

STS ADULT CARDIAC SURGERY DATA MANAGERS' NATIONAL SURVEY

Dear STS Data Manager,

Based on comments from the STS website's Data Manager's page and from informal discussions at the national database meetings, many have expressed an interest in knowing how other facilities and organizations accomplish data collection and reporting. To answer some of those many questions, a survey has been developed and refined based on feedback from various data managers across the country. The goal was to address all key interests without making the survey unduly long.

We hope to learn from each other efficient and productive ways to collect data high in quality. Your participation is completely voluntary. When complete, please fax your form to the number below or mail it to the address below:

The Society of Thoracic Surgeons
401 North Michigan Avenue
Chicago, IL, USA 60611--4267

FAX (312) 527-6635

IMPORTANT!

Neither you, nor your facility, will be individually identified in the survey's results summary.

ABOUT YOU

We would like some background information about you to develop a profile of the typical STS Data Manager.

- 1) Who is your employer?
 hospital physician office joint venture other : _____
- 2) What is your official job title? _____
- 3) Are you fulltime (1 FTE, 2080 hours/year, 40 hours/week)? Yes No
- 4) Is the STS data initiative your only job responsibility? Yes No
- 5) Would you be willing to share your job description? Yes No Don't have one
- 6) Are you a clinician? Yes No
If Yes, please specify type (i.e., RN, PA, ANP, etc.): _____
How many years of cardiac surgery clinical experience do you have?
 new/first time 1-3 years 4-5 years > 5 years
- 7) What is your highest academic degree? _____ Major: _____
- 8) What certifications do you have (i.e., CCRN, ACLS, etc.)? _____
- 9) How many years of experience do you have working with the STS Adult Cardiac Surgery Database initiative?
 new/first time 1-3 years 4-5 years > 5 years

Please provide your contact information should we have any questions:

Your Name: _____
Facility STS Participation ID#: _____ Facility Name: _____
Office Telephone Number: (_____) _____ - _____ ext. _____
E-mail Address: _____ Fax Number: (_____) _____ - _____

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3) What is the status of this current software?

- keeping it and upgrading its version as needed
- changing vendors, getting new system

If you are changing vendors, who will you be changing to: _____

(Note: If you are still in the selection process and a final selection has yet to be made please write in "undecided".)

- switching from homegrown/participant generated software to commercial vendor product

If you are going to a commercial product, who will you be changing to: _____

(Note: If you are still in the selection process and a final selection has yet to be made please write in "undecided".)

- never have had software, will be making an initial purchase

If you are making an initial purchase, who have you selected: _____

(Note: If you are still in the selection process and a final selection has yet to be made please write in "undecided".)

4) Do you currently have or plan to have interfaces to your software? (Interfaces allow for electronic transfer of needed surgical data from other systems) Yes No software doesn't allow for this

If Yes, interface types:

Have	Planned	
<input type="checkbox"/>	<input type="checkbox"/>	Admission-Discharge-Transfer (HIS) System (i.e., patient demographic/admit data)
<input type="checkbox"/>	<input type="checkbox"/>	Cath Lab Hemodynamics
<input type="checkbox"/>	<input type="checkbox"/>	Labs
<input type="checkbox"/>	<input type="checkbox"/>	Billing
<input type="checkbox"/>	<input type="checkbox"/>	Inventory
<input type="checkbox"/>	<input type="checkbox"/>	Clinical documentation (on-line charting)
<input type="checkbox"/>	<input type="checkbox"/>	Other(s):

5) Have you added any unique custom data elements for collection to your system?

- Yes No System won't allow for addition of custom elements

If Yes, would you please share several examples of your custom data elements:

6) Is your software system's sole purpose for STS data participation only and not used in any other way?

- Yes No

If No, what are some examples of other ways you are utilizing the database? (Check all that apply.)

- Committees (MD Quality Assurance, M&M Review, CQI Task Forces)
- Internal Reports (operational [i.e., average LOS, caseloads, cost/case], MD profiling/report cards)
- External Reports (payer/managed care, mandated state data reporting)
- Infection Control Surveillance
- Billing
- Appointments/Scheduling
- Other(s): _____

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- 7) Who is responsible for generating custom reports and/or custom queries? (Check all that apply.)
 myself other(s) in the organization myself + other(s) in the organization
 vendor must do software won't allow for custom queries/reports
- 8) Who is responsible for presenting data once generated? (Check all that apply.)
 myself other(s) in the organization myself + other(s) in the organization
- 9) Do you have IS (information/computer services) support, either partial or full-time, for your software and/or hardware? Yes No
- 10) Do you restrict what various users of the software can do (i.e., view only, edit, run a report, etc.) based on a set of user access rights? Yes No

DATA COLLECTION AND VALIDATION PROCESS

- 1) What is your primary workflow for data capture (what process constitutes the bulk of data collection)?
 collect data on manual forms with software entry later
 direct entry into software (paperless system)
 other: _____
- 2) When do you capture data? (This refers to in-hospital data only.)
 100% retrospective review post discharge
 100% concurrent review while patient in hospital
 predominantly retrospective with some concurrent
 predominantly concurrent with some retrospective
- 3) Do you capture any preop data from the MD's office prior to patient's admission to the hospital? Yes No
- 4) Is data collection done by:
 one person exclusively
 a dedicated group of individuals (consistent group of same individuals)
 multiple types of different personnel (inconsistent group, variety of individuals)
- 5) Who does the bulk of the data collection? myself other(s)
 If other(s), do they report to you? Yes No
- 6) Please estimate the total number of FTEs dedicated to data collection: _____
 (1 FTE = 2080 hours/year, 40 hrs/week)
Note: If a person only spends part of their job doing this, then only count that portion of their FTE.
- 7) Please identify who is the primary person (by job title) responsible for capturing the following data :
Note: Data categories follow the STS data collection form.

	Personnel Job Title
Demographics/Hospitalization	
Hospitalization	
Preoperative Risk Factors	
Previous Interventions	
Preoperative Cardiac Status	
Preoperative Medications	
Preoperative Hemodynamics and Cath	

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Operative	
Coronary Surgery	
Valve Surgery	
Minimally Invasive	
Other Cardiac Procedures	
Other Non-Cardiac Procedures	
CPB and Support	
Postop Complications	
Mortality	
Readmission	

- 8) Do you have a post-discharge follow-up program? Yes No
 If Yes, how are patients contacted? (Check all that apply.)
 telephone call mailing combination Internet/E-mail other: _____
 At what interval(s): _____
- 9) Do you utilize any type of patient satisfaction tools? Yes No
- 10) Do you have an audit process to verify that data that has been reported and entered into the software matches what is recorded in the patient's chart? Yes No
 If Yes, are these review audits based on: all charts random sample certain % or # of total cases
- 11) Have you built any custom data audit queries/reports? Yes No
- 12) Do you use any data that is self-reported exclusively by the surgeon? Yes No
 If Yes, do you verify that this data matches what is recorded in the patient's chart? Yes No
- 13) How do you resolve a data conflict between what the surgeon states/reports if the patient's chart reflects something else? _____
- 14) How do you resolve questions about operational definitions for individual data elements?
 surgeon's own interpretation is used consult with STS data manager decided
 check with peers at other facilities/programs omit response/leave blank other: _____
- 15) For infection data, who is the ultimate determiner in your organization?
 Infection Control/Epidemiology's designations/definitions STS operational definitions surgeon
- 16) From where do you obtain your ejection fraction measurement?
 from diagnostic testing (i.e., Cath Lab, Non-invasive) surgeon's personal interpretation
- 17) How do you verify that data abstraction has been completed for an individual record?

MISCELLANEOUS

- 1) Have you asked your IRB (Institutional Review Board) whether the STS Data Project needs to be approved by them? Yes, I asked No, I have not asked we don't have an IRB
 If Yes, what was their response: IRB approval not needed IRB approval required
- 2) Who is responsible for the data submission/harvest process? myself other(s) combination

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- 3) Are there reasons that you feel make some data elements difficult to collect? Yes No
If Yes, what are the reasons? (Check all that apply.)
 unavailable in chart unclear operational definition rarely/infrequently documented in chart
 not available from documentation in a timely manner Other(s): _____
- 4) Do you have a formalized education program for new hires who will be doing data collection? Yes No
- 5) Is there a local/regional users' group in your area? Yes No
If No, would this be of any interest to you? Yes No
- 6) Indicate your degree of interest in participating in the following activities if STS were to sponsor such events:
- | | | | |
|---------------------------------------|-------------------------------------|--------------------------------|---|
| Clinical Workshops | <input type="checkbox"/> Definitely | <input type="checkbox"/> Maybe | <input type="checkbox"/> Not Interested |
| Data Abstraction Clinics | <input type="checkbox"/> Definitely | <input type="checkbox"/> Maybe | <input type="checkbox"/> Not Interested |
| Clinical Quality Improvement Programs | <input type="checkbox"/> Definitely | <input type="checkbox"/> Maybe | <input type="checkbox"/> Not Interested |
| Data Quality/Integrity Methods | <input type="checkbox"/> Definitely | <input type="checkbox"/> Maybe | <input type="checkbox"/> Not Interested |
| Data Manager Certification | <input type="checkbox"/> Definitely | <input type="checkbox"/> Maybe | <input type="checkbox"/> Not Interested |
| Operational Definitions Task Force | <input type="checkbox"/> Definitely | <input type="checkbox"/> Maybe | <input type="checkbox"/> Not Interested |
| Maximizing Output From Your Database | <input type="checkbox"/> Definitely | <input type="checkbox"/> Maybe | <input type="checkbox"/> Not Interested |
- Other Program Suggestions:

- 7) Do you participate in any of the following?
 General Thoracic Database If No, are you interested in participating? Yes No
 National Congenital Database If No, are you interested in participating? Yes No

Please list any other ideas/suggestions/comments, you would like to share with us.

Thank you for your willingness to participate in this survey!
We will be working to summarize the data and make it available to each data manager.

Please fax or mail your completed survey to the fax number or address listed on page 1 of this survey.