

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

**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)									
Cardiac Arrhythmia - Atrial Fibrillation-Type 2= Paroxysmal / 4 = Persistent / 5 = Longstanding Persistent / 6 = Permanent									
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					
Percent Native Artery Stenosis Known 1 = Yes / 2 = No				Percent Stenosis - Left Main					
Ejection Fraction Done 1 = Yes / 2 = No				Ejection Fraction (%)					
PA Systolic Pressure Measured 1 = Yes / 2 = No				PA Systolic Pressure					
Insufficiency - Mitral 0 = None / 1 = Trivial (Trace) / 2 = Mild / 3 = Moderate / 4 = Severe / 5 = Not documented									
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 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 = 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 / 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									
CPB Utilization 1 = None / 2 = Combination / 3 = Full				CPB Utilization - Combination Plan 1 = Planned / 2 = Unplanned					
IMA 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/7=Other									
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									5 =
Aortic Valve Procedure 1 = Replacement / 2 = Repair or Reconstruction									
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									
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 1 =Yes / 2 = No									
Reintervention – Myocardial Ischemia 1 = Yes / 2 = No					Reintervention – Myocardial Ischemia Vessel 1 = Native Coronary / 2 = Graft / 3 = Both				
Deep Sternal Infection/Mediastinitis 2 = No / 3 = Yes, within 30 days of procedure / 4 = Yes, >30 days after procedure, but during hospitalization for surgery									
Neuro - Stroke Permanent 2 = No / 3 = Yes, hemorrhagic / 4 = Yes, ischemic / 5 = Yes, undetermined type									
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									

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