May 18, 2022

Society of Thoracic Surgeons

Adult Cardiac Surgery Database: User Group Call
Agenda

• Welcome and Introductions
• STS Important Dates
• STS Updates
• IQVIA Updates
• STS Education
  • Renal Failure
  • Outcomes Report Overview
• Q & A
**Important Dates**

- **18 May**: ACSD User Group Call @ 2pmCT
- **27 May**: Harvest 2 Closes (OR Dates through March 31, 2022)
- **1 June**: Opt-out ends for H2 Monthly Webinar @ 2pmCT
- **9 June**: New Data Managers Webinar @ 2pmCT
- **15 June**: ACSD User Group Call @ 2pmCT
# Harvest 2022 Dates

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

- Harvest 1 data (OR dates through December 31, 2021) posted
- May Training Manual Posted
- Email STSDB@sts.org for contact updates
- AQO Abstract submission opening May/early June
The below items were deployed to production May 12

Risk Adjusted Report (analyzed)

Report Export/Printing Updates

**STS-8347** – The Export/Print functionality was updated to display the Print Report button once the report is fully loaded. A new message is displayed which states, “Preparing report for printing. The Print Report button will appear once the report is ready to be exported to PDF.”

**STS-8307** – The PDF export displayed the Anesthesia section with the STS column on a separate page. This has been corrected to align the STS column on the same page as the My Site columns.
**REOPENED** - STS-8072 - ACSD: Beta Blockers Within 24 Hours on RADR benchmark Report is including cases that should be excluded in the Among Eligible Cases calculation. This will be targeted for the next scheduled release. The date is to be determined and will be communicated to the user community.

**DCRI Analysis Known Issue** - Composite Results - Failed to Prescribe are displaying patient records in the drill down results which should have been excluded.

- Please note that DCRI has confirmed that the Participant level results are correct. This issue appears for Harvest 1 2022 and earlier harvests.
- DCRI has advised this will be corrected when the Harvest 2 2022 results are deployed.
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 once released.
IQVIA's Support Plan

Participant or vendor contacts IQVIA customer support*
Phone: 833-256-7187
Email: STSTechsupport@iqvia.com, ACSDTechSupport@iqvia.com

Tier I – IQVIA
Contact Center
Live Support: 8 am–8 pm ET, Mon–Fri

Tier II – IQVIA
Support Lead, Systems & Application Support
Live Support: 8 am–8 pm ET, Mon–Fri

Database Vendors

STS
Live Support: 9 am–5 pm CT, Mon–Fri

DCRI
Live Support: 9 am–5 pm ET, Mon–Fri

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:
Renal Failure
Renal failure is determined by one of the 3 methods below:

• Increase in serum creatinine level \( \times 3 \)

or

• serum creatinine > mg/dL 4.0 with at least a 0.5 mg/dL rise.

or

• A new requirement for dialysis postoperatively.
I have a patient that has a pre-op creatinine of 0.8 and a highest post op creatinine of 2.4. Exactly 3x greater - Code Yes to Post Op Renal failure? Wasn't sure if it was greater than or equal to 3x or greater than 3x?

A . Code No to post-op renal failure

B. Code Yes to post-op renal failure

C. Hmmm... I’m not sure. Help!
I have a patient that has a pre-op Creatinine of 0.8 and a highest post op Creatinine of 2.4. Exactly 3x greater - Code Yes to Post Op Renal failure? Wasn't sure if it was greater than or equal to 3x or greater than 3x?

Answer – B

If peak post-operative creatinine level (Seq. 6555) is greater than or equal to 3x last creatinine level pre-op (Seq. 605) code renal failure.
Question #2

If a patient has a pre-op diagnosis of "End-stage Renal Disease (ESRD) s/p renal transplant", does this exclude them from the post-op renal failure event?

The patients’ pre-op creatinine was 1.24; post-op highest creatinine was 4.91. Not on pre-op dialysis.

A. Yes, the s/p renal transplant does exclude them from postoperative renal failure. I would code No to post-op renal failure

B. No, the s/p renal transplant does not exclude them from postoperative renal failure. For this case I would code Yes to post-op renal failure
If a patient has a pre-op diagnosis of "ESRD s/p renal transplant", does this exclude them from the post-op renal failure event? The patients' pre-op creatinine was 1.24; post-op highest creatinine was 4.91. Not on pre-op dialysis and did require dialysis post-op.

Answer – B

• The patient was not on dialysis pre-op and the patient’s pre-op creatinine was not => 4.0 so the patient will not be excluded from the post-op renal failure metric.

• The post-op creatinine was => 4.0 with at least a 0.5 mg/dL rise from the pre-op creatinine (Seq. 605)

• A new requirement for dialysis postoperatively.
Question #3

Patient had a history of CKD and base creatinine was 2.34 and post peak was 4.03. Three times 2.34 equals 7.02. However, the post-op creatinine is > 4.0. Do I code this as renal failure?

A. Code No to post-op renal failure

B. Code Yes to post-op renal failure
Patient had a history of CKD and base creatinine was 3.6 and post peak was 4.1. Is this counted as renal failure?

Answer – B

• One of the indicators for renal failure is a serum creatinine level ≥4 mg/dL with at least a 0.5 mg/dL rise. If your pre-op creatinine was 3.6 and your highest post-op creatinine rises 0.5 or greater and is over 4.0 that is coded as renal failure.

• $3.6 + 0.5 = 4.1 = \text{renal failure}$
Question #4

If the pre-op creatinine level is 0.76 and the highest post-op creatinine was 2.58, but on Discharge the creatinine returned to almost normal 0.78. Does this count as Post-op Renal Failure?

A. Code No to post-op renal failure

B. Code Yes to post-op renal failure
If the pre-op creatinine level is 0.76 and the highest post-op creatinine was 2.58, but on Discharge the creatinine returned to almost normal 0.78. Does this count as Post-op Renal Failure?

Answer – B

• If peak post-operative creatinine level (Seq. 6555) is greater than or equal to 3x last creatinine level pre-op (Seq. 605) code renal failure.
Audit 2022

- Notification will be sent soon
- Sites that will be audited MUST send in their documentation used to code
  - Mt30Stat
  - Readmit
  - SSI – DSWI

Sites not submitting this information for all patients will fail the audit and need to be reaudited.
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!