

# Care Transitions Measure (CTM-3) Acknowledgements and References

This packet includes CTM-3 tools that are tailored for Qualis Health’s Home to Stay Collaborative and used with permission from Eric A. Coleman, MD, MPH.

The original survey, analysis methodology, and other resources are available at [www.caretransitions.org/all-tools-and-resources](http://www.caretransitions.org/all-tools-and-resources).

For the purposes of the Collaborative, Home to Stay participants report CTM attempts, response rate, and results (as defined below) to Qualis Health on a quarterly basis.

<b>CTM Attempts</b>	<b>Denominator:</b> Number of short-stay discharges to home. <b>Numerator:</b> Number of denominator cases for which an attempt was made to gather a response (from the resident or proxy).
<b>CTM Response Rate</b>	<b>Denominator:</b> Identical to the CTM Attempts numerator. <b>Numerator:</b> Number of denominator cases in which any response (including Don’t Know/Don’t Remember/Not Applicable) was made for at least one CTM question.
<b>CTM Results</b>	<b>Denominator:</b> For each CTM question, the number of responses (including Don’t Know/Don’t Remember/Not Applicable). <b>Numerator:</b> For each CTM question, the number of denominator cases with a response of “Strongly Agree.”

For more information, please see [www.Medicare.QualisHealth.org/HometoStay](http://www.Medicare.QualisHealth.org/HometoStay) or contact:



### IN IDAHO

Traci Treasure, MS, CPHQ, LNHA  
tracit@qualishealth.org  
208-383-5947



### IN WASHINGTON

Jeff West, RN, MPH  
jeffwe@qualishealth.org  
206-288-2465



## Recommended Script

Introducing the CTM-3 to Patients & Family Caregivers

### Introduce the survey & ask permission

I'd like to invite you to help us at [facility name]

better understand a patient's experience when being discharged from our facility.

Specifically, we would like to ask you to complete a 3-question survey.

Please know that your decision whether to take the survey will not affect your healthcare coverage in anyway. Your individual responses will not be shared with your care team unless you specifically ask us to do so.

What your feedback will do is help us improve the discharge process for future patients. Would you be willing complete the survey?

### If the person is willing to take the survey

#### 1. For each question I read to you, please answer

Strongly Disagree

Disagree

Agree

Strongly Agree

OR

Agree or Disagree *If the interviewee responds with agree, then further ask if s/he strongly agrees or just agrees. Similarly, if the interviewee responds with disagree, then further ask if s/he strongly disagrees or just disagrees.*

*Do not initially introduce the final option (**Don't Know/Don't Remember/Not Applicable**) but offer that choice if it becomes clear the above four do not pertain.*

#### 2. Read each survey question aloud.

*In some cases, the family caregiver will serve as proxy for the patient.*

#### 3. Thanks providing your feedback!



[www.Medicare.QualisHealth.org/CTM3](http://www.Medicare.QualisHealth.org/CTM3)