

**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

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

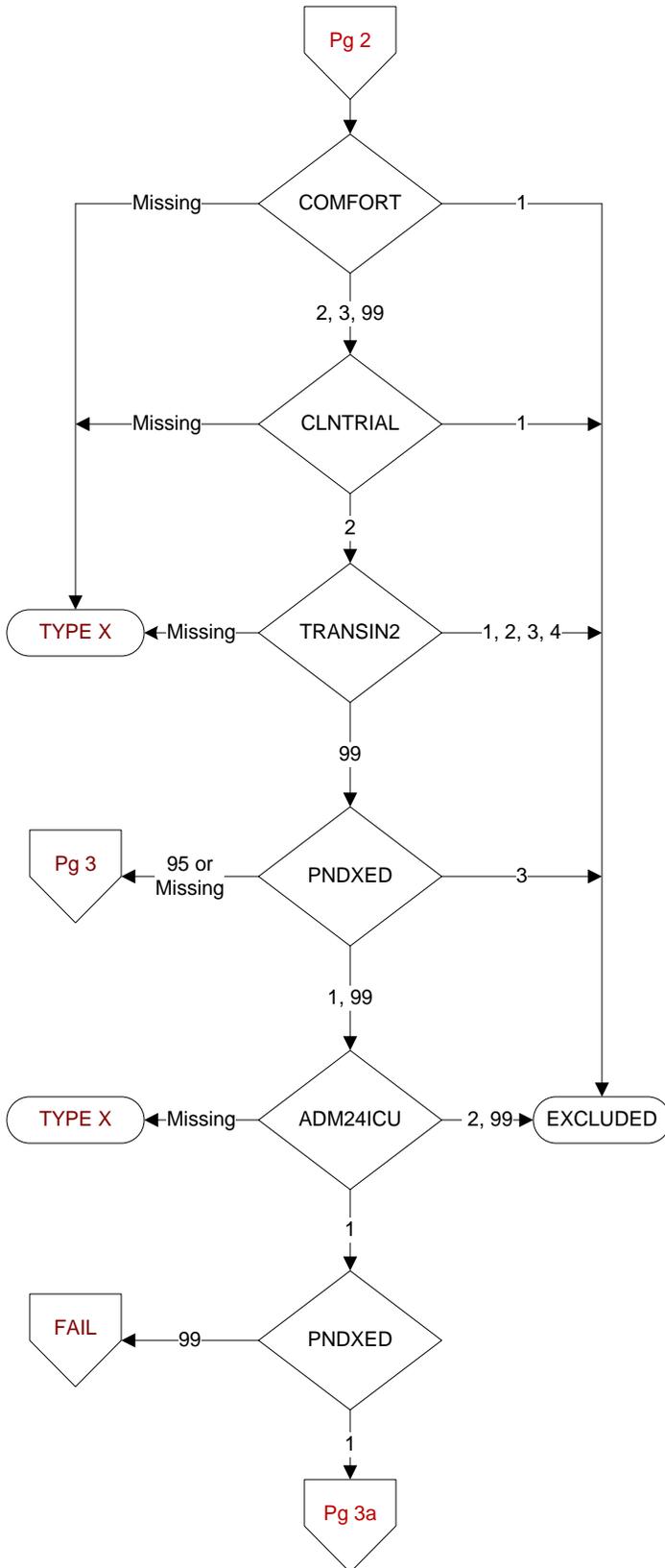
**ADMDT** (Validation)  
 Date of admission to acute inpatient care

**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. Two or more days after arrival (day 2 or greater)  
 3. Comfort measures only documented during hospital stay, but timing unclear  
 99. Comfort measures only was not documented by the physician/ APN/PA 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

**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)

**ADM24ICU (Validation)**  
 Was the patient admitted or transferred to the intensive care unit at this VAMC within the first 24 hours following arrival at the hospital?  
 1. Yes  
 2. No  
 99. Unable to determine

**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

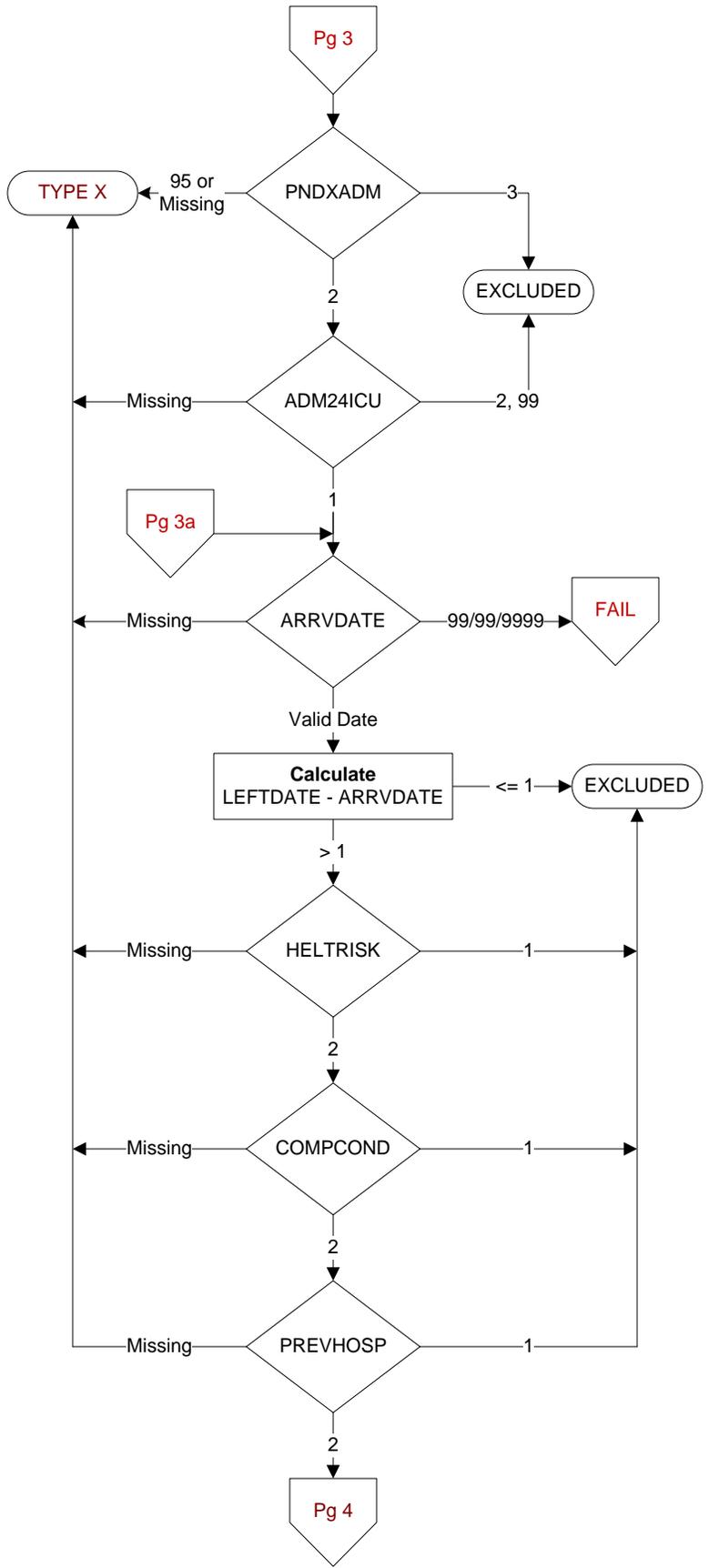
**ADM24ICU** (Validation)  
 Was the patient admitted or transferred to the intensive care unit at this VAMC within the first 24 hours following arrival at the hospital?  
 1. Yes  
 2. No  
 99. Unable to determine

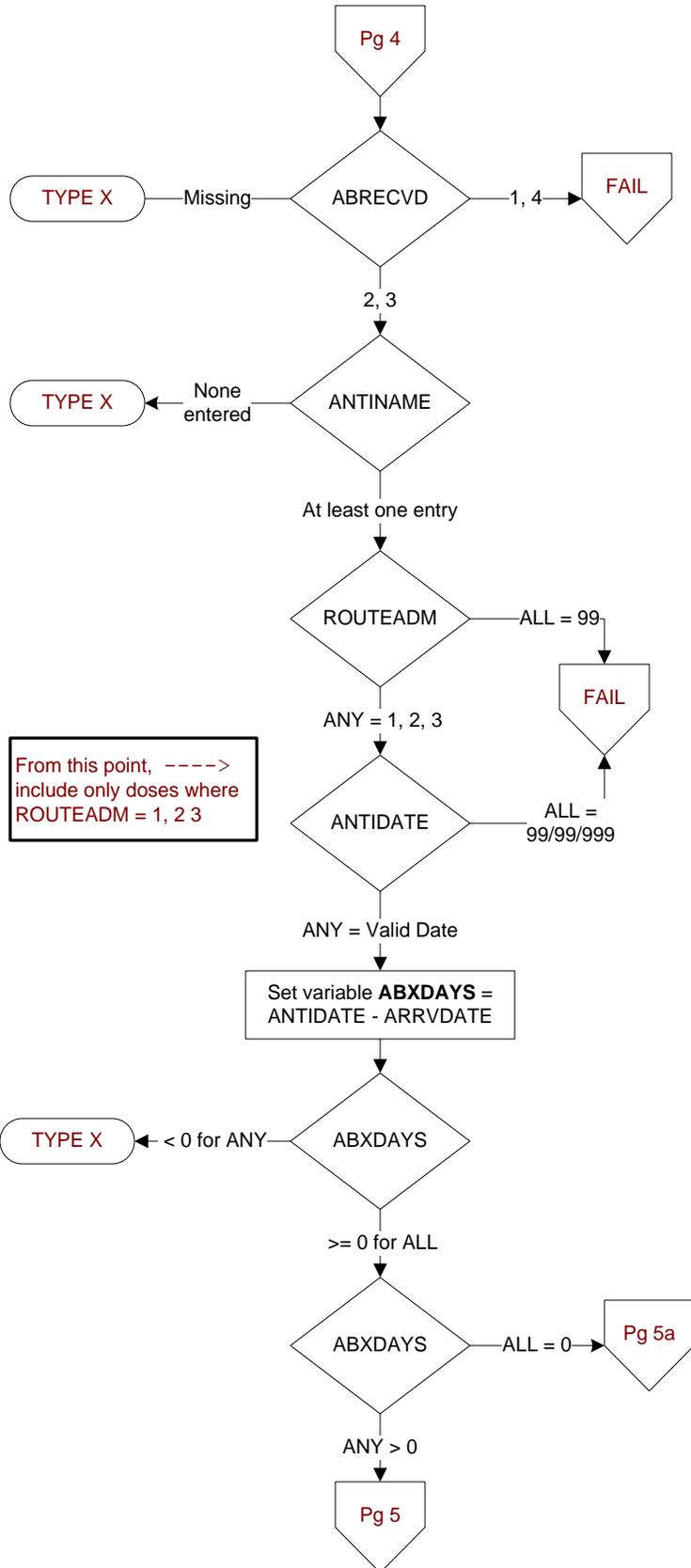
**ARRVDATE** (Validation)  
 Enter the earliest documented date the patient arrived at acute care at this VAMC.

**HELTRISK** (Acute Care)  
 Is there documentation the patient had risk for healthcare associated pneumonia?  
 1. Yes  
 2. No

**COMPCOND** (Acute Care)  
 Is there documentation the patient had a compromising condition? (see definitions/decision rules for additional instruction)  
**No timeframe necessary:**  
 AIDS, AIDS related complex (ARC)  
 HIV, HIV positive  
 Any "Immunodeficiency Syndrome"  
 Chronic Lymphocytic Leukemia (CLL)  
 Congenital or hereditary Immunodeficiency  
 Organ transplant  
**Within the last 3 months OR as diagnosed for the first time during this hospitalization:**  
 Leukemia  
 Lymphocytic leukemia  
 Lymphoma  
 Marked or significant neutropenia  
 Myelogenic leukemia  
 Myeloma  
 Myelodysplasia  
 Pancytopenia  
 Systemic Chemotherapy  
 Systemic Immunosuppressive Therapy  
**Within the last 3 months prior to this hospitalization:**  
 Systemic Corticosteroid/prednisone therapy  
 Systemic Chemotherapy  
 Systemic Immunosuppressive therapy  
 Systemic Radiation therapy  
 1. Yes  
 2. No or unable to determine

**PREVHOSP** (Acute Care)  
 Is there documentation the patient had an acute care hospitalization within 14 days prior to this episode of care?  
 1. Yes  
 2. No or unable to determine





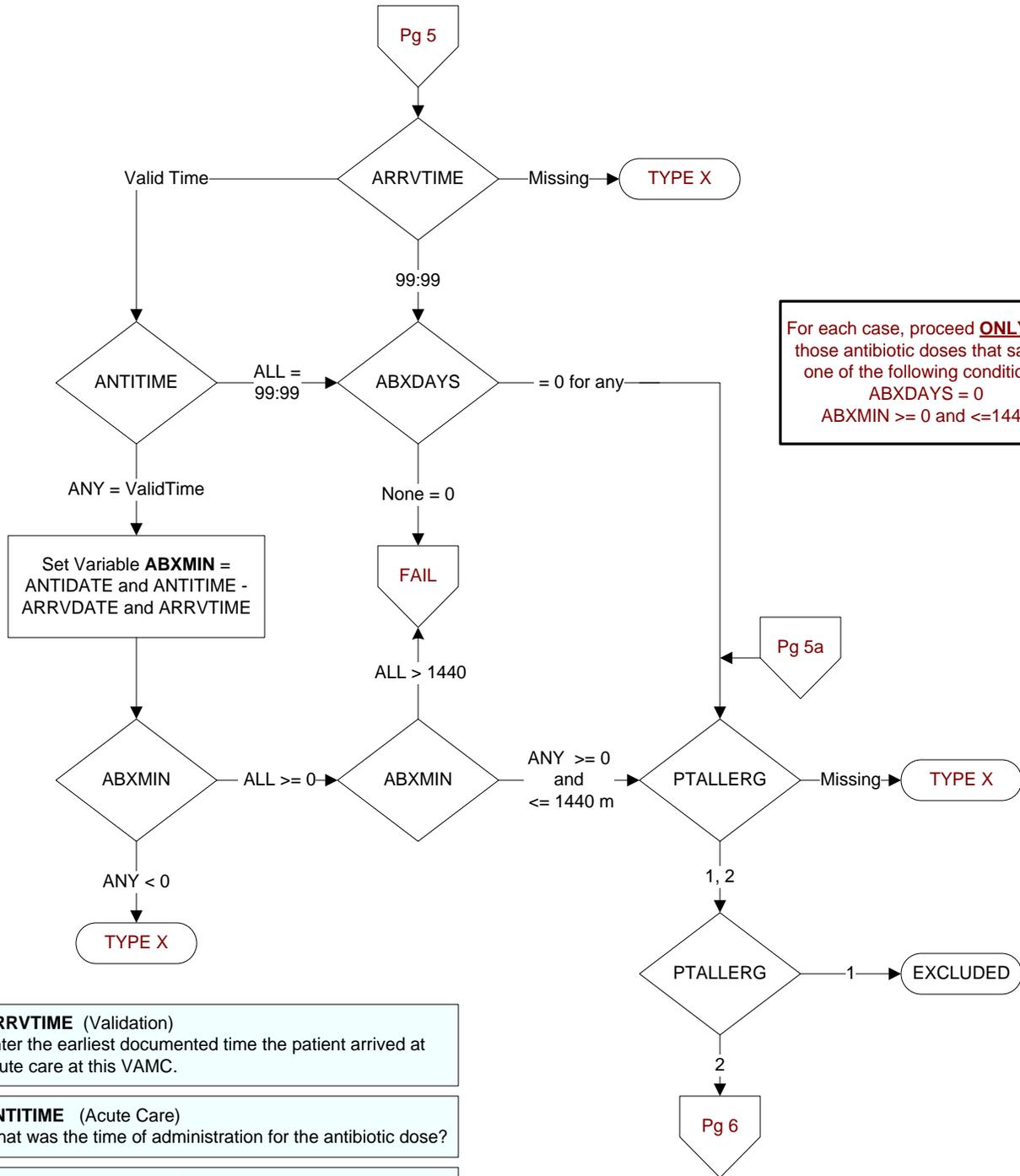
**ABRECVD** (Acute Care)  
 Did the patient receive antibiotics via an appropriate route (PO, NG, PEG, IM, or IV)?  
 1. Antibiotic received only within 24 hours prior to arrival or the day prior to arrival and not during hospital stay  
 2. Antibiotic received within 24 hours prior to arrival or the 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

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

**ROUTEADM** (Acute Care)  
 Enter the route of administration of the antibiotic.  
 1. PO, NG, PEG tube (Oral)  
 2. IV (Intravenous)  
 3. IM (Intramuscular)  
 99. UTD (Unable to determine route)

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

From this point, ---->  
 include only doses where  
**ROUTEADM = 1, 2 3**

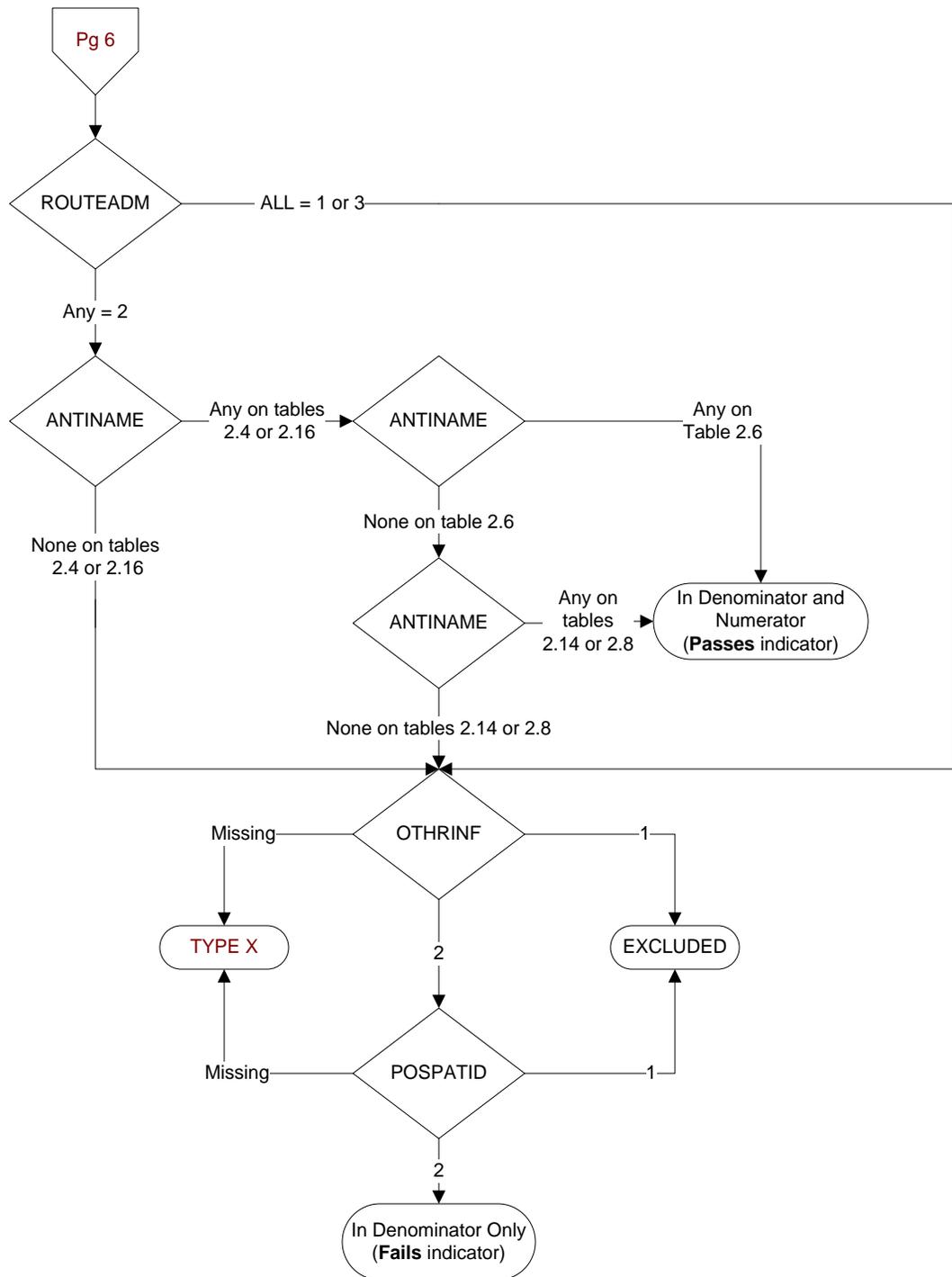


For each case, proceed **ONLY** with those antibiotic doses that satisfy one of the following conditions:  
 ABXDAYS = 0  
 ABXMIN >= 0 and <=1440

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

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

**PTALLERG** (Acute Care)  
 Documented patient allergies, sensitivities, or intolerance to beta-lactam/penicillin antibiotic or cephalosporin medications?  
 1. Yes  
 2. No



For this path, ----->  
include only doses  
where ROUTEADM = 2

**POSPATID (Acute Care)**

Is there documentation that results of a positive culture or diagnostic test for a pathogen were available upon arrival or within 24 hours after arrival to the hospital?

**For the purposes of this measure, a positive diagnostic test for a pathogen includes any of the following:**

- Positive culture (blood, urine, sputum, wound, etc.) for bacteria
- Positive urinary antigen test for Streptococcus pneumoniae or Legionella pneumophila
- Positive Polymerase Chain Reaction (PCR) test for Legionella pneumophila

1 = Yes  
2 = No

**OTHRINF (Acute Care)**

Was there physician/APN/PA documentation of another suspected source of infection in addition to pneumonia within 24 hours of arrival?  
**(Refer to Inclusion and Exclusion List)**

1. Yes
2. No