

# STS National Database™

Trusted. Transformed. Real-Time.

The Society of Thoracic Surgeons

Congenital Heart Surgery Database

July 21, 2026



# Agenda

- Welcome and Introduction
- STS Updates
- STS Data Manager Education Q&A



# STS Updates

- July Training Manual and FAQ Summary posted
- CHSD Public Reporting – Website has been updated to include the **Spring 26 Harvest Analysis** results (January 2022 – December 2025)
  - Questions regarding public reporting should be sent directly to [publicreporting@sts.org](mailto:publicreporting@sts.org)
- Fall 2026 Harvest closes October 9<sup>th</sup> @ 11:59pm EASTERN  
(includes procedures up through June 30, 2026)



# AQO 2026 – New Orleans

- **September 30 - October 2, 2026**
- **Hilton Riverside New Orleans**
- CHSD& GTSD Sessions will be held Sept 30<sup>th</sup> (full day) and October 1<sup>st</sup> (half day)
- Intermacs & Pedimacs-Live Virtual Forum-September 24<sup>th</sup>
- ACSD Sessions will be held October 1<sup>st</sup> (full day) and October 2<sup>nd</sup> (half day)
- Half day sessions will include breakout discussions for the on-site databases



# AQO 2026 – A Data Managers Meeting

- Registration is NOW OPEN!!!
- <https://www.sts.org/calendar-of-events/2026-advances-quality-outcomes-data-managers-meeting>

Event

## 2026 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.

Register Now



Date(s)  
Sep 30 – Oct 2, 2026

Location  
New Orleans, LA

Audience  
Allied Health  
Data Manager

Chat with COR



# AQO 2026 – A Data Managers Meeting

AQO 2026 will offer a unique opportunity to explore techniques for optimizing data collection, using case scenarios, and driving quality improvement. Head for New Orleans this September to attend the premier gathering of STS National Database professionals as they share valuable research and important clinical findings with hundreds of peers.

[Request a justification letter.](#)

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Hotel Arrangements

Intermacs/Pedimacs

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## Schedule

- **Thursday, Sept. 24**

Intermacs/Pedimacs Virtual Forum: 9 a.m. – 5 p.m.

- **Wednesday, Sept. 30**

General Thoracic Surgery Database: 8 a.m. – 5 p.m.

Congenital Heart Surgery Database: 8 a.m. – 5 p.m.

- **Thursday, Oct. 1**

General Thoracic Surgery Database: 8 a.m. – 11 a.m.

Congenital Heart Surgery Database: 8 a.m. – 11 a.m.

Adult Cardiac Surgery Database: 8 a.m. – 5 p.m.

- **Friday, Oct. 2**



# AQO 2026 – A Data Managers Meeting

| In-Person Registration                                  | Registration Fee | Late Registration Fee<br>(after Aug. 31, 2026) |
|---------------------------------------------------------|------------------|------------------------------------------------|
| STS Member — One Registry (CHSD or GTSD or ACSD)        | \$700            | \$800                                          |
| STS Member — Two Registries ((CHSD or GTSD) AND (ACSD)) | \$1,100          | \$1,200                                        |
| Non-Member — One Registry (CHSD or GTSD or ACSD)        | \$800            | \$900                                          |
| Non-Member — Two Registries ((CHSD or GTSD) AND (ACSD)) | \$1,200          | \$1,300                                        |
| Industry Employee                                       | \$1,200          | \$1,300                                        |



# AQO 2026 – A Data Managers Meeting

| Virtual-Only Registration                            | Early Bird Registration Fee<br>(through July 31, 2026) | Standard Registration Fee |
|------------------------------------------------------|--------------------------------------------------------|---------------------------|
| STS Member Virtual Pass +<br>Intermacs Forum         | \$450                                                  | \$550                     |
| STS Member Virtual Pass Only<br>(no Intermacs Forum) | \$350                                                  | \$450                     |
| Non-Member Virtual Pass +<br>Intermacs Forum         | \$550                                                  | \$650                     |
| Non-Member Virtual Pass Only (no Intermacs Forum)    | \$450                                                  | \$550                     |

\*An STS Member ID (6 digits) is required 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 retrieving your STS Member ID, [contact Member Services](#).  
[Download a printable form for registration.](#)



# AQO 2026 – A Data Managers Meeting

## Hotel Arrangements

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A block of rooms has been reserved at the Hilton New Orleans Riverside (2 Poydras Street, New Orleans, LA 70140). The special AQO group rate of \$259, plus state and local taxes, is guaranteed **through Tuesday, Sept. 8**, or until the group block is sold out. Guest rooms reserved after the cutoff date or when the room block is sold out are subject to hotel availability. [Reserve your room online.](#)



# Education Discussion Topics

Database Announcements/Updates

Definition Clarifications

- Procedure: Partial Heart Transplant
- Preop Factor: Immunocompromised
- Postop Event: Acute Renal Failure

# Database Announcements & Updates

## FAQs

- Behind in response time due to time away
- Expect replies by the end of next week

## Database Announcements & Updates

### COVID-19 Fields

- Discontinued as of 7/1/26
- Clarifications coming to TM with next update

|                                                                                             |                                                                                           |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Did the patient have a laboratory confirmed diagnosis of Covid-19?                          | <input type="checkbox"/> No, no test performed or negative test (Harvest Code 10)         |
|                                                                                             | <input type="checkbox"/> Yes, prior to hospitalization for this surgery (Harvest Code 11) |
|                                                                                             | <input type="checkbox"/> Yes, in hospital prior to surgery (Harvest 12)                   |
|                                                                                             | <input type="checkbox"/> Yes, in hospital after surgery (Harvest Code 13)                 |
|                                                                                             | <input type="checkbox"/> Yes, after discharge within 30 days of surgery (Harvest Code 14) |
| Date of Positive Covid-19 Test (closest to OR <u>date</u> ) ____ / ____ / ____ (mm/dd/yyyy) |                                                                                           |

### Long Name: Temporary Coded Field

SeqNo: 560

Short Name: TempCode

Database Table Name: Operations

Data Source: User

Format: Text (categorical values specified by STS)

Definition: This is a temporary field that should not be used for data collection until expressly instructed to by the STS.

As of release of v6.22.1, this is currently being used to col COVID testing.

### Long Name: Temporary Date Field

SeqNo: 565

Short Name: TempDt

Database Table Name: Operations

Data Source: User

Format: Date - mm/dd/yyyy

Definition: This is a temporary field that should not be used for data collection until expressly instructed to by the STS.

# Database Announcements & Updates

## STS University

- Still coming, delayed
- Office Hours available with Chasity and Leslie, reach out via email
- New DM Webinars beginning Fall 2026

# Database Announcements & Updates

## AQO Breakout Session, Day 2

- **CHSD Chat about Future Variables**
- Bring your ideas for new fields, getting rid of fields, changes to fields, new procedures/diagnoses, etc.
- Can't wait!

# Partial Heart Transplant

## Procedure Clarification: Partial Heart Transplant

“Living heart valve replacement”

- valves/valve tissue from a donor heart is implanted into a patient
- grow with the patient, decreasing need for repeated replacements
- require immunosuppression
- no need for anticoagulation

# Procedure: Partial Heart Transplant

## How to code a partial heart transplant?

- There is no current procedure code in the CHSD to capture
- Code the specific valves replaced

### Training Manual:

|     |                   |                                                                                                                                                                                                                                                                                |
|-----|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 890 | Transplant, Heart | <p>Heart transplantation, any technique, allograft or xenograft.</p> <p><u>Coding Notes:</u></p> <p>This procedure does not include partial heart transplants; instead, code the individual procedures completed during the case (i.e., valve replacement)(update Jul-26).</p> |
|-----|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Preop Factor: Immuno- compromised

# Immunocompromised

Defined: weakened immune system

Code this factor: if the patient is taking immunosuppressive meds within 30d prior to OR entry date & time and/or has a documented existing medication condition causing immunocompromise at OR entry date & time...

# Preop Factor: Immunocompromised

## **Updated: Includes congenital athymia**

patient born without thymus gland or without a functioning thymus gland

**Does not include patients where the thymus gland was surgically removed**

# Postop Event: Acute Renal Failure (ARF)

## Acute Renal Failure Clarification

At least one of the following:

- New requirement for dialysis (any type) for kidney dysfunction *and/or*
- If < 18-yrs, a clinical diagnosis of ARF w/ at least one of the following: (1) new onset oliguria w/ urine output < 0.5 ml/kg/hr for 24hrs *or* (2) a rise in serum creatinine > 1.5x upper limits of normal for age (or 2x the most recent preop value if available) *or*
- If ≥ 18-years of age, a 3x increase in serum creatinine level from the preoperative value, *and/or* a serum creatinine level ≥ 4.0 mg/dl with at least a 0.5 mg/dl rise from the preoperative value

# POE ARF: Decision Algorithm

**1. Did the patient receive dialysis?**

# POE ARF: Decision Algorithm

## 1. Did the patient receive dialysis?

→ *If yes, was dialysis for renal dysfunction?*

*if yes for renal dysfunction, code POE ARF*

*if not for renal dysfunction, move to next criteria*

# POE ARF: Decision Algorithm

## 1. Did the patient receive dialysis?

→ *If yes, was dialysis for renal dysfunction?*

*if yes for renal dysfunction, code POE ARF*

*if not for renal dysfunction, move to next criteria*

→ *If no dialysis, move to next criteria*

## POE ARF: Decision Algorithm

**2. Patient < 18-yrs of age, was there a documented diagnosis of ARF?**

## POE ARF: Decision Algorithm

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→ *If no*, do not code POE ARF

## POE ARF: Decision Algorithm

**2. Patient < 18-yrs of age, was there a documented diagnosis of ARF?**

→ *If no*, do not code POE ARF

→ *If yes*, was there new onset oliguria w/ urine output < 0.5 ml/kg/hr for 24hrs?

## POE ARF: Decision Algorithm

**2. Patient < 18-yrs of age, was there a documented diagnosis of ARF?**

→ *If no*, do not code POE ARF

→ *If yes*, was there new onset oliguria w/ urine output < 0.5 ml/kg/hr for 24hrs?

*if yes*, code POE ARF

## POE ARF: Decision Algorithm

2. Patient < 18-yrs of age, was there a documented diagnosis of ARF?

→ *If no*, do not code POE ARF

→ *If yes*, was there new onset oliguria w/ urine output < 0.5 ml/kg/hr for 24hrs?

*if yes*, code POE ARF

*if no*, was there a rise in serum creatinine > 1.5x upper limits of normal for age (or 2x the most recent preop value if available)?

## POE ARF: Decision Algorithm

2. Patient < 18-yrs of age, was there a documented diagnosis of ARF?

→ *If no*, do not code POE ARF

→ *If yes*, was there new onset oliguria w/ urine output < 0.5 ml/kg/hr for 24hrs?

*if yes*, code POE ARF

*if no*, was there a rise in serum creatinine > 1.5x upper limits of normal for age (or 2x the most recent preop value if available)?

→ *if yes*, code POE ARF

→ *if no*, do not code POE ARF

## POE ARF: Decision Algorithm

2. Patient  $\geq$  18-yrs of age, was there a 3x increase in serum creatinine from the preoperative value?

→ *If yes*, code POE ARF

→ *If no*, was there a serum creatinine level  $\geq$  4.0 mg/dl with at least a 0.5 mg/dl rise from the preoperative value?

*if yes*, code POE ARF

*if no*, do not code POE ARF

# Postop Event: Acute Renal Failure

## **When to code:**

Patient receives peritoneal dialysis for AKI

# Postop Event: Acute Renal Failure

## When to code:

Patient receives peritoneal dialysis for AKI = Yes

Defined: acute renal failure is defined as *at least one* of the following:

- new requirement for dialysis (peritoneal and/or hemodialysis) or hemofiltration for ~~acute renal failure~~ dysfunction of the kidneys (renal failure, renal dysfunction, acute kidney injury). See examples below (update Jun-24).

Dialysis for any renal dysfunction is sufficient to code for any age patient

# Postop Event: Acute Renal Failure

## **When to code:**

Neonate with postop AKI but does not require dialysis

# Postop Event: Acute Renal Failure

## When to code:

Neonate with postop AKI but does not require dialysis = **No**

- if < 6575-days (<18-years) of age, **a new clinical diagnosis of acute renal failure in addition to *at least one* of the following (update Mar-24):**
  - new onset oliguria with sustained urine output < 0.5 ml/kg/hr for 24-hours
  - a rise in serum creatinine > 1.5 times the upper limits of normal for age (or twice the most recent preoperative value if available)

**No dialysis**  
**No diagnosis ARF**

# Postop Event: Acute Renal Failure

## **When to code:**

Patient received dialysis for fluid overload

# Postop Event: Acute Renal Failure

## When to code:

Patient received dialysis for fluid overload = No

Defined: acute renal failure is defined as *at least one* of the following:

- new requirement for dialysis (peritoneal and/or hemodialysis) or hemofiltration for ~~acute renal failure~~ dysfunction of the kidneys (renal failure, renal dysfunction, acute kidney injury). See examples below (update Jun-24).

Dialysis must be for kidney dysfunction

Thank you!

# 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

- 8/18/26 @ 12pmCT
- 9/15/26 @ 12pmCT



# Contact Information

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Thoracic

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THANK YOU FOR JOINING!

