



## Southern California Vascular Outcomes Improvement Collaborative

### 09/27/2024 10am-2pm UCSD/hybrid

Meeting Highlights/Action Items: Region to prioritize EVAR long-term follow-up imaging.  
(See regional slide deck for detailed data)

Attendees:

Ahmed Abdelkarim, Ahmed Abou-Zamzam, Ankur Chandra, Ann Gaffey, Fred Weaver, Ghaleb Darwazeh, Grace Montejo, Isabella Kuo, Lori DeVincent, Lori May, Luis Cajas-Monson, Mahmoud Malas, Melinda Dunn, Melinda Lewis, Melissa Latus, Melody Malig, Mennatalla Hegazi, Mohammed Hamouda, Patricia Wallace, Ramola Panchal, Scott Musicant, Steven Scarlett, Vicki Silvius, Wendi Wright.

PSO Representative attending Meeting: Melissa Latus

#### I. Presentations:

Presenter: Fred Weaver, MD

The American College of Surgeons (ACS) and the Society for Vascular Surgery (SVS) are pleased to present the Vascular Verification Program, a national quality verification program focused on the care and treatment of patients receiving vascular surgical and interventional care in an inpatient or outpatient setting. More information at <https://www.facs.org/quality-programs/accreditation-and-verification/vascular-verification/>

Presenter: Ahmed Abdelkarim, MD UCSD

Title of Presentation: **Postoperative Outcomes in Anemic Patients Undergoing Carotid Revascularization**

#### II. General Discussion and Questions

The value of VQI reports and VQI analytics dashboards is the availability of real-time data, such as Stroke and death rates for procedures like TCAR and CEA by region.

LOS for asymptomatic CEA is statistically significant above the VQI national rate. The region should track and trend LOS for Asymptomatic CEA.

#### **REQUESTS**

1. **EVAR: SVS AAA Diameter Guideline: Request to include data breakdown of Saccular and Symptomatic aneurysms.**
2. **To increase participation in the Open AAA module, include it with the EVAR and/or TEVAR modules.**



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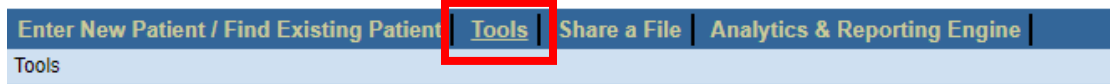
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### III. Action Items (including QI projects):

LTFU: Specific to EVAR is 59%. Long-term follow-up is integral to treatment modality. The Region will continue to discuss how to bring our LTFU rate closer to the national average. Sac diameter reporting is even lower, at 46%. We must work together to improve this metric.

#### Current Regional recommendations

- Patient education on the necessity for yearly screening of their AAA device.
  - Use the education provided by the manufacturers and centers.
  - Use physical models of the devices for patient education model
- Collaboration between offices, both physician and radiology, to obtain records.
- Utilize the VQI Tools to generate a list of cases needing LTFU.



#### Data Management Tools

- Audit & Supplemental Data Query Worklist
- Claims Validation
- Data Download
- Full Patient List
- IVC Filter Retrieval
- Incomplete Records Report
- Long-term Follow-up Completion Rate by Procedure
- Missing Aortic Diameter
- Procedures/treatments Missing 30-day Follow-up
- Procedures/treatments Requiring Follow-up
- Users and Permissions Report

### IV. Updates and Nominations (AQC, VQC, RAC):

None

### V. Governing Council:

All Regional RAC requests must first have Regional RAC approval

### VI. Next Meeting: Hybrid with physical location TBD

Adjournment