

Percutaneous access and/or open/cut-down approach for interventional catheter-based procedures for arterial atherosclerotic occlusive disease of the infrarenal aorta or distal arteries and true aneurysms of the femoral, profunda or popliteal arteries. Complete inclusion/exclusion criteria available upon request by emailing: [pathwayssupport@fivoshealth.com](mailto:pathwayssupport@fivoshealth.com).

## OVERVIEW OF PVI COMPONENTS

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### **BASIC INFO**

PHI (Date of Birth, Birth Sex, Race, etc.)/Insurance/Zip code/Procedure date/ Surgeon/ Assistant(s)

### **DEMOGRAPHICS**

Center site location / Smoking Hx/ Co-morbidities/ Stress testing/Functional, Living status/ Ambulation /Creatinine /Transfer from other center / Focused for variables involving PVI: Prior CEA-CAS, Cardiac, Vascular History/ Pre-procedure medications including but not limited to : Antiplatelet/ Statin/ Beta Blocker/ACE Inhibitor / ARB/ Chronic Anticoagulation/ Cilostazol

### **HISTORY**

Indication-Acute or chronic Rutherford status/Aneurysm vs Occlusive Disease /Prior Inflow LE Intervention/ Wfl/Prior amputation / Pre-op ABI and-or TBI/Non-invasive and Invasive imaging findings / Exercise Program Variables

### **PROCEDURE**

COVID status/ Access, Sheath, Closure specifics/ Concomitant Endarterectomy/Radiation exposure/Contrast volume /nephropathy prophylaxis / Number of arteries treated, locations/ TASC grade of treated vessels/Treated length including occlusion lengths/Calcification grade/ Device details /Treatment success, failure/ Pharmacologic, suction or mechanical thrombolysis use/Embolic protection device use/Re-entry device use /Final Technical result

### **POST-PROCEDURE**

Complications/Remote or Target lesion dissection treatment/ Perforation treatment/ Thrombosis and pseudoaneurysm treatment/ Amputation level and planning/ Disposition status/Discharge medications/ Mortality

### **30-DAY FOLLOW-UP (optional)**

Captured within 30 days from discharge/ Admission status since discharge/Reason for readmission if applicable /Reintervention related to primary procedure if applicable.

### **LTFU**

Captured between 9-21 Months: smoking status/Living status/Mortality/ Medications/Current Ambulation/Ipsilateral symptoms/Documentation of patency/Ipsilateral ABI and-or TBI/Re-intervention and type/Amputation since discharge

## **REGIONAL REPORTS (BI-ANNUAL) Link to sample report**

What is reported (including but not limited to):

Center level comparisons to Regional and National data/Excludes claudication / Percent of claudicants undergoing PVI with pre-op ABI or Toe pressure

Link to sample report: <https://www.vqi.org/wp-content/uploads/Sample-Regional-Report-Fall-2023.html>

## **BENCHMARK REPORTS (QUARTERLY)**

What is reported (including but not limited to):

Center level comparisons to Regional and National data

Separate reports for Claudication and CLTI:

Case Volume/Length of Stay/Smoking/Pre-op ABI/Per cent of Post-op events listed as Complications above including access site and both remote and target lesion dissection/Percent on Anti-Plt and Statin/Disposition status

Link to sample report: <https://www.vqi.org/wp-content/uploads/Sample-Dashboard-Fall-2023.html>