



SENIORS FOR SOCIAL ACTION (ONTARIO)

INFORMATION BULLETIN

RAPID RESPONSE NURSES – SUPPORTING HOSPITAL TO HOME

October 5, 2026

ONTARIO HEALTH ISSUES HOME FIRST DIRECTIVE

In 2025 Ontario Health issued a Home First Operational Directive aimed at helping patients who no longer needed acute hospital care to go home with support services rather than be put on a list for long-term care. See:

<https://www.ontariohealth.ca/news/operational-direction-home-first>

Older adults at risk of extended, unnecessary hospital stays were to be identified in the emergency department and a follow-up plan developed. A screening tool developed by McGill University is used for this purpose. See:

https://www.mcgill.ca/cansmart/sites/cansmart/files/isar_-_manual_v2_en_2022-03-24.pdf

Ontario Health Regional Teams are in place to assist hospitals where there are service gaps preventing people from returning home with the necessary supports.

Older adults and their families facing pressure from hospitals to choose a long-term care facility who wish to go home instead with necessary supports, and who have attempted to resolve this with the hospital to no avail, can contact the Chief Regional Officer for Ontario Health in their Region for assistance.

Regional Team Leaders are:

Brian Ktytor - Chief Regional Officer, North East & North West
brian.ktytor@ontariohealth.ca

Christine Nuernberger – Interim Chief Regional Officer, Central Region
christine.nuernberger@ontariohealth.ca

Scott Ovenden - Chief Regional Officer, Toronto and East
scott.ovendon@ontariohealth.ca

Nicole Robinson – Interim Chief Regional Officer, West Region
nicolel@ontariohealth.ca

RAPID RESPONSE NURSES PROVIDE SUPPORT FOR OLDER ADULTS TO RETURN HOME FROM HOSPITAL

Rapid response nurses are available on an interim basis to provide short term intensive support for patients with complex conditions and high care needs leaving hospitals in order to ensure smooth transitions home, and to reduce risk of hospital re-admission and avoidable emergency department visits. Those eligible must have a home or retirement home (not a long-term care facility) to return to, even if they have a limited support network.

These nurses work with a person's existing care team to facilitate the transition. This may involve hospital and paramedicine staff, physicians or nurse practitioners, and non-profit community support services agencies. See: <https://ontariohealthathome.ca/home-care/rapid-response-nurses/>

This initiative plus High Intensity Bundled Home Care are two of the initiatives involved in Home Care modernization. See: <https://www.ctvnews.ca/health/article/ontario-launching-new-home-care-program-in-effort-to-relieve-hospital-overcrowding/>

To comment on this or any other Seniors for Social Action Ontario article, e-mail us at seniorsactionontario@gmail.com