

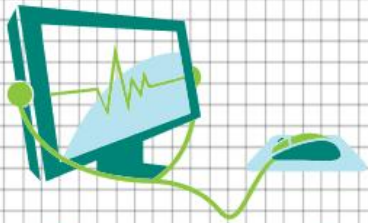
# ED Transfer Communication

USING DATA TO DRIVE IMPROVEMENT!

*EDTC-4: Medication information*

June 16<sup>th</sup> 2016

Presented By: Shanelle Van Dyke



Quality Reporting Services

# Agenda

- ▶ EDTC-4 Measure Overview
- ▶ Review of Data Results - Discussion amongst CAHs
- ▶ Review of EDTC-4 Abstraction Guidelines *(If Necessary)*
  - ▶ *Roles and Responsibilities*
- ▶ Interpretation of EDTC-4 Reports (Q1 2016)
- ▶ Sharing of Best Practices
- ▶ Plan, Do, Study/Check, Act (PDSA/PDCA)
- ▶ Sample forms, checklists, fact sheets, etc.
- ▶ Additional resources

# Measure Overview

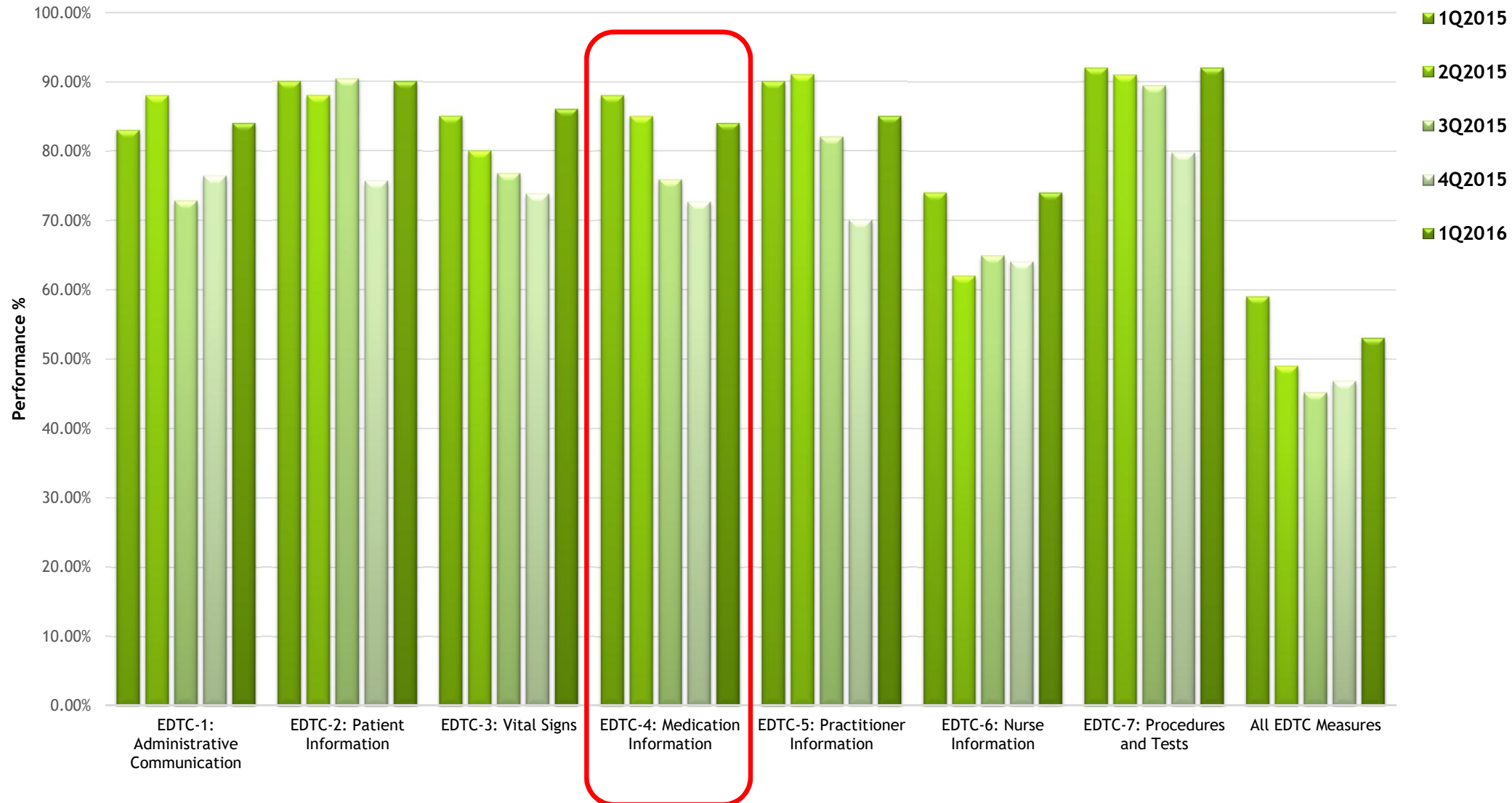
## ED Transfer Communication Measures

Category
<b>Pre-Transfer Communication Information</b>
Nurse communication with receiving hospital
Physician communication with receiving physician
<b>Patient Identification</b>
Name
Address
Age
Gender
Significant others contact information
Insurance
<b>Vital Signs</b>
Pulse
Respiratory Rate
Blood Pressure
Oxygen Saturation
Temperature
Glasgow score (trauma or neuro patients)

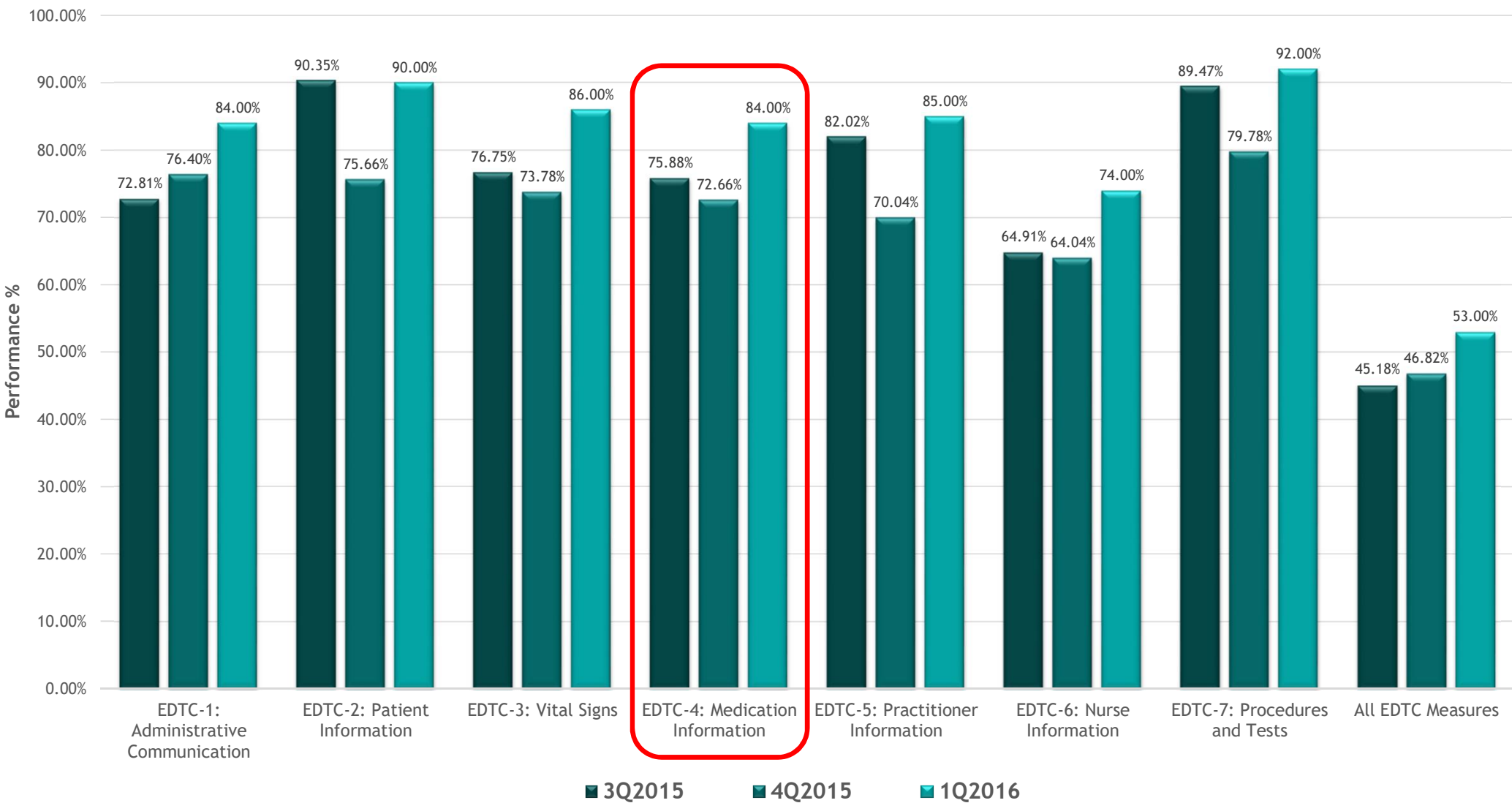
<b>Medication-related Information</b>
Medications Given
Allergies
Medications from home
<b>Practitioner generated information (History and Physical)</b>
Physical exam, history of current event, chronic conditions
Physician orders and plan
<b>Nurse generated information</b>
Nurse documentation includes:
Assessment/interventions/response
Impairments
Catheters
Immobilizations
Respiratory support
Oral limitations
<b>Procedures and tests</b>
Tests and procedures done
Tests and procedure results sent



## WY CAH EDTC Results Q1 2015 - Q1 2016



## WY CAH Aggregate EDTC Measure Results\_Q3 2015-Q1 2016 Comparison



# Review of Data Results: *Discussion amongst CAHs*

- *Insert notes form discussion here...*

## Measure EDTC-SUB 4

Measure Information Form

Measure Set: ED Transfer Communication (EDTC)

Set Measure ID#: EDTC-SUB 4

Performance Measure Name: Medication Information

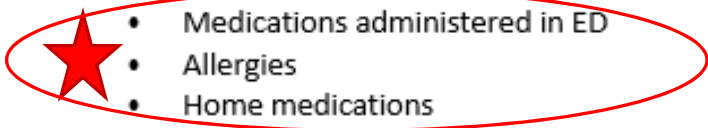
Description: Patients who are transferred from an ED to another healthcare facility have communication with the receiving facility within 60 minutes of discharge for medication information.

Rationale: Timely, accurate and direct communication facilitates the handoff to the receiving facility provides continuity of care and avoids medical errors and redundant tests.

Type of Measure: Process

Improvement Noted As: An increase in the rate

Numerator Statement: Number of patients transferred from an ED to another healthcare facility whose medical record documentation indicated that all of the elements were communicated to the receiving hospital within 60 minutes of departure.

- 
- Medications administered in ED
  - Allergies
  - Home medications

Denominator Statement: ED transfers to another healthcare facility

Included Populations: All transfers from ED to another healthcare facility

Excluded Populations: None

Rate calculation Sub 4

Numerator	# of patients who have a yes or NA for all measures: Medications administered in ED, allergies and home medications
Denominator	All transfers from ED to another health care facility



## *Medications Administered in ED*

Definition: For this question, “sent” refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient’s discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the list of medication(s) administered or that no medications were administered in the ED was sent to the receiving facility?

### Allowable Values:

Y (Yes) Select this option if there is documentation that the list of medications administered were sent to the receiving facility.

N (No) Select this option if there is no documentation that the list of medications administered were sent to the receiving facility.

### Notes for Abstraction:

- If no medications were given during the ED visit, documentation must state that there were no medications given to select yes.
- Medication information documented anywhere in the ED record is acceptable.

### Suggested Data Sources:

- Emergency Department record
- Medication Administration Record (MAR) if part of the ED documentation for the current encounter
- Transfer Summary document

### Inclusion Guidelines for Abstraction:

None

### Exclusion Guidelines for Abstraction:

None





## Allergies/Reactions

Definition: For this question, “sent” refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient’s discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient’s allergy history was sent to the receiving facility?

### Allowable Values:

Y (Yes) Select this option if there is documentation the patient’s allergy information was sent to the receiving facility.

N (No) Select this option if there is no documentation the patient’s allergy information was sent to the receiving facility.

### Notes for Abstraction:

- See inclusion guidelines for what should be contained in the allergy information.
- If documentation is sent that allergies are unknown, select yes.

### Suggested Data Sources:

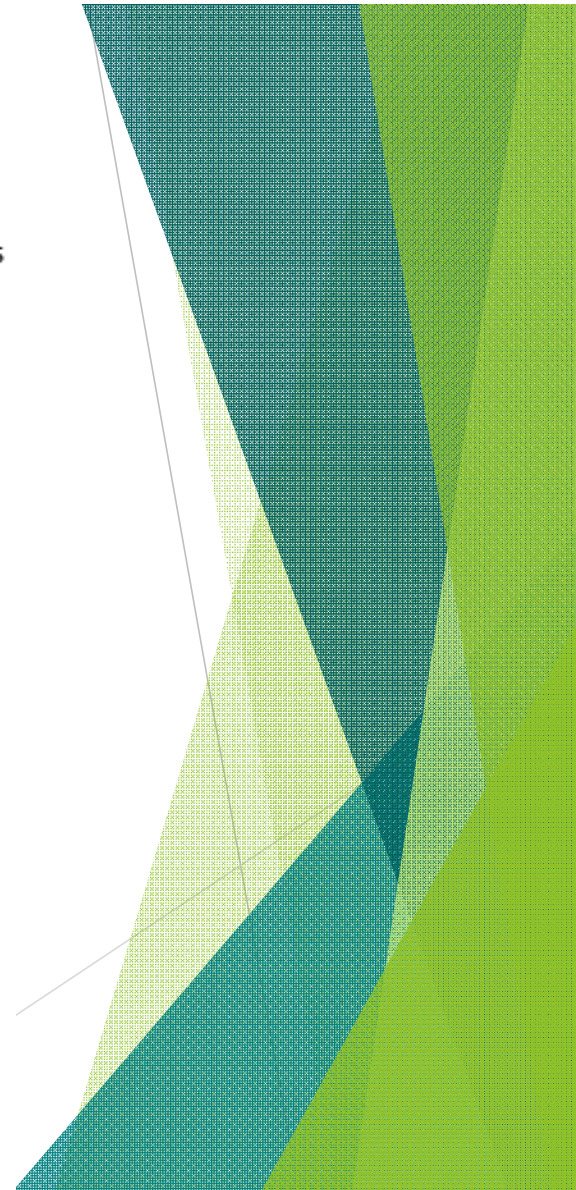
- Emergency Department record
- Transfer Summary

### Inclusion Guidelines for Abstraction:

- Food allergies/reactions
- Medication allergies/reactions
- Other allergies/reactions

### Exclusion Guidelines for Abstraction:

None



## Home Medications

Definition: For this question, “sent” refers to medical record documentation that indicates information went with the patient or was communicated via fax or phone or internet/Electronic Health Record connection availability within 60 minutes of the patient’s discharge.

Suggested Data Collection Question: Does the medical record documentation indicate that the patient’s medication history was sent to the receiving facility?

### Allowable Values:

Y (Yes) Select this option if there is documentation medication history was sent to the receiving facility.

N (No) Select this option if there is no documentation medication history was sent to the receiving facility.

### Notes for Abstraction:

- If documentation indicates patient is not on any home medications, select yes.
- If documentation is sent that home medications are unknown, select yes

### Suggested Data Sources:

- Emergency Department record
- Transfer Summary

### Inclusion Guidelines for Abstraction:

- Complimentary medications
- Over the counter (OTC) medications

### Exclusion Guidelines for Abstraction:

None






# Communication & Documentation

- ▶ Encourage healthcare professionals to take personal responsibility for the transfer of information about medicines.
- ▶ Provide a common data set for the improvement and development of organizational systems and processes to support the safe transfer of information about patients' medicines.
- ▶ Engage with patients to encourage them to take an active role in understanding their medicines to improve their safe management when they move between care providers and healthcare settings.

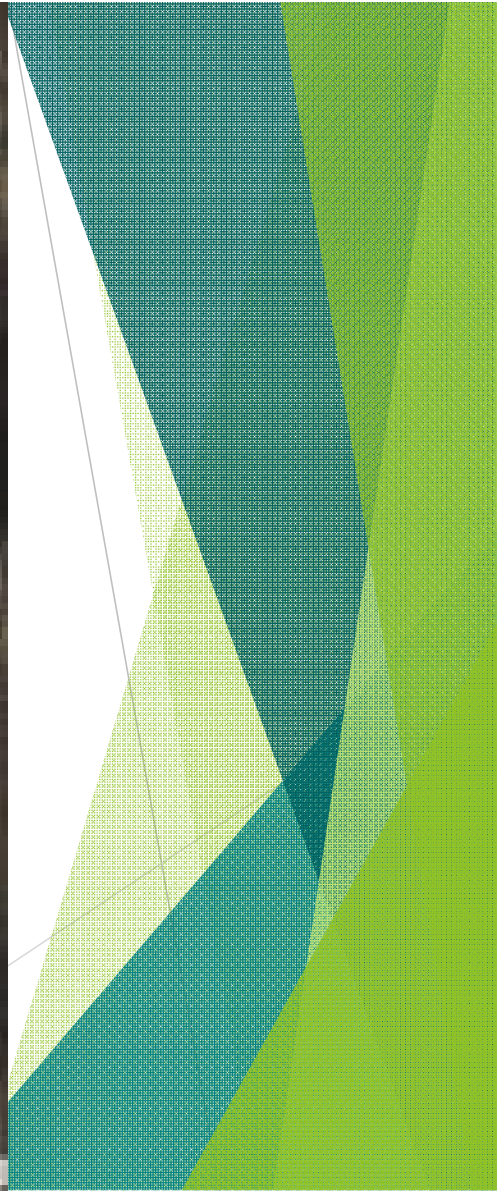






“the single biggest  
problem in  
communication is the  
illusion that it  
has taken place”

-George Bernard Shaw



# Communication & Documentation

## Four core principles for health care professionals:

1. Health care professionals transferring a patient should ensure that all necessary information about the patient's medicines is accurately recorded and transferred with the patient, and that responsibility for ongoing prescribing is clear.
2. When taking over the care of a patient, the healthcare professional responsible should check that information about the patient's medicines has been accurately received, recorded and acted upon.
3. Patients (or their parents, or advocates, or caregivers, etc.) should be encouraged to be active partners in managing their medicines when they move, and know in plain terms why, when and what medicines they are taking.
4. Information about patients' medicines should be communicated in a way which is timely, clear, unambiguous and legible; ideally generated and/or transferred electronically



# Communication & Documentation

## Three key responsibilities for organizations providing care:

1. Provider organizations must ensure that they have safe systems that define roles and responsibilities within the organization, and ensure that healthcare professionals are supported to transfer information about medicines accurately.
2. Systems should focus on improving patient safety and patient outcomes. Organizations should consistently monitor and audit how effectively they transfer information about medicines.
3. Good and poor practice in the transfer of medicines should be shared to improve systems and encourage a safety culture.



# Everyone Plays a Role

## Physician Responsibilities:

- ▶ Write complete transition orders, including medications according to the facility's Medication Reconciliation process.

## Nurse Responsibilities:

- ▶ Discuss new medications ordered with the patient/family. Arrange to have medication prescriptions filled.
- ▶ Complete any required teaching for continued treatments and medication at home and document on a Discharge Instructions form.
- ▶ Assure medication reconciliation is complete

## Patient Responsibilities:

- ▶ Play an active role in understanding their medicines to improve their safe management



# Tips for Taking Medication History

## Use a systematic approach

- For example, begin by asking about prescription medications, then over-the-counter products, and last vitamins/herbals/nutritional supplements—or develop and implement a standardized process workflow.

## Engage patients

- Explain the importance of carrying an updated medication list to share with all healthcare providers.
- Explain the importance of obtaining a complete and accurate medication history.

## Avoid yes/no questions

- Ask open-ended questions to solicit additional information.
- Review medical history - inquire about commonly prescribed medications for health conditions listed.





# Tips for Taking Medication History

**Consider all sources to obtain medication history and/or to clarify conflicting information, such as:**

- Patient
- Patient's medication list - ask when the list was last updated
- Caregiver/family member
- Prior care provider
- Community pharmacy
- Physician(s)
- Past medical records

**For each medication, record: name, strength, dose, route, frequency, and last dose taken.**

- \*Note any discrepancies in prescribed medications vs. what the patient reports he/she is actually taking.



### **ALLERGIES**

- What medication allergies do you have?
- What type of bad reactions did you have?
- What other allergies do you have (such as food, latex, or environmental allergies)?

### **REVIEW OF COMMON HEALTH CONDITIONS/AILMENTS**

- What medications do you take for:
  - Headaches? Seizures?
  - Sadness? Anxiety? Sleep?
  - Memory? Confusion?
  - Allergies? Your eyes?
  - Breathing? Inhalers?
  - Your heart? Blood pressure?
  - Blood thinners?
  - Diabetes? Thyroid?
  - Your stomach? Bowels?
  - Your bladder?
  - Your bones? Joints?
  - Pain? Fever?
  - Anything you put on your skin?

### **FOR MEDICATIONS/CONDITIONS WITH INCOMPLETE INFORMATION, CONSIDER:**

- Who ordered the medication?
- What is the dose?
- When did you last take it?
- Where do you get your medications?
- Why do you take it?

### **OVER-THE-COUNTER MEDICATIONS**

- What medicines do you take that you do not need a doctor's prescription to purchase?
- What do you take when you get constipation or diarrhea, heartburn, cough/cold, or headache? How often do you take it? How much?
- What do you take when you get sick? How often? How much?

## **SAMPLE Questions**

# SAMPLE Questions

## **PRESCRIPTIONS**

- What pharmacy/pharmacies do you use?
- Are you taking any other medications prescribed by other healthcare professionals like your dentist, ophthalmologist, or chiropractor?
- What medications do you take every day? When do you take them?
- Are there any medications that you take only sometimes or when you need it? What are they? When do you take them?
- Have you used any patches?
- Have you had any injections given at a doctor's office or anywhere else?
- Has your doctor given you any sample drugs to take?

## **HERBAL/NATURAL SUPPLEMENTS**

- What vitamins do you take?
- What herbal medications do you take?
- What natural supplements do you take?
- What supplements do you take to improve your diet?

## **MEDICATION CONCERNS**

- Can you tell me about any missed doses in the past week?
- What problems or concerns do you have with your medications?
- What concerns do you have about side effects?
- Are there medications that you don't think are helping you?
- Are you having difficulty paying for your medications?

# ED Transfer Comm. Data Collection Tool

## *EDTC Report Interpretation*





# Emergency Department Transfer Communication Hospital Report

**CMS Certified Number (CCN): 123456**

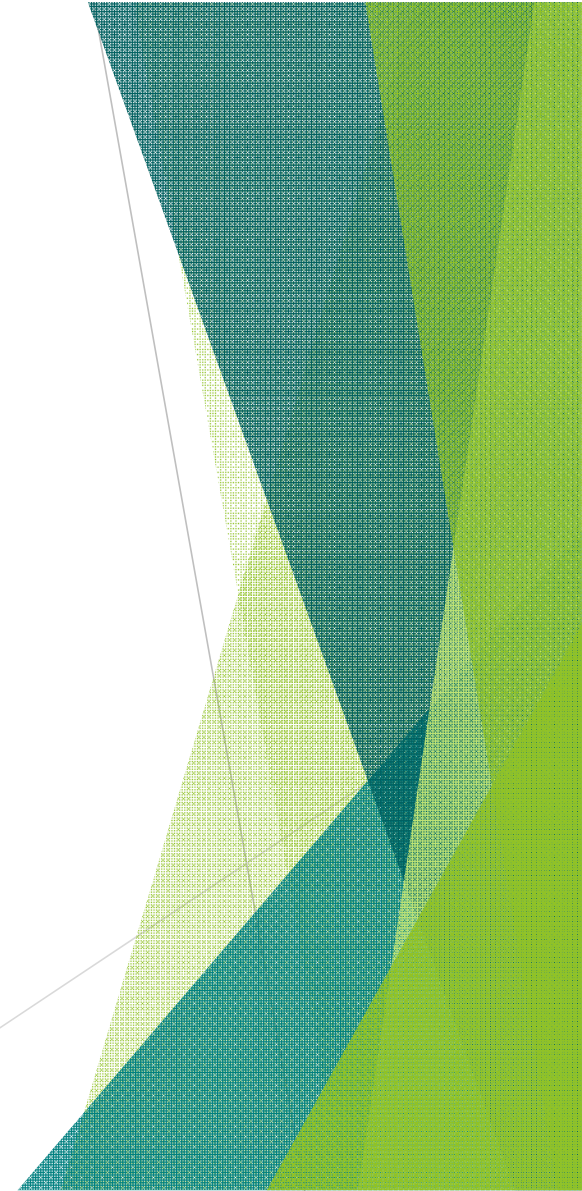
[Record List](#)
[Print Report](#)
[Main Page](#)
[Refresh Page](#)

Measures	Data Elements	Q1 2016	Q2 2016	Q3 2016	Q4 2016
		1/1/2016	4/1/2016	7/1/2016	10/1/2016
		Records Reviewed (N) = 5	Records Reviewed (N) =	Records Reviewed (N) =	Records Reviewed (N) =
EDTC-1: Administrative Communication	Percentage of medical records that indicated the following occurred prior to patient departure from ED:				
	1. Healthcare Facility to Healthcare Facility Communication	100.00% (n=5)	N/A	N/A	N/A
	2. Physician to Physician Communication	100.00% (n=5)	N/A	N/A	N/A
	All EDTC-1 Data Elements	100.00% (n=5)	N/A	N/A	N/A
EDTC - 2 Patient Information	Percentage of medical records that indicated the communication of following patient information within 60 minutes of patient's departure from ED:				
	1. Patient Name	100.00% (n=5)	N/A	N/A	N/A
	2. Patient Address	100.00% (n=5)	N/A	N/A	N/A
	3. Patient Age	100.00% (n=5)	N/A	N/A	N/A
	4. Patient Gender	100.00% (n=5)	N/A	N/A	N/A
	5. Patient Contact Information	100.00% (n=5)	N/A	N/A	N/A
	6. Patient Insurance Information	100.00% (n=5)	N/A	N/A	N/A
	All EDTC-2 Data Elements	100.00% (n=5)	N/A	N/A	N/A
EDTC - 3 Vital Signs	Percentage of medical records that indicated the communication of following patient's vital signs information within 60 minutes of patient's departure from ED:				
	1. Pulse	100.00% (n=5)	N/A	N/A	N/A
	2. Respiratory Rate	100.00% (n=5)	N/A	N/A	N/A
	3. Blood Pressure	100.00% (n=5)	N/A	N/A	N/A
	4. Oxygen Saturation	100.00% (n=5)	N/A	N/A	N/A
	5. Temperature	100.00% (n=5)	N/A	N/A	N/A
	6. Neurological Assessment	100.00% (n=5)	N/A	N/A	N/A

EDTC - 4 Medication Information <div> <div>★</div> <div>★</div> <div>★</div> </div>	Percentage of medical records that indicated the communication of following patient's medication information within 60 minutes of patient's departure from ED:				
	1. Medication Given in ED	100.00% (n=5)	N/A	N/A	N/A
	2. Allergies/Reactions	20.00% (n=1)	N/A	N/A	N/A
	3. Medication History	40.00% (n=2)	N/A	N/A	N/A
	<b>All EDTC-4 Data Elements</b>	20.00% (n=1)	N/A	N/A	N/A
EDTC - 5: Physician or Practitioner Generated Information	Percentage of medical records that indicated the communication of following physician generated information within 60 minutes of patient's departure from ED:				
	1. History and Physical	100.00% (n=5)	N/A	N/A	N/A
	2. Reason for Transfer/Plan of Care	100.00% (n=5)	N/A	N/A	N/A
	<b>All EDTC-5 Data Elements</b>	100.00% (n=5)	N/A	N/A	N/A
EDTC - 6 Nurse Generated Information	Percentage of medical records that indicated the communication of following nurse generated information within 60 minutes of patient's departure from ED:				
	1. Nursing Notes	100.00% (n=5)	N/A	N/A	N/A
	2. Sensory Status (formerly Impairments)	100.00% (n=5)	N/A	N/A	N/A
	3. Catheters/IV	100.00% (n=5)	N/A	N/A	N/A
	4. Immobilizations	100.00% (n=5)	N/A	N/A	N/A
	5. Respiratory Support	100.00% (n=5)	N/A	N/A	N/A
	6. Oral Restrictions	100.00% (n=5)	N/A	N/A	N/A
	<b>All EDTC-6 Data Elements</b>	100.00% (n=5)	N/A	N/A	N/A
EDTC - 7 Procedures and Tests	Percentage of medical records that indicated the communication of following procedures and tests information within 60 minutes of patient's departure from ED:				
	1. Tests/Procedures Performed	100.00% (n=5)	N/A	N/A	N/A
	2. Tests/Procedures Results	100.00% (n=5)	N/A	N/A	N/A
	<b>All EDTC-7 Data Elements</b>	100.00% (n=5)	N/A	N/A	N/A
All EDTC Measures <div>★</div>	Percentage of medical records that indicated the communication of all necessary patient's data upon patient's departure from ED:				
	<b>All EDTC Measures</b>	20.00% (n=1)	N/A	N/A	N/A



# High Performer Sharing of Best Practices



# Sharing of Best Practices

- ▶ RECOMMENDED TRANSITIONS OF CARE PRINCIPLES AND STANDARDS
- ▶ IMPROVE ACCOUNTABILITY
- ▶ IDENTIFY RESPONSIBILITY
- ▶ COORDINATE CARE
- ▶ INVOLVE FAMILY
- ▶ CLEARLY COMMUNICATE
- ▶ ASSURE TIMELINESS
- ▶ UTILIZE NATIONAL STANDARDS AND METRICS



<p>1. TRANSFER FROM: _____</p> <p>TRANSFER TO: _____</p> <p>3. PATIENT NAME: _____</p> <p style="text-align: center;"><small>Last                      First Name and Nickname                      MI</small></p> <p>PATIENT DOB (mm/dd/yyyy): _____ GENDER <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>5. PHYSICIAN NAME _____ PHONE _____</p> <p>7. CONTACT PERSON _____ RELATIONSHIP _____</p> <p>PHONE (Day) _____ (Night) _____ (Cell) _____</p> <p>NAME OF <input type="checkbox"/> HEALTH CARE REPRESENTATIVE/PROXY OR <input type="checkbox"/> LEGAL GUARDIAN, IF NOT CONTACT PERSON: _____</p> <p>PHONE (Day) _____ (Night) _____ (Cell) _____</p> <p>8. REASONS FOR TRANSFER: (Must include brief medical history and recent changes in physical function or cognition.) _____</p> <p>_____</p> <p>_____</p>	<p>2. DATE OF TRANSFER: _____</p> <p>TIME OF TRANSFER: _____ <input type="checkbox"/> AM/<input type="checkbox"/> PM</p> <p>4. LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Other: _____</p> <p>6. CODE STATUS: <input type="checkbox"/> DNR <input type="checkbox"/> DNH <input type="checkbox"/> DNI <input type="checkbox"/> Out of Hospital DNR Attached</p> <p>Check if Contact Person: <input type="checkbox"/> Health Care Representative/Proxy <input type="checkbox"/> Legal Guardian</p>
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WIS: BP \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ T \_\_\_\_\_ PAIN: ☐ None ☐ Yes, Rating \_\_\_\_\_ Site \_\_\_\_\_ Treatment \_\_\_\_\_

<p>9. PRIMARY DIAGNOSIS _____ <input type="checkbox"/> Pacemaker Secondary Diagnosis _____ <input type="checkbox"/> Internal Defib. Mental Health Diagnosis (if applicable) _____</p> <p>10. RESTRAINTS: <input type="checkbox"/> No <input type="checkbox"/> Yes (describe) _____</p> <p>11. RESPIRATORY NEEDS: <input type="checkbox"/> None <input type="checkbox"/> Oxygen-Device _____ Flow Rate _____ <input type="checkbox"/> CPAP <input type="checkbox"/> BPAP <input type="checkbox"/> Trach <input type="checkbox"/> Vent <input type="checkbox"/> Related details attached <input type="checkbox"/> Other _____</p> <p>12. ISOLATION/PRECAUTION: <input type="checkbox"/> None <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> ESBL <input type="checkbox"/> C-Diff <input type="checkbox"/> Other _____ Site _____ Comments _____ <input type="checkbox"/> Colonized</p> <p>13. ALLERGIES: <input type="checkbox"/> None <input type="checkbox"/> Yes, List _____</p> <p>14. SENSORY: Vision <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Blind <input type="checkbox"/> Glasses Hearing <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Deaf Hearing Aid <input type="checkbox"/> Left <input type="checkbox"/> Right Speech <input type="checkbox"/> Clear <input type="checkbox"/> Difficult <input type="checkbox"/> Aphasia</p>	<p>20. AT RISK ALERTS: <input type="checkbox"/> None <input type="checkbox"/> Falls <input type="checkbox"/> Pressure Ulcer <input type="checkbox"/> Aspiration <input type="checkbox"/> Wanders <input type="checkbox"/> Elopement <input type="checkbox"/> Seizure Harm to: <input type="checkbox"/> N/A <input type="checkbox"/> Self <input type="checkbox"/> Others Weight Bearing Status: <input type="checkbox"/> None Left Leg: <input type="checkbox"/> Limited <input type="checkbox"/> Full Right Leg: <input type="checkbox"/> Limited <input type="checkbox"/> Full</p> <p>21. MENTAL STATUS: <input type="checkbox"/> Alert <input type="checkbox"/> Forgetful <input type="checkbox"/> Oriented <input type="checkbox"/> Unresponsive <input type="checkbox"/> Disoriented <input type="checkbox"/> Depressed <input type="checkbox"/> Other _____</p> <p>22. <input type="checkbox"/> PASRR LEVEL I COMPLETED</p> <p>23. FUNCTION: Self With Help Not Able</p>
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Speech ☐ Clear ☐ Difficult ☐ Aphasia

15. SKIN CONDITION: ☐ No Wounds

☐ YES, Pressure, Surgical, Vascular, Diabetic, Other

☐ See Attached TAR

Type: ☐ P ☐ S ☐ V ☐ D ☐ O

Site \_\_\_\_\_ Size \_\_\_\_\_ Stage (Pressure) \_\_\_\_\_ Comment \_\_\_\_\_

Type: ☐ P ☐ S ☐ V ☐ D ☐ O

Site \_\_\_\_\_ Size \_\_\_\_\_ Stage (Pressure) \_\_\_\_\_ Comment \_\_\_\_\_

16. DIET: ☐ Regular ☐ Special (describe): \_\_\_\_\_

☐ Tube feed ☐ Mechanically altered diet ☐ Thicken liquids

17. IV ACCESS: ☐ None ☐ PICC ☐ Saline lock ☐ IVAD ☐ AV Shunt ☐ Other: \_\_\_\_\_

18. PERSONAL ITEMS SENT WITH PATIENT: ☐ None ☐ Glasses ☐ Walker ☐ Cane

Hearing Aid: ☐ Left ☐ Right Dentures: ☐ Upper/Partial ☐ Lower/Partial ☐ Other: \_\_\_\_\_

19. ATTACHED DOCUMENTS: MUST ATTACH CURRENT MEDICATION INFORMATION ☐ Face Sheet ☐ MAR ☐ Medication Reconciliation ☐ TAR ☐ POS ☐ Diagnostic Studies

☐ Labs ☐ Operative Report ☐ Respiratory Care ☐ Advance Directive ☐ Code Status ☐ Discharge Summary ☐ PT Note ☐ OT Note ☐ ST Note ☐ HX/PE

☐ Other: \_\_\_\_\_

27. SENDING FACILITY CONTACT: \_\_\_\_\_ Title \_\_\_\_\_ Unit \_\_\_\_\_ Phone \_\_\_\_\_

REC'G FACILITY CONTACT (if known): \_\_\_\_\_ Title \_\_\_\_\_ Unit \_\_\_\_\_ Phone \_\_\_\_\_

28. FORM PREFILLED BY (if applicable): \_\_\_\_\_ Title \_\_\_\_\_ Unit \_\_\_\_\_ Phone \_\_\_\_\_

29. FORM COMPLETED BY: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

23. FUNCTION: Self With Help Not Able

Walk ☐ ☐ ☐

Transfer ☐ ☐ ☐

Toilet ☐ ☐ ☐

Feed ☐ ☐ ☐

24. IMMUNIZATIONS/SCREENING:

☐ Flu Date: \_\_\_\_\_ ☐ Tetanus Date: \_\_\_\_\_

☐ Pneumo Date: \_\_\_\_\_ ☐ PPD +/- Date: \_\_\_\_\_

☐ Other: \_\_\_\_\_ Date: \_\_\_\_\_

25. BOWEL: ☐ Continent ☐ Incontinent Date last BM \_\_\_\_\_

Comments: \_\_\_\_\_

26. BLADDER: ☐ Continent ☐ Incontinent ☐ Foley Catheter

Comments: \_\_\_\_\_



# Improvement Techniques

## Principles of Improving:

- ▶ Know why you need to improve a system and/or process
- ▶ Have a way to obtain feedback to let you know if improvement is occurring
- ▶ Develop a change that you think will result in improvement
- ▶ Test a change before implementing
- ▶ Implement a change



What are we trying to accomplish?

How will we know that change is an improvement?

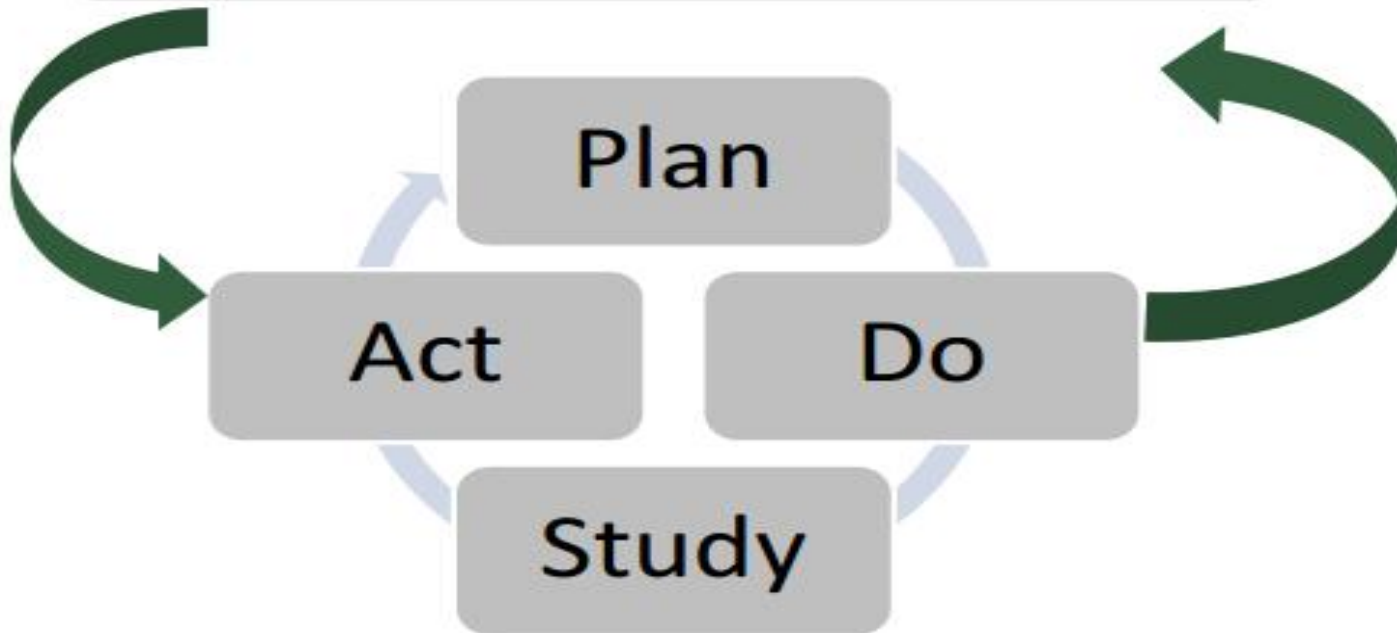
What change can we make that will result in improvement?

Plan

Act

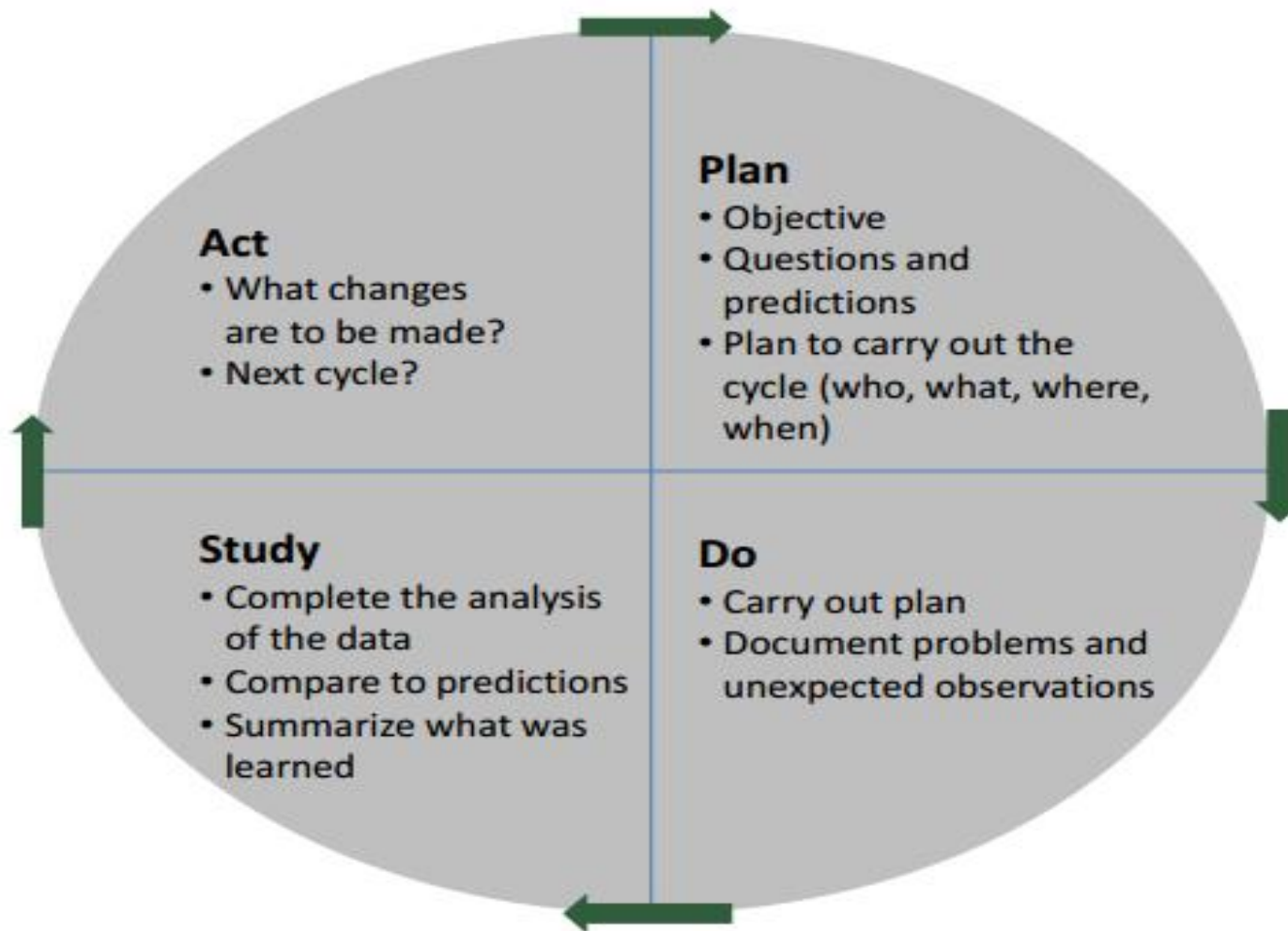
Do

Study





# ***PLAN-DO-STUDY-ACT***



# Show Sample Medication Transfer Sheet(s)





Bring this form with you and show it to your prescriber or MTM provider any time you have a doctor's appointment you have to go to the hospital, and whenever you have a new prescription filled at your pharmacy.

**Patient Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

**Date Form Updated:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm/dd/yyyy

Allergies / Reaction: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Medications:

	Start Date / Stop Date	Name of Medicine	Tablet Strength	How to Use / When to Use	What is this Medicine for?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Include prescription medications, over-the-counter medications, vitamins and herbal supplements

Mail Order Pharmacy Name: \_\_\_\_\_ Mail Order ID #: \_\_\_\_\_

Date	Brand Name/Generic Name	(mg, units)	per day	Morning/night, after meals	Y or N	Purpose	shape	Provider's name	or Mail order	(danger signs, side effects, interactions)
------	-------------------------	-------------	---------	----------------------------	--------	---------	-------	-----------------	---------------	--

Please bring this updated form with you to all of your medical office visits. If your medicines change, please tell your medical provider. Check the detailed drug sheets provided by the pharmacy with each medication, or talk to your doctor about possible side effects, danger signs and interactions.

Other Medical Providers that you are seeing (please include dentist and eye doctor):

[illegible]



# Sample Checklist

While some aspects of emergency department transfer communication may be unique, many of the communication concepts and ideas that have been developed for transitions of care or handoffs between settings along the continuum of care also apply. Below is a series of sample checklists that can be used, adapted, or provide suggestions on how to meet your hospital's and community's unique needs.

- **Safer Handoff: Patient Handoff Checklist.** *Emergency Nurses Association (ENA).* Developed to highlight information that should be transferred to and from emergency departments and Long Term Care facilities/agencies. ★
- **Transfer Checklist and Feedback Form.** *Northeast Health Care Quality Foundation.* Checklist and feedback form for interfacility transfers. Allows receiving facility to provide feedback and suggestions if information was not received or is incomplete.
- **Acute Care Transfer Document Checklist.** *Interact. Florida Atlantic University.* Designed for long term care facilities to ensure appropriate documentation is sent with a resident to the Emergency Department. Could be adapted to address communication from the emergency department to other settings of care.

### Transfer Checklist and Feedback

Sending Facility: \_\_\_\_\_ Receiving Facility: \_\_\_\_\_

Person & Phone Number of Receiving Facility Requesting Info: \_\_\_\_\_

Patient's Name \_\_\_\_\_ Date: \_\_/\_\_/\_\_ Time: \_\_:\_\_:\_\_ (military)

- ☐ All information necessary to treat the patient was **received**.  
☐ The following information necessary to treat the patient was **not received or was incomplete**:

<input type="checkbox"/> Face sheet with demographic and insurance information	<input type="checkbox"/> Discharge Summary or discharge paperwork
<input type="checkbox"/> Medication list missing <input type="checkbox"/> Medication list incomplete, missing: _____	<input type="checkbox"/> Treatment orders (wound care, nursing care, OT/PT/Speech therapy, lab orders)
<input type="checkbox"/> Reason for transfer	<input type="checkbox"/> H & P or Medical History
<input type="checkbox"/> Face to Face	<input type="checkbox"/> Verbal Report or Nurse to Nurse Report
<input type="checkbox"/> Advance Directives and/or Code Status	<input type="checkbox"/> Inadequate supplies for care
<input type="checkbox"/> Safety Concerns/Special Treatments:	<input type="checkbox"/> Other: _____

Please fax form **within 1 business day** to:

1. Contact person listed below *and*
2. NHCQF Fax

Form received on: \_\_/\_\_/\_\_ To be completed and resent **ONLY** if all information was not received.

**RESPONSE:** The following is now in place to prevent these deficiencies from occurring with future referrals:

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Person completing form: \_\_\_\_\_

**\*Please fax form within 5 days to Contact Person at Receiving Facility and NHCQF Contact\***



Resident Name \_\_\_\_\_

Facility Name \_\_\_\_\_ Tel \_\_\_\_\_

### Copies of Documents Sent with Resident *(check all that apply)*

#### Documents Recommended to Accompany Resident

- \_\_\_\_\_ Resident Transfer Form
- \_\_\_\_\_ Face Sheet
- \_\_\_\_\_ Current Medication List or Current MAR
- \_\_\_\_\_ SBAR and/or other Change in Condition Progress Note *(if completed)*
- \_\_\_\_\_ Advance Directives *(Durable Power of Attorney for Health Care, Living Will)*
- \_\_\_\_\_ Advance Care Orders *(POLST, MOLST, POST, others)*

#### Send These Documents *if indicated:*

- \_\_\_\_\_ Most Recent History and Physical
- \_\_\_\_\_ Recent Hospital Discharge Summary
- \_\_\_\_\_ Recent MD/NP/PA and Specialist Orders
- \_\_\_\_\_ Flow Sheets *(e.g. diabetic, wound care)*
- \_\_\_\_\_ Relevant Lab Results *(from the last 1-3 months)*
- \_\_\_\_\_ Relevant X-Rays and other Diagnostic Test Results
- \_\_\_\_\_ Nursing Home Capabilities Checklist *(if not already at hospital)*

### Emergency Department:

**Please ensure that these documents are forwarded to the hospital unit if this resident is admitted. Thank you.**



# Sample Transfer Forms

Transfer forms are another tool used to improve transfer communications. In some states, minimum data standards have been set for all care transitions/transfers. Examples of what is required within the standard data sets established for all care transitions include:

- Principle diagnosis and problem list
- Reconciled medication list including over the counter/herbals, allergies and drug interactions
- Clearly identified medical home/transferring coordinating physician/provider/institution and their contact information
- Patient's cognitive status
- Test results/pending results □ Pertinent discharge instructions
- Follow up appointments
- Prognosis and goals of care
- Advance directives, power of attorney, consent
- Preferences, priorities, goals and values, including care limiting treatment orders (e.g., DNR) or other end-of-life or palliative care plans



# Sample Transfer Forms

In addition, the “ideal” transfer record would also include:

- Emergency plan and contact number and person, Treatment and diagnostic plan, Planned interventions, durable medical equipment, wound care, etc., Assessment of caregiver status, and Patients and/or their family/caregivers must receive, understand and be encouraged to participate in the development of their transitions record which should take into consideration the patient’s health literacy, insurance status and be culturally sensitive

Following are sample transfer forms that can be adapted to meet your hospital emergency department and community needs, including:

- **Safer Handoff: Patient Handoff/Transfer Form.** *Emergency Nurses Association (ENA).* ★
- **Universal Transfer Form.** *New Jersey Department of Health.*
- **Interact Hospital to Post Acute Care Transfer Form.** *Florida Atlantic University.* Designed for acute care discharges to post-acute facilities. Could be adapted for emergency department use.
- **Model Transfer Form: Nursing Facility to Emergency Department/Hospital.** *Virginia Department of Health.* Designed for nursing facility use, could be adapted or used as a tool with local nursing home partners.

# Miscellaneous Reminders

- ▶ Next Q2 2016 EDTC Data Submission Deadline is July 31st 2016
- ▶ NEW! Quality Improvement Matters (QIM) website [www.wyqim.com](http://www.wyqim.com)
- ▶ Quality Improvement Matters Newsletter: June version to go out the 17<sup>th</sup>
- ▶ MBQIP Deadline Reminders:
  - ▶ Q1 2016 Outpatient Core Measures (AMI, CP, PM) due August 1<sup>st</sup> 2016
  - ▶ Q1 2016 Inpatient Core Measures (IMM-2) due August 15<sup>th</sup> 2016
  - ▶ Q1 2016 Inpatient & Outpatient Population & Sampling due August 1<sup>st</sup> 2016



# THANK YOU!

# Questions ? ? ?

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# Review EHR Medication Profile Sample





Individual's Name: Mary Active  
Time Zone: US/Arizona

#### Current Medication List

Jump to: [Home Medication](#) | [Medication Review](#) | [Medication Reconciliation](#)

Medication Name	Dose	Form	Route	Frequency	Begin Date	End Date
<a href="#">ACETAMINOPHEN-ODD #4 TABLET</a>	500.0	Tablet	Oral (mouth)	2 X DAILY	12/01/2011	
<a href="#">AQUA GLYCOLIC FACE CREAM</a>		Creams	Topical		12/01/2011	

This button will open the Medication History form for the Individual.

Add Medication

#### Home Medication

Jump to: [Current Medication](#) | [Medication Review](#) | [Medication Reconciliation](#)

Medication Name	Dose	Form	Route	Frequency	Begin Date	End Date
<a href="#">ACETAMINOPHEN-ODD #4 TABLET</a>	500.0	Tablet	Oral (mouth)	2 X DAILY	12/01/2011	
<a href="#">AQUA GLYCOLIC FACE CREAM</a>		Creams	Topical		12/01/2011	

Clicking on this button will take the user to the Home Medication area in the Medication History form.

Add Home Medication

#### Recent Medication Review List

Jump to: [Current Medication](#) | [Home Medication](#) | [Medication Reconciliation](#)

File	Valid (From-To)	Comment	Reviewer (Physician)	Created By
<a href="#">Medication for Review.pdf (8KB)</a>	12/01/2011-12/05/2011			Ray Helper, Direct Support Professional on 12/05/2011

Users can review the medications of the Individual by clicking here.

Add Medication Review

#### Medication Reconciliation List

Jump to: [Current Medication](#) | [Home Medication](#) | [Medication Review](#)

Reconciliation Type	Reconciled By	Reconciliation Date	Active (From - To)	Comment	Reference Medication
Admission	Ray Helper, Direct Support Professional	12/04/2011	12/01/2011 - 12/05/2011		

Medication Reconciliation for the Individual can be added from here.

Add Reconciliation

Comment

To view the PDF, click on the Display PDF link.



Necessary comments can be added in here!

[Back](#) [Cancel](#)

[Save](#)



## Medication Profile

**Individual's Name:** Andrew Jackson

**Time Zone:** US/Eastern

### Active Medication List

Jump to: [Historical Medication](#) | [Medication Review](#) | [Medication Reconciliation](#)

Medication Name	Dose	Form	Route	Frequency	Begin Date	End Date
LIQUID CALCIUM 600-VIT D CAP	400.0	Capsules	Oral (mouth)		11/01/2012	11/22/2012
PARA-TIME 150 MG CAPSULE SA					11/01/2012	

All active medications and medications with current date as an end date are listed under this section

[Add Medication](#)

### Home Medication

Medication Name	Dose	Form	Route	Frequency	Begin Date	End Date
LIQUID CALCIUM 600-VIT D CAP	400.0	Capsules	Oral (mouth)		11/01/2012	11/22/2012

All discontinued and inactive medications appear under this section

[Add Home Medication](#)

### Historical Medication List

Jump to: [Active Medication](#) | [Medication Review](#) | [Medication Reconciliation](#)

Medication Name	Home Medication	Dose	Form	Frequency	Begin Date	End Date	Status
TYLENOL COLD M-S NIGHTTIME LIQ	No	4.0	Liquid		11/01/2012	11/17/2012	Approved
ACETAMINOPHEN PM TABLET	No	250.0	Tablet	2 X DAILY	11/01/2012		Discontinued



## Section 2 - Medication History Information

### Drug Lookup

Drug Name:

Search

Medication  
Name:

ASPIR-TRIN EC 325 MG TABLET

Drug Details

Medication  
Category:

General Medication

Medication  
Subcategory:

Allergy/Cold/ENT

☒ Prescription ☐ Over the Counter

Dose:

325.0

Total Dose:

325.0

Measurement  
Unit:

mg

Total Count:

1.0

Form:

Tablet

If Other:

Route:

Oral (mouth)

If Other:

Medication Type:

Scheduled (Medication)

Frequency:

### Medication Schedules

2 Time(s) Every Tuesday Starting from: 05/02/2011

Schedule

- Please Select -  
Every  
Every Other  
As

11:30 am

11:30 pm

Add Another Schedule Row

## Allergy Profile of Mary Active, 000001

**Created By:** Ray Helper, Direct Support Professional on 06/16/2011 03:10 AM  
**Last Updated By:** Ray Helper, Direct Support Professional on 06/20/2011 07:36 AM  
**Time Zone:** US/Eastern  
[Update History \(4\)](#)

### Allergy Profile

**NOTE:** Highlighted allergies represent manual entries, these will not be considered for Drug-Allergy interaction.

#### Active Allergies

[Hide](#)

Allergy	Type	Severity	Reaction	Identification Date	Added By
Acid Green 50	Food Allergy	Severe	Rashes are found all over the body.	06/01/2011	Ray Helper
Acid Mantle	Drug Allergy	Moderate	Rashes are found over the body.	06/01/2011	Ray Helper
Nut Allergy	Food Allergy	Mild	Irritation occurs.	06/01/2011	Ray Helper

#### Inactive Allergies

[Show](#)

#### Deleted Allergies

[Show](#)

#### Comment

Items that cause Allergy to Mary should not be provided to her.

[Back](#)[Add Allergy Information](#)[Save](#)



**Review** recommended core content of  
“records for medicines” when Patients transfer  
care Providers



# Additional Resources

(i.e. Nurse to Nurse Communication & Care Transitions)





- ▶ **Appropriate Interhospital Patient Transfer.** *American College of Emergency Physicians.* This website includes policy statements and principles regarding patient transfers.
- ▶ **Care Transitions Program.** *Dr. Eric Coleman.* This website includes tools and resources to support care transitions, including those with Spanish and Russian translations.
- ▶ **Care Transitions: Strengthening Communication, Improving Outcomes.** *Oregon Patient Safety Commission.* Retrieved January 1, 2014. This website discusses care transitions between various health care settings and presents tools and resources to support improvements.
- ▶ **Got Transition.** *Center for Health Care Transition Improvement.* This toolkit focuses specifically on transitions related to young adults and children with special needs. It includes policies and procedures, action plans, and checklists.
- ▶ **Critical Care in the Emergency Department: Patient Transfer.** *Emergency Medical Journal,* January 2007, “This article reviews current recommendations for the transfer of critically ill patients, with a particular focus on pre-transfer stabilization, hazards during transport and the personnel, equipment and communications necessary throughout the transfer process.”
- ▶ **Care Transitions Toolkit.** *Colorado Foundation for Medical Care.* This website includes a set of tools that supports organizations in beginning a quality improvement project through a series of steps such as root cause analysis, interventions, and measurement. The tool can be adapted and applied for most quality/process improvement needs. There are both online and PDF versions of the tool.
- ▶ **Transfer of Patient Care Between EMS Providers and Receiving Facilities.** *American College of Emergency Physicians.* This website includes policy statements and principles regarding patient transfers.

- ▶ **Implementation Guide to Improve Care Transitions.** *Project BOOST: Better Outcomes for Older Adults Through Safe Transitions, Society of Hospital Medicine*, retrieved January 19, 2014. “This guide is designed to facilitate the implementation, evaluation and maintenance of the BOOST toolkit and its adaptations. In addition to presenting BOOST interventions, the guide is filled with additional resources to manage, organize and document the efforts of your team.”
- ▶ **Improving Nurse to Nurse Communication During Patient Transfers.** Reecha Madden, June 2012. This Powerpoint presentation describes the outcomes of the implementation of nurse to nurse communication tools.
- ▶ **INTERACT (Interventions to Reduce Acute Care Transfers).** This website includes tools and resources targeted at reducing transfers to hospitals, including care transitions between care settings, such as long term care, home health, and acute care.
- ▶ **National Transitions of Care Coalition Toolbox.** This website includes a series of tools, resources, and links to websites to support care transitions.
- ▶ **New Performance Improvement Coordinator Education.** *Montana Rural Healthcare Performance Improvement Network*. “This resource is specifically designed to provide new quality professionals with basic education about quality management and the tools used in implementing an effective, organization-wide quality program. The resources are designed for individual educational purposes as well as for the education and training of facility staff in the basic principles of quality management.”
- ▶ **Patient Safety and Quality: An Evidenced-Based Handbook for Nurses.** *Agency for Healthcare Research and Policy*, April 2008. This handbook describes the handoff process in various care settings and presents strategies to improve handoff communications.