

STS National Database:
ACSD Monthly Webinar
August 7, 2024

Agenda

Welcome and Introductions

STS Updates

Previous CV Interventions

STS Updates

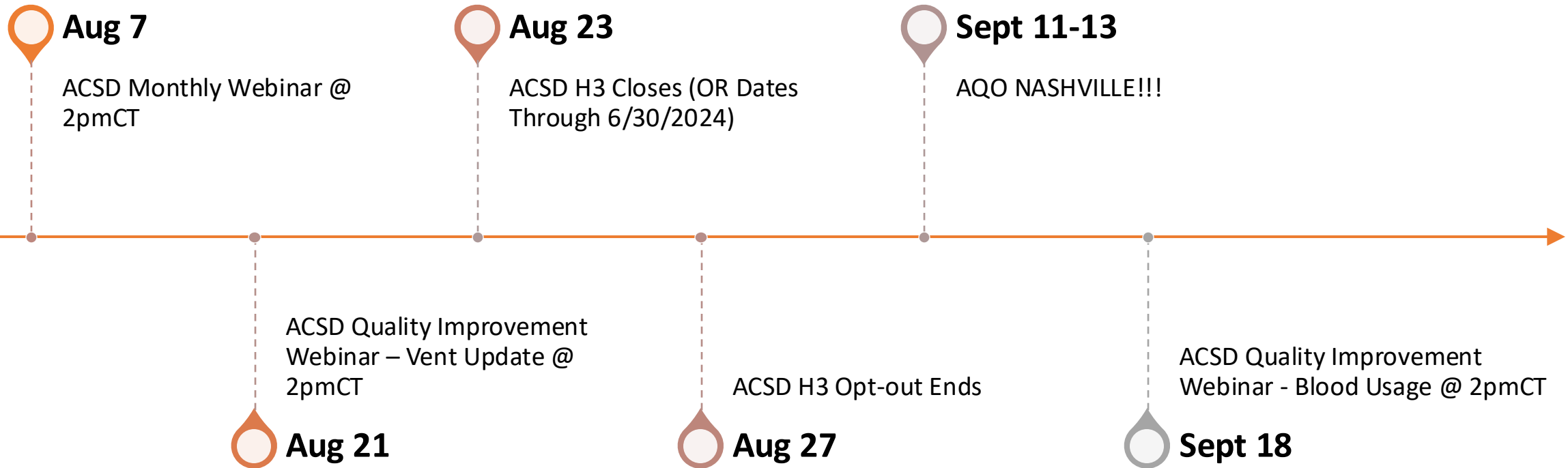
August Training Manual Posted

AQO Registration is Open

The Data Manager Collaborative is Open

Exceptional Risk Reminders

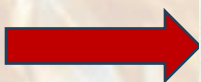
Important Dates



Harvest 2024 Dates

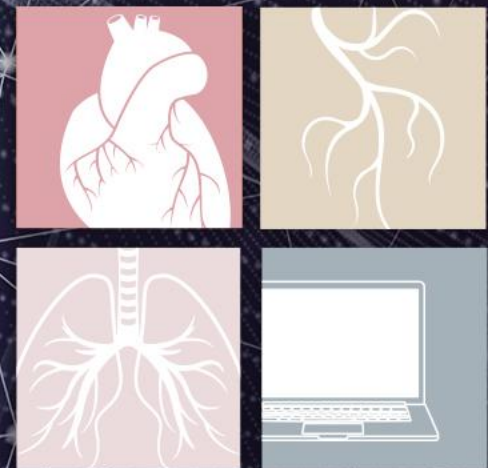
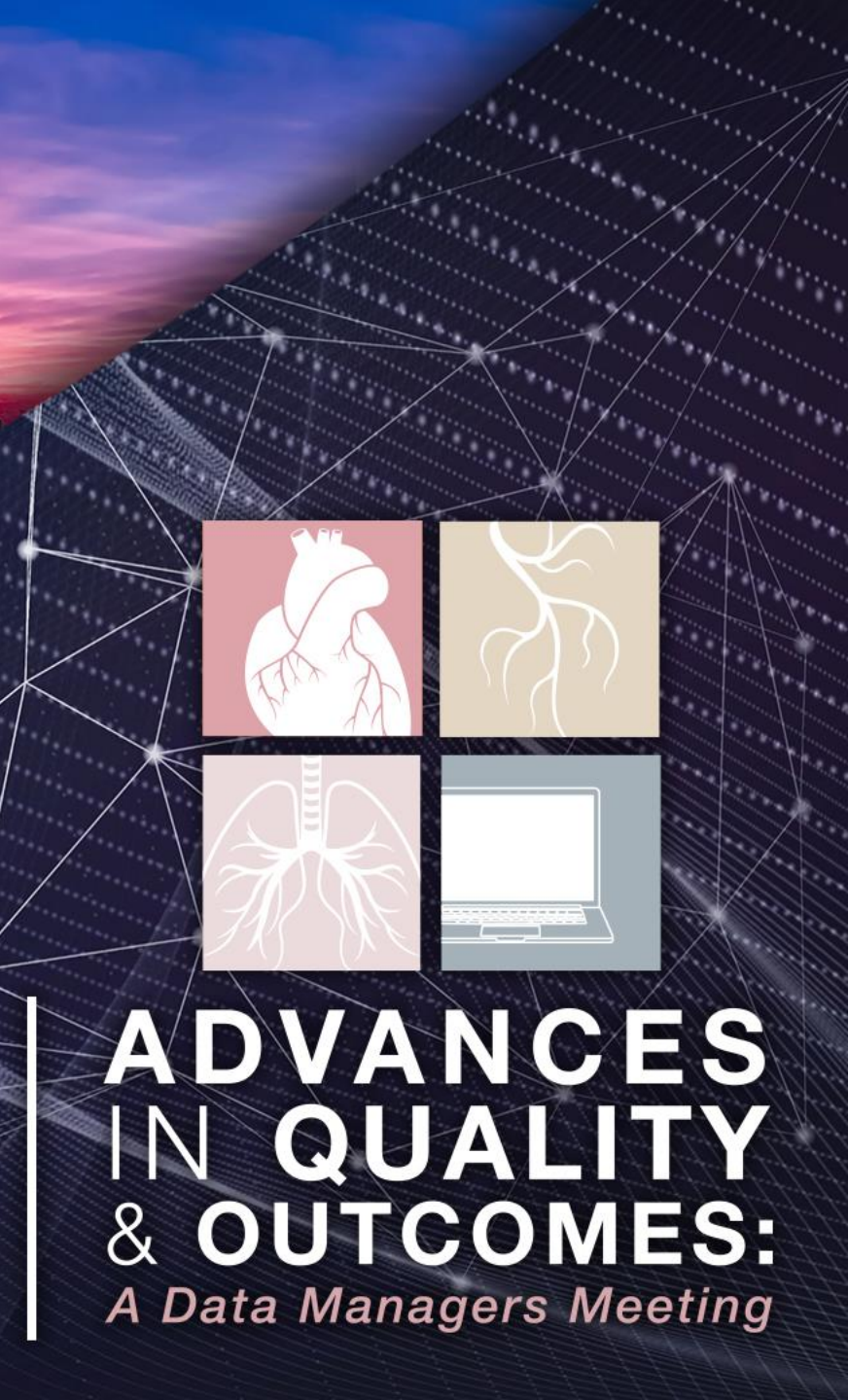
2024 Harvest

Term	Harvest Submission Window Close	Opt-Out Date	Includes Procedures Performed Through:	Report Posting	Comments
Harvest 1	2/23/2024	2/27/2024	12/31/2023	Spring 2024	Star Rating
Harvest 2	6/7/2024	6/11/2024	3/31/2024	Summer 2024	
Harvest 3	8/23/2024	8/27/2024	6/30/2024	Fall 2024	Star Rating
Harvest 4	11/22/2024	11/26/2024	9/30/2024	Winter 2024	



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





JOIN US IN MUSIC CITY!

September 11-13 Nashville, TN
Register at sts.org/AQO

**ADVANCES
IN QUALITY
& OUTCOMES:**
A Data Managers Meeting

AQO
Registration
Now Open

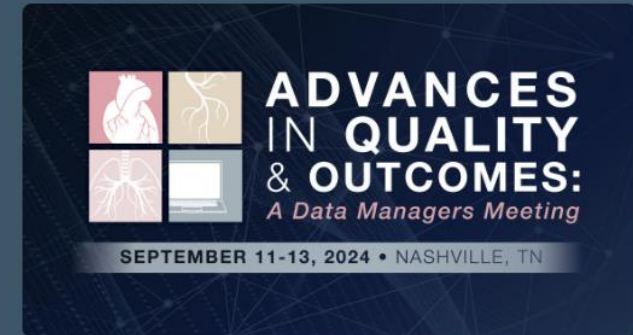
Event

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.

Register Now

Reserve Housing



Date(s)

Sep 11–13, 2024

Location

Nashville, TN
Loews Vanderbilt Hotel

Audience

Data Manager

AQO Pricing (In-Person and Virtual)

In-Person Pricing

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

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

Virtual Pricing

Virtual Pricing

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

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

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



Data Manager Collaborative (DMC)

- Formerly the Data Manager Mentorship Program
- Benefits of participation
- How do I sign up?
 - <https://www.sts.org/form/sts-nd-data-manager-collaborativ>



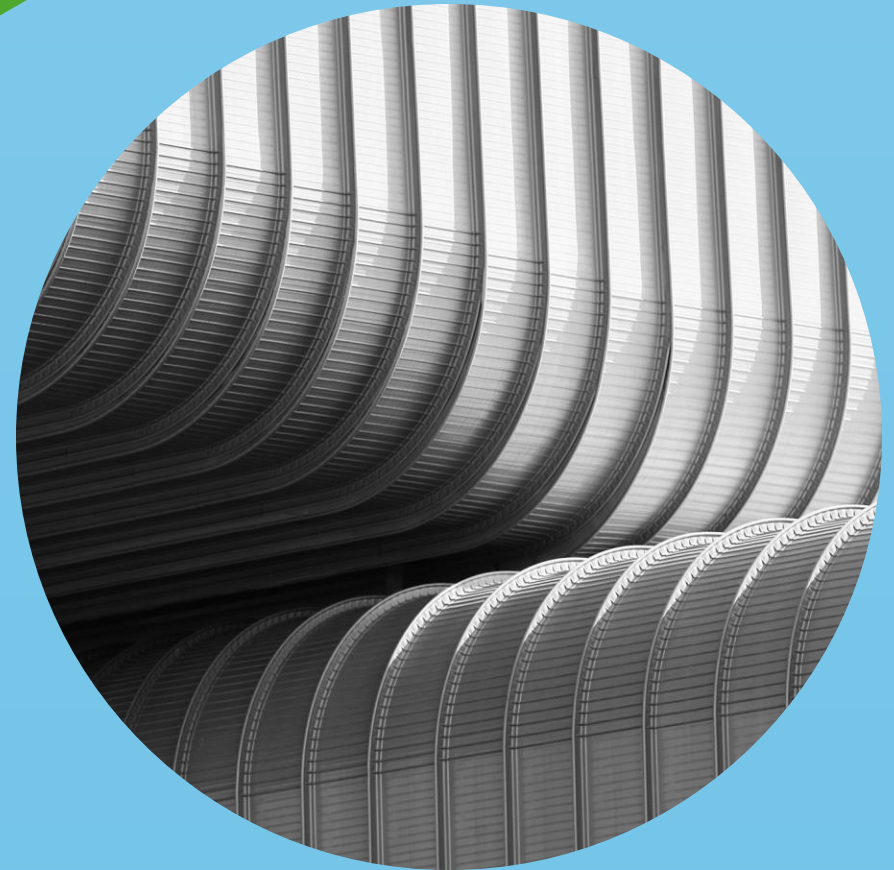
Previous CV Interventions



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

SEQ 665 Previous CV Interventions
and Seq 805 Previous Other
Cardiac Interventions are in the
Risk Model

SEQ 665 Previous CV Interventions
and Seq 805 Previous Other
Cardiac Interventions were 2023
Audit fields





Question #1

My patient had a previous percutaneous Impella inserted. How is this coded in previous CV interventions?

- A. Ventricular Assist Device (VAD)
- B. Other Cardiac Intervention (not listed)
- C. It is not captured as a previous CV intervention



Answer #1

My patient had a previous percutaneous Impella inserted. How is this coded in previous CV interventions?

- A. Ventricular Assist Device (VAD), BiVAD
- B. Other Cardiac Intervention (not listed)
- C. It is not captured as a previous CV intervention**

Placement of a percutaneous Impella is not captured as a previous CV intervention in seq 805

An Impella of any sort is coded as a Temporary Assist Device. Do not code an Impella as a VAD.



Question #2

How do we capture previous procedure of Watchman device implant?

- A. Atrial appendage obliteration, left, surgical
- B. Atrial appendage obliteration, left, transcatheter
- C. Ablation, catheter, atrial arrhythmia
- D. Ablation, surgical, atrial arrhythmia



Answer #2

How do we capture previous procedure of Watchman device implant?

- A. Atrial appendage obliteration, left, surgical
- B. Atrial appendage obliteration, left, transcatheter**
- C. Ablation, catheter, atrial arrhythmia
- D. Ablation, surgical, atrial arrhythmia

The Watchman procedure is a minimally invasive transcatheter procedure done by a cardiologist. The device is implanted into the LAA in people with Afib especially those who need to avoid long-term use of anti-coagulants.



Question #3

Patient had an aborted Mitral Clip procedure on 2/16/2021 (no clips were deployed) and then had a Mitral Valve Replacement on 2/19/21. Do I capture previous transcatheter Mitral Valve repair in SEQ 675?

- A. Yes
- B. No



Answer #3

Patient had an aborted Mitral Clip procedure on 2/16/2021 (no clips were deployed) and then had a Mitral Valve Replacement on 2/19/21. Do I capture previous transcatheter Mitral Valve repair in SEQ 675?

A. Yes

B. No

In this scenario, do not code as prior MV intervention since the procedure was aborted and no devices were deployed.



Question #4

Patient has a history of chemical cardioversion. How do I code this in previous CV interventions?

- A. Cardioversion(s)
- B. It is not captured as a prior CV intervention
- C. Other Cardiac Intervention (not listed)



Answer #4

Patient has a history of chemical cardioversion. How do I code this in previous CV interventions?

- A. Cardioversion(s)
- B. It is not captured as a prior CV intervention**
- C. Other Cardiac Intervention (not listed)

SEQ 805 Cardioversion(s) Update May 2023 -
Do not capture chemical cardioversion in this field



Question #5

How do we capture a previous Mitra-clip implant?

- A. Mitral valve repair, percutaneous
- B. Mitral valve repair, surgical
- C. Mitral valve replacement, surgical
- D. Mitral valve replacement, transcatheter



Answer #5

How do we capture a previous Mitra-clip implant?

- A. Mitral valve repair, percutaneous**
- B. Mitral valve repair, surgical
- C. Mitral valve replacement, surgical
- D. Mitral valve replacement, transcatheter

Mitral Clip is a minimally invasive transcatheter procedure done by a cardiologist to repair mitral valve regurgitation. The clip is attached to areas of the defective valve, creating an 'edge-to-edge' repair.



Question #6

How is the Ross procedure captured in previous Cardiac Interventions?

- A. Aortic valve replacement, surgical
- B. Pulmonary valve replacement, surgical
- C. Aortic procedure, root
- D. Congenital cardiac repair, surgical
- E. Code A, B, and C



Answer #6

How is the Ross procedure captured in previous Cardiac Interventions?

- A. Aortic valve replacement, surgical
- B. Pulmonary valve replacement, surgical
- C. Aortic procedure, root
- D. Congenital cardiac repair, surgical
- E. Code A, B, and C**

Capture AVR and PVR and aortic root procedure to clearly describe what was done during the Ross procedure.



Question #7

My patient had a previous open transaortic Impella inserted. How is this coded in previous CV interventions?

- A. Ventricular Assist Device (VAD)
- B. Other Cardiac Intervention (not listed)
- C. It is not captured as a previous CV intervention



Answer #7

My patient had a previous open transaortic Impella inserted. How is this coded in previous CV interventions?

- A. Ventricular Assist Device (VAD), BiVAD
- B. Other Cardiac Intervention (not listed)**
- C. It is not captured as a previous CV intervention

Other Cardiac Intervention (not listed) – temporary mechanical assist devices that are placed open via implantation using an open surgical approach (transaxillary or transaortic)

An Impella of any sort is coded as a Temporary Assist Device. Do not code an Impella as a VAD.



Question #8

TAVR is aborted due to LV injury and emergent SAVR is performed. Do I code the TAVR as a prior CV intervention?

- A. Yes
- B. No



Answer #8

TAVR is aborted due to LV injury and emergent SAVR is performed. Do I code the TAVR as a prior CV intervention?

A. Yes

B. No

In this scenario, since the aborted TAVR resulted in emergent open surgical intervention, we will capture the TAVR as a prior CV intervention.

Per TM - Do not capture aborted or unsuccessful procedures that do not result in urgent/emergent surgical intervention.



Question #9

My patient has a history of a cardiac arrest with defibrillation and CPR. Do I capture the arrest, defibrillation and CPR as a prior CV intervention?

- A. Yes
- B. No



Answer #9

My patient has a history of a cardiac arrest with defibrillation and CPR. Do I capture the arrest, defibrillation and CPR as a prior CV intervention?

A. Yes

B. No

Implantable Loop Recorder, LifeVest, defibrillation, AED/ AICD shock for arrest, placement of IABP, placement of catheter based temporary mechanical assist device, temporary pacemaker, cardioversion during arrest event, or prior CPR is not considered a previous CV intervention in Seq 805 (POC).



Question #10

My patient had 2 previous aortic balloon valvuloplasty's, an open AVR and a TAVR. How is this coded in previous CV interventions?

- A. Aortic valve balloon valvotomy/valvuloplasty, Aortic valve replacement, surgical, and Aortic valve replacement, transcatheter
- B. Aortic valve balloon valvotomy/valvuloplasty x2, Aortic valve replacement, surgical, and Aortic valve replacement, transcatheter



Answer #10

My patient had 2 previous aortic balloon valvuloplasty's, an open AVR, and a TAVR. How is this coded in previous CV interventions?

- A. **Aortic valve balloon valvotomy/valvuloplasty, Aortic valve replacement, surgical, and Aortic valve replacement, transcatheter**
- B. Aortic valve balloon valvotomy/valvuloplasty x2, Aortic valve replacement, surgical, and Aortic valve replacement, transcatheter

If a patient has had multiples of the same type of intervention, code once for each separate intervention.

In the Risk Model, if procedures are done on different valves, then this affects risk. However, if you do 2 of the same procedures on the same valve risk is not affected.



Resources

- STS National Database Webpage
- STSDB_Helpdesk@sts.org (Uploader, DQR, Missing Variable, Dashboard, Password and Login)
- STS National Database Feedback Form
- Resource Documents
 - Contact Information
 - Webinar Information
 - FAQ Document
 - Go-Live Checklist
 - Tiered-level Support Document
 - *Training Videos*
 - *Link to IQVIA*
 - ckrohn@sts.org



Open Discussion

Please use the
raise-hand
function.

Please use the
Q&A Function.

We will answer as
many questions as
possible.

We encourage
your feedback and
want to hear from
you!