



ED Transfer Communication Study Baseline Report

Data Collection: November 2014
Quarter 3, 2014
Number of cases: 934
Report date: December 2014

Peer Group & Aggregate

PROJECT SUMMARY

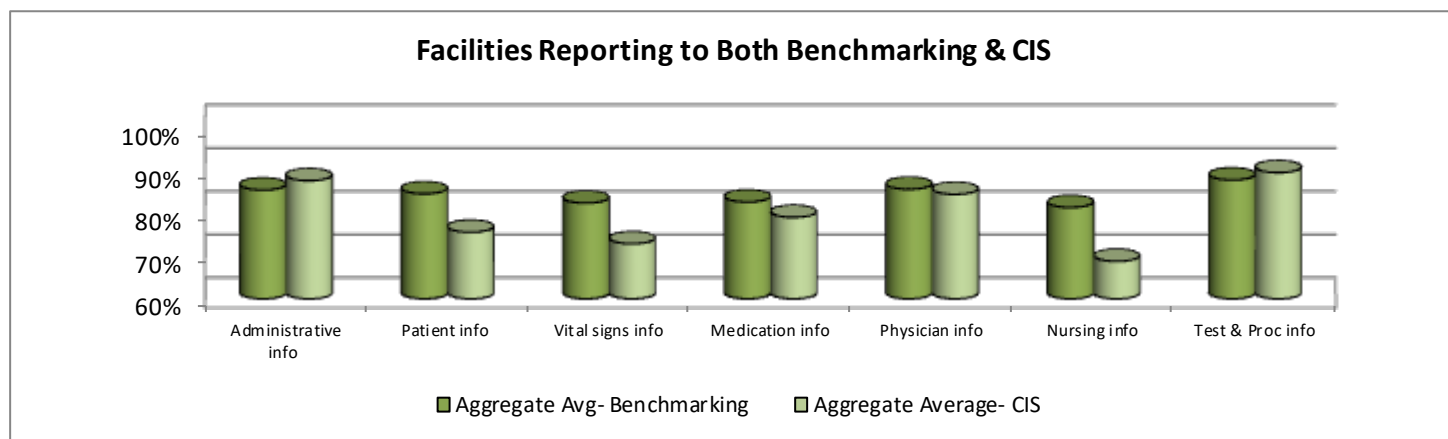
The safe transfer of patients from one hospital setting to another has become a national patient safety focus. National performance measures for this process have been clearly articulated by the National Quality Foundation (NQF) and adopted by HRSA. These measures are particularly relevant to MT critical access hospitals which typically experience higher numbers of transferred patients compared to their hospital admissions. The PIN has undertaken an improvement study to support members in consistently meeting this standard of care by identifying specific elements of ED Transfer Communications where there is opportunity for improvement.

New for this study: Two levels of participation. The Clinical Improvement Study (CIS) which provides the opportunity for identifying specific sub-measures where either documentation or communication needs improvement or through PIN Benchmarking which only allows for a high-level view of the seven ED Transfer Communication measures.

Top Performers! Facilities scoring 100% on a specific sub-measure of the CIS will be recognized and asked to share some of their ED transfer practices and resources during the performance improvement period.

Participants

- 21 PIN members representing each of the 5 PIN peer groups submitted 639 cases for the Clinical Improvement Study Deeper Dive.
- 34 PIN members submitted 934 cases to the PIN Benchmarking Project.



Interesting Finding The PIN combined the benchmarking and clinical improvement study to simplify the CIS process by selecting measures facilities are already reporting to the PIN benchmarking. The CIS process requires a more detailed data collection on the *same cases* to identify the specific elements where facilities can focus their performance improvement efforts. It was found that the number cases reported to have all communications documented in the benchmarking did not match the results reported to the CIS.

Potential causes:

- The CIS baseline tool was not ready to be released when the data collection opened for PIN Benchmarking, causing different cases to be analyzed
- The instructions for sampling for the CIS and the benchmarking were not worded the same

- It was not clear that the same cases used for the benchmarking should be used for the CIS
- It is not clear in the measurement description in the PIN Benchmarking that each measure represents all elements being documented or the entire measure is not considered complete
- Facilities may have different staff collecting data (benchmarking vs CIS)

Data Limitations: Only one facility from peer group 4 submitted baseline data, so peer groups 4 and 5 are combined for peer comparison purposes.

Opportunities for improvement identified in the seven high-level measures:

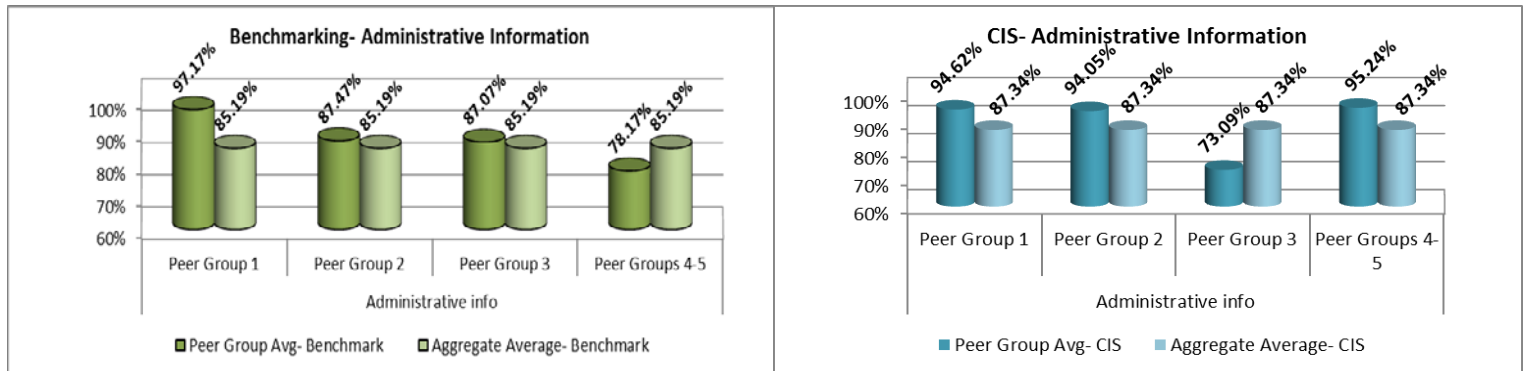
- There is room for improvement in all of the seven measures. The most consistent documentation is for reporting tests & procedures performed by the transferring facility and for the communication of administrative information prior to departure from the transferring facility
- The largest inconsistency in documentation occurred in the communication of *all* nursing information, vital signs information and patient information to the receiving facility

Clinical Improvement Study Measures & Sub-measures

(High-lighted percentages show where there's opportunity for improvement)

1. **Administrative Communication (NQF #291)** Does the medical record documentation indicate that the following communication occurred prior to departure of the patient from ED to another healthcare facility?

a. Peer Group to Aggregate Comparison



b. Sub-measures for Administrative Communication (CIS participant totals)

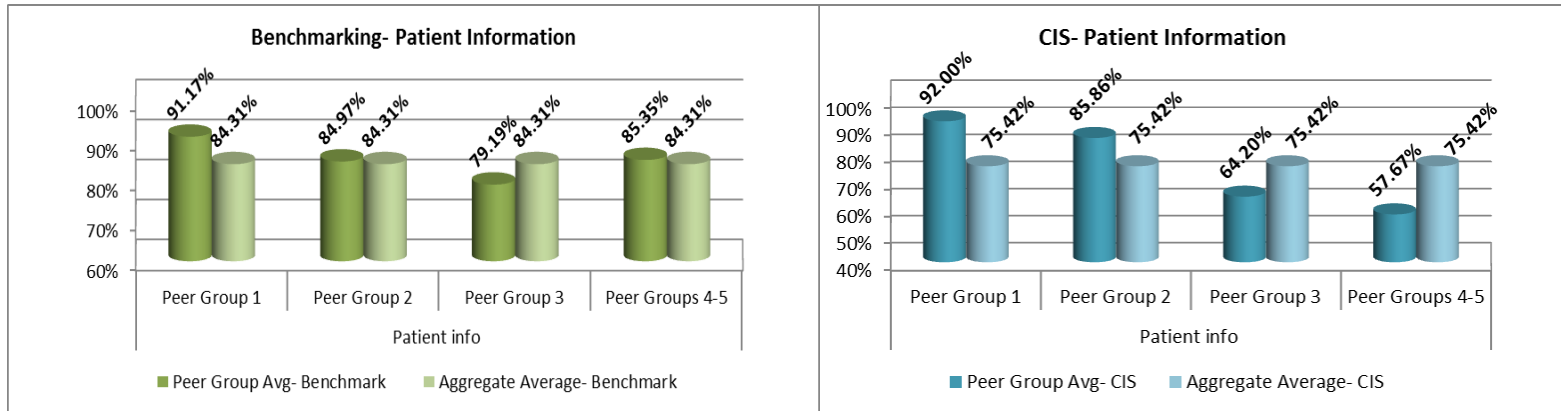
Sub-Measures	Peer Group 1	Peer Group 2	Peer Group 3	Peer Group 4-5	Aggregate
a) Facility to Facility prior to departure	94.62%	96.58%	74.08%	95.24%	88.52%
b) Physician to Physician prior to departure	94.62%	95.24%	98.01%	95.24%	96.05%

c. Areas for improvement

- i. Overall a very strong measure. Changing the wording to *facility to facility communication* in place of *nurse to nurse communication* seems to have increased the number of facilities that are documenting the communication of administrative information *prior to departure*.

2. **Patient Information (NQF #294)** Does the medical record documentation indicate that the following patient information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

a. Peer Group to Aggregate Comparison



b. Sub-measures for Patient Information (CIS participant totals)

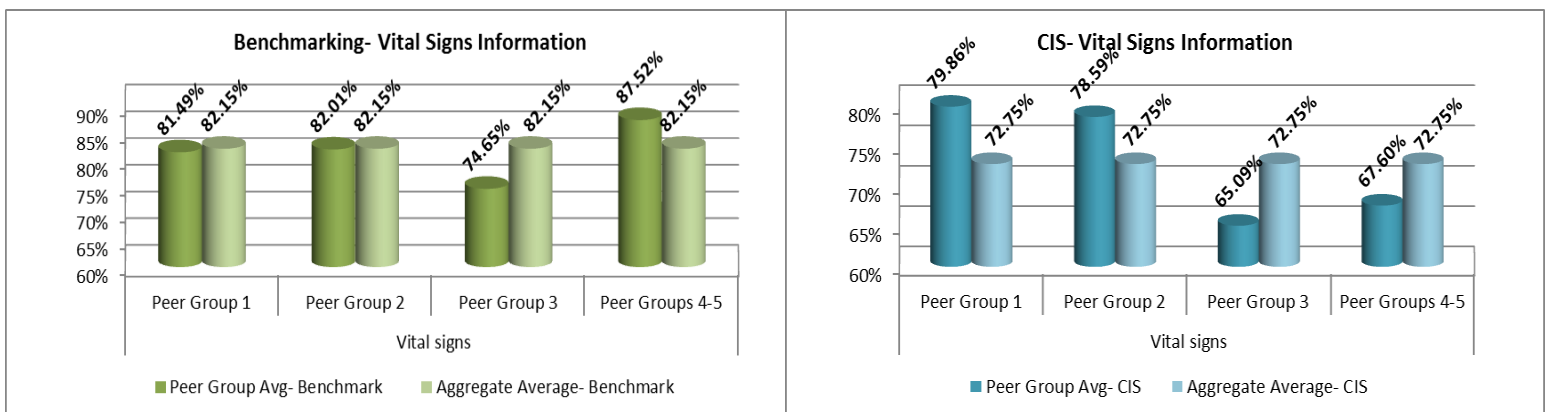
Sub-Measures	Peer Group 1	Peer Group 2	Peer Group 3	Peer Group 4-5	Aggregate
a) patient name	92.00%	96.88%	91.71%	100.00%	94.67%
b) patient address	92.00%	85.71%	80.35%	95.24%	86.48%
c) patient age or date of birth	92.00%	94.20%	91.06%	100.00%	93.56%
d) patient gender	92.00%	93.30%	90.41%	95.24%	92.37%
e) patient contact information (family member/significant other/friend)	92.00%	85.42%	68.61%	59.92%	77.43%
f) patient health insurance information	97.11%	85.26%	73.70%	93.28%	84.81%

c. Areas for Improvement

- Patient contact information was not documented for a large percentage of patients. There are times when this information is not available; however it should be documented that this is the case.
- Patient health insurance & address were also not documented in a large number of cases.

3. **Vital Signs (NQF #292)** Does the medical record documentation indicate that the following patient's vital signs were taken and the information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

a. Peer Group and Aggregate Comparison



b. Sub-measures for Vital Signs Information (CIS participant totals)

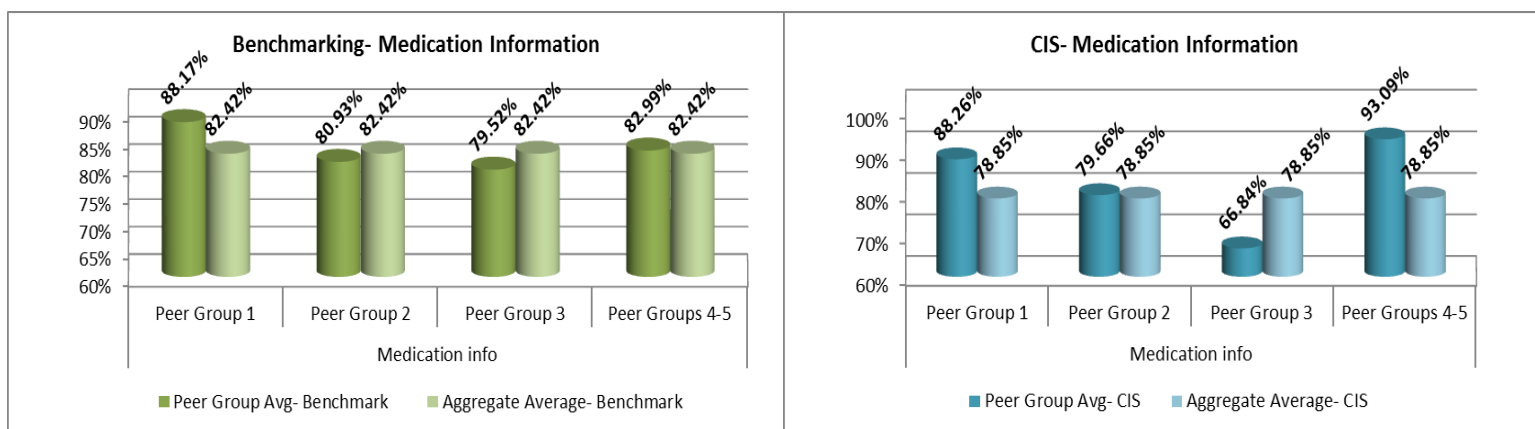
Sub-Measures	Peer Group 1	Peer Group 2	Peer Group 3	Peer Group 4-5	Aggregate
a) pulse	85.00%	86.04%	86.40%	98.04%	87.67%
b) respiratory rate	84.11%	84.91%	85.08%	98.04%	86.69%
c) blood pressure	84.11%	86.04%	85.92%	93.28%	86.66%
d) oxygen saturation	85.00%	82.46%	75.58%	92.16%	82.04%
e) temperature	84.11%	83.60%	80.94%	91.34%	83.92%
f) Glasgow coma scale	85.65%	84.32%	87.09%	78.57%	84.68%

c. Areas for improvement

- i. Room for improvement in all areas. There should be documentation of *all* vital signs being communicated to the receiving facility.

4. **Medication Information (NQF # 293)** Does the medical record documentation indicate that the following patient's medication information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

a. Peer Group and Aggregate Comparison



b. Sub-measures for Medication Information(CIS participant totals)

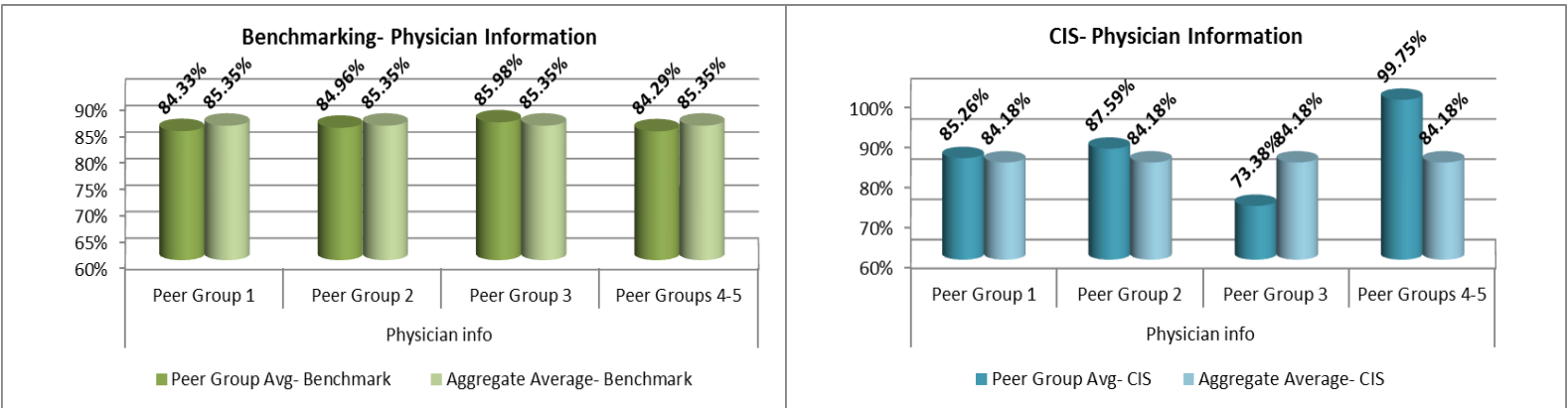
Sub-Measures	Peer Group 1	Peer Group 2	Peer Group 3	Peer Group 4-5	Aggregate
a) home medications	88.26%	81.23%	69.44%	100.00%	81.32%
b) allergies/reactions	88.26%	84.61%	87.45%	95.24%	87.77%
c) administered in the ED	90.26%	84.64%	89.09%	92.46%	88.31%

c. Areas for improvement

- i. There were a number of cases that did not have medications documented, the most frequently missed are home medications; however, there is an option to indicate that this information was unavailable, it just need to be documented that this is what happened.

5. **Physician Information (NQF # 295)** Does the medical record documentation indicate that the following physician or practitioner generated information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

a. Peer Group and Aggregate Comparison



b. Sub-measures for Physician Information(CIS participant totals)

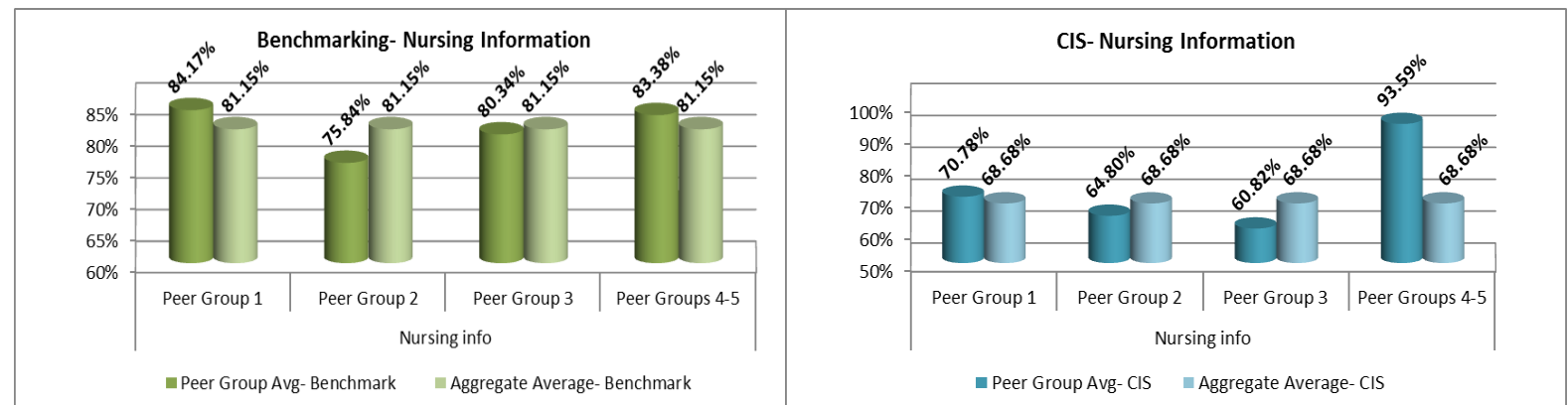
Sub-Measures	Peer Group 1	Peer Group 2	Peer Group 3	Peer Group 4-5	Aggregate
a) history and physical	85.26%	86.16%	72.46%	100.00%	83.40%
b) reason for transfer and/or plan of care	97.11%	93.84%	84.16%	100.00%	92.12%

c. Areas for improvement

- Most facilities documented they had communicated the reason for transfer and/or a plan of care.
- There is room for improvement with History & Physicals being documented by the transferring facility

6. **Nursing Information (NQF #296)** Does the medical record documentation indicate that the following nurse generated information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

a. Peer Group and Aggregate Comparison



b. Sub-measures for Nursing Information(CIS participant totals)

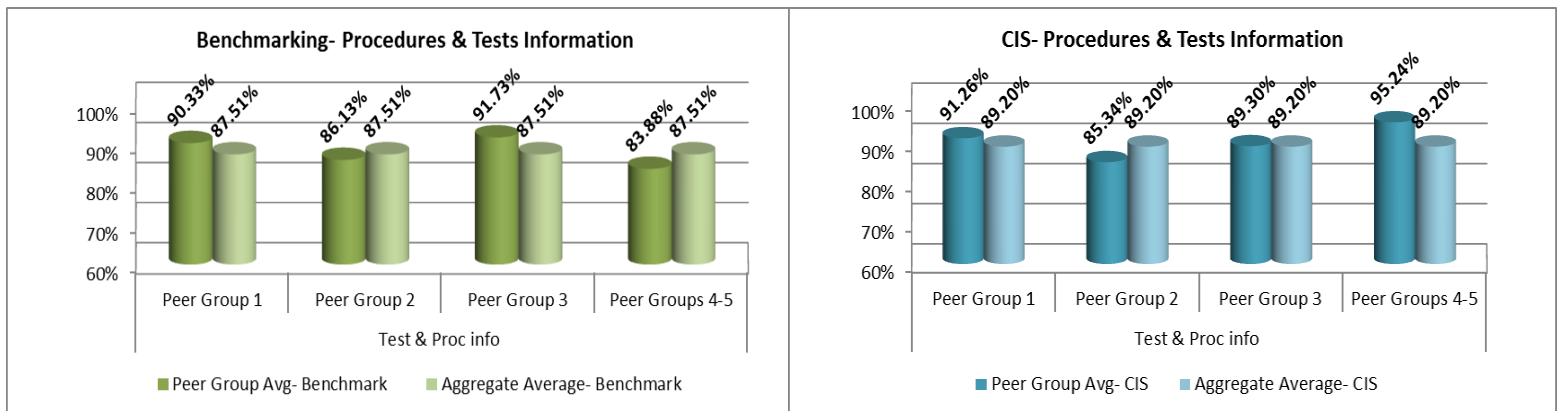
Sub-Measures	Peer Group 1	Peer Group 2	Peer Group 3	Peer Group 4-5	Aggregate
a) nursing notes	84.26%	81.70%	71.89%	93.28%	80.57%
b) sensory status (impairments)	84.26%	71.31%	74.88%	93.28%	78.10%
c) catheters/ IV	84.26%	81.86%	89.42%	100.00%	87.43%
d) immobilizations	80.99%	80.56%	89.26%	100.00%	86.32%
e) respiratory support	82.70%	79.84%	89.46%	100.00%	86.47%
f) oral restrictions	75.94%	73.38%	86.67%	100.00%	82.10%

c. Areas for improvement

- Sensory status was the most frequent omission from the documentation of nursing information.
- Many facilities struggled to get all elements of the nursing information measure included for all cases

7. **Procedures & Tests Information (NQF #297)** Does the medical record documentation indicate that the following procedures and tests information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

a. Peer Group and Aggregate Comparison



b. Sub-measures for Physician Information(CIS participant totals)

Sub-Measures	Peer Group 1	Peer Group 2	Peer Group 3	Peer Group 4-5	Aggregate
a) tests and procedures performed	91.26%	85.77%	89.30%	95.24%	89.35%
b) tests and procedure results	91.26%	85.16%	89.30%	95.24%	89.14%

c. Areas for improvement

- This is the strongest measure with most facilities reporting over 90% of the cases were completely documented.

Study Improvements: by the PIN for re-measurement data collection, the following improvements will be in place: (please let us know if there are other suggestions you have for improving the CIS process)

- The CIS data reporting period will coincide with the PIN Benchmarking data collection period
- The same people, or teams, will be encouraged to pull the information for the benchmarking as well as the deeper dive for the study
- Definitions will be clarified on the PIN Benchmarking to make certain everyone is aware that all sub-measures must be documented to get any credit for that measure on each case
- The sampling method will be defined better for both the study and the benchmarking, making it clear that the same cases should be used for both reports
- Data collection notices will go out at the same time to the same contacts.



ED Transfer Communication Study Remeasure Report

Data Collection: July 2015
Quarter 2, 2015
Number of cases: 1022
Report date: July 2015

Peer Group & Aggregate

PROJECT SUMMARY

The safe transfer of patients from one hospital setting to another has become a national patient safety focus. National performance measures for this process have been clearly articulated by the National Quality Foundation (NQF) and adopted by HRSA. These measures are particularly relevant to MT critical access hospitals which typically experience higher numbers of transferred patients compared to their hospital admissions. The PIN has undertaken an improvement study to support members in consistently meeting this standard of care by identifying specific elements of ED Transfer Communications where there is opportunity for improvement.

New for this study: Two levels of participation. The Clinical Improvement Study (CIS) which provides the opportunity for identifying specific sub-measures where either documentation or communication needs improvement or through PIN Benchmarking which only allows for a high-level view of the seven ED Transfer Communication measures.

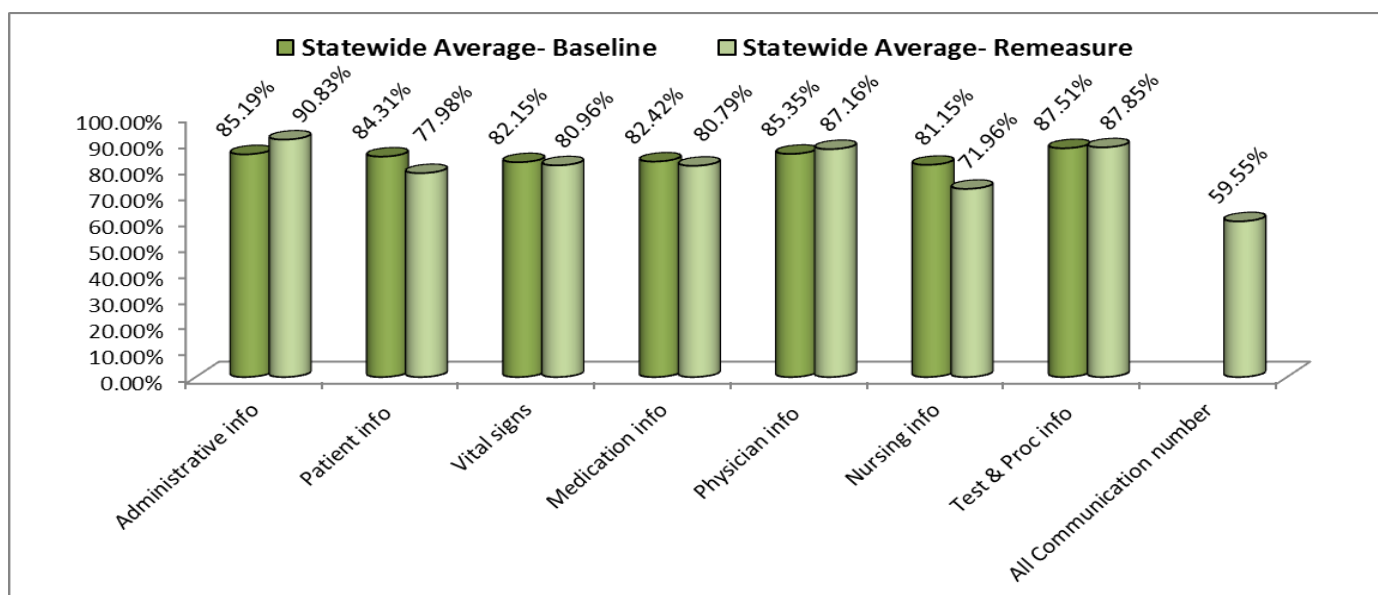
Participants

- 21 PIN members representing each of the 5 PIN peer groups submitted 579 cases for the Clinical Improvement Study Deeper Dive.
- 15 PIN members completed both the baseline and re-measure data submissions of the study; 6 facilities submitted data for the first time for Q2 2015
- 35 PIN members submitted a total of 1022 cases to the PIN Benchmarking Project.

Statewide findings:

- Only 608 cases of the 1022 had completely documented communication between their facility and the receiving facility (New "All Communications" Measure)
- The PIN benchmarking project showed improvement on 3 of the 7 measures
- The 15 CIS participants showed improvement on all 7 of the 7 measures!!

Benchmark Comparison- Baseline to Remeasure

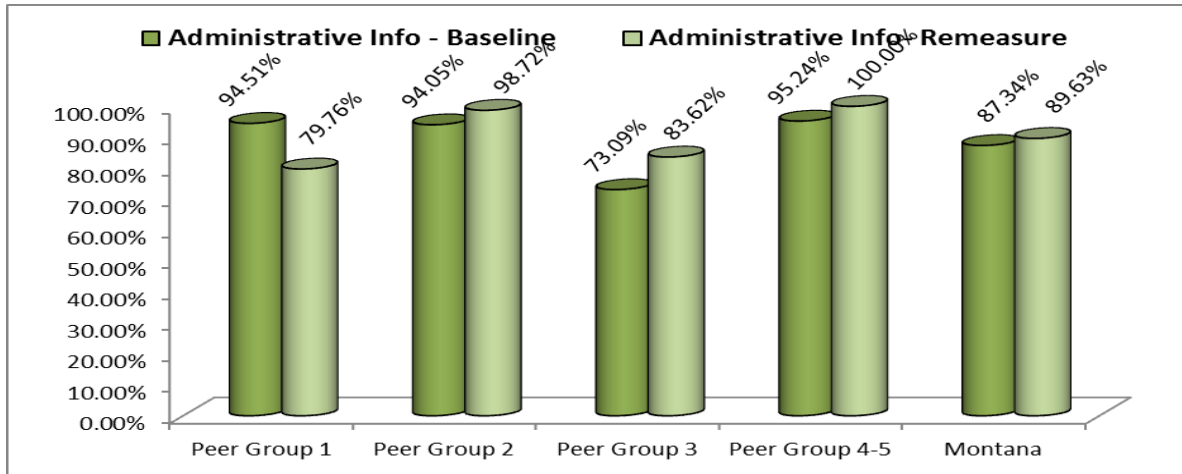


Clinical Improvement Study Measures & Sub-measures

(High-lighted percentages show a decrease from the baseline measure)

1. **Administrative Communication (NQF #291)** 63.36% Does the medical record documentation indicate that the following communication occurred prior to departure of the patient from ED to another healthcare facility?

- a. Peer Group & State Comparison- Baseline to Remeasure

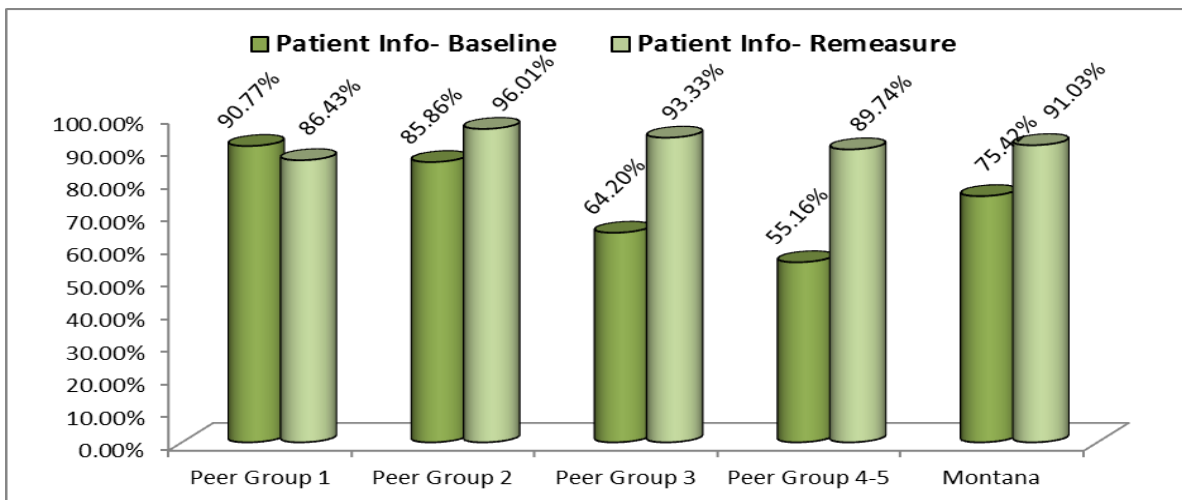


- b. Sub-measures for Administrative Communication (CIS participant totals)

	Peer Group 1		Peer Group 2		Peer Group 3		Peer Group 4-5		Montana	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
Admin (a) Facility to Facility prior to departure	94.62%	77.58%	96.58%	98.49%	74.08%	87.36%	95.24%	100.00%	88.52%	90.99%
Admin. (b) Physician to Physician	94.62%	95.60%	95.24%	98.00%	98.01%	96.26%	95.24%	100.00%	96.05%	97.41%

2. **Patient Information (NQF #294)** Does the medical record documentation indicate that the following patient information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

- a. Peer Group & State Comparison- Baseline to Remeasure

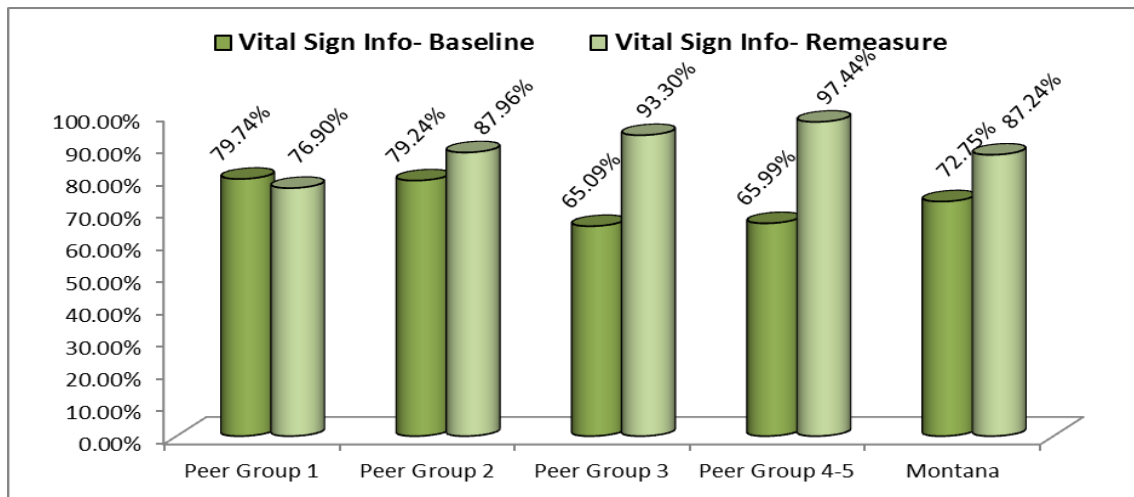


b. Sub-measures for Patient Information

	Peer Group 1		Peer Group 2		Peer Group 3		Peer Group 4-5		Montana	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
Patient (a) patient name	92.00%	97.29%	96.88%	96.32%	91.71%	100.00%	100.00%	100.00%	94.67%	98.05%
Patient (b) patient address	92.00%	89.13%	85.71%	91.93%	80.35%	100.00%	95.24%	100.00%	86.48%	94.41%
Patient (c) patient age or date of birth	89.33%	97.83%	94.20%	95.35%	91.06%	100.00%	100.00%	100.00%	93.56%	97.87%
Patient (d) patient gender	92.00%	98.91%	93.30%	96.37%	90.41%	100.00%	95.24%	100.00%	92.37%	98.50%
Patient (e) patient contact information (family member/significant other/friend)	92.00%	90.22%	85.42%	92.42%	68.61%	93.33%	59.92%	100.00%	77.43%	93.53%
Patient (f) patient health insurance	97.11%	90.22%	85.26%	91.93%	73.70%	95.56%	93.28%	100.00%	84.81%	93.81%

3. **Vital Signs (NQF #292)** Does the medical record documentation indicate that the following patient's vital signs were taken and the information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

a. Peer Group & State Comparison- Baseline to Remeasure

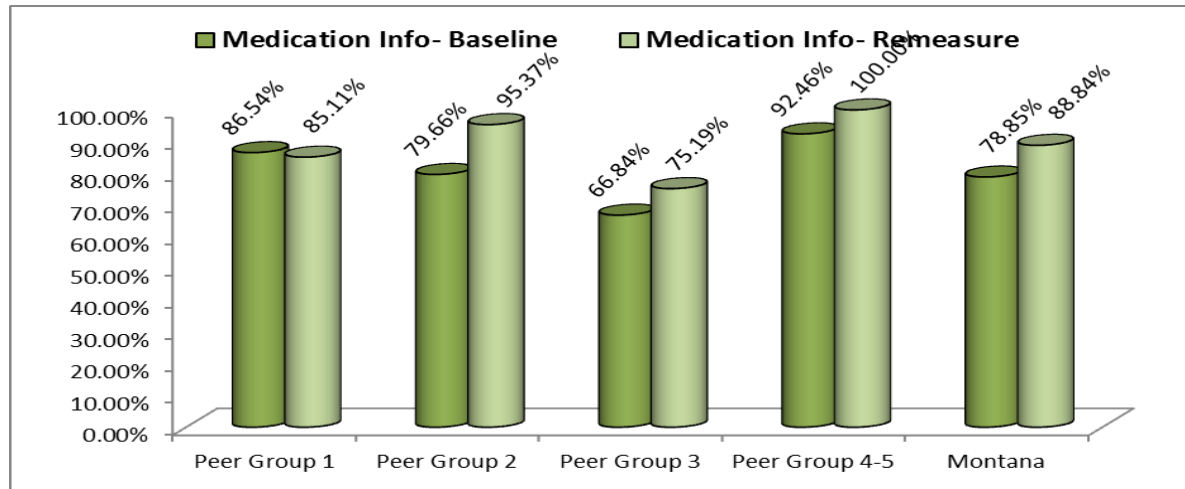


b. Sub-measures for Vital Signs Information (CIS participant totals)

	Peer Group 1		Peer Group 2		Peer Group 3		Peer Group 4-5		Montana	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
Vitals (a) pulse	85.00%	92.92%	86.04%	90.83%	86.40%	99.26%	98.04%	100.00%	87.67%	94.91%
Vitals (b) respiratory rate	84.11%	92.92%	84.91%	90.34%	85.08%	99.26%	98.04%	100.00%	86.69%	94.75%
Vitals (c) blood pressure	84.11%	94.01%	86.04%	89.34%	85.92%	98.52%	93.28%	100.00%	86.66%	94.55%
Vitals (d) oxygen saturation	85.00%	92.92%	82.46%	89.87%	75.58%	97.04%	92.16%	97.44%	82.04%	93.63%
Vitals (e) temperature	84.11%	92.92%	83.60%	90.86%	80.94%	97.78%	91.34%	100.00%	83.92%	94.62%
Vitals (f) Glasgow coma scale	85.65%	95.10%	84.32%	90.97%	87.09%	97.74%	78.57%	100.00%	84.68%	95.23%

4. **Medication Information (NQF # 293)** Does the medical record documentation indicate that the following patient's medication information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

a. Peer Group & State Comparison- Baseline to Remeasure

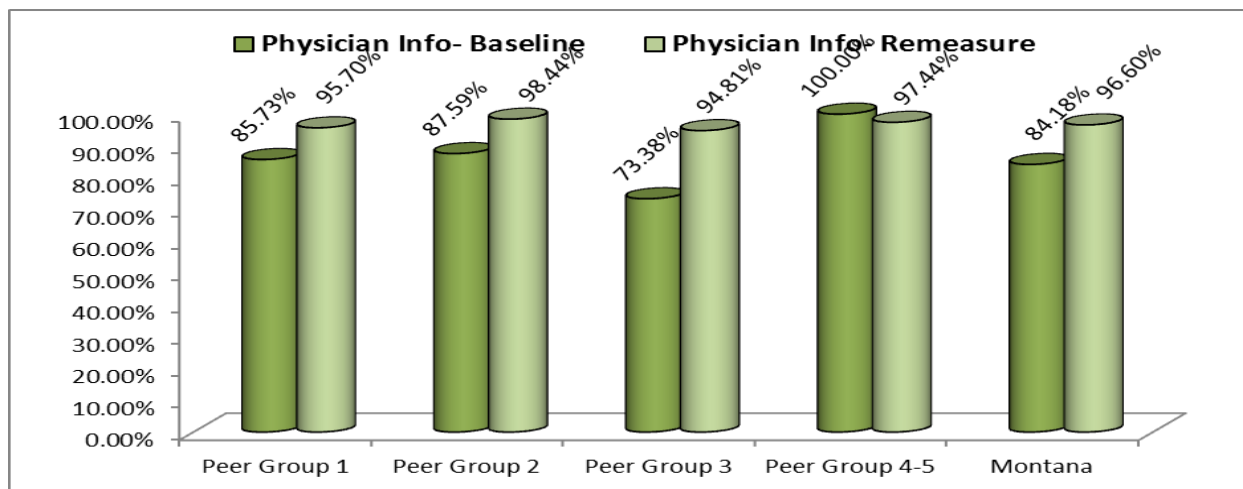


b. Sub-measures for Medication Information (CIS participant totals)

	Peer Group 1		Peer Group 2		Peer Group 3		Peer Group 4-5		Montana	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
Medications (a) home medications	88.26%	90.75%	81.23%	93.88%	69.44%	81.14%	100.00%	100.00%	81.32%	91.72%
Medications (b) allergies/reactions	88.26%	93.48%	84.61%	92.42%	87.45%	91.85%	95.24%	100.00%	87.77%	94.10%
Medications (c) administered in the ED	90.26%	88.04%	84.64%	92.40%	89.09%	97.00%	92.46%	100.00%	88.31%	93.68%

- c. **Physician Information (NQF # 295)** Does the medical record documentation indicate that the following physician or practitioner generated information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

a. Peer Group & State Comparison- Baseline to Remeasure

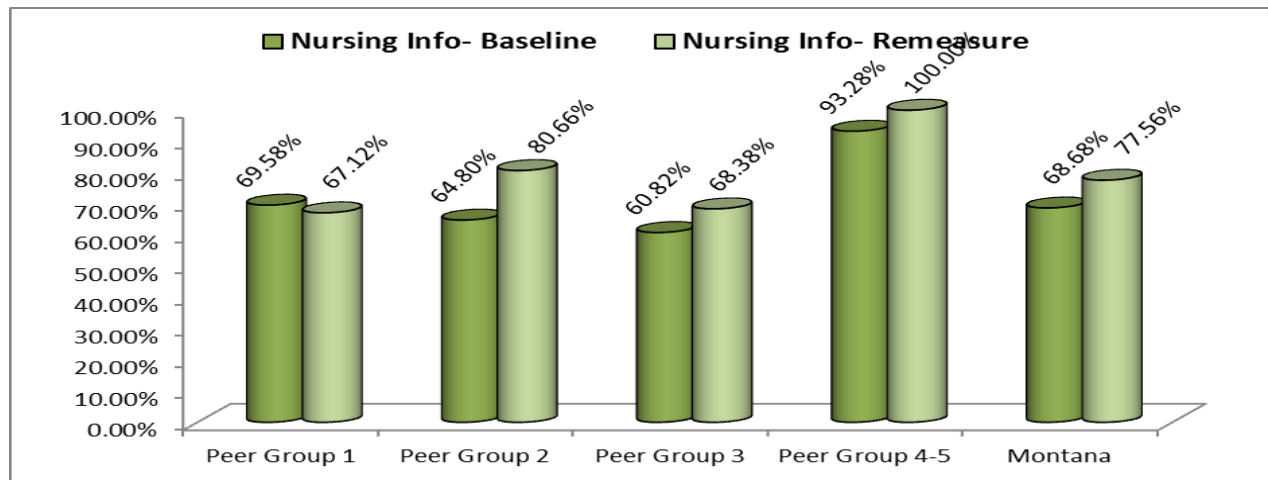


b. Sub-measures for Physician Information(CIS participant totals)

	Peer Group 1		Peer Group 2		Peer Group 3		Peer Group 4-5		Montana	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
Physician (a) history and physical	85.26%	100.00%	86.16%	95.82%	72.46%	94.81%	100.00%	97.44%	83.40%	97.06%
Physician (b) reason for transfer and/or plan of care	97.11%	98.89%	93.84%	96.45%	84.16%	98.52%	100.00%	100.00%	92.12%	98.22%

d. **Nursing Information (NQF #296)** Does the medical record documentation indicate that the following nurse generated information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

a. Peer Group & State Comparison- Baseline to Remeasure

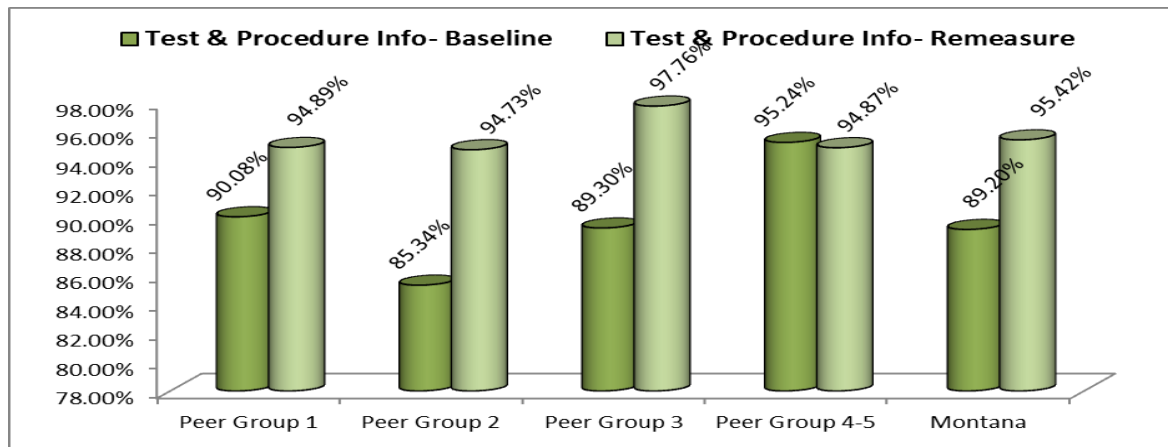


b. Sub-measures for Nursing Information(CIS participant totals)

	Peer Group 1		Peer Group 2		Peer Group 3		Peer Group 4-5		Montana	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
Nursing (a) nursing notes	84.26%	73.89%	81.70%	88.86%	71.89%	94.07%	93.28%	100.00%	80.57%	88.14%
Nursing (b) sensory status (impairments)	84.26%	77.71%	71.31%	89.34%	74.88%	94.07%	93.28%	100.00%	78.10%	89.32%
Nursing (c) catheters/ IV	84.26%	85.87%	81.86%	92.83%	89.42%	99.26%	100.00%	100.00%	87.43%	93.69%
Nursing (d) immobilizations	80.99%	77.17%	80.56%	95.91%	89.26%	99.24%	100.00%	100.00%	86.32%	92.40%
Nursing (e) respiratory support	82.70%	83.70%	79.84%	95.56%	89.46%	95.51%	100.00%	100.00%	86.47%	93.27%
Nursing (f) oral restrictions	75.94%	70.99%	73.38%	89.72%	86.67%	69.87%	100.00%	100.00%	82.10%	82.81%

7. **Procedures & Tests Information (NQF #297)** Does the medical record documentation indicate that the following procedures and tests information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?

a. Peer Group & State Comparison- Baseline to Remeasure

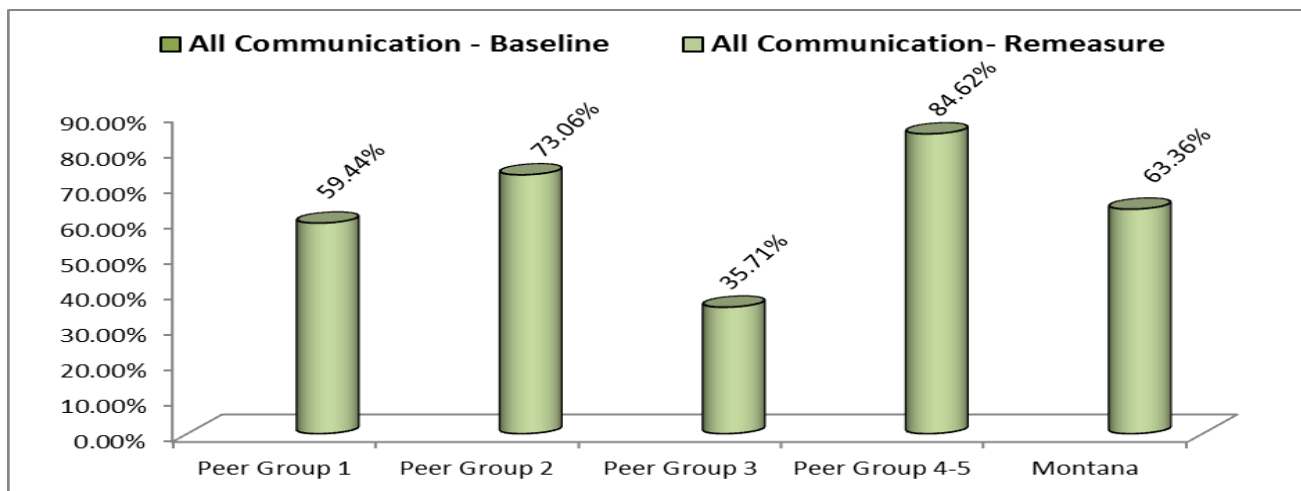


b. Sub-measures for Test & Procedure Information(CIS participant totals)

	Peer Group 1		Peer Group 2		Peer Group 3		Peer Group 4-5		Montana	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
Tests & Procedures (a) tests and procedures performed	91.26%	97.27%	85.77%	93.37%	89.30%	99.24%	95.24%	94.87%	89.35%	95.89%
Tests & Procedures (b) tests and procedure results	91.26%	97.27%	85.16%	92.86%	89.30%	97.76%	95.24%	94.87%	89.14%	95.42%

8. **NEW!! All Communication Number (EDTC-All or None Measure)** Number of patients transferred to another healthcare facility whose medical record documentation indicated that all of the relevant elements for each of the 7 sub-measures were communicated to the receiving hospital within 60 minutes of discharge.

a. Peer Group & State Comparison- Baseline to Remeasure



b. No Comparison Data; new measure for 2015.

ED Transfer Communication Data Reporting Guidelines:

NEW! Measure Calculation: each of the seven measures is calculated using an all-or-none approach. Data elements are identified for each measure. If the data element is not appropriate for the patient, items scored as NA (not applicable) are counted in the measure as a positive, or 'yes,' response and the patient will meet the measure criteria. The patient will either need to meet the criteria for *all* of the data elements (or have an NA) to pass the measure.

Cases to Include:

Facilities with an average of 15 or fewer emergency department transfers to another acute care facility ***per month***: report on ***all*** CAH emergency patients transferred to another acute care facility.

Facilities with greater than an average of 15 ED transfer cases ***per month*** (over 45 cases/reporting period): either report all cases or perform a random sample of 15 emergency department patients who were transferred to another acute care facility for ***each month*** in the data collection period. Cases selected should represent each day, each shift, and the full spectrum of case types, patient ages, and practitioners seen throughout each month. If participating in PIN Benchmarking, please report sub-measures on the same cases.

Cases to Exclude: Emergency department patients who are not transferred to another care facility; those transferred to home, hospice, expired, AMA (against medical advice), not documented/unable to determine.

For Complete Guidelines go to:

http://www.mtpin.org/docs/ActiveStudies/EDTransfer2014/Stratis%20Data%20Collection%20Guide_73014.docx



ED Transfer Communication Baseline Measure/ Sub-Meas

Facility Name:				Facility Contact:					
ED Transfer Communications Measures:		1. Administrative Communication (NQF # 291): Does the medical record documentation indicate that the following communication occurred <i>prior to</i> departure of the patient from ED to another healthcare facility?		2. Patient Information (NQF # 294): Does					
ED Transfer Sub-Measures (elements): Did the information for each measure communicated to the receiving community include:		a. evidence of communication between the transferring ED and the receiving hospital (This does not need to be full report. Acceptable communication includes assuring the availability of appropriate bed and staff for the patient.)	b. evidence of the Physician/Advanced Practice Nurse/Physician Assistant (Physician/APN/PA) to Physician/APN/PA communication	a. patient name		b. patient address			
Case Number (Not medical record #): Place an "x" to indicate your response to each sub-measure for every ED transfer case		YES	NO	YES	NO	YES	NO	N/A	YES

[illegible]

[illegible]

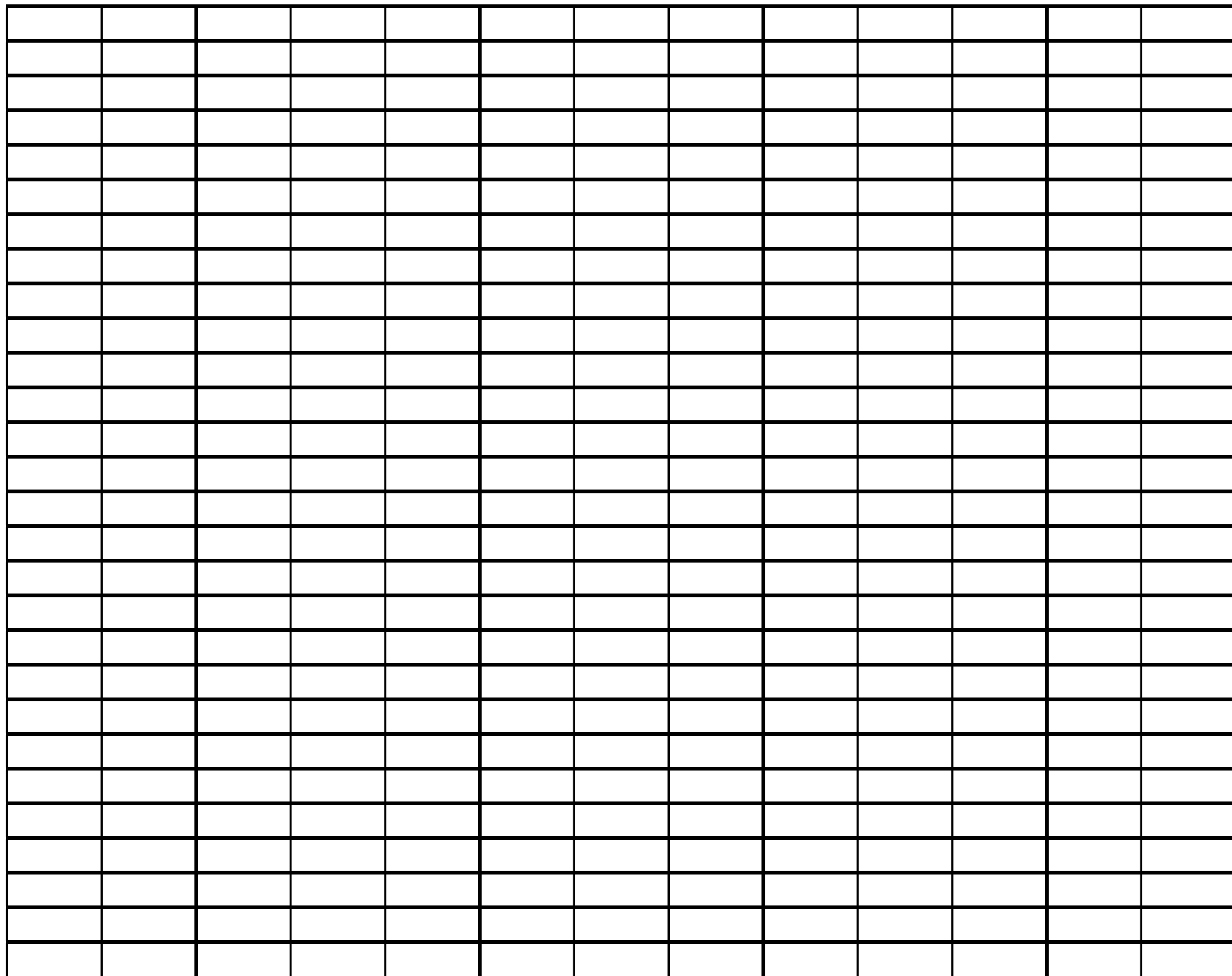
[illegible]

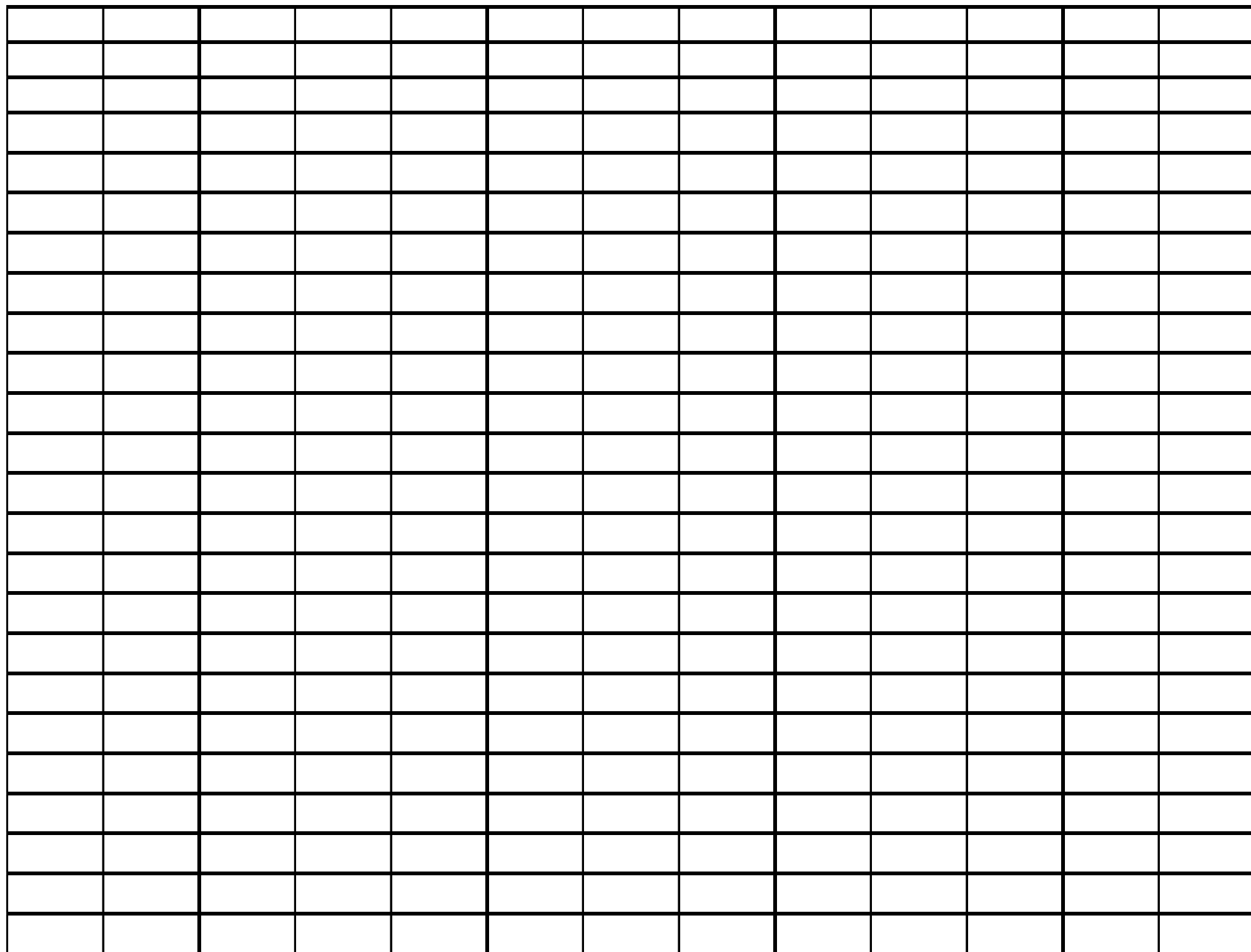
Figure: Data Collection Tool

Contact Email Address:	Phone #:
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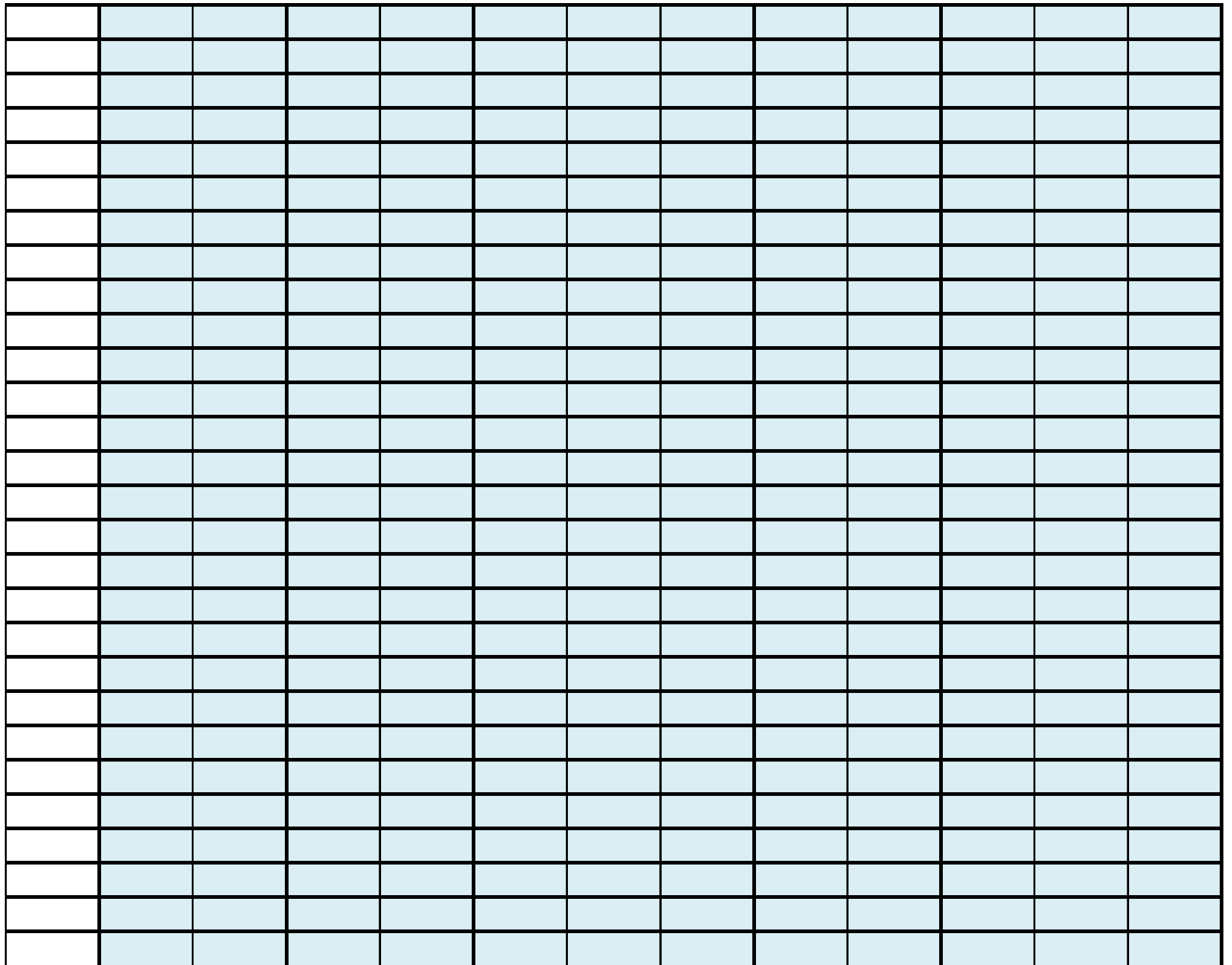
the medical record documentation indicate that the following patient information went with the patient or was communicated via fax or phone or internet/EHR Health Record connection availability within 60 minutes of the patient's discharge?

[illegible]



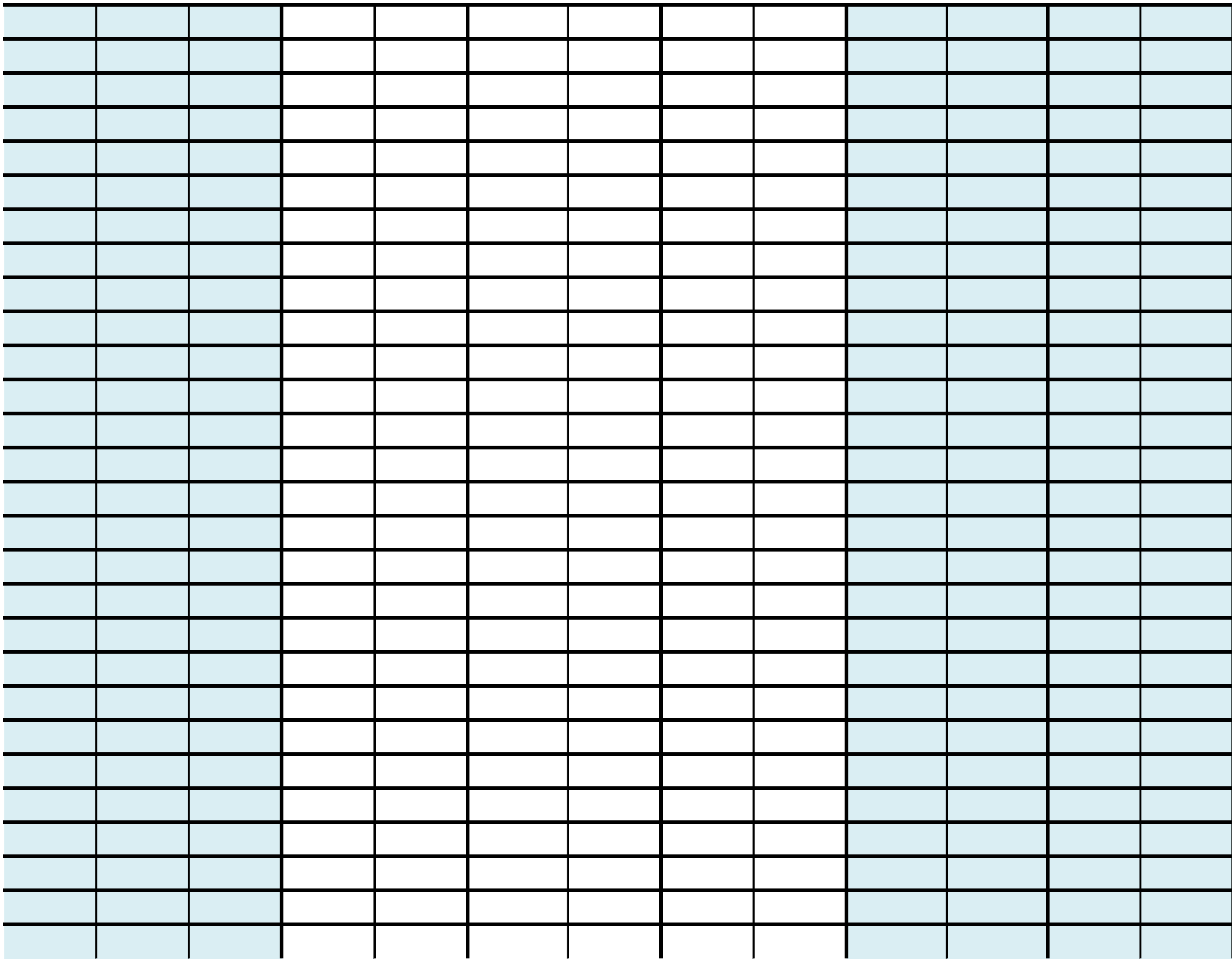


[illegible]



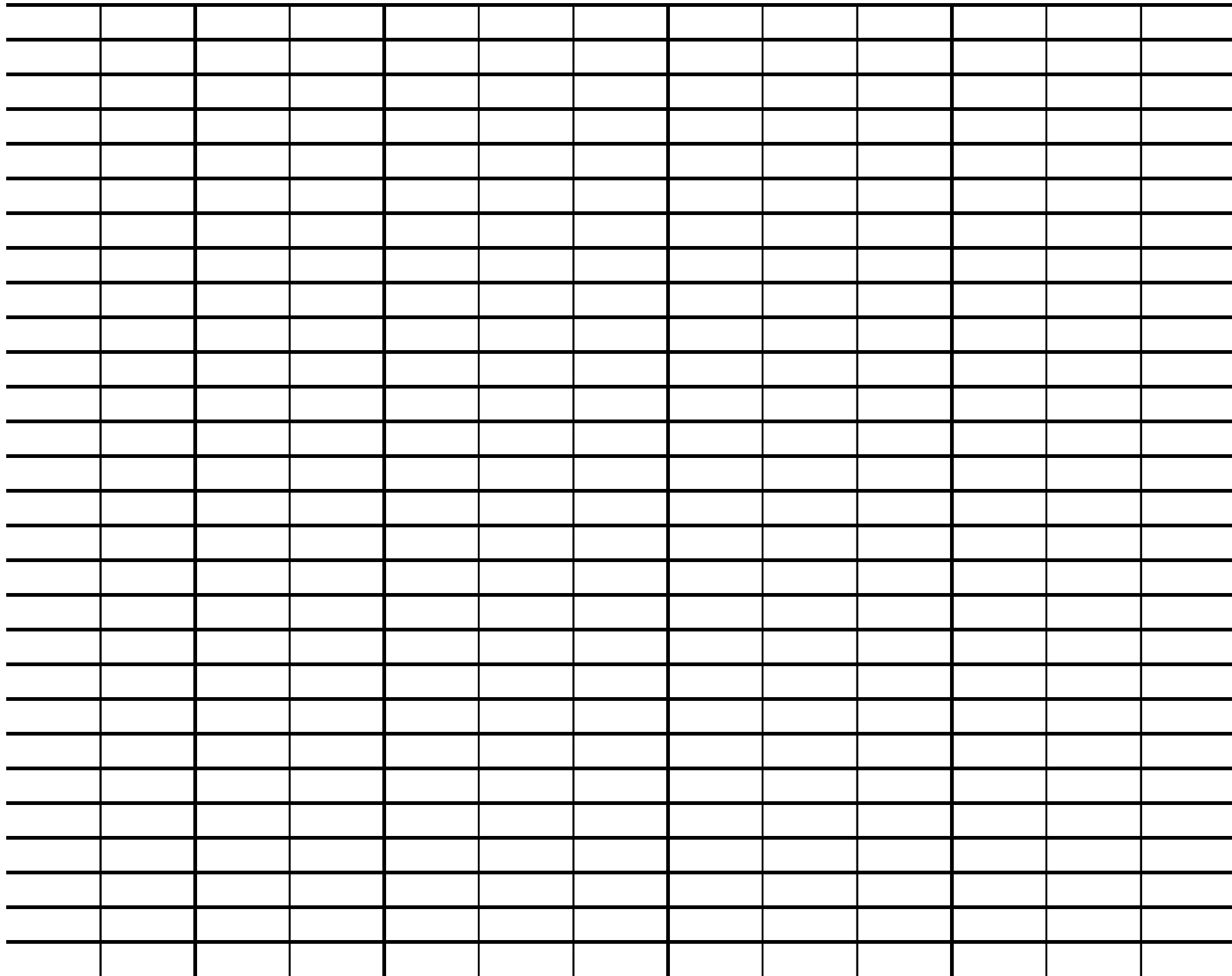
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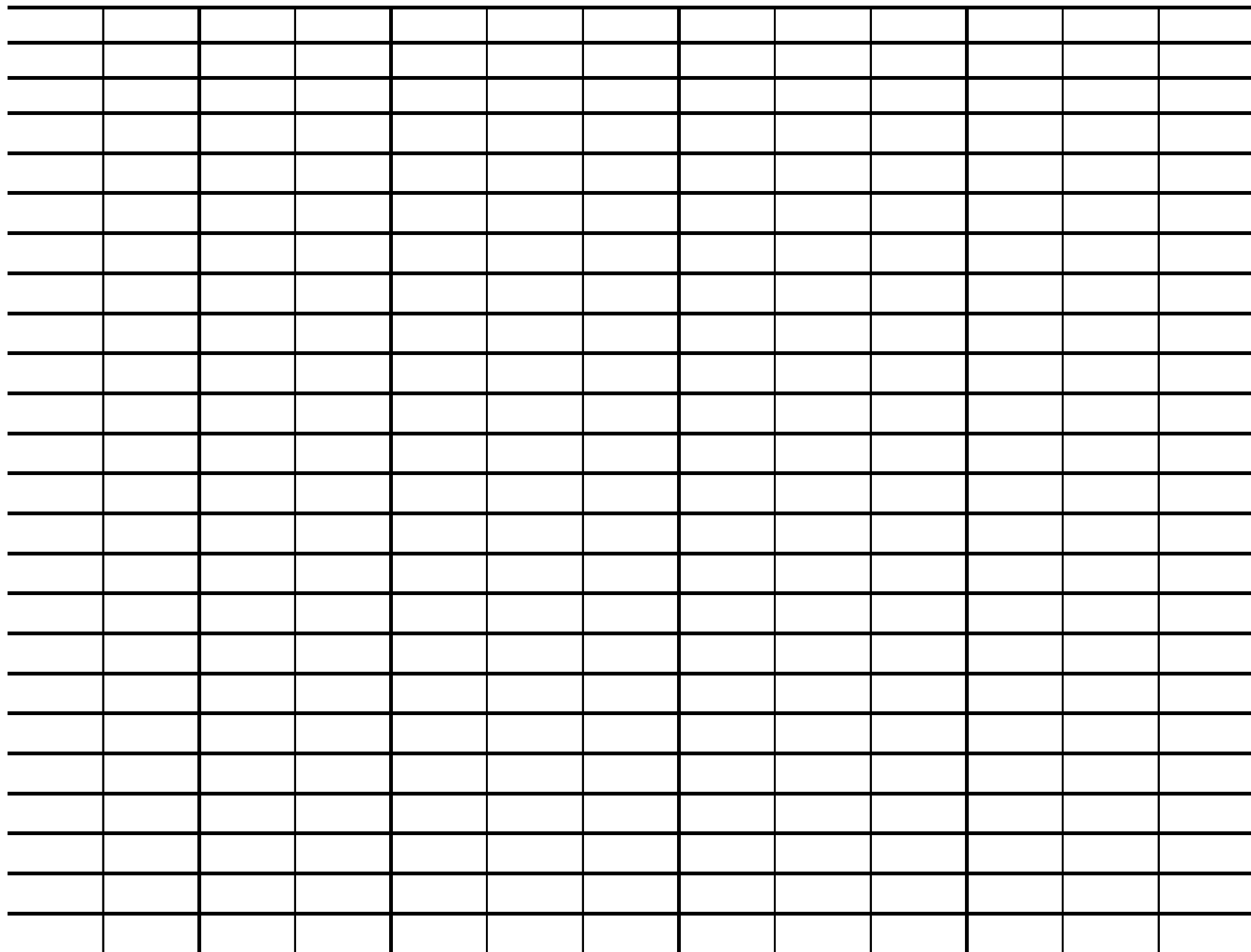
[illegible][illegible][illegible]



[illegible]

[illegible]





[illegible]

patient or was communicated via fax	7. Procedures and Tests Information (NQF # 297): Does the medical record documentation indicate that the following procedures and tests information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient's discharge?
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f. oral restrictions			a. tests and procedures performed		b. tests and procedure results	
YES	NO	N/A	YES	NO	YES	NO

Total Completed Measures	Percent Completed
7	100.00%
7	100.00%
7	100.00%
7	100.00%

[illegible]

