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**DATA ANALYSES OF THE SOCIETY OF THORACIC SURGEONS**
**NATIONAL ADULT CARDIAC SURGERY DATABASE**



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# Report Overview
# STS NQF-endorsed Measures

| 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 | Number of patients undergoing isolated CABG who develop postoperative renal failure or require dialysis<br><br>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:<br>– 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<br>– A new requirement for dialysis postoperatively. | All patients undergoing isolated CABG according to STS Procedure Identification algorithm | 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<br><br>(Dialysis) is marked yes;<br>Last Creatinine Level (CreatLst) ≥4.0<br><br>Version 4.20.2<br>Cases are removed from the denominator if the patient expired in OR. (ExpiredInOR = Yes) |
| Risk-Adjusted Surgical Re-exploration | Percent of patients aged 18 years and older undergoing isolated CABG who require a return to the operating room for bleeding with or without tamponade, unplanned coronary artery intervention (native vessel, graft or both) , valve dysfunction, aortic reintervention or other cardiac reason | Number of patients undergoing isolated CABG who require return to the operating room for mediastinal bleeding with or without tamponade, unplanned coronary artery intervention (native vessel, graft or both) , valve dysfunction, aortic reintervention or other cardiac reason<br><br>Number of isolated CABG procedures in which:<br><br>(version 2.81)<br>ReOp for Bleeding (COpReBld) is marked “yes” OR Reintervention for Graft Occlusion (COpReGft) is marked “yes, surgical” OR “yes, PCI” OR ReOp for Valve Dysfunction (COpReVlv) is marked “yes, surgical” OR “yes, transcatheter” OR ReOp for Other Cardiac Reason (COpReOth) is marked “yes”.<br><br>(version 2.9; 4.20.2)<br>ReOp for Bleeding (COpReBld) is marked “yes” OR ReOp for Valve Dysfunction (COpReVlv) is marked “yes, surgical” OR “yes, transcatheter” OR Reint for Myocardial Infarction (CReintMI) is marked “yes” OR Aortic Reint (CAortReint) is marked “yes” OR ReOp for Other Cardiac Reason (COpReOth) is marked “yes”. | All patients undergoing isolated CABG according to STS Procedure Identification algorithm | Version 4.20.2<br>Cases are removed from the denominator if the patient expired in OR. (ExpiredInOR = Yes) |

# Report Overview
# STS NQF-endorsed Measures

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

# Report Overview
# STS NQF-endorsed Measures

| Title | Description | Numerator | Denominator | Exclusions |
|---|---|---|---|---|
| | | | | Date (DischDt) indicate an in-hospital mortality;<br><br>Discharge aspirin (DCASA) OR discharge ADP inhibitor (CDCADP) OR Other discharge antiplatelet (DCOthAntiPlat) is marked 'contraindicated'<br>OR Discharge location (DisLoctn) is LeftAMA<br>OR Discharge Status (DischMortStat) is Discharged to Hospice |
| Beta Blockade at Discharge | Percent of patients aged 18 years and older undergoing isolated CABG who were discharged on beta blockers | Number of patients undergoing isolated CABG who were discharged on beta blockers<br><br>Number of isolated CABG procedures in which discharge beta blockers (DCBeta) is marked "yes" | All patients undergoing isolated CABG according to STS Procedure Identification algorithm | Cases are removed from the denominator if there was an in-hospital mortality or if discharge beta blocker was contraindicated.<br><br>Mortality Discharge Status (MtDCStat/ DischMortStat), Mortality Date (MtDate), and Discharge Date (DischDt) indicate an in-hospital mortality; discharge beta blocker (DCBeta) marked as "contraindicated"<br><br>Version 4.20.2<br>Cases are removed from the denominator if there was an in-hospital mortality or beta blocker (DC Beta) is marked contraindicated OR the patient was discharged to Hospice OR the patients discharge location is Left AMA.<br><br>Expired In OR (ExpiredInOR), Mortality Discharge Status (DischMortStat), Mortality Date (MtDate), and Discharge Date (DischDt) indicate an in-hospital mortality.<br><br>Discharge Beta Blocker (DCBeta) is marked 'contraindicated'<br>OR Discharge location (DisLoctn) is Left |

# Report Overview
# STS NQF-endorsed Measures

| Title | Description | Numerator | Denominator | Exclusions |
|---|---|---|---|---|
| | | | | AMA<br>OR Discharge Status (DischMortStat) is Discharged to Hospice |
| Anti-Lipid Treatment at Discharge | Percent of patients aged 18 years and older undergoing isolated CABG who were discharged on a lipid-lowering statin<br><br>*NOTE: Beginning with data version 2.81 only statins are considered for this measure.* | Number of patients undergoing isolated CABG who were discharged lipid-lowering statin<br><br>Number of isolated CABG procedures in which:<br><br>Discharge statin medication (DCLipLowStat) is marked "yes" | All patients undergoing isolated CABG according to STS Procedure Identification algorithm | Cases are removed from the denominator if there was an in- hospital mortality or if discharge anti-lipid treatment was contraindicated.<br><br>Mortality Discharge Status (MtDCStat/ DischMortStat), Mortality Date (MtDate), and Discharge Date (DischDt) indicate an in-hospital mortality;<br><br>Discharge statin medication (DCLipLow Stat) is marked as "contraindicated"<br><br>Version 4.20.2<br>Cases are removed from the denominator if there was an in- hospital mortality or Lipid Lowering Statin (DCLipLowStat) is marked contraindicated OR the patient was discharged to Hospice OR the patients discharge location is Left AMA.<br><br>Expired In OR (ExpiredInOR), Mortality Discharge Status (DischMortStat), Mortality Date (MtDate), and Discharge Date (DischDt) indicate an in-hospital mortality.<br><br>Discharge Lipid Lower Statin (DCLipLowStat) is marked 'contraindicated'<br>OR Discharge location (DisLoctn) is' Left AMA'<br>OR Discharge Status (DischMortStat) is Discharged to Hospice |

# Report Overview
# STS NQF-endorsed Measures

| Title | Description | Numerator | Denominator | Exclusions |
|---|---|---|---|---|
| Risk-Adjusted Operative Mortality for CABG | Percent of patients aged 18 years and older undergoing isolated CABG who die, including both 1) all deaths occurring during the hospitalization in which the CABG was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure | Number of patients undergoing isolated CABG who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure<br><br>Number of isolated CABG procedures in which Mortality Operative Death (MtOpD) is marked "yes." Operative mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), Mortality Discharge Status (MtDCStat is Dead in version 2,81 or DischMortStat is Died in Hospital in version 2.9)<br><br>Version 4.20.2<br>Number of isolated CABG procedures in which Mortality Operative Death (MtOpD) is marked "yes." Operative mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), Patient Expired in the OR (ExpiredInOR), Discharge status (DischMortStat) is Discharged to Hospice OR Died in Hospital | All patients undergoing isolated CABG according to STS Procedure Identification algorithm | |
| Risk-Adjusted Operative Mortality for Aortic Valve Replacement (AVR) | Percent of patients undergoing AVR who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure | Number of patients undergoing AVR who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure<br><br>Number of isolated AVR procedures in which Mortality Operative Death (MtOpD) is marked "yes." Operative mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), (MtDCStat is Dead in version 2,81 or DischMortStat is Died in Hospital in version 2.9)<br><br>Version 4.20.2<br>Number of isolated AVR procedures in which Mortality Operative Death (MtOpD) is marked "yes." Operative | All patients undergoing isolated AVR surgery according to STS Procedure Identification algorithm | |

# Report Overview
# STS NQF-endorsed Measures

| Title | Description | Numerator | Denominator | Exclusions |
|---|---|---|---|---|
| | | mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), Patient Expired in the OR (ExpiredInOR), Discharge status (DischMortStat) is Discharged to Hospice OR Died in Hospital | | |
| Risk-Adjusted Operative Mortality for Mitral Valve (MV) Replacement | Percent of patients undergoing MV Replacement who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure | Number of patients undergoing MV Replacement who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure<br><br>Number of isolated MV Replacement procedures in which Mortality Operative Death (MtOpD) is marked "yes." Operative mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), (MtDCStat is Dead in version 2,81 or DischMortStat is Died in Hospital in version 2.9)<br><br>Version 4.20.2<br>Number of isolated MV Replacement procedures in which Mortality Operative Death (MtOpD) is marked "yes." Operative mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), Patient Expired in the OR (ExpiredInOR), Discharge status (DischMortStat) is Discharged to Hospice OR Died in Hospital | All patients undergoing isolated MV Replacement surgery according to STS Procedure Identification algorithm | |
| Risk-Adjusted Operative Mortality for Mitral Valve (MV) Repair | Percent of patients undergoing MV Repair who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days | Number of patients undergoing MV Repair who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure<br><br>Number of isolated MV Repair procedures in which Mortality Operative Death (MtOpD) is marked "yes." | All patients undergoing isolated MV Repair surgery according to STS Procedure Identification algorithm | |

| Title | Description | Numerator | Denominator | Exclusions |
|---|---|---|---|---|
| | of the procedure | Operative mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), (MtDCStat is Dead in version 2,81 or DischMortStat is Died in Hospital in version 2.9)<br><br>Version 4.20.2<br>Number of isolated MV Repair procedures in which Mortality Operative Death (MtOpD) is marked "yes." Operative mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), Patient Expired in the OR (ExpiredInOR), Discharge status (DischMortStat) is Discharged to Hospice OR Died in Hospital | | |
| Risk-Adjusted Operative Mortality for MV Replacement + CABG Surgery | Percent of patients undergoing combined MV Replacement and CABG who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure | Number of patients undergoing combined MV Replacement and CABG who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure<br><br>Number of MV Replacement + CABG procedures in which Mortality Operative Death (MtOpD) is marked "yes." Operative mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), (MtDCStat is Dead in version 2,81 or DischMortStat is Died in Hospital in version 2.9)<br><br>Version 4.20.2<br>Number of isolated MV Replacement + CABG procedures in which Mortality Operative Death (MtOpD) is marked "yes." Operative mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), Patient Expired in the OR (ExpiredInOR), Discharge status (DischMortStat) is Discharged to Hospice OR Died in Hospital | All patients undergoing combined MV Replacement + CABG according to STS Procedure Identification algorithm | |

# Report Overview
# STS NQF-endorsed Measures

| Title | Description | Numerator | Denominator | Exclusions |
|---|---|---|---|---|
| Risk-Adjusted Operative Mortality for MV Repair + CABG Surgery | Percent of patients undergoing combined MV Repair and CABG who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure | Number of patients undergoing combined MV Repair and CABG who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure<br><br>Number of MV Repair + CABG procedures in which Mortality Operative Death (MtOpD) is marked "yes." Operative mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), (MtDCStat is Dead in version 2,81 or DischMortStat is Died in Hospital in version 2.9)<br><br>Version 4.20.2<br>Number of isolated MV Repair and CABG procedures in which Mortality Operative Death (MtOpD) is marked "yes." Operative mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), Patient Expired in the OR (ExpiredInOR), Discharge status (DischMortStat) is Discharged to Hospice OR Died in Hospital | All patients undergoing combined MV Repair + CABG according to STS Procedure Identification algorithm | |
| Risk-Adjusted Operative Mortality for Aortic Valve Replacement (AVR) + CABG Surgery | Percent of patients undergoing combined AVR and CABG who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure | Number of patients undergoing combined AVR and CABG who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure<br><br>Number of AVR + CABG procedures in which Mortality Operative Death (MtOpD) is marked "yes." Operative mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), (MtDCStat is Dead in version 2,81 or DischMortStat is Died in Hospital in version 2.9)<br><br>Version 4.20.2 | All patients undergoing combined AVR + CABG according to STS Procedure Identification algorithm | |

# Report Overview
# STS NQF-endorsed Measures

| Title | Description | Numerator | Denominator | Exclusions |
|---|---|---|---|---|
| | | Number of isolated AVR + CABG procedures in which Mortality Operative Death (MtOpD) is marked "yes." Operative mortality is further verified by the following variables: Mortality Status at 30 days (Mt30Stat), Mortality Date (MtDate), Patient Expired in the OR (ExpiredInOR), Discharge status (DischMortStat) is Discharged to Hospice OR Died in Hospital | | |
| Timing of Antibiotic Prophylaxis for Cardiac Surgery Patients<br><br>NOTE: This is an NQF measure sponsored by the Centers for Medicare and Medicaid Services | Percent of patients aged 18 years and older undergoing cardiac surgery who received prophylactic antibiotics within one hour of surgical incision or start of procedure if no incision was required (two hours if receiving vancomycin or fluoroquinolone) | Number of patients undergoing cardiac surgery who received prophylactic antibiotics within one hour of surgical incision or start of procedure if no incision was required (two hours if vancomycin or fluoroquinolone)<br><br>Number of cardiac surgery procedures in which timing of appropriate antibiotic administration (AbxTiming) is marked "yes" | Number of patients undergoing cardiac surgery<br><br>A cardiac procedure is determined as a procedure for which at least one of the following is not marked "no" or "missing": OpCAB, OpValve, VADProc, VADImp, OpOCard, ECMO, AortProc, AFibProc | Cases are removed from the denominator if the patient had a documented contraindication or rationale for not administering antibiotic in medical record. |

# Report Overview
# STS NQF-endorsed Measures

| Title | Description | Numerator | Denominator | Exclusions |
|---|---|---|---|---|
| Selection of Antibiotic Prophylaxis for Cardiac Surgery Patients | Percent of patients aged 18 years and older undergoing cardiac surgery who received preoperative prophylactic antibiotics recommended for the operation. | Number of patients undergoing cardiac surgery who received a first generation or second generation cephalosporin prophylactic antibiotic (e.g., cefazolin, cefuroxime, cefamandole) preoperatively or in the event of a documented allergy, an alternate antibiotic choice (e.g., vancomycin, clindamycin) was ordered and administered preoperatively.<br><br>Number of cardiac surgery procedures in which appropriate antibiotic selection (AbxSelect) is marked “yes” | Number of patients undergoing cardiac surgery (See Timing of Antibiotic Prophylaxis above) | Cases are removed from the denominator if the patient had a documented contraindication or rationale for not administering antibiotic in medical record. |
| Preoperative Beta Blockade | Percent of patients aged 18 years and older undergoing isolated CABG who received beta blockers within 24 hours preceding surgery. | Number of patients undergoing isolated CABG who received beta blockers within 24 hours preceding surgery<br><br>Number of isolated CABG procedures in which preoperative beta blockers (MedBeta) is marked "yes" | All patients undergoing isolated CABG according to STS Procedure Identification algorithm | Cases are removed from the denominator if preoperative beta blocker was contraindicated or if the clinical status of the patient was emergent or emergent salvage prior to entering the operating room.<br><br>MedBeta is marked as "Contraindicated"<br><br>Cases are also removed from the denominator if Status is marked |

# Report Overview
# STS NQF-endorsed Measures

| Title | Description | Numerator | Denominator | Exclusions |
|---|---|---|---|---|
| | | | | 'Emergent' or 'Salvage'<br><br>Version 4.20.2<br>Cases are removed from the denominator if preoperative beta blocker was contraindicated or if the clinical status of the patient was emergent or emergent salvage prior to entering the operating room.<br><br>MedBeta is marked as "Contraindicated"<br><br>Cases are also removed from the denominator if Status (Status) is marked 'Emergent' or ' Emergent Salvage' |
| Duration of Antibiotic Prophylaxis for Cardiac Surgery Patients | Percent of patients aged 18 years and older undergoing cardiac surgery whose prophylactic antibiotics were discontinued within 48 hours after surgery end time | Number of patients undergoing cardiac surgery whose prophylactic antibiotics were discontinued within 48 hours after surgery end time<br><br>Number of cardiac surgery procedures in which appropriate antibiotic discontinuation (AbxDisc) is marked "yes" | Number of patients undergoing cardiac surgery (See Timing of Antibiotic Prophylaxis above) | AbxDisc is marked "Exclusion"<br><br>V4.20.2 AbxDisc is marked "Exclusion" OR patient expired in the OR (ExpiredInOR) |
| Risk-Adjusted Postoperative Prolonged Intubation (Ventilation) | Percent of patients aged 18 years and older undergoing isolated CABG who require intubation for more than 24 hours | Number of patients undergoing isolated CABG who require intubation > 24 hours<br><br>Number of isolated CABG procedures in which Complications- Pulmonary Vent Prolonged (CPVntLng) is marked "yes" | All patients undergoing isolated CABG according to STS Procedure Identification algorithm | Version 4.20.2<br>Cases are removed from the denominator if the patient expired in the OR (ExpiredInOR) |
| Risk-Adjusted Deep Sternal Wound Infection Rate | Percent of patients aged 18 years and older undergoing isolated CABG who, within 30 days postoperatively, develop deep sternal wound infection involving muscle, bone, and/or | Number of patients who, within 30 days postoperatively develop deep sternal wound infection involving muscle, bone, and/or mediastinum requiring operative intervention.<br><br>Must have all of the following conditions: | All patients undergoing isolated CABG according to STS Procedure Identification algorithm | NOTE: Although the official NQF measure specification does not currently contain reference to the STS variable Mediastinitis (CSternalMedia), the intention is for occurrences of Mediastinitis to also be included under |

| Title | Description | Numerator | Denominator | Exclusions |
|---|---|---|---|---|
| | mediastinum requiring operative intervention | • Wound opened with excision of tissue (I&D) or re-exploration of mediastinum<br>• Positive culture unless patient on antibiotics at time of culture or no culture obtained<br>• Treatment with antibiotics beyond perioperative prophylaxis<br><br>Definition of deep sternal wound infection:<br><br>Indicate whether a deep sternal wound infection or mediastinitis was diagnosed within 30 days of the procedure or during the hospitalization for surgery, even if after 30 days.<br><br>Number of isolated CABG procedures in which Post-Op-Deep Sternal Infection / Mediastinitis (DeepSternInf) was marked “Yes, within 30 days of procedure” | | data version 2.73. The variable for data version 2.81 and 2.9, DeepSternInf, includes both deep sternal wound infections and mediastinitis.<br><br>Version 4.20.2<br>NOTE: Although the official NQF measure specification does not currently contain reference to the STS variable Mediastinitis (CSternalMedia), the intention is for occurrences of Mediastinitis to also be included under data version 2.73. The variable for data version 2.81, 2.9, and 4.20.2, DeepSternInf, includes both deep sternal wound infections and mediastinitis.<br><br>Patients who expire in the OR are excluded (ExpiredInOR) |
| Risk-Adjusted Stroke/ Cerebrovascular Accident | Percent of patients aged 18 years and older undergoing isolated CABG who have a postoperative stroke(i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours | Number of patients undergoing isolated CABG who have a postoperative stroke (i.e., any confirmed neurological deficit of abrupt onset caused by a disturbance in blood supply to the brain) that did not resolve within 24 hours<br><br>Number of isolated CABG procedures in which postoperative stroke (CNStrokP) is marked "yes" | All patients undergoing isolated CABG according to STS Procedure Identification algorithm | Version 4.20.2<br>Patients who expire in the OR are excluded (ExpiredInOR) |

# Report Overview
# STS NQF-endorsed Measures

| Title | Description | Numerator | Denominator | Exclusions |
|---|---|---|---|---|
| Use of Internal Mammary Artery (IMA) in Coronary Artery Bypass Graft (CABG) | Percentage of patients aged 18 years and older undergoing isolated CABG who received an internal mammary artery (IMA) graft | Number of patients undergoing isolated CABG who received an internal mammary artery (IMA) graft<br><br>(version 2.81)<br>Number of isolated CABG procedures in which IMA Artery Used (IMAArtUs) is marked "Left IMA," "Right IMA," or "Both IMAs"<br><br>(version 2.9, 4.20.2)<br>Number of isolated CABG procedures in which IMA Artery Used (IMAUsed) is marked "Yes" | All patients undergoing isolated CABG according to STS Procedure Identification algorithm | Cases are removed from the denominator if the patient had a previous CABG prior to the current admission or if IMA was not used and one of the following reasons was provided:<br>– Subclavian stenosis<br>– Previous cardiac or thoracic surgery<br>– Previous mediastinal radiation<br>– Emergent or salvage procedure<br>– No LAD disease<br><br>Previous CABG (PrCAB) is marked "yes" or IMAArtUs / IMAUsed is marked “no IMA”/”No” and primary reason for no IMA (NoIMARsn) is marked as any of the following:<br>– Subclavian stenosis<br>– Previous cardiac or thoracic surgery<br>– Previous mediastinal radiation<br>– Emergent or salvage procedure<br>– No LAD disease<br><br>Version 4.20.2<br>Cases are removed from the denominator if the patient had a previous CABG prior to the current admission or if IMA was not used and one of the following reasons was provided:<br>– Subclavian stenosis<br>– Previous cardiac or thoracic surgery<br>– Previous mediastinal radiation<br>– Emergent or salvage procedure<br>– No LAD disease<br>– Other – acceptable STS provided exclusion |

# Report Overview
# STS NQF-endorsed Measures

| Title | Description | Numerator | Denominator | Exclusions |
|---|---|---|---|---|
| | | | | Previous CABG (PrCAB) is marked "yes" or IMAArtUs / IMAUsed is marked “no IMA”/”No” and primary reason for no IMA (NoIMARsn) is marked as any of the following:<br>– Subclavian stenosis<br>– Previous cardiac or thoracic surgery<br>– Previous mediastinal radiation<br>– Emergent or salvage procedure<br>– No LAD disease<br>– Other – acceptable STS provided exclusion |

NOTE: Although in-hospital mortality is no longer an NQF-endorsed measure, STS reports on in-hospital mortality within the NQF section of the site data report.