OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA CABG OUTCOMES REPORTING PROGRAM
ABSTRACT REPORTING FORM
For use with discharges on 7/1/2011 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)

Medical Record Number	Iso CABG	Date of Surgery (mmddyyyy)
	Yes / No	

Date of Birth (mmddyyyy)	Patient Age	Race (Select all that apply)			
		White	Yes / No	Native Hawaiian / Pacific Islander	Yes / No
Date of Discharge (mmddyyyy)	Sex	Black	Yes / No		
	Male / Female	Asian	Yes / No	Other	Yes / No
Discharge Status	Date of Death (mmddyyyy)	American Indian / Native Alaskan	Yes / No	Hispanic / Latino / Spanish Ethnicity	Yes / No
Alive / Dead					

Resp. Surgeon Last Name	Resp. Surgeon MI

Resp. Surgeon First Name	Resp. Surgeon CA License Number

Weight (kg)	Height (cm)	INR	Total Bilirubin	Total Albumin
.	.	.	.	.

Last Creatinine Level	Diabetes	Diabetes Control	Dialysis	Hypertension
.	Yes / No	None / Diet / Oral / Insulin / Other	Yes / No	Yes / No

Infectious Endocarditis	Infectious Endocarditis Type	Chronic Lung Disease	Liver Disease	Immunocompromise
Yes / No	Treated / Active	No / Mild / Moderate / Severe	Yes / No	Yes / No

Peripheral Arterial Disease	Cerebrovascular Disease (CVD)	Prior CVA	Prior CVA When
Yes / No	Yes / No	Yes / No	Recent (<= 2 wk) / Remote (> 2 wk)

CVD - TIA	CVD - Carotid Stenosis	CVD - Prior Carotid Surgery
Yes / No	None / Right / Left / Both	Yes / No

Previous CABG	Previous Valve	Previous PCI	Previous PCI - Interval
Yes / No	Yes / No	Yes / No	<= 6 hours / > 6 hours

Prior MI	MI When
Yes / No	<= 6 hours / > 6 hours but < 24 hours / 1 to 7 days / 8 to 21 days / > 21 days

Heart Failure within 2 weeks	Classification - NYHA
Yes / No	Class I / Class II / Class III / Class IV

Cardiogenic Shock	Resuscitation	Arrhythmia When
Yes / No	Yes / No	None / Remote (>30 days) / Recent (<=30 days)

Arrhythmia Type - Vtach/Vfib	Arrhythmia Type - 3rd Degree HB	Arrhythmia Type - Afib/Aflutter
Yes / No	Yes / No	Yes / No

Meds - Coumadin (within 24 hours)	Warfarin Use (within 5 days)
Yes / No	Yes / No

Number Diseased Vessels	Left Main Disease (>=50%)	Ejection Fraction Done	Ejection Fraction (%)
None / One / Two / Three	Yes / No	Yes / No	.

Ejection Fraction Method
LV Gram / Radionucleotide / Estimate / ECHO / MRI/CT / Other

PA Systolic Pressure Measured	PA Systolic Pressure	Insufficiency - Mitral
Yes / No	.	None / Trivial (Trace) / Mild / Moderate / Severe

NOTES:

OVER (Next Page)

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA CABG OUTCOMES REPORTING PROGRAM
ABSTRACT REPORTING FORM (page 2)
For use with discharges on 7/1/2011 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)

Incidence

First Cardiovascular Surgery / First Re-op Cardio Vascular Surgery / Second Re-op Cardio Vascular Surgery / Third Re-op Cardio Vascular Surgery / Fourth or more Re-op Cardio Vascular Surgery

Status Elective / Urgent / Emergent / Emergent Salvage

CPB Utilization
None / Combination / Full

CPB Utilization - Combination Plan
Planned / Unplanned

Emergent Reason
Shock Circ Support / Shock No Circ Support / Pulm Edema / AEMI / Ongoing Ischemia / Valve Dysfunction / Aortic Dissection / Angiographic Accident / Cardiac Trauma / Infected Device / Syncope / PCI/CABG Hybrid / Anatomy

IMA Artery Used Left IMA / Right IMA / Both IMAs / No IMA

Left Anterior Descending Artery Bypassed Yes / No

Valve Procedure Yes / No

Aortic Valve Yes / No

Aortic Valve Procedure

- Replacement
- Repair/Reconstruction
- Root Reconstruction with valved conduit
- Replacement and insertion aortic non-valved conduit
- Resuspension AV without Replacement of ascending aorta
- Resuspension AV with replacement of ascending aorta
- Apico-aortic conduit (Aortic valve bypass)
- Autograft with Pulmonary valve - Ross procedure
- Homograft
- Valve sparing root reimplantation
- Valve sparing root remodeling

Mitral Valve Yes / No

Mitral Valve Procedure
Repair / Replacement

Tricuspid Procedure

No	Annuloplasty Only	Replacement
Reconstruction w/ Annuloplasty	Reconstruction w/o Annuloplasty	Valvectomy

Pulmonic Procedure No / Replacement / Reconstruction / Valvectomy

Reoperation for Bleed Yes / No	**Reintervention - Graft Occlusion** Yes / No	**Deep Sternal Infection** Yes / No
Neuro - Stroke Permanent Yes / No	**Pulm - Ventilation Prolonged** Yes / No	**Renal - Renal Failure** Yes / No
Renal - Dialysis Requirement Yes / No	**Other - A Fib** Yes / No	

Facility Identification Number