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How Hospitals in One Health System Turned Registry Abstraction Into STS Star Ratings and NCDR Platinum Awards

The Baseline

A large multistate health system reports cardiac surgery outcomes to the STS National Database and cardiology outcomes to the NCDR Chest Pain MI Registry at hospitals across its footprint. The hospitals had always collected the data, because that is what participating hospitals do, and their scores were fine, neither remarkable nor troubling.

What they did not have was enough people. Registry caseloads kept growing while abstraction staff did not, and the internal teams were falling behind. When the system brought in Carta Healthcare, the ask was simple. Get the cases done. Nobody was talking about star ratings or awards. They were talking about keeping up.

The Blind Spot

An abstraction team that cannot keep up thinks in volume. It moves through charts as fast as it can, captures what is obvious, and has no time to chase what is not. That is a rational response to a backlog, and it is also how a hospital ends up with registry scores that understate the care it delivers.

Registry performance is built from dozens of small data elements, such as aspirin on arrival, a beta blocker at discharge, a troponin drawn on time, and a 30-day follow-up completed. Each one rolls up into a composite measure, and the composites decide whether a hospital earns a star, an award, or nothing at all. No single element makes the difference. All of them together do.

Two hospitals in the system learned that the hard way before Carta Healthcare took over. Both had submitted STS data for years and could not understand why they had never received a star rating at all. The answer was one missing ingredient. Their 30-day follow-ups were not being completed, and without them STS will not rate a site, no matter how good the surgical outcomes are.

Most hospitals do not know how the ingredients fit together. Most abstractors do not either. Without that context, a site can deliver excellent care for years and never see it reflected in the numbers that carry its reputation.

The Handoff

Carta Healthcare's abstractors cleared the backlog, which is what they were hired to do. Then they kept going. Because they work inside these registries every day, they know which elements drive the composites and which composites drive the recognition. When a beta blocker is missing from a discharge summary, they hunt for it in the chart, because they know what it is worth. When a follow-up is not documented, they flag it, explain why it matters, and keep raising it until it gets done.

At the two sites with no star rating, the fix was a single meeting. Carta Healthcare walked both hospitals through why their follow-ups were sinking the entire submission. The hospitals started completing them, and neither site has missed a star rating since.

The same approach now runs across the system. Carta Healthcare's registry managers already know the thresholds for the 2027 NCDR Chest Pain MI awards, and in every site meeting they tell each hospital where it stands, which measures are on track, and where a door-to-balloon time still needs work while there is time to turn it around.

The Evidence

STS star ratings are hard to move. They are calculated on a rolling 36 months of outcomes and cannot be nudged by a good quarter. One star means a hospital is below expectations, two means it meets them, and three means it exceeds them. Most programs sit at two. Adding a star means a real, systemwide change in how the hospital operates.

- Hospital A, aortic valve replacement: **one star to three, and holding at three**
- Hospital B, multiple procedure composite: **one star at launch, now two**
- Hospitals C and D, previously unrated: **star ratings every harvest since the follow-up fix**

NCDR awards are harder to earn. The Chest Pain MI Registry Performance Achievement Award requires a hospital to meet the threshold on every composite measure across the year. There are bronze, silver, gold, and platinum tiers, and most participating hospitals do not reach bronze.

- Platinum Performance Achievement Awards in the system, 2025: **two hospitals**
- Highest tier NCDR awards for Chest Pain MI data: **Platinum**

Star ratings measure outcomes, and the abstraction did not perform the surgeries. What it did was make sure every case was submitted, every follow-up was counted, and every element that supports a composite was found in the chart when it was there. Under a rolling 36 months, that consistency is what lets a hospital's real performance surface.

The Outcome

The hospitals got what they paid for, which was the cases done on time. What they did not expect was the recognition that followed. Two of them now hold the highest award NCDR gives for chest pain care, the kind of distinction that goes on the banner outside the hospital and into every conversation about reputation and referrals. Others have moved up the STS ratings that cardiac surgeons and their referring physicians watch closely.

Nothing about the medicine changed. The surgeons operate the way they always have, and the cath labs run the way they always did. What changed is that the data finally reflects that work, and the hospitals now have a partner who can tell them, quarter by quarter, exactly which ingredient needs attention next.

That is the argument for Carta Healthcare's Hybrid Intelligence model. Getting cases done is a capacity problem, and AI is very good at capacity. Knowing which elements matter, and why, and pressing a hospital to fix the one that is holding everything else back, is judgment. Abstractors with years in these registries have it. The recognition these hospitals earned came from both.

The award is the cake. Every data element is ***an ingredient.***