AAA Discharge Planning *LEAVING* checklist for people with aphasia

This document has been developed by the **Australian Aphasia Association** to help summarise considerations for safe and appropriate discharge from hospital for people with aphasia, ***particularly during the COVID-19 pandemic.*** We recognise that people with aphasia may be leaving hospital quicker after stroke at this time, and if going home, are likely to be staying indoors, potentially more isolated than usual, and reliant on online contact with others. Such circumstances may be particularly difficult for people with aphasia to negotiate and they may compound the social isolation that we already know is problematic for people with aphasia.

This document introduces the **AAA Discharge Planning *LEAVING* checklist**. Many factors will influence your discussions about discharge planning. At this time, we are particularly concerned about people who are isolated or who need supports to get online or communicate remotely.

- Is hospital discharge to a home environment with a family member?
- Is hospital discharge to a home where the person with aphasia lives alone?
- Is hospital discharge to a residential care facility?

We have based this checklist on published guidelines, publications, and consultation with clinicians (see p.4 for a few references and links). This checklist will be useful for team members involved in discharge planning for people with aphasia, including:

- speech pathologists/speech-language therapists, occupational therapists, nurses and social workers.

This checklist may be used and copied freely.
The last page (p.5) is our **AAA *LEAVING* Topic Sheet for people with aphasia** to take with them at discharge from hospital. This is to help planning and support discussion. Please personalise this to suit their particular needs.

> *LEAVING* stands for:
>
> **L**ISTEN to people's concerns
> **E**DUCATE people and families
> **A**CCESS to information and support
> **V**ALIDATE that people understand and can manage the plan
> **I**NFORMATION TECHNOLOGY access and use
> **N**AVIGATE the health and social care system
> **G**OALS for when people leave hospital.
>
> We explain each of these sections in the checklist below and give prompts and examples of questions to ask people with aphasia and family members. You can personalise your discussions to your individual patients and families as needed.

Australian Aphasia Association Executive Board

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		[Stick label here] Name Age Hospital ID

Level of aphasia severity [*please indicate*: mild, moderate, severe]

Proposed discharge date

Proposed discharge destination [*please indicate*: home alone, home with spouse/carer/family member, residential care, further residential rehabilitation, other situation]
Contact details for family/carers at discharge destination

MDT considerations

	Example prompts for questions to ask	Comments and actions	Yes	No
Listening: The clinician can listen to the person's concerns, and those of the family, and respond to them. Accessible, supported discussions should happen prior to discharge.	Is anything worrying the person (and family, if present) about going home or follow-up?			
	Does the person believe they can manage ADLs?			
	Is the person confident about their friendship/family networks and supports?			
	Is the person anxious about COVID-19?			
	Are there any other questions?			
Education: What needs to happen to **educate the person** about stroke, aphasia, and other issues resulting from the stroke? **Does the family have educational material** about stroke, aphasia and communication strategies?	Does the person need education about the: • situation with COVID-19? • rules on physical distancing? • need to stay at home?			
	Does the person understand their aphasia?			
	Does the person know about community aphasia groups, online aphasia groups and organisations?			
	Does the person know about ongoing rehabilitation services?			
	Does the person understand their other stroke-related issues and medication plan?			
	Does the person understand secondary stroke prevention and lifestyle adaptations?			

	Example prompts for questions to ask	Comments and actions	Yes	No
Accessibility to information and support: Does the person have accessible, aphasia-friendly information and supports?	Does the person have access to an effective communication channel or compensations – verbal, written, drawing?			
	Does the person have accessible written information on aphasia? • Leaflets • Aphasia guide • *I have aphasia* card			
	Does the person have accessible material on COVID-19? Can they access resources on this?*			
	Can the person understand and access the daily news/ updates?			
	Can the person access emergency assistance?			
	Any other access concerns?			
Validation: Can you show that the person and family have understood and will be able to act as you have discussed?	Are there follow-up services in place for the person?			
	Has the person *demonstrated* device use (phone, tablet, computer) while in hospital?			
	Has the person had a home visit with OT clearance?			
Information Technology considerations: Check if the person has the equipment at home and the knowledge to use it at this time. Is there a family member who is able to use IT? Can the person get assistance if the IT breaks down? Is there reliable internet at home? Is there someone around to help with this?	Are there devices at home? • computer • tablet (iPad or android) • smartphone (iPhone/android)			
	Does the person have the ability to use their *preferred* IT options to contact other people? • Phone • Email • Videoconferencing • Facebook			
	Can the person use online shopping if needed? • Find the sites they want • Generate their items • Pay for the items			
	Can the person access websites (such as AAA or Stroke Foundation) or useful apps?			
	Does the person have assistance if the internet fails or there is a problem with the service?			

	Example prompts for questions to ask	Comments and actions	Yes	No
Navigating the system: Is the person or family able to navigate bureaucratic systems (eg. NDIS, health insurance, Centrelink)?	Could the person access their GP through phone or email?			
	Could the person manage medications, get a prescription?			
	Could the person manage NDIS or Centrelink services?			
	Can the person keep up to date on changes with COVID-19?			
Goals for the person at discharge: Immediate goals? Longer-term goals while COVID-19 remains?	What does the person want to do when they get home?			
	What ongoing therapy or social care services do they want?			
	Can they use home practice apps/programs while waiting?			
	Do they feel comfortable with telehealth delivery when they go home?			

References

Almborg, A-H., Ulander, K., Thulin, A. & Berg, S. (2009). Discharge Planning of Stroke Patients: the Relatives' Perceptions of Participation. *Journal of Clinical Nursing*, *18*, 857-865. DOI: 10.1111/j.1365-2702.2008.02600.x

Anderson, S., & Marlett, N.J. (2004). The language of recovery: How effective communication of information is crucial to restructuring post-stroke life. *Topics in Stroke Rehabilitation*, *11*(4), 55-67. DOI: 10.1310/NPC4-01YV-P66Q-VM9R

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Ellis-Hill, C., Robison, J., Wiles, R., McPherson, K., Hyndman, D., Ashburn, A. (2009). Going home to get on with life: Patients and carers experiences of being discharged from hospital following a stroke. *Disability and Rehabilitation*, *31*, 61-72. DOI: 10.1080/09638280701775289

Hersh, D. (2009). How do people with aphasia view their discharge from therapy? *Aphasiology*, 23/3, 331-350. DOI: 10.1080/02687030701764220

Perry, L., & Middleton, S. (2011). An investigation of family carers' needs following stroke survivors' discharge from acute hospital care in Australia. *Disability and Rehabilitation, 33*, (19-20), 1890-1900. DOI: 10.3109/09638288.2011.553702

Rose, T., Wallace, S., & Leow, S. (2019). Family members' experiences and preferences for receiving aphasia information during early phases in the continuum of care. *International Journal of Speech-Language Pathology, 21*, 470-482. DOI: 10.1080/17549507.2019.1651396

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* Resources and websites

Australian Aphasia Association:
https://aphasia.org.au/
https://aphasia.org.au/resources/coronavirus/

Aphasia CRE Resources on COVID-19
https://www.latrobe.edu.au/research/centres/health/aphasia/resources

Aphasia Best Practice Statement: Australian Aphasia Rehabilitation Pathway
http://www.aphasiapathway.com.au/?name=About-the-statements

Aphasia United Best Practice Recommendations
http://www.aphasiaunited.org/wp-content/uploads/2016/05/English-Aphasia-United-Best-Practices-Recommendations1.pdf

Aphasia TechRamps
https://www.facebook.com/groups/2998245176899408/

Speech Pathogy Australia Telepractice Resources
https://www.speechpathologyaustralia.org.au/SPAweb/Resources_for_Speech_Pathologists/Professional_Resources/HTML/Telepractice_Resources

Tavistock Trust for Aphasia Software Finder
https://www.aphasiasoftwarefinder.org/

AAA *LEAVING* Topic Sheet: Going home from hospital

NAME:

DATE WHEN LEAVING HOSPITAL:

HOSPITAL

PEOPLE

Family/friends

Health staff and follow-up:

- My speech pathologist
- My occupational therapist
- My physiotherapist

- My GP

DAILY TASKS

Self-care

Meals

Housework

Carers and home services

Keeping busy and active

FINANCIAL

Pension

Banking

Online payments

Welfare payments

THERAPY and RECOVERY

Therapy practice to do at home
Telehealth
- Outpatient therapy
- Private therapy

Return to work program
Volunteering

STAYING SAFE with COVID-19
Staying at home
Washing hands with soap
Physical distancing

Keeping up to date/being informed

TECHNOLOGY
Using my phone
Internet access
Using my computer/iPad
- E-mail
- Skype
- Zoom
- Apps
- Websites

Australian Aphasia Association:
https://aphasia.org.au/
https://aphasia.org.au/resources/coronavirus/
Stroke Foundation Enable Me:
https://enableme.org.au/

HOME

SOCIAL and LEISURE

Connecting with family and friends by phone or online
- Hobbies, garden, TV, music
- *Meeting* people online
  - Friends
  - clubs
  - religious groups
- Stroke and aphasia groups online