10.1071/IB23092
Brain Impairment

Supplementary Material

Health professionals' practices and perspectives of post-stroke coordinated discharge planning: a national survey

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Appendix
Appendix I: Survey (Abridged version)

Part 1 – Demographic information

Please complete the following information.

1. Your sex:	Male Female
2. Your age:	_____
3. Length of experience as a health professional <1 year 1-2 years 3-5 years 6-10 years 11-15 years 16-20 years 20+ years	
4. Number of years experience as a health professional working with stroke survivors <1 year 1-2 years 3-5 years 6-10 years 11-15 years 16-20 years 20+ years	
5. Highest level of qualification: Bachelors Bachelors (with Honours) Postgraduate masters MPhil PhD	
6. Please provide the post-code for your workplace (we will use this to classify the geographical remoteness of your workplace). _____	
7. Predominant clinical setting – please indicate percentage of time spent in each area	
Acute	_____
Inpatient rehabilitation	_____
Outpatient rehabilitation (hospital based)	_____
Community based rehabilitation	_____
Aged-care	_____
University clinic	_____
General practice	_____
Private allied health clinic	_____
In home care provider e.g. BlueCare	_____
Other	_____

8. In the last 12 months, what proportion of your caseload has consisted of working with stroke survivors?

75 - 100% 50 – 74% 25 – 49% Few (<24% but >0%) None

9. Clinical role

Allied Health Professional
Please specify – e.g. Speech Pathologist _____

Medical Professional
Please specify e.g. General Practitioner (GP), Stroke Consultant
_____

Nursing professional
Please specify e.g. enrolled nurse, clinical nurse coordinator _____

10. Which area of service provision do you most align with?
Hospital based acute or rehabilitative care Primary or community care

Part 2 – Practices, barriers and facilitators to Coordinated Discharge Planning

When completing this survey, the following definitions of terms apply.
***Discharge planning**: a process to decide what a patient needs for a smooth move from one level of care to another.*
***Discharge plan:** The documentation completed on discharge that provides a description of the patient's post-discharge care needs. It should be developed in collaboration with the patient and include relevant medical issues, medicines prescribed, follow up care required including allied health intervention, and information for the patient regarding self-management.*
***Coordinated discharge planning:** Identification and documentation of the specific post-discharge care needs of the stroke survivor and communication in partnership with the patient and significant others AND coordination of care with relevant community service providers.*

How often do you **contribute to** a discharge plan for patients post-stroke?

Never rarely occasionally frequently always

How often can you be sure that **a patient has received a** discharge plan post-stroke?

Never rarely occasionally frequently always

Other: _____

How often do you **involve patients and families** in developing the discharge plan for patients post-stroke?

Never rarely occasionally frequently always

How often do you **coordinate the discharge plan with other services** including the patient's GP and community services?

Never rarely occasionally frequently always

How would you typically **communicate and coordinate** community based care post-discharge?

- No specific process
- Written discharge plan only
- Written referral only
- Written referral and discharge plan
- Written discharge plan and phone call
- Phone call only
- Utilise discharge coordinator e.g. patient flow manager
- Other: _____

How often can you be sure that **recommendations** from the discharge plans **have been actioned** e.g. referrals, medication management, support groups?

Never rarely occasionally frequently always

Other: _____

In your opinion, is there a **need to improve** discharge planning for patients post-stroke?

Yes No Unsure

Please describe: (open-ended text box)

Best evidence suggests that a **coordinated discharge planning** approach for stroke survivors provides the best outcomes.

For the purposes of this study, coordinated discharge planning is described as

"Identification and documentation of the specific post-discharge care needs of the stroke survivor and communication in partnership with the patient and significant others AND coordination of care with relevant community service providers"

The following statements relate to your role in coordinated discharge planning for stroke patients. Please consider each statement and rate your level of agreement to that statement from strongly agree to strongly disagree (if the statement is not relevant to you or your workplace please select N/A).

	Strongly agree	***Agree***	***Neutral***	***Disagree***	***Strongly disagree***	***N/A***
I have sufficient **knowledge** about **how to engage in** coordinated discharge planning for stroke patients						
I have sufficient **knowledge** about why providing coordinated discharge planning for stroke patients is important.						
With regard to coordinated discharge planning for stroke patients I **know** what my responsibilities are.						
I have the necessary **skills** to provide coordinated discharge planning for stroke patients						
I have been adequately **trained** in providing coordinated discharge planning for stroke patients						
I have previous **experience** in providing coordinated discharge planning for stroke patients						

Providing coordinated discharge planning for stroke patients as part of a multidisciplinary team is **part of my role**.						
As a health professional with my qualifications, it is part of my **job** to provide coordinated discharge planning for stroke patients						
I am **confident** that I can provide coordinated discharge planning for stroke patients even when there is little time.						
I have **little control** over how I engage in coordinated discharge planning for stroke patients						
I have the **opportunity** to engage in coordinated discharge planning for stroke patients						
It is **difficult** to provide coordinated discharge planning for stroke patients.						
I am **doubtful** that coordinated discharge planning for stroke patients leads to improvements in patient outcomes.						
In my work in providing coordinated discharge planning for stroke patients I'm always **optimistic about the future.**						
If I provide coordinated discharge planning for stroke patients long-term patient **outcomes will improve**.						

If I provide coordinated discharge planning for stroke patients, **patients will appreciate** this.						
For me, providing coordinated discharge planning for stroke patients is **worthwhile.**						
When I provide coordinated discharge planning for stroke patients, I get **recognition from the work context.**						
Stroke patients of coordinated discharge planning are **positive about discharge.**						
It is **not a priority** to provide coordinated discharge planning for stroke patients.						
I will **definitely** take part in coordinated discharge planning for stroke patients in the next three months.						
It is a **goal** of my workplace to be involved in improving our provision of coordinated discharge planning for stroke patients.						
Other things are often **more urgent** than providing coordinated discharge planning for stroke patients.						
Providing coordinated discharge planning for stroke patients is something I often **forget**.						
I have **insufficient time** to provide coordinated discharge planning for stroke patients.						

Current funding models provide **sufficient support** to enable coordinated discharge planning for stroke patients**.**						
At my workplace, there are **strategies** available to support providing coordinated discharge planning for stroke patients.						
In the organisation I work, **all necessary resources** are available to provide coordinated discharge planning for stroke patients.						
Other demands often **prevent me** from providing coordinated discharge planning for stroke patients.						
Other professionals who work in my unit/ward/team/service provide coordinated discharge planning for stroke patients.						
Other healthcare professionals **encourage me** to provide coordinated discharge planning for stroke patients.						
I can count on **support from my colleagues** when things get tough around providing coordinated discharge planning for stroke patients.						
When I provide coordinated discharge planning for stroke patients, I feel **comfortable**.						
When I provide coordinated discharge						

planning for stroke patients, I feel **uncomfortable**.						
I have a **clear plan** of how I will provide coordinated discharge planning for stroke patients.						
I have a **system for monitoring** how I provide coordinated discharge planning for stroke patients.						

Currently in my role, the most significant facilitators to engaging in coordinated discharge planning between specialist and primary care are… (open-ended text box)

Currently in my role, the most significant barriers to engaging in coordinated discharge planning between specialist and primary care are… (open-ended text box)

Thank you for completing this survey.

Appendix II: Agreement and Less than Agreement to TDF-coded Statements

Question	Responses (n)	% Agreement	% Less than Agreement
I have sufficient knowledge about how to engage in CDP for stroke patients	37	89.19%	10.81%
I have sufficient knowledge about why providing CDP for stroke patients is important.	37	97.30%	2.70%
With regard to CDP for stroke patients I know what my responsibilities are.	37	83.78%	16.22%

I have the necessary skills to provide CDP for stroke patients	36	80.56%	19.44%
I have been adequately trained in providing CDP for stroke patients	37	51.35%	48.65%
I have previous experience in providing CDP for stroke patients	36	80.56%	19.44%
Providing CDP for stroke patients as part of a multidisciplinary team is part of my role.	37	94.59%	5.41%
As a health professional with my qualifications, it is part of my job to provide CDP for stroke patients	36	91.67%	8.33%
I am confident that I can provide CDP for stroke patients even when there is little time.	37	51.35%	48.65%
I have little control over how I engage in CDP for stroke patients	37	18.92%	81.08%
I have the opportunity to engage in CDP for stroke patients	37	81.08%	18.92%
It is difficult to provide CDP for stroke patients.	37	32.43%	67.57%
I am doubtful that CDP for stroke patients leads to improvements in patient outcomes.	37	2.70%	97.30%
In my work in providing CDP for stroke patients I'm always optimistic about the future.	37	67.57%	32.34%
If I provide CDP for stroke patients long-term patient outcomes will improve.	36	86.11%	13.89%
If I provide CDP for stroke patients, patients will appreciate this.	35	94.29%	5.71%
For me, providing CDP for stroke	37	100.00%	0.00%

patients is worthwhile.			
When I provide CDP for stroke patients, I get recognition from the work context.	35	37.14%	62.86%
Stroke patients of CDP are positive about discharge.	37	70.27%	29.73%
It is not a priority to provide CDP for stroke patients.	36	0.00%	100.00%
I will definitely take part in CDP for stroke patients in the next three months.	35	88.57%	11.43%
It is a goal of my workplace to be involved in improving our provision of CDP for stroke patients.	37	72.97%	27.03%
Other things are often more urgent than providing CDP for stroke patients.	37	21.62%	78.38%
Providing CDP for stroke patients is something I often forget.	36	8.33%	91.67%
I have insufficient time to provide CDP for stroke patients.	37	35.14%	64.86%
Current funding models provide sufficient support to enable CDP for stroke patients.	37	18.92%	81.08%
At my workplace, there are strategies available to support providing CDP for stroke patients.	37	59.46%	40.54%
In the organisation I work, all necessary resources are available to provide CDP for stroke patients.	37	35.14%	64.86%
Other demands often prevent me from providing CDP for stroke patients.	37	35.14%	64.86%
Other professionals who work in my	37	94.59%	5.41%

unit/ward/team/service provide CDP for stroke patients.			
Other healthcare professionals encourage me to provide CDP for stroke patients.	36	66.67%	33.33%
I can count on support from my colleagues when things get tough around providing CDP for stroke patients.	37	86.49%	13.51%
When I provide CDP for stroke patients, I feel comfortable.	37	89.19%	10.81%
When I provide CDP for stroke patients, I feel uncomfortable.	36	5.56%	94.44%
I have a clear plan of how I will provide CDP for stroke patients.	35	80.00%	20.00%
I have a system for monitoring how I provide CDP for stroke patients.	35	54.29%	45.71%