

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

LEFTDATE (Validation)

Discharge date (received on pull list and may not be modified)

ADMDT (Validation)

Date of admission to acute inpatient care

AGE

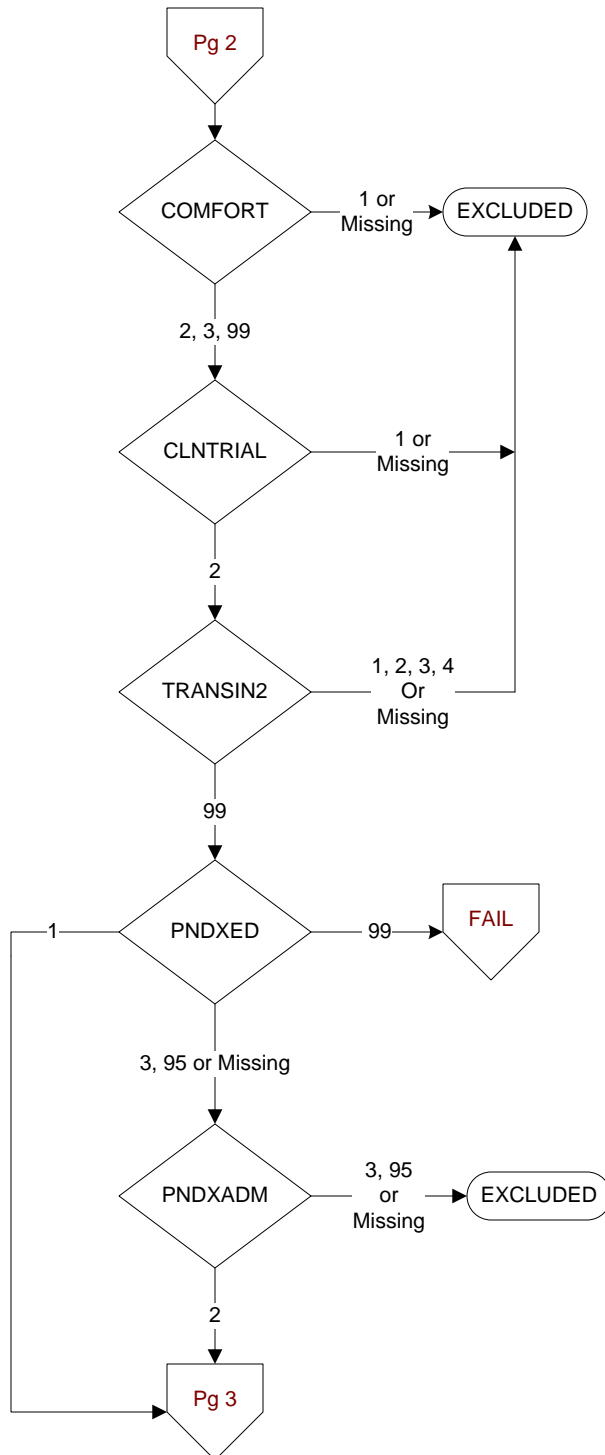
Calculated field: ADMDT - BIRTHDT

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



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 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

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

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)

