

#### 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)

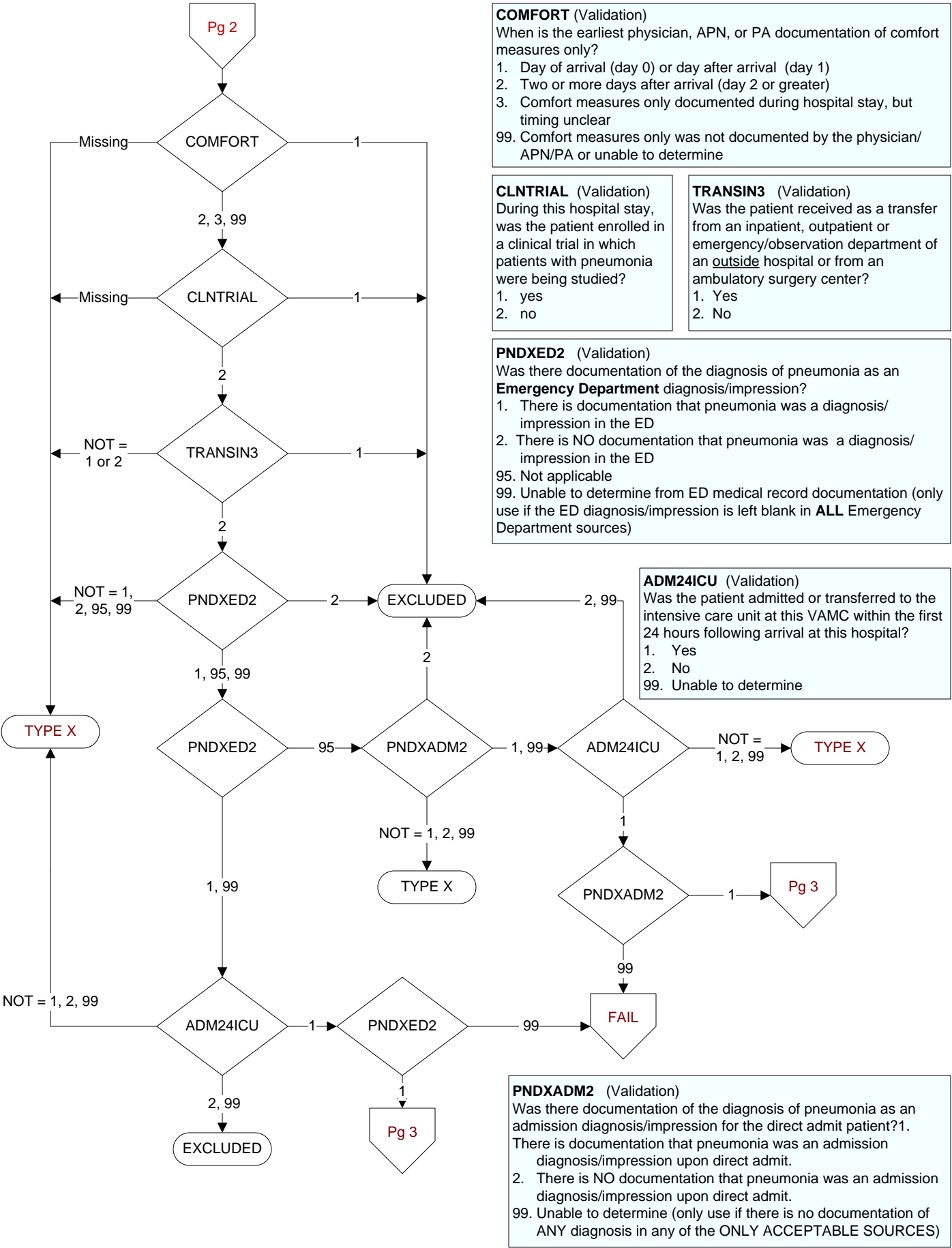
**Using the inclusion list**, was any chest x-ray or CT scan obtained the day of or day prior to hospital arrival OR anytime during this hospital stay **abnormal**?  
(SEE INCLUSION LIST)

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

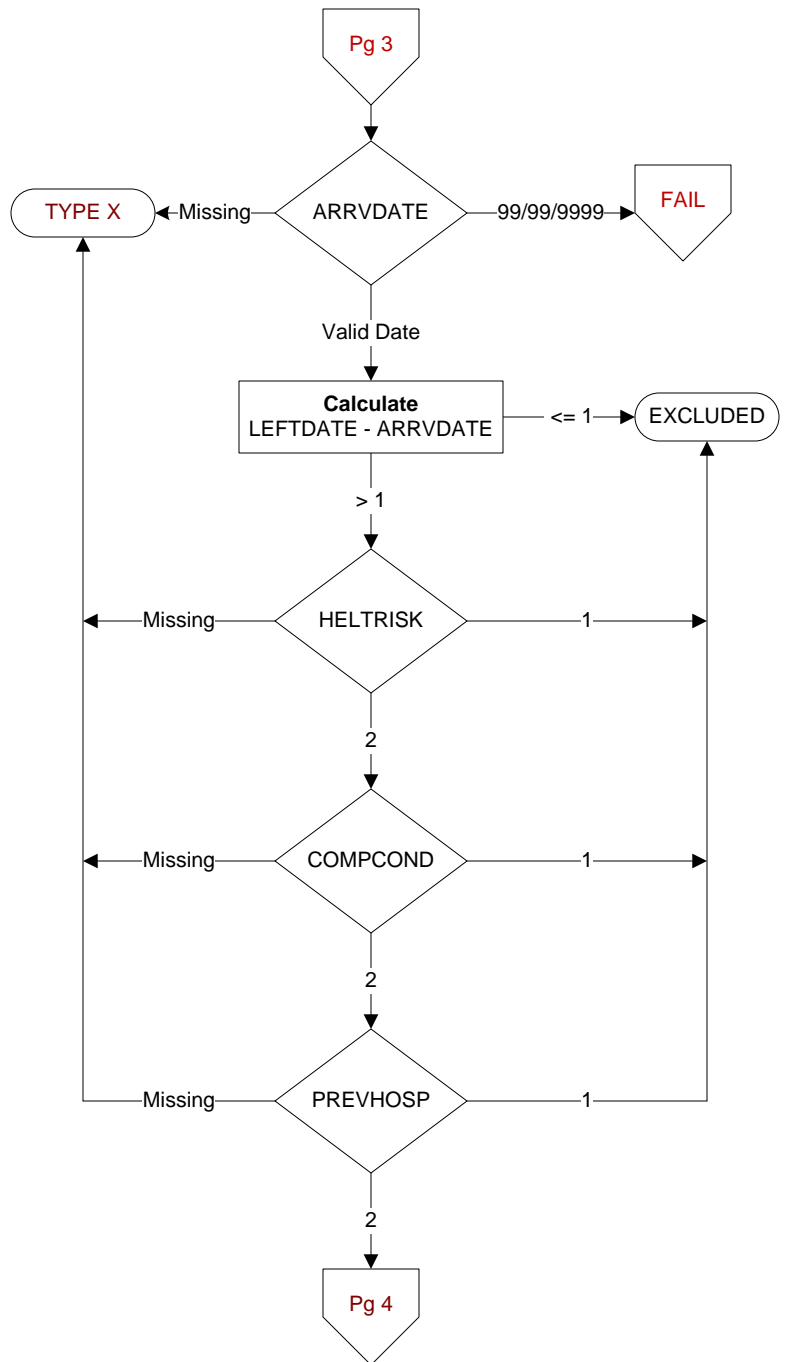


**ARRVDATE** (Validation)  
Enter the earliest documented date the patient arrived at acute care at this VAMC.

**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  
Pancytopenia  
Systemic 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 prior 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)?  
1. Antibiotic received only within 24 hours prior to arrival or the day prior to arrival and not during hospital stay  
2. Antibiotic received within 24 hours prior to arrival or the day prior to arrival and during hospital stay  
3. Antibiotic received only during hospital stay (not prior to arrival)  
4. 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?

