

Canadian Vascular Quality Initiative
Thursday 4 April 2024 1500 -1800h (CST)
Fairmont Hotel, Winnipeg MB

Meeting Highlights/Action Items:

(See regional slide deck for detailed data)

1. Student Presentations

- a. Samantha Albacete (Edmonton)
- b. Subash Subramanian (Edmonton)
- c. Naomi Wedel (Calgary) smoking 'cheat sheet'
- d. Samantha Albacete (Edmonton) article review

On site and remote attendance: (see attendance sheet)

Ashley Figliomeni
Betsy Wymer
Caroline Morgan
Cheryl Schoettler
Graham Roche-Nagle
Jade Broughton (jadebroughton)
Kenton Rommens
Naomi Eisenberg
Naomi Wedel
Pamela Dawe (pameladawe)
Patrick Casey
Paul Petrasek
Renata Morton
Samantha Albacete (PGY4 General Surgery UofA) (Sama
Albacete)
Samuel Jessula
Stefan Elkouri
Steph Needham (Steph N)
Subash Subramanian (MS3 U of A) (Subash Subramanian)
Tara Andrinopoulos

PSO Representative attending Meeting: Caroline Morgan

I. Presentations:

Presenter: Samantha Albacete: A 6-year Representation of Hemodialysis Access Population and Operative Trends in a Single institution in Edmonton, AB.
Grey Nuns/Covenant Health, Edmonton, AB

Subash Subramanian: Stratification of Endovascular revascularization technical outcomes using the Global Limb Anatomic Staging System (GLASS). Grey Nuns/Covenant Health, Edmonton, AB

Naomi Wedel: CVQI Smoking Cessation Information Reference

Samantha Albacete: Long-term outcomes after lower extremity bypass in the actively smoking claudicant. Grey Nuns/Covenant Health, Edmonton, AB

II. General Discussion and Questions

Regional report was reviewed. Excellent discussion of many issues: See action items below:

III. Action Items (including QI projects):

- a. Follow up in 3 of our sites is at or below 50% - how can we improve this?
 - i. Sites with low f/u may not have enough analyst support to LTFU capture
- b. We have one of the highest smoking rates (as a region) in VQI – lots of opportunity for improvement
 - i. In the process of launching an evidence-based information sheet for clinicians to quick reference to counsel patients.
 - ii. Will also start design of patient information sheet
- c. EVAR sac diameter reporting is low – suggested reasons:
 - i. Phone f/u (geography issue)
 - ii. Imaging done outside of centre may not be accessible
 1. Could standardized EVAR CT reporting help
- d. EVAR sac diameter guidelines: although one of the highest regions for compliance, the module doesn't allow for distinguishing between fusiform and saccular aneurysms (which may be treated at a smaller diameter)
- e. ABI/Toe Pressures before Supra- and Infrainguinal procedures – we are low compared to VQI, but this may be a Canada - US issue d/t different practice patterns as not all patients in CVQI will have had a duplex at hospital of treatment
- f. High return to OR rate for Supra and Infra CLTI (highest in VQI) (**Supra**: 4.5 for unplanned amps, 4.5% thrombosis, 2.2% for revisions **Infra**: 4.2% for unplanned amputations, and 3% each for thrombosis/revision)
 - i. This may be due to incorrect coding for patients admitted with tissue loss that are going to need revascularization prior to an amputation being

coded as unplanned when the amputation was actually planned – each site to review process

IV. Nominations (AQC, VQC, RAC, Medical Director):

Current positions with 3-year term ending &/or vacant - None

V. Next Meeting:

Thursday, September 12 0900 – 1200, Delta Hotel, St. Johns NL (Room TBA)

Data Managers' meeting to follow 1200 - 1300