




# Hospital Data Validation Inclusion List (Scored/Non-Scored Elements) [Page 1: Legend/Key]

This document includes discharges 4Q07 (10/01/2007) through 1Q08 (03/31/2008).

## MEASURE / INDICATOR COLUMN

-  (Blue Shaded/Patterned Measure/Indicator and Element Name) = Initial "10 Starter Set" (Started Nov. 2005)
-  (Grey Shaded/Patterned Measure/Indicator and Element Name) = Added to "10 Starter Set" to create the "21 Quality Measures" (Started with 3Q06 discharges)
-  (Orange Shaded/Patterned Measure/Indicator and Element Name) = Added to "10 Starter Set" and addition 11 (created "21 Quality Measures") to create the "24 Quality Measures" (Started with 2Q07 discharges)
- \*\* Change from previous quarter

## VALIDATED and CALCULATED / SCORED COLUMNS

**'X' in Validated Column Only** Data element is included in the validation process. CDAC Educational comments will be provided but mismatches will not affect the overall posted score or Upper Bound Result during the Annual Payment Update (APU) review.

**'X' in Both Validated AND Calculated / Scored Columns** Data element is included in the validation process and is scored. (Affects the overall posted score and Upper Bound Result during the APU review).

## MEASURE SETS (TOPICS):

- Acute Myocardial Infarction (AMI): All [Pages 2-14](#) (Newest Quarter [4Q07] starts on page 11)
- Heart Failure (HF): All [Pages 15-18](#) (Newest Quarter [4Q07] starts on page 18)
- Pneumonia (PN): All [Pages 19-39](#) (Newest Quarter [4Q07] starts on page 35)
- Surgical Care Improvement Program (SCIP): All [Pages 40-50](#) (Newest Quarter [4Q07] starts on page 48)

## MEASURE SET ORDER:

- Measure Set Alphabetical Order
  - Each Measure Set's Data Element list is in Algorithm Order
- Discharge Time Frame (Oldest to Most Recent)

If you have any questions about this document, please contact the HRP QIOSC at [hrpqiosc@iaqio.sdps.org](mailto:hrpqiosc@iaqio.sdps.org).

Acute Myocardial Infarction (AMI) Elements for Discharges 10/01/2006 - 12/31/2006				
Measure/Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>AMI-1</b>	<b>Aspirin at Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Aspirin on Arrival	CTRASPRNAR	X	X
	Aspirin Received Within 24 Hours Before or After Hospital Arrival	ASPRN24HRS	X	X
<b>AMI-2</b>	<b>Aspirin Prescribed at Discharge</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Aspirin at Discharge	CTRASPRNDS	X	X
	Aspirin Prescribed at Discharge	ASPRNRXDIS	X	X
<b>AMI-3</b>	<b>ACEI or ARB for LVSD</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	LVSD	LVSD	X	X
	Contraindication to Both ACEI and ARB at Discharge	CTRACEI	X	X
	ACEI Prescribed at Discharge	ACEIRXDCHG	X	X
	ARB Prescribed at Discharge	ARBRXDIS	X	X
<b>AMI-4</b>	<b>Adult Smoking Cessation Advice/Counseling</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Adult Smoking History	ADSMKHIST	X	X
	Adult Smoking Counseling	ADSMKCOUNS	X	X
<b>AMI-5</b>	<b>Beta Blocker Prescribed at Discharge</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Beta Blocker at Discharge	CTRBBLKRDS	X	X
	Beta Blocker Prescribed at Discharge	BBLKRRXDIS	X	X
<b>AMI-6</b>	<b>Beta Blocker at Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Beta Blocker on Arrival	CTRBBLKRAR	X	X
	Beta Blocker Received Within 24 Hours After Hospital Arrival	BBLKR24HRS	X	X

Acute Myocardial Infarction (AMI) Elements for Discharges 10/01/2006 - 12/31/2006				
Measure/Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>AMI-7</b>	<b>Median Time to Fibrinolysis</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Fibrinolytic Administration Date	FIBADMINDT	X	X
	Fibrinolytic Administration Time	FIBADMINTM	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in Fibrinolytic Therapy	REASONDELFI	X	X
<b>AMI-7a</b>	<b>Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Fibrinolytic Administration Date	FIBADMINDT	X	X
	Fibrinolytic Administration Time	FIBADMINTM	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in Fibrinolytic Therapy	REASONDELFI	X	X
<b>AMI-8</b>	<b>Median Time to Primary PCI</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Non-Primary PCI	NONPRIPCI	X	X
	First PCI Time	PCITM	X	X
	First PCI Date	PCIDT	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in PCI	REASONDELPCI	X	X

**Acute Myocardial Infarction (AMI) Elements for  
Discharges 10/01/2006 - 12/31/2006**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>AMI-8a</b>	<b>Primary PCI Received Within 90 Minutes of Hospital Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDEX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Non-Primary PCI	NONPRIPCI	X	X
	First PCI Time	PCITM	X	X
	First PCI Date	PCIDT	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in PCI	REASONDELPCI	X	X
<b>AMI-T1a</b>	<b>LDL Cholesterol Assessment</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDEX	X	----
	Comfort Measures Only	COMFORTMX	X	----
	Discharge Status	DISCHGSTAT	X	----
	In-Hospital LDL-Cholesterol Test	INHOLDLTST	X	----
	Pre-Arrival LDL-Cholesterol Test	PRARLDLTEST	X	----
	Pre-Arrival LDL-Cholesterol Value	PRARLDLTVALU	X	----
	Pre-Arrival LDL-Cholesterol Qualitative Description	PRARLDLTQUDS	X	----
	Plan for LDL-Cholesterol Test	INHOLDLTPLAN	X	----
	Reason for No LDL-Cholesterol Testing	REASONNOLDLT	X	----
<b>AMI-T2</b>	<b>Lipid Lowering Therapy at Discharge</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDEX	X	----
	Comfort Measures Only	COMFORTMX	X	----
	Discharge Status	DISCHGSTAT	X	----
	In-Hospital LDL-Cholesterol Test	INHOLDLTST	X	----
	First In-Hospital LDL-Cholesterol Value	INHOLDLTVALU	X	----
	First In-Hospital LDL-Cholesterol Qualitative Description	INHOLDLTQUDS	X	----
	Pre-Arrival LDL-Cholesterol Test	PRARLDLTEST	X	----
	Pre-Arrival LDL-Cholesterol Value	PRARLDLTVALU	X	----
	Pre-Arrival LDL-Cholesterol Qualitative Description	PRARLDLTQUDS	X	----
	Lipid Lowering Agent Prescribed at Discharge	LIPIDPREDC	X	----
	Reason for No Lipid Lowering Therapy	REASONNOLIPD	X	----

Acute Myocardial Infarction (AMI) Elements for Discharges 01/01/2007 - 03/31/2007				
Measure/Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated/Scored
<b>AMI-1</b>	<b>Aspirin at Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Aspirin on Arrival	CTRASPRNAR	X	X
	Aspirin Received Within 24 Hours Before or After Hospital Arrival	ASPRN24HRS	X	X
<b>AMI-2</b>	<b>Aspirin Prescribed at Discharge</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Aspirin at Discharge	CTRASPRNDS	X	X
	Aspirin Prescribed at Discharge	ASPRNRXDIS	X	X
<b>AMI-3</b>	<b>ACEI or ARB for LVSD</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	LVSD	LVSD	X	X
	Contraindication to Both ACEI and ARB at Discharge	CTRACEI	X	X
	ACEI Prescribed at Discharge	ACEIRXDCHG	X	X
	ARB Prescribed at Discharge	ARBRXDIS	X	X
<b>AMI-4</b>	<b>Adult Smoking Cessation Advice/Counseling</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Adult Smoking History	ADSMKHIST	X	X
	Adult Smoking Counseling	ADSMKCOUNS	X	X
<b>AMI-5</b>	<b>Beta Blocker Prescribed at Discharge</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Beta Blocker at Discharge	CTRBLKRDS	X	X
	Beta Blocker Prescribed at Discharge	BBLKRRXDIS	X	X
<b>AMI-6</b>	<b>Beta Blocker at Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Beta Blocker on Arrival	CTRBLKRAR	X	X
	Beta Blocker Received Within 24 Hours After Hospital Arrival	BBLKR24HRS	X	X

Acute Myocardial Infarction (AMI) Elements for Discharges 01/01/2007 - 03/31/2007				
Measure/Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>AMI-7</b>	<b>Median Time to Fibrinolysis</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Fibrinolytic Administration Date	FIBADMINDT	X	X
	Fibrinolytic Administration Time	FIBADMINTM	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in Fibrinolytic Therapy	REASONDELFI	X	X
<b>AMI-7a</b>	<b>Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Fibrinolytic Administration Date	FIBADMINDT	X	X
	Fibrinolytic Administration Time	FIBADMINTM	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in Fibrinolytic Therapy	REASONDELFI	X	X
<b>AMI-8</b>	<b>Median Time to Primary PCI</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Non-Primary PCI	NONPRI PCI	X	X
	First PCI Time	PCITM	X	X
	First PCI Date	PCIDT	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in PCI	REASONDELPCI	X	X

**Acute Myocardial Infarction (AMI) Elements for  
Discharges 01/01/2007 - 03/31/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>AMI-8a</b>	<b>Primary PCI Received Within 90 Minutes of Hospital Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Non-Primary PCI	NONPRIPCI	X	X
	First PCI Time	PCITM	X	X
	First PCI Date	PCIDT	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in PCI	REASONDELPCI	X	X
<b>AMI-T1a</b>	<b>LDL Cholesterol Assessment</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	----
	Comfort Measures Only	COMFORTMX	X	----
	Discharge Status	DISCHGSTAT	X	----
	In-Hospital LDL-Cholesterol Test	INHOLDLTST	X	----
	Pre-Arrival LDL-Cholesterol Test	PRARLDLTEST	X	----
	Pre-Arrival LDL-Cholesterol Value	PRARLDLTVALU	X	----
	Pre-Arrival LDL-Cholesterol Qualitative Description	PRARLDLTQUDS	X	----
	Plan for LDL-Cholesterol Test	INHOLDLTPLAN	X	----
	Reason for No LDL-Cholesterol Testing	REASONNOLDLT	X	----
<b>AMI-T2</b>	<b>Lipid Lowering Therapy at Discharge</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	----
	Comfort Measures Only	COMFORTMX	X	----
	Discharge Status	DISCHGSTAT	X	----
	In-Hospital LDL-Cholesterol Test	INHOLDLTST	X	----
	First In-Hospital LDL-Cholesterol Value	INHOLDLTVALU	X	----
	First In-Hospital LDL-Cholesterol Qualitative Description	INHOLDLTQUDS	X	----
	Pre-Arrival LDL-Cholesterol Test	PRARLDLTEST	X	----
	Pre-Arrival LDL-Cholesterol Value	PRARLDLTVALU	X	----
	Pre-Arrival LDL-Cholesterol Qualitative Description	PRARLDLTQUDS	X	----
	Lipid Lowering Agent Prescribed at Discharge	LIPIDPREDC	X	----
	Reason for No Lipid Lowering Therapy	REASONNOLIPD	X	----

Acute Myocardial Infarction (AMI) Elements for Discharges 04/01/2007 - 09/30/2007				
Measure/Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>AMI-1</b>	<b>Aspirin at Arrival</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Date**	discharge-date	X	----
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Aspirin on Arrival	CTRASPRNAR	X	X
	Aspirin Received Within 24 Hours Before or After Hospital Arrival	ASPRN24HRS	X	X
<b>AMI-2</b>	<b>Aspirin Prescribed at Discharge</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Aspirin at Discharge	CTRASPRNDS	X	X
	Aspirin Prescribed at Discharge	ASPRNRXDIS	X	X
<b>AMI-3</b>	<b>ACEI or ARB for LVSD</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	LVSD	LVSD	X	X
	Contraindication to Both ACEI and ARB at Discharge	CTRACEI	X	X
	ACEI Prescribed at Discharge	ACEIRXDCHG	X	X
	ARB Prescribed at Discharge	ARBRXDIS	X	X
<b>AMI-4</b>	<b>Adult Smoking Cessation Advice/Counseling</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Adult Smoking History	ADSMKHIST	X	X
	Adult Smoking Counseling	ADSMKCOUNS	X	X
<b>AMI-5</b>	<b>Beta Blocker Prescribed at Discharge</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Beta Blocker at Discharge	CTRBBLKRDS	X	X
	Beta Blocker Prescribed at Discharge	BBLKRRXDIS	X	X

Acute Myocardial Infarction (AMI) Elements for Discharges 04/01/2007 - 09/30/2007				
Measure/Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>AMI-6</b>	<b>Beta Blocker at Arrival</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Date**	discharge-date	X	----
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Beta Blocker on Arrival	CTRBBLKRAR	X	X
	Beta Blocker Received Within 24 Hours After Hospital Arrival	BBLKR24HRS	X	X
<b>AMI-7</b>	<b>Median Time to Fibrinolysis</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Fibrinolytic Administration Date	FIBADMINDT	X	X
	Fibrinolytic Administration Time	FIBADMINTM	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in Fibrinolytic Therapy	REASONDELFI	X	X
<b>AMI-7a</b>	<b>Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Fibrinolytic Administration Date	FIBADMINDT	X	X
	Fibrinolytic Administration Time	FIBADMINTM	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in Fibrinolytic Therapy	REASONDELFI	X	X
<b>AMI-8</b>	<b>Median Time to Primary PCI</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Non-Primary PCI	NONPRIPCI	X	X
	First PCI Time	PCITM	X	X
	First PCI Date	PCIDT	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in PCI	REASONDELPCI	X	X

**Acute Myocardial Infarction (AMI) Elements for  
Discharges 04/01/2007 - 09/30/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>AMI-8a</b>	<b>Primary PCI Received Within 90 Minutes of Hospital Arrival</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Admission Source	ADMSNSRC	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Non-Primary PCI	NONPRIPCI	X	X
	First PCI Time	PCITM	X	X
	First PCI Date	PCIDT	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in PCI	REASONDELPCI	X	X
<b>AMI-T1a</b>	<b>LDL Cholesterol Assessment</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	----
	Discharge Status	DISCHGSTAT	X	----
	In-Hospital LDL-Cholesterol Test	INHOLDLTST	X	----
	Pre-Arrival LDL-Cholesterol Test	PRARLDLTEST	X	----
	Pre-Arrival LDL-Cholesterol Value	PRARLDLTVALU	X	----
	Pre-Arrival LDL-Cholesterol Qualitative Description	PRARLDLTQUDS	X	----
	Plan for LDL-Cholesterol Test	INHOLDLTPLAN	X	----
	Reason for No LDL-Cholesterol Testing	REASONNOLDLT	X	----
<b>AMI-T2</b>	<b>Lipid Lowering Therapy at Discharge</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	----
	Discharge Status	DISCHGSTAT	X	----
	In-Hospital LDL-Cholesterol Test	INHOLDLTST	X	----
	First In-Hospital LDL-Cholesterol Value	INHOLDLTVALU	X	----
	First In-Hospital LDL-Cholesterol Qualitative Description	INHOLDLTQUDS	X	----
	Pre-Arrival LDL-Cholesterol Test	PRARLDLTEST	X	----
	Pre-Arrival LDL-Cholesterol Value	PRARLDLTVALU	X	----
	Pre-Arrival LDL-Cholesterol Qualitative Description	PRARLDLTQUDS	X	----
	Lipid Lowering Agent Prescribed at Discharge	LIPIDPREDC	X	----
	Reason for No Lipid Lowering Therapy	REASONNOLIPD	X	----

**Acute Myocardial Infarction (AMI) Elements for Discharges 10/01/2007 - Forward**

Measure/Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>AMI-1</b>	<b>Aspirin at Arrival</b>			
	Admission Date	admit-date	X	----
	Discharge Date	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Transfer From Another ED	TRANSFERED	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Aspirin on Arrival	CTRASPRNAR	X	X
	Aspirin Received Within 24 Hours Before or After Hospital Arrival	ASPRN24HRS	X	X
<b>AMI-2</b>	<b>Aspirin Prescribed at Discharge</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Aspirin at Discharge	CTRASPRNDS	X	X
	Aspirin Prescribed at Discharge	ASPRNRXDIS	X	X
<b>AMI-3</b>	<b>ACEI or ARB for LVSD</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Discharge Status	DISCHGSTAT	X	X
	LVSD	LVSD	X	X
	Contraindication to Both ACEI and ARB at Discharge	CTRACEI	X	X
	ACEI Prescribed at Discharge	ACEIRXDCHG	X	X
	ARB Prescribed at Discharge	ARBRXDIS	X	X
<b>AMI-4</b>	<b>Adult Smoking Cessation Advice/Counseling</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Discharge Status	DISCHGSTAT	X	X
	Adult Smoking History	ADSMKHIST	X	X
	Adult Smoking Counseling	ADSMKCOUNS	X	X
<b>AMI-5</b>	<b>Beta-Blocker Prescribed at Discharge</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Beta-Blocker at Discharge	CTRBBLKRDS	X	X
	Beta-Blocker Prescribed at Discharge	BBLKRRXDIS	X	X

Acute Myocardial Infarction (AMI) Elements for Discharges 10/01/2007 - Forward				
Measure/Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>AMI-6</b>	<b>Beta-Blocker at Arrival</b>			
	Admission Date	admit-date	X	----
	Discharge Date	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Transfer From Another ED	TRANSFERED	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Contraindication to Beta-Blocker on Arrival	CTRBBLKRAR	X	X
	Beta-Blocker Received Within 24 Hours After Hospital Arrival	BBLKR24HRS	X	X
<b>AMI-7</b>	<b>Median Time to Fibrinolysis</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Fibrinolytic Administration Date	FIBADMINDT	X	X
	Fibrinolytic Administration Time	FIBADMINTM	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in Fibrinolytic Therapy	REASONDELFI	X	X
<b>AMI-7a</b>	<b>Fibrinolytic Therapy Received Within 30 Minutes of Hospital Arrival</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Fibrinolytic Administration Date	FIBADMINDT	X	X
	Fibrinolytic Administration Time	FIBADMINTM	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in Fibrinolytic Therapy	REASONDELFI	X	X

Acute Myocardial Infarction (AMI) Elements for Discharges 10/01/2007 - Forward				
Measure/Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>AMI-8</b>	<b>Median Time to Primary PCI</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Non-Primary PCI	NONPRIPCI	X	X
	First PCI Time	PCITM	X	X
	First PCI Date	PCIDT	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in PCI	REASONDELPCI	X	X
<b>AMI-8a</b>	<b>Primary PCI Received Within 90 Minutes of Hospital Arrival</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Transfer From Another ED	TRANSFERED	X	X
	Initial ECG Interpretation	INITECGINT	X	X
	Fibrinolytic Administration	FIBADMIN	X	X
	Non-Primary PCI	NONPRIPCI	X	X
	First PCI Time	PCITM	X	X
	First PCI Date	PCIDT	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Reason for Delay in PCI	REASONDELPCI	X	X
<b>AMI-T1a</b>	<b>LDL Cholesterol Assessment</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	----
	Clinical Trial**	CLNCLTRIAL	X	----
	Discharge Status	DISCHGSTAT	X	----
	In-Hospital LDL-Cholesterol Test	INHOLDLTST	X	----
	Pre-Arrival LDL-Cholesterol Test	PRARLDLTEST	X	----
	Pre-Arrival LDL-Cholesterol Value	PRARLDLTVALU	X	----
	Pre-Arrival LDL-Cholesterol Qualitative Description	PRARLDLTQUDS	X	----
	Plan for LDL-Cholesterol Test	INHOLDLTPLAN	X	----
	Reason for No LDL-Cholesterol Testing	REASONNOLDLT	X	----

Acute Myocardial Infarction (AMI) Elements for Discharges 10/01/2007 - Forward				
Measure/Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
AMI-T2	<b>Lipid Lowering Therapy at Discharge</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	----
	Clinical Trial**	CLNCLTRIAL	X	----
	Discharge Status	DISCHGSTAT	X	----
	In-Hospital LDL-Cholesterol Test	INHOLDLTST	X	----
	First In-Hospital LDL-Cholesterol Value	INHOLDLTVALU	X	----
	First In-Hospital LDL-Cholesterol Qualitative Description	INHOLDLTQUDS	X	----
	Pre-Arrival LDL-Cholesterol Test	PRARLDLTEST	X	----
	Pre-Arrival LDL-Cholesterol Value	PRARLDLTVALU	X	----
	Pre-Arrival LDL-Cholesterol Qualitative Description	PRARLDLTQUDS	X	----
	Lipid Lowering Agent Prescribed at Discharge	LIPIDPREDC	X	----
	Reason for No Lipid Lowering Therapy	REASONNOLIPD	X	----

**Heart Failure (HF) Elements for  
Discharges 10/01/2006 - 12/31/2006**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated/ Scored
<b>HF-1</b>	<b>Discharge Instructions</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Discharge Instructions Address Activity	DSINSTADAC	X	X
	Discharge Instructions Address Diet	DSINSTADDI	X	X
	Discharge Instructions Address Follow-Up	DSINSTADFU	X	X
	Discharge Instructions Address Medications	DSINSTADMD	X	X
	Discharge Instructions Address Symptoms Worsening	DSINSTADSW	X	X
	Discharge Instructions Address Weight Monitoring	DSINSTADWT	X	X
<b>HF-2</b>	<b>Evaluation of LVS Function</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	LVF Assessment	LVEFEVAL	X	X
<b>HF-3</b>	<b>ACEI or ARB for LVSD</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	LVSD	LVSD	X	X
	Contraindication to Both ACEI and ARB at Discharge	CTRACEI	X	X
	ACEI Prescribed at Discharge	ACEIRXDCHG	X	X
	ARB Prescribed at Discharge	ARBRXDIS	X	X
<b>HF-4</b>	<b>Adult Smoking Cessation Advice/Counseling</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Adult Smoking History	ADSMKHIST	X	X
	Adult Smoking Counseling	ADSMKCOUNS	X	X

**Heart Failure (HF) Elements for  
Discharges 01/01/2007 - 03/31/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated/ Scored
<b>HF-1</b>	<b>Discharge Instructions</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Discharge Instructions Address Activity	DSINSTADAC	X	X
	Discharge Instructions Address Diet	DSINSTADDI	X	X
	Discharge Instructions Address Follow-Up	DSINSTADFU	X	X
	Discharge Instructions Address Medications	DSINSTADMD	X	X
	Discharge Instructions Address Symptoms Worsening	DSINSTADSW	X	X
	Discharge Instructions Address Weight Monitoring	DSINSTADWT	X	X
<b>HF-2</b>	<b>Evaluation of LVS Function</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	LVF Assessment	LVEFEVAL	X	X
<b>HF-3</b>	<b>ACEI or ARB for LVSD</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	LVSD	LVSD	X	X
	Contraindication to Both ACEI and ARB at Discharge	CTRACEI	X	X
	ACEI Prescribed at Discharge	ACEIRXDCHG	X	X
	ARB Prescribed at Discharge	ARBRXDIS	X	X
<b>HF-4</b>	<b>Adult Smoking Cessation Advice/Counseling</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Adult Smoking History	ADSMKHIST	X	X
	Adult Smoking Counseling	ADSMKCOUNS	X	X

**Heart Failure (HF) Elements for  
Discharges 04/01/2007 - 09/30/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated/ Scored
<b>HF-1</b>	<b>Discharge Instructions</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Discharge Instructions Address Activity	DSINSTADAC	X	X
	Discharge Instructions Address Diet	DSINSTADDI	X	X
	Discharge Instructions Address Follow-Up	DSINSTADFU	X	X
	Discharge Instructions Address Medications	DSINSTADMD	X	X
	Discharge Instructions Address Symptoms Worsening	DSINSTADSW	X	X
	Discharge Instructions Address Weight Monitoring	DSINSTADWT	X	X
<b>HF-2</b>	<b>Evaluation of LVS Function</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	LVF Assessment	LVEFEVAL	X	X
<b>HF-3</b>	<b>ACEI or ARB for LVSD</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	LVSD	LVSD	X	X
	Contraindication to Both ACEI and ARB at Discharge	CTRACEI	X	X
	ACEI Prescribed at Discharge	ACEIRXDCHG	X	X
	ARB Prescribed at Discharge	ARBRXDIS	X	X
<b>HF-4</b>	<b>Adult Smoking Cessation Advice/Counseling</b>			
	Admission Date**	admit-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Adult Smoking History	ADSMKHIST	X	X
	Adult Smoking Counseling	ADSMKCOUNS	X	X

**Heart Failure (HF) Elements for  
Discharges 10/01/2007 - Forward**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated/ Scored
<b>HF-1</b>	<b>Discharge Instructions</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Discharge Status	DISCHGSTAT	X	X
	Discharge Instructions Address Activity	DSINSTADAC	X	X
	Discharge Instructions Address Diet	DSINSTADDI	X	X
	Discharge Instructions Address Follow-Up	DSINSTADFU	X	X
	Discharge Instructions Address Medications	DSINSTADMD	X	X
	Discharge Instructions Address Symptoms Worsening	DSINSTADSW	X	X
	Discharge Instructions Address Weight Monitoring	DSINSTADWT	X	X
<b>HF-2</b>	<b>Evaluation of LVS Function</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Discharge Status	DISCHGSTAT	X	X
	LVF Assessment	LVEFEVAL	X	X
<b>HF-3</b>	<b>ACEI or ARB for LVSD</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Discharge Status	DISCHGSTAT	X	X
	LVSD	LVSD	X	X
	Contraindication to Both ACEI and ARB at Discharge	CTRACEI	X	X
	ACEI Prescribed at Discharge	ACEIRXDCHG	X	X
	ARB Prescribed at Discharge	ARBRXDIS	X	X
<b>HF-4</b>	<b>Adult Smoking Cessation Advice/Counseling</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Discharge Status	DISCHGSTAT	X	X
	Adult Smoking History	ADSMKHIST	X	X
	Adult Smoking Counseling	ADSMKCOUNS	X	X

**Pneumonia (PN) Elements for  
Discharges 10/01/2006 - 12/31/2006**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-1</b>	<b>Oxygenation Assessment</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit**	PNDIAGNOSIS	X	X
	Pulse Oximetry Done	PULOXDONE	X	X
	ABG Done	ABGDONE	X	X
<b>PN-2</b>	<b>Pneumococcal Vaccination</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Pneumococcal Vaccination Status	PNEVACSTATUS	X	X
<b>PN-3a</b>	<b>Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit**	PNDIAGNOSIS	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Blood Cultures Prior to Arrival	BLOODPRIORAR	X	X
	Blood Culture Collected After Arrival	BLOODCAFTRAR	X	X
	Arrival Date	ARRVLDATE	X	X
	Initial Blood Culture Collection Date	INITBLOODCDT	X	X
	Arrival Time	ARRVLTIME	X	X
	Initial Blood Culture Collection Time	INITBLOODCTM	X	X
<b>PN-3b</b>	<b>Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit**	PNDIAGNOSIS	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Blood Cultures Prior to Arrival	BLOODPRIORAR	X	X
	Initial Blood Culture Collected in Emergency Department (ED)	INITBLOODCED	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Initial Blood Culture Collection Date	INITBLOODCDT	X	X
	Initial Blood Culture Collection Time	INITBLOODCTM	X	X

**Pneumonia (PN) Elements for  
Discharges 10/01/2006 - 12/31/2006**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-4</b>	<b>Adult Smoking Cessation Advice/Counseling</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Adult Smoking History	ADSMKHIST	X	X
	Adult Smoking Counseling	ADSMKCOUNS	X	X
<b>PN-5</b>	<b>Antibiotic Timing (Median)</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit**	PNDIAGNOSIS	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
<b>PN-5a</b>	<b>Initial Antibiotic Received Within 8 Hours of Hospital Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit**	PNDIAGNOSIS	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X

**Pneumonia (PN) Elements for  
Discharges 10/01/2006 - 12/31/2006**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-5b</b>	<b>Initial Antibiotic Received Within 4 Hours of Hospital Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit**	PNDIAGNOSIS	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
<b>PN-6</b>	<b>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit**	PNDIAGNOSIS	X	X
	Healthcare Associated PN	HLTHCAREPN	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Compromised	COMPROMISED	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Arrival Date	ARRVLDATE	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Arrival Time	ARRVLTIME	X	X
	Risk Factors for Drug Resistance Pneumococcus	DRUGRESISTPN	X	X
	Pseudomonas Risk	PSEUDOMONALRISK	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Another Suspected Source of Infection**	ANOTHERINF	X	X

**Pneumonia (PN) Elements for  
Discharges 10/01/2006 - 12/31/2006**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-6a</b>	<b>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients - Intensive Care Unit (ICU) Patients</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit**	PNDIAGNOSIS	X	X
	Healthcare Associated PN	HLTHCAREPN	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Compromised	COMPROMISED	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Arrival Date	ARRVLDATE	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Pseudomonas Risk	PSEUDOMONALRISK	X	X
	Another Suspected Source of Infection**	ANOTHERINF	X	X
<b>PN-6b</b>	<b>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients - Non ICU Patients</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit**	PNDIAGNOSIS	X	X
	Healthcare Associated PN	HLTHCAREPN	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Compromised	COMPROMISED	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Arrival Date	ARRVLDATE	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Arrival Time	ARRVLTIME	X	X
	Risk Factors for Drug Resistance Pneumococcus	DRUGRESISTPN	X	X
	Pseudomonas Risk	PSEUDOMONALRISK	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Another Suspected Source of Infection**	ANOTHERINF	X	X

**Pneumonia (PN) Elements for  
Discharges 01/01/2007 - 03/31/2007**

<b>Measure/ Indicator</b>	<b>Validation Scoring Element Name</b>	<b>Field Name</b>	<b>Validated</b>	<b>Calculated / Scored</b>
<b>PN-7</b>	<b>Influenza Vaccination</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	<b>X</b>	<b>X</b>
	Chest X-Ray	CXRAY	<b>X</b>	<b>X</b>
	Comfort Measures Only	COMFORTMX	<b>X</b>	<b>X</b>
	Discharge Status	DISCHGSTAT	<b>X</b>	<b>X</b>
	Influenza Vaccination Status	FLUVACSTATUS	<b>X</b>	<b>X</b>

**Pneumonia (PN) Elements for  
Discharges 01/01/2007 - 03/31/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-1</b>	<b>Oxygenation Assessment</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Pulse Oximetry Done	PULOXDONE	X	X
	ABG Done	ABGDONE	X	X
<b>PN-2</b>	<b>Pneumococcal Vaccination</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Pneumococcal Vaccination Status	PNEVACSTATUS	X	X
<b>PN-3a</b>	<b>Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Blood Cultures Prior to Arrival	BLOODPRIORAR	X	X
	Blood Culture Collected After Arrival	BLOODCAFTRAR	X	X
	Arrival Date	ARRVLDATE	X	X
	Initial Blood Culture Collection Date	INITBLOODCDT	X	X
	Arrival Time	ARRVLTIME	X	X
	Initial Blood Culture Collection Time	INITBLOODCTM	X	X
<b>PN-3b</b>	<b>Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Blood Cultures Prior to Arrival	BLOODPRIORAR	X	X
	Initial Blood Culture Collected in Emergency Department (ED)	INITBLOODCED	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Initial Blood Culture Collection Date	INITBLOODCDT	X	X
	Initial Blood Culture Collection Time	INITBLOODCTM	X	X

**Pneumonia (PN) Elements for  
Discharges 01/01/2007 - 03/31/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-4</b>	<b>Adult Smoking Cessation Advice/Counseling</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Adult Smoking History	ADSMKHIST	X	X
	Adult Smoking Counseling	ADSMKCOUNS	X	X
<b>PN-5</b>	<b>Antibiotic Timing (Median)</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
<b>PN-5a</b>	<b>Initial Antibiotic Received Within 8 Hours of Hospital Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X

**Pneumonia (PN) Elements for  
Discharges 01/01/2007 - 03/31/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-5b</b>	<b>Initial Antibiotic Received Within 4 Hours of Hospital Arrival</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
<b>PN-6</b>	<b>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Healthcare Associated PN	HLTHCAREPN	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Compromised	COMPROMISED	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Arrival Date	ARRVLDATE	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Arrival Time	ARRVLTIME	X	X
	Risk Factors for Drug-Resistance Pneumococcus	DRUGRESISTPN	X	X
	Pseudomonas Risk	PSEUDOMONALRISK	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Another Suspected Source of Infection	ANOTHERINF	X	X

**Pneumonia (PN) Elements for  
Discharges 01/01/2007 - 03/31/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-6a</b>	<b>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients - Intensive Care Unit (ICU) Patients</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Healthcare Associated PN	HLTHCAREPN	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Compromised	COMPROMISED	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Arrival Date	ARRVLDATE	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Pseudomonas Risk	PSEUDOMONALRISK	X	X
	Another Suspected Source of Infection	ANOTHERINF	X	X
	<b>PN-6b</b>	<b>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients - Non ICU Patients</b>		
ICD-9-CM Principal Diagnosis Code		PRINDX	X	X
Chest X-Ray		CXRAY	X	X
Comfort Measures Only		COMFORTMX	X	X
Transfer From Another ED		TRANSFERED	X	X
Admission Source		ADMSNSRC	X	X
Pneumonia Diagnosis: ED/Direct Admit		PNDIAGNOSIS	X	X
Healthcare Associated PN		HLTHCAREPN	X	X
Clinical Trial		CLNCLTRIAL	X	X
Compromised		COMPROMISED	X	X
Antibiotic Received		ANTIBIRCVD	X	X
ICU Transfer or Admission Within First 24 Hours		ICU24	X	X
Arrival Date		ARRVLDATE	X	X
Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)		NAMEABX DTABX TMABX ROUTEABX	X	X
Arrival Time		ARRVLTIME	X	X
Risk Factors for Drug-Resistance Pneumococcus		DRUGRESISTPN	X	X
Pseudomonas Risk		PSEUDOMONALRISK	X	X
Antibiotic Allergy		ANTIALLERGY	X	X
Another Suspected Source of Infection		ANOTHERINF	X	X

**Pneumonia (PN) Elements for  
Discharges 01/01/2007 - 03/31/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-7</b>	<b>Influenza Vaccination</b>			
	ICD-9-CM Principal Diagnosis Code	PRINDX	<b>X</b>	<b>X</b>
	Chest X-Ray	CXRAY	<b>X</b>	<b>X</b>
	Comfort Measures Only	COMFORTMX	<b>X</b>	<b>X</b>
	Discharge Status	DISCHGSTAT	<b>X</b>	<b>X</b>
	Influenza Vaccination Status	FLUVACSTATUS	<b>X</b>	<b>X</b>

**Pneumonia (PN) Elements for  
Discharges 04/01/2007 - 09/30/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-1</b>	<b>Oxygenation Assessment</b>			
	Admission Date**	admit-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Discharge Date**	discharge-date	X	----
	Arrival Date**	ARRVLDATE	X	X
	Discharge Status**	DISCHGSTAT	X	X
	Pulse Oximetry Done	PULOXDONE	X	X
	ABG Done	ABGDONE	X	X
<b>PN-2</b>	<b>Pneumococcal Vaccination</b>			
	Admission Date**	admit-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Pneumococcal Vaccination Status	PNEVACSTATUS	X	X
<b>PN-3a</b>	<b>Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival</b>			
	Admission Date**	admit-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Blood Cultures Prior to Arrival	BLOODPRIORAR	X	X
	Discharge Date**	discharge-date	X	----
	Arrival Date	ARRVLDATE	X	X
	Discharge Status**	DISCHGSTAT	X	X
	Blood Culture Collected After Arrival	BLOODCAFTRAR	X	X
	Initial Blood Culture Collection Date	INITBLOODCDT	X	X
	Arrival Time	ARRVLTIME	X	X
	Initial Blood Culture Collection Time	INITBLOODCTM	X	X

**Pneumonia (PN) Elements for  
Discharges 04/01/2007 - 09/30/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-3b</b>	<b>Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital</b>			
	Admission Date**	admit-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Blood Cultures Prior to Arrival	BLOODPRIORAR	X	X
	Blood Culture Collected After Arrival	BLOODCAFTRAR	X	X
	Discharge Date**	discharge-date	X	----
	Arrival Date	ARRVLDATE	X	X
	Discharge Status**	DISCHGSTAT	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Initial Blood Culture Collection Date	INITBLOODCDT	X	X
	Initial Blood Culture Collection Time	INITBLOODCTM	X	X
<b>PN-4</b>	<b>Adult Smoking Cessation Advice/Counseling</b>			
	Admission Date**	admit-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Discharge Status	DISCHGSTAT	X	X
	Adult Smoking History	ADSMKHIST	X	X
	Adult Smoking Counseling	ADSMKCOUNS	X	X
<b>PN-5</b>	<b>Antibiotic Timing (Median)</b>			
	Admission Date**	admit-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Diagnostic Uncertainty**	DIAGUNCERT	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Date**	discharge-date	X	----
	Discharge Status**	DISCHGSTAT	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X

**Pneumonia (PN) Elements for  
Discharges 04/01/2007 - 09/30/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-5a</b>	<b>Initial Antibiotic Received Within 8 Hours of Hospital Arrival</b>			
	Admission Date**	admit-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Diagnostic Uncertainty**	DIAGUNCERT	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Discharge Date**	discharge-date	X	----
	Discharge Status**	DISCHGSTAT	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
<b>PN-5b</b>	<b>Initial Antibiotic Received Within 4 Hours of Hospital Arrival</b>			
	Admission Date**	admit-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Diagnostic Uncertainty	DIAGUNCERT	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Arrival Date	ARRVLDATE	X	X
	Arrival Time	ARRVLTIME	X	X
	Discharge Date**	discharge-date	X	----
	Discharge Status**	DISCHGSTAT	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X

**Pneumonia (PN) Elements for  
Discharges 04/01/2007 - 09/30/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-5c/Test</b>	<b>Initial Antibiotic Received Within 6 Hours of Hospital Arrival**</b>			
	Admission Date	admit-date	X	----
	Chest X-Ray	CXRAY	X	----
	Comfort Measures Only	COMFORTMX	X	----
	Transfer From Another ED	TRANSFERED	X	----
	Admission Source	ADMSNSRC	X	----
	Diagnostic Uncertainty	DIAGUNCERT	X	----
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	----
	Clinical Trial	CLNCLTRIAL	X	----
	Arrival Date	ARRVLDATE	X	----
	Arrival Time	ARRVLTIME	X	----
	Discharge Date	discharge-date	X	----
	Discharge Status	DISCHGSTAT	X	----
	Antibiotic Received	ANTIBIRCVD	X	----
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	----
<b>PN-6</b>	<b>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients</b>			
	Admission Date**	admit-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Identified Pneumonia Pathogen**	IDENTPNPATH	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Healthcare Associated PN	HLTHCAREPN	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Compromised	COMPROMISED	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Discharge Date**	discharge-date	X	----
	Arrival Date	ARRVLDATE	X	X
	Discharge Status**	DISCHGSTAT	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Arrival Time	ARRVLTIME	X	X
	Risk Factors for Drug-Resistance Pneumococcus	DRUGRESISTPN	X	X
	Pseudomonas Risk	PSEUDOMONALRISK	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Another Suspected Source of Infection	ANOTHERINF	X	X

**Pneumonia (PN) Elements for  
Discharges 04/01/2007 - 09/30/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-6a</b>	<b>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients - Intensive Care Unit (ICU) Patients</b>			
	Admission Date**	admit-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Identified Pneumonia Pathogen**	IDENTPNPATH	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Healthcare Associated PN	HLTHCAREPN	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Compromised	COMPROMISED	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Discharge Date**	discharge-date	X	----
	Arrival Date	ARRVLDATE	X	X
	Discharge Status**	DISCHGSTAT	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Pseudomonas Risk	PSEUDOMONALRISK	X	X
	Another Suspected Source of Infection	ANOTHERINF	X	X
<b>PN-6b</b>	<b>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients - Non ICU Patients</b>			
	Admission Date**	admit-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Admission Source	ADMSNSRC	X	X
	Identified Pneumonia Pathogen**	IDENTPNPATH	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Healthcare Associated PN	HLTHCAREPN	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Compromised	COMPROMISED	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Discharge Date**	discharge-date	X	----
	Arrival Date	ARRVLDATE	X	X
	Discharge Status**	DISCHGSTAT	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Arrival Time	ARRVLTIME	X	X
	Risk Factors for Drug-Resistance Pneumococcus	DRUGRESISTPN	X	X
	Pseudomonas Risk	PSEUDOMONALRISK	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Another Suspected Source of Infection	ANOTHERINF	X	X

**Pneumonia (PN) Elements for  
Discharges 04/01/2007 - 09/30/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-7</b>	<b>Influenza Vaccination</b>			
	Admission Date**	admit-date	<b>X</b>	----
	Chest X-Ray	CXRAY	<b>X</b>	<b>X</b>
	Comfort Measures Only	COMFORTMX	<b>X</b>	<b>X</b>
	Discharge Date**	discharge-date	<b>X</b>	----
	Discharge Status	DISCHGSTAT	<b>X</b>	<b>X</b>
	Influenza Vaccination Status	FLUVACSTATUS	<b>X</b>	<b>X</b>

**Pneumonia (PN) Elements for  
Discharges 10/01/2007 - Forward**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-1</b>	<b>Oxygenation Assessment</b>			
	Admission Date	admit-date	X	----
	Discharge Date	discharge-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Pulse Oximetry Done	PULOXDONE	X	X
	ABG Done	ABGDONE	X	X
<b>PN-2</b>	<b>Pneumococcal Vaccination</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Discharge Status	DISCHGSTAT	X	X
	Pneumococcal Vaccination Status	PNEVACSTATUS	X	X
<b>PN-3a</b>	<b>Blood Cultures Performed Within 24 Hours Prior to or 24 Hours After Hospital Arrival for Patients Who Were Transferred or Admitted to the ICU Within 24 Hours of Hospital Arrival</b>			
	Admission Date	admit-date	X	----
	Discharge Date	discharge-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Blood Cultures Prior to Arrival	BLOODPRIORAR	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Blood Culture Collected After Arrival	BLOODCAFTRAR	X	X
	Initial Blood Culture Collection Date	INITBLOODCDT	X	X
	Arrival Time	ARRVLTIME	X	X
	Initial Blood Culture Collection Time	INITBLOODCTM	X	X

**Pneumonia (PN) Elements for  
Discharges 10/01/2007 - Forward**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-3b</b>	<b>Blood Cultures Performed in the Emergency Department Prior to Initial Antibiotic Received in Hospital</b>			
	Admission Date	admit-date	X	----
	Discharge Date	discharge-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Blood Cultures Prior to Arrival	BLOODPRIORAR	X	X
	Blood Culture Collected After Arrival	BLOODCAFTRAR	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Initial Blood Culture Collection Date	INITBLOODCDT	X	X
	Initial Blood Culture Collection Time	INITBLOODCTM	X	X
<b>PN-4</b>	<b>Adult Smoking Cessation Advice/Counseling</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Discharge Status	DISCHGSTAT	X	X
	Adult Smoking History	ADSMKHIST	X	X
	Adult Smoking Counseling	ADSMKCOUNS	X	X
<b>PN-5</b>	<b>Antibiotic Timing (Median)</b>			
	Admission Date	admit-date	X	----
	Discharge Date	discharge-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Diagnostic Uncertainty	DIAGUNCERT	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X

**Pneumonia (PN) Elements for  
Discharges 10/01/2007 - Forward**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
PN-5a	<b>RETIRED**</b>			
PN-5b	<b>Initial Antibiotic Received Within 4 Hours of Hospital Arrival</b>			
	Admission Date	admit-date	X	----
	Discharge Date	discharge-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Diagnostic Uncertainty	DIAGUNCERT	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
PN-5c	<b>Initial Antibiotic Received Within 6 Hours of Hospital Arrival</b>			
	Admission Date	admit-date	X	----
	Discharge Date	discharge-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Diagnostic Uncertainty	DIAGUNCERT	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X

**Pneumonia (PN) Elements for  
Discharges 10/01/2007 - Forward**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-6</b>	<b>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients</b>			
	Admission Date	admit-date	X	----
	Discharge Date	discharge-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Identified Pneumonia Pathogen	IDENTPNPATH	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Healthcare Associated PN	HLTHCAREPN	X	X
	Compromised	COMPROMISED	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Arrival Time	ARRVLTIME	X	X
	Risk Factors for Drug-Resistance Pneumococcus	DRUGRESISTPN	X	X
	Pseudomonas Risk	PSEUDOMONALRISK	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Another Suspected Source of Infection	ANOTHERINF	X	X
<b>PN-6a</b>	<b>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients - Intensive Care Unit (ICU) Patients</b>			
	Admission Date	admit-date	X	----
	Discharge Date	discharge-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Identified Pneumonia Pathogen	IDENTPNPATH	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Healthcare Associated PN	HLTHCAREPN	X	X
	Compromised	COMPROMISED	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Arrival Time	ARRVLTIME	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Pseudomonas Risk	PSEUDOMONALRISK	X	X
	Another Suspected Source of Infection	ANOTHERINF	X	X

**Pneumonia (PN) Elements for  
Discharges 10/01/2007 - Forward**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>PN-6b</b>	<b>Initial Antibiotic Selection for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients - Non ICU Patients</b>			
	Admission Date	admit-date	X	----
	Discharge Date	discharge-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial	CLNCLTRIAL	X	X
	Transfer From Another ED	TRANSFERED	X	X
	Point of Origin for Admission or Visit**	ADMSNSRC	X	----
	Identified Pneumonia Pathogen	IDENTPNPATH	X	X
	Pneumonia Diagnosis: ED/Direct Admit	PNDIAGNOSIS	X	X
	ICU Transfer or Admission Within First 24 Hours	ICU24	X	X
	Healthcare Associated PN	HLTHCAREPN	X	X
	Compromised	COMPROMISED	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Arrival Date	ARRVLDATE	X	X
	Discharge Status	DISCHGSTAT	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Arrival Time	ARRVLTIME	X	X
	Risk Factors for Drug-Resistance Pneumococcus	DRUGRESISTPN	X	X
	Pseudomonas Risk	PSEUDOMONALRISK	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Another Suspected Source of Infection	ANOTHERINF	X	X
<b>PN-7</b>	<b>Influenza Vaccination</b>			
	Admission Date	admit-date	X	----
	Chest X-Ray	CXRAY	X	X
	Comfort Measures Only	COMFORTMX	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Discharge Date	discharge-date	X	----
	Discharge Status	DISCHGSTAT	X	X
	Influenza Vaccination Status	FLUVACSTATUS	X	X

**Surgical Care Improvement Project (SCIP) Elements for  
Discharges 10/01/2006 - 12/31/2006**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>SCIP-Inf-1</b>	<b>Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision</b>			
	ICD-9-CM Principal Procedure Code	PRINPX	X	X
	ICD-9-CM Other Procedure Code	OTHRPX#	X	X
	Principal Procedure**	PRINPXA	X	----
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Surgery Start Date	SURGSTARTDT	X	X
	Infection Prior to Anesthesia	INFECPTA	X	X
	Antibiotic Received**	ANTIBIRCVD	X	X
	Oral Antibiotics	ORALANTIBIOTIC	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Other Surgeries	OTHERSURG	X	X
<b>SCIP-Inf-2</b>	<b>Prophylactic Antibiotic Selection for Surgical Patients</b>			
	ICD-9-CM Principal Procedure Code	PRINPX	X	X
	ICD-9-CM Other Procedure Code	OTHRPX#	X	X
	Principal Procedure**	PRINPXA	X	----
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Surgery Start Date	SURGSTARTDT	X	X
	Infection Prior to Anesthesia	INFECPTA	X	X
	Antibiotic Received**	ANTIBIRCVD	X	X
	Oral Antibiotics	ORALANTIBIOTIC	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Surgery End Date	SURGENDDT	X	X
	Surgery End Time	SURGENDTM	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Vancomycin	VANCO	X	X

**Surgical Care Improvement Project (SCIP) Elements for  
Discharges 10/01/2006 - 12/31/2006**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>SCIP-Inf-3</b>	<b>Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time</b>			
	ICD-9-CM Principal Procedure Code	PRINPX	X	X
	ICD-9-CM Other Procedure Code	OTHRPX#	X	X
	Principal Procedure**	PRINPXA	X	----
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	X
	Surgery Start Date	SURGSTARTDT	X	X
	Infection Prior to Anesthesia	INFECPTA	X	X
	Antibiotic Received**	ANTIBIRCVD	X	X
	Oral Antibiotics	ORALANTIBIOTIC	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Other Surgeries	OTHERSURG	X	X
	Surgery End Date	SURGENDDT	X	X
	Postoperative Infections	POSTOPINFECT	X	X
	Date of Infection	DTINFECTION	X	X
	Surgery End Time	SURGENDTM	X	X
<b>SCIP-Inf-4</b>	<b>Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Serum Glucose</b>			
	ICD-9-CM Principal Procedure Code	PRINPX	X	----
	ICD-9-CM Other Procedure Code	OTHRPX#	X	----
	Principal Procedure**	PRINPXA	X	----
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	----
	Surgery Start Date**	SURGSTARTDT	X	----
	Infection Prior to Anesthesia	INFECPTA	X	----
	Surgery End Date	SURGENDDT	X	----
	Glucose POD1	GLUPOD1	X	----
	Glucose POD2	GLUPOD2	X	----
<b>SCIP-Inf-6</b>	<b>Surgery Patients with Appropriate Hair Removal</b>			
	ICD-9-CM Principal Procedure Code	PRINPX	X	----
	ICD-9-CM Other Procedure Code	OTHRPX#	X	----
	Surgery Start Date**	SURGSTARTDT	X	----
	Preop Hair Removal	PREOPHRREM	X	----
<b>SCIP-Inf-7</b>	<b>Colorectal Surgery Patients with Immediate Postoperative Normothermia</b>			
	ICD-9-CM Principal Procedure Code	PRINPX	X	----
	ICD-9-CM Other Procedure Code	OTHRPX#	X	----
	Principal Procedure**	PRINPXA	X	----
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	----
	Surgery Start Date**	SURGSTARTDT	X	----
	Infection Prior to Anesthesia	INFECPTA	X	----
	Intraop Death	INTRAOPDEATH	X	----
	Temperature Value	TEMPVALUE	X	----

**Surgical Care Improvement Project (SCIP) Elements for  
Discharges 10/01/2006 - 12/31/2006**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>SCIP-Card-2</b>	<b>Surgery Patients on Beta Blocker Therapy Prior to Admission Who Received a Beta Blocker During the Perioperative Period**</b>			
	ICD-9-CM Principal Procedure Code	PRINPX	X	----
	ICD-9-CM Other Procedure Code	OTHRPX#	X	----
	Principal Procedure	PRINPXA	X	----
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	----
	Surgery Start Date	SURGSTARTDT	X	----
	Perioperative Death	PERIOPDEATH	X	----
	Beta Blocker Current Medication	BBLKRCURRENT	X	----
	Contraindication to Beta Blocker-Perioperative	CTRBBLKPERIOP	X	----
	Beta Blocker Perioperative	BBLKRPERIOP	X	----
<b>SCIP-VTE-1</b>	<b>Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered**</b>			
	ICD-9-CM Principal Procedure Code	PRINPX	X	----
	ICD-9-CM Other Procedure Code	OTHRPX#	X	----
	Principal Procedure	PRINPXA	X	----
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	----
	VTE Laparoscope	VTELAP	X	----
	Preadmission Warfarin	PREADWARFARIN	X	----
	Surgery Start Date	SURGSTARTDT	X	----
	Discharge Time	DISCHTM	X	----
	Surgical Incision Time	SURGINCISTM	X	----
	Surgery End Date	SURGENDDT	X	----
	Surgery End Time	SURGENDTM	X	----
	Contraindication to VTE Prophylaxis	CONTRAVTEPRO	X	----
	Documented Bleeding Risk	DOCBLEEDRISK	X	----
	VTE Prophylaxis Ordered	VTEPROA	X	----
	VTE Prophylaxis	VTEPROPH	X	----
	VTE Timely	VTETIMELY	X	----
	Neuraxial Anesthesia	NEURANEST	X	----
<b>SCIP-VTE-2</b>	<b>Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery**</b>			
	ICD-9-CM Principal Procedure Code	PRINPX	X	----
	ICD-9-CM Other Procedure Code	OTHRPX#	X	----
	Principal Procedure	PRINPXA	X	----
	ICD-9-CM Principal Diagnosis Code	PRINDX	X	----
	VTE Laparoscope	VTELAP	X	----
	Preadmission Warfarin	PREADWARFARIN	X	----
	Surgery Start Date	SURGSTARTDT	X	----
	Surgical Incision Time	SURGINCISTM	X	----
	Surgery End Date	SURGENDDT	X	----
	Surgery End Time	SURGENDTM	X	----
	Discharge Time	DISCHTM	X	----
	Contraindication to VTE Prophylaxis	CONTRAVTEPRO	X	----
	Documented Bleeding Risk	DOCBLEEDRISK	X	----
	VTE Prophylaxis Ordered	VTEPROA	X	----
	VTE Prophylaxis	VTEPROPH	X	----
	VTE Timely	VTETIMELY	X	----
	Neuraxial Anesthesia	NEURANEST	X	----

**Surgical Care Improvement Project (SCIP) Elements for  
Discharges 01/01/2007 - 03/31/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>SCIP-Inf-1</b>	<b>Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision</b>			
	Surgery Start Date	SURGSTARTDT	X	X
	Infection Prior to Anesthesia	INFECPTA	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Oral Antibiotics	ORALANTIBIOTIC	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Other Surgeries	OTHERSURG	X	X
<b>SCIP-Inf-2</b>	<b>Prophylactic Antibiotic Selection for Surgical Patients</b>			
	Surgery Start Date	SURGSTARTDT	X	X
	Infection Prior to Anesthesia	INFECPTA	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Oral Antibiotics	ORALANTIBIOTIC	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Surgery End Date	SURGENDDT	X	X
	Surgery End Time	SURGENDTM	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Vancomycin	VANCO	X	X
<b>SCIP-Inf-3</b>	<b>Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time</b>			
	Surgery Start Date	SURGSTARTDT	X	X
	Infection Prior to Anesthesia	INFECPTA	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Oral Antibiotics	ORALANTIBIOTIC	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Other Surgeries	OTHERSURG	X	X
	Surgery End Date	SURGENDDT	X	X
	Postoperative Infections	POSTOPINFECT	X	X
	Date of Infection	DTINFECTION	X	X
	Surgery End Time	SURGENDTM	X	X
<b>SCIP-Inf-4</b>	<b>Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Serum Glucose</b>			
	Surgery Start Date	SURGSTARTDT	X	----
	Infection Prior to Anesthesia	INFECPTA	X	----
	Surgery End Date	SURGENDDT	X	----
	Glucose POD1	GLUPOD1	X	----
	Glucose POD2	GLUPOD2	X	----

**Surgical Care Improvement Project (SCIP) Elements for  
Discharges 01/01/2007 - 03/31/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>SCIP-Inf-6</b>	<b>Surgery Patients with Appropriate Hair Removal</b>			
	Surgery Start Date	SURGSTARTDT	<b>X</b>	----
	Preop Hair Removal	PREOPHRREM	<b>X</b>	----
<b>SCIP-Inf-7</b>	<b>Colorectal Surgery Patients with Immediate Postoperative Normothermia</b>			
	Surgery Start Date	SURGSTARTDT	<b>X</b>	----
	Infection Prior to Anesthesia	INFECPTA	<b>X</b>	----
	Intraop Death	INTRAOPDEATH	<b>X</b>	----
	Temperature Value	TEMPVALUE	<b>X</b>	----
<b>SCIP-Card-2</b>	<b>Surgery Patients on Beta Blocker Therapy Prior to Admission Who Received a Beta Blocker During the Perioperative Period</b>			
	Surgery Start Date	SURGSTARTDT	<b>X</b>	----
	Perioperative Death	PERIOPDEATH	<b>X</b>	----
	Beta Blocker Current Medication	BBLKRCURRENT	<b>X</b>	----
	Contraindication to Beta Blocker-Perioperative	CTRBBLKPERIOP	<b>X</b>	----
	Beta Blocker Perioperative	BBLKRPERIOP	<b>X</b>	----
<b>SCIP-VTE-1</b>	<b>Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered</b>			
	VTE Laparoscope	VTELAP	<b>X</b>	----
	Preadmission Warfarin	PREADWARFARIN	<b>X</b>	----
	Surgery Start Date	SURGSTARTDT	<b>X</b>	----
	Discharge Time	DISCHTM	<b>X</b>	----
	Surgical Incision Time	SURGINCISTM	<b>X</b>	----
	Surgery End Date	SURGENDDT	<b>X</b>	----
	Surgery End Time	SURGENDTM	<b>X</b>	----
	Contraindication to VTE Prophylaxis	CONTRAVTEPRO	<b>X</b>	----
	Documented Bleeding Risk	DOCBLEEDRISK	<b>X</b>	----
	VTE Prophylaxis Ordered	VTEPROA	<b>X</b>	----
	VTE Prophylaxis	VTEPROPH	<b>X</b>	----
	VTE Timely	VTETIMELY	<b>X</b>	----
	Neuraxial Anesthesia	NEURANEST	<b>X</b>	----
<b>SCIP-VTE-2</b>	<b>Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery</b>			
	VTE Laparoscope	VTELAP	<b>X</b>	----
	Preadmission Warfarin	PREADWARFARIN	<b>X</b>	----
	Surgery Start Date	SURGSTARTDT	<b>X</b>	----
	Surgical Incision Time	SURGINCISTM	<b>X</b>	----
	Surgery End Date	SURGENDDT	<b>X</b>	----
	Surgery End Time	SURGENDTM	<b>X</b>	----
	Discharge Time	DISCHTM	<b>X</b>	----
	Contraindication to VTE Prophylaxis	CONTRAVTEPRO	<b>X</b>	----
	Documented Bleeding Risk	DOCBLEEDRISK	<b>X</b>	----
	VTE Prophylaxis Ordered	VTEPROA	<b>X</b>	----
	VTE Prophylaxis	VTEPROPH	<b>X</b>	----
	VTE Timely	VTETIMELY	<b>X</b>	----
	Neuraxial Anesthesia	NEURANEST	<b>X</b>	----

**Surgical Care Improvement Project (SCIP) Elements for  
Discharges 04/01/2007 - 09/30/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>SCIP-Inf-1</b>	<b>Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision</b>			
	Admission Date**	admit-date	X	----
	Laparoscope**	LAPAROSCOPE	X	X
	Surgery Start Date	SURGSTARTDT	X	X
	Infection Prior to Anesthesia	INFECPTA	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Oral Antibiotics	ORALANTIBIOTIC	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Other Surgeries	OTHERSURG	X	X
<b>SCIP-Inf-2</b>	<b>Prophylactic Antibiotic Selection for Surgical Patients</b>			
	Admission Date**	admit-date	X	----
	Laparoscope**	LAPAROSCOPE	X	X
	Surgery Start Date	SURGSTARTDT	X	X
	Infection Prior to Anesthesia	INFECPTA	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Oral Antibiotics	ORALANTIBIOTIC	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Surgery End Date	SURGENDDT	X	X
	Surgery End Time	SURGENDTM	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Vancomycin	VANCO	X	X
<b>SCIP-Inf-3</b>	<b>Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time</b>			
	Admission Date**	admit-date	X	----
	Laparoscope**	LAPAROSCOPE	X	X
	Surgery Start Date	SURGSTARTDT	X	X
	Infection Prior to Anesthesia	INFECPTA	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Oral Antibiotics	ORALANTIBIOTIC	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Other Surgeries	OTHERSURG	X	X
	Surgery End Date	SURGENDDT	X	X
	Postoperative Infections	POSTOPINFECT	X	X
	Date of Infection	DTINFECTION	X	X
	Surgery End Time	SURGENDTM	X	X

**Surgical Care Improvement Project (SCIP) Elements for  
Discharges 04/01/2007 - 09/30/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>SCIP-Inf-4</b>	<b>Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Serum Glucose</b>			
	Admission Date**	admit-date	X	----
	Laparoscope**	LAPAROSCOPE	X	----
	Surgery Start Date	SURGSTARTDT	X	----
	Infection Prior to Anesthesia	INFECPTA	X	----
	Discharge Date**	discharge-date	X	----
	Surgery End Date	SURGENDDT	X	----
	Glucose POD1	GLUPOD1	X	----
	Glucose POD2	GLUPOD2	X	----
<b>SCIP-Inf-6</b>	<b>Surgery Patients with Appropriate Hair Removal</b>			
	Admission Date**	admit-date	X	----
	Laparoscope**	LAPAROSCOPE	X	----
	Surgery Start Date	SURGSTARTDT	X	----
	Preoperative Hair Removal**	PREOPHRREM	X	----
<b>SCIP-Inf-7</b>	<b>Colorectal Surgery Patients with Immediate Postoperative Normothermia</b>			
	Admission Date**	admit-date	X	----
	Laparoscope**	LAPAROSCOPE	X	----
	Surgery Start Date	SURGSTARTDT	X	----
	Infection Prior to Anesthesia	INFECPTA	X	----
	Intraoperative Death**	INTRAOPDEATH	X	----
	Temperature Value	TEMPVALUE	X	----
<b>SCIP-Card-2</b>	<b>Surgery Patients on Beta Blocker Therapy Prior to Admission Who Received a Beta Blocker During the Perioperative Period</b>			
	Admission Date**	admit-date	X	----
	Laparoscope**	LAPAROSCOPE	X	----
	Surgery Start Date	SURGSTARTDT	X	----
	Perioperative Death	PERIOPDEATH	X	----
	Beta Blocker Current Medication	BBLKRCURRENT	X	----
	Contraindication to Beta Blocker-Perioperative	CTRBBLKPERIOP	X	----
	Beta Blocker Perioperative	BBLKRPERIOP	X	----
<b>SCIP-VTE-1</b>	<b>Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered</b>			
	Admission Date**	admit-date	X	----
	Laparoscope**	LAPAROSCOPE	X	X
	Preadmission Warfarin	PREADWARFARIN	X	X
	Surgery Start Date	SURGSTARTDT	X	X
	Discharge Time	DISCHTM	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Surgery End Date	SURGENDDT	X	X
	Surgery End Time	SURGENDTM	X	X
	Contraindication to VTE Prophylaxis	CONTRAVTEPRO	X	X
	Documented Bleeding Risk	DOCBLEEDRISK	X	X
	VTE Prophylaxis	VTEPROPH	X	X
	VTE Timely	VTETIMELY	X	----
	Neuraxial Anesthesia	NEURANEST	X	X

**Surgical Care Improvement Project (SCIP) Elements for  
Discharges 04/01/2007 - 09/30/2007**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>SCIP-VTE-2</b>	<b>Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery</b>			
	Admission Date**	admit-date	X	----
	Laparoscope**	LAPAROSCOPE	X	X
	Preadmission Warfarin	PREADWARFARIN	X	X
	Surgery Start Date	SURGSTARTDT	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Surgery End Date	SURGENDDT	X	X
	Surgery End Time	SURGENDTM	X	X
	Discharge Time	DISCHTM	X	X
	Contraindication to VTE Prophylaxis	CONTRAVTEPRO	X	X
	Documented Bleeding Risk	DOCBLEEDRISK	X	X
	VTE Prophylaxis	VTEPROPH	X	X
	VTE Timely	VTETIMELY	X	X
	Neuraxial Anesthesia	NEURANEST	X	X

**Surgical Care Improvement Project (SCIP) Elements for  
Discharges 10/01/2007 - Forward**

Measure/ Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>SCIP-Inf-1</b>	<b>Prophylactic Antibiotic Received Within One Hour Prior to Surgical Incision</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Laparoscope	LAPAROSCOPE	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Surgery Start Date	SURGSTARTDT	X	X
	Infection Prior to Anesthesia	INFECPTA	X	X
	Other Surgeries	OTHERSURG	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Oral Antibiotics	ORALANTIBIOTIC	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Surgical Incision Time	SURGINCISTM	X	X
<b>SCIP-Inf-2*</b>	<b>Prophylactic Antibiotic Selection for Surgical Patients</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Laparoscope	LAPAROSCOPE	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Surgery Start Date	SURGSTARTDT	X	X
	Infection Prior to Anesthesia	INFECPTA	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Oral Antibiotics	ORALANTIBIOTIC	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Surgery End Date	SURGENDDT	X	X
	Surgery End Time	SURGENDTM	X	X
	Antibiotic Allergy	ANTIALLERGY	X	X
	Vancomycin	VANCO	X	X

**Surgical Care Improvement Project (SCIP) Elements for Discharges 10/01/2007 – Forward**

Measure/Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>SCIP-Inf-3</b>	<b>Prophylactic Antibiotics Discontinued Within 24 Hours After Surgery End Time</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Laparoscope	LAPAROSCOPE	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Surgery Start Date	SURGSTARTDT	X	X
	Infection Prior to Anesthesia	INFECPTA	X	X
	Other Surgeries	OTHERSURG	X	X
	Antibiotic Received	ANTIBIRCVD	X	X
	Oral Antibiotics	ORALANTIBIOTIC	X	X
	Antibiotic Name, Antibiotic Administration Date, Antibiotic Administration Time, Antibiotic Administration Route (scored all or none)	NAMEABX DTABX TMABX ROUTEABX	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Surgery End Date	SURGENDDT	X	X
	Postoperative Infections	POSTOPINFECT	X	X
	Date of Infection	DTINFECTION	X	X
	Surgery End Time	SURGENDTM	X	X
<b>SCIP-Inf-4</b>	<b>Cardiac Surgery Patients With Controlled 6 A.M. Postoperative Serum Glucose</b>			
	Admission Date	admit-date	X	----
	Discharge Date	discharge-date	X	----
	Laparoscope	LAPAROSCOPE	X	----
	Clinical Trial**	CLNCLTRIAL	X	----
	Surgery Start Date	SURGSTARTDT	X	----
	Infection Prior to Anesthesia	INFECPTA	X	----
	Surgery End Date	SURGENDDT	X	----
	Glucose POD1	GLUPOD1	X	----
	Glucose POD2	GLUPOD2	X	----
<b>SCIP-Inf-6</b>	<b>Surgery Patients with Appropriate Hair Removal</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Laparoscope	LAPAROSCOPE	X	----
	Clinical Trial**	CLNCLTRIAL	X	----
	Surgery Start Date	SURGSTARTDT	X	----
	Preoperative Hair Removal	PREOPHRREM	X	----
<b>SCIP-Inf-7</b>	<b>Colorectal Surgery Patients with Immediate Postoperative Normothermia</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Laparoscope	LAPAROSCOPE	X	----
	Clinical Trial**	CLNCLTRIAL	X	----
	Surgery Start Date	SURGSTARTDT	X	----
	Infection Prior to Anesthesia	INFECPTA	X	----
	Intraoperative Death	INTRAOPDEATH	X	----
	Temperature Value	TEMPVALUE	X	----

**Surgical Care Improvement Project (SCIP) Elements for Discharges 10/01/2007 - Forward**

Measure/Indicator	Validation Scoring Element Name	Field Name	Validated	Calculated / Scored
<b>SCIP-Card-2</b>	<b>Surgery Patients on Beta-Blocker Therapy Prior to Admission Who Received a Beta-Blocker During the Perioperative Period</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Laparoscope	LAPAROSCOPE	X	----
	Clinical Trial**	CLNCLTRIAL	X	----
	Surgery Start Date	SURGSTARTDT	X	----
	Perioperative Death	PERIOPDEATH	X	----
	Beta-Blocker During Pregnancy**	BBLKRPREG	X	----
	Beta-Blocker Current Medication	BBLKRCURRENT	X	----
	Contraindication to Beta-Blocker-Perioperative	CTRBBLKPERIOP	X	----
	Beta-Blocker Perioperative	BBLKRPERIOP	X	----
<b>SCIP-VTE-1</b>	<b>Surgery Patients with Recommended Venous Thromboembolism Prophylaxis Ordered</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Laparoscope	LAPAROSCOPE	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Preadmission Warfarin	PREADWARFARIN	X	X
	Surgery Start Date	SURGSTARTDT	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Surgery End Date	SURGENDDT	X	X
	Surgery End Time	SURGENDTM	X	X
	Discharge Time	DISCHTM	X	X
	Contraindication to VTE Prophylaxis	CONTRAVTEPRO	X	X
	VTE Prophylaxis	VTEPROPH	X	X
	VTE Timely	VTETIMELY	X	----
	Documented Bleeding Risk	DOCBLEEDRISK	X	X
	Neuraxial Anesthesia	NEURANEST	X	X
<b>SCIP-VTE-2</b>	<b>Surgery Patients Who Received Appropriate Venous Thromboembolism Prophylaxis Within 24 Hours Prior to Surgery to 24 Hours After Surgery</b>			
	Admission Date	admit-date	X	----
	Discharge Date**	discharge-date	X	----
	Laparoscope	LAPAROSCOPE	X	X
	Clinical Trial**	CLNCLTRIAL	X	X
	Preadmission Warfarin	PREADWARFARIN	X	X
	Surgery Start Date	SURGSTARTDT	X	X
	Surgical Incision Time	SURGINCISTM	X	X
	Surgery End Date	SURGENDDT	X	X
	Surgery End Time	SURGENDTM	X	X
	Discharge Time	DISCHTM	X	X
	Contraindication to VTE Prophylaxis	CONTRAVTEPRO	X	X
	VTE Prophylaxis	VTEPROPH	X	X
	VTE Timely	VTETIMELY	X	X
	Documented Bleeding Risk	DOCBLEEDRISK	X	X
	Neuraxial Anesthesia	NEURANEST	X	X

This material was prepared by the Iowa Foundation for Medical Care, the Quality Improvement Organization Support Contractor for the Hospital Reporting Program, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. 8SoW-IA-HRPQIOSC-01/08-019