Important Changes to be Unveiled at Upcoming AQO Conference

It’s nearly here! The premier gathering of STS National Database professionals, the 2012 Advances in Quality & Outcomes (AQO): A Data Managers Meeting, will take place October 4—6 in Dallas.

Any health care professional who strives to improve the quality of cardiothoracic surgery patient care through the use of data would benefit from attending the AQO conference.

“As the STS National Database and its many functions continue to expand, it is increasingly important for data managers to attend AQO,” said David M. Shahian, MD, Chair of the STS Workforce on National Databases.

“They will have an opportunity to interact directly with STS National Database leaders, ask questions, and make suggestions for future Database upgrades.”

At this year’s meeting, attendees will benefit from presentations on the practical applications of data collection. Of particular importance to Congenital Heart Surgery Database participants will be a comprehensive overview of the new data specification upgrade that becomes effective in 2013.

Separate sessions will focus on each of the three Databases—Adult Cardiac Surgery, General Thoracic Surgery, and Congenital Heart Surgery—allowing attendees to develop Database-specific skills and explore how others are implementing new initiatives. The AQO conference is also a chance to compare and contrast product options from exhibiting software vendors.

AQO isn’t all work and no fun, though. Be sure to join us on Thursday evening for our Networking Reception. “One of the most valuable aspects of AQO is meeting fellow data managers, who often become an informal support network to exchange ideas and questions,” Dr. Shahian said. Texas-style attire is not required, but is encouraged!

We strongly recommend preregistering for the conference, as copies of the presentation materials will be available for download to your computer, tablet, or other device prior to the conference. Materials will not be distributed onsite; however, the hotel has a business center where you can access them online and print out copies for a fee. (The meeting rooms do not have wireless Internet.)

To refresh your skills before attending the conference, consider viewing the STS Data Managers Module—details can be found on page 5.

To sign up and to view the conference program, visit www.sts.org/aqo. For additional information, contact Amy Dancisak, Senior Coordinator, STS National Database, at adancisak@sts.org or (312) 202-5818. We hope to see you in Dallas!
The fine folks of the Texas Regional Data Managers Group invite you to come on down and attend Advances in Quality & Outcomes (AQO): A Data Managers Meeting, October 4–6 in Dallas. Not only will this year’s AQO conference provide valuable information regarding the STS National Database, but there will also be plenty of ways to kick back and have fun during your visit.

The fall weather in Dallas is perfect for visitors, with highs in the 70s and lows in the 50s. Did you know Dallas is the second-largest city in Texas and the ninth-largest in the United States? The Dallas-Fort Worth-Arlington Metroplex covers more than 400 square miles, is home to more than 5.8 million people, and ranks with New York City and San Francisco for food, art, fashion, and fun.

There are so many different places to visit in the Metroplex; it rivals any vacation spot. If you love football, Cowboys Stadium—the home of “America’s Team,” the Dallas Cowboys—is the world’s largest indoor stadium. Come see what $1.15 billion buys, including the second-largest video board in the world with its own elevator, as well as more than 3,000 high-definition televisions throughout the stadium. If you like baseball, you can tour the Ballpark in Arlington (home of the 2011 American League Champion Texas Rangers), located just across the street from Cowboys Stadium. Dallas is also home to the 2011 NBA Champion Dallas Mavericks and the NHL’s Dallas Stars.

The slogan “Everything is Bigger in Texas” holds true in many different ways. The most notable is the annual State Fair of Texas, which brings in more than 22 million visitors. Visit Fair Park and see Big Tex, who stands more than 52 feet tall, wearing size 70 boots and a 75-gallon hat. You can enjoy some of the most famous fried foods in the nation while catching one of many concerts and exhibitions. The fair runs September 28 through October 21, giving you plenty of time to take part in the festivities.

If you’re interested in the arts, the Dallas area offers many performances and exhibits at beautiful venues, such as the Dallas Arboretum, which is currently featuring “Chihuly,” a display of dramatic glass sculptures located throughout the 66-acre grounds. Don’t forget about The Sixth Floor Museum at Dealey Plaza, where you can step back in time and see photographs, films, and artifacts that chronicle the life, legacy, and assassination of President John F. Kennedy.

Stop by the Texas Regional Hospitality table at AQO and say “howdy!” Don’t forget to pack your cowboy boots and hat so you can wear them to the Networking Reception on Thursday, October 4 from 5:00 to 7:00 p.m. Register to attend AQO by visiting www.sts.org/aqo and come join us for some after-hours fun in the Big D!
Beginning next year, participants in the Adult Cardiac Surgery Database (ACSD) component of the STS National Database will have an opportunity to publicly report their scores on the newly developed STS aortic valve replacement (AVR) composite metric, in addition to their STS CABG composite scores, on a voluntary basis.

Although CABG surgery remains the most frequently performed cardiac surgical procedure in the United States, the STS Quality Measurement Task Force developed the STS AVR composite performance metric in response to a notable decline in the frequency of CABG surgery and a corresponding increase in the relative percentage of valve surgery cases. By providing information for both procedures, the overall performance of a cardiac surgical practice will be more comprehensively assessed.

**CABG Composite Score**

Historically, CABG mortality was the sole metric of cardiac surgical performance. However, in the past 20 years, overall CABG mortality rates have fallen dramatically, approaching 1% in some states, and the spread in mortality rates among programs has narrowed. Statistically, this makes it difficult to distinguish quality differences based only on mortality.

There has also been increasing recognition that mortality alone is inadequate to assess the overall quality of cardiac operations. Consider two patients who survive CABG, one of whom has a perfectly uncomplicated hospitalization while the other suffers acute renal failure and requires lifelong dialysis. Judged only by mortality, these two patients have had similar outcomes, but in reality, one has sustained a devastating, life-altering adverse outcome.

To more comprehensively assess performance quality, STS developed the four-domain CABG composite score in 2007. The STS CABG composite score incorporates not only risk-adjusted operative mortality, but also 10 other individually National Quality Forum-endorsed measures, including:

- occurrence of any of five major complications (stroke, renal failure, sternal infection, reoperation, or prolonged ventilation);
- use of an internal mammary artery graft; and
- administration of four perioperative medications.

Results for this composite measure have been reported to ACSD participants on a semi-annual basis using both numerical scores and a star rating system, and this metric subsequently received NQF endorsement in January 2011. Approximately 75% of ACSD participants receive two stars (average rating), 10%–15% receive one star (below average performance), and 10%–15% score three stars (above average performance).

Beginning in September 2010, ACSD participants were given the opportunity to publicly release their results on the Consumer Reports (previously known as Consumers Union) and STS websites. Presently, almost half of ACSD participants take advantage of this opportunity.

**AVR Composite Score**

Like its CABG predecessor, the new AVR composite includes two outcomes domains—risk-adjusted mortality and risk-adjusted morbidity. However, as there is no analogue to internal mammary artery use in valve surgery, and because the appropriate medications are less well defined for valve procedures, process domains are not included in the AVR composite.

ACSD participants received results of their AVR composite scores in May 2012. Similar to the CABG composite measure, the AVR composite score will be provided on a semi-annual basis, and participants will have an opportunity to publicly report their results on a voluntary basis beginning in 2013. Due to the smaller sample sizes compared with CABG, and because there are only two as opposed to four quality domains, pilot studies suggest that the percentage of both one- and three-star AVR programs will be smaller than for CABG.

Performance measurement is rapidly evolving nationally. STS will continue to be the leader in these initiatives by providing the very best metrics upon which to assess the quality of a cardiothoracic surgical practice. Adding the results of another commonly performed procedure, AVR, will enhance these efforts.

More information on reporting your AVR composite score can be found on page 7, and details on a recent STS Public Reporting webinar can be found on page 4. If you have questions, contact Bianca Reyes at breyes@sts.org or (312) 202-5839.

A similar version of this article also appears in the fall 2012 STS News.
STS Measure Receives NQF Endorsement

On August 10, the National Quality Forum announced its endorsement of yet another STS measure, “Risk-Adjusted Morbidity and Mortality for Lung Resection for Lung Cancer,” which is used in the General Thoracic Surgery Database.

This measure looks at the percentage of patients 18 years of age or older undergoing elective lung resection for lung cancer—including open or VATS wedge resection, segmentectomy, lobectomy, bilobectomy, sleeve lobectomy, or pneumonectomy—who developed any of the following postoperative complications:

- reintubation;
- need for tracheostomy;
- initial ventilator support for more than 48 hours;
- acute respiratory distress syndrome;
- pneumonia;
- pulmonary embolus;
- bronchopleural fistula;
- bleeding requiring reoperation;
- myocardial infarction; or
- operative mortality.

This latest endorsement brings the Society’s portfolio of NQF-endorsed measures to 31.

Reasons to Participate in the STS General Thoracic Surgery Database

The Society invites you to participate in the General Thoracic Surgery Database (GTSD) component of the STS National Database. Since 2002, the GTSD has acquired more than 265,000 case records from more than 220 participants. Take a look at the many reasons why your institution should consider participating:

10. Help achieve the same near-universal national participation levels and resulting recognition achieved by the Adult Cardiac Surgery Database.
8. Receive aggregate data from a national spectrum of private and academic sites to allow benchmarking of current practice.
7. Enable better risk modeling of major procedures by adding to the participant count.
6. Meet the requirement for the American Board of Thoracic Surgery Maintenance of Certification.
5. Obtain support for contracting and payer negotiations.
4. Address issues of quality, cost, and pay for performance effectively and proactively.
3. Acquire benchmark performance data for procedures that are performed by several different specialties.
2. Document your team’s competency and quality for credentialing, hospital reappointment, and consumers (patients and payers).
1. Help improve patient outcomes!

For more information, contact Gerry Tarafa, Operations Manager, STS National Database, at gtarafa@sts.org or (312) 202-5858, or visit www.sts.org/participate.

Public Reporting Webinar Now Available

An STS Public Reporting webinar was held on August 29. More than 200 participants received an overview of updates on the STS and Consumer Reports public reporting websites, as well as an explanation of the star ratings for the new aortic valve replacement (AVR) composite measure and the new consent form process.

If you were not able to participate in the live presentation, a recording of the webinar is available for viewing at www.sts.org/quality-research-patient-safety/quality/public-reporting/pri-webcast.

For any questions regarding public reporting, contact Bianca Reyes, Manager of Database Development, at breyes@sts.org.

“Like” STS on Facebook and follow @STS_CTsurgery on Twitter to view photos of recent events, track upcoming educational activities, and keep in touch with the Society.
Participate in the AFib Module!

STS provides a web-based Atrial Fibrillation Module for Adult Cardiac Surgery Database participants to collect and benchmark data for the surgical treatment of AFib.

AFib impacts an estimated 2.5 million people in the United States, and as the population ages, the prevalence is expected to increase. Significant morbidity, mortality, and health care costs are associated with this condition.

Surgery for AFib is often performed in conjunction with other cardiac operations but can be a standalone procedure. Evaluation and comparisons of surgical techniques and results will advance knowledge and further the development of guidelines for this condition.

We encourage you to contribute to this important dataset. For more information regarding participation, contact Bianca Reyes, Manager of Database Development, at breyes@sts.org or (312) 202-5839.

Congenital Quality Module Available at No Cost

Do you know that a web-based Congenital Quality Module is now available at no cost to all Congenital Heart Surgery Database participants?

Quality measures for congenital and pediatric cardiac surgery, developed and approved by STS, were designed to assess the complexities of caring for this special patient population. These structure, process, and outcome metrics provide participating centers with the opportunity to examine current practices and identify ways to improve delivery of care and outcomes.

The module collects data specific to each patient concerning care planning, communication among providers, and use of recommended medications and equipment. Data collection for the center focuses on post-operative care location, physician coverage, and rounding practices within the hospital.

You are encouraged to use these valuable tools to assist in optimizing care for your congenital cardiac surgery patients. The module, as well as a resource guide, can be accessed through the Duke Clinical Research Institute web portal at https://outcomes.dcri.duke.edu/registry.

Further details regarding data entry can be found in the data collection forms and data specifications below.

- Congenital Heart Surgery Quality Module Data Collection Form - Center Data (Structure Measures)
- Congenital Heart Surgery Quality Module Data Specifications - Center Data (Structure Measures)
- Congenital Heart Surgery Quality Module Data Collection Form - Patient Data (Process Measures)
- Congenital Heart Surgery Quality Module Data Specifications - Patient Data (Process Measures)

Please contact Carol Elliott, DCRI Clinical Data Specialist, at carol.elliott@duke.edu for a username and password to the DCRI web portal if you do not already have them.

Refresh Your Skills with the New Data Managers Module

The new STS Data Managers Module provides an overview of procedures for STS data managers. The module is a valuable training tool for new data managers and a beneficial review for experienced data managers. It is highly recommended that all new data managers view the module in its entirety prior to attending Advances in Quality & Outcomes (AQO): A Data Managers Meeting.

The 45-minute presentation is self-paced, so you can move from section to section at your choosing. The major content sections reviewed include STS web modules, data collection forms and procedures, data collection resources, the data harvest process, and the Data Quality Report.

To access the module, visit www.sts.org/datamanager/dm.html.
Where to Find Answers to Your Questions

As a participant in the STS National Database, you likely have questions from time to time. If you’re scratching your head, check out the following resources to find helpful information.

Data Manager Questions
If you have questions about data collecting methods, quality improvement, educational opportunities, etc., other data managers are excellent people to ask. In addition to your regional group (see below), you can join the STS Data Managers ListServe by visiting www.sts.org/quality-research-patient-safety/national-database/database-managers/additional-resources/database-man.

Clinical Questions
As clinical questions are not permitted on the ListServe, STS has developed another resource for these types of inquiries. The Clinical Support page, found at www.sts.org/national-database/database-managers/clinical-support, allows you to submit your question for any of the Databases. In most cases, questions will be reviewed and the answers e-mailed to you within 30 days.

Software Questions
If you have any questions related to your Database software, it’s best to contact your software vendor directly. Vendor contact information can be found at www.sts.org/sts-national-database/database-managers/database-software-and-vendors.

Transcatheter Valve Data Collection: Q&A
Transcatheter aortic valve replacement offers a new treatment option for patients considered inoperable for conventional aortic valve replacement surgery. The TVT Registry, created by STS and the American College of Cardiology Foundation, is designed to monitor the safety and efficacy of this new treatment for aortic stenosis. The STS Adult Cardiac Surgery Database also collects data on transcatheter aortic valve procedures.

These questions were submitted by data managers in regard to data collection for this new procedure.

Q: Into which database are these cases entered?
A: Enter procedures performed using FDA-approved devices into both the TVT Registry and the STS Adult Cardiac Surgery Database. Procedures performed using investigational devices are not collected in these databases.

Q: Will transcatheter aortic valves be included in STS AVR Public Reporting and the AVR Composite Score?
A: No, transcatheter valves will not be included in the surgical valve replacement analysis. The AVR composite was developed for surgical aortic valves and will not include transcatheter valves.

For more information on the TVT registry, visit www.tvregistry.org.
STS NATIONAL DATABASE
2012 HARVEST SCHEDULE

ADULT CARDIAC SURGERY

2012 HARVEST 4
HARVEST WINDOW
October 1, 2011, through September 30, 2012
November 5, 2012
First day to submit data file
November 26, 2012
Harvest data submissions end
November 30, 2012
Final sign-off paperwork due
End of January 2013
Final report distribution

GENERAL THORACIC SURGERY

FALL - 2012
HARVEST WINDOW
July 1, 2010, through June 30, 2012
September 3, 2012
First day to submit data file
September 21, 2012
Harvest data submissions end
September 28, 2012
Final sign-off paperwork due
Mid-November 2012
Final report distribution

CONGENITAL HEART SURGERY

FALL - 2012
HARVEST WINDOW
July 1, 2010, through June 30, 2012
September 3, 2012
First day to submit data file
September 21, 2012
Harvest data submissions end
September 28, 2012
Final sign-off paperwork due
Mid-November 2012
Final report distribution

All dates are tentative and subject to change.

NOTE:
Routine Duke Clinical Research Institute server maintenance may require systems to be down for short periods during any particular harvest. You will be notified in advance of dates when data submissions cannot occur.

CONTACT DIRECTORY
The Primary Data Managers Contact Directory is available online through DCRI. Please review these directions for access.

Got Questions about STS?

While the STS National Database is a significant part of the Society, it’s not the only way that we work toward quality improvement and patient safety within cardiothoracic surgery. Have you ever wondered about other STS activities? From research to advocacy to education, learn all you’ve ever wanted to know about STS, our mission, and our membership with our newly updated STS Fact Sheet, located at www.sts.org/about-sts/sts-fact-sheet.

A Look Back at STS National Database History

As a participant in the STS National Database, you’re a part of history. The Database recently hit two significant milestones—more than 1,400 participants and 5 million surgical records! To honor this achievement, we looked back at the growth of the Database over time.

New Public Reporting Consent Form Includes Isolated AVR

Star ratings for isolated aortic valve replacement (AVR) procedures will be publicly reported in the January 2013 update for STS Public Reporting Online and the Consumer Reports website. Adult Cardiac Surgery Database participants may consent to publicly report data on AVR procedures.

Due to the addition of public reporting for AVR, there is a new, simplified consent form process. If you do not wish to publicly report AVR and do not have any other changes, then a new consent form is not required. However, if you do choose to publicly report AVR (or need to make any other changes), then a new consent form must be submitted.

Please submit your consent form by Tuesday, October 9 to be included in the January 2013 data update. Consent forms received after this date will be included in the next public reporting round. The consent form is available at www.sts.org/publicreportingconsentforms.

For any questions regarding public reporting, contact Bianca Reyes, Manager of Database Development, at breyes@sts.org.

*NOTE: Numbers represent active participants and records present at the end of the specified year (except for 1999, which is the number of participants who submitted data during that year’s harvest, and 2012, which uses data through Harvest 2 for ACSD and Spring 2012 for GTSD and CHSD). Additionally, 1999 numbers represent Adult Cardiac Surgery Database only.