

WELCOME

PACIFIC NORTHWEST VASCULAR STUDY GROUP

May 23, 2024

3-5 PM PT

Hybrid

SVS | VQI
In collaboration with NCDR*

Attendance

In-person:

- Scan the QR code to record your attendance

Remote:

- First AND Last name required
- Do NOT scan the QR code
- Sharing a computer or have questions? Email Angela Churilla at achurilla@svspso.org



Appreciation and Thanks

Thank you to everyone who helped make this event possible:

Sara Zettervall, MD – Regional Medical Director

Kirsten Dansey, MD – Regional Associate Medical Director

Carrie Cornett – Regional Lead Data Manager

Kaity Sullivan – SVS PSO Analytics Team

Angela Churilla – SVS PSO Education & Quality Manager

Jennifer Correa – SVS PSO Marketing Manager

Melissa Latus – SVS PSO Clinical Operations Project Manager

SVS PSO Staff

Today's Agenda

3:00 pm	Welcome	No Credit
3:05 pm	<p>Regional Data Review – Sara Zettervall, MD, (Regional) Medical Director</p> <p>Learning Objectives:</p> <ul style="list-style-type: none">• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).• Interpret and compare each centers' VQI results to regional and national benchmarked data.• Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	CE Credit
3:50 pm	<p>Regional QI Proposal – Sara Zettervall, MD, (Regional) Medical Director</p> <p>Learning Objectives:</p> <ul style="list-style-type: none">• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).• Interpret and compare each centers' VQI results to regional and national benchmarked data.• Learn, through group discussion the VQI regional results to improve the quality of vascular health care by monitoring measurable performance indicators, SVS PSO evidence-based research, and outcomes.• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	CE Credit

Today's Agenda - Continued

4:05 pm	National VQI Update – Melissa Latus, RN, PSO Clinical Operations Project Manager Learning Objectives: <ul style="list-style-type: none">• Use the VQI regional reports to establish quality improvement goals for the vascular patients (outcomes) and for their center (process).• Identify high performing regional vascular centers to discuss variations in care and clinical practice patterns to improve outcomes and prompt quality improvement recommendations for vascular care patients. Sharing of best practices/pathways of care.	CE Credit
4:50pm	Council / Committee Updates	No CE Credit
5:00pm	Open Discussion/Next Meeting/Meeting Evaluation	No CE Credit

Disclosures

Sara Zettervall, MD

Consultant – Gore

The above financial relationship is not relevant to the content of this activity.

Welcome and Introductions

Alaska Regional Hospital
Alyeska Vascular Surgery
Asante Rogue Regional Medical Center
Central Washington Health Services Association
Federal Way - St. Francis Hospital
Harborview Medical Center
Kadlec Regional Medical Center
Legacy Health
McKenzie-Willamette Medical Center
MultiCare Deaconess Hospital
MultiCare Good Samaritan Hospital
MultiCare Tacoma General Hospital
Oregon Health & Science University
Oregon Heart Center
Oregon Vascular Specialists, LLC
PeaceHealth Riverbend Medical Center
PeaceHealth Southwest Medical Center
PeaceHealth St. Joseph Medical Center
Providence Alaska Medical Center
Providence Medford Medical Center

Providence Portland Medical Center
Providence Regional Medical Center Everett
Providence Sacred Heart Medical Center
Providence St. Mary Medical Center (WA)
Providence St. Peter Hospital
Providence St. Vincent Medical Center
Roseburg - CHI Mercy Health Medical Center
Salem Health
Seattle - Virginia Mason Medical Center
Seattle Vascular Surgery
Silverdale - St. Michael Medical Center
St. Charles Health System, Inc.
St. Patrick Hospital
Straub Medical Center
Swedish Cherry Hill
Swedish First Hill
Tacoma - St. Joseph Medical Center
University of Washington Medical Center

Active Regional Charters

2023 – LOS CEA ICU Pts

Salem Health

Wendy Sousa – Lead

Timothy Hodges, MD – Physician Champion

2023 – 30 Day Follow-up

Salem Health

Wendy Sousa – Lead

Renee Martizia-Rash, MD – Physician Champion

2023 – 30 Day Follow-up

Providence Sacred Heart Medical Center

Carolyn Prouty – Lead

Joseph Davis, MD – Physician Champion

2024 – Discharge Medications

Salem Health

Wendy Sousa – Lead

Timothy Hodges, MD – Physician Champion

Spring 2024 SVS VQI Regional Report Slides

The VQI Regional Quality Report is produced semiannually to provide centers and regions targeted, comparative results and benchmarks for a variety of procedures, process measures, and postoperative outcomes.

Please note the following updates have been implemented to enhance and improve the report:

- Ability to Download/Print Dashboard

The dashboard summary can now be downloaded as an Excel file or printed directly using buttons included above the dashboard table. Please note that printing allows you to save as PDF with the “Print to PDF” feature in your browser.

- Interactive Plots

All graphics are now interactive.

https://www.vqi.org/wp-content/uploads/SPRING_2024_REGIONAL_REPORT_SLIDES_REGION_Pacific-Northwest.html

****Ctrl + click to open****

Pacific Northwest Regional Report



Regional Quality Report

Spring 2024

This report is patient safety work product generated within the SVS PSO, LLC, and is considered privileged and confidential.

Pacific Northwest Regional Report

Important Notes

- All results are based on data entered into the VQI as of January 31, 2024. Any subsequent changes or updates to data after that date will not be reflected in this report.
- Only cases submitted as complete in the PATHWAYS platform are reflected in this report.
- Procedure timeframes and inclusion/exclusion criteria are given at the top of each report. Cases are also excluded if outcomes are missing or not enough data was entered to determine whether the case met inclusion/exclusion criteria.
- Regions must have at least 3 centers with included cases for regional results to be displayed in tables and line charts.
- Regions must have at least 3 centers with at least 10 included cases per center for regional results to be displayed in bar charts. It is therefore possible for a region's results to be displayed in tables and line charts, but not in bar charts.
- For risk-adjusted reports, regions must have at least 3 centers with at least 10 cases with complete data per center for regional results to be displayed in bar charts. It is therefore possible for a region's results to be displayed in tables and line charts, but not in bar charts.
- In all graphics, a p-value $<.05$ is considered statistically significant.
- All graphics are interactive. Hover over a plot to view specific values. Select a section to zoom in on using your cursor (double-click to zoom back out). Click on an item in the legend to include/exclude it from the plot and double-click to isolate it. All plots can be downloaded individually using the camera icon in the top right corner of the plot.

Pacific Northwest Regional Report

Dashboard

The dashboard provides a high-level summarization of your center's results for each of 34 reports, and gives both regional and VQI-wide benchmarks for comparison. The "Your Center" column gives the percentage of your center's cases with the noted outcome. Numbers in parentheses give the number of cases with the outcome and the total number of cases meeting the inclusion criteria for that report. The "Your Region" and "VQI Overall" columns give the aggregate percentage of cases with the noted outcome, as well as the 10th, 25th, 50th (median), 75th, and 90th percentiles for centers in your region and VQI, respectively ([10th|25th|50th|75th|90th]). Your center's results are highlighted blue if your center is in the "top" 25th percentile for VQI Overall, and coral if your center is in the "bottom" 25th percentile for VQI Overall.

Pacific Northwest Regional Report

Dashboard

Procedure Group	Outcome	Your Region	VQI Overall
All	Procedure Volume	[13 31 65 143 215]	[7 22 74 223 404]
	Procedure Volume, All Years	[82 144 436 788 1262]	[17 68 278 1263 3377]
Multiple	Long-Term Follow-up	79.9% [21 76 83 92 98]	75.7% [0 53 79 90 96]
	Discharge Medications	84.1% [78 82 93 100 100]	87.7% [77 84 91 98 100]
	Preop Smoking	25.1% [10 15 22 27 31]	28.8% [6 17 25 33 40]
	Smoking Cessation at Follow-up	36% [0 0 33 44 67]	32% [0 19 32 43 60]
TFEM CAS ASYMP	Stroke/Death	2.3% [0 0 0 0 0]	1.9% [0 0 0 0 5]
TFEM CAS SYMP	Stroke/Death	3.7% [0 0 0 2 20]	4% [0 0 0 0 11]
TCAR ASYMP	Stroke/Death	1.7% [0 0 0 0 8]	1% [0 0 0 0 3]
TCAR SYMP	Stroke/Death	2.1% [0 0 0 0 5]	2.2% [0 0 0 0 6]
CEA ASYMP	Stroke/Death	0.8% [0 0 0 0 3]	0.8% [0 0 0 0 3]
	Postop LOS>1 Day	18.1% [0 11 16 22 26]	22.2% [0 12 21 33 50]
CEA SYMP	Stroke/Death	1.3% [0 0 0 0 2]	1.8% [0 0 0 0 6]
	Postop LOS>1 Day	38.6% [22 28 50 63 90]	41% [0 25 42 58 80]
EVAR	Postop LOS>2 Days	12.1% [7 9 10 13 14]	12.2% [0 4 10 18 26]
	Sac Diameter Reporting	68.4% [39 57 68 83 88]	61.8% [0 41 67 81 93]
	SVS AAA Diameter Guideline	78.9% [69 74 79 85 90]	76.3% [55 67 76 87 95]
TEVAR	Sac Diameter Reporting	56.1% [16 40 67 85 94]	63.7% [0 44 67 88 100]
OAAA	In-Hospital Mortality	8.1% [0 0 0 12 23]	4% [0 0 0 8 17]
	SVS Cell-Saver Guideline	84.8% [51 79 92 100 100]	93.2% [77 90 98 100 100]
PVI CLAUD	ABI/Toe Pressure	88.4% [74 75 76 85 91]	66.8% [17 50 75 88 96]
INFRA	ABI/Toe Pressure	NA (<3 centers)	69.9% [33 53 74 87 95]
INFRA CLAUD	RTOR	NA (<3 centers)	3.2% [0 0 0 0 14]
INFRA CLTI	RTOR	NA (<3 centers)	5.6% [0 0 3 7 13]
INFRA CLTI	Wifi	NA (<3 centers)	71.1% [15 50 77 100 100]
SUPRA	ABI/Toe Pressure	NA (<3 centers)	69.5% [35 50 74 89 100]
SUPRA CLAUD	RTOR	NA (<3 centers)	2.9% [0 0 0 0 10]
SUPRA CLTI	RTOR	NA (<3 centers)	3.7% [0 0 0 0 12]
SUPRA CLTI	Wifi	NA (<3 centers)	56.1% [0 0 75 100 100]
LEAMP	Postop Complications	NA (<3 centers)	10.9% [0 4 8 13 19]
HDA	Primary AVF vs. Graft	NA (<3 centers)	82.8% [65 73 84 90 98]
	Ultrasound Vein Mapping	NA (<3 centers)	87.7% [67 80 89 98 100]
	Postop Complications	NA (<3 centers)	1.3% [0 0 0 2 5]
IVCF	Filter Retrieval Reporting	NA (<3 centers)	49.5% [0 31 51 67 85]

Pacific Northwest Regional Report

Procedure Volume

Procedures performed between January 1 and December 31, 2023

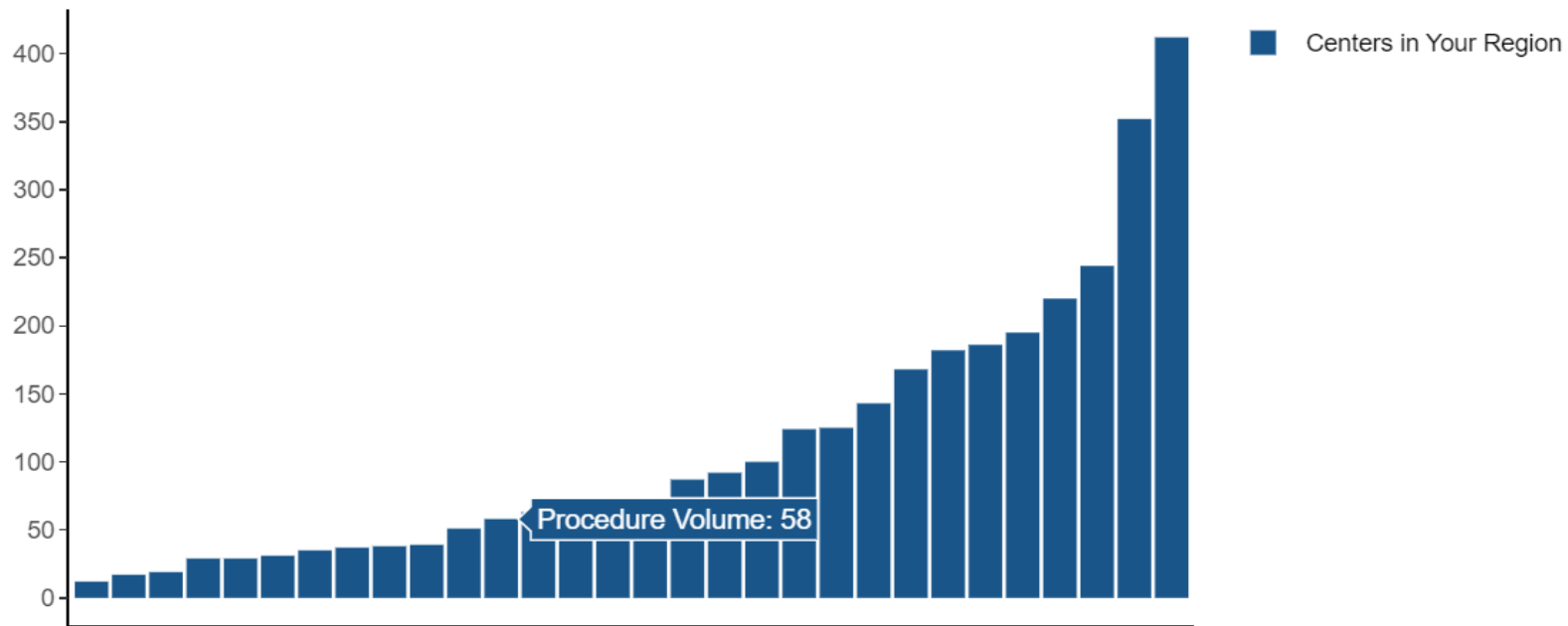
Number of cases entered into the VQI, by registry and overall

	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)	891	25790
CEA	770	20376
EVAR	335	8524
HDA	NA (<3 centers)	5732
INFRA	NA (<3 centers)	7417
IVCF	NA (<3 centers)	961
LEAMP	NA (<3 centers)	4010
OAAA	43	1394
PVI	685	52461
SUPRA	NA (<3 centers)	2036
TEVAR	90	4464
Varicose Veins	NA (<3 centers)	5822
Overall (Jan-Dec 2023)	3299	138987
Overall (Jan-Dec 2022)	3022	133818

Pacific Northwest Regional Report

Procedure Volume

Procedure Volume by Center in Your Region (Jan-Dec 2023)



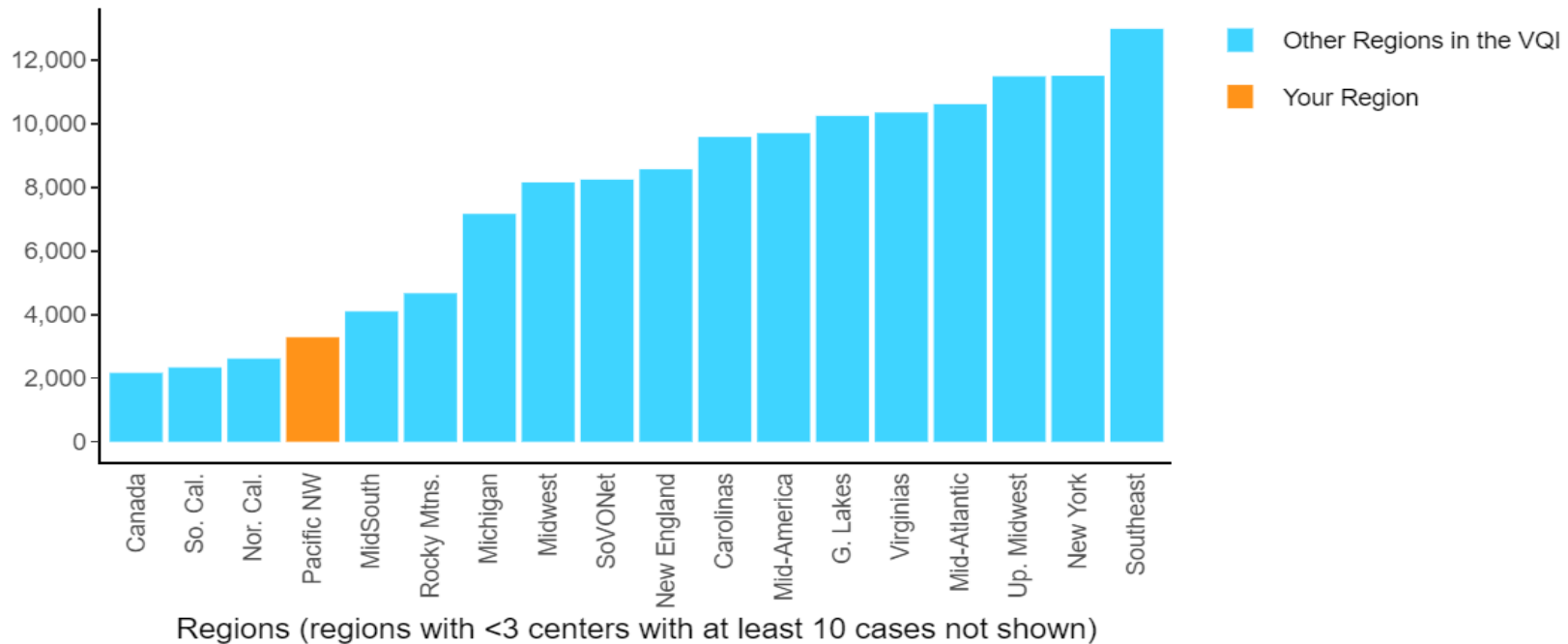
Centers (centers with <10 cases not shown)

30 of 33 centers displayed

Pacific Northwest Regional Report

Procedure Volume

Procedure Volume Across VQI (Jan-Dec 2023)



Pacific Northwest Regional Report

Procedure Volume, All Years

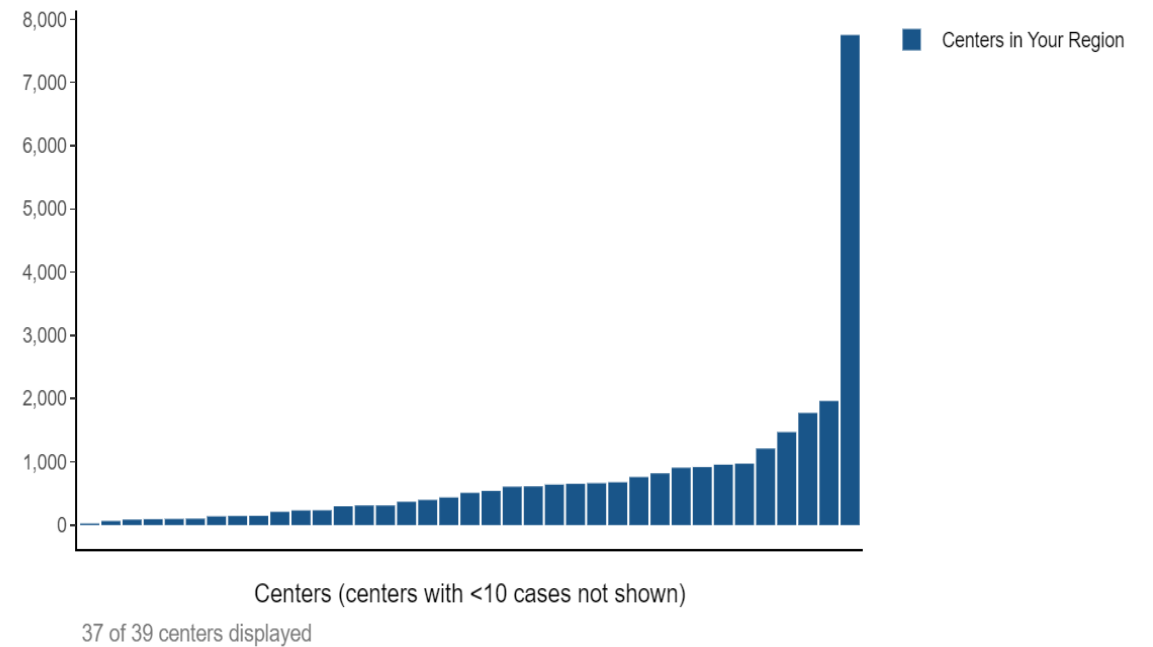
Includes all procedures with procedure date through December 31, 2023

Number of cases entered into the VQI, by registry and overall

	Your Region (N)	VQI Overall (N)
CAS (TFEM CAS & TCAR)	4609	117287
CEA	7787	207304
EVAR	3328	85159
HDA	596	78338
INFRA	1659	84709
IVCF	NA (<3 centers)	18794
LEAMP	NA (<3 centers)	30717
OAAA	460	18532
PVI	6435	405214
SUPRA	425	26774
TEVAR	805	31539
Varicose Veins	1755	63844
Overall	28084	1168211

Procedure Volume, All Years

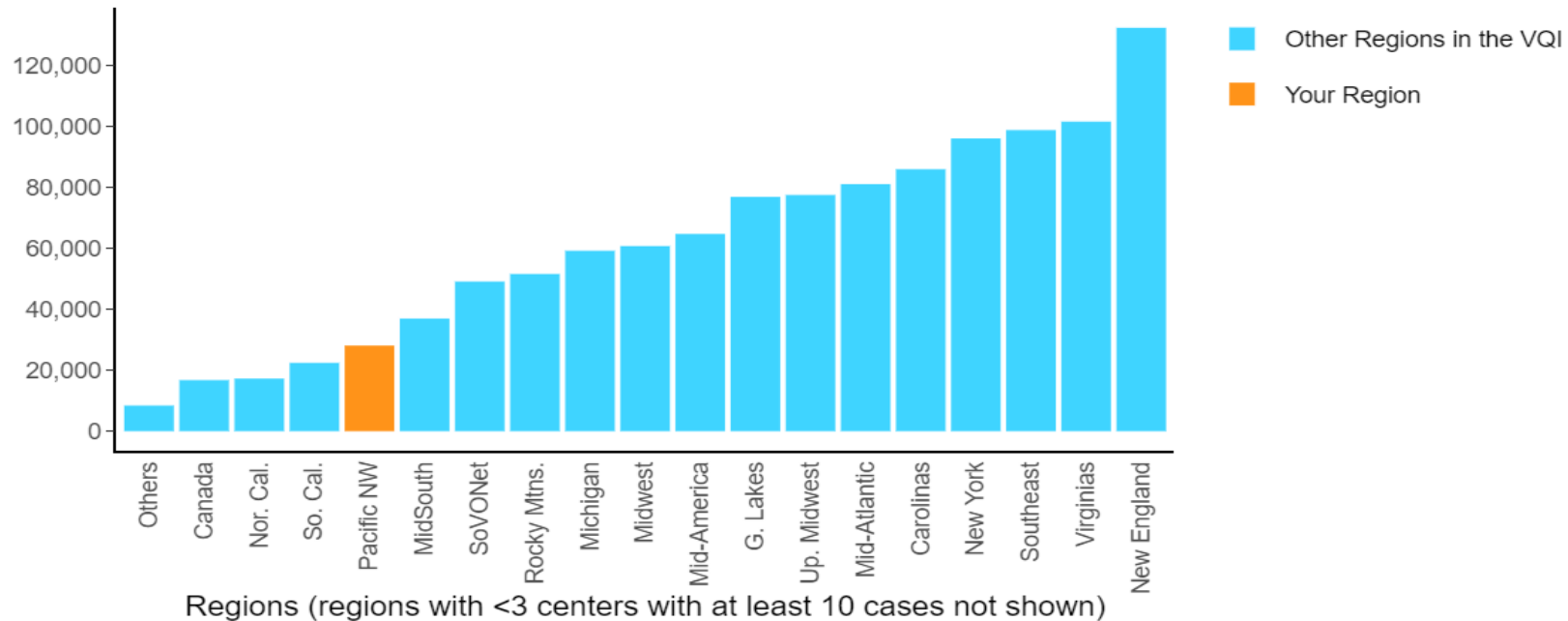
Procedure Volume by Center in Your Region (Jan-Dec 2023)



Pacific Northwest Regional Report

Procedure Volume, All Years

Procedure Volume Across VQI (Through Dec 2023)

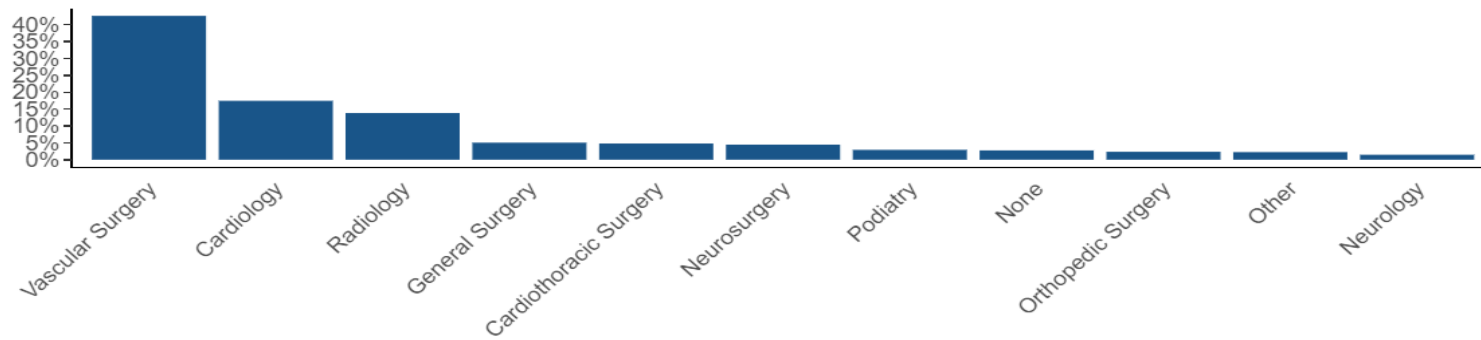


*“Others” indicates centers that do not belong to a regional group.

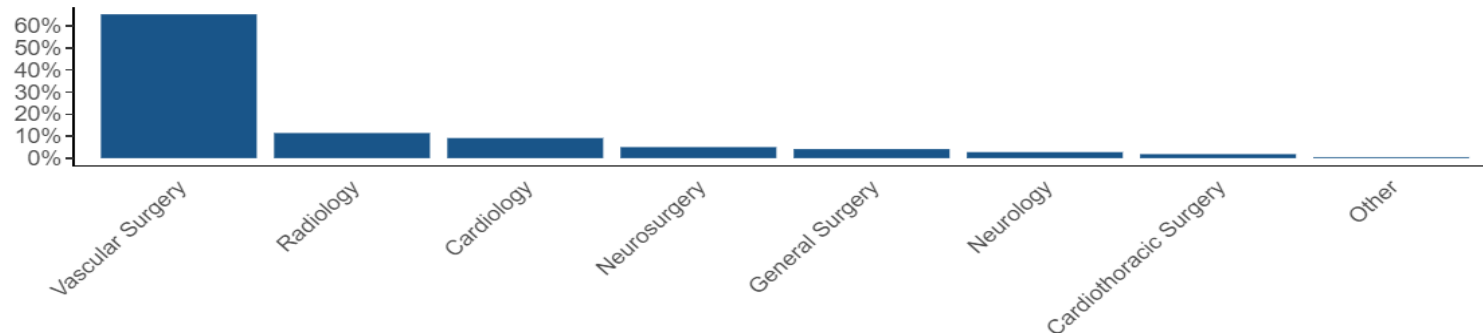
Pacific Northwest Regional Report

Physician Specialties

Physician Specialties Across VQI (as of January 31, 2024, N=7138 Physicians)



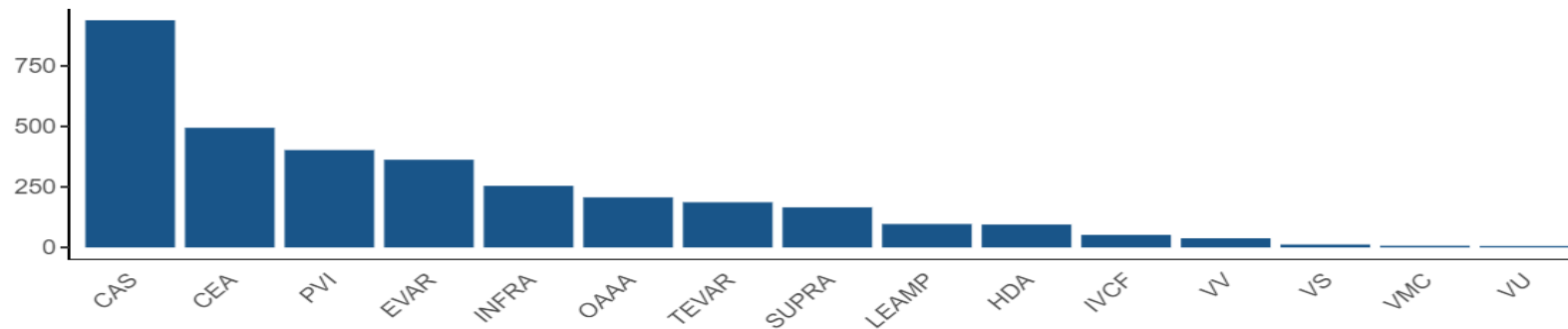
Physician Specialties Across Your Region (as of January 31, 2024, N=219 Physicians)



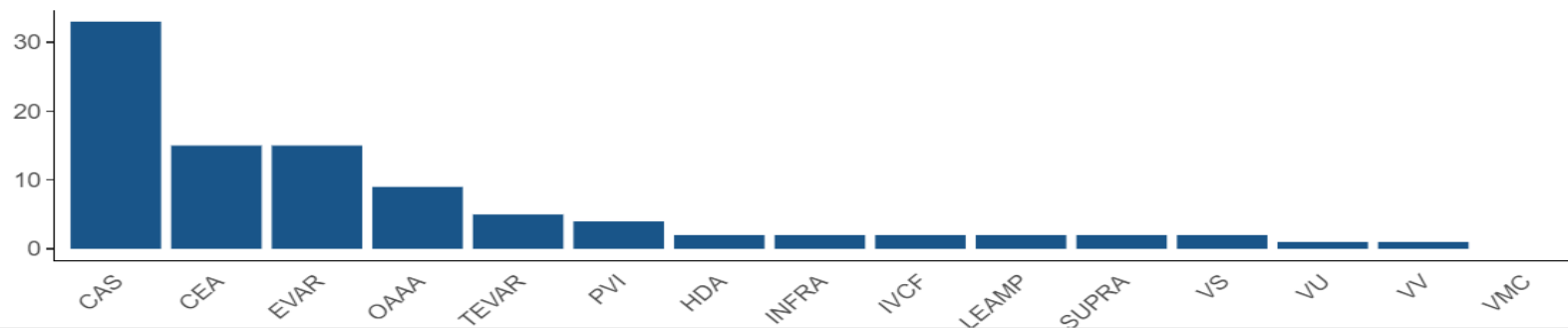
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Registry Subscriptions

Registry Subscriptions Across VQI (as of January 31, 2024, N=1030 Centers)



Registry Subscriptions Across Your Region (as of January 31, 2024, N=39 Centers)



Pacific Northwest Regional Report

Long-Term Follow-up

Procedures performed between January 1 and December 31, 2021

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, HDA, INFRA, IVCF, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Excludes procedures not eligible for long-term follow-up.

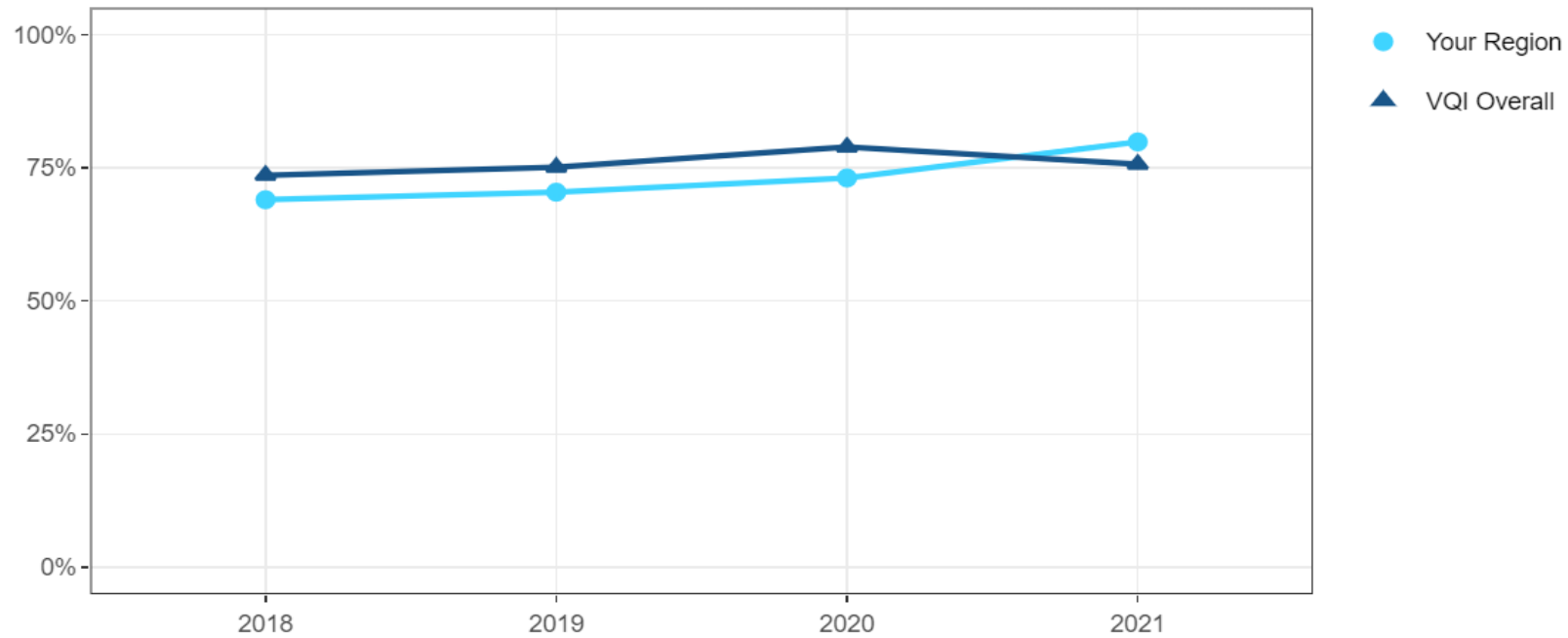
The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures with follow-up recorded between 9 and 21 months post-procedure.

	Your Region	VQI Overall
CAS	660 (72%)	17112 (73%)
CEA	768 (89%)	19015 (79%)
EVAR	368 (86%)	8033 (78%)
HDA	NA (<3 centers)	6647 (75%)
INFRA	NA (<3 centers)	7237 (82%)
IVCF	NA (<3 centers)	1389 (77%)
LEAMP	NA (<3 centers)	3297 (73%)
OAAA	32 (75%)	1316 (81%)
PVI	NA (<3 centers)	46517 (74%)
SUPRA	NA (<3 centers)	2002 (80%)
TEVAR	78 (68%)	3350 (76%)
Overall (Jan-Dec 2021)	2554 (80%)	115915 (76%)
Overall (Jan-Dec 2020)	2438 (73%)	100476 (79%)

Pacific Northwest Regional Report

Long-Term Follow-up

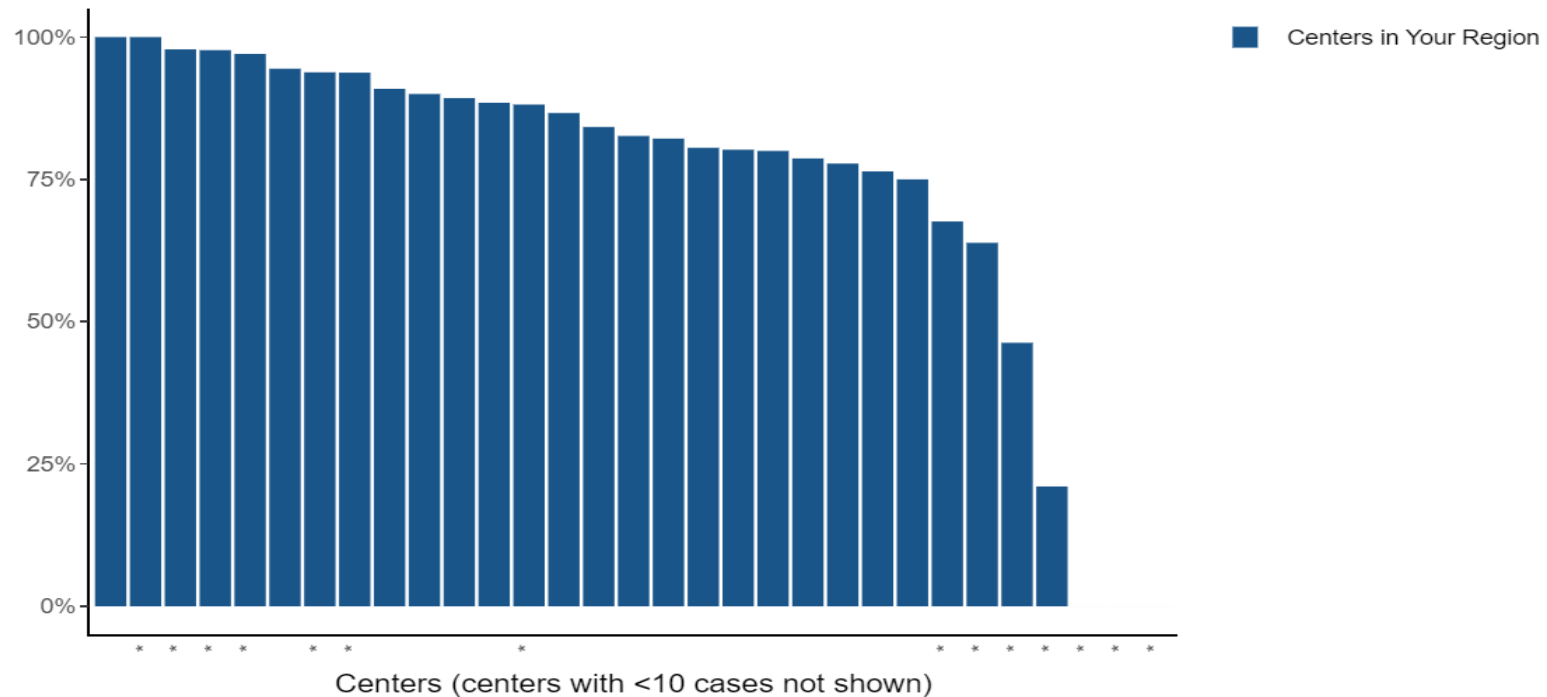
Long-Term Follow-Up by Year



Pacific Northwest Regional Report

Long-Term Follow-up

Long-Term Follow-Up by Center in Your Region (Jan-Dec 2021)



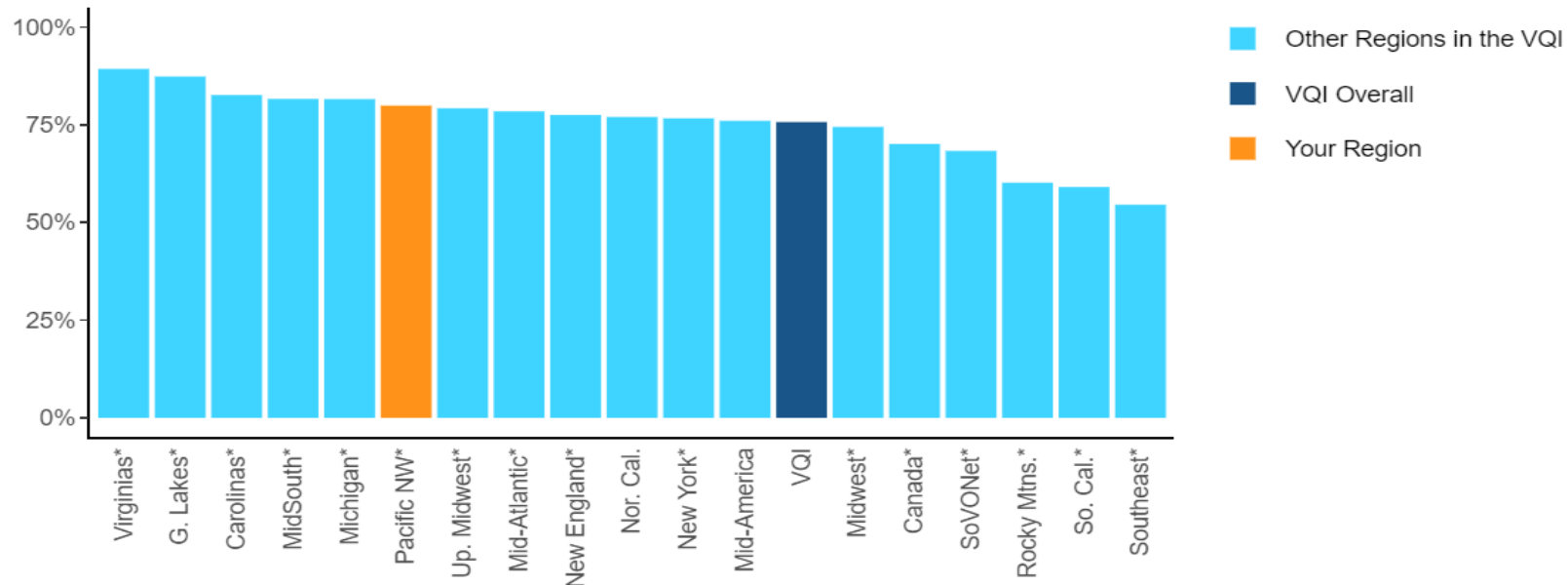
31 of 31 centers displayed

“*” Indicates center’s rate differs significantly from the regional rate.

Pacific Northwest Regional Report

Long-Term Follow-up

Long-Term Follow-Up by Region Across VQI (Jan-Dec 2021)



Regions (regions with <3 centers with at least 10 cases not shown)

“*” Indicates region’s rate differs significantly from the VQI rate.

Pacific Northwest Regional Report

Discharge Medications

Procedures performed between January 1 and December 31, 2023

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only. Antiplatelet is defined as ASA or P2Y12 inhibitor. Cases are excluded if (1) Discharge Statin = “No, for medical reason” OR (2) Both Discharge ASA = “No, for medical reason” AND Discharge P2Y12 inhibitor = “No, for medical reason” OR (3) An in-hospital death occurred.

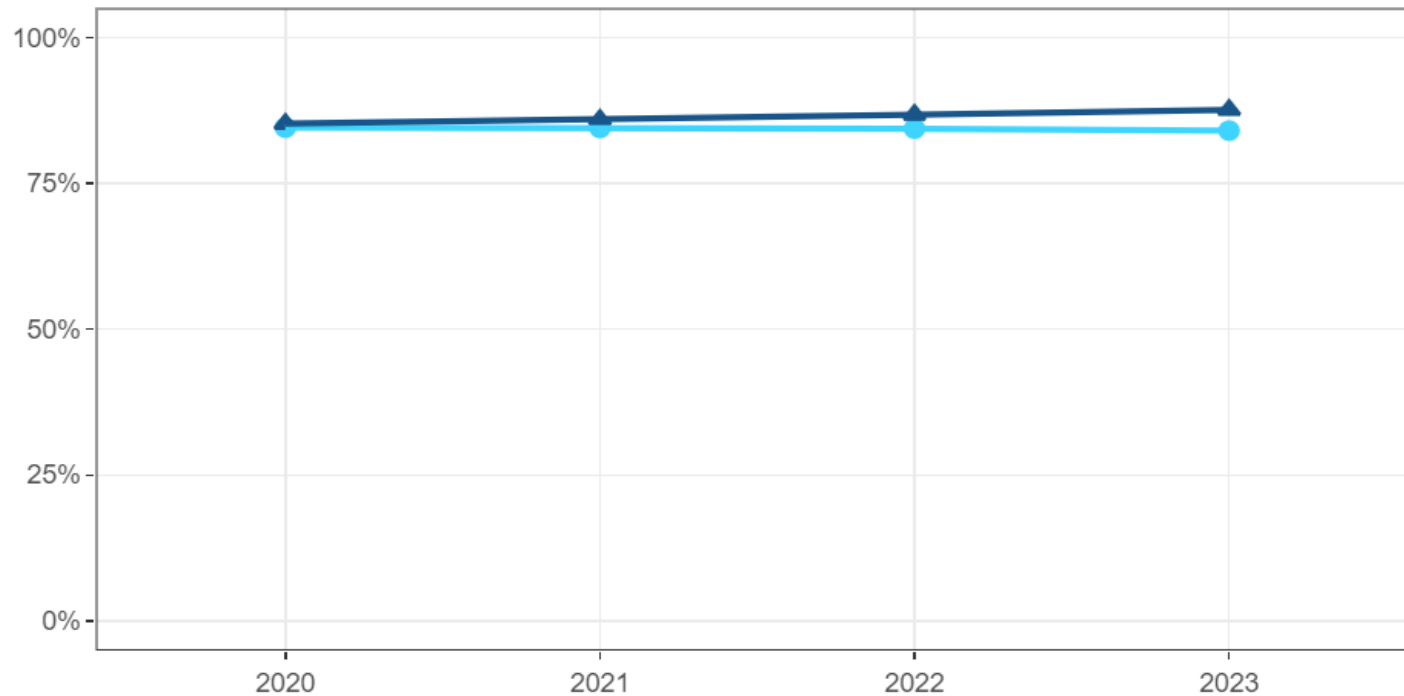
The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures where patients received discharge medications.

	Number of Procedures	Antiplatelet+Statin	Antiplatelet Only	Statin Only	Neither
Your Region Overall	2923	84%	9%	4%	2%
VQI Overall	119584	88%	7%	3%	2%

Pacific Northwest Regional Report

Discharge Medications

Discharge Antiplatelet+Statin by Year

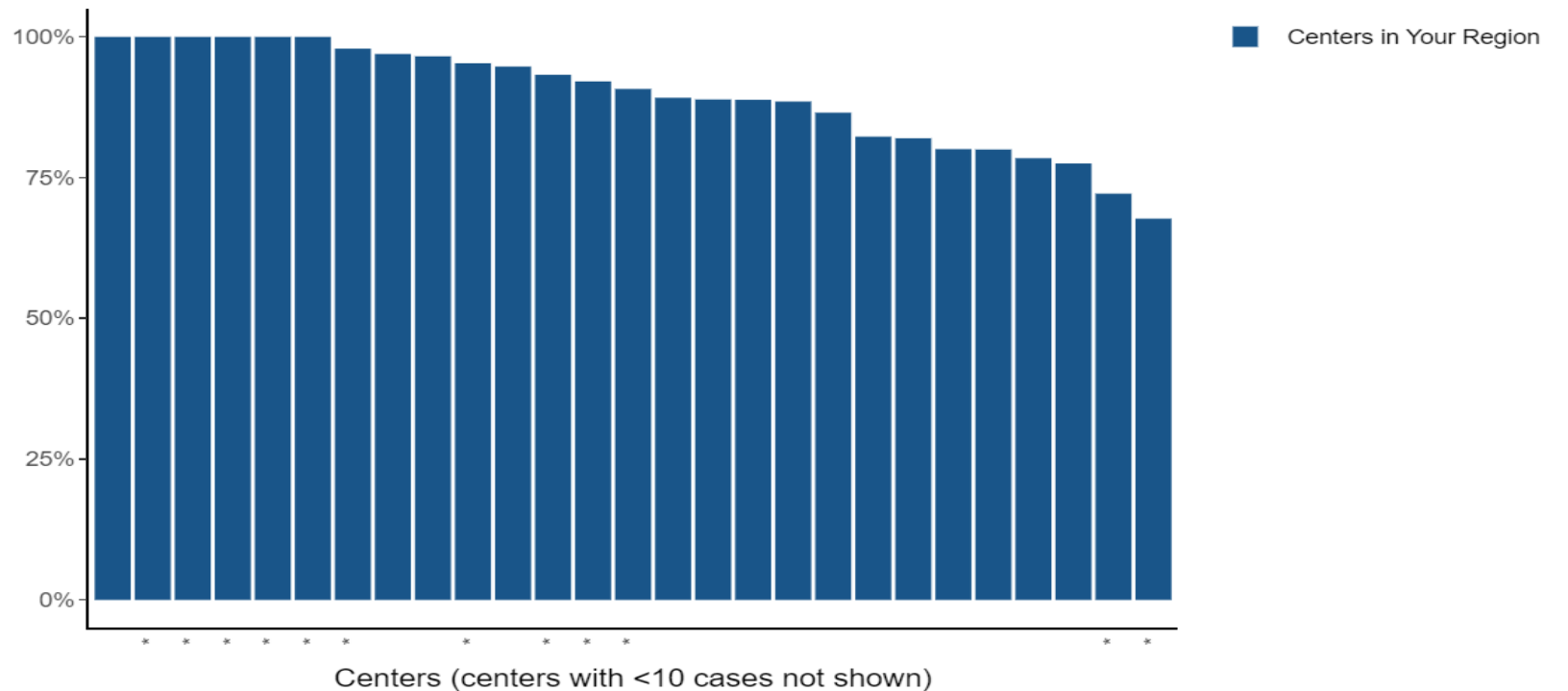


- Your Region
- ▲ VQI Overall

Pacific Northwest Regional Report

Discharge Medications

Discharge Antiplatelet+Statin by Center in Your Region (Jan-Dec 2023)



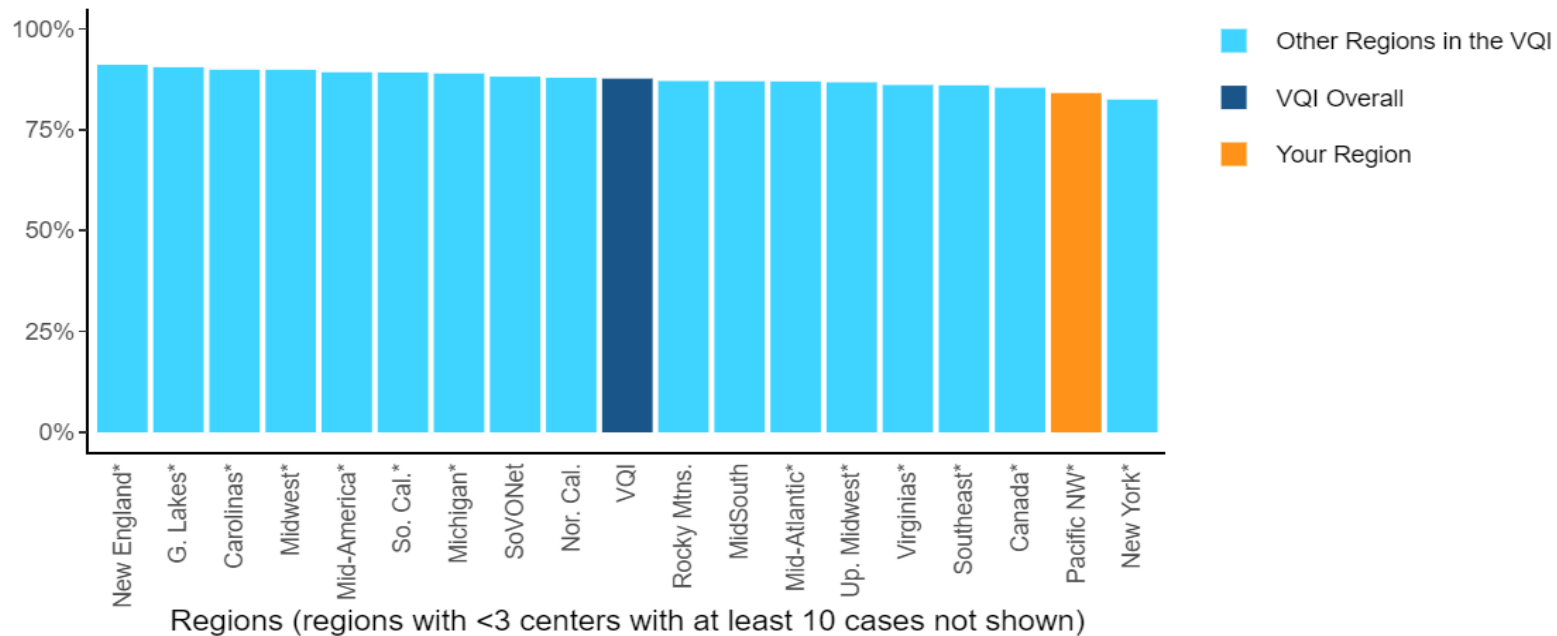
27 of 32 centers displayed

“*” Indicates center’s rate differs significantly from the regional rate.

Pacific Northwest Regional Report

Discharge Medications

Discharge Antiplatelet+Statin by Region Across VQI (Jan-Dec 2023)



“*” Indicates region’s rate differs significantly from the VQI rate.

Pacific Northwest Regional Report

Preop Smoking

Procedures performed between January 1 and December 31, 2023

Includes elective CAS (TFEM CAS and TCAR), CEA, EVAR, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures only.

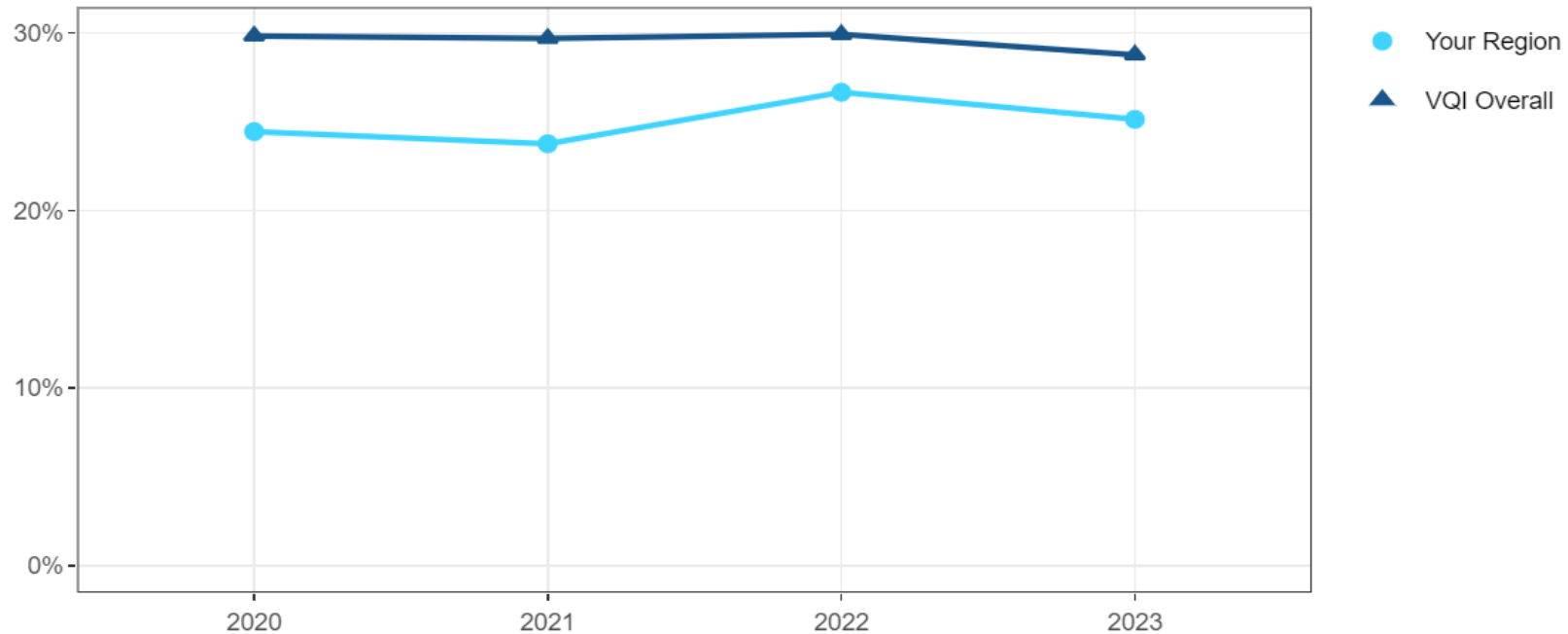
The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures where the patient was still smoking within one month of the procedure.

	Your Region	VQI Overall
CAS	750 (19%)	20686 (22%)
CEA	647 (23%)	17308 (23%)
EVAR	280 (27%)	7092 (30%)
INFRA	NA (<3 centers)	5637 (38%)
LEAMP	NA (<3 centers)	1656 (27%)
OAAA	29 (55%)	1014 (41%)
PVI	639 (29%)	41276 (32%)
SUPRA	NA (<3 centers)	1556 (53%)
TEVAR	68 (19%)	3123 (28%)
Overall (Jan-Dec 2023)	2602 (25%)	99348 (29%)

Pacific Northwest Regional Report

Preop Smoking

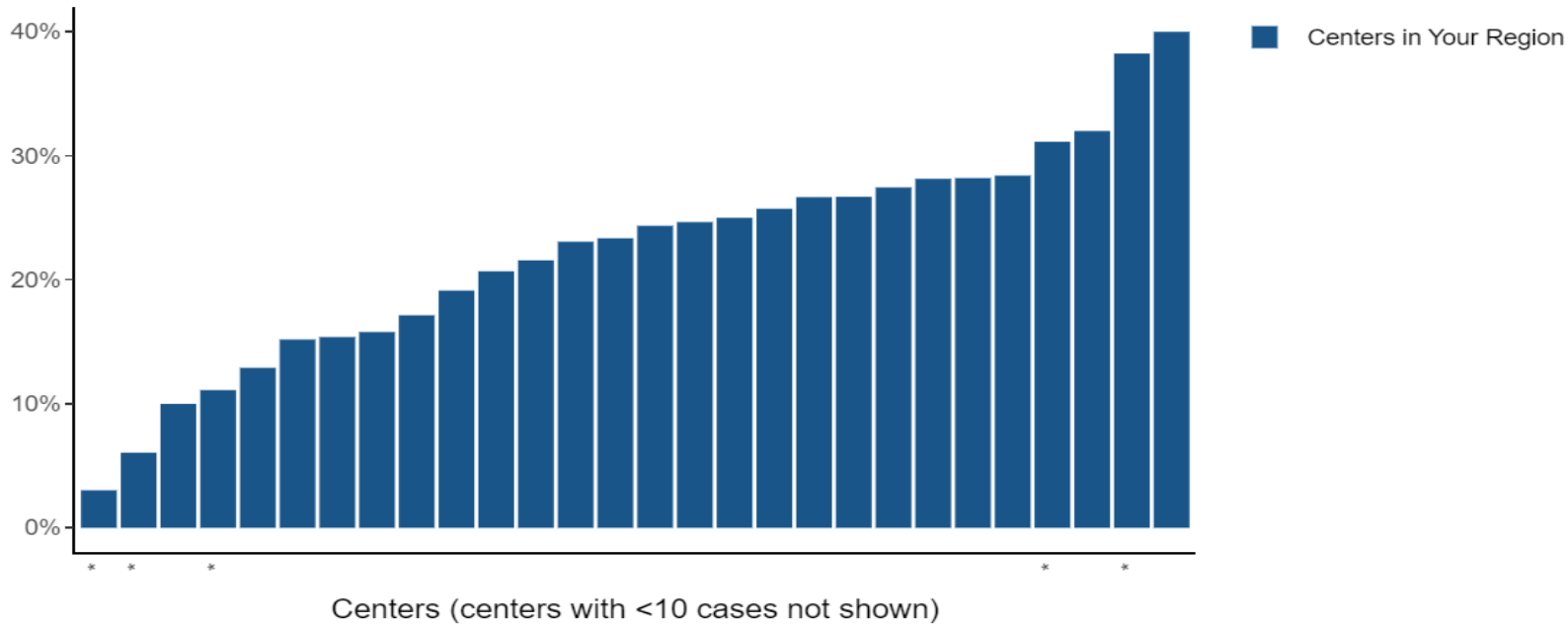
Preop Smoking by Year



Pacific Northwest Regional Report

Preop Smoking

Preop Smoking by Center in Your Region (Jan-Dec 2023)

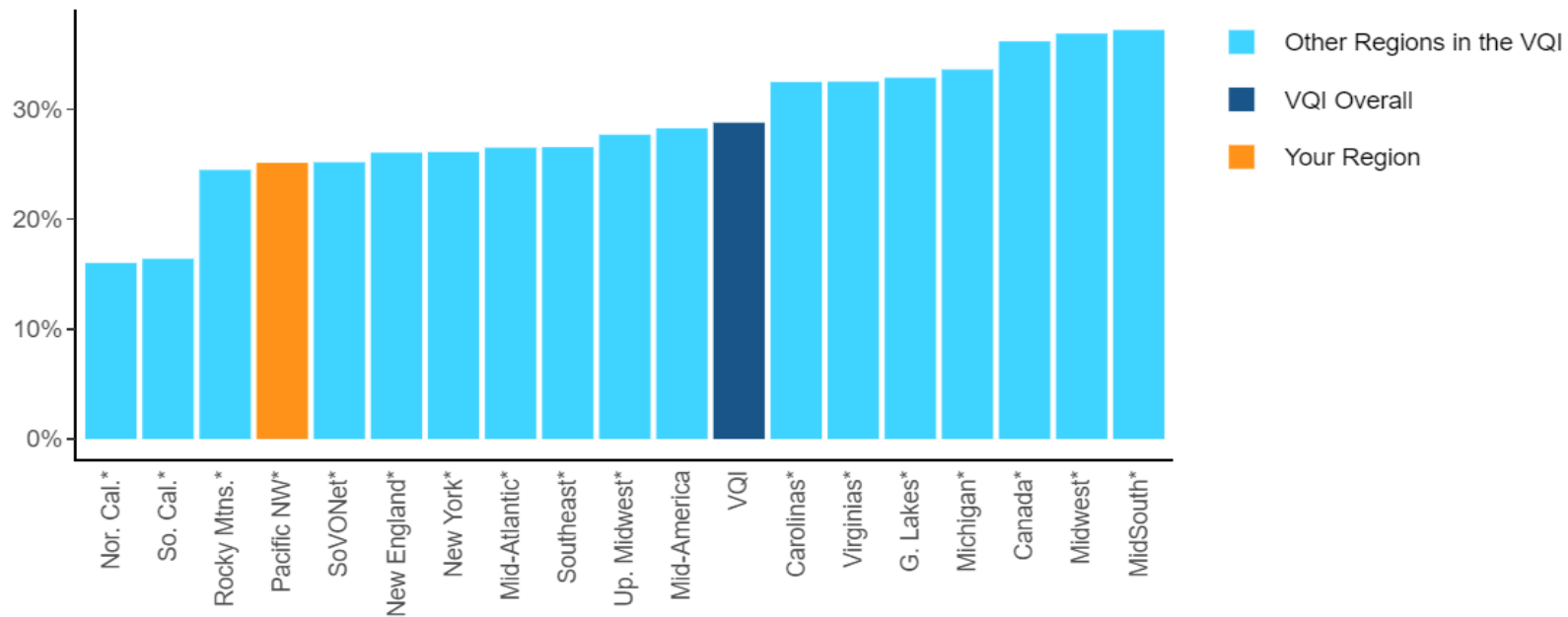


“*” Indicates center’s rate differs significantly from the regional rate.

Pacific Northwest Regional Report

Preop Smoking

Preop Smoking by Region Across VQI (Jan-Dec 2023)



Regions (regions with <3 centers with at least 10 cases not shown)

“*” Indicates region’s rate differs significantly from the VQI rate.

Pacific Northwest Regional Report

Smoking Cessation at Follow-up

Procedures performed between January 1 and December 31, 2021

Includes CAS (TFEM CAS and TCAR), CEA, EVAR, HDA, INFRA, LEAMP, OAAA, PVI, SUPRA, and TEVAR procedures of *any urgency status* performed on patients *smoking within one month of the procedure*. Excludes procedures that do not have at least one long-term follow-up record where the patient's follow-up smoking status was recorded.

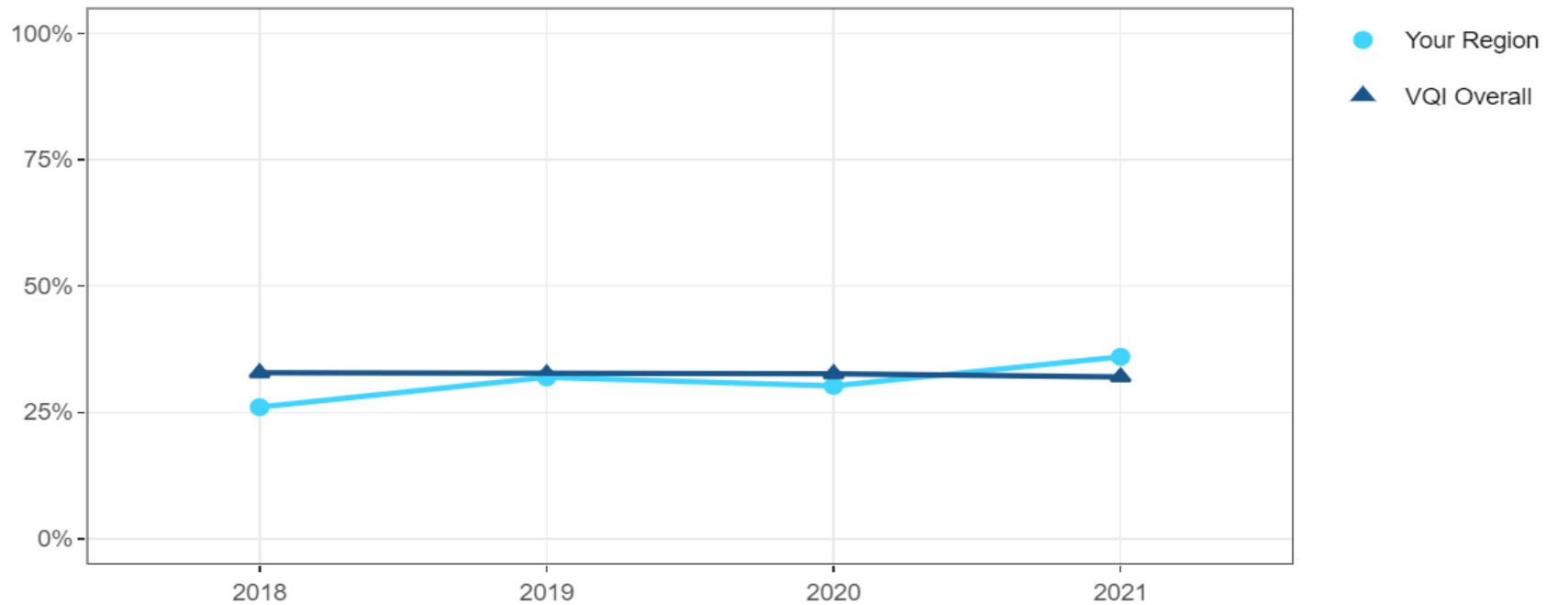
The table below gives the number of procedures meeting the inclusion criteria, and the percentage of those procedures where the patient was not smoking within one month on follow-up for *all* long-term follow-up records where the patient's follow-up smoking status was recorded.

	Your Region	VQI Overall
CAS	87 (39%)	2827 (34%)
CEA	155 (37%)	3664 (32%)
EVAR	93 (30%)	1863 (30%)
HDA	NA (<3 centers)	540 (30%)
INFRA	NA (<3 centers)	2187 (35%)
LEAMP	NA (<3 centers)	512 (33%)
OAAA	12 (17%)	440 (32%)
PVI	NA (<3 centers)	9822 (30%)
SUPRA	NA (<3 centers)	788 (34%)
TEVAR	NA (<3 centers)	692 (44%)
Overall (Jan-Dec 2021)	461 (36%)	23335 (32%)

Pacific Northwest Regional Report

Smoking Cessation at Follow-up

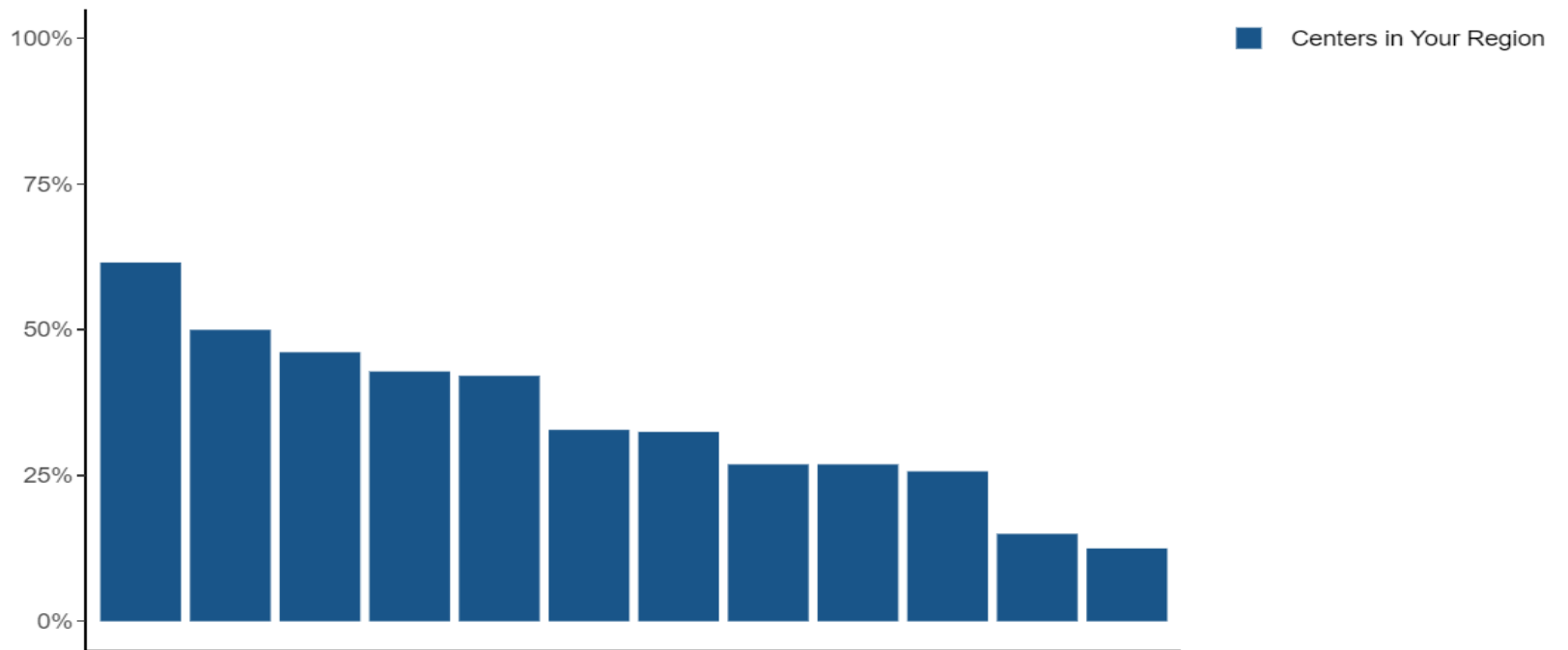
Smoking Cessation by Year



Pacific Northwest Regional Report

Smoking Cessation at Follow-up

Smoking Cessation by Center in Your Region (Jan-Dec 2021)



Centers (centers with <10 cases not shown)

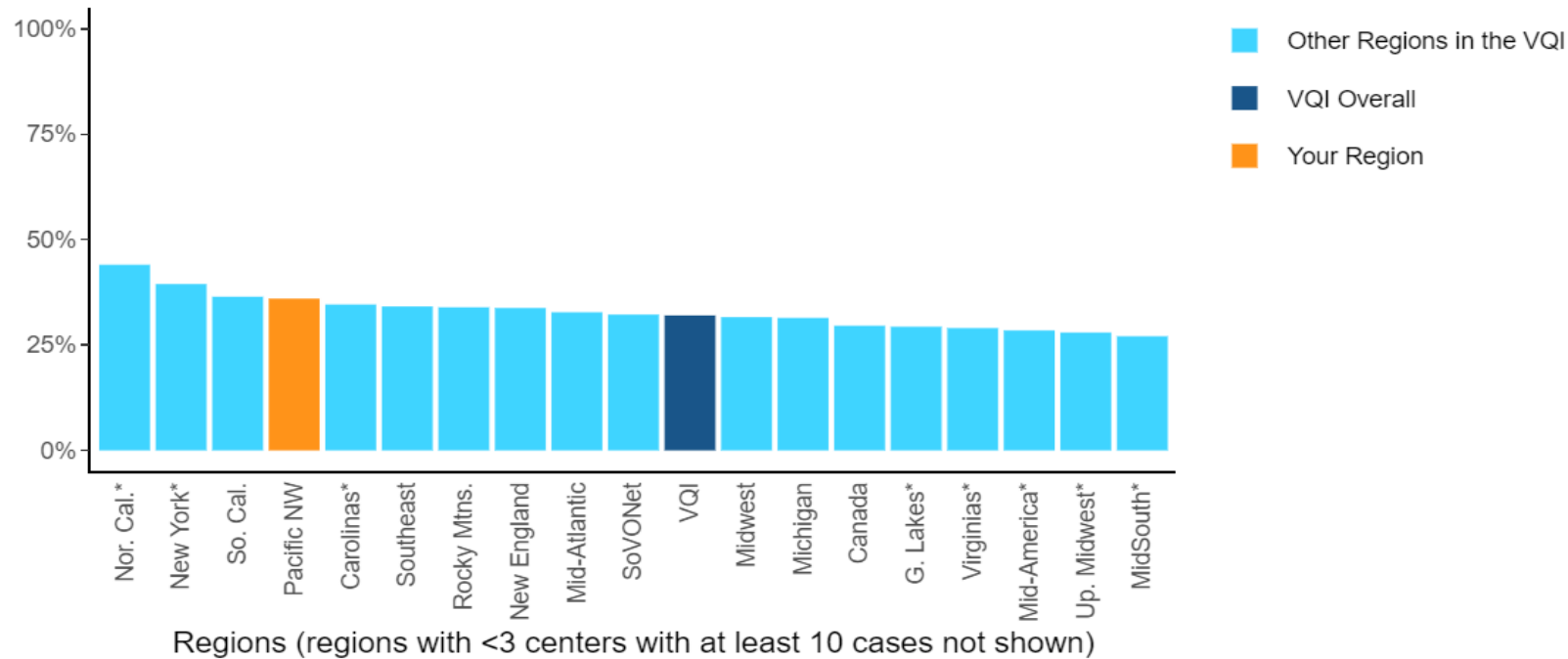
12 of 28 centers displayed

** Indicates center's rate differs significantly from the regional rate.

Pacific Northwest Regional Report

Smoking Cessation at Follow-up

Smoking Cessation by Region Across VQI (Jan-Dec 2021)



** Indicates region's rate differs significantly from the VQI rate.

Pacific Northwest Regional Report

TFEM CAS ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2023

Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial approach. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or "Other" lesion types. Procedures with an approach other than femoral, brachial, or radial are also excluded.

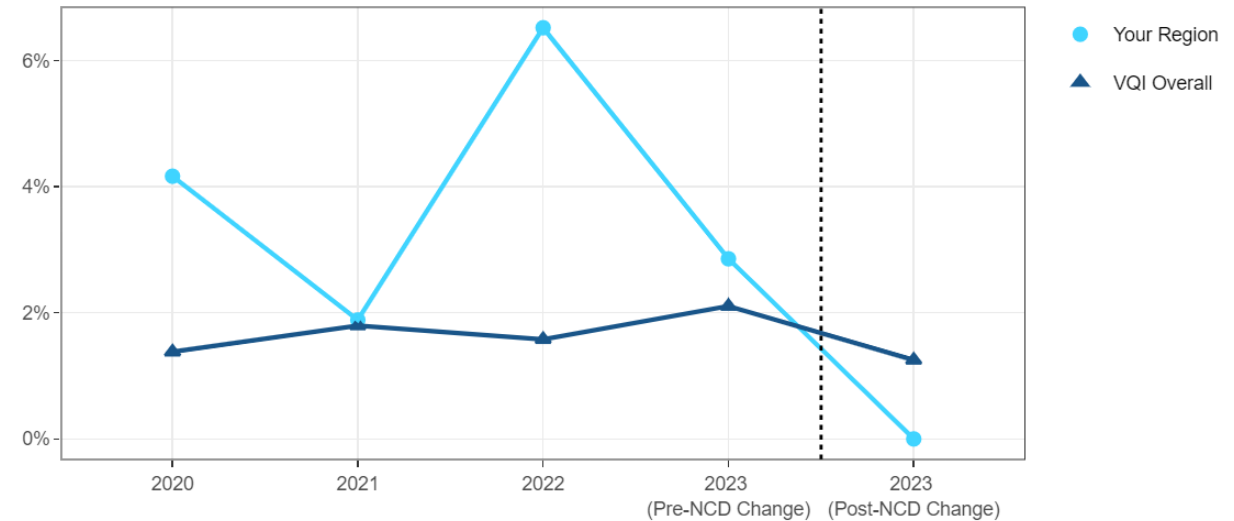
The table below gives the number of TFEM CAS procedures (performed on asymptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

	Your Region	VQI Overall
Number of TFEM CAS procedures meeting inclusion criteria	44	2951
Observed rate of stroke or death among procedures meeting inclusion criteria	2.3%	1.9%
Number of procedures with complete data*	43	2670
Observed rate of stroke or death among cases with complete data	2.3%	1.9%
Expected Rate of stroke or death among cases with complete data	2%	NA
P-value for comparison of observed and expected rates	0.58	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

TFEM CAS ASYMP: Stroke/Death

Stroke or Death after TFEM CAS for Asymptomatic Patients by Year

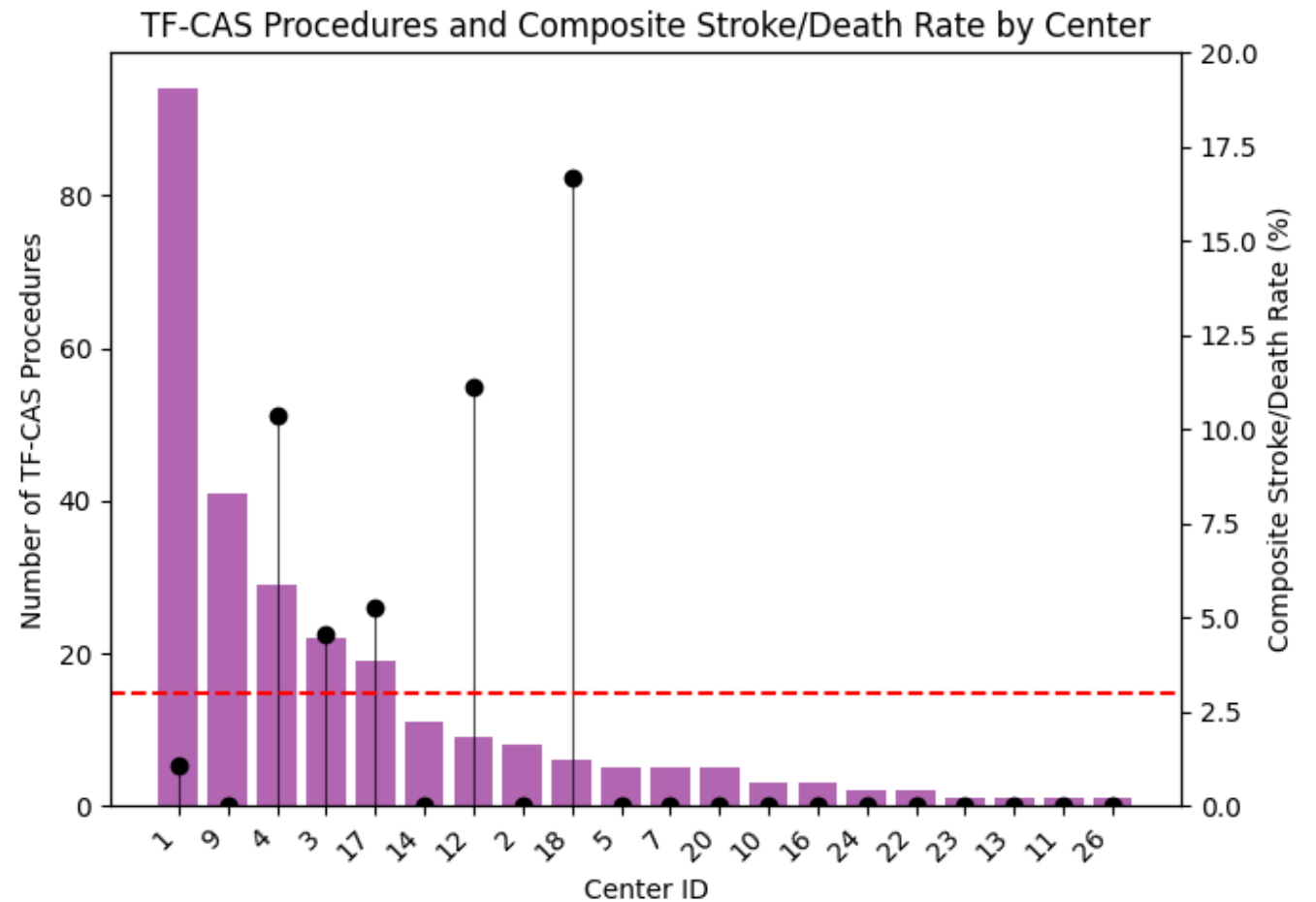


NCD change occurred in **October 2023**.

Rates shown are observed rates among cases meeting inclusion criteria.

Center-Specific Outcomes

- Stroke/death rates ranged from 0% to 17%
 - Mean: 2%
- 5 of 20 centers exceeded 3% stroke/death rate.
 - All centers are in the top-half by volume



Pacific Northwest Regional Report

TFEM CAS SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2023

Includes Transfemoral Carotid Artery Stenting (TFEM CAS) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Includes procedures utilizing a femoral, brachial, or radial approach. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or “Other” lesion types. Procedures with an approach other than femoral, brachial, or radial are also excluded.

The table below gives the number of TFEM CAS procedures (performed on symptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

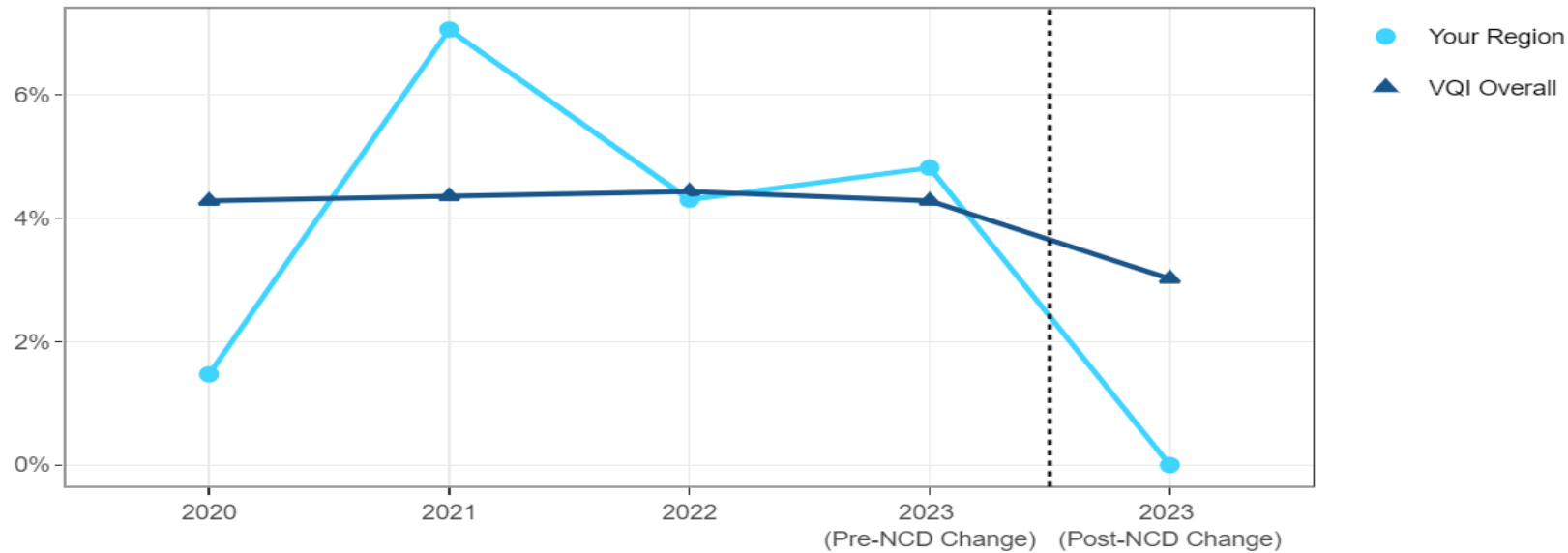
	Your Region	VQI Overall
Number of TFEM CAS procedures meeting inclusion criteria	108	3020
Observed rate of stroke or death among procedures meeting inclusion criteria	3.7%	4%
Number of procedures with complete data*	107	2788
Observed rate of stroke or death among cases with complete data	3.7%	3.9%
Expected Rate of stroke or death among cases with complete data	3.1%	NA
P-value for comparison of observed and expected rates	0.58	NA

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.

Pacific Northwest Regional Report

TFEM CAS SYMP: Stroke/Death

Stroke or Death after TFEM CAS for Asymptomatic Patients by Year



NCD change occurred in **October 2023**.

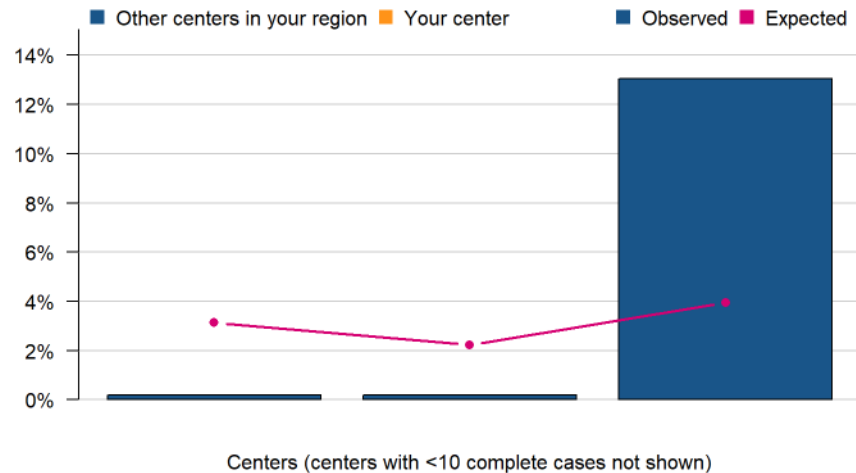
Rates shown are observed rates among cases meeting inclusion criteria.

Pacific Northwest Regional Report

2022

TFEM CAS SYMP: Stroke/Death

Stroke or Death after TFEM CAS for Symptomatic Patients in Your Region (Jan-Dec 2022)



3 of 12 centers displayed

Rates shown are among cases with complete data.

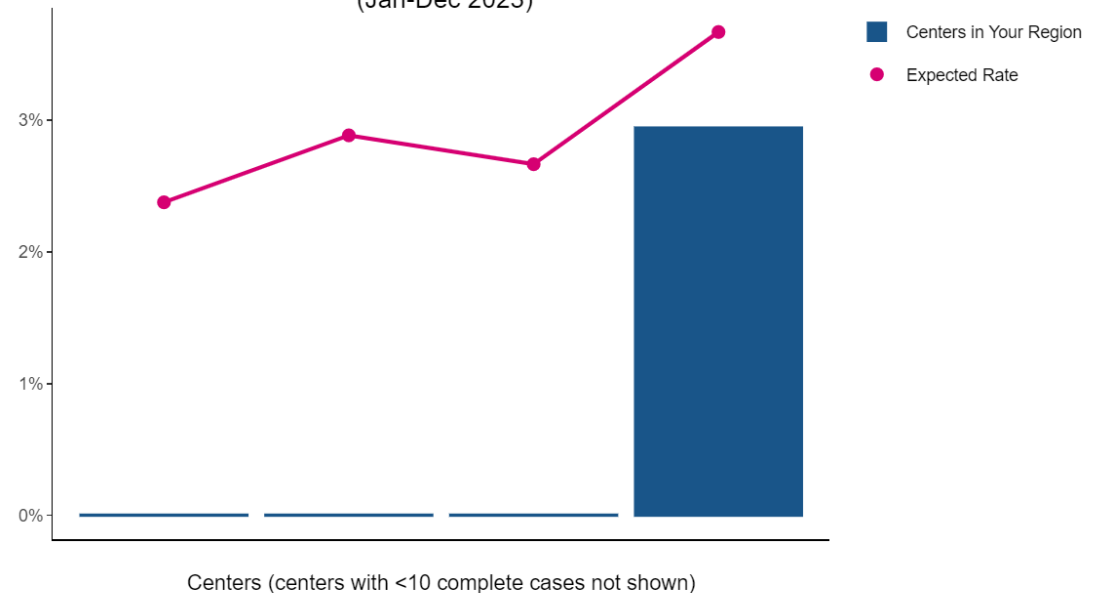
** Indicates center's observed rate differs significantly from its expected rate

35/90

2023

TFEM CAS SYMP: Stroke/Death

Stroke or Death after TFEM CAS for Symptomatic Patients in Your Region (Jan-Dec 2023)



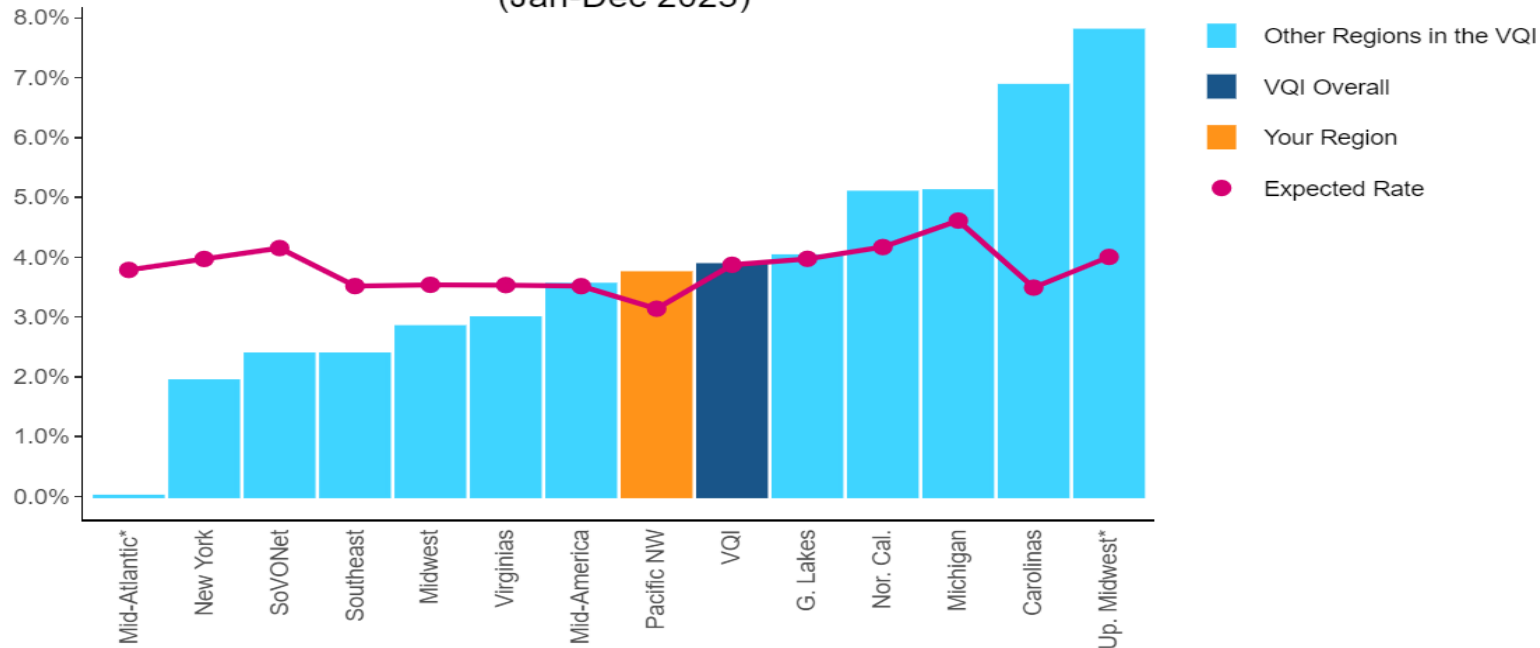
4 of 10 centers displayed

Rates shown are among cases with complete data.

Pacific Northwest Regional Report

TFEM CAS SYMP: Stroke/Death

Stroke or Death after TFEM CAS for Symptomatic Patients by Region Across VQI
(Jan-Dec 2023)



Regions (regions with <3 centers with <10 complete cases not shown)

Rates shown are among cases with complete data.

“*” Indicates region’s observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

TCAR ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2023

Includes TransCarotid Artery Revascularization (TCAR) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or “Other” lesion types. Procedures with an approach other than carotid percutaneous or carotid open are also excluded.

The table below gives the number of TCAR procedures (performed on asymptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

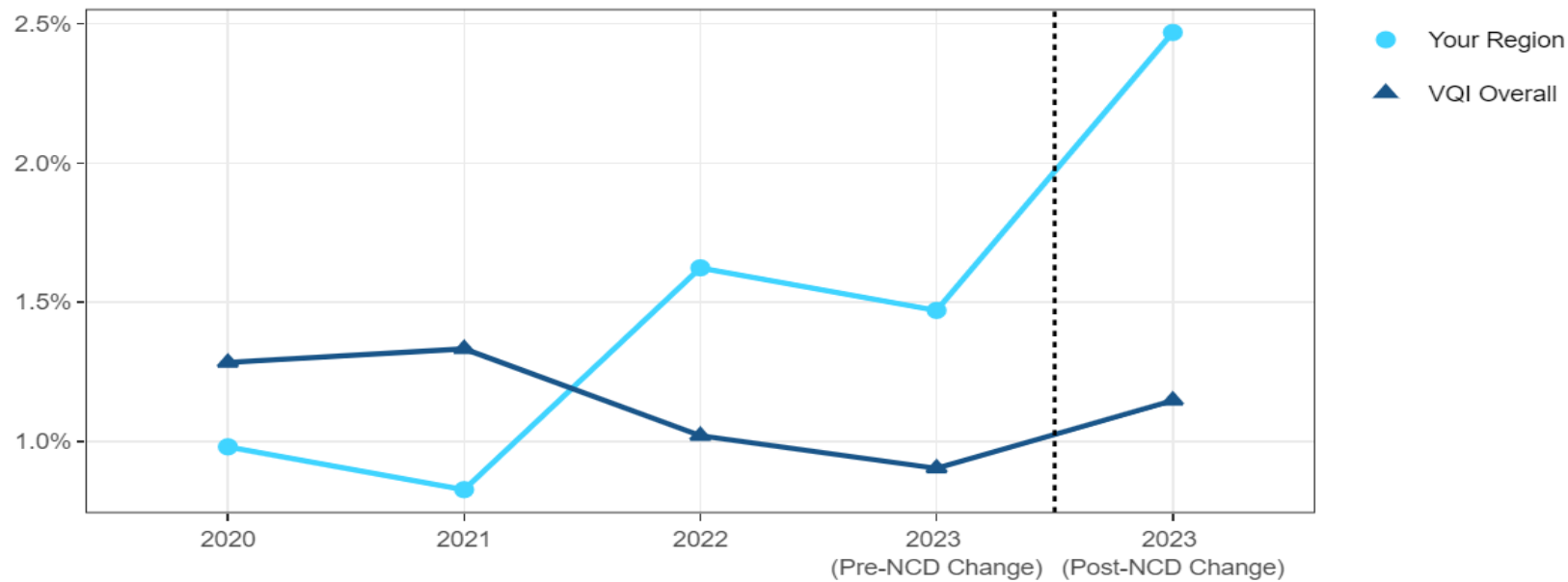
	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria	353	10744
Observed rate of stroke or death among procedures meeting inclusion criteria	1.7%	1%
Number of procedures with complete data*	304	10002
Observed rate of stroke or death among cases with complete data	2%	1%
Expected Rate of stroke or death among cases with complete data	1%	NA
P-value for comparison of observed and expected rates	0.08	NA

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.

Pacific Northwest Regional Report

TCAR ASYMP: Stroke/Death

Stroke or Death after TFEM CAS for Asymptomatic Patients by Year



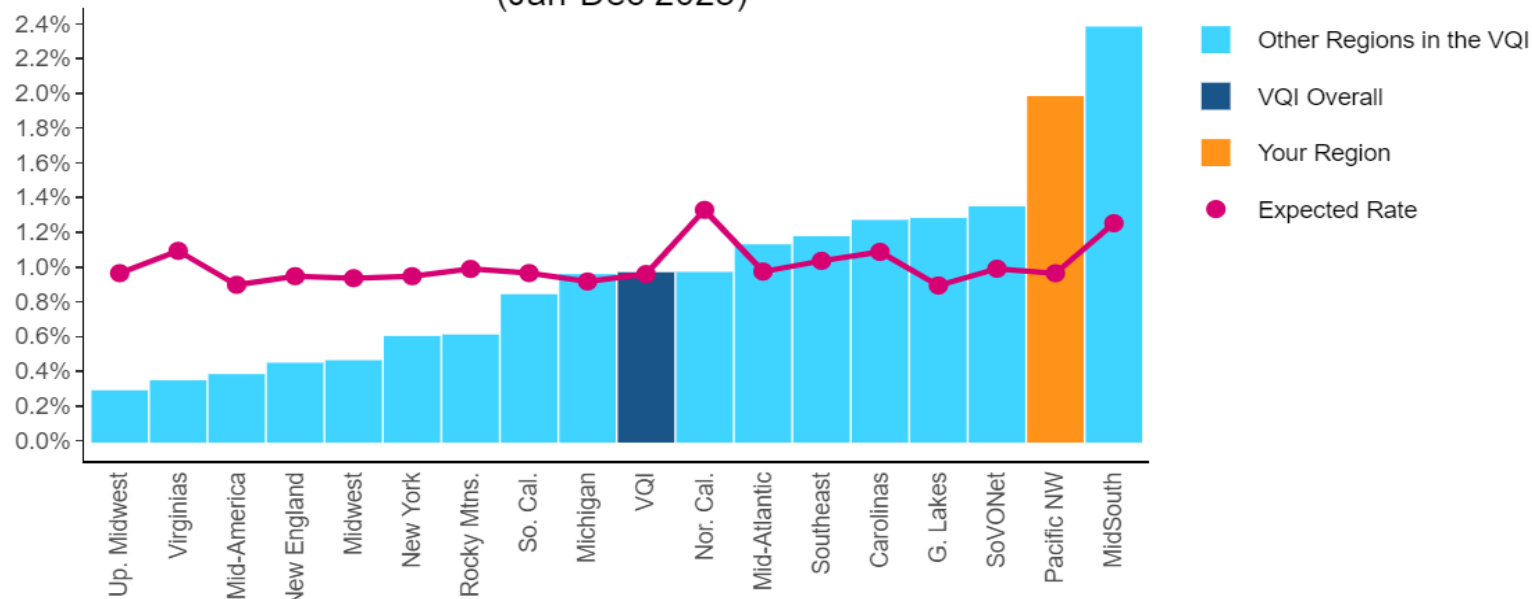
NCD change occurred in **October 2023**.

Rates shown are observed rates among cases meeting inclusion criteria.

Pacific Northwest Regional Report

TCAR ASYMP: Stroke/Death

Stroke or Death after TCAR for Asymptomatic Patients by Region Across VQI
(Jan-Dec 2023)



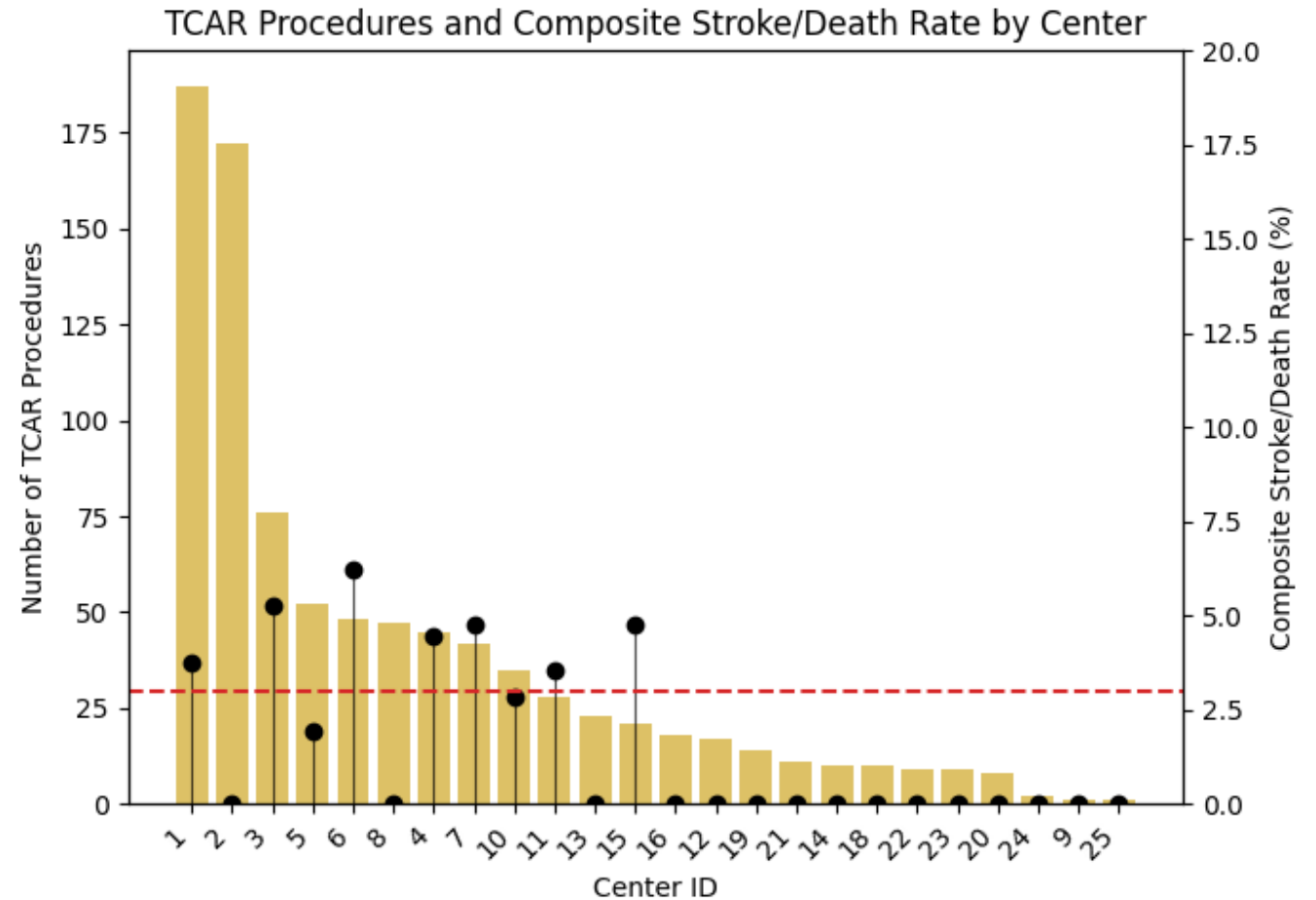
Regions (regions with <3 centers with <10 complete cases not shown)

Rates shown are among cases with complete data.

“*” Indicates region’s observed rate differs significantly from its expected rate

Center-Specific Outcomes

- Stroke/death rates ranged from 0% to 6%
 - Mean: 2%
- 7 of 24 centers exceeded 3% stroke/death rate
 - All in the top-half by volume



Pacific Northwest Regional Report

TCAR SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2023

Includes TransCarotid Artery Revascularization (TCAR) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral or contralateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar TIA or stroke, prior ipsilateral CAS, CAS for intracranial treatment, or any procedure involving dissection, trauma, FMD, or “Other” lesion types. Procedures with an approach other than carotid percutaneous or carotid open are also excluded.

The table below gives the number of TCAR procedures (performed on symptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

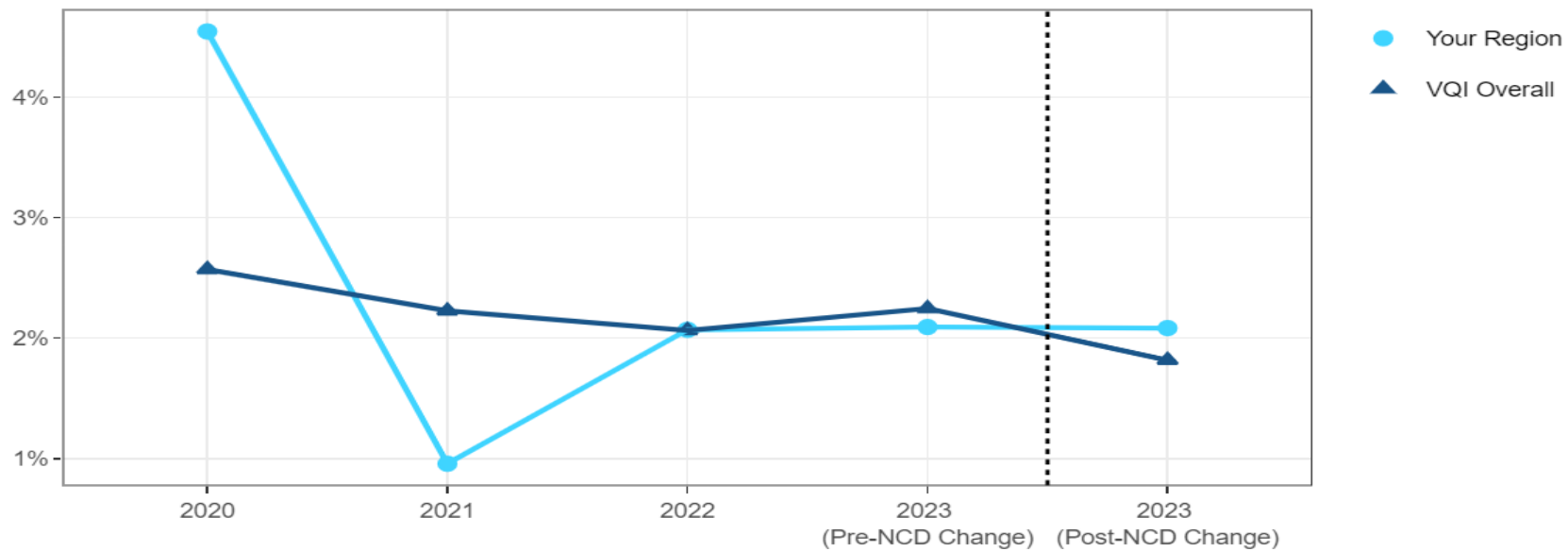
	Your Region	VQI Overall
Number of TCAR procedures meeting inclusion criteria	287	4786
Observed rate of stroke or death among procedures meeting inclusion criteria	2.1%	2.2%
Number of procedures with complete data*	274	4514
Observed rate of stroke or death among cases with complete data	2.2%	2.1%
Expected Rate of stroke or death among cases with complete data	1.9%	NA
P-value for comparison of observed and expected rates	0.65	NA

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.

Pacific Northwest Regional Report

TCAR SYMP: Stroke/Death

Stroke or Death after TFEM CAS for Asymptomatic Patients by Year



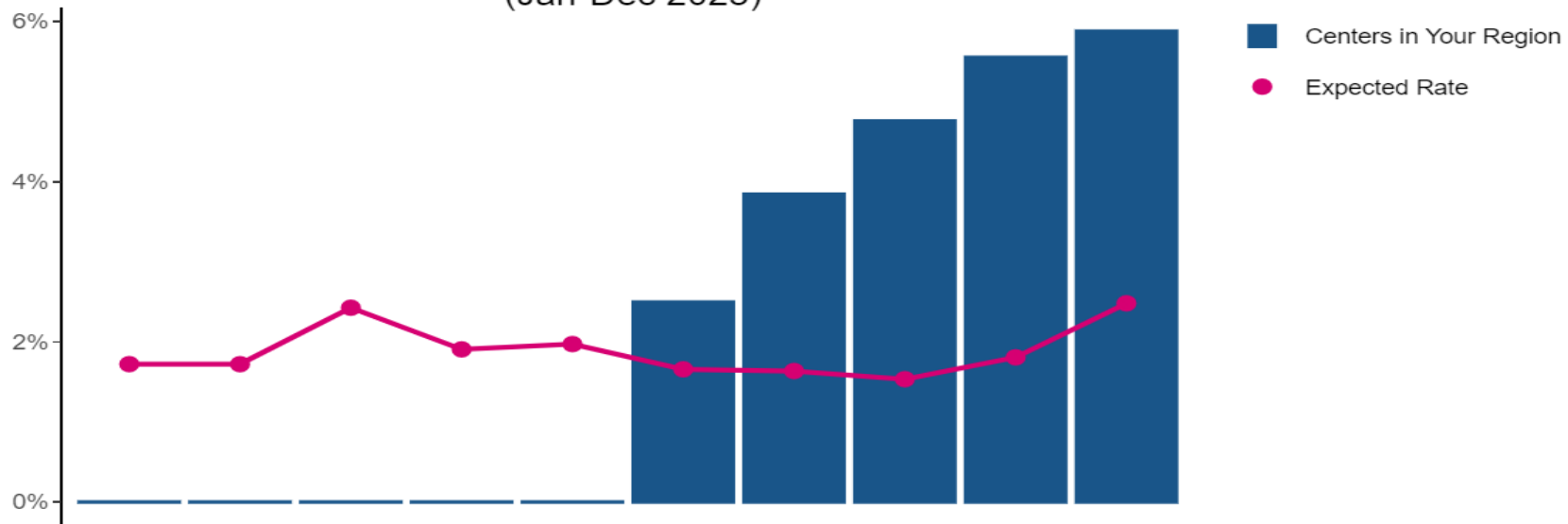
NCD change occurred in **October 2023**.

Rates shown are observed rates among cases meeting inclusion criteria.

Pacific Northwest Regional Report

TCAR SYMP: Stroke/Death

Stroke or Death after TCAR for Symptomatic Patients in Your Region
(Jan-Dec 2023)



Centers (centers with <10 complete cases not shown)

10 of 25 centers displayed

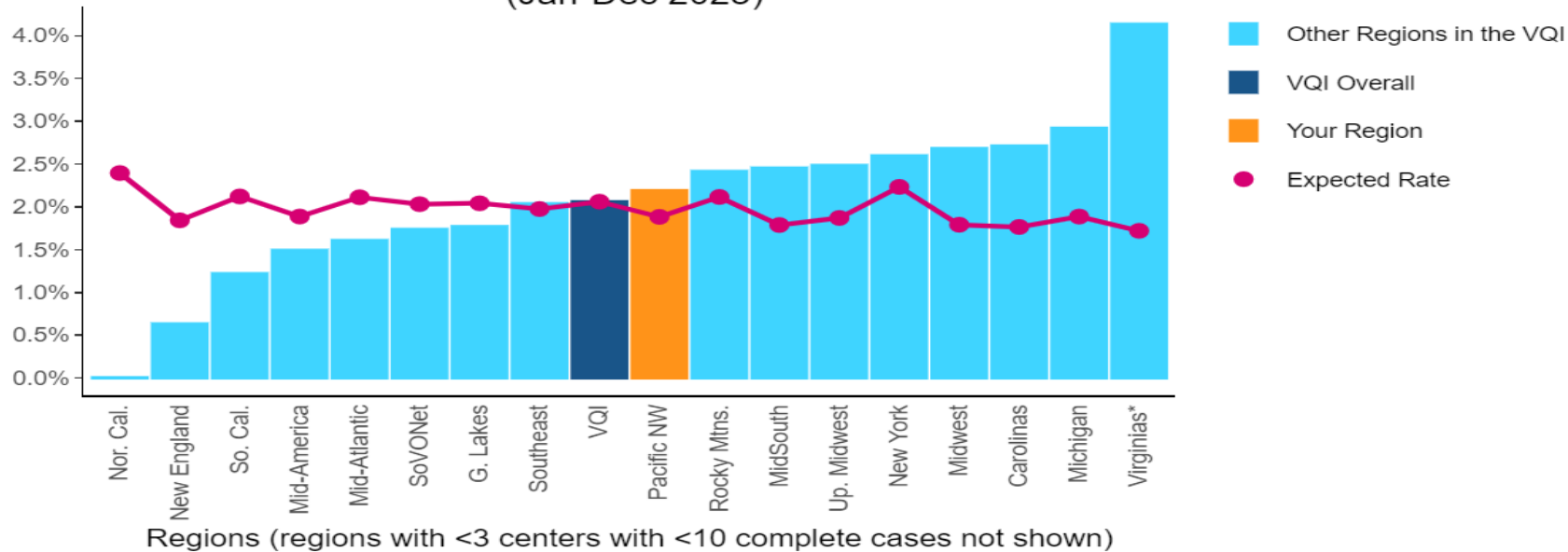
Rates shown are among cases with complete data.

“*” Indicates center’s observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

TCAR SYMP: Stroke/Death

Stroke or Death after TCAR for Symptomatic Patients by Region Across VQI (Jan-Dec 2023)



Rates shown are among cases with complete data.

“**” Indicates region’s observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

CEA ASYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2023

Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or “Other” arterial procedure.

The table below gives the number of CEA procedures (performed on asymptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

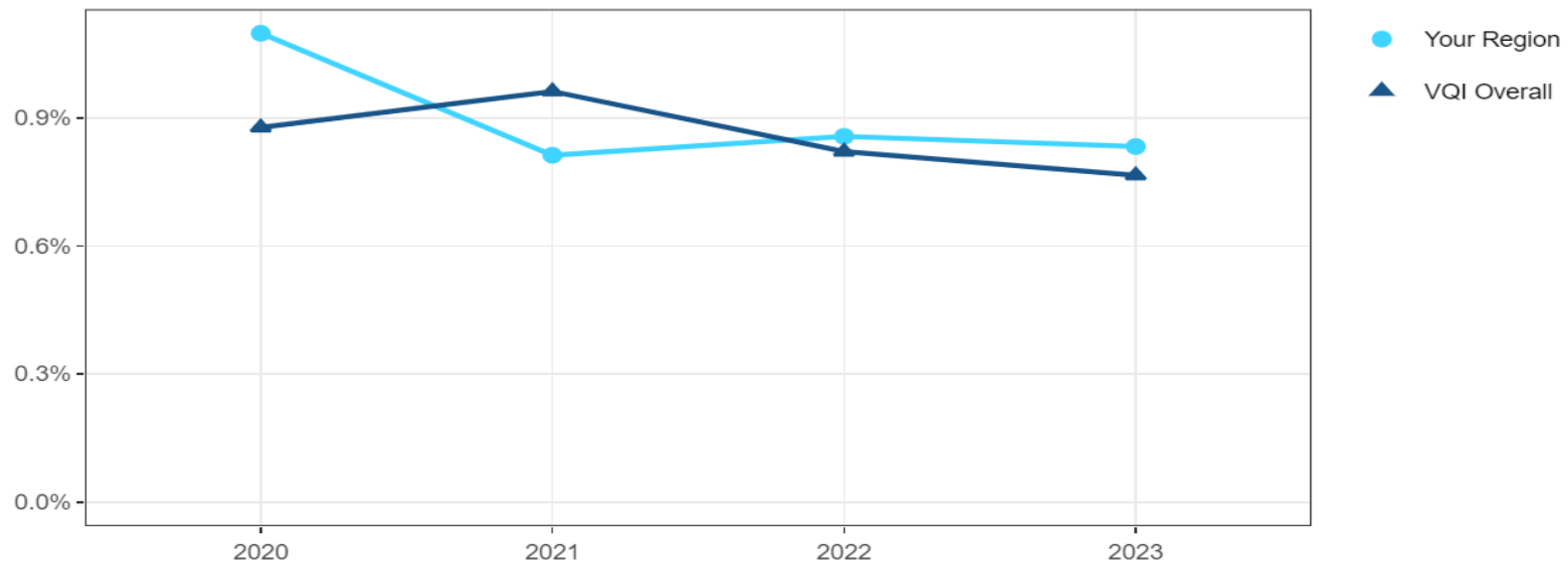
	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria	360	12143
Observed rate of stroke or death among procedures meeting inclusion criteria	0.8%	0.8%
Number of procedures with complete data*	337	11290
Observed rate of stroke or death among cases with complete data	0.9%	0.7%
Expected Rate of stroke or death among cases with complete data	0.8%	NA
P-value for comparison of observed and expected rates	0.76	NA

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.

Pacific Northwest Regional Report

CEA ASYMP: Stroke/Death

Stroke or Death after CEA for Asymptomatic Patients by Year

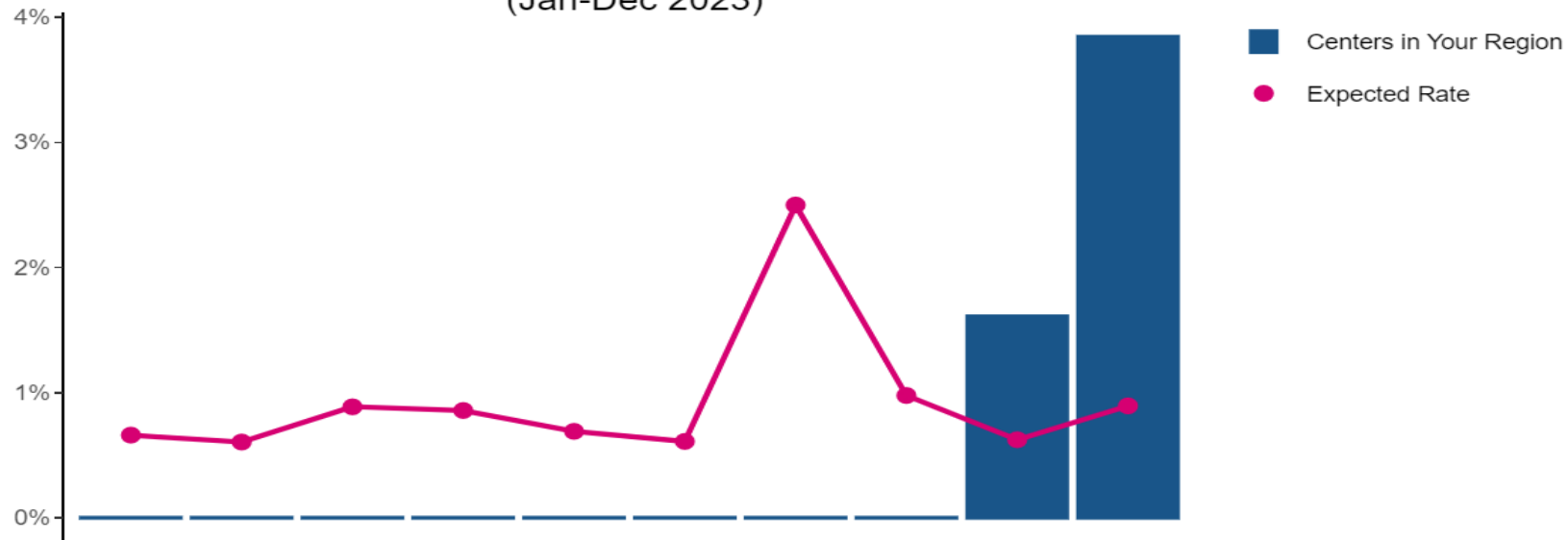


Rates shown are observed rates among cases meeting inclusion criteria.

Pacific Northwest Regional Report

CEA ASYMP: Stroke/Death

Stroke or Death after CEA for Asymptomatic Patients in Your Region
(Jan-Dec 2023)



Centers (centers with <10 complete cases not shown)

10 of 15 centers displayed

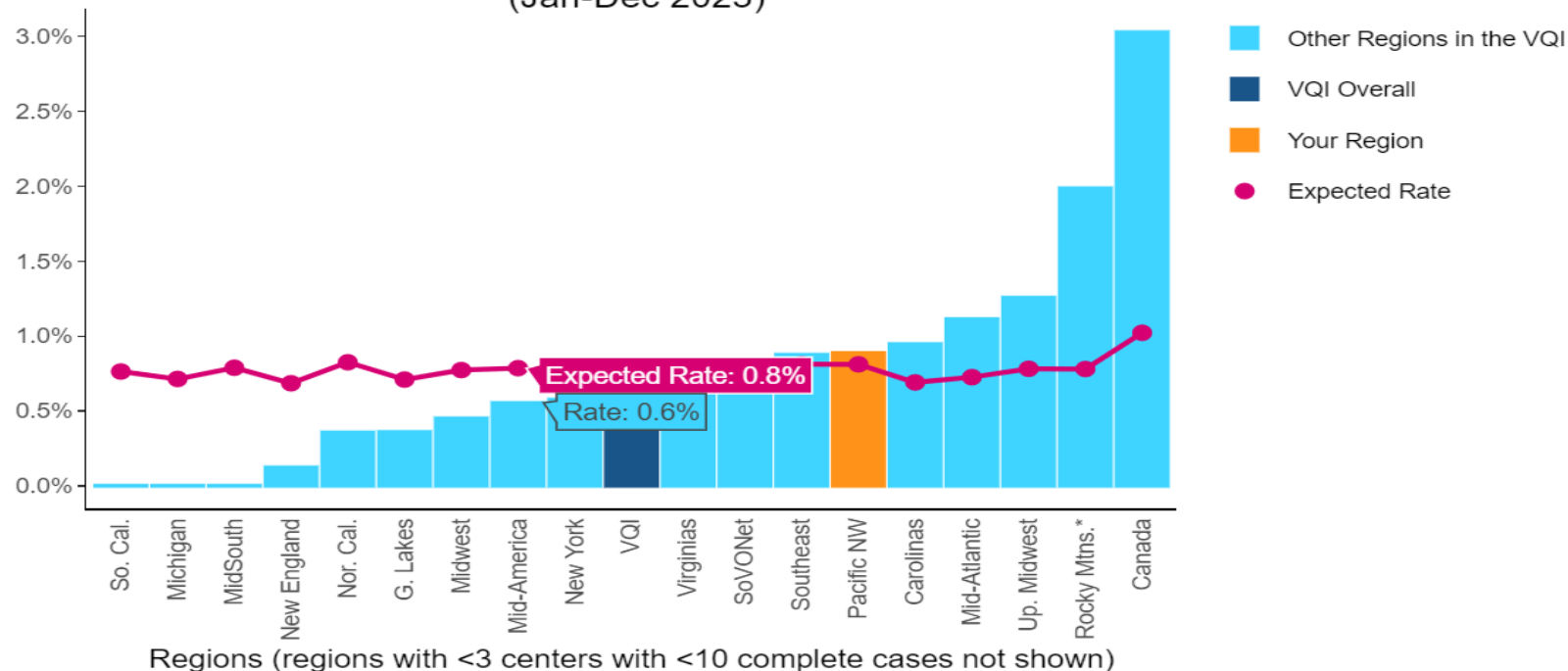
Rates shown are among cases with complete data.

“*” Indicates center’s observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

CEA ASYMP: Stroke/Death

Stroke or Death after CEA for Asymptomatic Patients by Region Across VQI
(Jan-Dec 2023)



Rates shown are among cases with complete data.

“*” Indicates region’s observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

CEA ASYMP: Postop LOS>1 Day

Procedures performed between January 1 and December 31, 2023

Includes Carotid Endarterectomy (CEA) procedures performed on asymptomatic patients. Asymptomatic patients are patients with no ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or “Other” arterial procedure. Procedures where in-hospital death occurred with postoperative LOS \leq 1 day, or procedures with an unrelated return to the OR, are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

The table below gives the number of CEA procedures (performed on asymptomatic patients) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

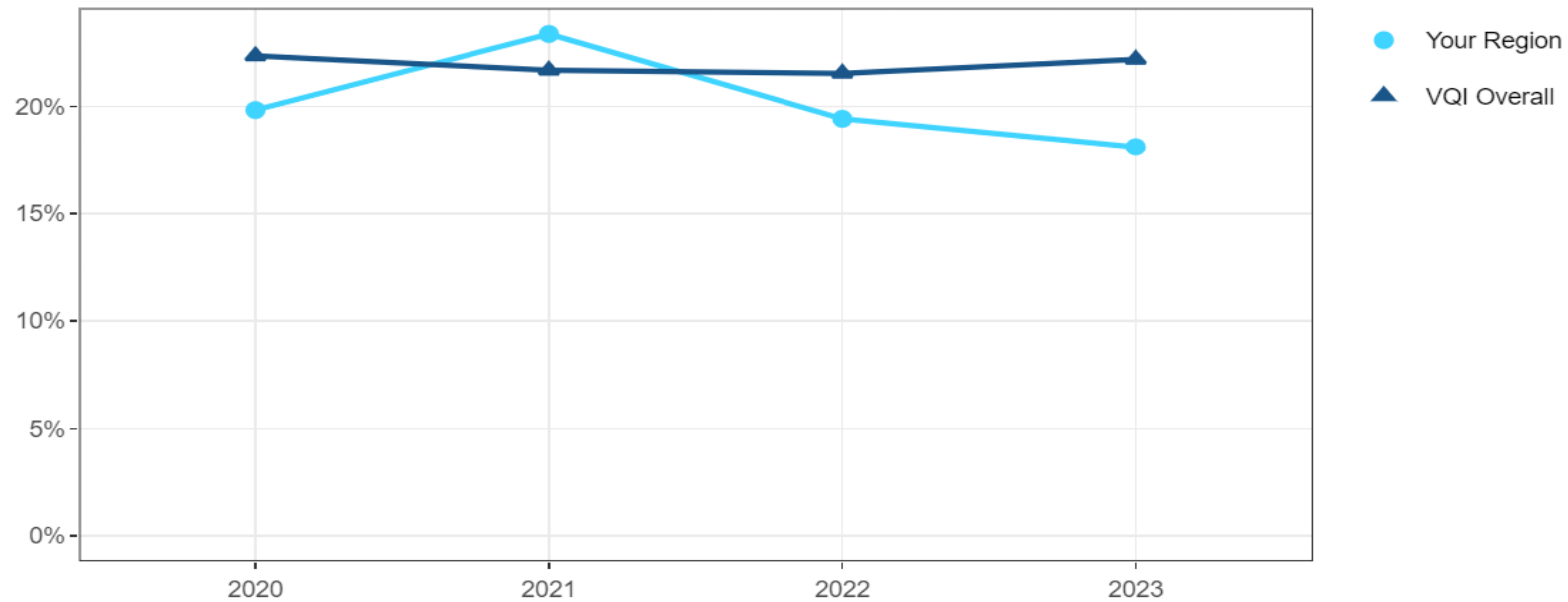
	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria	359	12087
Observed rate of LOS>1 day among procedures meeting inclusion criteria	18.1%	22.2%
Number of procedures with complete data*	336	11236
Observed rate of LOS>1 day among cases with complete data	18.5%	21.8%
Expected Rate of LOS>1 day among cases with complete data	21.6%	NA
P-value for comparison of observed and expected rates	0.16	NA

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.

Pacific Northwest Regional Report

CEA ASYMP: Postop LOS>1 Day

Postop LOS>1 Day after CEA for Asymptomatic Patients by Year

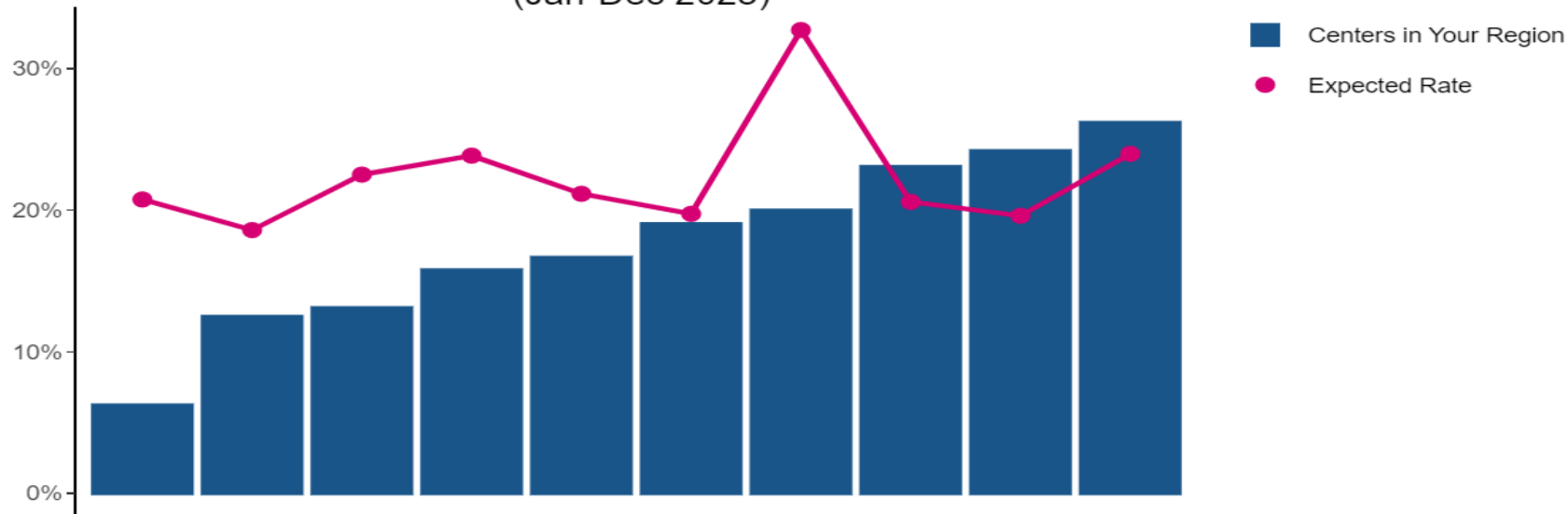


Rates shown are observed rates among cases meeting inclusion criteria.

Pacific Northwest Regional Report

CEA ASYMP: Postop LOS>1 Day

Postop LOS>1 Day after CEA for Asymptomatic Patients in Your Region
(Jan-Dec 2023)



Centers (centers with <10 complete cases not shown)

10 of 15 centers displayed

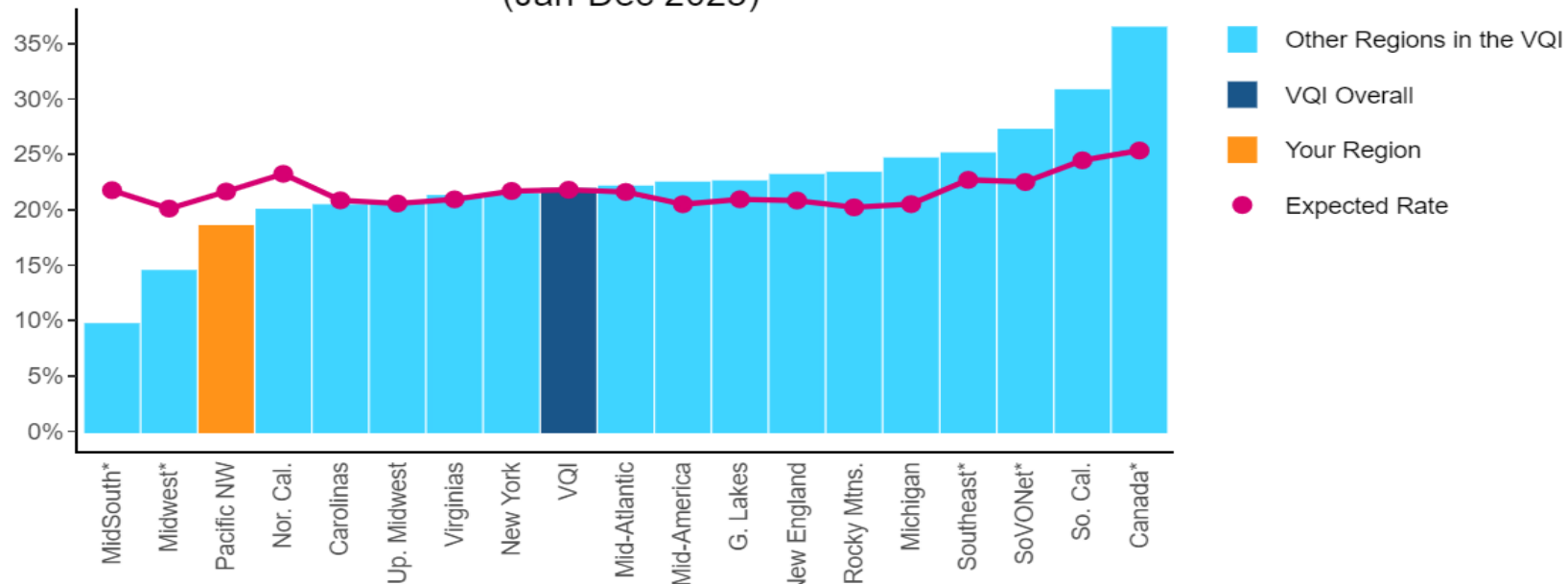
Rates shown are among cases with complete data.

“**” Indicates center’s observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

CEA ASYMP: Postop LOS>1 Day

Postop LOS>1 Day after CEA for Asymptomatic Patients by Region Across VQI (Jan-Dec 2023)



Regions (regions with <3 centers with <10 complete cases not shown)

Rates shown are among cases with complete data.

“*” Indicates region’s observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

CEA SYMP: Stroke/Death

Procedures performed between January 1 and December 31, 2023

Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or “Other” arterial procedure.

The table below gives the number of CEA procedures (performed on symptomatic patients) meeting the inclusion criteria, and the observed and expected rates of in-hospital stroke or death for those cases.

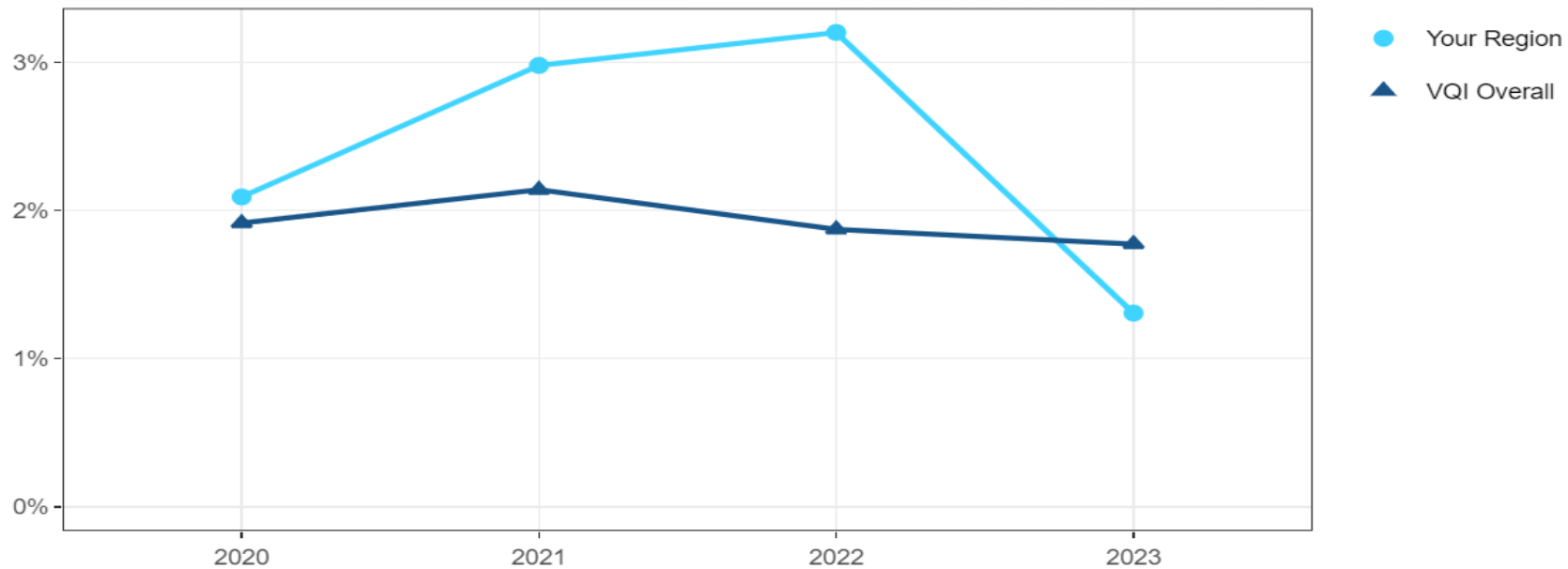
	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria	306	5525
Observed rate of stroke or death among procedures meeting inclusion criteria	1.3%	1.8%
Number of procedures with complete data*	296	5256
Observed rate of stroke or death among cases with complete data	1.4%	1.8%
Expected Rate of stroke or death among cases with complete data	1.5%	NA
P-value for comparison of observed and expected rates	1	NA

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.

Pacific Northwest Regional Report

CEA SYMP: Stroke/Death

Stroke or Death after CEA for Symptomatic Patients by Year



Rates shown are observed rates among cases meeting inclusion criteria.

Pacific Northwest Regional Report

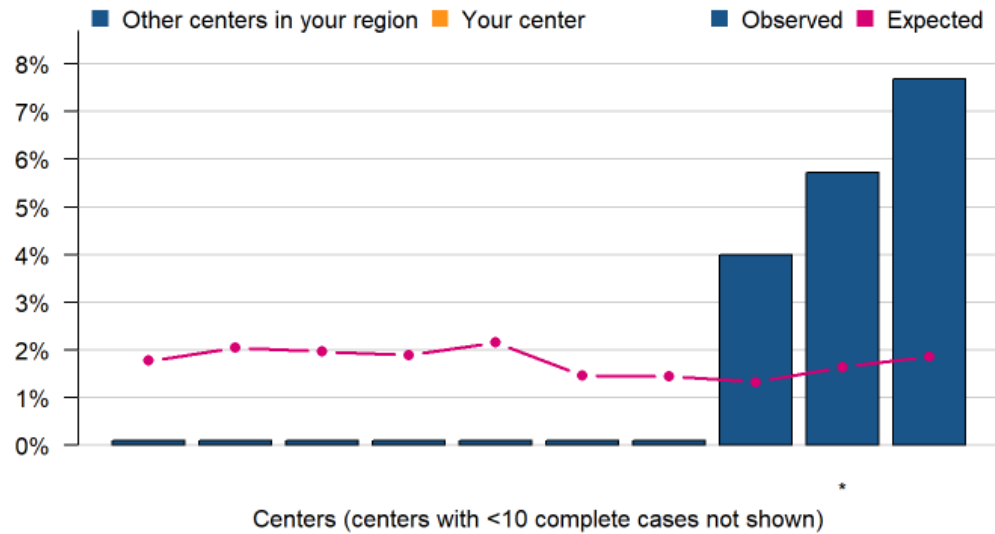
2022

2023

CEA SYMP: Stroke/Death

CEA SYMP: Stroke/Death

Stroke or Death after CEA for Symptomatic Patients in Your Region (Jan-Dec 2022)

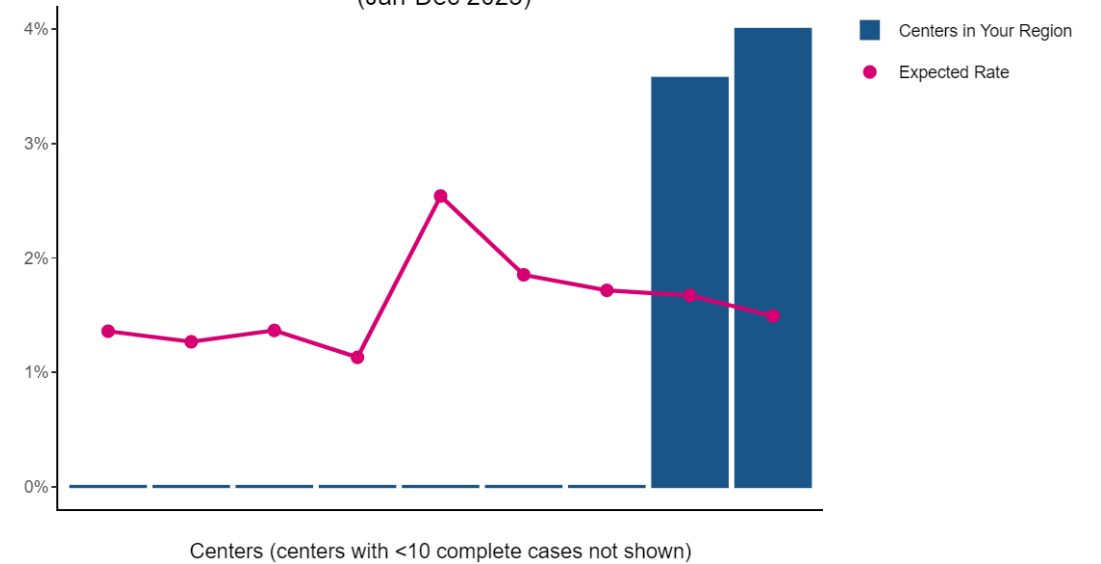


10 of 15 centers displayed

Rates shown are among cases with complete data.

** Indicates center's observed rate differs significantly from its expected rate

Stroke or Death after CEA for Symptomatic Patients in Your Region (Jan-Dec 2023)



9 of 14 centers displayed

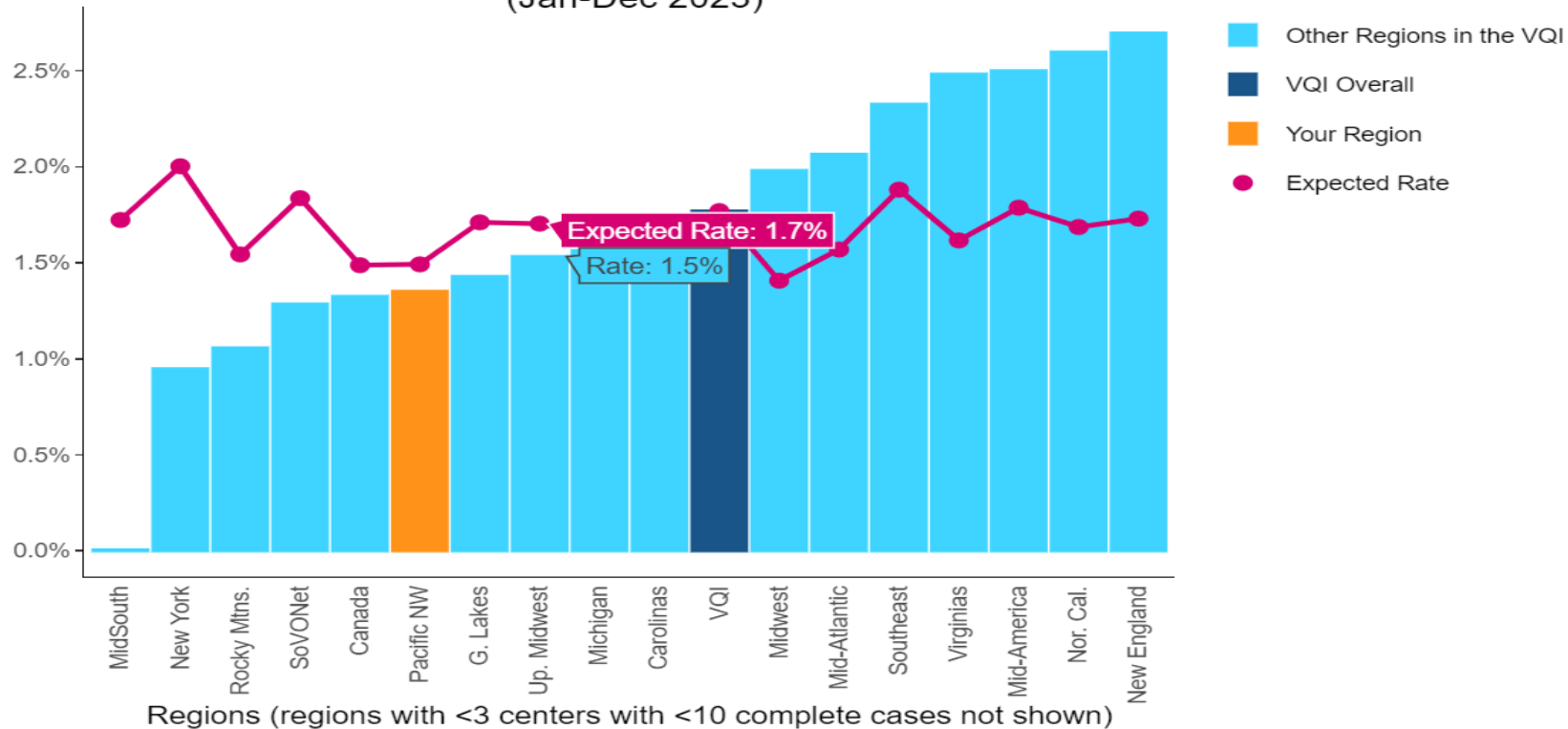
Rates shown are among cases with complete data.

** Indicates center's observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

CEA SYMP: Stroke/Death

Stroke or Death after CEA for Symptomatic Patients by Region Across VQI
(Jan-Dec 2023)



Rates shown are among cases with complete data.

Pacific Northwest Regional Report

CEA SYMP: Postop LOS>1 Day

Procedures performed between January 1 and December 31, 2023

Includes Carotid Endarterectomy (CEA) procedures performed on symptomatic patients. Symptomatic patients are patients with an ipsilateral retinal or cortical TIA or stroke within 180 days prior to surgery. Excludes any patient with prior vertebrobasilar or non-specific TIA or stroke, prior ipsilateral CEA or CAS, or any procedure with a concomitant CABG, proximal endovascular, distal endovascular, or “Other” arterial procedure. Procedures where in-hospital death occurred with postoperative LOS \leq 1 day, or procedures with an unrelated return to the OR, are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

The table below gives the number of CEA procedures (performed on symptomatic patients) meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>1 Day for those cases.

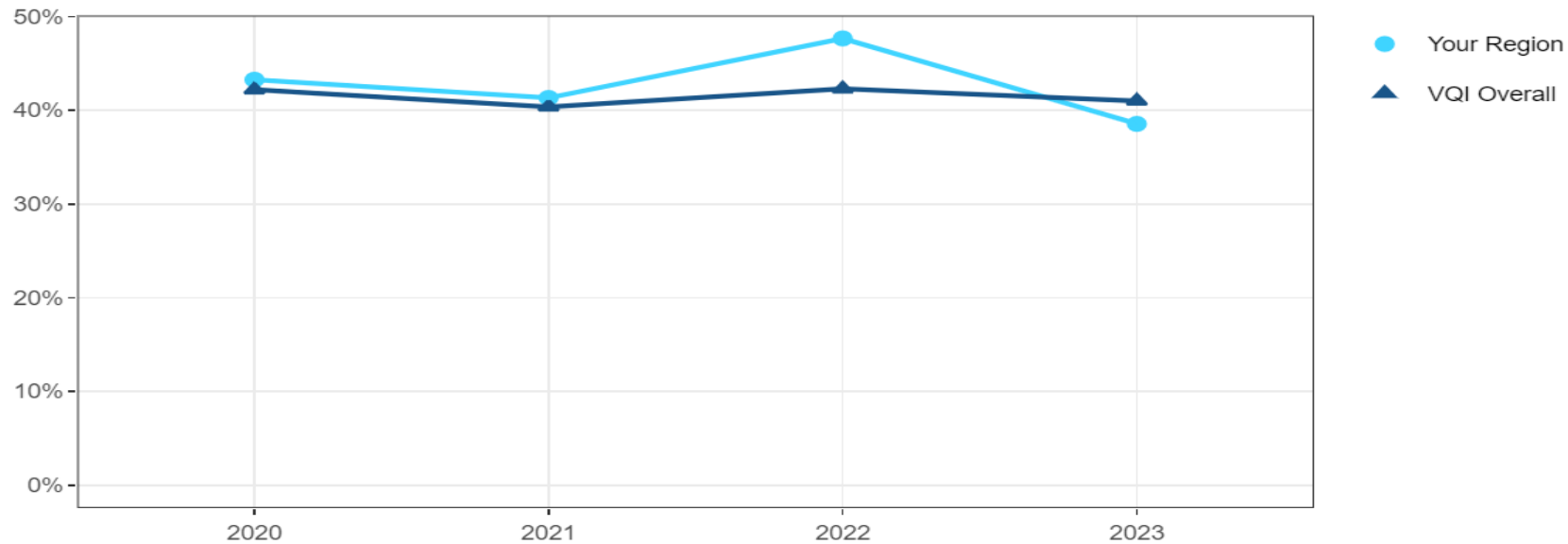
	Your Region	VQI Overall
Number of CEA procedures meeting inclusion criteria	306	5486
Observed rate of LOS>1 day among procedures meeting inclusion criteria	38.6%	41%
Number of procedures with complete data*	296	5220
Observed rate of LOS>1 day among cases with complete data	38.5%	40.9%
Expected Rate of LOS>1 day among cases with complete data	38.1%	NA
P-value for comparison of observed and expected rates	0.9	NA

*“Expected rate” is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. “Cases with complete data” include patients who have data on all of those factors.

Pacific Northwest Regional Report

CEA SYMP: Postop LOS>1 Day

Postop LOS>1 Day after CEA for Symptomatic Patients by Year

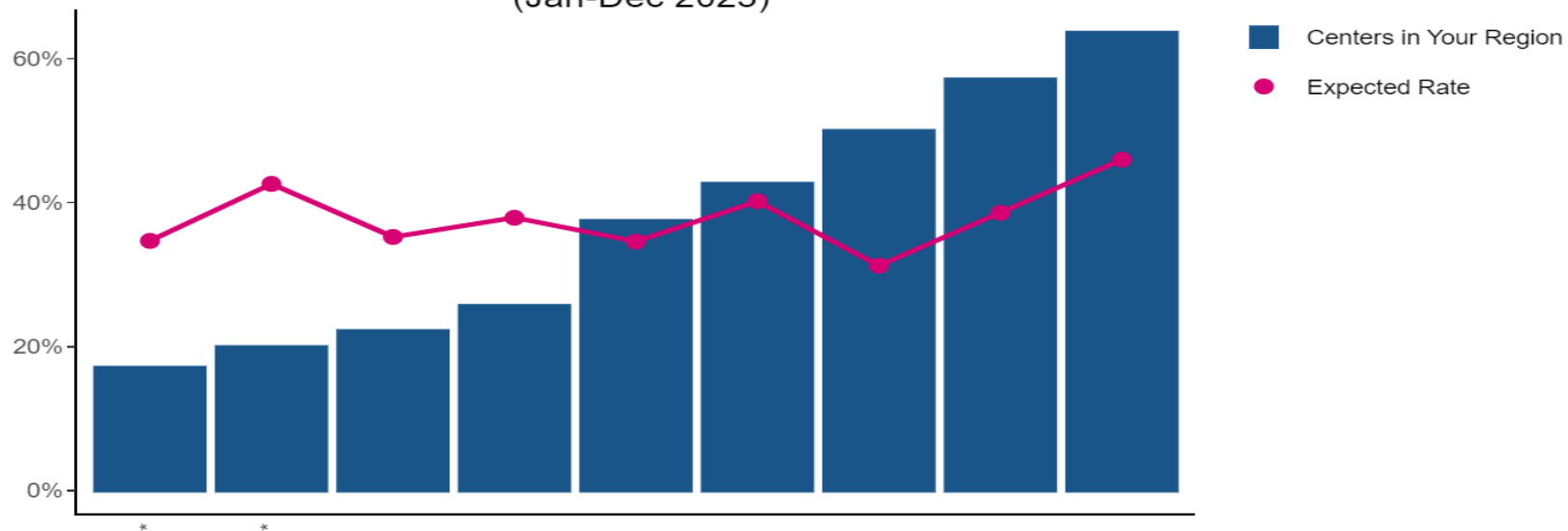


Rates shown are observed rates among cases meeting inclusion criteria.

Pacific Northwest Regional Report

CEA SYMP: Postop LOS>1 Day

Postop LOS>1 Day after CEA for Symptomatic Patients in Your Region
(Jan-Dec 2023)



Centers (centers with <10 complete cases not shown)

9 of 14 centers displayed

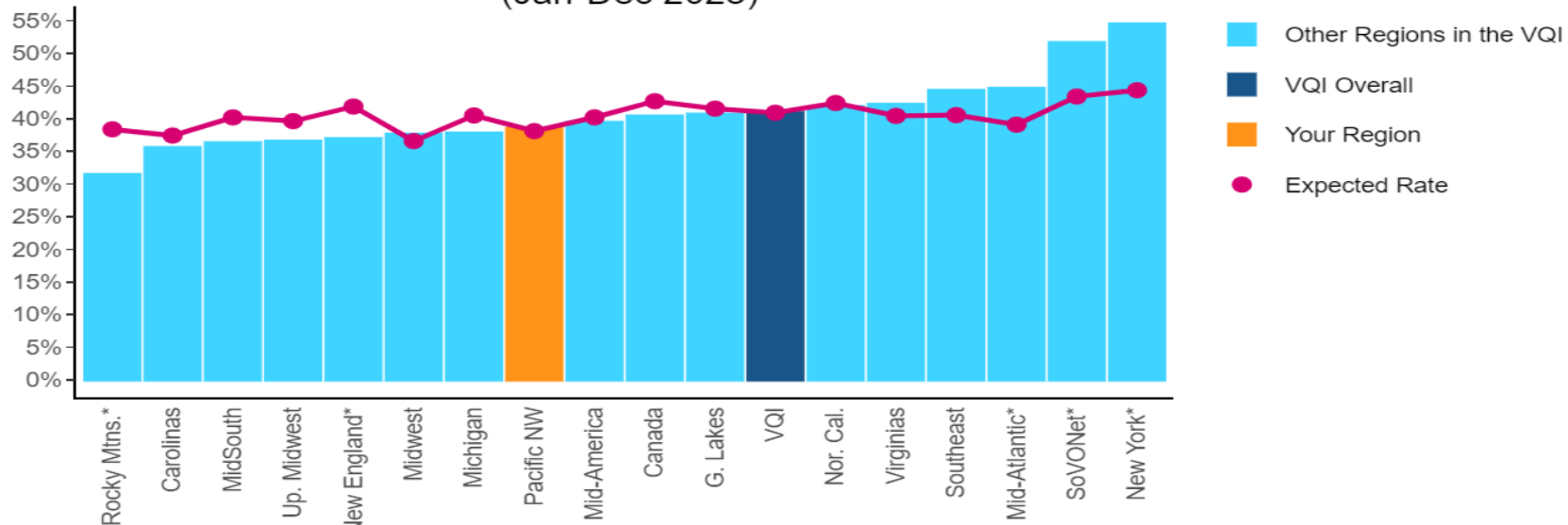
Rates shown are among cases with complete data.

“*” Indicates center’s observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

CEA SYMP: Postop LOS>1 Day

Postop LOS>1 Day after CEA for Symptomatic Patients by Region Across VQI (Jan-Dec 2023)



Regions (regions with <3 centers with <10 complete cases not shown)

Rates shown are among cases with complete data.

“*” Indicates region’s observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

EVAR: Postop LOS>2 Days

Procedures performed between January 1 and December 31, 2023

Includes *elective* Endovascular AAA Repair (EVAR) procedures. Excludes any procedure with ruptured aneurysm. Procedures where in-hospital death occurred with postoperative LOS \leq 2 days are also excluded. Postoperative LOS is based on the midnight rule used for hospital billing.

The table below gives the number of EVAR procedures meeting the inclusion criteria, and the observed and expected rates of postoperative LOS>2 Days for those cases.

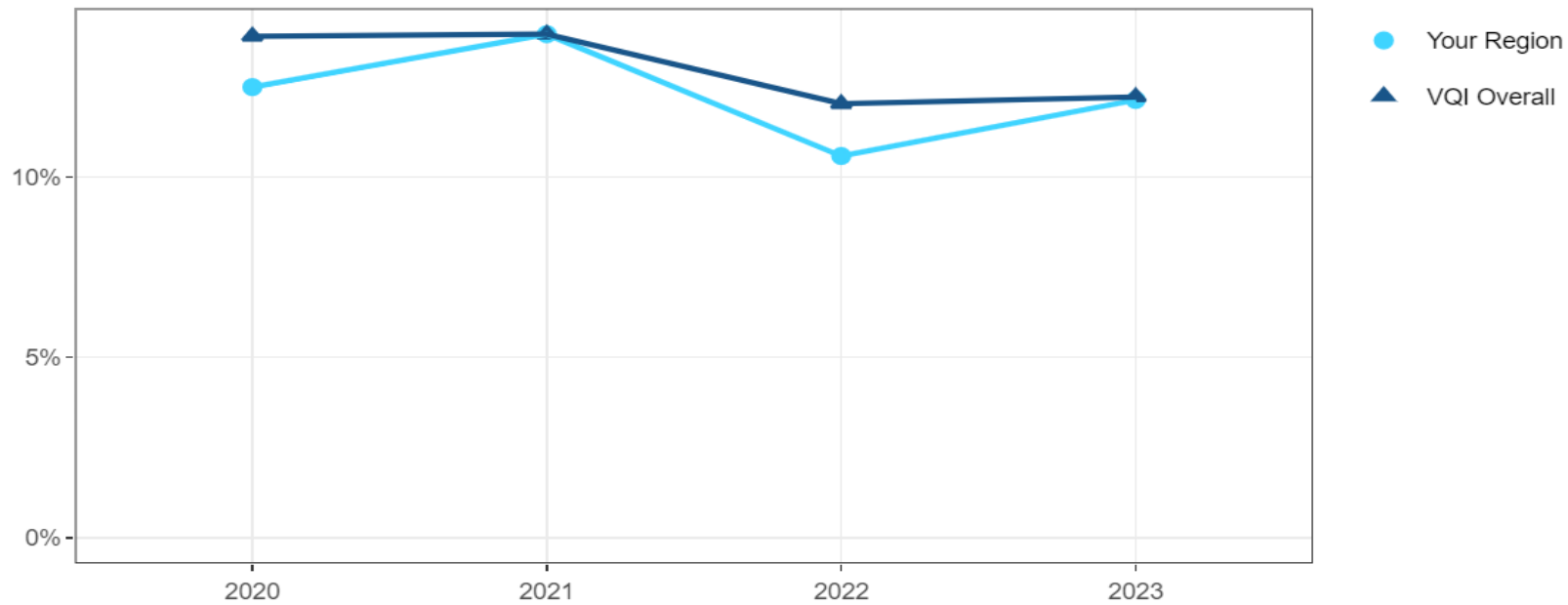
	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria	280	7090
Observed rate of LOS>2 days among procedures meeting inclusion criteria	12.1%	12.2%
Number of procedures with complete data*	208	6487
Observed rate of LOS>2 days among cases with complete data	12.5%	12.3%
Expected Rate of LOS>2 days among cases with complete data	13.5%	NA
P-value for comparison of observed and expected rates	0.76	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Pacific Northwest Regional Report

EVAR: Postop LOS>2 Days

Postop LOS>2 Days after EVAR by Year

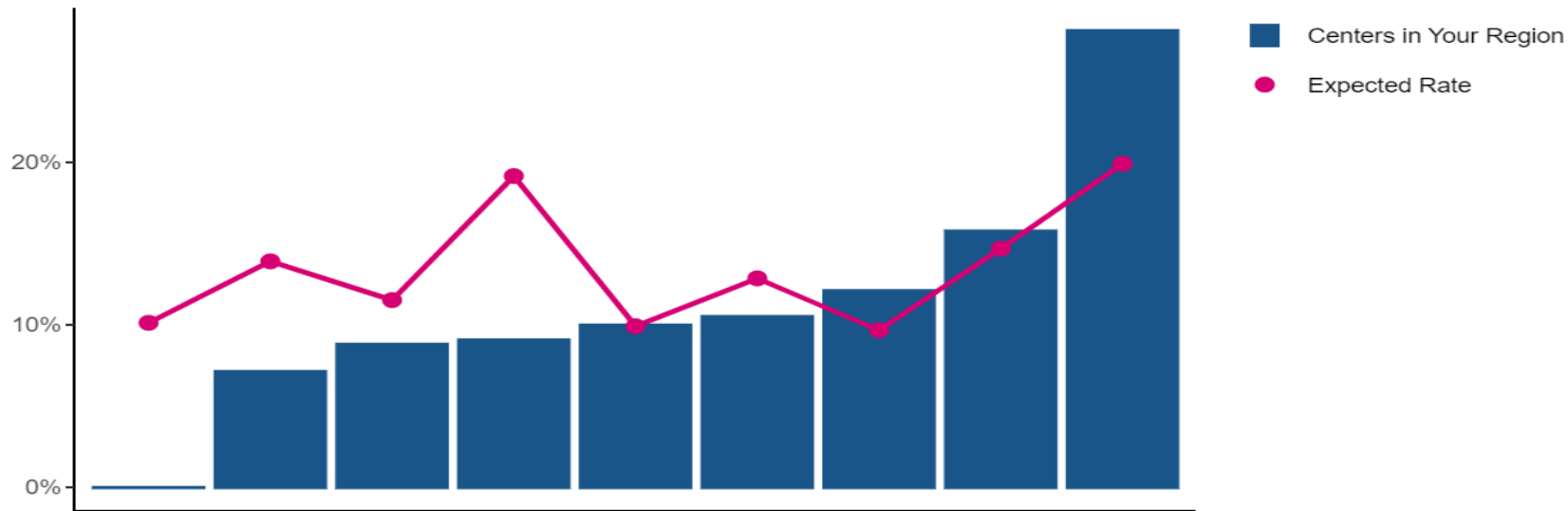


Rates shown are observed rates among cases meeting inclusion criteria.

Pacific Northwest Regional Report

EVAR: Postop LOS>2 Days

Postop LOS>2 Days after EVAR in Your Region (Jan-Dec 2023)



Centers (centers with <10 complete cases not shown)

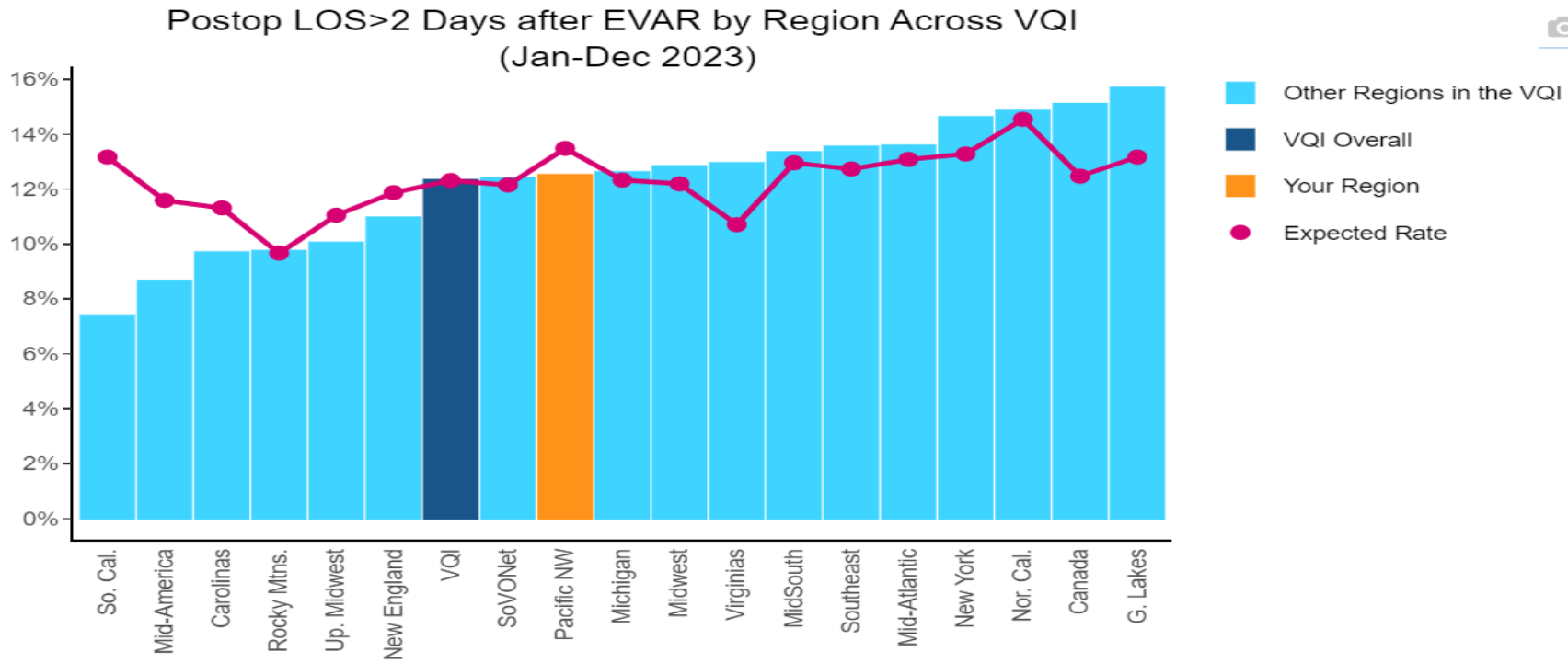
9 of 11 centers displayed

Rates shown are among cases with complete data.

“*” Indicates center’s observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

EVAR: Postop LOS>2 Days



Regions (regions with <3 centers with <10 complete cases not shown)

Rates shown are among cases with complete data.

*** Indicates region's observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

EVAR: Sac Diameter Reporting

Procedures performed between January 1 and December 31, 2021

Includes Endovascular AAA Repair (EVAR) procedures. Excludes patients who were converted to open or died within 21 months of surgery.

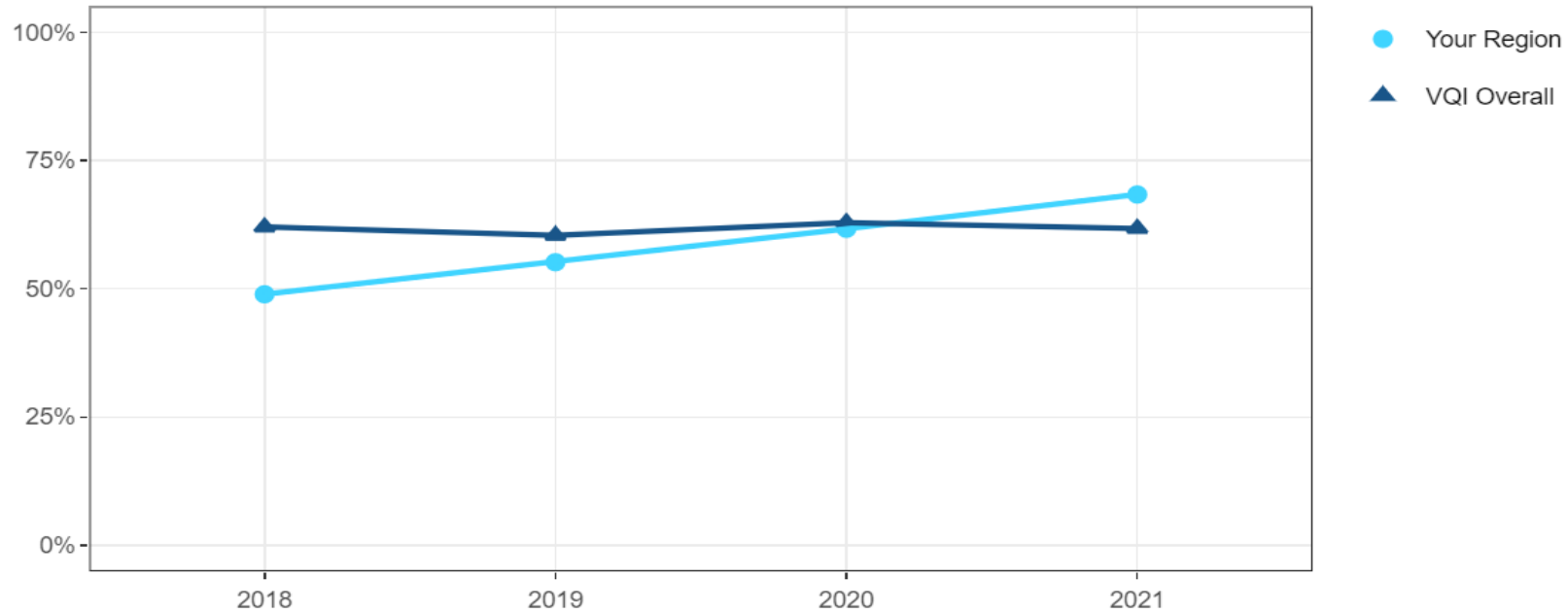
The table below gives the number of EVAR procedures meeting the inclusion criteria, and the percentage of those procedures where a sac diameter was reported between 9 and 21 months post-procedure.

	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria	345	7338
Percentage with sac diameter reported between 9 and 21 months post-procedure	68.4%	61.8%

Pacific Northwest Regional Report

EVAR: Sac Diameter Reporting

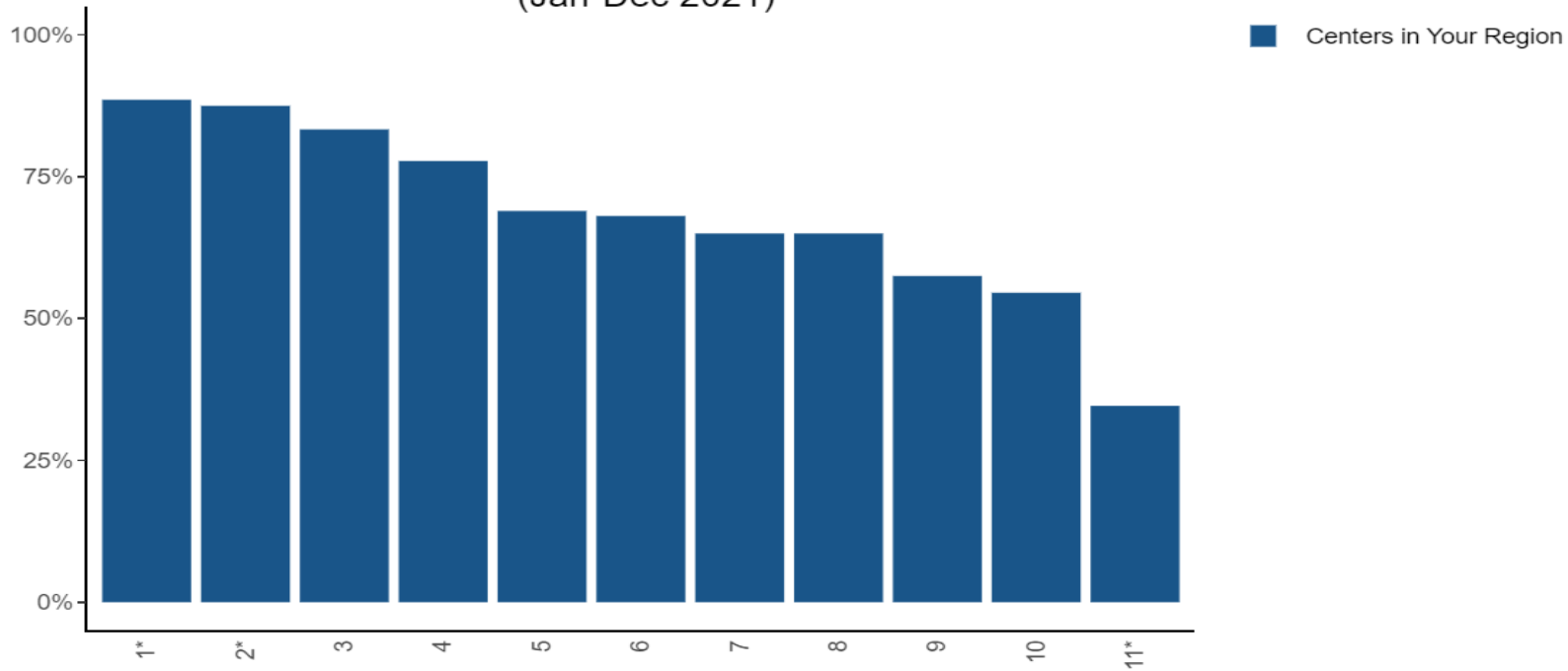
EVAR Sac Diameter Reporting by Year



Pacific Northwest Regional Report

EVAR: Sac Diameter Reporting

EVAR Sac Diameter Reporting in Your Region
(Jan-Dec 2021)



Centers (centers with <10 cases not shown)

11 of 13 centers displayed

* Indicates center's rate differs significantly from the regional rate.

Pacific Northwest Regional Report

EVAR: Sac Diameter Reporting

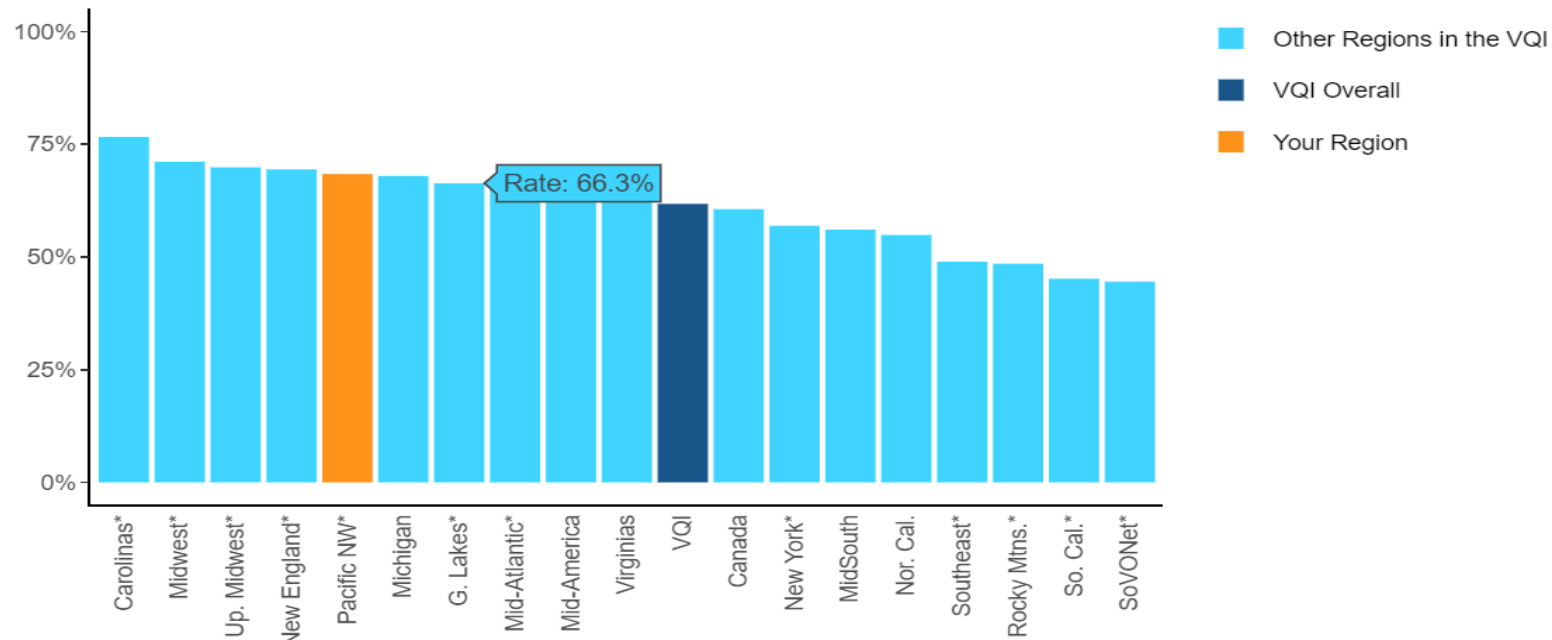
EVAR Sac Diameter Unblinding Legend for Your Region

Index	Medical Center Name	Rate
1	Salem Health	88.6%
2	Silverdale - St. Michael Medical Center	87.5%
3	St. Patrick Hospital	83.3%
4	Providence St. Peter Hospital	77.8%
5	Tacoma - St. Joseph Medical Center	69.0%
6	MultiCare Tacoma General Hospital	68.1%
7	Swedish First Hill	65.0%
8	Kadlec Regional Medical Center	65.0%
9	Providence Regional Medical Center Everett	57.5%
10	Harborview Medical Center	54.5%
11	MultiCare Deaconess Hospital	34.6%

Pacific Northwest Regional Report

EVAR: Sac Diameter Reporting

EVAR Sac Diameter Reporting by Region Across VQI (Jan-Dec 2021)



Regions (regions with <3 centers with at least 10 cases not shown)

*** Indicates region's rate differs significantly from the VQI rate.

Pacific Northwest Regional Report

EVAR: SVS AAA Diameter Guideline

Procedures performed between January 1 and December 31, 2023

Includes Endovascular AAA Repair (EVAR) procedures. Excludes any non-elective procedure. SVS AAA diameter guideline is ≥ 5 cm for Women and ≥ 5.5 cm for men. If the patient has any iliac aneurysm, the guideline is considered met regardless of AAA diameter.

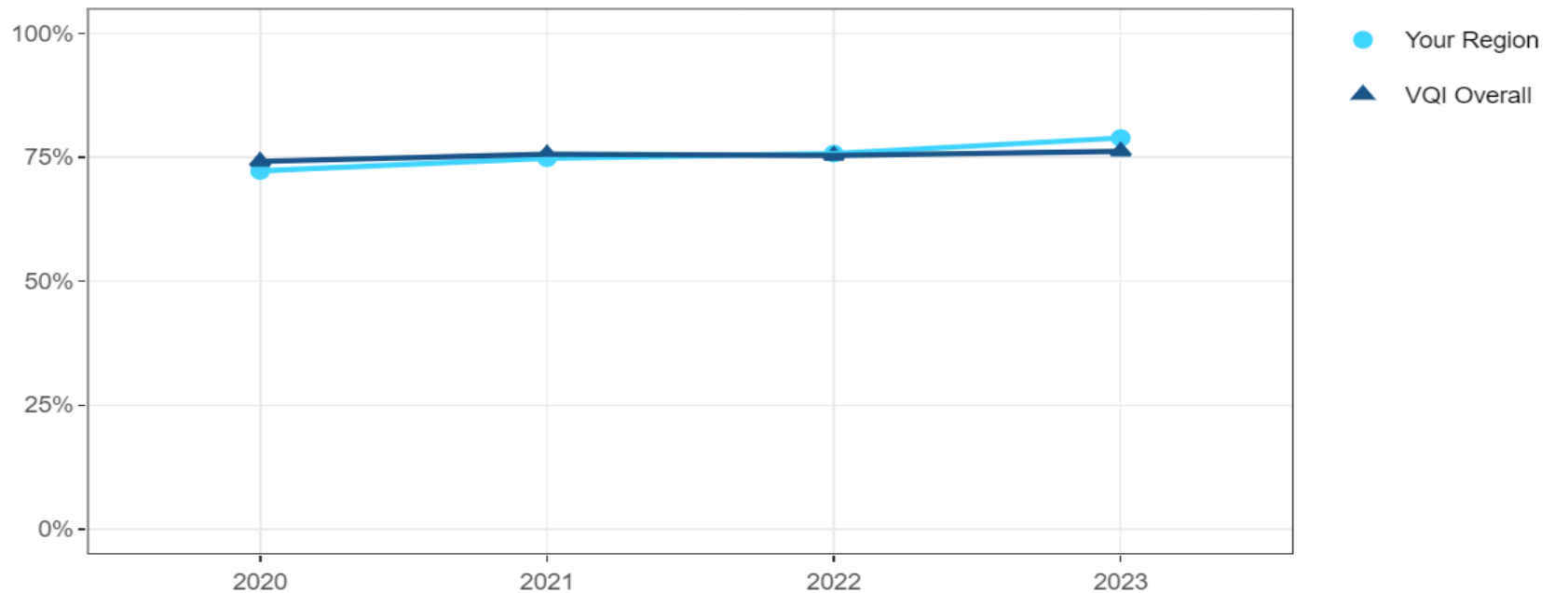
The table below gives the number of EVAR procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS AAA diameter guideline.

	Your Region	VQI Overall
Number of EVAR procedures meeting inclusion criteria	280	7022
Percentage meeting SVS AAA diameter guideline	78.9%	76.3%

Pacific Northwest Regional Report

EVAR: SVS AAA Diameter Guideline

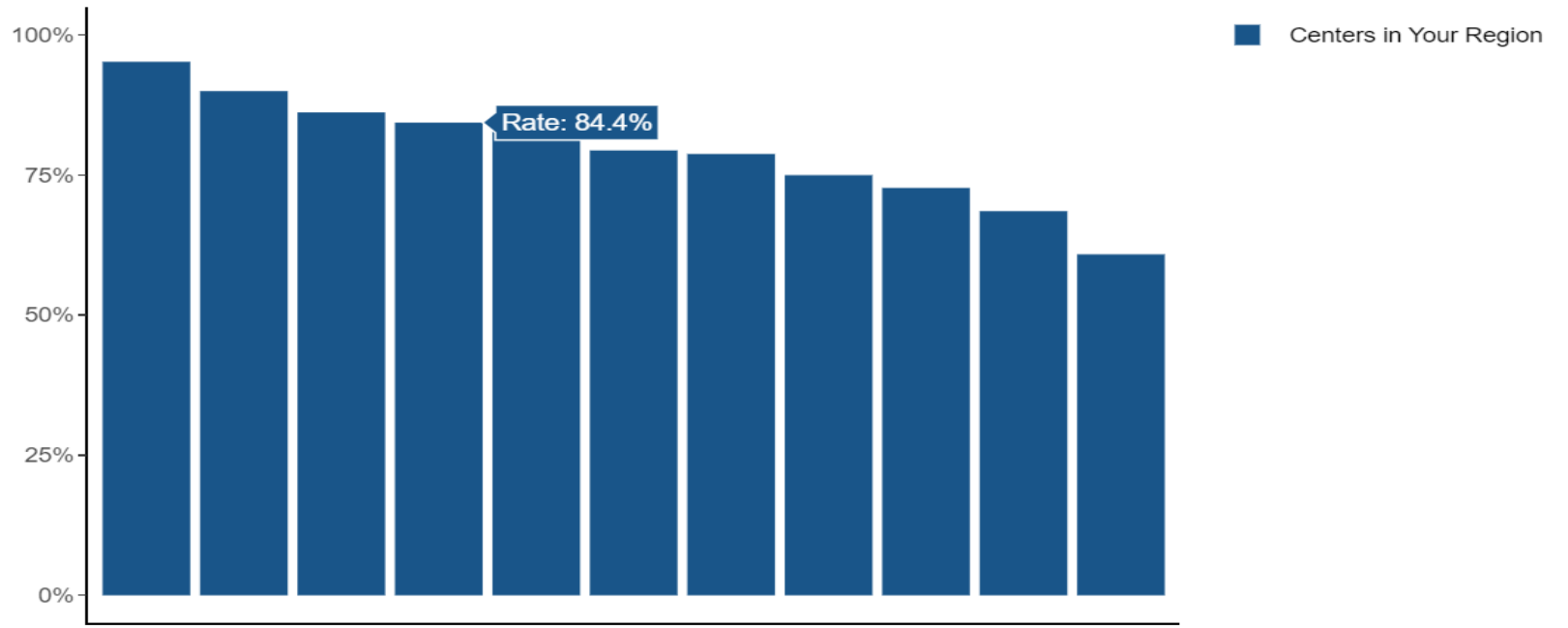
EVAR SVS AAA Diameter Guideline by Year



Pacific Northwest Regional Report

EVAR: SVS AAA Diameter Guideline

EVAR SVS AAA Diameter Guideline in Your Region (Jan-Dec 2023)



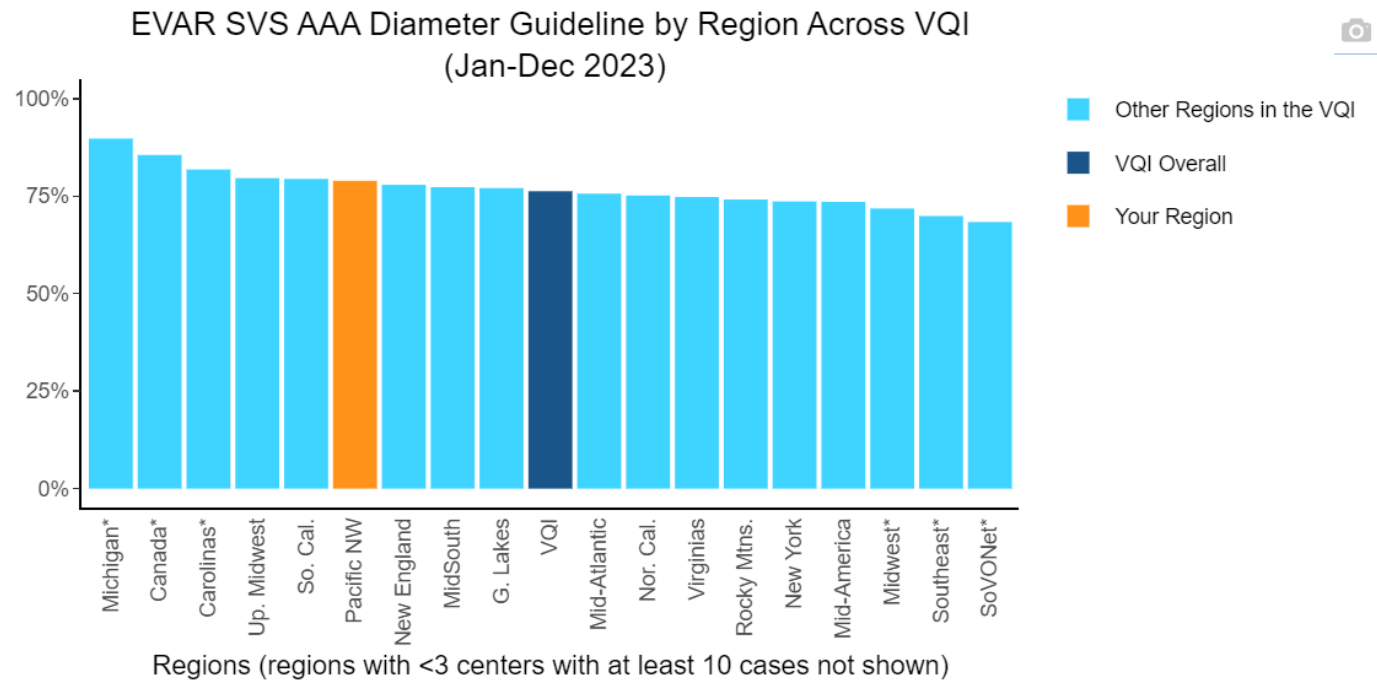
Centers (centers with <10 cases not shown)

11 of 11 centers displayed

“*” Indicates center’s rate differs significantly from the regional rate.

Pacific Northwest Regional Report

EVAR: SVS AAA Diameter Guideline



*** Indicates region's rate differs significantly from the VQI rate.

Pacific Northwest Regional Report

TEVAR: Sac Diameter Reporting

Procedures performed between January 1 and December 31, 2021

Includes Thoracic Endovascular Aortic Repair (TEVAR) procedures for aneurysm or aneurysm from dissection. Excludes procedures where no aortic device was implanted or patients who were converted to open or died within 21 months of surgery.

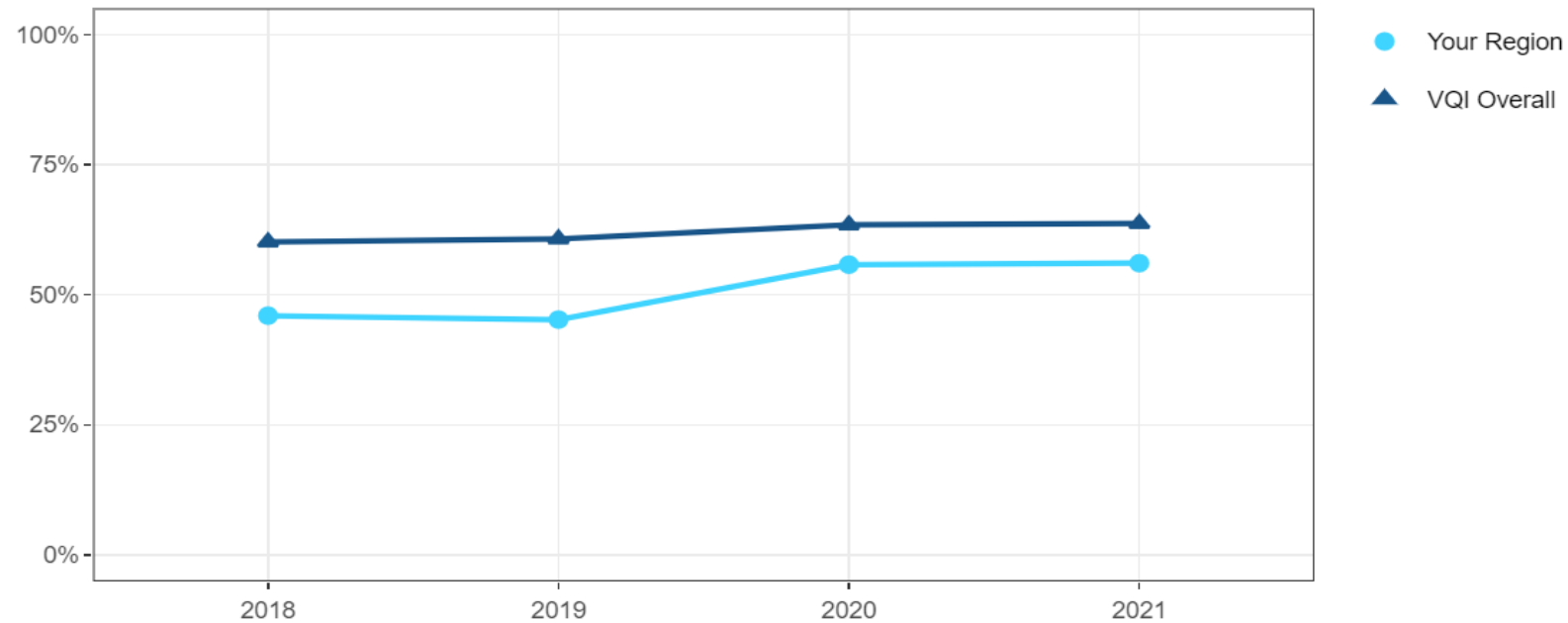
The table below gives the number of TEVAR procedures meeting the inclusion criteria, and the percentage of those procedures where a sac diameter was reported between 9 and 21 months post-procedure.

	Your Region	VQI Overall
Number of TEVAR procedures meeting inclusion criteria	41	1629
Percentage with sac diameter reported between 9 and 21 months post-procedure	56.1%	63.7%

Pacific Northwest Regional Report

TEVAR: Sac Diameter Reporting

TEVAR Sac Diameter Reporting by Year



Pacific Northwest Regional Report

OAAA: In-Hospital Mortality

Procedures performed between January 1, 2020 and December 31, 2023

Includes Open AAA (OAAA) procedures. Excludes any patient with a ruptured aneurysm.

The table below gives the number of OAAA procedures meeting the inclusion criteria, and the observed and expected rates of in-hospital death for those cases.

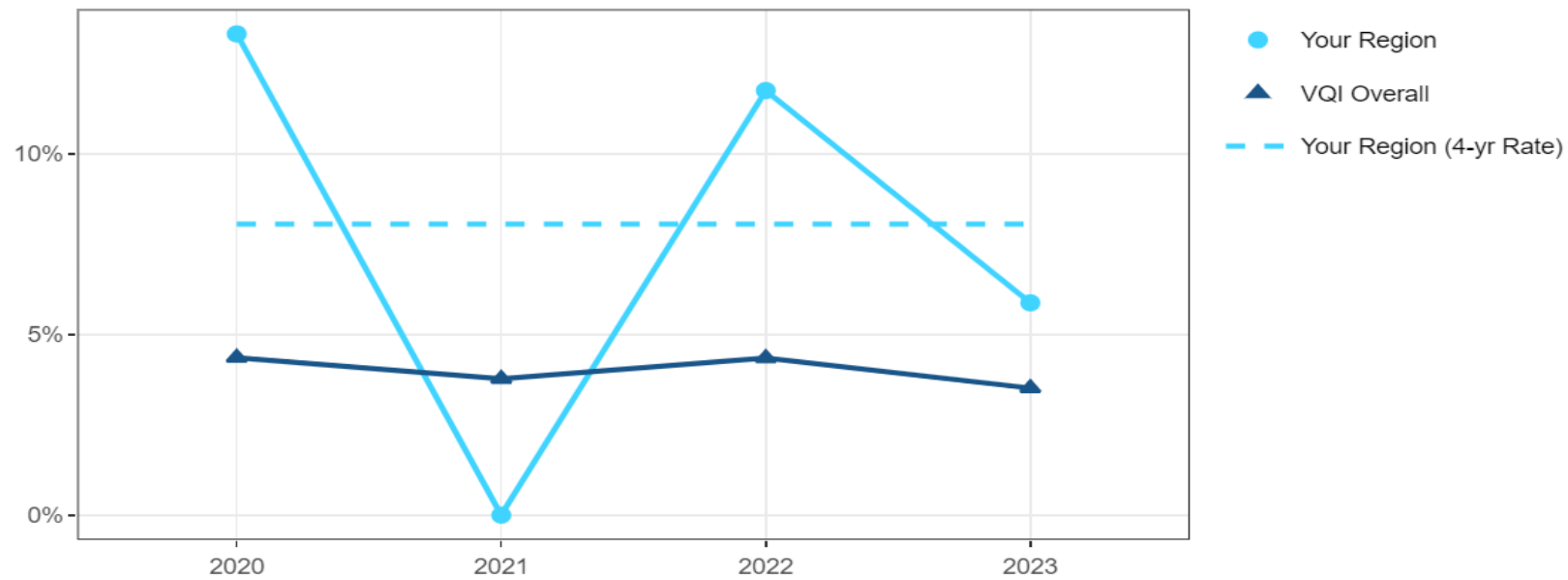
	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria	124	4821
Observed rate of In-Hospital Mortality among procedures meeting inclusion criteria	8.1%	4%
Number of procedures with complete data*	115	4536
Observed rate of In-Hospital Mortality among cases with complete data	7.8%	3.6%
Expected Rate of In-Hospital Mortality among cases with complete data	4%	NA
P-value for comparison of observed and expected rates	0.05	NA

*"Expected rate" is the rate estimated by a statistical model that accounts for patient characteristics, including age, gender, race, BMI, comorbidities, medication and stroke and vascular history. "Cases with complete data" include patients who have data on all of those factors.

Pacific Northwest Regional Report

OAAA: In-Hospital Mortality

In-Hospital Death after OAAA by Year

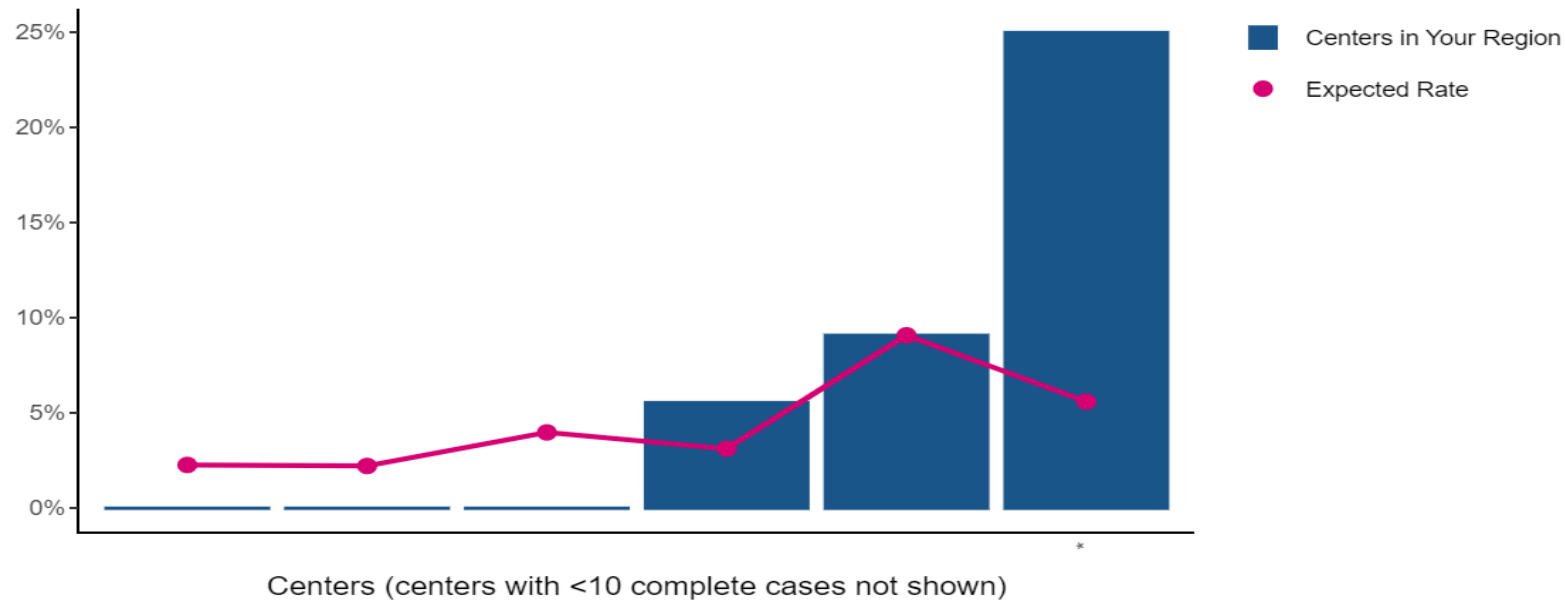


Rates shown are observed rates among cases meeting inclusion criteria.

Pacific Northwest Regional Report

OAAA: In-Hospital Mortality

In-Hospital Death after OAAA in Your Region (Jan 2020-Dec 2023)



Centers (centers with <10 complete cases not shown)
6 of 12 centers displayed

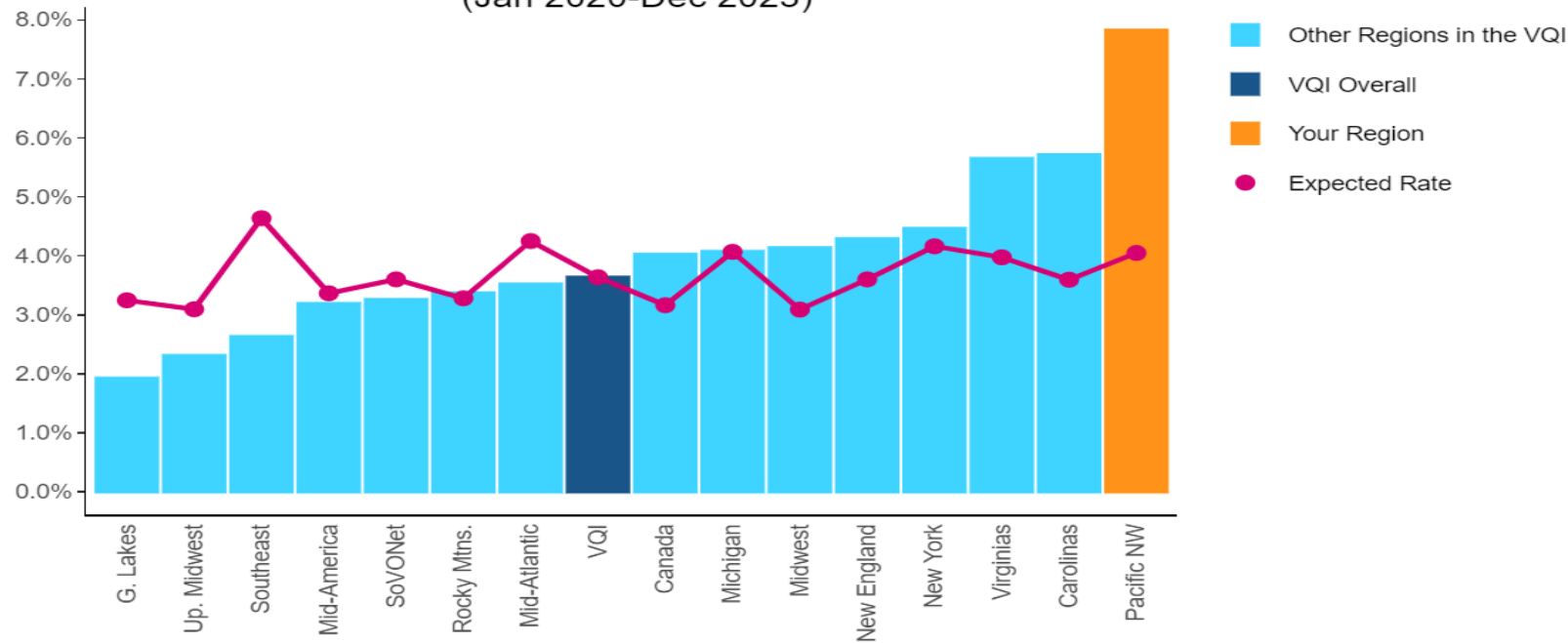
Rates shown are among cases with complete data.

“*” Indicates center’s observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

OAAA: In-Hospital Mortality

In-Hospital Death after OAAA by Region Across VQI
(Jan 2020-Dec 2023)



Regions (regions with <3 centers with <10 complete cases not shown)

Rates shown are among cases with complete data.

“**” Indicates region’s observed rate differs significantly from its expected rate

Pacific Northwest Regional Report

OAAA: SVS Cell-Saver Guideline

Procedures performed between January 1, 2020 and December 31, 2023

Includes Open AAA (OAAA) procedures. Excludes any patient with EBL≤500 ml. SVS cell-saver guideline is met if cell salvage or ultrafiltration device was used.

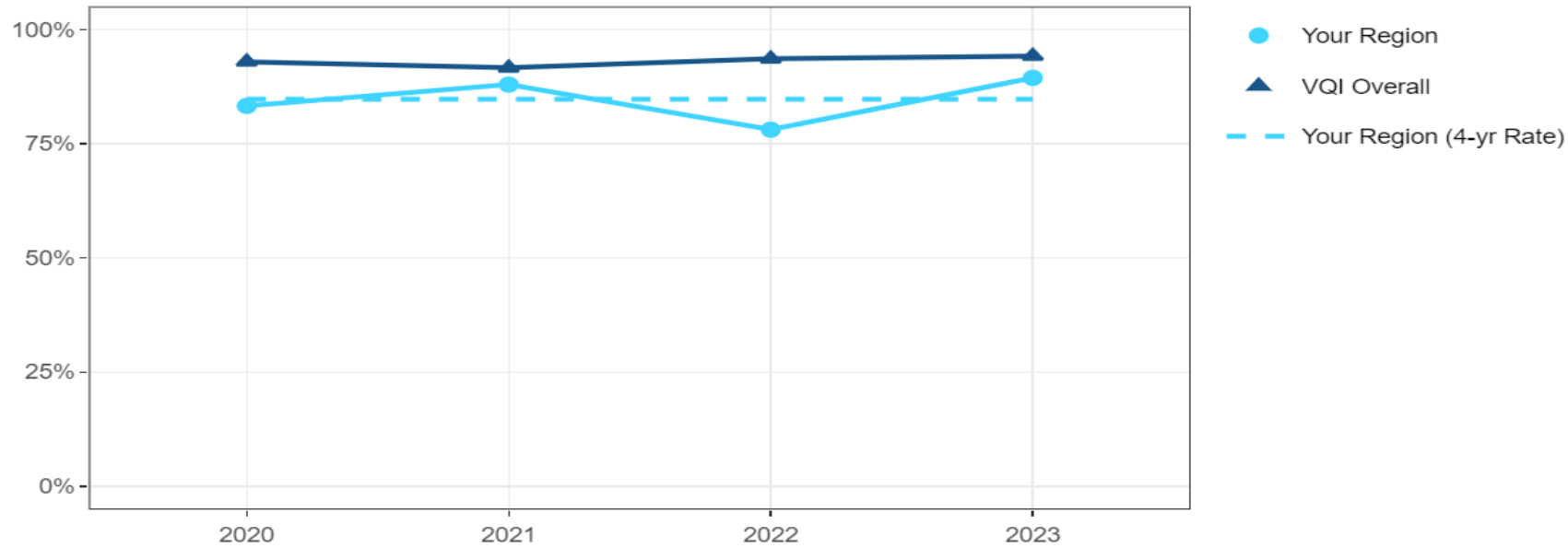
The table below gives the number of OAAA procedures meeting the inclusion criteria, and the percentage of those procedures meeting the SVS cell-saver guideline.

	Your Region	VQI Overall
Number of OAAA procedures meeting inclusion criteria	125	4840
Percentage meeting SVS cell-saver guideline	84.8%	93.2%

Pacific Northwest Regional Report

OAAA: SVS Cell-Saver Guideline

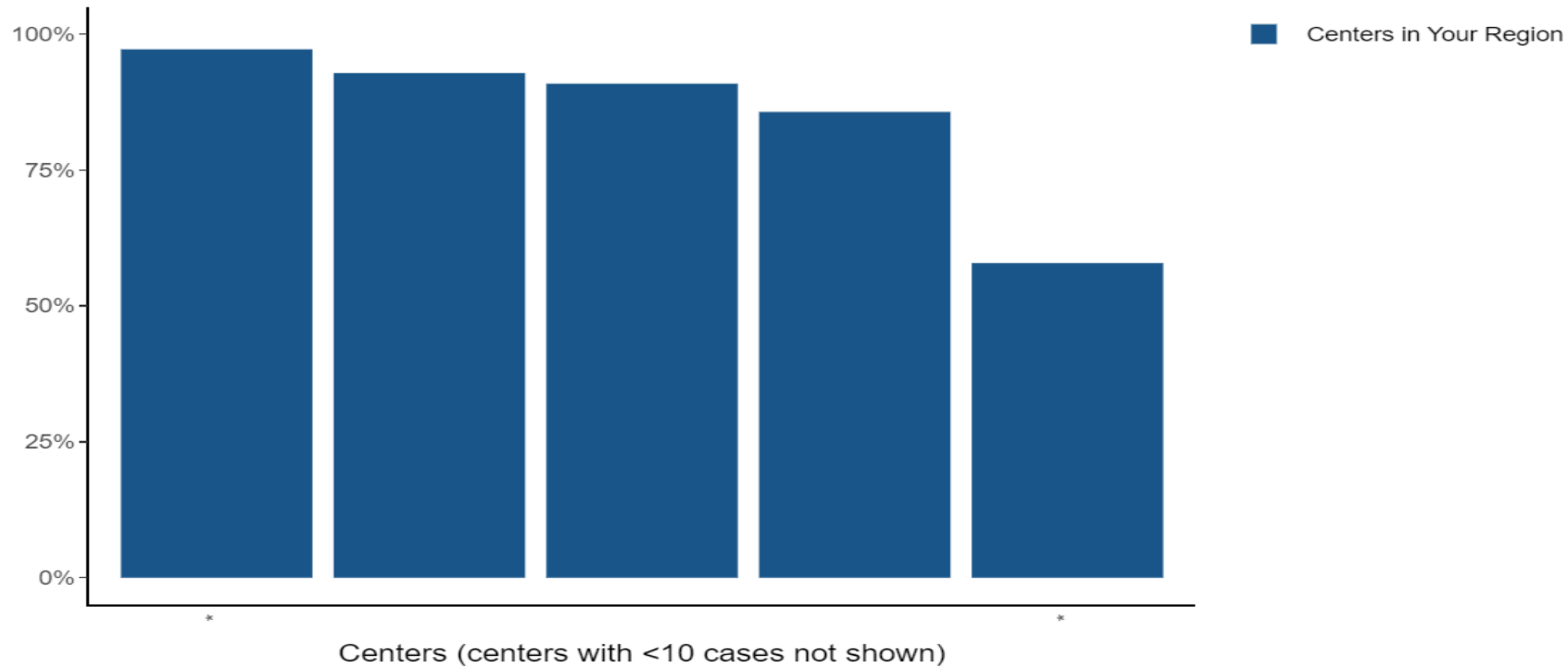
OAAA Cell-Saver Guideline by Year



Pacific Northwest Regional Report

OAAA: SVS Cell-Saver Guideline

OAAA Cell-Saver Guideline in Your Region (Jan 2020-Dec 2023)



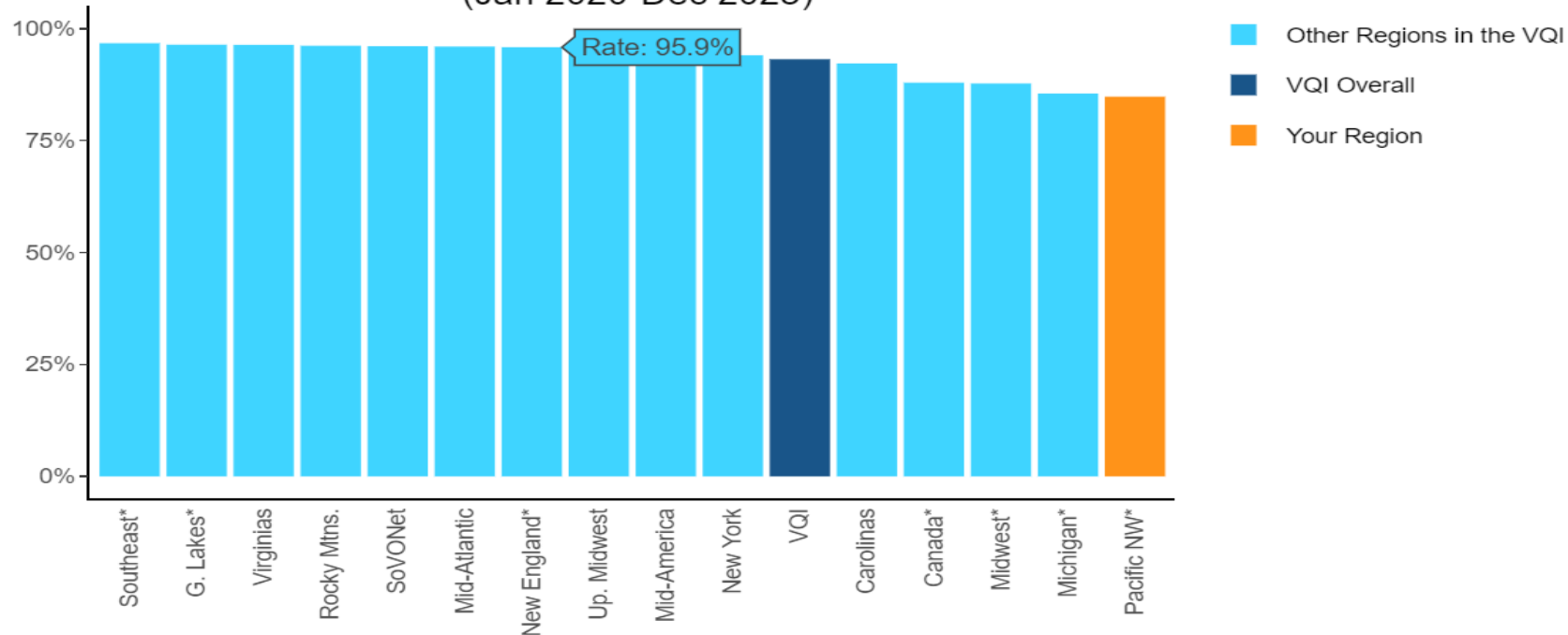
5 of 12 centers displayed

“*” Indicates center’s rate differs significantly from the regional rate.

Pacific Northwest Regional Report

OAAA: SVS Cell-Saver Guideline

OAAA Cell-Saver Guideline by Region Across VQI
(Jan 2020-Dec 2023)



Regions (regions with <3 centers with at least 10 cases not shown)

“**” Indicates region’s rate differs significantly from the VQI rate.

Pacific Northwest Regional Report

PVI CLAUD: ABI/Toe Pressure

Procedures performed between January 1 and December 31, 2023

Includes Peripheral Vascular Intervention (PVI) procedures for mild, moderate, or severe claudication. “ABI/Toe Pressure Assessment” indicates at least one ABI or toe pressure assessment was made prior to PVI for the side of the procedure, or on both sides for bilateral and aortic procedures.

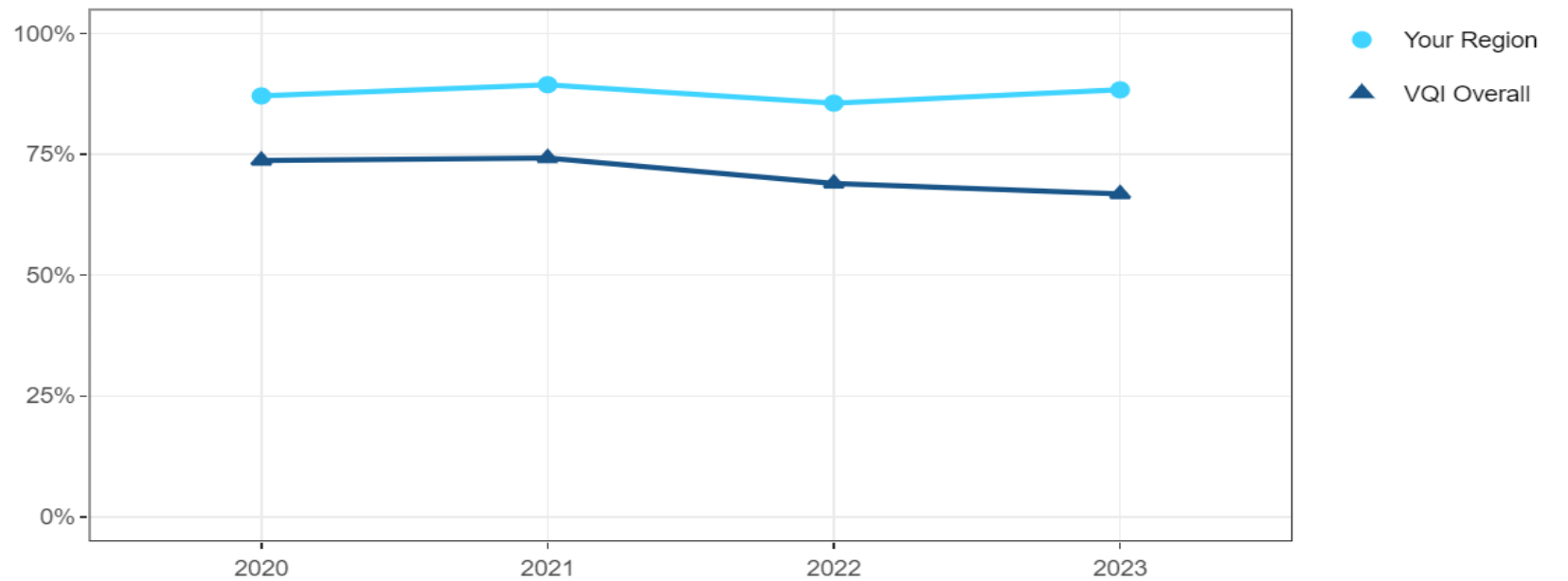
The table below gives the number of PVI procedures meeting the inclusion criteria, and the percentage of those procedures in which an ABI or toe pressure was assessed prior to PVI.

	Your Region	VQI Overall
Number of PVI procedures meeting inclusion criteria	379	17331
Percentage with ABI/toe pressure assessment	88.4%	66.8%

Pacific Northwest Regional Report

PVI CLAUD: ABI/Toe Pressure

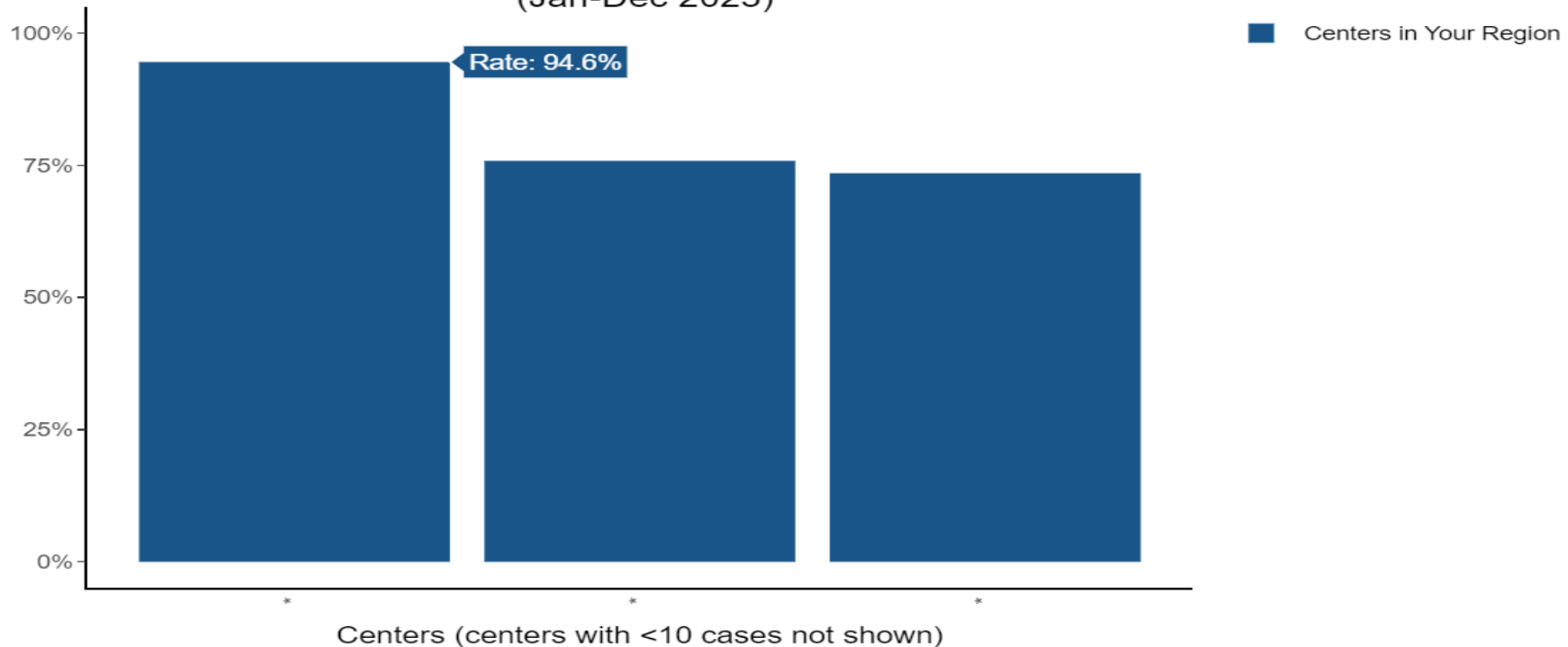
ABI/Toe Pressure Assessment before PVI for Claudication by Year



Pacific Northwest Regional Report

PVI CLAUD: ABI/Toe Pressure

ABI/Toe Pressure Assessment before PVI for Claudication in Your Region
(Jan-Dec 2023)



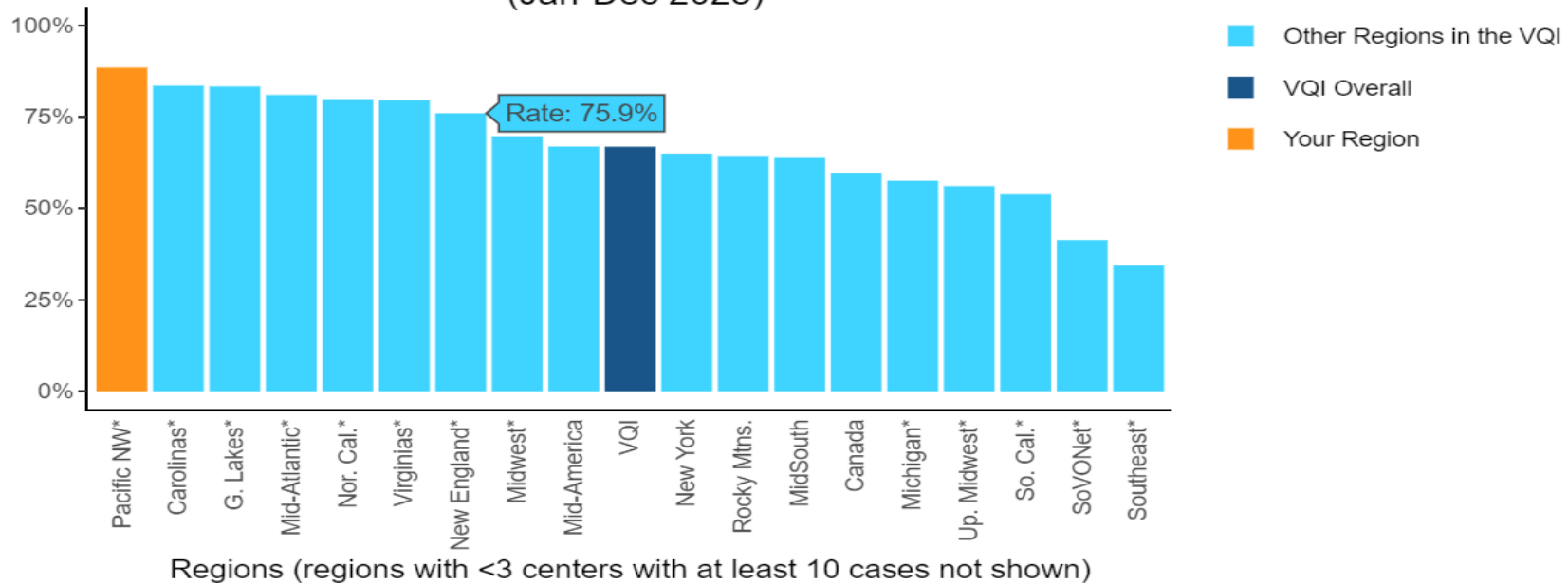
3 of 3 centers displayed

“*” Indicates center’s rate differs significantly from the regional rate.

Pacific Northwest Regional Report

PVI CLAUD: ABI/Toe Pressure

ABI/Toe Pressure Assessment before PVI for Claudication by Region Across VQI (Jan-Dec 2023)



** Indicates region's rate differs significantly from the VQI rate.

Pacific Northwest Regional Report

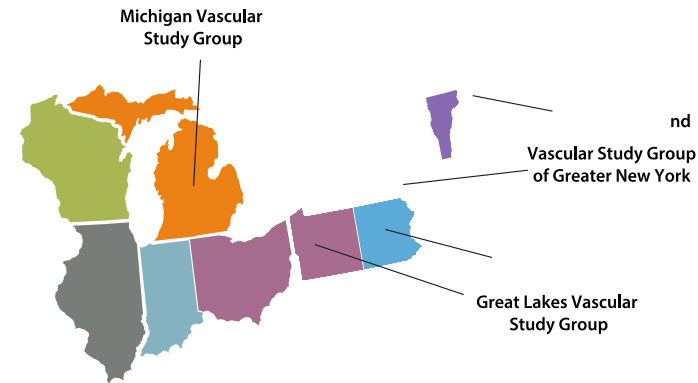
Report	Included Cases	Centers with Included Cases	Centers with at least 10 Included Cases	Complete Cases	Centers with Complete Cases	Centers with at least 10 Complete Cases
Procedure Volume	3299	33	30			
Procedure Volume, All Years	28084	39	37			
Long-Term Follow-up	2554	31	31			
Discharge Medications	2923	32	27			
Preop Smoking	2602	32	28			
Smoking Cessation	461	28	12			
TFEM CAS ASYMP: Stroke/Death	44	11	1	43	11	1
TFEM CAS SYMP: Stroke/Death	108	10	4	107	10	4
TCAR ASYMP: Stroke/Death	353	26	14	304	26	12
TCAR SYMP: Stroke/Death	287	25	10	274	25	10
CEA ASYMP: Stroke/Death	360	15	11	337	15	10
CEA ASYMP: Postop LOS>1 Day	359	15	11	336	15	10
CEA SYMP: Stroke/Death	306	14	9	296	14	9
CEA SYMP: Postop LOS>1 Day	306	14	9	296	14	9
EVAR: Postop LOS>2 Days	280	11	11	208	11	9
EVAR: Sac Diameter Reporting	345	13	11			
EVAR: SVS AAA Diameter Guideline	280	11	11			
TEVAR: Sac Diameter Reporting	41	4	1			
OAAA: In-Hospital Mortality	124	12	7	115	12	6
OAAA: SVS Cell-Saver Guideline	125	12	5			
PVI CLAUD: ABI/Toe Pressure	379	3	3			
INFRA: ABI/Toe Pressure	107	2	2			
INFRA CLAUD: RTOR	19	2	1			
INFRA CLTI: RTOR	58	2	2			
INFRA CLTI: Wifi	36	2	2			
SUPRA: ABI/Toe Pressure	51	2	2			
SUPRA CLAUD: RTOR	19	2	1			
SUPRA CLTI: RTOR	24	2	2			
SUPRA CLTI: Wifi	5	2	0			
LEAMP: Postop Complications	98	2	2			
HDA: Primary AVF vs. Graft	73	1	1			
HDA: Ultrasound Vein Mapping	92	2	1			
HDA: Postop Complications	92	2	1			
IVCF: Filter Retrieval Reporting	7	1	0			

VQI National Update

Melissa Latus, RN
Clinical Operations Project Manager,
SVS PSO

VQI Participation

Canadian Vascular Quality Initiative



(VOICE)

AK

HI

Puerto Rico

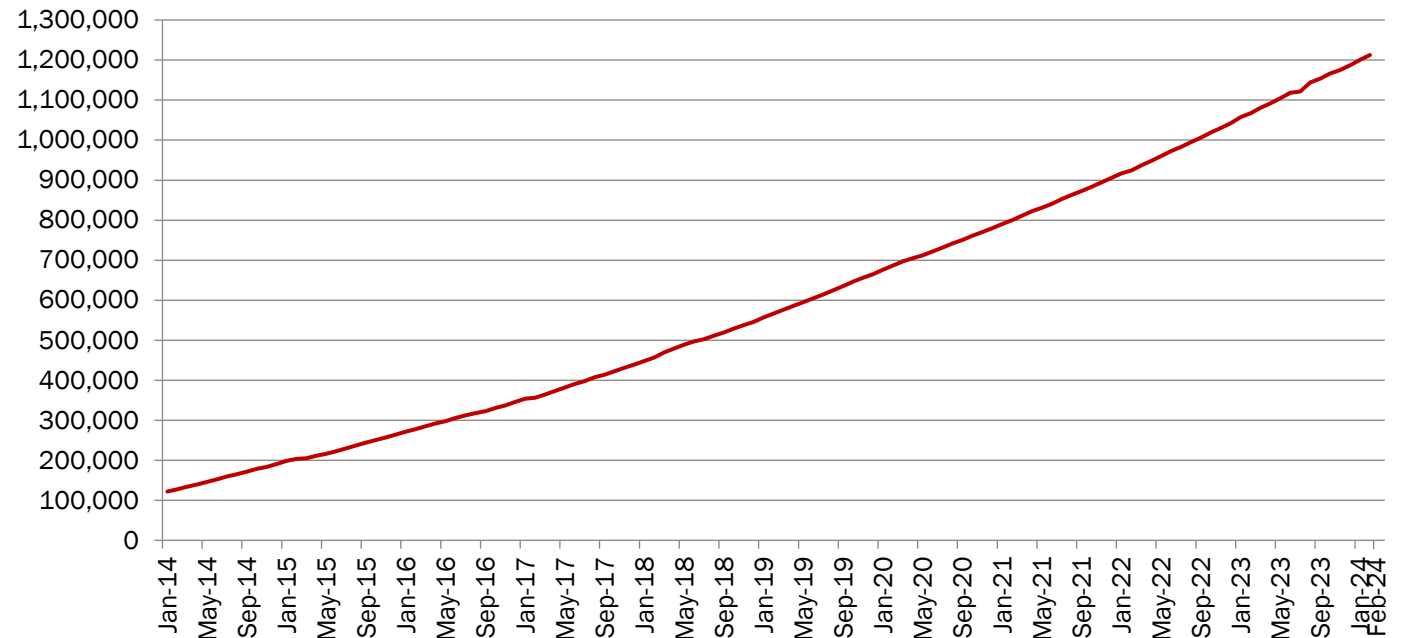
Regional Breakdown

- Canadian Vascular Quality Initiative | 7 Centers
- Carolinas Vascular Quality Group | 42 Centers
- Great Lakes Vascular Study Group | 64 Centers
- Michigan Vascular Study Group | 37 Centers
- Mid-America Vascular Study Group | 74 Centers
- Mid-Atlantic Vascular Study Group | 96 Centers
- MidSouth Vascular Study Group | 27 Centers
- Midwest Vascular Collaborative | 49 Centers
- Northern California Vascular Study Group | 27 Centers
- Pacific NW Vascular Study Group | 39 Centers
- Rocky Mountain Vascular Quality Initiative | 57 Centers
- Southeastern Vascular Study Group | 142 Centers
- Southern California VOICE | 41 Centers
- Southern Vascular Outcomes Network | 117 Centers
- Upper Midwest Vascular Network | 66 Centers
- Vascular Study Group of Greater New York | 47 Centers
- Vascular Study Group of New England | 53 Centers
- Virginias Vascular Study Group | 44 Centers
- Singapore | 1 Center
- TOTAL CENTERS | 1,032 Centers**

Procedures Captured

TOTAL PROCEDURES CAPTURED	
(as of 3/1/2024)	
	1,212,826
Peripheral Vascular Intervention	421,309
Carotid Endarterectomy	211,850
Infra-Inguinal Bypass	87,781
Endovascular AAA Repair	88,167
Hemodialysis Access	81,652
Carotid Artery Stent	123,237
Varicose Vein	65,538
Supra-Inguinal Bypass	27,797
Thoracic and Complex EVAR	33,288
Lower Extremity Amputations	31,920
IVC Filter	19,164
Open AAA Repair	19,019
Vascular Medicine Consult	1,833
Venous Stent	271

VQI Total Procedure Volume



Total Procedure Volume reflects net procedures added to the registry for the month

2024 VQI@VAM

- VQI@VAM will be TWO Full Days of Education this year!
- Registration Go Live March 20, 2024
- To register visit: <https://vascular.org/vam-2024/registration-info>

SAVE THE DATE

2024 VQI@VAM Meeting

June 18-19, 2024

McCormick Place • Chicago, IL

SVS | **VQI**
In collaboration with NCDR®

VQI.org

Spotlight

Webinars & Recordings

SVS | VQI
In collaboration with NCDR*

ABOUT | VQI REGISTRIES | QUALITY IMPROVEMENT | REGIONAL GROUPS | PARTNERS & COLLABORATIONS | DATA ANALYSIS & RESEARCH | RESOURCES | CONTACT / JO

HOME / WEBINARS/RECORDINGS

IN THIS SECTION

- WEBINARS/RECORDINGS
- UPCOMING WEBINARS
- QI WEBINAR RECORDINGS
- REGISTRY EDUCATION WEBINAR RECORDINGS
- REGISTRY REVISION/UPDATES WEBINAR RECORDINGS
- SMOKING CESSATION WEBINAR RECORDINGS
- FIT PROGRAM RECORDINGS

WEBINARS/RECORDINGS

The VQI provides webinars on a monthly basis for both quality improvement and registry development and training.

UPCOMING WEBINARS REGISTER TODAY

- SVS VQI PVI Registry Revision Webinar – March 7, 2024
- SVS VQI Quarterly Quality Improvement Charter Call Discussion – April 9, 2024
- SVS VQI Quarterly Quality Improvement Educational Webinar Series – April 16, 2024

QUALITY IMPROVEMENT WEBINAR RECORDINGS

Looking for VQI Webinar Recordings and Slides?

To register for upcoming webinars and view recordings visit:

<https://www.vqi.org/webinars-even>

Please note that many recordings will require Members Only access. If you do not have a Members Only login, please contact jcorrea@svspsso.org.

VQI.org Spotlight

VQI Regional Groups

CANADIAN VASCULAR QUALITY INITIATIVE	GREAT LAKES VASCULAR STUDY GROUP	CAROLINAS VASCULAR QUALITY GROUP	MICHIGAN VASCULAR STUDY GROUP
MID-AMERICA VASCULAR STUDY GROUP	MID-ATLANTIC VASCULAR STUDY GROUP	MID-SOUTH VASCULAR STUDY GROUP	MIDWEST VASCULAR COLLABORATIVE
NORTHERN CALIFORNIA VASCULAR STUDY GROUP	PACIFIC NORTHWEST VASCULAR STUDY GROUP	ROCKY MOUNTAIN VASCULAR QUALITY INITIATIVE	SOUTHEASTERN VASCULAR STUDY GROUP
SOUTHERN CALIFORNIA VOICE	SOUTHERN VASCULAR OUTCOMES NETWORK	VIRGINIAS VASCULAR STUDY GROUP	UPPER MIDWEST VASCULAR NETWORK
VASCULAR STUDY GROUP OF GREATER NEW YORK	VASCULAR STUDY GROUP OF NEW ENGLAND		

Did you know there is a dedicated Regional Group page for each of the 18 Regional Groups in the VQI?

What can you find on your Regional Group page?

- Regional Meeting Information
- Regional Meeting Minutes
- Regional Meeting Slides
- Regional Group Information
- Visit: <https://www.vqi.org/regional-groups/#current-regional-groups>

New Invitation Process

Overview

- Use of MailChimp for distribution – same platform as VQI monthly newsletter
- Sender – look for **SVS PSO**; check junk/clutter folders
- Once RSVP, ability to ‘add to calendar’ enabled/presented

Additional Mtg Information Resource Areas

- Individual regional web pages on VQI site
- Monthly VQI newsletter

[View this email in your browser](#)



Spring 2024 Regional Meeting Information

DATE: Thursday, April 4

TIME: 3-6pm CT; data mgrs to meet at 2pm CT

FORMAT: Hybrid - the Zoom link can be found in the RSVP process

LOCATION (if applicable): Fairmont Winnipeg, Winnipeg, Canada (in conjunction with the Winnipeg Vascular & Endovascular Symposium)

Click the RSVP button below to:

- 1) Record your participation; and
- 2) Add the event to your calendar

As with previous meetings, the PSO will be granting attendees points for remote participation. Come prepared to discuss your region's results, and how improvements can be made!

 **RSVP**

CE/CME Credit

- Scan QR code or click on link to complete attendance attestation & evaluation
- Seven (7) calendar days - including meeting day - to complete above documents
- No reminders; nothing granted retroactively
- Record of meeting attendance is required
- **Must** have active PATHWAYS account
- Approximately two weeks after meeting, DMU will send non-physician attendee's instructions on how to access credit certificate



[Pacific Northwest - May 23, 2024](#)

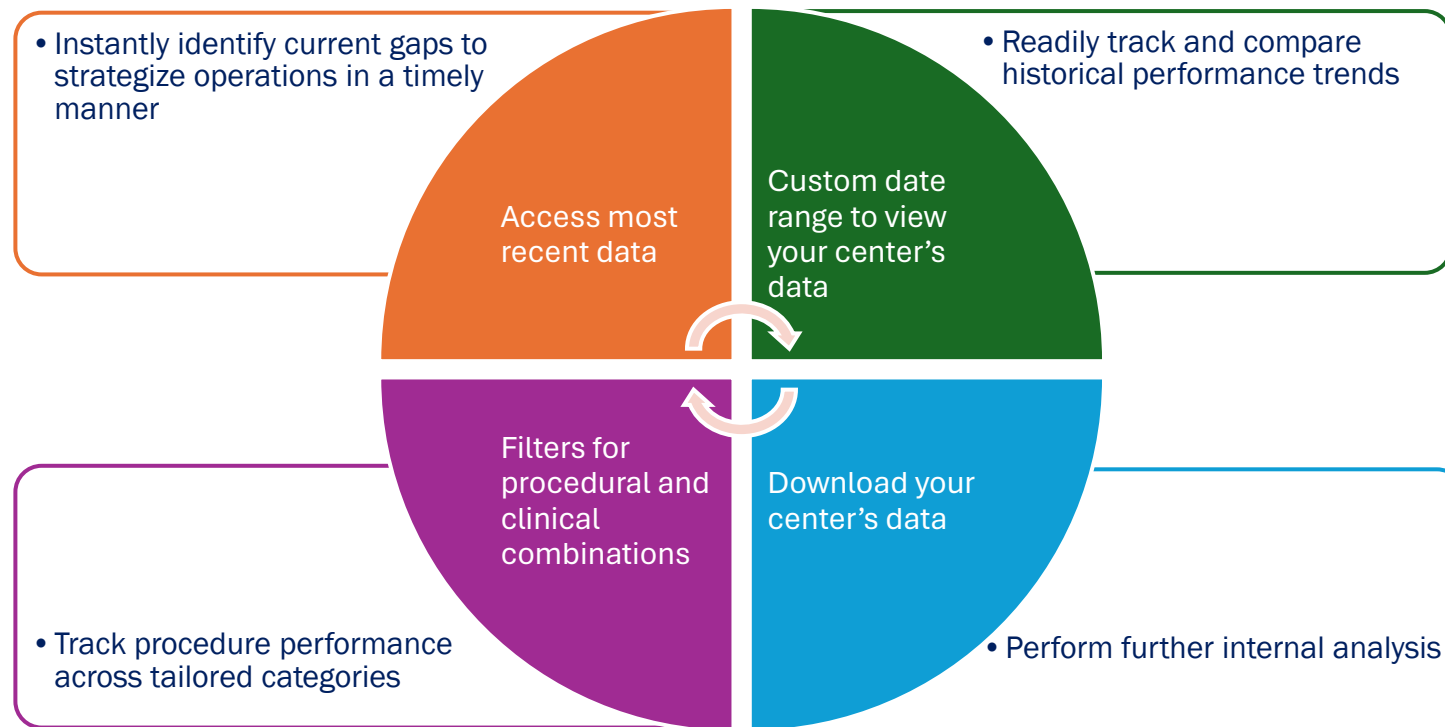
Provided by Des Moines University (DMU)

CE/CME Credit – ABS Transfer (Physicians only)

- DMU will submit credit to the American Board of Surgery (ABS)
- Following fields must be provided on attestation/evaluation only if credit is to be transferred to ABS
 - First and last name as it appears in your ABS record
 - Date of birth – month and day
- Wait eight (8) weeks from activity date prior to reviewing transcript

Questions? Contact cme@dmu.edu

New VQI Interactive Dashboards



- Launch – April 2024
- Available on Pathways Platform
- Initial launch CAS registry
- Potential next registries –
 - CEA
 - PVI
 - Varicose Vein
 - INFRA/SUPRA

IVC Filter Committee Charter

- IVC Filter Registry Participants
- Focus – IVC Filter Retrieval Rates
- 2 Year Project
- Highlighted at 2024 VQI@VAM – Tuesday Venous Panel Discussion
- Anticipate scheduled mtgs, quarterly reports, and education for participating centers
- IVC Filter Registry last updated 2013
 - Major revision
- Questions?
 - Dr. Alabi olamide.alabi@emory.edu
 - Dr. Jacobs benjamin.jacobs@surgery.ufl.edu

IVC Filter Committee Charter Spring 2024

Project Overview

Problem Statement:

Placement of Inferior Vena Caval filters is common in the United States, performed to limit risk of pulmonary embolism in selected patients with lower extremity deep vein thrombosis. Often these filters are placed temporarily until the patient returns to normal risk, or can be safely anticoagulated. It is well known that significant numbers of vena cava filters are placed and never retrieved – in a recent review of a large database, only 18% of over 50,000 vena cava filters were retrieved. Complications from persistent indwelling vena cava filter, while not common, can be severe, including thrombosis, erosion, and filter migration.

Named Physician Permission Management – IN DEVELOPMENT

- A new module within PATHWAYS for the lead Hospital Manager to collect and administer the permission from Physicians for Named Physician Reporting.
- Module includes a new dashboard, available to the lead HM only, for managing the physician-level permission and permission requests.
- Via email request, initiated by the lead HM, physicians will visit a dedicated web page and grant or deny permission to the Lead HM for viewing.



TRENDING TOPICS

SVS VQI 2023 PUBLICATIONS

The SVS PSO Medical Director and Associate Medical Directors reviewed nearly 200 articles involving SVS VQI that were published in 2023. The team has chosen the following trending articles as a few of its favorites.

<https://www.vqi.org/wp-content/uploads/Trending-Topics-Final-1.31.24.pdf>

- Smoking Cessation Campaign focusing on patient/clinician education & SVS collaboration
- Harmonization of anticoagulation in arterial registries
- Device assist for collection of Thrombectomy/Thrombolysis devices in PVI
- Launch of Interactive Dashboard reports in CAS
- Infrainguinal Outcome Report
- In Development:
 - Open Aorta Registry
 - Interactive Dashboard reporting
 - TEVAR branch enhancement to include aberrant anatomy
 - Continued efforts for harmonization across registries
 - Suprainguinal Outcome Reports
 - Enhanced reporting measure for biannual reports
 - PVI and Open Aorta Registries

what's next?

Unblinding Reporting Measures

- Process measures only
- All center lead physicians in the region are requested to vote for unblinding. One ‘No’ vote will result in the measure failing to unblind.
- Once approved to unblind by the region, unblinding will be part of regional reports. New physicians to the region are grandfathered into the previous vote
- What are the process measures?
 - Preop Smoking
 - Smoking Cessation at Follow-up
 - Long-Term Follow-up
 - Discharge Medications
 - Sac Diameter - EVAR/TEVAR
 - ABI/TBI - PVI, Infrainguinal & Suprainguinal Bypass
 - HDA: Primary AVF vs. Graft
 - HDA: Ultrasound Vein Mapping

2023 Pacific Northwest Participation Award Winners



Salem Health



Asante Rogue Regional Medical Center
Central Washington Health Services Association
Federal Way - St. Francis Hospital
MultiCare Good Samaritan Hospital
PeaceHealth Southwest Medical Center
Providence Sacred Heart Medical Center
Providence St. Vincent Medical Center
Silverdale - St. Michael Medical Center
St. Patrick Hospital
Tacoma - St. Joseph Medical Center
University of Washington Medical Center



Harborview Medical Center
McKenzie-Willamette Medical Center
PeaceHealth Riverbend Medical Center
Providence Portland Medical Center
Providence Regional Medical Center Everett
Providence St. Peter Hospital
Straub Medical Center
Swedish Cherry Hill
Swedish First Hill

Congratulations!

Quality Improvement Updates

Betsy Wymer, DNP, RN, CV-BC
Director of Quality, SVS PSO

Quality Improvement: National Quality Initiative - Smoking Cessation

- Introduced at VQI@VAM 2023
- CAN-DO Program
 - Choosing Against combustible Nicotine Despite Obstacles
- Arterial registries only
- Reporting measures added Spring 2023
 - Preop Smoking – Elective procedures
 - Smoking Cessation LTFU– Elective, Urgent, Emergent procedures
- Minimal addition of variables Fall 2023
- Education <https://www.vqi.org/quality-improvement/national-qi-initiatives/>
 - Physician and Patient
 - Toolkits
 - Billable codes and sample dictation
 - Resources
- Participation Points
 - To be calculated like other NQI's at 80%



Quality Improvement – Participation Points

- Participation Point Document
 - <https://www.vqi.org/quality-improvement/participation-awards/>
- No change in domains for **2024**
 - LTFU
 - Regional Meeting Attendance
 - QI Project
 - Registry Subscriptions
- **New Annual Webinar** – Review of participation point breakdown
 - In addition to reminders throughout year
- Participation points
 - Captured CY January 1- December 31
 - No extensions, no exceptions
 - Center responsibility to know point status estimate throughout year
 - PSO calculates this only annually
 - 2-week adjudication period
 - Follow SVS VQI Reporting schedule <https://www.vqi.org/resources/reporting/>
 - Monitor share-a-file

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

Centers with non-physician staff members attending VQI@VAM, either in person OR virtual, will earn 1 extra point

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**.

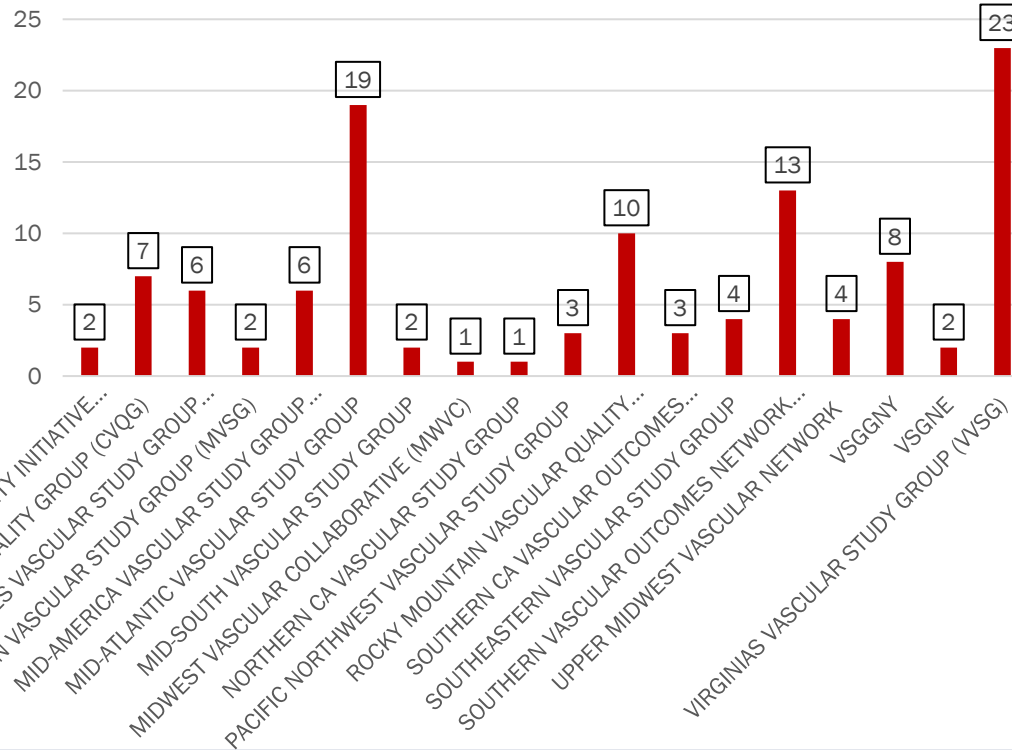
- Initiation of a QI Project, evidenced by submitting a Project Charter to bwymmer@svspso.org (2 points). **One charter per year per center.**
- Presenting a QI Project (presentation or poster) at a Regional VQI, *Regional Society Meeting, or ***Hospital Board and/or C Suite** meeting (2 points) *When 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)

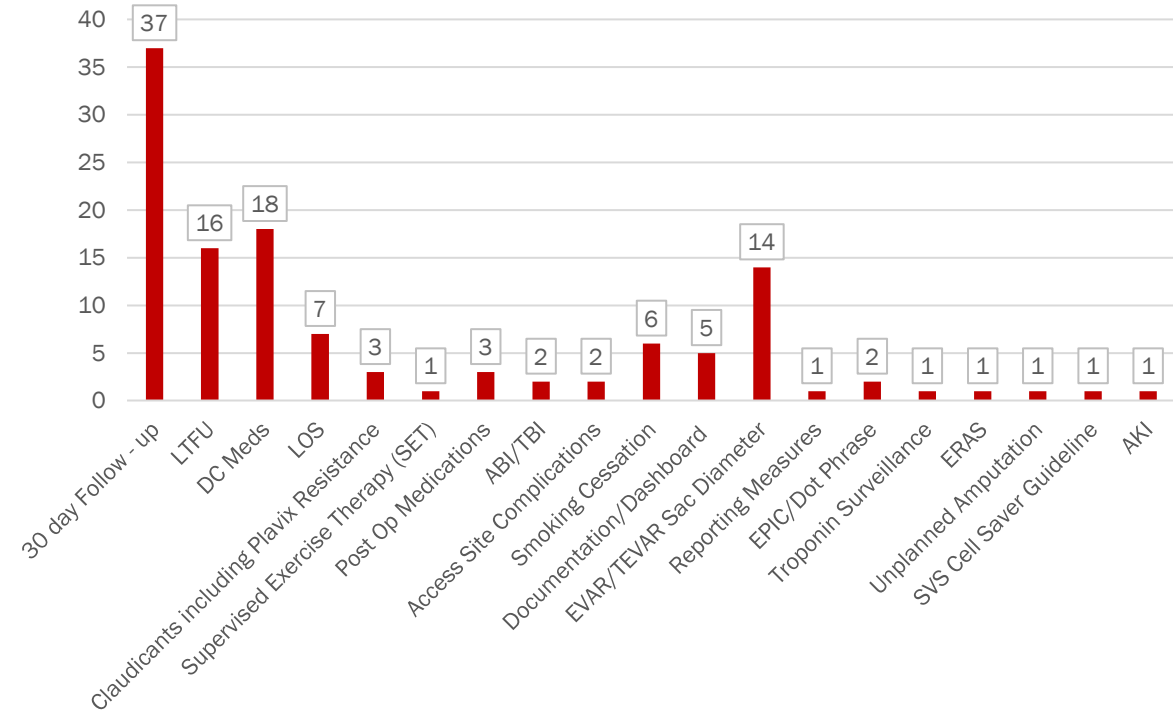
* Please send attestation (proof) to bwymmer@svspso.org on or before December 31, 2024. Only 2 presentations to the Hospital Board and/or C Suite allowed per year per center.

Quality Improvement – 2023 Charter Review

Regions with Charters n=116



Charter Topics



Quality Improvement – FIT 2024



Consider becoming a FIT Mentor

https://www.surveymonkey.com/r/VQI_Mentor_Survey

Committee Updates



AQC Update

Nam Tran, MD

- Committee meets every other month
 - Jan, March, May.....
- Re-engagement of registry committees
 - Review of Open Aorta Registry revision & providing committee feedback
- Decision made to keep all registry procedure variables mandatory for data submission
- New reporting measures are beginning to be rolled out for Biannual meetings. Continuing to work with committees



VQC Update

Open

- Committee meets bi-annually
- Next meeting June 20, 2024, hybrid meeting at VAM. Details to be sent soon
- Venous Stent Registry continuing work with committee to revise data fields & decrease data burden
- Varicose Vein Registry will be working with the PSO to review reporting measures & integration into the new Interactive Dashboards
- IVC filter registry continues work on their IVC charter & suggested registry revisions

Arterial RAC Update

Open

As access to VQI data is a valuable benefit to participation in a registry. Below are important guidelines to remember:

- There is a limit on number of proposals per cycle to 5 from each institution
- If a center hits 50% of the limit (15 proposals) a faculty member from their site will be expected to serve on the RAC as an at large member the next calendar year.
- Participation will be considered actively reviewing assigned RAC proposal for each RAC cycle and attending the review meeting.
- If there is a failure to comply with the review and meeting requirements in any given RAC review cycle, that institution's data sets will be withheld for their approved projects, until the next cycle in which they are compliant with these requirements.

Arterial RAC Resources

<https://www.vqi.org/data-analysis/>

IN THIS SECTION

DATA ANALYSIS & RESEARCH

SVS VQI PUBLICATIONS

RAC APPROVED PROJECT SEARCH

SVS VQI MEDICARE MATCHED

BLINDED DATASETS

SVS VQI VISION

SVS PSO DATA ANALYSIS GUIDELINES

DATA ANALYSIS TOOLS

PSO Arterial RAC – June 2024 Proposal Submission

Call for Proposals: May 1, 2024

Submission Deadline: May 29 2024

Review period open: May 30, 2024

Review period end: June 9, 2024

Meeting: June 10, 2024



Governing Council Update

Sara Zettervall, MD

- Meets twice a year
- Last meeting: November 2023
- ACC representatives added to each of the SVS VQI Governing Councils & Committees
- Carotid Stent NCD Education & Communication
- Prioritization of Registry Development – LE Amputation registry slated for next major revision
- Adam Beck –GC Chair
- Grace Wang –Vice Chair
- Next meeting June 2024 - VAM

GC Update Continued:

Committee Review Process

- Reconstituting all Committees
 - Active Participants
 - Chairs
 - Vice-Chairs
 - Non-Physician Participants
- Formal Terms Limits
- Formal Evaluation Form, Utilizing SVS Pre-existing Format
- Chairs Will Evaluate Members on an Annual Basis
- Executive Committee, Staff and Medical Directors will Evaluate Chairs

GC Update Continued:

Strategies to Increase Regional Meeting Engagement

- Begin planning early
 - Save the date to Regional calendars asap – Additional details can be added as necessary
 - Invite speakers early
 - Your Regional Lead Data Manager is there to assist with planning
- Use annual Trending Publication list for possible presentations (provided by the PSO)
- Invite Regional Physicians to speak about their committee activities
- Invite FIT Fellows to present/provide updates on their projects
- Ask Data Managers to present/provide updates on charters
- Think of Hot Topics and invite guest speakers – Remote attendance may make this more attractive
- Send out Regional specific agenda to the group in advance of the meeting to encourage interest and engagement

Fall Report Reminder

Fall 2024 Report Cut Date = **August 1, 2024**, for procedure dates of July 1, 2023 – June 30, 2024

Submit by 7/31/2024 @ 23:59:59 CT

REMINDER

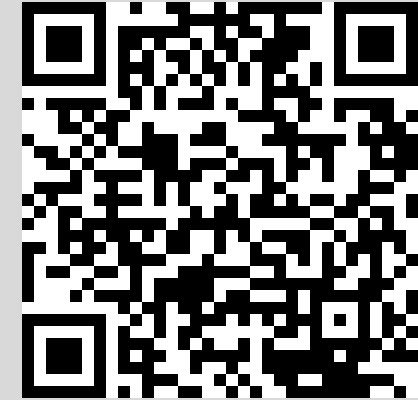
Fall 2024 Regional Meeting

TBD



CE/CME Credit

- Scan QR code or click on link to complete attendance attestation & evaluation
- Seven (7) calendar days - including meeting day - to complete above documents
- No reminders; nothing granted retroactively
- Record of meeting attendance is required
- **Must** have active PATHWAYS account
- Approximately two weeks after meeting, DMU will send non-physician attendee's instructions on how to access credit certificate



[Pacific Northwest - May 23, 2024](#)

Provided by Des Moines University (DMU)

CE/CME Credit – ABS Transfer (Physicians only)

- DMU will submit credit to the American Board of Surgery (ABS)
- Following fields must be provided on attestation/evaluation only if credit is to be transferred to ABS
 - First and last name as it appears in your ABS record
 - Date of birth – month and day
- Wait eight (8) weeks from activity date prior to reviewing transcript

Questions? Contact cme@dmu.edu

- Thank you to our members for your continued participation and support of VQI

- Thank you to COOK and GORE for your contributions and making these meetings possible
- Thank you to Des Moines University for providing CE/CME credit for today's meeting

Thank You

SVS | **VQI**
*In collaboration with NCDR**