StratisHealth

Ongoing Lessons Learned from CAHs' EDTC Composite Measure Improvement

(Document to be updated as new information becomes available)
September 2023

Emergency Department Transfer Communication (EDTC) measure is one of the core MBQIP measures that CAHs report. The EDTC composite measure improvement aims to support and advance existing quality improvement efforts by CAHs in Minnesota to raise scores. While all CAHs are reporting data for this measure, there is room for improvement on the composite score. Below are lessons learned to date on issues affecting the EDTC documentation and CAH's solutions and best practices to address those issues. After talking to the CAHs to understand issues and best practices for EDTC documentation, the overall finding is that understanding the measure and documentation are key to ensuring high scores.

What we know are issues that could be affecting the EDTC scores

- Not including nursing home discharges/transfers in the population
- Misinterpreting EDTC measure manual instructions – this is a work in progress especially when there is staff turnover and new staff learn the measure
- ED provider note documentation:
    - Some CAHs have a requirement that the provider note must be signed before information is available to abstract or even be seen by a receiving facility if shared EHR.. The measurement specifications do not require a signature on the provider note in order for it to be used for EDTC data abstraction.
- Lack of hospital staff understanding the purpose of the measure – questioning on why they have to do the documentation; while the purpose is clear to Quality staff who do the reporting of the measure, not always clear to the staff who do the ED documentation.
- Staffing changes – turnover in staffing means that new staff has to learn about the documentation for the measure and sometimes it can take time for new knowledge to be absorbed
- General EHR issues – for CAHs that rent their EHR from larger systems or have recently switched over to a new EHR, getting pull lists for abstraction can be a challenge and it takes time to fix; not knowing what reports are available and where to access and there can be difficulty in getting anything added/changed as they need to get into an IT queue which can take weeks or months to address

CAH Solutions/Best Practices

Understanding the measure:

- Abstraction retraining/initial training on the EDTC Specifications Manual/abstraction video
- Nursing leaders develop and provide education around documentation and set expectations to build accountability

- Review or audit of charts daily and providing real time feedback on documentation and what needs to be fixed

Documentation Process:

- Developing documentation checklists, EHR modification when possible
- Adding complete and timely documentation as part of the contracting arrangements with contracting providers
- Identify and implement a standardized process for documentation and transfer of information to the next setting of care
- Update paper transfer forms to ensure capture of all the required data elements and documentation that necessary information was communicated to the next setting of care
- Implement prompts, hard stops, and documentation in the EHR to ensure elements are captured and communicated to the receiving facility, whether electronically or via a printed-paper form
- Develop standardized processes to report outstanding test or laboratory results to the next setting of care if not available prior to transfer

EDTC as part of QI Strategy:

- Reviewing EDTC data at team meetings to bring attention to issues
- Pairing up with an ED leader (nursing manager, ED director) to champion the work and get buy in from clinical staff to adopt documentation tools

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $225,000 with 0.00 percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.