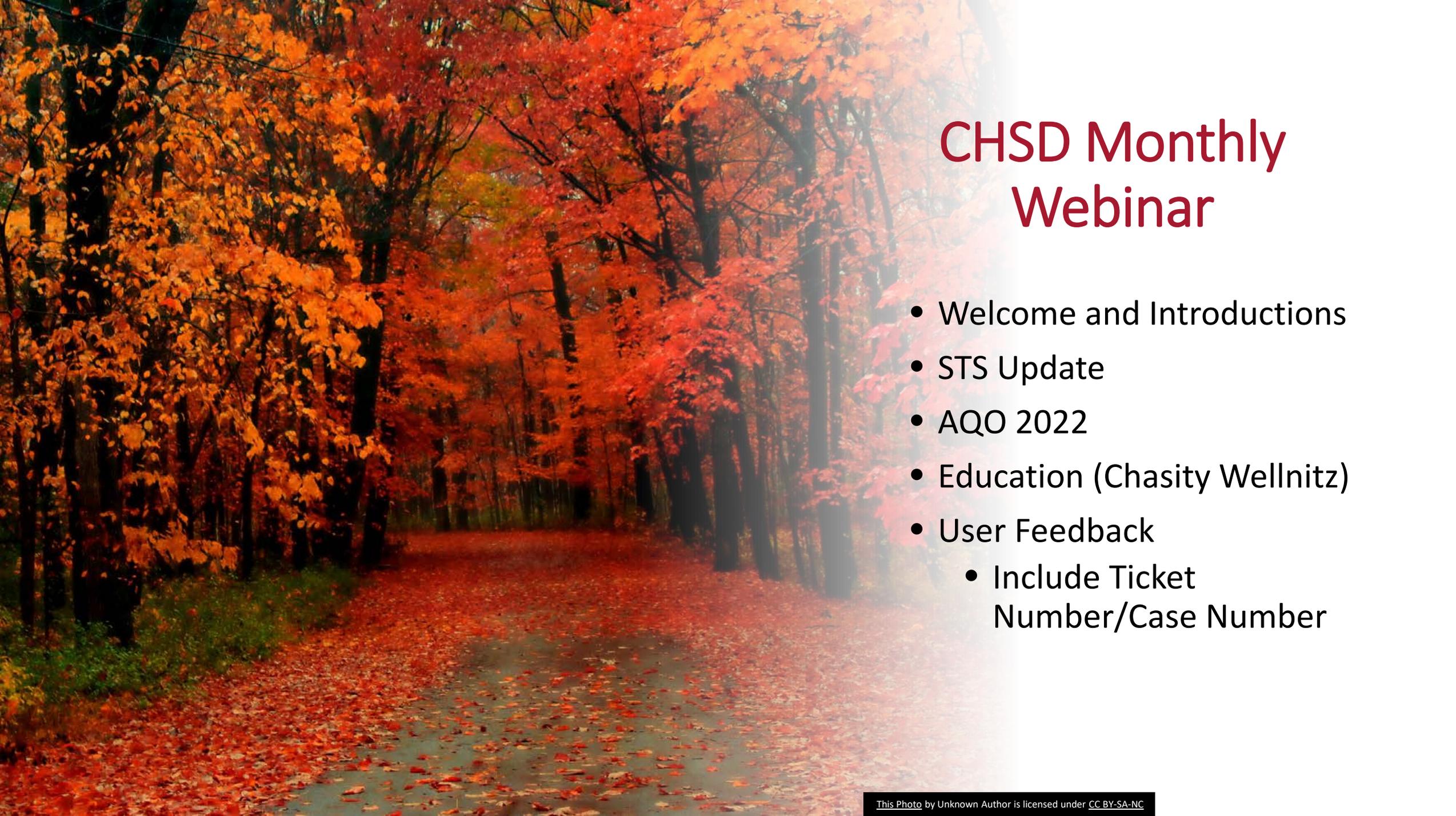




Society of Thoracic Surgeons

Congenital Heart Surgery Database
Monthly Webinar

October 18, 2022



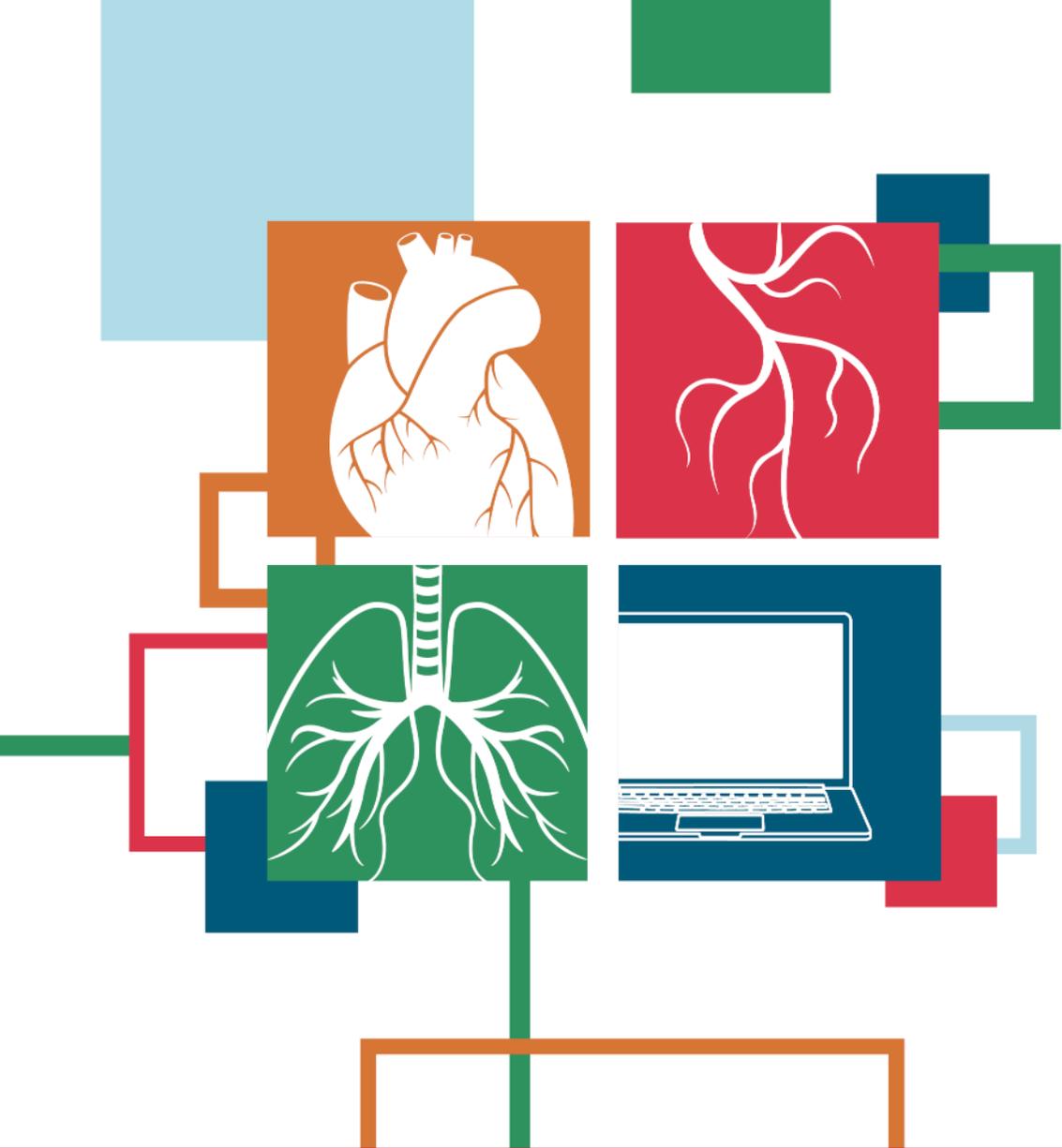
CHSD Monthly Webinar

- Welcome and Introductions
- STS Update
- AQO 2022
- Education (Chasity Wellnitz)
- User Feedback
 - Include Ticket Number/Case Number



STS Updates

- **October Training Manual posted**
- **2022 Harvest**
 - Harvest Closed **September 16 @ 11:59pm ET**
 - **Updated STAT Scores will be implemented in Analysis**
 - **Reporting period: 7/1/2018 – 6/30/2022**
 - Analysis Report expected to be available in **December 2022**
- **2023 Harvest**
 - Spring and Fall 2023 Harvest close dates to be posted soon
 - Spring 23 Reporting period: 1/1/2019 – 12/31/2022
 - Fall 23 Reporting period: 7/1/2019 – 6/30/2023
- **Data Version 6.23 Update**
 - **Go Live date: July 1, 2023**



ADVANCES IN QUALITY & OUTCOMES: A Data Managers Meeting

October 26-28, 2022 ■ PROVIDENCE, RHODE ISLAND



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ADVANCES IN QUALITY & OUTCOMES: A Data Managers Meeting

October 26-28, 2022 ■ PROVIDENCE, RHODE ISLAND

AQO Registration is Open!

Virtual Platform Goes Live on Wednesday, October 19th!!

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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Friday, October 28, 2022 – Congenital Session

	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 Society
of Thoracic
Surgeons**

**ADVANCES IN QUALITY & OUTCOMES:
A Data Managers Meeting**
October 26-28, 2022 ■ PROVIDENCE, RI



- Educational sessions and social events will take place at the Rhode Island Convention Center (1 Sabin St, Providence, RI 02903).
- A block of rooms have been reserved at the Omni Providence Hotel (1 West Exchange St., Providence, RI 02903). The special AQO group rate of \$259, plus state and local taxes, is guaranteed through **Tuesday, October 18**, or until the group block is sold out.
- [Reserve online](#)
- Call 401-598-8000. Be sure to reference “AQO” or “Advances in Quality and Outcomes.”



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Education

Chasity Wellnitz
CHSD Consultant/Core Group
Phoenix Children's Hospital

Webinar
Discussion
Topics

FAQs Revisited

Question:

The pre-surgical diagnostic cath results PVR 10.5 Wood Units x m² and with 100% O₂, the PVR dropped to 4.4. Which value should be entered for PVR?

(1790) Pulmonary Vascular Resistance

- Enter the baseline value of PVR, not the value following intervention
- In this scenario, enter 10.5

Question:

Long Name is
Circulatory Arrest
Time & Short Name is
DHCATm. What if we
are not performing
deep hypothermic
circulatory arrest?

(1170) Circulatory Arrest Time

- Circulatory arrest is the complete cessation of blood flow to the patient; a surgical technique that involves cooling the body and stopping blood circulation
- Capture any episodes of deep or moderate hypothermic circulatory arrest

Question:

Explain the intent of this field (LFUDate) – is it the last known contact with a patient or the date I worked to find the patient?

(460) Date of Last Follow-up

- This is not intended to capture the date the data manager followed up on the patient
- Capture the last known date of contact with the patient
- LFUDate would also be the mortality date of the patient

Question:

Neonatal patient underwent PM procedure and ultimately died related to extreme prematurity. Do I still enter the case into the CHSD?

Case Eligibility

- Yes, enter all operations into the database regardless of their inclusion in mortality analysis
- Upon analysis, this patient would be removed from the mortality analysis
- Refer to the Analysis Overview for mortality exclusions

Question:

Please explain the update made to the definition of preoperative factor (360) hypocoagulable state secondary to medication?

Historic Definition

Code this factor if the patient has evidence of a coagulopathy at the time OR Entry Date and Time or within 24 hours as manifest by one or more of the following: PT/PTT above normal, Thrombocytopenia $<100,000$ or Fibrinogen split products positive ($>10\%$), TEG findings of prolonged R and K times and decreased MA and Angle (alpha), and the coagulopathy is secondary to medications such as Heparin or Warfarin or aspirin.

(360)
hypocoagulable
state secondary
to medication

Addition to Definition

Code this factor if the patient has evidence of a coagulopathy at the time OR Entry Date and Time or within 24 hours as manifest by one or more of the following: PT/PTT above normal, Thrombocytopenia $<100,000$ or Fibrinogen split products positive ($>10\%$), TEG findings of prolonged R and K times and decreased MA and Angle (alpha), and the coagulopathy is secondary to medications such as Heparin or Warfarin or aspirin. **September 2022: Includes patients with on-going use of anticoagulant medication (i.e., Coumadin) with proven induction of Hypocoagulable state and medication was not held/discontinued prior to the surgical case.**

(360)
hypocoagulable
state secondary
to medication

Clarification

- In general, the preoperative labs are required to provide evidence of the hypocoagulable state
- In the event a patient had labs drawn prior to the 24-hours before OR entry date and time and showed evidence of the hypocoagulable state, labs were not redrawn, and the medication was not changed, held, or discontinued prior to surgery, this factor can be coded
- E.g., emergent case, transplant...

Question:

Can I code advanced maternal age as an 'other' pregnancy complication?

(384) Other Pregnancy-Related Complication

- Definition states to include any other pregnancy related complication
- There are no formal definitions to 'other' fields – not audited, not analyzed
- Free text is reviewed at the time of upgrades to see if additional fields should be included in the database

Question:

What timeframe does the STS define for postop ECMO (post-cardiotomy ECMO)?

(40) Mechanical circulatory support

- No differentiation of post-cardiotomy ECMO in the CHSD
- Collect all applicable complications including ECMO/MCS starting intraoperatively through the episode of care
- Think of complications as post-operative events that describe a patient's course

Question:

Patient discharged to chronic care center. Six weeks later came in for an outpatient visit. Note states patient recently discharged to home but did not include a date.

What is the database discharge date?

(4250) Date of Database Discharge

- If known, enter the date the patient discharged from the chronic care center
- In this scenario, enter the date the patient was seen for the outpatient visit

Question:

Patient <2.5kg undergoes PDA ligation. During the admission, undergoes another cardiac surgery with a higher STAT score and expires. Is this a surgical mortality for my program?

Mortality Analysis

- Mortality is assigned to the index operation of the episode of care
- In this scenario, the PDA closure, Surgical is the index operation
- Patient is excluded from the mortality analysis (weight <2.5kg primary procedure PDA closure, Surgical)

Question:

My primary procedure and primary diagnosis don't match if I code the procedure with the highest STAT score. Should I update the primary diagnosis?

(900) Primary Diagnosis Indicator

- Primary diagnosis is the primary reason the patient is undergoing the procedure that day
- It may not match the primary procedure
- Refer to document on STS Website *Determination of Primary Diagnosis and Primary Procedure*

Question:

My surgeons perform many procedures on ECMO. How do I determine the operation type?

(1056) Operation Type

- In general, major structural repairs completed on ECMO are OpType CPB Cardiovascular.
- *However*, if the procedure is done to facilitate the ECMO/VAD circuit, the OpType is ECMO/VAD.
- Examples in the Training Manual
- Submit specific scenario as FAQ utilizing the form on the STS website

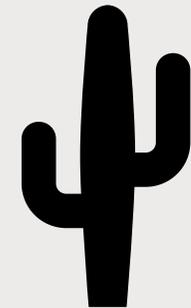
Question:

Is cardiac arrest being included in the list of major complications and do we now include those when answering the field Patient died or had major postoperative complication(s)?

(4560) PostOpComp

- No, not in this data version
- Field removed for version 6.23
- Along with the listed major complications, cardiac arrest:
 - is included in CHSD audits
 - in the version upgrade, will be collected for the entire episode of care

Looking forward to
seeing everyone at AQO!



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.



Analysis Report Questions

- Please contact IQVIA Support
 - chsdttechsupport@iqvia.com
- STS/DCRI will be looped in as needed when tickets are escalated to Tier 2



Contact Information

Leigh Ann Jones, STS
National Database Manager,
Congenital and General
Thoracic

- Ljones@sts.org
- 312-202-5822

Database Operational
Questions

- STSDB@sts.org

Upcoming CHSD Webinars

User Group Call

- November 1 @ 12pm CT

Monthly Webinar

- November 15 @ 12pm CT

Open Discussion



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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THANK YOU FOR JOINING!