STS National Database™

Trusted. Transformed. Real-Time.

Society of Thoracic Surgeons

Congenital Heart Surgery Database Monthly Webinar

June 18, 2024

Agenda

- Welcome and Introduction
- STS Update
- STS Data Manager Education (Chasity Wellnitz and Leslie Wacker, CHSD Consultants)
  - Post Operative Event Review
  - Coming in July - Ascending Aorta Replacement Case Review
- Q&A

STS Updates

- June Training Manual posted

- Spring 24 Harvest (Surgery dates 1/1/2020 – 12/31/2023)
  - Data Analysis complete and IQVIA is working to upload data into the platform
  - Report release date TBD – *more information coming soon*!

- Fall 24 Harvest is underway
  - Surgery dates 7/1/2020 – 6/30/2024
  - Harvest close is September 27 @ 11:59pm Eastern

2024 Harvest Schedule

Term	Harvest Submission Window Close	Opt-Out Date	Includes Procedures Performed Through:	Report Posting
Spring 2024	3/22/2024	3/26/2024	12/31/2023	Summer 2024
Fall 2024	9/27/2024	10/1/2024	6/30/2024	Winter 2024

Data Submission Open is continuous for all harvest terms. Data Submission Close occurs at 11:59 p.m. Eastern on the date listed.

JOIN US IN MUSIC CITY!

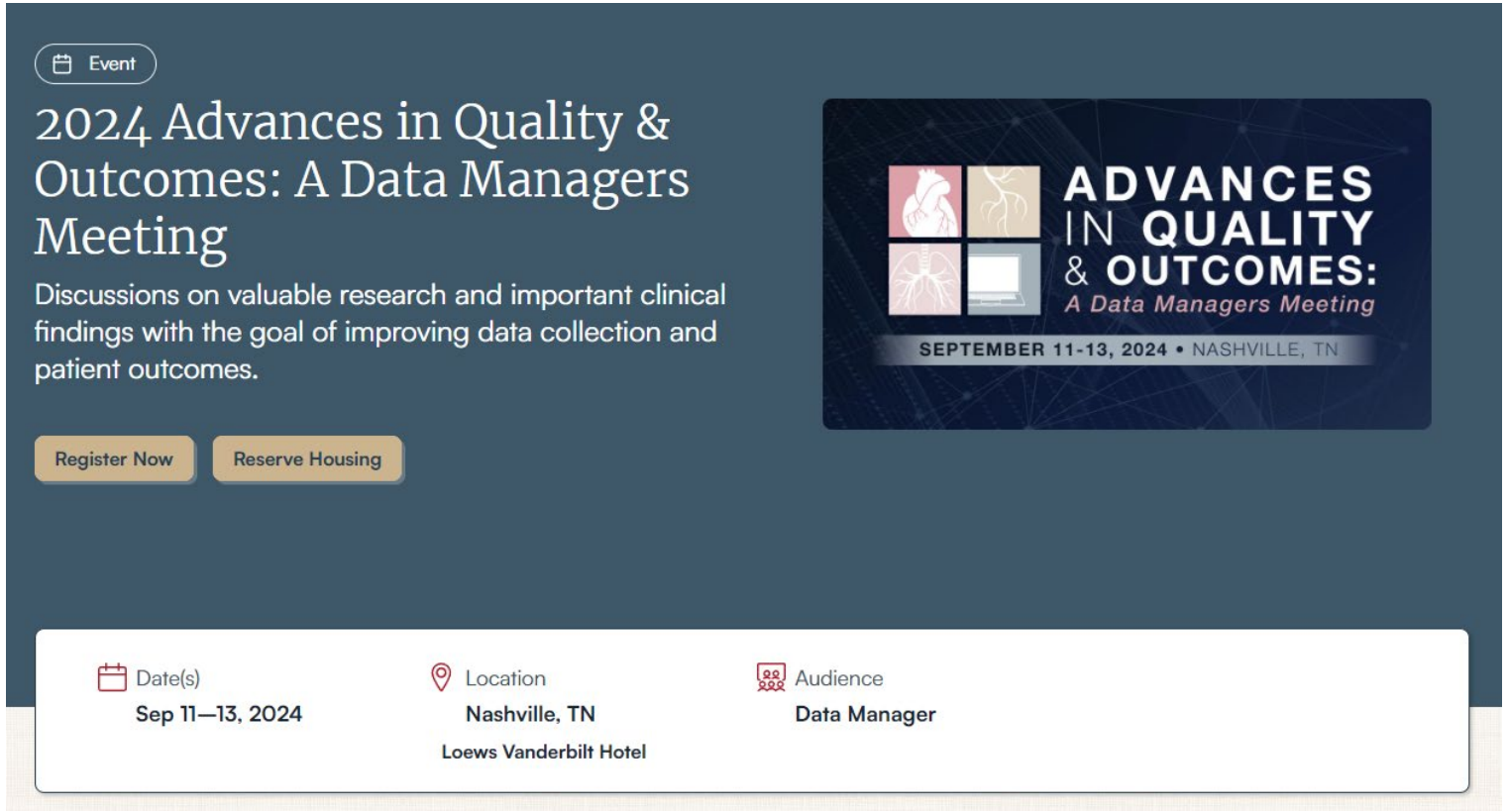
September 11-13 Nashville, TN

Register at sts.org/AQO

ADVANCES IN QUALITY & OUTCOMES:

A Data Managers Meeting

AQO Registration Now Open



* indicates a required field

Advances in Quality & Outcomes (AQO): A Data Managers Meeting

Abstract Submission Information & Guidelines

Abstracts are being accepted for presentation consideration at The Society of Thoracic Surgeons 2024 Advances in Quality & Outcomes (AQO): A Data Managers Meeting. Accepted submissions will be presented as e-posters; however, some selected abstracts also may be presented orally.

Important

Abstracts submitted for presentation consideration at the AQO Meeting must use STS National Database Core Fields and Participating Sites Custom Fields to achieve results. Two types of abstracts will be considered:

- Scientific Abstracts: Use of evidence-based practice to improve outcomes.
- Quality Improvement (QI) Abstracts: Any hospital/system QI activity demonstrating change in behavior or outcome.

NOTE

All submitted scientific abstracts must be original works not previously presented. Authors submitting QI abstracts, who may want to submit their work for presentation/publication at another meeting, should be aware of other societies'/accrediting bodies' rules and regulations regarding submission of previously presented works.

Abstract Development Guidelines

1. Provide the corresponding author's full name, institution, email address, and telephone number. The corresponding author should submit the abstract electronically.
2. Provide the remaining authors' names, titles, and name(s) of the authors' institution(s).
3. Title of Abstract: Provide a short and specific title that indicates the nature of the study. Please use title case and no periods or abbreviations. (Example: This Is a Properly Formatted Title).
4. Abstracts must be limited to 250 words and typed into the online submission form. The 250-word limit does not include the title of the abstract or the names of authors; it applies to the total word count of the four sections listed below.
5. All abstracts must be broken into the following sections or they will not be accepted. Abstracts not in compliance with the following instructions will not be reviewed:
    - Background: A brief statement of the study's purpose and current state of research in the field.
    - Methods or Study Population: Clearly and briefly defined methods of the study or experimental approach.

AQO 2024: Call for Abstracts

- To submit an abstract: https://www.abstractscorecard.com/cfp/submit/login.asp?EventKey=MVJLWQGA
- Abstract Submission Open: Monday, May 20
- **Abstract Submission Close: Monday, June 24**

AQO Pricing (In-Person and Virtual)

In-Person Pricing

In-Person Pricing

Category	Early Bird Discounts (through May 16)	Standard Rate (May 17 -September 14, 2024)
STS Member - One Day	$700	$800
STS Member - Two Day	$1,050	$1,250
STS Member -Three Day	$1,300	$1,600
Non-Member - One Day	$800	$900
Non-Member - Two Day	$1,250	$1,450
Non-Member - Three Day	$1,600	$1,900
Industry Employee	$750	$750

You'll need your STS Member ID to receive the discounted member rate. Database participation differs from STS membership (e.g., Surgeon or Associate Membership). Your 6-digit STS Member ID is not your site or Database participant ID. For help with your STS Member ID, please contact Member Services.

Virtual Pricing

Virtual Pricing

For those unable to travel to Nashville, STS offers a virtual registration option. Registrants who choose the "virtual pass" will gain access to on-demand content and e-posters online before AQO and the recorded archive of all sessions following the conclusion of the meeting. (the virtual pass does not include live streaming.)

In the months after the meeting, each registry will host an AQO Hot Topics webinar. We will bring back meeting speakers and give virtual attendees a chance to ask questions. Conversations will touch on valuable research and best practices from STS National Database professionals, all to improve data collection and patient outcomes.

Category	Early Bird Discounts (through May 16)	Standard Rate (May 17 - September 14, 2024)
STS Member - Multi-Day	$300	$400
Non-Member - Multi-Day	$400	$500

STS DATABASE PLATFORM ACCESS REQUEST PROCESS

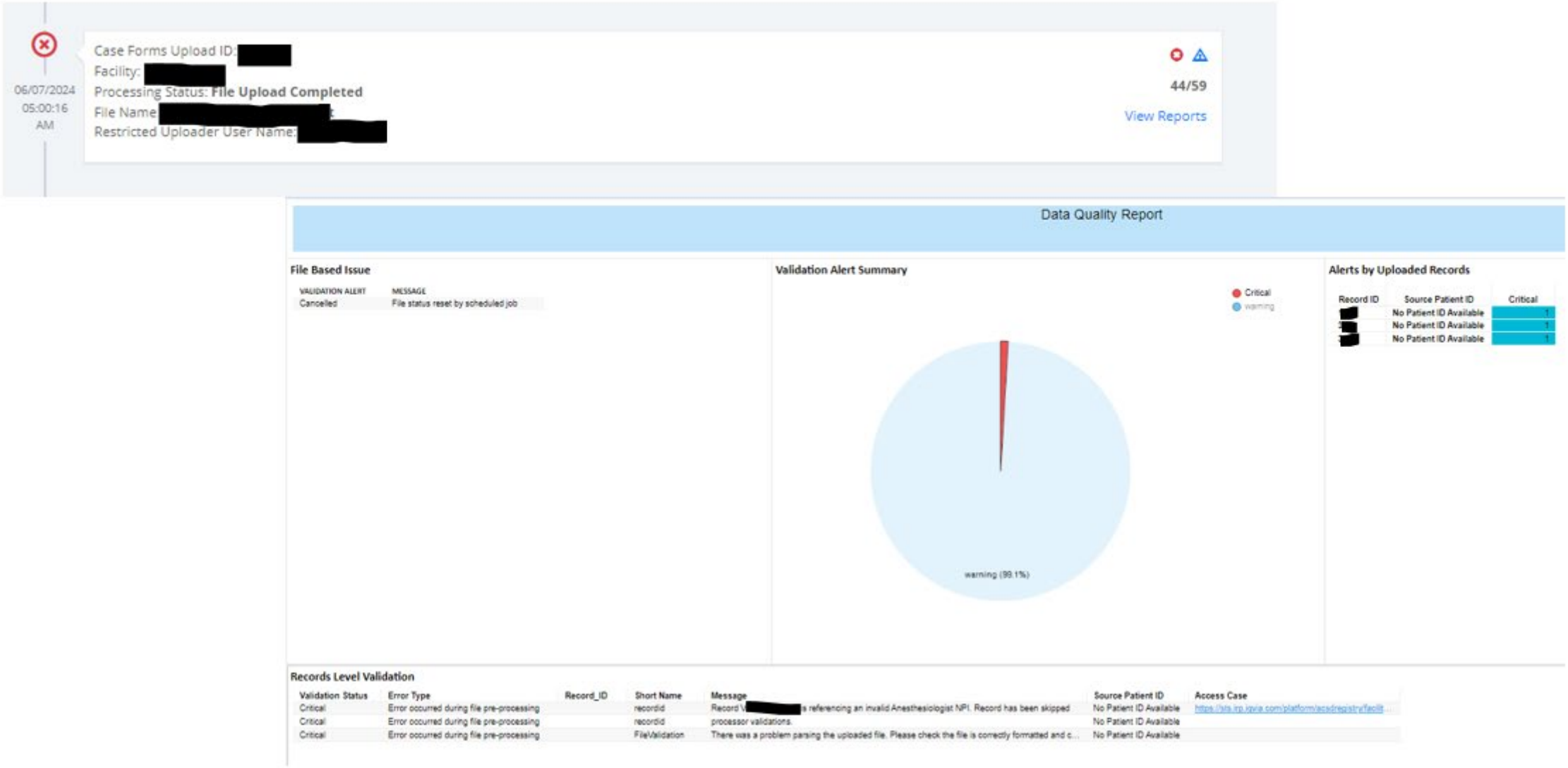
Paul Meehan – Senior Manager of Quality and Research Center

Banu Yagci – Senior Manager of Quality Measures and Database Support

NPI Validation Functionality

- Impacts participants using a third-party software vendor
- Contact list should reflect all updates
  - Surgeon/anesthesiologist on contact list > cases will be accepted into the data warehouse
  - Surgeon/anesthesiologist NOT on contact list>the records will trigger a critical error and will NOT be accepted into the data warehouse
  - Incorrect NPI values > the records will trigger a critical error and will NOT be accepted into the data warehouse
- Locum surgeons should be added to the contact list

Critical Error for Invalid Surgeon NPI/Hospital NPI

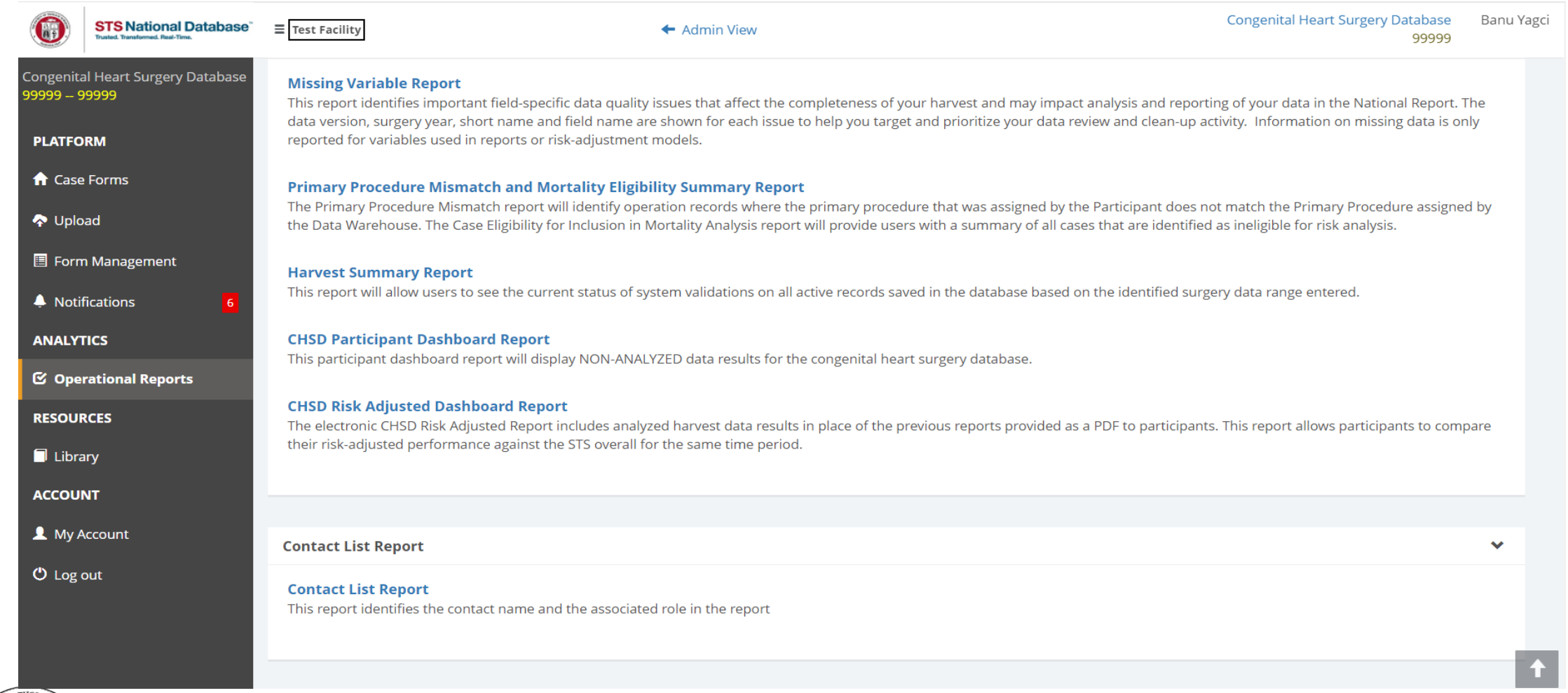


Error Messages – What Do I Need To Do?

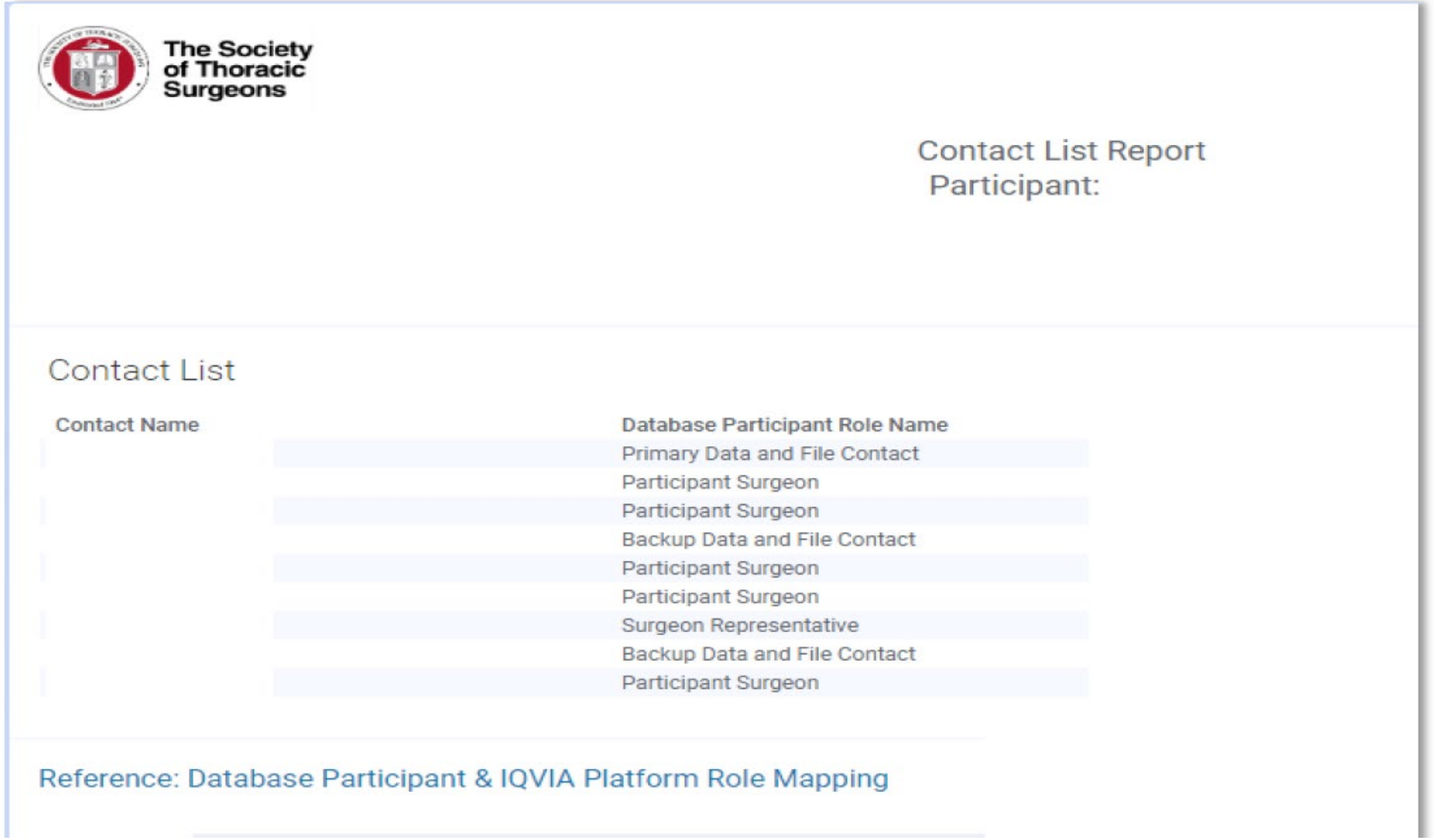
- Error messages:
  - Record XYZ is referencing an invalid Surgeon NPI > Record has been skipped
  - Record XYZ is referencing an invalid Anesthesiologist NPI > Record has been skipped

- What to do:
  - Open your Contact List Report (must be PDFC / BDFC to see this report)
  - Compare surgeons / anesthesiologists in your data with contacts in the report
  - If surgeons / anesthesiologists in your data ARE NOT in the report > submit Participant Contact Form with Schedule A / Schedule B to get them added
  - If ALL surgeons / anesthesiologists in your data ARE in the report > compare the NPI values in your data with the National Registry (https://npiregistry.cms.hhs.gov/search) and update your data to include the correct values.

How to Access the Contact List Report



Report Structure Overview



The Society of Thoracic Surgeons

Contact List Report
Participant:

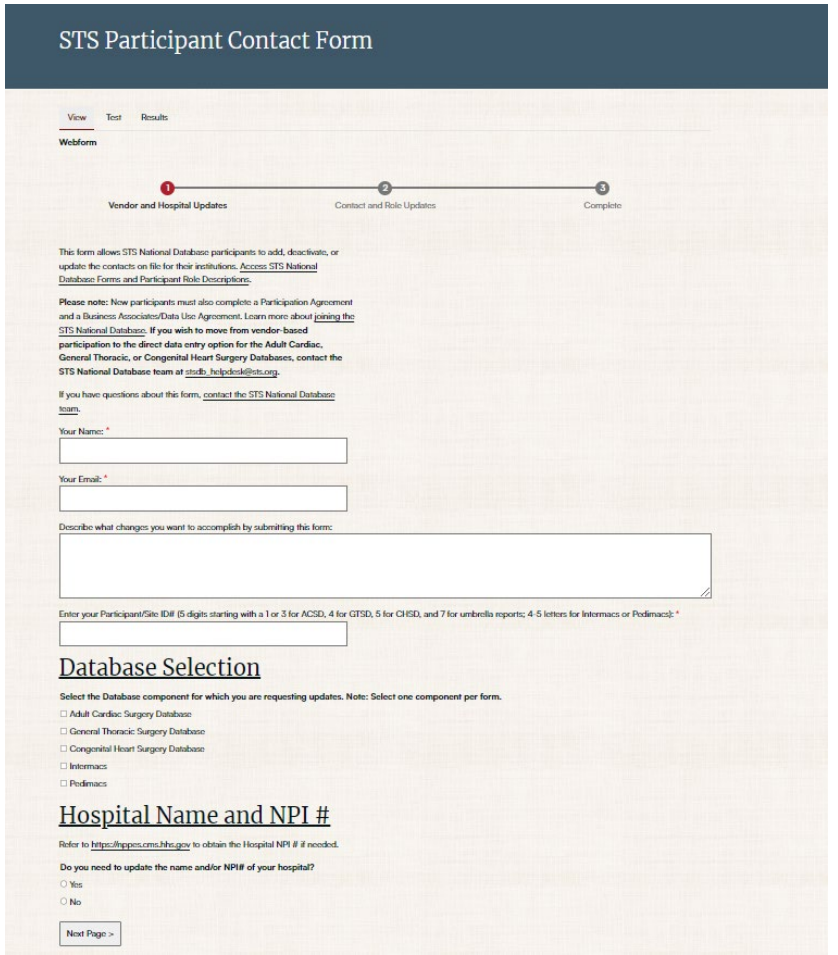
Contact List

Contact Name	Database Participant Role Name
	Primary Data and File Contact
	Participant Surgeon
	Participant Surgeon
	Backup Data and File Contact
	Participant Surgeon
	Participant Surgeon
	Surgeon Representative
	Backup Data and File Contact
	Participant Surgeon

Reference: Database Participant & IQVIA Platform Role Mapping

Participant Contact Form (PCF)

- PCF Access:
  - www.sts.org **>** Research & Data **>** For Data Managers **–** scroll down and click *Participant Contact Form* under **Essential Forms and Resources**
  - https://www.sts.org/sts-participant-contact-form



Participant Roles & IQVIA Platform User Mapping

- Assign roles depending on the level of access you would like to give to the database participant.
- Review “Participant Roles and Descriptions” document for a detailed explanation on each role.
- Both documents are located under the **Essential Forms and Documents** section

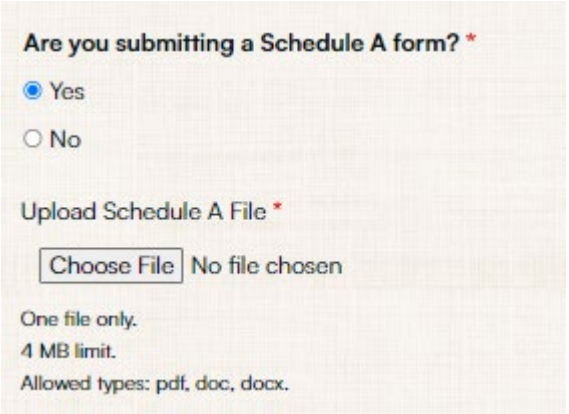
STS NATIONAL DATABASE
(ACSD, GTSD, AND CHSD ONLY)

PARTICIPANT ROLES & IQVIA PLATFORM USER MAPPING

Database Participant Role Name	Platform Role Name	Level of Access
Anesthesiologist	Surgeon Reviewer	Read Only
Anesthesiologist Representative	Surgeon Reviewer	Read Only
Backup Data and File Contact	Restricted Uploader	Ability to Upload Files
Backup Direct Data Entry Contact	Abstractor	Ability to Enter Cases
Billing Contact	N/A – No Platform Access	N/A
Billing Contact – Anesthesiologist Participant	N/A – No Platform Access	N/A
Contract Contact	N/A – No Platform Access	N/A
Data Quality Report Recipient	Report Viewer	Read Only
National Report Recipient	Report Viewer Report Viewer – Auditor (Umbrella Reports)	Read Only
Participant Surgeon	Surgeon Reviewer	Read Only
Primary Data and File Contact	Restricted Uploader	Ability to Upload Files
Primary Direct Data Entry Contact	Surgeon	Ability to Enter Cases Access to Data Download Report
Surgeon Representative	Surgeon Reviewer	Read Only

For Surgeons and Anesthesiologists - ONLY

- A completed and signed Schedule A (**surgeons**) / Schedule B (**anesthesiologists**) form should be uploaded and submitted with the Participant Contact Form.
- www.sts.org **>** Research & Data **>** For Data Managers **–** scroll down to click Schedule A and B forms under **Essential Forms and Resources**



For Surgeons

- https://www.sts.org/sites/default/files/Database%20Manuals/Schedule%20A_2022.pdf

Participant Information Database No. (PID #): _____

SCHEDULE A

1. _____, M.D. Address
Signature: _____ NPI
Please check one: ☐ Cardiothoracic Surgeon ☐ Vascular Surgeon

2. _____, M.D. Address
Signature: _____ NPI
Please check one: ☐ Cardiothoracic Surgeon ☐ Vascular Surgeon

3. _____, M.D. Address
Signature: _____ NPI
Please check one: ☐ Cardiothoracic Surgeon ☐ Vascular Surgeon

4. _____, M.D. Address
Signature: _____ NPI
Please check one: ☐ Cardiothoracic Surgeon ☐ Vascular Surgeon

5. _____, M.D. Address
Signature: _____ NPI
Please check one: ☐ Cardiothoracic Surgeon ☐ Vascular Surgeon

6. _____, M.D. Address
Signature: _____ NPI
Please check one: ☐ Cardiothoracic Surgeon ☐ Vascular Surgeon

7. _____, M.D. Address
Signature: _____ NPI
Please check one: ☐ Cardiothoracic Surgeon ☐ Vascular Surgeon

8. _____, M.D. Address
Signature: _____ NPI
Please check one: ☐ Cardiothoracic Surgeon ☐ Vascular Surgeon

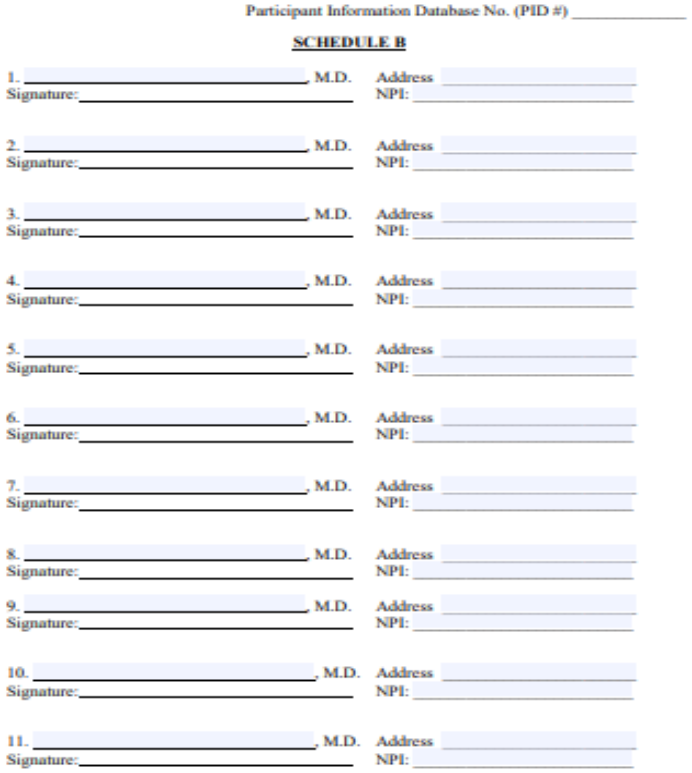
9. _____, M.D. Address
Signature: _____ NPI
Please check one: ☐ Cardiothoracic Surgeon ☐ Vascular Surgeon

10. _____, M.D. Address
Signature: _____ NPI
Please check one: ☐ Cardiothoracic Surgeon ☐ Vascular Surgeon

10

For Anesthesiologists

- https://www.sts.org/sites/default/files/Database%20Manuals/Schedule%20B_2022.pdf



Participant Information Database No. (PID #) _____

SCHEDULE B

1. _____, M.D. Address
Signature: _____ NPI:

2. _____, M.D. Address
Signature: _____ NPI:

3. _____, M.D. Address
Signature: _____ NPI:

4. _____, M.D. Address
Signature: _____ NPI:

5. _____, M.D. Address
Signature: _____ NPI:

6. _____, M.D. Address
Signature: _____ NPI:

7. _____, M.D. Address
Signature: _____ NPI:

8. _____, M.D. Address
Signature: _____ NPI:

9. _____, M.D. Address
Signature: _____ NPI:

10. _____, M.D. Address
Signature: _____ NPI:

11. _____, M.D. Address
Signature: _____ NPI:

Who Can Submit a “Participant Contact Form”

- Primary Data and File Contact
- Primary Direct Data Entry Contact
- Backup Data and File Contact
- Backup Direct Data Entry Contact

Important Information

- Confirmation of credentials – PDFC/BDFC
- Processing time – 5-7 business days
- Requests via email – will delay the process

Thank you!

Any Questions?

6.23.2 Data Manager Education

June 18, 2024

Discussion Topic

- **Postoperative Event Review**
- **July Education to include Ascending Aorta Replacement Case Review**

Post Operative Event Review

Postoperative events can be coded on the:

(1) index operation or

(2) operation that is most closely associated with the event

Upon analysis, all postoperative events will be attributed to the index operation

Where to Assign Postop Events?

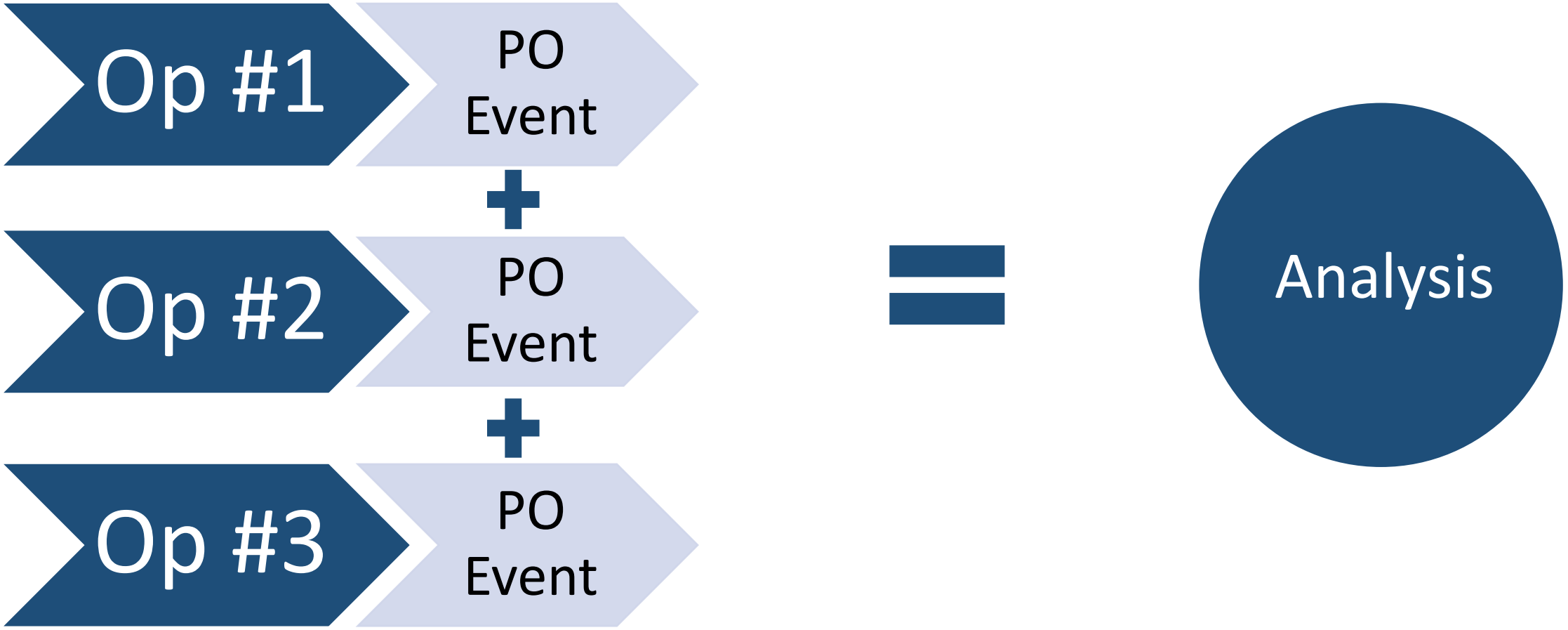
Index Operation

- Match STS analysis report
- Ease pulling local data (counting events)

Associated Operation

- Increased detail/ granularity of the patient's postop course

Post Operative Event Analysis



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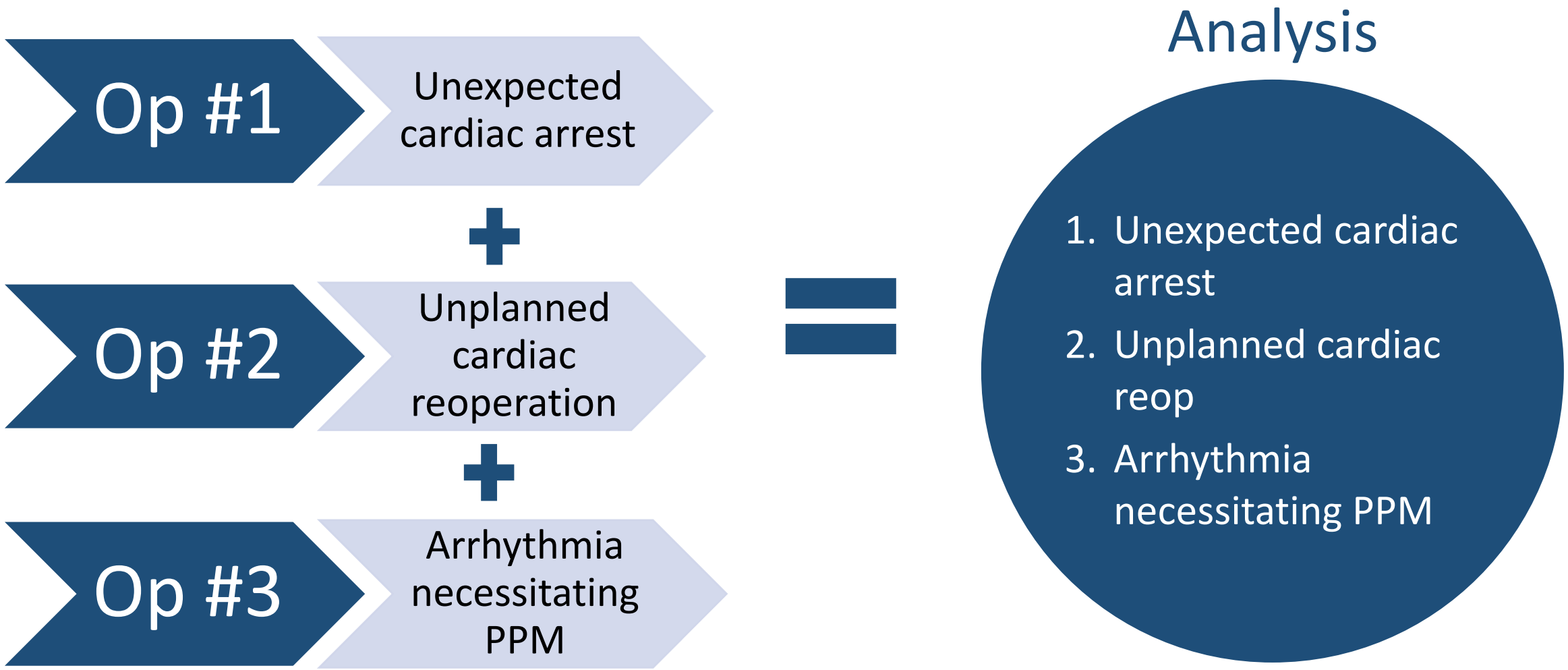

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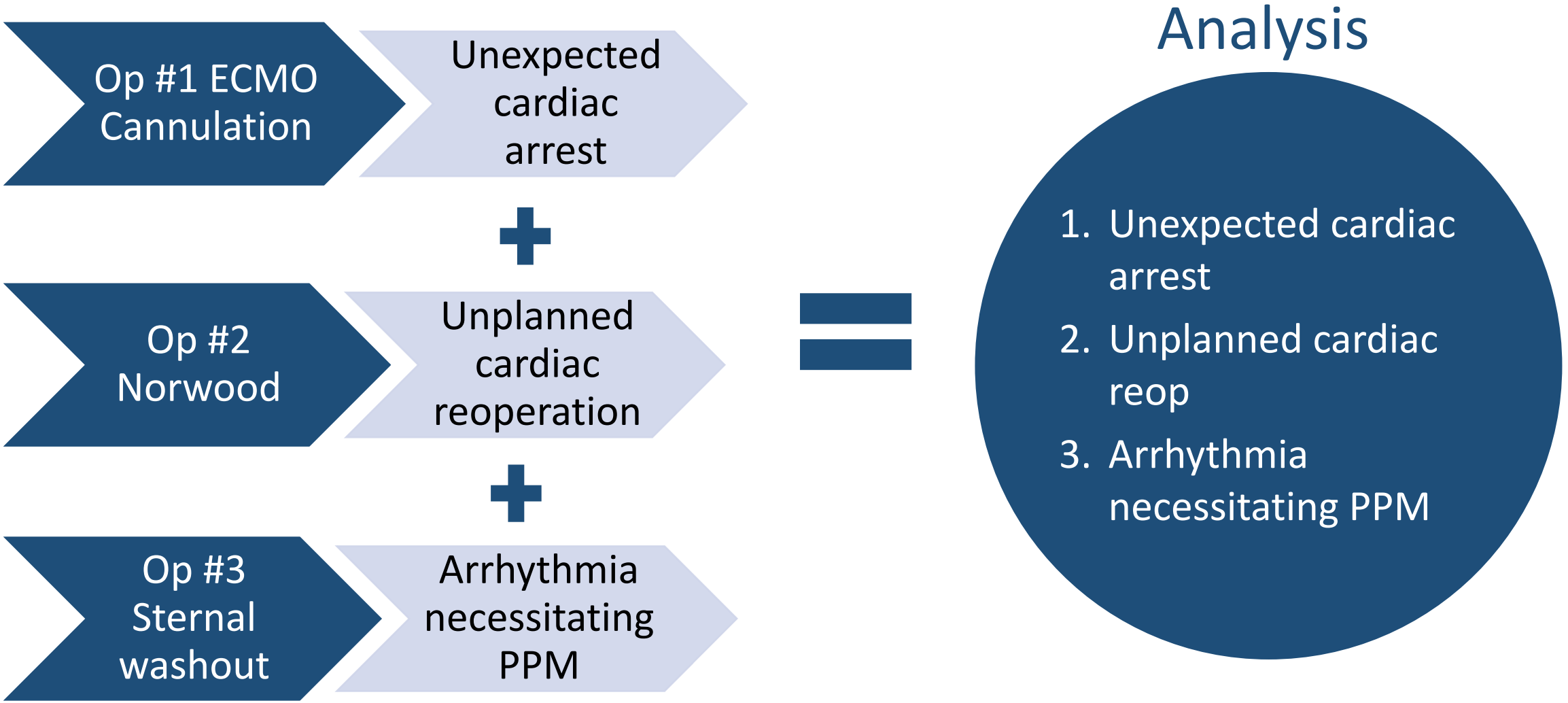
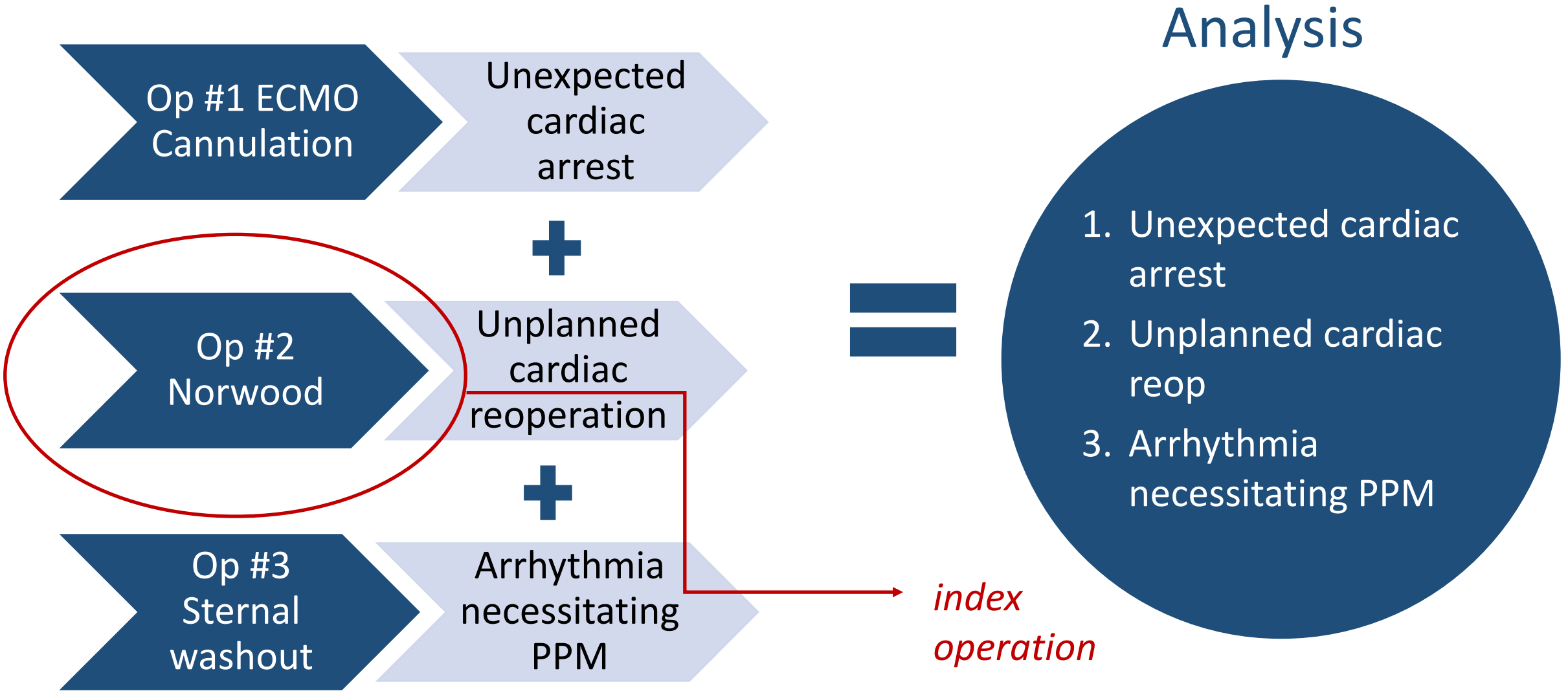


Post Operative Event Analysis

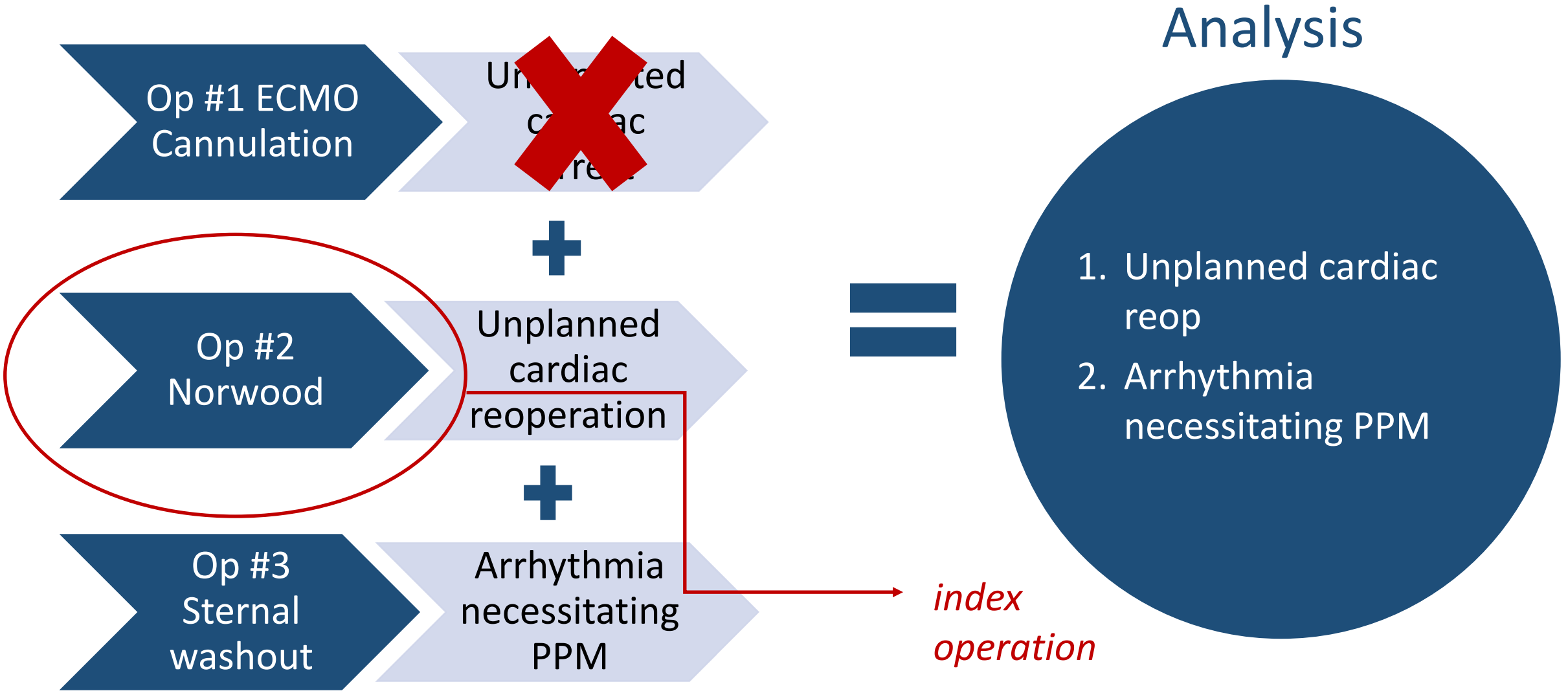


Post Operative Event Review

Clarification -

Do *not* code postoperative events on operations that occur prior to the index operation; instead, code as preoperative factors where applicable.

Post Operative Event Analysis



Post Operative Event Review

Clarification -

Do *not* code postoperative events on operations that occur prior to the index operation; instead, code as preoperative factors where applicable.

Postoperative Event Example #1

On postop day 2 following arterial switch operation, a patient requires ECMO cannulation with decannulation the following day. Within hours of ECMO decannulation, the patient again decompensates and requires a reoperation for tamponade.

Which procedure should the unplanned cardiac reoperation be coded with?

- ❑ Institutional choice
- ❑ Arterial switch operation (index operation)
- ❑ ECMO decannulation

Postoperative Event Example #1

On postop day 2 following arterial switch operation, a patient requires ECMO cannulation with decannulation the following day. Within hours of ECMO decannulation, the patient again decompensates and requires a reoperation for tamponade.

Which procedure should the unplanned cardiac reoperation be coded with?

- ☑ Institutional choice – *will be attributed to the index on analysis*
- ☐ Arterial switch operation (index operation)
- ☐ ECMO decannulation

Postoperative Event Example #2

At birth a patient is cannulated for ECMO and experiences a hemorrhagic stroke with subsequent severe left sided weakness. One week later, the patient undergoes central shunt placement. Upon discharge home, the patient is remains weak on the left side but is responsive to therapy.

Which procedure should the stroke be coded with?

- ❑ Institutional choice
- ❑ Central shunt placement (index operation)
- ❑ ECMO cannulation
- ❑ Do not code as a postoperative event

Postoperative Event Example #2

At birth a patient is cannulated for ECMO and experiences a hemorrhagic stroke with subsequent severe left sided weakness. One week later, the patient undergoes central shunt placement. Upon discharge home, the patient is remains weak on the left side but is responsive to therapy.

Which procedure should the stroke be coded with?

- ❑ Institutional choice
- ❑ Central shunt placement (index operation)
- ❑ ECMO cannulation
- ☑ Do not code as a postoperative event – *occurred prior to the index operation*

Postoperative Event Example #2

At birth, a patient is cannulated for ECMO and experiences a hemorrhagic stroke with subsequent severe left sided weakness. One week later, the patient undergoes central shunt placement. Upon discharge home, the patient is remains weak on the left side but is responsive to therapy.

How is the neurologic deficit captured?

- ❑ It is not captured since it occurred prior to the index operation
- ❑ As a preoperative factor for the shunt placement
- ❑ As a postoperative neurological deficit present at discharge

Postoperative Event Example #2

At birth, a patient is cannulated for ECMO and experiences a hemorrhagic stroke with subsequent severe left sided weakness. One week later, the patient undergoes central shunt placement. Upon discharge home, the patient is remains weak on the left side but is responsive to therapy.

How is the neurologic deficit captured?

- ❑ It is not captured at all since it occurred prior to the index operation
- ☑ As a preoperative factor for the shunt placement
- ❑ As a postoperative neurological deficit present at discharge

Postoperative Event Example #3

A patient undergoes a Norwood operation and requires ECMO cannulation for a cardiac arrest. The patient remains in house until their Glenn procedure and requires brief resuscitation with chest compressions for an oral aspiration event prior to discharge.

Which procedure are the cardiac arrest(s) coded with?

- ❑ The Norwood operation
- ❑ The Glenn operation
- ❑ Both the Glenn and Norwood operations
- ❑ Institutional choice

Postoperative Event Example #3

A patient undergoes a Norwood operation and requires ECMO cannulation for a cardiac arrest. The patient remains in house until their Glenn procedure and requires brief resuscitation with chest compressions for an oral aspiration event prior to discharge.

Which procedure are the cardiac arrest(s) coded with?

- ❑ The Norwood operation
- ❑ The Glenn operation
- ❑ Both the Glenn and Norwood operations
- ☑ Institutional choice – *count as 1 cardiac arrest upon analysis on the index op*

Post Operative Event Review

In Summary -

- Code all postoperative events as defined in the Training Manual for all index operations and operations following the index operation
- Do *not* code postoperative events on operations that occur prior to the index operation

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!

Upcoming CHSD Webinars

Monthly Webinars

- 7/16/24 @ 12pmCT
- 8/20/24 @ 12pmCT

Contact Information

Leigh Ann Jones, STS National Database Manager, Congenital and General Thoracic	Tech Support Analysis Report/Data Submission Questions	Database Operational Questions
• Ljones@sts.org	• STSDB_helpdesk@sts.org	• STSDB@sts.org

Congenital STS Database Consultants

- Leslie Wacker lwacker@sts.org
- Chasity Wellnitz cwellnitz@sts.org

STS National Database™

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THANK YOU FOR JOINING!