

# PREPARED

## iCAHE 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

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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

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

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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:

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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"/>

15.a If there were inadequate, or no, discharge plans, do you know why?

Two horizontal lines for text entry.

16. Have you any suggestions how the patient's discharge could have been improved?

Multiple horizontal lines for text entry.

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)

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