

CHEST PAIN (CP) CART PAPER TOOL

This paper abstraction tool is provided as an informal mechanism to aid hospital outpatient departments in the collection of Hospital Outpatient Quality Measures. It should be noted that skip logic is not contained within these paper abstraction tools. If there are any questions or concerns regarding use of this paper abstraction tool, please contact the Hospital Outpatient Quality Data Reporting Program Support Contractor (HOP QDRP SC) at hopqdrp@fmqai.com.

Outpatient Encounter Date _____

Dates are in MM-DD-YYYY. UTD is not an allowable entry.

Arrival Time _____ HH:MM military format or UTD

First Name _____

Last Name _____

Sex Female Male Unknown

Birthdate _____

Dates are in MM-DD-YYYY. UTD is not an allowable entry.

Race: (Select one option)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- UTD

Hispanic Ethnicity

- No
- Yes

Postal Code _____

Five or nine digits, HOMELESS or NON-US

Patient Identifier _____

CMS Certification Number (CCN) (Format six digits) _____

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1. What was the E/M Code documented for this outpatient encounter? (EMCODE)
(Format five digits) _____

2. What was the patient's discharge disposition from the emergency department? (DISCHGSTAT) (Select one option)

- 01 Discharged to home care or self care (routine discharge)
- 02 Discharged/transferred to a short term general hospital for inpatient care (Acute Care Facility)
- 03 Discharged/transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care
- 04 Discharged/transferred to a facility that provides custodial or supportive care
- 05 Discharged/transferred to a designated cancer center or children's hospital
- 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skilled care
- 07 Left against medical advice or discontinued care
- 09 Admitted as an inpatient to this hospital
- 20 Expired
- 21 Discharged/transferred to court/law enforcement
- 41 Expired in a medical facility (e.g., hospital, SNF, ICF or freestanding hospice)
- 43 Discharged/transferred to a Federal health care facility
- 50 Hospice - home
- 51 Hospice - medical facility (certified) providing hospice level of care
- 61 Discharged/transferred to hospital-based Medicare approved swing bed
- 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehabilitation distinct part units of a hospital
- 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH)
- 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part of a hospital
- 66 Discharged/transferred to a Critical Access Hospital (CAH)
- 70 Discharged/transferred to another type of Health Care Institution not Defined Elsewhere in this Code List (see code 05)

3. What was the ICD-9-CM code selected as the principal diagnosis for this record? (PRINDX) (Format three digits, decimal point, two digits) _____

4. What were the ICD-9-CM other diagnoses codes selected for this medical record? (OTHRDX#) (Format three digits, decimal point, two digits)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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5. What is the patient's source of payment for this outpatient encounter? (PMTSRCE)

- 1 Source of payment is Medicare
 2 Source of payment is Non-Medicare

6. What is the patient's Medicare/HIC number? (PTHIC) (Required for data transmission of all cases that have a standard HIC#. All alpha characters must be upper case.) _____

7. Was the patient's chest pain presumed to be cardiac in origin? (PROBCARDCP)

- Yes
 No

8. Was aspirin received within 24 hours before emergency department arrival or administered prior to transfer? (ASPIRINRCVD)

- Yes
 No

9. Select one of the following documented reasons for not administering aspirin on arrival. (CTRASPRN)

- 1 Allergy/Sensitivity to aspirin
 2 Documentation of Coumadin/Warfarin prescribed pre-arrival
 3 Other documented reasons
 4 No documented reason or Unable to determine (UTD)

10. Was an ECG performed within 1 hour before emergency department arrival or in the ED prior to transfer? (ECGDONE)

- Yes
 No

11. What was the documented date and time of the earliest ECG? (ECGDTTM)

_____ Dates are in MM-DD-YYYY
_____ Times are in military format HH:MM, or UTD

12. What is the first physician identifier? (PHYSICIAN_1)

13. What is the second physician identifier? (PHYSICIAN_2)

This material was prepared by FMQAI, Hospital Outpatient Quality Data Reporting Program Support Contractor (HOP QDRP SC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the US Department of Health and Human Services. It is based on the *Specifications Manual for Hospital Outpatient Department Quality Measures v.3.0*.