**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:**

Rate = # of patients who have a yes for all measures: history and physical and reason for   
Rate = transfer and/or plan of care\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

**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