

CAHE Residential Care Staff Comments on Discharge Planning

Office use only

Patient's ID No _____ Hospital _____

Name of Residential Care Facility: _____

1. When were you made aware that the patient was being admitted to your facility?

Please tick

- | | |
|--|--------------------------|
| a. While patient was in hospital | <input type="checkbox"/> |
| b. On day of discharge | <input type="checkbox"/> |
| c. When the patient was in transit | <input type="checkbox"/> |
| d. When the patient arrived at your facility | <input type="checkbox"/> |

2. Was anyone in your facility involved in planning this patient's discharge?

Please tick

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

3. Did you receive sufficient information from the hospital about the patient's discharge health status?

Please tick

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

3a. *Please outline any concerns*

CONTACTS

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CRICOS Provider Number
001218



4. Did you receive sufficient information from the hospital about the patient’s medicines and medication management?

Please tick

- More than sufficient
- Sufficient
- Less than sufficient
- Not at all

4a. *Please outline any concerns*

5. Are your staff able to manage this patient without problems?

Please tick

- Yes
- No

5a. *Please outline any concerns*

6. Were you made aware by the hospital of any occupational health and safety issues for your service in managing this patient?

Please tick

- Yes
- No

7. In your opinion, how adequate were the discharge plans to assist your staff to manage this patient?

Please tick

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

8. In your opinion, how adequate were the discharge plans to assist this patient to move into a residential care facility?

Please tick

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

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9. Do you wish to comment further on any of the questions?

10. What aspects of this patient's discharge process were well performed?

11. How could the patient's discharge process have been improved?

Thank you for taking the time to complete this questionnaire.

Please put it in an envelope and deliver to:

Name:

Office/Delivery:

(Office use: for completed forms please enter the name of the nominated person and their address/office above)