Society of Thoracic Surgeons

General Thoracic Surgery Database Monthly Webinar

February 12, 2025

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

Agenda

- Welcome and Introduction
- STS Updates
- Educational Updates (Ruth Raleigh, GTSD Consultant)
- Q&A

STS Updates

- 2025 Harvest Schedule
  - Spring 2025 close date: **March 7, 2025**
    - Reporting period includes OR dates 1/1/2022 – 12/31/2024
  - Fall 2025 close date: **September 5, 2025**
    - Reporting period includes OR dates 7/1/2022 – 6/30/2025

- GTSD "Office Hours" will be held **Monday, March 3 @ 2pmET/1pmCT**
  - 1 hour session
  - Drop in session open to all data managers
  - STS Team and Ruth Raleigh will assist with harvest related questions

GTSD Reporting Updates

- Effective Spring 25 Harvest

- Updates will be implemented in both Participant reports and Public Reporting

- Remove Star rating graphics for both esophagectomy and lung resection composite measures

- Will continue to use the three-category analytic descriptions: *Better Than Expected, As Expected, Worse Than Expected*
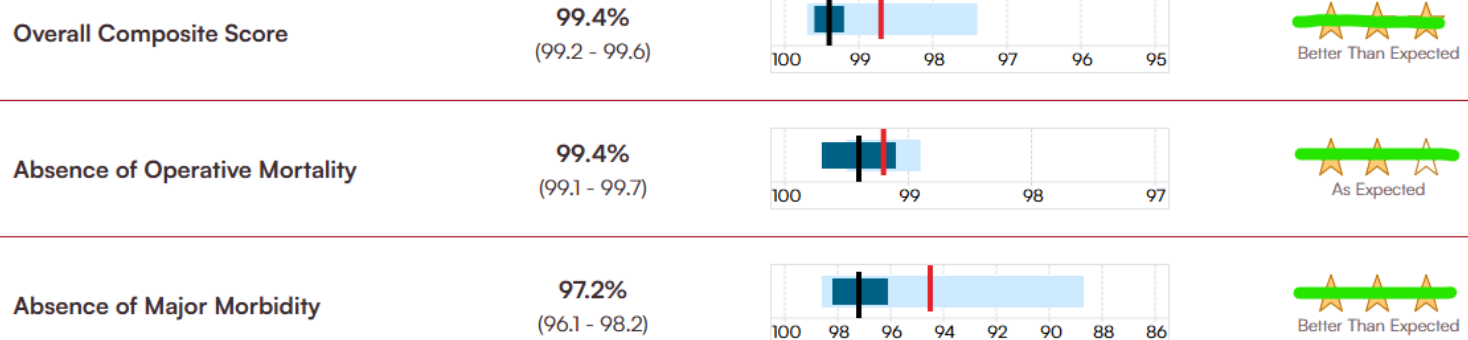
Domain	Rating	Participant		Score	Min - Max
		Score	95% CI		
Overall		99.20%	(98.85-99.48)	98.74%	(97.36-99.71
Absence of Mortality		99.40%	(99.03-99.72)	99.23%	(98.87-99.46
Absence of Major Complication		96.12%	(94.43-97.48)	94.53%	(88.70-98.65

Worse than Expected. Participant's performance is significantly worse than expected for their specific case-mix.
As Expected. Participant's performance is not statistically different than expected for their specific case-mix.
Better than Expected. Participant's performance is significantly better than expected for their specific case-mix.

Note: Each participant's composite score and star rating are an estimate of their performance for their specific case-mix (e.g., patient acuity and severity) compared with overall, national STS outcomes for a similar mix of patients. Because a participant's composite score and star rating apply only to their case-mix, they cannot be directly compared with the composite score and star rating of another participant with a different case-mix.

GTSD Public Reporting
(effective Spring 25)

Overall Composite Score	99.4% (99.2 - 99.6)		Better Than Expected
Absence of Operative Mortality	99.4% (99.1 - 99.7)		As Expected
Absence of Major Morbidity	97.2% (96.1 - 98.2)		Better Than Expected

Esophagectomy Composite Measure Rating (July 2021 – June 2024)

Overall Composite Score	97.2% (95.7 - 98.4)		Better Than Expected
Absence of Operative Mortality	97.9% (95.7 - 99.3)		As Expected
Absence of Major Morbidity	89.7% (84.3 - 94.0)		Better Than Expected
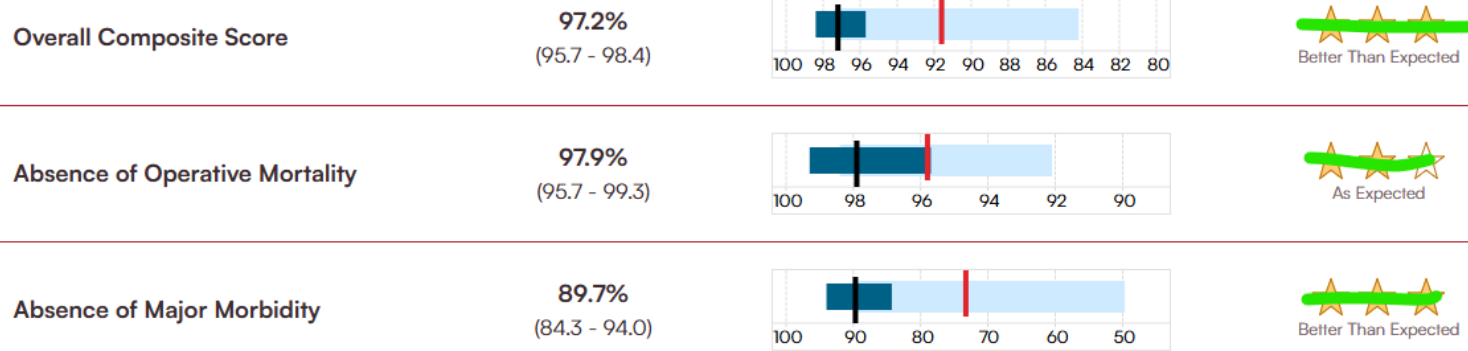
STS Updates

- February Training Manual to be posted today (2/12)
  - December/January/February updates provided in the FAQ Summary doc

- Report Related Questions??? Please email the Helpdesk : stsdb_helpdesk@sts.org
  - Refer to the Analysis Overview
  - Include your Participant ID
  - Indicate the Reporting time period (Fall 24, Spring 25 etc.)
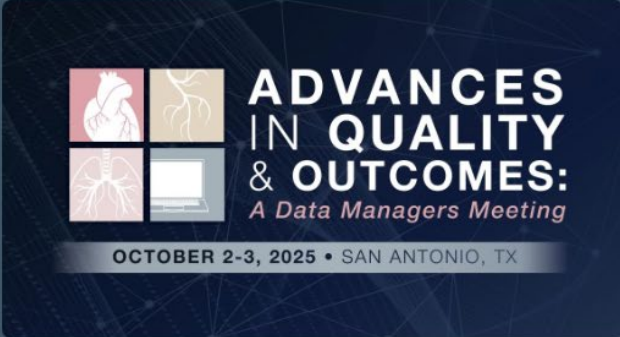 - Screenshots are helpful!!

AQO 2025

- **GTSD and CHSD Sessions: Thursday, October 2nd**

- ACSD Session: Friday, October 3rd

- Grand Hyatt San Antonio Riverwalk

- AQO Session Proposal deadline is April 18th

- Both In Person and Virtual options will be available

- Cost information will be shared as soon as it's available

Home > Calendar of Events > 2025 Advances in Quality & Outcomes: A Data Managers Meeting

📅 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.

ADVANCES IN QUALITY & OUTCOMES: A Data Managers Meeting

OCTOBER 2-3, 2025 • SAN ANTONIO, TX

📅 Date(s)
Oct 2—3, 2025

📍 Location
San Antonio, TX

👥 Audience
Allied Health
Data Manager

STS Education
Ruth Raleigh
(GTSD Consultant)

FEBRUARY EDUCATION TOPICS

- Review Important Resources

- Clarification to Seqs 1890 – 2000 (Nodal Stations)

- Blow Holes!

- Seq 3890 DVT

- March Monthly Webinar to focus on understanding your Pathology Reports

IMPORTANT RESOURCES

- Training Manual – Updated Monthly
  - Don't skip the first pages!!
  - Neoadjuvant training manual is separate from 5.21.1
- Analysis Overview
  - Located in the IQVIA Library
- Resources for Data Managers | STS
  - Links to:
    - Essential Forms
    - Webinar Slides and Recordings

STS General Thoracic Data Specifications v5.21.1

Importing Data from Other Data Sources - Although the data many participants are entering into their STS certified software may be gathered from another electronic data system at their site (such as an EMR), it is strictly against STS policy for vendors to provide the users with the means to import this data automatically. It is not practical for the STS to certify the mapping of data from each site's EMR to the STS data specifications, which would be required to ensure the integrity of the overall STS database. There is only one exception to this policy:
- Demographic data fields can be imported from an Admission/Discharge/Transfer (ADT) system. **See Software Specifications for detailed information.**

No and Unknown Questions - When a history and physical or a consultation exists in the medical record and the values are not specifically addressed in the documentation, code no. For example, if there is no mention of a history of cancer, then code No to history of cancer. Unknown should be coded in the circumstance where no clinical documentation exists, and the patient cannot give history and in certain situations for example when you know the patient has a history of cancer, but you do not know if it is within 5 years. These certain circumstances are field specific and will be addressed in the TM. If the patient is alone, intubated, and unable to give history; use the information from the patient's family if they become available.

No and Not Documented Questions - When a history and physical or a consultation exists in the medical record and the values are not specifically addressed in the documentation, code no. For example, if there is no documentation of 10% of body weight in the last three months, then code No. Not Documented should be coded in the circumstance where you have clinical documentation such as serial weights, however weight loss is not addressed in the H&P.

Text Fields – For fields where there is no option to choose yes/no/not documented/unknown, leave the field blank if you do not have an answer. For example, for Total number of Lymph Nodes sampled/harvested, if you do not have the total number, leave the field blank.

Values Outside an Acceptable Range - When entering values into the DCF, if the values are outside of the maximum or minimum allowable range (specified as the low or high values in the Data Specifications) for the field an illegal value message will appear in the vendor tool. In this situation, enter the highest / lowest allowable value for that field. For example, the patient is 111 years old. The maximum allowable value for age is 1 to 110 per the Data Specifications Manual. In this situation code 110. Before using the highest or lowest allowable values, please verify the unit for the value is correct.

CLARIFICATION TO SEQ'S 1890-2000

If a surgeon reports sampling a lymph node at any station, but the pathologist determines that no lymph nodes were present please code 'not sampled' for relevant stations. This aligns with CoC guidelines.

SeqNo: 1990
Long Name: Nodal Station 11
Short Name: NS11
Format: Text (categorical values specified by STS)

Definition: Indicate the assessment of nodal station 11.

ParentLongName: Lung Cancer Nodes Assessed
ParentShortName: LungNodeAsses
ParentValue: 1
ParentHarvestCodes: = "Yes"

Harvest Codes:
             Code: Value:
                1   Not Sampled
                2   Malignant
                3   Benign

Intent/Clarification: Indicate if any portion of nodal station 11 was sampled and if it was either malignant (positive for cancer) or benign. If any nodes from this station are positive, code malignant regardless if additional nodes from the same station are benign.
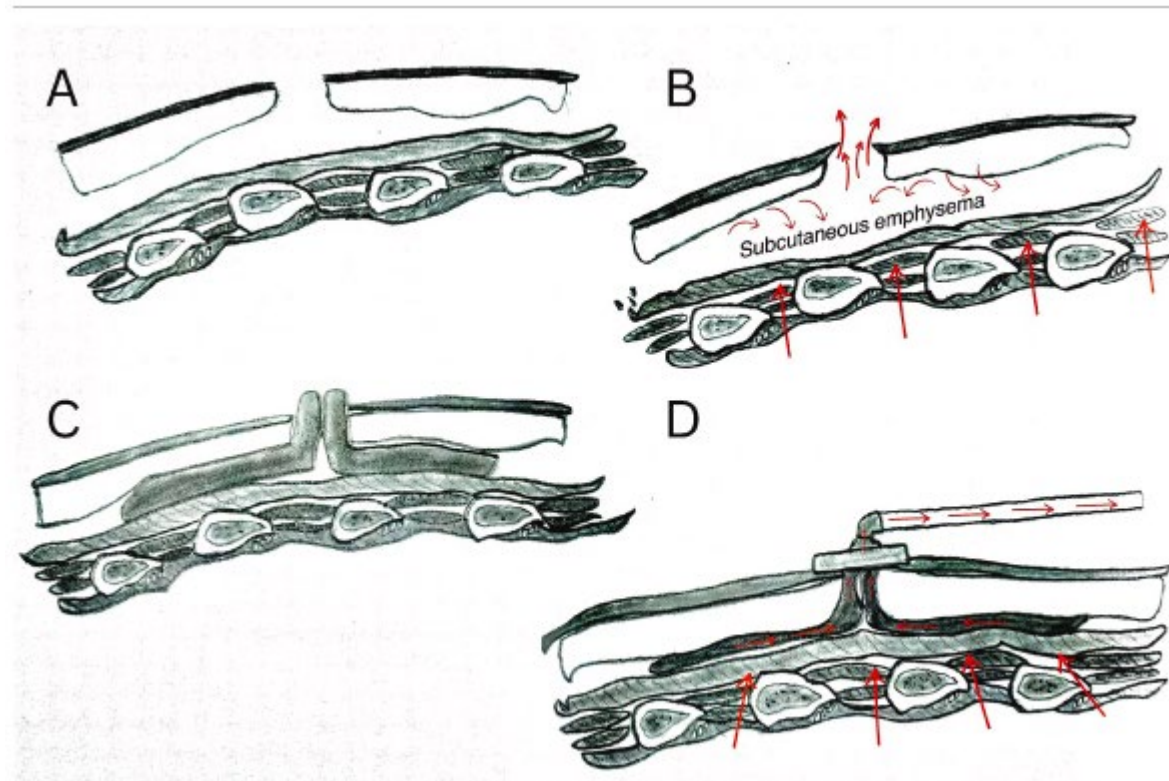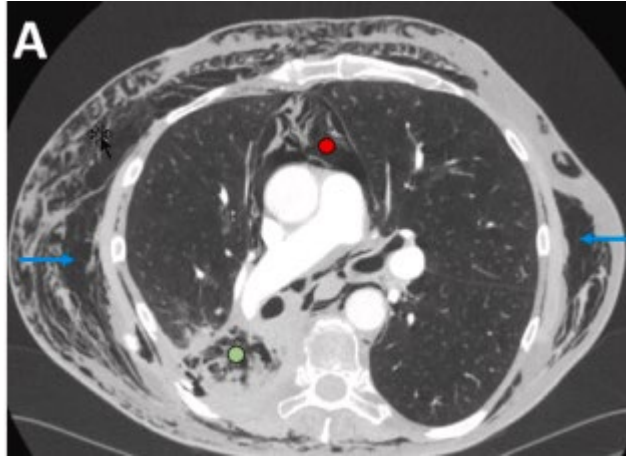
FOCUS TOPIC: MARCH WEBINAR PATHOLOGY REPORT

Many data managers are struggling to abstract their final pathology reports for lung resections.

Please send pathology reports you would like reviewed to rraleigh@sts.org. I will include them in the March webinar!

LET'S TALK ABOUT BLOW HOLES!

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- It feels like these should be captured somewhere, however they aren't necessarily.
    - Capture air leak greater than 5 days (seq 3690) only if the patient meets the specific criteria.
    - Capture pneumothorax requiring CT (seq 3800) only if the patient has a new chest tube inserted. A 'blow hole' isn't the same as a chest tube, however a chest tube may also be placed.

THINGS HAPPEN...

Just because something unexpected happens post-operatively doesn't mean it has to be captured.

Follow ~~your heart~~ the training manual, capture what is outlined there.

If you want to double-check, feel free to send in an FAQ. ☺

AND FINALLY, A WORD ON DVT (SEQ 3890)

Patients are often on chronic anticoagulants prior to surgery for a history of afib etc.

If a patient has a new, acute post-op DVT – only code 'yes' to 3890 if there is a change to management of their chronic medication. The change can be a change to either:

1. Medication

2. Dosage

3. Timing

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!

Monthly Webinars

Upcoming GTSD Webinars

- February 12 @ 2:30ET (1:30CT)
- March 12 @ 2:30ET (1:30CT)
- April 9 @ 2:30ET (1:30CT)

Contact Information

Leigh Ann Jones, STS National Database Manager, Congenital and General Thoracic

- Ljones@sts.org
- 312-202-5822

Helpdesk Support
(Harvest Questions/Analysis Report Questions)

- STSDB_helpdesk@sts.org

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

- STSDB@sts.org

THANK YOU FOR JOINING!