

# Vascular Verification Program for the C-Suite



# Why is the Vascular Verification Program Important to Your Facility

- The VVP allows for vascular teams to work strategically to improve outcomes for the patient and hospital by prioritizing efforts to increase effective and efficient delivery of care—reducing risk for post-operative negative consequences.
  - Decrease SSI, LOS, morbidity and mortality
  - Increase patient satisfaction
- This program empowers highly engaged, self-guided vascular teams at all levels to be successful in quality, and patient and staff satisfaction.
  - Allows for non-physician clinicians to work at full scope of practice
    - Content matter experts
    - Supports collaborative work environment
  - Enhances development of effective quality improvement processes to address any vascular issues related to patient care and satisfaction
  - Uses quality methodology already in place

## DATA - NSQIP and Vascular Regional Group

- Between 1991 and 1997, there was a documented drop (9%-30%) in 30-day mortality and morbidity rates in the VA with continuous quality monitoring and improvement efforts. (NSQIP)
- The reduction in PNA had an estimate savings of \$9.3 million annually with billions saved on an overall reduction in morbidity. (NSQIP)
- Vascular Study Group of New England (VSGNE) – A regional cooperative quality improvement initiative
  - When evaluated by discharge medication status, patients on both agents had the highest overall survival at 79% (95% CI, 77%-81%) compared with neither medication (61%; 95% CI, 52%- 68%;  $P < .001$ )
  - Patients on either medication had intermediate survival of 74% (95% CI, 68%-79%) for statin only and 72% (95% CI, 69%-75%) for AP only ( $P > .05$  between single agent only)
  - In multivariable survival analysis, patients discharged on both AP or statin medications had an improved 5-year survival

# DATA – Vascular Quality Institute

UC Davis Health decided to improve long-term follow-up rates and sac diameter for patients undergoing EVAR or TEVAR.

## STRATEGY

- Engaged stakeholders: QI professionals, vascular surgeons and vascular/clinic nurses
  - Evaluated existing workflows
  - Established standard processes for registering eligible patients in the PATHWAYS platform
  - Updated Specialty Note section in Epic to communicate with clinicians about inclusion in VQI and time frame for follow-up.
  - Developed shared spreadsheet between the quality team and clinical staff that identified patients who had not received their one-year follow-up visit

## RESULTS

- Improved from 67% to 80% on follow up
- Improved 55% to 90% TEVAR sac diameter reporting
- Improved 46% to 89% EVAR sac diameter reporting

# Foundation of the Standards

- The standards, written by Vascular Surgeon Leaders, are based on current vascular guidelines with established ACS Quality Program Standards
  - Based on Agency for Healthcare Research and Quality, Institute of Health Care Improvement and Culture of Safety programs
  - Integrates risk management methodology
    - Reduces adverse events
  - Applies appropriateness criteria for patient selection
- Standards applicable to accreditation applications
  - TJC
  - Magnet

# In Alignment with CMS

- Based on the CMS 2024 Final Rule, there will be transitioning from primary care measures to specialty specific within 5 years.
  - CMS is soliciting feedback on new policies to highly encourage clinicians to stop reporting on measures they are high performers on to areas of improvement. *The VVP will be able to easily pivot to address needed areas of improvement based on new measure reporting.*
- The VVP structure supports the more stringent CMS Specialty Specific Reporting
  - Specialty Specific MVP development
    - Includes Social Drivers of Health Measure
    - Inclusion of High Weighted Improvement Activity that is reflective of VVP
    - Patient Reported Outcomes – amplify the voice of patient
- In alignment with CMS National Quality Strategy Goals
  - Safety and Resiliency
    - High-impact area – safety
    - Recommend to be key agenda for President Biden to evaluate by President’s Council of Advisors on Science and Technology
  - Outcomes and Alignment – align and coordinate across programs and care setting
    - MVP inclusion of measures under the Universal Foundation
  - Scientific Advancement – CQI
- Health equity
  - The American College of Surgeons is collecting data from all the verification programs to strategize how to include principal diversity, equity and inclusion into the established verification standards.

# Vascular Section @ [www.facs.org/vascular](http://www.facs.org/vascular)

The screenshot shows the website's navigation and main content area. At the top, there are links for 'Quality Programs', 'For Medical Professionals', and 'For Patients'. The ACS logo is centered, with 'Become a Member' and 'Login' buttons to the right. A breadcrumb trail reads 'Quality Programs > Accreditation and Verifica... > Vascular Verification Program'. Below this is a menu with 'Vascular' (highlighted), 'Standards', 'Apply', 'Participation Process', 'Participating Hospitals', and 'Resources'. The main banner features the text 'VERIFICATION PROGRAM' and 'Vascular Verification Program' in large white font on a dark blue background. Below the title is the tagline 'A quality program with the Society for Vascular Surgery'. To the right of the text is a photograph of two surgeons in an operating room, wearing blue scrubs, masks, and hairnets, focused on a procedure.