Online supplementary appendix 1

Discharge-Checklist

Patient-ID: ……………

Date: ……………

	Yes	No
1: Have you collected the **main complaint** of the patient?	❑	❑
2: Have you and your patient discussed the **treatment goals from his own point of view** ?	❑	❑
3: Have you compiled a full list of all the patient's **drugs at admission**?	❑	❑
4: Have you decided for every single drug whether		
▪ the patient will indeed **take it as prescribed**?	❑	❑
▪ the **indication** of the drug is correct for this patient?	❑	❑
▪ the **risk of side effects** (present or expected) is less than the benefit incurred?	❑	❑
▪ the **dose** is correct for this individual patient (age, comorbidities)?	❑	❑
▪ there is no **alternative drug** with a better benefit-to-risk ratio?	❑	❑
5: Have you decided whether a **new drug** is indicated?	❑	❑
6: Did you **involve the patient** in the changes you are proposing?	❑	❑
7: Have you provided the patient with a **discharge medication list** together with an invitation to use it?	❑	❑
8: Have you motivated the patient to consult the family doctor/general practitioner **within 7 days**?	❑	❑
9: Did you send the **list of modified or newly introduced** medications to the family doctor/general practitioner?	❑	❑
10: Have you offered the family doctor/general practitioner **to discuss** medication changes?	❑	❑

11: Was there any **contact with the general practitioner during the hospital stay** in view of the imminent discharge of the patient? ❑ Yes / ❑ No

Discharging Physician:

Name: …………..……   Junior HP ❑ / Senior HP ❑   Signature: …........................

Thank you very much!