

From the Editor

In This Issue

ABSTRACTION TECHNIQUES FOR THE SOCIETY OF THORACIC SURGEONS NATIONAL DATABASE (PP. 201–3)

In an editorial, Joy McLemore Stewart describes the process of abstraction of clinical data for the Society of Thoracic Surgeons (STS) database and the role of the perfusionist in this important and complex task. Abstraction of clinical data consists of five tasks including data collection (finding the data elements), entering the elements into database, auditing the collected data elements for completeness and accuracy, managing (storage and security) of the database, and using the data to generate reports for dissemination to clinicians. The entire process requires time and meticulous attention to detail to ensure that a quality product is produced, such that the information gleaned from the database can be used to identify trends and improve the quality of care to patients. The editorial provides insights into some of the challenges associated with data abstraction processes and an appreciation for the commitment required by the individuals, including perfusionists, tasked with collection and entry of the data into a database.

THE RELATIONSHIP BETWEEN INTRAOPERATIVE TRANSFUSIONS AND NADIR HEMATOCRIT ON POSTOPERATIVE OUTCOMES AFTER CARDIAC SURGERY (PP. 188–93)

In this study, D.S. Litosky et al. used the data collected from the Perfusion measures and outcomes (PERForm) database to examine the relationship between the nadir hematocrit (HCT) during cardiopulmonary bypass (CPB) and the predictive risk of mortality in 18,886 patients. The PERForm database is a database of perfusion-related clinical data elements collected from 32 hospitals within the state of Michigan and six hospitals outside of Michigan. Although other studies have examined the relationship between nadir HCT and outcomes in patients undergoing cardiac surgery with CPB, this study is unique as it uses HCT trigger of <21% to guide transfusion decision-making as identified by the most recent (2011) blood STS management guidelines. Although other studies have demonstrated that HCT and transfusion are considered synergistic as well as independent risk factors for adverse outcomes, this study demonstrated that intraoperative red blood cell (RBC) transfusions resulted in a greater risk of adverse outcomes,



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irrespective of the nadir HCT during CPB. Thus, the results from this study suggest that avoiding anemia is not enough. Avoiding RBC transfusion in the face of anemia is also important to improving patient outcomes.

RESULTS OF THE 2015 PERFUSIONIST SALARY STUDY (PP. 179–87)

The results of a salary survey of United States perfusionists ($n = 287$) conducted between April 2015 and March 2016 are reported by D.M. Lewis et al. Due to the current trends in the supply and demand of perfusionists now occurring within the profession, this survey was primarily conducted as a way to provide information to prospective employers on the compensation plans that will be necessary to hire and retain both experienced and new perfusionists. Although the information is from a small subset of perfusionists from the perfusion community, the information does provide a starting point for employers as well as perfusionists looking for a new position. In addition to reporting on the compensation packages of the perfusionists who participated in the survey, the authors provide some important insights into the challenges of collecting the survey data as well as the necessity of conducting the survey every 2 years to stay up on the current trends in the profession. This study highlights the importance and challenges of data collection for the purpose of identifying trends and changing practices.

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