



## SENIORS FOR SOCIAL ACTION (ONTARIO)

### INFORMATION BULLETIN

May 1, 2025

## FOR HOSPITALIZED FRAIL ELDERLY WISHING TO RETURN HOME RATHER THAN ENTER LONG-TERM CARE

### New Home First Operational Direction from Ontario Health

Ontario Health has issued an operational direction to all Health stakeholders stating that individuals leaving hospitals are now entitled to go home with needed supports rather than enter long-term care facilities. This policy can be viewed here, printed out, and shown to hospital officials and care coordinators.

[https://www.ontariohealth.ca/sites/ontariohealth/files/Ontario\\_Health\\_Home\\_First\\_Operational\\_Direction.pdf](https://www.ontariohealth.ca/sites/ontariohealth/files/Ontario_Health_Home_First_Operational_Direction.pdf)

This is the crux of the operational direction sent to health care providers from Ontario Health:

***“Across the province there are more than 5,000 people with an ALC designation waiting in hospital beds, with approximately 46% waiting for LTC. Fifty percent of older adults experience functional decline and increased dependency during prolonged hospitalization. To optimize patient outcomes and system capacity it is imperative that we shift away from an “LTC-first approach.”***

***Home First is an approach whereby every effort is made to ensure adequate resources are in place to support patients to remain at home whenever possible, and ultimately return home upon discharge from all bedded levels of care (i.e., acute, rehab, complex continuing care, mental health).***

You and your loved ones have every right to return home from hospital with the needed support.

**Please ensure before leaving hospital that you ask for a Hospital Care Coordinator to meet with you** and your loved ones to assess your health care needs and create your care plan identifying what services and supports you will need.

## Here Is How It Works

Ontario Health atHome (Ontario's Home Care Program) is required to assess your needs as you leave hospital and provide enhanced Home Care support for 60 days after you leave hospital plus refer you to other community services that can provide additional and ongoing support.

To be eligible you must have:

- A doctor who is willing to manage your ongoing health needs;
- Some caregiver support.
- A home setting to go to, which may include your own home, retirement home, or your caregiver's home.

For more detailed information about this process and what can be included in a care plan please see: <https://healthcareathome.ca/wp-content/uploads/2022/09/CH-Home-First-Fact-Sheet-EN.pdf>

## If You Are Having Difficulties Obtaining Needed Home Care Services

Contact your Ontario Health atHome Regional office and ask to speak to the Director of Patient Care. The Offices can be found here: <https://ontariohealthathome.ca/find-my-hccss/>

If your issue cannot be resolved at the local level, you can contact Ontario Health atHome head office. Senior leadership team found here: <https://ontariohealthathome.ca/executive-leadership-team/>

E-mail addresses are the person's name plus ontariohealthathome.ca

So examples:

[Lisa.Burden@ontariohealthathome.ca](mailto:Lisa.Burden@ontariohealthathome.ca) Chief Patient Services Officer

[Anna.Greenberg@ontariohealthathome.ca](mailto:Anna.Greenberg@ontariohealthathome.ca) Interim Chief Executive Officer

**Please do not escalate your complaint unless it cannot be resolved at the regional level.**