

**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

**ADMDT**

Date of admission to inpatient care:

**DCDATE**

Discharge date from hospital:

**DCDISPO**

What was the patient's discharge disposition on the day of discharge?

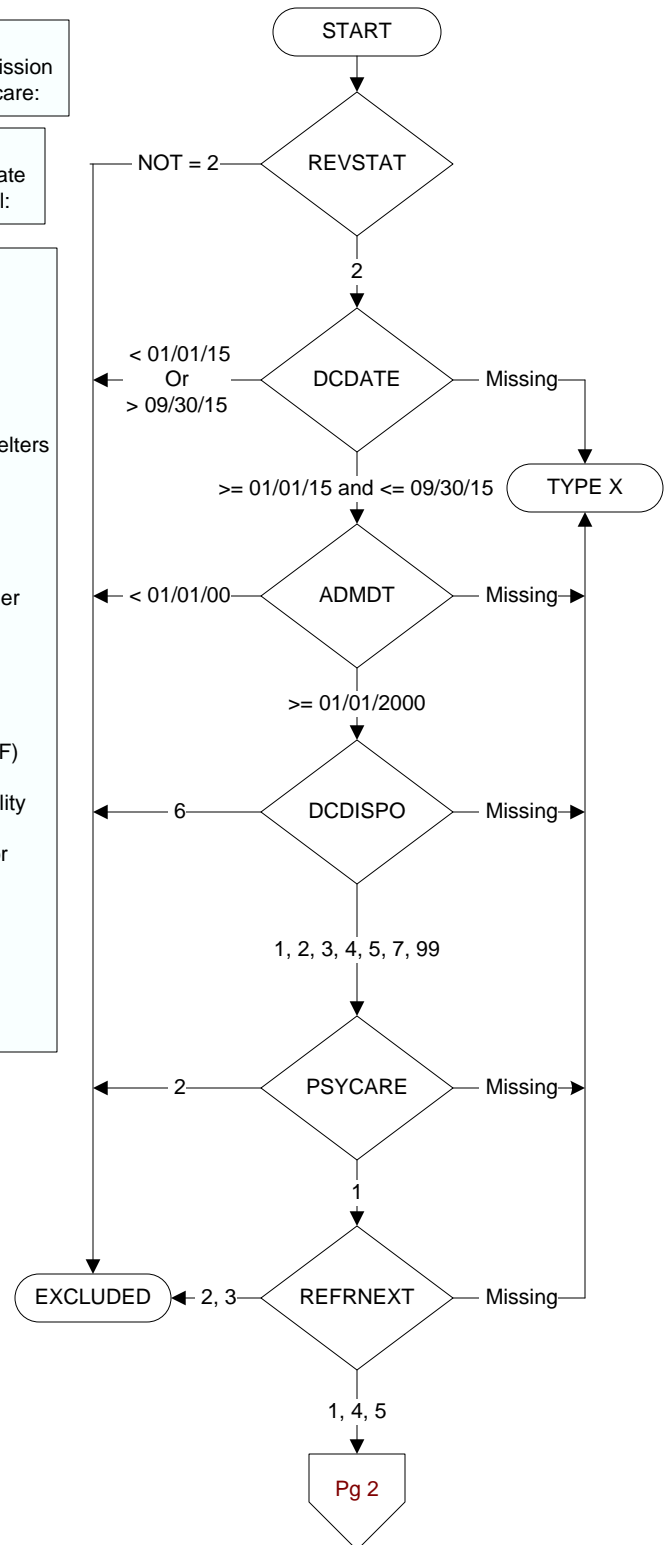
1. Home
  - Assisted Living Facilities (ALFs) – includes assisted living care at nursing home/facility
  - Court/Law Enforcement – includes detention facilities, jails, and prison
  - Home – includes board and care, domiciliary, foster or residential care, group or personal care homes, retirement communities, 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 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

**REFRNEXT**

Is there documentation in the medical record that the patient was referred to the next level of care provider upon discharge from a hospital based inpatient psychiatric setting?

**Select one option:**

1. The medical record contains documentation that the patient was referred to the next level of care provider upon discharge from the hospital based inpatient psychiatric setting
2. The medical record contains documentation that the patient or guardian refused the next level of care provider upon discharge from a hospital based inpatient psychiatric setting **OR** refused to authorize release of information.
3. The medical record contains documentation that the patient:
  - eloped **OR**
  - failed to return from leave and was discharged **OR**
  - was discharged from the hospital **from a setting other than a Psychiatric Care Setting** to another level of care outside of the hospital system.
4. The medical record contains documentation that the patient was **NOT** referred to the next level of care provider upon discharge from a hospital based inpatient psychiatric setting for a reason other than options 1 – 3.
5. The medical record does not contain documentation that the patient was referred to the next level of care provider upon discharge from a hospital based inpatient psychiatric setting **OR** unable to determine from the medical record

**PSYCARE**

Did the patient receive care in an inpatient psychiatric care setting?

1. Yes
2. No

**PLNDXSEN**

Is there documentation in the medical record the continuing care plan which included the principal diagnosis was transmitted to the next level of care provider **no later than the fifth post-discharge day**?

1. Yes
2. No

**CARESENT**

Is there documentation in the medical record the continuing care plan including the reason for hospitalization was transmitted to the next level of care provider **no later than the fifth post-discharge day**?

1. Yes
2. No

**SEND5MED**

Was the continuing care plan including discharge medications (or noting no meds were ordered at discharge) transmitted to the next level of care provider **no later than the fifth post-discharge day**?

1. Yes
2. No

**PLNEXSEN**

Is there documentation in the medical record the continuing care plan including next level of care recommendations was transmitted to the next level of care provider **no later than the fifth post-discharge day**?

1. Yes
2. No

