**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**

Rate = # of patients who have a yes or NA for all measures: pulse, respiration, blood pressure,   
Rate = oxygen saturation, temperature and neuro assessment

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.

**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