Department of Health Care Access and Information (HCAI)
California Cardiovascular Outcomes Reporting Program (CCORP)
Coronary Artery Bypass Graft (CABG) 2023 Data - Abstractor Training
September 7, 2023 - Part 1

Holly Hoegh: Welcome to CCORP training for CABG data abstractors training Part 1

Historically, those of you who have been around, when STS has done a version change and we've adopted their changes, we've done a large training. As we all know, STS hasn't done a version change in a while.

Since there have been a lot of questions; we thought we would do a little mini training for lack of a better name, lack of a better definition of it.

First, we're going to go over some highlights of things of introductions, some other information, and then we're going to break it into some data elements that we're going to cover internally.

Dr. Matchison is going to be joining us shortly and we will turn it over to him for some more complicated data elements.

While we're doing this we will take some notes to see if there's anything we need to be adding to the CCORP training manual, Denise Stanton has the STS training manual open in the background, so hopefully we can address.

Remember, our goal really is to align with STS as much as possible and we don't want hospitals to have to be running back and recoding things differently than STS.

It does get challenging.

Sometimes STS adds clarifications throughout the year and sometimes those are hard to incorporate. The way we do things where we submit data twice a year and you know large changes to a definition are hard to justify if they need to be in our regulations.

And so welcome everyone.

And on the call today is Denise Stanton, our main data person who helps you all, I think Alveena was able to join us, our student assistant, she might be here for a while, and she has to go to class.

So just a reminder, the statute requires us to put out one risk adjusted outcomes report on a cardiovascular procedure every year. Historically, that was on CABG.

The law has changed now and it's on at least one cardiovascular procedure, and it does require the hospitals to submit the data necessary in regulations that is laid out as the CABG data.

We are, as you know, most of you working on a TAVR report.

We are going to be using data acquired from the National Registry for that and then the statute also outlines that Clinical Advisory Panel that advises us on the data elements and approves our risk models.

The statute also allows for our data audits, and then we have those regulations, which are really just further instructions that clarify the statute. It outlines the data elements and the due dates, and it does allow for extensions if there's a reasonable justification.

We're calling them the administrative data elements, but some of them are clinical as well, but just going to walk through the ones that we thought we could handle here between Denise and myself.

Hospital discharge date is pretty straightforward, but not so much because we just had a question, right?

There has been some confusion and STS did change, has changed a couple of times in the last few years.

First, adding transfers and your discharge date is the date from the final discharge from an acute care setting, and now they're talking about home hospital. This is one data element where we are definitely differing from STS. We want you to code the discharge date as the date discharged from your facility.

We rely on our administrative data that comes in from your hospitals that is collected by discharge date. We link to that for a variety of purposes.

We were trying to use transfer date and to calculate this ourselves. However, when it gets to the end of the year, this kind of put a monkey wrench in things because patients that maybe were transferred over the holidays to another setting, we might not have been able to include in our final data set.

So please do your best to enter the date the patient was discharged from your facility where the CABG was performed. We still would like that transfer information on the transfer to another hospital, both the transfer and the date.

That does help us when we're looking at linking to our other data sources and looking for readmissions and making sure we aren't including transfer patients as readmissions, mortality date, pretty straightforward if that happened in your hospital.

However, if you do know the date of death, even if it's after discharge, please do enter it, it helps us when we're doing our linkages, even if it's after 30 days and you know about it, it helps us.

Moving on to one that is not so administrative is peripheral arterial disease.

PVD or is it PAD? That is one question.

One note from STS, that PAD is sometimes called PVD, but which can include peripheral vein or peripheral artery code, only arterial disease, not venous disease. I think we did have a question from a data manager recently regarding coding PVD with no further documentation in the chart, I would think that we could not code it, but we're willing to listen to feedback from you all on that and actually ask Dr. Matchison when he joins us as well.

If there is no other than just a statement of PVD, you cannot code it. Aneurysms are coded as PAD, these peripheral artery aneurysms.

There was a question that came in that we responded to PAD noted in the H & P. Yes, you can code if it's PAD with no diagnostic testing, it's just the PVD that you can not. If there's no nothing that supports it, that would be no.

That ends the first part of the training.