



**VIREC Research User Guide
VHA Decision Support System
Clinical National Data Extracts
2nd Edition**

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Preface

What's New

This guide was substantially revised in 2009. It contains information on changes to Decision Support System (DSS) data and the National Data Extracts (NDEs) that have been implemented since the first edition of the guide, published in 2004. These include new variables, additions to the set of laboratory tests whose results are included in the Laboratory Results NDE, a revised file naming convention, and other DSS enhancements. Variable descriptions have been updated and the bibliography of selected published studies that used DSS clinical data has been expanded. Additionally, the guide has been reorganized to make the most commonly-used information more readily accessible to the reader.

Acknowledgements

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This guide is the product of the efforts of many peoples' efforts, experiences, and insights. Contributing authors at VIREC included Dean Reker PhD, Elizabeth Tarlov PhD, Thomas Haywood MPH, Joanne Stevens RN, Todd Lee PharmD, PhD, and Tim Weddle PhD. Important contributions in the development of the first edition came from Margaret Kraft, PhD with contributions from Noreen Arnold PhD, Denise M. Hynes PhD, Patricia Murphy MS, and Min-Woong Sohn PhD. Debbie Sieloff (VA Hines Laboratory ADPAC), Theresa Weber (National LMIP Coordinator), and Arlene Runk (VISN 12 Radiology Business Manager) also contributed.

We would like to thank the Decision Support Office (DSO) Database Development staff, Steve Porter, Mike Leigh, and Nancy Johnson for assistance in developing and revising technical information about VHA's Decision Support System and the SAS[®] National Data Extracts, which are the focus of this RUG. They have been and continue to be an invaluable resource. In this guide, we have borrowed heavily from multiple sources comprising the DSO's extensive documentation of DSS data.

We thank John Quinn and Lauren Kennedy from National Data Systems (NDS) for information on variables originating from workload data. We also appreciate the review and feedback provided by Scott Miskevics of Center for Management of Complex Chronic Care, a VA HSR&D Center of Excellence, and the Spinal Cord Injury QUERI.

Editorial assistance was provided by VIREC staff Jenifer Stelmack MSW, Arika Owens MPH, and Jean Seidel. Ron Cornick MALS and Melissa Brown MPH helped prepare the bibliography included in this document. VIREC accepts responsibility for deficiencies in this guide, and welcomes suggestions for improving the resource to better meet the needs of research users.

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Introduction

VIREC Research User Guide: VHA Decision Support System Clinical National Data Extracts 2nd Edition is produced by the Veterans Affairs Information Resource Center (VIREC), a national resource center of the Veterans Health Administration (VHA) Health Services Research and Development Service (HSR&D). The guide is issued by VIREC to assist health services researchers and other users of Decision Support System (DSS) clinical data in understanding basic elements of the DSS production database, the availability of data elements, and the definitions of the variables within the DSS Clinical National Data Extracts (NDEs) in SAS[®] datasets. The background information on DSS will also be useful for those working with other DSS NDEs and for interactions with the Veterans Integrated Service Network (VISN) and facility DSS managers and staff.

This guide concentrates on the clinical national extracts that include Laboratory, Laboratory Results, Radiology, and Pharmacy NDEs. These extracts are referred to as LAB, LAR, RAD, and PHA, respectively. These extracts are in SAS[®] datasets and stored on either tape cartridges or disk on a mainframe at the Austin Information Technology Center (AITC). Although this document lists all variables contained in the Pharmacy inpatient and outpatient NDEs, detailed information on these variables and datasets are presented in *VIREC Research User Guide: VHA Pharmacy Prescription Data, 2nd Edition* (VA Information Resource Center, 2008; see 8.1-1 and appendix A), which is specifically dedicated to the prescription drug datasets. DSS produces an additional clinical NDE, Event Capture/QUASAR (ECS/ECQ), which includes individual products (e.g., exam, service), cost and workload from the Event Capture and Quality Audiology and Speech Analysis and Reporting (QUASAR) systems. More information about the ECS/ECQ NDE is available on the [VIREC Web site](#) or by contacting the [VIREC Help Desk](#) (see also appendix A).

DSS is the VA's managerial cost accounting system and so a strength of DSS databases is that they contain cost data that may be of interest to researchers. Specific information regarding the financial information in the DSS is available through the [VHA Health Economics Resource Center \(HERC\) Web site](#) (see also appendix A):

- *Guidebook: HERC'S DSS Discharge Dataset With Subtotal for Inpatient Categories of Care, Fiscal Year 2007, 1st Ed.* (Yang, Wagner, 2009; see 8.1-2 and appendix A)
- *Research Guide to Decision Support System National Cost Extracts* (Phibbs, Barnett, 2008; see 8.1-3 and appendix A)
- *HERC Technical Report 23: Comparison of DSS Encounter-level National Data Extracts and the VA National Patient Care Database FY 2004* (King, Phibbs, 2007; see 8.1-4 and appendix A)
- *HERC Technical Report 22: Comparing Outpatient Cost Data in the DSS National Pharmacy Extract and the Pharmacy Benefits Management V3.0 Database* (Smith, King, 2007; see 8.1-5 and appendix A)
- *HERC Technical Report 14: A Comparison of Outpatient Costs from FY 2001 HERC and DSS National Data Extracts* (Phibbs, Schmitt, 2007; see 8.1-6 and appendix A)

- [HERC Technical Report 10: A Comparison for Inpatient Costs from the HERC and DSS National Data Extract Datasets](#) (Wagner, Velez, 2004; see 8.1-7 and appendix A)
- [HERC Technical Report 9: Reconciliation of DSS Encounter-level National Data Extracts and the VA National Patient Care Database: FY 2001 – FY 2002](#) (Yu, Barnett, 2003; see 8.1-8 and appendix A)
- [HERC Technical Report 2: Reconciliation of DSS Encounter-Level National Data Extracts with the VA National Patient Care Database FY 2001](#) (Yu, Barnett, 2002; see 8.1-9 and appendix A)

Using the Guide

This guide is divided into eight chapters, which are listed below. When relevant information is available on an internet site, a hyperlink is given for an online user of the guide to click and view the site directly. [Appendix A](#) lists Web addresses for the VA Intranet Web sites and VA Intranet publications referenced in this guide. [Appendix B](#) provides information on accessing data on the Austin Information Technology Center (AITC) Mainframe. Additional variable information is included in [Appendix C](#) and [Appendix D](#).

[Chapter 1: Veterans Health Administration Decision Support System Overview](#) provides background information about DSS to help users understand origins, context, and structure of datasets.

[Chapter 2: Decision Support System Clinical National Data Extracts](#) provides general and file-specific information about the extracts and describes AITC SAS[®] file naming conventions and data storage. This chapter also includes a table of variables contained in each file.

[Chapter 3: Additional Technical Information](#) provides more in-depth information about DSS than is presented in Chapter 1 including data sources, structures, and processing

[Chapter 4: Special Data Topics](#) covers additional issues including DSS data quality and integrity, standardization, and data security.

[Chapter 5: Data Access & Availability](#) provides information about procedures for obtaining authorization to use DSS data, including a brief overview of DSS production data and reports data availability and access policies.

[Chapter 6: Decision Support System National Data Extracts: Variables & Their Dataset Locations](#) lists the variables contained in the fiscal year 2009 VHA DSS NDE datasets.

[Chapter 7: Variable One-page Descriptions & Coding Schemes](#) provides a one-page variable description for each variable with some coding schemes where feasible.

[Chapter 8: Bibliography](#) lists cited source and references to articles about studies that utilized VA DSS Clinical NDEs.

1.

Veterans Health Administration Decision Support System Overview

This chapter provides background information about the Veterans Health Administration (VHA) Decision Support System (DSS) to help the user understand the origins, structure, and content of the datasets. More detailed information is available in [Chapter 3](#) of this guide and in the additional resources cited in that chapter.

1.1 Decision Support System in the Veterans Health Administration

The Decision Support System (DSS) is a Congressionally-mandated resource management tool that began implementation throughout the Veterans Health Administration (VHA) in 1994. The foundation for DSS is cost accounting commercial software named Eclipsys. The VHA modified Eclipsys to interact with VistA and other VA national databases to populate the required data elements needed to allocate VHA costs to VHA products. Full implementation in all VHA facilities was completed in 1999.

The VHA DSS is a longitudinal, relational database, combining selected clinical data (resource utilization, patterns of care, patient outcomes, and workload) and fiscal (cost) data. DSS provides a mechanism for integrating expenses, workload, and patient utilization and allows monitoring of patient treatment patterns for a user-defined population over an extended time period. DSS information supports process and performance improvement by measuring quality of care, clinical outcomes, and financial impact. Observations related to patient outcomes combined with information about resource utilization provide an understanding of the value of VHA medical center health care services. As the VHA's managerial cost accounting system, DSS focuses on providing aggregate information to managers and other stakeholders to help in finding opportunities to improve care delivery. A substantial database now exists from which complex historical patterns may be determined.

Technical support for DSS is provided by the national Decision Support Office (DSO), formerly known as the DSS Bedford Technical Support Office (BTSO). Administrative oversight, once provided by the DSS Steering Committee, is now provided by the DSO Advisory Board.

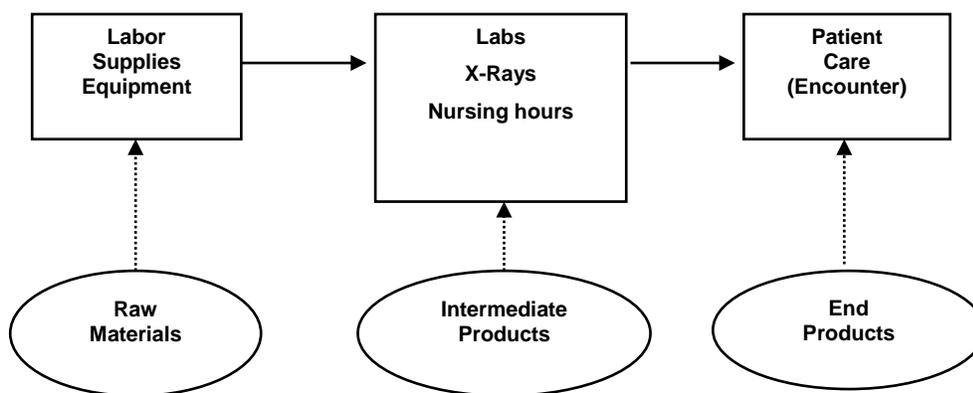
1.2 The Health Care Production Process

From the cost accounting standpoint, each episode of care is an “end” product with all care activities and their costs attached to individual patient care episodes. As shown in figure 1, the health care production process can be described in three steps:

1. Raw materials are the labor, supplies, and equipment used to create intermediate products (IPs).
2. Intermediate Products (IPs) are the goods and services provided during patient care such as x-rays, nursing hours, and lab tests.
3. End products are completed patient encounters, the final step.

Physicians and other practitioners order lab tests, x-rays, pharmacy products, and services needed for the patient’s medical treatment. DSS costs the raw materials, measures IP workload, and costs per unit and then applies these costs to each encounter. The end result is the fully-costed encounter.

Figure 1. The Health Care Production Process*



* Reprinted from the *Fiscal Year 2008 Decision Support System (DSS) Medical Records Book* with permission from the Database Development section of the Decision Support Office (Database Development, 2007; see 8.1-10 and appendix A).

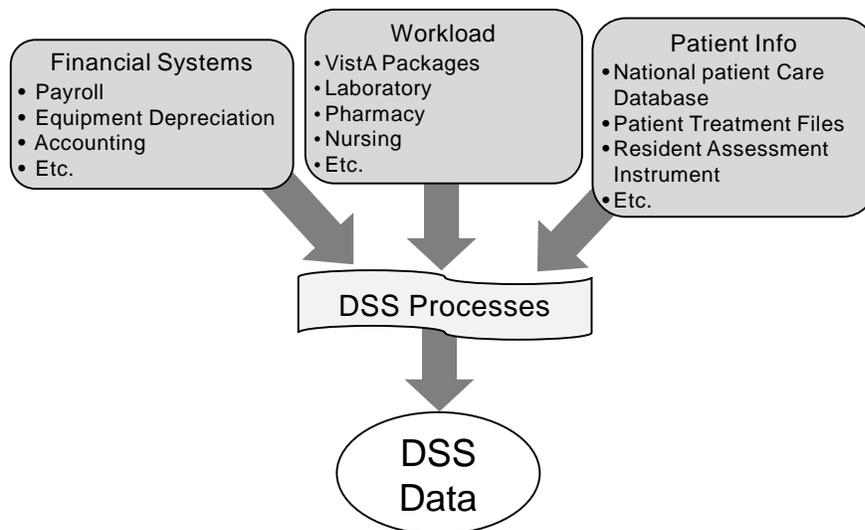
An episode of inpatient care incorporates care processes from admission to discharge. An episode of outpatient care comprises all care processes during a single day’s visit to a VA facility. This may include multiple separate encounters, each at a different clinic stop (e.g. primary care, lab, pharmacy). DSS differs from VHA workload reporting in that DSS does not differentiate between encounters and occasions of service. For more information about the distinction between encounters and occasions of service see [VHA Directive 2009-002: Patient Care Data Capture](#) (Veterans Health Administration, 2009; see 8.1-11).

1.3 Data Sources & Creation of National Datasets

DSS does not create any data. The DSS database is constructed from data extracted from existing administrative and clinical data captured in financial and clinical records in the VHA Veterans Health Information Systems & Technology Architecture (VistA) information system at each

facility. Financial extracts, VistA extracts, national database extracts (e.g., the National Patient Care Database), and extracts from some additional specialized databases are used as DSS feeder systems. DSS integrates resource, workload, and patient data into one database (figure 2).

Figure 2. DSS Source Data



Because DSS is a derived database, it is not a “real time” information system. As a result, DSS information is always retrospective in nature. More detailed information on DSS structure, data sources, and data flow is provided in [Chapter 3](#) and in the *VIReC Research User Guide: VHA Pharmacy Prescription Data, 2nd Edition* (Veterans Health Administration, 2009; see [8.1-1](#) and [appendix A](#)).

DSS site teams run monthly jobs to extract data after monthly closeouts of source data are completed. The extracted data are then transmitted to the Austin Information Technology Center (AITC). Once extracts are in place in Austin, each site or VISN begins a monthly processing cycle that builds and updates financial and clinical records. After site-specific monthly processing is completed, data are available for standardized, facility-designed, or customized reports.

1.4 Decision Support System SAS[®] Datasets

The DSS Program Office creates SAS[®] datasets with data extracted from selected DSS database fields. These sets of national data are referred to as the National Data Extracts or NDEs. Final SAS[®] datasets for a fiscal year are generally produced in January following the September 30 close of the fiscal year. Within a fiscal year, periodic rollups of production data are done to produce year-to-date NDEs. For the clinical NDEs, data are pulled monthly or quarterly and reflect the status of processing at each VHA medical center at the time of the creation of the dataset. All NDE pulls are cumulative fiscal year-to-date. DSS NDE SAS[®] datasets are housed at the AITC and are utilized via a time-sharing option account on a mainframe computer.

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2.

Decision Support System Clinical National Data Extracts

This chapter provides information about the Decision Support System (DSS) Laboratory, Laboratory Results, Pharmacy, and Radiology National Data Extracts (NDEs) including file descriptions, file naming conventions, extract historical changes, and file contents. In-depth variable descriptions may be found in [Chapter 7](#).

2.1 Extracts Overview

Table 1 lists the DSS Clinical NDEs that are described in this document and are available at the Austin Information Technology Center (AITC), and sections 2.1.1 – 2.1.4 provide a brief description of these NDEs. All of the clinical NDEs contain product-level records (e.g., test, procedure or service). They contain no diagnosis codes and limited patient information.

DSS produces an additional clinical NDE, Event Capture/QUASAR (ECS/ECQ), which includes individual products (e.g., exam, service), cost and workload from the Event Capture and Quality Audiology and Speech Analysis and Reporting (QUASAR) systems. More information about the ECS/ECQ NDE is available on the [VIREC Web site](#) or by contacting the [VIREC Help Desk](#) (see also, [appendix A](#)).

Name	Mainframe Name	Brief Description
Laboratory	LAB	Individual test cost and workload, inpatient and outpatient
Laboratory Results	LAR	Individual laboratory test results, inpatient and outpatient
Pharmacy	PHA	Prescription level cost and workload, inpatient and outpatient
Radiology	RAD	Individual exam cost and workload, inpatient and outpatient

2.1.1 Laboratory

The DSS Laboratory (LAB) NDE contains inpatient and outpatient test utilization and costs. It also contains information about where and when the test was performed. Data are available from FY 2002 forward.

2.1.2 Laboratory Results

The DSS Laboratory Results (LAR) NDE contains inpatient and outpatient results for a specific list of tests. See [Appendix C](#) for the list of tests whose results are available in LAR by fiscal year. Data are available from FY 2000 forward.

2.1.3 Pharmacy

The DSS Pharmacy (PHA) NDE contains inpatient and outpatient utilization and costs. They include prescription, unit dose, and IV pharmacy detail. For detailed information regarding the DSS Pharmacy SAS[®] datasets and dataset variables, please see the *VIReC Research User Guide: VHA Pharmacy Prescription Data, 2nd Edition* (VA Information Resource Center, 2008; see 8.1-1 and [appendix A](#)). Data are available from FY 2002 forward.

2.1.4 Radiology

The DSS Radiology (RAD) NDE contains inpatient and outpatient utilization and costs for radiology and nuclear medicine procedures. Data are available from FY 2002 forward.

2.2 National Data Extract File Naming Conventions

The file naming conventions and locations for the clinical National Data Extracts (NDEs) are shown in table 2.

Table 2. DSS NDE Dataset Names, FY 2000-FY 2009	
File Name FY 2004 – FY 2009	VISNs and Inpatient/Outpatient Indicator
RMTPRD.MED.DSS.SAS.FY XX.VISNyy.ndename	Inpatient & Outpatient are combined
File Name FY 2000 – FY 2003	
RMTPRD.MED.DSS.SAS.FY XX.V1TO5I.ndename	VISNs 1 – 5, Inpatient
RMTPRD.MED.DSS.SAS.FY XX.V1TO5O.ndename	VISNs 1 – 5, Outpatient
RMTPRD.MED.DSS.SAS.FY XX.V6TO10I.ndename	VISNs 6 – 11, Inpatient
RMTPRD.MED.DSS.SAS.FY XX.V6TO10O.ndename	VISNs 6 – 11, Outpatient
RMTPRD.MED.DSS.SAS.FY XX.V11TO16I.ndename	VISNs 11 – 16, Inpatient
RMTPRD.MED.DSS.SAS.FY XX.V11TO16O.ndename	VISNs 11 – 16, Outpatient
RMTPRD.MED.DSS.SAS.FY XX.V17TO22I.ndename	VISNs 17 – 22, Inpatient
RMTPRD.MED.DSS.SAS.FY XX.V17TO22O.ndename	VISNs 17 – 22, Outpatient
File Name for Radiology FY 2002 – FY 2003	
RMTPRD.MED.DSS.SAS.FY xx.RAD	Inpatient & Outpatient are combined, VISNs are combined

Note that (1) XX represents the fiscal year, yy denotes a two-digit VISN number, e.g. 01, 12, or 23, and (2) VISN 13 and VISN 14 were integrated into VISN 23 in January 2002, but DSS databases still have data under their original designation for datasets in FY 2002 and FY 2003.

The Radiology NDE inpatient and outpatient data are contained in one file for each fiscal year, 2002 – 2009. For fiscal years 2000 – 2003, each of the other NDE files (Laboratory, Laboratory Results, and Pharmacy) contains data for several VISNs and inpatient and outpatient data are

stored in separate files. For FY 2004 forward, data from each of the VISNs (1 through 12 and 15 through 23) are stored in separate files containing inpatient and outpatient data. For example, RMTPRD.MED.DSS.SAS.FY 09.VISN01.LAB calls up the LAB file for VISN 1 in Fiscal Year 2009 and that file contains both inpatient and outpatient data.

All files for years 2004 forward are stored on disk. Prior years may be stored on disk or tape. All NDE datasets from FY 2004 to present are sorted and indexed by **SCRSSN**. FY 2000 – 2003 files are sorted by **STA3N**, **SCRSSN**, and **SVC_DTE**. The schedule for data pulls and reports can be found on the VA Intranet DSS Web site (see [appendix A](#)).

2.3 Laboratory National Data Extract

The Laboratory (LAB) National Data Extract (NDE) contains inpatient and outpatient laboratory cost and workload data. Because this NDE does not include test results, the information in LAB is sometimes described as “fact of lab” to distinguish it from the laboratory test results NDE, LAR. Each LAB file record holds information on a single test. DSS records the workload and costs of all completed lab tests as of the date the results are released within the VistA Laboratory package.

The LAB NDE file contains patient-specific tests only. Lab controls and/or other standardization procedures are part of the overhead cost of running a laboratory and are not extracted to DSS. Records for tests performed as part of human subject research are included in LAB only if the subject is a VA patient and an encounter record was generated in the VistA Patient Care Encounter (PCE) file.

Arterial Blood Gases (ABGs) in most VA medical centers are entered into the VistA Lab package and are therefore included as DSS records. VA medical centers that are entering Pulmonary Function tests into the VistA Lab package are included as DSS records.

Tests completed at the point of care and entered into the VistA Lab package are extracted to DSS and are included in LAB. These records will have an “N” in the **LABPERF** (where lab was performed) field. Tests sent out for analysis, whether to another VA facility or an outside entity, are included in LAB. For laboratory tests sent out to other sources:

2.3.1 Non-Department of Veterans Affairs Send Outs

Lab tests sent out to non-Department of Veterans Affairs (VA) sources will cause two records to be created. One record contains the in-house labor cost of specimen collection, preparation and shipping. The second record includes the cost for the test that is completed by the non-VA source.

2.3.2 Department of Veterans Affairs Send Outs

Lab tests sent out to other Department of Veterans Affairs (VA) sources will have one record at the VA medical center that sent the test and a second record at the VA that performed the test. The sending medical center will have a record for the in-house labor cost of specimen collection, preparation and shipping. The performing medical center will have a record for the cost of

performing the test. The record at the performing site will have a “Y” in the **REF_FLG** (Referral lab flag). A separate laboratory outpatient encounter is created in DSS for referral lab tests at the performing medical center. All referral lab tests completed for a given patient in a single day at the performing site are posted to a single outpatient encounter whether the patient is an inpatient or outpatient at the sending site.

2.4 Laboratory Results National Data Extract

The Laboratory Results (LAR) National Data Extract (NDE) contains inpatient and outpatient results data for selected lab tests. As of FY 2009, 76 frequently-ordered tests are included. A list of those tests and the fiscal year in which they were first included in the extract is shown in [Appendix C](#). Each LAR file record holds information on a single test. DSS records the result of the lab test as of the date the results are released in the VistA Laboratory package. Specimens drawn at the end of the fiscal year, whose results are available in the subsequent fiscal year, are reported in that subsequent fiscal year’s NDE.

2.4.1 Non-numeric Test Result Translation

Tests that have non-numeric result values (for example, positive/negative) undergo a translation to numeric values in order to accommodate DSS software. The DSS LAR VistA extract modifies the reported result when the result value contains alpha instead of numeric characters.

The LAR tests requiring field value translation are:

DSS Test ID	Test Name
0033	Hepatitis B Surface Antibody
0034	Hepatitis C Antibody
0035	HIV Antibody
0039	HCV-Qualitative by PCR
0040	HIV 1 by EIA
0041	Hepatitis A Ab
0042	Hepatitis A IgM Ab
0043	Hepatitis A IgG Ab
0046	Hepatitis B Core Ab
0047	Hepatitis B e Ag
0055	Occult Blood (Fecal)

Free text lab results are translated to:

Translation Value	Test Result
0	Negative, Non-Reactive
1	Positive, Reactive
2	Borderline, Indeterminate
3	Test not performed, Quantity not sufficient or other reason
5	Result cannot be translated

The VistA DSS extract package can be scheduled to print an audit report before extract creation for all test result translations with a value of '5' (Result cannot be translated). This gives the DSS team time to coordinate with lab staff to manually revise the result translation.

2.4.2 Test Results From Calculations.

For a small number of tests, the LAR extract may pull results from calculations. Since there is no additional workload involved in producing these results (i.e., the workload is associated with the test(s) from which the result was calculated), these records will not have a corresponding record in the LAB NDE.

Tests whose results are derived from calculations are:

Test	Name	Units
0011	Creatinine Clearance	ML/MIN
0027	LDLC*	MG/DL
0036	CD-4 Ratio (T Cell Screen)	%
0052	INR (International Normalized Ratio)	RATIO
0056	Microalbumin/Creatinine Ratio	MG/G

*Results for this test can be obtained either from a test or a calculation.

2.4.3 Laboratory Results Record Selection

In FY 2009, DSS began using LOINC® (Logical Observation Identifiers Names and Codes) codes to select laboratory result records for extraction from VistA. LOINC is a universal standard for identifying laboratory and other clinical observations that was developed primarily to facilitate the exchange and pooling of results for clinical care, outcomes, management, and research. The VHA Standards and Terminology Service (STS) maintains a national LOINC code file (#95.3) that contains all the LOINC codes used by VHA. DSO collaborated with the VHA Laboratory Advisory Council (LAC) and STS to determine the corresponding and appropriate LOINC® codes for each of the Laboratory Results (LAR) tests collected by DSS. Those codes comprise a new DSS LOINC file (#727.29) used by LAR Extract programming to select records for extraction. The introduction of LOINC® codes for record selection replaced the previous method of LAR record selection based on test names. That method required programming at the local level to create and maintain linkages and was therefore susceptible to interruption as well as to inconsistency in record selection within and across facilities. For more information see the [LOINC Web site](#) and the *Fiscal Year 2009 DSS Technical Conversion Guidelines* (Data Processing Section, 2008; see 8.1-12 and [appendix A](#)).

2.5 Pharmacy National Data Extract

The Pharmacy (PHA) National Data Extract (NDE) contains records for all inpatient and outpatient prescriptions from the VistA Outpatient, Unit Dose, and Intravenous (IV) Solution packages. Consolidated Mail Outpatient Pharmacy (**CMOP**) records are included. The PHA NDE files contain each item dispensed from the pharmacy, including medical supplies. The PHA

NDE does not include records from the VistA Pharmacy Ward Stock, Controlled Substances, or Bar Code Medication Administration (BCMA) packages.

DSS PHA NDE records contain the full economic costs at the prescription level. These costs include the drug cost, the labor to dispense it, the cost of heat, light, and utilities, and the indirect costs of medical center, VISN, and VA central office (VACO). Pharmacy “cost” data available from other VHA sources is not the economic cost. Only DSS data reflects the full economic cost of pharmacy activities.

DSS NDE pharmacy data has significant shortages in inpatient data. This problem has been attributed to use of automated ward drug dispensing equipment (WDDE) and use of two-way communication software. The effects of the data shortage problem will vary across sites depending on how widely WDDE was used at each site. DSS is working to correct this problem.

2.6 Radiology National Data Extract

The Radiology (RAD) National Data Extract (NDE) contains the cost and workload of all radiology activity at the level of the individual exam or procedure for all inpatient and outpatient DSS encounters during the extract period. DSS records the workload and the cost of all completed exams as of the date the results are released within the VistA Radiology package. Each RAD file record holds cost and workload information for a single procedure.

Currently, the VistA Radiology package does not permit the input of radiology exams sent to sites other than the home VA medical center. The RAD NDE does not include cardiac catheterization laboratory procedures or interventional cardiology procedures.

2.6.1 Exams Sent Out to Other Sources

DSS radiology records contain all patient-specific “completed” entries in the VistA Radiology package. “Completed” is defined as having the results released by a VA staff radiologist. The VA radiologist is in the VistA New Person file (#200) with a value in the ‘Person Class’ field that indicates the individual is a radiologist. Since the New Person file (#200) holds information only on providers credentialed in the home medical center, the VistA Radiology package does not record results of exams sent to other sources. In some cases where radiologists from one VA medical center interpret exams performed at another VA medical center, the interpreting radiologists have become credentialed at the site where the exams are performed.

Additional Technical Information

This chapter provides detailed information about Decision Support System (DSS) data sources, structure, and processing and includes a listing of additional sources of information.

3.1 Decision Support System Structure

The Decision Support System (DSS) is a complex system. At each local site the DSS structure is a reflection of that facility's organization. Each site has a unique list of cost centers designated as direct or indirect depending on whether the center is responsible for direct patient care or non-patient care services. Each cost center is assigned a code from a national standardized DSS code list. Monthly financial data from VA Conversion Module (VCNV) is distributed to the appropriate account level budget cost center (ALBCC) for processing. After ALBCC monthly processing is complete, the financial data are pushed into Department Cost Manager (DCM). DCM departments are the workload production units where information is available for intermediate products or total encounters. These departments also use a national standardized coding system.

Observations (records) in DSS are created through the MRPOST (Medical Records Post) job that is a step in the monthly DCM processing. This action assigns utilization data to patient encounters and then costs are added. Processing in DCM allows for the summarization of monthly product and encounter costs and volumes and the allocation of indirect costs.

Costing within the DSS structure is based on labor mapped to cost centers and the DSS relative value units (RVUs) for each cost category within each intermediate product. RVUs are based on the average time required by each level of staff for the product and costs related to supplies and fixed costs. RVUs are facility-specific. When product audits indicate problems with costs and/or the RVUs structure, re-costing can be included as a processing step. System costs are re-costed periodically, usually once a quarter, and at the end of the fiscal year processing and are always year-to-date averaged. For this reason, the NDE produced after the close-out of a fiscal year contains the most accurate cost information.

3.1.1 Decision Support System Departments

A Decision Support System (DSS) department is an organizational production unit with a discrete labor pool, distinct intermediate products, and a specified area of responsibility. Direct departments produce the products and services used in direct patient care, and departmental workload is driven by patterns of patient care. Indirect departments are responsible for non-patient care services. A list of departments can be found on the VA Intranet DSS Web site (see [appendix A](#)).

3.1.2 Account Level Budgeter Structure

Account Level Budgeter (ALB) is the DSS module that provides detailed expense information for costing, budgeting, forecasting, and reporting at the cost center, account, and job code level. Monthly financial records are posted into ALB to provide detailed expense records for each ALBCC. The individual facility's list of cost centers reflects the local organizational structure but cost center codes are standardized at the national level. The ALB account code uses a seven-digit identifier that includes the four-digit VA budget object code (BOC) and the three-digit VA cost center code. Resources necessary to do the work of each ALB account are mapped to that account and include labor, supplies, equipment, and space.

3.1.3 Department Cost Manager Structure

Department Cost Manager (DCM) is the DSS module that contains cost and workload information at the intermediate product and department level. An intermediate product is an element of care that produces the workload. Examples include a specific x-ray or laboratory test, or a clinic visit, or an inpatient bed day. DCM is a process cost accounting system that identifies direct and indirect costs utilizing RVUs as the standards within the costing process. DCM costs represent individual product costs. The naming convention for DCM departments follows the rule that the first character identifies the clinical service responsible for products while second and third characters match the National DSS Department List (see appendix A).

3.1.4 Decision Support System Products

The Decision Support System (DSS) identifies two levels of products in the process of patient care, the *intermediate product* and the *end product*. The end product is an episode of patient care. This may be an inpatient hospital stay or an outpatient visit and these episodes of care include bundled intermediate products. Intermediate products represent the work performed in each department involved in the episode of patient care. Intermediate products are procedures and services used in treating patients and may be bed-days of care, drugs dispensed, lab tests, radiology exams, nursing acuities, or operating room time. Intermediate products are assigned an Intermediate Product (IP) number from a national standardized list so that similar products across all facilities use the same IP number. Direct departments may also have an "other" product with an assigned LOW, MEDIUM, or HIGH value to allow for the capture of new products with a temporary IP number. Updated product lists are issued annually as part of the DSS transition process.

3.1.5 Clinical Cost Manager Structure

This module contains patient care data at the end product or encounter level and aggregates data by patient encounter. Clinical Cost manager (CCM) is a job order cost accounting system that allows the facility to determine and control end product costs. The cost of intermediate products used to produce end product costs is obtained from DCM. CCM costs represent the accumulation of products used in one hospital stay or clinic visit.

3.1.6 Daily Cost Resource Profiler

This module contains events and costs of patient care recorded by day of stay. Days are tied to day of week, ward type, provider, and treating specialty. The Daily Cost and Resource (DCR) allows detailed clinical analysis and provides utilization and cost data.

3.2 Decision Support System Source Data

3.2.1 Financial Data

Fiscal data from the following tabled accounts allow VA users to determine costs at the product level and ultimately at the encounter level. Indirect department costs are allocated to direct departments.

Extract	Name
Account Adjustments	ACADJ
Building Depreciation	BDR
Equipment Depreciation	CMR
Labor: MD	PAIDMD
Labor: Non-MD	PAID
National Program Allocation	NPRA
National CBO Overhead	NCBO
Obligations	OBLIG
Payroll Accruals: Computerized	ACCRCM
Payroll Accruals: Manual	ACCRMN
Personal Services	CALM
Unfunded Pension & Others	UPRB
VHA HQ Allocation	VHQA
VISN Allocation	VSNA

3.2.2 Veterans Health Information Systems & Technology Architecture Extracts

Extracts from local Veterans Health Information Systems and Technology Architecture (VistA) files are run on a monthly basis by facility or VISN DSS Teams. They include the following:

Table 7. VistA Monthly Extracts	
Extract	Name
Admissions	ADM
Blood Bank	LBB
Clinic Visits	CLI
Clinic No-Show (Discontinued in FY 03)	NOS
Dental (discontinued in FY 05)	DEN
Event Capture	ECS
Lab	LAB
Lab Results	LAR
Mental Health Testing	MTL
Nursing	NUR
Nutrition	NUT
Patient Assessment Instrument (PAI)	PAI
Pharmacy: IV	IVP
Pharmacy: Prescription	PRE
Pharmacy: Unit Dose	UDP
Prosthetics	PRO
QUASAR (Audiology and Speech)	ECQ
Radiology / Nuclear Medicine	RAD
Surgery	SUR
Treating Specialty Change	TRT

Note: Detailed information about VistA DSS software applications is available on the VistA Document Library (VDL) located on the [VHA Office of Information Veterans Health Information Technology Web site](#).

The VistA Document Library (VDL) also includes reference material about extract enhancements and the *Decision Support System (DSS) FY 2009 Extracts: Medical Records Data Definitions Guide Version 7.0* (System Development Support, 2008; see 8.1-13)

3.2.3 National Databases

DSS also extracts data from national databases.

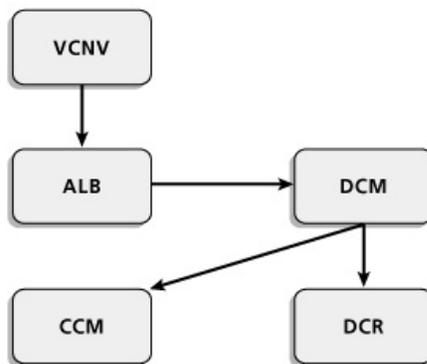
Table 8. National Database Extracts	
Extract	Name
Ambulatory Surgery Codes	ASC
Dental Encounter database	DES
FEE files	FEE
Inpatient Service Codes	ISC
National Patient Care Database	NPC
Patient Assessment file	PAF
Patient Treatment File: Main	PTFM
PTFM-Comm Nsg Home (since 2003)	CNH
PTFM-Observation (since 2003)	OBM
Patient Treatment File: Bed Section	PTFB
PTFB-Comm Nsg Home (since 2003)	CNB
PTFB-Observation (since 2003)	OBB
Patient Treatment File: Procedures (Surg)	PTFP
PTFP-Comm Nsg Home (since 2003)	CNP
PTFP-Observation (since 2003)	OBP
Resident Assessment Instrument	RAI

Table 9. Extracts from Other Sources	
Extract	Name
Alcohol Severity Index (Pittsburgh)	ASI
Denver Distribution Center (Prosthetics)	DDC
PTSD Data (Pittsburgh)	PSF
Homeless (Pittsburgh) (since 2003)	HOM

3.3 Decision Support System Data Flow

Figure 3 shows the data flow within the Decision Support System (DSS). The data are inputted from various feeder systems to the VCNV, which is the data conversion module specifically designed for the VA. VCNV converts the input records of financial data into detailed records for input to the ALB. When ALB processing is done, data are pushed into DCM and processed for use in DCR and CCM.

Figure 3. DSS Data Flow



3.4 Technical Documentation

The *Fiscal Year 2008 DSS National Data Extract (NDE) Technical Guide* provides an overview of DSS data and structure and in-depth technical information on all extracts including core, clinical, financial and program activity NDEs and includes variable descriptions and Vista source information (Database Development, 2008; see [8.1-14](#) and [appendix A](#)).

The *Fiscal Year 2008 Decision Support System (DSS) Medical Records Book* contains information on the DSS Medical Encounter Record and the descriptive elements of DSS Encounter Records (Database Development, 2007; see [8.1-10](#) and [appendix A](#)). This manual explains in detail how the DSS medical records are built for both inpatient and outpatient encounters and is designed to assist both local and national DSS users in the identification of populations of interest. It also specifies the syntax for statements used to search for encounter records with particular characteristics. Such queries may be based on demographic, diagnostic, or interventional data. This manual lists the changes made annually in the DSS system by the year of change and also includes such features as information on:

- Overlap Posting of Fields and the Impact
- Surgery Operation Information and Surgery Fields
- Multiple Occurring Fields

Decision Support System Program Office produces technical conversion guidelines by fiscal year (see [appendix A](#)). These guidelines contain information about planned fiscal year updates and changes relating to DSS data processing for local DSS operations that also may alter

subsequent NDEs. Additional program documents are available on the VA Intranet DSS Web site under “Program Documents” (see [appendix A](#)).

3.5 Additional Information Sources

New types and sources of information are being developed on a continuing basis. The information sources suggested here are organized according to the kinds of information users may be seeking. Each Web site noted offers a broad range of information and should be explored in some depth.

3.5.1 Decision Support System Program Office Web Site

The VA Intranet Veterans Health Administration (VHA) Decision Support System (DSS) Program Office Web site provides the DSS mission, goals, and values (see [appendix A](#)). Services, committees, minutes, announcements of training, database developments, documentation, and technical guides can be accessed from this Web site, as well as presentations made at conferences and case studies used for Grand Rounds.

3.5.2 Health Economics Resource Center

The Health Economics Resource Center (HERC) is the Health Services Research and Development Services (HSR&D) national resource center that assists VA researchers in assessing the cost-effectiveness of medical care, evaluating the efficiency of VA programs and providers, and conducting high-quality health economics research. Of special interest are:

- *HERC Research Guide to Decision Support System National Cost Extracts* (Phibbs, Barnett, 2008; see [8.1-4](#) and [appendix A](#))
- *HERC Technical Report 9: Reconciliation of DSS encounter-level national data extracts and the VA national patient care database: FY 2001 – FY 2002* (Yu, Barnett, 2003; see [8.1-8](#) and [appendix A](#))
- *HERC Technical Report 14: A comparison for Inpatient Costs from the HERC and DSS National Data Extract Datasets* (Wagner, Velez, 2004; see [8.1-6](#) and [appendix A](#))

A technical guide to the NDEs for Outpatient, Inpatient, and Discharge extracts that are considered “core” extracts is available on the VA Intranet HERC Web site Technical Reports Web page (see [appendix A](#)).

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4. Special Data Topics

This chapter presents information about measures that DSS takes or has taken to assure data quality and integrity, including data standardization. DSS Web based reports, and other special data topics.

4.1 Assuring Data Quality & Integrity

Data integrity begins with accurate, complete, and timely data entry into VistA. In order to maintain a high level of integrity for DSS data, DSS site teams audit their data as part of the monthly processing cycle. Extracts are audited before transmission to Austin. After data are transmitted and received at the Austin Information Technology Center (AITC), monthly audits are done by the DSS team to ensure that the data in DSS tie back to the source systems from which data are extracted. DSS monthly audits look at the financial structure, the cost structure, and the patient care database. A list of the audits included in the monthly DSS processing is provided on the VA Intranet DSS Web site (see [appendix A](#)).

In addition to the monthly auditing cycle, facilities are encouraged during fiscal year conversion to do a department review as a means of improving the quality of DSS data. These annual reviews look at cost, volume, and [RVU](#) reports as well as DSS structural changes.

Conversion guidelines are issued on an annual basis and address all DSS changes, revisions, and additions to be made before beginning the processing of the new year's fiscal data. These conversion guides can be accessed on the VA Intranet DSS Web site (see [appendix A](#)).

Missing data in the DSS NDEs may occur if sites are not using a specific VistA package, if data capture is inconsistent, or if there is no VistA package designed to collect specific data. In addition, timeliness of site processing is a determinant of the dependability of data.

To ensure accurate data for NDEs, the VA Deputy Under Secretary for Health for Operations and Management requires VAMC Directors and Chief Financial Officers to certify that workload and cost data are accurate. Detailed audit and reconciliation guidelines for this process can be found on the VA Intranet DSS Web site (see [appendix A](#)).

4.2 Data Standardization

Standardization in DSS is focused on bringing DSS structure into conformity with the DSS Basic Model across all VHA facilities. Standardization procedures are designed to provide the rigor necessary to allow data from facilities with diverse populations, a diverse range of care, and multiple practice patterns for providing care to be compiled in the same national database. This

does not mean that every VA facility has to have the same number and/or type of DSS departments or products. Intermediate product costs and [RVUs](#) may also differ across facilities. The major components of DSS standardization are use of the DSS National Department-ALBCC List for cost centers and DSS production units (departments) and use of the DSS National Product List for intermediate products. Intermediate product numbers must match the national product lists for the DSS feeder systems. There are some exceptions to this rule in the clinic (CLI), event capture (ECS), ROOM, and surgery (SUR) feeder systems. The unique combination of feeder system, feeder key, and feeder location determines the intermediate product number and DCM department number from the national template. Note that ROOM is a feeder system created for each patient for each day by a special DSS process at AITC, not a direct extract from VistA.

Standardized naming conventions are used for direct departments with matches to clinical services responsible for products produced. The three-digit ALBCC prefixes must be consistent with the first character of the DSS department. For example, Pharmacy departments starting with the letter D have an ALBCC prefix of 224.

Detailed descriptions of these standardization procedures can be found in [VHA Directive 2001-014: VHA Decision Support system \(DSS\) standardization](#) (Systems Implementation Service, 2001; see 8.1-15).

4.3 Decision Support System Cost Data

Decision Support System (DSS) cost data are dependent on the accuracy of labor mapping and the [RVU](#) structure at each local site. Although all sites make every effort to keep information current, it is possible that mapping and RVU changes may not be entered into the DSS system on a timely basis.

It should be noted that as part of the final processing for each fiscal year, a re-costing is done for all DSS products. If sites find errors that result in unrealistic costs for specific products, they can be corrected and appropriate costs assigned in the re-costing process. However, if costs are corrected at the site level after an NDE is created, the costing errors will still exist in the NDE data for that time period. Depending on data needs for research projects, investigators may want to use cost data from the final NDE of each fiscal year. This extract is done in January of the following year.

4.4 Data Storage & Security

Local data are processed by DSS site teams, and then facility level data are migrated into a VISN DSS database. These databases are managed by the DSS facility or VISN teams. DSS site managers are responsible for insuring that each user of DSS data is given the appropriate level of access within each of the DSS subsystems for use of data at a local or VISN level. A list of individual facility DSS managers or VISN DSS managers is available on the VA Intranet DSS Web site (see [appendix A](#)).

Local DSS data are sent from each VA Medical Center to the AITC for storage. Access to data at the national level requires a Time Sharing Options (TSO) user account on the Austin mainframe computer and permission to use the datasets are needed. More information about data access and request forms will be mentioned in [Chapter 5](#).

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5. Data Access & Availability

This chapter describes procedures for obtaining authorization to use DSS data. While this guide focuses on the DSS clinical NDEs, information on obtaining other DSS data is also provided.

5.1 Accessing Decision Support System National Data Extracts

National Data Systems (NDS), a division of the VHA Office of Information, Health Informatics and Data, coordinates access to a broad range of VA data including Decision Support System (DSS) NDEs stored at the Austin Information Technology Center (AITC). Information, instructions, and forms for obtaining access to the DSS NDEs are available on the VA Intranet NDS Web site (see [appendix A](#)).

Access to DSS NDE data on the AITC mainframe involves obtaining a time sharing option (TSO) account. This requires completing VA Form 9957, “Access Form”. Additionally, access to DSS data requires signing a DSS non-disclosure agreement. Form 9957 requires listing of functional task codes for particular data you are requesting. Functional task codes for DSS NDEs are available on the VA Intranet NDS Web site Data Access Web page (see [appendix A](#)) or by contacting the [VIReC Help Desk](#).

Access to national data with scrambled SSNs is managed locally, through the Customer User Provisioning System (CUPS) point-of-contact (POC). Form 9957 and the DSS non-disclosure agreement are submitted to the CUPS POC. To identify your local CUPS POC see the facility Information Security Officer (ISO) or call the AITC Help Desk (see [appendix B.3](#)).

Access to data containing real SSNs requires additional documentation and procedures. See the VA Intranet NDS Web site Program Documents Access & Security (see NDS Web site as noted above).

A brief overview describing submitting jobs to the Austin mainframe computer, JCL statements, and additional resources for using the AITC mainframe computer are found in [Appendix B](#).

5.2 Decision Support System Production-Level Data

The VHA Decision Support System (DSS) is based on commercial software with interfaces developed to transport VHA data into the system. These data are compiled as a “production” database at the facility or VISN level. In addition to cost data, selected clinical data such as resource utilization, patterns of care, patient outcomes, and workload are captured at the “production” level. The system includes tools that allow modeling, forecasting, and budgeting. Data are available at the Case (ENCTR), Day (ENCDAY), Utilization (CHGTL), and Results

(Lab only) levels. For more information see the [DSS Web pages](#) on the [VIReC Web site](#) or the VA Intranet DSS Web site, Program Documents, Processing and Auditing section (see [appendix A](#)). Local DSS teams are the best source of information about their respective production databases.

For information and instructions on obtaining DSS production data at the facility or VISN level, see instructions on the VA Intranet DSS Web site, Program Documents Access and Security Web page (see [appendix A](#)).

Obtaining DSS production data at the national level requires a special request to the DSO and may require complex data queries and incur costly processing fees. Contact the DSO Help Desk for more information (see [appendix A](#)). Whenever possible, researchers should consider using the NDEs before requesting production level data.

5.3 Reports & Data Cubes

The Veterans Health Administration Support Service Center (VSSC) provides Web-based reports for most VA data including data categorized as operations, quality and performance, planning, workload, and special focus reports such as OEF/OIF. VSSC offers a DSS portal for Web-based reports. The DSS portal at VSSC is located on the VA Intranet VSSC Web site (see [appendix A](#)) and lists a wide range of reports based on DSS NDEs station centric and patient centric (i.e., clinical population) reports, financial user reports, OEF/OIF reports, and various clinical reports as well as the option to create reports. Information on access to these reports is found on the VA Intranet DSS Web site, Program Documents, Access and Security Web page (see [appendix A](#)).

6.

Decision Support System National Data Extracts: Variables & Their Dataset Locations

Table 10 lists the variables contained in the fiscal year 2009 DSS NDE datasets. An “X” in the column indicates the variable is contained in the file. A “p” indicates that this variable is no longer included in the NDE but has appeared in prior years’ data. Page numbers correspond to respective in-depth variable descriptions provided in [Chapter 7](#).

Variable Name	Definition	LAB	LAR	PHAR	RAD
A_PCP	Associate primary care provider	p	p	p	p
ACT_COST	Actual total cost	X		X	X
ADMITDAY	Date of admission	X	X	X	X
BORNDAY	Date of birth	X	X	X	X
CLSNUM	Clinic stop code (Numeric)	p	p	p	p
CLSTOP	Clinic stop code (Character)	X	X	X	X
CMOP	Indicator of whether Consolidated Mail Outpatient Pharmacy (CMOP) filled the prescription			X	
COLLTIME	Time of the day the test specimen was collected	X	X		
COUNTY	County	X	X	X	X
DAY_SUPPLY	Number of days of dosing the fill will satisfy			X	
DCM_DEPT	Department Cost Manager department	X		p	p
DISDAY	Date of discharge	X	X	X	X
DISPCOST	Labor cost to process the fill			X	
DIVPERF	Division where service was performed	X		X	X
DRUGDESC	Drug description			X	
DSSLARNO	DSS result ID		X		
DXCODE	Diagnosis code	p	p	X	p
ENC_NUM	Encounter number	X	X	X	X
ENRLPRTY	Enrollment priority	X	X	X	X
FEED_KEY	DSS feeder key	X		X	X
FEED_LOC	Feeder location	X		X	X
FP	Fiscal period	X	X	X	X
FY	Fiscal year	X	X	X	X
HILO_IND	Indicator of whether test results were abnormally high or low		X		

Variable Name	Definition	LAB	LAR	PHA	RAD
IN_OUT	Inpatient/outpatient indicator	X	X	X	X
INVEST	Investigational drug indicator			X	
IPDNO	DSS Department			X	X
IPNUM	Intermediate Product Number	X		X	X
LAB_FD	Laboratory fixed direct costs	X			
LAB_FI	Laboratory fixed indirect costs	X			
LAB_VD	Laboratory variable direct costs	X			
LABPERF	Where the test/ procedure was performed	X			
MEANS	Means Test Indicator Code	X	X	X	X
OEFOIF	OEFOIF flag	X	X	X	X
OEFOIFDTE	OEFOIF last return date	X	X	X	X
ORD_DATE	Date on which the lab test was ordered		X		
ORD_PROV	Ordering provider's IEN	X	X	X	X
ORD_PROV_TYPE	Ordering provider type	X	X	X	X
ORD_TIME	Time of day at which the laboratory test was ordered		X		
PCP_DSS	Primary care provider	X	X	X	X
PCTEAM	Primary care team	X	X	X	X
PROCNAME	Associated radiology procedure				X
QUANTITY	Quantity of drug dispensed or number of procedures or tests performed	X		X	X
RAD_CPT	Current Procedural Terminology (CPT) code for the radiology procedure performed				X
RAD_FD	Fixed direct costs associated with the radiology procedure				X
RAD_FI	Fixed indirect costs associated with the radiology procedure				X
RAD_TOT	Radiology procedure total cost				p
RAD_VD	Variable direct costs associated with the radiology procedure				X
REF_FLG	Referral lab flag	X			
REJ_REAS	Reject Reason		X		
RES_CODE	Test result code		p		
RES_DATE	Date on which laboratory test result was ready for reporting		X		
RES_TIME	Time of day the laboratory test result was ready for reporting		X		
RESULT	Result of the laboratory test		X		
SCRSSN	Scrambled Social Security Number	X	X	X	X
SEX	Sex of patient	X	X	X	X
STA3N	Parent station identifier	X	X	X	X
STA6A	Substation identifier	X	X	X	X
SVC_DTE	Date of service	X	X	X	X

Variable Name	Definition	LAB	LAR	PHAR	RAD
TESTNAME	Name of the laboratory test	X			
TESTUNIT	Units in which the test results are reported		X		
TIMEC	Time of service				X
TRTSP	Treating specialty	X	p	p	p
TRTSP_C	Treatment specialty	p	p	X	X
VA_CLASS	VA Drug Classification of the drug, supply, or diagnostic dispensed			X	
VA_LMIP	Laboratory Management Index Program Code	X			
VISN	Veterans Integrated Service Network (VISN) where the care was received	X	X	X	X
VIZDAY	Date of the visit during which the service was provided	X	X	X	X
VS_COST	Variable supply cost	X		X	X
WARD	Inpatient ward	X	p	X	X
ZIP	ZIP Code	p	p	p	p
ZIP_4	ZIP Code plus 4	X	X	X	X

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7.

Variable One-page Descriptions & Coding Schemes

The following chapter provides information about the variables in the Laboratory (LAB), Lab Results (LAR), Pharmacy (PHA), and Radiology (RAD) National Data Extracts. Each of the following variable descriptions includes a table with the following information, when applicable.

Data Type: This indicates whether the variable is numeric, character, or a date.

VistA File: This is the VistA file where data for the variable originate. In VistA, files are identified by both a number and a name.

VistA Field: This is the field within the VistA file where data for the variable originate. In VistA, fields are identified by both a number and a name.

Where applicable, and where space allows, a second table lists the values that the variable can assume with a description of each value. In cases where the possible values exceed the space available, the table will be in [Appendix D](#). For selected variables, the reader is given a reference source to obtain the possible values and their descriptions.

Variable Name: **A_PCP**

Definition: Associate primary care provider

Remarks: This field is no longer included in the DSS clinical NDEs. In prior years' files, it contains the Internal Entry Number (IEN) of the patient's Associate Provider for Primary Care, prefixed with the character "2" which indicates the source file is the VistA NEW PERSON (#200) File. The IEN may be used as a pointer to obtain information about the provider in the VistA NEW PERSON file. The Primary Care Management Module (PCMM) is called to obtain the IEN.

The field is null in the great majority of records.

A small number of facilities have made manual edits to the **A_PCP** values for their providers. In those cases, the value may not contain the IEN or have a '2' in the first position.

The *Data Verification Report for the DSS Data Warehouse* published by the DSO Database Development Section ([Database Development, 2003](#); see [8.1-16](#) and [appendix A](#)) indicated that this field had significant missing values. This report is available on the VA Intranet DSS Web site (see [appendix A](#)).

Data Type	Character
Print Format	
Label	ASSOC. PCP
Datasets / Fiscal Years	Laboratory / 2002 – 2006 Lab Results / 2000 – 2006 Radiology / 2002 – 2008 Pharmacy / 2002 – 2006
VistA File	NEW PERSON (#200)
VistA Field	Not applicable

Variable Name: **ACT_COST**

Definition: Actual total cost

Remarks: For laboratory tests, the total cost is the total of the laboratory fixed direct costs, variable direct costs including the direct labor costs of the tests, variable supply costs, and indirect costs.

For prescriptions fills, the **ACT_COST** value is the total fixed and variable direct costs of the pharmacy item. It is the cost of the drug product, supply, or diagnostic dispensed and includes **VS_COST**, the variable supply cost. For **CMOP** dispensed prescriptions, the **ACT_COST** includes the acquisition cost of the medication, while for pharmacy window dispensed prescriptions **ACT_COST** contains the acquisition cost, supplies and overhead. **ACT_COST** does NOT include dispensing costs. Labor and other dispensing costs for the pharmacy item are found in the variable **DISPCOST**. The sum of the **DISPCOST** and **ACT_COST** represents the total cost of filling the prescription. For more detailed information on this variable in the PHA NDE, see the *VIReC Research User Guide: VHA Pharmacy Prescription Data, 2nd Edition* (VA Information Resource Center, 2008; see 8.1-1 and appendix A).

For radiology exams, the total cost is the total of the radiology fixed direct costs, variable direct costs including the direct labor costs of the exam and reading of the exam, and indirect costs.

Data Type	Numeric
Print Format	
Label	ACTUAL TOTAL COST
Datasets / Fiscal Years	Laboratory / 2002 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	Not applicable
VistA Field	Not applicable

Variable Name: **ADMITDAY**

Definition: Date of admission

Remarks: This variable indicates the date when an episode of care began in the hospital or other setting. Because the DSS requires a value in admission date, outpatient records will contain a date that is usually **SVC_DTE** (date of service). Even though this variable **ADMITDAY** is populated, it should not be used for outpatients, except observation cases.

Similar to CMS, and unlike other VHA systems, DSS creates outpatient records for observation cases. The DSS observation record contains all products for the period of time the patient was in observation status. In DSS, patients are always admitted to a separate observation encounter, even if they are “transferred” from an acute or long-term-care encounter by the VA medical center. For observation cases **ADMITDAY** is valid.

Data Type	Numeric
Print Format	MMDDYY10.
Label	ADMITDAY
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	PATIENT MOVEMENT (#405)
VistA Field	DATE/TIME (#.01)

Variable Name: **BORNDAY**

Definition: Date of birth

Remarks: This variable indicates the patient's date of birth and may be between December 31, 1870, and the current date. If the date cannot be determined from the data in the VistA field specified below, the date will be set to July 4, 1776. Prior to 04/03/06, the default date was January 1, 1942.

Data Type	Numeric
Print Format	MMDDYY10.
Label	DATE OF BIRTH
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	PATIENT (#2)
VistA Field	DATE OF BIRTH (#.03)

Variable Name: **CLSNUM**

Definition: Clinic stop code (Numeric)

Remarks: This variable contains the value of the **CLSTOP** variable stored in character format. See **CLSTOP** for more information. Note: This field has been dropped from the NDEs (see below).

Data Type	Numeric
Print Format	YCLINIC.
Label	CLINIC NUMBER
Datasets / Fiscal Years	Laboratory / 2002 – 2008 Lab Results / 2000 – 2006 Radiology / 2002 – 2008 Pharmacy / 2002 – 2006
VistA File	INSTITUTION (#44)
VistA Field	STOP CODE (#8)

Variable Name: **CLSTOP**

Definition: Clinic stop code (Character)

Remarks: This variable indicates the primary clinical group providing the services. Stop codes are also called DSS Identifiers. This variable may be null for inpatients. For outpatients, it is the value contained in the VistA field specified below.

Use of the standard SAS[®] format “YCLINIC.” will provide stop code descriptions. For a full list of DSS Identifiers, visit the VA Intranet DSS Web site (see [appendix A](#)).

Data Type	Character
Print Format	YCLINIC.
Label	CLINIC NUMBER
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	INSTITUTION (#44)
VistA Field	STOP CODE (#8)

Variable Name: **CMOP**

Definition: Indicator of whether Consolidated Mail Outpatient Pharmacy (**CMOP**) filled the prescription

Remarks: This variable indicates whether a **CMOP** processed the fill and mailed it to the patient. Routine high-volume medications are most often processed by a **CMOP**. Some drugs, such as controlled substances, may not be mailed.

Data Type	Character
Print Format	
Label	CMOP FLAG
Datasets / Fiscal Years	Pharmacy / 2003 to date
VistA File	Not applicable
VistA Field	Not applicable

CMOP can assume the following values:

Value	Description
(Blank)	Dispensed by VA Pharmacy
Y	Dispensed by CMOP

Variable Name: **COLLTIME**

Definition: Time of the day the test specimen was collected

Remarks: This is a 6-character string. The format is generally HHMMSS where HH indicates hour in 24-hour format, MM minutes, and SS seconds.

Data Type	Character
Print Format	
Label	TIME COLLECTED
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date
VistA File	WKLD LOG (#64.03)
VistA Field	DATE/TIME COLLECTED (#12) The value in Field #12 originates from routine LRCAPDSS and is derived from sub-file ACCESSION WKLD CODE TIME (#654.1111) from WKLD DATA file (#64.1).

Variable Name: **COUNTY**

Definition: County

Remarks: This is a 5-character string. The value in the county code field should always be a concatenation between the state code and county code. This process was instituted at the explicit request of site users since the values in the county code are not unique. Codes are unique only within each state.

In VistA, within each state, counties are coded in alphabetical order and given odd numbers. Within state one, the counties are 01, 03, 05, etc. Within state two, the counties are also coded 01, 03, 05, etc. For instance, the value of "01" in the county field for VAMC Maryland could mean a county in Delaware, Maryland, Virginia, West Virginia or North Carolina. Since many sites service a population from more than one state, a unique value was needed for data clarity and accuracy.

The concatenation of state + county code that is posted to the ENCTR field called "**COUNTY**" should contain the same state code as the value in the "STATE" field.

Data Type	Character
Print Format	Values= FIPS State (two digits) and County (three digits).
Label	County
Datasets / Fiscal Years	Laboratory / 2007 – Forward Lab Results / 2007 – Forward Pharmacy / 2008 – Forward Radiology / 2008 – Forward
VistA File	PATIENT (#2)
VistA Field	COUNTY (#117)

Variable Name: **DAY_SUPPLY**

Definition: Number of days of dosing the fill will satisfy

Remarks: The maximum value of this field is 180 (i.e., a six month supply). Values greater than 180 likely represent errors, although a small number of these high values may be valid. The value of this variable may be zero or missing for a small percentage of fills. Occasionally, VistA is unable to calculate an appropriate day supply or the value of zero was entered manually.

Data Type	Numeric
Print Format	
Label	DAYS SUPPLY
Datasets / Fiscal Years	Pharmacy / 2003 – To Date
Fiscal Year	2002 – To Date
If this is a new prescription the source is:	
VistA File	PRESCRIPTION (#52)
VistA Field	DAYS SUPPLY (#8)
If this is a refill the source is:	
VistA File	REFILL sub-file (#52.1)
VistA Field	DAYS SUPPLY (#1.1)
If this is a partial fill the source is:	
VistA File	PARTIAL sub-file (#52.2)
VistA Field	DAYS SUPPLY (#.041)

Variable Name: **DCM_DEPT**

Definition: Department Cost Manager (DCM) department

Remarks: The Department Cost Manager is the DSS cost accounting system that focuses on the control and management of costs at the department and product level. A DCM department is a cost center for the assignment of costs at a department or division level. The naming convention for a DCM department follows:

- the first character identifies the clinical service responsible for products;
- the second and third characters indicate the national DSS production unit or department; and the fourth, fifth, and sixth characters may be used locally to indicate multiple divisions for a DSS department type identified by the second and third characters.

A list of all valid **DCM_DEPT** codes and their descriptions can be found on the VA Intranet DSS Web site (see [appendix A](#)).

Data Type	Character
Print Format	
Label	DCM DEPT
Datasets / Fiscal Years	Laboratory / 2002 – To Date Radiology / 2002 – 2008 Pharmacy / 2002 – 2006
VistA File	Not applicable
VistA Field	Not applicable

Variable Name: **DISDAY**

Definition: Date of discharge

Remarks: Because the DSS requires a value in the discharge date, outpatient records will contain a date that is usually **SVC_DTE** (date of service). Even though populated for outpatients, only the **SVC_DTE** should be used for outpatients. Observation cases are an exception. (See the observation note for the variable **ADMITDAY**.)

Data Type	Numeric
Print Format	MMDDYY10.
Label	DISCHARGE DAY
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	PATIENT MOVEMENT (#405)
VistA Field	DATE/TIME (#.01)

Variable Name: **DISPCOST**

Definition: Labor cost to process the fill

Remarks: This variable contains the direct labor costs associated with dispensing the prescription order. It is an average labor cost for the type of prescription filled. Average direct labor costs are established for new prescriptions, refills, **CMOP** fills, IV piggybacks, IV syringes, IV chemotherapy preparations, unit dose fills, etc. Average costs vary by site according to the salary level of pharmacy employees. For **CMOP** prescriptions, this variable includes dispensing labor costs, cost of supplies, mailing costs and **CMOP** overhead.

The sum of **DISPCOST** and **ACT_COST** (actual total cost) represents the total cost of filling the prescription order.

Please note: Unlike **ACT_COST**, **DISPCOST** will be positive not negative on returns (dispensed orders not administered and returned to the VA pharmacy).

Data Type	Numeric
Print Format	
Label	AVG DISPENSING COST
Datasets / Fiscal Years	Pharmacy / 2002 – To Date
VistA File	Not applicable
VistA Field	Not applicable

Variable Name: **DIVPERF**

Definition: Division where service was performed

Remarks: This variable contains the three-digit station number with modifiers if the **DIVPERF** is a substation. In VISNs with an integrated laboratory database, the division actually indicates the medical facility where the lab test is run. In PHA records, if this is a **CMOP** fill, this variable will contain the facility the patient contacted to request the fill or refill.

Data Type	Character
Print Format	
Label	DIVISION PERFORMED
Datasets / Fiscal Years	Laboratory / 2002 to date Radiology / 2002 to date Pharmacy / 2002 to date
	Outpatient Prescription
VistA File	OUTPATIENT SITE (#59)
VistA Field	SITE NUMBER (#.06)
	IV or Unit Dose
VistA File	MEDICAL CENTER DIVISION File (#40.8)
VistA Field	FACILITY NUMBER (#1)

Variable Name: **DRUGDESC**

Definition: Drug description

Remarks: The drug description is obtained from a DSS Product Table that originates from the National Drug File (see [appendix A](#)). The Intermediate product number (**IPNUM**) is used to point to the appropriate entry in the DSS Product Table. If no entry is found for the **IPNUM**, the **DRUGDESC** will contain blanks. The **DRUGDESC** will also be blank if the record is not a dispensing record. The variable will be blank for ward stock charges and clinical pharmacy consults in the 2002 data.

The **DRUGDESC** is limited to 30 characters, but the VA Product Name field has 64 characters in the NDF. Therefore, the **DRUGDESC** has been shortened through the elimination of spaces in and truncation of the VA Product Name.

For new products the **DRUGDESC** may contain the description of one of ten price categories below or one of three DSS standard categories of low, medium or high. The ten price categories are:

NEW DRUG 1	$\leq \$0.01$
NEW DRUG 2	$\$.011- .02$
NEW DRUG 3	$\$.021- .10$
NEW DRUG 4	$\$.11- 1.00$
NEW DRUG 5	$\$1.01- 2.00$
NEW DRUG 6	$\$2.01- 5.00$
NEW DRUG 7	$\$5.01-10.00$
NEW DRUG 8	$\$10.01-25.00$
NEW DRUG 9	$\$25.01-50.00$
NEW DRUG 10	$\geq \$50.01$

The most current version of the DSS Product Table can be found on the VA Intranet DSS Web site (see [appendix A](#)).

Data Type	Character
Print Format	
Label	DRUG DESCRIPTION
Datasets / Fiscal Years	Pharmacy / 2002 – To Date
VistA File	Not applicable
VistA Field	Not applicable

Variable Name: **DSSLARNO**

Definition: DSS result ID

Remarks: This field contains the DSS internal entry number (IEN) for the test whose result is reported in the **RESULT** field. The IEN is obtained from the DSS VistA LAR extract field #9 from the DSS LAB Test file (#727.2) padded with leading zeroes to four characters. Currently, there are 76 tests on the results list numbered from 0001 to 0076. See [Appendix C](#) for a table of **DSSLARNO** values with associated test names and reporting units (see **TESTUNIT**).

It should be noted that there are some discrepancies in the LAR frequencies in FY 2000 through 2003. Data appears under LAR test numbers that were not yet available in those years.

Data Type	Numeric
Print Format	
Label	DSS LAR TEST NO.
Datasets / Fiscal Years	Lab Results / 2000 – To Date
VistA File	Not Applicable
VistA Field	Not Applicable

Variable Name: **DXCODE**

Definition: Primary diagnosis code

Remarks: This variable contains *International Classification of Diseases, Version 9, Clinical Modification (ICD 9-CM)* codes for patient diagnosis (Centers for Medicare and Medicaid Services, 2005; see 8.1-17).

For outpatient prescriptions, this variable contains the primary diagnosis for the encounter. The source field specified below is obtained using the pointer in the VistA DIAGNOSIS Field (#.01) that has a value of “1” in the corresponding VistA DIAGNOSIS RANKING Field (#.03) in the OUTPATIENT DIAGNOSIS file (#409.43) record for that encounter.

For inpatients, this variable contains the same value as the variable DXLSB on the VHA Medical SAS® Inpatient Bed section Dataset record for the corresponding service date (**SCV_DTE**). DXLSB is the ICD-9-CM diagnostic code responsible for the length of stay within the bed section. A description of this field may be found in the *VIReC Research User Guide: FY 2002 VHA Medical SAS® Inpatient Datasets* (VA Information Resource Center, 2007; see 8.1-18 and appendix A).

Data Type	Character
Print Format	
Label	DIAGNOSIS CODE
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – 2007 Pharmacy / 2002 – To Date
Outpatient Prescription	
VistA File	ICD DIAGNOSIS (#80)
VistA Field	DIAGNOSIS (#.01)
IV and Unit Dose	
VistA File	Not applicable
VistA Field	Not Applicable

Variable Name: **ENC_NUM**

Definition: Encounter number

Remarks: The encounter number is a unique identifier for a patient encounter. The encounter number can be used to link records for one encounter across all DSS National Data Extracts (NDEs). For example, pharmacy records in the DSS Pharmacy NDE can be linked to laboratory records on the DSS Laboratory Results NDE for the same encounter. This variable is not available on the FY 2002 files.

For inpatients, this variable contains a number derived from the combination of the patient's social security number (SSN) and the date of the encounter (**ADMITDAY** in YYMMDD format) followed by an "I" (e.g., SSSSSSSSYMMDDI). Multiple admissions on the same day will have a number indicating the admission (e.g., 2, 3, etc.) following the 'I'.

For outpatients, this variable contains a number derived from the SSN, the date of the encounter (**VIZDAY** in a Julian format of YYDDD), and the clinic stop code (**CLSTOP**) (e.g., SSSSSSSSYDDDCCC).

Observation encounters receive an outpatient encounter number with the date of the visit equal to the Admit Date and the stop code value dependent on the observation treating specialty. The observation treating specialty to stop code translation is:

Treating Specialty	<i>Stop Code</i>
18	293 (<i>Neurology</i>)
23	295 (<i>SCI</i>)
24	290 (<i>Medicine</i>)
36	294 (<i>Blind Rehab</i>)
41	296 (<i>Rehab Med</i>)
65	291 (<i>Surgery</i>)
94	292 (<i>Psychiatry</i>)

Data Type	Character
Print Format	
Label	ENCOUNTER NUMBER
Datasets / Fiscal Years	Laboratory / 2003 – To Date Lab Results / 2000– To Date Radiology / 2003 – To Date Pharmacy / 2003 – To Date
VistA File	Not Applicable
VistA Field	Not Applicable

Variable Name: **ENRLPRTY**

Definition: Patient's enrollment priority

Remarks: Based on a veteran's specific eligibility status for VA health care, he or she is assigned a priority group. The priority groups have been established to help ensure that VA resources are allocated to veterans with the highest priority for VA health care. Priority groups range from 1-8 with 1 being the highest priority for enrollment.

ENRLPRTY can assume the values shown in [Appendix D1](#).

Data Type	Character
Print Format	
Label	ENROLL PRIORITY
Datasets / Fiscal Years	Laboratory / 2003 – To Date Lab Results / 2000– To Date Radiology / 2003 – To Date Pharmacy / 2003 – To Date
VistA File	PATIENT ENROLLMENT (#27.11)
VistA Field	ENROLLMENT PRIORITY (#.07)

Variable Name: **FEED_KEY**

Definition: DSS Feeder Key

Remarks: This variable contains the code used at a specific facility for a particular test, procedure, or medication. Feeder keys for laboratory products are in five digit numbers and are most frequently a Laboratory Management Index Program (LMIP) code.

The radiology feeder keys are Current Procedure Terminology (CPT) codes which are usually five digits. Radiology codes may have two digit modifiers.

Pharmacy feeder keys are 17 digit numbers. The first five digits contain the internal entry number (IEN) which points to the entry in the VistA VA Product file (#50.68) for the drug or supply dispensed. The last 12 digits contain the 12-digit format of the National Drug Code (NDC). The 17-digit number may be used to link the records to the National Drug File (see [appendix A](#)) and obtain additional information about the drug product dispensed such as formulary status. Feeder Key values for non-drug pharmacy items will have zeroes in place of the 12-digit NDC.

A complete list of all DSS intermediate products including feeder keys and product descriptions is available on the VA Intranet DSS Web site (see [appendix A](#)).

Data Type	Character
Print Format	
Source for the first five digits:	
VistA File	DRUG (#50)
VistA Field	PSNDF VA PRODUCT NAME ENTRY (#22)
Source for the last 12 digits:	
VistA File	DRUG (#50)
VistA Field	NDC (#31)

Variable Name: **FEED_LOC**

Definition: Feeder location

Remarks: This variable indicates the site-specific location where the lab test or the radiology procedure was performed or the drug was dispensed. It includes a number that identifies an operational unit within the facility. Operational units are established and differ by site and refer to a medical center division, outpatient site, or specific lab within the laboratory department or a specific radiology or pharmacy site. For example, a laboratory feeder location may be a CHEM (chemistry lab) or HEM (hematology lab). This variable field holds up to 10 characters. In the Pharmacy NDE, the value of this variable will also vary depending on the location and type of service. See *VIReC Research User Guide: VHA Pharmacy Prescription Data: 2nd Edition* for details (VA Information Resource Center, 2008; see 8.1-1 and appendix A).

Data Type	Character
Print Format	
Label	FEEDER LOCATION
Datasets / Fiscal Years	Laboratory / 2002 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
Lab Tests	
VistA File	ASSESSION (#68)
Vista Field	ABBREVIATION (#.09)
Radiology Procedures	
VistA File	RADIOLOGY LOCATIONS (79.1)
Vista Field	Not applicable

Variable Name: **FP**

Definition: Fiscal period

Remarks: Fiscal period indicates the month in which the service was performed. October is the first period in a fiscal year. The period is based on **SVC_DTE** (Date of service).

Data Type	Numeric
Print Format	
Label	
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	Not Applicable
VistA Field	Not Applicable

FP can assume the following values:

Value	Description
1	October
2	November
3	December
4	January
5	February
6	March
7	April
8	May
9	June
10	July
11	August
12	September

Variable Name: **FY**

Definition: Fiscal year

Remarks: This is the fiscal year (4-digit) in which the service was performed and is based on **SVC_DTE** (date of service).

Data Type	Numeric
Print Format	
Label	
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	Not Applicable
VistA Field	Not Applicable

Variable Name: **HILO_IND**

Definition: Indicator of whether test results were abnormally high or low

Remarks: Abnormally high or low limits are set locally in the VistA Lab package in conjunction with local procedures.

Print Format	
Label	HI/LOW IND
Datasets / Fiscal Years	Lab Results / 2000– To Date
VistA File	LAB DATA (#63)
VistA Field	Not applicable

HILO_IND can assume the following values:

Value	Description
H	Abnormally high
L	Abnormally low
(Blank)	Within normal limits

Variable Name: **IN_OUT**

Definition: Inpatient/outpatient indicator

Remarks: Code identifying if the patient was an inpatient or outpatient on the day when the service was performed. The field is initialized as “O” indicating an outpatient. Software then uses the patient IEN and event date in a call that looks up the In/Out indicator in the DSS Treating Specialty Translation file (#727.831). If this call indicates an inpatient status, the field is set to “I”.

DSS builds observation cases as outpatient encounters.

Data Type	Character
Print Format	
Label	INPAT/OPAT CODE
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	Not Applicable
VistA Field	Not Applicable

IN_OUT can assume the following values:

Value	Description
I	Inpatient
O	Outpatient

Variable Name: **INVEST**

Definition: Investigational drug indicator

Remarks: This variable is set to “I” if the VistA DEA, SPECIAL HDLG field specified below contains an “I”.

Data Type	Character
Print Format	
Label	
Datasets / Fiscal Years	Pharmacy / 2003 – To Date
VistA File	DRUG (#50)
VistA Field	DEA, SPECIAL HDLG (#3)

INVEST can assume the following values:

Value	Description
(Blank)	Not an investigational drug
I	Investigational drug

Variable Name: **IPDNO**

Definition: DSS department

Remarks: The DSS department is the same as the Department Cost Manager Department. See description for [DCM_DEPT](#).

Data Type	Numeric on PHA Character on RAD
Print Format	
Label	
Datasets / Fiscal Years	
VistA File	Not applicable
VistA Field	Not applicable

Variable Name: **IPNUM**

Definition: Intermediate Product Number

Remarks: This number is a pointer to the DSS Product Table, which contains information specific to the service provided. The product table includes feeder system, intermediate product department, feeder key, and a description (name) of the procedure. The value in the IP Number field is assigned by the DSS, sequentially. As such, it has no intrinsic value. The same product may be used in different DSS departments. More than one Feeder Key may be assigned to the same product (and have the same IP Number). For instance, all 65 mg aspirin tablets would have the same IP Number, but their Feeder Key values would differ based on their manufacturer, bottle size, etc.

Note that in RAD, the product is the CPT for the procedure. The product may also be a Healthcare Common Procedure Coding System (HCPCS) number in some cases. Products in LAB are the single test, as identified by the LMIP code.

The DSS Product Table can be accessed on the VA Intranet DSS Intranet Web site (see [appendix A](#)).

Data Type	Numeric
Print Format	
Label	IP NUMBER
Datasets / Fiscal Years	Laboratory / 2002 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	Not applicable
VistA Field	Not applicable

Variable Name: **LAB_FD**

Definition: Laboratory fixed direct costs

Remarks: This includes the fixed direct costs assigned to the laboratory service. Costs are then distributed across the tests that make up the laboratory workload based on [Relative Value Units \(RVUs\)](#) and labor mapping. See [Chapter 3](#) for further information about [RVUs](#) and labor mapping.

Data Type	Numeric
Print Format	
Label	LAB FIXED DIRECT \$
Datasets / Fiscal Years	Laboratory / 2002 – To Date
VistA File	Not applicable
VistA Field	Not applicable

Variable Name: **LAB_FI**

Definition: Laboratory fixed indirect costs

Remarks: This includes the “share” of facility indirect costs “allocated” to the Laboratory in the DSS “step-down” allocation methodology. Costs are then distributed across the tests that make up the laboratory workload.

Data Type	Numeric
Print Format	
Label	LAB FIXED INDIRECT \$
Datasets / Fiscal Years	Laboratory / 2002 – To Date
VistA File	Not applicable
VistA Field	Not applicable

Variable Name: **LAB_VD**

Definition: Laboratory variable direct costs

Remarks: This represents the laboratory variable direct costs. Costs are then distributed across the tests that make up the laboratory workload based on Relative Value Units (RVUs) and labor mapping.

Data Type	Numeric
Print Format	
Label	LAB FIXED VARIABLE \$
Datasets / Fiscal Years	Laboratory / 2002 – To Date
VistA File	Not Applicable
VistA Field	Not Applicable

Variable Name: **LABPERF**

Definition: Where the laboratory test/procedure was performed

Remarks: This variable indicates whether the test or procedure was performed in the lab (by lab staff), at the point-of-care, or outside the facility (send-out).

Data Type	Character
Print Format	
Label	LAB PERFORMED
Datasets / Fiscal Years	Laboratory / 2002 – To Date
VistA File	For tests with LMIP codes: LABORATORY TEST (#60) file, NAME (#.01) Field. For tests without LMIP codes: NAME field (#.01) in the LABORATORY TEST FILD (#60) as pointed to by TEST/PROCEDURE field (#.01) of the TEST multiple (6) within the SPECIMEN # multiple (1) of the LAB ORDER ENTRY file (#69).
VistA Field	See above

LABPERF can assume the following values:

Value	Description
Y	Performed by lab personnel
N	Not performed by lab personnel (i.e., done on a ward by nursing staff)
S	A send-out test (sent to a lab outside of the facility)

Variable Name: **MEANS**

Definition: Means Test Indicator Code

Remarks: This variable contains the current Means Test (MT) status. MT is the financial assessment process used by VA to assess a veteran's attributable income and assets. The MT determines veterans' co-payment responsibilities and assists in determining enrollment priority group assignments. VA uses the appropriate MT threshold for the current calendar year to determine whether the veteran is considered unable to defray the expenses of necessary care. Many VHA enrollees are co-payment exempt based on service-connected disability or other special categories and are not required to submit their financial information to the VA. Veterans not in those categories are required to renew the MT annually or agree to pay copayments for VHA services.

Separate co-payment exemption tests are required for pharmacy and extended care services provided by the VA. See *VIReC Research User Guide: VHA Pharmacy Prescription Data, 2nd Edition* and *VHA Directive 2008-076: Copayments for Extended Care Services Provided to Veterans by Department of Veterans Affairs* for details (VA Information Resource Center, 2008; see 8.1-1 and [appendix A](#); Veterans Health Administration, 2008; see 8.1-19).

For more information about enrollment determinations and the MT see *VHA Handbook 1601A.03: Enrollment Determinations* and *VHA Directive 2003-005, Implementation of Geographic Means Testing and Revised Inpatient Co-Payments Requirements* (Veterans Health Administration, 2007; see 8.1-20 ; Veterans Health Administration, 2003; see 8.1-21).

The **MEANS** value is derived from the **CURRENT MEANS TEST STATUS** field (#.14) in the **PATIENT** file (#2). This field is a pointer to the VistA file and field noted below.

MEANS can assume the values shown in [Appendix D.2](#).

Data Type	Character
Print Format	
Label	MEANS TEST
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
Label	MEANS TEST
VistA File	MEANS TEST STATUS (#408.32)
VistA Field	Code (#.02)

Variable Name: **OEFOIF**

Definition: OEF/OIF Flag

Remarks: This variable indicates whether the patient is a veteran who served in Operation Enduring Freedom (OEF) and/or Operation Iraqi Freedom(OIF). A field value of ‘Y’ (yes) indicates that the veteran was deployed in either or both operations and does not distinguish between the two.

The **OEFOIF** field is populated by DSS from a roster provided to the VHA by the Department of Defense (DoD) Defense Manpower Data Center (DMDC). The roster is updated monthly. Since the field values are added after production of the NDE, they represent the most current values at the time of the creation of the NDE file.

Data Type	Character
Print Format	
Label	OEFOIF Flag
Datasets / Fiscal Years	Laboratory / 2008 – To Date Lab Results / 2008 – To Date Radiology / 2008 – To Date Pharmacy / 2008 – To Date
VistA File	Not Applicable
VistA Field	Not Applicable

OEFOIF can assume the following values:

Value	Description
Y	Yes
N	No

Variable Name: **OEFOIFDTE**

Definition: OEF/OIF Return Date

Remarks: This variable is the most recent date of return from deployment for veterans of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom(OIF). The field is null for veterans who did not serve in either of those operations. The date will be in YYYYMMDD format.

The **OEFOIFDTE** field is populated by DSS from a roster provided to the VHA by the Department of Defense (DoD) Defense Manpower Data Center (DMDC). The roster is updated monthly.

Data Type	Numeric
Print Format	
Label	OEFOIF Last Return Date
Datasets / Fiscal Years	Laboratory / 2008 – To Date Lab Results / 2008 – To Date Radiology / 2008 – To Date Pharmacy / 2008 – To Date
VistA File	Not Applicable
VistA Field	Not Applicable

Variable Name: **ORD_DATE**

Definition: Date on which the laboratory test was ordered

Remarks: If the date cannot be determined, a default is used. The default date is the value of the YEAR MONTH field (#1) concatenated with “01” for the day (DD) portion.

Data Type	Numeric
Print Format	MMDDYY10.
Label	ORDER DATE
Datasets / Fiscal Years	Lab Results / 2000 – To Date
VistA File	LAB DSS LAR EXTRACT (#64.036)
VistA Field	DATE ORDERED (#3)

Variable Name: **ORD_PROV**

Definition: Ordering provider's Internal Entry Number (IEN)

Remarks: This variable contains the IEN of the ordering provider preceded by the character "2" which indicates the source file is the VistA NEW PERSON file (#200). The IEN may be used as a pointer to obtain information about the provider from the VistA NEW PERSON file (#200). This variable may contain the character string "NONE" for records containing ward stock charges. In the Pharmacy NDE, this variable may contain the character string "NONE" for records containing ward stock charges.

A small number of facilities have made manual edits to the **ORD_PROV** values for their providers. In those cases, the value may not contain the IEN or have a '2' in the first position.

Data Type	Character
Print Format	
Label	ORDERING PROVIDER
Datasets / Fiscal Years	Laboratory / 2002 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	NEW PERSON (#200)
VistA Field	NAME (#.01)
Outpatient Prescription	
If this is a New Prescription, the source is:	
VistA File	PRESCRIPTION (#52)
VistA Field	PROVIDER (#4)
If this is a Refill the source is:	
VistA File	REFILL Sub-file (#52.1)
VistA Field	PROVIDER (#15)
If this is a Partial Fill, the source is:	
VistA File	PARTIAL Sub-file (#52.2)
VistA Field	PROVIDER (#6)
IV or Unit Dose	
If this is an IV order, the source is:	
VistA File	IV Sub-file (#55.01)
VistA Field	PROVIDER (#.06)
If this is a Unit Dose order, the source is:	
VistA File	UNIT DOSE Sub-file (#55.06)
VistA Field	PROVIDER (#1)

Variable Name: **ORD_PROV_TYPE**

Definition: Ordering provider type

Remarks: The ordering provider type is the Person Class value, including the leading “V” in the VistA New Person file (#200). See [VHA Directive 2005-059, Person Class File Taxonomy](#) (Veterans Health Administration, 2005; see 8.1-22). For a list of provider types, see the *FY 2008 DSS Medical Records Book* Appendix J (Database Development, 2007; see 8.1-10 and [appendix A](#)).

Data Type	Character
Print Format	
Label	ORDERING PROVIDER TYPE
Datasets / Fiscal Years	
VistA File	NEW PERSON (#200)
VistA Field	PROVIDER

Variable Name: **ORD_TIME**

Definition: Time of day at which the laboratory test was ordered

Remarks: This field is always exactly 6 numeric characters in length; if time cannot be determined “000300” is used as a default. The format is generally HHMMSS where HH indicates hour in 24-hour format, MM minutes, and SS seconds.

Data Type	Character
Print Format	
Label	
Datasets / Fiscal Years	Lab Results / 2000 – To Date
VistA File	LAB DSS LAR EXTRACT (#64.036)
VistA Field	TIME ORDERED (#4)

Variable Name: **PCP_DSS**

Definition: Primary care provider, as indicated in the VistA Primary Care Management Module (PCMM)

Remarks: This variable contains the internal entry number (IEN) of the primary care provider preceded by the character “2” which indicates the source file is the VistA NEW PERSON file (#200) for the provider marked as the primary provider in the PCMM team to which the patient is assigned in the PCMM module. The IEN may be used as a pointer to obtain information about the provider from the VistA NEW PERSON file (#200). This code is computer-generated and specific to the site. If a provider practices at more than one station, she/he will have a different provider number at each station.

The value of this variable is the IEN of the primary provider for the patient on the **SVC_DTE** (date of service), obtained through an automated call to the VistA Scheduling API. If no primary care provider was identified, the field will contain blanks. Note: The **PCP_DSS** may not be the provider who saw the patient.

A small number of facilities have made manual edits to the **PCP_DSS** values for their providers. In those cases, the value may not contain the IEN or have a ‘2’ in the first position.

The *Data Verification Report for the DSS Data Warehouse* published by the DSO Database Development Section indicates that DSS variables with significant missing values are in the provider fields: **PCP_DSS** and **A_PCP**, which represent primary care provider and associate primary care provider (Database Development, 2003; see [8.1-16](#) and [appendix A](#)). These variables are included in LAB, LAR, PHA, and RAD datasets. This report is available on the VA Intranet DSS Web site (see [appendix A](#)).

Data Type	Character
Print Format	
Label	PCP
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	NEW PERSON (#200)
VistA Field	Not applicable

Variable Name: **PCTEAM**

Definition: Primary care team

Remarks: This variable contains the Internal Entry Number (IEN) of the primary care team. The IEN may be used as a pointer to obtain information about the team from the VistA Primary Care Management Module (PCMM), in the TEAM file (#404.51).

The value of this variable is obtained through a call to the Scheduling API, which returns the IEN of the primary care team for the patient on **SVC_DTE** (date of service). If no primary care team was identified, the field will contain blanks.

Data Type	Character
Print Format	
Label	PRIM. CARE TEAM
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	TEAM (#404.51)
VistA Field	Not applicable

Variable Name: **PROCNAME**

Definition: Name of radiology procedure

Remarks: This is a DSS-generated 25-character string.

Data Type	Character
Print Format	
Label	RAD PROC NAME
Datasets / Fiscal Years	Radiology / 2002 – To Date
VistA File	RADIOLOGY PROCEDURES (#71)
VistA Field	RADIOLOGY PROCEDURE (#2)

Variable Name: **QUANTITY**

Definition: Quantity of drug dispensed or number of procedures or tests performed

Remarks: This indicates the number of times the feeder key for a specific laboratory test or a radiology procedure occurs in the record of a particular patient. Operationally, it is the count of the unique procedure codes appearing in the patient's record.

For outpatient prescriptions, this variable contains the quantity of drug dispensed for each fill of a prescription. For an IV additive order, this quantity equals the quantity of additive used. For an IV solution order, this variable contains the volume dispensed measured in milliliters. For a unit dose order, this is the number of doses dispensed on the **SVC_DTE**. Only one record is generated per day for each unit dose order.

Data Type	Numeric
Print Format	
Label	
Datasets / Fiscal Years	Laboratory / 2002 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	Not Applicable
Outpatient Prescription	
If this is a New Prescription the source is:	
VistA File	PRESCRIPTION (#52)
VistA Field	QTY (#7)
If this is a Refill the source is:	
VistA File	REFILL Sub-file (#52.1)
VistA Field	QTY (#1)
If this is a Partial Fill the source is:	
VistA File	PARTIAL Sub-file (#52.2)
VistA Field	QTY (#.04)
IV and Unit Dose	
If this is an IV order additive the source is:	
VistA File	ADDITIVE Sub-file (#55.02)
VistA Field	STRENGTH (#.02)
If this is an IV order solution the source is:	
VistA File	SOLUTION Sub-file (#55.11)
VistA Field	VOLUME (#1)
If this is a Unit Dose order the source is:	
VistA File	DISPENSE DRUG Sub-file (#53.53)
VistA Field	#DOSES ACTUALLY DISPENSED (#.03)

Variable Name: **RAD_CPT**

Definition: Current Procedural Terminology (CPT) code for the radiology procedure performed

Remarks: CPT is a coding product copyrighted by the American Medical Association. Radiology CPT codes are 5 digits and may be followed by 2-digit modifiers. Information about use of radiology CPT codes used in the VA can be found in the *VHA Radiology CPT Coding Guide* (Veterans Health Administration, 2009; see [8.1-23](#) and [appendix A](#)).

Data Type	Character
Print Format	
Label	RAD CPT CODE
Datasets / Fiscal Years	Radiology / 2002 – To Date
VistA File	RADIOLOGY PROCEDURES (#71)
VistA Field	RADIOLOGY PROCEDURES (#2) CPT CODE (#9)

Variable Name: **RAD_FD**

Definition: Fixed direct costs associated with the radiology procedure

Remarks: This includes the fixed direct costs assigned with the Radiology Service. Costs are then distributed across the exams that make up the Radiology workload based on Relative Value Units (RVUs) and labor mapping.

Data Type	Numeric
Print Format	
Label	RAD FIXED DIRECT \$
Datasets / Fiscal Years	Radiology / 2002 – To Date
VistA File	Not applicable
VistA Field	Not applicable

Variable Name: **RAD_FI**

Definition: Fixed indirect costs associated with the radiology procedure

Remarks: This includes the “share” of facility indirect costs “allocated” to the Radiology Service in the DSS “step-down” allocation methodology. Costs are then distributed across the exams that make up the Radiology workload.

Data Type	Numeric
Print Format	
Label	RAD FIXED INDIRECT \$
Datasets / Fiscal Years	Radiology / 2002 – To Date
VistA File	Not applicable
VistA Field	Not applicable

Variable Name: **RAD_TOT**

Definition: Total costs associated with the radiology procedure

Remarks: This includes variable and fixed direct and indirect costs.

Data Type	Numeric
Print Format	
Label	RADIOLOGY TOTAL COST
Datasets / Fiscal Years	Radiology / 2007 forward
VistA File	Not applicable
VistA Field	Not applicable

Variable Name: **RAD_VD**

Definition: Variable direct costs associated with the radiology procedure

Remarks: Variable direct costs include personnel costs within the radiology department that are distributed to various radiology procedures based on the average number of minutes needed to perform each exam.

Data Type	Numeric
Print Format	
Label	RAD VARIABLE DIRECT \$
Datasets / Fiscal Years	Radiology / 2002 – To Date
VistA File	Not applicable
Vista Field	Not applicable

Variable Name: **REF_FLG**

Definition: Referral lab flag

Remarks: This variable appears in the LAB NDE only and indicates records of lab tests, which were performed in a VA medical center different from the VA medical center at which the patient was located. This applies to separate stations, not to divisions within integrated sites. (For example, it applies to tests performed in VAMC Boston for VAMC Manchester patients, but not for Canandaigua tests performed at Buffalo.) The flag is on the record only at the station where the test was performed.

Note: If the test is included in the DSS Lab Results (LAR) NDE, the result is reported only once, at the patient's location.

Data Type	Character
Print Format	“Y” if record source is referral lab source
Label	Referral Lab Flag
Datasets / Fiscal Years	Lab 2007
VistA File	VistA file #67
Vista Field	Not applicable

Variable Name: **REJ_REAS**

Definition: Reject Reason

Remarks: This is an internal (i.e., administrative) DSS code that is present in the Laboratory Results NDE only. Results are posted when they would normally reject for not matching an encounter number (= " ") and for not matching dates. It is used by DSS in order to capture as many results records as possible, A non-null value in this field indicates that the date and/or encounter number is not correct.

Data Type	Character
Print Format	
Label	Reason for Reject
Datasets / Fiscal Years	Lab Results / 2005 – To Date
VistA File	Not applicable
VistA Field	Not applicable

Variable Name: **RES_CODE**

Definition: Test result code

Remarks: This variable is currently not populated. Do not use.

Variable Name: **RES_DATE**

Definition: Date on which the laboratory test result was ready for reporting

Remarks: This is the date the results were released from the VistA Lab package, that is, the date a senior medical technologist certified the results and they were sent through VistA to the ordering provider.

If a date cannot be determined, a default date value of the YEAR MONTH field (#1) is concatenated with “01” for the day (DD) portion.

Data Type	Numeric
Print Format	MMDDYY10.
Label	RESULTS DATE
Datasets / Fiscal Years	Lab Results / 2000 – To Date
VistA File	LAB DSS LAR EXTRACT (#64.036)
VistA Field	DATE RESULTS AVAIL (#5)

Variable Name: **RES_TIME**

Definition: Time of day the laboratory test result was ready for reporting

Remarks: This field is always 6 characters in length; if the time cannot be determined “000300” is used as the default. The format is generally HHMMSS where HH indicates hour in 24-hour format, MM minutes, and SS seconds.

Data Type	Character
Print Format	
Label	TIME RESULTS REPORTED
Datasets / Fiscal Years	Lab Results / 2000 – To Date
VistA File	LAB DSS LAR EXTRACT (#64.036)
VistA Field	TIME RESULTS AVAIL (#6)

Variable Name: **RESULT**

Definition: Result of the laboratory test

Remarks: This field contains the result for the test identified by the value in the **DSSLARNO** field. Valid values for results of the test range from -10000 to 10000, usually with up to 4 decimal digits. The units for these values are reported in **TESTUNIT** (Units in which the results are reported).

Even though test results are usually reported as numeric values with decimal digits, there are a number of laboratory results that are originally reported in a non-numeric format. They have been translated into single-digit values as shown in the table below. More information on result translation may be found in [2.3.2](#).

Data Type	Character
Print Format	
Label	TEST RESULT
Datasets / Fiscal Years	Lab Results / 2000 – To Date
VistA File	LAB DATA (#63)
VistA Field	Not applicable

RESULT can *additionally* assume the following values:

Value	Description
0	Negative, Non-reactive
1	Positive, Reactive
2	Borderline, Indeterminate
3	Test not performed – Quantity not sufficient or other reason
5	Result cannot be translated

Variable Name: **SCRSSN**

Definition: Scrambled social security number

Remarks: The scrambled social security number was created in FY 1986 as a replacement for the patient's real Social Security number (SSN). **SCRSSN** is a formula manipulation of the real SSN and may be used to identify a patient across fiscal years and datasets. The real SSN is obtained from the source noted below and is then scrambled. Data for patients with "00000" in the first five digits of their SSN will not be included in the DSS extract.

When a researcher is granted authorization to access real SSNs for a study, the **SCRSSN** is used to obtain the real SSN from SAS[®] datasets on the AITC mainframe.

Data Type	Numeric
Print Format	
Label	
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	PATIENT (#2)
VistA Field	SOCIAL SECURITY NUMBER (#.09)

Variable Name: **SEX**

Definition: Sex of patient

Remarks: The variable indicates the gender of the patient.

Data Type	Character
Print Format	
Label	GENDER
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	PATIENT (#2)
VistA Field	SEX (#.02)

SEX can assume the following values:

Value	Description
F	Female
M	Male

Variable Name: **STA3N**

Definition: Parent station identifier

Remarks: This is the 3-digit numeric identifier of a VAMC facility. This variable indicates the parent station (VA hospital) or the parent station of a branch to which the patient was admitted or received outpatient services.

STA3N can assume the values shown in [Appendix D.3](#).

Data Type	Numeric
Print Format	(STA3NL.)
Label	STATION
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
Outpatient	
VistA File	INSTITUTION (#4)
VistA Field	STATION NUMBER (#99)
IV and Unit Dose	
VistA File	MEDICAL CENTER DIVISION (#40.8)
VistA Field	FACILITY NUMBER (#1)

Variable Name: **STA6A**

Definition: Substation identifier

Remarks: In most cases, the first three characters of **STA6A** contain the **STA3N** (parent station identifier). The last three characters identify either the substation or an operational unit within the facility. Operational units are established and differ by site and refer to an outpatient clinic or medical center division (e.g., VA Nursing Home (VANH)).

Since there are a large number of substations, they are not listed in this document. Instead, users are referred to the VA Site Tracking (VAST) database, maintained by the Planning Systems Support Group (PSSG) of the Office of Policy and Planning and available on their VA Intranet Web site (see [appendix A](#)). However, DSS includes the PTF divisions, such as Community Living Centers (formerly called Nursing Home or Nursing Home Care Unit), Residential Rehabilitation Programs, and domiciliary as separate divisions. These divisions, if located on the same campus as the parent medical center, may not be included in VAST.

For inpatients, the DIVISION Field (#3.5) in the HOSPITAL LOCATION file (#44) is used to link the VistA field specified in the table below. For outpatients with IV orders, the DIVISION Field (#.02) in the IV ROOM file (#59.5) is used to link to the VistA field specified in the table below.

Data Type	Character
Print Format	(\$STA56L)
Label	DIVISION
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000– To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	INSTITUTION (#4), STATION FILE (#99) Field; MEDICAL CENTER DIVISION (#40.8), FACILITY NUMBER (#1) Field
Outpatient	
VistA File	INSTITUTION (#4)
VistA Field	STATION NUMBER (#99)
IV and Unit Dose	
VistA File	MEDICAL CENTER DIVISION (#40.8)
VistA Field	FACILITY NUMBER (#1)

Variable Name: **SUFFIX**

Definition: Suffix

Remarks: This field is a temporary work field. Do not use.

In 2004 the **SUFFIX** variable was dropped from LAB and RAD.

Variable Name: **SVC_DTE**

Definition: Date of service

Remarks: This variable represents the date the service was performed. In the pharmacy NDE, it is the date that the medication was dispensed or, for outpatient prescriptions, the date the prescription was released from the VA Pharmacy or mailed by a **CMOP** to the patient.

Data Type	Numeric
Print Format	MMDDYY10.
Label	LAB/RAD SVC. DATE
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
For radiology procedures:	
VistA File	RAD/NUC MED PATIENT (#70)
VistA Field	EXAM DATE (#.01)
If this is a New Prescription the source is:	
VistA File	PRESCRIPTION (#52)
VistA Field	RELEASE DATE/TIME (#31)
If this is a Refill the source is:	
VistA File	REFILL Sub-file (#52.1)
VistA Field	RELEASED DATE/TIME (#17)
If this is a Partial Fill the source is:	
VistA File	PARTIAL Sub-file (#52.2)
VistA Field	RELEASED DATE/TIME (#8)
IV and Unit Dose	
If this is an IV order the source is:	
VistA File	IV EXTRACT DATA (#728.113)
VistA Field	DATE/TIME (#4)
If this is a unit dose order the source is:	
VistA File	UNIT DOSE EXTRACT DATA (#728.904)
VistA Field	DATE (#2)

Variable Name: **TESTNAME**

Definition: Name of the laboratory test

Remarks: This is a DSS-derived 25-character string.

Data Type	Character
Print Format	
Label	LAB TEST NAME
Datasets / Fiscal Years	Laboratory / 2002 – To Date
VistA File	LABORATORY TEST (#60)
VistA Field	NAME (#.01)

Variable Name: **TESTUNIT**

Definition: Units in which the test results are reported

Remarks: The format of reported test unit values is partially determined by the manufacturer of the laboratory instrumentation and agents used in the test. Values can be site configurable, i.e., negative/positive, positive/negative, reactive/non-reactive, and non-reactive/reactive.

Data Type	Character
Print Format	
Label	TEST UNITS
Datasets / Fiscal Years	Lab Results / 2000 – To Date
VistA File	Not applicable
VistA Field	Not applicable

TESTUNIT can assume the following values:

Value	Description
%	Percentage
COPIES/ML	Copies (of virus)/Milliliter
DET/NONDET	Detected/Not Detected
DETECTED/N	Detected/Not Detected
G/DL	Grams/Deciliter
GM/DL	Grams/Deciliter
IU/L	International Units/Liter
K/CMM	1000/Cubic Millimeter
K/MM3	1000/Cubic Millimeter
MCG/DL	Microgram/Deciliter
MCG/ML	Microgram/Deciliter
MCU/ML	Micro units/Millimeter
MEQ/L	Millequivalent/Liter
MG/DL	Milligram/Deciliter
MG/L	Milligram/Liter
ML/MIN	Milliliter/Minute
MMO/L	Millimole/Liter
NEG-POS	Negative/Positive
NEG-POSE	Negative/Positive
NIG/POS	Negative/Positive
NG/DL	Nanogram/Deciliter
NG/ML	Nanogram/Milliliter
PG/ML	Picogram/Milliliter
POSITIVE/N	Positive/Negative
SEC	Seconds
U/L	Units/Liter
UG/ML	Microgram/Milliliter
UU/ML	Microunits/Milliliter

Variable Name: **TIMEC**

Definition: Time of service

Remarks: **TIMEC** is the time of day that the radiology service was performed. The format is HHMMSS where HH indicates hour in 24-hour format, MM minutes, and SS seconds. The field is always 6 numeric characters in length. If the time cannot be determined from the data in the VistA field specified below, “000001” is used as a default.

Data Type	Numeric
Print Format	
Label	Time of service
Datasets / Fiscal Years	Radiology / 2007 – forward
VistA File	RAD/NUC MED PAT file (#70), , REGISTERED EXAMS sub-file (#70.02)
Vista Field	Exam Date (#.01)

Variable Name: **TRTSP**

Definition: Treating specialty

Remarks: This variable contains the internal entry number (IEN) for the treating specialty from the SPECIALTY file (#42.4). The SPECIALTY file contains information about the treating specialty such as its name. This variable normally contains null values for outpatients but may contain a value if the patient was held for observation. The standard SAS[®] format “BEDSECN.” may be used with this variable to obtain a description of the treating specialty.

TRTSP can assume the values shown in [Appendix D.4](#).

Data Type	Numeric
Print Format	(BEDSECN.)
Label	TREAT. SPECIALTY
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – 2006 Radiology / 2002 – 2007 Pharmacy / 2002 – 2006
VistA File	SPECIALTY (#42.4)
VistA Field	NAME (#.01)

Variable Name: **TRTSP_C**

Definition: Treatment specialty

Remarks: This variable contains the value of the **TRTSP** variable in character format.

Data Type	Character
Print Format	
Label	TREAT. SPEC. (CHAR)
Datasets / Fiscal Years	Laboratory / 2002 – 2007 Lab Results / 2000 – 2006 Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	Not Applicable
VistA Field	Not Applicable

Variable Name: **VA_CLASS**

Definition: VA Drug Classification of the drug, supply, or diagnostic dispensed

Remarks: The VA Drug Classification system separates drugs, supplies, and diagnostics into different categories based upon their characteristics. The classes are assigned by Pharmacy Benefits Management (PBM) Services. A more detailed description of this classification system may be found in the *VistA National Drug File Technical Manual* (Health Systems Design and Development, 2009; see 8.1-24).

Diagnostic classes begin with “DX” and contain drugs or items used in diagnostic tests such as barium sulfate or glucose test strips. Supply classes begin with “XA” or “XX”. Supply classes contain items such as solutions, syringes, ostomy belts and pouches, bandages, and catheters. All other classes are drugs.

VA_CLASS is obtained from the DSS Product Table (see [appendix A](#)), which has the VA Drug Classification added from the *VistA National Drug File Technical Manual* (Health Systems Design and Development, 2009; see 8.1-24). The **IPNUM**, also found in the NDF, is used to point to the appropriate entry in the DSS Product Table. **VA_CLASS** may be blank when there is no entry in the DSS Product Table for the **IPNUM**. **VA_CLASS** will also be blank if the record is not a dispensing record. For example, it will be blank for ward stock charges and clinical pharmacy consults.

A list of the most current VA Drug Class values is available on the VA Intranet PBM Web site (see [appendix A](#)). If drug product, supply, or diagnostic does not have a VA Drug Class identified by PBM, the **VA_CLASS** field may contain a non-standard name such as “SUPPLY” or “STUDY”.

Data Type	Character
Print Format	
Label	
Datasets / Fiscal Years	Pharmacy / 2002 – To Date
VistA File	DRUG (#50) PRESCRIPTION (#50)
VistA Field	VA CLASSIFICATION (#2) DRUG (#6)

Variable Name: **VA_LMIP**

Definition: Laboratory Management Index Program Code

Remarks: **VA_LMIP** contains the code used to gather data for the Laboratory Management Index Program (LMIP). Although all codes come from the national WKLD CODE file, their usage is not standardized nationally. Lab tests without LMIP codes have this field set to null.

Additional information about VA coding can be found in the [VHA Handbook for Coding Guidelines Version 6.0](#), which is available on the [VIReC Web site](#) (Health Information Management Coding Council, 2006; see [8.1-25](#)).

Data Type	Character
Print Format	
Label	
Datasets / Fiscal Years	Laboratory / 2002 – To Date
VistA File	Not applicable
VistA Field	Not applicable

Variable Name: **VISN**

Definition: Veterans Integrated Service Network (VISN) where the care was received

Remarks: The value of this field is established by the software that creates the SAS[®] file based on the value of the **STA3N** (Parent Station) variable.

Data Type	Numeric
Print Format	
Label	
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	Not Applicable
VistA Field	Not Applicable

VISN can assume the following values:

Value	Description
1	VA New England Healthcare System
2	VA Healthcare Network Upstate New York
3	VA NY/NJ Veterans Healthcare Network
4	VA Stars & Stripes Healthcare Network
5	VA Capitol Health Care Network
6	VA Mid-Atlantic Network
7	The Atlantic Network
8	VA Sunshine Healthcare Network
9	Mid South Veterans Healthcare Network
10	VA Healthcare System of Ohio
11	Veterans In Partnership
12	The Great Lakes Health Care System
15	VA Heartland Network
16	South Central VA Health Care Network
17	VA Heart of Texas Health Care Network
18	VA Southwest Healthcare Network
19	Rocky Mountain Network
20	Northwest Network
21	Sierra Pacific Network
22	Desert Pacific Healthcare Network
23	VA Midwest Health Care Network

Variable Name: **VIZDAY**

Definition: Date of the visit during which the service was provided

Remarks: If the date cannot be determined, a default is used with the value of the YEAR MONTH field concatenated with "01" for the DD portion.

Data Type	Numeric
Print Format	YYMMDD9.
Label	OPAT. VISIT DATE
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date
For laboratory tests:	
VistA File	WKLD LOG (#64.03)
VistA Field	DATE/TIME COLLECTED (#12)
For radiology procedures:	
VistA File	RAD/NUC MED PATIENT (#70)
VistA Field	EXAM DATE (#.10)

Variable Name: **VS_COST**

Definition: Variable supply cost

Remarks: The variable supply cost is calculated by DSS and is included in the calculation of the **ACT_COST** variable. The **VS_COST** value is the dollar amount between 0 and 10000 with 2 decimal digits.

In the Pharmacy NDE, it contains the cost of the drug and supplies used to fill the prescription such as bottles, caps and labels for pharmacy window-dispensed prescriptions and the acquisition cost for **CMOP**-dispensed prescriptions. The value of this variable will be negative on returns (dispensed orders not administered and returned to the VA Pharmacy). For a more detailed discussion of the cost variables in the Pharmacy NDE, see the *VIReC Research User Guide: VHA Pharmacy Prescription Data, 2nd Edition* (VA Information Resource Center, 2008; see [8.1-1](#) and [appendix A](#)).

Due to data quality issues, this variable in the FY 2002 datasets should not be used.

Data Type	Numeric
Print Format	
Label	VARIABLE SUPPLY COST
Datasets / Fiscal Years	Laboratory / 2002 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	Not Applicable
VistA Field	Not Applicable

Variable Name: **WARD**

Definition: Inpatient ward, location of the patient when the service was provided.

Remarks: This field is normally blank for outpatients but may contain a value for outpatients held for observation. The **WARD** value is the internal entry number (IEN) for the ward in the VistA Hospital Location file (#44). The IEN may be used as a pointer to obtain information about the ward in the VistA HOSPITAL LOCATION file (#44).

Data Type	Character
Print Format	
Label	
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	HOSPITAL LOCATION (#44)
VistA Field	IEN (#.001)

Variable Name: **ZIP**

Definition: Zip code

Remarks: This variable is the five-digit zip code of the patient's residence.

Data Type	Numeric
Print Format	
Label	
Datasets / Fiscal Years	Laboratory / 2002 – 2006 Lab Results / 2000 – 2006 Radiology / 2002 – 2006 Pharmacy / 2002 – 2007
VistA File	PATIENT (#2)
VistA Field	ZIP CODE (#.1112)

Variable Name: **ZIP_4**

Definition: Zip code plus 4

Remarks: This is the zip code with optional four-digit extension of the patient's residence.

Data Type	Character
Print Format	
Label	ZIP + 4
Datasets / Fiscal Years	Laboratory / 2002 – To Date Lab Results / 2000 – To Date Radiology / 2002 – To Date Pharmacy / 2002 – To Date
VistA File	PATIENT (#2)
VistA Field	ZIP+4 (#.1112)

8. Bibliography

This bibliography contains two sections. Section 8.1 includes works cited in this guide and section 8.2 provides a select bibliography of references to articles about studies that utilized VA DSS data.

8.1 Works Cited

Reference List

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8.2 Selected Bibliography

This bibliography contains references to selected published studies that used data from a DSS clinical NDE. The references are provided as examples of ways in which the NDE data have been used in VA studies. We identified these references through a PubMed search.

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Appendix A. VA Intranet Web Site References

VA Intranet Web site references are provided on pages 117-121 of the VA Intranet *VIReC Research User Guide: VHA Decision Support System Clinical National Data Extracts, 2nd Ed.* For further information, contact the [VIReC Help Desk](mailto:virec@va.gov) at virec@va.gov.

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Appendix B.

Accessing Data on the Austin Information Technology Center Mainframe

B.1 Batch Job Service Level Categories

An appropriate service level code is required to allocate system resources when submitting programs (jobs) in the IBM OS/390 mainframe environment at the Austin Information Technology Center (AITC). The AITC currently defines four categories of batch job service and strives to provide corresponding job turnaround from submission to completion (see Table B.1). The number of tape drives and CPU time expected can be determined from step statistics messages. An “S322” error occurs when a job exceeds the Central Processing Unit (CPU) time for the service level coded. For example, selecting a service level code of 6 for a job that requires 5 minutes of CPU will likely cause your job to “time out”.

B.1. Job Code Language (JCL) Service Level Codes			
Service Level Code	Max CPU Seconds	Max Tape Drives	Turnaround Time Goal
6	0-10	0	15 minutes
7	10-50	0	30 minutes
8	0-600	1-2	2 hours
9	over 600	over 2	6 hours

B.2 Job Control Language

Building jobs on the AITC mainframe requires the following Job Control Language (JCL) commands:

1. Job card

yourIDx – is the Time Sharing Option (TSO) account user ID plus a one-character job identifier (x A–Z)) (maximum 8 characters).

XXXUNKAN – represents the batch job service level category (*n*, (6–9) (described in section above)).

MSGCLASS=x supplies the *SYSOUT* – class for the job’s system messages (“I”=24 hour retention period, “R”=5 day retention period).

NOTIFY=&SYSUID – notifies user ID when job has completed.

2. Execution statement:

step1 – represents the job step name (maximum 8 characters).

EXEC SAS – executes SAS[®] software.

WORK='p,s' – s the primary and secondary work space to be allocated during step execution.

3–5. Data Definition (DD) statements:

Libref is the library reference defining a file to be read (maximum 8 characters).

DSN= SAS-dataset-name – defines a SAS[®] dataset.

DISP=SHR – allocates dataset as “shared” or read-only.

LIBRARY DD DSN=MDPPRD.MDP.FMTLIB6 – allocates dataset containing library of permanent SAS[®] formats for variables whose print formats are shown in parentheses.

*SYSIN DD** – indicates that SAS[®] program statements follow.

The JCL commands must be submitted in the following sequence (see figure B.2):

- //yourIDx JOB XXXUNKA8, yourID, MSGCLASS=I, NOTIFY=&SYSUID
- //step1 EXEC SAS, WORK='100,100'
- //libref DD DSN=SAS-dataset-name, DISP=SHR
- //LIBRARY DD DSN=MDPPRD.MDP.FMTLIB6, DISP=SHR
- //SYSIN DD *
-

Figure B.2 Job Code Language Example

```

***** ***** Top of Data *****
000001 //S123XYZ1 JOB XXXUNKA8, S123XYZ, MSGCLASS=R, NOTIFY=&SYSUID
000002 //STEP01 EXEC SAS, WORK='300,100'
000003 //IN1 DD DSN=RMTPRD.MED.DSS.SAS.FY08.VISN01.LAB, DISP=SHR
000004 //LIBRARY DD DSN=MDPPRD.MDP.FMTLIB6, DISP=SHR
000005 //SYSIN DD *
000006 PROC FREQ DATA=IN1.LAB; TABLES IPNUM;
000007 RUN;
***** ***** Bottom of Data *****

```

B.3 Additional Information Sources

The VIREC New Users Toolkit contains information on how to use the Austin Information Technology Center (AITC). The toolkit is accessible on the VA Intranet VIREC Web site (see [appendix A](#)).

The VA Intranet Austin Operations Information Web site (see [appendix A](#)) provides tutorials on dataset management, Time Sharing Option/Interactive System Productivity Facility (TSO/ISPF), Job Control Language (JCL), Job Entry System ((E)JES), and File Transfer Protocol (FTP) utilities.

Contact information for the Austin Information Technology Center Help Desk and Web site:

Help Desk: (512)–326–6780

Web site: <http://www.aac.va.gov/>

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Appendix C.

Laboratory Test Results in National Data Extracts by Fiscal Year

The DSS Laboratory Results (LAR) National Data Extract (NDE) contains inpatient and outpatient results for a specific list of tests. The following table provides a list of tests whose results are available in LAR by fiscal year. Data are available from FY 2000 forward.

Laboratory test results availability in the [LAR NDE](#) by fiscal year.

DSS Result ID	Test Name	Units	First Year Available
0001	Hemoglobin	G/DL	FY 2000
0002	Potassium	MEQ/L	FY 2000
0003	Sodium	MEQ/L	FY 2000
0004	Lithium	MEQ/L	FY 2000
0005	BUN (Blood Urea Nitrogen)	MG/DL	FY 2000
0006	WBC (Total WBC Count)	K/CMM	FY 2000
0007	Digoxin	NG/ML	FY 2000
0008	Theophylline	UG/ML	FY 2000
0009	AST (Aspartate Transaminase)	U/L	FY 2000
0010	Glucose	MG/DL	FY 2000
0011	Creatinine Clearance	ML/MIN	FY 2000
0012	Lithium Urine	MMOL/L	FY 2000
0013	GGTP (Gamma GT)	IU/L	FY 2000
0014	Dilantin (Phenytoin)	MCG/ML	FY 2000
0015	Valproic Acid	MCG/ML	FY 2000
0016	Carbamazepine (Tegretol)	MCG/ML	FY 2000
0017	Hemoglobin A 1C (Glycohemoglobin)	%	FY 2000
0018	Alpha1 Antitrypsin	MG/DL	FY 2000
0019	Prostatic Specific AG	NG/ML	FY 2000
0020	CD-4 (T Cell Count)	K/MM3	FY 2000
0021	Protine	SEC	FY 2000
0022	Total Thyroxine (T-4)	MCG/DL	FY 2000
0023	Total Triiodothyronine (T-3)	NG/DL	FY 2000
0024	Thyroid Stimulating Hormone (TSH)	MCU/ML	FY 2000
0025	Folate	NG/ML	FY 2000
0026	Vitamin B-12 Level	PG/ML	FY 2000
0027	LDLC	MG/DL	FY 2000

Laboratory test results availability in the [LAR NDE](#) by fiscal year (continued).

DSS Result ID	Test Name	Units	First Year Available
0028	HDLC	MG/DL	FY 2000
0029	Total Cholesterol	MG/DL	FY 2000
0030	Triglycerides	MG/DL	FY 2000
0031	Serum Creatinine	MG/DL	FY 2000
0032	Microalbumin 2001	MG/DL	FY 2000
0033	Hepatitis B Surface Antibody	NEG-POS	FY 2000
0034	Hepatitis C Antibody	NEG-POS	FY 2000
0035	HIV Antibody	NEG-POS	FY 2000
0036	CD-4 Ratio (T Cell Screen)	%	FY 2000
0037	HCV-Quantitative by PCR	IU/ML*	FY 2000
0038	HIV Viral Load	COPIES/ML	FY 2000
0039	HCV-Qualitative by PCR	DET/NONDET	FY 2000
0040	HIV 1 by EIA	NEG-POS	FY 2000
0041	Hepatitis A Ab	NEG-POS	FY 2001
0042	Hepatitis A IgM Ab	NEG-POS	FY 2001
0043	Hepatitis A IgG Ab	NEG-POS	FY 2001
0044	Bilirubin, Total	MG/DL	FY 2001
0045	ALT (Transferase Alanine Amino)	IU/L	FY 2001
0046	Hepatitis B Core AB	NEG-POS	FY 2001
0047	Hepatitis B e Ag	NEG-POS	FY 2001
0048	Phosphatase Alkaline	IU/L	FY 2001
0049	Albumin	GM/DL	FY 2001
0050	Hematocrit	%	FY 2002
0051	Partial Thromboplastin Time (PTT)	SEC	FY 2003
0052	INR (International Normalized Ratio)	RATIO	FY 2003
0053	Vitamin B6	NG/ML	FY 2003
0054	Homocysteine	UMOL/L	FY 2003
0055	Occult Blood (Fecal)	NEG-POS	FY 2003
0056	Microalbumin/Creatinine Ratio	MG/G	FY 2003
0057	Glucose POC (finger stick)	MG/DL	FY 2004
0058	Troponin T	NG/ML	FY 2004
0059	Troponin I	NG/ML	FY 2004
0060	Bilirubin, Direct	MG/DL	FY 2006
0061	C Reactive Protein	MG/L	FY 2006
0062	C Reactive Protein HS	MG/L	FY 2006
0063	Calcium, serum	MG/DL	FY 2006
0064	Carbon Dioxide	MEQ/L	FY 2006
0065	Chloride	MEQ/L	FY 2006
0066	Creatinine eGFR	ML/MIN/1.73M2	FY 2006

Laboratory test results availability in the [LAR NDE](#) by fiscal year (continued).

DSS Result ID	Test Name	Units	First Year Available
0067	B Natriuretic Peptide	PG/ML	FY 2006
0068	O2 Saturation	%	FY 2006
0069	PO2	MM HG	FY 2006
0070	PCO2	MM HG	FY 2006
0071	Total Protein	GM/DL	FY 2006
0072	Phosphate (Serum)	mg/dl	FY 2009
0073	CEA (Serum)	ug/L	FY 2009
0074	Pro B Natriuretic Peptide	PG/ML	FY 2009
0075	Phosphate Pre-Dial (Serum)	mg/dl	FY 2009
0076	Phosphate Post-Dial (Serum)	mg/dl	FY 2009

*From FY 2000 to FY 2006, reporting units were COPIES/ML.

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Appendix D. Values for Selected Variables

This appendix contains four sections, which include a table that provides the assumed values for the following: ENRLPRTY, MEANS, STA3N, and TRTSP.

D.1 ENRLPRTY

ENRLPRTY can assume the following values.

Value	Description	Notes
1	SC 50% or higher	Veterans with service-connected disabilities rated 50 percent or more disabling.
2	SC 30% or 40%	Veterans with service-connected conditions rated 30 to 40 percent disabling.
3	Other medical Vets	Veterans who are former POWs. Veterans awarded the Purple Heart. Veterans with service-connected disabilities rated 10 to 29 percent disabling. Veterans discharged from active duty for a disability incurred or aggravated in the line of duty. Veterans awarded special eligibility classification under 38 U.S.C., Section 1151, "benefits for individuals disabled by treatment or vocational rehabilitation."
4	A&A or disabled	Veterans who are receiving aid and attendance or housebound benefits. Veterans who have been determined by VA to be catastrophically disabled.
5	Pension	Non-service-connected veterans and noncompensable service-connected veterans rated 0 percent disabled whose annual income and net worth are below the established VA Means Test thresholds. Veterans receiving VA pension benefits. Veterans eligible for Medicaid benefits.
	No Co-Pay Vets	All other eligible veterans who are not required to make co-payments for their care, including: World War I veterans. Mexican Border War veterans. Veterans solely seeking care for disorders associated with: Exposure to herbicides while serving in Vietnam; or exposure to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki; or For disorders associated with service in the Gulf War; For any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998; or Compensable zero percent service-connected veterans.

ENRLPRTY can assume the following values (continued).

Value	Description	Notes
7	Below Means Test	7a = Noncompensable 0 percent service-connected veterans who were enrolled in the VA Health Care System on a specified date and who remained enrolled since that date.
		7c = Non-service-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date.
		7e = Noncompensable 0 percent service-connected veterans not included in Sub priority a above. VA is not currently using sub priority e.
		7g = Nonservice-connected veterans not included in Sub priority c above. VA is not currently using sub priority g.
8	Others	8a = Noncompensable 0 percent service-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date.
		8c = Nonservice-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date.
		8e = Noncompensable 0 percent service-connected veterans applying for enrollment after January 16, 2003.
		8g = Nonservice-connected veterans applying for enrollment after January 16, 2003.

D.2 MEANS

MEANS can assume the following values.

Value	Descriptions	Notes
A	Category A	Copay exempt
B	Category B	Discontinued value
C	Category C	Copay required
P	Pending Adjudication	Results of means test are pending adjudication.
R	Requires Means Test	A means test is required, but the veteran has not submitted a financial worksheet.
N	Means Test not Required	Was previously but is no longer required to complete a Means Test (e.g., has received a service- connected compensation since)
E	Exempt	Associated with pharmacy copay tests
I	Incomplete	Associated with pharmacy copay tests
L	No Longer Applicable	Associated with pharmacy copay tests; see notes for “N”, above
M	Non-Exempt	Associated with pharmacy copay tests

D.3 STA3N

STA3N can assume the following values.

Value	Description
402	Togus
405	White River Junction
436	Fort Harrison, Montana Health Care System (HCS)
437	Fargo
438	Sioux Falls
442	Cheyenne
459	Honolulu
460	Wilmington
463	Alaska Health Care System (HCS) & RO -Anchorage
501	New Mexico Health Care System (HCS)
502	Alexandria
503	James E. Van Zandt VAMC (Altoona)
504	Amarillo Health Care System (HCS)
506	Ann Arbor Health Care System (HCS)
508	Decatur, Atlanta
509	Augusta
512	Baltimore
515	Battle Creek
516	Bay Pines
517	Beckley
518	Bedford
519	West Texas Health Care System (HCS)
520	Gulf Coast Health Care System (HCS)
521	Birmingham
523	VA Boston Health Care System (HCS) – Boston Division
526	Bronx
528	Upstate New York Health Care System (HCS)
529	Butler
531	Boise
534	Charleston
537	Chicago Health Care System (HCS)
538	Chillicothe
539	Cincinnati
540	Clarksburg
541	Cleveland – Wade Park
542	Coatesville
544	Columbia SC

STA3N can assume the following values (continued).

Value	Description
546	Miami
548	West Palm Beach
549	Dallas VAMC
550	Illiani Health Care System (HCS) (Danville)
552	Dayton
553	Detroit (John D. Dingell)
554	Denver, Eastern Colorado Health Care System (HCS)
556	North Chicago IL
557	Dublin
558	Durham
561	East Orange, New Jersey Health Care System (HCS)
562	Erie
564	Fayetteville AR
565	Fayetteville NC
568	Fort Meade
570	Fresno, Central California Health Care System (HCS)
573	North Florida/South Georgia Health Care System (HCS) – Gainesville
575	Grand Junction
578	Hines
580	Houston
581	Huntington
583	Indianapolis
585	Iron Mountain MI
586	Jackson, G. V. (Sonny) Montgomery VAMC
589	VAMC Heartland, Kansas City
590	Hampton
593	Las Vegas, Southern Nevada Health Care System (HCS)
595	Lebanon
596	Lexington – Leestown
598	Little Rock, Central AR Veterans Health Care System (HCS)
600	Long Beach Health Care System (HCS)
603	Louisville
605	Loma Linda VAMC
607	Madison WI
608	Manchester
610	N. Indiana Health Care System (HCS) – Marion
612	NCHC Martinez
613	Martinsburg
614	Memphis

STA3N can assume the following values (continued).

Value	Description
618	Minneapolis
619	Montgomery
620	Montrose, Hudson Valley Health Care System (HCS)
621	Mountain Home
623	Muskogee
626	Middle Tennessee Health Care System (HCS)
629	New Orleans
630	New York Harbor Health Care System (HCS) – NY Division
631	Northampton
632	Northport
635	Oklahoma City
636	Omaha Division – Central Plains Health Network
637	Asheville – Oteen
640	Palo Alto – Palo Alto
642	Philadelphia
644	Phoenix
646	Pittsburgh Health Care System (HCS) – University Dr
648	Portland
649	Northern Arizona Health Care System (HCS)
650	Providence
652	Richmond
653	Roseburg Health Care System (HCS)
654	Sierra Nevada Health Care System (HCS)
655	Saginaw
656	St Cloud
657	St Louis – John Cochran
658	Salem
659	W.G. (Bill) Hefner Salisbury VAMC
660	Salt Lake City Health Care System (HCS)
662	San Francisco
663	Seattle, Puget Sound Health Care System (HCS)
664	San Diego Health Care System (HCS)
666	Sheridan
667	Shreveport, Overton Brooks VAMC
668	Spokane
671	San Antonio VAMC
672	San Juan
673	Tampa
674	Temple VAMC
675	Orlando, beginning FY 07

STA3N can assume the following values (continued).

Value	Description
676	Tomah
678	S. Arizona Health Care System (HCS)
679	Tuscaloosa
687	Walla Walla
688	Washington
689	West Haven
691	Greater Los Angeles Health Care System (HCS)
693	Wilkes Barre
695	Milwaukee WI
756	El Paso Health Care System (HCS)
757	Columbus-IOC

D.4 TRTSP

TRTSP can assume the following values.

Value	Description
1	Allergy ¹
2	Cardiology
3	Pulmonary Tuberculosis TB
4	Pulmonary Non-Tuberculosis TB
5	Gerontology
6	Dermatology
7	Endocrinology ¹
8	Gastroenterology
9	Hematology/Oncology
10	Neurology
11	Epilepsy Center
12	Medical Intensive Care Unit (ICU) ²
13	Cardiac Intensive Care Unit ⁴
14	Metabolic
15	General (Acute) Medicine
16	Cardiac Step Down
17	Telemetry
18	Neurology Observation (OBS)
19	Stroke
20	Rehabilitation Medicine
21	Blind Rehabilitation
22	Spinal Cord Injury
23	Sci Observation
24	Medical Observation
25	Psychiatric Residence Rehabilitation Treatment (PSYC RES REHAB TRMT)
26	Post Traumatic Stress Disorder Residence Rehabilitation Treatment (PTSD RES REHAB PGM)
27	Substance Abuse Residence Rehabilitation (SUB ABUSE RES REHAB)
28	Homeless Chronically Mentally Ill Compensated Work Therapy Trans Residences (HCMI CWT/TR)
29	Substance Abuse Compensated Work Therapy Trans Residences (SA CWT/TR)
30	Pediatrics ³
31	Geriatric Evaluation and Management (GEM) Acute Medicine

TRTSP can assume the following values (continued).

Value	Description
32	Geriatric Evaluation and Management (GEM) Intermediate
33	Geriatric Evaluation and Management (GEM) Psychiatry
34	Geriatric Evaluation and Management (GEM) Neurology ¹
35	Geriatric Evaluation and Management (GEM) Rehabilitation
36	Blind Rehabilitation Observation (OBS)
37	Domiciliary Care for Homeless Veterans (DCHV)
38	Post Traumatic Stress Disorder Compensated Work Therapy Trans Residences (PTSD/CWT/TR)
39	General Compensated Work Therapy Trans Residences (CWT/TR)
40	Intermediate Medicine
41	Rehabilitation Medicine Observation OBS
42	Nursing Home Long Stay (NH LS) Dementia
43	Nursing Home Long Stay (NH LS) Skilled Nursing
44	Nursing Home Long Stay (NH LS) Maintenance Care
45	Nursing Home Long Stay (NH LS) Psychiatric Care
46	Nursing Home Long Stay (NH LS) Sci Care
47	Respite Care Nursing Home Care Unit (NHCU)
48	Cardiac Surgery ³
49	Transplantation ³
50	General Surgery ²
51	Obstetric OB/Gynecology GYN
52	Neurosurgery
53	Ophthalmology
54	Orthopedic
55	Ear, Nose, Throat (ENT) ²
56	Plastic Surgery ²
57	Proctology
58	Thoracic Surgery ²
59	Urology
60	Oral Surgery ²
61	Podiatry
62	Peripheral Vascular
63	Surgical Intensive Care Unit (ICU)
64	Nursing Home Short Stay (NH SS) Rehab
65	Surgical OBS
66	Nursing Home Short Stay (NH SS) Restorative
67	Nursing Home Short Stay (NH SS) Maintenance
68	Nursing Home Short Stay (NH SS) Psychiatric Care
69	Nursing Home Short Stay (NH SS) Dementia Care
70	Acute Psychiatry

TRTSP can assume the following values (continued).

Value	Description
71	Long-Term Psychiatry
72	Alcohol Dependency – High Intensity (HI INT)
73	Drug Dependency – High Intensity (HI INT)
74	Substance Abuse – High Intensity (HI INT)
75	Halfway House
76	Psychiatric Medically Infirm (PSYCH MED INFIRM)
77	Psychiatric Residence Rehabilitation (PSYCH RES REHAB)
78	Anesthesiology ³
79	Special Inpatient Post Traumatic Stress Disorder Unit (SPEC INP PTSD UNIT)
80	Nursing Home Care
81	Geriatric Evaluation and Management Nursing Home Care Unit (GEM NHCU)
82	Physical Medicine and Rehabilitation Transitional Rehab (PM&R TRANSITIONAL) ³
83	Respite Care (Medicine)
84	Psychiatric Substance Abuse Intermediate Care (PSY SA INTER CARE)
85	Domiciliary
86	Domiciliary Substance Abuse
87	Geriatric Evaluation and Management (GEM) Domiciliary
88	Domiciliary Post Traumatic Stress Disorder (DOM PTSD)
89	Sustained Treatment and Rehabilitation I, II, & III Programs (STAR IIIII PGMS)
90	Substance Abuse Star I, II, & III (SUB AB STAR IIIII)
91	Evaluation Brief Treatment Post Traumatic Stress Disorder (EVAL/BRF/TRMT PTSD)
92	Psychiatry – General Intervention
93	High Intensity (HI INT) General Psychiatry – Inpatient
94	Psychiatric Observation OBS
95	Nursing Home (NH) Short Stay Skilled Nursing
96	Hospice
97	Surgical Step-down ⁴
98	Non-Department of Defense (DOD) Beds
99	Department of Defense (DOD) Beds
1A	Short Stay Geriatric Research, Education, and Clinical Center Nursing Home Care Unit (SS GRECC-NHCU) ³

TRTSP can assume the following values (continued).

1B	Long Stay Geriatric Research, Education, and Clinical Center -Nursing Home Care Unit (LS GRECC-NHCU) ³
1C	Short Stay Geriatric Research, Education, and Clinical Center –GEM-Nursing Home Care Unit (SS GRECC-NHCU) ³
1D	Geriatric Research, Education, and Clinical Center - Geriatric Evaluation and Management –Rehab (GRECC-GEM-REHAB) ³
1E	Geriatric Research, Education, and Clinical Center –MED (GRECC-MED) ³

¹Deleted in FY 2008

²Description/Name change in FY 2008

³New value added in FY 2008

⁴New value added in FY 2007