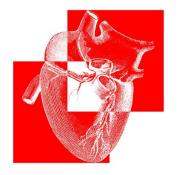
ANZSCTS



Australian and New Zealand Society of Cardiac and Thoracic Surgeons

ANZSCTS Database Program Newsletter: Issue # 2, 2015

Acknowledgements

We would like to congratulate Data Managers for all their hard work in submitting data for the 2014 Annual Reports.

Data queries were responded to promptly, which was greatly appreciated by the ANZSCTS Database Team.

Annual Reports will be released in the second half of 2015.

Participants (27)

Public Hospitals

The Alfred, VIC Austin, VIC Geelong, VIC Monash Medical Centre, VIC St Vincent's, VIC Royal Melbourne, VIC John Hunter, NSW Liverpool, NSW Prince of Wales, NSW Royal North Shore, NSW Royal Prince Alfred, NSW St George, NSW St Vincent's, NSW Westmead, NSW Flinders Medical Centre, SA Royal Adelaide, SA Fiona Stanley, WA Sir Charles Gairdner, WA

Private Hospitals

Canberra, ACT

Cabrini Health, VIC
Epworth, VIC
Jessie McPherson, VIC
Peninsula Private, VIC
Lake Macquarie, NSW
St John of God, WA
Holy Spirit Northside, QLD
Mater Health Services, QLD

Data Definitions (version 4) and ANZSCTS database rebuild—an update

It is envisaged that DDM v4 will be released in the second half of 2015. This will enable Data Managers to familiarise themselves with changes to the data definitions before the database rebuild is rolled out. Export sites have been sent a document outlining the changes from DDM v3 to DDM v4 and are currently working to update their internal systems. It is anticipated that the database rebuild will be rolled out in the fourth quarter of 2015 and the ANZSCTS Database Team will provide training to sites.

Hospital and Summary Data Requests

Please note that if you wish to request data from the ANZSCTS Database Team, you will need to complete the 'Request for Hospital and Summary Data Proforma'. We ask that you provide as much information as possible, including how you wish to use the data.

Depending on the complexity of the request, a fee may be charged on a cost recovery basis.

If you have any questions regarding this process or would like a copy of the proforma, please contact the Database Team.

Contact Us

General Enquiries

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ANZSCTS Public Facing Website

In June 2015 the ANZSCTS Public Facing Website was launched. It is envisaged that patients and their families will use this resource to obtain information about the database program including its benefits to the wider community. Furthermore we are hopeful that it will increase the public profile of the program as currently there is little information available online.

We encourage hospital staff to promote the website to surgical patients and their families.

The patient information sheet will be updated in due course to include this link.

http://anzscts-database.org/

Figure 1: ANZSCTS Public Facing Website











Dissemination of Patient Information Sheets

We would like to reinforce the importance of disseminating patient information sheets (PIS) to **ALL** patients (or their next of kin) undergoing cardiac surgery. Although this is often difficult to achieve in practice, due to the opt-off nature of the database program this is an ethical requirement.

Ideally the patient information sheet should be given to patients before surgery, however it is acknowledged that this is not always possible due to the urgency of the surgery.

If a patient passes away while in hospital and they have not received the PIS, the next of kin patient information sheet (NOKPIS) must be given to the patient's next of kin.

Please note that the patient information sheet should never be mailed to a patients' home address following discharge from hospital.

Sites are responsible for developing a procedure for disseminating patient information sheets, however the Data Management Centre is more than happy to provide advice based on procedures which have proven successful at other sites.

The Database Team can provide sites with version 6.2 of the PIS and NOKPIS and hospital logos and HREC contact details can be inserted accordingly. Please contact us if you require this documentation or have any questions.

Figure 2: ANZSCTS Patient Information Sheet (version 6.2)

Patient Information Sheet



This all about to undergo or have recently undergone head surgery. Generally head surgery is successful in improvide the quality and enging of the posterist life, with a small risk of death or major complications. However, in overtain individuos the surgery is less successful. This may be due to some people having characteristics that increase their risk of complications, or if may be due to the type of operation once and the commissiones in which it is performed.

Quality Assurance is a vital component of the Program. That is, to ensure that the results of all surgeons and surgica units remain at a consistently high standard, in order to improve the success of heart surgery exerced to show with factors increase a potent's risk of complications, and which surgical procedures have the most successful outcome. This achieve this, the Australian and New Zestand Society of Cardica and Thoraco Surgeons (ANZSCTS) have set up if Cardio Churson Distance for months or equility of cardio constitions.

The database aims to record information on every adult having a heart operation. The success of the database depends on the amount of data we collect. We are asking you to participate in the Cardiac Surgery Database, by allowing us to

You can see some of the information obtained from the Database by visiting the Victorian Department of Health website on: www.health.vic.gov.au/surgica/performance/cardiac.htm. This study will be conducted in accordance

What Information do, we need 2.

The information do, we need 2.

The information he expure notaties your name, date of birth, Medicare Number, hospital identification number, is name of the hospital, the reason you are having cardiac surgery and other information directly related to your operation. The hospital will also undertake flowing up of you at 20 days to collect any relevant health or medical information.

The long-term results of heart surgery are equally important to us since it allows us to evaluate the real effectiveness of the various procedures. For that reason, the Distance will retain your information for at least 15 years. We also pine for like patient information to hospital administrative and operational procedures distances to evalue the assessment of onesign terms.

Was will seep the information confidential.

Your personal information is confidential and cannot be used outside the database. Procedures are in place to protect your information and seep it confidential. The data is accessible by authorized salf of the Cardiac Gurgery Database program. A confidential Cardiac data and the candidate brough the reporting system of ARCIVITI and publications in

How we collect the information

The hospital staff will complete the forms required and the information will be entered onto a database computer.

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<u>YOUR SERVICE OF THE PROPERTY OF THE PR</u>

We entirestand that not everyone is confirmance about having details resided to their cardiac condition documented in its abstance. If you here the saw, and not relate his information adoed to the obstances create contact the Province of contractor on 1900 265 302. Once you have goted off the database, any your personal identifiers will be removed however, your cardiacts surpery procedure information will remain in the database. All your personal identifiers will be removed however, your cardiacts surpery procedure information will remain in the database.

A decision on whether or not you wish to be involved in the registry does not affect your treatment in any way.

If you have any questions, concerns or require further information about the Cardiac Surgery Database, pleas do not heatize to contact the Project Co-ordinator on 1800 285 382

Reminders

Submitting and checking case and mortality numbers at the end of each quarter

It is imperative that all cases are submitted at the end of each quarter. It is the responsibility of the Data Manager to ensure that there is no missing data. Data Managers are responsible for contacting clinicians about case report forms and notifying the ANZSCTS Database Team **before** the data submission deadline if there are any issues. All data bar 30 day follow up should be collected and documented at sites before patients are discharged from hospital. Submitting the full caseload eliminates potential biases in reporting.

At the end of each reporting quarter, case numbers and mortalities should be checked against hospital records rather than online database reports. The online reports only capture data that has been entered online, which may not be indicative of the total number of procedures performed at your Unit.

Transcatheter Aortic Valve Replacement (TAVR) and Transcatheter Mitral Valve Replacement (TMVR) Procedures

Due to an increasing number of TAVR and TMVR procedures being performed by surgeons, the database rebuild will include separate modules, with additional variables, for these procedure types.

Changes to the procedure codes will accompany the rebuild, with a single code for TAVR procedures and a single code for TMVR procedures. The access route will be available for selection in each of the modules.

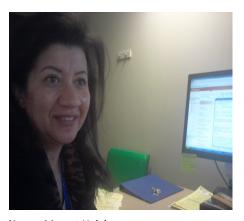
Sites will be provided with data definitions for the new variables and the Data Management Centre will provide support to sites during the transition.

Figure 3: St Jude Medical prosthetic valve



Celebrating Data Managers

This issue we would like to introduce.....



Name: Mervat Halaka

Hospital: Westmead, NSW

Length of time in role: 6 years

Background: I worked for the NSW Crime Commission between 1990 and 1996. In 1998 I completed a Master Degree in Public Health at Sydney University. Upon completion, I joined CT at Westmead Hospital.

Most challenging aspect of data management: Ensuring the accuracy of existing data. This requires extensive double-checking of other sources. In some cases, rare though, missing fields can be extremely hard to find.

Most enjoyable aspect of data management: I really find it rewarding when I issue figures to others, be it doctors or other departments. It is equally rewarding when they are utilised in presentations or publications.

My favourite thing to do on a day off is.....Making a new recipe and looking after my indoor plant. Doing either of these on a day off makes the rest of the house duties more enjoyable!!! After a long day I might take my dog for a quick walk!

Favourite ice-cream flavour: Mango without nuts!

Favourite TV show: I watch any live tennis and soccer matches. Regularly I watch 'Dr Harry Cooper', 'Dr Katrina Warren', 'Better Homes and Gardens' and life-style shows.

Three celebrities I would like to have dinner with: A sports figure — either Roger Federer or Lionel Messi. I would also be interested to meet Mr John Howard and the Aussie Princess Mary (Denmark).