



Home Health Care

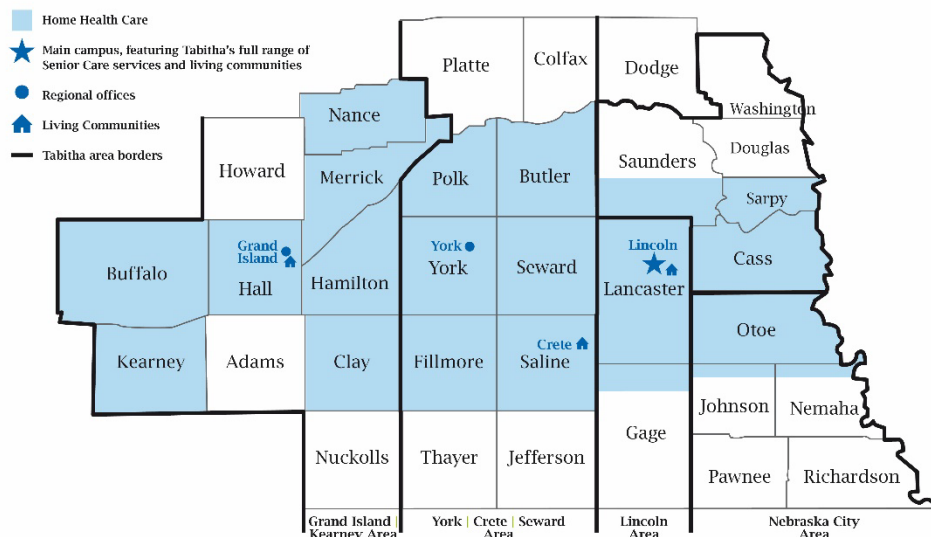
Referrals for All Regions

CONTACT : CONTINUUM NAVIGATION
PHONE : 402.484.9604
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Information for comment note on Epic referral:

- 1 Discharge Date
- 2 HHC Disciplines Requested
- 3 Diagnosis for HHC
- 4 Discharge location: Home, Family Home including address if not listed, ALF
- 5 Home support: Does client live alone, with family, have paid caregivers or any family support?
- 6 Specialty Needs: IV antibiotics, Drains, Foley Catheters, Ostomies, Lab draws, and Wound care
- 7 Recommended Services Declined: Was client recommended to SNF, Hospice or completed a Palliative consult but declined the services?

HOME HEALTH CARE SERVICE AREA: Supporting clients and their families wherever they may call HOME.



WE'RE HERE TO HELP: Any questions in regards to location, payers or specified care needs, please call **Kyley Al-hirez**, Tabitha Lead Continuum Navigator | 402.484.9681