APPENDIX A-4:
Data Abstraction Tool: Appropriate DVT Prophylaxis for Cesarean Delivery (MAT-5)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Use of italic and underlined font throughout this tool indicates updated text has been inserted. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) ________________________________________________________________
2. Provider ID (PROVIDER-ID) __________________________ (AlphaNumeric)
3. First Name (FIRST-NAME) __________________________________________________________________
4. Last Name (LAST-NAME) _____________________________________________________________________
5. Birthdate (BIRTHDATE) ___ - ___ - ___ ___ ___ ___
6. Sex (SEX) □ Female □ Male □ Unknown
7. Postal Code What is the postal code of the patient’s residence? (POSTAL-CODE) __ __ __ __ __ __
   (Five or nine digits, HOMELESS, or Non-US)
8. Race Code - (MHRACE) (Select One Option)
   □ R1 American Indian or Alaska Native
   □ R2 Asian
   □ R3 Black/African American
   □ R4 Native Hawaiian or other Pacific Islander
   □ R5 White
   □ R9 Other Race
   □ UNKNOW Unknown/not specified
9. Ethnicity Code - (ETHNICODE) __ __ __ __ __ __
   (Alpha 6 characters, numeric is 5 numbers with – after 4th number)
10. Hispanic Indicator - (ETHNIC)
    □ Yes
     □ No
11. Hospital Bill Number (HOSPBILL#) __________________________________________________________
    (Alpha/Numeric – field size up to 20)
12. Patient ID (i.e. Medical Record Number) (PATIENT-ID) __ __ __ __ __ __ __ __ __ __
    (Alpha/Numeric)
13. Admission Date (ADMIT-DATE) ___ - ___ - ___ ___ ___ ___
14. Discharge Date (DISCHARGE-DATE) ___ - ___ - ___ ___ ___ ___
15. What is the patient’s primary source of Medicaid payment for care provided? (PMTSRCE)
   □ 103 Medicaid (includes MassHealth)
   □ 104 Medicaid Managed Care – Primary Care Clinician (PCC) Plan
   □ 108 MCD Managed Care - Fallon Community Health Plan
   □ 110 MCD Managed Care - Health New England
   □ 113 MCD – Neighborhood Health Plan
   □ 118 MCD Managed Care - Mass Behavioral Health Partnership Plan
   □ 207/274 MCD Managed Care- Network Health (Cambridge Health Alliance)
   □ 208 MCD Managed Care - HealthNet (Boston Medical Center)
16. What is the patient’s MassHealth Member ID? (MHRIDNO) ______________________(alpha characters must be upper case)

17. Does this case represent part of a sample? (SAMPLE)
   - Yes
   - No

18. What was the patient’s discharge disposition on the day of discharge? (DISCHARGDISP) (Select One Option)
   - 01 = Home
   - 02 = Hospice- Home
   - 03 = Hospice- Health Care Facility
   - 04 = Acute Care Facility
   - 05 = Other Health Care Facility
   - 06 = Expired
   - 07 = Left Against Medical Advice / AMA
   - 08 = Not Documented or Unable to Determine (UTD)

19. Was DVT Prophylaxis administered to the patient prior to Cesarean delivery? (DVTP)
   (fractionated or unfractionated Heparin or heparinoid OR application of pneumatic compression devices)
   - Yes
   - No