Society of Thoracic Surgeons

Congenital Heart Surgery Database User Group Call

April 20, 2021

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

CHSD Monthly Webinar

- Welcome and Introductions
- STS Update
- Readmission/Op Type Review
- IQVIA Update
- User Feedback

STS Updates

- **2021 Harvest Update**
  - **https://www.sts.org/registries/sts-national-database/harvest-schedule-and-information**
    - **Spring 2021 Harvest close is TBD**
      - Please continue using open submission and cleaning your data
      - STS will give Participants a minimum of two weeks notice prior to harvest close date
      - Includes procedures up through 12/31/2020

- **2020 Harvest Analysis Update**
  - Data expected to be Summer 2021
  - Dashboards will be beta tested prior to release
  - Participants will be notified when the data is available within IQVIA platform

- **2021 CHSD Audit**
  - Purpose is to examine accuracy, consistency, and completeness of data collected within the STS National Database
  - 10% of participating sites in CHSD selected at random by the Data Warehouse
  - Beginning of **May** Notification letters to be sent to selected sites
    - CRS will follow up with auditor instructions
  - STS Audit website to be updated with 2021 Audit Information
  - Questions regarding the audit process – contact Emily Conrad, Senior Coordinator, via email at econrad@sts.org
  - https://www.sts.org/registries-research-center/sts-national-database/sts-national-database-audits

- **AQO Call for Abstracts Coming Soon**
  - AQO will be held (virtually) October 12 – 15
  - Free Registration for Data Managers
  - More information Coming Soon!

Readmission within 30 Days (Readmit30)

Intent: Indicate whether the patient was readmitted to any acute care facility within thirty days of discharge.

Parent field: Mortality Status at Hospital DC = Alive

Does a transfer from your hospital count as a readmission to that subsequent facility?

Readmission within 30 Days (Readmit30)

Scenario: Patient transfers from your facility to an acute care or chronic care center

- Date of Hospital DC: the date the patient transfers to AC/CC
- Mortality Status at Hospital DC: Alive
- Readmission within 30 days:
  - only code *yes* if the patient is admitted to an acute care facility within 30 days of your hospital DC.
  - The transfer to the AC/CC facility is where the patient is *completing their episode of care* and this is not a readmission

Oh...OpType, why must you be so confusing?!

- CPB Cardiovascular

- No CPB, Cardiovascular

- CPB Non-Cardiovascular

- Thoracic

- ECMO

- VAD +/- CPB

- Other

- Interventional Cardiology

- Non-cardiac, non-thoracic procedure on cardiac patient with cardiac anesthesia

CPB Cases

- CPB Cardiovascular
  - Heart
  - Great vessels
  - Branches of the great vessels
- CPB Non-Cardiovascular
  - Thoracic cases done on pump
  - Ex: trachea procedures, tracheoplasty, etc.
  - *If any thing "cardiac" is done, OpType must be CPB, Cardiovascular*
- VAD operation done with CPB
  - VAD implant/explants when Primary procedure
  - *If any thing "cardiac" is done, OpType must be CPB, Cardiovascular*

No CPB Cases

- No CPB, Cardiovascular
  - Heart
  - Great vessels
  - Branches of the great vessels

Procedure	Notes
Delayed sternal closures	If after the patient has left operating room with sternum open, either because of swelling or electively, or if it was opened postoperatively
Pacemaker procedures	Any pacemaker procedure (implant, explant, temporary wires, procedure on existing PM)
Wound care	If within the chest (washout, debridement, etc.)

No CPB Cases, con't:

- VAD operation without CPB
  - Any procedure done without CPB while on the VAD
- ECMO
  - Cannulation, decannulation, ECMO procedures as the PRIMARY procedure
  - Operation would otherwise be a No CPB case type, but the patient is on ECMO
  - *If ECMO is being used for cardiopulmonary support (as bypass), then CPB, Cardiovascular must be chosen*

- *If the patient has ONLY had ECMO or VAD procedures (no index operation), and requires their chest closed after decannulation, use OpType ECMO or VAD, respectively.*

No CPB Cases, con't:

- Thoracic
  - Operations within the chest

Procedure	Notes
Sternal wire removals	
Pleural drainage procedures	
Wound care/wound VAC placement	If superficial and/or done without delayed sternal closure
Diaphragm plication	
Pericardial drainage/pericardial window	For cancer only

- Other

Extras

- Interventional cardiology
  - Cases not involving a surgeon
  - For anesthesia data collection
  - Does not count in program volume (Table 1)

- Non cardiac, non thoracic procedure on a cardiac patient with cardiac anesthesia
  - For anesthesia data collection
  - Cardiac patients return for non-cardiac operations

Do Not Fear, Abstract Season is Here!

Patty Theurer, MSN, RN

IQVIA Update
Joe Brower

IQVIA March 2021 Release Update

Items were released the weekend of March 27th.

Primary Procedure Report

STS-6168 – Rule consideration is incorrect where the combo procedure is incorrectly being assigned as primary.

The report is displaying the STS primary procedure as the combination code 2110 (ASD Repair, Patch + PAPCV Repair) where it should display code 1180 (DORV, Intraventricular tunnel repair)

STS-6108 – Primary Procedure Mismatch Report Exception Rule 1 discrepancy.

The exception rule should suggest the highest stat value code of Norwood Procedure (870) instead of Superior Cavopulmonary anastomosis(es) + PA reconstruction (2130).

IQVIA Upcoming Release

Items below are under investigation and will be targeted for an upcoming release by IQVIA development team if identified as a confirmed issue. Release timing is TBD.

Primary Procedure Report

STS-6239 – Primary Procedure Mismatch Report is not reflecting changes submitted via the uploader

STS-6325 - Primary Procedure Mismatch Report Exception Rule 1 is being ignored and using the general rule

STS-6337 – Primary Procedure Report not correctly applying exception Rule 2 for combination code selected

CHSD Missing Variable Report

STS-6211 – CHSD MVR Report – The ProCmplxCon4Ds3 variable is appearing as missing but should not appear as missing

STS-6343 - CHSD MVR Report – The "Unknown" option should be considered as MISSING for the Mortality Status At Database Discharge (mtdbdisstat) on the missing variable report

STS-6427 - CHSD MVR Report – The Missing Variable Report flagging the OnDemandVrsn as missing, this variable should not appear on the report

STS-6340 – CHSD MVR Report - Remove the MT365STAT variable from the Mortality Filter and remove "[2]" in the name column for shortname MT365STAT in MVR

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.
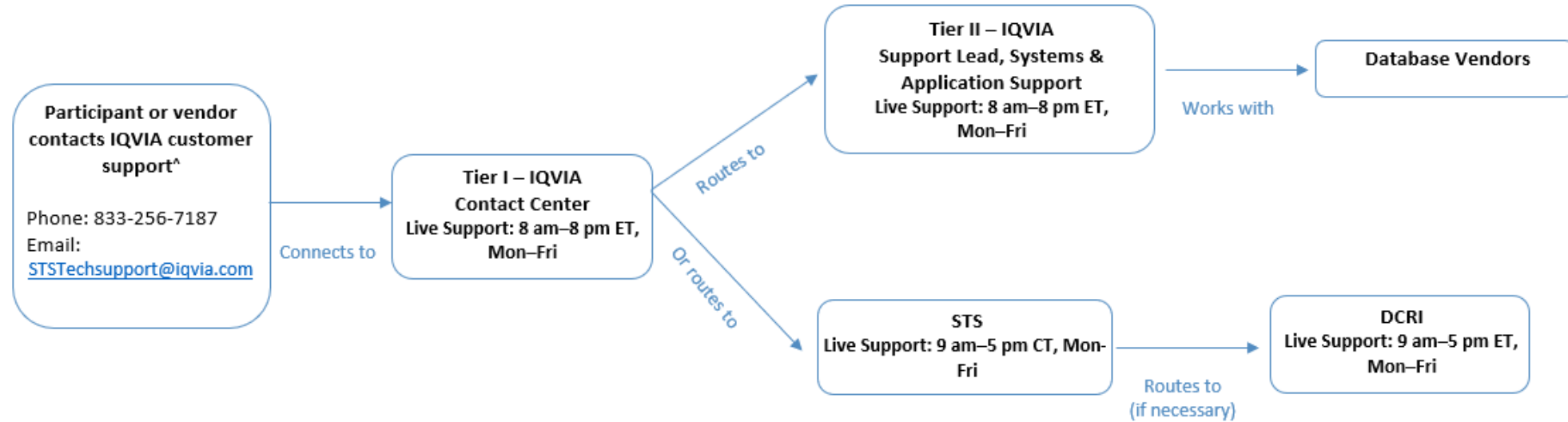
The IQVIA Team is currently reviewing items that will be released in an upcoming release. Those items will be posted to the Notifications section.

IQVIA Support Plan

IQVIA's Support Plan

- ^ Inquiries received outside live support hours will require a 24-hour turnaround window (i.e., one business day) for responses.

Resources

- STS National Database Webpage

- 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

Upcoming CHSD Webinars

User Group Call

- May 4 @ 12pm CT

Monthly Webinar

- May 18 @ 12pm CT

User Group Call

- June 1 @ 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!