

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

CATNUM
 Sample category
 53. Surgical Care
 55. Type 10 Surgery Cases

SIADMDT (SCIP)
 Date of admission to inpatient care:

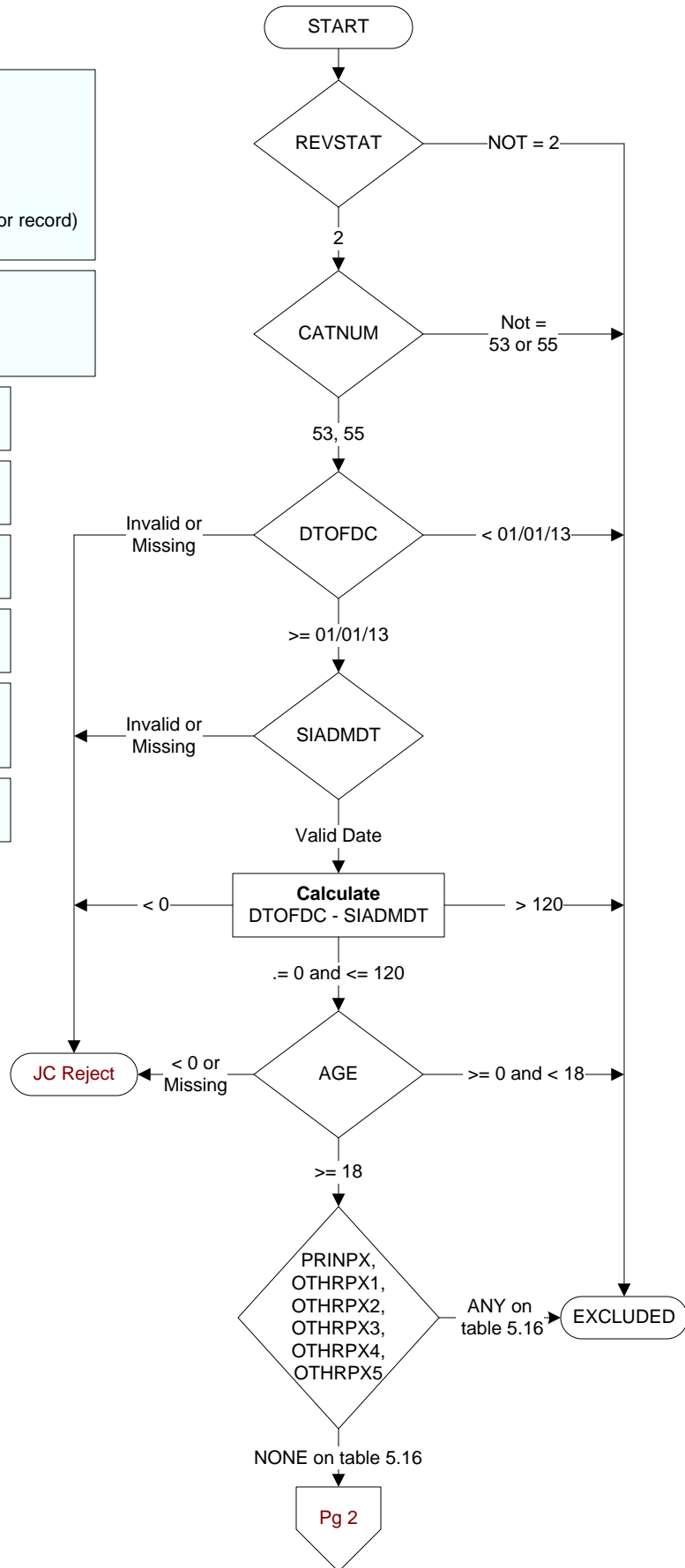
BIRTHDT
 Patient date of birth. Received on pull list.

DTOFDC (SCIP)
 Discharge Date

AGE
 Calculated field = SIADMDT - BIRTHDT

PRINPX (SCIP)
 Enter the ICD-9-CM principal procedure code and date the procedure was performed

OTHRPX1-5 (SCIP - up to 5 entries)
 Enter the ICD-9-CM other procedure codes



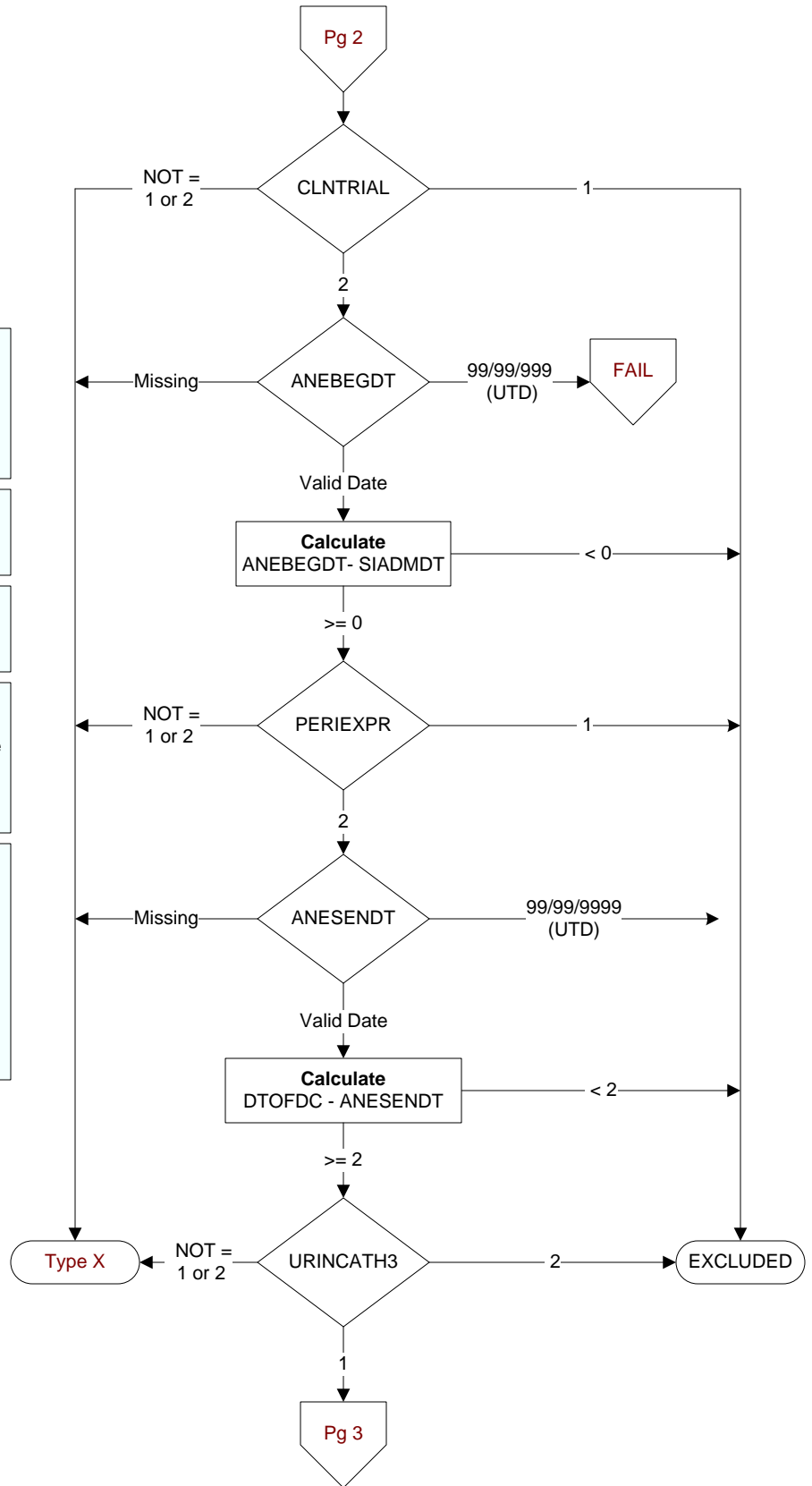
CLNTRIAL (SCIP)
 During this hospital stay, was the patient enrolled in a clinical trial in which patients undergoing surgery were being studied?
 1. Yes
 2. No

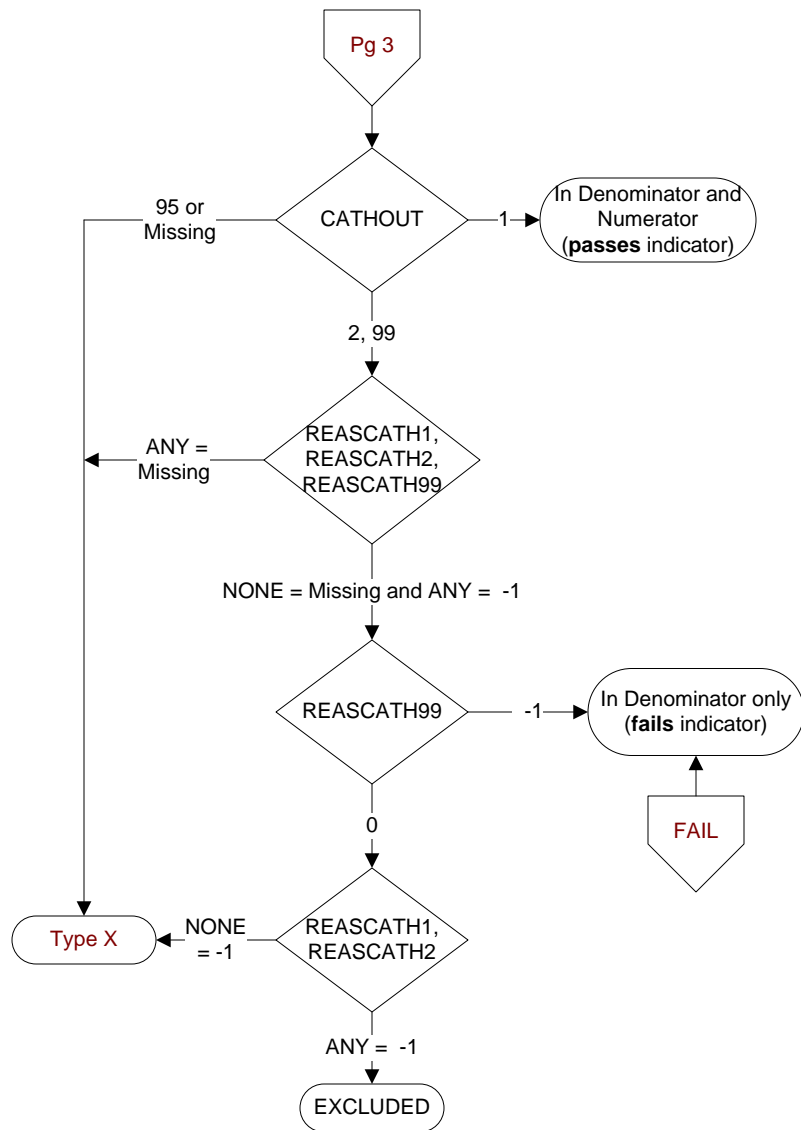
ANEBEGDT (SCIP)
 Enter the date the anesthesia was started for the principal procedure.

ANESENDT (SCIP)
 Enter the date the anesthesia ended for the principal procedure

PERIEXPR (SCIP)
 Is there documentation that the patient expired during the timeframe from surgical incision through discharge from the post anesthesia care/ recovery area?
 1. Yes
 2. No

URINCATH3 (SCIP)
 Is there documentation that a urinary catheter was placed during the specified timeframe AND that one was still in place at the time of discharge from the recovery/post-anesthesia care area?
The specified timeframe is defined as from hospital arrival through discharge from the recovery/post-anesthesia care area.
 1. Yes
 2. No or unable to determine





CATHOUT (SCIP)
 Is there documentation the urinary catheter was removed on Postoperative Day 0 (POD 0) through Postoperative Day Two (POD 2) with Anesthesia End Date being POD 0?
 1. Urinary catheter was removed on POD 0 through POD 2
 2. Urinary catheter was not removed on POD 0 through POD 2
 95. Not applicable
 99. Unable to determine from medical record documentation whether the urinary catheter was removed on POD 0 through POD 2

(SCIP)
 Was there documentation of a reason for not removing the urinary catheter postoperatively on POD 1 or POD 2?
Indicate all that apply:
REASCATH1. Documentation that the patient was in the intensive care unit (ICU) and receiving one or more of the listed medications (diuretic, vasopressor/inotropic, or paralytic therapy)
REASCATH2. Physician/APN/PA documentation of a reason for not removing the urinary catheter postoperatively
REASCATH95. Not applicable
REASCATH99. No documentation of a reason for not removing the urinary catheter postoperatively or unable to determine from medical record documentation