

3-Item Care Transitions Measure (CTM-3)

NQF Endorsement Status	Endorsed
NQF ID	0228
Measure Type	Outcome
Measure Content Last Updated	2019-05-31
Info As Of	Not Available

Properties

Description	The CTM-3 is a hospital level measure of performance that reports the average patient reported quality of preparation for self-care response among adult patients discharged from general acute care hospitals within the past 30 days.
Numerator	The numerator is the hospital level sum of CTM-3 scores for all eligible sampled patients.
Denominator	The denominator includes the number of eligible sampled adult patients discharged from a general acute care hospital.
Denominator Exclusions	N/A
Rationale	Discharge from the acute care hospital is increasingly recognized as a time of heightened vulnerability for lapses in safety and quality. (1-3) The combination of higher clinical acuity and shorter lengths of stay has contributed to an increased complexity of hospital discharge instructions and higher expectations for patients to perform challenging self-care activities. Many factors may contribute to patients lack of understanding or execution of their discharge instructions. The sheer volume of information conveyed in the relatively brief period allotted for hospital discharge education presents a significant challenge. This is likely compounded by the influence of acute illness, sleep deprivation, and medication side effects commonly experienced by hospitalized patients. As a result, many patients return home from the hospital with only a limited understanding of their discharge instructions. Multiple studies have shown that patients often are unable to recall their discharge diagnoses or treatment plan (4-6) or to articulate how they are to take their prescribed medications. (3,7-9) Such lack of understanding may

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have serious consequences, leading to preventable decline in health and functional status, suboptimal chronic illness management, and harm related to adverse effects from medications. Poorly executed transitions contribute to hospital readmissions with annual Medicare costs estimated at \$17 billion. (10)

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2. Coleman EA. Falling through the cracks: challenges and opportunities for improving transitional care for persons with continuous complex care needs. *J Am Geriatr Soc.*2003;51:549-555.
3. Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington, DC: National Academies Press; 2001.
4. Makaryus A, Friedman E. Patients understanding of their treatment plans and diagnosis at discharge. *Mayo Clin Proc.* 2005;80:991-994.
5. Parkin D, Henney C, Quirk J, Crooks J. Deviation from prescribed drug treatment after discharge from hospital. *Br Med J.* 1976;2:686-688.
6. Kravitz R, Reuben D, Davis J, et al. Geriatric home assessment after hospital discharge. *J Am Geriatr Soc.* 1994;42: 1229-1234.
7. Beers M, Sliwowski J, Brooks J. Compliance with medication orders among the elderly after hospital discharge. *Hosp Formul.* 1992;27:720-724.
8. Dudas V, Bookwalter T, Kerr K, Pantilat S. The impact of follow-up telephone calls to patients after hospitalization. *Am J Med.* 2001;111(9B):26S-30S.
9. Agency for Healthcare Research and Quality. *MedicalErrors: The Scope of the Problem (Fact Sheet, Publication No. AHRQ 00-P037).* Rockville, MD: Agency for Healthcare Research and Quality; 2000.
10. Jencks SF, Williams MV, Coleman EA. Rehospitalizations among patients in the Medicare Fee-for-Service program. *New England Journal of Medicine.* 2009;360(14):1418-1428. PMID: 19339721. doi: 10.1056/NEJMsa0803563

Evidence

Not Available

Developer/Steward

Steward

University of Colorado Denver Anschutz Medical Campus

Contact

Not Available

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Measure Developer	Not Available
Development Stage	Fully Developed

Characteristics

Measure Type	Outcome
Meaningful Measure Area	Patient's Experience of Care
Healthcare Priority	Ensuring that Each Person and Family is Engaged as Partners in their Care
eCQM Spec Available	Not Available
NQF Endorsement Status	Endorsed
NQF ID	0228
Last NQF Update	2015-01-07
Target Population Age	18+
Target Population Age (High)	Not Available
Target Population Age (Low)	18
Reporting Level	Facility
Conditions	Not Available
Subconditions	Not Available
Care Settings	Hospital Inpatient; Hospital/Acute Care Facility

Groups

Core Measure Set	Not Available
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Measure Group	Group Identifier
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CTM

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Measure Group	Group Identifier
CTM	3
HCAHPS	

Measure Links

Measure Program: Hospital Value-Based Purchasing

Info As Of	Not Available
Data Sources	Survey: Patient Reported Data/Survey; Patient Reported Data/Survey
Purposes	Not Available
Quality Domain	Person and Community Engagement Domain
Reporting Frequency	Not Available
Impacts Payment	Not Available

Measure Program Links

Current Measure Status

Status: Implemented	
Effective Date	2017-10-01
Comments	Not Available

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Historical Statuses

Status: Finalized

Effective Date	2015-08-17
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Comments	Not Available
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Measure Program: Hospital Compare

Info As Of	Not Available
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Data Sources	Electronic Clinical Data: Laboratory
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Purposes	Not Available
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Quality Domain	Not Available
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Reporting Frequency	Not Available
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Impacts Payment	Not Available
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Measure Program Links

Current Measure Status

Status: Implemented

Effective Date	2015-10-01
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Comments	Not Available
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Historical Statuses

3-Item Care Transitions Measure (CTM-3)

Status: Finalized

Effective Date	2014-08-22
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Comments	Not Available
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Status: Reference

Effective Date	1900-01-01
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Comments	Not Available
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Status Links	https://www.medicare.gov/hospitalcompare/search.html
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	https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/hospitalqualityinits/hospitalcompare.html
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Measure Program: Hospital Inpatient Quality Reporting

Info As Of	Not Available
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Data Sources	Instrument-Based Data; Electronic Clinical Data: Laboratory
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Purposes	Not Available
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Quality Domain	Not Available
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Reporting Frequency	Not Available
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Impacts Payment	Not Available
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Measure Program Links

Current Measure Status

Status: Implemented

3-Item Care Transitions Measure (CTM-3)

Effective Date	2015-10-01
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Comments	Not Available
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Historical Statuses

Status: Finalized

Effective Date	2014-08-22
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Comments	Not Available
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