

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

APROCODE (Validation)
 Enter the ICD-9-CM principal diagnosis code

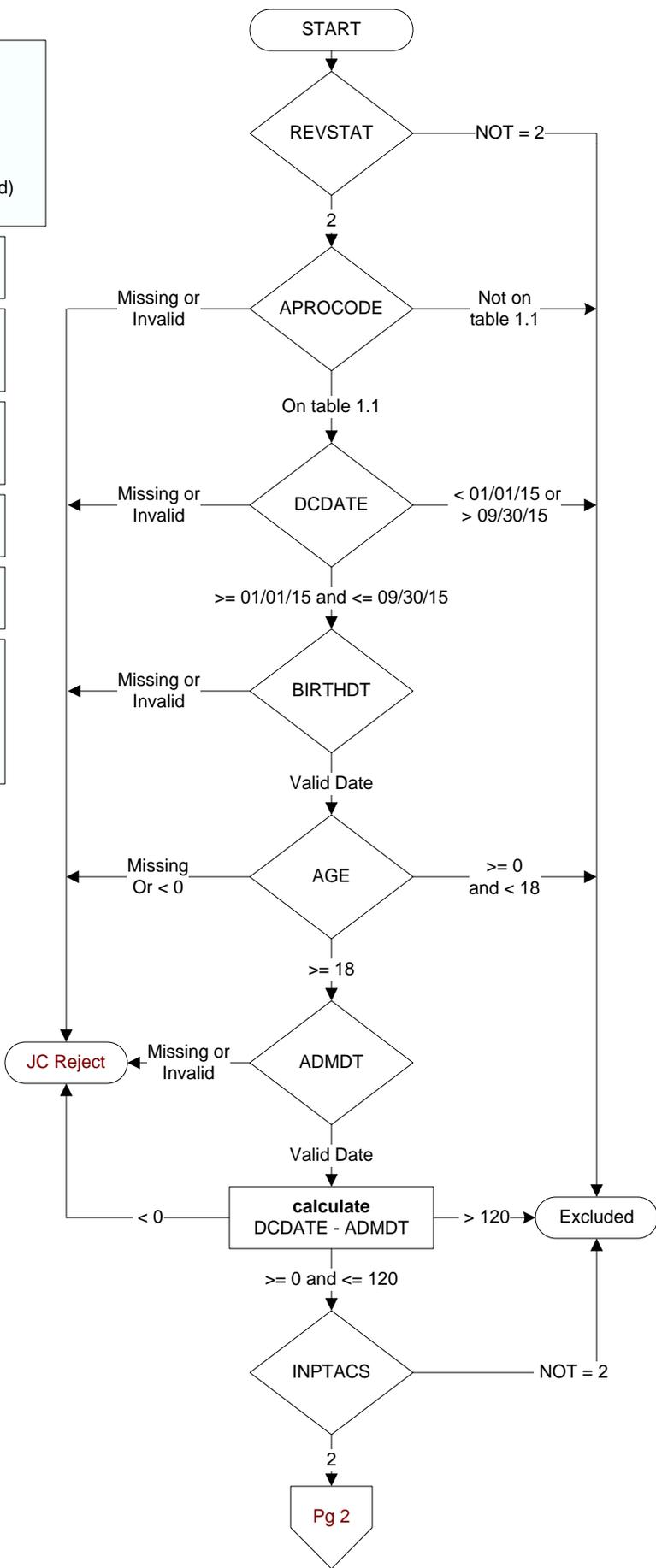
DCDATE (Validation)
 Enter the date of discharge. (received on pull list and may not be modified)

ADMDT (Validation)
 Enter the date the patient was formally admitted to inpatient status at this VAMC.

BIRTHDT (rcvd on pull list)
 Patients date of birth.

AGE
 calculated field: ADMDT - BIRTHDT

INPTACS (Validation)
 Was the veteran already a VAMC inpatient when ACS occurred?
 1. yes
 2. no
 95. not applicable



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

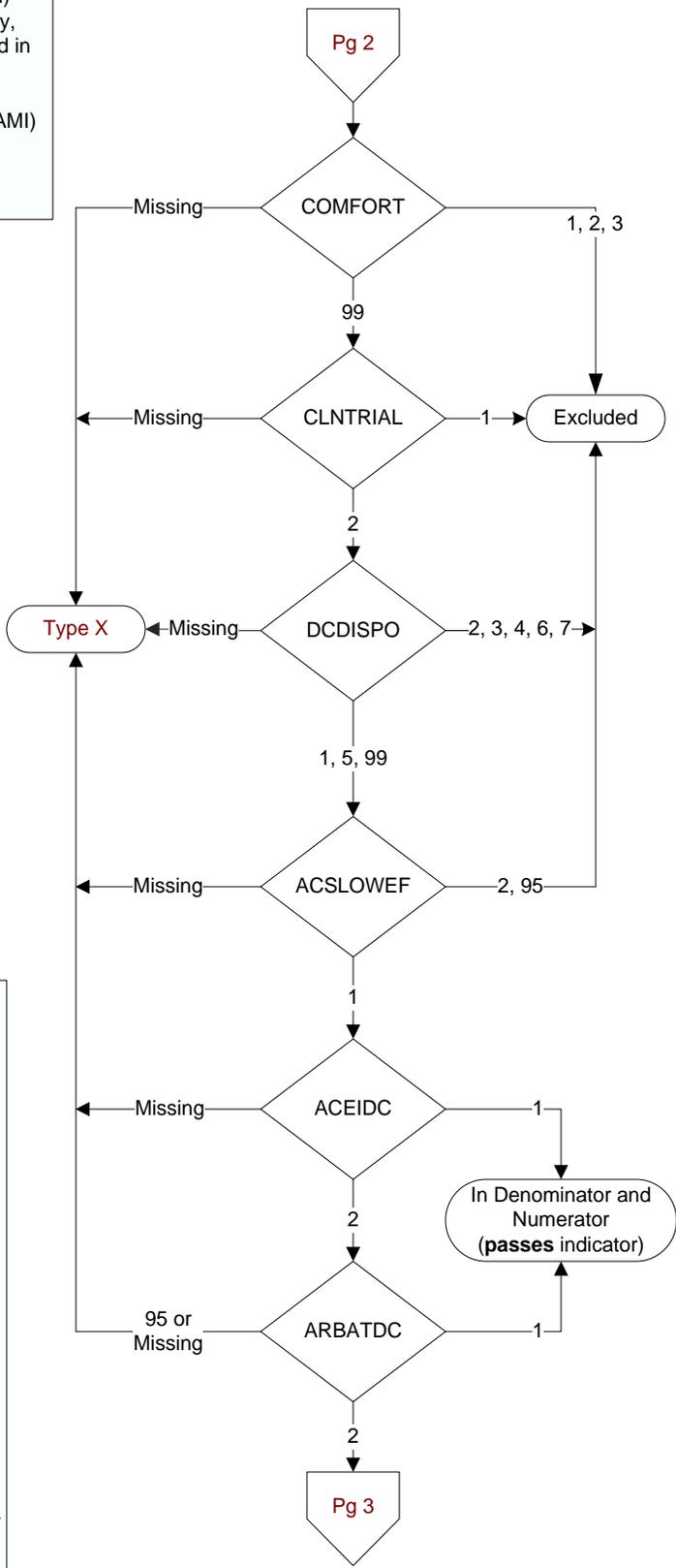
CLNTRIAL (Validation)
During this hospital stay, was the patient enrolled in a clinical trial in which patients with acute myocardial infarction (AMI) were being studied?
1 = Yes
2 = No

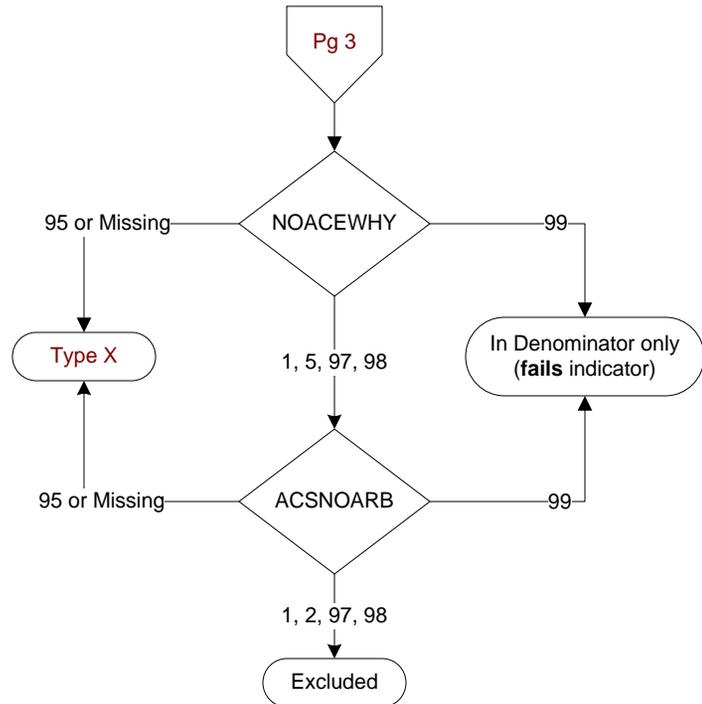
ARBATDC (Discharge)
Was an angiotensin II receptor antagonist (ARB or AIIRA) prescribed at discharge?
Examples of ARB include, but are not limited to:
• candesartan
• eprosartan
• irbesartan
• losartan
• valsartan
• combinations of ARB with hydrochlorothiazide
1. Yes
2. No
95. Not applicable

ACSLWEIF (Cont Care)
Is the left ventricular systolic function (LVSF) documented as an ejection fraction (EF) less than 40% or narrative description consistent with moderate or severe systolic dysfunction (LVSD)?
1. yes
2. no
95. not applicable

ACEIDC (Discharge)
Was an angiotensin converting enzyme inhibitor (ACEI) prescribed at discharge?
Examples of ACEI include, but are not limited to:
• enalapril
• captopril
• lisinopril
• benazepril
• ramipril
• combinations of ACEI with hydrochlorothiazide
1. yes
2. no

DCDISPO (Validation)
What was the patient's discharge disposition on the day of discharge?
1. Home
-- Assisted Living Facilities
-- Court/Law Enforcement – includes detention facilities, jails, and prison
-- Board and care, domiciliary, foster or residential care, group or personal care homes, 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
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 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





NOACEWHY (Discharge)

Is there documentation of a reason for not prescribing an ACEI at discharge?

- 1. ACEI allergy
- 5. Moderate or severe aortic stenosis
- 95. Not applicable
- 97. Other reason(s) documented by a physician, APN, PA, or pharmacist for not prescribing an ACEI at discharge
- 98. Patient refused ACEIs documented by physician/APN/PA or pharmacist
- 99. No documented contraindication

ACSNOARB (Discharge)

Does the record document any of the following ARB (AIIRA) contraindications:

Is there documentation of a reason for not prescribing an ARB at discharge?

- 1. ARB (AIIRA) allergy or sensitivity
- 2. moderate or severe aortic stenosis
- 95. Not applicable
- 97. Other reason(s) documented by a physician/APN/PA or pharmacist for not prescribing an ARB
- 98. Patient refused ARBs documented by physician/APN/PA or pharmacist
- 99. No documented contraindication