

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

LEFDATE (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)

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

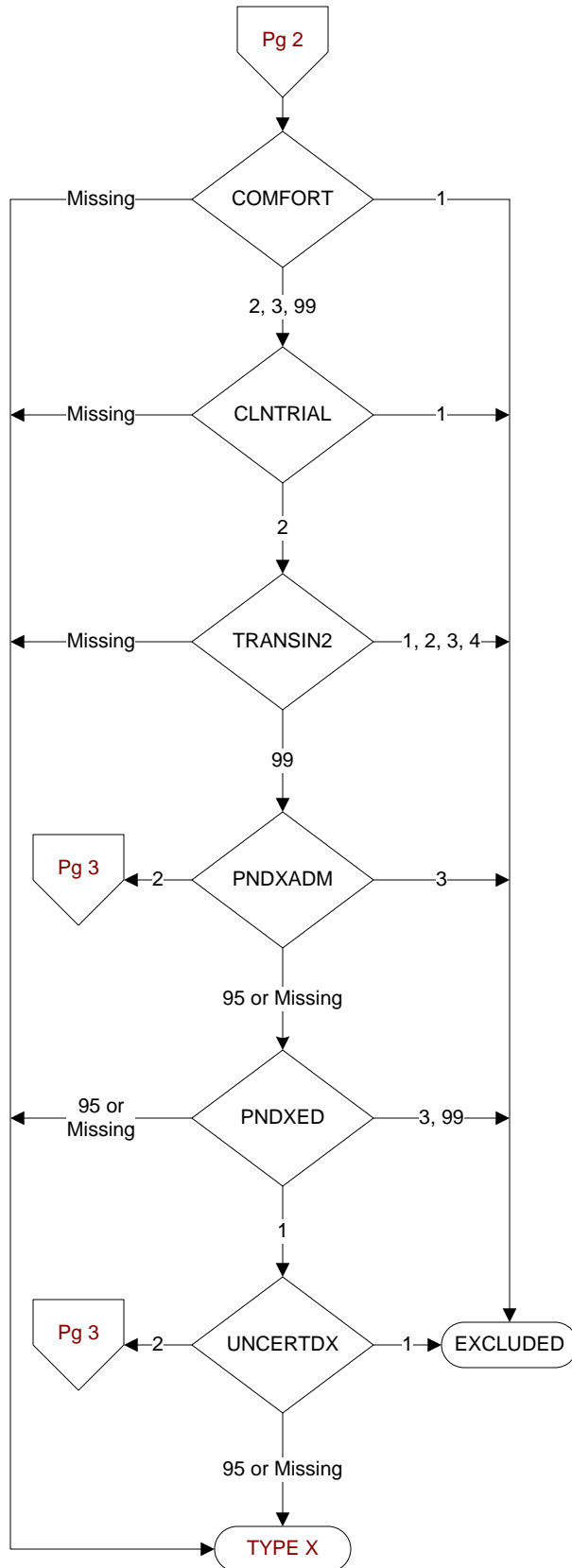
(SEE INCLUSION LIST)

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-ray or 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
2. 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
99. 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?

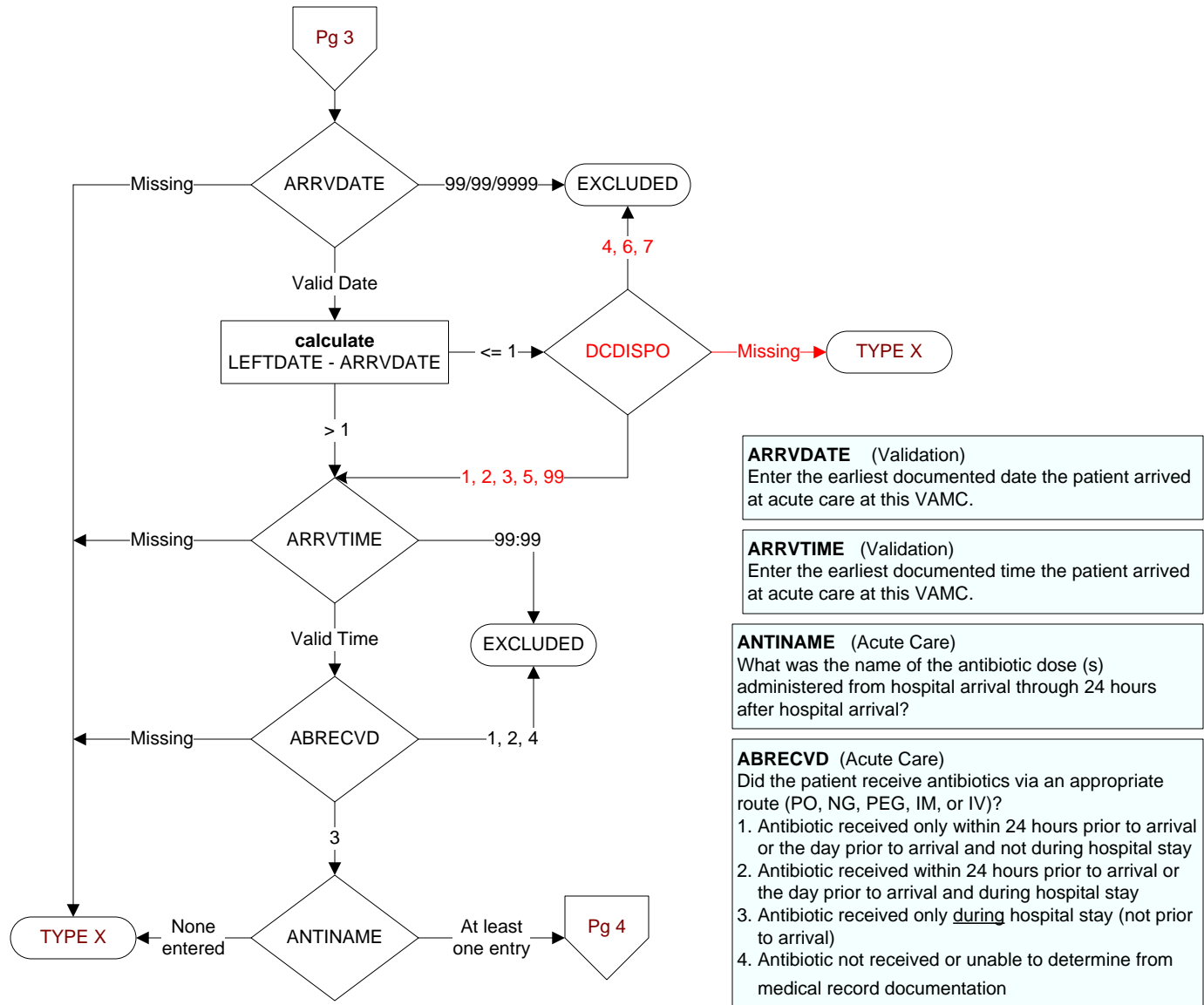
Physician, Advanced Practice Nurse, or Physician Assistant documentation only

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

**DCDISPO** (Validation)

What was the patient's discharge disposition on the day of discharge?

1. Home
 - Assisted Living Facilities
 - Court/Law Enforcement – includes detention facilities, jails, and prison
 - Board and care, domiciliary, foster or residential care, group or personal care homes, and homeless shelters
 - Home with Home Health Services
 - Outpatient Services including outpatient procedures at another hospital, outpatient Chemical Dependency Programs and Partial Hospitalization
2. Hospice – Home
3. Hospice – Health Care Facility
 - General Inpatient and Respite, Residential and Skilled Facilities, and Other Health Care Facilities
4. Acute Care Facility
 - Acute Short Term General and Critical Access Hospitals
 - Cancer and Children's Hospitals
 - Department of Defense and Veteran's Administration Hospitals
5. Other Health Care Facility
 - Extended or Immediate Care Facility (ECF/ICF)
 - Long Term Acute Care Hospital (LTACH)
 - Nursing Home or Facility including Veteran's Administration Nursing Facility
 - Psychiatric Hospital or Psychiatric Unit of a Hospital
 - Rehabilitation Facility including Inpatient Rehabilitation Facility/Hospital or Rehabilitation Unit of a Hospital
 - Skilled Nursing Facility (SNF), Sub-Acute Care or Swing Bed
 - Transitional Care Unit (TCU)
6. Expired
7. Left Against Medical Advice/AMA
99. Not documented or unable to determine

