



RQITA
RESOURCE CENTER

**A Dive Into the Emergency Department
Transfer Communication (EDTC)
MBQIP Core Measure**

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RQITA | Telligen

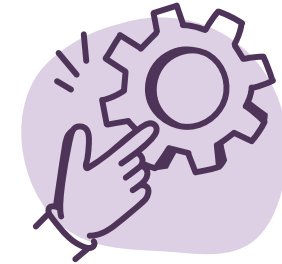
Role of Rural Quality Improvement Technical Assistance Center (RQITA)



The goal of RQITA is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of Federal Office of Rural Health Policy (FORHP) quality initiatives, which are focused on quality measure reporting and improvement.



RQITA is intended to add expertise related to quality reporting and quality improvement, not to replace technical assistance support already in place.



Resources and Services

- Monthly Newsletter
- Up-to-date resources, guides and tools
- 1:1 technical assistance
- Learning and action webinar events
- Recorded trainings
- [Telligen RQITA website for quality improvement resources](#)
- [TASC Rural Center website](#)

The RQITA Team



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Objectives



- Discuss measure specification, reporting and submission guidance
- Identify next steps to improve communication and documentation of communication.
- Open discussion and peer-to-peer learning



Before We Begin.....



During this mini session, jot down what kind of support would be helpful to be successful in this measure.

OR

During this mini session, identify what your hospital does well when it comes to Emergency Department Transfer Communication.



Emergency Department Transfer Communication (EDTC)

Emergency Department
Domain



Emergency Department Transfer Communication (EDTC)



Measure Description: Percent of Patients who are transferred from an ED to another healthcare facility that have all necessary communication made available to the receiving facility in a timely manner.

Data Elements (8):

- Home Medications
- Allergies and/or Reactions
- Medications Administered in ED
- 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

Emergency Department Transfer Communication (EDTC)



Numerator: Number of patients discharged, transferred, or returned to another healthcare facility whose medical record documentation indicated that ALL 8 data elements were documented and communicated to the receiving hospital in a timely manner.

Denominator: ED patients who are discharged, transferred, or returned to another healthcare facility

Exclusions:

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

Emergency Department Transfer Communication (EDTC)



Calculation: This measure is calculated using an all or none approach. The overall EDTC Measure can be calculated as the percent of patients that met all the eight data elements divided by all transfers from ED to another healthcare facility.

Improvement Noted As: Increase in rate

Measure Rationale: Timely, accurate, and direct communication facilitates the handoff to the receiving facility, provides continuity of care and avoids medical errors and redundant tests.

Emergency Department Transfer Communication (EDTC)



Measure Population (Determines the cases to abstract and submit): Patients admitted to the emergency department who were then discharged, transferred, or returned to any type of acute care facility, or other care facility.

Sample Size Requirements:

Quarterly:

- 0-44 - submit all cases
- > 45 - submit 45 cases

Monthly

- 0-15 - submit all cases
- 15 - submit 15 cases

The following measure specific sampling requirements exist: Hospitals need to submit a minimum of 45 cases per quarter from the required population. A hospital may choose to sample and submit more than 45 cases. Hospitals that choose to sample have the option of sampling quarterly or sampling monthly. **Hospitals whose initial patient population size is less than the minimum number of 45 cases per quarter for the measure cannot sample and should submit all cases for the quarter**

Emergency Department Transfer Communication (EDTC)



Data Source: Manual chart abstraction retrospective data sources for required data elements include administrative data and medical records.

Data Collection Approach: Chart abstracted, composite of EDTC data elements 1-8, using an all or none approach

Measure Submission and Reporting Channel: Submission process directed by state Flex Program and SDAHO

Emergency Department Transfer Communication (EDTC)



Encounter Period:

- Q1 (January 1 – March 31)
- Q2 (April 1 – June 30)
- Q3 (July 1 – September 30)
- Q4 (October 1- December 31)

Submission Deadline:

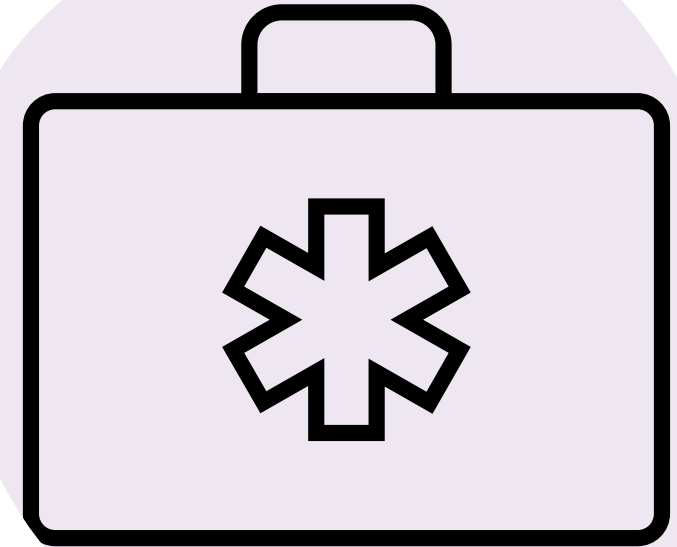
- Q1 encounters (January 1 – March 31) DUE April 30
- Q2 encounters (April 1 – June 30) DUE July 31
- Q3 encounters (July 1 – September 30) DUE October 31
- Q4 encounters (October 1- December 31) DUE January 31

Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.

Resources to Support You



- [Stratis EDTC Toolkit](#)





Next Steps

It All Starts With Data!



of CAH's Reporting = 40

SD Statewide data: Current Quarter Composite (*all 8 elements*) = 90%

Nationwide data: Current Quarter Composite (*all 8 elements*) = 91%

Benchmark = 100%



Statewide Opportunities –

- Medications Administered in the ED
- ED Provider Note

South Dakota

State-Level Care Transition Core Measures/EDTC Report

Quarter 4 - 2023

Generated on 02/26/24

MBQIP Quality Measure	Your State's Performance by Quarter					State Current Quarter			National Current Quarter		Benchmark
	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Aggregate for All Four Quarters	# CAHs Reporting	Average Current Quarter	90th Percentile	# CAHs Reporting	Average Current Quarter	Average Current Quarter
EDTC-All Composite	87%	90%	92%	91%	90%	40	91%	100%	1,195	92%	100%
Home Medications	92%	92%	95%	94%	93%	40	94%	100%	1,195	95%	100%
Allergies and/or Reactions	91%	92%	94%	95%	93%	40	95%	100%	1,195	97%	100%
Medications Administered in ED	89%	92%	94%	94%	92%	40	94%	100%	1,195	97%	100%
ED Provider Note	90%	91%	93%	93%	92%	40	93%	100%	1,195	96%	100%
Mental Status/Orientation Assessment	91%	92%	94%	95%	93%	40	95%	100%	1,195	97%	100%
Reason for Transfer and/or Plan of Care	93%	93%	95%	96%	94%	40	96%	100%	1,195	98%	100%
Tests and/or Procedures Performed	92%	92%	94%	95%	94%	40	95%	100%	1,195	97%	100%
Tests and/or Procedures Results	92%	92%	94%	95%	93%	40	95%	100%	1,195	97%	100%
Total Medical Records Reviewed (N)	N=1,334	N=1,466	N=1,487	N=1,508	N=5,795	N=1,508			N=51,575		

"N/A" indicates that no CAH data were submitted for this state.

Identify an ED Transfer Improvement Team

- Gain commitment of hospital leadership
 - What is your hospital specific data?
Compared to state data? National data?
- Establish an improvement team
- Develop an action plan
 - Process Map!!!
- Implement Action Plan
- Sustain the Improvement





Peer-to-Peer Discussion



- What do you need?
- Who does this well?
- Mentor Volunteers?



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Thank You!

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