



All
About
Me



My
Needs



My
Path
Home

Path to Home Passport

Before you go home, you will receive your Path to Home Passport. We hope you find it a useful tool to help you start thinking about your return to home. Your unit social worker and your care team will walk you through your Passport. They will answer any questions you may have and make sure it works for you.

The Path to Home Passport was created together with patients, families, your care team, the Champlain Community Care Access Centre and the Bruyère Research Institute. We worked together to make sure that you have the right information, help you decide what you need, and prepare you to go home safely.

Bruyère Continuing Care believes in “Excellence in Care”. Research shows that a well-planned return home can decrease your chance of going back to the hospital and help with your recovery. We also want to make sure that you know how to take your medicine, and understand your other needs when you return home.

Our vision at Bruyère Continuing Care is to "Enhance Lives and Transform Care". We look forward to continue to work with our patients, families and partners on projects like this.

For more information, please talk to your Social Worker and visit our Path to Home E-Resources Website at <http://www.bruyere.org/en/path-home-resources>

Thank you,

Debbie Gravelle RN BScN MHS

Senior VP clinical programs,

Chief Nurse Executive and

Chief of Allied Health





All about Me



My Hospital

☐ Saint-Vincent Hospital

☐ Élisabeth Bruyère Hospital

My Location in the Hospital

My Room number is:

My Clinical Manager is:

Phone Number:

My Support Person

Name:

Relationship:

Phone Number:

My reason for being in hospital:

The Date I came to the Hospital:

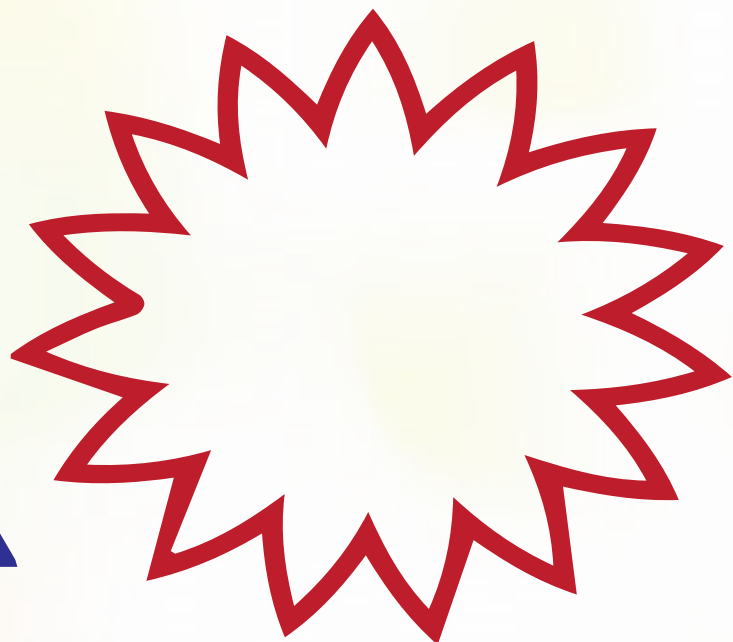
/ /
day month year

The Date I Plan to Leave the Hospital:

/ /
day month year



Things that are Important to Me





My Hospital Care Team and Their Roles



☐ I have received my Care Team Roles and Contact List.



My Medications

Before I leave the hospital:

Yes No

I have met with my hospital pharmacist.

☐ ☐

I have received a copy of my discharge prescription.

☐ ☐

I have reviewed my discharge prescription with my hospital pharmacist.

☐ ☐

I know what my medications are for.

☐ ☐

I know how and when to take my medications.

☐ ☐

I am aware of the potential side effects of my medications.

☐ ☐

I know the changes in medications that have been made since being in hospital.

☐ ☐

After I leave the hospital:

Yes No

To package my medications, I would like my community pharmacy to use:

or

• Blister / bubble packaging

☐ ☐

• Regular medications bottles

☐ ☐

I would like my medications to be delivered to where I will be staying.

☐ ☐

My Community Pharmacy

Name:

Address:

Phone #:

Remember



Return **all** of your old medications from home to your community pharmacist.

Your discharge prescription is your new and most updated list of medications.

Do not take any medications that are not on your discharge prescription without talking to your community pharmacist or family doctor.

See your family doctor for your prescription refills.

If you have questions about your medications after leaving the hospital, talk to your doctor or your community pharmacist.

My Medication Questions





My Needs



My Daily Activities

Our goal is to make sure you can do these activities on your own and do them safely. Before you leave the hospital please check if you can do these activities on your own. Your health care team will review these with you before you return home.

Getting Ready	Can I do this on my own?		If No, who will help you?
	Yes	No	
Going to the toilet	<input type="checkbox"/>	<input type="checkbox"/>	
Washing my hands & face	<input type="checkbox"/>	<input type="checkbox"/>	
Brushing my teeth	<input type="checkbox"/>	<input type="checkbox"/>	
Bathing (bath/shower)	<input type="checkbox"/>	<input type="checkbox"/>	
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	
Combing my hair	<input type="checkbox"/>	<input type="checkbox"/>	

Getting Around	Can I do this on my own?		If No, who will help you?
	Yes	No	
Transferring	<input type="checkbox"/>	<input type="checkbox"/>	
Using stairs	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	
Staying active / Exercising	<input type="checkbox"/>	<input type="checkbox"/>	
Getting to and from my appointments	<input type="checkbox"/>	<input type="checkbox"/>	

My Daily Activities	Can I do this on my own?		If No, who will help you?
	Yes	No	
Managing my Medications	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	
Remembering (dates, appointments, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	



My Health Care Activities

Can I do this on my own?

Yes No N/A

Blood Sugar Monitoring

☐ ☐ ☐

Insulin Injections

☐ ☐ ☐

Blood Pressure Monitoring

☐ ☐ ☐

Pain Monitoring

☐ ☐ ☐

Using Equipment

☐ ☐ ☐

Other:

☐ ☐ ☐

Other:

☐ ☐ ☐

Other:

☐ ☐ ☐

Other:

☐ ☐ ☐

Recommended Lifestyle Changes

Is there a change?

Yes No N/A

Diet

☐ ☐ ☐

Activity Level

☐ ☐ ☐

Exercises

☐ ☐ ☐

Other:

☐ ☐ ☐

Other:

☐ ☐ ☐

Other:

☐ ☐ ☐

Other:

☐ ☐ ☐

Instructions

My Questions





My Safety at Home



My Safe Return Home

	Yes	No	If No, Who can I ask to find out
I know who to call if I don't feel well?	<input type="checkbox"/>	<input type="checkbox"/>	_____
I know who to call if I need more help?	<input type="checkbox"/>	<input type="checkbox"/>	_____
I know how to prevent a fall at home?	<input type="checkbox"/>	<input type="checkbox"/>	_____



Help a loved one sustain their independence.

Bruyère Helpline
613-562-6368

Subsidies available for low-income households.

Bruyère Helpline is a not-for-profit outreach service that allows a senior or with a person with a disability living independently in the community to call for help by simply pressing a button on a small wireless pendant or bracelet.

Help calls are answered by specially-trained professionals at a bilingual 24-hour emergency response centre.

Arrange for your Bruyère Helpline Now!



Contact your Doctor if you have any new symptoms or if your symptoms get worse.

I might feel

What to do

If you are not sure what to do **Call your Doctor.**

Yes No

I have a family doctor

☐☐

Health
Care
Connect

If no, call Health Care Connect
1-800-445-1822
www.ontario.ca/healthcareconnect

My Family Doctor's name:

Phone #:

Email:



My Follow up Appointments and Tests

Go See: _____

for: _____

on: _____

Location: _____

Phone #: _____

Questions: _____



Go See: _____

for: _____

on: _____

Location: _____

Phone #: _____

Questions: _____



Go See: _____

for: _____

on: _____

Location: _____

Phone #: _____

Questions: _____





ccac **casc**
Community
Care Access
Centre
Centre d'accès
aux soins
communautaires

My Community Care Access Centre (CCAC) Plan for Home

My Care Coordinator is: _____

Phone #: _____

	Yes	No
I have received and understand my CCAC plan for home.	<input type="checkbox"/>	<input type="checkbox"/>
I know who will be coming to help me at home.	<input type="checkbox"/>	<input type="checkbox"/>
I know when they will be coming to help me at home.	<input type="checkbox"/>	<input type="checkbox"/>
I know what they will be helping me with at home.	<input type="checkbox"/>	<input type="checkbox"/>

The CCAC Phone Number is: **310-2222** (no area code required)
or
1-800-538-0520 (toll free)

My CCAC Questions





My Path to Home Resources

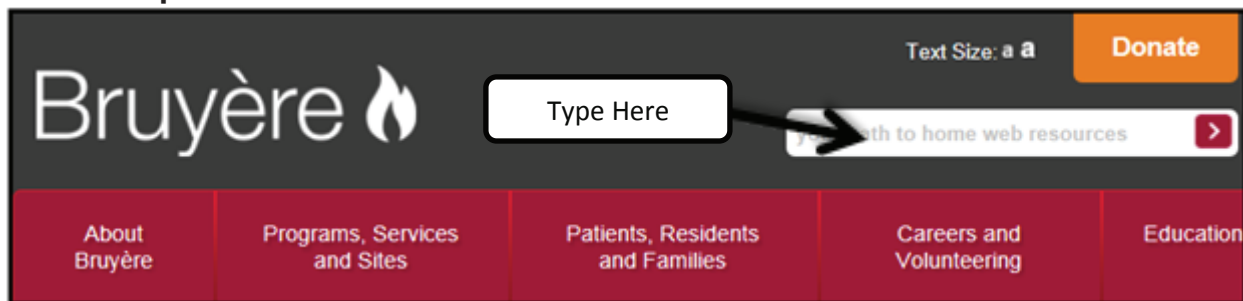
For some great community resources that can help you stay active, healthy and supported in the community :

Step 1: Open your internet browser

Step 2: In your internet browser search box, type **www.bruyere.org**



Step 3: In the Bruyère homepage search box, type your path to home web resources



Step 4: Click the link **(in red)** indicated by the black arrow



Step 5: Click the links on the side of the webpage to access useful resources to help you get back home safely

