

# PREPARED

## iCAHE 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
- b. On day of discharge
- c. When the patient was in transit
- d. When the patient arrived at your facility

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

*Please tick*

- Yes
- No

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

*Please tick*

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

3a. *Please outline any concerns*

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### Instrument Authors

Prof Karen Grimmer-Somers  
International Centre for Allied Health Evidence  
University of South Australia  
Email: iCAHE@unisa.edu.au



Assoc. Prof. John Moss  
Department of Public Health  
University of Adelaide (operating through Adelaide  
Research & Innovation)  
Email: john.moss@adelaide.edu.au

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*

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

- Please tick*
- Yes
- No

5a. *Please outline any concerns*

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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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Prof Karen Grimmer-Somers  
International Centre for Allied Health Evidence  
University of South Australia  
Email: [iCAHE@unisa.edu.au](mailto:iCAHE@unisa.edu.au)

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

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

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

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**Thank you for taking the time to complete this questionnaire.**

**Please put it in an envelope and deliver to:**

**Name:**

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**Office/Delivery:**

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

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Prof Karen Grimmer-Somers  
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University of South Australia  
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Assoc. Prof. John Moss  
Department of Public Health  
University of Adelaide (operating through Adelaide  
Research & Innovation)  
Email: [john.moss@adelaide.edu.au](mailto:john.moss@adelaide.edu.au)