DATA VALIDATION #2

Registrar:	Reviewer:	Review Date:

Abstraction Accuracy Rate

Tracking Number	
Hospital Arrival Date	
Medical Record Number	
Last Name	
First Name	

50 Single-Value Fields		
HOSPITAL/ED DATES & TIMES		
	Abstracted Data	**Re-Abstracted data**
1 Hospital Arrival Time		
2 Signs of Life		
3 ED Arrival Time		
4 ED Arrival Date		
5 ED Discharge Time		
6 ED Discharge Date		
7 ED LOS		
8 ED Discharge Disposition		
9 ED Transfer Facility Code		
10 Transfer Delay Reason		
11 Inpatient Bed Time		
12 Inpatient Bed Date		
HOSPITAL VITALS		
13 Initial hospital systolic blood pressure		
14 Initial hospital Diastolic blood pressure		
15 Initial hospital Pulse		
16 Initial hospital Respiratory Rate		
17 Initial hospital Temperature		
18 Initial hospital O2 saturation rate		
19 Initial hospital Eye GCS		
20 Initial hospital Verbal GCS		

		Abstracted Data	Re-Abstracted data
21	Initial hospital Motor GCS		
22	Initial hospital GCS Total		
23	Initial hospital GCS Assessment Qualifier		
24	Hospital Supplemental Oxygen		
25	Hospital Respiratory Assistance		
26	Height and Height Units	,	
27	Weight and Weight Units	,	
DISCHARGE DATA			
28	Inpatient Discharge Time		
29	Inpatient Discharge Date		
30	Inpatient Disposition code		
31	Inpatient Transfer Facility code		
32	Transport Method to another hospital		
33	Discharge Service		
34	Total ICU LOS		
35	Outcome		
36	DNR Status		
37	Time of Death		
38	Date of Death		
39	DOA		
40	Location of Death		
41	Autopsy Received?		
42	Autopsy Performed?		
43	Organs requested/Granted?		
TQIP QUESTIONS:			
44	VTE Prophylaxis Given?		
45	Type of first VTE Prophylaxis		
46	Time of first VTE Prophylaxis		
47	Date of first VTE Prophylaxis		
48	Was there Withdrawal of care?		
49	Time of Withdrawal of Care		
50	Date of Withdrawal of Care		

2 Multi-Value Fields			
	ICU Units:		ICU Days: