

## ADVANCES IN QUALITY & OUTCOMES: A Data Managers Meeting SEPTEMBER 26-29, 2023 VIRTUAL







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### CHLA Experience: Completing Procedure-Specific Factors

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STS National Database



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## I have nothing to disclose.



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#### J2. PROCEDURE SPECIFIC FACTORS

#### General Information Procedure Specific Factors

Procedure specific factors (PSFs) provide additional information about the primary procedure completed.

Complete the PSFs for the primary procedure of the operation only based on the patient's physiology at the time of OR entry.

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J2. PROCE	DURE SPECIFIC FACTORS	
If one of the j	following is the Primary procedure, specify whether the procedure specific factors apply	
If PrimaryPr	$ocedure = 100, 110, 120, 130, 5001, 5024, 5028, or 5016 \downarrow$	
VSD repair,	Primary Closure (100)	
VSD repair,	Patch (110)	
VSD repair,		
	le, Repair (130)	
	Patch + ASD repair, Primary closure (5001)	
	Patch + PAPVC repair (5024)	
	Patch + ASD repair, Patch + PAPVC repair (5028)	
VSD repair,	Patch + Conduit reoperation (5016)	
	Apical VSD PSFApicalVSD (1365)	□ Yes □ No
	Stradding AV valve	
If PrimaryProc	PSFStradAVVal (1370) reduce = 300	□ Yes □ No
	(AVSD) repair (390)	
	Major coronary crossing RVOT - Coronary anomaly restricting RVOT enlargement	
	PSFMajCorRVOT (1375)	□ Yes □ No
	VSD, Multiple, Repair	
	PSFVSDMultRep (1380)	□ Yes □ No
	Restrictive VSD PSFRestrictVSD (1385)	□ Yes □ No
	Hypoplastic branch pulmonary arteries (diminished pulmonary vascular bed)	
	PSFHypoBrPulmArt (1390) Systemic AV Valve insufficiency grade 3 and 4 (Severe systemic AV Valve insufficiency)	□ Yes □ No
	PSFAVRegurg34 (1395)	□ Yes □ No
	Double orifice left atrioventricular valve	
	PSFDoubOrif (1400)	□ Yes □ No
	Single papillary muscle in the left ventricle and/or parachute left atrioventricular valve PSFSingPap (1405)	□ Yes □ No
	Hypoplastic posterior mural leaflet PSFHypoPostMLeaf (1410)	□ Yes □ No
	Atrioventricular septal defect with ventricular imbalance: dominant left ventricle, hypoplastic right ventricle PSFASDDomLeft (1415)	□ Yes □ No
	Atrioventricular septal defect with ventricular imbalance: dominant right ventricle, hypoplastic left ventricle	
	PSFASDDomRight (1420)	□ Yes □ No
	Common atrioventricular valve with unbalanced commitment of valve to left ventricle PSFCAVLeft (1425)	□ Yes □ No
	Common atrioventricular valve with unbalanced commitment of valve to right ventricle PSFCAVRight (1430)	🗆 Yes 🗆 No



• 390 = TOF - AVC (AVSD) repair

- 350 = TOF repair, No ventriculotomy
- 5004 = TOF repair, No ventriculotomy + ASD repair, Primary closure
- 360 = TOF repair, Ventriculotomy, Nontransanular patch
- 370 = TOF repair, Ventriculotomy, Transanular patch
- 3330 = TOF repair, Ventriculotomy, Transanular patch, plus native valve reconstruction
- 3340 = TOF repair, Ventriculotomy, Transanular patch, with monocusp or other surgically fashioned RVOT valve
- 5018 = TOF repair, Ventriculotomy, Transanular patch + Vascular ring repair
- 380 = TOF repair, RV-PA conduit
- 400 = TOF Absent pulmonary valve repair
- 2700 = Pulmonary atresia VSD MAPCA repair, Complete single stage repair (1-stage that includes bilateral pulmonary unifocalization +VSD closure + RV to PA connection [with or without conduit])



• 2710 = Pulmonary atresia - VSD - MAPCA repair, Status post prior complete unifocalization (includes VSD closure

- + RV to PA connection [with or without conduit])
- 2720 = Pulmonary atresia VSD MAPCA repair, Status post prior incomplete unifocalization (includes completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit])
- 420 = Pulmonary atresia VSD (including TOF, PA) repair
- 5031 = Pulmonary atresia VSD (including TOF, PA) repair + ASD repair, Primary closure + PDA closure, Surgical
- 170 = AVC (AVSD) repair, Complete (CAVSD)
- 3480 = AVC (AVSD) repair, Complete (CAVSD) + Arch repair
- 5027 = AVC (AVSD) repair, Complete (CAVSD) + Vascular ring repair
- 5034 = AVC (AVSD) repair, Complete (CAVSD) + Coarctation repair, End to end, Extended



- 1670 = Bidirectional cavopulmonary anastomosis (BDCPA) (bidirectional Glenn)
- 1680 = Glenn (unidirectional cavopulmonary anastomosis) (unidirectional Glenn)
- 1690 = Bilateral bidirectional cavopulmonary anastomosis (BBDCPA) (bilateral bidirectional Glenn)
- 1700 = HemiFontan
- 2330 = Superior Cavopulmonary anastomosis(es) (Glenn or HemiFontan) + Atrioventricular valvuloplasty
- 2130 = Superior Cavopulmonary anastomosis(es) + PA reconstruction
- 3160 = Kawashima operation (superior cavopulmonary connection in setting of interrupted IVC with azygous continuation)



• 950 = Fontan, Atrio-pulmonary connection

- 960 = Fontan, Atrio-ventricular connection
- 970 = Fontan, TCPC, Lateral tunnel, Fenestrated
- 980 = Fontan, TCPC, Lateral tunnel, Nonfenestrated
- 1000 = Fontan, TCPC, External conduit, Fenestrated
- 5010 = Fontan, TCPC, External conduit, Fenestrated + Pacemaker procedure
- 1010 = Fontan, TCPC, External conduit, Nonfenestrated
- 2780 = Fontan, TCPC, Intra/extracardiac conduit, Fenestrated
- 2790 = Fontan, TCPC, Intra/extracardiac conduit, Nonfenestrated
- 3310 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Fenestrated
- 3320 = Fontan, TCPC, External conduit, hepatic veins to pulmonary artery, Nonfenestrated
- 1030 = Fontan, Other
- 2340 = Fontan + Atrioventricular valvuloplasty
- 1025 = Fontan revision or conversion (Re-do Fontan)



- 1110 = Arterial switch operation (ASO)
- 1123 = Arterial switch procedure + Aortic arch repair
- 1120 = Arterial switch operation (ASO) and VSD repair
- 1125 = Arterial switch procedure and VSD repair + Aortic arch repair
- 230 = Truncus arteriosus repair
- 2220 = Truncus + Interrupted aortic arch repair (IAA) repair
- 870 = Norwood procedure
- 5012 = Norwood procedure + Valvuloplasty, Systemic Atrioventricular valve + Conduit placement, RV to PA or

Norwood procedure + Valvuloplasty Systemic Atrioventricular valve + RV to PA shunt

- 2160 = Hybrid Approach "Stage 1", Application of RPA & LPA bands
- 2170 = Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA)
- 2180 = Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA & LPA bands
- 465 = Ebstein's Repair
- 5030 = Ebstein's repair + PDA closure, Surgical



# Challenges

- Operative notes do not have all the data being collected
- Surgeons do not want to do extra work
- Data manager does not want to do extra work
- Fields need to be completed





#### Next Steps

- Decide on best format
- Surgeon education
- Keep track of cases needing PSFs
- Develop workflow for distributing forms

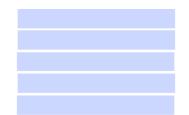


## Paper Forms

If the following is the Primary procedure, specify wi	hether the procedure specific factors apply				
Norwood procedure					
Hybrid Approach "Stage 1", Application of RPA & LPA bands					
<ul> <li>Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA)</li> <li>Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA &amp; LPA bands</li> </ul>					
Source of pulmonary blood flow	□ Yes □ No				
Source of pulmonary blood flow	□ Yes □ No □ Yes □ No				
Source of pulmonary blood flow	Source of pulmonary blood flow: Superior caval vein-to-pulmonary artery				
Source of Pulmonary Blood Flow	🗆 Yes 🗆 No				
Ascending aorta < 2 mm	🗆 Yes 🗆 No				
Aortic atresia	Yes      No				
Aortic stenosis	🗆 Yes 🗆 No				
Mitral atresia	Yes      No				
Mitral stenosis	Yes   No				
Sinusoids	Yes      No				
Intact atrial septum	Yes   No				
Obstructed pulmonary venous re	Yes      No				
AV Valve regurgitation grade 3 a	Yes      No				
Aberrant right subclavian artery					
Ventricular dominance	Left Ventricular dominance	2.00 2.00			
ventrediar dominance					
	Right Ventricular dominance				
	Balanced				
	Indeterminate Ventricular dominance				

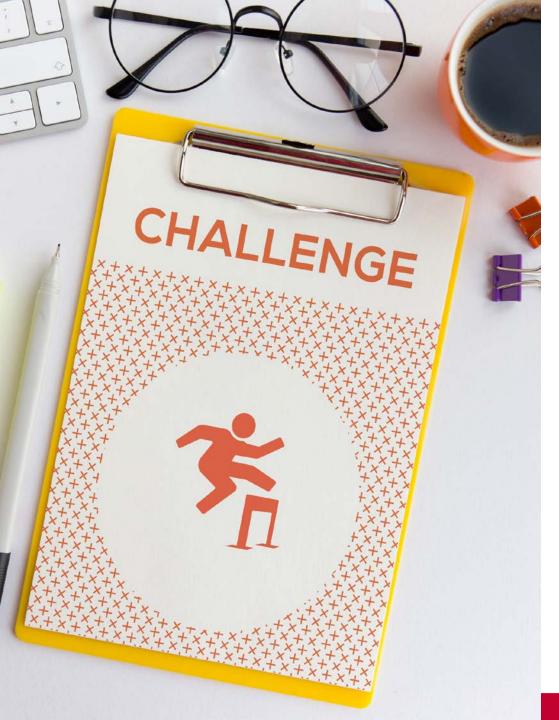


## Paper Forms



If the following is the Primary procedure, specify whether the procedure specific factors apply			
TOF - AVC (AVSD) repair			
Major coronary crossing RVOT - Coronary anomaly restricting RVOT enlargement	🗆 Yes 🗆 No		
VSD, Multiple, Repair	🗆 Yes 🗆 No		
Restrictive VSD	🗆 Yes 🗆 No		
Hypoplastic branch pulmonary arteries (diminished pulmonary vascular bed)	🗆 Yes 🗆 No		
AV Valve regurgitation grade 3 and 4 (Severe AV Valve regurgitation)	🗆 Yes 🗆 No		
Double orifice left atrioventricular valve	🗆 Yes 🗆 No		
Single papillary muscle in the left ventricle and/or parachute left atrioventricular valve	🗆 Yes 🗆 No		
Hypoplastic posterior mural leaflet	🗆 Yes 🗆 No		
Atrioventricular septal defect with ventricular imbalance: dominant left ventricle, hypoplastic right ventricle	🗆 Yes 🗆 No		
Atrioventricular septal defect with ventricular imbalance: dominant right ventricle, hypoplastic left ventricle	🗆 Yes 🗆 No		
Common atrioventricular valve with unbalanced commitment of valve to left ventricle	🗆 Yes 🗆 No		
Common atrioventricular valve with unbalanced commitment of valve to right ventricle	□ Yes □ No		
If one of the following is the Primary procedure, specify whether the procedure specific factors apply  TOF repair, No ventriculotomy TOF repair, Ventriculotomy, Nontransanular patch TOF repair, Ventriculotomy, Transanular patch TOF repair, Ventriculotomy, Transanular patch TOF repair, RV-PA conduit TOF - Absent pulmonary valve repair Pulmonary atresia - VSD - MAPCA repair, Complete single stage repair (1-stage that includes bilateral pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit]) Pulmonary atresia - VSD - MAPCA repair, Status post prior complete unifocalization (includes VSD closure + RV to PA connection [with or without conduit]) Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalization (includes completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit]) Pulmonary atresia - VSD - MAPCA repair, Status post prior incomplete unifocalization (includes completion of pulmonary unifocalization + VSD closure + RV to PA connection [with or without conduit]) Pulmonary atresia - VSD closure + RV to PA connection [with or without conduit]) Pulmonary atresia - VSD closure + RV to PA connection [with or without conduit]) Pulmonary atresia - VSD closure + RV to PA connection [with or without conduit]) Pulmonary atresia - VSD closure + RV to PA connection [with or without conduit]) Pulmonary atresia - VSD closure + RV to PA connection [with or without conduit])			
Major coronary crossing RVOT - Coronary anomaly restricting RVOT enlargement	□ Yes □ No		
VSD, Multiple, Repair	🗆 Yes 🗆 No		
Restrictive VSD	□ Yes □ No		
Hypoplastic branch pulmonary arteries (diminished pulmonary vascular bed)	Yes   No		





### Challenges

- Surgeon completion
- Lost forms
- Pandemic and remote positions
- Takes a village and great communication





### Path to Digitization

- Timeline: ~18mo (start of project "Go Live")
- Meetings with STS Registry Team, Cerner

team

- Surgeon involvement in form creation
- Surgeon education (creation job aid)



## Digital Forms

*Performed on:		
	04/18/2022 🔹 🗸 1425 🔹	
<ul> <li>Surgery Informatic</li> </ul>	Surgery Information	
Artenal Switch, At AVC	Do Procedure Specific Factors Apply	
Ebstein's Repair		
Fontan		
Gienn		
Norwood	Procedure	
TOF	C Arterial Switch, ASD	
Truncus	O AVC	
	C Ebstein's Repair	
	O Fontan	
	O Glenn	
	C Norwood	
	O TOF	
	O Truncus	



## Digital Forms

🗸 Surgery Inform	Surgery Information
Arterial Switch, AS	
AVC	Do Procedure Specific Factors Apply
Ebstein's Repair	• Yes O No
ECMO	
Fontan	
Glenn	Procedure
Norwood	O Arterial Switch, ASO
TOF	
Truncus	
VSD	O Ebstein's Repair
	O ECMO
	○ Fontan
	○ Glenn
	Norwood The
	O TOF
	O Truncus
	O VSD



#### Norwood

#### Procedure

#### Norwood Procedure

- O Norwood procedure + Valvuloplasty, Systemic AV valve + Conduit placement, RV to PA
- O Hybrid Approach "Stage 1", Application of RPA & LPA bands
- O Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA)
- O Hybrid Approach "Stage 1", Stent placement in arterial duct (PDA) + application of RPA & LPA bands

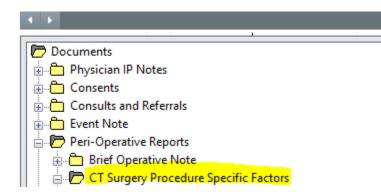
#### Please select 1 Source of Pulmonary Blood Flow

Source of pulmonary blood flow	Systemic artery-to-pulmonary     Ventricle-to-pulmonary artery     Superior caval vein-to-pulmonary artery     Banded central pass
Ascending aorta < 2 mm	Yes O No
Aortic atresia	• Yes O No
Aortic stenosis	O Yes 💿 No
Mitral atresia	O Yes 💿 No
Mitral stenosis	• Yes O No
Sinusoids	O Yes 💿 No
Intact atrial septum	O Yes 💿 No
Obstructed pulmonary venous return with severely restrictive ASD	• Yes O No
Systemic AV Valve insufficiency grade 3 and 4 (Severe systemic AV Valve insufficiency)	O Yes   No
Aberrant right subclavian artery	O Yes 💿 No
Ventricular dominance	
Left Ventricular dominance     District Ventricular dominance	

- Right Ventricular dominance
- O Balanced
- O Indeterminate Ventricular morphology



## Digital Forms



Surgery Information Do Procedure Specific Factors Apply: Yes Procedure: Norwood: Norwood

#### Norwood

Norwood Procedure : Norwood Procedure Source of pulmonary blood flow : Systemic artery-to-pulmonary Ascending aorta < 2 mm : Yes Aortic atresia : Yes Aortic stenosis : No Mitral atresia : No Mitral stenosis : Yes Sinusoids : No Intact atrial septum : No Obstruct pulm venous return w/severe restrict ASD : Yes AV Valve regurg gr 3 and 4 (Severe) - Norwood : No Aberrant right subclavian artery : No Ventricular dominance - Norwood : Right Ventricular dominance



### Project Updates

- Version 6.23.2 upgrade: form was updated to go live 7/1/23
- Added "ECMO" fields to PSF form
- Data automation (export to CardioAccess)
- Surgeon Wishlist (PSF data fields definitions)





# Thank You!!

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