**Measure EDTC-6**

**Measure Information Form**

**Measure Set:** ED Transfer Communication (EDTC)

**Set Measure ID#:** EDTC-6

**Performance Measure Name:** Nurse 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 key nurse documentation elements

**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.

* Assessments/interventions/response
* Impairments
* Catheters
* Immobilizations
* Respiratory support
* Oral limitations

**Denominator Statement:** Transfers from an ED to another healthcare facility

**Included Populations:**  All transfers from an ED to another healthcare facility

**Excluded Populations:** None

**Calculation:**

Rate = # of patients who have a yes or NA for all measures: assessments/interventions/response,   
Rate = impairments, catheter, immobilization, respiratory support, oral limitations

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:**

***Nursing Notes***

**Collected For:** Emergency Department Records: EDTC-6

**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 nursing notes were sent to the receiving facility?

**Allowable Values:**

Y (Yes) Select this option if there is documentation that nursing notes were sent to the receiving facility.

N (No) Select this option if there is no documentation that nursing notes were sent to the receiving facility.

**Notes for Abstraction:**

* Examples of nursing notes may include nursing assessment, intervention, response or SOAP notes.

**Suggested Data Sources:**

* Emergency Department record
* Transfer Summary

**Inclusion Guidelines for Abstraction:**

None

**Exclusion Guidelines for Abstraction:**

None

**Data Element Name:**

***Impairments***

**Collected For:** Emergency Department Records: EDTC-6

**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 was assessed for impairments?

**Allowable Values:**

Y (Yes) Select this option if there is documentation that assessment of impairment was done and information was sent to the receiving facility.

N (No) Select this option if there is no documentation that assessment of impairment was done and information was sent to the receiving facility.

**Notes for Abstraction:**

Documentation must include the patient being assessed for mental, speech, hearing, vision, and sensation impairment.

**Suggested Data Sources:**

* Emergency Department record
* Transfer Summary

**Inclusion Guidelines for Abstraction:**

None

**Exclusion Guidelines for Abstraction:**

None

**Data Element Name:**

***Catheters***

**Collected For:** Emergency Department Records: EDTC-6

**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 treatment with any catheters was provided to the patient and sent to the receiving facility?

**Allowable Values:**

Y (Yes) Select this option if there is documentation that catheter information was sent to the receiving facility.

N (No) Select this option if there is no documentation that catheter information was sent to the receiving facility.

NA (Not Applicable) Select this option if no catheters were placed.

**Notes for Abstraction:**

Select NA if no catheters were placed.

**Suggested Data Sources:**

* Emergency Department record
* Transfer Summary document

**Inclusion Guidelines for Abstraction:**

* IV
* IT
* Urinary

**Exclusion Guidelines for Abstraction:**

None

**Data Element Name:**

***Immobilizations***

**Collected For:** Emergency Department Records: EDTC-6

**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 information was sent regarding any immobilization provided for the patient?

**Allowable Values:**

Y (Yes) Select this option if there is documentation that immobilization was done and information was sent to the receiving facility.

N (No) Select this option if there is documentation that immobilization was done and information was not sent to the receiving facility.

NA (Not Applicable) Select this option if no immobilization was done

**Notes for Abstraction:**

**Suggested Data Sources:**

* Emergency Department record
* Transfer Summary document

**Inclusion Guidelines for Abstraction:**

* Backboard
* Casts
* Neck brace
* Other braces

**Exclusion Guidelines for Abstraction:**

None

**Data Element Name:**

***Respiratory Support***

**Collected For:** Emergency Department Records: EDTC-6

**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 departure

**Suggested Data Collection Question:** Does the medical record documentation indicate information was sent regarding any respiratory support provided to the patient?

**Allowable Values:**

Y (Yes) Select this option if there is documentation that respiratory support was provided and information was sent to the receiving facility.

N (No) Select this option if documentation that respiratory support was provided and information was not sent to the receiving facility.

NA (Not Applicable) Select this option if no respiratory support was provided.

**Notes for Abstraction:**

If no respiratory support was provided select NA.

**Suggested Data Sources:**

* Emergency Department record
* Transfer Summary document

**Inclusion Guidelines for Abstraction:**

* Bronchial drainage
* Intubations
* Oxygen
* Ventilator support

**Exclusion Guidelines for Abstraction:**

None

**Data Element Name:**

***Oral Restrictions***

**Collected For:** Emergency Department Records: EDTC-6

**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 information was sent regarding any oral restrictions placed on the patient?

**Allowable Values:**

Y (Yes) Select this option if there is documentation that oral restriction were placed and information was sent to the receiving facility.

N (No) Select this option if there is no documentation that oral restriction were placed and information was sent to the receiving facility.

NA (Not Applicable) Select this option if no oral restrictions were placed.

**Notes for Abstraction:**

Select NA if no oral restrictions were placed.

**Suggested Data Sources:**

* Emergency Department record
* Transfer Summary document

**Inclusion Guidelines for Abstraction:**

* NPO
* Clear liquids
* Soft diet
* Low NA

**Exclusion Guidelines for Abstraction:**

None