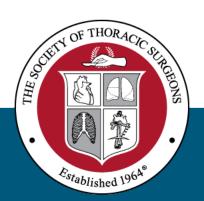
### Society of Thoracic Surgeons

## Congenital Heart Surgery Database User Group

September 8, 2020





### Agenda

- Welcome and Introductions
- Housekeeping
- STS Update
- IQVIA Update
- Q&A Please submit using the Q&A function

### Housekeeping

September Training Manual

CHSD New Data Manager Webinar Series



- Spring/Fall Harvests combined for 2020
  - Submission deadline: Friday, October 16, 2020
  - Opt-out date: Tuesday, October 20, 2020
- ONE analysis/report for 2020
  - Surgery Dates included: 7/1/2016 -6/30/2020
- STS Public Reporting will resume in 2021

#### In the works – Primary Procedure Mismatch

- Primary Procedure
   Determination Rules are
   outlined in the Report
   Overview/Interpretation Guide
  - These rules have been posted on CHSD page
  - Under Data Collection Additional Resources section (version 3.41)

#### e2. Determination of the Primary Procedure of an Operation and Classification of Multiple-Procedure Operations

Beginning with the Fall 2014 STS Congenital Heart Surgery Database Feedback Report, a new methodology was implemented to determine the Primary Procedure for a given operation. This methodology was updated for the Fall 2015 STS Congenital Heart Surgery Database Feedback Report and additional updates were implemented at the time of the Fall 2016 STS Congenital Heart Surgery Database Feedback Report. The updated methodology is described below:

The guiding principle is that the Primary Procedure for a given operation is determined by selecting the procedure with the highest STAT Score.

Multiple procedures will be mapped to available combination procedure codes, just as before. Individual procedures that make up the combination procedures will not be removed but will remain as Secondary Procedures. These individual procedures that make up the combination procedures will not be considered for primary procedure determination.

If there is a tie for highest STAT Score:

- a. The procedure indicated as the primary by the participant will become the primary procedure.
- b. If no procedure was selected as primary by the participant; the first one appearing in the procedures dataset will be selected as the primary procedure (this may, or may not, be the first procedure entered by the participant).

EXCEPTIONS TO THE ABOVE-STATED RULE:

#### In the works – Mortality Eligibility Summary

- If any one of the variables listed in the table has a missing/unknown value, an operation record is considered 'missing' for the purposes of mortality analysis. If more than 10% of the overall operation records for the report time period (this includes historical data submitted during previous data harvests) for a given database Participant are 'missing', then that Participant's data will be excluded from the mortality analysis.
- \* Please note that primary procedure selected in your software may not match the primary procedure ultimately assigned by the DCRI during analysis
- \*\* 'unknown' value treated as missing

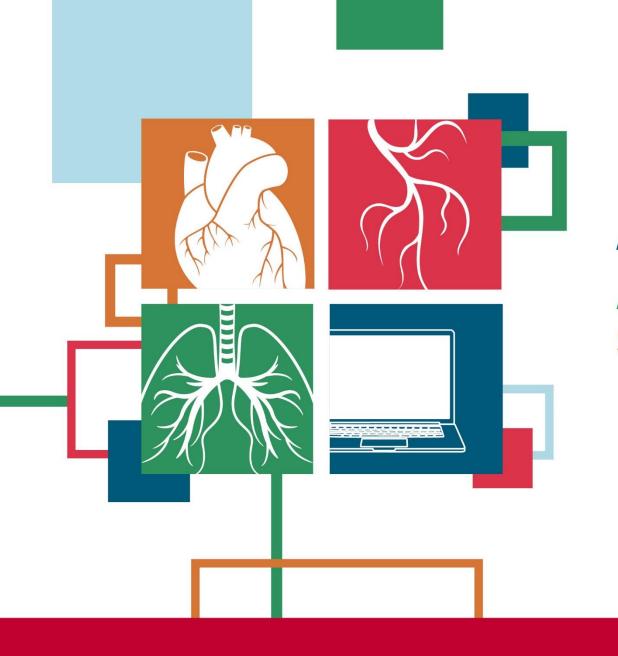
VARIABLE	Version 3.22 (SeqNo)	Version 3.3 (SeqNo)	Version 3.41 (SeqNo)	
Date of admission	AdmitDt (780)	AdmitDt (780)	AdmitDt (780)	
Date of Surgery	SurgDt (790)	SurgDt (790)	SurgDt (790)	
Operation Type	ОрТуре (1002)	OpType (1056)	ОрТуре (1056)	
Primary Diagnosis	PrimDiag (900)	PrimDiag (900)	PrimDiag (900)	
Primary Procedure*	PrimProc (940)	PrimProc (940)	PrimProc (940)	
Database Discharge Status (Alive, Dead)**	MtDBDisStat (4260)	MtDBDisStat (4260)	MtDBDisStat (4260)	
30-day Status (Alive, Dead)**	Mt30Stat (4300)	Mt30Stat (4300)	Mt30Stat (4300)	
Mortality Status at Hospital Discharge	MtHospDisStat (4230)	MtHospDisStat (4230)	MtHospDisStat (4230)	

# In the works – Mortality Eligibility Summary

- The STS is making a concerted effort to improve data completeness for operative mortality. Therefore, in order to assure the highest level of accuracy when reporting operative mortality, additional data thresholds are implemented to determine eligibility for a composite score (star rating):
- For all cases performed from January 1, 2015 through December 31, 2015, the operative mortality fields must not have more than 10% missing.
- For all cases performed from January 1, 2016 through December 31, 2016, the operative mortality fields must not have more than 5% missing.
- For all cases performed on or after January 1, 2017, the operative mortality fields must not have more than 2% missing.
- If one or more of the operative mortality fields (MtDBDisStat, Mt30Stat) is missing or coded as "unknown", the record will be considered incomplete. Participants who do not meet the operative mortality related data completeness thresholds for a particular harvest will NOT be eligible to receive a composite score (star rating).

#### Congenital Heart Surgery Database 3.3 and 3.41

- Mortality Status at Hospital discharge (4230)
- Mortality Status at Database Discharge (4260)
- Status at 30 days after surgery (4300)



### **ADVANCES IN QUALITY & OUTCOMES:** A Data Managers Meeting September 29 – October 2, 2020 • VIRTUAL



**STS** National Database<sup>™</sup>

Trusted, Transformed, Real-Time,



#### **ADVANCES IN QUALITY & OUTCOMES:** A Data Managers Meeting September 29 – October 2, 2020 VIRTUAL

**Receive Early Bird** Registration **Pricing** through Monday, September 7, 2020.

	Member		Non-Member	
	Early Bird	After Sept. 7	Early Bird	After Sept.
Tuesday, September 29: Intermacs/Pedimacs	\$75	\$150	\$100	\$200
Wednesday, September 30: General Thoracic	\$75	\$150	\$100	\$200
Thursday, October 1: Adult Cardiac	\$75	\$150	\$100	\$200
Friday, October 2: Congenital	\$75	\$150	\$100	\$200
Multiday or All Days	\$150	\$300	\$200	\$400







#### On the AQO Webpage you will find the following information:

- Request Justification Letter
- AQO Overall Objectives
- Preliminary Program
- Link to Registration or Mail-In Form
- Link to Abstract Submission

Contact **Emily Conrad** at <u>econrad@sts.org</u> with any Questions.

#### **Continuing Education Credits**

STS is partnering with Corexcel to offer Nursing CEs and Perfusion CEUs. The number of available CEs and instructions for claiming credit will be shared closer to the event.

#### **Virtual Platform**

AQO will offer both on-demand and live sessions. There will be an opportunity to ask questions through a Q&A function.



## IQVIA Update

Joe Brower & Melanie Bent



#### September 2020 – Upcoming Release Update

Items below targeted for release in September 12, 2020

#### Missing Variable Report

- STS-3356 CHSD Missing Variable Report displaying MT365STAT variable incorrectly 1 year logic should be applied
- STS-3389 CHSD Chromosomal Abnormality Other –Specify is missing, updated logic required to validate on demodataversion
- STS-3501 CHSD Dashboard update logic to exclude cases in the missing percent calculation for the operative mortality variable if the patient still in hospital variable is set to Yes
- STS-3641 CHSD Dashboard Report OpType section is no longer appearing in the dashboard

#### September 2020 – Upcoming Enhancements

**Update for Existing Reports** 

#### **CHSD Participant Dashboard Report**

• STS-3425 - CHSD MVR and Dashboard Reports – Updating the Premature Birth label

#### October 2020 – Upcoming Release

Items below are targeted for the October 10<sup>th</sup> release.

- STS-3662 Updating the Harvest Summary Report to display total number of cases for quick reference
- STS-3122 Updating the Harvest Summary Report to display the surgery date range for quick reference
- STS-3560 CHSD MVR Surgeon Name displaying as missing but information is listed in the case
- STS-3565 CHSD MVR Fields not reflected on MVR (CPBTm and more)
- STS-3407 CHSD MVR indicates Valve Explant Model #4 variable is missing, (ValEx4) parent value should be considered
- STS-3609 CHSD Add validation check for Autologous check for Optype in 3.3 version
- STS-3225 CHSD Missing Variable Report displaying Autologous Transfusion
- STS-3604 CHSD MVR Report Variables (site specific questions)
- STS-3587 TRANSFUSBLDPRODGT24 Missing Variable appearing when answer is set to No

The IQVIA team is currently reviewing submitted requests and will follow up with users regarding their tickets once they have further updates.

#### CHSD Beta Test Update

Beta testers have started their review of the Case Eligibility for Mortality Analysis and Primary Procedure Mismatch Reports.

Based on feedback we have made updates to educational documentation that will be provided to users via Library menu once the reports are launched.

#### \*\*New Reports Currently in Beta Testing Phase\*\*

- STS-3545 Case Eligibility for Inclusion in Mortality Analysis
- STS-2530 Primary Procedure Mismatch Report

## Upcoming CHSD Reports



\* September 2020

Case Eligibility for Inclusion in Mortality Analysis



\* September 2020

Primary Procedure Mismatch Report



Risk Adjusted Dashboard

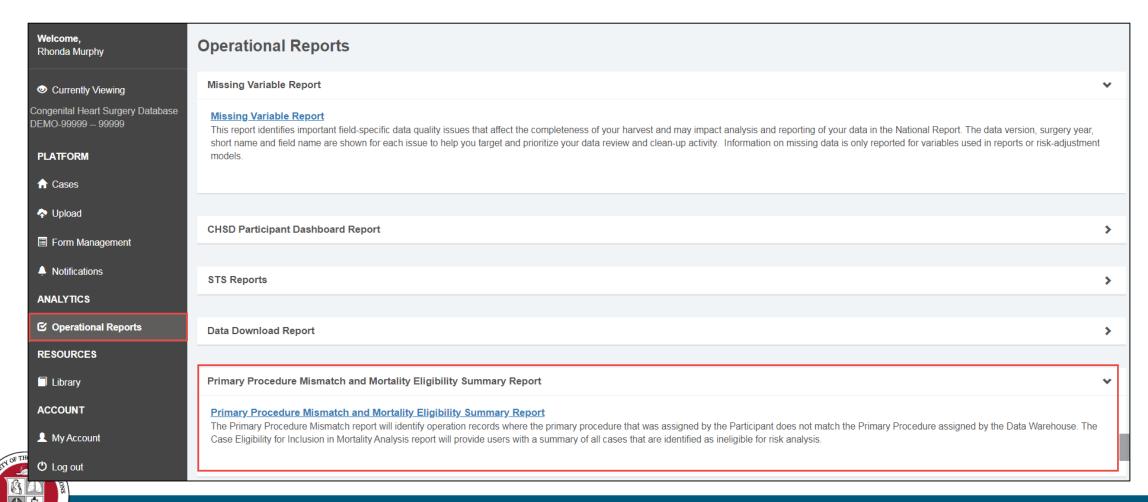
(based on DCRI Risk Adjusted Harvested Data)



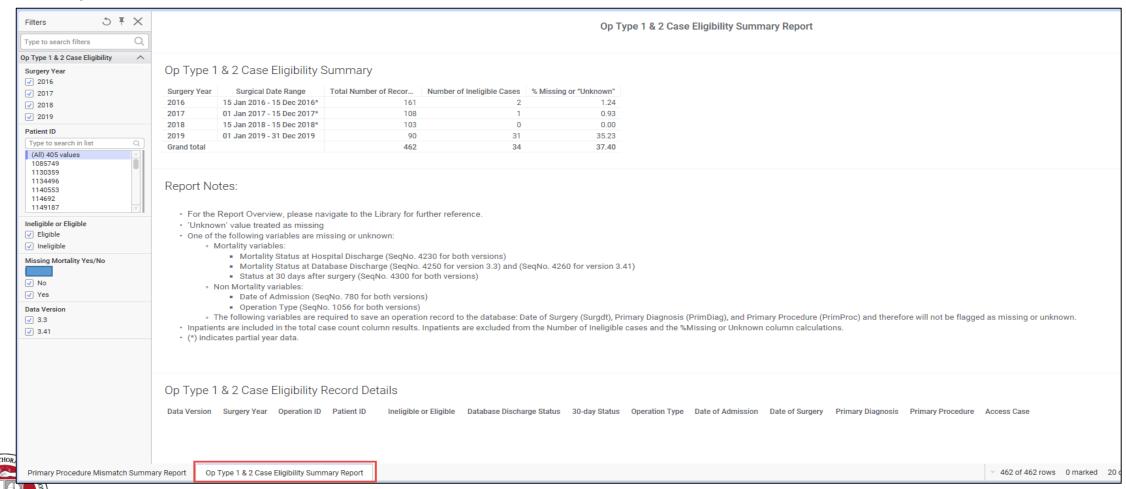
## IQVIA New Reports Rhonda Murphy



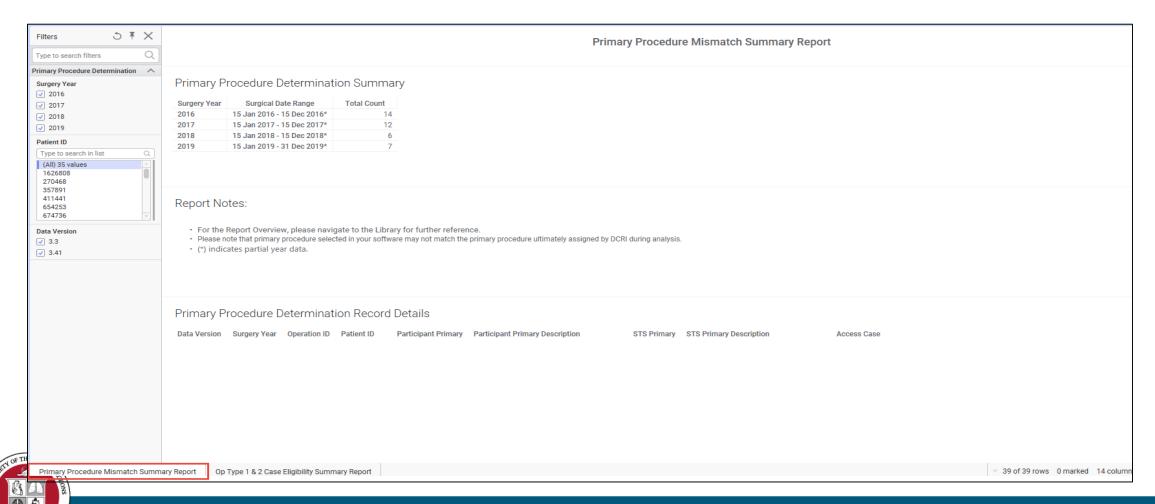
## Operational Reports – Primary Procedure Mismatch and Mortality Eligibility Summary



## Op Type 1 & 2 Case Eligibility Summary Report tab



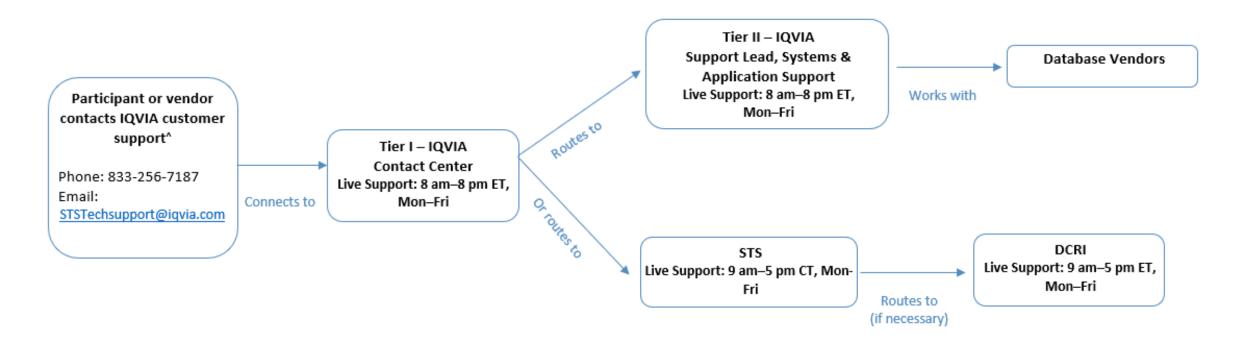
## Primary Procedure Mismatch Summary Report tab



### STS/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
- <u>STSTechSupport@IQVIA.com</u> (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



#### Next CHSD Webinars

### Monthly Webinar

September 15 @ 12pm Central

### User Group Call

September 22 @ 12pm Central



### 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!