

PREPARED

Do you know what community consumers of discharge planning (patients, carers, general practitioners and/ or nursing home administrators) think of your discharge planning activities? PREPARED offers a straightforward, standardised and cost-effective method of finding out.

What is PREPARED?

PREPARED¹ offers a time- and cost-efficient way of measuring community consumer's² perceptions of the quality of processes and outcomes of discharge planning activities from acute hospitals. The acronym describes elements of the quality of discharge planning that community consumers consider important¹. The instrument consists of four separate yet congruent questionnaires. Where patients return to independent community living after discharge from hospital, PREPARED is mailed to patients, their carers and/ or their general practitioners. Where patients are discharged directly from hospital to a nursing home, PREPARED surveys the administrator of the nursing home, and where appropriate, the carer and/ or general practitioner.

Who developed PREPARED?

PREPARED was developed in 1998 by a research team from the Centre for Allied Health Research, University of South Australia and the Department of Public Health, Adelaide University³, lead by Associate Professor Karen Grimmer and John Moss. The instrument has since been modified and retested, and successfully used at a number of private and public hospital to evaluate the quality of discharge planning from the community perspective. Over 3000 patients and carers have been surveyed to date. PREPARED is jointly copyrighted and licensed to the two Universities, and comes with the security of university quality control and assurance procedures.

How is PREPARED used?

PREPARED can be used for research, routine monitoring and /or quality improvement purposes (as outlined in Appendix 2). The questionnaires can be used alone, as a set and/or in conjunction with other measures, such as quality of life (SF-36), activities of daily living (Barthels Index, IADL), or resource use data (hospital length of stay data, DRG classifications and readmission rates). To date, PREPARED has been used extensively for elderly patients on medical and surgical wards, but the generic nature of its questions makes it applicable to other patient groups. Further modules can be developed as requested.

PREPARED is designed to provide succinct and clearly understood feedback from community consumers to ward staff as a tangible incentive to improve performance. Mean scores for process and outcome domains for each kind of community consumer are expressed as a percentage of the maximum possible score, so that areas requiring improvement can be identified at a glance. This information is a tangible way of complying with accreditation requirements, and demonstrates to hospital administrations, funding agencies, colleagues, referrers, community health services, patients and carers an overt commitment to quality health care.

¹ P rescriptions

R eady to re-enter community

E ducation

P lacement

A ssurance of safety

R ealistic expectations

E mpowerment

D irected to appropriate services

² Community stakeholders include patients, their carers, their general practitioners and nursing home administrators

³ Grimmer KA, Gill TK and Moss JR (1999): Discharge Planning: Satisfaction for all. Final report on Primary Health Care Initiatives Project prepared for South Australian Health Commission, Adelaide, Australia. ISBN number 0 86803 628 5

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How is PREPARED distributed?

1. Where patients are discharged to independent living arrangements in the community:
 - o The patient version of PREPARED is mailed to every patient who has been discharged from target hospital wards within the previous seven days. It is accompanied by an information letter on hospital letter head (signed by an appropriate person (eg Director of Nursing). A form seeking signed consent to contact the patient's general practitioner is attached to this questionnaire. A reply paid envelope addressed to the hospital (usually) is included to facilitate quick return.
 - o The carer version of PREPARED, an information sheet (again on hospital letterhead and signed appropriately) and a second reply paid envelope are included in the envelope addressed to the patient. Where the patient does not have a carer, this questionnaire will not be returned. **NB** *It is often difficult from hospital records to determine whether there is a principal carer, and thus constraining calculation of actual carer numbers or response rates.*
 - o When the patient returns the questionnaire with a signed consent form for the general practitioner, the GP version of the questionnaire, the GP information sheet and the signed consent form is sent, with a reply paid envelope, to the patient's nominated general practitioner.
 - o This method of distribution has produced a response rate of at least 50% from patients, and 60% from general practitioners.
2. Where patients are discharged to a nursing home, the nursing home administrator receives the nursing home version of the questionnaire. In this instance, the patient does not receive a questionnaire, although where indicated, carers and general practitioners can also receive the relevant PREPARED questionnaire.
3. Where hospitals undertake to be involved in collecting data and following up non-respondents, the response rate has been as high as 80%.

What does PREPARED measure?

PREPARED measures aspects of the quality of discharge planning processes and outcomes from the perspective of patients, carers, general medical practitioners and/or nursing home administrators. Questions in version of the instrument are congruent, but worded to reflect specific needs and concerns of individual consumer groups.

For patients and carers:

Process measures

Domain 1: Information exchange (community services and equipment)

Domain 2: Medication management

Domain 3: Preparation for coping post discharge

Domain 4: Control of discharge circumstances

For general practitioners and nursing home administrators:

Process measures

Exchange of information

- o Admission and discharge information
- o Patient health status on discharge
- o Medication management
- o Organisation of community services
- o Involvement in discharge planning

Outcome measures

1. (Satisfaction with) Prepared for returning home
2. Use of community health and support services since discharge
3. Costs associated with managing since discharge

Outcome measures

For GPs:

- o Perception of overall quality of (satisfaction with) discharge planning
- o Patient and carer ability to cope post discharge
- o For nursing home administrators:
 - o Staff ability and training to manage the patient

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A sample of the type of report which can be provided to hospitals is included as Appendix 1 of this prospectus. This report deals only with information obtained from patients.

Confidentiality

Confidentiality of PREPARED responses has been given serious consideration by the research team⁴.

When the UniSA research team uses PREPARED (for research or evaluation), the patient is identified by name and address only once (by the hospital discharge lists prior to mailing out the patient and carer versions of PREPARED). Once each mailout has been completed, this list is destroyed (as required by ethics committee ruling). All returned PREPARED questionnaires are then only identified by the patient's hospital unit record number, with alphabetic letters denoting patient (P) and carer (C) responses. Where patients also return a named and signed consent form to contact their GP, this form is sent on with the GP version of PREPARED (to identify the patient to the GP), and no copy of the consent form is retained by the research team. The GP retains the signed consent form, and the returned general practitioner questionnaire is identified only by the patient unit record number with the alphabetic extension (D). In this way, patient, carer and GP responses are matched by the research team without identifying any respondent. Thus, with no personal details, the research team cannot follow-up non-respondents.

However, where hospitals undertake to be involved in data collection (by mailing questionnaires to community consumers), it is possible for the hospital (from their records) to identify non-respondents and to follow up with repeat mail outs, or by telephone. Hospital involvement can increase response rates up to 80%.

⁴ In all its uses, PREPARED to date has been found acceptable by university and hospital ethics committees.

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Publications to date

- 1 Grimmer K, Moss J, Falco J. Experiences of elderly patients regarding independent community living after discharge from hospital: A longitudinal study. [under review]
- 2 Grimmer K, Moss J, Falco J. Caring for an elderly person after discharge from an acute hospital. [under review]
- 3 Grimmer K, Moss J, Falco J and Kindness H: Incorporating patient and carer concerns in discharge plans: a practical patient-centred proposal. [under review]
- 4 Grimmer K, Moss J and Falco J (2002): Life post-discharge: Longitudinal qualitative and quantitative study of 100 elderly people post discharge from hospital. Technical Report produced for *South Australian Department of Human Services*. ISBN 08 688036943
- 5 Grimmer K and Moss J. The development, validity and application of a new instrument to assess the quality of discharge planning activities from the community perspective *International Journal for Quality in Health Care* 2001; 13: 109-116
- 6 Grimmer KA, Moss JR and Gill TK. Discharge planning quality from the carer perspective. *Quality of Life Research* 2001; 9: 1005-1013
- 7 Grimmer KA, Gill TK and Moss J (1999): Discharge Planning: Satisfaction for all. Final report on Primary Health Care Initiatives Project prepared for South Australian Health Commission, Adelaide, Australia. ISBN number 0 86803 628 5
- 8 Hedges G, Grimmer K, Moss J and Falco J (1999): Performance Indicators for Discharge Planning: A focused review of the literature. *Journal of Advanced Nursing* 16 (4): 20-28.
- 9 Hedges G, Grimmer K and Moss J (1999): Discharge planning from the perspective if acute care hospital staff. *Australian Health Review* [in press September Edition]
- 10 Grimmer K, Hedges G and Moss J (1997): Stage One Report on Primary Health Care Initiatives Project: Discharge Planning: Satisfaction for all: prepared for Discharge Planning Working Party, South Australian Health Commission, Adelaide, Australia.

Presentations to date

- 1 Grimmer K and Moss J. Key Note Address: Quality Discharge Planning in Aged Care: What is the way forward? *Australian Discharge Planning Nurses Conference*, Sydney, June, 2000
- 2 Grimmer K and Moss J. Key Note Address: Transition from hospital to home: advances in research in Discharge Planning. *Department of Veterans Affairs Workshop for Private Hospital Providers*, Melbourne, June 2000.
- 3 Grimmer K and Moss J. Key Note Address: The burden of carers: community expectations of Discharge Planning. *Department of Veterans Affairs Workshop for Private Hospital Providers*, Adelaide, Sept 2000.
- 4 Grimmer K and Moss J: Discharge Planning: the link between hospital and home. *Changing Face of Aging Conference*, Adelaide, November, 2000
- 5 Grimmer K and Moss J: Discharge Planning: Costs and satisfaction for stakeholders. *South Australian Network for Research on Ageing Seminar Series 2000*; October 2000, Adelaide.
- 6 Grimmer K and Moss J. Key Note Address: Evaluating Quality in Discharge Planning. *Department of Veterans Affairs Workshop for Private Hospital Providers*, Adelaide, November 2000.
- 7 Grimmer K and Moss J: Discharge Planning: the link between hospital and home. *Changing Face of Aging Conference*, Adelaide, November, 2000
- 8 Grimmer K and Moss J: Discharge Planning: Costs and stakeholder perceptions of quality. *South Australian Network for Research on Ageing Seminar Series 2000*; October 2000, Adelaide.
- 9 Grimmer K and Moss J. Key Note Address: Quality Discharge Planning in Aged Care: What is the way forward? *Australian Discharge Planning Nurses Conference*, Sydney, June, 2000

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- 10 Ryan K, Ford K, Deverson C, Grimmer K and Daniels B (1999): The effectiveness of Care Management for elderly medical patients. *International Health Outcomes Conference, Integrating the Elements*, Canberra, July.
- 11 Ryan K, Ford K, Grimmer K, Daniels B and Deverson C (1999): The effectiveness of Care Management for elderly medical patients at the Royal Hobart Hospital. *The Eleventh Casemix Conference in Australia - the unfinished agenda*, Darwin, Australia
- 12 Gill T, Grimmer K, and Moss J (1999): Performance Indicators for Quality Discharge Planning. *South Australian Discharge Planning Nurses Conference*, Adelaide
- 13 Grimmer K, Gill T and Moss J (1999): Patients, carers and health outcomes following discharge from acute hospital care. *International Health Outcomes Conference, Integrating the Elements Canberra*, July.
- 14 Grimmer K, Gill T and Moss J (1999): Downstream costs of discharge planning activities with the benefits, for elderly medical and surgical patients. *16th ISQua Conference on Quality in Health Care*, Melbourne, Australia
- 15 Grimmer K, Gill T and Moss J (1999): The perceptions of acute hospital staff and elderly consumers of quality discharge planning *Public Health Association Conference*, Darwin
- 16 Grimmer K, Gill T and Moss J (1998): Evaluation of quality discharge planning activities. *15th ISQua Conference on Quality in Health Care*, Budapest, Hungary
- 17 Grimmer K, Gill T, Moss J and Hedges G (1998): Measuring satisfaction with discharge planning: the P.R.E.P.A.R.E.D questionnaires. *Australian and New Zealand Public Health Conference*, Hobart, Australia.

Registering your use of the PREPARED Instrument

Those using the P.R.E.P.A.R.E.D instrument must lodge their project title and contact details with the Centre for Allied Health Research, University of South Australia as part of their user registration.

Please complete and return to the address below

Thank you for choosing to use the PREPARED set of questionnaires as part of your proposed study. The PREPARED instrument consists of four independent yet congruent questionnaires designed to obtain feedback from recently discharged patients, the principal carer (where applicable), the general medical practitioner and the nursing home administrator (if appropriate) about their perception of the achievement of the objectives of hospital discharge planning. A standardized scoring system has been developed and we hope you will find the layout and the large easy-to-read font a helpful feature.

We believe that there can be a social benefit in having a set of standardized and validated feedback questionnaires on hospital discharge planning, and regard this as a cooperative venture between ourselves and other users. Our prime intent in asserting copyright is to maintain the integrity of the instrument. You may use this set in any ethical activity provided you do not amend the printed format in any way. You are responsible for all appropriate ethics approvals and legal liabilities. We are however willing to discuss with you the preparation of a special format should you find the existing one does not exactly suit your needs.

The source of this questionnaire is to be acknowledged in all documentation and publications. Also, please provide us free of charge a copy of any report or publication immediately it is released. You may not state that we endorse your use of the questionnaires, and the questionnaires may not be distributed to any third party nor a fee charged to any other person for your use of PREPARED

Should you agree to the above conditions, please sign and return a copy of this form to the enclosed address. Thank you again for choosing to use the PREPARED questionnaires and we wish you well with your venture.

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Registration Details

Activity/study title:

Contact name:

Organisation:

Address:

Date:

Telephone:

Fax:

Email address:

Other contact members of the research/project team:

Signature of user

Date

Please return to:

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