

| Project Overview |
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| <p>Problem Statement:</p> <p>Overall VQI Long Term Follow-Up has been consistently high at Cleveland Clinic with 98%-99% compliance. While these rates have also been consistent within the EVAR and TEVAR modules, we have noticed a decrease in Sac diameter reporting in both modules between Fall 2020 and Spring 2021 Regional reports. EVAR sac diameter reporting decreased from 93.3% to 90.3%, while TEVAR sac diameter reporting decreased from 83.7% to 76.2%. We feel that in person visits may have decreased due to the COVID-19 pandemic, however, surveillance of EVAR and TEVAR is important to detect endoleak or continued sac enlargement. Literature has shown that patients lost to follow up are at increased risk for aortic rupture and death.</p> |
| <p>Goal:</p> <p>To increase number of in person visits with imaging for Long Term Follow-Up (9-21 months) for EVAR and TEVAR patients This will be measured by increase of sac diameter reporting future Regional reports with a goal of 93% for EVAR and 84% for TEVAR.</p> |
| <p>Scope:</p> <p>This project will include EVAR or TEVAR patients at Cleveland Clinic who have been entered into the VQI. The project will require all practicing surgeons performing these procedures, VQI Hospital Manager, outpatient clinical staff, Imaging Coordinator, and administrative/scheduling staff.</p> |
| <p>Deliverable(s):</p> <ol style="list-style-type: none"> 1. VQI Hospital Manager will continue to run VQI reports to determine who is due for Long Term Follow-Up. 2. For any EVAR or TEVAR patients not scheduled as an in-person visit with imaging per SVS guidelines, a list of patients will be sent to the appropriate Vascular Surgery scheduler based on the appropriate location and provider on a quarterly basis. We will also share this information with Cardiothoracic Surgery, as they perform TEVAR procedures as well. 3. Once a patient is contacted, the schedulers will update the VQI Hospital Manager as to outcome, i.e. date appointment scheduled, patient refusal, or request to be contacted at later date. 4. For patients unable to travel to Cleveland Clinic for an in- person visit, attempts will be made to obtain imaging completed at outside hospitals. May also request assistance of Vascular Surgery Imaging Coordinator for outside imaging. 5. Visit information along with imaging will be entered into VQI by Hospital Manager prior to close of Follow-Up window. |

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| <p>Resources Required: Collaboration between physicians, VQI Hospital Manager, Schedulers, and Imaging Coordinator will be required. We will also require Administrator/Leadership support to delegate the additional scheduling tasks.</p> | | |
| <p>Key Metrics Milestones</p> | | |
| <p>Outcome Metrics:</p> <ol style="list-style-type: none"> EVAR and TEVAR LTFU rate and sac diameter reporting compliance. | <p>Milestone / Description:</p> <p>Fall 2021 Regional Report. Targets as described above.</p> | <p>Date</p> <p>9/21</p> |
| <p>Process Metrics: VQI reports will be run monthly to see who is due for Long Term Follow-up. Reports will be shared quarterly with each scheduling group.</p> | | |
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| <p>Project Leader: Donna Fleming</p> | | <p>Team Members: Various schedulers, staff physicians, administrators, Imaging coordinator.</p> |
| <p>Clinical Sponsor: Christopher Smolock, MD</p> | | |

Approval to post charter by Donna Fleming 10/1/2021 BW