

Society of Thoracic Surgeons

Adult Cardiac Surgery  
Database:  
Monthly Webinar

February 2, 2022

A large white circle containing the STS National Database logo and tagline.

**STS National Database**<sup>TM</sup>  
Trusted. Transformed. Real-Time.

# Agenda

- Welcome and Introductions
- STS Important Dates
- STS Updates
- IQVIA Update
- STS Education:
  - February FAQ's
  - Preparing for Harvest Close
- Q & A

# Important Dates for Adult Cardiac

**2 Feb.**

- ACSD Monthly Webinar @ 2pmCT

**16 Feb.**

- ACSD User Group Call @ 2pmCT

**25 Feb.**

- Harvest 1 Closes (OR Dates through 12/31/2021)

**1 Mar.**

- Harvest 1 Opt-Out Ends

# Harvest 2022 Dates

ACSD					
Harvest	Close	Opt-Out	Includes procedures performed through	Report Posting	Comments
H1 2022	February 25	March 1	December 31, 2021	Spring 2021	Star Rating
H2 2022	May 27	June 1	March 31, 2022	Summer 2022	
H3 2022	August 26	August 30	June 30, 2022	Fall 2022	Star Rating
H4 2022	November 18	November 22	September 30, 2022	Winter 2022	



## STS Updates

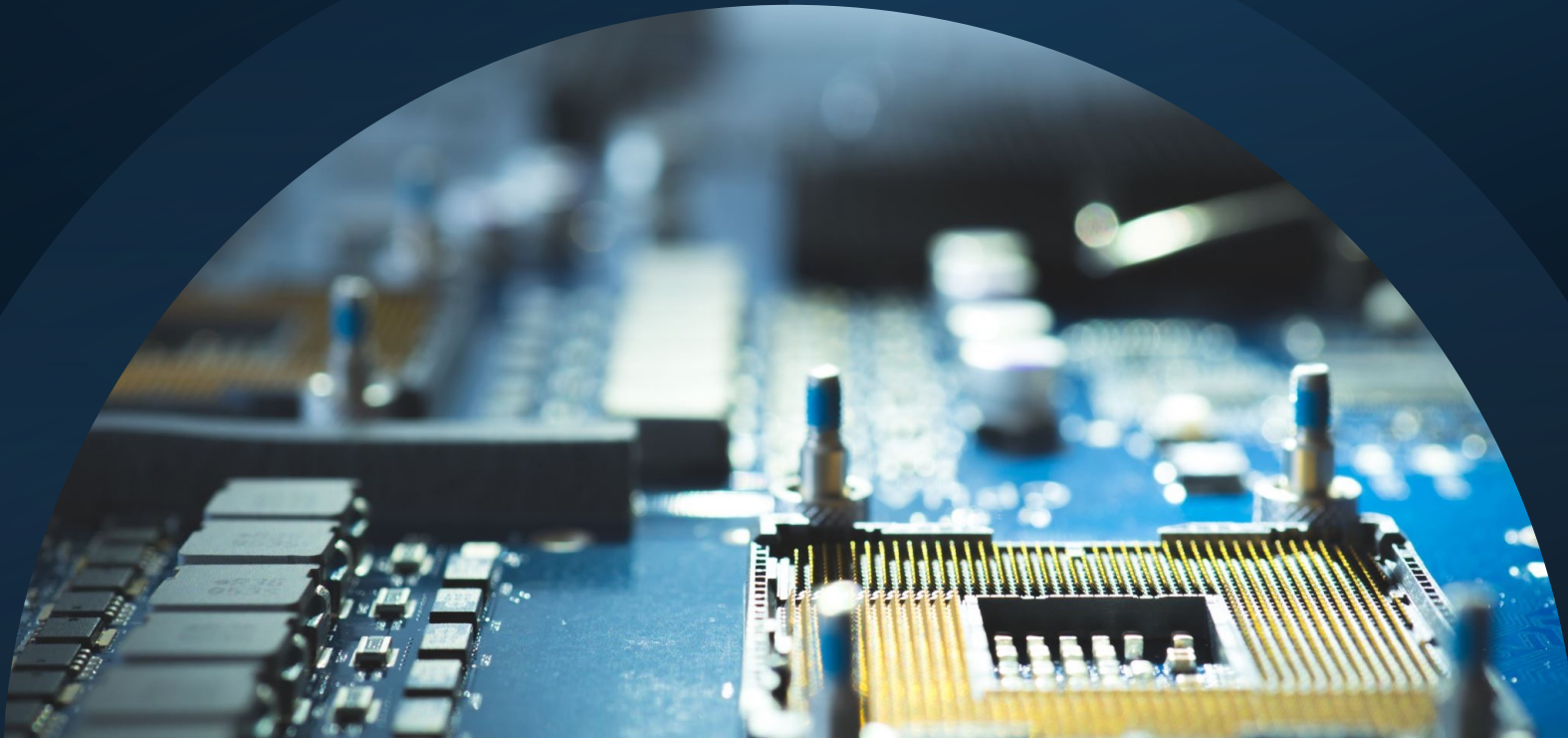
Harvest 4 data back  
from analysis – IQVIA  
preparing for release

February Training  
Manual Posted



# IQVIA Update

## Joe Brower



# IQVIA February Release 2022

The below items are currently under review and targeted for the weekend of February 26.

## Risk Adjusted Report (analyzed)

### Printing/Exporting Updates

- **STS-7715** – Export/Print - The Anesthesia section is printing for all participants who are not enrolled in Anesthesia component.
- **STS-6706** – The Risk Adjusted Report is cutting off the label descriptions when exported to PDF.

### Report Calculation Updates

- **STS-7188** – Beta Blockers discrepancy identified with the denominator for Yes and Among Eligible Cases, contraindicated cases are being included in the denominator count
- **STS-7812** – Update benchmark calculation on the Operative and Postoperative Events reports for the 1+ Platelet Units results to include a new variable (IBdPlatDosePk) for 4.20.2 data version
- **STS-6867** – Update benchmark calculation for the missing percent and Yes totals for IABP used, radial arteries used, and cardiac referral

# IQVIA February Release 2022

The below items are currently under review and targeted for the weekend of February 26.

## Risk Adjusted Report (analyzed)

### Report Calculation Updates Con't

- **STS-7649** – Update required for benchmark calculation for the IABP field to include the parent value (MechVentAssistDevice) for dataversion 4.20.2
- **STS-6928** – Update required for benchmark calculation on the Morbidity/Mortality report for the Conduit Harvest or Cannulation Site result
- **STS-7648** – Update required for the benchmark IBLDPROD\_MISSING calculation to include parent variable (IBLDPRODREF) for data version 2.81 and 2.9
- **STS-7089** – Anesthesia Report Section – Update required for benchmark calculation for the Retrograde Autologous Priming of CPB Circuit results



# IQVIA February Release 2022

The below items are currently under review and targeted for the weekend of February 26.

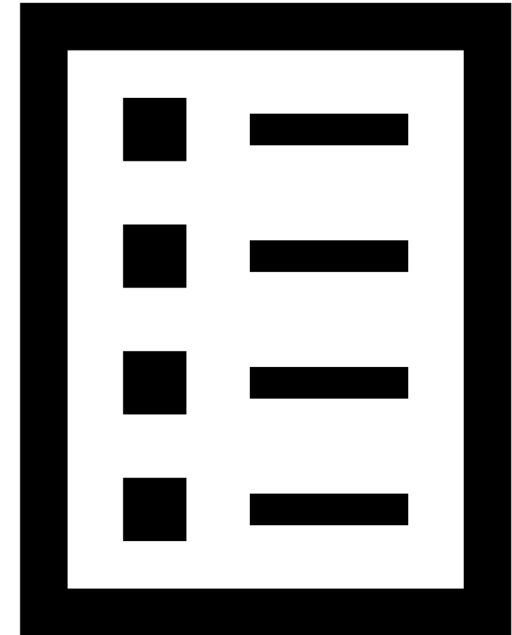
## Participant Non-Analyzed Dashboard Report

- **STS-7159** – Update required for the PostOperative Events – Rhythm Disturbance Requiring Permanent Device to include the NewRhythmDis 4.20.2 variable in the calculation

**Please Note:** End users are not required to make any changes. All updates will automatically apply to the noted reports.

# ACSD Known Issues and Enhancement Items

**IQVIA will post an updated  
version of the full list of  
known issues and  
enhancements to the  
Library for user reference  
this week.**



# IQVIA Update



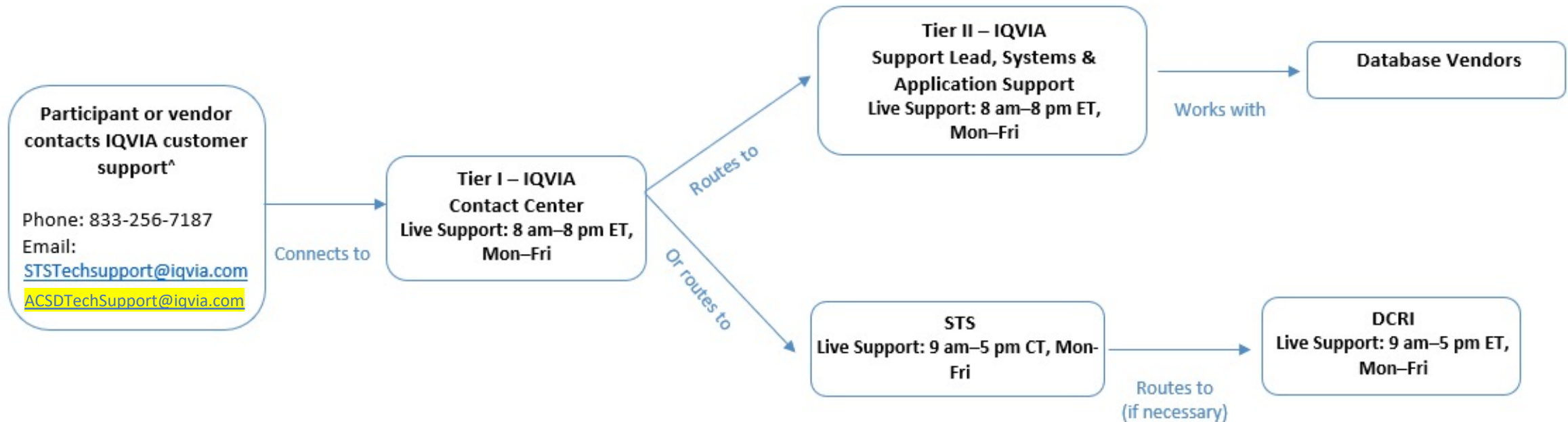
Please note: Submitted tickets are currently under review and the IQVIA support team will follow up on resolution and/or target release confirmation.



The IQVIA Team is currently reviewing items that will be released in an upcoming release. Those items will be posted to the Notifications section.

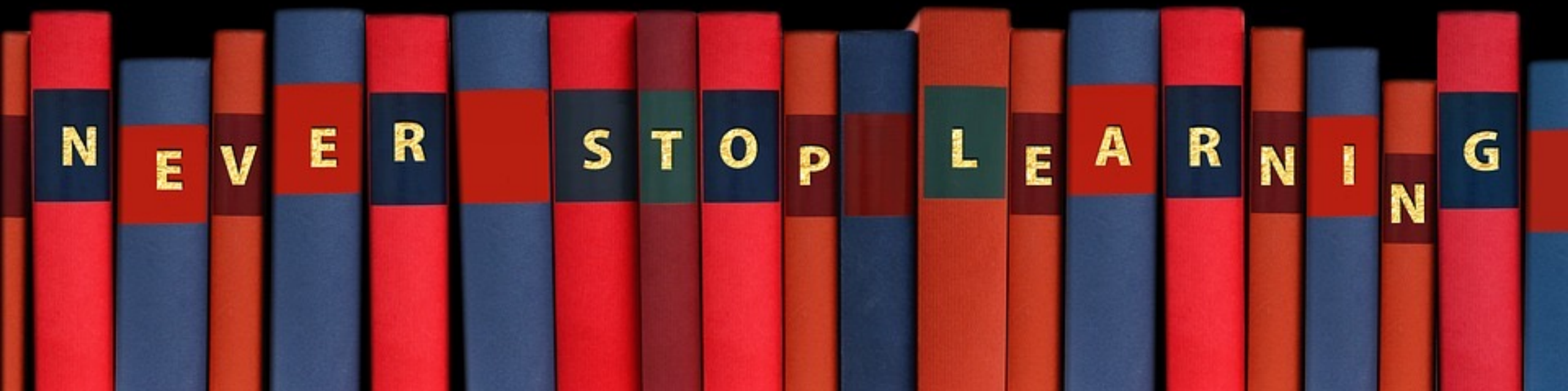
# IQVIA's Support Plan

Please include your Participant ID (PID) in all communications with STS and IQVIA



^ Inquiries received outside live support hours will require a 24-hour turnaround window (i.e., one business day) for responses.





## STS Education for February



Previous  
Cardiac  
Interventions  
PrCVInt (seq.  
655)

Do not capture aborted or unsuccessful procedures

Update Feb 2022 that **do not result** in urgent/emergent surgical intervention. For example, TAVR is aborted due to LV injury and emergent SAVR is performed. In this scenario, code the TAVR as a prior CV intervention

# Polling Question

Would you code this as a previous cardiac intervention?

A patient had a planned CABG but following the incision, the surgeon aborted the procedure due to unexpected chest wall adhesions. The patient was discharged home and returned 5 months later with severe chest pain. The surgeon took the patient to surgery emergently and performed a CAB, it took a while to dissect the chest wall adhesions, but it was successful.



# Planned vs. Unplanned Procedures

CReintMI /  
CAortReint /  
COpReOth  
(seq. 6771 / 6774 /  
6778)

What constitutes an unplanned procedure?

Answer - Planned procedures are procedures that are planned pre-op or during the index procedure. A procedure done after the index procedure that was not planned pre- or intra-op is unplanned and coded as a post-op event.

# Polling Question

Would you code this as a revascularization?

Patient has post op progress note with chest pain and planned Left heart cath with possible PCI in the morning. Pt. goes to the Cath Lab performed to the native LAD.



# Readmission and Associated Procedures

ReadmPro  
(seq. 7165)

Readmitted patients that are transferred to another acute care hospital should be followed until discharge from that facility to document the most invasive procedure performed during the readmit.



# Polling Question

How would you code this?

What about the Aorta??

A patient status post CABG x 3 is 10 days post-op. The patient is seen as an outpatient by the cardiologist, when they complain of abdominal and back pain. The cardiologist sends the patient to the local community hospital for a STAT CT. The CT shows an evolving Type A dissection. The patient was waiting for the results and is stable, but in pain so they decided to admit the patient with the intent to transfer to a tertiary facility where the original procedure was performed (your hospital). The patient is transferred and undergoes an aortic dissection repair.





Preparing for  
Harvest Close





# Resources

- [STS National Database Webpage](#)
- [ACSDTechSupport@IQVIA.com](mailto:ACSDTechSupport@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*
  - ckrohn@sts.org



# Contact Information

- Carole Krohn, Sr. Clinical Manager, STS National Database
  - [CKrohn@sts.org](mailto:CKrohn@sts.org)
  - 312-202-5847
- Database Operational Questions
  - [STSDB@sts.org](mailto:STSDB@sts.org)



# Open Discussion

Please use the  
raise-hand  
function.

Please use the  
Q&A Function.

We will answer as  
many questions as  
possible.

We encourage  
your feedback and  
want to hear from  
you!