



CANADIAN STROKE BEST PRACTICE RECOMMENDATIONS

Stroke Systems of Care

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Box 6: Support for Individuals with Stroke, Their Family and Caregivers Checklist

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Box 6 Support for Individuals with Stroke, Their Family and Caregivers Checklist

This checklist is provided as a guide to help ensure evidence- and consensus- based recommendations are applied to develop an action plan for each individual with stroke as they transition to different settings and phases of care. This checklist is applicable to all care settings and should enable the health care team member to work with the individual with stroke, their family and caregivers to have meaningful conversations regarding appropriate supports and services to ensure positive and successful care transitions

Support for individuals with stroke, their families, and caregivers should include:

- Communication that is tailored to the individual's cognitive, sensory, and communication abilities (such as aphasia-friendly formats) as required and appropriate to the health literacy of individuals with stroke, their families and caregivers.
- Shared decision making and participation regarding transitions across stages of care.
- Accurate and up to date information about the next care setting, what can be expected, and how to prepare.
- Access to restorative care and active rehabilitation to improve and/or maintain function based on the individualized care plan.
- Counseling, preparation and ongoing assessment for adjustment to change of: living setting; abilities; social roles and relationships; participation, leisure and vocational activities; and home environment. Also consider impact on family (e.g., spouse or partner, children); potential resource issues (financial), and independence (e.g., driving).
- Written discharge instructions including follow-up care, and recommendations that reflects goals for recovery.
- Access to a designated contact for ongoing questions, education, and support post-hospital discharge.
- Access to specialist and social services, including peer support organizations, appropriate to needs and stage of transition and recovery.
- Information and guidance on advance care planning, palliative care, and end-of-life care as appropriate.