Appendix H: My Transitional Care Plan©

My Transitional Care Plan© summarizes information to facilitate successful transitions in care for older adults presenting with, or at risk of, responsive behaviours or complex mental health, substance use or neurological conditions (166). It provides a synopsis of essential information that should be communicated to members of the interprofessional team to prepare and facilitate a transition in care. The tool is written in first person to promote person-centred care, and health and social service providers should collaborate with persons and their support network when completing the form. My Transitional Care Plan© can be built within an electronic health record. The form is also available in French (166).

Figure 5: My Transitional Care Plan©

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My Transitional Care Plan©

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

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: ☐ **Hospital** ☐ **Retirement Home** ☐ **Private Dwelling** ☐ **Other:** **Details:**	
Destination:	**Date & Time of Move:**
Transportation Plan:	**Arrival Plan:** ☐ **Arriving alone** ☐ **Arriving with others**
My Room Setup:	
Who will set up my room: ☐ In advance ☐ 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:	

2. 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:**				
I May Need Help/Reminders for the Following Tasks:				
Hygiene/Personal Care: **Details:**	☐ **Independent**	☐ **Set Up Only**	☐ **Some Assistance**	☐ **Full Assistance**
Elimination Care: **Details:**	☐ **Independent**	☐ **Reminder/Routine**	☐ **Incontinent**	
Ambulation/Transfers: **Details:**	☐ **Independent**	☐ **Supervision**	☐ **Full Assistance**	
Nutrition/Eating: **Details:**	☐ **Independent**	☐ **Set Up Only**	☐ **Full Assistance**	
Medication Administration: **Details & Recent Changes:**	☐ **Whole**	☐ **Crushed**		
Section 2 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:

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):**

☐ **Motor Expressions(s):**

☐ **Sexual Expression(s) of Risk:**

☐ **Verbal Expressions(s) of Risk:**

☐ **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?)*

☐ **In-Person Visit(s):**

☐ **Virtual Visit(s)/Phone Call(s):**

☐ **Other(s):**

The Following Services will Support Me after My Move:

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:**

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.

Page 2 of 2

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