oshpd "Equitable Healthcare Accessibility for California"
Office of Statewide Health Planning and Development

Healthcare Quality and Analysis Division
818 K Street, Room 200
Sacramento, California 95814
(916) 322-9700
Fax (916) 445-7534
www.oshpd.ca.gov/hqad

CCORP Bulletin 07-03

October 11, 2007

To: CCORP Data Abstractors

Subject: **California Coronary Artery Bypass Graft Outcomes Reporting Program (CCORP) Coding Clarifications for Cardiogenic Shock and Status of Procedure**

The Office of Statewide Health Planning and Development (OSHPD) produces quality outcomes reports, in part, by researching coding variations within specific data elements over time. Of recent interest to CCORP is the coding of Cardiogenic Shock and Status of Procedure "Emergent Salvage". As stated in a recent bulletin, hospitals must continue to collect and report salvage cases in CCORP data and provide supporting documentation for their coding. As with salvage cases, in order to verify the correct coding of a hospital's "cardiogenic shock" case, CCORP also requests supporting documentation for cardiogenic shock cases to accompany data submissions, effective with the July – December 2007 submission period.

In review, CCORP's definition of "**Status of Procedure = Emergent Salvage"** is: the patient is undergoing cardiopulmonary resuscitation en route to the operating room or prior to anesthesia induction. Further clarification includes 1) Ventricular Tachycardia/Fibrillation arrests, prior to anesthesia, responding promptly to shock should not be coded as "salvage" and 2) Patients receiving chest compressions an hour prior to entering the Operating Room (OR), and are hemodynamically unstable requiring intermittent chest compressions upon entering the OR are considered "salvage".

Regarding coding of **Cardiogenic Shock**, CCORP's definition is: the patient, at the time of procedure, is in a state of hypoperfusion by either criteria: a) systolic blood pressure (SBP) <80 and/or cardiac index (CI) <1.8 despite maximal treatment or b) intravenous inotropes and/or IABP placement to maintain SBP >80 and/or CI >1.8. Further clarification includes 1) IABP placement without a preoperatively documented SBP < 80 or Cardiac Index < 1.8 does not meet shock criteria and 2) Transfer patients with IABPs placed at another hospital, do not code shock unless a transfer summary or other documentation can support CCORP's shock criteria. Hospitals are encouraged to contact Denise O'Neill (formerly King) at (916) 322-9138 or email DOneill@oshpd.ca.gov with any questions regarding this bulletin.

Sincerely,

Denise O'Neill
CCORP Data Manager