**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:**   **Hospita**l  **Retirement Home**  **Private Dwelling**  **Other:**  **Details:**  1515 Woodland Drive, Rosewind Ontario, X1X 1X1  3rd Floor- Medical and ALC (in a secured area on the floor) | | | | | | | | | | |
| **Destination:** Sunrise Manor Long Term Care Home  20 Elm Avenue, Rosewind Ontario, 4R4 R4R | | | | | **Date & Time of Move:**  Wednesday, December 16, 2022 / 1pm | | | | | | |
| **Transportation Plan:** Patient Transer Service | | | | | **Arrival Plan:**  **Arriving alone**  **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  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):* | | | | | | | | | | |
| **Mobility Aids**  **Communication/Cognition Aids**   **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  Some Assistance  Full Assistance**  **Details:** Assistance with putting compression stockings on and assistance with peri-care. | | | | | | | | | | |
| **Elimination Care:  Independent  Reminder/Routine  Incontinent**  **Details:** Wears brief but has decreased incontience with toileting routine. Assistance with peri-care. | | | | | | | | | | |
| **Ambulation/Transfers:  Independent  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  Set Up Only Full Assistance**  **Details:** Assistance with opening packages (milk and peanut butter) | | | | | | | | | | |
| **Medication Administration:  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)*: | | | | | | | | | | |
| **Delirium** | **Falls** | | **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).* | | | | | | | | | | |
| **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. | | | | | | | | | | |
| **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?)* | | | | | | | | | | |
| **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. | | | | | | | | | | |
| **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). | | | | | | | | | | |
| **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  Medication List  Behavioural Assessment  Mental Health Assessment**  **Personhood Tool  Isolation Care Plan  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 | | |  |
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*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.*