

**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

**EMCODE** (HOP)

Enter the E/M code documented for this outpatient encounter.

**DCCODE** (HOP)

What was the patient's discharge disposition from the outpatient setting?

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
- 4a. Acute Care Facility – General Inpatient Care
- 4b. Acute Care Facility – Critical Access Hospital
- 4c. Acute Care Facility - Cancer or Children's Hospitals
- 4d. Acute Care Facility - Department of Defense or 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

**BIRTHDT** (rcvd on pull list)

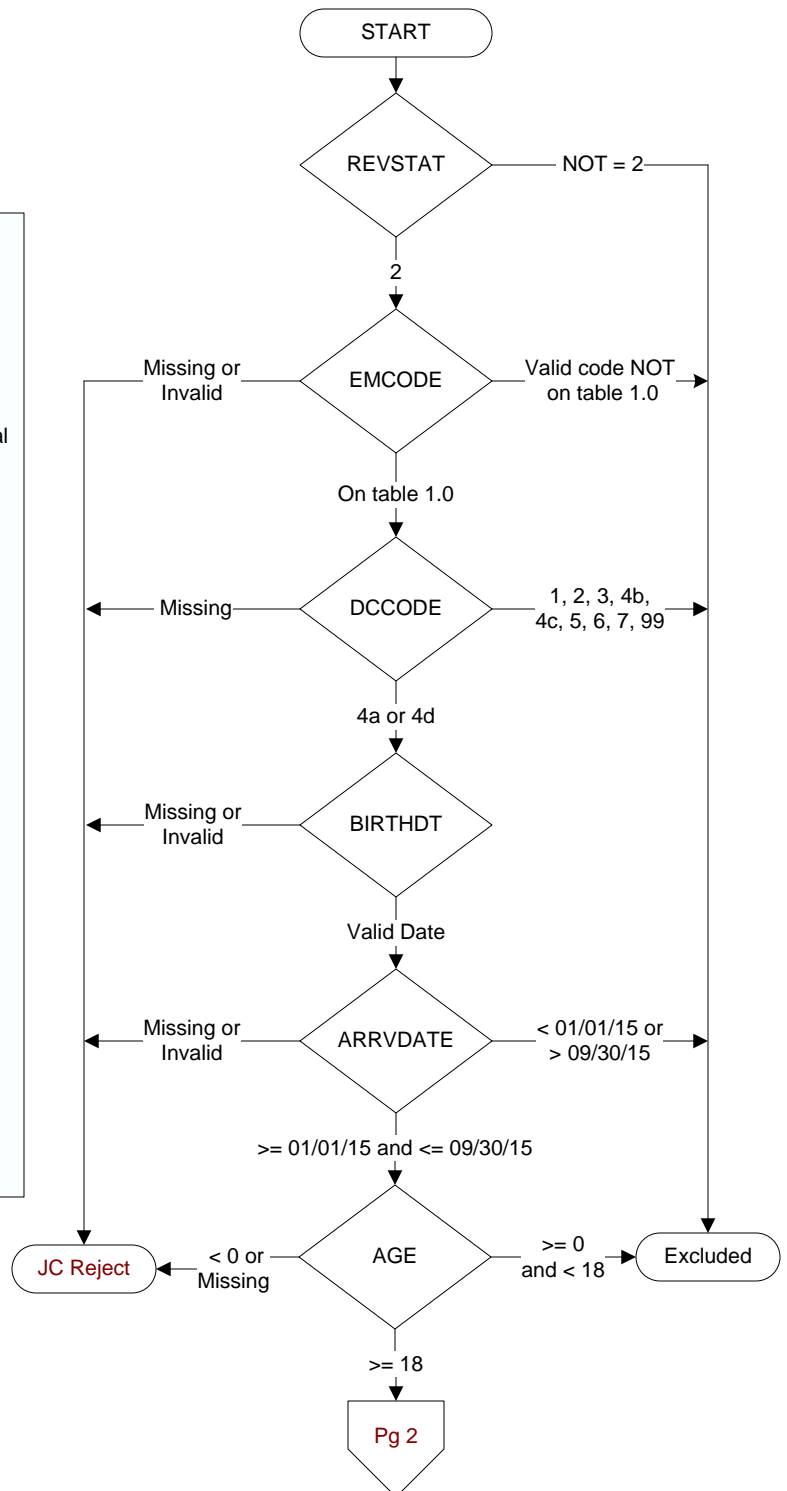
Patients date of birth.

**ARRVDATE** (HOP)

Enter the **earliest** documented date the patient arrived in the hospital outpatient setting at this VAMC.

**AGE**

calculated field: ARRVDATE - BIRTHDT



**PRINCODE** (HOP)  
Enter the ICD-9-CM principal diagnosis code.

**ECG** (HOP)  
Was an electrocardiogram (ECG) performed within one hour prior to emergency department arrival or in the ED prior to transfer?  
1. Yes  
2. No

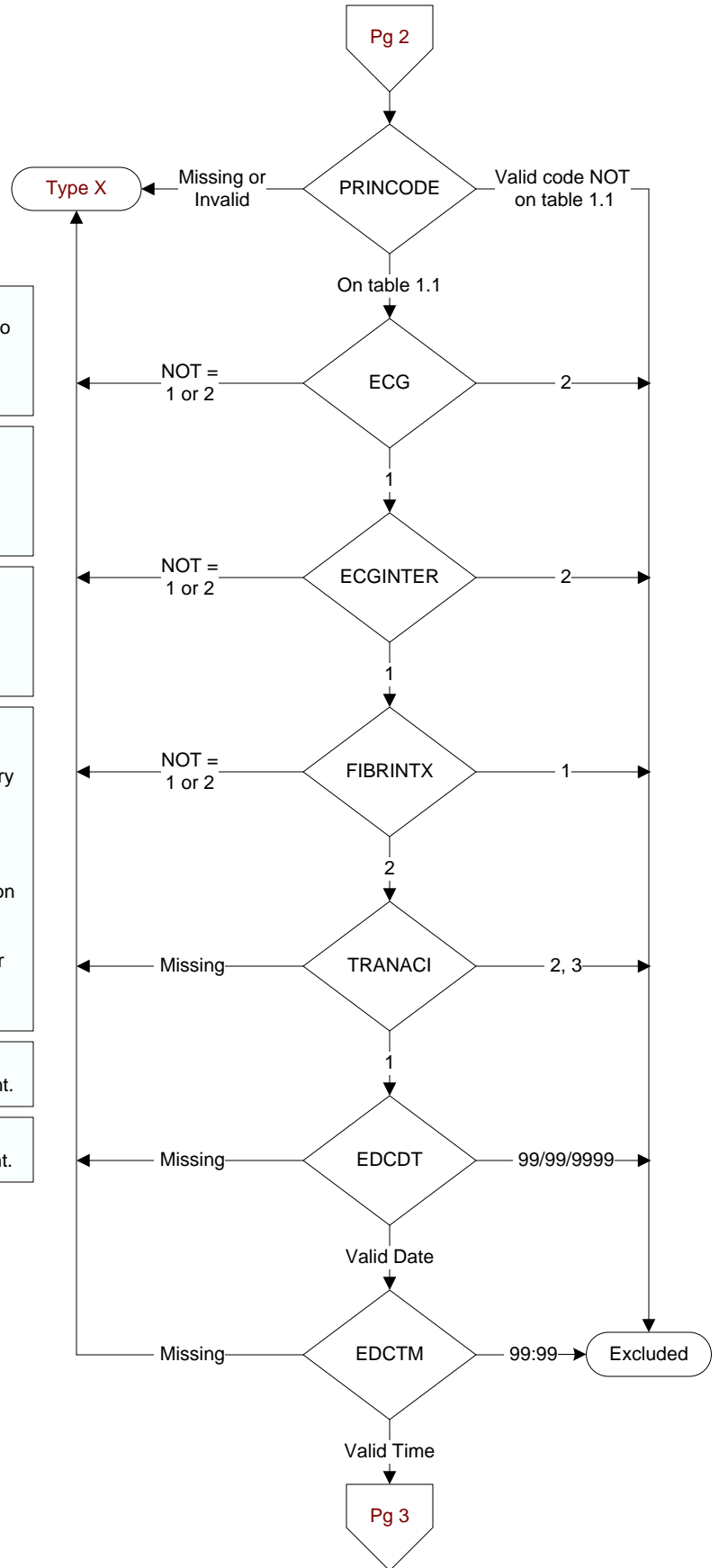
**ECGINTER** (HOP)  
Is there documentation of ST-segment elevation on the ECG performed closest to emergency department arrival?  
1. Yes  
2. No

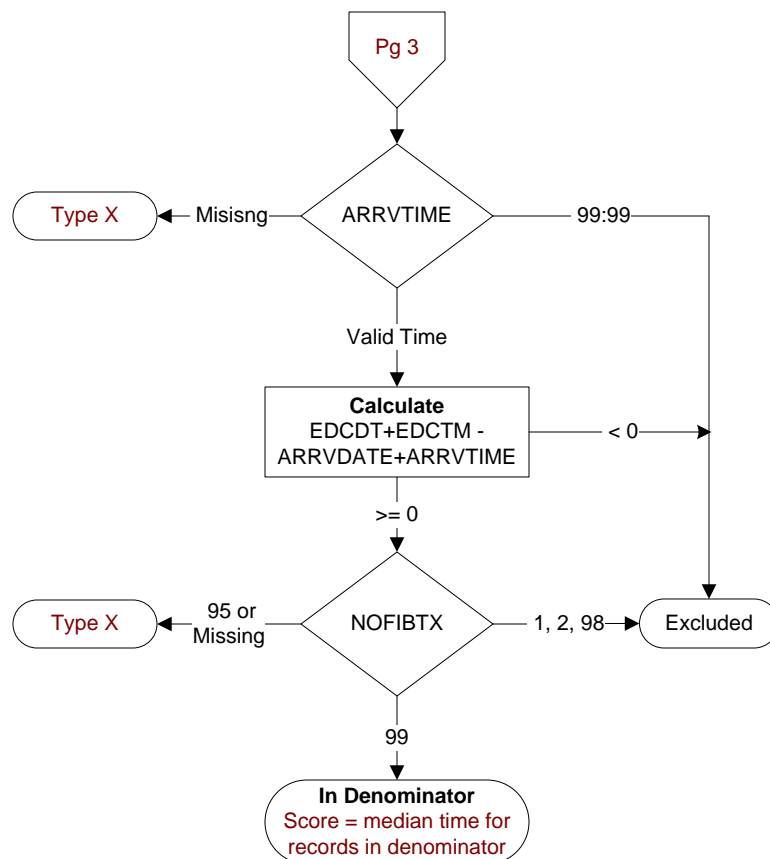
**FIBRINTX** (HOP)  
Did the patient receive fibrinolytic therapy at this emergency department?  
1. Yes  
2. No

**TRANACI** (HOP)  
Was there documentation the patient was transferred from this facility's emergency department to another facility for acute coronary intervention?  
1. There was documentation the patient was transferred from this facility's emergency department to another facility specifically for acute coronary intervention  
2. There was documentation the patient was admitted to observation status prior to transfer  
3. There was documentation the patient was transferred from this facility's emergency department to another facility for reasons other than acute coronary intervention or unable to determine reason for transfer from medical record

**EDCDT** (Validation)  
Enter the date the patient departed from the emergency department.

**EDCTM** (HOP)  
Enter the time the patient departed from the emergency department.



**ARRVTIME** (HOP)

Enter the **earliest** documented time the patient arrived at the outpatient or emergency department at this VAMC.

**NOFIBTX** (HOP)

Is there physician/APN/PA or pharmacist documentation of a contraindication or reason for not administering fibrinolytic therapy?

1. Yes, physician/APN/PA or pharmacist documented reason for not administering fibrinolytic therapy
2. Yes, physician/APN/PA documented the patient has a diagnosis of cardiogenic shock
95. Not applicable
98. Patient/caregiver refused fibrinolytic therapy
99. No documentation of reason for not administering fibrinolytic therapy or unable to determine