

# Measure # 38d: PREPARED Survey – Community Service Provider Version

## Contact Information:

- For questions regarding this measure and for permission to use it, contact:  
Professor Karen Grimmer-Somers  
Director, International Centre for Allied Health Evidence (iCAHE)  
City East Campus, University of South Australia  
North Terrace, Adelaide, SA 5000 08 83022769  
P: +61-8-83022769  
[karen.grimmer-somers@unisa.edu.au](mailto:karen.grimmer-somers@unisa.edu.au)

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- Any use of the measure instruments must be accompanied by the following citation: Grimmer K, Moss J. *Int J Qual Health Care*. 2001;13(2):109-16. The measure owner requests that users send a copy of any modifications or alterations made to the instrument to Professor Karen Grimmer-Somers (contact information listed above).

## Additional Notes:

- The measure instruments are also available from the following website:  
<http://www.unisa.edu.au/cahe/Resources/DCP/Information.asp>

## CAHE 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"/> |

**CONTACTS**

[www.unisa.edu.au/cahe](http://www.unisa.edu.au/cahe)

[karen.grimmer-somers@unisa.edu.au](mailto:karen.grimmer-somers@unisa.edu.au)

[@unisa.edu.au](mailto: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



**CAHE**

University of South Australia

Centre for Allied Health Evidence

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**Instrument Authors**

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

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

*Please tick*

- Yes
- No

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

*Please tick*

- Yes
- No

5a. Who organised the referral to your service? Please tick as many as required?

*Please tick*

- 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?

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

*Please tick*

- Yes
- No

If 'No', please comment:

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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?

*Please tick*

- Yes
- No

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

*Please tick*

- Yes
- No

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

*Please tick*

- Yes
- No

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

*Please tick*

- Yes
- No

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

*Please tick*

- Yes
- No

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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:

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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?

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

Yes  
No

*Please tick*

If 'No', what reason was given:

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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*

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

*Please insert number of weeks*

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**CAHE Community Service Provider Comments on Discharge Planning**

15. In your opinion, how adequate were the discharge plans to assist this client to safely and successfully return to 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"/> |

Please comment: \_\_\_\_\_  
 \_\_\_\_\_

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

- |                                 |                          |
|---------------------------------|--------------------------|
|                                 | <i>Please tick</i>       |
| Sufficiently prepared           | <input type="checkbox"/> |
| Could have been better prepared | <input type="checkbox"/> |
| Unprepared                      | <input type="checkbox"/> |

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

- |                                 |                          |
|---------------------------------|--------------------------|
|                                 | <i>Please tick</i>       |
| Sufficiently prepared           | <input type="checkbox"/> |
| Could have been better prepared | <input type="checkbox"/> |
| Unprepared                      | <input type="checkbox"/> |

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

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

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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)*