ACSD 2020 Upgrade

High-Level Overview

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Why Upgrade?

Key objective of the ACSD is to provide sophisticated risk models
  • To assess outcomes and quality

Data elements are reviewed on a 3-year cycle
  • To maintain clinical relevance
  • To reflect evolving surgical practice and new treatment modalities
  • To address questions raised by data managers and surgeons
2020 upgrade: Achieving a Balance

• Inherent tension between trying to collect all possible relevant factors and increasing the database beyond a practical size
• Expansion pressure created by new technologies and procedure
• With each revision, there has been a net increase in data fields

**MAJOR FOCUS of the 2020 Upgrade**

• Reducing the number of data fields
• Keeping the most relevant fields
• Decreasing definitional ambiguity
Farewell to Version 2.9...

Version 2020 is planned to go live in July 2020

~ 30% Reduction in Fields

Improved Parent/Child Relationships

Aortic Valve and Aorta Sections are Friendlier

New Field Formatting
March, 2018

• All Feedback from v2.9 was reviewed
• Thank YOU for your feedback: we heard you LOUD & CLEAR
  Each field was reviewed for ease of capture
• A compilation of concerns from you, surgeons and the STS was developed

September, 2018

• Working groups of volunteer surgeons with subspecialty expertise were assembled to critically evaluate respective sections of the database

October, 2018

• Twice weekly calls were started with each specialized group
Timeline, continued....

April 2019
- Calls Concluded
- Core Group Review began

July 2019
- Surgeon Leadership Reviewed the semi-final version

August 2019
- Beta Testing with approximately 15 sites was performed with feedback received

September 2019
- Adult Cardiac Task Force review and Sign-off
- Work with IQVIA began
October 2019
• Work on Data Specs ongoing
• Semi-final Draft DCF presented at AQO

January 2020
• Data Specs complete and sent to Vendors
• Training Manual work begins

May/June 2020
• Training Manual complete and made available to sites

July 2020
• GO LIVE
How Did We Go About the Process....

- Prior upgrades involved conference calls or face to face meetings with members from the ACSD, STS staff and data managers. The DCF would be reviewed from beginning to end through the series of calls.
- For the 2020 upgrade, pre-work was done by STS staff working with data managers. All FAQs were reviewed and tagged to their respective data fields.
- The DCF was broken into sections and assigned to specific sub-groups of surgeons from the ACSD Task Force and National Database Workforce, with expertise in each section, assisted by STS staff and data managers.
Who helped.....

- Adult Cardiac Task Force
  - General Working Group
  - Mitral/Afib Working Group
- Aorta Task Force
- Informatics Task Force
- Core Group (Data Managers) Members
- Anesthesia
  - Society of Cardiovascular Anesthesiologists
- Perfusion
  - American Academy of Cardiovascular Perfusion
  - American Society of Extracorporeal Technology
  - American Board of Cardiovascular Perfusion
What we did……..

• All fields were reviewed
• Each field was inventoried and risk model and/or NQF measures were color coded for easy identification
• FAQ mailbox reviewed for each variable and tagged to the field
What we did......

• Frequency of capture reviewed to identify low frequency variables
  • Too difficult to reliably abstract
  • Not being captured
  • Also considered if a low frequency, but relevant event

• Assessment of current relevance
  • Do we need to be this granular?
  • What will we do with the information?
  • Is it relevant to today’s practice?
  • Will we derive any new information? Do we still need to capture it
  • Would eliminating/changing the variable have a negative impact on prior work

• Is the variable clear and well defined?
### What Changes can I expect......

<table>
<thead>
<tr>
<th>Section</th>
<th>Change Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aorta Section</td>
<td>• Goodbye to all those measurements</td>
</tr>
<tr>
<td>Combine Aortic Valve and Aorta Procedures</td>
<td>• Chart in one section for combined procedures</td>
</tr>
<tr>
<td>Straightened up the A-Fib section</td>
<td>• Just cleaned it up a little</td>
</tr>
<tr>
<td>Coronary Disease Grid</td>
<td>• GONE</td>
</tr>
<tr>
<td>CABG Grid</td>
<td>• GONE</td>
</tr>
<tr>
<td>Clarifying language on the DCF</td>
<td>• Just a little extra help</td>
</tr>
<tr>
<td>Made Multi-Select Fields</td>
<td>• Decreased Yes/No fields</td>
</tr>
<tr>
<td>Brought back Carpentier Classification</td>
<td>• Don’t worry, it will be better</td>
</tr>
</tbody>
</table>

And many more...
**Sample DRAFT DCF**

**How to read the sample DCF**

**Yellow:**
Field have been retired.

**Blue:**
Some change in language to this field or it is a new field.

**Green:**
Field is still being collected, but just not here.
This is great, BUT…
I have some questions

• No Worries, STS will be starting live webinars in November!!!
  • Review the 2020 Upgrade
    • We will get into the nitty gritty on the calls
  • Discuss changes to the form
  • Go through tough FAQ’s for v2.9
  • Surgeon Leaders will join to provide their input
  • Provide STS with feedback
  • Checked with NCDR for scheduling conflicts

WATCH YOUR INBOX FOR DATES
Thank You