

**Document Links:**[Hospital Outpatient Instrument](#)**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 data
- 5. Administrative exclusion

**COHORT** (rcvd on pull list)

- 72 = HOP – AMI
- 73 = HOP – Chest Pain
- 74 = HOP – ED
- 76 = HOP - Stroke

**EMCODE** (HOP)

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

**BIRTHDT** (rcvd on pull list)

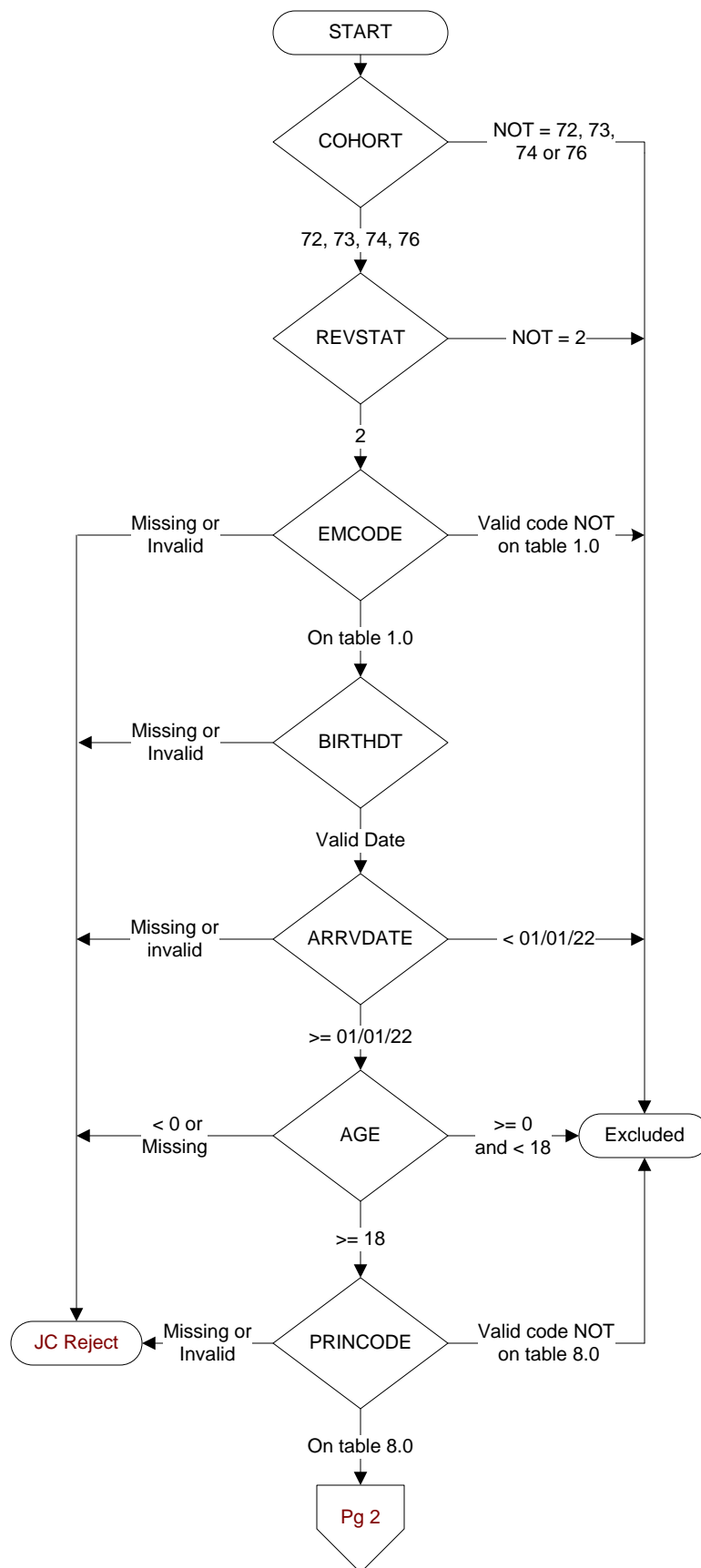
Patients date of birth.

**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.



**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. Non-VA 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

**CTMRIORD (HOP)**

Was a computerized tomography (CT) or Magnetic Resonance Imaging (MRI) scan of the head ordered by the physician/APN/PA during the emergency department visit?

1. Yes
2. No

**LASTWELLDT (HOP)**

Enter the date the patient was last known to be well.

**LASTWELLTM (HOP)**

Enter the time the patient was last known to be well.

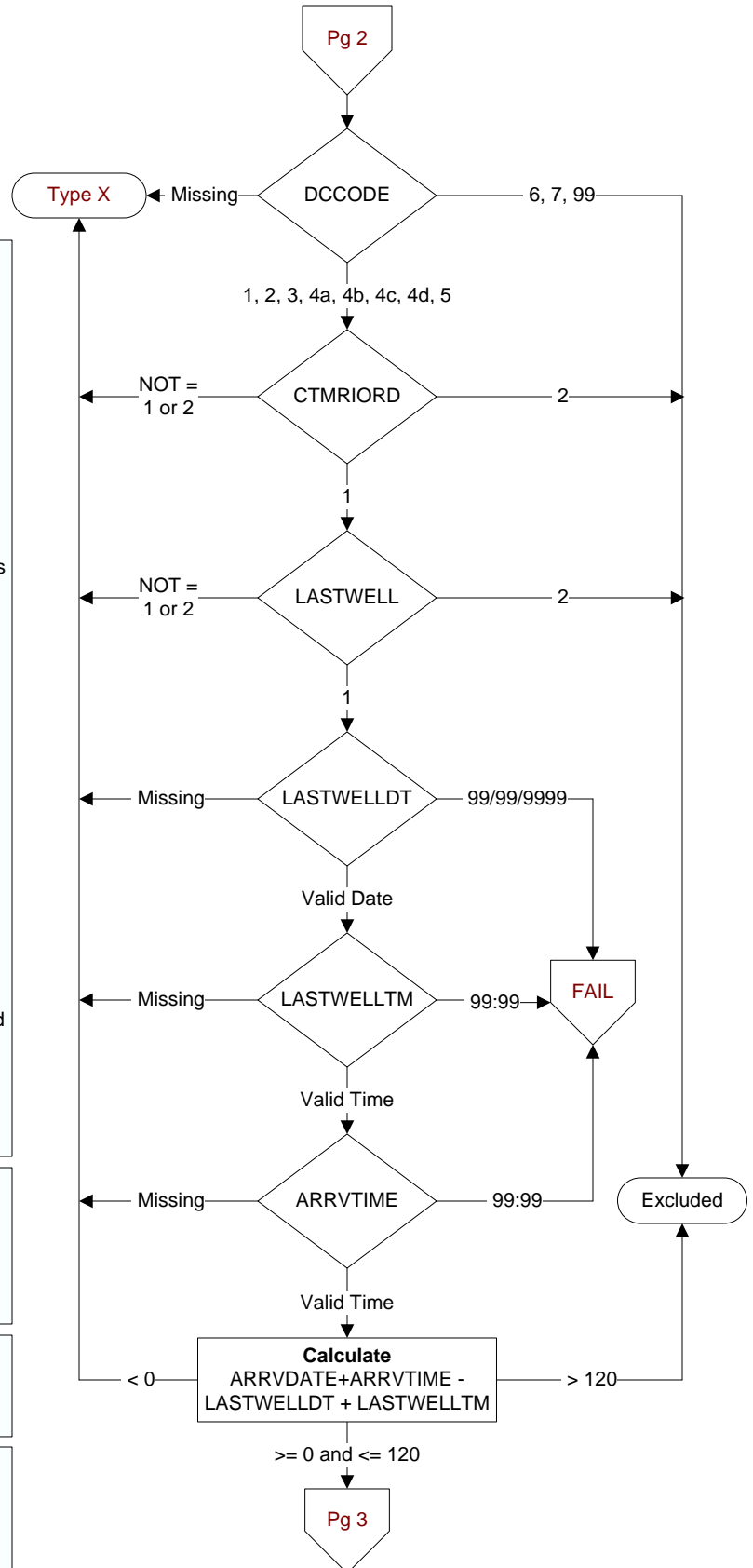
**LASTWELL (HOP)**

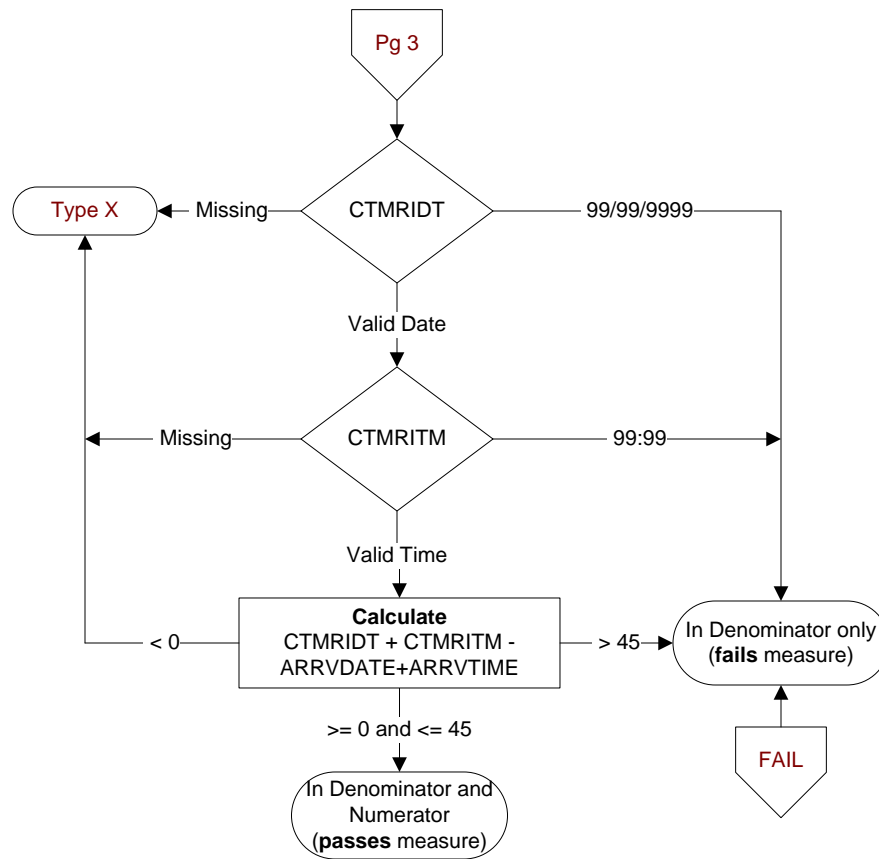
Is there documentation that the date and time of last known well was witnessed or reported?

1. Yes
2. No

**ARRVTIME (HOP)**

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





**CTMRIDT (HOP)**  
Enter the date the earliest Head CT or MRI Scan interpretation was completed/reported.

**CTMRITM (HOP)**  
Enter the time the earliest Head CT or MRI Scan interpretation was completed/reported.