Use of SVS/VQI Data To Facilitate Development Of New Vascular Access Treatments

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NO DISCLOSURES

The SVS Vascular Quality Initiative (SVS VQI) Surpasses 500,000 Procedures

The Society for Vascular Surgery® Vascular Quality Initiative® (SVS VQI) has marked another milestone as it recently surpassed 500,000 procedures. With nearly 500 medical centers and 3,000 participating physicians entering cases across 12 different vascular procedures, the VQI continues to experience tremendous growth across the United States and Canada.

Hemodialysis Access Registry

Data/Variables

- Demographics and Admission Information
- History including details on prior vascular access
- Procedure: anesthesia, type of access, vein/artery size
- Postoperative complications, discharge medications
- Follow up: early 0-6 months, late one year
  - Date first used, interventions, revisions, patency, medications, mortality
Inclusion: Arterio-venous fistulas or grafts. This includes A-V fistulas using transposed veins and A-V grafts using autogenous, prosthetic or biological material. Note: The second stage of a Hemodialysis Access procedure (i.e. basilic transposition) should be captured on the early follow-up form for the original procedure entered in VQI.

Exclusions:
- Insertion of temporary cannulas that are not tunneled (i.e. Quinton)
- Tunneled Catheters that are passed under the skin from the insertion site to the separate exit site, where the catheter and its attachments emerge from under the skin
- Thrombectomy or revision of existing access, percutaneous thrombectomy, angioplasty or stenting of existing access, DRIL or other procedure performed for ischemia related to existing access (all captured on follow-up form from initial access procedure)

Follow-up Requirement:
- One early follow-up 0 – 6 months post procedure
- One-year follow-up (at least 9 months post procedure)
History

Procedure

Venous Anastomosis (Outflow Vein):
- Cephalic, forearm
- Cephalic, upper arm
- Basilic, forearm
- Basilic, upper arm
- Brachial upper arm
- Axillary
- Saphenous
- Femoral
- Other

Procedure

Arterial Anastomosis (Inflow Artery):
- Radial, snuffbox
- Radial, wrist
- Radial, forearm
- Brachial, antecubital
- Brachial, upper arm
- Axillary
- Common Femoral
- SFA
- Other
Procedure

• Added Fields
  – Anastomotic material
    • Monofilament nonabsorbable suture
    • PTFE Suture
    • Clips
    • Other
  – Anastomosis type
    • Interrupted
    • Continuous
    • Both

Procedure

• Added Fields
  – Concomitant procedures
    • Venous PTA/Stent
    • Arterial PTA/Stent
    • Arterial endarterectomy/patch
    • Venous branch ligation
    • Venous patch

Follow up form

Prosthetic Graft/Device Manufacturer:

Goal is to interface with FDA GUDID to pull the National Device Identifier into the database!
(VQI successful did this for PVI registry)
Follow up form

Research Advisory Council

To ensure that VQI data is used for projects that meet the following criteria:
- study addresses knowledge gaps in the care of patients with vascular disease.
- study is well designed, and addresses a topic of interest to VQI participants.
- study team can execute and interpret analyses presented in the study proposal.

National Research Process

To submit a proposal to be considered for the National RAC, please follow the link below and select "PSO National RAC – MONTH Proposal Submission.

http://abstracts123.com/svs1/meetinglogin

RAC Review Process:
- Proposal reviewed for feasibility, impact, and alignment with VQI mission
- Scored by all RAC members
- Reviewed at every-other-month RAC meeting
  - 1: Reject
  - 2: Revise
  - 3: Accept

Acceptance rate currently 70-80%
Publications to Date Hemodialysis

From the Society for Clinical Vascular Surgery

Comparison of one-stage and two-stage upper arm brachiobasilic arteriovenous fistula in the Vascular Quality Initiative

Tai-Wen Tan, MD; Saffery J. Dinulos, MD; Benjamin S. Brodie, MD; Reed T. Bell, MD;1
Aaron Ross, MD; MD; Demit Rohlin, MD;1 sclerotherapy; Denis, MD;1 and HRA Barker, MD;1 Tucson, Ariz; Boston, Mass; Salt Lake City, Utah; and Los Angeles, Calif * in press JVS

Conclusions

• Large volume registry dedicated to Hemodialysis access
• Extensive access type data
• Addition of technical detail/device variables
• Data easy to access through the RAC
• Few publications or RAC proposals to date
• Opportunity to improve quality and type of hemodialysis access procedures