

REVSTAT

REVIEW STATUS (not abstracted)

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

APROCODE (Validation)

Enter the ICD-9-CM principal diagnosis code

DCDATE (Validation)

Enter the date of discharge. (received on pull list and may not be modified)

ADMDT (Validation)

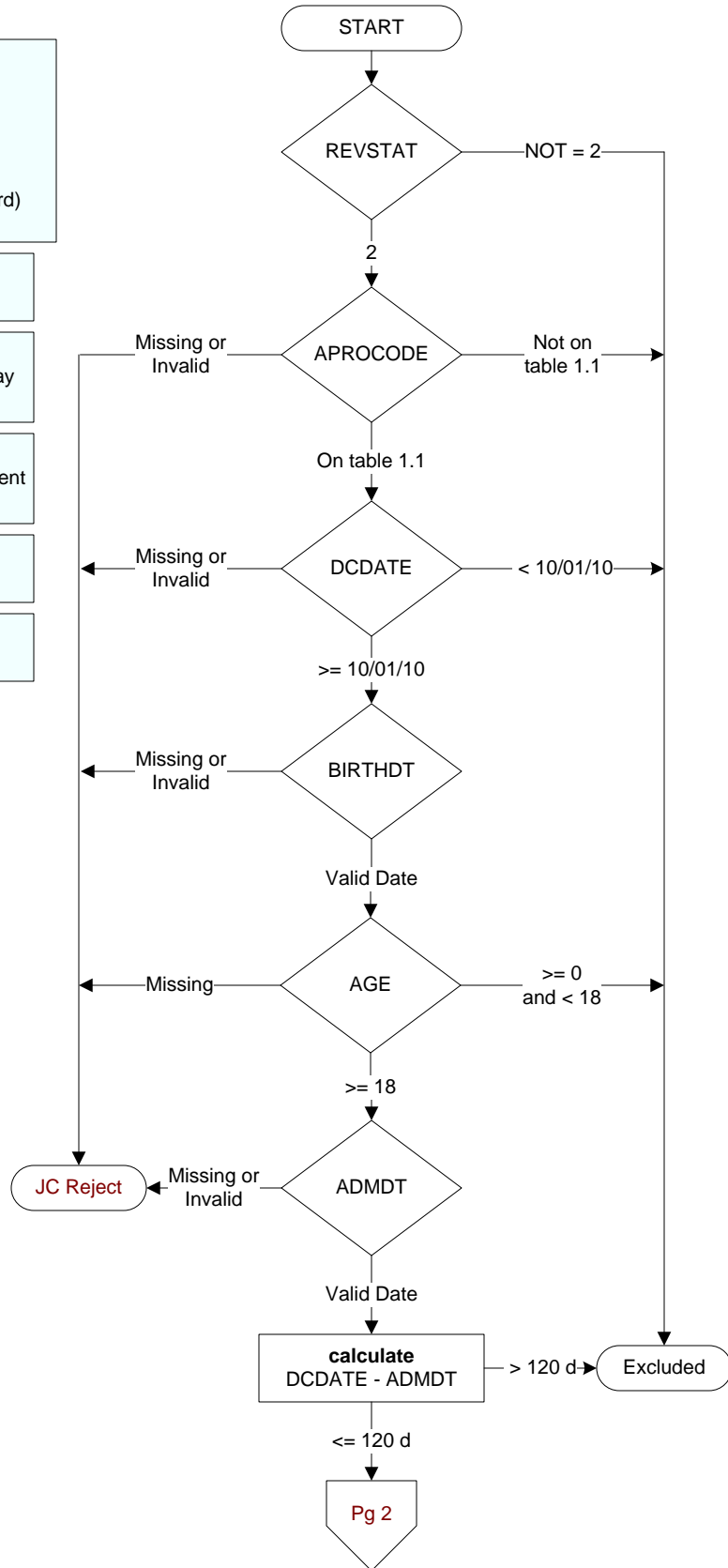
Enter the date the patient was formally admitted to inpatient status at this VAMC.

BIRTHDT (rcvd on pull list)

Patients date of birth.

AGE

calculated field: ADMDT - BIRTHDT



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. Two or more days after arrival (day 2 or greater)
3. Comfort measures only documented during hospital stay, but timing unclear
99. Comfort measures only was not documented by the physician/APN/PA or unable to determine

CLNTRIAL (Validation)

During this hospital stay, was the patient enrolled in a clinical trial in which patients with acute myocardial infarction (AMI) were being studied? (Includes AMI, STEMI, NSTEMI, or heart attack)

- 1 = Yes
- 2 = No

COMM1TX (Validation)

Did the patient present initially to a community hospital where he/she received all or part of the first 24 hours of care for ACS?

1. yes
2. no

COMMINT (Validation)

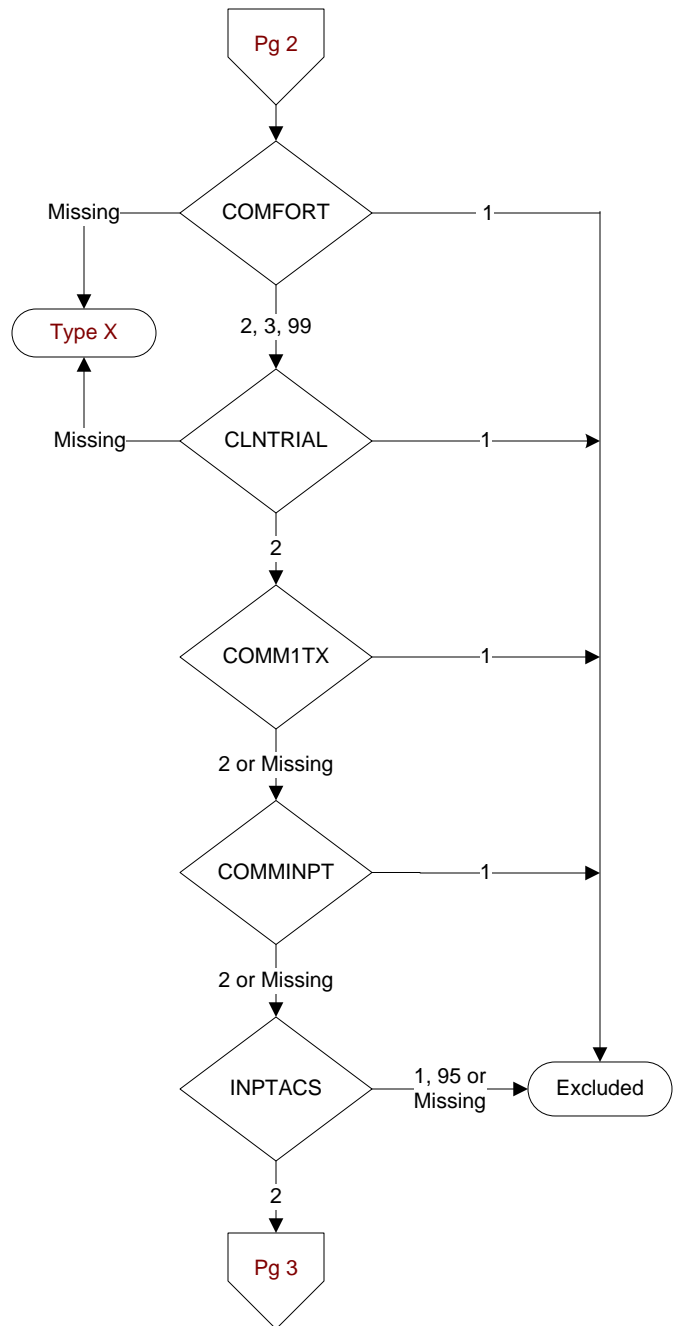
Was the patient a transfer from a community hospital where he/she was an inpatient for ACS care?

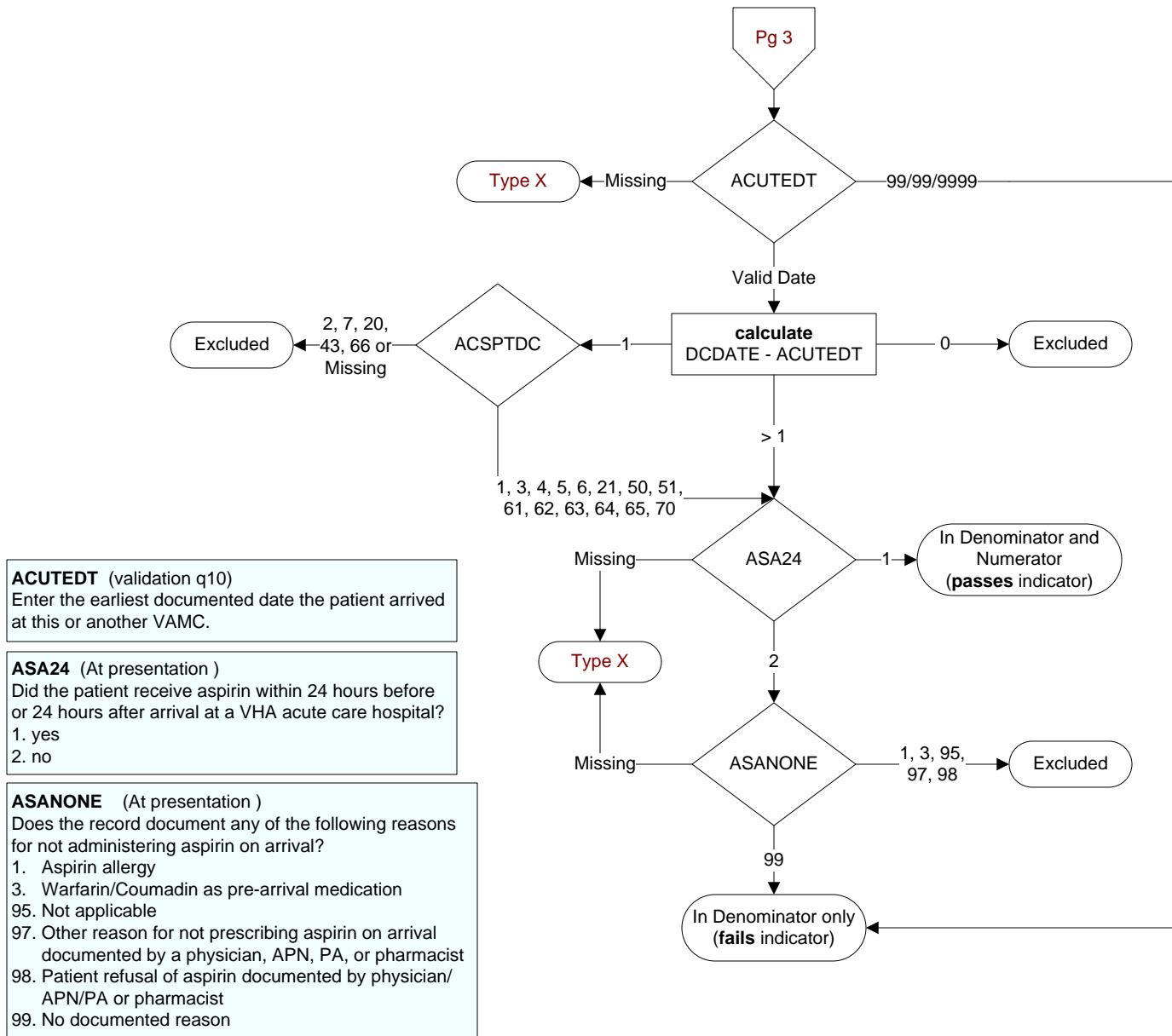
1. yes
2. no

INPTACS (Validation)

Was the veteran already a VAMC inpatient when ACS occurred?

1. yes
2. no
95. not applicable



**ACSPTDC** (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 skilled care
4. Discharged/transferred to a facility that provides custodial or supportive care
5. 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