

**Quality ID #426: Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU) – National Quality Strategy Domain: Communication and Care Coordination**

**2018 OPTIONS FOR INDIVIDUAL MEASURES:**  
**REGISTRY ONLY**

**MEASURE TYPE:**  
Process

**DESCRIPTION:**  
Percentage of patients, regardless of age, who are under the care of an anesthesia practitioner and are admitted to a PACU or other non-ICU location in which a post-anesthetic formal transfer of care protocol or checklist which includes the key transfer of care elements is utilized

**INSTRUCTIONS:**  
This measure is to be submitted **each time** a procedure including surgical, therapeutic or diagnostic is performed under anesthesia during the performance period and patients are admitted to a PACU or other non-ICU 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 Submission:**  
The listed denominator criteria are 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 submissions; however, these codes may be submitted for those registries that utilize claims data.

**DENOMINATOR:**  
All patients, regardless of age, who are cared for by an anesthesia practitioner and transferred directly from the anesthetizing location to PACU or other non-ICU location.

***DENOMINATOR NOTE:** In order to meet the denominator criteria of the measure, a patient would need to be directly transferred from the anesthetizing location to PACU or other non-ICU location after the procedure where a transfer of care occurs. A patient that does not transfer directly to these locations is not included within 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, 00566, 00600, 00604, 00620, 00625, 00626, 00630, 00632, 00635, 00640, 00670, 00700, 00702, 00730, 00731, 00732, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00811, 00812, 00813, 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, 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, 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, 01958, 01960, 01961, 01962, 01963, 01965, 01966

**AND**

**Patient transferred directly from anesthetizing location to PACU or other non-ICU location: G9656**

**NUMERATOR:**

Patients transferred directly from the procedure room to post-anesthesia care unit (PACU) for post-procedure care for whom a checklist or protocol which includes the key transfer of care elements is utilized

**Definitions:**

**Checklist or Protocol** - The key handoff elements that must be included in the transition of care include:

1. Identification of patient
2. Identification of responsible practitioner (PACU nurse or advanced practitioner)
3. Discussion of pertinent medical history
4. Discussion of the surgical/procedure course (procedure, reason for surgery, procedure performed)
5. Intraoperative anesthetic management and issues/concerns.
6. Expectations/Plans for the early post-procedure period.
7. Opportunity for questions and acknowledgement of understanding of report from the receiving PACU 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:***

A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used  
**(G9655)**

**OR**

***Performance Not Met:***

A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used  
**(G9658)**

**RATIONALE:**

Hand-offs are a vulnerable moment for patient safety, but required in any 24/7 healthcare system. Anesthesia providers routinely transfer patients from the operating room (OR) to the PACU, and are responsible for transmitting knowledge about patient history, a summary of intra-operative events, and future plans for hemodynamic and pain management to the new care team. Evidence demonstrates that this process can be facilitated by use of a standardized checklist to ensure completion of all key components of the transfer, and is seen as an emerging best practice in anesthesia care.

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 PS Net 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.

**CLINICAL RECOMMENDATION STATEMENTS:**

**Standards for Postanesthesia Care; American Society of Anesthesiologists, 2014**

Upon arrival in the PACU, the patient shall be re-evaluated and a verbal report provided to the responsible PACU nurse by the member of the Anesthesia Care Team who accompanies the patient.

1. The patient's status on arrival in the PACU shall be documented.
2. Information concerning the preoperative condition and the surgical/anesthetic course shall be transmitted to the PACU nurse.
3. The member of the Anesthesia Care Team shall remain in the PACU until the PACU nurse accepts responsibility for the nursing care of the patient.

### **2014 Institute for Clinical Systems Improvement Perioperative Protocol**

To increase efficiency and consistency in the exchange of information, it is recommended that a standard format be developed for giving "report" from one health care clinician to another. This includes, but is not limited to, patient name, procedure, medications given and to be given, pertinent problems, allergies, fluid status, cardiorespiratory status, and laboratory values received or pending. The receiving health care clinician must be given the opportunity to ask questions and receive answers. It is **STRONGLY** recommended that this information be given verbally person to person, e.g., for transfer of the patient from the operating/procedure room or post-anesthesia care unit to the intensive care unit, physician-to-physician personal communication is optimal rather than information given through one or more intermediaries.

A structured hand-off is a standardized method of communication to ensure a complete exchange of information occurs when the patient is transitioned from health care clinician to health care clinician whether or not that transition includes a geographic change. It is recommended that a safety checklist be used to note information needed to be handed off to the next caregiver. The kind of information that should be provided during the transition includes the following:

- Patient name
- Type of procedure to be performed, being performed, or performed
- Critical test results
- Patient status
- Recent/anticipated changes in patient condition
- Plan of care/goals
- What to watch for in next interval of care

#### **COPYRIGHT:**

These performance measures (Measures) are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applicants. The American Society of Anesthesiologists (ASA) shall not be responsible for any use of the Measures.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for non-commercial purposes, e.g., use by health care providers in connection with their practices.

Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

ASA encourages use of the Measures by other health care professionals, where appropriate. **Please contact ASA at [ASA Email \(qra@asahq.org\)](mailto:qra@asahq.org) before using information contained in this document to ensure proper permissions are obtained.**

Limited proprietary coding is contained in the Measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. ASA disclaims all liability for use or accuracy of any coding contained in the specifications.

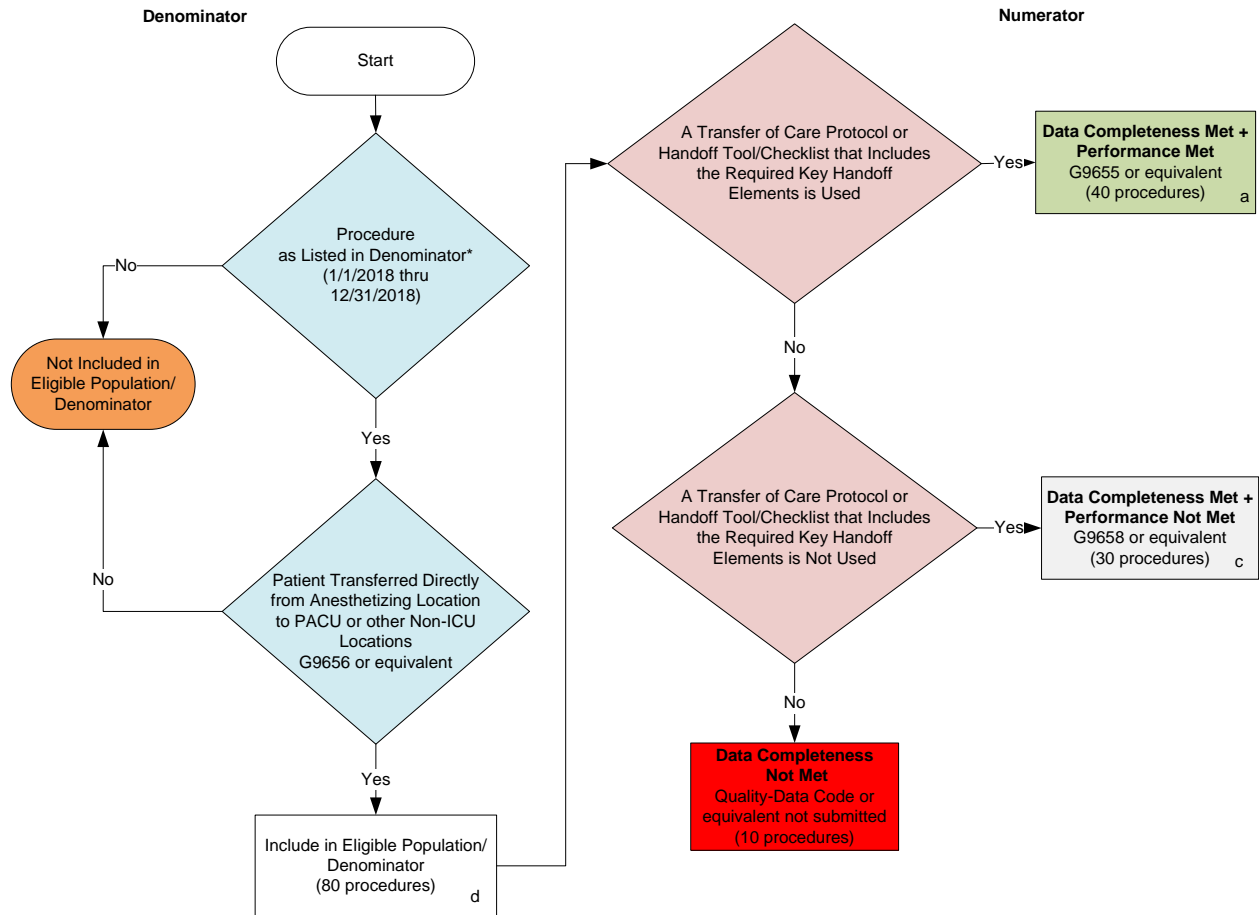
The five character codes and descriptors included in the Measure(s) are from Current Procedural Terminology (CPT®), copyright 2017 by the American Medical Association (AMA). Use of CPT in Measure(s) is limited to Non- Commercial Use. Any commercial use of CPT beyond fair use requires a license from the AMA. **CPT is provided "AS IS" without any liability to the AMA of any kind.**

The responsibility for the content of these Measures is with the Measure developer and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any liability attributable or related to any use, nonuse or interpretation of information contained in this Measure, including CPT. The AMA does not practice medicine. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of these Measures should refer to the most current CPT publication. Applicable FARS/DFARS Restrictions apply to U.S. Government Use.

**THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.**

© 2017 American Society of Anesthesiologists. All Rights Reserved.

**2018 Registry Flow for Quality ID #426:  
Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)**



**SAMPLE CALCULATIONS:**

**Data Completeness=**  

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Performance Not Met (c=30 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**  

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.66\%$$

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

NOTE: Submission Frequency: Procedure

CPT only copyright 2017 American Medical Association. All rights reserved.  
 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v2

## 2018 Registry Flow for Quality ID

### #426: Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)

Please refer to the specific section of the Measure Specification to identify the denominator and numerator information for use in submitting this Individual Specification. This flow is for registry-data submission.

1. Start with Denominator
2. Check Patient Age
  - a. All Patients Regardless of Age, proceed to check Procedure Performed.
3. 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 Patient Transferred Directly from Anesthetizing Location to PACU or Other Non-ICU Location.
4. Check Patient Transferred Directly from Anesthetizing Location to PACU or Other Non-ICU Location :
  - a. If Patient Transferred Directly from Anesthetizing Location to PACU or Other Non-ICU Location equals No, do not include in Eligible Patient Population. Stop Processing.
  - b. If Patient Transferred Directly from Anesthetizing Location to PACU or Other Non-ICU Location equals Yes, include in Eligible Population.
5. 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 80 procedures in the Sample Calculation.
6. Start Numerator
7. Check A Transfer of Care Protocol or Handoff Tool/Checklist that Includes the Required Key Handoff Elements is Used:
  - a. If A Transfer of Care Protocol or Handoff Tool/Checklist that Includes the Required Key Handoff Elements is Used equals Yes, include in Data Completeness Met and Performance Met.
  - b. Data Completeness Met and Performance Met is represented in the Data Completeness Rate and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 procedures in the Sample Calculation.
  - c. If A Transfer of Care Protocol or Handoff Tool/Checklist that Includes the Required Key Handoff Elements is Used equals No, proceed to A Transfer of Care Protocol or Handoff Tool/Checklist that Includes the Required Key Handoff Elements is Not Used.
8. Check A Transfer of Care Protocol or Handoff Tool/Checklist that Includes the Required Key Handoff Elements is Not Used:
  - a. If A Transfer of Care Protocol or Handoff Tool/Checklist that Includes the Required Key Handoff Elements is Not Used equals Yes, include in Data Completeness Met and Performance Not Met.

- b. Data Completeness Met and Performance Not Met is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 30 procedures in the Sample Calculation.
  - c. If A Transfer of Care Protocol or Handoff Tool/Checklist that Includes the Required Key Handoff Elements is Not Used equals No, proceed to Data Completeness Not Met.
9. Check Data Completeness Not Met:
- a. If Data Completeness Not Met equals No, Quality Data Code or equivalent not submitted. 10 procedures have been subtracted from the Data Completeness Numerator in the Sample Calculation.

**SAMPLE CALCULATIONS:**

**Data Completeness=**

$$\frac{\text{Performance Met (a=40 procedures)} + \text{Performance Not Met (c=30 procedures)}}{\text{Eligible Population / Denominator (d=80 procedures)}} = \frac{70 \text{ procedures}}{80 \text{ procedures}} = 87.50\%$$

**Performance Rate=**

$$\frac{\text{Performance Met (a=40 procedures)}}{\text{Data Completeness Numerator (70 procedures)}} = \frac{40 \text{ procedures}}{60 \text{ procedures}} = 66.66\%$$