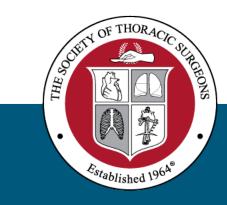# Society of Thoracic Surgeons

General Thoracic Surgery Database Monthly Webinar

May 8, 2024

Agenda

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

STS Updates

- May Training Manual to be posted no later than 5/9

- Spring 24 Harvest Reports were released on Monday, April 29th
  - Official notification was sent to Participants on Friday, April 26th

- Fall 24 Harvest close is scheduled for September 6th
  - Surgery dates 7/1/2021 – 6/30/2024
  - Opt out date is September 10th

- Neoadjuvant Therapy Module Resources available on STS website
  - Supplemental Training Manual
  - RedCap Supplemental Resource
  - Data Collection Form (PDF and Word versions)

Navigation of RedCap Forms

RedCap Forms are being used for:

- ACSD Valve Implants and Explants for Collection of Devices Not Available in v4.20.2 Data Specifications - https://redcap.sts.org/surveys/?s=8YR88JKHPMTXKRMM

- ACSD Voluntary Beta Blocker Project - https://redcap.sts.org/surveys/?s=7J3L7799JMMPDW9F

- GTSD Neoadjuvant Therapy Module https://redcap.sts.org/surveys/?s=LFXJTHK4YN8TADK9

REDCap is HIPAA, FISMA, GDPR, and 21 CFR Part 11 compliant. The data collected in the REDCap module will be linked to and housed on the STS server. The data will be analyzed at the STS Research and Analytic Center.

STS Patient ID and STS Record ID

Patient Information

Participant ID (ParticID)
* must provide value

49999

0 characters remaining

Patient ID (PatID)
* must provide value

V1234

Enter the entire Patient ID. This should start with V e.g. V12345.

Record ID (RecordID)
* must provide value

V1234

Enter the entire Record ID. This should start with V e.g. V12345.

Date of Surgery (SurgDt)
* must provide value

05-06-2024   Today   M-D-Y

Enter the entire STS Patient ID and STS Record ID. This is the number that begins with a 'V'
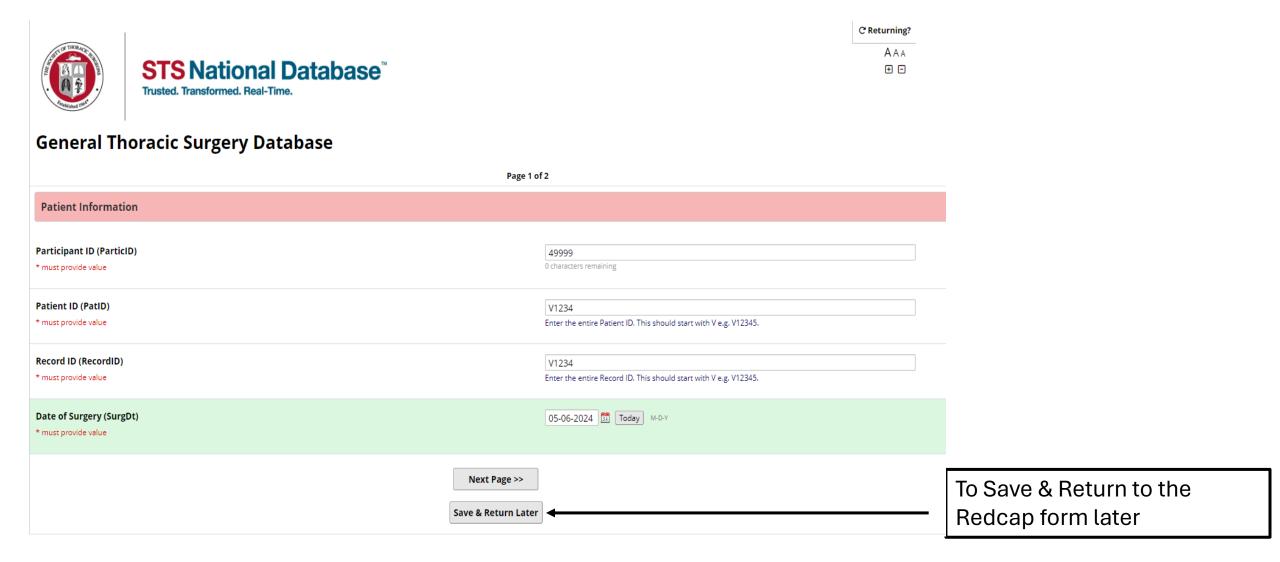
Deletion / Updating/ Editing of RedCap Forms

- If a REDCap form is entered incorrectly or needs to be updated, edited, or deleted, please review the next 4 slides for instructions.

  - If you do **_not_** have the **return code** to return to the form but made an error, please reenter the form. The most recently submitted form will be used in the analysis.

  - If you do **_not_** have the **return code** to return to the form but need a record deleted because the record should not have been entered, please reach out to STS National Database Helpdesk at the following link with the Participant ID and RecordID for the record to be deleted:

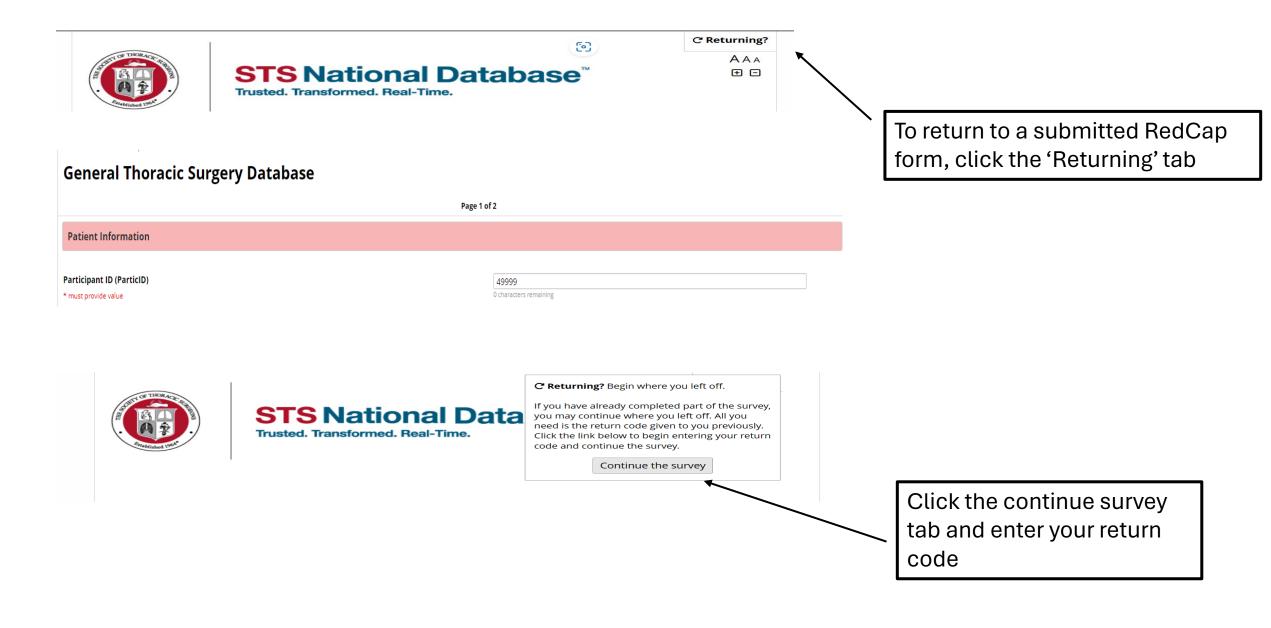https://www.sts.org/forms/staff-contact?recipient=94

When you submit a RedCap form

Close survey

Thank you! Your response has been submitted.

Please click **here** to add another record.

ⓘ You may return to this survey in the future to modify your responses by navigating to the survey URL and entering the code below.

Return Code: PHTXEXHW

Download your survey response (PDF): 📄 Download

You have the option to Add another record.

Return Code - Please note that STS does not have access to the survey return code. **This code must be saved at the time of Redcap form submission.**

You have the option to download your RedCap form.

If you need to save your form and complete it later

If you need to return to a submitted RedCap form:

To return to a submitted RedCap form, click the 'Returning' tab

Click the continue survey tab and enter your return code

If you need to delete a submitted RedCap form:

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

General Thoracic Surgery Database

Page 1 of 2

Patient Information

Participant ID (ParticID)
* must provide value

49999
0 characters remaining

Patient ID (PatID)
* must provide value

V1234Remove ←
Enter the entire Patient ID. This should start with V e.g. V12345.

Record ID (RecordID)
* must provide value

V1234Remove ←
Enter the entire Record ID. This should start with V e.g. V12345.

Date of Surgery (SurgDt)
* must provide value

05-06-2024 📅 Today M-D-Y

Return to the REDCap form and enter "Remove" after the PatientID and RecordID.

Next Page >>

Save & Return Later

Fall 2024 Reporting Updates

- Implementation of revised risk models (more on this next month!)
    - Resection for Primary Lung Cancer
    - Esophagectomy
- Lobectomy for Lung Cancer Risk Model results will no longer be reported out
    - Lobectomy legacy reports will remain
- STS and NIS Comparison Outcomes reporting will utilize Resection population
- Removing the Required Fields Criteria

No more required fields – what does this mean?

- Required fields were implemented in the beginning of GTSD due to issues with data completeness

- If a record has missing data for one or more of the required fields, the record is not accepted into analysis
  - Risk model eligible records have been excluded due to missing Primary Payor, TIN, Tracheal Data, Hiatal Hernia Data, etc.

- GTSD Task Force reviewed the Required fields and made the decision to remove this criteria beginning with the Fall 2024 Harvest analysis
  - Align with other STS Databases
  - Ongoing discussions regarding risk model variable missing data thresholds

No more required fields – what does this mean?

- If these are no longer "REQUIRED", do I still need to collect these data?
  - YES, per your STS Contract, you agree to collect complete and accurate data
  - Some of these required fields are risk model variables – you want to ensure your patients are being analyzed with the appropriate risk!
  - In instances of imputation, patients are assigned the lowest possible risk

- Next steps include updating Validation checks within the IQVIA platform (Critical errors, Errors, Warnings)
  - Participants will be notified on when these updates will occur

- Analysis Overview documentation will be updated reflect these reporting changes

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

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

ADVANCES IN QUALITY & OUTCOMES:
A Data Managers Meeting

SEPTEMBER 11-13, 2024 • NASHVILLE, TN

📅 Date(s)	📍 Location	👥 Audience
Sep 11—13, 2024	Nashville, TN	Data Manager
	Loews Vanderbilt Hotel	

AQO Pricing (In-Person and Virtual)

In-Person Pricing

In-Person Pricing

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

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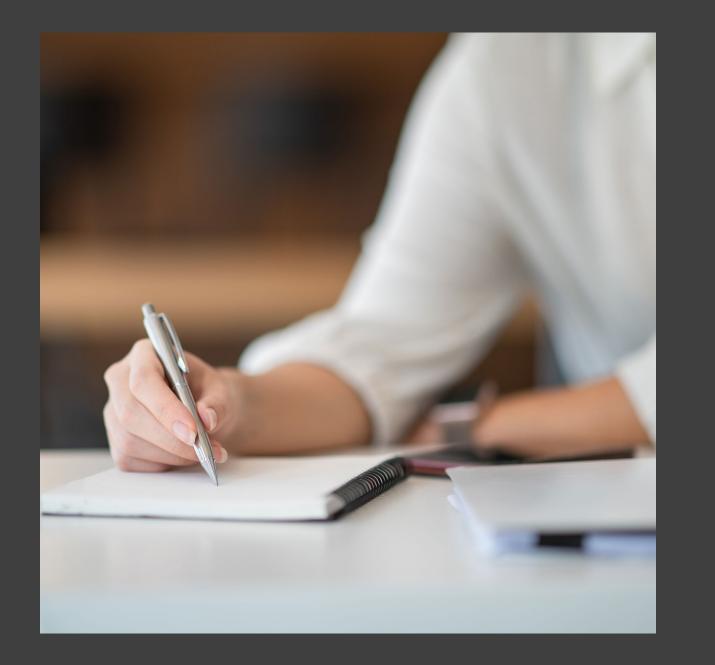
Virtual Pricing

Virtual Pricing

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

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

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

STS Education
Ruth Raleigh
(GTSD Consultant)

Seq 790: History Of Substance Abuse

The STS has reconsidered the original intent of Seq 790, which is to capture patients with a history of active substance abuse (within 30 days) of the index operation. This required a revision of multiple FAQ's in the May Training Manual:

Dec 2021: ~~Code 'yes' to sequence 790 for patients that have a history of opioid abuse that are currently in a medically directed suboxone or methadone treatment plan.~~ (Strikethrough added May 2024)

Feb 2022: Capture substance dependency and alcohol abuse for patients currently (within 30 days prior to admission) meeting the definitions of dependency and abuse ~~(including the Dec 2021 clarification).~~ (Strikethrough added May 2024)

Nov 2022: Objective critieria (drinks/day or week) should be used OVER subjective criteria for determining when to code alcohol abuse. The intent being if your patient drinks less than the objective number of drinks/day but reports interference with daily living that those patients would also be counted in addition to those meeting the threshold for the objective number of drinks/day and/or week.

Feb 2023: ~~Capture 'alcohol abuse' in sequence 790 for patients that have a history of alcohol abuse that are currently taking Antabuse under clinician direction as part of treatment for alcohol abuse.~~ (Strikethrough added May 2024)

Esophagectomy Endpoints

Quality Domains and Study Endpoints

Major complication was defined as any of the following codes:

Major complication endpoint	Seq. no 2.41	Seq. no 5.21.1
Anastomotic leak requiring medical treatment only	3620	3930
Initial Ventilator Support > 48 hours	3520	3810
New renal failure per RIFLE criteria	3810	4120
Pneumonia	3460	3720
Recurrent laryngeal nerve paresis	3780	4080
Respiratory Failure	3480	3760
Unexpected Return to the OR	3330	3670

Endpoints for analyses are listed in the analyses overview document, a key data manager reference tool.

Seq 3930: Post-Operative Anastomotic Leak Type

SeqNo: 3930
Long Name: Post Operative Anastomotic Leak Type
Short Name: POTypeAnasLeak
Format: Text (categorical values specified by STS)

Definition: Indicate the type of post operative anastomotic leak.

ParentLongName: Esophagogastric leak from anastomosis following esophageal surgery
ParentShortName: PosOpProcAL
ParentValue: 1
ParentHarvestCodes: = "Yes"

Harvest Codes and Value Definitions:

Code:	Value:	Definition:
1	Type 1	Local defect requiring no change in therapy or treated medically or with dietary modification
2	Type 2	Localized defect requiring interventional but not surgical therapy
3	Type 3	Localized defect requiring surgical therapy

Intent/Clarification: Code the most severe grade of the anastomotic leak the patient developed post-operatively. Minimal grade is a grade 1 for patients diagnosed with an anastomotic leak.

What comprises 'medical treatment only'

```
if NOT missing(POTypeAnasLeak)   then AnastoMed = ( POTypeAnasLeak IN (1,2) ); else
if PosOpProcAL = 2               then AnastoMed = 0; * no poEvent ;
```

Code: Value: Definition:
  1   Type 1   Local defect requiring no change in therapy or treated
                                 medically or with dietary modification
  2   Type 2   Localized defect requiring interventional but not
                                 surgical therapy

Well, wait…what about type 3 leaks?

They are captured in harvest analysis as 'unexpected return to the OR'

Quality Domains and Study Endpoints

Major complication was defined as any of the following codes:

Major complication endpoint	Seq. no 2.41	Seq. no 5.21.1
Anastomotic leak requiring medical treatment only	3620	3930
Initial Ventilator Support > 48 hours	3520	3810
New renal failure per RIFLE criteria	3810	4120
Pneumonia	3460	3720
Recurrent laryngeal nerve paresis	3780	4080
Respiratory Failure	3480	3760
Unexpected Return to the OR	3330	3670

Upcoming GTSD Webinars

Monthly Webinars

- June 12 @ 2:30pmET (1:30pm CT)
- July 10 @ 2:30pmET (1:30pm CT)

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!

Contact Information

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

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

Helpdesk Support (Harvest Questions/Analysis Report Questions)

- STSDB_helpdesk@sts.org

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

- STSDB@sts.org

THANK YOU FOR JOINING!