ADVANCED CARE/TRANSITION PLANNING

POLICY

Tralee Residential Services are committed to providing transition planning to all Individuals accessing service that experience changes to their circumstances or have life altering situations.

RATIONALE

Tralee Residential Services recognizes that Individuals in service have ever changing support requirements.

1. Transitional planning will be part of the annual My Support Plan (MSP) meeting. Additional meetings will be scheduled if, and when required.

2. Aging in place will be discussed so as short or long term plans may be implemented if required.

3. Tralee Residential Services is committed to ensuring that Individuals are fully involved throughout the complete planning process so as they always maintain as much personal control as possible. This will ensure that Individual's wishes are honored and their lives continue with dignity and respect.

4. Tralee Residential Services will be pro-active in researching how to best support Individual's changing needs and assign resources necessary to implement an action plan for any eventuality.

5. Employees will be provided training so that they are knowledgeable and have the skills required to properly support Individuals changing needs.

Types of situations that may require transitioning or advanced care planning:

- Young adults moving from Children's Services to the adult world.
- Individuals transitioning from hospital to community living.
- Individuals moving from home to the community.
- Ageing Individuals.
- Individuals experiencing trauma or abuse.
- Individuals with life altering situations (i.e. illness).

This is by no means a complete list. Individuals may identify situations that are important to them that require transitioning. Tralee Residential Services will make every effort to accommodate the needs of each Individual accessing services.

Individual's and their support network will be given information on and provided assistance, if required, with:

- Late stage and end of life care and the right to die at home vs in a facility
- Personal directives
- Advanced care planning
- Ensuring that goals of care are reviewed on an annual basis by the Individual's team or more often if required.