Ontario Health atHome

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

Highland Retirement Home 20 Fieldgate St, Kitchener, ON (General Unit only) ☐ 1st Choice ☐ 2nd Choice *(note: effective February 5, 2024, admissions to the Secure Unit will cease; new applications will be accepted for General Unit only)*	**Stone Lodge Retirement Residence** 165 Cole Rd, Guelph, ON (General Unit only) ☐ 1st Choice ☐ 2nd Choice *(note: effective February 5, 2024, admissions to the Secure Unit will cease; new applications will be accepted General Unit only)*

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: _____)

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HCN: _____ . _____

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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: _____

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HCN: _____ . _____

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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

(Pre-admission conference may be required)

☐ 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

(Patient not eligible for TCU if any of the following apply)

☐ 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