INSURANCE ACCEPTED

- MEDICARE
- MEDICARE ADVANTAGE
- MEDICAID
- AUTO INSURANCE CLAIMS
- WORKMAN'S COMPENSATION

If your insurance is not listed here, feel free to call our office to verify your coverage

OUR NURSES ARE AVAILABLE 24 HOURS A DAY, 7 DAYS A WEEK.

SERVICE AREA:

Wayne County
Oakland County
Macomb County
Washtenaw County
Monroe County

Non-Discriminatory Policy: THHP provides care to all patients regardless of race, creed, color, national origin, sex, age, religion, or disability.

ACHC Accreditation Commission for Health Care, Inc.

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA ·

transition HOME HEALTH PARTNERS

"We Create an atmosphere of cooperation and participation."

6203 Schaefer Road, Ste 100, Dearborn, MI 48126
1-877-441-THHP (8447) TOLL FREE • 313-945-6650 OFFICE • 313-945-6659 FAX
www.transitionhhp.com • transitionhhp@live.com

"Your Wellbeing is our top priority."

Physical & Occupational Therapy
Speech Language Pathology
Home Health Aide
Skilled Nursing
Medical Social Work
Specialty Programs

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FOR THE BEST IN ADVANCED REHABILITATION TECHNIQUES & TRADITIONAL WELL BEING

THE TRANSITION APPROACH

Our Home Health Services may be requested by our patients, their families, or physicians. Or, they may be arranged through the nursing home or hospital discharge planner.

Looking at the whole picture, our goal of patient recovery is achieved through expert communication between the physician, our staff, our patient, and their family. The home setting provides many unique advantages to overall wellness and emotional being. Our patients tend to achieve maximum well-being and decision making in their own home.

Our commitment is to seek improvement for our patient's quality of life. We tailor a plan of action designed to evaluate and set these goals with respect to our patient's individual needs and dignity. The action plan is coordinated with our patient's physician for continuity. The result is a health care program specific to our patient's goals.

Physicians, Patients and their families prefer Transition Home Health Partners because of our commitment to excellence and well-being.

FOR THE PHYSICIAN

Our expert staff is an extension of your practice while performing home heath care services for our patients. Together, we oversee your recommendations and our plan of action to give the best possible care in the industry.

After our patient is discharged, we will provide a 60-day patient care summary for your review.

Our specialty programs are designed to treat a variety of conditions which include, but not limited to:

- OA - Arthritis
- Diabetes
- COPD
- Ostomy / Pressure Ulcers / Vascular Ulcers
- Cardiovascular & Circulatory Disease
- Orthopedic Conditions
  - Joint Replacement
  - Fractures
  - Pre & Post Orthopedic Surgery
- Post Amputation
- Neuromuscular Deficiencies
  - CVA
  - TIA
  - Alzheimer's
  - Parkinson's Disease.

Transition Home Health Partners subscribes to the concept of health as stated by the World Health Organization. Health is a state of mental, social, and physical well being, not merely the absence of disease or infirmity. Our personnel are committed to providing the best care. Our goal is the maximization of physical, mental, and social conditions for our patients.

HOW WE SERVE YOU

"We create an atmosphere of cooperation and participation."

PHYSICAL & OCCUPATIONAL THERAPY

- Pain Relief
- Muscle Strength & Joint Movement Restoration
- Graded Therapeutic Exercise
- Joint Replacement Therapy
- Home Exercise Program
- Functional Independence
- Anodyne Therapy
- Self Care Skills Restoration
- Adaptive Equipment Training
- ADL Training
- Muscle Re-Education
- Gait Training

SPEECH LANGUAGE PATHOLOGY

- Communication Skills
- Non-Restorable Skills Compensation
- Swallowing Treatment
- Voice Disorder Treatment
- Memory Deficit Training
- Language Disorders

HOME HEALTH AIDE

- Personal Hygiene
- Dressing & Grooming
- Light Meal Preparation
- Light Housekeeping

SKILLED NURSING

- Medical Assessment & Plan of Care
- Medication Instruction & Teaching
- Case Management
- Diabetes Care & Education
- Patient & Family Education
- IV Therapy
- Wound & Ostomy Care
- Cardiovascular Monitoring
- Post-Operative Care
- Certified Psychiatric Nursing

MEDICAL SOCIAL WORK

- Counseling & Community Resources
- Assistance with Medical Needs
- Long-Term & Short-Term Plannning
- Solution Focused Counseling
- Assessment of Emotional Factors

ADDITIONAL SERVICES

- Coordination with Pharmacy
- Durable Medical Equipment Coordination
- Hospice Coordination

SPECIALTY PROGRAMS

- Psychological Nursing Program
- Cardiac Nursing Program
- Post-Amputation Management
- Post-Op & Pre-Op Surgical Management

PATIENT COORDINATION

TEAMWORK IS THE KEY

Our patient care coordinator is available throughout the care-giving cycle to meet with the patient, family, and caregiver.

The patient care coordinator will assist and direct all areas of the referral process. They are available to:

- **Answer questions about home care services and benefits.**
- **Chart review and Patient intake referral preparation**
- **Durable medical equipment coordination and delivery**
- **Consultation regarding patient special needs**
- **Up-to-date patient progress reports**

The coordination of communication between patient, family, and medical staff has been the key to our success.

To be Eligible for Home Care:

- Be under the care of a Physician
- Unable to leave home unassisted
- Require intermitted skilled nursing care, physical and/or occupational therapy, medical social workers, and/or speech & language pathologists.
- Have a plan of care established by a physician

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