Society of Thoracic Surgeons

General Thoracic Surgery Database
New Data Manager Webinar

September 29, 2021
Agenda

• Welcome and Introductions
• Introduction to STS and the Databases
• Role of the Data Manager
• How to read the Data Collection Form (DCF)
• Required fields
• Intro to Data Specs

• Intro to Training Manual
• Submitting a question
• Keys to abstracting data
• Building a relationship with your surgeon
• Ensuring Clean Data
• Data Submission Deadlines
• Additional STS Resources
Introduction to STS and the Databases

• Society founded in 1964
  “To enhance the ability of cardiothoracic surgeons to provide the highest quality care through education, research, and advocacy”
• Today has more than 7500 members in 99 countries
• More than 65 employees in Chicago and D.C.
• The first database was started in 1989
  • Response to HHS/HCFA (now CMS)
  • Malpractice lawsuits related to a misperception of the risk associated with surgery
  • JCAHO’s requirement of all healthsystems to have a QA program used for surgeon recredentialing
  • Threats to reimbursement
Introduction to STS and the Databases

• Accomplishments of the databases
  • Improved Patient Outcomes/Patient Safety
  • Developed Clinical Practice Guidelines
    • Blood Conservation
    • Antibiotic Usage
  • Voluntary Public Reporting
    • Sites who publicly report have better outcomes
  • Multiple risk models
  • Multiple NQF measures
  • Governmental support (PAC)
    • Research Utilization (RUC)
    • Surgeon Reimbursement
  • Consensus Statements
  • Database driven research which has led to the advancement of care, technology, and improvement of outcomes
Introduction to STS and the Databases

- General Thoracic Surgery Database (GTSD) started in 2003
- Today has more than 880 surgeons at 275 national and international sites
  - International sites: UAE and Singapore
- Contains more than 719,000 records for more than 612,000 patients
The Data Abstractor/Data Manager

• You Are
  • Smart
  • Creative
  • Meticulous
  • Organized
  • Passionate (in a good way)
• Most of you are nurses
• Some of you are health management specialists or hold other roles
• All of you are making a difference!
The Data Abstractor/Data Manager Role

• Your Role
  • Abstract Data
  • Submit Data
  • Clean Data
  • Quality Improvement Projects
  • Charting
  • Best Practices
  • Improve Workflow on Units
  • Improve Team Work
  • Quality Assurance Meetings with Surgeons and Supporting Departments
  • Administration Reporting on Star Ratings
Reading the Data Collection Form (DCF)
Which Variables are Required?

• Per STS: ALL variables are important
  – Parent/child relationships help reduce the number of missing data in the feedback reports

• Do not omit the fields included in the analysis report:
  - Mortality Variables
  - 'Required' Variables
  - Risk Model Variables

• Complete all fields consistently so they are meaningful internally and over time
Required Variables for Case Inclusion

The variables underlined in blue must be included for your case to be included in analysis.
Understanding the Data Collection Form

What do these "weights" mean?

- Lung Cancer Resection
  - Weight = 60
- Esophagus Resection
  - Weight = 70
- Hiatal Hernia/Gerd
  - Weight = 30
- Trachea Resection
  - Weight = 40
- Thymus/Mediastinal Mass
  - Weight = 50
- Concomitant Procedures
  - Weight = 20
- Minor Procedures
  - Weight = 10
**Procedure Inclusion** – The STS General Thoracic Registry version 5.21.1 requires submission of all lung resections for primary lung cancer and all esophageal resections for primary esophageal cancer. Lung and esophageal resections for primary cancer are analyzed including national outcomes for benchmarking, risk adjusted outcomes, and star rating. Participants in the General Thoracic Registry may choose to submit Thymus/Mediastinal Mass Resection, Tracheal Resection, and Hiatal Hernia/GERD cases. These case types are optional modules for submission to the registry and benchmark data will be available in the national report if submitted. All other case types are not required for collection or submission. They will not be available in the national report if submitted.

**Major/Analyzed (Required)**
- Confirmed Lung Cancer Resections
- Confirmed Esophageal Cancer Resections
- Risk Adjusted

**Major/ Analyzed Procedures (Not Required)**
- Optional Procedures
  - Thymus/Mediastinal Mass/Myasthenia Gravis
  - Tracheal Resection
  - Hiatal Hernia/GERD
  - Benchmark data provided

**Minor/Non-Analyzed Procedures**
- Accepted into the database if you choose to collect
- Required fields "On Save" checks will be applied to these records

**Concomitant Procedures**
- If a procedure considered ‘minor’ or ‘optional’ is done at the same time as an ‘analyzed’ procedure, then it needs to be included on the same DCF
Data and Software Specifications

- The database is updated every 3 years
- The data and software specifications are key tools in this process
- It is important to understand how to read them
  - Definitions
  - Allowable values
  - Field type
  - Parent/Child Relationships
  - Specify vendor requirements
Allowable Values

- Below 8.00 will show a warning, verify data
- Above 16.00 will show a warning, verify data
- For values outside the allowable value zone then you will code the highest or lowest ALLOWABLE value

- Long Name: Last Hemoglobin Level
- Short Name: HemoglobinLst
- Section Name: Pre-Operative Evaluation
- DBTableName: Operations
- Definition: Indicate the hemoglobin level closest to management (induction area or operating room)

- LowValue: 3.00
- UsualRangeLow: 8.00
- HighValue: 50.00
- UsualRangeHigh: 16.00
- Parent Long Name: Hemoglobin Level Measured
- ParentShortName: HemoglobinMeasured
- ParentValue: = "Yes"
- ParentHarvestCodes: 1
The Training Manual

- Guidance on abstracting variables
- Intent/Clarification provided to further explain definitions
- Update monthly with new FAQ’s
- Refer to this to ensure you are abstracting correctly
- Check here first!

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<table>
<thead>
<tr>
<th>Seq. Number</th>
<th>Short Name</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>580</td>
<td>Reop</td>
<td><strong>Aug 2021</strong>: Only capture prior surgical procedures within the same anatomical space – not percutaneous procedures such as chest tubes, thoracentesis, paracentesis etc.</td>
</tr>
<tr>
<td>650</td>
<td>HistCancer</td>
<td><strong>Aug 2021</strong>: Photodynamic therapy is not equivalent to thoracic radiation therapy and is not captured.</td>
</tr>
<tr>
<td>870</td>
<td>ECOGScore</td>
<td><strong>Aug 2021</strong>: Lung and esophagus cases will NOT be rejected due to a missing ECOG score.</td>
</tr>
<tr>
<td>1250</td>
<td>CategoryPrim</td>
<td><strong>Aug 2021</strong>: 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.</td>
</tr>
<tr>
<td>1505</td>
<td>Laterality</td>
<td><strong>Aug 2021</strong>: Lung resections have laterality, most hernia repairs and esophagectomies do not and will be coded as N/A.</td>
</tr>
<tr>
<td>1620</td>
<td>ClinStagMeth</td>
<td><strong>Aug 2021</strong>: Question - How do I capture a Core Needle Biopsy of the lung mass itself preop? It is not a mediastinal lymph node biopsy? Answer – core needle biopsies of the lung mass are not captured in V5.21.</td>
</tr>
<tr>
<td>4270</td>
<td>Readm30Dis</td>
<td><strong>Aug 2021</strong>: 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.</td>
</tr>
</tbody>
</table>
Submitting a Clinical Question

If you have a question about submitting a case that is clinical in nature, then please submit it to the FAQ Mailbox.

• You will need
  • Participant Identification (PID)
    • This is a 5-digit number starting with a 4
  • Shortname and Sequence Number
    • Can be found on the annotated DCF or TM
  • As much information you can provide to help us answer your question
    • We can only answer based off the information you provide

• It can take up to 30 days for a response
  • We may have to discuss it with Surgeon Leaders
  • We may ask you for additional information
  • Please ensure the email you use is complete and correct when submitting an FAQ
Keys to Abstraction

• Be consistent in where you obtain information but…
• Pay attention to source documentation
  • Use data that meets the listed requirements
    • Timeframe
    • Mode of testing
• If you can’t find it, ask your surgeon
• Do not guess. No data is better than bad data.
  • If you can’t find it, ask
  • This is different than out of range high/low value
Working with your Surgeons

• Surgeons are busy, be patient but persistent
• Be clear and concise
• Know what you are going to ask before you ask it
• Do your homework and know the facts
• Get involved with Quality Meetings and Department Meetings where the data is being discussed
• Ask to observe a case
• Offer to review data with the surgeon
• Offer tips on how documentation can be improved
  • Build EHR templates
  • Use Surgeon Worksheets
• Work with Nursing and OR staff – they can help you
Clean Data

• Your vendor will allow you to run internal QA checks on your data prior to submission

• IQVIA, the data warehouse provides you with
  • Data Quality Report
  • Harvest Summary Report
  • Critical Error Report

• Version 5.21.1 has ‘on-save’ consistency checks built into your vendors software that will prevent you from exporting your data if certain errors are present
Data Submission Deadlines

- Harvest submission deadlines occur twice a year for General Thoracic
  - Spring and Fall
    - Each report will be a star-rating
- Voluntary Public Reporting
  Result are based on the Spring Harvest
  - Lung Cancer and Esophageal Cancer Cases
Additional STS Resources

- Monthly ‘Didactic’ Webinar
- Monthly User Group Calls
- Quarterly New Data Manager Webinars
- Mentorship Program
- Advances in Quality and Outcomes: A Data Managers Meeting
  - October 12 – October 15
    - Wednesday, October 13 – General Thoracic Session
  - This year we will be reviewing the 5.21 upgrade
  - Virtual with live and pre-recorded content
  - CEU’s available
- Database Newsletter
STS Webinars

STS National Database Webinars
This webinar series will keep you informed about the latest STS National Database developments and help you fully utilize the technological advancements and new features that soon will be available. The webinars will be recorded and available on this page. If you would like to be notified of upcoming webinars, please provide your contact information.

General Thoracic Surgery Database

GTSD New Data Managers Webinar
September 29 at 2:00 p.m. CT
Call-in: 888-475-4499 or 877-853-5257 or 312-626-6799
Webinar ID: 986-4493 7679
International Dial-in Numbers

Join Webinar

GTSD Monthly Webinar
October 13 at 1:30 p.m. CT
This event is canceled. Join us at 800-2021.

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Past GTSD Webinars
For earlier programs, view the GTSD Webinar YouTube Playlist

September 22, 2021
An explanation of the new analysis run with corrected missingness thresholds on the spring and fall 2020 harvest report, an update on ongoing IQVA releases, and participant Q&A.
User Group Call
PDF

September 8, 2021
Updates on Fall harvest schedules, a review of STS FAQ Inbox procedures, IQVA issues under review, and participant feedback and Q&A.
User Group Call
PDF

August 18, 2021
Updates on Fall harvest schedules, highlights of v5.21.1 and the latest version of the training manual, IQVA issues under review, and participant Q&A.
User Group Call
PDF
The Society has launched an STS National Database mentorship program that will pair experienced data managers with those who are seeking advice related to data abstraction. After filling out a questionnaire, potential mentors and mentees will be matched based on Database type, experience in specific areas, and other factors. STS will share contact information with mentors and mentees to facilitate an ongoing mentorship relationship.

To apply as either a mentor or mentee, please fill out the appropriate form linked below. You will be notified once you have been matched.

If you have questions about the program or any feedback on the sign-up forms, contact National Database Coordinator Adelaide Dolan.

Note: The opinions and advice provided through this mentorship program are those of its individual participants and do not necessarily reflect the views of The Society of Thoracic Surgeons.
• The Database News newsletter is dedicated to the STS National Database
• Contains information on data submission deadlines, meetings, webinars, audits and public reporting
• The STS Newsletter is available on the STS Publications Page (also sent out via email to Data Managers)
Data Manager Education Page
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!