

Summary of Prior Research in the Development of the Care Transitions Measure (CTM)

The development of the CTM began with qualitative studies followed by item construction, evaluation, and revision as outlined below:

Stage	Activity
<u>A</u> : Qualitative construct exploration.	<p><u>Purpose</u>: To better understand care transition experiences from the perspective of patients and their caregivers and how their transitions could have been improved.</p> <p><u>Method</u>: Six focus groups conducted with older adults and their caregivers who had recently transitioned from a hospital to either home or a skilled nursing facility.</p> <p><u>Results</u>: Findings suggested four care transition content domains: information transfer; preparation for what to expect next; support for self-management; and encouragement to assert preferences.</p>
<u>B</u> : Initial Item Construction and Evaluation.	<p><u>Purpose</u>: Construct items to operationalize the four domains; test and evaluate items; perform cognitive testing and assess construct validity of items.</p> <p><u>Method</u>: Specific self-report questionnaire items were constructed to operationalize each domain. Construct validity assessed by comparing items to selected items of the CAHPS® Survey (Version 2.0), and a measure of hospital quality developed by Hendriks et al., 2001.</p> <p><u>Results</u>: Inter-item correlation (Spearman) ranged from 0.38 to 0.60 for selected CAHPS® items and 0.39-0.59 selected items developed by Hendriks et al.</p>
<u>C</u> : Construction and Evaluation of Transition-specific modules	<p><u>Purpose</u>: Items were reconfigured into transition destination modules (e.g., hospital to skilled nursing facility, hospital to home with home health care, hospital to home without home health care).</p> <p><u>Method</u>: Modules constructed and administered via phone survey to a random sample of 100 patients recently discharged from hospital. Items were subjected to item-response theory analysis to identify the unique information value of each item. Using fit statistics, redundant items were identified.</p> <p><u>Results</u>: Many items were redundant, resulting in significant consolidation of items.</p>
<u>D</u> : Construction of 15 revised items.	<p><u>Purpose</u>: Construct and evaluate a reduced set of items intended to measure the quality of care transition out of hospital.</p> <p><u>Results</u>: 15 common rating scale items were constructed. Items operationalized the four domains of care transition, contained actionable quality improvement content, and reflected patient-centered care as outlined in the Institute of Medicine report <i>Crossing the Quality Chasm</i>.</p>