

CTM-3

Microspecifications Manual for Reporting Care Transition Measure (CTM-3) Quality Data Set

November 2013

STATUTORY AUTHORITY
22 M.R.S.A., §8708-A, Chapter 270
Care Transition Measure (CTM-3) Quality Dataset
Data Collection and Reporting Instructions

AMENDED: June 2013

In accordance with the above statutory authority, the instructions in this manual are applicable to all Maine acute care hospitals.



NOTE: Maine psychiatric hospitals and acute rehabilitation hospitals subject to licensure by the Maine Department of Health and Human Services are excluded from the Care Transition Measure surveying and reporting requirements.

TABLE OF CONTENTS

Statutory Authority	2
Table of Contents	3
What's New in this edition of the manual?.....	5
Future Notification of Changes to Technical Specifications	5
Changes in the November 2013 Edition	6
List of Measures.....	8
Additional Regulatory Information.....	8
Submission Requirements.....	8
Standards for Data; Notification; Response.....	9
Public Access	10
Waivers to Data Submission Requirements.....	10
Compliance	10
Definitions.....	11
Care Transitions	11
CMS	11
Executive Director	11
Hospital	11
Transitional Care.....	11
Care Transition Measures	12
Background	12
Instructions & Data Specifications	13
The CTM Portion of the HCAHPS Survey.....	13
The De-identified Patient ID.....	13
Missing Answers: How to Tell if the CTM Section of the Survey is Complete	14
Data Source(s).....	14
Sampling	14
Exclusions	15
Sampling Frame	15
Sample Size.....	15
Survey Administration	16

Timing Requirements.....	16
For more information about CMS HCAHPS survey rules	17
Scoring the CTM-3 (<i>voluntary, not required</i>)	17
Data Submission	19
Appendix A.....	20
Excel File Naming Convention for CTM Data Submission	20
Examples.....	20
Appendix B	22
English Version of the Care Transition Measure section of the HCAHPS® Mail Survey	22
Spanish Version of the Care Transition Measures.....	23
Index	24

WHAT'S NEW IN THIS EDITION OF THE MANUAL?

Every quality measure that the Maine Health Data Organization (MHDO) collects from Maine hospitals has been developed, defined and maintained by federal agencies (e.g., CMS or CDC/NHSN) or nationally recognized independent organizations (e.g., the Institute for Healthcare Improvement or the Joint Commission) that the National Quality Forum and Maine's Chapter 270 both refer to as "measure stewards". From time-to-time, these measure stewards will modify or update their technical specifications for an existing measure.

In the past, such changes have created problems when a federal agency or other authority has required reporting hospitals to conform to the new specifications, while MHDO had to wait for legislative action before it could catch up with the national standards. That sometimes meant that hospitals had to collect and report quality data two different ways for the same measure.

However, thanks to the Maine Legislature's 2013 amendments to Chapter 270, MHDO is now allowed to adopt technical changes and revise definitions in sync with the rest of the medical world. Therefore, this and future editions of the MHDO Microspecifications Manuals will now include a *What's New?* section to highlight differences with the previous edition.

Future Notification of Changes to Technical Specifications

In the event a measure steward announces an update or modification to the technical specifications of an existing Chapter 270 quality measure, MHDO will email a notification to:

- the Maine Hospital Association;
- each hospital's administrator; and
- each hospital's infection prevention coordinator or other staff member responsible for the affected Chapter 270 data set.

The notification will include the date when the new specifications are due to go into effect, and will provide a web link to the new specifications.

Changes in the November 2013 Edition

Please Note that throughout Manual, the changes listed below are also highlighted in yellow.

Overall: The Care Transitions questions, originally developed by the Care Transitions Program[®], have now been incorporated into the 32-Question HCAHPS Survey. The technical specifications for the Care Transitions questions are now administered by CMS.

Affected Measures	Prior Edition	What's New
All	All Maine hospitals were required to collect and submit Care Transition Measure data	Maine psychiatric hospitals and acute rehabilitation hospitals subject to licensure by the Maine Department of Health and Human Services are excluded from the Care Transition Measure surveying and reporting requirements
CTM-1	CTM-1: “ The hospital staff took my preference and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital. ”	HCAHPS Question 23: “ <u>During this hospital stay</u> , staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.”
CTM-2 & CTM-3	CTM-2 CTM-3	HCAHPS Question 24 HCAHPS Question 25
All	MHDO’s adoption of technical modifications or updates to measures collected under Chapter 270 had to wait for legislative approval.	In the event that a measure steward announces a modification to a measure required under Chapter 270, hospitals must continue to collect data based on specifications of the existing version of the measure up until the date that the measure steward requires reporting based on the modified version.
All	Responses of “Don't Know / Don't Remember / Not Applicable” should be scored as “99”. Any question left unanswered (blank) should be scored as “9”.	Missing answers, or responses of “Don't Know / Don't Remember / Not Applicable” should be coded as “M”.

Affected Measures	Prior Edition	What's New
All	English, Spanish and French versions of the CTM-3 survey are available	The HCAHPS survey is available in English, Spanish, Chinese, Russian and Vietnamese only. "Hospitals/Survey vendors <i>are not permitted</i> to make or use any other language translations." (CMS)
All	No mention	<p>Otherwise eligible patients should be excluded from the sample, if:</p> <ul style="list-style-type: none"> • They have signed a "no-publicity" requests or if they request the hospital or survey vendor not to contact them; • Prisoners, except for persons residing in a halfway house; • Persons with a home address outside the United States or U.S. Territories; • Patients discharged to hospice, to a nursing home, or to a skilled nursing facility; and • Patients who must be excluded due to state regulations.
All	Depending on their number of annual discharges, hospitals were either required to complete 300 surveys per year, 200 surveys, 100 surveys, or as many as possible.	Hospitals shall complete 25 surveys per month (= 75 surveys per quarter = 300 per year). Hospitals not able to reach that number should survey as many discharges as possible with an allowable minimum of 100 completed surveys per year.
All	Upon completion of [it's evaluation of submitted data files], the MHDO will promptly notify each hospital whose data submissions do not satisfy the standards for any filing period.	Upon completion of [it's evaluation of submitted data files], the MHDO will promptly notify each hospital whose data submissions do not satisfy the standards for any filing period within 90 days of the quarterly submission deadline.
All	New	Each hospital, or its survey vendor, must create a, "random, unique, deidentified Patient ID number" for each person in the survey sample.

LIST OF MEASURES

Hospitals shall conduct measurement of patients' perspectives on coordination of hospital discharge care using the current version of the Care Transition survey questions included in the *Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospital Survey* also known as "HCAHPS" and specified in the *HCAHPS Quality Assurance Guidelines*. Hospitals shall survey a simple random sample of monthly discharges to accomplish N=25 completed surveys per month (300 per year). For hospitals not able to reach 300 completed surveys per year, hospitals should sample as many discharges as possible with a minimum of 100 completed surveys per year. Each hospital or their agent shall report to the MHDO the individual survey question raw scores by respondent for the following three care transition item quality metrics (*Measure steward: CMS*):

32-Question HCAHPS Survey

Understanding your care when you left the hospital:

- Q23:** During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.;
- Q24:** When I left the hospital, I had a good understanding of the things I was responsible for in managing my health; and
- Q25:** When I left the hospital, I clearly understood the purpose for taking each of my medications.

ADDITIONAL REGULATORY INFORMATION

Submission Requirements

1. **Filing Media.** Each hospital or their agent shall file all applicable data sets on diskette, compact disc, or via electronic transmission provided that such diskette, compact disc, or electronic transmission is compatible with the data processing capabilities of the MHDO.
2. **File Submission.** Hospitals are required to submit their individual CTM-3 question raw scores by respondent using either the *MHDO CTM-3 Data Excel Transmittal Workbook* saved in the Excel 98-2003 Workbook (.xls, *not* .xlsx) file format or the XML File Layout and Schema as found at the MHDO website at: https://mhdo.maine.gov/quality_data.htm .

Vendors submitting data in XML format on behalf of multiple Maine hospitals are encouraged to submit a single XML file containing data for all hospitals. The XML file layout/schema contains a data element for Hospital ID number and using this format will clearly identify each hospital's data within the larger file.

Each CTM data file shall include: hospital name, the contact person's name, phone number and email address, data reporting period (quarter/year), and date submitted. Hospitals or their

vendors should name their data files using the CTM file naming convention specified in Appendix A.

A copy of the file must be sent to MHDO as an attachment to an e-mail message addressed to QualitySubmissions.MHDO@maine.gov or the file may be saved on diskette or compact disc and mailed to the MHDO at:

Kimberly Wing
Maine Health Data Organization
102 SHS
151 Capitol St.
Augusta, ME 04333-0102

3. **Filing Periods.** Data generated in accordance with the provisions of this manual shall be submitted at the end of the 5th month following the end of each calendar quarter in which the service occurred. The filing periods are as follows:

Collection Quarter	Months	Submission Date (no later than)
1 st Quarter	January, February, March	September 1 st
2 nd Quarter	April, May, June	December 1 st
3 rd Quarter	July, August, September	March 1 st
4 th Quarter	October, November, December	June 1 st

Standards for Data; Notification; Response

Standards. The MHDO or its designee shall evaluate each file submission in accordance with the following standards:

1. For the Care Transition metrics, hospitals shall report as to the MHDO the individual survey question raw scores by respondent as specified in the current version of the CMS *HCAHPS Quality Assurance Guidelines*.
2. Hospitals shall conform to the instructions in this manual, and to the transmittal sheet layouts as specified at the MHDO website at https://mhdo.maine.gov/quality_data.htm.
3. Coding values indicating “data not available”, “data unknown”, or the equivalent will not be accepted.
4. Notification. Upon completion of this evaluation, the MHDO will promptly notify each hospital whose data submissions do not satisfy the standards for any filing period **within 90 days of the quarterly submission deadline**. This notification will identify the specific file and the data elements within them that do not satisfy the standards.

5. Resubmission. Each hospital notified under the *Notification* section (above) will resubmit the data within 30 days of the notification by making the necessary changes to satisfy the standards.
6. Replacement of Data Files. No hospital may amend its data submission more than one year after the end of the quarter in which the discharge or service occurred unless it can be established by the hospital that exceptional circumstances occurred. Any resubmission of data after the elapse of the one year period must be approved by the MHDO Board.

Public Access

Information collected, processed and/or analyzed under this rule shall be subject to release to the public or retained as confidential information in accordance with 22 M.R.S.A. § 8707 and Code of Maine Rules 90-590, Chapter 120: *Release of Information to the Public*, unless prohibited by state or federal law.

Waivers to Data Submission Requirements

If a hospital due to circumstances beyond its control is temporarily unable to meet the terms and conditions of this Chapter, a written request must be made to the Executive Director of the MHDO as soon as it is practicable after the hospital has determined that an extension is required. The written request shall include: the specific requirement to be waived; an explanation of the cause; the methodology proposed to eliminate the necessity of the waiver; and the time frame required to come into compliance. The Executive Director shall present the request to the MHDO Board at its next regularly scheduled meeting where the request shall be approved or denied.

Compliance

The failure to file, report, or correct quality data in accordance with the provisions of this Chapter may be considered a violation under 22 MRSA Sec. 8705-A and Code of Maine Rules 90-590, Chapter 100: *Enforcement Procedures*.

In the event that a measure steward announces a modification to a measure required under Chapter 270, hospitals must continue to collect data based on specifications of the existing version of the measure up until the date that the measure steward requires reporting based on the modified version.

DEFINITIONS

Care Transitions

Care transitions occur when a patient, in the course of treatment for a disease or illness moves from one healthcare setting to another. These settings could include outpatient care in a physician's office or a medical facility, acute hospital inpatient care, or care in a nursing facility or a rehabilitation hospital.¹

CMS

"CMS" is the official abbreviation for Centers for Medicare and Medicaid Services within the U.S. Department of Health and Human Services. (In Maine, Medicaid is known as MaineCare.)

Executive Director

"Executive Director" means the Executive Director of the MHDO or his/her successors

Hospital

"Hospital" means any acute care institution required to be licensed pursuant to 22 M.R.S.A., chapter 405.

Transitional Care

The American Geriatrics Society defines transitional care as,

... a set of actions designed to ensure the coordination and continuity of health care as patients transfer between different locations or different levels of care within the same location. Representative locations include (but are not limited to) hospitals, sub-acute and post-acute nursing facilities, the patient's home, primary and specialty care offices, and long-term care facilities. Transitional care is based on a comprehensive plan of care and the availability of health care practitioners who are well-trained in chronic care and have current information about the patient's goals, preferences, and clinical status. It includes logistical arrangements, education of the patient and family, and coordination among the health professionals involved in the transition. Transitional care, which encompasses both the sending and the receiving aspects of the transfer, is essential for persons with complex care needs.²

¹ Coleman, Eric A., *What do we mean by "Care Transitions?"*, The Care Transitions Program®, Division of Healthcare Policy and Research, University of Colorado, Denver School of Medicine, webpage accessed on 8/16/2013 at: <http://www.caretransitions.org/definitions.asp>

² Coleman, E. A. and Boulton, C. (2003), *Improving the Quality of Transitional Care for Persons with Complex Care Needs*. Journal of the American Geriatrics Society, 51: 556–557.

CARE TRANSITION MEASURES

Background

It has become well-established that care transitions often put patient health and safety at risk. Hospitals can use the Care Transitions performance survey questions as a tool to benchmark and improve the quality of care a patient receives when he or she is discharged to a different setting. The Care Transitions section of HCAHPS offers a valid and reliable self-reported, patient-centered measure that can be used to track and improve quality of care at a critical juncture.³

The survey questions are a statistically significant predictor of which patients, in the 6-to-12 weeks following hospital discharge, will visit an emergency room for the same medical condition that had led to their original hospital admission. Discharged patients who agreed that they, “had a good understanding of the things I was responsible for in managing my health”, were less than half as likely to visit an emergency room as were those who disagreed.⁴

The CTM was developed by the University of Colorado Health Sciences Center under the leadership of Dr. Eric Coleman and with the support of The Robert Wood Johnson Foundation, The Commonwealth Fund, The National Institute on Aging, and the Paul Beeson Faculty Scholars in Aging Program. It has been endorsed by the National Quality Forum, in their “*National Voluntary Consensus Standards for Hospital Care: Additional Priority Areas – 2005-2006, A Consensus Report*.”

The CTM has application across all aspects of the care continuum. However, the wording of this version applies to the transition at the end of an inpatient acute care hospital stay.

³ Coleman, EA, Mahoney, E, Parry, C, *Assessing the quality of preparation for post hospital care from the patient's perspective: the care transitions measure*, Medical Care. 2005 Mar;43(3):246-55.

⁴ Ibid.

INSTRUCTIONS & DATA SPECIFICATIONS

The CTM Portion of the HCAHPS Survey

The wording and response codes for each of the three Care Transition questions appear in the table, below. English and Spanish language versions of the Care Transitions portion of the HCAHPS survey instrument can be found in Appendices B and C. Chinese, Russian and Vietnamese versions of the mail-in survey are also available from the *HCAHPS Quality Assurance Guidelines*. According to CMS, “Hospitals/Survey vendors are not permitted to make or use any other language translations.”⁵

32-Question HCAHPS Survey

Understanding your care when you left the hospital:

Q23: During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left;

1	2	3	4	M
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Missing / Don't know

Q24: When I left the hospital, I had a good understanding of the things I was responsible for in managing my health; and

1	2	3	4	M
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Missing / Don't know

Q25: When I left the hospital, I clearly understood the purpose for taking each of my medications.

1	2	3	4
<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Disagree	<input type="checkbox"/> Agree	<input type="checkbox"/> Strongly agree
5		M	
<input type="checkbox"/> I was not given any medication when I left the hospital		<input type="checkbox"/> Missing / Don't know	

The De-identified Patient ID

Each hospital, or its survey vendor, must create a, “random, unique, deidentified Patient ID number” for each person in the survey sample.⁶ Any combination of letters and numbers, up to 16 characters in length, may be used, so long as the ID, or any part of the ID cannot be used

⁵ CAHPS® Hospital Survey (HCAHPS): Quality Assurance Guidelines, Version 8.0, (Baltimore: March 2013), p.23.

⁶ Ibid., p. 123.

determine, or narrow down the patient's name or identity. For example, the Patient ID cannot include the patient's medical record ID number, age, date, month or year of birth, admission or discharge date, or any other identifying code. This number, rather than the patient's name, or any other identifying code, must be used to track whether or not a survey has been mailed out, returned, or requires follow-up. The hospital or vendor will use the same deidentified Patient ID on the MHDO data submission form.

Missing Answers: How to Tell if the CTM Section of the Survey is Complete

Hospitals, or their vendors, will report to the MHDO the individual survey question raw scores by respondent (not transformed or summarized scores). Missing answers, or responses of "Don't Know / Don't Remember / Not Applicable" should be coded as "M". These values are not transformed and are not included in summary scores (see Reporting section for detailed specifications).

Any survey returned from a patient with all three CTM questions left blank (unanswered), or coded "M" (missing answer or don't know) should not be submitted. Although an HCAHPS survey may contain answers to enough other questions to be considered complete by CMS standards, MHDO will not accept the survey if the answers to all three CTM questions are left blank or coded "M".

Each hospital will submit all the "complete" survey results for surveys administered to patients discharged during the quarter. If a hospital excludes any surveys from their submissions this might raise questions concerning whether they were selected randomly or excluded to improve or modify their average CTM scores.

Data Source(s)

CMS allows four different survey methods for the HCAHPS: Mail only, Telephone only, Mixed Mode (mail with telephone follow-up) and Interactive Voice Response. Hospitals may not change sampling methods, survey methods or survey vendors except at the beginning of a calendar quarter.

Sampling

CMS requires hospitals or their vendors to draw a Simple Random Sample or a Proportionate Stratified Random Sample^{7†} of each month's eligible discharges. CMS allows eligibility for three types of patients, based on their primary diagnosis at discharge:

- Patients with a maternity care diagnosis;
- Patients with medical diagnosis; or
- Surgical patients.

[†] CMS requires special prior approval for a third sampling method, the Disproportionate Stratified Random Sample. MHDO does not allow hospitals or survey vendors to use the Disproportionate method without first receiving prior approval from CMS, and then requesting special approval from MHDO.

⁷ CAHPS® Hospital Survey (HCAHPS): Quality Assurance Guidelines, Version 8.0, (Baltimore: March 2013), p.47.

Patients with a psychiatric secondary diagnosis are still eligible if their primary diagnosis fits one of the three allowed types.

Eligible patients must have been age 18 or older on the date of admission, their admission must have included an overnight stay, and he or she must have been alive at discharge.

The sample should include any patient regardless of payer, including Medicare, Medicaid, private payer and self-insured patients. For more detailed information on how to determine survey eligibility, please refer to the *Sampling Protocols* chapter of the current version of the *CAHPS® Hospital Survey (HCAHPS): Quality Assurance Guidelines*. (You can find a link to the *HCAHPS Guidelines* on the MHDO website at: https://mhdo.maine.gov/quality_data.htm)

Exclusions

Otherwise eligible patients should be excluded from the sample, if:

- They have signed a “no-publicity” requests or if they request the hospital or survey vendor not to contact them;
- Prisoners, except for persons residing in a halfway house;
- Persons with a home address outside the United States or U.S. Territories;
- Patients discharged to hospice, to a nursing home, or to a skilled nursing facility; and
- Patients who must be excluded due to state regulations.

Sampling Frame

All discharges between the first and last days of the month are eligible for sampling. Hospitals or vendors will then consolidate the data collected from the three monthly samples in each calendar quarter before submission to MHDO. .

For more detailed information on how to determine survey eligibility, please refer to the *Sampling Protocols* chapter of the current version of the *CAHPS® Hospital Survey (HCAHPS): Quality Assurance Guidelines*. (You can find a link to the *HCAHPS Guidelines* on the MHDO website at: https://mhdo.maine.gov/quality_data.htm)

Sample Size

Hospitals shall survey a large enough simple random sample of each month’s eligible discharges to accomplish 25 completed surveys per month (which equals 75 per quarter and 300 per year). According to Chapter 270, “For hospitals not able to reach 300 completed surveys per year, hospitals should sample as many discharges as possible with a minimum of 100 completed surveys per year.”

The CMS *HCAHPS Quality Guidelines* state, “The absence of a sufficient number of HCAHPS eligible discharges is the only acceptable reason for submitting fewer than 300 completed HCAHPS surveys in a rolling four-quarter period.”⁸

Some hospitals will be required to survey every qualifying discharge due to the small numbers of discharges at their facility

8 Ibid., p. 50.

Calculating the Monthly Sample Size

Hospitals and vendors cannot expect every sampled patient to be willing to complete the survey. To provide an adequate buffer for random chance, CMS recommends basing your sample size calculations on a target of 335 completed surveys per year (84 per quarter) instead of 300.

Based upon National Hospital Discharge Survey data and upon past experience with HCAHPS, CMS estimates that an average 17% of discharged patients will not be eligible for CAHPS, and of the remainder, an average of 32% of eligible patients will complete the 32-Question HCAHPS survey.⁹ (NOTE: Critical Access Hospitals that chose use just the three Care Transitions questions instead of the full HCAHPS survey are likely to achieve higher completion rates.)

Therefore, using a random sample of all discharged patients as the starting point, a typical U.S. hospital could expect about 26.6% of them to result in completed surveys:

$$(100\% - 17\%) \times 32\% = 83\% \times 32\% = 26.6\%$$

To plan for a goal of 335 completed surveys spread evenly throughout the year (300 required completions, plus the CMS-recommended safety buffer of 35 more), you would want to sample 1,259 discharged patients across the year ($335 / 26.6\% = 1,259$), or 105 per month ($1,259 / 12$).

Survey Administration

Timing Requirements

The following timing requirements are based on version 8.0 of the CMS *HCAHPS Quality Assurance Guidelines*, which can be downloaded from the HCAHPS website by following the link on the MHDO website at: https://mhdo.maine.gov/quality_data.htm. The CMS Guidelines allow for four different survey methods: mail-only, telephone-only, mixed mode (mail followed, if necessary, by telephone), and Active Interactive Voice Response (IVR).

Mail Only Survey

The first copy of a cover letter and questionnaire must be mailed to sampled patients within 48 hours to 42 calendar days of the discharge date. A follow-up cover letter and another copy of the questionnaire should be mailed, at about 21 days after discharge, to any patient who has not replied to the first mailing. Data collection for each patient must be completed within 42 days of each patient's mailing date for their first questionnaire.

Telephone Only Survey

The first attempt to contact a sampled patient for a telephone survey must not be made until 48 hours after discharge, but must be made within 42 days after discharge. The telephone survey must be completed within 42 days of the first call attempt.

Mixed Mode Surveys

“Mixed mode” refers to a mailed survey, with telephone follow-up calls, if needed. A cover letter and questionnaire must be mailed to sampled patients within 48 hours to 42 calendar days

⁹ Ibid., pp. 51-52

of the discharge date. For sampled patients who have not yet responded, the hospital or vendor may begin making up to five telephone follow-up calls beginning about 21 days after the date of the mailing. Data collection must be completed within 42 days of the mailing date.

Interactive Voice Response

Same time frames as described for telephone-only surveys, above.

For more information about CMS HCAHPS survey rules

For more information and instructions from CMS on how to manage and administer the HCAHPS survey, please refer to the the current version of the *CAHPS® Hospital Survey (HCAHPS): Quality Assurance Guidelines*. (You can find a link to the *HCAHPS Guidelines* on the MHDO website at: https://mhdo.maine.gov/quality_data.htm)

Scoring the CTM-3 (*voluntary, not required*)

Neither Chapter 270, nor MHDO require Maine hospitals to calculate their CTM-3 score. This section on scoring the CTM-3 is included for the benefit of hospitals that wish to calculate and track their own overall CTM-3 scores for their own internal quality improvement purposes.

The only Care Transition Measure data that hospitals or their vendors report to MHDO are the raw patient-level scores that they enter using MHDO's CTM-3 Data Excel Transmittal Workbook which can be downloaded from the Maine Health Data Organization (MHDO) website at: https://mhdo.maine.gov/quality_data.htm

The following scoring method converts the combined CTM scores over the past 12 months into a 0-to-100 scale where higher scores represent better quality. The method was designed by the original developer of the Care Transition Measure, the Care Transitions Program.[†] A copy of the scoring method can be found at the caretransitions.org website.

Step 1: Assign a score to each answer for the three Care Transition Measure questions of the HCAHPS survey, questions Q23, Q24, and Q25.

Strongly disagree = 1 Disagree = 2 Agree = 3 Strongly Agree = 4

NOTE: Ignore responses to Q25 where the answer is, "I was not given any medication when I left the hospital," or where the answer to any question was "M" (missing answer or don't know).

Step 2: Add up the sum of the scores for all three questions across all the completed surveys:

Patient 1 *Patient 2* *Patient 3*

SUM = (Q23 + Q24 + Q25) + (Q23 + Q24 + Q25) + (Q23 + Q24 + Q25) + etc.

Step 3: COUNT up the number of CTM question responses that have a score between 1 and 4.

Step 4: Calculate the mean average score:

[†] The Care Transitions Program is part of the Division of Healthcare Policy and Research, University of Colorado, Denver School of Medicine

$$\text{MEAN} = \text{SUM} / \text{COUNT}$$

Step 5: Convert the mean average score to a 0-to-100 scale:

$$\text{FINAL SCORE} = ((\text{MEAN} - 1) / 3) * 100$$

EXAMPLE: Between 2013-QTR3 and 2014-QTR2, Katahdin Regional Medical Center's HCAHPS survey vendor performed 342 HCAHPS surveys with a completed Care Transition Measure section (Q23 through Q25). Since there are three CTM questions per HCAHPS survey, which means the vendor has collected 1,026 CTM responses ($3 * 342 = 1,026$).

We must discard 14 of the 1,026 responses, because they were either coded "missing answer" or "was not given any medication." This leaves us with a **COUNT** of 1,012 usable responses.

If we add up the scores for all 1,012 responses, we get a **SUM** of 3,446.

To find the **MEAN**, we divide the **SUM** by the **COUNT**: $3,446 / 1,012 = 3.41$

To convert the **MEAN** to the 0-to-100 scale, we use the formula from Step 5, above:

$$\begin{aligned} & ((3.41 - 1) / 3) * 100 \\ &= (2.41 / 3) * 100 \\ &= 0.80 * 100 \\ &= 80 \end{aligned}$$

DATA SUBMISSION

Hospitals are required to submit their individual CTM-3 question raw scores by respondent using either the *MHDO CTM-3 Data Excel Transmittal Workbook* saved in the Excel 98-2003 Workbook (.xls, *not* .xlsx) file format or the XML File Layout and Schema as found at the MHDO website at: https://mhdo.maine.gov/quality_data.htm .

Vendors submitting data in XML format on behalf of multiple Maine hospitals are encouraged to submit a single XML file containing data for all hospitals. The XML file layout/schema contains a data element for Hospital ID number and using this format will clearly identify each hospital's data within the larger file.

Each CTM data file shall include: hospital name, the contact person's name, phone number and email address, data reporting period (quarter/year), and date submitted. Hospitals or their vendors should name their data files using the CTM file naming convention specified in Appendix A.

A copy of the file must be sent to MHDO as an attachment to an e-mail message addressed to QualitySubmissions.MHDO@maine.gov or the file may be saved on diskette or compact disc and mailed to the MHDO at:

Kimberly Wing
Maine Health Data Organization
102 SHS
151 Capitol St.
Augusta, ME 04333-0102

APPENDIX A

Excel File Naming Convention for CTM Data Submission

When naming your CTM Excel Data Submission File, it is important that you use MHDO's standard naming format. Otherwise, the automated statistical software program that processes the CTM data will not be able to recognize, read or accept your data.

File Name Format	For data from	Deliver to HMDO by
CTM-xxxxxxx-2013QTR4.xls	October, November & December 2013	6/1/2014
CTM-xxxxxxx-2014QTR1.xls	January, February & March 2014	9/1/2014
CTM-xxxxxxx-2014QTR2.xls	April, May & June 2014	12/1/2014
CTM-xxxxxxx-2014QTR3.xls	July, August & September 2014	3/1/2015

Where “xxxxxxx” is the hospital’s six-digit MHDO ID number listed in the table beginning at the bottom of this page.

Examples

Correct: CTM-200089-2013QTR4.xls

Wrong: CTM-200089-2013-QTR4.xls *extra hyphen*
CTM-200089-QTR42013.xls *QTR4 and 2013 in wrong order*
CTM-20089-2013Q4.xls *missing digit*
CTM-200089-2013QTR4.xlsx *wrong file format, please use the Word 97-2003 file format*

The data file naming will continue in the same fashion for future quarters and years of data.

MHDO ID Number	Hospital
200018	Aroostook Medical Center
200051	Blue Hill Memorial
200007	Bridgton Hospital
200023	C.A. Dean Memorial
200055	Calais Regional
200031	Cary Medical Center
200024	Central Maine Medical Center
200027	Down East Community
200033	Eastern Maine Medical Center
200037	Franklin Memorial

MHDO ID Number	Hospital
200040	H.D. Goodall
200026	Houlton Regional
200041	Inland Hospital
200050	Maine Coast Memorial
200015	Maine General – Augusta & Waterville
200009	Maine Medical Center
200066	Mayo Regional
200008	Mercy Hospital
200044	Mid-Coast Hospital
200002	Miles Memorial
200003	Millinocket Regional
200038	Mt. Desert Island
200052	Northern Maine Medical Center
200025	Parkview Adventist Medical Center
200063	Penobscot Bay Medical Center
200062	Penobscot Valley Hospital
200012	Redington-Fairview General
200016	Rumford Hospital
200028	Sebasticook Valley Hospital
200019	Southern Maine Medical Center
200006	St. Andrews
200001	St. Joseph
200034	St. Mary's Regional Medical Center
200032	Stephens Memorial
200013	Waldo County General
200020	York Hospital

APPENDIX B

English Version of the Care Transition Measure section of the HCAHPS® Mail Survey

Survey Instructions

- ◆ You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient.
- ◆ Answer all the questions by checking the box to the left of your answer.

You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.

Please answer the questions in this survey about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

23. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.

- 1 ☐ Strongly disagree
- 2 ☐ Disagree
- 3 ☐ Agree
- 4 ☐ Strongly agree

24. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

- 1 ☐ Strongly disagree
- 2 ☐ Disagree
- 3 ☐ Agree
- 4 ☐ Strongly agree

25. When I left the hospital, I clearly understood the purpose for taking each of my medications.

- 1 ☐ Strongly disagree
- 2 ☐ Disagree
- 3 ☐ Agree
- 4 ☐ Strongly agree
- 5 ☐ I was not given any medication when I left the hospital

Spanish Version of the Care Transition Measures
Sección del Transición de Cuidados Médicos
de la Encuesta CAHPS® sobre Atención Hospitalaria

INSTRUCCIONES

- ♦ Llene esta encuesta únicamente si usted es el paciente que estuvo hospitalizado durante la estancia que se menciona en la carta que vino con la encuesta. No llene esta encuesta si usted no fue el paciente.
- ♦ Conteste todas las preguntas marcando el cuadrito que aparece a la izquierda de la respuesta que usted elija.

El número en la carta de presentación de esta encuesta sirve para saber que ya envió su respuesta y que no hay que enviarle recordatorios.

**CONOCIMIENTO SOBRE LA ATENCIÓN QUE
NECESITARÍA CUANDO SALIERA DEL HOSPITAL**

23. Durante esta vez que estuve en el hospital, el personal tuvo en cuenta mis preferencias y las de mi familia o mi cuidador al decidir qué atención necesitaría cuando saliera del hospital.

- 1 ☐ Muy en desacuerdo
- 2 ☐ En desacuerdo
- 3 ☐ De acuerdo
- 4 ☐ Muy de acuerdo

24. Cuando salí del hospital entendía bien qué cosas del control de mi salud eran responsabilidad mía.

- 1 ☐ Muy en desacuerdo
- 2 ☐ En desacuerdo
- 3 ☐ De acuerdo
- 4 ☐ Muy de acuerdo

25. Cuando salí del hospital había entendido claramente la razón por la que tomaba cada una de mis medicinas.

- 1 ☐ Muy en desacuerdo
- 2 ☐ En desacuerdo
- 3 ☐ De acuerdo
- 4 ☐ Muy de acuerdo
- 5 ☐ No me dieron ninguna medicina cuando salí del hospital

INDEX

- care transitions (defined)..... 13
- Chapter 270 2, 5, 6, 12, 18, 20
- contact person 10, 23
- data submission requirements 23
- due dates, data delivery 24
- eligibility for inclusion in sample 17–18
- Excel 9, 20, 23, 24
- Excel file naming convention 24
- exclusions due to
 - being a prisoner 7, 18
 - foreign address 7, 18
 - no-publicity requests 7, 18
 - state regulations 7, 18
- file naming convention 10, 23
- filing media 9
- filing periods 10
- foreign address *See* exclusions
- future modifications 6, 12
- HCAHPS 6, 7, 9, 10, 15, 16,
 - 17, 18, 19, 20, 21, 27
 - English version 27
 - Spanish version 28
- hospice
 - patients discharged to 7, 18
- interactive voice response 20
- legal compliance 11
- mail-only survey 20
- Maine Health Data Organization 5, 6,
 - 8, 9, 10, 11, 13, 17, 18, 19, 20, 23, 24
 - email address 10
 - mailing address 10
- MHDO *See* Maine Health Data Organization
- minimum number of completed
 - surveys per year 8, 9, 18, 19
- missing answers 7, 17
- mixed mode 20
- naming files *See* Excel file naming convention
- no-publicity request *See* exclusions
- nursing home, patients
 - discharged to 7, 13, 18
- Patient ID, deidentified 8, 16, 17
- prisoners *See* exclusions
- psychiatric hospitals, exempted 2, 6
- public access to data 11
- rehabilitation hospitals, exempted 2, 6
- Rejection of data submissions 11
- replacement of data files 11
- resubmission of data files 11
- sample size, calculating minimum 18–19
- sampling methods
 - simple random sample 9, 18
- scoring the CTM-3 20
- Spanish
 - HCAHPS in 7, 16, 28
- submission requirements 11, 24
- survey methods 17, 19
- telephone survey 20
- timing requirements 19
- waivers 11
- XML format 9, 10, 23