

STS Warehouse Complete Data Submission Instructions

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

What do I need to participate?

- STS approved software adhering to **STS version 2.35 and/or 2.41 data specifications**
- **NOTE: All data records with a procedure date of July 1, 2002 forward must be submitted under version 2.41 of the specifications.**

The file produced by the software must:

- ✓ be an ASCII text file
- ✓ be delimited by the **vertical bar** (a.k.a. “pipe”) character “|” found above the [Enter] key on the keyboard
- ✓ have as the first record, a header record containing the short field names as defined in the data specifications

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

- The harvest begins on **Monday, August 25, 2003**
- Surgery dates through **June 30, 2003** 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 **xxxxxadt.dat** (where **xxxxx** is your Participant ID)
- Complete the **Harvest Verification Form** and fax it to (919) 668-7074
- Attach your data file to an e-mail message and send it to: sts.dcri@onyx.dcri.duke.edu
 - Subject line should read **Adult CV Harvest Participant ID = xxxxx** (where **xxxxx** is your Participant ID)
- The person sending the data file to the warehouse will receive confirmation of receipt via e-mail within 24 hours.
- A Data Quality Report is sent to the Primary Data and File Contact (within three business days, if there are no problems encountered in processing the file).
- 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 complete data file.
 - Fax a new **Harvest Verification Form** with each file submitted.
 - A Data Quality Report is returned for each file submitted.
- 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 these documents will be sent via e-mail to the Primary Data and File Contact designated in the database. Failure to return the faxes before the warehouse closes can result in your data being excluded from analysis.
- Your site-specific National reports will be distributed to your site's 'Report Recipient' in **December 2003**.

What data are included in the harvest?

- First time submission? Send **all** surgical procedures that meet version 2.35 and/or 2.41 specifications through June 30, 2003.
- Submitted data in the past? Submit the requested data capture window:
 - Surgery dates: **July 1, 2001 through June 30, 2003**. Data back through January 1, 2000 may be submitted without any additional requirements. Submission of data prior to January 1, 2000 requires special permission. Contact your Clinical Data Specialist for instructions.
- If your data does not cover the data capture window, submit what data you have through **June 30, 2003**.
- Always specify dates 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 **xxxxxadt.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 will receive a message stating the harvest start date of **August 25, 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.dcri.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:

Adult CV Harvest Participant ID = xxxxx

where “xxxxx” is your five-digit Participant ID number.
Note: Incorrect subject lines will fail the harvest process.

- 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 when you are satisfied with your data quality as reflected in the Data Quality Report. A confirmation of receipt of these documents will be sent via e-mail to the Primary Data and File Contact designated in the database.

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 defined on the Harvest Verification Form. Data that precedes the dates on your Harvest Verification form will be pulled over from the previous harvest where available.
- Surgical procedures after **June 30, 2003** will not be retained at the warehouse.
- **No data files will be processed without a Harvest Verification form**. The form is completed and faxed to **(919) 668-7074** for each file submitted.

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

Haywood Allen	haywood.allen@duke.edu	(919) 668-8303
Carolyn Lumpkins	carolyn.lumpkins@duke.edu	(919) 668-8762