

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)

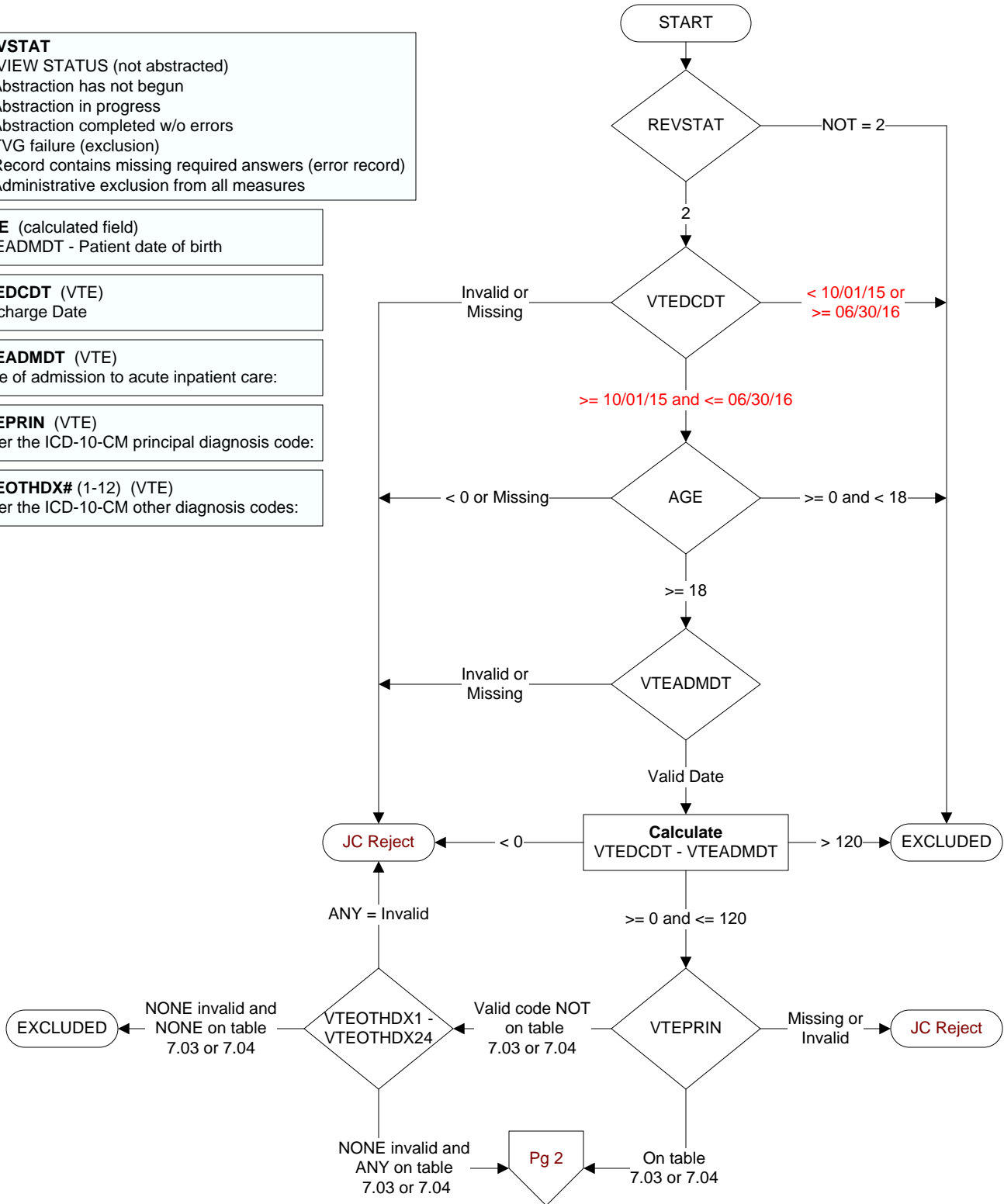
Date of admission to acute inpatient care:

VTEPRIN (VTE)

Enter the ICD-10-CM principal diagnosis code:

VTEOTHDX# (1-12) (VTE)

Enter the ICD-10-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 VTE Diagnostic Test confirmed a diagnosis of VTE in one of the defined locations within four calendar days prior to arrival, or anytime during hospitalization?

VTE Confirmed in Defined Locations:

- Pulmonary Emboli (PE)
- Deep Vein Thrombosis (DVT) located in common femoral vein; Common Iliac; External iliac vein; Femoral/superficial femoral vein; inferior vena cava (IVC); Internal iliac, popliteal vein; Profunda/deep femoral vein.

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

WARFRXDC (VTE)

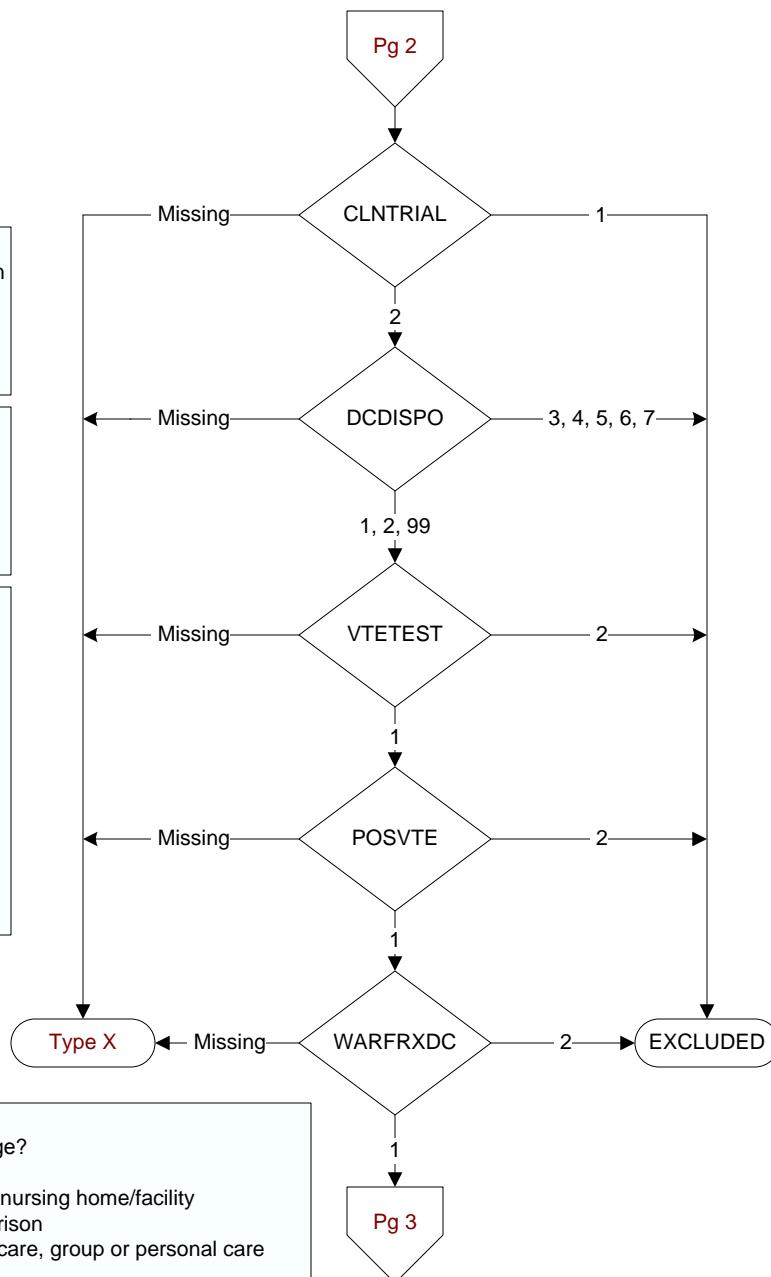
Is there documentation that warfarin was prescribed at discharge?

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

