While emergency care is important in all hospitals, it can be particularly critical in rural hospitals, as their distance from fully equipped medical centers frequently necessitates early triage, stabilization, and transfer of patients. In particular, when a patient arrives at an emergency department (ED) needing time-sensitive care that includes transfer to a tertiary care center, the ED’s ability to quickly assess, arrange, and move the patient with the necessary and appropriate information can be of life or death importance.

“Many aspects of hospital quality are similar for urban and rural hospitals — for example, providing acute myocardial infarction patients with aspirin,” says Eileen Scalise, nurse and quality consultant with MetaStar. “But because of their size, rural hospitals are less likely to provide specialized services such as cardiac catheterization or trauma surgery.”

To address the need for seamless transfer communication, MetaStar, the Medicare Quality Improvement Organization for Wisconsin, is partnering with the Wisconsin Office of Rural Health and 18 rural critical access hospitals in the state for a national pilot project that focuses on ED transfers. Wisconsin is one of 8 states participating in the pilot project, which is funded by the Centers for Medicare and Medicaid Services.

The purpose of the Emergency Department Transfer Communication project is to improve performance with regard to 7 domains intended to provide a means of assessing how well an ED communicates key patient information to any receiving health care facility, including communication among physicians at each facility:
- Administrative communication
- Patient information
- Vital signs
- Medication information
- Physician- or practitioner-generated information
- Nurse-generated information
- Procedures and tests

These measures apply to patients with a wide range of medical conditions (heart attack, heart failure, pneumonia, trauma) and are relevant for both internal quality improvement purposes and external reporting to consumers and purchasers.

Data on how well a rural hospital serves this important care transition role are not widely available. The information available often is not standardized for implementation in other EDs. This project will provide each participating hospital with support and training to collect information on transfer communication.

Hopefully, by the project’s conclusion, participating hospitals will have strengthened systems and standards of communication that will lead to improvements in the quality of care, safety, and outcomes for patients transferred from rural emergency departments across the state.

The project is time-limited, focusing on cycles of rapid improvement. MetaStar offered critical access hospitals training on the communication tool in October 2013. The hospitals will submit data 3 times, in January, March, and June 2014. In addition to technical assistance and training, MetaStar is offering support for analysis of data reports and development of an action plan to address opportunities for improvement identified by review of CAH results on the measure. Hopefully, by the project’s conclusion, participating hospitals will have strengthened systems and standards of communication that will lead to improvements in the quality of care, safety, and outcomes for patients transferred from rural emergency departments across the state.
The mission of *WMJ* is to provide a vehicle for professional communication and continuing education for Midwest physicians and other health professionals.

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