

Discharge Audit Tool

Discharge Information from Hospital to Residential Aged Care Facility

Discharge Information from Hospital		
Auditor:	Date Started:	
	Date Completed:	Time to complete audit: hrs

1. How is discharge information received from the hospital?

1.1 Phone call was made prior to discharge to..?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2 Discharge information sent with patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3 If No-was summary sent to RACF at a later date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.4 Type of discharge summary received.	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Allied health
1.5 Medications available at time of discharge?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.6 Does GP name on information received match the current GP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.7 Was the yellow envelope used as a tool to return information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	

2. What information is received?

Standard information:			
2.1 Admission date	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.2 Unit/Ward Please Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3 Discharge date	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.4 Contact Dr at Hospital and contact details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5 Consultant name	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Clinical information:			
2.6 Diagnosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.7 Medication list – changes and reasons	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.8 Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.9 Recommendations for GP	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.10 Course in hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.11 Follow up arrangements	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.12 Investigations	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.13 Information is accurate and legible?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.14 Information provided is relevant and succinct?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Notes:			

3. Impact on clinical outcomes

3.1 When was patient discharged?	<input type="checkbox"/> Within hours <input type="checkbox"/> After hours <input type="checkbox"/> Friday pm <input type="checkbox"/> Weekend <input type="checkbox"/> Public holiday <input type="checkbox"/> Weekends
3.2 How long did it take to receive information post discharge?	<input type="checkbox"/> Within 24 hours <input type="checkbox"/> Within 48 hours <input type="checkbox"/> Within 72 hours <input type="checkbox"/> > 72hours
3.3 Adverse medication events (in first 10 days)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.4 Adverse clinical events (in first 10 days)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5a Readmission to hospital within 6 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5 b Apparent link to previous admission	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5c If Yes – Could it have been avoidable?	<input type="checkbox"/> Avoidable <input type="checkbox"/> Unavoidable <input type="checkbox"/> Unsure
Notes:	

Additional Comments: