

VVSG Fall Meeting Minutes
September 15, 2021
9am-12pm

Welcome

- New centers- Chesapeake Regional Medical Center & Stafford Hospital

Regional Data Review- Highlights

- For Long Term Follow ups- the mandatory fields introduced in 2018- this data is now showing up in Long term follow ups
- VVSG has high volume – 10% of all VQI data
- Note- VVSG is a wealth of information to request data for research. Easier to get data regionally rather than nationally
- Long Term follow-up- VVSG doing well overall
- Unblinded data: Sentara made some staffing changes to include 2 full time staff to work together to manage VQI. They were able to catch up on backlog of pts that needed follow-up.
- VVSG best in the nation in Long Term Followup
- Discharge meds- lower then VQI with some center outliers
- TFEM CAS- difficult to assess dues to the small #s- make small margin of error
- TCAR- Dr. AbuRahma: expect this to be better – encourages everyone to review their data. VQI does not represent the numbers correctly
- LOS looking good for our registires
- EVAR Sac diameter LTFU reporting unblinded. Marain from UVA- use of templates and hoding people responsible to get all the #s
- EVAR Sac Size - #Hashtag National project completed. Important to show SVS what elements shoud be added to pathways.
- ABI Pressure Assessment : VVSG high performers. Group is interested in who the high performers are and hear success stories
 - Charleston is a top performer. COVID made this more difficult.
 - WVU Medicine set up ultrasound access at outreach clinics.
- Dr. Lemmons Observation of VVSG data:
 - VVSG has a unique work group including Radiologists and Cardiologists- interesting to see how this affects the TFEM data
 - ABI reporting - Most of the regional groups are at 50-60% with VVSG being at 88% it would be a great success story for an abstract
 - Interesting that VVSG has Long- term follow-up and EVAR Sac Size @follow-up unblinded. These two reports are not trending. It would be interesting to see why EVAR reporting is lower.

Breakout Sessions:

- Stacy/Carrie Group :
 - It would be interesting to complete the EVAR sac size project again in the region to see what our numbers really are taking into consideration the mitigating factors
 - Dr. Larson- interested in a deep dive into the high performing centers for ABI reporting and present an abstract
 - LTFU- Chris Sytsma from Winchester with a unique group set-up for completing LTFU
- Dr. Moussa Group:
 - Dr. Spinosa- LTFU & difficulties with virtual appointments and access to imaging. This has been challenging.
 - Dr. Lemmon- great idea for a charter- how centers that have great LTFU as well as capturing the required imaging and their success stories. Perhaps have Fellows call patients for follow up information.
- Dr. Minc Group :
 - Sentara has started a Vascular Rehab Program. Ashley and Carlyne from Sentara spoke of how this was initiated and then rolled out site by site in conjunction with their cardiac rehab center. They are ready to start collecting outcomes data. Dr. Minc invited them to present on this at the next meeting.

National VQI Update- Highlights (Carrie Bosela):

- 855 centers- US and Canada and 1 in Singapore. May be expanding to other English speaking countries.
- 18 Regional Groups – most have had remote meetings
- Trainee Engagement Program – refer to the VQI @VAM presentation by Dr. Lemmon for more info.
- PSO Diversity Equity & Inclusion (DEI) Committee
 - New committee
 - Main focus- recognize how to make the VQI data set and recognize members as diverse and as representative as possible.
- VQI@VAM in San Diego- Huge success (Hybrid model)
 - Sessions powerpoints and charters will be available next week. The recorded portion will be available in the next 3-4 months on the members only section.
- Celebrated VQI 10th Anniversary
- COVID-19 Update-
 - Will be adding “Vaccination Status” into the variables soon
- PAD Patient Reported Outcomes (PROs)- refer to the VQI@VAM presentation by Carrie for more information

Meeting evaluation:

- When a “Doodle” is sent to pick meeting date and times please consider what time everyone at your facility can meet. Data managers- can internally send to MDs if needed for input
- Carrie: Most successful regions- have the same meeting date/time for Spring & Fall and in conjunction with another meeting

- **Next meeting possibly- VA Beach April 28. More to come. Attempt to do a hybrid option.**
- For RAC request – submit to the regional RAC for input and then submit to National
- Next meeting to increase participation
 - COVID is making the meetings difficult – trying to find ways to make it more interesting and engaging.
 - Have data managers to present short updates
 - Assign high performers a short presentation
 - Try and turn on cameras at future remote meeting to improve communication if possible