Choosing C.A. Dean for Your Transitional Care Stay

At C.A. Dean, *transitional care* stays are carried out in our critical access hospital setting. We offer you:

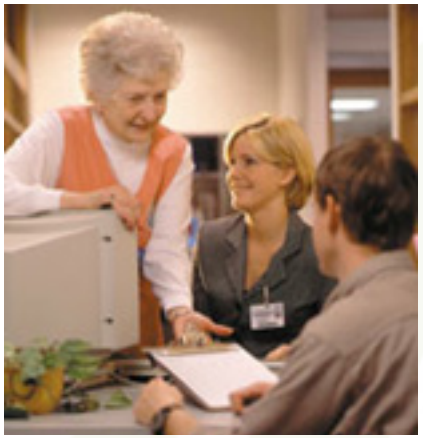
- Low patient to nurse ratio
- Commitment to patient and family member satisfaction
- High quality care
- Well-connected nursing and rehab treatment team
- Compassion and dignity

A team of healthcare professionals will coordinate your plan of care. This team of professionals will meet weekly to discuss with you and your family a continued care plan as well as strategies for your transition in care.

Patient care is our number one priority. In addition to our Transitional Care Team we have:

- Board Certified Orthopedic Surgeon on staff
- 24 hour physician and nursing coverage

The "Bridge" between hospital and home



We welcome an opportunity to talk about our *Transitional Care* Program. Please call 207/695-5266 and ask to speak with a *Transitional Care* Case Manager.

Charles A. Dean Memorial Hospital
364 Pritham Avenue
PO Box 1129
Greenville, Maine 04441
207/695-5200
www.cadean.org

Rising Above the Health Horizon

CHARLES A. DEAN MEMORIAL HOSPITAL

Where Quality and Caring Meet

Transitional Care

The "Bridge" between hospital and home

Skilled Rehab & Nursing Services

TOGETHER We're Stronger

EMHS MEMBER

There's No Place Like Home

Sometimes, though, we are not able to return home immediately following a hospitalization. In the case of a hospital visit, we sometimes need time and patience so that when we return home we are better able to care for ourselves.

At C.A. Dean, we can care for patients who require the care of skilled professionals, but do not require an acute hospital level of care. We call this in-between time *transitional care* (referred to as *swing beds or skilled beds* within the healthcare field).

Since we understand that there is no place like home, we want you to feel like you are at home while you are staying with us.

- Dress in your regular clothes
- Have your family visit during your meals
- Access the internet
- Based on your condition, you may leave the facility "on pass"
- Attend daily activities
- Socialize in the family room

All the while, you will regain the strength, mobility and independence to return home with the assistance of our Transitional Care Team of:

- You as our patient
- Nurses
- Physicians
- Physical & Occupational Therapists
- Case Manager
- Activity Coordinator

Possible Reasons for Transitional Care

In *transitional care*, skilled nursing and/or rehabilitative services are needed on a daily basis. Examples of what would require this type of care to help you return home are:

- Recovery from an accident, injury, illness or surgery
- Planned surgery (hip replacement, knee replacement, back surgery)
- Reconditioning after a lengthy hospital stay
- Stroke
- Wound care
- Pain Management
- End of life care
- Long Term IV Therapy

While in transitional care, patients learn to regain independence in their daily living activities. This could include bathing, dressing, feeding, or learning to use adaptive equipment.

Guidelines for Transitional Care Patients

In order to be eligible as a *transitional care* patient, the person must meet criteria set by your insurance company. C.A. Dean's Case Manager will assist you with eligibility and prior authorization if needed. Generally patients must meet the following criteria:

- Patient requires skilled nursing or rehab services on a daily basis as ordered by a physician. Services received in transitional care may include:
  - Education (e.g., disease process, use of prosthetic devices, medication use)
  - Nursing care
  - Nutritional therapy
  - Occupational therapy
  - Physical therapy
  - Wound care
  - Therapeutic injections
  - Intravenous medication
- Services are provided with the expectation that the patient can improve within a reasonable and generally predictable timeframe and transition to home or another level of care.