



# Discharge Abstract Database Data Acute

DAD-ACUTE

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1. Transfer from Facility: \_\_\_\_\_

2. Admission Date:

				/			/		
YYYY					MM			DD	

☐ Unknown

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

3. Alternate Level of Care (ALC) Days: \_\_\_\_\_

4. Estimated Length of Stay (ELOS): \_\_\_\_\_ . \_\_\_\_\_

5. Transfer to Facility: \_\_\_\_\_

6. Discharge Date:

				/			/		
YYYY					MM			DD	

☐ Unknown

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

7. Case Mix Group (CMG): \_\_\_\_\_

8. CMG Year: \_\_\_\_\_

9. Rehab length of stay (LOS): \_\_\_\_\_

10. Resource Intensity Weight (RIW): \_\_\_\_\_ . \_\_\_\_\_

11. Atypical/Typical Course of Care: \_\_\_\_\_

12. Participant Postal Code:

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13. Special Care Unit #1: \_\_\_\_\_

14. Special Care Unit Days #1: \_\_\_\_\_ . \_\_\_\_\_

15. Special Care Unit #2: \_\_\_\_\_

16. Special Care Unit Days #2: \_\_\_\_ . \_\_\_\_

17. Special Care Unit #3: \_\_\_\_\_

18. Special Care Unit Days #3: \_\_\_\_ . \_\_\_\_

### Data Collection Details

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