

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?

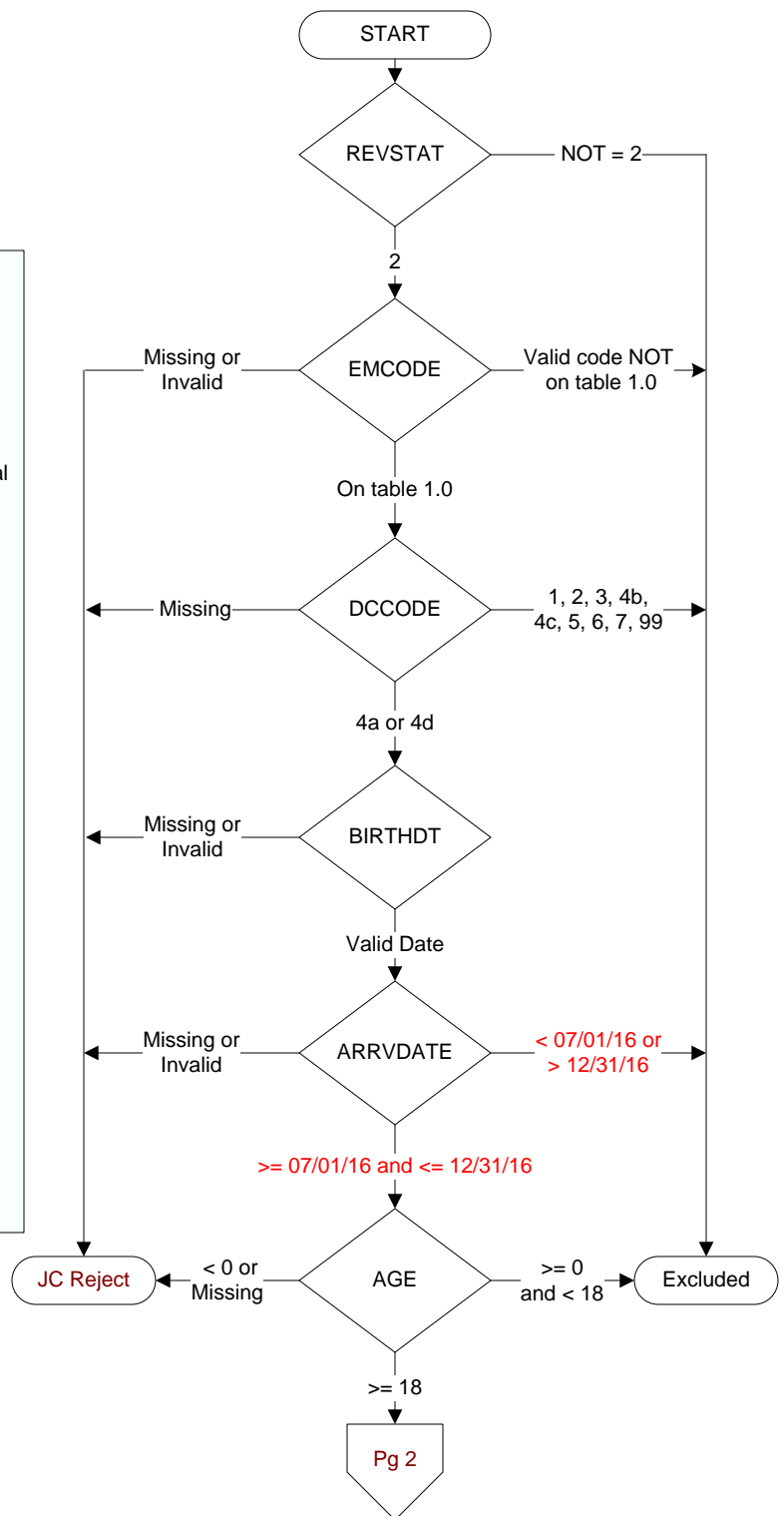
1. Home
 - Assisted Living Facilities (ALFs) – includes assisted living care at nursing home/facility
 - Court/Law Enforcement – includes detention facilities, jails, and prison
 - Home – includes board and care, domiciliary, foster or residential care, group or personal care homes, retirement communities,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

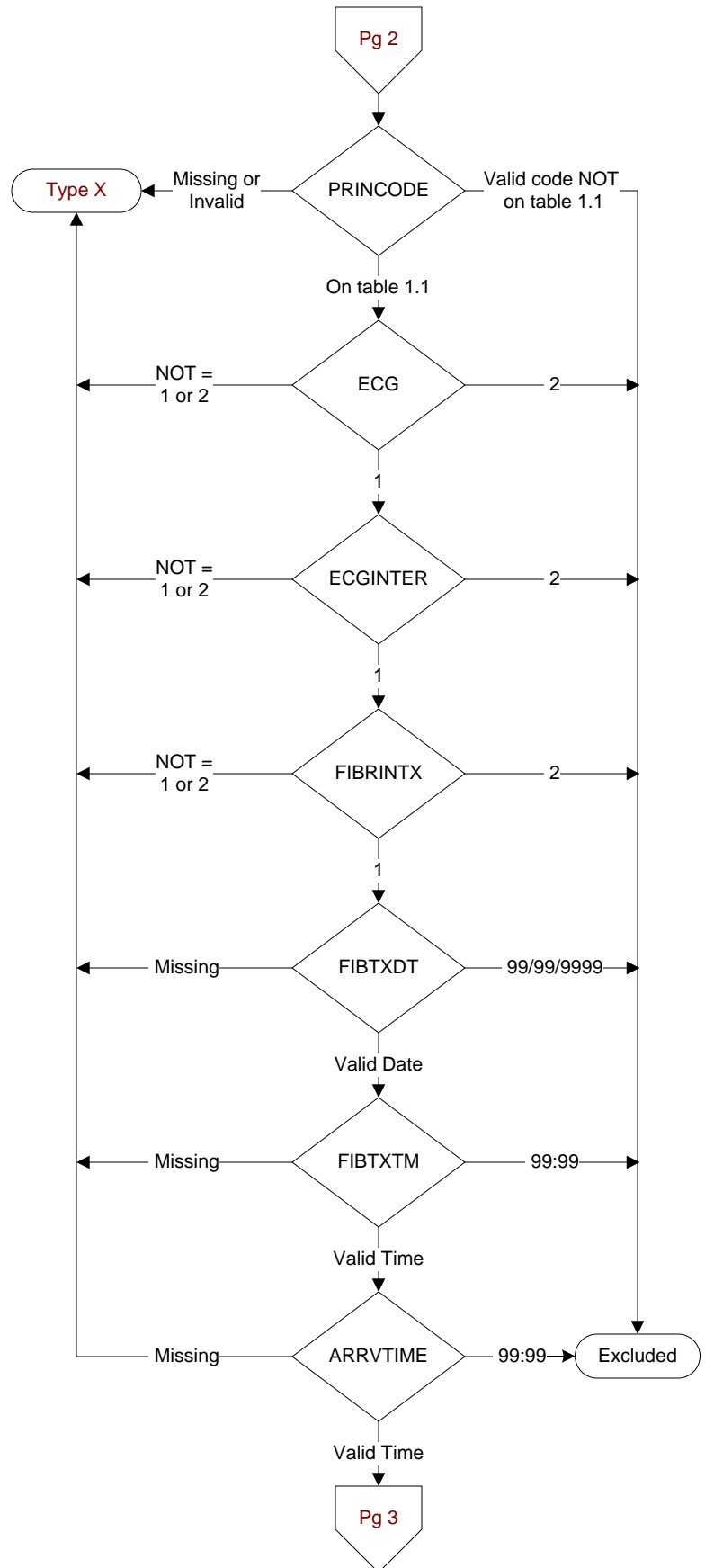
ECGINTER (HOP)
Is there documentation of ST-segment elevation on the ECG performed closest to emergency department arrival?
1. Yes
2. No

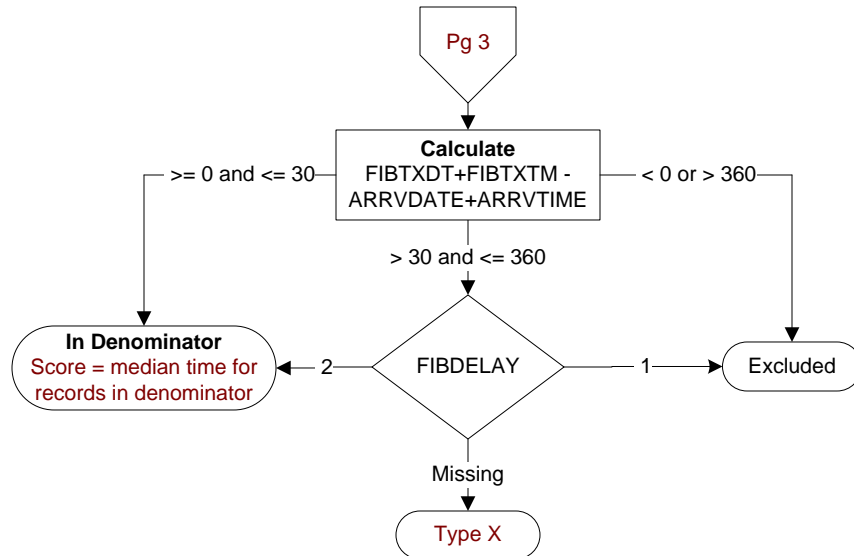
FIBRINTX (HOP)
Did the patient receive fibrinolytic therapy at this emergency department?
1. Yes
2. No

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

FIBTXTM (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