Covenant Health

[Resident Label if available]

Move-In Checklist

(not part of the chart)

Demographic Information – [attach label if admitted to system]		Date:	
Last Name:	**First Name:**	**Age:**	**Sex:**
Sending Site:	**Receiving Unit:**	**Tel:** **Fax:**	
Contact:		***Complex Care Needs? (#5)*** ***No/Yes***	

Information Required Prior to/On Arrival :	Done
1. Transfer Orders: are signed and processed. If applicable include orders for: ☐ Diet ☐ Activity/Transfer ☐ Medication ☐ Oxygen ☐ Bloodwork/Diagnostic test	
2. Documents received: ☐ **Current MAR** ☐ **Medication Profile** ☐ **Admission BPMH** ☐ ***Discharge* Medication Reconciliation** ☐ **Other (please specify) _____** -Request enough medication to last until 1200h the next business day; if it is a Friday discharge, enough medications must be sent to last until 1200 the following Monday (or until 1200 Tuesday, holidays/stats) ☐ **Progress notes (7 days)** ☐ **RAI & Care Plan** ☐ **Diagnostic Reports (30 days)** ☐ **Consult Reports (90 days)**	
3. Legal Documents received & filed on chart : ☐ **Goals of Care Designation** ☐ **Personal Directive** ☐ **Power of Attorney** ☐ **Guardianship** ☐ **other**:_____	
4. Special Requirements noted & addressed (ensure supplies/equipment & orders are available and in place) - special equipment: CPAP ____ BPAP ____ IV/Clysis ____ Trach ____ Drain/Tubes (specify): _____ - special surface(specify) _____ Positioning device(specify) _____ other (specify) _____ - wound /ostomy supplies: _____ - mobility aid (specify)_____ - Bariatric bed:_____ - other:	
5. Complex Care Issues: (if yes, follow up with sending site may be required) 1. Complex Social issues (specify)_____ 2. Substance use/abuse: (i.e. smoking, alcohol etc.) specify management_____ 3. Certification under mental health act? 4. Behaviours (specify behavior and management)_____ 5. Complex Psychiatric needs: **Documentation of Suicide Risk?** ☐ Yes ☐ No ☐ other:_____	
Meeting with Resident/Legal Representative	
1. Site Welcome Folder provided (includes the Handbook & applicable information, forms, etc.). **-- content reviewed with Resident/Family**	
2. Documents are signed: ■ **The Move-In Agreement** ■ **Financial Responsibility Agreement** ■ **other consents:** (blood testing for blood borne viruses) ■ **Goals of Care (reviewed)**	_____ _____ _____ _____
3. Additional Paperwork reviewed and <u>completed</u> including ■ Allergies; (share with pharmacy/dietary) ■ Immunizations – received & consent for; ■ Funeral Home info; ■ Family Involvement; Care Conferences; information relevant to Care Plan. [RN/LPN]	_____ _____ _____ _____

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Moving In Checklist (p.2) (team members are suggested and as available)	
4. Begin Resident Orientation to Room _____ unit_____ staff _____ residents _____ programs _____ & facility _____ [All staff]	
5. Contact info provided & concerns resolution process explained	
Tasks to be completed on Shift of Arrival AND/OR within 24 hours (as per site)	**Done**
Administrative Tasks:	
1. ***Admitted*** into System & Electronic Health Record (EHR) [Unit Clerk(UC)]	
2. ***Picture*** taken: for Chart_____ MAR & _____ Emergency File ____ as per site specific process [UC]	
3 Resident ***Personal Health Card*** reviewed for: Personal Health Number, birthdate and gender [UC] -if discrepancies found, resident given form to send in for corrections (see Moving-In Policy)	
4. Laundry _____ & Kitchen_____ & other disciplines _____ notified of Move In [UC/as per site]	
5. Resident ***identification*** attached [UC] (i.e. ID Bracelet)	
Health Care Provider Tasks	
6. Scheduled as per site process: _____Bath_____ vitals_____ weight _____ height	
7. Measurements if needed [HCA] for: Tena _____ Sling _____	
Health Care Professional Tasks	
8. ☐ ***Resident Admission*** Assessment ☐ documented	_____
9. ☐ ***Braden Pressure Ulcer Risk*** Assessment ☐ documented	_____
10. ☐ ***Fall*** Risk Assessment completed. ☐ documented	_____
11. ☐ ***bE-LITE*** assessment [Therapies or LPN/RN] ☐ documented	_____
12. Admission ***Care Plan*** initiated ☐ Bedside Care Plan(Kardex)/Service Plan available to all staff [RN/LPN] ☐ Resident/Family included in discussion for Care Plan ☐ Discussion documented	 _____ _____
13. Address: ☐ Standing orders ☐ BPMH/Med Rec ☐ Diet orders ☐ Wound Care needs	
14. Progress Note completed by professional staff [RN/LPN]	
Tasks to be completed Day 1-7	
1. Move-in/Finance Documentation ***verified*** to be complete & submitted to Finance department [business office/site specific process]	
2. Routine care activities scheduled & ***discussed*** with family e.g. bath, laundry ☐ Discussion documented	
3.	
Tasks to be completed Week 2-6	
1. First care conference is scheduled [UC] Date:	
2. Ensure initial assessments are complete (e.g. RAI-MDS, Admission Assessments, bE-LITE)	
3. Resident input along with Triggered CAPs and Outcomes are used to develop the **Care Plan**	
4. Resident/Family invited to participate in goal setting and copy of Care Plan made available	
5. Family/Significant Others informed of Family Involvement supports and opportunities	
6. Shred this Move-In Checklist on completion of tasks	