

-

Learning Objectives:

Upon completion of this session, participant will be able to:

- Identify STS Educational Resources
- Understand how to read the Data and Software Specifications
- Understand the Procedure ID Chart
- Identify resources within the National Harvest Report



LET THE GAMES BEGIN



Data Manager Resources

STS Website

Webinars

Mentorship Program

Advances in Quality Outcomes Conference (AQO)

Database News newsletter

ACSD– Regional groups





STS National Database

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The STS National Database was established in 1989 as an initiative for quality improvement and patient safety among cardiothoracic surgeons. The Database has four components, each focusing on a different area of cardiothoracic surgery

[View maps with the locations of STS National Database participants.](#)



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Live Webinars

You are invited to participate in a series of live, monthly webinars to get an update on the exciting changes under way to the STS National Database. Registration is not required for the webinars, but you will need to sign in with your name and email address to participate.

The webinars will be recorded and available online within 48 hours from the [STS National Database Webinars](#) page.

[Access FAQs](#)

[View Webinars](#)



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Important Resources

[STS IQVIA Go-Live Checklist](#)

[Database Transition Resource](#)

[Data Manager Education](#)

[Harvest Schedule and Information](#)

[Database Forms](#)

[Merit-Based Incentive Payment System Reporting](#)

[Database Software and Vendors](#)

[Advances in Quality & Outcomes: A Data Managers Meeting](#)

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Data Manager Education

ACSD Dashboard Overview

Data Manager Mentorship Program

2019 Data Manager Survey Results

List of Mortality Status Fields

Tips for Collecting 30-Day Follow-Up Data

STS/IQVIA Uploader Instructions

How-To Videos

IQVIA Registry Dashboard - General Navigation Training



IQVIA Uploader and DQR Review



▼ Anatomical Diagrams

Coronary Anatomy

Valve Anatomy

Valve Repairs

Aortic Aneurysm

Aortic Dissection

STS National Database

Adult Cardiac Surgery Database

General Thoracic Surgery Database

Congenital Heart Surgery Database

Intermacs Database

STS Public Reporting

STS/ACC TVT Registry

STS Research Center

STS National Database Mentorship Program

The Society has launched an STS National Database mentorship program that will pair experienced data managers with those who are seeking advice related to data abstraction. After filling out a questionnaire, potential mentors and mentees will be matched based on Database type, experience in specific areas, and other factors. STS will share contact information with mentors and mentees to facilitate an ongoing mentorship relationship.



To apply as either a mentor or mentee, please fill out the appropriate form linked below. You will be notified once you have been matched.

If you have questions about the program or any feedback on the sign-up forms, contact [Emily Conrad](#).

Note: The opinions and advice provided through this mentorship program are those of its individual participants and do not necessarily reflect the views of The Society of Thoracic Surgeons.

[Apply to be a Mentor](#)[Apply to be a Mentee](#)

Advances in Quality & Outcomes: A Data Managers Meeting



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



- Annual educational meeting for Data Managers of the STS National Database.
- Objective to improve data abstraction and coding skills.

Advances in
Quality &
Outcomes:
A Data
Manager
Meeting
(AQO)



Database News Newsletter

- The Database News newsletter is a newsletter dedicated to the STS National Database.
- Contains information on public reporting, data submission deadlines, meetings, and audits.
- The STS newsletter is available on the STS Data Manager Education page



Regional Benefits

Networking

Support

Quality Care

Fun

Sharing

Data Manager Education

Inter-rater Reliability

Best Practice

Data Integrity

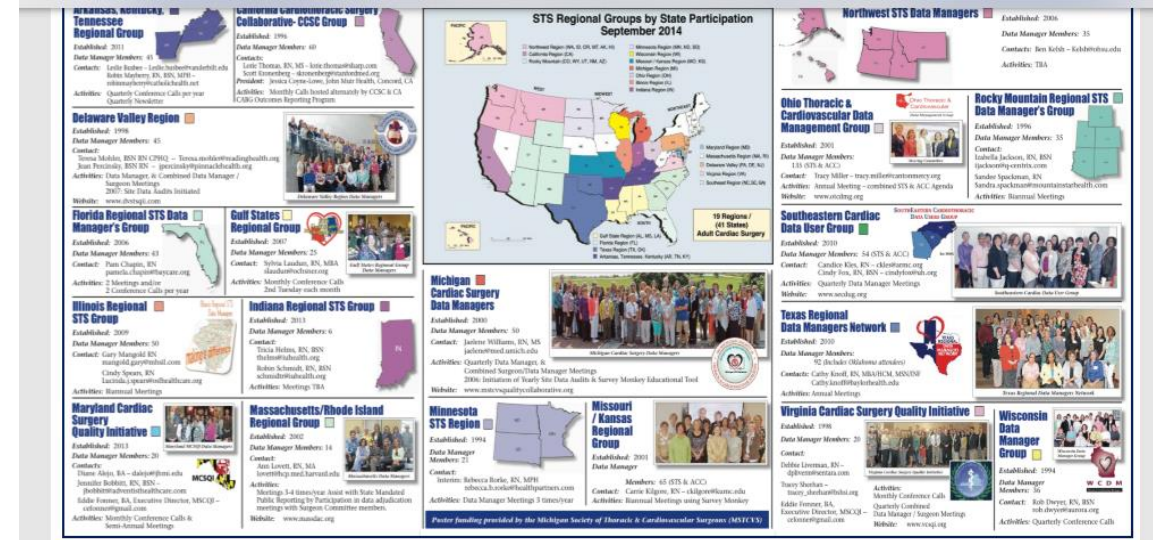
STS Role Orientation

Mentoring

Problem Solve

Data Audits

Q.I.



Regional Groups

Frequently Asked Questions - FAQ



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[View maps with the locations of STS National Database participants.](#)

Clinical Question Request Form

Are you struggling with a clinical question regarding data abstraction? Fill out the Clinical Question Request Form and get a response within 30 days.

[Ask a Question](#)



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Ask a Question

Full Name *

Email *

Phone *

Participant ID #

Database Version *

State/Province *

Sequence #: *

Short Field Name:

IMPORTANT: FOR HIPAA COMPLIANCE PURPOSES, PLEASE NOTE THAT ANY PATIENT IDENTIFYING INFORMATION¹ SHOULD BE REDACTED FROM THIS SUBMISSION.

Question: *





STS National Database

[Adult Cardiac Surgery Database](#)[General Thoracic Surgery Database](#)[Congenital Heart Surgery Database](#)[Intermacs Database](#)[STS Public Reporting](#)[STS/ACC TVT Registry](#)

STS National Database

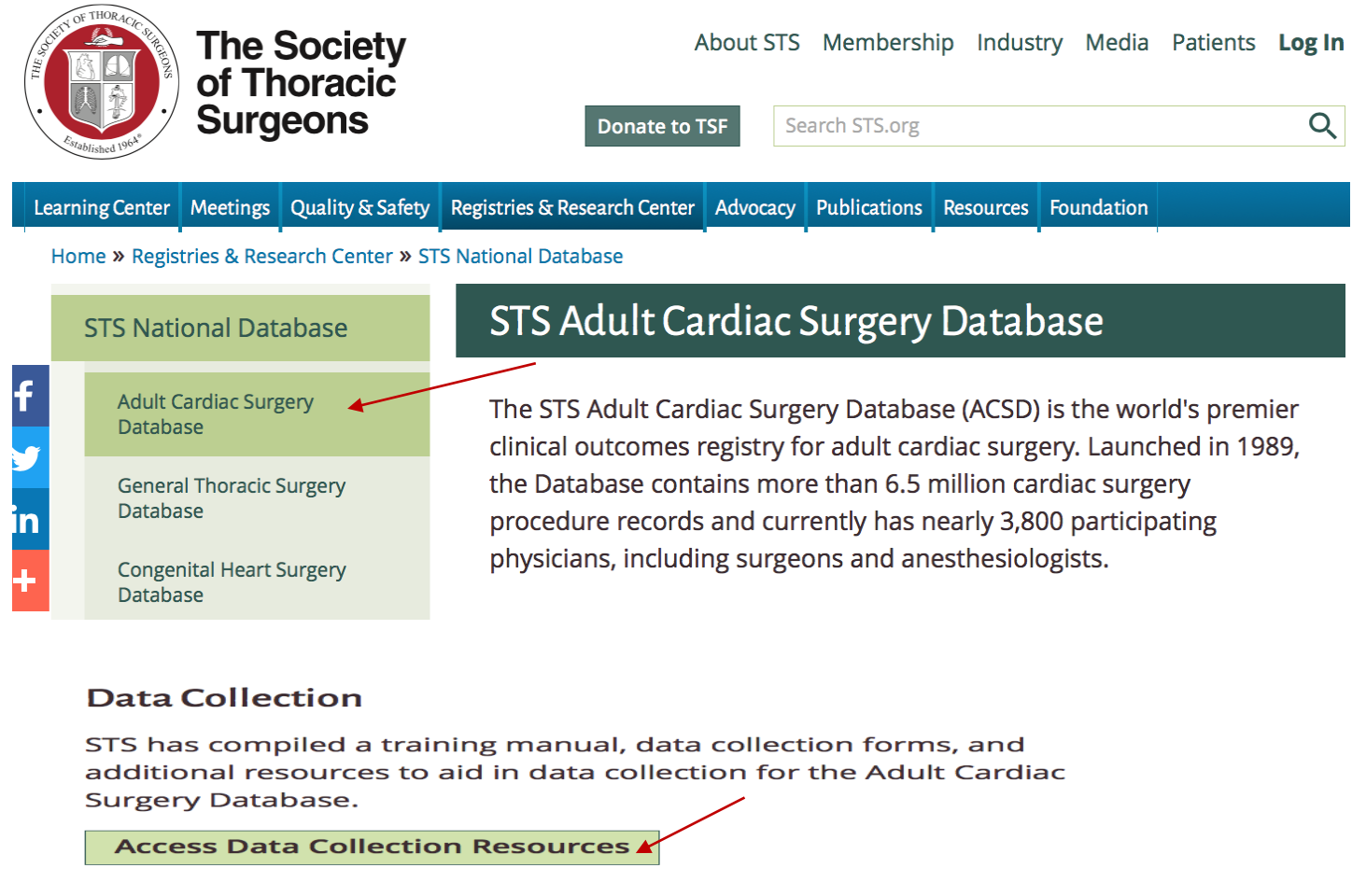
[Adult Cardiac](#)[General Thoracic](#)[Congenital Heart](#)[Intermacs](#)

The STS National Database was established in 1989 as an initiative for quality improvement and patient safety among cardiothoracic surgeons. The Database has four components, each focusing on a different area of cardiothoracic surgery

[View maps with the locations of STS National Database participants.](#)

Additional Resources on STS Website

- Data Collection Forms
- Training Manual
- Ask a Clinical Question
 - FAQ Updates



The screenshot displays the STS website header with the logo and navigation links: About STS, Membership, Industry, Media, Patients, and Log In. A search bar and a 'Donate to TSF' button are also visible. The main navigation bar includes Learning Center, Meetings, Quality & Safety, Registries & Research Center, Advocacy, Publications, Resources, and Foundation. The breadcrumb trail reads: Home » Registries & Research Center » STS National Database.

The STS National Database section lists four databases: Adult Cardiac Surgery Database, General Thoracic Surgery Database, and Congenital Heart Surgery Database. A red arrow points to the Adult Cardiac Surgery Database link.

The STS Adult Cardiac Surgery Database (ACSD) is highlighted in a dark green box. A text box explains: "The STS Adult Cardiac Surgery Database (ACSD) is the world's premier clinical outcomes registry for adult cardiac surgery. Launched in 1989, the Database contains more than 6.5 million cardiac surgery procedure records and currently has nearly 3,800 participating physicians, including surgeons and anesthesiologists."

The Data Collection section states: "STS has compiled a training manual, data collection forms, and additional resources to aid in data collection for the Adult Cardiac Surgery Database." A red arrow points to the 'Access Data Collection Resources' button.



Navigating the STS Website:

Adult Cardiac Surgery Database

General Thoracic Surgery Database

Congenital Heart Surgery Database

Intermacs Database

STS Public Reporting

STS/ACC TVT Registry

The STS Adult Cardiac Surgery Database is currently operating under version 4.20.2. Data collection forms, training manuals, and additional resources are available to assist in data collection.

▼ Version 4.20

Effective date July 1, 2020

Training Manual - *Updated July 29, 2020*

- [Training Manual](#)
- [FAQ Summary - August 2020](#)

Data Collection Forms (DCFs) - *Updated June 30, 2020*


- [Highlighted and Annotated DCF](#)
- [Highlighted and Non-Annotated DCF](#)
- [Word Version Highlighted DCF](#)
- [Annotated DCF](#)
- [Non-Annotated DCF](#)
- [Word Version DCF](#)


The logo of The Society of Thoracic Surgeons (STS) is a circular emblem. It features a central shield with a caduceus (a staff with two snakes and wings) and a heart. The text "THE SOCIETY OF THORACIC SURGEONS" is written around the top inner edge of the circle, and "Established 1964*" is at the bottom.

sts.org

Data Collection Forms (DCF's)

Non-
Annotated
DCF

The Society of Thoracic Surgeons Adult Cardiac Surgery Database Data Collection Form Version 4.20.2		
STS National Database™ Trusted. Transformed. Real-Time.		
**Risk Variable ++NQF		
A. Administrative		
Participant ID:	Record ID: (software generated)	
Patient ID: (software generated)		
Patient participating in STS-related clinical trial: <input type="checkbox"/> None <input type="checkbox"/> Trial 1 <input type="checkbox"/> Trial 2 <input type="checkbox"/> Trial 3 <input type="checkbox"/> Trial 4 <input type="checkbox"/> Trial 5 <input type="checkbox"/> Trial 6 (If not None →)		
B. Demographics		
Patient Last Name:	Patient First Name:	Patient Middle Name:
Date of Birth: ____/____/____ (mm/dd/yyyy)	Patient Age: **	Sex: **
National Identification (Social Security) Number Known: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused (If Yes →)		
Medical Record Number:	City:	Country:
Permanent Street Address:	ZIP Code:	
Region:		
Race Documented: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pt. Declined to Disclose		
Race: (If Yes, select all that apply →)		
<input type="checkbox"/> White:	<input type="checkbox"/> Am Indian/Alaskan:	
<input type="checkbox"/> Black/African American: **	<input type="checkbox"/> Hawaiian/Pacific Islander:	
<input type="checkbox"/> Asian: **	<input type="checkbox"/> Other:	
Hispanic, Latino or Spanish Ethnicity: **	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented	
C. Hospitalization		
Hospital Name: (If Not Missing →)	Hospital ZIP Code:	
Hospital National Provider Identifier:	Hospital CMS Certification Number:	
Primary Payor: ** (Choose one)	(If Primary Payor ≠ None/Self ↓)	
<input type="checkbox"/> None/Self	<input type="checkbox"/> None/Self	

The Society of Thoracic Surgeons Adult Cardiac Surgery Database Data Collection Form Version 4.20.2		
STS National Database™ Trusted. Transformed. Real-Time.		
Add/Change to Field **Risk Variable ++NQF Updates 06292020		
A. Administrative		
Participant ID:	Record ID: (software generated)	
ParticiD (25)	RecordID (30)	
Patient ID: (software generated)		
PatID (40)		
Patient participating in STS-related clinical trial: ClinTrial (45) <input type="checkbox"/> None <input type="checkbox"/> Trial 1 <input type="checkbox"/> Trial 2 <input type="checkbox"/> Trial 3 <input type="checkbox"/> Trial 4 <input type="checkbox"/> Trial 5 <input type="checkbox"/> Trial 6 (If not None →)		Clinical Trial Patient ID: _____ ClinTrialPatID (46)
B. Demographics		
Patient Last Name:	Patient First Name:	Patient Middle Name:
PatLName (50)	PatFName (55)	PatMName (60)
Date of Birth: ____/____/____ (mm/dd/yyyy)	Patient Age: **	Sex: ** <input type="checkbox"/> Male <input type="checkbox"/> Female
DOB (65)	Age (70)	Gender (75)
National Identification (Social Security) Number Known: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused (If Yes →)		National ID Number: _____
SSNKnown (76)		SSN (80)
Medical Record Number:		
MedRecN (85)		
Permanent Street Address:	City:	
PatAddr (90)	PatCity (95)	
Region:	ZIP Code:	Country:
PatRegion (100)	PatZIP (105)	PatientCountry (115)
Race Documented: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pt. Declined to Disclose		
RaceDocumented (150)		
Race: (If Yes, select all that apply →)		
RaceMulti (151)		
<input type="checkbox"/> White:	<input type="checkbox"/> Am Indian/Alaskan:	
<input type="checkbox"/> Black/African American: **	<input type="checkbox"/> Hawaiian/Pacific Islander:	
<input type="checkbox"/> Asian: **	<input type="checkbox"/> Other:	
Hispanic, Latino or Spanish Ethnicity: **	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Documented	
Ethnicity (185)		

Annotated DCF



STS Training Manual

SEQ. #: 305

Long Name: Admit Date

Short Name: AdmitDt

Definition: Indicate the Date of Admission. For those patients who originally enter the hospital in an out-patient capacity (i.e., catheterization), the **admit** date is the date the patient's status changes to in-patient. In the event admission date comes after date of surgery, use date of surgery.

Intent/Clarification: Required date format: mm/dd/yyyy. **Update April 2021 – In the event of multiple **admit** dates in the medical record, use the date that the patient first becomes an inpatient.**

FAQ Sept 2020 - Patient came in for explantation of RV leads x2, explantation of AICD generator, implantation of RV lead, and implantation of new AICD generator. Patient was in "extended recovery" status the entire stay. Do I code surgery date as **admit** date even though the patient was never technically an inpatient?
Answer - Yes code surgery date as **admit** date in this scenario.



Navigating the STS Website

Additional Resources - Updated June 30, 2020

- [Data Specifications v4.20.2](#)
- [Software Specifications v4.20.2](#)
- [Itemized Changes from v4.20.1 to v4.20.2](#)
- [Change Summary v4.20.2](#)
- [Itemized Changes v4.20.2](#)
- [Procedure Identification Chart \(ProcID\)](#) - Updated October 2020
- [Risk Model Variable Chart](#)
- [Risk Model Endpoint Chart](#) - Updated February 2021
- [Congenital Diagnoses and Procedure List](#)
- [Case Inclusion Guide](#)
- [NQF Endorsed Measures](#) - Updated August 2021



Software Specifications – page 4

Surgery date	Data Specifications
Any dates up to December 31, 1999	Data converted to 2.35 format
January 1, 2000 through December 31, 2001	2.35
January 1, 2002 through June 30, 2002	2.35 or 2.41
July 1, 2002 through December 31, 2003	2.41
January 1, 2004 through December 31, 2004	2.41 or 2.52.1
July 1, 2004 through June 31, 2007	2.52.1
July 1, 2007 through December 31, 2007	2.52.1 or 2.61
January 1, 2008 through June 30, 2011	2.61
July 1, 2011 through June 30, 2014	2.73
July 1, 2014 through June 30, 2017	2.81
July 1, 2017 through June 30, 2020	2.9
July 1, 2020 through current date	4.20.2

- Important Resource to be familiar with
- Dates of Versions

H. Format – The format in which the values for the field should be collected.
The options for this field are:

- Date - mm/dd/yyyy: Date values only with the month specified as a 2-digit numeric value, day specified as a 2-digit numeric value, and year specified as a 4-digit numeric value.
- Time - hh:mm (24-hour clock): Time values only with the hours specified as a 2-digit numeric value (in 24-hour format), and the minutes specified as a 2-digit numeric value.
- Date/Time - mm/dd/yyyy hh:mm : Date and time values in one field with the month specified as a 2-digit numeric value, day specified as a 2-digit numeric value, and year specified as a 4-digit numeric value, followed by a single space and then the hours specified as a 2-digit numeric value (in 24-hour format), and the minutes specified as a 2-digit numeric value.
- Integer: Numeric values with no decimal points.
- Real: Numeric values with at least one decimal point.
- Text: Value can contain any alphanumeric characters.
- Text (categorical values specified by STS): Values displayed to the user are the text descriptions defined in the data specifications table. The values submitted to the Data Warehouse are the Harvest Codes defined in the data specifications.
- Text (categorical values specified by user): Values displayed to the user and submitted to the Data Warehouse come from a list maintained by the user (see item “e” under the “3. Data Entry” section of the “Software Specification” below).

I. DataSource – This field defines how the data is entered into the field. The options for this field are as follows (note, in some cases, there is more than one option for data source, such as “User or Calculated”):

- User – The user enters the value, otherwise it is left missing (null).
- Automatic – The software automatically inserts a value for every record. This is usually assigned to administrative fields that must contain a value, such as the DataVrsn field.

Software Specifications

– page 6

Describes how to read Data Specs



Software Specs – page 11

- Record ID - unique numeric value that identifies the record in the database.
- Generated Software site by the STS. The codes will be in a format similar to “V01”.
- For example - V01000001

b. Record identification number (RecordID): The RecordID field contains a unique numeric value that identifies the record in the database. This is an arbitrary number and must not be a value that could identify the patient, such as Social Security Number, Medical Record Number, etc. Once attached to a specific record, the value can never be changed, nor can it be reused if the record is deleted. The data warehouse uses the RecordID field to communicate record-specific data quality issues to the participants. Because of this, users must be able to select cases from their database for review using this field and the field must be labeled “RecordID” on the data entry screen. See also the special considerations necessary for this field when importing data from another database in the “Data Import” section, below.

Beginning with version 2.73 of the data specifications, the values generated by the software for the RecordID field must be a combination of a vendor specific code followed by an alphanumeric value that makes the identifier unique. The vendor-specific code will consist of three characters and will be assigned to each vendor and Participant Generated Software site by the STS. The codes will be in a format similar to “V01”. For example, the software will generate a RecordID value of V01000001 for the first record and V01000002 for the second record. The purpose of this feature is to allow sites to move their data from one version of a software package to another, or from one vendor package to another, and maintain the referential integrity of their data records.

Together, the ParticID and the RecordID will affect a composite key, which is unique to each record throughout the national STS database.

Software Specs – page 14

- Points out what data can be imported into Vendor Data Form
- ADT Tool
- Reason we can't import more data is because of the importance of the data managers eyes on the data, the limitations of informatics on writing the correct code, especially when there are changes in definitions and between EMR versions and vendors



4. Importing data from other data sources

Although the data many participants are entering into their STS certified software may be gathered from another electronic data system at their site (such as an EMR), it is strictly against STS policy for vendors to provide the users with the means to import this data automatically. It is not practical for the STS to certify the mapping of data from each site's EMR to the STS data specifications, which would be required to ensure the integrity of the overall STS database.

There are only two exceptions to this policy:

- Unique Device Identification (UDI) numbers can be imported from devices such as barcode readers. This applies to the following fields:
 - Valve Explant Unique Device Identifier (UDI) [ValExpUDI]
 - Second Valve Explant Device Unique Device Identifier (UDI) [ValExpDevUDI]
 - VS-Aortic Proc-Imp - Unique Device Identifier (UDI) [VSAoImUDI]
 - VS-Mitral Proc-Imp-Unique Device Identifier (UDI) [VSMilmUDI]
 - VS-Tricuspid Proc-Imp-Unique Device Identifier (UDI) [VSTrlmUDI]
 - Previous VAD Unique Device Identifier (UDI) [PrevVADUDI]
 - VAD-Implant Unique Device Identifier (UDI) [VImpUDI]
 - VAD-Implant Unique Device Identifier (UDI) #2 [VImpUDI2]
 - VAD-Implant Unique Device Identifier (UDI) #3 [VImpUDI3]
 - Other Card-Atrial Appendage Ligation/Exclusion UDI [OCarAAUDI]
- The following demographic data fields can be imported from an Admission/Discharge/Transfer (ADT) system:

LongName	ShortName
Patient Last Name	PatLName
Patient First Name	PatFName
Patient Middle Name	PatMName
Date of Birth	DOB
Patient Age	Age

5. Field dependencies

Field dependencies exist where one field (the “parent” field) controls whether or not one or more other fields (the “child” fields) can contain data. Child fields are indicated in the specifications by having their immediate parent field named in the “Parent Field” section of their specification. For example, “Cerebrovascular Disease” is a parent field to its child “Prior CVA”. The following guidelines must be followed to handle dependent fields:

- a. If the data value of a parent field indicates that no data should be in its dependent fields, then those dependent fields should be unavailable on the data entry screen. In the example above, only if “Cerebrovascular Disease”= “Yes” should “Prior CVA” be available for data entry.
- b. If a parent field indicates that no data should be in its dependent field, vendors must set all child fields to Null. **Note that in prior versions of the Software Specifications, vendors had the option of setting child field values to “No” provided those fields were set to Null during data extract. This has caused parent/child issues to appear in site data, so this practice is no longer acceptable.**
- c. If a parent field is originally set to “Yes”, then values can be entered into its child fields. If the record is subsequently edited by the user and the parent value is changed to “No”, **the values in the child fields must be automatically changed to Null.**
- d. Reporting on missing data values needs to be handled differently in dependent (child) fields, since its meaning depends upon the data value of the parent field. See “Data quality and completeness checks” below for a full description of how this should be handled.

- Parent Child Relationships

Software Specs – page 26

- Meld Score Calculation – system calculation must have INR, Total Bili, and Creatinine to calculate

Appendix A: Calculation of MELD scores:

Starting with version 2.73, software must be able to calculate the MELD score for each patient. The results from this calculation are entered by the software into the field RF-MELD Score (MELDScr). The value of this score is calculated using the values entered by the user into the three fields “RF-Total Bilirubin” (TotBilrtn), “RF-INR” (INR), and “RF-Last Creat Level” (CreatLst). The patient’s dialysis status (RF-Renal Fail-Dialysis) is also considered in the calculation.

The calculation can be made by creating a “factor” for each of the three variables involved in the score. The value of the variable is used to determine the value of the factor. The factors are then used in a formula to determine the MELD score. The algorithm for determining the value of each factor is as follows:

If RF-Total Bilirubin is >0 and ≤ 1 then bilirubin_factor = 1
otherwise, if RF-Total Bilirubin is >1 , then bilirubin_factor = the specified RF-Total Bilirubin value.

If RF-INR is >0 and ≤ 1 then inr_factor = 1
otherwise, if RF-INR is > 1 , then inr_factor = the specified RF-INR value.

if RF-Renal Fail-Dialysis=Yes, then creatinine_factor = 4
otherwise, if RF-Last Creat Level is >0 and ≤ 1 then creatinine_factor = 1
 otherwise, if RF-Last Creat Level is >1 and ≤ 4 , then creatinine_factor = the RF-Last Creat Level value
 otherwise, if RF-Last Creat Level is >4 , then creatinine_factor = 4

After determining the three factors, the calculation is done using the formula:

$$\text{MELDScr} = (3.8 \times \text{Ln}(\text{bilirubin_factor})) + (11.2 \times \text{Ln}(\text{inr_factor})) + (9.6 \times \text{Ln}(\text{creatinine_factor})) + 6.4$$

Note that “Ln” refers to the mathematical “natural log” function.

No score should be calculated if any of the following conditions are true:
- RF-Total Bilirubin is missing



Appendix C: Calculation of Total Postoperative Initial Ventilation Hours

Starting with v4.20.2, software must be able to calculate the Total Postoperative Initial Ventilation Hours. The results of this calculation are entered by the software into the field “Total Postoperative Initial Ventilation Hour” (TotalPOInitVentHr). The value of this field is calculated by finding the number of **hours between “OR Exit Date and Time” (ORExitDT) and “Initial Extubation Date And Time” (ExtubateDT)**. ~~Value should be stored in decimal format with at least two decimal places. This value is zero for patients extubated in OR or not intubated for procedure (ExtubOR = Yes or N/A (not intubated)).~~

- If either ORExitDT or ExtubateDT are missing, TotalPOInitVentHr is left missing.
- The difference between ORExitDT and ExtubateDT must not be rounded.
- If ExtubOR=”Yes” or “N/A”, TotalPOInitVentHr must be set to zero.
- Final calculation should include at least two decimal places.

Appendix F: Field ShortName and SeqNo by DataVrsn.

The following table lists all fields that have been collected in the STS Adult CV Database since 1999. The sequence number (SeqNo) of each field for a given version of the specifications is specified under the version number. If no sequence number is specified, the field was not a Core field for that version of the specifications.

ShortName	2.35	2.41	2.52.1	2.61	2.73	2.81	2.9	4.20.2
AbxDisc				1347	2730	2290	2290	2290
AbxSelect				1345	2710	2280	2280	2280
AbxTiming				1346	2720	2285	2285	2285
AddIntraopPAnti						2295	2295	
ADevDelMeth01							5455	5455
ADevDelMeth02							5480	5480
ADevDelMeth03							5505	5505
ADevDelMeth04							5530	5530
ADevDelMeth05							5555	5555
ADevDelMeth06							5580	5580
ADevDelMeth07							5605	5605
ADevDelMeth08							5630	5630
ADevDelMeth09							5655	5655
ADevDelMeth10							5680	5680
ADevDelMeth11							5705	5705
ADevDelMeth12							5730	5730
ADevDelMeth13							5755	5755

Appendix F: Field Short Name and Seq Number by Data Version

Data Specifications

Long Name: RF-Renal Fail-Dialysis

Short Name: Dialysis

Section Name: Risk Factors

DBTableName: Adultdata2

SeqNo: 375

Core: Yes

Harvest: Yes

Definition: Indicate whether the patient is currently (prior to surgery) undergoing dialysis.

Data Source: User

Format: Text (categorical values specified by STS)

Harvest Codes:

Code: Value:

1 Yes

2 No

3 Unknown

- Integer: Numeric values with no decimal points.
- Real: Numeric values with at least one decimal point.
- Text: Value can contain any alphanumeric characters.

Data Specification

Long Name: Height (cm)

SeqNo: 330

Short Name: **HeightCm**

Core: Yes

Section Name: Risk Factors

Harvest: Yes

DBTableName Adultdata1

Definition: Indicate the height of the patient in centimeters.

Data Source: User

Format: Real

Low Value: 20.0 High Value: 251.0 UsualRangeLow: 122.0 UsualRangeHigh: 213.0

Data Specifications - Parent Child Relationship

Diabetes: ☐ Yes ☐ No ☐ Unknown (If Yes →) Diabetes-Control: ☐ None ☐ Diet only ☐ Oral ☐ Insulin ☐ Other SubQ ☐ Other ☐ Unknown

Diabetes (360)

DiabCtrl (365)

Long Name: RF-Diabetes-Control

SeqNo: 365

Short Name: DiabCtrl

Core: Yes

ParentShortName: Diabetes

ParentLongName: RF-Diabetes

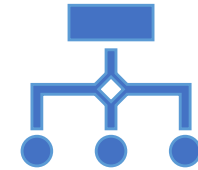
ParentHarvestCodes: 1

ParentValues: = "Yes"



Procedure ID Chart

- Isolated Coronary Artery Bypass (CAB)
- Isolated Aortic Valve Replacement (AV Replace)
- Isolated Mitral Valve Replacement (MV Replace)
- Aortic Valve Replacement + CAB (AV Replace + CAB)
- Mitral Valve Replacement + CAB (MV Replace + CAB)
- Aortic Valve Replacement + Mitral Valve Replacement (AV Replace + MV Replace)
- Isolated Mitral Valve Repair (MV Repair)
- Mitral Valve Repair + CAB (MV Repair + CAB)



Need to have DCF with Seq Numbers to read this chart



Procedure Identification Table

PART 1 (PROCID 1 through 4)				
Variable Short Name/Seq #	Isolated CAB (ProcID=1)	Isolated AVR (ProcID=2)	Isolated MVR** (ProcID=3)	AVR + CAB (ProcID=4)
OpCAB/2120	<ul style="list-style-type: none"> Yes, planned Yes, unplanned due to unsuspected disease or anatomy 	<ul style="list-style-type: none"> No Yes, unplanned due to surgical complication Missing 	<ul style="list-style-type: none"> No Yes, unplanned due to surgical complication Missing 	<ul style="list-style-type: none"> Yes, planned Yes, unplanned due to unsuspected disease or anatomy
OpCAB	OpCAB in(3,5)	OpCab in (NULL, 2,4)	OpCab in (NULL, 2,4)	OpCAB in(3,5)
OpValve/2129	<Not used in this calculation>	• Yes	• Yes	• Yes
OpValve		Opvalve eq 1	Opvalve eq 1	Opvalve eq 1
VSAV/2131	<ul style="list-style-type: none"> No Yes, unplanned due to surgical complication Missing 	<ul style="list-style-type: none"> Yes, planned Yes, unplanned due to unsuspected disease or anatomy 	<ul style="list-style-type: none"> No Yes, unplanned due to surgical complication Missing 	<ul style="list-style-type: none"> Yes, planned Yes, unplanned due to unsuspected disease or anatomy
VSAV	VSAV in (NULL, 2,4)	VSAV in (3,5)	VSAV in (NULL, 2,4)	VSAV in (3,5)
VSAVPr/3395	<Not used in this calculation>	Replacement	<Not used in this calculation>	Replacement
VSAVPr		VSAVPr eq 1		VSAVPr eq 1
VSMV/2133	<ul style="list-style-type: none"> No Yes, unplanned due to surgical complication Missing 	<ul style="list-style-type: none"> No Yes, unplanned due to surgical complication Missing 	<ul style="list-style-type: none"> Yes, planned Yes, unplanned due to unsuspected disease or anatomy 	<ul style="list-style-type: none"> No Yes, unplanned due to surgical complication Missing
VSMV	VSMV in (NULL, 2,4)	VSMV in (NULL, 2,4)	VSMV in (3,5)	VSMV in (NULL, 2,4)
VSMVPr/3500	<Not used in this calculation>	<Not used in this calculation>	• Replacement	<Not used in this calculation>
VSMVPr			VSMVPr eq 2	
OCarCongProc1/6515	<ul style="list-style-type: none"> Missing PFO, Primary closure Anomalous origin of coronary artery from pulmonary artery repair Anomalous aortic origin of coronary artery from aorta (AAOCA) repair 	<ul style="list-style-type: none"> Missing PFO, Primary closure 	<ul style="list-style-type: none"> Missing PFO, Primary closure ASD repair, Primary closure ASD repair, Patch 	<ul style="list-style-type: none"> Missing PFO, Primary closure Anomalous origin of coronary artery from pulmonary artery repair Anomalous aortic origin of coronary artery from aorta (AAOCA) repair
OCarCongProc1	Ocarconproc1 in (NULL,10,1291,1305)	Ocarconproc1 in (NULL,10)	Ocarconproc1 in (NULL,10,20,30)	Ocarconproc1 in (NULL,10,1291,1305)

Page 1 with 4 categories – scroll down to see how other procedures effect the category

The Gray lines are programming lingo and can be ignored. Focus on the white rows

On this slide you have procedures that effect all 4 categories and others that effect individual categories

	<ul style="list-style-type: none"> No Missing 			
VExp2	VExp2 in (NULL, 3, 2)			
VExp3/3985	<ul style="list-style-type: none"> Yes, not during this procedure No Missing 			
VExp3	VExp3 in (NULL, 3, 2)			
OCarLVA/4054	<ul style="list-style-type: none"> No Missing 			
OCarLVA	OCarLVA in (NULL, 2)			
OCarAcqVSD/4131	<ul style="list-style-type: none"> No Missing 			
OCarAcqVSD	OCarVSD in (NULL, 2)			
AortProc/2123	<ul style="list-style-type: none"> No Yes, unplanned due to surgical complication Missing 			
AortProc	Aortproc in (NULL, 2, 4)			
EndovasProc/5066	<ul style="list-style-type: none"> No Missing 			
EndovasProc	EndovasProc in (NULL, 2)			
OCarAFibLesLoc/4191	<ul style="list-style-type: none"> Epicardial None Missing 	<ul style="list-style-type: none"> Epicardial None Missing 	<Not used in this calculation>	<ul style="list-style-type: none"> Epicardial None Missing
OCarAFibLesLoc	OCarAFibLesLoc not in(2,3)	OCarAFibLesLoc not in(2,3)		OCarAFibLesLoc not in(2,3)
OCarASDRep/4136	<ul style="list-style-type: none"> No Missing 	<ul style="list-style-type: none"> No Missing 	<Not used in this calculation>	<ul style="list-style-type: none"> No Missing
OCarASDRep	OCarASDRep in (NULL, 2)	OCarASDRep in (NULL, 2)		OCarASDRep in (NULL, 2)
OCarACD/4055	<Not used in this calculation>	<Not used in this calculation>	<ul style="list-style-type: none"> None Missing Pacemaker 	<Not used in this calculation>
OCarACD			OCarACD in (NULL, 1, 2)	
OCarACDLE/	<ul style="list-style-type: none"> Yes, unplanned due to surgical complication 			

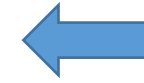
SEQ 4191 A-fib Lesion location that is used in the Isolated CAB, Isolated AVR, and Isolated CAB AVR calculation, however it is not used in the Isolated MVR calculation

Green Highlights changes from V 2.9 to 4.2

Short Name and
Seq Number



OCTumor/4115	• No • Missing
OCTumor	OCTumor in (NULL, 1)



If you code “No or
Missing” case will
stay isolated



Ignore Gray Lines

Other Cardiac Tumor SEQ 4115

On PROC ID Chart

- No – this means if you code No to this field then the procedure will stay isolated.
- Missing- this means if you leave this field missing then the procedure will stay isolated.

<https://youtu.be/2-vH1cCiCts>



PROC ID Scenario

Patient has CABG with A-fib Pulmonary Vein Isolation performed SEQ 4191. Will this procedure be classified as an isolated CABG?


	CABG	AVR	MVR	AVR + CABG
OCarAFibLesLoc/ 4191	<ul style="list-style-type: none">• Epicardial• None• Missing	<ul style="list-style-type: none">• Epicardial• None• Missing	<Not used in this calculation>	<ul style="list-style-type: none">• Epicardial• None• Missing

Additional Resource: Risk Model Variable Chart

- Shows you the variables that are in each Risk Model
- The purpose of risk adjustment is to allow STS database participants to compare their performance with other participants (e.g. overall STS, like participants, region or state). By accounting for and controlling patient risk factors that are present prior to surgery, risk adjustment “levels the playing field” as best as possible.



CABG	Operative Mortality	Stroke	Renal Failure	Prolonged Ventilation	Deep Stern Inf	Reop	Mortality/ Morbidity	Length of Stay>14	Length of Stay<6
B. Demographics									
Age (70)	X	X	X	X	X	X	X	X	X
Gender (75)	X	X	X	X	X	X	X	X	X
RaceBlack (160)	X	X	X	X	X	X	X	X	X
RaceAsian (165)		X	X	X	X	X	X	X	X
Ethnicity (185)		X	X	X	X	X	X	X	X
RaceNativeAm (170)			X	X	X	X	X	X	X
RacNativePacific (175)			X	X	X	X	X	X	X
C.Hospitalization									
SurgDt (310)			X	X	X	X	X	X	X
PayorPrim (291) →	X	X	X	X	X	X	X	X	X
PayorSecond (293) →	X	X	X	X	X	X	X	X	X
D. Risk Factors									
WeightKg (335)	X	X	X	X	X	X	X	X	X
HeightCm (330)	X	X	X	X	X	X	X	X	X
Diabetes (360)	X	X	X	X	X	X	X	X	X
DiabCtrl (365)	X	X	X	X	X	X	X	X	X
Hct (575)	X	X	X	X	X	X	X	X	X
WBC (565)	X	X	X	X	X	X	X	X	X
Platelets (580)	X	X	X	X	X	X	X	X	X
CreatLst (585)	X	X	X	X	X	X	X	X	X
Dialysis (375)	X	X	X	X	X	X	X	X	X
Hypertn (380)		X	X	X			X		X
InfEndTy (840)					X				

InfEndo (385)									
ChrLungD (405)	X	X	X	X	X		X	X	X
ImmSupp (490)	X		X	X	X		X	X	X
PVD (505)	X	X	X	X	X	X	X	X	X
CVD (525)	X	X	X	X			X	X	X
CVA (530)	X	X	X	X			X	X	X
CVAWhen (535)	X	X	X	X			X	X	X
CVDTIA (540)	X	X	X	X			X	X	X
CVDStenRt (550)	X	X	X	X			X	X	X
CVDStenLft (555)	X	X	X	X			X	X	X
CVDPCarSurg (560)	X	X		X					X
IVDrugAb (470)				X		X		X	X
Alcohol (480) 	X	X	X	X	X	X	X	X	X
Pneumonia (465)			X	X			X	X	X
MediastRad (495)	X			X				X	X
Cancer (500)		X							
TobaccoUse (400)			X	X	X		X	X	X
FHCAD (355)		X	X	X			X	X	X
HmO2 (450)	X			X			X	X	X
SlpApn (460)		X		X			X		X
LiverDis (485)	X		X	X		X	X	X	X
UnrespStat (520)	X	X		X			X		
Syncope (515)	X			X		X	X		X
E. Previous Interventions									
PrCAB (670)	X		X	X	X	X	X	X	X
PrValve (675)			X	X	X	X	X	X	X
PrValveProc1 (695)				X		X	X	X	X

K. Valve Surgery									
VSTrRepair (3646)					X				
L. Mechanical Cardiac Assist Devices									
IABPWhen (3730) →	X		X	X	X	X	X	X	X
CathBasAssistWhen (3760) →	X		X	X		X	X	X	X
ECMOWhen (3780) →	X		X	X		X	X	X	X

Additional Resources - Congenital Diagnoses and Procedure List



Congenital Procedures By Category

- | ASD | |
|--------------------------|---|
| <input type="checkbox"/> | 10= PFO, Primary closure |
| <input type="checkbox"/> | 20= ASD repair, Primary closure |
| <input type="checkbox"/> | 30= ASD repair, Patch |
| <input type="checkbox"/> | 40= ASD repair, Device |
| <input type="checkbox"/> | 2110= ASD repair, Patch + PAPVC repair |
| <input type="checkbox"/> | 50= ASD, Common atrium (single atrium), Septation |
| <input type="checkbox"/> | 60= ASD creation/enlargement |
| <input type="checkbox"/> | 70= ASD partial closure |
| <input type="checkbox"/> | 80= Atrial septal fenestration |
| <input type="checkbox"/> | 85= Atrial fenestration closure |

Congenital Diagnosis By Category

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 10=PFO |
| <input type="checkbox"/> | 20= ASD, Secundum |
| <input type="checkbox"/> | 30= ASD, Sinus venosus |
| <input type="checkbox"/> | 40= ASD, Coronary sinus |
| <input type="checkbox"/> | 50= ASD, Common atrium (single atrium) |
| <input type="checkbox"/> | 2150= ASD, Postoperative interatrial commu |

Additional Resources – Case Inclusion Guide



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

STS Adult Cardiac Database Inclusion Document

General information – This document is provided to sites to assist in procedure inclusion. **It is not an all-inclusive list.** If your procedure can not be found on the list, [please send in a FAQ](#) to determine if the procedure should be included in the Database.

Required Cases in- conjunction with other CV surgery or stand-alone procedure.

1. CABG

2. Valve to include:

- Aortic valve repair, surgical
- Aortic valve replacement, surgical
- Mitral valve commissurotomy, surgical
- Mitral valve repair, surgical
- Mitral valve replacement, surgical
- Tricuspid valve repair, surgical
- Tricuspid valve replacement, surgical
- Tricuspid valvectomy
- Pulmonary valve repair, surgical
- Pulmonary valve replacement, surgical
- Pulmonary valvectomy
- Prosthetic valve repair

3. Aorta - starting above diaphragm, includes dissections to include:

- Aortic procedure, arch
- Aortic procedure, ascending
- Aortic procedure, descending
- Aortic procedure, root
- Aortic procedure, thoracoabdominal
- Aortic Procedure, TEVAR

Additional Resources – NQF Measures

Process Measures:

- Preoperative beta blockade therapy
- Use of IMA
- Discharge anti-platelet medication
- Discharge beta blockade therapy
- Discharge anti-lipid medication

Outcomes Measures:

- Post-op Renal Failure
- Surgical Re-exploration
- Operative Mortality for CABG
- Prolonged Ventilation
- Deep Sternal Wound Infection
- Stroke/Cerebrovascular Accident



Report Overview

STS Composite Quality Ratings and NQF-endorsed Measures

STS Report – Period Ending 06/30/2018

Title	Description	Numerator	Denominator	Exclusions
				Discharge aspirin (DCASA) OR discharge P2Y12 antagonist (DCP2Y12) OR Other discharge anti-platelet (DCOthAntiPlat) is marked "contraindicated"
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 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. Mortality Discharge Status (MtDCStat/DischMortStat), Mortality Date (MtDate), and Discharge Date (DischDt) indicate an in-hospital mortality; discharge beta blocker (DCBeta) marked as "contraindicated"
Anti-Lipid Treatment at Discharge	Percent of patients aged 18 years and older undergoing isolated CABG who were discharged on a statin or other lipid-lowering regimen <i>NOTE: Beginning with data version 2.81 only statins are considered for this measure.</i>	Number of patients undergoing isolated CABG who were discharged on a statin or other lipid-lowering regimen Number of isolated CABG procedures in which: 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. Mortality Discharge Status (MtDCStat/DischMortStat), Mortality Date (MtDate), and Discharge Date (DischDt) indicate an in-hospital mortality; Discharge statin medication (DCLipLowStat) is marked as "contraindicated"

Surgeon Worksheets - *Updated July 17, 2020*

- [Aorta/Open Dissection Worksheet](#) [[Word version](#)]
- [Aorta/Endo Aneurysm Worksheet](#) [[Word version](#)]
- [Aorta/Endo Dissection Worksheet](#) [[Word version](#)]
- [Aorta/Endo Other Worksheet](#) [[Word version](#)]
- [Aorta/Open Aneurysm Worksheet](#) [[Word version](#)]
- [Aorta/Open Other Worksheet](#) [[Word version](#)]
- [Aortic Valve Surgeons Worksheet](#) [[Word version](#)]
- [Atrial Fibrillation Worksheet](#) [[Word version](#)]
- [CABG Worksheet](#) [[Word version](#)]
- [Intraoperative TEE Worksheet](#) [[Word version](#)]
- [Mitral Valve Worksheet](#) [[Word version](#)]
- [Tricuspid/Pulmonic Valve Worksheet](#) [[Word version](#)]

Additional Resources – Surgeon Worksheets



Additional Resource – National Report Analysis Overview

- Reports are published following each quarterly database harvest and the report is provided to each eligible STS database participant.



STS National Database™
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DATA ANALYSES OF THE SOCIETY OF THORACIC SURGEONS NATIONAL ADULT
CARDIAC SURGERY DATABASE

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Report Overview
Reporting Levels
Participant's Region
Overview of Risk-Adjusted Results
Model Endpoints
Handling of Missing Data
OE Ratio Interpretations
Star Rating
NQF Measures



Additional Resources ACSD Analysis Overview

It is important to understand how missing data values are handled when the STS risk-adjustment models are applied to patients with incomplete data. With the exception of age, missing data values are imputed by assigning a likely substitute value. The algorithm used for missing data imputation is described below:

Required variable: Age is the only required variable for all models. If it is missing, no value for predicted risk will be calculated.

Categorical variables: Missing data are generally assumed to have the lowest risk category. For example, if diabetes was not coded, it would be assumed to be "No"; if procedure priority were not coded, the procedure would be assumed to be "Elective." In most cases, the lowest risk category is also the most frequent. If gender is missing, Male gender (the most frequent) is imputed.

20 – OV General

Update June 2021 – In the Risk Model, EF values that are less than 10% get imputed to 40%. If your patient has an EF value < 10% enter the EF as 10% in the Database

Ejection Fraction (EF)

If EF is missing or <10%:

CABG Model

If HeartFailTmg is Chronic or missing and gender is Male, set EF = 55%

If HeartFailTmg is Chronic or missing and gender is Female, set EF = 58%

If HeartFailTmg is Acute or Both and gender is Male, set EF = 40%

If HeartFailTmg is Acute or Both and gender is Female, set EF = 45%

Complete Chart found in Analysis Overview – page 16-17





Mortality Risk-Adjustment

Outcome		My Site 2019	My Site 2020	My Site 2021*	Like Group 2...	Region 2021	STS 2021
In-hospital Mortality	OR (95% CI) ← Odds Ratio	0.56 (0.30-1.05)	0.65 (0.35-1.20)	0.78 (0.39-1.55)	1.08 (0.89-1.30)	0.93 (0.74-1.17)	1.00 ← STS Event Rate
	OE Ratio → O/E (95% CI)	0.30 (0.08-0.85)	0.47 (0.15-1.15)	0.00 (0.00-1.71)	0.97 (0.83-1.11)	0.91 (0.71-1.16)	1.00
	Risk-adjusted Rate (95% CI) ← Risk Adjusted Rate		0.87%	0.00% (0.00-3....)	1.96% (1.69-2....)	1.85% (1.44-2....)	2.03%
	Observed Rate	-	-	-	-	2.02%	1.99%
Operative Mortality	OR (95% CI)	0.59 (0.34-1.03)	0.73 (0.43-1.24)	0.92 (0.50-1.73)	1.06 (0.90-1.26)	0.89 (0.72-1.10)	1.00
	O/E (95% CI)	0.39 (0.14-0.89)	0.62 (0.27-1.22)	0.73 (0.13-2.49)	0.95 (0.83-1.07)	0.86 (0.69-1.07)	1.00
	Risk-adjusted Rate (95% CI)	0.86%	1.52%	1.94% (0.34-6....)	2.51% (2.20-2....)	2.29% (1.83-2....)	2.66%
	Observed Rate	-	-	-	-	2.58%	2.65%

Comparison of O/E Ratio and Odds Ratio

Because each of these statistics has its advantages, the STS has decided to provide both in the report.

- OE Ratio: The benefit of O/E Ratios is that they are familiar to many surgeons and are simple to compute using an STS-certified software package.
- OR Ratio: The main benefit of Odds Ratios obtained from hierarchical models is that they provide a more reliable estimate of performance for hospitals with a small number of patients.



The following table illustrates the possible interpretations of the O/E Ratio.

Table 11. O/E Ratio Interpretations*

Statistic	Interpretation
O/E Ratio > 1	When the O/E Ratio is greater than 1, the participant had an observed outcome level that was greater than expected. The participant performed worse than expected.
O/E Ratio < 1	When the O/E Ratio is less than 1, the participant had an observed outcome level that was less than expected. The participant performed better than expected.
O/E Ratio = 1	When the O/E Ratio is 1, the participant had an observed outcome level equal to expected. The participant performed as expected.

Observed is your site compared to the expected which is computed using the risk models on all sites data.

The interpretations in this table can also be roughly extended to Odds Ratios - values less than 1 imply better than average performance, values of 1 imply average performance and values over 1 imply worse than average performance. Note that the Odds Ratio will generally be closer to 1.0 than the O/E Ratio. It is possible that these two measures will be discrepant, but only if they are close to 1.0.



Table 12. Risk-adjusted Rate Interpretations

Statistic	Interpretation
Risk-adjusted rate > STS event rate	When the risk-adjusted rate for a particular adverse outcome is greater than the STS average rate, then the participant had more of those outcomes than expected given their case-mix.
Risk-adjusted rate < STS event rate	When the risk-adjusted rate for a particular adverse outcome is less than the STS average rate, then the participant had less of those outcomes than expected given their case-mix.
Risk-adjusted rate = STS event rate	When the risk-adjusted rate for a particular adverse outcome is equal to the STS average rate, then the participant had the same number of those outcomes as expected given their case-mix.



Data Analyses of The Society of Thoracic Surgeons

Participant: 99999

STS Period Ending Mar 2021

STAR Rating and Scores

NQF Measures

Drill Down details

Quality Ratings

Quality Rating Details

Rating Trends

NQF Reporting (Process and Outcome Measures)

CABG

CABG

Rating Trends

CABG Process Measures

AVR

AVR

CABG Outcome Measures

AVR + CABG

AVR + CABG

All Cardiac Surgeries Process Measures

MVRR

MVRR

Mortality Outcome Measures

MVRR + CABG

MVRR + CABG

Star Rating Trends

STAR Rating

Column 4. Participant Rating.

The participant rating system assigns participants to rating categories designated by one, two, or three stars. The rating categories are defined as follows:

★★★ → Participant performance is significantly higher than STS mean.

★★ → Participant performance is not statistically different from STS mean.

★ → Participant performance is significantly lower than STS mean.



Data Completeness Requirement: Participants were excluded from the analysis if they had fewer than 10 isolated CABG procedures in the patient population and if they had more than 5% missing data on any of the following 5 NQF-endorsed process measures: use of IMA, preoperative beta blockade therapy, discharge beta blockade therapy; discharge anti-platelet medication; and discharge anti-lipid medication.

There are also thresholds that must be met for mortality fields.

Mortality fields: Mortality is counted as missing for a record if any of the fields below are missing. A value of unknown counts as missing.

- a. MtDCStat (Sequence# 5010, Vrsn. 2.81); DischMortStat (Sequence# 7005, Vrsn. 2.9)
- b. Mt30Stat (Sequence# 5015, Vrsn. 2.81; Sequence# 7001, Vrsn. 2.9)
- c. MtOpD (Sequence# 5025, Vrsn. 2.81; Sequence# 7124, Vrsn. 2.9)

If the percent missing is higher than 10% for year 2015 you are at risk of not receiving a star rating.

If the percent missing is higher than 5% for year 2016 you are at risk of not receiving a star rating.

If the percent missing is higher than 2% for year 2017 or after you are at risk of not receiving a star rating.

Quality Ratings



Adult Cardiac Surgery Database
99999

Melinda Of

ACSD Reports

ACSD Risk Adjusted Dashboard Report

Expand



File

Edit

Data

Visualizations

View

Tools

User



Star Ratings are only calculated for Harvest 1 and Harvest 3.

Domain	Rating	Participant		STS				
		Score	98% CI	Score	Min - Max	10th	50th	90th
Overall	★ ★ ★	97.55%	(96.70-98.22)	96.68%	(91.08-98.92)	95.12%	96.86%	97.98%
Absence of Mortality	★ ★	97.78%	(96.57-98.65)	97.42%	(92.79-99.19)	96.22%	97.56%	98.44%
Absence of Morbidity	★ ★ ★	92.68%	(90.02-94.86)	89.31%	(73.20-96.33)	84.71%	89.79%	93.25%

Quality Rating Details



Adult Cardiac Surgery Database
99999

Melinda

Expand

File Edit Data Visualizations View Tools User



The Society
of Thoracic
Surgeons

STS CABG Composite Quality Rating

Participant: 99999

STS Period Ending Dec 2020

Star Ratings are only calculated for Harvest 1 and Harvest 3.

Eligible Procedures

Quality Domain	Time Period	Eligible Procedures	Detail	*Count	Percent of Morbidity/Failure
Absence of Mortality	Jan 2020 - Dec 2020	457	Mortality	7	
Absence of Morbidity	Jan 2020 - Dec 2020	456	Any Morbidity	25	
			Cerebrovascular Accident only	5	20 %
			Deep Sternal Infection / Mediastinitis Only	1	4 %
			Multiple Morbidities	5	20 %
			Prolonged Ventilation Only	5	20 %
			Renal Failure Only	1	4 %
			Reoperation Only	8	32 %
Use of IMA	Jan 2020 - Dec 2020	450	IMA Failures	2	
Medications	Jan 2020 - Dec 2020	457	Failed to Prescribe All Eligible NQF Endorsed Medications	46	
			Failed to Prescribe Multiple Medications	3	6.5 %

Rating Trends

</

NQF Measures



Adult Cardiac Surgery Database
99999

Melinda O



File

Edit

Data

Visualizations

View

Tools

User



The Society
of Thoracic
Surgeons


NQF - Endorsed Measures - CABG Process Measures

Participant: 99999

STS Period Ending Mar 2021

Domain	Participant				STS			
	Elig Proc	Score	95% CI	Percentile	Score	Min-Max	10th	50th
Preoperative Beta Blockade	390	91.03%	(87.74-93.67)	15.60%	96.45%	(35.00-100.00)	88.04%	98.52%
Use of IMA	431	99.54%	(98.33-99.94)	24.10%	99.50%	(83.33-100.00)	98.61%	100.00%
Discharge Anti-Platelet Medication	423	100.00%	(99.13-100.00)	100.00%	99.20%	(66.67-100.00)	97.62%	100.00%
Discharge Beta Blockade Therapy	413	99.27%	(97.89-99.85)	35.20%	98.78%	(40.00-100.00)	96.30%	100.00%

IQVIA Library

**STS National Database™**
Trusted. Transformed. Real-Time.

Currently Viewing

Adult Cardiac Surgery Database
99999 -- 99999

Switch Current View

PLATFORM

Notifications

19

ANALYTICS

Operational Reports

RESOURCES

Library

Other Resources

ACSD National Report Analyses Overview - Updated 060302021

STS ACSD Multiplier Tables Link - All Harvest periods

2021 Harvest 1 Composite Quality Ratings Summary

2020 Harvest 3 Composite Quality Ratings Summary.pdf

Database Data Collection Resources (ACSD)

Database Transition Resources

Direct Data Entry FAQ

End of Harvest Review Checklist (ACSD)

Errors and Warnings UPDATED July 2021

Known Issues and Enhancement List (June 2021)

Longitudinal Outcomes Dashboard



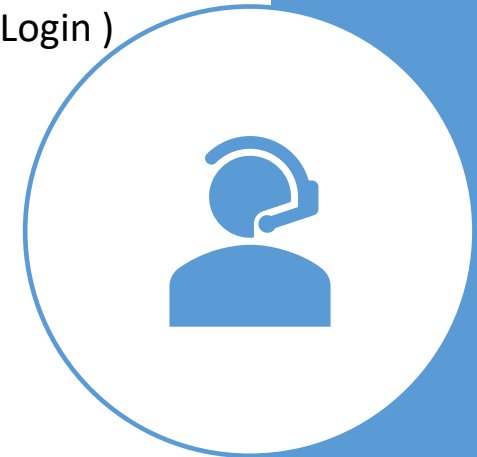
Housekeeping Tips

Keep DCF and or your collection notes for at least 4 years.

Keep a log of 30-Day Mortality / 30 Day Readmission/ 30 Day DSWI & Infection in the event of an Audit.


Resources

- [STS National Database Webpage](#)
- STSTechSupport@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 Q&A Function.

We will answer as many questions as possible.

We encourage your feedback and want to hear from you!