September 6, 2022

Society of Thoracic Surgeons

Adult Cardiac Surgery Database: Monthly Webinar



Agenda

- Welcome and Introductions
- STS Important Dates
- STS Updates
- IQVIA Updates
- STS Education:
 - Postoperative Stroke
- Q & A



Important Dates for Adult Cardiac

7 Sept.

26 Aug.

Harvest 3 Close (OR Dates through June 30, 2022 – STAR Rating)

ACSD Monthly Webinar @ 2pmCT

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5 Oct.



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

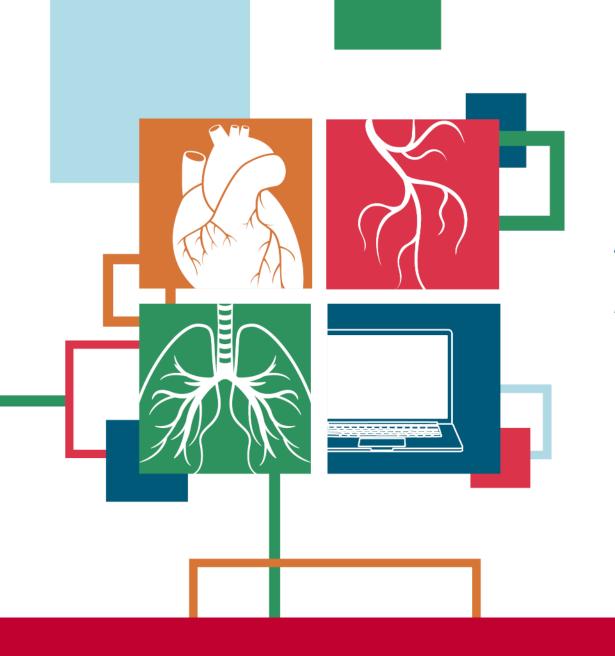
Harvest 3 Closed on Friday, August 26(OR dates through June 30, 2022)

September Training Manual Posted

Registration for AQO

Preoperative Screenings/Frailty Measure





ADVANCES IN QUALITY & OUTCOMES: A Data Managers Meeting

October 26-28, 2022 - PROVIDENCE, RHODE ISLAND



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



A Data Managers Meeting

October 26–28, 2022 PROVIDENCE, RHODE ISLAND

AQO Registration is OPEN.

STS MEMBER	Early Bird (August 26, 2022)	Standard	
One Track	\$550	\$650	
Two Tracks	\$900	\$1,100	
Multi-Day (Three Tracks)	\$1,150 \$1,		
Virtual Pass	\$300 \$300		
NON-MEMBER	Early Bird (August 26, 2022)	Standard	
One Track	\$650	\$750	
Two Tracks	\$1,100	\$1,300	
Multi-Day (Three Tracks)	\$1,450	\$1,750	





Thursday, October 27, 2022 – Adult Cardiac

	In Person	Virtual Pass
In-person sessions with live Q&A	Ø	
On-demand content (available mid-October)	Ø	Ø
 Recorded archive of in-person sessions (available mid-November) 	Ø	Ø
Breakfast, lunch, and refreshment breaks	Ø	
 Personal interactions and networking with peers 	Ø	
 Networking Reception with speakers, vendors, and colleagues 	Ø	
Face-to-face time with exhibitors	Ø	
Complete exhibitor listing	Ø	Ø
 Exhibit Hall giveaways and Passport to Prizes 	Ø	
AQO Hot Topics Webinar (in January)	Ø	Ø
 Digital conference materials (PowerPoint presentations, handouts, and case scenarios) 	Ø	Ø
 Opportunity to view and vote on your favorite e-poster 	Ø	Ø
Continuing Education/CEU Credits	Ø	Ø
Explore the sights and sounds of Providence, Rhode Island	Ø	

The Virtual Pass will

NOT
have live streaming





- Educational sessions and social events will take place at the Rhode Island Convention Center (1 Sabin St, Providence, RI 02903).
- A block of rooms have been reserved at the Omni Providence Hotel (1 West Exchange St., Providence, RI 02903). The special AQO group rate of \$259, plus state and local taxes, is guaranteed through **Tuesday, October 4**, or until the group block is sold out.
- Reserve online
- Call 401-598-8000. Be sure to reference "AQO" or "Advances in Quality and Outcomes."







IQVIA Update Joe Brower



The below items are targeted for an upcoming release

The **ACSD Participant Non-Analyzed Dashboard** is undergoing enhancements where new variables will be displayed on the report.

Phase 1 will include updates to the following sections:

- Post Operative Events
- Risk Factors
- Preoperative Cardiac Status
- Coronary Bypass
- Preoperative Medications
- Discharge Mortality

The below items are targeted for an upcoming release

ACSD Participant Non-Analyzed Dashboard Enhancements

Additional updates will include:

The report parameter drop down menu will be updated to display the harvest dates in the pre-defined menu.

• Please Note: No change to the manual data entry option, users can enter custom dates to generate the report.



The below items are targeted for an upcoming release

ACSD Risk Adjusted Dashboard Enhancements

Updates will include:

Reformatting of the report to correct items noted below:

- The truncation of data displayed in columns on the UI and on the exported report
- The truncation of data on the bottom of impacted pages on the exported report



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 once released.

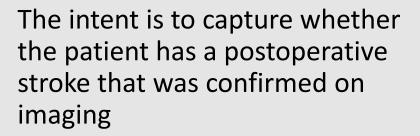




STS Education for September: Postoperative Stroke



SEQ 6810 Post-op Stroke



OR

did not resolve within 24 hours.

Update Aug 2022 – The Neurologist is the final arbitrator when there are differences in opinion as to if a stroke occurred.





SEQ 6810 Postop Stroke

There are two forms of stroke:

- ➤ Ischemic Blockage of a blood vessel supplying the brain. Includes embolic.
- ➤ Hemorrhagic Bleeding into or around the brain. Also known as Intracerebral hemorrhage (ICH) or cerebral bleed.

Neurological deficits such as confusion, delirium and/or encephalopathic (anoxic or metabolic) events are not to be coded in this field.

SEQ 6810 Postop Stroke

The symptoms of a stroke include:

- > Sudden numbness or weakness, especially on one side of the body
- ➤ Sudden confusion or trouble speaking or understanding speech
- > Sudden trouble seeing in one or both eyes
- > Sudden trouble with walking, dizziness, or loss of balance or coordination
- > Sudden severe headache with no known cause



Question #1

Patient "has new focal deficit of the right hand with weakness" documented at 0741.

MRI done show acute infarcts. Embolic phenomena is suspected."

Patient left AMA the same day. No neurology consult. Would this be captured as a stroke? A. Yes

B. No

C. Unsure



Answer #1

Patient "has new focal deficit of the right hand with weakness" documented at 0741.

MRI done show acute infarcts. Embolic phenomena is suspected."

Patient left AMA the same day. No neurology consult. Would this be captured as a stroke? A. Yes

B. No

C. Unsure

Stroke was confirmed on imaging



Question #2

On post-op day #1. patient c/o sudden onset numbness and heaviness in the right side of this tongue and mouth and difficulty speaking.

Patient went for CT which did not show any acute areas of hemorrhage or areas of infarct. Neurologist states that patient was not a candidate for tPA or IA.

Symptoms resolved within 2 hours

Is this coded as a stroke?

A. Yes

B. No

C. Unsure



Answer #2

On post-op day #1. patient c/o sudden onset numbness and heaviness in the right side of this tongue and mouth and difficulty speaking.

Patient went for CT which did not show any acute areas of hemorrhage or areas of infarct. Neurologist states that patient was not a candidate for tPA or IA.

Symptoms resolved within 2 hours

Is this coded as a stroke?

A. Yes

B. No

C. Unsure

No positive imaging and symptoms did not last > 24 hours

We do not capture TIA in V 4.2



Question #3

A patient had a Coronary Artery Bypass (CAB) and Carotid Artery Endarterectomy (CEA) done by a cardiac surgeon and a vascular surgeon. The patient had a stroke post-op that was confirmed on imaging, however, it was documented in the progress notes that the stroke was from the CEA. Do I code this as a post-op stroke?

- A. Yes
- B. No
- C. Unsure



Answer #3

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A. Yes

B. No

C. Unsure

Patient had post-op stroke
Stroke was confirmed on imaging



Question #4

POD#2, patient developed aphasia and confusion post narcotic administration. Code Stroke called.

MRI showed tiny acute infarct in the right high parietal lobe. Pt's symptoms completely resolved in less than 24 hours.

Neurologist noted that aphasia likely associated with narcotic administration; tiny asymptomatic high right parietal infarct.

Does this still have to be coded as postop stroke? A. Yes

B. No

C. Unsure



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MRI showed tiny acute infarct in the right high parietal lobe. Pt's symptoms completely resolved in less than 24 hours.

Neurologist noted that aphasia likely associated with narcotic administration; tiny asymptomatic high right parietal infarct.

Does this still have to be coded as postop stroke? A. Yes

B. No

C. Unsure

Stroke was confirmed on imaging



Question #5

We recently had a patient that had speech difficulty and episodes of aphasia for 48-72 hours postop. CT scan was negative. Neurologist states it was a stroke. CT surgeon feels it was not a stroke. Do I code as a stroke?

- A. Yes
- B. No
- C. Unsure



Answer #5

We recently had a patient that had speech difficulty and episodes of aphasia for 48-72 hours postop. CT scan was negative. Neurologist states it was a stroke. CT surgeon feels it was not a stroke. Do I code as a stroke?

A. Yes

B. No

C. Unsure

Symptoms did not resolve within 24 hours

Update Aug 2022 – The Neurologist is the final arbitrator when there are differences in opinion as to if a stroke occurred

Resources

- STS National Database Webpage
- <u>ACSDTechSupport@IQVIA.com</u> (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!

