SOUTHEASTERN
Home Health Services

A New Direction in Home Health Care

Cardiac Patient Services: Heart Failure

Southeastern Home Health Services will help you manage:

- □ Patients who need education and training related to home management of HF
- □ Patients who are non-compliant with their medical regimen
- □ Patients with exacerbation of heart failure or those at HIGH RISK of exacerbation
- □ Patients with new diagnosis of heart failure and/or changes in medical regimen
- □ Patients who frequently call the office with questions or frequent changes in status
- □ Patients who are on a new medication/or are non-compliant with current regimen
- □ Recently hospitalized patients with heart failure and those with co-morbid conditions
- □ Patients in need of home safety/risk assessment related to a fall/injury/other stressor

Medicare Covered Home Health Services

Skilled Assessment	Education to Self-Manage	How We are Different
Heart Failure specific care pathway with skilled nursing visits and phone triage	Disease process education specific to cardiac disease (heart failure)and/or related co-morbidities	SHHS makes clinical staff education a company-wide priority
Full assessment of cardiac status at each visit	Extensive diet teaching and follow-up.	We understand evidence-based clinical practice guidelines for heart failure
Tele-Health/Tele-Monitoring program designed by experts	Teaching about medications, side-effects and compliance with med schedule	We use clinically validated assessment tools for your patients
Home Safety/risk analysis; assessment and intervention	Education on how to weigh self, and obtain pulse and BP (if ordered)	We utilize state-of-the-art and state-of-the-science technologies
Multi-disciplinary approach to treatment of heart failure for optimal functional level	Use of Heart Failure Zone Chart to teach when to call nurse or physician; thus minimizing use of emergent care	We value physical and occupational therapy interventions as part of the plan of care
Use of technology: anticoagulant monitoring, tele-monitoring as ordered	Encouragement to follow up with all physicians involved in plan of care	We value physician participation in the plan of care and encourage patients to keep scheduled appointments

Southeastern Home Health Services' Heart Failure Home Health Program focuses on the *six most important aspects* of patient management: medications (with emphasis on adherence), diet, activity level, follow-up physician appointments, daily weight monitoring, and what to do if signs/symptoms of heart failure are worsening. Count on us to help your patients manage their heart failure.

For more information or to refer a patient, please call Southeastern Home Health Services at 1-866-285-2007