

#### **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)

#### AGF

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

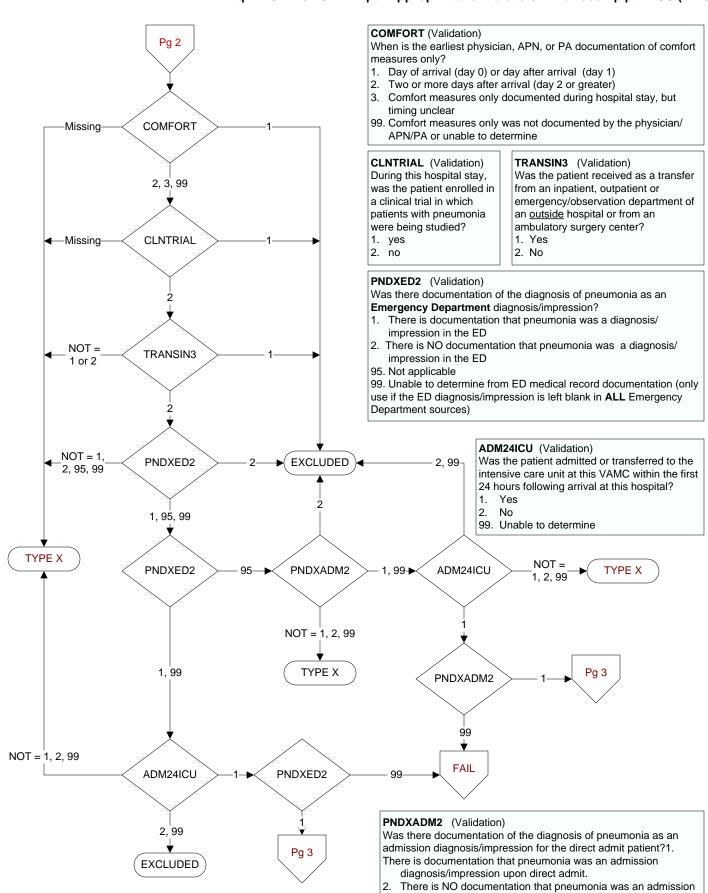
## **CXRDONE** (Validation)

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

diagnosis/impression upon direct admit.

 Unable to determine (only use if there is no documentation of ANY diagnosis in any of the ONLY ACCEPTABLE SOURCES)



#### 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
- 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

## OTHRCOND (Acute Care)

Is there documentation the patient <u>has a condition that justifies an alternative antimicrobial regimen?</u>

Determined by the presence of one of the following:

- -- Risk for Healthcare-Associated PN
  - Acute care hospitalization within the last 90 days
  - Residence in a nursing home or extended care facility for any amount of time within the last 90 days
  - Chronic dialysis within the last 30 days prior to this hospitalization
  - Wound care, tracheostomy, or ventilator care provided by a health care professional within the last 30 days
- -- Physician/APN/PA or pharmacist documentation the patient has healthcare-associated pneumonia
- Physician/APN/PA or pharmacist documented prolonged QT interval within 24 hours of hospital arrival
- 1. Yes
- 2. No, or unable to determine

## **COMPCOND** (Acute Care)

Is there documentation the patient had a compromising condition/ therapy? (see definitions/decision rules for additional instructions)

## 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/administered for the first time during this hospitalization:

Leukemia

Lymphocytic leukemia

Lymphoma

Marked or significant neutropenia

Myelogenic leukemia

Myeloma

Myelodysplasia

Pancytopenia

Systemic Chemotherapy

Systemic Radiation 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

## 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)

