

#### **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>?

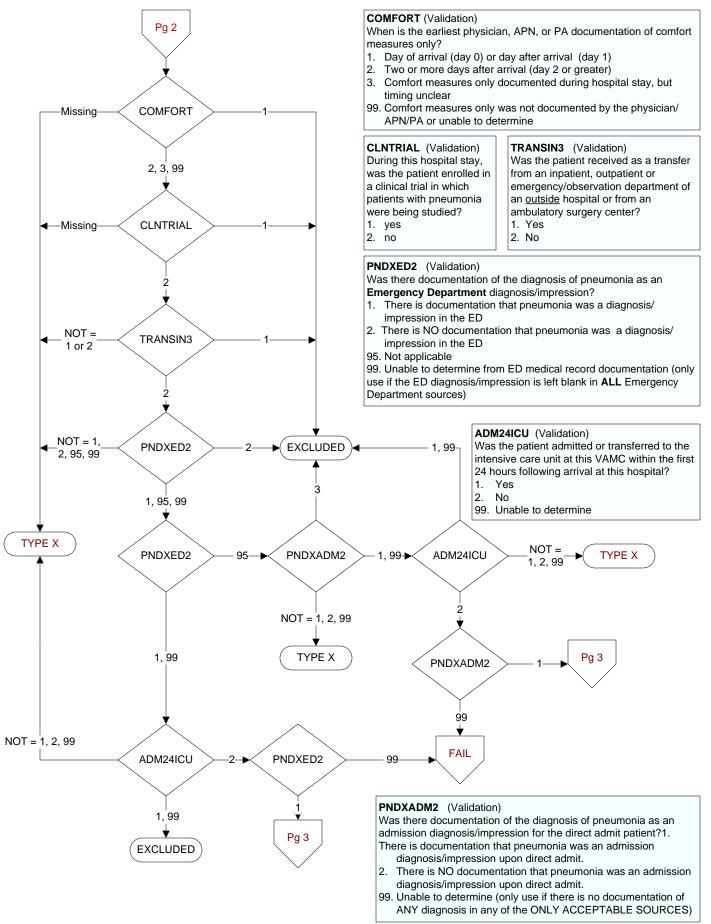
#### (SEE INCLUSION LIST)

- 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



#### 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

# 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

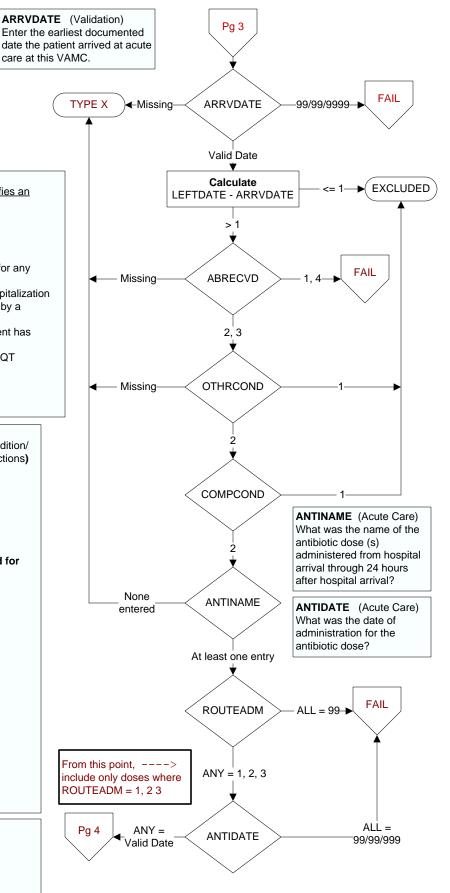
Systemic Radiation therapy

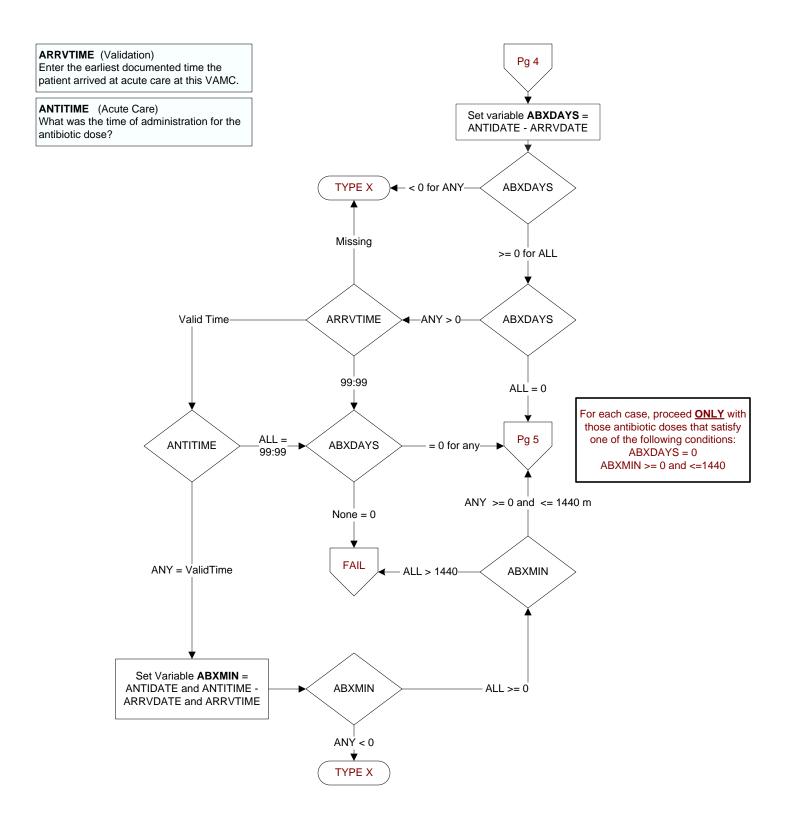
- 1. Yes
- 2. No or unable to determine

#### ROUTEADM (Acute Care)

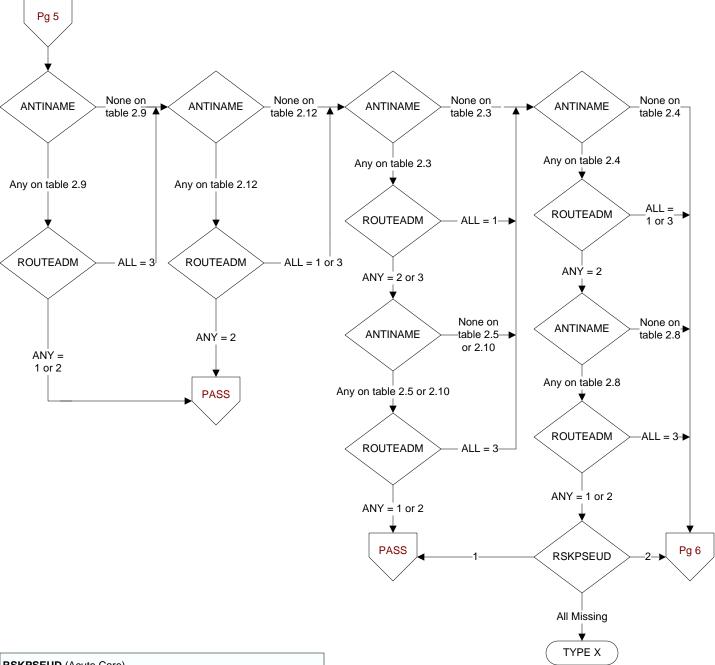
Enter the route of administration of the antibiotic.

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





NOTE: For all regimens, when checking the route of antibiotic, check ONLY for the corresponding dose.



#### **RSKPSEUD** (Acute Care)

Did the patient have risk of pseudomonas as evidenced by documentation of one of the following?

- -- Structural lung disease AND documented history of repeated antibiotics or chronic systemic corticosteroid use. Repeated antibiotics and/or chronic systemic corticosteroid use can be for any reason. It does not have to be linked to the structural lung disease.
- Bronchiectasis documented as a possible consideration by a physician/APN/PA or pharmacist at the time of admission
- -- Physician/APN/PA or pharmacist documented pseudomonal risk
- 1. Yes
- 2. No

