

Clinical Outcomes Assessment Program

Inter-Rater Reliability CABG Test Module

Supplemental Notes to Questions Scored < 80%

December 2004

Q3.0. Most recent pre-procedure creatinine level: 0.7

“Pre-procedure” refers to the CABG, which was performed on 7/28/03 with start time of approximately 13:20. Lab Report indicates Cr 0.7 at 11:40 on 7/28.

Q6.0 History of COPD: Yes

Discharge diagnoses include mild emphysema. The definition for Q 6.0 notes a “documented history of chronic lung disease,” including chronic obstructive pulmonary disease.

Q21 Prox LAD Stenosis: Not Measured

Indicate the highest degree of stenosis before the procedure (CABG). The Cath Note states that "The left anterior descending artery gave off a first diagonal vessel, which had a 60% origin narrowing. There was then a 50% to 60% stenosis in the mid portion of the LAD just after the takeoff of a second small diagonal vessel. There was normal flow..."

In this case, no explicit and clear mention of the Proximal LAD is given - and at this time, abstractors are not encouraged to extrapolate missing data or non-mentioned data as indication of no disease. Thus, the correct answer is “Not measured.”

Q21 Other LAD Stenosis: 60%

The Cath Note states that “The left anterior descending artery gave off a first diagonal vessel, which had a 60% origin narrowing. There was then a 50% to 60% stenosis in the mid portion of the LAD just after the takeoff of a second small diagonal vessel. There was normal flow..."

In this case, a diagonal is mentioned specifically at 60%. When a precise value is available, as in this case, it should be recorded, rather than a Best Category. An additional mention of a 50% to 60% stenosis of a second small diagonal vessel is mentioned; however, "small" here indicates a < 2.0mm in diameter vessel, which should not be abstracted.

Q21 CFX Stenosis: 90%

Per the Cath Note, "The circumflex vessel had a greater than 90% very eccentric and tortuous focal narrowing in its mid portion just prior to a trifurcation into two large marginal vessels and then the small continuation of the circumflex. The origin of the first marginal had a 40% narrowing, and the origin of the second marginal had a 40% to 50% narrowing at its origin. The second marginal vessel gave off a superior branch, which had a 99% narrowing, and there was slow flow into this distal branch. There was no change in this small diameter branch compared ..."

In this case, very careful reading is required. The only clear and recordable value given is the 90% in its mid portion - the correct answer. When a precise value is available, as in this case, it should be recorded, rather than a Best Category. Continuation and description of the marginals leads us to find the 99% in a smaller diameter branch (indicating < 2.0mm in diameter) measurement - and again, this size of vessel is not to be abstracted at this time.

Q33.0. Intra- or Post-Procedure EKG: No

The intent of this question is to capture 12-lead EKG in the intra- or post-procedure period. The patient was on the telemetry floor post-op but there is no documentation of a 12-lead EKG.

Q42.0 Vent Hours: 4 (Four)

Post-procedure ventilation time is defined as from end of surgery (15:00 on 7/28, per Operative Record) to final extubation (19:00 on 7/28, per Discharge Summary), in this case 4 hours.