



American Osteopathic Association  
**Clinical Assessment Program for Residencies  
 (CAP-R)**



**~DATA DICTIONARY~**

<b>Measure Set</b>	<b>CORONARY ARTERY DISEASE</b>
<b>Study year</b>	<b>Self (Residency) Defined</b>
<b>Dictionary Revision Date</b>	<b>September 16, 2005</b>

**PREFACE**

This data dictionary provides directions for abstraction of medical records for the AOA-CAP Coronary Artery Disease (CAD) module. Directions for data entry for the Coronary Artery Disease Module into the CAP WEB SITE and information regarding case identification and sampling of medical records is available from DO-Online and CAP for Residencies Website.

The table above indicates the Measure Set described in this Data Dictionary and the date this Data Dictionary was updated and revised. Always consult the CAP Website for the most current Data Dictionary. Also available on the website is a paper abstraction tool allowing the abstractor the opportunity to abstract onto paper and then have data entry done independently.

The remaining sections of this Data Dictionary will provide you with exact specifications needed to identify medical records for abstraction AND concise definitions for each data element that is abstracted, transmitted and incorporated in this CAP report. You will need a copy of the *Pharmaceutical Appendix* from the Website.

**PARAMETERS TO SELECT RECORDS FOR ABSTRACTION**

**DIAGNOSTIC CRITERIA:** History of myocardial infarction.(AMI)

- Diagnosis of angina or unstable angina Coronary Artery Disease.
- Diagnosis of Atrial fibrillation (Afib)
- History of Congestive Heart Failure (CHF)
- History of Stroke (CVA)
- History of coronary revascularization (Percutaneous Coronary Intervention or Coronary Bypass Surgery).
- Above history or diagnoses + at least two visits to the Clinic during the study year.

ICD – 9 Diagnosis Codes associated with the above diagnosis

Acute myocardial infarction 410.00, 410.10, 410.20, 410.30, 410.40, 410.50, 410.60, 410.70, 410.80, 410.90 410.01, 410.11, 410.21, 410.31, 410.41, 410.51, 410.61, 410.71, 410.81, 410.91 410.02, 410.12, 410.22, 410.32, 410.42, 410.52, 410.62, 410.72, 410.82, 410.92 V4581, V4582
Heart failure 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0 428.1, 428.9, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33 428.40, 428.41, 428.42, 428.43
Stroke-Carotid Disease (TIA) 433.00 through 434.91 inclusive, 435.8, 435.9, 436

**STUDY YEAR:** *The selection of medical records to be abstracted for any CAP module will be based upon a Study Year determined by each residency program for each CAP module submitted. A Study Year will be 365 days in duration; but does not need to conform to a traditional calendar year. The residency program shall declare the parameters (beginning and ending dates) of the Study Year at the time the program registers the CAP module with the AOA. Exceptions to this rule may be granted by CAP under extenuating circumstances (e.g., insufficient volume of patients for reliable study during a one-year period).*

**EXCLUSION CRITERIA:**

All patients not having at least two visits during the study year.

**SAMPLING:** Refer to *Abstractor's Guide* re SAMPLING instructions available on DO online

**ELEMENTS FOR ABSTRACTION**

**RESIDENCY PROGRAM (CLINIC) RELATED INFORMATION**

**Clinic (Residency) ID: (Character and Numeric)**

- This information is required at sign in and before you access the abstraction tool.
- Please see *Abstractor's Guide*.
  - Official name of residency program.
  - Six-digit AOA assigned residency number.

**AOA Abstractor's Number: (Character)**

- This information is required at CAP registration before you can access the web-based abstraction tool.
- Enter the AOA number of the individual abstracting or co-coordinating the module.

**Abstraction ID: (Numeric)**

- This number, provided by the CAP program WEB SITE, allows you to link the abstracted information with the medical record abstracted. ***If your program intends to retrospectively review CAP-R performance reports to individual medical records, keep a record of the assigned Abstraction ID and your unique medical record identifier.***

**PATIENT-RELATED DEMOGRAPHIC INDICATORS**

**AGE (Numeric)**

- Enter the patient's age (in years) at the end of the study year. If age is >89, enter 90.

**SEX (Select Identifier)**

- Indicate the patient's sex by entering the representative letter

(M) Male (F) Female
------------------------

## PATIENT-RELATED CLINICAL INDICATORS

### QUALIFYING DIAGNOSIS (Numeric-drop down box))

- Please select and enter the diagnosis qualifying this patient for abstraction using the following order: If a patient had Myocardial Infarction select this above all other diagnosis, if the patient did not have previous MI but did have revascularization (Percutaneous Coronary Revascularization or Coronary Bypass Surgery) select this qualifying diagnosis over stroke or other. If patient had stroke but no MI history or revascularization then select stroke. If the patient has Atrial fibrillation or congestive heart failure with no other qualifying diagnosis select other.

- |                            |
|----------------------------|
| Qualifying CAD Indicators  |
| 1. Myocardial Infarction   |
| 2. Revascularization       |
| 3. Coronary Artery Disease |
| 4. Stroke                  |
| 5. Other                   |

### History of Acute Myocardial Infarction Documented

- Definition for # 1 above.

The following criteria qualify as documented evidence of MI
<ul style="list-style-type: none"><li>• The patient has a history of MI and there is information in the medical record supporting this history</li><li>• There is hospital discharge information supporting the diagnosis</li><li>• There is record of an ECG interpretation supporting a diagnosis of AMI</li><li>• See definitions below for more specifications</li></ul>
AMERICAN COLLEGE OF CARDIOLOGY DEFINITION OF ACUTE MYOCARDIAL INFARCTION
<i>Criteria for acute, evolving or recent MI.</i>
<b>Either one of the following criteria satisfies the diagnosis for an acute, evolving or recent MI:</b>
<i>Typical rise and gradual fall (troponin) or more rapid rise and fall (CK-MB) of biochemical markers of myocardial necrosis <u>with at least one</u> of the following:</i>
<ul style="list-style-type: none"><li>• Ischemic symptoms;</li><li>• Development of pathologic Q waves on ECG;</li><li>• ECG changes indicative of ischemia (ST segment elevation or depression); or,</li><li>• Coronary artery intervention (e.g., coronary angioplasty).</li></ul>

### DATE OF AMI-MONTH & YEAR (Enter Date & Year - mm/yyyy)

- If there is a history of Acute Myocardial Infarction in the medical record, enter the month and year of the most recent AMI (e.g., 09/1999)
- If the information is unknown, leave data screen blank.

### ATRIAL FIBRILLATION (Checked Box = Yes)

- Place a check in the box if persistent Atrial fibrillation is present.

Atrial fibrillation is considered 'persistent' if present at <u>all</u> clinic visits during the Study Year
---

### DIABETES - History of Diabetes mellitus (Checked Box = Yes)

- Place a check in the box if there is a history in the medical record of Diabetes mellitus.

- |   |
|---|
| <ul style="list-style-type: none"><li>• ICD-9CM Codes: 250 – 357-2 – 362.0 – 366.41 – 648.0</li><li>• Diagnostic Terms: Type 1 or Type 2 Diabetes.</li><li>• History of drug treated diabetes mellitus during the study year(not diet controlled)</li></ul> |
|---|

**LVSD - Evidence of Left Ventricular Systolic Dysfunction (Checked Box = Yes)**

- Place a check in the box if there is evidence of LVSD from any time (prior to or during the study year) in the medical record.

LVSD is defined as either:

- Left ventricular ejection fraction (LVEF) less than 40%; OR,
- A narrative description in the medical record consistent with moderate or severe systolic dysfunction.

**BPSYS - Systolic Blood Pressure (Numeric)**

- Enter the systolic blood pressure value taken at the patient's last visit during the Study year.

- Do not include BPs taken during emergency visits or visits for a surgical procedure
- If blood pressures were taken in more than one position, then record the sitting BP. If more than one BP was taken, calculate and enter the average of all systolic blood pressures taken.

**BPDIA - Diastolic Blood Pressure (Numeric)**

- Enter the diastolic blood pressure value taken at the patient's last visit during the Study year.

- Do not include BPs taken during emergency visits or visits for a surgical procedure
- If blood pressures were taken in more than one position, then record the sitting BP. If more than one BP was taken, calculate and enter the average of all diastolic blood pressures taken.

**SMOKING PRESENT (Checked Box = Yes)**

- Check box if there is a history that patient smoked cigarettes at any time during the study year or one year prior to the study year.

**SMOKING COUNSELING (Checked Box = Yes)**

- Check box if there is documentation in the medical record that the patient has received counseling or advice about smoking cessation during the study year or one year prior to the study year.

**TOTAL CHOLESTEROL (Numeric)**

- Enter the value of the Total Cholesterol last recorded during the study year. If no test during the study year leave blank.

**LDL LEVEL - Low Density Lipid Level (Numeric)**

- Enter the value of the LDL-C level last recorded during the study year. If no test during the study year, leave blank .

**HDL LEVEL - High Density Lipid Level (Numeric)**

- Enter the value of the HDL-C level last recorded during the study year. If no test during the study year leave blank..

**TRIGLYCERIDE LEVEL (Numeric)**

- Enter the value of the Triglyceride level last recorded during the study year. If no test during the study year, leave blank.

**ASPIRIN USE (Checked box = Yes)**

- Place a check in the box if there is evidence in the medical record that during the Study year that the patient was advised to OR does take at least 87mg of aspirin on a daily basis. See *Pharmaceutical Appendix*..

**ASPIRIN ALLERGY INTOLERANCE (Checked box = Yes)**

- Place a check in the box if there is evidence in the medical record that a contraindication, allergy or intolerance to prescribing and/or using aspirin is documented.

Such contraindications may include allergy or intolerance:

- Aspirin allergy
- Active bleeding
- Hx active ulcer disease
- Prescribed warfarin/Coumadin at discharge
- Other reasons documented by the physician, nurse practitioner, physician assistant for not prescribing aspirin.

**OTHER ANTIPLATELET Medications Used (Checked box = Yes)**

- Place a check in the box if there was an indication in the medical record that the patient was prescribed or taking plavix or ticlid (Ticlopidine, Clopidogrel) during the study year.

**ACEI USE - Angiotensin Converting Enzyme Inhibitors (ACEI) or Angiotensin Receptor Blockers (ARB) prescribed NOTE: ABSTRACTION TOOL LISTS ACEI USE – CHECK IF PATIENT PRESCRIBED ACEI OR ARB (Checked Box = Yes)**

- Place a check in the box if there is evidence in the medical record that ACEI or ARB was prescribed. See *Pharmaceutical Appendix*.

**ACEI ALLERGY INTOLERANCE - ACEI or ARB Allergy Intolerance NOTE: ABSTRACTION TOOL LISTS ACEI ALLERGY INTOLERANCE – CHECK IF PATIENT HAS ALLERGY OR INTOLERANCE TO ACEI OR ARB (Checked Box = Yes)**

- Place a check in the box if there is evidence in the medical record that a contraindication to prescribing ACEI or ARB is documented.

Such contraindications may include allergy or intolerance

- Allergy to the medication
- Moderate or severe Aortic stenosis
- Other reasons documented by physician, nurse practitioner, physician assistant for not prescribing both ACEI and ARB

**STATIN PRESCRIBED - Statin Category of Medications Prescribed (Checked Box = Yes)**

- Place a check in the box if there is evidence in the medical record that a statin class medication was prescribed. See *Pharmaceutical Appendix*.

**BETA-BLOCKER USE (Checked Box = Yes)**

- Place a check in the box if there is evidence in the medical record that a Beta-blocker medication was prescribed. See *Pharmaceutical Appendix*.

**BETA-BLOCKER ALLERGY INTOLERANCE (Checked Box = Yes)**

- Place a check in the box if there is evidence in the medical record that a Beta-blocker agent was contraindicated.

Such contraindications may include allergy or intolerance

- Allergy to Beta blocker
- Asthma or Chronic Obstructive Lung Disease (COPD)
- Bradycardia (HR < 60/min) or low blood pressure
- 2<sup>nd</sup> or 3<sup>rd</sup> degree heart block on ECG (not on pacemaker)
- Systolic BP < 90 mm Hg
- Other reasons documented in the record.

**WARFARIN USE - Coumadin/Warfarin Prescribed (Checked Box = Yes)**

- Place a check in the box if there is evidence in the medical record that coumadin/Warfarin was prescribed. See *Pharmaceutical Appendix*.

**WARFARIN ALLERGY INTOLERANCE -Coumadin/Warfarin Contraindication**

(Checked Box = Yes)

- Place a check in the box if there is evidence in the medical record that Coumadin or Warfarin was contraindicated.

Such contraindications may include allergy and intolerance

- Active cancer
- Allergy or intolerance
- Blood dyscrasia
- End stage renal disease
- History of frequent falls
- Inability to cooperate with treatment
- Atrial fibrillation
- Liver disease
- Renal dialysis
- Platelet dysfunction
- Recent bleeding episode
- Seizure disorder
- Terminal illness
- Thyrotoxicosis
- Vascular malformation
- Other

**DEPRESSION SCREENING Done (Checked Box = Yes)**

- Place a check in the box if there is evidence in the medical record that depression screening was done.

Various tools are used for depression screening including the Zung Scale, the BDI, and various mood disorder scales. If any formal screening tool for depression has been used place a check in the box. If any assessment of depressive symptoms has occurred (as demonstrated by remarks on at least 1/2 (five) of the following questions regarding depression) place a check in the box.

1. Have you experienced a change in your sleeping patterns, such as sleeping too little or sleeping too much?
2. Have you noticed a reduced appetite and weight loss, or increased appetite and weight gain?
3. Have you lost interest or pleasure in activities you once enjoyed?
4. Do you experience persistent physical symptoms that don't respond to treatment (such as headaches, chronic pain, or constipation and other digestive disorders)?
5. Have you felt restless or irritable?
6. Have you had difficulty concentrating, remembering or making decisions?
7. Have you recently felt fatigue or loss of energy?
8. Have you felt guilty, hopeless or worthless?
9. Do you think about death or suicide?

**GLOMERULAR FILTRATION RATE Done (Numeric)**

- Enter the calculated GFR using the MDRD equation.

- <http://www.medcalc.com/gfr.html>
- [http://www.kidney.org/kls/patients/gfr\\_calculator.cfm](http://www.kidney.org/kls/patients/gfr_calculator.cfm)

**Osteopathic Structural Assessment (Checked Box = Yes)**

- Check the box if there is evidence in the medical record that a complete structural examination was done.

A complete structural examination must include all of the following three components:

- Evaluation of tissue texture
- Evaluation of range of motion or restrictions thereof.
- Evaluation of AP and lateral curvature of the spine.

**REFUSAL to Care** (*Checked Box = Yes*)

- Check the box if the patient refused any of the care recommended (medications) in this Data Dictionary during the study year

**Comments:**

- Enter any comments you have regarding the patient. Limit comments to 200 characters.

**Applied Health Services  
2005**