ED Utilization Tracking Document C:

For ED Measure 4 (Process)

**Step 1:** List the names of the residents who had an ED visit in the previous month in Column 1(Repeat from Tracking Document 1: Outcomes)

**Step 2:** Using “Yes” or “No”, indicate if the reason for the ED transfer was included in the transfer package in Column 2

**Step 3:** Using “Yes” or “No”, **i**ndicate if high risks and interventions were included in the transfer package (Column 3)

**Step 4:** Using “Yes” or “No”, indicate if the medications list was included in the transfer package (Column 4)

**Step 5:** Using “Yes” or “No”, indicate if the appropriate medical history was included in the transfer package (Column 5)

**Step 6:** Using “Yes” or “No”, indicate if the most recent resident assessment was included in the transfer package (Column 6)

**Step 7:** Using “Yes” or “No”, indicate if the transfer package was complete (Column 7) Complete = 3/5, 4/5, or 5/5 elements included

**Data for the month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization/Unit Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Column 1** | **Column 2** | **Column 3** | **Column 4** | **Column 5** | **Column 6** | **Column 7** |
| **Name of each LTC home resident who had an ED visit in the previous month** | **Reason for ED transfer**  **included**  **Yes/No** | **High risks & interventions identified**  **Yes/No** | **Medications lists included**  **Yes/No** | **Appropriate medical history included**  **Yes/No** | **Most recent assessment included**  **Yes/No** | **Transfer package complete**  **Yes/No** |
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| **Column 1** | **Column 2** | **Column 3** | **Column 4** | **Column 5** | **Column 6** | **Column 7** |
| **Name of each LTC home resident who had an ED visit in the previous month** | **Reason for ED transfer**  **included**  **Yes/No** | **High risks & interventions identified**  **Yes/No** | **Medications lists included**  **Yes/No** | **Appropriate medical history included**  **Yes/No** | **Most recent assessment included**  **Yes/No** | **Transfer package complete**  **Yes/No** |
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| Total residents with an ED visit: | Total: | Total: | Total: | Total: | Total: | Total: |