

Dear Adult Cardiac Surgery Database (ACSD) Participants and Data Managers,

We are pleased to announce that the latest version (v2.9) of the ACSD will become active on July 1, 2017.

Periodic revisions of data elements are essential so that the ACSD remains clinically relevant and addresses new concepts and advances in our field. Version 2.9 represents the culmination of a year-long effort by a dedicated team of volunteer surgeons, data managers, statisticians, and STS staff.

With each database revision there is the inherent challenge of balancing the wish to collect all possible relevant information with the burden of data collection. The specification upgrade workgroup has been mindful of maintaining this balance. We have made modest revisions to most sections of the data collection form. However, the sections pertaining to valvular and aortic procedures have been expanded and revised substantially and appropriately to address newer techniques and the increasing volume and importance of these procedural areas.

As a result, we must emphasize a critical reality regarding the valve, thoracic aortic, and arrhythmia surgery sections: the data fields are procedurally specific and highly clinical. That means **active surgeon involvement during the data capture process is key to collecting valid and useful data.** Meaningful surgeon participation in completing these sections is imperative, and data accuracy and completeness will be evaluated periodically.

To help with this process, the ACSD specification upgrade workgroup has developed a comprehensive training manual for data managers, as well as surgeon worksheets for all procedures. Please take time to review the <u>data collection forms</u>, <u>surgeon worksheets</u>, and other resources available at <u>www.sts.org/database</u>.

Completion of the surgeon worksheets will take only a few minutes at the end of a procedure, and these worksheets will help assure that important details are captured accurately and completely. Data managers will be able to use these worksheets to satisfy the "surgeon participation" field in version 2.9.

Cardiothoracic surgeons have long recognized the value of comprehensive and accurate information in their ongoing efforts to refine the care that they provide to their patients. As such, the STS National Database, which includes the ACSD, is one of the most comprehensive and respected clinical outcomes databases in all of medicine.

Knowledge derived from the STS National Database has had a profound impact on the practice of cardiothoracic surgery. It has led to advances in the quality of clinical care that we provide to our patients and improved patient outcomes. The ACSD also provides the detailed, highly accurate data upon which our constantly evolving portfolio of sophisticated risk-adjustment models and performance measures have been developed. These risk-adjusted metrics have, in turn, been used for voluntary public reporting and to inform a variety of health policy and reimbursement issues.

These achievements would not be possible without your continued commitment, dedication, and talent. For that, we thank you.

Sincerely,

Richard S. D'Agostino, MD Chair, Adult Cardiac Surgery Database Task Force Jeffrey P. Jacobs, MD Chair, Workforce on National Databases David M. Shahian, MD Chair, Council on Quality, Research, and Patient Safety