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# **Communication Tool – For Providers Caring for ALC Patients and Families**

**Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Caregiver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Area of Communication with Patient** | **Notes** | **Complete?** |
| **Identify the patient’s understanding of how they are doing**  Guiding Question: “What is your understanding of how you’re doing right now?” |  |  |
| **Ask the patient about their goals and priorities**  Guiding Question: “What are you hoping will happen right now?” or  “Were there any goals that you hoped to achieve?” |  |  |
| **Identify what is most important for the patient**  Guiding Question: “What’s most important to you?” |  |  |
| **Identify what is most concerning for/ the biggest fear of the patient**  Guiding Question: “What are you most afraid of?” or  “What concerns you most?” |  |  |
| **Identify the patient’s satisfaction with their progress**  Guiding Question: “Are you satisfied with your progress?” |  |  |
| **Explain why the patient is designated ALC (what is limiting/ preventing discharge)**  Guiding Question: “The reason you can’t be discharged today is [insert reason]” |  |  |
| **Explain how care (physical therapy, occupational therapy, nursing care, etc.) would change now that the patient is ALC**  Guiding Statement: “As we figure out the next steps in your care, this is what your day will look like [insert details of care plan including any decreases in therapy].” |  |  |
| **Explain why care would change now that the patient is designated ALC**  Guiding Question: “This is changing because [were are limited in the types of resources available].” |  |  |
| **Explain next steps for the patient (if next steps are uncertain, this was explained)**  Guiding Question: “We are [an acute hospital] where we work together to [provide acute care and rehabilitation to patients like you]. We’ve offered what we are able to offer here, now we need to look at next steps…” |  |  |
| **Identify services available to the patient (including how to access and who pays for them)**  Guiding Question: “What services do you anticipate needing when discharged (e.g. nursing, cleaning, cooking, social support)?” |  |  |
| **Explain to the patient what medications are needed, what they are for and how they will be obtained**  Guiding Question: “You will have to continue to take [list medications and indications].” “Are you able to pick up these medications from [add pharmacy]? |  |  |

**Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Caregiver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Area of Communication with Caregiver** | **Notes** | **Complete?** |
| **Ask the caregiver about their goals and priorities for the patient**  Guiding Question: “What are you hoping will happen right now?” or  “Were there any goals that you hoped [patient’s name] would achieve?” |  |  |
| **Ask about the caregiver’s ability and capacity to provide care to the patient**  Guiding Question: “Will you be able to provide care to [patient’s name] when they are discharged?” “What kind of care will you be able to provide (cooking, cleaning, bathing, etc.)?” |  |  |
| **Identify the caregiver’s understanding of how the patient is doing**  Guiding Question: “What is your understanding of how [patient’s name] is doing right now?” |  |  |
| **Identify what is most important for the caregiver**  Guiding Question: “What’s most important to you?” |  |  |
| **Identify what is most concerning for/ the biggest fear of the caregiver**  Guiding Question: “What are you most afraid of?” or  “What concerns you most?” |  |  |
| **Identify the caregiver’s satisfaction with the patient’s progress**  Guiding Question: “Are you satisfied with [patient’s name] progress?” |  |  |
| **Explain why the patient is designated ALC (what is limiting/preventing discharge)**  Guiding Question: “The reason [patient’s name] can’t be discharged today is [insert reason]” |  |  |
| **Explain how care (physical therapy, occupational therapy, nursing care, etc.) will change now that the patient is ALC**  Guiding Statement: “As we figure out the next steps in your care, this is what your day will look like [insert details of care plan including any decreases in therapy].” |  |  |
| **Explain why care would change now that the patient is designated ALC**  Guiding Question: “This is changing because [were are limited in the types of resources available].” |  |  |
| **Explain next steps for the patient to the caregiver (if next steps are uncertain, this is explained)**  Guiding Question: “We are [an acute hospital] where we work together to [provide acute care and rehabilitation to patients]. We’ve offered what we are able to offer here, now we need to look at next steps…” |  |  |
| **Identify services available to the patient and caregiver (including how to access and who pays for them)**  Guiding Question: “What services do you anticipate [patient’s name] needing when they are discharged (e.g. nursing, cleaning, cooking, social support)?” |  |  |
| **Explain to the caregiver what medications are needed, what they are for and how they will be obtained**  Guiding Question: “[Patient’s name] will have to continue to take [list medications and indications].” “Is [patient’s name] able to pick up these medications from [add pharmacy]?”  “Or can you assist them?” |  |  |

# **Icon Description automatically generatedText, icon Description automatically generatedCommunication Tool – For Patients and Caregivers Waiting to be Discharged**

**Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Caregiver’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Area of Communication with Provider** | **Notes** | **Complete?** |
| **Ask why you are designated ALC (what is preventing/ limiting discharge)**  Guiding Question: “What is preventing my discharge today?” |  |  |
| **Ask what providers (physical therapists, occupational therapists, nurses, etc.) will continue to see you, now that you are waiting for discharge**  Guiding Question: “Who will come see me?” |  |  |
| **Ask what your connection to the clinical team will be and who your main point of contact is**  Guiding Question: “Will I still have some connection to the clinical team?” “Who is my main point of contact on the clinical team?”  “How do I get ahold of them?” |  |  |
| **Ask what a typical day will look like**  Guiding Question: “Now that I’m here waiting for [next care setting], what will my day look like? |  |  |
| **Ask what your next steps are before discharge and how to prepare for those steps**  Guiding Question: “What are the next steps before discharge and how do we prepare?” |  |  |
| **Asked what services are available, how to access them and who pays for them**  Guiding Question: “What services are available in my community to help me with [medications, cooking, cleaning, recreation, etc.]?”  “How do I access them?”  “Am I financially responsible for these services?” |  |  |
| **Ask what medications are needed, what they are for and how they will be obtained**  Guiding Question: “What medications do I have to take?”  “Why do I need them?”  “How will I get these medications once I am no longer in the hospital?” |  |  |