

Society of Thoracic Surgeons

Congenital Heart Surgery Database Monthly Webinar

August 13, 2024

Agenda

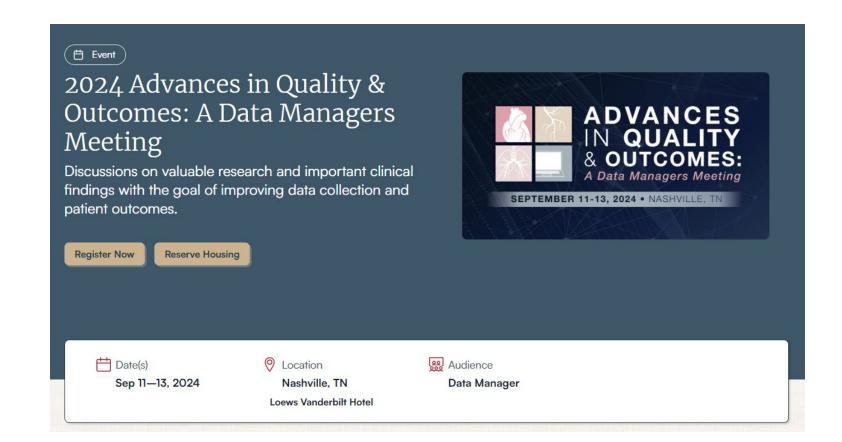
- Welcome and Introduction
- STS Update
- STS Data Manager Education (Chasity Wellnitz & Leslie Wacker, CHSD Consultants)
 - Post-operative Event Review: Mechanical circulatory support
 - Aortic aneurysm diagnosis and repairs (to be presented in an upcoming webinar)
- Q&A

STS Updates

- August Training Manual posted
- Spring 24 Harvest (Surgery dates 1/1/2020 12/31/2023)
 - Final stages of report QC
 - Report will be released within the next two weeks
 - Notification via STS email communication
- Fall 24 Harvest is underway
 - Surgery dates 7/1/2020 6/30/2024
 - Harvest close is September 27 @ 11:59pm Eastern
 - Opt out date is 10/1/2024
- Data Manager Collaborative



AQO Registration Now Open



AQO Pricing (In-Person and Virtual)

Virtual Pricing

include live streaming.)

In-Person Pricing

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

Virtual Pricing

| Category | Early Bird Discounts (through May 16) | Standard Rate (May 17 -September 14, 2024) |
|------------------------|--|---|
| STS Member - One Day | \$700 | \$800 |
| STS Member - Two Day | \$1,050 | \$1,250 |
| STS Member -Three Day | \$1,300 | \$1,600 |
| Non-Member - One Day | \$800 | \$900 |
| Non-Member - Two Day | \$1,250 | \$1,450 |
| Non-Member - Three Day | \$1,600 | \$1,900 |
| Industry Employee | \$750 | \$750 |

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

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.

| Category | Early Bird Discounts (through May 16) | Standard Rate (May 17 - September 14, 2024) |
|------------------------|--|--|
| | | |
| Non-Member - Multi-Day | \$400 | \$500 |



6.23.2 Data Manager Education

August 13, 2024

Discussion Topics

Postoperative Event
 Review: Coding
 Mechanical Circulatory
 Support

A patient cannot separate from bypass following an arterial switch operation and requires ECMO cannulation in the OR. The patient is decannulated 3 days later.

Do I code postoperative event (40) Postoperative/postprocedural mechanical circulatory support (IAPB, VAD, ECMO, or CPS)?

■ No

☐ Yes

A patient cannot separate from bypass following an arterial switch operation and requires ECMO cannulation in the OR. The patient is decannulated 3 days later.





Post Operative Event Capture

TM Definition:

General Information Timeframe for Postoperative Events

The timeframe for postoperative event coding is defined by the designation of the event: intraoperative, major postoperative event, and other postoperative event. Please refer to the specific definition for each event to determine the timeframe for data collection.

Post Operative Event: MCS Review

TM Definition:

Postoperative/Postprocedural mechanical circulatory support (IAPB, VAD, ECMO, or CPS)

<u>Timeframe</u>: Major event timeframe

See <u>General Information Postoperative Event</u> <u>Timeframe</u> for additional information.

<u>Code this Event</u>: if the patient received mechanical circulatory support (MCS) via IABP, VAD, ECMO, or CPS anytime during the defined timeframe.

If the patient on preoperative MCS undergoes a cardiac operation (operation types CPB cardiovascular and No CPB cardiovascular) and exits the operating room on mechanical circulatory support, do code this postoperative event (and also include as a preoperative factor).

Post Operative Event: MCS Review

TM Definition:

Major postoperative events are collected through the end of the episode of care (End date of Database Tracking / Database Discharge Date).

<u>Coding Notes</u>: Collect for the timeframe that is the longest: (1) through the 30th postoperative day, or (2) through the end of the surgical hospitalization (Hospital Discharge Date), or (3) through the end of the episode of care (End Date of Database Tracking / Database Discharge Date).

The timeframe includes the postoperative time-period through surgical hospital discharge, even if longer than 30 days. If transferred to another facility, collect through the end of the episode of care (End Date of Database Tracking / Database Discharge Date).

A patient cannot separate from bypass following an arterial switch operation and requires ECMO cannulation in the OR. The patient is decannulated 3 days later.

- ☐ No, because the patient was cannulated during the index operation
- ☐ Yes, because the patient required MCS support in the major postoperative event timeframe

A patient cannot separate from bypass following an arterial switch operation and requires ECMO cannulation in the OR. The patient is decannulated 3 days later.

- ☐ No, because the patient was cannulated during the index operation
- Yes, because the patient required MCS support in the major postoperative event timeframe

- when the support was needed during the major postoperative event timeframe
- where the initiation of support occurred

Two days following a Norwood procedure and prior to sternal closure, a patient experiences cardiac arrest and is cannulated for ECMO.

Subsequently the patient is converted to VAD support to await heart transplantation.

- ☐ No, because the cannulation occurred while the sternum was open
- ☐ Yes, because the patient required MCS support in the major postoperative event timeframe

Two days following a Norwood procedure and prior to sternal closure, a patient experiences cardiac arrest and is cannulated for ECMO.

Subsequently the patient is converted to VAD support to await heart transplantation.

- ☐ No, because the cannulation occurred while the sternum was open
- Yes, because the patient required MCS support in the major postoperative event timeframe

- when the support was needed during the major postoperative event timeframe
- whether the sternum was still open

During an inpatient feeding therapy session following complete AVSD repair, a patient aspirates and requires CPR and ECMO cannulation.

- ☐ No, because the need for ECMO support was not related to the cardiac surgery
- ☐ Yes, because the patient required MCS support in the major postoperative event timeframe

During an inpatient feeding therapy session following complete AVSD repair, a patient aspirates and requires CPR and ECMO cannulation.

- ☐ No, because the need for ECMO support was not related to the cardiac surgery
- Yes, because the patient required MCS support in the major postoperative

Code postoperative event (40) Postoperative/ postprocedural mechanical circulatory support (IAPB, VAD, ECMO, or CPS) regardless of:

the reason circulatory support was needed

A patient remained inpatient for 6-months following placement of a central shunt. Just prior discharge, an incorrect medication was administered, and the patient's subsequent arrhythmias led to hemodynamic instability requiring 24-hours of ECMO support.

- ☐ No, because the need for ECMO support was 6-months following the index operation
- ☐ Yes, because the patient required MCS support in the major postoperative event timeframe

A patient remained inpatient for 6-months following placement of a central shunt. Just prior discharge, an incorrect medication was administered, and the patient's subsequent arrhythmias led to hemodynamic instability requiring 24-hours of ECMO support.

- ☐ No, because the need for ECMO support was 6-months following the index operation
- Yes, because the patient required MCS support in the major postoperative event timeframe

- the reason circulatory support was needed
- when the support was needed during the major postoperative event timeframe

Following heart transplant, a patient transfers to another center closer to home for continued care. The center calls to report the patient experienced a cardiac arrest, required ECMO support, and expired prior to transfer back to the surgical hospital.

- ☐ No, because the need for ECMO support occurred at another hospital
- ☐ Yes, because the patient required MCS support in the major postoperative event timeframe

Following heart transplant, a patient transfers to another center closer to home for continued care. The center calls to report the patient experienced a cardiac arrest, required ECMO support, and expired prior to transfer back to the surgical hospital.

- ☐ No, because the need for ECMO support occurred at another hospital
- Yes, because the patient required MCS support in the major postoperative event timeframe

Code postoperative event (40) Postoperative/ postprocedural mechanical circulatory support (IAPB, VAD, ECMO, or CPS) regardless of:

 when the support was needed during the major postoperative event timeframe

A patient receiving VAD support enters the OR for heart and lung transplantation. Following the transplants, the patient is unable to separate from bypass and requires ECMO support.

- ☐ No, because the patient arrived in the OR already on support
- ☐ Yes, because the patient required MCS support in the major postoperative event timeframe

A patient receiving VAD support enters the OR for heart and lung transplantation. Following the transplants, the patient is unable to separate from bypass and requires ECMO support.

- ☐ No, because the patient arrived in the OR already on support
- Yes, because the patient required MCS support in the major postoperative event timeframe

Code postoperative event (40) Postoperative/ postprocedural mechanical circulatory support (IAPB, VAD, ECMO, or CPS) regardless of:

 whether the patient required mechanical circulatory support at OR entry date and time

Post Operative Event: MCS Review

In Summary -

- MCS is collected as a major postoperative event
- Code this event regardless of when/where the patient requires the support
- Code this event if the patient was on MCS upon arrival to the OR if the patient leaves the OR on MCS support

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

- 9/17/24 @ 12pmCT
- 10/15/24 @ 12pmCT

Contact Information

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THANK YOU FOR JOINING!