THE CANADIAN CARDIOVASCULAR SOCIETY DATA DICTIONARY

A CCS Consensus Document

CORE ELEMENTS AND DEMOGRAPHICS DATA ELEMENTS AND DEFINITIONS

FINAL Version 1.1

Last Updated: July 6, 2012

Background

The Canadian Cardiovascular Society Data Dictionary is comprised of multiple "chapter" data elements and definitions that reflect national input and consensus on definitions within several spheres cardiovascular disease, treatment and subspecialty expertise

The Core Elements and Demographics data dictionary chapter contains the guidelines for data elements and definitions that includes the collection of information specific to demographics, history and risk factors, co-morbidities, test results, symptoms and medications. The Core Elements and Demographics data elements and definitions should be used as a base and adopted first by any new/existing cardiovascular registry.

Revision History

V1.1 – June 19, 2012

1) Revision - page 4
Old data element name: Health Card Number
Revised data element name: Health Care Number

A note was appended to indicate that the Health Care Number should be stored unencrypted in order to allow linkage to CIHI.

2) NEW addition - page 4
Data element name: Province/Territory issuing HCN
Data definitions: Represents the provincial/territorial government from which the health care number was issued.

3) REVISED Birth date data element - page 5
Added: For unknown or estimated birthdate code as 99990901

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

2

TABLE OF CONTENTS

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

3

PART 1 – DEMOGRAPHICS

DATA ELEMENT	CLASSIFICATION	DEFINITION
First Name **Middle Initial** **Last Name**	CORE[1]	Indicate the patient's first, middle initial, and last name. Hyphenated names should be recorded with a hyphen.
Maiden Name	CORE[1]	If the patient is female and married, record the patient's maiden name
Health Care Number	CORE[1]	Indicate the patient's health care number. *Note: must be stored unencrypted in order to allow linkage to CIHI.*
Province/Territory Issuing HCN	CORE	Represents the provincial/territorial government from which the Health Care Number was issued. 1. AB (Alberta) 2. BC (British Columbia) 3. MB (Manitoba) 4. NB (New Brunswick) 5. NL (Newfoundland and Labrador) 6. NT (Northwest Territories) 7. NS (Nova Scotia) 8. NU (Nunavut) 9. ON (Ontario) 10. PE (Prince Edward Island) 11. QC (Quebec) 12. SK (Saskatchewan) 13. YT (Yukon) 14. 99 (Use when a patient is out of province/territory/country) 15. CA (Canada – RCMP, penitentiary inmates, Veteran Affairs Canada et cetera; used when patient has a federal Health Care Number) *Note: consistent with CIHI Discharge Abstract Database (DAD) definitions for ''Province/Territory issuing HCN'*
Chart Number	CORE	The chart number assigned by the reporting facility to all patients. Field length is up to and including 10 characters (alphanumeric or numeric).

---

[1] The collection of this information may be restricted by the privacy act of the provincial/territorial jurisdiction or may be omitted by design of the original database.

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

4

Institution ID	CORE	Indicate the Institution number.
		This is a five digit unique number assigned by the province/territory ministry of health to identify the facility and the level of care provided.
		NOTE: Use of CIHI institution codes is recommended.
Birth Date	CORE	Indicate the patient's date of birth date in this format: YYYYMMDD[2]. For unknown or estimated birthdate, code as '99990901'
Sex	CORE	Indicate the patient's sex by selecting one of the following: 1. Male 2. Female 3. Undetermined (undifferentiated used only for stillborn cases and where the sex cannot be determined) 4. Other (trans-sexual or hermaphrodite), if possible, specify (optional to specify) *Note: consistent with CIHI Discharge Abstract Database (DAD) definitions for 'Gender'*
Race	CORE	Indicate the patient's race from the following (multiple responses accepted): Note: for mixed races, select all that apply. 1. Aboriginal (includes Inuit, Métis peoples of Canada, First Nations - North American Indian) 2. Arab (includes Egyptian, Kuwait, Libyan) 3. West Asian (includes Afghan, Assyrian and Iranian) 4. Black (includes African, Nigerian, Somali) 5. Chinese 6. Filipino 7. Japanese 8. Korean 9. Latin American (includes Chilean, Costa Rican, Mexican) 10. South Asian (includes Bangladeshi, Punjabi, Sri Lankan) 11. South East Asian (includes Vietnamese, Cambodian, Malaysian, Laotian) 12. White (Caucasian) 13. Other, if possible, specify (optional to specify)
Postal Code	CORE	Indicate the patient's postal code. It consists of six alphanumeric characters in ANA-NAN sequence.

---

[2] This is the standard European format for dates and also follows the CIHI Discharge Abstract Database (DAD) for dates. All data elements across all chapters should consistently use the YYYYMMDD format.

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

5

Employment Status	OPTIONAL	Indicate which <u>one</u> of the following categories best describes the patient's current employment status: Note: Participation in the labour market takes precedence e.g. code as 'part-time' if an individual is both a student and is employed part-time. 1. Employed full-time, that is, 35 or more hours per week 2. Employed part-time, that is, less than 35 hours per week 3. Self-employed (primary occupation) 4. Unemployed, but looking for work 5. Student 6. Retired 7. Not in the paid workforce (homemaker, unemployed, not looking for work)
Marital Status	CORE	Indicate which <u>one</u> of the following categories best describes the patient's current marital status: 1. Single 2. Married or equivalent (i.e. common law, same sex) 3. Separated or equivalent 4. Divorced 5. Widowed
Education Level	CORE	Indicate the <u>highest</u> level of education the patient has attained: 1. Less than high school (no certificates, diplomas or degrees) 2. High school graduation certificate 3. Trades certificate 4. College certificate or diploma: a certificate from a community college, CEGEP, school of nursing, theological college or private college 5. University: a certificate below the bachelor level, bachelor's degree, certificate above the bachelor level, master's degree, earned doctorate or a professional degree in medicine, dentistry, veterinary medicine or optometry.

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

6

PART 2 – HISTORY & RISK FACTORS

FIELD NAME	CLASSIFICATION	DEFINITION
Height	CORE	Indicate the patient's height in centimetres (cm)
Weight	CORE	Indicate the patient's weight in kilograms (kg)
Smoking Status/History	CORE	1. Never = no history of any form of tobacco 2. Current = use of any form of tobacco (cigarettes, cigar, pipe) within one month of referral date 3. Former = use of any form of tobacco > one month of referral date.
Hypertension	CORE	Patient has a documented history[3] of hypertension diagnosed and/or treated by a healthcare provider. Treatment may include medication, diet and/or exercise. 1. Yes 2. No 3. Unknown
Dyslipidemia	CORE	Patient has a documented history of dyslipidemia diagnosed and/or treated by a physician. 1. Yes 2. No 3. Unknown
Family History of premature Coronary Artery Disease (CAD)	CORE	Patient has/had any direct blood relative (parents, siblings, and children) who have been diagnosed with angina, MI, PCI, CABG or sudden cardiac death for male relatives before age 55 years or for female relatives before age 65 years. 1. Yes 2. No 3. Unknown
History of MI	CORE	Patient has had at least one documented history of MI. NOTE: History[4] of MI should be coded "yes" only for MIs that occurred prior to the first onset of symptoms that led to this episode of care. Code No if the patient's only MI occurred at any transferring facility. 1. Yes 2. No 3. Unknown
History of Angina	CORE	Patient has a documented history of angina diagnosed and/or treated by a physician. 1. Yes 2. No 3. Unknown

---

[3] 'documented history' means the patient has been told by a physician that they clearly have this diagnosis or there is a medical record of this diagnosis.

[4] 'history' is a patient provided history

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

7

History of Heart Failure	CORE	Patient has a documented history of heart failure diagnosed and/or treated by a physician.
		    1. Yes
		    2. No
		Unknown

History of Atrial Fibrillation/Flutter	CORE	Patient has a documented history of atrial fibrillation or flutter.
		    1. Yes
		    2. No
		    3. Unknown

Prior Valve Surgery/Procedure	CORE	Patient has had a previous surgical replacement and/or repair of a cardiac valve, by any approach prior to this episode of care.
		    1. Yes
		    2. No
		    3. Unknown

Prior PCI	CORE	Patient has had a previous PCI. This includes any attempted PCI whether successful or not prior to this episode of care.
		    1. Yes
		    2. No
		    3. Unknown

Prior CABG	CORE	Patient has had a previous coronary artery bypass graft (CABG) prior to this episode of care.
		    1. Yes
		    2. No
		    3. Unknown

Other Cardiac Procedures	OPTIONAL	Patient has had a documented history of cardiovascular procedure(s) prior to this episode of care.
		
		    1. Yes. If yes, select the type of procedure(s)
		        a. cardiac transplantation
		        b. other <u>vascular</u> surgery, if possible, specify (optional to specify)
		        c. pacemaker (permanent)
		        d. ICD
		        e. other cardiac surgery (cardiac embolectomy, valvular surgery), if possible, specify (optional to specify)
		        f. No
		        g. Unknown
		<u>NOTE</u>: Amputations for PVD and varicose vein stripping are not considered "other vascular surgery".

Prior Cardiac Arrest	OPTIONAL	Patient has had a documented history of a v-fib, cardiac arrest or previous CPR secondary to a cardiac cause. (ex. Ischemia, arrhythmia).
		NOTE: A sinus arrest is not a cardiac arrest.
		    1. Yes
		    2. No
		    3. Unknown

Diabetes (Mellitus)		Note: This data element is captured in the co-morbidities section that follows.

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

8

PART 3 – CO-MORBIDITIES

FIELD NAME	CLASSIFICATION	DEFINITION (Includes any occurrence between birth and this episode of care, unless otherwise indicated.

Dialysis	CORE	Patient is currently undergoing either hemodialysis or peritoneal dialysis as a result of renal failure.
		   1. Yes
		   2. No
		   3. Unknown

Prior Transplant	CORE	Patient has a documented history of solid organ transplants.
		   1. Yes. If yes, select from any of the following (multiple responses accepted)
		      a. Heart (included heart or heart lung)
		      b. Kidney
		      c. Other, if possible, specify (optional to specify)
		   2. No
		   3. Unknown

Prior Cerebrovascular Disease	CORE	Patient has a documented history of cerebral vascular disease documented as any history of stroke, TIA, previous carotid endarterectomy/stent or any known carotid stenosis > = 70%
		   1. Yes
		   2. No
		   3. Unknown

Prior Cerebrovascular Accident CVA/Stroke	OPTIONAL	Patient has a documented history of cerebrovascular accident (CVA)/stroke as evidenced by a persistent neurological deficit.
		   1. Yes
		   2. No
		   3. Unknown

Peripheral Arterial Disease	CORE	Patient has a documented history of peripheral arterial disease (includes upper and lower extremity, renal, mesenteric, and abdominal aortic systems). This can include claudication, either with exertion or at rest, positive non-invasive/invasive test, documented aortic aneurysm, or prior corrective surgery, angioplasty or amputation to the extremities.
		   1. Yes
		   2. No
		   3. Unknown

COPD	CORE	Patient has a documented history of chronic obstructive lung disease. Chronic obstructive lung disease (excluding isolated asthma) can include patients with chronic obstructive pulmonary disease, chronic bronchitis, or emphysema.
		   1. Yes
		   2. No
		   3. Unknown

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

9

Diabetes (Mellitus)	CORE	Patient has documented history of diabetes mellitus diagnosed and /or treated by a physician prior to admission.
		1. Yes. If yes, indicate diabetes control.(select more than one if applicable):
		    a. None
		    b. Diet
		    c. Oral
		    d. Insulin
		    e. Non-insulin injectables
		    f. Other, if possible, specify (optional to specify)
		2. No
		3. Unknown

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

10

PART 4 – TEST RESULTS

FIELD NAME	CLASSIFICATION	DEFINITION
(LV) function	CORE	Provide the most recent estimated or calculated left ventricular (LV) function, as the percentage of blood emptied from the left ventricle at the end of the contraction. Enter actual number, if available: If actual number not available, select the appropriate category (category source: CARDS): 1. Normal (>50%) 2. Slightly reduced (41-50%) 3. Moderately reduced (31-40%) 4. Severely reduced (≤30%) 5. LV function not assessed 6. Unknown Indicate the method used: 1. Echocardiography 2. LV-Gram 3. SPECT / PET 4. MUGA 5. CT/MR 6. Other, if possible, specify (optional to specify)

Creatinine and/or eGFR	CORE	Indicate most recent value
		  1. Creatinine
		  2. eGFR (provide method for estimation of GFR)
		    a. Cockcroft-Gault
		    b. Modified MDRD
		    c. Other, please specify

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

11

PART 5 – SYMPTOMS

FIELD NAME	CLASSIFICATION	DEFINITION

CCS Angina Class	CORE	Select the CCS Angina classification and indicate the point in time:
		
		1. **Class 0**
		Asymptomatic
		   a. Current (at time of collection/seeking medical care)
		   b. Worst
		   c. Other, please specify
		2. **Class I**
		Ordinary physical activity, such as walking or climbing stairs does not cause angina. Angina with strenuous, rapid, or prolonged exertion at work or recreation.
		   a. Current (at time of collection/seeking medical care)
		   b. Worst
		   c. Other, please specify
		3. **Class II**
		Slight limitation of ordinary activity. Walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals, or in cold or in wind or under emotional stress, or only during the few hours after awakening. Walking more than two blocks on the level or climbing more than one flight of ordinary stairs at a normal pace and under normal conditions.
		   a. Current (at time of collection/seeking medical care)
		   b. Worst
		   c. Other, please specify
		4. **Class III**
		Marked limitation of ordinary physical activity. Walking one or two blocks on the level or climbing one flight of stairs in normal conditions and at a normal pace.
		   a. Current (at time of collection/seeking medical care)
		   b. Worst
		   c. Other, please specify
		5. **Class IV**
		Inability to carry our any physical activity without discomfort - anginal syndrome may be present at rest.
		   a. Current (at time of collection/seeking medical care)
		   b. Worst
		   c. Other, please specify

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

12

NYHA Functional Capacity	CORE	Select the NYHA classification and indicate the point in time:
		
		 1. **Class I**
		 Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.
		   a. Current (at time of collection/seeking medical care)
		   b. Worst
		   c. Other, please specify
		
		 2. **Class II**
		 Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.
		   a. Current (at time of collection/seeking medical care)
		   b. Worst
		   c. Other, please specify
		
		 3. **Class III**
		 Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.
		   a. Current (at time of collection/seeking medical care)
		   b. Worst
		   c. Other, please specify
		
		 4. **Class IV**
		 Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.
		   a. Current (at time of collection/seeking medical care)
		   b. Worst
		   c. Other, please specify

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

13

PART 6 – MEDICATIONS

A. Medications at Pre-Encounter

DATA ELEMENT	CLASSIFICATION	DEFINITION
Aspirin at Pre-Encounter	CORE	Indicate if the patient has been taking Aspirin routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Clopidogrel at Pre-Encounter	CORE	Indicate if the patient has been taking Clopidogrel routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Prasugrel at Pre-Encounter	CORE	Indicate if the patient has been taking Prasugrel routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Ticagrelor at Pre-Encounter	CORE	Indicate if the patient has been taking Ticagrelor routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Other anti-platelets (eg. ticlopidine) at Pre-Encounter	CORE	Indicate if the patient has been taking other anti-platelets (eg. Ticlopidine) routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Warfarin at Pre-Encounter	CORE	Indicate if the patient has been taking Warafin routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Other oral anti-coagulants (eg. dabigatran, rivaroxiban) at Pre-Encounter	CORE	Indicate if the patient has been taking other anti-coagulants (eg. Dabigatran, rivaroxiban) routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Unfractionated heparin at Pre-Encounter	CORE	Indicate if the patient has been taking unfractionated heparin routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

14

LMW heparin at Pre-Encounter	CORE	Indicate if the patient has been taking LMW heparin routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Beta Blockers at Pre-Encounter	CORE	Indicate if the patient has been taking beta-blockers routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
ACE Inhibitors / Angiotensin II Receptor Blockers at Pre-Encounter	CORE	Indicate if the patient has been taking ACE inhibitors/Angiotensin II Receptor blockers routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Aldosterone Blocking Agents at Pre-Encounter	CORE	Indicate if the patient has been taking Aldosterone blocking agents routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Direct renin inhibitors at Pre-Encounter	CORE	Indicate if the patient has been taking Direct renin inhibitors routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Statins at Pre-Encounter	CORE	Indicate if the patient has been taking Statins routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Other lipid lowering agents at Pre-Encounter	CORE	Indicate if the patient has been taking other lipid lowering agents routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Diuretics (excluding spironolactone, epleronone) at Pre-Encounter	CORE	Indicate if the patient has been taking Diuretics (Excluding spironolactone, epleronone) routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Insulin at Pre-Encounter	CORE	Indicate if the patient has been taking Insulin routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

15

Oral antihyperglycemics at Pre-Encounter	CORE	Indicate if the patient has been taking oral antihyperglycemics routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Non-insulin injectables at Pre-Encounter	CORE	Indicate if the patient has been taking Non-insulin injectables routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Dihydropyridine Calcium Channel Blockers at Pre-Encounter	CORE	Indicate if the patient has been taking dihydropyridine calcium channel blockers routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Non-dihydropyridine Calcium Channel Blockers at Pre-Encounter	CORE	Indicate if the patient has been taking non-dihydropyridine calcium channel blockers routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Anti-arrhythmics at Pre-Encounter	CORE	Indicate if the patient has been taking anti-arrhythmics routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded
Digoxin at Pre-Encounter	CORE	Indicate if the patient has been taking Digoxin routinely prior to this encounter. 1. Yes 2. No 3. Contraindicated 4. Blinded

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

16

B. Medications during Healthcare Encounter

DATA ELEMENT	CLASSIFICATION	DEFINITION
Aspirin during Healthcare Encounter	CORE	Indicate if Aspirin was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Clopidogrel during Healthcare Encounter	CORE	Indicate if Clopidogrel was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Prasugrel during Healthcare Encounter	CORE	Indicate if Prasugrel was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Ticagrelor during Healthcare Encounter	CORE	Indicate if Ticagrelor was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Other anti-platelets (eg. ticlopidine) during Healthcare Encounter	CORE	Indicate if other anti-platelets (eg. Ticlopidine) were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Warfarin during Healthcare Encounter	CORE	Indicate if Warfarin was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Other oral anti-coagulants (eg. dabigatran, rivaroxiban) during Healthcare Encounter	CORE	Indicate if other oral anti-coagulants (eg. dabigatran, rivaroxiban) were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Unfractionated heparin during Healthcare Encounter	CORE	Indicate if Unfractionated heparin was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

17

LMW heparin during Healthcare Encounter	CORE	Indicate if LMW heparin was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Beta Blockers during Healthcare Encounter	CORE	Indicate if Beta-Blockers were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
ACE Inhibitors/Angiotens in II Receptor Blockers during Healthcare Encounter	CORE	Indicate if ACE Inhibitors/Angiotensin II Receptor blockers were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Aldosterone Blocking Agents during Healthcare Encounter	CORE	Indicate if Aldosterone Blocking Agents were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Direct renin inhibitors during Healthcare Encounter	CORE	Indicate if Direct renin inhibitors were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Statins during Healthcare Encounter	CORE	Indicate if Statins were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Other lipid lowering agents during Healthcare Encounter	CORE	Indicate if other lipid lowering agents were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Diuretics (excluding spironolactone, epleronone) during Healthcare Encounter	CORE	Indicate if Diuretics were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Insulin during Healthcare Encounter	CORE	Indicate if Insulin was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

18

Oral antihyperglycemics during Healthcare Encounter	CORE	Indicate if oral antihyperglycemics were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Non-insulin injectables during Healthcare Encounter	CORE	Indicate if Non-insulin injectables were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Dihydropyridine Calcium Channel Blockers during Healthcare Encounter	CORE	Indicate if dihydropyridine calcium channel blockers were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Non-Dihydropyridine Calcium Channel Blockers during Healthcare Encounter	CORE	Indicate if non-**d**ihydropyridine calcium channel blockers were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Anti-arrhythmics during Healthcare Encounter	CORE	Indicate if Anti-arrhythmics were administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded
Digoxin during Healthcare Encounter	CORE	Indicate if Digoxin was administered at any point in time during this episode of health care. 1. Yes 2. No 3. Contraindicated 4. Blinded

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

19

C. Medications at Discharge

DATA ELEMENT	CLASSIFICATION	DEFINITION
Aspirin at Discharge	CORE	Indicate if Aspirin was continued or prescribed at Discharge. Note: *do not code for patients who die or are AMA or are transferred to another hospital* 1. Yes 2. No 3. Contraindicated 4. Blinded
Clopidogrel at Discharge	CORE	Indicate if Clopidogrel was continued or prescribed at Discharge. Note: *do not code for patients who die or are AMA or are transferred to another hospital* 1. Yes 2. No 3. Contraindicated 4. Blinded
Prasugrel at Discharge	CORE	Indicate if Prasugrel was continued or prescribed at Discharge. Note: *do not code for patients who die or are AMA or are transferred to another hospital* 1. Yes 2. No 3. Contraindicated 4. Blinded
Ticagrelor at Discharge	CORE	Indicate if Ticagrelor was continued or prescribed at Discharge. Note: *do not code for patients who die or are AMA or are transferred to another hospital* 1. Yes 2. No 3. Contraindicated 4. Blinded
Other anti-platelets (eg. ticlopidine) at Discharge	CORE	Indicate if other anti-platelets were continued or prescribed at Discharge. Note: *do not code for patients who die or are AMA or are transferred to another hospital* 1. Yes 2. No 3. Contraindicated 4. Blinded
Warfarin at Discharge	CORE	Indicate if Warfarin was continued or prescribed at Discharge. Note: *do not code for patients who die or are AMA or are transferred to another hospital* 1. Yes 2. No 3. Contraindicated 4. Blinded
Other oral anti-coagulants (eg. dabigatran, rivaroxiban) at Discharge	CORE	Indicate if other oral anti-coagulants (eg. dabigatran, rivaroxiban) were continued or prescribed at Discharge. Note: *do not code for patients who die or are AMA or are transferred to another hospital* 1. Yes 2. No 3. Contraindicated 4. Blinded

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

20

Unfractionated heparin at Discharge	CORE	Indicate if Unfractionated heparin was continued or prescribed at Discharge.
		 Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

LMW heparin at Discharge	CORE	Indicate if LMW heparin was continued or prescribed at Discharge.
		 Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

Beta Blockers at Discharge	CORE	Indicate if Beta-Blockers were continued or prescribed at Discharge.
		 Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

ACE Inhibitors/Angiotens in II Receptor Blockers at Discharge	CORE	Indicate if ACE Inhibitors/Angiotensin II Receptor Blockers were continued or prescribed at Discharge.
		 Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

Aldosterone Blocking Agents at Discharge	CORE	Indicate if Aldosterone Blocking Agents were continued or prescribed at Discharge.
		 Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

Direct renin inhibitors at Discharge	CORE	Indicate if Direct renin inhibitors were continued or prescribed at Discharge.
		 Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

Statins at Discharge	CORE	Indicate if Statins were continued or prescribed at Discharge.
		 Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

21

Other lipid lowering agents at Discharge	CORE	Indicate if other lipid lowering agents were continued or prescribed at Discharge.
		Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

Diuretics (excluding spironolactone, epleronone) at Discharge	CORE	Indicate if Diuretics (excluding spironolactone, eplerone) were continued or prescribed at Discharge.
		Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

Insulin at Discharge	CORE	Indicate if Insulin was continued or prescribed at Discharge.
		Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

Oral antihyperglycemics at Discharge	CORE	Indicate if Oral antihyperglycemics were continued or prescribed at Discharge.
		Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

Non-insulin injectables at Discharge	CORE	Indicate if Non-insulin injectables were continued or prescribed at Discharge.
		Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

Dihydropyridine Calcium Channel Blockers at Discharge	CORE	Indicate if dihydropyridine calcium channel blockers were continued or prescribed at Discharge.
		Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

Non-Dihydropyridine Calcium Channel Blockers at Discharge	CORE	Indicate if non-dihydropyridine calcium channel blockers were continued or prescribed at Discharge.
		Note: *do not code for patients who die or are AMA or are transferred to another hospital*
		   1. Yes
		   2. No
		   3. Contraindicated
		   4. Blinded

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

22

Anti-arrhythmics at Discharge	CORE	Indicate if Anti-arrhythmics were continued or prescribed at Discharge. Note: *do not code for patients who die or are AMA or are transferred to another hospital* 1. Yes 2. No 3. Contraindicated 4. Blinded
Digoxin at Discharge	CORE	Indicate if Digoxin was continued or prescribed at Discharge. Note: *do not code for patients who die or are AMA or are transferred to another hospital* 1. Yes 2. No 3. Contraindicated 4. Blinded

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

23

ACKNOWLEDGEMENT

The Canadian Cardiovascular Society would like to acknowledge the help and guidance of the following individuals in the development of the Core Elements and Demographics chapter data elements and definitions:

Data Definitions Core Elements and Demographics Chapter Working Group

Karin Humphries (Chair), British Columbia Cardiac Registry
Ross Davies (Vice-Chair), University of Ottawa Heart Institute
Christopher Buller, Hamilton Health Sciences, ON
Jafna Cox, Cardiovascular Health Nova Scotia, NS
Diane Galbraith, Alberta Provincial Project for Outcome Assessment in Coronary Heart Disease, AB
Dennis Ko, Institute for Clinical Evaluative Studies
Laurie Lambert, Agence d'évaluation des technologies et des modes d'intervention en santé
Douglas Lee, Canadian Cardiovascular Outcomes Research Team / Institute for Clinical Evaluative Studies
Anne McFarlane, Canadian Institute for Health Information
Kori Kingsbury, Cardiac Care Network of Ontario
Representatives from the Public Health Agency of Canada

Data Definitions Steering Committee

Christopher Buller (Chair), Hamilton Health Sciences, ON
Jafna Cox, Cardiovascular Health Nova Scotia, NS
Ross Davies, University of Ottawa Heart Institute
Diane Galbraith, Alberta Provincial Project for Outcome Assessment in Coronary Heart Disease, AB
Karin Humphries, British Columbia Cardiac Registry
Kori Kingsbury, Cardiac Care Network of Ontario
Dennis Ko, Institute for Clinical Evaluative Studies
Laurie Lambert, Agence d'évaluation des technologies et des modes d'intervention en santé
Anne McFarlane, Canadian Institute for Health Information
Representatives from the Public Health Agency of Canada
Charlie Kerr, Past President, and Blair O'Neill, President, Canadian Cardiovascular Society, ex-officios

Project Support

Anne Ferguson, Chief Executive Officer, Canadian Cardiovascular Society
Louise Marcus, Project Director and Director, Health Policy/Advocacy, Canadian Cardiovascular Society
Holly Fan, Project Manager (external)

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

24

DISCLAIMER

The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

COPYRIGHT

Core Elements and Demographics Data Elements and Definitions
The Canadian Cardiovascular Society Data Dictionary
FINAL V1.1 – JULY 2012

25