Data Collection Guide

Emergency Department Transfer Communication Measures

October 7, 2013

Prepared by Stratis Health in collaboration with the University of Minnesota Rural Health Research Center

Stratis Health is appreciative of the organizations and agencies that have provided funding and support for the development and revisions of this data collection guide:

- Minnesota Department of Health, Office of Rural Health and Primary Care, funded by the Medicare Rural Hospital Flexibility Program
- MN Community Measurement, funded by the Minnesota Department of Health
- Centers for Medicare & Medicaid Services, Quality Improvement Organization (QIO) Special Innovation Project

Stratis Health, based in Bloomington, Minnesota, is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

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Emergency Department Transfer Communication Measure Specifications

ED Transfer Communication QUALITY MEASURES Set

Measure ID #	Measure Short Name	NQF Measure Number
EDTC-1	Administrative communication	0291
EDTC-2	Patient information	0294
EDTC-3	Vital signs	0292
EDTC-4	Medication information	0293
EDTC-5	Physician or practitioner generated information	0295
EDTC-6	Nurse generated information	0296
EDTC-7	Procedures and tests	0297

Background of the Measures

In 2003, an expert panel convened by the University of Minnesota Rural Health Research Center and Stratis Health identified ED care as an important quality assessment measurement category for rural hospitals. While emergency care is important in all hospitals, it is particularly critical in rural hospitals where the size of the hospital and geographic realities make organizing triage, stabilization, and transfer of patients more important. Communication between providers promotes continuity of care and may lead to improved patient outcomes. These measures were piloted by rural hospitals in Minnesota, Utah, Nevada, Washington, Ohio, Pennsylvania, New York and Hawaii; projects took place from October 2005 through Dec 2010. Results of the pilot projects indicated room for improvement in ED care and transfer communication.

Aggregate project results are available at http://flexmonitoring.org/documents/DataSummaryReportNo8_Rural-Hospital-ED-Quality-Measures.pdf and http://flexmonitoring.org/documents/FlexDataSummaryReport3.pdf.

Rationale

Communication problems are a major contributing factor to adverse events in hospitals, accounting for 65% of sentinel events tracked by The Joint Commission. In addition, research indicates that deficits exist in the transfer of patient information between hospitals and primary care physicians in the community, and between hospitals and long-term facilities. Transferred patients are excluded from the calculation of most national quality measures, such as those used in Hospital Compare. The Hospital Compare Web site was created to display rates of Process of Care measures using data that are voluntarily submitted by hospitals.

The Joint Commission has adopted National Patient Safety Goal 2, "Improve the Effectiveness of Communication Among Caregivers." This goal required all accredited hospitals to implement a standardized approach to hand-off communications, including nursing and physician handoffs from the emergency department (ED) to inpatient

units, other hospitals, and other types of health care facilities. The process must include a method of communicating up-to-date information regarding the patient's care, treatment, and services; condition; and any recent or anticipated changes. (Note: The National Patient Safety Goals are reviewed and modified periodically. In 2013 a communication goal focuses on the communication of test results.) http://www.jointcommission.org/assets/1/6/2013_HAP_NPSG_final_10-23.pdf

Limited attention has been paid to the development and implementation of quality measures specifically focused on patient transfers between EDs and other facilities. These measures are important for all health care facilities, but especially so for small rural hospitals that transfer a higher proportion of ED patients to other hospitals than larger urban facilities.

While many aspects of hospital quality are similar for urban and rural hospitals (e.g., providing heart attack patients with aspirin), the urban/rural contextual differences result in differences in emphasis on quality measurement. Because of its role in linking residents to urban referral centers, important aspects of rural hospital quality include triage-and-transfer decision making about when to provide a particular type of care, transporting patients, and coordinating information flow to specialists beyond the community.

Emergency care is important in all hospitals, but it is particularly important in rural hospitals. Because of their size, rural hospitals are less likely to be able to provide more specialized services, such as cardiac catheterization or trauma surgery. Rural residents often need to travel greater distances than urban residents to get to a hospital initially. In addition, their initial point of contact is less likely to have specialized services and staff found in tertiary care centers, so they are also more likely to be transferred. These size and geographic realities increase the importance of organizing triage, stabilization, and transfer in rural hospitals which, in turn, suggest that measurement of these processes is an important issue for rural hospitals.

The ED Transfer Communication measures aim to provide a means of assessing how well key patient information is communicated from an ED to any healthcare facility. They are applicable to patients with a wide range of medical conditions (e.g., acute myocardial infarction, heart failure, pneumonia, respiratory compromise and trauma) and are relevant for both internal quality improvement purposes and external reporting to consumers and purchasers. The results of the field tests suggest that significant opportunity exists for improvement on these measures.

Emergency Department Transfer Communication Measures

Selected References:

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Population and Sampling

ED Transfer Communication (EDTC) Initial Patient Population
The population of the EDTC measure set is defined by identifying patients admitted the emergency department and transfers from the emergency department to these facilities:

3 Hospice –healthcare facility
4a Acute Care Facility- General Inpatient Care
4b Acute Care Facility- Critical Access Hospital
4c Acute Care Facility- Cancer Hospital or Children's Hospital
4d Acute Care Facility – Department of Defense or Veteran's Administration
5 Other health care facility

Exclusions:

1 Home
2 Hospice-home
6 Expired
7 AMA (left against medical advice)
8 Not documented/unable to determine

Sample Size Requirements
Hospitals that choose to sample have the option of sampling quarterly or sampling monthly. A hospital may choose to use a larger sample size than is required. Hospitals whose initial patient population size is less than the minimum number of cases per quarter for the measure set cannot sample.

Regardless of the option used, hospital samples must be monitored to ensure that sampling procedures consistently produce statistically valid and useful data. Due to exclusions, hospitals selecting sample cases MUST submit AT LEAST the minimum required sample size.

The following sample size tables for each option automatically build in the number of cases needed to obtain the required sample sizes. For information concerning how to perform sampling, refer to the Population and Sampling Specifications section in this manual.

Quarterly Sampling
Hospitals performing quarterly sampling for ED Transfer Communication must ensure that its initial patient population and sample size meet the following conditions:

Quarterly Sample Size
Based on Initial Patient Population Size for the EDTC Measure Set

Hospital's Measure

Average Quarterly Initial Patient Population Size *"N"*	**Minimum Required Sample Size *"n"***
≥ 45	45
1 - 44	No sampling; 100% Initial Patient Population required

Emergency Department Transfer Communication Measures

Monthly Sampling
Hospitals performing monthly sampling for EDTC must ensure that its Initial Patient Population and sample size meet the following conditions:

Monthly Sample Size
Based on Initial Patient Population Size for the EDTC Measure Set

Hospital's Measure **Average Monthly Initial Patient Population Size *"N"***	**Minimum Required Sample Size *"n"***
≥15	15
< 15	No sampling; 100% Initial Patient Population required

Measure Calculation

Each of the seven measures is calculated using an all-or-none approach. Data elements are identified for each measure. If the data element is not appropriate for the patient, items scored as NA (not applicable) are counted in the measure as a positive, or 'yes,' response and the patient will meet the measure criteria. The patient will either need to meet the criteria for all of the data elements (or have an NA) to pass the measure.

Considerations for Electronic Transfer of Information

For health systems with shared electronic medical records, documentation must indicate that data elements had been entered into the data system and were available to the receiving facility prior to transfer for Administrative Measures or within 60 minutes of discharge for all other measures. If there are not shared records, "sent" means that medical record documentation indicates the information went with the patient via fax, phone, or internet/Electronic Health Record.

Measure EDTC-1

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-1
Performance Measure Name: Administrative communication
Description: Patients who are transferred from an ED to another healthcare have physician to physician communication and nurse to nurse communication prior to discharge.
Rationale: Timely, accurate and direct communication facilitates the handoff to the receiving facility provides continuity of care and avoids medical errors and redundant tests.
Type of Measure: Process
Improvement Noted As: An increase in the rate

Numerator Statement: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility prior to transfer.

- Nurse to nurse communication
- Physician to physician communication

Denominator Statement: All transfers from ED to another healthcare facility

Included Populations: ED Transfers to another healthcare facility
Excluded Populations: None

Calculation

$$\text{Rate} = \frac{\text{\# of patients who have a yes or NA for both measures: nurse to nurse communication and physician to physician communication}}{\text{All transfers from ED to another health care facility}}$$

Risk Adjustment: No
Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.
Measure Analysis Suggestions: The data elements for each of the two communication elements provide the opportunity to assess each component individually.

Sampling: Yes, please refer to the measure set specific sampling requirements. See the Population and Sampling Specifications Section.

Measure EDTC-2

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-2
Performance Measure Name: Patient Information
Description: Patients who are transferred from an ED to another healthcare facility have patient identification information sent to the receiving facility within 60 minutes of discharge
Rationale: Timely, accurate and direct communication facilitates the handoff to the receiving facility provides continuity of care and avoids medical errors and redundant tests.
Type of Measure: Process
Improvement Noted As: An increase in the rate

Numerator Statement:
Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility within 60 minutes of departure.

- Name
- Address
- Age
- Gender
- Significant others contact information
- Insurance

Denominator Statement: ED transfers to another healthcare facility

Included Populations: All transfers from ED to another healthcare facility
Excluded Populations: None

Calculation

$$\text{Rate} = \frac{\text{\# of patients who have a yes or NA for all measures: name, address, age, gender, contact, insurance}}{\text{All transfers from ED to another healthcare facility}}$$

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.
Measure Analysis Suggestions: The data elements for each of the six communication elements provide the opportunity to assess each component individually.

Sampling: Yes, please refer to the measure set specific sampling requirements. See the Population and Sampling Specification Section.

Measure EDTC-3

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-3
Performance Measure Name: Vital Signs
Description: Patients who are transferred from an ED to another healthcare facility have communication with the receiving facility within 60 minutes of discharge for patient's vital signs
Rationale: Timely, accurate and direct communication facilitates the handoff to the receiving facility provides continuity of care and avoids medical errors and redundant tests.
Type of Measure: Process
Improvement Noted As: An increase in the rate

Numerator Statement: Number of patients transferred to another health care facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility within 60 minutes of discharge.

- Pulse
- Respiratory rate
- Blood pressure
- Oxygen saturation
- Temperature
- Glasgow score or other neuro assessment for trauma, cognitively altered or neuro patients only

Denominator Statement: ED transfers to another healthcare facility

Included Populations: All transfers from ED to another healthcare facility
Excluded Populations: None

Calculation

$$\text{Rate} = \frac{\text{\# of patients who have a yes or NA for all measures: pulse, respiration, blood pressure, oxygen saturation, temperature and neuro assessment}}{\text{All transfers from ED to another healthcare facility}}$$

Risk Adjustment: No

Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.
Measure Analysis Suggestions: The data elements for each of the six communication elements provide the opportunity to assess each component individually.

Sampling: Yes, please refer to the measure set specific sampling requirements. See the Population and Sampling Specifications Section.

Measure EDTC-4

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-4
Performance Measure Name: Medication Information
Description: Patients who are transferred from an ED to another healthcare facility have communication with the receiving facility within 60 minutes of discharge for medication information.
Rationale: Timely, accurate and direct communication facilitates the handoff to the receiving facility provides continuity of care and avoids medical errors and redundant tests.
Type of Measure: Process
Improvement Noted As: An increase in the rate

Numerator Statement: Number of patients transferred from an ED to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving hospital within 60 minutes of departure.

- Medications administered in ED
- Allergies
- Home medications

Denominator Statement: ED transfers to another healthcare facility

Included Populations: All transfers from ED to another healthcare facility
Excluded Populations: None

Calculation

$$\text{Rate} = \frac{\text{\# of patients who have a yes or NA for all measures: Medications administered in ED, allergies and home medications}}{\text{All transfers from ED to another healthcare facility}}$$

Risk Adjustment: No
Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.
Measure Analysis Suggestions: The data elements for each of the three communication elements provide the opportunity to assess each component individually.

Sampling: Yes, please refer to the measure set specific sampling requirements. See the Population and Sampling Specifications Section.

Measure EDTC-5

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-5
Performance Measure Name: Physician or Practitioner generated information
Description: Patients who are transferred from an ED to another healthcare facility have communication with the receiving facility within 60 minutes of discharge for history and physical and physician orders and plan
Rationale: Timely, accurate and direct communication facilitates the handoff to the receiving facility provides continuity of care and avoids medical errors and redundant tests.
Type of Measure: Process
Improvement Noted As: An increase in the rate

Numerator Statement: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility within 60 minutes of discharge.

- History and physical
- Reason for transfer and/or plan of care

Denominator Statement: ED transfers to another healthcare facility

Included Populations: All transfers from ED to another healthcare facility
Excluded Populations: None

Calculation:

$$\text{Rate} = \frac{\text{\# of patients who have a yes for all measures: history and physical and reason for transfer and/or plan of care}}{\text{All transfers from ED to another healthcare facility}}$$

Risk Adjustment: No
Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.
Measure Analysis Suggestions: The data elements for each of the two communication elements provide the opportunity to assess each component individually.

Sampling: Yes, please refer to the measure set specific sampling requirements. See the Population and Sampling Specifications Section.

Measure EDTC-6

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-6
Performance Measure Name: Nurse Generated Information
Description: Patients who are transferred from an ED to another healthcare facility have communication with the receiving facility within 60 minutes of discharge for key nurse documentation elements
Rationale: Timely, accurate and direct communication facilitates the handoff to the receiving facility provides continuity of care and avoids medical errors and redundant tests.
Type of Measure: Process
Improvement Noted As: An increase in the rate

Numerator Statement: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility within 60 minutes of departure.

- Assessments/interventions/response
- Impairments
- Catheters
- Immobilizations
- Respiratory support
- Oral limitations

Denominator Statement: Transfers from an ED to another healthcare facility

Included Populations: All transfers from an ED to another healthcare facility
Excluded Populations: None

Calculation:

$$\text{Rate} = \frac{\text{\# of patients who have a yes or NA for all measures: assessments/interventions/response, impairments, catheter, immobilization, respiratory support, oral limitations}}{\text{All transfers from ED to another healthcare facility}}$$

Risk Adjustment: No
Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.
Measure Analysis Suggestions: The data elements for each of the six communication elements provide the opportunity to assess each component individually.

Sampling: Yes, please refer to the measure set specific sampling requirements. See the Population and Sampling Specifications Section.

Measure EDTC-7

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-7
Performance Measure Name: Procedures and Tests
Description: Patients who are transferred from an ED to another healthcare facility have communication with the receiving facility within 60 minutes of discharge of tests done and results sent.
Rationale: Timely, accurate and direct communication facilitates the handoff to the receiving facility provides continuity of care and avoids medical errors and redundant tests.
Type of Measure: Process
Improvement Noted As: An increase in the rate
Numerator Statement: Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving hospital within 60 minutes of discharge.

- Tests and procedures done
- Tests and procedure results sent

Denominator Statement: Transfers from an ED to another healthcare facility

Included Population: All transfers from an ED to another healthcare facility
Excluded Populations: None

Calculation:

$$\text{Rate} = \frac{\text{\# of patients who have a yes or NA for all measures: test and procedures done and test and procedure results sent}}{\text{All transfers from ED to another healthcare facility}}$$

Risk Adjustment: No
Data Collection Approach: Retrospective data sources for required data elements include administrative data and medical records.
Measure Analysis Suggestions: The data elements for each of the two communication elements provide the opportunity to assess each component individually.

Sampling: Yes, please refer to the measure set specific sampling requirements. See the Population and Sampling Specifications Section.

Emergency Department Transfer Communication

Data Elements

Data Element Name:
Nurse to Nurse Communication

Collected For: Emergency Department Records: EDTC-1

Suggested Data Collection Question: Does the medical record documentation indicate that nurse-to-nurse communication occurred prior to discharge of the patient from the ED to another healthcare facility?

Allowable Values:
Y (Yes) Select this option if there is documentation of the ED nurse giving report to the nursing staff of the receiving facility.
N (No) Select this option if there is no documentation of the ED nurse giving report to the nursing staff of the receiving facility.

Notes for Abstraction:

- Must include minimally the date and time the nurse verbal communication was given
- If communication is given to a transfer coordinator at the receiving facility, the coordinator must be a nurse to select yes.

Suggested Data Sources:

- Emergency Department record
- Transfer Summary document
- Nursing note

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Physician to Physician Communication

Collected For: Emergency Department records: EDTC-1

Suggested Data Collection Question: Does the medical record documentation indicate that physician/advanced practice nurse/physician assistant (physician/APN/PA) to physician/APN/PA communication occurred prior to the transfer of the patient from the ED to another healthcare facility?

Allowable Values:
Y (Yes) Select this option if there is documentation of the ED physician/APN/PA discussion of the patient's condition with physician/APN/PA staff at the receiving facility.
N (No) Select this option if there is no documentation of the ED physician/APN/PA discussion of the patient's condition with physician/APN/PA at the receiving facility.
N/A (Not Applicable) Select this option if the transfer is to a non-acute care healthcare facility.

Notes for Abstraction:
- Must include minimally the names of the two providers, the date and time of communication and the communication means.

Suggested Data Sources:
- Emergency Department record
- Transfer Summary document
- EMTALA form

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Patient Name

Collected For: Emergency Department Records: EDTC-2

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient's name was sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that the patient's name was sent to the receiving facility.
N (No) Select this option if there is no documentation that the patient's name was sent to the receiving facility.
NA (Not Applicable) Select this option if this information was not available.

Notes for Abstraction:

- If the patient is a John/Jane Doe, and/or is altered neurologically select NA
- If the patient has a potential brain/head injury select NA.
- If the patient refuses to answer the question select NA.

Suggested Data Sources:

- Emergency Department record
- Face sheet
- Transfer Summary document

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Patient Address

Collected For: Emergency Department Records: EDTC-2

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient's address was sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that the patient's address was sent to the receiving facility.
N (No) Select this option if there is no documentation that the patient's address was sent to the receiving facility.
NA (Not Applicable) Select this option if this information was not available

Notes for Abstraction:

- If the patient is a John/Jane Doe, and/or is altered neurologically select NA
- If the patient has a potential brain/head injury select NA
- If the patient refuses to answer the question select NA.

Suggested Data Sources:

- Emergency Department record
- Face sheet
- Transfer Summary document

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Patient Age

Collected For: Emergency Department Records: EDTC-2

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient's age was sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that the patient's age was sent to the receiving facility.
N (No) Select this option if there is no documentation that the patient's age was sent to the receiving facility.
NA (Not Applicable) Select this option if this information was not available

Notes for Abstraction:

- If the patient is a John/Jane Doe, and/or is altered neurologically select NA.
- If the patient has a potential brain/head injury select NA
- If the patient refuses to answer the question select NA.
- If the patient's date of birth was sent select yes.

Suggested Data Sources:

- Emergency Department record
- Face sheet
- Transfer Summary document

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Patient Gender

Collected For: Emergency Department Records: EDTC-2

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient gender was sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that gender was sent to the receiving facility.
N (No) Select this option if there is no documentation that gender was sent to the receiving facility.
NA (Not Applicable) Select this option if this information was not available or unable to be determined

Notes for Abstraction:

Suggested Data Sources:
- Emergency Department record
- Face sheet
- Transfer Summary document

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Patient Contact Information

Collected For: Emergency Department Records: EDTC-2

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that contact information for a family member/significant other/friend was sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that contact information was sent to the receiving facility.
N (No) Select this option if there is no documentation that contact information was sent to the receiving facility.
NA (Not Applicable) Select this option if this information was not available

Notes for Abstraction:

- The patient's contact can be a family member, significant other or friend.
- Contact information must include both a name and phone number.
- Can have more than one contact but must have at least one.
- If the patient is a John/Jane Doe and/or is altered neurologically select NA.
- If the patient has a potential brain/head injury select NA.
- If the patient refuses to answer the question select NA.

Suggested Data Sources:

- Emergency Department record
- Face sheet
- Transfer Summary document

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Patient Insurance Information

Collected For: Emergency Department Records: EDTC-2

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient's insurance information was sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that insurance information was sent to the receiving facility.
N (No) Select this option if there is no documentation that insurance information was sent to the receiving facility.
NA (Not Applicable) Select this option if this information was not available

Notes for Abstraction:

- Information must include both the insurance company name and policy number.
- If patient does not have insurance and uninsured status is documented, select yes.
- If the patient is a John/Jane Doe and/or is altered neurologically select NA.
- If the patient has a potential brain/head injury select NA.
- If the patient refuses to answer the question select NA.

Suggested Data Sources:

- Emergency Department record
- Face sheet
- Copy of insurance card
- Transfer Summary document

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Pulse

Collected For: Emergency Department Records: EDTC-3

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient's pulse was taken and sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that the patient's pulse was taken and sent to the receiving facility.
N (No) Select this option if there is no documentation that the patient's pulse was taken and or sent to the receiving facility.

Notes for Abstraction:

Suggested Data Sources:
- Emergency Department record
- Nursing Notes
- Transfer Summary document

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Respiratory Rate

Collected For: Emergency Department Records: EDTC-3

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient's respiratory rate was taken and sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that the patient's respiratory rate was taken and sent to the receiving facility.
N (No) Select this option if there is no documentation that the patient's respiratory rate was taken and sent to the receiving facility.

Notes for Abstraction:

Suggested Data Sources:
- Emergency Department record
- Nursing Notes
- Transfer Summary document

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Blood Pressure

Collected For: Emergency Department Records: EDTC-3

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient's blood pressure was taken and sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that the patient's blood pressure was taken and sent to the receiving facility.
N (No) Select this option if there is no documentation that the patient's blood pressure was taken and sent to the receiving facility.
NA (Not Applicable) Select this option if the patient is less than or equal to 2 years of age.

Notes for Abstraction:

Suggested Data Sources:
- Emergency Department record
- Face sheet
- Transfer Summary document

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Oxygen Saturation

Collected For: Emergency Department Records: EDTC-3

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient's oxygen saturation (O2 Sat) was taken and sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that the patient's oxygen saturation (O2 Sat) was taken and was sent to the receiving facility.
N (No) Select this option if there is no documentation that the patient's oxygen saturation (O2 Sat) was taken and sent to the receiving facility.

Notes for Abstraction:

Suggested Data Sources:
- Emergency Department record
- Nursing Notes
- Transfer Summary document

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Temperature

Collected For: Emergency Department Records: EDTC-3

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient's temperature was taken and sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that the patient's was taken and the temperature was sent to the receiving facility.
N (No) Select this option if there is no documentation that the patient's temperature was taken and sent to the receiving facility.
NA (Not Applicable) Select this option if the temperature is not required. See notes for abstraction.

Notes for Abstraction:
Temperature is required for patients with physician/APN/PA documentation of suspected infection, hypothermia or heat disorder.

Suggested Data Sources:
- Emergency Department record
- Nursing Notes
- Transfer Summary document

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Neurological Assessment

Collected For: Emergency Department Records: EDTC-3

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that a neurological assessment was done on patients at risk for altered consciousness and sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that a neuro assessment was done and sent to the receiving facility.
N (No) Select this option if there is no documentation that a neuro assessment for the condition was done and sent to the receiving facility.
NA (Not Applicable) Select this option if a neurologic assessment is not required due to no documentation of altered consciousness, possible brain/head injury, trauma or post seizure, stroke, TIA condition.

Notes for Abstraction: Only required for patients with documentation of:

- Altered consciousness
- Possible brain/head injury
- Post seizure
- Trauma
- Stroke
- TIA

Suggested Data Sources:

- Emergency Department record
- Birth or delivery record
- Transfer Summary document

Inclusion Guidelines for Abstraction:

- Glasgow coma scale
- Neuro flow sheets

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Medications Administered in ED

Collected For: Emergency Department Records: EDTC-4

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the list of medication(s) administered in ED was sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that the list of medications administered were sent to the receiving facility.
N (No) Select this option if there is no documentation that the list of medications administered were sent to the receiving facility.

Notes for Abstraction:
- If no medications were given during the ED visit, documentation must state that there were no medications given to select yes.
- Medication information documented anywhere in the ED record is acceptable.

Suggested Data Sources:
- Emergency Department record
- Medication Administration Record (MAR) if part of the ED documentation for the current encounter
- Transfer Summary document

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Allergies/Reactions

Collected For: Emergency Department Records; EDTC-4

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient's allergy history was sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation the patient's allergy information was sent to the receiving facility.
N (No) Select this option if there is no documentation the patient's allergy information was sent to the receiving facility.

Notes for Abstraction:
- See inclusion guidelines for what should be contained in the allergy information.
- If documentation is sent that allergies are unknown, select yes.

Suggested Data Sources:
- Emergency Department record
- Transfer Summary

Inclusion Guidelines for Abstraction:
- Food allergies/reactions
- Medication allergies/reactions
- Other allergies/reactions

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Home Medications

Collected For: Emergency Department Records: EDTC-4

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient's medication history was sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation medication history was sent to the receiving facility.
N (No) Select this option if there is no documentation medication history was sent to the receiving facility.

Notes for Abstraction:
- If documentation indicates patient is not on any home medications, select yes.
- If documentation is sent that home medications are unknown, select yes

Suggested Data Sources:
- Emergency Department record
- Transfer Summary

Inclusion Guidelines for Abstraction:
- Complimentary medications
- Over the counter (OTC) medications

Exclusion Guidelines for Abstraction:
None

Data Element Name:
History and Physical

Collected For: Emergency Department Records: EDTC-5

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that a history and physical was done by the physician/advanced practice nurse/physician assistant (physician/APN/PA) and sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation a history and physical was done and sent to the receiving facility.
N (No) Select this option if there is no documentation that a history and physical was done and sent to the receiving facility.

Notes for Abstraction:
Must minimally include history of the current ED episode, a focused physical exam and relevant chronic conditions. Chronic conditions may be excluded if the patient is neurologically altered.

Suggested Data Sources:
- Emergency Department record
- Transfer Summary

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Reason for Transfer/Plan of Care

Collected For: Emergency Department Records: EDTC-5

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that a reason for transfer and/or plan of care was done by the physician/advanced practice nurse/physician assistant (physician/APN/PA) and sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation a reason for transfer or plan of care was done and sent to the receiving facility.
N (No) Select this option if there is no documentation that a reason for transfer or plan of care was done and sent to the receiving facility.

Notes for Abstraction:
May include suggestions for care to be received at the receiving facility.

Suggested Data Sources:
- Emergency Department record
- Transfer Summary
- EMTALA form

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Nursing Notes

Collected For: Emergency Department Records: EDTC-6

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that nursing notes were sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that nursing notes were sent to the receiving facility.
N (No) Select this option if there is no documentation that nursing notes were sent to the receiving facility.

Notes for Abstraction:

- Examples of nursing notes may include nursing assessment, intervention, response or SOAP notes.

Suggested Data Sources:

- Emergency Department record
- Transfer Summary

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Impairments

Collected For: Emergency Department Records: EDTC-6

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient was assessed for impairments?

Allowable Values:
Y (Yes) Select this option if there is documentation that assessment of impairment was done and information was sent to the receiving facility.
N (No) Select this option if there is no documentation that assessment of impairment was done and information was sent to the receiving facility.

Notes for Abstraction:
Documentation must include the patient being assessed for mental, speech, hearing, vision, and sensation impairment.

Suggested Data Sources:
- Emergency Department record
- Transfer Summary

Inclusion Guidelines for Abstraction:
None

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Catheters

Collected For: Emergency Department Records: EDTC-6

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge

Suggested Data Collection Question: Does the medical record documentation indicate that treatment with any catheters was provided to the patient and sent to the receiving facility?

Allowable Values:
Y (Yes) Select this option if there is documentation that catheter information was sent to the receiving facility.
N (No) Select this option if there is no documentation that catheter information was sent to the receiving facility.
NA (Not Applicable) Select this option if no catheters were placed.

Notes for Abstraction:
Select NA if no catheters were placed.

Suggested Data Sources:
- Emergency Department record
- Transfer Summary document

Inclusion Guidelines for Abstraction:
- IV (intravenous)
- IT (intrathecal)
- Urinary

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Immobilizations

Collected For: Emergency Department Records: EDTC-6

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate information was sent regarding any immobilization provided for the patient?

Allowable Values:
Y (Yes) Select this option if there is documentation that immobilization was done and information was sent to the receiving facility.
N (No) Select this option if there is documentation that immobilization was done and information was not sent to the receiving facility.
NA (Not Applicable) Select this option if no immobilization was done

Notes for Abstraction:
Select NA if no immobilization was done.

Suggested Data Sources:
- Emergency Department record
- Transfer Summary document

Inclusion Guidelines for Abstraction:
- Backboard
- Casts
- Neck brace
- Other braces

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Respiratory Support

Collected For: Emergency Department Records: EDTC-6

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's departure

Suggested Data Collection Question: Does the medical record documentation indicate information was sent regarding any respiratory support provided to the patient?

Allowable Values:
Y (Yes) Select this option if there is documentation that respiratory support was provided and information was sent to the receiving facility.
N (No) Select this option if documentation that respiratory support was provided and information was not sent to the receiving facility.
NA (Not Applicable) Select this option if no respiratory support was provided.

Notes for Abstraction:
If no respiratory support was provided select NA.

Suggested Data Sources:
- Emergency Department record
- Transfer Summary document

Inclusion Guidelines for Abstraction:
- Bronchial drainage
- Intubations
- Oxygen
- Ventilator support

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Oral Restrictions

Collected For: Emergency Department Records: EDTC-6

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate information was sent regarding any oral restrictions placed on the patient?

Allowable Values:
Y (Yes) Select this option if there is documentation that oral restriction were placed and information was sent to the receiving facility.
N (No) Select this option if there is documentation that oral restrictions were placed and information was not sent to the receiving facility.
NA (Not Applicable) Select this option if no oral restrictions were placed.

Notes for Abstraction:
Select NA if no oral restrictions were placed.

Suggested Data Sources:
- Emergency Department record
- Transfer Summary document

Inclusion Guidelines for Abstraction:
- NPO
- Clear liquids
- Soft diet
- Low NA diet

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Tests/Procedures Performed

Collected For: Emergency Department Records: EDTC-7

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate information was sent on any tests and procedures done in the ED?

Allowable Values:
Y (Yes) Select this option if there is documentation that information on all tests and procedures completed in the ED prior to transfer was sent to the receiving facility.
N (No) Select this option if there is no documentation that information on all tests and procedures completed in the ED prior to transfer was sent to the receiving facility.
NA (Not Applicable) Select this option if no tests or procedures were done.

Notes for Abstraction:
- If test or procedure results were sent select yes.
- If no tests or procedures were done select NA.

Suggested Data Sources:
- Emergency Department record
- Lab documentation
- Transfer Summary document

Inclusion Guidelines for Abstraction:
- Lab work ordered
- X-rays
- Procedures performed

Exclusion Guidelines for Abstraction:
None

Data Element Name:
Tests/Procedure Results

Collected For: Emergency Department Records: EDTC-7

Definition: For this question, "sent" refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that results were sent from completed tests and procedures done in the ED?

Allowable Values:
Y (Yes) Select this option if there is documentation of results being sent either with the patient or communicated to the receiving facility when available.
N (No) Select this option if there is no documentation of results being sent either with the patient or communicated to the receiving facility when available.
NA (Not Applicable) Select this option if no tests or procedures were done.

Notes for Abstraction:
If results are not available at the time of transfer then the documentation needs to reflect that the results are not available and indicate what is the plan to communicate them to the receiving facility when they are available e.g. the nurse will call them when completed or they will be available in the EHR when complete. Every test/procedure done should either have the results done, or this documentation stating that it is not available, or plan for communication.

Suggested Data Sources:
- Emergency Department record
- Lab documentation
- Transfer Summary document

Inclusion Guidelines for Abstraction:
- Lab results
- X-ray results
- Procedure results

Exclusion Guidelines for Abstraction:
None

Appendix A:
ED Transfer Paper Tool

ED Transfer Communication Measure Data Collection Tool

CMS Certified Number (CCN): _____

Name of State: _____

Patient Name: _____

Patient Medical Record Number: _____

Select Patient Discharged Disposition: (Select one option)

_____ Hospice – healthcare facility
_____ Acute Care Facility – General Inpatient Care
_____ Acute Care Facility – Critical Access Hospital
_____ Acute Care Facility – Cancer Hospital or Children's Hospital
_____ Acute Care Facility – Department of Defense or Veteran's Administration
_____ Other health care facility

Date of Patient Encounter: _____/_____/_____

(MM-DD-YYYY)

Date of Data Collection: _____/_____/_____

(MM-DD-YYYY)

NOTE: Prior to completing the data collection tool, please reference the Emergency Department Transfer Communication Measures Data Collection Guide for detailed descriptions of each data element.

Does the medical record documentation indicate that the following communication occurred prior to departure of the patient from ED to another healthcare facility?

1. **Nurse to Nurse Communication:**

_____ Yes _____ No

2. **Physician/Advanced Practice Nurse/Physician Assistant (Physician/APN/PA) to Physician/APN/PA communication:**

_____ Yes _____ No ____ N/A

Does the medical record documentation indicate that the following patient information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

3. **Patient Name:**

   _____ Yes _____ No _____ N/A

4. **Patient Address:**

   _____ Yes _____ No _____ N/A

5. **Patient Age:**

   _____ Yes _____ No _____ N/A

6. **Patient Gender:**

   _____ Yes _____ No _____ N/A

7. **Patient Contact Information (family member/significant other/friend):**

   _____ Yes _____ No _____ N/A

8. **Patient Insurance Information:**

   _____ Yes _____ No _____ N/A

Does the medical record documentation indicate that the following patient's vital signs were taken and the information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

9. **Pulse:**

   _____ Yes _____ No

10. Respiratory Rate:

_____ Yes _____ No

11. Blood Pressure:

_____ Yes _____ No _____ N/A

12. Oxygen Saturation:

_____ Yes _____ No

13. Temperature:

_____ Yes _____ No _____ N/A

14. Neurological Assessment:

_____ Yes _____ No _____ N/A

Does the medical record documentation indicate that the following patient's medication information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

15. Medications Administered in ED:

_____ Yes _____ No

16. Allergies/Reactions:

_____ Yes _____ No

17. Home Medications:

_____ Yes _____ No

Does the medical record documentation indicate that the following physician or practitioner generated information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

18. History and Physical:

_____ Yes _____ No

19. Reason for Transfer/Plan of Care:

_____ Yes _____ No

Does the medical record documentation indicate that the following nurse generated information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

20. Nursing Notes:

_____ Yes _____ No

21. Impairments:

_____ Yes _____ No

22. Catheters:

_____ Yes _____ No _____ N/A

23. Immobilizations:

_____ Yes _____ No _____ N/A

24. Respiratory Support:

_____ Yes _____ No _____ N/A

25. Oral Restrictions:

_____ Yes _____ No _____ N/A

Does the medical record documentation indicate that the following procedures and tests information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

26. Tests/Procedures Performed:

_____ Yes _____ No _____ N/A

27. Tests/Procedures Results:

_____ Yes _____ No _____ N/A

Appendix B:
List of Data Elements

Emergency Department Transfer Communication Measures Required Data Elements

Data Element	Acceptable Values/Format
CMS Certified Number (CCN)	6 digit numeric
State	Two character postal code (MN)
Patient Discharge Status Code*	Two digit code: 03, 4a, 4b, 4c, 4d, 05
Date of Patient Encounter	Mm/dd/yyyy
Nurse to Nurse Communication	Y/N
Physician to Physician Communication	Y/N/NA
Patient Name	Y/N/NA
Patient Address	Y/N/NA
Patient Age	Y/N/NA
Patient Gender	Y/N/NA
Patient Contact Information	Y/N/NA
Patient Insurance Information	Y/N/NA
Pulse	Y/N
Respiratory Rate	Y/N
Blood Pressure	Y/N/NA
Oxygen Saturation	Y/N
Temperature	Y/N/NA
Neurological Assessment	Y/N/NA
Medications Administered in ED	Y/N
Allergies/Reactions	Y/N
Home Medication	Y/N
History and Physical	Y/N
Reason for Transfer Plan of Care	Y/N
Nursing Notes	Y/N
Impairments	Y/N
Catheters	Y/N/NA
Immobilizations	Y/N/NA
Respiratory Support	Y/N/NA
Oral Restrictions	Y/N/NA
Tests/Procedures Performed	Y/N/NA
Tests/Procedure Results	Y/N/NA

*Reference: www.qualitynet.org – Outpatient Reporting, Measure Resources, Discharge Code to Discharge Status Crosswalk.