

Highland Retirement Home 20 Fieldgate St, Kitchener, ON (General Unit only) ☐ 1 st Choice ☐ 2 nd Choice <i>(note: effective February 5, 2024, admissions to the Secure Unit will cease; new applications will be accepted for General Unit only)</i>	Stone Lodge Retirement Residence 165 Cole Rd, Guelph, ON (General Unit only) ☐ 1 st Choice ☐ 2 nd Choice <i>(note: effective February 5, 2024, admissions to the Secure Unit will cease; new applications will be accepted General Unit only)</i>
Fax form to CBA team at 519-742-0635	

Patient Information

Client #: _____	HCN#: _____	☐ Male ☐ Female ☐ Other
Surname: _____	Given Name: _____	DOB: _____
Primary Care Physician (required): _____	Phone: _____	Fax: _____
Substitute Decision Maker (SDM): _____	Phone: _____	Relationship: _____
Current location: ☐ OOR ☐ Community ☐ Hospital: _____		Unit/Floor: _____
Care Coordinator: _____	Phone/Ext: _____	
Bed Offer Contact: _____	Relationship: _____	Phone/Ext: _____

TCU Application Stream (pick ONLY 1)

☐ **Awaiting Long-Term Care**

- ☐ CRISIS Risk Score: _____ (Must be 4 or more)
- ☐ Patient has an active LTC application
- ☐ Facility Choice List (FCL) has been optimized to support a timely transition to LTC

☐ **Convalescence** (max 60 days) – patient requires enhanced level of care unable to be safely supported at home - requires OHAH TCU Manager Program Lead consultation prior to sending the application

Reason for stay: _____

Discharge destination: _____

Approval Date: _____ Approved by OHAH TCU Manager Name: _____

☐ **Caregiver Relief Respite Stay** (7 to 14 days) – requires OHAH TCU Manager Program Lead consultation prior to sending the application

Pre-planned dates requested: _____ Are Respite dates flexible? Y ☐ or N ☐

Approval Date: _____ Approved by * OHAH TCU Manager Name: _____

Supporting Documents (indicate those included in referral package based on patient characteristics)

- ☐ interRAI-HC (Required update within past **90 days**. N/A for Respite Stay)
- ☐ TCU Patient Status Update note template (Required if RAI older than 7 days. N/A for Respite Stay)
- ☐ TCU Patient Agreement (signed)
- ☐ Hospital Nursing & Allied Health notes as relevant (hospital applicants only) (upload date: _____)
- ☐ BAT (confirmed accurate) (upload date: _____)
- ☐ PIECES (confirmed accurate) (upload date: _____)
- ☐ Medical History and Consult Notes (upload date: _____)
- ☐ Other, please specify: _____ (upload date: _____)

Short-Term Transitional Care Unit (TCU)- Application for Admission

Medical Information

Hospitalized in past 60 days: ☐ No ☐ Yes: Reason for Hospitalization: _____

Primary Diagnosis: _____

List of Active Diagnoses: _____

Medical Stability: ☐ Medically stable (patients do not require daily reassessment by a physician)

Allergies (list): ☐ No ☐ Yes _____

Isolation Status: ☐ No ☐ Yes Details: _____

If yes (select): ☐ MRSA ☐ VRE ☐ ESBL ☐ C-Diff ☐ CPE exposed ☐ CPE positive ☐ COVID _____

COVID Vaccine Status: ☐ Unvaccinated or ☐ Last vaccine date _____ dose #: _____

Oxygen: ☐ No ☐ Yes Flow Rate: _____

IV: ☐ No ☐ Yes ☐ Peripheral ☐ PICC _____

Wound Care Nurse Active: ☐ No ☐ Yes _____

Wound/Skin Condition: _____

Wound Care Plan: _____

Palliative Supports: ☐ N/A ☐ Actively in Place ☐ Required in TCU

Code Status: ☐ DNR ☐ Full Code

Current Functional Status

ADLs:

Dressing: ☐ Independent ☐ Set up ☐ Cuing ☐ 1Ax ☐ 2Ax Details: _____

Eating: ☐ Independent ☐ Set up ☐ Cuing ☐ 1Ax ☐ 2Ax Details: _____

Grooming: ☐ Independent ☐ Set up ☐ Cuing ☐ 1Ax ☐ 2Ax Details: _____

Bathing: ☐ Independent ☐ Set up ☐ Cuing ☐ 1Ax ☐ 2Ax Details: _____

Diet: _____ Texture: _____

Incontinent: ☐ Bladder ☐ Bowel ☐ Ostomy ☐ Indwelling Catheter; Date last changed: _____

Transfers/Mobility:

Weight: _____ Date last weight: _____ Weight bearing status: _____

Lying to Sit: ☐ Independent ☐ Set up ☐ Cuing ☐ 1Ax ☐ 2Ax Method: _____

Sit to Stand: ☐ Independent ☐ Set up ☐ Cuing ☐ 1Ax ☐ 2Ax Method: _____

Transfer Status: ☐ Independent ☐ Set up ☐ Cuing ☐ 1Ax ☐ 2Ax Method: _____

Mobility Status: ☐ Independent ☐ Set up ☐ Cuing ☐ 1Ax ☐ 2Ax Method: _____

Seating/ Equipment Needs:

Walker: ☐ Owned ☐ OHaH Rented ☐ Patient Rented Type: _____

Wheelchair: ☐ Owned ☐ OHaH Rented ☐ Patient Rented Type & Size: _____

Mechanical Lift: ☐ Owned ☐ OHaH Rented ☐ Patient Rented Details: _____

Other: ☐ Owned ☐ OHaH Rented ☐ Patient Rented Details: _____

Safety Alarms: ☐ Bed ☐ Seatbelt ☐ Chair Details: _____

Risk for Falls: ☐ No ☐ Yes Date of Last Fall: _____

☐ Falls Mat required ☐ Other interventions: _____

Short-Term Transitional Care Unit (TCU)- Application for Admission

General Mood:

Any medication changes for psychiatric or behavioural issues since hospital admission? ☐ No ☐ Yes, Describe:

History of psychiatric or responsive behaviours (includes respite applicants)? ☐ No ☐ Yes, Describe Cognition and Behaviour in attached behaviour management plan and other relevant tools/notes (BAT, PIECES, BSO Notes, etc.)

Other relevant information related to care:

Upcoming appointments if known (*e.g. outpatient clinic, dialysis, adult day program if respite stay*):

Please indicate if any of the following apply as it may require pre-admission planning:

Needs Discussion and/or Pre-Planning <i>(Pre-admission conference may be required)</i>	
☐ Non-invasive ventilation therapies including CPAP/Bi- PAP or O2 needs greater than 8L/min (TBD case by case) ☐ Extensive wounds or NPWT dressings ☐ Total parenteral nutrition (TPN) ☐ Enteral feeds ☐ IV therapy initiation & PICC line care and maintenance ☐ ADP requirements ☐ Smoking with intentions of cessation	☐ Alcohol use requires a medical prescription ☐ 1:1 shift overnight care ☐ Motorized wheelchair or mobility device ☐ Public Guardian and Trustee involvement ☐ Hemodialysis ☐ Responsive behaviours that can be managed on a non-secure unit, that don't pose a safety risk to self/others ☐ Patient requiring chemical restraints
Exclusion Criteria <i>(Patient not eligible for TCU if any of the following apply)</i>	
☐ Acute respiratory failure or tracheostomy ☐ Ventilation via endotracheal or tracheostomy tube ☐ Chronic/Long-term IV therapy ☐ 1:1 shift care 24/7 ☐ Peritoneal Dialysis ☐ Chest Tube ☐ Bariatric patients more then 400lbs due to known history of difficulty with transitions ☐ No plan for discharge destination	☐ Psychiatric or wandering responsive behaviours ☐ Patient requiring physical restraints to enable safety (lap trays, seat belts) ☐ History of aggression towards others that has not shown to be successfully managed through a support plan (sexual, verbal, physical) ☐ A known history of difficulty with transitions