Always Audit Ready

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Disclosures

• Lead Congenital Accounts Manager, Cardiac Registry Support, LLC
• Congenital Data Manager, Children’s Hospital of The King’s Daughters, Norfolk VA
Site Audit Selection Process

• In January, the Congenital Heart Surgery Database Taskforce meets to review the previous year’s audit results and to make decisions about the next year’s audit.

• In around March, the Committee sends a task list to the data warehouse outlining how many sites will be audited for the year and the data elements that will be audited.

• In around April/May, the data warehouse sends CRS a list of who has been selected for audit. About a week later CRS receives a subset of each site’s harvest file.
Site Visit vs Remote Visit Decision

• The sites are listed in overall case volume order.
• The two surgeon auditors then review the ordered list.
  • Dr. David Overman
  • Dr. James O’Brien
• In most cases, the surgeons decide that the sites with the four highest volumes are site visits.
• If there is a close tie for fourth/fifth place, mortalities may be taken into consideration for the fourth site visit.
• The rest of the 7 sites are then remote audits.
Site Notification Process

• Audit sites receive an audit notification email from STS (usually April or May after harvest is complete)
• Audit sites receive an instruction email from Cardiac Registry Support within a day or two
  • Inform if your audit will be onsite or remote
  • Discuss the various parts of the audit
  • Provide instructions on uploading documents to our portal
  • List deadlines
• STS website - Audit site is a great resource!
STS Website – Audit Section

Important Resources
- Data Manager Education
- Harvest Schedule and Information
- Database Forms
- Merit-Based Incentive Payment System Reporting
- Database Software and Vendors
- Advances in Quality & Outcomes: A Data Managers Meeting
- STS National Database News
- Regional Database Activities
- License the STS National Database Participant Logo
- Audits
- Contact Information

Data Analysis Reports
STS National Database participants can log in here to access their Data A Reports, and Anesthesia Reports.

Audits National Database Audits
STS National Database audits are designed to complement internal quality controls by examining the accuracy, consistency, and completeness of the data collected within the Database. Ten percent of participating sites in each component database have been selected at random for independent audits in 2019.

If you have questions regarding the audit process, contact Emily Conrad, Senior Coordinator, STS National Database, at stn@st.org or at 312-202-5839.

- Adult Cardiac Surgery Database
- General Thoracic Surgery Database
- Congenital Heart Surgery Database
- Intermacs Database
- Pedimacs Database
- Audit FAQs
STS Congenital Remote Audit Instructions

Thank you for participating in the Society for Thoracic Surgeons (STS) Congenital Heart Surgery Database audit. The purpose of the audit is to evaluate consistency in data collection processes and validate the data contained in the database.

Our company in Cardiac Registry Support (CRS) has been contracted by the DRS to conduct the DRS Congenital Audit for 2019 data. CRS has been collecting and auditing data across various registries. CRS has a long-standing relationship with the Society for Thoracic Surgeons and has a commitment to maintaining strong audits that provide an educational experience with feedback that will assure the integrity of collected data.

The audit process includes data extraction performed by Cardiac Registry Support on 20 randomly sampled index operations performed between January 1, 2019 and December 31, 2019 and submitted to Duke Clinical Research Institute (DCRI). An audit will also be conducted for all institutions related to index operations performed during the specified time. Additionally, there will be a comparison of your operating room cardiac surgery log and cases submitted to DCRI during this timeframe.

Your local Congenital Auditor is Angela Di Mauro, MD, PhD, Angeles—a skilled congenital surgeon with over 10 years of experience. She participated in the 2019 Congenital Audit. Congenital Audit is an educational process that will help you and your team improve your practice. One of two congenital heart surgery audits will participate in the audit process.

Below you will find steps required to complete the audit process. If at any time you have questions or concerns, please contact us at support@cardiacreg.com or call the STS Participant ID in all communication with CRS.

Step 1: Contact your Auditor

Email your auditor at support@cardiacreg.com before July 1, 2019 to set up a phone call. The purpose of the phone call is to gather some preliminary information about your facility and how you abstract and other data. The abstracted questions will be discussed on the phone call.

Answers to the above questions will be provided to CRS in a final audit summary. During our phone call, we will discuss:

- Your facility’s experience with the audit.
- Any specific challenges or questions you have.
- Your expectations for the audit.

You will then receive a follow-up email with the results of the audit.

Thank you for your participation in the audit process. Together, we will work to improve the quality of care provided to our patients.
Four Audit Components

• Interview and/or Questionnaire
• OR Case Log Review
• Mortality Case Review
• Random Case Review
Questionnaire and/or Interview

• Purpose it to understand your processes of abstraction and data entry and how that relates to what we see in audit so recommendations can be made
  • Who does what at your site?
  • What is your surgeon’s role?
  • How do you assure you are finding all cases?
  • What if questions…. 30-day f/u, transfers, complications, DB Discharge
  • Did any cases not get submitted at harvest?
  • You start the questionnaire and I add to it – it goes to STS with results
OR Case Log Review

• Purpose is to assess for missing cases
• You upload to the portal an OR generated case log in Excel format
• Can’t come from your vendor software, must come from OR software
• DCRI sends a file with the cases you submitted
• OR Case Log is compared to the DCRI file.
• Were all cases submitted?
• [https://www.youtube.com/watch?v=qD7FEPaQH_E&feature=youtu.be](https://www.youtube.com/watch?v=qD7FEPaQH_E&feature=youtu.be)
<table>
<thead>
<tr>
<th>Procedure Performed on OR Case Log/Model</th>
<th>Surgery Data Submission OR Case Log</th>
<th>OR Case Log Procedure Submitted to DOR</th>
<th>OR Case Log Procedure in Primary Procedure</th>
<th>STS Operation ID</th>
<th>Procedure Type</th>
<th>STS Patient #</th>
<th>Reasons Case is Missing from DOR or DTS</th>
<th>Additional Information</th>
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</thead>
<tbody>
<tr>
<td>2398A Interdisciplinary RPA CONSULT (on pump)</td>
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<td>V85556</td>
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</table>
OR Case Log

- Get a file back by secure email, matched with highlights
- For each highlight, there is a drop-down menu, you select:
  - Case type
  - Was it a patient death?
  - Why was the case not sent to DCRI or not on your OR Case Log?
  - Why is the OR procedure name so different from the STS submitted procedure?
    - Our site inadvertently missed this case. We will submit this case next harvest.
    - Our site does not abstract or submit this type of case to DCRI/STS
    - We abstracted this case type but do not submit this case type to DCRI/STS.
    - This case was cancelled on this date but not removed for the OR schedule.
    - This case was not scheduled through the OR scheduling software
    - I cross checked with the Op Note and entered the primary procedure correctly.
    - I cross checked with the Op Note and incorrectly entered the primary procedure. Will resubmit.
    - Other: Please elaborate in next column
Mortality Case Review

• Audited fields for 2018 includes:

<table>
<thead>
<tr>
<th>Variable Name</th>
<th>SeqNo.</th>
<th>Short Name</th>
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<td>Date of Admission</td>
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<tr>
<td>Date of Hospital Discharge</td>
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<td>Date of Birth</td>
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<tr>
<td>Age at Time of Surgery</td>
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<td>Gender</td>
</tr>
<tr>
<td>Operation Type</td>
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<td>OpType</td>
</tr>
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<td>Date of Database Discharge</td>
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<td>DBDischDt</td>
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<tr>
<td>Mortality Status at Hospital Discharge</td>
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<td>Mortality Status at Database Discharge</td>
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<td>Mortality-30-day Status</td>
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</tr>
<tr>
<td>Mortality Date</td>
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<td>MtDate</td>
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</table>
Mortality Case Review

- Mortality list provided by DCRI
- Review all mortalities that occurred in the audit year
- Some lists have index cases from the year below – won’t review those
- Operative mortalities reviewed
- Late mortalities reviewed
- Upload the admission H&P, index op note, discharge summary
- May get questions, may need more uploads, draft feedback
### Random Care Audit – 2018 Audited Data Elements

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Code</th>
<th>Description</th>
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</thead>
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<tr>
<td>Fundamental Diagnosis</td>
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<td>DOB</td>
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<tr>
<td>Age at time of Surgery</td>
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<td>AgeDays</td>
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<td>Date of Admission</td>
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<tr>
<td>Date of Surgery</td>
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<td>SurgDt</td>
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<td>4220</td>
<td>HospDischDt</td>
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<td>Final Extubation Date/Time</td>
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Random Case Audit – 2018 Audited Data Elements

<table>
<thead>
<tr>
<th>Data Element Description</th>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Date of Database Discharge</td>
<td>4250</td>
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<tr>
<td>Mortality Status at Hospital Discharge</td>
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<td>MtHospDisStat</td>
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<td>Mortality Status at Database Discharge</td>
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<tr>
<td>Mortality-30-Day Status</td>
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<td>Number of Cardiothoracic operations</td>
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<td>Discharge Location</td>
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<td>Anesthesia Adverse Events (if participating in Anesthesia Module)</td>
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</table>
Random Case Review – Remote Audits

• 20 random cases provided by DCRI, sent to you in an Excel file
• Sites “package” the medical record into one or more pdf files
• Sites use Adobe Pro to bookmark each case with the audited data elements – who does that varies
• Once bookmarked, uploaded to the portal.
• May get questions, need for additional documentation
Random Case Review – On Site Audits

• 20 random cases provided by DCRI, sent to you in an Excel file
• Sites usually require the auditors to sign site forms for EMR access
• Get a reminder email with additional instruction, visit timeline
• Use auditor laptops/software for our audit data entry
• Run through all 20 cases
  • Surgeon Auditor reviews preop factors, primary diagnosis, primary procedure, and complications
  • CRS Auditor reviews the other fields
  • Then we crossmatch, discuss mismatches, data specs, FAQs
Audit Results

• OR Case Log results – summary of any missing cases
• Mortality case review results
  • missing data
  • agreement rates (mismatches)
• Random case review results
  • missing data
  • agreement rates (mismatches)
  • acceptable variances (AV)
  • breakout results preop factors results for the risk factor preop factors
  • breakout results for the major complications
• Surgeon Recommendations
Site Feedback

• Remote Audits – feedback by email
• Onsite Audits – feedback by summary conference
• Feedback
  • Review your processes
  • Review the results
  • Discuss surgeon recommendations
  • If you disagree
Tip #1 – Date of death documentation

• Operative mortalities
• Late mortalities
• Deaths at home
• Deaths at outlying rehab, ACC, or emergency rooms
Tip #2 Date of discharge documentation

• Documentation of date of discharge from a transferred to acute care center
• Documentation of date of discharge from a transferred to rehab facility or documentation of alive status at 183 days of rehab admission
Tip #3 – 30 day alive/dead documentation

• What document did you see that told you the patient was alive/dead at 30 days postop?
• Show us that document
• Spreadsheets – show evidence
• Lack of a call or email notification of death is not audit documentation for alive status
Tip #4 – Mental Preparation

• We ALL get audited
• Doesn’t mean you did anything wrong
• It’s a random selection, not based on star rating or mortalities
• Audit site selections are made every April/May
• Janet and Chasity – what tips do you have to help data managers be “Always Audit Ready”