

# PedCath IMPACT User's Guide

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## Overview

### IMPACT Overview

The American College of Cardiology Foundation's NCDR developed a new, national clinical data registry. The IMPACT Registry™ (**IM**proving **P**ediatric and **A**dult **C**ongenital **T**reatment) that assesses the prevalence, demographics, management and outcomes of pediatric and adult patients with congenital heart disease who are undergoing diagnostic catheterizations and catheter-based interventions. The collection and analysis of this data will facilitate performance measurement, benchmarking, and quality improvement initiatives. The IMPACT Registry will provide significant contributions to the knowledge base and outcomes associated with congenital heart disease. To date, no single registry has collected sufficient national quality-focused data on the management and real-world outcomes of quality-focused data of patients who undergo diagnostic and interventional catheterizations.

### PedCath IMPACT Registry Module

PedCath's IMPACT module will allow you to collect and submit patient demographic, admission, and procedural data to the IMPACT Registry.

The PedCath IMPACT Registry module is for the most part, a self-contained component that contains all of the data collected for the IMPACT Registry. The IMPACT module leverages much of the data already entered for the PedCath cath report, so that it will not have to be entered multiple times. (Any data that is shared will either not be editable within the IMPACT module, or synchronized between both locations.)

Ten procedure types are currently collected:

- Diagnostic Cath
- ASD Closure
- Coarctation Procedure
- Aortic Valvuloplasty
- Pulmonary Valvuloplasty
- PDA Closure
- Proximal PA Stenting
- Electrophysiology Cath
- Electrophysiology Ablation Procedure (EAP)
- Transcatheter Pulmonary Valve Replacement (TPVR)

The screenshot displays the PedCath IMPACT Registry v2.0 interface. The top header shows the patient name 'Impack, Iggy K', cath date '5/24/2016', and cath # '873665'. The left sidebar contains a tree view with categories: Demographics, Episode of Care, Case, Pre-Procedure, Clinical Evaluation, Cath Data, Hemodynamics, Procedures Performed, Events, and Discharge. The 'Procedures Performed' category is expanded, showing a list of procedures with checkboxes: ASD Closure, Coarctation Procedure, Aortic Valvuloplasty, Pulmonary Valvuloplasty, PDA Closure, Proximal PA Stenting Procedure, Electrophysiology Ablation Procedure, and TPVR. The main content area is divided into several sections: 'Patient Information' (Arrival Date: 05/10/2016, Patient Zip Code, Insurance Payers), 'Vital Signs' (Premature Birth, Birth Weight, Gestational Age), 'Cardiac History' (Prior Cardiac Catheterization, Prior Cardiac Surgery), and 'Genetic/Congenital Conditions' (a table with checkboxes for various syndromes like 22q11 Deletion, Marfan Syndrome, etc.). At the bottom, there are fields for 'Patient Restriction', 'Auxiliary 3', and 'Auxiliary 4', along with 'Save & Close' and 'Close' buttons.

The Episode of Care information (admission/discharge, insurance, patient history, etc.), adds a new hierarchy level to PedCath between the Patient and Cath levels. The Episode of Care data will need to be entered only once for a patient's hospital visit, regardless of the number of cath procedures performed

during that visit. When adding a second IMPACT cath record within a hospital visit you will be prompted to use the existing Episode of Care.

Even though there is an added hierarchy level, the main PedCath interface remains largely unchanged (the arrival and discharge dates are now shown underneath the cath grid on the Browse screen). This was done to allow PedCath users to create cath reports as they normally do and give them the choice to either work on the IMPACT data themselves, or ignore the IMPACT module and have other staff members fill in the data to break up the work.

The IMPACT administrative module will allow you to create submission files (one per quarter), create a number of CSV extract files, or import IMPACT cases from another vendor.

### More on Work Flow

A PedCath report must exist before adding an IMPACT report to it. It does not have to be completed or signed to fill in the IMPACT data. It is recommended to add your PedCath personnel to the cath report prior to working on the IMPACT Case Data section, so that the operator may be specified for that case.

You can however fill in the Episode of Care data before the PedCath report is started, if desired.

**Note on Cath Locking:** IMPACT data may be edited after the PedCath cath report has been signed. However any data within the IMPACT module that is shared between IMPACT and the PedCath report will not be editable after the PedCath report has been locked.

### Case Complete Checkoff

PedCath also gives you the option to specify if the IMPACT forms for a case have been filled out to completion and reviewed. This is an optional feature that can be turned on/off for your institution in the IMPACT administrative options.

If the feature is enabled, a **Case Complete** check box will appear on the IMPACT form and a check icon will be shown in the cath grid on the Browse screen indicating what cases have been checked off (A blank form icon will be shown next to cases where the IMPACT forms have been started but not checked off).

The data panels will still be editable after the Case Complete box is checked for a case. This feature can be used to facilitate data entry work flow and is ignored by the submission module (only cases with a discharge date set will be submitted to IMPACT.)

## PedCath Cath Report/IMPACT Shared Data

Much of the data on the PedCath Edit screen will be submitted to IMPACT. Once entered on the PedCath Edit screen the data will show up within the IMPACT Registry module and will not have to be re-entered.

### Case Data

The following table shows cath-level data from the PedCath report that are shared with IMPACT.

Field	Editable in IMPACT Module	Sync Details
Cath Date	No	
Procedure Start Time	Yes if missing	One-way sync from cath report if the value is set. If entered in the IMPACT module it doesn't sync back to cath report.
Procedure End Date		
Procedure End Time		
Weight	No	
Height	No	
Vein/Artery (Site and Largest Sheath Size)	Yes	One-way sync from cath report of the largest sheath if the value is set. If entered in the IMPACT module it doesn't sync back to cath report.
Closure Methods	Yes	One-way sync from cath report of the largest sheath if the value is set. If entered in the IMPACT module it doesn't sync back to cath report.
Fluoro time (min)	No	
Contrast Total (cc)	No	
Rad Dose	No	
Total DAP	No	
Case Operator	Yes	Two-way sync
Diagnoses/Procedures	Yes	Two-way sync IMPACT coding can be used on the PedCath report with a global setting.

### Hemodynamics

PedCath will send select measurements from your first set of hemodynamics to IMPACT (or the one selected as the IMPACT set with baseline measurements). Fields with green bars indicate the data going to IMPACT (there are some with blue bars that are submitted as well).

The following table shows hemodynamic data collected by IMPACT and the source PedCath fields.

IMPACT Data Collected	PedCath Field
Systemic Artery Saturation	dAO sat, or SA sat override if specified
Mixed Venous Saturation	SVC sat, or MV sat override if specified

Systemic Ventricular Systolic/End Diastolic	If systemic ventricle is LV: LV Systolic, LV End Diastolic  If systemic ventricle is RV: RV Systolic, RV End Diastolic
Systemic Blood Pressure (Systolic, Diastolic, Mean)	dAO systolic, diastolic, mean (or Systemic mean override if specified)
PA Pressure (Systolic and Mean)	PA systolic and mean (or PA mean override)
Pulmonary Ventricular Systolic Pressure	If pulmonary ventricle is RV: RV Systolic  If pulmonary ventricle is LV: LV Systolic
Pulmonary Vascular Resistance Index	Rp (calculated)
Cardiac Index	Qs (calculated)
Qp/Qs ratio	Qp/Qs (calculated)

If any hemodynamics are missing or incorrect on the IMPACT forms they can be updated on the PedCath Edit screen (click Edit Cath from the main Browse screen). It's recommended to coordinate changing any data with the attending physician for the case since any data changed there will affect the cath report. It's recommended to enter the values into the Calculation Overrides section rather than the main site pressures when you can, as to not incorrectly indicate a value was taken during the case when it wasn't. For instance if the dAO pressure was not taken during the case, but instead a non-invasive systemic blood pressure was taken (which is acceptable by IMPACT) it's recommended to enter it into the calculation overrides systemic pressure boxes.

**Edit Cath Report**

File Edit View Tools IMPACT Registry Report Components

---

**Patient Information**

First Name: [999] Middle Name: [K] Last Name: [Impack]  
 Medical Record Number: [Other123] Date of Birth: [08/15/1965] Gender: [Male]

**Case Information**

Cath Date: [05/24/2016] Weight (kg): [170.0] Height (cm): [80.0]  
 Cath Number: [873665] Account Number: [93756]

**Personnel**

Operator: [Allen D. Everett, MD] Role: [Attending]

**Report Components**

[Icons: D, IR, etc.]

**Calculation Override**

PQ2	Site	O2%	Default	Mean	Default Mean
0	MV	67	< 67 SVC	RA	6
0	PA	89	< 89 PA	PA	25
0	PV	97	< 97 LA	Wedge	9
0	SA	97	< 97 dAO	Systemic	61

Note: [ ]  
☐ Use Thermodilution Cardiac Output

**Calculations**

Some Calculation Values Overridden

BSA = 1.53 m2  
 Qp = 18.47 L/min (12.07 L/min/m2)  
 Qs = 4.92 L/min (3.22 L/min/m2)  
 Rp = 0.87 units (1.33 units x m2)  
 Rs = 11.17 units (17.03 units x m2)  
 Qp/Qs = 3.75 : 1  
 Rp/Rs = 0.08

**Hemodynamic Sets**

Set 1 of 1: [Example cath]

☒ IMPACT Set

**Measurements**

h (gm/dL): [15.0] pCO2: [43.0]  
 (VO2/mf): [197] pO2: [83.0]  
 Blood pH: [7.37] HCO3: [25.0]

**Right Mean**

O2%	Site	Sys/A	Dias/V	Mean
67	SVC			
81	RA			6
88	RV	50		P
89	PA	37		25
	RPA			
	LPA	37	12	22

**Left**

O2%	Site	Sys/A	Dias/V	Mean
97	LA			8
	LV	95	10	S
97	aAO	95	39	57
97	dAO	97	40	61

**Click here**

**View Calculations** **Calculation Override**

Administrator 04/05/2017 19:03:50 | 6 | 10011

## Systemic/Pulmonary Ventricle Designations

IMPACT is interested in collecting the systemic and pulmonary ventricle pressures. Since PedCath does not collect data in this way, PedCath8 now allows you to designate which ventricle is the systemic ventricle and which is the pulmonary. You will need to change the designation from the defaults whenever a patient is double outlet, has transposition of the great arteries, or other configuration where the LV is not the systemic ventricle and/or RV is not the pulmonary ventricle.

To change the ventricles designations click the S or P next to either the RV or LV pressures in the hemodynamics grid.

If the patient is single ventricle, please specify so within the Episode of Care History and Risk Factors section. If this is the case you will be able to set the systemic ventricle designation but not the pulmonary.

**Edit Cath Report**

File Edit View Tools IMPACT Registry Report Components

**Patient Information**  
 First Name: [93V] Middle Name: K Last Name: Impack  
 Medical Record Number: [Other123] Date of Birth: 08/15/1965 Gender: Male

**Case Information**  
 Cath Date: 05/24/2016 Weight (kg): 170.0 Height (cm): 80.0  
 Cath Number: 873665 Account Number: 93756  
 Set Access: [ ] Vein: [ ] Artery: [Other 20fr]  
 Fluorotime (min): [ ] Contrast Total (cc): 300.00

**Personnel**  
 Operator: [x] Allen D. Everett, MD Role: Attending

**Report Components**  
 [Dx] [IR]

**Hemodynamic Sets**  
 Set 1 of 1: [Example cath] [IMPACT Set] [Add Set]  
 Calculations:  
 BSA = 1.53 m2  
 Qp = 18.47 L/min (12.07 L/min/m2)  
 Qs = 4.92 L/min (3.22 L/min/m2)  
 Rp = 0.87 units (1.33 units x m2)  
 Rs = 11.17 units (17.09 units x m2)  
 Qp/Qs = 3.75 : 1  
 Rp/Rs = 0.08  
 [View Calculations] [Calculation Override]

**Specify Systemic/Pulmonary Ventricles**  
 Please specify the systemic and pulmonary ventricles. If this patient is Single Ventricle, please specify so on the IMPACT Episode of Care form.  
 Systemic Ventricle:  
☒ Left Ventricle  
☐ Right Ventricle  
 Pulmonary Ventricle:  
☒ Right Ventricle  
☐ Left Ventricle  
☐ None  
 [OK] [Cancel]


**Measurements**  
 [Click here]  
 Right Mean: [ ] Left Mean: 9  
 [67] [81] [88] [89] [ ] [ ] [ ] [ ]  
 Site: SVC RA RV PA RPA LPA  
 Sys/A: [ ] [ ] [50] [37] [ ] [37]  
 Dias/V: [ ] [ ] [ ] [ ] [ ] [12]  
 Mean: [6] [P] [25] [22]  
 [97] [ ] [97] [97] [97] [97]  
 Site: LA LV aAO dAO  
 Sys/A: [ ] [95] [95] [97]  
 Dias/V: [ ] [10] [39] [40]  
 Mean: [8] [S] [57] [61]

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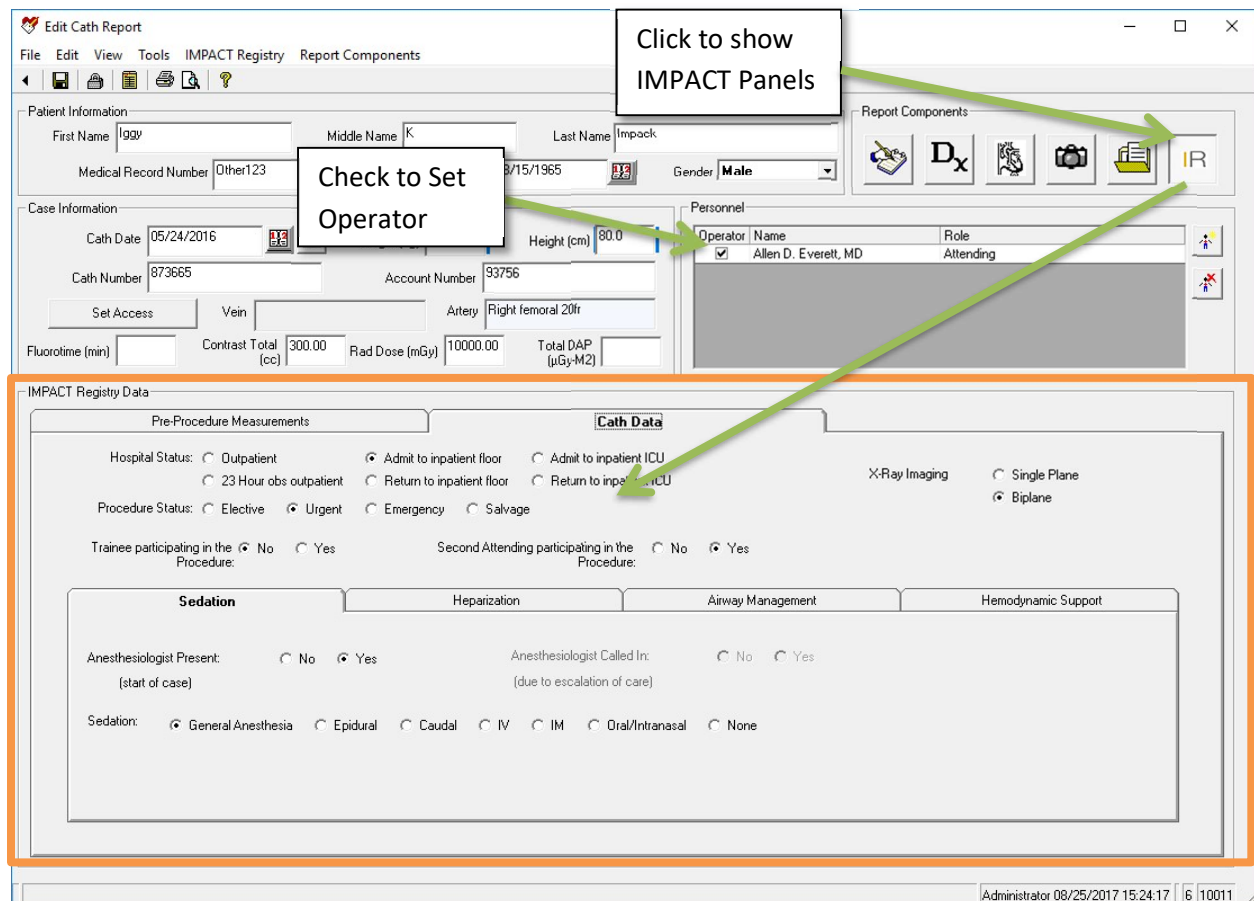


## Access IMPACT Data on Edit Screen

As of version 8.1, PedCath will allow you to access and edit additional IMPACT data directly from the PedCath Edit Screen. You will be able to edit any of the IMPACT pre-procedure and cath level measurements.

To view the IMPACT panels, simply click the  toggle button in the Report Components group, and the IMPACT data will be displayed where the Hemodynamics normally are, on the lower half of the screen.

The case operator may be set as well, by checking off the appropriate staff member in the Personnel grid.



**Edit Cath Report**

File Edit View Tools IMPACT Registry Report Components

**Patient Information**  
First Name: [999] Middle Name: [K] Last Name: [Impact]  
Medical Record Number: [Other123] Birth Date: [8/15/1965] Gender: [Male]

**Case Information**  
Cath Date: [05/24/2016] Cath Number: [873665] Account Number: [93756]  
Height (cm): [80.0]  
Set Access: [ ] Vein: [ ] Artery: [Right femoral 20fr]  
Fluorotime (min): [ ] Contrast Total (cc): [300.00] Rad Dose (mGy): [10000.00] Total DAP (uGy-M2): [ ]

**Report Components**  
[Dx] [IR] [ ] [ ] [ ] [ ]

**Personnel**

Operator	Name	Role
<input checked="" type="checkbox"/>	Allen D. Everett, MD	Attending

**IMPACT Registry Data**

**Pre-Procedure Measurements**

Hospital Status: ☐ Outpatient ☒ Admit to inpatient floor ☐ Admit to inpatient ICU  
☐ 23 Hour obs outpatient ☐ Return to inpatient floor ☐ Return to inpatient ICU

Procedure Status: ☐ Elective ☒ Urgent ☐ Emergency ☐ Salvage

Trainee participating in the Procedure: ☒ No ☐ Yes Second Attending participating in the Procedure: ☐ No ☒ Yes

**Cath Data**

X-Ray Imaging: ☐ Single Plane ☒ Biplane

**Sedation**

Anesthesiologist Present (start of case): ☐ No ☒ Yes  
Anesthesiologist Called In (due to escalation of care): ☐ No ☐ Yes

Sedation: ☒ General Anesthesia ☐ Epidural ☐ Caudal ☐ IV ☐ IM ☐ Oral/Intranasal ☐ None

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## IMPACT Registry Module

To load the IMPACT Registry Module, simply highlight a cath report and click the “IR” button. This will start a new IMPACT episode of care and case record if they have not been started yet; otherwise it will allow you to view or edit the existing data.

The module is split up into multiple data panels. You can access each panel by clicking the navigation links on the left side of the screen. The Procedure-Specific Data panel links are not shown until the performed procedures are specified.

When you select any field on any of the data panels, the field number and coding instructions will be shown at the bottom of the screen. Click the question mark button for more information about this field.

Pick lists are available for the Pre-Procedure Diagnosis, Specific Procedures performed, and Events. The interface for those lists works in the same way as the Dx section in PedCath, and is not detailed here.

The Episode of Care panel is selected by default when you enter the registry module. The next sections will detail the data panels that make up the IMPACT Registry module.

IR	Cath Date	Cath No.
<input checked="" type="checkbox"/>	05/24/2016	873665

Arrival: 5/10/2016 v2

Discharge: 5/28/2016 5

**IR** Add Cath Edit Cath

Print / Validate / Save

Navigation  
Links

Data Entry Panel

PedCath - IMPACT Registry v2.0

Patient: Impact, Iggy K Cath Date: 5/24/2016 Cath #: 873665

IMPACT Registry

Arrival Date: 05/10/2016 Patient Zip Code: Zip Code N/A

Insurance Payors: (check all that apply)

☒ Private Health Insurance ☒ Medicare ☐ Medicaid ☐ Military Health Care

☐ State-specific Plan (non-Medicaid) ☐ Indian Health Service ☐ Non-US Insurance ☐ None

HIC: 55585000312

Premature Birth (if < 1 yr old): ☐ No ☐ Yes

Birth Weight (if < 30 days old): kg

Gestational Age (if < 1 yr old): weeks

Prior Cardiac Catheterization: ☐ No ☒ Yes

Number of Prior Cardiac Catheterizations: 3

Date of Last Catheterization: 10/02/2010

Prior Cardiac Surgery: ☐ No ☒ Yes

Number of Prior Cardiac Surgeries: 6

Date of Last Surgery: 11/11/2010

Most Recent Procedures(s):

420. Conduit: RA to RV (Device implantation)

410. Conduit: RA to PA (Device implantation)

400. Conduit: LV to PA (Device implantation)

Most Recent Surgery(s):

30. ASD Repair: Patch

40. ASD Repair: Device

20. ASD Repair: Primary closure

Genetic/Congenital Conditions History & Risk Factors Arrhythmia Research Studies

22q11 Deletion (DiGeorge Syndrome): ☐ No ☒ Yes Noonan Syndrome: ☐ No ☒ Yes

Alagille Syndrome: ☐ No ☒ Yes Rubella: ☐ No ☒ Yes

Congenital Diaphragmatic Hernia: ☐ No ☒ Yes Trisomy-13: ☐ No ☒ Yes

Down Syndrome: ☐ No ☒ Yes Trisomy-18: ☐ No ☒ Yes

Heterotaxy: ☐ No ☒ Yes Turner Syndrome: ☐ No ☒ Yes

Marfan Syndrome: ☐ No ☒ Yes Williams-Beuren Syndrome: ☐ No ☒ Yes

No To All

Patient Restriction Auxiliary 3: Auxiliary 4:

Case Complete

3000. Arrival Date Coding Instructions: Indicate the date the patient arrived at your facility.

Target Value: N/A

Save & Close Close

Coding Instructions

## IMPACT Module Data Panels

### Demographics

The patient demographic information should already be filled out from the PedCath patient record (there are some fields PedCath does not require that may be missing – those should be filled in for IMPACT if known). Changing the information here will change the patient record in PedCath.

In addition to the main elements there are two auxiliary fields (Aux1 and Aux2). You may be instructed by NCDR to fill in these fields for certain patients. There is also an option to exclude demographic information from the submission file for this patient. These options are available only within the IMPACT module and not on the main PedCath Patient Edit form.

PedCath - IMPACT Registry v2.0

Patient: Impack, Iggy K Cath Date: 5/24/2016 Cath #: 873665

**Demographics**

First Name: Impack Middle: K Last Name: Impack

MRN: Other123 Date of Birth: 08/15/1965 Gender: Male

SSN: 430 88 4444 ☐ SSN Not Available

Auxiliary 1: Auxiliary 2: Other ID:

☐ Exclude identifying fields from submission

Race: (check all that apply)

☐ White ☐ Black/African American ☐ American Indian/Alaskan Native

☐ Asian

☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese

☐ Korean ☐ Vietnamese ☐ Other

☐ Native Hawaiian/Pacific Islander

☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Island

Hispanic or Latino Ethnicity: ☒ No ☐ Yes

☐ Mexican, Mexican-American, Chicano ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic, Latino or Spanish Origin

☒ Case Complete

[2010, FirstName] Coding Instructions: Indicate the patient's first name.

Target Value: The value on arrival at this facility

Save & Close Close

## Episode of Care

An episode of care stores data related to a patient's hospital visit. This includes arrival/discharge information, insurance information, prior caths and surgeries, genetic conditions and risk factors.

An episode of care may be associated with one or more cath procedures.

PedCath - IMPACT Registry v2.0

Patient: Impack, Iggy K Cath Date: 5/24/2016 Cath #: 873665

IMPACT Registry™

Demographics

**Episode of Care**

Case

Pre-Procedure

Clinical Evaluation

Cath Data

Hemodynamics

Procedures Performed

ASD Closure

Coarctation Procedure

Aortic Valvuloplasty

Pulmonary Valvuloplasty

PDA Closure

Proximal PA Stenting Procedure

Electrophysiology Ablation Procedure

TPVR

Events

Discharge

✓ Case Complete

Arrival Date: 05/10/2016 Patient Zip Code: Zip Code N/A

Insurance Payers: (check all that apply)

✓ Private Health Insurance

State-specific Plan (non-Medicaid)

Medicare

Indian Health Service

Medicaid

Non-US Insurance

Military Health Care

None

HIC: 55555000312

Premature Birth (if < 1 yr old): No Yes

Birth Weight (if < 30 days old): kg

Gestational Age (if < 1 yr old): weeks

Fundamental Diagnosis Code:

Prior Cardiac Catheterization: No Yes

Number of Prior Cardiac Catheterizations: 3

Date of Last Catheterization: 10/02/2010

Most Recent Procedures(s): Edit

420. Conduit: RA to RV (Device implantation)

410. Conduit: RA to PA (Device implantation)

400. Conduit: LV to PA (Device implantation)

Prior Cardiac Surgery: No Yes

Number of Prior Cardiac Surgeries: 6

Date of Last Surgery: 11/13

Most Recent Surgery(s): Edit

30. ASD Repair: Patch

40. ASD Repair: Device

20. ASD Repair: Primary closure

Genetic/Congenital Conditions

History & Risk Factors

Arrhythmia

Research Studies

22q11Deletion (DiGeorge Syndrome): No Yes

Alagille Syndrome: No Yes

Congenital Diaphragmatic Hernia: No Yes

Down Syndrome: No Yes

Heterotaxy: No Yes

Marfan Syndrome: No Yes

Noonan Syndrome: No Yes

Rubella: No Yes

Trisomy-13: No Yes

Trisomy-18: No Yes

Turner Syndrome: No Yes

Williams-Beuren Syndrome: No Yes

No To All

Patient Restriction

Auxiliary 3:

Auxiliary 4:

[3000. ArrivalDate] Coding Instructions: Indicate the date the patient arrived at your facility.

Target Value: N/A

Save & Close

Close



The Prior Cath Catherization import will look at your cath database and tell you how many prior caths, date of the last cath, and the most recent procedures performed. You can use the information returned in the wizard to fill in those fields on the Episode of Care panel.

The discharge information is part of the Episode of Care record, but is stored on the Discharge panel, described in a later section.

Two auxiliary values (3 and 4) can be entered on this form if instructed to do so by NCDR.

Prior Caths

The following information was found in the PedCath database:

Cases Found: 1

Last Cath Date: 6/3/2012

Most Recent Procedures

115. Pulmonary artery: Central (Proximal left and/or pro:

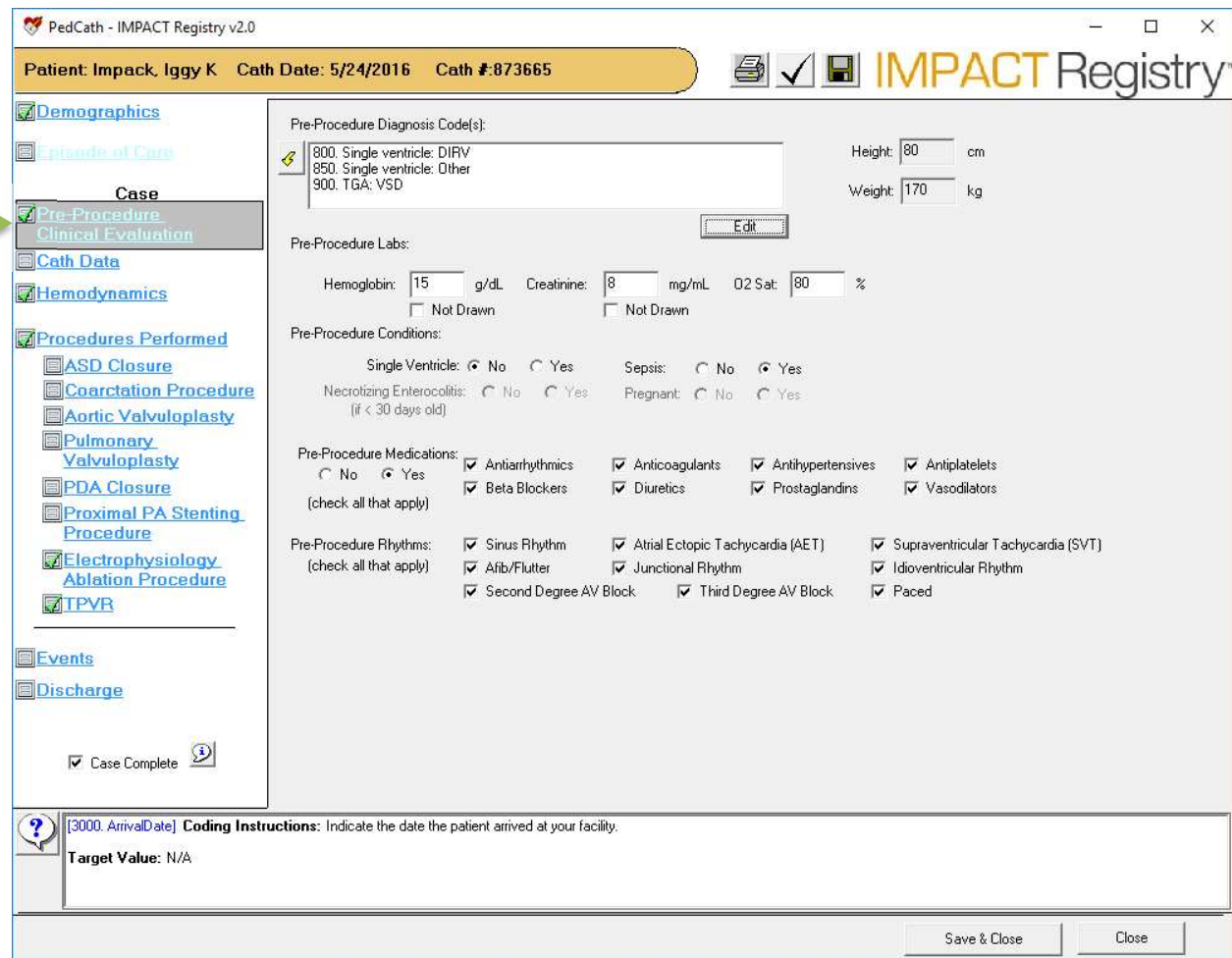
Use

Cancel

See the **Managing Episodes of Care** section for information on managing the episode of care records outside of the main IMPACT module.

## Pre-Procedure Clinical Evaluation

In the Pre-Procedure Clinical Evaluation section you will enter some pre-procedure lab measurements, medications, rhythms, as well as select the pre-procedure diagnosis codes. Height and Weight are taken from the PedCath report. The pre-procedure diagnosis codes are chosen from a hierarchical list similarly to the Dx section of PedCath.



PedCath - IMPACT Registry v2.0

Patient: Impack, Iggy K Cath Date: 5/24/2016 Cath #: 873665

IMPACT Registry™

**Case**

- Demographics
- Episode of Care
- Pre-Procedure Clinical Evaluation**
- Cath Data
- Hemodynamics
- Procedures Performed
  - ASD Closure
  - Coarctation Procedure
  - Aortic Valvuloplasty
  - Pulmonary Valvuloplasty
  - PDA Closure
  - Proximal PA Stenting Procedure
  - Electrophysiology Ablation Procedure
  - TPVR
- Events
- Discharge

☒ Case Complete

Pre-Procedure Diagnosis Code(s):

800. Single ventricle: DIRV  
850. Single ventricle: Other  
900. TGA: VSD

Height: 80 cm  
Weight: 170 kg

Pre-Procedure Labs:

Hemoglobin: 15 g/dL Creatinine: 8 mg/mL O2 Sat: 80 %

☐ Not Drawn ☐ Not Drawn

Pre-Procedure Conditions:

Single Ventricle: ☒ No ☐ Yes Sepsis: ☐ No ☒ Yes  
Necrotizing Enterocolitis: ☐ No ☐ Yes Pregnant: ☐ No ☐ Yes  
(if < 30 days old)

Pre-Procedure Medications:

☐ No ☒ Yes (check all that apply)

☒ Antiarrhythmics ☒ Anticoagulants ☒ Antihypertensives ☒ Antiplatelets  
☒ Beta Blockers ☒ Diuretics ☒ Prostaglandins ☒ Vasodilators

Pre-Procedure Rhythms:

☒ Sinus Rhythm ☒ Atrial Ectopic Tachycardia (AET) ☒ Supraventricular Tachycardia (SVT)  
☒ Afib/Flutter ☒ Junctional Rhythm ☒ Idioventricular Rhythm  
☒ Second Degree AV Block ☒ Third Degree AV Block ☒ Paced

[3000. ArrivalDate] Coding Instructions: Indicate the date the patient arrived at your facility.  
Target Value: N/A

Save & Close Close



## Cath Data

The Cath Data section will allow you to enter data pertaining to the case such as the cath arrival/departure time, catheter access and closure methods, sedation, heparinization, airway management, and hemodynamic support (Inotrope, ECMO and LVAD use).

The Operator drop down list will allow you to choose the operator for the case from staff members involved in the case. You must add staff members to the PedCath report before they will show up in the operator list. If the staff member does not have an NPI number associated with them, it should be specified on the staff edit screen before submission to the registry.

The Cath Lab Arrival Date will be set automatically from the cath date on the PedCath report. The arrival time is required for IMPACT submission.

Fluoro Time/Dose and Contrast are taken from the PedCath report and cannot be changed on the IMPACT forms. An indexed dosage value may be specified on the IMPACT form (only one fluoro time/dose value need be specified).

Two auxiliary values (5 and 6), can be entered on this form if instructed to do so by NCDR.

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IMPACT Registry™

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☒ Pre-Procedure

☒ Clinical Evaluation

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☒ Hemodynamics

**Procedures Performed**

☐ ASD Closure

☐ Coarctation Procedure

☐ Aortic Valvuloplasty

☐ Pulmonary Valvuloplasty

☐ PDA Closure

☐ Proximal PA Stenting Procedure

☒ Electrophysiology Ablation Procedure

☒ TPVR

**Events**

**Discharge**

☒ Case Complete

Procedure Start Date/Time: 05/24/2016 10:00 Procedure End Date/Time: 05/24/2016 13:30

Operator: Allen D. Everett, MD (NPI=) Trainee participating in the Procedure: ☒ No ☐ Yes Second Attending participating in the Procedure: ☒ No ☐ Yes

Hospital Status: ☐ Outpatient ☒ Admit to inpatient floor ☐ Admit to inpatient ICU  
☐ 23 Hour obs outpatient ☐ Return to inpatient floor ☐ Return to inpatient ICU

Procedure Status: ☐ Elective ☒ Urgent ☐ Emergency ☐ Salvage

Access Location: ☐ Venous ☒ Arterial ☐ Both

**Venous Access**

Venous Access Site: ☐ Left brachial ☐ Right brachial ☐ Left femoral ☐ Right femoral ☐ Left jugular ☐ Right jugular ☐ Left subclavian ☐ Right subclavian ☐ Hepatic ☐ Trans thoracic ☐ Umbilical ☐ Other

Venous Sheath Size: French (largest)

Venous Closure Methods: Add Remove

☐ Method not documented

**Arterial Access**

**Fluoroscopy** Sedation Heparization Airway Management Hemodynamic Support

X-Ray Imaging ☐ Single Plane ☒ Biplane

Contrast Volume: 300 mL Cumulative Air Kerma: 10000 mGy

Fluoro Time: minutes Dose Area Product: µGy-M2

Auxiliary 5: Auxiliary 6:

[5048: ProcStartTime] **Coding Instructions:** Indicate the time the procedure started, to the nearest minute. The time of the procedure is the time that the skin incision, vascular access, or its equivalent, was made in order to start the procedure.

**Notes:** Indicate the time (hours:minutes) using the military 24-hour clock, beginning at midnight (0000 hours).

Target Value: The value on screen represents

Save & Close Close

## Hemodynamics

The hemodynamics data on this form is all read-only and taken from the PedCath report. Please refer to the prior Hemodynamics section (page five) regarding PedCath/IMPACT shared data for information on entering the hemodynamic data on the PedCath Edit screen.

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**Events**

**Discharge**

Case Complete

Baseline Hemodynamics

Systemic Arterial Saturation: 87 % ☐ Not Assessed

Mixed Venous Saturation: 67 % ☐ Not Assessed

Systemic Ventricular Pressure:

(Systolic) 95 mmHg ☐ Not Assessed

(End Diastolic) 10 mmHg ☐ Not Assessed

PA Pressure:

(Systolic) 37 mmHg ☐ Not Assessed

(Mean) 25 mmHg ☐ Not Assessed

Systemic Blood Pressure:

(Systolic) 97 mmHg ☐ Not Assessed

(Diastolic) 40 mmHg ☐ Not Assessed

(Mean) 61 mmHg ☐ Not Assessed

Pulmonary Ventricular Systolic Pressure: 50 mmHg ☐ Not Assessed

Pulmonary Vascular Resistance Index: 1.3 ☐ Not Assessed

Wood Units\*m2

Cardiac Index: 3.2 ☐ Not Assessed

L/min/m2

Qp/Qs ratio: 3.8 ☐ Not Assessed

Choose Baseline Set (Data Entered on PedCath Edit Screen)

Hemoset 1: Example cath

Set

LV is Systemic Ventricle

RV is Pulmonary Ventricle

[6000. SystemicArtSat] Coding Instructions: Indicate the systemic arterial saturation obtained during the procedure in %.

Notes: The systemic arterial saturation can be obtained by invasive or non-invasive means. Pulse oximetry saturation may be used if the arterial saturation was not measured with an arterial blood sample. If the value obtained is outside of the valid range, code the highest or lowest number possible.

Save & Close Close

## Procedures Performed

In the Procedures Performed section, check off all of the procedures that were performed for the case.

All of the procedures except for Diagnostic Cath will require additional procedure-specific data to be entered.

After checking a procedure, a data panel link will be shown on the left side of the screen within the Procedure-Specific Data group.

You can also specify any additional specific procedures by choosing them from a pick-list.

The screenshot displays the 'PedCath - IMPACT Registry v2.0' application window. The top header shows 'Patient: Impact, Iggy K', 'Cath Date: 5/24/2016', and 'Cath #: 873665'. The left sidebar contains a navigation menu with sections: Demographics, Episode of Care, Case (with sub-items Pre-Procedure, Clinical Evaluation, Cath Date, Hemodynamics, and Procedures Performed), Events, and Discharge. A green arrow points to the 'Procedures Performed' section in the sidebar. This section lists various procedures with checkboxes: ASD Closure, Coarctation Procedure, Aortic Valvuloplasty, Pulmonary Valvuloplasty, PDA Closure, Proximal PA Stenting Procedure, Electrophysiology Ablation Procedure, and TPVR. The 'Procedures Performed' section is highlighted with a blue bracket, and a text box labeled 'Procedure-Specific Data Panel links show here' points to the list. The main content area shows a list of 'Procedure(s): (check all that apply)' with checkboxes for Diagnostic Cath, ASD Closure, Coarctation Procedure, Aortic Valvuloplasty, Electrophysiology Cath, Pulmonary Valvuloplasty, PDA Closure, Proximal PA Stenting, Electrophysiology Ablation Procedure, and Transcatheter Pulmonary Valve Replacement (TPVR). Below this, a 'Specific Procedure(s):' section contains a text box with the following text: '260. Conduit: LV to aorta (Coil implantation)', '150. Pulmonary vein: Lingula (Lingular pulmonary vein) (Balloon dilation)', and '400. Conduit: LV to PA (Device implantation)'. An 'Edit' button is located to the right of this text box. At the bottom of the window, there is a 'Save & Close' button and a 'Close' button.

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Pulmonary Valvuloplasty

PDA Closure

Proximal PA Stenting Procedure

Electrophysiology Ablation Procedure

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Discharge

Case Complete

Procedure(s): (check all that apply)

☒ Diagnostic Cath ☒ ASD Closure ☒ Coarctation Procedure ☒ Aortic Valvuloplasty

☒ Electrophysiology Cath ☒ Pulmonary Valvuloplasty ☒ PDA Closure ☒ Proximal PA Stenting

☒ Electrophysiology Ablation Procedure ☒ Transcatheter Pulmonary Valve Replacement (TPVR)

Specific Procedure(s):

260. Conduit: LV to aorta (Coil implantation)

150. Pulmonary vein: Lingula (Lingular pulmonary vein) (Balloon dilation)

400. Conduit: LV to PA (Device implantation)

Edit

Procedure-Specific Data Panel links show here

[3000, ArrivalDate] Coding Instructions: Indicate the date the patient arrived at your facility.

Target Value: N/A

Save & Close Close



## ASD Closure

The ASD Closure section will be available if ASD Closure is checked under the Procedures Performed section. It is required to have at least one defect.

To add more than one defect, click the Add Defect button. Clicking the Remove Defect button will remove the currently active defect tab.

## Managing Devices

To add any devices, you must mark one or more defects as treated.

To add a device, type in the device id within the device id column or click the icon within that column to bring up the device list.

To remove a device, either delete the Device ID number, or right-click the number within the Num column and choose Delete Device.

To designate the defects that are treated by a particular device, type the defect numbers within the Associated Defect(s) column, separated by commas if more than one. So for instance if the device should be associated with Defect 1 and Defect 3, type “1, 3” in the grid cell.

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**TPVR**

**Events**

**Discharge**

Case Complete

Primary Procedure Indication: ☐ Right ventricular volume overload ☐ Chronic lung disease ☐ Failure to thrive ☐ Recurrent respiratory infections ☐ Ventilator dependent ☐ Cyanosis ☒ Stroke prevention ☐ Migraines ☐ Pulmonary hypertension

Total Septal Length: 2 mm ☐ Not Assessed Atrial Septal Aneurysm Present: ☐ No ☒ Yes

Add Defect Remove Defect

**Defect 1** Defect 2 Defect 3

ASD Multi-Fenestrated: ☐ No ☒ Yes Rim Measurement Performed: ☐ No ☒ Yes

ASD Size: 15 mm IVC Rim Length: mm

Balloon Sizing Performed: ☐ No ☒ Yes Aortic Rim Length: mm

Stretched Diameter Performed: ☐ No ☒ Yes Posterior Rim Length: mm

Size: 20 mm

Stop Flow Technique Performed: ☐ No ☒ Yes

Size: 20 mm

Residual Shunt Size: ☒ None to trivial (<3 mm) ☐ Significant (>=3 mm)

**Devices**

Num	Device ID	Associated Defect(s)	Outcome of Device
1	902	1, 3	Implanted, not released
		Occluder - AMPLATZER Multi-Fenestrated Septal Occluder-Cribiform 35 mm [AGA Medical]	
2	895	3	Implanted, released
		Occluder - AMPLATZER Duct Occluder 12/10 mm x 8 mm [AGA Medical]	
3	900	1, 3	Implanted, released and retrieved
		Occluder - AMPLATZER Multi-Fenestrated Septal Occluder-Cribiform 25 mm [AGA Medical]	

[7000. ASDProcInd] Coding Instructions: Indicate the primary reason the atrial septal defect (ASD) procedure is being performed.

Target Value: The value on current procedure

Save & Close Close

## Coarctation Procedure

The Coarctation Procedure section will be available if Coarctation Procedure is checked under the Procedures Performed section.

If the Device ID is known it can be directly typed in the box, otherwise you can look it up in the device list by clicking the “...” button.

To add more than one device, click the Add Device button. Clicking the Remove Device button will remove the currently active device tab.

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**PDA Closure**

**Proximal PA Stenting Procedure**

**Electrophysiology Ablation Procedure**

**TPVR**

**Events**

**Discharge**

☒ Case Complete

Primary Procedure Indication: ☐ Abnormal ventricular function ☒ Congestive heart failure ☐ Exercise hypertension ☐ Systemic hypertension ☐ High resting gradient ☐ Angiographic appearance ☐ Pseudoaneurysm

Nature of simple discrete coarctation (One site of intervention): ☐ Native ☒ Post Treatment

Most Recent Prior Treatment: ☐ Surgical Repair ☒ Catheter-based Intervention

Pre-Procedure Minimal Diameter:  mm ☒ Not Assessed

Pre-Procedure Peak Systolic Gradient:  mmHg ☒ Not Assessed

Post-Procedure Minimal Diameter:  mm ☒ Not Assessed

Post-Procedure Peak Systolic Gradient: 12 mmHg ☐ Not Assessed

Coarctation with Additional Associated Aortic Obstruction: ☒ No ☐ Yes

Additional Intervention on Aortic Arch: ☐ No ☐ Yes

Pre-Procedure Total Ascending to Descending Aortic Systolic Gradient:  mmHg

Post-Procedure Total Ascending to Descending Aortic Systolic Gradient:  mmHg

Add Device Remove Device

**Device 1** Device 2 Device 3

Device ID: 12 ... [Balloon - HIGHSAIL Coronary Dilatation Catheter 2.75 mm x 8 mm [Abbott Vascular]]

Device Type: ☒ Balloon ☐ Stent

Purpose: ☐ Compliance testing ☐ Stent redilation ☐ Angioplasty ☒ Stent implantation

Outcome: ☐ Implanted intended site ☐ Implanted other location ☐ Not deployed

Max Inflation Pressure: 10 atm(s)

In Stent Minimal Diameter Assessed: ☐ No ☐ Yes

Outcome: ☐ Inflated with rupture ☒ Inflated without rupture

In Stent Minimal Diameter:  mm

[7100. CoarcProcInd] Coding Instructions: Indicate the primary reason the Coarctation procedure is being performed.

Target Value: The value on current procedure

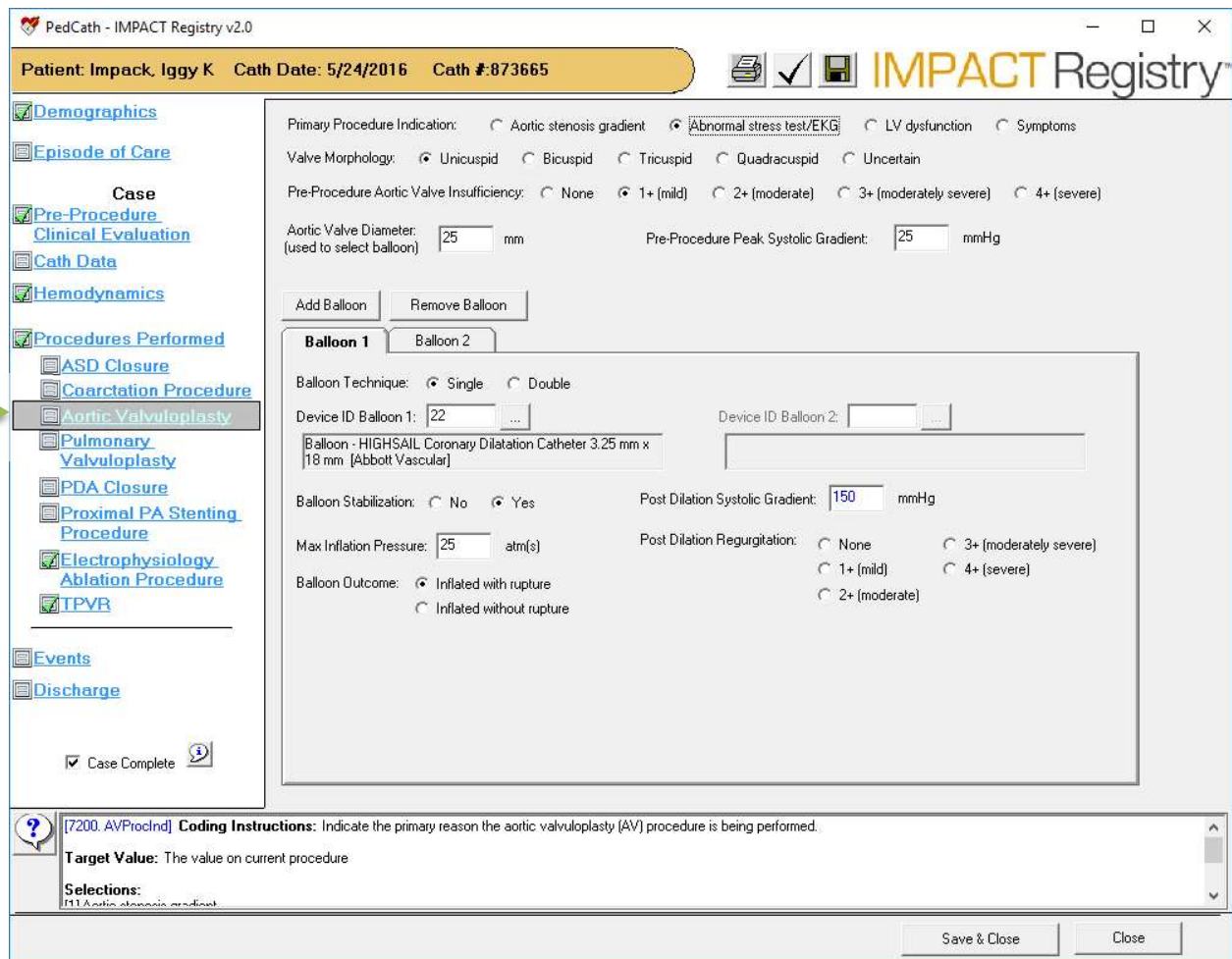
Save & Close Close

## Aortic Valvuloplasty

The Aortic Valvuloplasty section will be available if Aortic Valvuloplasty is checked under the Procedures Performed section.

For each inflation you must specify if the balloon technique was Single or Double, and fill out device information for each balloon. If the Device ID is known it can be directly typed in the box, otherwise you can look it up in the device list by clicking the “...” button.

To add additional inflations, click the Add Inflation button. Clicking the Remove Inflation button will remove the currently active inflation tab.



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**Electrophysiology Ablation Procedure**

**TPVR**

**Events**

**Discharge**

☒ Case Complete

Primary Procedure Indication: ☐ Aortic stenosis gradient ☒ Abnormal stress test/EKG ☐ LV dysfunction ☐ Symptoms

Valve Morphology: ☒ Unicuspid ☐ Bicuspid ☐ Tricuspid ☐ Quadricuspid ☐ Uncertain

Pre-Procedure Aortic Valve Insufficiency: ☐ None ☒ 1+ (mild) ☐ 2+ (moderate) ☐ 3+ (moderately severe) ☐ 4+ (severe)

Aortic Valve Diameter:  mm Pre-Procedure Peak Systolic Gradient:  mmHg

Add Balloon Remove Balloon

**Balloon 1** Balloon 2

Balloon Technique: ☒ Single ☐ Double

Device ID Balloon 1:  ... Device ID Balloon 2:  ...

Balloon - HIGHSAIL Coronary Dilatation Catheter 3.25 mm x 18 mm [Abbott Vascular]

Balloon Stabilization: ☐ No ☒ Yes Post Dilatation Systolic Gradient:  mmHg

Max Inflation Pressure:  atm(s) Post Dilatation Regurgitation: ☐ None ☐ 1+ (mild) ☐ 2+ (moderate) ☐ 3+ (moderately severe) ☐ 4+ (severe)

Balloon Outcome: ☒ Inflated with rupture ☐ Inflated without rupture

[7200. AVProcInd] Coding Instructions: Indicate the primary reason the aortic valvuloplasty (AV) procedure is being performed.

Target Value: The value on current procedure

Selections:

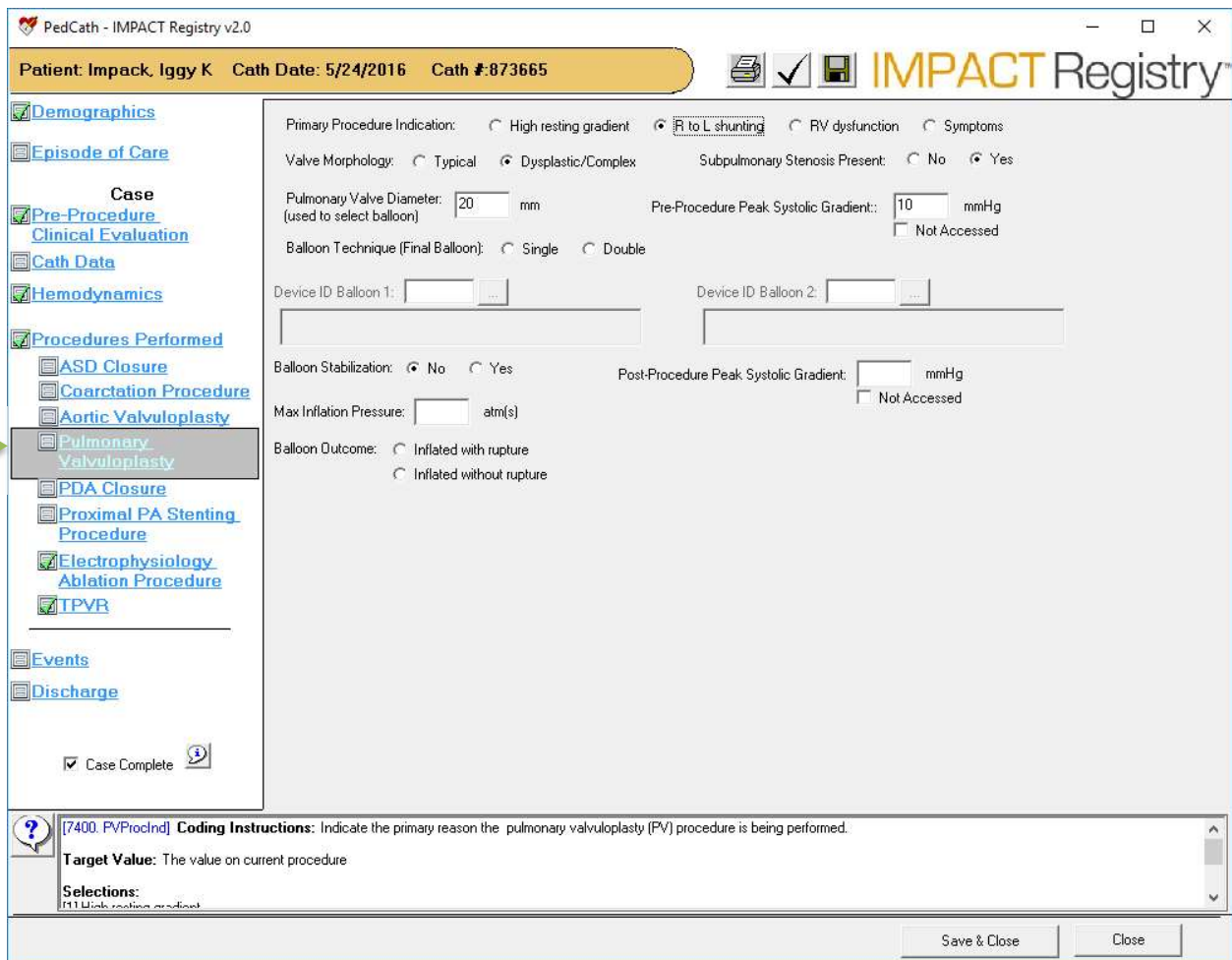
[11] Aortic stenosis gradient

Save & Close Close

## Pulmonary Valvuloplasty

The Pulmonary Valvuloplasty section will be available if Pulmonary Valvuloplasty is checked under the Procedures Performed section.

This section is arranged similarly to the Aortic Valvuloplasty panel. Please refer to page 18 for more information.



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**IMPACT Registry™**

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**Episode of Care**

**Case**

☒ Pre-Procedure

**Clinical Evaluation**

**Cath Data**

**Hemodynamics**

**Procedures Performed**

- ☐ ASD Closure
- ☐ Coarctation Procedure
- ☐ Aortic Valvuloplasty
- ☒ **Pulmonary Valvuloplasty**
- ☐ PDA Closure
- ☐ Proximal PA Stenting Procedure
- ☒ Electrophysiology Ablation Procedure
- ☒ TPVR

**Events**

**Discharge**

☒ Case Complete

Primary Procedure Indication: ☐ High resting gradient ☒ R to L shunting ☐ RV dysfunction ☐ Symptoms

Valve Morphology: ☐ Typical ☒ Dysplastic/Complex Subpulmonary Stenosis Present: ☐ No ☒ Yes

Pulmonary Valve Diameter: 20 mm Pre-Procedure Peak Systolic Gradient: 10 mmHg  
(used to select balloon) ☐ Not Accessed

Balloon Technique (Final Balloon): ☐ Single ☐ Double

Device ID Balloon 1: Device ID Balloon 2:

Balloon Stabilization: ☒ No ☐ Yes Post-Procedure Peak Systolic Gradient: mmHg  
☐ Not Accessed

Max Inflation Pressure: atm(s)

Balloon Outcome: ☐ Inflated with rupture ☐ Inflated without rupture

[7400, PVProcInd] **Coding Instructions:** Indicate the primary reason the pulmonary valvuloplasty (PV) procedure is being performed.

**Target Value:** The value on current procedure

**Selections:**

Save & Close Close

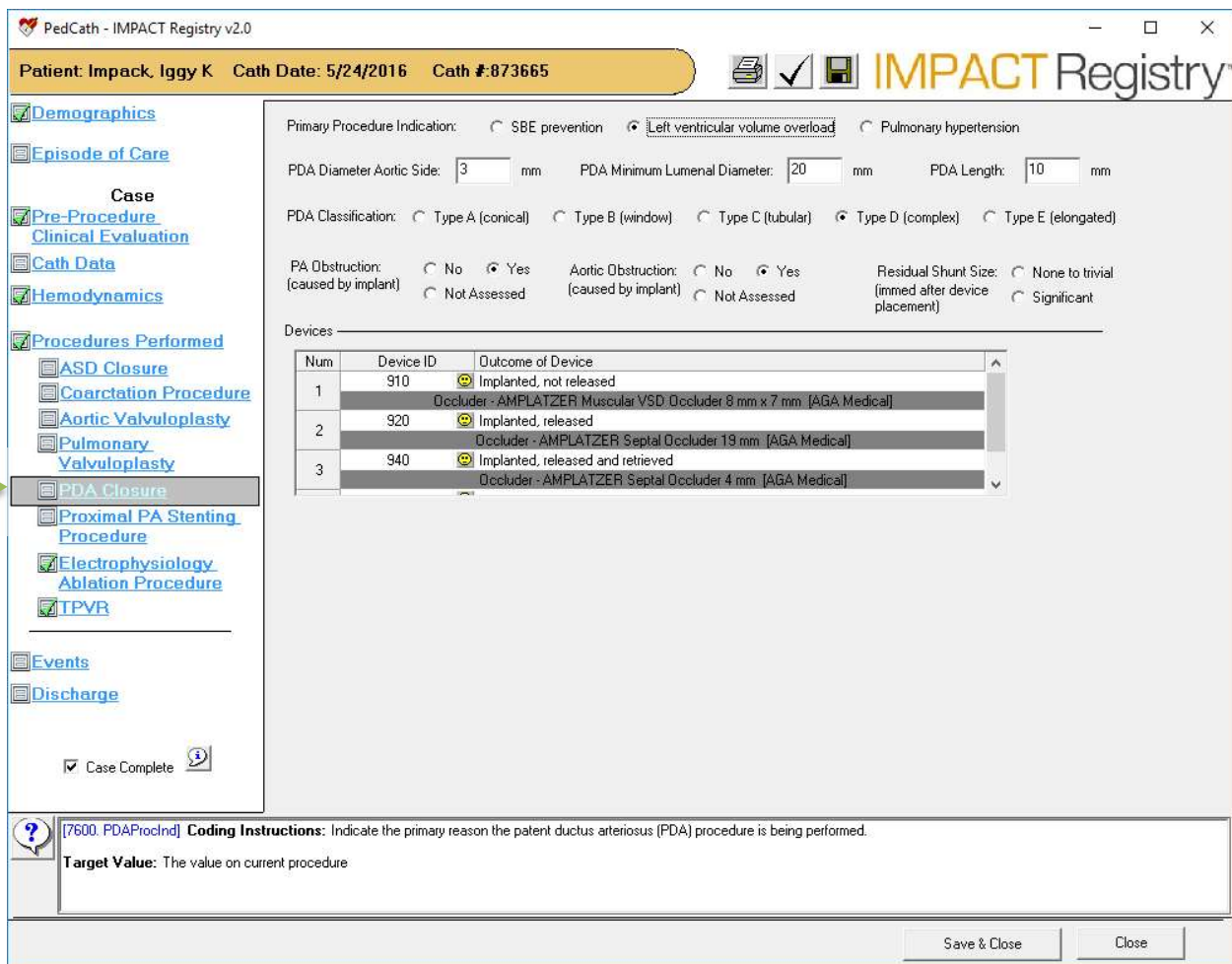
## PDA Closure

The PDA Closure section will be available if PDA Closure is checked under the Procedures Performed section.

## Managing Devices

To add a device, type in the device id within the Device ID column or click the icon within that column to bring up the device list.

To remove a device, either delete the Device ID number, or right-click the number within the Num column and choose Delete Device.



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**Pulmonary Valvuloplasty**

**PDA Closure**

**Proximal PA Stenting Procedure**

**Electrophysiology Ablation Procedure**

**TPVR**

**Events**

**Discharge**

☒ Case Complete

Primary Procedure Indication: ☐ SBE prevention ☒ Left ventricular volume overload ☐ Pulmonary hypertension

PDA Diameter Aortic Side: 3 mm PDA Minimum Lumenal Diameter: 20 mm PDA Length: 10 mm

PDA Classification: ☐ Type A (conical) ☐ Type B (window) ☐ Type C (tubular) ☒ Type D (complex) ☐ Type E (elongated)

PA Obstruction: ☐ No ☒ Yes Aortic Obstruction: ☐ No ☒ Yes Residual Shunt Size: ☐ None to trivial ☐ Significant  
(caused by implant) (caused by implant) (immed after device placement)

Devices

Num	Device ID	Outcome of Device
1	910	Implanted, not released
		Occluder - AMPLATZER Muscular VSD Occluder 8 mm x 7 mm [AGA Medical]
2	920	Implanted, released
		Occluder - AMPLATZER Septal Occluder 19 mm [AGA Medical]
3	940	Implanted, released and retrieved
		Occluder - AMPLATZER Septal Occluder 4 mm [AGA Medical]

[7600. PDAProcInd] **Coding Instructions:** Indicate the primary reason the patent ductus arteriosus (PDA) procedure is being performed.

**Target Value:** The value on current procedure

Save & Close Close



## Proximal Pulmonary Artery Stenting Procedure

The Proximal Pulmonary Artery Stenting Procedure section will be available if Proximal PA Stenting Procedure is checked under the Procedures Performed section.

To add more than one defect, click the Add Defect button. Clicking the Remove button will remove the currently active defect tab.

There are some pre and post procedure hemodynamics and measurements collected for this procedure.

Make sure to specify whether or not the patient is Single Ventricle within the Episode of Care panel so that all of the appropriate measurements are shown.

## Managing Devices

To add a device, type in the device id within the Device ID column or click the icon within that column to bring up the device list.

To remove a device, either delete the Device ID number, or right-click the number within the Num column and choose Delete Device. To designate the defects that are treated by a particular device, type the defect numbers within the Associated Defect(s) column, separated by commas if more than one. So for instance if the device should be associated with Defect 2 and Defect 3, type "2, 3" in the grid cell.

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IMPACT Registry™

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**Episode of Care**

**Case**

**Pre-Procedure Clinical Evaluation**

**Cath Data**

**Hemodynamics**

**Procedures Performed**

- ASD Closure
- Coarctation Procedure
- Aortic Valvuloplasty
- Pulmonary Valvuloplasty
- PDA Closure
- Proximal PA Stenting Procedure**
- Electrophysiology Ablation Procedure
- TPVR

**Events**

**Discharge**

Case Complete

Primary Procedure Indication: ☐ PA gradient ☐ RV hypertension/dysfunction ☐ Pulmonary insufficiency  
☐ PA flow discrepancy ☒ Angiographic narrowing

Add Defect Remove Defect

**Defect 1** Defect 2 Defect 3

Defect Location: ☒ Right proximal PA ☐ Left proximal PA

Distal Obstruction Present: ☐ No ☒ Yes

Sidebranch Jailing: ☐ No ☒ Yes

Intended: ☐ No ☒ Yes

Artery: ☒ Proximal Artery ☐ Lobar Artery

Decreased Flow: ☐ No ☒ Yes

**Pre-Procedure** Post-Procedure

Proximal Systolic Pressure:  mmHg

Distal Systolic Pressure:  mmHg

Proximal Diameter:  mm

Distal Diameter:  mm

PA Vessel Diameter Minimum:  mm

**Devices**

Num	Device ID	Associated Defect(s)	Outcome of Device
1	1290	1, 2, 3	Stent - MULTI-LINK RX ULTRA Coronary Stent System 4.0 mm x 38 mm [Abbott Vascular]
2	1330	1, 2, 3	Stent - MULTI-LINK VISION OTW Coronary Stent System 2.75 mm x 12 mm [Abbott Vascular]
3	1460	1, 3	Stent - Protege EverFlex Self-Expanding Biliary Stent 8 mm x 20 mm [ev3]

[7700.PASProcInd] **Coding Instructions:** Indicate the primary reason the pulmonary artery (PA) stenting procedure is being performed.

**Target Value:** The value on current procedure

Save & Close Close

## EP Cath / EP Ablation Procedure

The Electrophysiology Ablation Procedure section will be available if either the EP Cath or EP Ablation Procedure are checked under the Procedures Performed section.

If only EP Cath is checked then only the first three tabs of the data panel will show. When EP Ablation is checked the Targets and Ablation Catheters should also be filled out as well.

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**TPVR**

**Events**

**Discharge**

☒ Case Complete

**Main** Pre-Procedure Symptom Severity Survey Ablation Procedure Targets Ablation Catheter(s)

Primary Procedure Indication ☒ Evaluation of specific arrhythmia ☐ Evaluation of event or symptoms suggesting arrhythmia  
☐ Evaluation of prior antiarrhythmic treatment ☐ Evaluation of risk for ventricular tachyarrhythmia  
☐ Preoperative evaluation

History of Congenital Heart Disease ☒ No structural heart disease or trivial, unoperated congenital heart disease  
☐ Repaired functionally two-ventricle congenital heart disease  
☐ Repaired tetralogy of Fallot and tetralogy-like variants  
☐ Transposition of the great arteries following atrial-level (Mustard or Senning) palliation  
☐ Fontan palliation of functionally univentricular heart  
☐ Pre-Fontan palliation of functionally univentricular heart  
☐ Unoperated acyanotic congenital heart disease  
☐ Unoperated cyanotic congenital heart disease

Previous EP Therapy Attempted ☐ No ☒ Yes  
☒ Catheter Ablation ☐ Pharmacologic Therapy ☐ Chemical cardioversion ☐ DC cardioversion  
☐ Pacemaker insertion ☐ ICD insertion ☒ Arrhythmia surgery

Number of Prior Catheter Ablation procedures: 1

[10000: EPPrimaryInd] **Coding Instructions:** Indicate the primary reason the procedure is being performed.  
**Target Value:** The value on current procedure

Save & Close Close

## Transcatheter Pulmonary Valve Replacement (TPVR)

The TPVR section will be available if Transcatheter Pulmonary Valve Replacement (TPVR) is checked under the Procedures Performed section.

To add a device, type in the device id within the Device ID column or click the icon within that column to bring up the device list.

To remove a device, either delete the Device ID number, or right-click the number within the Num column and choose Delete Device.

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**Procedures Performed**

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- Aortic Valvuloplasty
- Pulmonary Valvuloplasty
- PDA Closure
- Proximal PA Stenting Procedure
- Electrophysiology Ablation Procedure
- TPVR**

**Events**

**Discharge**

☒ Case Complete

**Clinical Indication:** ☐ Symptomatic ☒ Prevention of symptoms in asymptomatic patient ☐ Declining ventricular function  
☐ Worsening arrhythmias ☐ Other

**Hemodynamic Indication:** ☐ Predominant valve/conduit Obstruction ☒ Predominant valve/conduit Regurgitation ☐ Mixed obstruction /regurgitation

**Underlying anatomic reason for Right Ventricular Outflow Tract (RVOT) dysfunction:**

- ☐ Congenital Heart Disease repaired using RVOT valve/conduit ☒ s/p Ross Procedure with repair using RVOT valve/conduit
- ☐ No Congenital Heart Disease with RVOT valve/conduit ☐ Native RVOT dysfunction secondary to surgical intervention
- ☐ Native RVOT dysfunction secondary to transcatheter intervention ☐ Native RVOT dysfunction with no prior interventions

**Pre-Procedure Testing** | **RVOT Anatomy and Function** | **Coronary Artery Assessment** | **Conduit Preparation** | **Post-Procedure Testing**

**Echocardiogram:** ☐ No ☒ Yes **MRI:** ☐ No ☒ Yes

Mean gradient across valve/conduit: 100 mmHg RVEF: 100 %  
Maximum gradient across valve/conduit: 200 mmHg LVEF: 200 %  
Pulmonary Valve Regurgitation Severity:  
☐ None ☐ 1+ (mild) ☒ 2+ (moderate)  
☐ 3+ (moderately severe) ☐ 4+ (severe)  
LVEF: 99 % PR Fraction: 100 %  
RVEDV Index: 300 RVESV Index: 200  
LVEDV Index: 400 LVESV Index: 300

**Tricuspid Regurgitation Severity:**  
☐ None ☐ 1+ (mild) ☐ 2+ (moderate)  
☒ 3+ (moderately severe) ☐ 4+ (severe)

**Devices**

Num	Device ID	Outcome of Device

**Coding Instructions:** Indicate the primary clinical reason for the procedure.  
**Target Value:** The value on current procedure

Save & Close Close



## Events

The Events section will allow you to enter complications that arose during the procedure, as well as post-procedure treatments. You can also specify events from a more comprehensive list in the Other Events section.

PedCath - IMPACT Registry v2.0

Patient: Impack, Iggy K Cath Date: 5/24/2016 Cath #: 873665

IMPACT Registry™

**Demographics**

**Episode of Care**

**Case**

**Pre-Procedure**

**Clinical Evaluation**

**Cath Data**

**Hemodynamics**

**Procedures Performed**

**ASD Closure**

**Coarctation Procedure**

**Aortic Valvuloplasty**

**Pulmonary Valvuloplasty**

**PDA Closure**

**Proximal PA Stenting Procedure**

**Electrophysiology Ablation Procedure**

**TPVR**

**Events**

**Discharge**

☒ Case Complete

Events		Other Events and Post-Procedure Treatments	
Cardiac Arrest	<input checked="" type="radio"/> No <input type="radio"/> Yes	Event Requiring ECMO	<input checked="" type="radio"/> No <input type="radio"/> Yes
Arrhythmia	<input checked="" type="radio"/> No <input type="radio"/> Yes	Event Requiring LVAD	<input checked="" type="radio"/> No <input type="radio"/> Yes
AV Block	<input type="radio"/> No <input type="radio"/> Yes	Bleeding Event	<input type="radio"/> No <input checked="" type="radio"/> Yes
Spontaneously Resolved	<input type="radio"/> No <input checked="" type="radio"/> Yes	Bleeding Event at Access Site	<input type="radio"/> No <input checked="" type="radio"/> Yes
Antiarhythmic Medication	<input type="radio"/> No <input checked="" type="radio"/> Yes	Hematoma at Access Site	<input type="radio"/> No <input checked="" type="radio"/> Yes
Cardioversion	<input type="radio"/> No <input checked="" type="radio"/> Yes	Retroperitoneal Bleeding	<input type="radio"/> No <input checked="" type="radio"/> Yes
Temporary Pacemaker	<input type="radio"/> No <input checked="" type="radio"/> Yes	Gastrointestinal Bleeding	<input type="radio"/> No <input checked="" type="radio"/> Yes
Permanent Pacemaker	<input type="radio"/> No <input checked="" type="radio"/> Yes	Genitourinary Bleeding	<input type="radio"/> No <input checked="" type="radio"/> Yes
New Heart Valve Regurgitation	<input checked="" type="radio"/> No <input type="radio"/> Yes	Other Bleeding	<input type="radio"/> No <input checked="" type="radio"/> Yes
Tamponade (Requiring pericardial drainage)	<input checked="" type="radio"/> No <input type="radio"/> Yes	RBC Transfusion	<input type="radio"/> No <input checked="" type="radio"/> Yes
Air Embolus	<input checked="" type="radio"/> No <input type="radio"/> Yes	Drop in Hgb	<input type="radio"/> No <input checked="" type="radio"/> Yes
Embolic Stroke	<input checked="" type="radio"/> No <input type="radio"/> Yes	Anemia prior to Cath Procedure	<input checked="" type="radio"/> No <input type="radio"/> Yes
Device Malposition or Thrombus	<input checked="" type="radio"/> No <input type="radio"/> Yes	Post-operative Blood Loss	<input checked="" type="radio"/> No <input type="radio"/> Yes
Retrieved via Catheterization	<input type="radio"/> No <input checked="" type="radio"/> Yes	ECMO Blood Replacement	<input type="radio"/> No <input type="radio"/> Yes
Retrieved via Surgery	<input type="radio"/> No <input checked="" type="radio"/> Yes	Peripheral Nerve Injury	<input checked="" type="radio"/> No <input type="radio"/> Yes
Device Embolization (Requiring device retrieval)	<input checked="" type="radio"/> No <input type="radio"/> Yes	Phrenic Nerve Paralysis	<input checked="" type="radio"/> No <input type="radio"/> Yes
Retrieved via Catheterization	<input type="radio"/> No <input checked="" type="radio"/> Yes	Pneumothorax	<input type="radio"/> No <input checked="" type="radio"/> Yes
Retrieved via Surgery	<input type="radio"/> No <input checked="" type="radio"/> Yes	Pulmonary Embolism	<input checked="" type="radio"/> No <input type="radio"/> Yes
New Requirement for Dialysis	<input type="radio"/> No <input checked="" type="radio"/> Yes	Pulmonary Vein Stenosis	<input checked="" type="radio"/> No <input type="radio"/> Yes
Coronary Artery Compression	<input type="radio"/> No <input checked="" type="radio"/> Yes	Radiation Burn to Skin	<input checked="" type="radio"/> No <input type="radio"/> Yes
Erosion	<input type="radio"/> No <input checked="" type="radio"/> Yes	Deep Vein Thrombosis	<input type="radio"/> No <input type="radio"/> Yes
Esophageal Fistula	<input type="radio"/> No <input checked="" type="radio"/> Yes	Conduit Tear	<input type="radio"/> No <input checked="" type="radio"/> Yes
Left Bundle Branch Block (LBBB)	<input type="radio"/> No <input checked="" type="radio"/> Yes	Location	<input checked="" type="radio"/> Confined or therapeutic tear without hemodynamic change
Right Bundle Branch Block (RBBB)	<input type="radio"/> No <input checked="" type="radio"/> Yes		<input type="radio"/> Rupture into pericardial or pleural space
Airway Event Requiring Escalation of Care	<input type="radio"/> No <input checked="" type="radio"/> Yes		<input type="radio"/> Rupture into bronchus, cardiac chamber, aorta, or other vessel
No To All		Treatment	Pericardial or pleural drain; Covered with TPV; Other ...

**Coding Instructions:** Indicate the primary clinical reason for the procedure.

**Target Value:** The value on current procedure

Save & Close Close

## Events Continued

PedCath - IMPACT Registry v2.0

Patient: Impack, Iggy K Cath Date: 5/24/2016 Cath #: 873665

IMPACT Registry™

Demographics
Episode of Care
Case
Pre-Procedure
Clinical Evaluation
Cath Data
Hemodynamics
Procedures Performed
ASD Closure
Coarctation Procedure
Aortic Valvuloplasty
Pulmonary Valvuloplasty
PDA Closure
Proximal PA Stenting Procedure
Electrophysiology Ablation Procedure
TPVR
Events
Discharge

Events
Other Events and Post-Procedure Treatments

Other Vascular Complications Req Rx ☐ No ☒ Yes

Other Events: ☐ No ☒ Yes

10. Atrial fibrillation (Arrhythmias/Non-Fetal)

Choose...

Post-Procedure Treatments

Planned Cardiac Surgery: ☐ No ☒ Yes
Unplanned Cardiac Surgery: ☐ No ☒ Yes

Unplanned Cardiac Surgery: (due to cath complication) ☐ No ☒ Yes
Unplanned Vascular Surgery: (due to cath complication) ☐ No ☒ Yes

Unplanned Other Surgery: ☐ No ☒ Yes
Due to Cath Complication: ☐ No ☒ Yes

Subsequent Cardiac Cath: (due to cath complication) ☐ No ☒ Yes

☒ Case Complete

?

[11000, TPVRClinInd] Coding Instructions: Indicate the primary clinical reason for the procedure.  
Target Value: The value on current procedure

Save & Close
Close

## Discharge

The Discharge section will allow you to enter the discharge date and status. Any cases without a discharge date will not be submitted to IMPACT.

Cardiac Surgery dates and times performed during the episode of care may also be entered here.

Entering follow-up data can also be done here. (Refer to the Follow-ups section in the manual).

PedCath - IMPACT Registry v2.0

Patient: Impact, Iggy K Cath Date: 5/24/2016 Cath #: 873665

IMPACT Registry™

**Demographics**

**Episode of Care**

Case

☒ Pre-Procedure

☒ Clinical Evaluation

☒ Cath Data

☒ Hemodynamics

☒ Procedures Performed

- ☒ ASD Closure
- ☒ Coarctation Procedure
- ☒ Aortic Valvuloplasty
- ☒ Pulmonary Valvuloplasty
- ☒ TBA Closure
- ☒ Proximal PA Stenting Procedure
- ☒ Electrophysiology Ablation Procedure
- ☒ TPVR

**Events**

**Discharge**

Discharge Date: 05/28/2016

Discharge Status: ☐ Alive ☐ Deceased

Death in Lab: ☐ No ☐ Yes

Cardiac Surgery during this admission: ☐ No ☒ Yes

Cardiac Surgery Date(s) / Times(s): 5/24/2016

Primary Cause of Death:

- ☐ Renal
- ☐ Infection
- ☐ Pulmonary
- ☐ Acute myocardial infarction
- ☐ Sudden cardiac death
- ☐ Heart failure
- ☐ Stroke
- ☐ Cardiovascular procedure
- ☐ Cardiovascular hemorrhage
- ☐ Other cardiovascular reason
- ☐ Gastrointestinal
- ☐ Hepatobiliary
- ☐ Pancreatic
- ☐ Inflammatory/Immunologic
- ☐ Hemorrhage
- ☐ Non-cardiovascular procedure or surgery
- ☐ Trauma
- ☐ Suicide
- ☐ Neurological
- ☐ Malignancy
- ☐ Other non-cardiovascular reason



Follow-ups

Save & Close Close

[9000: DCDate] Coding Instructions: Indicate the date on which the patient was discharged from your facility.

Target Value: The value on discharge

## Error/Completeness checking

PedCath will display a check icon (  ) next to the navigation links for data panels that have been fully filled out. If any panels have been started but have missing fields, a form icon (  ) will be displayed instead, and any panels that haven't been started will not have an icon.

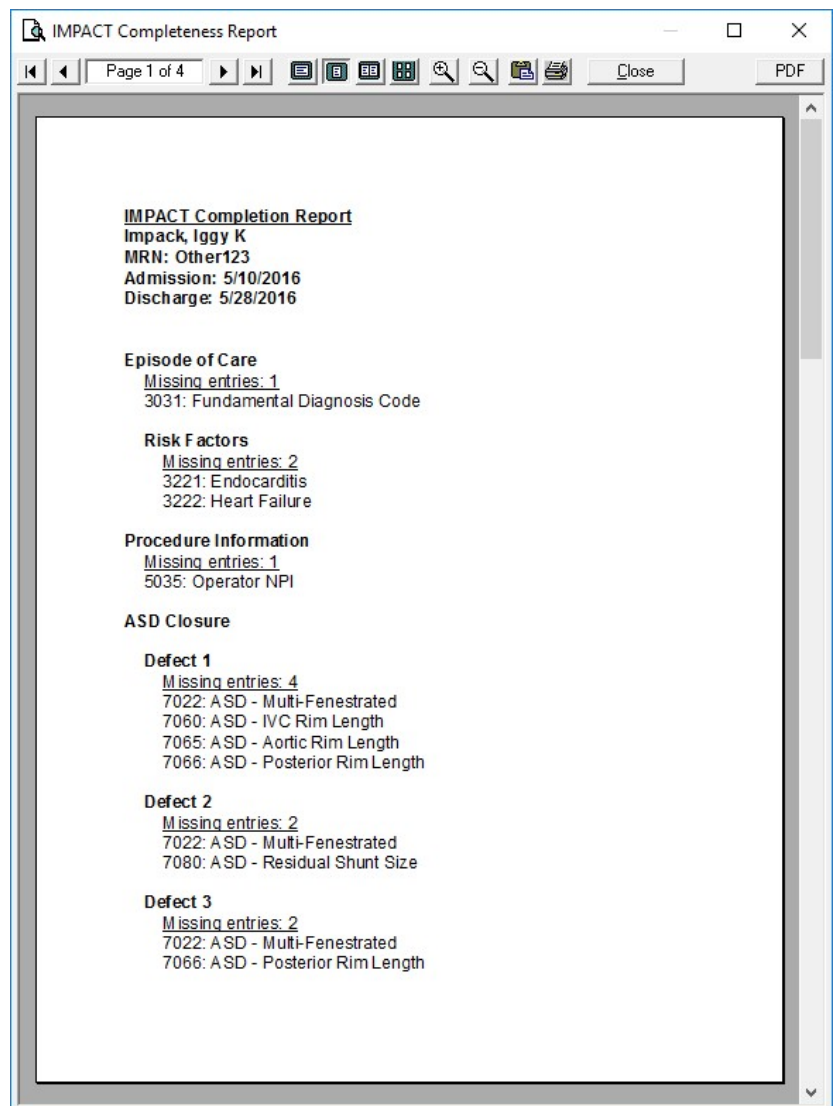
Clicking the validation button will allow you to see if there are any logical errors that would need to be corrected before submitting the data to IMPACT. If there are any errors, you will receive a message and PedCath will jump to the appropriate section.



If there are not any errors found, the case data is valid for IMPACT submission. You will be prompted to view a completeness report. This will list any fields that are missing data or out of the usual range.

The report may be printed and the completeness report window may be left open while corrections are made.

It is not required to fill in the data 100% to be able to submit to IMPACT, however it is recommended to fill in the forms as thoroughly as possible.

A screenshot of the 'IMPACT Completeness Report' window. The window title is 'IMPACT Completeness Report'. It shows a report for 'Impack, Iggy K' with MRN 'Other123', admission on 5/10/2016, and discharge on 5/28/2016. The report is divided into sections: 'Episode of Care' (Missing entries: 1, 3031: Fundamental Diagnosis Code), 'Risk Factors' (Missing entries: 2, 3221: Endocarditis, 3222: Heart Failure), 'Procedure Information' (Missing entries: 1, 5035: Operator NPI), 'ASD Closure', 'Defect 1' (Missing entries: 4, 7022: ASD - Multi-Fenestrated, 7060: ASD - IVC Rim Length, 7065: ASD - Aortic Rim Length, 7066: ASD - Posterior Rim Length), 'Defect 2' (Missing entries: 2, 7022: ASD - Multi-Fenestrated, 7080: ASD - Residual Shunt Size), and 'Defect 3' (Missing entries: 2, 7022: ASD - Multi-Fenestrated, 7066: ASD - Posterior Rim Length). The window has a toolbar with navigation and printing icons, and a 'Close' button.

## Device Lookup

Many of the procedure-specific data panels as well as the vein and artery closure methods will require a list of devices used to be specified. The data panels will allow you to type in the device ids directly or look them up with the Device Lookup form.

The Device Lookup dialog initially shows a listing of all the devices available.

## Filtering

There are filter options at the top of the screen that can be used to narrow down the list.

To filter by the device type, enter the name in the Device Type box or choose it from the pull down menu.

The available device manufacturers for that device type will be available in the Device Manufacturer box. Typing in or choosing the manufacturer in the drop-down list will filter the device listing with that manufacturer only.

Entering a device name in the Device Name box will highlight the device with that name in the listing.

## Sorting the List

You can also sort by any of the columns in the grid, by clicking the column header. Each time you click the column header the list will toggle between ascending and descending order for that column. If you check the box “Save Sorting Column”, the ordering will be retained the next time the listing is opened.

Filter options:

Device Type:  Device Manufacturer:  Device Name:

ID /	Device Type	Device Manufacturer	Device Name and Size
1	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 2.5 mm x 13 mm
2	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 2.5 mm x 15 mm
3	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 2.5 mm x 18 mm
4	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 2.5 mm x 23 mm
5	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 2.5 mm x 28 mm
6	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 2.5 mm x 8 mm
7	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 2.75 mm x 13 mm
8	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 2.75 mm x 15 mm
9	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 2.75 mm x 18 mm
10	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 2.75 mm x 23 mm
11	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 2.75 mm x 28 mm
12	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 2.75 mm x 8 mm
13	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 3.0 mm x 13 mm
14	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 3.0 mm x 15 mm
15	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 3.0 mm x 18 mm
16	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 3.0 mm x 23 mm
17	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 3.0 mm x 28 mm
18	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 3.0 mm x 33 mm
19	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 3.0 mm x 8 mm
20	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 3.25 mm x 13 mm
21	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 3.25 mm x 15 mm
22	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 3.25 mm x 18 mm
23	Balloon	Abbott Vascular	HIGHSAIL Coronary Dilatation Catheter 3.25 mm x 23 mm

3474 Total records/ 2945 Filtered records

Ok Cancel ☒ Save Sorting Column

Locate and click the device you’re looking for in the list by using the filters/sorting methods and click OK.

## Managing Episodes of Care

### Creating an Episode of Care

As described in the previous section, you can create an episode of care by launching the IMPACT Registry module.

You can also create a new Episode of Care by clicking the “Set EoC” button underneath the cath grid on the PedCath Browse screen. If one exists that is in range of the cath date, you will be prompted to associate it to the selected cath report.

The Episode of Care listing manager will also allow you to create new episodes of care that are not initially linked to a cath procedure.

IR	Cath Date	Cath No.
	05/24/2016	873665

Episode of Care Not Set

Set EoC

### Managing a Patient’s Episode of Care Listing

To see all of the Episode of Care records for a patient, select their name on the PedCath Browse screen and from the main menu choose:

IMPACT Registry > Patient Episode of Care List

Here you can add, edit, and remove Episode of Care records.

Episode of Care Listing: Impack, Iggy K

Episode of Care ID	Admission Date	Discharge Date	Associated Caths
5	5/10/2016	5/28/2016	1



Remove Add New Edit Close

### Editing/Disassociating an Episode of Care

Once the Episode of Care has been set you can edit it in a stand-alone editor outside of the IMPACT module by clicking the Pencil button, or disassociate it from the current cath report by clicking the X button.

Disassociating the Episode of Care from the cath record will not actually delete the Episode of Care data.

IR	Cath Date	Cath No.
	05/24/2016	873665

Arrival: 5/10/2016 v2  

Discharge: 5/28/2016 5



## Collecting Follow-up Data

**PedCath** allows you to collect follow-up data for IMPACT v2 after a patient's discharge.

IMPACT Registry - All follow-ups for Impack, Iggy K during visit (5/10/2016-5/28/2016)				
Follow-up ID	Follow-up Date	Status	Associated Caths	Referenced Episode of Care
1	8/31/2016		1	5/10/2016-5/28/2016 (ID=5)
<div> <div>Remove</div> <div>Schedule</div> <div>Edit</div> <div>Close</div> </div>				

Clicking the Follow-ups button on the Discharge panel of the IMPACT Registry module will show a list of follow-up records linked to the current episode of care. Here you will be able to create, edit or remove follow-up records as well as schedule one for a future date.

Schedule a Follow-up

Scheduled Follow-up Date:

1 Month

3 Months

6 Months

1 Year

Save to Schedule

Create Today

Cancel

Click the Schedule button to schedule a follow-up and enter a date for a planned follow-up consultation. You can also click one of the predefined timespans to set the date (e.g. clicking “1 Month” will schedule a follow-up for one month in the future). Click Save to Schedule to schedule the follow-up.

Clicking Create Today will allow you to fill out a follow-up record at that time without scheduling for a future date.

Follow-up

Follow-Up Main

ASD Procedure

Electrophysiology Ablation Procedure

Transcatheter Pulmonary Valve Replacement (TPVR) Procedure

Follow-up Assessment Date: 08/31/2016

Referenced Procedures: (check all that apply)

☒ 5/24/2016 Cath Number: 873665

Follow-up Status: ☒ Alive ☐ Deceased ☐ Lost to Follow-up

Date of Death: 11/1/2016

Cause of Death:

☐ Renal ☐ Cardiovascular procedure ☐ Hemorrhage ☐ Non-cardiovascular procedure or surgery ☐ Infection ☐ Cardiovascular hemorrhage ☐ Trauma ☐ Pulmonary ☐ Other cardiovascular reason ☐ Gastrointestinal ☐ Suicide ☐ Sudden cardiac death ☐ Hepatobiliary ☐ Neurological ☐ Heart failure ☐ Pancreatic ☐ Malignancy ☐ Stroke ☐ Inflammatory/immunologic ☐ Other non-cardiovascular reason

Method(s) to Determine Status:

☐ Office Visit ☐ Medical Records ☐ Letter from Medical Provider ☐ Phone call ☐ Social Security Death Master File ☐ Hospitalized ☒ Other

Events Since Discharge

Readmitted: ☐ No ☒ Yes

Readmission Length of Stay: 2 days

Readmission Date: 05/22/2016

Hospitalized at time of Follow-up: ☒ No ☐ Yes

☒ Follow-up Complete

112031\_F\_ReadmissionLOS

Coding Instructions: Indicate the length of stay (LOS) in days, during the follow-up period. If the patient had more than one readmission, code the LOS of the most recent readmission. If the length of stay is less than one day, round up to 1 day.

Notes: If LOS is longer than 999, code as 999.

Target Value: The value on follow-up

OK

Cancel

31

A follow-up record is linked to one or more studies during a patient's visit.

Specific follow-up questions are collected for the ASD, EAP, and TVPR studies.

Checking the Follow-up Complete box indicates that the follow-up record has been completed and reviewed (and will also hide it from the scheduled follow-up listing). All follow-up records filled out during a given quarter will be included in the submission file whether the Follow-up Complete box is checked or not.

You can view and manage the list of follow-ups occurring in the near future (or overdue) from the PedCath Browse screen. From the main menu choose:

IMPACT Registry > Follow-ups > All Scheduled or In Progress

Any follow-ups that have been started but not checked off will be included in this list as well.

The other menu commands will allow you to view the entire follow-up database, or view follow-ups for the selected patient.

The screenshot displays the IMPACT Registry software interface. At the top, there are tabs for 'Tools', 'IMPACT Registry', and 'Help'. The 'IMPACT Registry' tab is active, and a dropdown menu is open, showing options: 'Patient Episode of Care List', 'Set Cath Episode of Care', 'Edit IMPACT Study', 'Delete IMPACT Study', 'Print Report', 'Export to C3PO', 'Follow-ups', and 'Administration'. The 'Follow-ups' option is highlighted, and a sub-menu is open, showing: 'All Scheduled or In Progress' (F6), 'Full Follow-up Listing (All Patients)', 'For Selected Patient', and 'For Selected Episode' (Ctrl+F6). Below the menu, there are buttons for 'Add Patient' and 'Edit Patient'. The main window displays patient data in a table with columns: 'R', 'Cath Date', 'Cath No.', and 'Staff Name'. The data row shows '09/24/2005', '783', and 'Matherne MD, Paul' and 'Heller MD, Felice'. Below the table, there are buttons for 'Add Patient' and 'Edit Patient'. At the bottom, there is a 'Calculations' section with a dropdown for 'Set 1 of 2: Pre-valvuloplasty' and a list of values: 'Qp = 2.97 L/min (5.82 L/min/m2)', 'Qs = 2.58 L/min (5.06 L/min/m2)', 'Rp = 2.19 units (1.12 units x m2)', and 'Rs = 26.72 units (13.63 units x m2)'. To the right of the calculations is a 'Diagnoses / Procedures' section with a list: '85. Pulmonary Valve Stenosis' and '597. Balloon Pulmonary Valvuloplasty'. On the left side of the bottom section, there is a diagram of a heart with a catheter inserted into the right ventricle.

R	Cath Date	Cath No.	Staff Name
	09/24/2005	783	Matherne MD, Paul Heller MD, Felice

**Calculations**

Set 1 of 2: Pre-valvuloplasty

Some Calculation Values Overridden

Qp = 2.97 L/min (5.82 L/min/m2)  
Qs = 2.58 L/min (5.06 L/min/m2)  
Rp = 2.19 units (1.12 units x m2)  
Rs = 26.72 units (13.63 units x m2)

**Diagnoses / Procedures**

85. Pulmonary Valve Stenosis  
597. Balloon Pulmonary Valvuloplasty



## Administration

The PedCath IMPACT Registry Tool may be administered from within PedCath:

- From the Browse screen main menu choose:

IMPACT Registry > Administration

Here you can set IMPACT options, upgrade lookup tables, create the submission and extract files, and run a data import.

You will need to fill in the registration information received from NCDR on the General tab before submitting any data. These are global settings that need to be entered only once for your institution.

Different features are available for each version of IMPACT. Make sure to select the version you would like to apply options to.

The screenshot shows the 'NCDR Maintenance' dialog box with the 'General' tab selected. At the top, there are two tabs: 'Version 1' and 'Version 2'. The 'General' tab contains several input fields and buttons. On the left, there are fields for 'Participant Name' (Children's Hospital), 'Participant ID' (123456), 'Encryption Key' (0#nif3w\*#Fo#9#93), and 'Auxiliary ID'. On the right, there are dropdown menus for 'Default Cumulative Air Kerma Units' (mGy) and 'Default Dose Area Product Units' (μGy-M2). Below these are buttons for 'Manage Research Studies', 'Manage Favorite Closure Methods', 'Manage Operators', and 'Update Data Dictionary'. In the center, there is a 'Dynamic List Updates' section with 'From Web' and 'From Files' sub-sections. 'From Web' has a 'Web Update' button. 'From Files' has 'Update Closure Methods' and 'Update Device List' buttons. At the bottom, there are checkboxes for 'Use IMPACT coding for PedCath Dx' (checked), 'Enable Case Checkoff' (checked), and 'Link Patient's Other ID Field to MRN' (unchecked). There are also checkboxes for 'Remove SSN Field' and 'Sync DAP Data'. A 'Configure Auto Export' button is at the bottom right. 'OK' and 'Cancel' buttons are at the very bottom.

## General Options

### Diagnosis

Your institution has a choice to use the IMPACT procedures, diagnoses, and events for your main coding on the PedCath report. If the IMPACT coding is sufficient for your PedCath report, this will save some time by preventing double coding.

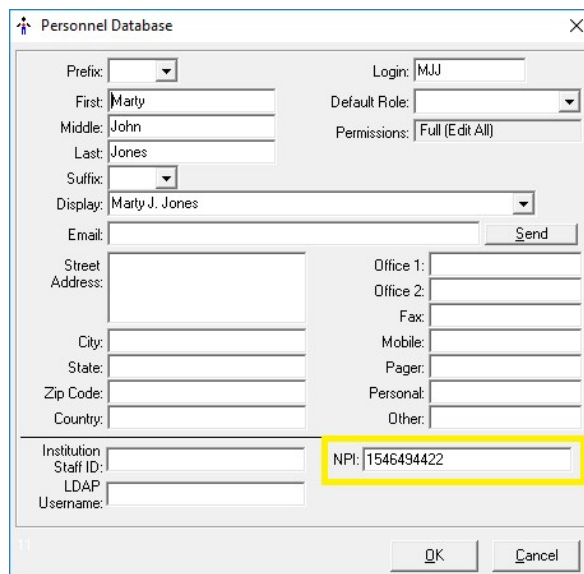
To use this option check the box labeled **Use IMPACT coding for PedCath Dx**.

All codes will be available from your legacy reports if you choose this option.

## Managing Operators

Clicking the **Manage Operators** button will bring up the standard PedCath Staff Listing dialog. You may add, edit, and disable staff members here. See the PedCath User's guide for more information about editing staff.

For any staff member who is to be designated as the Operator for the case, their staff NPI number must be specified prior to submission on the Staff Edit screen.



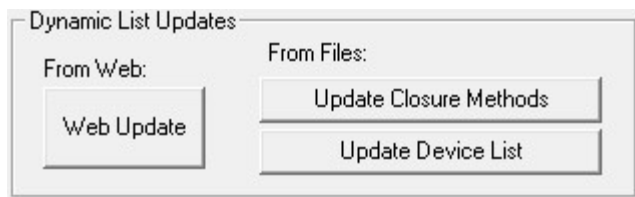
The Personnel Database dialog box contains the following fields and controls:

- Prefix: [Dropdown]
- First: [Text: Marty]
- Middle: [Text: John]
- Last: [Text: Jones]
- Suffix: [Dropdown]
- Display: [Text: Marty J. Jones]
- Email: [Text] [Send]
- Street Address: [Text]
- City: [Text]
- State: [Text]
- Zip Code: [Text]
- Country: [Text]
- Login: [Text: MJJ]
- Default Role: [Dropdown]
- Permissions: [Text: Full (Edit All)]
- Office 1: [Text]
- Office 2: [Text]
- Fax: [Text]
- Mobile: [Text]
- Pager: [Text]
- Personal: [Text]
- Other: [Text]
- Institution Staff ID: [Text]
- LDAP Username: [Text]
- NPI: [Text: 1546494422] (highlighted with a yellow box)
- [OK] [Cancel]

## Updating Closure Methods and Devices

NCDR will release updated device and closure method lists from time to time. To update the list in PedCath simply click the Web Update button. That will automatically download and install the latest devices and closure methods.

Alternately you can download the .CSV files from the NCDR website to your computer, and click either **Update Closure Methods** or **Update Device List** and locate the appropriate file. If you go this route make sure to download the files that are sorted by ID.



The Dynamic List Updates dialog box contains the following controls:

- From Web: [Web Update]
- From Files: [Update Closure Methods] [Update Device List]

The device list is shared between IMPACT v1 and v2. Make sure the latest IMPACT version is selected at the top of the dialog when running this and all versions will be updated.

## Field Units

You can set the Cumulative Air Kerma units here as well as Fluoro DAP. The values set here will be the default units for new cases (they can be changed on a case-by-case basis). Any previous cases will use the units that they were entered in. Rad dose on the cath report will use the same units as Cumulative Air Kerma. For more information please refer to the PedCath Radiation Reporting white paper.

### Manage Research Studies

This will allow you to manage a master list of study names. These will be referenced within a patient's episode of care record if they are involved in any research studies. **PedCath** users can also enter in the study name directly and manage the master list from the episode of care record.

### Manage Favorite Closure Methods

This feature will allow you to manage a favorite closure methods listing. Once set users will be able to quickly choose most frequently used closure methods from a drop-down list. Up to 5 may be chosen.

### Update Data Dictionary

This feature will download and install the latest data dictionary from the web, and update coding instructions and field definitions. It's recommended to do this once per quarter.

### Sync DAP Data

When running this feature, Dose Area Product values that have been entered in the IMPACT section will be migrated to the PedCath report for existing cases. The values in the IMPACT module will no longer be editable within the IMPACT module and will be taken from the value on the PedCath report. Any PedCath report that has been locked will be left alone.

### Configure Auto-Export

PedCath can automatically export IMPACT data for individual patients, cases, or episodes in XML format whenever data changes, to be picked up by your CVIS/EMR system. This requires a license.

## Data Submission

PedCath will allow you to create submission files to send to the IMPACT Registry with all the cases within a particular quarter (based on the discharge date).

It is recommended to first run the **Check Missing Discharge Dates** function, to check for any cases that have an episode of care without a discharge date set. Any cases without a discharge date will not be included in the submission file.

To create a submission file, check the quarters that you would like to include, select the year, and enter an export path location to write the submission files to. One submission zip file will be created per quarter.

It's recommended to click the **View Report** button next to the quarters you're creating. This will validate the cases to make sure there are no errors and give you a report if any are found. The submission files will not be created if there are any errors.

The query will also give you the option to include cases that are missing any fields or values outside of the normal range in the results.

Click **Create Submission Files** to create the files. Each file should be uploaded to the Registry via the NCDR IMPACT web site.

For IMPACT v2, in addition to the standard submission you will also need to run a Follow-up submission to send all follow-up records collected during a given quarter.

**Note:** Make sure the registration fields on the General tab are filled out before creating the submission files.

The screenshot shows the 'NCDR Maintenance' application window with the 'Data Submission' tab selected. The 'General' tab is also visible. The 'Data Submission' tab contains a 'Quarter' section with four radio buttons: 'Quarter 1 (Jan 1 to Mar 31)', 'Quarter 2 (Apr 1 to Jun 30)', 'Quarter 3 (Jul 1 to Sep 30)', and 'Quarter 4 (Oct 1 to Dec 31)'. The 'Quarter 1' radio button is selected. To the right of each quarter radio button is a 'View Report' button. Above the 'View Report' buttons is a 'Check Missing Discharge Dates' button. Below the 'Quarter' section is a 'Year' dropdown menu set to '2017'. Below the 'Year' dropdown are two radio buttons: 'Episode of Care Records Only' (selected) and 'Follow-Up Records Only'. Below these is an 'Export Path' text box containing 'C:\Impact\_Export\' and a browse button (...). Below the 'Export Path' is a checkbox labeled 'Exclude NCDR Patient Identifiers from export' which is checked. At the bottom right of the dialog is a 'Create Submission File(s)' button. The 'General' tab is also visible, showing 'Version 1' and 'Version 2' buttons. The 'Data Import' tab is also visible.

## Data Extract

The IMPACT data can be extracted to comma-delimited files (.CSV). These can be viewed in a spreadsheet program such as Microsoft Excel.

There are 22-extracts available (13-22 are IMPACT v2 only):

1. Episodes of Care
2. Cath Lab
3. Venous Closure Method
4. Arterial Closure Method
5. ASD Defects
6. ASD Devices
7. Coarctation Procedure
8. Aortic Valvuloplasty
9. Pulmonary Valvuloplasty
10. PDA Devices
11. Proximal PA Stenting Defects
12. Proximal PA Stenting Devices
13. Electrophysiology Ablation
14. Electrophysiology Ablation Catheters
15. Transcatheter Pulmonary Valve Replacement (TPVR)
16. History and Risk Factors Multi Select
17. Electrophysiology Ablation Procedure Multi Select
18. Follow-up ASD Closure
19. Follow-up Electrophysiology Ablation Catheters
20. Follow-up Transcatheter Pulmonary Valve Replacement (TPVR)
21. Follow-up Multi Select
22. Intra and Post-Procedure Events Multi Select

The screenshot shows the 'NCDR Maintenance' dialog box with the 'CSV Data Extract' tab selected. The 'Discharges from' field is set to '01/01/2016' and the 'to' field is set to '12/31/2016'. The 'Export records with no discharge date' checkbox is unchecked. The 'Select an extract' list box contains the following items: 'NCDR IMPACT v2 Extract 1 Episodes of Care' (checked), 'NCDR IMPACT v2 Extract 2 Cath Lab' (checked), 'NCDR IMPACT v2 Extract 3 Venous Closure Method' (unchecked), 'NCDR IMPACT v2 Extract 4 Arterial Closure Method' (unchecked), 'NCDR IMPACT v2 Extract 5 ASD Defects' (unchecked), and 'NCDR IMPACT v2 Extract 6 ASD Devices' (unchecked). The 'Check All' and 'Check None' buttons are visible. The 'Export Path' field is set to 'C:\IMPACT CSV Extract\' and the 'Save CSV File' button is visible. The 'OK' and 'Cancel' buttons are at the bottom right.

To run a data extract:

- Either specify a date range or check **Export records with no discharge date**. (Results are returned based on the Episode of Care discharge date.)
- Check off one or more extracts.
- Enter or browse for the export path.
- Click **Save CSV File**.

## Data Import

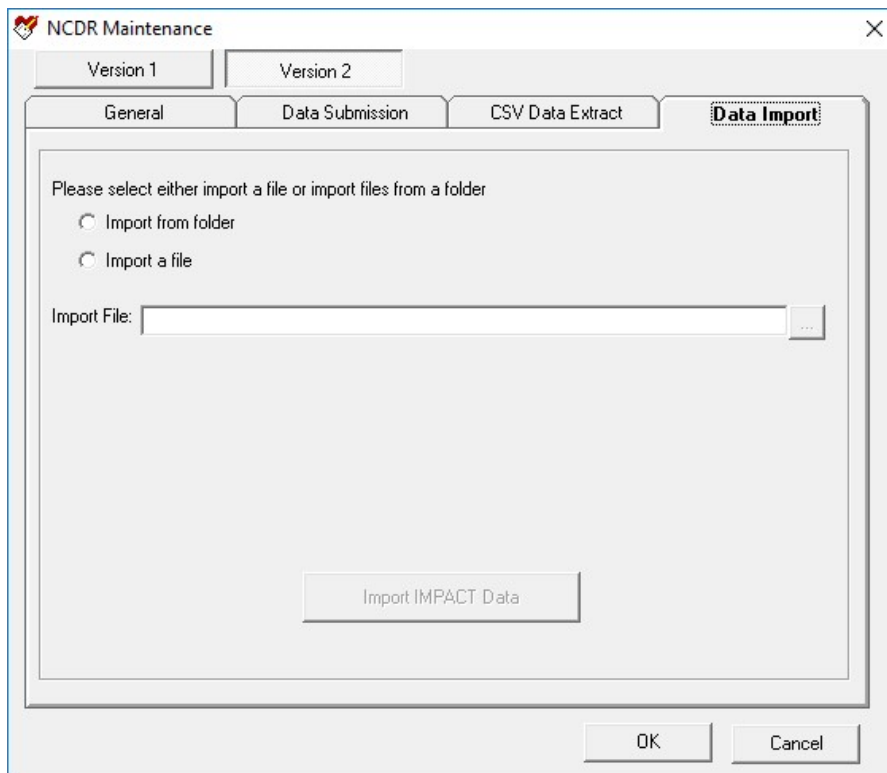
PedCath will allow you to import IMPACT data from another IMPACT-certified vender.

This will bring in the patient demographics, episode of care, and IMPACT case data that is contained within the file. A new PedCath report will be generated for each case brought in.

While no existing PedCath data will be overwritten, it is recommended to backup up the PedCath database before running the data import.

You can specify a file to import (.zip or .xml) or a folder if you are importing multiple quarters.

To run the import, browse to the file(s) location and click **Import IMPACT Data**.



You will be required to enter an unlock code when you are ready to import the data. Please contact Scientific Software for the code and assistance with the import.