



# Discharge Abstract Database Data Acute

DAD-ACUTE

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**1. Transfer from Facility:****2. Transfer to Facility:****3. Admit via Ambulance:**

Identifies whether a patient arrives at the health care facility via ambulance and the type of ambulance that was used.

The date and time the patient physically left the emergency department and was moved to the inpatient unit, operating room or diagnostic area and did NOT return to the ED.

**4. a) Patient left Emergency Department Date:**
    /   /    
 YYYY MM DD

Enter as much of the date as is known. If no details available, check Unknown.

☐ Unknown
**b) Patient left Emergency Department Time:**
  :    
 HH MM

24 hour clock Enter full or partial time.

**5. Wait time in Emergency Department:**

The difference, in hours, between the Admission Date/Time and the Date/Time patient left the emergency department.

  :    
 HH MM

24 hour clock Enter full or partial time.

**6. Admission Date:**
    /   /    
 YYYY MM DD

Enter as much of the date as is known. If no details available, check Unknown.

☐ Unknown
**7. Discharge Date:**
    /   /    
 YYYY MM DD

Enter as much of the date as is known. If no details available, check Unknown.

☐ Unknown
**8. Discharge Disposition:** The location (01 to 05) where the patient was discharged to or the status of the patient on discharge (06 to 09 and 12). Please provide code and text or just text.

9. Highest level of education completed by the patient: \_\_\_\_\_
10. Status of the patient's employment at the time of admission: \_\_\_\_\_
11. Rehab length of stay (LOS): \_\_\_\_\_
12. a) Special Care Unit #1: \_\_\_\_\_
- b) Special Care Unit Days #1: \_\_\_\_ . \_\_\_\_
- c) Special Care Unit #2: \_\_\_\_\_
- d) Special Care Unit Days #2: \_\_\_\_ . \_\_\_\_
- e) Special Care Unit #3: \_\_\_\_\_
- f) Special Care Unit Days #3: \_\_\_\_ . \_\_\_\_
13. Case Mix Group (CMG): \_\_\_\_ \_
14. Comorbidity Level: \_\_\_\_\_
15. Intervention Event Count: \_\_\_\_ \_
16. Out of hospital (OOH) Factor Count: \_\_\_\_ \_
17. Alternate Level of Care (ALC) Days: \_\_\_\_ \_
18. Resource Intensity Weight (RIW): \_\_\_\_ . \_\_\_\_ \_
19. Resource Intensity Weight Atypical Code: \_\_\_\_\_
20. Estimated Length of Stay (ELOS): \_\_\_\_ . \_\_\_\_
21. Participant Postal Code: First 3 digits 

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Data Collection Details
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<b>Collected by:</b> (please print name)		<b>Initial Here:</b>		<b>Date of Data Extract:</b>	YYYY-MM-DD
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