

Emergency Department Transfer Communication Hospital Report

CMS Certified Number (CCN): 191311

Measures	Data Elements	Q1 2016	Q2 2016	Q3 2016	Q4 2016
		1/1/2016	4/1/2016	7/1/2016	10/1/2016
		Records Reviewed (N) = 15	Records Reviewed (N) =	Records Reviewed (N) =	Records Reviewed (N) =
EDTC-1: Administrative Communication	Percentage of medical records that indicated the following occurred prior to patient departure from ED:				
	1. Healthcare Facility to Healthcare Facility Communication	93.33% (n=14)	N/A	N/A	N/A
	2. Physician to Physician Communication	100.00% (n=15)	N/A	N/A	N/A
	All EDTC-1 Data Elements	93.33% (n=14)	N/A	N/A	N/A
EDTC - 2 Patient Information	Percentage of medical records that indicated the communication of following patient information within 60 minutes of patient's departure from ED:				
	1. Patient Name	100.00% (n=15)	N/A	N/A	N/A
	2. Patient Address	100.00% (n=15)	N/A	N/A	N/A
	3. Patient Age	100.00% (n=15)	N/A	N/A	N/A
	4. Patient Gender	100.00% (n=15)	N/A	N/A	N/A
	5. Patient Contact Information	73.33% (n=11)	N/A	N/A	N/A
	6. Patient Insurance Information	100.00% (n=15)	N/A	N/A	N/A
	All EDTC-2 Data Elements	73.33% (n=11)	N/A	N/A	N/A
EDTC - 3 Vital Signs	Percentage of medical records that indicated the communication of following patient's vital signs information within 60 minutes of patient's departure from ED:				
	1. Pulse	80.00% (n=12)	N/A	N/A	N/A
	2. Respiratory Rate	80.00% (n=12)	N/A	N/A	N/A
	3. Blood Pressure	80.00% (n=12)	N/A	N/A	N/A
	4. Oxygen Saturation	80.00% (n=12)	N/A	N/A	N/A
	5. Temperature	73.33% (n=11)	N/A	N/A	N/A
	6. Neurological Assessment	100.00% (n=15)	N/A	N/A	N/A
	All EDTC-3 Data Elements	73.33% (n=11)	N/A	N/A	N/A
EDTC - 4 Medication Information	Percentage of medical records that indicated the communication of following patient's medication information within 60 minutes of patient's departure from ED:				
	1. Medication Given in ED	86.67% (n=13)	N/A	N/A	N/A
	2. Allergies/Reactions	100.00% (n=15)	N/A	N/A	N/A
	3. Medication History	100.00% (n=15)	N/A	N/A	N/A
	All EDTC-4 Data Elements	86.67% (n=13)	N/A	N/A	N/A
EDTC - 5: Physician or Practitioner Generated Information	Percentage of medical records that indicated the communication of following physician generated information within 60 minutes of patient's departure from ED:				
	1. History and Physical	100.00% (n=15)	N/A	N/A	N/A
	2. Reason for Transfer/Plan of Care	100.00% (n=15)	N/A	N/A	N/A
	All EDTC-5 Data Elements	100.00% (n=15)	N/A	N/A	N/A
EDTC - 6 Nurse Generated Information	Percentage of medical records that indicated the communication of following nurse generated information within 60 minutes of patient's departure from ED:				
	1. Nursing Notes	100.00% (n=15)	N/A	N/A	N/A
	2. Sensory Status (formerly Impairments)	100.00% (n=15)	N/A	N/A	N/A
	3. Catheters/IV	100.00% (n=15)	N/A	N/A	N/A
	4. Immobilizations	100.00% (n=15)	N/A	N/A	N/A
	5. Respiratory Support	100.00% (n=15)	N/A	N/A	N/A
	6. Oral Restrictions	100.00% (n=15)	N/A	N/A	N/A
All EDTC-6 Data Elements	100.00% (n=15)	N/A	N/A	N/A	
EDTC - 7 Procedures and Tests	Percentage of medical records that indicated the communication of following procedures and tests information within 60 minutes of patient's departure from ED:				
	1. Tests/Procedures Performed	100.00% (n=15)	N/A	N/A	N/A
	2. Tests/Procedures Results	100.00% (n=15)	N/A	N/A	N/A
All EDTC-7 Data Elements	100.00% (n=15)	N/A	N/A	N/A	
All EDTC Measures	Percentage of medical records that indicated the communication of all necessary patient's data upon patient's departure from ED:				
	All EDTC Measures	53.33% (n=8)	N/A	N/A	N/A

COVER PAGE



Quality Improvement Organizations
The National Center for
Critical Access Hospitals & Rural Health



EMERGENCY DEPARTMENT TRANSFER COMMUNICATION

Data Collection Tool .

The tool has been designed to collect data on seven National Quality Forum (NQF) - endorsed emergency department (ED) transfer, communication measures. The goal is to create a uniform approach to quality measurement across all health care providers and improve health care quality.

ED Transfer Communication Quality Measures Set

Measure ID#	Measure Short Name
EDTC-1	Administrative Communication
EDTC-2	Patient Information
EDTC-3	Vital Signs
EDTC-4	Medication Information
EDTC-5	Physician or practitioner generated information
EDTC-6	Nurse generated information
EDTC-7	Procedures and Tests

Enter CMS Certified Number (CCN) of your Critical Access Hospital

The material has been prepared by Stratis Health, for Adoption Quality Improvement Organization for National Quality Forum, under contract with the Center for Medicare & Medicaid Services (CMS), on behalf of the U.S. Department of Health and Human Services. The content does not necessarily reflect CMS policy. (H5QWANS511) TRUE EDTC 10 20 100413

Initial Information for Each Patient

Enter Hospital, State, Patient and Data Collection, Date and Time Period Information

*All elements are required

CMS Certified Number (CCN) of Critical Access Hospital	
Enter Name of the State (Please enter the two letter state abbreviation)	
**Enter Patient Name	
**Enter Patient Medical Record Number	
Select Patient Discharged Disposition (from drop down list)	
Enter the Date of Patient Encounter (MM/DD/YYYY)	
Enter Name of the Person Doing Data Collection	
Year of Data Collection	

DATA ENTRY FORM

ED Transfer Communication Quality Measure 1 (EDTC-1): Administrative Communication

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

1	<p>Nurse to Nurse Communication (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation of the ED nurse communicating with the nursing staff of the receiving facility. • Select N (No) if there is no documentation of the ED nurse communicating with to the nursing staff of the receiving facility. 	<input type="radio"/> Yes <input type="radio"/> No
2	<p>Physician/Advanced Practice Nurse/Physician Assistant (Physician/APN/PA) to Physician/APN/PA communication (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) 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. • Select N (No) 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. 	<input type="radio"/> Yes <input type="radio"/> No

ED Transfer Communication Quality Measure 2 (EDTC-2): Patient Information

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	<p>Patient Name (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that the patient's name was sent to the receiving facility. • Select N (No) if there is no documentation that the patient's name was sent to the receiving facility. • Select N/A (Not Applicable) if this information was not available. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
4	<p>Patient Address (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that the patient's address was sent to the receiving facility. • Select N (No) if there is no documentation that the patient's address was sent to the receiving facility. • Select N/A (Not Applicable) if this information was not available. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
5	<p>Patient Age (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that the patient's age was sent to the receiving facility. • Select N (No) if there is no documentation that the patient's age was sent to the receiving facility. • Select N/A (Not Applicable) if this information was not available. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
6	<p>Patient Gender (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that the patient's gender was sent to the receiving facility. • Select N (No) if there is no documentation that the patient's gender was sent to the receiving facility. • Select N/A (Not Applicable) if this information was not available or unable to be determined. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
7	<p>Patient Contact Information (family member/significant other/friend) (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that contact information was sent to the receiving facility. • Select N (No) if there is no documentation that contact information was sent to the receiving facility. • Select N/A (Not Applicable) if this information was not available. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
8	<p>Patient Insurance Information (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that insurance information was sent to the receiving facility. • Select N (No) if there is no documentation that insurance information was sent to the receiving facility. • Select N/A (Not Applicable) if this information was not available. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

ED Transfer Communication Quality Measure 3 (EDTC-3): Vital Signs

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	<p style="text-align: center;"><u>Pulse</u> (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that the patient's pulse was taken and sent to the receiving facility. • Select N (No) if there is no documentation that the patient's pulse was taken and or sent to the receiving facility. 		<input type="radio"/> Yes <input type="radio"/> No
10	<p style="text-align: center;"><u>Respiratory Rate</u> (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that the patient's respiratory rate was taken and sent to the receiving facility. • Select N (No) if there is no documentation that the patient's respiratory rate was taken and sent to the receiving facility. 		<input type="radio"/> Yes <input type="radio"/> No
11	<p style="text-align: center;"><u>Blood Pressure</u> (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that the patient's blood pressure was taken and sent to the receiving facility. • Select N (No) if there is no documentation that the patient's blood pressure was taken and sent to the receiving facility. • Select N/A (Not Applicable) if the patient is less than or equal to 3 years of age. Select this option if a Blood Pressure is unable to be assessed due to patients' behavior or mental status. 		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
12	<p style="text-align: center;"><u>Oxygen Saturation</u> (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that the patient's oxygen saturation (O2 Sat) was taken and was sent to the receiving facility. • Select N (No) if there is no documentation that the patient's oxygen saturation (O2 Sat) was taken and sent to the receiving facility. 		<input type="radio"/> Yes <input type="radio"/> No
13	<p style="text-align: center;"><u>Temperature</u> (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that the patient's temperature was taken and the temperature was sent to the receiving facility. • Select N (No) if there is no documentation that the patient's temperature was taken and sent to the receiving facility. • Select N/A (Not Applicable) if the temperature is not required. See notes for abstraction. 		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
14	<p style="text-align: center;"><u>Neurological Assessment</u> (Data Specifications)</p> <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that a neuro assessment was done and sent to the receiving facility. • Select N (No) if there is no documentation that a neuro assessment for the condition was done and sent to the receiving facility. • Select N/A (Not Applicable) if a neurologic assessment is not required due to no documentation of altered consciousness, possible brain/head injury, trauma or post seizure, stroke, TIA. 		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

ED Transfer Communication Quality Measure 4 (EDTC-4): Medication Information

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 (Data Specifications) <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that medications administered were sent to the receiving facility. • Select N (No) if there is no documentation that the medications administered were sent to the receiving facility. 	<input type="radio"/> Yes <input type="radio"/> No
16	Allergies/Reactions (Data Specifications) <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation the patient's allergy information was sent to the receiving facility. • Select N (No) if there is no documentation the patient's allergy information was sent to the receiving facility. 	<input type="radio"/> Yes <input type="radio"/> No
17	Home Medications (Data Specifications) <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation medication history was sent to the receiving facility. • Select N (No) if there is no documentation medication history was sent to the receiving facility. 	<input type="radio"/> Yes <input type="radio"/> No

ED Transfer Communication Quality Measure 5 (EDTC-5): Physician or Practitioner Generated Information

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 (Data Specifications) <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation a history and physical was done and sent to the receiving facility. • Select N (No) if there is no documentation that a history and physical was done and sent to the receiving facility. 	<input type="radio"/> Yes <input type="radio"/> No
19	Reason for Transfer/Plan of Care (Data Specifications) <ul style="list-style-type: none"> • Select Y (Yes) if there is documentation a reason for transfer or plan of care was done and sent to the receiving facility. • Select N (No) if there is no documentation that a reason for transfer or plan of care was done and sent to the receiving facility. 	<input type="radio"/> Yes <input type="radio"/> No

ED Transfer Communication Quality Measure (EDTC-6): Nurse Generated Information

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 <small>(Data Specifications)</small>	<ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that nursing notes were sent to the receiving facility. • Select N (No) if there is no documentation that nursing notes were sent to the receiving facility. 	<input type="radio"/> Yes <input type="radio"/> No
21	Sensory Status (formerly Impairments) <small>(Data Specifications)</small>	<ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that assessment of impairment was done and information was sent to the receiving facility. • Select N (No) if there is no documentation that assessment of impairment was done and information was sent to the receiving facility. 	<input type="radio"/> Yes <input type="radio"/> No
22	Catheters/IV <small>(Data Specifications)</small>	<ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that catheter information was sent to the receiving facility. • Select N (No) if there is no documentation that catheter information was sent to the receiving facility. • Select N/A (Not Applicable) if no catheters were placed. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
23	Immobilizations <small>(Data Specifications)</small>	<ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that immobilization was done and information was sent to the receiving facility. • Select N (No) if there is documentation that immobilization was done and information was not sent to the receiving facility. • Select N/A (Not Applicable) if no immobilization was done. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
24	Respiratory Support <small>(Data Specifications)</small>	<ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that respiratory support was provided and information was sent to the receiving facility. • Select N (No) if documentation that respiratory support was provided and information was not sent to the receiving facility. • Select N/A (Not Applicable) if no respiratory support was provided. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
25	Oral Restrictions <small>(Data Specifications)</small>	<ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that oral restriction were placed and information was sent to the receiving facility. • Select N (No) if there is no documentation that oral restriction were placed and information was sent to the receiving facility. • Select N/A (Not Applicable) if no oral restrictions were placed. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

ED Transfer Communication Quality Measure 7 (EDTC-7): Procedures and Tests

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 <small>(Data Specifications)</small>	<ul style="list-style-type: none"> • Select Y (Yes) if there is documentation that information on all tests and procedures completed in the ED prior to transfer was sent to the receiving facility. • Select N (No) 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. • Select N/A (Not Applicable) if no tests or procedures were done. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
27	Tests/Procedures Results <small>(Data Specifications)</small>	<ul style="list-style-type: none"> • Select Y (Yes) if there is documentation of results being sent either with the patient or communicated to the receiving facility when available. • Select N (No) if there is no documentation of results being sent either with the patient or communicated to the receiving facility when available. • Select N/A (Not Applicable) if no tests or procedures were done. 	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A