

SVS VQI PSO Quality Improvement

Quality Improvement Webinar

Betsy Wymer, DNP, RN, CV-BC

PSO Director of Quality

Guests from Hartford HealthCare Medical Group Team: Patty Bozeman,
Sharon Vacca, Kristy Wrana, Maria Garcia, and Kris Hallisey

Tuesday, January 30, 2024

2pm ET

SVS | VQI
In collaboration with NCDR*

Today's Agenda

- Quality Abstracts
 - **Submit by January 31, 2024**
- VQI@VAM2024
- Regional Meeting update
- Guest Speakers
- Q&A



Participation Awards

- Participation Committee meets quarterly
 - Met January 18, 2024
 - Multidisciplinary committee
 - Update on VQI@VAM points for 2024
 - NQI SC
 - Beginning stages
- 2023 Star Certificate
 - Follow reporting schedule
 - Delivered via share-a-file
 - 2-week adjudication period

VQI Reporting Schedule 2023 - 2024			
	Data Cut Date*	Anticipated Delivery Date**	Procedure Timeframe***
VQI Regional Quality Reports			
Spring 2024	1-Feb-24	1-Mar-24	CY 2023
Fall 2024, RMVQI	1-Jun-24	1-Jul-24	May 1, 2023 - April 30, 2024
Fall 2024	1-Aug-24	1-Sep-24	July 1, 2023 - June 30, 2024
VQI Best Practices Dashboards			
Fall 2023	1-Sep-23	1-Oct-23	July 1, 2022 - June 30, 2023
Winter 2023	1-Dec-23	1-Jan-24	October 1, 2022 - September 30, 2023
Spring 2024	1-Mar-24	1-Apr-24	CY 2023
Spring 2024 (4-year Cumulative)	1-Mar-24	1-Apr-24	CY 2020 - CY 2023
Summer 2024	1-Jun-24	1-Jul-24	April 1, 2023 - March 31, 2024
Fall 2024	1-Sep-24	1-Oct-24	July 1, 2023 - June 30, 2024
Winter 2024	1-Dec-24	1-Jan-25	October 1, 2023 - September 30, 2024
VQI Quality Initiative Updates			
Fall 2023	1-Oct-23	1-Nov-23	DC Meds: Through Quarter 3 2023 EVAR Sac Diameter: 2021
Spring 2024	1-Apr-24	1-May-24	DC Meds: Through Quarter 1 2024 EVAR Sac Diameter: 2022
Summer 2024	1-Jul-24	1-Aug-24	DC Meds: Through Quarter 2 2024 EVAR Sac Diameter: 2022
Fall 2024	1-Oct-24	1-Nov-24	DC Meds: Through Quarter 3 2024 EVAR Sac Diameter: 2022
VQI Participation Awards			
2023 Report	1-Feb-24	1-Mar-24	CY 2023
2023 Star Certificate	1-Feb-24	1-Jun-24	CY 2023

* The data-entry/completion deadline for each report is exactly one day prior to the Data Cut Date. Any changes or updates to the data on or after the Data Cut Date will not be reflected in the given report.

** The Anticipated Delivery Date is generally within 1 month of the Data Cut Date. Major report updates may require extended time for development, testing, and quality assurance.

*** For the reporting of LTFU outcomes, the procedure timeframe used is exactly 2 years behind the given Procedure Timeframe.

Participation Points New 2024 Update

Domain – Regional Meeting attendance – 30% weighted

Credit will be given for remote attendance since virtual and hybrid meetings will be an option for the 2024 meetings.

- Each regional meeting will be scored on a 0–3-point scale:
 - For centers with 3 or more MDs, 1 point for each **MD attending**, up to a max of 3 points
 - If site has only 2 MDs and 1 **MD attends**, 2 points
 - If site has <3 MDs and all **MDs attend**, 3 points
 - Support staff (Fellows, Residents, Physician Assistants, Nurse Practitioners, et. al., -those with an **ACTIVE** Pathways account) will receive a maximum of 1 point regardless of MD attendance. Ex – if 1, 3, or 5... support staff at a center attends a meeting, the center will get 1 point.
 - Regional medical directors and regional lead data managers will each receive one additional point, for a maximum of 6 regional meeting attendance points
 - The host site will get 1 extra point (This includes on-site and/or off-site)
- Centers with non -physician staff members attending VQI@VAM either in person or virtual earn 1 extra point



Participation Points New 2024 Update

Domain – Quality Improvement Project – 25% weighted

Scoring on 0 – 6-point scale to keep consistent with other measures. This gives centers options for getting **6 maximum QI points**.

- Initiation of a QI Project, evidenced by submitting a Project Charter to bwymmer@svspso.org (2 points). **One charter per year per center.**
- Presenting a QI Project (presentation or poster) at a Regional VQI, *Regional Society Meeting, or ***Hospital Board and/or C Suite** meeting (2 points) *When presenting at succinct regional meetings, project slides must reflect a change or update in status*
- Presenting a QI Project (presentation or poster) at the National VQI or *Vascular Annual Meeting (2 points)
- *Pub
- Cente
- Initia

Support staff (Fellows, Residents, Physician Assistants, Nurse Practitioners, et. al., -those with an **ACTIVE** Pathways account)

* Please send attestation (proof) to bwymmer@svspso.org on or before December 31, 2024. Only 2 presentations to the Hospital Board and/or C Suite allowed per year per center.

Quality Abstracts –submit by January 31, 2024

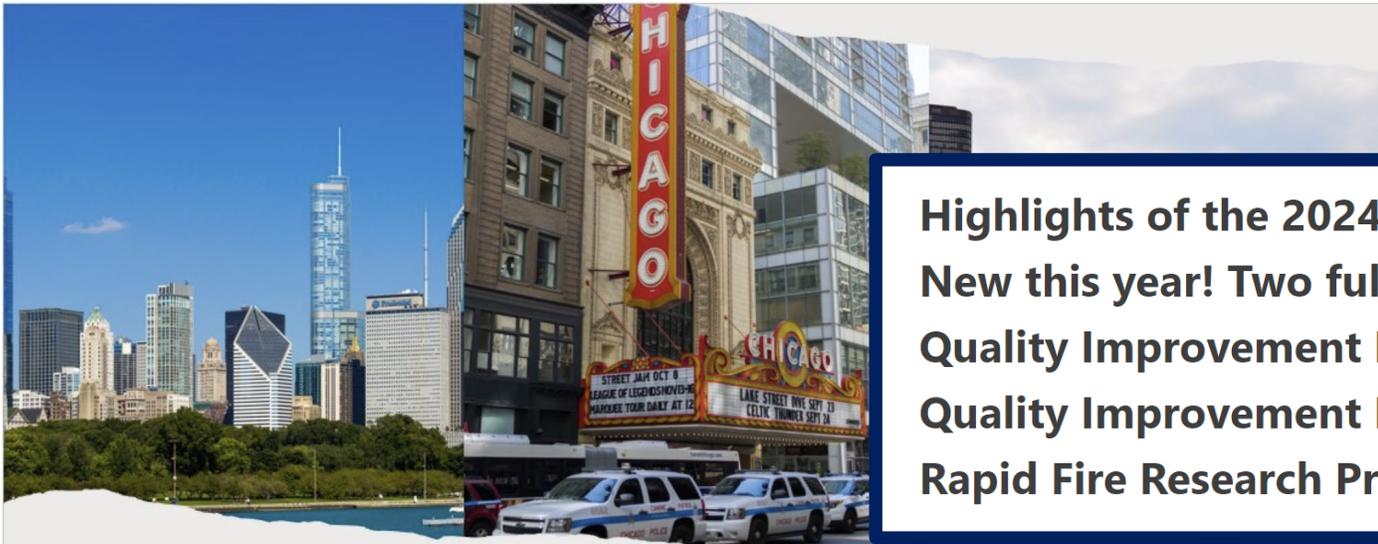
Call for VQI Poster Quality Improvement Poster Abstracts

The VQI invites you to submit abstracts for poster presentations at the 8th Annual VQI@VAM Meeting. The poster session is an opportunity to present your work in quality improvement at the 2024 VQI@VAM Meeting to an audience of vascular surgeons, data managers, nurses and quality improvement professionals. Quality Improvement podium presentations are selected based on Quality Improvement posters. The poster session also provides a venue to showcase the culmination of your QI charter – please share the challenges you encountered and overcame, but most of all – your success!

Submission Guidelines

Please submit a 250–500 word abstract describing your local or regional QI project, tool or process to Betsy Wymer, SVSPSO Director of Quality at bwymer@svspsso.org.

2024 VQI ANNUAL MEETING AT VAM



Highlights of the 2024 VQI@VAM

New this year! Two full days for VQI@VAM

Quality Improvement Poster Session – Evening of June 18, 2024

Quality Improvement Podium Presentations – Morning of June 19, 2024

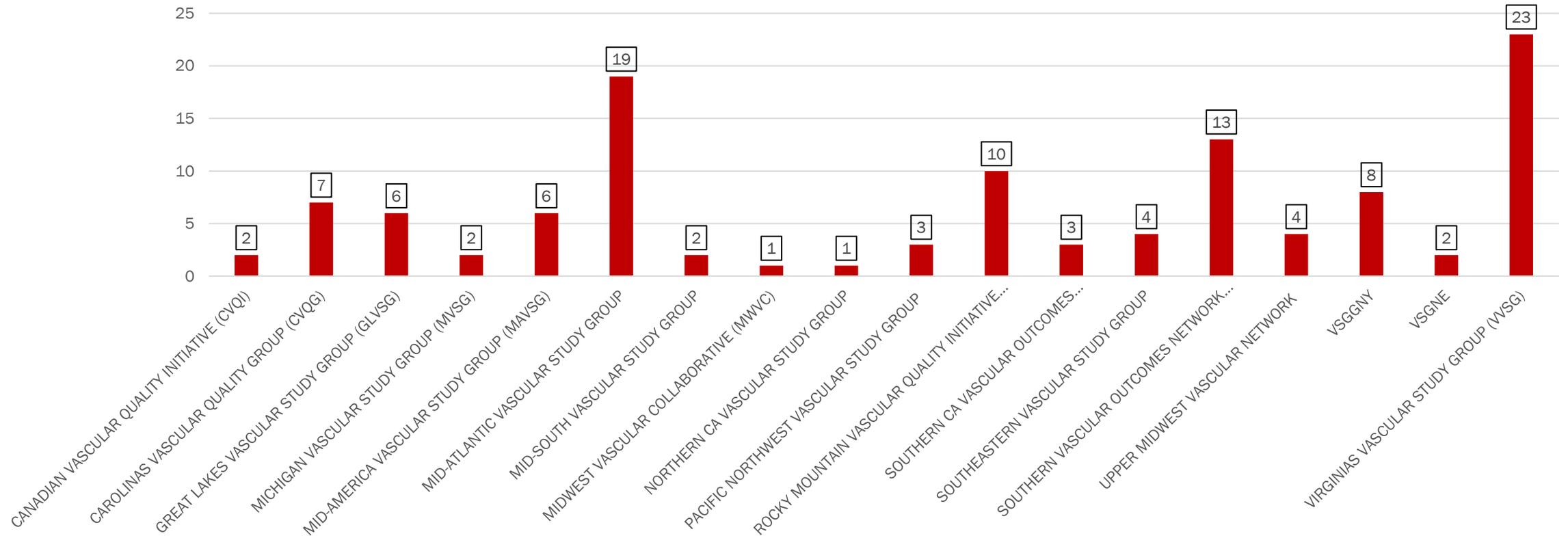
Rapid Fire Research Presentation – Afternoon of June 19, 2024

SAVE THE DATE

2024 VQI@VAM Meeting
June 18-19, 2024
McCormick Place • Chicago, IL

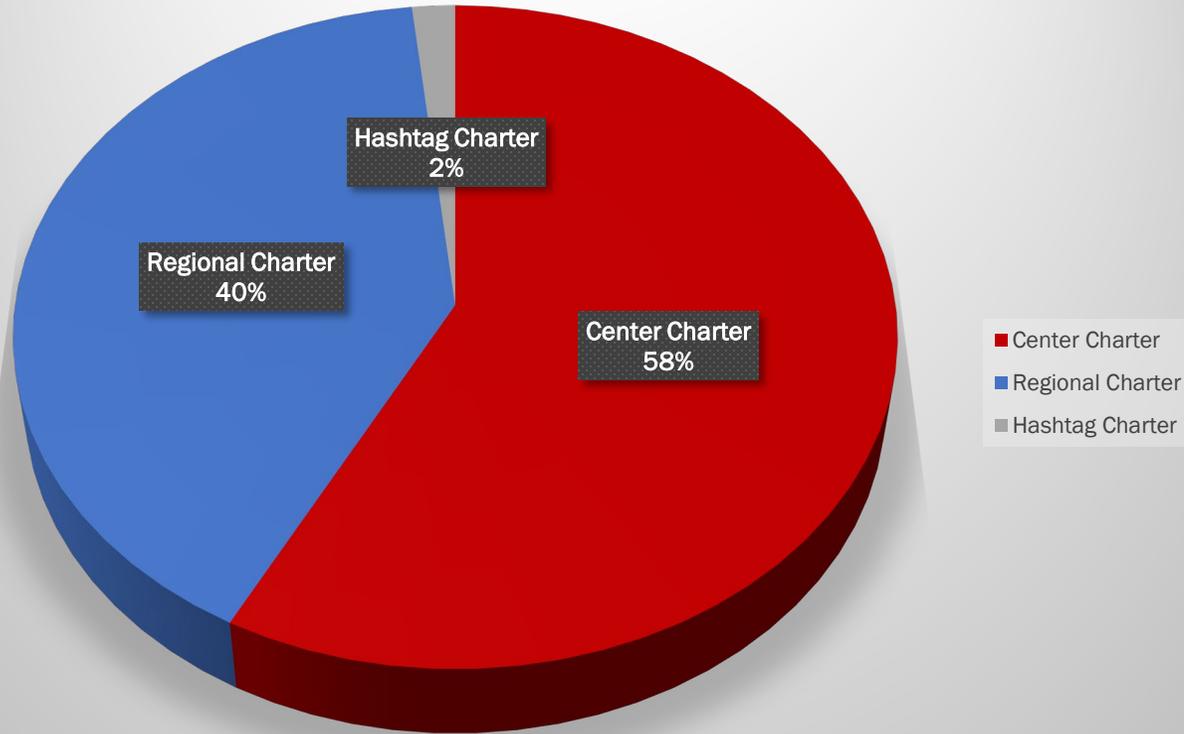
2023 Charters Year End Review

Regions with Charters n=116

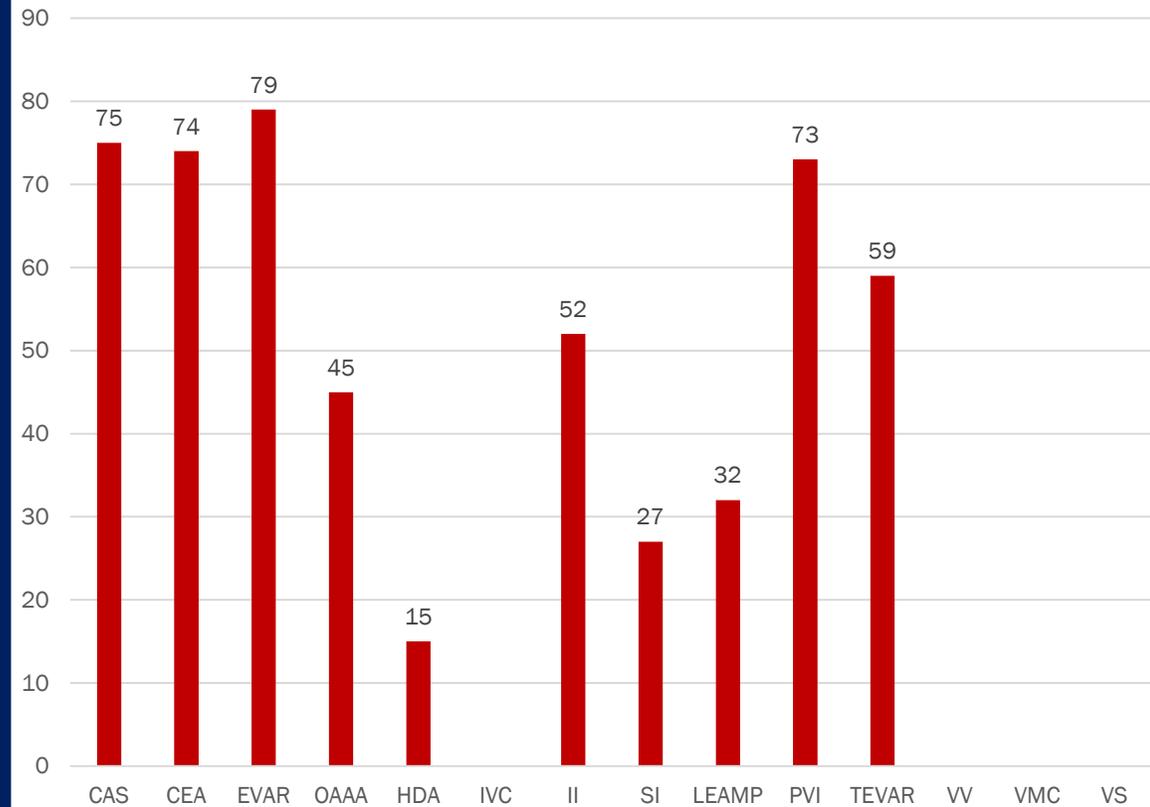


2023 Charters Year End Review

Charter Types

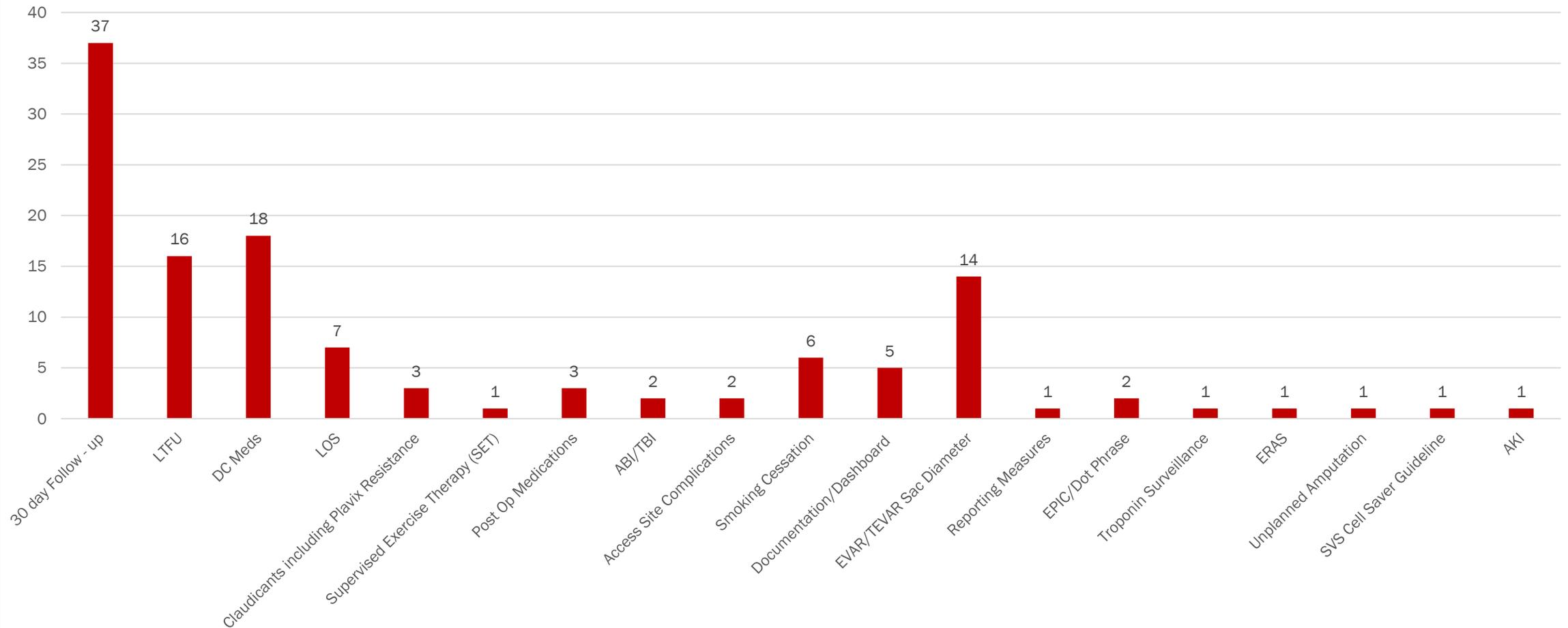


Registries Used for Charters



2023 Charters Year End Review

Charter Topics



Regional Meeting Update

- Updated Correspondence/platform for emailing Regional Meeting information – Mail chimp and ‘AddEvent’
- Remember to update and/or maintain Center Characteristics
- Work with your IT department (firewalls)
- Stay updated on your region via the website <https://www.vqi.org/regional-groups/>
- Any questions regarding regional attendance achurilla@svspsso.org

LTFU - Pathways

Enter New Patient / Find Existing Patient | Tools | Resources | Share

Patient Search



Enter New Patient / Find Existing Patient | Tools | Resources

Tools

Data Management Tools

- Audit & Supplemental Data Query Worklist
- CAS Certification Data Download
- Data Download
- Full Patient List
- IVC Filter Retrieval
- Incomplete Records Report
- Long-term Follow-up Completion Rate by Procedure**
- PRO Site Dashboard
- Procedures/treatments Missing 30-day Follow-up
- Procedures/treatments Requiring Follow-up
- Users and Permissions Report

Procedure/treatment Date From

Procedure Type	Completion Rate
Carotid Artery Stent	0% (0/8)
Carotid Endarterectomy	0% (0/3)
Endo AAA Repair	0% (0/4)
Hemodialysis Access	0% (0/4)
IVC Filter	0% (0/1)
Infra-inguinal Bypass	33% (2/6)
Lower Extremity Amputation	0% (0/3)
Open AAA Repair	0% (0/2)
Peripheral Vascular Intervention	36% (5/14)
Supra-inguinal Bypass	0% (0/2)
Thoracic and Complex EVAR	50% (1/2)
Varicose Vein	0% (0/2)
Vascular Medicine Consult	0% (0/1)
Venous Stent	50% (1/2)
Overall	17% (9/54)



LTF Numerator:

- Y = one or more follow-up records exist that meet LTF requirement.
- N = no follow-ups are submitted or submitted follow-up(s) fail to meet LTF requirements (e.g., no follow-up possible).

LTF Denominator:

- Y = procedure/treatment record is included in LTF calculation.
- N = procedure/treatment record is excluded from LTF calculation (e.g., in-hospital death).

Click on the abbreviated procedure/treatment type name to view applicable LTF rules.

Q Go Rows 50 Actions

Follow-up	PRIMPROCID	First Name	Last Name	Date of Birth	MRN	Physician	Procedure/treatment	Procedure/treatment Date	Days Since Procedure/treatment	Follow-up Window Start	Follow-up Window Close	LTF Numerator	LTF Denominator
Follow-up	2561116	sam	Snowball	08/21/1946	222222222	Doctor, Demo	Carotid Endarterectomy	03/03/2021	974	12/01/2021	12/03/2022	N	Y
Follow-up	2561295	Ow	I7k	01/01/1944	111111111	Johnson, John	Carotid Endarterectomy	04/01/2021	945	12/30/2021	01/01/2023	N	Y
Follow-up	2561413	Mlynn	Eatenton	06/10/1949	12565486	Freeman, Walter	Carotid Endarterectomy	05/01/2021	915	01/29/2022	01/31/2023	N	Y

1 - 3 of 3

Quality Improvement Toolkits

QI TOOLKITS

- SVS VQI QI Methodology Toolkit (NEW)
- VQI@VAM Presentation Toolkit (NEW in Jan. 2024)
- Data Manager Toolkit
- LTFU Toolkit

Guest Speakers for Today

EVAR Long Term Follow Up Project

Hartford HealthCare Medical Group Team

Patty Bozeman

Sharon Vacca

Kristy Wrana

Maria Garcia

Kris Hallisey

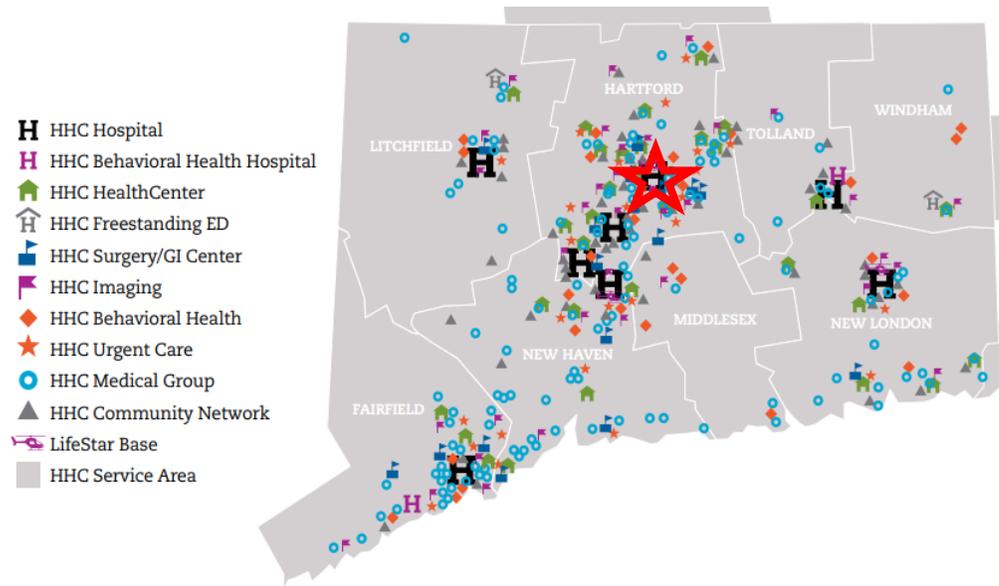


“I’ve got an EVAR; and the only cure... More surveillance!”

A program to improve Endovascular Aneurysm Repair sac size reporting and long term follow up

1/30/2024

Hartford Healthcare Vascular Surgery



Our Vascular Surgery team consists of 10 surgeons and 7 advanced practice providers who see both arterial and venous patients in 10 different locations across the state

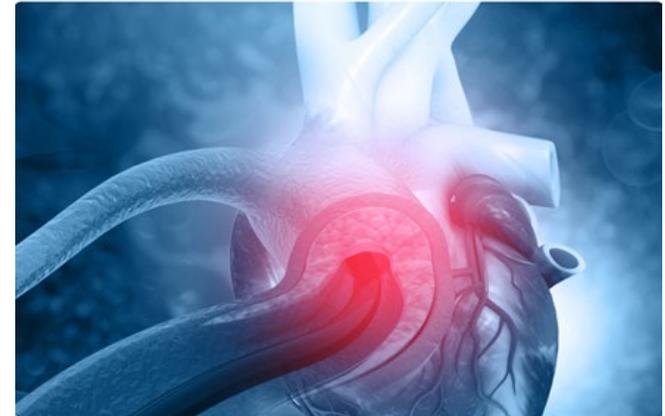
Hartford Hospital



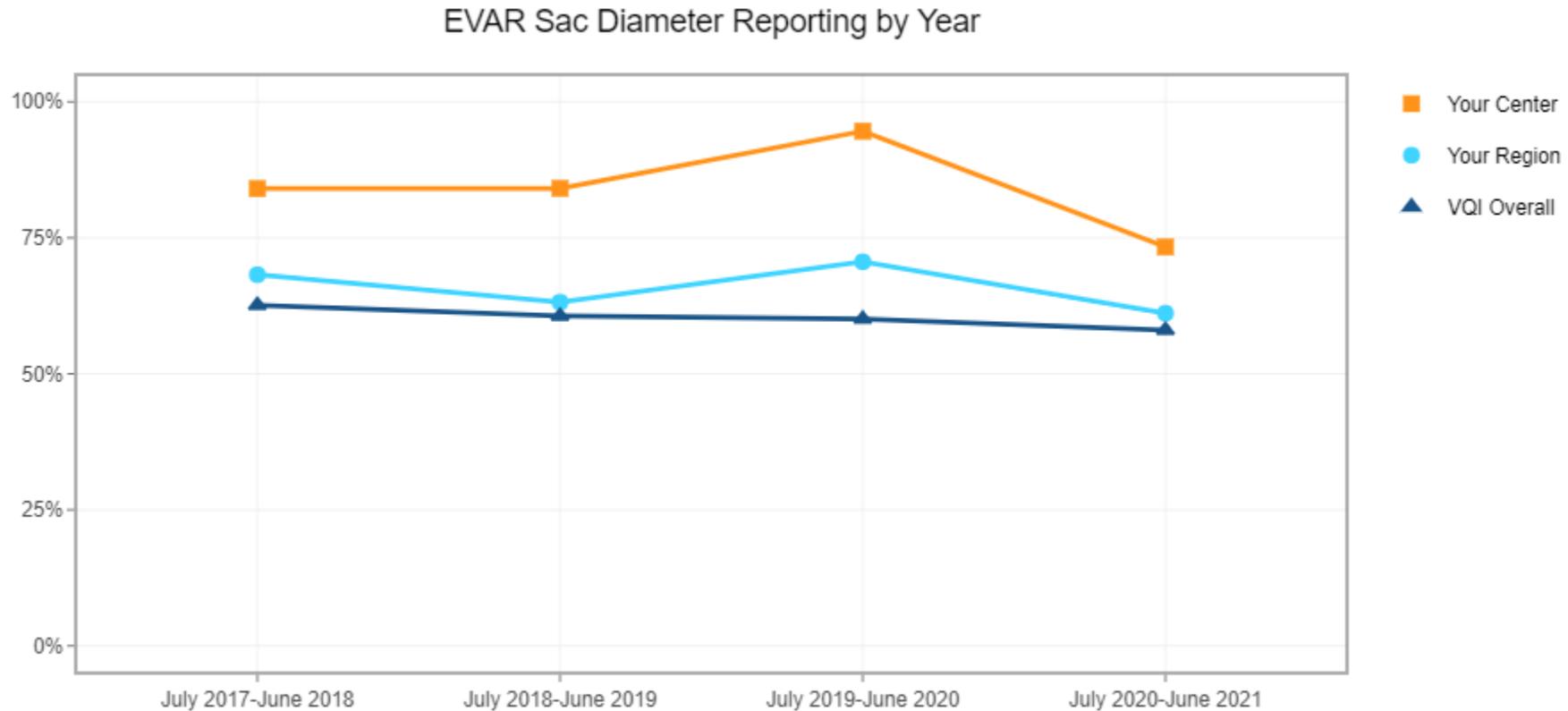
- Hartford Hospital is the main surgery center where most complex cases are treated including Endovascular AAA repairs
- On average, our practice performs about 50 Endovascular AAA repairs per year
- Patients are often required to travel to Hartford for surgery but seen at regional offices for pre-operative visits and postoperative follow up

Background

- Obtaining aneurysm sac size imaging is a critical component of long-term follow-up (LTFU) in patients who have had an endovascular aneurysm repair (EVAR). Imaging ensures the durability of the repair, and detects delayed endoleaks, which may lead to late rupture.
- The Society for Vascular Surgery VQI measures EVAR sac diameter reporting during LTFU as a national quality improvement initiative. Performance reports are sent to all participating centers bi-annually. The fall 2023 report showed our center was averaging 74% compliance, prompting further review.



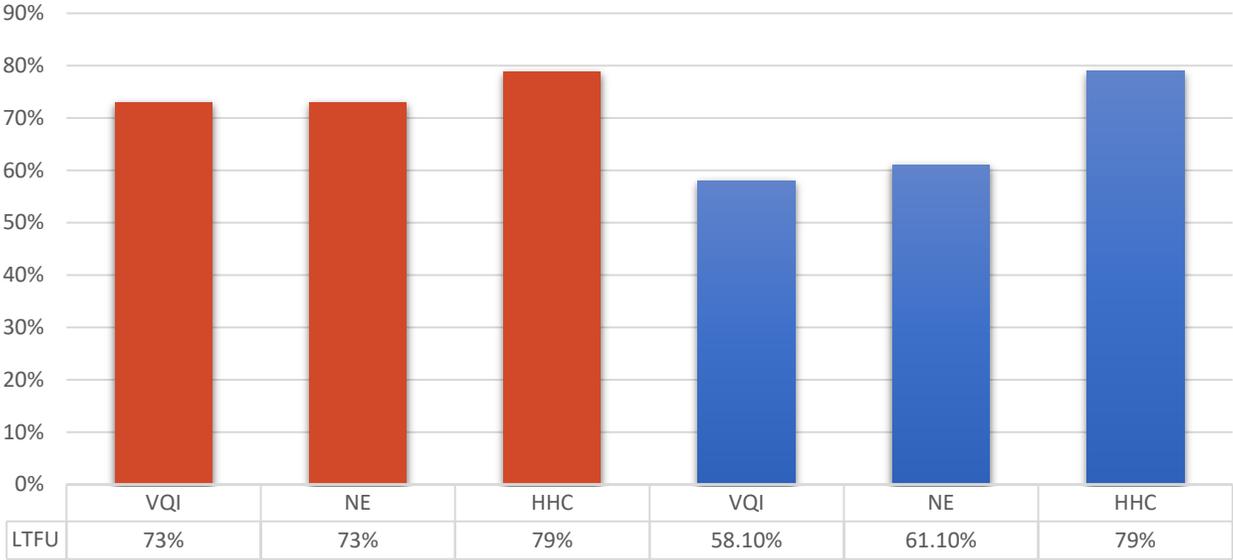
Review of EVAR Sac Diameter reporting 2017-2021



EVAR Sac size review

- We reviewed our calendar year 2020 and 2021 data; only 2020 data available in entirety (see below)
- **Of note – VQI abstracts data at mid-year benchmarks (ie 7/2020 to 6/2021)**
 - Therefore, patients treated at end of year (ie November – December) may be erroneously categorized as missed if not seen prior to June 30 abstracting (18 mos vs 21 mos)

2020 EVAR LTFU (left) and Sac Diameter Reporting (right)

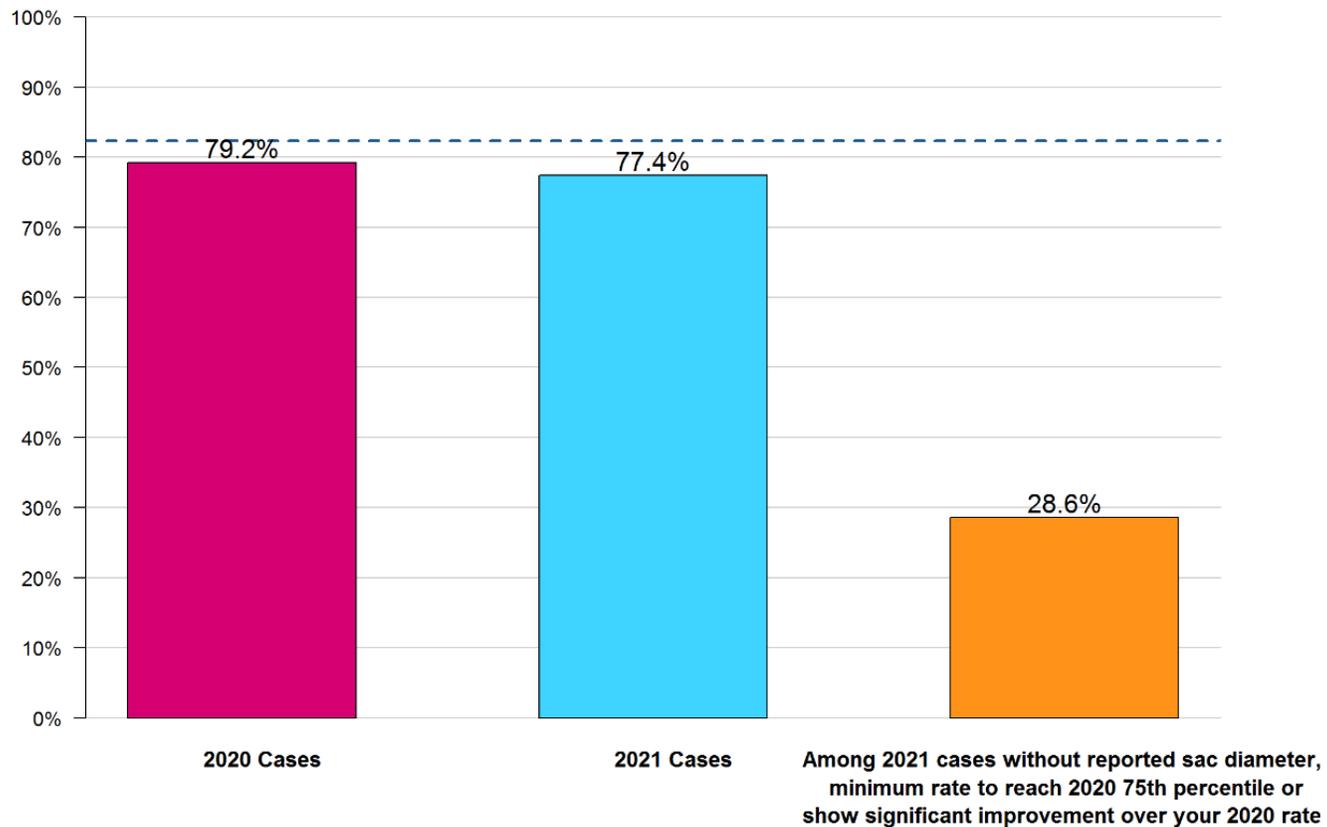




	Results
Number of 2021 procedures meeting inclusion criteria	31
N (%) of 2021 procedures with sac diameter reported between 9 and 21 months post-procedure	24 (77.4%)
75th percentile among VQI centers for 2020	82.4%
Your center's sac diameter reporting rate for 2020 cases	79.2%
Among 2021 cases without reported sac diameter, % with reported sac diameter required to reach 2020 75th percentile or show statistically significant improvement over your 2020 rate	2/7 (28.6%)

EVAR Sac Diameter Reporting at Your Center

--- 75th percentile among VQI centers for 2020 (82.4%)



HHC reporting
for
2020/2021

5 patients 2020 missed LTFU

2020 EVAR FOLLOW UP DATA			
Procedure Date	Last follow-up w/ sac size	Reason for no LTFU	Last contact attempted w/in LTFU period
8/12/2020	N/A	Concurrent medical issues/ hospice	Transitioned to hospice 10/5/2020 2 months post-op
8/24/2020	12/14/2020 (4 months post-op)	Concurrent medical issues/ lung cancer	12 months post-op patient cancelled f/u d/t lung cancer dx
10/23/2020	11/23/2020 (1 month post-op)	Ongoing medical issues/ No showed x 4	6/23/22-20 months post-op
11/13/2020	3/30/2021 (4 months post-op)	Did not answer office call/ letter to schedule	5/5/2022 (17 months post-op)
11/25/2020	4/13/2021 (5 months post-op)	No contact with our office from 7 months post-op until seen in HH ER 12/29/22 (25 months post-op)	6/1/2021 (7 months post-op)

- 2/5 declined due to concurrent medical issues
- 1/5 no-showed x 4 appointments
- 1/5 did not answer multiple office calls/ letter correspondence
- 1/5 had no contact from our office during LTFU period

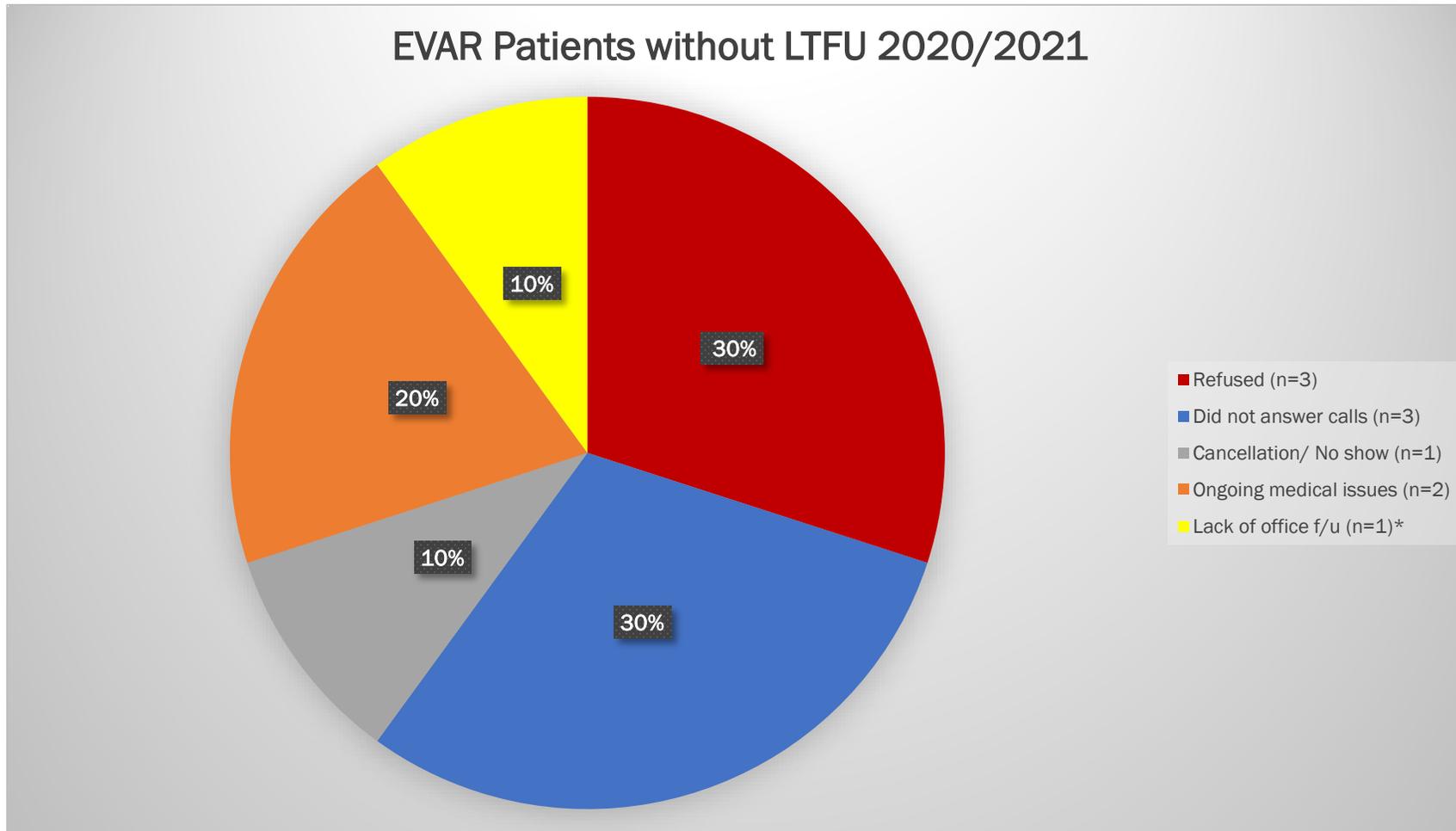
7 patients 2021 missed LTFU

2021 EVAR FOLLOW UP DATA			
Procedure Date	Last follow-up w/ sac size	Reason for no LTFU	Last contact attempted w/in LTFU period
1/12/2021	5/13/21 (4 months post-op)	Refused reschedule with our office. Requested to follow up with VA	10 months post-op-Left VM x1. VA records received 8/25/23-patient did not follow-up
2/10/2021*	N/A- was never seen by our office again	Multiple hospitalizations during follow-up period	7/29/22 seen by The Vascular Experts-sac size 5.2cm
3/31/2021	9/2/2021 (5 months post-op)	Did not answer office calls to schedule	12 months post-op
9/16/2021	3/17/2022 (6 months)	Refused LTFU appt with our office/ hung up on staff	8 months post-op, patient did not schedule 6 month check up then was lost to follow up and was not called back by our office until 2/1/23(23 months post-op) VA records requested 8/22/23
10/18/2021	11/18/2021 (1 month post-op)	Did not answer office calls to schedule	9 months post-op-Left VM x3
12/5/2021	2/28/2022 (3 months post-op)	Refused to schedule because he recently received carotid exam (from his PCP)	15 months post-op
12/20/2021*	8/31/22 (8 months post-op)	Cancelled appointment 8/23/23	Patient scheduled for 10/6 (22 months post-op) rescheduled for 9/1 with imaging

- 3/7 refused follow up with our office
- 2/7 did not answer office calls to schedule
- Via chart review and prompt rescheduling we were able to bring 2/7 into compliance with f/u window

* Patients seen after 6/30/22 although within LTFU period not accounted for by VQI

Reasons for lack of LTFU



Of the patients who refused:

- 1 wants to f/u with VA, but did not.
- 1 felt unnecessary testing because PCP ordered duplex (carotid, not AAA)
- 1 refused further calls

Aim

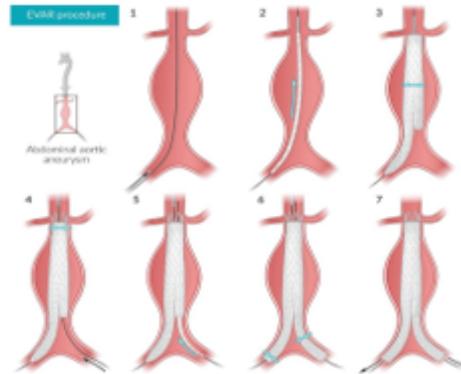
To improve LTFU after EVAR and aneurysm sac imaging reporting to 85% (for 2022 procedures) to be reported by September 2024.



Interventions

1. Patient education regarding importance of long-term follow-up following EVAR
 - Distribute to inpatient APP team – for patients treated during index hospitalization for large/symptomatic aneurysms as well as office staff
2. EVAR post-op worksheet – EXCEL worksheet of post-op EVAR patients with imaging maintained by nurse navigators with assistance of data managers
3. Changing routine follow-up for EVAR
4. Staff Education
 - Lunch and learns with office staff

AAA Surgery; Now What?!



You recently had an endovascular repair of your abdominal aortic aneurysm (AAA). We are happy you have reached this milestone; however, do not forget about your vascular team!

What does endovascular AAA mean? It means, you have become our friend for life!

Endovascular intervention is less invasive and may be the preferred option for individuals who cannot or do not wish to undergo an open AAA repair; however, it does not come without risks. Annual imaging ensures the durability of the repair and can help identify asymptomatic late stage complications such as endoleaks, which occur when the blood flows around the endovascular graft into the aneurysm sac. Early detection of complications is vital for timely interventions to prevent life-threatening complications. As a facility dedicated to patient care, we strongly encourage continued surveillance according to the guidelines recommended by the Society for Vascular Surgery.

Recommended Imaging after Endovascular Repair of AAA:

- **1 month after surgery**
- **6 months after first visit**
- **6 months after second visit**
- **Annually or Bi-annually thereafter**

**** Please be aware, this is a generic plan; however, our patients are not one size fits all.
Imaging may vary depending on your independent needs ****

Please continue to visit our office as recommended for best results of your recent repair.

EVAR Excel Worksheet

Patient Name	MRN	Procedure Date	LTFU Window Begin	LTFU Window End	LTFU Scheduled	Last office visit	Last Office Contact	Provider	NN Notes
		2/6/2023	11/6/2023	11/6/2024	N/A	3/29/2023	10/31/2023	JG	
		2/10/2023	11/10/2023	11/10/2024	N/A	4/6/2023	4/14/2023	OG	
		3/8/2023	12/8/2023	12/8/2024	N/A	4/21/2023-virtual	4/21/2023	AJ	
		4/4/2023	1/4/2024	1/4/2025	12/2/2024	12/4/2023	12/4/2023	TD	
		5/23/2023	2/23/2024	2/23/2025	N/A	6/30/2023	8/7/2023	TD	
		5/26/2023	2/26/2024	2/26/2025	N/A	6/21/2023	12/27/2023	EA	
		7/16/2023	4/16/2024	4/16/2025	N/A	N/A	N/A	AJ	

- Data managers notify Nurse Navigators when a patient misses their appointment
- Nurse Navigators investigate further to understand circumstances that may have caused patients to miss appointment (medical issues, lack of transportation, travel distance)
- Nurse navigators contact patient or reach out to care team to ensure reschedule is within long term follow up period



Proposed follow-up for EVAR patients

- 30 day post-op visit with duplex*
 - Any imaging (ie. CTA) with aneurysm sac diameter measurement is acceptable
- 6 month post-op visit with duplex
- 6 month post-op visit with duplex
- Annually thereafter
- Rationale:
 - Select group of patients – 30 – 40 per year throughout physician group
 - Some patients who undergo EVAR at index hospitalization may not be familiar with our practice, higher likelihood of attrition with prolonged follow-up interval- we want to prevent this with earlier scheduled visits
- The key is to try to make follow-up appointments at the time of the surgical procedure

Case example

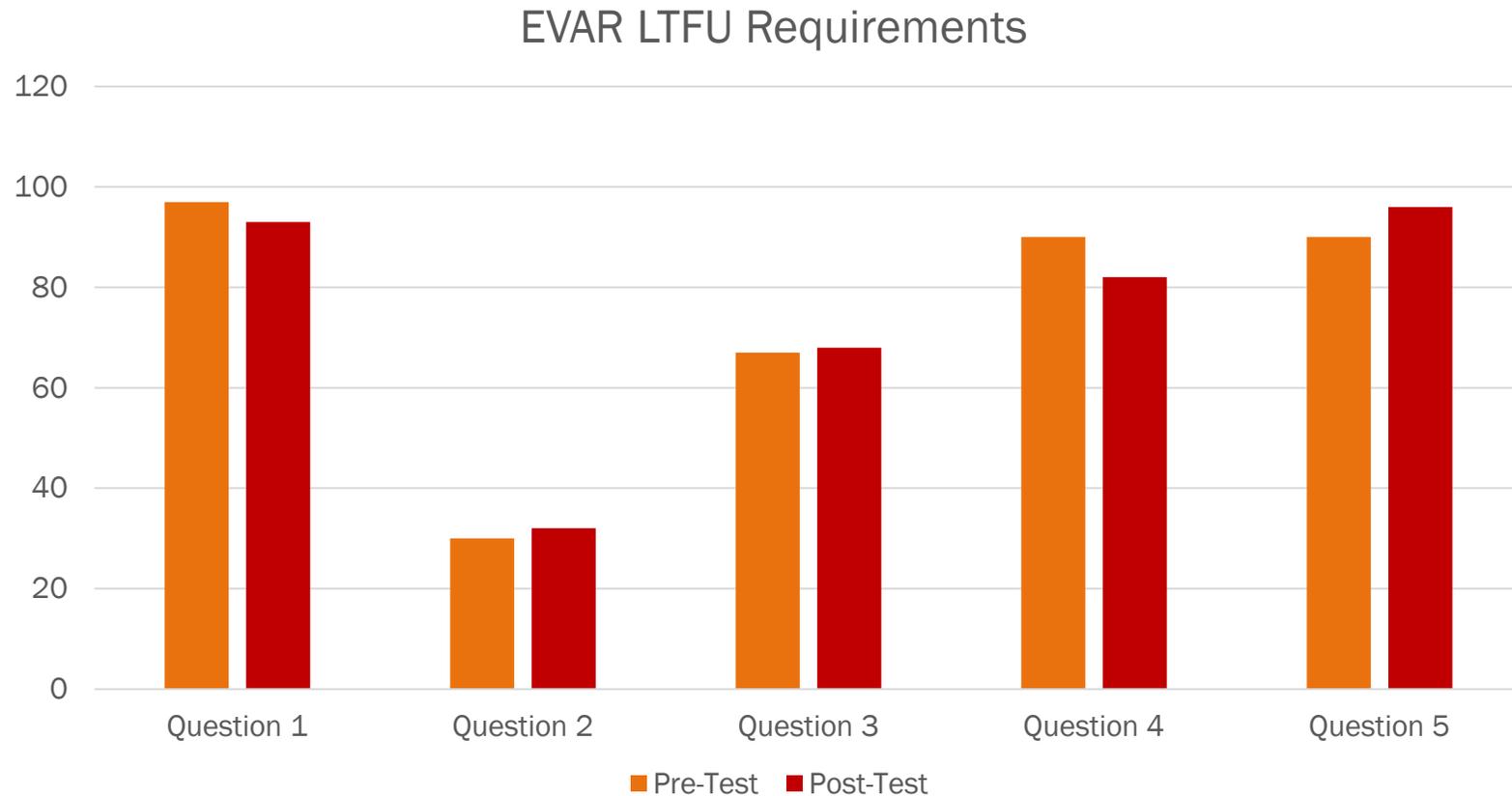
- Patient underwent EVAR 12/20/2021
 - Initial post-op visit 3 weeks with duplex
- Follow-up scheduled for 6 months
 - Seen 8/31/2022 with duplex (2 weeks shy of 9 months!) – plan to follow-up in 1 year
- Follow-up scheduled for 8/23/23
 - Almost at end of 21 months
 - Appointment canceled and rescheduled outside 21 month interval
 - Identified via Nurse Navigator deep dive – patient brought in and kept inside the 21 month follow-up interval



Staff awareness of VQI LTFU requirements

- To assess baseline staff awareness of VQI LTFU requirements and effectiveness of education we administered a 5 questions quiz at the beginning of our lunch and learn presentation
- The questions included were:
 1. T/F Imaging of the residual aneurysm sac following EVAR is not important
 2. T/F LTFU visit period for EVAR patients to get credit in the VQI database is 12-24 months
 3. T/F Patients seen for imaging in office that follow up with a provider virtually count as a completed LTFU visit for VQI?
 4. T/F Patients can be seen by any provider or APP within the practice for LTFU visit
 5. T/F Data can be collected from any CTA or Duplex Ultrasound within LTFU window as long as aneurysm sac is measured

Comparison of Pre and Post Education Quiz Results



Next Steps

- Based on the repeated quiz results, we have added a reference sheet for staff that reviews the rationale behind the answers to the quiz questions and additional long term follow up guidelines from the data abstractors
- We plan to re-administer the quiz at additional staff education sessions and compare the results

References

- The SVS Vascular Quality Initiative. The Vascular Quality Initiative. (2023, February 6). <https://www.vqi.org/about/>

Hartford HealthCare

Heart & Vascular Institute



Q&A

