### **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

### ADMDT

Date of admission to inpatient care:

### **DCDATE**

Discharge date from hospital:

### **DCDISPO**

What was the patient's discharge disposition on the day of discharge?

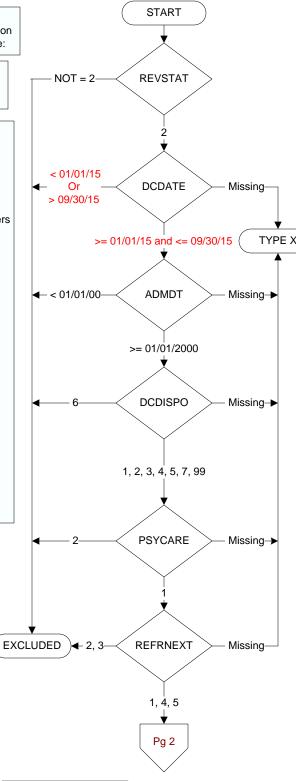
- 1. Home
- Assisted Living Facilities (ALFs) includes assisted living care at nursing home/facility
- Court/Law Enforcement includes detention facilities, jails, and prison
- Home includes board and care, domiciliary, foster or residential care, group or personal care homes, retirement communities, and homeless shelters
- Home with Home Health Services
- Outpatient Services including outpatient procedures at another hospital, outpatient Chemical Dependency Programs and Partial Hospitalization
- 2. Hospice Home (or other home setting as listed in #1 above)
- 3. Hospice Health Care Facility
- General Inpatient and Respite, Residential and Skilled Facilities, and Other Health Care Facilities
- 4. Acute Care Facility
- Acute Short Term General and Critical Access Hospitals
- Cancer and Children's Hospitals
- Department of Defense and Veteran's Administration Hospitals
- 5. Other Health Care Facility Extended or Immediate Care Facility (ECF/ICF)
  - Long Term Acute Care Hospital (LTACH)
- Nursing Home or Facility including Veteran's Administration Nursing Facility
- Psychiatric Hospital or Psychiatric Unit of a Hospital
- Rehabilitation Facility including Inpatient Rehabilitation Facility/Hospital or Rehabilitation Unit of a Hospital
- Skilled Nursing Facility (SNF), Sub-Acute Care or Swing Bed
- Transitional Care Unit (TCU)
- Veteran's Home
- 6. Expired
- 7. Left Against Medical Advice/AMA
- 99. Not documented or unable to determine

### REFRNEXT

Is there documentation in the medical record that the patient was referred to the next level of care provider upon discharge from a hospital based inpatient psychiatric setting?

## Select one option:

- The medical record contains documentation that the patient was referred to the next level of care provider upon discharge from the hospital based inpatient psychiatric setting
- The medical record contains documentation that the patient or guardian <u>refused</u> the next level of care provider upon discharge from a hospital based inpatient psychiatric setting **OR** <u>refused</u> to authorize release of information.
- 3. The medical record contains documentation that the patient:
  - -- eloped OR
  - -- failed to return from leave and was discharged OR
  - -- was discharged from the hospital from a setting other than a Psychiatric Care Setting to another level of care outside of the hospital system.
- 4. The medical record contains documentation that the patient was NOT referred to the next level of care provider upon discharge from a hospital based inpatient psychiatric setting for a reason other than options 1 3.
- The medical record does not contain documentation that the patient was referred to the next level of care provider upon discharge from a hospital based inpatient psychiatric setting OR unable to determine from the medical record



# PSYCARE

Did the patient receive care in an inpatient psychiatric care setting?

- 1. Yes
- 2. No

# PLNDXSEN

Is there documentation in the medical record the continuing care plan which included the principal diagnosis was transmitted to the next level of care provider **no later than the fifth post-discharge day**?

- 1. Yes
- 2. No

# CARESENT

Is there documentation in the medical record the continuing care plan including the reason for hospitalization was transmitted to the next level of care provider **no later than the fifth post-discharge day**?

- 1. Yes
- 2. No

## SEND5MED

Was the continuing care plan including discharge medications (or noting no meds were ordered at discharge) transmitted to the next level of care provider **no later than the fifth post-discharge day?** 

- 1. Yes
- 2. No

## **PLNEXSEN**

Is there documentation in the medical record the continuing care plan including next level of care recommendations was transmitted to the next level of care provider **no later than the fifth post-discharge day**?

- 1. Yes
- 2. No

