CHSD Monthly Webinar

- Welcome and Introductions
- STS Update
- Mortality Variable Review
- IQVIA Update
- User Feedback
• 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
    • 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
• 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
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 15th
  - 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 everyday practice.
    - Email questions for What Data Managers Want to Know panel to ljones@sts.org by September 15th
  - Additional details coming soon: https://www.sts.org/meetings/calendar-of-events/2021-advances-quality-outcomes-data-managers-meeting
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?

ANALYSIS!
Fields Used to Determine Operative Mortality

Mortality 30-Day Status

Mortality Status at Hospital Discharge

Mortality Status at Database Discharge

*If blank/missing, will not be included in the analysis*
## Status at 30 Days

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

- 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.

<table>
<thead>
<tr>
<th>Mortality Fields</th>
<th>1st Hospitalization</th>
<th>2nd Hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status at Hospital DC:</td>
<td>Alive</td>
<td>Alive</td>
</tr>
<tr>
<td>30-Day Status:</td>
<td>Alive</td>
<td>Alive</td>
</tr>
<tr>
<td>Status at Database DC:</td>
<td>Dead</td>
<td>Dead</td>
</tr>
</tbody>
</table>

*Database DC Date = Mortality Date for both hospitalizations*
Summary Tips

- Consider each mortality field separately and follow the specific definition/rules
- Check each mortality field with data submissions
- Operative mortality for a program will be determined upon analysis
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-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

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

STSW-6337 – Primary Procedure Report not correctly applying exception Rule 2 for combination code selected (UPDATE: RESOLVED – Report logic is working as expected)
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.

Please include your Participant ID

**Participant or vendor contacts IQVIA customer support**
Phone: 833-256-7187  
Email: STSTechsupport@iqvia.com

**Tier I – IQVIA Contact Center**  
Live Support: 8 am–8 pm ET, Mon–Fri

**Tier II – IQVIA Support Lead, Systems & Application Support**  
Live Support: 8 am–8 pm ET, Mon–Fri

**Database Vendors**
Works with

**STS**  
Live Support: 9 am–5 pm CT, Mon–Fri

**DCRI**  
Live Support: 9 am–5 pm ET, Mon–Fri

*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
• August 10 @ 12pm CT

Monthly Webinar
• August 17 @ 12pm CT

New Data Manager Webinar
• August 27 @ 11am 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!