





Society of Thoracic  
Surgeons

Congenital Heart  
Surgery Database  
Monthly Webinar

July 20, 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
- Mortality Variable Review
- IQVIA Update
- User Feedback



# AGENDA



# STS Updates

- **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 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
- **2021 CHSD Audit**
  - Selected sites have been notified and audit is underway
  - Audit related questions should be directed to CRS

# STS Updates

- **Data Version 6.22 Update**

- Go live has been moved to July 1, 2022
- Incorporating Adults with Congenital Heart Disease component
  - For patients 18+ ONLY
  - Adding select variables from Adult Cardiac Database
  - Working closely with Surgeon Leaders as well as Vendors
- Upgrade webinars w/ Data Manager Education
  - Weekly webinars
    - Scheduled to begin first of September (9/7)
  - Walk through of the new 6.22 data collection form
  - All upgrade webinars will be recorded and posted on STS webinars page
- New and Improved Training Manual
  - Email suggestions to [ljones@sts.org](mailto:ljones@sts.org)

# 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>
  - Free registration for all Data Managers
  - CHSD Planning Committee finalizing meeting agenda
    - DORV, Diagnoses, Norwood, Case Scenarios, STAT Category Update, Upgrade, How to use your data for every day practice.
    - Email questions for What Data Managers Want to Know panel to [ljones@sts.org](mailto:ljones@sts.org) by September 15<sup>th</sup>
  - Additional details coming soon:  
<https://www.sts.org/meetings/calendar-of-events/2021-advances-quality-outcomes-data-managers-meeting>

# Mortality Field Coding

Factors to consider:

- Multiple mortality fields
- Varied locations in software
- Distinct definitions
- Varied utility

*Key: Understand the intent/meaning of each mortality field*

# Multiple Fields to Denote Mortality

- Demographics: Mortality Date
- Discharge/Readmission:
  - VAD DC Status – Expired in hospital
  - Mortality Status at Hospital DC
  - Mortality – 30-Day Status
  - Mortality Status at Database DC
  - Mortality Status at 365 days
  - Mortality – Operative Death
- Process Measures: Patient died/had major postoperative complications
- Complications: Intraoperative death or intraprocedural death
- Anesthesia ICU/PACU Care:
  - Patient expired under anesthetic management
  - Peri-Anesthetic Demise



Why do I have to enter mortality  
information so many times?

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**ANALYSIS!**

# Fields Used to Determine Operative Mortality

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Mortality 30-Day Status

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Mortality Status at Hospital Discharge

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Mortality Status at Database Discharge

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*If blank/missing, will not be included in the analysis*

# Status at 30 Days

Indicate	Definition: Indicate whether the patient was alive or dead on the 30th day post-surgical procedure whether in hospital or not
Record	Record level – must answer for every operation
Provide	Provide answer regardless of patient locale – in hospital, home, LTC, another hospital, rehab....

# Mortality Status at Hospital Discharge

**Definition:** Indicate whether the patient was alive or dead at date and time of “Date of Hospital Discharge” for this operation

- Admission level – must answer for every admission



# Mortality Status at Database Discharge

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- Dependence upon Database Discharge Date completion
- Must know/consider patient residence and discharge location
- Admission level – must answer for every admission

*Reference guidance in the Training Manual  
(SeqNo 4250 and 4260)*

# Rule A: If a patient admits from home...

**DC to  
Home**

Database DC  
Date is the  
Hospital DC  
Date

**Expires in  
Hospital**

Database DC  
Date is the  
Mortality  
Date

**DC to  
Acute Care  
Facility**

Database DC  
Date is the  
date the  
patient DC to  
home or  
expires

**DC to  
Chronic  
Care**

Database DC  
Date is the  
date the  
patient DC to  
home, expires,  
or survives 183  
days

**Rule B:** If a patient admits from a chronic care facility where they chronically reside...

**DC to Home**

Database DC Date  
is the Hospital DC  
Date

**Expires in  
Hospital**

Database DC Date  
is the Mortality  
Date

**DC to Chronic  
Care**

Database DC Date  
is the Hospital DC  
Date

**Rule C: If a patient admits from another acute care facility...**

**If prior to admission to the other acute care facility the patient resided at home, then follow Rule A**

**If prior to admission to the other acute care facility the patient resided in a chronic care facility, then follow Rule B**



## Applying the 183 Day Rule

Applies only to chronic care status/chronic care facility patients

Patients must remain on chronic care status for 183 continuous days before Database DC Date can be completed

The date of admission/transfer to chronic care status/facility is day 1 of 183...




**Scenario 1:** Patient admitted from home for VSD repair and discharges home alive on postop day 7. Cardiology follow up on postop day 14.

- Mortality Status at Hospital Discharge: ***Alive***
- Mortality 30-Day Status: ***Unknown at this time....***
- Mortality Status at Database Discharge: ***Alive***



**The hospital discharge date = database discharge date**



**Scenario 2:** Transfer from birthing center for Norwood. Discharges to acute care facility (ACF) on postop day 35. Readmitted to surgical center postop day 45 for resp failure.

- Mortality Status at Hospital Discharge: ***Alive***
- Mortality 30-Day Status: ***Alive***
- Mortality Status at Database Discharge: ***Unknown at this time...***



**The database discharge date will depend where the patient discharges to**

**Scenario 3:** Transfer from birthing center for Norwood. Discharges to ACF on postop day 35. Readmitted to surgical center postop day 45, undergoes shunt reoperation, transfers back to ACF. Transfers to inpatient rehab postop day 75. Patient dies in ED postop day 200.

Mortality Fields	1 <sup>st</sup> Hospitalization	2 <sup>nd</sup> Hospitalization
Status at Hospital DC:	Alive	Alive
30-Day Status:	Alive	Alive
Status at Database DC:	Dead	Dead

*Database DC Date = Mortality Date for both hospitalizations*



# Summary Tips

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Consider each mortality field separately and follow the specific definition/rules

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Check each mortality field with data submissions

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Operative mortality for a program will be determined upon analysis



# IQVIA Update Joe Brower

# IQVIA Upcoming Release

**Items below will be targeted to be released the weekend of July 31.**

## **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 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 Upcoming Release

**Items below will be targeted to be released the weekend of July 31.**

## **Primary Procedure Report**

**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 (**UPDATE:** RESOLVED – Report logic is working as expected)



# 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.**

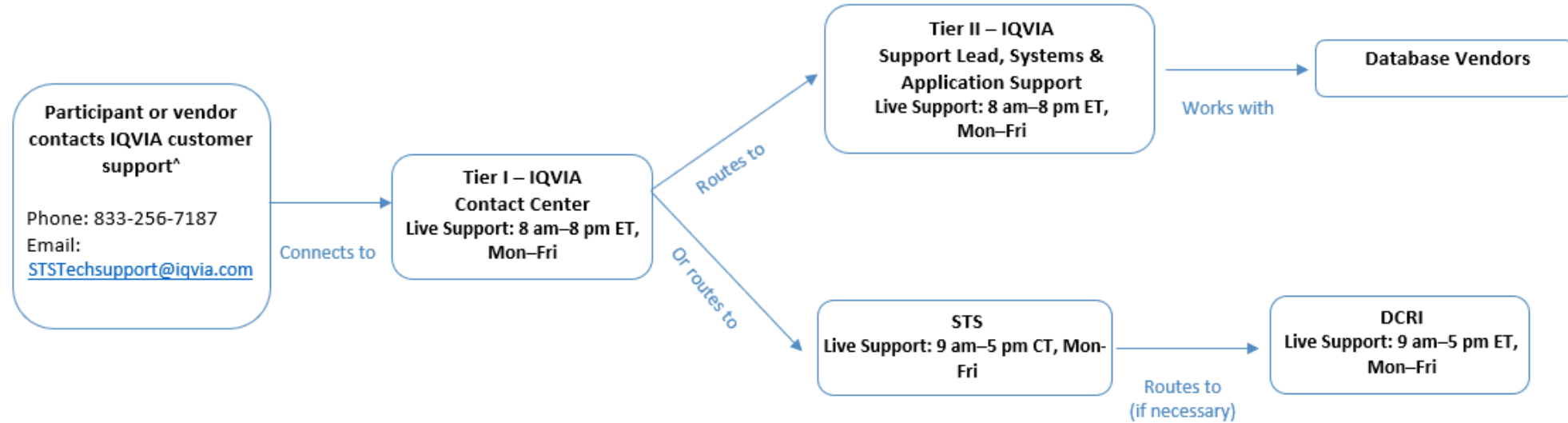
**The IQVIA Team is currently reviewing items that will be released in an upcoming release. Those items will be posted to the Notifications section.**



# 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

- August 10 @ 12pm CT

## Monthly Webinar

- August 17 @ 12pm CT

## New Data Manager Webinar

- August 27 @ 11am 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!