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://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html

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: The ICU transfer of care measure (TOC 03) will identify the percentage of patients that undergo a procedure under anesthesia and are transfer to the ICU that have 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.

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 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

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 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)

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	Emergence – 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
- Procedures 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.

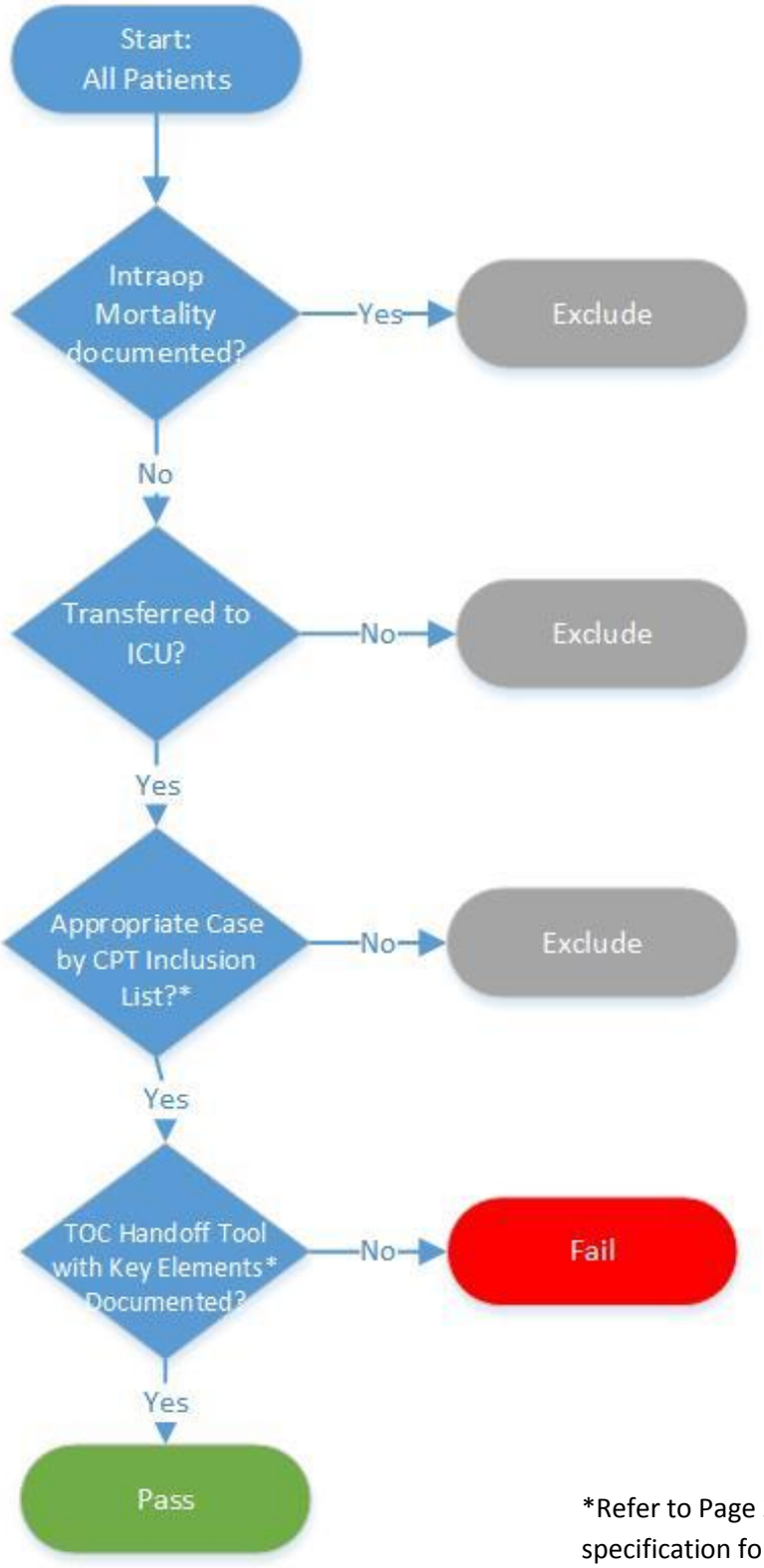
Method for determining Responsible Provider:

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 03 Flow Diagram



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

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.

TOC 03 Supplement:

MPOG sites interested in auditing the transfer of care process can utilize the ICU 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 ICU Audit Tool Elements:

Background
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 size, device used, difficulty)
Type of anesthetic
Anesthetic Complications
Medications
Preoperative Meds
Sedations medications & amount administered. Reversal administered?
Muscle relaxants: Patient's current status. Time/Amount administered. Reversal administered?
Pain Management Plan
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