

CARE PARTNER HOSPITAL ASSESSMENT TOOL (CHAT)

Overview: The purpose of the CHAT is to screen care partners (family members or friends) for potential information or training needs that could be delivered by healthcare practitioners. This screening involves gathering preliminary information about your background, preferences, skills, and supports related to caregiving, as well as determining whether or not you may benefit from information or training provided by skilled practitioners during the patient's hospital stay.

PERSONAL INFORMATION

The questions below are about your personal information. Care partners, for each statement, please fill in or select the response that best fits your situation.

1. What is your name?

First: _____ Last: _____

2. Do you live with the patient?

Yes No

3. What is your relationship to the patient?

- Spouse/ Partner
- Son/Daughter
- Parent
- Sibling
- Friend
- Other relationship, please tell us: _____

4. Do you provide care to the patient locally or from a distance with the patient?

Locally From a distance

PLANS & PREFERENCES

The next questions are about your anticipated plans and preferences while caring for the patient **during and after their hospitalization.**

5. Are you the healthcare team's contact person on behalf of the patient during their hospitalization?

Yes No



5a. Please list another person, if any, who will assist the patient during their hospital stay. After confirming with the patient, this person will be contacted and asked to complete these questions.

Name: _____ Phone: _____

PLANS & PREFERENCES (CONTINUED)

6. Will you provide support to the patient after discharge from the hospital?

- Yes No



6a. Please list another person, if any, who will assist the patient after discharge from the hospital. After confirming with the patient, this person will be contacted and asked to complete these questions.

Name: _____ Phone: _____

If you answered "Yes" to questions 5 or 6, please continue question 7 below. If you answered "No" to questions 5 or 6, please STOP HERE and return the form to the health unit coordinator.

7. What type of support will you provide the patient during or after their hospitalization? (Select all that apply)

- Physical (hands-on assistance, transportation)
- Social/Emotional (empathy, listening, encouragement)
- Supervision for safety purposes
- Health care management, decision-making or advocacy

8. Think about your preferences while caring for the patient during their hospitalization. Do you want to...

	Yes	No
a. ...learn from the healthcare team about the patients' condition?	<input type="radio"/>	<input type="radio"/>
b. ...be present when care is provided to the patient?	<input type="radio"/>	<input type="radio"/>
c. ...have access to the patient's electronic medical record, with consent from the patient?	<input type="radio"/>	<input type="radio"/>
d. ...discuss health care decisions about the patient's care?	<input type="radio"/>	<input type="radio"/>

SKILLS & SUPPORT

The next questions are about your need for information or training to fulfill caregiving responsibilities after the patient is discharged from the hospital. Please think about what you know now about the patient's condition and what you anticipate your potential caregiving responsibilities could be.

- "Yes/Unsure" if you need information or training to fulfill caregiving responsibilities.
- "No" if you do not need information or training, or if the topic is not relevant to your caregiving situation.

SKILLS & SUPPORT (CONTINUED)

9. Do you need information or training on the patient's medications?

- Yes/Unsure → Select all where information or training is needed: →
- No
- Filling prescriptions
 - Administering or packaging
 - Insurance coverage
 - Medication disposal
 - Other: _____

10. Do you need information or training on how to perform nursing tasks for the patient, such as wound care or giving injections?

- Yes/Unsure → Please describe what you hope to learn about performing nursing tasks for the patient:
- No
- _____
- _____
- _____

11. Do you need information or training on how to help the patient with personal care, such as dressing, bathing, or feeding?

- Yes/Unsure → Select all where information or training is needed: →
- No
- Dressing
 - Bathing
 - Feeding
 - Other: _____

12. Do you need information or training on how to help the patient with mobility, such as transfers or mobility devices (walker, wheel chair, etc.)?

- Yes/Unsure → Please describe what you hope to learn about mobility for the patient:
- No
- _____
- _____
- _____

13. Do you need information or training on how to fulfill household tasks for the patient, such as shopping, transportation, arranging healthcare appointments, or managing personal finances?

- Yes/Unsure → Select all where information or training is needed: →
- No
- Shopping
 - Transportation
 - Health care appointments
 - Personal finances
 - Other: _____

14. Do you need information or training on how to use medical devices, such as trach, oxygen, G-tube (feeding tube), or pumps?

- Yes/ Unsure → Select all where information or training is needed: →
- No
- Trach/ Oxygen
 G-tube (feeding tube)
 Pumps
 Other: _____

15. Do you need information or training on how to prepare the patient's home prior to discharge, such as installing grab bars, moving furniture, or purchasing adaptive equipment (tub bench, toilet risers, hospital bed)?

- Yes/Unsure → Please describe what you hope to learn about preparing the patient's home prior to discharge:
- No
- _____

16. Do you need information or training on how to locate community-based services, such as support groups, respite care and recreational activities in your local area?

- Yes/Unsure → Please describe what you hope to learn about community-based services in your area:
- No
- _____

17. Do you need information or training on how to discuss advance care directives with the patient, which are legal documents that allow a person to indicate their preferences for medical care should they be unable to make decisions for themselves (coma, permanently unconscious, end-of-life)?

- Yes/ Unsure → Please describe what you hope to learn about advanced care directives:
- No
- _____

18. Do you need information or training on understanding the reason the patient was admitted to the hospital?

- Yes/Unsure → Select all where information or training is needed: →
- No
- Lab results
 Symptom management
 Other: _____

Your responses will be reviewed by the healthcare team to determine what services, if any, you should be referred to during the patient's hospital stay. Thank you for completing the CHAT.

CONSULTATION KEY

If <input checked="" type="checkbox"/> "Yes/Unsure" receive consult to...	Discipline	Education <input checked="" type="checkbox"/>
Question 9	Pharmacy	<input type="checkbox"/>
Question 10	Nursing	<input type="checkbox"/>
Question 11	Dressing/Bathing - Occupational Therapy Feeding - Speech Therapy	<input type="checkbox"/>
Question 12	Physical Therapy	<input type="checkbox"/>
Question 13	Occupational Therapy	<input type="checkbox"/>
Question 14	Trach/Oxygen - Respiratory Therapy G-Tube - Nutrition Pumps - Nursing	<input type="checkbox"/>
Question 15	Physical Therapy and/or Occupational Therapy	<input type="checkbox"/>
Question 16	Social Work and/or Coordinated Care	<input type="checkbox"/>
Question 17	Social Work and/or Coordinated Care	<input type="checkbox"/>
Question 18	Physician	<input type="checkbox"/>