

Measure #427: Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU) – National Quality Strategy Domain: Communication and Care Coordination

2017 OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

MEASURE TYPE:
Process

DESCRIPTION:
Percentage of patients, regardless of age, who undergo a procedure under anesthesia and are admitted to an Intensive Care Unit (ICU) directly from the anesthetizing location, who have a documented use of a checklist or protocol for the transfer of care from the responsible anesthesia practitioner to the responsible ICU team or team member

INSTRUCTIONS:
This measure is to be reported **each time** a procedure including surgical, therapeutic or diagnostic is performed under anesthesia during the **performance period** and are admitted to an ICU directly from anesthetizing location. There is no diagnosis associated with this measure. It is anticipated that eligible clinicians who provide the listed anesthesia services as specified in the denominator coding will submit this measure.

Measure Reporting:
The listed denominator criteria is used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions allowed by the measure. The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
All patients, regardless of age, who undergo a surgical, therapeutic or diagnostic procedure under anesthesia and are admitted to an ICU directly from the anesthetizing location

***DENOMINATOR NOTE:** In order to meet the denominator criteria of the measure, a patient must be directly transferred from the anesthetizing location to an ICU. A patient that does not transfer directly to the ICU post-surgery is not included within in the denominator.*

Denominator Criteria (Eligible Cases):

All patients, regardless of age

AND

Patient procedure during the performance period (CPT): 00100, 00102, 00103, 00104, 00120, 00124, 00126, 00140, 00142, 00144, 00145, 00147, 00148, 00160, 00162, 00164, 00170, 00172, 00174, 00176, 00190, 00192, 00210, 00211, 00212, 00214, 00215, 00216, 00218, 00220, 00222, 00300, 00320, 00322, 00326, 00350, 00352, 00400, 00402, 00404, 00406, 00410, 00450, 00454, 00470, 00472, 00474, 00500, 00520, 00522, 00524, 00528, 00529, 00530, 00532, 00534, 00537, 00539, 00540, 00541, 00542, 00546, 00548, 00550, 00560, 00561, 00562, 00563, 00566, 00567, 00580, 00600, 00604, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810, 00820, 00830, 00832, 00834, 00836, 00840, 00842, 00844, 00846, 00848, 00851, 00860, 00862, 00864, 00865, 00866, 00868, 00870, 00872, 00873, 00880, 00882, 00902, 00904, 00906, 00908, 00910, 00912, 00914, 00916, 00918, 00920, 00921, 00922, 00924, 00926, 00928, 00930, 00932, 00934, 00936, 00938, 00940, 00942, 00944, 00948, 00950, 00952, 01112, 01120, 01130, 01140, 01150, 01160, 01170, 01173, 01180, 01190, 01200, 01202, 01210, 01212, 01214, 01215, 01220, 01230, 01232, 01234, 01250, 01260, 01270, 01272, 01274, 01320, 01340, 01360, 01380, 01382, 01390, 01392, 01400, 01402, 01404, 01420, 01430, 01432, 01440, 01442, 01444, 01462, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620,

01622, 01630, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01670, 01680, 01682, 01710, 01712, 01714, 01716, 01730, 01732, 01740, 01742, 01744, 01756, 01758, 01760, 01770, 01772, 01780, 01782, 01810, 01820, 01829, 01830, 01832, 01840, 01842, 01844, 01850, 01852, 01860, 01922, 01924, 01925, 01926, 01930, 01931, 01932, 01933, 01935, 01936, 01951, 01952, 01961, 01962, 01963, 01965, 01966

AND

Patient transferred directly from anesthetizing location to critical care unit: 0581F

NUMERATOR:

Patients who have a documented use of a checklist or protocol for the transfer of care from the responsible anesthesia practitioner to the responsible ICU team or team member

Definitions:

Checklist or Protocol - The key handoff elements that must be included in the transfer of care protocol or checklist include:

- 1) Identification of patient, key family member(s) or patient surrogate
- 2) Identification of responsible practitioner (primary service)
- 3) Discussion of pertinent/attainable medical history
- 4) Discussion of the surgical/procedure course (procedure, reason for surgery, procedure performed)
- 5) Intraoperative anesthetic management and issue/concerns to include things such as airway, hemodynamic, narcotic, sedation level and paralytic management and intravenous fluids/blood products and urine output during the procedure
- 6) Expectations/Plans for the early post-procedure period to include things such as the anticipated course (anticipatory guidance), complications, need for laboratory or ECG and medication administration
- 7) Opportunity for questions and acknowledgement of understanding of report from the receiving ICU team

Identification of patient – In the instance the identity of the patient is unable to be confirmed, identification provided by the clinical facility would suffice toward meeting performance of the measure

Numerator Options:

Performance Met:

Transfer of care checklist used (**0583F**)

OR

Performance Not Met:

Transfer of care checklist not used (**0583F with 8P**)

RATIONALE:

The Agency for Healthcare Research and Quality found that “current signout mechanisms are generally ad-hoc, varying from hospital to hospital and unit to unit.” ([Link to Patient Safety Network - Handoffs and Signouts Article](#) [accessed June 30, 2015]). According to data published by the Joint Commission, communication errors were indicated in 59% of reported sentinel events in 2012 and in 54% of operative/post-operative complications between 2004 and 2012. A 2006 survey among residents at Massachusetts General Hospital found that 59% of respondents reported one or more patients experiencing harm as a result of ineffective patient handoff practices during their most recent clinical rotation. Therefore, a standardized transfer of care protocol or handoff tool/checklist that is utilized for all patients directly admitted to the ICU after undergoing a procedure under the care of an anesthesia practitioner will facilitate effective communications between the medical practitioner who provided anesthesia during the procedure and the care practitioner in the ICU who is responsible for post-procedural care. This should minimize errors and oversights in medical care of ICU patients after procedures.

CLINICAL RECOMMENDATION STATEMENTS:

The National Quality Forum, in its Preferred Practices and Performance Measures for Measuring and Reporting Care Coordination report, recommends:

Preferred Practice 23: Healthcare providers and healthcare organizations should implement protocols and policies for a standardized approach to all transitions of care. Policies and procedures related to transitions and the critical aspects should be included in the standardized approach.

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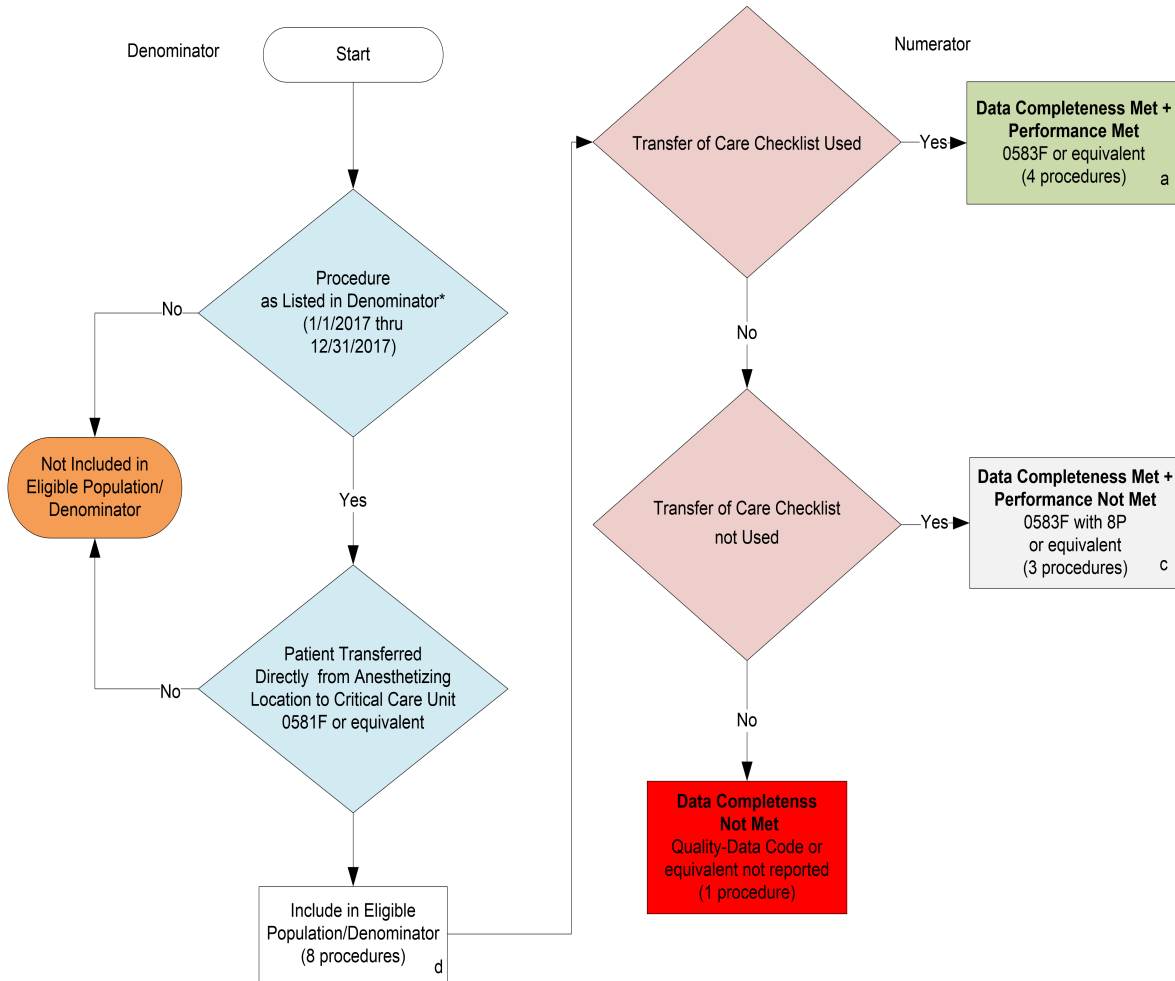
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2017 Registry Individual Measure Flow
#427: Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)



SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=4 procedures)} + \text{Performance Not Met (c=3 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 procedures)}}{\text{Data Completeness Numerator (7 procedures)}} = \frac{4 \text{ procedures}}{7 \text{ procedures}} = 57.14\%$$

*See the posted Measure Specification for specific coding and instructions to report this measure.

NOTE: Reporting Frequency: Procedure

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2017 Registry Individual Measure Flow

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Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in reporting this Individual Measure.

1. Start with Denominator
2. Check Procedure Performed:
 - a. If Procedure as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Procedure as Listed in the Denominator equals Yes, proceed to check Critical Care Code/ Admitted to an ICU Directly From Anesthetizing Location as Listed in Denominator.
3. Check Patient Transferred Directly from Anesthetizing Location to Critical Care Unit:
 - a. If Patient Transferred Directly from Anesthetizing Location to Critical Care Unit equals No, do not include in Eligible Patient Population. Stop Processing.
 - b. If Patient Transferred Directly from Anesthetizing Location to Critical Care Unit equals Yes, include in Eligible population.
4. Denominator Population:
 - a. Denominator population is all Eligible Patients in the denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 8 procedures in the sample calculation.
5. Start Numerator
6. Check Transfer of Care Checklist Used:
 - a. If Transfer of Care Checklist Used equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented in the Data Completeness Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 4 procedures in Sample Calculation.
 - c. If Transfer of Care Checklist Used equals No, proceed to Transfer of Care Checklist Not Used.
7. Check Transfer of Care Checklist Not Used:
 - a. If Transfer of Care Checklist Not Used equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 3 procedures in the Sample Calculation.
 - c. If Transfer of Care Checklist Not Used equals No, proceed to Data Completeness Not Met.
8. Check Data Completeness Not Met:

- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not reported. 1 procedure has been subtracted from the data completeness numerator in the sample calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=4 procedures)} + \text{Performance Not Met (c=3 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} = \frac{7 \text{ procedures}}{8 \text{ procedures}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=4 procedures)}}{\text{Data Completeness Numerator (7 procedures)}} = \frac{4 \text{ procedures}}{7 \text{ procedures}} = 57.14\%$$