



Society of Thoracic Surgeons

Adult Cardiac Surgery Database:
Monthly Webinar

August 4, 2021



Agenda

- Welcome and Introductions
- STS Important Dates
- IQVIA Update
- STS Education
- Q & A

Important Dates for Adult Cardiac

STS National Database[™]
Trusted. Transformed. Real-Time.

4 Aug <ul style="list-style-type: none">• ACSD Monthly Webinar	13 Aug <ul style="list-style-type: none">• ACSD H3 Closes (OR Dates through 6/30/2021)	17 Aug <ul style="list-style-type: none">• ACSD H3 Opt-Out Ends
18 Aug <ul style="list-style-type: none">• ACSD User Group Call @ 2pmCT	1 Sep <ul style="list-style-type: none">• ACSD Monthly Webinar @ 2pmCT	15 Sep <ul style="list-style-type: none">• ACSD User Group Call @ 2pmCT
16 Sep <ul style="list-style-type: none">• ACSD New Data Manager Webinar @ 2pmCT	12-15 Oct <ul style="list-style-type: none">• AQO (ACSD Oct 14)	

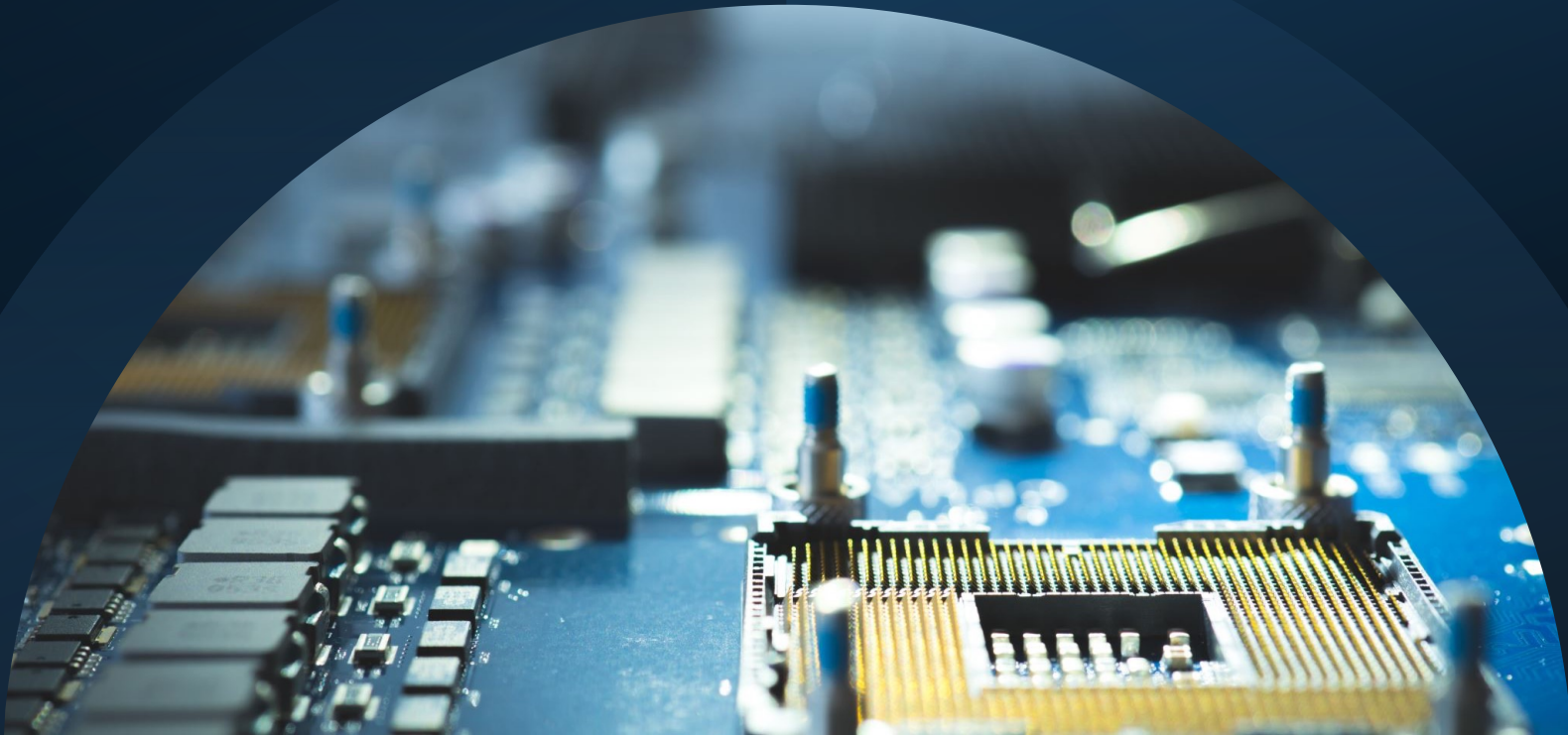


STS Updates

- 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 Update

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 been 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.

July 2021 Release

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

July 2021 Release Con't

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

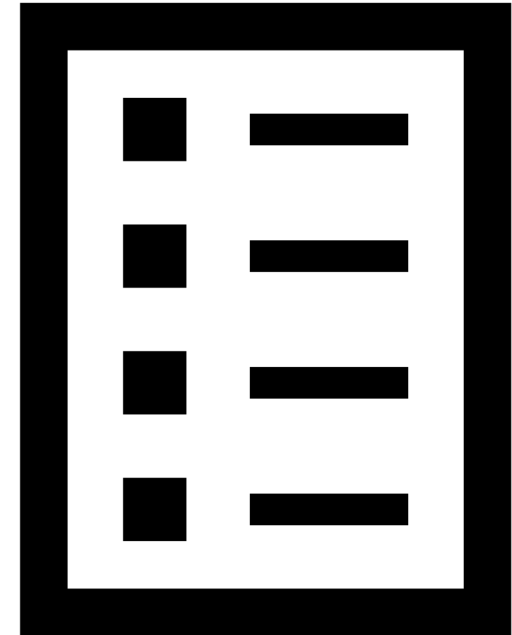
- **STS-6709** – The blood products used calculation was updated to reflect changes related to the 4.20.2 data version for the IBldProd (SEQ 2515) variable. The previous calculation considered a parent variable which no longer applied

Missing Variable Report

- **STS-6765** – Aorta and Aortic Root Procedures were being flagged on the MVR when the parent fields were selected as No.

ACSD Known Issues and Enhancement Items

**IQVIA will post an updated
version of the full list of
known issues and
enhancements to the
Library for user reference
this week.**



IQVIA Update



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

Title	Description	Numerator	Denominator	Exclusions
Risk-Adjusted Postoperative Renal Failure	Percent of patients aged 18 years and older undergoing isolated CABG (without pre-existing renal failure) who develop postoperative renal failure or require dialysis	<p>Number of patients undergoing isolated CABG who develop postoperative renal failure or require dialysis</p> <p>Definition of renal failure/dialysis requirement (version 2.81, 2.9, 4.20.2) – Indicate whether the patient had acute renal failure or worsening renal function resulting in ONE OR BOTH of the following:</p> <ul style="list-style-type: none"> – Increase in serum creatinine level 3.0 x greater than baseline, or serum creatinine level ≥ 4 mg/dL, Acute rise must be at least 0.5 mg/dl – A new requirement for dialysis postoperatively. 	All patients undergoing isolated CABG according to STS Procedure Identification algorithm	<p>Patients with documented history of renal failure, baseline serum creatinine ≥ 4.0; prior renal transplants are not considered pre-operative renal failure unless since transplantation their Cr has been or is ≥ 4.0</p> <p>(Dialysis) is marked yes; Last Creatinine Level (CreatLst) ≥ 4.0</p> <p>Version 4.20.2 Cases are removed from the denominator if the patient expired in OR. (ExpiredInOR = Yes)</p>

- 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

Post-Op Renal Failure

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.

Coding a Discharge Medication Contraindication

Anti-Platelet Medication at Discharge	Percent of patients aged 18 years and older undergoing isolated CABG who were discharged on anti-platelet medication	<p>Number of patients undergoing isolated CABG who were discharged on anti- platelet medication</p> <p>Number of isolated CABG procedures in which:</p> <p>(version 2.81) Discharge aspirin (DCASA) is marked "yes" OR discharge ADP inhibitors (DCADP) is marked "yes" OR discharge P2Y12 antagonist (DCP2Y12) is marked "yes" OR Other discharge anti-platelet (DCOthAntiPlat) is marked "yes".</p> <p>(version 2.9; 4.20.2) Discharge aspirin (DCASA) is marked "yes" OR discharge ADP inhibitors (DCADP) is marked "yes" OR Other discharge anti-platelet (DCOthAntiPlat) is marked "yes".</p>	<p>All patients undergoing isolated CABG according to STS Procedure Identification algorithm</p>	<p>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.</p> <p>Mortality Discharge Status (MtDCStat/ DischMortStat), Mortality Date (MtDate), and Discharge Date (DischDt) indicate an in-hospital mortality;</p> <p>(version 2.81) Discharge aspirin (DCASA) OR discharge ADP inhibitors (DCADP) OR discharge P2Y12 antagonist (DCP2Y12) OR Other discharge anti-platelet (DCOthAntiPlat) is marked "contraindicated"</p> <p>(version 2.9) Discharge aspirin (DCASA) OR discharge ADP inhibitors (DCADP OR Other discharge anti-platelet (DCOthAntiPlat) is marked "contraindicated"</p> <p>(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 patients discharge location is Left AMA.</p> <p>Expired in OR (ExpiredInOR), Mortality Discharge Status (DischMort Stat), Mortality Date (MtDate), and Discharge</p>
---------------------------------------	--	--	--	---



Polling Questions

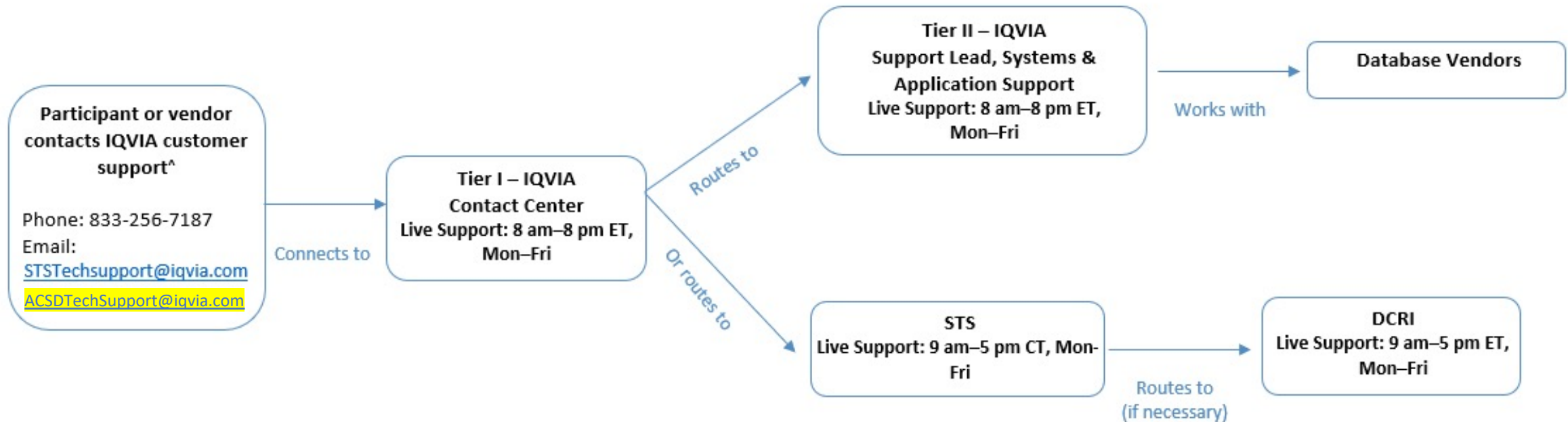


IQVIA Support Plan



IQVIA's Support Plan

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



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



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



Nom...Nom...Nom

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!

