

Emergency Department Transfer Communication Hospital Report

Hospital Name: st elsewhere

CMS Certification Number: 123456

Year of Report: 2023

Discharge Disposition Shown: All

Print Report

Return to Patient List

Refresh Report

1. Click on "2023" and change to "2024"

2. Click on "Refresh Report"

Data Elements

January 2023	February 2023	March 2023
# of Records Reviewed (N): 0	# of Records Reviewed (N): 0	# of Records Reviewed (N): 0

Number (n) and percent (%) of patients discharged/transferred to another healthcare facility whose medical record documentation indicated that the following relevant elements were documented and communicated to the receiving hospital in a timely manner:

	n	%	n	%	n	%
1. Home Medications	N/A	N/A	N/A	N/A	N/A	N/A
2. Allergies and Reactions	N/A	N/A	N/A	N/A	N/A	N/A
3. Medications Administered in ED	N/A	N/A	N/A	N/A	N/A	N/A
4. ED Provider Note	N/A	N/A	N/A	N/A	N/A	N/A
5. Mental Status and Orientation Assessment	N/A	N/A	N/A	N/A	N/A	N/A
6. Reason for Transfer and Plan of Care	N/A	N/A	N/A	N/A	N/A	N/A
7. Tests and Procedures Performed	N/A	N/A	N/A	N/A	N/A	N/A
8. Tests and Procedures Results	N/A	N/A	N/A	N/A	N/A	N/A

Overall EDTC Measure						
(All eight data elements were documented and	N/A	N/A	N/A	N/A	N/A	N/A