



CMS Measure ID/CMS QCDR ID: CAP 9

Measure Title: Turnaround Time (TAT) - Troponin

Measure Specifications

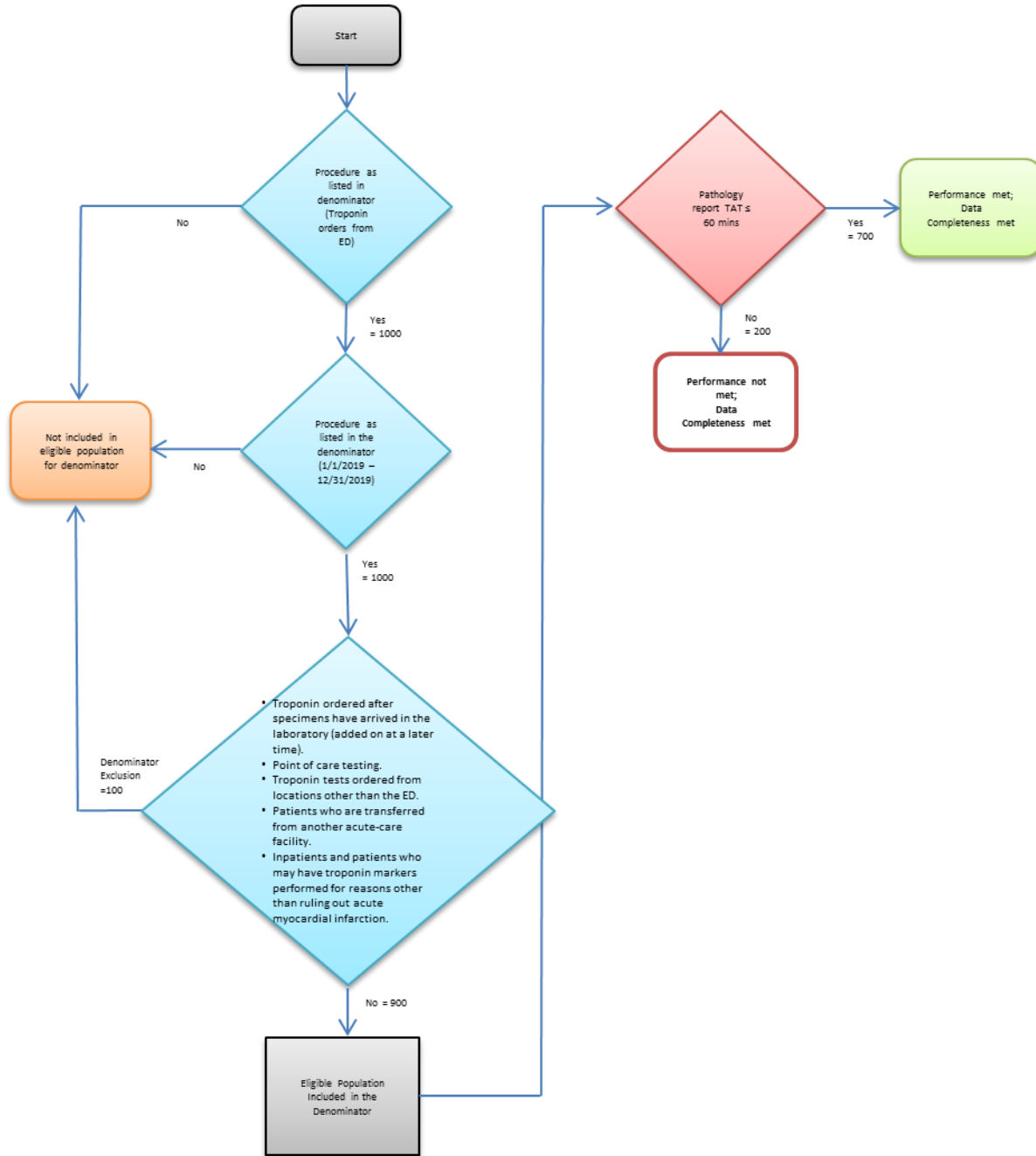
Measure Description	The rate of cases in which the turnaround time (TAT) target for troponin tests ordered in the emergency department (ED) is met.
Denominator Statement	Total number of troponin orders placed in the ED.
Denominator Exclusions	<ol style="list-style-type: none"> 1. Troponin ordered after specimens have arrived in the laboratory (added on at a later time). 2. Point of care testing. 3. Troponin tests ordered from locations other than the ED. 4. Patients who are transferred from another acute-care facility. 5. Inpatients and patients who may have troponin markers performed for reasons other than ruling out acute myocardial infarction.
Denominator Exceptions	None
Numerator Statement	<p>Total number of troponin orders from the emergency department (ED) that meets the turnaround time target for verified test result availability</p> <p>Definitions:</p> <ul style="list-style-type: none"> • Turnaround time (TAT): time it takes from time of the test is ordered in the LIS to when the test result is available in the LIS • Turnaround time (TAT) target: 60 minutes (1 hour)
Numerator Exclusions	None
Measure Information	
NQS Domain	Communication and Care Coordination
Meaningful Measures Area(s)	Transfer of Health Information and Interoperability
Meaningful Measure Rationale	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. Therefore, verifying pathology reports in an appropriate timeframe helps healthcare practitioners with timely diagnosis and more effective treatment planning. The accuracy of diagnosis and providing timely complete reports is one of the main quality indicators in pathology.
Measure Type	Process
Data Source	Discrete data fields in most LIS; Hospital EHRs.



Summary of Performance Gap Evidence	<p>There is a significant gap in the expected versus actual TAT for troponin. In a study by Novis, et al., "Participants submitted TAT data for 7020 troponin and 4368 creatine kinase–MB determinations. On average, they reported 90% of myocardial injury marker results in slightly more than 90 minutes measured from the time that those tests were ordered. Among the fastest performing 25% of participants (75th percentile and above), median order-to-report troponin and creatine kinase–MB TATs were equal to 50 and 48.3 minutes or less, respectively. Shorter troponin TATs were associated with performing cardiac marker studies in EDs or other peripheral laboratories compared to (1) performing tests in central hospital laboratories, and (2) having cardiac marker specimens obtained by laboratory rather than by nonlaboratory personnel."</p> <ol style="list-style-type: none"> 1. Novis, DA, et al. (2004) "Biochemical Markers of Myocardial Injury Test Turnaround Time: A College of American Pathologists Q-Probes Study of 7020 Troponin and 4368 Creatinine-Kinase-MB Determinations in 159 Institutions." Arch Path Lab Med 128(2):158-164.
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 Proportional Measure: Yes (Higher score indicates better quality) 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	$700 + 0 + 200$	$= 900$	$= 100\%$
Eligible Population			900	
Performance Rate =	Performance Met	700	$= \frac{700}{900}$	$= 78\%$
Data Completeness Numerator - Denominator Exceptions		900		

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