

#### **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

#### **BIRTHDT**

Patient date of birth (received on pull list)

#### AGE

Calculated field: ADMDT - BIRTHDT

#### CXRCTABN (Validation)

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

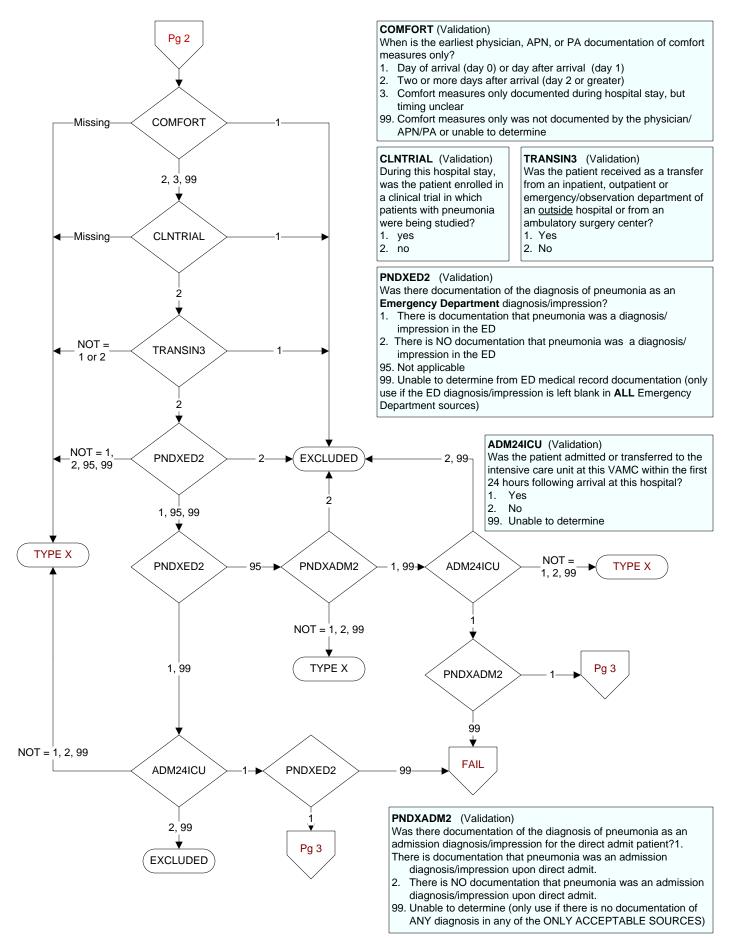
### (SEE INCLUSION LIST)

- Yes, a chest x-ray or CT scan done within the designated timeframe was abnormal (included ANY inclusion terms).
- No, a chest x-ray/CT scan done within the designated timeframe was not abnormal (did not include ANY inclusion terms).
- Unable to determine from medical record documentation if the chest x-rayor 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





Enter the earliest documented date the patient arrived at acute care at this VAMC.

## **HELTRISK** (Acute Care)

Is there documentation the patient had risk for healthcare associated pneumonia?

1. Yes

2. No

#### **COMPCOND** (Acute Care)

Is there documentation the patient had a compromising condition/ therapy? (see definitions/decision rules for additional instruction) **No timeframe necessary:** 

AIDS, AIDS related complex (ARC)

HIV, HIV positive

Any "Immunodeficiency Syndrome"

Chronic Lymphocytic Leukemia (CLL)

Congenital or hereditary Immunodeficiency

Organ transplant

# Within the last 3 months OR as diagnosed for the first time during this hospitalization:

Leukemia

Lymphocytic leukemia

Lymphoma

Marked or significant neutropenia

Myelogenic leukemia

Myeloma

Myelodysplasia

PancytopeniaSystemic Chemotherapy

Systemic Immunosuppressive Therapy

### Within the last 3 months prior to this hospitalization:

Systemic Corticosteroid/prednisone therapy

Systemic Chemotherapy

Systemic Immunosuppressive therapy

Systemic Radiation therapy

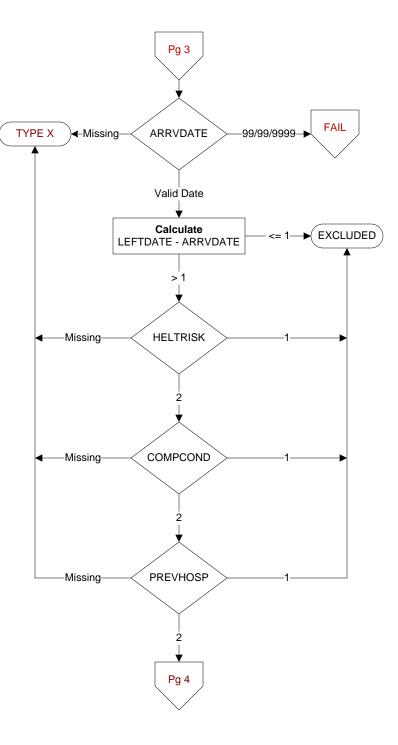
- 1. Yes
- 2. No or unable to determine

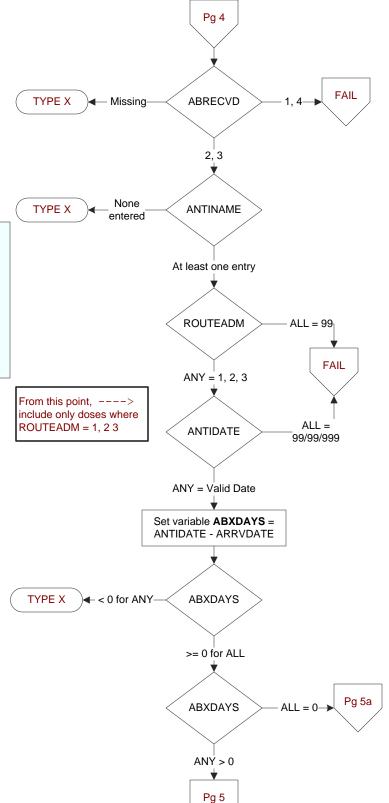
#### PREVHOSP (Acute Care)

Is there documentation the patient had an acute care hospitalization within 14 days <u>prior</u> to this episode of care?

1. Yes

2. No or unable to determine





## ABRECVD (Acute Care)

Did the patient receive antibiotics via an appropriate route (PO, NG, PEG, IM, or IV)?

- Antibiotic received only within 24 hours prior to arrival or the day prior to arrival and not during hospital stay
- Antibiotic received within 24 hours prior to arrival or the day prior to arrival and during hospital stay
- Antibiotic received only <u>during</u> hospital stay (not prior to arrival)
- Antibiotic not received or unable to determine from medical record documentation

#### ANTINAME (Acute Care)

What was the name of the antibiotic dose (s) administered from hospital arrival through 24 hours after hospital arrival?

## ROUTEADM (Acute Care)

Enter the route of administration of the antibiotic.

- 1. PO, NG, PEG tube (Oral)
- 2. IV (Intravenous)
- 3. IM (Intramuscular)
- 99. UTD (Unable to determine route)

## ANTIDATE (Acute Care)

What was the date of administration for the antibiotic dose?

