Compendium of Research Instruments

Instrument Title:

Care Transitions Measure

Instrument Author:

Coleman, E. A., Mahoney, E., & Parry, C.

Source title:

Assessing the Quality of Preparation for Post-hospital Care from the Patient's Perspective

Source:

Coleman, E. A., Mahoney, E., & Parry, C. (2005). Assessing the quality of preparation for posthospital care from the patient's perspective: the care transitions measure. [Comparative Study Research Support, Non-U.S. Gov't, Research Support, U.S. Gov't, P.H.S.]. Medical Care, 43(3), 246-255.

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Coleman, E. A., Mahoney, E., & Parry, C.

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Abstract:

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. A valid and reliable self-report measure of the quality of care transitions is needed that is both consistent with the concept of patient-centeredness and useful for the purpose of performance measurement and quality improvement. **OBJECTIVE:** We sought to develop and test a self-report measure of the quality of care transitions that captures the patient's perspective and has demonstrated utility for quality improvement. **SUBJECTS:** Patients aged 18 years and older discharged from one of the 3 hospitals of a vertically integrated health system were included. **RESEARCH DESIGN:** Cross-sectional assessment of factor structure, dimensionality, and construct validity. **RESULTS:** The Care Transitions Measure (CTM), a 15-item uni-dimensional measure of the quality of preparation for care transitions, was found to have high internal consistency, reliability, and reflect 4 focus group-derived content domains. The measure was shown to discriminate between patients discharged from the hospital who did and did not have a subsequent emergency department visit or rehospitalization for their index condition. CTM scores were significantly different between health care facilities known to vary in level of system integration. **CONCLUSIONS:** The CTM not only provides meaningful, patient-centered insight into the quality of care transitions, but because of the association between CTM scores and undesirable utilization outcomes, it also provides information that may be useful to clinicians, hospital administrators, quality improvement entities, and third party payers.

Descriptors:

Care transition

Coordinated care

Patient-centered care

Quality measurement

Quality of care

Number of questions:

15

Response Options:

4 point response scale (strongly agree; agree; disagree; strongly disagree)

Validity:

Article describes Construct Validity in detail. Researcher should review article for full details of these psychometric properties estimates.

Reliability:

This measure has high internal consistency and reliability with Crohnbach’s alpha for the 15-item measure of .93. This measure has been administered between 14-28 days post transition.

Subscale/Factors:

4 domains: Critical Understanding, Preferences Important, Management Preparation, Care Plan

Sample Descriptors:

Adult

Discharged patient

United States

Sample Items:

"When I left the hospital, I clearly understood how to manage my health."

Measure Descriptors:

*Quality of care transitions

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