

## Measure # 38e: PREPARED Survey – Medical Practitioner Version

### Contact Information:

- For questions regarding this measure and for permission to use it, contact:  
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### Additional Notes:

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

## CAHE 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

**CONTACTS**

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**CAHE**

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CAHE Medical Practitioner's Comments on Discharge Planning

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

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"/> |



