Alzheimer Society

# Long Term Care Transition Guide – Helpful tips to support the move from home to Long Term Care

## BEFORE APPLYING TO LONG-TERM CARE:

- ☐ Contact Home and Community Care Support Services
- ☐ Reach out to the HCCSS Care Coordinator to complete a LTC capacity assessment and to determine if you are able to apply to a long-term care home
- ☐ Discuss external suppport services to assist while person lives in the community
- ☐ Ask friends and family for recommendations on LTCHs that they like
- ☐ Go to **https://www.hqontario.ca/system-performance/long-term-care-home-performance** to look up homes you might be interested in applying to
- ☐ To review reports you can look here: **http://publicreporting.ltchomes.net/en-ca/default.aspx**
- ☐ Tour homes close to where you live. Consider taking the person to a couple of the homes that you've selected.
- ☐ Speak to as many residents, staff and family members as possible about life at the home that you are considering.
- ☐ Take the person to their doctor for an updated annual physical or check-up and have their current medications reviewed
- ☐ If possible ask family doctor for a referral to a memory clinic
- ☐ Obtain Power of Attorney for Health Care
- ☐ Obtain Power of Attorney for Finances
- ☐ Discuss and document the person's end of life wishes. Here is Speak Up's Workbook to assist you. **https://www.speakupontario.ca/resource/acp-workbook-en/**
- ☐ File Taxes and obtain Notice of Assessment
- ☐ Ensure OHIP information is up to date
- ☐ Have up to date immunization records. In particular, LTC staff will ask for Covid, flu, pneumonia, and shingles vaccinations.
- ☐ Complete All About Me: **https://archive.alzheimer.ca/sites/default/files/files/national/core-lit-brochures/all-about-me_booklet.pdf**
- ☐ Inquire about Family Councils and see if some of the members are available to orient you to the long-term care home.
- ☐ Family meeting (if relevant) to advise other family members that an application to long-term care is imminent
- ☐ Sort through the person's belongings (save, donate, store)
- ☐ Have an oral assessment done by your dentist or primary care provider prior to admission

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## ONCE APPLICATION IS SUBMITTED TO HOME COMMUNITY CARE SUPPORT SERVICES - WAITING FOR A BED TO BECOME AVAILABLE:

- ☐ Inform care coordinator of changes in the person's health and level of independence
- ☐ Follow up with your care coordinator regarding waitlist and application status
- ☐ If you are eligible for government subsidy collect copies of statements or payment stubs from Ontario Disability Support Program or CPP

## BEFORE THE PERSON IS OFFERED A BED IN A LONG TERM CARE HOME:

- ☐ Obtain any recent medical reports or discharge summaries from Assisted Living or Retirement Home
- ☐ If possible meet with hospital social worker to discuss discharge plan

## THINGS TO DO THE DAYS LEADING UP TO THE MOVE:

- ☐ Connect with Social Worker or Resident/Family Service Coodinator for paperwork completion
- ☐ Visit bank for void cheque
- ☐ Make copies of Power Of Attorney documents and have copies of the resident's health card available
- ☐ Ensure that you have copies of the Notice Of Assessment
- ☐ Establish which belongings you will bring to the home (i.e. furniture and clothing) and contact facility for approval
- ☐ Arrange transportation for arrival
- ☐ Inform family/friends about the move
- ☐ Contact facility for visitor guidelines/ restrictions
- ☐ Connect with family/friends for assistance on move-in day
- ☐ Inquire about facility's unfunded services
- ☐ Make copies of vaccination card
- ☐ Have 2 copies of the medication list

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## *(CONTINUED)* THINGS TO DO THE DAYS LEADING UP TO THE MOVE:

- ☐ Obtain pre-admission COVID-19 test (subject to facility guidelines)
- ☐ Consider communicating with the person about the move (if appropriate)
- ☐ Get a copy of the transfer papers from the hospital or from previous care home

## WHEN YOU RECEIVE A BED OFFER FROM THE LONG TERM CARE HOME:

- ☐ Find out how many days you have to accept the bed offer
- ☐ Determine when the person will move into the home
- ☐ See if you can accept the bed offer immediately and start to move the person's belongings into the home
- ☐ Request permission to set up the room before moving day
- ☐ If possible complete as much paperwork prior to moving the person into the home.

## THINGS TO DO A FEW DAYS AFTER THE MOVE:

- ☐ Check with the nursing staff that their transfer papers are the same as yours (specifically medications)
- ☐ If the staff received medications from the previous care facility, check that the medications match what is on the transfer papers. Determine when a new batch of medications will be ordered for the resident.
- ☐ Obtain a staff directory with extentions and/or email addresses
- ☐ Contact Social Worker/Business Office to help you File for Involuntary separation application (if applicable)
- ☐ Ask Social Worker/Business Office for a Rate Reduction Application form. (Complete if applicable)
- ☐ To complete Rate Reduction Form consult with LTC staff. You will likely need Notice of Assessment, CPP statements, ODSP statements, GIS or insurance policy statements

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## *(CONTINUED)* THINGS TO DO A FEW DAYS AFTER THE MOVE:

- ☐ Discuss and arrange internet, cable, wifi, phone options with facility
- ☐ Obtain an inventory sheet to record belongings coming into the home
- ☐ Ask who is responsible for labelling clothes
- ☐ Determine whether the person's laundry will be done by you or the staff
- ☐ Label glasses, hearing aids and/or dentures
- ☐ Request if any of the above items can be secured in the evening and returned to the person in the morning when their medications are dispensed
- ☐ Find out when you can expect the initial Plan of Care meeting
- ☐ Inquire about Family Council
- ☐ Document End of Life Wishes if you have not done so already. Speak with staff about this topic shortly after the move.
- ☐ Review list of additional services ie. Beauty Parlour, Podiatry, Optometrist, Dental and Assistive Medical Devices
- ☐ Set up trust account for the person (if applicable)
- ☐ Meet with physician and nursing staff
- ☐ Arrange to meet with activation person assigned to the unit
- ☐ Discuss allergies and food aversions with the dietician
- ☐ Request a meeting with physiotherapist
- ☐ Donate belongings

## THINGS TO DO SUBSEQUENT WEEKS AFTER THE MOVE:

- ☐ Speak to the person who schedules Plan of Care meeting. Ask if the doctor will attend the meeting.
- ☐ Develop a list of 2 or 3 questions to ask at the plan of care meeting. Put questions for the physician first as they might not be present for the entire meeting
- ☐ Connect with free education at the Alzheimer Society of Toronto (Ambiguous Loss Work shop, LTC webinar series)
- ☐ Consider joining one of the many free support groups/reaching out for 1:1 support at the Alzheimer Society of Toronto

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## *(CONTINUED)* THINGS TO DO SUBSEQUENT WEEKS AFTER THE MOVE:

- ☐ Visit the person different days/times. Try to avoid going in on a schedule if possible. This allows you the opportunity to interact with different staff.
- ☐ Find out from the activation/recreation therapist what activites the person enjoys and when they take place. This allows you to work visits around the schedule so the person can participate in life at the home.
- ☐ Register with Family Councils Ontario for research/education opportunities and well as LTC Ministry updates
- ☐ Ensure that team received and reviewed the ALL About Me document.
- ☐ Complete the Conversation Starter and post it on the inside of the resident's wardrobe. **https://archive.alzheimer.ca/sites/default/files/files/national/core-lit-brochures/all_about_me_a_conversation_starter_e.pdf**
- ☐ Speak to your family members to find out if / when they can come to the home to visit the person.
- ☐ For family / friends living farther away co-ordinate short virtual calls between them and the resident
- ☐ Request a copy of the Plan of Care. Keep a copy of the Plan of Care in your records so you can compare the plan with the resident's needs before the next Plan of Care meeting.