

**New Jersey Department of Health and Senior Services
OPEN HEART SURGERY REGISTRY
DATA COLLECTION FORM, VERSION 4.0**

A. DEMOGRAPHICS

Patient: Last Name (1): _____ First Name (2): _____ MI(3): _____
 Date of Birth (mm/dd/yyyy)(4): _____ / _____ / _____ Gender (5): Male = 0 Female = 1 _____
 SS# (6): _____ - _____ - _____ Medical Record # (7): _____ Patient Zip Code (8): _____
 Race (9): White=1 Black=2 Asian=3 Native American/Alaska Native=4 Hawaiian/Other Pacific Islander=5 Other=6 _____
 Hispanic or Latino (10): No=0 Yes=1 _____
 Referring Cardiologist: Last Name (11): _____ First Name (12): _____ MI(13): _____
 Referring Physician: Last Name (15): _____ First Name (16): _____ MI(17): _____

B. HOSPITALIZATION

Hospital Code (18): _____ Medical Facility Transferred From Code (19): _____
 Payor (20): Blue Cross/Blue Shield=1 Commercial=2 HMO=3 Medicaid=4 Medicare=5 Self-Pay=6 Tricare (CHAMPUS)=7
 Uninsured/Indigent=8 Other=9 _____
 Date of Admission (mm/dd/yyyy)(21): _____ / _____ / _____ Date of Surgery (mm/dd/yyyy)(22): _____ / _____ / _____
 Date of Discharge (mm/dd/yyyy)(23): _____ / _____ / _____
 Discharged Where (24): Not Discharged=0 Home=1 Other Acute Care Hosp=2 Rehab/Sub-Acute=3 Nursing Home=4
 Other=5 Deceased=6 Unknown=9 _____

C. PREOPERATIVE RISK FACTORS

Weight (25): _____ (kg) Height (26): _____ (cm)
 Ever Smoker (27): No=0 Yes=1 _____ If Yes, Current Smoker (28): No=0 Yes=1 _____
 Diabetes (29): No=0 Yes=1 _____ If Yes, Control Type (30): None=0 Diet=1 Oral=2 Insulin=3 _____
 Dyslipidemia (31): No=0 Yes=1 _____ If Yes, Control Type (32): None=0 Statin=1 Non-Statins=2 _____
 Last Creatinine Level Preop (33): _____
 Renal Failure (34): No=0 Yes=1 _____ If Yes, Dialysis (35): No=0 Yes=1 _____
 Hypertension (36): No=0 Yes=1 _____
 Cerebrovascular Accident (37): No=0 Yes=1 _____
 If Yes, When (38): Recent \leq 2 Weeks=1 Remote $>$ 2 Weeks=2 _____
 Cerebrovascular Disease (CVD) (39): No=0 Yes=1 _____
 If Yes, Type of CVD (40): Coma=1 CVA=2 RIND=3 TIA=4 Non-Invasive $>$ 75%=5 Prior Carotid Surgery=6 _____
 Infectious Endocarditis (41): No=0 Yes=1 _____ If Yes, Type (42): Treated=1 Active=2 _____
 Chronic Lung Disease (43): No=0 Mild=1 Moderate=2 Severe=3 _____
 Immunosuppressive Therapy (44): No=0 Yes=1 _____
 Peripheral Vascular Disease (45): No=0 Yes=1 _____

D. PREVIOUS CV INTERVENTIONS

Incidence (46): First CV Surgery=1 First reop=2 Second reop=3 Third reop=4 Four or more reops=5 _____
 Prior PCI (47): No=0 Yes=1 _____
 If Yes, Prior PCI-Interval (48): \leq 6 Hours=1 $>$ 6 Hours=2 _____

E. PREOPERATIVE CARDIAC STATUS

Myocardial Infarction (49): No=0 Yes=1 _____
 If Yes, When (50): \leq 6 Hours=1 $>$ 6 Hours but $<$ 24 Hours=2 1-7 Days=3 8-21 Days=4 $>$ 21 Days=5 _____
 Congestive Heart Failure (51): No=0 Yes=1 _____
 Angina (52): No=0 Yes=1 _____ If Yes, Angina Type (53): Stable=1 Unstable=2 _____
 Cardiogenic Shock (54): No=0 Yes=1 _____
 If Yes, Cardiogenic Shock Type (55): Refractory Shock=1 Hemodynamic Instability=2 _____
 Resuscitation (56): No=0 Yes=1 _____
 Arrhythmia (57): No=0 Yes=1 _____
 If Yes, Arrhythmia Type (58): None=0 Sust VT/VF=1 Heart Block=2 AFib/Flutter=3 _____
 NYHA Classification (59): I = 1 II = 2 III = 3 IV = 4 _____

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F. PREOPERATIVE MEDICATIONS

Beta Blockers (60):	No=0	Yes=1	_____	ACE Inhibitors (61):	No=0	Yes=1	_____
Nitrates-IV (62):	No=0	Yes=1	_____	Anticoagulants (63):	No=0	Yes=1	_____
If Yes, Anticoagulant Medication Name (64):				Heparin (Unfractionated)=1	Heparin (Low molecular)=2	Thrombin Inhibitors=3	_____
Coumadin (65):	No=0	Yes=1	_____	Inotropes (66):	No=0	Yes=1	_____
Steroids (67):	No=0	Yes=1	_____	Aspirin (68):	No=0	Yes=1	_____
ADP Inhibitor (69):	No=0	Yes=1	_____	Glyco IIB IIIA (70):	No=0	Yes=1	_____
Other (71):	No=0	Yes=1	_____				

G. PREOPERATIVE HEMODYNAMICS AND CATH

Number of Diseased Coronary Vessels (Left Main Counts as Two) (72):	None=0	One=1	Two=2	Three=3	_____		
Left Main Disease (> 50% Occlusion) (73):	No=0	Yes=1	_____				
Ejection Fraction Done (74):	No=0	Yes=1	_____	If Yes, Ejection Fraction % (75):	_____		
Ejection Fraction Method (76):	None=0	LVgram=1	Radionuclide=2	Estimate=3	Echo=4	MRI=5	_____

H. OPERATIVE PROCEDURE

Surgery: Last Name (77):	_____	First Name (78):	_____	MI(79):	_____	License #(80):	_____
Status of Procedure (81):	Elective=1	Urgent=2	Emergent=3	Emergent Salvage=4	_____		
If Urgent, Reason (82):	AMI=1	IABP=2	Worsening CP=3	CHF=4	Anatomy=5	USA=6	_____
	Rest Angina=7	Valve Dysfunction=8	Aortic Dissection=9	Angiographic Accident=10			_____
If Emergent,, Reason (83):	Shock Circ Supp=1	Shock No Circ Supp=2	Pulmonary Edema=3	AEMI=4			_____
	Ongoing Ischemia=5	Valve Dysfunction=6	Aortic Dissection=7	Angiographic Accident=8			_____
Operative Category (84):	CAB=1	CAB+Valve=2	CAB+Other=3	CAB+Valve+Other=4	Valve=5	Valve+Other=6	Other=7
Robotic Technology used (85):	No=0	Yes=1	_____				
Minimally Invasive Proc Attempted(86):	No=0	Yes=1	_____				
If Yes, Conversion to Standard Incision (87):	No=0	Yes=1	_____				
CPB Utilization (88):	None=0	Combination=1	Full=2	_____	If Combination or Full, Perfusion Time (min) (89):	_____	
Aortic Occlusion (90):	None=0	Aortic Crossclamp=1	Balloon Occlusion=2	Partial Crossclamp=3			_____
If Aortic Crossclamp or Balloon Occlusion, Cross Clamp Time (min) (91):							_____
Cardioplegia (92):	No=0	Yes=1	_____				
IABP (93):	No=0	Yes=1	_____				
If Yes, When Inserted (94):	Preoperatively=1	Intraoperatively=2	Postoperatively=3				_____
Indication (95):	Hemodynamic Instability=1	PTCA Support=2	Unstable Angina=3	CPB Wean=4	Prophylactic=5		_____
Blood Products Used During Surgery (96):	No=0	Yes=1	_____				

I. CORONARY BYPASS

Number of Distal Anastomoses With Arterial Conduits (97):	_____
Number of Distal Anastomoses With Venous Conduits (98):	_____
Number of IMA Distal Anastomoses (99):	_____
Number of Radial Artery Distal Anastomoses (100):	_____
Number of Gastro-Epiploic Artery (GEPA) Distal Anastomoses (101):	_____
Other Arterial Anastomoses (102):	_____

J. VALVE SURGERY

Aortic (103):	No=0	Replacement=1	Repair/Reconstruct=2	Root Reconstruction with Valve Conduit=3	_____
		Replacement + Aortic Graft Conduit (not a valve conduit)=4	Root Reconstruction with Valve Sparing=5		
		Resuspension Aortic Valve with Replacement of Ascending Aorta=6			
		Resuspension Aortic Valve without Replacement of Ascending Aorta=7	Resection Sub-Aortic Stenosis=8		_____
Mitral (104):	No=0	Annuloplasty Only=1	Replacement=2	Reconstruction with Annuloplasty=3	_____
		Reconstruction without Annuloplasty=4			
Tricuspid (105):	No=0	Annuloplasty Only=1	Replacement=2	Reconstruction with Annuloplasty=3	_____
		Reconstruction without Annuloplasty=4	Valvectomy=5		_____
Pulmonic (106):	No=0	Replacement=1	Reconstruction=2		_____

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K. OTHER PROCEDURES

Left Vent Aneurysm Repair (107):	No=0	Yes=1	_____	Vent. Septal Defect Repair (108):	No=0	Yes=1	_____
Atrial Septal Defect Repair (109):	No=0	Yes=1	_____	Surgical Ventricular Restoration (110):	No=0	Yes=1	_____
Congenital Defect Repair (111):	No=0	Yes=1	_____	TMR (112):	No=0	Yes=1	_____
Cardiac Trauma Repair (113):	No=0	Yes=1	_____	Cardiac Transplant (114):	No=0	Yes=1	_____
Pacemaker (115):	No=0	Yes=1	_____	AICD (116):	No=0	Yes=1	_____
Atrial Fib Correction (117):	None=0	MAZE=1	Other=2	Combination=3	_____		
Aortic Aneurysm Repair (118):	No=0	Yes=1	_____	Other Cardiac (119):	No=0	Yes=1	_____
Carotid Endarterectomy (120):	No=0	Yes=1	_____	Other Vascular (121):	No=0	Yes=1	_____
Other Thoracic (122):	No=0	Yes=1	_____	VAD (123):	None=0	LVAD=1	RVAD=2
Other non-Cardiac (124)	No=0	Yes=1	_____		BiVAD=3	_____	

L. IN HOSPITAL COMPLICATIONS

<u>OPERATIVE:</u>				<u>INFECTION:</u>			
Reop-Bleeding/Tamponade (125):	No=0	Yes=1	_____	Sternal-Deep (131):	No=0	Yes=1	_____
Reop-Valvular Dysfunction (126):	No=0	Yes=1	_____	Thoracotomy (132):	No=0	Yes=1	_____
Reop-Graft Occlusion(127):	No=0	Yes=1	_____	Leg (133):	No=0	Yes=1	_____
Reop-Other Cardiac Problem (128):	No=0	Yes=1	_____	Septicemia (134):	No=0	Yes=1	_____
Reop-Other Non-Cardiac Problem (129):	No=0	Yes=1	_____	UTI (135):	No=0	Yes=1	_____
Perioperative MI (130):	No=0	Yes=1	_____				
<u>NEUROLOGIC:</u>				<u>PULMONARY:</u>			
Postoperative Stroke For >72 Hrs (136):	No=0	Yes=1	_____	Prolonged Ventilation (139):	No=0	Yes=1	_____
Transient Neurologic Deficit (137):	No=0	Yes=1	_____	Pulmonary Embolism (140):	No=0	Yes=1	_____
Continuous Coma \geq 24 Hours (138):	No=0	Yes=1	_____	Pneumonia (141):	No=0	Yes=1	_____
<u>RENAL:</u>							
Renal Failure (142):	No=0	Yes=1	_____				
If Yes, Dialysis (143):	No=0	Yes=1	_____				
<u>VASCULAR:</u>							
Iliac/Femoral Dissection (144):	No=0	Yes=1	_____				
Acute Limb Ischemia (145):	No=0	Yes=1	_____				
<u>OTHER:</u>							
Heart Block (146):	No=0	Yes=1	_____	Cardiac Arrest (147):	No=0	Yes=1	_____
Anticoagulant (148):	No=0	Yes=1	_____	Tamponade (149):	No=0	Yes=1	_____
GI Complication (150):	No=0	Yes=1	_____	Multi System Failure (151):	No=0	Yes=1	_____
A-Fib/Flutter (152):	No=0	Yes=1	_____	Aortic Dissection (153):	No=0	Yes=1	_____
Other (154):	No=0	Yes=1	_____				
If Yes, Specify (155):	_____						

M. MORTALITY

Discharge Status (156): Alive=1 Dead=2 _____ Status at 30 Days after Surgery (160): Alive=1 Dead=2 Unknown=3 _____

 If Dead, Date of Death (mm/dd/yyyy) (157): _____ / / _____

 Location of Death (158): OR During Initial Surgery=1 Hospital=2 Home=3

 Other Care Facility=4 OR During Reoperation=5 Unknown=6 _____

 Primary Cause of Death (Select Only One) (159):

 Cardiac=1 Neurologic=2 Renal=3 Vascular=4

 Infection=5 Pulmonary=6 Valvular=7 Other=8 Unknown=9 _____