



**DCDISPO** (Global Measures)

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 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
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, but not limited to: Inpatient Rehabilitation Facility/Hospital, or Rehabilitation Unit of a Hospital, Chemical Dependency/Alcohol Rehabilitation Facility
  - 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

**FLUSTAT** (Global Measures)

What is the patient's influenza vaccination status?

1. Influenza vaccine was given during this hospitalization
2. Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization
4. There is documentation of :
  - Allergy/sensitivity to influenza vaccine, OR
  - is not likely to be effective because of bone marrow transplant (or autologous stem cell transplant, ASCT) within the past 6 months, OR
  - prior history of Guillain-Barre syndrome within 6 weeks after a previous influenza vaccination, OR
  - symptomatic suspected or confirmed COVID-19 during this hospitalization
6. Only select this option if there is documentation vaccine has been ordered but has not yet been received by the hospital due to problems with vaccine production or distribution AND none of the other options apply
98. Documentation of patient's refusal or caregiver's refusal of influenza vaccine during this hospitalization
99. None of the above/not documented/ unable to determine from medical record documentation