

Southeastern Vascular Study Group Spring Meeting-Hybrid

April 26, 2024

Meeting conducted hybrid with on-site at University of Florida Gainesville, FL. Welcome and introductions by Melissa Latus, Clinical Operations Project Manager, Dr. Erben Young, Regional Medical Director and Dr. Benjamin Jacobs, Regional Associate Medical Director.

- I. **Presentation:** Dr. Tyler J. Loftus from the University of Florida gave an excellent presentation entitled: Artificial Intelligence in Surgical Quality Improvement. Dr. Loftus discussed two models of AI, applying AI tools and mitigate limitations of AI. Discussed Input Layers (variables) and Output Layer. Applying AI to quality improvement must be: Safe, Effective, Timely, Efficient, Patient-Centered and Equitable. There is variability in our thought processes and there are some human interactions that are inaccessible to algorithms. Transformer Models are more accurate, flexible, and bigger data.

- II. **Regional Data Review covered by Dr. Erben and Dr. Benjamin Jacobs:** Dr. Erben gave a big thank you to all the Data Managers for their hard work and efforts in entering accurate data in the VQI data base. Our region logged 13, 040 procedures for January 2023-December 2023 to lead all regions for volume of procedures collected. The largest procedure volume for our region is CAS cases. Vascular surgery contributes the largest volume among physician specialities. For percentage of procedures with Long Term Follow-up, we have fallen to 55% from 71% compared to VQI overall of 76%. The rate of discharge medication (anti-platelet + statin) is close to the 88% overall with this region at 86%. Smoking Cessation at Follow-up is 34% while VQI overall is 32%. Smoking Cessation is measured from elective arterial procedures at long term follow-up and includes patients not smoking within one month of recorded follow-up. For TFEM CAS asymptomatic our region is at 1.8% stroke or death rate, with VQI overall at 1.9%. For TFEM CAS symptomatic the rate of stroke/death is 2.6% while overall is 4%. In terms of TCAR asymptomatic stroke/death we are on par with VQI at 1.0 %. For symptomatic TCAR stroke or death we are slightly lower at 2.1 % versus overall 2.2%. CEA asymptomatic stroke or death our rate is 1.1 % to the VQI overall rate of 0.8%. CEA symptomatic stroke or death rate is 2.2 % compared to 1.8% overall. CEA asymptomatic post-op LOS >1 day we are longer at 25.3% compared to overall 22.2%. Postop LOS >1 day CEA

symptomatic the average is 44.1% regionally compared to 41 % VQI overall.

Presentation: Dr. Yaman Alsabbagh, Research Fellow from Mayo Clinic Florida presented the published paper: Using machine learning to predict outcomes following carotid endarterectomy. **Presentation:** Dr. Camilo A. Polania Sandoval, Research Trainee Vascular Surgery from Mayo Clinic Florida presented the published paper: Risk of Stroke, Death, and Myocardial Infarction Following Transcarotid Artery Revascularization vs Carotid Endarterectomy in Patients With Standard Surgical Risk. In terms of EVAR postop LOS >2 days we are slightly higher at 13.6 % versus VQI average at 12.2 %. EVAR sac diameter reporting we are at 49 % and VQI at 61.8%. We are close to the SVS guidelines for EVAR AAA diameter at 69.9% with VQI overall at 76.3%. TEVAR sac diameter, ours is much better at 69.2% versus 63.7 % overall. Open AAA In-hospital mortality is also better than average at 3% versus 4%. Our OAAA SVS cell-saver guidelines is constant and slightly better at 96.7% compared to VQI average at 93.2%. The PVI Claudication ABI/Toe Pressure Assessment is at 34.4 %, with an overall rate at 66.8%. We have been steadily dropping. Again, there was discussion about increasing our regional rate and sites to consider performing a charter. There was also discussion about sending out a survey regarding the value of ABIs and interest in approving the rate. The Infra ABI/Toe Pressure is at 63.5%, with an overall rate of 69.9%. The Infra Claudication RTOR is slightly higher at 3.6%, with an overall VQI rate of 3.2%. The Infra CLTI RTOR rate is lower at 3.6%, compared to the VQI rate of 5.6%. The Infra CLTI WiFi with a documented ABI or Toe Pressure is at 84.7%, with VQI higher rate of 93.5%. The Supra ABI/Toe Pressure rate is 69.2%, with an VQI overall rate at 69.5%. The Supra Claudication RTOR rate is slightly higher at 3.3% with VQI overall rate at 2.9%. The Supra CLTI RTOR is higher at a rate of 5.9%, with VQI rate at 3.7%. The Supra CLTI WiFi with a documented ABI or Toe Pressure is at 85.7%, with VQI overall rate of 90.5%. **Presentation:** Griffin Stinson, Medical Student from the University of Florida presented the published paper: Single Versus Multiple Truncal Endovenous Ablations in the Vascular Quality Initiative. **Presentation:** Dr. Jonathan Krebs, General Surgery Resident from the University of Florida presented the published paper: Effects of atherectomy on major adverse limb events for femoropopliteal interventions: Vascular Quality Initiative registry. Lower Extremity Amputation Postop complications we are 17.6% and VQI 10.9%. There was discussion that our regional rate is trending upwards and there may be further discussion at our Fall Regional Meeting. May consider obtaining a report which details a list of the complications. HDA primary AVF vs. graft this region is low 75.1% with VQI overall at 82.8%. HDA ultrasound vein mapping 93.9% with VQI overall at 87.7%. HDA postop complications were at 0.4% versus VQI 1.4%. IVCF filter retrieval reporting in our region is 11.8% versus overall 49.5%, another area for improvement.

- III. **National VQI and Quality Improvement Updates were covered by Melissa Latus.** VQI has reached the 1,000 center mark and over one million procedures. There are a total of eighteen regions. Our region is the largest of all regional groups. Peripheral Vascular Intervention has the highest number of procedures for all regions

combined, followed by Carotid Endarterectomy. 2024 VQI@VAM will be June 18-19 at McCormick Place, Chicago, IL. To register visit: <https://vascular.org/vam-2024/registration-info>. To register for upcoming VQI webinars and to view recordings visit: <https://www.vqi.org/webinars-event>. The recordings require Members Only access. If you do not have a Members Only Login, please contact: jcorrea@svspsso.org. The Members Only contains information that is not publicly shared and requires a different login than your Pathways user account. There is a dedicated Regional Group page for each of the 18 Regional Groups in VQI. The Regional Group page contains the following information: Meeting information, meeting minutes, meeting slides and group information. MailChimp is being utilized to send out meeting invitations. Please check your junk/clutter folders. For additional meeting information, please see the following: Individual regional web page and monthly VQI newsletter. There are new VQI Interactive Dashboards. This was launched in April, beginning with CAS Registry. The next potential registries: CEA, PVI, Varicose Vein, and Infra/Supra. There is an IVC Filter Committee Charter. It is a 2-year project and will be highlighted at 2024 VQI@VAM, Tuesday Venous Panel Discussion. The IVC Filter Registry was last updated in 2013. It is due for a revision. To view a list of SVS VQI 2023 Publications, please visit: <https://www.vqi.org/wp-content/uploads/Trending-Topics-Final-1.31.24.pdf>. VQI updates were presented. 2023 SEVSG Participation Award Winners were congratulated for all their hard work. There are no changes in the domains for 2024. There will be an annual webinar to review the participation point breakdown. Centers with non-physician staff members attending VQI@VAM, either in person or virtual, will earn one extra point. A new national quality initiative, smoking cessation was presented at 2023 VQI @ VAM, CAN-DO-Program. New variables were added to all Arterial Registries. There are several quality tools on the website which can be found at: <https://www.vqi.org/quality-improvement/national-qi-initiatives/> The Open Aorta Registry is currently in the process of being updated. There are also continued efforts of harmonization of variables across the Registries. The 2023-2024 SVS PSO Quality FIT Program Fellows were highlighted. Please consider becoming a mentor.

- IV. **Regional Quality Improvement Topics:** Based on the Spring reports, there are three areas where our region can make improvements: ABI/Toe Pressure, IVC Filter Retrieval, and EVAR Sac Diameter reporting. Each site should review their Spring reports and if your numbers are lower than the VQI national average, please consider performing a quality improvement project and/or charter at your facility. The VQI website has many resources and quality improvement tools. Please reach out to bwymmer@svspsso.org if you have any questions. For assistance or questions regarding a quality charter, reach out to Dr. Wymer at: bwymmer@svspsso.org
- V. **Arterial Quality Council** covered by Dr. Emily Spangler. New reporting measures are beginning to be rolled out for the biannual meetings.

- VI. **Venous Quality Council** covered by Melissa Latus for Dr. Marc Passman. Actively reviewing the Venous Stent Registry to decrease entry burden. Discussion on how to increase venous registry presence within the venous community. IVC Filter Registry continues to work on the IVC charter and suggested registry revision.
- VII. **Arterial RAC Update** covered by Dr. Emily Spangler. Melissa Latus is your PSO primary point of contact. An active Pathways account and privileges to “share a file” is required to receive blinded data set, include your RAC proposal number in communication. Proposal submission dates are on the VQI website. For more information, please visit: <https://www.vqi.org/data-analysis>.
- VIII. **Venous RAC Update** covered by Melissa Latus for Dr. Jamie Benarroch. To receive a PSO VQI dataset, your center must have a subscription to the registry of interest or include an author that does.
- IX. **Governing Council** covered by Dr. Erben. The Governing Council meets twice a year. The Regional Lead Medical Directors represent each region. Dr. Adam Beck is the appointed GC Chair and Dr. Grace Wang is the appointed Vice Chair. Prioritization of registry development is reviewed. LE Amputation registry is slated for the next major revision. Melissa Latus presented the new Committee Review Process.
- X. **Fall Meeting SEVSG:** A date will be announced later.
- XI. **Conclusion Dr. Erben:** A successful meeting with highlights of engaging Fellows, Residents and Trainees. Thank you for everyone who attended in person and remotely.