

# Clarification for 2003 CSRS Instructions and Data Element Definitions

The following data elements have had definition changes and/or clarifications made. These changes/clarifications should take effect as of January 1, 2003. We encourage you to review cases that have already been coded to ensure compliance with the new definitions. The information should be used in addition to the definitions received in January, unless otherwise noted.

## Page 12 – Race

The 2003 race codes are parallel to SPARCS race categories and are based on CDC codes that follow guidelines for minimum race and ethnicity categories as established for Federal programs by the Office of Management and Budget (OMB). More information on these reporting categories and the process of developing them can be found at [www.whitehouse.gov/omb/fedreg/ombdir15.html](http://www.whitehouse.gov/omb/fedreg/ombdir15.html).

-- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

-- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

-- **Native American / American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

-- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

-- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

-- **Other.** Report for those responses that are not covered by an above category or in the case where more than one of the above responses could be coded. Please specify the specific race for any case marked "other."

## Page 15 – Global Myocardial Ischemic Time

***Replace the existing definition with this one:***

The period of time with no blood flow through the coronary circulation. If there are multiple episodes, of myocardial ischemic time, they should be added together to create the global myocardial ischemic time.

## Page 15 – Total Cross Clamp Time

***Replace this variable with Total Circulatory Arrest Time.***

The definition for Total Circulatory Arrest Time should be: The period of time with no antegrade blood flow through the cerebral circulation. If there are multiple episodes, of circulatory arrest, they should be added together to create the total circulatory arrest time.

## Page 28 – Malignant Ventricular Arrhythmia – Revised Definition

Recent (within the past 14 days) sustained ventricular tachycardia requiring electrical defibrillation or conversion with intravenous antiarrhythmic agents or ventricular fibrillation requiring electrical defibrillation. **Excludes** V-Tach or V-Fib occurring within 6 hours of the diagnosis of a myocardial infarction and responding well to treatment.

*The following interpretations should be removed:*

- 5. 20 beat run of V-tach, treated with Lidocaine. No recurrent episodes for medication.
- The duration of the event **MUST** be documented. There **MUST** be recurrent episodes. A single episode should **NOT** be coded.

## Page 30 – Extensively Calcified Ascending Aorta

**Replace this variable with Extensive Aortic Atherosclerosis.**

The definition for Extensive Aortic Atherosclerosis should be: Ascending, transverse, and/or descending aortic atherosclerosis marked by either extensive calcification or luminal atheroma such that the intended surgical procedure is altered.

### **Interpretation:**

Documentation of the advanced aortic pathology by either transesophageal echocardiography, epiaortic echocardiography, intravascular ultrasound, magnetic resonance angiography or other imaging modality performed in the perioperative period should be available either by official report or dictated in the operative notes.

An operative note that dictates a change in the intended surgical procedure (ie. Clamp moved, procedure performed of pump) is acceptable documentation.

## Page 31 – Immune System Deficiency

*Replace the existing definition with this one:*

Chronic use, that continues until surgery, of steroids, anti-neoplastic therapy, cyclosporine, or other immunosuppressive therapy **or** the presence of acute phase HIV/AIDS, acute Leukemia, or acute phase of other type of Immune System Disease.

## Page 38 – Unplanned Cardiac Reoperation or Interventional Procedure

*Add the following Interpretation:*

This major event should be reported for any cardiac surgery, not just those reportable in the NYS Cardiac Surgery Reporting System (CSRS). Examples of reportable surgeries include but are not limited to: CABG, pericardiocentesis, cardiac explorations.