



Measure Abbreviation: TOC 02 (MIPS 426)*

**TOC 02 is built to the specification outlined by the Merit Based Incentive Program (MIPS) 426: Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU) measure. MIPS measure specifications are available for download at <https://app.cms.gov/resources/education>*

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

NQS Domain: Communication and Care Coordination

Measure Type: Process

Scope: Measured on a per case basis

Measure Summary: The PACU transfer of care measure (TOC 02) will identify the percentage of patients that undergo a procedure under anesthesia and are transfer to the PACU that have documentation of PACU handoff complete in the electronic anesthesia record as a yes/no question. The percentage of handoffs will be calculated as number of handoffs documented as “yes” in the electronic anesthesia record where the denominator equals the number of direct transfer to PACU events.

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

- 1) Identification of patient
- 2) Identification of responsible practitioner (PACU nurse or advanced practitioner)
- 3) Discussion of pertinent medical history
- 4) Discussion of surgical/procedure course (procedure, reason for surgery, procedure performed)
- 5) Intraoperative anesthetic management and issue/concerns
- 6) Expectations/Plans for the early post-procedure period
- 7) Opportunity for questions and acknowledgement of understanding of report form 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 faculty would suffice toward meeting performance of the measure.

Rationale (Directly quoted from MIPS 426):

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 intraoperative 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.¹⁻³

The Agency for Healthcare Research and Quality found that current sign-out mechanisms are generally ad-hoc, varying from hospital to hospital and unit to unit. 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 2012.⁴ 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.

Inclusions:

- All patients, regardless of age, who are cared for by an anesthesia practitioner AND directly transferred from the anesthetizing location to PACU or other non-ICU location after the procedure where a transfer of care occurs.
- Procedures (by CPT) included: 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

Exclusions:

- Patients not transferred directly to a PACU or other non-ICU location (i.e. ICU transfers)
- Cardiac surgery (CPT: 00561, 00562, 00563, 00567, 00580, 01920)
- Obstetric Operative Procedures (CPT: 01968, 01969)
- Acute Pain Management (CPT: 01996)
- Radical clavicle or scapula surgery (CPT: 00452)
- Thoracolumbar sympathectomy (CPT: 00622)
- Lumbar chemonucleolysis (CPT: 00634)
- Diagnostic arteriography/venography (CPT: 01916)
- Burn debridement/grafting for 9% TBSA (CPT: 01953)
- Organ harvest (CPT: 01990)
- Anesthesia for diagnostic or therapeutic nerve blocks/injections (CPT: 01991, 01992)
- Other anesthesia procedure (CPT: 01999)
- Labor Epidurals (CPT: 01967)
- Obstetric Non-Operative Procedure Rooms (Rooms tagged as OB-GYN – Labor and Delivery)
- Obstetric Non-Operative Procedures with procedure text: “Labor Epidural”

MPOG Concept IDs Required:

Postop Location MPOG Concept IDs		Handoff MPOG Concept IDs	
50066	Phase I Recovery Room In Date/Time	50623	Compliance- PACU/ICU Handoff of care performed, report given.
50067	Phase I Recovery Room Out Date/Time		
50068	Phase II Recovery Room In Date/Time		
50069	Phase II Recovery Room Out Date/Time		
50070	Phase III Recovery Room In Date/Time		
50071	Phase III Recovery Room Out Date/Time		
50008	AACD Patient Out of Room Date/Time		
50010	AACD Recovery Room In Date/Time		
50706	Categorized Note – Postoperative Recovery		
50734	Emergency – Patient Recovery Location		

Data Diagnostics Affected:

- Cases with Staff Tracking
- Staff Role Mapping
- Staff Sign-Ins are Timed
- Pro Fee Procedures

Collations Used:

- Anesthesia End
- Postop Destination
- Procedure Type Labor Epidural

Other Measure Build Details:

This measure requires CPT codes to be transferred to the MPOG database for cases to be included. Those sites participating with this measure must have current pro fee procedure data in the MPOG Central database- refer to the flow diagram on page 6 of this specification for more details.

Success: A transfer of care protocol or handoff tool/checklist that includes the key handoff elements is used.

Threshold: 90%.

Responsible Provider: Anesthesia provider in the room providing care at Anesthesia End.

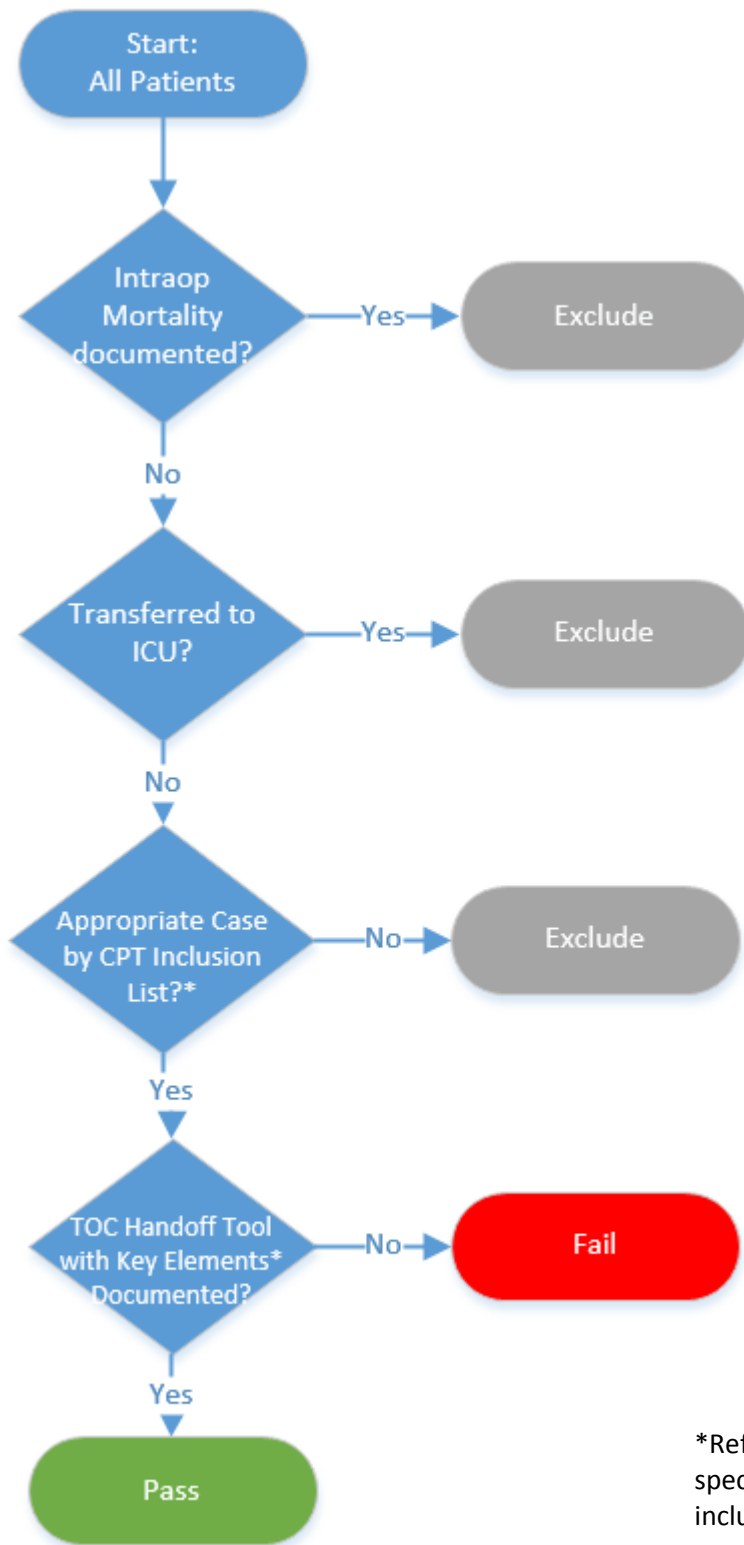
Method for determining Responsible Provider:

1. CRNA attributed if both a CRNA and anesthesiologist are signed in. If CRNA not signed in, Attending anesthesiologist will be attributed.
2. Resident if both a resident and attending anesthesiologist are signed in. If Resident not signed in, Attending anesthesiologist will be attributed.

Risk Adjustment (for outcome measures):

Not applicable.

TOC 02 Flow Diagram



*Refer to Page 2 of this measure specification for the complete list of included procedures by CPT code.

References:

1. Arora V, Johnson J, Lovinger D, Humphrey HJ, Meltzer DO. Communication failures in patient sign-out and suggestions for improvement: a critical incident analysis. *Qual Saf Health Care*. 2005;14(6):401-407.
2. Segall N, Bonifacio AS, Schroeder RA, et al. Can we make postoperative patient handovers safer? A systematic review of the literature. *Anesthesia and analgesia*. 2012;115(1):102-115.
3. Weinger MB, Slagle JM, Kuntz AH, et al. A Multimodal Intervention Improves Postanesthesia Care Unit Handovers. *Anesthesia and analgesia*. 2015;121(4):957-971.
4. Petrovic MA, Martinez EA, Aboumatar H. Implementing a perioperative handoff tool to improve postprocedural patient transfers. *Jt Comm J Qual Patient Saf*. 2012;38(3):135-142.

TOC 02 Supplement:

MPOG sites interested in auditing the transfer of care process can utilize the PACU Handoff Form available through the MQUARK application. More information regarding the MQUARK audit application is available on the MPOG website: <https://mpog.org/apps/>

MPOG PACU Audit Tool Elements:

Background
Introduction (Provider names and roles: PACU RN and anesthesia team members)
Identification of patient*
Pertinent PMH/PSH
Discussion of surgical/procedure course
Allergies
Contact Precautions
Anesthetic Management
Airway management (ETT/ LMA)
Type of anesthetic
Anesthetic Complications
Medications
Preoperative Meds
Sedations medications & amount administered. Reversal administered?
Muscle relaxants: Time/Amount administered. Reversal administered?
Pain Management Plan
PONV Risk & Meds Administered
Fluids
Vascular access
Total Intraoperative Fluids/Blood Products Administered
Intraoperative labs
Expectations/Plans
Identify primary anesthesia concerns for this patient.
Allow opportunity for questions/acknowledgement of understanding of report from receiving PACU team