

# **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

# DTOFDC (IHF)

Discharge date: (rcv'd on pull list and may not be modified)

### PRINCODE (IHF)

Enter the ICD-9-CM principal diagnosis code.

### ENTRADM (IHF)

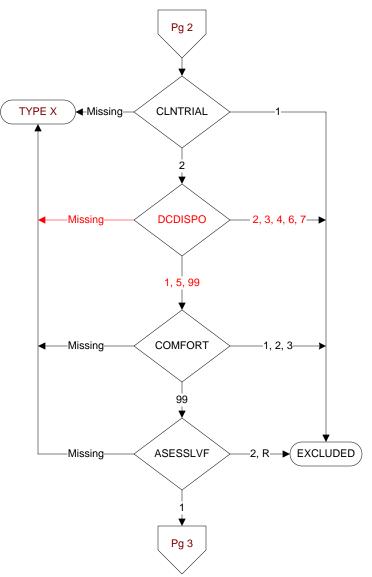
Admission date

#### **BIRTHDT**

Patient date of birth - received on pull list

#### AGE

Calculated field: ENTRADM - BIRTHDT



# **CLNTRIAL** (IHF)

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

- 1. Yes
- 2. No

#### **COMFORT** (IHF)

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 timingunclear
- Comfort measures only was not documented by the physician/APN/PA or unable to determine

#### ASESSLVF (IHF)

Is there documentation in the medical record of at least one of the following:

- -- Left ventricular systolic function (LVSF) assessment at any time prior to arrival or during this hospitalization
- -- A plan for LVSF assessment after discharge
- A reason documented by a physician, nurse practitioner, or physician assistant for not assessing LVSF
- 1 Yes
- 2. No assessment at any time, no plan to assess after discharge, no reason documented, or unable to determine
- R. Reason documented by a physician, APN, or PA for not assessing LVSF prior to arrival, during hospital stay, or planned after discharge.

### DCDISPO (IHF)

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



Is the most recent left ventricular systolic function documented as an ejection fraction (EF) less than 40% or a narrative description consistent with moderate or severe systolic dysfunction (LVSD)?

- 1. Yes
- 2. No

95. Not applicable

# ACEIDC (IHF)

Was an angiotensin converting enzyme inhibitor (ACE inhibitor) prescribed at discharge?

- 1. Yes
- 2. No
- 95. Not applicable

#### ARBATDC (IHF)

Was an angiotensin II receptor antagonist (ARB or AIIRA) prescribed at discharge?

- 1. Yes
- 2. No
- 95. Not applicable

### **NOACEWHY** (IHF)

Does the record document any of the following reasons for not prescribing an ACEI at discharge?

- ACEI allergy
- 5. Moderate or severe aortic stenosis
- 95. Not applicable
- 97. Other reasons documented by a physician/APN/ PA or pharmacist for not prescribing an ACEI at discharge
- 98. Patient refusal of ACE inhibitors documented by physician/APN/PA or pharmacist
- 99. No documented reason

# NOARBDC (IHF)

Does the record document any of the following reasons for not prescribing an ARB at discharge?

- 1. ARB (AIIRA) allergy or sensitivity
- 2. Moderate or severe aortic stenosis
- 95. Not applicable
- 97. Other reasons documented by a physician/ APN/PA or pharmacist for not prescribing an ARB
- Patient refusal of ARBs documented by physician/APN/ PA or pharmacist
- 99. No documented reason

