

Section S: READMISSION

Section Intent: Capture any re-hospitalizations within 30 days from the *date of surgery* to any in-hospital setting. It is strongly recommended that information within this section be collected until complete. Methods of obtaining this information may be through phone, survey or clinic follow-up processes. This section will be unavailable to complete if there is no method in place to capture 30 day readmission information from date of surgery.

Sequence #	Field Name	Data Field Intent	Field Name Clarification	Source Document
3220	Readmit < = 30 Days from DOP	Indicate whether the patient was readmitted as an in-patient within 30 days from the date of initial surgery for ANY reason. This includes readmissions to acute care, primary care institutions only. Do not include readmissions to rehabilitation hospital, or nursing home.	<p>Admission does not need to be at same institution as surgical procedure. Obtain information as close to 30 days from date of procedure as possible. Does Not include Emergency Dept. visits.</p> <p>The intent is to capture readmissions to acute care and primary care institutions only. If a patient is readmitted to an inpatient rehabilitation hospital, code "No".</p> <p>On occasion a patient is readmitted twice within the 30 day time frame from the date of the procedure. This is a Yes/No question, and does not ask how many times readmitted.</p> <p>Any time the patient is readmitted to a hospital < = 30 days from the date of procedure irregardless if the readmission was planned or unplanned, related or unrelated.</p>	<p>Clinic follow-up visit note Longitudinal follow-up process (example on page 11) -Phone follow-up -Survey follow-up Referring physician notes</p>

Sequence #	Field Name	Data Field Intent	Field Name Clarification	Source Document
3220 <i>(continued)</i>	Readmit < = 30 Days from DOP		<p>Due to the variation between an institution's definition of Observation Status or "STO"; (Short term Observation), these types of readmissions need to be coded as a readmission if the readmission occurs within 30 days. If the patient is being admitted, receiving care, and generating a bill; thus, for the purposes of the STS, both observation and formal inpatient readmission should be coded as a readmission. This will relate to Seq # 3230, Readmit Reason.</p> <p>For Seq # 3230, Readmit Reason there are harvest code options of "Other-Related Readmission" and "Other - Nonrelated Readmission" that would be required to be completed.</p> <p><i>Example # 1: A patient is re-admitted to the hospital after a CABG for reasons that were planned (ex, colon resection or cholecystectomy. Code these readmissions "Yes".</i></p> <p><i>Example # 2: A patient is readmitted as an ambulatory surgery observation patient, (not an inpatient) and was in the hospital for 3 days and had an insertion of a Pleux catheter: Code this "Yes" as a readmission as long as this was < = to 30 days from the date of procedure.</i></p>	<p>Clinic follow-up visit note Longitudinal follow-up process (example on page 11) -Phone follow-up -Survey follow-up Referring physician notes</p>

Sequence #	Field Name	Data Field Intent	Field Name Clarification	Source Document
3220 (continued)	Readmit < = 30 Days from DOP		<p><i>Example # 3: A patient was admitted to the hospital for a CABG and had complications, which required a BiVAD. The patient was transferred to another acute hospital for continuing care because of the BiVAD. The transfer was immediate from one facility to the other. The transfer to the other acute care facility is considered “Yes” for a readmission and for Seq # 3230 Readmit Reason code “Other Related Readmission” if the BiVAD is inserted at your institution.</i></p> <p><i>Example # 4: A patient is readmitted 11 days post op for pleura/pericardial effusion and has a thoracentesis. The patient is then readmitted 17 days post op and has pericardiocentesis: Collect the information for the first readmission to the hospital and the reasons for that admission.</i></p> <p><i>Example # 5: A patient underwent an ascending aortic dissection repair on 2/2 and was discharged home on 2/9 and was readmitted on 2/29 and had a repeat repair of the ascending aorta: Two data collection forms would be needed. On the first form, code “Yes” for Readmit < = 30 Days from DOP and Seq # 3230 and 3240 would also need to be collected. All outcomes from the second procedure would need to be captured on a second data collection form.</i></p>	<p>Clinic follow-up visit note Longitudinal follow-up process (example on page 11) -Phone follow-up -Survey follow-up Referring physician notes</p>

Sequence #	Field Name	Data Field Intent	Field Name Clarification	Source Document
3230	Readmit Reason	<p>Identify the primary reason that the patient was readmitted as an in-patient within 30 days from the date of initial surgery. (Select one):</p> <p>Code the 'highest' or most 'critical' level for readmit reason.</p> <p>-Anticoagulant Complications-valvular: Reference</p> <p>-Anticoagulant Complication- Pharmacological</p>	<p>Does not include Emergency Dept. visits. If the readmission reason was different than discharge reason, capture the discharge diagnosis. Example: patient was admitted with "angina" but at discharge it was "Ruled Out" and diagnosed as "Chest wall pain". Therefore, coding the admission diagnosis would have misrepresented the readmission reason.</p> <p>Interest is in those conditions that have a physiological relationship to cardiothoracic surgery.</p> <p>If Seq # 3220 is "Yes", then Seq # 3230 Readmit Reason and Seq # 3240 Readmit Reason-Primary Procedure must be completed if known.</p> <p>"Guidelines for Reporting Morbidity and Mortality After Cardiac Valvular Operations" Edmunds LH., Ann Thorac Surg 1996; 62:932-5</p> <p>"Anticoagulant Complications-valvular" relates to thrombus forming in, on and around the prosthetic valve.</p> <p>A patients readmission was due to a bleeding complication related to the administration of an anticoagulant, Iib/IIIa inhibitor or other platelet inhibitor, for example plavix, coumadin, reopro etc.</p> <p>"Anticoagulant Complication-Pharmacological" refers to more general complications from anticoagulant medication.</p>	<p>Clinic follow-up visit note Discharge notes Longitudinal follow-up process (example on page 11) Referring physician notes</p>

Sequence #	Field Name	Data Field Intent	Field Name Clarification	Source Document
3230 (continued)	Readmit Reason	<p>-Arrhythmia/Heart Block</p> <p>-Congestive Heart Failure</p> <p>-Myocardial Infarction (MI) and/or Recurrent Angina</p> <p>-Pericardial Effusion and/or Tamponade</p> <p>-Pneumonia or other Respiratory Complications</p>	<p>Patient admitted due to irregularities that may have required pharmacological, non-invasive, or invasive treatment.</p> <p>May be manifested as pulmonary edema or only identified as “heart failure”.</p> <p>MI diagnosis and/or angina diagnosed by the criteria listed in the definition. Prior to coding as MI or recurrent angina, verify with discharge diagnosis to assure that the MI was ‘ruled in’ or that the patient reported angina was not secondary to chest wall pain.</p> <p>As diagnosed with echocardiography, chest x-ray or other methods. May or may not require invasive intervention on readmission i.e. re-exploration or pericardial tap.</p> <p>Pulmonary edema, pleural effusions that may or may not require tap, pneumonia as documented by x-ray or culture.</p> <p><i>Example # 1: A patient is readmitted post CAB for a PE and expired. This would be considered an Other Respiratory Complication for the Readmission Reason.</i></p>	<p>Clinic follow-up visit note</p> <p>Discharge notes</p> <p>Longitudinal follow-up process (example on page 11)</p> <p>Referring physician notes</p>

Sequence #	Field Name	Data Field Intent	Field Name Clarification	Source Document
3230 (continued)	Readmit Reason	-Coronary Artery Dysfunction	This may include native vessels and/or conduit restenosis, spasm or dissection.	Clinic follow-up visit note Discharge notes Longitudinal follow-up process (example on page 11) Referring physician notes
		-Valve Dysfunction	Can be either structural (i.e. leaflet fracture, impaired leaflet function, calcification) or non-structural (perivalvular leak, hemolytic anemia, pannus obstruction) dysfunction. Is applicable to either a mechanical or tissue valve. Reference: "Guidelines for Reporting Morbidity and Mortality After Cardiac Valvular Operations" Edmunds LH., Ann Thorac Surg 1996; 62:932-5	
		-Infection-Deep Sternum	Documented with positive culture or MRI/CT scan and may or may not require surgical intervention but antibiotic therapy instituted.	
		-Infection-Conduit Harvest Site	Positive culture, I & D and/or antibiotic therapy instituted. Does not need to require surgical intervention during the readmission.	
		-Renal Failure	Exacerbation of or newly diagnosed renal dysfunction that may or may not require peritoneal or hemo-dialysis. Creatinine level > 2.0 and/or 2X pre-operative value.	

Sequence #	Field Name	Data Field Intent	Field Name Clarification	Source Document
3230 (continued)	Readmit Reason	-TIA	Transient Ischemic Attack, neurological dysfunction that lasted less than 24 hours and completely resolved.	Clinic follow-up visit note Discharge notes Longitudinal follow-up process (example on page 11)
		-Permanent CVA	Central neurological dysfunction that lasted longer than 24 hours or did not completely resolve by discharge.	Referring physician notes
		-Acute Vascular Complication	Any major arterial or venous circulatory compromise that requires pharmacological, non-invasive or invasive treatment to resolve; i.e. peripheral delivery of TPA, peripheral angioplasty.	
		-Subacute Endocarditis	Confirmed diagnosis of endocarditis by blood culture and/or vegetation on or around a heart valve. Either native tissue, ring or mechanical valve involvement.	
		-VAD Complication	Any device failure or malfunction.	

Sequence #	Field Name	Data Field Intent	Field Name Clarification	Source Document
3230 (continued)	Readmit Reason	<p>-Transplant Rejection</p> <p>-Other Related Readmission</p> <p>-Other Nonrelated Readmission</p>	<p>There are two forms of acute rejection: cellular and vascular. The chances of acute cellular rejection are greatest during the first six months after transplant. Acute vascular rejection is a type of acute rejection that occurs early after transplant (within the first four months) in a small number of patients.</p> <p>Those conditions that may have a physiological correlation to cardiothoracic surgery not other wise classified.</p> <p><i>Example # 2: A patient was admitted to the hospital for a CABG and had complications, which required a BiVAD. The patient was transferred to another acute hospital for continuing care because of the BiVAD. The transfer was immediate from one facility to the other. The transfer to the other acute care facility would be considered "Yes" for a readmission and for Seq # 3230 Readmit Reason code "Other Related Readmission" if the BiVaD is inserted in your institution.</i></p> <p>All other reasons for admission i.e. trauma, cancer, gastrointestinal.</p> <p><i>Example # 3: A patient is re-admitted to the hospital after CABG for reasons that were planned (ex, colon resection or cholecystectomy: This would be coded as "Other-Nonrelated Readmission".</i></p>	<p>Clinic follow-up visit note</p> <p>Discharge notes</p> <p>Longitudinal follow-up process (example on page 11)</p> <p>Referring physician notes</p>

Sequence #	Field Name	Data Field Intent	Field Name Clarification	Source Document
3240	Readmit Reason- Primary Procedure	<p>Indicate the primary procedure that the patient received after being readmitted as an in-patient within 30 days from the date of initial surgery.</p> <p>Select one:</p> <p>-OR for bleeding</p> <p>-PPM/AICD</p> <p>-PCI</p> <p>-Pericardiotomy/pericardiocentesis</p>	<p>Bleeding due to pericardial tamponade or specific cardiac surgery related.</p> <p>Permanent Pacemaker or Automatic Implantable Cardioverter Device secondary to arrhythmia or heart block.</p> <p>Percutaneous cardiac intervention, angioplasty, STENT or other coronary occlusive therapies. Refer to Section E, Seq # 660.</p> <p>Pericardiotomy is removal of all or part of the pericardium. Pericardiocentesis is drainage of accumulated fluid from or around the heart that creates hemodynamic compromise for the patient. Pericardiocentesis is typically performed as a non-surgical intervention, but a more invasive approach can be achieved through the surgical procedure of pericardial window.</p>	<p>Clinic follow-up visit note</p> <p>Discharge notes</p> <p>Longitudinal follow-up process (example on page 11)</p> <p>Referring physician notes</p>

Sequence #	Field Name	Data Field Intent	Field Name Clarification	Source Document
3240 (continued)	Readmit Reason- Primary Procedure	-OR for Coronary Arteries -OR for Valve -OR for Sternal Debridement or Muscle Flap -Dialysis: -OR for Vascular	Any surgical intervention on any of the coronary arteries due to progressive native coronary disease, conduit spasm, occlusion or dissection. Any surgical procedure performed (repair and/or replacement) on any heart valve; native, prosthetic or ring/band device. Any surgical intervention necessary to debride (clean or remove marginal tissue or muscle) or Plastic Surgeon involvement to perform muscle flap reconstruction for deep sternal wound infection. The patient required new hemo or peritoneal dialysis. May include CRRT. Any (arterial) vascular surgical procedure required. Examples would include but are not limited to: (femoral hematoma evacuation, PTA, AAA, Carotid Endarterectomy, Fem-Pop bypass etc.)	Clinic follow-up visit note Discharge notes Longitudinal follow-up process (example on page 11) Referring physician notes

Sequence #	Field Name	Data Field Intent	Field Name Clarification	Source Document
3240 (continued)	Readmit Reason- Primary Procedure	-No Procedure Performed -Other Procedure -Unknown	There was no invasive or non-invasive procedure performed. Patient may have been managed by medical observation, pharmacological or other medical therapies. Some type of invasive or non-invasive procedure was performed that is not contained within the above referenced list or scope or treatment. Use this field selection only if there is no information available as to the treatment/intervention prescribed. All effort should be made to identify the treatment used.	Clinic follow-up visit note Discharge notes Longitudinal follow-up process (example below) Referring physician notes

Example for capturing Longitudinal Follow-up for Readmission ≤ 30 Days From Date of Initial Surgery

Last Name	First Name	Medical Record Number	Date of Birth	Date of Readmission	Readmit ≤ 30 Days from Date of Initial Surgery	Readmit Reason	Readmit Reason: <i>Primary Procedure</i>
SMITH	JOHN	123456	01/01/2007	10/05/2006	Yes	Valve Dysfunction	OR for Valve
JONES	MARY	789101	01/03/2007	12/01/2006	Yes	Coronary Artery Dysfunction	PCI