

My Transitional Care Plan[®] (MTCP): Guidelines for Use

My Transitional Care Plan[®] (MTCP) summarizes meaningful information that contributes to the facilitation of successful transitions across sectors for older adults presenting with, or at risk of, responsive behaviours/ personal expressions associated with dementia, complex mental health, substance use and/or other neurological conditions. MTCP presents a synopsis of essential information for sharing between members of a person's care team from both their existing and new location. MTCP is intended for temporary use, to prepare and facilitate a move, following which information may be extracted from it to populate a formal care plan. All members of Behavioural Supports Ontario teams as well as other healthcare providers and partners who have assessment and/or care planning in their scope of practice can use MTCP. Psychogeriatric Resource Consultants or other BSO-aligned clinical educators may provide guidance on the use of this tool.

MTCP is written in first-person to promote a focus on the provision of person-centred care. In addition to collaborating with team members on both ends of a transition, all users are encouraged to work with the person for whom the tool describes, as well as their family¹ care partners (where applicable) in developing this plan. Following its completion, a copy may be shared with the person for whom the tool describes as well as their substitute decision maker and family care partners if consent has been obtained to do so.

MTCP is available as both a fillable Microsoft Word and PDF form. When using the fillable PDF, the font size is automatically adjusted as content is added to each field. In the Microsoft Word version, the size of the textboxes can be adjusted, however, users of this version are encouraged to keep responses concise on two pages. When filling out MTCP, users may document in point form or use full sentences. Some fields may be left blank if information is unknown.

In accordance with documentation standards, MTCP has a signature feature enabled which allows contributors to electronically sign and lock sections. To optimize the use of MTCP's electronic features, download and save the tool; avoid filling it out in web format. Electronic and printed copies of MTCP are to be stored according to organizational policies and procedures. MTCP may be built within electronic documentation records, but the tool must not be altered. Any requested changes or adaptations to MTCP must be reviewed and approved by the BSO Provincial Coordinating Office and Behavioural Support Integrated Teams Collaborative.

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- **Addressograph:** Complete the addressograph with the person's key identifiers (i.e., legal name, date of birth, health card number, and other identifier [if applicable]). A custom addressograph sticker may be applied to cover this section on printed copies.

SECTION 1: My Support System Leading Up To and on the Day of My Move

¹ Definition of Family: A term used to refer to individuals who are related (biologically, emotionally, or legally) to and/or have close bonds (friendships, commitments, shared households and child rearing responsibilities, and romantic attachments) with the person receiving health care. A person's family includes all those whom the person identifies as significant in his or her life (e.g. parents, caregivers, friends, substitute decision-makers, groups, communities, and populations) (RNAO, 2015).



- **Substitute Decision Maker:** Identify the name of the person's substitute decision maker and their telephone number. If the person does not have a substitute decision maker, include the name of their primary family care partner or indicate 'Not applicable'.
- **Transitional Support Lead – Current Location:** Identify who will act as the lead in supporting the transition at the person's current location and include their telephone number.
- **Transitional Support Lead – New Location:** Identify who will act as the lead in supporting the transition at the person's new location and include their telephone number. If the transitional support lead is the same for the new location and current location, indicate 'same as above'.
- **Healthcare Providers/Teams Available to Support My Move:** List the name(s), role(s) and contact details of other healthcare provider that will play a role in supporting this transition (e.g., mental health outreach, BSO mobile team, physician).
- **Current Location:** Check the appropriate box to identify the person's current location (i.e., hospital, retirement home, private dwelling, or other). Additional information such as a full address or specific floor/unit/neighbourhood may be included in the 'details' box below.
- **Destination:** Identify where the person will be moving to (e.g., long-term care home, retirement home, back to private dwelling)
- **Date & Time of Move:** If known, indicate the date and time that the move will take place.
- **Transportation Plan:** Describe how the person will be transported from their current location to the new destination (e.g., son will drive them, LTC home transportation van picking them up).
- **Arrival Plan:** Check the appropriate box to indicate whether the person will be arriving to their new location alone or with others. If with others, indicate who will be arriving with them. Describe any immediate plans for their arrival (e.g., being dropped off by transportation van, BSO team member to meet person and family at front entrance).
- **My Room Setup:** For moves to LTC, retirement homes, or other group-living centres for the first time, indicate who will take the lead in setting up the person's room. This may include a healthcare provider and/or family care partners. Next, indicate whether the room will be setup in advance or on the day of the move. In the field below, indicate any favourite items that can contribute to making the person's room feel like home (e.g., photo albums, prized possessions, piece of furniture, art). For moves back to the person's previous location (e.g., from hospital to private home), use this space to note any particular modifications to be made to the person's living quarters (e.g., movement of furniture to accommodate walker/wheelchair, installation of reminder boards).
- **My Personhood Highlights** (e.g., social/cultural background): Provide a brief personhood summary such as the person's preferred name, cultural background, hobbies/interests, languages spoken/ understood, social/emotional/environment preferences, etc.
- **My Typical Daily Routine** (e.g., sleep, meals, personal care): Provide key details regarding the person's typical/preferred daily routine. Consider specifics related to sleep (e.g., preferred sleep/wake times, door closed/open), personal care (e.g., I prefer to shower in the evening, I like to use a specific soap), religious/spiritual practices (e.g., I pray 5 times and must first wash my hands, face and feet), clothing preferences (e.g., I always wear sweaters, I like to wear socks to bed), etc.



- **My Smoking/Alcohol/Substance Use Plan:** If applicable, provide an overview of the person's smoking, alcohol or substance use plan. Include strategies to accommodate this plan in their new environment (e.g., I quit smoking 3 months ago and chew 4-8 pieces of nicotine gum per day).

SECTION 2: My Functional Status

- **My Assistive Devices** (*check all that apply*): Select the appropriate box(es) to identify assistive devices that are available to the person and include details pertaining to their use in the field below (e.g., verbal cues, physical supports). Consider their use of mobility aids (e.g., walker, orthotics), communication/cognition aids (e.g., whiteboards, wayfinding signs, use of TV closed captions), hearing/vision/dental aids (e.g., glasses, pocket talker), and/or others (e.g., pencil grips).
- **I May Need Help/Reminders for the Following Tasks:** Within each activity of daily living listed in this section, identify the extent to which the person typically requires support (i.e., independent, supervision, some assistance, full assistance, etc.). In the fields below each activity, include additional details, personal preferences, and/or helpful tips to support the person (e.g., can dress self, however, requires assistance with putting on socks). In the 'medication administration' section, identify whether the individual takes medication whole or crushed and include any relevant details (e.g., medication adherence) and/or recent changes (e.g., discontinuation of medication) in the field below. If the individual does not take any medication, indicate 'not applicable' in this field.

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SECTION 3: Current Risks

- **Current Risks:** Indicate any current risks by checking the appropriate box(es) (i.e., delirium, fire, falls, suicide ideation, security, exploring/searching/leaving). List any other relevant risks in the 'other' box and include pertinent details concerning them in the details box.
- **Responsive Behaviours/Personal Expressions:** Identify the type(s) of responsive behaviour(s)/personal expression(s) that the person presents with by checking off the appropriate behavioural category box(es). In the field next to each box that is checked off, describe the behaviour(s)/expression(s) using person-centred language and indicate the context in which they occur (e.g., [under vocal expressions] frequently yells in search of John at night). Refer to the [BSO-DOS](#)[®] to find specific behaviours for each of the behavioural categories. In the 'Contributing Factors to my Behavioural Expression(s)' field, identify factors that contribute to each or all behavioural expressions (e.g., room too dark, being too cold at night). In the 'Personalized Approaches/Strategies to Support Me' field, list any approaches/strategies that have been trialed successfully and any other helpful tips to prevent and/or respond to the person's behavioural expressions (e.g., provision of warm blanket, wearing socks to bed, use of night light).

SECTION 4: My Family Connections and Social Supports

- **My Family Connections and Social Supports:** Identify the methods by which family/friends will be able to connect with the person following the move (e.g., in-person visits, virtual visits, phone calls, etc.). Consider including 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; in-person visit scheduled for October 1 at 2pm with sister - will bring dog).



- **The Following Services will Support Me after My Move:** List any non-family supports/services that will support the person in their new setting (e.g., home care, behavioural supports, therapy programs, adult day programs). If confirmation of supports/services unavailable at the time of preparing the plan, indicate any pending referrals.
- **The Following Reports are Available to Assist in Getting to Know Me Better:** Identify other reports that are available to assist in getting to know the person better by checking off the appropriate box(es) (e.g., vaccination list, medication list, behavioural support assessment, isolation care plan, etc.) and attach them to the completed MTCP. Indicate other available reports by checking off the 'other' box and insert the description in the field.

SECTION 5:

The Following Healthcare Providers/Individuals Have Contributed to this Transitional Care Plan

- Identify the name of each individual who contributed to this transitional care plan, along with their designation, organization, contact details (telephone number or email address), and date that contributions were made. Note: If attaching documents to assist in getting to know this person better, it is not necessary for the authors of those documents to sign this transitional care plan.

Contact the BSO Provincial Coordinating Office

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www.brainxchange.ca/BSO