Note: If you or your group has oversight responsibility/directorship of the lab performing the lactate testing, you can report on this measure.

- 1. CMS Measure ID/CMS QCDR ID: CAP8
- 2. Measure Title: Turnaround Time (TAT) Lactate
- 3. **Measure Description:** The rate of cases in which the turn-around time target for lactate tests ordered in the emergency room (ER) is met.
- 4. **Denominator:** Total number of lactate orders placed in the ER
- 5. Denominator Exclusions:
 - a. Lactate tests ordered from locations other than the ER
 - b. Point of care testing
- 6. Denominator Exceptions: None
- 7. Numerator: Total number of lactate orders from the ER that meets the 3 hour turn-around time target** for verified test result availability
 ** A verified test result is available in the Laboratory Information System (LIS) within 3 hours of the initial lactate order
- 8. Numerator Exclusions: None
- 9. Rationale: Turnaround time in the ER is important both for care coordination (ensuring the patient receives appropriate timely care) and a patient safety issue as delays in lab results may be critical to patient outcomes. In addition, this measure aligns the quality measurement of the laboratory with those of the hospital around sepsis management (SEP-1).
- 10. NQF Number: N/A
- 11. eCQM Number: N/A
- 12. NQS Domain: Communication and Care Coordination
- 13. Outcome or High Priority?: High Priority
- 14. High Priority Type: Care Coordination
- 15. Measure Type: Process
- 16. Inverse Measure: No
- 17. Proportional Measure: Yes

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CAP QCDR Measure Turn-Around Time (TAT) for Lactate

- 18. Continuous Variable Measure: No
- 19. Ratio Measure: No
- 20. If Continuous Variable and/or Ratio is chosen, what would be the range of the score(s)?: N/A
- 21. Number of performance rates to be submitted: 1
- 22. Overall Performance Rate if more than 1 performance rate is to be submitted: N/A
- 23. Is the Measure Risk-Adjusted?: No
- 24. Data Source: Discrete data fields in most LIS; also, Hospital EHRs.
- 25. **Reference:** Levy MM, Dellinger RP, Townsend S, et al. The Surviving Sepsis Campaign: results of an international guideline-based performance improvement program targeting severe sepsis. Crit Care Med. 2010;38(2):367–374.

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