

Home First Philosophy - Staff Guide

What is Home First?

Home First is a patient-centered approach that supports safe and timely transitions from hospital through early discharge planning, care coordination, and consistent communication with patients, families, and care teams.

Home First recognizes that discharge planning begins early in a patient's stay and continues throughout their care journey.

What this means in practice

Home First is about planning early and working together to support safe, coordinated transitions from the hospital.

It requires a shift in how we approach discharge by:

- Thinking about discharge planning from the start.
- Coordinating care and supports proactively.
- Communicating consistently across the care team as well as with patients and families.
- Ensuring patients feel informed, prepared, and supported.

Care Moves With the Patient

Leaving the hospital does not mean care ends.

- Patients may return to their place of residence, receive community supports, transition to another care setting, or continue planning for long-term care. Throughout this process, the focus remains the same: supporting safe, coordinated transitions and ensuring patients understand what comes next.

Applying Home First in practice

Home First is applied throughout the patient journey, from admission to discharge, by:

- Starting discharge planning early.
- Revisiting and aligning on discharge plans regularly.
- Coordinating supports and services proactively.

- Involving patients and caregivers in planning.
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- Ensuring patients understand the next steps and feel prepared for discharge.

Talking with Patients and Families

Staff play a key role in shaping how patients and families understand discharge.

When discussing Home First:

- Emphasize safety, coordination, and support.
- Reinforce that planning early helps avoid rushed decisions.
- Ensure patients understand what to expect and feel prepared.

Helpful language:

- “We’re starting these conversations early so we have time to plan together.”
- “We will continue to discuss your needs throughout your stay.”
- “Our goal is to make sure you feel informed, prepared, and supported for the next step in your care journey.”

Common Questions

What if patients feel like they are being pushed out?

- Acknowledge concerns.
- Reinforce that transitions only occur when it is appropriate and safe.
- Emphasize that early planning helps ensure supports are in place.

What if a patient does not feel ready?

- Encourage discussion with the care team.
- Explore concerns and identify supports where appropriate.
- Reinforce that patient safety and readiness remain priorities.

How are safe and well-coordinated transitions supported?

- Work with the care team to coordinate services and supports.
- Involve patients and caregivers in planning.
- Address questions and concerns early.
- Ensure patients feel informed, prepared, and supported.
- Reinforce that leaving the hospital does not prevent ongoing care planning, including long-term care planning where appropriate.

Need Support?

If you are unsure how to apply Home First philosophy:

- Speak with your manager or care team
- Connect with discharge planning supports
- Refer to Home First resources available on the Staff Resource Centre (SRC) ([link](#))

Resources to support patient conversations and discharge planning.

- [Home First overview video](#)
- [Preparing for home Brochure](#)
- [Home First Poster](#)
- In-Hospital visuals
 - [Display screen](#)
 - [Banner](#)

Additional Resources from Other Jurisdictions

Staff interested in learning more about how Home First approaches are applied in other provinces can refer to the following:

- [Nova Scotia Health - Home First: practical tools such as discharge checklists and guidance for coordinating transitions from hospital to home](#)
- [Ontario Health - Home First: operational direction to ensure patients across Ontario receive the right care, in the right place at the right time.](#)