



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

<b>**Cardiac Arrhythmia 1 = Yes / 2 = No</b>									
<b>*Cardiac Arrhythmia - Vtach/Vfib 1 = None / 2 = Remote (&gt; 30 days) / 3= Recent (within 30 days)</b>									
<b>*Cardiac Arrhythmia - Aflutter 1 = None / 2 = Remote (&gt; 30 days) / 3= Recent (within 30 days)</b>									
<b>*Cardiac Arrhythmia - Third Degree Heart Block 1 = None / 2 = Remote (&gt; 30 days) / 3= Recent (within 30 days)</b>									
<b>*Cardiac Arrhythmia - Atrial Fibrillation 1 = None / 2 = Remote (&gt;30 days) / 3 = Recent (&lt;=30 days)</b>									
<b>Cardiac Arrhythmia - Atrial Fibrillation-Type 2= Paroxysmal / 4 = Persistent / 5 = Longstanding Persistent / 6 = Permanent</b>									
<b>Warfarin Use (within 5 days) 1 = Yes / 2 = No / 3 = Unknown</b>									
<b>Coronary Anatomy Disease Known 1 =Yes/ 2 =No</b>				<b>Number Diseased Vessels 1 =None / 2 = One / 3 =Two / 4 =Three</b>					
<b>Percent Native Artery Stenosis Known 1 = Yes / 2 = No</b>				<b>Percent Stenosis - Left Main</b>					
<b>Ejection Fraction Done 1 = Yes / 2 = No</b>				<b>Ejection Fraction (%)</b>					
<b>PA Systolic Pressure Measured 1 = Yes / 2 = No</b>				<b>PA Systolic Pressure</b>					
<b>Insufficiency - Mitral 0 = None / 1 = Trivial (Trace) / 2 = Mild / 3 = Moderate / 4 = Severe / 5 = Not documented</b>									
<b>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</b>									
<b>Status 1 = Elective / 2 = Urgent / 3 = Emergent / 4 = Emergent Salvage</b>									
<b>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 Trans catheter Valve Therapy - Sub-acute Device Dysfunction</b>									
<b>CPB Utilization 1 = None / 2 = Combination / 3 = Full</b>				<b>CPB Utilization - Combination Plan 1 = Planned / 2 = Unplanned</b>					
<b>IMA Used 1 = Yes / 2 = No</b>									
<b>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</b>									
<b>Valve 1 = Yes / 2 = No</b>									
<b>Aortic Valve 2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication 5 = Yes, unplanned due to unsuspected disease or anatomy</b>									
<b>Aortic Valve Procedure 1 = Replacement / 2 = Repair or Reconstruction</b>									
<b>Mitral Valve 2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication 5 = Yes, unplanned due to unsuspected disease or anatomy</b>									
<b>Mitral Valve Procedure 1 = Repair / 2 = Replacement</b>									
<b>Tricuspid Valve 2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication 5 = Yes, unplanned due to unsuspected disease or anatomy</b>									
<b>Pulmonic Valve 2 = No / 3 = Yes, planned / 4 = Yes, unplanned due to surgical complication 5 = Yes, unplanned due to unsuspected disease or anatomy</b>									
<b>Reoperation for Bleed 1 =Yes / 2 = No</b>									
<b>Reintervention – Myocardial Ischemia 1 = Yes / 2 = No</b>				<b>Reintervention – Myocardial Ischemia Vessel 1 = Native Coronary / 2 = Graft / 3 = Both</b>					
<b>Deep Sternal Infection/Mediastinitis 2 = No / 3 = Yes, within 30 days of procedure 4 = Yes, &gt;30 days after procedure, but during hospitalization for surgery</b>									
<b>Neuro - Stroke Permanent 2 = No / 3 = Yes, hemorrhagic / 4 = Yes, ischemic / 5 = Yes, undetermined type</b>									
<b>Pulm - Ventilation Prolonged 1 = Yes / 2 = No</b>									
<b>Renal - Renal Failure 1 =Yes / 2 = No</b>									
<b>Renal - Dialysis Requirement 1 =Yes / 2 = No</b>									
<b>Other - A Fib 1 =Yes / 2 = No</b>									
<b>Facility Identification Number</b>									

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