

What is care transitions measure?

CTM 3 is a three question survey that is now a national voluntary consensus standard measure of the quality and effectiveness of the transition or discharge from an acute care hospital to another location of care. The CTM measures a patients understanding of their own role in their care, measures their understanding of their discharge medications and measures whether or not their own values and preferences were followed during their care (patient centered care).

What is HCAHPS?

The Hospital CAHPS is a 27 question survey of patients experience jointly developed by CMS and AHRQ and now a national voluntary consensus standard through NQF. HCAPS is being implemented in 2006 for comparative public reporting in 2007 through a voluntary effort known as the Hospital Quality Coalition consisting of the American Hospital Association, CMS and JCAHO.

Against what criteria have these surveys been measured?

Both surveys have been judged by NQF and multiple other parties to be important, scientifically acceptable, feasible and useable. The surveys and the questions they contain have been demonstrated to measure what they purport to measure in a scientifically consistent and valid manner.

Is there overlap between these two surveys?

No. HCAPS and CTM have been compared. HCAPS primarily asks questions that establish whether or not something happened. CTM primarily is an outcome measure as to whether or not what happened actually created a successful discharge or transition.

Don't hospitals already measure patient satisfaction?

Yes. Most Maine hospitals use a commercial vendor to administer a survey to measure patient satisfaction and help improve quality of care. Available at www.themha.org

What does it cost the hospitals to do these surveys?

ABT Associates published an evaluation of this issue in October 2005. Based on 300 completed surveys per year, it would cost a hospital between 3000 and 6000 dollars annually to administer the HCAPS using a commercial vendor. ABT determined that it would cost a hospital 1000 dollars annually to add HCAPS to a survey that it is already in place.

There is no information available for the additional cost of the CTM. The CTM is a three question survey (HCAPS is 27 questions), therefore one could conclude that for a hospital already using a commercial vendor for patient satisfaction surveying, the additional cost for CTM would be less than 1000 dollars annually.

Will use of the CTM improve quality and reduce costs?

Very likely. CTM predicts recidivism either in readmissions or unplanned return for emergency care. Studies show that appropriate levels of staffing and training do improve CTM scores leading to reduced recidivism and costs. Also the Maine Quality Forum and its Advisory Council have been examining the challenge of improving the quality rating of home health care in Maine. Inadequate preparation for hospital discharge has been identified as a factor in Maine's high readmission rates to hospitals from home health care. Reducing readmissions will reduce cost and improve quality.

How does CTM related to regulatory and accreditation requirements?

Medicare Conditions of Participation and Joint Commission requirements include specific actions for discharge planning and execution. CTM is the first tool to actually measure the results or outcomes from the patient's perspective of a hospital's discharge process.

Is CTM in use?

At least 12 QIOs and IHI (Transforming Care at the Bedside) are using the CTM. Four hundred and sixty two requests, from around the world, for permission to use CTM have been granted by the developer.

Has CTM been tested across groups of different cultures, ethnicity, education and race?

Yes. The testing has demonstrated that the questions are valid and consistent across such groups. Interestingly, the testing also demonstrated that rural residents reported worse care transition experiences than urban residents.

Does patient mix impact the results of the survey?

No. The CTM is case-mix neutral. This makes it an excellent addition to metrics that are case-mixed adjusted.