TO: Consensus Standards Approval Committee (CSAC)

FR: Angela Franklin, Senior Director
Wunmi Isijola, Project Manager
Zehra Shahab, Project Analyst

RE: Follow up Regarding Voting Results for Draft Report: *National Consensus Standards for Care Coordination, Phase 3*

DA: August 12, 2014

During its July 9-10, 2014 in-person meeting, the CSAC reviewed the Standing Committee's recommendations and NQF member voting results for 12 measures in the *Care Coordination Endorsement Maintenance Project, Phase 3.* The Committee recommended 11 of the 12 measures for endorsement. CSAC approved four of the recommended measures, but deferred voting on seven measures.

Background

Commenting. During the comment period 75 comments were received from six member organizations and individuals. The Standing Committee met on June 12, 2014 to address key themes, including themes that emerged regarding a set of seven care transition measures developed by The University of Minnesota. Concerns were raised regarding the evidence base supporting the measures and the appropriateness of the Committee's exercise of the exception to the evidence criterion. Following discussion and additional input from the developer and NQF Members, the Committee confirmed its initial recommendation for endorsement of the measures. The complete draft report and comment table are available on the project webpage [link].

Voting. Representatives of nine member organizations recommended 11 measures with a 57 percent or higher approval. The complete voting draft addendum report and detailed measure information are available on the project webpage.

Discussion. CSAC and the Care Coordination Standing Committee Co-Chairs (Gerri Lamb and Don Casey) discussed the Committee's decision to exercise the evidence exception for a set of seven measures related to the transfer of patients from rural emergency departments to other facilities, and the Committee's underlying concern that the measures are intended to be reported together to communicate a comprehensive set of patient information as part of such transfers. One observation was that all of these measures address an important gap area in the communication of comprehensive information in the transfer of ED patients from rural facilities to other facilities. The measures are:

- *0291: Administrative Communication*
- *0292: Vital Signs*
- *0293: Medication Information*
- *0294: Patient Information*
- *0295: Physician Information*
- *0296: Nursing Information*
- *0297: Procedures and Tests*

While the Committee recommended the individual measures for endorsement, they strongly recommended that when the developer next brings the measures to NQF for consideration, the developer should construct the measures as a composite. The CSAC agreed with the Committee's recommendation and requested that staff provide technical assistance to the developer to construct a comprehensive measure which encompasses all seven components in the nearer term. In the meantime, CSAC deferred voting on the measures.

Accordingly, staff and the developer worked together to create a feasible option to consolidate the seven measures into one comprehensive measure. The developer has provided an explanation of the proposed approach in the attached memorandum. The CSAC will review the proposed changes and make a decision as to whether to approve the resulting measure for endorsement consideration.

CSAC ACTION REQUIRED

Pursuant to the CDP, the CSAC may consider approval of one revised candidate consensus standard: Measure #0291: Emergency Transfer Communication, which includes the former seven measures related to the transfer of administrative communication, vital signs, medication information, patient information, physician Information, nursing Information, and procedures and tests.

MEMORANDUM

August 5, 2014

To: **National Quality Forum** Consensus Standard Approval Committee

From: **Ira Moscovice PhD, Jill Klingner RN PhD**

Rural Health Research Center

University of Minnesota

Re: **Emergency Transfer Communication Measures NQF 0291-0297 Modification plans.**

We value the efforts of the National Quality Forum's work to facilitate healthcare improvement. We appreciate your input on the Emergency Transfer Communication Measures. The measures were developed to fill a gap of measurement in emergency medicine communication.

We will modify NQF measure 0291 to include all of the data elements previously detailed in measures 0291-0297. The measures 0291-0297 addressed care issues in the same population and the same setting. The measures addressed patients' with any condition who all experienced a transfer from an Emergency Department to any other healthcare facility.

For the single measure, identification of the sample, data collection and specifications for elements will remain the same. Scoring of the subsections will remain all-or-none. The single measure score will be a sum of the scores from the seven subsection scores. Specifically the measure calculation is as follows:

> Each of the seven SUB SECTIONS ARE calculated using an all-or-none approach. Data elements are identified for each SUBSECTION. If the data element is not appropriate for the patient, elements are scored as NA (not applicable) and are counted in the measure as a positive, or 'yes,' response and the patient will meet that element criteria. The patient will either need to meet the criteria for all of the data elements (or have an NA) to pass the SUBSECTION. The subsections are used to identify areas with opportunity for improvement. The all or none calculation approach for the subsections is in current use in two studies in nine states including almost 200 hospitals. This approach is under consideration for the Phase 3 of MBQIP. Maintaining the subsection scoring facilitates an EASY transition to the one measure approach and simplifies the transition to a reporting and payment measure.
>
> The reporting measure is a sum of the subsection scores divided by the number of patients. The facility score is the average of the patients scores (range of 0-7) for each facility. This single score will provide an overview of the facility's communication performance for patients that are transferred from their Emergency Department to another healthcare facility.

In discussing this approach with NQF staff, it was determined that this approach addresses the concerns of the Committee and that constructing the measure as a composite—which was discussed as a possibility at the July CSAC meeting—is not necessary. In addition, additional testing would not be necessary.

This measure will be useful for public reporting, Pay-for-Performance, quality assessment and quality improvement.

Detailed information is attached.

Emergency Department Transfer Communication Measure Specifications

ED Transfer Communication QUALITY MEASURE Set

Measure ID #	Measure Short Name	NQF [1] Measure Number
EDTC-SUB 1	Administrative communication	0291
EDTC-SUB 2	Patient information	0291
EDTC-SUB 3	Vital signs	0291
EDTC-SUB 4	Medication information	0291
EDTC-SUB 5	Physician or practitioner generated information	0291
EDTC-SUB 6	Nurse generated information	0291
EDTC-SUB 7	Procedures and tests	0291

1. NQF National Quality Forum http://www.qualityforum.org/Home.aspx
2. NQMC National Quality Measure Clearinghouse http://www.qualitymeasures.ahrq.gov/

Background of the Measures

In 2003, an expert panel convened by the University of Minnesota Rural Health Research Center and Stratis Health identified ED care as an important quality assessment measurement category for rural hospitals. While emergency care is important in all hospitals, it is particularly critical in rural hospitals where the size of the hospital and geographic realities make organizing triage, stabilization, and transfer of patients more important. Communication between providers promotes continuity of care and may lead to improved patient outcomes. These measures were piloted by rural hospitals in Minnesota, Utah, Nevada, Washington, Ohio, Pennsylvania, New York and Hawaii; projects took place from October 2005 through July 2014. Results of the pilot projects indicated room for improvement in ED care and transfer communication.

Aggregate project results are available at http://flexmonitoring.org/documents/DataSummaryReportNo8_Rural-Hospital-ED-Quality-Measures.pdf and http://flexmonitoring.org/documents/FlexDataSummaryReport3.pdf.

Rationale

Communication problems are a major contributing factor to adverse events in hospitals, accounting for 65% of sentinel events tracked by The Joint Commission. In addition, research indicates that deficits exist in the transfer of patient information between hospitals and primary care physicians in the community, and between hospitals and long-term facilities. Transferred patients are excluded from the calculation of most national quality measures, such as those used in Hospital Compare. The Hospital Compare Web site was created to display rates of Process of Care measures using data that are voluntarily submitted by hospitals.

The Joint Commission has adopted National Patient Safety Goal 2, "Improve the Effectiveness of Communication Among Caregivers." This goal required all accredited hospitals to implement a standardized approach to hand-off communications, including nursing and physician handoffs from the emergency department (ED) to inpatient

units, other hospitals, and other types of health care facilities. The process must include a method of communicating up-to-date information regarding the patient's care, treatment, and services; condition; and any recent or anticipated changes. (Note: The National Patient Safety Goals are reviewed and modified periodically. In 2013 a communication goal focuses on the communication of test results.)
http://www.jointcommission.org/assets/1/6/2013_HAP_NPSG_final_10-23.pdf

Limited attention has been paid to the development and implementation of quality measures specifically focused on patient transfers between EDs and other facilities. These measures are important for all health care facilities, but especially so for small rural hospitals that transfer a higher proportion of ED patients to other hospitals than larger urban facilities.

While many aspects of hospital quality are similar for urban and rural hospitals (e.g., providing heart attack patients with aspirin), the urban/rural contextual differences result in differences in emphasis on quality measurement. Because of its role in linking residents to urban referral centers, important aspects of rural hospital quality include triage-and-transfer decision making about when to provide a particular type of care, transporting patients, and coordinating information flow to specialists beyond the community.

Emergency care is important in all hospitals, but it is particularly important in rural hospitals. Because of their size, rural hospitals are less likely to be able to provide more specialized services, such as cardiac catheterization or trauma surgery. Rural residents often need to travel greater distances than urban residents to get to a hospital initially. In addition, their initial point of contact is less likely to have specialized services and staff found in tertiary care centers, so they are also more likely to be transferred. These size and geographic realities increase the importance of organizing triage, stabilization, and transfer in rural hospitals which, in turn, suggest that measurement of these processes is an important issue for rural hospitals.

The ED Transfer Communication measures aim to provide a means of assessing how well key patient information is communicated from an ED to any healthcare facility. They are applicable to patients with a wide range of medical conditions (e.g., acute myocardial infarction, heart failure, pneumonia, respiratory compromise and trauma) and are relevant for both internal quality improvement purposes and external reporting to consumers and purchasers. The results of the field tests suggest that significant opportunity exists for improvement on these measures.

Selected References:

Baldwin LM, MacLehose RF, Hart LG, Beaver SK, Every N, Chan L. Quality of care for acute myocardial infarction in rural and urban US hospitals. J Rural Health 2004 Spring;20(2):99-108.

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Ellerbeck EF, Bhimaraj A, Perpich D. Organization of care for acute myocardial infarction in rural and urban hospitals in Kansas. J Rural Health 2004 Fall;20(4):363-7.

Joint Commission on Accreditation of Healthcare Organizations. Sentinel events statistics. [Internet]. [accessed 2007 Jul 18].

Klingner J, Moscovice I, Washington Rural Healthcare Quality Network and Stratis Health, Minnesota Quality Improvement Organization. Rural hospital emergency department quality measures: aggregate data report. Minneapolis (MN): University of Minnesota, Division of Health Services Research & Policy; 2007 Mar. 12 p. (Flex Monitoring Team data summary report; no. 3).

Klingner J, Moscovice I. Development and testing of emergency department patient transfer communication measures. J Rural Health 2012 Jan;28(1):44-53. [16 references]

Kripalani S, Lefevre F, Phillips CO, Williams MV, Basaviah P, Baker DW. Deficits in communication and information transfer between hospital-based and primary care physicians: implications for patient safety and continuity of care. JAMA 2007 Feb 28;297(8):831-41. [133 references]

Newgard CD, McConnell KJ, Hedges JR. Variability of trauma transfer practices among non-tertiary care hospital emergency departments. Acad Emerg Med 2006 Jul;13(7):746-54.

University of Minnesota Rural Health Research Center, Stratis Health (Minnesota's Quality Improvement Organization), HealthInsight (Nevada and Utah's Quality Improvement Organization). Refining and field testing a relevant set of quality measures for rural hospitals. Final report submitted to the Centers for Medicare & Medicaid Services under contract no. 500-02-MN01. Bloomington (MN): Stratis Health; 2005 Jun 30.

US Department of Health and Human Services. Hospital Compare Web site. [Web site]. [accessed 2011 Feb 25].

Wakefield DS, Ward M, Miller T, Ohsfeldt R, Jaana M, Lei Y, Tracy R, Schneider J. Intensive care unit utilization and interhospital transfers as potential indicators of rural hospital quality. J Rural Health 2004 Fall;20(4):394-400.

Westfall JM, Van Vorst RF, McGloin J, Selker HP. Triage and diagnosis of chest pain in rural hospitals: implementation of the ACI-TIPI in the High Plains Research Network. Ann Fam Med 2006 Mar-Apr;4(2):153-8.

Population and Sampling

ED Transfer Communication (EDTC) Initial Patient Population

(Update discharge codes with CMS changes as appropriate.)
The population of the EDTC measure set is defined by identifying patients admitted to the emergency department and transfers from the emergency department to these facilities:

3 Hospice –healthcare facility
4a Acute Care Facility- General Inpatient Care
4b Acute Care Facility- Critical Access Hospital
4c Acute Care Facility- Cancer Hospital or Children's Hospital
4d Acute Care Facility – Department of Defense or Veteran's Administration
5 Other health care facility (i.e. nursing homes, skilled nursing facilities, rehabilitation centers, swing beds; facilities with 24 hour nursing supervision.)

Note: ED patients that have been put in observation status and then are transferred to another hospital or health care facility should be included.

Exclusions:

1 Home
2 Hospice-home
6 Expired
7 AMA (left against medical advice)
8 Not documented/unable to determine

Sample Size Requirements
Hospitals that choose to sample have the option of sampling quarterly or sampling monthly. A hospital may choose to use a larger sample size than is required. Hospitals whose initial patient population size is less than the minimum number of cases per quarter for the measure set cannot sample.

Regardless of the option used, hospital samples must be monitored to ensure that sampling procedures consistently produce statistically valid and useful data. Due to exclusions, hospitals selecting sample cases MUST submit AT LEAST the minimum required sample size.

The following sample size tables for each option automatically build in the number of cases needed to obtain the required sample sizes. For information concerning how to perform sampling, refer to the Population and Sampling Specifications section in this manual.

Quarterly Sampling

Hospitals performing quarterly sampling for ED Transfer Communication must ensure that its initial patient population and sample size meet the following conditions:

Quarterly Sample Size
Based on Initial Patient Population Size for the EDTC Measure Set

Hospital's Measure

Average Quarterly Initial Patient Population Size *"N"*	Minimum Required Sample Size *"n"*
≥ 45	45
1 - 44	No sampling; 100% Initial Patient Population required

Monthly Sampling

Hospitals performing monthly sampling for EDTC must ensure that its Initial Patient Population and sample size meet the following conditions:

Monthly Sample Size
Based on Initial Patient Population Size for the EDTC Measure Set

Hospital's Measure Average Monthly Initial Patient Population Size *"N"*	Minimum Required Sample Size *"n"*
≥15	15
< 15	No sampling; 100% Initial Patient Population required

Measure Calculation

Each of the seven SUB SECTIONS ARE calculated using an all-or-none approach. Data elements are identified for each SUBSECTION. If the data element is not appropriate for the patient, elements are scored as NA (not applicable) and are counted in the measure as a positive, or 'yes,' response and the patient will meet that element criteria. The patient will either need to meet the criteria for all of the data elements (or have an NA) to pass the SUBSECTION. The subsections are used to identify areas with opportunity for improvement. The all or none calculation approach for the subsections is in current use in two studies in nine states including almost 200 hospitals. This approach is under consideration for the Phase 3 of MBQIP. Maintaining the subsection scoring facilitates an EASY transition to the one measure approach and simplifies the transition to a reporting and payment measure.

The reporting measure is a sum of the subsection scores divided by the number of patients. The facility score is the average of the patients scores (range of 0-7) for each facility. This single score will provide an overview of the facility's communication performance for patients that are transferred from their Emergency Department to another healthcare facility.

Considerations for Electronic Transfer of Information

For health systems with shared electronic medical records, documentation must indicate that data elements had been entered into the data system and were available to the receiving facility prior to transfer for Administrative Measures or within 60 minutes of discharge for all other measures. If there are not shared records, "sent" means that medical record documentation indicates the information went with the patient via fax, phone, or internet/Electronic Health Record.

Measure EDTC-SUB 1

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-SUB 1
Performance Measure Name: Administrative communication
Description: Patients who are transferred from an ED to another healthcare have physician to physician communication and nurse to nurse communication prior to 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 prior to transfer.

- Nurse to nurse communication
- Physician to physician communication

Denominator Statement: All transfers from ED to another healthcare facility

Included Populations: ED Transfers to another healthcare facility
Excluded Populations: None

Calculation

Rate = # of patients who have a yes or NA for both measures: nurse to nurse communication and physician to physician communication / All transfers from ED to another health care 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.

Measure EDTC-SUB 2

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-SUB 2
Performance Measure Name: Patient Information
Description: Patient 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

# 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.

Measure EDTC-SUB 3

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-SUB 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

$$\text{Rate} = \frac{\text{\# of patients who have a yes or NA for all measures: pulse, respiration, blood pressure, oxygen saturation, temperature and neuro assessment}}{\text{All transfers from ED to another healthcare facility}}$$

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.

Measure EDTC-SUB 4

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-SUB 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

# 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.

Measure EDTC-SUB 5

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-SUB 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:

$$\text{Rate} = \frac{\text{\# of patients who have a yes for all measures: history and physical and reason for transfer and/or plan of care}}{\text{All transfers from ED to another healthcare facility}}$$

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.

Measure EDTC-SUB 6

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-SUB 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
- Sensory Status (formerly 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:

# of patients who have a yes or NA for all measures: assessments/interventions/response, Rate = sensory status (formerly 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.

Measure EDTC-SUB 7

Measure Information Form
Measure Set: ED Transfer Communication (EDTC)
Set Measure ID#: EDTC-SUB 7
Performance Measure Name: Procedures and Tests
Description: Patients who are transferred from an ED to another healthcare facility have communication with the receiving facility within 60 minutes of discharge of tests done and results sent.
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 hospital within 60 minutes of discharge.

- Tests and procedures done
- Tests and procedure results sent

Denominator Statement: Transfers from an ED to another healthcare facility

Included Population: All transfers from an ED to another healthcare facility
Excluded Populations: None

Calculation:

$$\text{Rate} = \frac{\text{\# of patients who have a yes or NA for all measures: test and procedures done and test and procedure results sent}}{\text{All transfers from ED to another healthcare facility}}$$

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.