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://qpp.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:
This measure is a two-part measure:

1) Documentation of PACU or 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 transfer to PACU 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: 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			

***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 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, 00740, 00750, 00752, 00754, 00756, 00770, 00790, 00792, 00794, 00796, 00797, 00800, 00802, 00810, 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, 01180, 01190, 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, 01682, 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:

MPOG Concept IDs	
50008	AACD Patient Out of Room Date/Time
50010	AACD Recovery Room In Date/Time
50623	Compliance- PACU/ICU Handoff of care performed, report given.
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:

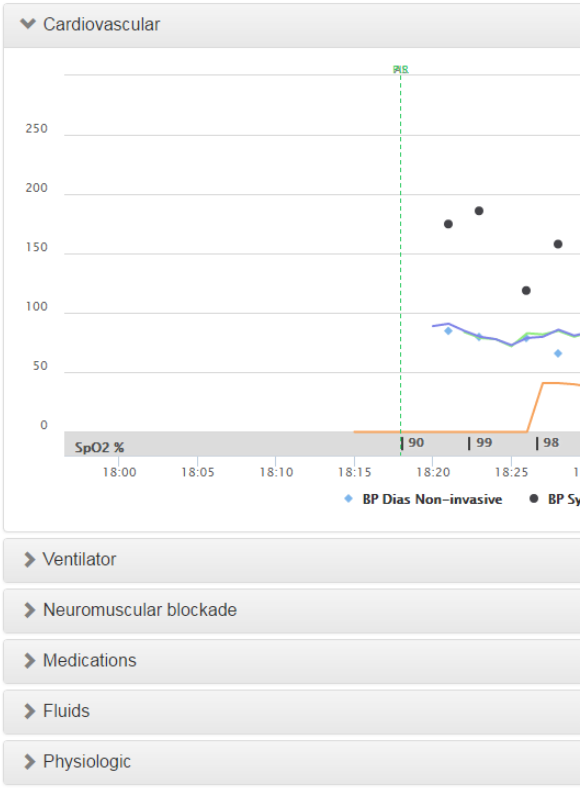
- Anesthesia End
- Postop Destination
- Procedure Type Labor Epidural

Failed Case Grid Elements:

- Link to Case
- Procedure
- Operating Room
- Anesthesia End
- In PACU Time

Case Viewer Template:

18:18	Attestation Induction	Attestation Induction
18:18	Attestation Monitored Care	Attestation Monitored Care
18:18	Attestation Physically Present	Attestation Physically Present
18:18	Room/Machine Checklist	Room/Machine Checklist
18:18	Induction Re-Assessment	Induction Re-Assessment
18:18	Antibiotic Reminder	Antibiotic Reminder
18:25	Gastric Tube	Gastric Tube
18:25	Oral Intubation	Oral Intubation
18:34	Thermoregulation	Thermoregulation
18:35	Surgery Start	Surgery Start
18:42	Patient Positioning/Protection	Patient Positioning/Protection
18:44	Next Day Post Op Visit Needed	Next Day Post Op Visit Needed
19:03	Local per Surgeon	Local per Surgeon
19:06	Surgery Stop	Surgery Stop
19:13	Emergence and Extubation	Emergence and Extubation
19:13	Attestation Emergence	Attestation Emergence
19:17	Patient Out of Room	Patient Out of Room
19:22	PACU Transportation	PACU Transportation



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.

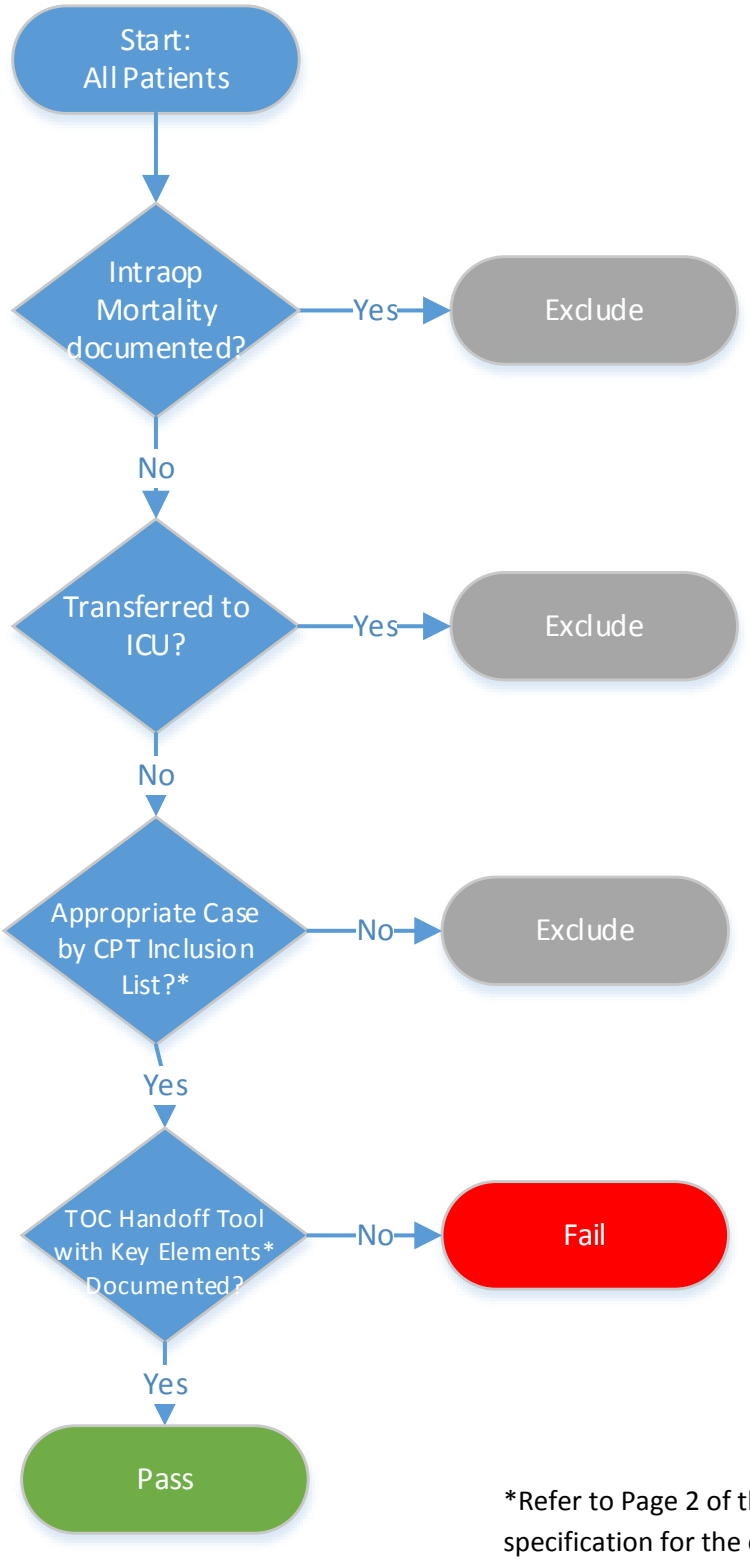
Method for determining Responsible Provider:

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.