Project Overview

Problem Statement:

Placement of Inferior Vena Cava (IVC) filters is a common practice in the United States, largely performed to limit risk of pulmonary embolism in selected patients with lower extremity deep vein thrombosis who cannot be anticoagulated or patients at higher than average perioperative risk of venous thromboembolism during/after a major operation. These filters are often placed with the intent of them being temporary once the patient returns to normal risk or can be safely anticoagulation. Often these filters are placed temporarily until the patient returns to normal risk or until the patient can be safely anticoagulated. It is well known that a significant numbers of vena cava filters are placed and never retrieved – in a recent review of a large administrative claims dataset, only 18.4% of over 54,000 vena cava filters were retrieved.(1) Retrieval rates within the literature range from 12.0-18.4%.(2-3) Complications from persistent indwelling vena cava filter, while not common, can be severe, including thrombosis, erosion, vessel or organ perforation, and filter migration or fracture.

Among Vascular Quality Initiative participating centers who participate in the IVC Filter Registry, filter retrieval is 49.5% (Spring 2024 report). This suggests that participation in an IVC Filter procedural registry may correlate with better, however, still less than ideal filter retrieval rates.

Goal: To create a collaborative multi-institutional effort to improve rates of retrieval of inferior vena cava filters utilizing the SVS-PSO infrastructure and the IVC Filter Registry to educate providers, monitor patients, and track outcomes.

Participating facility goals:

Participating Facility X will improve rate of IVC Filter Retrieval by 25% by December 31, 2025.

IVC Filter Registry goals:

Improvement of the IVC Filter Retrieval rate by 5% by the Spring 2026 Regional Meeting.

Scope:

This project will include patients meeting criteria for inclusion in the IVC Filter Registry at Hospital X between 1/1/2024 and 6/30/2026. The charter members include members of the IVC Filter Registry Committee, SVS PSO leadership, along with faculty surgeons, fellows, residents, advanced practice providers and data managers at participating centers.

Deliverable(s):

1. Improved IVC Filter Retrieval Rate at member institutions

- 2. Implementation of system for directed and customized provider education
- 3. Communication for all stakeholders on the importance f IVC Filter retrieval, as appropriate
- 4. Develop monthly reporting process to providers within individual and group/facility rates
- 5. Use monthly reported data for 1 year to audit cases and evaluate effectiveness of education, identify challenges and need for potential process changes
- 6. Consideration of creation of provider feedback mechanism through SVS PSO regarding tracked metrics e.g. appropriate use, adequate follow up, and timely retrieval of filters
- 7. Creation of shared, standard Operative Note template
- 8. Develop EPIC/Cerner smart phrases and integrate these into the EHR at participating facilities
- 9. Collaborate with abstractors, insurance coders, various stakeholders on how to code for reimbursement concerns
- 10. Friendly competition among participating sites

Resources Required:

IVC Filter Registry Participant

Facility's data manager (or faculty member) to provide audit reports

Input from various stakeholders

Patient education materials

Optional:

EHR Champions

IT Department

Key Metrics	Milestones	
Outcome Metrics:	Milestone / Description:	Date (mm/yy):
Improved IVC Filter retrieval rates by	Identify problem	
2 years from project initiation.	Collect VQI data	
Process Metrics:	Review clinical charts of failures	
Quarterly audit/tracking of	Identify root cause	
placement and retrieval rates, and	Propose possible solution	
feedback to sites.	Implement solution strategy	
	Evaluate progress	
	Re-check schedule:	
Team Members	, v	

Exec Sponsor: SVS PSO	
Sponsor: IVC Filter Registry Committee Complete per	<mark>Center</mark>
Project Leader: Olamide Alabi/Alexis Neill Clinical Sp	onsor:
Process O	wner:
Team Mer	mbers:

- 1. Brown JD, Raissi D, Han Q, Adams VR, Talbert JC. Vena Cava Filter Retrieval Rates and Factors Associated With Retrieval in a Large US Cohort. J Am Heart Assoc. 2017 Sep 4;6(9):e006708.
- 2. Sterbis E, Lindquist J, Jensen A, et al. Inferior Vena Cava Filter Retrieval Rates Associated With Passive and Active Surveillance Strategies Adopted by Implanting Physicians. *JAMA Netw Open.* 2023;6(3):e233211.
- 3. Morris E, Duszak R Jr, Sista AK, Hemingway J, Hughes DR, Rosenkrantz AB. National Trends in Inferior Vena Cava Filter Placement and Retrieval Procedures in the Medicare Population Over Two Decades. *J Am Coll Radiol*. 2018;15(8):1080-1086.

Planned	

IVC Filter Committee Charter Spring 2024

		Start	Finish		Actual		%
Task Name	Responsible	Duration			Actual		Complete
		Date	Date	(wks)	Start	Finish	
Initiate Project				0.0			0%
Draft charter				0.0			100%
Interview stakeholders to understand process/issues				0.0			0%
Identify team members and process owners				0.0			0%
Define meeting schedule (team, process owner,				0.0			0%
sponsor, exec)				0.0			00/
				0.0			0%
				0.0			0%
Confirm Baseline			î	0.0			0%
Identify metrics needed				0.0			0%
Create data collection plan for needed metrics				0.0			0%
Collect baseline measurements				0.0			0%
Create current state process map				0.0			0%
Create communication plan				0.0			0%
Identify Root Cause				0.0			0%
Create detailed process map				0.0			0%
Confirm process map				0.0			0%
Perform data analysis				0.0			0%
Perform root cause analysis				0.0			0%
Identify and validate areas of opportunity				0.0			0%
Develop Solution & Implement				0.0			0%
Generate potential interventions				0.0			0%
Prioritize/select interventions				0.0			0%
Define future state process				0.0			0%
Determine gaps between current and future state				0.0			0%
Create intervention implementation plan				0.0			0%
Pilot interventions				0.0			0%
Assess and modify interventions as needed				0.0			0%
Evaluation				0.0			0%
Develop monitoring process to track metrics				0.0			0%
Create Evaluation/Action plan				0.0			0%
Review with sponsors				0.0			0%
Transition full ownership to process owner				0.0			0%