



CMS Measure ID/CMS QCDR ID: CAP 8

Measure Title: Turnaround Time (TAT) - Lactate

Measure Specifications

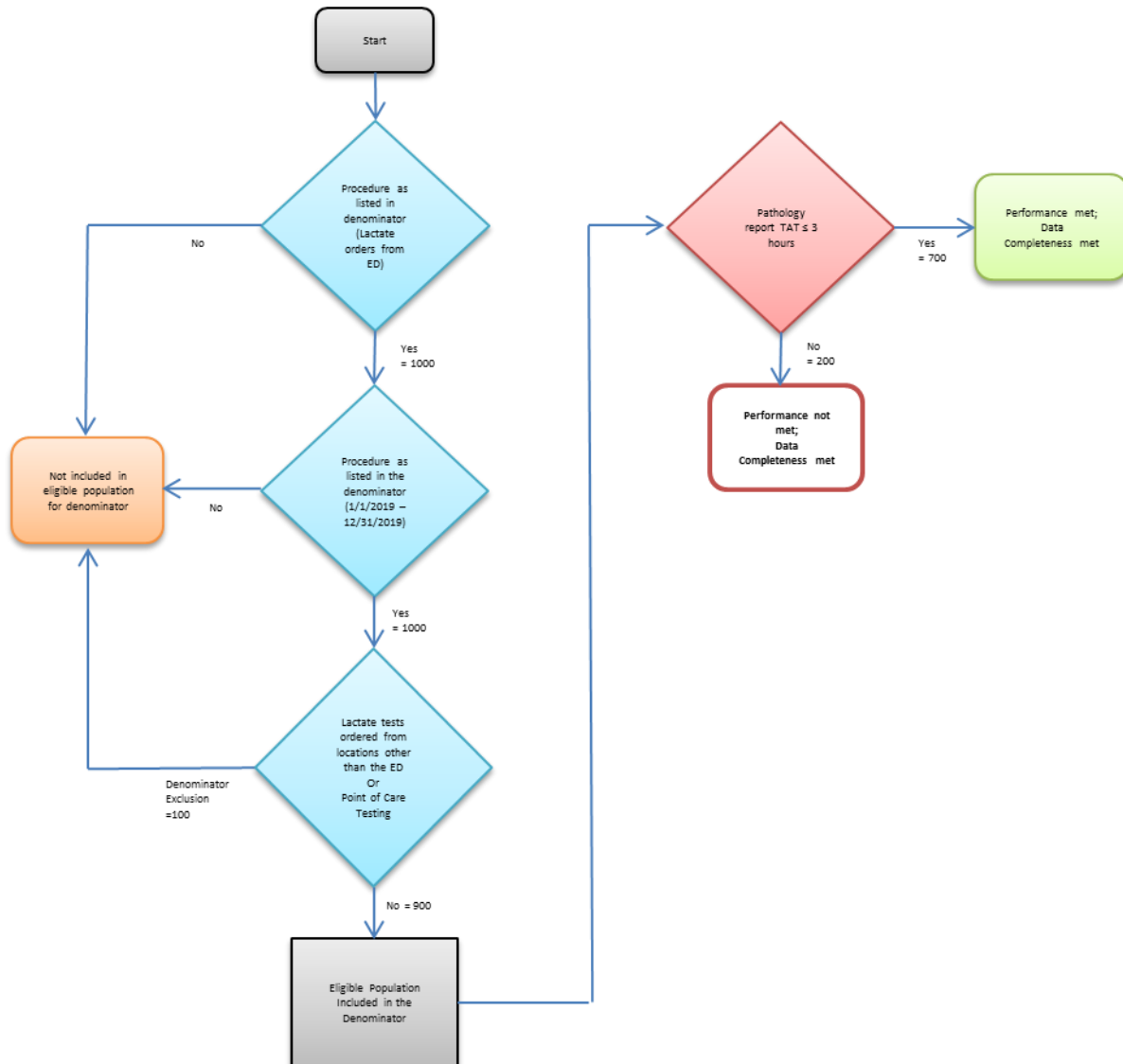
<b>Measure Description</b>	The rate of cases in which the turnaround time (TAT) target for lactate tests ordered in the emergency department (ED) is met.
<b>Denominator Statement</b>	Total number of lactate orders placed in the ED.
<b>Denominator Exclusions</b>	<ol style="list-style-type: none"> <li>1. Lactate tests ordered from locations other than the ED</li> <li>2. Point of care testing</li> </ol>
<b>Denominator Exceptions</b>	<ol style="list-style-type: none"> <li>1. None</li> </ol>
<b>Numerator Statement</b>	Total number of lactate orders from the emergency department (ED) that meet the 3-hour turnaround 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
<b>Numerator Exclusions</b>	None
<b>Measure Information</b>	
<b>NQS Domain</b>	Communication and Care Coordination
<b>Meaningful Measures Area(s)</b>	Transfer of Health Information and Interoperability
<b>Meaningful Measure Rationale</b>	<p>Turnaround time in the ED 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).</p> <ol style="list-style-type: none"> <li>1. 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.</li> </ol>
<b>Measure Type</b>	Process
<b>Data Source</b>	Discrete data fields in most LIS; Hospital EHRs.
<b>Summary of Performance Gap Evidence</b>	Turnaround time in the ED 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).



	1. 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.
Measure Owner	College of American Pathologists
NQF ID	N/A
Number of Performance Rates	1
Overall Performance Rate	1st Performance Rate
High-priority	Yes
Improvement Notation	Inverse Measure: No <b>Proportional Measure: Yes (Higher score indicates better quality)</b> Continuous Variable Measure: No Ratio Measure: No Risk-adjusted: No
Specialty	Pathology
Current Clinical Guideline the Measure is Derived From	None



Measure Flow



Data Completeness =		
Performance Met + Denominator Exceptions + Performance Not Met	$700 + 0 + 200$	$= 100\%$
Eligible Population	$900$	
Performance Rate =		
Performance Met	$700$	$= 78\%$
Data Completeness Numerator - Denominator Exceptions	$900$	

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