

Society of Thoracic Surgeons

Adult Cardiac Surgery
Database:
Monthly Webinar

March 2, 2022



STS National Database[™]
Trusted. Transformed. Real-Time.

Agenda

- Welcome and Introductions
- STS Important Dates
- STS Updates
- IQVIA Update
- STS Education:
 - Training Manual Review
 - Case Scenarios – YAY!!!
- Q & A

Important Dates for Adult Cardiac

2 Mar.

- ACSD Monthly Webinar @ 2pmCT

16 Mar.

- ACSD User Group Call @ 2pmCT

1 Apr.

- **Public Reporting Deadline**

6 Apr.

- ACSD Monthly Webinar @ 2pmCT

20 Apr.

- ACSD User Group Call @ 2pmCT

4 May

- ACSD Monthly Webinar @ 2pmCT

18 May

- ACSD User Group Call @ 2pmCT

27 May

- Harvest 2 Closes (OR Dates through March 31, 2022)

1 Jun.

- Opt-out ends for H2

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	



Public Reporting Update

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.**

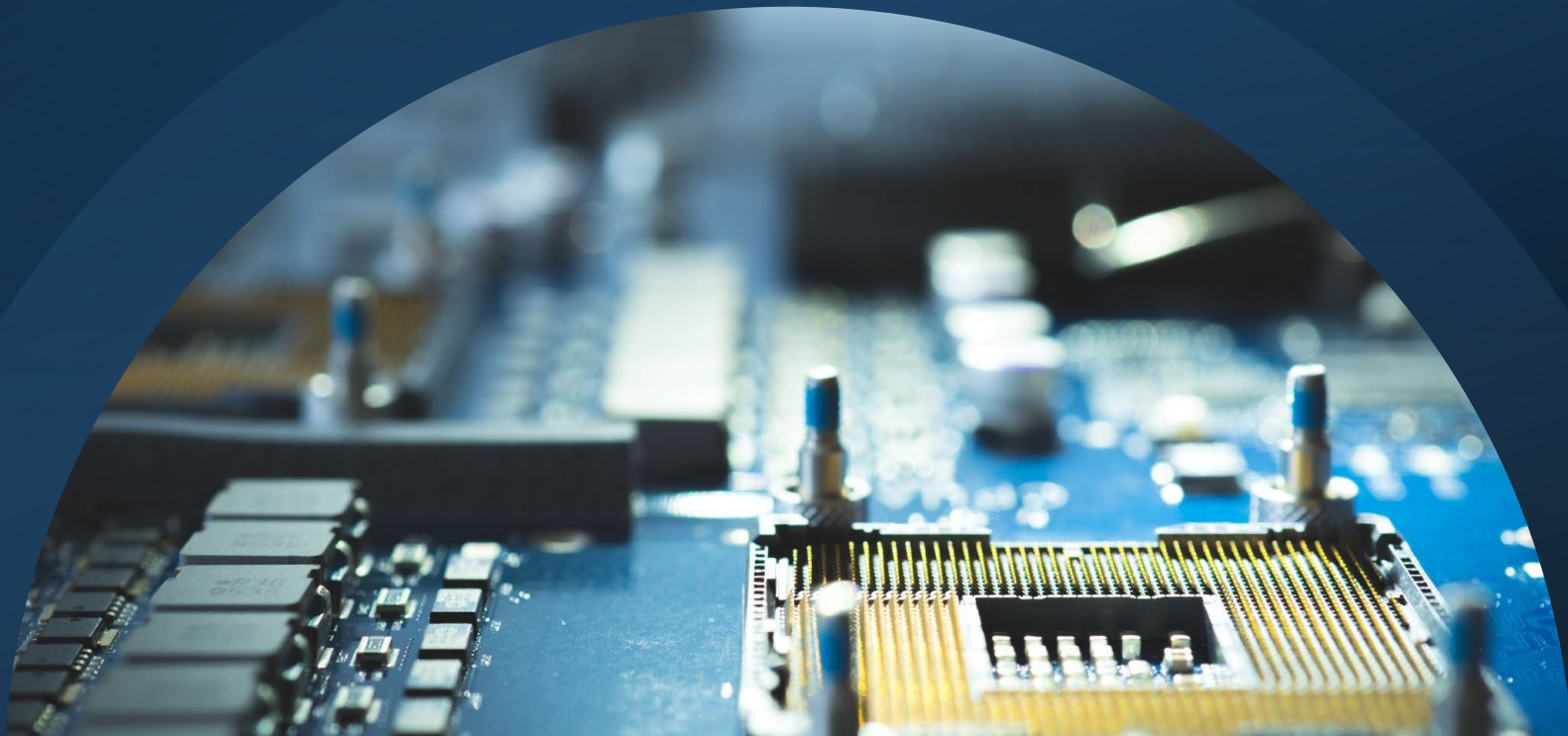
STS Updates

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

March Training Manual
Posted

IQVIA Update

Joe Brower



IQVIA March Release 2022

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

IQVIA March Release 2022

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

IQVIA March Release 2022

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

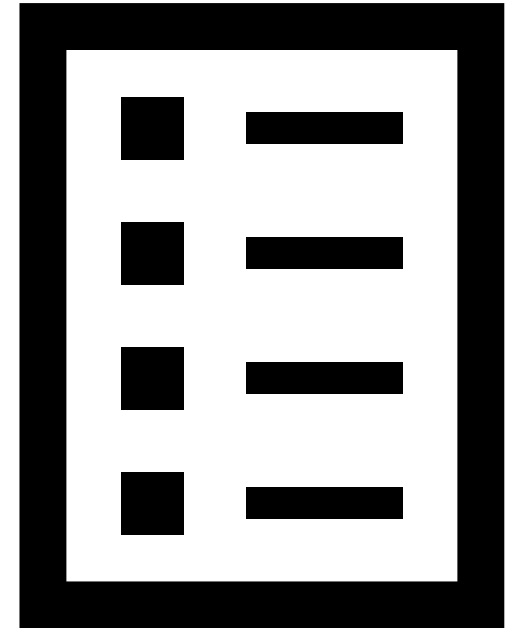
Please Note:

End users are not required to make any changes.

All updates will automatically apply to the noted reports.

ACSD Known Issues and Enhancement Items

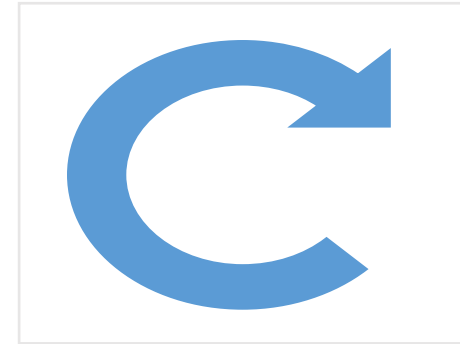
IQVIA will post an updated version of the full list of known issues and enhancements to the Library for user reference this week.



IQVIA Update



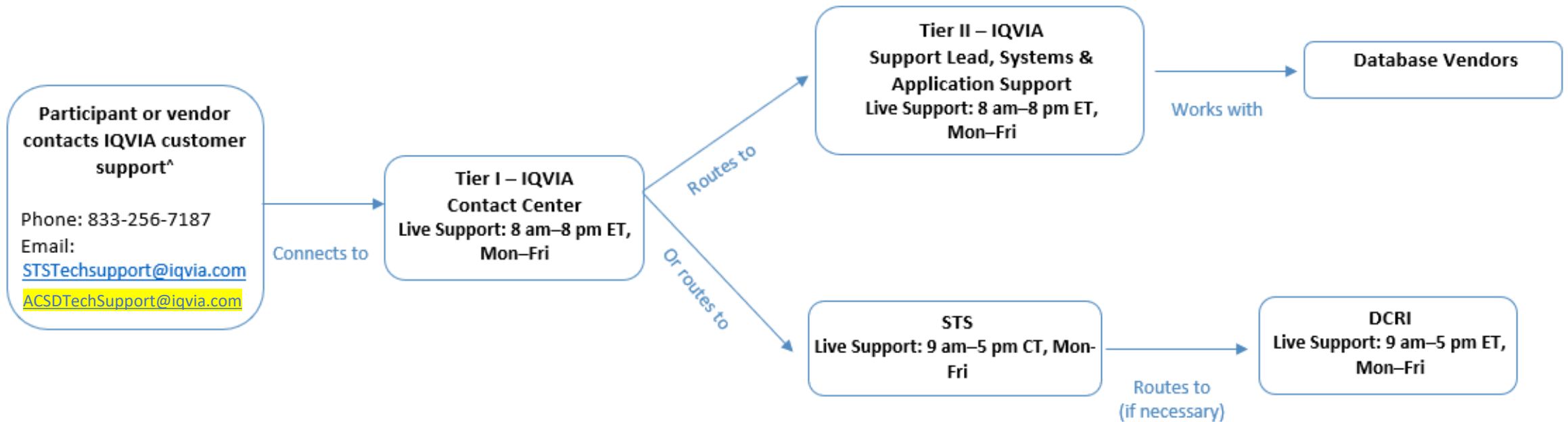
Please note: Submitted tickets are currently under review and the IQVIA support team will follow up on resolution and/or target release confirmation.



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 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.



Question #1

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

Answer #1

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

Question #2

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

Answer #2

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

Question #3

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

Answer #3

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

Question #4

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

Answer #4

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!