Quality Improvement Toolkit for Emergency Department Transfer Communication Measures

Section 1: Recommendations and Principles of Care Transitions from the Emergency Department

Stratis Health, based in Bloomington, Minnesota, is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

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Section 1: Recommendations and Principles of Care Transitions from the Emergency Department

The importance of communication has been recognized as a key factor in safe and efficient patient transfers and several leading organizations have highlighted recommendations and principles specific to emergency department situations.

1.1 Care Transitions and the Emergency Department: Overview

As health care has become more specialized, with greater numbers of clinicians in different care settings involved in patient care, patients are likely to encounter more handoffs than in years past. Clinical environments are dynamic and complex, presenting many challenges for effective communication among health care providers, patients, and families.

Transfers from the emergency department often result in a series of handoffs between emergency medical services (ground and/or air transport) other hospital emergency departments and a receiving facility. Many of the health care providers and staff engaged in these transfers are unfamiliar with the settings and the care delivery details where they are sending patients and may not provide adequate communication to support effective care. Ineffective and inefficient transitions can lead to poor outcomes such as: delays in diagnosis, medication errors, adverse events, inappropriate or unnecessary treatments, patient complaints, increased lengths of stay, and/or increased costs.

The conceptual model for Transitions of Care (Figure 1 below) was developed by the National Transitions of Care Coalition to help provide context for the importance of accurate and timely transfer of information from emergency room providers and the next setting of care.

Figure 1 - Conceptual Model for Transitions of Care

Source: Improving Transitions of Care: Hospital to Home, National Transitions of Care Coalition, October 2009, page 25.
1.2 American College of Emergency Physicians Care Transition Task Force Recommendations:
To better support effective transfers from the emergency department the American College of Emergency Physicians outlined several recommendations in a 2012 report on improving care coordination. The following recommendations are relevant to the Emergency Department Transfer Communication Measure Set:

- Enhance and promote training and education for all emergency department personnel regarding the importance of transitions of care and how to implement effective policies and procedures.
- Assess provider performance, with appropriate feedback, and provide training in communication skills as necessary.
- Work with emergency department information system vendors to produce transition support tools and identify the components of a minimum data set for all transitions.


1.3 Safe Transfers and Hand-offs: Emergency Department Principles
The American College of Emergency Physicians (ACEP), Emergency Nurses Association (ENA), National Association of EMS Physicians (NAEMSP), National Association of Emergency Medical Technicians (NAEMT), and National Association of State EMS Officials (NASEMSO) have developed a series of principles to ensure safe transfers and hand-offs from hospital to hospital and from EMS to the hospital. When thinking about making improvement to your emergency department transfer processes, consider these principles:

Principles for Interhospital Transfers¹

- The optimal health and well-being of the patient should be the principal goal of patient transfer.
- Emergency physicians and hospital personnel should abide by applicable laws regarding patient transfer. All patients should be provided a medical screening examination (MSE) and stabilizing treatment within the capacity of the facility before transfer. If a competent patient requests transfer before the completion of the MSE and stabilizing treatment, these should be offered to the patient and documented. Hospital policies and procedures should articulate these obligations and ensure safe and efficient transfer.
- The transferring physician should inform the patient or responsible party of the risks and the benefits of transfer and document these. Before transfer, patient consent should be obtained and documented whenever possible.
- The hospital policies and procedures and/or medical staff bylaws should identify the individuals responsible for and qualified to perform MSEs. The policies and procedures or bylaws must define who is responsible for accepting and transferring patients on

behalf of the hospital. The examining physician at the transferring hospital will use his or her best judgment regarding the condition of the patient when determining the timing of transfer, mode of transportation, level of care provided during transfer, and the destination of the patient.

- Transfers are effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.

- Agreement to accept the patient in transfer should be obtained from a physician or responsible individual at the receiving hospital in advance of transfer. When a patient requires a higher level of care other than that provided or available at the transferring facility, a hospital with the capability and capacity to provide a higher level of care may not refuse any request for transfer.

- An appropriate medical summary and other pertinent records should accompany the patient to the receiving facility or be electronically transferred as soon as is practical.

- When transfer of patients is part of a regional plan to provide optimal care at a specialized medical facility, written transfer protocols and interfacility agreements should be in place.

Notes: To ensure optimal patient care, nonhospital satellite medical facilities should abide by transfer standards much the same as those outlined above. Laws and regulations relevant to the Emergency Medical Treatment and Labor Act (EMTALA) exist in many states. Physicians who participate in patient transfer decisions should be aware of applicable state-specific transfer laws and regulations.

Principles for Hand-offs Between EMS and Receiving Facilities

- In addition to a verbal report from EMS providers, minimum key information required for patient care must be provided in written or electronic form at the time of transfer of patient care. This ensures that physicians and other health care providers who deliver subsequent care for the patient receive more accurate information and avoid potential errors inherent with second-hand information. The minimum key information reported at the time of hand-off must include information that is required for optimal care of the patient – examples include vital signs, treatment interventions, and the time of symptom onset for time-sensitive illnesses.

- All members of the health care team, including EMS providers, nurses, and physicians, must communicate with mutual respect for each other and respect the verbal and written communication from EMS as an important part of the patient’s history. During the transfer of patient care, the receiving health care providers should have an opportunity to ask questions to clarify information that is exchanged.

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• Health care facilities should attempt to receive patient care transfer reports in a timely manner, facilitating the return of EMS units to service.
• EMS transfer of care documentation should be treated as part of the health care record and must be professional, accurate, and consistent with information included in the final complete electronic or written EMS patient care report. Hospital systems should preserve written transfer of care documentation in the patient’s permanent medical record.
• Copies of all results of medical tests performed by EMS providers (eg, 12-lead ECGs, results of blood chemistry testing, any medical imaging, etc) must be available to the receiving facility with the EMS transfer-of-care documentation.
• Developers of electronic EMS patient care reports and health information exchanges should develop products that efficiently provide real-time digital transfer and preservation of the transfer-of-care documentation into the patient medical record.

In addition to the information exchanged contemporaneously at the time of transfer of patient care, the complete EMS patient care report must be available to the receiving facility within a clinically relevant period of time.