

INSTRUCTIONS FOR ARIC PHANTOM FORM
PTM, VERSION B: 08/27/07
QxQ prepared: 08/28/07

I. GENERAL INSTRUCTIONS

The purpose of the form is to provide the CSCC with information about QC IDs related to the Hospital Record Abstraction Form (HRA), and the Heart Failure Hospital Record Abstraction Form (HFA), by indicating the type of QC ID (Phantom ID), and pairing it with the Original ID (Event ID) when applicable. The Phantom Form should be completed before using the Phantom ID. Phantom IDs can be used for HFA and/or HRA Reabstractions (HF/HR), and Certification (CT)

For the certification (CT) phantom type, enter the same phantom ID in question 1 (Phantom ID) as the ID that is entered on the ID screen of the DES. Select 'C' for phantom type (Question 4). For both HF and/or HRA, a PTM should be entered into the DES.

Note: When entering the HRA and/or HFA, a corresponding CHI must also be entered.

II. DETAILED INSTRUCTIONS

First, a phantom ID must be entered to initiate keying of the Phantom Form.

1. Phantom ID. Enter in the Phantom ID number, again. (This will invoke a special edit for Phantom IDs.)
2. Date of abstraction of Phantom ID. Enter in the date of abstraction of the Phantom ID.
3. Abstractor number. The person who completed the Phantom ID should list his/her valid ARIC code in the boxes provided.
4. Phantom type. Only one choice is allowed. Select "H" if the Phantom Form is being completed for HFA and/or HRA Reabstraction; select "D" if the Phantom Form is being completed for Data Entry; select "T" if the Phantom Form is being completed for Test IDs; or select "C" if the Phantom Form is being completed for Certification. If answer "H" is selected, answer item 4b.1 and 4b.2. If either answer "D", "T", is selected skip Item 4b.1 and 4b.2. If answer "C" is selected, skip Item 4a, 4b.1 and 4b.2.
 - 4.a. Original Event ID. Enter the Event ID number.
 - 4.b1-4b.2. Hospital Reabstraction type: HFA Reabastraction or HRA Reabastraction. If the answer to item 4 is "H", complete items 4b.1 and 4b.2. Indicate either "Y" (Yes) or "N" (No).

5. Date of data collection. Record the date the form was entered in the DES.

Question 6 deleted.

7. Code number of person completing this form: The person who completed this form should enter his/her valid ARIC code number in the boxes provided.