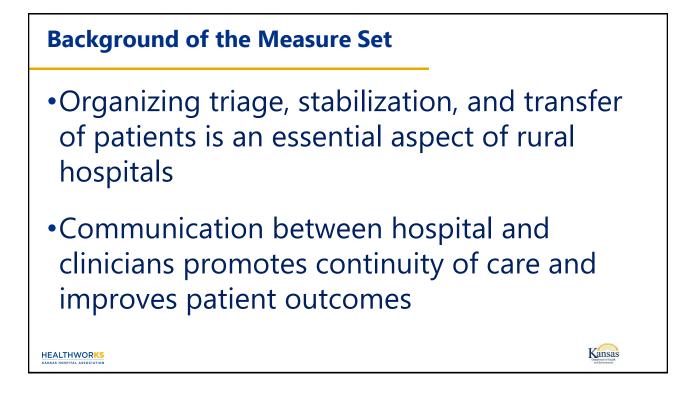


Why Is EDTC Important



Background of the Measure Set

- Communication problems account for 65% of sentinel events
- Deficits exist in the transfer of patient information between hospitals, physicians, and long-term care
- •Transferred patients are excluded from calculations of most national quality measures

HEALTHWORKS

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Background of the Measure Set

- Assesses how well key patient info is communicated from an ED to any healthcare facility
- Applies to patients with a wide range of medical conditions
- Relevant for both internal quality improvement and external reporting

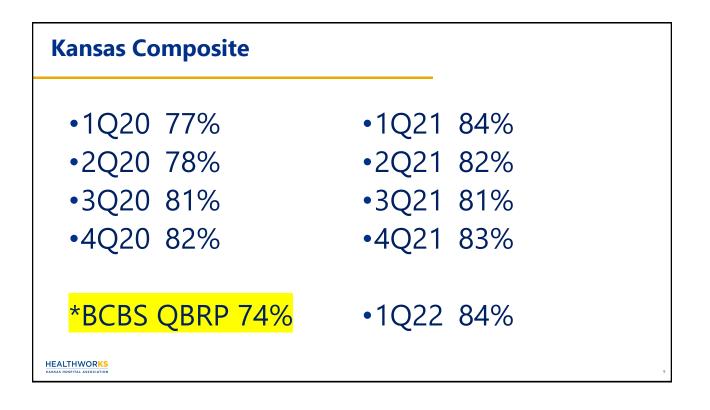


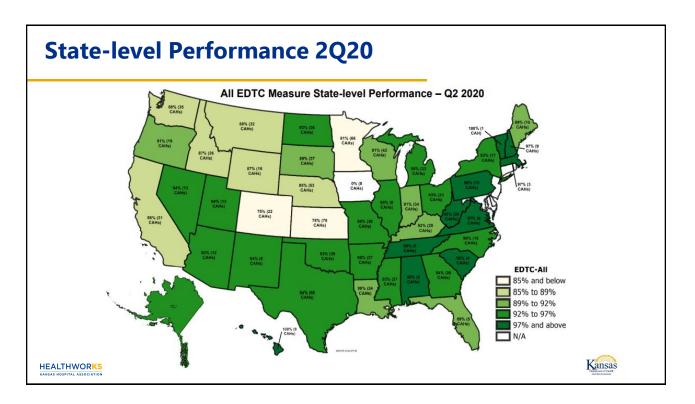
How Far We've Come

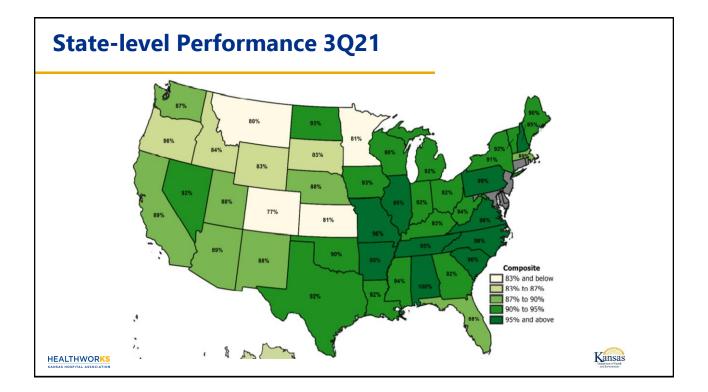
- •EDTC has been an MBQIP required measure set since 2015
- •Underwent a complete overhaul starting w/ January 2020 dismissals – reduced from 27 to 8
- •Nationally around 500 CAHs reported in 2015 vs a little over 1200 in 2022

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Timeframe/ Measure	# of CAHs reporting	Overall EDTC measure	Home Medications	Allergies and/or Reactions	Meds Administered in ED
Q1 2020	1,025	90%	95%	96%	97%
Q2 2020	1,037	90%	95%	97%	97%
Q3 2020	1,147	90%	96%	96%	97%
Q4 2020	1,159	90%	95%	96%	97%
Q1 2021	1,157	90%	95%	96%	96%
Q2 2021	1,185	91%	95%	96%	97%
Q3 2021	1,200	90%	94%	96%	96%
Timeframe/ Measure	ED Provider Note	Mental Status/ Orientation Assessment	Reason for Transfer and/or Plan of Care	Tests and/or Procedures Performed	Tests and/or Procedures Results
Q1 2020	95%	96%	97%	97%	96%
Q2 2020	95%	96%	97%	97%	96%
Q3 2020	95%	96%	97%	97%	96%
Q4 2020	95%	96%	97%	97%	96%
Q1 2021	95%	96%	97%	97%	96%
Q2 2021	95%	96%	97%	97%	96%
Q3 2021	94%	95%	97%	96%	96%

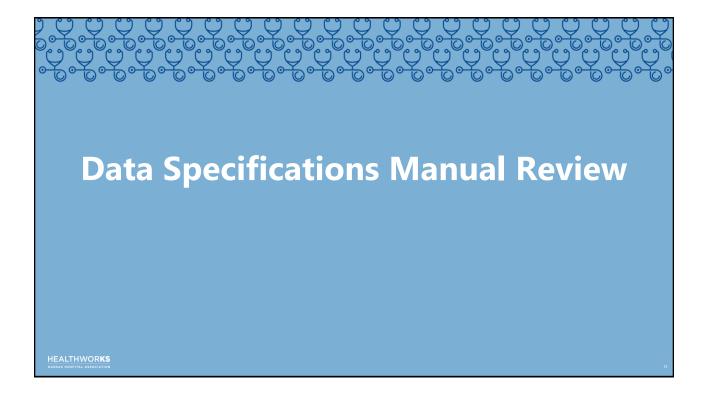






Kansas FMT EDTC Report

		Your State's Performance by Quarter				State Current Quarter		National Current Quarter			
	MBQIP Quality Measure	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Aggregate for All Four Quarters	# CAHs Report- ing	Average Current Quarter	90th Per- centile	# CAHs Report- ing	Average Current Quarter
EDTC-All	Composite	82%	81%	83%	84%	82%	81	84%	100%	1,210	90%
	Home Medications	92%	91%	91%	93%	92%	81	93%	100%	1,210	94%
	Allergies and/or Reactions	96%	95%	95%	96%	95%	81	96%	100%	1,210	96%
	Medications Administered in ED	96%	95%	96%	96%	95%	81	96%	100%	1,210	96%
	ED Provider Note	90%	89%	90%	91%	90%	81	91%	100%	1,210	95%
	Mental Status/Orientation Assessment	94%	94%	94%	95%	94%	81	95%	100%	1,210	96%
	Reason for Transfer and/or Plan of Care	96%	95%	96%	96%	96%	81	96%	100%	1,210	97%
	Tests and/or Procedures Performed	94%	93%	94%	95%	94%	81	95%	100%	1,210	97%
	Tests and/or Procedures Results	90%	91%	92%	94%	92%	81	94%	100%	1,210	96%
	Total Medical Records Reviewed (N)	N=2,388	N=2.212	N = 1.924	N=1.897	N=8,421	N=1.897			N=47,272	



Population

Inclusions:

- Acute Care Facility Cancer Hospital or Children's Hospital
 - Including emergency department
- Acute Care Facility Critical Access Hospital
 - Including emergency department
- Acute Care Facility Department of Defense or Veteran's Administration
 - Including emergency department
- Acute Care Facility- General Inpatient Care
 - Including emergency department
- Hospice healthcare facility



Population

Inclusions (continued):

- Other health care facility*, including discharge, transfer or return to:
 - Extended or Intermediate Care Facility (ECF/ICF)
 - Long Term Acute Care Hospital (LTACH)
 - Long Term Care Facility
 - Nursing Home or Facility, including Veteran's Administration Nursing Facility
 - Psychiatric Hospital or Psychiatric Unit of a Hospital
 - Rehabilitation Facility, including Inpatient Rehabilitation Facility/Hospital or
 - Rehabilitation Unit of a Hospital
 - Skilled Nursing Facility (SNF), Sub-Acute Care, or Swing Bed
 - Transitional Care Unit (TCU)

*Other health care facilities MUST be included in the population.

Population

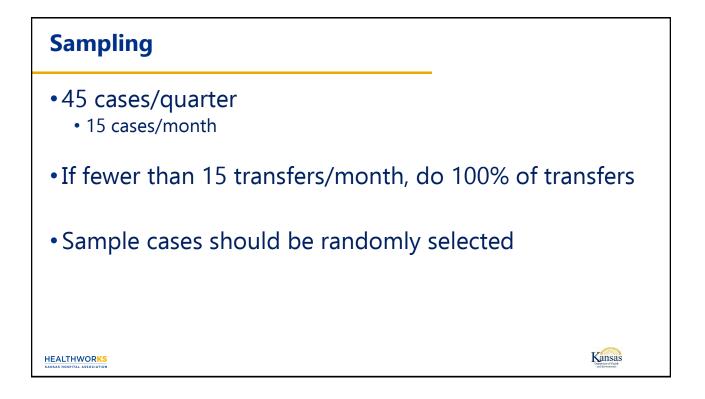
Exclusions:

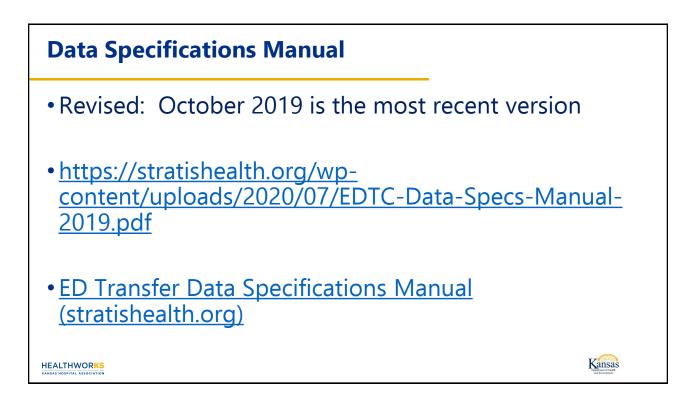
- AMA (left against medical advice)
- Expired
- Home, including:
 - Assisted Living Facilities
 - Board and care, foster or residential care, group or personal care homes, and homeless shelters
 - Court/Law Enforcement includes detention facilities, jails, and prison
 - Home with Home Health Services
 - Outpatient Services including outpatient procedures at another hospital, Outpatient Chemical Dependency Programs, and Partial Hospitalization
- Hospice-home
- Not Documented/Unable to determine
- Observation Status

HEALTHWORKS

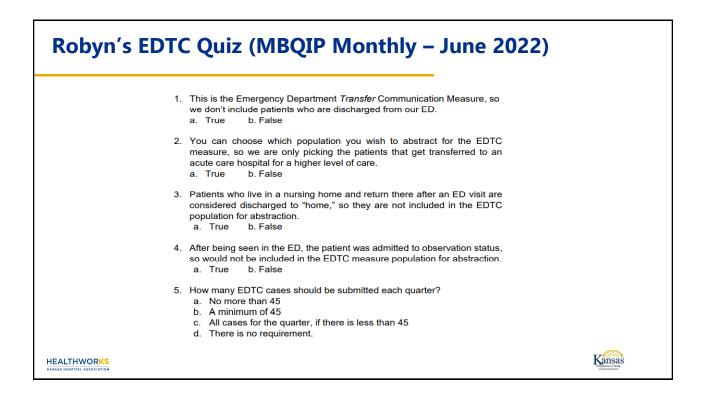


Kansas









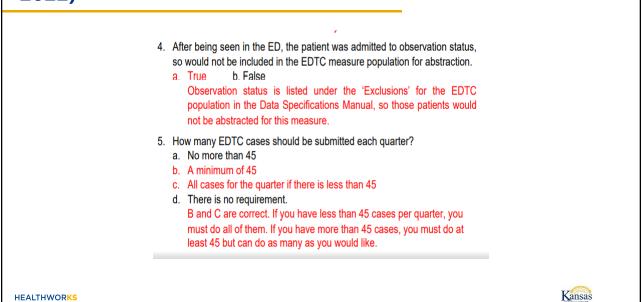
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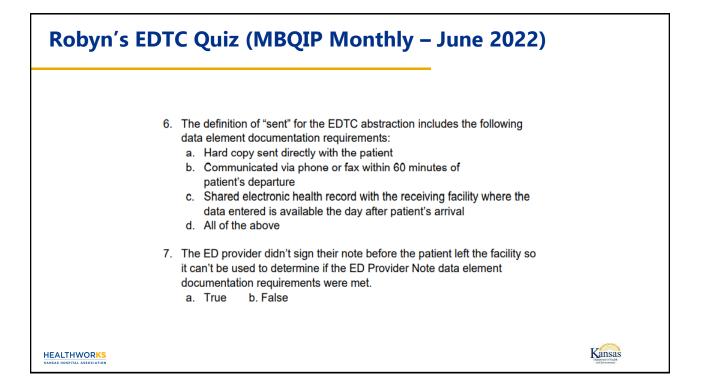
Robyn's EDTC Quiz Answers (MBQIP Monthly – July 2022)

- This is the Emergency Department *Transfer* Communication Measure, so we don't include patients who are discharged from our ED.
 a. True b. False
 - It doesn't matter what word is used to describe the patient leaving the hospital. They can be transferred, discharged, returned to, the wording doesn't matter. What you need to look for is what type of facility the patient is going to upon leaving your hospital. If the facility is one listed under 'Inclusions' in the Population and Sampling section of the EDTC Data Specifications Manual, then that patient should be included for abstraction.
- You can choose which population you wish to abstract for the EDTC measure, so we are only picking the patients that get transferred to an acute care hospital for a higher level of care.
 a. True b. False
 - True b. False
 Patients going to any of the facilities listed under 'Inclusions' in the Population and Sampling section of the EDTC Data Specifications Manual must be included for abstraction.
- Patients who live in a nursing home and return there after an ED visit are considered discharged to "home," so they are not included in the EDTC population for abstraction.
 a. True b. False
 - Patients who go to a nursing home after leaving the ED must be included in the EDTC population. Nursing home is one of the facilities under 'Other Health Care Facility' in the population Inclusion list in the EDTC Data Specifications Manual. It does not matter that the patient may live in the nursing home, for this abstraction it is not considered "home" it is considered another health care facility.

HEALTHWORKS

Robyn's EDTC Quiz Answers (MBQIP Monthly – July 2022)





Robyn's EDTC Quiz Answers (MBQIP Monthly – July 2022)

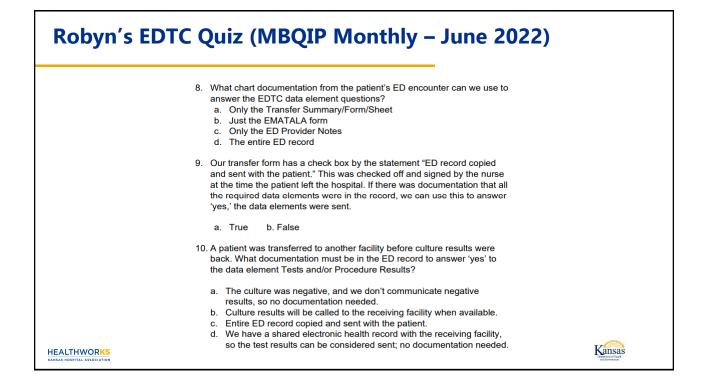
- The definition of "sent" for the EDTC abstraction includes the following data element documentation requirements:
 - a. Hard copy sent directly with the patient
 - b. Communicated via phone or fax within 60 minutes of patient's departure
 - c. Shared electronic health record with the receiving facility where the data entered is available the day after patient's arrival
 - d. All of the above

Answer C is not correct. If you have a shared electronic health record with the receiving facility, the data entered must be made immediately available to the receiving facility, not available the day after the patient's arrival.

The ED provider didn't sign their note before the patient left the facility so it can't be used to determine if the ED Provider Note data element documentation requirements were met.

a. True b. False There is nothing in the ED Provider Note instructions that says a signature is needed to be able to use that documentation for abstraction. The instructions indicate the minimum documentation that must be part of the provider note, such as history of present illness or condition, a focused physical exam, etc. but there is nothing saying a signature is needed.





Robyn's EDTC Quiz Answers (MBQIP Monthly – July 2022) 8. What chart documentation from the patient's ED encounter can we use to answer the EDTC data element auestions? Only the Transfer Summary/Form/Sheet b. Just the EMATALA form Only the ED Provider Notes C. The entire ED record d. The patient's entire ED record for the encounter being abstracted can be used to answer the EDTC data element questions Our transfer form has a check box by the statement "ED record copied and sent with the patient." This was checked off and signed by the nurse at the time the patient left the hospital. If there was documentation that all the required data elements were in the record, we can use this to answer 'yes,' the data elements were sent. a. True b. False That would be acceptable documentation to indicate that the data elements were sent to the receiving facility. 10. A patient was transferred to another facility before culture results were back. What documentation must be in the ED record to answer 'ves' to the data element Tests and/or Procedure Results? a. The culture was negative, and we don't communicate negative results, so no documentation needed. b. Culture results will be called to the receiving facility when available c. Entire ED record copied and sent with the patient. We have a shared electronic health record with the receiving facility, so the test results can be considered sent; no documentation needed. B and D are both correct. There must be documentation in the record on how the receiving facility is going to get the test/procedure results when they are completed. How would the receiving facility know

going to get the test/procedure results when they are completed. How would the receiving facility know you were only going to communicate positive results if there is no documentation of that in the record? Copying the entire ED record does not automatically mean you can answer yes if there is no documentation saying how results will get to the receiving facility when complete. The only time specific documentation is not needed in the record is if you have a shared electronic

health record with the receiving facility. Results would be considered 'sent' in this situation.

HEALTHWORKS

Kansas

ED Transfer Communication Action Plan

- Share the 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

ED Transfer Communication Action Plan Build in accountability

- Engage stakeholders
- Design and standardize communications between sending and receiving health care organizations
- Consider revising standardized forms in use (EMTALA form)
- Consolidate information when possible
- Obtain buy-in
- Provide staff training
- Prioritize items that are actionable; address high priorities first
- Are there opportunities to shadow at sending or receiving facilities?



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