Society of Thoracic Surgeons

General Thoracic Surgery Database
Monthly Webinar

November 10, 2021

GTSD Monthly Webinar

- Welcome and Introductions

- STS Announcements

- FAQs

- Pulmonary Resection Composite

- IQVIA Update

- User Feedback
  - Include Ticket Number/Case Number

STS Updates

- 2022 Harvest Schedule Now Available
  - Spring 2022 - Submit your data now!!!

- Fall 2021 Harvest closed on October 22nd
  - Data currently in analysis
  - Results expected Winter 2021

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

FAQ Clarifications

Ruth Raleigh

GTSD Consultant

Sequence 590: History of Cardiopulmonary Disease

7. **Myocardial Infarction (MI)**
   a. Indicate if the patient has a history of a myocardial infarction
   b. Do not code slight troponin increase and no EKG changes alone as MI without confirmation in the medical record by a physician or physician extender.
   c. Do not use phrases such as "cannot rule out", "suggestive", "probable", "cannot exclude", etc. to code MI.
   d. Capturing as a risk factor must be based on Provider documentation of Myocardial Infarction (MI)
   e. **Time frame:** Capture any occurrence between birth and entry to OR for index procedure.

Oct 2021: If a physician documents on the EKG report a myocardial infarction code 'yes' to seq 590. An EKG automated diagnosis that has not been countersigned as positive for an MI may not be used to code 'yes'.

Sequence 1841: Clinical Staging – Lung Cancer Tumor Present

Oct 2021: In the rare instance that a patient has a wedge resection with a delayed lobectomy; the wedge resection is diagnostic and not required for entry into the GTSD. The lobectomy is must be entered as it is the curative resection for the lung cancer. Use the combined final pathology reports from the lobectomy & wedge resection for completion of all pathological staging information. Seq 1841 will be coded as 'yes'.

For example: Patient goes to OR on 09/01/2021 for a wedge resection. Final pathology is positive for lung cancer and the patient is discharged home. The patient is scheduled for a completion lobectomy on 10/10/2021 with

In this scenario, the wedge resection is diagnostic and does not have to be entered. The lobectomy is the curative resection and is required for entry. In most instances, there will not be any cancer remaining at the time of the lobectomy. However, most institutions will roll the pathology from wedge into the final path report for the lobectomy. If your pathology department does not, you may do so.

Sequence 1875 – Lung Cancer Invasion of Adjacent Structures

Harvest Codes:

Code:	Value:
1	None
2	Phrenic Nerve
3	Chest Wall
4	Esophagus
5	Heart
6	Pericardium
7	Diaphragm
8	Recurrent Laryngeal Nerve
9	Great Vessels
10	Vetebral Body

Oct 2021: The structures listed for invasion were intentionally selected, other invasion sites are not captured. For example, do not capture mediastinum, trachea, carina or ipsilateral lobe here. Parietal pleural invasion can be captured by selecting chest wall.

Intent/Clarification: Capturing must be based on Provider documentation of sustained weight loss and not calculated. If the patient loses weight, but then regains the weight it is not captured.

Oct 2021: If the provider documents weight lost in lbs or kgs, the percentage of weight loss may be calculated by the data manager and coded accordingly.

Sequence 2120 – Weight Loss of 10% or More

Aug 2021: Readmission applies to IP readmissions only. If a patient returns to the hospital and is in OP/OBS status for their entire stay, please code 'no' to 4270.

Oct 2021: If the index procedure is completed with the patient in an OP/OBS status and the patient is discharged home and then subsequently returns within 30 days and is admitted IP, code 'yes' to seq 4270. This is considered a readmission.

Sequence 4270 – Readmission within 30 days of discharge

Sequence 4290 – Substance Use Screening & Counseling

Definition: Indicate if substance use screening and appropriate counseling was performed. This is NQF measure 2597. Patients require screening on tobacco use, alcohol use, and illicit/non-prescription drug use. Patient must be screened for all three. If the patient screens positive for any listed substance use, appropriate counseling is required to choose yes for this field.

Oct 2021: If the patient screens positive and counseling is indicated but the patient refuses to be counseled – code 'yes' to seq 4290.

Sequence 790: History of Substance Abuse

Harvest Codes:

Code:	Value:
1	None
2	Cigarette Smoking
3	Substance Dependency/Abuse of Non-Prescription Medications or Illicit Drugs
4	Alcohol Abuse

- A timeline will be added to the training manual for substance dependency and alcohol abuse and will align with the timeline for coding cigarette smoking. All will be within 30 days prior to admission.

A Brief Audit Note For Complications

If a parent is incorrectly coded and therefore the necessary child field does not open for coding, both the parent and child field(s) will be marked by the auditor as a mismatch.

SeqNo: 3660
Long Name: Postoperative Events Occurred
Short Name: POEvents
Format: Text (categorical values specified by STS)

Definition: Indicate whether the patient experienced a postoperative event at any time during this hospital visit regardless of length of stay, and/or events that occur within 30 days of surgery if discharged from the hospital.

Harvest Codes:
                Code: Value:
                  1   Yes
                  2   No post operative events
                  3   No, Patient died in OR

SeqNo: 3800
Long Name: Pneumothorax req. CT
Short Name: Pneumo
Format: Text (categorical values specified by STS)

Definition: Indicate whether the patient experienced a postoperative pneumothorax requiring chest tube reinsertion.

ParentLongName: Postoperative Events Occurred
ParentShortName: POEvents
ParentValue: 1
ParentHarvestCodes: = "Yes"

For example, 3660 is the parent to 3800. If the patient had a ptx requiring a chest tube but 3660 was coded as 'no post operative events' and therefore 3800 was not coded at all, the auditor would mark 3660 and **all** child fields as mismatches.
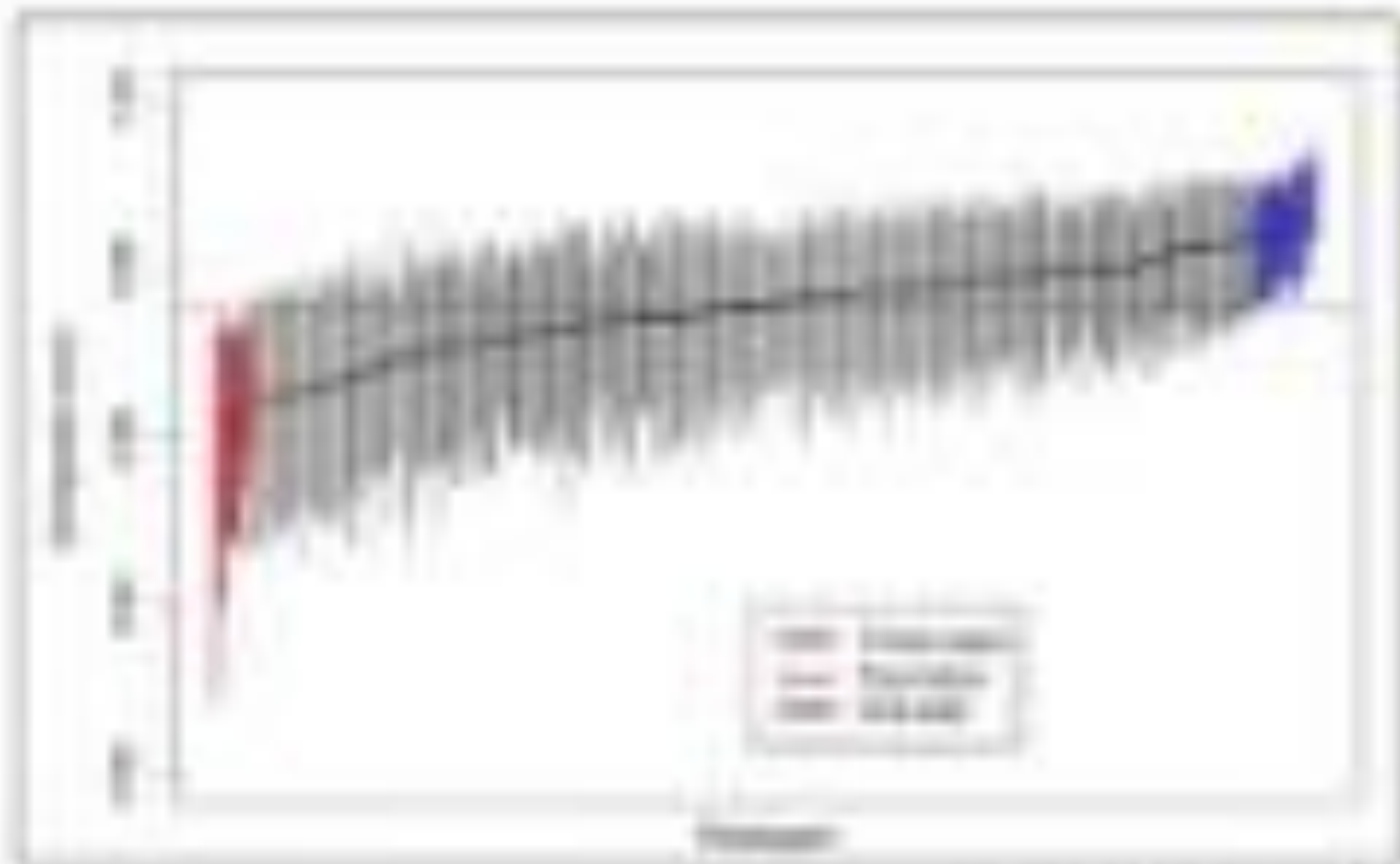
Results
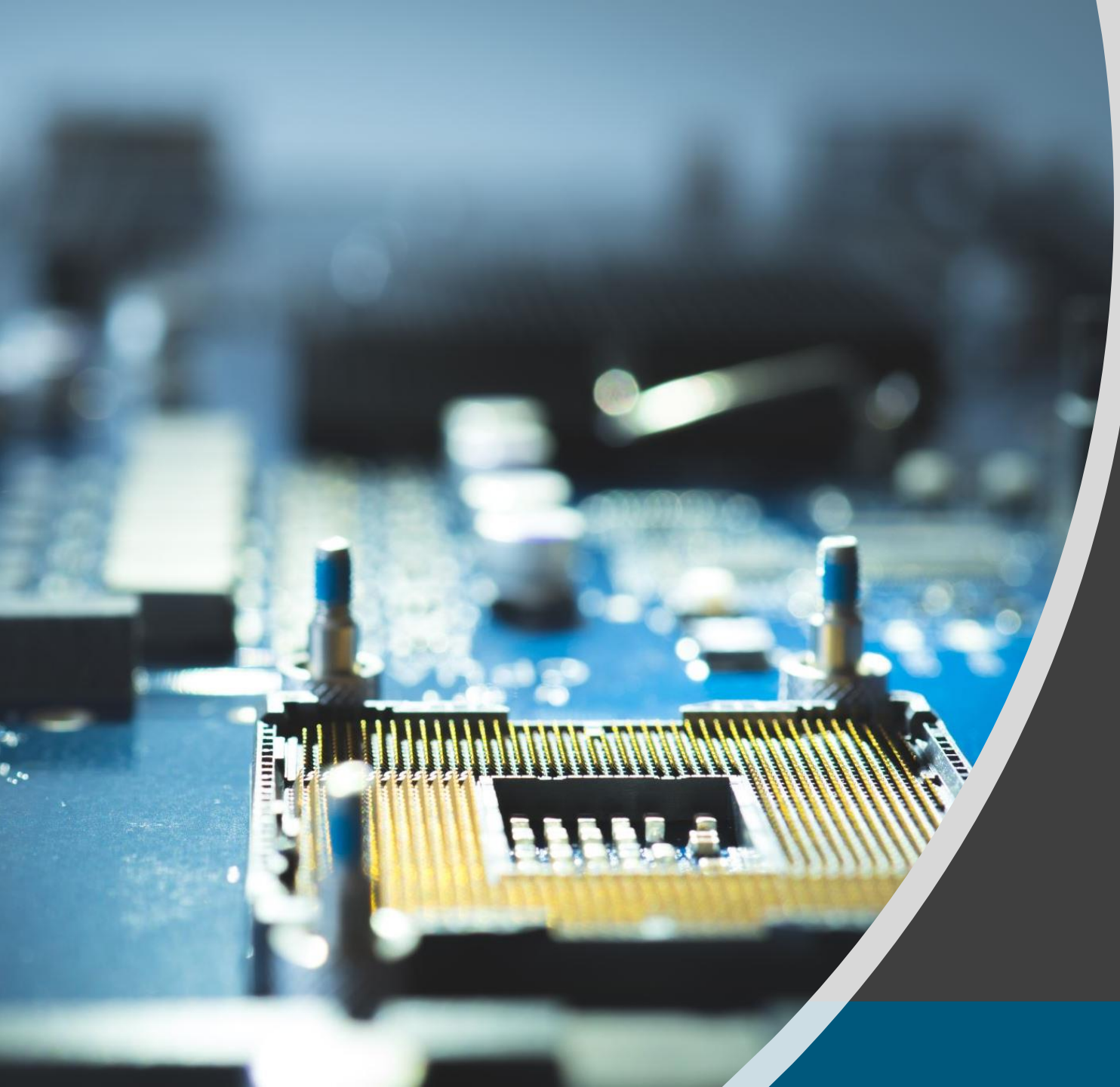
IQVIA Review
Joe Brower

IQVIA Enhancements and Known Issues

The items below are currently under review by the IQVIA development team and will be targeted for a future release.

Release Timing: TBD

Direct Data Entry (DDE) Validations

- **STS-7157** – User request to reduce the severity level on identified require fields from critical errors to errors for direct data entry users

Participant Dashboard Report (non-analyzed)

- **STS-6995** – Participant Dashboard Report displays different percentages when exported to MS Excel (**RESOLVED** – Not an Issue)

Missing Variable Report – Report Logic to be updated

- **STS-7348** – Missing Variable Report – The MT30STAT variable will be updated to display the option of Unknown (harvest code = 3) as missing on the report.
- **STS-7050** - Missing Variable Report - The LFUDATE and LFUMORTSTAT is reported as missing when the record is associated with an earlier demographic data version (2.2, 2.081, 2.07, 2.06)
- **STS-7100** – Missing Variable Report – The report is flagging the Racemulti field as missing within the 5.21.1 data version when associated with an earlier demographic data version
- **STS-7278** – Missing Variable Report – Update the MVR report logic to include the missing check for the COVID19 variables (TempCode) and (TempDate)
- **STS-7302** – Missing Variable Report - Variable analysis - GERDPTALIVEYR Discrepancy between MVR and Participant Dashboard - denominator count difference identified

Known Issues Posted to Library

Please note: The full known issues and enhancements list is posted to the Library in the IQVIA platform for user review.

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.
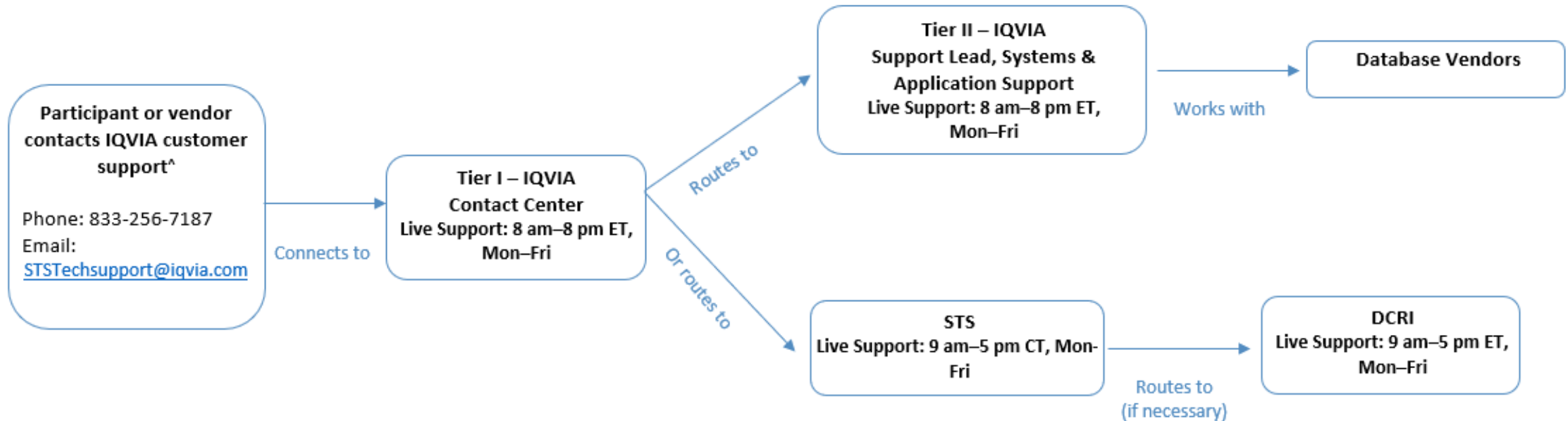
The IQVIA Team is currently reviewing items to be targeted for an upcoming release. Those items will be posted to the Notifications section.

STS/IQVIA Support Plan

sts.org

IQVIA's Support Plan

Participant or vendor contacts IQVIA customer support^

Phone: 833-256-7187
Email:
STSTechsupport@iqvia.com

Connects to

Tier I – IQVIA Contact Center
Live Support: 8 am–8 pm ET, Mon–Fri

Routes to

Tier II – IQVIA Support Lead, Systems & Application Support
Live Support: 8 am–8 pm ET, Mon–Fri

Works with

Database Vendors

Or routes to

STS
Live Support: 9 am–5 pm CT, Mon-Fri

Routes to (if necessary)

DCRI
Live Support: 9 am–5 pm ET, Mon–Fri

^ Inquiries received outside live support hours will require a 24-hour turnaround window (i.e., one business day) for responses.

Resources

- [STS National Database Webpage](#)

- [STSTechSupport@IQVIA.com](#) (Uploader, DQR, Missing Variable, Dashboard, Password and Login)

- Phone Support: 1-833-256-7187

- [STS National Database Feedback Form](#)

- Resource Documents
  - Contact Information
  - Webinar Information
  - FAQ Document
  - Go-Live Checklist
  - Tiered-level Support Document
  - *Training Videos*
  - *Link to IQVIA*

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 Calls – Canceled

- ~~November 24 @ 2:30CT~~
- ~~December 23 @ 2:30CT~~

Monthly Webinar

- December 8 @ 2:30CT

Monthly Webinar

- January 12@ 2:30CT

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!