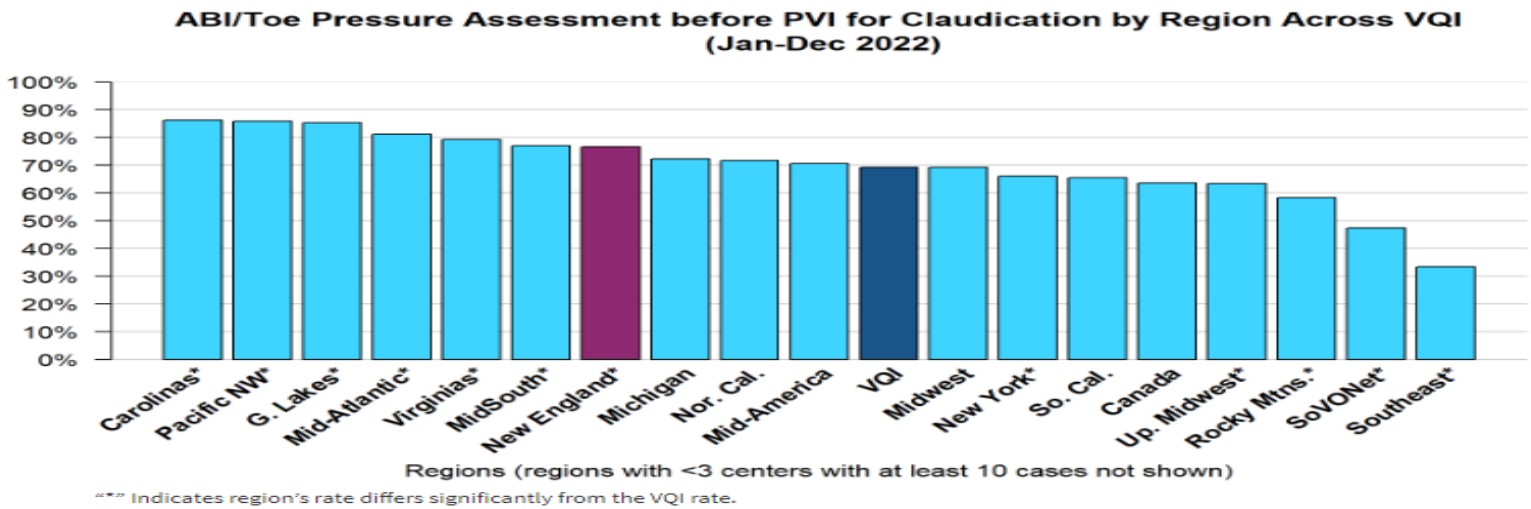
Includes Peripheral Vascular Intervention (PVI) procedures for mild, moderate, or severe claudication. "ABI/Toe Pressure Assessment" indicates at least one ABI or toe pressure assessment was made prior to PVI for the side of the procedure, or on both sides for bilateral and aortic procedures.

The table below gives the number of PVI procedures meeting the inclusion criteria, and the percentage of those procedures in which an ABI or toe pressure was assessed prior to PVI.

	Your Center	Your Region	VQI Overall
Number of PVI procedures meeting inclusion criteria		1096	16075
Percentage with ABI/toe pressure assessment		76.6%	69.4%


ABI/Toe Pressure Assessment before PVI for Claudication by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall


ABI/Toe Pressure Assessment before PVI for Claudication in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Centers (centers with <10 cases not shown)
16 of 20 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


ABI/Toe Pressure Assessment before PVI for Claudication by Region Across VQI (Jan-Dec 2022)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Carolinas*
Pacific NW*
G. Lakes*
Mid-Atlantic*
Virginias*
MidSouth*
New England*
Michigan
Nor. Cal.
Mid-America
VQI
Midwest
New York*
So. Cal.
Canada
Up. Midwest*
Rocky Mtns.*
SoVONet*
Southeast*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

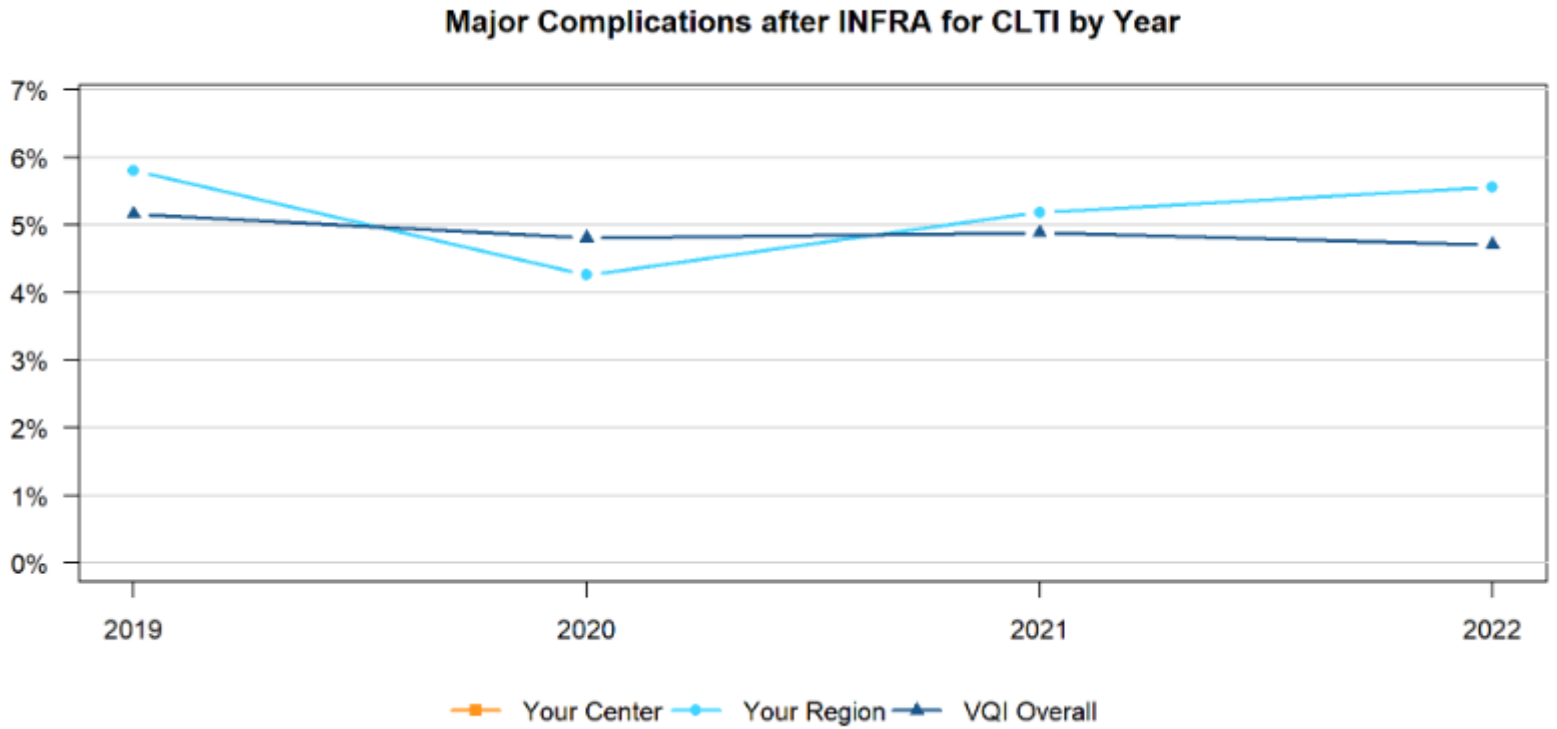
INFRA CLTI: Major Complications

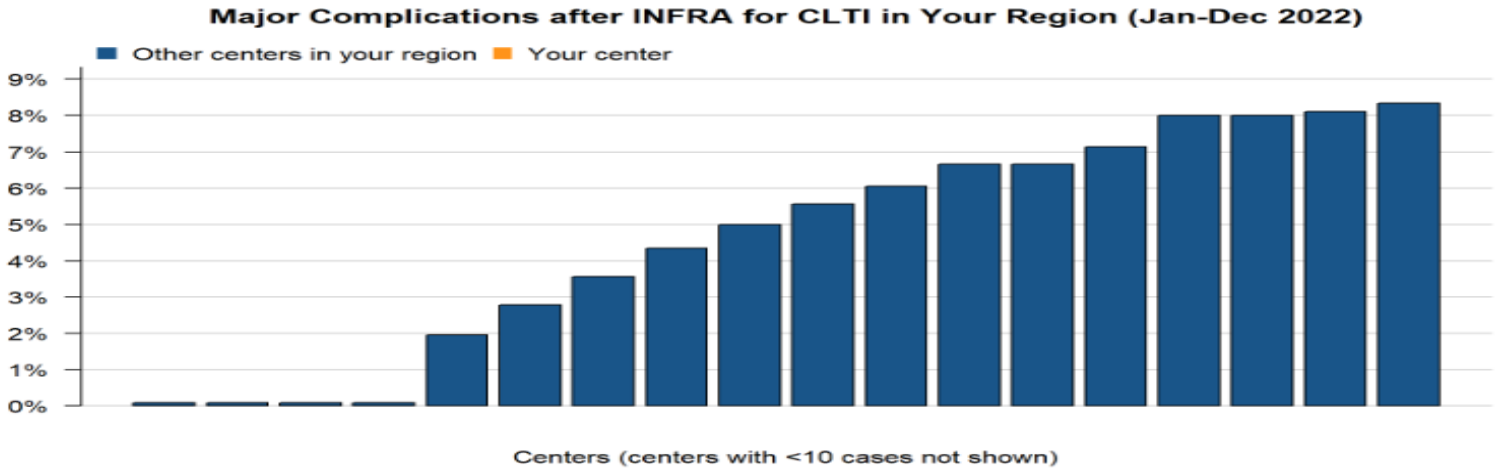
Procedures performed between January 1 and December 31, 2022

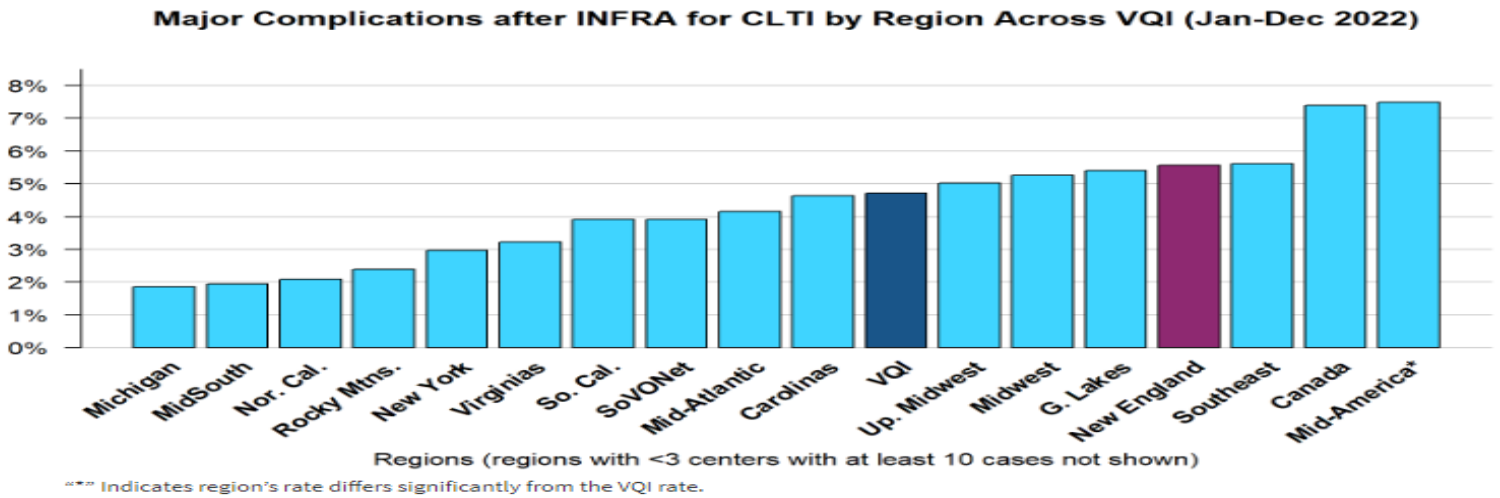
Includes Infrainguinal Bypass (INFRA) procedures for rest pain, tissue loss, or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

The table below gives the number of INFRA procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

	Your Center	Your Region	VQI Overall
Number of INFRA procedures meeting inclusion criteria		647	5203
Percentage with major complications		5.6%	4.7%


Major Complications after INFRA for CLTI by Year
7%
6%
5%
4%
3%
2%
1%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall


Major Complications after INFRA for CLTI in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
9%
8%
7%
6%
5%
4%
3%
2%
1%
0%
Centers (centers with <10 cases not shown)
18 of 25 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


Major Complications after INFRA for CLTI by Region Across VQI (Jan-Dec 2022)
8%
7%
6%
5%
4%
3%
2%
1%
0%
Michigan
MidSouth
Nor. Cal.
Rocky Mtns.
New York
Virginias
So. Cal.
SoVONet
Mid-Atlantic
Carolinas
VQI
Up. Midwest
Midwest
G. Lakes
New England
Southeast
Canada
Mid-America*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

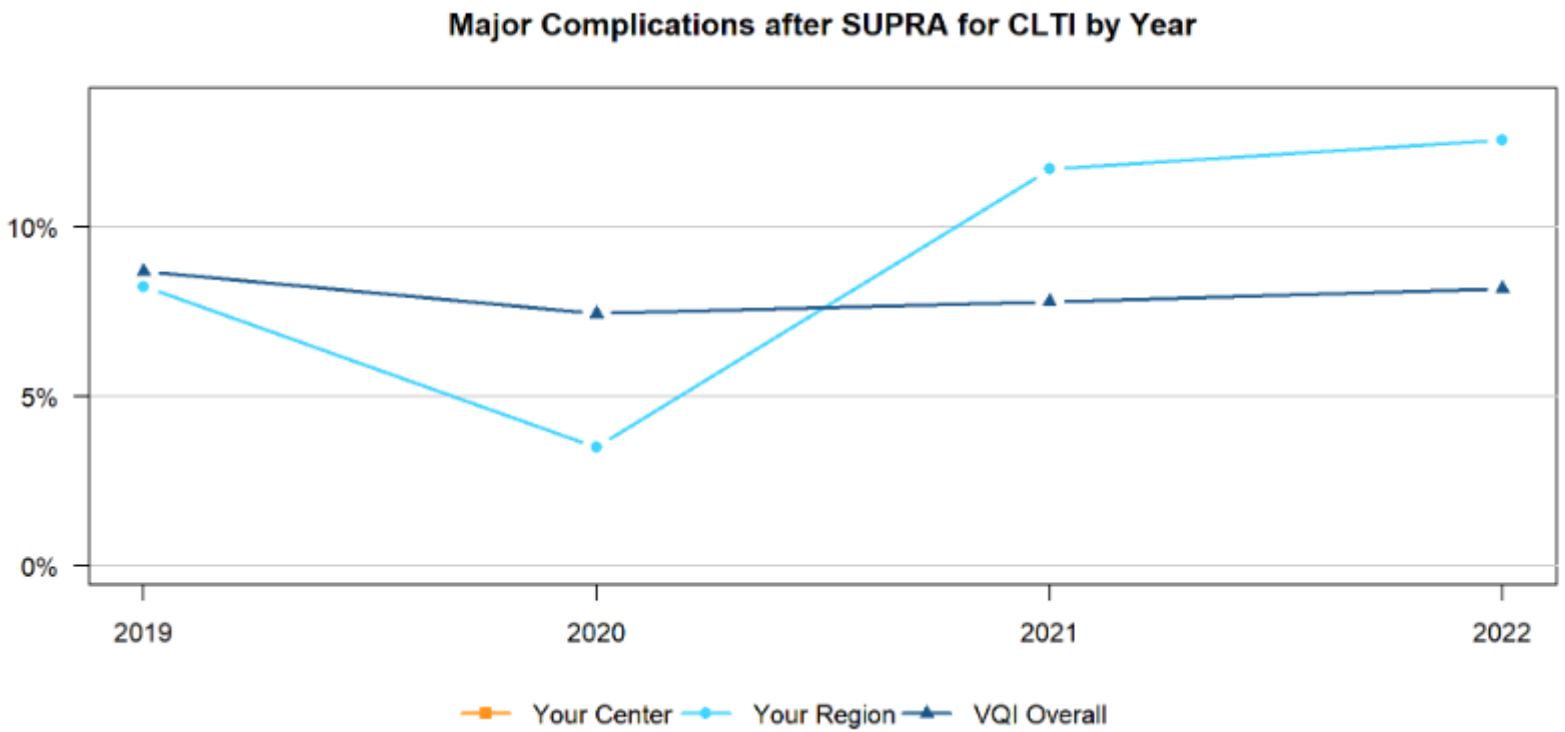
SUPRA CLTI: Major Complications

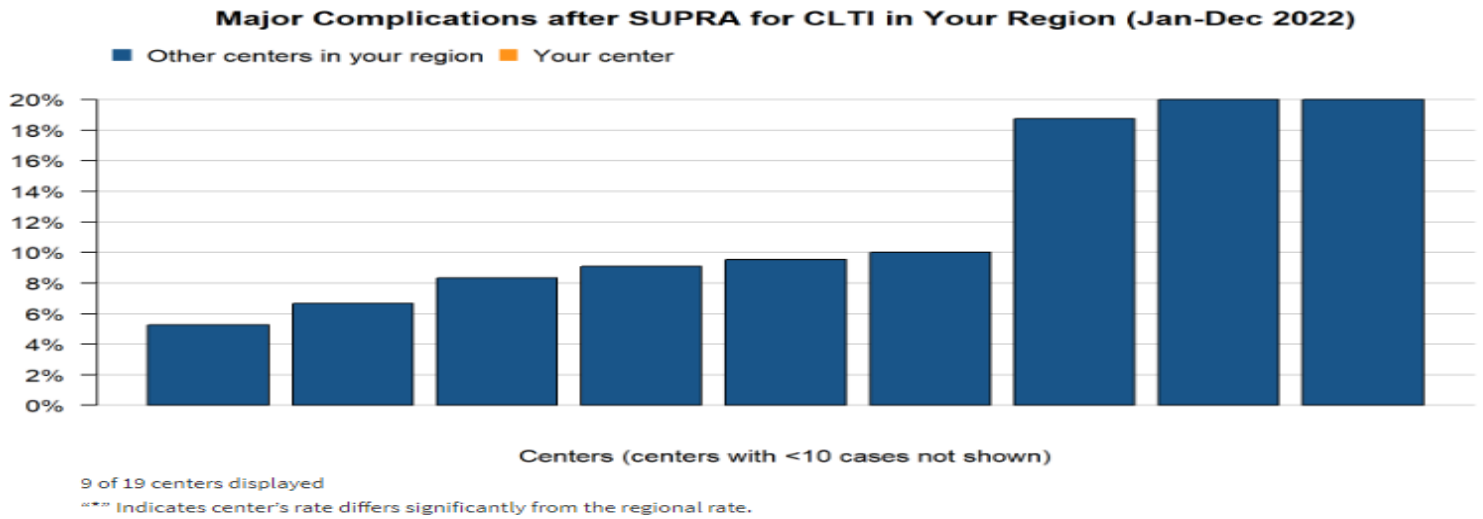
Procedures performed between January 1 and December 31, 2022

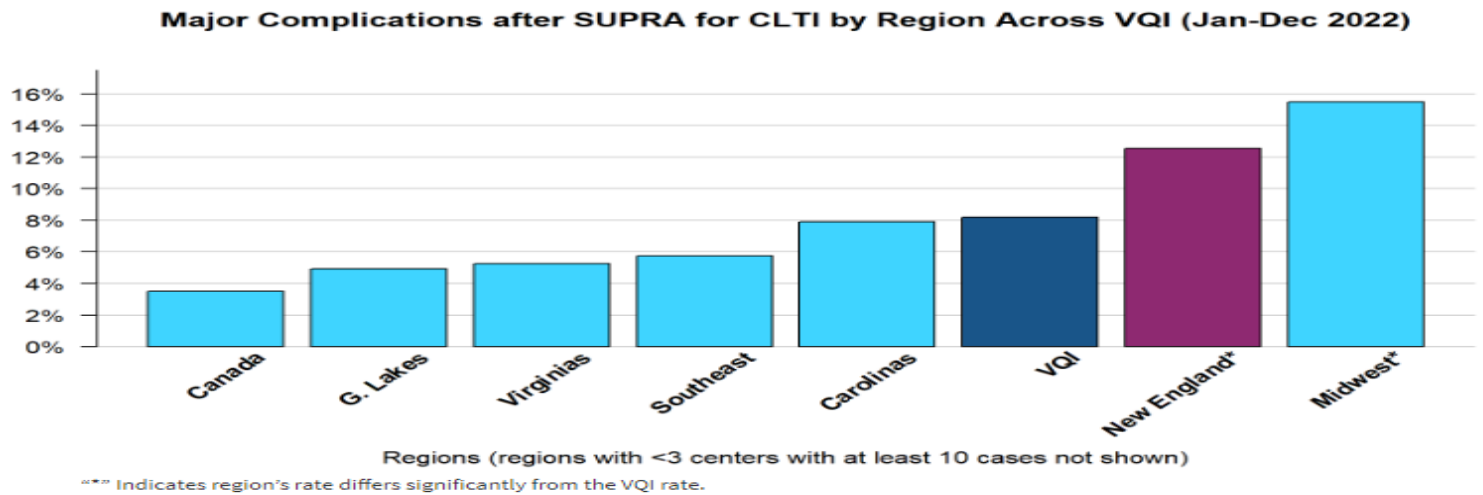
Includes Suprainguinal Bypass (SUPRA) procedures for rest pain, tissue loss, or acute ischemia. Major complications are defined as in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

The table below gives the number of SUPRA procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in in-hospital death, ipsilateral BK or AK amputation, or graft occlusion.

	Your Center	Your Region	VQI Overall
Number of SUPRA procedures meeting inclusion criteria		199	1282
Percentage with major complications		12.6%	8.2%


Major Complications after SUPRA for CLTI by Year
10%
5%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall


Major Complications after SUPRA for CLTI in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
Centers (centers with <10 cases not shown)
9 of 19 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


Major Complications after SUPRA for CLTI by Region Across VQI (Jan-Dec 2022)
16%
14%
12%
10%
8%
6%
4%
2%
0%
Canada
G. Lakes
Virginias
Southeast
Carolinas
VQI
New England*
Midwest*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

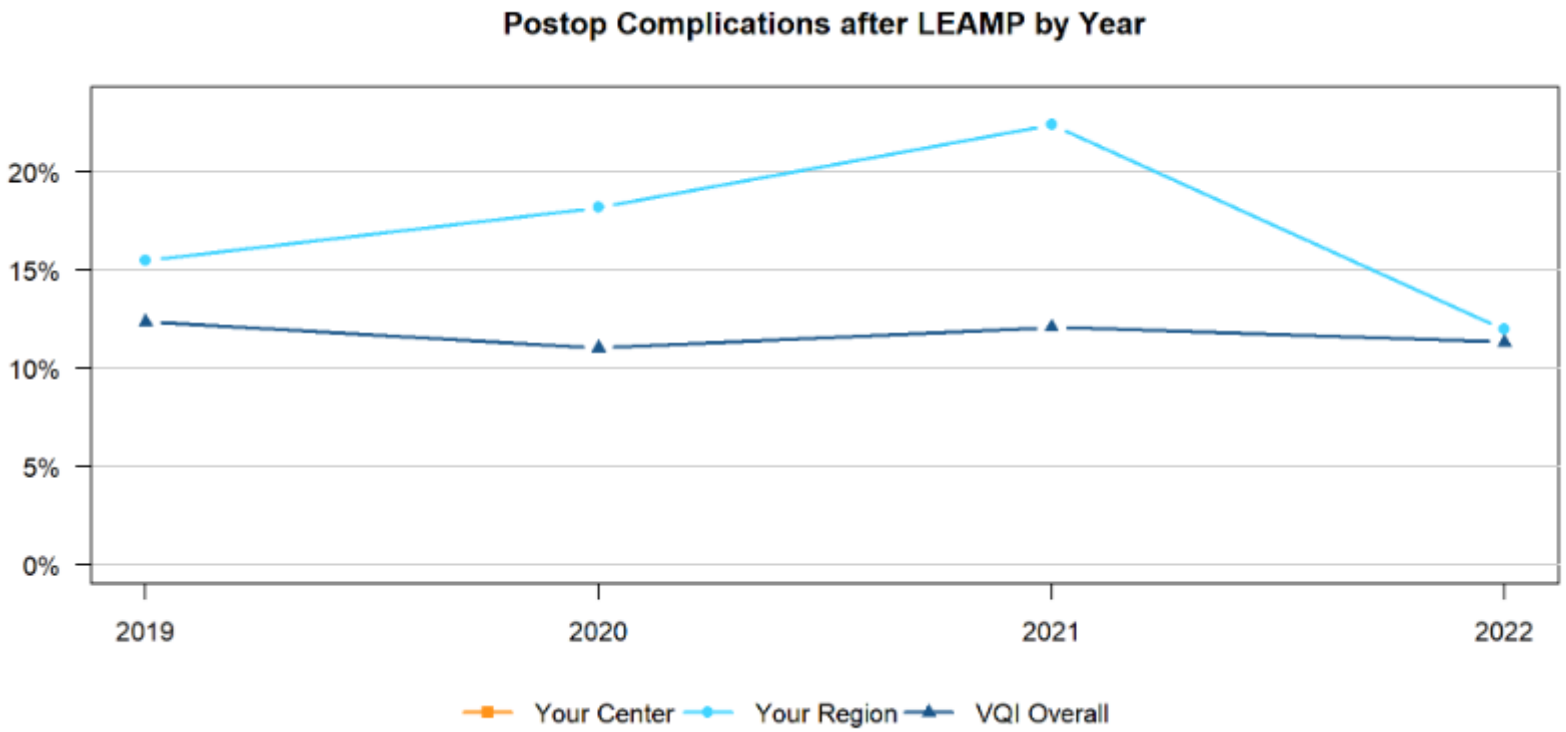
LEAMP: Postop Complications

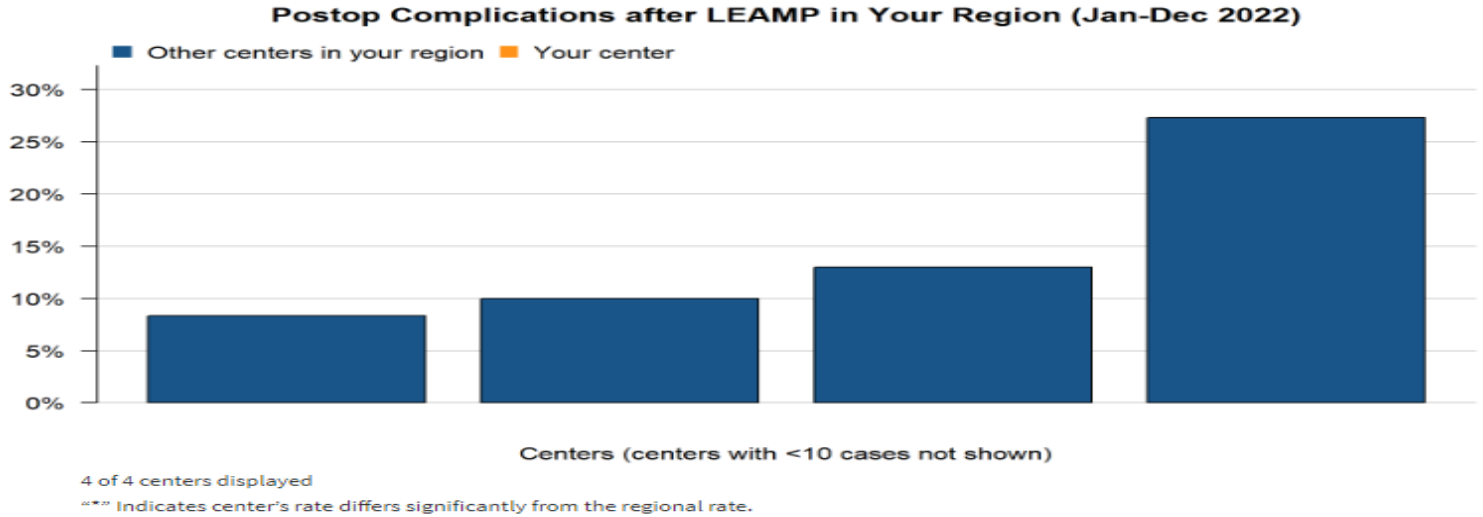
Procedures performed between January 1 and December 31, 2022

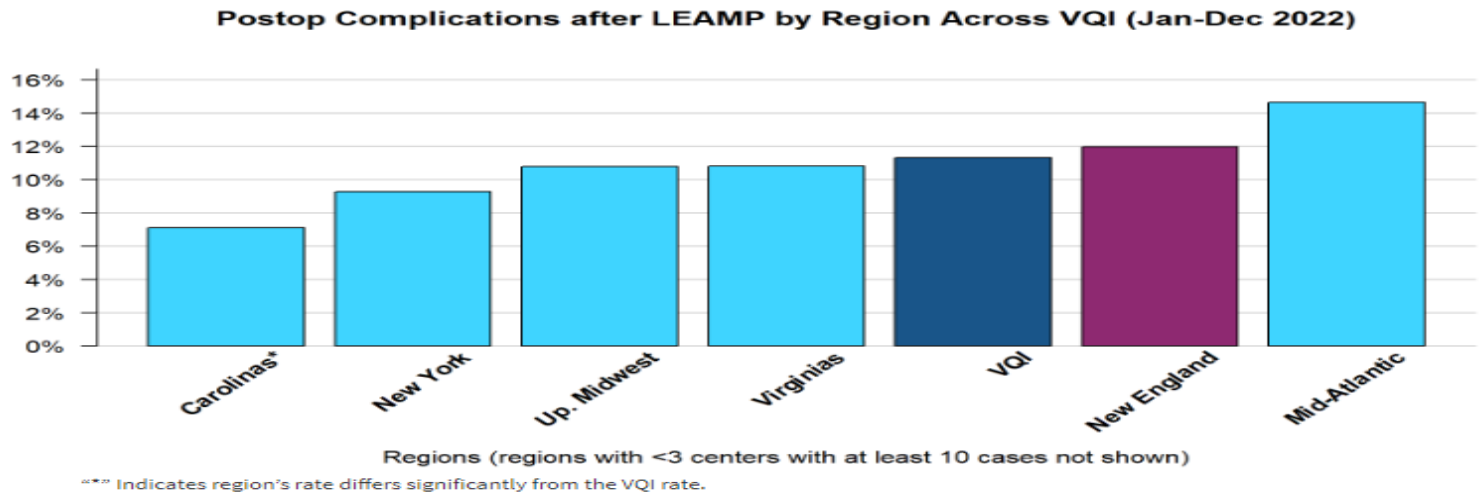
Includes Lower-Extremity Amputation (LEAMP) procedures. Postoperative complications are defined as myocardial infarction, dysrhythmia, congestive heart failure, surgical site infection, renal complication, or respiratory complication.

The table below gives the number of LEAMP procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in a postoperative complication.

	Your Center	Your Region	VQI Overall
Number of LEAMP procedures meeting inclusion criteria		167	3363
Percentage with postoperative complications		12%	11.3%


Postop Complications after LEAMP by Year
20%
15%
10%
5%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall


Postop Complications after LEAMP in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
30%
25%
20%
15%
10%
5%
0%
Centers (centers with <10 cases not shown)
4 of 4 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


Postop Complications after LEAMP by Region Across VQI (Jan-Dec 2022)
16%
14%
12%
10%
8%
6%
4%
2%
0%
Carolinas*
New York
Up. Midwest
Virginias
VQI
New England
Mid-Atlantic
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

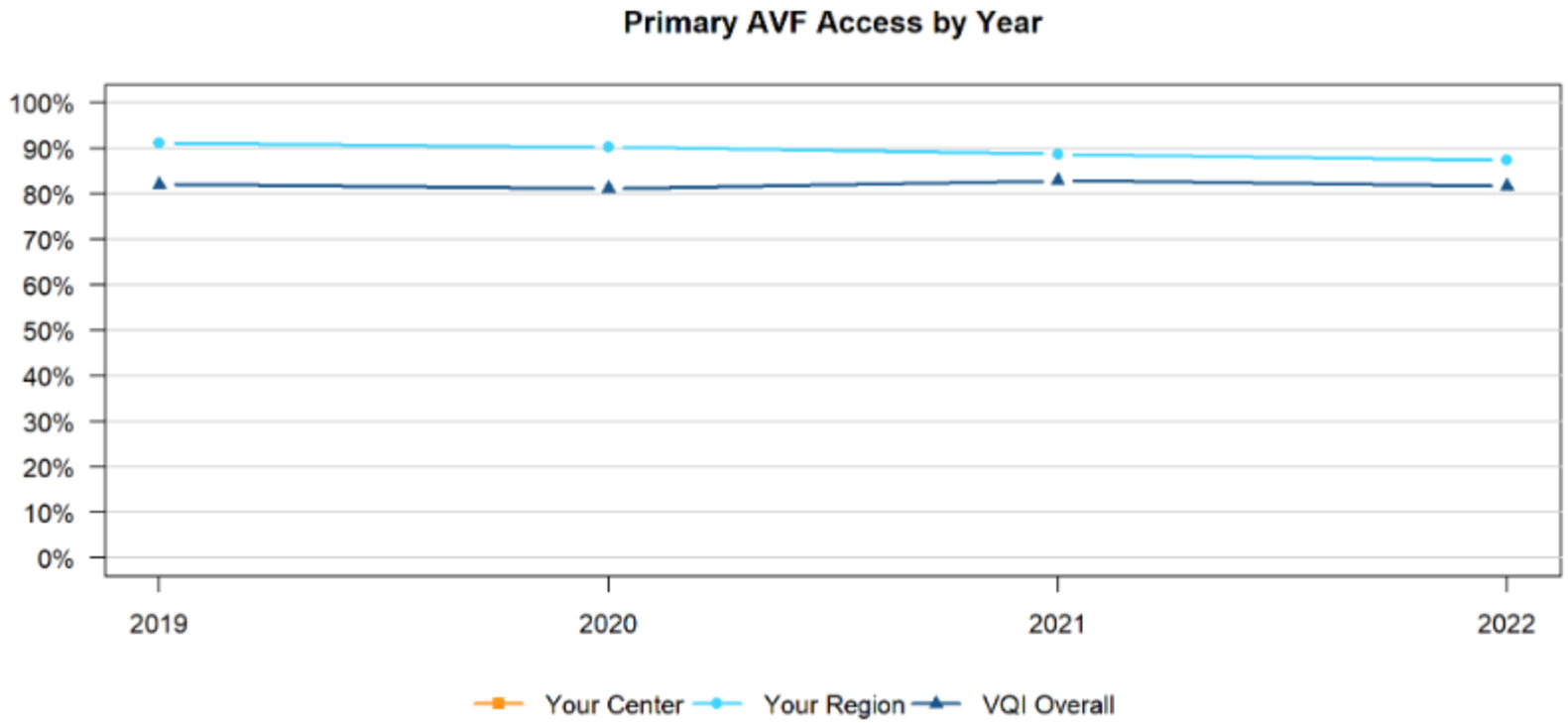
HDA: Primary AVF vs. Graft

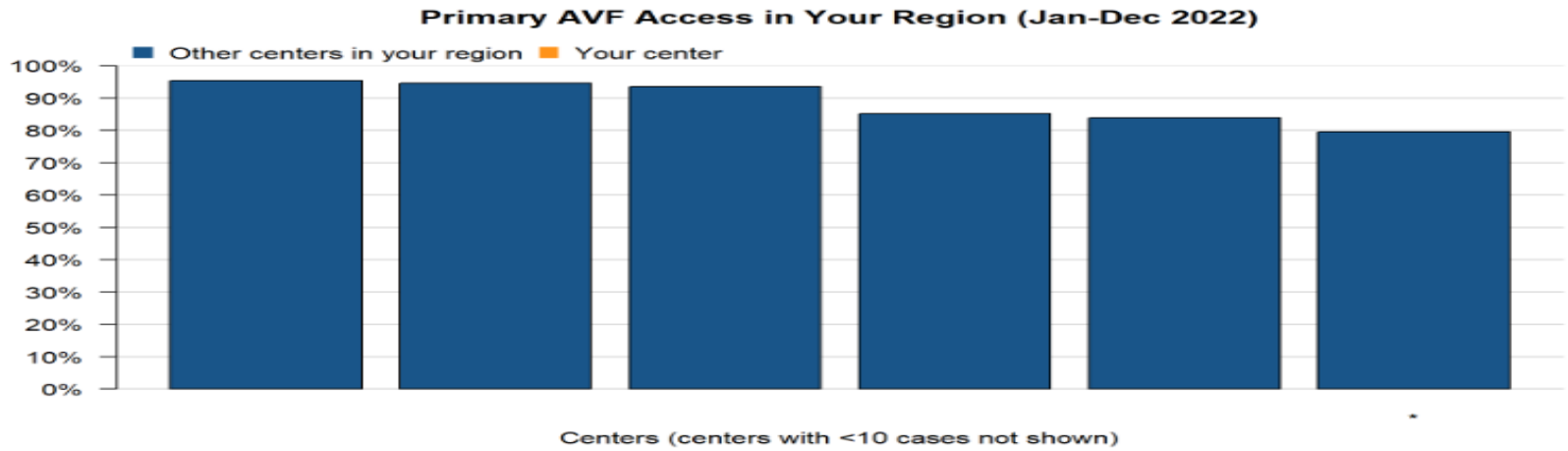
Procedures performed between January 1 and December 31, 2022

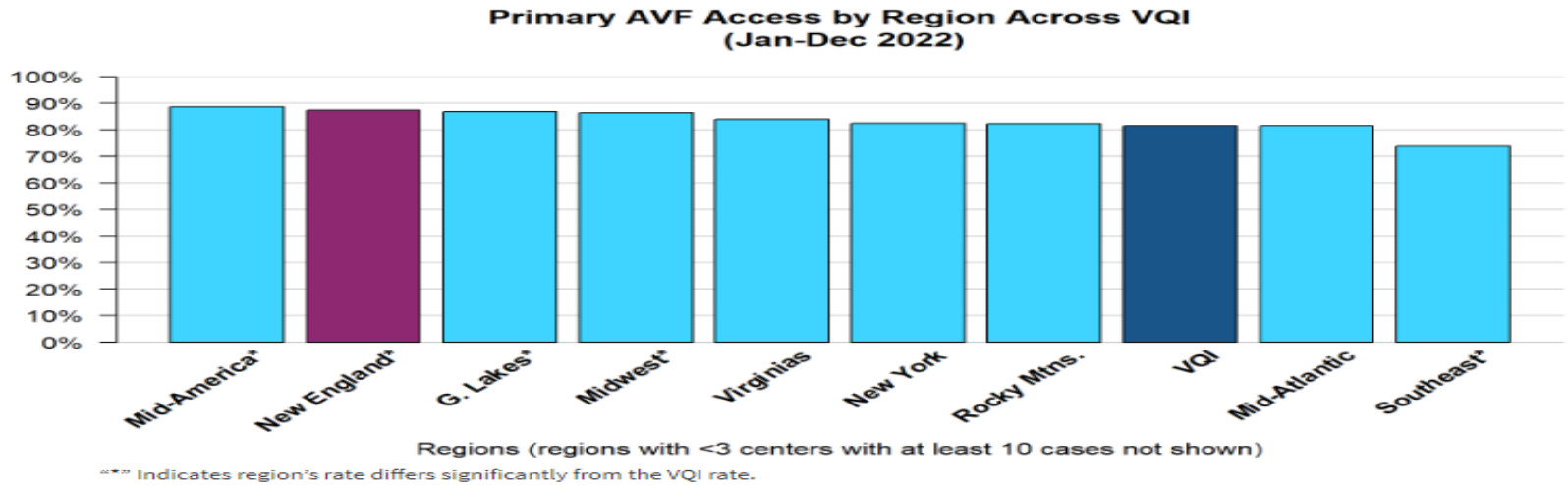
Includes Hemodialysis Access (HDA) procedures. Excludes procedures where Access Type = Endo AVF or patients with a previous access procedure in the same arm.

The table below gives the number of HDA procedures meeting the inclusion criteria, and the percentage of those procedures that were primary AVF.

	Your Center	Your Region	VQI Overall
Number of HDA procedures meeting inclusion criteria		335	4585
Percentage with primary AVF		87.5%	81.7%


Primary AVF Access by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall


Primary AVF Access in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Centers (centers with <10 cases not shown)
6 of 6 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


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

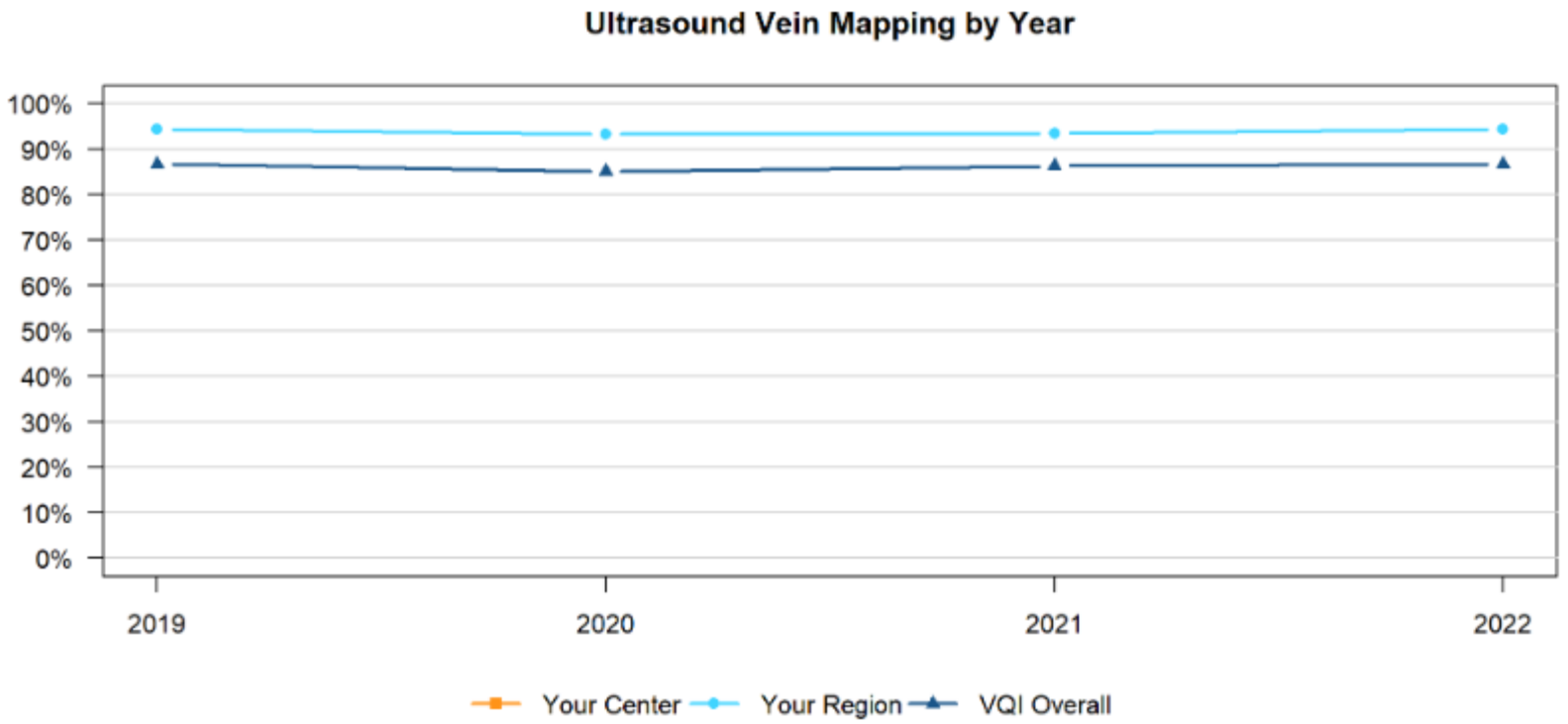
HDA: Ultrasound Vein Mapping

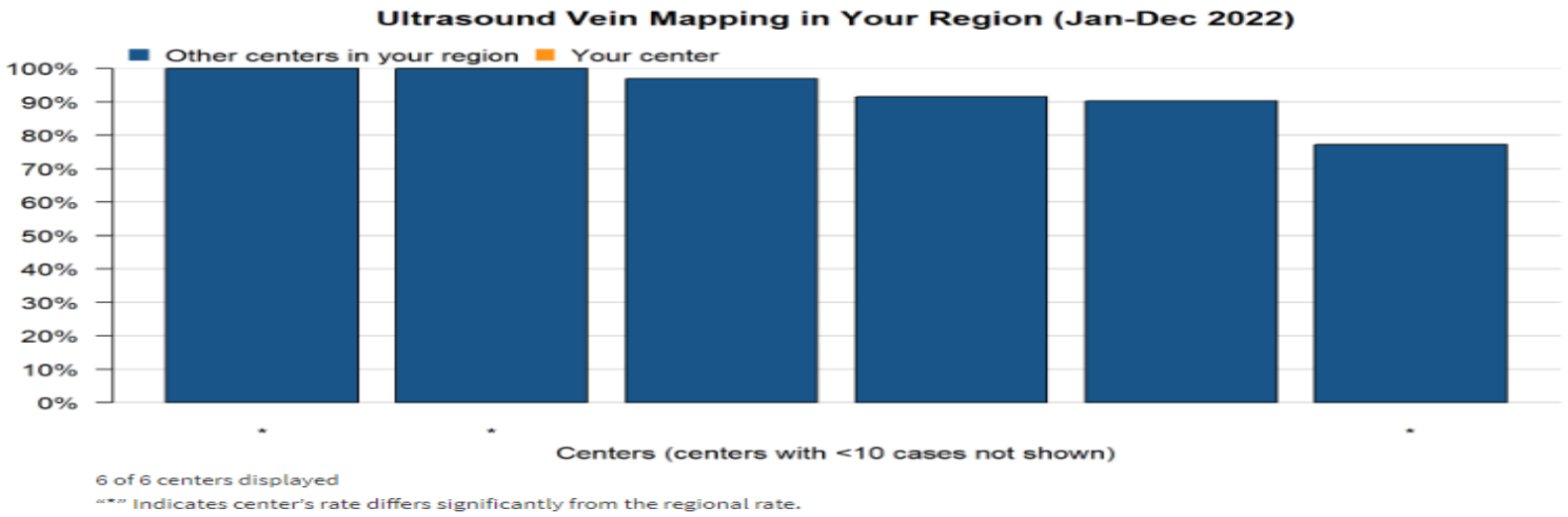
Procedures performed between January 1 and December 31, 2022

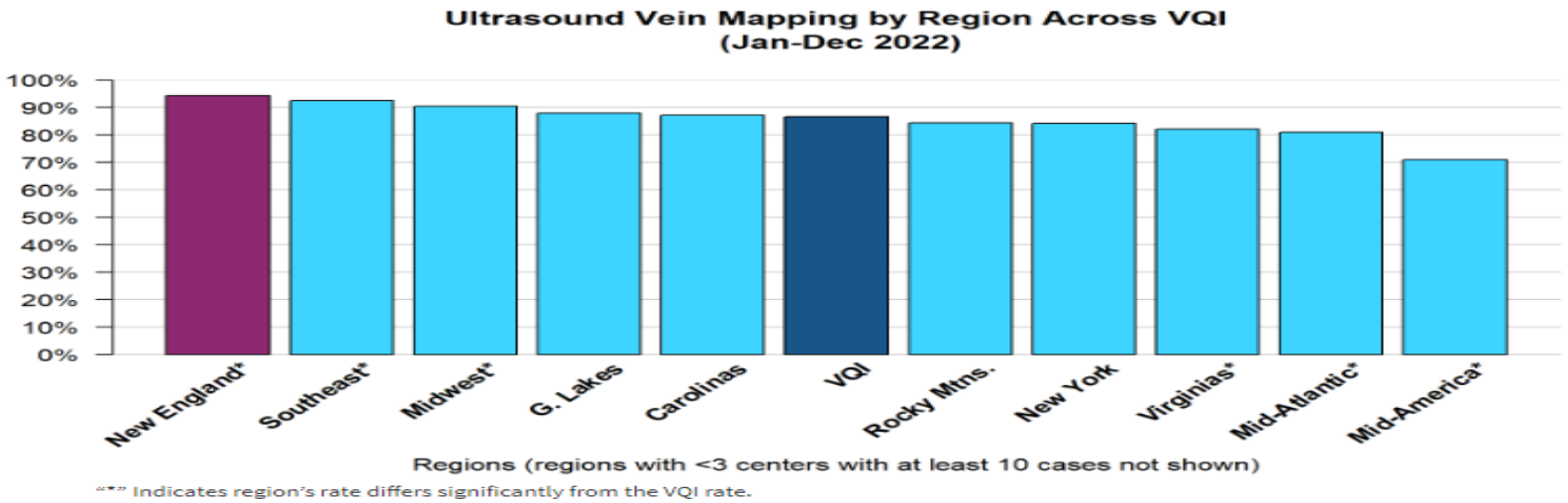
Includes Hemodialysis Access (HDA) procedures.

The table below gives the number of HDA procedures meeting the inclusion criteria, and the percentage of those procedures with preoperative ultrasound vein mapping.

	Your Center	Your Region	VQI Overall
Number of HDA procedures meeting inclusion criteria		408	5661
Percentage with preoperative ultrasound vein mapping		94.4%	86.7%


Ultrasound Vein Mapping by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall


Ultrasound Vein Mapping in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
*
*
*
Centers (centers with <10 cases not shown)
6 of 6 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


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

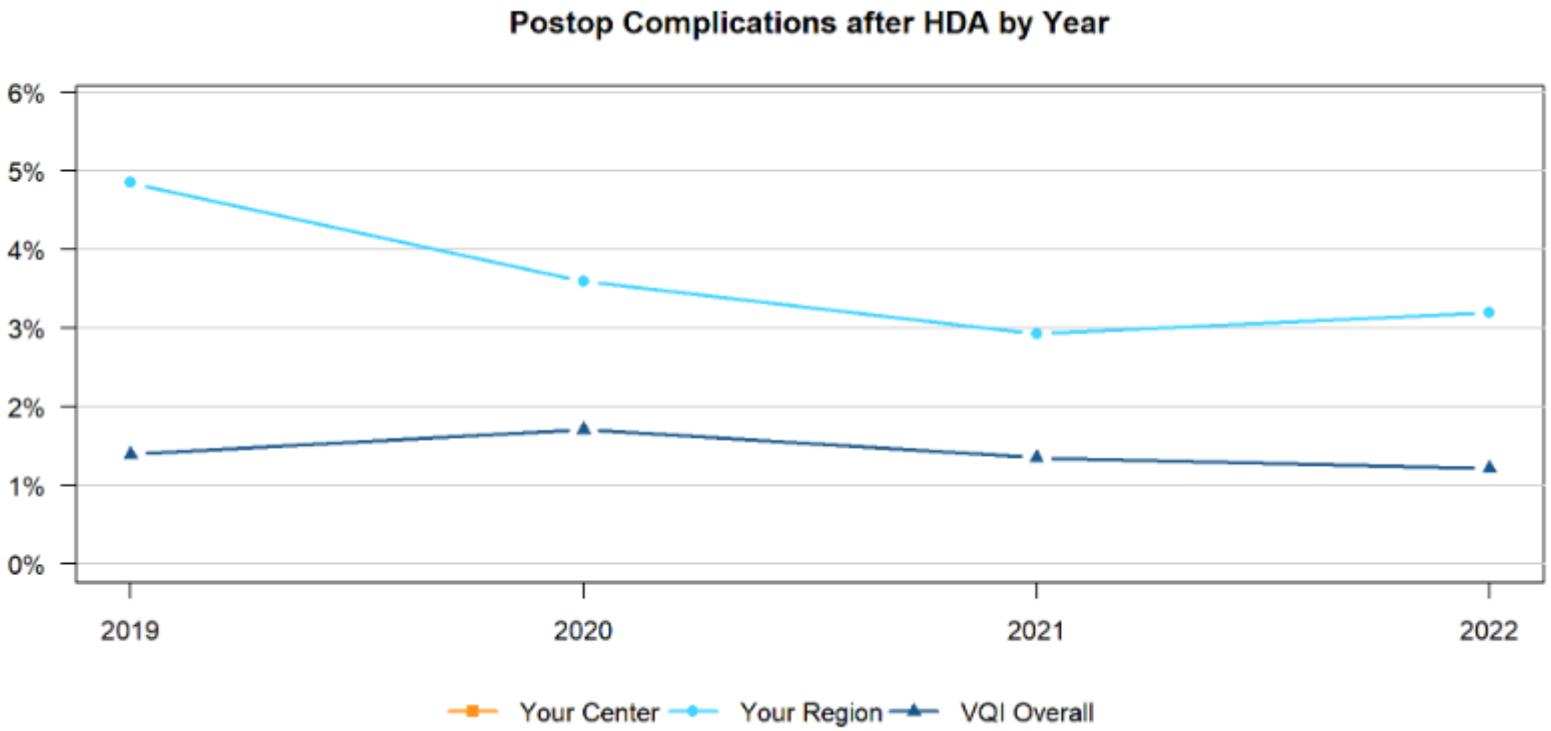
HDA: Postop Complications

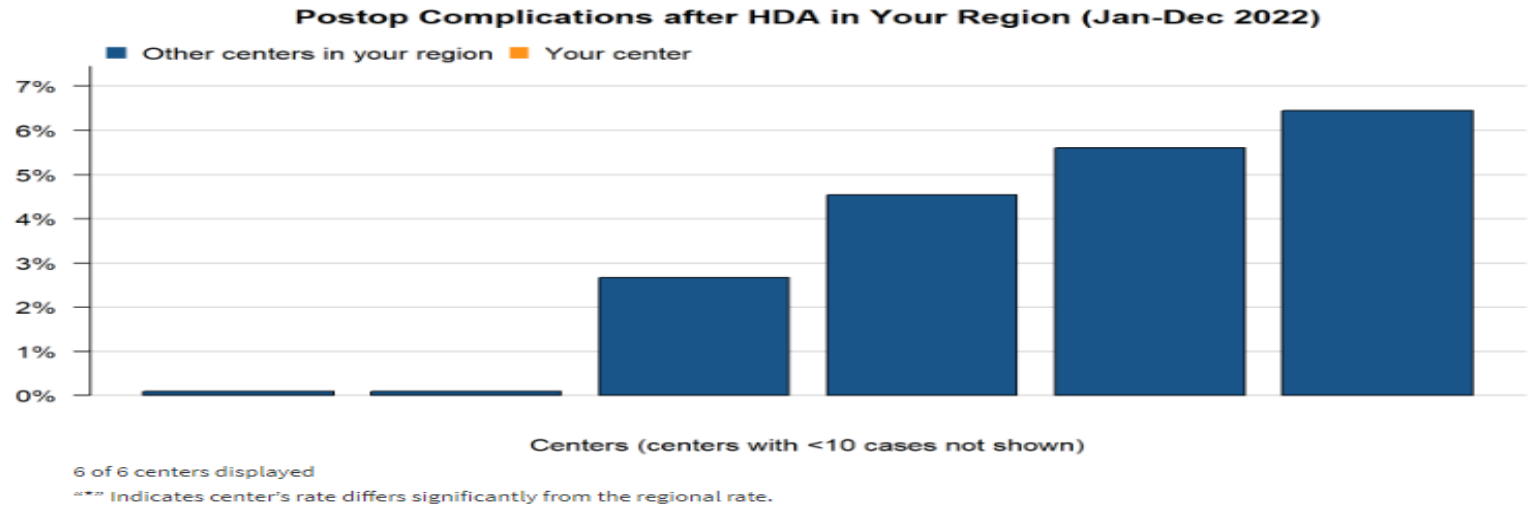
Procedures performed between January 1 and December 31, 2022

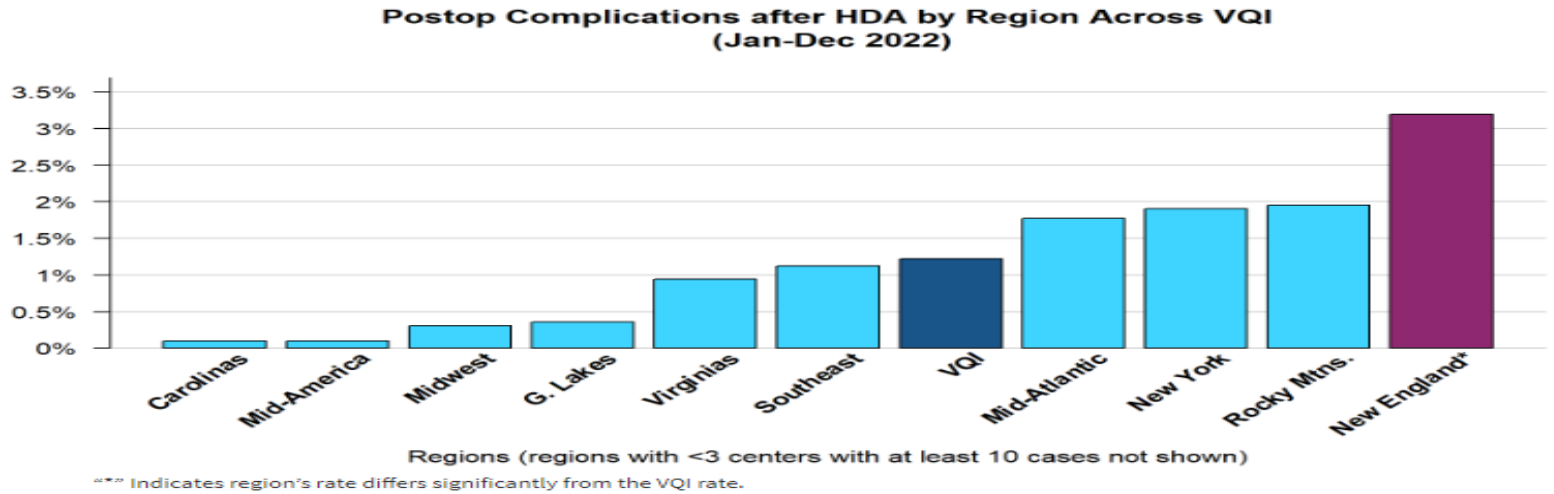
Includes Hemodialysis Access (HDA) procedures.

The table below gives the number of HDA procedures meeting the inclusion criteria, and the percentage of those procedures that resulted in an immediate postoperative complication. Postoperative complications are defined as bleeding, ischemic steal, ischemic monomelic neuropathy, access thrombosis, or other complication requiring reoperation.

	Your Center	Your Region	VQI Overall
Number of HDA procedures meeting inclusion criteria		407	5660
Percentage with immediate postoperative complications		3.2%	1.2%


Postop Complications after HDA by Year
6%
5%
4%
3%
2%
1%
0%
2019
2020
2021
2022
Your Center
Your Region
VQI Overall


Postop Complications after HDA in Your Region (Jan-Dec 2022)
Other centers in your region
Your center
7%
6%
5%
4%
3%
2%
1%
0%
Centers (centers with <10 cases not shown)
6 of 6 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


Postop Complications after HDA by Region Across VQI
(Jan-Dec 2022)
3.5%
3%
2.5%
2%
1.5%
1%
0.5%
0%
Carolinas
Mid-America
Midwest
G. Lakes
Virginias
Southeast
VQI
Mid-Atlantic
New York
Rocky Mtns.
New England*
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

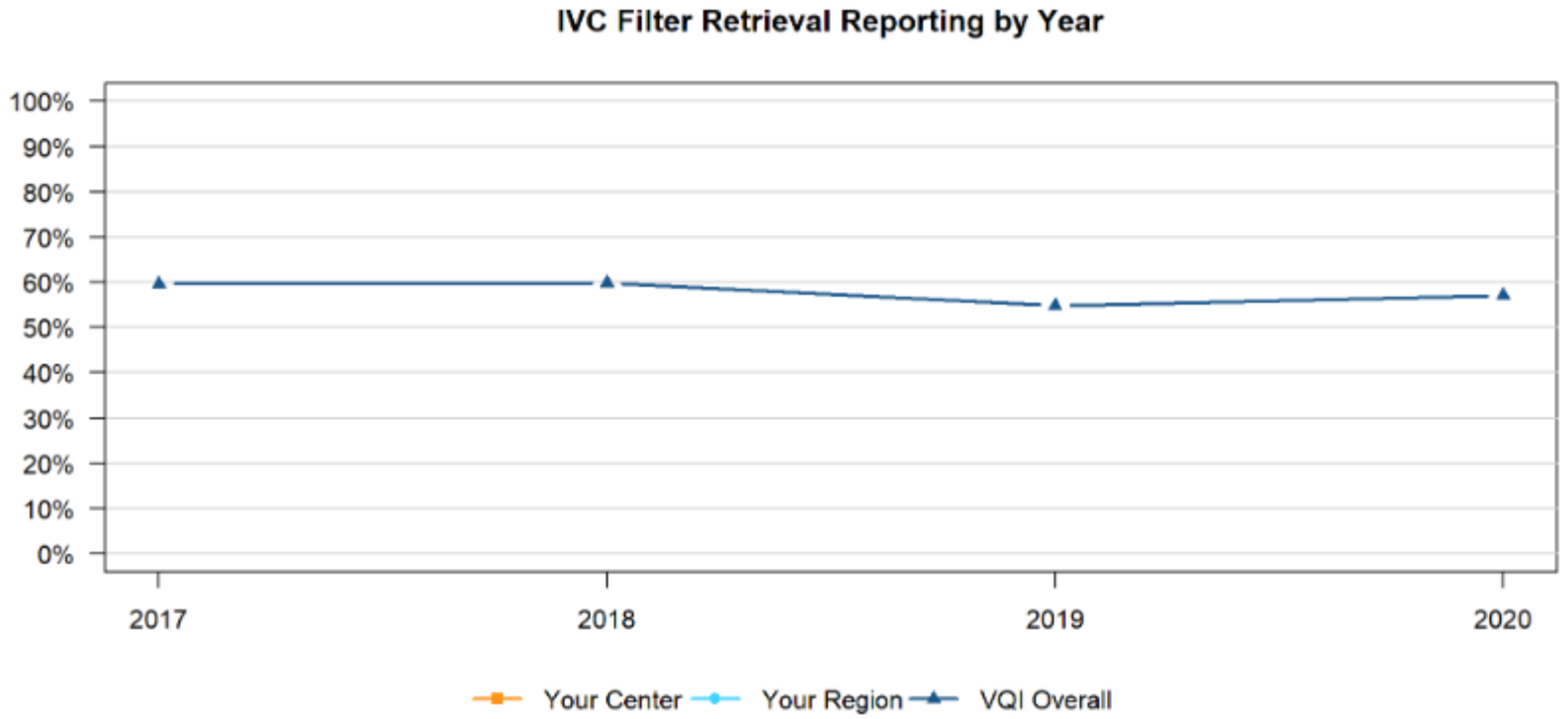
IVCF: Filter Retrieval Reporting

Procedures performed between January 1 and December 31, 2020

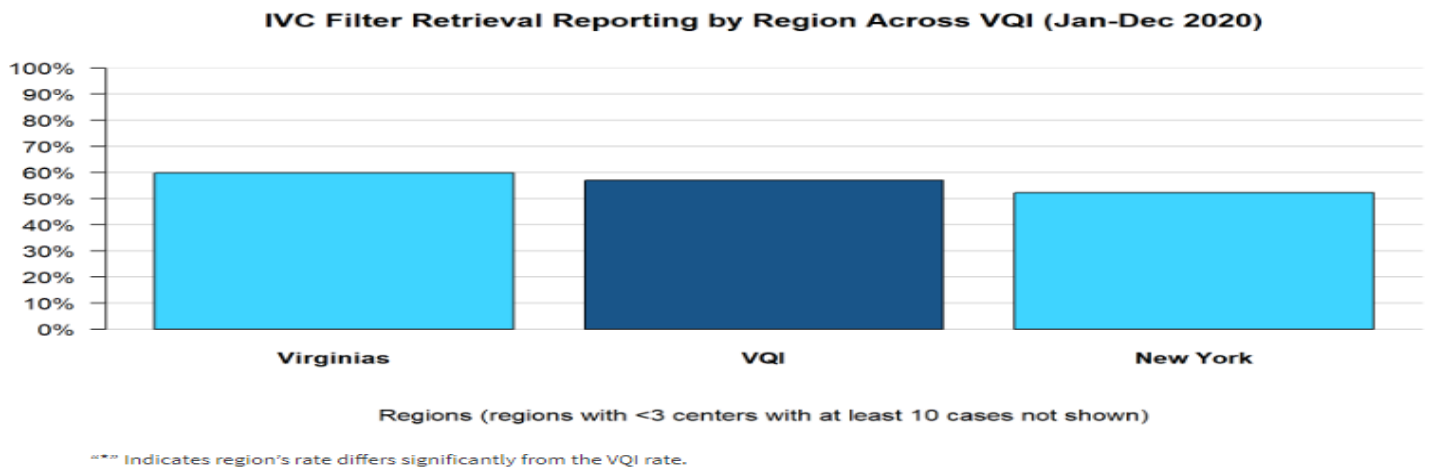
Includes Inferior Vena Cava Filter (IVCF) procedures. Excludes filters with permanent planned duration, patients who have expired, or patients where no follow-up was possible.

The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures in which the filter was reported as retrieved (or retrieval was attempted) at any time post-procedure. Because follow-up is critical for assessing filter retrieval, cases meeting the inclusion criteria are broken down into those with follow-up records (at least 1 follow-up record) and those without follow-up records.

	Your Center	Your Region	VQI Overall
Number of IVCF procedures meeting inclusion criteria		NA (<3 centers)	943
Number without follow-up records			108
Number with follow-up records			835
Percentage with Filter Retrieval, or Attempt at Retrieval			57.1%
Percentage not retrieved because No Follow-up Records Created			11.5%
Percentage not retrieved because Not Clinically Indicated			20.6%
Percentage not retrieved because Patient Declined			2.1%
Percentage not retrieved because Lost to Follow-Up			5.4%
Percentage not retrieved because Deemed Too Late for Removal			0.4%
Percentage not retrieved because Planned Later Removal			3.7%
Percentage not retrieved because No Reason Given			0.5%


IVC Filter Retrieval Reporting by Year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
2017
2018
2019
2020
Your Center
Your Region
VQI Overall


IVC Filter Retrieval Reporting in Your Region (Jan-Dec 2020)
Other centers in your region
Your center
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Centers (centers with <10 cases not shown)
0 of 1 centers displayed
"*" Indicates center's rate differs significantly from the regional rate.


IVC Filter Retrieval Reporting by Region Across VQI (Jan-Dec 2020)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Virginias
VQI
New York
Regions (regions with <3 centers with at least 10 cases not shown)
"*" Indicates region's rate differs significantly from the VQI rate.

VSGNE Quality Improvement Projects

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Updates from Projects Awarded in 2022:

- Aravind Ponukumati, MD, Dartmouth-Hitchcock Medical Center
- Zachary Feldman, MD, & Srihari Lella, MD, Massachusetts General Hospital

Overview for Projects Awarded 2023:

(these projects will have full updates during the fall 2023 regional meeting)

- Dana Alameddine, MD, Yale New Haven
- Lizabeth O'Connor, Elliot Surgical Services

NESVS Update

Jeffrey Siracuse, MD

Registry Survey

Daniel Bertges, MD

Lunch Break

Guest Speaker

Salvatore Scali, MD

Division of Vascular Surgery and Endovascular Therapy

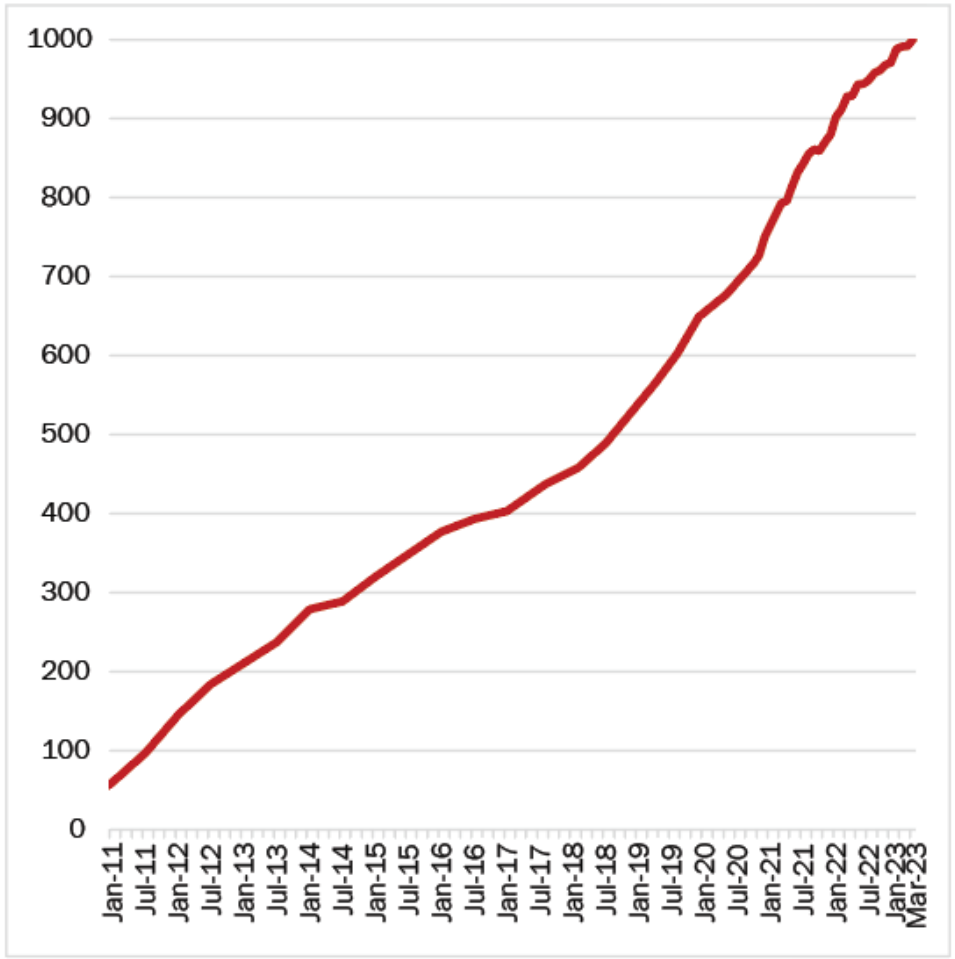
University of Florida, Gainesville

National VQI Update

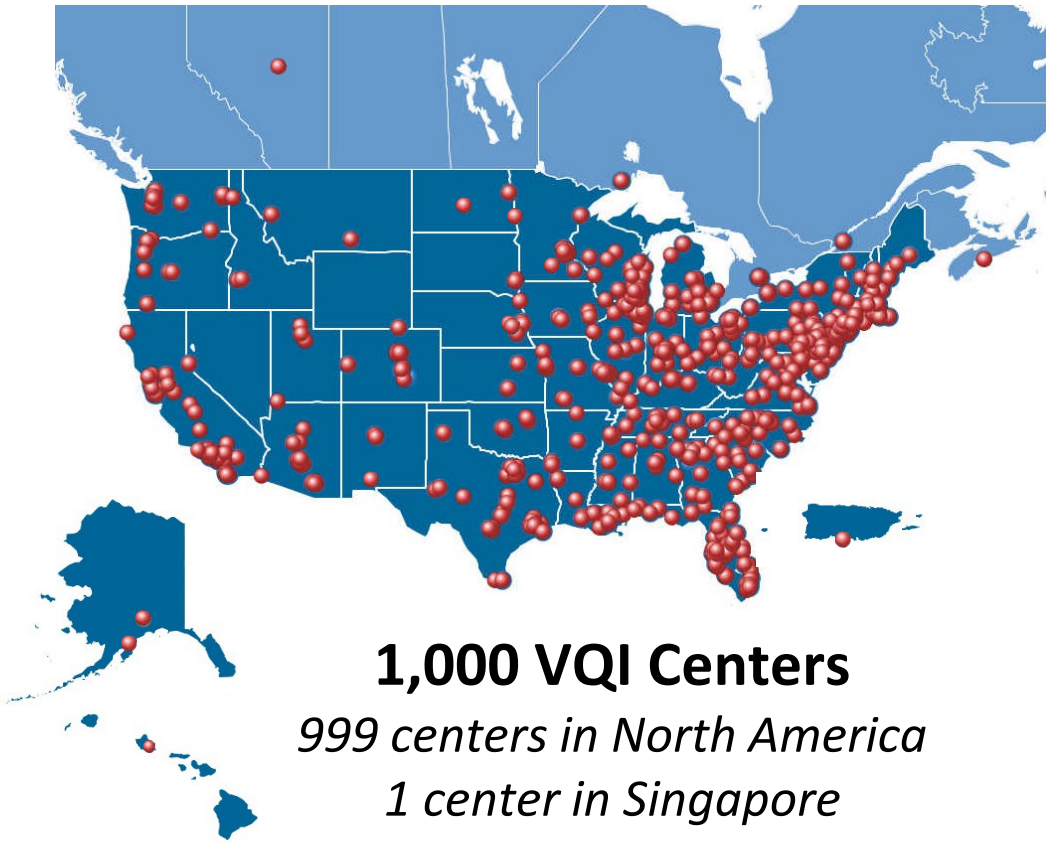
Jens Jorgensen, MD

PSO Medical Director

Number of Participating Centers



Location of VQI Participating Centers



1,000 VQI Centers

999 centers in North America

1 center in Singapore

18 Regional Quality Groups

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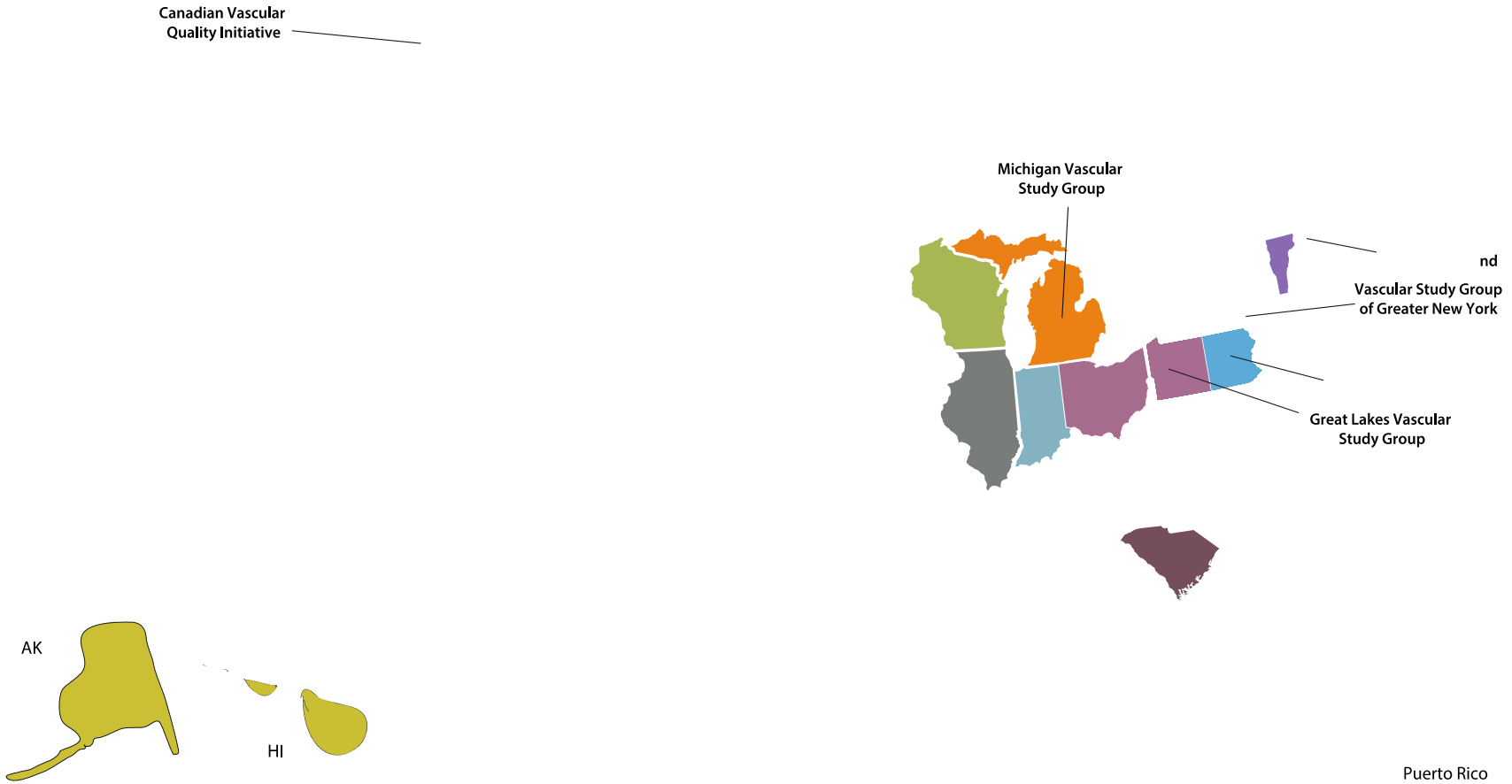
18 Regional Quality Groups



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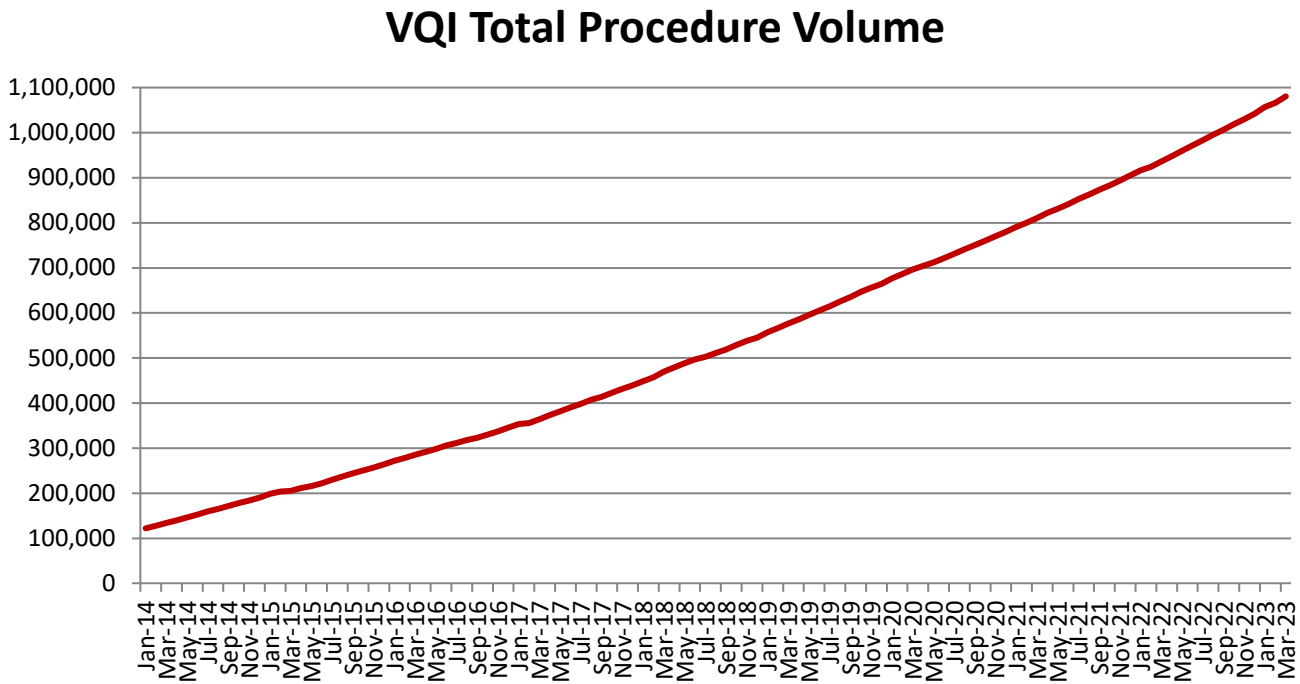
TOTAL PROCEDURES CAPTURED (as of 4/1/2023)	1,080,461
Peripheral Vascular Intervention	373,148
Carotid Endarterectomy	192,093
Infra-Inguinal Bypass	81,019
Endovascular AAA Repair	80,103
Hemodialysis Access	76,335
Carotid Artery Stent	96,355
Varicose Vein	61,164
Supra-Inguinal Bypass	25,887
Thoracic and Complex EVAR	28,692
Lower Extremity Amputations	28,322
IVC Filter	18,290
Open AAA Repair	17,727
Vascular Medicine Consult	1,162
Venous Stent	164



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

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Registry Revisions

- SVS PSO recognizes need to reduce number of registry variables while maintaining balance between QI & research/publishing
- Work underway to decrease data entry burden
- Registry committees have begun reviewing variables
  - Possible variable retirement
  - Marking variables as mandatory versus **NOT** mandatory for record completion
- Variables required for reporting measures, industry projects & guideline/AUC recommendations will be taken into consideration
- Progress being made with data integration between EMRs & VQI. Updates provided at the VQI Annual Meeting

Inpatient Vascular Verification Program

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Program Standards Manual for Inpatient Program

- Institutional commitment
- Program scope and governance
- Resources for facilities, equipment, services, and personnel
- Clinical care
- Data abstraction and analysis
- Quality improvement
- Education and research
- https://www.facs.org/quality-programs/accreditation-and-verification/vascular-verification/standards/

For more information contact:

- vascular@facs.org

VQI@VAM 2023

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VQI@VAM Registration Link

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https://www.compusystems.com/servlet/ar?evt_uid=805

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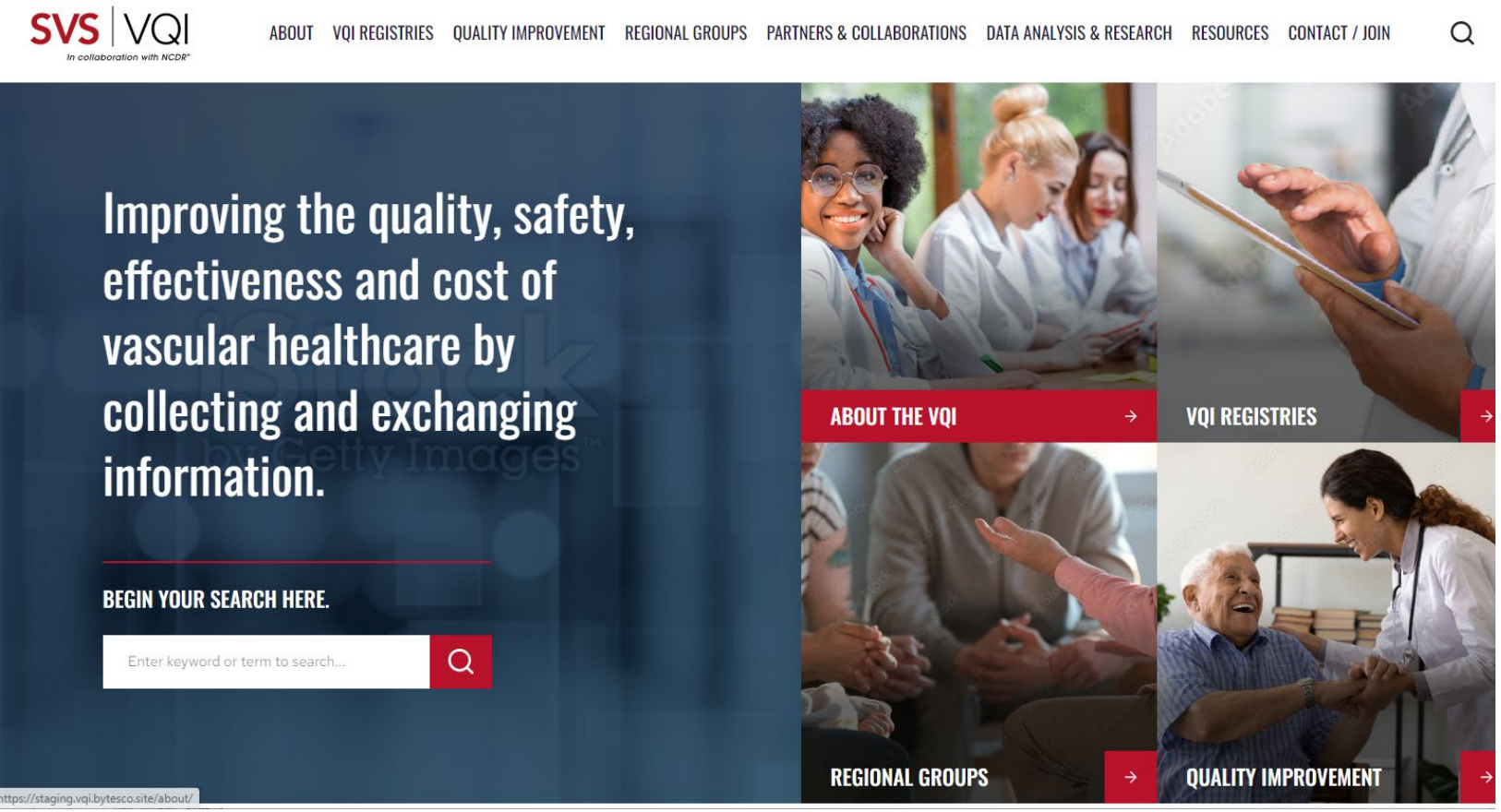
A Brand New VQI.org!



- The addition of 14 registry specific pages
- More robust search capabilities, so customers can easily get the information they need
- Clean presentation of content
- Consistent menu options for each of the 18 Regional Group Pages.
- Streamlined Members Only area

Welcome

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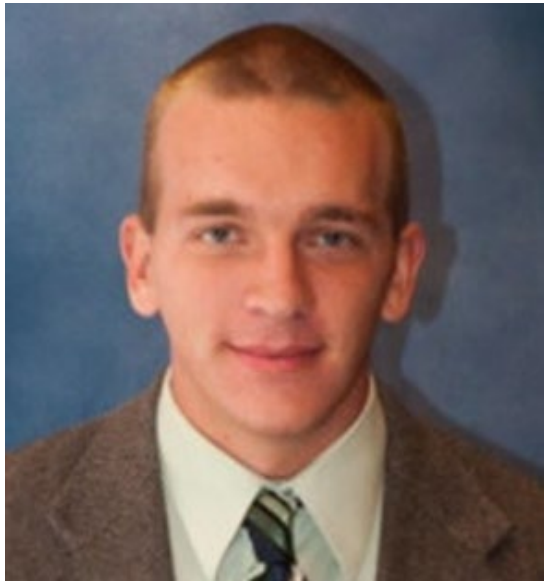
Jeff Yoder – Statistician

- Start Date December 2022
- M.S. degree in Statistical Science from Indiana University
- Teaching assistant at Indiana University.



Top Responsibilities:

Working with the PSO Analytics team on a variety of projects and initiatives.

National Updates

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- Infra/Supra Inguinal Bypass Revisions Live late March 30, 2023
- New National Quality Initiative Smoking Cessation to be announced at VQI@VAM
- Data Integrity Audit Program
- Risk Calculator
- Follow-up reports:
  - IVC Filter and Varicose Vein
- Coming soon:
  - Harmonization of CAD variables
  - Harmonization of Anticoagulation
  - Open AAA Registry Revision

Data Integrity Audits

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- Data Integrity Audits have begun Spring 2023.
- The Carotid Artery Stent Registry - first to go live
- Additional registries will be added on a regular basis
- Data results will not be punitive; will be utilized to update training and help texts
- Audits are being performed by a third-party vendor – Telligen.
- Audited records will be blindly abstracted by Telligen; then compared to the completed case in Pathways for matches.
- More information to come soon.
- All inquiries should be sent to Melissa Latus. mlatus@svspso.org

SVS Verification Program

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- In partnership with the American College of Surgeons
- Inpatient launch late March, Outpatient launch June
- Standards derived by SVS members; program is used to measure compliance w/standards
- Six National Quality Strategies to align organizational functions to drive improvement based on the aims & priorities of the Agency for Healthcare Research and Quality (AHRQ):
  - Measurement & feedback w/ required registry participation
  - Certification, accreditation, & regulation w/required facility regulation
  - Consumer incentives & benefit designs with thorough discussion of treatment options and consent
  - Health information technology, working with outside software for continuation of care
  - Innovation & diffusion with research
  - Work force development w/ the capability of resident training

New Educational Videos

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- TASC/GLASS
  - Dr. Elizabeth Genovese, M.D.
- Varicose Vein
  - Dr. Jennifer Ellis, M.D.

Visit VQI.org for a full listing of all Educational video offerings

https://www.vqi.org/registry-education-members-only/

REGISTRY EDUCATION WEBINARS

- VQI Educational Session – Vascular Medicine Consult (VMC)
- VQI Educational Session – Infra/Supra
- VQI Educational Session – PVI
- VQI Educational Session – EVAR
- VQI Educational Session – TEVAR/COMPLEX EVAR
- VQI Educational Session – CAS and CEA
- VQI Educational Session – Open AAA
- SVS VQI Infra/Supra Registry Revisions Webinar
- SVS VQI Educational Webinar – TASC/GLASS
- SVS VQI Education Webinar – TASC/GLASS Slides

Free Trial Offer!

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Venous Stent Registry and Vascular Medicine Consult Registry Free Trial

For a limited time, SVS VQI is offering a **complimentary one-year trial subscription** to the VSR and VMC for an easily accessible first-hand experience of its value and ROI.

https://mailchi.mp/5119b784e8d0/no-time-like-the-present

To learn more about the Venous Stent Registry offer click here: Venous Stent

To learn more about the Vascular Medicine Consult Registry offer click here: Vascular Medicine

Or email vqi@fivoshealth.com to contact an account executive.

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2023 Top 10 VQI Publications

SVS | VQI
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- **A Vascular Quality Initiative frailty assessment predicts post discharge mortality in patients undergoing arterial reconstruction** Kraiss LW, Al-Dulaimi R, Allen CM, Mell MW, Arya S, Presson AP, Brooke BS. https://pubmed.ncbi.nlm.nih.gov/35709866/
- **Ankle-brachial index use in peripheral vascular interventions for claudication** Hawkins KE, Valentine RJ, Duke JM, Wang Q, Reed AB. https://pubmed.ncbi.nlm.nih.gov/35276260/
- **Assessing the quality of reporting of studies using Vascular Quality Initiative (VQI) data** Mirzaie AA, Delgado AM, DuPuis DT, Olowofela B, Berceli SA, Scali ST, Huber TS, Upchurch GR Jr, Shah SK. https://pubmed.ncbi.nlm.nih.gov/35760240/
- **Incidence of Procedure-Related Complications in Patients Treated With Atherectomy in the Femoropopliteal and Tibial Vessels in the Vascular Quality Initiative** Sanon O, Carnevale M, Indes J, Gao Q, Lipsitz E, Koleilat I. https://pubmed.ncbi.nlm.nih.gov/35466788/
- **Survival, reintervention and surveillance reports: long-term, center-level evaluation and feedback of vascular interventions** Fowler XP, Gladders B, Moore K, Mao J, Sedrakyan A, Goodney P. https://pubmed.ncbi.nlm.nih.gov/36248241/

2023 Top 10 VQI Publications

SVS | VQI
In collaboration with NCDR®

- **Perioperative outcomes of carotid endarterectomy and transfemoral and transcervical carotid artery stenting in radiation-induced carotid lesions** Batarseh P, Parides M, Carnevale M, Indes J, Lipsitz E, Koleilat I. https://pubmed.ncbi.nlm.nih.gov/34560219/

- **Long-term implications of elective evar that is non-compliant with clinical practice guideline diameter thresholds** de Guerre LEVM, Dansey KD, Patel PB, Marcaccio CL, Stone DH, Scali ST, Schermerhorn ML. https://pubmed.ncbi.nlm.nih.gov/34508797/

- **Effect of postoperative antithrombotic therapy on lower extremity outcomes after Infrapopliteal bypass for chronic limb-threatening ischemia** Marcaccio CL, Patel PB, Wang S, Rastogi V, Moreira CC, Siracuse JJ, Schermerhorn ML, Stangenberg L. https://pubmed.ncbi.nlm.nih.gov/35074410/

- **The association between device instructions for use adherence and outcomes after elective endovascular aortic abdominal aneurysm repair** De Guerre LEVM, O'Donnell TFX, Varkevisser RRB, Swerdlow NJ, Li C, Dansey K, van Herwaarden JA, Schermerhorn ML, Patel VI. https://pubmed.ncbi.nlm.nih.gov/35276256/

- **Association of preoperative vein mapping with hemodialysis access characteristics and outcomes in the Vascular Quality Initiative** Fedorova E, Zhang GQ, Shireman PK, Woo K, Hicks CW. https://pubmed.ncbi.nlm.nih.gov/34718099/

Regional Meeting CME/CE Credit

SVS | VQI
In collaboration with NCDR®

Des Moines University is the continuing education provider for this activity.

The attendance roster will be cross-referenced with those applying for CME/CE. Sign in correctly.

Each participant **MUST COMPLETE BOTH** the attendance attestation and the meeting evaluation from the URL site – one form.

You will have 7 days from the date of the meeting to complete the forms and **SUBMIT.**

Approximately 14 days from the meeting, Des Moines University will email you instructions on how to access your certificate.

PSO leadership is providing continuing education credit to you at no charge!

If you do not complete and submit the online forms within 7 days, continuing education credit cannot be awarded.

CE/CME Meeting Attendance Credit

SVS | VQI
In collaboration with NCDR®

REMEMBER TO PSO:

- **P**UT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)
- **S**END an email to ljohnson@svspso.org with names of group members that are sharing 1 device
- **O**FFICIALLY apply for CME/CE credit by clicking the URL or QR code provided here:

https://dmu.co1.qualtrics.com/jfe/form/SV_6QndglYa0PoNauO

You only have 7 days to complete forms for CME/CE Credit.

NO EMAIL WILL BE SENT AS A REMINDER OR WITH THE CME/CE LINK

Participation Award Results

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In collaboration with NCDR®

Backus Hospital
Baystate Medical Center
Beth Israel Deaconess Medical Center
Boston Medical Center
Hartford Hospital
Maine Medical Center
The Hospital Of Central Connecticut
UMass Memorial Medical Center, Inc.
University of Connecticut Health Center
University of Vermont Medical Center
Yale New Haven Hospital

Brigham and Women's Hospital
Central Maine Medical Center
Concord Hospital
Dartmouth Hitchcock Medical Center
Elliot Health System
Massachusetts General Hospital
MidState Medical Center
Saint Francis Hospital and Medical Center
St. Vincent's Medical Center

Stamford Hospital
Tufts Medical Center

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Quality Improvement Update
Spring 2023

Quality Improvement – Participation Awards

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The following is a list of the four domains for the 2023 Participation Awards criteria:

- **Domain 1 – LTFU – 40% weighted**
- **Domain 2 – Regional Meeting Attendance – 30% weighted**
- **Domain 3 – QI Project – 25% weighted**
- **Domain 4 – Registry Subscriptions – 5% weighted**

https://www.vqi.org/quality-improvement/participation-awards/

Quality Improvement - Charters

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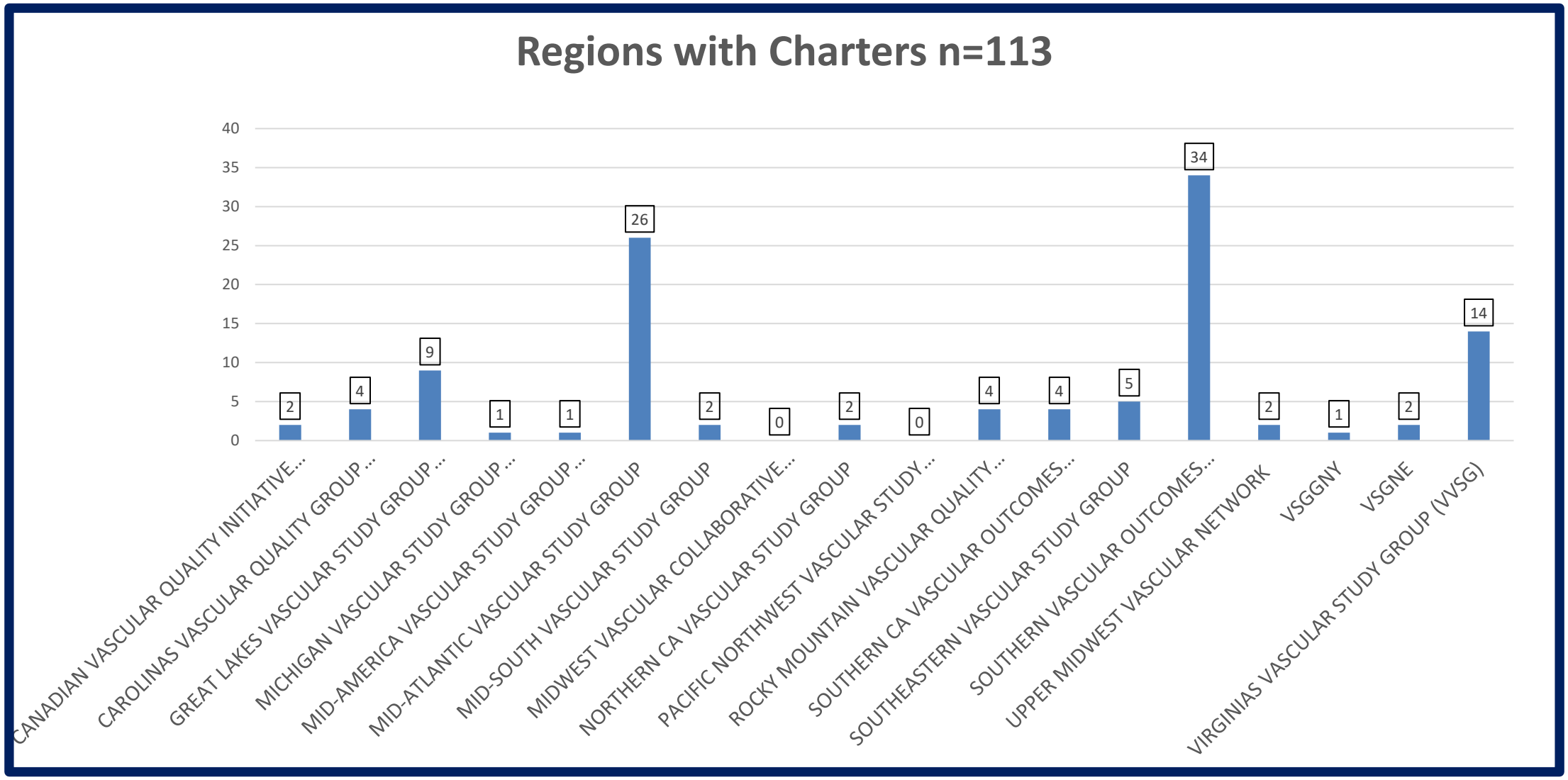

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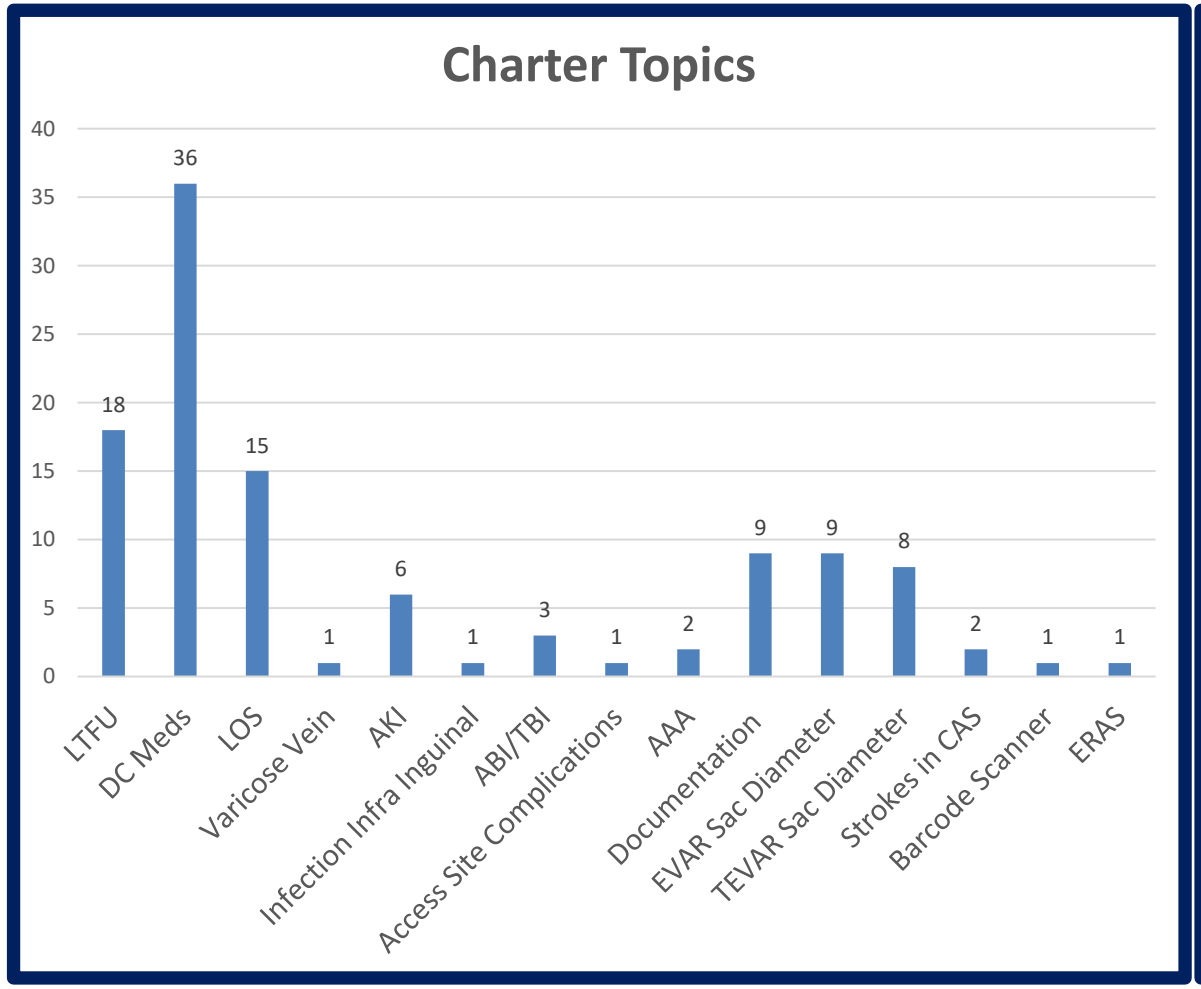
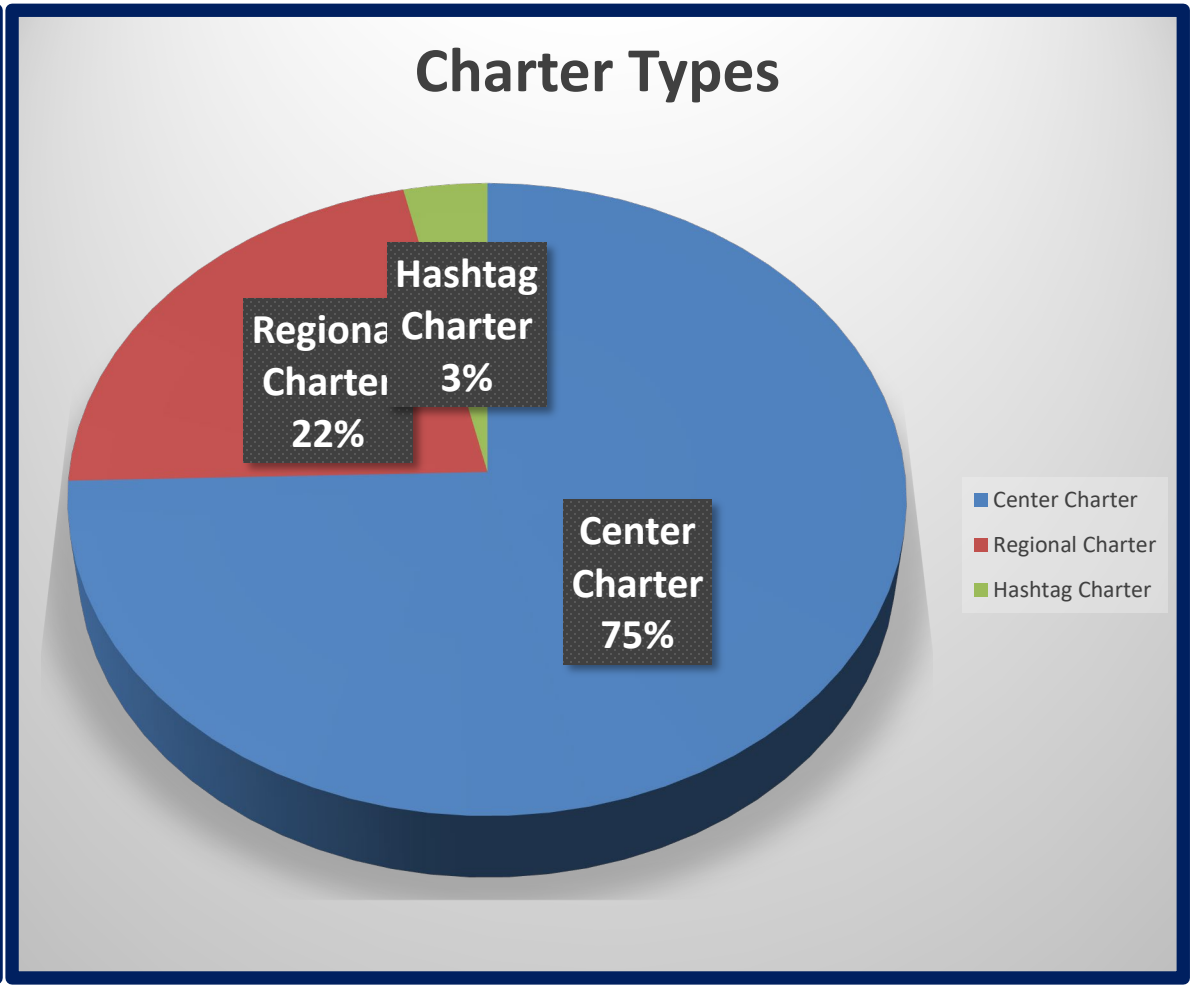
Quality Improvement – Charter Breakdown

SVS | VQI
In collaboration with NCDR®





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Quality Improvement

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- Quarterly Webinars (Charter and QI)
  - www.vqi.org/quality-improvement-members-only/#upcoming-events
- Sample Charters
  - www.vqi.org/quality-improvement/quality-improvement-tools/#qi-charters
- Toolkits (VQI@VAM, Data Manager, LTFU)
  - www.vqi.org/quality-improvement/quality-improvement-tools/#qi-toolkits
- New improved VQI website
  - www.vqi.org
- 1:1 Calls
  - bwymer@svspso.org

Quality Improvement

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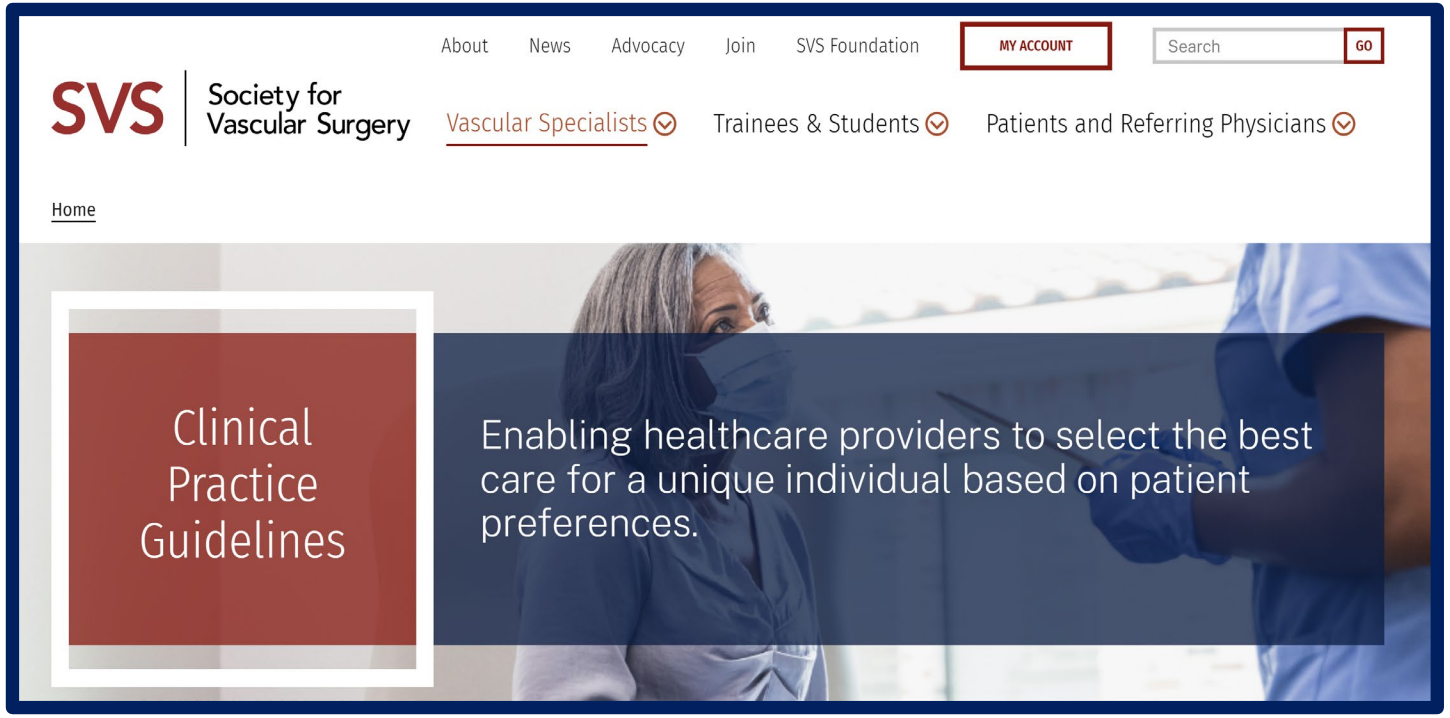
SVS Clinical Practice Guidelines

SVS | VQI
In collaboration with NCDR®

HOME / QUALITY IMPROVEMENT – MEMBERS ONLY



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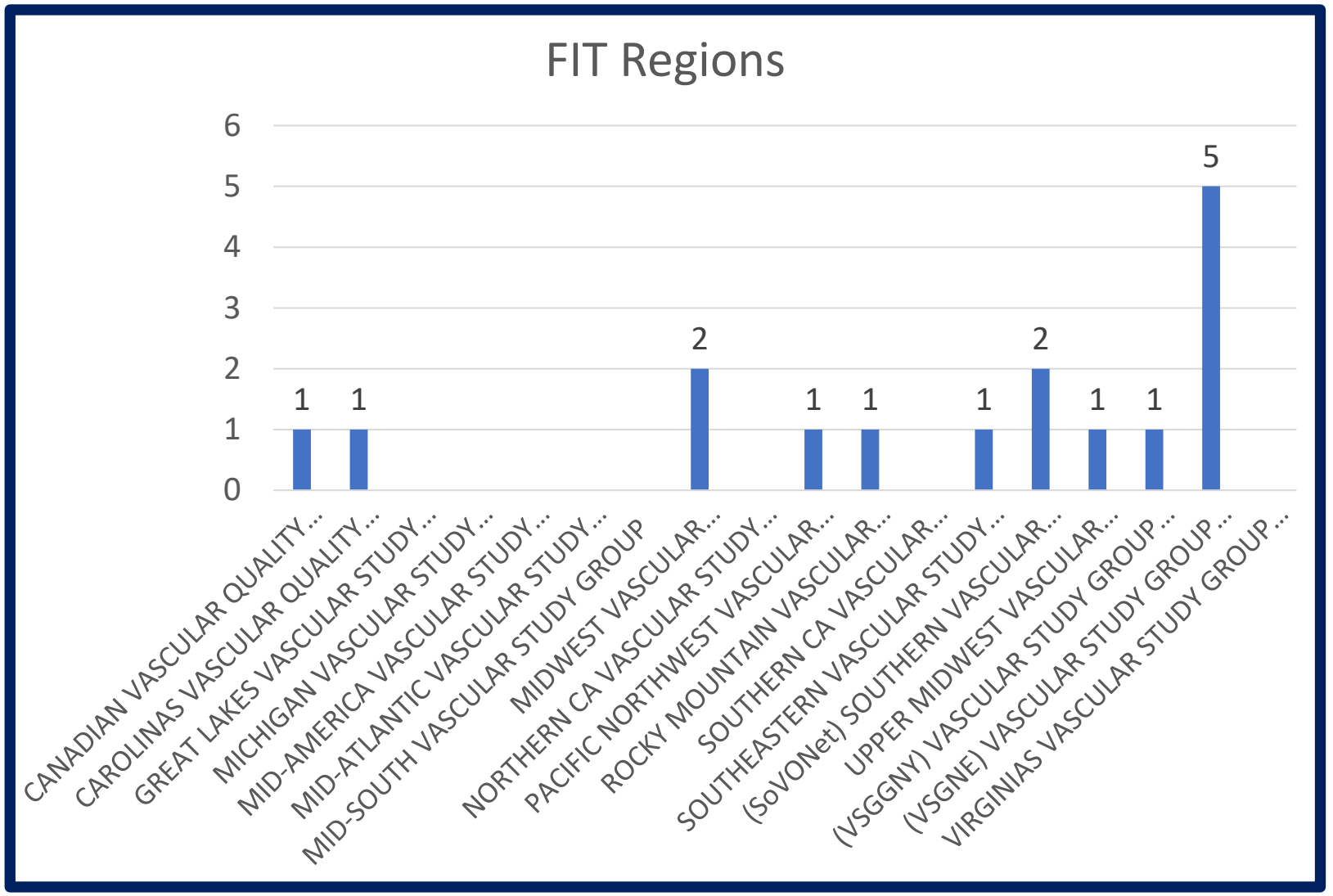
SVS PSO Quality FIT Program

- Existing FIT Trainees Jack Cronenwett Scholarship Application
  - Applications accepted January 9 – February 28
  - FIT Committee Review March – April
  - Scholarship winners announced at VQI@VAM 2023
- FIT Trainee 2023 Applications
  - Applications accepted January 9 - February 28
  - FIT Committee Review April – May
  - FIT Trainees with FIT Mentors announced at VQI@VAM 2023
- FIT Mentors
  - Accepted at any time
  - Contact bwymer@svspso.org
- www.vqi.org/quality-improvement/quality-fellowship-in-training-fit-program/

SVS PSO Quality FIT Program



Break

Take 10-minutes for a break and networking!

RLDM Updates

Patty Bozeman, APRN, CVN

VSGNE Regional Lead Data Manager

Patricia.Bozeman@hhchealth.org

Elizabeth Schwendler, RN, CCRP

VSGNE Regional Lead Data Manger

Elizabeth.J.Schwendler@hitchcock.org

Arterial Quality Council:

Roger Laham, MD

Arterial Quality Council Update

- Open AAA Major Revision
  - Will be renamed to accurately capture intent of the registry
  - Iliac to Left Subclavian
- Registry Committee updates
- Review Smoking Cessation and inclusion of vaping variables.
  Grp decided not at this time
- Introduction of the Data Integrity Program

Venous Quality Council:

Nathan Aranson, MD

Venous Quality Council Update

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In collaboration with NCDR®

- Last Meeting February 22, 2023
- Re-engagement of the venous registry committees
  - Focus on new center recruitment
  - Review of current reporting
  - Brainstorming & discussion for addition of new reporting measures for bi-annual reports, Quarterly Dashboards and follow-up reports

IVC Filter Follow Up Report

SVS | VQI
In collaboration with NCDR®

IVC Follow-up Outcomes Report

1m ago

Procedure Date

2019/01/01 – 2021/12/31

2019/01/01 – 2021/12/31

Planned Filter Duration

is any value

- [ ] Temporary
- [ ] Permanent

Prepared for Demo Medical Center on 02/01/2023

This report is a patient safety work product generated within the SVS PSO, LLC, and is considered privileged and confident

Follow-Up Rate

	My Center	My Region	All VQI
Cases with any follow-up	83.3% (5/6)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 & <= 21 ...	50% (3/6)	NA (<3 centers)	NA (<3 centers)
Cases with follow-up >= 9 & <= 21 ...	50% (2/4)	NA (<3 centers)	NA (<3 centers)

Fictitious Data

Varicose Vein Follow-up Report

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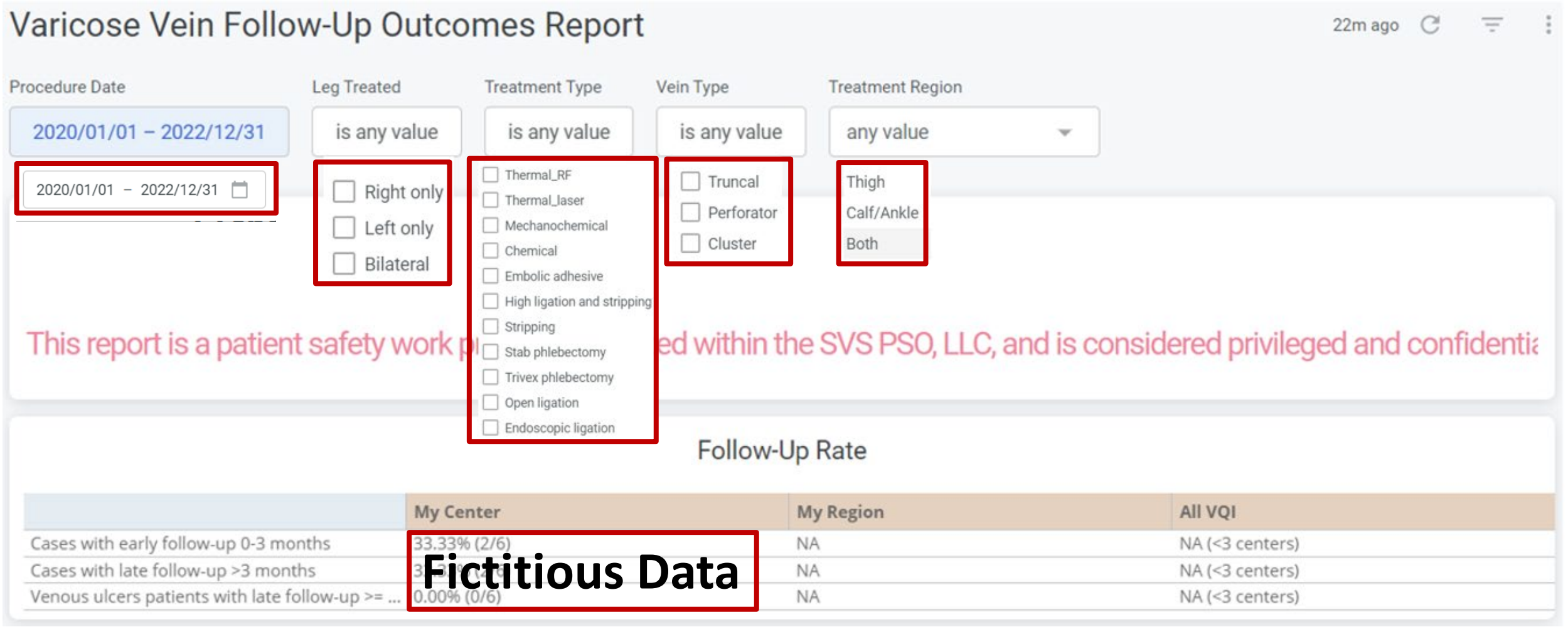
In collaboration with NCDR®



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Venous Research Advisory Council:

Anahita Dua, MD

Venous RAC Update:

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Created a separate Venous RAC in July 2020

[The Vascular Quality Initiative - National Venous RAC Schedule (vqi.org)]

2020: 3 proposals

- The impact of vein size on closure rate in treatment of the saphenous vein for venous insufficiency: Jaime Benarroch-Gampel, MD
- Comparison of complication rates of IVC filters based on anticoagulant and indication: Emily Spangler, MD
- Effect of Access Site Choice on Angulation of IVC filter and Impact on retrieval rates: Khalil Qato, MD

2021: 3 proposals

- Incidence of venous thromboembolic events (VTE) after endovenous ablation in patients with venous stasis ulcers (C6 disease): Jaime Benarroch-Gampel, MD
- Impact of Treatment Length and Treatment Region on Clinical Outcomes after Varicose Vein Procedures: Halbert Bai, MD
- Safety and efficacy of Endovenous ablation in patients with a history of DVT: Mikel Sadek, MD

2022: Proposals

- Impact of IAC Vein Treatment Center Accreditation on practice habits, utilization index, and patient outcomes: ProMedica Toledo Hospital
- Patient, Provider, and Geographical Factors Influencing Appropriate Use of Endovenous Ablation Therapy
- Outcomes following endovenous ablation therapy for obese patients with CEAP C2 and C3 venous disease

National Venous RAC

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National Venous RAC Schedule

Submissions are made separately to the National Arterial RAC and the National Venous RAC – see the schedule below and the link to Abstracts123: http://abstracts123.com/svs1/

(If you do not have a login for Abstracts123, you can create one through the same link)

Bi-Monthly Schedule for National Venous RAC Proposal Submissions

May 2023

Call for Proposals: March 28, 2023
Submission Deadline: April 25, 2023
Meeting: May 8, 2023

July 2023

Call for Proposals: May 30, 2023
Submission Deadline: June 27, 2023
Meeting: July 10, 2023

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

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Governing Council:

Jeffrey Siracuse, MD

Governing Council Update

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Meeting November 18, 2022

- Quality Improvement Update
  - Smoking Cessation as a National Quality Initiative
  - 2022 ended with a record # of charters 113
- RAC Submission
  - 5 proposals per cycle from each institution
  - Once a center reaches 15 Arterial RAC proposals, faculty member will be expected to serve on RAC as an at large member
- Frailty variable development
- OBL Registry Refinement; enhanced value, reporting/reimbursement, ease data burden
- Discussion - Data burden within registry
  - Committee member engagement/expectations
  - Each Committee will have an associate chair
  - Enhance reporting measures
  - Review current variables; consider required fields; elimination of data variables

Arterial Research Advisory Council:

Jeffrey Siracuse, MD

Arterial and Venous RAC Tips

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- Melissa Latus is your PSO primary point of contact on the status or refresh request. mlatus@svspso.org
- An **ACTIVE** pathways account & privileges to *'Share a File'* is required in order to receive your requested Blinded Data Set (BDS)
- Always include your RAC proposal number in any communications please.

Arterial RAC Schedule

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https://www.vqi.org/svs-vqi-national-arterial-rac-schedule/

- PSO Arterial RAC - June 2023 Proposal Submission
- Call for Proposals: May 2, 2023
- Submission Deadline: May 30, 2023
- Meeting: June 12, 2023
-
- PSO Arterial RAC – August 2023 Proposal Submission
- Call for Proposals: July 4 ,2023
- Submission Deadline: August 1, 2023
- Meeting: August 14, 2023

Arterial Research Advisory Council

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194 Publications in 2022

- **Data Security:** All investigators/team members are responsible for security of datasets, which are only to be used for the project for which they were approved.
- **Dataset Access:** Investigators have free access to the datasets to which their center has subscribed, providing that their center has at least 50% Long Term Follow-Up for the registry data being requested. Please confirm that your center subscribes to the dataset(s) you wish to analyze before submitting your proposal.
- **Comparison of Specialties:** The SVS VQI is a multi-specialty registry, therefore the SVS PSO Executive Committee does not allow comparisons between specialties in submission topics.

VSGNE Arterial RAC Projects

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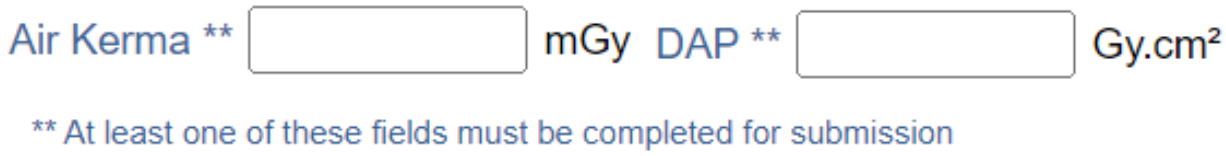
- Winona Wu, MD, Beth Israel Deaconess Medical Center
- Jake Cleman, MD, Yale New Haven
- Andrea Alonso, MD, Boston Medical Center
- Payam Salehi, MD, Tufts Medical Center
- Sai Divya Yadavalli, MD, Beth Israel Deaconess Medical Center
- Gaelle Romain, MD, Yale New Haven
- Ali Khan, MD, Lifespan/Brown

Updates for Spring 2023 VQI Regional Meetings

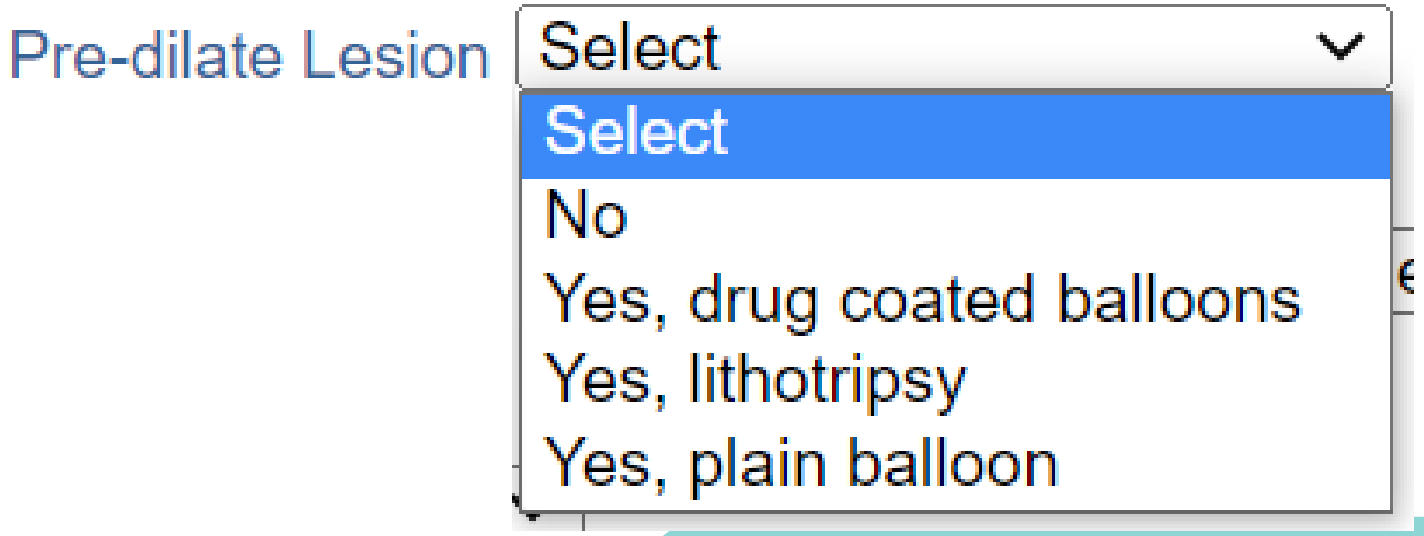
Technology Updates for VQI

Released in Q3 2022

- Carotid Artery Stent (CAS) Revision
  - Air Kerma field was added

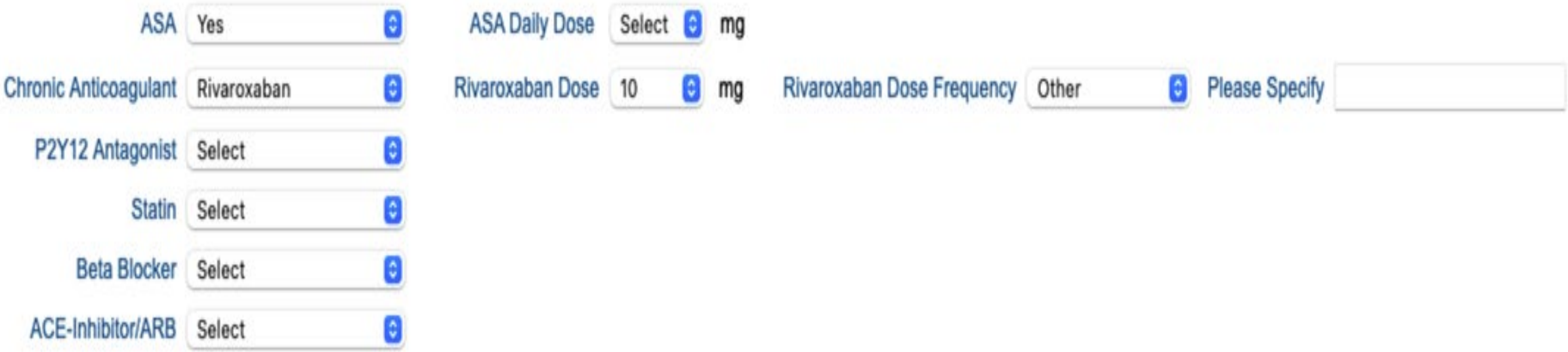


  - Select options for Lesion -> Stent -> Pre Dilate were updated



Released in Q3 2022

- Peripheral Vascular Intervention (PVI), Infra- and Suprainguinal Bypass, and Vascular Medicine Consult (VMC) Revision
  - Medication regions, in Demographics, Post- procedure and follow-up forms, were reordered and four new fields related to the dose of ASA and Rivaroxaban were added.



Released in Q3 2022

- PVI, INFRA, SUPRA, VMC Revision
  - Any Bleeding Complication field was added to the follow-up forms.

Released in Q3 2022

Device Assistant Enhancements

- Moved full or partial matched Catalog Numbers to appear at the top of the device results list
- Added ability to search for Catalog Number, Primary DI or Alternate Catalog Number with or without dashes
- Added the columns ‘Description’ and ‘Alternate Catalog Number’ to the device table

Released in Q3 2022

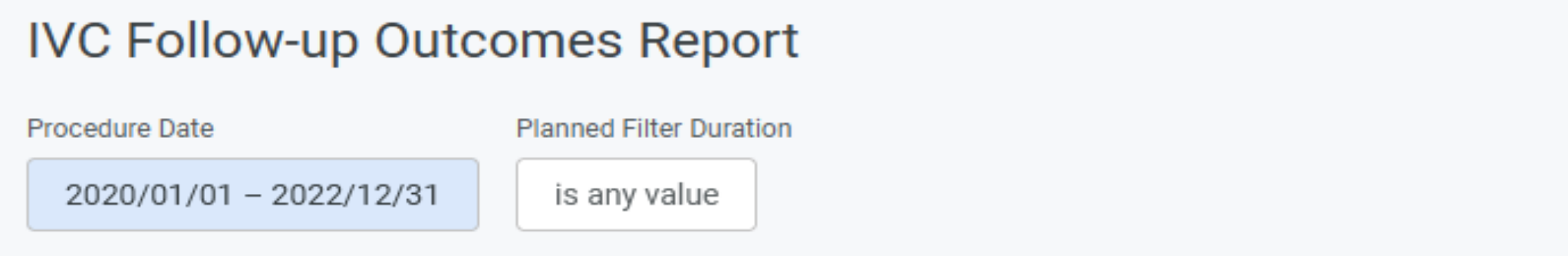
TEVAR Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Thoracic and Complex EVAR registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

Released in Q3 2022

IVC Filter Follow-up Outcomes Report

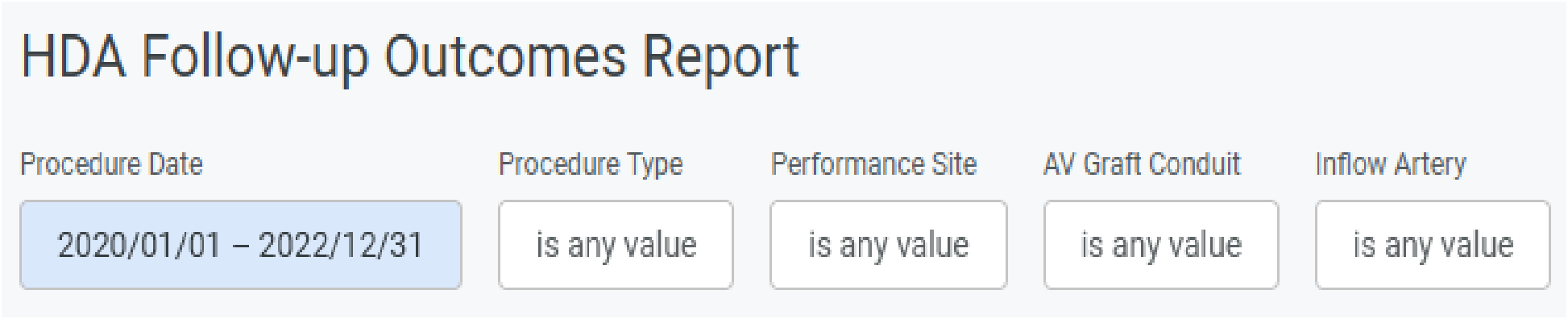
- A new 'Follow-up Outcomes Report' for the IVC Filter registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.



Released in Q3 2022

HDA Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Hemodialysis Access registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.



Released to Demo Only in Q4 2022

VVR Follow-up Outcomes Report

- A new 'Follow-up Outcomes Report' for the Varicose Vein registry, developed by the SVS PSO, is now available in the PATHWAYS Reporting tab. The report will provide key follow up metrics for VQI sites with center data as well as regional and all VQI benchmarking and includes drill down capabilities to better understand center data at the procedure level.

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PATHWAYS Support

PATHWAYS Support

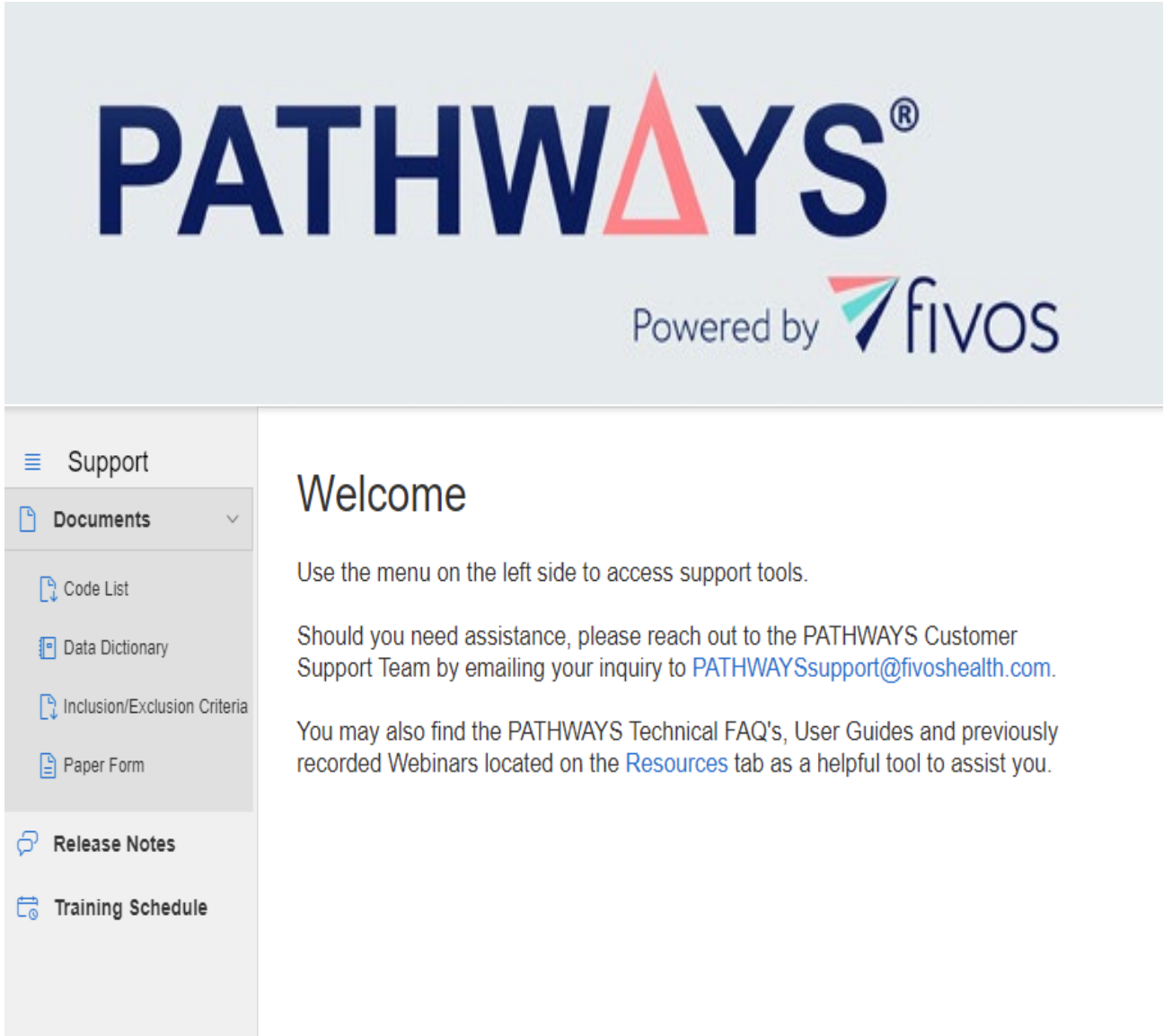
Need help?

Check out the PATHWAYS Support tab.

- **Documents**
  List of essential documents necessary for new staff and experienced abstractors to assist with data abstraction.

- **Release Notes**
  Listing of release announcements highlighting changes & improvements to the registries.

- **Training Schedule**
  List of upcoming training opportunities with registration links for new staff and experienced abstractors.



PATHWAYS Support

Help us help you.

PATHWAYSsupport@fivoshealth.com

When sending an email inquiry to the PATHWAYS Support team…

- Please include:
  - Detailed information regarding your question including the name of the procedure registry and field(s) in question
  - Primprocid's to identify specific records
  - Your center name and contact information including a phone number in case we need to contact you

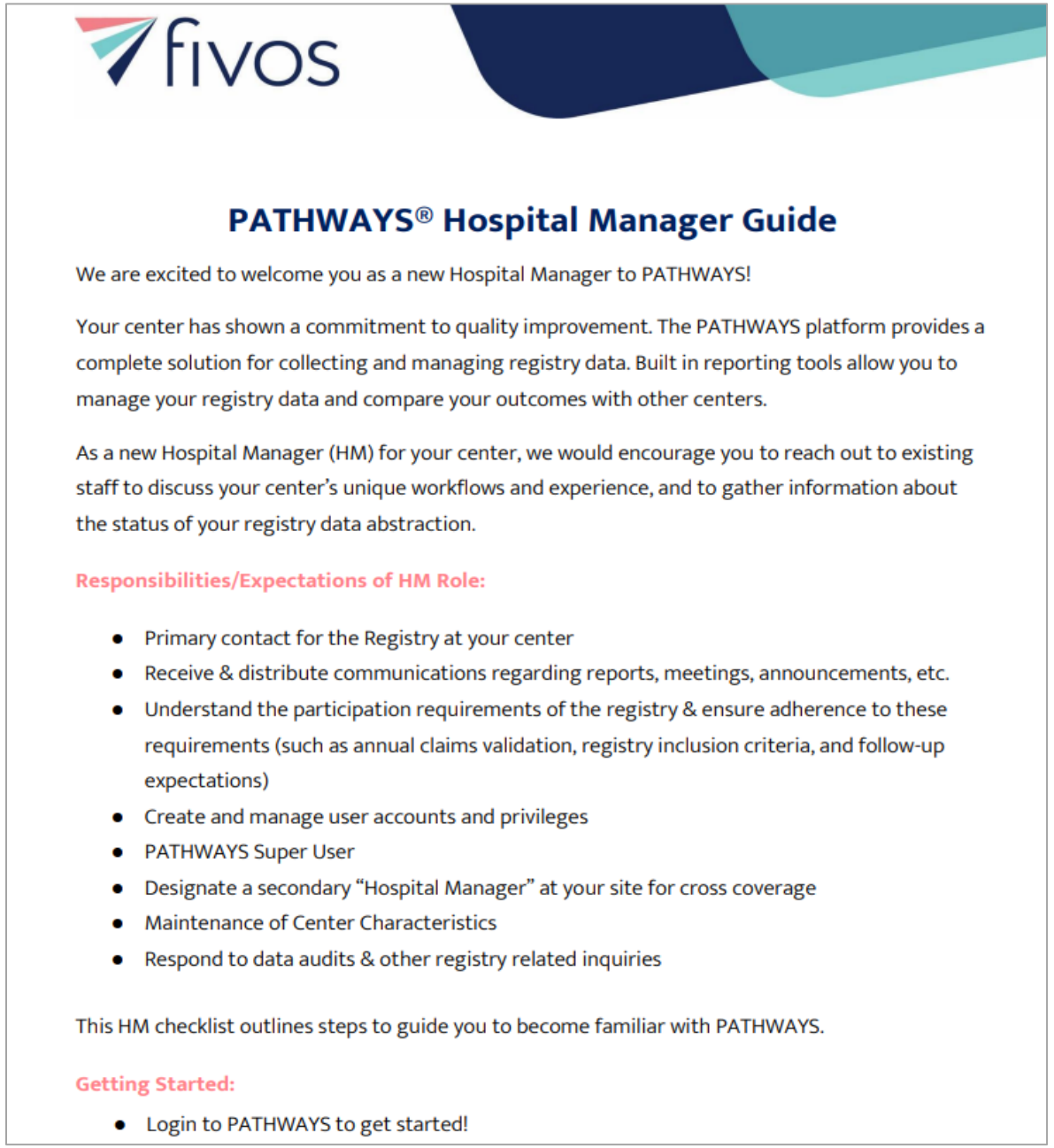
- Please **exclude**:
  - PHI from any email or attachments you upload
    - i.e., Patient name & DOB

This will help avoid confusion as we research your questions to ensure an accurate and timely response!

PATHWAYS Support

Are you new to the role of Hospital Manager at your center?

The **PATHWAYS Hospital Manager Guide**, located on the Resources tab, might help you better understand the responsibilities of your role in the VQI.



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PATHWAYS® Hospital Manager Guide

We are excited to welcome you as a new Hospital Manager to PATHWAYS!

Your center has shown a commitment to quality improvement. The PATHWAYS platform provides a complete solution for collecting and managing registry data. Built in reporting tools allow you to manage your registry data and compare your outcomes with other centers.

As a new Hospital Manager (HM) for your center, we would encourage you to reach out to existing staff to discuss your center's unique workflows and experience, and to gather information about the status of your registry data abstraction.

Responsibilities/Expectations of HM Role:

- Primary contact for the Registry at your center
- Receive & distribute communications regarding reports, meetings, announcements, etc.
- Understand the participation requirements of the registry & ensure adherence to these requirements (such as annual claims validation, registry inclusion criteria, and follow-up expectations)
- Create and manage user accounts and privileges
- PATHWAYS Super User
- Designate a secondary "Hospital Manager" at your site for cross coverage
- Maintenance of Center Characteristics
- Respond to data audits & other registry related inquiries

This HM checklist outlines steps to guide you to become familiar with PATHWAYS.

Getting Started:

- Login to PATHWAYS to get started!

Claims Validation

The annual claims validation process is intended to ensure that all eligible cases have been captured in the registry and is a requirement of participation in the VQI. This process is a key component of VQI's efforts to make certain registry data reflects real-world evidence.

The **2022** Claims Validation process will be launched in **April 2023**

- Centers will be notified via email with a request to provide the contact information for the individual responsible for completing the audit.
- Participating centers will be invited to a webinar providing an overview of the steps required for successful completion.

PATHWAYS Support is here to help you!

Please reach out if your center is selected to participate and you need assistance.

Coming Soon...

The **Support** Team is currently developing brief training videos to assist with specific functionality and tasks. By sharing some pointers with you, we hope to save you time and highlight PATHWAYS functionality and tools that you may not be familiar with.

The **Technology** Team has several features in progress to enhance PATHWAYS functionality including:

- Infra & Supra Follow-up Outcomes reports.
- Expanding data integration capabilities with Cedaron to include more VQI registries.
- Visualization of recently updated help text on the online/electronic form.
- Enhancing the Support tab to accommodate links to external resources.

THANK YOU

The Fivos team appreciates your support and looks forward to your continued feedback about the PATHWAYS platform and support services.

Please send your suggestions to PATHWAYSsupport@fivoshealth.com

VSGNE 2023 Fall Regional Meeting

SVS | VQI
In collaboration with NCDR®

- Date UPDATED – Friday, October 27, 2023
- Location – Dartmouth-Hitchcock Medical Center, 1 Medical Center Drive, Lebanon, NH 03756
- Time – 10am – 4pm ET

Invites already sent!

Thank You!!

- Industry Supporters
  - –Cook Medical
  - –W.L. Gore
- CME/CE Accrediting Entity – Des Moines University
- Regional Membership Team

CE/CME Meeting Attendance Credit

SVS | VQI
In collaboration with NCDR®

REMEMBER TO PSO:

- **PUT your FULL NAME in Zoom for remote attendees. Record of meeting attendance is required for CME/CE credit (no exceptions will be made)**
- **SEND an email to ljohnson@svspso.org with names of group members that are sharing 1 device**
- **OFFICIALLY apply for CME/CE credit by clicking the URL or QR code provided here:**

https://dmu.co1.qualtrics.com/jfe/form/SV_6QndglYa0PoNauO

You only have 7 days to complete forms for CME/CE Credit.

NO EMAIL WILL BE SENT AS A REMINDER OR WITH THE CME/CE LINK