StratisHealth

Rural Quality Improvement Technical Assistance

Emergency Department Transfer Communication Measure

Stratis Health
Excel Data Collection Tool Manual

For tool version: 4.1
Pair with specifications manual version: October 2019

Last updated November 2019

Table of Contents

Background

This Excel-based data collection tool has been designed to collect data needed for the Emergency Department Transfer Communication (EDTC) measure, which is a hospital quality measure used to evaluate communication for transitions of care during emergency department (ED) transfers. The EDTC measure was created in 2004 and has been revised several times since. An Excel-based data collection tool from Stratis Health has been available since 2013, with several updates over the years. This version of the EDTC data collection tool (version 4.1) includes a substantial overhaul from previous versions to reflect updates and revisions to the EDTC measure effective January 1, 2020.

Downloading the tool

The tool is available in two versions:
- XLSM (for use with Excel 2007 and beyond).
  http://www.stratishealth.org/documents/EDTC-Data-Collection-Tool-v4.1-xlsm
- XLS (for use with Excel versions older than Excel 2007, although it can be used with any version of Excel).
  http://www.stratishealth.org/documents/EDTC-Data-Collection-Tool-v4.1-xls

We encourage the use of the XLSM version where possible, as performance will be much quicker, and downloading is more straightforward.

To download the tool, click on the version (XLSM or XLS) that you would like to use. Most internet browsers will display a pop-up, like the screenshot below. Click "**Save as**" and then choose the location on your computer or network where the tool should be housed. Once you have saved the tool to your computer or network, feel free to rename the tool if you choose.
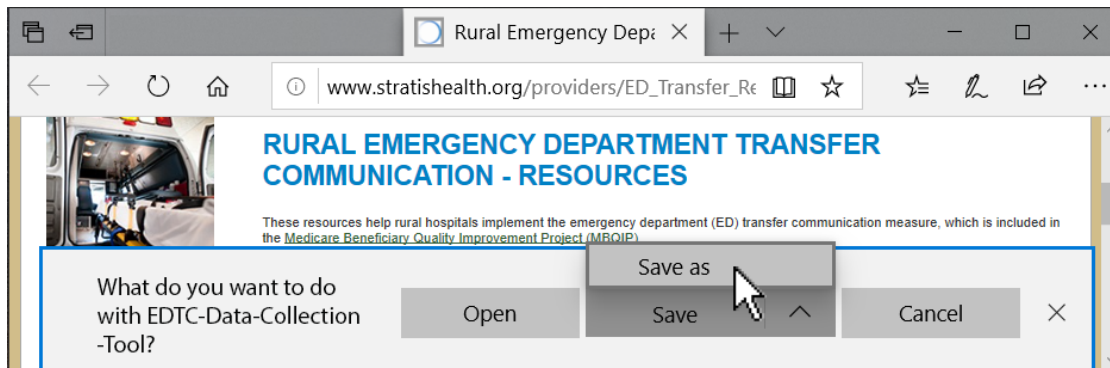
Getting started

Macro setup

The tool requires the use of macros to run. Depending on the version of Excel you are running (and your hospital's IT and security measures), the process of enabling macros may look slightly different. The most common process for enabling macros is below.

<u>Most likely scenario</u>: Click the "Enable Content" button, as shown in the next screenshot. After a pause, you should be able to move forward with using the tool.
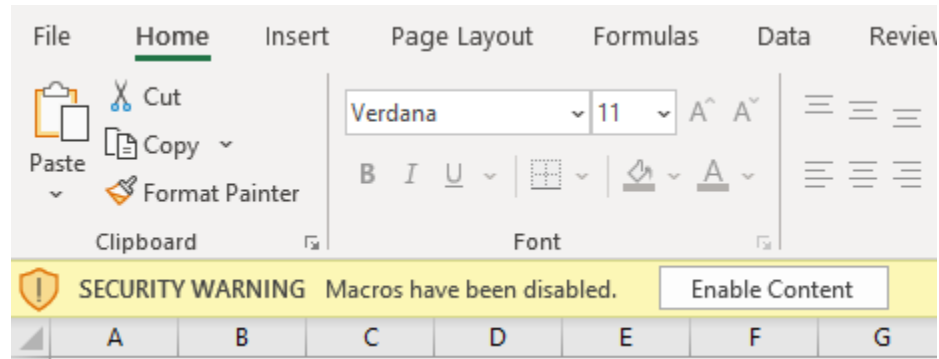

If an error persists or you are unable to move forward with using the tool, do the following:
- Click "File" at the top left of your screen
- Click "Options" at the bottom of the left-hand column that appears after you've clicked "File"
- Click "Trust Center"
- Click "Trust Center Settings"
- Click "Macro Settings"
- Select "Enable all macros"
- Click "OK"

If an error persists, you may need to check with your IT department as macro use may be restricted.

Color coding

Cells that are shaded light yellow (see below) are the ONLY cells you should use for entering data.
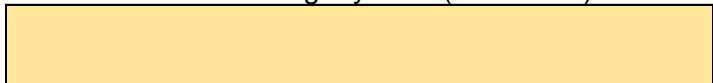
Navigation

- You can hit "Tab" or "Enter" on your keyboard to navigate between yellow cells for data entry.
- Use the buttons to run reports, delete data, open records, and more.

Specifications Manual

Make sure you are using the most recent EDTC Specifications Manual alongside this tool. The specifications manual is occasionally updated to reflect changes to the measure. Check http://www.stratishealth.org/providers/ED_Transfer_Resources.html to ensure the manual you are using is the most up-to-date available.

Initial Page

Once all macros are enabled, you should see the following screen:

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Emergency Department Transfer Communication
Data Collection Tool

Version 4.1

Name of Critical Access Hospital	
CMS Certification Number (CCN) of Critical Access Hospital	
State (two-letter abbreviation)	

Click here to start data collection

Enter data in all three yellow boxes (they are REQUIRED). If you don't enter information in one of them and then click "Click here to start data collection," you will receive an error message. Each time you close and open the tool, you will be brought to this same screen (the information you enter will be retained, though).

Adding a new record

Once you have entered all information and clicked "Click here to start data collection," you will be taken to the **Patient List page**. To get started, click the "Add a New Record" button:

This will bring you to the **Patient Information Data Entry Form**. There are two sections to the Patient Information Data Entry Form.

In the top section (see next screenshot):

- **Cancel button**: Use this if you wish to cancel data entry. The tool will ask, "Are you sure you want to cancel without saving?" in case you hit this button accidentally.
- **Save button**: Use this to save data entry. Note that every yellow box must be completed in order to save.
- **Print a Paper Copy button**: Use this to open a print preview of the entire data entry form that you can then send to a printer.
- **Enter name of person doing data collection:** This is for your own reference in case multiple people are abstracting or entering data.
- **Enter patient medical record number (or other identifier):** This is also for your own reference to use in tracking which transfers have been entered.
- **Select patient discharge disposition (from drop-down list):** Click on the yellow box next to this item for a list of the drop-down options. Use the scroll bar in the drop-down list to see all options (per screenshot below).
- **Enter date of patient encounter (MM/DD/YYYY):** Enter the date for the patient transfer encounter in this yellow box.

Patient Information Data Entry Form

| Cancel | Save | Print a Paper Copy |

Enter name of person doing data collection	My Name Here
Enter patient medical record number (or other identifier)	ABC987
Select patient discharge disposition (from drop down list)	
Enter date of patient encounter (MM/DD/YYYY)	

Acute Care Facility - Critical Access Hospital
Acute Care Facility - Department of Defense or Veteran's Administration
Acute Care Facility - General Inpatient Care
Hospice - healthcare facility
Other health care facility (Extended or Immediate Care Facility)
Other health care facility (Long Term Acute Care Hospital)
Other health care facility (Long Term Care Facility)
Other health care facility (Nursing Home or Facility, including Veteran's Administr

Make sure you are utilizing the latest version of the specifications m...

In the bottom section (see next screenshot), each of the eight yellow boxes has a drop-down with the options Yes, No, and (where pertinent) Not Applicable. You can use the drop-down to select those options or type them in. Make sure you are utilizing the latest version of the specifications manual to answer each of the eight abstraction questions.

Make sure you are utilizing the latest version of the specifications manual to guide responses below.
Use the dropdown menu or type your response in each yellow box: Yes, No, Not Applicable (only for 1, 7, and 8).

1 Does the medical record documentation indicate that the patient's current home medication list was sent to the receiving facility?

• Select **Yes** if there is documentation that the patient's current home medication list was sent to the receiving facility.
• Select **No** if there is no documentation that the patient's current home medication list was sent to the receiving facility.

Yes
No

Does the medical record documentation indicate that the patient's allergy history was

Once you have filled in every yellow box on the **Patient Information Data Entry Form** for the transfer encounter of interest and are at the bottom of the page, click "Save." Every yellow box must be completed in order to save. If you have missed a box, a pop-up will appear in the tool that alerts you as to specifically which yellow box is incomplete, and the tool will then bring you to that empty yellow box to fill it in.

If the record is truly a new record, you will receive the following message. Click "No" if you do not wish to save – this will return you to the record list page without saving anything. Click "Yes" if you want to save.
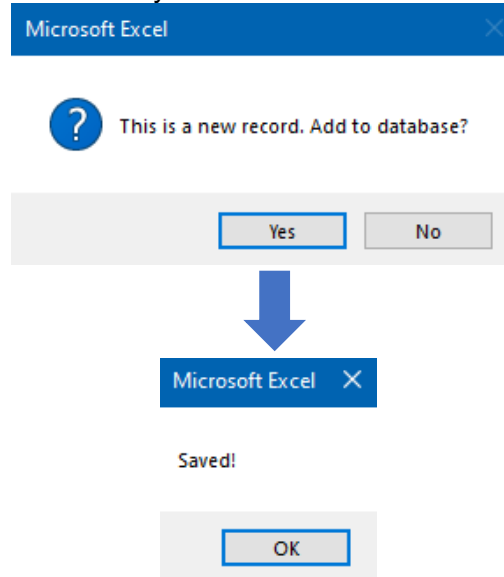
If you inadvertently enter data for a record that already exists (the same medical record number on the same date of patient encounter) and then try to save, you will receive this message:
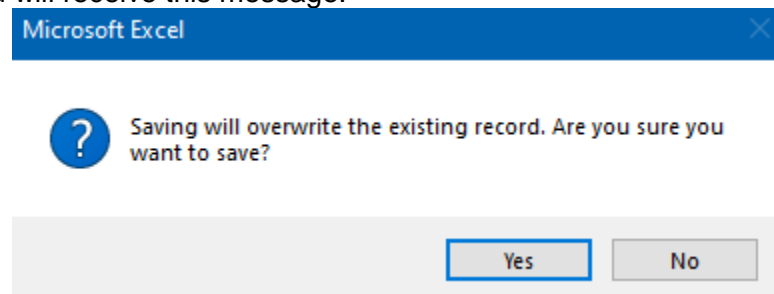
Patient List page

Notice that a summary of the record you just entered will now appear in the **Patient List page** table. The records will automatically be sorted in chronological order by patient encounter. The red tracker (circled at the top right) will show how many records have been entered in the tool. The Record list itself is just a snapshot of the data – it is not the data itself – so don't make any changes to the **Patient List page** table! Instead, use the "Open/Edit Record" or "Delete Record" buttons described below.

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| Run a Monthly Report | Run a Report by Discharge Disposition | Run a Report for MBQIP |

| Go Back to Initial Page | Add a New Record | Total Records in Tool: 1 |

To Open or Delete, first select a Medical Record Number or Other Identifier. Then:

| Open/Edit Record | Delete Record |

Click on "Open Record" to open and review or edit that record. If you wish to edit the Medical Record Number or Date of patient encounter on an existing record, make those edits and save, then delete the previous record.

Click on "Delete Record" to delete the record. You **must** use this button to delete a record. Deleting using your keyboard will cause the tool to malfunction.

Name of person doing data collection	Medical Record Number or Other Identifier	Patient discharge disposition	Date of patient encounter
My Name Here	ABC987	Other health care facility (Nursing Home	1/1/2019

| Go Back to Initial Page | Add a New Record |

Clicking this will take you back to the Initial Page. You shouldn't need to do this unless you need to update the name of your Critical Access Hospital or CCN (unlikely).

Whenever you wish to add a new record, click here.

| Open/Edit Record | Delete Record |

*Once you have entered a record, click on a medical record number in the record list and then click "Open/Edit Record" if you need to revisit or edit that record.
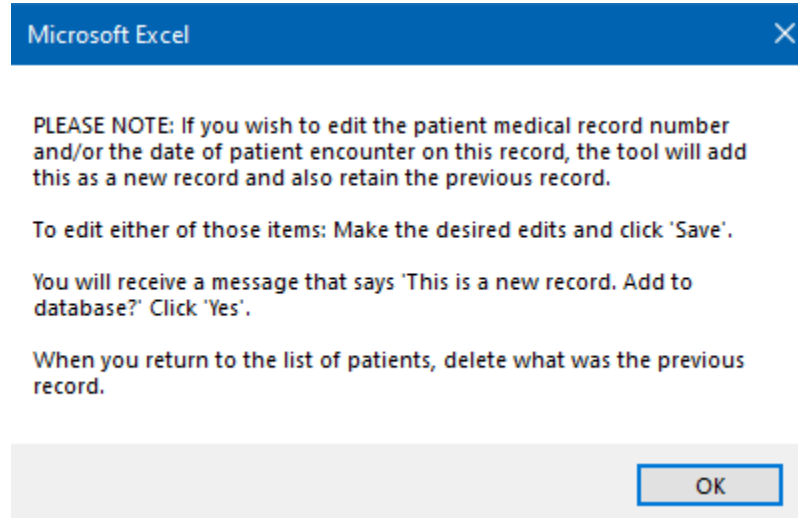
Click on a medical record in the record list and then click "Delete Record" if you wish to delete it. Use this button, NOT your keyboard, to delete the record.

*Important Open/Edit Record details

If you click "Open/Edit Record," you will receive the following message:

To edit anything except the Medical Record Number (or other identifier) and/or Date of patient encounter, simply make the edits desired and then click "Save." The tool will prompt you to verify that you wish to save since saving will overwrite the existing record. Click "Yes" to retain the edits or "No" to cancel out of the edits.

If you edit the Medical Record Number (or other identifier) and/or Date of patient encounter when you click "Save," the tool will consider the record a new record. This is working correctly! When you return to the **Patient List page**, just make sure to delete what was the previous record.

Running Reports

At any time, you can run one of three reports from the **Patient List page**:

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| Run a Monthly Report | Run a Report by Discharge Disposition | Run a Report for MBQIP |

| Go Back to Initial Page | Add a New Record | **Total Records in Tool: 4** |

To Open or Delete, first select a Medical Record Number or Other Identifier. Then:

| Open/Edit Record | Delete Record |

Click on "Open Record" to open and review or edit that record. If you wish to edit the Medical Record Number or Date of patient encounter on an existing record, make those edits and save, then delete the previous record.

Click on "Delete Record" to delete the record. You **must** use this button to delete a record. Deleting using your keyboard will cause the tool to malfunction.

Name of person doing data collection	Medical Record Number or Other Identifier	Patient discharge disposition	Date of patient encounter
My Name Here	ABC987	Other health care facility (Nursing Home or Facility, including Veteran's	1/1/2019
Sample Name	111264	Other health care facility (Skilled Nursing Facility, Sub-Acute Care, or Swing Bed)	1/10/2019
My Name Here	22456	Other health care facility (Skilled Nursing Facility, Sub-Acute Care, or Swing Bed)	3/1/2019
My Name Here	54562	Acute Care Facility - General Inpatient Care	3/5/2019

Monthly Report

This report provides a monthly snapshot of performance using all data entered to-date, for a calendar year of your choice. (After running the report, scroll down to see all months.)

Emergency Department Transfer Communication Hospital Report					Print Report
					Return to Patient List
					Refresh Report

Hospital Name: Sample Hospital

CMS Certification Number: 123456

Year of Report: 2019

Discharge Disposition Shown: All

Data Elements	January 2019 # of Records Reviewed (N): 2		February 2019 # of Records Reviewed (N): 0		March 2019 # of Records Reviewed (N): 2	
	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	2	100.00%	N/A	N/A	2	100.00%
2. Allergies and/or Reactions	2	100.00%	N/A	N/A	1	50.00%

Report by Discharge Disposition

This report provides a quarterly snapshot of performance using data limited to one discharge disposition (e.g., 'Hospice – healthcare facility,' or 'Other health care facility (Skilled Nursing Facility, Sub-Acute Care, or Swing Bed'), for a calendar year of your choice. Use the dropdown menu to select the discharge disposition of interest, then click the "Refresh Report" button if needed.

Emergency Department Transfer Communication Hospital Report by Discharge Disposition					Print Report
					Return to Patient List
					Refresh Report

Hospital Name: Sample Hospital

CMS Certification Number: 123456

Year of Report: 2019

Discharge Disposition Shown: Other health care facility (Skilled Nursing Facility,
(choose from dropdown menu) Sub-Acute Care, or Swing Bed)

If the report does not update automatically, click "Refresh Report" after you change the Discharge Disposition to the left.

Data Elements	Q1 2019 # of Records Reviewed (N): 2		Q2 2019 # of Records Reviewed (N): 0		Q3 2019 # of Records Reviewed (N): 0		Q4 2019 # 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	%	n	%
1. Home Medications	2	100.00%	N/A	N/A	N/A	N/A	N/A	N/A
2. Allergies and/or Reactions	2	100.00%	N/A	N/A	N/A	N/A	N/A	N/A

Report for MBQIP

This report provides a quarterly snapshot of performance using all data entered to-date, for a calendar year of your choice. This report page also includes an option to export the report into a basic, unformatted Excel file stripped of all unnecessary details and potential PHI. The file can then be submitted for quality reporting purposes, including MBQIP.

Use the "Export Report for Submission" button to export the report as a basic, unformatted Excel file stripped of all unnecessary details and potential PHI. Upon clicking the "Export Report for Submission" button the following message will appear:
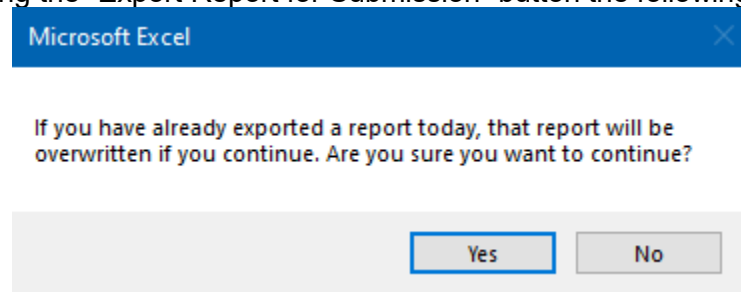
If you click "Yes," the report will be exported to the same file location as where your tool is stored. If you click "No," no report will be exported.

The report exported from the "Export Report for Submission" button will be named with the naming convention:

>**Flex Report –** *Your 6-digit CCN here – DDMonYYYY* (date report was run, where DD is the day, Mon is the 3-letter abbreviation for the month, and YYYY is the year)

>For example: **Flex Report – 123456 – 21Oct2019**

For Critical Access Hospitals participating in MBQIP, this report can be submitted to your state Flex coordinator for EDTC reporting requirements.

Using the reports

All three reports work similarly. Any boxes shaded yellow can be updated. Enter the year of interest in the yellow box next to "Year of Report" to run a report for that year. Click the "Refresh Report" button on the right if the report does not automatically update. Note that it may take a moment for the tool to re-run calculations when you change the year of interest.

Buttons common to all three reports:
- **Print Report button**: Use this to open a print preview of the entire report, which you can then send to a printer.
- **Return to Patient List button**: Use this to return to the **Patient List page.**
- **Refresh Report button**: This will refresh the report.

Other items to be aware of

- The tool can be used in OneDrive, SharePoint, and as a desktop application. For those with Office 365, note that the tool does not function as intended in Excel Online – make sure to open it via an Excel desktop application rather than in Excel Online.
- The tool is only meant to hold data for a single hospital. If you update the hospital name or CCN on the **Initial Page** this does not reset the **Patient List page,** or any other details already entered – it simply updates the hospital name in the reports. If you need to enter data for another hospital, download a separate tool for that hospital.
- Be patient when running reports – the tool takes a bit of time to run its calculations.
- The tool will hold a MAXIMUM of 2,000 records. We suggest downloading a new tool for each calendar year to minimize performance issues, but if you choose to continue using it for multiple years, make sure to monitor the number of records.