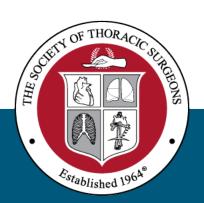
Society of Thoracic Surgeons

Adult Cardiac Surgery Database

August 5, 2020





Agenda

- Welcome and Introductions
- Housekeeping
- NYHA Classification
- Coronary Grid
- Arterial & Venous Conduits
- Aorta Devices
- AQO Update
- IQVIA Update
- Vendor Update
- Q&A Please submit using the Q&A function



Housekeeping

v4.20 Data Spec Update

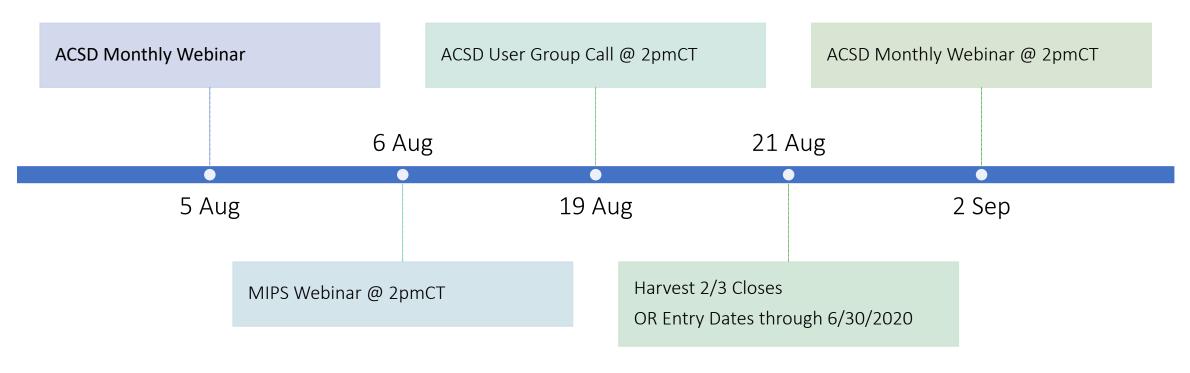
v4.20 Training Manual Update

August Training Manual

Surgeon Worksheets



Important Dates for Adult Cardiac





Version 4.20.2 Clarifications: NYHA Classification — ClassNYH - Seq 915

F. Preoperative Cardiac Status				
Prior Myocardial Infarction: ☐ Yes ☐ No nknown (If Yes ↓)				
PrevMi (885)				
hen: •• □ <=6 Hrs. □ >6 Hrs. but <24 Hrs. □ 1 to 7 Days □ 8 to 21 Days □ >21 Days				
(hen (890)				
Primary Coronary Symptom for No Coronary Symptoms Angina Equivalent				
Surgery:** Surgery:** Unstable Angina				
CardSympTimeOfAdm (895) ☐ ST Elevation MI (STEMI) ☐ Non-ST Elevation MI (Non-STEMI)				
Heart Failure: ☐ Yes ☐ No ☐ Unknown (If Yes→)				
HeartFail (911) HeartFailTmg (912) HeartFailType (913)				
Classification-NYHA: •• □ Class I □ Class II □ Class III □ Class IV □ Not Documented				
ClassNYH (915)				
Cardiogenic Snock : ** 🗆 Yes, at the time of the procedure 🗀 Yes, not at the time of the procedure but within prior 24 nours 🗀 No				
CarShock (930)				
Resuscitation: ** 🗆 Yes - Within 1 hour of the start of the procedure 🗀 Yes - More than 1 hour but less than 24 hours of the start of the procedure 🗀 No				
Resusc (935)				
Cardiac Arrhythmia: Yes No				
Arrhythmia (945)				
(If Arrhythmia = Yes →) Permanently Paced Rhythm: ☐ Yes ☐ No				
ArrhythPPaced (947)				
(If Arrhythmia = Yes, choose one VTach/VFib** Sick Sinus AFlutter** AFibrillation** Second Degree Heart Third Degree				
response below for each rhythm →) ArrhythVV (950) Syndrome** ArrhythAFlutter (960) ArrhythAtrFib (961) Block** Heart Block**				
ArrhythSSS (955) ArrhythSecond (965) ArrhythThird (970)				
None				
Remote (> 30 days preop)				
Recent (<= 30 days preop)				
(If AFibrillation is not None →) Atrial Fibrillation Type: □ Paroxysmal □ Persistent				
ArrhythAFib (971) **				
(If AFibrillation = Recent →) Was patient in A-fib at OR Entry? ☐ Yes ☐ No				
AFibRecOREntry (972)				

- Capturing it on all patients
 - Example: Mitral valve patients may have an NYHA classification but not have Heart Failure.
- If not document then code not documented.
- The NYHA classification is being documented on patients without HF, just because an NYHA classification is documented does not mean the patient has Heart Failure.
 - You must have documentation of Heart Failure, other than an NYHA class, to code 'Yes' to HeartFail – seq 911
- What if a patient is HF Class II, but CCS Angina functional class is IV?
 - CCS, which is a classification for angina, and NYHA are two different things.
 - CCS is specific to angina

Version 4.20.2 Clarifications: NYHA Classification — ClassNYH - Seq 915

Do not assign or 'code' the NYHA Class level I, II, III, or IV, based solely on documented symptoms. You must have a documented NYHA Classification.

Polling Questions:

- 1. "Chief c/o: shortness of breath and palpitations; Patient states for the past week she has noticed that she becomes very short of breath especially when she is exerting herself. She is unable to lay flat at night as well." No NYHA classification found in the patients records.
- 2. "Asymptomatic"
- 3. NYHA Class II to III no other symptoms documented
 - Hint: Indicate the patient's worst dyspnea or functional class, coded as the New York Heart Association (NYHA) classification documented by a MD/Provider within the past 2 weeks.



Version 4.20.2 Clarifications: Coronary Grid – Section H

- Once Diseased Always Disease
 - But what if it was stented?
 - It is still considered diseased
 - Code as disease as NumDisV seq 1170
 - Code the current level of stenosis in the vessel delivering blood to the myocardium, if less than 50% than code 'no' to corresponding field

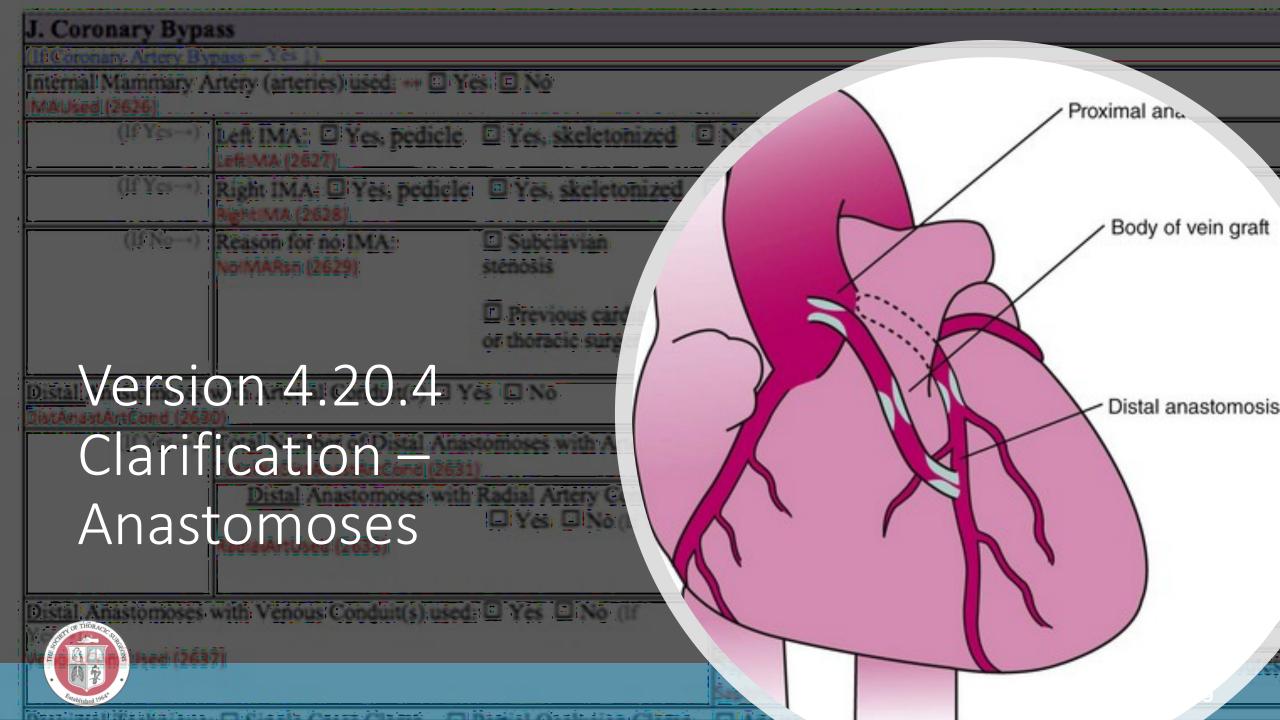
Cath/E	cho		
aon Perforn	ned: ☐ Yes ☐ No (If Yes→)	rdiac Catheterization Date: /	/
		rCathDt (1150)	
omy/Disease kno	own: ☐ Yes ☐ No (If Yes↓)		
own (1155)	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Number	□ None □ One □ Two □ Three		
Diseased			
Vessels: **			
NumDisV (1170)			
(If one, two or			
three vessel			
disease 1)			
	osis ≥ 50% known □ Yes □ No □ N/		
StenLeftMain (117			
(If Yes→)	Is location of stenosis known: ☐ Yes ☐	0	
	StenLeftMainLctnKn (1176)	L DENIGHT CONTRACTOR	
	(If Yes select all that	StenLeftMainLctn (1177)	tenotic Graft
	n stenosis≥50% known □ Yes □ No	N/A	
LADDistSten (1178)	D 50 600/ D > 700/		
	□ 50-69% □ ≥ 70%		
(If Yes→)	LADDistStenPercent (1179) Is location of stenosis known: □ Yes □	,	
		0	
	LADDistStenCurRevLocK (1180) (If Yes select all that	-lund Nation Astony Standaria D	Stanatic Cook Stanatic Stan
	(II Tes select all that	LADDistStenCurRev (1181)	Stenotic Graft Stenotic Sten
Damue etanoeie >	I 50% known □ Yes □ No □ N/A	DADDISTSTEHCUINEV (1181)	
RamusSten (1182)	30% kilowii 🗀 165 🗀 No 🗀 N/A		
Kalliusstell (1102)	□ 50-69% □ > 70%		
$(If Yes \rightarrow)$	RamusStenPercent (1183) Is location of stenosis known: ☐ Yes ☐	0	
	RamusStenCurRevLocK (1184)		
	(If Yes select all that	ply→) □ Native Artery Stenosis □ St RamusStenCurRev (1185)	tenotic Graft Stenotic Stent
Circumflex distrib	ution stenosis ≥ 50% known ☐ Yes ☐		
CircDistSten (1186)		_ · · · ·	
, , , , , , , , , , , , , , , , , , , ,	□ 50-69% □ ≥ 70%		
(1037	CircDistStenPercent (1187)		
$(If Yes \rightarrow)$	Is location of stenosis known: ☐ Yes ☐	o	
	CircDistStenCurRevLocK (1188)		
	(If Yes select all that	CircDistStenCurRev (1189)	tenotic Graft
"stribution :	stenosis ≥ 50% known □ Yes □ No □	/A	
n (1190)			
	□ 50-69% □ ≥ 70%		
	RCADistStenPercent (1191)		
	s location of stenosis known: ☐ Yes	o	
	istStenCurRevLocK (1192)		
		ply→) □ Native Artery Stenosis □ St RCADistStenCurRev (1193)	tenotic Graft 🗆 c
	Eiec	n Fraction: ** (%)	
		545)	
		•	





Version 4.20.2 Clarifications: Coronary Grid – Section H

- Polling Questions
 - Stent placed in 70% Prox LAD prior to AV Replacement
 - Stent placed in 60% Circ prior to AV Replacement
 - At time of Aortic Valve Replacement,
 - Prox LAD and Circ have patent stents (0% stenosis)
 - No other coronary artery stenosis found
 - 1. How do you capture NumDisV seq 1170?
 - 2. How do you capture LADDistSten seq 1178?
 - 3. How do you capture LADDistStenPercent seq 1179 (trick question)??
 - 4. How do you capture CircDistSten seq 1186?



(II Coronary Artery Bypass = 1 cs 1)			
Internal Mammary Artery (arteries) used: ++ Yes No			
IMAUsed (2626)			
	Yes, pedicle ☐ Yes, skeletonized ☐ No/NA		
LeftIMA (2627)			
(If Yes→) Right IMA: □	Yes, pedicle Yes, skeletonized No/NA TotlNoDistAnastArtCond		
RightIMA (2628			
(If No→) Reason for no	IMA: Subclavian Previous - Count any graft with the distal		
NoIMARsn (262)	9) stenosis mediastinal radiation		
	portion of a graft that is artery		
	☐ Previous cardiac ☐ Emergent or	STS	
	or thoracic surgery salvage procedur		
Distal Anastomoses with Arterial C	Conduit(s) ☐ Yes ☐ No		
DistAnastArtCond (26 d0)			
(If Yes→) Total Number	of Distal Anastomoses with Arterial Conduits:		
	stArtCond (2631)		
<u>Distai</u> Ana	stomoses with Radial Artery Conduit(s) Total Number of Distal Anastomoses with radial artery conduits:		
	☐ Yes ☐ No (If Yes→) NumRadDA (2634)		
RadialArtUsed (2	Radial Artery Harvest and Prep Time: (minutes)		
Distal Anastomoses with Venous C	Total Number of Distal Anastomoses with venous conduits:		
Ycs→) DistVein	DistVein (2638)		
VenousCondUs		\vdash	
	phenous veni traivest and Frep Time. (minutes)		
- Count any g	raft with the distal		



portion of a graft that is venous
 Composite IMA/Vein - distal portion vein - code as venous but

still capture IMAUsed – seq 2626

Version 4.20.2 Clarification – Aorta Devices

			a Specifications for Harvest Codes)	
For devices other than aor	tic valves and aortic valve con	nposite grafts:		
Implant Method:	1=Open Surgical 2= Endo	vascular		
Outcome:	1= Unsucessfully implanted/maldeployed 2= Implemental temployed and removed		deployed and removed 3= St	ıccessfi
Model Number:	Enter device model numbe	Enter device model number		
UDI:	Enter unique device identif	ier (not serial number)		
Location (Letter)	Implant Method	Outcome	Model Number	
ADevLoc01 (5450)	ADevDelMeth01 (5455)	ADevOut01 (5460)	ADevModel01 (5465)	AD
ADevLoc02 (5475)	ADevDelMeth02 (5480)	ADevOut02 (5485)	ADevModel02 (5490)	AD
ADevLoc03 (5500)	ADevDelMeth03 (5505)	ADevOut03 (5510)	ADevModel03 (5515)	AD
ADevLoc04 (5525)	ADevDelMeth04 (5530)	ADevOut04 (5535)	ADevModel04 (5540)	AD
ADevLoc05 (5550)	ADevDelMeth05 (5555)	ADevOut05 (5560)	ADevModel05 (5565)	AD
ADevLoc06 (5575)	ADevDelMeth06 (5580)	ADevOut06 (5585)	ADevModel06 (5590)	AD
ADevLoc07 (5600)	ADevDelMeth07 (5605)	ADevOut07 (5610)	ADevModel07 (5615)	AD
ADevLoc08 (5625)	ADevDelMeth08 (5630)	ADevOut08 (5635)	ADevModel08 (5640)	AD
ADevLoc09 (5650)	ADevDelMeth09 (5655)	ADevOut09 (5660)	ADevModel09 (5665)	AD
ADevLoc10 (5675)	ADevDelMeth10 (5680)	ADevOut10 (5685)	ADevModel10 (5690)	AD
ADevLoc11 (5700)	ADevDelMeth11 (5705)	ADevOut11 (5710)	ADevModel11 (5715)	AD
ADevLoc12 (5725)	ADevDelMeth12 (5730)	ADevOut12 (5735)	ADevModel12 (5740)	AD
ADevLoc13 (5750)	ADevDelMeth13 (5755)	ADevOut13 (5760)	ADevModel13 (5765)	AD
ADevLoc14 (5775)	ADevDelMeth14 (5780)	ADevOut14 (5785)	ADevModel14 (5790)	AD
ADevLoc15 (5800)	ADevDelMeth15 (5805)	ADevOut15 (5810)	ADevModel15 (5815)	AD

707	7520## - Vascutek Gelweave Tillucate Arch
465	7350##ST - Vascutek Gelweave Pre-curved
500	TAS - LifeNet CardioGraft Thoracic Aorta - S
776	Surgeon Fashioned Device
777	Other US FDA-Approved Device
778	Other Non-US FDA-Approved Device
800	DSF##-## - GORE DrySeal Introducer Sheath
801	RLT##-##-## - GORE Trunk - Ipsilateral Leg E
802	PCL##-##-## - GORE Contralateral Leg Endo
803	PLA##-##-## - GORE Aortic Extender Endop
804	PLL##-##-## - GORE Iliac Extender Endopros
805	CEB23-##-##A - GORE Excluder Iliac Branch
806	HGB16-##-07A - GORE Internal Iliac Compo



Direct Data Entry

• Email <u>STSDB@sts.org</u>





- Tuesday, September 29 Intermacs/Pedimacs
- Wednesday, September 30 General Thoracic
- Thursday, October 1 Adult Cardiac
- Friday, October 2 Congenital



Advances in Quality & Outcomes: A Data Managers Meeting



ADVANCES IN QUALITY & OUTCOMES: A Data Managers Meeting
September 29 - October 2, 2020 VIRTUAL



September 29, 2020 - October 2, 2020



Pricing Member Non-Member After Sept. After Early Bird Sept. 7 Bird Tuesday, September 29: \$75 \$150 \$100 \$200 Intermacs/Pedimacs Wednesday, September 30: General \$75 \$150 \$100 \$200 Thoracic Thursday, October 1: Adult Cardiac \$75 \$150 \$100 \$200 Friday, October 2: Congenital \$75 \$150 \$100 \$200 Multiday or All Days \$150 \$300 \$200 \$400

Questions? - Contract Emily Conrad @ EConrad@sts.org



IQVIA Update Melanie Bent



IQVIA August 1st Release Update

The following fix updates were released the weekend of August 1st

General Update Information

• The IQVIA platform was updated from 1.30 to product version 1.31

Direct Data Entry

• STS-3469 - Direct Data Entry - Calculated field MELD Score "melscr" did not provide the expected automatic calculation, the field was left as a blank entry.

Data Quality Report

- STS-3423 DQR populates all warning messages but no response when selecting on individual warnings
- STS-2976 DQR warning message indicating data on Atrial Fibrillation Procedures is missing, updated logic to not appear when disabled

Harvest Summary Report

• STS-3241 – Harvest Summary Report – warning message descriptions and logic updated for urgemergrsn for 2.81 and 2.9



IQVIA August 1st Release Update Con't

The following fix updates were released the weekend of August 1st

ACSD Dashboard Report

- STS-1923 STS-ACSD Participant Dashboard Report 2.81 Procedure Identification Filtering Logic has been updated per documentation from DCRI
- STS-2290 Dashboard Report displaying incorrect core temp source pointing to TYMPANIC instead of NASOPHARYNGEAL

Missing Variable Report

- STS-2486 MVR Report Update To support the 4.20.2 data version upgrade we are updating the report to include 4.20.2 variables
- STS-3162 MVR displays 6/81 for number of cases for variable (DISCHDT) but only 3 cases appear in the case list
- STS-3186 MVR requiring discharge date for expired patients
- STS-3226 MVR is displaying 200% and 400% missing data fields



IQVIA August 1st Release Update Con't

The following enhancements were released the weekend of August 1st

The MIPS 2020 Enrollment Consent Form is Now Available

• Providers and provider delegates can now submit their 2020 participation consent electronically using the IQVIA platform.

Uploader Guidance text has been added for IQVIA Direct Data Entry Users on the Uploader Interface

 Guidance text has been added to the Uploader Interface which is only applicable for IQVIA Direct Data Entry Users who are transitioning from another software vendor.



IQVIA Issues Under Review

Priority issues under review for immediate patch release (timing to be determined)

Uploader

- STS-3615 STS-ACSD: v4.2 vsmvrepappsurg giving critical error when uploading commaseparated codes. This is impacting all fields that are defined as a multi-select field 43 fields have been identified.
- STS-3267 STS-ACSD: Records not being updated in subsequent uploads when only time field is changed.



IQVIA Upcoming August 8th Release Update

The following updates are scheduled for deployment the weekend of August 8

New ACSD Report Available – Risk Score Match Report

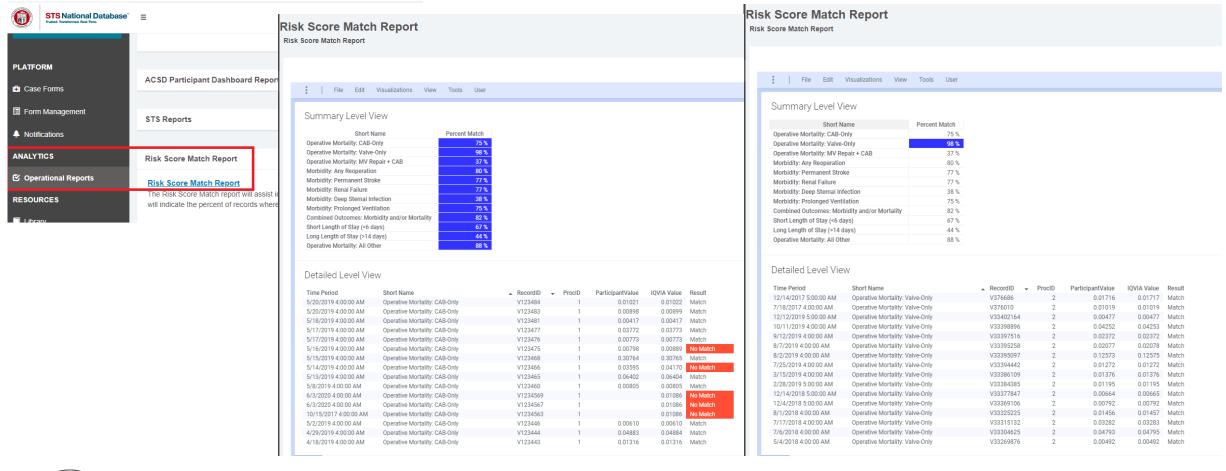
- The Risk Score Match Report will allow users to review the predicted mortality values are being calculated as expected and will display the comparison match results for those values that are generated by the software vendors and the IQVIA data warehouse.
- The initial launch of the report will display the results for data version 2.9
- Updates will continue to include the 4.20.2 and 2.81 data versions



ACSD Risk Score Match Report

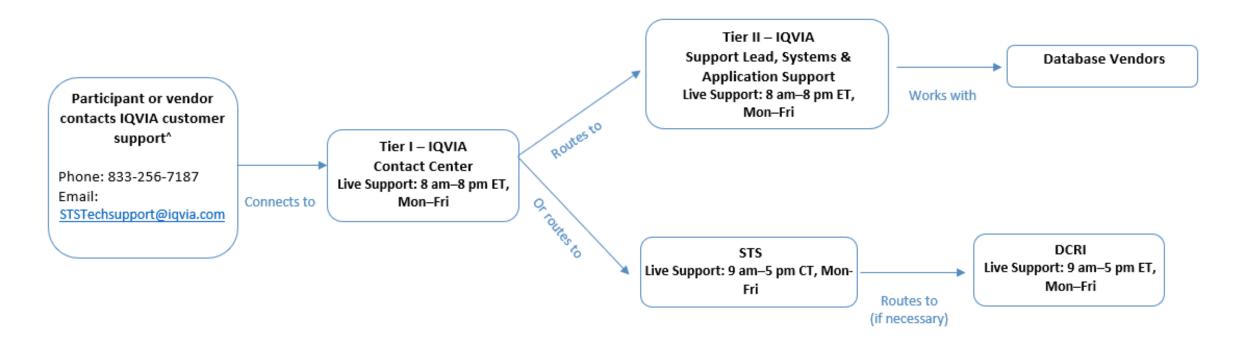


IQVIA Update — ACSD Risk Score Match Report





IQVIA's Support Plan





^ 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
- <u>STSTechSupport@IQVIA.com</u> (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 Q&A Function.

We will answer as many questions as possible.

We encourage your feedback and want to hear from you!

Thank you for joining!