

RightTransitions®

IMPROVES PATIENT OUTCOMES

With RightTransitions, caregivers coordinate communication among providers regarding the patient's care. Right at Home caregivers also monitor and report changes in condition to alert the health care team of any potential complications.



Enhanced Communication Between Care Providers and Patients

Right at Home coordinates follow-up care, ensures adherence to the care plan and maintains communication with all care providers. The frequent visits by caregivers allow timely notification of any changes in condition. All Right at Home offices are required to be HIPAA compliant.



Provide Proactive Solutions

No two patients need the same kind of care. We coordinate between providers and patients to ensure patient needs are met. Your patients may need meals prepared for certain dietary restrictions. We can easily help them prepare those meals. Perhaps they need ambulatory assistance to lessen the likelihood of a fall that could lead to a re-injury and readmission. We do this every day. Regardless of what your patients need to ensure they are safe and healthy outside of your care, there's a good chance it's something we provide to thousands of people every day.



Follow-up and Transportation to Physicians

Right at Home works with care providers, patients and their families to ensure the patient makes it to critical follow-up appointments. We coordinate with our caregivers and a patient's support system to have someone scheduled to attend appointments so important information is captured.



Clear Instructions on Post-Discharge Care and Medications

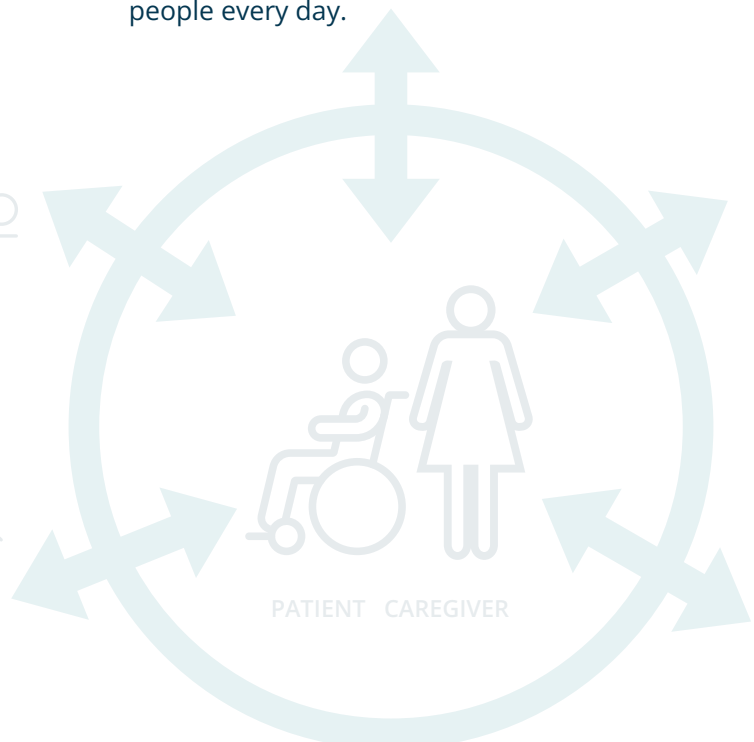
The discharge instructions that pertain to patients' daily health needs can be confusing, and many patients are readmitted soon after discharge due to errors and mismanagement. Right at Home advocates for your patients when it comes to care plans. We provide them with everyday health reminders to help ensure care plan compliance.

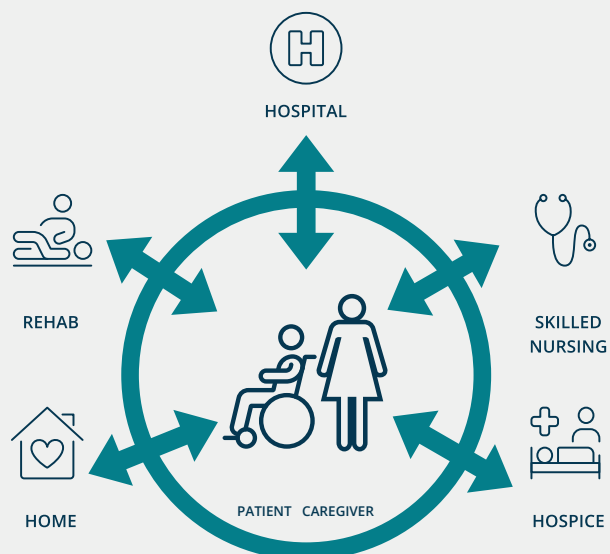


REHAB



HOME





Right at Home caregivers can improve your patient's recovery, as well as improve your bottom line. Our customizable care model helps your patient' transition safely out of your facility to continue their recovery at home.

- ▶ Frequent follow-ups with families and discharge planners
- ▶ Coordinating communication between providers
- ▶ Watching for red flags—reporting back to clinician
- ▶ Transportation to/from physician appointments
- ▶ Complying with the care plan
- ▶ Supporting patient self-management
- ▶ Preparing nutritious meals
- ▶ Running errands
- ▶ Providing everyday health reminders
- ▶ Keeping homes clean and safe

The High Cost of Health Care Readmissions

It's not always easy to ensure your patients have the best chance at a successful recovery after they are discharged. Typically, caregiving falls to family and friends. While their intentions are good, and they are happy to help, they are often unprepared and untrained to provide the care their loved one needs. Because of that, many seniors don't receive the extended care they need after an injury or illness, so they return to your facility, costing more resources for both you and them.

As health care facilities with a high percentage of avoidable readmissions are being heavily penalized, there's a possibility that your organization will be negatively affected by readmissions, if it hasn't already. Some facilities risk the possible elimination of all Medicare payments. Right at Home's RightTransitions program will not only help you avoid these penalties but also will save your facility money.



Refer your patients to a Right at Home near you.

(877) 697-7537 | www.rightathome.net

Right at Home is a global network where most offices are independently owned and operated under a franchise agreement with Right at Home, LLC.