Ontario Health atHome

Going Home

Starting the Conversation

Your Recovery at Home

Ask your health care team to help you identify the changes you can expect to your routine and the support you will need. You may require help with your personal care, taking medication, using equipment, housekeeping, getting to medical appointments and other daily activities.

Your health care team will help connect you to care you need in the community.

Planning to go Home

You should begin planning to go home from the hospital as soon as possible.

You will be discharged when your health care team recommends home is the best place to complete your recovery. Our goal is to provide you with as much advance notice of your discharge date. If you have not been informed of an estimated discharge date, please ask us!

Home may be different than it was before you were admitted to the hospital. For example, you could be returning home with family, community, equipment and/or home care supports. Or, we may recommend transfer to another care setting to complete your recovery (e.g. a retirement home).



Your Recovery

Your health care team will work with you to make sure you understand your discharge instructions, including what follow-up care you may require and what medications you need to take. Our goal is for you to return home safely with the support you need.

Write down any questions you have about being discharged from the hospital. Discuss your concerns with your health care team before you go home.

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Discharge Planning Checklist

Use the following checklist to prepare for your discharge from the hospital.

☐ I have involved my family (or caregiver) and have included them in discussions and/or meetings with my health care team.

☐ I have reviewed and understand the instructions for my care.

☐ I know who is picking me up and how I will be getting home from the hospital. I have my key or access to my home.

☐ I know what medications I will be taking, what they are for and the potential side effects.

☐ I have confirmed the date, time and location of follow-up appointments.

☐ I am aware of the activities I will need help with and have arranged for assistance.

☐ I am aware of the equipment and medical supplies I will need.

☐ I am aware of any dietary restrictions.

☐ I know who to call if I have follow-up questions.

☐ I know what symptoms to look for, and when I should see my doctor or get emergency care.

☐ I know who my care coordinator is and how to contact them (if I am receiving home care services).

My Health Care Team

Name:
Contact:

Name:
Contact:

Name:
Contact:

Contact Information

If you have any questions regarding this service, please contact: **1-833-515-1234** • **ontariohealthathome.ca**

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