Transitioning Home from Hospital -

Practical Steps for a Safe & Smooth Recovery

May 6, 2026

Nucleus Independent Living - Central Registry Intake – One Team

LAND ACKNOWLEDGEMENT

Our offices are located on the traditional territories of the Anishinabek, Huron-Wendat, Haudenosaunee, Ojibway, and the Mississaugas of the Credit First Nation. These lands have long been places of gathering, healing, and care, stewarded by Indigenous Peoples whose relationships to land, water, and community are rooted in balance, respect, and responsibility.

We recognize and honour the past and present contributions of First Nations, Inuit, and Métis Peoples, whose knowledge systems and lived experiences continue to inform holistic approaches to health, wellness, and community care. As we work to support healthy individuals and connected communities, we acknowledge the enduring wisdom of Indigenous Peoples and commit to learning, listening, and fostering spaces rooted in respect, inclusion, and shared well-being.

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Who We Are & Why We're Here

Today's session is brought to you by
Nucleus Independent Living – Central Registry

We support safe transitions from hospital to home

We are part of a broader care team that include:

- Care Coordinators
- Personal Support Workers
- Client Team Leads
- Community Nursing
- Community Providers

👉 **Together, we work as one team to support your recovery at home**

Our Focus Today:

- What to expect after leaving hospital
- Signs to watch for at home
- When and how support can help recovery

Links websites

- www.centralregistry.ca
- www.nucleusonline.ca
- www.regionallearningcenter.ca

Transitioning from Hospital to Home

- Recovery doesn't end at discharge
- Leaving the hospital is a major change
- Recovery continues at home
- The first weeks matter
- Effective transitions improve safety, outcomes, and confidence at home

One Team Around You

You Are Supported by One Team

Care Coordinators – help organize services and coordinates transitioning home

Personal Support Workers (PSWs) – assist with daily care and monitor the transition

Client Team Leads – coordinate and monitor services for independent living

Community Nursing – clinical collaboration supporting client and team

Community Supports – access meals, Adult day programs, and social connections

The Day You Leave the Hospital

Before leaving, a few things matter most:

- Understanding your discharge instructions
- Knowing what has changed with medications
- Knowing who to call with questions or concerns
- Confirming follow-up care and appointments

Most people don't feel fully prepared when they leave hospital — and that's okay.

Understanding What Recovery Will Look Like at Home

- Recovery comes with **temporary limits**
- Your body needs time—even when you "feel okay"
- Instructions protect healing, not independence

Understanding Your Recovery Expectations at Home

Recovery often comes with **temporary limits**—even if you feel okay.

You may be told to:

- 🚫 **Not lift more than 5 lbs**
- 🚫 **Avoid reaching above shoulder height**
- 🚫 **Limit bending, twisting, or rushing movements**
- ✅ **Use recommended equipment** (walker, reacher, bath seat)

Why this matters:

- Your body is still healing—even on "good days"
- Pushing too hard can cause setbacks or injury
- These instructions are meant to **protect recovery**, not limit independence

Remember:
Healing takes time. Following these expectations helps you stay home safely.

Poll #1

Have you or someone you support been discharged from hospital in the past year?

Yes / No

What We Often See After Discharge

People often go home:

- Feeling rushed or overwhelmed
- Unsure about medication changes
- Not knowing when services will begin
- Unclear about what happens next
- Understanding their limitations and strengths

The system moves quickly —but recovery takes time.

The First 14 Days Matter Most

- your energy is lower than expected
- medications may have changed
- you’re adjusting to a new routine
- and your body is still recovering

Poll #2

HOW PREPARED DID YOU FEEL?

NOT PREPARED / SOMEWHAT / VERY PREPARED

What to Focus On During Recovery

💊 **Medications**

- Medication changes are common after discharge
- Missed doses, confusion, or side effects can quickly cause problems
- Understanding *what changed* helps prevent setbacks

🚶 **Safety**

- Fatigue and weakness are normal in the first weeks
- Following lifting limits, movement restrictions, and equipment use matters
- Falls are one of the most common reasons people return to hospital

👁 **Monitoring Changes**

- Small changes can be early warning signs
- Feeling worse instead of better is important to notice
- Speaking up early allows care teams to act sooner

Signs to Watch For at Home

- Shortness of breath or trouble breathing
- Confusion, dizziness, or feeling “foggy”
- Missed medications or trouble keeping track
- Eating or drinking much less than usual
- Feeling weaker or more tired each day
- Or simply *not feeling like yourself*

- Pay attention to changes—especially in the first few weeks
- 👉 If something feels off—it probably is.

Case Study: Mrs. L's Recovery: Two Possible Paths

🟥 If Mrs. L's Changes Are Missed

- **What Happened**
- Mrs. L noticed shortness of breath but tried to push through
- She began skipping meals because cooking felt exhausting
- She assumed this was just part of recovery
- **What Followed**
- Her strength and mobility declined
- Her risk of falls increased
- She became less connected and supported at home

🟩 When Changes Are Acted On Early

What Happened

- Shortness of breath and fatigue were noticed early
- Changes were shared with the care team
- Support was put in place

What Followed

- Strength and mobility were maintained
- Fall risk stayed lower
- Confidence at home improved

Key message:

👉 *Small changes noticed early often prevent a return to hospital.*

Pause & Reflect

Think about the case we just shared:

What early signs did she notice?

When could support have change

Who might noticed those changes sooner?

When would extra support have helped?

What support needed to be in place sooner

Recovery is not just about noticing changes — it's about acting early.

You Are Not Expected to Recover Alone

Support exists to help you live safely and independently

Support may include:

- Help with bathing, dressing, or mobility
- Meal support or nutrition programs
- Equipment to improve safety at home
- Transportation to appointments
- Social or wellness programs
- Support for family or caregivers

When to seek help –Early action keeps recovery on track

- Chest pain
- Breathing issues
- Confusion
- Fever
- Falls

- Symptoms are new, worsening, or concerning
- Medications are missed or causing side effects
- Daily activities become harder instead of easier
- You feel unsafe, unsure, or overwhelmed
- Or something just doesn't feel right

If you do one thing after discharge — connect with your family doctor

Everyone Has a Role in Recovery

If you are recovering:

- Pay attention to changes
- Follow recovery limits — even on good days
- Speak up early if something feels off

If you support someone:

- Watch for small changes in energy, appetite, or mobility
- Encourage rest and pacing
- Help ask questions and seek support early

If you're family or friends:

- Check in during the first few weeks
- Help reduce stress with meals, rides, or reminders
- **Early support helps everyone stay home safely.**

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A Practical Recovery Plan — You Don’t Have to Do This Alone

- **Understand your health needs**
  Know your diagnosis, limits, and what recovery should look like
- **Review medications**
  Understand what changed, how to take them, and watch for side effects
- **Make home safer**
  Follow movement limits, use equipment, and reduce fall risks
- **Stay connected to care & community supports**
  Keep follow-up appointments and seek help early if something changes

Preparation + Awareness = Safer Recovery at Home

Key Message to Take Home

The right help at the right time helps people recover safely at home.

Recovery doesn't happen all at once. It happens at home - gradually

- Recovery continues after leaving the hospital
- Small changes matter
- Early support makes a difference
- Connecting with your family doctor helps keep recovery on track

👉 **"Recovery at home works best when people aren't expected to manage it alone."**

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How Nucleus – Central Registry Supports Recovery at Home

Who we Support	People leaving hospital who are **medically stable but still vulnerable**	Individuals who need **short-term or intermittent support**	People who want to **remain independent and safe at home**
Those adjusting to **new routines, medications, or equipment**	**How We Help**	Support safe transitions **from hospital to home**	Reinforce **recovery expectations and safety**
Identify early changes that may affect **health or independence**	Help with **equipment use and daily functioning**	Connect people to the **right services at the right time**	**Why This Support Matters**
Small changes are caught **before they become emergencies**	People feel more confident managing recovery at home	Support reduces avoidable stress and hospital readmissions	The focus is not just going home — **but staying home safely**

Who This Is For

- Medically stable, but still vulnerable after discharge
- Need short-term or intermittent support
- Want to remain independent at home

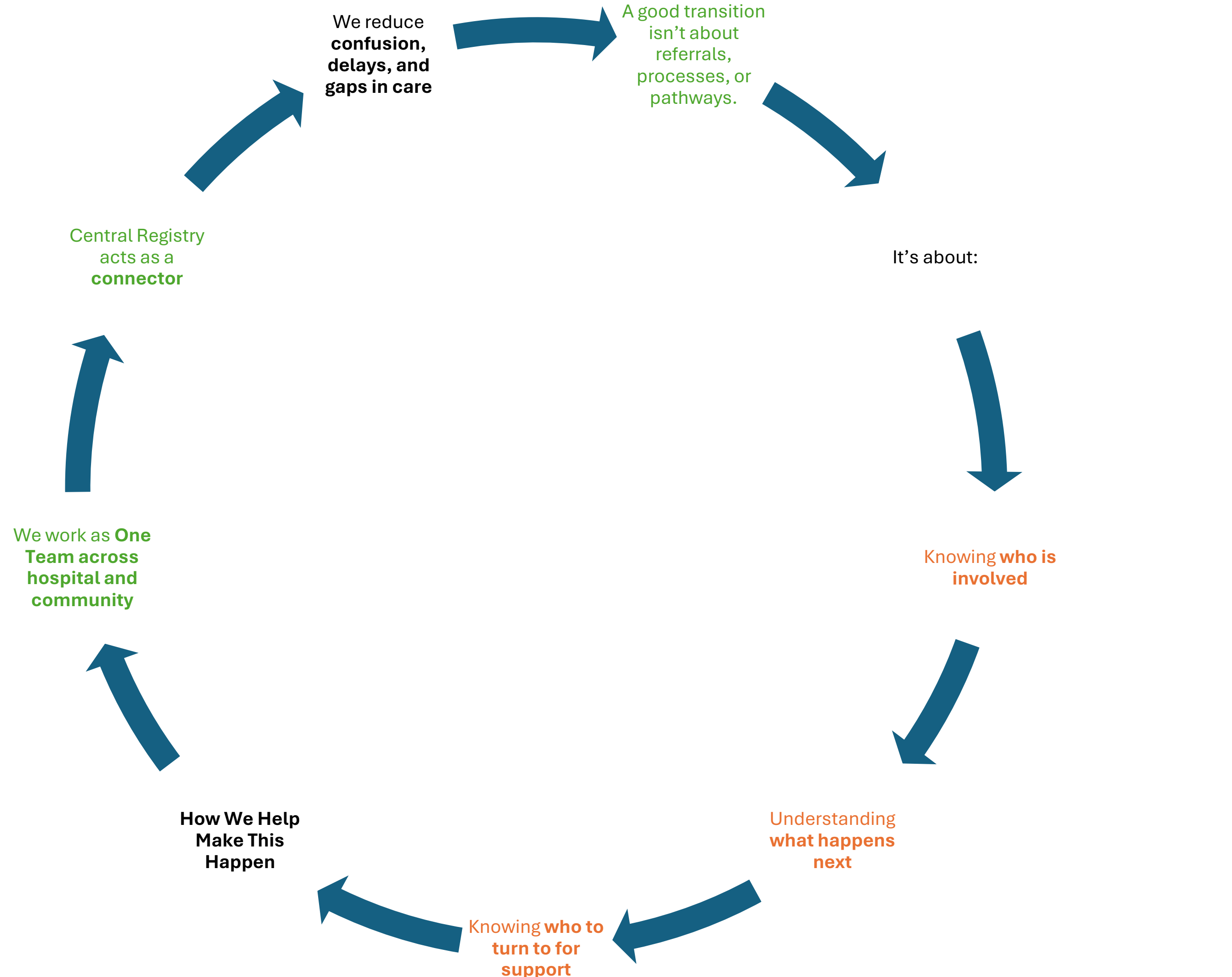
What We Do

- Support safe transitions from hospital to home
- Reinforce recovery expectations and safety
- Identify early changes in health or functioning
- Connect to the right services at the right time

“The goal isn’t just to go home — it’s to stay home safely

What a Good Transition Feels Like

👉 **"The goal is a transition that feels coordinated, compassionate, and centred on the person — not the system."**



Why This Matters

- Care feels **connected, not fragmented**
- Communication is **clear and consistent**
- Clients and caregivers feel **confident and supported**

THANK YOU

- Thank you - Q & A

APPENDIX

Links websites

- www.centralregistry.ca
- www.nucleusonline.ca
- www.regionallearningcenter.ca

Recovery Is a Shared Responsibility

Knowing your supports helps you stay involved

Health care teams are responsible for:

- Explaining information in clear, understandable ways
- Sharing medication changes, follow-up plans, and warning signs
- Identifying who to contact with questions or concerns

Patients and families are encouraged to:

- **Know your SDM (Substitute Decision-Maker)**
- Share health information with your SDM or caregiver
- Ask questions when something is unclear
- Pay attention to changes and speak up early

Shared understanding supports shared decision-making and safer recovery at home.

Evidence Behind Hospital-to-Home Recovery

What the Evidence Shows

- The **first days and weeks after discharge are high-risk**, with many adverse events occurring shortly after leaving hospital [psnet.ahrq.gov], [bmjopen.bmj.com]
- **Medication changes** are a leading cause of preventable hospital readmissions after discharge [frontiersin.org], [journals.plos.org]
- **Early follow-up with a family doctor — ideally within 7 days — reduces readmissions**, especially for higher-risk patients [ices.on.ca], [jamanetwork.com]
- **Early support and monitoring** help identify small problems before they become emergencies [physicianleaders.org], [psnet.ahrq.gov]

Together, these actions help people recover safely at home and avoid returning to hospital.

Ontario Health Standards for Transitioning Home

- **Ontario Health sets clear standards for safe transitions after hospital discharge, including:**
- Shared care planning that begins **early in the hospital stay**
- Clear discharge information, including **medications, follow-up, and who to call**
- Communication with **primary care and community providers**
- Timely follow-up to identify concerns **before they become emergencies**
- Support that reflects a person's **medical and social needs at home**

- **These standards aim to help people recover safely at home and avoid unnecessary returns to hospital.** [hqontario.ca], [ontariohealth.ca]
- Source: Ontario Health / Health Quality Ontario — *Transitions Between Hospital and Home: Care for People of All Age*