

Society of Thoracic Surgeons

Adult Cardiac Surgery  
Database:  
User Group Call

April 20, 2022

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 blue. Below this, the tagline "Trusted. Transformed. Real-Time." is written in a smaller, blue, sans-serif font.

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

# Agenda

- Welcome and Introductions
- STS Important Dates
- STS Updates
- IQVIA Update
- STS Education
- Q & A

# Important Dates for Adult Cardiac

**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
<b>H2 2022</b>	<b>May 27</b>	<b>June 1</b>	<b>March 31, 2022</b>	<b>Summer 2022</b>	
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 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](mailto:STSDB@sts.org) for contact updates

AQO Abstract submission opening May/early June

# Audit 2022

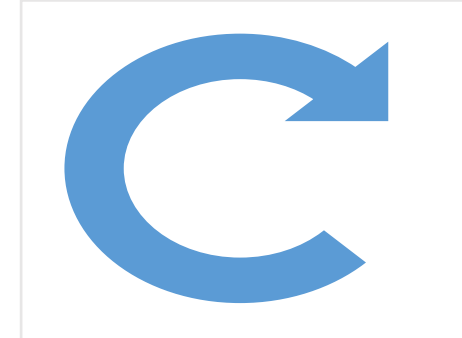
- Update to audited cases
  - CABG
  - Valve (AVR, MVR, MV Repair)
  - Valve + CABG
- Data pull will occur week of May 1
  - Data in the warehouse at the time of data pull is the data that will be used for the audit
  - Site will be notified in May/early June

# 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.





# STS Education

Melinda Offer, ACSD Consultant



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'



# SEQ 1030 MedBeta

## *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.



# SEQ 1030 MedBeta

**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.





# 1035 / 1040 / 1045 / 1055 MedBetaTher/ MedCChanTher / MedLongActNit / MedOthAntiang

- 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 providers 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

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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!