

## Register Now for the 2009 AQO Conference in San Diego!

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Explore new ways to improve the quality of data collection and patient care at the **2009 Advances in Quality & Outcomes: A Data Managers Meeting**, to be held September 24-26 at the Marriott Hotel and Marina in San Diego. The AQO Conference, now in its sixth year, has become the definitive meeting for STS Database professionals. Participation at AQO, like participation in the STS National Database, demonstrates a commitment to quality improvement and is an investment in the future.

Attendees will learn about pertinent clinical advances in the field and capturing variables for complex surgical procedures. The AQO Conference will also offer excellent networking potential and the opportunity to see how others use the STS National Database to improve patient care.

Separate sessions will focus on the three Databases that comprise the STS National Database: Adult Cardiac, General Thoracic, and Congenital Heart Surgery. The AQO Conference will also feature presentations by data managers and surgeons from across the United States.

The AQO Conference is designed for data managers of all experience levels and will offer a special session for those new in their role. As in years past, continuing education units will be provided for nurses, perfusionists, and health care quality professionals. As an additional bonus, the initiation fee is waived for AQO attendees who would like to become STS Associate Members—a \$100 discount. [Click here for a membership application.](#)

Consider staying on after the conference to enjoy San Diego's great attractions and weather. The Marriott is adjacent to the Gaslamp Quarter, which is filled with dining, shopping, and entertainment experiences. The hotel is just a short walk to Seaport Village, a harbor-side setting containing one-of-a-kind shops and restaurants. It is also a stop on the Old Town Trolley Tour, which visits destinations including [Old Town San Diego](#), [Balboa Park](#), the [USS Midway](#), the world famous [San Diego Zoo](#) and more.

Data managers who submit a complete STS Associate Member application with all supporting materials by Oct. 15, 2009, and attend the 2009 AQO Conference will have their initiation fee waived upon approval of membership.

**A \$100 savings!**

[Click here for an application.](#)

Registration information for the AQO Conference can be found at [www.sts.org/AQO](http://www.sts.org/AQO) or [click here](#) for a registration form. For questions regarding AQO Conference registration, contact Mary Kate Murray, STS Meetings Coordinator, at (312) 202-5816 or e-mail [mmurray@sts.org](mailto:mmurray@sts.org). ■

# Congenital Heart Surgery Database Upgrade

To ensure that the STS National Database reflects current cardiothoracic practice, including new methods, devices, and technology, each of the Databases is upgraded every three years. These upgrades allow the inclusion of valuable data for clinical practice changes and research, and are also important for input to the AMA/Specialty Relative Value Scale Update Committee, which uses the STS National Database to recommend changes in CMS physician reimbursement.

The STS Congenital Heart Surgery Database Task Force, along with the Multi-Societal Database Committee for Pediatric and Congenital Heart Disease, have been working on the upgrade since 2007 and have now completed their recommendations. The Congenital Heart Surgery Database Core Group, composed of data managers, is currently reviewing the upgrade and will provide suggestions to ensure that data managers are able to interpret and collect the data accurately.

The upgrade, which will be mandatory beginning Jan. 1, 2010, includes significant changes to several components of the current Database. The Diagnosis, Procedure and Complications lists (short and long) will have revisions and/or additions. Also, patient, surgeon, and hospital unique identifier fields will now be included (these are already present in the Adult Cardiac Surgery and General Thoracic Surgery Databases). A field for demographic information for the patient's mother will also be added. The addition of these unique identifiers will facilitate the ability to collect longitudinal follow-up data on congenital and pediatric patients who may transfer over time between facilities.

An exciting new optional feature of the upgrade efforts will be a Congenital Cardiac Anesthesia component. Collection of anesthesia-related data will provide congenital cardiac anesthesiologists with the ability to conduct quality improvement efforts related to their health care delivery. Note that this additional component will require a new and separate STS Participation Agreement with the congenital cardiac anesthesiologists at each participating site. Additional details will be released as the upgrade nears implementation.

Watch for future issues of *STS Database News* for the latest information on the Congenital Heart Surgery Database Upgrade, or contact Linda S. Breen, STS Senior Manager, Quality and Patient Safety, at [lbreen@sts.org](mailto:lbreen@sts.org). ■

## Successful 30-Day Mortality Follow-Up

Acknowledging the challenges of collecting information for 30-day mortality follow-up for the STS National Database, there is front-line news from Terry Mohler, RN, database manager, about how she successfully reports this data element. Her method has proven to be so successful, in fact, that there was only one instance in 2008 in which she was unable to ascertain a patient's 30-day status.

Mohler advises using the following methodology:

- Check the hospital system for any labs, radiology, and/or readmissions.
- Contact the surgeon's office for dates of follow-up visits and if the patient has been readmitted.
- Contact the cardiologist's office for dates of follow-up visits and if the patient has been readmitted.
- Check the Social Security Web site for deaths: <http://ssdi.rootsweb.ancestry.com>.
- Call remaining "unknowns" at home and ask if the patient was admitted elsewhere during his/her post-op period.

For more complete records, keep a separate file on each case with a paper copy verifying their status for two years.

STS would like to thank Terry Mohler, RN, Heart Services QI Coordinator at the Reading Hospital Regional Heart Center in West Reading, PA, for sharing her successful method of 30-day mortality follow-up. She is the regional leader for the Delaware Valley STS Quality Improvement Initiative. ■

### PARTICIPATION IN THE STS NATIONAL DATABASE CONTINUES TO GROW!

As of May 18, 2009

| Database:                | Number of Participants: |
|--------------------------|-------------------------|
| Adult Cardiac Surgery    | 981                     |
| Congenital Heart Surgery | 79                      |
| General Thoracic Surgery | 139                     |
| Total:                   | 1,199                   |

STS Database News current and past issues are available on the STS Web Site.

Go to [www.sts.org/sections/resources/newsletters/](http://www.sts.org/sections/resources/newsletters/)

# STS National Database

## HIPAA Compliant Unique Patient, Surgeon, and Hospital Identifier Fields

In January 2008, STS National Database participants were notified of plans to significantly expand the scope of the Database and enhance its utility and capabilities with the incorporation of **HIPAA Compliant Unique Patient, Surgeon, and Hospital Identifier (Identifier) Fields**. These Identifier Fields were added to the STS Adult Cardiac Surgery Database on Jan. 1, 2008, and subsequently to the General Thoracic Surgery Database on Jan. 1, 2009. Similar fields will be added to the Congenital Heart Surgery Database during the data specifications upgrade currently underway and planned for implementation on Jan. 1, 2010.

The rationale for the incorporation of these Identifier Fields into the Database is to enhance its ability to function as a tool for longitudinal follow-up of patients, and specifically, to enable the Database to track the long-term survival and functional status of patients postoperatively. In order to achieve that goal, assigning patient identifiers to all patients within the Database is necessary. This expansion will eventually allow the Database to:

- Verify mortality data with statewide and national death registries, including the National Death Index and Social Security Death Index. (Note: No clinical information leaves the STS National Database.)
- Link STS data with other subspecialty databases, including the American College of Cardiology National Cardiovascular Data Registry and the Virtual Pediatric Intensive Care Unit Database System of the Pediatric Cardiac Intensive Care Society. (Note: Any data linking agreements will require strict adherence to HIPAA privacy regulations.)
- Link and follow patients who have multiple operations that are recorded in different institutions – a common occurrence in congenital heart surgery, for example.
- Link and follow patients who have had operations that are recorded in more than one of the three Databases (Adult Cardiac Surgery, General Thoracic Surgery, and Congenital Heart Surgery).
- Perform long-term follow-up and generate Kaplan Meier Survival curves.

Duke Clinical Research Institute (DCRI) has obtained Duke Institutional Review Board (IRB) approval for the inclusion of identifiers in the Database. This approval covers submissions of Identifier Fields by participants, as well as the data aggregation and analyses performed using those data. There is no need for individual participants to seek separate approval from the IRB of their own institutions. However, to assist those who wish to do so, STS has prepared supporting documentation that clearly shows its plans to incorporate Identifier Fields into the STS National Database are compliant with both the Health Insurance Portability and Accountability Act of 1996 and the Common Rule. (The Common Rule is a subpart of the United States Department of Health and Human Services regulations, Title 45 - Human Subjects Research and is the standard of ethics to which any government-funded research in the United States is held. At some institutions, the Common Rule governs

IRBs for oversight of all human subjects research.) STS National Database participants can request this supporting documentation via e-mail from the following address: [phi@sts.org](mailto:phi@sts.org). STS will send the following documents:

1. A memorandum from STS outside **legal** counsel that provides an informal HIPAA analysis related to the STS National Database collection of protected health information (PHI).
2. A letter from the Chair of the Duke IRB confirming approval of the incorporation of identifier fields into the STS National Database and outlining the **operational** strategy that DCRI will utilize to accomplish this task.
3. A document that addresses the applicability of HIPAA and the Common Rule to the STS National Database and related frequently asked questions. This document will describe the **technical** strategies implemented to assure safety of the data and compliance with HIPAA and the Common Rule.
4. A published article regarding regulatory and ethical considerations for linking clinical and administrative databases. (This document will be available in June 2009.)

As many are aware, STS has a Business Associate/Data Use (BA/DU) Agreement with each Database participant, which complies with HIPAA, thereby protecting the security and privacy of patient data. This agreement also permits STS and its data warehouse and analysis center, DCRI, to incorporate fully identified PHI into the Database for purposes of participants' health care operations, including data aggregation, quality improvement, outcomes evaluation, and development of clinical guidelines. Until now, STS has accepted only submissions of limited data set information into the Database, rather than fully identified PHI. The addition of identifiers to the submitted information will not change the purposes for which the information would be used, that is, to support health care quality improvement efforts. Meanwhile, research may be performed using de-identified aggregated data derived from fully-identified PHI.

The collection of data using Patient Identifiers will simply permit STS to provide Database participants with an enhanced range of information to support their health care operations. Therefore, the assignment of identifiers to data collected from Database participants will be covered by existing BA/DU Agreements. The addition of the identifiers will not add significantly to the amount of information submitted on each patient, and there will be no other requirement, at this time, for the acquisition of follow-up information.

STS firmly believes that this new and enhanced capability for long-term follow-up will be a valuable addition to the functions of the STS National Database and will provide data analyses that will be of even greater value to quality improvement efforts.

For questions about the HIPAA Identifier Fields, contact Linda S. Breen, STS Senior Manager, Quality and Patient Safety, at [lbreen@sts.org](mailto:lbreen@sts.org). ■

# Understanding the Data Field for the Number of Diseased Coronary Vessels in the Adult Cardiac Surgery Database, V2.61

There have been several questions submitted recently to the FAQs regarding how to determine the number of diseased coronary vessels, (SeqNo I050). Coronary artery disease, caused by atherosclerosis of the arteries on the surface of the heart, remains the leading cause of death in men and women in the United States. Because it is so prevalent, the following clarification is provided to explain that data field.

The right and left main coronary arteries emerge at the beginning of the ascending aorta and traverse the surface of the heart dividing into smaller branches that penetrate the muscle of the heart and supply oxygen to meet the demands of the heart. The inside of the coronary arteries is normally smooth and flexible and allows blood to flow freely. However, plaque occasionally builds up inside the arterial wall, narrowing the lumen of the artery reducing or stopping the flow of blood through the artery. Intra-luminal narrowing of the coronary artery is thought to be significant if it is more than 50 percent.

Three vessels supply the surface of the heart—the left main coronary artery, which divides into the left anterior descending; the circumflex coronary artery; and the right coronary artery. (Baumgartner, W. Owens, S., Conte, J.V., Dorman, T., *The Johns Hopkins Manual of*

*Cardiac Surgical Care*, Second Edition, Mosby/Elsevier: St. Louis, 2007.)

Number of Diseased Vessels, SeqNo I050, Clarification:

- If only the left main coronary artery has a significant stenosis, the number of diseased vessels equals two.
- If at any time during the patient's life a vessel has been considered to be diseased, it will always be considered to be diseased.

Related questions:

1. When should an artery be considered diseased? *When the artery is more than 50 percent stenosed.*
2. Is the left main considered diseased if it is less than 50 percent stenosed? *No.*
3. If the patient has had a prior coronary artery bypass, is the native coronary artery considered diseased? *Yes.*
4. If the patient has had a prior stent, is the coronary artery considered diseased? *Yes.*

Watch the FAQs in the Data Managers Section of [www.sts.org](http://www.sts.org) for future related questions. ■

## Michigan STS Data Managers Regional Meetings: WHAT'S ON THE AGENDA?

Jaelene K. Williams, RN, MS Regional Coordinator, Michigan STS Data Managers

Regional meetings for database managers continue to increase, providing educational support to hundreds across the country. Participants who attend these group meetings benefit from the networking and support that are shared among colleagues. Many Michigan STS data managers have been fortunate to be involved in a regional data manager's network since 2001 and still consider their involvement a definite perk of the job.

As our Michigan data manager advisory group discussed possible topics for this article, we decided to share some of our past meeting agenda ideas. It continues to be a challenging and difficult task to plan meetings that will keep everyone in our Michigan group interested and coming back for more. We have many (25) seasoned members who have attended every meeting since 2001, as well as new STS data managers who have little experience in their roles and want to hear everything. Each meeting brings a new composition of attendees so there is an ongoing need to provide meeting material that interests all (and will keep everyone awake).

The most requested repeat item on our meeting evaluations is Survey Monkey. This online survey tool allows data abstraction practice for imaginary patient vignettes. Group results are tabulated and discussed at meetings for educational purposes. Data element definition and abstraction interpretation are the agenda topics that are applicable for

all attendees, regardless of their previous data manager experience. However, variety in meeting presentation structure and content is also important, so our planning committee has tried different techniques and topics since 2001 to keep the meetings interesting and the audience attentive.

Some examples of meeting topics and techniques:

- Presentations by Richard L. Prager, MD, our data manager advisor, top the list of agenda items requested by our members. Clinical topic reviews or updates on activities of the Michigan Society of Thoracic & Cardiovascular Surgeons' quality initiative project are important agenda items at every meeting he can attend.
- Discussions of Michigan STS FAQs that are submitted by members.
  - These are very helpful as they are "real patient scenarios" discussed for a collective abstraction answer.
  - Many times a consensus cannot be reached and that particular case will be submitted to the national database task force for a decision.
- An ongoing list of "Other Category Procedures" has been developed for abstraction guidance when determining what constitutes an Isolated Procedure Category.
- An ongoing list of "Non-Traditional" cases performed by cardiac surgeons was developed as a tool for determining if a procedure warrants an STS Database record.

(continued on next page)

## Michigan STS Data Managers Regional Meetings: **WHAT'S ON THE AGENDA?** *(continued from previous page)*

- Presentations by our data manager advisory group members have included:
  - Tips and techniques for presenting your STS outcome data.
  - How to read and digest your STS harvest report.
  - Review of O/E ratios and their significance.
  - Review of the composite scoring system and interpretation of results.
  - Understanding Echo reports.
  - Understanding PFT reports.
  - CAB anatomy and coding implications.
  - What is PQRI and how do I get started?
  - Demystifying the coding of valve operations.
- AQO update from members who attended is an annual fall meeting topic.
- Breakout sessions
  - These have become a big hit with our Michigan members; they focus on a specific abstraction topic, and the smaller groups allow members to feel more comfortable in asking questions and participating in discussions.
  - Breakout sessions can be repeated to allow all attendees to move through each session, or used as a small independent groups to meet a specific need. We have found benefits from both methods.
- Video conferencing
  - A winter conference in Michigan is an unpredictable event due to weather issues. We have hosted two videoconference meetings in an attempt to compensate for our precarious winter weather. Recently, the Minnesota regional data managers paid to join us for two hours of a Survey Monkey session that allowed participation from both regional groups. Unfortunately, video conferencing is expensive, can have technical difficulties, and many evaluation comments said they missed the camaraderie and networking associated with in-person meetings.
- Workshops
  - Michigan has hosted an annual STS Data Abstraction From A – Z Workshop for our members since 2006. This workshop covers abstraction points for all data elements and reviews definitions so new members have an opportunity to get a basic exposure and initial foundation for their new role.
- We have also offered a Basic Excel Workshop breakout session where members brought their laptops and worked individually and with more experienced colleagues to learn Excel fundamentals and to create data outcome presentations using graphs and charts.
- Audience Response System
  - This is our newest attempt at creative educational modalities to “keep the troops entertained” which functions just like the audience participation tool that is used at the AQO Conference ... but without the high-tech musical interludes. It has been very well received, evaluated as fun, and we are working on including music in the future. Audience humming of the *Jeopardy!* theme has not worked yet!

Michigan continues to benefit immensely from our ongoing regional activities, strong physician and data manager involvement, and the ongoing collegial relationships we have built. We highly recommend and encourage you to seek out information on regional participation. The STS Web site, along with past *STS National Database News* articles, provides information on contacting STS or a regional leader close to your geographic area for tips on participation.

I would like to extend my sincere thanks to my Michigan colleagues for their ongoing assistance and efforts in the creation of our meetings. Michigan STS Data Managers Advisory Group: Gail Bell, RN, MSN, Ben DePetris, RN, BSN, Dorothy Latham, RN, Sue Meisner, RN, BSN, Richard L. Prager, MD, and Patty Theurer, RN, BSN. ■

## You've Got Mail: Act Now to Ensure Delivery



In recent years, the Society has increasingly used e-mail to communicate and disseminate urgent information to the membership in a timely fashion. To continue these benefits and ensure that STS e-mails reach their destination, please add [sts@sts.org](mailto:sts@sts.org) to your e-mail contacts list. This will help the e-mail program recognize that STS e-mails are not spam or junk messages. Those data managers who have changed their e-mail addresses, other contact information, or are not receiving the Society's e-mails can submit or revise their contact information by contacting Gerry Tarafa, Operations Manager, STS National Database at (312) 202-5833 or e-mail [gtarafa@sts.org](mailto:gtarafa@sts.org).

[Click here to access the Participant Contact Form to update and submit your contact information.](#)

# STS PQRI Registry Reporting Resources

Participants in the STS Adult Cardiac Surgery Database who have a surgeon participating in the STS PQRI Registry reporting option will soon have two new resources to help ensure accurate results are submitted to CMS.

Beginning with Harvest 2, 2009, a new section will appear in the Data Quality Report (DQR), which participants receive from DCRI after each file submission. This new section will only contain information for participants with at least one surgeon who has completed a 2009 PQRI Data Sharing Consent and Release Form. It will provide a high-level summary of 2009 PQRI-related data submitted during the data harvest, along with any 2009 data entered into the STS Quality Module. For those not participating in the STS Registry reporting for PQRI, the section will be blank.

Examples of the participant information to be included in this section of the DQR:

- List of surgeons who have opted to participate in STS Registry reporting submission of PQRI results,
- Summary of missing values for variables used in the calculation of PQRI results,
- List of STS Quality Module records that cannot be linked to a Record ID in the STS Data Warehouse,
- List of Medicare Fee For Service records (answered “Yes” to SeqNo. 3450) in the STS Data Warehouse that do not have an accompanying STS Quality Module record, and
- Summary of the records (by Record ID) that will be used for PQRI results calculation (provided no changes are made to the harvest file).

In addition, for surgeons who have authorized STS to submit data for PQRI on their behalf, a PQRI Preview Report will be available. This report will summarize the surgeon’s PQRI-eligible records as indicated in the STS Data Warehouse and the STS Quality Module. The report will also contain a preview of PQRI results to be submitted to CMS (provided no changes are made to the harvest file).

Because a surgeon may perform operations and participate in the STS National Database at more than one location, it is possible that his/her PQRI results might be composed of records from multiple hospitals. For this reason, the new PQRI Preview Report will be released to individual surgeons rather than to the STS National Database participant. We anticipate that the PQRI Preview Report will be available by the end of 2009 and prior to submission of PQRI data to CMS in early 2010.

Please contact your DCRI Clinical Data Specialist with any questions. ■

# PQRI



## DID YOU KNOW?

There is a Search function on the all data specifications and data collection forms. After opening the document, look for and click on the binoculars in the toolbar (on the left side) immediately above the document.

## STS National Database Contacts

**Questions regarding national collaborative opportunities, Database data, and third party payors?**

Contact Cynthia M. Shewan, PhD, Director, Quality, Research and Patient Safety, (312) 202-5812, [cshewan@sts.org](mailto:cshewan@sts.org).

**Questions regarding Database revisions, upgrades, audit processes, newsletters, and clinical issues?**

Contact Linda S. Breen, RN, MPH, CPHQ, Senior Manager, Quality and Patient Safety, (312) 202-5842, [lbreen@sts.org](mailto:lbreen@sts.org).

**Questions regarding how to participate in the Database, obtain participation agreements and other contracts, or update STS/DCRI contact information?**

Contact Gerry Tarafa, MBA, Operations Administrator, STS National Databases, (312) 202-5833, [gtarafa@sts.org](mailto:gtarafa@sts.org).

**Questions regarding AQO information, general administrative activities or if unsure who to contact?**

Contact Amy Dancisak, Quality, Research and Patient Safety Coordinator, (312) 202-5818 or [adancisak@sts.org](mailto:adancisak@sts.org).



**Data Managers:**

**Please read carefully before proceeding  
to the registration form below.**

On the registration form, you will be asked if you – the AQO Conference attendee, not the surgeon you may work with – are an STS Surgeon or Associate Member. Please note that this question relates to STS Membership only. STS Membership is not the same as STS National Database Participation. If you are an STS Member, you will need your 6-digit STS Member ID. This is not your site or Database participant ID.

**If you are *not* an STS Associate Member, please see the Special Offer box on the following registration form.**

With this in mind, please proceed to the AQO Conference registration form.  
We look forward to seeing you in sunny California!

*Scroll down for registration form.*



# REGISTRATION FORM



September 24-26, 2009 • San Diego Marriott Hotel & Marina • San Diego, California

## REGISTRANT INFORMATION (Separate from hotel registration, see below)

### ► Are you an STS Associate Member?

- Yes - Please enter a valid 6-digit Member ID #: \_\_\_\_\_  
 No

### ► Are you an STS Surgeon Member?

- Yes - Please enter a valid 6-digit Member ID #: \_\_\_\_\_  
 No

Please note: STS membership is not the same as Database participation. You must have a valid 6-digit STS Member ID number. If you are not an STS Associate Member see the special offer box below.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Degree \_\_\_\_\_

Job Title \_\_\_\_\_ Institution \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address (required) \_\_\_\_\_

| Mailing address                                       |  |  | Billing address                                       |  |  |
|---|--|--|---|--|--|
| Street _____  |  |  | <input type="checkbox"/> Same as mailing address      |  |  |
| City _____ State/Province _____ Zip/Postal Code _____ |  |  | Street _____  |  |  |
|   |  |  | City _____ State/Province _____ Zip/Postal Code _____ |  |  |

### REGISTRATION FEE (Please check only one)

**Congenital Meeting** (Thursday, 9/24)  Member \$250  Non-Member \$300  
*Includes General Session (Friday, 9/25)*

**General Thoracic Meeting** (Thursday, 9/24)  Member \$250  Non-Member \$300  
*Includes General Session (Friday, 9/25)*

**Adult Cardiac Meeting** (Saturday, 9/26)  Member \$400  Non-Member \$500  
*Includes General Session (Friday, 9/25)*

**SAVE! Congenital & Adult Cardiac Meetings**  Member \$550  Non-Member \$700  
 (Thursday, 9/24 & Saturday, 9/26)  
*Includes General Session (Friday, 9/25)*

**SAVE! General Thoracic & Adult Cardiac Meetings**  Member \$550  Non-Member \$700  
 (Thursday, 9/24 & Saturday, 9/26)  
*Includes General Session (Friday, 9/25)*

Please check here if you cannot attend the meeting but wish to receive meeting materials via mail. All meeting materials are \$175 per meeting and will be sent after the meeting. Name of Meeting(s): \_\_\_\_\_

### IMPORTANT:

I will attend the following optional Friday morning session, which runs prior to the General Session (check ONE):

- Meeting for New Data Managers
- Regional Data Managers Meeting
- Neither

I will attend the General Session on Friday (included in registration fee).

### SPECIAL OFFER

Data managers who submit a complete STS Associate Member application with all supporting materials by Oct. 15, 2009, and attend the 2009 AQO Conference will have their initiation fee waived upon approval of membership.

### A \$100 savings!

Visit [www.sts.org/membership](http://www.sts.org/membership) for an application.

### DEADLINES

Registrations must be postmarked or received via fax along with full payment by **Friday, Sept. 4**. A \$50 administrative fee will be charged for cancellations. No refunds will be given after Sept. 4, 2009.

### MAIL FORM WITH CHECK:

The Society of Thoracic Surgeons  
 PO Box 809308  
 Chicago, IL 60680-9308

or

### FAX FORM WITH CREDIT CARD:

(312) 202-5803

Please make checks payable to The Society of Thoracic Surgeons

See next page for hotel information.

### PAYMENT INFORMATION

Amount: \$ \_\_\_\_\_  Check  Visa  AmEx  MasterCard

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name (please print) \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

## HOUSING INFORMATION



**September 24-26, 2009 • San Diego Marriott Hotel & Marina • San Diego, California**

A block of rooms for AQO Conference attendees has been reserved on a first-come, first-served basis at the San Diego Marriott Hotel & Marina, 333 West Harbor Drive, San Diego, California 92101.

A special rate of \$229.00 single/double, plus state and local taxes, has been arranged with the San Diego Marriott Hotel & Marina for all AQO Conference participants. These rates are guaranteed through August 28, 2009.

**Two ways to make your hotel reservation at the discounted STS group rate:**

- 1) Phone: Call the hotel directly at (619) 234-1500 or Marriott Hotel Reservations at (800) 228-9290. Be sure to reference **STS AQO Meeting**.
- 2) Online: Visit **[www.sts.org/AQO](http://www.sts.org/AQO)** and click on Hotel Reservations.

**Last year's hotel sold out early, so don't delay. Make your reservation today!**