Performance
Measure #66d&e

Performance Measure #66d & e (in effect beginning Fiscal Year 2007)

Performance Measure #66d (in effect beginning Fiscal Year 2007)

The percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *guidelines* that specify the following:

- Roles and responsibilities of the referring facility and referral center
- Process for requesting consultation and patient transfer
- Specific sections of the patient's medical record to be sent to the referral center
- Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
- Process for selecting the most appropriately staffed transport service to match the patient's acuity level
- Level of care to be provided to the patient during the transfer

Significance of Measure

Timely access to pediatric specialty services in the acute stages of illness and/or injury is critical to reducing poor pediatric outcomes (e.g., morbidity and mortality). When a child's needs are beyond those available at a receiving facility, inter-facility transfer guidelines help to ensure that children are transferred to facilities with the appropriate resources and competencies to effectively treat pediatric emergencies and to provide high-level and high-quality pediatric care.

Definition(s)

Hospitals

Facilities with emergency departments that provide medical and/or surgical care and treatment for the ill and injured, excluding the highest-level pediatric facilities in the State/Territory.

Pediatric

Persons up to 18 years old.

Inter-facility transfer guidelines

Guidelines that outline procedural and administrative policies for transferring pediatric patients to facilities that provide specialized pediatric care.

Referring facility

The hospital or center that refers a pediatric patient to another, more specialized pediatric center better able to handle pediatric patients.

Referral center

A center with specialized pediatric critical care or pediatric trauma services to which referring facilities refer patients.

Requirement

By **2007, 25%** of hospitals in the State/Territory will have written pediatric inter-facility transfer *guidelines* that specify the following:

- Roles and responsibilities of the referring facility and referral center
- Process for requesting consultation and patient transfer
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Calculation

Numerator

The number of hospitals with emergency departments in the State/Territory (excluding the highest-level pediatric facilities in the State/Territory) that have written pediatric inter-facility transfer *guidelines* that specify the following:

- Roles and responsibilities of the referring facility and referral center
- Process for requesting consultation and patient transfer
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- Level of care to be provided to the patient during the transfer

Denominator

The total number of hospitals with emergency departments in the State/Territory (excluding the highest-level pediatric facilities in the State/Territory).

Data Collection and Analysis

The following are three potential data sources for the measure. These data sources may be used alone if they provide information on *all* hospitals in the State/Territory or may be used in combination. If more than one data source is used, be careful not to double-count any hospitals when calculating the percentage.

Even if your State/Territory has a mandate requiring all hospitals to have written pediatric inter-facility transfer guidelines, information from one of the data sources and supporting documentation are still required to indicate compliance with the mandate. A process for data collection and analysis, as well as examples of supporting documentation are provided below under each data source.

1. **Pediatric Medical and/or Trauma Facility Recognition Program:** Your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program may require hospitals to have written inter-facility transfer guidelines for pediatric patients.
   - If you are directly coordinating and/or implementing your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program, gather a list of all the hospitals participating in the facility recognition program. Either conduct a manual count (from hardcopies) or run a query (from a database) on the percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines for pediatric patients.
   - If you are *not* directly coordinating and/or implementing your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program, contact the agency that is to 1) obtain a hardcopy list of all the hospitals participating in the facility recognition program and conduct a manual count on the percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines for pediatric patients; 2) request access to the database that houses the list of participating hospitals and run a query on the percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines for pediatric patients; or 3) ask the agency to run the query for you.
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   - *Supporting documentation* for the measure must include a list of the hospitals that have written inter-facility transfer guidelines for pediatric patients. Additional *supporting documentation* for the measure may include: 1) copies of the data queries, and/or 2) a copy of the facility recognition program's requirement related to inter-facility transfer guidelines for

pediatric patients, and/or 3) a copy of the State/Territory's Rules and Regulations with requirements for inter-facility transfer guidelines for pediatric patients (if inter-facility transfer guidelines for pediatric patients are mandated within the State/Territory).

2. **Other Accreditation or Certification Programs:** In addition to your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program, hospitals in your State/Territory may participate in other accreditation or certification programs that require hospitals to have written inter-facility transfer guidelines for pediatric patients.
   - Contact the agency responsible for these other accreditation and certification programs (e.g., JCAHO, State Hospital Association, ACS verification process) to 1) obtain a hardcopy list of all the hospitals participating in the accreditation or certification program and conduct a manual count on the percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines for pediatric patients; 2) request access to the database that houses the list of participating hospitals and run a query on the percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines for pediatric patients; or 3) ask the agency to run the query for you.
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3. **Surveys:** Surveys of hospitals (targeted to emergency departments or pediatric critical care centers) in the State/Territory can be conducted on the existence of written inter-facility transfer guidelines for pediatric patients.
   - If a survey of hospitals currently exists, consider leveraging this survey by adding a question about the existence of written inter-facility transfer guidelines for pediatric patients.

- If a survey does *not* currently exist, develop a survey tool that asks about the existence of written inter-facility transfer guidelines for pediatric patients. Contact NEDARC if you require technical assistance.
- Administer the survey either on-line, electronically, or by mail.
- Collect the survey results; follow-up may be necessary to remind hospitals to complete the survey or to get clarification on responses.
- Calculate the percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *guidelines* that specify the following:
  - Roles and responsibilities of the referring facility and referral center
  - Process for requesting consultation and patient transfer
  - Specific sections of the patient's medical record to be sent to the referral center
  - Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
  - Process for selecting the most appropriately staffed transport service to match the patient's acuity level
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- *Supporting documentation* for the measure must include a list of the hospitals that have written inter-facility transfer guidelines for pediatric patients. Additional *supporting documentation* for the measure may include: 1) copies of the hospitals' inter-facility transfer guidelines, and/or 2) a copy of the State/ Territory's Rules and Regulations with requirements for inter-facility transfer guidelines for pediatric patients (if inter-facility transfer guidelines for pediatric patients are mandated within the State/Territory).

Reporting

- Report and submit on an annual basis to HRSA via the Electronic Handbook (EHB) the percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *guidelines* that specify the following:
  - Roles and responsibilities of the referring facility and referral center
  - Process for requesting consultation and patient transfer
  - Specific sections of the patient's medical record to be sent to the referral center
  - Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
  - Process for selecting the most appropriately staffed transport service to match the patient's acuity level
  - Level of care to be provided to the patient during the transfer

  You will receive more specific information on how to access and use the EHB in your notice of grant award. Please refer to these instructions.

- Supporting documentation should be submitted with your EMSC continuation application each year. Examples of supporting documentation are provided under each data source listed above.

Follow-up

- Once the data are submitted to HRSA, NEDARC will analyze the data and report aggregated national data to NRC and HRSA/MCHB.
- EMSC NRC and NEDARC will track your progress and may contact you to address any questions or concerns regarding your progress towards meeting the measure.

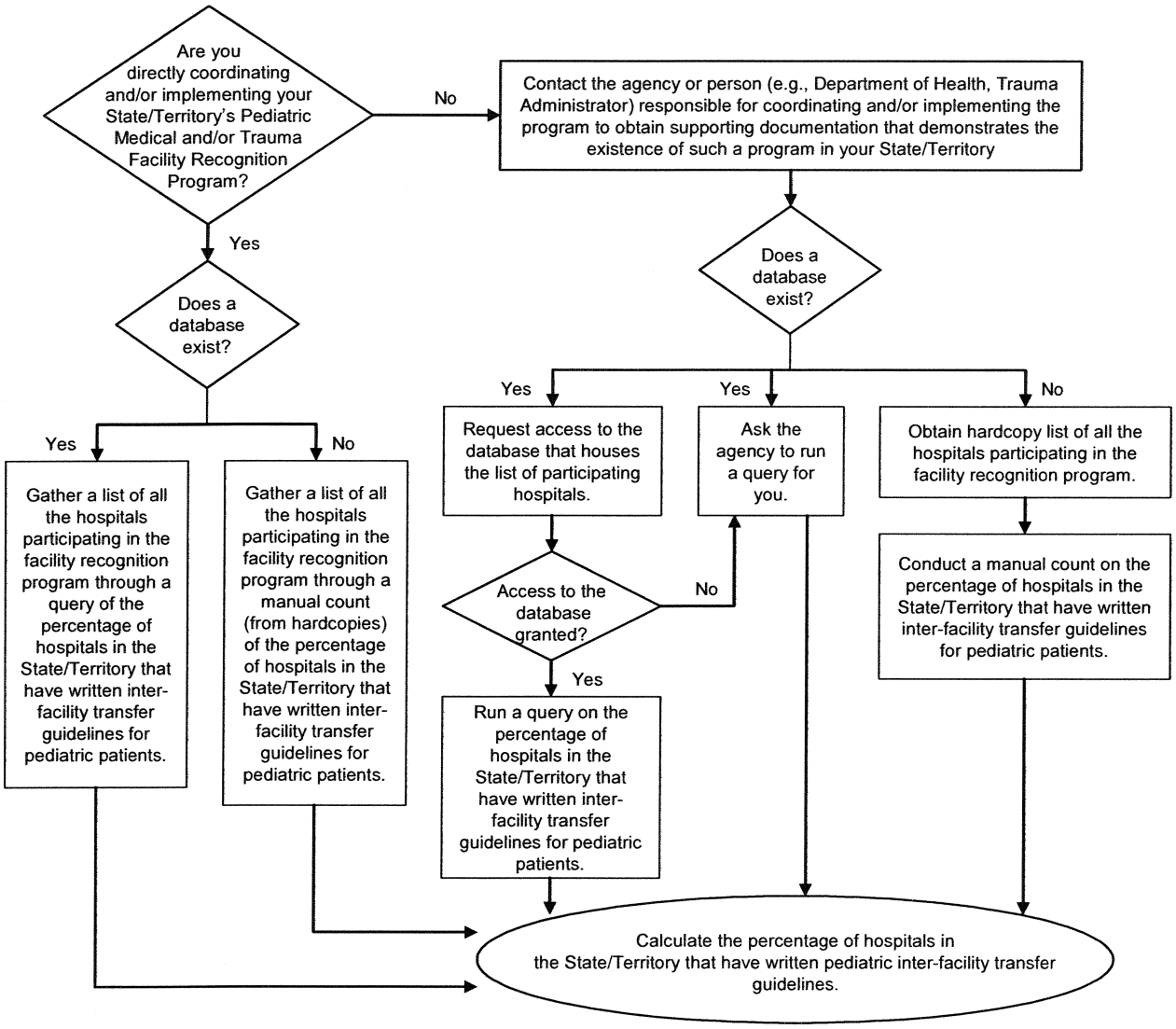
Implementation Considerations

Survey Considerations

- Availability of data for this measure depends upon the return rate of the surveys. To maximize survey response rates in your State/Territory, consider the following strategies: 1) offer electronic, web-based and/or paper versions of the survey so that hospitals can complete the version that is most convenient for them; 2) contact hospitals that have not responded to the survey within a designated period of time by phone or e-mail; and 3) provide respondents with the survey results so they can see how their data were used; this may encourage them to continue to submit data in the future.
- A potential downside associated with conducting a survey is that it captures self-report data. To reduce self-report bias, consider the following strategies: 1) request supporting documentation or evidence that written inter-facility transfer guidelines for pediatric patients exist at hospitals and 2) conduct random, unannounced site visits to a representative sample of hospitals to verify the existence of written inter-facility transfer guidelines for pediatric patients.

Process Map for Performance Measure #66d (in effect beginning Fiscal Year 2007)

Data Source #1:
Pediatric Medical and/or Trauma Facility Recognition Program

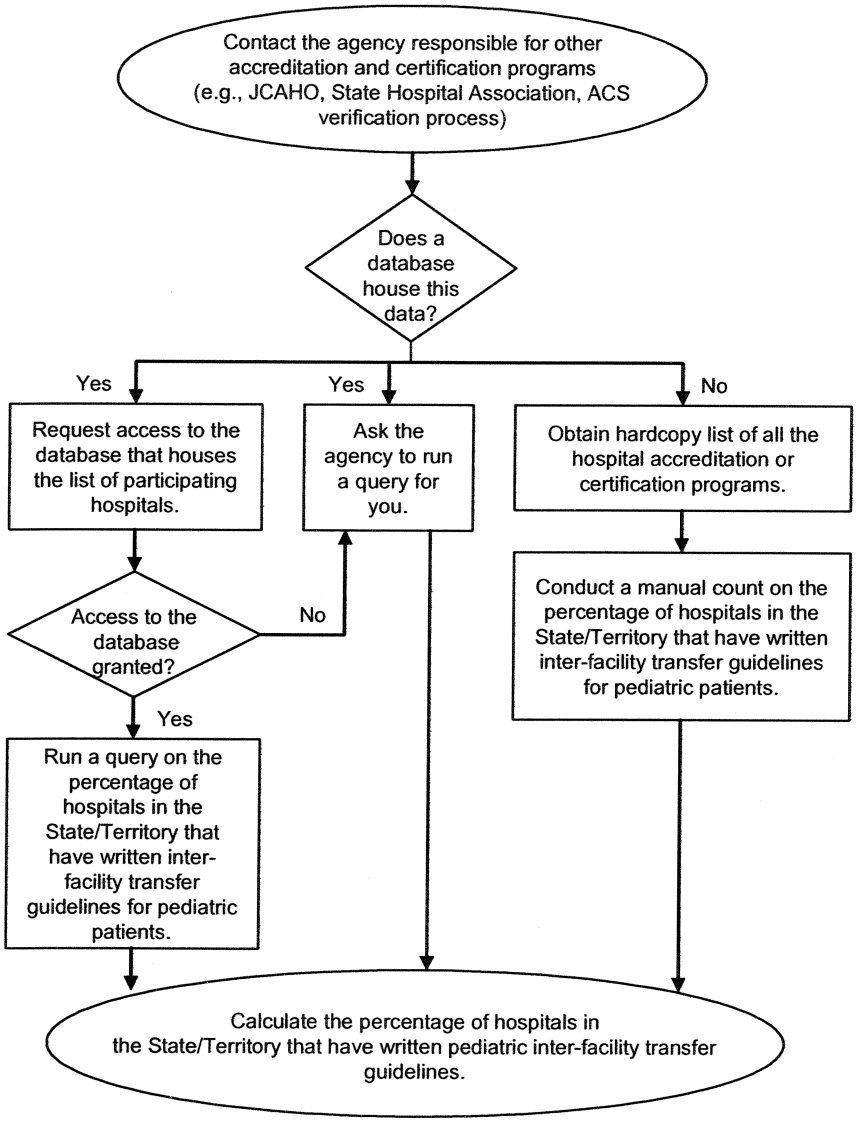


Supporting documentation for the measure must include a list of the hospitals that have written inter-facility transfer guidelines for pediatric patients. Additional *supporting documentation* for the measure may include:

1. copies of the data queries, and/or
2. a copy of the facility recognition program's requirement related to inter-facility transfer guidelines for pediatric patients, and/or
3. a copy of the State/Territory's Rules and Regulations with requirements for inter-facility transfer guidelines for pediatric patients (if inter-facility transfer guidelines for pediatric patients are mandated within the State/Territory).

Process Map for Performance Measure #66d (in effect beginning Fiscal Year 2007)

Data Source #2:
Other Accreditation or Certification Programs

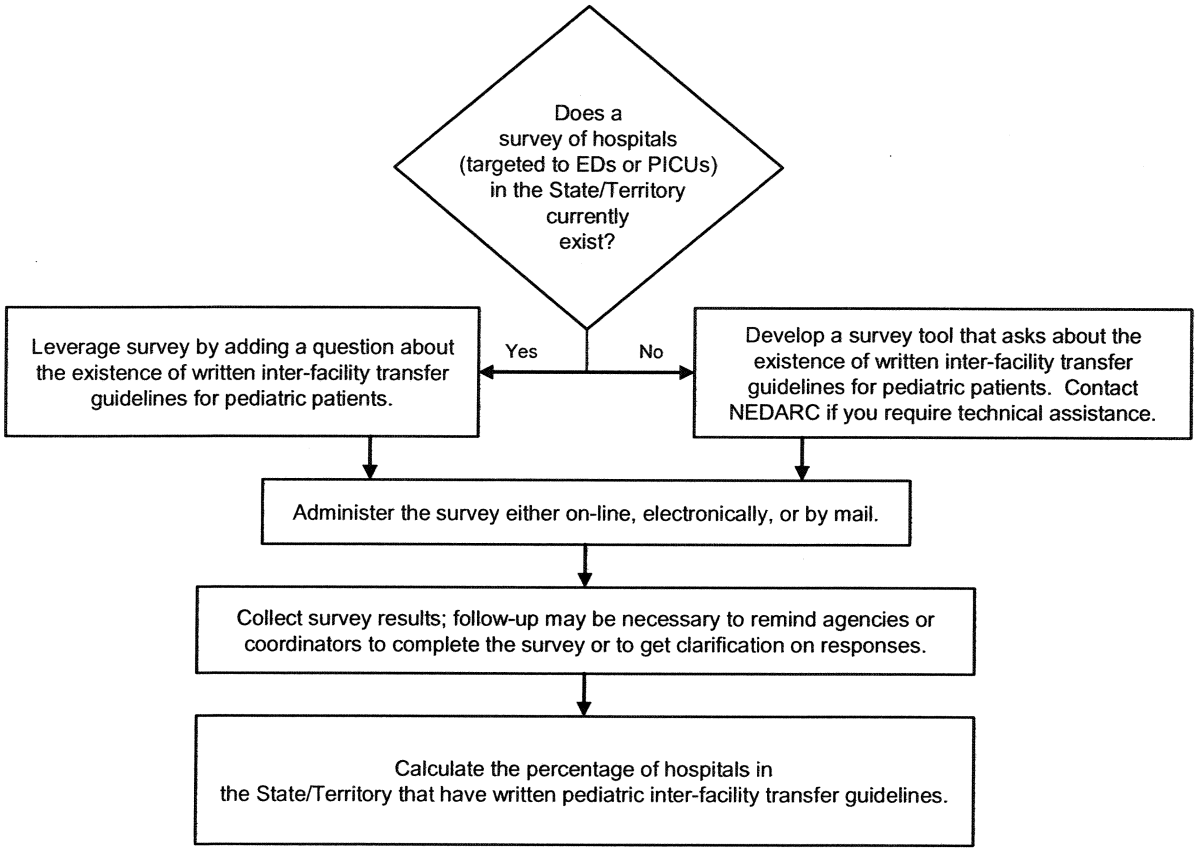


Supporting documentation for the measure must include a list of the hospitals that have written inter-facility transfer guidelines for pediatric patients. Additional *supporting documentation* for the measure may include:

1. copies of the data queries, and/or
2. a copy of the facility recognition program's requirement related to inter-facility transfer guidelines for pediatric patients, and/or
3. a copy of the State/Territory's Rules and Regulations with requirements for inter-facility transfer guidelines for pediatric patients (if inter-facility transfer guidelines for pediatric patients are mandated within the State/Territory).

Process Map for Performance Measure #66d (in effect beginning Fiscal Year 2007)

Data Source #3: Surveys



Supporting documentation for the measure must include a list of the hospitals that have written inter-facility transfer guidelines for pediatric patients. Additional *supporting documentation* for the measure may include:

1. copies of the data queries, and/or
2. a copy of the facility recognition program's requirement related to inter-facility transfer guidelines for pediatric patients, and/or
3. a copy of the State/Territory's Rules and Regulations with requirements for inter-facility transfer guidelines for pediatric patients (if inter-facility transfer guidelines for pediatric patients are mandated within the State/Territory).

Data Collection Form for Performance Measure #66d
(for use beginning Fiscal Year 2007)

Percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *guidelines* that specify the following:

- Roles and responsibilities of the referring facility and referral center
- Process for requesting consultation and patient transfer
- Specific sections of the patient's medical record to be sent to the referral center
- Process for obtaining informed consent for transfer by the patient's parent(s) or legal guardian
- Process for selecting the most appropriately staffed transport service to match the patient's acuity level
- Level of care to be provided to the patient during the transfer

Percentage: _____%

Note: Attach supporting documentation for the measure to your EMSC continuation application.

Comments:

_____
_____
_____
_____
_____
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_____

Performance Measure #66e (in effect beginning Fiscal Year 2007)

The percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *agreements* that specify the following:

- Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer
- Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient
- Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
- Return transfer of the pediatric patient to the referring facility as appropriate

Significance of Measure

Timely access to pediatric specialty services in the acute stages of illness and/or injury is critical to reducing poor pediatric outcomes (e.g., morbidity and mortality). When a child's needs are beyond those available at a receiving facility, inter-facility transfer agreements help to ensure that children are transferred to facilities with the appropriate resources and competencies to effectively treat pediatric emergencies and to provide high-level and high-quality pediatric care.

Definition(s)

Hospitals

Facilities with emergency departments that provide medical and/or surgical care and treatment for the ill and injured, excluding the highest-level pediatric facilities in the State/Territory.

Pediatric

Persons up to 18 years old.

Inter-facility agreements

Written contracts between a referring facility (e.g., community hospital) and a specialized pediatric center that formalize arrangements for consultation and transport of a child to the higher-level facility. See model pediatric inter-facility transfer agreement developed by the California EMSC Program at: http://www.emsa.ca.gov/aboutemsa/emsa186.pdf. To view the Emergency Nurses Association's position statement about inter-facility transfer, go to: http://www.ena.org/about/position/PDFs/54FCEA88F1A74523BB356AE42E4A7A0C.pdf.

Referring facility

The hospital or center that refers a pediatric patient to another, more specialized pediatric center better able to handle pediatric patients.

Referral center

A center with specialized pediatric critical care or pediatric trauma services to which referring facilities refer patients.

Requirement

By **2007, 25%** of hospitals in the State/Territory will have written pediatric inter-facility transfer *agreements* that specify the following:

- Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer
- Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient
- Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
- Return transfer of the pediatric patient to the referring facility as appropriate

By **2008, 40%** of hospitals in the State/Territory will have written pediatric inter-facility transfer *agreements* that specify the following:

- Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer
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- Return transfer of the pediatric patient to the referring facility as appropriate

By **2009, 45%** of hospitals in the State/Territory will have written pediatric inter-facility transfer *agreements* that specify the following:

- Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer
- Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient
- Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
- Return transfer of the pediatric patient to the referring facility as appropriate

By **2010, 50%** of hospitals in the State/Territory will have written pediatric inter-facility transfer *agreements* that specify the following:

- Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer

- Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient
- Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
- Return transfer of the pediatric patient to the referring facility as appropriate

By **2011, 90%** of hospitals in the State/Territory will have written pediatric inter-facility transfer *agreements* that specify the following:

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- Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient
- Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
- Return transfer of the pediatric patient to the referring facility as appropriate

Calculation

Numerator

The number of hospitals with emergency departments in the State/Territory (excluding the highest-level pediatric facilities in the State/Territory) that have written pediatric inter-facility transfer *agreements* that specify the following:

- Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer
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- Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
- Return transfer of the pediatric patient to the referring facility as appropriate

Denominator

The total number of hospitals with emergency departments in the State/Territory (excluding the highest-level pediatric facilities in the State/Territory).

Data Collection and Analysis

The following are three potential data sources for the measure. These data sources may be used alone if they provide information on *all* hospitals in the State/Territory or may be used in combination. If more than one data source is used, be careful not to double-count any hospitals when calculating the percentage.

Even if your State/Territory has a mandate requiring all hospitals to have written pediatric inter-facility transfer agreements, information from one of the data sources and supporting

documentation are still required to indicate compliance with the mandate. A process for data collection and analysis, as well as examples of supporting documentation are provided below under each data source.

1. **Pediatric Medical and/or Trauma Facility Recognition Program:** Your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program may require hospitals to have written inter-facility transfer agreements for pediatric patients.

   - If you are directly coordinating and/or implementing your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program, gather a list of all the hospitals participating in the facility recognition program. Either conduct a manual count (from hardcopies) or run a query (from a database) on the percentage of hospitals in the State/Territory that have written inter-facility transfer agreements for pediatric patients.
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2. **Other Accreditation or Certification Programs:** In addition to your State/Territory's Pediatric Medical and/or Trauma Facility Recognition Program, hospitals in your State/Territory may participate in other accreditation or certification programs that require hospitals to have written inter-facility transfer agreements for pediatric patients.

- Contact the agency responsible for these other accreditation and certification programs (e.g., JCAHO, State Hospital Association, ACS verification) to 1) obtain a hardcopy list of all the hospitals participating in the accreditation or certification program and conduct a manual count on the percentage of hospitals in the State/Territory that have written inter-facility transfer agreements for pediatric patients; 2) request access to the database that houses the list of participating hospitals and run a query on the percentage of hospitals in the State/Territory that have written inter-facility transfer agreements for pediatric patients; or 3) ask the agency to run the query for you.
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3. **Surveys:** Surveys of hospitals (targeted to emergency departments or pediatric critical care centers) in the State/Territory can be conducted on the existence of written inter-facility transfer agreements for pediatric patients.
   - If a survey of hospitals currently exists, consider leveraging this survey by adding a question about the existence of written inter-facility transfer agreements for pediatric patients.
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Reporting

- Report and submit on an annual basis to HRSA via the Electronic Handbook (EHB) the percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *agreements* that specify the following:
  - Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer
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  - Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
  - Return transfer of the pediatric patient to the referring facility as appropriate

  You will receive more specific information on how to access and use the EHB in your notice of grant award. Please refer to these instructions.

- Supporting documentation should be submitted with your EMSC continuation application each year. Examples of supporting documentation are provided under each data source listed above.

Follow-up

- Once the data are submitted to HRSA, NEDARC will analyze the data and report aggregated national data to NRC and HRSA/MCHB.

- EMSC NRC and NEDARC will track your progress and may contact you to address any questions or concerns regarding your progress towards meeting the measure.

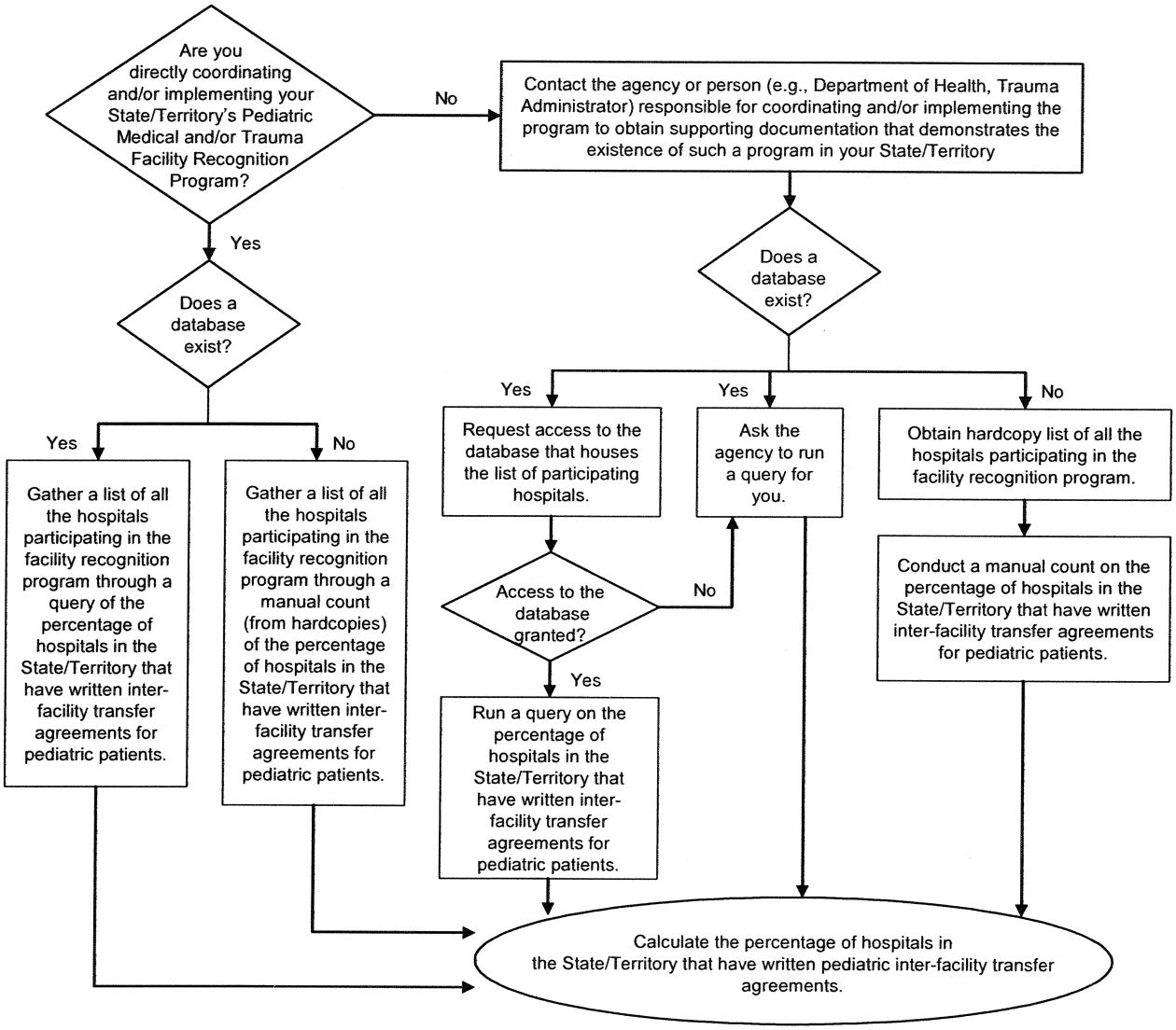
Implementation Considerations

Survey Considerations

- Availability of data for this measure depends upon the return rate of the surveys. To maximize survey response rates in your State/Territory, consider the following strategies: 1) offer electronic, web-based and/or paper versions of the survey so that hospitals can complete the version that is most convenient for them; 2) contact hospitals that have not responded to the survey within a designated period of time by phone or e-mail; and 3) provide respondents with the survey results so they can see how their data were used; this may encourage them to continue to submit data in the future.
- A potential downside associated with conducting a survey is that it captures self-report data. To reduce self-report bias, consider the following strategies: 1) request supporting documentation or evidence that written inter-facility transfer agreements for pediatric patients exist at hospitals and 2) conduct random, unannounced site visits to a representative sample of hospitals to verify the existence of written inter-facility transfer agreements for pediatric patients.

Process Map for Performance Measure #66e (in effect beginning Fiscal Year 2007)

Data Source #1:
Pediatric Medical and/or Trauma Facility Recognition Program



Supporting documentation for the measure must include a list of the hospitals that have written inter-facility transfer agreements for pediatric patients. Additional *supporting documentation* for the measure may include:

1. copies of the data queries, and/or
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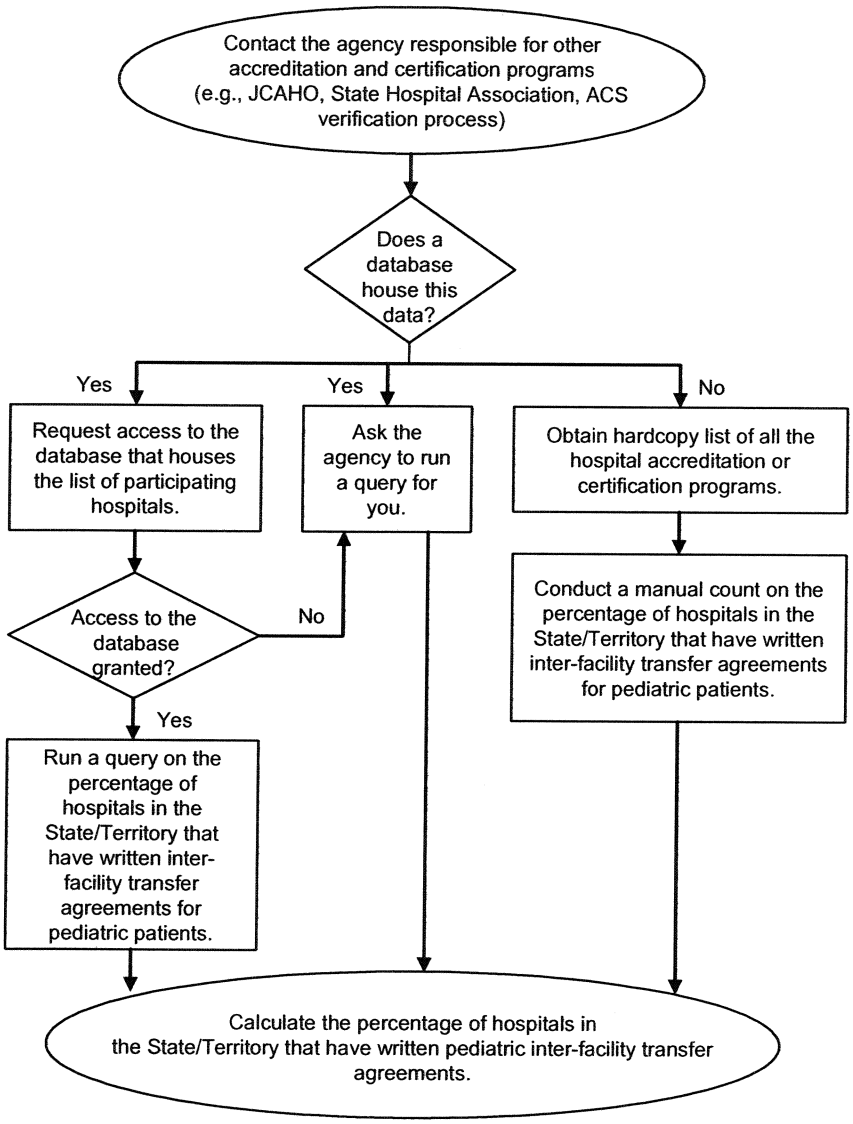
3. a copy of the State/Territory's Rules and Regulations with requirements for inter-facility transfer agreements for pediatric patients (if inter-facility transfer agreements for pediatric patients are mandated within the State/Territory).

Process Map for Performance Measure #66e (in effect beginning Fiscal Year 2007)

Data Source #2:
Other Accreditation or Certification Programs



Supporting documentation for the measure must include a list of the hospitals that have written inter-facility transfer agreements for pediatric patients. Additional *supporting documentation* for the measure may include:

1. copies of the data queries, and/or
2. a copy of the facility recognition program's requirement related to inter-facility transfer agreements for pediatric patients, and/or
3. a copy of the State/Territory's Rules and Regulations with requirements for inter-facility transfer agreements for pediatric patients (if inter-facility transfer agreements for pediatric patients are mandated within the State/Territory).

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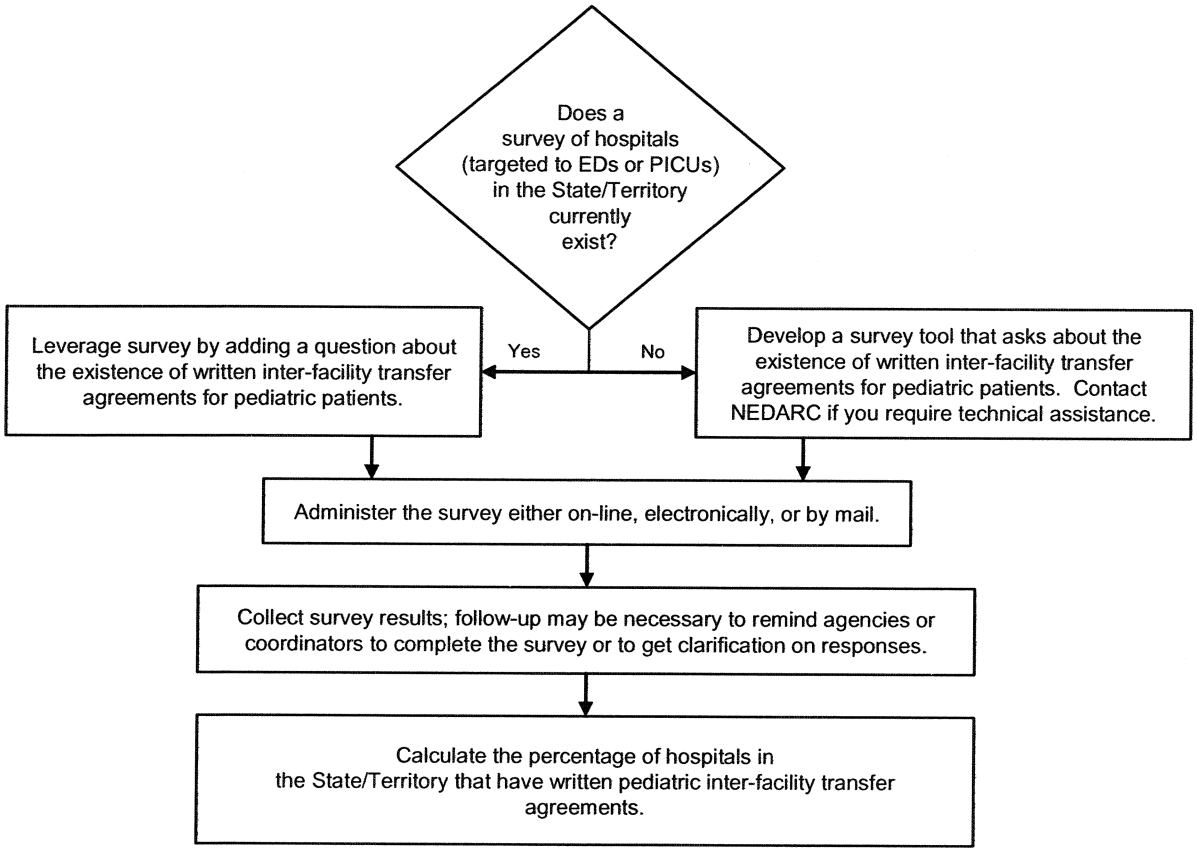
Data Source #3: Surveys



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Data Collection Form for Performance Measure #66e
(for use beginning Fiscal Year 2007)

Percentage of hospitals in the State/Territory that have written pediatric inter-facility transfer *agreements* that specify the following:

- Inter-facility communication between physicians at the referring facility and referral center for consultation and to gain referral center consent for the transfer
- Transportation of the patient to an appropriate pediatric referral center that matches the level of care needed by the patient
- Transfer of patient information (e.g., medical record, copy of signed consent for transport) and personal belongings of the patient
- Return transfer of the pediatric patient to the referring facility as appropriate

Percentage: _____%

Note: Attach supporting documentation for the measure to your EMSC continuation application.

Comments:

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