

**Maine Health Data Organization's  
Microspecifications Manual for Reporting  
Care Transition Measure (CTM-3)  
Quality Data Set**

2-04-2009

## STATUTORY AUTHORITY: 22 M.R.S.A., §8708-A, Chapter 270

### Care Transition Measure (CTM-3) Quality Dataset Data Collection and Reporting Instructions

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

#### 3-Item Care Transition Measure (CTM) Health Care Quality Data Set Filing Description

Hospitals shall conduct measurement of patients' perspectives on coordination of hospital discharge care using the 3-Item Care Transition Measure (CTM) survey instrument as specified in the *NQF National Voluntary Consensus Standards for Hospital Care: Additional Priority Areas – 2005-2006, A Consensus Report* as found at the MHDO website at <http://mhdo.maine.gov/imhdo/>. Hospitals shall survey a simple random sample of monthly discharges to accomplish N=25 completed surveys per month (300 per year). For smaller 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 care transition measure (CTM) quality metrics:

- CTM-Q1      CTM survey question 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;"
- CTM-Q2      CTM survey question 2. "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health," and;
- CTM-Q3      CTM survey question 3. "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.** All data file submissions shall be accompanied by an electronic transmittal sheet containing the following information: identification of the health care facility, file name, data period(s) (quarter/year), date sent, and a contact person with telephone number and E-mail address. The data collection and transmittal sheets are posted at the MHDO's website at: <http://mhdo.maine.gov/imhdo/qualitydata.aspx>. The data file naming convention is presented in Appendix A.
  
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)
1st Quarter	January, February, March	September 1st
2nd Quarter	April, May, June	December 1st
3rd Quarter	July, August, September	March 1st
4th Quarter	October, November, December	June 1st

### **Dates for Initial Submission of CTM-3 Data under Chapter 270**

Sept. 1, 2008      Hospitals report CTM-3 survey data for discharges occurring in January, February, and March 2008.

### **Standards for Data; Notification; Response**

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

1. For each category of metrics, hospitals shall report as specified in this manual and at the MHDO website at <http://mhdo.maine.gov/imhdo/qualitydata.aspx>.

2. Coding values indicating “data not available”, “data unknown”, or the equivalent will not be accepted.
3. 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. This notification will identify the specific file and the data elements within them that do not satisfy the standards.
4. Resubmission. Each hospital notified under of the failure of their submission to meet the standards for filing under MHDO Rules, will resubmit the data within 30 days of the notification by making the necessary changes to satisfy the standards.

### **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 or ambulatory surgery facility 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.

## **DEFINITIONS**

### **“Care Transitions”**

The term “care transitions” refers to the movement patients make between health care practitioners and settings as their condition and care needs change during the course of a chronic or acute illness. For example, in the course of an acute exacerbation of an illness, a patient might receive care from a PCP or specialist

in an outpatient setting, then transition to a hospital physician and nursing team during an inpatient admission before moving on to yet another care team at a skilled nursing facility. Finally, the patient might return home, where he or she would receive care from a visiting nurse. Each of these shifts from care providers and settings is defined as a care transition.

### **“Transitional Care”**

A recent position statement from the American Geriatrics Society defines transitional care as follows: Transitional care is defined 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.

## **CARE TRANSITION MEASURES (CTM-3)**

### **Background**

Evidence that both quality and patient safety are jeopardized for patients undergoing transitions across care settings continues to expand. Performance measurement is one potential strategy towards improving the quality of transitional care delivered to persons receiving care across multiple settings. A valid and reliable self-report measure of the quality of care transition was needed that was both consistent with the concept of patient-centeredness and useful for the purpose of performance measurement and quality improvement.

### **Overview**

The Care Transitions Measure is a performance measure that can be used to promote quality improvement in the area of transitional care. 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 Care Transition Measure (CTM), a uni-dimensional measure of the quality of preparation for care transition, was found to have high internal consistency and reliability. The measure was shown to discriminate between patients discharged from the hospital that did and did not have a subsequent emergency department visit or re-hospitalization for their index condition. CTM scores were significantly different between health care facilities known to vary in level of system integration.

### Measure Specifications

The CTM exists in two forms: a 15-item version and a 3-item version (a subset of the 15 items). Testing has been conducted with both versions. The 3-item version was created based on advice from national experts in performance measurement and quality improvement regarding consumer demand for a more streamlined measure. Both measures have been rigorously developed and have been shown to predict return to the hospital and/or emergency department and discriminate among hospitals known to differ in performance in this area.

The CTM has application across all aspects of the care continuum. The wording of the version included herein is oriented toward transition out of the hospital.

### Survey Instrument: 3-Item CTM

English, Spanish, and French language versions of the 3-item Care Transition Measure survey instrument can be found in Appendices B, C, and D. The three questions included in the survey are:

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.
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

For each question, scaled responses are available including: “Strongly Disagree”; “Disagree”; “Agree”; “Strongly Agree”; and a “Don’t Know / Don’t Remember / Not Applicable” option.

Strongly Disagree = 1	Disagree = 2	Agree = 3	Strongly Agree = 4	Don't Know/ Don't Remember/ Not Applicable = 99
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Based on a subject's response, a score is assigned to each item as follows: Strongly Disagree = 1; Disagree = 2; Agree = 3; Strongly Agree = 4. The scores can be aggregated across the three items or aggregated by question and then transformed to a scale ranging from 0 to 100. Thus the denominator is 100 and the numerator can range from 0 to 100. CTM results are reported either as mean scores for the individual questions or as a summary score, ranging from 0-100 out of a possible 100.

Hospitals will report to the MHDO the individual survey question raw scores by respondent (not transformed or summarized scores). 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". 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) should not be submitted. Although many organizations "piggy-back" CTM survey questions on the end of other surveys (e.g., HCAHPS or other hospital questions) and these surveys may be considered to be "complete" because they contain enough of the other survey question responses to be deemed so, they are non-responsive to CTM survey questions. Thus survey results with replies to all three CTM questions of "9" (no response) are not considered "complete" and should be omitted from submissions.

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**

The primary data source for the CTM has been telephonic or mailed surveys of patients post-transition. Hospitals may choose to contact their vendors administering the Hospital Consumer Assessment of Healthcare Provider and System (H-CAHPS<sup>®</sup>)<sup>1</sup> Survey for incorporation of the CTM-3 questions into this survey.

## **Sampling**

### Population

Sampling should include all discharged patients including Medicare, Medicaid, private payer and self insured patients.

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<sup>1</sup> CAHPS<sup>®</sup> (Consumer Assessment of Healthcare Providers and Systems) is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

## Exclusions

The measure may have potential application to children however Maine hospitals should exclude pediatric patients under age 18. Persons with cognitive impairment have been included in testing when a willing and able proxy could read the questions and/or recorded the responses but they may be excluded by Maine hospitals. Patients who died in the hospital and those who did not stay at least one night are also excluded.

## Sampling Frame

All discharges between the first and last days of the month are eligible for sampling.

## Type of Sampling

Simple random sampling of discharged patients should be generated on a monthly basis sampling either on a one-time basis after the end of the month or throughout the month. Data will be accumulated to create a 3-month (quarterly) data file for the hospital. Some hospitals will be required to survey every qualifying discharge due to the small numbers of discharges at their facility.

## Sample Size

Hospitals with greater than or equal to 3500 discharges per year are required to submit a minimum of 300 completed CTM-3 survey instruments over a 12-month period (N = 75 completed surveys per quarter). Hospitals with greater than or equal to 1500 discharges but less than 3500 discharges per year are required to submit a minimum of 200 completed CTM-3 survey instruments over a 12-month period (N = 50 completed surveys per quarter). Hospitals with greater than or equal to 500 discharges but less than 1500 discharges per year are required to submit a minimum of 100 completed CTM-3 survey instruments over a 12-month period (N = 25 completed surveys per quarter). Hospitals with less than 500 discharges per year are required to sample as many discharges as possible and submit all completed surveys.

## **Calculate the Number of Discharges Needing to Be Sampled Each Month**

### Identify the Number of Completed Surveys Needed Over 12 Months

C = Number of completed surveys needed = 300 (or 200 or 100)

## Estimate the Proportion of Sampled Patients Expected to Complete the Survey

Let:

I = Expected proportion of ineligible sampled patients (e.g. patients who died after discharge). The Centers for Medicare & Medicaid Services estimated this to be ~ 10% for the H-CAHPS Survey.

R = Expected survey response rate among eligible respondents. CMS estimated this to be ~30% for the H-CAHPS Survey noting that response rates vary based on method of survey (i.e., mail only, telephone only, mixed mode).

P = Proportion of sampled patients expected to complete the survey =  $(1 - I) \times R$

## Calculate the Number of Discharges to Sample

N12 = Number of discharges to sample over 12 months =  $C/P$

NQ = Number of discharges to sample each quarter =  $N12/4$

## Examples

### **For a hospital with $\geq 3500$ discharges per year**

C = Number of completed surveys needed per year = 300

(Number completed surveys needed per quarter =  $300/4 = 75$ )

I = Ineligible for survey = 10%

R = Expected survey response rate = 30%

P = Proportion expected to complete survey =  $(1 - I) \times R = (1 - 10\%) \times 30\% = 27\%$

N12 = Number of discharges sampled in 12 months =  $C/P = 300/27\% = 1111$

NQ = Number of discharges to sample each quarter =  $N12/4 = 1111/4 = 278$

### **For a hospital with $\geq 1500$ but $< 3500$ discharges per year**

C = Number of completed surveys needed per year = 200

(Number completed surveys needed per quarter =  $200/4 = 50$ )

I = Ineligible for survey = 10%

R = Expected survey response rate = 30%

P = Proportion expected to complete survey =  $(1 - I) \times R = (1 - 10\%) \times 30\% = 27\%$

N12 = Number of discharges sampled in 12 months =  $C/P = 200/27\% = 741$

NQ = Number of discharges to sample each quarter =  $N12/4 = 741/4 = 62$

### **For a hospital with $\geq 500$ but $< 1500$ discharges per year**

C = Number of completed surveys needed per year = 100  
(Number completed surveys needed per quarter =  $100/4 = 25$ )  
I = Ineligible for survey = 10%  
R = Expected survey response rate = 30%  
P = Proportion expected to complete survey =  $(1 - I) \times R = (1 - 10\%) \times 30\% = 27\%$   
N12 = Number of discharges sampled in 12 months =  $C/P = 100/27\% = 370$   
NQ = Number of discharges to sample each quarter =  $N12/4 = 370/4 = 93$

**For a hospital with < 500 discharges per year**

C = Number of completed surveys needed per year = as many as possible  
(Number completed surveys needed per quarter = as many as possible)  
I = Ineligible for survey = 10%  
R = Expected survey response rate = 30%  
P = Proportion expected to complete survey =  $(1 - I) \times R = (1 - 10\%) \times 30\% = 27\%$   
N12 = Number of discharges to sample over 12 months = every eligible discharge  
NQ = Number of discharges to sample each quarter = every eligible discharge

**Survey Administration**

**Timing**

The surveys should be administered between 48 hours and 6 weeks post discharge, regardless of the mode of administration (mail, phone, or mixed). Data collection shall be closed out no later than six weeks following the start of data collection for that respondent.

**Mode**

Mail Survey Only

The CTM-3 questionnaire only or combined with hospital-specific questions (H-CAHPS Survey) should be mailed with cover letter including language indicating the purpose of the survey, explanation that participation is voluntary, and a statement that the individual's health benefits will not be affected by participation. A second questionnaire with a reminder/thank you cover letter shall be sent to non-respondents.

Telephone Survey Only

A standardized script should be used and interviewers administering the surveys must be trained before interviewing respondents. The aims of the training program are to ensure that interviewers are reading questions as worded; using non-directive probes; maintaining a neutral and professional relationship with the

respondent, and recording only those answers that the respondent chooses. Attempts must be made to contact respondent at least five times unless respondent explicitly refuses to complete the survey. Attempts must be on different days and at different times of the day.

### Mixed Mode of Mail and Telephone Surveys

Specifications for mail-only and telephone-only modes apply, except initial wave of mailing shall consist of instrument and cover letter as specified for mail-only. A second mailing is not required. Non-respondents shall be contacted by telephone at least five times unless respondent explicitly refuses to complete the survey. Attempts must be on different days and at different times of the day. Interviewers administering the surveys must be trained before interviewing respondents.

### **Format**

The CTM-3 may be administered as stand-alone instrument or combined with hospital-specific questions such as the H-CAHPS Survey. The number of hospital-specific questions is at hospital's discretion.

### **Scoring the CTM-3**

Maine hospitals are required to submit their individual CTM-3 question raw scores by respondent using the CTM-3 Data Excel Transmittal Workbook as found at the Maine Health Data Organization (MHDO) website at <http://mhdo.maine.gov/imhdo/qualitydata.aspx>. If hospitals wish to transform their scores to a scale potentially ranging from zero to 100 and calculate mean scores by question or overall mean scores, they may use the following methodology. They are not required to transform their data for reporting to the MHDO.

### **Overall Quality of Care Transition Score:**

This score reflects the overall quality of the care transition, with lower scores indicating a poorer quality transition, and higher scores indicating a better transition.

### **Creating a 0-100 mean score for each of the three (3) survey questions and overall mean score for the survey:**

1. Use this equation to transform the score for each respondent and for each survey question (CTM-Q1, CTM-Q2, and CTM-Q3). This is a linear transformation from the observed values on a 1-4 scale to the corresponding values on a 0-100 scale.

$$\text{CTM-Qx Transformed Score} = ((\text{CTM-Qx score} - 1) / 3) * 100$$

This essentially transforms each survey question score to between 0 and 100.

2. Sum the transformed scores for all respondents (count = N) for each of the three survey questions separately and calculate the arithmetic mean (sum divided by count) for each question (CTM-Q1, CTM-Q2, and CTM-Q3).

$$\text{CTM-Qx Mean Score} = (\text{CTM-Qx Respondent 1 Score} + \text{CTM-Qx Respondent 2 Score} + \text{CTM-Qx Respondent 3 Score} + \text{CTM-Qx Respondent 4 Score} + \dots + \text{CTM-Qx Respondent N Score}) / N$$

This takes the transformed score for each respondent for Question 1 and calculates a Question 1 mean score and (can similarly calculate a Question 2 mean score and a Question 3 mean score).

3. Calculate the overall quality of care mean transformed score (of all three survey questions).

$$\text{CTM-3 Mean Score} = (\text{CTM-Q1 Mean Score} + \text{CTM-Q2 Mean Score} + \text{CTM-Q3 Mean Score}) / 3$$

This is an overall summary score for the CTM survey and a measure of hospital care transition success.

## **Risk-adjustment Method and Associated Data Elements**

The CTM is a patient-centered measure that assesses the extent to which health care professional staff accomplished essential care processes. For example, in hospitals these care processes are in fact not optional, but are mandated under Medicare Conditions of Participation and as such, are also integral components of The Joint Commission accreditation. Thus, these care processes are to be extended universally to all hospitalized patients, regardless of level of disease burden or socio-demographic status. As a result, the CTM, a process of care measure, does not employ risk adjustment techniques in calculating a summary score.

If, however, CTM-3 items were incorporated into another performance measurement tool that employs patient-mix adjustment for gender, age, educational level, ethnicity, self-rated health, or discharge status, such adjustment would likely have a neutral effect and would not likely influence CTM-3 scores.

## **Reporting**

### **Data Submission**

Maine hospitals or their vendors shall develop the sampling frame of relevant discharges, draw the sample of discharges to be surveyed, and collect data from each sampled discharge. Hospitals are required to submit their individual CTM-3 question raw scores by respondent using either the CTM-3 Data Excel Transmittal Workbook or the XML File Layout and Schema as found at the Maine Health Data Organization (MHDO) website at <http://mhdo.maine.gov/imhdo/qualitydata.aspx>. 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.

Submission files should include the name, phone number, and email address of the point of contact at the hospital and identify the quarter of data being submitted. Hospitals or their vendors should use the file naming convention to name their submissions as specified in Appendix A.

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

Maine Health Data Organization  
Attn: Susan Schow  
102 SHS, 151 Capitol Street  
Augusta, ME 04333-0102

## References

1. National Quality Forum National Voluntary Consensus Standards for Hospital Care: Additional Priority Areas – 2005-2006, A Consensus Report. At: [http://www.qualityforum.org/publications/reports/hospital\\_care.asp](http://www.qualityforum.org/publications/reports/hospital_care.asp) last accessed on February 4, 2008.
2. Implementation Guide for the NQF Endorsed Nursing-Sensitive Care Performance Measures, 2005; Joint Commission on Accreditation of Healthcare Organizations. At: [http://www.jointcommission.org/PerformanceMeasurement/MeasureReserveLibrary/nqf\\_nursing.htm](http://www.jointcommission.org/PerformanceMeasurement/MeasureReserveLibrary/nqf_nursing.htm) last accessed on December 4, 2008.
3. Care Transitions Measure Tool Kit; University of Colorado Health Sciences Center. At: <http://www.caretransitions.org/> last accessed on December 4, 2008.

4. Mode Adjustment of the CAHPS® Hospital Survey; Centers for Medicare & Medicaid Services, 2006. At:  
<http://www.hcahpsonline.com/ModeAdjustment.aspx> last accessed on December 4, 2008.

5. Maine Health Data Organization's (MHDO) 90-590 Chapter 270: Uniform Reporting System for Quality Data Sets. At:  
<http://mhdo.maine.gov/imhdo/rules.aspx> last accessed on December 4, 2008.

**Appendix A**  
**File Naming Convention for Data Submission**

## Excel File Naming Convention for CTM Data Submission

The Naming Convention for the Care Transition Measure data files is as follows. Please name your Excel file or XML files before submission using the format as noted below:

**CTM-XXXXXX-2008QTR3.xls** or **CTM-XXXXXX-2008QTR3.xml** for data from July, August, and September of 2008 and due to the MHDO no later than March 1<sup>st</sup> 2009.

**CTM-XXXXXX-2008QTR4.xls** or **CTM-XXXXXX-2008QTR4.xml** for data from October, November, and December of 2008 and due to the MHDO no later than June 1<sup>st</sup> 2009.

**CTM-XXXXXX-2009QTR1.xls** or **CTM-XXXXXX-2009QTR1.xml** for data generated in January, February, and March of 2009 and due to the Maine Health Data Organization (MHDO) no later than September 1<sup>st</sup> 2009.

**CTM-XXXXXX-2009QTR2.xls** or **CTM-XXXXXX-2009QTR2.xml** for data from April, May, and June of 2009 and due to the MHDO no later than December 1<sup>st</sup> 2009.

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

Where **XXXXXX** in the file name is the hospital's MHDO ID Number as listed below.

MHDO ID Number	HOSPITAL NAME
200004	Acadia Hospital
200018	Aroostook Medical Center
200051	Blue Hill Memorial Hospital
200007	Bridgton Hospital
200023	C.A. Dean Memorial Hospital
200055	Calais Regional Hospital
200031	Cary Medical Center
200024	Central Maine Medical Center
200057	Dorothea Dix Psychiatric Center
200027	Down East Community Hospital
200033	Eastern Maine Medical Center
200037	Franklin Memorial Hospital
200040	Goodall Hospital
200026	Houlton Regional Hospital

200041	Inland Hospital
200050	Maine Coast Memorial Hospital
200009	Maine Medical Center
200015	MaineGeneral Medical Center
200066	Mayo Regional Hospital
200008	Mercy Hospital
200044	Mid Coast Hospital
200002	Miles Memorial Hospital
200003	Millinocket Regional Hospital
200038	Mount Desert Island Hospital
200010	New England Rehabilitation Hospital
200052	Northern Maine Medical Center
200025	Parkview Adventist Medical Center
200063	Penobscot Bay Medical Center
200062	Penobscot Valley Hospital
200012	Redington-Fairview General Hospital
200056	Riverview Psychiatric Center
200016	Rumford Hospital
200028	Sebasticook Valley Hospital
200019	Southern Maine Medical Center
200067	Spring Harbor Hospital
200006	St Andrews Hospital
200001	St Joseph Hospital
200034	St Mary's Regional Medical Center
200032	Stephens Memorial Hospital
200013	Waldo County General
200020	York Hospital

**Appendix B**  
**English Version of the CTM-3 Survey Instrument**

## Care Transition Measure (CTM-3)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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.

Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/ Don't Remember/ Not Applicable
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2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.

Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/ Don't Remember/ Not Applicable
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3. When I left the hospital, I clearly understood the purpose for taking each of my medications.

Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/ Don't Remember/ Not Applicable
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## **Appendix C**

### **Spanish Language Version of the CTM-3 Survey Instrument**

#### **Encuesta Del Transicion De Cuidados Medicos (ETCM-3)**

**Care Transition Measure (CTM-3)**  
**Encuesta Del Transicion De Cuidados Medicos (ETCM-3)**

Nombre del paciente: \_\_\_\_\_ Fecha: \_\_\_\_\_

1. Al salir del hospital, el personal del mismo tomó en cuenta mis preferencias y las de mi familia o personas que me cuidan al decidir cuales son mis necesidades de cuidado médico.

Estoy en completo desacuerdo	Estoy en desacuerdo	Estoy de acuerdo	Estoy en completo acuerdo	No sé/ No recuerdo/ No corresponde
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2. Al salir del hospital, tuve un buen entendimiento de las cosas de las que yo tenía que tomar responsabilidad para el control de mi salud

Estoy en completo desacuerdo	Estoy en desacuerdo	Estoy de acuerdo	Estoy en completo acuerdo	No sé/ No recuerdo/ No corresponde
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3. Al salir del hospital, entendí claramente porque debo tomar cada una de mis medicinas.

Estoy en completo desacuerdo	Estoy en desacuerdo	Estoy de acuerdo	Estoy en completo acuerdo	No sé/ No recuerdo/ No corresponde
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**Appendix D**  
**French Language Version of the CTM-3 Survey Instrument**  
**Mesures Transitoires de Soins (MTS-3)**

**Care Transition Measure (CTM-3)  
Mesures Transitoires de Soins (MTS-3)**

Nom du Patient: \_\_\_\_\_ Date : \_\_\_\_\_

1. Le service hospitalier a tenu compte de mes préférences et de celles de ma famille au moment de décider de ce que seraient mes besoins en soins de santé après avoir quitté l'hôpital?

Pas d'accord du tout	Pas d'accord moyennement	D'accord	Totalemment d'accord	Je ne sais pas/ Je ne me souviens pas / Inapplicable
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2. Quand je quittais l'hôpital, j'avais une compréhension exacte de ce dont j'étais responsable dans la gestion de ma santé?

Pas d'accord du tout	Pas d'accord moyennement	D'accord	Totalemment d'accord	Je ne sais pas/ Je ne me souviens pas / Inapplicable
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3. Quand je quittais l'hôpital, j'avais clairement compris pourquoi je devrais régulièrement prendre chacun de mes médicaments?

Pas d'accord du tout	Pas d'accord moyennement	D'accord	Totalemment d'accord	Je ne sais pas/ Je ne me souviens pas / Inapplicable
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