Society of Thoracic Surgeons

Congenital Heart Surgery Database
Monthly Webinar

January 19, 2021

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Agenda

- Welcome and Introductions
- STS Updates
- IQVIA Updates
- User Feedback

STS Updates

- **2020 Harvest Update**
  - Data File Submission Deadline **THIS WEEK**!
    - **Friday 1/22/2021 (11:59pm ET)**
  - Opt Out date
    - **Tuesday 1/26/2021 (11:59pm ET)**
    - **https://www.sts.org/form/harvest-opt-out-form**
- **2021 Harvest Schedule Posted on STS website**
  - **https://www.sts.org/registries/sts-national-database/harvest-schedule-and-information**
- **Primary Procedure Mismatch Report**
  - **Important first step – review Report Overview (IQVIA Library) to understand its currently functionality**
- **CHSD Upgrade**
  - Currently reviewing the Valve Section
  - Email any upgrade suggestions to ljones@sts.org
  - Go live scheduled for January 2022

Final Data Clean Up Efforts

- **Ensure all risk model variables are complete**
  - Refer to next slide for complete listing
  - If missing > 10% for any one of these variables you will be excluded from Table 16 (star rating)

- **Confirm Mortality Variables are complete (v 3.3 and 3.41)**
  - Mortality Status at Hospital Discharge (MtHospDisStat seq. 4230)
  - Mortality Status at Database Discharge (MtDBDisStat seq. 4260)
  - Status at 30 Days after Surgery (Mt30Stat seq. 4300)
    - **Unknown is considered as missing data in analysis**
  - % of missing data can impact Table 16 (star rating) and risk adjusted mortality data
    - Refer to “Comments about Missing Data” in Report Overview

Risk Model Covariates

Variable
Age [a]
Primary procedure [b]
Weight (neonates and infants)
Prior cardiothoracic operation
Any non-cardiac congenital anatomic abnormality (except 'Other noncardiac congenital abnormality' with code value = 990)
Any chromosomal abnormality or syndrome (except 'Other chromosomal abnormality' with code value = 310 and except 'Other syndromic abnormality' with code value = 510)
Prematurity (neonates and infants)
Preoperative Factors
• Preoperative/Preprocedural mechanical circulatory support (IABP, VAD, ECMO, or CPS) [c]
• Shock, Persistent at time of surgery
• Mechanical ventilation to treat cardiorespiratory failure
• Renal failure requiring dialysis and/or Renal dysfunction
• Preoperative neurological deficit
• Any other preoperative factor (except 'Other preoperative factors' with code value = 777) [d]
Non-Cardiac Congenital Abnormalities (Appendix I)
• Omphalocele
• Gastroschisis
• Congenital diaphragmatic hernia (CDH)
• Tracheoesophageal fistula (TEF)
• Anal atresia (imperforate anus)
• Intestinal malrotation
• Hirschsprung disease (congenital aganglionic megacolon)
Syndrome and Chromosomal Abnormality Risk Groups (Appendix G and H)

[a] Modeled as a piecewise linear function with separate intercepts and slopes for each STS-defined age group (neonate, infant, child, adult).

[b] The model adjusts for each combination of primary procedure and age group. Coefficients obtained via shrinkage estimation with The Society of Thoracic Surgeons–European Association for Cardio-Thoracic Surgery (STS-EACTS [STAT]) Mortality Category [6] as an auxiliary variable.

[c] CPS = cardiopulmonary support; ECMO =extracorporeal membrane oxygenation; IABP = intra-aortic balloon pump; VAD = ventricular assist device

[d] Any other preoperative factor is defined as any of the other specified preoperative factors contained in the list of preoperative factors in the data collection form of the STS Congenital Heart Surgery Database, exclusive of 777 = 'Other preoperative factors'.

Reminder when Coding Norwood Procedures

- *When coding the procedure "Norwood procedure", the primary procedure of the operation should be "Norwood procedure". The second procedure (Procedure 2 after the Norwood procedure) must then document the source of pulmonary blood flow and be chosen from the following eight choices:*
    - *Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS)*
    - *Shunt, Systemic to pulmonary, Central (from aorta or to main pulmonary artery)*
    - *Shunt, Systemic to pulmonary, Other*
    - *Conduit placement, RV to PA*
    - *Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn)*
    - *Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn)*
    - *Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn)*
    - *HemiFontan*

IQVIA Update

Joe Brower

IQVIA Release Update

Items below were released on January 9, 2021.

NOTE: The following updates have been posted to the Notifications section in the platform.

Resolved Issues

Missing Variable Report

STS-5048 - Anesthesia variables were displaying as missing for sites that do not participate in the Anesthesia component has been fixed in this release.

CHSD Participant Dashboard Report

STS-4606 - Resolved the issue where Index procedures that were not correctly assigned/categorized in the CHSD Participant Dashboard report.

IQVIA Release Update

Items below are targeted to be released the weekend of January 23, 2021.

NOTE: The following updates will be posted to the Notifications section in the platform once the update has completed.

Missing Variable Report

STS-4383 – CHSD MVR is not displaying the Preoperative Factors or Complications as missing when they are NULL/BLANK in the .DAT file.

- NOTE: *Impacted sites were contacted and provided with a list of the operation IDs that were identified as missing in the database.

IQVIA Update

Please note: Submitted tickets are currently under review and the IQVIA support team will follow up on resolution and/or target release confirmation.

The IQVIA Team is currently reviewing items that will be released in January 2021. Those items will be posted to the Notifications section.

Upcoming Enhancements

Items below are targeted to be released in a future release for the Primary Procedure Mismatch Report

Primary Procedure Mismatch Report

STS-4371 – Add Kawashima procedure to the exception 1 code list for code list for consideration

STS-4386 – Report logic will be updated to include consideration for identified combination codes for primary procedure

STS-4387 – Report logic will be updated to consider the Kawashima procedure as the primary when coded in conjunction with a Glenn or Hemifontain procedure so it is never downgraded

Upcoming Enhancements

CON'T - Items below are targeted to be released in a future release for the Primary Procedure Mismatch Report

Primary Procedure Mismatch Report

STS-4389 – Report logic will be updated to include specific rule for 3 identified VSD repairs when selected in combination with a PFO, Primary closure procedure

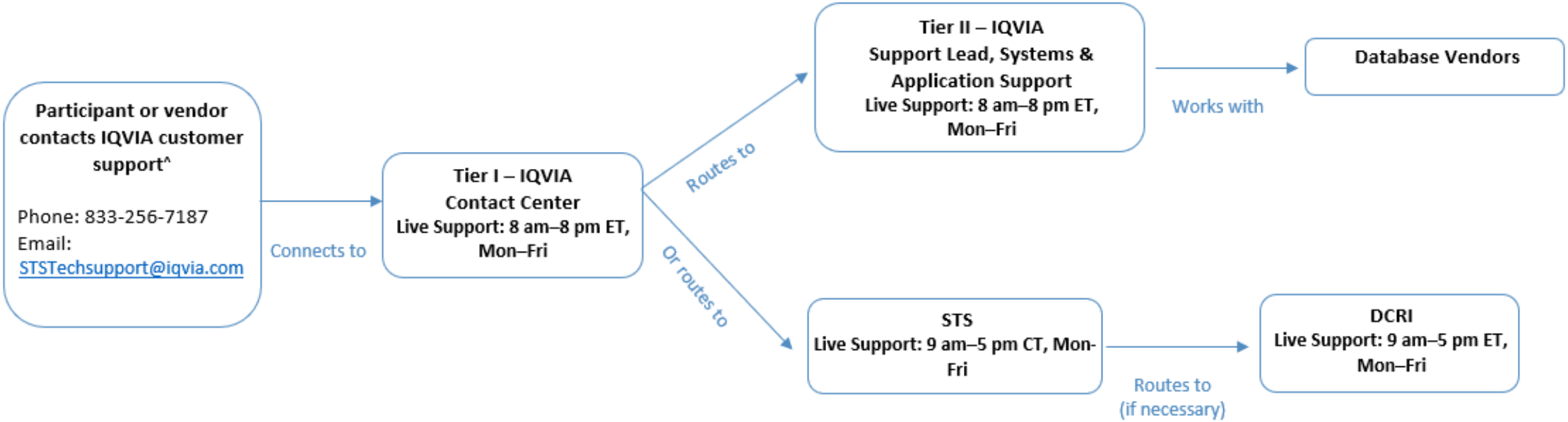
STS-4388 – Report logic will be updated to include specific "hybrid approach" codes to the exception rule 1 procedure specific factor lists

- Hybrid Approach "Stage 1", Application of RPA and LPA bands (2160)
- Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) (2170)
- Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA (2180)

IQVIA Support Plan

IQVIA's Support Plan

Please include your Participant ID



^ 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
- 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*

Contact Information

- Leigh Ann Jones, STS National Database Manager, Congenital and General Thoracic
  - Ljones@sts.org
  - 312-202-5822
- Database Operational Questions
  - STSDB@sts.org

Next CHSD Webinars

User Group Call

- January 26 @ 12pm Central

User Group Call

- February 9 @ 12pm Central

Monthly Webinar

- February 16 @ 12pm CT

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!

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