



• CHC2DST •

Meet Maud.

She has end stage dementia, unstable diabetes, infected pressure ulcers and anaemia. She was admitted to hospital during the cold winter months following difficulties managing her diabetes which made her seriously ill.

After treatment and care, Maud's needs are no longer acute. She can be transferred to a nursing home placement with an appropriate recovery package in place.



The assessment processes are paper-based and carry a significant administrative overhead for Maud's clinical team. Papers must be accurately completed prior to the formal assessment process even being started.

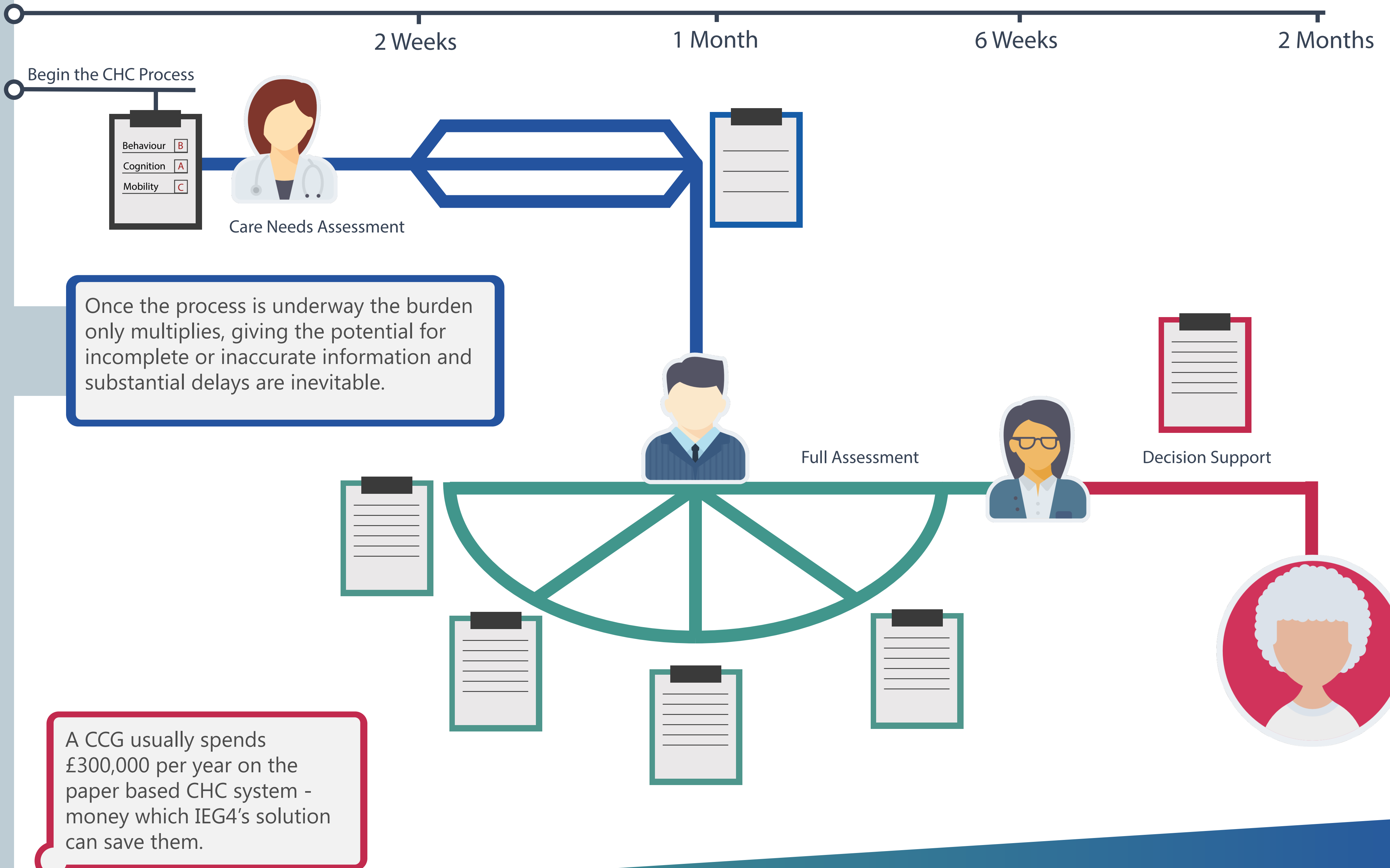


Our growing elderly population is living longer and increasingly managing their long term or complex healthcare needs, becomes more challenging.



Despite best endeavours, gaps in information and inaccuracies are hard to spot, often buried within a paper submission. When they eventually come to light, the time and effort to rectify them, inevitably leads to more work and delay

On average, patients not being discharged when they are well, costs the hospital £1.2million a year in delayed transfers of care.



CHC2DST



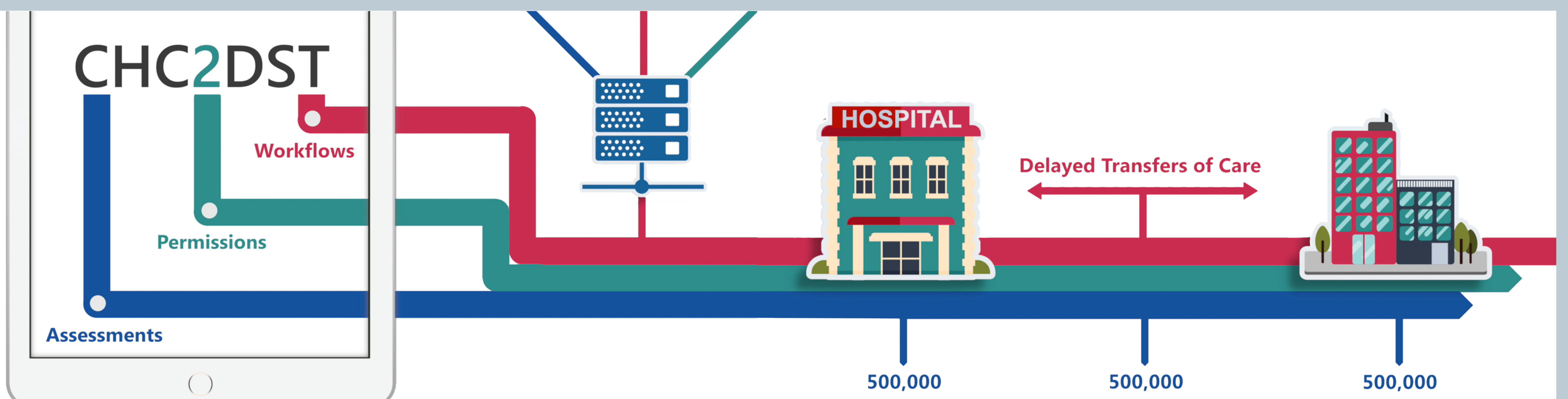
Workflow Permissions Assessment

IEG4 have developed a software technology that simplifies and streamlines the Continuing Healthcare assessment and decisions process.



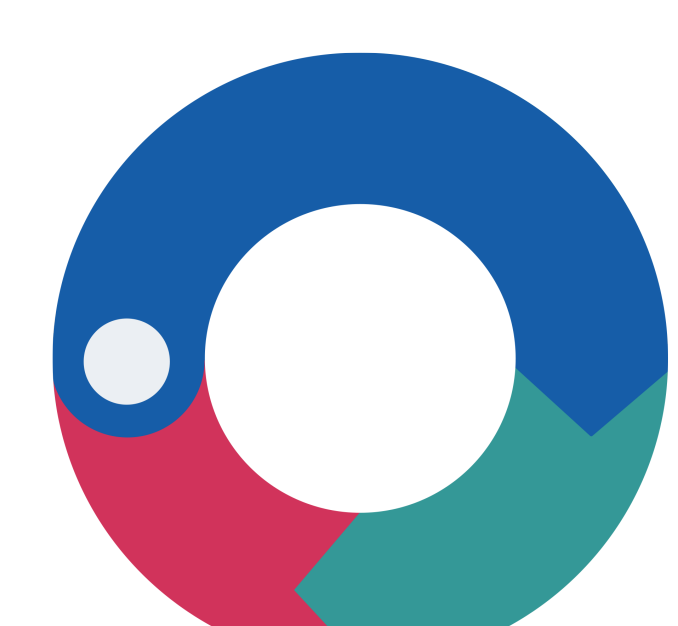
CHC2DST incorporates the assessment templates, permissions and a workflow manager to efficiently communicate during the complex process and the tablet-based system ensures that information is collected in a systematic, retrievable and verifiable format.

The CHC process can be intuitively completed, then communicated to the Multi-Disciplinary Team, who then can easily use this collated information to start the Full assessment & DST process.



Projected savings of using CHC2DST, through process efficiency, can be up to £900k per annum for an average sized CCG, and that's before including the likely impact of reducing Delayed Transfers of Care in Hospitals and improving efficiencies in Local Authorities.

And as for Maud, with CHC2DST she could have been back at home up to **18 days** earlier.



We are confident that our innovative software will help you transform patient flow, vastly improve communication across stakeholders, increase completion rates and reduce your DToc numbers.

