Follow Up Data Dictionary

Blue Cross Blue Shield of Michigan (BMC2)
Follow Up Definitions

This data dictionary contains the follow-up data field definitions for VS, CAS, and CEA procedures.

Updated 2.1.2022

Introduction to Collecting Follow-up Outcomes

- The 30-day follow-up information can be gathered anywhere from 2 weeks to 6 weeks post-discharge.
- If the patient is hospitalized for greater than 30 days, get the follow-up information from the first available appointment post-discharge.
- The 1-year follow-up information can be obtained from 9 to 14 months post-discharge.
- Do not use the same information for both the 30-day and 1-year follow up.
- If the only outcome occurred was at 6 months post-discharge, enter this outcome on the 1-year follow-up
- form.Follow-up forms are expected to be complete (form has data) for registry participation.
- If you do not have follow-up information leave the follow-up section of the website blank. Do not enter “Not Documented” for every question.
- Please enter partial follow-up information into the website.
- Contact the Coordinating Center with questions about qualifying follow-ups.

For the follow up to be counted as complete, it must have Current Living Status, and 5 other pieces of information entered. Not Documented does not count as an answer. Entering No or Not Documented will not mark the follow-up form as complete.
If you call a patient for the follow-up, only ask questions the patient can answer reliably or read off a document or label, as in their medication bottles. If they claim an outcome such as MI or stroke, you will need to verify the information from the patient's medical record or physician. For example, a patient may be admitted for heart failure or angina and believe they had an MI.

Vascular Surgery Follow-up Data Fields

Vascular Surgery Follow Up Interval

Data Abstraction Instructions:

Choose the time frame for the Follow Up.

Selections:

- 30 day
- 1 year

Required:
Yes

Contact Date

Data Abstraction Instructions:

Enter the date of contact for follow up information. The contact date is when the patient was contacted, came to the clinic, or had a phone call to determine their status.

Selections:

Enter date.

Required:
Yes

Ambulation

Data Abstraction Instructions:

Indicate the current ambulation status of the patient. Ambulation can be obtained through the medical record or a phone call to the patient.

Selections:

- Independent
- Ambulates with assistance
- Wheelchair
- Bedridden
- Not documented

Required:
Yes

Current Living Status

Data Abstraction Instructions:

Indicate the living status of the patient at the time of follow up. Current Living Status can be obtained through the medical record or a phone call to the patient.

Selections:

- Home
- Nursing Home/Extended Care
- Assisted Living
- In Hospital
- Dead
    - Enter date of death
    - Select cause of death

        - Cardiovascular
        - Operation related
        - Unknown/other
- Not documented

Required:
Yes

Readmission to Hospital

Data Abstraction Instructions:

Indicate if the patient was readmitted to the hospital for procedure related issue. If yes, indicate reason. If the patient were readmitted for an amputation on the side of the procedure, enter the outcomes of readmission and amputation. If the patient states they were readmitted to the hospital during a phone call, you will need to verify the information from the patient's medical record or physician.

Selections:

- Yes
    - Lymph leak (seroma)
    - Wound infection/dehiscence
    - Graft infection
    - Anticoagulation complication
    - Thrombectomy/lysis
    - Other
        - Enter date of occurrence post discharge
- No
- Not documented

Required:
Yes

Blood Pressure

Data Abstraction Instructions:

Enter the systolic blood pressure (SBP) and diastolic blood pressure (DBP) documented at the time of follow-up. If the patient is in the hospital >30 days, enter the first blood pressure after the patient is discharged from the hospital for the 30-Day follow-up blood pressure.

Selections:

- Yes
    - Enter value SBP
    - Enter value DBP
- Not documented

Required:
Yes
Maximum Length:
3

Smoking

Data Abstraction Instructions:

Select if patient is currently a smoker. Indicate if the patient has smoked cigars, cigarettes (including electronic cigarettes), chew (tobacco), pipe (tobacco), or marijuana any time during the past 30 days. Smoking can be obtained through the medical record or a phone call to the patient.

Selections:

- Yes

- No
- Not documented

Required:
Yes

Antiplatelets

Data Abstraction Instructions:

Indicate if the patient is taking antiplatelets (other than ASA) at the time of the follow up. Also indicate if the patient is contraindicated to this medication. Current medications may be obtained from a phone call if the patient is asked to gather their medication bottles and read them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:
Yes

Statin

Data Abstraction Instructions:

Indicate if the patient is taking a statin at the time of the follow up. Also indicate if the patient is contraindicated to this medication. Current medications may be obtained from a phone call if the patient is asked to gather their medication bottles and read them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:
Yes

Aspirin

Data Abstraction Instructions:

Indicate if the patient is taking aspirin at the time of follow up. Also indicate if the patient is contraindicated to this medication. Current medications may be obtained from a phone call if the patient is asked to gather their medication bottles and read them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:

Yes

Beta Blocker

Data Abstraction Instructions:

Indicate if the patient is taking a beta blocker at the time of follow up. Also indicate if the patient is contraindicated to this medication. Current medications may be obtained from a phone call if the patient is asked to gather their medication bottles and read them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:
Yes

ACE Inhibitor

Data Abstraction Instructions:

Indicate if the patient is taking an ACE Inhibitor at the time of follow up. Also indicate if the patient is contraindicated to this medication. Current medications may be obtained from a phone call if the patient is asked to gather their medication bottles and read them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:
Yes

Anticoagulant

Data Abstraction Instructions:

Indicate if the patient is taking an Anticoagulant (Coumadin, Pradaxa, etc.) at the time of follow up. Current medications may be obtained from a phone call if the patient is asked to gather their medication bottles and read them.

Selections:

- Yes
- No
- Not documented

Required:
Yes

ARBs (Angiotensin II Receptor Blockers)

Data Abstraction Instructions:

Indicate if the patient is taking ARBs at the time of follow up. Current medications may be obtained from a phone call if the patient is asked to gather their medication bottles and read them.

Selections:

- Yes
- No
- Not documented

Required:
Yes

Other Cholesterol Lowering Agent

Data Abstraction Instructions:

Indicate if the patient is taking any other cholesterol lowering agent at the time of follow up, other than statins. Current medications may be obtained from a phone call if the patient is asked to gather their medication bottles and read them.

Selections:

- Yes
- No
- Not documented

Required:
Yes

Procedure Type

Data Abstraction Instructions:

Choose the type(s) of procedures performed. Select all that apply.

Selections:

- Open AAA
- EVAR
- Open Bypass

Required:
Yes

Open AAA Subsequent Operations

Data Abstraction Instructions:

Indicate if the patient had subsequent operations related to AAA repair. If yes, choose the indication for the additional procedure. Open AAA Subsequent Operations can be obtained from the patient's medical record. This information cannot be obtained from interviewing the patient.
Incision = additional procedure related to infection or hernia.
Graft = additional procedure related to infection, thrombosis, pseudo-aneurysm, or aortoenteric fistula.
Intestine = additional procedure related to bowel obstruction or aortoenteric fistula.
Leg ischemia = additional procedure related to thrombosis or embolism.

Selections:

- Yes
    - Incision
    - Graft
    - Intestine
    - Leg Ischemia
        - Enter date of occurrence post discharge
- No

Required:
Yes

EVAR imaging performed

Data Abstraction Instructions:

Indicated if repeat imaging has been performed for this follow-up time period and, if so, indicate the date.

Required:
Yes

EVAR Current AAA diameter

Data Abstraction Instructions:

Enter the value for the current maximum AAA diameter in mm.
NOTE: This is not the diameter of the endograft. This is the current diameter of the actual aneurysm to identify if sac growth has occurred.

Selections:

Enter value in mm.

Supporting Definitions:

This information should be gathered from a patient's medical record and not from interviewing the patient.

Required:
Yes
Suffix:
mm
Minimum:
0
Maximum:
200

EVAR Current Endoleak

Data Abstraction Instructions:

Indicate if the patient currently has an endoleak, and if so the type of endoleak.
Type 1 = Attachment site, proximal or distal attachment site leak
Type 2 = Branch, retrograde filling of sac via lumbars, IMA or accessory renals
Type 3 = Mid, filling of sac via leak at component overlap sites or fabric tear
This information will be gathered from a patient's medical record and not from interviewing the patient.

Selections:

- Yes
  - Type 1
  - Type 2
  - Type 3
  - Indeterminate
- No

Required:
Yes

EVAR Additional Procedure

Data Abstraction Instructions:

Indicate any additional procedures performed related to EVAR, and their indication. Check all that apply. This information should be gathered from a patient's medical record and not from interviewing the patient.

Selections:

- Yes
  - Endoleak
  - Sac Growth

        - Migration
        - Limb Occlusion
        - Symptoms-Rupture
            - Enter date of occurrence post discharge
- No

Required:
Yes

EVAR Conversion to Open

Data Abstraction Instructions:

Indicate if the EVAR procedure was converted to open after discharge. If yes, choose indication. Choose all that apply. This information should be gathered from a patient's medical record and not from interviewing the patient.

Selections:

- Yes
    - Endoleak
    - Sac Growth
    - Migration
    - Infection
    - Symptoms-Rupture
        - Enter date of occurrence post discharge
- No

Required:
Yes

Open Bypass ABIs

Data Abstraction Instructions:

Indicate if the patient has had ABIs measured after discharge, and if so, enter value. This information should be gathered from a patient's medical record and not from interviewing the patient.

Selections:

- Yes
    - Enter Value for ABIs Right
    - Enter Value for ABIs Left
- No

Required:
Yes
Minimum:
0
Maximum:
1.39

Open Bypass TBIs

Data Abstraction Instructions:

Indicate if the patient has had TBIs measured after discharge, and if so, enter value. This information should be gathered from a patient's medical record and not from interviewing the patient.

Selections:

- Yes
    - Enter Value for TBIs Right
    - Enter Value for TBIs Left
- No
- Not documented

Required:
Yes
Minimum:
0
Maximum:
1.39

Open Bypass Toe Pressures

Data Abstraction Instructions:

Indicate if the patient has had TBIs measured after discharge, and if so, enter value. This information should be gathered from a patient's medical record and not from interviewing the patient.

Selections:

- Yes
    - Enter Value for Toe Pressure Right
    - Enter Value for Toe Pressure Left
- No
- Not documented

Required:
Yes
Suffix:
mmHg

Open Bypass Revision

Data Abstraction Instructions:

Indicate if the patient was readmitted to the hospital for a graft revision. Select all that apply. This information should be gathered from a patient's medical record and not from interviewing the patient.

Selections:

- Yes
    - Surgical
    - Percutaneous
        - Enter date of occurrence post discharge
- No

Required:
Yes

Open Bypass Patent

Data Abstraction Instructions:

Indicate if the patient's graft is patent at follow up. This information should be gathered from a patient's medical record and not from interviewing the patient.

Selections:

- Yes
- No

Required:
Yes

Open Bypass Pulses

Data Abstraction Instructions:

Indicate the method of determining graft patency at follow up. This information should be gathered from a patient's medical record and not from interviewing the patient.

Selections:

- Palpable graft pulse
- Palpable distal pulse
- ABI increase >0.15
- Duplex

Required:
Yes

Open Thrombectomy Repeat Procedure

Data Abstraction Instructions:

Indicate if the patient had to return for a repeat procedure, an intervention on the same vessel as the original procedure. This information should be gathered from a patient's medical record and not from interviewing the patient.

Selections:

- Yes
    - Surgical
    - Percutaneous
        - Enter date of occurrence post discharge
- No

Required:
No

Open Thrombectomy Additional Vascular Procedure

Data Abstraction Instructions:

Indicate if the patient returned for an additional vascular procedure on a different vessel than the original procedure. Do not select this option for a repeat procedure on the same vessel. This information should be gathered from a patient's medical record and not from interviewing the patient.

Selections:

- Yes
    - Surgical
    - Percutaneous
        - Enter date of occurrence post discharge
- No

Required:
No

Open Thrombectomy Vessel Patent

Data Abstraction Instructions:

Indicate if the target thrombectomy vessel is patent at follow up. This information should be gathered from a patient's medical record and not from interviewing the patient.

Selections:

- Yes
- No

Required:
No

Wound Complication

Data Abstraction Instructions:

Indicate if the patient has experienced an issue with surgical healing. This can be an infection, hematoma, or other issue with the surgical site.
Examples:

- An infection that does not require admission to the hospital, IV antibiotics or wound culture.
- A post-op hematoma that requires admission to the hospital to evacuate the hematoma. Enter Readmission to Hospital>Other AND Wound Complication for this scenario.

If the patient reports a wound complication, you should verify the extent/type with the medical record, or a call to their physician, or any actual documentation of the complication.

Selections:

- Yes
    - Enter date of occurrence post discharge
- No
- Not Documented

Required:
Yes

Amputation

Data Abstraction Instructions:

Indicate if the patient has had an amputation post hospitalization. If yes, indicate the level of amputation. Amputation may be obtained through a phone call with the patient.
If the patient had multiple amputation within the follow-up timeframe, enter the date and level of the first amputation that was performed.

Selections:

- Yes
    - Left hip disarticulation
    - Left AKA
    - Left BKA
    - Left foot
    - Left metatarsal
    - Left digit
    - Right hip disarticulation
    - Right AKA
    - Right BKA
    - Right foot
    - Right metatarsal
    - Right digit
        - Enter date of occurrence post discharge
- No
- Not documented

Supporting Definitions:

If the patient were readmitted for an amputation on the side of the procedure, enter the outcomes of readmission and amputation.

Required:
Yes

MI

Data Abstraction Instructions:

Indicate if the patient was readmitted to the hospital for a myocardial infarction post procedure.

Selections:

- Yes
    - Enter date of occurrence post discharge

- No
- Not Documented

Supporting Definitions:

This information should be gathered from a patient's medical record and not from interviewing the patient.

Required:
Yes

TIA/Stroke

Data Abstraction Instructions:

Indicate if the patient was readmitted to the hospital for a TIA or stroke post procedure.

Selections:

- Yes
  - Enter date of occurrence post discharge
- No
- Not Documented

Supporting Definitions:

This information should be gathered from a patient's medical record and not from interviewing the patient.

Required:
Yes

Renal Failure/Dialysis

Data Abstraction Instructions:

Indicate if the patient had to be readmitted for renal failure or new dialysis post procedure. This question is to be addressed at the **30 day follow up only**.

Selections:

- Yes
  - Enter date of occurrence post discharge
- No
- Not Documented

Supporting Definitions:

This information should be gathered from a patient's medical record and not from interviewing the patient.

Required:
Yes

Transfusion

Data Abstraction Instructions:

Indicate if the patient has been readmitted and received a transfusion of PRBCs discharge. This question is to be addressed at the **30 day follow up only**.

Selections:

- Yes
  - Enter date of occurrence post discharge
- No
- Not Documented

Supporting Definitions:

This information should be gathered from a patient's medical record and not from interviewing the patient.

Required:
Yes

Michigan OPEN

Patient still taking opioid

Data Abstraction Instructions:

Indicate if the patient is still taking an opioid at follow-up. If so, indicate if it is the same as prescribed at discharge or a new type/dose.

Selections:

- No
- Same as discharge
- New opioid/dose

Required:
Yes

Type of opioid

Data Abstraction Instructions:

Indicate the type of opioid prescribed.

Selections:

- Hydrocodone(Norco, Vicodin, Lortab, Lorcet)
- Oxycodone (OxyContin, Percocet, Roxicodone)
- Codeine (Tylenol 2, 3, or 4)
- Tramadol (Ultram, Ultram ER)
- Other (Fentanyl, Morphine, Hydromorphone, Dilaudid, Methadone, etc.)

Required:
Yes

Opioid dose prescribed

Data Abstraction Instructions:

Indicate the dose of the prescribed opioid.

Required:
Yes

Opioid dose prescribed (unit)

Data Abstraction Instructions:

Indicate the units for the dose of opioid prescribed.

Selections:

- mg
- ml
- mcg/hr
- mg/ml
- mcg/ml
- other

Required:
Yes

Prescribing provider type

Data Abstraction Instructions:

Indicate the type of provider that wrote the opioid prescription.

Selections:

- Procedural physician/surgeon
- Primary care physician
- Other surgical physician
- Pain specialist
- Oncologist
- Other

Required:
Yes

Refills requested

Data Abstraction Instructions:

Indicate if the patient requested a refill of any opioid prescription.

Selections:

- Yes
- No

Required:
Yes

Refills given

Data Abstraction Instructions:

Indicate if the patient received additional refills of the opioid (beyond what was available at discharge).

Selections:

- Yes
- No

Required:
Yes

Prescribing provider type

Data Abstraction Instructions:

Indicate the type of provider that wrote the opioid refill.

Selections:

- Procedural physician/surgeon
- Primary care physician
- Other surgical physician
- Pain specialist
- Oncologist
- Other

Required:
Yes

Carotid Stent Follow-up Data Fields

Carotid Follow Up Interval

Data Abstraction Instructions:

Choose the time frame for the Follow Up.

Selections:

- 30 Day
- 1 Year

Required:
Yes

Contact Date

Data Abstraction Instructions:

Enter the date of contact for follow up information. The contact date is when the patient was contacted, came to the clinic, or had a phone call to determine their status.

Selections:

Enter date.

Required:
Yes

Current Living Status

Data Abstraction Instructions:

Indicate the living status of the patient at the time of follow up. Current Living Status can be obtained through the medical record or a phone call to the patient.

Selections:

- Home
- Nursing Home/Extended Care
- Assisted Living
- In Hospital
- Dead
    - Enter date of death
    - Select cause of death
        - Neurologic
        - Cardiac
        - Pulmonary
        - Vascular
        - Infection
        - Renal
        - Unknown
- Not documented

Required:
Yes

Additional Procedure

Data Abstraction Instructions:

Indicate if an additional procedure, either stenting or carotid endarterectomy, has been performed on the same vessel as original procedure. If the patient states they was an additional procedure performed during a phone call, you will need to verify the information from the patient's medical record or physician.

Selections:

- Yes
  - CAS
  - CEA
    - Enter date of occurrence post discharge
- No

Required:
Yes

Neurologic Deficit(s) Occurred Since Discharge

Data Abstraction Instructions:

Indicate if a neurologic deficit has occurred since discharge. If yes, indicate the resolution timeframe. If the patient states they had neurological changes during a phone call, you will need to verify the information from the patient's medical record or physician.

Selections:

- Yes
  - Deficit occurred and resolved within 24 hours (i.e.TIA)
  - Deficit occurred and duration was greater than 24 hours, but did completely resolve
  - Persistent deficit occurred, lasted greater than 24 hours, and did not completely resolve
    - Enter date of occurrence post discharge
- No
- Not documented

Required:
Yes

Territory of Neurologic Deficit

Data Abstraction Instructions:

Indicate the territory of the neurologic deficit post discharge. This information can be obtained through the patient's medical record or by calling their physician.

Selections:

- Yes
  - Right Retinal
  - Left Retinal
  - Right Hemispheric
  - Left Hemispheric
  - Vertebrobasilar
  - Unknown
- No

Required:
Yes

Carotid Duplex

Data Abstraction Instructions:

Indicate if the patient has had a post discharge carotid duplex. If so, indicate the measurement at the operative site. If the duplex results give a range for the operative site, use the largest value. This information will need to be obtained from the carotid duplex report.

Selections:

- Yes
  - <= 50%

        - > 50%
        - > 60%
        - > 70%
        - > 80%
        - Occluded
        - Not Occluded
    - No
    - Not documented

Required:
Yes

Blood Pressure

Data Abstraction Instructions:

Enter the systolic blood pressure (SBP) and diastolic blood pressure (DBP) documented at the time of follow-up. If the patient is in the hospital >30 days, enter the first blood pressure after the patient is discharged from the hospital for the 30-Day follow-up blood pressure.

Selections:

- Yes
    - Enter value SBP
    - Enter value DBP
- Not documented

Required:
Yes
Maximum Length:
3

Smoking (CAS)

Data Abstraction Instructions:

Indicate if the patient has smoked cigars, cigarettes (including electronic cigarettes), chew (tobacco), pipe (tobacco), or marijuana any time during the past 30 days. Smoking can be obtained through the medical record or a phone call to the patient.

Selections:

- Yes
- No
- Not Documented

Required:
Yes

Antiplatelets

Data Abstraction Instructions:

Indicate if the patient is taking antiplatelets (other than ASA) at the time of the follow up. Also indicate if the patient is contraindicated to this medication. Medication information can be obtained from the patient's medical record or from a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:
Yes

Statin

Data Abstraction Instructions:

Indicate if the patient is taking a statin at the time of the follow up. Also indicate if the patient is contraindicated to this medication. Medication information can be obtained from the patient's medical record or from a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:
Yes

Aspirin

Data Abstraction Instructions:

Indicate if the patient is taking an aspirin at the time of follow up. Also indicate if the patient is contraindicated to this medication. Medication information can be obtained from the patient's medical record or from a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:
Yes

Beta Blocker

Data Abstraction Instructions:

Indicate if the patient is taking a beta blocker at the time of follow up. Also indicate if the patient is contraindicated to this medication. Medication information can be obtained from the patient's medical record or from a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:

Yes

ACE Inhibitor

Data Abstraction Instructions:

Indicate if the patient is taking an ACE Inhibitor at the time of follow up. Also indicate if the patient is contraindicated to this medication. Medication information can be obtained from the patient's medical record or from a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:
Yes

Anticoagulant

Data Abstraction Instructions:

Indicate if the patient is taking an Anticoagulant (Coumadin, Pradaxa, etc.) at the time of follow up. Medication information can be obtained from the patient's medial record or from a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
- Not documented

Required:
Yes

ARBs (Angiotensin II Receptor Blockers)

Data Abstraction Instructions:

Indicate if the patient is taking an ARB at the time of follow up. Medication information can be obtained from the patient's medical record or from a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
- Not documented

Required:
Yes

Other Cholesterol Lowering Agent

Data Abstraction Instructions:

Indicate if the patient is taking any other cholesterol lowering agent at the time of follow up, other than statins. Medication information can be obtained from the patient's medical record or from a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No

- Not documented

Required:
Yes

MI

Data Abstraction Instructions:

Indicate if the patient was readmitted to the hospital for a myocardial infarction post procedure. If the patient states they had an MI during a phone call, you will need to verify the information from the patient's medical record or physician.

Selections:

- Yes
  - Enter date of occurrence post discharge
- No
- Not Documented

Required:
Yes

Carotid Endarterectomy Follow-up Data Fields

Carotid Follow Up Interval

Data Abstraction Instructions:

Choose the time frame for the Follow Up.

Selections:

- 30 Day
- 1 Year

Required:
Yes

Contact Date

Data Abstraction Instructions:

Enter the date of contact for follow up information. The contact date is when the patient was contacted, came to the clinic, or had a phone call to determine their status.

Selections:

Enter date.

Required:
Yes

Current Living Status

Data Abstraction Instructions:

Indicate the living status of the patient at the time of follow up. Living Status can be obtained through the medical record or a phone call to the patient.

Selections:

- Home
- Nursing Home/Extended Care
- Assisted Living
- In Hospital
- Dead
    - Enter date of death
    - Select cause of death
        - Neurologic
        - Cardiac
        - Pulmonary
        - Vascular
        - Infection
        - Renal
- Unknown
- Not documented

Required:
Yes

Additional Procedure

Data Abstraction Instructions:

Indicate if an additional procedure, either stenting or carotid endarterectomy, has been performed on the same vessel as original procedure. If the patient states during a phone call that an additional procedure was performed, you will need to verify the information

from the patient's medical record or physician.

Selections:

- Yes
  - CAS
  - CEA
    - Enter date of occurrence post discharge
- No

Required:
Yes

Cranial Nerve Injury

Data Abstraction Instructions:

If the patient had a cranial nerve injury related to the carotid procedure, indicate the status at follow up.

Selections:

- Yes
  - Resolved
  - Persistent
- No
- Not documented

Supporting Definitions:

- VII - facial droop or more severe
- IX - swallowing difficulty unless other diagnosis confirmed
- X - hoarseness unless laryngoscopy normal
- XII - any tongue deviation or dis-coordination

Required:
Yes

Neurologic Deficit(s) Occurred Since Discharge

Data Abstraction Instructions:

Indicate if a neurologic deficit has occurred since discharge. If yes, indicate the resolution timeframe. If the patient states during a phone call they had post-discharge neurological changes, you will need to verify the information from the patient's medical record or physician.

Selections:

- Yes
  - Deficit occurred and resolved within 24 hours (i.e.TIA)
  - Deficit occurred and duration was greater than 24 hours, but did completely resolve
  - Persistent deficit occurred, lasted greater than 24 hours, and did not completely resolve
    - Enter date of occurrence post discharge
- No
- Not documented

Required:
Yes

Territory of Neurologic Deficit

Data Abstraction Instructions:

Indicate the territory of the neurologic deficit post discharge. This information will need to be obtained through the patient's medical record or physician.

Selections:

- Yes
  - Right Retinal

    - Left Retinal
    - Right Hemispheric
    - Left Hemispheric
    - Vertebrobasilar
    - Unknown
- No

Required:
Yes

Carotid Duplex

Data Abstraction Instructions:

Indicate if the patient has had a post discharge carotid duplex. If so, indicate the measurement at the operative site. If the duplex results give a range for the operative site, use the largest value.

Selections:

- Yes
    - <= 50%
    - > 50%
    - > 60%
    - > 70%
    - > 80%
    - Occluded
    - Not Occluded
- No
- Not documented

Required:
Yes

Blood Pressure

Data Abstraction Instructions:

Enter the systolic blood pressure (SBP) and diastolic blood pressure (DBP) documented at the time of follow-up. If the patient is in the hospital >30 days, enter the first blood pressure after the patient is discharged from the hospital for the 30-Day follow-up blood pressure.

Selections:

- Yes
    - Enter value SBP
    - Enter value DBP
- Not documented

Required:
Yes
Maximum Length:
3

Smoking (CEA)

Data Abstraction Instructions:

Indicate if the patient has smoked cigars, cigarettes (including electronic cigarettes), chew (tobacco), pipe (tobacco), or marijuana any time during the past 30 days. Smoking can be obtained through the medical record or a phone call to the patient.

Selections:

- Yes
- No
- Not Documented

Required:
Yes

Antiplatelets

Data Abstraction Instructions:

Indicate if the patient is taking antiplatelets (other than ASA) at the time of the follow up. Also indicate if the patient is contraindicated to this medication. Medication information can be obtained from the patient's medical record or a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:
Yes

Statin

Data Abstraction Instructions:

Indicate if the patient is taking a statin at the time of the follow up. Also indicate if the patient is contraindicated to this medication. Medication information can be obtained from the patient's medical record or a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:
Yes

Aspirin

Data Abstraction Instructions:

Indicate if the patient is taking an aspirin at the time of follow up. Also indicate if the patient is contraindicated to this medication. Medication information can be obtained from the patient's medical record or a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:
Yes

Beta Blocker

Data Abstraction Instructions:

Indicate if the patient is taking a beta blocker at the time of follow up. Also indicate if the patient is contraindicated to this medication. Medication information can be obtained from the patient's medical record or a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:
Yes

ACE Inhibitor

Data Abstraction Instructions:

Indicate if the patient is taking an ACE Inhibitor at the time of follow up. Also indicate if the patient is contraindicated to this medication. Medication information can be obtained from the patient's medical record or a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
    - Contraindicated
        - Yes
        - No
- Not documented

Required:
Yes

Anticoagulant

Data Abstraction Instructions:

Indicate if the patient is taking an Anticoagulant (Coumadin, Pradaxa, etc.) at the time of follow up. Medication information can be obtained from the patient's medical record or a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
- Not documented

Required:
Yes

ARBs (Angiotensin II Receptor Blockers)

Data Abstraction Instructions:

Indicate if the patient is taking an ARB at the time of follow up. Medication information can be obtained from the patient's medical record or a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
- Not documented

Required:
Yes

Other Cholesterol Lowering Agent

Data Abstraction Instructions:

Indicate if the patient is taking any other cholesterol lowering agent at the time of follow up, other than statins. Medication information can be obtained from the patient's medical record or a phone call if the patient gathers their medication bottles and reads them.

Selections:

- Yes
- No
- Not documented

Required:
Yes

MI

Data Abstraction Instructions:

Indicate if the patient was readmitted to the hospital for a myocardial infarction post procedure. If the patient states during a phone call they had an MI, you will need to verify the information from the patient's medical record or physician.

Selections:

- Yes
  - Enter date of occurrence post discharge
- No
- Not Documented

Required:
Yes

Wound Complication

Data Abstraction Instructions:

Indicate if the patient has experienced an issue with surgical healing. This can be an infection, hematoma, or other issue with thesurgical site.
Examples:

- An infection that does not require admission to the hospital, IV antibiotics or wound culture.
- A post-op hematoma that requires admission to the hospital to evacuate the hematoma. Enter Readmission to Hospital>Other AND Wound Complication for this scenario.

If the patient reports a wound complication, you should verify the extent/type with the medical record, or a call to their physician, or any actual documentation of the complication.

Selections:

- Yes
  - Infection
  - Hematoma
  - Other
- No

Required:
Yes

Michigan OPEN

Patient still taking opioid

Data Abstraction Instructions:

Indicate if the patient is still taking an opioid at follow-up. If so, indicate if it is the same as prescribed at discharge or a new type/dose.

Selections:

- No
- Same as discharge
- New opioid/dose

Required:
Yes

Type of opioid

Data Abstraction Instructions:

Indicate the type of opioid prescribed.

Selections:

- Hydrocodone(Norco, Vicodin, Lortab, Lorcet)
- Oxycodone (OxyContin, Percocet, Roxicodone)
- Codeine (Tylenol 2, 3, or 4)
- Tramadol (Ultram, Ultram ER)
- Other (Fentanyl, Morphine, Hydromorphone, Dilaudid, Methadone, etc.)

Required:
Yes

Opioid dose prescribed

Data Abstraction Instructions:

Indicate the dose of the prescribed opioid.

Required:
Yes

Opioid dose prescribed (unit)

Data Abstraction Instructions:

Indicate the units for the dose of opioid prescribed.

Selections:

- mg
- ml
- mcg/hr
- mg/ml
- mcg/ml
- other

Required:
Yes

Prescribing provider type

Data Abstraction Instructions:

Indicate the type of provider that wrote the opioid prescription.

Selections:

- Procedural physician/surgeon
- Primary care physician
- Other surgical physician
- Pain specialist
- Oncologist
- Other

Required:
Yes

Refills requested

Data Abstraction Instructions:

Indicate if the patient requested a refill of any opioid prescription.

Selections:

- Yes
- No

Required:
Yes

Refills given

Data Abstraction Instructions:

Indicate if the patient received additional refills of the opioid (beyond what was available at discharge).

Selections:

- Yes
- No

Required:
Yes

Prescribing provider type

Data Abstraction Instructions:

Indicate the type of provider that wrote the opioid refill.

Selections:

- Procedural physician/surgeon
- Primary care physician
- Other surgical physician
- Pain specialist
- Oncologist
- Other

Required:
Yes