Society of Thoracic Surgeons

Congenital Heart Surgery Database Monthly Webinar

June 18, 2024
Agenda

- Welcome and Introduction
- STS Update
- STS Data Manager Education (Chasity Wellnitz and Leslie Wacker, CHSD Consultants)
  - Post Operative Event Review
  - Coming in July - Ascending Aorta Replacement Case Review
- Q&A
STS Updates

• June Training Manual posted

• Spring 24 Harvest (Surgery dates 1/1/2020 – 12/31/2023)
  • Data Analysis complete and IQVIA is working to upload data into the platform
  • Report release date TBD – *more information coming soon!*

• Fall 24 Harvest is underway
  • Surgery dates 7/1/2020 – 6/30/2024
  • Harvest close is September 27 @ 11:59pm Eastern
# 2024 Harvest Schedule

<table>
<thead>
<tr>
<th>Term</th>
<th>Harvest Submission Window Close</th>
<th>Opt-Out Date</th>
<th>Includes Procedures Performed Through:</th>
<th>Report Posting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2024</td>
<td>3/22/2024</td>
<td>3/26/2024</td>
<td>12/31/2023</td>
<td>Summer 2024</td>
</tr>
<tr>
<td>Fall 2024</td>
<td>9/27/2024</td>
<td>10/1/2024</td>
<td>6/30/2024</td>
<td>Winter 2024</td>
</tr>
</tbody>
</table>

Data Submission Open is continuous for all harvest terms. Data Submission Close occurs at 11:59 p.m. Eastern on the date listed.
JOIN US IN MUSIC CITY!

September 11-13 Nashville, TN

Register at sts.org/AQO

ADVANCES IN QUALITY & OUTCOMES:
A Data Managers Meeting
2024 Advances in Quality & Outcomes: A Data Managers Meeting

Discussions on valuable research and important clinical findings with the goal of improving data collection and patient outcomes.
AQO 2024: Call for Abstracts

- To submit an abstract: https://www.abstractscscorecard.com/cfp/submit/login.asp?EventKey=MVJLWQGA

- Abstract Submission
  Open: Monday, May 20
  Close: Monday, June 24
# AQO Pricing (In-Person and Virtual)

## In-Person Pricing

<table>
<thead>
<tr>
<th>Category</th>
<th>Early Bird Discounts (through May 16)</th>
<th>Standard Rate (May 17 - September 14, 2024)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STS Member - One Day</td>
<td>$700</td>
<td>$800</td>
</tr>
<tr>
<td>STS Member - Two Day</td>
<td>$1,050</td>
<td>$1,250</td>
</tr>
<tr>
<td>STS Member - Three Day</td>
<td>$1,300</td>
<td>$1,600</td>
</tr>
<tr>
<td>Non-Member - One Day</td>
<td>$800</td>
<td>$900</td>
</tr>
<tr>
<td>Non-Member - Two Day</td>
<td>$1,250</td>
<td>$1,450</td>
</tr>
<tr>
<td>Non-Member - Three Day</td>
<td>$1,600</td>
<td>$1,900</td>
</tr>
<tr>
<td>Industry Employee</td>
<td>$750</td>
<td>$750</td>
</tr>
</tbody>
</table>

You’ll need your STS Member ID to receive the discounted member rate.
Database participation differs from STS membership (e.g., Surgeon or Associate Membership). Your 6-digit STS Member ID is not your site or Database participant ID. For help with your STS Member ID, please contact Member Services.

## Virtual Pricing

For those unable to travel to Nashville, STS offers a virtual registration option. Registrants who choose the “virtual pass” will gain access to on-demand content and e-posters online before AQO and the recorded archive of all sessions following the conclusion of the meeting. (The virtual pass does not include live streaming.)

In the months after the meeting, each registry will host an AQO Hot Topics webinar. We will bring back meeting speakers and give virtual attendees a chance to ask questions. Conversations will touch on valuable research and best practices from STS National Database professionals, all to improve data collection and patient outcomes.

<table>
<thead>
<tr>
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<th>Early Bird Discounts (through May 16)</th>
<th>Standard Rate (May 17 - September 14, 2024)</th>
</tr>
</thead>
<tbody>
<tr>
<td>STS Member - Multi-Day</td>
<td>$300</td>
<td>$400</td>
</tr>
<tr>
<td>Non-Member - Multi-Day</td>
<td>$400</td>
<td>$500</td>
</tr>
</tbody>
</table>
STS DATABASE PLATFORM
ACCESS REQUEST PROCESS

Paul Meehan – Senior Manager of Quality and Research Center
Banu Yagci – Senior Manager of Quality Measures and Database Support
NPI Validation Functionality

• Impacts participants using a third-party software vendor

• Contact list should reflect all updates
  • Surgeon/anesthesiologist on contact list > cases will be accepted into the data warehouse
  • Surgeon/anesthesiologist NOT on contact list > the records will trigger a critical error and will NOT be accepted into the data warehouse
  • Incorrect NPI values > the records will trigger a critical error and will NOT be accepted into the data warehouse

• Locum surgeons should be added to the contact list
Critical Error for Invalid Surgeon NPI/Hospital NPI
Error Messages – What Do I Need To Do?

• Error messages:
  • Record XYZ is referencing an invalid Surgeon NPI > Record has been skipped
  • Record XYZ is referencing an invalid Anesthesiologist NPI > Record has been skipped

• What to do:
  • Open your Contact List Report (must be PDFC / BDFC to see this report)
  • Compare surgeons / anesthesiologists in your data with contacts in the report
  • If surgeons / anesthesiologists in your data ARE NOT in the report > submit Participant Contact Form with Schedule A / Schedule B to get them added
  • If ALL surgeons / anesthesiologists in your data ARE in the report > compare the NPI values in your data with the National Registry (https://npiregistry.cms.hhs.gov/search) and update your data to include the correct values.
How to Access the Contact List Report

Contact List Report

This report identifies the contact name and the associated role in the report.
## Report Structure Overview

**Contact List Report**

**Participant:**

### Contact List

<table>
<thead>
<tr>
<th>Contact Name</th>
<th>Database Participant Role Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary Data and File Contact</td>
</tr>
<tr>
<td></td>
<td>Participant Surgeon</td>
</tr>
<tr>
<td></td>
<td>Participant Surgeon</td>
</tr>
<tr>
<td></td>
<td>Backup Data and File Contact</td>
</tr>
<tr>
<td></td>
<td>Participant Surgeon</td>
</tr>
<tr>
<td></td>
<td>Participant Surgeon</td>
</tr>
<tr>
<td></td>
<td>Surgeon Representative</td>
</tr>
<tr>
<td></td>
<td>Backup Data and File Contact</td>
</tr>
<tr>
<td></td>
<td>Participant Surgeon</td>
</tr>
</tbody>
</table>

**Reference:** Database Participant & IQVIA Platform Role Mapping
Participant Contact Form (PCF)

• PCF Access:
  • [www.sts.org](http://www.sts.org) > Research & Data > For Data Managers – scroll down and click *Participant Contact Form* under **Essential Forms and Resources**
  • [https://www.sts.org/sts-participant-contact-form](https://www.sts.org/sts-participant-contact-form)
Participant Roles & IQVIA Platform User Mapping

- Assign roles depending on the level of access you would like to give to the database participant.
- Review “Participant Roles and Descriptions” document for a detailed explanation on each role.
- Both documents are located under the Essential Forms and Documents section.
For Surgeons and Anesthesiologists - ONLY

- A completed and signed Schedule A (surgeons) / Schedule B (anesthesiologists) form should be uploaded and submitted with the Participant Contact Form.

- [www.sts.org](http://www.sts.org) > Research & Data > For Data Managers – scroll down to click Schedule A and B forms under Essential Forms and Resources
For Surgeons


For Anesthesiologists

Who Can Submit a “Participant Contact Form”

• Primary Data and File Contact
• Primary Direct Data Entry Contact
• Backup Data and File Contact
• Backup Direct Data Entry Contact
Important Information

• Confirmation of credentials – PDFC/BDFC
• Processing time – 5-7 business days
• Requests via email – will delay the process
Thank you!
Any Questions?
6.23.2 Data Manager Education

June 18, 2024
Discussion Topic

- Postoperative Event Review
- July Education to include Ascending Aorta Replacement Case Review
Postoperative events can be coded on the:

(1) index operation or

(2) operation that is most closely associated with the event

Upon analysis, all postoperative events will be attributed to the index operation.
<table>
<thead>
<tr>
<th>Index Operation</th>
<th>Associated Operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Match STS analysis report</td>
<td>• Increased detail/</td>
</tr>
<tr>
<td>• Ease pulling local data (counting events)</td>
<td>granularity of the patient’s postop course</td>
</tr>
</tbody>
</table>
Post Operative Event Analysis

Op #1
PO Event

Op #2
PO Event

Op #3
PO Event

Analysis
Post Operative Event Analysis

- **Op #1**: Unexpected cardiac arrest
- **Op #2**: Unplanned cardiac reoperation
- **Op #3**: Arrhythmia necessitating PPM

**Analysis**

1. Unexpected cardiac arrest
2. Unplanned cardiac reop
3. Arrhythmia necessitating PPM
Post Operative Event Analysis

Op #1 ECMO Cannulation
- Unexpected cardiac arrest

Op #2 Norwood
- Unplanned cardiac reoperation

Op #3 Sternal washout
- Arrhythmia necessitating PPM

Analysis
1. Unexpected cardiac arrest
2. Unplanned cardiac reop
3. Arrhythmia necessitating PPM
Post Operative Event Analysis

Op #1 ECMO Cannulation
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Analysis
1. Unexpected cardiac arrest
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index operation
Do *not* code postoperative events on operations that occur prior to the index operation; instead, code as preoperative factors where applicable.
Post Operative Event Analysis

Op #1 ECMO Cannulation
- Unexpected cardiac arrest

Op #2 Norwood
- Unplanned cardiac reoperation

Op #3 Sternal washout
- Arrhythmia necessitating PPM

Analysis
1. Unplanned cardiac reop
2. Arrhythmia necessitating PPM
Clarification -

Do *not* code postoperative events on operations that occur prior to the index operation; instead, code as preoperative factors where applicable.
On postop day 2 following arterial switch operation, a patient requires ECMO cannulation with decannulation the following day. Within hours of ECMO decannulation, the patient again decompensates and requires a reoperation for tamponade.

Which procedure should the unplanned cardiac reoperation be coded with?

- Institutional choice
- Arterial switch operation (index operation)
- ECMO decannulation
On postop day 2 following arterial switch operation, a patient requires ECMO cannulation with decannulation the following day. Within hours of ECMO decannulation, the patient again decompensates and requires a reoperation for tamponade.

Which procedure should the unplanned cardiac reoperation be coded with?

- Institutional choice – will be attributed to the index on analysis
- Arterial switch operation (index operation)
- ECMO decannulation
At birth a patient is cannulated for ECMO and experiences a hemorrhagic stroke with subsequent severe left sided weakness. One week later, the patient undergoes central shunt placement. Upon discharge home, the patient is remains weak on the left side but is responsive to therapy.

Which procedure should the stroke be coded with?

- Institutional choice
- Central shunt placement (index operation)
- ECMO cannulation
- Do not code as a postoperative event
At birth a patient is cannulated for ECMO and experiences a hemorrhagic stroke with subsequent severe left sided weakness. One week later, the patient undergoes central shunt placement. Upon discharge home, the patient is remains weak on the left side but is responsive to therapy.

Which procedure should the stroke be coded with?

- Institutional choice
- Central shunt placement (index operation)
- ECMO cannulation
- Do not code as a postoperative event – occurred prior to the index operation
At birth, a patient is cannulated for ECMO and experiences a hemorrhagic stroke with subsequent severe left sided weakness. One week later, the patient undergoes central shunt placement. Upon discharge home, the patient is remains weak on the left side but is responsive to therapy.

How is the neurologic deficit captured?

- It is not captured since it occurred prior to the index operation
- As a preoperative factor for the shunt placement
- As a postoperative neurological deficit present at discharge
At birth, a patient is cannulated for ECMO and experiences a hemorrhagic stroke with subsequent severe left sided weakness. One week later, the patient undergoes central shunt placement. Upon discharge home, the patient is remains weak on the left side but is responsive to therapy.

How is the neurologic deficit captured?

- [ ] It is not captured at all since it occurred prior to the index operation
- [x] As a preoperative factor for the shunt placement
- [ ] As a postoperative neurological deficit present at discharge
A patient undergoes a Norwood operation and requires ECMO cannulation for a cardiac arrest. The patient remains in house until their Glenn procedure and requires brief resuscitation with chest compressions for an oral aspiration event prior to discharge.

Which procedure are the cardiac arrest(s) coded with?

- The Norwood operation
- The Glenn operation
- Both the Glenn and Norwood operations
- Institutional choice
A patient undergoes a Norwood operation and requires ECMO cannulation for a cardiac arrest. The patient remains in house until their Glenn procedure and requires brief resuscitation with chest compressions for an oral aspiration event prior to discharge.

Which procedure are the cardiac arrest(s) coded with?

- The Norwood operation
- The Glenn operation
- Both the Glenn and Norwood operations
- Institutional choice – *count as 1 cardiac arrest upon analysis on the index op*
In Summary -

- Code all postoperative events as defined in the Training Manual for all index operations and operations following the index operation.
- Do *not* code postoperative events on operations that occur prior to the index operation.
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!
Upcoming CHSD Webinars

Monthly Webinars

- 7/16/24 @ 12pmCT
- 8/20/24 @ 12pmCT
Contact Information

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Congenital STS Database Consultants
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• Chasity Wellnitz cwellnitz@sts.org
THANK YOU FOR JOINING!