May 18, 2022

Society of Thoracic Surgeons
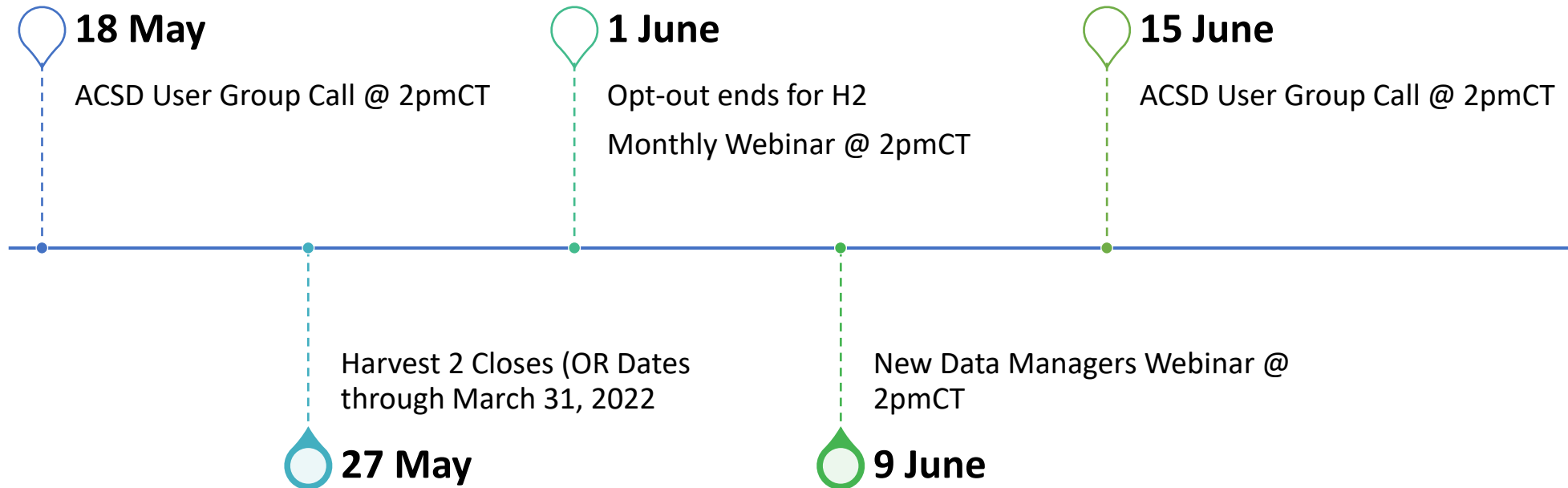
Adult Cardiac Surgery Database:
User Group Call

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Agenda

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

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Important Dates

18 May
ACSD User Group Call @ 2pmCT

1 June
Opt-out ends for H2
Monthly Webinar @ 2pmCT

15 June
ACSD User Group Call @ 2pmCT

Harvest 2 Closes (OR Dates through March 31, 2022
27 May

New Data Managers Webinar @ 2pmCT
9 June

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

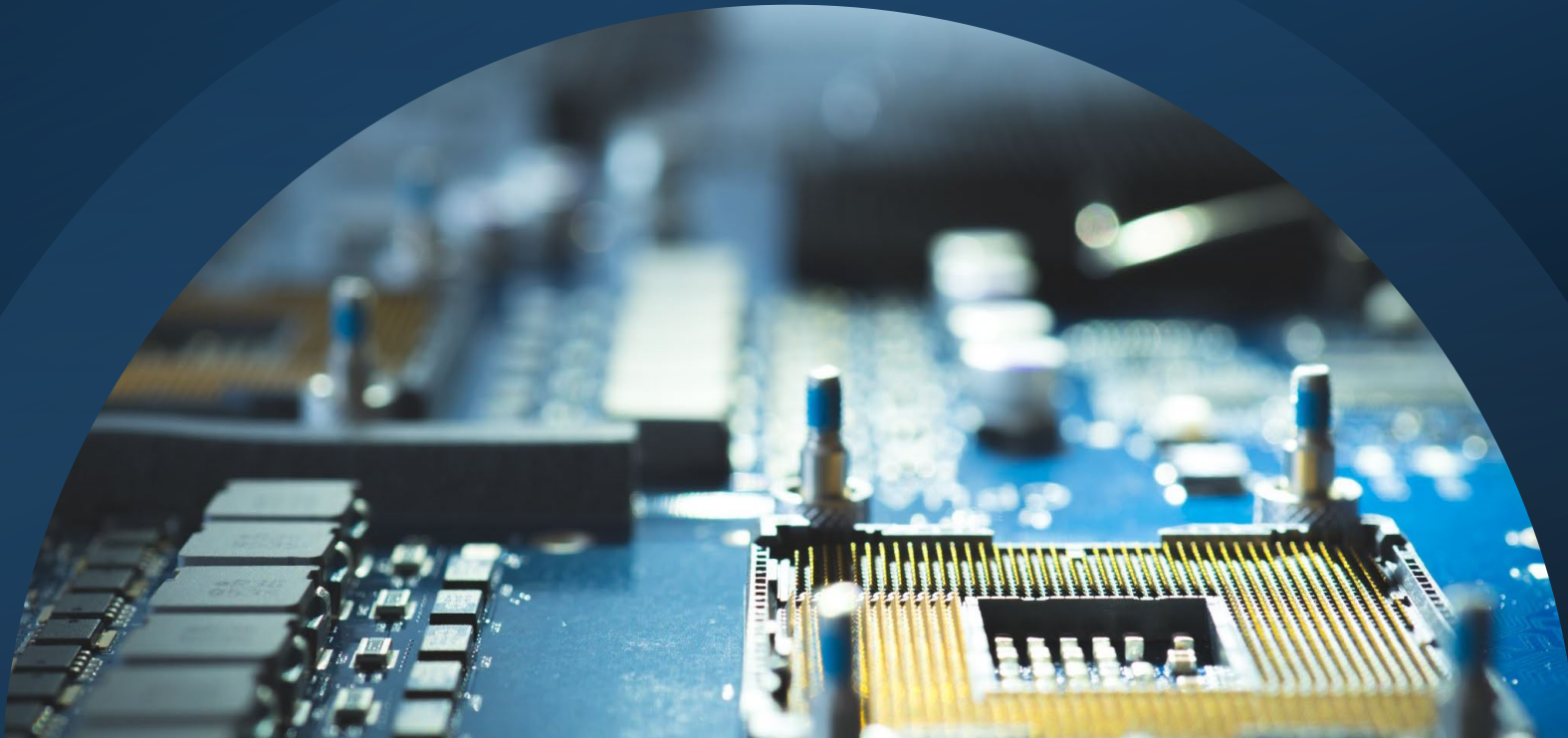Harvest 1 data (OR dates through December 31, 2021) posted

May Training Manual Posted

Email STSDB@sts.org for contact updates

AQO Abstract submission opening May/early June

IQVIA Update
Joe Brower

IQVIA Release May 2022

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.

IQVIA Updates

Important Notifications

==**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.
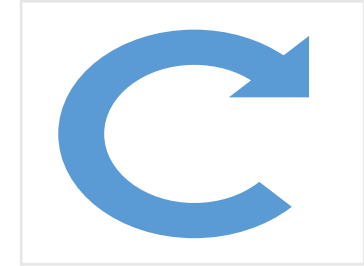
- Please note that DCRI has confirmed that the Participant level results are correct. This issue appears for Harvest 1 2022 and earlier harvests.
- DCRI has advised this will be corrected when the Harvest 2 2022 results are deployed.

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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.
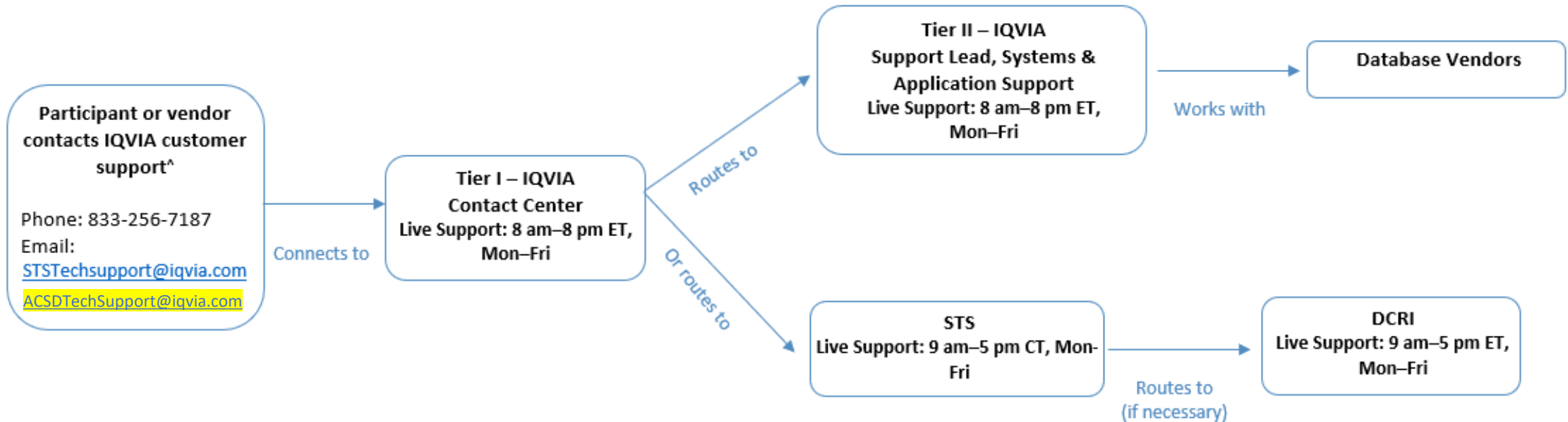
The IQVIA Team is currently reviewing items that will be released in an upcoming release. Those items will be posted to the Notifications section once released.

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IQVIA
Support Plan

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IQVIA's Support Plan

Participant or vendor contacts IQVIA customer support^

Phone: 833-256-7187
Email:
STSTechsupport@iqvia.com
ACSDTechSupport@iqvia.com

Connects to

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

Routes to

Or routes to

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

Works with

Database Vendors

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

Routes to (if necessary)

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

^ Inquiries received outside live support hours will require a 24-hour turnaround window (i.e., one business day) for responses.

STS Education:
Renal Failure

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SEQ 6870

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

- Increase in serum creatinine level x 3

  or

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

  or

- A new requirement for dialysis postoperatively.

Question #1

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. Hmmmm...I'm not sure. Help!

Answer #1

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

Answer #2

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 was1.24; 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

Answer #3

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 = 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

Answer #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?

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

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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!

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