

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA CABG OUTCOMES REPORTING PROGRAM ABSTRACT REPORTING FORM**

Version 8

For use with discharges on 7/1/2020 and after

Instructions: For a description of the data elements, refer to the appropriate section of CCORP Training Manual

Medical Record Number <input type="text"/>	Type of CABG 1 = Isolated / 3 = CABG + Valve / 4 = Other Non-Isolated	Date of Surgery (mmddyyyy) <input type="text"/>
Date of Birth (mmddyyyy) <input type="text"/>	Patient Age <input type="text"/>	Sex 1 = Male / 2 = Female
Primary Payor 1 = Non, Self / 2 = Medicare / 3 = Medicaid / 4 = Military Health / 9 = Commercial Health Insurance / 10 = Health Maintenance Organization / 11 = Non-U.S. Plan / 13 = Other		
Secondary Payor 1 = Non, Self / 2 = Medicare / 3 = Medicaid / 4 = Military Health / 9 = Commercial Health Insurance / 10 = Health Maintenance Organization / 11 = Non-U.S. Plan / 13 = Other		
**Race Documented 1 = Yes / 2 = No / 3 = Patient declined to disclose		
* White 1 = Yes / 2 = No	* Black / African American 1 = Yes / 2 = No	* Asian 1 = Yes / 2 = No
* American Indian / Alaskan Native 1 = Yes / 2 = No	* Native Hawaiian / Pacific Islander 1 = Yes / 2 = No	* Other 1 = Yes / 2 = No
Hispanic or Latino or Spanish Ethnicity 1 = Yes / 2 = No / 3 = Not Documented		
Hospital Discharge Date (mmddyyyy) <input type="text"/>	Status at Hospital Discharge 2=Died in hosp/3=Disch alive-last known status alive-other than Hospice/ 4=Discharged alive, died after discharge / 5=Discharged to Hospice	
**Patient Transfer to Another Acute Hospital 1 = Yes / 2 = No	*Patient Transfer to Another Acute Hospital-Date (mmddyyyy) <input type="text"/>	
Mortality Date (mmddyyyy) <input type="text"/>	Mort- Status at 30 Days After Surgery (either discharged or in-hospital) 1 = Alive / 2 = Dead / 3 = Unknown	
Responsible Surgeon		
Last Name <input type="text"/>		
First Name <input type="text"/>	Middle Initial <input type="text"/>	CA License Number <input type="text"/>
Height (cm) <input type="text"/>	Weight (kg) <input type="text"/>	
**Diabetes 1 = Yes / 2 = No / 3 = Unknown		
*Diabetes Control 1=None / 2=Diet only / 3=Oral / 4=Insulin / 5=Other / 6=Other subcutaneous medication/7=Unknown		
Dialysis 1 = Yes / 2 = No / 3 = Unknown	Hypertension 1 = Yes / 2 = 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		
Pneumonia 1=No/ 2=Recent/ 3=Remote/ 4=Unknown	Liver Disease 1 = Yes / 2 = No / 3 = Unknown	
Immunocompromised Present 1 = Yes / 2 = No / 3 = Unknown		
COVID-19 10 = No / 11=Yes, prior to hospitalization for this surgery / 12=Yes, in hosp prior to surgery / 13=Yes, in hosp after surgery / 14=Yes, after discharge within 30 days of surgery		
Cancer within 5 years 1 = Yes / 2 = No / 3 = Unknown		
Peripheral Artery 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 = ≤ 30 days / 4 = > 30 days	
*CVD TIA 1 = Yes / 2 = No / 3 = Unknown		
* CVD Carotid Stenosis 1 = None / 2 = Right / 3 = Left / 4 = Both / 5 = Not Documented		
*CVD Carotid Stenosis - Right 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		

Note: Highlighted fields MUST NOT be blank. If parent (**)= "No" or "Unknown", then leave children (*) blank.

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REPORTING FORM (page 2)**

Last Creatinine Level _ _ _ _ _	Total Albumin _ _ _ _ _	Total Bilirubin _ _ _ _ _	INR _ _ _ _	Sodium _ _ _ _
Previous CABG 1 = Yes / 2 = No	Previous Valve 1 = Yes / 2 = No			
**Previous PCI 1 = Yes / 2 = No	*Previous PCI - Interval 1 = ≤ 6 hours/ 2 = > 6 hours			
**Prior MI 1 = Yes / 2 = No / 3 = Unknown				
*MI When 1 = ≤ 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	*Heart Failure Timing 1=Acute / 2=Chronic / 3=Both			
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				
Resuscitation 2 = No / 3 = Yes, within 1 hr of start of procedure 4 = Yes, > 1 hr, but < 24 hrs of the start of the procedure				
**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)				
* Atrial Fibrillation-Type 2= Paroxysmal / 4 = Persistent				
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			
Left Main Stenosis >= 50% Known 1 = Yes / 2 = No / 3 = N/A				
**Hemo Data-EF Done 1 = Yes / 2 = No	*Hemo Data EF	_	_	_
**PA Systolic Pressure Measured 1 = Yes / 2 = No	*PA Systolic Pressure	_	_	_
**Mitral Valve Regurgitation 1 = Yes / 2 = No	*Mitral Regurgitation 1=Trivial-Trace / 2=Mild / 3=Moderate / 4=Severe / 5=Not doc			
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 / Emergent/ Emergent Salvage 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 = Intracardiac 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 Transcatheter Valve Therapy- Acute Annular Disruption / 29 = Failed Transcatheter Valve Therapy- Acute Device Malposition/30 = Failed Transcatheter Valve Therapy – Subacute Device Dysfunction				
**Perfusion Strategy 1=None / 2=Combination / 3=Full / 4=Left Heart Bypass	*CPB Utilization - Combination Plan 1 = Planned / 2 = Unplanned			
Internal Mammary Artery 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 / 8 = Other-Acceptable STS Provided Exclusion / 9 = Other - Not Acceptable STS Exclusion				

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**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 / 3=Surgical Prosthetic Valve Intervention (not explant of valve)									
* **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 / 3 = Surgical Prosthetic Valve Intervention (Not explant of valve)									
*Tricuspid Valve 2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication / 5 = Yes, unplanned due to unsuspected disease or anatomy									
*Pulmonic Valve 2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication / 5 = Yes, unplanned due to unsuspected disease or anatomy									
Reoperation for Bleed / Tamponade 1 =Yes / 2 = No									
**Unplanned Coronary Artery Intervention 1 = Yes / 2 = No	*Unplanned Coronary Artery Intervention Vessel 1 = Native Coronary / 2 = Graft / 3 = Both								
Deep Sternal 2 = No / 3 = Yes, within 30 days of procedure / 4 = Yes, >30 days after procedure, but during hospitalization for surgery									
Neuro - Stroke Permanent 1 = Yes / 2 = No									
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									
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