Society of Thoracic Surgeons

General Thoracic Surgery Database
 Monthly Webinar

May 11, 2022

GTSD Monthly Webinar

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

STS Education

Ruth Raleigh

STS GTSD Consultant

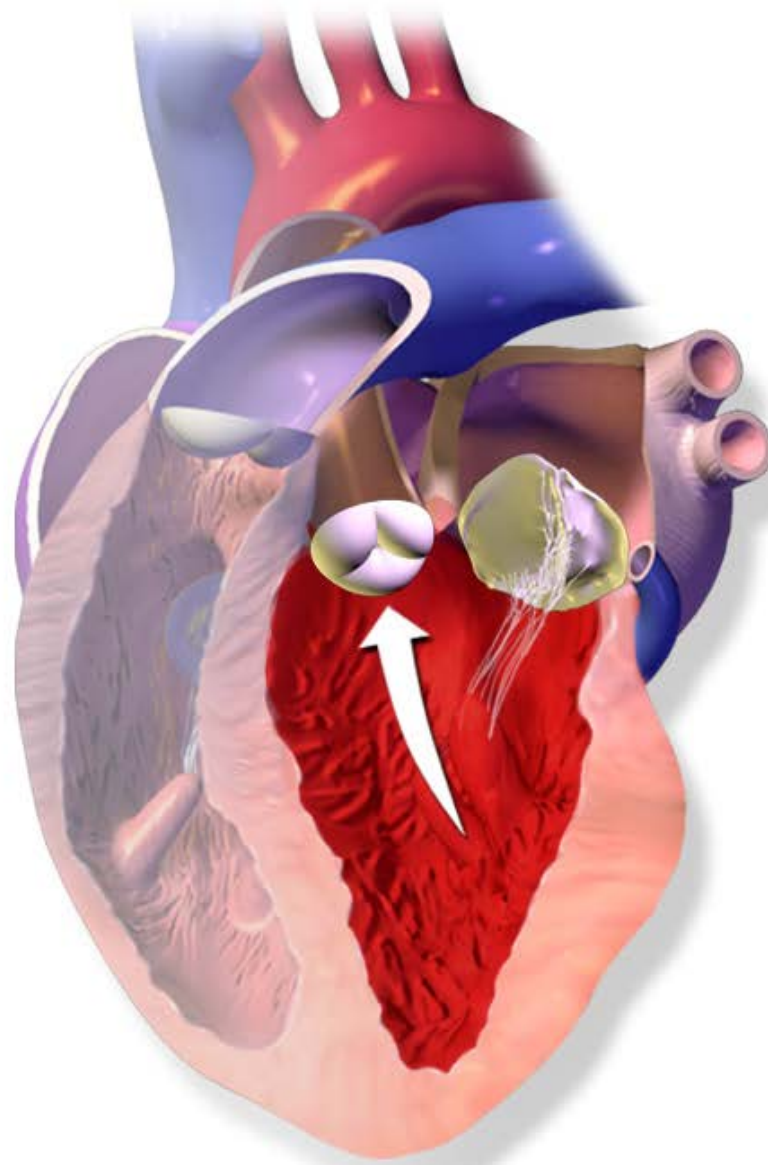St. Joseph Mercy Hospital

SEQ 580: Reop

In order to code 'yes' to 580 the current operation and prior operation must occur within the same anatomic space AND there must be documentation in the operative report of the current operation that the prior operation in the same cavity increased the difficulty or complexity of the current operation – for example documented lysis of adhesions.
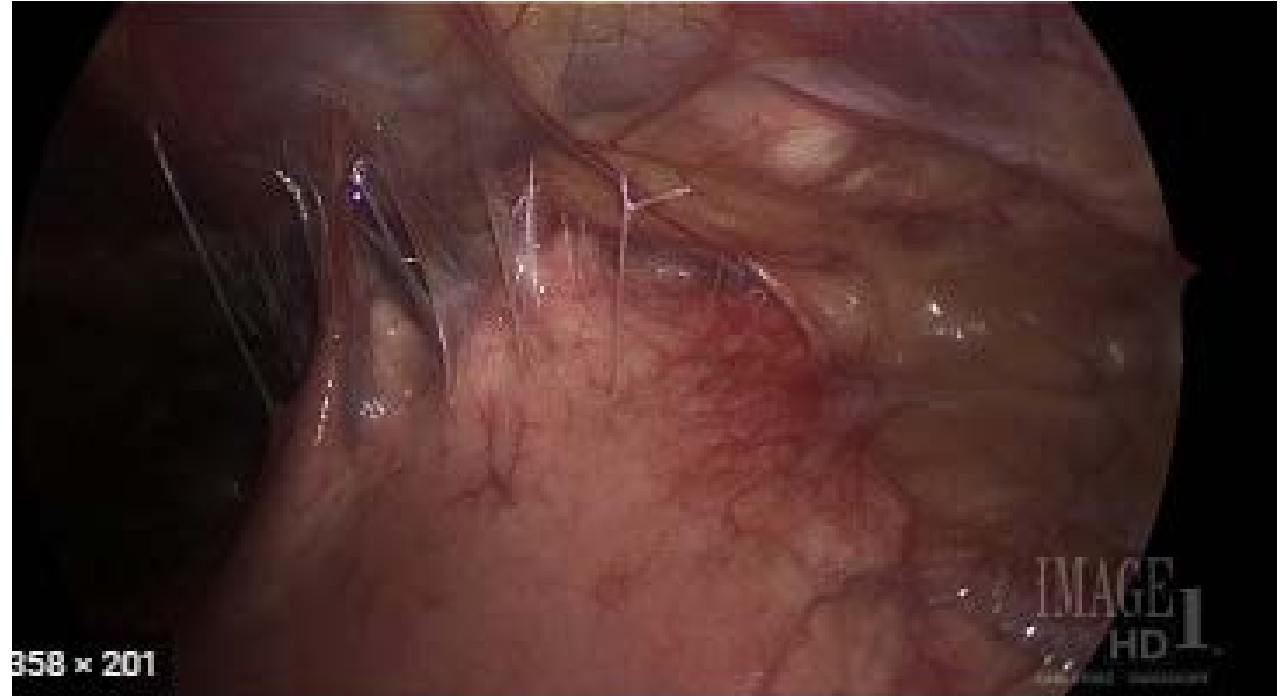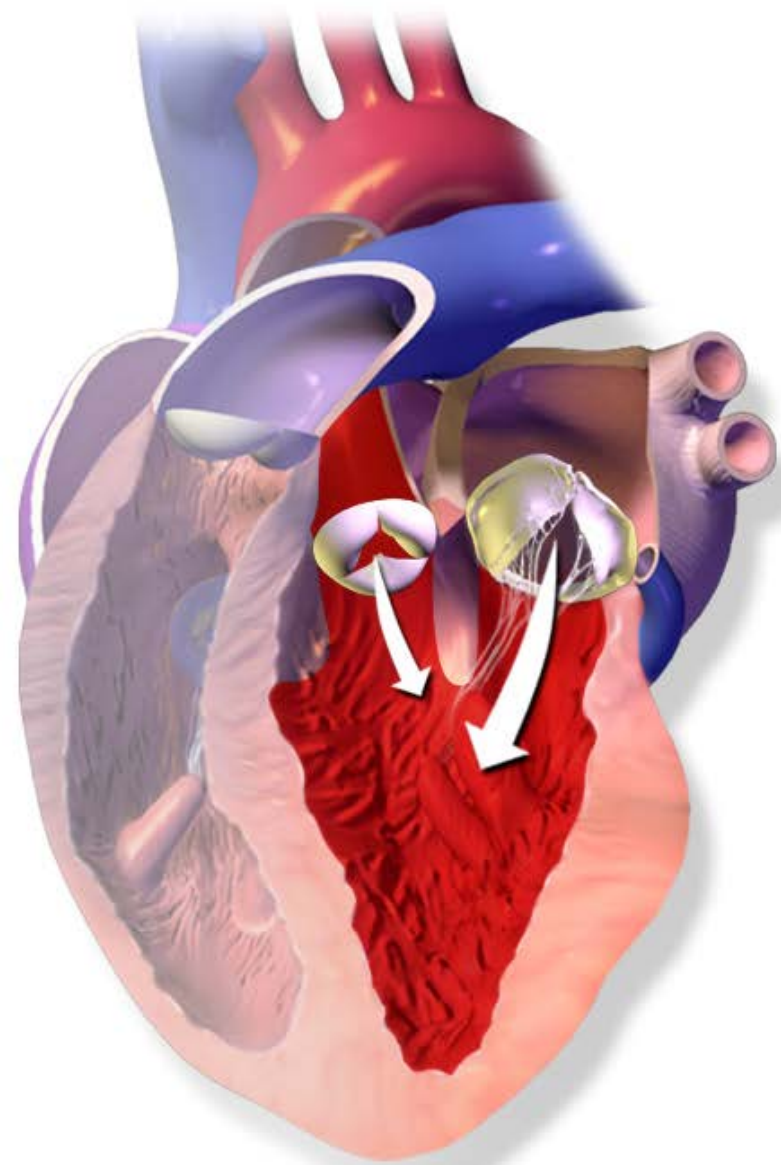
Aortic Regurgitation   Aortic Stenosis

SEQ 590: HistCardPulDis

Capture aortic, mitral, tricuspic and pulmonic valve disease if there is documented regurgitation in addition to documented insufficiency or stenosis.

SEQ 1400: Robotic

- Code 'no' to 1400 for Robotic Navigational Bronchoscopy.
- If the procedure was started as robotic code 'yes' to 1400, this includes cases where the robot was unable to be docked for anatomic or technical considerations.
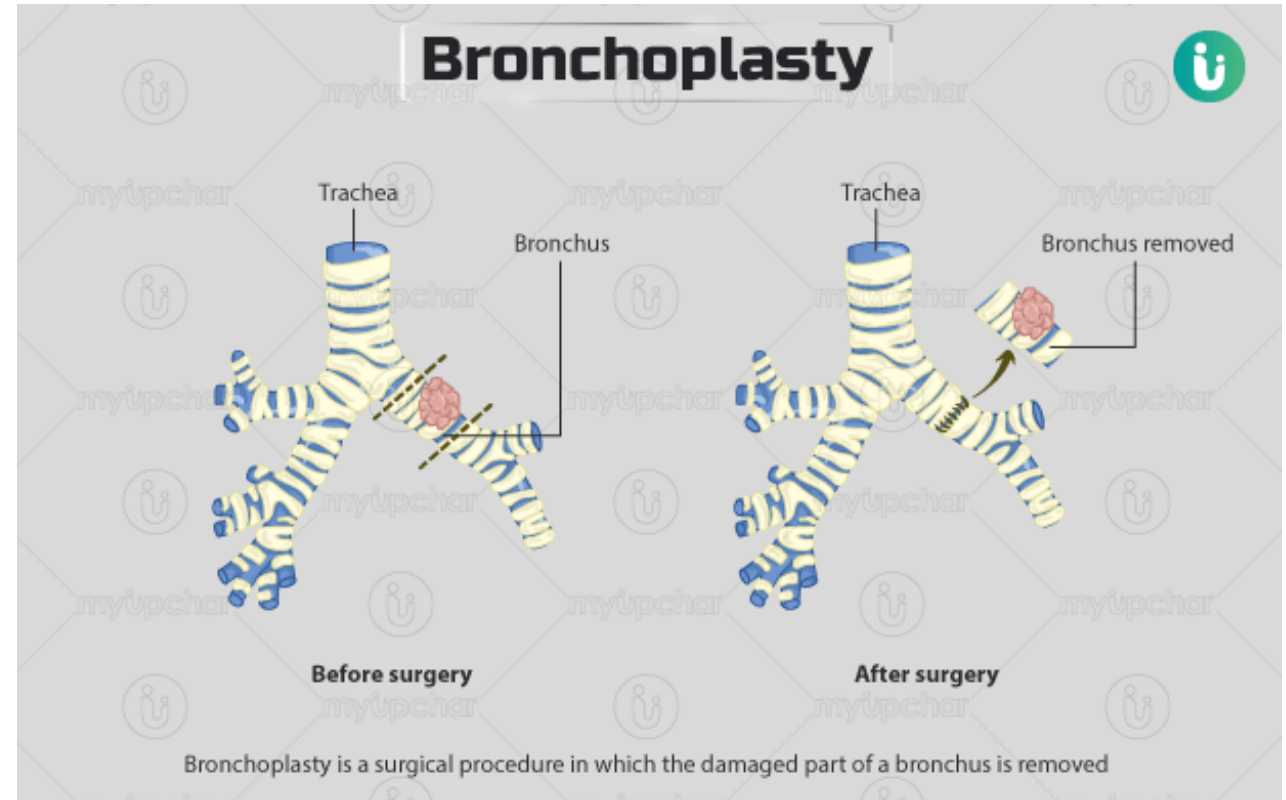
SEQ 1410 UnanticConv

Capture the conversion from robotic to either VATS or open in instances when the case was converted prior to the robot docking if the intent was to perform a robotic procedure
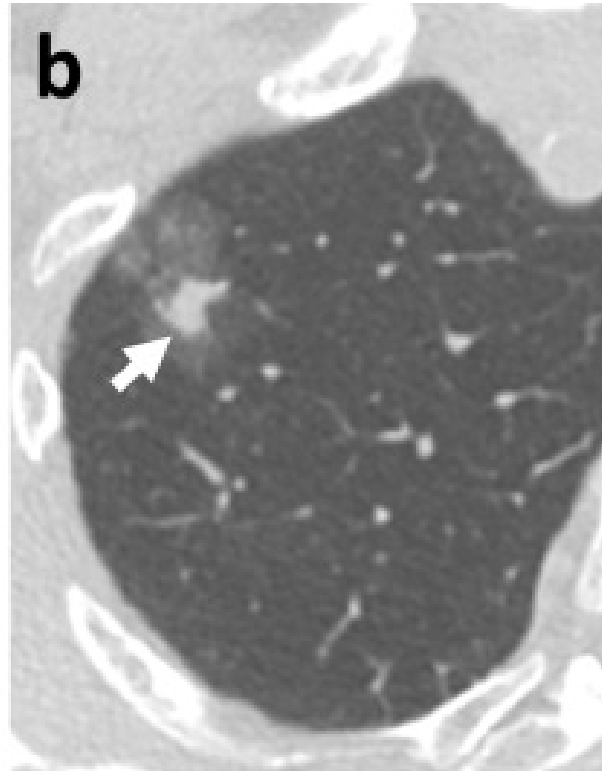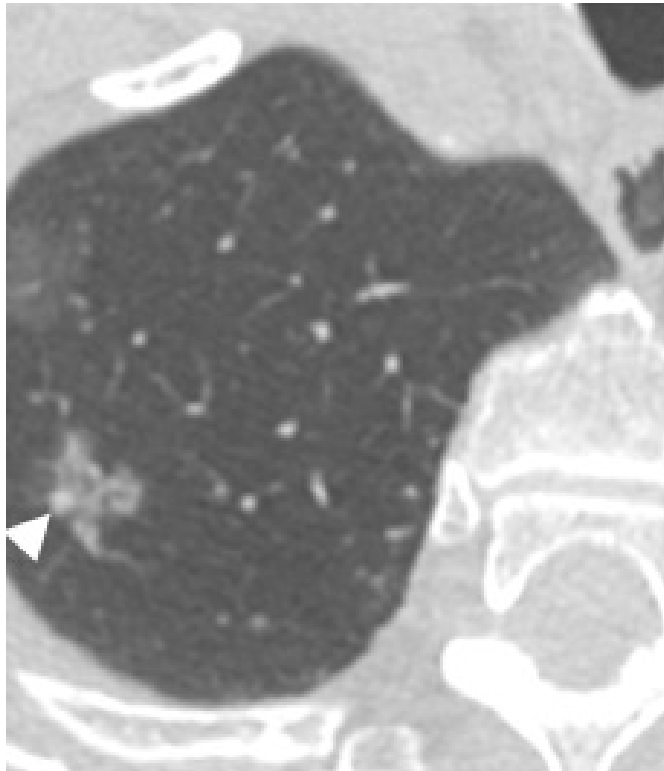
SEQ 1470 Proc

- Capture all procedures performed for each operative case, this is intended to include lysis of adhesions for lung cases – utilize 'pneumolysis, any approach (32124)'.

- Code 2570 Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy should be listed separately in addition to the code for primary procedure (CPT 32501).

Bronchoplasty

Trachea   Bronchus   Trachea   Bronchus removed

Before surgery   After surgery

Bronchoplasty is a surgical procedure in which the damaged part of a bronchus is removed

SEQ 1800 LungCA

For mixed density lesions, indicate the tumor size in centimeters of the solid portion of the nodule/lesion

SEQ 2080 LungCAHistGrade

Capture undifferentiated tumors along with high grade (poorly differentiated) tumors

Harvest Codes:

Code:	Value:
1	Low grade (well differentiated)
2	Intermediate grade (moderately differentiated)
3	High grade (poorly differentiated)
4	Unknown / Not reported

Intent/Clarification: Provide the lung cancer grading based upon the final pathology report.

SEQ 2630 ThymomaProc
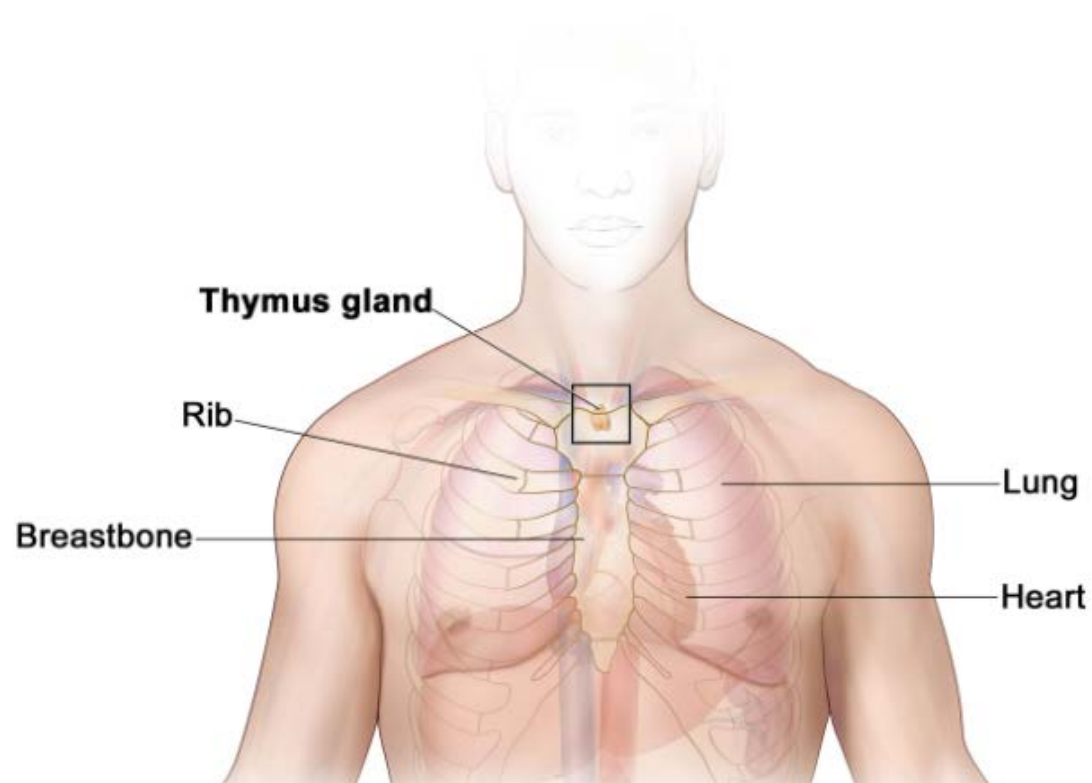
Code 'no' for thymectomies that are completed and have a final pathological diagnosis of 'atypical carcinoid/neuroendocrine tumor of the thymus'.

SEQ 3360 HerniaRepStat

If a prior PE hernia repair was attempted but unable to be completed, code 'yes' to 3360. The intent is to capture the increased risk/challenge of the redo operation.

SEQ 3800 Pnemo
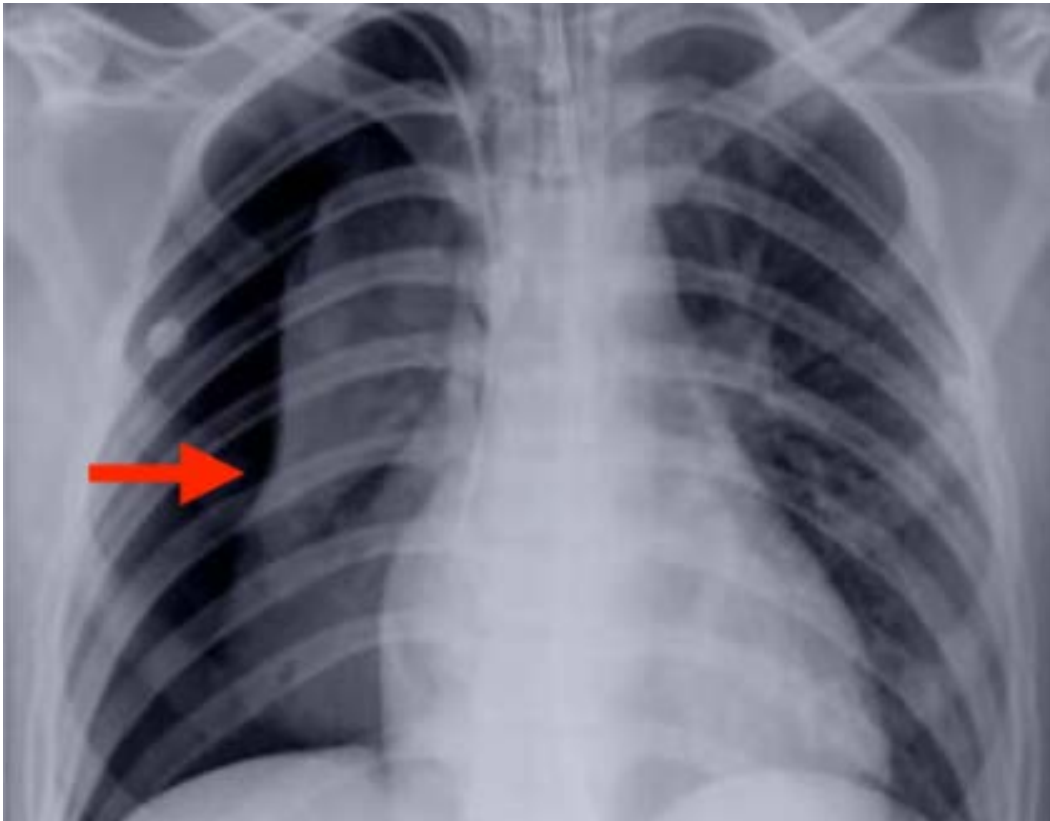
Code 'yes' to 3800 if chest tube insertion is required for a pneumothorax and is either refused by the patient or is attempted unsuccessfully.

SEQ 4030 SurgSiteInfect

- Every empyema is an organ space infection. It is not necessary to capture both empyema and SSI. Capture empyema as it is more specific than SSI
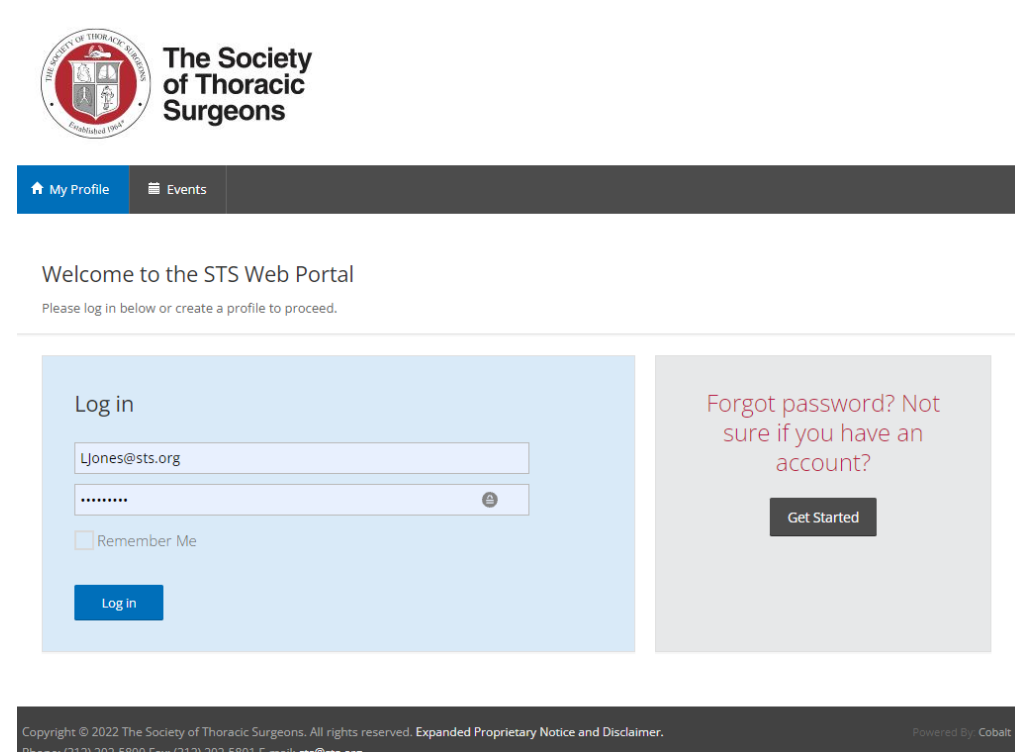
  - Capture necrotizing pneumonia as an organ space SSI.

LUNG-Other infection of the lower respiratory tract and pleural cavity

Other infections of the lower respiratory tract must meet at least one of the following criteria:

1. Patient has organism(s) seen on Gram stain of lung tissue or pleural fluid or identified from lung tissue or pleural fluid (when pleural fluid was obtained during thoracentesis or within 24 hours of chest tube placement by a culture or non-culture based microbiologic testing method which is performed for purposes of clinical diagnosis or treatment, for example, not Active Surveillance Culture/Testing (ASC/AST).

2. Patient has a lung abscess ~~or other evidence of infection (for example, empyema)~~ (lined through May 2022) on gross anatomic or histopathologic exam.

3. Patient has imaging test evidence of abscess or infection (excludes imaging test evidence of pneumonia) which if equivocal is supported by clinical correlation, specifically, physician documentation of antimicrobial treatment for lung infection).

STS Updates

- **Training Manual for May has been posted and available on STS Website**

- **STS Data Collection Resources Page**
  - **Now password protected**
  - **Log in credentials are the same used to register for AQO**
  - **If you do not have an account or require assistance, please click the "Get Started" button**

STS Updates

- **Spring 2022 Analysis Results Coming Soon!**
  - **Beta Testing of the Risk Adjusted Report is currently underway**
  - **Reports expected to be available within the next couple of weeks**
  - **Report related questions should be directed to gtsdtechsupport@iqvia.com**

- **GTSD Public Reporting**
  - **Next update is scheduled for this Spring**
  - **Will utilize results from Fall 2021 Harvest (July 1, 2018 – June 30, 2021)**
  - **Questions should be directed to Sydney Clinton (sclinton@sts.org)**

- **IQVIA Platform Access**
  - **Adding new user accounts or deactivating current user access**
    - **Complete the STS Participant Contact Form (https://www.sts.org/sts-participant-contact-form)**
    - **Contact STSDB@sts.org for assistance**

- **AQO 2022**
  - **Providence, Rhode Island October 26 -28**
  - **Hybrid Meeting (will offer both in person and virtual options)**
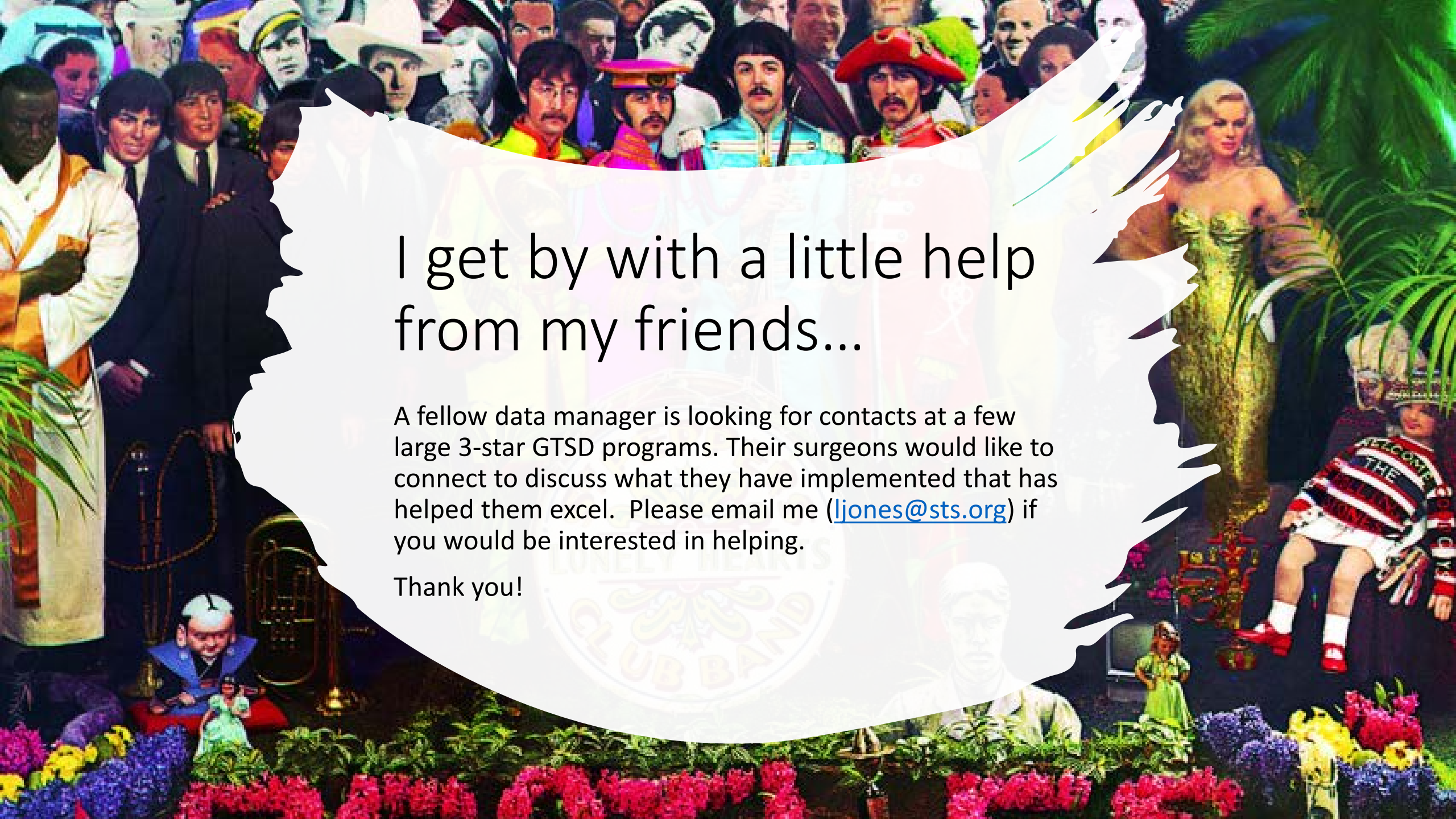 - **AQO Abstract Submission opening May/June**

STS Updates

General Thoracic Surgery Database - 2022

|	Harvest Submission Window Close	Opt-Out Date	Includes Procedures Performed Through:	Report Posting	Comments
Spring 2022	3/4/2022	3/8/2022	12/31/2021	Summer 2022	Star Rating
Fall 2022	9/9/2022	9/13/2022	6/30/2022	Winter 2022	Star Rating

- Fall 2022 Harvest is currently underway
  - Submit your data early and often

I get by with a little help from my friends…

A fellow data manager is looking for contacts at a few large 3-star GTSD programs. Their surgeons would like to connect to discuss what they have implemented that has helped them excel. Please email me (ljones@sts.org) if you would be interested in helping.

Thank you!
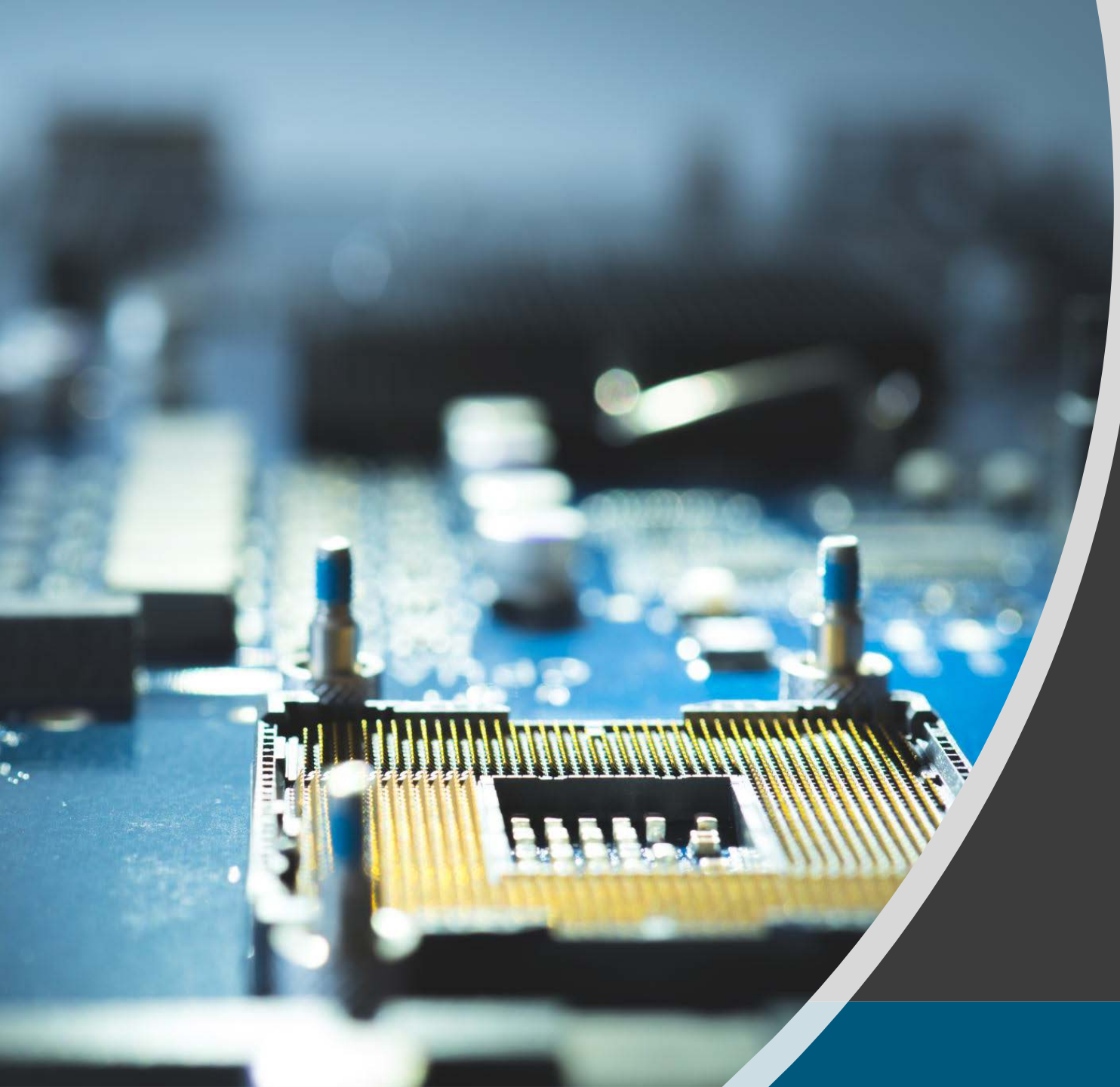
IQVIA Update

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.

Analysis Report Questions

- Please contact IQVIA Support
  - gtsdtechsupport@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 GTSD Webinars

User Group Call

- May 25 @ 2:30CT

Monthly Webinar

- June 8 @ 1:30CT

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!