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

2016 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

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 reporting period and are admitted to an ICU directly from anesthetizing location. There is no diagnosis associated with this measure. It is anticipated that clinicians who provide the listed anesthesia services as specified in the denominator coding will submit this measure.

Measure Reporting via Registry:
CPT codes, a CPT Category II code, and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure. There are no allowable performance exclusions for this 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 Criteria (Eligible Cases):
All patients, regardless of age
AND
Patient encounter during the reporting 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, 00526, 00528, 00529, 00530, 00532, 00534, 00536, 00538, 00540, 00541, 00542, 00544, 00546, 00548, 00550, 00560, 00561, 00562, 00563, 00566, 00567, 00568, 00570, 00572, 00574, 00575, 00576, 00578, 00580, 00582, 00584, 00586, 00590, 00592, 00594, 00596, 00597, 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, 01211, 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, 01446, 01464, 01470, 01472, 01474, 01480, 01482, 01484, 01486, 01490, 01500, 01502, 01520, 01522, 01610, 01620, 01622, 01630, 01632, 01634, 01636, 01638, 01650, 01652, 01654, 01656, 01658, 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

**Definition:**
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

**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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2016 Registry Individual Measure Flow
PQRS #427: Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)

**Numerator**

- **Transfer of Care Checklist Used**
  - Yes
    - Reporting Met + Performance Met 0593F or equivalent (4 procedures)
  - No
    - Reporting Met + Performance Not Met 0593F with 6P or equivalent (3 procedures)

**Denominator**

- Encounter as Listed in Denominator* (1/1/2016 thru 12/31/2016)
  - Yes
    - Include in Eligible Population/Denominator (8 procedures)
  - No
    - Not Included in Eligible Population/Denominator

- Patient Transferred Directly from Anesthetizing Location to Critical Care Unit 0581F or equivalent
  - Yes
    - Include in Eligible Population/Denominator (8 procedures)
  - No

**SAMPLE CALCULATIONS:**

- **Reporting Rate**
  - \[
    \frac{\text{Performance Met (a=4 procedures) + Performance Not Met (c=3 procedures)}}{\text{Eligible Population / Denominator (d=8 procedures)}} \times \frac{7}{8} = 87.50\%
  \]

- **Performance Rate**
  - \[
    \frac{\text{Performance Met (a=4 procedures)}}{\text{Reporting Numerator (7 procedures)}} \times \frac{4}{7} = 57.14\%
  \]

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

NOTE: Reporting Frequency: Procedure
2016 Registry Individual Measure Flow
PQRS #427: Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)

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 Encounter Performed:
   a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Patient Population. Stop Processing.
   b. If Encounter 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 Reporting Met and Performance Met.
   b. Reporting Met and Performance Met letter is represented in the Reporting 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 Reporting Met and Performance Not Met.
   b. Reporting Met and Performance Not Met letter is represented in the Reporting Rate and Performance Rate 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 Reporting Not Met.
8. Check Reporting Not Met:

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

   **SAMPLE CALCULATIONS:**

<table>
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<th>Reporting Rate=</th>
<th>Performance Met (a=4 procedures) + Performance Not Met (c=3 procedures)</th>
<th>Eligible Population / Denominator (d=8 procedures)</th>
<th>7 procedures</th>
<th>87.50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance Rate=</td>
<td>Performance Met (a=4 procedures)</td>
<td>Reporting Numerator (7 procedures)</td>
<td>4 procedures</td>
<td>57.14%</td>
</tr>
<tr>
<td></td>
<td>Reporting Numerator (7 procedures)</td>
<td>7 procedures</td>
<td></td>
<td></td>
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