# Overall Case Survival

UMMC's **Congenital Heart Disease Program** has participated in the Society of Thoracic Surgery (STS) National Database since September, 2011. Our yearly reporting is based on most recent academic year data (July to June). Cumulative reporting is from the last 4 years (July 1, 2013 – June 30, 2017). The STS reports cumulative data in rolling four year blocks that update with each report every six months.

STS defines mortality as death occurring within 30 days of surgery, regardless of whether the patient has been discharged or not, and death of any patient who never left the hospital after surgery.
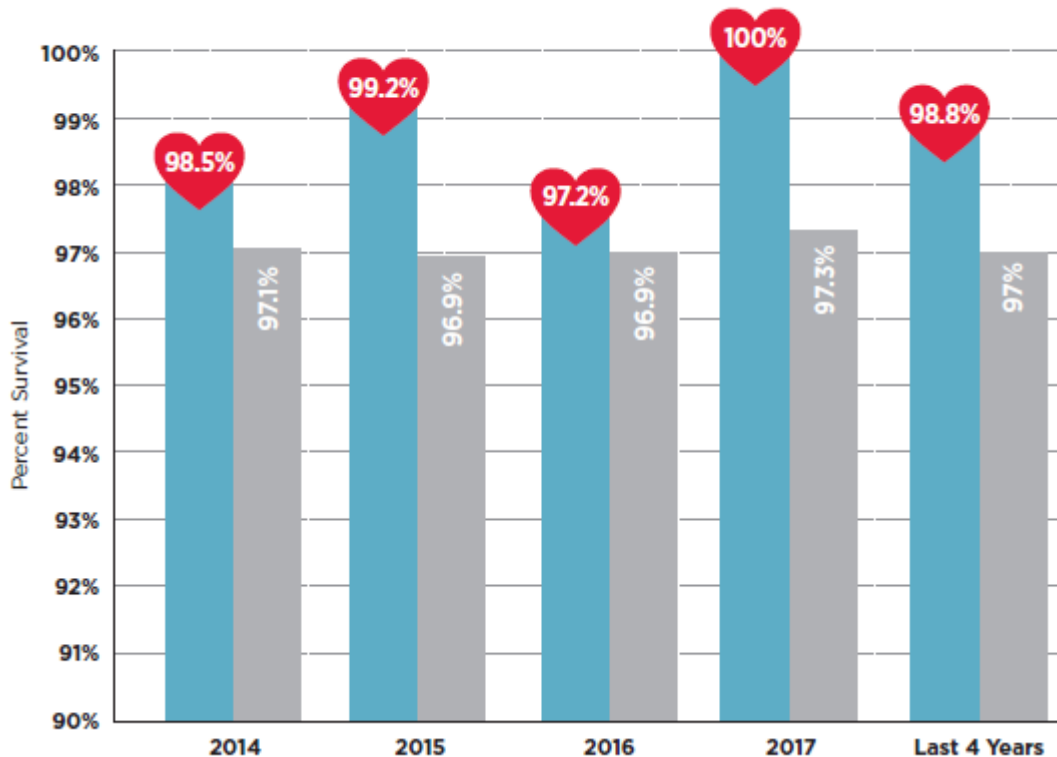
Data Analyses of the Society of Thoracic Surgeons Congenital Heart Surgery Database; December 2017; STS Period Ending 06/30/2017. Table 1: Number submitted and in analysis, operative mortality, and complexity information.
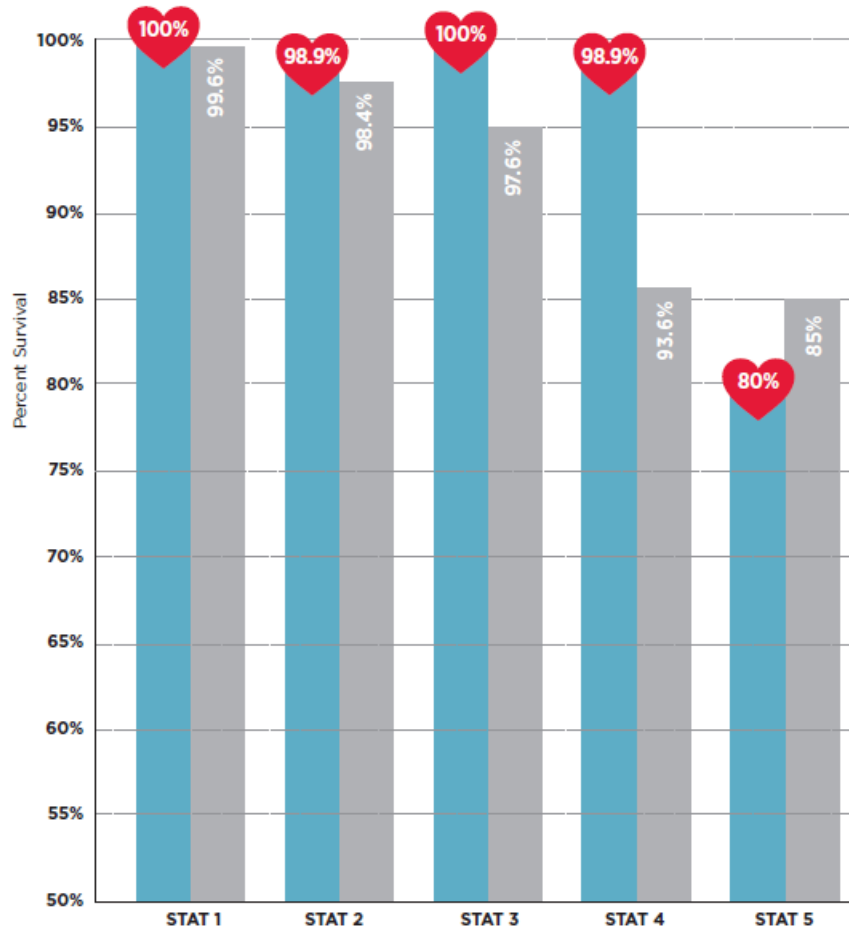
Source: Society of Thoracic Surgeons Congenital Heart Surgery Database

Survival by Complexity

SURVIVAL BY COMPLEXITY CATEGORY
July 1, 2013–June 30, 2017 ■ UMMC ■ STS

STAT Mortality uses empirical methodology to rank surgical complexity, with STAT 5 being the most difficult and STAT 1 being the easiest.

As validated by STS to meet criteria from 7/1/2013 – 6/30/2017 (last 4 years).

STS defines complexity utilizing the STAT Mortality Categories which provide a way of grouping types of pediatric and congenital cardiac operations according to their estimated risk or complexity. There are 5 STAT risk categories. STAT 1 is the lowest risk category and includes operations such as VSD repair and ASD repair. STAT 5 is the highest risk category and includes operations such as the Norwood procedure, and heart and lung transplant.
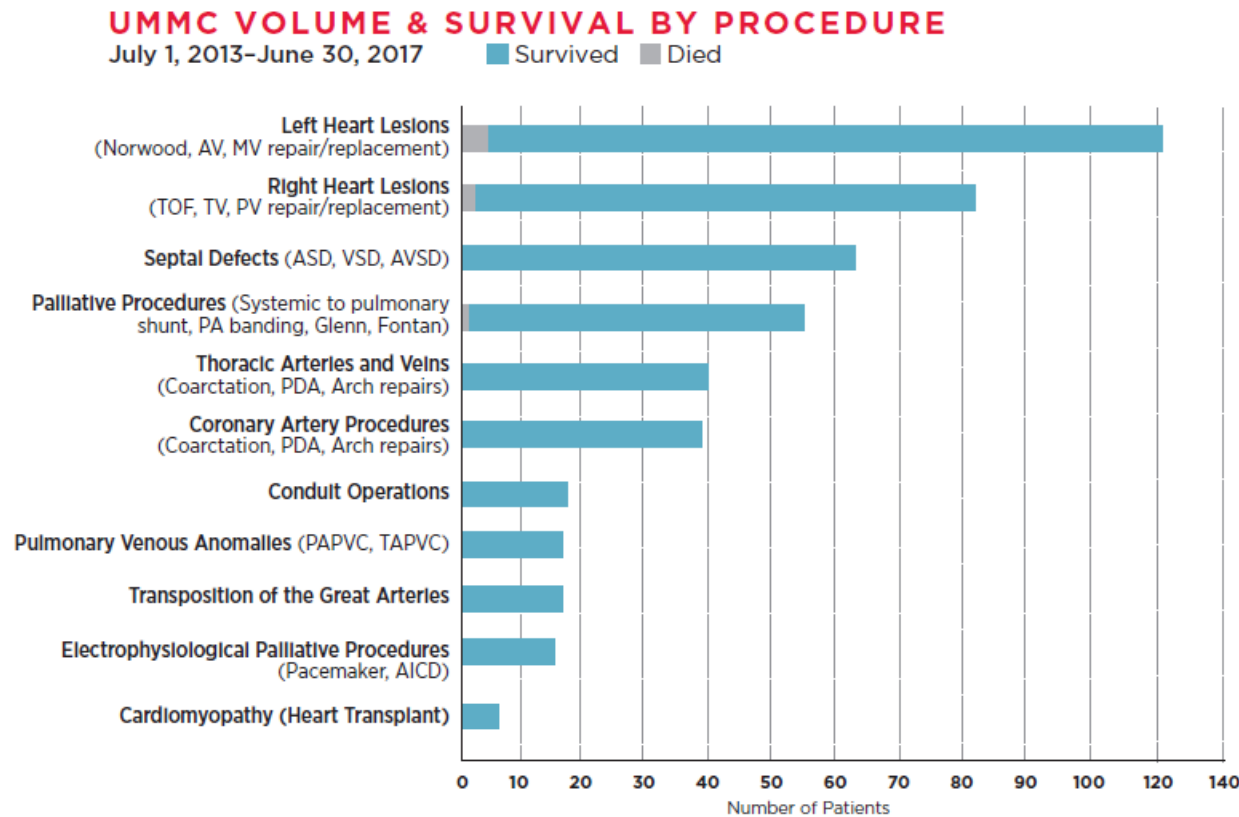
Data Analyses of the Society of Thoracic Surgeons Congenital Heart Surgery Database; December 2017; STS Period Ending 06/30/17. Table 1: Number submitted and in analysis, operative mortality, and complexity information.

Source: Society of Thoracic Surgeons Congenital Heart Surgery Database

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Volume and Survival by Operation

As validated by STS to meet criteria from 7/1/2013 – 6/30/17 (last 4 years).

Selected commonly performed procedures are displayed by number of procedures and survival. Some procedures are grouped into like categories as described.

UMMC VOLUME & SURVIVAL BY PROCEDURE
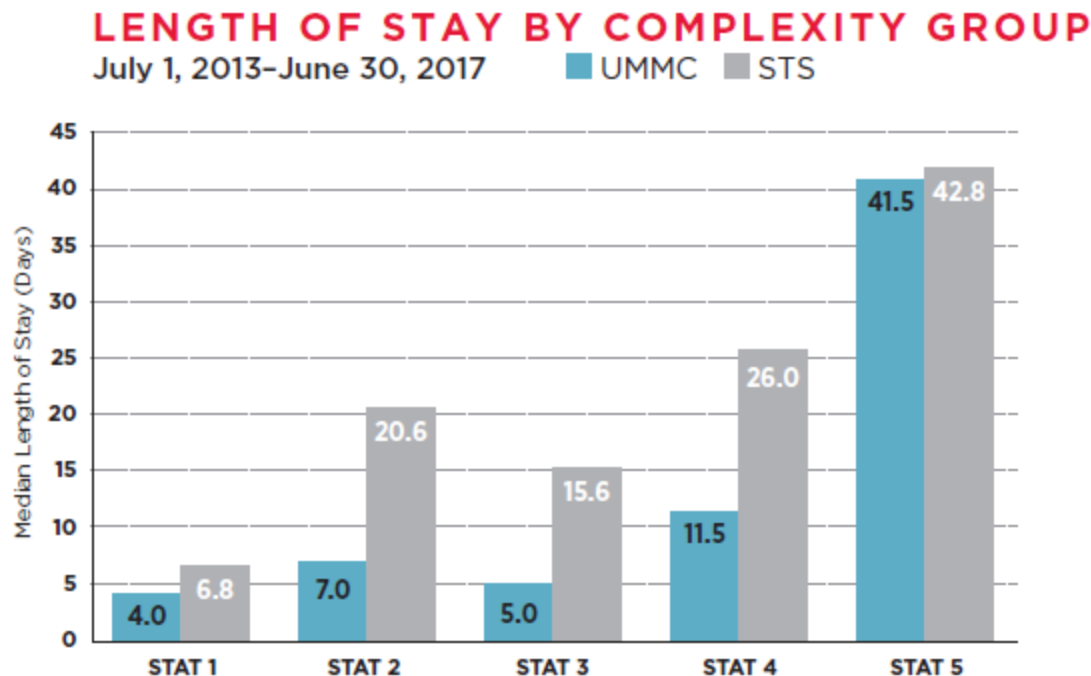July 1, 2013–June 30, 2017 ■ Survived ■ Died

Data Analyses of the Society of Thoracic Surgeons Congenital Heart Surgery Database; December 2017; STS Period Ending 06/30/17. Table 5: Primary Procedure by Anomaly, Last 4 years (Jul 2013 – Jun 2017).

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Length of Stay by Complexity

As validated by STS to meet criteria from 7/1/2013 – 6/30/17 (last 4 years).

Postoperative length of stay for a hospitalization is the time interval between the time the operation ended and the time of discharge from the hospital. Median length of stay is reported here according to complexity groups (STAT categories 1 – 5).

LENGTH OF STAY BY COMPLEXITY GROUP
July 1, 2013–June 30, 2017   ■ UMMC ■ STS

STAT 1: UMMC 4.0, STS 6.8
STAT 2: UMMC 7.0, STS 20.6
STAT 3: UMMC 5.0, STS 15.6
STAT 4: UMMC 11.5, STS 26.0
STAT 5: UMMC 41.5, STS 42.8

STAT Mortality uses empirical methodology to rank surgical complexity, with STAT 5 being the most difficult and STAT 1 being the easiest.

UMMC has shorter lengths of stay than national averages for each complexity group.

Data Analyses of the Society of Thoracic Surgeons Congenital Heart Surgery Database; December 2017; STS Period Ending 06/30/2017. Table 19: Risk Stratified Operations: Overall Aggregate and Participant-Specific Mortality and Postoperative Length of Stay, Last 4 years (Jul 2013 – Jun 2017).

Source: Society of Thoracic Surgeons Congenital Heart Surgery Database

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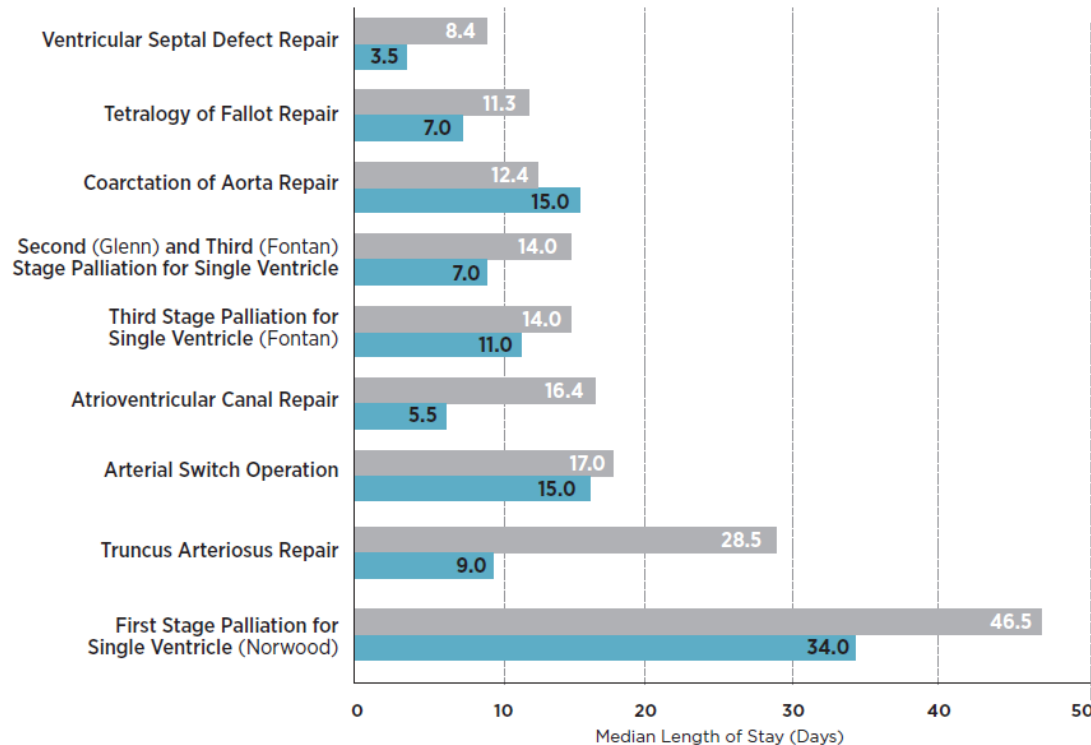MEDICAL CENTER

Length of Stay by Operation

As validated by STS to meet criteria from 7/1/2013 – 6/30/17 (last 4 years).

Postoperative length of stay for a hospitalization is the time interval between the time the operation ended and the time of discharge from the hospital. Median length of stay is reported here according to benchmark operations as defined by STS.

LENGTH OF STAY BY OPERATION
July 1, 2013–June 30, 2017 ▆ UMMC ▆ STS

Operation	UMMC	STS
Ventricular Septal Defect Repair	3.5	8.4
Tetralogy of Fallot Repair	7.0	11.3
Coarctation of Aorta Repair	15.0	12.4
Second (Glenn) and Third (Fontan) Stage Palliation for Single Ventricle	7.0	14.0
Third Stage Palliation for Single Ventricle (Fontan)	11.0	14.0
Atrioventricular Canal Repair	5.5	16.4
Arterial Switch Operation	15.0	17.0
Truncus Arteriosus Repair	9.0	28.5
First Stage Palliation for Single Ventricle (Norwood)	34.0	46.5

Median Length of Stay (Days)

Data Analyses of the Society of Thoracic Surgeons Congenital Heart Surgery Database; December 2017; STS Period Ending 06/30/17. Table 18: Benchmark Operations: Overall Aggregate and Participant-Specific Mortality and Postoperative Length of Stay, Last 4 years (Jul 2013 – Jun 2017).

Source: Society of Thoracic Surgeons Congenital Heart Surgery Database

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