The Society of Thoracic Surgeons

STS National Database: Data Managers Survey

2026 Results

About the 2026 Survey

90

online survey respondents

SurveyMonkey

179

webinar poll respondents

Annual Data Manager Survey webinar, 9/10/2026

60

questions summarized

Asked in both formats unless noted

How to read these results

- Counts combine both sources. N on each slide is the number who answered that question.
- Online survey responses had no email addresses, so anyone who answered both formats may be counted twice.
- Equivalent answer wordings were combined, and one-off write-in answers were grouped (e.g., "Other").

Key Findings

37%

of data managers are their site's only abstractor

No backup if that person leaves

55%

at 501+ case programs spend 60+ hrs/month abstracting

Before audits, meetings, and reporting

91% / 65%

of surgeons review harvest reports / rarely or never use their platform

Surgeons prefer summaries from the data manager

55%

are unsure about adopting automated abstraction

Proof of accuracy is the #1 deciding factor

Changes Since the 2025 Survey

Metric	2025	2026
Abstracting 10+ years	38%	**28% ▼**
Primary data contact	47%	**62% ▲**
Only abstractor at site	45%	**37% ▼**
Abstract from EHR only	52%	**71% ▲**
Enter directly into vendor software	67%	**72% ▲**
Use a third-party company	20%	**14% ▼**
Abstract >4 weeks after surgery	30%	**33%**

Metric	2025	2026
Surgeon reviews harvest reports	82%	**91% ▲**
Site audited by STS	81%	**87% ▲**
Perform internal audits	68%	**67%**
Used STS data for QI projects	81%	**62% ▼**
Rate STS communication "Excellent"*	62%	**44% ▼**
Institution budgets for travel	32%	**45% ▲**
Not likely to attend AQO in person	64%	**76% ▲**

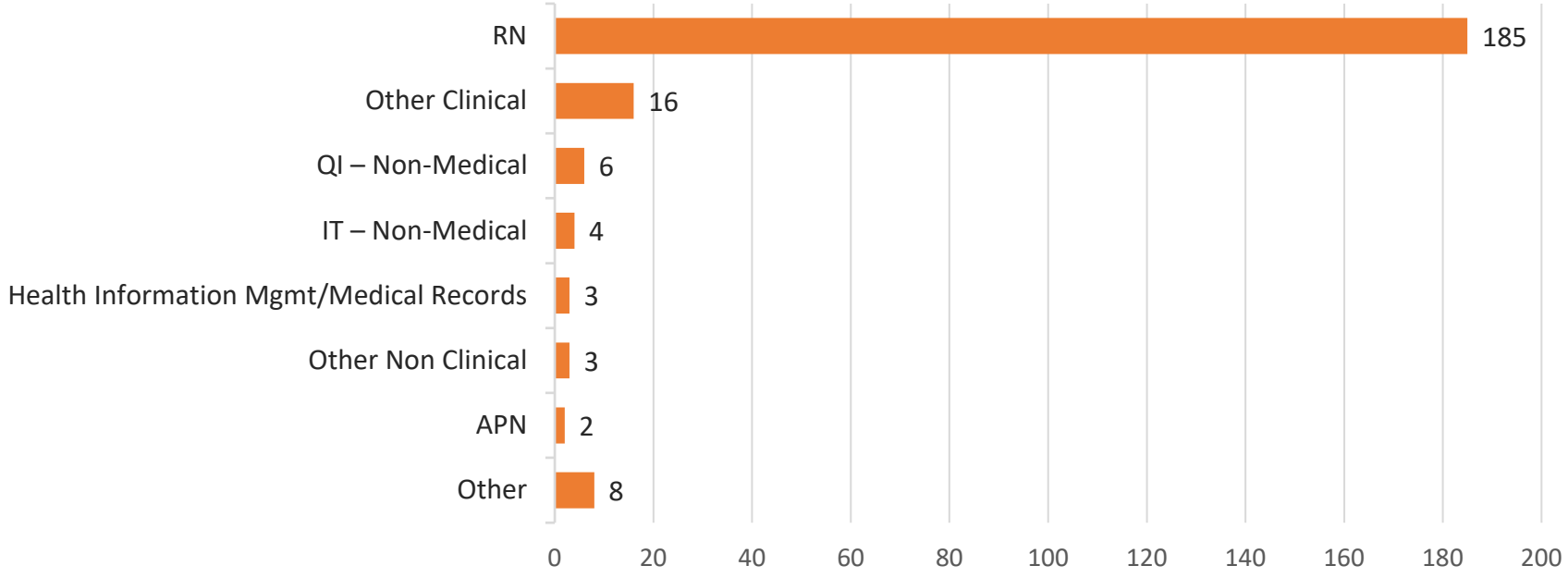
▲▼ = change of 5+ points. *Rating scale wording changed ("Pretty Good" became "Good").

2025 survey covered ACSD data managers only and some questions were reworded; compare with care

Section 1

Who Our Data Managers Are

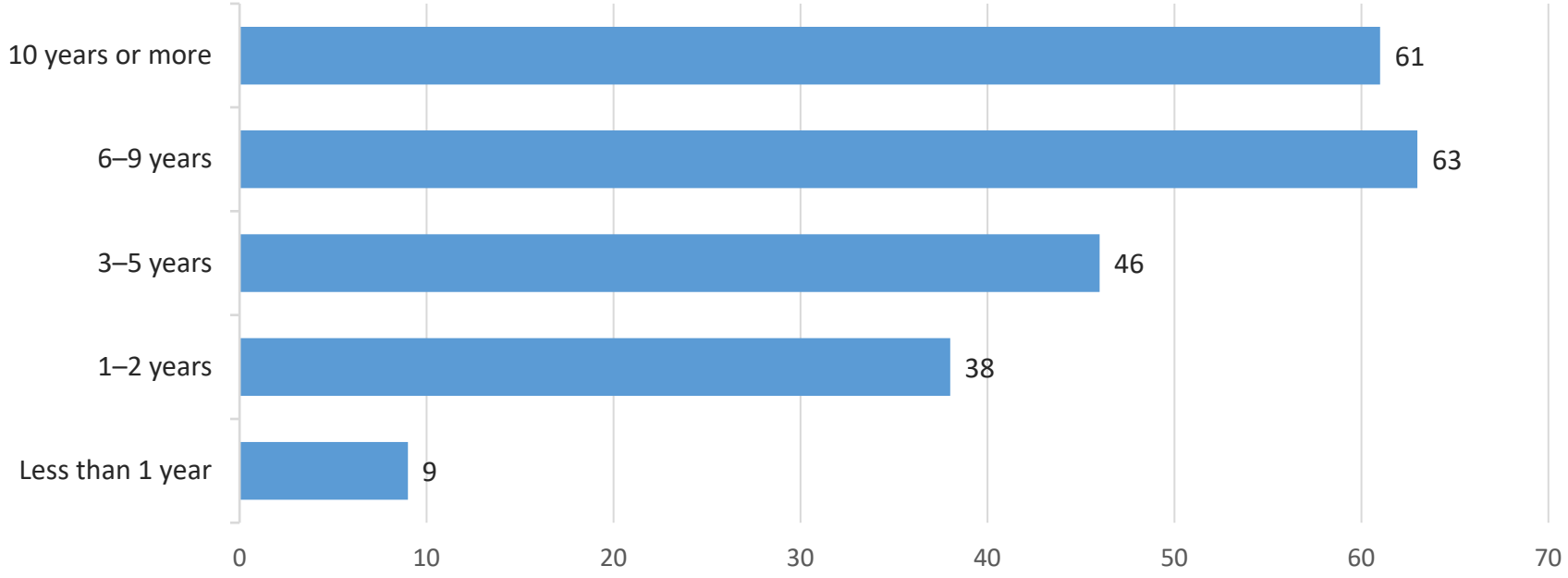
What Is Your Background?



Other: one response each for pharmacist, perfusionist, physician, surgical technologist, IT – medical, data specialist, RT(R), and other

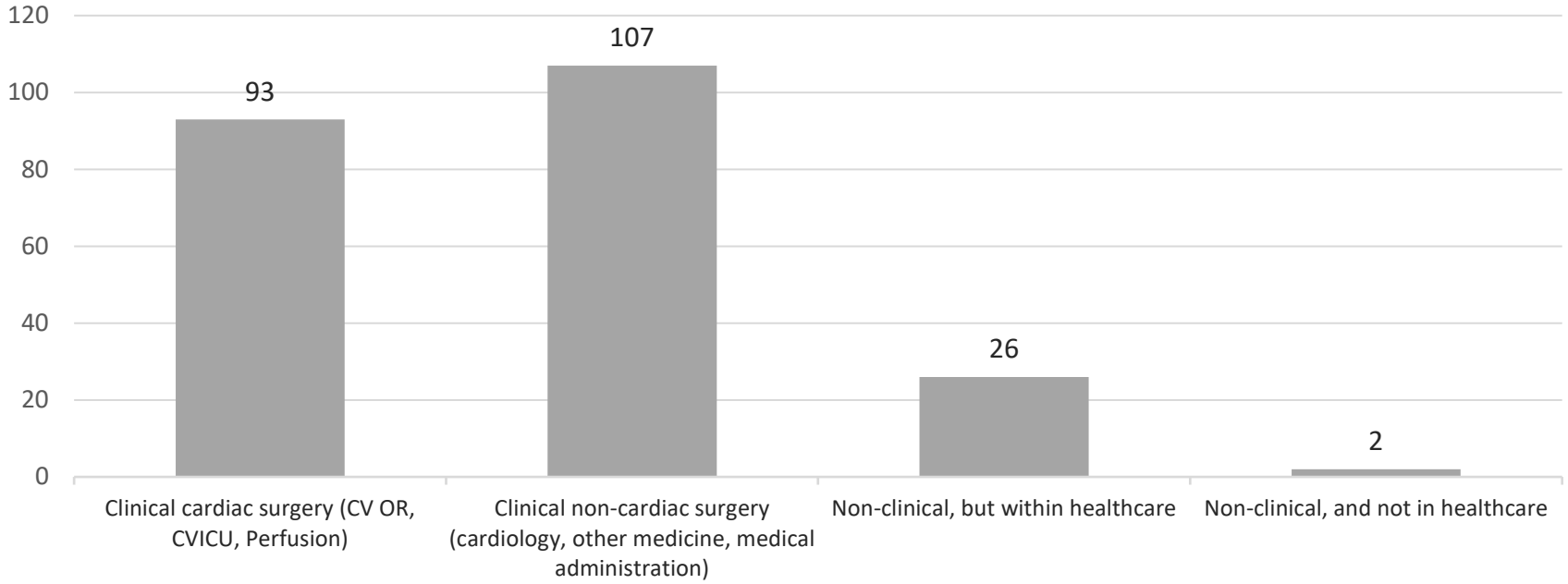
N = 227

How Long Have You Been Abstracting?



N = 217

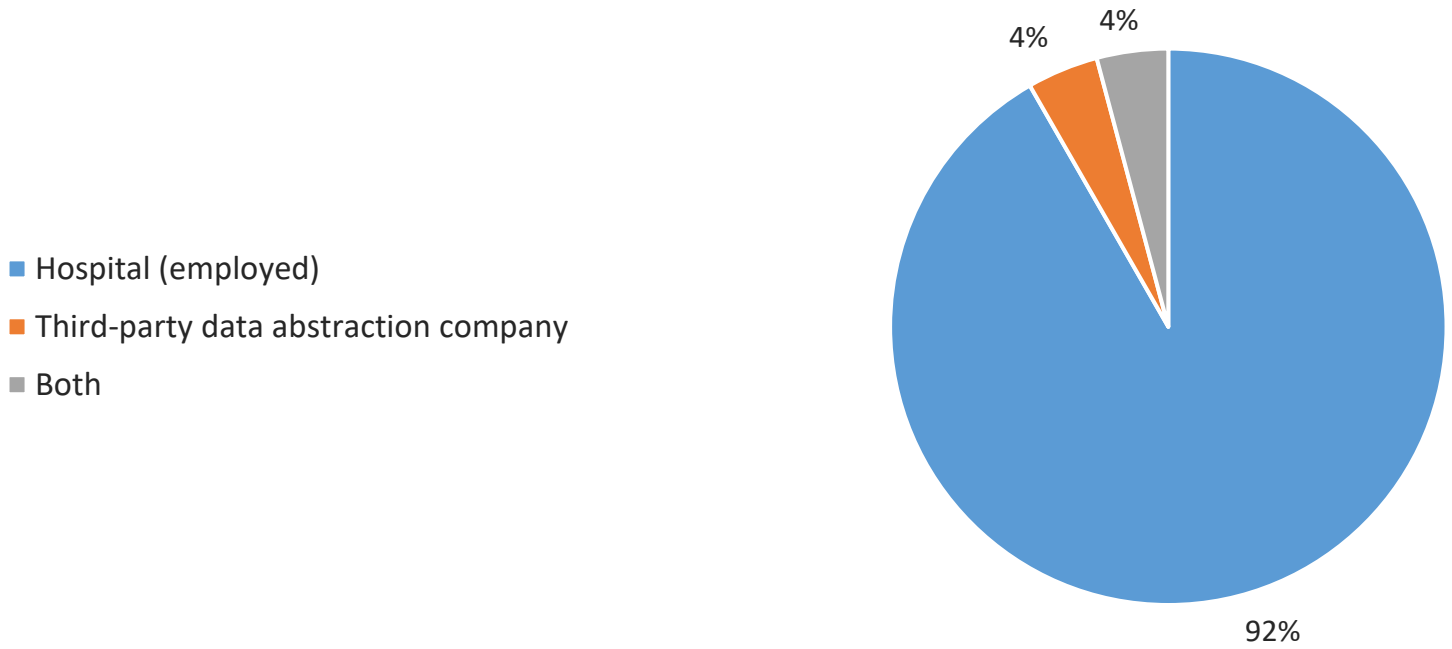
What Was Your Previous Experience?



A small number of respondents selected more than one answer

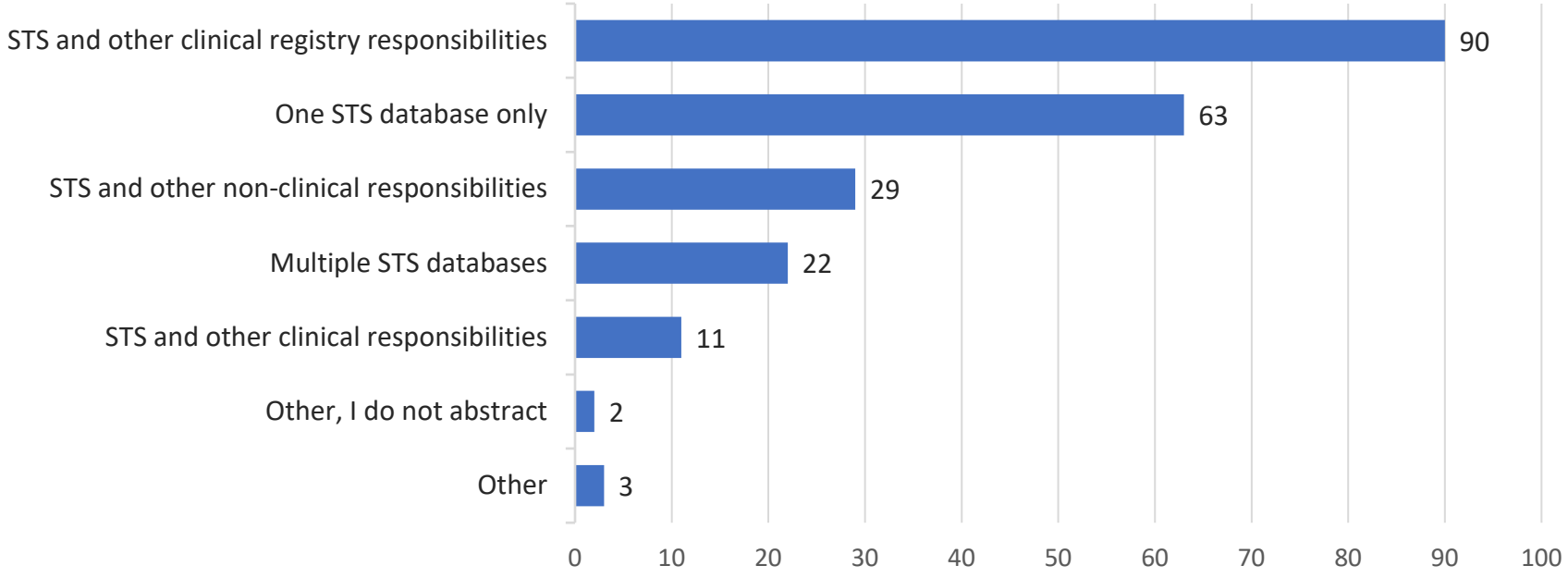
N = 222

Who Do You Abstract For?



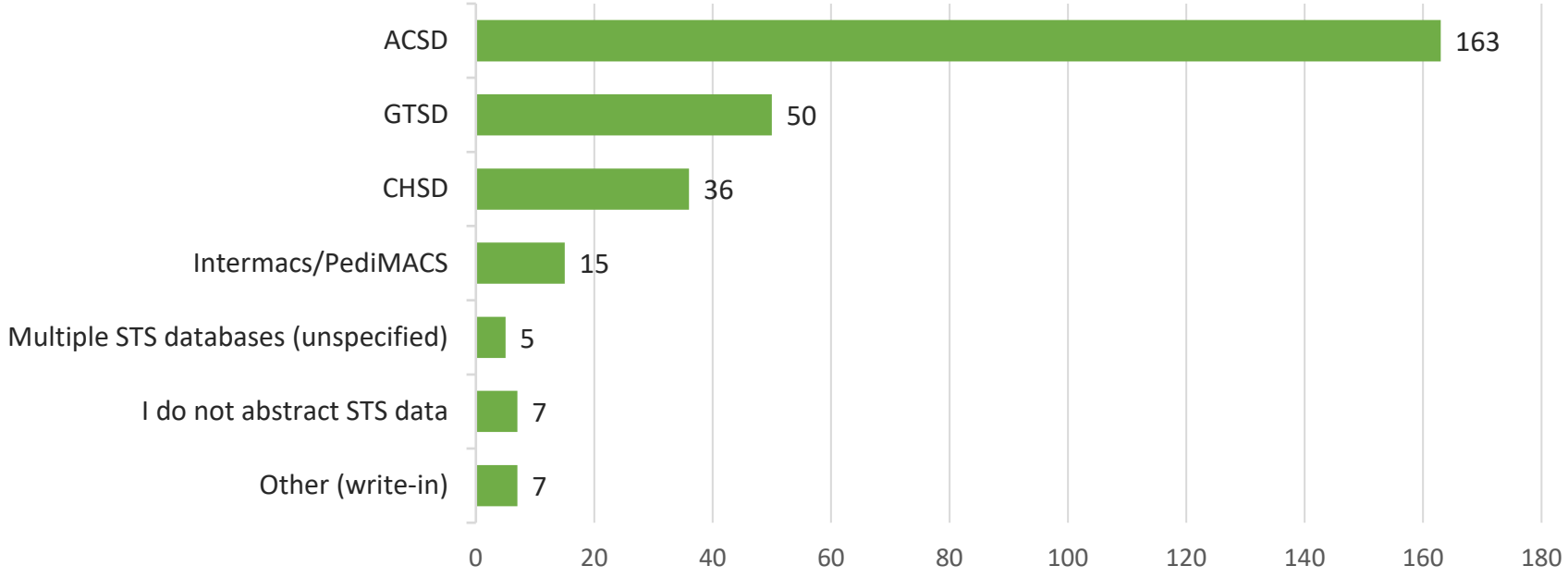
N = 217

What Are Your Work Responsibilities?



N = 220

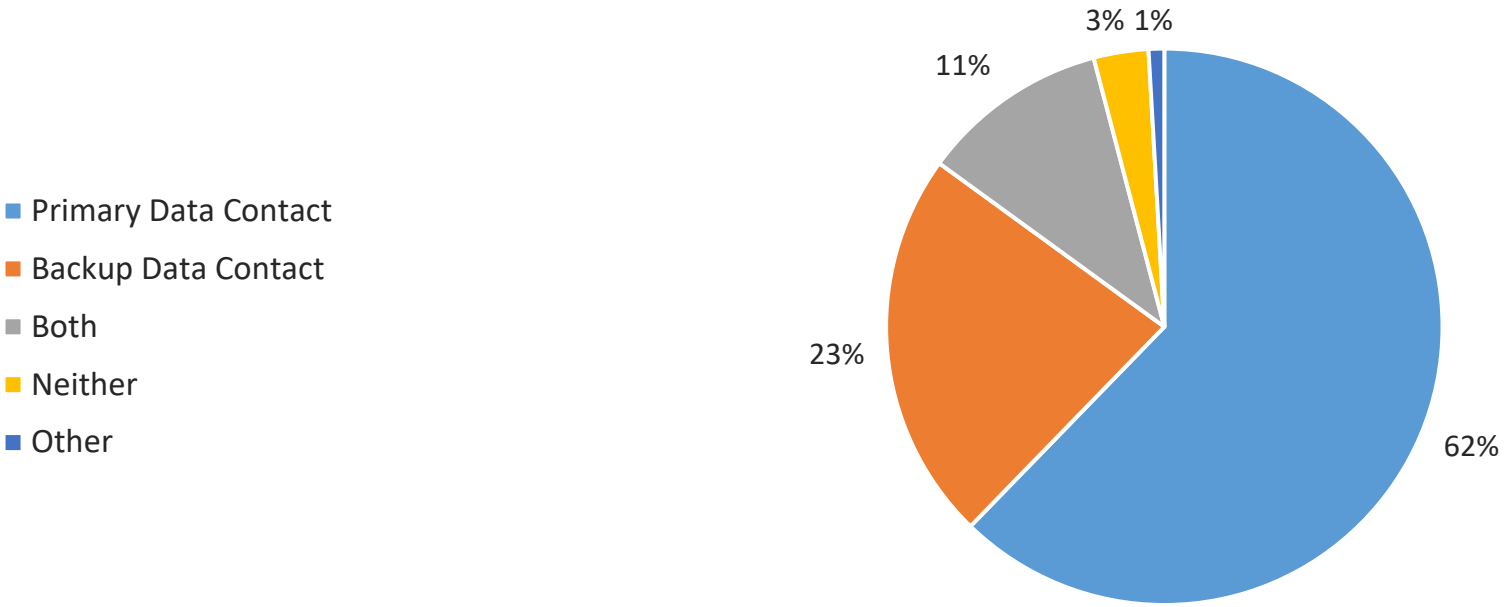
Which STS Database Do You Abstract?



Select all that apply

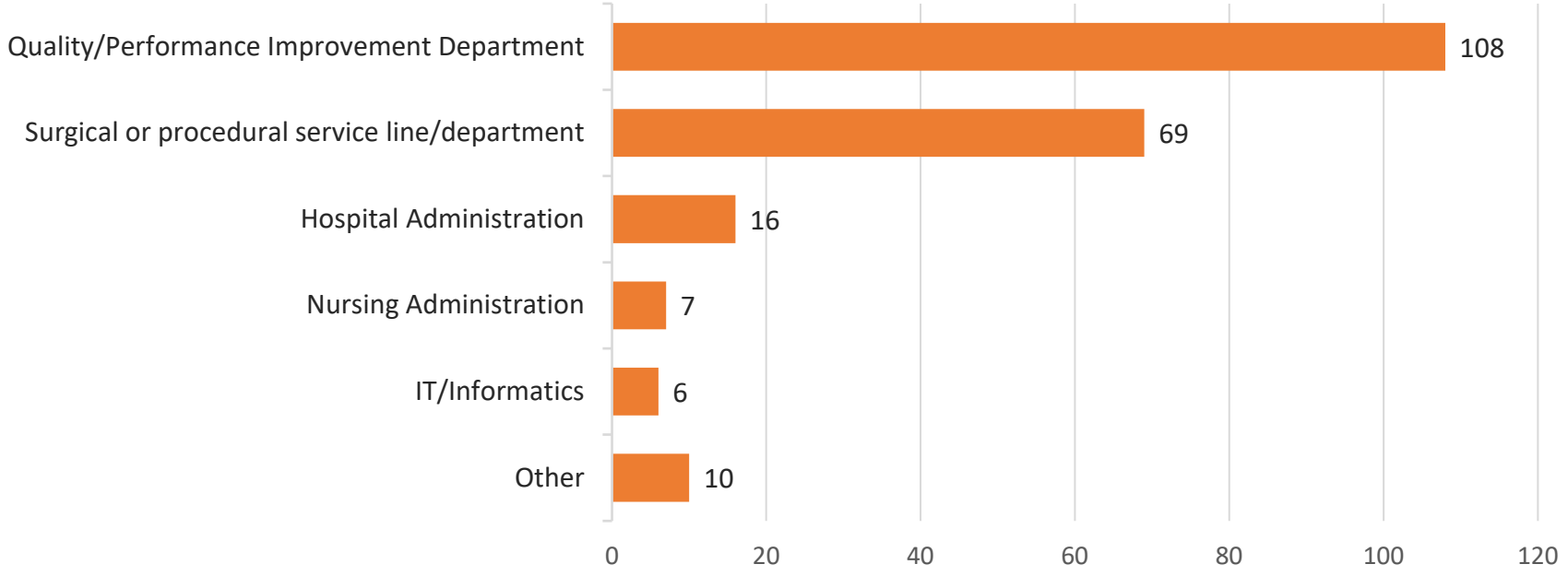
N = 220

What Is Your Assigned Participant Role?



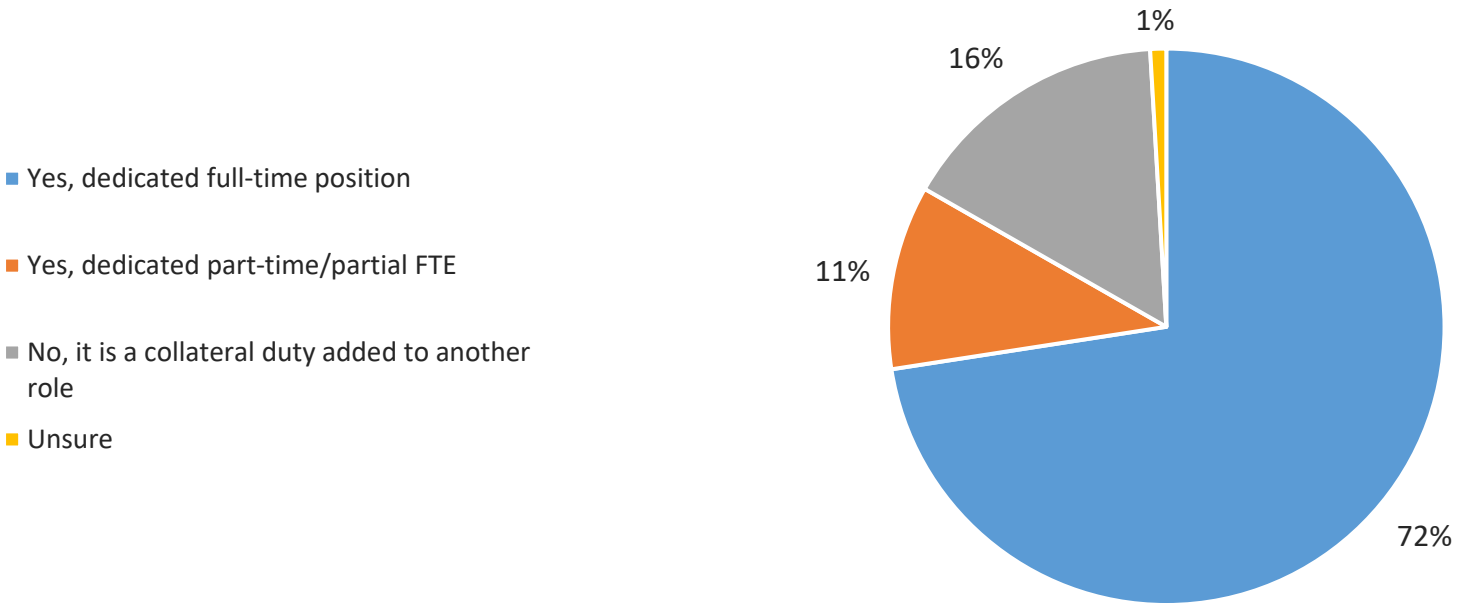
N = 220

Who Does the Data Manager Position Report To?



N = 216

Is the Data Manager a Dedicated, Budgeted Role?

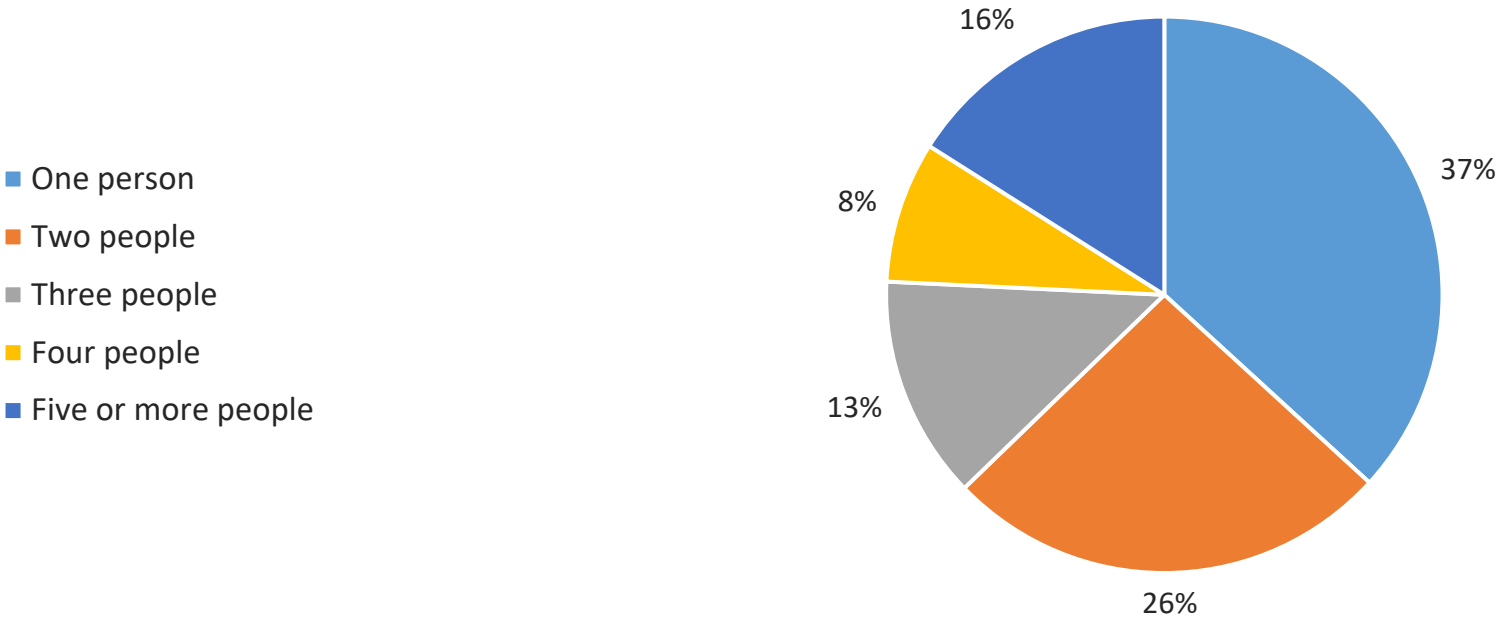


N = 215

Section 2

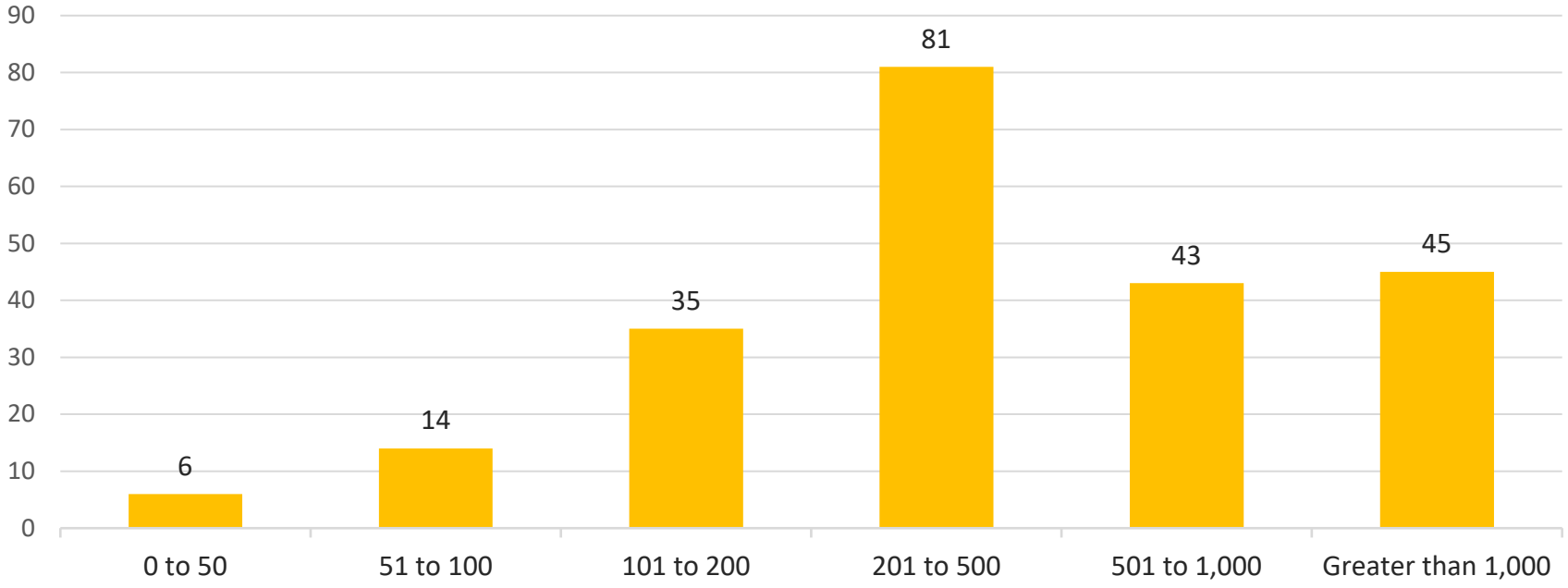
Program Size & Staffing

How Many People Abstract at Your Hospital?



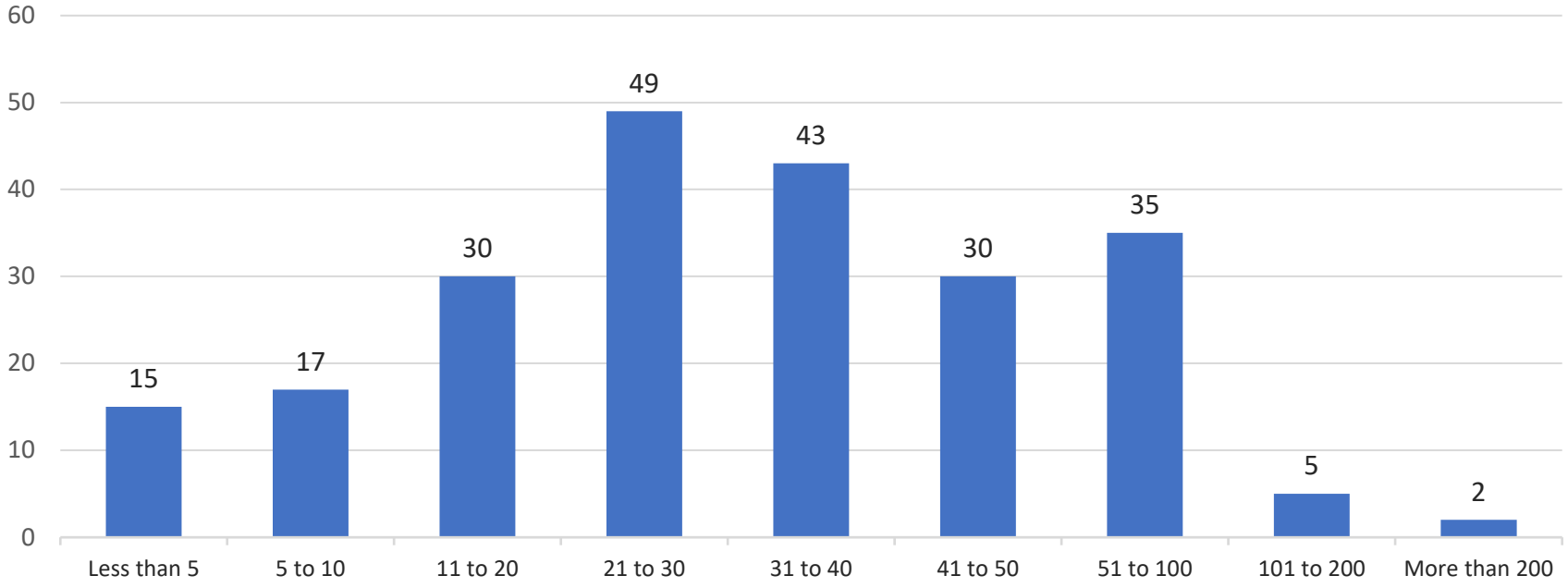
N = 231

How Many Cases per Year Does Your Hospital Perform?



N = 224

How Many Cases Do You Abstract per Month?



N = 226

Staffing by Annual Case Volume

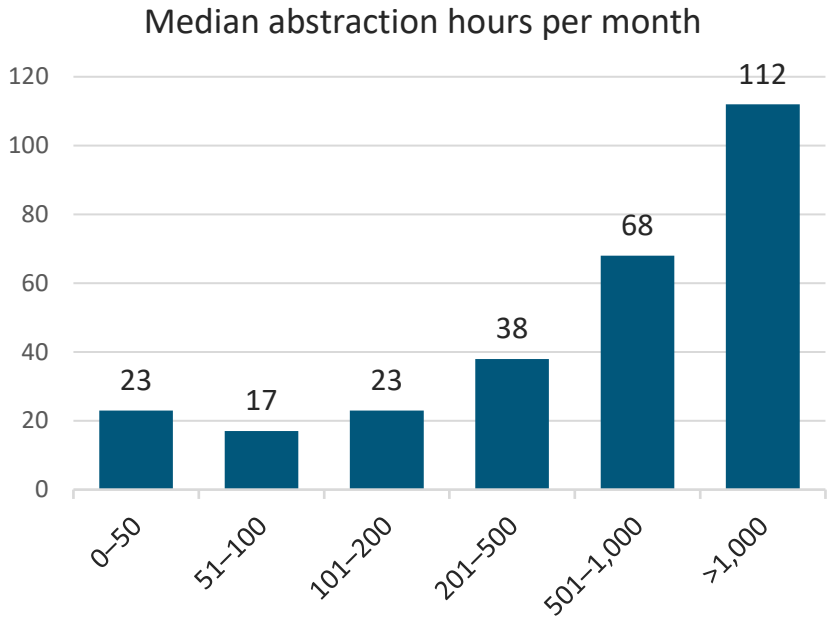
Annual cases	Typical # of abstractors	Single-abstractor sites	Est. cases per abstractor / yr	Cases you abstract / mo (median)	Est. abstraction hrs / mo (median)	Dedicated full-time role	Collateral duty
0–50 (n=6)	1	50%	~25	15.5	~23	33%	33%
51–100 (n=14)	1	50%	~75	20.5	~17	50%	7%
101–200 (n=35)	1	54%	~150	15.5	~23	49%	23%
201–500 (n=81)	2	48%	~175	25.5	~38	64%	12%
501–1,000 (n=43)	2	30%	~375	**45.5**	**~68**	67%	9%
>1,000 (n=45)	4	2%	~375	35.5	~112	78%	4%

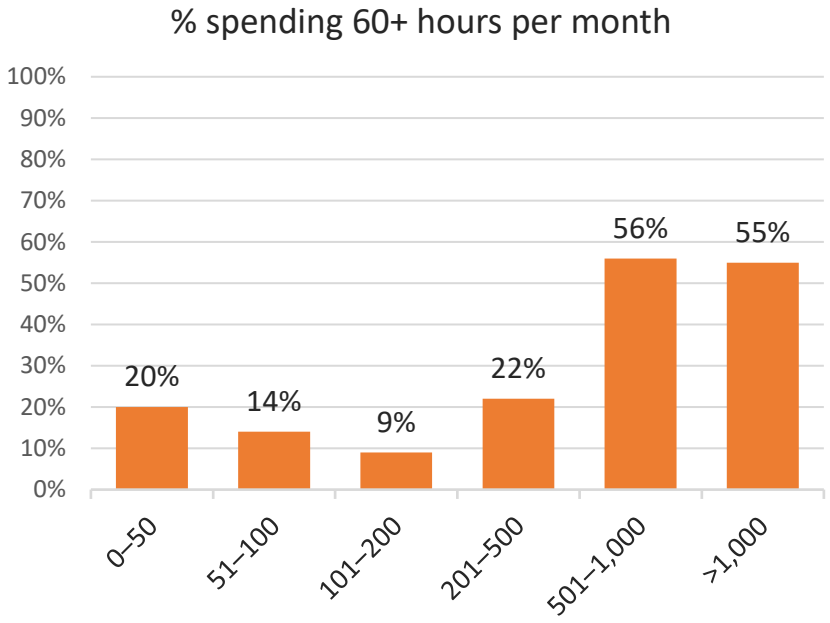
501–1,000 programs staff like mid-size programs but carry high-volume workloads per abstractor.

Estimates use the midpoint of each answer range; the two smallest volume groups have few respondents

N = 224

Abstraction Workload per Data Manager by Annual Case Volume

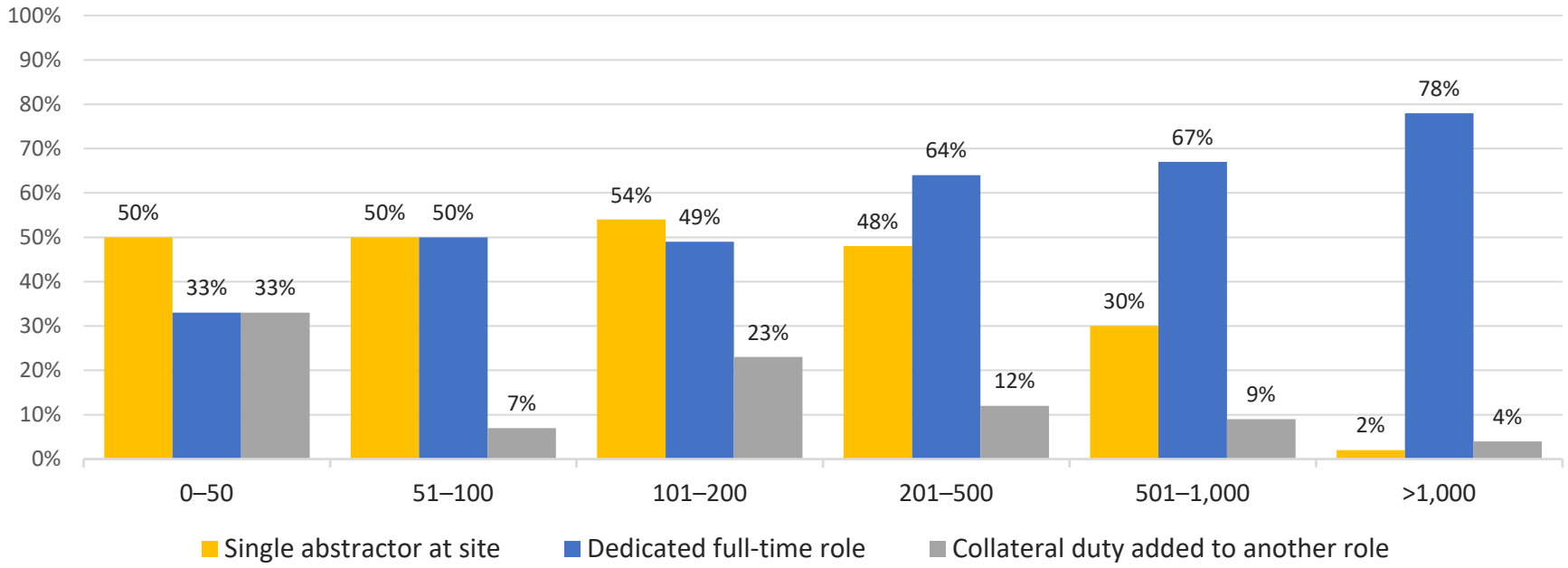




Hours = cases abstracted per month × hours per case (range midpoints); excludes audits, meetings, and other duties

N = 215

How Programs Staff the Role by Case Volume



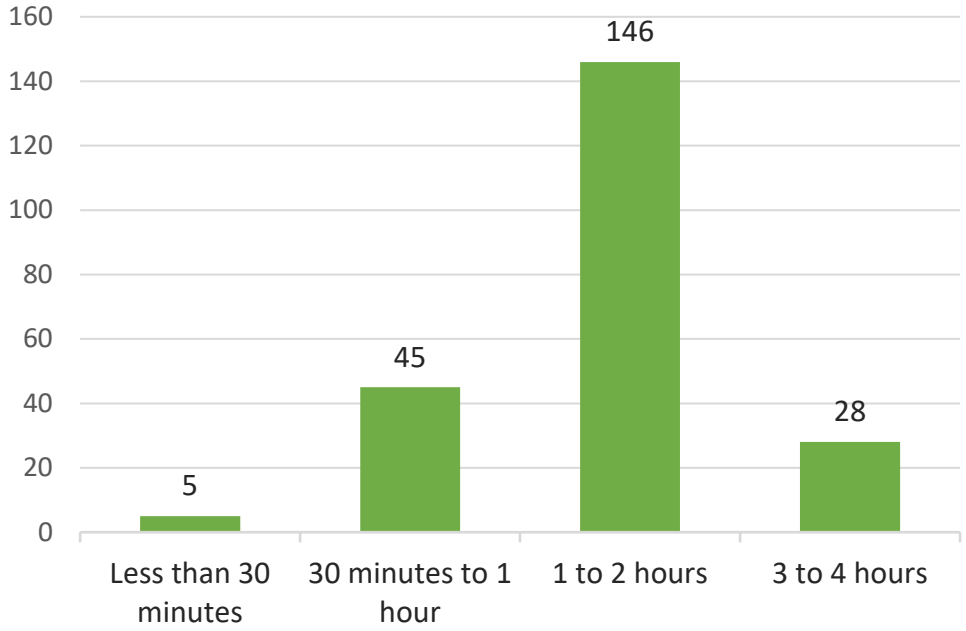
Share of respondents in each annual case-volume group

N = 224

Section 3

The Abstraction Process

How Long Does It Take to Abstract a Case?



Intermacs/PediMACS only (n=2) not shown

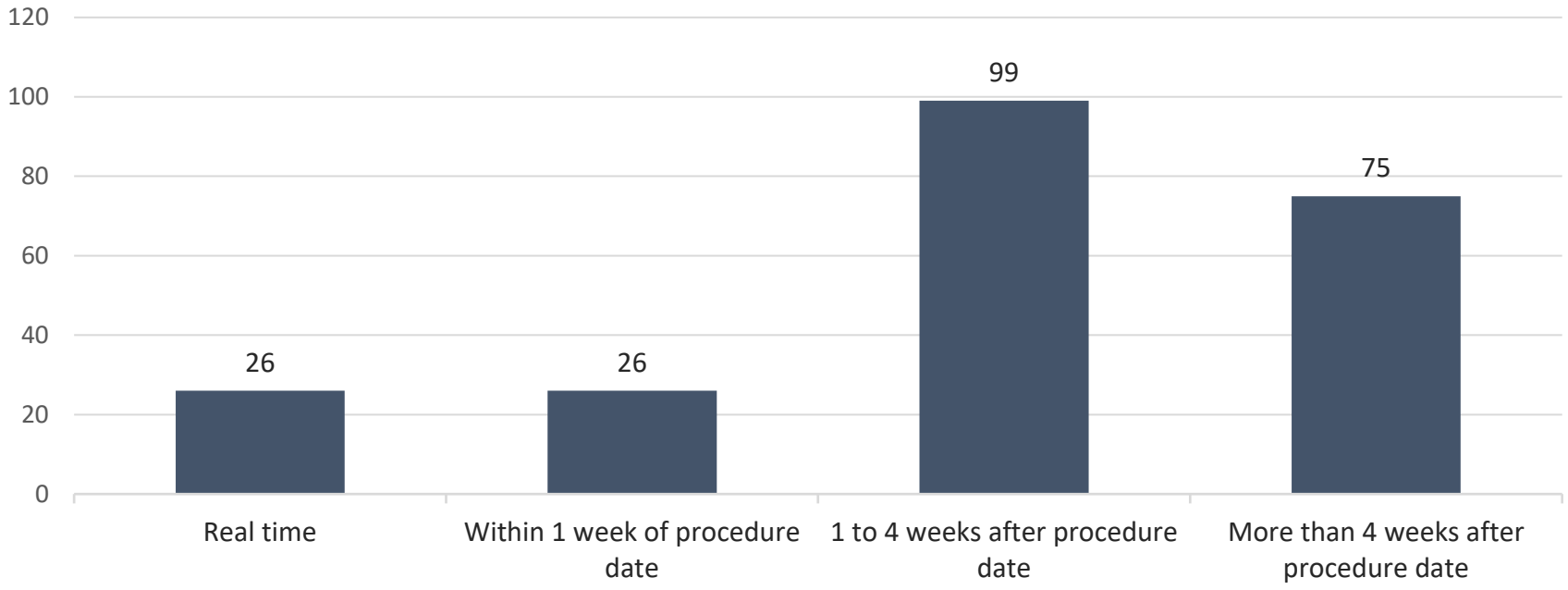
By database

Database	n	< 1 hr	1–2 hrs	3–4 hrs
ACSD only	115	20%	**67%**	13%
CHSD only	24	17%	**75%**	8%
GTSD only	16	50%	**31%**	19%
Multiple	45	16%	**76%**	9%

No meaningful difference by database. 1–2 hours is the most common answer for ACSD, CHSD, and multi-database abstractors (p=0.35). GTSD-only answers lean shorter and vary more, but that group is small.

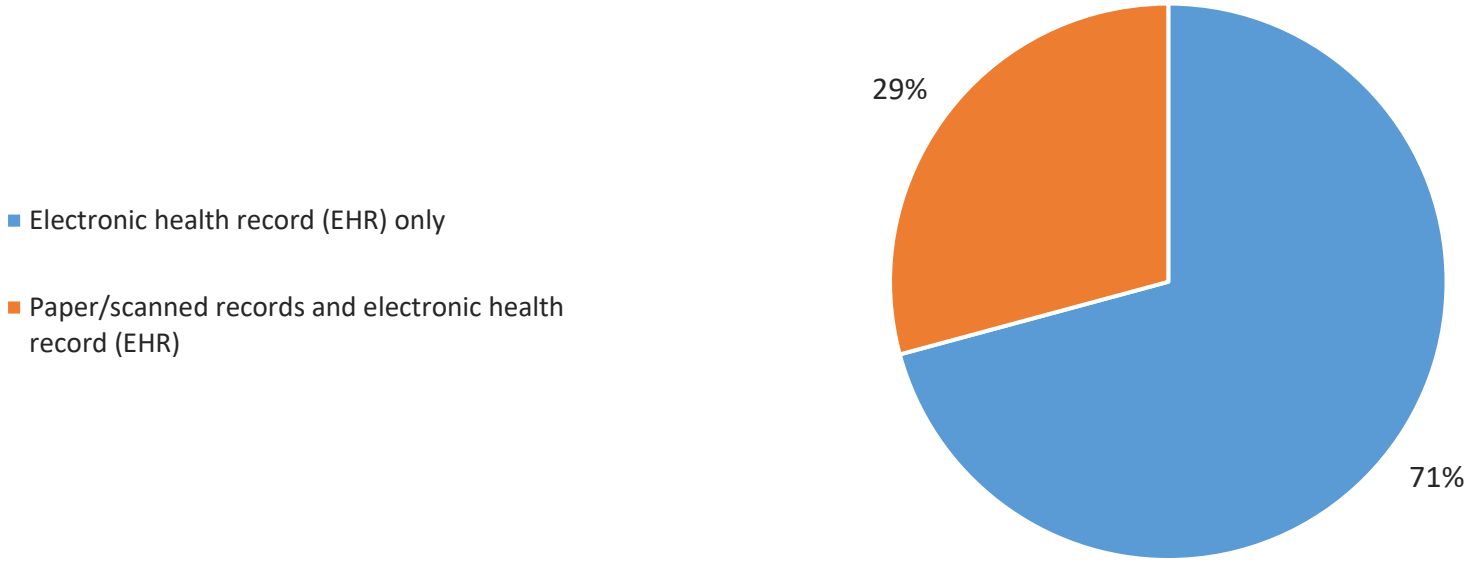
N = 224

What Is Your Timing of Abstraction for a Case?



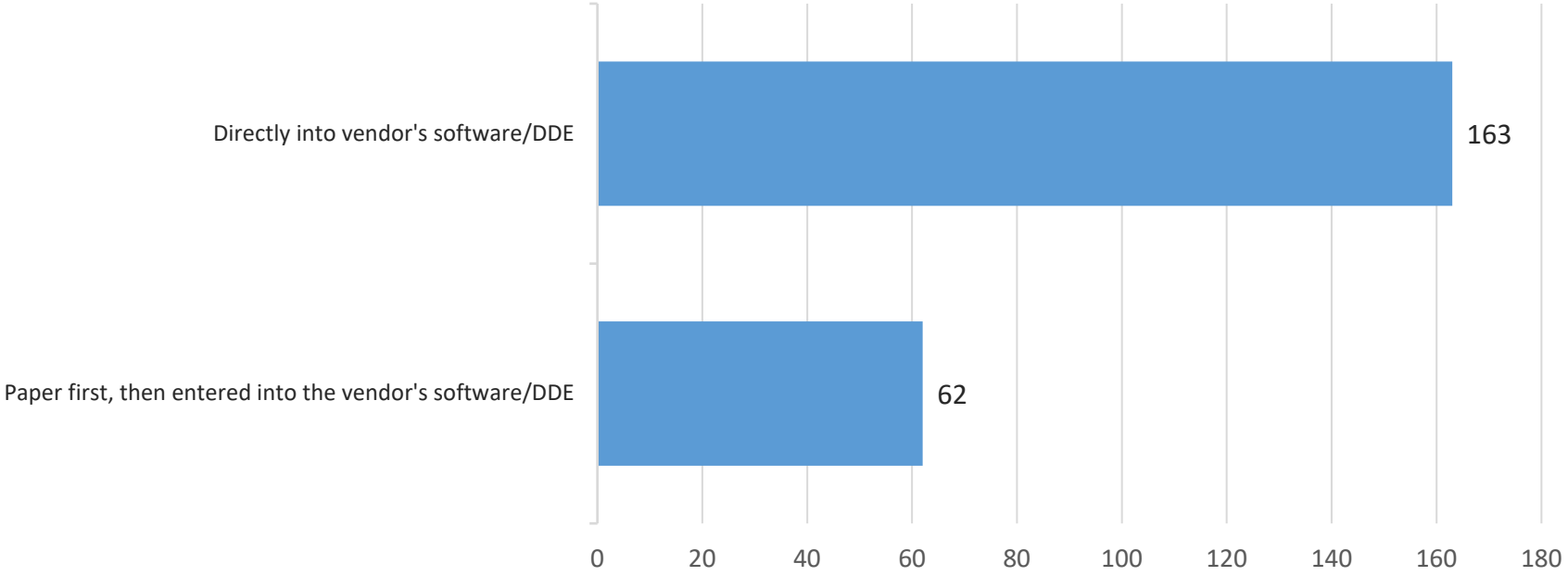
N = 226

What Source Do You Primarily Abstract From?



N = 226

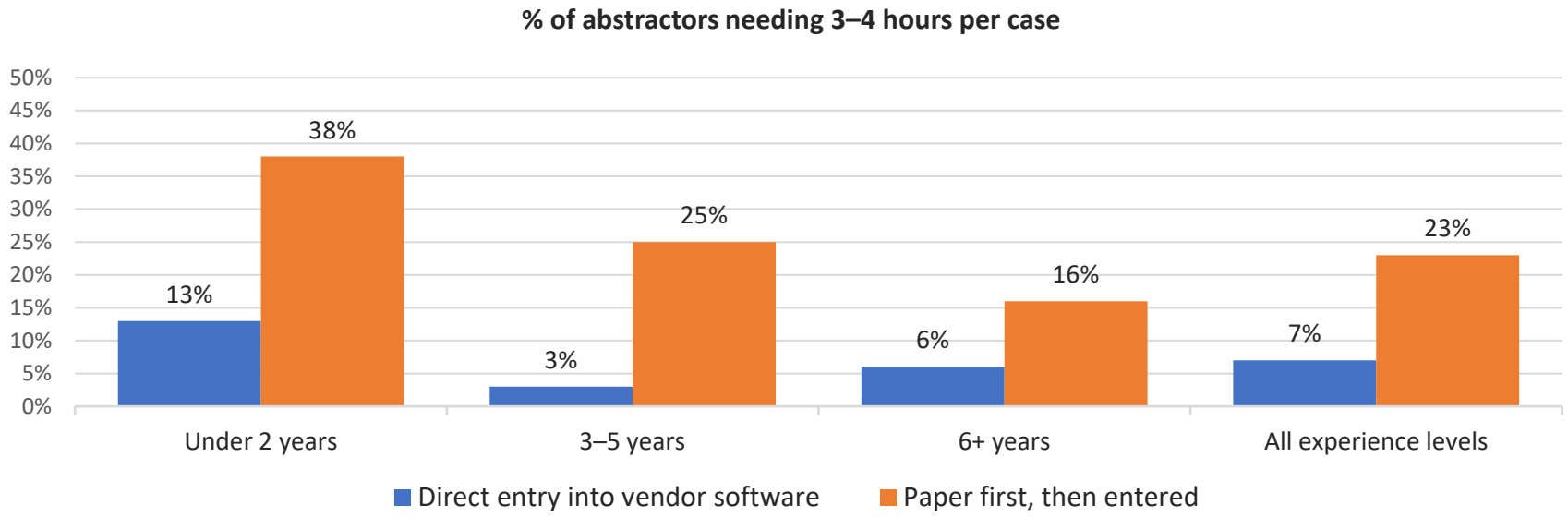
How Do You Enter Abstracted Data?



N = 225

Time per Case by Entry Method and Experience

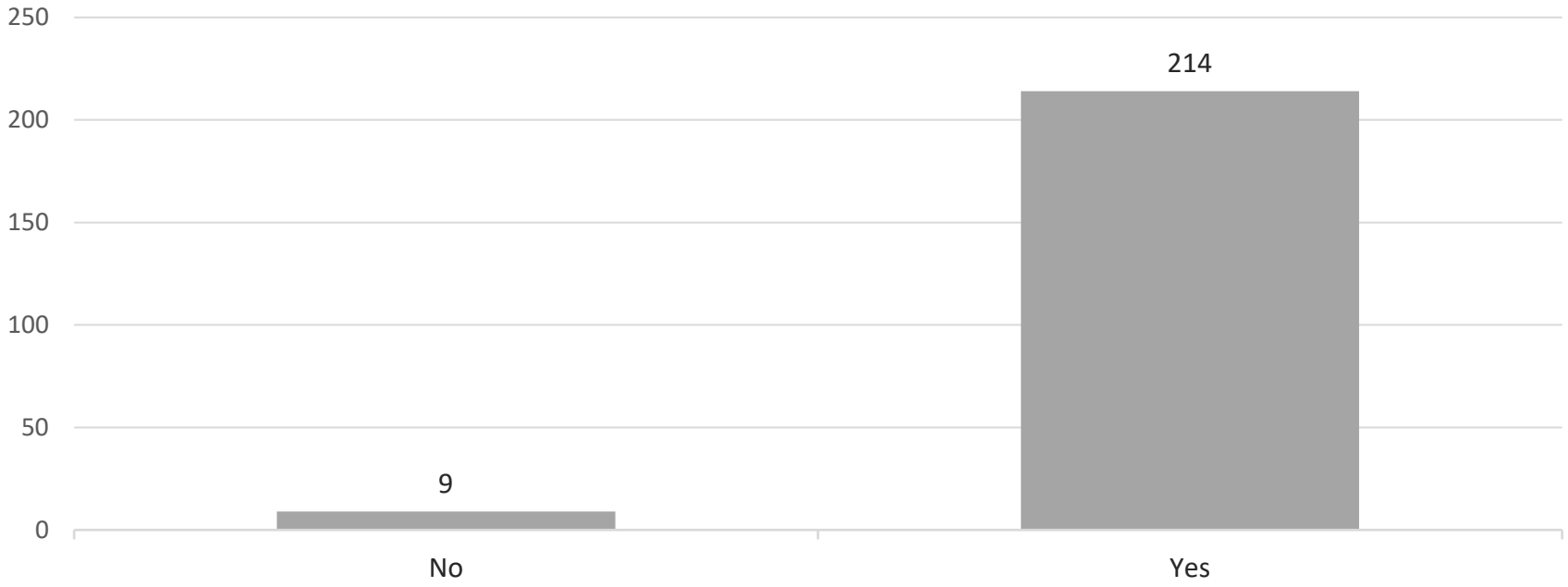
INSIGHT **Paper-first entry takes longer at every experience level; new paper-first abstractors take longest**



Paper first n=13/12/31, direct n=30/29/87 by experience group. Paper-first use is similar at all levels (26–30%). Association, not cause and effect

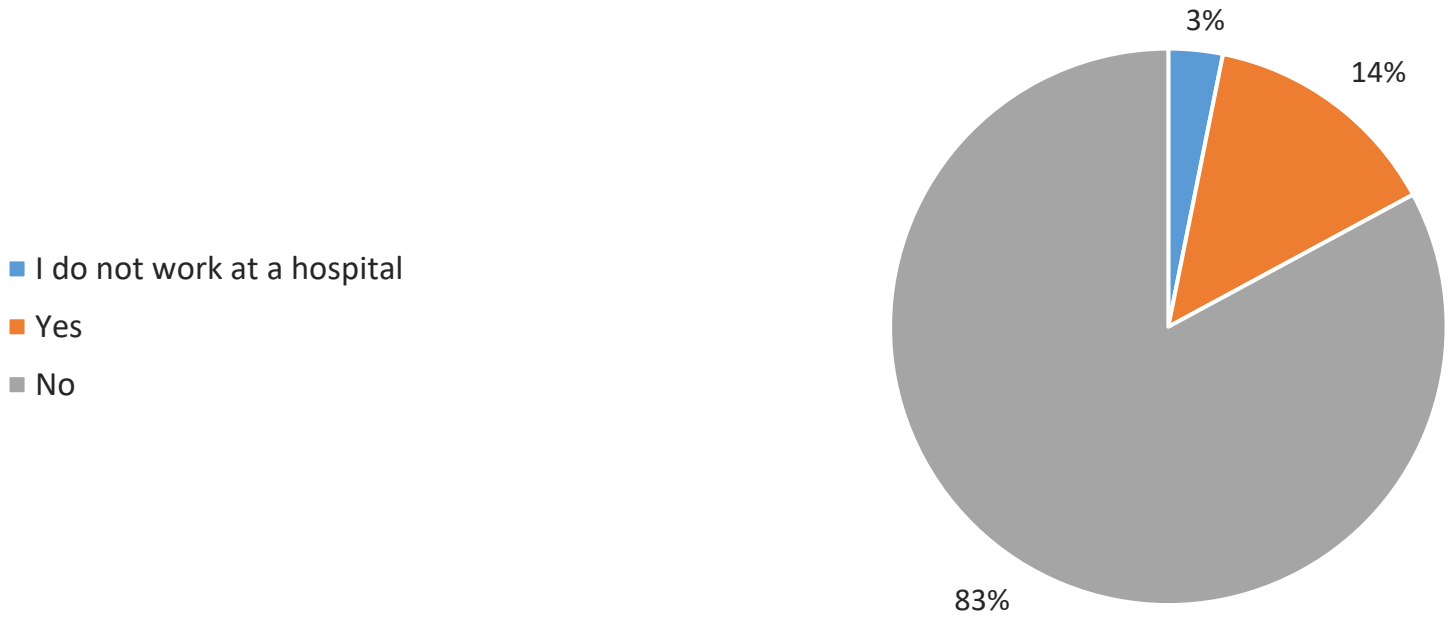
N = 202

Do You Track Patients Post-Procedure / Post-Discharge?



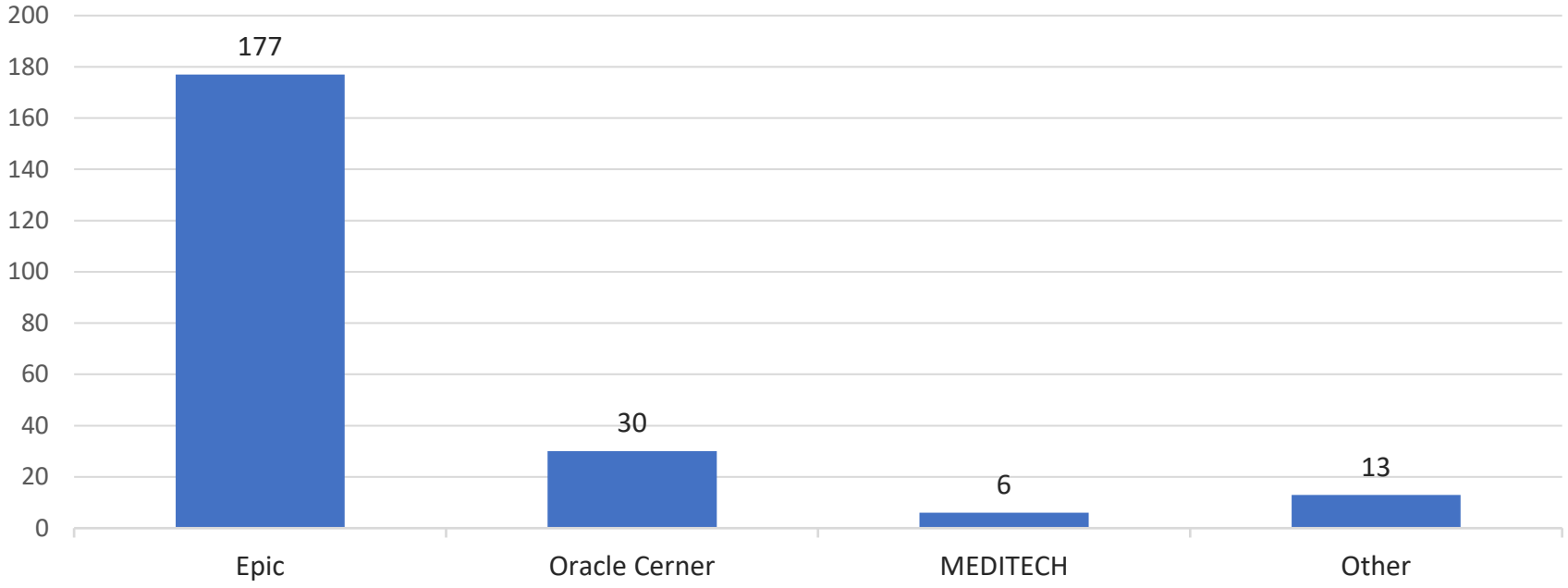
N = 223

Do You Utilize a Third-Party Abstraction Company?



N = 222

Who Do You Use for Your Electronic Health Records?

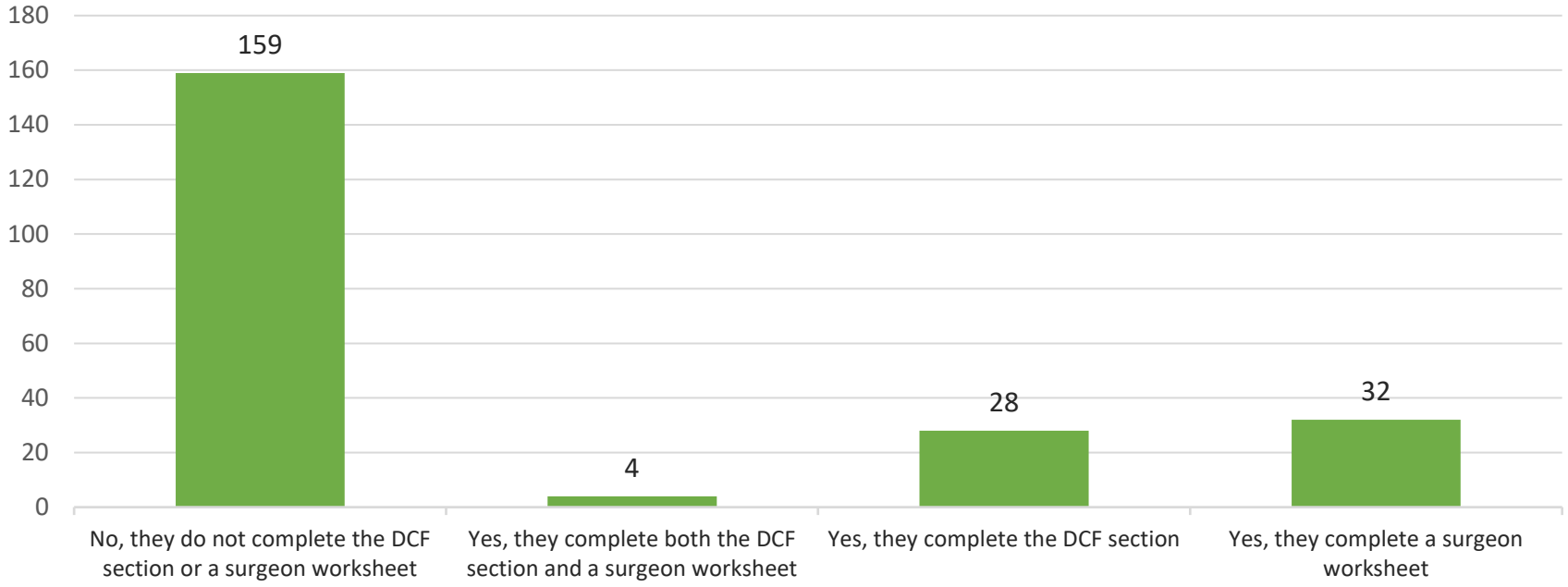


N = 226

Section 4

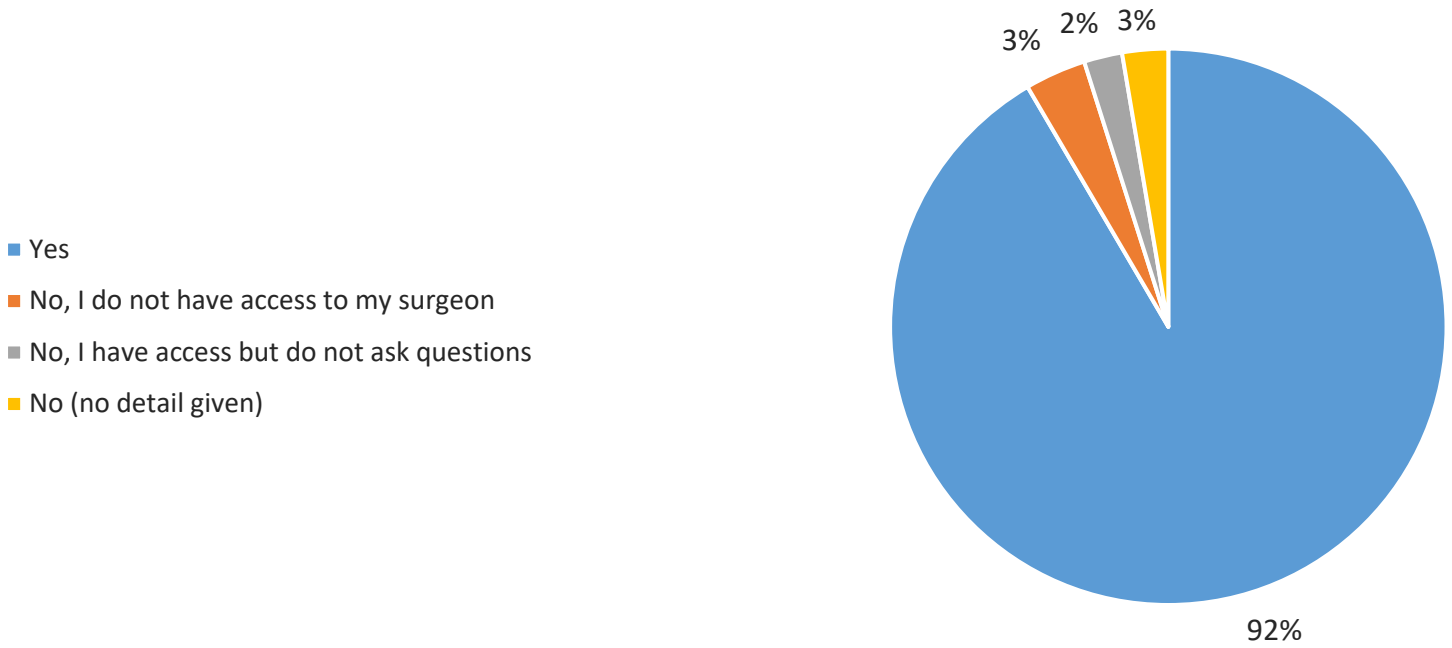
Surgeon Engagement

Does Your Surgeon Fill Out DCF Sections or a Surgeon Worksheet?



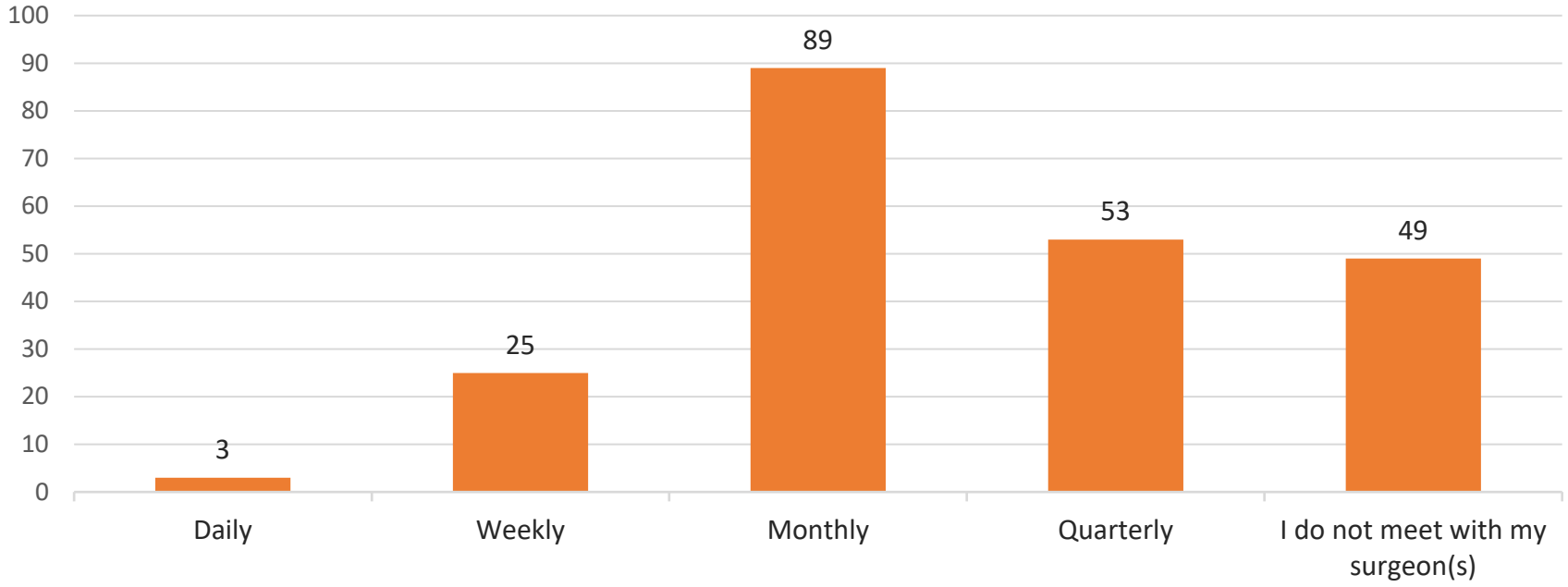
N = 223

Is Your Surgeon Available to Answer Questions?



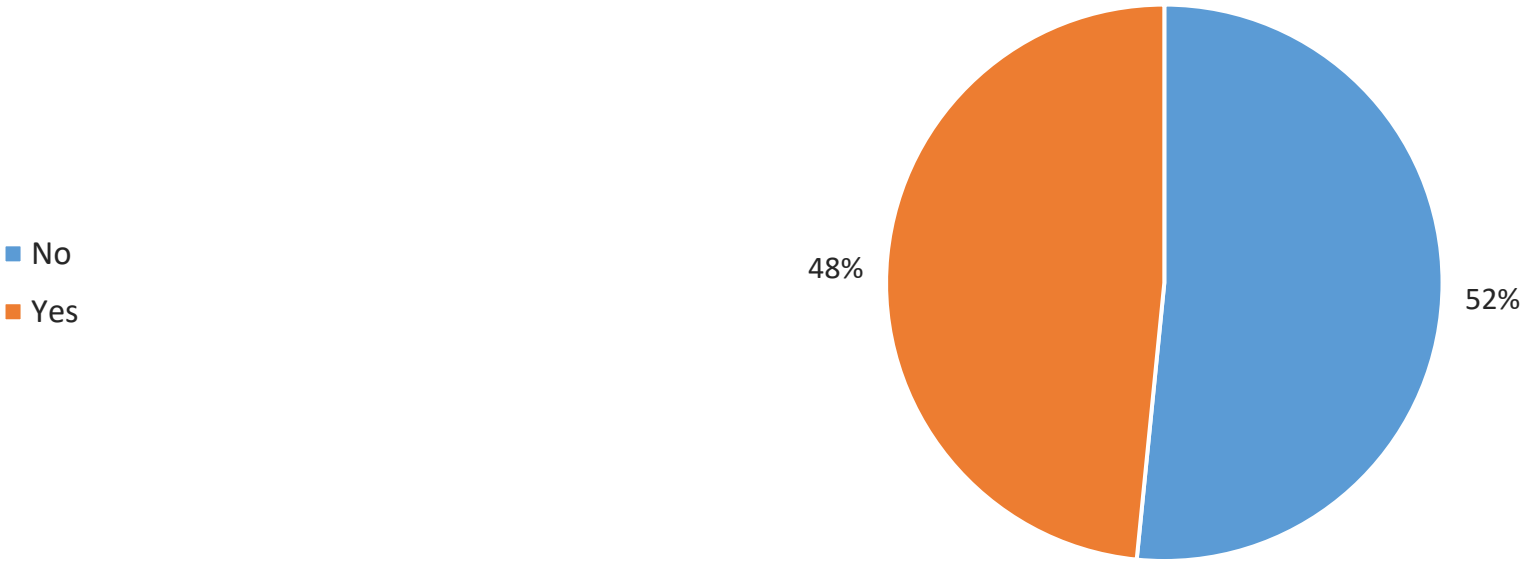
N = 225

How Often Do You Meet With Your Surgeon(s)?



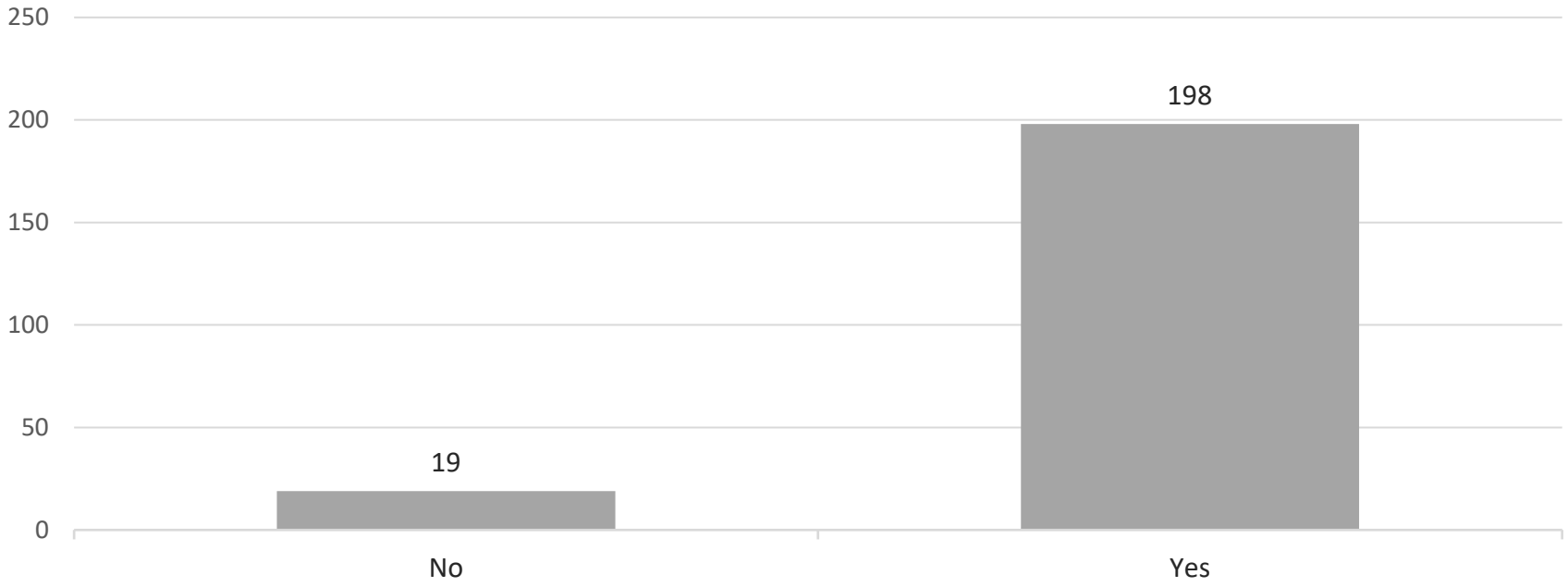
N = 219

Do You Review Data With Your Surgeon Before Harvest Close?



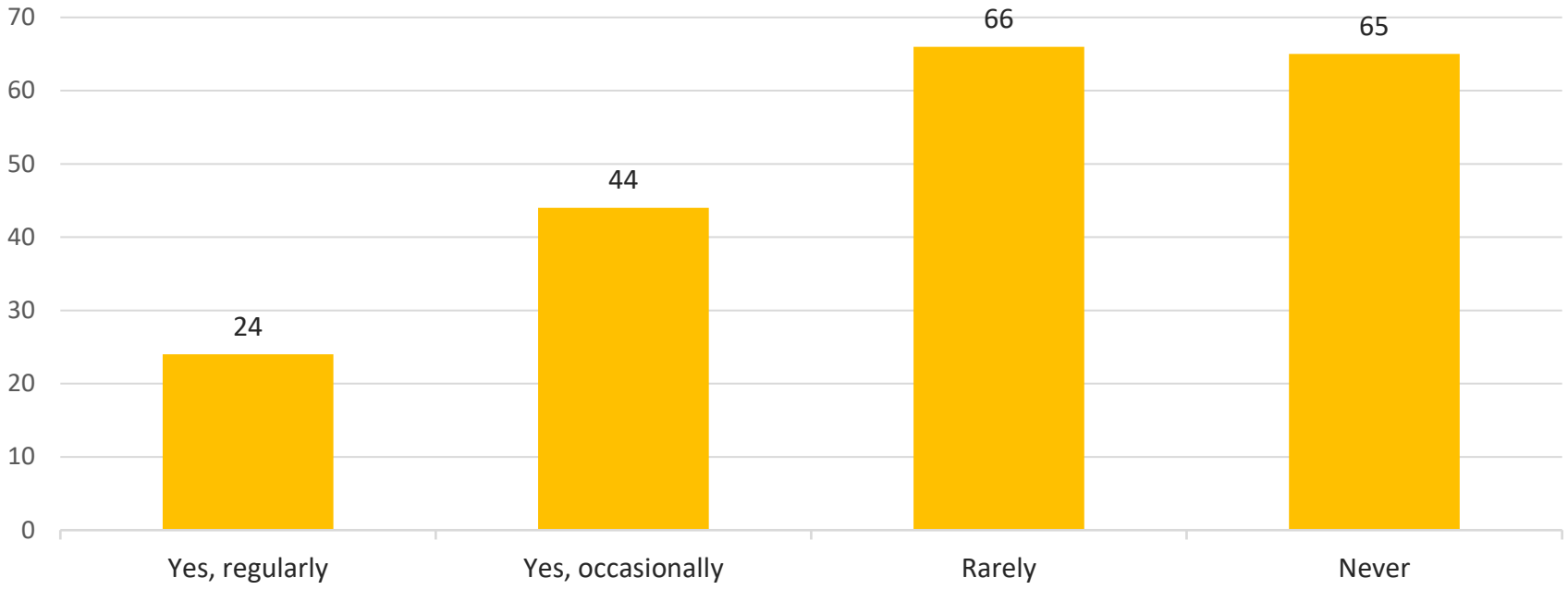
N = 221

Do Your Surgeons Review the STS Harvest Reports?



N = 217

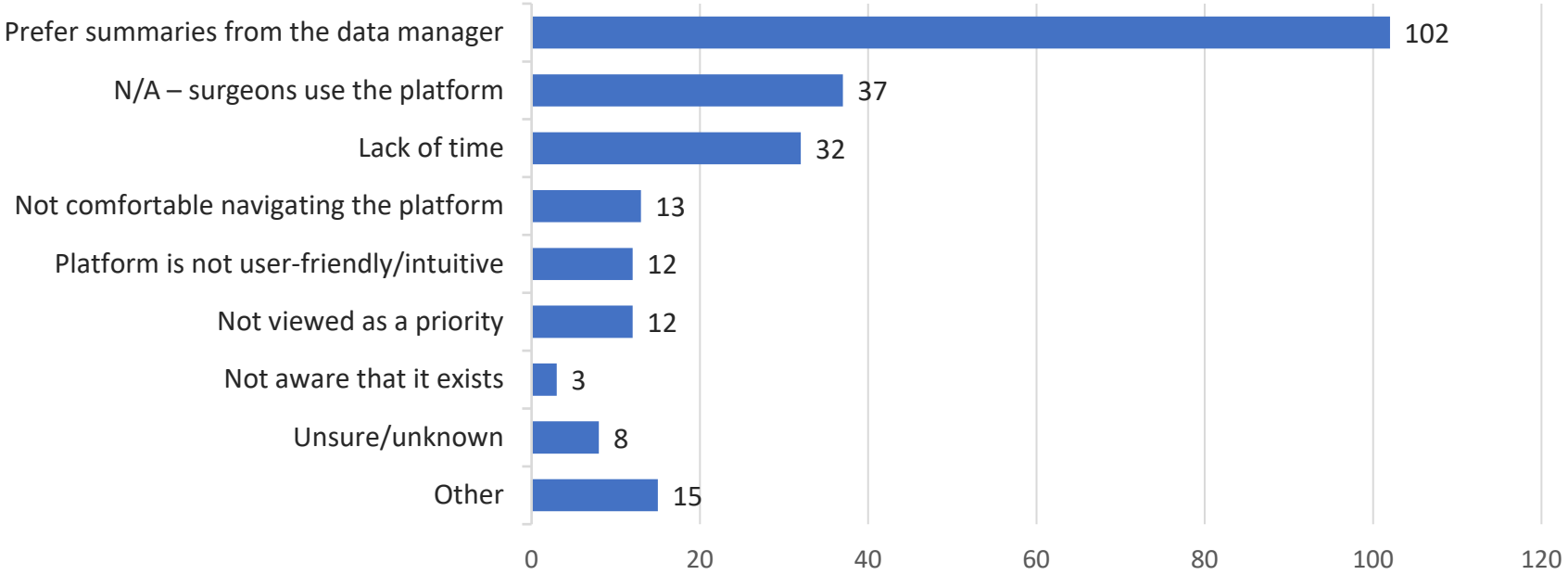
Do Your Surgeons Actively Use Their Platform Access?



Platform = IQVIA (ACSD, CHSD, GTSD) or Kirklin Solutions (Intermacs/PediMACS)

N = 199

If Surgeons Rarely or Never Use Platform Access, Why?



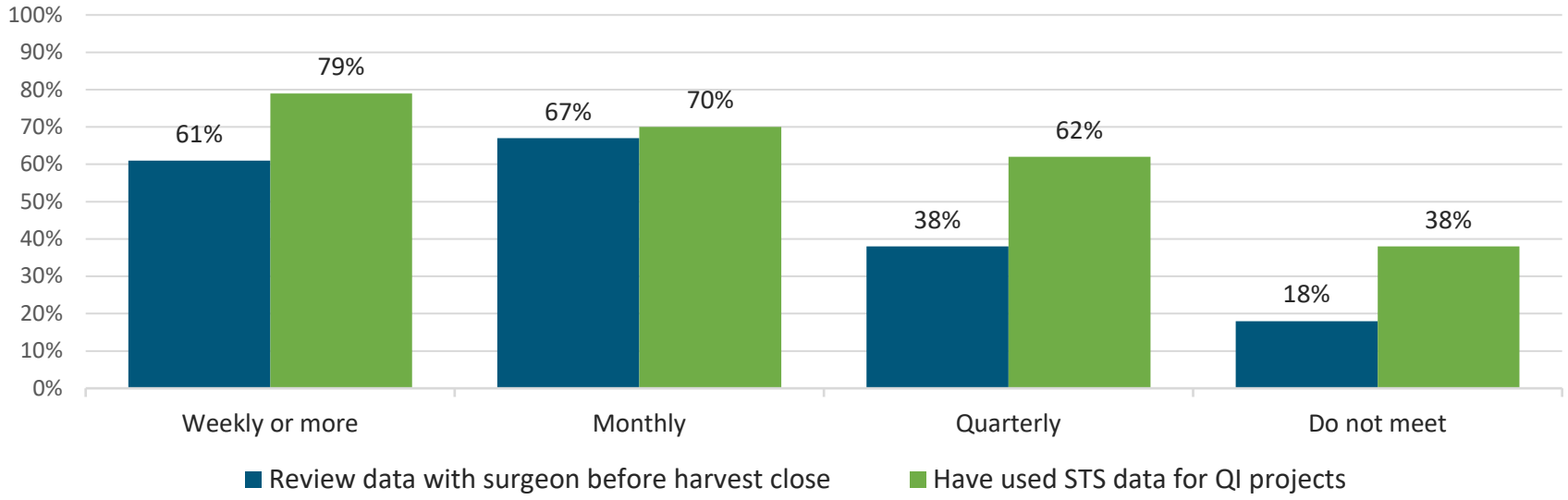
Select all that apply. Platform = IQVIA (ACSD, CHSD, GTSD) or Kirklin Solutions (Intermacs/PediMACS)

N = 184

Surgeon Meeting Frequency Makes a Difference

INSIGHT

Meeting surgeons at least monthly goes with more pre-harvest review and more QI use



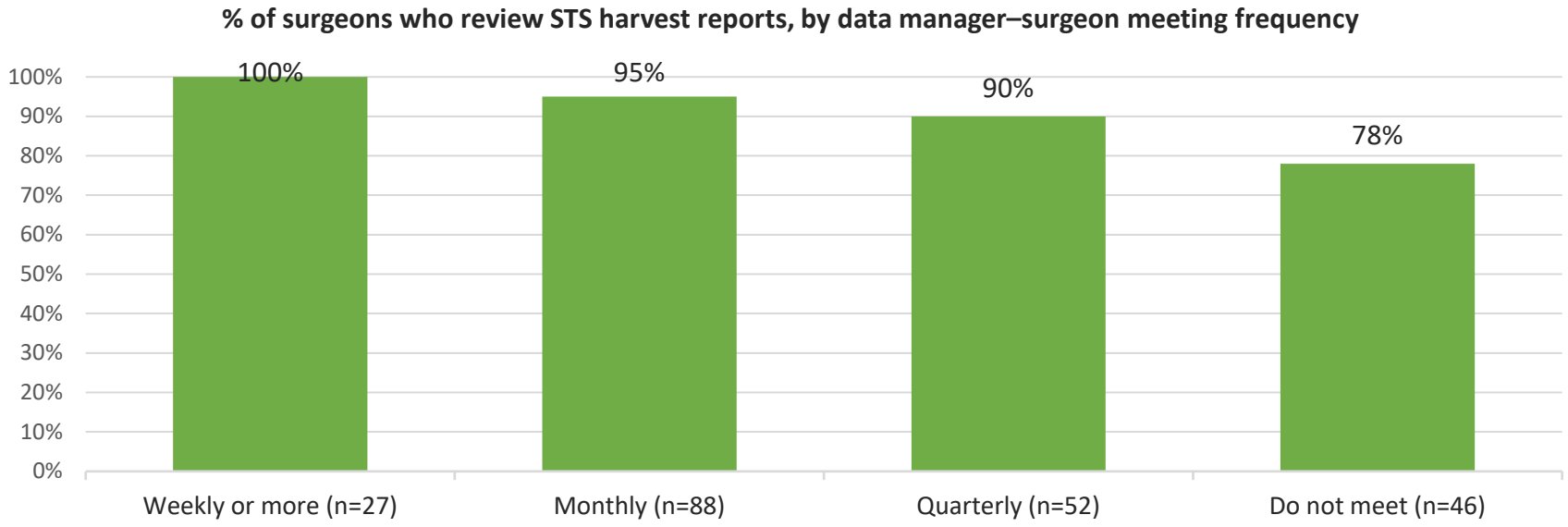
Weekly or more n=28; Monthly n=87; Quarterly n=53; Do not meet n=49. Association, not cause and effect

N = 217

Surgeon Meetings and Harvest Report Review

INSIGHT

Surgeons review harvest reports 90–100% of the time with regular meetings vs. 78% with none



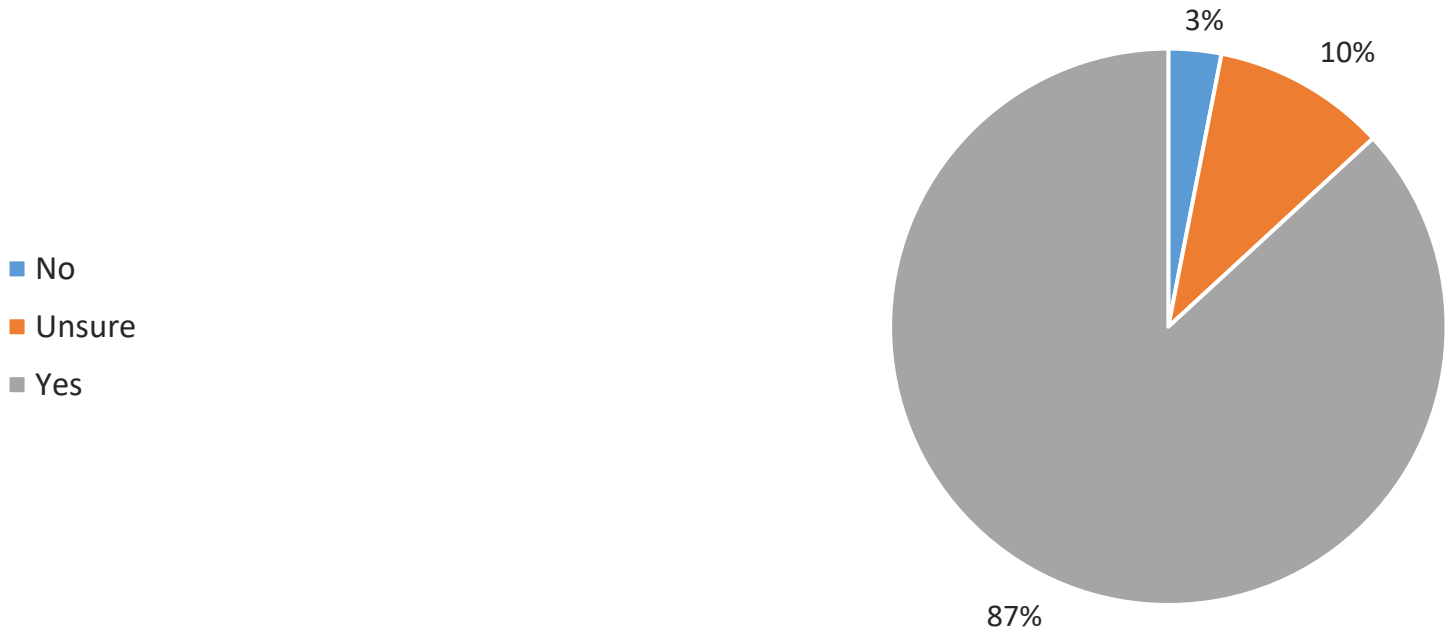
Chi-square p<0.01. Association, not cause and effect

N = 213

Section 5

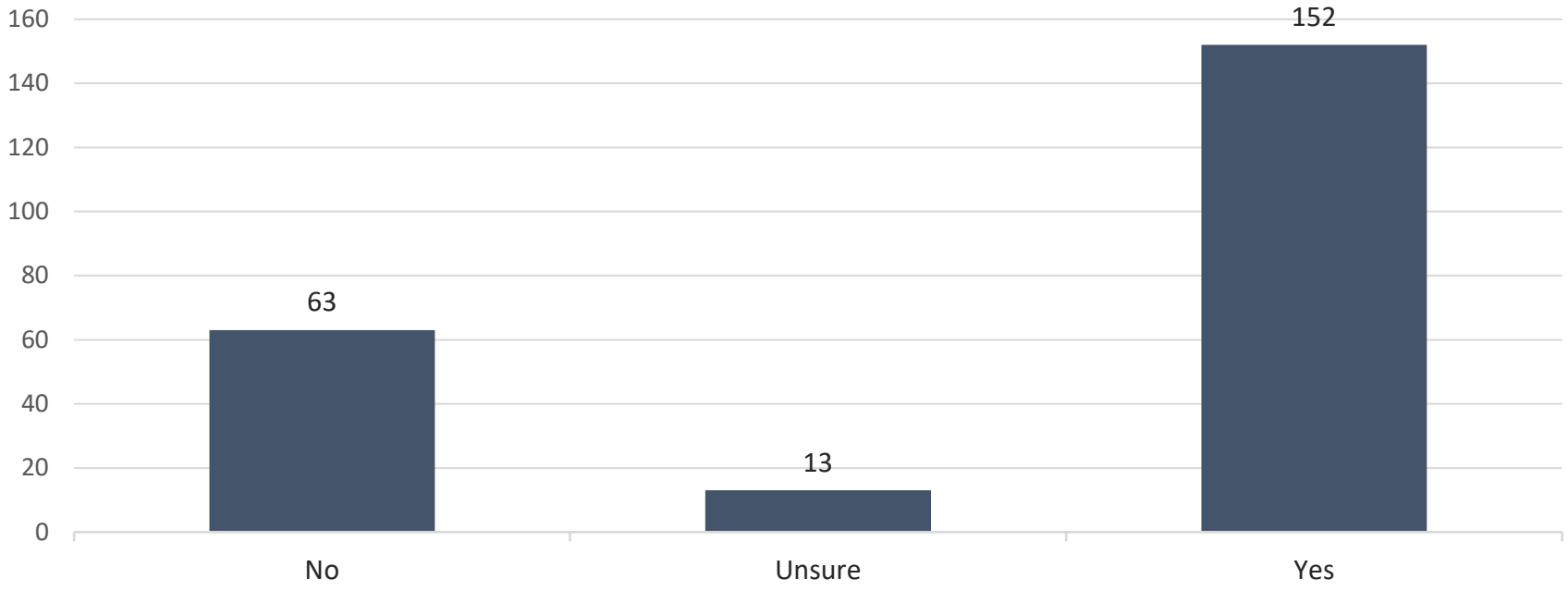
Data Quality & QI

Has Your Site Ever Been Audited by STS?



N = 228

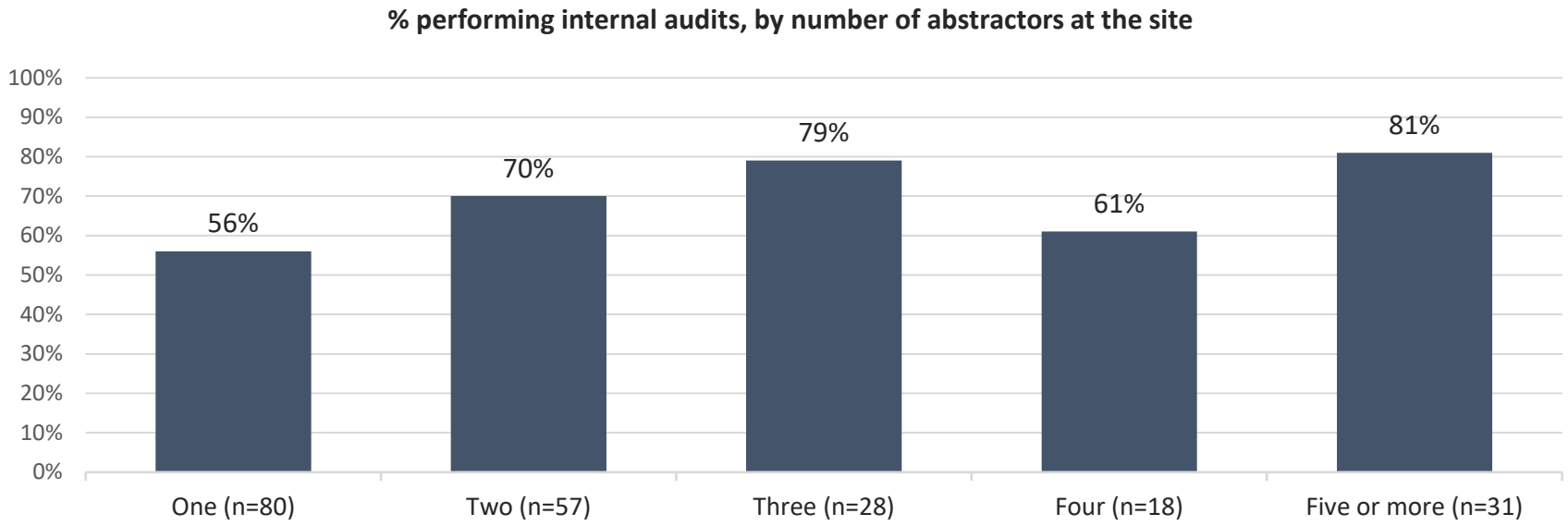
Do You Perform Internal Audits on Your STS Data?



N = 228

Single-Abstractor Sites Audit Less

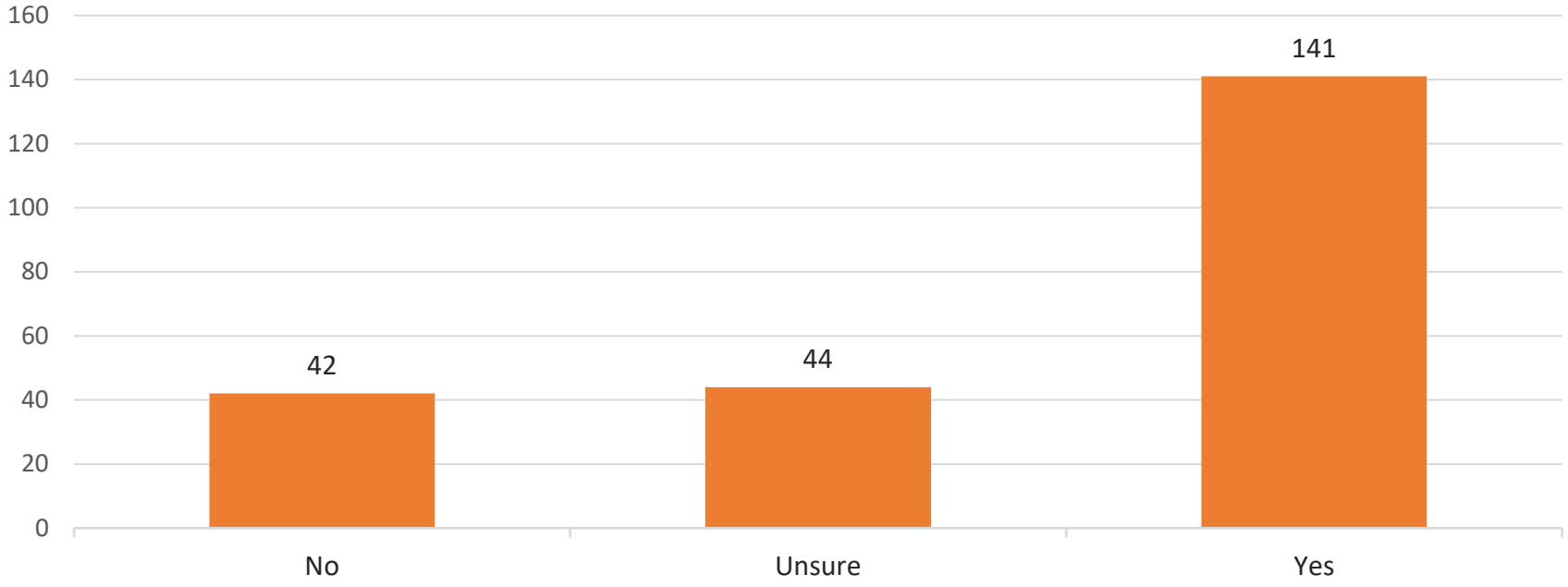
INSIGHT **56% of one-person programs perform internal audits vs. 61–81% with two or more**



Chi-square p=0.06 (borderline). Association, not cause and effect

N = 214

Have You Utilized Your STS Data for QI Projects?

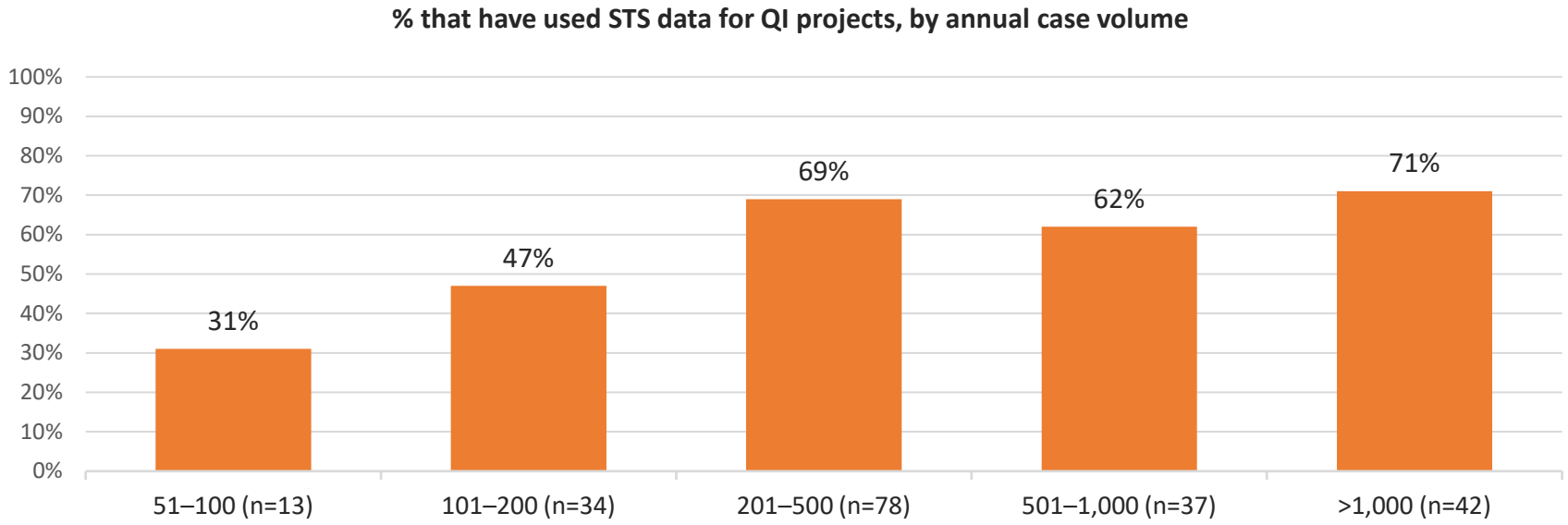


N = 227

Smaller Programs Use STS Data Less for QI

INSIGHT

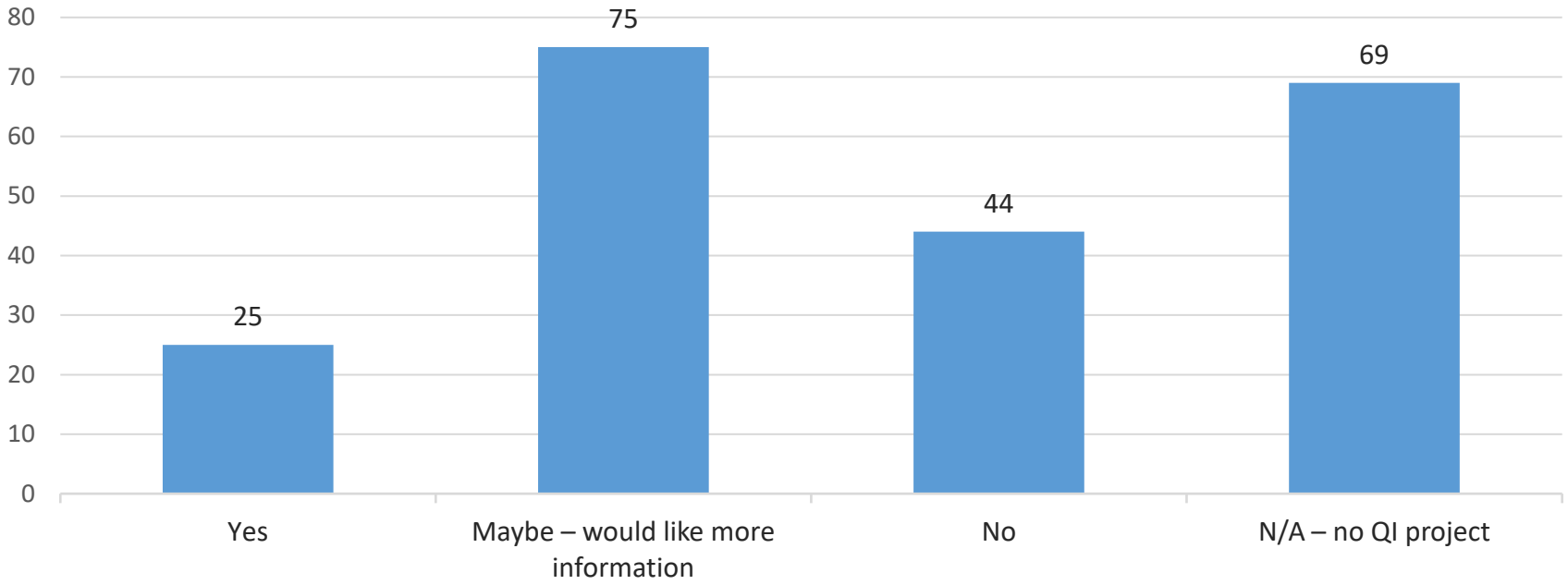
Programs under 200 cases a year are less likely to have used STS data for QI (31–47% vs. 62–71%)



Chi-square p=0.02; 0–50 group (n=4) excluded. Association, not cause and effect

N = 204

Would You Share Your QI Projects With STS and Data Managers?

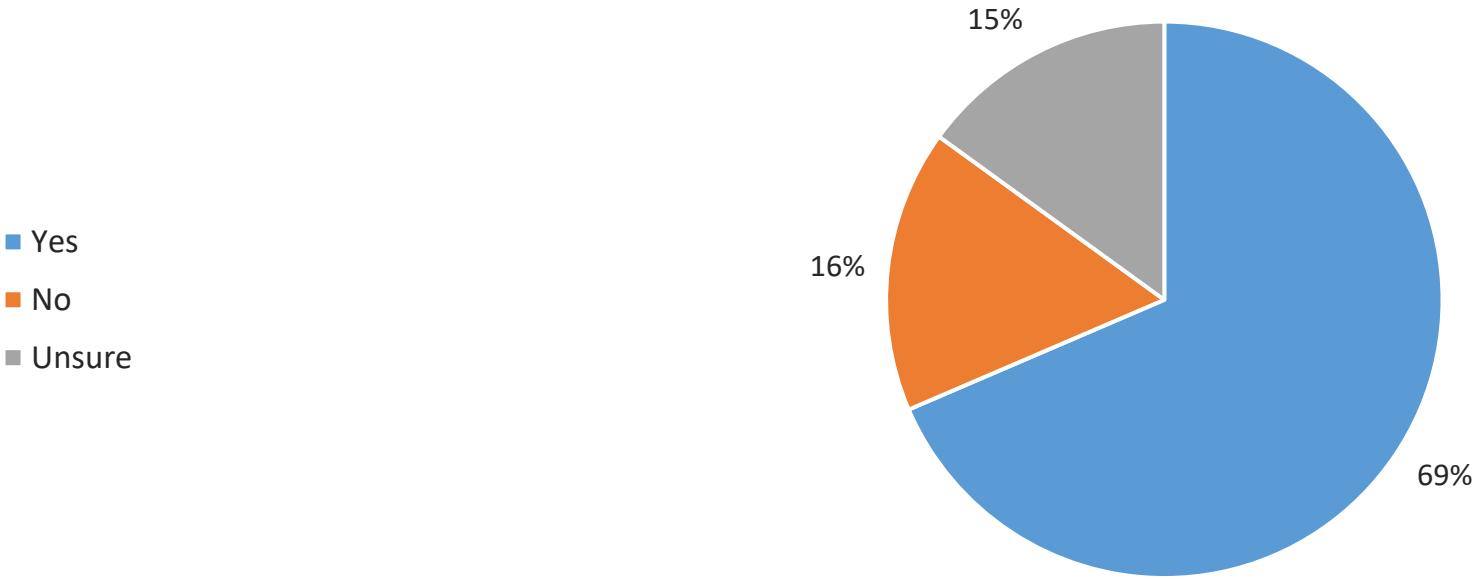


N = 213

Section 6

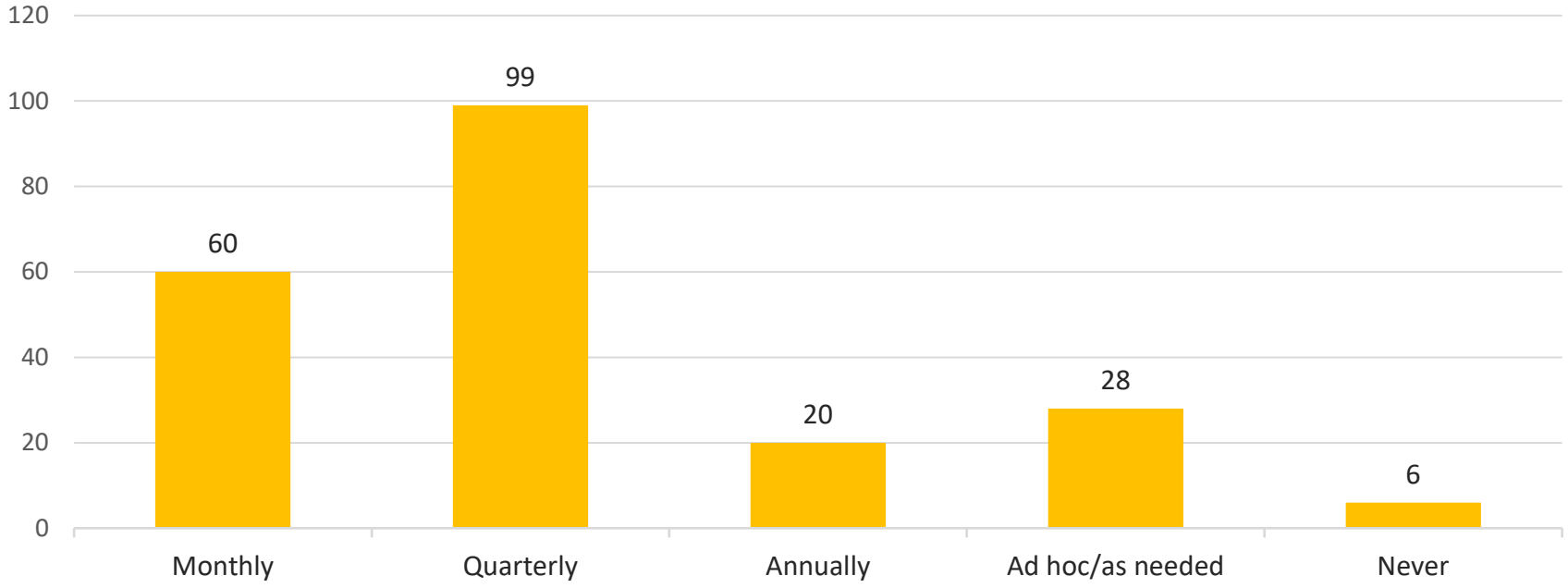
Leadership & Hospital Use of STS Data

Does a Multidisciplinary Committee Review STS Data?



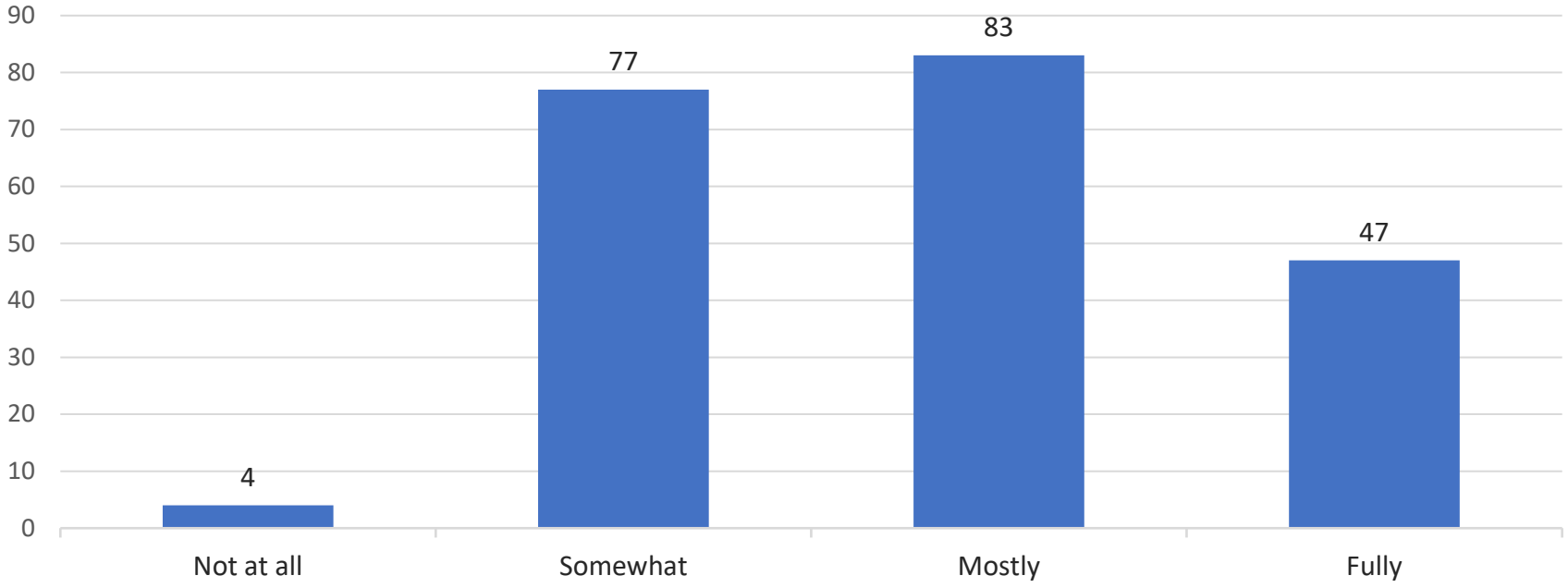
N = 213

How Often Is STS Data Presented to Leadership?



N = 213

How Well Does Leadership Understand the Value of STS Data?

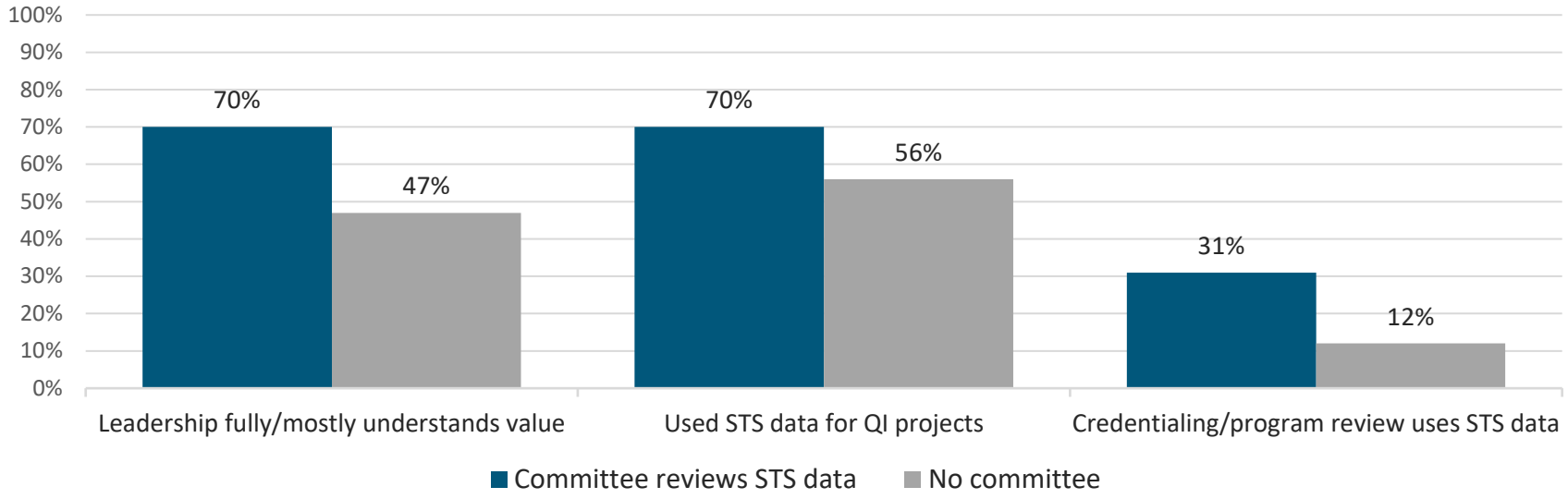


N = 211

Impact of a Multidisciplinary Committee

INSIGHT

A committee goes with stronger leadership understanding and wider use of STS data



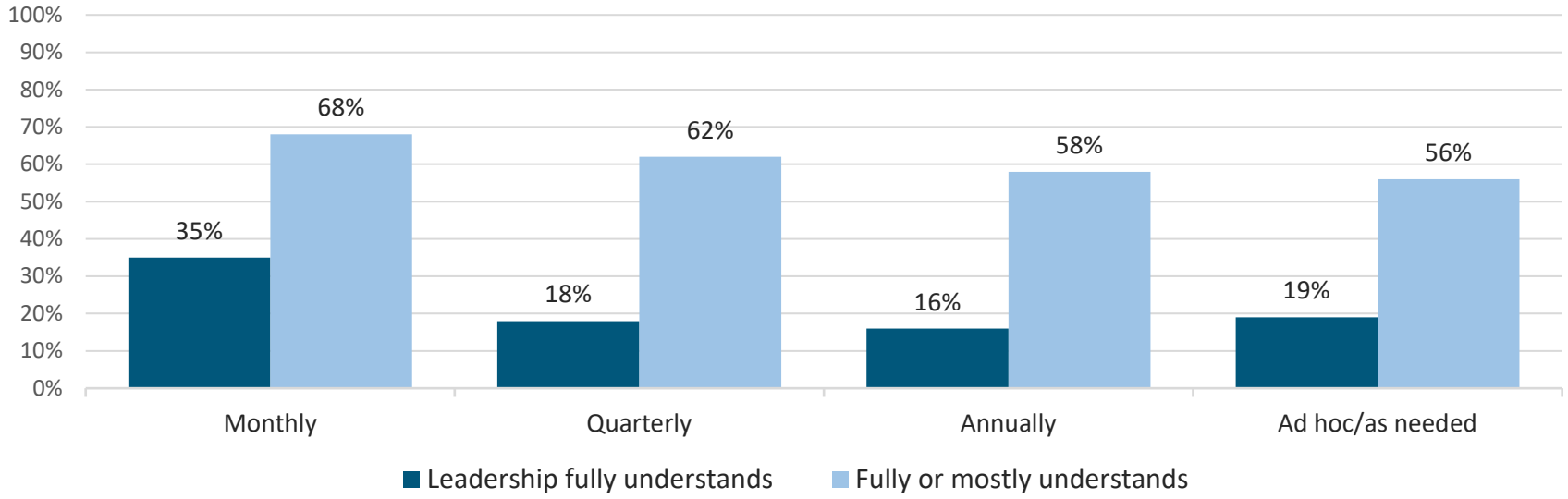
Committee n=146; none n=35; "Unsure" excluded. Association, not cause and effect

N = 181

How Often Leadership Sees the Data

INSIGHT

Monthly review goes with the most leadership understanding (35% fully vs. 16–19%)



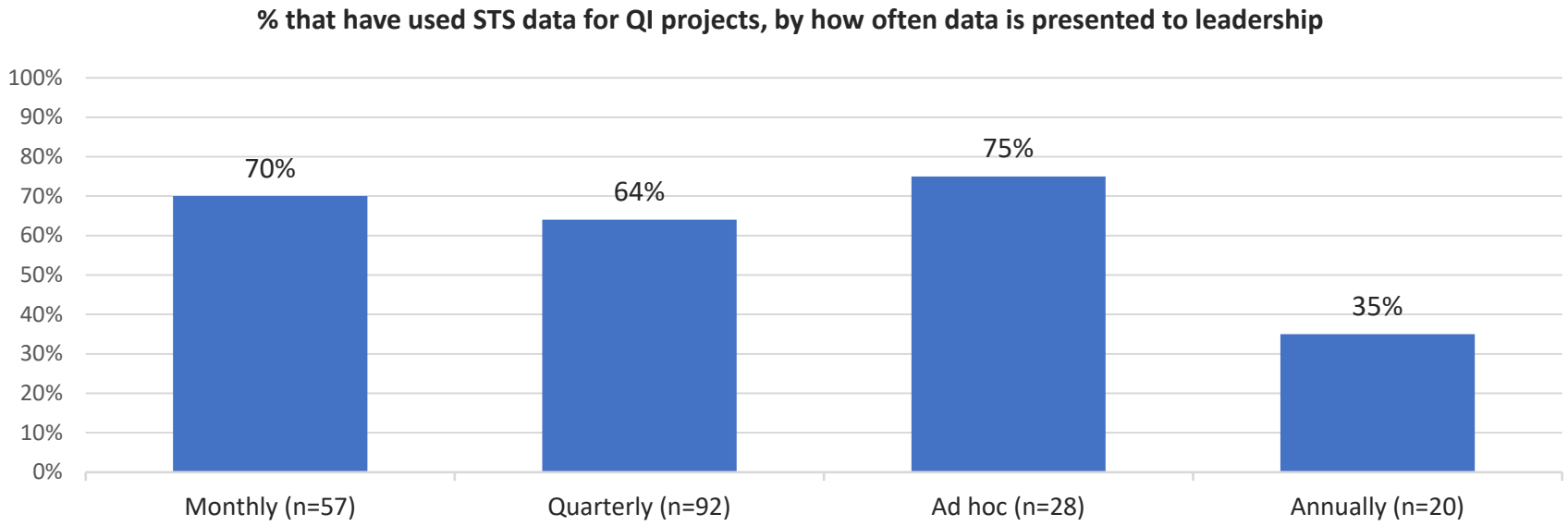
Monthly n=60; Quarterly n=96; Annually n=19; Ad hoc/as needed n=27; Never (n=6) excluded. Association, not cause and effect

N = 202

Annual-Only Leadership Review Goes With Little QI Use

INSIGHT

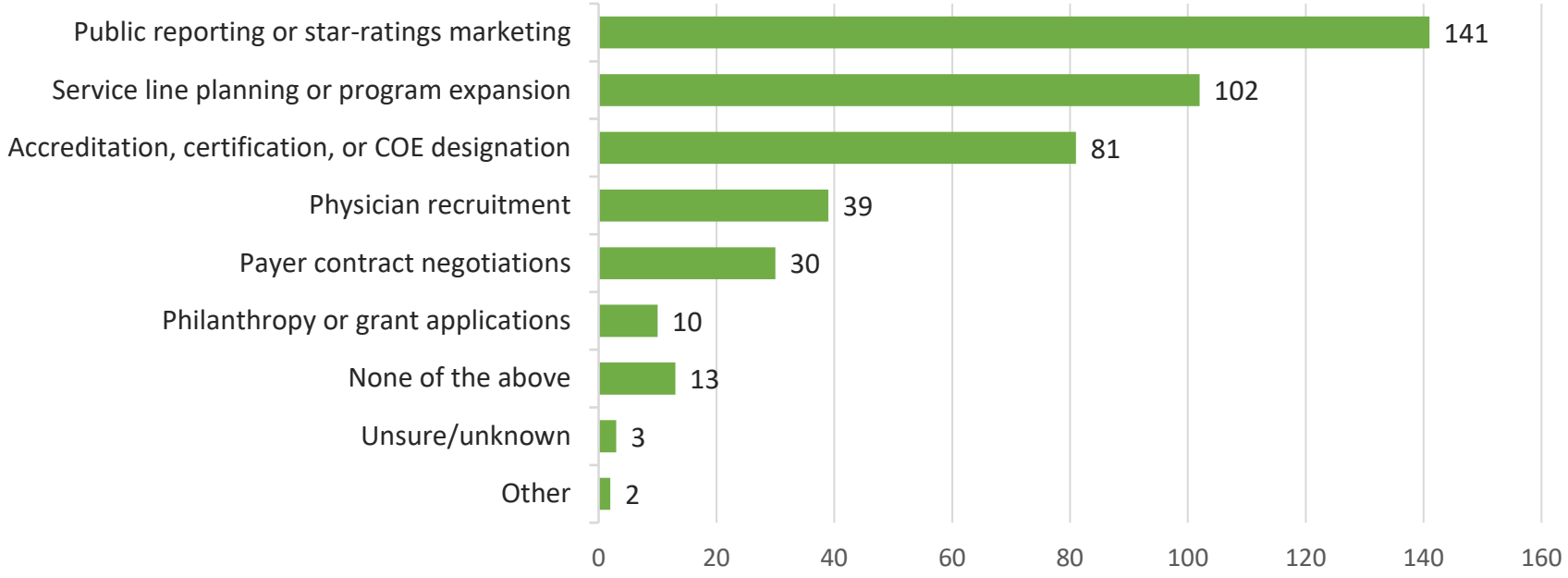
Where leadership sees STS data only once a year, 35% have used it for QI vs. 64–75%



Chi-square p=0.02; Never (n=6) excluded; annual group is small. Association, not cause and effect

N = 197

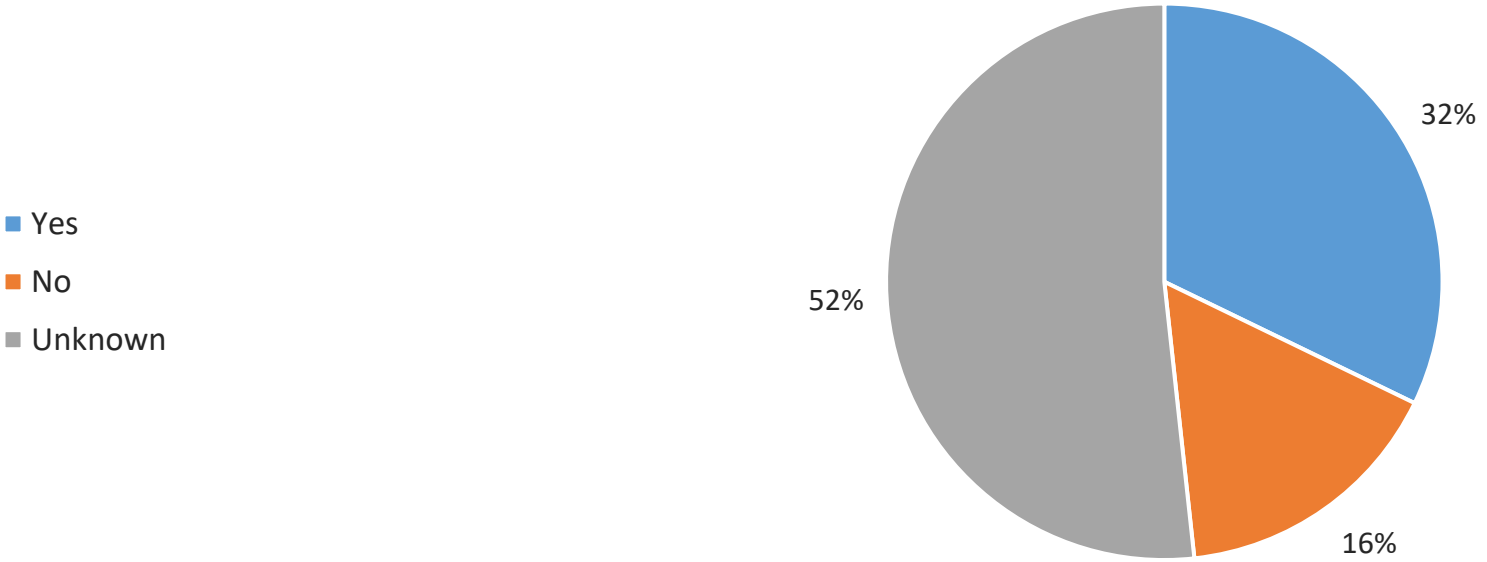
Has Your Hospital Used STS Data to Support…



Select all that apply

N = 193

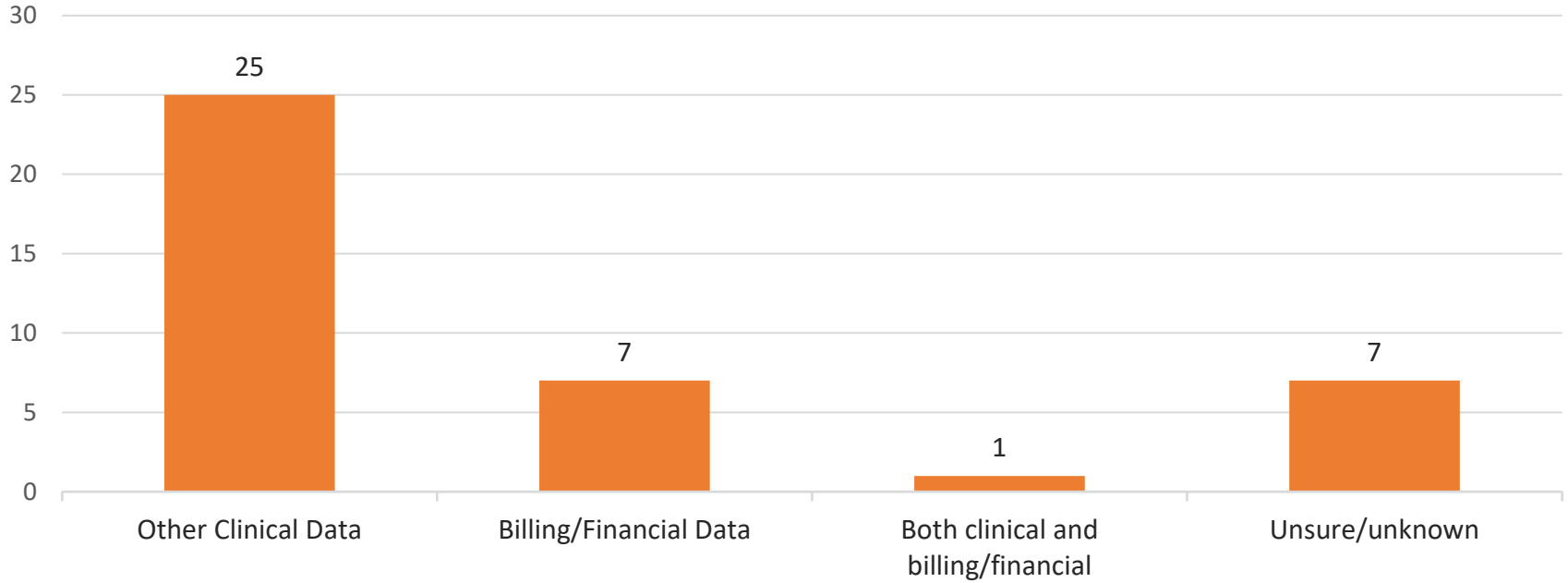
Do You Combine STS Data With Other Data Sources?



Asked in the online survey only

N = 87

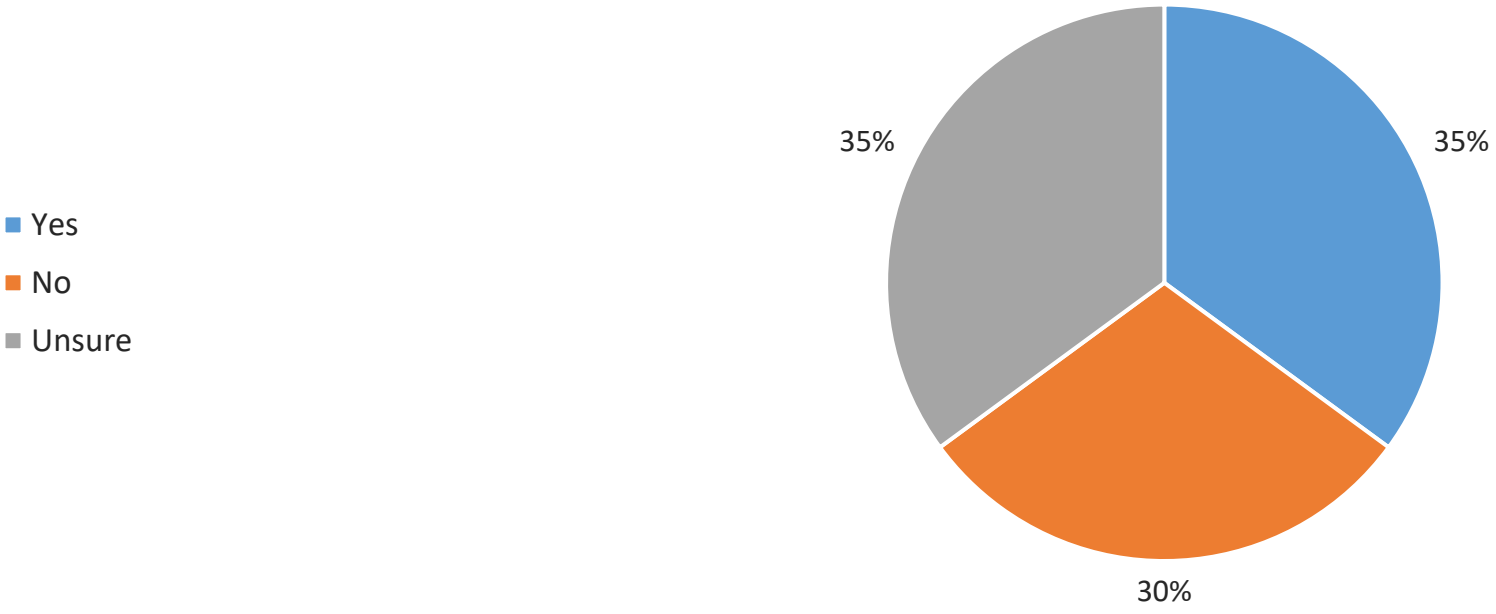
What Sources Are STS Data Combined With?



Asked in the online survey only

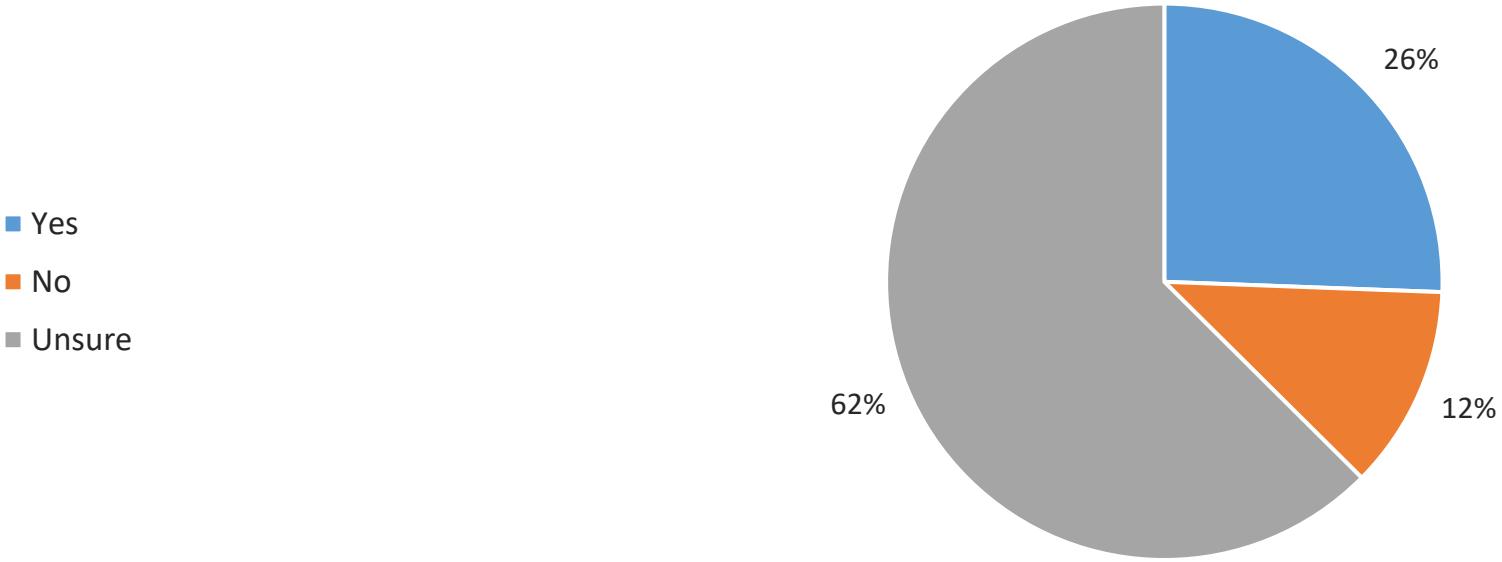
N = 40

Does Marketing Publicize STS Outcomes or Ratings?



N = 211

Does Credentialing or Program Review Use STS Data?

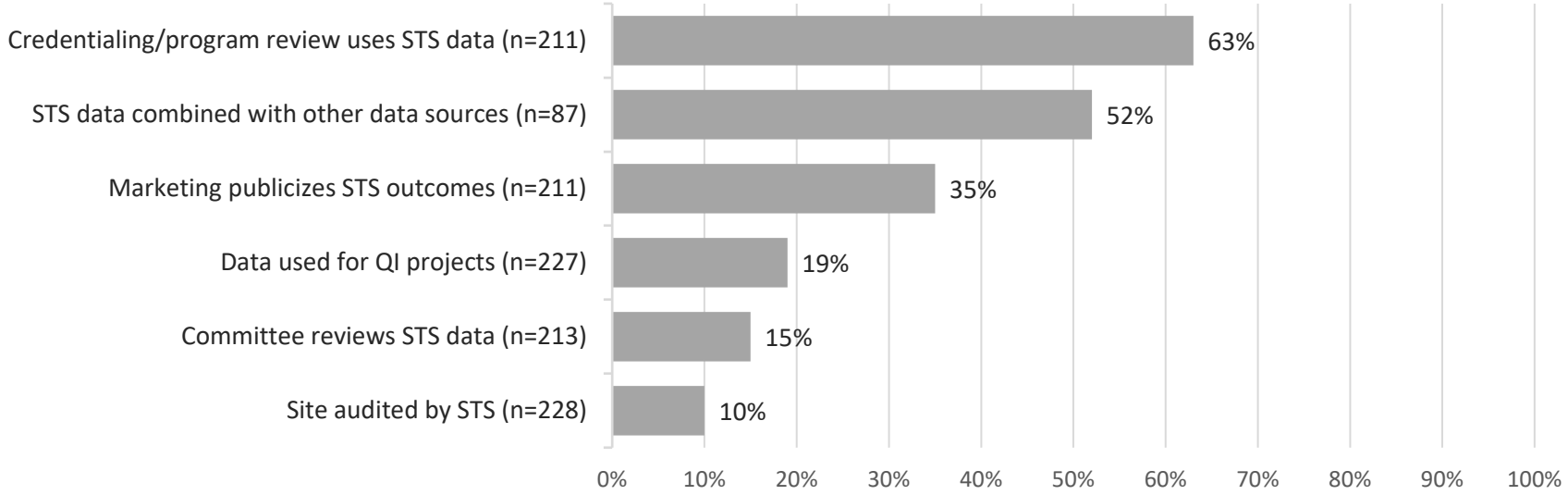


N = 211

Data Managers Have Limited Visibility Into How Data Is Used

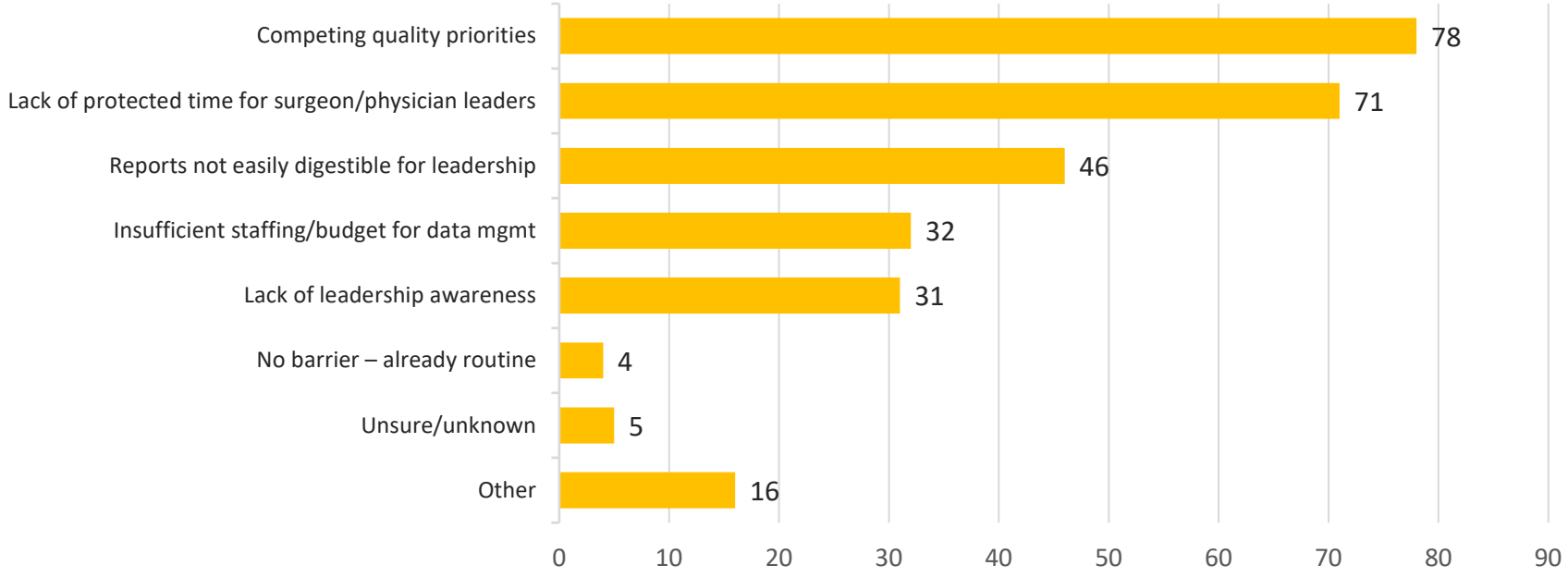
INSIGHT

Many data managers don't know how their hospital uses STS data after submission



Share answering Unsure/Unknown; each bar has its own denominator. Association, not cause and effect

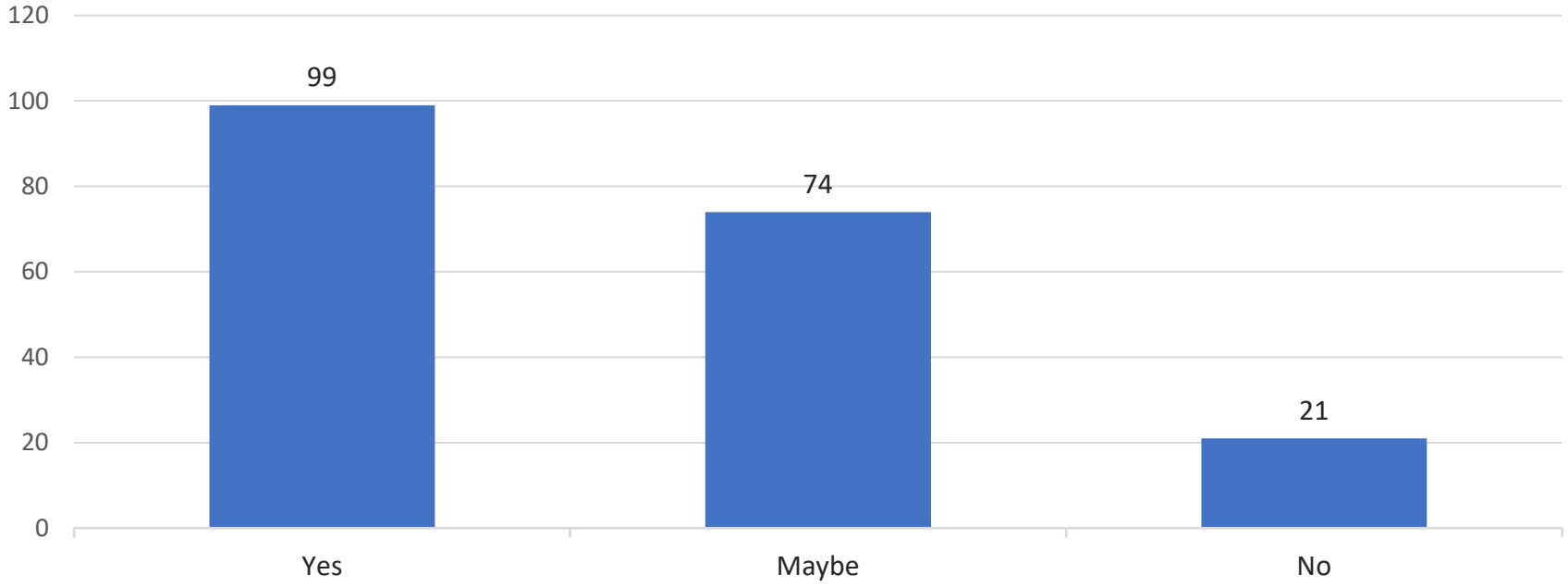
Barriers to Making STS Data Routine in Quality Discussions



Select all that apply

N = 163

Want STS Tools to Show Leadership the Value of STS Data?

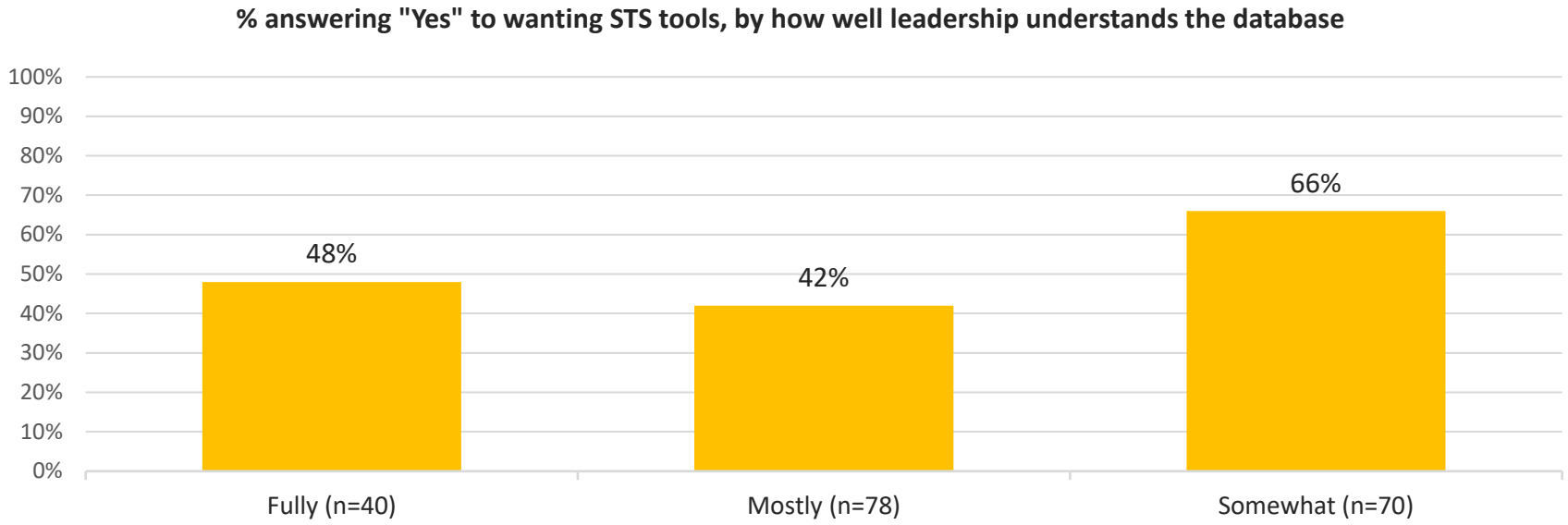


N = 194

Tool Demand Is Highest Where Understanding Is Weakest

INSIGHT

66% want STS tools where leadership only "somewhat" understands the database vs. 42–48%



Chi-square p=0.01; Not at all (n=4) excluded. Association, not cause and effect

N = 188

Section 7

STS Resources & Communication

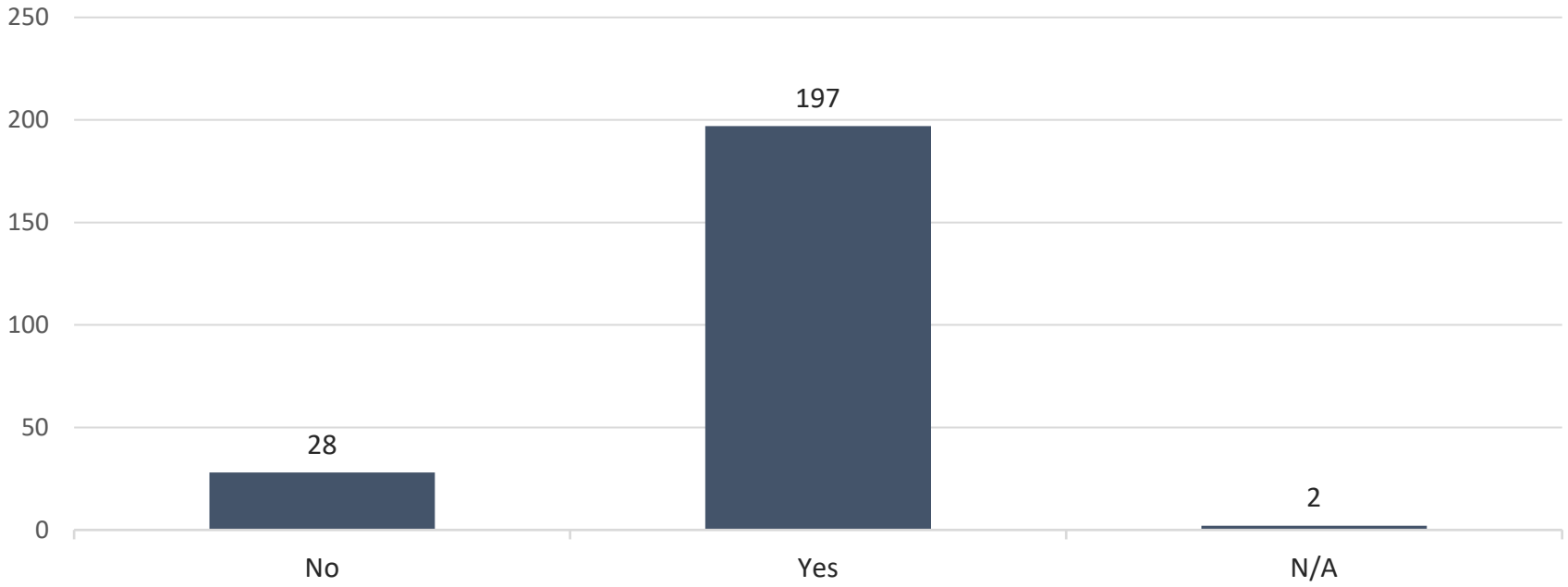
Are You Familiar With the Platform Resource Library?



Platform = IQVIA (ACSD, CHSD, GTSD) or Kirklin Solutions (Intermacs/PediMACS)

N = 227

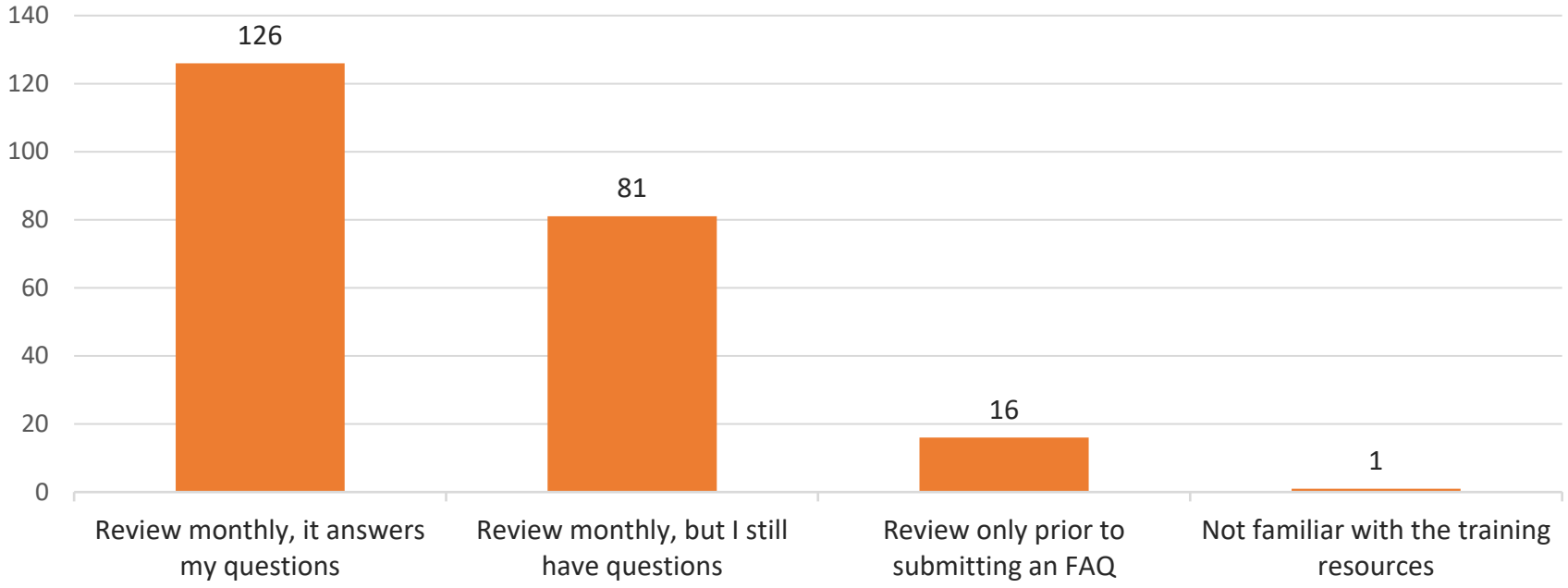
Do You Review Notifications on Your Platform?



Platform = IQVIA (ACSD, CHSD, GTSD) or Kirklin Solutions (Intermacs/PediMACS)

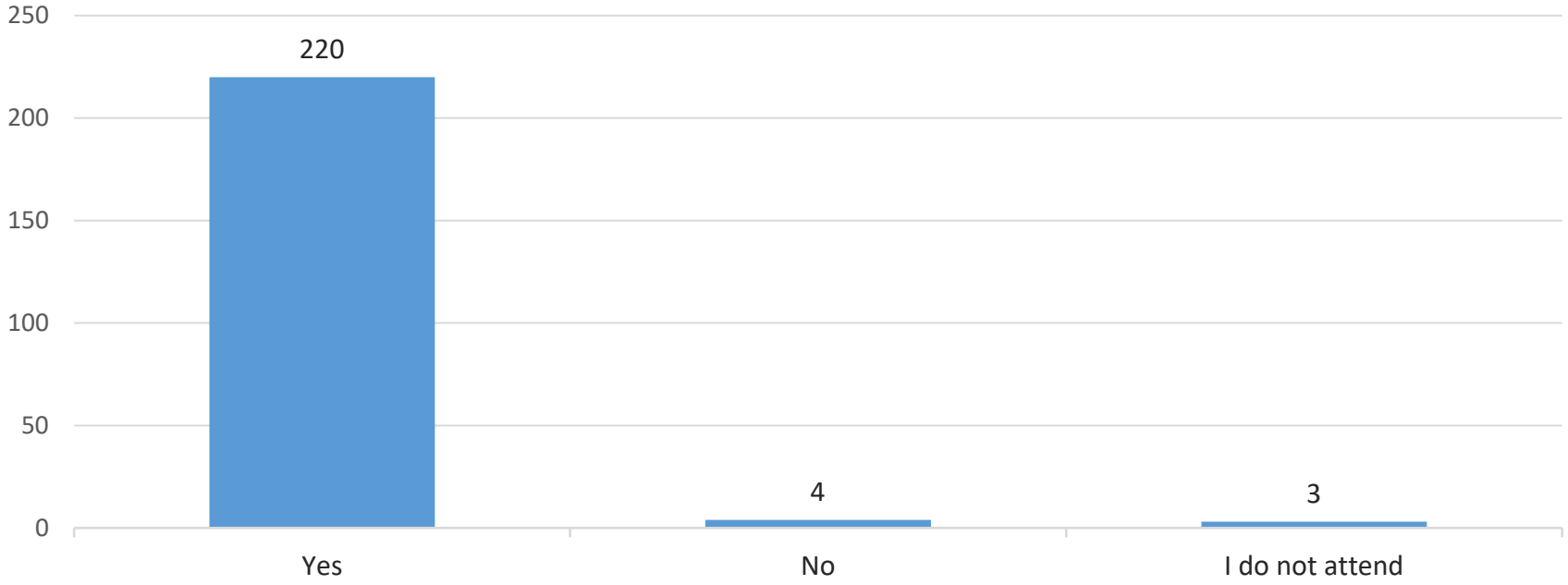
N = 227

How Often Do You Use the Training Manual or Resources?



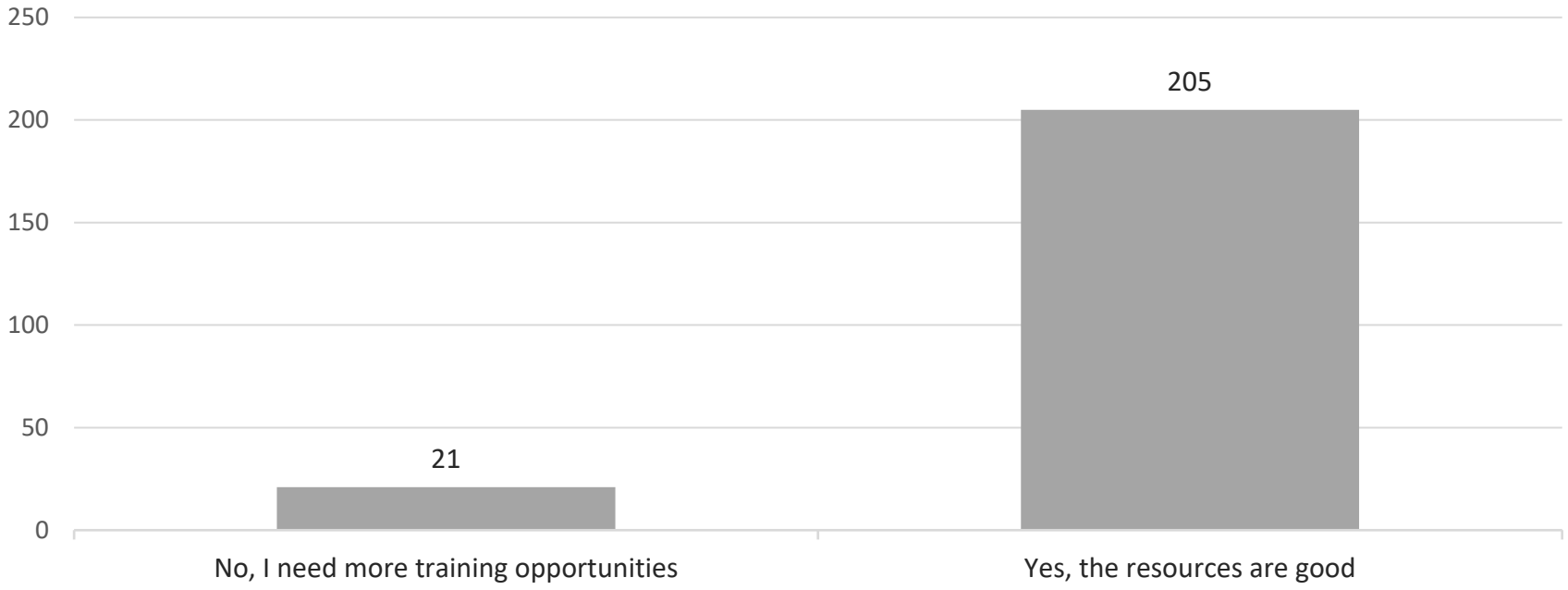
N = 224

Do You Find the STS Webinars Helpful?



N = 227

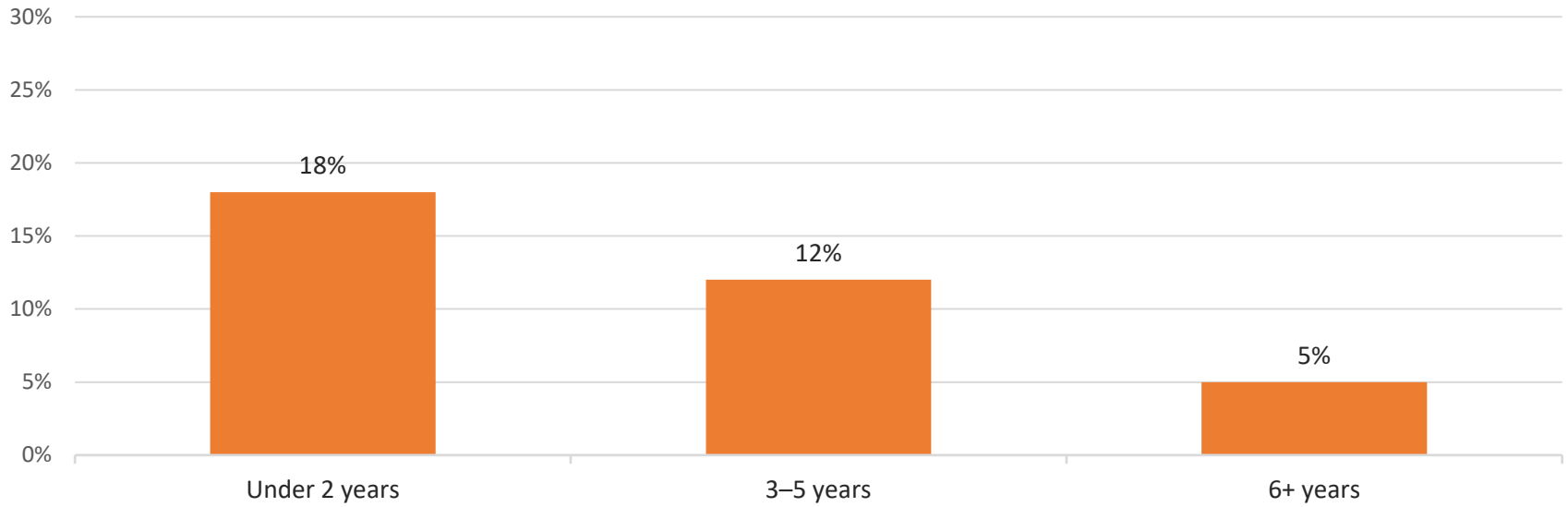
Do You Have the Resources to Do Your Job Correctly?



N = 226

Training Needs by Experience

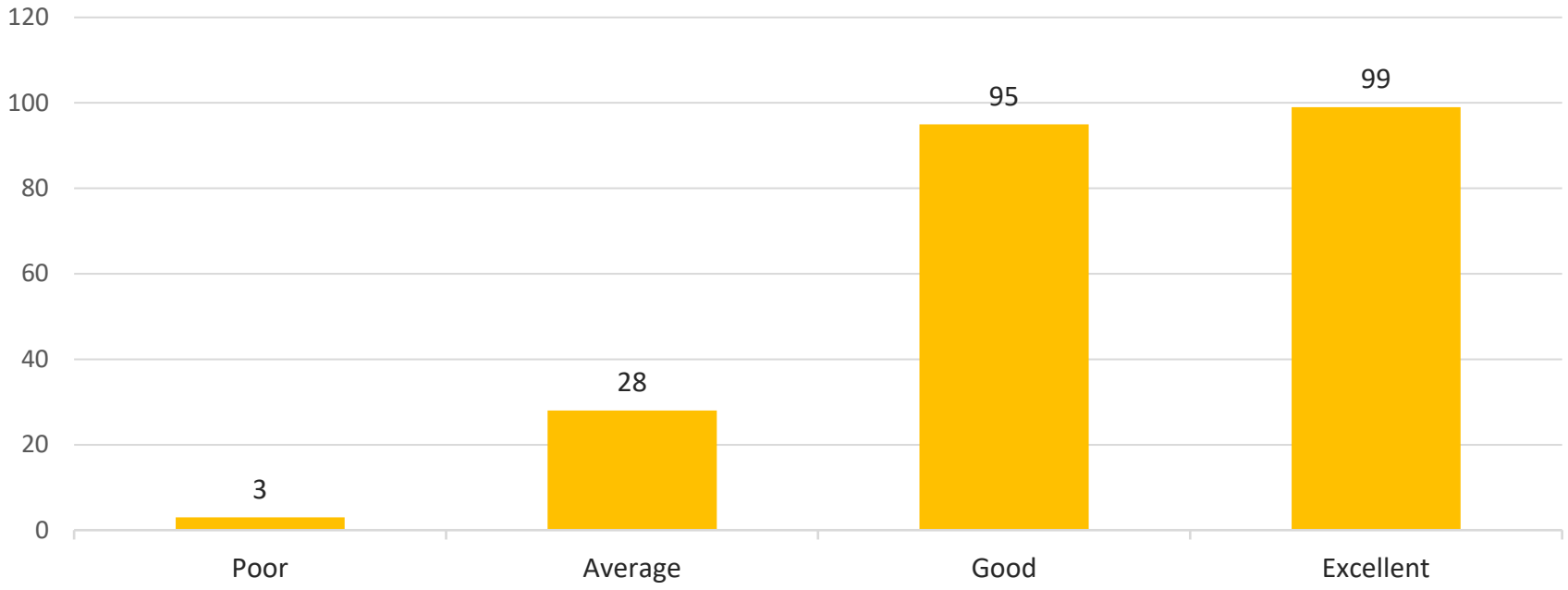
INSIGHT **Newer data managers most often need more training (18% vs. 5% at 6+ years)**



Under 2 years n=45; 3–5 years n=41; 6+ years n=111. Association, not cause and effect

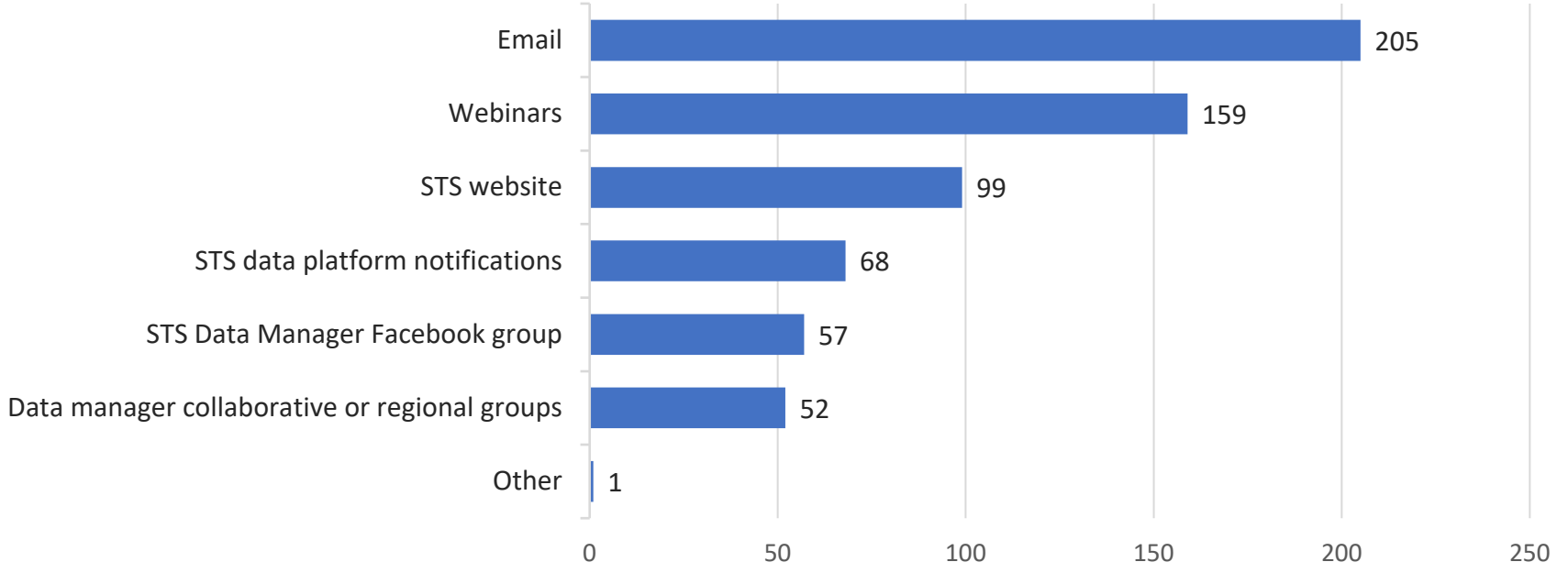
N = 197

Rate STS's Communication Over the Last Year



N = 225

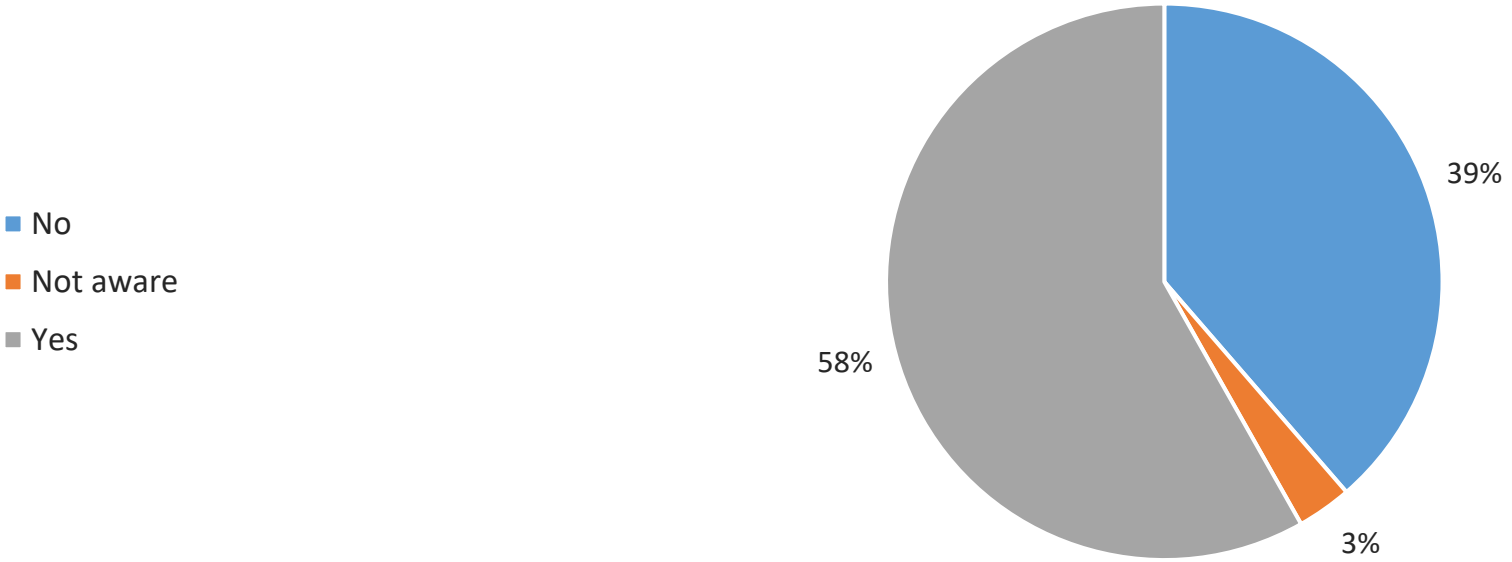
Best Way for STS to Share Information With You?



Select all that apply

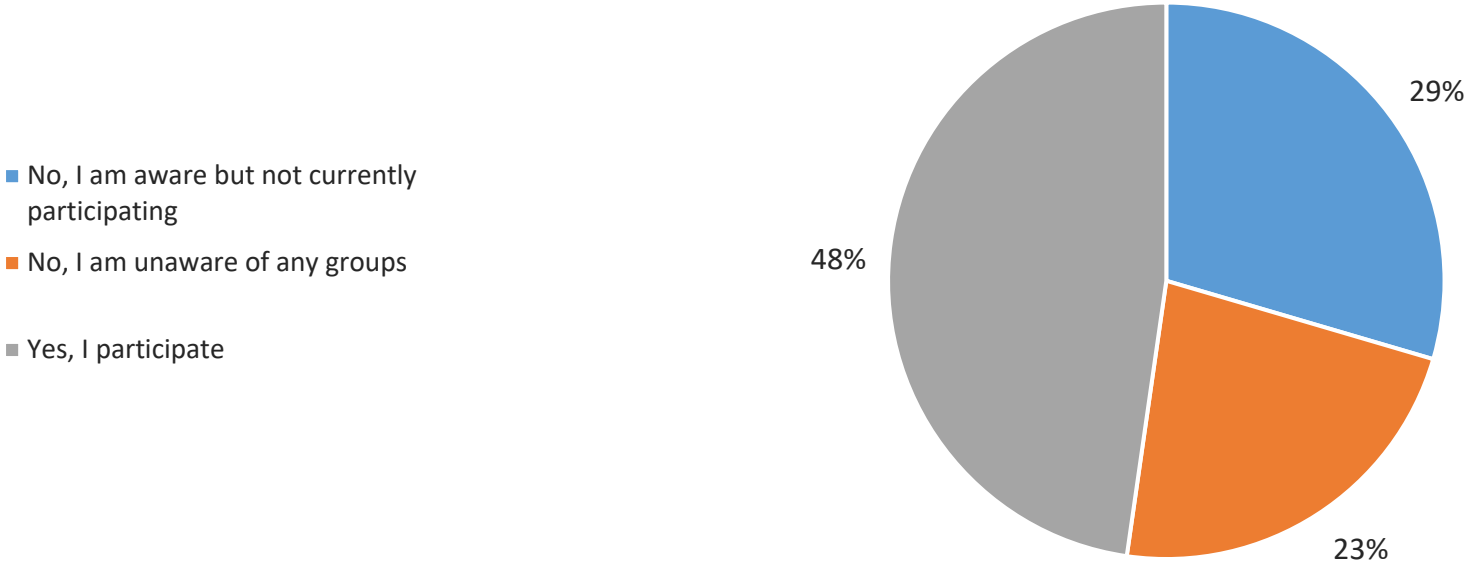
N = 212

Are You in the STS Data Manager Facebook Group?



N = 220

Do You Participate in a Collaborative or Regional Group?

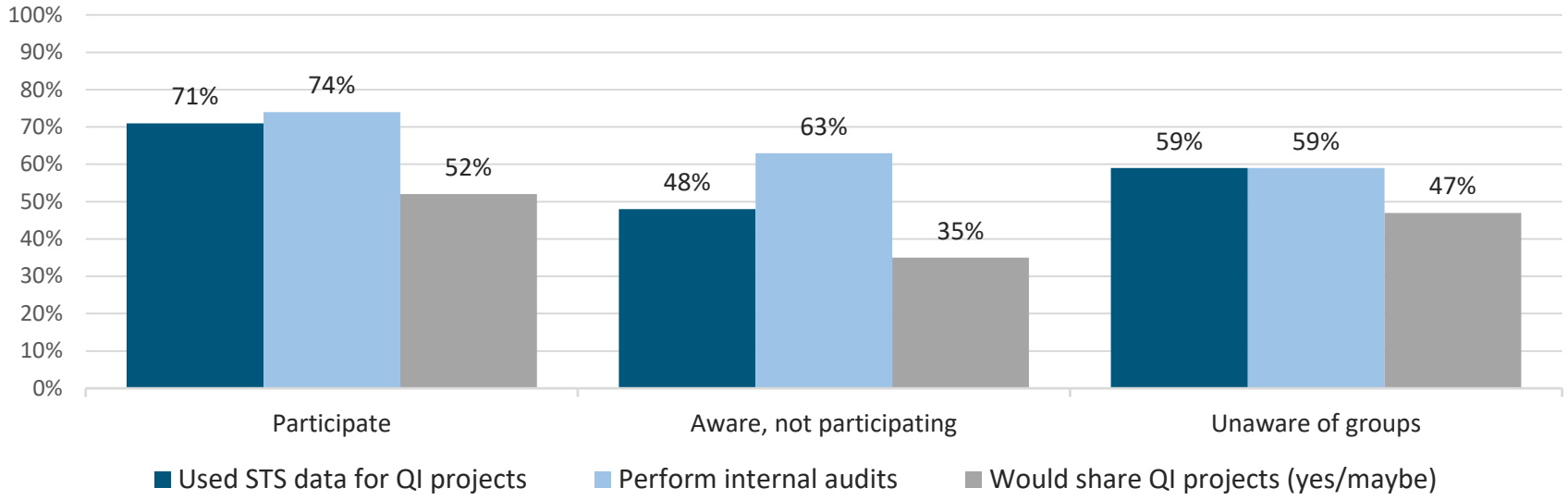


N = 220

Collaborative Participation Goes With More QI Work

INSIGHT

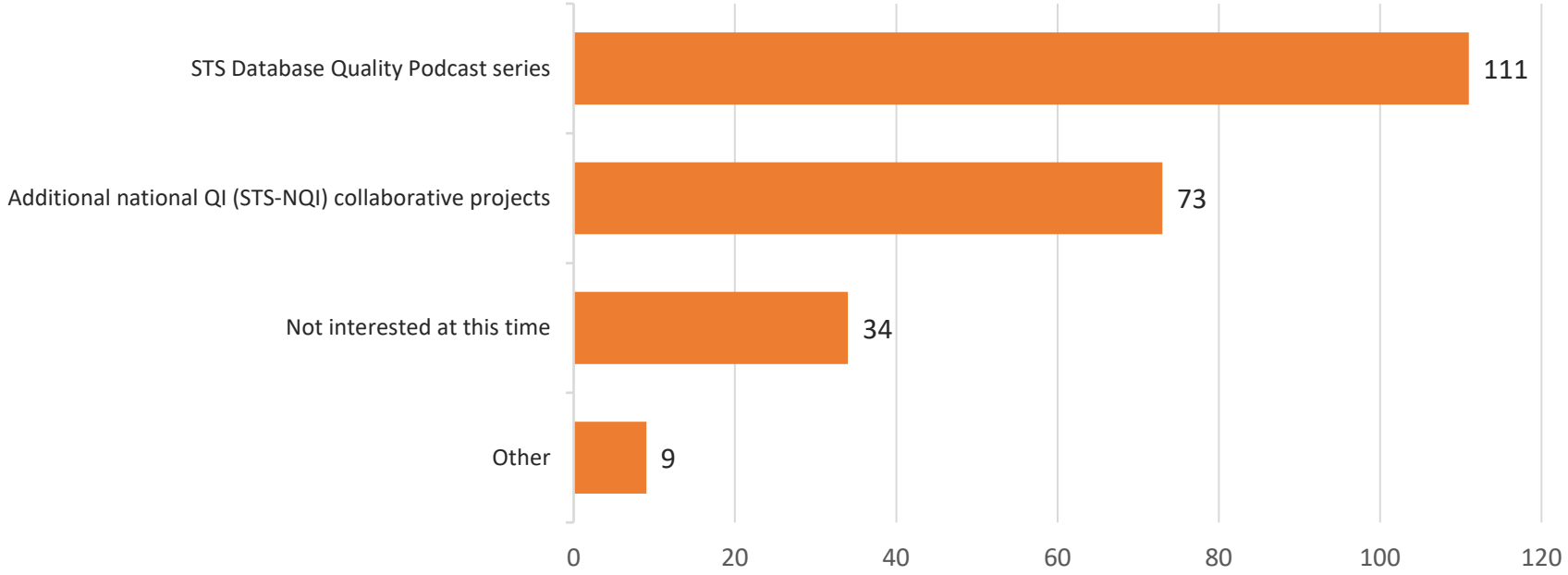
71% of collaborative participants have used STS data for QI vs. 48% who are aware but don't join



n=102/63/49 (participate/aware/unaware). QI use p=0.01; audits and sharing not significant. Association, not cause and effect

N = 214

Which Additional Quality Initiatives Interest You?



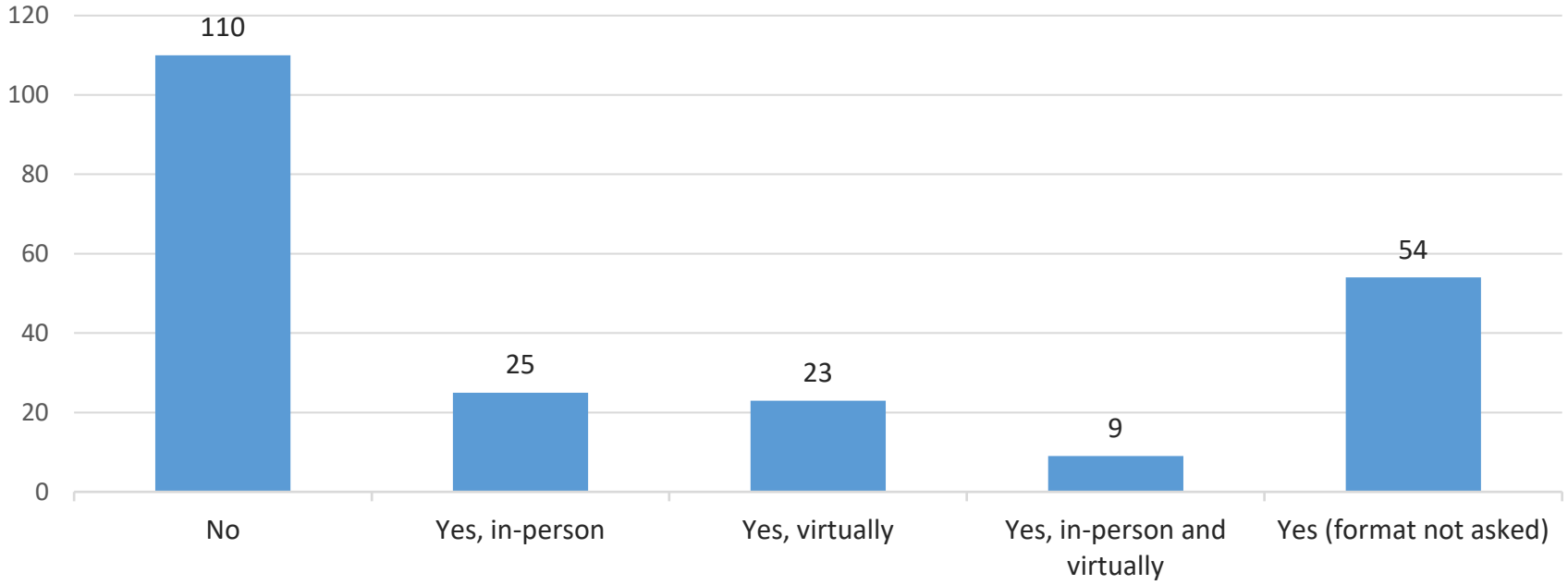
Select all that apply. "Not interested at this time" was offered in the online survey only

N = 203

Section 8

AQO & In-Person Meetings

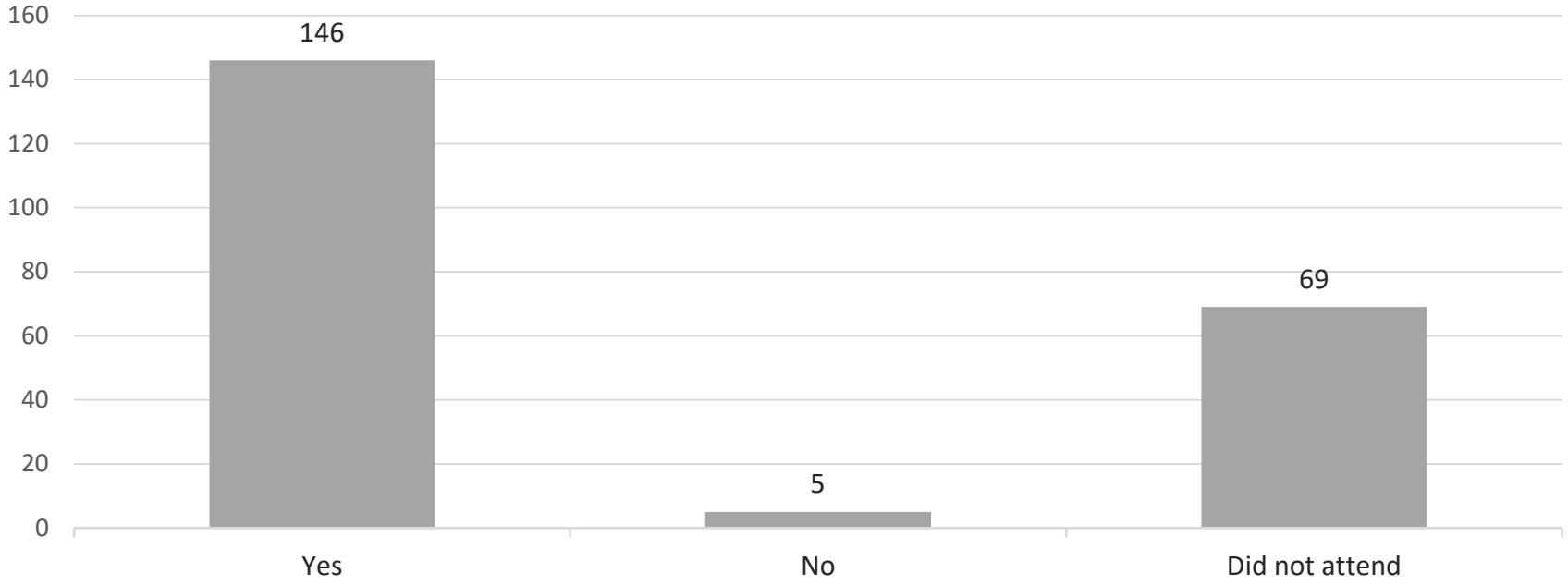
Will Any Staff Attend the AQO Meeting?



The webinar poll offered a single "Yes" option; the online survey asked about attendance format

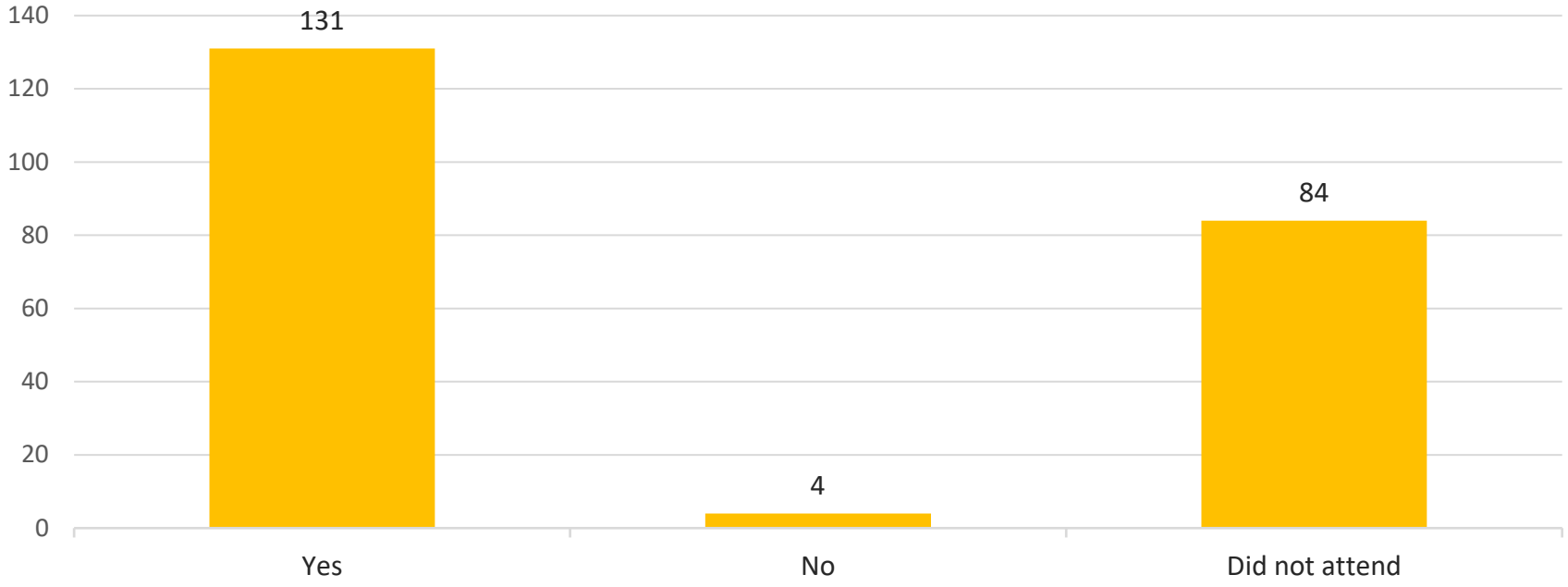
N = 221

If You Attended AQO, Did You Find It Useful?



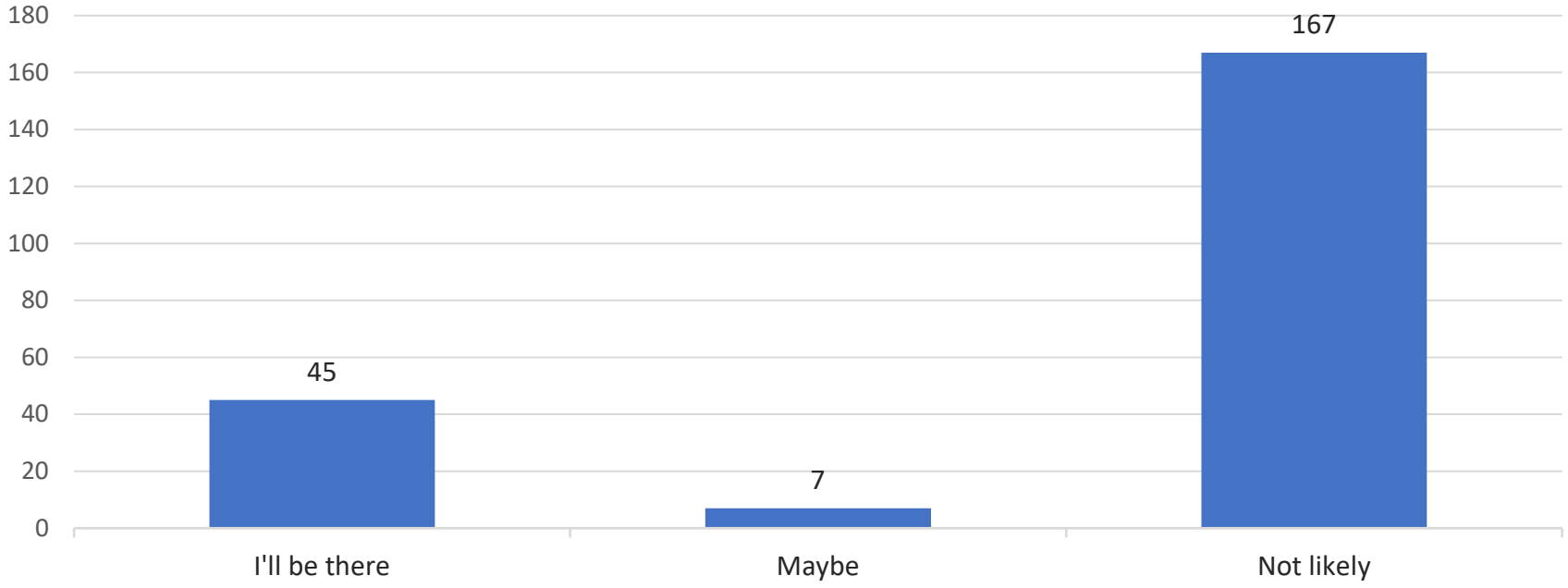
N = 220

If You Joined the AQO Hot Topics Webinar, Was It Helpful?



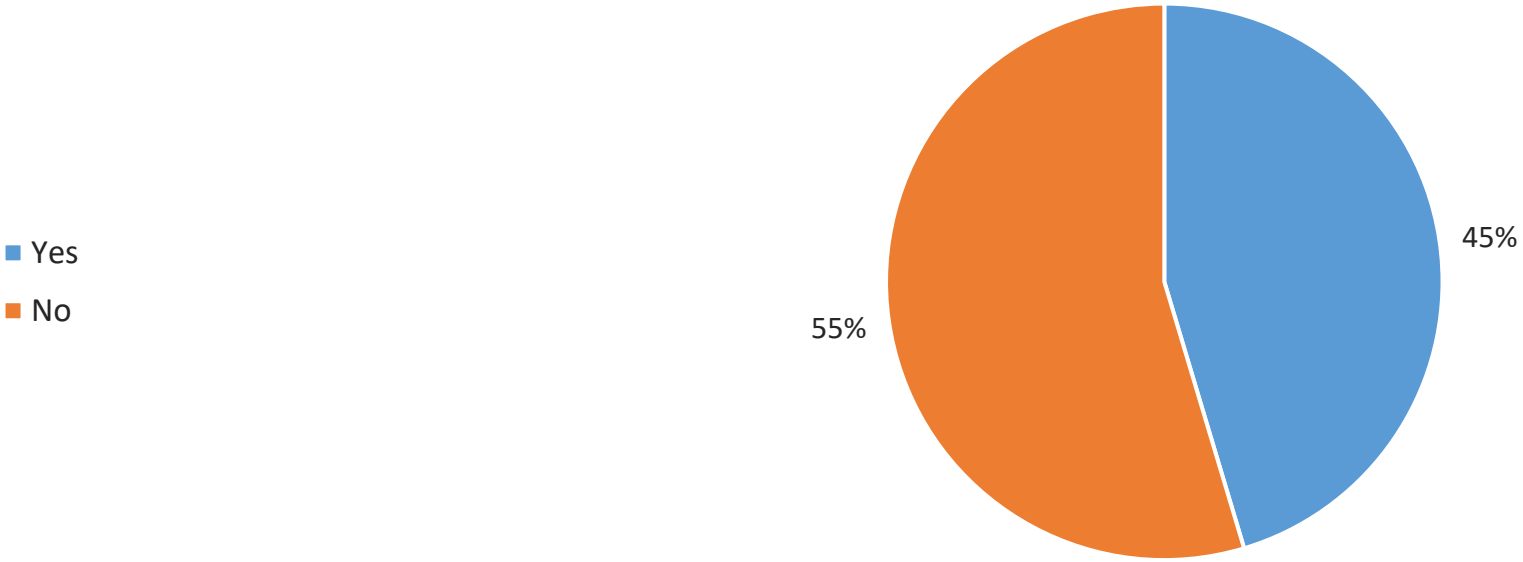
N = 219

How Likely Are You to Attend AQO In-Person This Year?



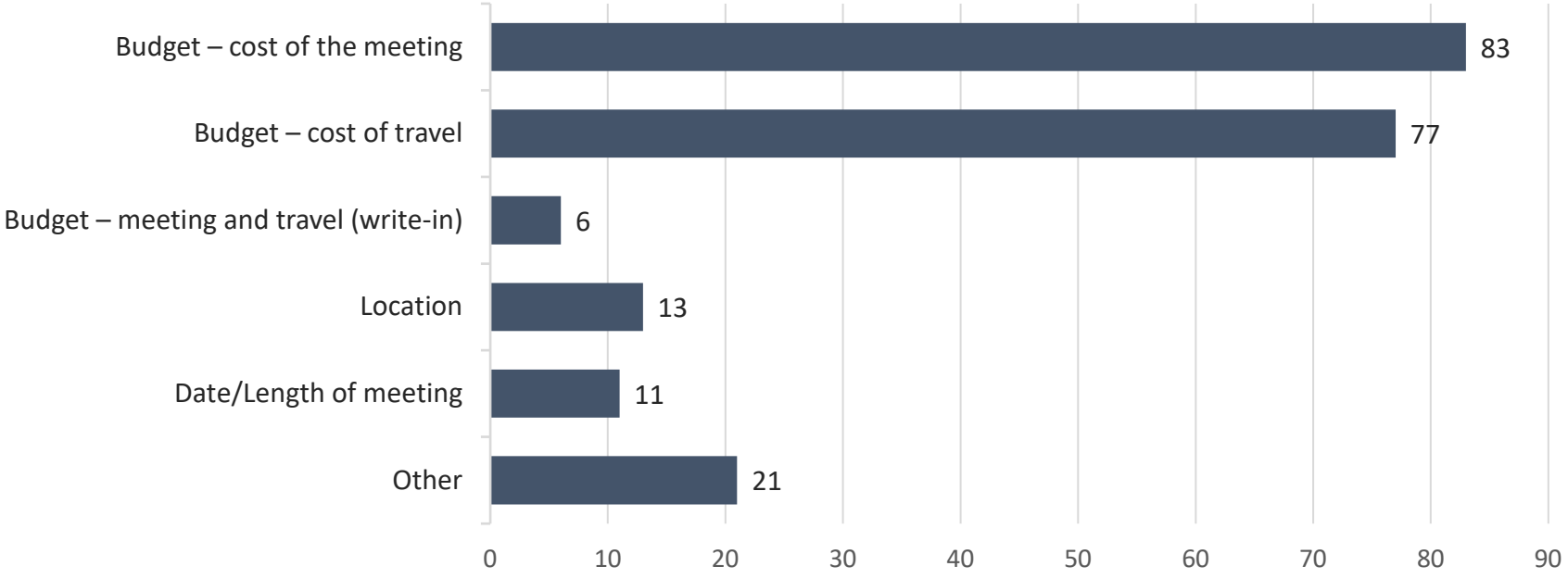
N = 219

Does Your Institution Budget for Travel?



N = 216

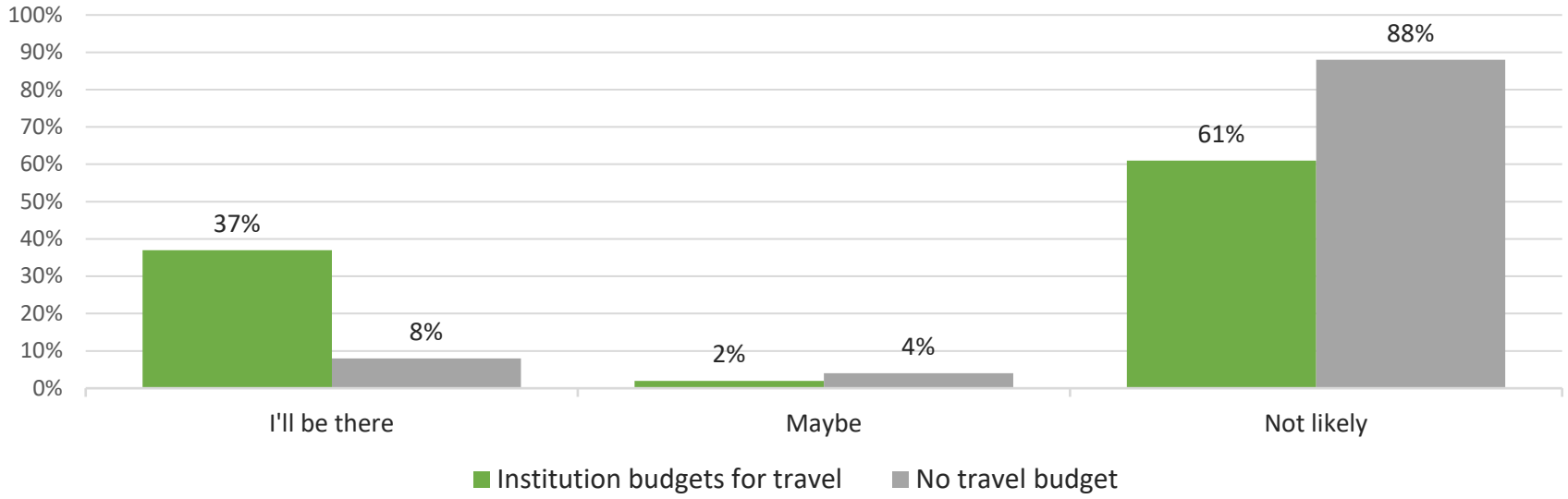
Biggest Challenge With In-Person Meetings?



N = 211

Travel Budget and AQO Attendance

INSIGHT **With a travel budget, 37% plan to attend AQO in person vs. 8% without**



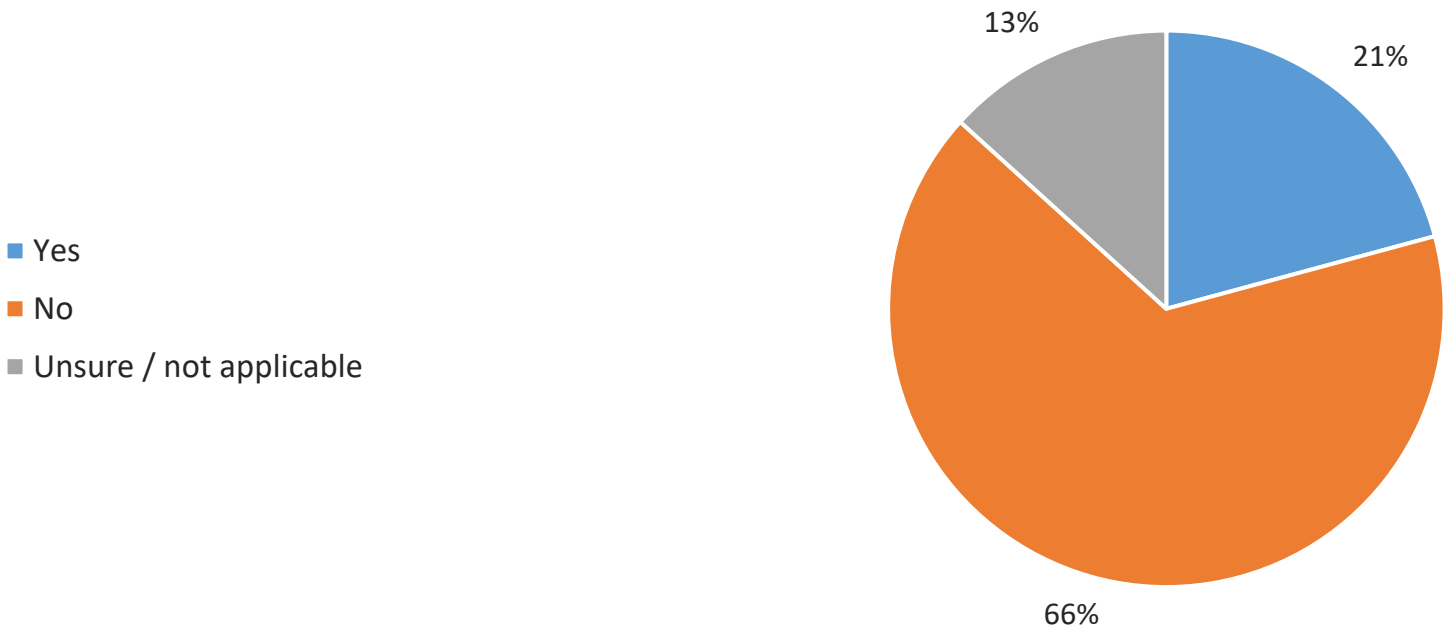
Travel budget n=98; no travel budget n=117. Association, not cause and effect

N = 215

Section 9

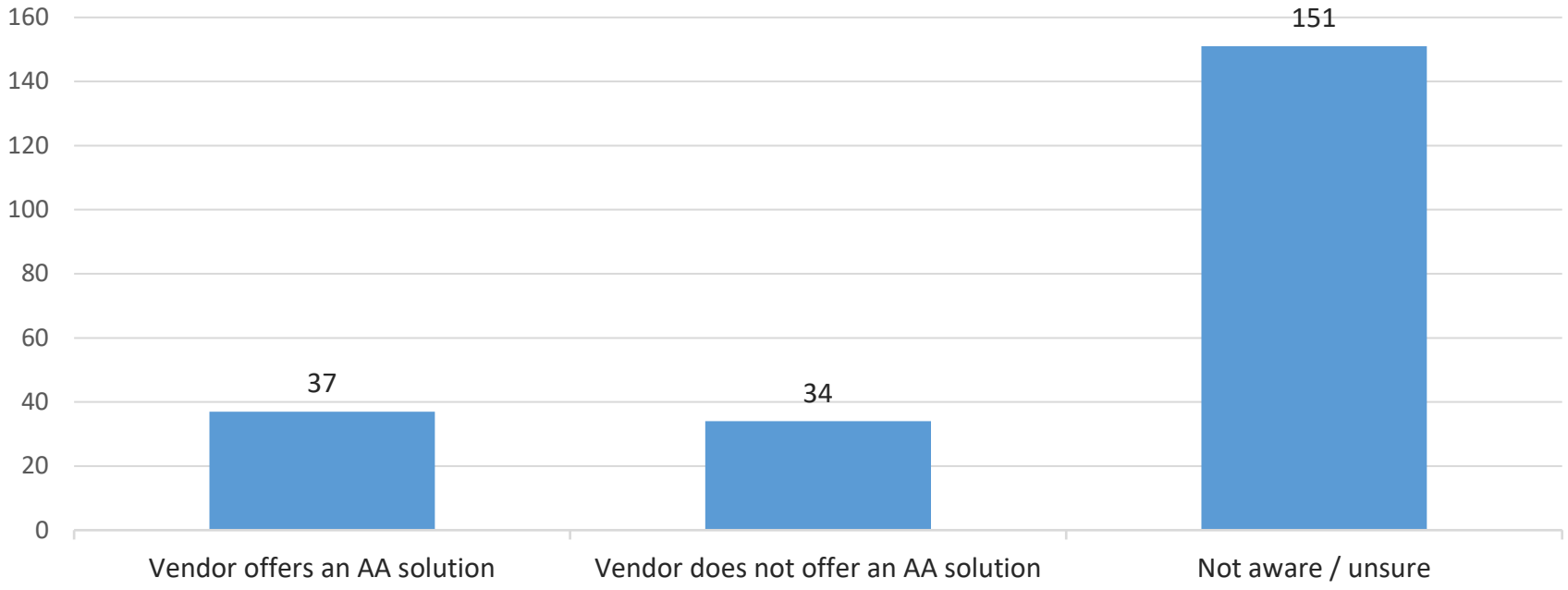
Automated Abstraction

Do You Use Automated Abstraction (AA) for Other Registries?



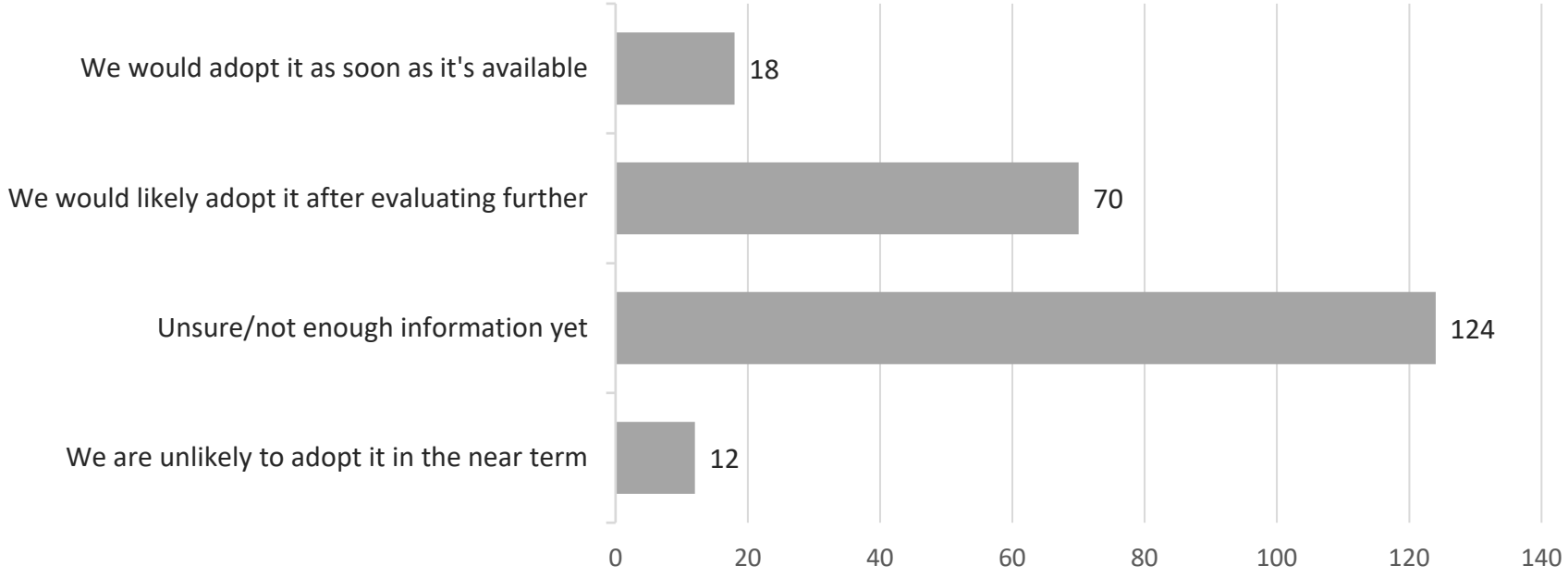
N = 226

Does Your STS Vendor Offer an AA Solution?



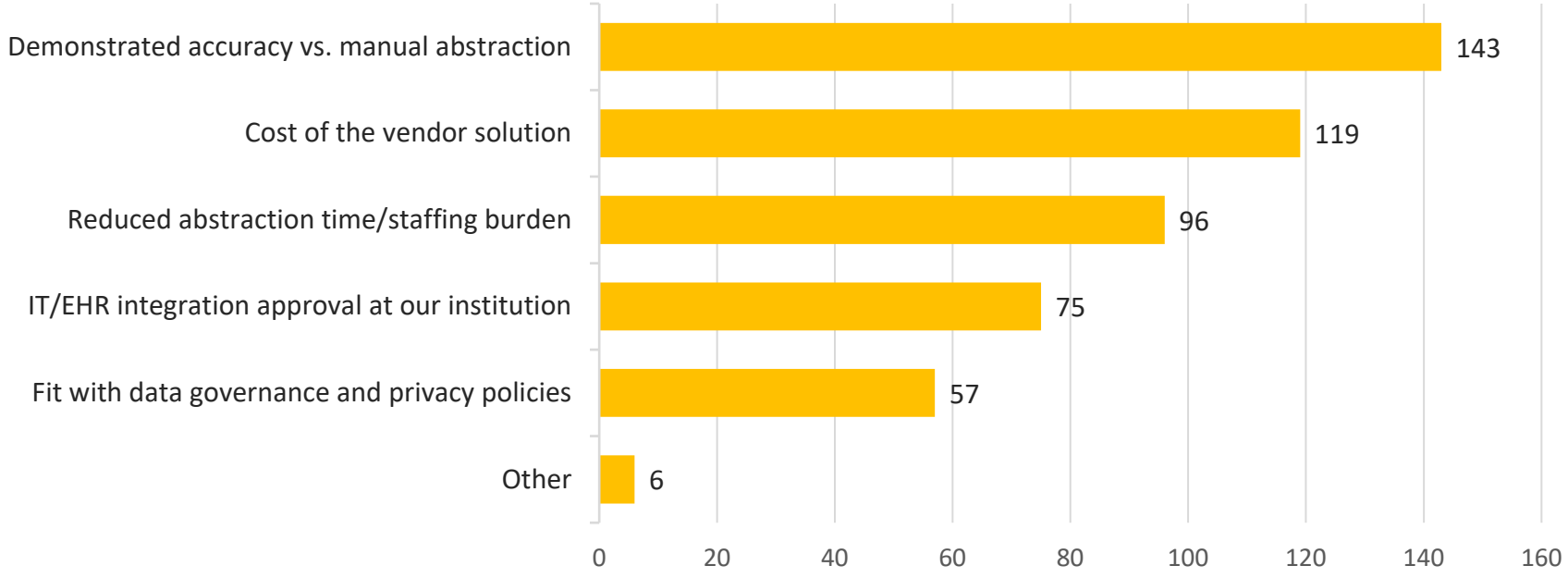
N = 222

How Likely Is Your Site to Adopt AA Once STS Offers It?



N = 224

What Would Most Influence Your Decision to Adopt AA?

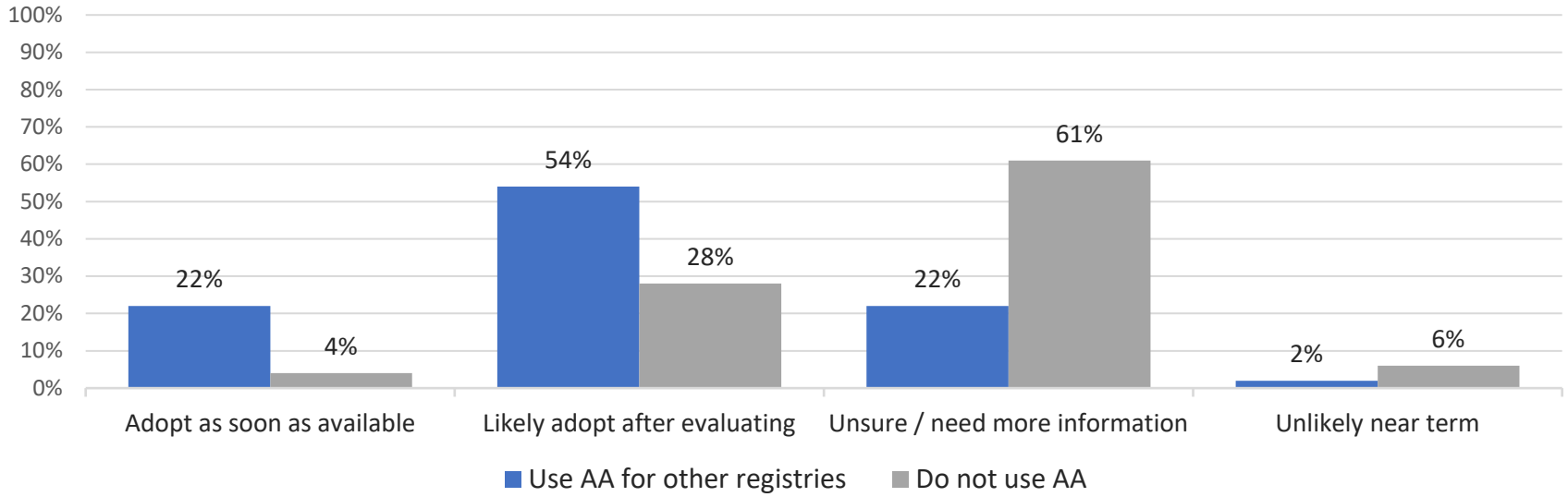


Respondents could select up to two answers

N = 212

AA Experience and Readiness to Adopt

INSIGHT **Sites using AA elsewhere are far readier to adopt it (76% vs. 32% likely)**



Use AA elsewhere n=46; do not n=148; "Unsure" excluded. Association, not cause and effect

N = 194

Opportunities by Audience

Hospital Leadership

- Cross-train a backup for single-abstractor programs
- Review staffing at 501+ case programs against abstraction hours
- Fund a multidisciplinary committee, monthly data review, and data manager travel

Quality Leads & Surgeons

- Meet with data managers at least monthly and review data before harvest close
- Use data manager summaries, not just platform logins
- Move paper-first abstraction to direct entry

STS Leadership

- Publish AA accuracy validation; pilot with AA-experienced sites
- Build an onboarding track for data managers in their first 2 years
- Offer a leadership-value toolkit and lower AQO cost barriers