STS/DCRI
Harvest Instructions

- ❑ **Please note: If you have changed software vendors since you last harvested data to the STS Data Warehouse, or if your 10-digit Hospital NPI number or Hospital Name has changed, you need to contact Derek Steck (312-202-5818, dsteck@sts.org) at the STS Headquarters immediately.**

- ❑ Complete data entry through **the last date listed for the reporting period** according to the perspective time table.

- ❑ Complete local data quality control procedures.

- ❑ Complete export and ensure data file is named properly **xxxxxadt.dat** where **xxxxx** represents your 5-digit Participant ID number. Contact your vendor for specific technical questions.
  - ❑ Congenital file names should be **xxxxxcon.dat**
  - ❑ Thoracic file names should be **xxxxxthr.dat**

- ❑ Submit your data file to the STS Data Warehouse between **Data Submission Open and Close Dates**. Submit your data via the secured website. Please see the following link.

  https://stsdatawarehouse.dcri.duke.edu

  - ❑ Username = **estsdata**
  - ❑ Password = **harvest**

- ❑ **NOTE: Data from this time period must be in the appropriate version format of the data specifications of the current reporting time period.**

- ❑ A confirmation of receipt message will be sent to the e-mail of the data file sender as well as the Primary Data and File Contact and all Data Quality Report Recipients within 24 hours. If there are issues processing the data file, an e-mail will go out to the contacts listed above. **Note**: If this message is not received, contact your Data Submission Coordinator.

- ❑ A Data Quality Report will be sent from the STS Data Warehouse to all contacts listed as Data Quality Report Recipient in the database within three (3) days if no problems are encountered with data processing or transmission.

- ❑ Review the Data Quality Report for any identified problems. If necessary, make any corrections and resubmit your data file. **Note**: This process may be repeated as many times as you wish **before Database Submission Closing Date** (No data files will be processed after this date.)

- ❑ Once you are satisfied with the quality of your data as reflected on the Data Quality Report, and want to have your data included in the Harvest for analysis, there is nothing else you need to do. The Analysis Sign-off Form and Hospital Name Clarification Report have been eliminated from the process. Whatever data has been accepted prior to the Data Submission Closing Date will be used in analysis.

- ❑ **If you do not want your data included in the analysis, you must e-mail your designated Data Submission Coordinator and indicate that you want to "Opt Out" of this analysis period. This means you will not receive a National Report for this harvest.** All data submitted during this submission window will be dropped. You will need to resubmit all data for that period during the next submission window.

- ❑ Final Reports will be posted to the secure website by the according to the dates listed on the submission table.