

**Document Links:**

[Hospital Outpatient Instrument](#)

**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 data  
 5. Administrative exclusion

**COHORT** (rcvd on pull list)  
 72 = HOP – AMI  
 73 = HOP – Chest Pain  
 74 = HOP – ED  
 76 = HOP - Stroke

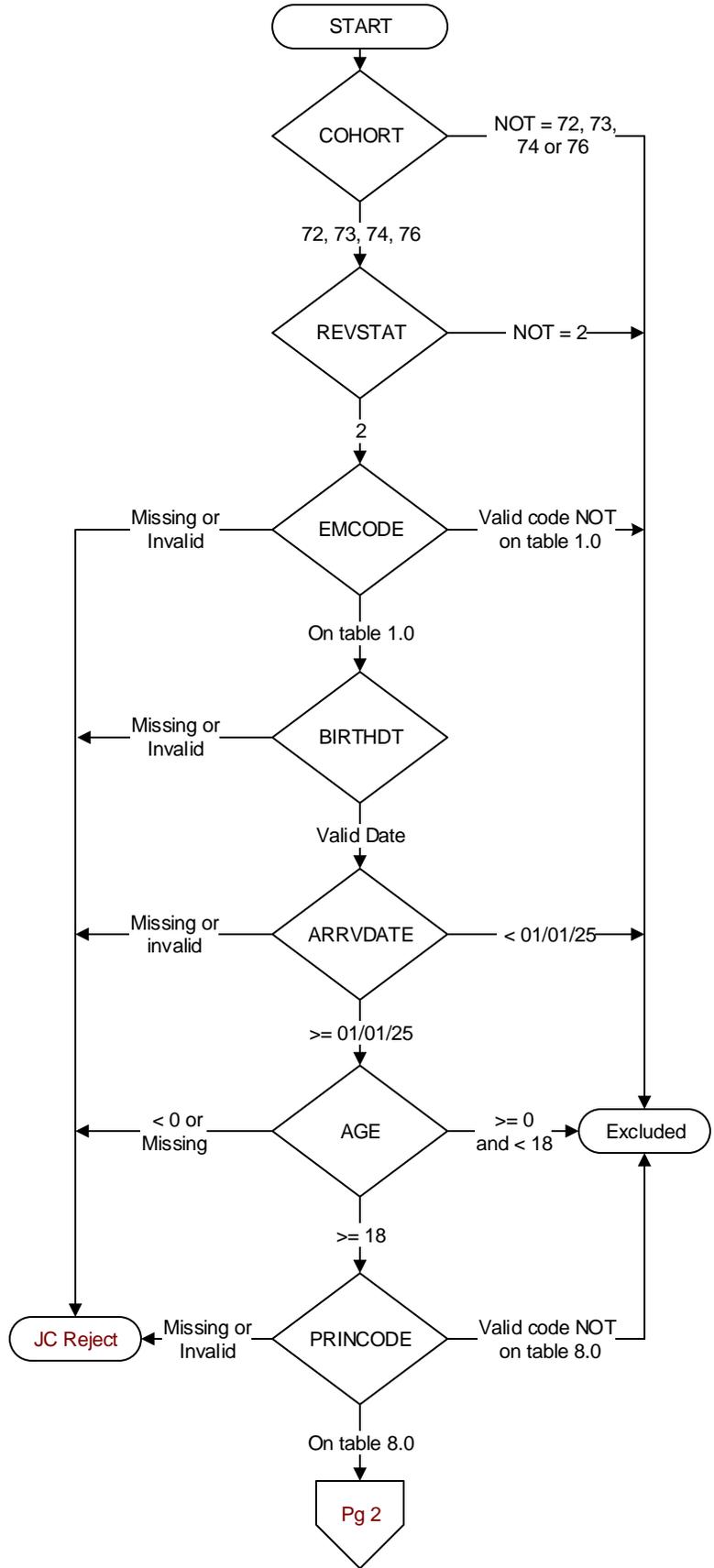
**EMCODE** (HOP)  
 Enter the E/M code documented for this outpatient encounter.

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

**ARRVDATE** (HOP)  
 Enter the **earliest** documented date the patient arrived in the hospital outpatient setting at this VAMC.

**AGE**  
 calculated field: ARRVDATE - BIRTHDT

**PRINCODE** (HOP)  
 Enter the ICD-10-CM principal diagnosis code.



**DCCODE (HOP)**  
 What was the patient's discharge disposition from the outpatient setting?  
 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  
 4a. Non-VA Acute Care Facility – General Inpatient Care  
 4b. Acute Care Facility – Critical Access Hospital  
 4c. Acute Care Facility - Cancer or Children's Hospitals  
 4d. Acute Care Facility - Department of Defense or 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

**CTMRIORD (HOP)**  
 Was a computerized tomography (CT) or Magnetic Resonance Imaging (MRI) scan of the head ordered by the physician/APN/PA during the emergency department visit?

Brain or head computed or computerized tomography (CT)	Brain or head magnetic resonance imaging (MRI)
Brain or head computed tomography angiography (CTA)	Brain or head magnetic resonance angiogram (MRA)
Enhanced or unenhanced MR imaging	

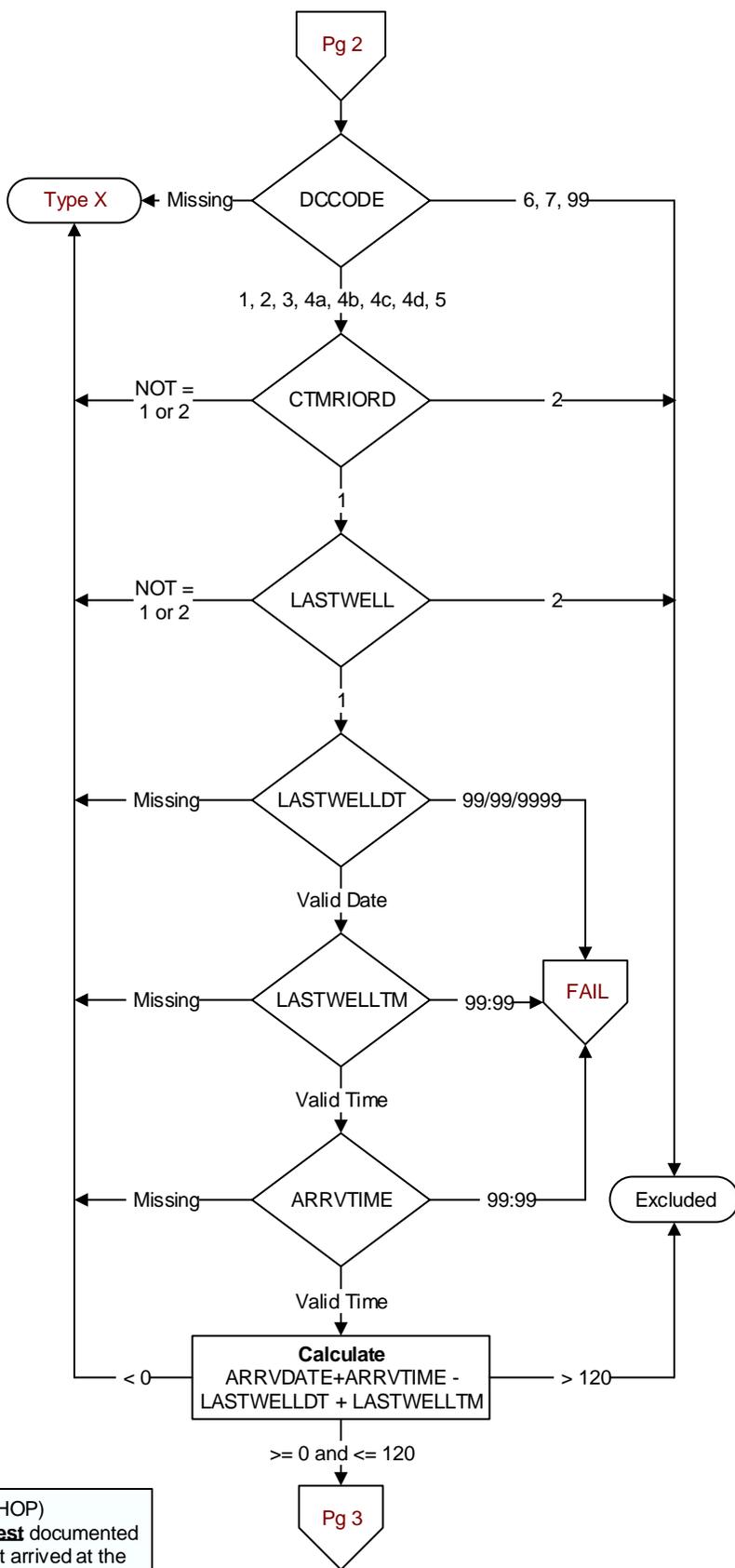
1. Yes  
 2. No

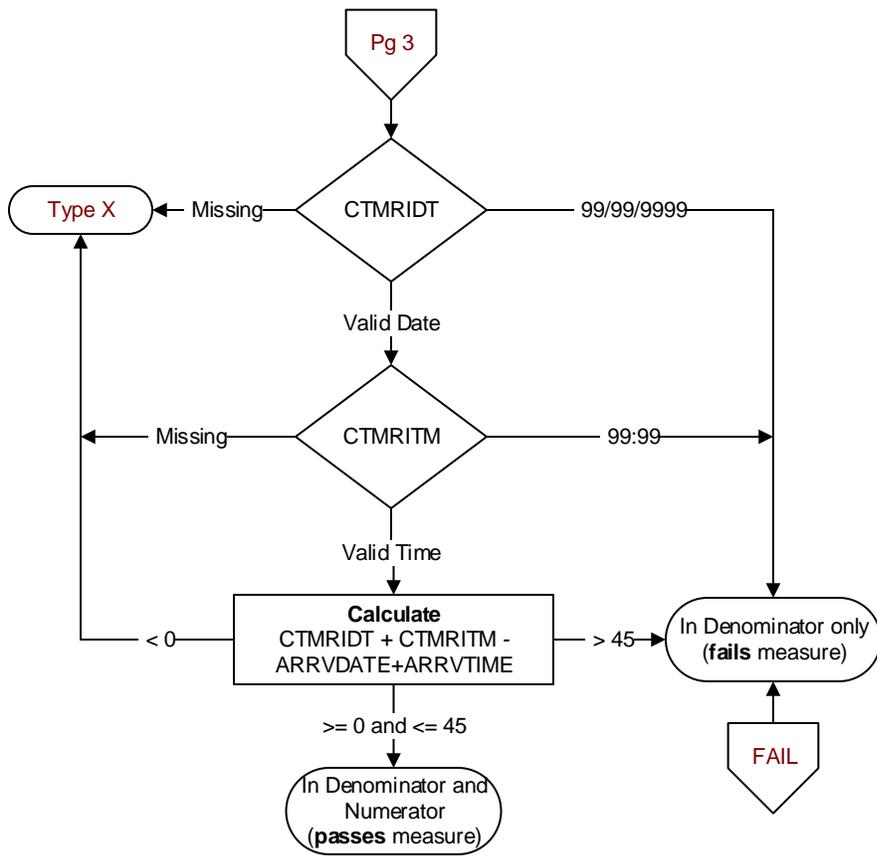
**LASTWELLDT (HOP)**  
 Enter the date the patient was last known to be well.

**LASTWELLTM (HOP)**  
 Enter the time the patient was last known to be well.

**LASTWELL (HOP)**  
 Is there documentation that the date and time of last known well was witnessed or reported?  
 1. Yes  
 2. No

**ARRVTIME (HOP)**  
 Enter the **earliest** documented time the patient arrived at the outpatient or emergency department at this VAMC.





**CTMRIDT (HOP)**  
 Enter the date the earliest Head CT or MRI Scan interpretation was completed/reported.

**CTMRITM (HOP)**  
 Enter the time the earliest Head CT or MRI Scan interpretation was completed/reported.