

## Participant Information Sheet/Consent Form

*Interventional Study - Adult providing own consent*

<b>Title</b>	The HOME Rehab trial: comparing the effectiveness of occupational therapy homevisit discharge planning to in-hospital consultations to improve participation after stroke
<b>Short Title</b>	The HOME Rehab trial
<b>Project Number</b>	HREC/17/Alfred/236
<b>Project Sponsor</b>	Monash University
<b>Coordinating Principal Investigator/ Principal Investigator</b>	Professor Natasha Lannin
<b>Site Principal Investigator</b>	Professor Natasha Lannin
<b>Location</b>	Caulfield and Sandringham Hospitals at Alfred Health

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### Part 1 What does my participation involve?

#### 1 Introduction

You are invited to take part in this research project. This is because you have had a stroke. The research project aims to determine the effectiveness of a specialised intervention provided by occupational therapists during your transition from hospital to home in returning to your daily life activities. These types of services are often referred to as 'discharge planning'.

This Participant Information and Consent Form tells you about the research project. It explains the procedures involved. Knowing what is involved will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. Before deciding whether or not to take part, you might want to talk about it with a relative, friend or healthcare worker.

Participation in this research is voluntary. If you don't wish to take part, you don't have to. You will receive the best possible care whether you take part or not.

If you decide you want to take part in the research project, you will be asked to sign the consent section. By signing it you are telling us that you:

- Understand what you have read;
- Consent to take part in the research project;
- Consent to participate in the research processes that are described;
- Consent to the use of your personal and health information as described

You will be given a copy of this Participant Information and Consent Form to keep.

## **2 What is the purpose of this research?**

Both hospital-based and home-based discharge planning consultations are provided as part of getting you back home after stroke, and are believed to improve the transition from hospital to home. No-one has conducted a research study to see if there are differences in outcomes between hospital and home-based occupational therapy consultations for adults who are inpatients in rehabilitation after stroke. The purpose is to investigate whether one type of consultation, the in-hospital or at home consultation, is better than the other for improving participation in daily activities and reducing readmission rates for people who have suffered a stroke. We will use the findings to inform future stroke rehabilitation practice. We will recruit 360 adults from 13 rehabilitation hospitals in Australia. At Caulfield and Sandringham hospitals we aim to recruit 100 participants.

If you do decide to take part, you will be randomly assigned (like a toss of a coin) to receive either a hospital-based or home-based consultation involving an interview and assessment, education and training prior to discharge. There is equal chance that you will receive either intervention. This study is supported by national and international researchers' and has been funded by a National Health and Medical Research Council Project Grant.

## **3 What does participation in this research involve?**

If you agree to participate in this study you will be asked to sign the participant consent form before any study assessments are performed. This study will be conducted over 12 months in total. You will be participating in a randomised controlled research project. Sometimes we do not know which treatment is best for treating a condition. To find out we need to compare different treatments. We put people into groups and give each group a different treatment. The results are compared to see if one is better. To try to make sure the groups are the same, each participant is randomly put into a group (like the toss of a coin) to receive either a hospital-based or home-based consultation. For the hospital-based consultation, you will be asked questions about your home environment as well as asked about what activities are important to you in the home and outside of hospital. Your family will also be asked to take photographs of your home environment to help your rehabilitation team match your rehabilitation program to your needs. For the home-based consultation, an occupational therapist would also accompany you to your home in a hospital car; there would be up to three such visits each taking about 75 minutes to complete. After these visits you will receive two follow up phone calls from your occupational therapist with the purpose to problem solve, provide feedback and encouragement. The home-based consultation offered in this study differs from standard practice. It is based on previous research about occupational therapy discharge planning. There is equal chance that you will receive either intervention.

All study participants will be asked to complete some questionnaires and functional tasks while in hospital and again 4 weeks and 6 months after discharge in your home. These will be completed in your own home by a researcher employed by the project and at no cost to you.

For all assessments, questionnaires and the interview, the research team will come to you – you will not be required to travel back to the hospital. You will also be asked to keep information about visits to the GP, hospital or other health care costs for the year after you are discharged.

There are no additional costs associated with participating in this research project. All medical care required as part of the research project will be provided to you free of charge. You will receive a gift card of \$50 to acknowledge the time taken for each assessment.

This research project has been designed to make sure the researchers interpret the results in a fair and appropriate way and avoids study doctors or participants jumping to conclusions.

## **4 What do I have to do?**

In addition to the assessments conducted at 4 weeks and 6 months you will be asked to record your health and community services on a calendar. Each month a research staff member will arrange for this information to be collected over the phone or returned to the study investigator by either mail or email. You will otherwise be able to carry on with your normal lifestyle.

At the end of the study intervention we may also ask if you are willing to have a separate interview with one of the study researchers. The purpose of the interview is to seek feedback on the study interventions, satisfaction with the discharge planning process received and whether there are any suggestions for improvement. The interview will take about 30 mins. To ensure responses are correctly interpreted, responses to questions will be written down by the researcher and audio recorded. We will seek around 30 participants to be interviewed. It is your decision whether or not you wish to be interviewed.

Five weeks before your 12 month follow-up we will send you a reminder of your final appointment and ask that you complete a diary to log your healthcare utilisation for the following 4 weeks. At the final 12 month assessment this diary will be collected from a research staff member who will also administer two health questionnaires. This follow-up assessment will take about 10-15 minutes to complete and will be conducted over the phone.

## **5 Other relevant information about the research project**

The project involves researchers from a number of healthcare organisations and universities across Australia and overseas, working in collaboration. The coordinating investigator, Professor Natasha Lannin, is employed by Alfred Health (Melbourne) and Monash University.

## **6 Do I have to take part in this research project?**

Participation in any research project is voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage.

If you do decide to take part, you will be given this Participant Information and Consent Form to sign and you will be given a copy to keep.

Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your routine treatment, your relationship with those treating you or your relationship with Alfred Health.

## **7 What are the alternatives to participation?**

You do not have to take part in this research project to receive treatment at this hospital. Other options are available; these include standard discharge preparations that may, or may not, include an occupational therapist assessment. You can discuss these options with your family and medical team before deciding whether or not to take part in this research project.

## **8 What are the possible benefits of taking part?**

We cannot guarantee or promise that you will receive any benefits from this research; however, possible benefits may include improved function and confidence with activities after discharge.

## **9 What are the possible risks and disadvantages of taking part?**

There are no known risks, other than those normally associated with rehabilitation, and no anticipated discomfort from taking part in this study. There may be additional risks that the researchers do not expect or do not know about. Tell a member of the research team immediately about any new or unusual symptoms that you get.

## **10 What if I withdraw from this research project?**

If you decide to withdraw, please notify a member of the research team before you withdraw. This notice will allow that person or the research supervisor to inform you if there are any health risks or special requirements linked to withdrawing.

If you decide to leave the project, the researchers may ask you if you are willing to attend follow-up visits to allow collection of information regarding your health status. Alternatively, you may be asked permission for the research team to obtain access to your medical records for the collection of follow-up information for the purpose of research and analysis. Personal health information

already collected will be retained, unless you specifically request otherwise, to ensure that the results of the research project can be measured properly.

### **11 What happens when the research project ends?**

Participants may, if requested on the consent page, receive a summary of the results of this research project at its completion. This summary will be shared by email. We anticipate this to be the end of 2021.

## **Part 2 How is the research project being conducted?**

### **12 What will happen to information about me?**

By signing the consent form you agree to the relevant research staff accessing your health records to collect personal and health information. Information about your participation in this research project will be recorded in your health records. The research staff will also collect information on the health services you have used for the 12 months before your stroke and 12 months following your discharge. Information about you will be obtained from your health records held at this and other health services. To collect this information, identifiable data (e.g. your name, age and address) will be submitted to the Australian Institute of Health and Welfare (AIHW) so that information about your health service usage can be obtained from a range of health datasets (such as Medicare, Pharmaceutical Benefits Scheme, and aged care and hospitals data) and linked to your study data. The health service data will be provided to the research team, by the AIHW, in a format where your identifiable data (e.g. your name and address) has been removed and the anonymous data will be held and analysed within an AIHW approved, secure data storage environment. This information will be used solely for the purposes of this project.

This trial involves transborder data flow within Australia, that is data collected from hospital sites outside of Victoria will be stored in Victoria. In these circumstances your information will be dealt with in accordance with Victorian privacy laws, including the Victorian Health Privacy Principles. Any information obtained for the purpose of this research project that can identify you will be treated as confidential and securely stored. It will be disclosed only with your permission, or in compliance with the law.

Data will be kept securely at the Alfred Hospital and Monash in a locked filing cabinet and password protected research computer. Re-identifiable information will be kept to enable follow up assessments to be conducted at 4 weeks, 6 and 12 months post-discharge. Re-identifiable information will also be kept to follow up health service utilisation and outcomes via data linkage. Data will be stored for 7 years.

It is anticipated that the results of this research project will be published and/or presented in a variety of forums. In any publication and/or presentation, information will be provided in such a way that you cannot be identified, except with your permission. Any personal information that could identify you will be removed or changed before files are shared with other researchers.

In accordance with relevant Australian and/or Victorian privacy and other relevant laws, you have the right to request access to your information collected and stored by the research team. You also have the right to request that any information with which you disagree be corrected. Please contact the study team member named at the end of this document if you would like to access your information.

### **13 What happens if I am injured as a result of participating in this research project?**

If you suffer any injuries during your participation in any occupational therapy sessions in this research project, you should contact the study team as soon as possible and you will be assisted with arranging appropriate medical treatment. If you are eligible for Medicare, you can receive any medical treatment required to treat the injury or complication, free of charge, as a public patient in any Australian public hospital.

In the first instance your study occupational therapist and/or doctor will evaluate your condition and then discuss treatment with both you and your regular treating doctor. In the event of loss or injury, any question about compensation must initially be directed to your study doctor who should advise their insurer of the matter.

#### **14 Who is organising and funding the research?**

This research project is being conducted by Prof Natasha Lannin and a team of national and international researchers. It has been funded by a National Health and Medical Research Council Project Grant. No member of the research team will receive a personal financial benefit from your involvement in this research project (other than their ordinary wages).

#### **15 Who has reviewed the research project?**

All research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the HREC of Alfred Health.

This project will be carried out according to the National Statement on Ethical Conduct in Human Research (2007). This statement has been developed to protect the interests of people who agree to participate in human research studies.

#### **16 Further information and who to contact**

The person you need to contact will depend on the nature of your query.

For all enquiries concerning this project, you can contact the principal researcher, during business hours:

Dr Natasha Lannin, Professor in Occupational Therapy, Alfred Health and Monash University. TEL:0417135153 or by email: [n.lannin@alfred.org.au](mailto:n.lannin@alfred.org.au)

If you have any medical problems which may be related to your involvement in the project (for example, any side effects), then the number to call after hours is: 0417135153.

#### **For complaints**

For matters relating to research at the site at which you are participating, the details of the local site complaints person are:

Name	Alfred Hospital Ethics Committee
Position	Complaints Officer, Office of Ethics & Research Governance
Telephone	(03) 9076 3619
Email	<a href="mailto:research@alfred.org.au">research@alfred.org.au</a>

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

Reviewing HREC name	Alfred Hospital Ethics Committee
Complaints Contact	Complaints Officer, Office of Ethics & Research Governance
Telephone	(03) 9076 3619
Email	<a href="mailto:research@alfred.org.au">research@alfred.org.au</a>

\* You will need to tell the Complaints Officer the following project number 30/18.

## Consent Form - *Adult providing own consent*

<b>Title</b>	The HOME Rehab trial: comparing the effectiveness of occupational therapy homevisit discharge planning to in-hospital consultations to improve participation after stroke
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<b>Project Sponsor</b>	Monash University
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<b>Site Principal Investigator</b>	Professor Natasha Lannin
<b>Location</b>	Caulfield and Sandringham Hospitals at Alfred Health

### **Declaration by Participant**

I have read the Participant Information Sheet or someone has read it to me in a language that I understand. I understand the purposes, procedures and risks of the research described in the project.

I give permission for my doctors, other health professionals, hospitals or laboratories outside this hospital to release information to Alfred Health and Monash University concerning my disease and treatment that is needed for this project. I understand that such information will remain confidential.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the study without affecting my future health care.

I understand that I will be given a signed copy of this document to keep.

I understand that, if I decide to discontinue the study treatment, I may be asked to attend follow-up visits to allow collection of information regarding my health status. Alternatively, a member of the research team may request my permission to obtain access to my medical records for collection of follow-up information for the purposes of research and analysis.

I agree that data gathered for the study may be published provided my name or other identifying information is not used.

I wish to receive results of this study       I do not wish to receive results of this study

Name of Participant (please print)

Signature

Date

### **Declaration by Researcher<sup>†</sup>**

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Name of Senior Researcher<sup>†</sup>  
(please print)

Signature

Date

<sup>†</sup> A senior member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.

## Form for Withdrawal of Participation - *Adult providing own consent*

**Title** The HOME Rehab trial: comparing the effectiveness of occupational therapy homevisit discharge planning to in-hospital consultations to improve participation after stroke

**Short Title** The HOME Rehab trial

**Project Number** HREC/17/Alfred/236

**Project Sponsor** Monash University

**Coordinating Principal Investigator/  
Principal Investigator** Professor Natasha Lannin

**Site Principal Investigator** Professor Natasha Lannin

**Location** Caulfield and Sandringham Hospitals at Alfred Health

### **Declaration by Participant**

I wish to withdraw from participation in the above research project and understand that such withdrawal will not affect my routine treatment, my relationship with those treating me or my relationship with Alfred Health.

Name of Participant (please print) _____
Signature _____ Date _____

In the event that the participant's decision to withdraw is communicated verbally, the Study Doctor/Senior Researcher will need to provide a description of the circumstances below.

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### **Declaration by Researcher<sup>†</sup>**

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the participant has understood that explanation.

Name of Researcher <sup>†</sup> (please print) _____
Signature _____ Date _____

<sup>†</sup> A senior member of the research team must provide the explanation of and information concerning withdrawal from the research project.

**Note:** All parties signing the consent section must date their own signature.