Agenda

• Welcome and Introductions
• STS Updates
• IQVIA Updates
• User Feedback
• **2020 Harvest Update**
  - 114 Participants submitted data
  - 551,648 total records in Data Warehouse
  - Opt Out date
    - **Tuesday 1/26/2021 (11:59pm ET)**
    - [https://www.sts.org/form/harvest-opt-out-form](https://www.sts.org/form/harvest-opt-out-form)

• **2021 Harvest Schedule Posted on STS website**
    - Spring 2021 Harvest Close 3/12/2021
    - Includes procedures up through 12/31/2020

• **Primary Procedure Mismatch Report**
  - Important first step – review Report Overview (IQVIA Library) to understand its currently functionality

• **CHSD Public Reporting**
  - No Public Reporting of the 2020 data
  - New Workgroup being convened to plan the future of STS CHSD public reporting and risk modeling
What Does it Mean to Opt Out of a Harvest??

• In the past, opting out meant you chose to NOT have your data submitted during a given harvest period included in analysis.
  • Participant would not receive a PDF Report
  • Historical data is included in the overall analysis dataset for STS Benchmark purposes
  • No Star Rating (Table 16)/Mortality
  • Not able to see/access to STS Benchmarks
What Does Opt Out Mean Today??

• Deadline to opt out of the 2020 Harvest is today (1/26)
  • [https://www.sts.org/form/harvest-opt-out-form](https://www.sts.org/form/harvest-opt-out-form)

• Opting out means you choose to NOT have your data submitted during a given harvest period included in the analysis data set.
  • Your historical data is included in the overall analysis dataset for STS Benchmark/Risk Adjusted purposes
  • No Star Rating (Table 16)
    • Will show as “null” on the Risk Adjusted Dashboard
  • Participants WILL have access to STS Benchmarks within the Benchmark Dashboard
    • ‘My site’ #’s will comprise of any data that you have previously submitted that encompasses the 4 year analytic period.
    • STS National Benchmark numbers include the current 4 year analytic period
Data Clean Up Efforts

- **Ensure all risk model variables are complete**
  - Refer to next slide for complete listing
  - If missing > 10% for any one of these variables you will be excluded from Table 16 (star rating)

- **Confirm Mortality Variables are complete (v 3.3 and 3.41)**
  - Mortality Status at Hospital Discharge (MtHospDisStat seq. 4230)
  - Mortality Status at Database Discharge (MtDBDisStat seq. 4260)
  - Status at 30 Days after Surgery (Mt30Stat seq. 4300)
    - **Unknown is considered as missing data in analysis**
  - % of missing data can impact Table 16 (star rating) and risk adjusted mortality data
    - Refer to “Comments about Missing Data” in Report Overview
## Risk Model Covariates

### Variable

<table>
<thead>
<tr>
<th>Variable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age a</td>
</tr>
<tr>
<td>Primary procedure b</td>
</tr>
<tr>
<td>Weight (neonates and infants)</td>
</tr>
<tr>
<td>Prior cardiothoracic operation</td>
</tr>
<tr>
<td>Any non-cardiac congenital anatomic abnormality (except ‘Other noncardiac congenital abnormality’ with code value = 999)</td>
</tr>
<tr>
<td>Any chromosomal abnormality or syndrome (except ‘Other chromosomal abnormality with code value = 210 and except ‘Other syndromic abnormality’ with code value = 515)</td>
</tr>
<tr>
<td>Prematurity (neonates and infants)</td>
</tr>
</tbody>
</table>

### Preoperative Factors

- Preoperative/preprocedural mechanical circulatory support (IABP, VAD, ECMO, or CPS) c
- Shock, Persistent at time of surgery
- Mechanical ventilation to treat cardiorespiratory failure
- Renal failure requiring dialysis and/or Renal dysfunction
- Preoperative neurological deficit
- Any other preoperative factor (except ‘Other preoperative factors’ with code value = 777) d

### Non-Cardiac Congenital Abnormalities (Appendix I)

- Omphalocele
- Gastroschisis
- Congenital diaphragmatic hernia (CDH)
- Tracheoesophageal fistula (TEF)
- Anal atresia (imperforate anus)
- Intestinal atresia
- Hirschsprung disease (congenital aganglionic megacolon)

### Syndrome and Chromosomal Abnormality Risk Groups (Appendix G and H)

1. Modeled as a piecewise linear function with separate intercepts and slopes for each STS-defined age group (neonate, infant, child, adult).

2. The model adjusts for each combination of primary procedure and age group. Coefficients obtained via shrinkage estimation with The Society of Thoracic Surgeons-European Association for Cardio-Thoracic Surgery (STS-EACTS) Mortality Category (SCM) as an auxiliary variable.

3. CPS = cardiopulmonary support; ECMO = extracorporeal membrane oxygenation; IABP = intra-aortic balloon pump; VAD = ventricular assist device

4. Any other preoperative factor is defined as any of the other specified preoperative factors contained in the list of preoperative factors in the data collection form of the STS Congenital Heart Surgery Database, exclusive of 777 = ‘Other preoperative factors’.
• When coding the procedure “Norwood procedure”, the primary procedure of the operation should be “870 = Norwood procedure”. The second procedure (Procedure 2 after the Norwood procedure) must then document the source of pulmonary blood flow and be chosen from the following ten choices:
  • 1590 = Shunt, Systemic to pulmonary, Modified Blalock-Taussig Shunt (MBTS)
  • 1600 = Shunt, Systemic to pulmonary, Central (from aorta or to main pulmonary artery)
  • 1610 = Shunt, Systemic to pulmonary, Other
  • 1670 = Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn)
  • 1680 = Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn)
  • 1690 = Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn)
  • 1700 = HemiFontan
  • 610 = Conduit placement, RV to PA
  • 620 = Conduit placement, LV to PA
  • 1774 = Conduit placement, Ventricle to aorta
IQVIA Update
Joe Brower
Resolved Issues

Missing Variable Report

• **STS-4196**: Fixed the issue of MVR not displaying Preoperative Factors or Complications as missing when they were missing has been fixed in this release.

• **STS-4980**: MVR which was displaying Mortality Status at Database Discharge [2] as missing variable has been fixed in this release.
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 February 2021. Those items will be posted to the Notifications section.
IQVIA Support Plan
Inquiries received outside live support hours will require a 24-hour turnaround window (i.e., one business day) for responses.

IQVIA's Support Plan

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

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.

Participant or vendor contacts IQVIA customer support*
Phone: 833-255-7187
Email: STSTechsupport@iqvia.com
Please include your Participant ID
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
• February 9 @ 12pm Central

Monthly Webinar
• February 16 @ 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!