Quality Corner Call
EDTC: From Reporting to Action

May 2018

Objectives

• The history of EDTC measures in Kansas
• The most recent national and Kansas EDTC data
• Improvement strategies to increase EDTC performance
• The movement away from just reporting to taking improvement action
Principles of Care Transition from the ED

- Environments are complex and present many challenges
- Series of handoffs
- Ineffective and Inefficient transitions
  - Delays in diagnosis
  - Medication errors
  - Adverse events
  - Inappropriate or unnecessary treatments
  - Patient and/or family complaints
  - Increased lengths of stay
  - Increased costs

Institute of Medicine (IOM) (National Academy of Medicine) Six Aims for Improvement in Health Care

1. Safe - avoiding injuries to patients
2. Timely - reducing waits for both recipients and providers of care
3. Effective - providing care based on scientific knowledge
4. Efficient - avoiding waste
5. Equitable - ensuring that the quality of care does not vary because of such things as gender, ethnicity, socio-economic status, or geographic location
6. Patient-centered - is providing respectful and responsive care that ensures the patient values guide clinical decisions.
EDTC Measures

2007
- The EDTC measures were originally developed by Stratis Health and the University of Minnesota Rural Health Research Center and endorsed by the National Quality Forum

2009
- Nearly 100 critical access hospitals (CAHs) across eight states worked on using measures to evaluate communication for transitions of care during emergency department (ED) transfers

2014
- Starting fall 2014, CAHs nationwide could collect and submit the EDTC measures for MBQIP

2015
- Kansas solicited CAHs to participate in a pilot project to see how the EDTC measures would trial

2016
- Kansas added EDTC measures to MBQIP reporting requirements

2019
- Streamlined & modernized measures coming based on feedback from CAHs just like you. Possibly being added as OP measures in CART and for all hospitals of all sizes

EDTC Measures

• EDTC1 – Administrative Communication
• EDTC2 – Patient Information
• EDTC3 – Vital Signs
• EDTC4 – Medication Information
• EDTC5 – Practitioner Generated Information
• EDTC6 – Nurse Generated Information
• EDTC7 – Procedures and Tests
• EDTCAll – Composite Overall Rate
Nationally, CAHs have taken great strides in both reporting and performance.  
1Q2015, when the EDTC measure was first included in MBQIP, roughly 500 hospitals were reporting.  
By 4Q2017, 1,190 hospitals.  
Performance has steadily and consistently improved.  
The table below shows national performance data from the start of EDTC’s inclusion in MBQIP to the most recently completed quarter.

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>EDTC-1 Percent</th>
<th>EDTC-2 Percent</th>
<th>EDTC-3 Percent</th>
<th>EDTC-4 Percent</th>
<th>EDTC-5 Percent</th>
<th>EDTC-6 Percent</th>
<th>EDTC-7 Percent</th>
<th>EDTC-All Percent</th>
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<tr>
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State Data

- State-by-state, performance varies, but consistently improving
- The map below on the next screen shows 4Q2017 performance, by state, for the EDTC-All measure
- How does Kansas measure up?
- How does your hospital’s performance compare to your state’s, or to the nation’s?
EDTC OVERALL HOSPITAL PERFORMANCE FOR KS HOSPITALS

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<td>Row Label</td>
<td>EDTC1 Percent</td>
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<td>EDTC4 Percent</td>
<td>EDTC5 Percent</td>
<td>EDTC6 Percent</td>
<td>EDTC7 Percent</td>
<td>EDTCAll Percent</td>
<td>Percent of Hospitals Submitting</td>
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What Can You Do To Improve?

Overall measure performance is affected by each data element that makes up a measure.

If you are able to increase the number of records that have documentation of meeting the “Oral Restrictions” data element, then this should also correspond to a higher percentage of records that meet EDTC-6.

(a segment taken from the bottom of an EDTC report produced by the Stratis Health Excel tool)
What Can You Do To Improve?

• Review all 27 data elements that make up the EDTC measure
• Focus on improving your transfer communication documentation and processes for those data elements that have lower performance

What Can You Do To Improve?

• Over time, in addition to improvement in each of the seven sub-measures, you should also see improvement in the EDTC-All measure
• The hospital may need to evaluate whether the lower score in the area is a result of failure to document or an issue with the process
From Reporting to Action

• Show them that data
• Identify realistic timeframe
• Share how this aligns with other health care efforts:
  – Continuity of care
  – Reduction of errors
  – Improves outcomes
  – Increases patient and family satisfaction
  – Stabilize and transfer is fundamental role for rural health care – allows CAH to evaluate and demonstrate effectiveness of that important role

From Reporting to Action

• Build in accountability
• Engage stakeholders
• Design and standardize communications between sending and receiving health care organizations
• Consider revising standardized forms already in use (EMTALA form)
• Consolidate information when possible
• Obtain buy-in/input from frontline staff
• Provide staff training
• Prioritize items that are actionable and address high priorities first
Timely Reporting Helps Action

Stratis Health Monthly Abstraction Tool

• Found only on QHi
• Download tool to start 2018

April abstractions are due in QHi by May 30

Commit to Action

“Unless commitment is made, there are only promises and hopes; but no plans.”

-Peter F Drucker
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