LindenGrove Communities

# *Transition Program*

*From the **Hospital** to **Us** and all the way **Home** ...*

## We're with you throughout your recovery!

Our Transitions Program is designed to successfully return you to the life you love. The Transitions Nurse will coordinate care with you and your family, the hospital and your doctor, community agencies, caregivers and your insurance provider to help you transition home.

### The Hospital

While you're at the hospital, our nurse is collaborating with you, your doctor and the hospital team to ready you for discharge.

### LindenGrove Communities

You'll receive top-notch rehab services and nursing care here. While you do, we'll continue to work with your doctor and others to prepare you for your return home.

### Your Home

After you return home, our nurse will continue to collaborate with you, your doctor and community agencies for the next 90 days to get you back to living your life.

LindenGrove Communities

# *Transitions Program*

## THE PROGRAM

The Transitions Program is a coordinated care plan that brings together everyone who is caring for you. The LindenGrove Communities Transitions Nurse will collaborate throughout the recovery process with you, your medical providers, insurance, caregivers and outside agencies such as home health to give you the best chance of returning to the life you love.

## THE GOAL

Your Transitions Nurse will ensure your needs are met as you go through the recovery process. The nurse will collaborate with others involved in your care from your hospital stay all the way up until 90 days after returning home. The program is designed to help you avoid set backs that may result in an unnecessary emergency room visit or hospital readmission.



## WHO'S ON YOUR CARE TEAM?

- You & Your Family
- Transitions Nurse
- Our Caregiver Staff
- Your Insurance Provider
- Your Physician
- The Hospital Team
- Community Agencies
- Caregivers

Call **(262) 363-6728** to find out if the **Transitions Program** is right for you.