CHSD Monthly Webinar

- Welcome and Introductions
- STS Update
- Complications Revisited
- IQVIA Update
- User Feedback
  - Include Ticket Number/Case Number
STS Updates

• September Training Manual posted

• 2020 Harvest Analysis Update
  • Data expected to be released mid October
  • Dashboards UAT testing winding down
    • Fixes are being implemented and re-tested prior to release
  • Participants will be notified when the data is available within IQVIA platform
  • IQVIA to provide an educational session on the Risk Adjusted Dashboards
    • October 5th User Group Call

• 2021 Harvest Update
  • https://www.sts.org/registries/sts-national-database/harvest-schedule-and-information
    • Spring/Fall 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 6/30/2021
2021 AQO: A Data Managers Meeting

October 12, 2021 - October 15, 2021
Virtual Meeting

Registration is open!

The 2021 Advances in Quality & Outcomes (AQO): A Data Managers Meeting features sessions for all four components of the STS National Database. Surgeon leaders and data managers will gather during AQO this year – virtually – to share valuable research and important clinical findings with the goal of improving data collection and patient outcomes. Each day is dedicated entirely to one registry:

- Tuesday, October 12 - Intermacs/Pedimacs
- Wednesday, October 13 - General Thoracic
- Thursday, October 14 - Adult Cardiac
- Friday, October 15 - Congenital

A detailed agenda with speakers and session times will be available in the coming weeks.

Registration is free for STS National Database participants.*

Please provide your contact information if you would like to receive updates.

View the Preliminary Agenda  Add Calendar Reminder

Pricing

Registration is required for all attendees. Your registration entitles you to participate in any or all of the meeting days.

<table>
<thead>
<tr>
<th>STS National Database Participant*</th>
<th>FREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Attendee Multiday - STS Member</td>
<td>$300</td>
</tr>
<tr>
<td>General Attendee Multiday - Non-Member</td>
<td>$400</td>
</tr>
</tbody>
</table>

If you are not an STS National Database participant, you will need an STS Member ID in order to receive the discounted member rate. For help with your STS Member ID, contact Member Services.

Intermacs and Pedimacs participants: click the designated button below to register.

Register Now  Register for Intermacs

*To receive free registration for AQO, you must be an STS National Database Participant assigned to one of these roles:

- Adult Cardiac, General Thoracic, and/or Congenital Heart Surgery Databases: Surgeon Representative, Participant Surgeon, Anesthesiologist Representative, Anesthesiologist, Primary Data and File Contact, Primary Direct Data Entry Contact, Backup Data and File Contact, Backup Direct Data Entry Contact, Data Quality Report Recipient, or National Report Recipient.
Chasity Wellnitz
STS CHSD Consultant

• Complications Revisited
Complications

An operative or procedural complication is any complication, regardless of cause, occurring (1) within 30 days after surgery or intervention in or out of the hospital, or (2) after 30 days during the same hospitalization subsequent to the operation or intervention. Operative and procedural complications include both intraoperative/intraprocedural complications and postoperative/postprocedural complications in this time interval.
Complications

An operative or procedural complication is any complication, regardless of cause, occurring (1) within 30 days after surgery or intervention in or out of the hospital, or (2) after 30 days during the same hospitalization episode of care subsequent to the operation or intervention. Operative and procedural complications include both intraoperative/ intraprocedural complications and postoperative/ postprocedural complications in this time interval.
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

• Complications will overlap
Cardiac Dysfunction Defined

Low cardiac output state characterized by some of the following: tachycardia, oliguria, decreased skin perfusion, need for increased inotropic support (10% above baseline at admission), metabolic acidosis, widened Arterial - Venous oxygen saturation, need to open the chest...
Cardiac Dysfunction – How to code

• Must meet both:
  – Cardiac dysfunction *and*
  – Low cardiac output

• In the setting of normal cardiac function:
  – Hypovolemia will not meet criteria
  – Vasoplegia will not meet criteria
Cardiac Dysfunction - Definition Improvements

A patient will be considered to have “inotrope dependence” if they cannot be weaned from inotropic support (10% above baseline at admission) after any period of 48 consecutive hours that occurs after the time of OR Exit Date and Time, and either (1) within 30 days after surgery in or out of the hospital, and (2) after 30 days during the same hospitalization episode of care subsequent to the operation. If patient meets criteria for severe cardiac dysfunction, only code “severe.”
Cardiac Dysfunction – Coding Tips

• Criteria is *not* dependent on treatment
• No consideration of expected vs. unexpected
• Immediately post op timeframe *still counts* if criteria is met

Data capture ideas:
- Partner with clinicians
- Update EHR documentation templates
Intraventricular Hemorrhage > Grade 2

- No current Training Manual definition
- Will bring over the IVH definition from preoperative factors
  - A Grade 3 IVH requires the existence of a neurologic imaging study indicating a new or previously unsuspected collection of intraventricular hemorrhage that involves at least 50% of the ventricular cross-sectional area in sagittal view but not an intraparenchymal component.
  - A Grade 4 IVH requires the existence of a neurologic imaging study indicating a new or previously unsuspected collection of intraventricular hemorrhage that includes an intraparenchymal component extending beyond the germinal matrix.
Arrhythmias While in the OR

Do not code arrhythmias while on bypass/separating from bypass

<table>
<thead>
<tr>
<th>Arrhythmia requiring drug therapy</th>
<th>Arrhythmia requiring cardioversion or defibrillation</th>
<th>Arrhythmia necessitating PM, Temporary PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>If drug given at the time of separation from bypass and is discontinued or resolved before leaving the OR, do not code</td>
<td>Includes rapid atrial/overdrive pacing for a rapid rhythm</td>
<td>Only code if the pacing is present when the patient leaves the OR</td>
</tr>
</tbody>
</table>
Scenario:

Before skin incision, patient experienced an arrhythmia during line placement that resolved following an amiodarone bolus.

Complication: To Code or Not to Code...

Complication Arrhythmia requiring drug therapy: Yes

- The arrhythmia was treated with a medication/drug
- The arrhythmia occurred prior to the insertion of the bypass cannula
Complication: To Code or Not to Code...

Complication Pleural effusion requiring drainage: Yes

- The pleural effusion was drained
- Occurred during the episode of care

Scenario:

Patient discharges to an acute care facility for extended recovery following a cardiac repair. While there, the patient experiences a pleural effusion and receives a chest tube.
Complication: To Code or Not to Code...

Complication Cardiac dysfunction: *Depends*...

- Code **YES** if the patient remained on an inotrope due to cardiac dysfunction with low cardiac output.
- Code **NO** if the patient remained on an inotrope without cardiac dysfunction or without LCOS.

Scenario:

Patient remains on milrinone for 10 days post operatively (>10% at baseline).
Complication: To Code or Not to Code...

Complication Cardiac dysfunction:

No

- The patient did not experience cardiac dysfunction

Scenario:

Patient returns from the OR on milrinone. An hour later, the patient experiences profound hypotension, tachycardia, and acidosis. Resolved with multiple fluid boluses and the initiation of an epinephrine infusion. The MD dictates the patient had vasoplegia with adequate cardiac function.
**Complication: To Code or Not to Code...**

Complication Arrhythmia requiring drug therapy: **Yes**

- The patient did experience an arrhythmia treated with drug/medication
- The arrhythmia occurred during the episode of care

**Scenario:**

Patient with a preoperative history of arrhythmia controlled with oral amiodarone. Post-operatively, the patient experiences arrhythmia and is started on an amiodarone infusion.
Answers to Submitted FAQs:

- How much data to complete when procedure canceled before skin incision
  - Complete the diagnosis, procedure (canceled before skin incision), Op type (Other), and preop factors

- How to capture pulmonary hypertension preoperatively
  - Can include as a diagnosis, Pulmonary vascular obstructive disease
  - Codes 1385, 1390, 1400, 1410
How to Code the Diagnoses

**Defined** – *Indicate all diagnoses noted at the time of the surgical procedure or documented by preoperative studies. This entry may duplicate the fundamental diagnosis.*

**Code:**
- Primary diagnosis
- Other diagnosis(es) if present
- S/P diagnosis(es)
- Fundamental diagnosis – not required but useful locally
Scenario:
Patient with TOF, PS underwent previous TOF repair, PDA ligation, ASD patch closure. Presents with pulmonary insufficiency and surgical plan is to replace the pulmonary valve with a valved homograft.

Included Diagnosis(es)

- Fundamental diagnosis: TOF, PS
- Primary diagnosis: Pulmonary insufficiency
- Other diagnosis(es): None
- S/P diagnosis: TOF repair; ASD repair, patch; PDA closure, surgical
Scenario:
Patient with heterotaxy right atrial isomerism, complete unbalanced AVSD, PDA, and aortic arch hypoplasia. Undergoes initial aortic arch reconstruction, PA banding, and PDA ligation. Due to an increasing arch gradient and severe common AV valve regurgitation, patient returns for DKS, Glenn and common AV valvuloplasty.

Included Diagnosis(es)

- **Fundamental diagnosis**: Single ventricle, Heterotaxy
- **Primary diagnosis**: Common AV valve insufficiency
- **Other diagnosis(es)**: Aortic arch hypoplasia; Single ventricle, Unbalanced AV canal
- **S/P diagnosis**: Aortic arch repair; PA banding; PDA closure, surgical
IQVIA 2021 Known Issues

Items below are under review by the IQVIA development team and will be included in a future release.

Missing Variable Report

- **STS-6892** – Identified variable logic will be updated on the MVR report for cases where demographic version is prior to 3.3, currently they are displaying as missing
- **STS-7282** – Anesthesia Adverse event update to the calculation will be added to the MVR report calculation
- **STS-7271** – COVID19 variables (TempCode) and (TempDate) and Hematocrit Prior to Circulatory Arrest or Cerebral Perfusion (HCTPriCircA) will be added to the MVR report calculation
IQVIA 2021 Known Issues Con’t

Items below are under review by the IQVIA development team and will be included in the CHSD Risk Adjusted Report Release.

Primary Procedure Report

STS-7126 - Primary Procedure Mismatch Report Exception Rule 1 is being ignored and using the general rule, VSD repairs are displayed as the recommended primary

STS-7240 – Exception Rule related to codes 1280 and/or 1660 are not recognized in identified scenarios
IQVIA 2021 Known Issues

Items below are under review by the IQVIA development team and will be included in a future release.

Missing Variable Report

Confirmed Variables that not reported as missing - the report will be updated:

1. TempCode
2. TempDate
3. Anesthesia Adverse Event
4. HCTPriCircA
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

Works with

Database Vendors

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

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

Routes to

Or routes to

If necessary
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*
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
• October 5 @ 12:00pm CT

Monthly Webinar
• October 21 @ 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!