

Addressing Gaps in the Patient Discharge Process:

*Opportunities to Improve Hospital
Service Availability and Patient
Outcomes in the UK*

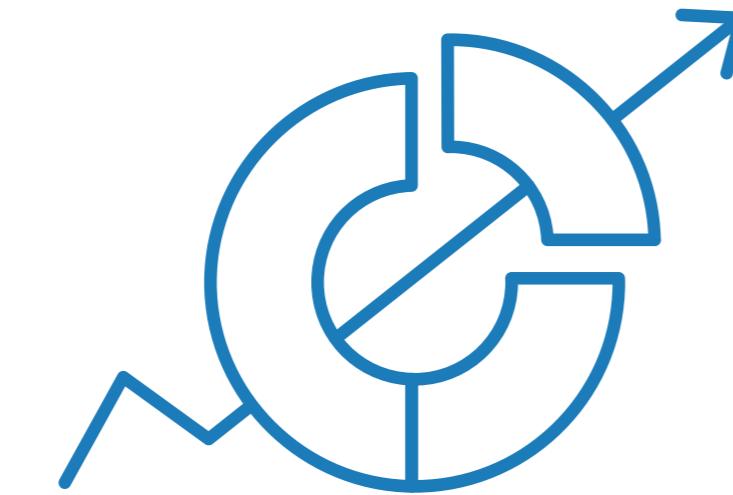
*Presenter: Luis Castillo, President and CEO
Ensocare, Omaha, Nebraska (USA)*

A Universal Issue

Virtually every country in the world is faced with caring for higher numbers of elderly, chronically-ill and those with growing, unmet social needs that are placing unprecedented strain on our health care systems.



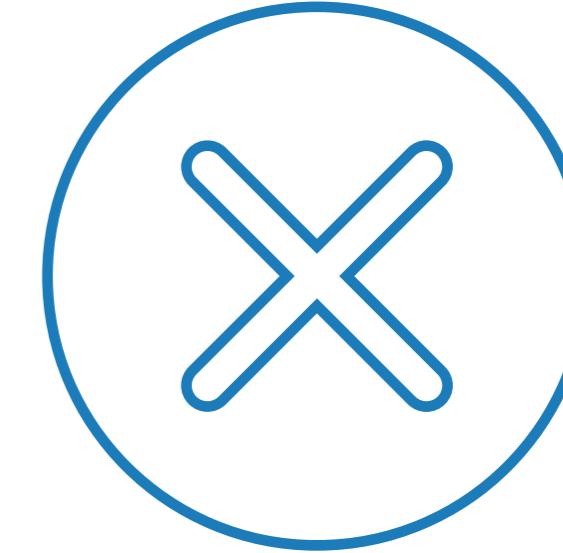
Aging Populations



Increasing Numbers with
Chronic Illnesses



Social and Economic
Vulnerabilities



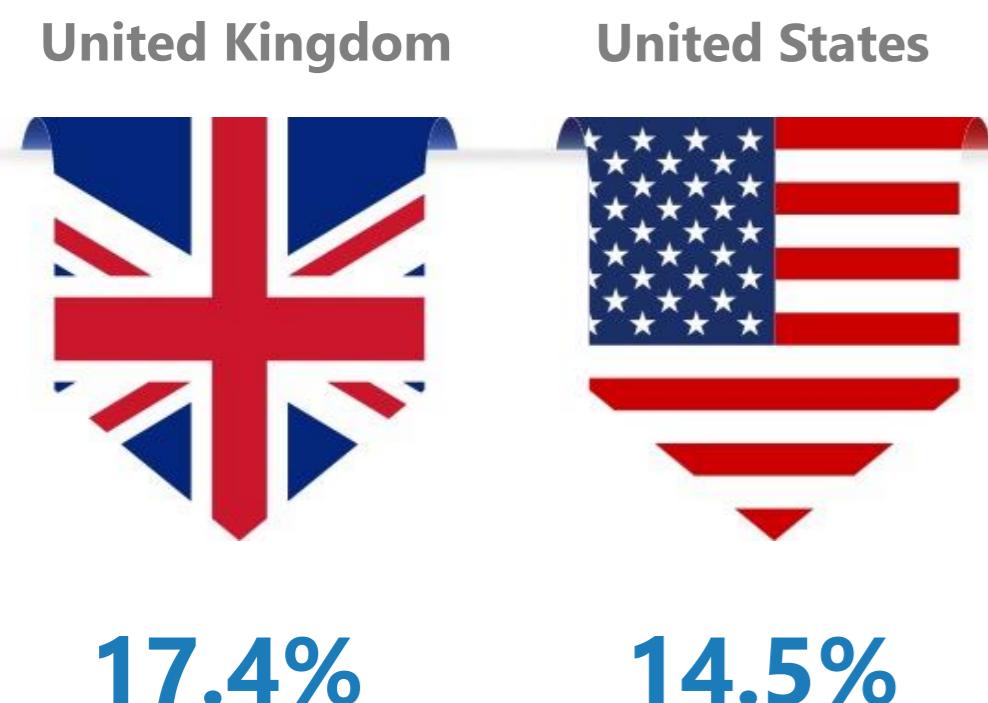
Lack of Care Coordination
and Post-acute Care
Continuity

Aging Populations

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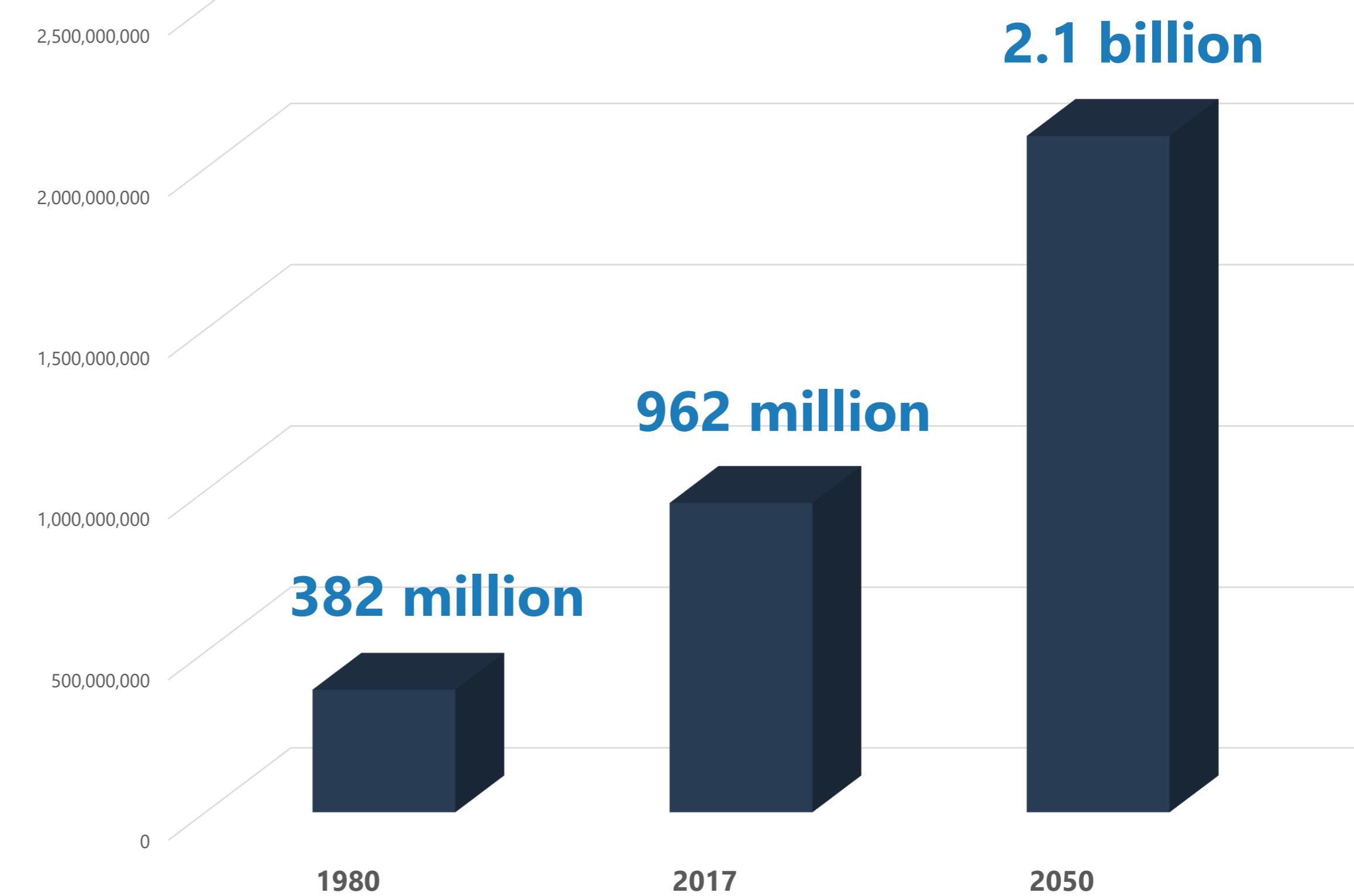
Percentage of Population Age 65 and Older

Source: OECD 2016



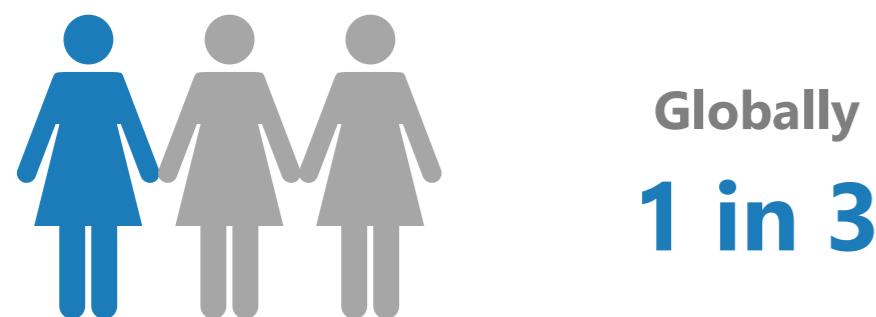
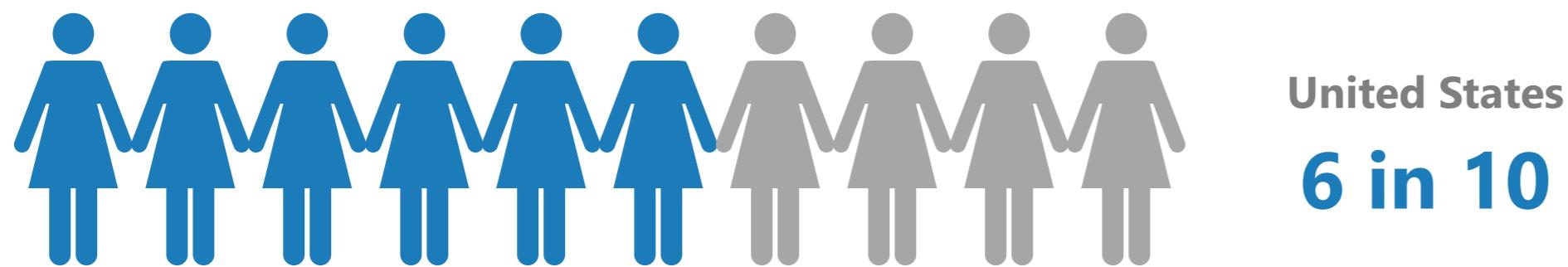
Actual and Projected Aging of The Global Population

(Numbers Aged 60 Years or Older)



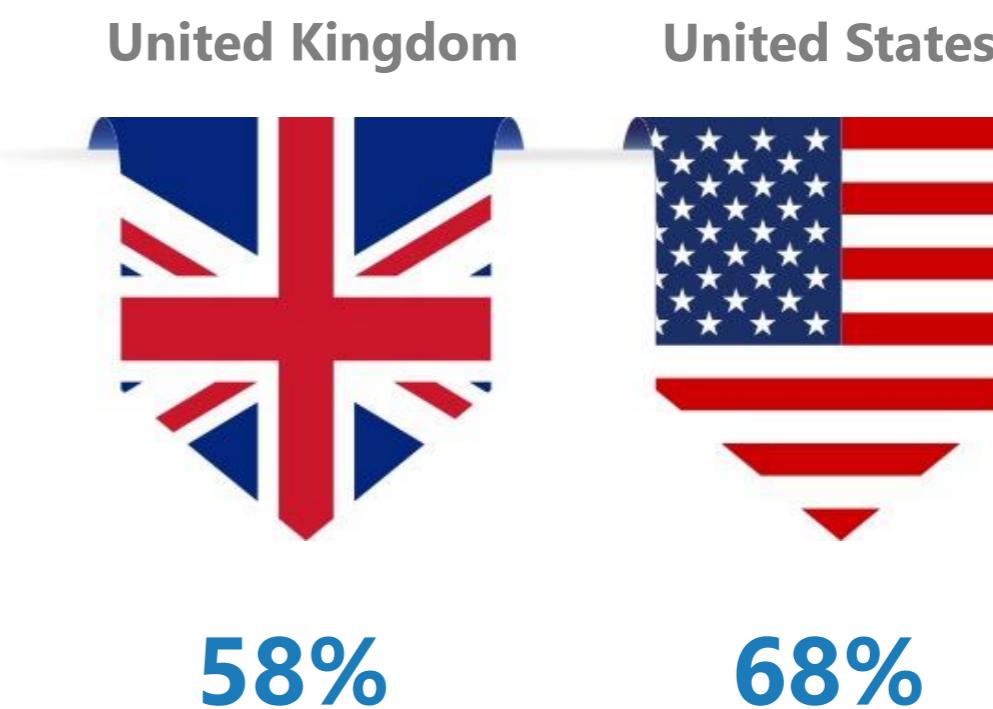
The Chronically Ill

Number of Adults Living with One or More Chronic Conditions (MCC)



Percentage of Population Over age 60 Living with MCCs

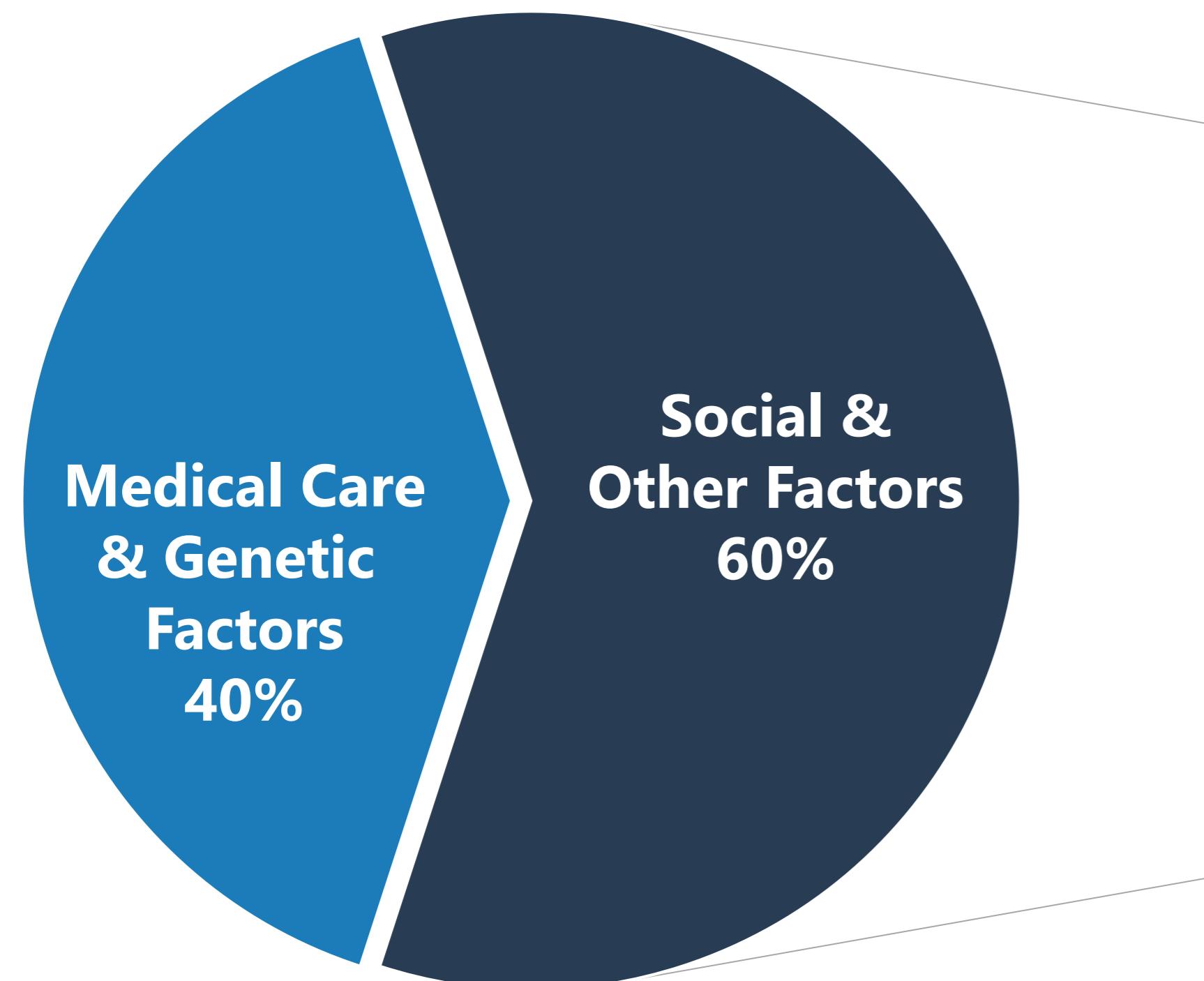
Sources: *The Kings Fund (UK); CDC (US)*



Social and Economic Vulnerabilities

Key Determinants of Health Outcomes

(by source)



Medical Care:
10%

Genetics:
30%

Behavior:
50%

Social/Physical Environment:
10%

Number of the world's people living in hunger:



1 billion

Number of the world's people who are homeless:



1.6 billion

Number of adults who miss or delay non-emergency medical care due to transportation barriers:

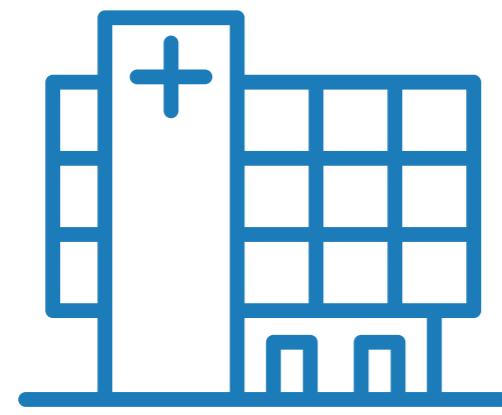


~ 1.6 million (UK)



~ 3.6 million (US)

Care Coordination and Continuity



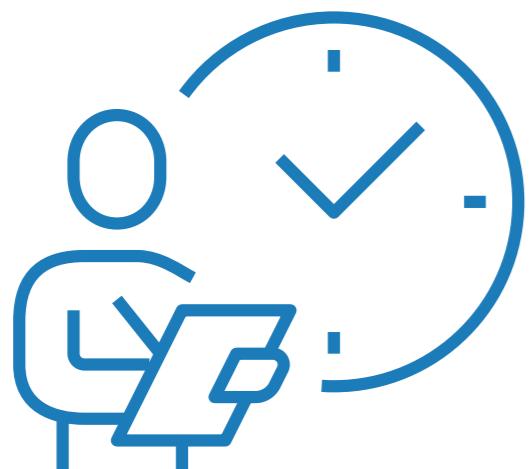
Decreased hospital capacity caused by longer bed stays



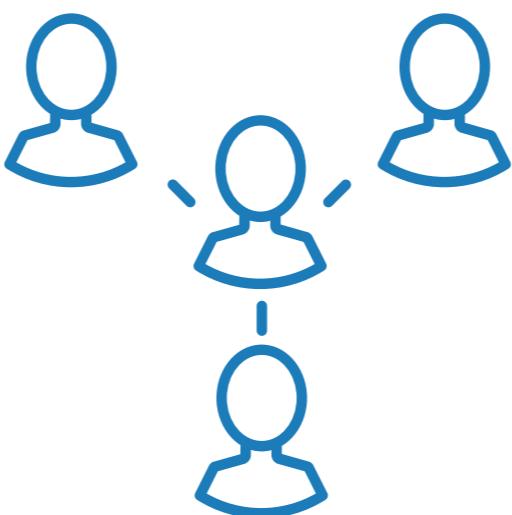
Higher cost to hospitals and NHS when discharge is delayed



Unnecessarily longer stays result in increased health risk to patients



Time consuming, manual process takes time away from patient and causes employee dissatisfaction



Multiple stakeholder involvement is challenging to manage manually (patient/family, hospital, post-acute facilities, nurses, planners, etc.)



Patients with unaddressed social needs are at high risk of readmission

The Global Impact

Organizational Impact:

- Rising healthcare expenditures
- Increased economic burden
- Rising overall health services utilization
- Increased ED utilization
- Rising admissions and readmissions
- Elevated rates of primary and specialty care physician access
- Overburdened clinical and ancillary staff

Individual Impact:

- Increased health risk
- Increased out of pocket expense
- Difficulty with medication adherence
- Inability to work
- Lesser quality of life
- Decreased length of life
- Increased caregiver burden

“**This economic burden heightens the need to manage people with several chronic illnesses in more efficient ways.**

– Dr Chris Salisbury, University of Bristol

We Can Do Better

For our patients overall health and quality of life

For the financial viability of our health care system and organizations

For the millions of dedicated health care workers who strive to provide the level and quality of care patients deserve.



The Current Discharge Process

Clockwise, from the top

NHS Intermediate Care is
then arranged by the hospital
social work team before the
patient is discharged

- If care does not include social
needs, risk for readmission

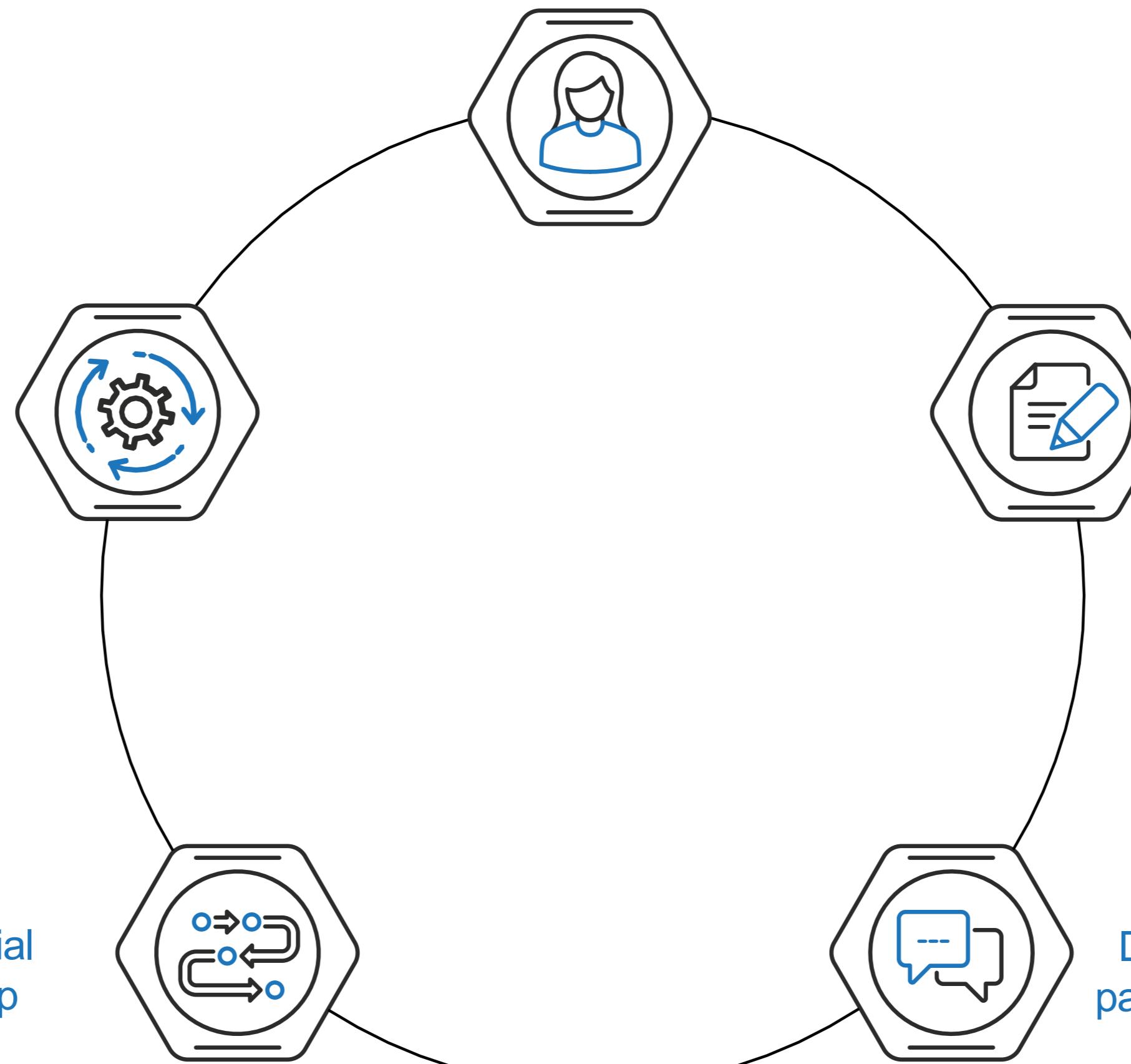
If patient meets financial
criteria, hospitals help
arrange care

- If hospitals are not arranging care,
the patient/family is arranging care

Patient identified as
a complex discharge

Discharge assessment
performed by hospital

Discharge coordinator,
patient, and carer discuss
discharge plan



The Need for Intelligent Systems

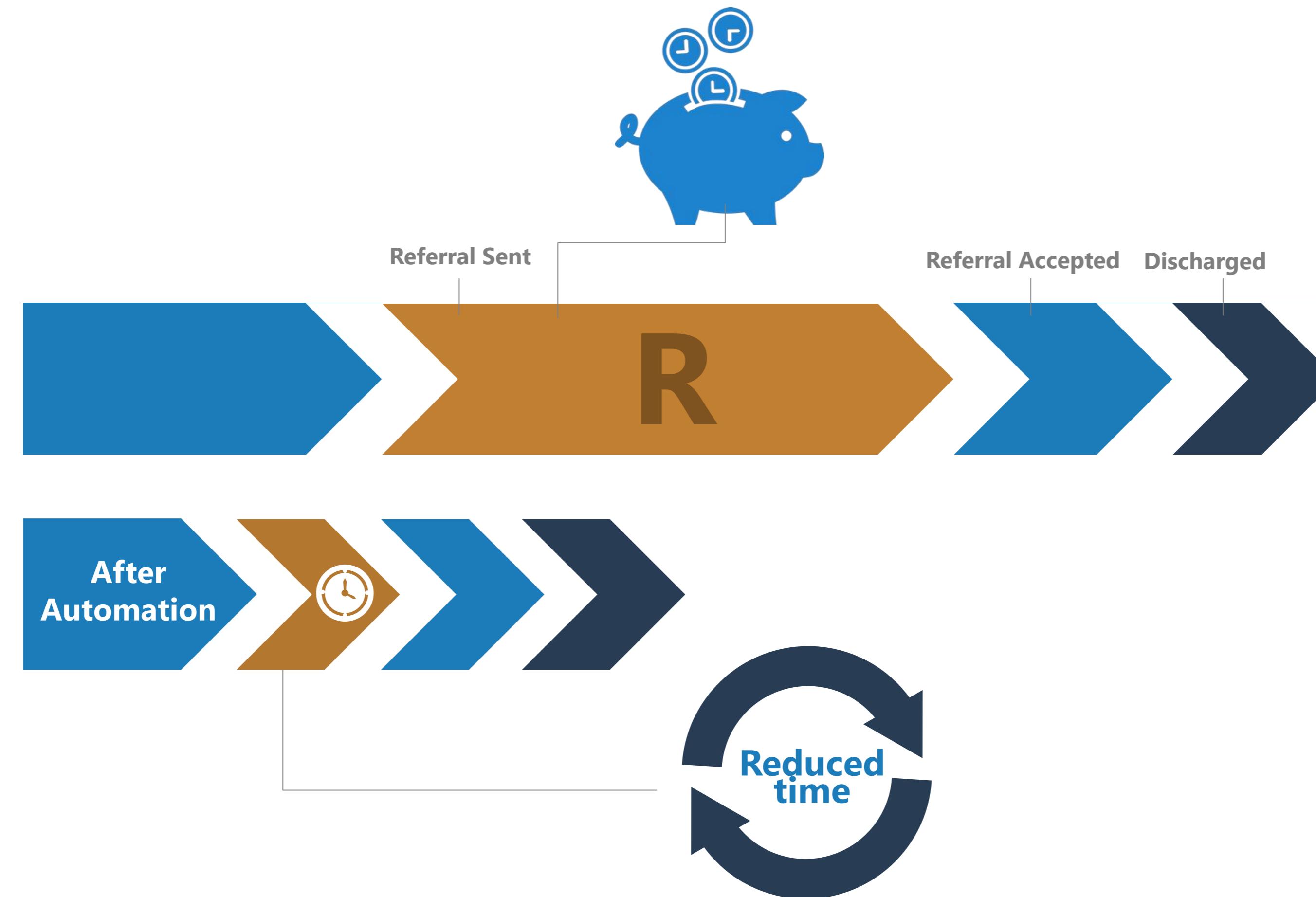
Automating duplicative processes with technology could help mitigate problems that result from discharge issues

Future State:

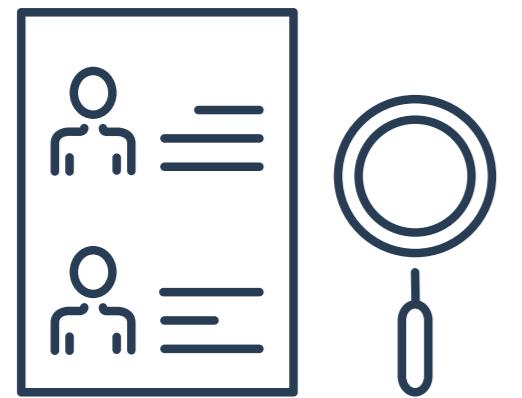
- Waste, rework and redundancy is reduced
- Opportunities for errors are minimized
- Enabling technology improves efficiency
- Patient experience is enhanced
- Engaged and more fulfilled care team and staff
- Healthcare spending is reduced
- Improved quality outcomes



Improving the Discharge Process Through Automation



Imagine...



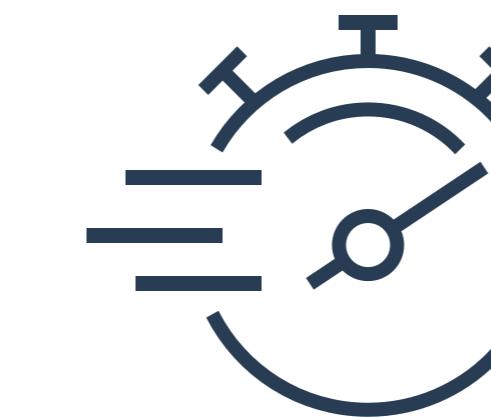
Having access to an electronic tool that contained a list of patients that needed discharge assistance



Being able to electronically send as many referrals as needed



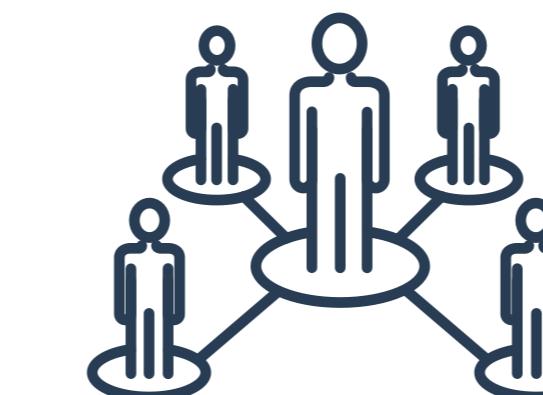
Being able to electronically select the clinical documentation that needed to accompany the patient on the next phase of their medical journey



Having all of this unfold within minutes, without leaving your workspace or picking up a telephone



Having easy electronic search capability to locate the most appropriate care home/service for your patient in a preferred geographic region



Being able to serve other patients while awaiting answers to your referral requests

Improving Discharge Efficiency through Post Acute Provider Engagement



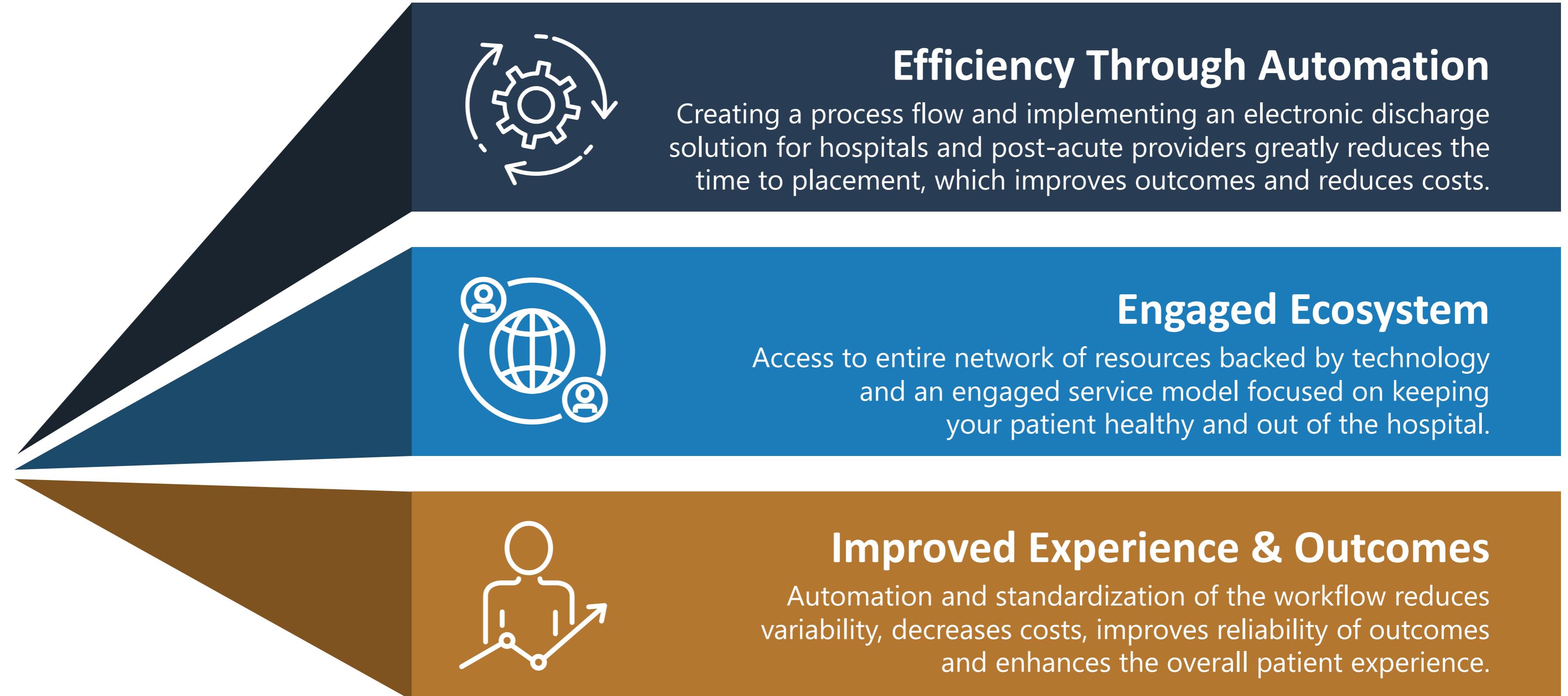
Improving efficiency is a two-step process of automation and engagement

- **Automation:** creating a process flow and implementing an electronic discharge solution for hospitals and post-acute providers greatly reduces the time to placement
- **Engagement:** technology is only part of the solution. Also need an engaged, responsive network of placement and service providers at your fingertips

Conclusion

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Takeaways



Questions and Contact Information

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