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5 UNMISTAKABLE SIGNS Your Hospital is Ready FOR AUTOMATED DISCHARGE

If you're a nursing professional charged with care coordination, a discharge planner or a hospital administrator, chances are you're familiar with the plentiful pain points involved in the process of care transitions. Discharging patients—from your hospital's acute care setting to post-acute facilities where they can continue their recovery—is not only essential to ensuring patient outcomes, but also to managing the very real risks that threaten your hospital's reimbursement.

Your hospital may not have implemented an automated discharge solution yet because of cost, concerns over interoperability with other in-house technologies or the potential negative impact on patient and family satisfaction. If you're not sure if your hospital is ready for automated discharge, consider if any of these five signs are true for your organization. If you answer "yes" to all or even a few of them, your hospital should explore how much manual processes may be negatively impacting your patient experience and your bottom line.

1. Your hospital is looking to streamline operations and cut costs.

In today's environment, the question isn't really whether hospitals want to cut costs, but rather, by how much. Historically, discharging patients from acute-care hospital settings has been a risky and expensive proposition. How expensive depends on your individual organization and its readmission rates, but industry-wide, the issues surrounding preventable readmissions cost the U.S. government and taxpayers $26 billion annually, and more than $17 billion is considered avoidable.

The only way to lower costs is to put interventional solutions into place that reduce the likelihood of unplanned readmissions or unplanned health events after discharge. Although hospitals and insurers like UCLA Health System and UnitedHealth Group are hiring record numbers of "navigators" to perform outreach and follow up with patients, there are financial challenges for providers because many insurers don't reimburse for non-medical care management services. Not to mention that, over time, the ability or financial wherewithal to hire enough staff to follow patients becomes unsustainable.

Thus, one of the surest signs that you're ready for an automated discharge solution may be a pure dollar-and-cents decision based on your hospital's potential savings in operating costs. The leading automated discharge solutions can cut referral response times down to less than 30 minutes per patient.

***Bottom line:** If your hospital's current referral response time is more than three hours per patient, an automated discharge solution is likely to have a largely positive bottom-line impact.*

2. A significant percentage of your patients have complex medical needs.

It stands to reason that patients with complex health and social support needs require more health services and receive care from more and different healthcare professionals. And hospitals with a larger volume of

patients with complex needs—and oftentimes a higher case mix index (CMI)—have unique challenges when it comes to care coordination. Patients with complex care needs not only require more clinical expertise—which means more partners and settings—they often have functional limitations that demand a higher level of family involvement in the decision-making process.

Indisputably, hospitals recognize that their patients with complex clinical needs, especially "the frail elderly," benefit from a close relationship with an experienced case manager, as well as assistance in finding and selecting the post-acute facility that is most appropriate for their needs. The leading automated discharge solution can help hospitals manage and monitor their network of providers and, ultimately, help to drive quality up and costs down.

Automated discharge software can shave hours off of the referral process because it can eliminate the time-consuming process of making phone calls, printing pages from patient electronic medical records, faxing multiple providers and making numerous follow-up calls. The time savings gives staff more time to interact with patients, especially those that require extra attention. This, not surprisingly, tends to enhance patient and family satisfaction. Some automated discharge solutions even allow hospital case managers and discharge planners to match patients' clinical and psychosocial needs to the post-acute provider's capabilities, further increasing the appropriateness of the referral match.

***Bottom line:** If your hospital's patient population consists of more than 20 percent "hard-to-place" patients, an automated discharge solution could easily save each of your discharge planners upward of 15 hours per week of clerical work.*

3. Your hospital treats patients who are from outside of your local service area.

When the time comes to discharge an out-of-town patient, finding a post-acute facility outside of your familiar or preferred network can be time-consuming and difficult. Without personal knowledge or a nationwide network it can be a lot like throwing a dart and hoping you hit the target.

An automated discharge solution can be the impetus to either establish or to strengthen your network of post-acute providers. Companies offering leading automated discharge solutions not only have a national reach, they may also back up their technology with a fully staffed 24/7 call center team whose focus is to monitor the progress of referrals and post-acute facility responses and keep your hospital's discharge management operation running smoothly. This means you can be completely confident in referring to facilities no matter where they are geographically located.

Automating the discharge process in order to connect to a geographically dispersed network of providers is one piece of the puzzle, but monitoring their performance is entirely another. Self-service reporting vs. a pre-defined reporting menu is a feature that many hospitals ask for because it allows them to consistently measure the metrics important to their institutions.

***Bottom line:** If your hospital is a teaching institution that provides tertiary or quaternary care, or you work in a regional hospital and regularly discharge patients to post-acute settings several hundred miles away, automated discharge technology paired with a national network makes sense for you.*

4. Your hospital has implemented an EMR or EHR system.

Over the last five years, the percentage of hospitals using at least a basic EMR/EHR system has increased to 76 percent, with three out of four hospitals adopting at least a basic EHR system with clinician notes. In addition to the overall growth in adoption, more than one-third of hospitals are using advanced EHR functionality. However, all of the "good" associated with having patient data accessible in a single electronic record is often outweighed by issues with interoperability with other providers' EMR systems and other individual technologies that you and your patients use on the road back to health.

Automated discharge software that is "technology agnostic" is the path forward that many hospitals are choosing to pursue. Some discharge management teams choose to get their automated discharge solution up and running via web-based Software as a Service (SaaS) and then start redesigning their workflows to coincide with a large-scale IT implementation project.

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As your hospital's EMR system and usage evolves, your automated discharge software solution can be embedded inside or fully integrated into leading EMR systems from companies such as EPIC, Meditech and Cerner. The benefit of full integration with your EMR is that all members of your care team have access to the clinical documents that are part of the discharge process.

***Bottom line:** If you have an existing EMR system or are changing EMR systems, look for one with an embedded automated discharge solution, or one that can be integrated with discharge planning platforms. Also, make sure that discharge management needs are considered in the EMR evaluation/implementation process.*

5. You expect CMS' bundled payments to impact your hospital's bottom line in the near future.

To avoid readmission penalties and maximize reimbursements, hospitals are assuming more responsibility for ensuring that patients receive optimal care, even after they've left the confines of the hospital walls. Hospitals already operating under the Centers for Medicare and Medicaid Services' (CMS) Bundled Payments for Care Improvement initiatives, and those looking down the road, know it's in their best interest to match patient needs with post-acute provider capabilities.

For example, if an orthopedic patient requires occupational therapies, the hospital needs a way to quickly identify facilities that have an occupational therapist in house, or that specialize in caring for patients with orthopedic conditions.

Having an automated discharge solution is critical to infusing data into the post-acute provider selection process. Post-acute providers will soon shift from simply common referral locations into partners in the patient care continuum. Your hospital can have a strong and healthy relationship with multiple post-acute care facilities if you can clearly evaluate provider response time, patient acceptance rate by facility and readmission rate by condition by facility; as well as your own per planner usage and open cases.

Ironically, by using technology that lessens human interaction and standardizes the referral process, your organization stands to forge stronger, strategic relationships with the progressive post-acute providers who will be essential to your operational success in a bundled payment world.

***Bottom line:** With bundled payment reimbursement programs likely to grow, hospitals' success will depend on precise performance reporting and streamlined patient record exchange processes. Both of these are hallmarks of automated discharge software solutions.*

The first step to determine if your hospital is ready for automated discharge is a simple calculation using two current ACMA industry standards which are also basic metrics for your organization—the number of discharges and the number of staff who facilitate discharge activities.

To get your hospital's custom analysis, click here now or visit www.ensocare.com/ROI.

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