How long does Quinte@Home last?

Most eligible patients are part of the Quinte@Home program for up to 16 weeks.

What happens if I need to be readmitted to Quinte Health?

If your medical condition changes and you need hospital care, Quinte@Home will continue to support you when you return home. Your Quinte@Home team will be kept informed and plan for your transition back home.

What happens if I need ongoing care?

If you need care after 16 weeks, your Quinte@Home team will connect you with homecare services provided by South East Home and Community Care Support Services (HCCSS). After 8 weeks, you and your team will review your progress and plan for your ongoing care. Around 12 weeks, if you require ongoing care, your Quinte@Home team will help you plan for this care. They will connect you with an HCCSS Care Coordinator who will conduct an assessment and plan with you for your ongoing care.

How do I contact my Quinte@Home team?

24/7 number to call if you have any questions:

1-866-545-4366

Funded by Ontario Health

Quinte Health

Health

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Quinte@Home Patient and Family Information

Quinte Health

What is Quinte@Home?

Quinte@Home is a new program that provides eligible patients with the care they need at home when discharged from Quinte Health or referred to by their Primary Care Provider. The Quinte@Home team consists of your coordinator, nurses, personal support workers, occupational therapists, physiotherapists, social workers, and dietitians in partnership with SE Health. The Quinte@Home team works closely with you and your hospital team to make sure your care plan at home meets your needs. Our goal is to make your first few weeks at home as easy as possible.

How does Quinte@Home work?

What happens before I leave the hospital?

If you're eligible for the Quinte@Home program, your Quinte@Home coordinator and team will meet with you, your family, and your hospital team to create your care plan. This plan will be shared with everyone involved in providing your home care. Your first home visit will be scheduled before you leave the hospital, and you will know the name of the person coming to your home.

What happens when I get home?

On the day you are discharged, you will get a phone call from a member of your Quinte@Home team to make sure that you have arrived home safely.

Your Quinte@Home team will:

- Visit you within 24hrs of your arrival home
- Check in with you every day for the first 3 days
- After the first week, you and your team will decide how often they need to check in with you
- Work closely with the hospital to ensure your goals are being met after you get home
- Keep your primary care provider (Family MD or Nurse Practitioner) up to date on your progress
- Use different ways to check in on you including: home visits, phone calls, technology like telemonitoring
- Work with other local community resources including Meals on Wheels, transportation services and caregiver support programs.

If your needs change, so will your care plan. You may need more services at times or you may need less.

Quinte@Home was designed with this flexibility in mind. These supports are there so you have what you need to be at home.

There is a 24/7 phone number that you can call if you have any questions or concerns when you are home.

1-866-545-4366

What if I don't have a primary care provider (family doctor or nurse practitioner)?

Quinte@Home will work with you to find one.