

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

LEFTDATE (Validation)

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

BIRTHDT

Patient date of birth (received on pull list)

ADMDT (Validation)

Date of admission to acute inpatient care

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)

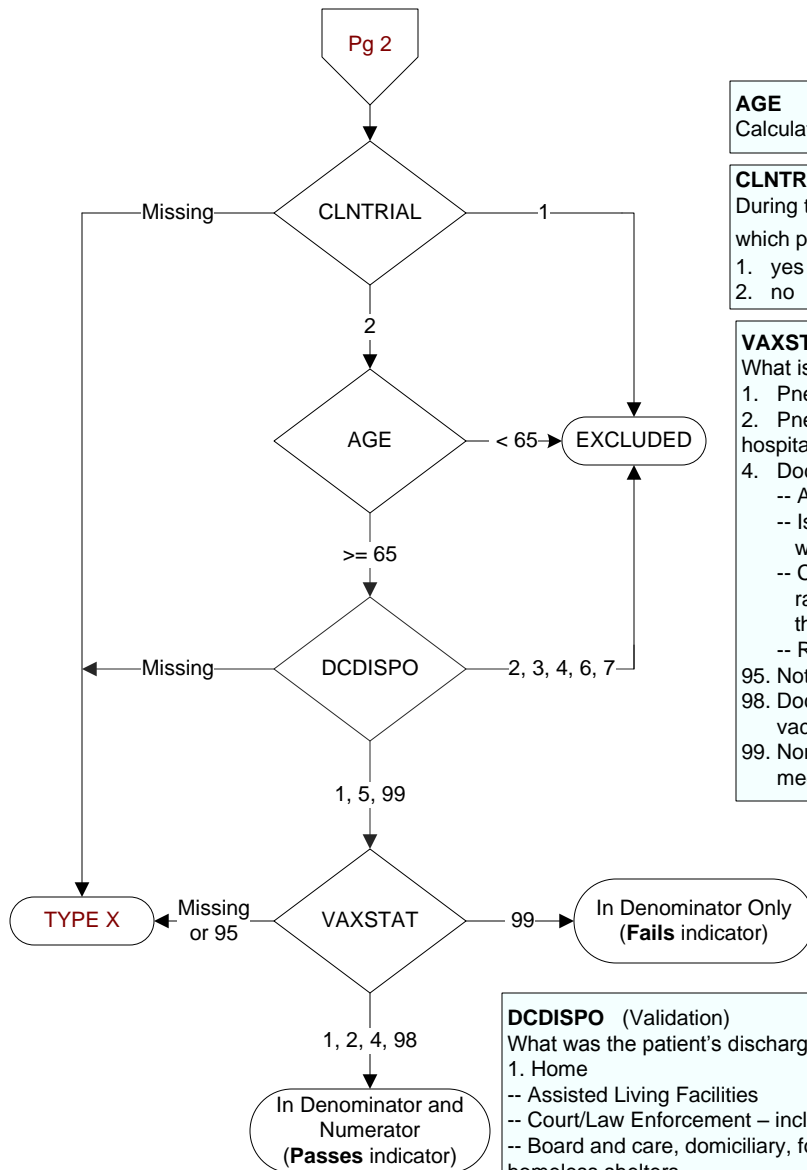
Did the patient have a chest x-ray or CT scan on the day of or the day prior to hospital arrival OR anytime during this hospital stay?

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. 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

**AGE**

Calculated field: ADMDT - BIRTHDT

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

VAXSTAT (Acute Care)

What is the patient's pneumococcal vaccination status?

1. Pneumococcal vaccination was given during this hospitalization
2. Pneumococcal vaccination was received in the past, not during this hospitalization
4. Documentation of:
 - Allergy/sensitivity to pneumococcal vaccine, OR
 - Is medically contraindicated because of bone marrow transplant within the past 12 months, OR
 - Currently receiving a scheduled course of chemotherapy or radiation therapy, or received chemotherapy or radiation during this hospitalization or less than 2 weeks prior, OR
 - Received the shingles vaccine (Zostavax) within last 4 weeks
95. Not applicable
98. Documentation of patient's or caregiver's refusal of pneumococcal vaccine
99. None of the above/not documented/unable to determine from medical record documentation

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