STS National Database™

Trusted. Transformed. Real-Time.

Society of Thoracic Surgeons

Congenital Heart Surgery Database Monthly Webinar

October 15, 2024

Agenda

- Welcome and Introduction
- STS Update
  - Utilization of STS Helpdesk
- STS Data Manager Education (Chasity Wellnitz and Leslie Wacker, CHSD Consultants)
- Q&A

STS Updates

- October Training Manual posted

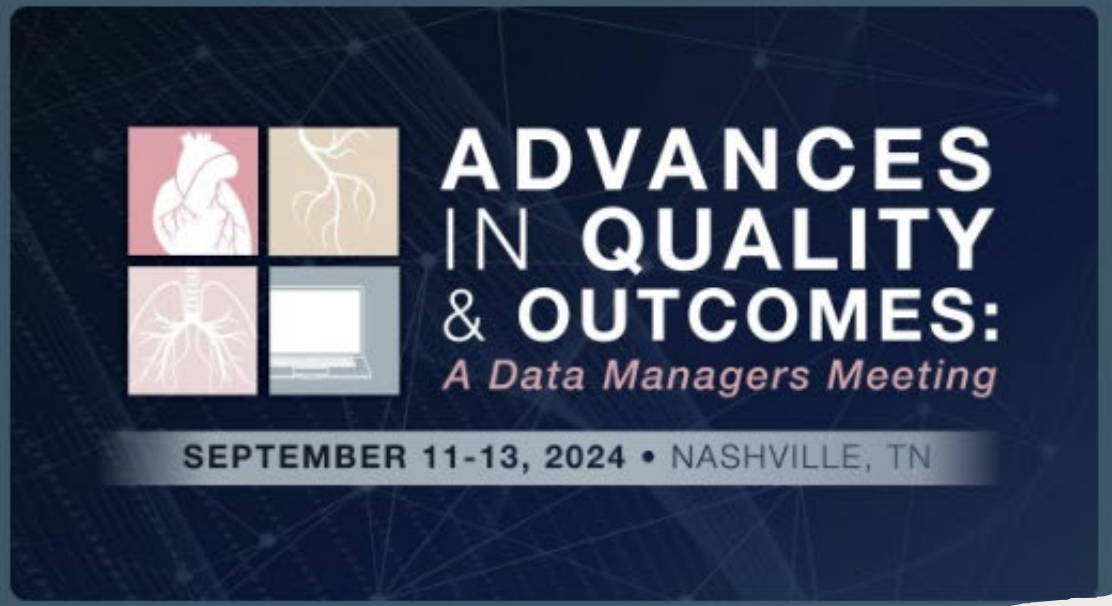
- STS Data Manager Collaborative now Open
  - To learn more about the DM Collaborative please review the August 13th webinar:
    - CHSD August 13 Monthly Webinar

- Fall 24 Harvest Update
  - Data headed to analysis next week
  - Surgery dates 7/1/2020 – 6/30/2024
  - Report release date TBD

- 2025 Harvest Schedule Coming Soon!!!

2024 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.



AQO 2024: A Data Managers Meeting

- Hot Topics Webinar: **Tuesday, 10/22 11:00 – 3:00pm ET**
- Virtual Pass still available for purchase until **November 15, 2024**
- AQO Content to remain on virtual platform until **Friday, December 13th**
  - Will be moved over to STS Learning Center
- CEU deadline is **Friday, December 13th**

Utilization of STS Database Helpdesk Support

STS Database Helpdesk – stsdb_helpdesk@sts.org

- Login/Access issues
- Data submission issues – including Direct Data Entry
- Report/Analysis questions/issues/concerns
- Vendor questions/issues
- RedCap questions
- When in doubt, use stsdb_helpdesk@sts.org

Utilization of STS DB and STS FAQ

STS DB – stsdb@sts.org

“Official Business"

- Contract questions
- Database sign up – including anesthesia module
- Invoice questions

STS FAQ – stsdb_FAQ@sts.org

“Clinical Questions”

- Coding questions
- Clinical questions/concerns
- Data Specs / Training manual questions

Effective Communication to HD

- **Clear, Concise and To The Point:**
  - All necessary information including – NPI #, ParticID/PID #, full name of the surgeon/anesthesiologist, etc.
  - Use subject line to identify the issue, use body of the email to briefly describe your issue
  - Including screenshots -  + Shift + S
- **Please do NOT:**
  - Send messages to multiple help desks
  - Send messages to individuals
  - Send questions to IQVIA (unless you are directly responding to a message from them). If needed, STSDB Helpdesk will escalate

Examples of Effective Communication to HD

Ineffective Email:

- Why does the report say I have only 125 patients?

Effective Email:

- ACSD Risk Adjusted Report
- Report period ending 3/31/20
- Benchmark Reports
- Isolated CABG
- Number of cases for my site 2023 states 125 cases and I think it should be 130.

STS Database Helpdesk response time is usually within 48 hours after receiving your email.

However, it might take longer depending on the nature of your question and the resources needed to answer your question.

Education Updates - *agenda*

- Optional limited dataset for ACHD non-index cases
- Review important definitions
  - Index operations
  - Episode of care
- Scenarios


Introducing

Non-Index ACHD *OPTIONAL* Limited Dataset

1. Data burden for v6.23.2 is too high, especially for patients over 18 (6575 days)

2. Request made to limit fields entered prior to version upgrade

3. Task Force approved reducing required fields for **non-index ACHD cases** (22* fields)

Non-Index ACHD ***OPTIONAL*** Limited Dataset

1. All cases done by a surgeon on your Schedule A are entered, regardless of age, procedure, optype, etc.

2. All fields for INDEX operations are still required

3. Submit all cases within the harvest window

Non-Index ACHD ***OPTIONAL*** Limited Dataset

1. Sites can choose to enter extra fields
   - Talk to your team/surgeon
   - Determine fields
   - Determine start date
   - Document, document, document

Non-Index ACHD ***OPTIONAL*** Limited Dataset

1. Sites can choose to enter extra fields

2. **Not** an official version change
   - No changes to software
   - No updates/new reports from IQVIA

Non-Index ACHD ***OPTIONAL*** Limited Dataset

1. Sites can choose to enter extra fields

2. **Not** an official version change

3. Harvest challenges
   - Utilize existing filters to reduce noise
   - Understand inclusion criteria for reports (e.g., Missingness report is OpType 1 & 2, not only index)

Non-Index ACHD *OPTIONAL* Limited Dataset

A. ADMINISTRATIVE

Participant ID: ParticID (5)	Patient Participating in STS-Related Clinical Trial: ClinTrial (35)	☐ None ☐ Trial 1 ☐ Trial 2 ☐ Trial 3 ☐ Trial 4 ☐ Trial 5 ☐ Trial 6
	(If not 'None'→)	STS-Related Clinical Trial ID: ClinTrialPatID (40)

B. DEMOGRAPHICS

Patient ID *(software generated)* PatID (45)	Patient National ID (SSN): PatNationalID (55)	MRN: MedRecN (60) *(For fetal interventions enter in Mother's MRN followed by FETAL – example: 12-34-56 FETAL)*
Last Name: PatLName (65)	First Name: PatFName (70)	Middle Name: PatMName (75)
Postal Code: PatPostalCode (80)		
Permanent Street Address: PatAddr (85)	City: PatCity (90)	
Region: PatRegion (180)	Country: PatientCountry (100)	
Race Documented: RaceDocumented (105)	☐ Yes ☐ No ☐ Patient declined to disclose	
(If Yes, Select All That Apply →) Race: RaceMulti (110)	☐ White/Caucasian	☐ Black/African American++
	☐ Asian++	☐ American Indian/Alaskan Native
	☐ Native Hawaiian/Pacific Islander	☐ Other
Hispanic or Latino Ethnicity++: Ethnicity (145)	☐ Yes ☐ No ☐ Not Documented	

C. BIRTH INFORMATION

DOB: *(mm/dd/yyyy)* __ __ / __ __ / __ __ __ __ DOB (160)	Sex at Birth++: ☐ M ☐ F ☐ Ambiguous Gender (165)
Blood Type: ☐ A ☐ B ☐ O ☐ AB ☐ Unknown BldTyp (170)	Rhesus (Rh) Factor: ☐ Positive ☐ Negative ☐ Unknown RhFactor (175)
Birth Information Known: ☐ Yes ☐ No *(If yes ↓)* BirthInfoKnown (300)	
Birth Weight Known: ☐ Yes ☐ No BirthWtKnown (305) *(If Yes →)*	Birth Weight (kg):_____ BirthWtKg (310)
Premature Birth:** ☐ Yes ☐ No ☐ Unknown Premature (315)	
Gestational Age at Birth Known: ☐ Yes ☐ No GestAgeKnown (320)	
	Weeks: _____ GestAgeWeeks (325)

A. Administrative

- Part ID, req for every case
- Trial info, optional

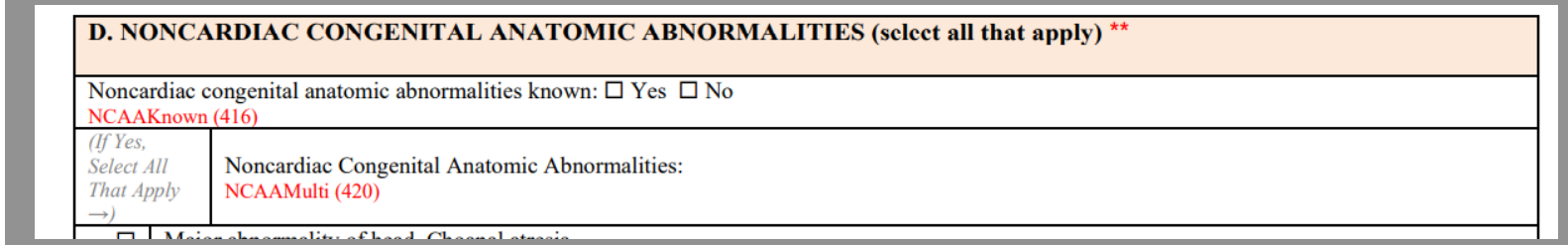
B. Demographics info

- Every patient must have demographics entered once

C. Birth Information

- Similar to demo, entered once

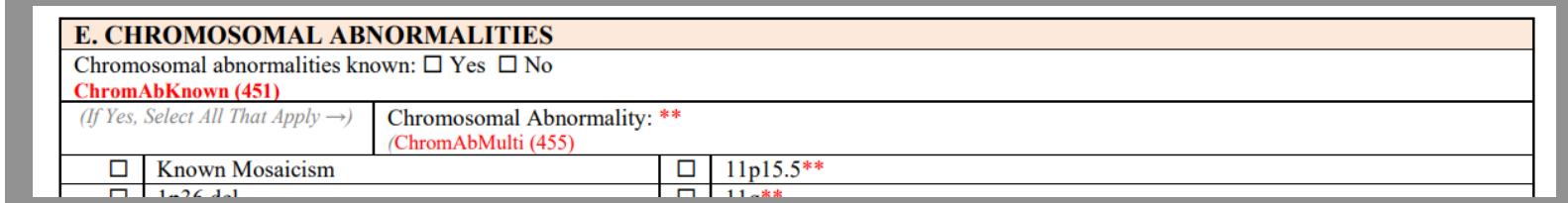
Non-Index ACHD *OPTIONAL* Limited Dataset



D. NONCARDIAC CONGENITAL ANATOMIC ABNORMALITIES (select all that apply) **	
Noncardiac congenital anatomic abnormalities known: ☐ Yes ☐ No NCAAKnown (416)	
(If Yes, Select All That Apply →)	Noncardiac Congenital Anatomic Abnormalities: NCAAMulti (420)
☐ Major abnormality of head, Choanal atresia	

D. NCAA

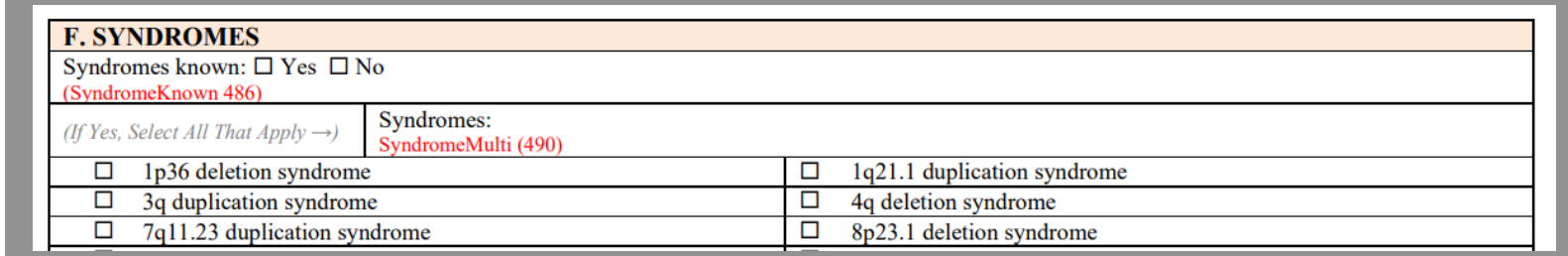
- Similar to demo, entered once



E. CHROMOSOMAL ABNORMALITIES			
Chromosomal abnormalities known: ☐ Yes ☐ No **ChromAbKnown (451)**			
(If Yes, Select All That Apply →)	Chromosomal Abnormality: ** (ChromAbMulti (455)		
☐	Known Mosaicism	☐	11p15.5**
☐	1p36 del	☐	11q**

E. Chromosomal Ab

- Similar to demo, entered once



F. SYNDROMES			
Syndromes known: ☐ Yes ☐ No (SyndromeKnown 486)			
(If Yes, Select All That Apply →)	Syndromes: SyndromeMulti (490)		
☐	1p36 deletion syndrome	☐	1q21.1 duplication syndrome
☐	3q duplication syndrome	☐	4q deletion syndrome
☐	7q11.23 duplication syndrome	☐	8p23.1 deletion syndrome

F. Syndromes

- Similar to demo, entered once

Non-Index ACHD *OPTIONAL* Limited Dataset

G. HOSPITALIZATION

Hospital Name: _____
HospName (500)

Hospital Zip Code:_____ HospZIP (505)	Hospital State:_____ HospStat (510)
Hospital National Provider Identifier: _____ HospNPI (515)	Hospital CMS Certification Number: _____ HospCMSCert (520)
PrimaryPayor++: PayorPrim (525)	*(If Primary Payor <>None/Self)* Secondary (supplemental) Payor++: PayorSecond (550)
☐ None/self	☐ None/self

Did the patient have a laboratory confirmed diagnosis of Covid-19? TempCode (560)	☐ No, no test performed or negative test (Harvest Code 10) ☐ Yes, prior to hospitalization for this surgery (Harvest Code 11) ☐ Yes, in hospital prior to surgery (Harvest 12) ☐ Yes, in hospital after surgery (Harvest Code 13) ☐ Yes, after discharge within 30 days of surgery (Harvest Code 14)

Date of Positive Covid-19 Test (closest to OR date) _____/_____/_____ (mm/dd/yyyy)
TempDt (565)

Admission date: *(mm/dd/yyyy)* __ __/ __ __/ __ __ __ __
AdmitDt (570) *(For fetal interventions use the mother's date of admission)*

Location From which Patient was Admitted: ☐ Home ☐ Other chronic care center ☐ Other acute care center ☐ Born at operative center
AdmitFromLoc (575)

Surgery date++: *(mm/dd/yyyy)* __ __/ __ __/ __ __ __ __
SurgDt (580)

Height (Cm)++: _____ HeightCm (585)	Weight (Kg) **,++:_____ WeightKg (590)
BMI (kg/m²): _____ CalculatedBMI (591) *(calculated field)*	BSA(m²): _____ CalculatedBSA (592) *(calculated field)*

Age at time of surgery (in days) **,++:_____ (system calculated)
AgeDays (595)

G. Hospitalization

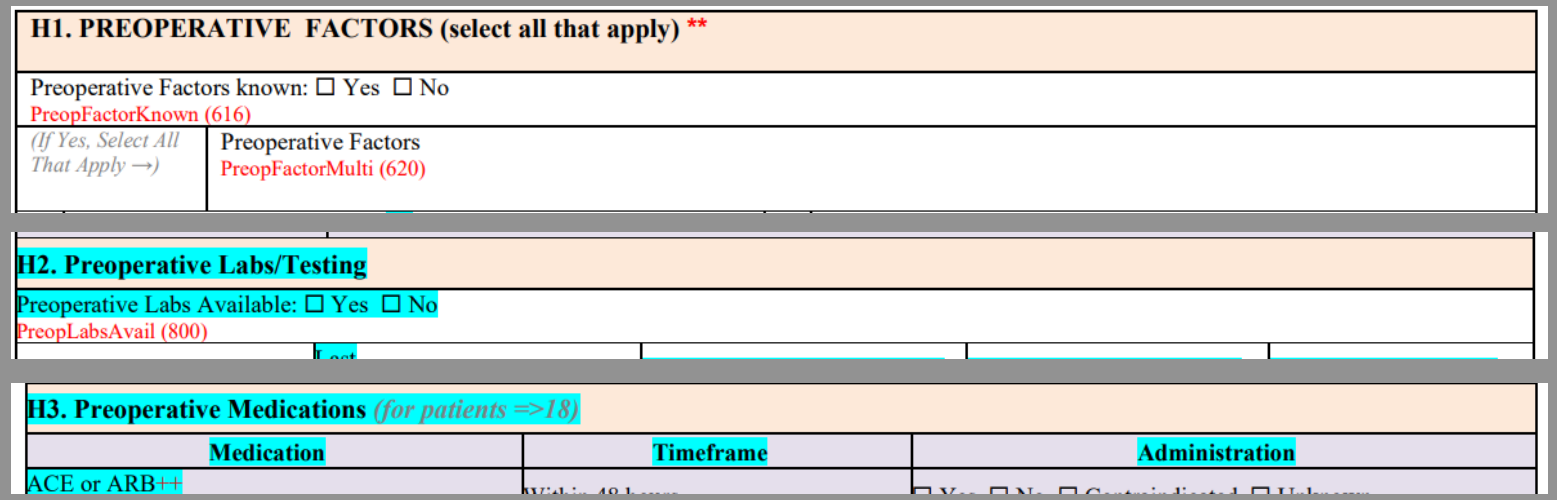
Required:

HospName (500)
HospNPI (515)
AdmitDt (570)
SurgDt (580)
HeightCm (585)
WeightKg (590)

Required, but calculated:

CalculatedBMI (591)
CalculatedBSA (592)
AgeDays (595)

Non-Index ACHD *OPTIONAL* Limited Dataset



H1. PREOPERATIVE FACTORS (select all that apply) **

Preoperative Factors known: ☐ Yes ☐ No
PreopFactorKnown (616)

(If Yes, Select All That Apply →)	Preoperative Factors PreopFactorMulti (620)

H2. Preoperative Labs/Testing

Preoperative Labs Available: ☐ Yes ☐ No
PreopLabsAvail (800)

H3. Preoperative Medications *(for patients =>18)*

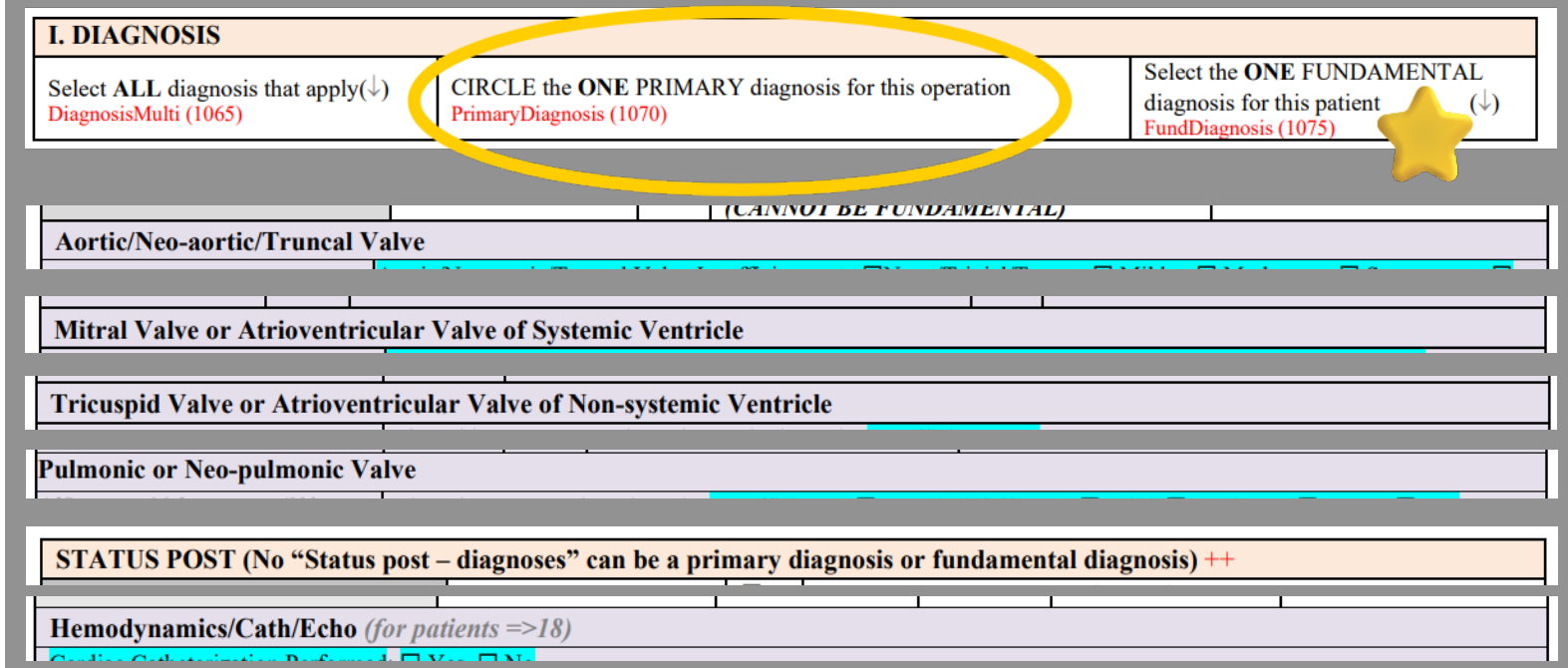
Medication	Timeframe	Administration
ACE or ARB++		

- H1. Preoperative Factors
- H2. Preoperative Labs/Tests
- H3. Preoperative Meds

ALL OPTIONAL

Note: Preoperative Factors: select Yes / select Other / free text "non-index op"

Non-Index ACHD *OPTIONAL* Limited Dataset



I. DIAGNOSIS

Select **ALL** diagnosis that apply(↓) DiagnosisMulti (1065)	CIRCLE the **ONE** PRIMARY diagnosis for this operation PrimaryDiagnosis (1070)	Select the **ONE** FUNDAMENTAL diagnosis for this patient (↓) FundDiagnosis (1075)

(CANNOT BE FUNDAMENTAL)

Aortic/Neo-aortic/Truncal Valve

Mitral Valve or Atrioventricular Valve of Systemic Ventricle

Tricuspid Valve or Atrioventricular Valve of Non-systemic Ventricle

Pulmonic or Neo-pulmonic Valve

STATUS POST (No "Status post – diagnoses" can be a primary diagnosis or fundamental diagnosis) ++

Hemodynamics/Cath/Echo *(for patients =>18)*

I. Diagnosis

Required:

- PrimaryDiagnosis (1070)

Reminder:

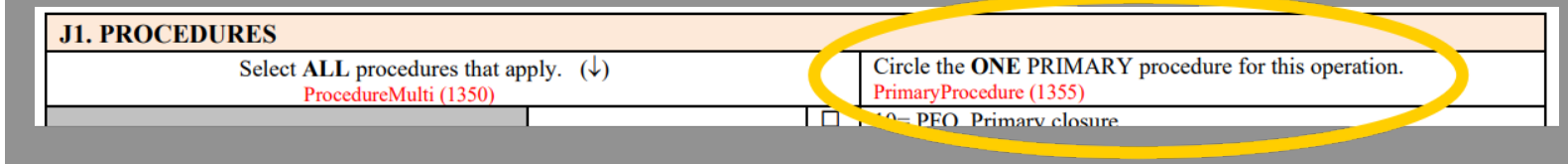
- FundDiagnosis (1075) is part of the demo record, must be entered once

Valve specific dx info – optional

Status Post - optional

Hemo/Cath/ECHO – optional

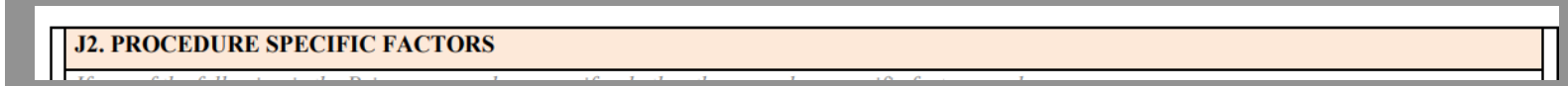
Non-Index ACHD *OPTIONAL* Limited Dataset



J1. Procedures

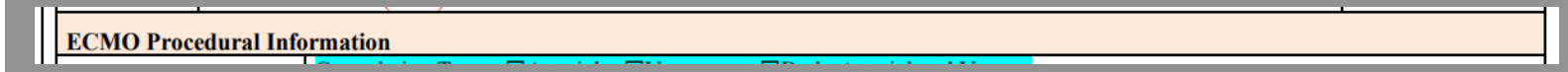
Required:

- PrimaryProcedure (1355)



J2. Procedure Specific Factors (PSF)

- Optional



ECMO Procedural Info

- Optional

Non-Index ACHD *OPTIONAL* Limited Dataset

K. OPERATIVE			
Procedure Location: ProcLoc (1745)	☐ Cardiac OR	☐ ICU	☐ SICU
	☐ General OR	☐ CVICU	☐ Radiology Suite
	☐ Hybrid Suite	☐ NICU	☐ Procedure Room
	☐ Cath lab	☐ PICU	☐ Other
Status: ++ Status (1750)	☐ Elective	☐ Urgent	☐ Emergent ☐ Salvage
Operation Type: OpType (1755)	☐ CPB Cardiovascular	☐ No CPB Cardiovascular	☐ CPB Non-Cardiovascular
	☐ ECMO	☐ Thoracic	☐ VAD with CPB
	☐ VAD without CPB		☐ Other

Total initial post-op vent hours *(OR Exit to Initial Extubation Date/Time)* _ _ _ _:_ _
(If 'No'→) TotalPOInitVentHr (1900)
(calculated field)

Re-Intubated After Initial Postoperative Extubation: ☐ Yes ☐ No
ReIntubate (1905)

Incision Type:
IncisionTypeMulti (1915)
☐ Sternotomy
☐ Partial Sternotomy
☐ Clamshell Thoracotomy
☐ Thoracotomy
☐ Video-Assisted Thoracoscopy
☐ Other

(If Incision Type contains 'Partial Sternotomy'→)	Location: ☐ Upper ☐ Lower PartSternLocat (1930)
(If Incision Type contains 'Video-Assisted Thoracoscopy'→)	Location: ☐ Left ☐ Right ☐ Bilateral VATSLocat (1955)

Was the chest left open after the surgical procedure with planned delayed sternal closure? ☐ Yes ☐ No
COpPlndDelay (1960)

Time of Skin Closure: *(00:00 – 23:59)* _ _:_ _ SIStopT (1965)

OR Exit Time: *(00:00 – 23:59)* _ _:_ _ ORExitT (1970)

Extended Through Midnight: ☐ Yes ☐ No
MultiDay (1975)

Surgeon: Surgeon (1980)	Surgeon NPI: SurgNPI (1985)	Taxpayer Identification Number: TIN (1990)

Reoperation Within This Admission: ReOpInAdm (1995)	☐ Yes – Planned reoperation ☐ Yes – Unplanned reoperation ☐ No
Number of Prior Cardiac Operations**:	Number of Prior CPB Cardiac Operations:

K. Operative

Required:

ProcLoc (1745)
Status (1750)
OpType (1755)
Surgeon (1980)
SurgNPI (1985)

Non-Index ACHD *OPTIONAL* Limited Dataset

L2. CABG PROCEDURES (=>18 patient)

If (OpCab18 = Any 'Yes') ↓

M2. Valve Surgery Explant

(If Valve Explanted (ValExp) is Yes ↓)

First Valve Prosthesis Explant:

M3. Aortic, Neo-Aortic or Truncal Valve without concomitant Aorta Procedure

M4. Mitral/Systemic AV Valve Procedure

M5. Tricuspid Valve/Non-Systemic AV Valve Procedure

M6. Pulmonary or Neo-Pulmonary Valve Procedure

N. Other Cardiac Procedures

(If Other Cardiac Procedues = Yes↓)

O. Other Non-Cardiac Procedures

(If Other Non-Cardiac Procedues = Yes↓)

Carotid Endarterectomy: ☐ Yes, planned ☐ Yes, unplanned due to surgical complication
ONCCarEn (3230) ☐ Yes, unplanned due to unsuspected disease or anatomy ☐ No

P. A-Fib Procedures

(If A-Fib Procedues = Yes↓)

Q. VAD PROCEDURES

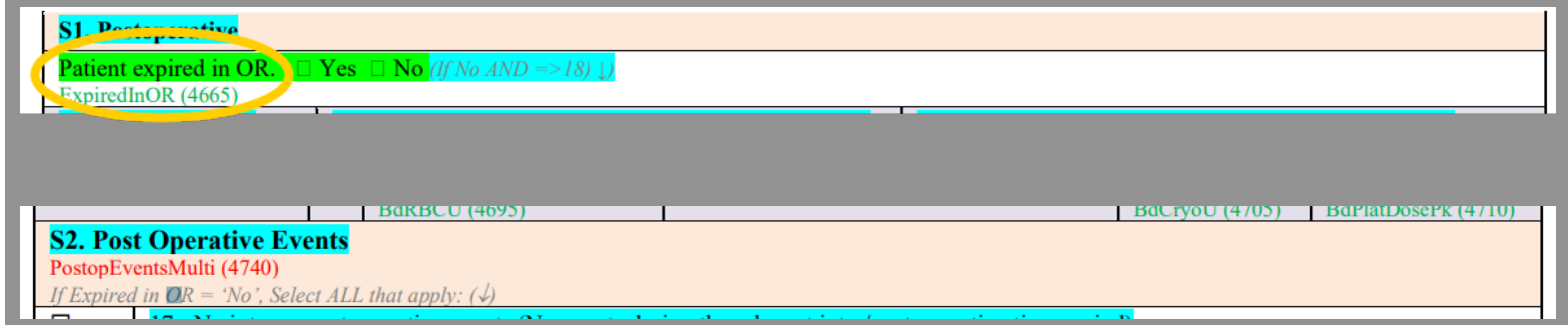
VAD Explanted and/or Implanted: VADExImp (3250)	☐ No	☐ Yes, Explanted	☐ Yes, Implanted	☐ Yes, Explanted and Implanted

R. Aorta Procedures

(If AortProc = Yes ↓)

- L2. CABG Procedures
- M2. Valve Surgery Explant
- M3. Aortic, Neo-Aortic, Truncal Valve without Aorta Procedure
- M4. Mitral Procedures
- M5. Tricuspid Procedures
- M6. Pulmonary Procedures
- N. Other Cardiac Procedure
- O. Other Non-Cardiac Proc
- P. A-fibs Procedures
- Q. VAD Procedures
- R. Aorta Procedures

Non-Index ACHD *OPTIONAL* Limited Dataset



S1. Postoperative

Required:

ExpiredInOR (4665)

S2. Postoperative Events

- Optional

Non-Index ACHD *OPTIONAL* Limited Dataset

T. DISCHARGE/READMISSION

Patient remains hospitalized during this episode of care EpisodeCarePatInHosp (4870)	☐ Yes, at this hospital ☐ Yes, transferred to another facility ☐ No
If Patient remains hospitalized during this episode of care = 'Yes, transferred to another facility' OR 'No') →	Date of Hospital Discharge: *(mm/dd/yyyy)* __ __ / __ __ / __ __ __ __ HospDischDt (4875)
	Mortality Status at Hospital Discharge: ☐ Alive ☐ Dead MtHospDisStat (4880)
If Patients transferred to another facility →	End-date of database tracking: *(mm/dd/yyyy)* __ __ / __ __ / __ __ __ __ EndDtDBTracking (4920)
	Status at end of database tracking: ☐ Alive ☐ Dead ☐ Unknown StatEndDBTrack (4925)
	(If Status at end of database tracking = 'Alive→) — Database Discharge Location: LocEndDBTrack (4930) ☐ Home ☐ Chronic Care Center >183 continous days
If patient remains hospitalized during this episode of care =	Date of Database Discharge: *(mm/dd/yyyy)* __ __ / __ __ / __ __ __ __ DBDischDt (4935) [calculated field]
'Yes, transferred to other facility' or 'No' →	Mortality Status at Database Discharge: ☐ Alive ☐ Dead ☐ Unknown MtDBDisStat (4940) (calculated field)
Status at 30 days after surgery: ☐ Alive ☐ Dead ☐ Unknown Mt30Stat (4945)	
If Mt30Stat=Alive or Dead →	30 Day Status Method of Verification: Mt30StatMeth (4950) ☐ Evidence of life or death in Medical Record ☐ Contact with patient or family ☐ Contact with medical provider ☐ Office visit to provider ≥ 30 days post op ☐ Social Security Death Master File ☐ Other
Operative Mortality: ☐ Yes ☐ No MtOpD (4985)	

T. Discharge/Readmission

Required:

EpisodeCarePatInHosp (4870)
HospDischDt (4875)
MtHospDisStat (4880)
EndDtDBTracking (4920)
StatEndDBTrack (4925)
Mt30Stat (4945)
Mt30StatMeth (4950)
MtOpD (4985)

Required, but calculated:

DBDischDt (4935)
MtDBDisStat (4940)

Non-Index ACHD *OPTIONAL* Limited Dataset

T. DISCHARGE/READMISSION

Patient remains hospitalized during this episode of care EpisodeCarePatInHosp (4870)	☐ Yes, at this hospital ☐ Yes, transferred to another facility ☐ No
If Patient remains hospitalized during this episode of care = 'Yes, transferred to another facility' OR 'No') →	Date of Hospital Discharge: *(mm/dd/yyyy)* __ __ / __ __ / __ __ __ __ HospDischDt (4875)
	Mortality Status at Hospital Discharge: ☐ Alive ☐ Dead MtHospDisStat (4880)
If Patients transferred to another facility →	End-date of database tracking: *(mm/dd/yyyy)* __ __ / __ __ / __ __ __ __ EndDtDBTracking (4920)
	Status at end of database tracking: ☐ Alive ☐ Dead ☐ Unknown StatEndDBTrack (4925)
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Operative Mortality: ☐ Yes ☐ No MtOpD (4985)	

T. Discharge/Readmission

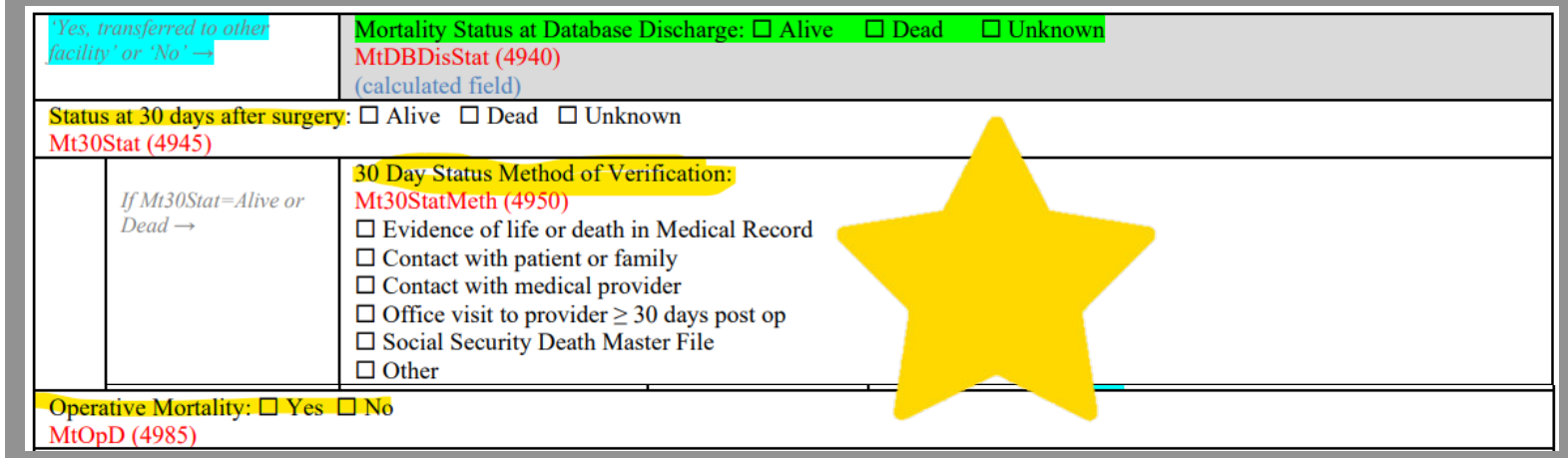
Required:

EpisodeCarePatInHosp (4870)
HospDischDt (4875)
MtHospDisStat (4880)
EndDtDBTracking (4920)
StatEndDBTrack (4925)
Mt30Stat (4945)
Mt30StatMeth (4950)
MtOpD (4985)

Required, but calculated:

DBDischDt (4935)
MtDBDisStat (4940)

Non-Index ACHD *OPTIONAL* Limited Dataset



'Yes, transferred to other facility' or 'No' →	Mortality Status at Database Discharge: ☐ Alive ☐ Dead ☐ Unknown MtDBDisStat (4940) (calculated field)
Status at 30 days after surgery: ☐ Alive ☐ Dead ☐ Unknown Mt30Stat (4945)	
If Mt30Stat=Alive or Dead →	30 Day Status Method of Verification: Mt30StatMeth (4950) ☐ Evidence of life or death in Medical Record ☐ Contact with patient or family ☐ Contact with medical provider ☐ Office visit to provider ≥ 30 days post op ☐ Social Security Death Master File ☐ Other
Operative Mortality: ☐ Yes ☐ No MtOpD (4985)	

Mortality status is tracked for **ALL** events

Mortality within 30 days of any OpType 1 or 2 case is an operative mortality

Non-Index ACHD *OPTIONAL* Limited Dataset

T2. Longitudinal Follow-up			
Date of Last Follow-Up: LFUDate (4995)			__ __ / __ __ / __ __ __ __ *(mm/dd/yyyy)*
Mortality Status at Last Follow-Up: LFUMortStat (5000)			☐ Alive ☐ Dead
	(If Dead →)	Mortality Date: MtDate (5005)	__ __ / __ __ / __ __ __ __ *(mm/dd/yyyy)*

U. PATIENT PROCESS MEASURES			
(If Op Type CPB , No CPB Cardiovascular , or CPB Noncardiovascular ↓)			
Patient care discussed at preop multidisciplinary planning conference: ☐ Yes ☐ No CareDiscussed (5010)			
If No →	Reason care was not discussed: CareDiscussedRsn (5015)	☐ Urgent/Emergent/Salvage Case	☐ Patient admitted between conferences

T2. Longitudinal Follow-Up

- Demo record, entered once

U. Patient Process Measures

- Optional

Important Definitions - *review*

Episode of Care (EOC): *The time period a patient is admitted preceding and/or following an operation through Database Discharge date (DB d/c)*

Important Definitions - *review*

Episode of Care (EOC): *The time period a patient is admitted preceding and/or following an operation through Database Discharge date (DB d/c)*

- ***Events are "linked" by Database Discharge date***
- ***All events with the same DB d/c date are within the same EOC***

Important Definitions - *review*

Episode of Care (EOC): *The time period a patient is admitted preceding and/or following an operation through Database Discharge date (DB d/c)*

Index operation: *The first "cardiac" case of the Episode of Care*

Important Definitions - *review*

Episode of Care (EOC): *The time period a patient is admitted preceding and/or following an operation through Database Discharge date (DB d/c)*

Index operation: *The first "cardiac" case of the Episode of Care*

Primary procedure: *The procedure with the highest STAT Mortality score of an operation considering all Rules & Exceptions*

Non-Index ACHD OPTIONAL Limited Dataset Scenario 1

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

Question #1

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

Which procedure is the patient's index operation?

- ❑ ECMO cannulation as it was the first operation performed
- ❑ Conduit placement as it was the first CPB CV or No CPB CV operation
- ❑ Heart transplant as it has the highest STAT score
- ❑ None, the patient did not have an index operation

Answer #1

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- ☐ None, the patient did not have an index operation

TM Definition:

Index Operation – refers to the first operation of the episode of care (EOC) of operation type CPB Cardiovascular or No CPB Cardiovascular. All the analyses including mortality calculation will be performed for the index operation. Each EOC will have one index operation.

Question #2

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

For the conduit placement (index operation), my site can determine which optional fields to collect for this patient?

- ❑ True
- ❑ False

Answer #2

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

For the conduit placement (index operation), my site can determine which optional fields to collect for this patient?

- ☐ True
- ☑ False

All fields for INDEX operations are still required

Question #3

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

The patient has new genetic testing results that were not available at the time of the original TOF repair. How should this be handled in the database?

- ❑ Update the results in the demographic record
- ❑ No need to include the new results in the demographic record

Answer #3

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

The patient has new genetic testing results that were not available at the time of the original TOF repair. How should this be handled in the database?

- ☑ Update the results in the demographic record
- ☐ No need to include the new results in the demographic record

There is an index operation so the demographic record should be complete

Question #4

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

For the non-index operations performed, which of the following is optional to collect and enter into the database?

- ❑ Primary diagnosis and Primary procedure
- ❑ Operation type
- ❑ Postoperative events
- ❑ Surgery date

Answer #4

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

For the non-index operations performed, which of the following is optional to collect and enter into the database?

- ☐ Primary diagnosis and Primary procedure
- ☐ Operation type
- ☑ Postoperative events
- ☐ Surgery date

S2. Postoperative Events
- Optional

Required on INDEX operations

Question #5

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

A program wants to review their patients requiring MCS prior to transplant. How is this now handled in the database?

- ❑ This data is not available in the database
- ❑ This data is no longer collected if the transplant is not the index operation
- ❑ A program can continue to collect any of the optional fields

Answer #5

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

A program wants to review their patients requiring MCS prior to transplant. How is this now handled in the database?

- ❑ This data is not available in the database
- ❑ This data is no longer collected if the transplant is not the index operation
- ☑ A program can continue to collect any of the optional fields

The non-index ACHD limited data set is OPTIONAL

Question #6

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

I only need to complete the mortality fields on index operations.

- ❑ True, this data is not used in the analysis
- ❑ False, the mortality field data must be completed on every operation

Answer #6

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

I only need to complete the mortality fields on index operations.

- ❑ True, this data is not used in the analysis
- ☑ False, the mortality field data must be completed on every operation

Mortality fields required on *all* operations (index & non-index):

- Patient Expired in OR (4665)
- Mortality Status at Hospital Discharge (4880)
- Status At End Of Database Tracking (4925)
- Mortality – 30-Day Status (4945)
- Mortality – Operative Death (4985)
- *If dead,* Mortality Date (5005)

Question #7

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

Which operation should the preoperative factor of diabetes get coded?

- ❑ It can be coded on all operations, but is required on the conduit placement
- ❑ The program can decide which operations to code it on
- ❑ It is important to include on the transplant operation only

Answer #7

28-yr old patient s/p TOF repair returns for conduit placement. Postop, the patient experienced a cardiac arrest requiring ECMO cannulation and ultimately a VAD was placed. Transplantation was performed and the patient discharged home 60-days post-conduit placement.

Which operation should the preoperative factor of diabetes get coded?

- ☑ It can be coded on all operations, but is required on the conduit placement
- ☐ The program can decide which operations to code it on
- ☐ It is important to include on the transplant operation only

All fields for INDEX operations are still required

Non-Index ACHD OPTIONAL Limited Dataset Scenario 2

A 20-year-old patient with history of TOF repair at your facility arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

Question #1

A 20-year-old patient with history of TOF repair at your facility arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

Does the patient have an index operation during this episode of care?

- ❑ Yes, all patients have an index operation in the database
- ❑ No, the patient did not have an index operation

Answer #1

A 20-year-old patient with history of TOF repair at your facility arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

Does the patient have an index operation during this episode of care?

- ☐ Yes, all patients have an index operation in the database
- ☑ No, the patient did not have an index operation

- *Not all patients will have an index operation during their episode of care*
- *Index operations can only be optype (1) CPB Cardiovascular or (2) No CPB Cardiovascular*

Question #2

A 20-year-old patient with history of TOF repair at your facility arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

Do you enter the ECMO cannulation into the CHSD?

- ❑ No, the patient did not have an index operation
- ❑ Yes, all operations performed by a cardiac surgeon should be entered

Answer #2

A 20-year-old patient with history of TOF repair at your facility arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

Do you enter the ECMO cannulation into the CHSD?

- ☐ No, the patient did not have an index operation
- ☑ Yes, all operations performed by a cardiac surgeon should be entered

All cases done by a surgeon on your Schedule A are entered, regardless of age, procedure, optype, etc.

Question #3

A 20-year-old patient with history of TOF repair at your facility arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

The patient's existing demographic record in your database is version 3.41 – is this required to be updated?

- ❑ No
- ❑ Yes

Answer #3

A 20-year-old patient with history of TOF repair at your facility arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

The patient's existing demographic record in your database is version 3.41 – is this required to be updated?

- ☑ No - *technically not required on any operations; however, the demographic version must be 3.22 or greater*
- ☐ Yes

Question #4

A 20-year-old patient with history of TOF repair at your facility arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

The patient required intubation & underwent CPR prior to ECMO cannulation. Should these be coded as preoperative factors?

- ❑ Yes, all preoperative factors should be coded on all cases
- ❑ No, it is up to the program whether to capture preoperative factors on non-index ACHD operations

Answer #4

A 20-year-old patient with history of TOF repair at your facility arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

The patient required intubation & underwent CPR prior to ECMO cannulation. Should these be coded as preoperative factors?

- ☐ Yes, all preoperative factors should be coded on all cases
- ☑ No, it is up to the program whether to capture preoperative factors on non-index ACHD operations

Note: Preoperative Factors: select Yes / select Other / free text "non-index op"

Non-Index ACHD OPTIONAL Limited Dataset Scenario 3

A 20-yr old patient with undiagnosed CHD (no previous surgical history) arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

Question #1

A 20-yr old patient with undiagnosed CHD no previous surgical history arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

Does this non-index operation get entered into the database?

- ❑ Yes, all cases are entered
- ❑ No, it is not an analyzed case

Answer #1

A 20-yr old patient with undiagnosed CHD no previous surgical history arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

Does this non-index operation get entered into the database?

- ☑ Yes, all cases are entered
- ☐ No, it is not an analyzed case

All cases done by a surgeon on your Schedule A are entered, regardless of age, procedure, optype, etc.

Question #2

A 20-yr old patient with undiagnosed CHD no previous surgical history arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

Can I code the preoperative factor (230) Shock, Persistent at time of surgery?

- ❑ Yes, it is required to code all preoperative factors
- ❑ No, the patient does not meet the definition for shock
- ❑ Yes, if the program wants to collect preoperative factors on non-index adult operations *and* the patient meets the definition for Shock, Present at the time of surgery

Answer #2

A 20-yr old patient with undiagnosed CHD no previous surgical history arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

Can I code the preoperative factor (230) Shock, Persistent at time of surgery?

- ❑ Yes, it is required to code all preoperative factors
- ❑ No, the patient does not meet the definition for shock
- ☑ Yes, if the program wants to collect preoperative factors on non-index adult operations *and* the patient meets the definition for Shock, Present at the time of surgery

Question #3

A 20-yr old patient with undiagnosed CHD no previous surgical history arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

This patient has never had an operation at my facility. How do I handle the NCAA, Chrom Abn, and Syndromes?

- ❑ Complete a demographic record for this patient
- ❑ Leave the demographic fields blank
- ❑ Complete the other demographic fields, but the NCAA, Chrom Abn, and Syndromes are optional so they can be left blank

Answer #3

A 20-yr old patient with undiagnosed CHD no previous surgical history arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

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- ☑ Complete a demographic record for this patient
- ☐ Leave the demographic fields blank
- ☐ Complete the other demographic fields, but the NCAA, Chrom Abn, and Syndromes are optional so they can be left blank

Every patient must have a complete demographic record that is demographic version 3.22 or newer

Question #4

A 20-yr old patient with undiagnosed CHD no previous surgical history arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

When I upload my file to IQVIA, the MVR shows the optional fields as missing. How do I handle this?

- ❑ IQVIA should be updating their report following this change
- ❑ Understand there will be more missing fields reported
- ❑ STS will require your vendor to create a report

Answer #4

A 20-yr old patient with undiagnosed CHD no previous surgical history arrives with hemodynamic instability. CT surgery cannulates for ECMO. The patient experiences a stroke and care is withdrawn.

When I upload my file to IQVIA, the MVR shows the optional fields as missing. How do I handle this?

- ❑ IQVIA should be updating their report following this change
- ☑ Understand there will be more missing fields reported
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Optional fix for right now. IQVIA reports will not be updated. Vendors not required to make any changes.

Non-Index ACHD *OPTIONAL* Limited Dataset

In Summary -

- ***Optional*** for programs to chose to collect the limited dataset for ***non-index adult operations***
- The IQVIA missing variable report will still report ***all*** missing data
- Pay attention to the ***required*** fields regardless of operation type
- ***Go Live = NOW*** (TM updated in November)

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

- 11/19/24 @ 12pmCT
- 12/17/24 @ 12pmCT

AQO Hot Topics

- 10/22/24 @ 10amCT

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

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