



DEDER GENERAL HOSPITAL

DISCHARGE PLANNING PROTOCOL IMPLEMENTATION

AND

ADHERENCE MONITORING TOOL

WARD NAME: _____

SEPTEMBER 2024

WARD NAME: _____

Date:____/____/____

Instruction: put “Yes” if completed, “No” if not implemented and put “NA” if not applicable to the patients

[illegible]

WARD NAME: _____

Date: ____/____/____

RESULT

SN	Discharge planning protocol adherence monitoring checklist	YES #(%)	NO #(%)
1	Patient Discharge planning format filled and attached in to patient chart		
2	Patient received all essential orientation about discharge he/she need during current hospital stay		
3	Patient received all essential information on his/her clinical diagnosis and required care plan		
4	Patient clearly understand the name and essential features of his/her disease		
5	Patient clearly understand the treatment option and plan he/she will receive in current care process		
6	Patient clearly understand life style modification needed in current or future management of his/her disease condition		
7	Patient clearly understand the expected duration of stay and outcome of his/her current admission and treatment course		
8	Patient clearly understand the required follow up scheme and parameters after discharge		
9	Patient clearly understand the importance of adherence to medication and life style modification for effective management of his/her disease		
10	Patient consistently Involved in care plan, intervention, expected discharge planning, estimated cost, and expected outcome		
	TOTAL RESULT		

WARD NAME: _____

Date:____/____/____

GAPS IDENTIFIED AND ACTION PLAN

[illegible]