

**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

**AGE** (calculated field)

VTEADMDT - Patient date of birth

**VTEDCDT** (VTE)

Discharge Date

**VTEADMDT** (VTE)

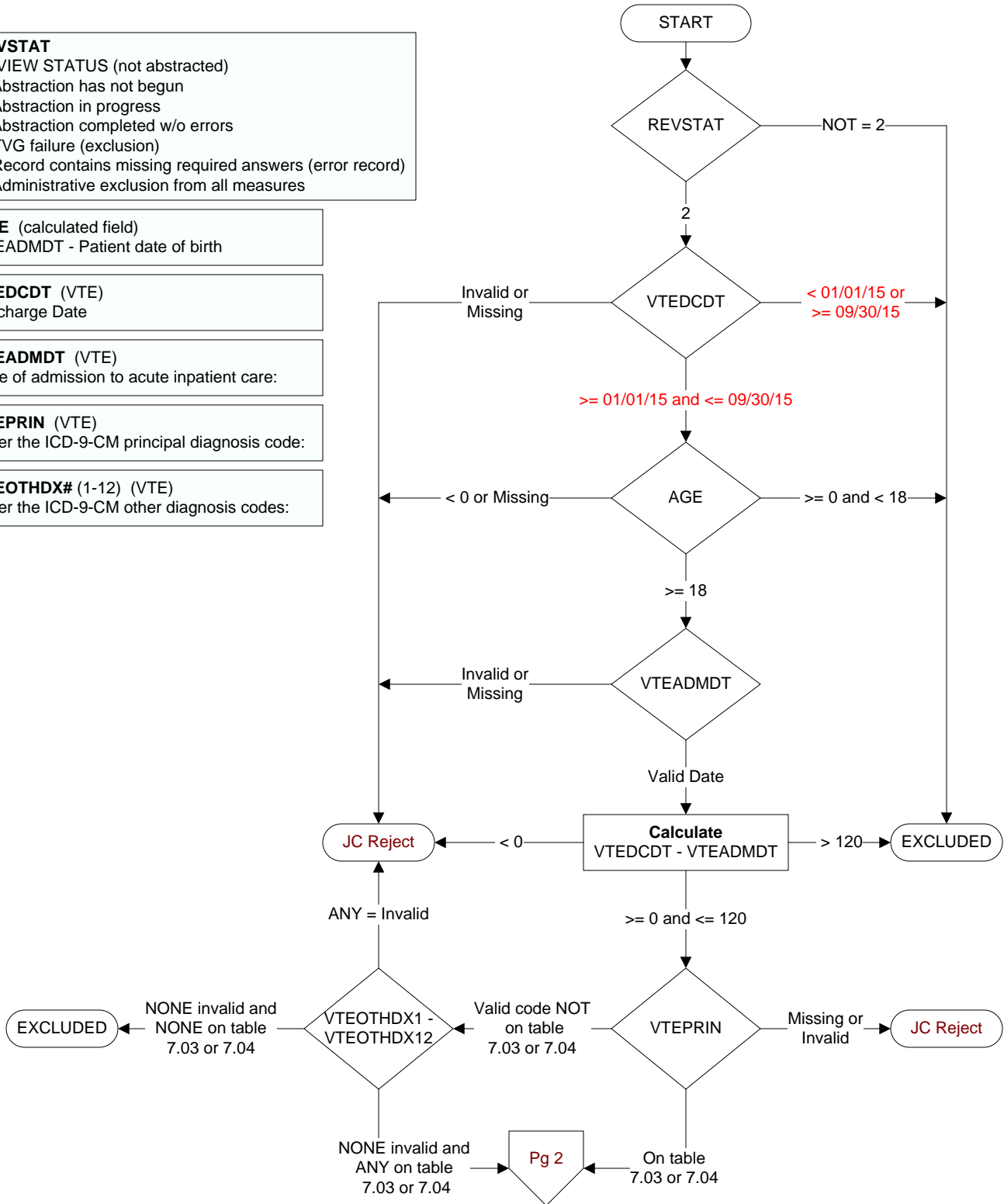
Date of admission to acute inpatient care:

**VTEPRIN** (VTE)

Enter the ICD-9-CM principal diagnosis code:

**VTEOTHDX#** (1-12) (VTE)

Enter the ICD-9-CM other diagnosis codes:



**CLNTRIAL (VTE)**

During this hospital stay, was the patient enrolled in a clinical trial in which patients with venous thromboembolism (VTE) were being studied?

1. Yes
2. No

**VTETEST (VTE)**

Is there documentation that a diagnostic test for VTE was performed within four days prior to arrival or anytime during the hospitalization?

1. Yes
2. No

**POSVTE (VTE)**

Is there physician/APN/PA documentation that the patient had a diagnosis of VTE confirmed in one of the defined locations within four calendar days prior to arrival, or anytime during hospitalization?

**VTE Confirmed: Deep Vein Thrombosis (DVT) located in the proximal leg veins, including superficial femoral vein; the inferior vena cava (IVC); iliac, femoral or popliteal veins; or pulmonary emboli (PE).**

1. Yes
2. No or unable to determine from medical record documentation

**WARFRXDC (VTE)**

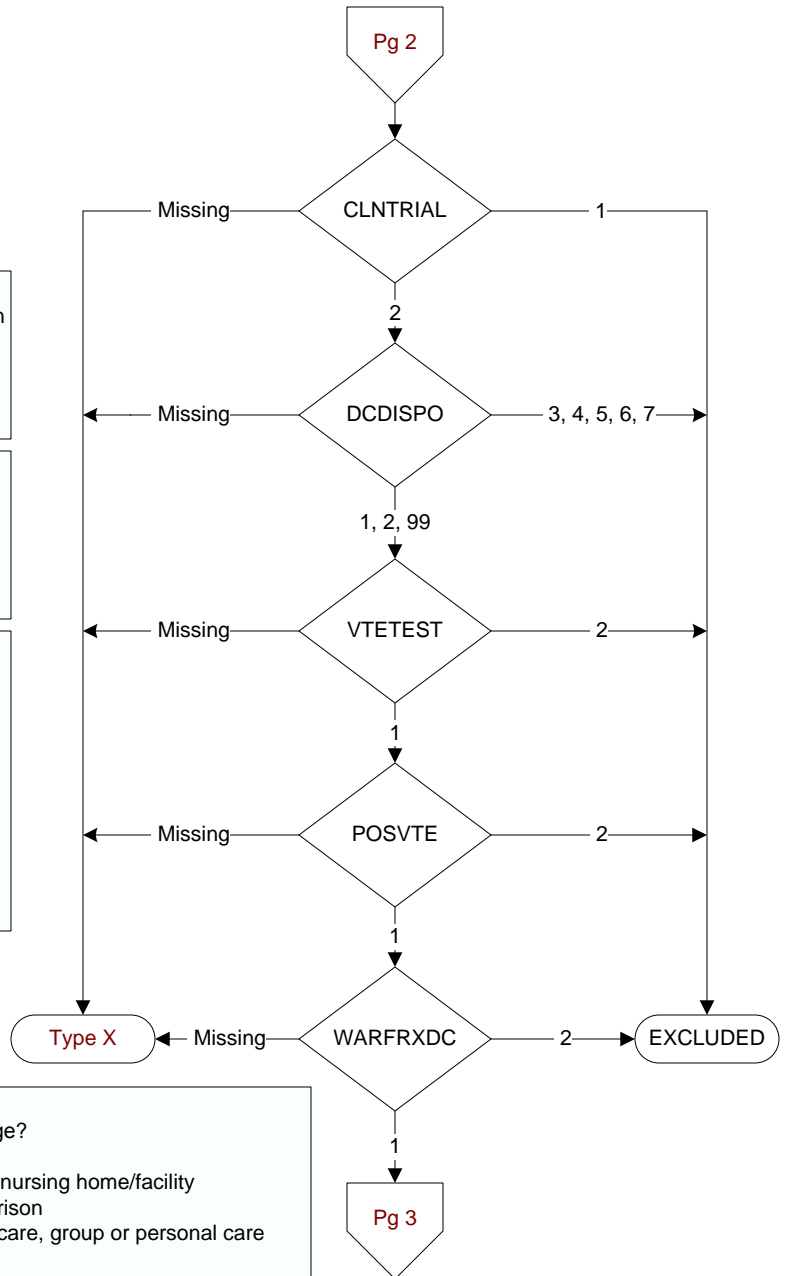
Is there documentation that warfarin was prescribed at discharge?

1. Yes
2. No

**DCDISPO (VTE)**

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 facilities 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



**PTEDCOM (VTE)**

Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address **compliance issues related to warfarin therapy** prescribed after discharge?

1. Yes
2. No

**PTEDIET (VTE)**

Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address **dietary advice related to warfarin therapy** prescribed after discharge?

1. Yes
2. No

**PTEDFOLO (VTE)**

Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address **follow-up monitoring related to warfarin therapy** prescribed after discharge?

1. Yes
2. No

**PTEDADR (VTE)**

Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address **potential for adverse drug reactions and interactions related to warfarin therapy** prescribed after discharge?

1. Yes
2. No

