CARE TRANSITIONS PROGRAM

The Care Transitions Program is designed to complement your patients' discharge plans to help reduce hospital readmissions and to support safe and effective transitions from acute care settings to home.

TRANSITION SERVICES

+ On-site bedside assessment to identify social determinants of health and potential barriers to care
+ Risk stratification
+ Assist with a patient-centered care plan
+ Obtain all discharge paperwork/instructions
+ Ensure timely initiation of care by all disciplines ordered

FOLLOW UP APPOINTMENT

+ Conduct post-discharge follow-up calls to ensure patients understand instructions, follow up visits and increase patient satisfaction
+ Coordinate transportation and follow-up visit(s) with healthcare provider

MEDICATION RECONCILIATION

+ Initiate preliminary medication review and prepare a medication management plan

VitalCaring is a national leader in the home health care and hospice industry. We're serving patients throughout the Southern United States, including Texas, Oklahoma, Louisiana, Mississippi, Alabama and Florida.

From our base in the South, we're expanding to serve even more communities nationwide.