

PREPARED

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iCAHE Community Service Provider Comments on Discharge Planning

Office use only

Patient's ID No _____ Hospital _____

Name of Community Service _____

Your classification (community service provider answering survey):

1. When were you made aware that the client was to be discharged from hospital?

Please tick

- | | |
|------------------------------------|--------------------------|
| Client was still in hospital | <input type="checkbox"/> |
| On day of discharge | <input type="checkbox"/> |
| Within 1-2 days after discharge | <input type="checkbox"/> |
| Within a week after discharge | <input type="checkbox"/> |
| Longer than a week after discharge | <input type="checkbox"/> |
| Not at all | <input type="checkbox"/> |

2. Was this sufficient notice for your organisation to respond to this client's immediate post-discharge needs?

Please tick

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

3. Did you have an opportunity to accept or reject this referral?

Please tick

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

4a. Was anyone in your organisation involved in planning this client's discharge from hospital?

Please tick

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

4b. Does the client or carer know why they have been referred to you?

Please tick

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

5a. Who organised the referral to your service?

Please tick as many as required

Instrument Authors

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- Client
- Hospital staff member
- Carer / family member
- GP
- ACAT team
- Other health or community service worker?

whom?

5b. If your service has a standard referral form, was this used for this referral?

Please tick

- Standard form used
- Standard form available but not used
- No standard form

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

Please tick as many as required

- Telephone call
- Fax
- Electronic mail system
- Letter
- CIARR (Client Information and Referral Record)
- Other

7a. How adequate was the referral information about this client's post-discharge needs?

Please tick

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

7b. If the information accompanying the referral was not adequate, what further information would have been helpful?

7c. Were the referral practices culturally appropriate for this client?

Please tick

- Yes
- No

8a. Are (will) your staff (be) able to provide adequate support for this client or carer?

Please tick

- Yes
- No

8b. Are (will) your staff (be) able to provide culturally appropriate services for this client or carer?

Yes
No

Please tick

8c. Were you given the client's language information?

Yes
No

Please tick

9. Did you have to refer the client or carer to service(s) more appropriate to his/ her post-discharge needs?

Yes
No

Please tick

10. Were you made aware of any occupational health and safety issues for your service in providing support for this client or carer?

Yes
No

Please tick

11a. Has an advocate (other than a family carer) assisted the client to contact your services?

Yes
No

Please tick

11b. In your opinion, was advocacy an effective way of organising appropriate community services for this client?

Yes
No

Please tick

Please provide details if relevant

12a. Does the client (&/or carer) recall being provided with sufficient information about available community services?

More than sufficient
Sufficient
Less than sufficient
Not at all

Please tick

12b. In your opinion, what further information should the client &/or carer have received?

13a. Has the client &/or carer formally taken up your service?

Yes

No

Please tick

13b. If no, what reason was given?

14a. If the client &/or carer has taken up your service, has the service commenced?

Yes

No

Please tick

14b. If YES, how long was the waiting time before the service commenced?

Please insert number of weeks

14c. If NO, how long will the waiting time be before services commence?

Please insert number of weeks

15. In your opinion, how adequate were the discharge plans to assist this client to safely and successfully return to community living?

More than adequate

Adequate

Less than adequate

No information

Please tick

Please comment:

16a. Overall, how prepared did you feel the client was for returning home from hospital?

Sufficiently prepared

Could have been better prepared

Unprepared

Please tick

16b. If the client has a carer, how prepared did you feel the carer was for the client to return home?

Sufficiently prepared

Could have been better prepared

Unprepared

Please tick

16c. Was the referral to your service because the carer was unprepared?

Yes

No

Please tick

17. What aspects of this client's referral process were well performed?

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18. How could the client's referral 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)