



STS National DatabaseTM


Trusted. Transformed. Real-Time.



Society of Thoracic Surgeons

General Thoracic Surgery Database
Monthly Webinar

September 8, 2021



GTSD Monthly Webinar

- Welcome and Introductions
- STS Update
- FAQ Inbox Review
- IQVIA Update
- User Feedback
 - Include Ticket Number/Case Number

General Thoracic



- August Training Manual Posted
- 2020 Analyses Re-run results expected mid-September
- Spring 2021 Harvest sent to DCRI for analysis
 - Inbound file expected from DCRI next week
- Fall 2021 Harvest scheduled to close **Friday, September 24**
 - Includes OR dates up through 6/30/2021
- Fall 2021 Opt Out period ends **Tuesday, September 28**

2021 Advances in Quality and Outcomes: A Data Managers Meeting



ADVANCES IN QUALITY & OUTCOMES:
A Data Managers Meeting
October 12-15, 2021 ■ VIRTUAL



October 12, 2021 - October 15, 2021

Virtual Meeting

Registration is open!

The 2021 Advances in Quality & Outcomes (AQO): A Data Managers Meeting features sessions for all four components of the STS National Database. Surgeon leaders and data managers will gather during AQO this year – virtually – to share valuable research and important clinical findings with the goal of improving data collection and patient outcomes. Each day is dedicated entirely to one registry:

- Tuesday, October 12 – Intermacs/Pedimacs
- Wednesday, October 13 – General Thoracic
- Thursday, October 14 – Adult Cardiac
- Friday, October 15 – Congenital

A detailed agenda with speakers and session times will be available in the coming weeks.

Registration is free for STS National Database participants.*

Please [provide your contact information](#) if you would like to receive updates.

[View the Preliminary Agenda](#)

[Add Calendar Reminder](#)



Pricing

Registration is required for all attendees. Your registration entitles you to participate in any or all of the meeting days.

STS National Database Participant*	FREE
General Attendee Multiday – STS Member	\$300
General Attendee Multiday – Non-Member	\$400

If you are not an STS National Database participant, you will need an STS Member ID in order to receive the discounted member rate. For help with your STS Member ID, [contact Member Services](#).

***To receive free registration for AQO**, you must be an STS National Database Participant assigned to one of these roles:

- **Adult Cardiac, General Thoracic, and/or Congenital Heart Surgery Databases:** Surgeon Representative, Participant Surgeon, Anesthesiologist Representative, Anesthesiologist, Primary Data and File Contact, Primary Direct Data Entry Contact, Backup Data and File Contact, Backup Direct Data Entry Contact, Data Quality Report Recipient, or National Report Recipient.
- **Intermacs:** Physician Representative, Site Administrator, Backup Site Administrator, or Data Entry Coordinator.

The [STS Participant Contact Form](#) allows STS National Database participants to add or update the contact information on file for their institutions. It is essential that you keep your contact information up to date so that you receive important updates regarding AQO registration. For help confirming that you qualify for free registration, contact the [STS National Database team](#).

Questions?

- **Registration:** [Amy Cacich](#), Meetings and Conventions Manager

STS FAQ
Inbox
Education



SeqNo: 740

Long Name: Pulmonary Function Tests Performed

Short Name: PFT

Format: Text (categorical values specified by STS)

Definition: Indicate whether pulmonary function tests (PFT's) were performed prior to this operation. PFT's done more than 12 months prior to the primary surgical procedure should not be included here.

PFTs are part of the NQF measure set and are required before any major anatomic lung resection unless valid exclusion criteria are met.

Harvest Codes:

Code: Value:

1 Yes

2 No

The NQF measures are available on the STS website: <https://www.sts.org/quality-safety/performance-measures>

Online Learning

Meetings

Quality & Safety

Registries

Research Center

Advocacy

Publications

Resources

Foundation

STS » Quality & Safety

Performance Measures

Patient Safety

Surgical Checklists

Performance Measures

STS continues to develop and maintain quality performance measures in the areas of adult cardiac, general thoracic, and congenital heart surgery. STS measures have either been endorsed or are being considered for endorsement by the [National Quality Forum](#). In addition, many of these measures are included in CMS's [Merit-Based Incentive Payment System](#).

PFT's are part of NQF #3294 Lobectomy for Lung Cancer Composite Score:

Model variables: Variables in the model: age, sex, year of operation, body mass index, hypertension, steroid therapy, congestive heart failure, coronary artery disease, peripheral vascular disease, reoperation, preoperative chemotherapy within 6 months, cerebrovascular disease, diabetes mellitus, renal failure, dialysis, past smoker, current smoker, **forced expiratory volume in 1 second percent of predicted**, Zubrod score (linear plus quadratic), American Society of Anesthesiologists class (linear plus quadratic), and pathologic stage.

What are the valid exclusion criteria?

Patient Population: The STS General Thoracic Surgery Database is queried for all patients treated with lobectomy for lung cancer within a 3-year (36 month) time period. **We exclude patients with non-elective status, occult or stage 0 tumors, American Society of Anesthesiologists class VI, and with missing data for age, sex, or discharge mortality status.**

Coding Patient Discharged to Hospice

- CODE 'YES' to sequence 4200-StillInHosp at the time the patient is discharged to hospice.
- The case is now EXCLUDED from analysis.

SeqNo: 4200
Long Name: Patient Is Still In Hospital
Short Name: StillInHosp
Format: Text (categorical values specified by STS)

Definition: Indicate if, at the time of data submission, the patient remains an inpatient in the hospital.

Harvest Codes:

<u>Code:</u>	<u>Value:</u>
1	Yes
2	No

Intent/Clarification: Indicate if the patient remains in the acute care setting following the index operation. This field is the parent to the discharge/mortality section. Answering 'yes' will not allow you to answer the discharge/mortality questions and will remove the case from analysis.
Starting with version 5.21 - Patients discharge to hospice are considered an operative mortality, regardless of date of death. For patients discharged to hospice, code still in hospital (StillInHosp – seq 4200) = 'yes' until the patient expires. Then code MtDCStat (seq 4200) = Discharged to Hospice AND MortDate (seq 4300) with date of death.



Coding Patient Discharged to Hospice

Follow the case until the patient expires. At that time you will go back and recode the answer to 4200 to 'no'. The appropriate child fields will now open. You will enter hospital discharge date, hospital discharge status and mortality date. The case is now INCLUDED in analysis.

There are some child fields that will not open with a hospital discharge status coded as "Discharge to Hospice." For example:

SeqNo: 4230
Long Name: Discharge Location
Short Name: DisLoctn
Format: Text (categorical values specified by STS)
Definition: Indicate the location to where the patient was discharged.

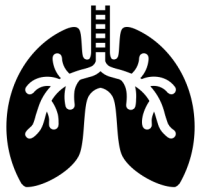
SeqNo: 4235
Long Name: Discharged With Chest Tube
Short Name: CTubeDis
Format: Text (categorical values specified by STS)
Definition: Indicate whether the patient was discharged with a chest tube for persistent air leak or to drain a postoperative effusion.

SeqNo: 4240
Long Name: Discharged with home O2 (new; not using O2 pre-op)
Short Name: DischHomeO2
Format: Text (categorical values specified by STS)
Definition: Indicate if the patient was discharged home with an order to use oxygen at home. If the Patient used oxygen at home prior to surgery check "no" to this field.

SeqNo: 4270
Long Name: Readmission within 30 days of Discharge
Short Name: Readm30Dis
Format: Text (categorical values specified by STS)
Definition: Indicate whether patient was readmitted to any hospital within 30 days of discharge.

SeqNo: 4290
Long Name: Substance Use Screening and Counseling
Short Name: DCSubUseScre
Format: Text (categorical values specified by STS)
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.

What procedure do I code for a 'pexy'?



pneu·mo·no·pex·y (nū-mō'nō-pek-sē)

Fixation of the lung by suturing the costal and pulmonary pleurae or otherwise causing adhesion of the two layers.

[G. *pneumōn*, lung, + *pēxis*, fixation]

There is not a procedure code for pexy. Do not code a pneumopexy as a concomitant procedure.

Where do I code ENB or CT guided biopsy of a lung mass?

SeqNo: 1620

Long Name: Clinical Staging Methods

Short Name: ClinStagMeth

Format: Multi-Select

Definition: Identify the clinical staging methods utilized to confirm primary lung cancer.

Harvest Codes:

Code: Value:

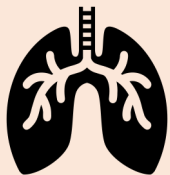
1 PET/CT

2 CT

3 Brain CT

4 Brain MRI

5 Invasive Mediastinal Staging
Performed



You don't collect those procedures in V5.21.1, the only invasive clinical staging data collected is for mediastinal staging.

What patients are part of my star rating for lobectomy?

STS Defined Lobectomy Patient Population:

Analysis includes surgery dates that encompass the three year reporting period (data versions 2.3 and 2.41)

Category of Disease – Primary (*CategoryPrim*) from list below:

160 = Lung cancer, upper lobe (162.3, C34.10)

170 = Lung cancer, middle lobe (162.4, C34.2)

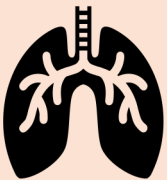
180 = Lung cancer, lower lobe (162.5, 34.30)

190 = Lung cancer, location unspecified (162.9, C34.90)

Primary Procedure (*PrimaryProc*) from list below:

2500 = Removal of lung, single lobe (lobectomy) (32480)

2800 = Thoracoscopy, surgical; with lobectomy (32663)



The category of disease must be lung cancer – metastatic disease and solitary pulmonary nodule are excluded.

Only the open and VATS/RATS single lobe are included.

A few more words on “lung tumor, metastatic”

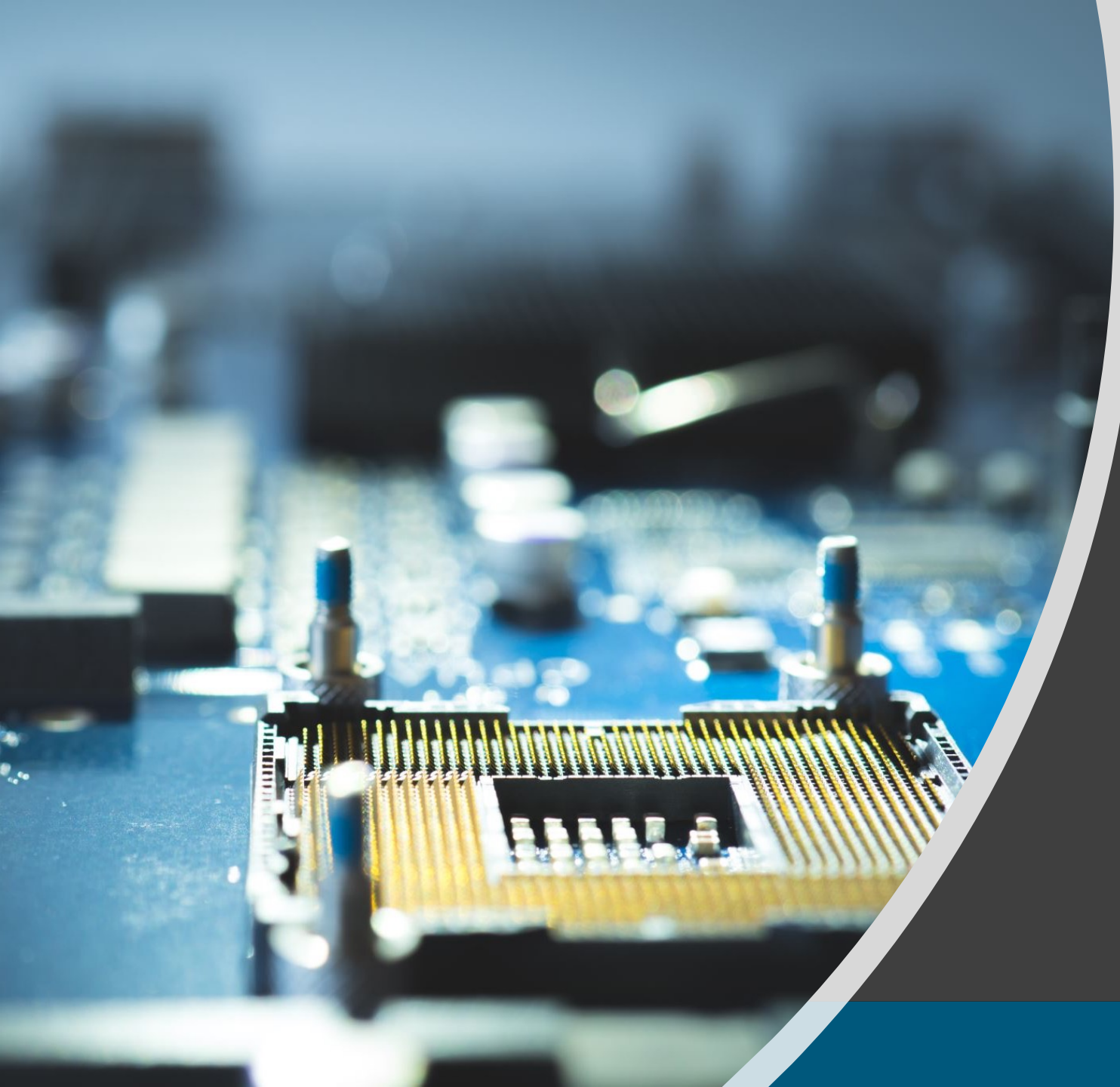
	surgical intervention to address the bleeding source.
130	Lung tumor, metastatic (C78.00)
	This condition includes all cancers of the body that spread to the lungs, including other primary lung cancer. Aug 2021: Metastatic lung cancer from a lung primary should be captured here, however new primary lung cancer or synchronous primary lung cancers should be captured with the appropriate lung cancer category of disease and not with C78.00.

Includes:

1. Metastatic disease to the lungs (i.e. a solitary lung met from the prostate)
2. Metastatic lung cancer (i.e. lung cancer that has spread from one lung location to another).

Excludes:

1. Synchronous primaries
2. New primary lung cancer



IQVIA Review

Joe Brower

IQVIA Known Issues Aug 2021

IQVIA 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

Uploader & Direct Data Entry (DDE) Validations

- **STS-7157** – Request to reduce the number of critical errors for direct data entry users
- **STS-7250** – Removal of decimal validations for identified 5.21.1 GTSD variables. Please note, this does not apply to previous form versions

Risk Adjusted Dashboard Report

Number of Operations and Mortality Report – Operative Mortality – Number of Mortalities

- **STS-6921** – The report is currently displaying a mismatch in the number of records that appear in the patient drill down

STS/NIS Comparison Report

- **STS-6927** – Mean Length of Stay for STS database is displaying an extreme time period

Missing Data Summary Report

- **STS-6817** – Missing Data Summary displaying missing records for “Missing Forced Expiratory Volume Performed” when values were entered prior to harvest

IQVIA Known Issues Aug 2021

IQVIA 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

Participant Dashboard Report (non-analyzed)

- **STS-6995** – Participant Dashboard Report displays different percentages when exported to Excel

Missing Variable Report

- **STS-7050** - Missing Variable Report - The LFUDATE and LFUMORTSTAT was 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
- **STS-7278** – Missing Variable Report – Update the MVR report logic to include the missing check for the COVID19 variables (TempCode) and (TempDate)

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.

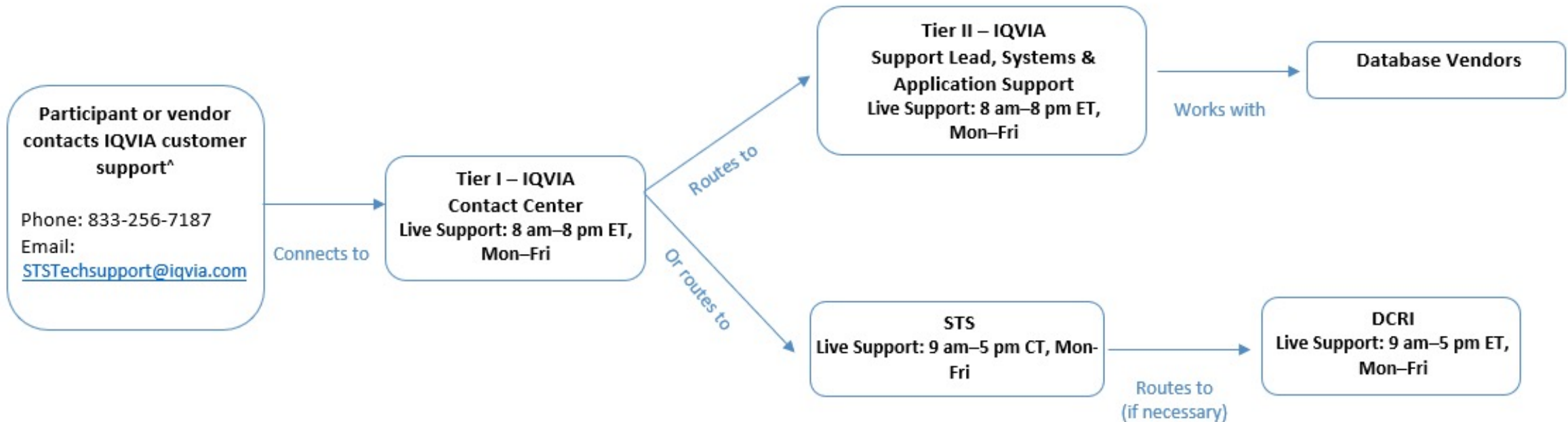
The IQVIA Team is currently reviewing items to be targeted for an upcoming release. Those items will be posted to the Notifications section.

STS/IQVIA Support Plan



IQVIA's Support Plan

****Please include your 5 digit Participant ID**



^ 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*

WHERE

WHAT

WHEN

WHY

HOW

WHO

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

- September 22 @ 2:30pm CT

New Data Manager Webinar

- September 29 @ 2pm CT

Monthly Webinar – Canceled

- October 13 @ 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!