



CathPCI Registry

**CathPCI Version 4.3:**  
**How are we doing so far?**  
**OR**  
**How we are doing so far...**



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CathPCI Registry

**How did we get here?**



- **V 1.1 Started in 1998**
  - 141 Data Elements
  - 220 Facilities enrolled by 2001
  - 110 Facilities submitting data by 2001
  - 90% Inclusion Rate
- **V 2.0 Started in 2001**
  - 142 Data Elements
  - 500 Facilities enrolled by 2004
  - 325 Submitting data by 2004
  - 95% Inclusion Rate






CathPCI Registry

**How did we get here?**



- **V 3.04 Started in 2004**
  - 192 Data Elements
  - Currently 1160
  - 547 Facilities enrolled by 2004
  - 410 Facilities submitting data by 2001
  - 98.5% Inclusion Rate
- **Currently – V4.3 Started July 1, 2009**
  - 191 Data Elements
  - 1188 sites enrolled
  - Data submission starts in November, 2009






CathPCI Registry

**Why V4.3?**


- Each of the versions was made better by previous versions
- Times have changed
  - different treatment,
  - different outcomes,
  - different metrics
- Updates occur about every 3 to 4 years to keep up with changes






CathPCI Registry

## The Stakeholders


- Stakeholders include:
  - Industry
  - State Governments
  - Payors
  - Medical Societies
  - Food and Drug Administration (FDA)
  - Centers for Medicaid/Medicare Services (CMS)
  - You and Your Local Hospital





CathPCI Registry

## Data collected through the CathPCI Registry


- Will be analyzed to assess determinants of practice guideline implementation
- Utilized to provide aid for medical decision making
- Assesses the appropriateness of medical care provided for patients who may have coronary disease
- Will be used for research purposes and quality improvement
- Can provide outside sources with valuable information





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## Data Inclusion Criteria


- Adult patients  $\geq$  18 y.o. on admission
- In hospital from presentation to discharge
- Outpatient from presentation to discharge from the hospital or outpatient setting
- Patients having a Left Heart Catheterization, with/without coronary or graft angiograms
- Patients undergoing PCI (Percutaneous Coronary Angioplasty)




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## Abbreviations in V4.3

- The full specs Data Dictionary (DD)
- The Data Collection Form (DCF)
  - Diagnostic Data Set (DDS)
  - Full Data Set for PCI
- Online Data Collection Tool (DCT)
- Data Quality Report (DQR)
- Outcomes Report (OR)



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## Data Dictionary

- Coding Specs
- Sequence Number
- Name
- Coding Instructions
- Notes
- Target Value
- Selections
- Supporting Definitions
- Technical Specs
- Short Name
- Parent Seq. #
- Parent Value
- Missing Data
- Harvested
- Format
- Default Value
- Usual Range
- Valid Range
- Data Source

Logos: NCDR, American Heart Association, American College of Cardiology, National Heart, Lung, and Blood Institute, National Institutes of Health, Department of Health and Human Services

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## DCF


- **Version 4.0 Data Collection Form Has 11 Sections**
- Demographics
- Episode of Care
- History and Risk Factors
- Cath Lab Visit
- Diagnostic Catheterization Procedure
- Best Estimate of Coronary Anatomy
- PCI Procedure
- Lesions and Devices
- Labs
- Post Procedure Events
- Discharge

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## DCF

- Green highlights the sections (note the timing in some of the sections)
- Yellow elements are the DDS (Diagnostic Data Set)



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## Color Coded DCF

Color	Implication
Blank Background	There has been NO change in Sequence Element name or definition from Version 3.04 to Version 4
Pink Background	Code with Caution: The Sequence Element name and/or definition for Version 4 is DIFFERENT than it was in Version 3.04.
Turquoise Background	A completely new data element is being collected.

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## Demographics (filled out once at admission)

**A. DEMOGRAPHICS**

Last Name <sup>2001</sup>	First Name <sup>2013</sup>	Middle Name <sup>2013</sup>
SSN <sup>2005</sup> <input type="checkbox"/> SSN NA <sup>2005</sup>	Patient ID <sup>2006</sup> (auto)	Other ID <sup>2006</sup>
Birth Date <sup>2009</sup>	Sex <sup>2008</sup> : <input type="radio"/> Male <input type="radio"/> Female	
Race: <input type="radio"/> White <sup>2007</sup> <input type="radio"/> Black/African American <sup>2007</sup> <input type="radio"/> Asian <sup>2007</sup>	<input type="checkbox"/> American Indian/Alaskan Native <sup>2007</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2007</sup>	
<input type="checkbox"/> Hispanic or Latino Ethnicity <sup>2011</sup> : <input type="radio"/> No <input type="radio"/> Yes		

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## Episode of Care (filled out once at admission)

**B. EPISODE OF CARE**

Arrival Date Time <sup>2002</sup>	Patient Zip Code <sup>2006</sup> <input type="checkbox"/> Zip Code N/A <sup>2006</sup>
Admit Source <sup>2003</sup> : <input type="radio"/> Emergency department <input type="radio"/> Transfer in from another acute care facility <input type="radio"/> Other	
Insurance Payers: <input type="checkbox"/> Private Health Insurance <sup>2002</sup> <input type="checkbox"/> Medicare <sup>2021</sup> <input type="checkbox"/> Medicaid <sup>2022</sup> <input type="checkbox"/> Military Health Care <sup>2002</sup>	
<input type="checkbox"/> State-Specific Plan (non-Medicaid) <sup>2002</sup> <input type="checkbox"/> Indian Health Service <sup>2002</sup> <input type="checkbox"/> Non-US Insurance <sup>2002</sup> <input type="checkbox"/> None <sup>2002</sup>	
HIC # <sup>2000</sup>	

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## History and Risk Factors (filled out once at admission)

**C. HISTORY AND RISK FACTORS (IN ADDITION TO CATHPCI FACTORY)**

Current/Recent Smoker (in 1 year) <sup>2008</sup> : <input type="radio"/> No <input type="radio"/> Yes	Height <sup>2003</sup> : (cm)
Hypertension <sup>2005</sup> : <input type="radio"/> No <input type="radio"/> Yes	Weight <sup>2003</sup> : (kg)
Dyslipidemia <sup>2005</sup> : <input type="radio"/> No <input type="radio"/> Yes	Currently On Dialysis <sup>2006</sup> : <input type="radio"/> No <input type="radio"/> Yes
Family History of Premature CAD <sup>2007</sup> : <input type="radio"/> No <input type="radio"/> Yes	Cerebrovascular Disease <sup>2007</sup> : <input type="radio"/> No <input type="radio"/> Yes
Prior MI <sup>2002</sup> : <input type="radio"/> No <input type="radio"/> Yes	Peripheral Arterial Disease <sup>2007</sup> : <input type="radio"/> No <input type="radio"/> Yes
Prior Heart Failure <sup>2002</sup> : <input type="radio"/> No <input type="radio"/> Yes	Chronic Lung Disease <sup>2000</sup> : <input type="radio"/> No <input type="radio"/> Yes
Prior Valve Surgery Procedure <sup>2002</sup> : <input type="radio"/> No <input type="radio"/> Yes	Diabetes Mellitus <sup>2005</sup> : <input type="radio"/> No <input type="radio"/> Yes
Prior PCI <sup>2006</sup> : <input type="radio"/> No <input type="radio"/> Yes	<input type="checkbox"/> If Yes, Diabetes Therapy <sup>2000</sup> : <input type="radio"/> None <input type="radio"/> Diet <input type="radio"/> Oral <input type="radio"/> Insulin <input type="radio"/> Other
<input type="checkbox"/> If Yes, Most Recent PCI Date <sup>2006</sup> :	
Prior CABG <sup>2006</sup> : <input type="radio"/> No <input type="radio"/> Yes	
<input type="checkbox"/> If Yes, Most Recent CABG Date <sup>2006</sup> :	

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## Cath Lab Visit (filled out for each cath lab visit)

**D. CATH LAB VISIT (COMPLETE FOR EACH CATH LAB VISIT)**

**CLINICAL EVALUATION LEADING TO THE PROCEDURE**

CAD Presentation <sup>2002</sup> : <input type="radio"/> No Sx, no angina <input type="radio"/> Sx unlikely to be ischemic <input type="radio"/> Stable angina <input type="radio"/> Unstable angina <input type="radio"/> Non-STEMI <input type="radio"/> STEMI	
<input type="checkbox"/> If STEMI of Non-STEMI, Symptom Onset Date/Time <sup>2002/2003</sup>	<input type="checkbox"/> Time Estimated <sup>2002</sup> <input type="checkbox"/> Time Not Available <sup>2002</sup>
<input type="checkbox"/> If STEMI, Thrombolysis <sup>2002</sup> : <input type="radio"/> No <input type="radio"/> Yes	<input type="checkbox"/> If Yes, Start Date/Time <sup>2002/2003</sup>
Anginal Classification w/in 2 Weeks <sup>2002</sup> : <input type="radio"/> No symptoms <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV	
Anti-Anginal med w/in 2 Weeks <sup>2002</sup> : <input type="radio"/> No <input type="radio"/> Yes <input type="checkbox"/> If Yes, Type (check all that apply): <input type="checkbox"/> Beta Blockers <sup>2002</sup> <input type="checkbox"/> Ca Channel Blockers <sup>2002</sup> <input type="checkbox"/> Long Acting Nitrates <sup>2002</sup> <input type="checkbox"/> Ranolazine <sup>2002</sup> <input type="checkbox"/> Other <sup>2002</sup>	
Heart Failure w/in 2 Weeks <sup>2002</sup> : <input type="radio"/> No <input type="radio"/> Yes	
<input type="checkbox"/> If Yes, NYHA Class w/in 2 Weeks <sup>2002</sup> : <input type="radio"/> Class I <input type="radio"/> Class II <input type="radio"/> Class III <input type="radio"/> Class IV	
Cardiomyopathy or LV Systolic Dysfunction <sup>2002</sup> : <input type="radio"/> No <input type="radio"/> Yes	Cardiogenic Shock w/in 24 Hours <sup>2002</sup> : <input type="radio"/> No <input type="radio"/> Yes
Pre-operative Evaluation Before Non-Cardiac Surgery <sup>2002</sup> : <input type="radio"/> No <input type="radio"/> Yes	Cardiac Arrest w/in 24 Hours <sup>2002</sup> : <input type="radio"/> No <input type="radio"/> Yes

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## Cath Lab Visit (Continued)

(filled out for each cath lab visit)

Stress or Imaging Studies Performed<sup>121</sup>:  No  Yes → If Yes, Specify Test Performed:

Test Performed	No	Yes	Result	Risk Extent Of Ischemia
Standard Exercise Stress Test <sup>122</sup> (non-invasive, test imaging)	<input type="radio"/>	<input type="radio"/>	→ If Yes, <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Unavailable	→ If Positive, <input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Stress Echocardiogram <sup>123</sup> (EKG/ECG/HR/HRV)	<input type="radio"/>	<input type="radio"/>	→ If Yes, <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Unavailable	→ If Positive, <input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Stress Testing w/ SPECT MPI <sup>124</sup> (non-invasive)	<input type="radio"/>	<input type="radio"/>	→ If Yes, <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Unavailable	→ If Positive, <input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Stress Testing w/ CMR <sup>125</sup> (non-invasive)	<input type="radio"/>	<input type="radio"/>	→ If Yes, <input type="radio"/> Negative <input type="radio"/> Positive <input type="radio"/> Indeterminate <input type="radio"/> Unavailable	→ If Positive, <input type="radio"/> Low <input type="radio"/> Intermediate <input type="radio"/> High <input type="radio"/> Unavailable
Cardiac CTA <sup>126</sup> (non-invasive)	<input type="radio"/>	<input type="radio"/>	→ If Yes, <input type="radio"/> No disease <input type="radio"/> IVD <input type="radio"/> 2VD <input type="radio"/> 3VD <input type="radio"/> Indeterminate <input type="radio"/> Unavailable	
Coronary Calcium Score <sup>127</sup>	<input type="radio"/>	<input type="radio"/>	→ If Yes, Calcium Score <sup>128</sup>	

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## Cath Lab Visit (Continued)

(filled out for each cath lab visit)

PROCEDURE INFORMATION

Procedure Date/Time<sup>129</sup>: \_\_\_\_\_ Fluoro Time/Dose<sup>130</sup>: \_\_\_\_\_ minutes OR \_\_\_\_\_ mGy

PCI<sup>131</sup>:  No  Yes Contrast Volume<sup>132</sup>: \_\_\_\_\_

Diagnostic Cath<sup>133</sup>:  No  Yes

Other Procedure (in conj w/ Di Cath or PCI)<sup>134</sup>:  No  Yes

**MECHANICAL VENTRICULAR SUPPORT**

IABP<sup>135</sup>:  No  Yes

→ If Yes, Timing<sup>136</sup>:  In place at start of procedure  Inserted during procedure and prior to PCI  Inserted after PCI has begun

Other Mechanical Ventricular Support<sup>137</sup>:  No  Yes

→ If Yes, Timing<sup>138</sup>:  In place at start of procedure  Inserted during procedure and prior to PCI  Inserted after PCI has begun

**ARTERIAL ACCESS:**

Arterial Access Site<sup>139</sup>:  Femoral  Brachial  Radial  Other

Closure Method(s)<sup>140</sup>: \_\_\_\_\_ Method Not Documented<sup>141</sup>

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## Diagnostic Catheterization Procedure

(filled out for each Diagnostic Cath)

**E. DIAGNOSTIC CATHETERIZATION PROCEDURE (COMPLETE FOR EACH DIAGNOSTIC CATH)**

Operator's Name<sup>142</sup> (SAS, 011): \_\_\_\_\_ Operator's NP<sup>143</sup>: \_\_\_\_\_

Diagnostic Coronary Angiography<sup>144</sup>:  No  Yes

Left Heart Cath<sup>145</sup>:  No  Yes

Cardiac Transplant Evaluation<sup>146</sup>:  No  Yes

→ If Yes, Type<sup>147</sup>:  Donor for cardiac transplant  Candidate to receive a cardiac transplant  Post cardiac transplant follow up

Diag Cath Status<sup>148</sup>:  Elective  Urgent  Emergency  Salvage

Rx Recommendation<sup>149</sup>:  None  Medical therapy and/or counseling  PCI w/ planned CABG

After diagnostic cath:  CABG (including planned hybrid CABG/PCI procedures)  Other cardiac therapy without CABG or PCI

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## Best Estimate of Coronary Anatomy

(filled out for each cath lab visit)

**F. BEST ESTIMATE OF CORONARY ANATOMY (COMPLETE FOR EACH CATH LAB VISIT)**

Dominance<sup>150</sup>:  Left  Right  Codominant

Coronary Territory	Native Artery		Grafts Supplying Coronary Territory (No. 1)	
	Percent Stenosis in >=2mm vessels		Percent Stenosis	
Left Main	_____% <sup>151</sup>	<input type="checkbox"/> Not Available <sup>151</sup>	_____%	<input type="checkbox"/> Not Available <sup>151</sup>
Prox LAD	_____% <sup>152</sup>	<input type="checkbox"/> Not Available <sup>152</sup>	_____% <sup>153</sup>	<input type="checkbox"/> Not Available <sup>153</sup>
Mid/Distal LAD, Diag Branches	_____% <sup>154</sup>	<input type="checkbox"/> Not Available <sup>154</sup>	_____% <sup>155</sup>	<input type="checkbox"/> Not Available <sup>155</sup>
Circ, OMs, LPDA, LPL Branches	_____% <sup>156</sup>	<input type="checkbox"/> Not Available <sup>156</sup>	_____% <sup>157</sup>	<input type="checkbox"/> Not Available <sup>157</sup>
RCA, RPDA, RPL, AM Branches	_____% <sup>158</sup>	<input type="checkbox"/> Not Available <sup>158</sup>	_____% <sup>159</sup>	<input type="checkbox"/> Not Available <sup>159</sup>
Ramus	_____% <sup>160</sup>	<input type="checkbox"/> Not Available <sup>160</sup>	_____% <sup>161</sup>	<input type="checkbox"/> Not Available <sup>161</sup>

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## PCI Procedure (filled out for each PCI Procedure)

**G. PCI PROCEDURE (COMPLETE FOR EACH CATH LAB VISIT IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)**

Operator's Name <sup>704,705</sup>: \_\_\_\_\_ Operator's NPI <sup>705</sup>: \_\_\_\_\_

PCI Status <sup>705</sup>:  Elective  Urgent  Emergency  Salvage

Pre-PCI LVEF <sup>705</sup>: % \_\_\_\_\_  Pre-PCI LVEF Not Assessed <sup>705</sup>

Cardiogenic Shock at Start of PCI <sup>705</sup>:  No  Yes

PCI Indication <sup>705</sup>:  Immediate PCI for STEMI  PCI for STEMI (Unstable >12 hrs from Sx onset)  
 PCI for STEMI (Stable >12 hrs from Sx onset)  PCI for STEMI (stable after successful full-dose Thrombolysis)  
 Rescue PCI for STEMI (after failed full-dose tPA)  PCI for high risk Non-STEMI or unstable angina  
 Staged PCI  Other

→ If Immediate PCI for STEMI, STEMI or STEMI Equivalent First Note <sup>705</sup>:  First ECG  Subsequent ECG  
 → If Subsequent ECG, Subsequent ECG with STEMI or STEMI Equivalent Date/Time <sup>704,705</sup>: \_\_\_\_\_

→ If Immediate PCI for STEMI, First Device Activation Date/Time <sup>704,705</sup>: \_\_\_\_\_

→ If Immediate PCI for STEMI, Transferred In for Immediate PCI for STEMI <sup>705</sup>:  No  Yes  
 → If Yes, Date/Time ED Presentation at Referring Facility <sup>704,705</sup>: \_\_\_\_\_

→ If Immediate PCI for STEMI, Non-System Reason for Delay in PCI <sup>705</sup>: \_\_\_\_\_

Difficult vascular access  Cardiac arrest and/or need for intubation before PCI  
 Patient delays in proceeding consent for the procedure  Difficulty crossing the culprit lesion during the PCI procedure  
 Other: \_\_\_\_\_  None

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## PCI Procedure (continued) (filled out for each PCI Procedure)

**PROCEDURE MEDICATIONS (ADMINISTERED WITHIN 24 HOURS PRIOR TO AND DURING THE PCI PROCEDURE)**

Category	Medication <sup>704</sup>	Administered <sup>704</sup>
Anticoagulants	Fondaparinux	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Low Molecular Weight Heparin (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Unfractionated Heparin (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Aspirin	Aspirin (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Direct Thrombin Inhibitors	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Direct Thrombin Inhibitors	Bivalirudin	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Direct Thrombin Inhibitor (other)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Glycoprotein IIb/IIIa Inhibitors	GP IIb/IIIa (any)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Thienopyridines	Clopidogrel	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
	Ticlopidine	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded

Note: 1. CABG Date <sup>705</sup> must be less than or equal to Procedure Date/Time <sup>704,705</sup> or Prior CABG <sup>705</sup> = "Yes" to complete these elements.

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## Lesions and Devices (filled out for each PCI Attempted or Performed)

**H. LESIONS AND DEVICES (COMPLETE FOR EACH PCI ATTEMPTED OR PERFORMED)**

Lesion Counter <sup>704</sup>	1	2
Segment Number(s) <sup>704</sup>	_____	_____
If CAD Presentation <sup>704</sup> is STEMI, Non-STEMI or Unstable angina, Culprit Lesion <sup>705</sup>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Stenosis Immediately Prior to Rx <sup>705</sup>	_____ %	_____ %
→ If 100%, Chronic Total Occlusion <sup>705</sup>	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If 40-70%, IVUS <sup>705</sup>	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If 40-70%, FFR <sup>705</sup>	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, FFR Ratio <sup>705</sup>	_____	_____
Pre-procedure TIMI Flow <sup>704</sup>	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Prev Treated Lesion <sup>704</sup>	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Timeframe <sup>704</sup>	<input type="radio"/> < 1 month <input type="radio"/> 1-5 months <input type="radio"/> 6-12 months <input type="radio"/> 1-2 years <input type="radio"/> > 2 years <input type="radio"/> Time unknown	<input type="radio"/> < 1 month <input type="radio"/> 1-5 months <input type="radio"/> 6-12 months <input type="radio"/> 1-2 years <input type="radio"/> > 2 years <input type="radio"/> Time unknown
→ If Yes, Treated with Stent <sup>704</sup>	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, In-Stent Restenosis <sup>704</sup>	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
In-Stent Thrombosis <sup>704</sup>	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Stent Type <sup>704</sup>	<input type="radio"/> DES <input type="radio"/> Non-DES <input type="radio"/> Type unknown	<input type="radio"/> DES <input type="radio"/> Non-DES <input type="radio"/> Type unknown
Lesion in Graft <sup>704</sup>	<input type="radio"/> Not in Graft <input type="radio"/> In Graft: <input type="radio"/> LIMA <input type="radio"/> Other artery	<input type="radio"/> Not in Graft <input type="radio"/> In Graft: <input type="radio"/> LIMA <input type="radio"/> Other artery
If Yes, LIMA, Other Location in Graft <sup>704</sup>	<input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal	<input type="radio"/> Aortic <input type="radio"/> Body <input type="radio"/> Distal

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## Lesions and Devices (continued) (filled out for each PCI Attempted or Performed)

**I. LESIONS AND DEVICES (continued)**

Lesion Complexity <sup>704</sup>:  Non-High/Non-C  High/C

Lesion Length (mm) <sup>704</sup>: \_\_\_\_\_ mm

Thrombus Present <sup>704</sup>:  No  Yes

Bifurcation Lesion <sup>704</sup>:  No  Yes

Guidewire Across Lesion <sup>704</sup>:  No  Yes

→ If Yes, Stenosis Post-Procedure <sup>704</sup>: \_\_\_\_\_ %

→ If Yes, Post-Procedure TIMI Flow <sup>704</sup>:  0  1  2  3

→ If Yes, Device(s) Deployed <sup>704</sup>:  No  Yes

Intracoronary Device(s) Used <sup>704</sup>	Associated Lesion(s) <sup>704</sup>	Diameter <sup>704</sup>	Length <sup>704</sup>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____

**INTRAPROCEDURE EVENTS**

Significant Dissection <sup>704</sup>:  No  Yes

Perforation <sup>704</sup>:  No  Yes

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## Labs

(filled out for each PCI Attempted or Performed)

**I. LABS (COMPLETE FOR EACH CATH LAB VISIT IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)**

Pre-Procedure (performed at your facility)		Post-Procedure (post procedure only)	
CK-MB <sup>700</sup> ng/mL <input type="checkbox"/> CK Not Applicable <sup>700</sup> <input type="checkbox"/> CK Drawn and Normal <sup>700</sup>	CK-MB <sup>704</sup> ng/mL <input type="checkbox"/> CK Not Applicable <sup>704</sup> (peak value 6-24 hrs) <input type="checkbox"/> CK Drawn and Normal <sup>702</sup>	Troponin I <sup>705</sup> ng/mL <input type="checkbox"/> Not Drawn <sup>705</sup>	Troponin I <sup>709</sup> ng/mL <input type="checkbox"/> Not Drawn <sup>709</sup> (peak value 6-24 hrs)
Troponin T <sup>711</sup> ng/mL <input type="checkbox"/> Not Drawn <sup>711</sup>	Troponin T <sup>715</sup> ng/mL <input type="checkbox"/> Not Drawn <sup>715</sup> (peak value 6-24 hrs)	Creatinine <sup>716</sup> mg/dL <input type="checkbox"/> Not Drawn <sup>716</sup>	Creatinine <sup>720</sup> mg/mL <input type="checkbox"/> Not Drawn <sup>720</sup> (highest value)
Hemoglobin <sup>723</sup> g/dL <input type="checkbox"/> Not Drawn <sup>723</sup>	Hemoglobin <sup>727</sup> g/dL <input type="checkbox"/> Not Drawn <sup>727</sup> (lowest w/in 72 hrs)		

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## Intra and Post Procedure Events

(filled out for each cath lab visit)

**J. INTRA AND POST-PROCEDURE EVENTS (COMPLETE FOR EACH CATH LAB VISIT)**

Myocardial Infarction <sup>600</sup> (Positive Biomarkers) <input type="checkbox"/> No <input type="checkbox"/> Yes	Bleeding Event w/in 72 Hours <sup>604</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes
Cardiogenic Shock <sup>603</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes	→ If Yes, Bleeding at Access Site <sup>605</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes
Heart Failure <sup>607</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes	→ If Yes, Hematoma at Access Site <sup>606</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes
CVA/Stroke <sup>616</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes	→ If Yes, Site <sup>617</sup> : <input type="checkbox"/> <3cm <input type="checkbox"/> 3-5cm <input type="checkbox"/> >5-10 <input type="checkbox"/> >10cm
→ If Yes, Hemorrhagic Stroke <sup>618</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes	→ If Yes, Retroperitoneal Bleeding <sup>619</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes
Tamponade <sup>625</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes	→ If Yes, GI Bleed <sup>626</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes
New Requirement for Dialysis <sup>633</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes	→ If Yes, GU Bleed <sup>634</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes
Other Vascular Complications Req Rx <sup>636</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes	→ If Yes, Other Bleed <sup>635</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes
RBC Whole Blood Transfusion <sup>638</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes	
→ If Yes, Hgb Prior to Transfusion <sup>641</sup> <input type="checkbox"/> g/dL	

**NCDR** CathPCI Registry

## Discharge

(filled out once at discharge)

**K. DISCHARGE (COMPLETE THIS SECTION FOR EACH EPISODE OF CARE)**

CABG<sup>650</sup>  No  Yes

→ If Yes, CABG Status<sup>651</sup>:  Elective  Urgent  Emergency  Salvage

→ If Yes, CABG Indication<sup>652</sup>:  PCI complication  PCI failure without clinical deterioration  
 Treatment of CAD without PCI immediately preceding CABG  PCI/CABG hybrid procedure

→ If Yes, Location<sup>653</sup>:  At your facility  Transferred to other facility

→ If At your facility, CABG Date Time<sup>654-655</sup>

Other Major Surgery<sup>656</sup>  No  Yes

LVEF<sup>657</sup>: %  LVEF Not Assessed<sup>658</sup>

Discharge Date<sup>659</sup>

Discharge Status<sup>660</sup>:  Alive  Deceased

→ If Alive, Discharge Location<sup>661</sup>:  Home  Other acute care hospital  Hospice  
 Nursing home  Extended care/TCU/vanish  Other  Left against medical advice (AMA)

→ If Alive, Cardiac Rehabilitation Referral<sup>662</sup>:  No  Yes  Ineligible

→ If Deceased, Death in Lab<sup>663</sup>:  No  Yes

→ If Deceased, Primary Cause of Death<sup>664</sup>:  Cardiac  Neurologic  Renal  Vascular  Infection  
 Valvular  Pulmonary  Unknown  Other

Hospital Status<sup>665</sup>:  Outpatient  Outpatient converted to inpatient  Inpatient

**NCDR** CathPCI Registry

## Discharge Medications

(filled out once at discharge)

**L. DISCHARGE MEDICATIONS (PRESCRIBED AT DISCHARGE - COMPLETE FOR EACH EPISODE OF CARE IN WHICH A PCI WAS ATTEMPTED OR PERFORMED)**

Category	Medication <sup>666</sup>	Administered <sup>667</sup>			
Discharge medications are not required for patients who are not or were discharged to 'Other acute care hospital', 'Hospice', or 'AMA'					
ACE Inhibitors	ACE Inhibitor (any)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Contraindicated	<input type="checkbox"/> Blinded
ARDs	ARD (any)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Contraindicated	<input type="checkbox"/> Blinded
Aspirin	Aspirin (any)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Contraindicated	<input type="checkbox"/> Blinded
Beta Blockers	Beta Blocker (any)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Contraindicated	<input type="checkbox"/> Blinded
Lipid Lowering Agents	Statin (any)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Contraindicated	<input type="checkbox"/> Blinded
	Non-Statin (any)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Contraindicated	<input type="checkbox"/> Blinded
Thienopyridine	Clopidogrel	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Contraindicated	<input type="checkbox"/> Blinded
	Ticlopidine	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Contraindicated	<input type="checkbox"/> Blinded

NCDR CathPCI Registry

## Online DCT

- Must log into the website
- <https://www.ncdr.com/CathPCI4/PatientMgmt/PatientMgmt.aspx?Tab=ppm>
- Very basic
- Manual entry
- Reports of data entered will be coming
- Can migrate data from this tool into your software vendor when needed/wanted
- Once migrated you no longer have access to online DCT

NCDR CathPCI Registry

NCDR CathPCI Registry

## DQR

- Available beginning of November, 2009
- Will be similar to the current ACTION-GWTG
- Most Error codes caught prior to submission, DQR will now mostly cover thresholds not met
- Data Submission Deadline dates will remain the same
- TIME for data submission will change to 11:59PM
- Not if data was submitted but time it passed inclusion

NCDR CathPCI Registry

NCDR CathPCI Registry

## OR

- New layout – More graphs for metrics
- Executive Summary
  - Performance Measures
  - Quality Metrics
  - PCI Process Metrics
  - PCI Utilization Metrics
  - Diagnostic Cath Process Metrics
  - Data Quality Metrics
  - Executive Summary Trends
  - PCI Process Comparison Metrics


NCDR CathPCI Registry

NCDR CathPCI Registry

## OR (continued)



- Detail section
  - Total Registry
  - All Diagnostic Cath and PCI Patients
  - Diagnostic Cath (with or without PCI)
  - Diagnostic Cath (No PCI)
  - PCI
  - PCI Patients with STEMI
  - PCI Patients without STEMI


NCDR CathPCI Registry


CathPCI Registry

### Additional Items



- Mapping Document v3 to v4
- Data Migration
- Webcasts
  - DQR
  - OR
  - Orientation/Online DCT
  - DCF by pages
- Cardiosource
  - Webcasts


CathPCI Registry

### Additional Items

- Updates to Data Dictionary
- FAQs
- Updates to the Version


CathPCI Registry

### Things to Do

- Read the Data Dictionary
- Check out the website for announcements
  - Two places: Latest News and Announcements
- Plan on attending the Annual Meeting
- Attend Webcasts
- Keep your site profile updated
- Email us at [ncdr@acc.org](mailto:ncdr@acc.org) or call at 1-800-257-4737





CathPCI Registry

# Thank You