**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**

Ret = # of patients who have a yes or NA for all measures: Medications administered in ED,   
Rate = allergies and home medications

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.

**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 were 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 (physician orders, notes, etc)
* 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.

NA (Not Applicable) Select this option if the patient or proxy is unable to communicate this information.

**Notes for Abstraction:**

* If the patient is a John/Jane Doe and/or is altered neurologically select NA.
* If information is not available from patient or other sources.
* If the patient has a potential brain/head injury and proxy does not have the information or past records don’t include the information, select NA.
* See inclusion guidelines for what should be contained in the allergy information.
* If the patient refuses to answer or doesn’t know, document as unknown if cannot get by other means
* Unknown allergies would be count as a yes

**Suggested Data Sources:**

* Emergency Department record
* Transfer Summary
* Ambulance records

**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.

NA (Not Applicable) Select this option if the patient or proxy is unable to provide this information.

**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 or doesn’t know, document as unknown if cannot get by other means
  + If documentation indicates patient is not on any home medications select yes.
* Select NA :If information is not available from patient or other sources.

**Suggested Data Sources:**

* Emergency Department record
* Transfer Summary

**Inclusion Guidelines for Abstraction:**

* Complimentary medications
* Over the counter (OTC) medications

**Exclusion Guidelines for Abstraction:**

None