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 the paper abstraction tool. If there are any questions or concerns regarding use of this paper abstraction tool, please contact the Hospital Outpatient Quality Reporting Program Support Contractor (Hospital OQR Program SC) at oqrsupport@hsag.com.

What was the date the patient arrived in the hospital outpatient setting? (*Outpatient Encounter Date*)
_____ MM-DD-YYYY (includes dashes). UTD is not an allowable entry.

What was the earliest documented time the patient arrived at the outpatient or emergency department? (*Arrival Time*)
_____ HH:MM (with or without colon) or ☐ UTD

First Name _____

Last Name _____

What was the patient's sex on arrival? (*Sex*) ☐ Female ☐ Male ☐ Unknown

What is the patient's date of birth? (*Birthdate*)
_____ MM-DD-YYYY (includes dashes). UTD is not an allowable entry.

What is the patient's race? (*Race*) (Select one option)

☐ 1 White: Patient's race is White or the patient has origins in Europe, the Middle East, or North Africa.
☐ 2 Black or African American: Patient's race is Black or African American.
☐ 3 American Indian or Alaska Native: Patient's race is American Indian/Alaska Native.
☐ 4 Asian: Patient's race is Asian.
☐ 5 Native Hawaiian or Pacific Islander: Patient's race is Native Hawaiian/Pacific Islander.
☐ 7 UTD: Unable to determine the patient's race or not stated (e.g., not documented, conflicting documentation or patient unwilling to provide).

Is the patient of Hispanic ethnicity or Latino? (*Hispanic Ethnicity*)

☐ Yes Patient is of Hispanic ethnicity or Latino.
☐ No Patient is not of Hispanic ethnicity or Latino or unable to determine from medical record documentation.

What is the postal code of the patient's residence? (*Postal Code*) _____
Five or nine digits, HOMELESS or NON-US

What was the number used to identify this outpatient encounter? (*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)**

   ☐ 99281 Emergency department visit, new or established patient
   ☐ 99282 Emergency department visit, new or established patient
   ☐ 99283 Emergency department visit, new or established patient
   ☐ 99284 Emergency department visit, new or established patient
   ☐ 99285 Emergency department visit, new or established patient
   ☐ 99291 Critical care, evaluation and management

2. **What was the patient's discharge code from the outpatient setting? (DISCHGCODE?**) (Select one option)

   ☐ 1   Home
   ☐ 2   Hospice – Home
   ☐ 3   Hospice – Health Care Facility
   ☐ 4a   Acute Care Facility – General Inpatient Care
   ☐ 4b   Acute Care Facility – Critical Access Hospital
   ☐ 4c   Acute Care Facility – Cancer Hospital or Children's Hospital
   ☐ 4d   Acute Care Facility – Department of Defense or Veteran's Administration
   ☐ 5   Other Health Care facility
   ☐ 6   Expired
   ☐ 7   Left Against Medical Advice/AMA
   ☐ 8   Not Documented or Unable to Determine (UTD)

3. **What was the ICD-10-CM code selected as the principal diagnosis for this record? (PRINDX)**
   (Format eight digits, without a decimal point)

   _____

4. **What were the ICD-10-CM other diagnoses codes selected for this medical record? (OTHRDX#)** (Format eight digits, without a decimal point)

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

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 patients with a Payment Source of Medicare who have a standard HIC#. All alpha characters must be upper case.)

   _____

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

☐ Yes There was nurse or physician/APN/PA documentation the chest pain was presumed to be cardiac in origin

☐ No There was no nurse or physician/APN/PA documentation the chest pain was presumed to be cardiac in origin, or unable to determine from medical record documentation.

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

☐ Yes Aspirin was received within 24 hours before emergency department arrival or administered in the emergency department prior to transfer.

☐ No Aspirin was not received within 24 hours before emergency department arrival or administered in the emergency department prior to transfer, or unable to determine from medical record documentation.

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 or Pradaxa/Dabigatran, Apixaban/Eliquis, or Rivaroxaban/Xarelto and Jantoven prescribed pre-arrival

☐ 3 Other documented reasons

☐ 4 No documented reason or UTD

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

☐ Yes There was an ECG performed within 1 hour before emergency department arrival or in the ED prior to transfer.

☐ No There was not an ECG performed within 1 hour before emergency department arrival or in the ED prior to transfer, or unable to determine from medical record documentation.

11. What is the date the earliest 12-lead Electrocardiogram (ECG) was performed? (ECGDT)

_____ MM-DD-YYYY (includes dashes) or ☐ UTD

12. What is the time the earliest 12-lead Electrocardiogram (ECG) was performed? (ECGTM)

_____ HH:MM (with or without colon) or ☐ UTD

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

_____

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

_____