

**The Society of Thoracic Surgeons
Data Managers' Electronic Abstract Submission Form**

(Electronic Deadline: August 15, 2003, Midnight CDT)

ID# __07_____ (for internal STS use only)

1. Authors' Information: Please provide full name and title for each participating author.

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2. Institution(s) Information: Please provide name of Institution(s).

Institution Name: Deborah Heart & Lung Center
City and State of Institution: Browns Mills, New Jersey

Institution Name: _____
City and State of Institution: _____

Institution Name: _____
City and State of Institution: _____

For additional institutions please submit a second form.

3. Title of Abstract:

Title: Provide the title of the abstract. Please provide a short and specific title which indicates the nature of the study. Please use the following formatting guidelines; title case, no periods, no abbreviations. Example: This is a Properly Formatted Title

Use of STS Reference Data to Promote Data Integrity: Reducing the Learning Curve

4. Abstracts are limited to 250 words and must be typed and electronically submitted. The 250 limit does not include the title of the abstract or the author(s) name or title(s).

- I. **Background:** A brief statement of the purpose of the study and the current state of research in the field.

Clinical decision-making, quality improvement strategies, and public confidence in health care "Report Cards" requires faith in reported data. Participating in the STS and New Jersey Isolated CAB Report Card challenged our data collection and reporting processes.

- II. **Methods or Study Population:** The methods of study or experimental approach clearly, but briefly, defined.

Deborah Heart and Lung Center, in NJ, performs approx. 900 cardiac surgical procedures/yr and our initial STS harvest was Spring 2001. Between Jan–June 2003, 60% (242/405) were iso CAB and 36.5% (148/405) valvular. For quality improvement and consumer education, NJ publishes an "Isolated CAB Report Card". Significant data integrity resources are directed toward isolated CAB risk factors where internal review suggests we vary from STS values. Surgical RNFA's review preoperative documents (including: H&P, catheterization report, labs, and consults) and enter into STS database. Surgeon-specific and departmental quarterly frequencies of "predictor" elements are reported internally, compared to STS and prior NJ "report card" frequencies. Internal rates, either too low or too high, are targeted for reviews by the data management section. A component of review includes querying the electronic medical record for targeted ICD-9 diagnoses and procedure codes. Discrepancies between med. rec. coding and STS database coding are individually reviewed to assess STS definition requirements, modifications made as appropriate, and feedback (under- or over- coding) provided.

- III. **Results:** A summary of the results of the study, including sufficient details to support the conclusions made. To summarize results you may include one table (not to exceed 10 columns, 10 rows), or one graph, or one illustration (jpg file not to exceed 4" x 3" at 300 dpi).

Between 2000 and 2003, institutional data went through significant data cleanup processes. For example, for Isolated CAB (2000) our center's reported frequency of MI increased 15 % (43.3% to 49.9%) as a result of targeted review between Spring 2001 and Spring 2002 harvests. However, the 2001 data only changed 3.9% between Fall 2001 and Fall 2002 harvests. Isolated CAB (2000) reported chronic lung frequency increased 33% (11% to 14.6%) based on targeted review between Spring 2001 and Spring 2002. The 2001 data, for chronic lung only changed 1.8% (16.6% to 16.3%) between Fall 2001 and Fall 2002 harvests. Spring harvest's predicted mortality had a 24% change (2.9% to 3.6%) for 2000 data and a 13% change (3.1% to 3.5%) for 2001 data.

- IV. **Conclusion:** A statement concerning the significance of the work and its implications for further research.

New participation in a national database demands diligence in applying common definitions. Benchmarking against STS values, targeting data review, opportunities to resubmit data, and a coordinated data clean-up effort, promote data integrity and contribute to reducing the learning curve in applying standardized definitions.