STS National Database™

Trusted. Transformed. Real-Time.

Society of Thoracic Surgeons

Congenital Heart Surgery Database Monthly Webinar

November 15, 2022

CHSD User Group Call

- Welcome and Introductions
- STS Update
- STS Education
- IQVIA Update
- User Feedback
  - Include Ticket Number/Case Number

STS Updates

- **November Training Manual available**
- **2022 Harvest**
  - Analysis Report expected to be available in December 2022
  - Updated STAT Scores were implemented in Analysis
    - Reporting period: 7/1/2018 – 6/30/2022
- **2023 Harvest**
  - Spring and Fall 2023 Harvest close dates posted
  - Spring 23 Harvest Closes March 10
    - Reporting period: 1/1/2019 – 12/31/2022
  - Fall 23 Harvest Closes September 15
    - Reporting period: 7/1/2019 – 6/30/2023
- **Data Version 6.23.2 Update**
  - Go Live date: July 1, 2023
  - 6.23.2 Data Collection Form to be available next week

AQO 2022

- Live sessions were recorded and will be available for viewing mid-November
  - All content will remain on the AQO platform until **October 28, 2023**
- AQO Hot Topics Webinar will be held in January 2023; we will bring back our speakers in order for virtual attendees to ask questions
- Continuing Education Credit – Attendees must watch all on-demand and live content then evaluate all presentations. Certificates will be processed once a month based on the prior month's completions.
  - **Deadline to complete evaluations and claim credit is January 28, 2023**

STS Education: A Case in Review

Chasity Wellnitz

CHSD Consultant/Core Group

Phoenix Children's Hospital

Webinar Discussion Topic

A Case in Review

Patient Background:

Patient transfers to surgical hospital post-birth with prenatal diagnosis of HLHS (AA/MA).

Scenario:

Patient born at 37 weeks gestation which clinicians document as late preterm.

How is field (350) Premature coded?

- ❑ Yes
- ❑ No

Scenario:

Patient born at 37 weeks + 1 day gestation which clinicians document as late preterm.

How is field (350) Premature coded?

- ☐ Yes
- ☑ No

Definition: Indicate whether the patient was born prematurely as defined by a gestational period of less than 37 weeks.

Scenario:

Patient required intubation following delivery for safe transport and was immediately extubated upon arrival to the surgical hospital.

Is preoperative factor (470) Mechanical ventilation to treat respiratory failure applicable?

- ❑ Yes
- ❑ No

Scenario:

Patient required intubation following delivery for safe transport and was immediately extubated upon arrival to the surgical hospital.

Is preoperative factor (470) Mechanical ventilation to treat respiratory failure applicable?

- ☐ Yes
- ☑ No

Definition: This patient was supported with mechanical ventilation to treat cardiorespiratory failure during the hospitalization of this operation and prior to OR Entry Date and Time. Pre-operative non-invasive ventilation should NOT be coded as pre-operative mechanical ventilation…

Scenario:

Patient required a bedside septostomy. The patient was intubated for the procedure and remained intubated for a cardiac MR the following morning.

Is preoperative factor (470) Mechanical ventilation to treat respiratory failure applicable now?

- ❑ Yes
- ❑ No

Scenario:

Patient required a bedside septostomy. The patient was intubated for the procedure and remained intubated for a cardiac MR the following morning.

Is preoperative factor (470) Mechanical ventilation to treat respiratory failure applicable now?

- ☐ Yes
- ☑ No

Definition: This patient was supported with mechanical ventilation to treat cardiorespiratory failure during the hospitalization of this operation and prior to OR Entry Date and Time. Pre-operative non-invasive ventilation should NOT be coded as pre-operative mechanical ventilation…

How do you determine if the mechanical ventilation is elective?

- Review clinical documentation for plan of care
- Review intubation procedure note
- Talk with clinical team

Scenario:

Genetic notes state suspected Noonan Syndrome. Chromosomal microarray sent with additional genetic tests sent to an outside lab.

How are the Chromosomal Abnormalities and Syndromes entered?

- ❑ Code syndrome (350) Noonan syndrome given the genetic team suspicion and documentation
- ❑ Leave Syndrome and Chromosomal abnormality blank until genetic testing results received
- ❑ Code syndrome (5) No syndromic abnormality identified

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Scenario:

Due to low birth weight and late preterm birth, the surgical plan is to place bilateral PA bands. Patient arrives in the OR on PGE infusion.

Which procedure is coded for the bilateral PA band placement?

- ❑ Code (2160) Hybrid Approach Stage I, Application of RPA and LPA bands
- ❑ Code (2180) Hybrid Approach Stage I, Stent placement in arterial duct (PDA) + application of RPA and LPA bands
- ❑ Code (1640) PA banding (PAB)

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PA Banding Procedures Defined

(2160) Hybrid Approach Stage I, Application of RPA and LPA bands

…is for the application of bilateral pulmonary artery bands with either: a ductal stent to maintain ductal patency or concomitant use of PGE (prostaglandin) to maintain ductal dependency.

(1640) PA banding (PAB)

Placement of a pulmonary artery band, any type.

May include unilateral PA band, main PA banding, or bilateral PA bands without the use of concomitant use of PGE/ductal stent to maintain ductal patency

Scenario:

Patient extubated on postop day 4 and weaned off inotropes by postop day 10. Patient to OR for Norwood procedure.

Is the Norwood procedure a reoperation during this admission (1087) ReOpInAdm?

- ❑ No
- ❑ Yes - Planned reoperation
- ❑ Yes - Unplanned reoperation
- ❑ Not enough information available to determine

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- ☐ No
- ☐ Yes - Planned reoperation
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- ☑ Not enough information available to determine

How do you determine if a reoperation is planned vs. unplanned?

- Review clinical documentation for surgical plan of care at the time of the index operation
- Plan should be clearly documented
- Work with clinical team

Planned does not include if xx repair fails, will plan to yy…

Scenario:

Post-Norwood, the patient returns to the ICU intubated with an open sternum. The following day, a mediastinal washout is completed as a part of routine open chest care.

Is the mediastinal washout a complication (22) Unplanned cardiac reoperation exclusive of the reoperation for bleeding?

- ❑ Yes – mediastinal washouts are unplanned cardiac reoperations
- ❑ No – mediastinal washouts are planned cardiac reoperations
- ❑ No – it is apart of routine care
- ❑ Not enough information available to determine

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Unplanned cardiac reoperation exclusive of reoperation for bleeding

Defined: Any additional unplanned cardiac operation occurring after the time of OR exit date and time. A cardiac operation is defined as any operation that is of the operation type of CPB or No CPB Cardiovascular.

The following operations will always be coded as planned reoperation: (1) Delayed sternal closure, (2) ECMO decannulation, (3) VAD decannulation, (4) Removal of Broviac catheter.

The following operations will always be coded as unplanned reoperation: (1) Mediastinal exploration for infection, (2) Mediastinal exploration for hemodynamic instability, (3) Emergent mediastinal exploration for initiation of ECMO or VAD, (4) Reoperation for residual or recurrent lesion. This includes band tightening, shunt revisions (BTS, Sano, other systemic to PA shunts) e.g., shunt clipping, upsizing shunt, milking of shunt, conversion from RV-PA conduit to BTS or vice versa, etc.

Mediastinal exploration for bleeding is always coded separately as Bleeding, Requiring reoperation.

Scenario:

The patient cannot tolerate oral feeds and requires gastrostomy tube (GT) placement. As a program, all neonatal families are counseled preoperatively for the potential need for GT placement.

How is the GT placement handled in the complication section?

- ❑ Do not code any complications for the GT placement
- ❑ Do not code any complications for the GT placement if the patient is a neonate
- ❑ Code unplanned cardiac reoperation
- ❑ Code unplanned non-cardiac operation

Scenario:

The patient cannot tolerate oral feeds and requires surgical gastrostomy tube (GT) placement. As a program, all neonatal families are counseled preoperatively for the potential need for GT placement.

How is the GT placement handled in the complication section?

- ❑ Do not code any complications for the GT placement
- ❑ Do not code any complications for the GT placement if the patient is a neonate
- ❑ Code unplanned cardiac reoperation
- ☑ Code unplanned non-cardiac operation

Scenario:

Due to medical complexity, patient is discharged to a chronic care facility on post-index op day 50 and 20 days from the last cardiac operation. Five days later, the GT falls out and the patient is readmitted for surgical replacement.

What complications are coded on the index operation?

- ❑ Code unplanned readmission within 30 days of operation
- ❑ Code unplanned non-cardiac operation
- ❑ Do not code any complications past postop day 30
- ❑ Do not code any complications post DC to chronic care facility

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What complications are coded on the index operation?

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- ☐ Do not code any complications past postop day 30
- ☐ Do not code any complications post DC to chronic care facility

Complication Coding Notes

- Code complications for the timeframe that is the longest:
    1. through the 30th postoperative day ***or***
    2. through the end of the episode of care (database discharge date)

- The episode of care continues through the stay in other acute and chronic care facilities and

Scenario:

Due to social concerns and complexity, the patient is discharged to a chronic care facility on post-index op day 50 (20 days post last cardiac operation). Five days later, the GT falls out and the patient is readmitted for replacement.

What is the patient's database discharge date?

- ❑ The date the patient initially transferred to the chronic care facility
- ❑ The date the patient returned to the chronic care facility
- ❑ Not enough information available to determine

Scenario:

Due to social concerns and complexity, the patient is discharged to a chronic care facility on post-index op day 50 (20 days post last cardiac operation). Five days later, the GT falls out and the patient is readmitted for replacement.

What is the patient's database discharge date?

- ☐ The date the patient initially transferred to the chronic care facility
- ☐ The date the patient returned to the chronic care facility
- ☑ Not enough information available to determine

Database Discharge Date

Cannot be completed until one of the following is met:

- The patient survives 183 continuous days on chronic care status
- The patient discharges to home
- The patient expires

Scenario:

The patient returns to the chronic care facility and 3-months later the patient experiences a cardiac arrest and expires. The cardiac surgeon says this is related to poor staffing at the chronic care facility.

Is this a surgical mortality?

- ❑ No – the death was not related to the cardiac surgery
- ❑ No – the surgeon stated the cause of death was unrelated
- ❑ Yes – the patient expired in the chronic care facility <183 days
- ❑ Not enough information available to determine

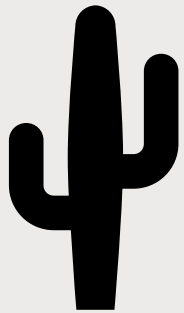
Scenario:

The patient returns to the chronic care facility and 3-months later the patient experiences a cardiac arrest and expires. The cardiac surgeon says this is related to the poor staffing at the chronic care facility.

Is this a surgical mortality?

- ❑ No – the death was not related to the cardiac surgery
- ❑ No, the surgeon stated the cause of death was unrelated
- ☑ Yes – the patient expired in the chronic care facility <183 days
- ❑ Not enough information available to determine

Thank you!



IQVIA Update
Joe Brower

IQVIA Important Updates November 2022

The below items will be updated and deployed to the production environment in early December 2022.

Primary Procedure and Case Eligibility and Mortality Analysis Reports

STS-8906 – The Report parameter page will be updated to include the reporting date range of 1/1/2019 to 12/31/2022.

CHSD Participant Dashboard

STS-8510 - CHSD Non-Analyzed Dashboard, update the STAT category to reflect latest changes to the Appendix C updates on the parameter selection page.

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
  - chsdtechsupport@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

- December 6 @ 12pm CT

Monthly Webinar

- December 20 @ 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!