

The Society of Thoracic Surgeons

General Thoracic Surgery Database Monthly Webinar

September 10, 2025



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

Agenda

- Welcome and Introduction
- STS Updates
- Data Manager Education
- Q&A

STS Updates

- Fall 2025 Harvest (Includes Surgery dates July 1, 2022 – June 30, 2025)
 - Harvest has closed and data is being prepared for analysis
- 2026 Harvest Dates coming soon!
- GTSD Audit Underway
 - Notification letters were sent to selected sites on **Monday, July 14th**
 - You were selected for audit and have questions: please contact CRS directly
- Data Manager Collaborative Update

Data Manager Collaborative

- The STS National Database Data Manager Collaborative (DMC) officially concluded on August 21, 2025.
- STS will make every effort to pair data managers who submitted a match request by August 20, 2025. If you are already matched, you are welcome to continue meeting with your peers independently.
- Moving forward, we encourage data managers to stay engaged by participating in monthly webinars, regional groups, [connecting through the STS Data Managers Facebook Group](#), and attending AQO.
- STS extends its sincere thanks to all data managers who have participated in and supported the various iterations of this program over the years.



AQO 2025

- **GTSD and CHSD Sessions: Thursday, September 25th**
- ACSD Session: Friday, September 26th
- Intermacs and Pedimacs Session: Tuesday, September 23rd VIRTUAL
- Grand Hyatt San Antonio Riverwalk
- Both In Person (ACSD, CHSD, GTSD) and Virtual options (all databases) will be available



Event

2025 Advances in Quality & Outcomes: A Data Managers Meeting

Discussions on valuable research and important clinical findings with the goal of improving data collection and patient outcomes.



Date(s)

Sep 25—26, 2025



Location

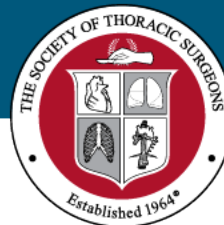
San Antonio, TX



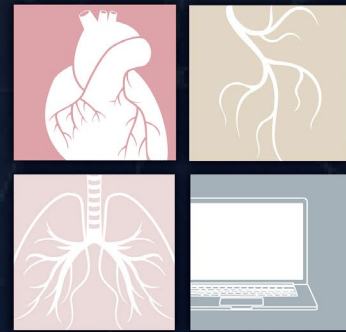
Audience

Allied Health

Data Manager



AQO Registration



ADVANCES IN QUALITY & OUTCOMES: *A Data Managers Meeting*

SEPTEMBER 25-26, 2025 • SAN ANTONIO, TX

Register now at sts.org/AQO



AQO 2025 – GTSD Agenda

| | |
|-----------------------------|---|
| 7 – 8 a.m. | Breakfast in Texas Ballroom C |
| 8 – 8:05 a.m. | Welcome Leigh Ann Jones, BS, and Ruth Raleigh, BSN, RN |
| 8:05 – 8:40 a.m. | Where We've Come From, Where We're Going Christopher W. Seder, MD |
| 8:40 – 9:15 a.m. | Pre-Operative Section – Version 5.26.1 Andrew Feczko, MD, MA |
| 9:15 – 10 a.m. | Lung Cancer Section – Version 5.26.1 Stephen R. Broderick, MD, MPHS, and Christopher W. Seder, MD |
| 10 – 10:30 a.m. | Break in Texas Ballroom Foyer |
| 10:30 – 11 a.m. | Esophageal Cancer Section – Version 5.26.1 Onkar Khullar, MD, MSc |
| 11 – 11:30 a.m. | Lung Cancer & Esophageal Cancer Anatomy Andrew Feczko, MD, MA |
| 11:30 a.m. – 12 p.m. | Lung Cancer & Esophageal Cancer Nodes Jeffrey Velotta, MD, FACS |
| 12 – 1 p.m. | Lunch in Texas Ballroom C |



AQO 2025 – GTSD Agenda

| | |
|-------------------------|---|
| 1 – 1:30 p.m. | Lung & Esophageal Cancer Histology Jeffrey Velotta, MD, FACS, and Ruth Raleigh, BSN, RN |
| 1:30 – 1:55 p.m. | Lung Cancer 101 Christopher Towe, MD |
| 1:55 – 2:20 p.m. | Lung Cancer 101: Case Examples TBD Data Manager Speaker |
| 2:20 – 2:45 p.m. | Esophageal Cancer 101 Justin Blasberg, MD |
| 2:45 – 3 p.m. | Esophageal Cancer 101: Case Examples Kellie Knabe, MSN, RN, CCRN |
| 3 – 3:30 p.m. | Break in Texas Ballroom Foyer |
| 3:30 – 3:50 p.m. | Post Op Complications – Version 5.26.1 Matthew Inra, MD |



AQO 2025 – GTSD Agenda

3:50 – 4:20 p.m. **Post Op Complications: Case Examples**
Laura Shultz, BSN, RN

4:20 – 5 p.m. **Abstract Presentations**

From Culture Shift to Clinical Success: A Multidisciplinary Strategy to Reduce Time to Extubation
Maria Alcina Fonseca DNP, RN, MBA, CCRN, NE-BC and Taylor Hart, MSN, RN, CCRN-CSC

Thoracic Surgery Quality Improvement Through Open Case Review Process
Kelly Rubino, MSN, RN, NI-BC, CCRN, CPHQ

Reducing Hospital Length of Stay Following Minimally Invasive Anatomic Lung Resection Through a Standardized Intervention Implementation: An Institutional Quality Initiative
Kellie Knabe, MSN, RN, CCRN

Nodal Confusion: Why auditing Pathologic N Stage Alone May Not Be Enough
Mary Elise Hollenbeck, BSN, RN

5 p.m. **Session Adjourns & Networking Reception**
Terrace on the 5th



AQO 2025 – GTSD Agenda

On-Demand Content

Paraesophageal Hernia

David D. Shersher, MD

Tracheal Resection

Paul Schipper, MD

Thymus Resection

Elliot L. Servais, MD, FACS

GTSD Audit

William Burfeind Jr., MD

GTSD Research

Elizabeth David, MD



HELP - What if I'm not able to attend AQO???



- STS will be providing an in-depth review of the new data collection form after AQO.
- Multiple webinars will be held
- We will walk through each section variable by variable



STS Education

Seq 610: History of Vascular Disease

Capture the following as PVD:

- AAA repair/stent
- Sacular aortic aneurysms
- Amputation for arterial insufficiency
- Aorto-iliac occlusive disease reconstruction
- Peripheral vascular bypass surgery
- Angioplasty or stent
- Renal artery atherosclerosis
- Aortic aneurysm
- Aortic dissection
- Aortic enlargement
- Aortic dilation noted in H&P
- Ectasia of the aorta
- Collagen vascular disease
- Carotid endarterectomy
- Carotid stenosis greater than 50%
- Carotid stenting
- Documented peripheral arterial disease
- Atherosclerotic disease documented w/o severity
- Subclavian artery stenosis related to atherosclerotic disease
- Chronic vascular insufficiency of the intestine

Do NOT capture the following as PVD:

- Intracranial aneurysm
- Atherosclerotic disease graded as mild
- Atherosclerotic disease noted only in a radiology report
- Aortic dilation noted only in a radiology report
- Transposition of the great vessels
- Splenic artery aneurysm
- Renal artery aneurysm
- Subclavian artery stenosis not specifically linked to atherosclerotic disease
- Venous stasis dermatitis

Seq 740: PFT

- Undated PFTs are capture as 'no' in seq 740 as there is no way to know if the PFTs were performed in the last 12 months as is required by the field. This is true even if your surgeon dictates values for FEV1 and DLCO.

The Facts About Vaping

2,711+

lung injury cases in the U.S. associated with vaping.*



Nicotine

can permanently change the developing teenage brain, creating a nicotine addiction for life.

10 million

youth in the United States used, or were open to using, e-cigarettes in 2018.



60+

deaths associated with vaping.*



Eighth graders who vape

are 10 times more likely to eventually smoke cigarettes than their non-vaping peers.

135% increase

in high school students using e-cigarettes, reported between 2017 to 2019.



60%

of young people think e-cigarettes are mostly flavor; the truth is that more than 98% of products tested contained nicotine.



*As of January 2020

 Spectrum Health

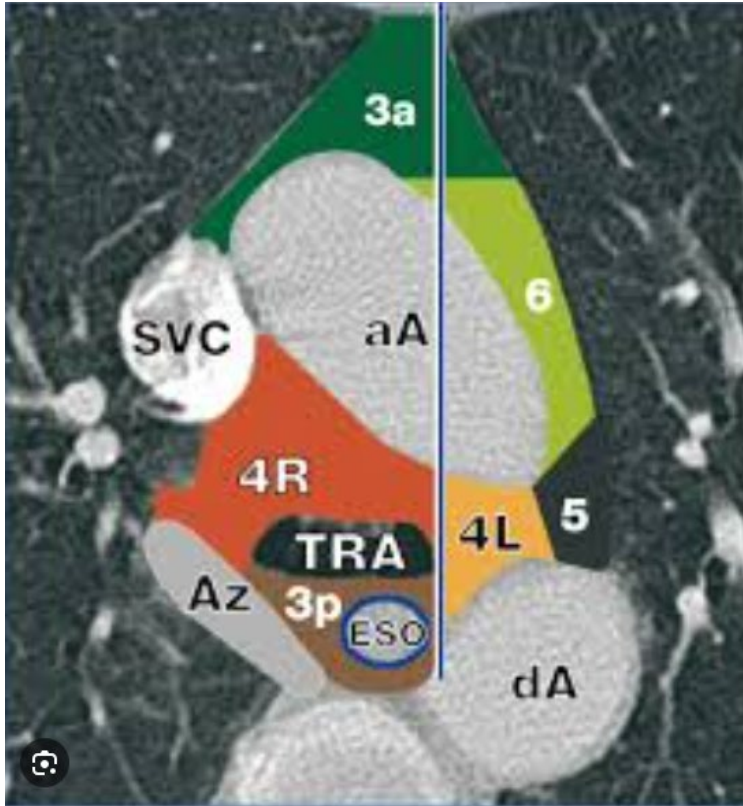
Seq 800: Cigarette Smoking

- Vaping is captured regardless of substance vaped.

Seq 1620: Clinical Staging Methods

Nov 2022: Clinical Staging must be performed within 4 months of ANY treatment (not just surgery) in order to be captured in sequence 1620. Examples: Brain MRI on 4/1/2022, chemotherapy begins on 5/1/2022, lobectomy for lung cancer on 10/1/2022 – brain MRI would be captured in 1620. Head CT w/ contrast on 4/1/22, lobectomy for lung cancer on 10/1/2022 – head CT would not be captured in 1620.

*** 'Any treatment' specifically means any treatment related to either the lung or esophageal cancer your surgeon is resecting. ***



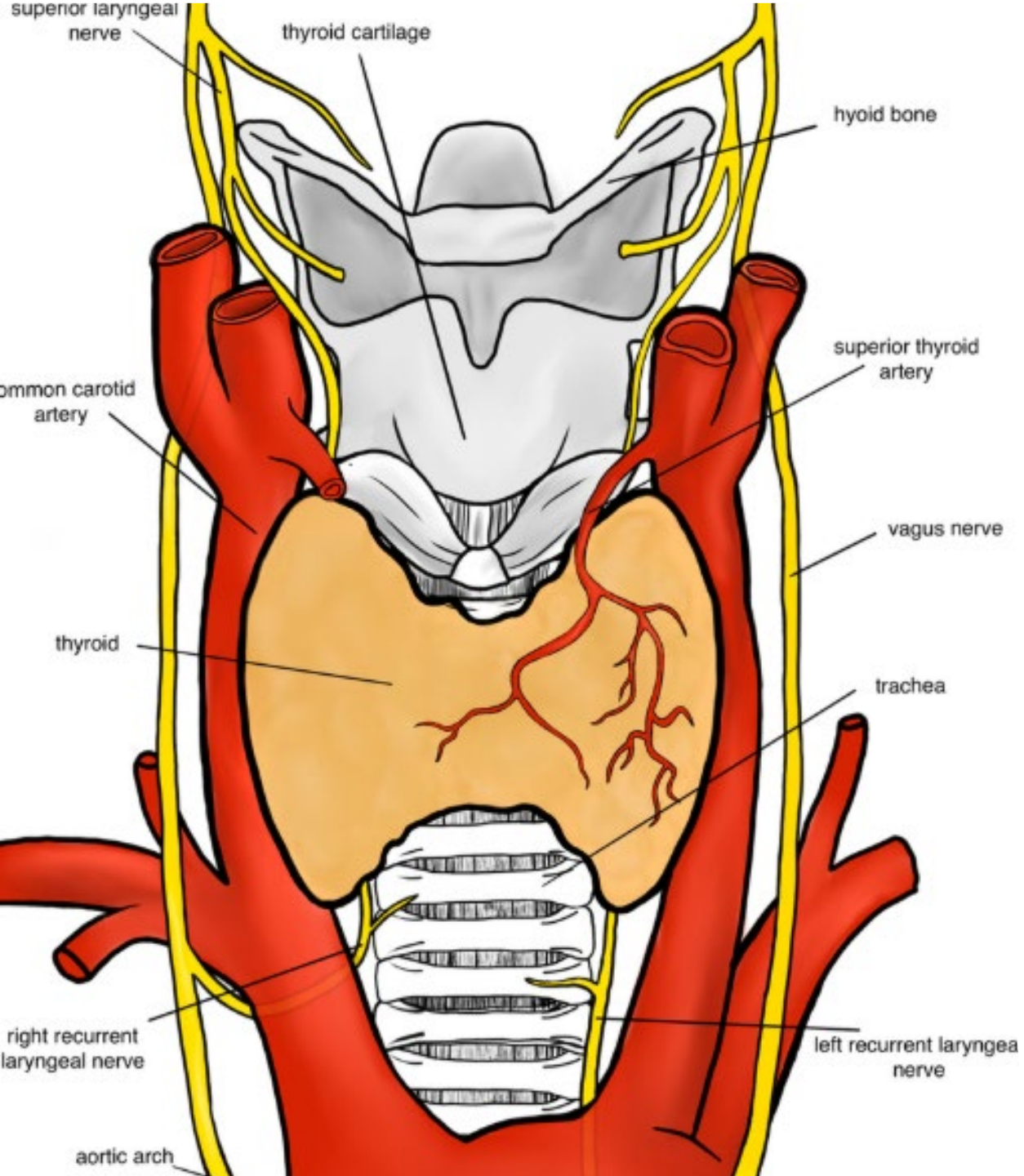
Seq 1910: Nodal Station 3

- Seq 1910 captures all station 3 lymph nodes, whether designated 3, 3a or 3p. Station 3a and station 3p aren't considered contralateral lymph nodes because they lack laterality rather they are prevascular and retrotracheal.

Seq 2030: Lung Cancer – Number of Nodes

In cases where there is a discrepancy in nodal count between the final diagnosis and synoptic report, please use the synoptic report unless the synoptic report is counting lymph node fragments as whole lymph nodes. In those instances, please use the final diagnosis to determine lymph node count following the guidance provided in the Mar 2025 FAQ.

Mar 2025: If the summary section of your final pathology report blends together the total number of whole lymph nodes resected and lymph node fragments as a single count, please work with your surgeon and pathology department to obtain a summary that provides separate counts of whole lymph nodes and fragments. In the interim, please report blended counts as 1 lymph node as the true total number of lymph nodes resected is unknown. For example, “Number of lymph nodes/lymphoid tissue fragments examined: 6” would be coded as 1.



Seq 4080:Recurrent Laryngeal Nerve Paresis

- Code 'yes' to seq 4080 even if the paresis spontaneously resolves without treatment. Leave grade blank in this instance.

Seq 4270: Readmission 30 days

Patients that return to the hospital within 30 days of discharge and are placed in an observation status for more than two midnights should be considered an IP readmission despite the fact that the ADT remains in OBS status.

In brief, the Two-Midnight Rule states that a patient is generally appropriate for inpatient admission if:

1. The admitting clinician expects the beneficiary to require medically necessary hospital care spanning 2 or more midnights, and
2. Such reasonable expectation is supported by the medical record documentation.

<https://www.mcg.com/blog/2023/09/26/two-midnight-rule-mcg-care-guidelines/>



Seq 4310: Status 30 Days After Surgery

If a patient has logged into MyChart, but not communicated with the clinical team, this is not able to be used to validate that the patient is alive at 30 days. Log-in credentials could have been shared with friends/family.

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!

Upcoming GTSD Webinars

Monthly Webinar

- October 8 @ 2:30ET (1:30CT)
- November 12 @ 2:30ET (1:30CT)

Quality Improvement

- Will resume after AQO!
 - October 30 @ 3:00ET (2:00CT)



Contact Information

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(Harvest Questions/Analysis
Report Questions)

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Database Operational
Questions
(Database Participation,
Contracts, etc.)

- STSDB@sts.org



THANK YOU FOR JOINING!