

DEFINITION OF ENDPOINTS – Update 2/17/2021

****Operative Mortality: Decision made 6/17/2020**, conference call with STS and IQVIA. Discharge to Hospice it is considered the same as Died in Hospital. That means that any patient with DischMortStat=Discharge to Hospice is considered as an Operative Death, regardless of MTDate, MTOpD and MT30Stat (Discharge to Hospice overrides any information in these fields). In the rare event of a patient surviving hospice, it is the site responsibility to submit data to verify survival and to change status at discharge for this patient accordingly in the next data submission. / **Decision made on February 2021:** new 4.2 field ExpiredInOR [6546] needs to be included in Operative Mortality Definition. **Also, worth to note that if ExpiredInOR=Yes, patient is not eligible for Post-operative Complications – all are set to MISSING.**

Endpoint	Description	Code for STS v4.2	
		Numerator	Denominator
Operative Mortality**	See definition for STS v4.2 MTOpD SeqNo 7124	(ExpiredInOR is YES) or (MTOpD is YES) or (DischMortStat is Died in hospital) or (DischMortStat is Discharged to hospice)** or (0 =< MtDate < DischDt) or ((MTOpD is missing) and ((MT30Stat is Dead) or (0 =< MtDate - SurgDt <=30)))	Numerator is YES or (MT30Stat is Alive) and ((MTOpD is NO) or (DischMortStat is Discharge alive, LKS is Alive))
Permanent Stroke	See definition for STS v4.2 CNStrokP SeqNo 6810	(CNStrokP is YES)	Numerator is YES or (CNStrokP is NOT MISSING)
Renal Failure	See definition for STS v4.2 CRenFail SeqNo 6870	(CRenFail is YES) and (Dialysis is NOT YES) and (CreatLst is NOT >= 4.0)	Numerator is YES or (CRenFail is NOT MISSING) and (Dialysis is NOT YES) and (CreatLst is NOT >= 4.0)
Prolonged Ventilation	See definition for STS v4.2 CPVntLng Seq No 6835	(CPVntLng is YES)	Numerator is YES or (CPVntLng is NOT MISSING)
Deep Sternal Wound Infection / Mediastinitis	See definition for STS v4.2 DeepSternInf SeqNo 6700	(DeepSternInf is YES, within 30 days of procedure) or (DeepSternInf is YES, >30 days after procedure but during hosp. for surgery)	Numerator is YES or (DeepSternInf is NOT MISSING)
Reoperation For Any Cardiac Reason	Reoperation for bleeding/tamponade (SeqNo 6755), valvular dysfunction (SeqNo 6765), unplanned coronary artery intervention (SeqNo 6771), aortic reintervention (SeqNo 6774), or other cardiac reason (SeqNo 6778)	(COPReBld is YES) or (CREintMI is sYES) or (COPReOth is YES) or (COPReVlv is YES, surgical) or (COPReVlv is YES, transcatheter) or (CAortReint is YES)	Numerator is YES or ((COPReBld is NO) and (CREintMI is NO) and (COPReOth is NO) and (COPReVlv is NO) and (CAortReint is NO))
Major Morbidity or Operative Mortality	A composite endpoint defined as any of the outcomes listed in the first six rows.	Any one or more of the following endpoints as defined above: <ul style="list-style-type: none"> Operative Mortality Permanent Stroke Renal Failure Prolonged Ventilation Deep Sternal Wound Infection / Mediastinitis Reoperation For Any Cardiac Reason 	Numerator is YES or Included in ALL of the denominators as defined above [Note: include in this denominator if denominator for Renal Failure is Missing due to Dialysis=YES or CreatLst<4.0]
Short Stay: PLOS < 6 days	Discharged alive and within 5 days of surgery	(0 <= (DischDt – SurgDt) < 6) and NOT ((DischMortStat is Died in hospital)	DischDt is not MISSING
Long Stay: PLOS >14 days	Prolonged post-operative length of stay greater than 14 days.	(14 < (DischDt – SurgDt) <= 365))	No exclusions. ALL included.