Behavioural Supports Ontario
Soutien en cas de troubles du comportement en Ontario

brainXchange

MY TRANSITIONAL CARE PLAN DURING THE COVID-19 PANDEMIC

Name: James Smith
DOB *(dd/mm/yyyy):* 05/06/1928
HCN: 1234-567-890XX
Other ID: W2020-126M

A supportive tool to plan and facilitate my move from one place to another.

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

Substitute Decision Maker (SDM): Mary Smith	Phone #: (123) 456-7980
Transitional Support Lead: Samantha Adams	Phone #: (123) 789-4560 x 888

Additional Supports: (e.g., community team, mobile LTC team, etc.)

Jonathan Jones (BSO LTC PSW); Nicky Smith (daughter)

Current Location:

- ☑ Hospital Johnson Hospital - 5th Floor (Room 607)
- ☐ Private Dwelling (house, apartment)
- ☐ Retirement Home
- ☐ Other

Destination: The Villa LTC Home

2084 Main St, Chesterville

Date & Time of Move: Feb 3; afternoon

Transportation Plan:

Nicky will drive James and Mary.

Arrival Plan:

Nicky, James and Mary will be rapid tested upon entering the home. Will wait in lobby for results.

SDM able to enter? ☑ Yes ☐ No Screening protocols reviewed? ☑ Yes ☐ No

Section 1 completed by: Samantha Adams, RSW Digitally signed by Samantha Adams, RSW Date: 2022.01.17 15:46:07 -05'00'

2. My Personhood Summary:

Full Personhood Tool Attached: ☑ **Yes** ☐ **No**

I have been happily married to my wife for 63 years. We have 1 daugher who lives 30 minutes away. I was in the Air Force x 2 yrs, then worked for the MTO as a manager of road designs. My previous hobbies include skiing, hiking, boating, curling and swimming. I love the outdoors. I still enjoy time outside – even in winter months. I am extremely proud of the cottage I built on Freshwater Lake.

My Typical Daily Routine: (e.g., wake up time, sleep time, eating preferences, showers/baths)

- I typically rise for the day around 8:30am. I do not like to be woken.
- I enjoy having a light breakfast of cold cereal or toast with decaf coffee (black). I enjoy drinking decaf coffee at breakfast and dinner, but prefer milk at lunchtime.
- I do not nap during the day and like to retire to bed around 8:30pm.

My Smoking/Alcohol/Other Substance Use Plan *(if applicable):*

N/A

Section 2 completed by: Mary Smith (Wife) Digitally signed by Mary Smith (Wife) Date: 2022.01.17 15:46:58 -05'00'

3. My Room Set-Up:

☑ In advance ☐ On the day of the move ☐ Unable to bring personal items into the home

Who will set up my room: Jonathan Jones (BSO PSW) setting up room

Favourite items to make my room feel like home: Framed photo of Cottage I built; television (sports channels/videos); grey cardigan and recliner.

Section 3 completed by: Jonathan Jones, PSW Digitally signed by Jonathan Jones, PSW Date: 2022.01.17 15:49:26 -05'00'

4. My Isolation Care Plan Strategy Summary: (including activities that promote social, sensory, kinesthetic and intellectual needs)

Isolation Care Plan attached: ☐ **Yes** ☑ **No**

Various sorting activities placed in kit; created YouTube playlist of skiing and curling videos from previous Olympics - play with sound off; boating catalogues; use of iPad to FaceTime with Mary and Nicky trialed with some success in hospital (limit 10 mins); I need support from staff to initiate/answer the call but prefer to hold tablet on my own.

Isolation activity kit: ☑ Yes ☐ No

If yes, delivery plan: Jonathan will place in room.

My COVID-19 PPE & Swabbing Support Strategies:

PPE Strategies: *(e.g., mask reminders in writing, verbal cueing)*:

I am unable to wear a mask successfully; will remove within seconds. Accustomed to seeing others in masks from time in hospital.

Swabbing Strategies:*(e.g., reducing background noise, providing blanket, redirection/distraction techniques):*

Causes me discomfort; blanket/cardigan trialed in hospital with success; speak softly and eliminate background noise.

Section 4 completed by: Jonathan Jones, PSW Digitally signed by Jonathan Jones, PSW Date: 2022.01.17 15:50:12 -05'00'

Adapted by: The Behavioural Support Integrated Teams Collaborative
From: North East Behavioural Supports Ontario/Seniors' Mental Health Regional Consultation Service (2020, Apr). My Transitional Care Plan. *North Bay Regional Health Centre.*
Version 2.2 (December 2021)

5. Responsive Behaviours/Personal Expressions[1] (*please check all that apply and describe the **behaviour(s)/expression(s) and context** in which they occur [e.g., during personal care]*)	**COVID-19 Risks & Strategies**
☑ **Vocal Expression(s):** Frequent Requests; Complaints to go home (during hospital stay); concerns regarding finances	**Risks:** *(e.g., ability to adhere to IPAC measures, etc.)* I may attempt to leave room in search of a coffee or to try to go outside.
☑ **Motor Expression(s):** would empty drawers/cupboard of belongings in hospital and place all items on floor; pacing hallways of hospitals	**Strategies:** *(e.g. 'Do Not Enter' signs, verbal reminders)* Open my blinds in AM so I can see outside; offer a second coffee after breakfast; tape a sign to inside of door to remind me not to leave my room.
☐ **Sexual Expression(s) of Risk:**	
☑ **Verbal Expression(s) of Risk:** may yell at visual hallucinations to "go away"	**Other Identified Risks:** ☑ **Falls** ☐ **Suicidal Ideation** ☐ **Other** I tend to place many items on the floor which increases my risk of tripping on items and falling.
☐ **Physical Expression(s) of Risk:**	

Sections 5 completed by: Jenna Liu, RN Digitally signed by Jenna Liu, RN Date: 2022.01.17 15:51:01 -05'00'

6. Please be Mindful that the Following May be a Cause of Stress/Discomfort for Me: (*e.g. chronic pain, loud noises, not being able to see a family member in person, staff use of masks/shields)*

- I have visual hallucinations associated with Lewy body dementia - diagnosed 2 years ago (I see people, children, sometimes dark themes) which may be distressing or confusing for me and cause anxiety.
- I have chronic pain in my knees from arthritis.
- I do not like to feel rushed.
- I do not like noisy environments and do not like being spoken to in loud voice. *A directive approach (ie: telling me what to do) will not be effective.
- I do not always recognize my family members but will recognize my wife's voice.

You Can Help to Validate My Feelings by: (*e.g. redirection strategies, reminiscence, specific approaches to care)*

1. Validate and reassure me when it comes to hallucinations, then redirect and distract me if possible. Reality orientation is not effective; instead try stating that "the police have been notified and will take care of it" which may be more helpful. Consider any required modifications to the environment (e.g., lighting to reduce shadows).
2. Praise and encourage me in a soft spoken voice. I'm an old fashioned gentleman and like to be helpful. Asking for my "help" to complete a task and offer choices that will promote my independence and encourage acceptance of care.
3. Validate my concerns when I'm distressed and provide comfort. For example, when I'm inquiring about finances, provide reassurance that my "family have taken care of it" and "all the paperwork is in place" as "they have met with the lawyer".
4. Watch for early signs of anxiety/frustration and redirect as possible. I respond well to recreational activities (sorting, and reminiscing about building cottage; and my work on the highways surveying).
5. I may need time to develop rapport/trust in new staff before considering accepting help with personal care. See strategies related to towel bathing and recommendations made by BSO staff to help (on tipsheet). When I refuse care, please accept my decision and re-approach later and use a stop-and-go approach during care. Avoid challenging or correcting me.
6. Offer pain management as needed. I regularly take Aleve PRN at lunchtime.
7. Ensure I am wearing my glasses at all times.

Section 6 completed by: Jenna Liu, RN Digitally signed by Jenna Liu, RN Date: 2022.01.17 15:52:12 -05'00'

[1] DOS Working Group (2019). Behavioural Supports Ontario-Dementia Observation System (BSO-DOS©) resource manual: Informing person and family-centred care through direct observation documentation. Behavioural Supports Ontario Provincial Coordinating Office, North Bay Regional Health Centre, Ontario, Canada.

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7. My Assistive Devices: (*please check all that apply*)

☐ Cane/Walker ☐ Wheelchair ☐ Dentures ☑ Glasses ☐ Hearing Aids
☑ Other: Bilateral leg braces

I May Need Help/Reminders for the Following Tasks:

Hygiene/Personal Care: ☐ Independent ☐ Set Up Only ☑ Assistance ☐ Full Assistance
I am sometimes reluctant to accept help with personal care. May layer clothing. Prefer showers. I need reminders to wear my leg braces.

Toileting Needs: ☐ Independent ☑ Reminder/Routine Toileting ☐ Incontinent
I am primarily continent and do not wear an incontinent product. I may benefit from a coloured toilet seat to overcome perceptual difficulties.

Ambulation/Transfers: ☑ Independent ☐ Supervision ☐ Full Assistance

Nutrition/Eating: ☐ Independent ☑ Set Up Only ☐ Full Assistance Diet Ordered:
Sometimes I confuse utensils. Dislikes fruits, orange juice and tomatoes. Favourite foods are steak/shrimp/seafood.

Medication Administration: ☑ Whole ☐ Crushed
I need encouragement/cueing to drink water and swallow medications. History of chewing capsules/tablets.

☐ Recent Changes: N/A

Section 7 completed by: Jenna Liu, RN Digitally signed by Jenna Liu, RN Date: 2022.01.17 15:53:15 -05'00'

8. My Family Connections & Social Supports: *(i.e., how will family/friends connect with me following my move?)*	**Time Frame:**
☑ **Virtual Visit(s)/Phone Call(s):** iPad - given from my daughter; stored in blue drawer in room with charger	**During Isolation** ☐ **Post Isolation/Isolation Not Required** ☑
☐ **In-Person Visit(s):** ☑ Indoors ☑ Outdoors with Mary; Nicky	**During Isolation** ☐ **Post Isolation/Isolation Not Required** ☑
☐ **Other:**	**During Isolation** ☐ **Post Isolation/Isolation Not Required** ☐

Section 8 completed by: Samantha Adams, RSW Digitally signed by Samantha Adams, RSW Date: 2022.01.17 15:58:51 -05'00'

9. The Following Reports are Available to Assist in Getting to Know Me Better: (e.g., BSO Assessment, Seniors/Geriatric Mental Health Assessment, Medication List, Vaccination List.)

All About Me Form completed; consent received from Mary (POA) to post in room.
PIECES Assessment (attached).
BSO Tip Sheet RE: towel bathing from time in hospital (attached).

The Following Healthcare Provider(s)/Teams are Available to Support Me Following My Move:

Samantha Adams (supported James in Acute Care)

Section 9 completed by: Samantha Adams, RSW Digitally signed by Samantha Adams, RSW Date: 2022.01.17 15:59:42 -05'00'

10. The Following Healthcare Providers/Individuals Have Contributed to This Transitional Care Plan:

Name:	Designation:	Organization:	Lead:	Date: (dd/mm/yyyy)	Signature:
Samantha Adams	RSW	Johnson Hospital	☑	1/17/22	Samantha Adams, RSW Digitally signed by Samantha Adams, RSW Date: 2022.01.17 16:02:32 -05'00'
Mary Smith (Wife)			☐	1/18/22	Mary Smith (Wife) Digitally signed by Mary Smith (Wife) Date: 2022.01.17 16:03:29 -05'00'
Jonathan Jones	PSW	BSO LTC Mobile Team	☐	1/17/22	Jonathan Jones, PSW Digitally signed by Jonathan Jones, PSW Date: 2022.01.17 16:04:19 -05'00'
Jenna Liu	RN	Johnson Hospital	☐	1/19/22	Jenna Liu, RN Digitally signed by Jenna Liu, RN Date: 2022.01.17 16:05:11 -05'00'
			☐	1/21/22	

This transitional care plan was developed based on the individual's presentation in their environment at time of transition. This plan may require adaptation in the new environment as differing behaviours may present themselves throughout the transition period.

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