

**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

**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

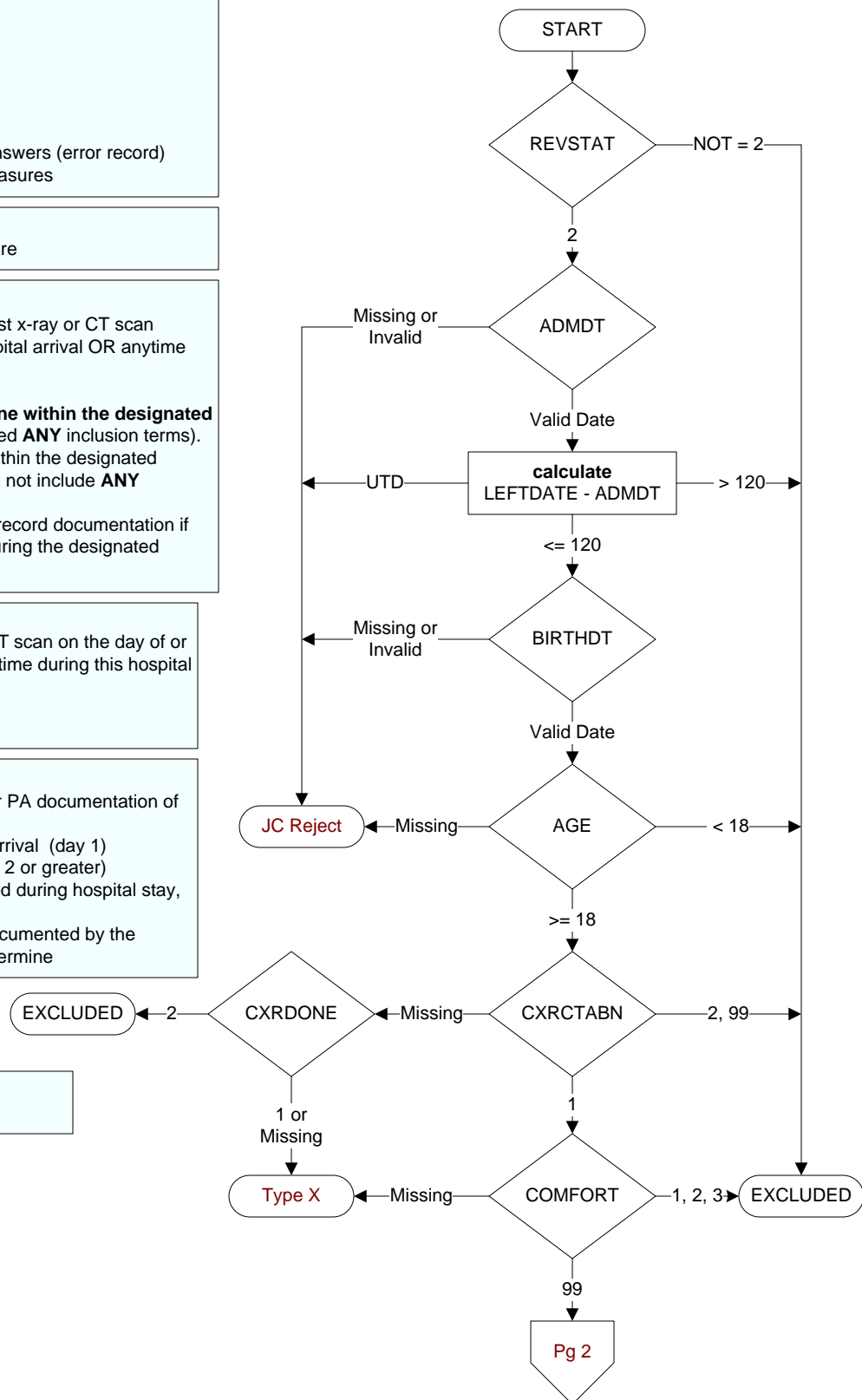
**COMFORT** (Validation)

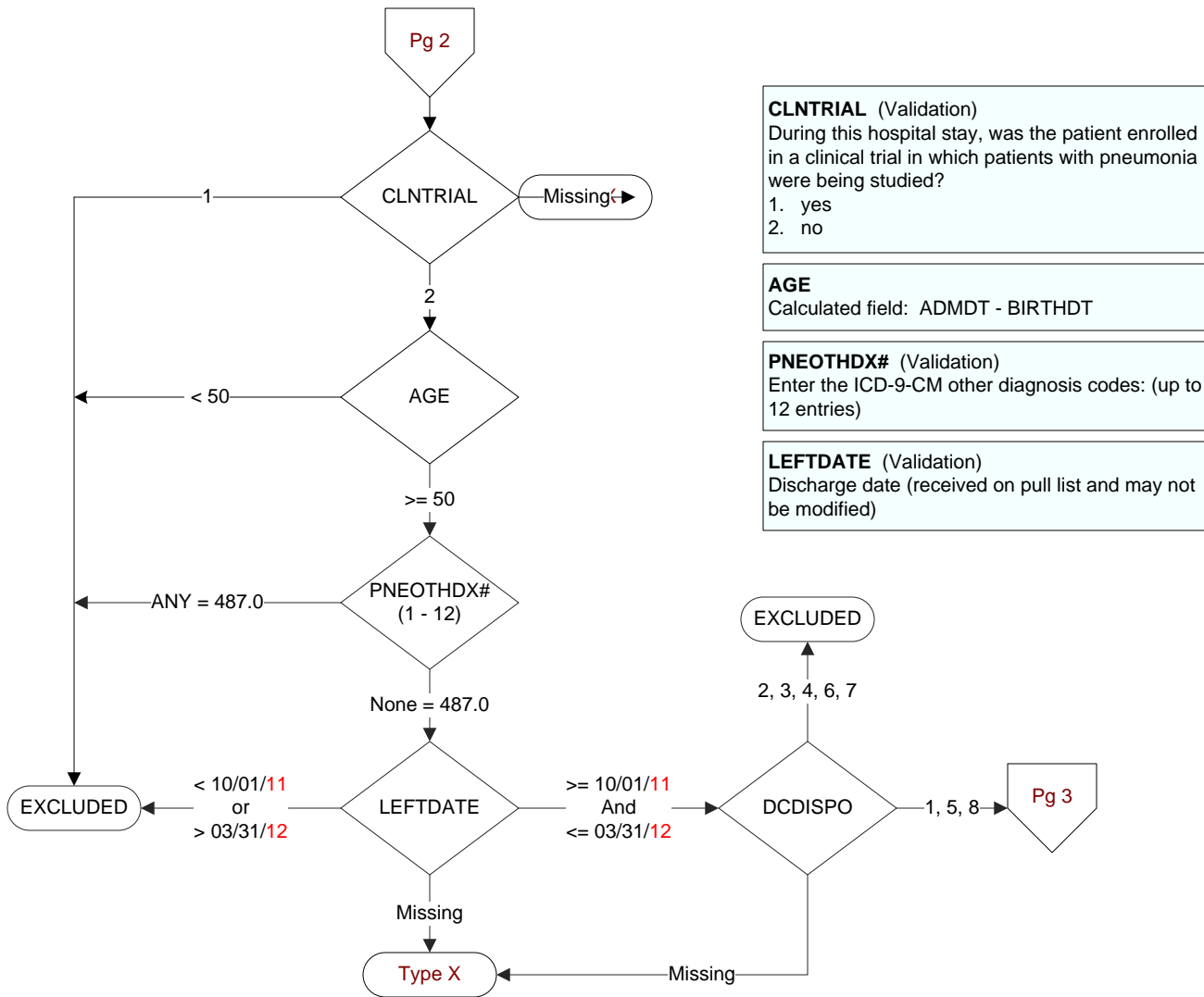
When is the earliest physician, APN, or PA documentation of comfort measures only?

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



**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

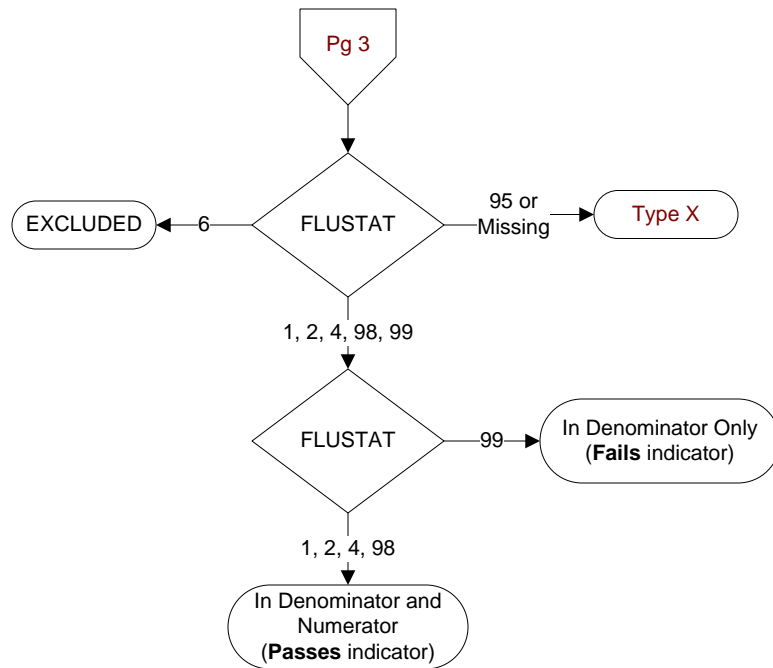
## 5. Other Health Care Facility

- 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



**FLUSTAT (Acute Care)**

What is the patient's influenza vaccination status?

1. Influenza vaccine was given during this hospitalization
2. Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization
4. Allergy/sensitivity to influenza vaccine, OR is medically contraindicated because of bone marrow transplant within the past 6 months, OR prior history of Guillian-Barre syndrome within 6 weeks after a previous influenza vaccination
6. Only select this option if there is documentation vaccine has been ordered but has not yet been received by the hospital due to problems with vaccine production or distribution **AND** none of the other options apply
95. Not applicable
98. Documentation of patient's or caregiver's refusal of influenza vaccine
99. None of the above/not documented/ unable to determine from medical record documentation