Society of Thoracic Surgeons

Congenital Heart Surgery Database User Group Call

January 11, 2022
CHSD Monthly Webinar

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

• January Training Manual to be posted this week

• 2021 Harvest Update
  • Harvest closed on **THURSDAY, December 23 @ 11:59pm ET**
  • Data to DCRI for analysis

• Covid Update
  • 12/28/2021 - Official STS communication sent to all Database Participants
  • Any Covid positive patient will continue to be excluded from current analyses (2021 and Spring 2022)
    • Impacts 0.19% of all patients in CHSD
  • Analysis exclusions will cease for any record with a surgery date of January 1, 2022 forward
  • Continue to collect Covid variables until further notice
### CHSD 2022 Harvest Schedule

<table>
<thead>
<tr>
<th>CHSD</th>
<th>Harvest</th>
<th>Close</th>
<th>Opt-Out</th>
<th>Includes procedures performed through</th>
<th>Report Posting</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spring 2022</td>
<td>March 11</td>
<td>March 15</td>
<td>December 31, 2021</td>
<td>Summer 2022</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fall 2022</td>
<td>September 16</td>
<td>September 20</td>
<td>June 30, 2022</td>
<td>Winter 2022</td>
<td></td>
</tr>
</tbody>
</table>
STS Updates

• **6.22 Data Version Upgrade**
  • Data spec build is in final stages
  • Specs to vendors coming soon (end of January)
  • Upgrade webinars will begin in February
    • Bi-weekly
    • DCF walk-through
    • Opportunity for questions

• **2021 and 2022 Analysis Updates**
  • Official communication to be sent CHSD Community
  • 2021 - Implementation of 3.41 ‘more granular codes’
  • 2021 – 3 additional Rules/exceptions to be implemented
  • Spring 2022 - Updated STAT Scores to be implemented
    • Will be applied to entire 4-year analytic period
    • This includes OR dates 1/1/2018 - 12/31/2021

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3460</td>
<td>Coarctation repair, Descending aorta anastomosed to Ascending aorta</td>
</tr>
<tr>
<td>3450</td>
<td>DORV - AVC (AVSD) repair</td>
</tr>
<tr>
<td>3440</td>
<td>DORV repair, RV-PA conduit</td>
</tr>
<tr>
<td>3430</td>
<td>DORV repair, Ventriculotomy, Transannular patch</td>
</tr>
<tr>
<td>3340</td>
<td>TOF repair, Ventriculotomy, Transanular patch, with monocusp or other surgically fashioned RVOT valve</td>
</tr>
<tr>
<td>3390</td>
<td>LV Endocardial Fibroelastosis resection</td>
</tr>
<tr>
<td>3350</td>
<td>PA, reconstruction (plasty), Branch, Peripheral (at or beyond the first lobar branch, proximal to first segmental branch)</td>
</tr>
<tr>
<td>3400</td>
<td>Double root translocation</td>
</tr>
<tr>
<td>3470</td>
<td>Coarctation repair, Extra-anatomic Bypass graft</td>
</tr>
<tr>
<td>3410</td>
<td>DORV repair, No Ventriculotomy</td>
</tr>
<tr>
<td>3420</td>
<td>DORV repair, Ventriculotomy, Nontransannular patch</td>
</tr>
<tr>
<td>3330</td>
<td>TOF repair, Ventriculotomy, Transanular patch, plus native valve reconstruction</td>
</tr>
<tr>
<td>3380</td>
<td>Extended Ventricular Septoplasty (modified Konno, VSD creation and patch enlargement of LVOT, sparing aortic valve) for tunnel type sub aortic stenosis</td>
</tr>
<tr>
<td>3360</td>
<td>PA, reconstruction (plasty), Branch, Peripheral (at or beyond the first lobar branch, beyond the first segmental branch)</td>
</tr>
<tr>
<td>3370</td>
<td>RV Rehabilitation, Endocardial Resection</td>
</tr>
</tbody>
</table>
New Rules/Exceptions Implemented in 2021 Analysis

If any multiple component operation that includes one of the below named “Glenn or HemiFontan Procedures” also includes any of the following,

- 1670= Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn)
- 1680= Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn)
- 1690= Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn)
- 1700= HemiFontan
- 2130= Superior Cavopulmonary anastomosis(es) + PA reconstruction
- 3160= Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation)
- 1410= Transplant, lung(s)
- 890= Transplant, Heart
- 900= Transplant, Heart and lung
- 2180= Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA & LPA bands
- 2140= Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Aortic arch repair {Norwood [Stage 1] + Superior Cavopulmonary anastomosis(es) + PA Debanding}
- 2150= Hybrid approach "Stage 2", Aortopulmonary amalgamation + Superior Cavopulmonary anastomosis(es) + PA Debanding + Without aortic arch repair

then, the Primary Procedure will be determined to be the pertinent one from this second list of procedures and not one of the Glenn or HemiFontan procedures.
New Rules/Exceptions Implemented in 2021 Analysis

If any multiple component operation that includes one of the below named “PVR Procedures”

- **2270** = Valvuloplasty converted to valve replacement in the same operation, Pulmonic
- **600** = Valve replacement, Pulmonic (PVR)

Also includes the following,

- **530** = Pa, reconstruction (plasty), Main (trunk)

then, the Primary Procedure will be one of the PVR procedures and not 530.
In the event of the following simultaneous procedures:

“610 = Conduit placement, RV to PA”,

Combined with any of the following two procedures:

"740 = Ross procedure",

"760 = Ross-Konno procedure"

Then the primary procedure comes from the following list unless the operation includes an additional simultaneous procedure with a higher STAT Score or a procedure from the list under Exception 1 (which are the procedures listed on the Data Collection Form in the section titled "PROCEDURE SPECIFIC FACTORS", exclusive of the three VSD repair procedures):

"740 = Ross procedure",

"760 = Ross-Konno procedure"

In the latter instance, the component procedure with the highest STAT Mortality Score or the procedure from the list under Exception 1 is the Primary Procedure.
IQVIA Update
Melanie Bent
IQVIA Upcoming Report Enhancements

The below is currently under release review by the IQVIA development team. Release Timing: TBD

CHSD Primary Procedure Report

- **STS-7662** – Report update will be implemented to update the priority of transplants when done in conjunction with Rule 1 Exception codes
- **STS-7666** – Report update will be implemented to update to include a new rule to address PVR procedures.
- **STS-7667** – Report will be updated to include new STAT codes on the report
- **STS-7678** – Report will be updated to consider VSD repair patch (110) as the primary when the report identifies a tie with the PFO, Primary closure (100) when done in conjunction with the Valvuloplasty, Tricuspid (460)
IQVIA Upcoming Report Enhancements

The below is currently under release review by the IQVIA development team. Release Timing: TBD

CHSD Risk Adjusted Report

- **STS-7589** – Updates will be applied to Table 21 to remove results for VSD + Aortic Arch Hypoplasia and VSD + Coarctation of Aorta (1275 and 1285)
The full list of CHSD known Issues and enhancements will be posted to the Library with the latest updates on January 12, 2022.
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

Monthly Webinar
• January 18 @ 12pm CT

User Group Webinar
• February 1 @ 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!
THANK YOU FOR JOINING!