



**PUBLIC REPORTING DATA SHARING/CONSENT FORM**  
**The Society of Thoracic Surgeons National Database**

**Adult Cardiac Surgery Database**

On behalf of the STS National Database Surgeon Participant and the hospital identified below (whether an STS National Database Hospital Participant or not), and based upon the public reporting selections made herein, we hereby give permission to The Society of Thoracic Surgeons (“STS”) and the STS National Database Analytics Center to publish the following surgical outcomes and demographic information derived from the data submitted by Participant (whether a combined Surgeon and Hospital Participant or a Surgeon Participant alone) to the STS National Database (the “Information”) via **the STS website**.

**Surgical Outcomes Information**

Scores and ratings (expressed in stars or other graphics) are reported for each composite and its respective domains as described in the table below.

Composite Measure Name	Quality Domains	Time Period
Isolated Coronary Artery Bypass Graft (CABG)	(1) Absence of mortality, (2) Absence of major morbidity*, (3) Use of Internal Mammary Artery graft(s), and (4) Receipt of required perioperative medications	36 months
Isolated Aortic Valve Replacement (AVR)	(1) Absence of mortality, and (2) Absence of major morbidity*	36 months
AVR+CABG	(1) Absence of mortality, and (2) Absence of major morbidity*	36 months
Isolated Mitral Valve Replacement or Mitral Valve Repair (MVRR)	(1) Absence of mortality, and (2) Absence of major morbidity*	36 months
MVRR+CABG	(1) Absence of mortality, and (2) Absence of major morbidity*	36 months

\*Prolonged ventilation, deep sternal wound infection, permanent stroke, renal failure, and reoperation for any cardiac reason  
and

**Demographic Information**

Demographic information consisting of: name of Surgeon Participant (either individual or group); name, city and state of the consenting hospital where services are provided by the relevant Surgeon Participant.

**THE INFORMATION WILL BE PUBLISHED ON A SURGEON PARTICIPANT BASIS, WHICH MAY INVOLVE A COMBINATION OF INFORMATION PERTAINING TO THE HOSPITAL IDENTIFIED BELOW WITH INFORMATION PERTAINING TO ONE OR MORE ADDITIONAL HOSPITALS. NAMES OF THE HOSPITAL(S) ASSOCIATED WITH THE SURGEON PARTICIPANT’S SURGICAL OUTCOMES ANALYSIS WILL BE LISTED ON THE STS WEBSITE. SCORES AND RATINGS OF THE SURGEON PARTICIPANT IDENTIFIED BELOW MAY DIFFER FROM THE AGGREGATE OUTCOMES OF THE HOSPITAL IDENTIFIED BELOW.**

The Information may also include:

- i. Time interval represented by the data (isolated CABG, isolated AVR, AVR+CABG, MVRR, and/or MVRR+CABG) surgical procedures performed during that interval); and
- ii. Number of isolated CABG, isolated AVR, AVR+CABG, MVRR, and/or MVRR+CABG surgical procedures performed during the time interval represented by the data; and
- iii. Confidence limits for composite score and domain measures.

We hereby agree to hold STS, its Analytics Center, and their respective representatives, harmless in connection with their actions taken in good faith reliance on this Data Sharing/Consent Form.

We also agree that STS may publicly identify the Surgeon Participant and the hospital identified below as the source(s) of the information disseminated to the public as contemplated herein. ***We understand that NO patient identifying data OR individual surgeon level data (unless Surgeon Participant is a single surgeon) will be published and/or shared.***

We represent and warrant that we have full right and authority to act on behalf of the Surgeon Participant and the hospital identified below in this matter as set forth above.

We authorize STS to accept this signed form via hard copy or email as and for counterparts of hard copy originals, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. It will remain in effect until terminated by the Surgeon Participant and/or the hospital identified below.



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Surgeon Participants may publicly report Isolated CABG, Isolated AVR, AVR+CABG, MVRR, and/or MVRR+CABG or all five; and these data may be reported on the STS Public Reporting website. We consent to publicly report by marking “Yes” for the following procedure(s). “No” will be specified for procedure(s) that the Surgeon Participant chooses **not** to publicly report.

**ADULT CARDIAC SURGERY DATABASE PUBLIC REPORTING SELECTIONS**

Surgeon Participant consents to publicly report the surgical outcomes information specified above by marking:  
“Yes” for the procedure(s) which the Surgeon Participant chooses to publicly report.  
“No” for the procedure(s) which the Surgeon Participant chooses not to publicly report.

**Procedures to be Publicly Reported**

<b>Isolated CABG</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Isolated AVR</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>AVR+CABG</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Isolated MVRR</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>MVRR+CABG</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>

Five (5) digit STS Participant ID (PID) number: \_\_\_\_\_

Please print below the consumer-friendly Surgeon Participant group name you wish to have published by STS (e.g., “ABC Hospital Surgical Associates”):

\_\_\_\_\_

Ten (10) digit Hospital NPI number: \_\_\_\_\_

Please print below the official hospital name you wish to have published by STS (e.g., “ABC Hospital”):

\_\_\_\_\_

Surgeon Participant\* (or Representative) Name:

\_\_\_\_\_

Hospital Representative\*\* Name:

\_\_\_\_\_

Surgeon Participant\* (or Representative) Signature:

\_\_\_\_\_

Hospital Representative\*\* Title:

\_\_\_\_\_

Date:

\_\_\_\_\_

Hospital Representative\*\* Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

(\* ) CT surgeon authorized to sign on behalf of all surgeons who comprise the “Surgeon Participant”

(\*\* ) Representative authorized to sign on behalf of the hospital named above

Submit completed STS Public Reporting Consent Form to STS via email attachment ([publicreporting@sts.org](mailto:publicreporting@sts.org)).

Submitted by: \_\_\_\_\_

Phone number: \_\_\_\_\_