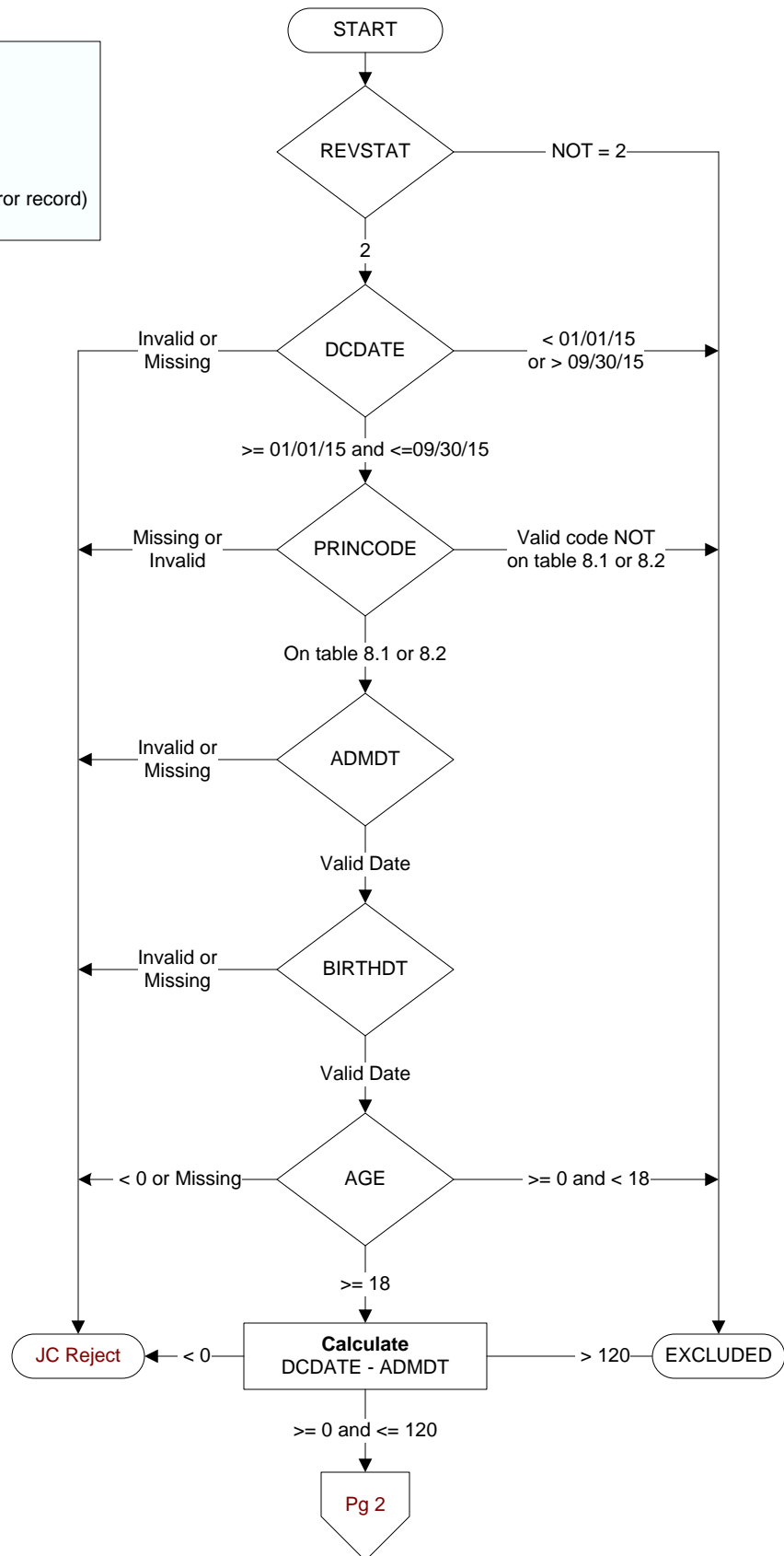**REVSTAT**
REVIEW STATUS (not abstracted)
0. Abstraction has not begun
1. Abstraction in progress
2. Abstraction completed w/o errors
3. TVG failure (exclusion)
4. Record contains missing required answers (error record)
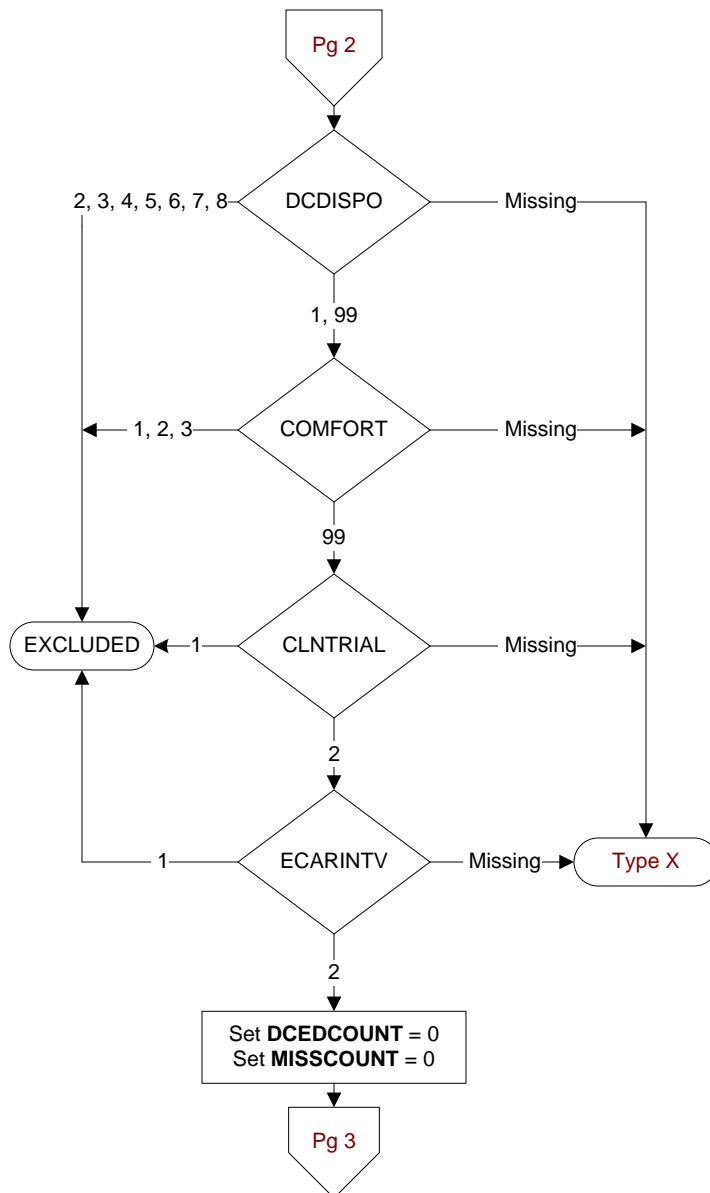5. Administrative exclusion from all measures

AGE - calculated field
ADMDT - Patient date of birth

DCDATE (STK)
Discharge Date

ADMDT (STK)
Admission date

PRINCODE (STK)
ICD-9-CM principal diagnosis code

START

REVSTAT — NOT = 2

2

DCDATE
- Invalid or Missing
- < 01/01/15 or > 09/30/15
- >= 01/01/15 and <=09/30/15

PRINCODE
- Missing or Invalid
- Valid code NOT on table 8.1 or 8.2
- On table 8.1 or 8.2

ADMDT
- Invalid or Missing
- Valid Date

BIRTHDT
- Invalid or Missing
- Valid Date

AGE
- < 0 or Missing
- >= 0 and < 18
- >= 18

Calculate DCDATE - ADMDT
- < 0 → JC Reject
- > 120 → EXCLUDED
- >= 0 and <= 120

Pg 2

Pg 2

DCDISPO

2, 3, 4, 5, 6, 7, 8 — Missing

1, 99

COMFORT

1, 2, 3 — Missing

99

CLNTRIAL

EXCLUDED — 1 — Missing

2

ECARINTV

1 — Missing → Type X

2

Set **DCEDCOUNT** = 0
Set **MISSCOUNT** = 0

Pg 3

COMFORT (STK)
When is the earliest physician, APN, or PA documentation of comfort measures only?
1. Day of arrival (day 0) or day after arrival (day 1)
2. Two or more days after arrival (day 2 or greater)
3. Comfort measures only documented during hospital stay, but timing unclear
99. Comfort measures only was not documented by the physician/APN/PA or unable to determine

CLNTRIAL (STK)
During this hospital stay, was the patient enrolled in a clinical trial in which patients with stroke were being studied?
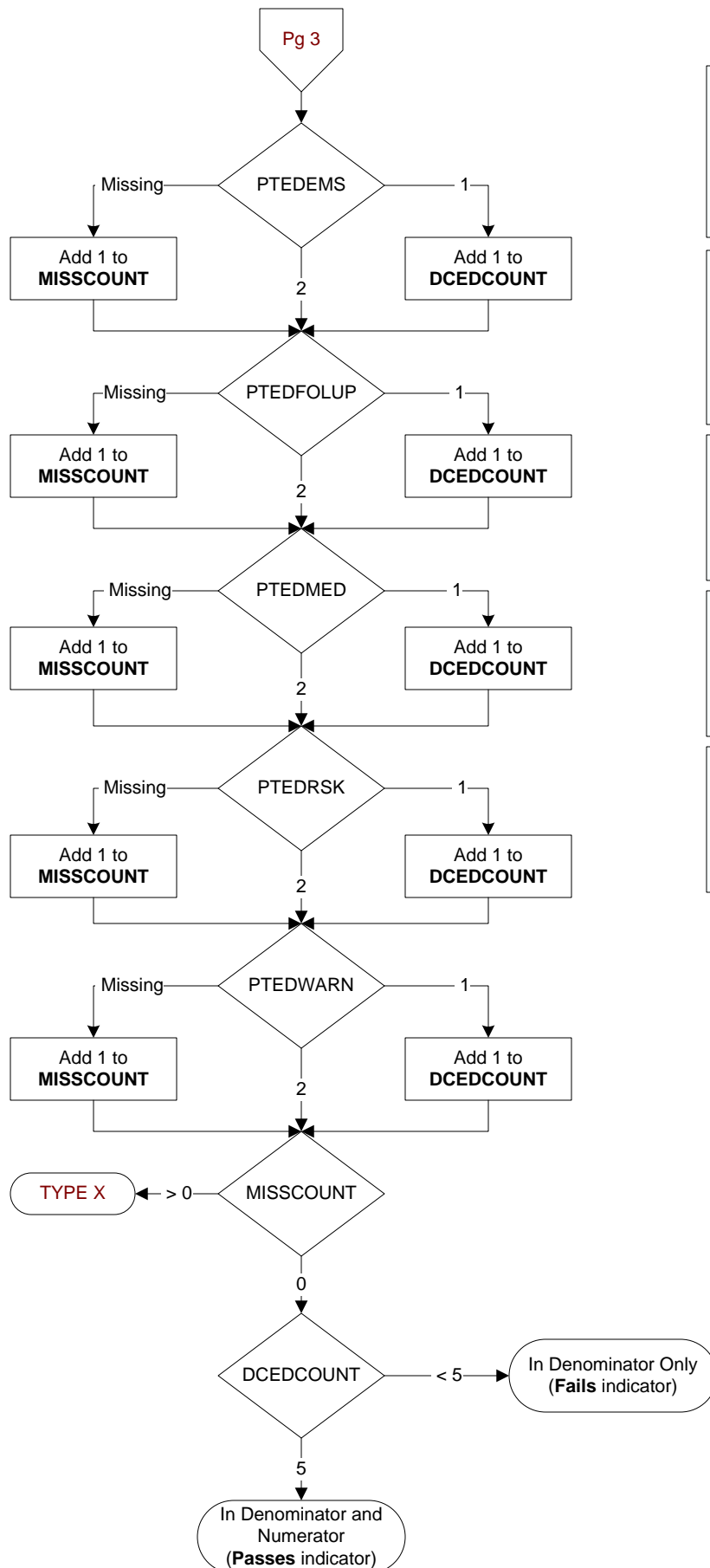1. Yes
2. No

ECARINTV (STK)
Is there documentation that this admission was for the sole purpose of performance of an elective carotid intervention procedure (e.g., elective carotid endarterectomy, carotid angioplasty, carotid stenting)?
1. Yes
2. No

DCDISPO (STK)
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

Pg 3

PTEDEMS

Missing → Add 1 to **MISSCOUNT**

1 → Add 1 to **DCEDCOUNT**

2

PTEDFOLUP

Missing → Add 1 to **MISSCOUNT**

1 → Add 1 to **DCEDCOUNT**

2

PTEDMED

Missing → Add 1 to **MISSCOUNT**

1 → Add 1 to **DCEDCOUNT**

2

PTEDRSK

Missing → Add 1 to **MISSCOUNT**

1 → Add 1 to **DCEDCOUNT**

2

PTEDWARN

Missing → Add 1 to **MISSCOUNT**

1 → Add 1 to **DCEDCOUNT**

2

MISSCOUNT

> 0 → TYPE X

0

DCEDCOUNT

< 5 → In Denominator Only (**Fails** indicator)

5 → In Denominator and Numerator (**Passes** indicator)

PTEDEMS (STK)
Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address **activation of the emergency medical system (EMS) if signs or symptoms of stroke occur?**
1. Yes
2. No

PTEDFOLUP (STK)
Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address **follow-up with a physician/APN/PA after discharge**?
1. Yes
2. No

PTEDMED (STK)
Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address **all discharge medications**?
1. Yes
2. No

PTEDRSK (STK)
Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address **risk factors for stroke**?
1. Yes
2. No

PTEDWARN (STK)
Did the WRITTEN discharge instructions or other educational material given to the patient/caregiver address **warning signs and symptoms of stroke**?
1. Yes
2. No