Major enhancements are coming to the SVS Vascular Quality Initiative’s Hemodialysis Access Registry, with completion expected by the end of the year.

The registry captures all arterio-venous fistulas and grafts procedures, including A-V fistulas using transposed veins and A-V grafts using autogenous, prosthetic or biological material. It has been in use since 2011.

The comprehensive improvements focus not only on simplifying the data entry process but also capturing additional information, particularly about post-procedure interventions. These additional interventions will carry forward to every follow-up entered after the first indexed procedure.

The registry also now will capture A-V fistulas created via new endovascular techniques, at least two of which already have Food and Drug Administration approval. Another key change is elimination of the current “early” and “late” follow-up forms in favor of one follow-up at between nine and 21 months.

In another notable change, the registry also will integrate with the FDA Global Unique Device Identification Database (GUDID) for easier capture of prosthetic graft manufacturer and device details.

Other changes by category include:

**History:**

- Prior accesses
  - The number of prior AVF/AVG is captured along with characteristics of the access, such as location and previous vein used
  - History of tunneled catheter and other central venous devices added

**Procedural:**

- Access Type
  - Endovascular AVF added
  - Integration with GUDID for AV graft added
VQI Makes Major Changes to Hemodialysis Access Registry
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- Ability to capture if graft portion of HeRO was changed for another type of graft
- Inflow artery and outflow vein options expanded
- Concomitant procedures expanded, to include angioplasty, stents, endarterectomy, branch ligation, patch, superficialization, lipectomy and liposuction
- Immediate post-op complications and management expanded, to include bleeding, steal, Ischemic neuropathy and thrombosis

The registry also clarifies pre-operative imaging questions and refines access function variables to better capture access status at follow-up.

The enhancements mean important quality data will be collected, imperative to setting benchmarks, said Karen Woo, MD, chair of the VQI Hemodialysis Workgroup.

She acknowledged that providers will find it challenging to collect all post-procedure interventions, particularly if a procedure took place at another location.

Nonetheless, this information is vital to understanding the longterm outcomes of vascular access. “Post-procedure interventions for vascular access are some of the most poorly understood outcomes of hemodialysis vascular access. Even knowing there was an intervention and the date will be helpful in learning how to improve vascular access outcomes and the dialysis patient experience.” she said.

Hemodialysis vascular access is one area of vascular surgery that has made few strides forward since the Brescia Cimino fistula was first described in 1966, she said. “Collecting high-value, high-quality data will allow the VQI community to collectively identify best practices that advance vascular access care.”

The vascular access workgroup is spearheading the registry improvements. Other members include: Drs. Brigitte Smith, University of Utah; Gary Lemmon, Indiana University; John Lucas, Greenwood Leflore Hospital; Mike McNally, University of Tennessee; Charles Ozaki, Brigham and Women’s Hospital; and Theodore Yuo, University of Pittsburgh.

The Vascular Quality Initiative is a network of regional quality groups, with 12 registries. It improves the quality, safety, effectiveness and cost of vascular health care through collecting, analyzing and sharing data of pre-operative risk factors, intra-procedural variables, post-procedural outcomes and one-year follow-up data. For more information, visit vsweb.org/VQI.

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