



Handle With Care: Using My Transitional Care Plan ©

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Marie-Lise Vader, RN, Providence Care Mobile Response Team

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Purpose

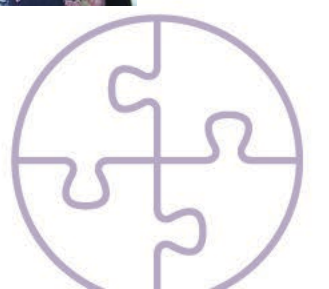
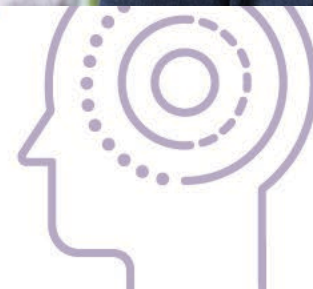
- 1 To identify My Transitional Care Plan (MTCP) as a tool to support multiple health sectors with vulnerable older adults with cognitive impairments
- 2 To focus on key moments in transition that impacts specific sector populations – such as the developmental sector



Goals

- 1 To share sector-specific examples of how transitions in care have been optimized using the tool.
- 2 To share how transitions in care have not been successful as this tool was not in use
- 3 Outline benefits for front-line staff
- 4 Increase collaboration and information sharing to improve patient, family, and staff experience





My Transitional Care Plan



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



Name: _____
DOB (dd/mm/yyyy): _____
HCN: _____
Other ID: _____

My Transitional Care Plan®

1. My Support System Leading Up to and on the Day of My Move:	
Substitute Decision Maker:	Phone #:
Transitional Support Lead - Current Location:	Phone #:
Transitional Support Lead - New Location:	Phone #:
Healthcare Providers/Teams Available to Support My Move:	
Current Location: <input type="checkbox"/> Hospital <input type="checkbox"/> Retirement Home <input type="checkbox"/> Private Dwelling <input type="checkbox"/> Other:	
Details:	
Destination:	Date & Time of Move:
Transportation Plan:	Arrival Plan: <input type="checkbox"/> Arriving alone <input type="checkbox"/> Arriving with others
My Room Setup:	
Who will set up my room:	Favourite items to make my room feel like home:
<input type="checkbox"/> In advance <input type="checkbox"/> On the day of the move	
My Personhood Highlights (e.g. social/ cultural background):	My Typical Daily Routine (e.g., sleep, meals, personal care):
	My Smoking/Alcohol/Substance Use Plan:
Section 1 completed by:	
2. My Functional Status:	
My Assistive Devices (check all that apply and include details pertaining to their use):	
<input type="checkbox"/> Mobility Aids <input type="checkbox"/> Communication/Cognition Aids <input type="checkbox"/> Hearing/Vision/Dental Aids <input type="checkbox"/> Other:	
Details:	
I May Need Help/Reminders for the Following Tasks:	
Hygiene/Personal Care:	<input type="checkbox"/> Independent <input type="checkbox"/> Set Up Only <input type="checkbox"/> Some Assistance <input type="checkbox"/> Full Assistance
Details:	
Elimination Care:	<input type="checkbox"/> Independent <input type="checkbox"/> Reminder/Routine <input type="checkbox"/> Incontinent
Details:	
Ambulation/Transfers:	<input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Full Assistance
Details:	
Nutrition/Eating:	<input type="checkbox"/> Independent <input type="checkbox"/> Set Up Only <input type="checkbox"/> Full Assistance
Details:	
Medication Administration:	<input type="checkbox"/> Whole <input type="checkbox"/> Crushed
Details & Recent Changes:	
Section 2 completed by:	

Adapted by: The Behavioural Support Integrated Teams (BSIT) Collaborative (Version 1.1 October 2022)
From: North East BSO/Seniors' Mental Health Regional Consultation Service (2020, Apr). My Transitional Care Plan. North Bay Regional Health Centre.

Page 1

3. Current Risks (check all that apply):				
<input type="checkbox"/> Delirium <input type="checkbox"/> Falls <input type="checkbox"/> Exploring/Searching/Leaving <input type="checkbox"/> Suicide Ideation <input type="checkbox"/> Fire (e.g. smoking, cooking)				
<input type="checkbox"/> Security (e.g. finances, housing, food) <input type="checkbox"/> 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).				
<input type="checkbox"/> Vocal Expression(s):				
<input type="checkbox"/> Motor Expressions(s):				
<input type="checkbox"/> Sexual Expression(s) of Risk:				
<input type="checkbox"/> Verbal Expressions(s) of Risk:				
<input type="checkbox"/> Physical Expressions(s) of Risk:				
Contributing Factors to My Behavioural Expression(s):				
Personalized Approaches/Strategies to Support Me:				
Section 3 completed by:				
4. My Family Connections and Social Supports (i.e., how will family/friends connect with me following my move?)				
<input type="checkbox"/> In-Person Visit(s):				
<input type="checkbox"/> Virtual Visit(s)/Phone Call(s):				
<input type="checkbox"/> Other(s):				
The Following Services will Support Me after My Move:				
The Following Reports are Available to Assist in Getting to Know Me Better:				
<input type="checkbox"/> Vaccination List <input type="checkbox"/> Medication List <input type="checkbox"/> Behavioural Assessment <input type="checkbox"/> Mental Health Assessment				
<input type="checkbox"/> Personhood Tool <input type="checkbox"/> Isolation Care Plan <input type="checkbox"/> Other:				
Section 4 completed by:				
5. The Following Healthcare Providers/Individuals Have Contributed to this Transitional Care Plan:				
Name & Designation	Organization:	Phone Number:	Date: (dd/mm/yyyy)	Signature:

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.

Adapted by: The Behavioural Support Integrated Teams (BSIT) Collaborative (Version 1.1 October 2022)
From: North East BSO/Seniors' Mental Health Regional Consultation Service (2020, Apr). My Transitional Care Plan. North Bay Regional Health Centre.

Page 2

Section 1

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Transitional Support Lead - New Location:	Phone #:
Healthcare Providers/Teams Available to Support My Move:	
Current Location: <input type="checkbox"/> Hospital <input type="checkbox"/> Retirement Home <input type="checkbox"/> Private Dwelling <input type="checkbox"/> Other:	
Details:	
Destination:	Date & Time of Move:
Transportation Plan:	Arrival Plan: <input type="checkbox"/> Arriving alone <input type="checkbox"/> Arriving with others
My Room Setup:	
Who will set up my room:	Favourite items to make my room feel like home:
<input type="checkbox"/> In advance <input type="checkbox"/> On the day of the move	
My Personhood Highlights (e.g. social/ cultural background) :	My Typical Daily Routine (e.g., sleep, meals, personal care):
	My Smoking/Alcohol/Substance Use Plan:
Section 1 completed by:	



Case Study ZZ

- 73 year old man
- Married, 3 sons, 4 grandchildren
- Retired mechanic
- Enjoyed outdoor home maintenance, motorcycle rides and walking his dog
- High school and trade school education
- Dx: MNCD



Section 1

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Transitional Support Lead - New Location:	Phone #:
Healthcare Providers/Teams Available to Support My Move:	
Current Location: <input type="checkbox"/> Hospital <input type="checkbox"/> Retirement Home <input type="checkbox"/> Private Dwelling <input type="checkbox"/> Other: Details:	
Destination:	Date & Time of Move:
Transportation Plan:	Arrival Plan: <input type="checkbox"/> Arriving alone <input type="checkbox"/> Arriving with others
My Room Setup:	
Who will set up my room: <input type="checkbox"/> In advance <input type="checkbox"/> On the day of the move	Favourite items to make my room feel like home:
My Personhood Highlights (e.g. social/ cultural background) :	My Typical Daily Routine (e.g., sleep, meals, personal care):
	My Smoking/Alcohol/Substance Use Plan:
Section 1 completed by:	



Case study Ms. M

- 65 year old woman
- Single, one daughter
- Worked in factories and stores
- Enjoyed gardening, crafts, baking, time with her cat
- Lived in a co-op
- High school education
- Dx: PPA



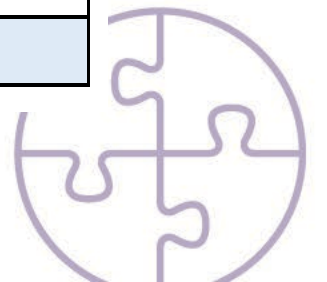
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Substitute Decision Maker:	Phone #:
Transitional Support Lead - Current Location:	Phone #:
Transitional Support Lead - New Location:	Phone #:
Healthcare Providers/Teams Available to Support My Move:	
Current Location: <input type="checkbox"/> Hospital <input type="checkbox"/> Retirement Home <input type="checkbox"/> Private Dwelling <input type="checkbox"/> Other:	
Details:	
Destination:	Date & Time of Move:
Transportation Plan:	Arrival Plan: <input type="checkbox"/> Arriving alone <input type="checkbox"/> Arriving with others
My Room Setup:	
Who will set up my room:	Favourite items to make my room feel like home:
<input type="checkbox"/> In advance <input type="checkbox"/> On the day of the move	
My Personhood Highlights (e.g. social/ cultural background) :	My Typical Daily Routine (e.g., sleep, meals, personal care):
	My Smoking/Alcohol/Substance Use Plan:
Section 1 completed by:	



Section 2

2. My Functional Status:			
My Assistive Devices <i>(check all that apply and include details pertaining to their use):</i>			
<input type="checkbox"/> Mobility Aids <input type="checkbox"/> Communication/Cognition Aids <input type="checkbox"/> Hearing/Vision/Dental Aids <input type="checkbox"/> Other:			
Details:			
I May Need Help/Reminders for the Following Tasks:			
Hygiene/Personal Care:	<input type="checkbox"/> Independent	<input type="checkbox"/> Set Up Only	<input type="checkbox"/> Some Assistance <input type="checkbox"/> Full Assistance
Details:			
Elimination Care:	<input type="checkbox"/> Independent	<input type="checkbox"/> Reminder/Routine	<input type="checkbox"/> Incontinent
Details:			
Ambulation/Transfers:	<input type="checkbox"/> Independent	<input type="checkbox"/> Supervision	<input type="checkbox"/> Full Assistance
Details:			
Nutrition/Eating:	<input type="checkbox"/> Independent	<input type="checkbox"/> Set Up Only	<input type="checkbox"/> Full Assistance
Details:			
Medication Administration:	<input type="checkbox"/> Whole	<input type="checkbox"/> Crushed	
Details & Recent Changes:			
Section 2 completed by:			



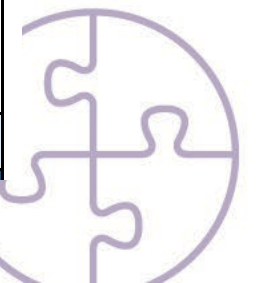
2. My Functional Status:			
My Assistive Devices (check all that apply and include details pertaining to their use):			
<input checked="" type="checkbox"/> Mobility Aids	<input type="checkbox"/> Communication/Cognition Aids	<input checked="" type="checkbox"/> Hearing/Vision/Dental Aids	<input type="checkbox"/> Other:
Details: Walker Glasses			
I May Need Help/Reminders for the Following Tasks:			
Hygiene/Personal Care:	<input type="checkbox"/> Independent	<input type="checkbox"/> Set Up Only	<input checked="" type="checkbox"/> Some Assistance <input type="checkbox"/> Full Assistance
Details: Assist c lower torso			
Elimination Care:	<input type="checkbox"/> Independent	<input checked="" type="checkbox"/> Reminder/Routine	<input type="checkbox"/> Incontinent
Details: Occasionally incontinent - wears absorbant disposable underwear Pad			
Ambulation/Transfers:	<input checked="" type="checkbox"/> Independent	<input type="checkbox"/> Supervision	<input type="checkbox"/> Full Assistance
Details: Uses wheeled walker			
Nutrition/Eating:	<input type="checkbox"/> Independent	<input checked="" type="checkbox"/> Set Up Only	<input type="checkbox"/> Full Assistance
Details: Reg diet, reg thin fluids, reg. texture			
Medication Administration:	<input checked="" type="checkbox"/> Whole	<input type="checkbox"/> Crushed	
Details & Recent Changes: In apple sauce - may need multiple approaches			

Falls Risk



Section 3

3. Current Risks <i>(check all that apply):</i>
<input type="checkbox"/> Delirium <input type="checkbox"/> Falls <input type="checkbox"/> Exploring/Searching/Leaving <input type="checkbox"/> Suicide Ideation <input type="checkbox"/> Fire <i>(e.g. smoking, cooking)</i>
<input type="checkbox"/> Security <i>(e.g. finances, housing, food)</i> <input type="checkbox"/> Other:
Details:
Responsive Behaviours/Personal Expressions <i>(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).</i>
<input type="checkbox"/> Vocal Expression(s):
<input type="checkbox"/> Motor Expressions(s):
<input type="checkbox"/> Sexual Expression(s) of Risk:
<input type="checkbox"/> Verbal Expressions(s) of Risk:
<input type="checkbox"/> Physical Expressions(s) of Risk:
Contributing Factors to My Behavioural Expression(s):
Personalized Approaches/Strategies to Support Me:
Section 3 completed by:



3. 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:

Falls: Has had several falls while in the BSTU. Happen later in the day/early evening. He walks quite a bit and this may be related to fatigue as the day progresses. While not always receptive to rest periods, continue to offer.

Exploring/Searching/Leaving: He will at times attempt to open locked doors, but once he notes they are not opening, he will move on. He does wander in and out of rooms, will look around and then leave.

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):

-crying

☒ Motor Expressions(s):

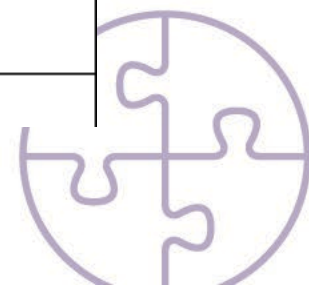
-wandering/pacing

☐ Sexual Expression(s) of Risk: none

☒ Verbal Expressions(s) of Risk:

-He will yell out at times during care (These can range from expression to stop to that of swearing at staff)

☐ Physical Expressions(s) of Risk: no longer present



Contributing Factors to My Behavioural Expression(s):**Vocal Expressions**

-When family leave

Motor Expressions

-He had known low back pain and generalized arthritis

-He has dementia and does not remember his surroundings and will continue to wander throughout the day

Verbal Expressions of Risk

-He suffers from dementia, and does not always understand what is being asked of him, or the task at hand. He may only understand that he needs to protect himself from someone who is attempting to touch him and remove his clothing. He does this verbally initially.

Personalized Approaches/Strategies to Support Me:**Verbal Expressions**

-Sit with him and hold his hand; validate his feelings; talk with him about going to the cottage with his family (happy memories)

-He loves classic cars, dogs. He grew up on a farm. Talk with him about these topics. If you have some visual cues such as magazines, these are also helpful.



Motor Expressions

- Due to dementia, he is not able to accurately report his pain. Tools such as the PACSLAC or PAINAD are helpful in monitoring pain. Trial rest or PRN analgesics to help with pain.
- He enjoys physical recreational activities and music and will stay for longer periods during these times.

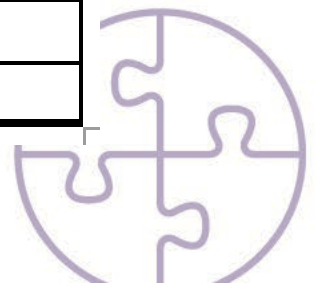
Verbal Expressions of Risk

- Ensure that only 1 person is speaking to him and directing him. He is in the later stages of dementia and also struggles with both receptive and expressive aphasia. Keep instructions short, using as few words as possible. Utilize visual cues to help with understanding.
- He becomes overwhelmed when staff move too fast, not allowing him time to process. Go slow.
- He enjoys music, especially old country like Johnny Cash, Waylon Jennings and Kris Kristofferson. Playing these songs or singing them during care routines helps calm him
- If he starts to have verbal responses, use STOP and Go. You don't need to leave the bathroom, simply stop the task, chat about topics that are distracting for a few minutes, then restart.

Section 3 completed by: Nurse

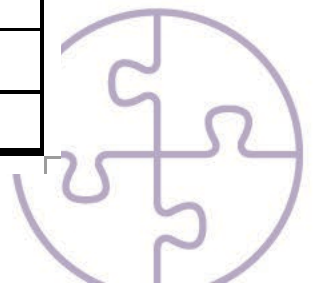
Section 4

4. My Family Connections and Social Supports <i>(i.e., how will family/friends connect with me following my move?)</i>				
<input type="checkbox"/> In-Person Visit(s):				
<input type="checkbox"/> Virtual Visit(s)/Phone Call(s):				
<input type="checkbox"/> Other(s):				
The Following Services will Support Me after My Move:				
The Following Reports are Available to Assist in Getting to Know Me Better:				
<input type="checkbox"/> Vaccination List <input type="checkbox"/> Medication List <input type="checkbox"/> Behavioural Assessment <input type="checkbox"/> Mental Health Assessment				
<input type="checkbox"/> Personhood Tool <input type="checkbox"/> Isolation Care Plan <input type="checkbox"/> Other:				
Section 4 completed by:				
5. The Following Healthcare Providers/Individuals Have Contributed to this Transitional Care Plan:				
Name & Designation	Organization:	Phone Number:	Date: (dd/mm/yyyy)	Signature:



Section 4

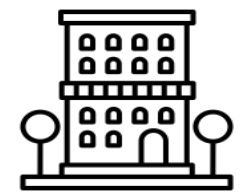
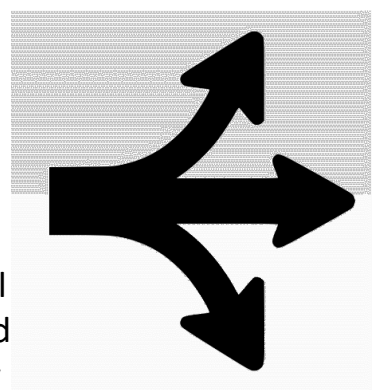
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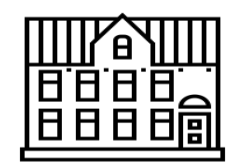
Background: My Transitional Care Plan & COVID-19



Increased Hospital Admissions + Need to create capacity



Long Term Care



Retirement Homes



Other Temporary Locations



North Bay Regional Health Centre / Centre régional de santé de North Bay

My Transitional Care Plan

Personal Information: Name (as listed), Preferred Name (optional), DOB (mm/yyyy), Health Card #, Patient's Signature, Decision Maker, Phone #

Support System and/or Care Team on Day of Transition: Please list:

Transportation Plan:

Assistive Devices (please check off any that apply): Hearing aids, Wheelchair, Glasses, Dentures, Other, Care

Personhood Summary: Full Personhood (not assessed) Yes/No

My Typical Daily Routine: (e.g., time I like to wake up and go to bed, how I like my coffee, when I like to shower/bathe)

Potential Risk Behaviors: (please check off any that apply): Roaming, Impulsivity, Personal Care Resistance, Falls Risk, Sexual Experiences, Physical Expressions, Other

I May Need Help/Assistance for the Following Tasks: Hygiene/Personal Care, Independent, Set Up Only, Assistance, Full Care

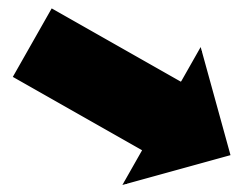
Talking Needs: Independent, Reminder/Routine Talking, Incontinent

Amputation/Transfer: Independent, Supervision only, Full Assistance

Nutrition/Feeding: Independent, Set-Up Only, Total Feed, Diet Ordered

Medication Administration: Medications Whole, Crushed Medications

My Transitional Care Plan (North East BSO, 2019)



My Transitional Care Plan

During the COVID-19 Pandemic

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

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

Transitional Support Lead: Name, Phone #

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

Current Location: Hospital, Private Dwelling (house, apartment), Retirement Home, Other

Destination: Hospital, Private Dwelling (house, apartment), Retirement Home, Other

Date & Time of Move:

Annual Plan:

ICD-10 code to enter home: Yes/No, Have screening protocols been reviewed with BSOH: Yes/No

My Personhood Summary: Full Personhood (not assessed) Yes/No

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

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, Favorite items to make my room feel like home

My 14-day Isolation Care Plan Strategy Summary: (including activities and essential needs, sensory, recreational and relaxation needs, isolation Care Plan affected) Yes/No

My COVID-19 PPE & Swabbing Support Strategies: PPE Strategies (e.g., mask, gloves in writing, verbal cueing), Swabbing Strategies (e.g., moving background noise, avoiding barriers, restriction/restriction techniques)

My Transitional Care Plan during the COVID-19 Pandemic

My Transitional Care Plan[®] (PDF Fillable & Word)

My Transitional Care Plan

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

Transitional Support Lead: Name, Phone #

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

Current Location: Hospital, Private Dwelling (house, apartment), Retirement Home, Other

Destination: Hospital, Private Dwelling (house, apartment), Retirement Home, Other

Date & Time of Move:

Annual Plan:

ICD-10 code to enter home: Yes/No, Have screening protocols been reviewed with BSOH: Yes/No

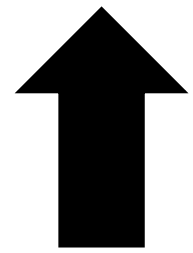
My Personhood Summary: Full Personhood (not assessed) Yes/No

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

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My COVID-19 PPE & Swabbing Support Strategies: PPE Strategies (e.g., mask, gloves in writing, verbal cueing), Swabbing Strategies (e.g., moving background noise, avoiding barriers, restriction/restriction techniques)



Download the tool & its supporting resources



My Transitional Care Plan©: Tool Download & Permissions

My Transitional Care Plan© is available for download following a review of permissions to preserve its integrity.



My Transitional Care Plan©: Guidelines for Use

These guidelines provide an overview of the purpose of the tool as well as instructions for use.



My Transitional Care Plan©: Completed Examples

Fictitious examples of completed My Transitional Care Plans© for education and training purposes.



Mon plan de soins de transition© en Français

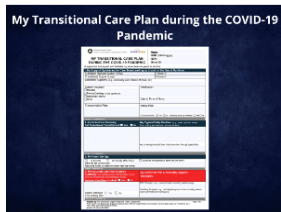
Mon plan de soins de transition© et ses ressources de soutien sont disponibles en Français.

[My Transitional Care Plan© \(MTCP\) | brainXchange](#)



Behavioural Supports Ontario (BSO) Transitions Pathway

Learn more about how BSO Teams facilitate transitions.



My Transitional Care Plan during the Covid-19 Pandemic

Version created specifically to support moves taking place during the Covid-19 Pandemic. It includes special fields pertaining to IPAC measures, isolation care plans, and other factors to consider.



MTCP Myths vs. Facts Posters

Debunk common myths about My Transitional Care Plan©. Clarify the misconceptions and equip yourself with the facts, emphasizing the importance of this best practice tool and resource.



Other Resources related to Supporting Transitions

Learn more about the Behavioural Supports Integrated Teams (BSIT) Collaborative and review other resources that they have created related to supporting transitions.



Ready, Set, Transition: Your Essential My Transitional Care Plan Implementation Package

- ***Ready, Set, Transition: Your Essential My Transitional Care Plan Implementation Package*** was released in June 2025
- This package includes:
 - Tools and Resources
 - Implementation and Integration
 - Visual Resources
 - MTCP in Action

Ready, Set, Transition: **Your Essential My Transitional Care Plan®** **Implementation Package**



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

brainXchange



This comprehensive package is designed to help organizations and care teams implement the My Transitional Care Plan® (MTCP) tool effectively. It includes user guidelines, completed examples, tip sheets, success stories, and practical tools to support person-centred transitions across care settings - ensuring individuals, families, and care providers stay connected and informed throughout the transition process.

Tools and Resources:

- [My Transitional Care Plan® \(MTCP\)](#)
- [MTCP Guidelines for Use](#)
- [MTCP Completed Example](#)
- [MTCP: French tools and resources / MTCP: Outils et ressources en français](#)



Benefits of this tool

- ❖ Increased communication
- ❖ Mitigating risk
- ❖ Promoting person-centered approaches to care
- ❖ Increased staff satisfaction
- ❖ Efficient use of financial resources
- ❖ Revisiting of tool
- ❖ Efficiency – entire tool need not be completed



Thank you & Questions

