Available Services

- Emergency Home Response
- Health Education
- Housing Services
- In Home Services, Care and Visitors
- Legal Support
- Long Term Care Coordination
- Medical Advocacy
- Medical Equipment
- Money Management Services
- Nutrition Services
- Transportation

For More Information Contact:

CRIS Healthy-Aging Center

Bridge Care Transition Coordinator

217-355-1543

201 W. Springfield Ave. - Suite 501

Champaign, IL 61820

Presence Covenant Medical Center

Bridge Care Transition Coach

217-337-2085

or

217-337-2806

1400 W. Park

Urbana, IL 61801

Your Care Transition from Hospital to Home

Helping patients build a bridge to good health.

A free service to help you manage your move from the hospital to home.

CRIS Healthy-Aging Center

What is a

Bridge Care Transition Coach?

A professional who is based in the hospital and works closely with Care Management and the Discharge Team.

Your Bridge Care Transition Coach will visit you in the hospital, make home visits, and follow-up phone calls. For 30 days following discharge, your coach will provide you with information, support, and qualifying community services.

Your coach will also partner with you and your caregiver to provide guidance for:

- Developing your personal health record.
- Identifying important goals.
- Making and keeping doctor appointments.
- Managing your medication (s).
- Reviewing warning signs and how to respond.
- Identifying additional community resources.

Confidentiality

All medical information in the Bridge Care Transitions Program is kept confidential and patient-specific. Your medical information will never be disclosed without your written consent.

Bridge Care Transition Coach

Contact Information

Date of Home Visit

Free Program Benefits:

- *Provides the tools to help you better manage your health care.*
- *Eases your transition from the hospital back to home, ensuring your needs are met.*
- *Reduces the hospital readmissions and emergency department visits.*