



Measure Abbreviation: TOC 03 (MIPS 427)*

*TOC 03 is built to the specification outlined by the *Merit Based Incentive Program (MIPS) 427: Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU) measure*. MIPS measure specifications are available for download at <https://app.cms.gov/resources/education>

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

NQS Domain: Communication and Care Coordination

Measure Type: Process

Scope: Measured on a per case basis

Measure Summary:

This measure is a two-part measure:

- 1) Documentation of ICU 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 ICU events.
- 2) Development of a standardized audit process to determine quality of handoff. Each site will be expected to submit a minimum of 10 audit results per month to ASPIRE using a paper-based tool (see table below) and then submitted using a web-based password protected spreadsheet.

Background	Yes	No	NA
Introduction (Provider names and roles: ICU RN and anesthesia team members)			
Identification of patient**, key family member(s)			
Identification of responsible practitioner (primary service)			
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 ICU 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.

Rationale (Directly quoted from MIPS 427):

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.

Inclusions:

- 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.
- Procedure 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, 00561, 00562, 00563, 00566, 00567, 00580, 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, 01961, 01962, 01963, 01965, 01966

Exclusions:

- Organ harvest (CPT: 01990)
- Anesthesia for diagnostic or therapeutic nerve blocks/injections (CPT: 01991, 01992)

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.

References:

1. Arora, V., et al., *Communication failures in patient sign-out and suggestions for improvement: a critical incident analysis*. Qual Saf Health Care, 2005. **14**(6): p. 401-7.
2. Petrovic, M.A., E.A. Martinez, and H. Aboumatar, *Implementing a perioperative handoff tool to improve postprocedural patient transfers*. Jt Comm J Qual Patient Saf, 2012. **38**(3): p. 135-42.
3. Segall, N., et al., *Can we make postoperative patient handovers safer? A systematic review of the literature*. Anesth Analg, 2012. **115**(1): p. 102-15.
4. Weinger, M.B., et al., *A Multimodal Intervention Improves Postanesthesia Care Unit Handovers*. Anesth Analg, 2015. **121**(4): p. 957-71.