

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

CATNUM
Sample category
53. Surgical Care
55. Type 10 Surgery Cases

SIADMDT (SCIP)
Date of admission to inpatient care:

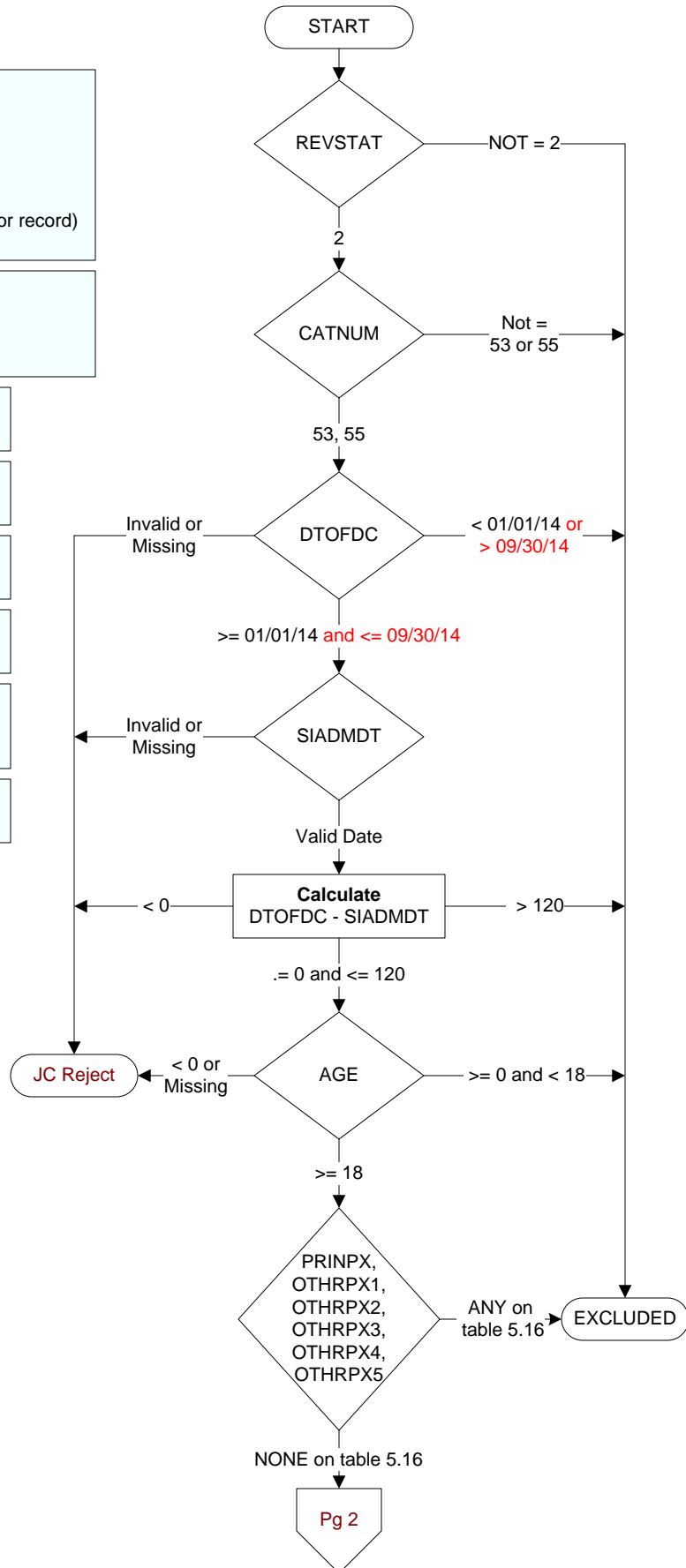
BIRTHDT
Patient date of birth. Received on pull list.

DTOFDC (SCIP)
Discharge Date

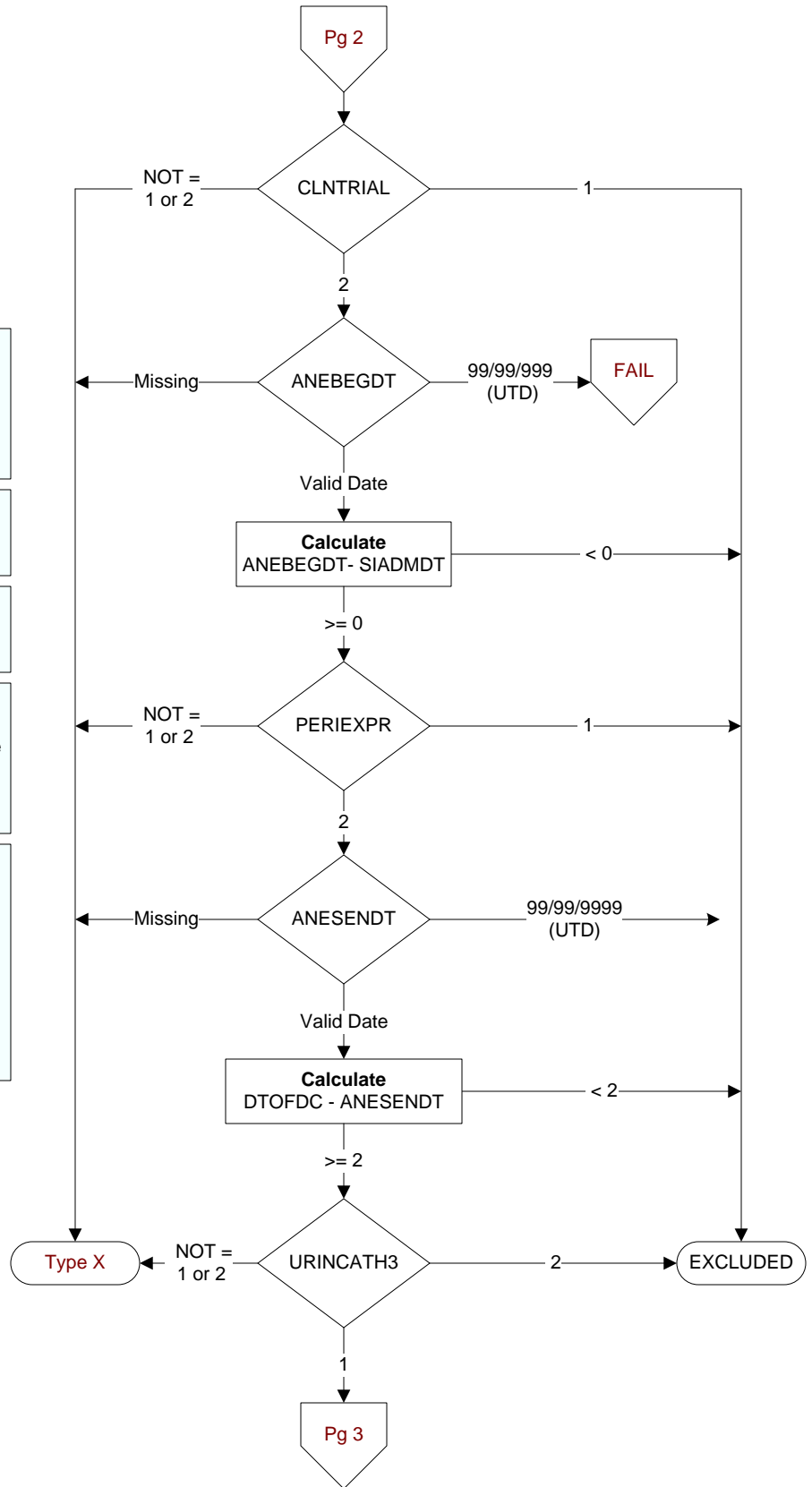
AGE
Calculated field = SIADMDT - BIRTHDT

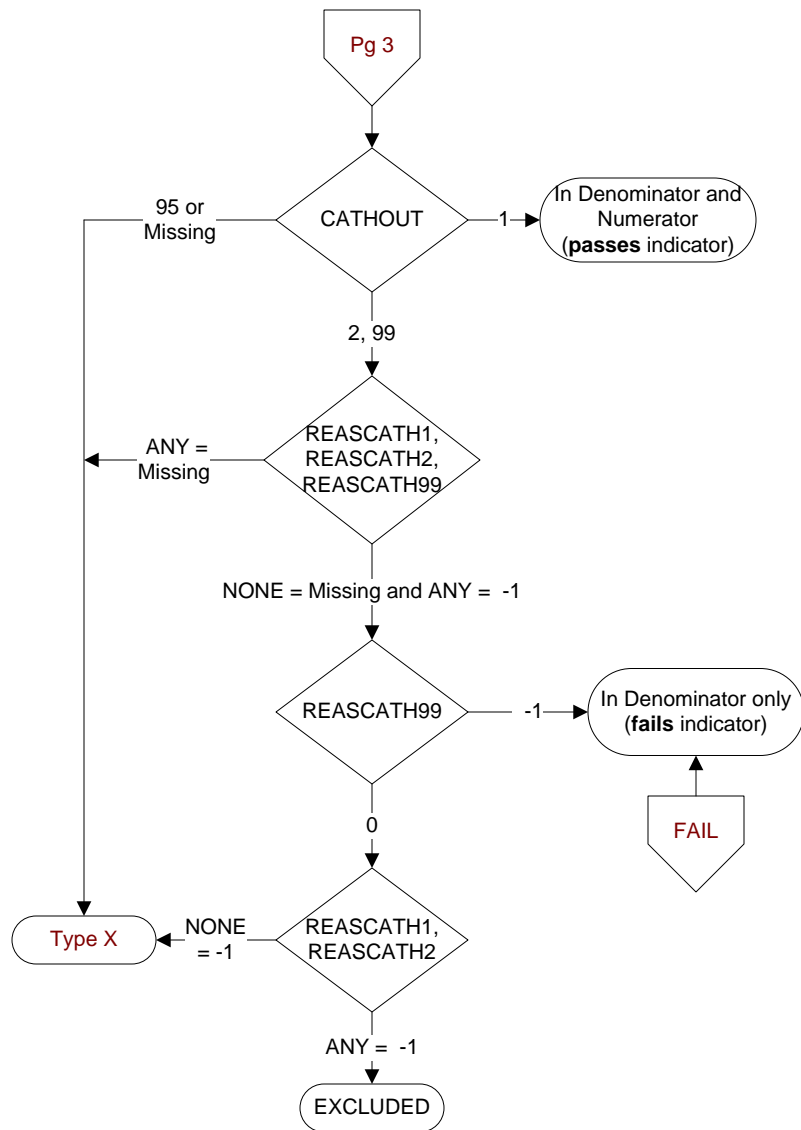
PRINPX (SCIP)
Enter the ICD-9-CM principal procedure code and date the procedure was performed

OTHRPX1-5 (SCIP - up to 5 entries)
Enter the ICD-9-CM other procedure codes



<p>CLNTRIAL (SCIP)</p> <p>During this hospital stay, was the patient enrolled in a clinical trial in which patients undergoing surgery were being studied?</p> <p>1. Yes 2. No</p>
<p>ANEBEGDT (SCIP)</p> <p>Enter the date the anesthesia was started for the principal procedure.</p>
<p>ANESENDT (SCIP)</p> <p>Enter the date the anesthesia ended for the principal procedure</p>
<p>PERIEXPR (SCIP)</p> <p>Is there documentation that the patient expired during the timeframe from surgical incision through discharge from the post anesthesia care/ recovery area?</p> <p>1. Yes 2. No</p>
<p>URINCATH3 (SCIP)</p> <p>Is there documentation that a urinary catheter was placed during the specified timeframe AND that one was still in place at the time of discharge from the recovery/post-anesthesia care area?</p> <p>The specified timeframe is defined as from hospital arrival through discharge from the recovery/post-anesthesia care area.</p> <p>1. Yes 2. No or unable to determine</p>





CATHOUT (SCIP)

Is there documentation the urinary catheter was removed on Postoperative Day 0 (POD 0) through Postoperative Day Two (POD 2) with Anesthesia End Date being POD 0?

1. Urinary catheter was removed on POD 0 through POD 2
2. Urinary catheter was not removed on POD 0 through POD 2

95. Not applicable

99. Unable to determine from medical record documentation whether the urinary catheter was removed on POD 0 through POD 2

(SCIP)

Was there documentation of a reason for not removing the urinary catheter postoperatively on POD 1 or POD 2?

Indicate all that apply:

REASCATH1. Documentation that the patient was in the intensive care unit (ICU) and receiving one or more of the listed medications (diuretic, vasopressor/inotropic, or paralytic therapy)

REASCATH2. Physician/APN/PA documentation of a reason for not removing the urinary catheter postoperatively

REASCATH95. Not applicable

REASCATH99. No documentation of a reason for not removing the urinary catheter postoperatively or unable to determine from medical record documentation