Society of Thoracic Surgeons

Adult Cardiac Surgery Database: Monthly Webinar

March 2, 2022
• Welcome and Introductions
• STS Important Dates
• STS Updates
• IQVIA Update
• STS Education:
  • Training Manual Review
  • Case Scenarios – YAY!!!
• Q & A
<table>
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<tr>
<th>Date</th>
<th>Event Description</th>
<th>Time</th>
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<tr>
<td>2 Mar.</td>
<td>ACSD Monthly Webinar @ 2pmCT</td>
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<tr>
<td>16 Mar.</td>
<td>ACSD User Group Call @ 2pmCT</td>
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<tr>
<td>1 Apr.</td>
<td>Public Reporting Deadline</td>
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<td>6 Apr.</td>
<td>ACSD Monthly Webinar @ 2pmCT</td>
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<td>20 Apr.</td>
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<td>4 May</td>
<td>ACSD Monthly Webinar @ 2pmCT</td>
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<td>18 May</td>
<td>ACSD User Group Call @ 2pmCT</td>
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<td>27 May</td>
<td>Harvest 2 Closes (OR Dates through March 31, 2022)</td>
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<td>1 Jun.</td>
<td>Opt-out ends for H2</td>
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## Harvest 2022 Dates

<table>
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<tr>
<th>ACSD</th>
<th>Harvest</th>
<th>Close</th>
<th>Opt-Out</th>
<th>Includes procedures performed through</th>
<th>Report Posting</th>
<th>Comments</th>
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<tr>
<td>H1 2022</td>
<td>February 25</td>
<td>March 1</td>
<td>Dec 31, 2021</td>
<td>Spring 2021</td>
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<td>Star Rating</td>
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<td>H2 2022</td>
<td>May 27</td>
<td>June 1</td>
<td>Mar 31, 2022</td>
<td>Summer 2022</td>
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<td>H3 2022</td>
<td>August 26</td>
<td>August 30</td>
<td>Jun 30, 2022</td>
<td>Fall 2022</td>
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<td>Star Rating</td>
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<td>H4 2022</td>
<td>November 18</td>
<td>November 22</td>
<td>Sep 30, 2022</td>
<td>Winter 2022</td>
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A new ACSD Public Reporting Consent Form is available now. The revised Public Reporting consent form reflects the updated isolated CABG composite that uses 3-year analytic windows and 95% credible intervals to estimate composite performance and star ratings. The 3-year CABG composite will replace the 1-year CABG composite currently offered in the Public Reporting initiative. A video detailing the new measure also is available.

The next ACSD data refresh is scheduled for summer 2022 using results from 2022 Harvest 1 (OR dates from January 1, 2019 – December 31, 2021).

For ACSD participants already enrolled to publicly report isolated CABG outcomes, a new consent form is not required to publicly report the 3-year isolated CABG composite. Current 1-year CABG composite enrollees will be automatically enrolled to report 3-year CABG composite data going forward.

If you are currently enrolled to publicly report 1-year CABG composite data and do not wish for your enrollment to roll over to the 3-year CABG composite, you may opt out of rollover enrollment. The deadline to opt out is Friday, April 1, 2022. The 1-year isolated CABG composite is being discontinued, so opting out of rollover enrollment means that you will no longer publicly report any isolated CABG composite measure.

To enroll in the STS Public Reporting initiative—or to modify current enrollment selections—submit a new ACSD Public Reporting consent form by Friday, April 1, 2022.

If you have any questions regarding your current STS Public Reporting enrollment status and/or overall program inquiries, contact Sydney Clinton at sclinton@sts.org. PLEASE INCLUDE YOUR PID.
STS Updates

Harvest 4 data back from analysis – IQVIA preparing for release on March 12.

March Training Manual Posted
The below items are targeted to be deployed to production the weekend of March 5.

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.
The below items are targeted to be deployed to production the weekend of March 5.

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 data version 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
The below items are targeted to be deployed to production the weekend of March 5.

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.
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

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

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STS Education for March
General Concepts Planned versus Unplanned for SEQ 2120 – 2140

Yes, planned – The procedures done in the OR were planned to be performed prior to OR entry. For example, operative consent is for CABG with possible AVR – both are planned procedures.
General Concepts Planned versus Unplanned for SEQ 2120 – 2140

Yes, unplanned due to unsuspected disease or anatomy – New disease findings found in OR that require an operative procedure to repair. For example, severe MR is discovered on the intra-op TEE and an MVR is performed – this is unplanned due unsuspected disease or anatomy.
General Concepts Planned versus Unplanned for SEQ 2120 – 2140

Yes, unplanned due to surgical complication – New findings caused by an operative complication that needs to be repaired while in the OR. For example, an LV injury occurs and needs repair – this is unplanned due to surgical complication.
During a mitral valve replacement, a right atrium repair was done. Documented in the op report "The heart was severely enlarged and there was significant scarring around the pulmonary veins making visualization difficult. All around her tissues were fragile and the right atrium tore when placing the venous cannula. The atrium was repaired with a plegeted 4-0 prolene suture.

A. Right atrium repair unplanned d/t unsuspected anatomy or disease

B. Right atrium unplanned d/t surgical complication

C. Right atrium repair planned
During a mitral valve replacement, a right atrium repair was done. Documented in the op report "The heart was severely enlarged and there was significant scarring around the pulmonary veins making visualization difficult. All around her tissues were fragile and the right atrium tore when placing the venous cannula. The atrium was repaired with a pledgeted 4-0 prolene suture.

A. Right atrium repair unplanned d/t unsuspected anatomy or disease

B. Right atrium unplanned d/t surgical complication

C. Right atrium repair planned
I am looking for a little assistance on how to code a TAVR turned open heart surgery. The valve was successfully deployed in the CVL but the wire lacerated the ventricle at the end of the case. The patient went to the OR for a left ventricular laceration repair utilizing cardiopulmonary bypass.

A. LV repair unplanned d/t unsuspected anatomy or disease

B. LV repair unplanned d/t surgical complication

C. LV repair planned
The TAVR valve was successfully deployed in the Cath Lab, but the wire lacerated the ventricle at the end of the case. The patient went to the OR for a left ventricular laceration repair utilizing cardiopulmonary bypass.

A. LV repair unplanned d/t unsuspected anatomy or disease

B. LV repair unplanned d/t surgical complication

C. LV repair planned
Pt came to OR for CABG and the intra op TEE showed a fibroelastoma tumor on the aortic valve leaflets and the following was performed in addition to CABG. "I used 5 scissors as well as 11 blade in order to shave off the fibroelastoma tissue from the upper surface of the left leaflet of the aortic valve without injuring the leaflet. The valve appeared to be intact at the conclusion of that.

A. AV repair unplanned d/t unsuspected anatomy or disease

B. AV unplanned d/t surgical complication

c. AV repair planned
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A. AV repair unplanned d/t unsuspected anatomy or disease

B. AV unplanned d/t surgical complication

c. AV repair planned
Patient with MVD was transferred to our hospital after diagnostic Cath. Surgical consult was obtained, but patient was a poor surgical candidate. After further discussion, patient opted for high-risk stenting. PCI intervention resulted in perforation of the LAD. Emergent call to CV surgery was placed. Surgeon consented for mediastinal exploration for bleeding, possible emergent CAB. CABG performed.

A. CABG unplanned d/t unsuspected anatomy or disease

B. CABG unplanned d/t surgical complication

C. CABG planned
Patient with MVD was transferred to our hospital after diagnostic Cath. Surgical consult was obtained, but patient was a poor surgical candidate. After further discussion, patient opted for high-risk stenting. PCI intervention resulted in perforation of the LAD. Emergent call to CV surgery was placed. Surgeon consented for mediastinal exploration for bleeding, possible emergent CAB. CABG performed.

A. CABG unplanned d/t unsuspected anatomy or disease

B. CABG unplanned d/t surgical complication

C. CABG planned
Resources

• **STS National Database Webpage**
• **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
  • 312-202-5847
• Database Operational Questions
  • 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!