

Care Transitions Measure® *SCRIPT*

Below are two recommended scripts for introducing the CTM®

#1

To improve our understanding of the patient experience of moving from one care setting to another (*can substitute “hospital” or “skilled nursing facility” to “home”*), we would like to ask you if you would complete a brief three-question survey. Please know that regardless of your decision to take the survey, your health care or eligibility to participate in this care transition program will not be affected. If you do choose to take the survey, we encourage you to openly and honestly answer each question. Your answers will provide us with important feedback about how well patients are prepared for moving from one care setting to another. In addition, your answers will help **X** facility evaluate and improve on the discharge process (e.g., patients understanding of medication and post-hospital care needs, healthcare preferences of patients) for future patients.

If the patient agrees to take the survey, please read each question aloud to ascertain comprehension. Next, explain the following response options for each of the three questions:

Strongly Disagree

Disagree

Agree

Strongly Agree

Don't know/Don't Remember/Not Applicable

If the patient's ability to comprehend the survey questions in written form is impaired (due to literacy or mild cognitive difficulties) but the patient is able to participate with the assistance of the Transitions Coach®, then the Transitions Coach® should assist the patient in completing the survey, e.g., read each question aloud again, slowly, and repeat each of the response options. As expected, in some cases the patient's caregiver will serve as proxy for the patient both in answering the survey and participating on behalf of the patient in the Care Transitions Intervention®.

Please thank the patient/caregiver for participating in the survey.

#2

I am calling to invite you to please help (xyz hospital) understand how to improve patients' experiences in preparing persons like yourself to leave the hospital.

Specifically, we would like to ask you if you would complete a brief three-question survey (*could substitute fifteen item survey*). These three questions (*fifteen questions*) will take no more than five minutes (*10 minutes*) to answer.

Please be aware that your decision as to whether to participate in the survey will not in any way affect your health care coverage. Also, your responses will not be directly shared with your doctors or nurses.

Would you be willing to help us today?

If the patient agrees to take the survey, next explain the response options.

For each question, your response options include Strongly Agree, Agree, Disagree, Strongly Disagree.

Do not initially introduce these options – Don't Know/Don't Remember/Not Applicable but offer them if it becomes clear the above four do not pertain.

An alternative approach is to provide them only with agree or disagree. If the interviewee responds with agree, then ask if s/he strongly agrees or just agrees. Similarly, if the interviewee responds with disagree, then ask if s/he strongly disagrees or just disagrees.

If the patient's ability to comprehend the survey questions in written form is impaired (due to literacy or mild cognitive difficulties) but the patient is able to participate with the assistance of the patient's caregiver will serve as proxy.

Please thank the patient/caregiver for participating in the survey.