

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>?

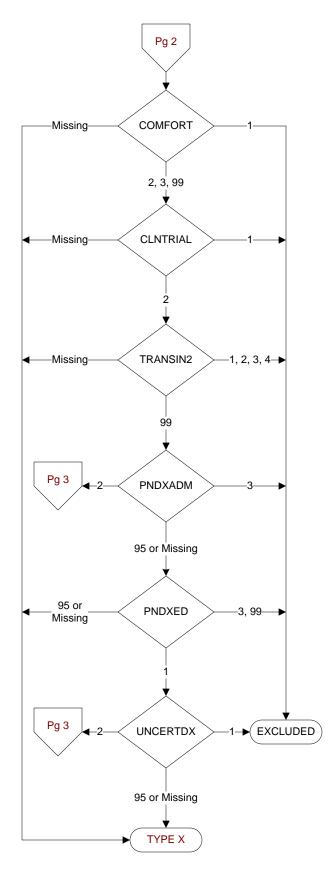
(SEE INCLUSION LIST)

- 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

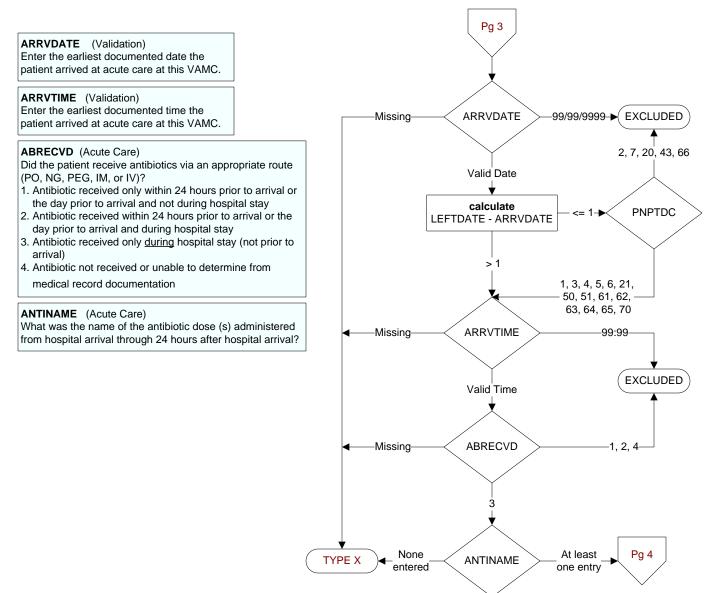
- 2. There is documentation that pneumonia is listed as an initial diagnosis /impression upon direct admit.
- 3. There is NO documentation of pneumonia as an initial diagnosis/ impression upon direct admit.

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

