OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA CABG OUTCOMES REPORTING PROGRAM
ABSTRACT REPORTING FORM for *IN-HOUSE TOOL USERS*
For use with discharges on 1/1/06 and after

Instructions: For a description of the data elements, refer to the appropriate section of CCORP Data Regulations (Sections 97170 through 97198, Title 22, California Code of Regulations).

1. Medical Record Number

2. Isolated CABG Yes / No

3. Date of Surgery (mm/dd/yyyy)

4. Date of Birth (mm/dd/yyyy)

5. Patient Age

6. Gender Male / Female

7. Race (select one) Caucasian / Hispanic / Asian / Black / Native American / Other

8. Date of Discharge (mm/dd/yyyy)

9. Discharge Status Alive / Dead

10. Date of Death (mm/dd/yyyy)

11a. Responsible Surgeon Name - Last

11b. Responsible Surgeon Name - First

11c. Responsible Surgeon Middle Initial

12. Responsible Surgeon CA License Number

13. HT (cm)

14. WT (kg)

15. Diabetes Yes / No

16. Hypertension Yes / No

17. Peripheral Vascular Disease Yes / No

18. Cerebrovascular Disease Yes / No

19. Cerebrovascular Accident Yes / No

20. Cerebrovascular Accident Timing Recent (<=2 wk.) / Remote (>2 wk.)

21. Chronic Lung Disease No / Mild / Moderate / Severe

22. Immunosupressive Therapy Yes / No

23. Hepatic Failure Yes / No

24. Dialysis Yes / No

25. Last Creatinine Level Preop (mg/dl)

26. Left Main Disease (% Stenosis)

27. Number Diseased Coronary Vessels None / One / Two / Three

28. Mitral Insufficiency None / Trivial / Mild / Moderate / Severe

29. Ejection Fraction Done Yes / No

30. Ejection Fraction (%)

31. Ejection Fraction Method LV Gram / ECHO / Radionucleotide / Estimate

32. Myocardial Infraction Yes / No

33. Myocardial Infarction Timing <=6 Hrs / >6 Hrs but <24 Hrs / 1 to 7 Days / 8 to 21 Days / >21 Days

34. Arrhythmia Yes / No

35. Arrhythmia Type Sust VT/VF / Heart Block / AFib/Flutter / None

36. Cardiogenic Shock Yes / No

37. Angina Yes / No

38. Angina Type Stable / Unstable

39. Congestive Heart Failure Yes / No

40. NYHA Classification Class I / Class II / Class III / Class IV

41. Resuscitation Yes / No

42. Incidence First cardiovascular surgery / First re-op cardiovascular surgery / Second re-op cardiovascular surgery / Third re-op cardiovascular surgery / Fourth or more re-op cardiovascular surgery

43. Previous CABG Yes / No

44. Prior Percutaneous Coronary Intervention (PCI) Yes / No

45. PCI Interval <=6 Hours / >6 Hours

46. Status of Procedure Emergent Salvage / Emergent / Urgent / Elective

47. CPB Utilization None / Combination / Full

48. CPB Utilization-Combination Planned / Unplanned

49. Cardioplegia Yes / No

50. Internal Mammary Artery(ies) Used as Grafts Left IMA / Right IMA / Both IMAs / No IMA

51. Radial Artery Used No Radial / Left Radial / Right Radial / Both Radials

52. Reoperation for Bleed/Tamponade Yes / No

53. Reoperation for Graft Occlusion Yes / No

54. Deep Sternal Wound Infection Yes / No

55. Postoperative Stroke >72 Hours Yes / No

56. Continuous Coma >=24 Hours Yes / No

57. Prolonged Ventilation Yes / No

58. Postperative Renal Failure Yes / No

59. OSHPD Facility ID Number

NOTES:

Revised 05/23/06