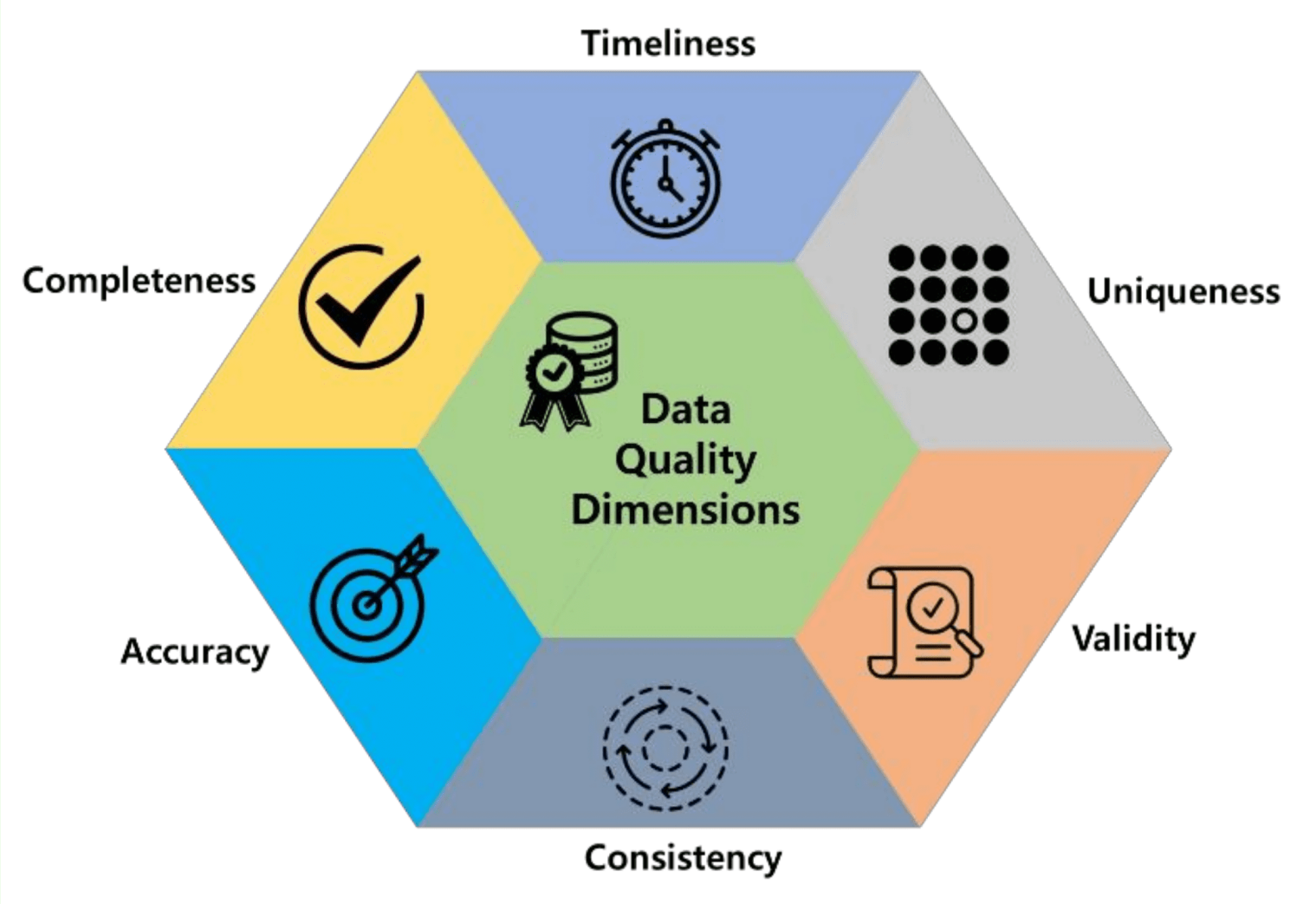
Data Manager Training Session 4

- Data Submission (Harvest)
- Data Quality Report (DQR)

Melinda Offer, RN, MSN



Learning Objectives:

Upon completion of this session, participant will be able to:

- **Identify what a Harvest is**
- **Know how to do a Harvest**
- **Verbalize how to clean up your data prior to submission**

What is a Harvest and What Do I Need to Know About It?

Harvest is a term that we use for data submission. It is important to know:

- **How many Harvest the ACSD has per year**
- **When the Harvest due dates are**
- **Which Harvest are Star Rating Harvests**
- **How to opt out of a Harvest**
- **How to do a Harvest**

ACSD Harvest Deadlines

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, complete the Participant Contact Form to make these updates prior to your data submission. Or complete the harvest opt-out form, if necessary.

2025 Harvest

Term	Harvest Submission Window Close	Opt-Out Date	Includes Procedures Performed Through:	Report Posting	Comments
Harvest 1	2/21/2025	2/25/2025	12/31/2024	Spring 2025	Star Rating
Harvest 2	5/232025	5/27/2025	3/31/2025	Summer 2025	
Harvest 3	8/22/2025	8/26/2025	6/30/2025	Fall 2025	Star Rating
Harvest 4	11/21/2025	11/25/2025	9/30/2025	Winter 2025	

Analysis for each harvest is based on a 36-month window.

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

Term
- **Identifies which Harvest**
- **ACSD has 4 per year**

Harvest Submission Window Close
- **Date the submission is due**
- **Submission closes at 11:59 EST on that date**

Opt-Out Date
- **Last date you can Opt-Out of submission**

Includes Procedures Performed Through
- **Identifies surgery dates of procedures that need to be submitted**

Report Posting
- **This is when the National Report is expected to be available**

Comments
- **Indicates which Harvest are Star Rating**

ACSD Harvest Deadlines

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Analysis for each harvest is based on a 36-month window.

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

Now let's focus on the continuous open data submission – What does that mean?

Continuous Open Data Submission (Harvest)

- This means you can submit data anytime up until the Harvest due date and time.
- Harvest closes on 11:59 EST on the date listed.

Advantages of a Continuous Open Data Submission (Harvest)

Submit when it is convenient to you

- Easier to work around your work schedule, vacations, holidays, etc.

Submit earlier and more frequently

- Avoids last minute surprises / problems
- Fast feedback

Submit smaller batches of data

- Allows you to focus on problem areas
- Clean up data in smaller batches

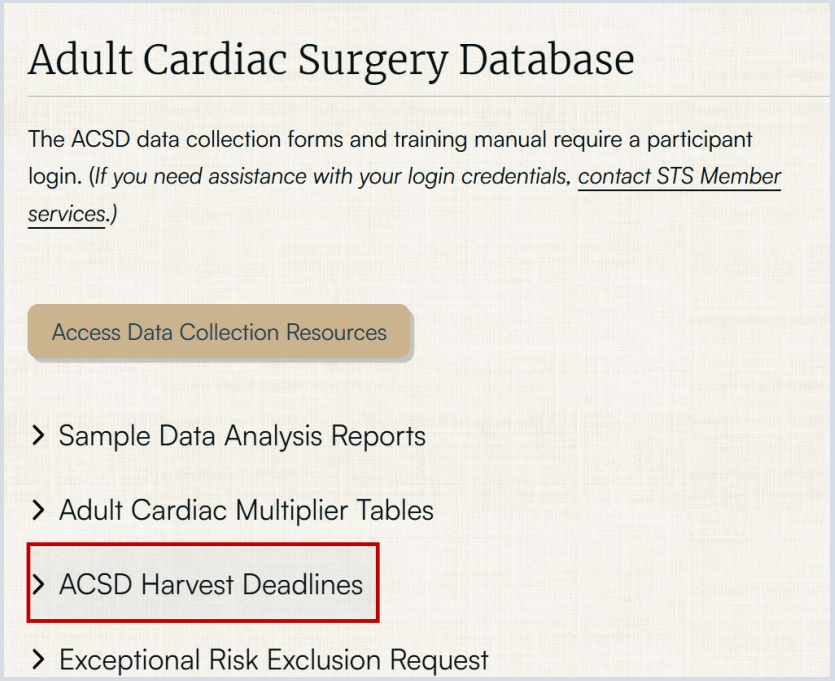
What Does it mean to Opt-Out?

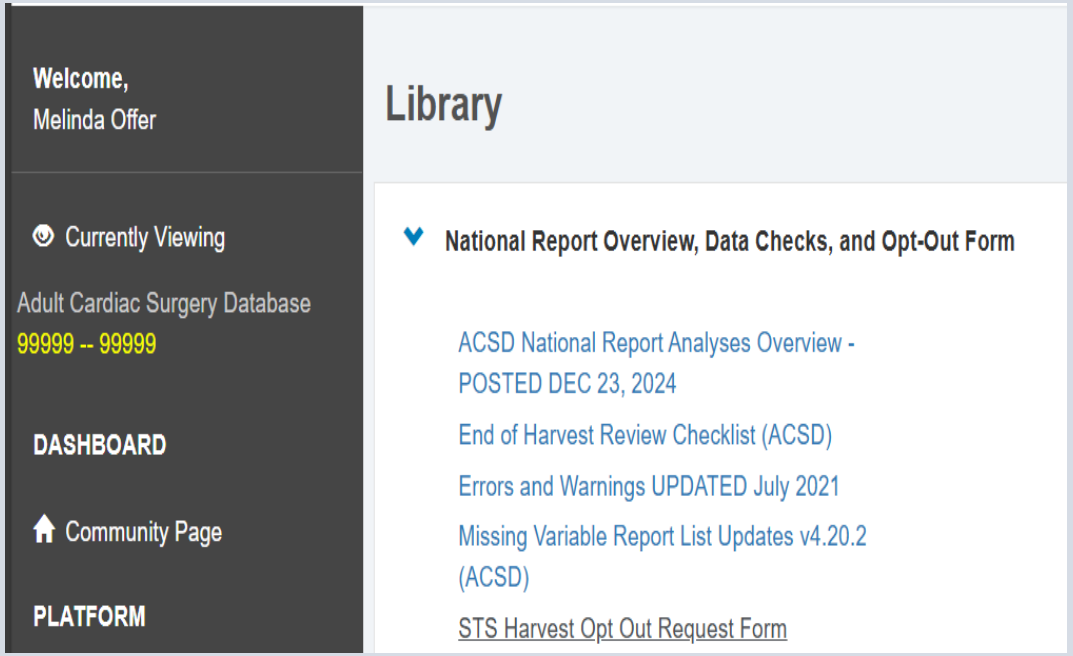
- Telling the Data Warehouse not to use your data for this submission (harvest) period
- All data submitted during this submission window will be dropped
- Analysis will revert to what it was at last submission
- By opting out the site acknowledges that they will not be included in analysis and not receive risk adjusted results for this harvest period.

Why Would I Opt-Out

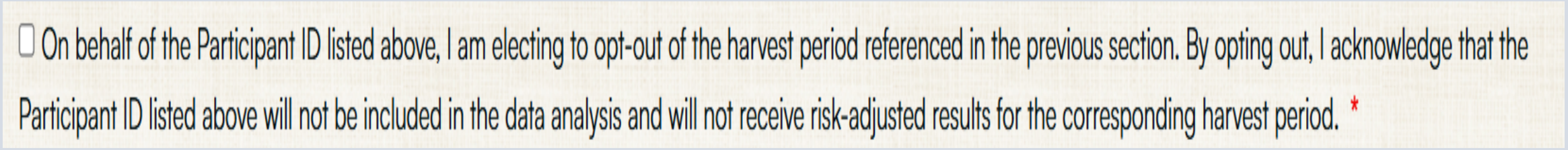
The main reason for a site choosing to opt-out is because the data in the system doesn't reflect their site. This is usually because they realize they have been entering something incorrectly or they are too far behind and have a lot of data that has not been entered yet.

If you choose to Opt-Out, you can access the Opt-Out forms in IQVIA or on the STS Website





In the Opt-Out Form you will have to acknowledge that your data will be excluded from the current harvest period



Now Let’s Discuss How to Do a Harvest

Educate yourself on how to do the Harvest

- **Watch educational videos and know your resources**

Collaborate with your Vendor to know how to create a Harvest Upload file

Make sure your Harvest file includes all necessary information on each case submitted:

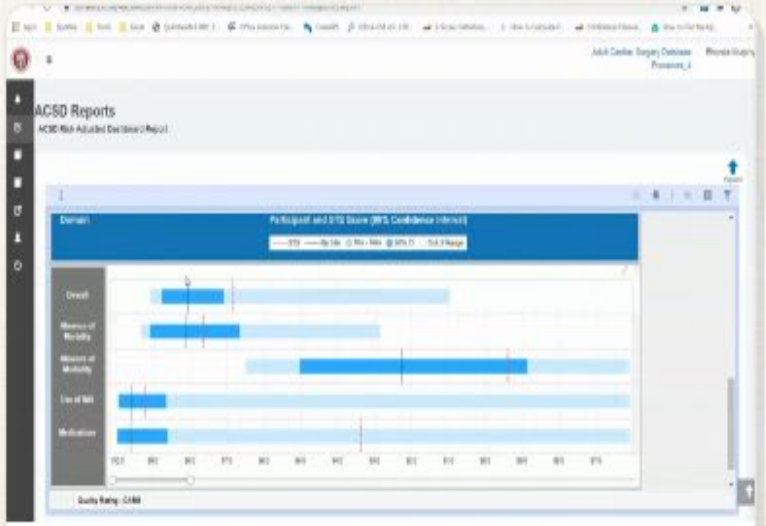
- **Participant ID**
- **Surgeon NPI**
- **Hospital NPI**
- **Primary Anesthesiologist NPI if applicable**

Clean up your DQR and Missing Variable Report

Do all the above before 1159 pm EST on the date of Harvest close!

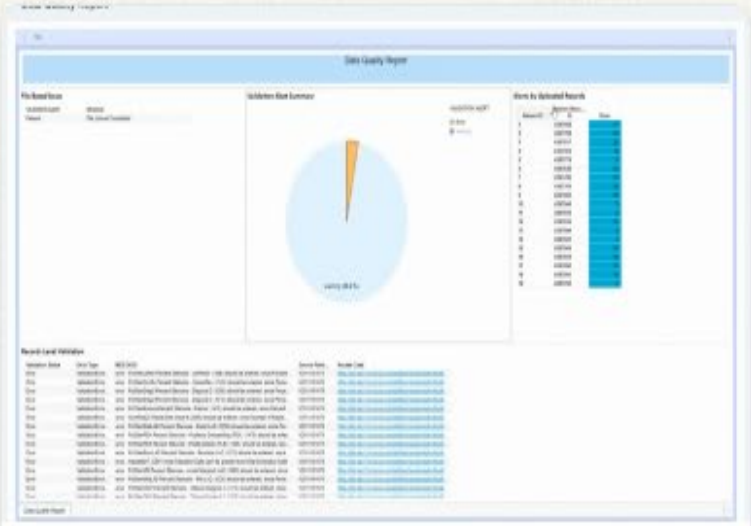
How-To Videos

These videos are on the STS Website under ‘For Data Manager’ Tab



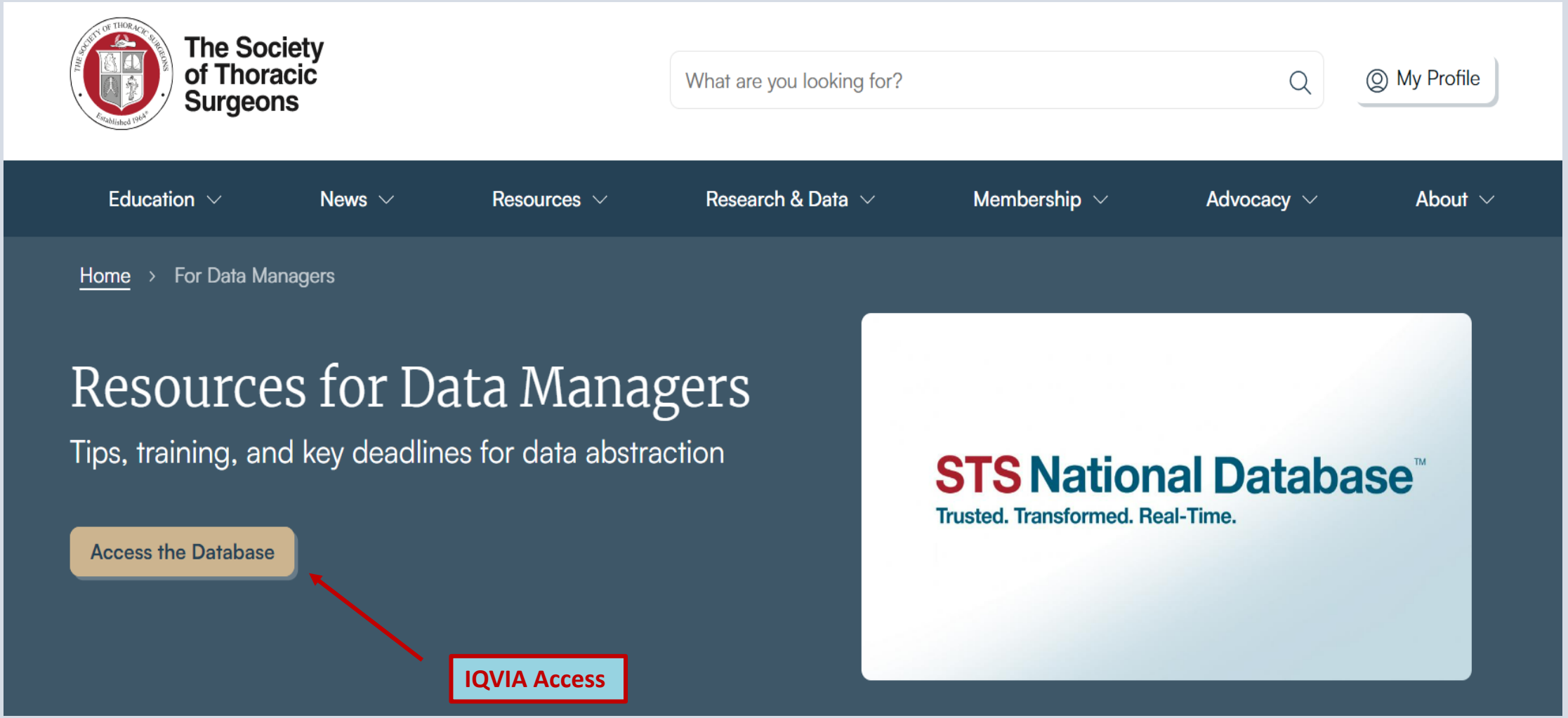
ACSD Risk Adjusted Dashboard Report

IQVIA Registry Dashboard - General Navigation Training

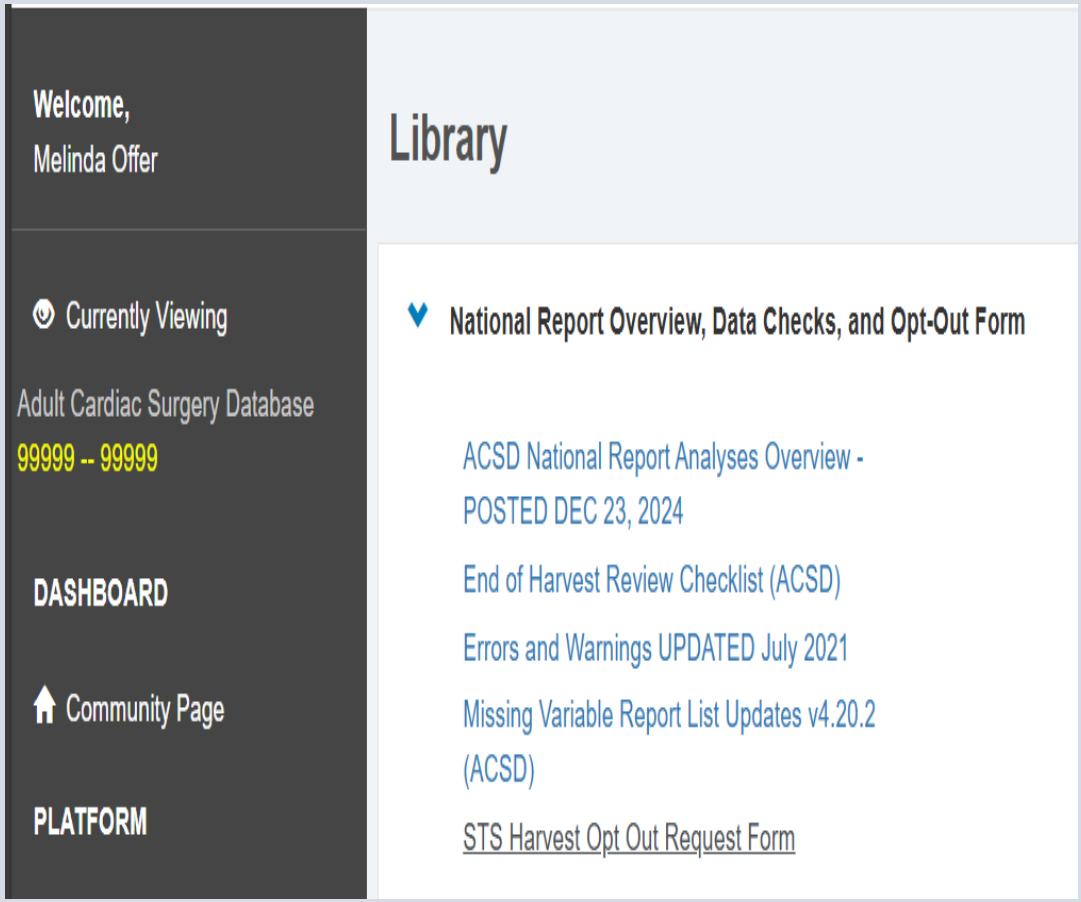


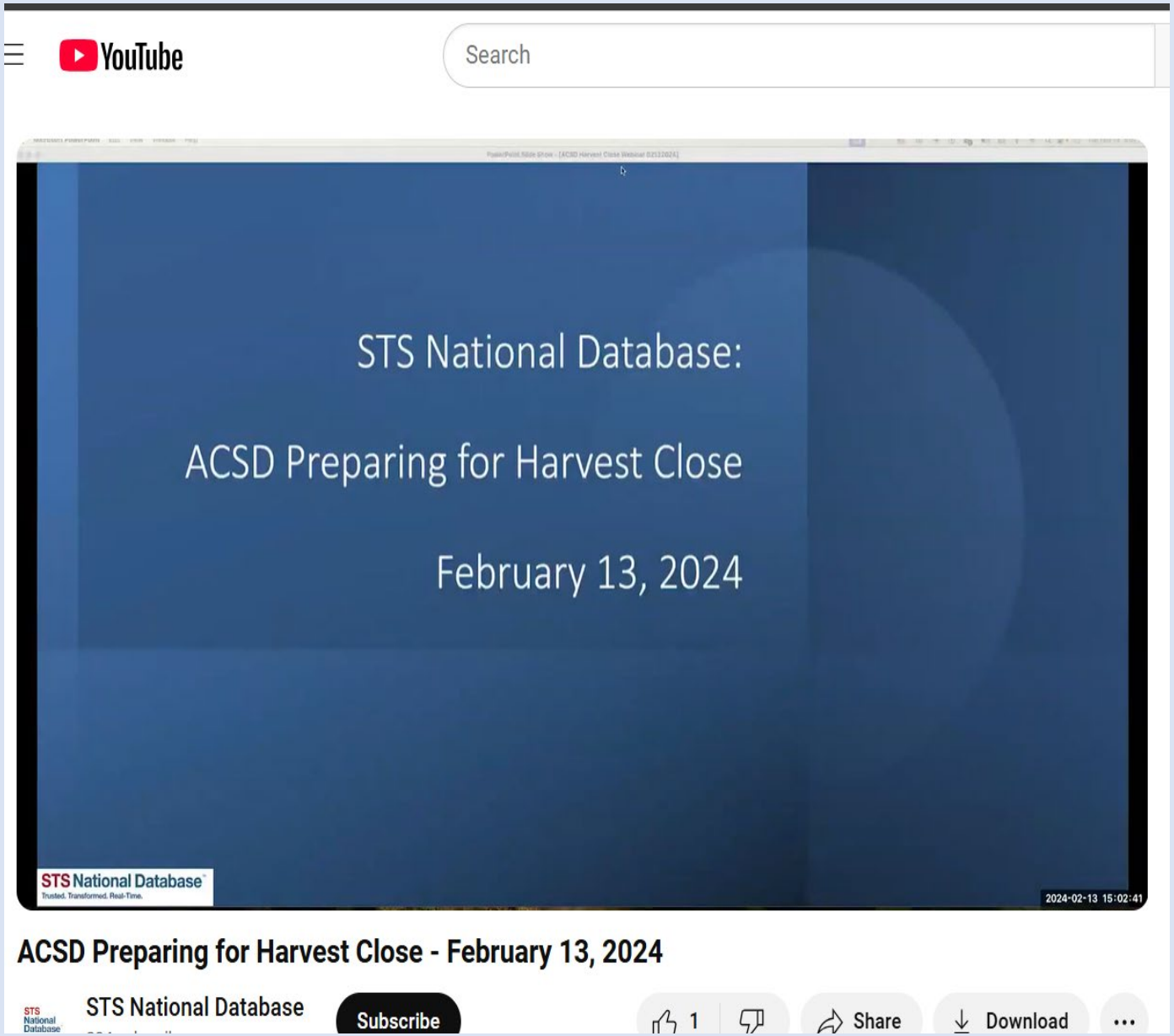
IQVIA Uploader and DQR Review

STS National Database Website



Once you are in IQVIA there are many other resources available





There is also a video on the STS YouTube site that reviews end of harvest data clean-up

https://www.youtube.com/watch?v=qhjyViiD5AQ&list=PL1hqaVNnwZpWVqNYEpX6x103faLu4bD-H&index=17&pp=iAQB

Harvest Upload File

- **If you work with a Vendor, please collaborate with them as to how to generate a file for Upload to the IQVIA Platform**

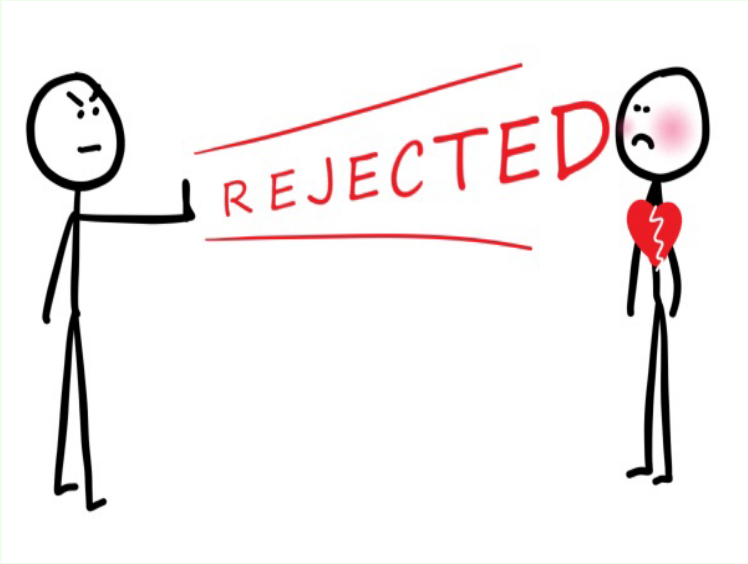
- **For Direct data Entry (DDE), the record will be considered for analysis if the record is complete and saved in the DDE form**

Make sure your Harvest file includes all necessary information on each record submitted:

- **Participant ID**
- **Surgeon NPI**
- **Hospital NPI**
- **Primary Anesthesiologist NPI if applicable**

Missing Surgeon, Hospital or Anesthesiologist NPI or Participant ID will cause critical errors, and the record will be rejected

HospNPI and SurgNPI needs to be specified on every record and those values need to match what we have on record for that participant. If the values don't match, then the RECORD is rejected.



Participant ID

- A unique 5 digit number assigned to each STS Database Participant
- If the entire surgeon group changes, a new contract is required which will generate a new Participant ID

National Provider ID

- Individual provider NPI does not change
- Hospitals have multiple NPIs- Choose the right one!
- Hospital NPI could change

Making Sense of the Numbers

National Provider ID (NPI)

- A unique identification number for covered health care providers
- A 10-position, intelligence-free numeric identifier (10-digit number)

https://npiregistry.cms.hhs.gov/search

Hospital NPI

- Each Hospital has one NPI on file at STS – provided by the participant
- Two hospitals may have the same NPI, as in the case of adult and pediatric hospitals or a hospital with two campuses
- This NPI is used to generate hospital level reports

General Overview of the STS IQVIA Uploader

Table of Contents

Link to the STS/IQVIA platform: https://sts.irp.iqvia.com/login

The IQVIA Uploader Functionality 2

Uploader Supported File Type 3

Uploader History Report Section 4

- Uploader History Report Filters 4
- Uploader History Entries or Card Details 5

Uploader Duplicate Record Validation Check 6

Uploader Update Record Functionality 6

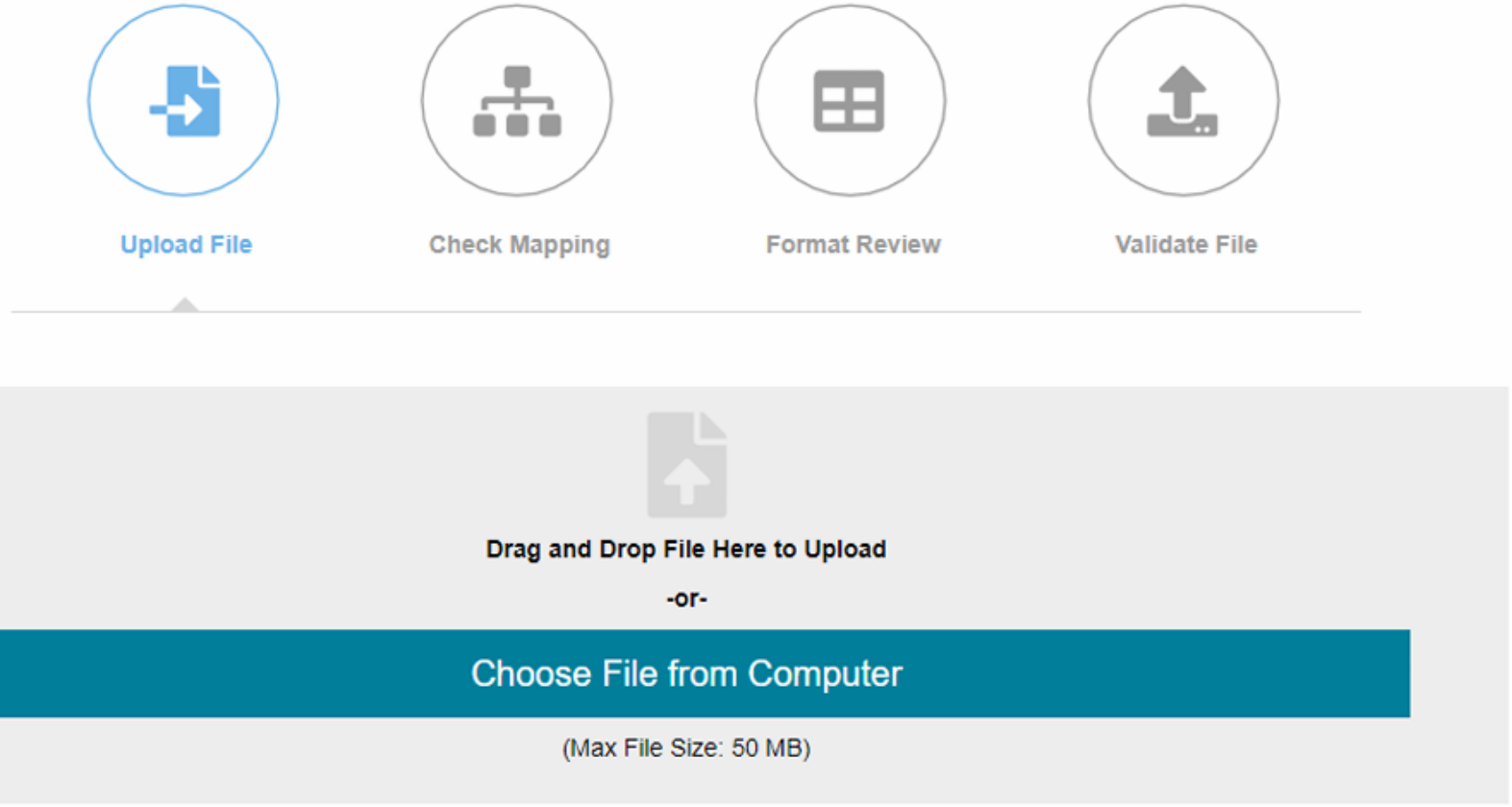
General Overview for Uploader DQR 7

- Uploader Standard Messages (Generic Messages) 8

Uploader Review Formatting Feedback Window 13

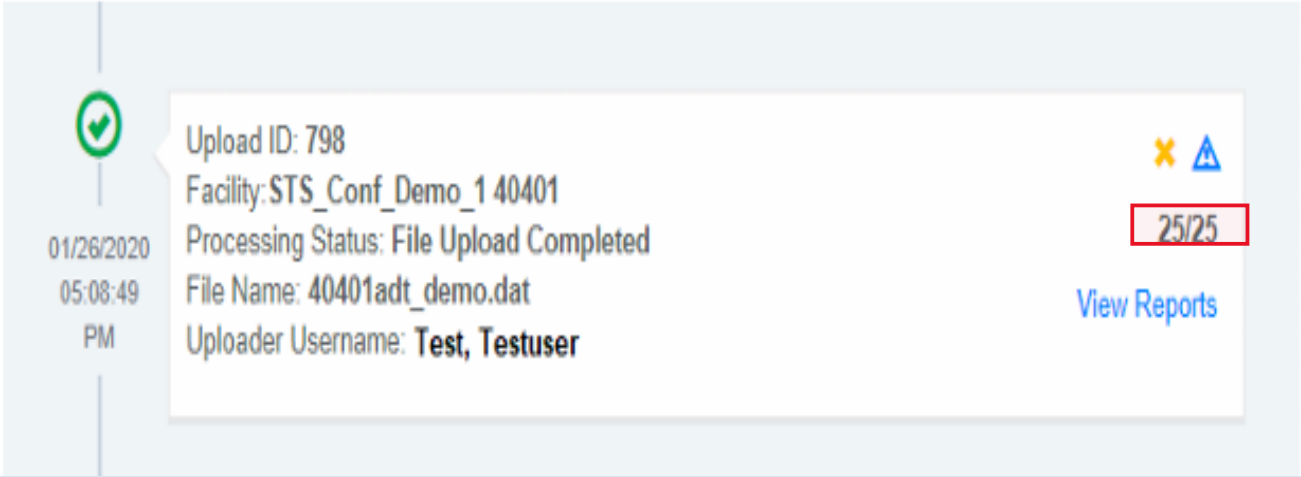
The IQVIA Uploader Functionality

The Uploader is a tool that provides users with the flexibility to upload files that contain patient record data.



Uploader History Report Section After a user performs an upload, the status (Failed/Success) of that upload will be automatically displayed under the uploader interface termed as the "upload history report". The upload history section will also display respective upload entries regarding past file uploads.

Record Processing Count Confirmation – The system will display a count of the total number of records that are accepted into the data warehouse and the count of the total number of records included in the uploaded file. Example, **25/25 indicates that there were 25 records which were successfully accepted into the data warehouse and 25 records that were included in the uploaded file.**



Uploader History Entries or Card Details

The uploader history report will display each upload that is attempted by all users that are assigned and has access to upload files for the respective participant group. The upload entry will display the following details:

File Status icon

- Success: The system will display a green checkmark icon
- Failure: The system will display a red (x) icon

Date/Time – The system will display the date and time of the upload entry

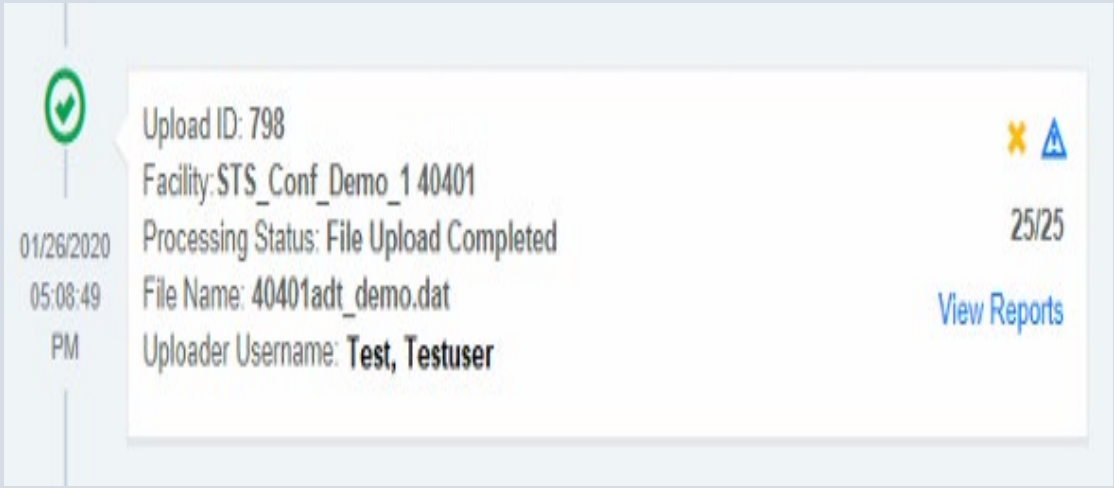
Upload ID – Automatic system assigned ID

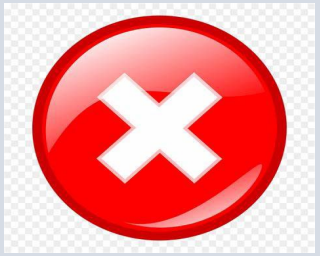
Facility – The system will display the participant identifier (participant ID)

Processing Status – They system will display the uploaded file status: Failure, Completed

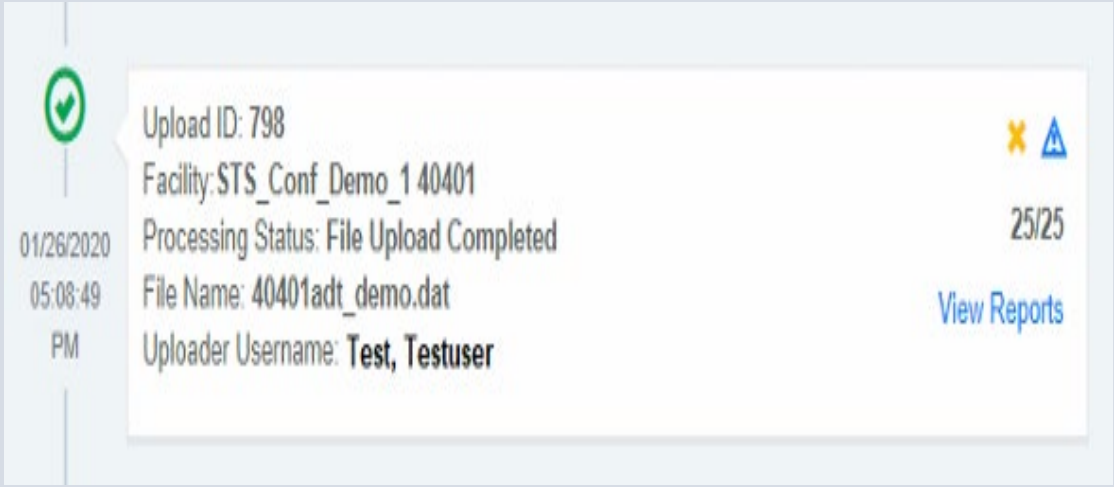
File Name: Name of the file uploaded (success or failure will display file name)

Uploader Username – Name of the user that attempted or completed the upload action

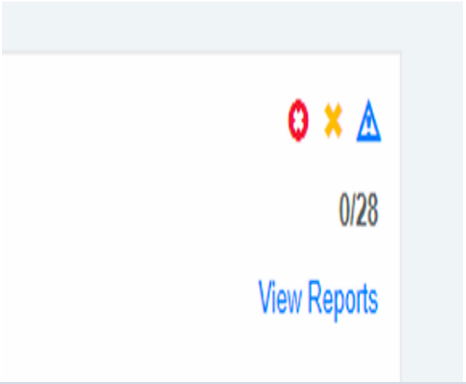




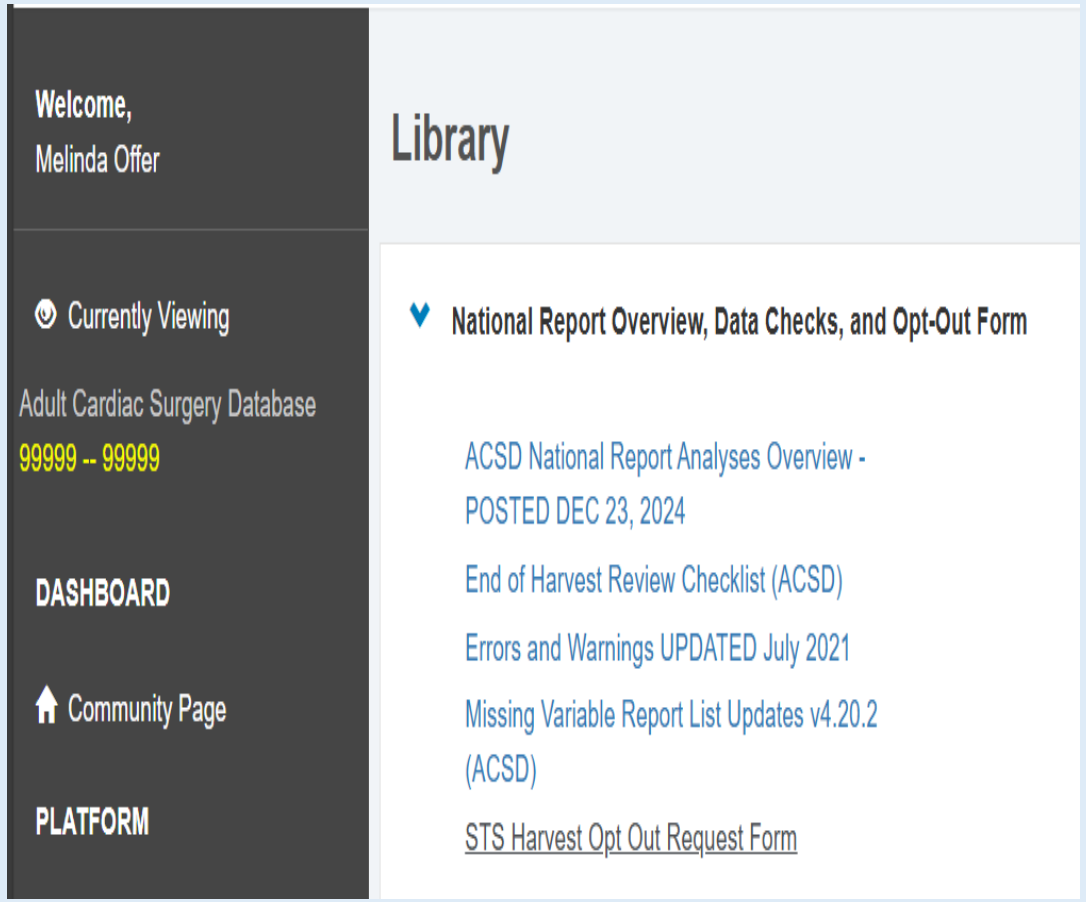
- **Critical errors** – The system will display a red (x) icon to indicate there were **critical errors identified** and the flagged records will not be uploaded to the data warehouse. These errors can be reviewed on the DQR for further details and will have to be corrected within the source software vendor system and re-uploaded to the IQVIA application.
- **Errors** – The system will display a yellow (x) icon to indicate there were errors identified in the uploaded file. These errors are validating against the STS identified edit checks. **The IQVIA application will not make changes to the data for these edit checks.** Users will review the DQR for that uploaded file to determine further details regarding the items that are flagged as errors.
- **Warnings** - They system will display a blue triangle icon to indicate there were warnings identified in the uploaded file. These warnings are validating against the STS identified consistency checks.

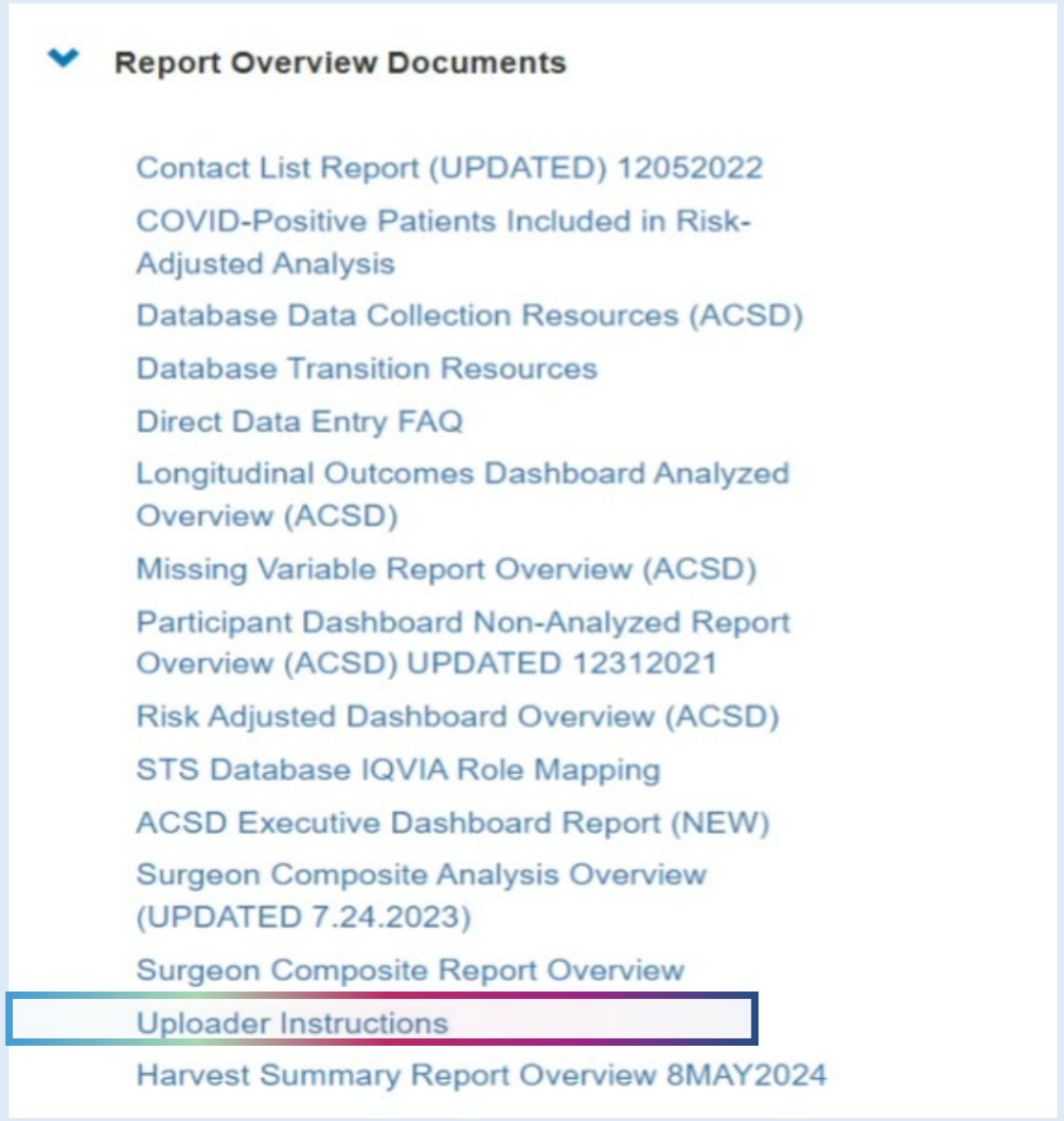


Example below **shows 0/28** which indicates that there were 0 records added to the data warehouse and 28 records were included in the uploaded file.



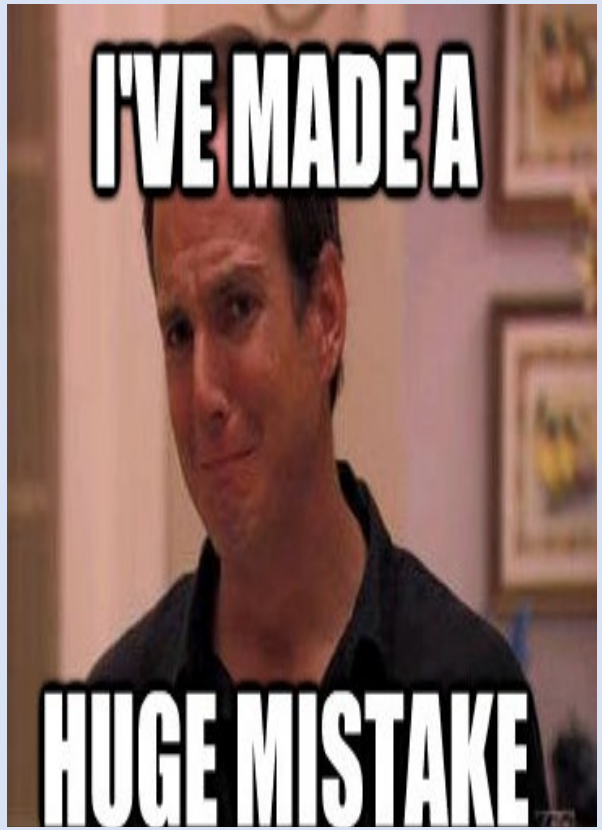
IQVIA resources available





Target Variable Field Name	Validation Nam	Message
particid	QAC023	Participant ID does not match.
admitdt	admitdt_CE01	Admit Date must not be after Hospital Discharge Date.
admitdt	admitdt_CE02	Admit Date must not be before Date of Birth.
disonsetdt	disonsetdt_CE01	Dissection Onset Date must not be after OR Exit Date And Time.
dob	dob_CE01	Date of birth must not be after Date of Surgery.
mtdate	mtdate_CE01	Mortality – Date must not be before Date of Surgery.
orentrydt	orentrydt_CE01	OR Entry Date and Time must not be after Skin Incision Start Date and Time.
orexitdt	orexitdt_CE01	OR Entry Date and Time must not be after OR Exit Date and Time.
orexitdt	orexitdt_CE02	OR Exit Date and Time must not be before Skin Incision Stop Date And Time.
sistartdt	sistartdt_CE01	Skin Incision Start Date and Time must not be after Skin Incision Stop Date and Time.
surgdt	surgdt_CE01	Date of Surgery must not be before Admit Date.
mtopd	QAC1107	Discharge/Mortality Status is 'Discharged alive, Died after discharge', Operative Mortality is 'Yes' but mortality date is more than 30 days after surgery. Please review.
mtopd	QAC1110	Discharge/Mortality Status is 'Discharged alive, Died after discharge', Operative Mortality is 'No' and mortality date is less than 30 days after surgery. Please review.
mtopd	QAC1123	Discharge/Mortality Status is 'Discharged to Hospice' and Operative Mortality is 'No'. Please review.
surgnpi	QAC4875	Surgeon NPI is required. Please enter a value.
hospnpi	QAC4876	Hospital NPI is required. Please enter a value.
primanesnpi	QAC4878	Primary Anesthesiologist NPI is required. Please enter a value.
admitdt	AdmitDt_CC1	Total post-operative ventilation hours is more than the number of hours between Admit Date and Discharge Date, these values may be inconsistent
admitdt	AdmitDt_CC2	Additional Hours Ventilated is more than the number of hours between Admit Date and Discharge Date, these values may be inconsistent
orexitdt	ORExitDt_CC2	Initial ICU Hours is more than the number of hours between OR Exit Date and Discharge Date, these values may be inconsistent
orexitdt	ORExitDt_CC3	Additional ICU Hours is more than the number of hours between OR Exit Date and Discharge Date, these values may be inconsistent
sistopdt	SIStopDT_CE01	Skin Incision Stop Date can't be greater than OR Exit Date
dob	DOB_CE02	Date Of Birth must not be after Admit date. Please review.
mtdate	MtDate_CE02	Mortality date must not be before Hospital Discharge Date. Please review.

Critical error



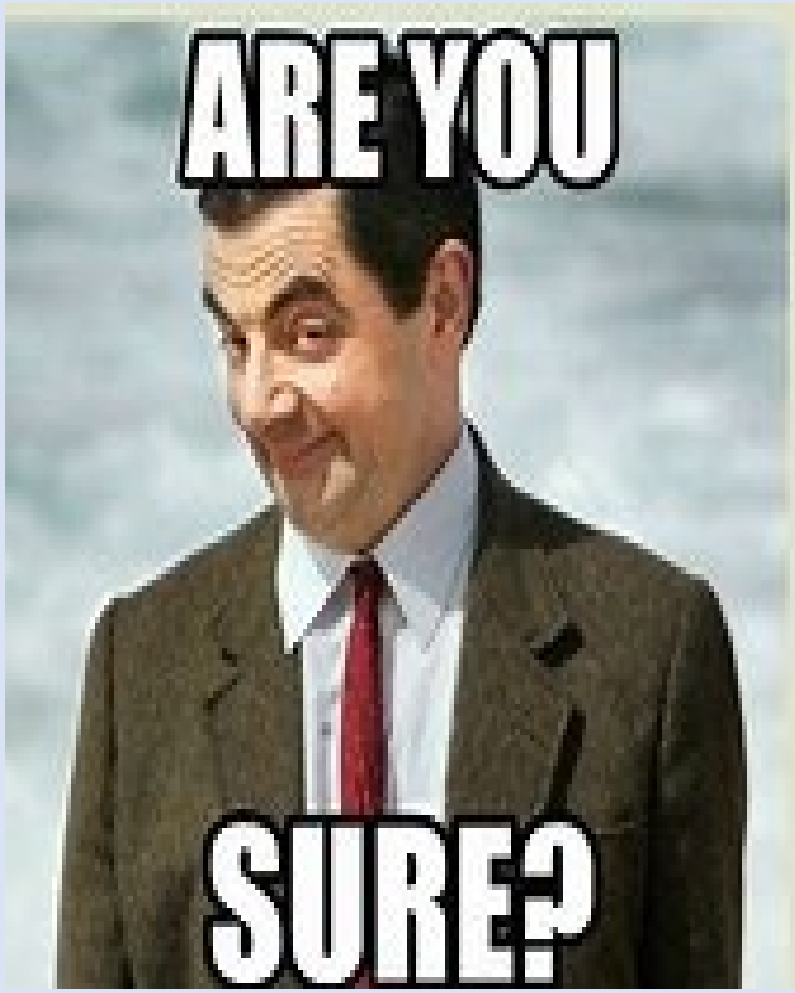
Errors

Target Variable Field Name	Message
age	Patient Age must not be missing and must equal the number of years between Date Of Birth and Date of Surgery.
dialysis	RF-Renal Fail-Dialysis is Yes, but this conflicts with Post-Op-Renal-Renal Failure being marked Yes.
dischdt	Hospital Discharge Date must not be after Mortality - Date.
prevvad	Patient Admitted with VAD is marked Yes, but this conflicts with Previous Other Cardiac being marked No.
prioraorta	Prior Aortic Intervention is marked Yes, but this conflicts with Other Previous Cardiac Interventions being marked No.
urgemergrsn	Urgent, Emergent or Emergent Salvage Reason is Endocarditis, but this conflicts with Endocarditis not being marked Yes.
urgemergrsn	Urgent, Emergent or Emergent Salvage Reason is marked PCI Incomplete without clinical deterioration, but this conflicts with Previous PCI Not being marked Yes.
urgemergrsn	Urgent, Emergent or Emergent Salvage Reason is marked PCI or attempted PCI with clinical deterioration, but this conflicts with Previous PCI not being marked Yes.
urgemergrsn	Urgent, Emergent or Emergent Salvage Reason is marked Syncope, but this conflicts with Syncope not being marked Yes.
valexp	Valve Prosthesis Explant is marked Yes, but this conflicts with Previous Valve being marked No.
valexpet	First Valve Explant Etiology is marked Endocarditis, but this conflicts with Endocarditis being marked No.
valexpet2	Second Valve Explant Etiology is marked Endocarditis, but this conflicts with Endocarditis being marked No.
valexpet3	Third Valve Explant Etiology is marked Endocarditis, but this conflicts with Endocarditis being marked No.
vdaoprimet	Aortic Valve Disease Primary Etiology is marked Endocarditis, native valve with root abscess, but this conflicts with Endocarditis being marked No.
vdaoprimet	Aortic Valve Disease Primary Etiology is marked Endocarditis, native valve without root abscess, but this conflicts with Endocarditis being marked No.
vdaoprimet	Aortic Valve Disease Primary Etiology is marked Primary Aortic Disease, Hypertensive Aneurysm, but this conflicts with Hypertension being marked No.
vdaoprimet	Aortic Valve Disease Primary Etiology is marked Reoperation - Failure of previous AV repair or replacement, but this conflicts with Previous Valve being marked No.

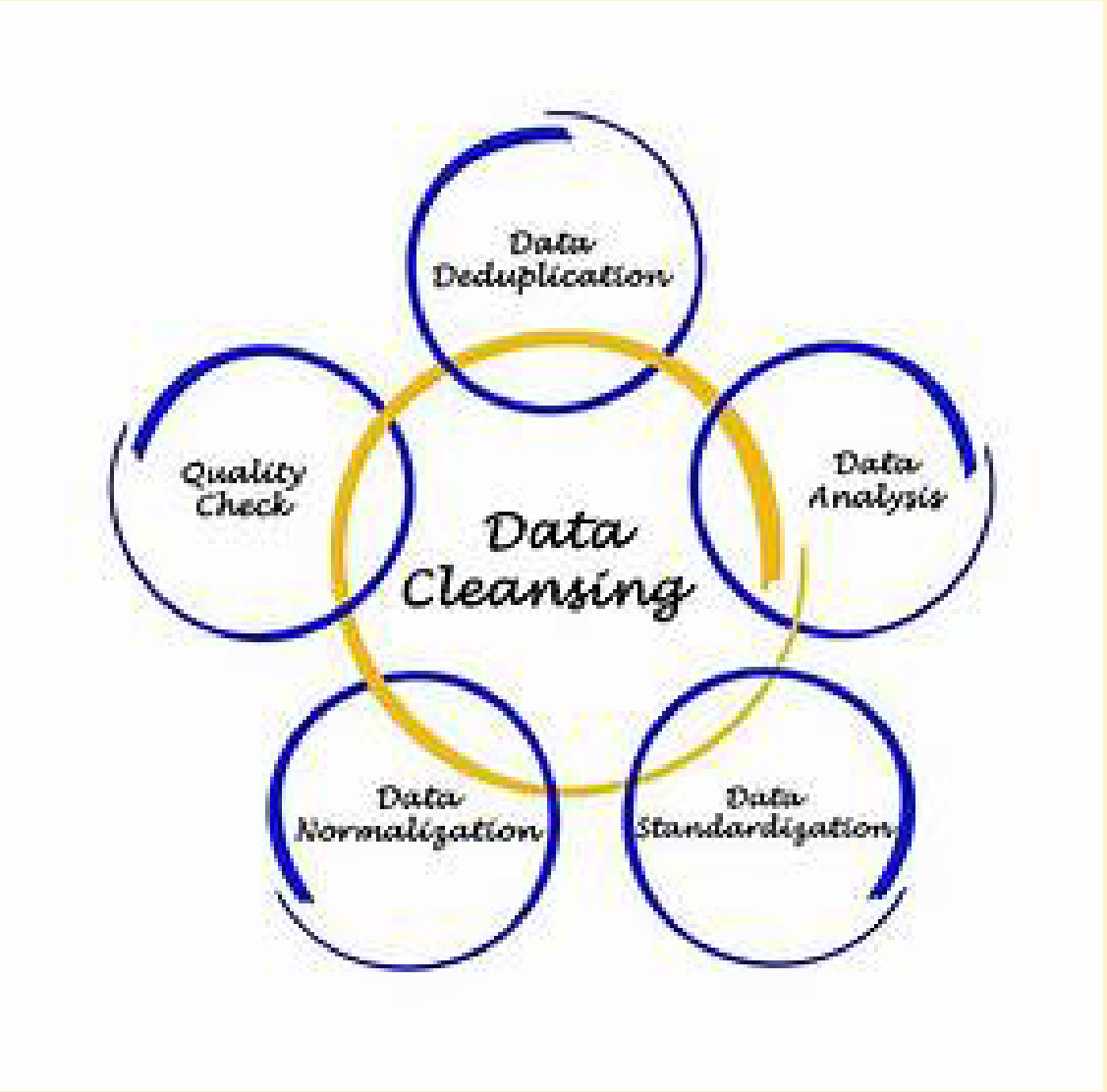
These used to be called 'consistency' errors

Warnings

QAC1127	The value entered on Patient Age seems to be lesser or greater than the usual range(18-100). Please review.	age < 18 or age > 100
QAC1128	The value entered on Height (cm) seems to be lesser or greater than the usual range(122.0-213.0). Please review.	heightcm < 122.0 or heightcm > 213.0
QAC1129	The value entered on Weight (kg) seems to be lesser or greater than the usual range(30.0-181.8). Please review.	weightkg < 30.0 or weightkg > 181.8
QAC1130	The value entered on Calculated BMI seems to be lesser or greater than the usual range(18.0-50.0). Please review.	calculatedbmi < 18.0 or calculatedbmi > 50.0
QAC1131	The value entered on WBC Count seems to be lesser or greater than the usual range(2.00-40.00). Please review.	wbc < 2.00 or wbc > 40.00
QAC1132	The value entered on Hemoglobin seems to be lesser or greater than the usual range(6.00-20.00). Please review.	rfhemoglobin < 6.00 or rfhemoglobin > 20.00
QAC1133	The value entered on Hematocrit seems to be lesser or greater than the usual range(20.00-53.00). Please review.	hct < 20.00 or hct > 53.00
QAC1134	The value entered on Platelet Count seems to be lesser or greater than the usual range(150000-600000). Please review.	platelets < 150000 or platelets > 600000
QAC1135	The value entered on Total Albumin seems to be lesser or greater than the usual range(3.50-5.00). Please review.	totalbumin < 3.50 or totalbumin > 5.00
QAC1136	The value entered on Last A1C Level seems to be lesser or greater than the usual range(4.00-13.00). Please review.	a1clvl < 4.00 or a1clvl > 13.00



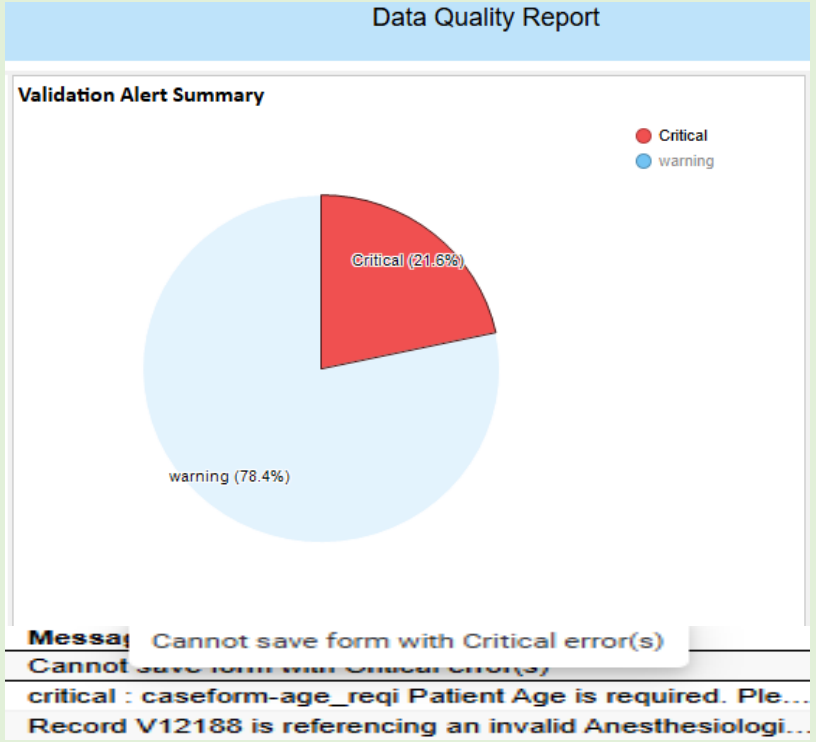
After you have completed your data upload, next move on to data clean-up



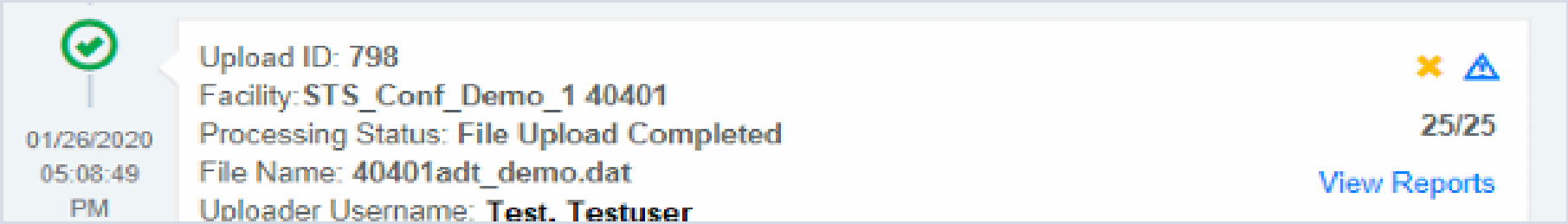
What is the difference between the Data Quality Report (DQR) and the Harvest Summary Report?

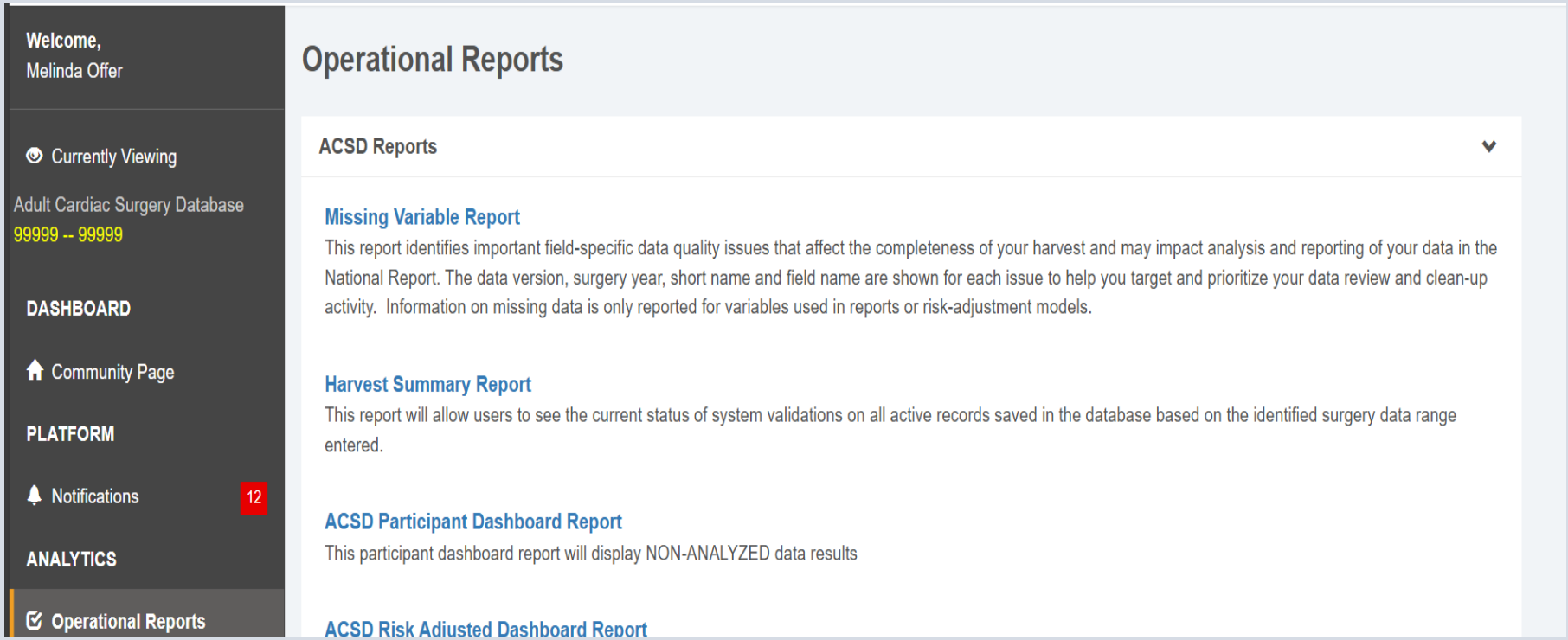
- They are essentially the same with one exception
- The difference is that if you have a critical error when you submit your data, you won't be able to run the Harvest Summary Report because the critical error will prevent the data from being uploaded to the Harvest Summary Report.
- The Harvest Summary Report only shows errors and warnings.

If you have a Critical Error, click View Reports to view your DQR to address the critical errors



If you have no critical errors, then you can view your DQR or Harvest Summary Report using one of 2 methods



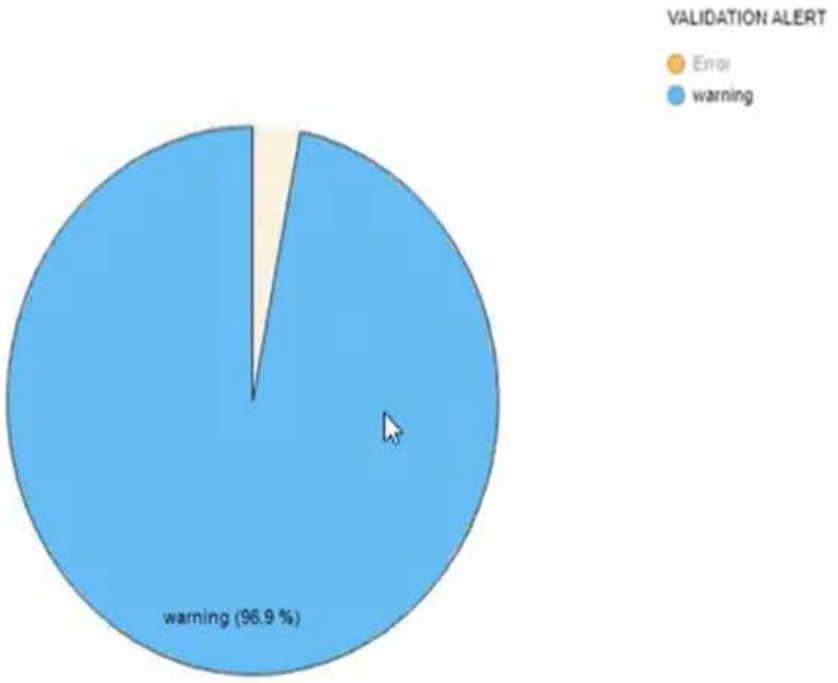


Data Quality Report

File Based Issue

VALIDATION ALERT	MESSAGE
Passed	File Upload Completed

Validation Alert Summary



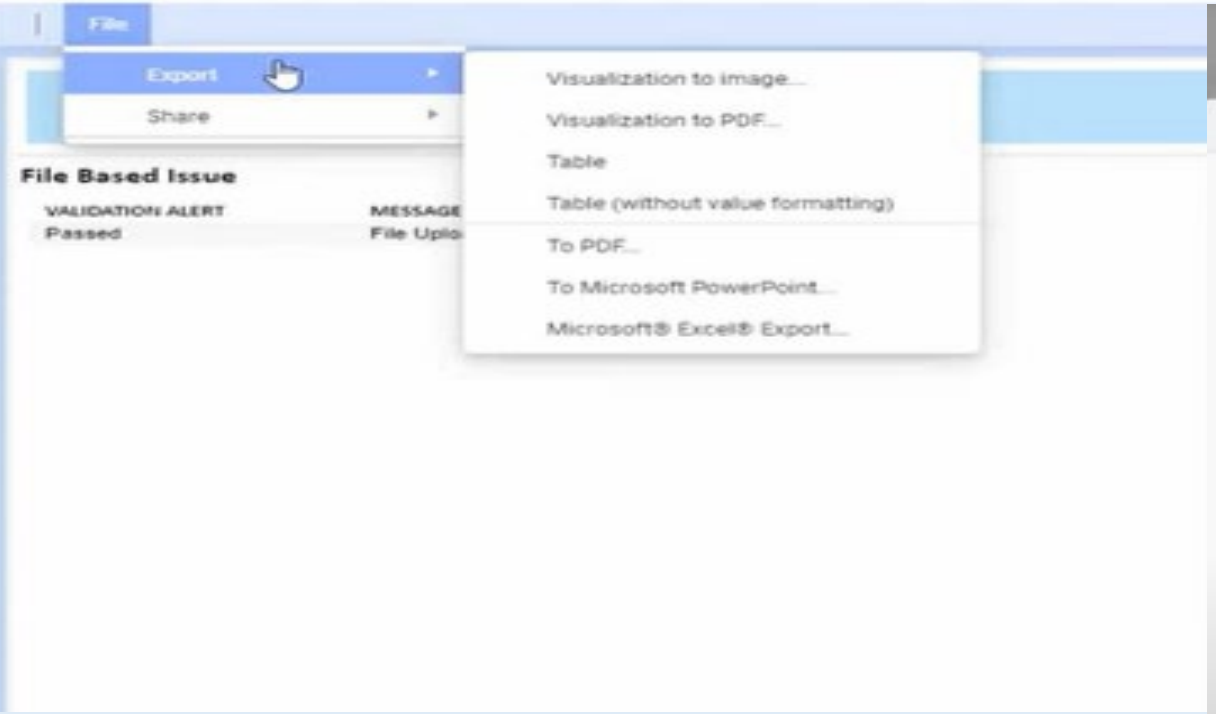
Alerts by Uploaded Records

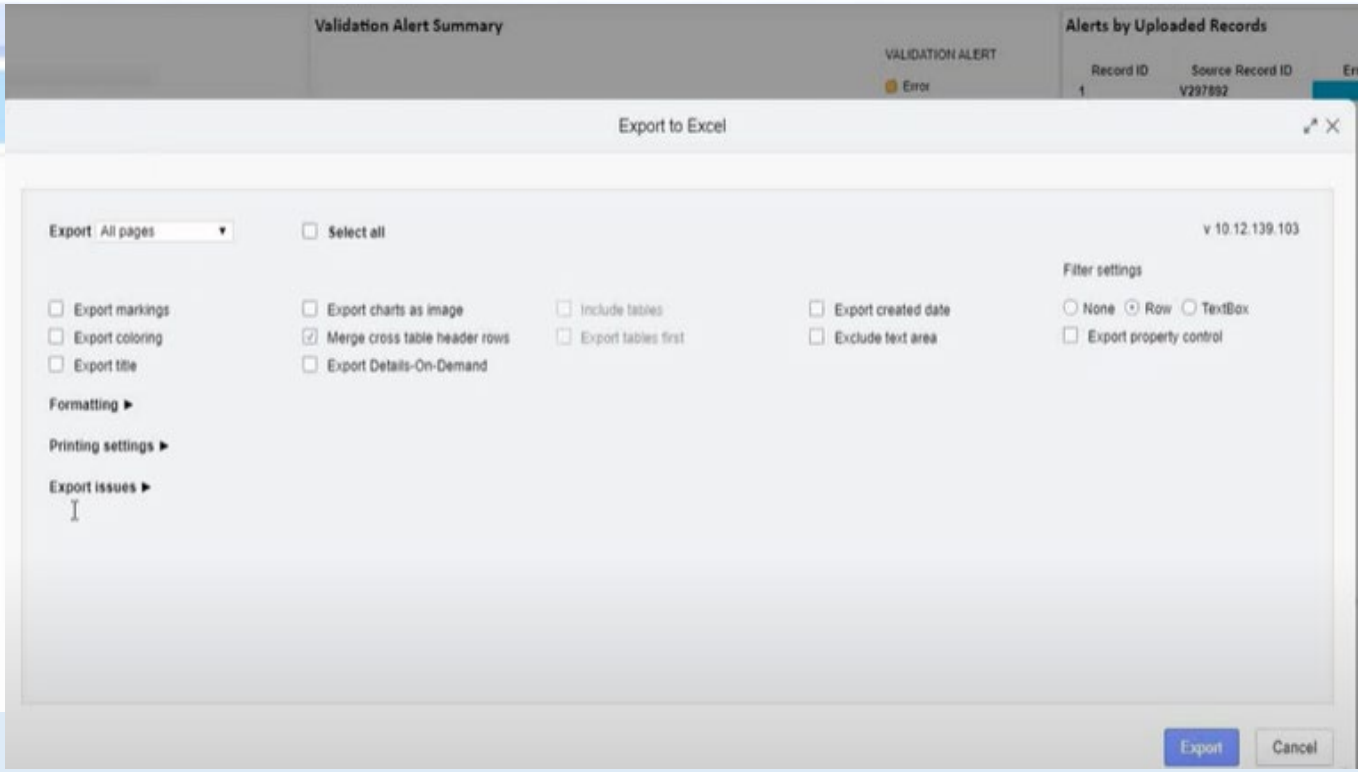
Record ID	Source Reco... ID	warning
1	V297892	575
2	V297782	497
3	V297837	554
4	V297944	651
5	V297779	647
6	V297838	619
7	V297780	518
8	V297781	473
9	V297893	531
10	V297946	556
11	V297835	522
12	V297836	523
13	V297894	680
14	V297943	597
15	V297945	428
16	V297834	592
17	V297890	868
18	V297891	576
19	V297783	559

Records Level Validation

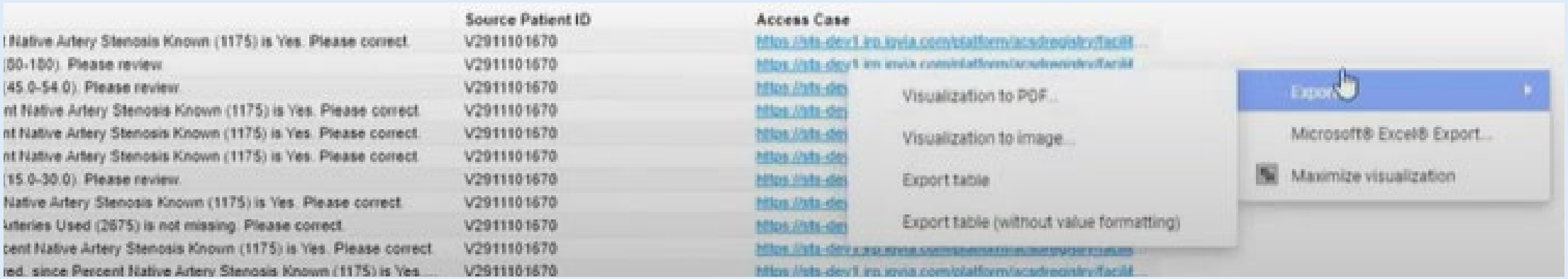
Validation Status	Error Type	MESSAGE	Source Patie...	Access Case
warning	ValidationError...	warning : QAC0204 The value entered seems to be lesser or greater than the usual range(...	V2911101670	https://sts-dev1.irp.iqvia.com/platform/acsdregistry/facilit...
warning	ValidationError...	warning : QAC0200 The value entered seems to be lesser or greater than the usual range(...	V2911101670	https://sts-dev1.irp.iqvia.com/platform/acsdregistry/facilit...
warning	ValidationError...	warning : QAC0201 The value entered seems to be lesser or greater than the usual range(...	V2911101670	https://sts-dev1.irp.iqvia.com/platform/acsdregistry/facilit...
warning	ValidationStat...	warning : COLAC024 Enter a value on Other Non-Cardiac Procedure	V2911101670	https://sts-dev1.irp.iqvia.com/platform/acsdregistry/facilit...
warning	ValidationStat...	warning : COLAC028 Enter a value on 2nd device implanted?	V2911101670	https://sts-dev1.irp.iqvia.com/platform/acsdregistry/facilit...
warning	ValidationStat...	warning : COLAC004 Enter value on Graft(s) Present	V2911101670	https://sts-dev1.irp.iqvia.com/platform/acsdregistry/facilit...
warning	ValidationStat...	warning : COLAC023 Enter a value on Other Cardiac Procedure, Aortic	V2911101670	https://sts-dev1.irp.iqvia.com/platform/acsdregistry/facilit...
warning	ValidationStat...	warning : COLAC004 Enter value on Graft(s) Present	V2911101670	https://sts-dev1.irp.iqvia.com/platform/acsdregistry/facilit...
warning	ValidationStat...	warning : COLAC007 Enter value on Was case previously attempted during this admision, ...	V2911101670	https://sts-dev1.irp.iqvia.com/platform/acsdregistry/facilit...
warning	ValidationError...	warning : QAC0188 The value entered seems to be lesser or greater than the usual range(...	V2911101670	https://sts-dev1.irp.iqvia.com/platform/acsdregistry/facilit...
warning	ValidationError...	warning : QAC0203 The value entered seems to be lesser or greater than the usual range(...	V2911101670	https://sts-dev1.irp.iqvia.com/platform/acsdregistry/facilit...

Data Quality Report

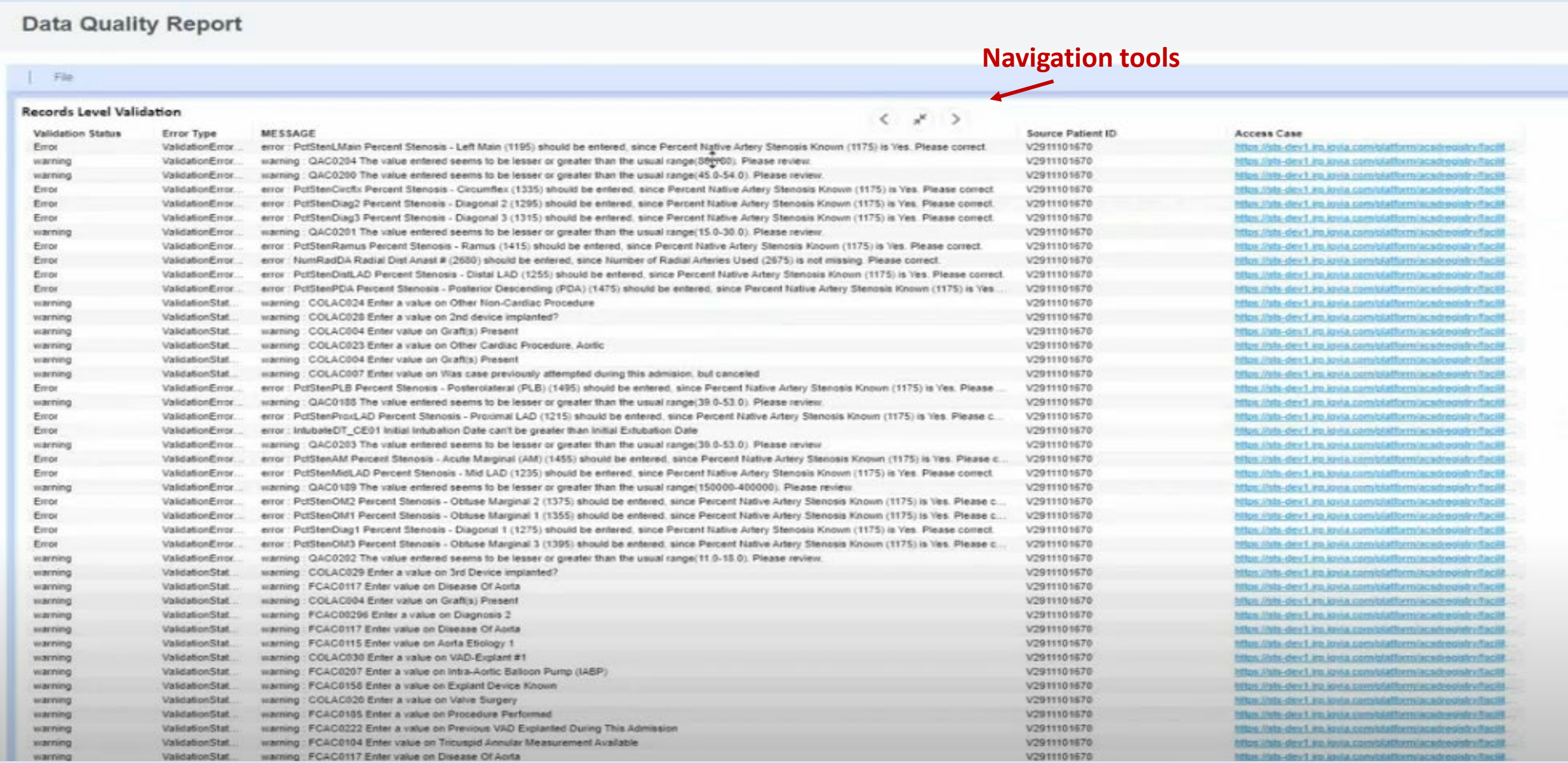




You can also export and maximize visualization by right clicking on the report



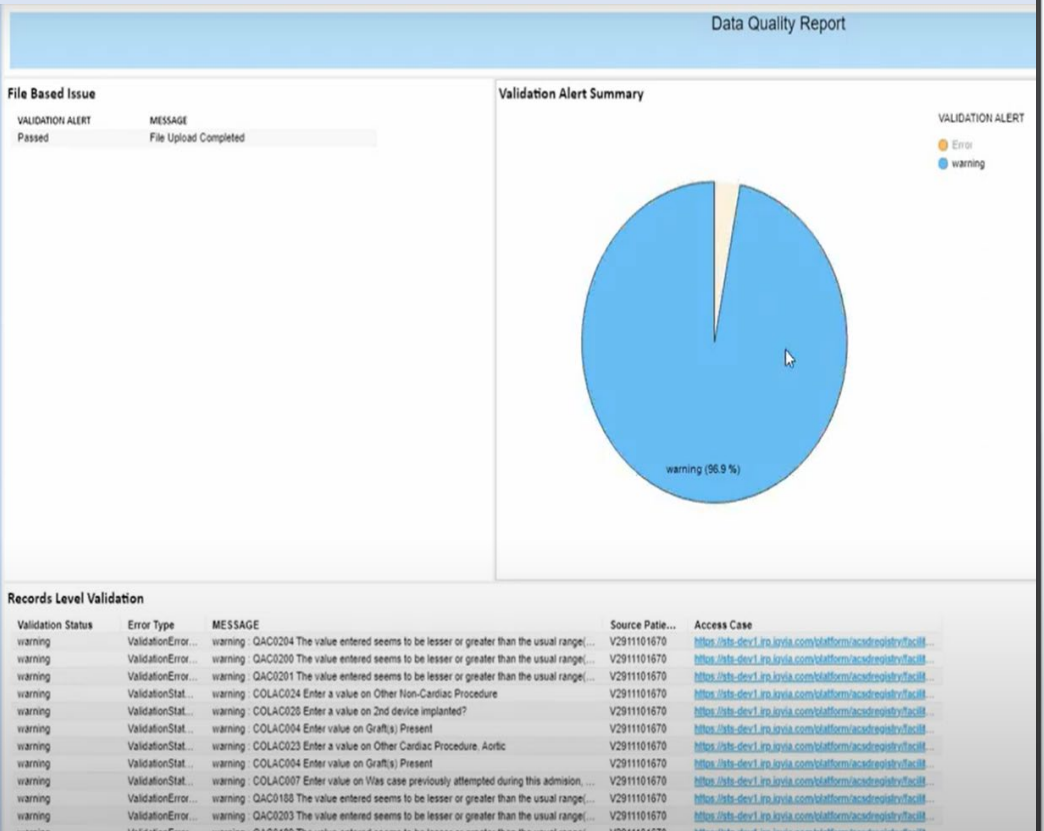
Once you have maximized visualization you can see all the rows for the selected file

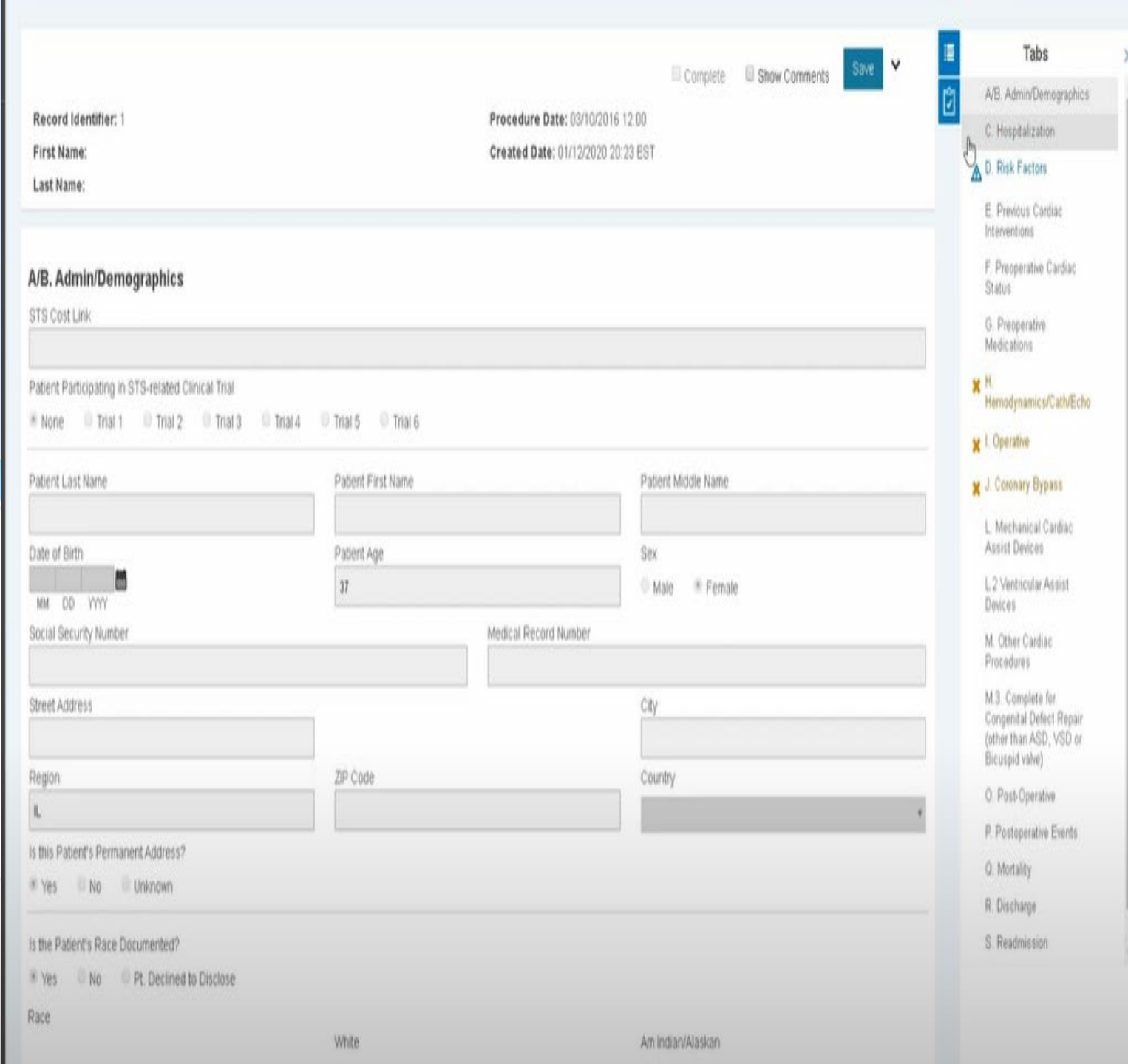


Validation Status	Error Type	MESSAGE	Source Patient ID	Access Case
Error	ValidationError...	error : PctStenLMain Percent Stenosis - Left Main (1195) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please correct.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationError...	warning : QAC0204 The value entered seems to be lesser or greater than the usual range(88-100). Please review.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationError...	warning : QAC0200 The value entered seems to be lesser or greater than the usual range(45.0-54.0). Please review.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenCircflx Percent Stenosis - Circumflex (1335) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please correct.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenDiag2 Percent Stenosis - Diagonal 2 (1295) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please correct.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenDiag3 Percent Stenosis - Diagonal 3 (1315) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please correct.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationError...	warning : QAC0201 The value entered seems to be lesser or greater than the usual range(15.0-30.0). Please review.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenRamus Percent Stenosis - Ramus (1415) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please correct.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : NumRadDA Radial Dist Anast # (2680) should be entered, since Number of Radial Arteries Used (2675) is not missing. Please correct.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenDistLAD Percent Stenosis - Distal LAD (1255) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please correct.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenPDA Percent Stenosis - Posterior Descending (PDA) (1475) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : COLAC024 Enter a value on Other Non-Cardiac Procedure	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : COLAC028 Enter a value on 2nd device implanted?	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : COLAC004 Enter value on Graft(s) Present	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : COLAC023 Enter a value on Other Cardiac Procedure, Aortic	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : COLAC004 Enter value on Graft(s) Present	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : COLAC007 Enter value on Was case previously attempted during this admision, but canceled	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenPLB Percent Stenosis - Posterolateral (PLB) (1495) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationError...	warning : QAC0188 The value entered seems to be lesser or greater than the usual range(39.0-53.0). Please review.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenProxLAD Percent Stenosis - Proximal LAD (1215) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please c...	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : IntubateDT_CE01 Initial Intubation Date can't be greater than Initial Extubation Date	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationError...	warning : QAC0203 The value entered seems to be lesser or greater than the usual range(39.0-53.0). Please review	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenAM Percent Stenosis - Acute Marginal (AM) (1455) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please c...	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenMidLAD Percent Stenosis - Mid LAD (1235) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please correct.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationError...	warning : QAC0189 The value entered seems to be lesser or greater than the usual range(150000-400000). Please review.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenOM2 Percent Stenosis - Obtuse Marginal 2 (1375) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please c...	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenOM1 Percent Stenosis - Obtuse Marginal 1 (1355) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please c...	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenDiag1 Percent Stenosis - Diagonal 1 (1275) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please correct.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
Error	ValidationError...	error : PctStenOM3 Percent Stenosis - Obtuse Marginal 3 (1395) should be entered, since Percent Native Artery Stenosis Known (1175) is Yes. Please c...	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationError...	warning : QAC0202 The value entered seems to be lesser or greater than the usual range(11.0-18.0). Please review.	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : COLAC029 Enter a value on 3rd Device implanted?	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : FCAC0117 Enter value on Disease Of Aorta	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : COLAC004 Enter value on Graft(s) Present	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : FCAC00296 Enter a value on Diagnosis 2	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : FCAC0117 Enter value on Disease Of Aorta	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : FCAC0115 Enter value on Aorta Etiology 1	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : COLAC030 Enter a value on VAD-Explant #1	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : FCAC0207 Enter a value on Intra-Aortic Balloon Pump (IABP)	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : FCAC0158 Enter a value on Explant Device Known	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : COLAC026 Enter a value on Valve Surgery	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : FCAC0105 Enter a value on Procedure Performed	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : FCAC0222 Enter a value on Previous VAD Explanted During This Admission	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : FCAC0104 Enter value on Tricuspid Annular Measurement Available	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...
warning	ValidationStat...	warning : FCAC0117 Enter value on Disease Of Aorta	V2911101670	https://sts-dev1.pg.ipqvia.com/platform/acadregistry/facili...

If you want to view the DCF, click on the ‘Access Case’ link.

- **Direct Data Entry Users will be able to update and save the record.**
- **Uploader Users will can view (read-only) the record only. If updates are required, the user will have to access their software vendor system to make the changes and export the new file with the changes and upload to the STS Database to apply the change(s).**

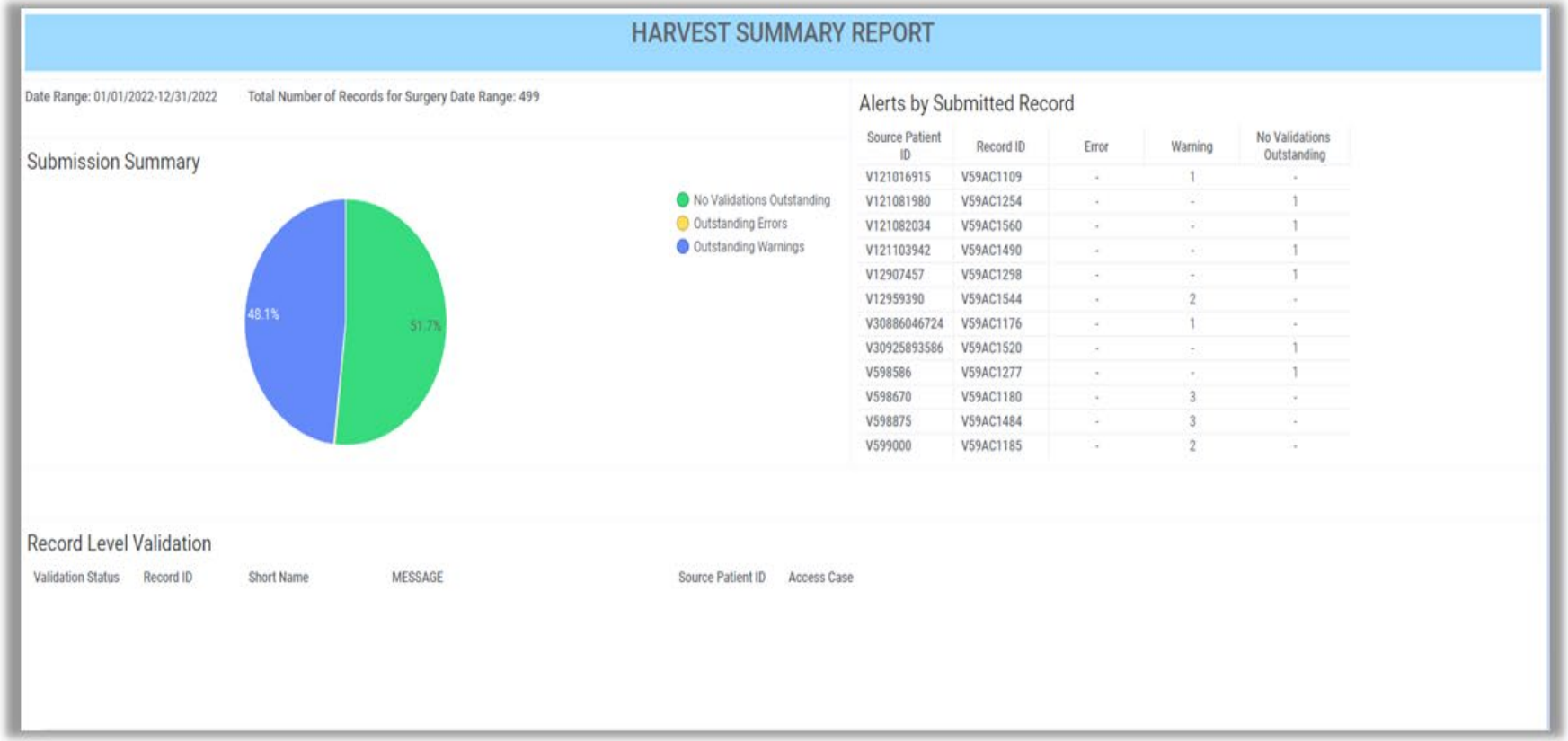




Harvest Summary Report Components

The Harvest Report is separated into the following sections:

- Report Date Range
- Total Number of Records for Surgery Date Range
- Submission Summary Graph
- Alerts by Submitted Record
- Record Level Validation



HARVEST SUMMARY REPORT

Date Range: 01/01/2022-12/31/2022 Total Number of Records for Surgery Date Range: 499

Submission Summary

Alerts by Submitted Record

Source Patient ID	Record ID	Error	Warning	No Validations Outstanding
V121016915	V59AC1109	-	1	-
V121081980	V59AC1254	-	-	1
V121082034	V59AC1560	-	-	1
V121103942	V59AC1490	-	-	1
V12907457	V59AC1298	-	-	1
V12959390	V59AC1544	-	2	-
V30886046724	V59AC1176	-	1	-
V30925893586	V59AC1520	-	-	1
V598586	V59AC1277	-	-	1
V598670	V59AC1180	-	3	-
V598875	V59AC1484	-	3	-
V599000	V59AC1185	-	2	-

Record Level Validation

Validation Status Record ID Short Name MESSAGE Source Patient ID Access Case

Date Range and Total Number of Records

The Report Date Range will display the dates entered on the report parameter page

The Total Number of Records for Surgery Date Range will display the total number of records submitted to the database.

- **Please Note:** Records that encountered a **critical error** at any time of uploading **will not** be included in the total number of records for surgery date range.

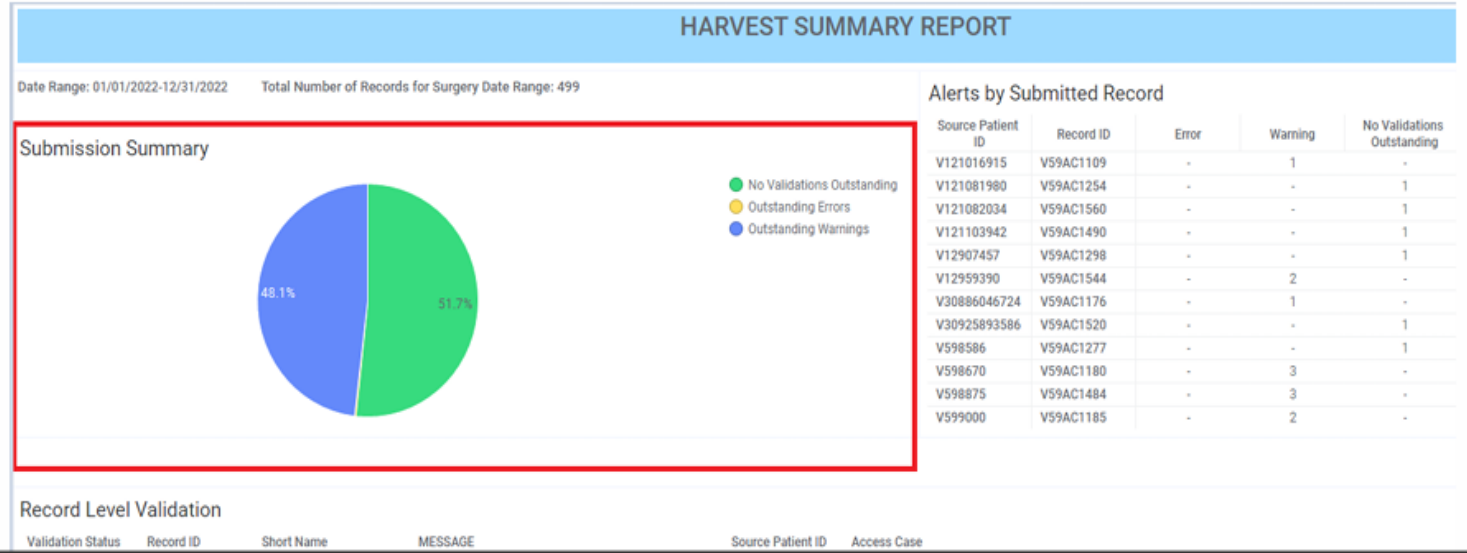
Submission Summary

The Harvest Report Submission Summary displays a graph with the percentage breakdown of the types of validations that are Outstanding or Not Outstanding.

The system can display up to 3 different types of validations that can appear on a record.

1. No Validations Outstanding
2. Outstanding Errors
3. Outstanding Warnings

Users can select the graph to interact with the report. When the user select a section on the pie graph or selects the items in the report legend, the report will highlight the Alerts by Submitted Record and will display the records in the Record Level Validation section.

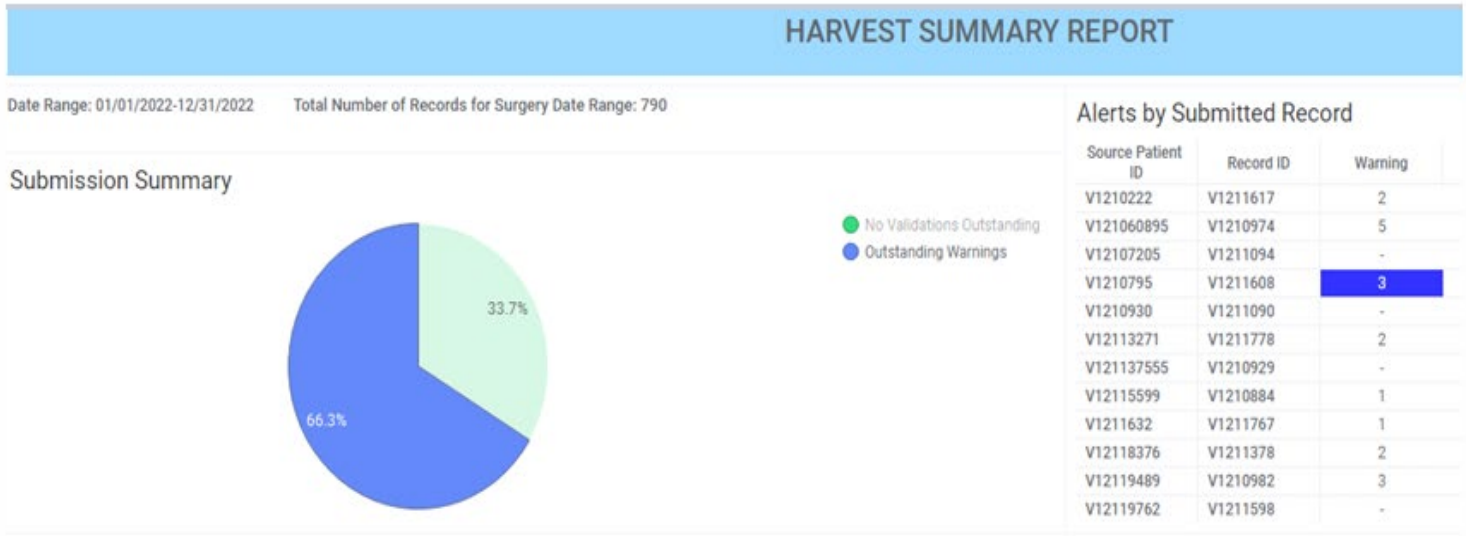


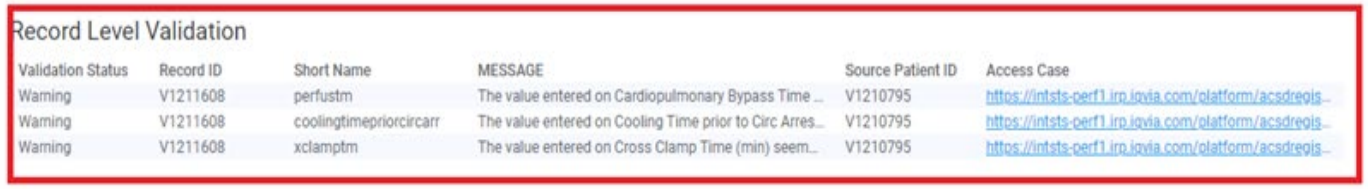
Record Level Validation

The Record Level Validation section of the report will display the records that have an outstanding error or warning message.

Users can select the Access Case link to navigate directly to the record to review.

- **Direct Data Entry Users** will be able to update and save the record.
- **Uploader Users** will can view (read-only) the record only. If updates are required, the user will have to access their software vendor system to make the changes and export the new file with the changes and upload to the STS Database to apply the change(s).





Alert Counts

Users can review the list of patient IDs and Record IDs that have associated warnings and confirmation for records that have no validations outstanding.

The numbers that display with each associated warning or error will represent the count of outstanding validations that are associated with the record.

Once the user selected the cell under the column for either the Warning or Error, the respective patient records will display in the Record Level Validation section on the report.

Please Note: The count of 1 will always display for records that have No Validations Outstanding. This allows the records to be counted within the **Total Number of Records for Surgery Date Range** count.

Alerts by Submitted Record

Source Patient ID	Record ID	Warning	No Validations Outstanding
V1210222	V1211617	2	-
V121060895	V1210974	5	-
V12107205	V1211094	-	1
V1210795	V1211608	3	-
V1210930	V1211090	-	1
V12113271	V1211778	2	-
V121137555	V1210929	-	1
V12115599	V1210884	1	-
V1211632	V1211767	1	-
V12118376	V1211378	2	-
V12119489	V1210982	3	-
V12119762	V1211598	-	1

Community Page

The Community Page dates will update to the next harvest once the current harvest closes

Current Harvest %Missing Composite Rating

Go To Reports

Current Harvest Missing / Unknown % for Composite Rating

Main Category	Procedure	Year	#Missing	#Eligible	% Percent
Mortality Analysis	Isolated CABG	2021	0	146	0.00
		2022	1	203	0.49
		2023	4	212	1.89
	Isolated AVR	2021	0	69	0.00
		2022	0	85	0.00
		2023	1	71	1.41
	Isolated MVR or MV Repair	2021	0	138	0.00
		2022	0	105	0.00

- Mortality Analysis includes the following variables: Status at Hospital Discharge, Status at 30 days After Surgery, Operative Mortality
- Outcomes and Process Measures Analysis includes the following variables: Internal Artery Mammary Used, Preoperative Beta Blocker, Discharge Anti-platelet, Discharge Beta Blocker, Discharge Anti-lipid

- In addition to meeting required data completeness thresholds, sites must meet the below case count requirements for the 36-month analytical window to be included into analysis.
CABG - 50 cases; AVR - 10 cases; AVR+CAB - 10 cases; MVRR - 36 cases; MVRR+CAB - 25 cases

- Color Code Legend
Red - Does not meet requirement for inclusion into composite ratings
Yellow - At risk of not meeting requirement for inclusion in composite

Community Page

Current Harvest %Missing Composite Rating

Go To Rep

Current Harvest Missing / Unknown % for Composite Rating

Main Category	Procedure	Year	#Missing	#Eligible	% Percent
Mortality Analysis	Isolated CABG	2021	0	146	0.00
		2022	1	203	0.49
		2023	4	212	1.89
	Isolated AVR	2021	0	69	0.00
		2022	0	85	0.00
		2023	1	71	1.41
	Isolated MVR or MV Repair	2021	0	138	0.00
		2022	0	105	0.00

- Mortality Analysis includes the following variables: Status at Hospital Discharge, Status at 30 days After Surgery, Operative Mortality

- Outcomes and Process Measures Analysis includes the following variables: Internal Artery Mammary Used, Preoperative Beta Blocker, Discharge Anti-platelet, Discharge Beta Blocker, Discharge Anti-lipid

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- Color Code Legend

Red - Does not meet requirement for inclusion into composite ratings

Yellow - At risk of not meeting requirement for inclusion in composite

Must have <u>less than</u> 2% missing/unknown for mortality fields for each calendar year in the time period.

If the percentage is 2% or higher, you will not receive a star rating.

Community Page

Current Harvest Missing / Unknown % Composite Rating

Current Harvest Missing / Unknown % Composite Rating

Main Category	Procedure	Year	#Missing	#Eligible	% Percent
	Multivalve + CABG	01/01/2022 - 12/31/2022	0	5	0.00
		01/01/2023 - 12/31/2023	0	2	0.00
		01/01/2024 - 12/31/2024	0	1	0.00
Outcomes and Process Measures Analysis	Isolated CABG	All years	0	1104	0.00
Number of Cases Still In Hospital	All Procedures	All years	-	0	0.00

Go To Repor

- Mortality Analysis includes the following variables: Status at Hospital Discharge, Status at 30 days After Surgery, Operative Mortality
- Outcomes and Process Measures Analysis includes the following variables: Internal Artery Mammary Used, Preoperative Beta Blocker, Discharge Anti-platelet, Discharge Beta Blocker, Discharge Anti-lipid

- In addition to meeting required data completeness thresholds, sites must meet the below case count requirements for the 36-month analytical window to be included into analysis.

CABG - 50 cases; AVR - 10 cases; AVR+CAB - 10 cases; MVRR - 36 cases; MVRR+CAB - 25 cases

Isolated CABG Only

Participants will be excluded from analysis if they had more than 5% missing data on any of the following process measures:

- **IMA Usage**
- **Preoperative beta blockade therapy**
- **Discharge beta blockade therapy**
- **Discharge anti-platelet medications**
- **Discharge anti-lipid medication**

The complete metric details are available at:
https://www.sts.org/sites/default/files/ACSD%20NQF-Endorsed%20Measures%204.20.2%2008122021.pdf

Community Page

Current Harvest %Missing Composite Rating

Go To Report

Current Harvest Missing / Unknown % for Composite Rating

Main Category	Procedure	Year	#Missing	#Eligible	% Percent
Mortality Analysis	Isolated CABG	2021	0	146	0.00
		2022	1	203	0.49
		2023	4	212	1.89
	Isolated AVR	2021	0	69	0.00
		2022	0	85	0.00
		2023	1	71	1.41
	Isolated MVR or MV Repair	2021	0	138	0.00
		2022	0	105	0.00

- Mortality Analysis includes the following variables: Status at Hospital Discharge, Status at 30 days After Surgery, Operative Mortality

- Outcomes and Process Measures Analysis includes the following variables: Internal Artery Mammary Used, Preoperative Beta Blocker, Discharge Anti-platelet, Discharge Beta Blocker, Discharge Anti-lipid

- In addition to meeting required data completeness thresholds, sites must meet the below case count requirements for the 36-month analytical window to be included into analysis.

CABG - 50 cases; AVR - 10 cases; AVR+CAB - 10 cases; MVRR - 36 cases; MVRR+CAB - 25 cases

- Color Code Legend

Red - Does not meet requirement for inclusion into composite ratings

Yellow - At risk of not meeting requirement for inclusion in composite

Minimum Data Thresholds by Procedure ID	
CABG	50
AVR/AVR + CABG	10
MVRR	36
MVRR + CABG	25
MultiValve/MultiValve + CABG	No minimum data thresholds
Multiprocedural	100 across all procedure IDs

Community Page

Current Harvest %Missing Composite Rating

Go To Report

Current Harvest Missing / Unknown % for Composite Rating

Main Category	Procedure	Year	#Missing	#Eligible	% Percent
Mortality Analysis	Isolated CABG	2021	0	146	0.00
		2022	1	203	0.49
		2023	4	212	1.89
	Isolated AVR	2021	0	69	0.00
		2022	0	85	0.00
		2023	1	71	1.41
	Isolated MVR or MV Repair	2021	0	138	0.00
		2022	0	105	0.00

- Outcomes and Process Measures Analysis includes the following variables: Internal Artery Mammary Used, Preoperative Beta Blocker, Discharge Anti-platelet, Discharge Beta Blocker, Discharge Anti-lipid

- In addition to meeting required data completeness thresholds, sites must meet the below case count requirements for the 36-month analytical window to be included into analysis.

CABG - 50 cases; AVR - 10 cases; AVR+CAB - 10 cases; MVRR - 36 cases; MVRR+CAB - 25 cases

- Color Code Legend

Red - Does not meet requirement for inclusion into composite ratings

Yellow - At risk of not meeting requirement for inclusion in composite ratings

Green - Meets requirement for inclusion into composite ratings

Community Page

Current Harvest Missing / Unknown % Composite Rating

Main Category	Procedure	Year	#Eligible	% Percent
		01/01/2023 - 12/31/2023	0	0.00
		01/01/2024 - 12/31/2024	0	0.00
Outcomes and Process Measures Analysis	Isolated CABG	All years	229	0.00
Number of Cases Still In Hospital	All Procedures	All years	0	0.00

Number of Cases Still in Hospital

- Please check to make sure that these are correct numbers
- Cases still in hospital are not analyzed

Welcome,
Melinda Offer

Currently Viewing

Adult Cardiac Surgery Database
99999 -- 99999

DASHBOARD

Community Page

PLATFORM

Notifications 12

ANALYTICS

Operational Reports

RESOURCES

Library

Operational Reports

ACSD Reports

Missing Variable Report

This report identifies important field-specific data quality issues that affect the completeness of your harvest and may impact analysis and reporting of your data in the National Report. The data version, surgery year, short name and field name are shown for each issue to help you target and prioritize your data review and clean-up activity. Information on missing data is only reported for variables used in reports or risk-adjustment models.

Harvest Summary Report

This report will allow users to see the current status of system validations on all active records saved in the database based on the identified surgery data range entered.

ACSD Participant Dashboard Report

This participant dashboard report will display NON-ANALYZED data results

ACSD Risk Adjusted Dashboard Report

The electronic ACSD Risk Adjusted Report includes analyzed harvest data results in place of the previous harvest reports provided as PDF to participants. This report allows participants to compare their risk-adjusted performance to that of similar participants (Like Group) and against the STS overall for the same time period along with some unadjusted Regional Outcomes.

TABLE OF CONTENTS

Missing Variable Report Overview..... 3

Accessing the Report 3

Report Structure Overview 4

Report Description 4

Date Range 4

Report Filtering 4

Report Indicators 5

Case List Display Columns 6

Interacting with the Missing Variable Report 7

Open Report in Full Screen 7

Generate the Entire List of Cases for All Missing Variables 8

Exporting the Report 9

Missing Variable Summary

Once you enter the Missing Variable Report, you will be able to select the date parameters

The Missing Variable Report will generate and display the variables for the respective reporting period

Missing Variable Summary

Missing Variable Summary

Data Version	Surgery Year	Shortname	Name	Missing %	N
4.20.2	2024	ABXDISC	APPROPRIATE ANTIBIOTIC DISCONTINUATION [3]	2	1/63
		ABXSELECT	APPROPRIATE ANTIBIOTIC SELECTION [3]	2	1/63
		ABXTIMING	APPROPRIATE ANTIBIOTIC ADMINISTRATION TIMING	2	1/63
		ANTYPE	ANEURYSM - TYPE	25	1/4
		AOARCVIS	AORTIC ARCH VISUALIZED	3	2/60
		AORTOCCL	AORTIC OCCLUSION	2	1/63
		ARCATHMO	AORTIC ARCH ATHEROMA MOBILITY	2	1/58
		ARCHDISCSITE	OPEN ARCH PROCEDURE - DISTAL SITE	100	1/1
		ASCAOASSESSED	ASCENDING AORTA ASSESSED	3	2/60
		ASCASYMDIL	ASCENDING ASYMMETRIC DILATION	25	1/4
		ASCPROXGR	ASCENDING PROXIMAL CORONARY BYPASS GRAFTS	25	1/4
		CAB02	CAB 02	3	1/32
		CABCONDUIT01	CAB CONDUIT 01	3	1/32
		CABDISTPOS01	CAB DISTAL POSITION 01	3	1/32
		CABDISTSITE01	CAB DISTAL SITE 01	3	1/32

Missing Variable Summary

Missing Variable Summary

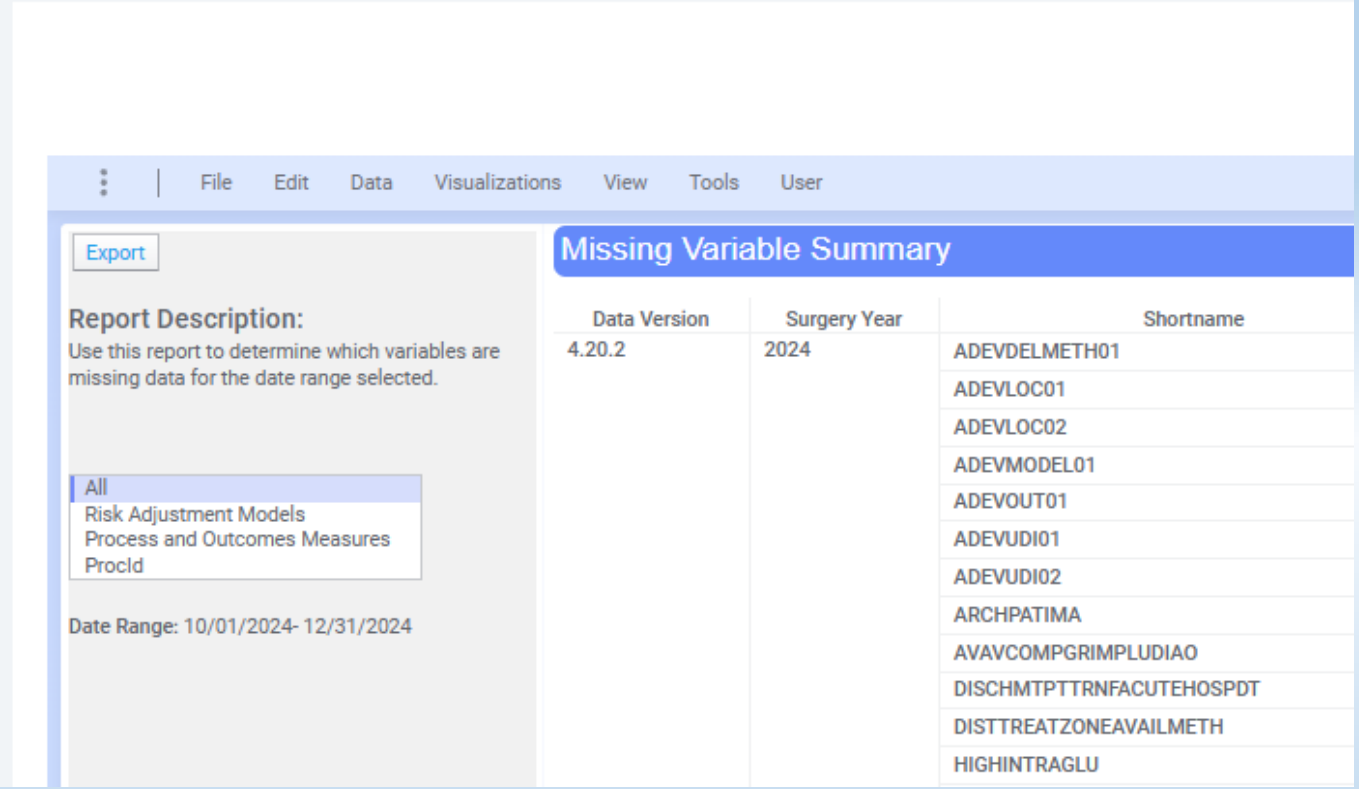
Data Version	Surgery Year	Shortname	Name	Missing %	N
4.20.2	2024	ABXDISC	APPROPRIATE ANTIBIOTIC DISCONTINUATION [3]	2	1/63
		ABXSELECT	APPROPRIATE ANTIBIOTIC SELECTION [3]	2	1/63
		ABXTIMING	APPROPRIATE ANTIBIOTIC ADMINISTRATION TIMING	2	1/63
		ANTYPE	ANEURYSM - TYPE	25	1/4
		AOARCVIS	AORTIC ARCH VISUALIZED	3	2/60
		AORTOCCL	AORTIC OCCLUSION	2	1/63
		ARCATHMO	AORTIC ARCH ATHEROMA MOBILITY	2	1/58
		ARCHDISCSITE	OPEN ARCH PROCEDURE - DISTAL SITE	100	1/1
		ASCAOASSESSED	ASCENDING AORTA ASSESSED	3	2/60
		ASCASYMDIL	ASCENDING ASYMMETRIC DILATION	25	1/4
		ASCPROXGR	ASCENDING PROXIMAL CORONARY BYPASS GRAFTS	25	1/4
		CAB02	CAB 02	3	1/32
		CABCONDUIT01	CAB CONDUIT 01	3	1/32
		CABDISTPOS01	CAB DISTAL POSITION 01	3	1/32
		CABDISTSITE01	CAB DISTAL SITE 01	3	1/32

Missing Variable Summary Columns

- **Shortname – Short name description for the data variable**
- **Name – Full field name description for data variable**
- **Missing % – Indicates the percentage of missing data for the identified fields that will require further review**
- **N – The number of records with this item missing / the number of records for which a value is expected**
- **Report Indicators - The below data variables are used in reports, mortality calculations, and/or risk models and will display an assigned bracketed number after the field name on the report.**
  - **Risk Adjustment Model [2]**
  - **National Quality Forum [3]**
  - **ProcId [4]**

ACSD Reports

Missing Variable Report



Report Description

The report description displays within this section to notify the user the intended use of the report.

Date Range

Displays the entered reporting date range that was entered on the Parameters page.

Report Filtering

Users will have the ability to filter the report based on the following data variable categories:

- All
- Risk Adjustment Models
- National Quality Forum
- ProcId

ACSD Reports

Missing Variable Report

File Edit Data Visualizations View Tools User

Export

Report Description:

Use this report to determine which variables are missing data for the date range selected.

All
Risk Adjustment Models
Process and Outcomes Measures
ProcId

Date Range: 10/01/2024- 12/31/2024

Missing Variable Summary

Data Version	Surgery Year	Shortname	Name	Missing %	N
4.20.2	2024	ADEVDELMETH01	AORTA DEVICE - DELIVERY METHOD #01	11	1/9
		ADEVLOC01	AORTA DEVICE - LOCATION #01	11	1/9
		ADEVLOC02	AORTA DEVICE - LOCATION #02	11	1/9
		ADEVMODEL01	AORTA DEVICE - MODEL NUMBER #01	11	1/9
		ADEVOUT01	AORTA DEVICE - OUTCOME #01	11	1/9
		ADEVUDI01	AORTA DEVICE - UNIQUE DEVICE IDENTIFIER #01	100	9/9
		ADEVUDI02	AORTA DEVICE - UNIQUE DEVICE IDENTIFIER #02	100	3/3
		ARCHPATIMA	ARCH - PATENT INTERNAL MAMMARY ARTERY BYPASS GRAFT	11	1/9
		AVAVCOMPGRIMPLUDIAO	AORTIC VALVE OR AORTIC VALVE COMPOSITE GRAFT IMPLANTED...	100	6/6
		DISCHMTPTTRNFACUTEHOSPDT	PATIENT TRANSFER TO ACUTE CARE HOSPITAL - DATE	100	1/1
		DISTTREATZONEAVAILMETH	DISTAL TO TREATED ZONE(S) (LARGEST DIAMETER) AVAILABLE - ...	14	1/7
		HIGHINTRAGLU	HIGHEST INTRA-OP GLUCOSE	3	3/91
		INR	RF-INR [2]	8	7/91
		LWSTHCT	LOWEST HEMATOCRIT	3	3/91
		LWSTINTRAHEMO	LOWEST INTRA-OP HEMOGLOBIN	3	3/91

Case List

RECORDID	Data Version	Surgery Year	Name	PATIENT_DISPLAY_ID	Access Case
V1231165	4.20.2	2024	RF-INR [2]	V121551786	https://sts.irp.iqvia.com/...
V1231157	4.20.2	2024	RF-INR [2]	V121354072	https://sts.irp.iqvia.com/...
V1231119	4.20.2	2024	RF-INR [2]	V121534638	https://sts.irp.iqvia.com/...
V1231147	4.20.2	2024	RF-INR [2]	V12673720	https://sts.irp.iqvia.com/...
V1231191	4.20.2	2024	RF-INR [2]	V121637832	https://sts.irp.iqvia.com/...
V1231171	4.20.2	2024	RF-INR [2]	V12716654	https://sts.irp.iqvia.com/...
V1231181	4.20.2	2024	RF-INR [2]	V121637152	https://sts.irp.iqvia.com/...

Case List Display Columns

The user will have the ability to drill down to view the cases that have been identified as having missing data. The report will display the following columns:

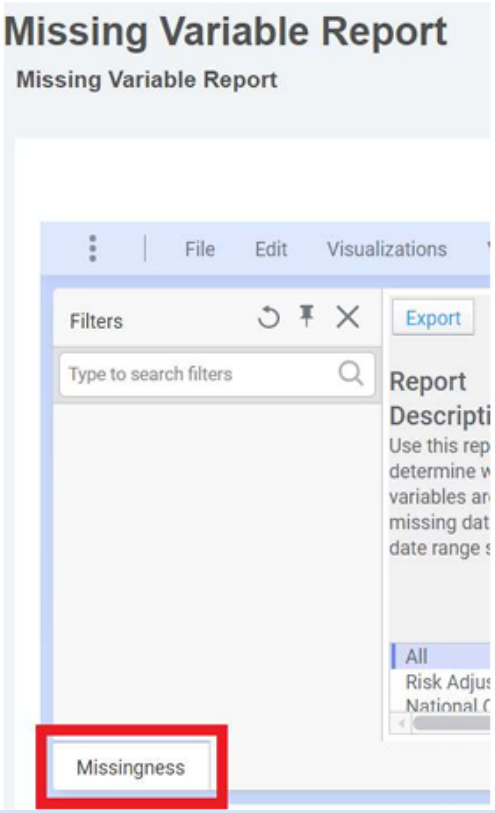
- Operation ID
- Data Version
- Surgery Year
- Short name for the data variable that is missing an expected value
- Field name for the data variable that is missing an expected value
- Patient Display ID will display the assigned software vendor ID assigned to the patient record
- Access Case hyperlink will display the navigational link to display the identified case record

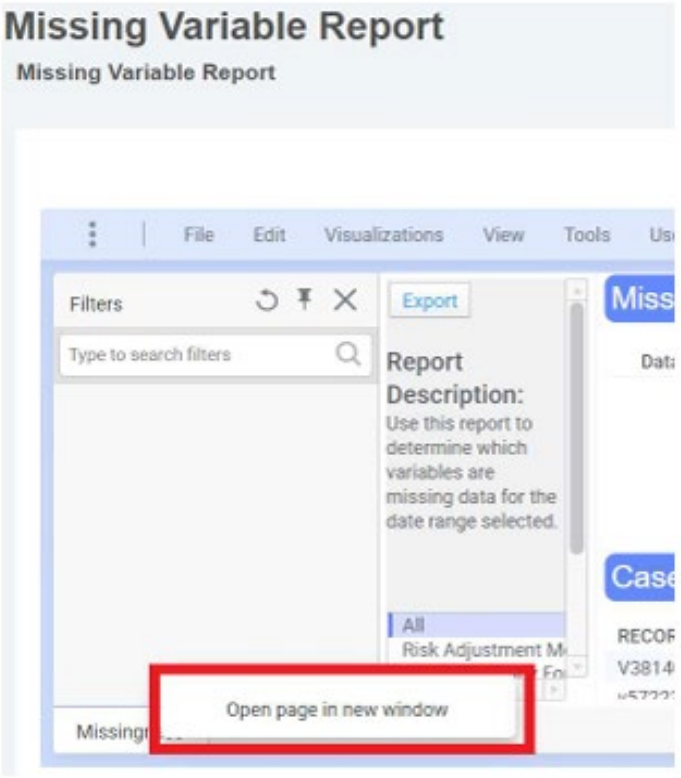
Interacting with the Missing Variable Report

Open Report in Full Screen

Users can open the Missing Variable Report in full screen mode by right selecting the Missingness tab located at the bottom left side of the report. A menu option will display indicating to Open page in new window. A new browser window will open and display the MVR.

NOTE: You will not have access to the parameters page from the new window. You will have to navigate back to the original report page to access the parameters page.



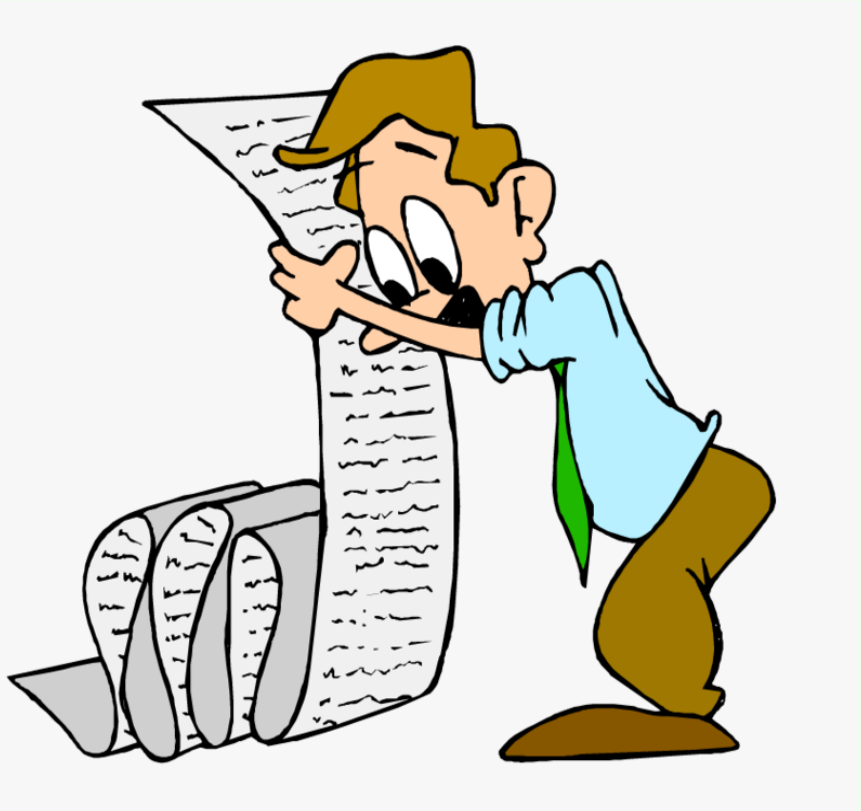


Generate the Entire List of Cases for All Missing Variables

Users can generate the entire case list for all identified missing data variables by selecting the Missing % and N columns on the Missing Variable Summary section of the report.

- In the Missing Variable Summary section of the report, right click using your mouse and highlight the Missing % and N columns.

- The highlighted cells will display in a dark blue color indicating they are active cells.



Missing Variable Summary

Data Version	Surgery Year	Shortname	Name	Missing %	N
2.9	2019	CCANCCASE	CURRENT CASE CANCELED [1][3][4]	0	1/2257
		COPREOTH	POST-OP-REOP OTHER CARD [3]	0	2/1063
		DISCHDT	DATE OF DISCHARGE [3]	0	1/2153
		DISCHMORTSTAT	DISCHARGE / MORTALITY STATUS [3]	0	1/2257
		MEDBETA	MEDS-BETA BLOCKERS WITHIN 24 HOURS [3]	0	1/2257
		MT30STAT	MORT-30D STATUS [3]	1	14/2257
		OPOCARD	OTHER CARD [3]	0	1/2257

Once the cells are highlighted, the Case List section of the report will display the results for the highlighted cells.

Case List

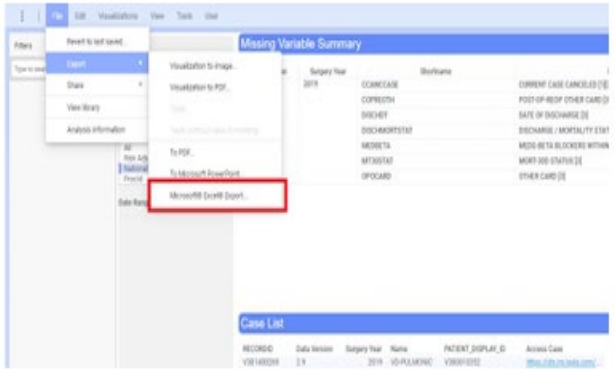
RECORDID	Data Version	Surgery Year	Name	PATIENT_DISPLAY_ID	Access Case
V381400269	2.9	2019	VD-PULMONIC	V380010352	https://sts.irp.iqvia.com/...
v572230666	2.9	2019	VD-PULMONIC	v57122228	https://sts.irp.iqvia.com/...
v572011435	2.9	2019	VD-PULMONIC	v57310180	https://sts.irp.iqvia.com/...
v572159997	2.9	2019	VD-PULMONIC	v57146022	https://sts.irp.iqvia.com/...
v572338539	2.9	2019	VD-PULMONIC	v57197389	https://sts.irp.iqvia.com/...
v572089567	2.9	2019	VD-PULMONIC	v57427326	https://sts.irp.iqvia.com/...
v572167817	2.9	2019	VD-PULMONIC	v57437978	https://sts.irp.iqvia.com/...
v572031188	2.9	2019	VD-PULMONIC	v57416238	https://sts.irp.iqvia.com/...

Exporting the Missing Variable Report

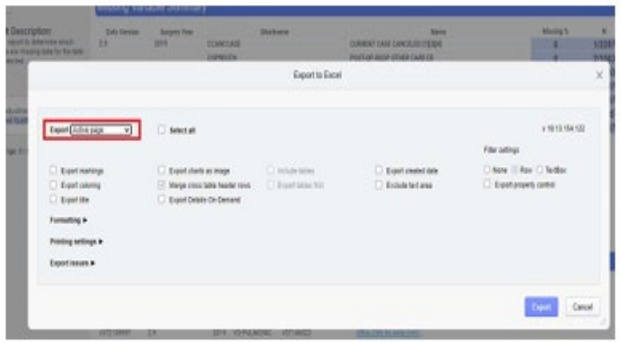
There are 2 options for Export – Excel or PDF

Export to Microsoft Excel

- Select File > Export > Microsoft Excel® Export



- The Export to Excel menu will display the export options.
- On the Export menu, select the Active Page. No other selections or changes are required on this dialog window.
- Select the Export button to generate the Excel report.



Export to PDF

- Select the 'Export' button in the filter panel to export to a pdf file.
- Using this option will provide screen captures of the report in a PDF format.

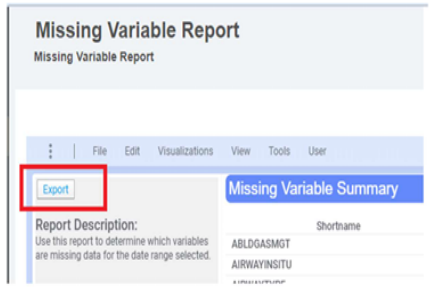


Figure 10 - Default Export to PDF Button

- **NOTE:** If you would like to include a list of all cases related to the full list of data variables, you will have to select the Missing % and N columns to populate the Case List section of the report.
- To select the columns in the report, right select using your mouse and highlight the columns. The column cells will highlight in dark blue to indicate the cells are selected.
- The Case List will display a list of all cases once all desired cells are highlighted.

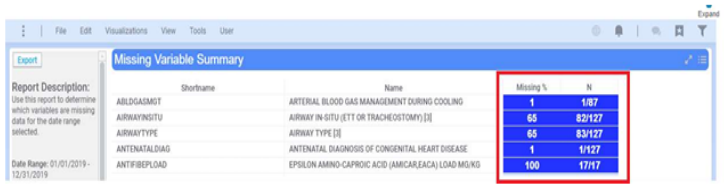


Figure 11 - Highlighted Cells Display Dark Blue

- There are additional export options available for you to review and to extract report visualizations and elements. Please review the File ->Export menu to see the additional options that are available.

Data Manager Training Webinars

Session 1 – Tuesday Feb 25th at 12 pm CST – ACSD Educational Resources and Navigation of the STS Website (1.5 hr)

Session 2 – Tuesday March 4th at 12 pm CST - Overview of Data Specs, Software Specs, Risk Model Variables (2 hr)

Session 3 – Tuesday March 11th at 12 pm CST - Case Inclusion and Choosing the Index Procedure, PROC ID chart (1.5 hr)

Session 4 – Thursday March 20th at 12 pm CST - Harvesting your Data and the DQR report (1.5 hr)

Session 5 – Tuesday March 25th at 12 pm CST - National Report Overview and Process / Outcome Measures (1.5 hr)

Session 6 – Tuesday April 1st at 12 pm CST - Updating site forms, STS Helpdesk, and RedCap forms (1.5 hr)

Session 7 – Tuesday April 8th at 12 pm CST - IQVIA Reporting Overview (1.5 hr)

Thank you for your attention!