

The Value of Early Intervention









When “Doing Fine” Isn’t Fine Anymore

It’s easy to miss the warning signs. A patient leaves rehab strong and stable... but two weeks later, they’re weak, dizzy, and skipping meals. By the time anyone notices, they’re back in the hospital.

Up to 78% of hospital readmissions are preventable, with the majority being caused by issues that started quietly at home.

Watch For Early Clues





Encourage families and staff to tune into these “small” changes that carry big meaning.

-  New forgetfulness or slowed responses
-  Trouble following discharge instructions
-  Missed medications
-  Missed follow-up visits
-  Sudden loss of interest or poor appetite
-  Clutter, disorganization, or neglected hygiene

If you’re wondering whether a patient is slipping, they probably are.

Home Care is the Eyes & Ears between Visits

Home caregivers provide the continuity of care needed to spot decline before it becomes a disaster.

-  Conduct in-home needs assessment and coordinate needed care.
-  Track changes in strength, mood, and routine.
-  Alert families and providers at the first sign of decline.
-  Reinforce therapy, nutrition, and medication plans.

Early help isn’t just better care – it’s prevention with purpose.

When Patients Thrive at Home, Outcomes Shine!

Early support at home turns good discharges into great recoveries...

- Preventing costly 30-day readmissions.
- Protecting discharge success rates.
- Strengthening patient satisfaction and trust.
- Creating smoother coordination between settings of care.

Encourage your discharge team to flag high-risk seniors for **Early Home Stability Visits.**



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