

Society of Thoracic  
Surgeons

Congenital Heart  
Surgery Database  
Monthly Webinar

May 18, 2021

A large white circle containing the STS National Database logo. The logo consists of the text "STS National Database" in a bold, sans-serif font, with "STS" in red and "National Database" in blue. Below this, the tagline "Trusted. Transformed. Real-Time." is written in a smaller, blue, sans-serif font.

**STS National Database**<sup>™</sup>  
Trusted. Transformed. Real-Time.

# CHSD Monthly Webinar

- Welcome and Introductions
- STS Update
- Tips for Coding Complications
- IQVIA Update
- User Feedback

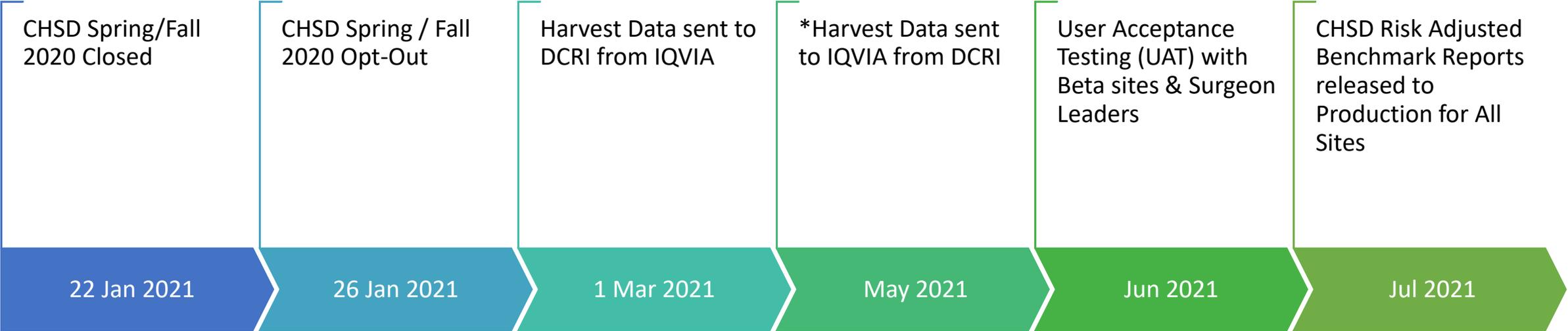
# AGENDA



# 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 released 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**
  - Selected sites were notified by STS on May 11<sup>th</sup>
  - CRS auditor instructions followed
  - STS Audit website has been updated with CRS Audit Information
    - <https://www.sts.org/registries-research-center/sts-national-database/sts-national-database-audits>
  - Audit related questions should be directed to CRS

# CHSD Risk Adjusted Benchmark Report Timeline\*



\*Dependencies must be delivered on time and according to requirements or there will be a day for day slip to the timeline

# STS Updates

- **AQO 2021 - Advances in Quality & Outcomes: A Data Managers Meeting**
  - Virtual again this year – October 12-15
  - Congenital session will be on Friday, October 15<sup>th</sup>
  - Abstracts now being accepted!
    - [Abstract Submission Website](#)
    - Review April 20<sup>th</sup> webinar for helpful tips on creating your abstract
      - [STS National Database Webinars Page](#)
    - Deadline for submissions is Friday, June 18<sup>th</sup> @ 11:59pm EST
  - Free registration for all Data Managers
    - Must be listed as a contact on your site's Participation Agreement
    - Need to confirm? Email us at [STSDB@sts.org](mailto:STSDB@sts.org)
    - STS Participant Contact Form **(must be submitted by the Primary Data and File Contact)**
      - [PCF](#)
      - [Database Participant and Platform Roles](#)
  - CHSD Planning Committee to meet again in June
    - Email suggestions to [ljones@sts.org](mailto:ljones@sts.org)
  - AQO 2022 to be held in Providence, Rhode Island

## Tips for Coding Complications

- Think intra/post op *events* – describing the intra and post-operative course
- Each definition is different – keep training manual open
- Timing – start intraoperatively and go thru the episode of care *for most complications – exceptions noted in training manual*

# Complication Timing

**Scenario: Patient admitted to your facility with deep wound infection following cardiac surgery at another facility (never at your facility)**

Complication Wound Infection: ***NO***

- Your facility did not perform an operation prior to the wound infection
- If you do operate on the wound (i.e. debridement) wound infection/wound drainage may be the primary diagnosis
- Depending on the timing of the wound infection, the operating hospital may have a wound infection to code along with a readmission

# Where to code the Complication

**Scenario: Patient experiences numerous complications during their episode of care and undergoes multiple cardiac surgery operations**

- Upon analysis, all complications will be *attributed to the index operation*
- Do not code complications *prior* to the index operation, instead use as preoperative factors on the index operation where applicable
- Complications only get *counted once* in the analysis regardless of how many times they are coded in the episode of care

# Complication: To Code or Not to Code...

**Scenario: Following a cardiac operation and during the same admission, a patient underwent GT placement by general surgery and experienced a cardiac arrest**

Complication Cardiac Arrest: *YES*

- While the arrest did not occur during the cardiac surgery, the arrest is an event that did occur during the admission following cardiac surgery
- Coding of a complication is not assigning blame to your program, but is describing the post cardiac surgery course

# Complication: To Code or Not to Code...

**Scenario: Patient goes to the OR to undergo VAD implantation**

Complication Mechanical Circulatory Support: *Depends...*

- Code **YES** if the patient underwent an index cardiac operation during that admission (or a previous admission but within 30 days of the previous surgery)
- Code **NO** if the patient never underwent a cardiac operation during that admission (or previous admission but within 30 days of the previous cardiac surgery)

The background features a blurred server rack with blue and yellow geometric overlays. The text is centered within a white diamond shape.

**IQVIA Update**  
**Joe Brower**

# IQVIA Upcoming Release

Items below will be targeted for an upcoming release by IQVIA development team. 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

# IQVIA Upcoming Release

Items below will be targeted for an upcoming release by IQVIA development team.  
Release timing is TBD.

## 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-6322** – New variables appearing on the MVR which were not previously present - NCAAOTHSP, SYNDROMEOTHSP, COMPOTHOPSPECIFY, CHROMABOTHSP, and COMPOTHSPECIFY.
- STS-6427** - CHSD MVR Report – The Missing Variable Report flagging the OnDemandVrsn as missing for migrated records
- 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.**

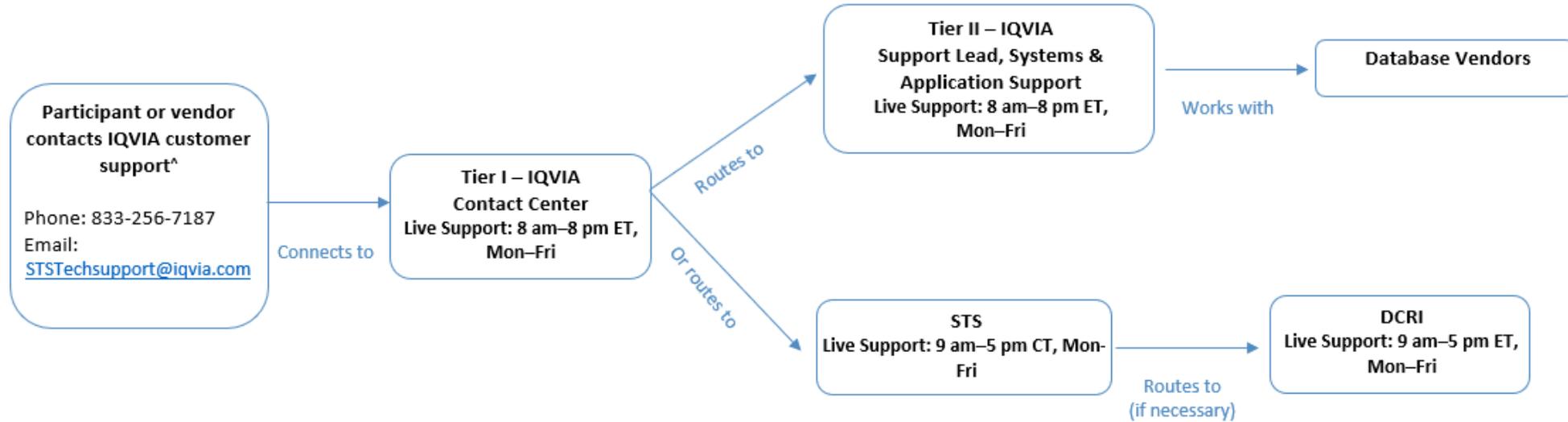
**The IQVIA Team is currently reviewing items that will be released in an upcoming release. Those items will be posted to the Notifications section.**



# IQVIA Support Plan



Please include your Participant ID



# 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](mailto: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](mailto:Ljones@sts.org)
  - 312-202-5822
- Database Operational Questions
  - [STSDB@sts.org](mailto:STSDB@sts.org)

# Upcoming CHSD Webinars

## User Group Call

- June 1 @ 12pm CT

## Monthly Webinar

- June 15 @ 12pm CT



# Open Discussion

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Please use the Q&A Function.



We will answer as many questions as possible.



We encourage your feedback and want to hear from you!

# **STS** National Database™

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THANK YOU FOR JOINING!