

Society of Thoracic Surgeons

Adult Cardiac Surgery  
Database:  
Monthly Webinar

December 1, 2021

A large white circle containing the STS National Database logo. The logo consists of the text "STS National Database" in a bold, sans-serif font, with "STS" in red and "National Database" in dark blue. Below this, the tagline "Trusted. Transformed. Real-Time." is written in a smaller, dark blue font.

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

# Agenda

- Welcome and Introductions
- STS Important Dates
- STS Updates
- IQVIA Update
- STS Education: November FAQ's
- Q & A

# Important Dates for Adult Cardiac

## 1 Dec.

- ACSD Monthly Webinar @ 2pmCT

## 15 Dec.

- ACSD User Group Call @ 2pmCT
- Discussion on failed TAVR

## 17 Dec. (moved from 11/12)

- Harvest 4 Closes (OR Dates through 9/30/2021)

## 21 Dec.

- Harvest 4 Opt-Out Ends

## 19 Jan.

- ACSD User Group Call @ 2pmCT

# 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

AQO is available in the STS Learning Center

Harvest 3 data back from analysis – IQVIA preparing for release

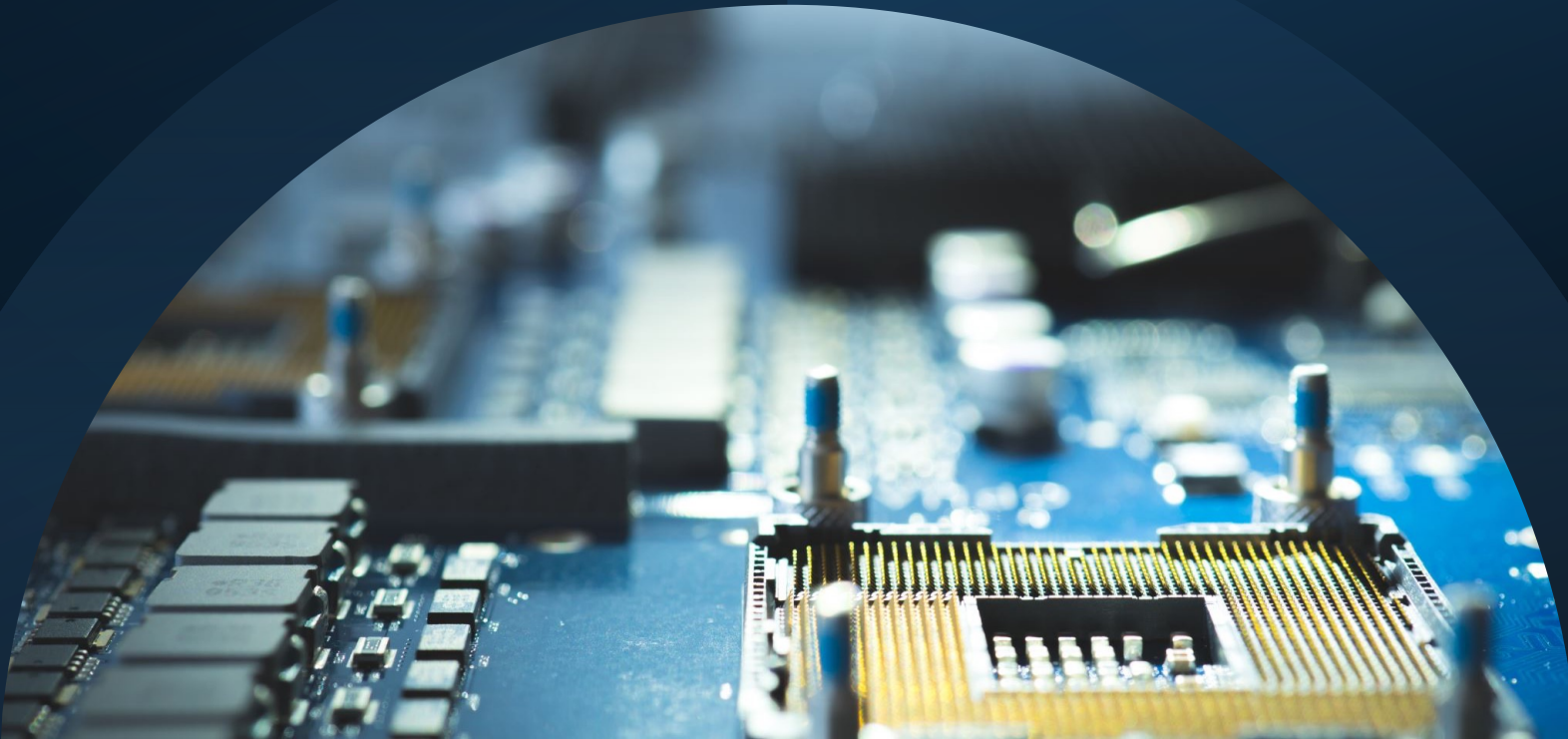
(aiming for Monday, December 6 – official notification will be sent after release)

November Training Manual Posted



# IQVIA Update

## Joe Brower



# IQVIA Updates December 2021

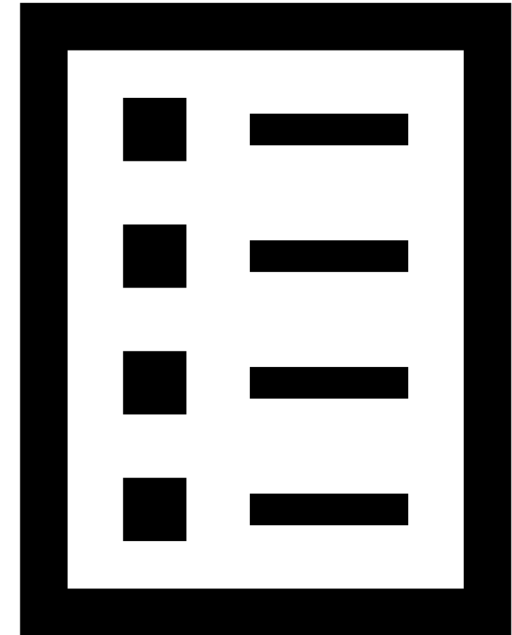
The below items are targeted to be released to production on **December 18**

## Reports

- **Participant Dashboard Report (non-analyzed)**
  - **STS-6747** – Participant Dashboard displayed a different percentage on the user interface versus the exported Excel report
  - **STS-7175** – Graphs on the dashboard is not aligning with the data within the tabular table
  - **STS-7173** – Users are unable to select multiple rows in the dashboard report to display combined results
- **Risk Adjusted Report (analyzed)**
  - **STS-6706** – Anesthesia Report calculations updated for attending anesthesiologist medically direct CRNA ratio for 2019 and 2020 reporting years and updated 4.20.2 data version consideration
  - **STS-7183** – Blood Products benchmark calculations for reporting year 2020 have been updated to remove IBLDPRODREF parent since it is no longer applicable to the 4.20.2 data version
  - **STS-7246** – Benchmark Report Morbidity/Mortality – Infection Complications - Deep Sternal Infection/Mediastinitis or Conduit Harvest calculations updated to include data version check and parent check when applicable

# 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.**

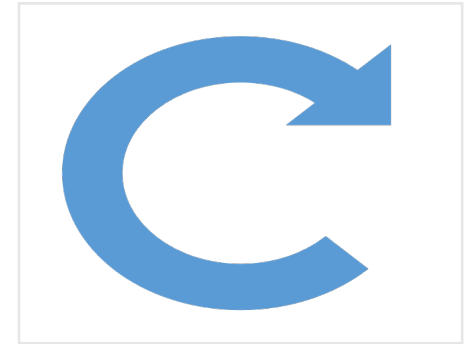




# IQVIA Update



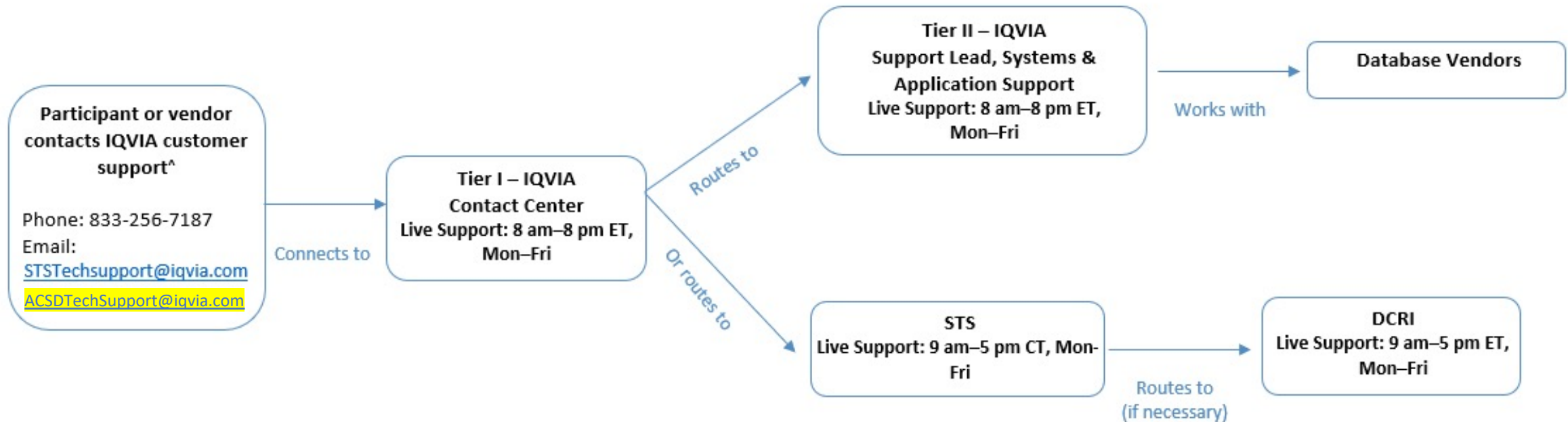
Please note: Submitted tickets are currently under review and the IQVIA support team will follow up on resolution and/or target release confirmation.



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 December 2021: November Training Manual Updates

## MedBeta (seq. 1030)

- I have an elective patient who is on a beta blocker at home. There is no medication reconciliation done the morning of surgery. If the surgeon or anesthesiologist document beta blocker taken within 24 hours of surgery can pre-op beta blocker be coded "Yes"?
- Answer - For an elective patient on a home beta blocker, with no medication reconciliation done who has surgeon or anesthesiologist documentation that a beta blocker was taken within 24 hours of incision, you can code "Yes" to SEQ 1030 since you have no other documentation of pre-op beta blocker and no conflicts in the medical record that indicate that this documentation is not true.



## MedBeta (seq. 1030)

- If the patient is on a chronic home beta blocker therapy and that medication is listed in the pre-op H&P medication list, but there is no documentation of the last dose date and time that the home medication was taken prior to surgery, is it acceptable to code Yes for SEQ #1030?
- Answer - You must be able to prove that the beta blocker was given within 24 hr. of incision, to do so you need to have a date and time of last beta blocker given, unless you have documentation such as "patient took beta blocker this am at home with sip of water as instructed prior to coming for surgery this am"



## OpONCard (seq. 2155)

- Should Thymectomy at the same time as CABG be abstracted in SEQ 2155 other non-cardiac procedure?
- Answer - The thymus can be removed in part during any cardiac surgery procedure and that is it only coded as an "other procedure" if it is removed in it's entirely for a specific disease process such as Myasthenia Gravis. Otherwise, it is considered part of the procedure and not captured and would not influence procedure identification.

## OpONCard (seq. 2155 & 6530)

- My patient had a CABG, and the case included a vascular surgeon performing a carotid endarterectomy during the same surgery. Do I still code Other non-cardiac procedure SEQ 2155?
- Answer - Yes code 2155 and SEQ 6530 Carotid Endarterectomy in this scenario. You want to accurately capture the procedure. The CEA will add risk to the index procedure and the patient will be removed from the isolated CABG category

## AFibLeftAtrialLesMeth (seq. 4244)

- If we have a convergent procedure, do we to code the cardiologist's portion of the procedure (i.e. the other lesions involved in the procedure)?
- Answer – No, only capture the surgical component of the Convergent procedure completed by a Cardiothoracic Surgeon in SEQ 4244 as Epicardial Posterior Wall Other (i.e., Convergent procedure).

CNStrokP/CNEnceph  
(seq. 6821)

- Patient had a cardiac arrest postop. The patient is unresponsive to verbal and noxious stimuli and is noted to have myoclonic jerks. Neuro consult was requested. The Neurologist did not provide the diagnosis of "encephalopathy", but instead "anoxic coma". Do I capture this event under encephalopathy or stroke?
- Answer - Capture the Neurologist's diagnosis of anoxic coma as anoxic encephalopathy in SEQ 6821.



# Three-Year CABG Composite

- Starting with Harvest 3 2021 – ACSD CABG Composite and its component domains will
  - Change from 12 months to a **rolling 36-months**
    - H3 will include OR Dates - July 1, 2018 to June 30, 2021
  - Increase Confidence Interval from 98% to 95%
  - Number of required cases: **50 isolated CABGs in 36-months**
  - Mortality Thresholds stay the same at 2% or less
    - Example for H3 2021: 7/1/2018-6/30/2021.
      - **7/1/2018-6/30/2019** Participant must have 2% or less missing/unknown for mortality fields
      - **7/1/2019-6/30/2020** Participant must have 2% or less missing/unknown for mortality fields
      - **7/1/2020-6/30/2021** Participant must have 2% or less missing/unknown for mortality fields
  - NQF Thresholds stay the same at 5% or less, **rolling 12-months**
    - Preoperative Beta Blockers
    - Discharge Antiplatelet Meds
    - Discharge Beta Blockers
    - Discharge Lipid Lowering Meds
    - IMA Usage



# Other Volume Requirements for STAR Ratings

10 isolated AVR or AVR+CABG or MVRR, or MVRR+CABG

MVRR results are only reported for participants with at least 36 procedures for the time period

MVRR+CABG are only reported for participants with at least 25 procedures.

When looking at mortality for the combination procedures (MVRR, MVRR+CAB, AVR+CAB, etc...) – look at the total missingness together.

# 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
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- Database Operational Questions
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# 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!