



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.

~~2.~~ **Admission Date:**

				/			/		
YYYY					MM			DD	

☐ Unknown

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

3. **Alternate Level of Care (ALC) Days:**4. **Estimated Length of Stay (ELOS):**

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.

5. **Transfer to Facility:**4. **a) Patient left Emergency Department Date:**

				/			/		
YYYY					MM			DD	

☐ Unknown

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

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~~**7. Case Mix Group (CMG):**~~**9. Highest level of education completed by the patient:****8. CMG Year:****10. Status of the patient's employment at the time of admission:****119. 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:**~~**137. 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:** _____**180. Resource Intensity Weight
(RIW):** _____**191. Resource Intensity Weight
Atypical Code: Atypical/Typical
Course of Care:** _____**20. Estimated Length of Stay (ELOS):** _____**121. Participant Postal Code:** First 3 digits

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1 ~~Special Care Unit~~**3. ~~#1:~~** _____**1 ~~Special Care Unit~~****4. ~~Days #1:~~** _____**1 ~~Special Care Unit~~****5. ~~#2:~~** _____**1 ~~Special Care Unit~~****6. ~~Days #2:~~** _____**1 ~~Special Care Unit~~****7. ~~#3:~~** _____**1 ~~Special Care Unit~~****8. ~~Days #3:~~** _____

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