

STS Warehouse Detailed Data Submission Instructions

The following information details the data harvest process for submission to the STS Congenital Cardiac Data Warehouse.

What software do I need to participate?

- STS approved software adhering to STS version 2.30 data specifications
- For information regarding format of the data file please contact Paul Meehan.
 - Email: paul.meehan@duke.edu or phone: 919-668-8290

What are the procedures for submitting data to the STS Warehouse?

- The harvest begins on **Monday, June 16, 2003**.
- Surgery dates **January 1, 1998** through **December 31, 2002** are being accepted.
- Run all in-house data quality checks before harvesting.
- Extract your data into an ASCII text file following vendor guidelines.
 - Harvest file name should be **xxxxxcon.dat** (where **xxxxx** is your Participant ID).
- Complete the **Harvest Verification Form** and fax it to [\(919\) 668-7074](tel:9196687074).
- Attach your data file to an e-mail message and send it to: sts.dcri@onyx.dcri.duke.edu
 - Subject line should read **Congenital Harvest Participant ID = xxxxx** (where **xxxxx** is your Participant ID).
- The e-mail address sending the data file to the warehouse will receive confirmation of receipt via e-mail within 24 hours. Please contact your Clinical Data Specialist if this confirmation does not arrive.
- A Data Quality Report is sent to the Primary Data and File Contact (within three days of **initial** data file submission).
- Review your Data Quality Report.
 - This ensures the data received at the warehouse is of high quality, complete and contains the correct number of procedures.
- If there are any problems with your data, correct and resubmit the entire data file.
 - **A completed Harvest Verification Form must be faxed in for each data file submitted.**
 - A Data Quality Report is returned (within three days) for each resubmitted file.
- Only when you are satisfied that your site's data is as complete and accurate as possible do you send in the **Hospital Name Clarification Report** and the **Analysis Sign-off Form**. Fax both to: (919) 668-7074.
 - A confirmation of receipt of the Sign-off forms will be sent via email to the designated Primary Data and File Contact.
 - Failure to return the faxes before the warehouse closes could result in your data being excluded from analysis.

What data are included in the harvest?

- For the first harvest, send **all** surgical procedures that meet version 2.30 specifications from January 1, 1998 through December 31, 2002.
- If your data does not cover the data capture window, submit what data you have through December 31, 2002.
- Always specify dates included in your data file on the Harvest Verification Form.

How do I extract the data from my database?

- Follow vendor instructions to export your data to a harvest file.
- Produce a single text file that contains your data.
- Name the data file **xxxxxcon.dat**.
 - If that is not the name of your file, rename the file appropriately before submitting it to the warehouse. (When renaming the file, you may get a message similar to: “If you change a filename extension, the file may become unusable. Are you sure you want to change it? You should answer YES.)
- Some vendor software may also produce files that contain reports on what was extracted. Do **not** send these reports to the warehouse. Only submit the data file.

How and when do I send my data to the warehouse?

- Several weeks before the start of the harvest, the Primary Data and File Contact at your site will receive a message stating the harvest start date of **June 16, 2003**. You should submit your data to the warehouse as close to that date as possible.
- Your file must be sent as an attachment to an e-mail message to: sts.dcri@onyx.duke.edu.
 - Send only the data file to this address - no reports, please.
 - Data files sent directly to your Clinical Data Specialist will be returned unprocessed.
 - Do not use this address for any other purpose.
- Subject line must appear exactly as shown here:

Congenital Harvest Participant ID = xxxxx

Where “xxxxx” is your five-digit Participant ID number.

Note: Incorrect subject lines will fail the harvest process and cause delays in processing your data.

- You may submit as many times as you like during the harvest window. The goal of resubmission is to improve data quality. A new **Harvest Verification Form** must be faxed with each data file submission.
- The harvest process is complete when you fax the **Analysis Sign-off Form** and the **Hospital Name Clarification Report** to (919) 668-7074. This should occur only once when you are satisfied with your data quality as reflected in the Data Quality Report.

Filling out the Harvest Verification Form:

- In order for your harvest file to be processed, a **Harvest Verification Form** must be received at (919) 668-7074. The information on this form is manually entered at the warehouse before your data can be processed. This process assures that the data extracted from your database is received correctly by the warehouse.

- When processing the submitted data, the warehouse will, by default, use only the records within the time period defined on the Harvest Verification Form.
- Surgical procedures performed after December 31, 2002 will not be retained at the warehouse.
- **No data files will be processed without a Harvest Verification Form**. This form is completed and faxed to **(919) 668-7074** for each file submitted.

If you have any questions, please contact your Clinical Data Specialist:

Leigh Ann Jones

leigh.jones@duke.edu

(919) 668-8299