• Welcome and Introductions
• STS Important Dates
• STS Updates
• IQVIA Update
• STS Education
• Q & A
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Apr</td>
<td>ACSD User Group Call @ 2pmCT</td>
</tr>
<tr>
<td>4 May</td>
<td>ACSD Monthly Webinar @ 2pmCT</td>
</tr>
<tr>
<td>18 May</td>
<td>ACSD User Group Call @ 2pmCT</td>
</tr>
<tr>
<td>27 May</td>
<td>Harvest 2 Closes (OR Dates through March 31, 2022)</td>
</tr>
<tr>
<td>1 Jun</td>
<td>Opt-out ends for H2</td>
</tr>
</tbody>
</table>
# Harvest 2022 Dates

<table>
<thead>
<tr>
<th></th>
<th>Harvest</th>
<th>Close</th>
<th>Opt-Out</th>
<th>Includes procedures performed through</th>
<th>Report Posting</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H1 2022</strong></td>
<td>February 25</td>
<td>March 1</td>
<td></td>
<td>December 31, 2021</td>
<td>Spring 2021</td>
<td>Star Rating</td>
</tr>
<tr>
<td><strong>H2 2022</strong></td>
<td>May 27</td>
<td>June 1</td>
<td></td>
<td>March 31, 2022</td>
<td>Summer 2022</td>
<td></td>
</tr>
<tr>
<td><strong>H3 2022</strong></td>
<td>August 26</td>
<td>August 30</td>
<td></td>
<td>June 30, 2022</td>
<td>Fall 2022</td>
<td>Star Rating</td>
</tr>
<tr>
<td><strong>H4 2022</strong></td>
<td>November 18</td>
<td>November 22</td>
<td></td>
<td>September 30, 2022</td>
<td>Winter 2022</td>
<td></td>
</tr>
</tbody>
</table>
STS Updates

Harvest 4 data (OR dates through September 30, 2021) posted March 14.

April Training Manual Posted

Harvest 1 data (OR dates through December 31, 2021) expected end of April. Notification will be sent once it is posted to the platform.

Email STSDB@sts.org for contact updates

AQO Abstract submission opening May/early June
• Update to audited cases
  • CABG
  • Valve (AVR, MVR, MV Repair)
  • Valve + CABG

• Data pull will occur week of May 1
  • Data in the warehouse at the time of data pull is the data that will be used for the audit
  • Site will be notified in May/early June
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.
1030 / 1035 / 7105 MedBeta / MedBetaTher / DCBeta

Update April 2022 – For Beta Blockers capture Systemic delivery only

Non-systemic delivery is not included in this data element. Non-systemic delivery includes topical creams, nasal sprays, inhalers, ophthalmic or otic drops.
SEQ 1030 - Beta Blocker

How do I code for Beta Blockers within 24 hours of surgery? I have a AVR and Ascending Aneurysm repair. He did not get the Beta Blocker within 24 hours. My answer is either no or contraindicated. Which one is it? I do not get penalized for no right? Because it is not a CABG. Or do I put contraindicated because it is not required.

Let’s break this down and answer the questions
SEQ 1030 - Beta Blocker

Question
How do I code for Beta Blockers within 24 hours of surgery? I have a AVR and Ascending Aneurysm repair. He did not get the Beta Blocker within 24 hours. My answer is either no or contraindicated. Which one is it?

Answer
Code NO unless you have a contraindication that is documented explicitly as excluded for medical reasons or is evidenced clearly within the medical record.
SEQ 1030 -Beta Blocker

**Question**
I do not get penalized for no right? Because it is not a CABG?

**Answer**
No fallout in this scenario since this is a AVR and Ascending Aneurysm repair. The measure is only for isolated CABG patients
Preoperative Beta Blockade
Percent of patients aged 18 years and older **undergoing isolated CABG** who received beta blockers within 24 hours preceding surgery.

**Numerator**
Number of isolated CABG procedures in which preoperative beta blockers (MedBeta) is marked "yes"

**Denominator**
All patients undergoing isolated CABG according to STS Procedure Identification algorithm

Cases are removed from the denominator if preoperative beta blocker was contraindicated.

**Exclusions**
MedBeta is marked as "Contraindicated"

Cases are also removed from the denominator if Status is marked ‘Emergent’ or ‘Salvage’
Question

I have an elective patient who is not on BB therapy at home. The surgeon dictated, "The patient received beta-blocker within 24 hours of surgery" at the beginning of his operative report. However, there is no documentation in the MAR or from anesthesia that the BB was given. Can pre-op beta blocker be coded "Yes"?

Answer

In this situation you have a conflict since not on home BB and no documentation of BB given prior to incision. You need to clarify with Providers.
FAQ Nov 2021 - 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 incision 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.
Beta blockers, calcium channel blockers, long-acting nitrates, and other anti-anginal medication such as Ranexa are to be captured if the patient is on them at home Update April 2022 > 2 weeks prior to admission, even if they are stopped prior to surgery. Capturing these home meds demonstrates that the physicians caring for these patients were appropriately attempting to manage the patient’s CAD.

Update April 2022 – Capture patients on home beta blockers, calcium channel blockers, long-acting nitrates, and other anti-anginal medication despite the lack of proof that the patient is on the medication > 2 weeks.
SEQ 1035 Beta Blocker Meds Therapy For More Than 2 Weeks Prior To Surgery

Question
Is Sequence 1035 part of the Star Rating

Answer
SEQ 1035 is not part of the Composite Quality Rating.
SEQ 1035, 1040, 1045, 1055 Meds Therapy For More Than 2 Weeks Prior To Surgery

**Question**
If the only documentation we have is the patient’s home medication list, can we assume the patient was on the medications for more than 2 weeks and answer “Yes” to those sequence numbers: 1035, 1040, 1045, 1055 in v4.20.2?

**Answer**
Code Yes to SEQ 1035; 1040; 1045; 1055 if the patient is on these anti-anginal medications at home - you do not need to prove that they are on them for 2 weeks
SEQ 1035 Beta Blocker Meds Therapy For More Than 2 Weeks Prior To Surgery

Question
Pt wasn't on any anti-anginal meds at home. But he was in the hospital for 28 days prior to his CABG and received a BB for >2 weeks after admission. Would the BB be coded Yes or No for Seq 1035?

Answer
Yes, the patient received beta blocker therapy for at least 2 weeks prior to surgery.
SEQ 1035, 1040, 1045, 1055 Meds Therapy For More Than 2 Weeks Prior To Surgery

**Question**
Patient was on beta-blockers for more than 2 weeks prior to admission. Doses held for 3 days prior to surgery due to a contraindication. Do I code Yes or No for therapy greater than 2 weeks?

**Answer**
Code Yes. Anti-anginal medications: beta blockers, calcium channel blockers, long-acting nitrates and “other antianginal medication are to be captured if the patient is on them at home prior to admission, even if they are stopped prior to surgery. Capturing these home meds demonstrates that the physicians caring for these patients were appropriately attempting to manage the patient’s CAD.
SEQ 1035 Beta Blocker Meds Therapy For More Than 2 Weeks Prior To Surgery

**Question**

If a provider prescribes the BB two days prior to admission, we will now abstract 1035 as Yes because the provider's intent was to provide the correct treatment prior to his CABG procedure?

**Answer**

Yes, that is correct starting with April 1, 2022 surgery date.

Training Manual Updates – Training Manual updates will occur monthly and will be posted on the STS Website. When abstracting data, use the Training Manual updates at the time of the OR date. For example, if the OR date is November 15th, the abstractor should use the updates available in the November Training Manual.
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
  • 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!