**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**

Rate= # of patients who have a yes or NA for all measures: name, address, age, gender, contact,

Rate = insurance

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.

**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.
* If name not available from patient or other sources.

**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.
* If information is not available from patient or other sources.

**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.
* If information is not available from patient or other sources.

**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.
* If information is not available from patient or other sources.

**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.
* If information is not available from patient or other sources.

**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