

## CAHE Medical Practitioner Comments on Discharge Planning

*Office use only*

Patient's ID No \_\_\_\_\_ Hospital \_\_\_\_\_

Doctor's Name (please print clearly): \_\_\_\_\_

1. When were you made aware that the client had been admitted to hospital?

*Please tick*

- a. Prior to hospitalization
- b. While patient was in hospital
- c. On day of discharge
- d. After the patient was discharged
- e. Not at all

2. Who made you aware of the admission?

*Please tick*

- a. Hospital ward staff
- b. Discharge Planner
- c. Hospital medical staff
- d. Ambulance
- e. Patient
- f. Patient's family / friends
- g. Other (Please specify) \_\_\_\_\_

3. When were you made aware that the patient was to be discharged?

*Please tick*

- Whilst patient was still in hospital
- On day of discharge
- Within 1-2 days after discharge
- Within a week after discharge
- Longer than a week after discharge
- Not at all

**CONTACTS**

www.unisa.edu.au/cahe

karen.grimmer-somers

@unisa.edu.au

Telephone (08) 8302 2769

Facsimile (08) 8302 2766

University of South Australia

GPO Box 2471

Adelaide SA 5001

Australia

CRICOS Provider Number

001218



University of  
South Australia

**CAHE**

Centre for Allied  
Health Evidence

© 1998 University of South Australia & Adelaide Research & Innovation



**Instrument Authors**

Dr Karen Grimmer  
Centre for Allied Health Evidence  
University of South Australia  
Telephone: (08) 8302 2769  
Email: Karen.Grimmer@unisa.edu.au



**John Moss**  
Department of Public Health  
University of Adelaide (operating through  
Adelaide Research & Innovation)  
Telephone: (08) 8303 4620  
Email: john.moss@adelaide.edu.au

CAHE Medical Practitioner's Comments on Discharge Planning

4. When were you made aware that the patient was to be discharged?

*Please tick*

- Hospital ward staff
- Discharge Planner
- Hospital medical staff
- Ambulance
- Patient
- Patient's family / friends
- Other (Please specify) \_\_\_\_\_

5. Were you involved in planning the patient's discharge?

*Please tick*

- Yes
- No

6. How soon after discharge did you receive any information (in any form) relating to this patient's hospital admission and discharge plans?

*Please tick*

- Within 1-2 days
- Within a week
- Longer than a week
- Not received
- Other (Please specify) \_\_\_\_\_

7. Was this sufficient notice to do something about this patient's post-discharge needs?

*Please tick*

- Sufficient
- Less than sufficient

8. Have you received adequate information about the patient's discharge health status?

*Please tick*

- Yes
- No

9. How did you receive the referral for this client?

*Please tick as many as required*

- Telephone call
- Fax
- Electronic mail system
- Letter
- Other

10. How adequate was the referral information about this client's post-discharge needs?

*Please tick*

- More than adequate
- Adequate
- Less than adequate
- No information

10.a If 'No', please explain your concerns:

---



---

11. Did you receive sufficient reasons for changes in medication? (For example, why one type of medication is used in preference to another?)?

- |                      |                          |
|----------------------|--------------------------|
|                      | <i>Please tick</i>       |
| More than sufficient | <input type="checkbox"/> |
| Sufficient           | <input type="checkbox"/> |
| Less than sufficient | <input type="checkbox"/> |
| Not at all           | <input type="checkbox"/> |

11.a Please explain your concerns:

---



---

12. Are you aware of any community support services that are involved in providing assistance to the patient since discharge?

- |     |                          |
|-----|--------------------------|
|     | <i>Please tick</i>       |
| Yes | <input type="checkbox"/> |
| No  | <input type="checkbox"/> |

13. Has the patient voiced concerns that they have not been coping since discharge?

- |     |                          |
|-----|--------------------------|
|     | <i>Please tick</i>       |
| Yes | <input type="checkbox"/> |
| No  | <input type="checkbox"/> |

14. Has the patient's carer (if present) voiced concerns that they have not been coping since the patient was discharged?

- |                |                          |
|----------------|--------------------------|
|                | <i>Please tick</i>       |
| Yes            | <input type="checkbox"/> |
| No             | <input type="checkbox"/> |
| Not applicable | <input type="checkbox"/> |

15. In your opinion, how adequate were the discharge plans to assist this patient to assume safe, independent community living?

- |                    |                          |
|--------------------|--------------------------|
|                    | <i>Please tick</i>       |
| More than adequate | <input type="checkbox"/> |
| Adequate           | <input type="checkbox"/> |
| Less than adequate | <input type="checkbox"/> |
| No information     | <input type="checkbox"/> |



