

**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?

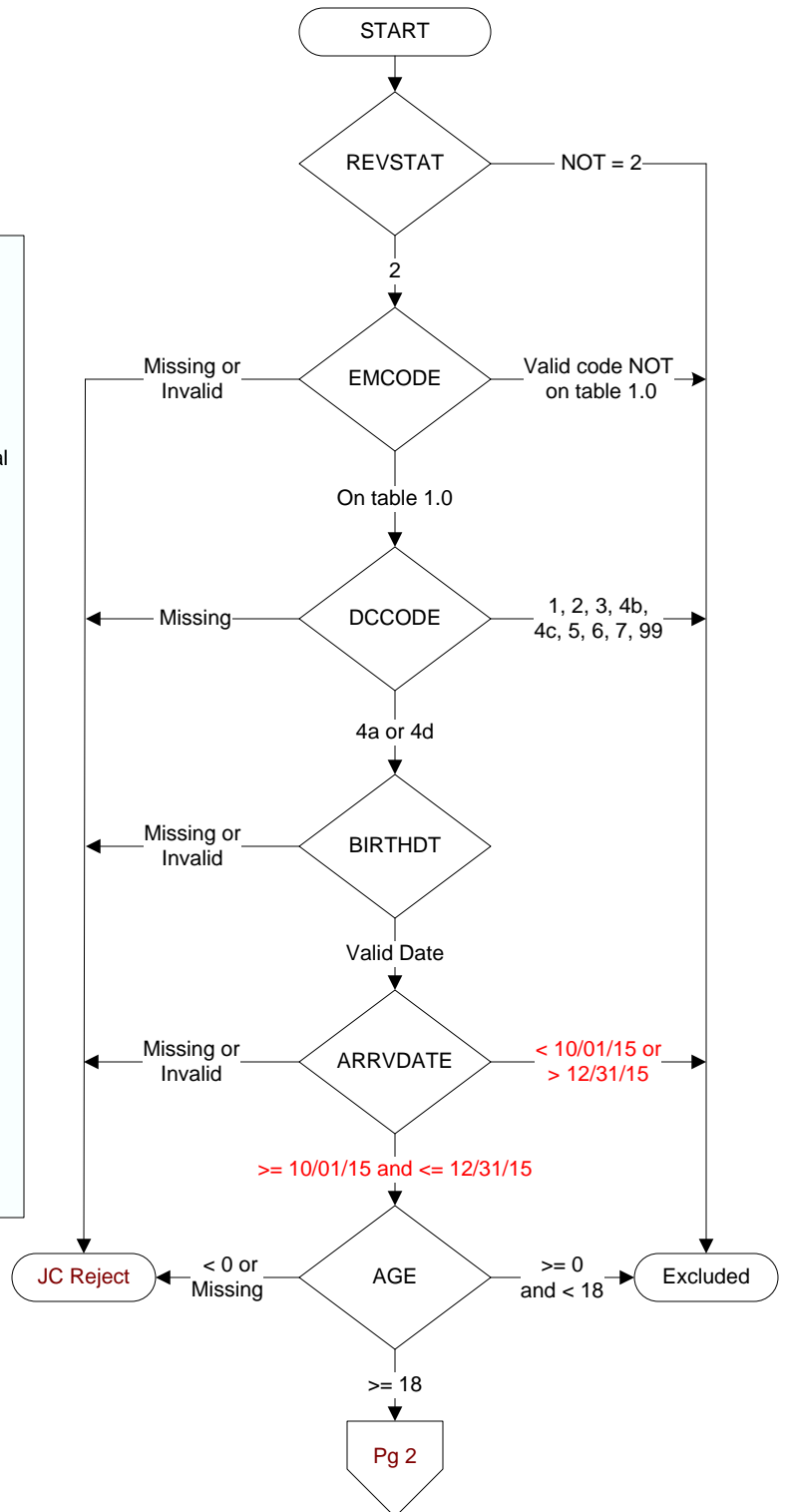
1. Home
  - Assisted Living Facilities (ALFs) – includes assisted living care at nursing home/facility
  - Court/Law Enforcement – includes detention facilities, jails, and prison
  - Home – includes board and care, domiciliary, foster or residential care, group or personal care homes, retirement communities, 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-10-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

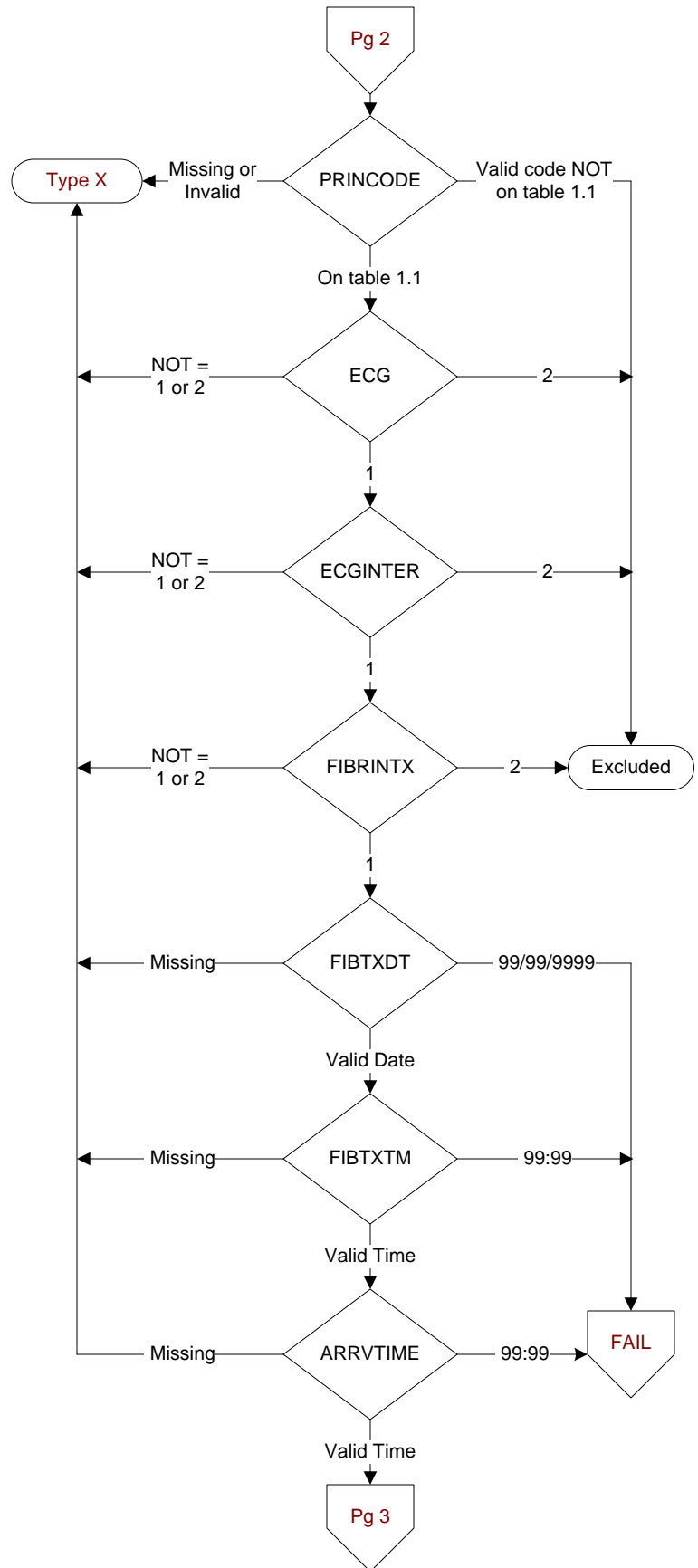
**ECGINTER (HOP)**  
Is there documentation of ST-segment elevation on the ECG performed closest to emergency department arrival?  
1. Yes  
2. No

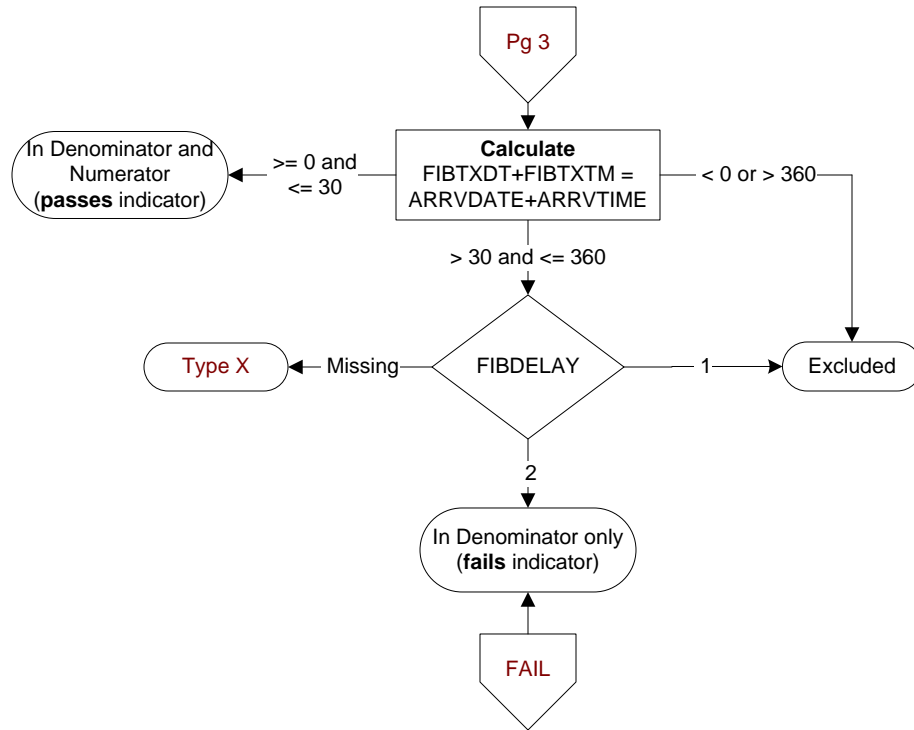
**FIBRINTX (HOP)**  
Did the patient receive fibrinolytic therapy at this emergency department?  
1. Yes  
2. No

**FIBTXDT (HOP)**  
Enter the date primary fibrinolytic therapy was administered at this facility.

**FIBXTM (Validation)**  
Enter the time primary fibrinolytic therapy was administered at this facility.

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





**FIBDELAY (HOP)**  
Is there a reason documented by a physician, APN, or PA for a delay in initiating fibrinolytic therapy after hospital arrival?  
1. Yes  
2. No