## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

## CALIFORNIA CABG OUTCOMES REPORTING PROGRAM ABSTRACT REPORTING FORM Version 7

For use with discharges on 7/1/2017 and after Instructions: For a description of the data elements, refer to the appropriate section of CCORP Data

| Medical Record Number  |   | Type of CABG   | Date of Surgery (mmddyyyy) |  |  |  |
|--|---|--|----------------------------|--|--|--|
|  | 1=Isolated/3=0  | CABG + Valve / 4=Other Non-Isolated                              |                            |  |  |  |
| Date of Birth (mmddyyyy)   |   | Patient Age  | Sex                        |  |  |  |
|  |   |  | 1 = Male / 2 = Female      |  |  |  |
| **Race Doc   | **Race Documented 1 = Yes / 2 = No / 3 = Patient declined to disclose |  |                            |  |  |  |
| <b>*White</b> 1 = Yes / 2 = No   | *Black / A  | frican American 1 = Yes / 2 = No                                 | *Asian 1 = Yes / 2 = No    |  |  |  |
| *American Indian / Alaskan Native 1 = Yes / 2 = No   |   | *Other 1 = Yes / 2 = No  |                            |  |  |  |
| Hispanic or Latino or Spanish Ethnicity 1 = Yes / 2 = No / 3 = Not Documented  |   |  |                            |  |  |  |
| Date of Discharge (mmddyyyy)   | Dis   | charge/Mortality Status  | Mortality Date(mmddyyyy)   |  |  |  |
|  | 2=Died in hosp/3=   | Disch alive, last known status alive                             |                            |  |  |  |
|  | 4 =Disch alive, die   | d after disch  |                            |  |  |  |
| Responsible Surgeon  |   |  |                            |  |  |  |
| Last Na  | me  |  |                            |  |  |  |
|  |   |  |                            |  |  |  |
| First Name   |   | Middle Initial CA  | License Number             |  |  |  |
| First Name   | <del></del>   | Ivilidate illitial   | License Number             |  |  |  |
|  |   |  |                            |  |  |  |
| Height (cm)  |   | Weight (kg)  |                            |  |  |  |
| Treatment (e.m)  | **Diabetes 1 = Yes  | s / 2 = No / 3 = Unknown   | 1 1 1 1 1 1 1 1            |  |  |  |
| *Diabetes Control 1=None / 2=Diet  |   | ulin / 5=Other / 6=Other subcutaneou                             | s medication/7=Unknown     |  |  |  |
|  |   |  | = No /3= Unknown           |  |  |  |
| **Endocarditis 1 = Yes / 2 = No  |   | *Infectious Endocarditis Type 1 = Treated / 2 = Active           |                            |  |  |  |
| Chronic Lung Disease 1 = No/2=Mild/3=Moderate/4=Severe/5=Lung disease documented, severity unknown/6=Unknown                         |   |  |                            |  |  |  |
| Liver Disease 1 = Yes / 2= No / 3 = Unknown  |   | Immunocompromise 1 = Yes / 2 = No / 3 = Unknown                  |                            |  |  |  |
| Peripheral Arterial Disease 1=Yes/ 2=No/ 3=Unknown   |   | **Cerebrovascular Disease 1=Yes / 2=No/ 3=Unknown                |                            |  |  |  |
| *Prior CVA 1 = Yes / 2 = No / 3 = Unknown  |   | Prior CVA When $3 = \le 30 \text{ days} / 4 = > 30 \text{ days}$ |                            |  |  |  |
| *CVD TIA 1 = Yes / 2 = No / 3 = Unknown  |   |  |                            |  |  |  |
| *CVD Carotid Stenosis 1 = None / 2 = Right / 3 = Left / 4 = Both / 5 = Not Documented  |   |  |                            |  |  |  |
| <b>CVD Carotid Stenosis - Right</b> $1 = 80 - 99\% / 2 = 100\% / 3 = 50 - 79\% / 4 = Not Documented$                                 |   |  |                            |  |  |  |
| CVD Carotid Stenosis - Left 1 = 80 - 99% / 2 = 100% / 3 = 50 - 79% / 4 = Not Documented  |   |  |                            |  |  |  |
| *CVD Prior Carotid Surgery 1 = Yes / 2 = No  |   |  |                            |  |  |  |
| Last Creatinine Level  | Total Albumin   | Total Bilirubin  | INR                        |  |  |  |
|  |   |  |                            |  |  |  |
| Previous CABG 1 = Yes / 2 = No   |   | Previous Valve 1   | L = Yes / 2 = No           |  |  |  |
| Previous PCI 1 = Yes / 2 = No  |   | Previous PCI - Interval $1 = \le 6$ hours / $2 = > 6$ hours      |                            |  |  |  |
| ** <b>Prior MI</b> 1 = Yes / 2 = No / 3 = Unknown  |   |  |                            |  |  |  |
| *MI When $1 = \le 6$ hours $/ 2 = > 6$ hours but $< 24$ hours $/ 3 = 1$ to 7 days $/ 4 = 8$ to 21 days $/ 5 = > 21$ days             |   |  |                            |  |  |  |
| **Heart Failure 1 =Yes / 2 = No / 3 = Unknown  |   |  |                            |  |  |  |
| Classification -NYHA 1 = Class I / 2 = Class II / 3 = Class III / 4 = Class IV/5 = Not Doc   |   |  |                            |  |  |  |
| Cardiogenic Shock 2=No / 3=Yes, at the time of procedure/ 4=Yes, not at the time of procedure, but within prior 24 hours             |   |  |                            |  |  |  |
| <b>Resuscitation</b> 2 = No / 3 = Yes, within 1 hr of start of procedure 4 = Yes, > 1 hr, but < 24 hrs of the start of the procedure |   |  |                            |  |  |  |

## OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT CALIFORNIA CABG OUTCOMES REPORTING PROGRAM ABSTRACT REPORTING FORM (page 2)

| ner ommer omm (page 2)   |   |   |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
| **Cardiac Arrhythmia 1 = Yes / 2 = No  |   |   |  |  |  |  |  |
| *Cardiac Arrhythmia - Vtach/Vfib 1 = None / 2 = Remote (> 30 days ) / 3= Recent (within 30 days)                                 |   |   |  |  |  |  |  |
| *Cardiac Arrhythmia - Aflutter 1 = None / 2 = Remote (> 30 days ) / 3= Recent (within 30 days)                                   |   |   |  |  |  |  |  |
| *Cardiac Arrhythmia - Third Degree Heart Block 1 = None / 2 = Remote (> 30 days ) / 3= Recent (within 30 days)                   |   |   |  |  |  |  |  |
| *Cardiac Arrhythmia - Atrial Fibrillation 1 = None / 2 = Remote (>30 days) / 3 = Recent (<=30 days)                              |   |   |  |  |  |  |  |
| Cardiac Arrhythmia - Atrial Fibrillation-Type 2= Paroxysmal / 4 = Persistent / 5 = Longstanding Persistent / 6 = Permanent       |   |   |  |  |  |  |  |
| Warfarin Use (within 5 days) 1 = Yes / 2 = No / 3 = Unknown  |   |   |  |  |  |  |  |
| Coronary Anatomy Disease Known 1 =Yes/ 2 =No Number Diseased Vessels 1 =None / 2 = One / 3 =Two / 4 =Three                       |   |   |  |  |  |  |  |
| Percent Native Artery Stenosis Known 1 = Yes / 2 = No  |   | Percent Stenosis - Left Main                      |  |  |  |  |  |
| Ejection Fraction Done 1 = Yes / 2 = No  |   | Ejection Fraction (%)                             |  |  |  |  |  |
| PA Systolic Pressure Measured 1 = Yes / 2 = No   |   | PA Systolic Pressure .                            |  |  |  |  |  |
| Insufficiency - Mitral 0 = None / 1 = Trivial (Trace)  | Mild / 3 = Moderate / 4 = Severe / 5 = Not documented |   |  |  |  |  |  |
| Incidence 1 = First cardiovascular surgery / 2 = First re-op cardiovascular surgery / 3 = Second re-op cardiovascular surgery    |   |   |  |  |  |  |  |
| 4 = Third re-op cardiovascular surgery / 5 = Fourth or more re-op cardiovascular surgery   |   |   |  |  |  |  |  |
| Status 1 = Elective / 2 = Urgent / 3 = Emergent / 4 = Emergent Salvage   |   |   |  |  |  |  |  |
| Urgent or Emergent Reason 1 = AMI / 2 = Anatomy / 3 = Aortic Aneurysm / 4 = Aortic Dissection / 5 = CHF / 6 = Device Failure/    |   |   |  |  |  |  |  |
| 7 = Diagnostic/ interventional Procedure Complication / 8 = Endocarditis / 10 = IABP / 11 = Infected Device / 12 = Intra-cardiac |   |   |  |  |  |  |  |
| mass or thrombus / 13= Ongoing Ischemia / 14 = PCI Incomplete without clinical deterioration / 15 = PCI or attempted PCI with    |   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| clinical deterioration / 16 = Pulmonary Edema / 17 = Pulmonary Embolus / 18 = Rest Angina / 19 = Shock Circulatory Support /     |   |   |  |  |  |  |  |
| 20 = Shock No Circulatory Support / 21 = Syncope / 22 = Transplant / 23 = Trauma / 24 = USA / 25 = Valve Dysfunction /           |   |   |  |  |  |  |  |
| 26 = Worsening CP / 27 = Other / 28 = Failed Trans catheter Valve Therapy- Acute Annular Disruption / 29 = Failed Trans catheter |   |   |  |  |  |  |  |
| Valve Therapy - Acute Device Mal-position / 30 = Failed Tran   | s cath  | eter Valve Therapy - Sub-acute Device Dysfunction |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| CPB Utilization 1 = None / 2 = Combination / 3 = Full  |   |   |  |  |  |  |  |
| IMA Used 1 = Yes / 2 = No  |   |   |  |  |  |  |  |
| Reason for No IMA 2=Subclavian stenosis/3=Previous cardiac or thoracic surgery/4=Previous mediastinal radiation                  |   |   |  |  |  |  |  |
| 5=Emergent or salvage procedure/6=No (bypassable) LAD Disease/7=Other  Valve 1 = Yes / 2 = No                                    |   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| Aortic Valve 2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication   |   |   |  |  |  |  |  |
| 5 = Yes, unplanned due to unsuspected disease or anatomy   |   |   |  |  |  |  |  |
| Aortic Valve Procedure 1 = Replacement / 2 = Repair or Reconstruction  |   |   |  |  |  |  |  |
| Mitral Valve 2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication   |   |   |  |  |  |  |  |
| 5 = Yes, unplanned due to unsuspected disease or anatomy   |   |   |  |  |  |  |  |
| Mitral Valve Procedure 1 = Repair / 2 = Replacement  |   |   |  |  |  |  |  |
| Tricuspid Valve 2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication                                      |   |   |  |  |  |  |  |
| 5 = Yes, unplanned due to unsuspected disease or anatomy   |   |   |  |  |  |  |  |
| <b>Pulmonic Valve</b> 2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication                                |   |   |  |  |  |  |  |
| 5 = Yes, unplanned due to unsuspected disease or anatomy   |   |   |  |  |  |  |  |
| Reoperation for Bleed 1 = Yes / 2 = No  Reintervention – Myocardial Ischemia  Reintervention – Myocardial Ischemia Vessel        |   |   |  |  |  |  |  |
| 1 = Yes / 2 = No   |   | Reintervention – Myocardial Ischemia Vessel       |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| <b>Deep Sternal Infection/Mediastinitis</b> 2 = No / 3 = Yes, within 30 days of procedure  |   |   |  |  |  |  |  |
| 4 = Yes, >30 days after procedure, but during hospitalization for surgery  |   |   |  |  |  |  |  |
| Neuro - Stroke Permanent 2 = No / 3 = Yes, hemorrhagic / 4 = Yes, ischemic / 5 = Yes, undetermined type                          |   |   |  |  |  |  |  |
| Pulm - Ventilation Prolonged 1 = Yes / 2 = No  Renal - Renal Failure 1 = Yes / 2 = No  |   |   |  |  |  |  |  |
| Renal - Dialysis Requirement 1 = Yes / 2 = No  |   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| Other - A Fib 1 = Yes / 2 = No   |   |   |  |  |  |  |  |
| Facility Identification Number   |   |   |  |  |  |  |  |