

# REVSTAT

- **REVIEW STATUS (not abstracted)**
- 0. Abstraction has not begun
- 1. Abstraction in progress
- 2. Abstraction completed w/o errors
- 3. TVG failure (exclusion)
- Record contains missing required answers (error record)
  Administrative exclusion from all measures

### **LEFTDATE** (Validation)

Discharge date (received on pull list and may not be modified)

# ADMDT (Validation)

Date of admission to acute inpatient care

# BIRTHDT

Patient date of birth (received on pull list)

## AGE

Calculated field: ENTRPRIN - BIRTHDT

## CXRCTABN (Validation)

<u>Using the inclusion list</u>, was any chest x-ray or CT scan obtained the day of or day prior to hospital arrival OR anytime during this hospital stay <u>abnormal</u>?

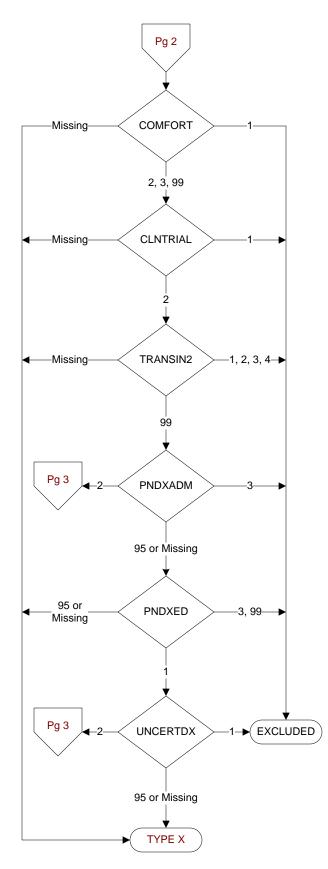
# (SEE INCLUSION LIST)

- 1. Yes, a chest x-ray or CT scan done within the designated timeframe was abnormal (included ANY inclusion terms).
- 2. No, a chest x-ray/CT scan done within the designated timeframe was not abnormal (did not include ANY inclusion terms).
- 99. Unable to determine from medical record documentation if the chest x-rayor CT scan done during the designated timeframe was abnormal

### **CXRDONE** (Validation)

Did the patient have a chest x-ray or CT scan on the day of or the day prior to hospital arrival OR anytime during this hospital stay?

- 1. Yes
- 2. No



## **COMFORT** (Validation)

When is the earliest physician, APN, or PA documentation of comfort measures only?

- 1. Day of arrival (day 0) or day after arrival (day 1)
- 2. 2 or more days after arrival (day 2 or greater)
- 3. Comfort measures only documented during hospital stay, but timing unclear
- 99. Not documented or unable to determine

### CLNTRIAL (Validation)

During this hospital stay, was the patient enrolled in a clinical trial in which patients with pneumonia were being studied?

1. yes

# 2. no

## TRANSIN2 (Validation)

Was the patient received as a transfer from an inpatient, outpatient, or emergency/observation department of another hospital OR from an ambulatory surgery center?

- 1. Patient received as a transfer from an inpatient department of another hospital
- Patient received as a transfer from an outpatient department of another hospital (excludes emergency/observation departments)
- 3. Patient received as a transfer from the emergency/observation department of another hospital
- 4. Patient received as a transfer from an ambulatory surgery center
- 99. None of the above or unable to determine from medical record documentation

#### PNDXED (Validation)

Was there documentation of the diagnosis of pneumonia as an Emergency Department final diagnosis/impression?

Physician, Advanced Practice Nurse, or Physician Assistant

documentation only

- 1. There is documentation that pneumonia was a final diagnosis/ impression on the ED form.
- 3. There is NO documentation of pneumonia as a final diagnosis/ impression on the ED form
- 95. Not applicable
- Unable to determine from ED medical record documentation (only use if the final ED diagnosis/impression is left blank in ALL Emergency Department sources)

### PNDXADM (Validation)

Was there documentation of the diagnosis of pneumonia as an admission diagnosis/impression for the direct admit patient?

Physician, Advanced Practice Nurse, or Physician Assistant documentation only

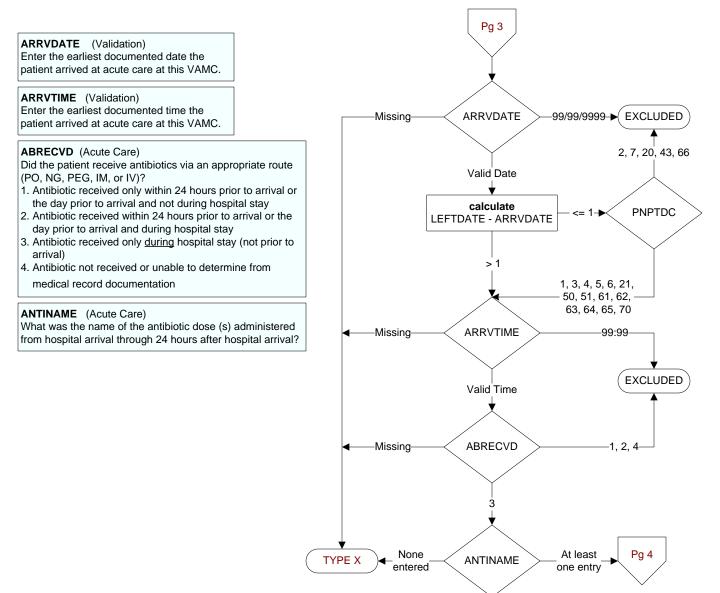
- 2. There is documentation that pneumonia is listed as an initial diagnosis /impression upon direct admit.
- 3. There is NO documentation of pneumonia as an initial diagnosis/ impression upon direct admit.

95. Not applicable

# UNCERTDX (Validation)

Despite being seen by the physician/APN/PA, is there documentation of a reason (s) the patient's initial clinical picture was unclear or not suggestive of pneumonia which resulted in a delay in the diagnosis of pneumonia at the time of admission? (Physician/APN/PA documentation only)

- 1. Yes
- 2. No or unable to determine
- 95. Not applicable



# **PNPTDC** (Validation)

- Enter the patient's discharge disposition:
- 1 discharged to home care or self care (routine discharge)
- 2. discharged/transferred to a short term general hospital for inpatient care
- 3. discharged/transferred to a skilled nursing facility (SNF) with Medicare certification, in anticipation of covered skilled care
- 4. Discharged/transferred to a facility that provides custodial or supportive care
- 5. discharged/transferred to discharged/transferred to a Designated Cancer Center or Children's Hospital
- 6. Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
- 7. left against medical advice or discontinued care
- 20. expired
- 21. Discharged/transferred to court/law enforcement
- 43. Discharged/transferred to a federal health care facility
- 50. hospice home
- 51. hospice medical facility (certified) providing hospice level of care
- 61. discharged/transferred to hospital-based Medicare approved swing bed
- 62. Discharged/transferred to inpatient rehabilitation facility (IRF) including rehabilitation distinct parts of a hospital
- 63. Discharged/transferred to a Medicare certified long-term care hospital
- 64. Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
- 65. Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital
- 66. Discharged/transferred to a Critical Access Hospital (CAH)
- 70. Discharged/transferred to another Type of Health Care Institution not Defined Elsewhere in this Code List

