

November 16, 2022

Society of Thoracic Surgeons

Adult Cardiac Surgery Database:  
User Group Call



**HARVEST 4  
EXTENDED TO  
DECEMBER 2.**



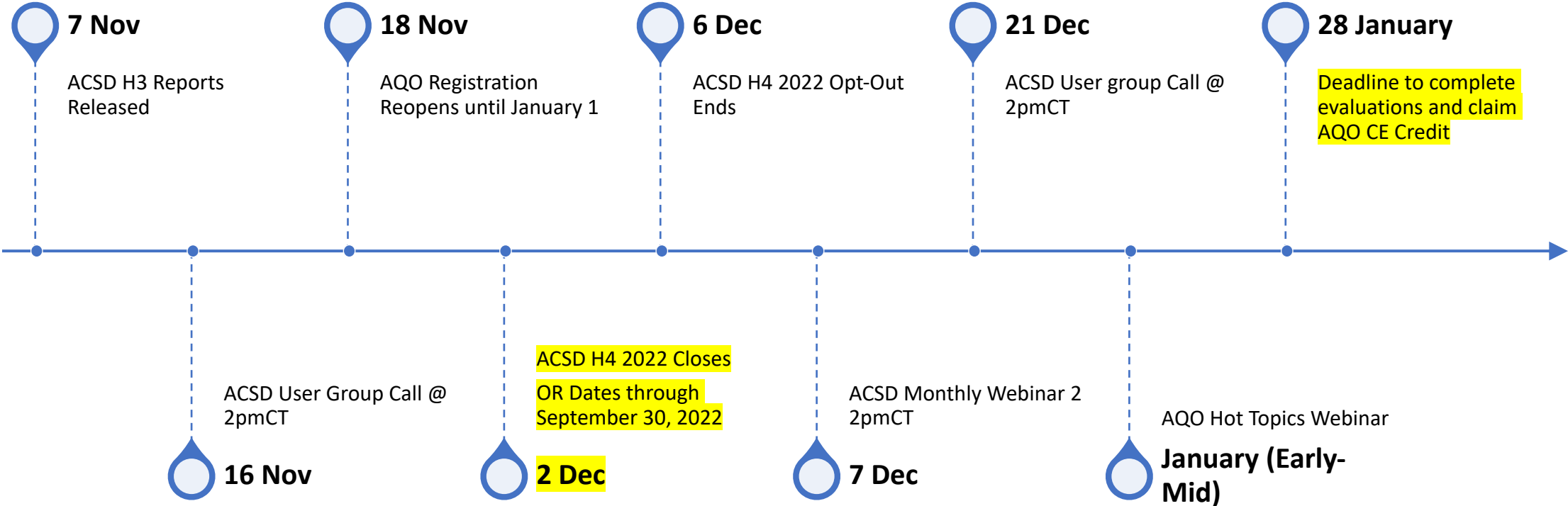
# Agenda

- Welcome and Introductions
- STS Important Dates
- IQVIA Updates
- November Education: ECMO
- Q & A

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# Important Dates



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# Harvest 2023 Dates

ACSD					
Harvest	Close	Opt-Out	Includes procedures performed through	Report Posting	Comments
H4 2022	<del>November 18</del> December 2	<del>November 22</del> December 6	September 30, 2022	Winter 2023	
H1 2023	February 10	February 14	December 31, 2022	Spring 2023	Star Rating
H2 2023	May 19	May 23	March 31, 2023	Summer 2023	
H3 2023	August 18	August 22	June 30, 2023	Fall 2023	Star Rating
H4 2023	November 10	November 14	September 30, 2023	Winter 2024	



# STS Updates

Harvest 3 Posted

Harvest 4 Close Date Moved from 11/18 to 12/2

November Training Manual Posted

2023 Harvest Schedule Posted

Email [STSDB@sts.org](mailto:STSDB@sts.org) for contact updates

AQO Registration Re-OPENING November 18!!!

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# ADVANCES IN QUALITY & OUTCOMES: A Data Managers Meeting

October 26–28, 2022 ■ PROVIDENCE, RHODE ISLAND

## STS MEMBER

Early Bird  
(August 26, 2022)

Standard

One Track	\$550	\$650
Two Tracks	\$900	\$1,100
Multi-Day (Three Tracks)	\$1,150	\$1,450
Virtual Pass	\$300	\$300

## NON-MEMBER

Early Bird  
(August 26, 2022)

Standard

One Track	\$650	\$750
Two Tracks	\$1,100	\$1,300
Multi-Day (Three Tracks)	\$1,450	\$1,750
Virtual Pass	\$400	\$400

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# Thursday, October 27, 2022 – Adult Cardiac

	In Person	Virtual Pass
• In-person sessions with live Q&A	✓	
• On-demand content (available mid-October)	✓	✓
• Recorded archive of in-person sessions (available mid-November)	✓	✓
• Breakfast, lunch, and refreshment breaks	✓	
• Personal interactions and networking with peers	✓	
• Networking Reception with speakers, vendors, and colleagues	✓	
• Face-to-face time with exhibitors	✓	
• Complete exhibitor listing	✓	✓
• Exhibit Hall giveaways and Passport to Prizes	✓	
• AQO Hot Topics Webinar (in January)	✓	✓
• Digital conference materials (PowerPoint presentations, handouts, and case scenarios)	✓	✓
• Opportunity to view and vote on your favorite e-poster	✓	✓
• Continuing Education/CEU Credits	✓	✓
• Explore the sights and sounds of Providence, Rhode Island	✓	

The Virtual Pass will NOT have live streaming

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# Preliminary Hot Topics Webinar

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- TVT Registry and the ACSD
- TAVR Gone Bad
- AVR with Annular Enlargement
- Aorta/Arch/Debranching
- Left Heart vs. Full Bypass
- CABG Anastomoses: Proximal, Distal, Side to Side, End to Side
- Twisting through the Perplexity of Mazes



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# IQVIA Update

## Joe Brower

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# November 2022 IQVIA Update

The below item is currently under investigation by the IQVIA development team.

## **ACSD Risk Adjusted Report**

**Risk Adjusted & Regional Reports – All Complications (Not Adjusted) Results will be updated**

**STS-8936** – Identified discrepancy in the results for the complications (not adjusted) sections within the Risk Adjusted & Regional Reports. The calculations will be re-executed and deployed to production in the next scheduled release. A notification will be posted to notify users of the update.

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# November 2022 IQVIA Update

**The below item will be resolved in the next scheduled release – December 2022**

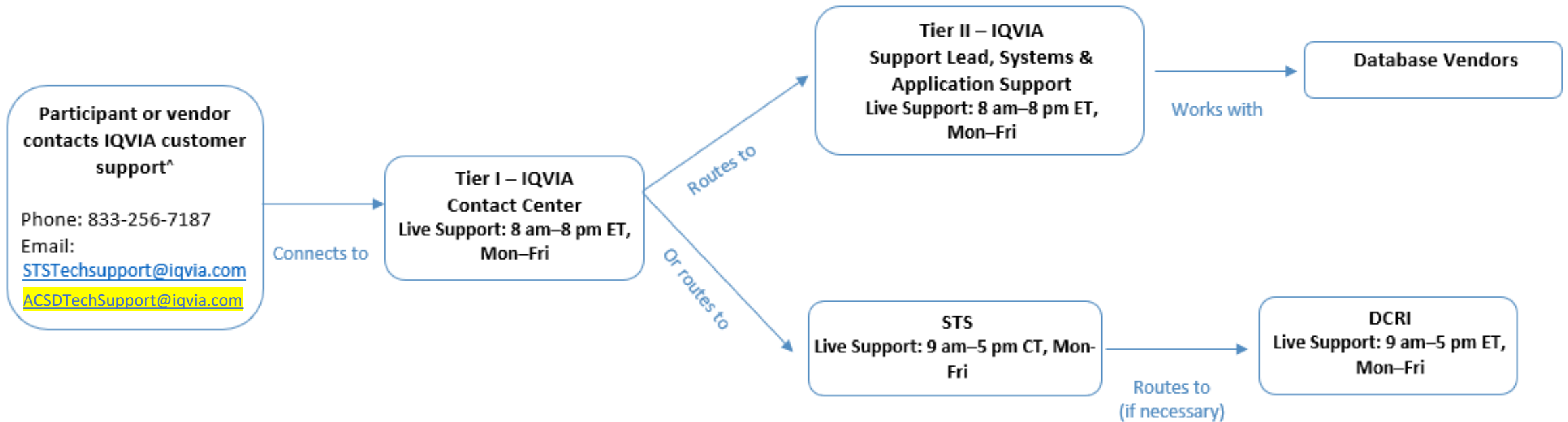
## **ACSD Risk Adjusted Report Export/Print Feature**

**STS-8944** – When users export the Risk Adjusted Report the STS results are shifted to the next page on 5 identified pages. Please note the onscreen interface displays the STS column as expected.

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# 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.



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Monthly  
Education  
*ECMO Q&A*

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# Question #1

Is ECMO in the Risk Model?

- A. Yes
- B. No
- C. Unsure

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# Answer #1

Is ECMO in the Risk Model?

- A. Yes
- B. No
- C. Unsure

“ECMO when” was added to the Risk Model in V 2.91. In addition, the risk involved is captured by coding as below:

Pre-op ECMO is to be captured as a status of ‘Salvage’ in sequence 1975 and as ‘Resuscitation – Yes’ in sequence 935.

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## Question #2

Does intra-op ECMO placement affect Case Isolation when performed in conjunction with a CABG?

- A. Yes
- B. No
- C. Unsure

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## Answer #2

Does intra-op ECMO placement affect Case Isolation when performed in conjunction with a CABG?

- A. Yes
- B. No**
- C. Unsure

ECMO does not affect case isolation.

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## Question #3

Patient on ECMO for 6 days pre-op and then weaned off 2 days before patient goes to surgery for CABG. Is this captured as pre-op ECMO?

- A. Yes
- B. No
- C. Unsure

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# Answer #3

Patient on ECMO for 6 days pre-op and then weaned off 2 days before patient goes to surgery for CABG. Is this captured as pre-op ECMO?

- A. Yes
- B. No**
- C. Unsure

Preop refers to placement in the Cath lab or in the ICU prior to patient entering the operating room for the index surgical procedure. This applies to ECMO in at the time of surgery, not previously placed and removed devices.

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## Question #4

Patient on ECMO for 6 days pre-op and then weaned off 2 days before patient goes to surgery for CABG. How do I capture ECMO timing?

- A. Pre-op
- B. Intra-op
- C. Post-op
- D. Non-operative

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# Answer #4

Patient on ECMO for 6 days pre-op and then weaned off 2 days before patient goes to surgery for CABG. How do I capture ECMO timing?

- A. Pre-op
- B. Intra-op
- C. Post-op
- D. Non-operative**

Definition - Indicate if Extracorporeal membrane oxygenation (ECMO) was used at any time during the acute care period.

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# Question #5

Patient on ECMO at time of surgery.

ECMO weaned off POD 2

POD 5, ECMO placed.

I can only choose one selection for ECMO when. Do I code pre-op or post-op?

- A. Pre-op
- B. Post-op
- C. Unsure

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# Answer #5

Patient on ECMO at time of surgery.

ECMO weaned off POD 2.

POD 5, ECMO placed.

I can only choose one selection for ECMO when. Do I code pre-op or post-op?

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A. Pre-op

B. Post-op

C. Unsure

If you have ECMO placed both pre-op and post-op, code the pre-op placement.

Pre-op ECMO is to be captured as a status of 'Salvage' in sequence 1975 and as 'Resuscitation – Yes' in sequence 935.



## Question #6

VV ECMO placed on 11/1

VA ECMO placed 11/3

To OR on 11/5 on ECMO

Which mode of ECMO do I code?

- A. VV
- B. VA
- C. Unsure

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# Answer #6

VV ECMO placed on 11/1

Patient placed on VA ECMO 11/3

Patient taken to OR on 11/5 on ECMO

Which mode of ECMO do I code?

A. VV

B. VA

C. Unsure

If a patient is placed on 2 different modes of ECMO pre-op, capture the mode of ECMO the patient is on when entering the OR.

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## Question #7

Post-op patient is placed on V-A ECMO initially and then is transitioned to V-V ECMO, what mode do I code?

- A. VA
- B. VV
- C. Unsure

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# Answer #7

Post-op patient is placed on V-A ECMO initially and then is transitioned to V-V ECMO, what mode do I code?

- A. VA
- B. VV
- C. Unsure

When several different ECMO modes are initiated during the same time-period (intra-op / post-op / non-operative) code the highest mode of ECMO used in the time-period.

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# Question #8

When a patient goes to the OR on ECMO how do we code resuscitation SEQ 935?

- A. Yes - Within 1 hour of the start of the procedure
- B. More than 1 hour but less than 24 hours of the start of the procedure
- C. Unsure

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# Answer #8

When a patient goes to the OR on ECMO how do we code resuscitation SEQ 935?

- A. Yes - Within 1 hour of the start of the procedure
- B. More than 1 hour but less than 24 hours of the start of the procedure
- C. Unsure

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## Question #9

On POD 1, patient arrests and the surgeon opens chest in ICU and places VA ECMO. How is this coded?

- A. Code ECMO in SEQ 3766
- B. Code Re-op Other Cardiac SEQ 6778
- C. Code ECMO in SEQ 3766 and Re-op Other Cardiac in SEQ 6778
- D. Unsure

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# Answer #9

On POD 1, patient arrests and the surgeon opens chest in ICU and places VA ECMO. How is this coded?

- A. Code ECMO in SEQ 3766 -3780
- B. Code Re-op Other Cardiac SEQ 6778
- C. Code ECMO in SEQ 3766 – 3780 and Re-op Other Cardiac in SEQ 6778
- D. Unsure

Capture initiation of post-operative ECMO in Seq 3766, 3776, 3780 and in Seq 6778 a re-op for Other Cardiac Procedure for any ECMO regardless of where ECMO placement is performed.

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# Question #10

How do you code VA ECMO used for a thoracoabdominal repair instead of CPB? VA ECMO was initiated and discontinued in the OR.

- A. Capture as Full CPB SEQ 2325
- B. Capture as ECMO SEQ 3776
- C. Capture as Full CPB and ECMO
- D. Unsure

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# Answer #10

How do you code VA ECMO used for a thoracoabdominal repair instead of CPB? VA ECMO was initiated and discontinued in the OR.

- A. Capture as Full CPB SEQ 2325
- B. Capture as ECMO SEQ 3776
- C. Capture as Full CPB and ECMO
- D. Unsure

If VA ECMO was utilized as CPB for the surgery, then code as Full CPB in SEQ 2325. Do not code ECMO in SEQ 3776 in this scenario.

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# 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



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# Contact Information

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  - 312-202-5847
- Database Operational Questions
  - [STSDB@sts.org](mailto:STSDB@sts.org)

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# Open Discussion

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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!