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| **Project Overview** | | | |
| **Problem Statement**: For 2019, VQI Regional Reports indicate that Hospital X had \_\_% of EVAR Elective Patients with AAA Diameter within SVS Guideline (≥5.5cm for Men; ≥5 cm for Women). It is important to identify patients who are undergoing intervention without meeting SVS guidelines for repair. However, there is also a potential for variations in inter-operator reliability that can be impacting this data. | | | |
| **Goal**: This retrospective review of cases from January 1, 2017 through December 31st, 2018 will identify mitigating factors such as aortoiliac occlusive disease, rapid growth, and aneurysm symptoms for patients who don’t meet SVS guidelines for elective EVAR. Data collection should be complete by February 28, 2021. | | | |
| **Scope**: This project will include the Operating Physician and VQI Data Manager. The patient population includes EVAR patients who meet inclusion criteria in the VQI. | | | |
| **Deliverable(s)**:   1. Data Abstractor and/or Hospital Manager will enter AAA diameter as documented in the Medical Record as documented by Primary Surgeon. For 2017 and 2018, Any patients not meeting size criteria will be noted by hashtag in the comment section for any potential mitigating factors, for example aortoiliac occlusive disease, rapid growth, or aneurysm symptoms. See hashtag reference below \* 2. If there is a discrepancy between radiology and surgeon interpretation of AAA size, then the performing physician’s AAA size is documented. 3. Education providing case identification for patients not meeting size criteria. | | | |
| **Resources Required**:  Ongoing VQI Data, retrospective review by Abstractor and/or Hospital Data Manager | | | |
| **Key Metrics** | **Milestones** | | |
| **Outcome Metrics:**   1. Once mitigating factors are accounted for, demonstrate increased % of patients meeting SVS guidelines for elective AAA EVAR. | **Milestone / Description:**  Demonstrate improvement in patients meeting SVS guidelines as evidenced by Hashtag reports. | | **Date (mm/yy):** |
| **Process Metrics:**   1. AAA measurements are reviewed/compared by hospital manager. 2. EVAR patient below SVS threshold for repair -Hospital chart reviewed for mitigating factors. 3. In VQI Pathways comments section, appropriate Hashtag code will be entered if applicable (see reference below). |
| **Team Members** | | | |
| **Exec Sponsor**: Department Chairman | | **Clinical Sponsor**: , MD | |
| **Sponsor**: , MD | | **Process Owner**: | |
| **Project Leader**: | | **Team Members**: | |

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| **Hashtags** |  |
| Aneurysm w/ thrombosis | #[ac\_thromb] |
| Concomitant treatment of atherosclerotic aortoiliac disease | #[concom\_aortoil\_occ] #[concom\_aortoil\_dissect] |
| Concomitant/isolated iliac aneurysm (with hashtags for size criteria/indication here too) | #[concom\_iliac\_aneur] |
| Distal embolization | #[distal\_emb] |
| Need for chemotherapy | #[chemo] |
| Need for transplantation | #[transplant] |
| Patient request/anxiety | #[request\_anxiety] |
| PAU (Penetrating Aortic Ulcer) | #[PAU] |
| Rapid expansion (>0.5-1.0 cm/year) | #[rapid\_expan] |
| Saccular | #[Saccu] |
| Symptomatic but Scheduled as Elective | #[sympt\_elect] |
| Other reasons | #EVAR\_AAA[free-text] |