California Code Of Regulations
|->
Title 22@ Social Security
|->
Division 7@ Health Planning and Facility Construction
|->
Chapter 10@ Health Facility Data
|->
Article 7@ CABG Data Reporting Requirements
|->
Section 97174@ Required Data Elements

# 97174 Required Data Elements

#### (a)

For patients discharged on or after July 1, 2020, a hospital shall submit the following data elements for each CABG surgery in compliance with the California CABG Outcomes Reporting Program (CCORP) Data Element Specifications Version 8.3, dated June 29, 2020, hereby incorporated by reference. This document is available for download from the OSHPD website. The office will make a hardcopy available on request. For all data elements categorized as postoperative events, with the exception of Deep Sternal, report only if the postoperative event occurred during the hospitalization for CABG surgery. (1) Medical Record Number, (2) Type of CABG, (3) Date of Surgery, (4) Date of Birth, (5) Patient Age, (6) Sex, (7) Primary Payor, (8) Secondary (Supplemental) Payor, (9) Race Documented, (10) Race -- White, (11) Race -- Black/African American, (12) Race --Asian, (13) Race -- American Indian/Alaskan Native, (14) Race -- Native Hawaiian/Pacific Islander, (15) Race -- Other, (16) Hispanic or Latino or Spanish Ethnicity, (17) Hospital Discharge Date, (19) Patient Transfer to Another Acute Hospital, (20) Patient Transferred to Acute Hospital -- Date, (21) Mortality Date, (22) Mort -- Status at 30 Days After Surgery (either discharged or in-hospital), (23) Responsible Surgeon Name (3 separate fields), (24) Responsible Surgeon CA License Number, (25) Height (cm), (26) Weight (kg), (27) Diabetes, (28) Diabetes Control, (29) Dialysis, (30) Hypertension, (31) Endocarditis, (32) Infectious

Endocarditis Type, (33) Chronic Lung Disease, (34) Pneumonia, (35) Liver Disease, (36) Immunocompromised Present, (37) COVID-19 (38) Cancer within 5 years, (39) Peripheral Artery Disease, (40) Cerebrovascular Disease, (41) Prior CVA, (42) Prior CVA When, (43) CVD TIA, (44) CVD -- Carotid Stenosis, (45) CVD Carotid Stenosis --Right, (46) CVD Carotid Stenosis -- Left, (47) CVD Prior Carotid Surgery, (48) Last Creatinine Level, (49) Total Albumin, (50) Total Bilirubin, (51) INR, (52) Sodium, (53) Previous CABG, (54) Previous Valve, (55) Previous PCI, (56) Previous PCI -- Interval, (57) Prior MI, (58) MI -- When, (59) Heart Failure, (60) Heart Failure Timing, (61) Classification -- NYHA, (62) Cardiogenic Shock, (63) Resuscitation, (64) Cardiac Arrhythmia, (65) Cardiac Arrhythmia -- Vtach/Vfib, (66) Cardiac Arrhythmia --Aflutter, (67) Cardiac Arrhythmia -- Third Degree Heart Block, (68) Cardiac Arrhythmia -- Atrial Fibrillation, (69) Atrial Fibrillation-Type, (70) Warfarin Use (within 5 days), (71) Coronary Anatomy/Disease Known, (72) Number Diseased Vessels, (73) Left Main Stenosis >= 50% Known, (74) Hemo Data EF Done, (75) Hemo Data EF, (76) PA Systolic Pressure Measured, (77) PA Systolic Pressure, (78) Mitral Valve Regurgitation, (79) Mitral Regurgitation, (80) Incidence, (81) Status, (82) Urgent / Emergent/Emergent Salvage Reason, (83) Perfusion Strategy, (84) CPB Utilization -- Combination Plan, (85) Internal Mammary Artery Used, (86) Reason for No IMA, (87) Valve, (88) Aortic Valve, (89) Aortic Valve Procedure Performed, (90) Mitral Valve, (91) Mitral Valve Procedure, (92) Tricuspid Valve, (93) Pulmonic Valve, (94) Reoperation for Bleed/Tampanade, (95) Unplanned Coronary Artery Intervention, (96) Unplanned Coronary Artery Intervention-Vessels, (97) Deep Sternal, (98) Neuro-Stroke Permanent, (99) Pulm -- Ventilation Prolonged, (100) Renal -- Renal Failure, (101) Renal -- Dialysis Requirement, (102) Other -- A Fib, (103) Facility Identification Number

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Medical Record Number,
(2)
Type of CABG,
(3)
Date of Surgery,
(4)
Date of Birth,
(5)
Patient Age,
(6)
Sex,
(7)
Primary Payor,
(8)
Secondary (Supplemental) Payor,
(9)
Race Documented,
(10)
Race -- White,
(11)
Race -- Black/African American,
(12)
Race -- Asian,
(13)
Race -- American Indian/Alaskan Native,
(14)
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Race -- Native Hawaiian/Pacific Islander,
(15)
Race -- Other,
(16)
Hispanic or Latino or Spanish Ethnicity,
(17)
Hospital Discharge Date,
(19)
Patient Transfer to Another Acute Hospital,
(20)
Patient Transferred to Acute Hospital -- Date,
(21)
Mortality Date,
(22)
Mort -- Status at 30 Days After Surgery (either discharged or in-hospital),
(23)
Responsible Surgeon Name (3 separate fields),
(24)
Responsible Surgeon CA License Number,
(25)
Height (cm),
(26)
Weight (kg),
(27)
Diabetes,
(28)
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Diabetes Control,
(29)
Dialysis,
(30)
Hypertension,
(31)
Endocarditis,
(32)
Infectious Endocarditis Type,
(33)
Chronic Lung Disease,
(34)
Pneumonia,
(35)
Liver Disease,
(36)
Immunocompromised Present,
(37)
COVID-19
(38)
Cancer within 5 years,
(39)
Peripheral Artery Disease,
(40)
(40) Cerebrovascular Disease,

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Prior CVA,
(42)
Prior CVA When,
(43)
CVD TIA,
(44)
CVD -- Carotid Stenosis,
(45)
CVD Carotid Stenosis -- Right,
(46)
CVD Carotid Stenosis -- Left,
(47)
CVD Prior Carotid Surgery,
(48)
Last Creatinine Level,
(49)
Total Albumin,
(50)
Total Bilirubin,
(51)
INR,
(52)
Sodium,
(53)
Previous CABG,
(54)
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Previous Valve,
(55)
Previous PCI,
(56)
Previous PCI Interval,
(57)
Prior MI,
(58)
MI When,
(59)
Heart Failure,
(60)
Heart Failure Timing,
(61)
Classification NYHA,
(62)
Cardiogenic Shock,
(63)
Resuscitation,
(64)
Cardiac Arrhythmia,
(65)
Cardiac Arrhythmia Vtach/Vfib,
(66)
Cardiac Arrhythmia Aflutter,
(67)

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Cardiac Arrhythmia -- Third Degree Heart Block,
(68)
Cardiac Arrhythmia -- Atrial Fibrillation,
(69)
Atrial Fibrillation-Type,
(70)
Warfarin Use (within 5 days),
(71)
Coronary Anatomy/Disease Known,
(72)
Number Diseased Vessels,
(73)
Left Main Stenosis >= 50% Known,
(74)
Hemo Data EF Done,
(75)
Hemo Data EF,
(76)
PA Systolic Pressure Measured,
(77)
PA Systolic Pressure,
(78)
Mitral Valve Regurgitation,
(79)
Mitral Regurgitation,
(80)
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Incidence,
(81)
Status,
(82)
Urgent / Emergent/Emergent Salvage Reason,
(83)
Perfusion Strategy,
(84)
CPB Utilization -- Combination Plan,
(85)
Internal Mammary Artery Used,
(86)
Reason for No IMA,
(87)
Valve,
(88)
Aortic Valve,
(89)
Aortic Valve Procedure Performed,
(90)
Mitral Valve,
(91)
Mitral Valve Procedure,
(92)
Tricuspid Valve,
(93)
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Pulmonic Valve,
(94)
Reoperation for Bleed/ Tampanade,
(95)
Unplanned Coronary Artery Intervention,
(96)
Unplanned Coronary Artery Intervention-Vessels,
(97)
Deep Sternal,
(98)
Neuro-Stroke Permanent,
(99)
Pulm -- Ventilation Prolonged,
(100)
Renal -- Renal Failure,
(101)
Renal -- Dialysis Requirement,
(102)
Other -- A Fib,
(103)
Facility Identification Number
```

### (b)

If a value for a data element, other than data elements specified in Subsection (b)(1), is unknown or not applicable, a hospital may submit the record without a valid value for that data element. (1) A valid value must be submitted for the following data elements: Medical Record Number, Type of CABG, Date of Surgery,

Sex, Hospital Discharge Date, Status at Hospital Discharge, Responsible Surgeon Name, Responsible Surgeon CA License Number, Dialysis, Previous CABG, Previous PCI, Status, Reoperation for Bleed/Tamponade, Unplanned Coronary Artery Intervention, Deep Sternal, Neuro -- Stroke Permanent, Pulm -- Ventilation Prolonged, Renal -- Renal Failure, Renal -- Dialysis Requirement, Other -- A Fib, and Facility Identification Number.

## **(1)**

A valid value must be submitted for the following data elements: Medical Record

Number, Type of CABG, Date of Surgery, Sex, Hospital Discharge Date, Status at

Hospital Discharge, Responsible Surgeon Name, Responsible Surgeon CA License

Number, Dialysis, Previous CABG, Previous PCI, Status, Reoperation for

Bleed/Tamponade, Unplanned Coronary Artery Intervention, Deep Sternal, Neuro -
Stroke Permanent, Pulm -- Ventilation Prolonged, Renal -- Renal Failure, Renal -
Dialysis Requirement, Other -- A Fib, and Facility Identification Number.

### (c)

For patients discharged on or after January 1, 2018 through June 30, 2020, a hospital shall submit the following data elements for each CABG surgery in compliance with the California CABG Outcomes Reporting Program (CCORP) Data Element Specifications Version 7.1, dated May 5, 2019, hereby incorporated by reference. This document is available for download from the OSHPD website. The office will make a hardcopy available on request. For all data elements categorized as postoperative events, with the exception of Deep Sternal Infection/Mediastinitis, report only if the postoperative event occurred during the hospitalization for CABG surgery. (1) Medical Record Number, (2) Type of Coronary Artery Bypass Graft (CABG), (3) Date of Surgery, (4) Date of Birth, (5) Patient Age, (6) Sex, (7) Race Documented, (8) Race -- White, (9) Race --

Black/African American, (10) Race -- Asian, (11) Race -- American Indian/Alaskan Native, (12) Race -- Native Hawaiian/Pacific Islander, (13) Race -- Other, (14) Hispanic or Latino or Spanish Ethnicity, (15) Date of Discharge, (16) Discharge/Mortality Status, (17) Mortality Date, (18) Responsible Surgeon Name (3) separate fields), (19) Responsible Surgeon CA License Number, (20) Height (cm), (21) Weight (kg), (22) Diabetes, (23) Diabetes Control, (24) Dialysis, (25) Hypertension, (26) Endocarditis, (27) Infectious Endocarditis Type, (28) Chronic Lung Disease, (29) Liver Disease, (30) Immunocompromise, (31) Peripheral Arterial Disease, (32) Cerebrovascular Disease, (33) Prior CVA, (34) Prior CVA -- When, (35) CVD TIA, (36) CVD Carotid Stenosis, (37) CVD Carotid Stenosis -- Right, (38) CVD Carotid Stenosis -- Left, (39) CVD Prior Carotid Surgery, (40) Last Creatinine Level, (41) Total Albumin, (42) Total Bilirubin, (43) INR, (44) Previous CABG, (45) Previous Valve, (46) Previous PCI, (47) Previous PCI -- Interval, (48) Prior MI, (49) MI -- When, (50) Heart Failure, (51) Heart Failure Timing, (52) Classification -- NYHA, (53) Cardiogenic Shock, (54) Resuscitation, (55) Cardiac Arrhythmia, (56) Cardiac Arrhythmia -- VTach/VFib, (57) Cardiac Arrhythmia -- Aflutter, (58) Cardiac Arrhythmia -- Third Degree Heart Block, (59) Cardiac Arrhythmia -- Atrial fibrillation, (60) Cardiac Arrhythmia -- Atrial fibrillation Type, (61) Warfarin Use (within 5 days), (62) Coronary Anatomy/Disease Known, (63) Number of Diseased Vessels, (64) Percent Native Artery Stenosis Known, (65) Percent Stenosis -- Left Main, (66) Ejection Fraction Done, (67) Ejection Fraction (%), (68) PA Systolic Pressure Measured, (69) PA Systolic Pressure, (70) Insufficiency -- Mitral, (71) Incidence, (72) Status, (73) Urgent Or Emergent Reason, (74) CPB Utilization, (75) CPB Utilization -- Combination Plan, (76) IMA Artery Used, (77) Reason for No IMA, (78) Valve, (79) Aortic Valve, (80) Aortic Valve Procedure, (81) Mitral Valve, (82) Mitral Valve Procedure, (83) Tricuspid Valve, (84) Pulmonic Valve, (85) Reoperation

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for Bleed, (86) Reintervention -- Myocardial Ischemia, (87) Reintervention --
Myocardial Ischemia Vessel, (88) Deep Sternal Infection/Mediastinitis, (89) Neuro
-- Stroke Permanent, (90) Pulm -- Ventilation Prolonged, (91) Renal -- Renal
Failure, (92) Renal -- Dialysis Requirement, (93) Other -- A Fib, (94) Facility
Identification Number,
  (1)
  Medical Record Number,
  (2)
  Type of Coronary Artery Bypass Graft (CABG),
  (3)
  Date of Surgery,
  (4)
  Date of Birth,
  (5)
  Patient Age,
  (6)
  Sex,
  (7)
  Race Documented,
  (8)
  Race -- White,
  (9)
  Race -- Black/African American,
  (10)
  Race -- Asian,
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(11)

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Race -- American Indian/Alaskan Native,
(12)
Race -- Native Hawaiian/Pacific Islander,
(13)
Race -- Other,
(14)
Hispanic or Latino or Spanish Ethnicity,
(15)
Date of Discharge,
(16)
Discharge/Mortality Status,
(17)
Mortality Date,
(18)
Responsible Surgeon Name (3 separate fields),
(19)
Responsible Surgeon CA License Number,
(20)
Height (cm),
(21)
Weight (kg),
(22)
Diabetes,
(23)
Diabetes Control,
(24)
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Dialysis,
(25)
Hypertension,
(26)
Endocarditis,
(27)
Infectious Endocarditis Type,
(28)
Chronic Lung Disease,
(29)
Liver Disease,
(30)
Immunocompromise,
(31)
Peripheral Arterial Disease,
(32)
Cerebrovascular Disease,
(33)
Prior CVA,
(34)
Prior CVA When,
(35)
CVD TIA,
(36)
CVD Carotid Stenosis,

(37)

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CVD Carotid Stenosis -- Right,
(38)
CVD Carotid Stenosis -- Left,
(39)
CVD Prior Carotid Surgery,
(40)
Last Creatinine Level,
(41)
Total Albumin,
(42)
Total Bilirubin,
(43)
INR,
(44)
Previous CABG,
(45)
Previous Valve,
(46)
Previous PCI,
(47)
Previous PCI -- Interval,
(48)
Prior MI,
(49)
MI -- When,
```

(50)

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Heart Failure,
(51)
Heart Failure Timing,
(52)
Classification -- NYHA,
(53)
Cardiogenic Shock,
(54)
Resuscitation,
(55)
Cardiac Arrhythmia,
(56)
Cardiac Arrhythmia -- VTach/VFib,
(57)
Cardiac Arrhythmia -- Aflutter,
(58)
Cardiac Arrhythmia -- Third Degree Heart Block,
(59)
Cardiac Arrhythmia -- Atrial fibrillation,
(60)
Cardiac Arrhythmia -- Atrial fibrillation Type,
(61)
Warfarin Use (within 5 days),
(62)
Coronary Anatomy/Disease Known,
(63)
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```
Number of Diseased Vessels,
(64)
Percent Native Artery Stenosis Known,
(65)
Percent Stenosis -- Left Main,
(66)
Ejection Fraction Done,
(67)
Ejection Fraction (%),
(68)
PA Systolic Pressure Measured,
(69)
PA Systolic Pressure,
(70)
Insufficiency -- Mitral,
(71)
Incidence,
(72)
Status,
(73)
Urgent Or Emergent Reason,
(74)
CPB Utilization,
(75)
CPB Utilization -- Combination Plan,
(76)
```

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IMA Artery Used,
(77)
Reason for No IMA,
(78)
Valve,
(79)
Aortic Valve,
(80)
Aortic Valve Procedure,
(81)
Mitral Valve,
(82)
Mitral Valve Procedure,
(83)
Tricuspid Valve,
(84)
Pulmonic Valve,
(85)
Reoperation for Bleed,
(86)
Reintervention -- Myocardial Ischemia,
(87)
Reintervention -- Myocardial Ischemia Vessel,
(88)
Deep Sternal Infection/Mediastinitis,
(89)
```

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Neuro -- Stroke Permanent,

(90)

Pulm -- Ventilation Prolonged,

(91)

Renal -- Renal Failure,

(92)

Renal -- Dialysis Requirement,

(93)

Other -- A Fib,
```

Facility Identification Number,

(d)

(94)

If a value for a data element, other than data elements specified in Subsection (d)(1), is unknown or not applicable, a hospital may submit the record without a valid value for that data element. (1) A valid value must be submitted for the following data elements: Medical Record Number, Type of CABG, Date of Surgery, Sex, Date of Discharge, Discharge Status, Responsible Surgeon Name, Responsible Surgeon CA License Number, Dialysis, Previous PCI, Status, Reoperation for Bleed, Reintervention -- Myocardial Ischemia, Reintervention -- Myocardial Ischemia Vessel, Deep Sternal Infection/Mediastinitis, Neuro -- Stroke Permanent, Pulm -- Ventilation Prolonged, Renal -- Renal Failure, Renal -- Dialysis Requirement, Other -- A Fib, and Facility Identification Number.

**(1)** 

A valid value must be submitted for the following data elements: Medical Record

Number, Type of CABG, Date of Surgery, Sex, Date of Discharge, Discharge Status,

Responsible Surgeon Name, Responsible Surgeon CA License Number, Dialysis,

Previous PCI, Status, Reoperation for Bleed, Reintervention -- Myocardial Ischemia,
Reintervention -- Myocardial Ischemia Vessel, Deep Sternal Infection/Mediastinitis,
Neuro -- Stroke Permanent, Pulm -- Ventilation Prolonged, Renal -- Renal Failure, Renal
-- Dialysis Requirement, Other -- A Fib, and Facility Identification Number.