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Society**

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de cardiologie**

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THE CANADIAN CARDIOVASCULAR SOCIETY DATA DICTIONARY

A CCS Consensus Document

CORE ELEMENTS AND DEMOGRAPHICS DATA ELEMENTS AND DEFINITIONS

FINAL Version 1.1

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The Canadian Cardiovascular Society
222 Queen Street, Suite 1403
Ottawa, Ontario
Canada K1P 5V9
Email: healthpolicy@ccs.ca

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

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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. <i>Note: must be stored unencrypted in order to allow linkage to CIHI.</i> |
| Province/Territory Issuing HCN | CORE | Represents the provincial/territorial government from which the Health Care Number was issued. <ol style="list-style-type: none"> 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) <i>Note: consistent with CIHI Discharge Abstract Database (DAD) definitions for "Province/Territory issuing HCN"</i> |
| 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.

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| Institution ID | CORE | <p>Indicate the Institution number.</p> <p>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.</p> <p><i>NOTE: Use of CIHI institution codes is recommended.</i></p> |
| Birth Date | CORE | <p>Indicate the patient's date of birth date in this format: YYYYMMDD². For unknown or estimated birthdate, code as '99990901'</p> |
| Sex | CORE | <p>Indicate the patient's sex by selecting one of the following:</p> <ol style="list-style-type: none"> 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) <p><i>Note: consistent with CIHI Discharge Abstract Database (DAD) definitions for 'Gender'</i></p> |
| Race | CORE | <p>Indicate the patient's race from the following (multiple responses accepted): Note: for mixed races, select <u>all</u> that apply.</p> <ol style="list-style-type: none"> 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 | <p>Indicate the patient's postal code.</p> <p>It consists of six alphanumeric characters in ANA-NAN sequence.</p> |

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.

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| Employment Status | OPTIONAL | <p>Indicate which <u>one</u> of the following categories best describes the patient's current employment status:</p> <p>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.</p> <ol style="list-style-type: none"> 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 | <p>Indicate which <u>one</u> of the following categories best describes the patient's current marital status:</p> <ol style="list-style-type: none"> 1. Single 2. Married or equivalent (i.e. common law, same sex) 3. Separated or equivalent 4. Divorced 5. Widowed |
| Education Level | CORE | <p>Indicate the <u>highest</u> level of education the patient has attained:</p> <ol style="list-style-type: none"> 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. |

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 | <ol style="list-style-type: none"> 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 | <p>Patient has a documented history³ of hypertension diagnosed and/or treated by a healthcare provider. Treatment may include medication, diet and/or exercise.</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown |
| Dyslipidemia | CORE | <p>Patient has a documented history of dyslipidemia diagnosed and/or treated by a physician.</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown |
| Family History of premature Coronary Artery Disease (CAD) | CORE | <p>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.</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown |
| History of MI | CORE | <p>Patient has had at least one documented history of MI. NOTE: History⁴ 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.</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Unknown |
| History of Angina | CORE | <p>Patient has a documented history of angina diagnosed and/or treated by a physician.</p> <ol style="list-style-type: none"> 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

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|---|----------|---|
| 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). <u>NOTE:</u> 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. |

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 $\geq 70\%$ 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 |

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

PART 4 – TEST RESULTS

| FIELD NAME | CLASSIFICATION | DEFINITION |
|-------------------------------|----------------|--|
| (LV) function | CORE | <p>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.</p> <p>Enter actual number, if available:</p> <p>If actual number not available, select the appropriate category (category source: CARDS):</p> <ol style="list-style-type: none"> 1. Normal (>50%) 2. Slightly reduced (41-50%) 3. Moderately reduced (31-40%) 4. Severely reduced (\leq30%) 5. LV function not assessed 6. Unknown <p>Indicate the method used:</p> <ol style="list-style-type: none"> 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 | <p>Indicate most recent value</p> <ol style="list-style-type: none"> 1. Creatinine 2. eGFR (provide method for estimation of GFR) <ol style="list-style-type: none"> a. Cockcroft-Gault b. Modified MDRD c. Other, please specify |

PART 5 – SYMPTOMS

| FIELD NAME | CLASSIFICATION | DEFINITION |
|------------------|----------------|---|
| CCS Angina Class | CORE | <p>Select the CCS Angina classification and indicate the point in time:</p> <ol style="list-style-type: none"> 1. Class 0 Asymptomatic <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> a. Current (at time of collection/seeking medical care) b. Worst c. Other, please specify 5. Class IV Inability to carry out any physical activity without discomfort - anginal syndrome may be present at rest. <ol style="list-style-type: none"> a. Current (at time of collection/seeking medical care) b. Worst c. Other, please specify |

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| <p>NYHA Functional Capacity</p> | <p>CORE</p> | <p>Select the NYHA classification and indicate the point in time:</p> <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> a. Current (at time of collection/seeking medical care) b. Worst c. Other, please specify |
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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 |

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| 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 |

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| 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 |

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 |

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| 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/Angiotensin 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 |

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| 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-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 |
| 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 |

C. Medications at Discharge

| DATA ELEMENT | CLASSIFICATION | DEFINITION |
|--|----------------|---|
| Aspirin at Discharge | CORE | Indicate if Aspirin was continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> <ol style="list-style-type: none"> 1. Yes 2. No 3. Contraindicated 4. Blinded |
| Clopidogrel at Discharge | CORE | Indicate if Clopidogrel was continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> <ol style="list-style-type: none"> 1. Yes 2. No 3. Contraindicated 4. Blinded |
| Prasugrel at Discharge | CORE | Indicate if Prasugrel was continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> <ol style="list-style-type: none"> 1. Yes 2. No 3. Contraindicated 4. Blinded |
| Ticagrelor at Discharge | CORE | Indicate if Ticagrelor was continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> <ol style="list-style-type: none"> 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: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> <ol style="list-style-type: none"> 1. Yes 2. No 3. Contraindicated 4. Blinded |
| Warfarin at Discharge | CORE | Indicate if Warfarin was continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> <ol style="list-style-type: none"> 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: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> <ol style="list-style-type: none"> 1. Yes 2. No 3. Contraindicated 4. Blinded |

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| Unfractionated heparin at Discharge | CORE | Indicate if Unfractionated heparin was continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 1. Yes 2. No 3. Contraindicated 4. Blinded |
| LMW heparin at Discharge | CORE | Indicate if LMW heparin was continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 1. Yes 2. No 3. Contraindicated 4. Blinded |
| Beta Blockers at Discharge | CORE | Indicate if Beta-Blockers were continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 1. Yes 2. No 3. Contraindicated 4. Blinded |
| ACE Inhibitors/Angiotensin II Receptor Blockers at Discharge | CORE | Indicate if ACE Inhibitors/Angiotensin II Receptor Blockers were continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 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: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 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: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 1. Yes 2. No 3. Contraindicated 4. Blinded |
| Statins at Discharge | CORE | Indicate if Statins were continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 1. Yes 2. No 3. Contraindicated 4. Blinded |

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| Other lipid lowering agents at Discharge | CORE | Indicate if other lipid lowering agents were continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 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: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 1. Yes 2. No 3. Contraindicated 4. Blinded |
| Insulin at Discharge | CORE | Indicate if Insulin was continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 1. Yes 2. No 3. Contraindicated 4. Blinded |
| Oral antihyperglycemics at Discharge | CORE | Indicate if Oral antihyperglycemics were continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 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: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 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: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 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: <i>do not code for patients who die or are AMA or are transferred to another hospital</i> 1. Yes 2. No 3. Contraindicated 4. Blinded |

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| Anti-arrhythmics at Discharge | CORE | <p>Indicate if Anti-arrhythmics were continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i></p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Contraindicated 4. Blinded |
| Digoxin at Discharge | CORE | <p>Indicate if Digoxin was continued or prescribed at Discharge. Note: <i>do not code for patients who die or are AMA or are transferred to another hospital</i></p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Contraindicated 4. Blinded |

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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
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Holly Fan, Project Manager (external)

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