Emergency Department Transfer Communication Brief

February 2017

Background

The Emergency Department Transfer Communication (EDTC) quality measure is National Quality Forum (NQF) endorsed (NQF #291), and relevant to small rural hospitals. This measure is being implemented by critical access hospitals (CAHs) in the Medicare Beneficiary Quality Improvement Project (MBQIP) because small rural hospitals frequently transfer a higher proportion of emergency department (ED) patients than larger urban facilities. It is an important goal of MBQIP to help hospitals improve care transitions, including ED transfers, in order to reduce preventable hospital readmissions and adverse events in hospitals. Currently, 86% of the 1,318 CAHs participating in MBQIP are reporting EDTC-All.

The EDTC measures were originally developed and tested by Stratis Health and the University of Minnesota Rural Health Research Center in 2003-2005, and were first endorsed by the NQF in 2007. In 2014, over 100 CAHs across eight states participated in a one-year special innovation project through the Centers for Medicare and Medicaid Services (CMS) led by Stratis Health. A case study discussing implementation of EDTC in Minnesota was also done by the Flex Monitoring Team (FMT), a Federal Office of Rural Health Policy (FORHP) funded consortium of research centers, in 2014. EDTC became a required MBQIP measure in 2015, and reporting rates among CAHs nationwide have risen dramatically since that time.

The measure is composed of 7 sub-measures that are compiled into one composite measure (EDTC-All), which are calculated from 27 data elements that are abstracted from patient transfer charts. These 7 sub-measures include: administrative communication, patient information, vital signs, medication information, physician/practitioner generated information, nurse generated information, and procedures and tests. For EDTC-All, every one of the 27 data elements must be documented.

EDTC is not part of CMS's Outpatient Quality reporting program (EDTC was proposed as part of the Outpatient Prospective Payment System (OPPS) rule in 2015, but not included in the final rule). As a result, FORHP has set up its own reporting process: each hospital provides data to the State Flex Office, which is then compiled into an Excel template supplied by FORHP. The raw Excel data file from each state is submitted to FORHP, which subsequently submits that data to Telligen. Telligen then generates state and hospital reports, which are distributed back to State Flex Offices via FORHP Project Officers. State Flex Coordinators and critical access hospitals (CAHs) utilize the EDTC reports to implement quality improvement initiatives. They also use data from other CMS Outpatient Emergency Department Throughput measures (OP-18, 20, 22) that are part of MBQIP.

Data collection processes at individual hospitals vary. An Excel-based data collection tool is available free of charge from Stratis Health, and is one of the most commonly used resources. Vendors and contractors such as Stroudwater, iVantage, and Rural Wisconsin Health Cooperative have also data collection tools available for use, and some states Flex programs have designed tools specifically for their CAHs. This variability in data collection processes has impacted the ability of some hospitals and states to calculate EDTC-All in addition to the sub-measures.

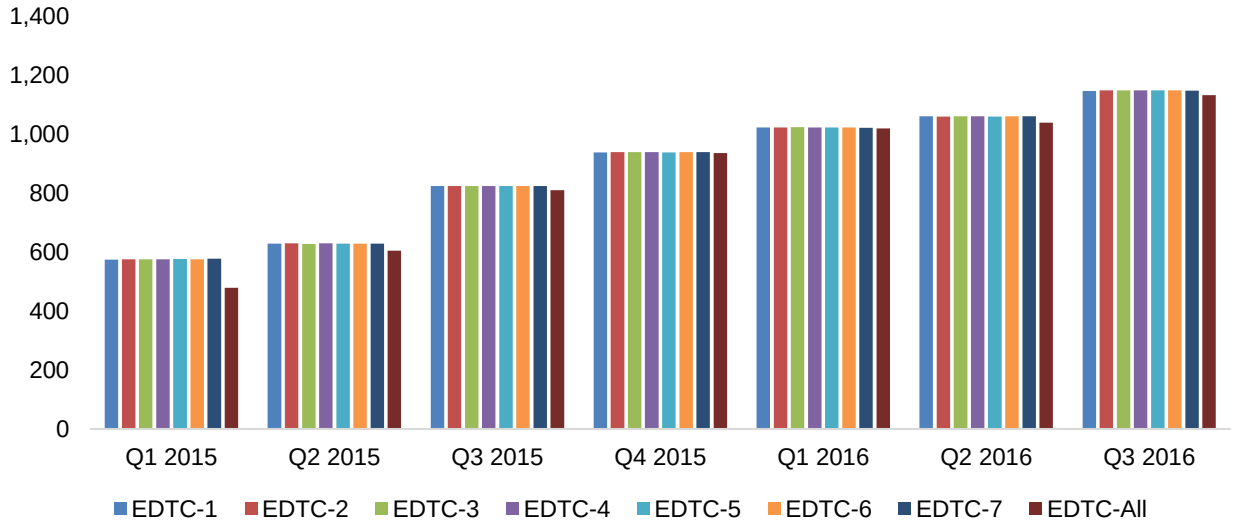
Reporting: Data and Trends (Q1 2015 – Q3 2016)

The number of hospitals reporting every EDTC sub-measure and the composite EDTC-All measure continues to increase, although at a slower pace than the first several quarters the measure set was included in MBQIP. Some hospitals and states still struggle with reporting EDTC-All, which explains the lower reporting rate for that column in Table 1.

Table 1: Critical Access Hospitals reporting EDTC measures – national

Timeframe	Number of hospitals with signed MOU	Hospitals with signed MOU reporting each EDTC measure – number (percent)							
		EDTC-1	EDTC-2	EDTC-3	EDTC-4	EDTC-5	EDTC-6	EDTC-7	EDTC-All
Q1 2015	1,282	574 (44.8%)	576 (44.9%)	575 (44.9%)	576 (44.9%)	577 (45.0%)	576 (44.9%)	578 (45.1%)	479 (37.1%)
Q2 2015	1,283	629 (49.0%)	630 (49.1%)	628 (48.9%)	630 (49.1%)	629 (49.0%)	629 (49.0%)	629 (49.0%)	605 (47.2%)
Q3 2015	1,297	824 (63.5%)	824 (63.5%)	824 (63.5%)	824 (63.5%)	824 (63.5%)	824 (63.5%)	824 (63.5%)	810 (62.5%)
Q4 2015	1,310	938 (71.6%)	939 (71.7%)	939 (71.7%)	939 (71.7%)	938 (71.6%)	939 (71.7%)	939 (71.7%)	936 (71.5%)
Q1 2016	1,314	1,023 (77.9%)	1,023 (77.9%)	1,024 (77.9%)	1,023 (77.9%)	1,023 (77.9%)	1,023 (77.9%)	1,022 (77.8%)	1,020 (77.6%)
Q2 2016	1,314	1,061 (80.7%)	1,060 (80.7%)	1,061 (80.7%)	1,061 (80.7%)	1,060 (80.7%)	1,061 (80.7%)	1,061 (80.7%)	1,039 (79.1%)
Q3 2016	1,318	1,147 (87.0%)	1,149 (87.2%)	1,149 (87.2%)	1,149 (87.2%)	1,149 (87.2%)	1,149 (87.2%)	1,148 (87.1%)	1,132 (85.9%)

Chart 1: Number of CAHs reporting EDTC measures (national)



State snapshot

So many states have so notably increased their reporting rates for EDTC measures that it is challenging to highlight specific high performers. Several states have maintained consistently high reporting rates among their hospitals from Q1 2015 through Q3 2016, including Utah (11 hospitals) and Alabama (4 hospitals), where 100% of hospitals have reported EDTC measures each quarter. The states of Louisiana, Florida, Colorado, and Kentucky have the greatest consistent opportunity to increase reporting rates among their hospitals (although they continue to improve).

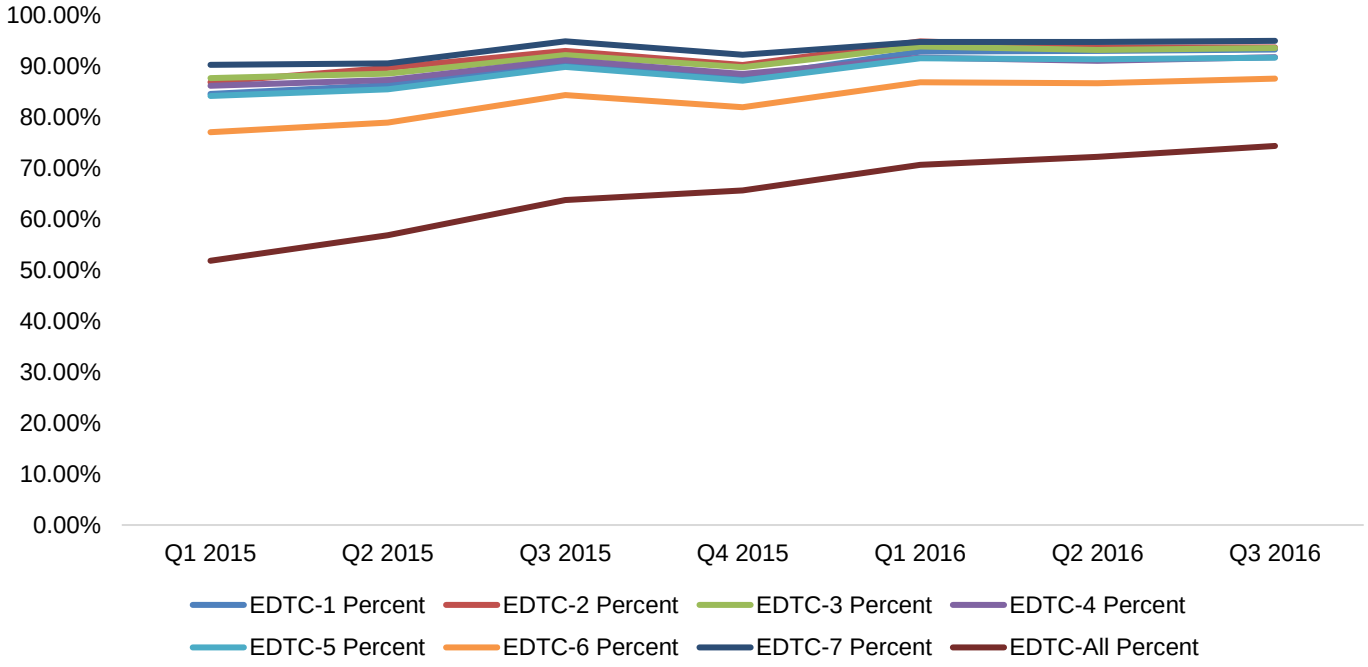
Improvement: Data and Trends (Q1 2015 – Q3 2016)

Every EDTC sub-measure and the composite EDTC-All measure has consistently improved between Q1 2015 and Q3 2016. Most markedly, EDTC-All has risen from 51.8% to 74.3% (a 22.5 percentage point increase).

Table 2: Critical Access Hospital EDTC measure performance - national

Timeframe	EDTC-1 Percent	EDTC-2 Percent	EDTC-3 Percent	EDTC-4 Percent	EDTC-5 Percent	EDTC-6 Percent	EDTC-7 Percent	EDTC-All Percent
Q1 2015	84.5%	86.8%	87.6%	86.1%	84.1%	77.0%	90.2%	51.8%
Q2 2015	86.2%	89.6%	88.5%	87.2%	85.4%	78.9%	90.5%	56.8%
Q3 2015	90.4%	92.9%	92.1%	91.1%	89.8%	84.3%	94.8%	63.7%
Q4 2015	87.7%	90.2%	89.7%	88.4%	87.1%	81.9%	92.2%	65.6%
Q1 2016	92.8%	94.8%	93.8%	91.6%	91.5%	86.8%	94.7%	70.6%
Q2 2016	92.9%	93.6%	93.1%	91.0%	91.3%	86.6%	94.7%	72.2%
Q3 2016	93.2%	93.6%	93.5%	91.7%	91.6%	87.5%	94.9%	74.3%

Chart 2: Critical Access Hospital EDTC measure performance (national)



State snapshot

Nevada (12 hospitals) and Tennessee (15 hospitals) showed the greatest absolute improvement in EDTC-All between Q1 2015 and Q3 2016.

- In Q1 2015:
  - 3 hospitals in Nevada were reporting EDTC-All. Their average EDTC-All was 32.1%
  - 12 hospitals in Tennessee were reporting EDTC-All. Their average EDTC-All was 31.9%
- In Q3 2016:
  - 10 hospitals in Nevada were reporting EDTC-All. Their average EDTC-All was 87.1%
  - All 15 hospitals in Tennessee were reporting EDTC-All. Their average EDTC-All was 81.8%

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