

**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

**LEFTDATE** (Validation)  
 Discharge date (received on pull list and may not be modified)

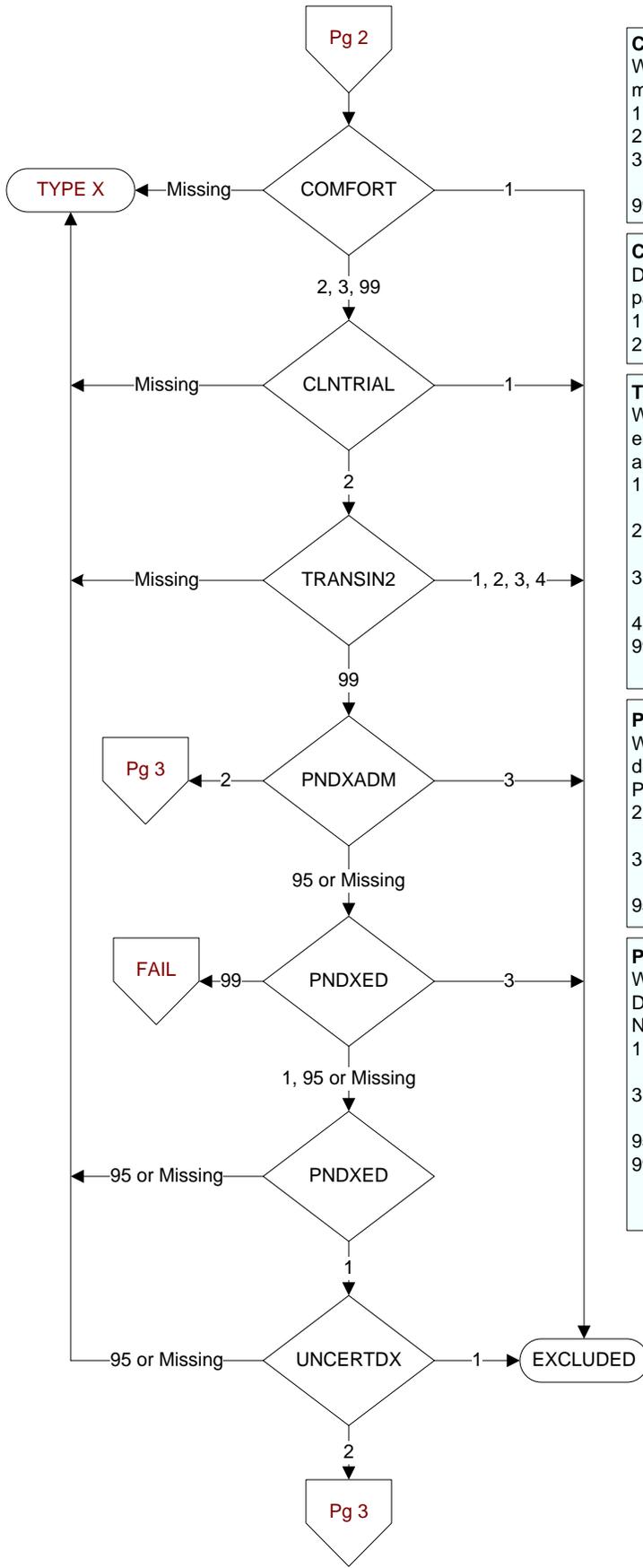
**ADMDT** (Validation)  
 Date of admission to acute inpatient care

**BIRTHDT**  
 Patient date of birth (received on pull list)

**AGE**  
 Calculated field: ADMDT - BIRTHDT

**CXRCTABN** (Validation)  
**Using the inclusion list**, was any chest x-ray or CT scan obtained the day of or day prior to hospital arrival OR anytime during this hospital stay **abnormal**?  
**(SEE INCLUSION LIST)**  
 1. Yes, a chest x-ray or CT scan done within the designated timeframe was abnormal (included ANY inclusion terms).  
 2. No, a chest x-ray/CT scan done within the designated timeframe was not abnormal (did not include ANY inclusion terms).  
 99. Unable to determine from medical record documentation if the chest x-ray or CT scan done during the designated timeframe was abnormal

**CXRDONE** (Validation)  
 Did the patient have a chest x-ray or CT scan on the day of or the day prior to hospital arrival OR anytime during this hospital stay?  
 1. Yes  
 2. No



**COMFORT** (Validation)  
 When is the earliest physician, APN, or PA documentation of comfort measures only?  
 1. Day of arrival (day 0) or day after arrival (day 1)  
 2. 2 or more days after arrival (day 2 or greater)  
 3. Comfort measures only documented during hospital stay, but timing unclear  
 99. Not documented or unable to determine

**CLNTRIAL** (Validation)  
 During this hospital stay, was the patient enrolled in a clinical trial in which patients with pneumonia were being studied?  
 1. yes  
 2. no

**TRANSIN2** (Validation)  
 Was the patient received as a transfer from an inpatient, outpatient, or emergency/observation department of another hospital OR from an ambulatory surgery center?  
 1. Patient received as a transfer from an inpatient department of another hospital  
 2. Patient received as a transfer from an outpatient department of another hospital (excludes emergency/observation departments)  
 3. Patient received as a transfer from the emergency/observation department of another hospital  
 4. Patient received as a transfer from an ambulatory surgery center  
 99. None of the above or unable to determine from medical record documentation

**PNDXADM** (Validation)  
 Was there documentation of the diagnosis of pneumonia as an admission diagnosis/impression for the direct admit patient? Physician, Advanced Practice Nurse, or Physician Assistant documentation only  
 2. There is documentation that pneumonia is listed as an initial diagnosis/impression upon direct admit.  
 3. There is NO documentation of pneumonia as an initial diagnosis/impression upon direct admit.  
 95. Not applicable

**PNDXED** (Validation)  
 Was there documentation of the diagnosis of pneumonia as an Emergency Department final diagnosis/impression? Physician, Advanced Practice Nurse, or Physician Assistant documentation only  
 1. There is documentation that pneumonia was a final diagnosis/impression on the ED form.  
 3. There is NO documentation of pneumonia as a final diagnosis/impression on the ED form  
 95. Not applicable  
 99. Unable to determine from ED medical record documentation (only use if the final ED diagnosis/impression is left blank in ALL Emergency Department sources)

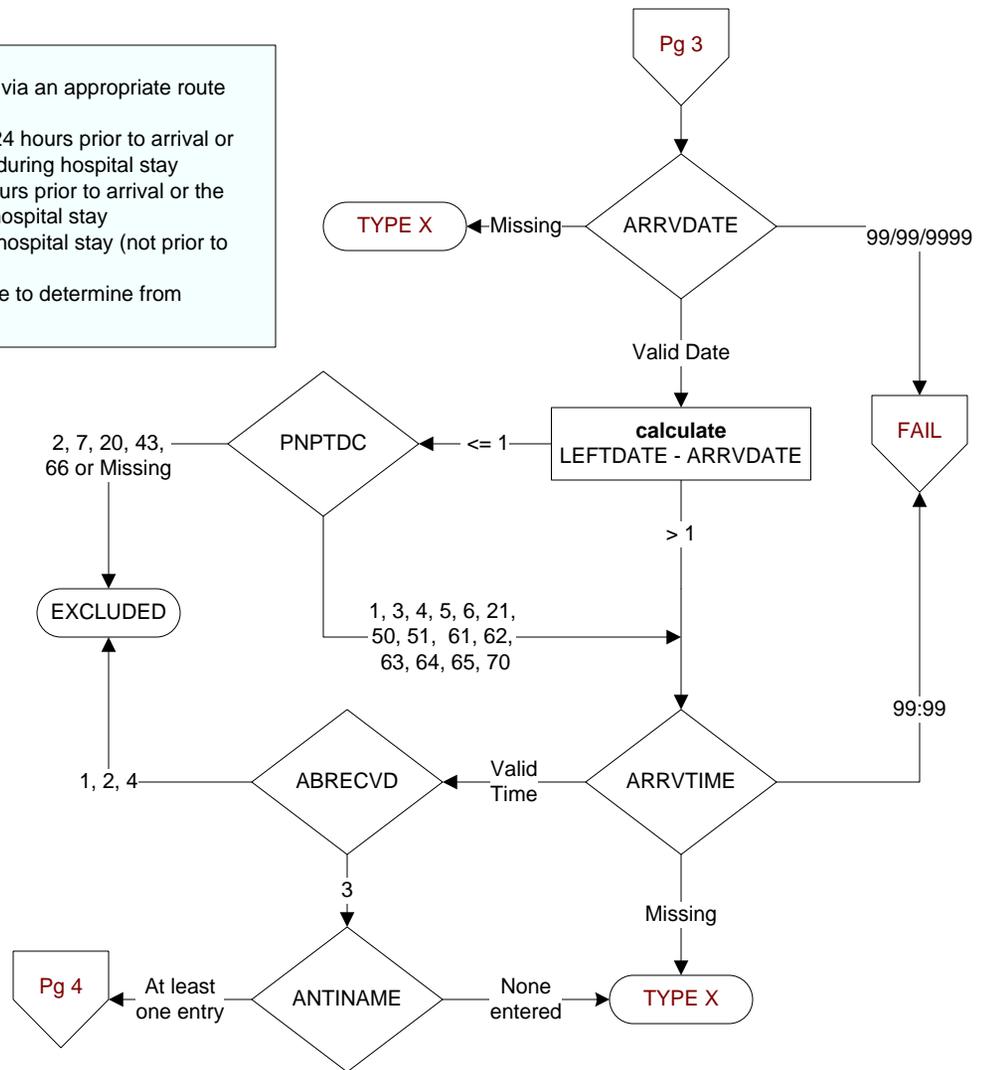
**UNCERTDX** (Validation)  
 Despite being seen by the physician/APN/PA, is there documentation of a reason (s) the patient's initial clinical picture was unclear or not suggestive of pneumonia which resulted in a delay in the diagnosis of pneumonia at the time of admission? (Physician/APN/PA documentation only)  
 1. Yes  
 2. No or unable to determine  
 95. Not applicable

**ABRECV D** (Acute Care)  
 Did the patient receive antibiotics via an appropriate route (PO, NG, PEG, IM, or IV)?  
 1. Antibiotic received only within 24 hours prior to arrival or the day prior to arrival and not during hospital stay  
 2. Antibiotic received within 24 hours prior to arrival or the day prior to arrival and during hospital stay  
 3. Antibiotic received only during hospital stay (not prior to arrival)  
 4. Antibiotic not received or unable to determine from medical record documentation

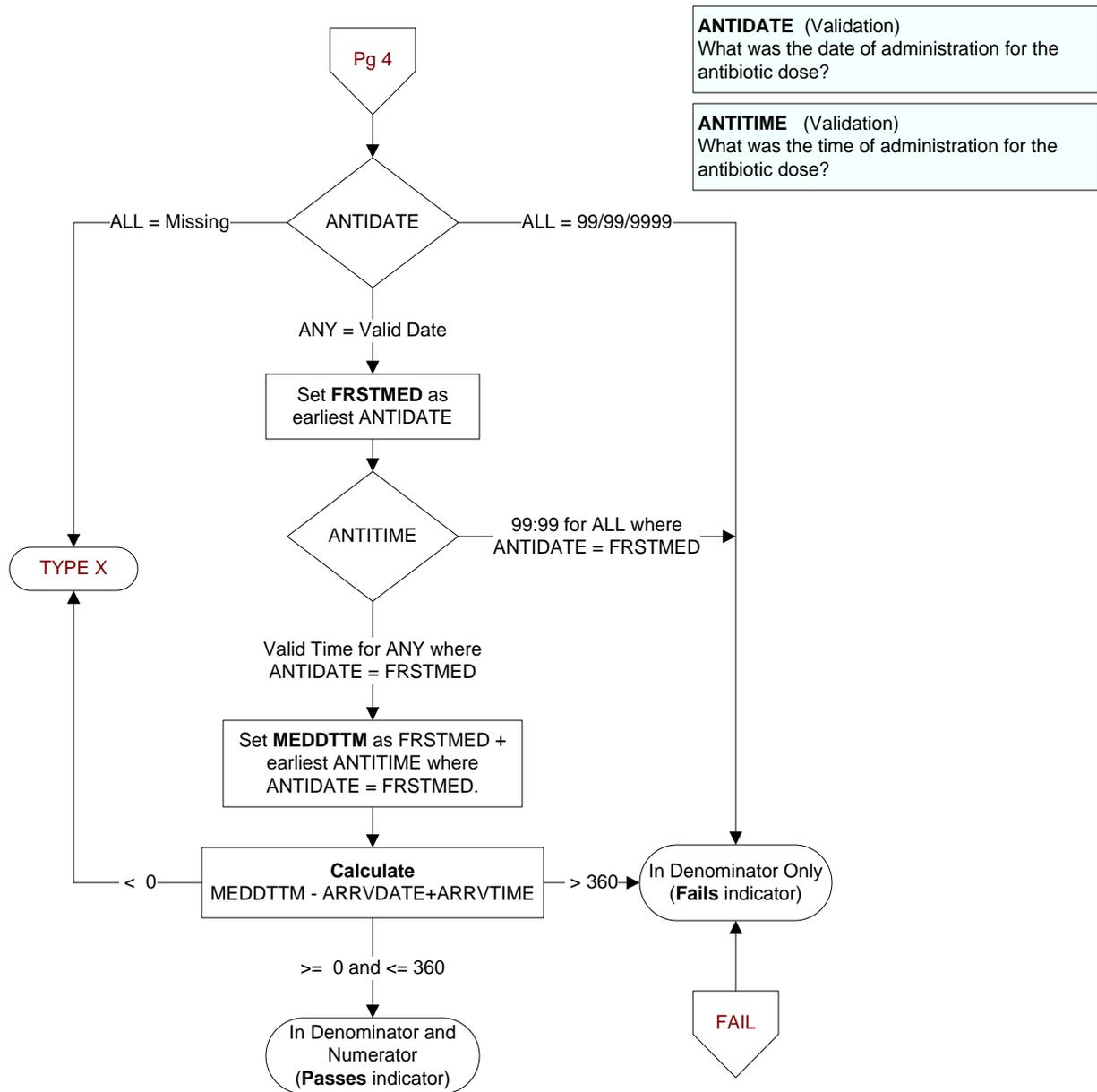
**ARRVDATE** (Validation)  
 Enter the earliest documented date the patient arrived at acute care at this VAMC.

**ARRVTIME** (Validation)  
 Enter the earliest documented time the patient arrived at acute care at this VAMC.

**ANTINAME** (Acute Care)  
 What was the name of the antibiotic dose (s) administered from hospital arrival through 24 hours after hospital arrival?



**PNPTDC** (Validation)  
 Enter the patient's discharge disposition:  
 1 discharged to home care or self care (routine discharge)  
 2. discharged/transferred to a short term general hospital for inpatient care  
 3. discharged/transferred to a skilled nursing facility (SNF) with Medicare certification, in anticipation of covered skilled care  
 4. Discharged/transferred to a facility that provides custodial or supportive care  
 5. discharged/transferred to discharged/transferred to a Designated Cancer Center or Children's Hospital  
 6. Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care  
 7. left against medical advice or discontinued care  
 20. expired  
 21. Discharged/transferred to court/law enforcement  
 43. Discharged/transferred to a federal health care facility  
 50. hospice - home  
 51. hospice - medical facility (certified) providing hospice level of care  
 61. discharged/transferred to hospital-based Medicare approved swing bed  
 62. Discharged/transferred to inpatient rehabilitation facility (IRF) including rehabilitation distinct parts of a hospital  
 63. Discharged/transferred to a Medicare certified long-term care hospital  
 64. Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare  
 65. Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital  
 66. Discharged/transferred to a Critical Access Hospital (CAH)  
 70. Discharged/transferred to another Type of Health Care Institution not Defined Elsewhere in this Code List



**ANTIDATE** (Validation)  
What was the date of administration for the antibiotic dose?

**ANTITIME** (Validation)  
What was the time of administration for the antibiotic dose?