

**Coordinated Care Plan**

**Patient:** Jones, Dena **Gender:** Female **DOB:** 12-Feb-1940  
**HCN:** 2017322301 **CHRIS Client Number:** 10061261

<b>Document #:</b>	SW-100337 (v1.0)	<b>Created:</b>	14-Mar-2017 10:25 PM EDT	<b>Last updated:</b>	15-Mar-2017 12:08 AM EDT
<b>Status:</b>	In Progress	<b>Created by:</b>	Millian, Jennifer Client Services Manager (Client Services - CC (All) - Client Service Management - South West CCAC)	<b>Last updated by:</b>	Millian, Jennifer Client Services Manager (Client Services - CC (All) - Client Service Management - South West CCAC)

**My identifiers**

<b>Last updated:</b>	14-Mar-2017 10:27 PM EDT	<b>Last updated by:</b>	Millian, Jennifer Client Services Manager (Client Services - CC (All) - Client Service Management - South West CCAC)
<b>Given name:</b>	Dena	<b>Health Link:</b>	--
<b>Preferred name:</b>	--	<b>HCN:</b>	2017322301Ver: --
<b>Surname:</b>	Jones	<b>Issued By:</b>	ON
<b>Address:</b>	32199 Muncy Rd	<b>Gender:</b>	Female
<b>City:</b>	Mount Brydges	<b>Date of birth:</b>	12-Feb-1940
<b>Province:</b>	Ontario		
<b>Postal Code:</b>	N0L 1Y0		
<b>Telephone:</b>	Home: (519)652-7890		
<b>Alternate telephone:</b>	--		
<b>Email address:</b>	--		
<b>Preferred contact by:</b>	Telephone		
<b>Mother tongue:</b>	English	<b>Marital status:</b>	Married
<b>Official language:</b>	English	<b>Where I currently live:</b>	Private Dwelling
<b>Ethnicity/Culture:</b>	Aboriginal	<b>People who live with me:</b>	Spouse/Life Partner
<b>Religion:</b>	--	<b>People who depend on me:</b>	--
<b>Primary Contact:</b>	Jones, Monti	<b>Telephone #:</b>	Home : (519)652-7890
<b>Relationship to me:</b>	Spouse/Life Partner		
<b>Emergency contact:</b>	Jones, Monti	<b>Telephone #:</b>	Home : (519)652-7890
<b>Relationship to me:</b>	Spouse/Life Partner		

**My care team**

Last updated:

14-Mar-2017 10:32 PM EDT

Last updated by:

Millian, Jennifer

Client Services Manager (Client Services - CC (All) - Client Service Management - South West CCAC)

Name	Role or relationship	Organization	Telephone #	Regular care team member	Lead care coordinator	I rely on most at home
Monti Jones	Spouse	--	--	X		X
Ted Jones	Son	--	--	X		
Maggie	Care Coordinator	South West CCAC	--	X		
Penny	Nurse	Health Centre	--	X	X	
Dr. Brown	Family Physician	Health Centre	--	X		
Bernice Johnson	Sister	--	--	X		
Sarah Johnson	Niece	--	--	X		
Julie	PSW Supervisor	Home and Community Supports	--	X		
Annette	Traditional Healing Coordinator	SOHAC	--	X		

The people I rely on at home are feeling:

Not satisfied

**Coordinated Care Plan**

**Patient:** Jones, Dena **Gender:** Female **DOB:** 12-Feb-1940  
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**My health issues**

**Last updated:** 14-Mar-2017 10:41 PM EDT **Last updated by:** Millian, Jennifer  
 Client Services Manager (Client Services - CC (All) - Client Service Management - South West CCAC)

**Health Issues**

Issue Type	Description	Clinical Description	Date of onset	Stability	Notes
Physical Health	Diabetes	--	2007	Unstable	--
Physical Health	Arthritis both knees	--	--	Stable	--
Physical Health	Hyperlipidemia	--	2010	Stable	--
Physical Health	Hypertension	--	2010	Stable	--
Physical Health	COPD	--	2014	Unstable	--
Mental Health	Depression	--	--	Stable	--
Mental Health	Cognitive Decline	--	--	--	--
Social Health	Social Isolation	--	--	--	--

**Baseline Vitals**

**Height:** 62 in **Weight:** 170 lbs **HbA1c:** --

**My known, current allergies and medications**

**Last updated:** 14-Mar-2017 11:13 PM EDT **Last updated by:** Millian, Jennifer  
 Client Services Manager (Client Services - CC (All) - Client Service Management - South West CCAC)

**Allergies and intolerances****Be sure to review these allergies before treating the person:**

Allergen or intolerant substance	Allergy or intolerance	Symptoms	Severity
--	--	--	--

**Medications****Be sure to review these medications before treating the person:**

**Date of last medication reconciliation:** 02-Mar-2017 **My last medication change was:** my diabetic and blood pressure medication changed in hospital  
**Performed by:** MD in hospital **It made me feel:** About the same  
**Aids I use to take my medication:** Someone administers medications  
**Challenges I have taking medications:** Remember to take them and paying for them

**Coordinated Care Plan**

**Patient:** Jones, Dena **Gender:** Female **DOB:** 12-Feb-1940  
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**Prescriptions**

<b>Drug Name:</b>	<b>Metformin</b>	<b>Reason:</b>	Diabetes	<b>Start date:</b>	02-Mar-2017
<b>Dose:</b>	750mg	<b>Prescriber:</b>	Dr. Thomas	<b>Change date:</b>	--
<b>Route:</b>	Oral			<b>Pharmacy:</b>	Rexall
<b>Direction:</b>	Twice daily				
<b>Drug Name:</b>	<b>Acetaminophen</b>	<b>Reason:</b>	Pain in knees	<b>Start date:</b>	05-Oct-2016
<b>Dose:</b>	500 mg	<b>Prescriber:</b>	Dr. Brown	<b>Change date:</b>	--
<b>Route:</b>	Oral			<b>Pharmacy:</b>	Rexall
<b>Direction:</b>	Twice daily				
<b>Drug Name:</b>	<b>Rosuvastatin Calcium</b>	<b>Reason:</b>	Cholesterol	<b>Start date:</b>	--
<b>Dose:</b>	20 mg	<b>Prescriber:</b>	Dr. Brown	<b>Change date:</b>	--
<b>Route:</b>	Oral			<b>Pharmacy:</b>	Rexall
<b>Direction:</b>	Once daily				
<b>Drug Name:</b>	<b>Perindopril</b>	<b>Reason:</b>	Blood Pressure	<b>Start date:</b>	02-Mar-2017
<b>Dose:</b>	12 mg	<b>Prescriber:</b>	Dr. Thomas	<b>Change date:</b>	--
<b>Route:</b>	Oral			<b>Pharmacy:</b>	Rexall
<b>Direction:</b>	Once daily				
<b>Drug Name:</b>	<b>Prednisone</b>	<b>Reason:</b>	--	<b>Start date:</b>	05-Sep-2016
<b>Dose:</b>	5 mg	<b>Prescriber:</b>	Dr. Thomas	<b>Change date:</b>	--
<b>Route:</b>	Oral			<b>Pharmacy:</b>	Rexall
<b>Direction:</b>	Once Daily				
<b>Drug Name:</b>	<b>Lorazepam</b>	<b>Reason:</b>	Anxiety	<b>Start date:</b>	--
<b>Dose:</b>	2 mg	<b>Prescriber:</b>	Dr. Brown	<b>Change date:</b>	--
<b>Route:</b>	Oral			<b>Pharmacy:</b>	Rexall
<b>Direction:</b>	As Needed				
<b>Drug Name:</b>	<b>Salbutamol Sulfate</b>	<b>Reason:</b>	when I am short of breath	<b>Start date:</b>	--
<b>Dose:</b>	2 puffs	<b>Prescriber:</b>	Dr. Brown	<b>Change date:</b>	--
<b>Route:</b>	Inhalation			<b>Pharmacy:</b>	Rexall
<b>Direction:</b>	As Needed				
<b>Drug Name:</b>	<b>Fluticasone/Salmeterol</b>	<b>Reason:</b>	to help my breathing	<b>Start date:</b>	--
<b>Dose:</b>	1 puff	<b>Prescriber:</b>	Dr. Brown	<b>Change date:</b>	--
<b>Route:</b>	Inhalation			<b>Pharmacy:</b>	Rexall
<b>Direction:</b>	Twice Daily				
<b>Drug Name:</b>	<b>Acclidinium Bromide/Formoterol Fumarate Dihydrate</b>	<b>Reason:</b>	COPD	<b>Start date:</b>	--
<b>Dose:</b>	1 inhalation	<b>Prescriber:</b>	Dr. Brown	<b>Change date:</b>	--
<b>Route:</b>	Inhalation			<b>Pharmacy:</b>	Rexall
<b>Direction:</b>	Twice Daily				

**Special Notes or instructions:**

Spouse helps Dena take her medications

**My plan to achieve my goals for care****Last updated:** 14-Mar-2017 11:36 PM EDT**Last updated by:**

Millian, Jennifer  
 Client Services Manager (Client Services - CC (All) -  
 Client Service Management - South West CCAC)

**Care team members who contributed to this care plan:**

**Coordinated Care Plan**

**Patient:** Jones, Dena **Gender:** Female **DOB:** 12-Feb-1940  
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My Family, Penny, Dr. Brown, Maggie, Annette, Julie

**What is most important to me right now:**

To stay home with Monti but also to see my family more.

**What concerns me most about my healthcare right now:**

I become quite short of breathe when I try to do to much or go out. I also have a lot of trouble getting out because of the pain in my needs. The pain and the breathing makes walking hard.

**What I hope to achieve****1 My sister lives near by. I would like to visit her more often**

**Suggested by:** Me

Action plan:	What can we do to achieve it	Who will be responsible for it
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**Expected outcome:** --

**Barriers and challenges:** Difficulty getting out of the house because of my breathing and difficulty walking. Monti also has health concerns and does not like driving much anymore

**Results achieved so far:** --

**Review Date:** --

**2 I would like to get in the tub for a bath and to get my hair washed at least each week.**

**Suggested by:** Me

Action plan:	What can we do to achieve it	Who will be responsible for it
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**Expected outcome:** --

**Barriers and challenges:** I have trouble getting into the tub and am afraid to fall. Monti is not able to help me because of his health.

**Results achieved so far:** --

**Review Date:** --

**3 To go see a traditional healer on a monthly at Southwest Ontario Aboriginal Health Access Centre (SOAHAC)**

**Suggested by:** Me

Action plan:	What can we do to achieve it	Who will be responsible for it
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**Expected outcome:** --

**Barriers and challenges:** Getting there again because of my difficulty walking and no ride.

**Results achieved so far:** --

**Review Date:** --

**My plan for future situations****I have received information about advanced care planning:**

I do not know what this is

**I have a completed advanced care plan:**

No

**My ACP is located here:**

--

**As I understand it, my advance care plan says:**

I don't think I have one completed but I don't want any measures taken to prolong my life.

**I have a Power of Attorney (POA) for personal care:**

Yes

**My POA document is located here:**

In the cupboard in the bedroom

**Name of POA attorney:**

Monti Jones

**Relationship to me:**

Spouse/Partner

**Telephone #:**

519-652-7890

**Patient:** Jones, Dena **Gender:** Female **DOB:** 12-Feb-1940  
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## My situation and lifestyle

<b>Last updated:</b>	14-Mar-2017 11:58 PM EDT	<b>Last updated by:</b>	Millian, Jennifer Client Services Manager (Client Services - CC (All) - Client Service Management - South West CCAC)
<b>How I work:</b>	Unemployed--	<b>Supplementary benefits I receive:</b>	--
<b>How adequate my income is for my health:</b>	Much less than adequate		
<b>I follow my recommended diet:</b>	I don't know	<b>How adequate my food is for my health:</b>	Less than adequate
<b>How I travel:</b>	Dependently on friends or family--	<b>How difficult it is to travel:</b>	Very difficult
<b>How difficult it is to read and understand information about my health:</b>	Very difficult	<b>How adequate my housing is for my health:</b>	Less than adequate
<b>I smoke tobacco:</b>	No	<b># of cigarettes/day:</b>	--
<b># of pack years:</b>	--	<b>Review Date:</b>	--
<b>I drink alcohol:</b>	No	<b># of drinks in one sitting:</b>	--
<b># drinks/week:</b>	--		
<b>I have used other substances:</b>	No		
<b>Substance</b>	<b>How recently</b>	<b>How frequently</b>	
<b>I gamble responsibly:</b>	No	<b>Most recent date I gambled:</b>	--
<b># of days in last 90 days:</b>	--		
<b>I get 30 minutes of physical activity 5x/week:</b>	Never - I am unable to	<b>I have had social interaction in the last 7 days:</b>	No--
<b>Other considerations (e.g., sleep habits):</b>	I only see Monti each day. My son visits when he can. I don't sleep very well at night because I cough a lot. Sometimes I stay in bed most of the day since it is in the kitchen anyway.		

## My recent health assessments

<b>Last updated:</b>		15-Mar-2017 12:01 AM EDT		<b>Last updated by:</b>		Millian, Jennifer Client Services Manager (Client Services - CC (All) - Client Service Management - South West CCAC)	
<b>Assessment Type</b>	<b>Assessment Name</b>	<b>Completed</b>	<b>Date completed</b>	<b>Score</b>	<b>Actions taken</b>		
--	RAI	X	2017-03-12	18 MAPLe Very High	--		
--	--		--	--	--		

## My most recent hospital visit

<b>Last updated:</b>	15-Mar-2017 12:03 AM EDT	<b>Last updated by:</b>	Millian, Jennifer Client Services Manager (Client Services - CC (All) - Client Service Management - South West CCAC)
<b>Hospital name:</b>	University Hospital	<b>Hospital physician name:</b>	Dr. Thomas
<b>Type of visit:</b>	ED visit then admission	<b>Hospital physician telephone #:</b>	519-685-8500
<b>Date of visit:</b>	28-Feb-2017	<b>Key advice from hospital:</b>	To use my puffers more and watch what I eat.
<b>Date of discharge (if applicable):</b>	02-Mar-2017	<b>Follow-up appointment made with:</b>	No appointment yeat
<b>Reason for visit:</b>	Difficulty breathing and my blood sugars where high	<b>Date of follow-up appointment:</b>	--
<b>Complications:</b>	--		

## My other treatments

**Coordinated Care Plan**

**Patient:** Jones, Dena **Gender:** Female **DOB:** 12-Feb-1940  
**HCN:** 2017322301 **CHRIS Client Number:** 10061261

**Last updated:** 15-Mar-2017 12:05 AM EDT

**Last updated by:**

Millian, Jennifer  
Client Services Manager (Client Services - CC (All) -  
Client Service Management - South West CCAC)

**Significant surgeries and/or implanted devices (e.g. pacemaker, transplant, stent):**

**Health education or counselling (e.g. group counselling):**

Diabetic education in hospital

**Review Date:**

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**Assistive Devices (e.g., oxygen cylinder, wheelchair):**

Oxygen Cylinder

Walker

Wheelchair

**Self-monitoring routines (e.g., daily home blood pressure readings):**

Monti helps me to check my sugars each day.

**Other treatments (e.g., traditional healer):**

I would like to see a traditional healer more often.

## My current supports and services

**Last updated:** 15-Mar-2017 12:07 AM EDT

**Last updated by:**

Millian, Jennifer  
Client Services Manager (Client Services - CC (All) -  
Client Service Management - South West CCAC)

Contact name	Organization name	Service provided	Telephone	Email address	Start date
Penny	Health Centre	Nurse	5196558844	--	--
Maggie	SW CCAC	Care Coordination	5194732222	--	--

## My appointments and referrals

**Last updated:** 15-Mar-2017 12:08 AM EDT

**Last updated by:**

Millian, Jennifer  
Client Services Manager (Client Services - CC (All) -  
Client Service Management - South West CCAC)

Date	Time	Provider name	Purpose	Notes
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