residential
home health | palliative | hospice

CHAMP

Cardiopulmonary Hospital Admit Management Program

What Is CHAMP?

CHAMP improves quality of life and reduces hospitalization for patients by incorporating early intervention, daily vital sign monitoring, and health coaching.

Each year, over 1 million people are admitted to an inpatient setting for heart failure, and 27% of heart failure patients on Medicare are readmitted within 30 days. **CHAMP** is Residential Home Health's comprehensive solution to the increasing number of unnecessary hospitalizations for chronically ill patients.

Our exclusive CHAMP program improves patient care and reduces hospital readmissions with the following:

Early Intervention

Residential's CHAMP Care Team provides:

- Start of care visit within 24 hours after discharge to review discharge instructions, medications, and home environment
- Coordination of follow-up physician appointments and ongoing in-home care

At many hospitals, a Residential nurse can meet with patients prior to discharge to improve their transition home.

Daily Vital Sign Monitoring

Residential telehealth nurses are experts at quickly identifying when intervention is necessary by monitoring the following daily:

- Weight
- Blood pressure
- Pulse
- Blood oxygen level

Behavior Modification

Residential Home Health nurses engage patients and caregivers by:

- Coaching the patient and caregiver on long-term behavior modifications such as diet, exercise, and medication compliance
- Educating the patient and caregiver on warning signs and action plans specific to the patient's condition

Specially trained cardiac and telehealth nurses are available 24/7.

At-Home Cardiopulmonary Rehab

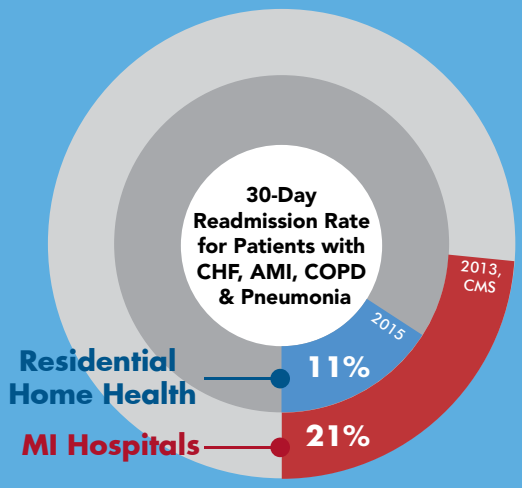
Residential Home Health's exclusive home-based cardiopulmonary rehabilitation model empowers and engages patients using:

- Physical and occupational therapy
- Evidence-based tools for assessment and tracking
- Hands-on teaching and support

Consider CHAMP for patients with:

- ✓ Chronic Obstructive Pulmonary Disease (COPD)
- ✓ Congestive Heart Failure (CHF)
- ✓ Pneumonia
- ✓ Myocardial Infarction
- ✓ Uncontrolled Hypertension

CHAMP Focuses on the 3 Primary Causes for Readmissions:

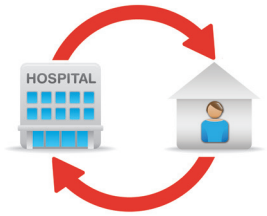


- ✓ No post-acute care after discharge
- ✓ Medication errors
- ✓ Improper diet and nutrition

Source: CDC, 2010

Quick Facts on Readmission

- Two out of three Medicare patients are readmitted to the hospital or die within 12 months of discharge
- More than 50% of chronically ill patients readmitted to a hospital have not seen their physician in the interim
- Over 40% of patients have at least one medication error after they are discharged



Readmit Cycle: Half of patients leave the hospital with no post-acute care.

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Visit our website at residentialhomehealth.com or call a Residential Home Health nurse today.

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