13. CCCQ Baseline - Coordination & Continuity Of Care Questionnaire

Record ID (Auto-generated by REDCap)		
This participant has not been randomized. This form can be	completed for participants who have been randomized.	
Participant ID [enrollmentbaseline_arm_1][participant_id], from hospital [randomization_arm_1][site]		
Start time		
Before you left the hospital, did the doctors or nurses ask you who was in your 'circle of care'?	○ Yes ○ No	
Your Circle of Care is your health care providers	(family doctor, physician specialists,	
pharmacist, therapists, home care, etc.) and any		
your health by going to appointments and treatmedications, etc.	nents with you, help you manage your	
Who were they?	 Family doctor Physician specialists (cardiologist, internal medicine specialist, etc) Pharmacist Therapists Social workers Home care Family member Other 	
Who were the other members of your circle of care?		
Did you include a family member or caregiver in your circle of care?	○ Yes ○ No	
Who were they?	 Spouse Child Grandchild Sibling Other 	
What other family member is part of your circle of care?		

?From now on, we will refer to your main family member support person also as a?caregiver



○ Gen Please describe the general education you received including OACs Please describe the general education you received that was not specific to OACs The next question deals with a hospital discharge transition your medical issues, what happened to you in hospital, instant diseases and medications once you are home, and your up Just before you left the hospital, did one of the dotscharge transition plan with you and your and your and detailed discharge transition plan with you and your ○ Yes, ○ No, ○ ○ I do Note to RA/RP: Refer the patient back to the discharge transition plan with you and your ○ I do If yes, please elaborate. Provide details on who went through the plan and what was covered. ○ Yes, ○ No, ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
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on which might change in hospital, and how to better acce community.	neans someone, usually a nd how you take them, advises you
yes, please elaborate. Provide details on who and what was covered.	



Now switching back to discharge again. A discharge medication review means that someone goes over your discharge prescription in detail, pointing out changes, with instructions for you to follow after you go home.		
Did you have a detailed medication review at the time of discharge from hospital?	 Yes, I did have this No, I did not have I don't remember 	
Please provide details on by whom and what was covered.		
RA or RP: Remind the patient of the definition of	a detailed medication review	
At the time of hospital discharge, did you feel that you heard and understood all of the instructions you were given?	 ○ Yes ○ No ○ Some, but not all 	
Please explain what you did not hear or understand.		
Did you have a family member or caregiver with you at the time of hospital discharge to help hear or interpret the instructions you were given?	○ Yes ○ No	
If yes:	 They were helpful They were somewhat helpful Having them there did not help 	
Did you have a family doctor when you left the hospital?	○ Yes ○ No	
If not, did you have a nurse practitioner?	○ Yes ○ No	
Did you have a follow-up appointment booked with your family doctor or NP before you left the hospital?	 ○ Yes ○ No ○ I don't know 	
If not, how did you arrange follow-up?		
When was it booked for?		
Is this date	 Confirmed appointment date Best guess by patient (can't recall specifics but knows approximately when appointment is) 	
Did you have a physician specialist? (for example, internal medicine specialist, cardiologist, hematologist, etc.) when you left the hospital?	○ Yes ○ No	



Please list all specialists	 Internal medicine specialist Cardiologist Hematologist Other
What other type of specialist do you see?	
If yes, did you have a follow-up appointment booked with them before you left the hospital?	○ Yes ○ No
If no, how did you arrange follow-up?	
When was the follow-up booked for?	
Is this date	 Confirmed appointment date Best guess by patient (can't recall specifics but knows approximately when appointment is)
By the time you were discharged, had your hospital care team assessed your ability to afford your medications and your other follow-up care (for example, devicesie., walkers, commode, extra home care services, etc?)	⊖ Yes ⊖ No
If yes, what did they assess?	 They checked on both They just asked about medications They just asked about things other than medications
By the time you were discharged, were you assessed for the type, amount, and appropriate timing of home care and community services that you need?	 Yes No No, because it was determined that no home care would be required
Will you have trouble covering the cost of your medication after you get home?	○ Yes ○ No
If no, why is that?	 They are covered by the government with no or very low co-pay I have private insurance with no or very low co-pay
Which drugs?	
What is the issue?	
Did the hospital team help you in any way with affordability?	○ Yes ○ No



REDCap Form Completion Details

Comments

Form entered & completed by:

Date Form Completed

End time

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