



MY TRANSITIONAL CARE PLAN DURING THE COVID-19 PANDEMIC

Guidelines for Use

This transitional care plan can be utilized to help communicate the needs, preferences and individualized strategies to optimize seamless care transitions from one place to another for older adults presenting with, or at risk of, responsive behaviours/personal expressions during the COVID-19 pandemic. It is intended to be used by Behavioural Supports Ontario (BSO) Clinicians/ Team Members and other aligned team members that support transitions. This plan promotes person and family-centred approaches that integrate the individual's personhood information. It is written in the first person to **focus on the person** living with dementia, complex mental health, substance use and/or other neurological condition(s) and not the illness/diagnosis itself.

Collaboration with the person and their family is strongly encouraged in order to populate this document accurately. Following its completion, it may also be shared with the person and family as appropriate.

In many instances, not all information listed in this form will be applicable or available. Please note that it is not necessary to complete this form in full.

*Please note that the intention of the document is to support the planning and facilitation of a move to a new destination and that it is no meant to replace other formal care plans.

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- **Addressograph:** Complete the addressograph with the person's key identifiers. A sticker can also be applied should your organization use tailored addressographs. If sending to an external partner (*e.g. Home and Community Care, LTC home*) ensure to include the person's health card number (HCN).

Support System and/or Care Team Leading up to and on the Day of My Move:

- **Substitute Decision Maker (SDM):** Identify the name of the person's SDM and their telephone number. If the person does not have an SDM, you may include the name of their primary family/ friend care partner.
- **Transitional Support Lead:** Based on locally established processes, identify who will act as the primary lead to initiate the completion of this care plan and include their telephone number.
- **Additional Supports (*e.g., community team, mobile LTC team, etc.*):** List the specific names/roles of others that will assist in the completion and execution of the care plan and/or be present on the day of the move to provide support (*e.g. family/friends, BSO team members*).
- **Current Location:** Check the appropriate box to identify the person's current location. Additional details (*e.g., acute care unit/floor, retirement home name, etc.*) may be included.
- **Destination:** Identify where the person will be moving to (*e.g., LTC Home Name*). If known, include the date and time of the move.
- **Transportation Plan:** Describe how the person will be transported from their current location to the new destination (*e.g., SDM to drive the person; LTC home transportation program picking them up*).
- **Arrival Plan:** Describe any immediate plans for arrival at the new destination (*e.g., dropping off at door; BSO embedded team member to meet at front entrance; temperature to be taken immediately, etc.*). Identify whether the SDM is able to enter the home based on current COVID-19 regulations and if so, whether screening protocols have been reviewed with the SDM.

My Personhood Summary & Daily Routine

- **My Personhood Summary:** Provide a brief summary of the person's key Personhood information directly on the form (*e.g., preferred name, primary language*) and indicate whether



there is a full completed Personhood tool attached (e.g., *PIECES of my PERSONHOOD, All about Me*).

- **Resource:** [Making Connections: Recommendations to enhance the use of personhood tools to improve person-centred care delivery across sectors.](#)
- **My Typical Daily Routine:** Provide details regarding the person's current daily routine with specifics related to sleep (e.g., *preferred sleep/wake times, door closed/open*), personal care habits/preferences (e.g., *I prefer to shower in the evening, I like to use a specific soap*) and activities of interest during the day. Include preferences related to clothing (e.g., *I always wear sweaters, I like to wear socks to bed*) and any comfort items (e.g., *I always carry my purse with me, I like a lap blanket for warmth*). If applicable, in this section, provide an overview of the person's smoking, alcohol or substance use plan in relation to the COVID-19 pandemic (e.g., *I quit smoking 3 months ago and chew 4-8 pieces of nicotine gum per day*).

My Room Set-up:

- **My Room Set-up:** Whether the person is moving into a temporary or permanent room, identify whether the person's room has or will be set-up in advance or on the day of the move. In relation to COVID-19, identify whether the person is unable to bring personal items into the home. If the room has yet to be set-up, identify who will be setting up the room (e.g., *a staff member, family member*). List key items and favourite things for making the person's room feel like home; whether it's their temporary or permanent new home (e.g., *a photo book, prized possession, piece of art, etc.*).

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COVID-19: Isolation Care Plan, PPE & Swabbing Support

- **My Isolation Care Plan Strategy Summary:** Include a summary of strategies to assist in keeping the person well and meaningfully engaged during the first few days of their move while they remain in isolation. Consider activities that promote social, sensory, kinesthetic and intellectual needs. Identify whether an isolation care plan has been developed and attached. Identify whether an isolation activity kit (i.e., *a kit of items to keep the person meaningfully engaged*) has been developed and how it will be delivered (i.e., *where is the kit and who will give it to the person/set up items?*).

Note: If an isolation period is not required, you may leave this box blank.

- **Resources:** [Person-Centred Isolation Care Plan](#) (part of the *Dementia Isolation Toolkit*) [Non-pharmacological approaches to support individuals living with dementia maintain isolation precautions](#) (BSO Provincial Coordinating Office); [Engaging Activity Ideas for Dementia during COVID-19](#) (DementiAbility Enterprises & BSO Provincial Coordinating Office)
- **My COVID-19 PPE & Swabbing Support Strategies:** Identify strategies to support the person in relation to the use of PPE during the COVID-19 pandemic (e.g., *staff should remind the person that they are wearing a mask to protect them from a virus when entering the room, staff should introduce themselves each time, etc.*). Identify strategies that have been or may be helpful to support the person when conducting nasal/throat swabs (e.g., *reducing background noise, providing blanket, redirection/distraction techniques*). If the person has never had a swab conducted, this may also be identified in this box.



- Resources: [Strategies for swabbing individuals with dementia](#) (Mississauga Halton BSO/Alzheimer Society of Peel); [Tip sheet for care providers conducting nasal and throat swabs with clients with cognitive impairment](#) (RGP Toronto)

Responsive Behaviours/Personal Expressions & Risks with COVID-19

- **Responsive Behaviours/Personal Expressions:** Identify and describe the responsive behaviour(s)/personal expression(s) that the individual may display within each of the behaviour categories featured on the BSO-DOS[®]. Provide a brief description of the behaviour(s)/expression(s) along with the context in which they typically occur (e.g., vocal expression of risk: may scream during bathing when water is too cold; physical expression of risk: may attempt to strike out at male team members when attempting to help use utensils during meals).
 - Resource: [BSO-DOS[®] Resource Manual](#) (DOS Working Group).
 - Vocal Expressions (repetitive): e.g., crying, moaning, questions, words
 - Motor Expressions (repetitive): e.g., exploring, pacing, collecting, banging
 - Sexual Expression of Risk: e.g., explicit sexual comments, public masturbation
 - Verbal Expression of Risk: e.g., insults, screaming, threatening, swearing
 - Physical Expression of Risk: e.g., biting, punching, self-injurious, slapping

If an existing assessment detailing the person's responsive behaviours/personal expressions exists (e.g., PIECES Assessment), it may not be necessary to complete this section in full. Consider identifying key behaviours/expressions and their relation to COVID-19 risks and strategies. Later in the document, under 'The following reports are available to assist in getting to know me better', list other available reports detailing the person's typical behavioural presentation.

- **COVID-19 Risks:** Identify which responsive behaviour(s)/personal expression(s) pose risk in regards to adhering to infection prevention and control (IPAC) measures and/or other risks pertaining to COVID-19 (e.g., *has a history of trying to leave retirement home between the hours of 4-5pm to "get home for dinner"*). Identify strategies that have been successful to address the behaviour(s)/expressions(s) (e.g., *engage in afternoon activity at around 4:00pm such as word search or nature documentary until dinner is served*).
- **Other identified Risks:** Check off any other risks that have been identified (e.g., falls, suicidal ideation) and/or add additional information in the comment section.

Causes of Stress/Discomfort & Validation

- **Causes of Stress/Discomfort:** Include pertinent medical history as it relates to possible causes of stress/discomfort (e.g., *pain, constipation*). Provide diagnosis and timeline of medication use when possible, for the use of any psychotropic medications. Include any of the individual's fears and potential contributing factors for responsive behaviours/personal expressions (e.g., *darkness, noise*). Note any known or anticipated causes of stress/discomfort related to COVID-19 (e.g., not being able to see a certain family member in person, use of masks/shields).
- **Validation Techniques:** Detail person-centred approaches and strategies such as specific scripting, redirection strategies and topics of conversation. Highlight any potential required follow-up for the receiving team (e.g. *monitoring lab work, physiotherapy/recreation therapy involvement, Pro Attention plan*).



Activities of Daily Living: Assistive Devices & Tasks

- **My Assistive Devices:** Check off any assistive devices that are essential to transition with the person. These items will likely need to be labelled by the receiving home/team.
- **Help/Reminders for Tasks:** Provide as much specific detail as possible regarding the person's care needs and abilities. When an individual requires help with a task, detail what kind of help is needed. For example:
 - If the individual is incontinent, state whether they can change the incontinent product independently or if they require specific help.
 - When completing the Ambulation section, note if the individual is at risk for falls and list current/potential fall prevention strategies (*e.g. walker at bedside, lowering the bed with use of supportive floor mat, ensuring supporting footwear*).
 - Include favourite foods/typical meals in the Nutrition section.
 - Detail any specific scripting that has been successful when administering medication, especially PRN medications (*e.g., "this pill is for your nerves"*). Identify any recent changes to medication and whether staff should monitor for specific symptoms or side effects.

My Family Connections & Social Supports

- **My Family Connections & Social Supports:** Identify the methods by which family/friends will be able to connect with the person following the move (*e.g., virtual visits, phone calls, in-person visits, window visits, etc.*). Identify whether these methods may be applicable during the isolation period and/or following the isolation period. Include any specific tips or details to assist in facilitating these social connections (*e.g., virtual visits: via resident's iPad using FaceTime with son every evening at 7pm; window visit scheduled for October 1 at 2pm with sister - will bring dog*).

Reports & Ongoing Support from External Teams

- **Reports available to assist in getting to know me better:** Identify other reports that are available to assist in getting to know the person better (*e.g., PIECES Assessment, BSO tip sheet from time in hospital, medication list, vaccination list*).
- **Clinician(s)/Team(s) available to support me following my move:** Identify specific Clinicians/Teams that are available to support the person following the move (*e.g., Geriatric Mental Health Outreach Team available for consult post 30 days following move; BSO Acute Care Clinician available via telephone/OTN for virtual consult*).
- **Completed by/contact number/organization:** Identify the name of the person who completed the form and their contact details.

Contact Us



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