Society of Thoracic Surgeons

Adult Cardiac Surgery Database: Monthly Webinar

August 4, 2021
• Welcome and Introductions
• STS Important Dates
• IQVIA Update
• STS Education
• Q & A
Important Dates for Adult Cardiac

4 Aug
- ACSD Monthly Webinar

13 Aug
- ACSD H3 Closes (OR Dates through 6/30/2021)

17 Aug
- ACSD H3 Opt-Out Ends

18 Aug
- ACSD User Group Call @ 2pmCT

1 Sep
- ACSD Monthly Webinar @ 2pmCT

15 Sep
- ACSD User Group Call @ 2pmCT

16 Sep
- ACSD New Data Manager Webinar @ 2pmCT

12-15 Oct
- AQO (ACSD Oct 14)
• Harvest 3 closing on August 13 – get your data in, get your data clean, get your data back in

• August Training Manual Posted

• AQO Registration now open!

• Harvest 2 report coming very soon
IQVIA Update
Joe Brower
IQVIA Support Announcement

Participant Dashboard Report Performance Issue

• Users have reported an issue where the Participant Dashboard report is taking a longer than expected to load all results. The reported performance delay has between 3-5 minutes.

• During the loading of the report, users are unable to navigate within the report until all results are displayed.

• This issue is actively being investigated by the IQVIA development team.

• We will add additional updates in the Notifications section of the platform.
The below items were released the weekend of July 31:

Please Note: A list of the items have been posted to the Notifications section of the platform once the deployment has successfully completed.

Reports

• Participant Dashboard Report (non-analyzed)
  • **STS-4151** – A COVID-19 Filter will be added to the non-analyzed dashboard to allow users to filter on the following patient populations:
    • All Patients
    • COVID-19 Positive Patients
    • No Confirmed diagnosis of COVID-19
  • **STS-6471** – COVID-19 data entry responses will be displayed under the Risk Factors report section of the dashboard
  • **STS-6616** – The display label for the MtOpD + Died in Hospital will be updated to display MtOpD + Died in Hospital + Patient Expired in the OR and the report logic will be updated to include the counts for the Patient Expired in the OR variable
  • **STS-6868** – Calculation update for the Classification NYHA to correct parent/child relationship for 2.9 data version and remove parent for 4.20.2 data version
The below items were released the weekend of July 31:

Reports

Data Quality Report & Direct Data Entry Form Validation
- **STS-6692** – Updated the warning message for the cpvntlng (SEQ 6835) variable validation to display, “Total post-operative ventilation hours is less than or equal to 24 hours and Post-Op-Pulm-Vent Prolonged is marked Yes.”

Risk Adjusted Dashboard Report
- **STS-6709** – The blood products used calculation was updated to reflect changes related to the 4.20.2 data version for the IBldProd (SEQ 2515) variable. The previous calculation considered a parent variable which no longer applied

Missing Variable Report
- **STS-6765** – Aorta and Aortic Root Procedures were being flagged on the MVR when the parent fields were selected as No.
IQVIA will post an updated version of the full list of known issues and enhancements to the Library for user reference this week.
Please note: Submitted tickets are currently under review and the IQVIA support team will follow up on resolution and/or target release confirmation.

The IQVIA Team is currently reviewing items that will be released in an upcoming release. Those items will be posted to the Notifications section.
Polling Questions
ACSD Education Time

IQVIA Platform

• Harvest Clean-up
• Resource Navigation
• Renal Failure
• Medication Contraindications
Determination of Harvest Close Dates

- 6-8 weeks from date of last surgery date included in harvest
- Considerations
  - Other registries and related harvest close dates
  - Contractual responsibilities of the STS
  - Other uses – version upgrades
  - Religious and Non-religious holidays
If your patient is on pre-op dialysis (Dialysis) according to the definition and clarifications provided in the training manual, they do not meet the criteria to code the post-op complication of New or worsening Renal Failure.

- NQF measure #0114
Coding a Discharge Medication Contraindication

- Must be documented by the provider
  - ‘No ASA’ documented by a provider is acceptable
  - It must be addressed in the medical record
    - An addendum may be added to the discharge notes in accordance with your hospital policy
  - This can be a gray area – for example
    - Surgeon documents ‘Plavix at discharge, no ASA.’
      - Clearly the surgeon does not want the patient to receive ASA, code contraindicated.
  - Remember that if a CAB patient is prescribed **ONE** of the anti-platelet medication at discharge (ASA, P2Y12, ADP Inhibitor, or Other) then the patient meets the requirements for the NQF Measure, regardless if the other anti-platelet medications are marked No. Any contraindication removes the patient from the measure all together.
<table>
<thead>
<tr>
<th>Anti-Platelet Medication at Discharge</th>
<th>Percent of patients aged 18 years and older undergoing isolated CABG who were discharged on anti-platelet medication</th>
<th>Number of patients undergoing isolated CABG who were discharged on anti-platelet medication</th>
<th>Number of isolated CABG procedures in which:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(version 2.8.1) Discharge aspirin (DCASA) is marked &quot;yes&quot; OR discharge ADP inhibitors (DCADP) is marked &quot;yes&quot; OR discharge P2Y12 antagonist (DCP2Y12) is marked &quot;yes&quot; OR Other discharge anti-platelet (DCOthAntiPlat) is marked &quot;yes&quot;.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(version 2.9; 4.20.2) Discharge aspirin (DCASA) is marked &quot;yes&quot; OR discharge ADP inhibitors (DCADP) is marked &quot;yes&quot; OR Other discharge anti-platelet (DCOthAntiPlat) is marked &quot;yes&quot;.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All patients undergoing isolated CABG according to STS Procedure Identification algorithm</th>
<th>Cases are removed from the denominator if there was an in-hospital mortality OR if discharge aspirin OR discharge ADP inhibitor OR other discharge anti-platelet was contraindicated.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality Discharge Status (MDisStat) OR Discharge Date (DischDt) indicate an in-hospital mortality;</td>
<td></td>
</tr>
<tr>
<td>(version 2.8.1) Discharge aspirin (DCASA) OR discharge ADP inhibitors (DCADP) OR discharge P2Y12 antagonist (DCP2Y12) OR Other discharge anti-platelet (DCOthAntiPlat) is marked &quot;contraindicated&quot;.</td>
<td></td>
</tr>
<tr>
<td>(version 2.9) Discharge aspirin (DCASA) OR discharge ADP inhibitors (DCADP) OR Other discharge anti-platelet (DCOthAntiPlat) is marked &quot;contraindicated&quot;.</td>
<td></td>
</tr>
<tr>
<td>(version 4.20.2) Cases are removed from the denominator if there was an in-hospital mortality OR if discharge aspirin OR discharge ADP inhibitor OR other discharge anti-platelet was contraindicated OR the patient was discharged to Hospice OR the patient discharge location is Left AMA.</td>
<td></td>
</tr>
<tr>
<td>Expired in OR (ExpiredInOR), Mortality Discharge Status (DischMort Stat), Mortality Date (MDate), and Discharge</td>
<td></td>
</tr>
</tbody>
</table>
IQVIA Support Plan
IQVIA's Support Plan

^ Inquiries received outside live support hours will require a 24-hour turnaround window (i.e., one business day) for responses.

Please include your Participant ID (PID) in all communications with STS and IQVIA.
Resources

- **STS National Database Webpage**
- **ACSDTechSupport@IQVIA.com** (Uploader, DQR, Missing Variable, Dashboard, Password and Login)
- Phone Support: 1-833-256-7187
- **STS National Database Feedback Form**
- Resource Documents
  - Contact Information
  - Webinar Information
  - FAQ Document
  - Go-Live Checklist
  - Tiered-level Support Document
  - Training Videos
- **Link to IQVIA**
- ckrohn@sts.org
Contact Information

• Carole Krohn, Sr. Clinical Manager, STS National Database
  • CKrohn@sts.org
  • 312-202-5847
• Database Operational Questions
  • STSDB@sts.org
Open Discussion

Please use the raise-hand function.

Please use the Q&A Function.

We will answer as many questions as possible.

We encourage your feedback and want to hear from you!