




Society of Thoracic Surgeons

General Thoracic Surgery Database
Monthly Webinar

November 9, 2022



GTSD Monthly Webinar

- Welcome and Introductions
- STS Update
- Education (Ruth Raleigh)
- User Feedback
 - Include Ticket Number/Case Number



STS Updates

- **November Training Manual to be posted by end of this week**
- **Fall 2022 Harvest in Analysis**
 - Analysis results expected by the end of this week
 - Participants will be notified when available
- **Spring 2023 Harvest Underway**
 - Spring and Fall 2023 Harvest close dates to be posted soon
 - Will follow previous harvest close schedule – Spring 23 to close in March; Fall 23 to close in September
 - Spring 23 Reporting period: 1/1/2020 – 12/31/2022
 - Fall 23 Reporting period: 7/1/2020 – 6/30/2023
- **GTSD Audit Update**
 - 2022 audit has been completed
 - Final audit results will be sent to those sites this week/early next week

GTSD and US News Transparency Credit

- *US News & World Report* recently announced its decision to create a new transparency measure to be used in its Best Hospitals rankings in Pulmonology & Lung Surgery. The measure will be based on whether a hospital elects to publicly report its lobectomy outcomes on the GTSD public reporting website as of February 12, 2023.
- Detailed information regarding this new initiative is available in [this US News blog post](#).
- To ensure all GTSD participants have the opportunity to qualify for the *US News* transparency credit, STS has scheduled an additional public reporting website update using results from the Fall 2022 Harvest (OR dates July 1, 2019 – June 30, 2022). Fall Harvest results are scheduled to be released in the Database platform this month (November 2022).

GTSD and US News Transparency Credit

- If you already participate in public reporting, you do not need to submit a consent form unless you are making changes
- If you are not currently enrolled and would like to be included in the next update, a [consent form](#) must be submitted by **Wednesday, December 14**.
- To confirm your enrollment in the GTSD Public Reporting program, email publicreporting@sts.org
- For questions regarding the US News Transparency Credit, please reach out to the US News Best Hospitals team via bhmethodology@usnews.com.



Thank You

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
Ruth Raleigh
(GTSD Consultant,
Trinity Health)



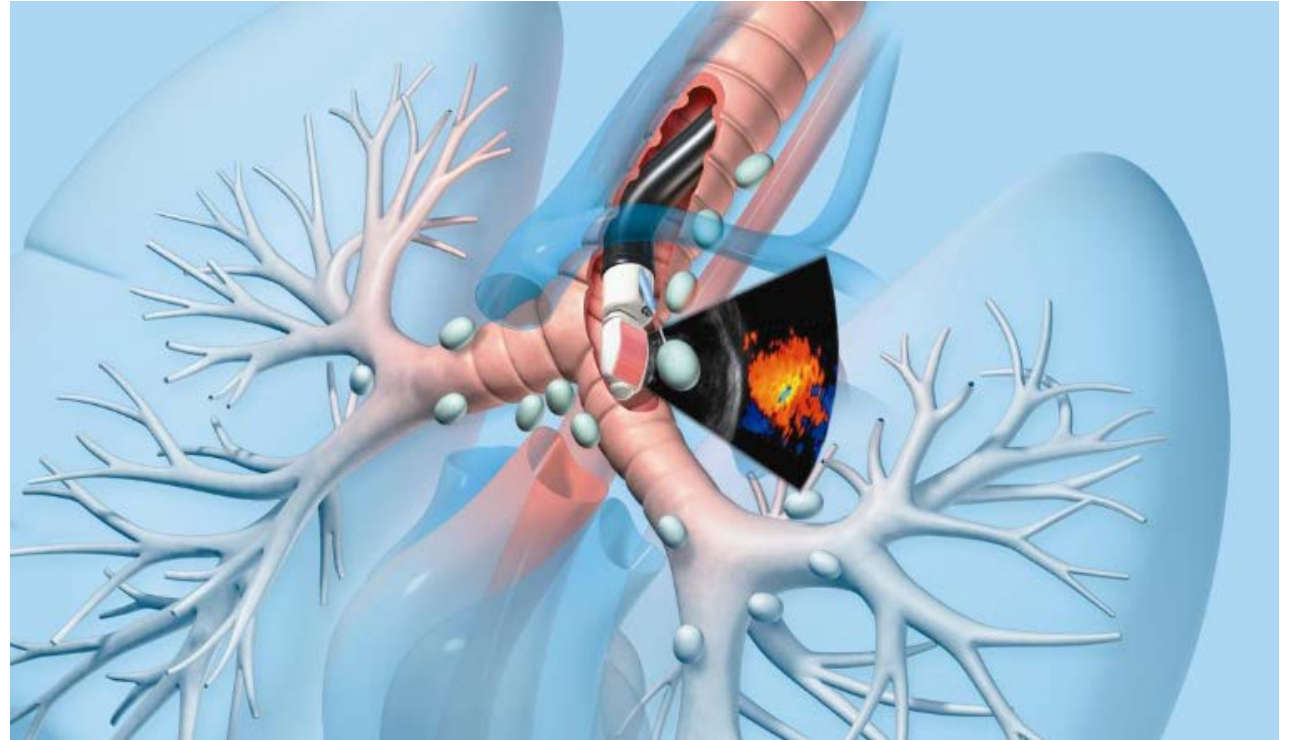
Sequence 1620: Clinical Staging Methods

- A specific timeframe has replaced the general timeline in the training manual for sequence 1620 based on published data re: median time from diagnosis to treatment for NSCLC.
- Clinical staging must be performed within 4 months of ANY treatment for the same disease (not just surgery) to be captured in sequence 1620.

Sequence 1620: Clinical Staging Methods

5. Invasive Mediastinal Staging Performed

- a. Indicate if the patient underwent biopsies of mediastinal lymph nodes.
- b. If a mediastinoscopy is performed during the same OR trip as a therapeutic lung procedure, it can be captured here.
- c. VATS/thoracotomy mediastinal lymph node dissection performed with lung resection is not captured here. It is captured under seq 1880 LungNodesAsses.
- d. A biopsy of lymph node tissue is required to code this option.



~~Apr 2022: If only N1 nodes (stations 10-14) are sampled, do NOT code 'Invasive Mediastinal Staging Performed' for seq 1620. N1 nodes are pulmonary and not mediastinal. (lined through Nov 2022).~~

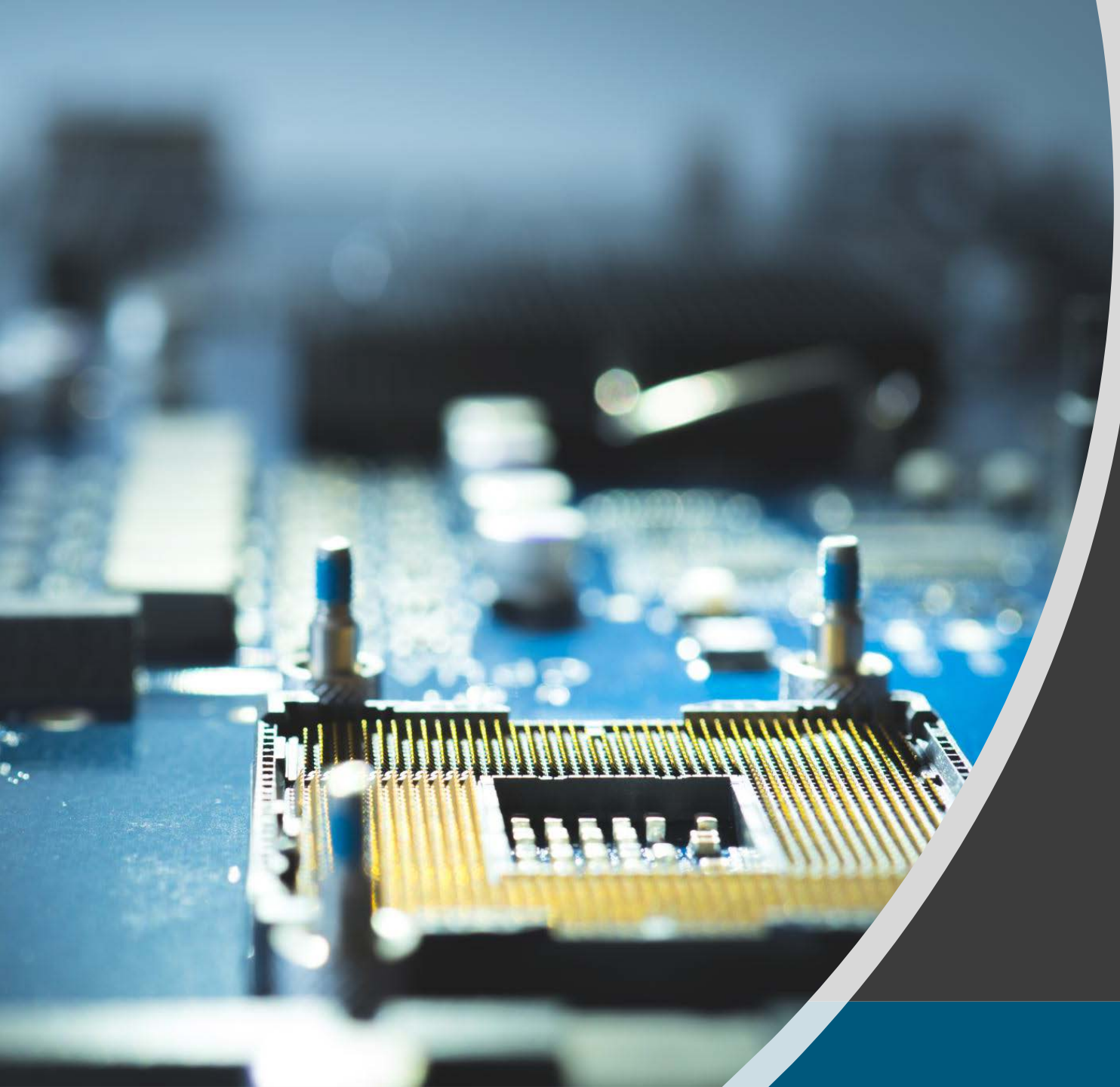
Nov 2022: Capture EBUS in all instances where EBUS is performed. This includes: EBUS without biopsy, EBUS with a non-diagnostic biopsy (no lymphocytes present), EBUS sampling of only N1 nodes.

Sequence 4140: Unexpected Escalation of Care

Definition: Indicate whether the patient's level of care was unexpectedly escalated in the post operative period.

Nov 2022: If a patient is unexpectedly admitted to an ICU/PCU from the OR due to unexpected intraoperative events, then that is captured as an unexpected escalation of care. If a data manager notices a post-op ICU/PCU admission and that is not the norm for the procedure type, then they should discuss with their surgeon if that was expected or not.





IQVIA Review Joe Brower

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 to be targeted for an upcoming release. Those items will be posted to the Notifications section.

Contact Information

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Database Operational
Questions

- STSDB@sts.org

Upcoming GTSD Webinars

Monthly Webinar

- December 14 @ 1:30CT

User Group Call

- November 23 - Cancelled
- December 28 @ 2:30 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!



STS National Database[™]
Trusted. Transformed. Real-Time.

THANK YOU FOR JOINING!