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)

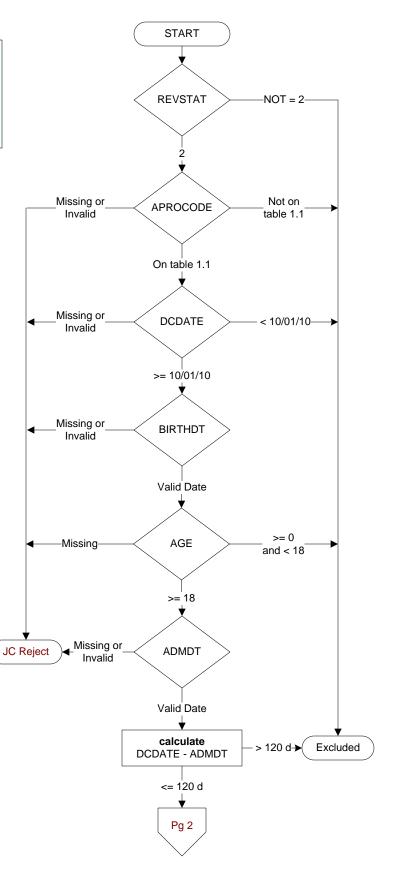
ADMDT (Validation)

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)
- Comfort measures only documented during hospital stay, but timing unclear
- 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

BLKATDC (Discharge)

Was the patient prescribed a beta-blocker at discharge?

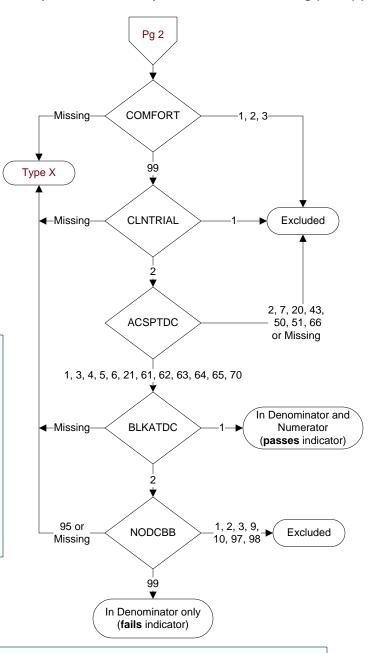
1. yes

2. no

NODCBB (Discharge)

Does the record document any of the following reasons for not prescribing a beta-blocker at discharge?

- 1. Beta-blocker allergy
- Bradycardia (heart rate less than 60 bpm) on day of discharge or day prior to discharge while not on a beta blocker
- Second or third-degree heart block on ECG on arrival or during hospitalization and does not have a pacemaker
- 9. Post-heart transplant patient
- Severely decompensated heart failure, as evidenced by patient receiving IV dobutamine, milrinone, or nesiritide during acute care
- 95. Not applicable
- 97. Other reasons documented by a physician/APN/PA or pharmacist for not prescribing a beta-blocker at discharge
- Patient refusal of beta-blockers documented by physician/APN/PA or pharmacist
- 99. No documented contraindication



ACSPTDC (Valdiation)

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