

AACVPR Outpatient Cardiac Rehabilitation Registry Selected Data Elements

Updated 5/29/2012

The following is a list of data elements contained in the registry. Please note that this list is subject to change. Participating members will be notified if there are any major changes to this list.

Demographic Information

Registry ID (system)
Record creation date (system)
Program ID (system)
*Hospital medical record ID
*Last name
*Gender
*DOB
Health insurance plan
*Race
*Ethnicity
ZIP code
Education level

Medical History Information

*CR admission diagnoses and dates
Pre-existing diagnoses
AACVPR Risk Category
Risk factors (hyperlipidemia, hypertension, diabetes T1/T2)
Comorbid conditions
Revised Charlson Comorbidity Index (calculated)
Tobacco use status:
 Packs/day
 Years of use
 Pack-year history (calculated)
 Oral tobacco use

CR Intake Information

*Referral date
Age at time of referral (calculated)
*Enrollment date
Prescribed number of sessions and how determined

Pre/Post Clinical Assessments

Lipids (total cholesterol, triglycerides, HDL, LDL, non-HDL [calculated])
Point-of-care qualifier
Lipid panel date
Fasting blood glucose
Fasting blood glucose date
Hemoglobin A1C
Hemoglobin A1C date

Pre/Post Clinical Assessments (*continued*)

Blood pressure
Height
Weight
Waist circumference
BMI (calculated)
Metabolic syndrome (calculated)

% Kcal saturated fat intake
Daily fruit/vegetable servings
Dietary assessment used
Medications adherence (Aspirin, Beta-antagonists, ACEI/ARBs, Statins)
Tobacco use status

Functional Measures

Maximal METs (from GXT)
Peak Exercise METs (from CR session)
6-minute cycle distance (miles)
6-minute walk distance (feet)

Supported Assessment Tools[#]

Depression/Psychosocial Risk

CES-D score
PHQ-9 score
Psychosocial Risk Factor Survey

Health-related Quality of Life

MacNew
Medical Outcomes Trust-Short Form 36-v2 (Standard)
Ferrans & Powers Quality of Life Index
Dartmouth COOP

Functional Status

Duke Activity Status Index score

Exercise Behaviors

Exercise minutes/day
Exercise days/week
MET-minutes/week (IPAQ)
Steps per day (from pedometer)

Health Care Utilization

Hospital readmissions and reasons for readmissions
Number of days in hospital
*Adverse events
*Unexpected events
Influenza vaccination
Pneumococcal vaccination

Discharge Information

Completion status
Non-completion reasons
Program discharge date
Number of exercise sessions completed
Number of ECG-monitored sessions

Information Relating to Participating Program

Health Care System (HCS) ID (system)
Health Care System (HCS) name
HCS address
HCS city
HCS state
HCS ZIP code

*Participant name
*Address
*City
*State
*ZIP code
*Type of program
CORF facility
Referrals/year

*Eligible patients/year
*Hospital bed number
Profit status of hospital/clinic
On-site inpatient services
On-site outpatient CR services
Maintenance program offered
Number of full-time staff equivalents
National Cardiovascular Disease Registry ID
*Principal user name
*Principal user phone number
*Principal user e-mail address
*Program director name
*Medical director name
*AACVPR certified/date of certification

*** Essential fields**

Fields will be provided for scores. AACVPR will not provide actual tools.

NOTE: Some of the definitions for the above data elements are unique and have been standardized specifically for the AACVPR Outpatient Cardiac Rehabilitation Registry. The definitions and timing of data collection will be reviewed during the Principal User training sessions.