

# 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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