**Name:** Eleanor Hughes

**DOB** *(dd/mm/yyyy)*: 21/11/1944

**My Transitional Care Plan©**

**HCN:** XXXX-XXX-XXX-YZ

**Other ID:**

|  |
| --- |
| 1. **My Support System Leading Up to and on the Day of My Move:**
 |
| **Substitute Decision Maker:** Harold Hughes  | **Phone #:** (333)333-3321 |
| **Transitional Support Lead - Current Location:** Silver Oak General Hospital | **Phone #:** (666)666-6654 |
| **Transitional Support Lead - New Location:** Sunrise Manor Long Term Care Home | **Phone #:** (999)999-9987 |
| **Healthcare Providers/Teams Available to Support My Move:** - Johana Alcarez (Registered Social Worker, Silver Oak General Hospital)- James Anderson (Recreation Therapist, Silver Oak General Hospital)- Rebecca Bayer (BSO RPN, Mobile Team)- Alex Owens (BSO PSW, Sunrise Manor LTC Home)- Marie Flabiano (RN, Sunrise Manor LTC Home)  |
| **Current Location:**  [x]  **Hospita**l [ ]  **Retirement Home** [ ]  **Private Dwelling** [ ]  **Other:**      **Details:** 1515 Woodland Drive, Rosewind Ontario, X1X 1X13rd Floor- Medical and ALC (in a secured area on the floor) |
| **Destination:** Sunrise Manor Long Term Care Home20 Elm Avenue, Rosewind Ontario, 4R4 R4R | **Date & Time of Move:** Wednesday, December 16, 2022 / 1pm |
| **Transportation Plan:** Patient Transer Service | **Arrival Plan:** [ ]  **Arriving alone** [x]  **Arriving with others**Harold will drive himself; aiming to arrive at same time. |
| **My Room Setup:** |
| **Who will set up my room:** Harold Hughes & Alex Owens[x]  In advance [ ]  On the day of the move | **Favourite items to make my room feel like home:**- Family Photo Album- Framed photo of family dog- Ellie's Art work- A deck of cards (skip-bo)- Flowered design sewing kit- Homemade quilt for the bed- Stuffed bear from her grandchildren- Purple house coat- Blackout curtains  |
| **My Personhood Highlights** *(e.g. social/ cultural background)* ***:*** | **My Typical Daily Routine** *(e.g., sleep, meals, personal care):* |
| - Preferred name: Ellie- Language: English (can also speak German)- Faith: Catholic - Seeks social connection (enjoys socializing) - Enjoys painting, sewing (making quilts), playing cards (skip-bo)- Loves to drink coffee | - Sleeps until 630am (door closed)- Prefers to shower in the evening (will wash up in the morning- needs assistance with set up and peri-care) - Needs assistance with changing clothes specifically with compression stockings (must have clothes changed before breakfast)- Coffee with breakfast and Lunch (will also ask for coffee mid-afternoon before dinner) and a tea before bed. - Assistance with meal set up/ opening individual packages (opening up milk package and peanut butter).  |
| **My Smoking/Alcohol/Substance Use Plan:** Not Applicable |
| **Section 1 completed by:** Rebecca Bayer |
| 1. **My Functional Status:**
 |
| **My Assistive Devices** *(check all that apply and include details pertaining to their use):* |
| [x]  **Mobility Aids** [ ]  **Communication/Cognition Aids**  [x]  **Hearing/Vision/Dental Aids** [ ]  **Other:**      **Details:** 4WW, glasses, hearing aid |
| **I May Need Help/Reminders for the Following Tasks:** |
| **Hygiene/Personal Care: [ ]  Independent [ ]  Set Up Only [x]  Some Assistance [ ]  Full Assistance****Details:** Assistance with putting compression stockings on and assistance with peri-care. |
| **Elimination Care: [ ]  Independent [x]  Reminder/Routine [ ]  Incontinent** **Details:** Wears brief but has decreased incontience with toileting routine. Assistance with peri-care. |
| **Ambulation/Transfers: [ ]  Independent [x]  Supervision [ ] Full Assistance** **Details:** Uses 4WW, at times will forget/ leave the walker in bedroom and/or common areas and walk without (reminders needed to use walker). |
| **Nutrition/Eating: [ ]  Independent [x]  Set Up Only [ ] Full Assistance****Details:** Assistance with opening packages (milk and peanut butter) |
| **Medication Administration: [x]  Whole [ ] Crushed** **Details & Recent Changes:** Prefers to receive medication whole and chews them when consuming. At times, may refuse new medications that have a strong taste.  |
| **Section 2 completed by:** Johana Alcarez |
| 1. **Current Risks** *(check all that apply)*:
 |
| **[x]  Delirium**  | **[ ]  Falls**  | **[x]  Exploring/Searching/Leaving**  | **[ ]  Suicide Ideation**  | [ ]  **Fire** *(e.g. smoking, cooking)*  |
| [ ]  **Security** *(e.g. finances, housing, food)* [ ]  **Other:**      **Details:**  |
| **Responsive Behaviours/Personal Expressions** *(Check all that apply and describe the* ***behaviour(s)/expression(s****)* ***and context*** *in which they occur [e.g., during personal care]. Identify contributing factors and personalized approaches/strategies to prevent and/or respond).* |
| **[x]  Vocal Expression(s):** Repetitive words during conversations; will yell when light enters room at night; will yell if eating food/medications that have a bad taste. |
| **[x]  Motor Expressions(s):** Paces hallways - especially at night. Searches for social connections by walking into other people's rooms and sitting with them. May try to hold their hand. |
| **[ ]  Sexual Expression(s) of Risk:**   |
| **[ ]  Verbal Expressions(s) of Risk:**       |
| **[ ]  Physical Expressions(s) of Risk:**   |
| **Contributing Factors to My Behavioural Expression(s):**- Searching for social and physical connection with specific peers.- Hallway light or window light entering the room while attempting to sleep. - Food/Medication that has a bad taste |
| **Personalized Approaches/Strategies to Support Me:**- Keep door closed while sleeping. Ensure black-out curtains are closed tight with no open seam in middle.- Put medications that have bad taste in apple sauce or vanilla pudding.- Facilitate group sessions based on interests (card games and painting sessions) to keep hands busy while engaging in positive social interactions.- Hand massage therapy to promote facilitated physical connection.- Rummaging drawer for the evenings |
| **Section 3 completed by:** Johana Alcarez & James Anderson |
| 1. **My Family Connections and Social Supports** *(i.e., how will family/friends connect with me following my move?)*
 |
| [x]  **In-Person Visit(s):**  Harold Hughes (Husband) will visit daily after lunch, Anna Brown (Daughter) will visit Mondays & Wednesdays at 6:30pm, Elaine Dwyer (long life friend and neighbour) will visit some Saturdays. |
| **[x]  Virtual Visit(s)/Phone Call(s):** Virtual calls every Thursday evening (6pm) with son (Ben Hughes) and 2 grandchildren (needs assistance with tablet set up). |
| **[x]  Other(s):** Bi-weekly pet therapy visits (Tuesday afternoons at 2pm) |
|  **The Following Services will Support Me after My Move:** |
| - Rebecca Bayer (BSO Mobile Team)- Pet Therapy (bi-weekly visits) |
| **The Following Reports are Available to Assist in Getting to Know Me Better:** |
| **[ ]  Vaccination List [x]  Medication List [x]  Behavioural Assessment [ ]  Mental Health Assessment** **[x]  Personhood Tool [ ]  Isolation Care Plan [x]  Other:** My Behavioural Support Tip Sheet |
|  **Section 4 completed by:** Johana Alcarez & James Anderson |
| **5. The Following Healthcare Providers/Individuals Have Contributed to this Transitional Care Plan:** |
| **Name & Designation** | **Organization:** | **Phone Number:** | **Date: (dd/mm/yyyy)** | **Signature:** |
| Rebecca Bayer, RPN | BSO- Mobile Team | (444)444-4478 X5556 | 12/12/2022 |  |
| James Anderson, TR | Silver Oak General Hospital | (666)666-6654 X2223 | 13/12/2022 |  |
| Johana Alcarez, RSW | Silver Oak General Hospital | (666)666-6654 X2229 | 13/12/2022 |  |
|       |       |       |       |  |

*This transitional care plan was developed based on the individual’s presentation in their environment at the time of transition.*

*This plan may require adaptation in the new environment as different behaviours may present themselves throughout the transition period.*