Emergency Department Transfer Communication (EDTC) Frequently Asked Questions

Q: Is it true that we can only do 45 cases a quarter for the EDTC measure abstraction? We want to abstract all our cases that meet the population requirement.

A: You can abstract all your cases. The requirement is a minimum of 45 cases per quarter from the required population. A hospital may choose to sample and submit more than 45 cases. Hospitals whose initial patient population size is less than the minimum number of 45 cases per quarter cannot sample and must submit all cases for the quarter.

Q: The patient is transferred from our emergency department (ED) to our hospital's swing bed. Are they included in the EDTC population?

A: Yes. Swing beds are listed as one of the inclusions under "Other Health Care Facilities" in the EDTC Data Specifications Manual. It does not matter that the swing bed is in your facility.

Q: The patient is being transferred to a nursing home that is part of our hospital. Should they be included in the EDTC population?

A: Yes. Nursing homes are listed as one of the inclusions under "Other Health Care Facilities" in the EDTC Data Specifications Manual. It does not matter if the nursing home is part of or owned by your hospital.

Q: If a patient resides in a nursing home and is being discharged back to the nursing home, isn't that a discharge home?

A: For the EDTC abstraction, a transfer, discharge, or return to a nursing home is not considered to be a discharge status of "home". Nursing home is listed as one of the inclusions under "Other Health Care Facilities" and those patients should be included in the population for the measure.

Q: If the patient is just being sent back to where they live, such as back to the nursing home, why should they be included?

A: The resident was being sent to the ED for a reason. Was there a new diagnosis given, were meds changed, new ones added, etc.? The information on what occurred during the ED encounter needs to be communicated to the staff taking care of the patient at the nursing home.

Q: Are patients seen in our ED and then sent to observation included in the EDTC population?

A: No, starting with Q1 2020 encounters, patients who are seen in the ED and then sent to observation are not included in the population. It does not matter where the observation unit is located in your hospital or where the patient is discharged/transferred to from observation. Patients who are sent to observation from the ED are not included.

Q: What about patients seen in our ED and then admitted as an acute care inpatient to our hospital, are they part of the EDTC population?

A: Patients seen in your ED and directly admitted as an acute care inpatient to the hospital are not included in the population. Even though at your facility, the patient might need to be "discharged" from the ED and then admitted to acute care for billing purposes, that is not considered to be a 'discharge' for this abstraction. It is considered a direct admission, a continuation of the hospital encounter.

Q: Our patient was transferred to another health care facility but went via private vehicle. Would they be included in the population?

A: Yes, the mode of transportation doesn't matter. The population for the EDTC measure is based on the facility the patient goes to upon leaving the ED.

Q: Would a detox (either alcohol or drug) facility be included in the population?

A: Yes, discharge/transfer to this type of facility would be included under "Other Health Care Facilities" and should be included in the population.

Q: We only want to report on our ED cases that get transferred to another acute care facility for a higher level of care, is that acceptable?

A: No. There is no picking and choosing your population for the EDTC measure. The population requirements are as stated in the EDTC Data Specifications Manual.

Q: If you document "Copy of ED chart sent with the patient" would this be all that is required for verification that all the required data elements were included in the transfer?

A: You could take that to mean that the entire ED record was sent; however, you would still need to look in the record to make sure all the required data elements were documented.

Q: What if our hospital documentation states "Transfer Record" or "Transfer Summary" sent? Can we use this to verify the data elements were sent?

A: If your hospital uses a "Transfer Record" or "Transfer Summary", you must know what information is contained in those documents to indicate that the required data elements were sent. If a copy of that record or summary is not in the ED record, then you have no documentation to show what data elements were sent. Documenting that those forms were sent without a copy in the record to see what they contain doesn't show the data elements were sent.

Q: What forms in the ED record can we use for verification that the data elements were sent?

A: The entire ED record is the source document you use for seeing if the data elements were sent. There is nothing in the manual about the data needing to be on a certain form or summary. This is all about needing to see documentation somewhere in the ED record that the required data elements were sent to the receiving facility.

Q: If there was documentation in the ED record indicating "report was given" to the receiving facilities nurse or that the provider in the transferring facility spoke to the provider at the receiving facility, is that enough to meet the measure?

A: You need to see documentation in the ED records that the required data elements were sent to the receiving facility. "Sent" for this abstraction does include communication by phone; however, you must know that the data elements were shared during the report or call. Documentation of "report given" or "phone call made" doesn't indicate specifically what was discussed, so there is no way of knowing if the data elements were 'sent'.

Q: If the only documentation regarding the patient's allergies and medications is in the ED provider note, can we say yes for those data elements being sent?

A: Yes. The entire ED record is a source document for documentation of the data elements being sent. The information doesn't have to be found on a specific form or location in the record. There just needs to be documentation that the note was sent.

Q: Does the Mental Status/Orientation Assessment data element need to be completed by the provider?

A: No. There is nothing in the EDTC Data Specifications Manual that indicates that the mental status/orientation assessment needs to be done by the provider (physician, advanced practice nurse (APN) or physician assistant (PA). The only data element that requires provider documentation is the ED Provider Note data element.

Q: What is the difference between the data elements Tests and/or Procedures Performed and Test and/or Procedure Results?

A: The data element Tests and/or Procedures Performed requires that if any tests and/or procedures were done in the ED, that information must be sent to the receiving facility. Say a chest x-ray and a urine culture were done, there must be documentation sent to the receiving facility that they were done. The results of that chest x-ray and urine culture must be sent to the receiving facility to say yes for the Tests and/or Procedure Results data element. So, one data element is for documentation they were done, and the other is for documentation of the results. Say the chest x-ray was sent, but the urine culture wasn't done at the time the patient was discharged/transferred. You could only answer yes to the Tests and/or Procedures Results if there was documentation sent to the receiving hospital on how the results of the urine culture were going to be communicated when they were available.

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