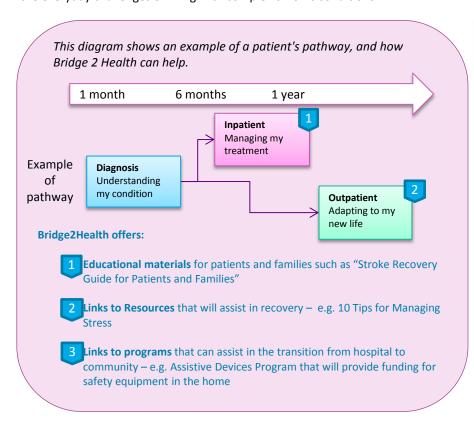


Bridge2Health is a guided, on-line resource that provides direction to people to live better with complex chronic conditions in the Greater Toronto Area. It directly supports patients and families in managing the transition from health care facilities and the community.

## **Designed around the Needs of Complex Chronic Care**

Patient set-backs can occur months after discharge, when rehab support is no longer needed, but before successful connection to community supports are established. Bridge2Health directs patients to non disease-specific resources that will help them cope with the everyday challenges of living with complex chronic conditions.





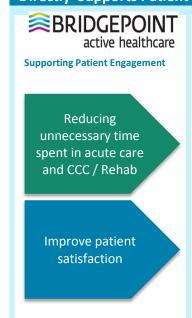
## Bridge2Health:

\*Uses a smart search engine that prevents information overload and can guide people to what they need, even if they are not sure what it may be called.

\*Is designed and tested around Bridgepoint patient and caregiver needs.

\*Is tailored to those living in the GTA.

## **Directly Supports Patient Engagement**





Bridge2Health is designed around a critical gap in transitional care for patients. How to live with complex chronic health condition in months and years following hospital discharge?

Understanding and targeting these needs will improve patient satisfaction and will contribute to improving longer term health outcomes, and unnecessary time spent in CCC / Rehab.

Bridge2Health compliments our discharge planning process by providing patients, families and clinicians access to current resources on health promotion materials, selfeficacy and options for care in the community

To help inform the quality of our resources, we are focusing on three key areas identified in our Quality Improvement Plan (QIP) as important to our patients.

- \* Given info to monitor for problems
- \* Given adequate info re: support services
- \* Told what to expect when returning home