



Society of Thoracic Surgeons

Congenital Heart Surgery Database
Monthly Webinar

January 21, 2025

Agenda

- Welcome and Introduction
- STS Update
- STS Data Manager Education (Chasity Wellnitz and Leslie Wacker, CHSD Consultants)
- Q&A

STS Updates

- January Training Manual posted
- 2025 Harvest Schedule has been posted
 - Spring 2025 close date: **March 21, 2025**
 - Fall 2025 close date: **September 26, 2025**
- Primary Procedure Mismatch Report Update
 - New process effective January 1, 2025
 - **Prim Proc Mismatch Report updates scheduled to be available on Monday, Feb. 10**
 - Replacing “Exception 1” aka “PSF rule”
 - New rule to be implemented in the S25 analysis
 - STS Education provided in the November 2024 Monthly Webinar
- CHSD Risk Adjusted Report Calculation Resource
 - Located in IQVIA Library Updated 12/13/2024

Education Updates - *agenda*

- **Status Update**
 - Changes in 2024
 - New in 2025
 - What's ahead
- **FAQ Process review**
- **FAQ – TM Updates**
- **Fundamental Diagnosis**
 - Definition
 - Tips and tricks

Status Update – Changes in 2024

1. Prior Ops – how to count

- [November 21, 2023 Webinar](#)
- SeqNo **2000 & 2005**
- Short Name **PrvCtOpN & PrvOCTOpN**
- **Page 650 – Jan TM**
- ****Audit criteria also changed****

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2. Optional limited dataset – ACHD

- October 15, 2024 Webinar
- CHSD sites have the option to collect a limited dataset on non-index operations for adult patients (age $\geq 6,575$ days). Sites can determine which of the optional fields to collect on the non-index operations completed on adult patients.
- **Page 5 – Jan TM**

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3. [Webinar](#) preview changed to Education Update – Agenda page

Status Update – New in 2025

1. Primary procedure rules (exception 1)

- [November 19, 2024 Webinar](#)
- SeqNo **1355**
- Short Name **Primary Procedure**
- **Page 546 – Jan TM**
- ****Will apply retrospectively beginning Spring 2025****

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2. VAD OpTypes criteria for when to use

- [December 17, 2024 Webinar](#)
- SeqNo **1755**
- Short Name **OpType**
- **Page 615 – Jan TM**
- **Sites are required to submit all VAD cases beginning January 2025**

Status Update – What's Ahead

Upcoming Webinars:

1. **New Data Manager Training**

- Resources, day-to-day work, submissions/reports
- Annual
- Late February, date TBD

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2. Report Overview

- How to read Analyzed reports
- Resources (Calculation Spreadsheet, Analysis Overview, etc.)
- Annual
- Following next report release, date TBD

FAQ Process – Review & Clarify

FAQs:

1. Review

- Submit all clinical questions to the FAQ mailbox
- Select applicable version
- Questions are *generally* answered within 30 days

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- Definitions DO NOT change between versions
- Updates to analysis MAY occur between versions, at the time of harvest

FAQ – TM Updates - "Jan-25"

Shock resolved within 24 hours of surgery

- SeqNo 650
- Short Name CarShockRes24

Intent/Clarification:

If Shock, Resolved at time of surgery, indicate if the patient's shock resolved within the 24-hour period prior to OR entry time. **In other words, did the resolution of shock occur within the 24-hour timeframe prior to the patient entering the OR (update Jan-25).**

FAQ – TM Updates - "Jan-25"

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If Shock, Resolved at time of surgery, indicate if the patient's shock resolved within the 24-hour period prior to OR entry time. **In other words, did the resolution of shock occur within the 24-hour timeframe prior to the patient entering the OR (update Jan-25).**

Example: patient developed shock 2 days prior to OR entry date/time. Following treatment, the patient's shock resolved 12-hours prior to entering the OR entry date/time. Code (1) Yes.

Example 2: patient developed shock within 5-days prior to OR entry date/time. The shock resolved 2-days prior to OR entry date/time. Code (2) No as the shock did not resolve in the 24-hours prior to OR entry date/time (update Jan-25).

FAQ – TM Updates - "Jan-25"

Procedures

- 3820, 3830, & 3840
- Right/Left heart temporary assist device, Implant, Explant, & Procedure

In the event an interventional cardiologist removes a temporary assist device, code SeqNo (1755) OpType as (777) Other; SeqNo (1355) Primary Procedure as the appropriate type of surgical access provided (either procedure (3660) Open chest exposure for transcatheter/per-ventricular/per-atrial procedure or procedure (3670) Peripheral vascular access for transcatheter procedures); and include procedure (3830) Right/Left heart temporary assist device, Explant as a secondary procedure (update Jan-25).

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Applies to implanting, removing, or performing a procedure on a temporary assist device

Fundamental Diagnosis

The most complex cardiac anomaly or condition of the patient, stays with the patient throughout life

The fundamental diagnosis:

- will span all operations and admissions
- can be congenital or acquired
- may or may not match the primary diagnosis

Fundamental vs. Primary Diagnosis

Fundamental Diagnosis

- can be congenital or acquired
- may or may not match the primary diagnosis
- most complex, lifelong diagnosis
- will not change with subsequent operations

Primary Diagnosis

- can be congenital or acquired
- may or may not match the fundamental diagnosis
- primary reason for performing the operation that day
- can change with every subsequent operation

Fundamental Diagnosis Example

Patient born with HLHS (MS, AS) and undergoes Norwood and Sano shunt placement. Returns later with aortic arch obstruction and undergoes aortic arch repair.

Norwood Operation:

- Fundamental diagnosis: *(2790) Hypoplastic left heart syndrome, (HLHS), AS+MS*
- Primary diagnosis: *(2790) Hypoplastic left heart syndrome, (HLHS), AS+MS*

Arch Repair:

- Fundamental diagnosis: *(2790) Hypoplastic left heart syndrome, (HLHS), AS+MS*
- Primary diagnosis (Aortic arch repair): *(1000) Aortic arch hypoplasia*

Fundamental Diagnosis Considerations

Not all listed surgical diagnoses can be the fundamental diagnosis:

- (2150) ASD, postoperative interatrial communication
- (2130) Shunt failure

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- (2150) ASD, postoperative interatrial communication
- (2130) Shunt failure

There must be an underlying cardiac reason the patient underwent an atrial septostomy or had a shunt placed

Fundamental Diagnosis Considerations

Not all listed surgical diagnoses can be the fundamental diagnosis:

- (2150) ASD, postoperative interatrial communication
- (2130) Shunt failure

Not determined by the surgical pathway:

- There are complex 2V lesions that are repaired utilizing single ventricle strategy
- There are single ventricle lesions that are repaired with a 2V approach

Fundamental Diagnosis Considerations

Not all listed surgical diagnoses can be the fundamental diagnosis:

- (2150) ASD, postoperative interatrial communication
- (2130) Shunt failure

Not determined by the surgical pathway:

- There are complex 2V lesions that are repaired utilizing single ventricle strategy
- There are single ventricle lesions that are repaired with a 2V approach

Not determined by the heart at birth:

- Acquired conditions can be fundamental diagnoses, i.e., cardiomyopathy, trauma, infections etc.

Fundamental Diagnosis Determination

If the patient has complex congenital heart disease or multiple complex diagnoses, work with your surgical team to determine the best fundamental diagnosis and/or send an FAQ.

Fundamental Diagnosis Example

Patient develops rheumatic fever and develops mitral and aortic valve stenosis years following the infection. Undergoes mitral and aortic valve replacement.

Rheumatic heart disease

Heart disease, usually valvar (e.g., mitral or aortic), following an infection with group A streptococci.

Coding Notes:

Note: This diagnosis CANNOT be the primary *or* fundamental diagnosis.

Fundamental Diagnosis Example Cont.

Patient develops rheumatic fever and develops mitral and aortic valve stenosis years following the infection. Undergoes mitral and aortic valve replacement.

Fundamental diagnosis determination:

- Select the valve with the highest degree of damage, i.e., moderate vs. severe stenosis or would require most lifelong care/follow up
- Work with your surgeon to determine

Fundamental Diagnosis Changes

In general, the fundamental diagnosis should not change with subsequent operations/hospitalizations

When to update:

- Coded incorrectly in the database
- More information now available for determination

Fundamental Diagnosis

In summary, the fundamental diagnosis:

- is lifelong and should not change overtime
- may differ from the primary diagnosis
- may not be present at birth (acquired)
- could require further discussion with your surgeon to determine

Open Discussion

Please use the
Q&A Function.

We will answer as
many questions as
possible.

We encourage
your feedback and
want to hear from
you!

Upcoming
CHSD
Webinars

Monthly Webinars

- 2/18/25 @ 12pmCT
- 3/18/25 @ 12pmCT

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THANK YOU FOR JOINING!