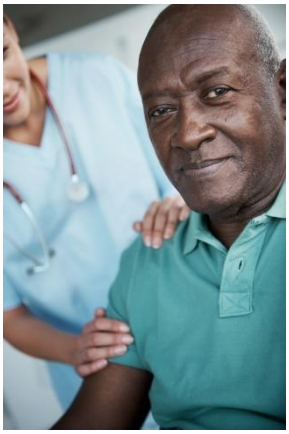
ReInforcedCare™

Profile of Our Patients



A patient is discharged home from the hospital. The discharge went according to plan – the instructions, the documented teach-backs, the medication reconciliation – but now the patient finds herself at home, a bit overwhelmed and unsure whether she really knows how to do the things she is supposed to. Where should she turn?

Or perhaps on the way home from the hospital she stops to fill her prescriptions, and there is an issue – an unexpected cost that she can't afford, or an insurance authorization needed. Can she wait for this med? Is there an alternative med?

Perhaps a patient just needs someone to listen to him as he verbalizes what he went through while in the hospital. He may be disgruntled over some aspect of his inpatient experience and may feel that the hospital does not care. Or, just as likely, he wants to rave about the quality of his care and experience.

There are many reasons a hospital may want to reach out to patients post-discharge. There is a desire to affect population health, patient satisfaction, adherence to treatment plans, quality measures, patient outcomes, and loyalty to the hospital network.

At the very heart of each of these is the need to actually speak to the patient or caregiver, to find out if any unexpected issues have been encountered during or since the transition of care. ReInforced Care has been helping its hospital clients conduct this kind of outreach since 2010.

On behalf of hospitals, we reach out to patients in a customized, consistent, comprehensive, and cost-efficient way. We are able to offer patients support, reminders, and a listening ear; to ensure that ordered services and appointments are in place and that meds are filled; and to connect patients to appropriate departments such as medical records. We highlight specific patient issues and triage them back to the hospital for a quick and targeted resolution. The information and analytics we provide gives hospitals an unprecedented real-time window into the characteristics, health, recovery, experiences, and health-related behaviors of their patients.

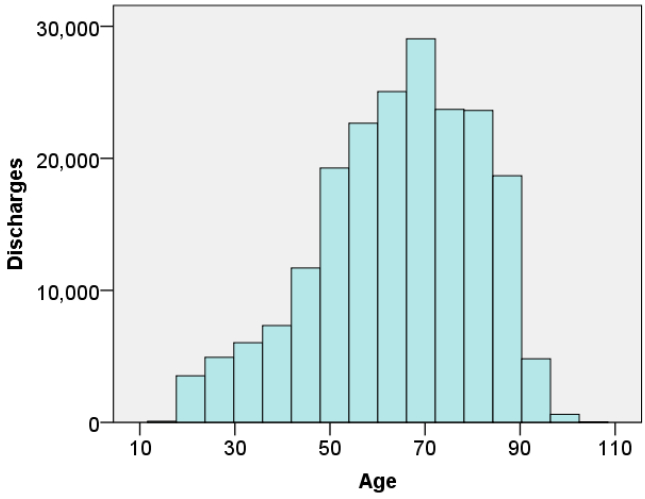
Demographics

Our patients have been hospitalized at acute-care US hospitals large and small, secular and religious, located in the Northeast, Mid-Atlantic, South, and West. Patients are covered by a wide array of insurances, and some are uninsured. The most common primary diagnoses are listed below.

Diagnosis	% of Total
heart failure	3.7%
septicemia or sepsis	3.4%
atrial fibrillation	2.9%
pneumonia	2.8%
bronchitis	2.7%
myocardial infarction	2.0%
chest pain	1.9%
urinary tract infection	1.6%
coronary atherosclerosis	1.5%
acute kidney failure	1.5%
cellulitis and abscess of leg	1.4%
diverticulitis of colon	1.4%
syncope and collapse	1.3%
calculus of ureter	1.0%
osteoarthrosis	1.1%

Eleven percent of discharges had a primary diagnosis categorized by the Centers for Medicare and Medicaid Services (CMS) as a readmission penalty measure. That figure is growing now that we are conducting special programs geared towards hip and knee replacement patients.

54.4% of patients have been female. The average age has been 64.5 while the highest was 108.



Twenty-seven percent of discharges were for patients who had had one or more prior admissions to the same hospital in the past six months. The mean number of such admissions, counting zeroes, was 0.5, and one person had as many as fourteen.

The mean length of stay has been 3.6 days (increasing of late). Most typical was a two-day stay. Eight percent of patients stayed more than seven days, and 0.1%, more than thirty.

Our Outreach

ReInforced Care's overall contact rate during this period has been 84%, while in 2016 this has increased to 87%.

We have escalated 42% of discharges to the client hospital for either an actionable or a purely informational reason. Our typical client hospital has responded to over half of these escalations within five hours, and to three quarters within a day.

For eleven percent of patients, our staff or our system have made more than one such escalation. About 1% of patients have had what we call a critical escalation, an alert requiring prompt hospital intervention.

The most common specific types of escalations are as follows:

Type of Escalation	Incidence Among Patients Given to Us for Outreach
Testimonial	7.5%
Referred to Provider for Advice	4.3%
Request for Alternate Contact Information	2.2%
Needs Assistance Re: Home Health Services	1.8%
Needs Assistance Re: Meds	1.5%
Complaint about Food or Facility	1.4%
Needs Assistance Re: Nursing	1.2%

Hospital leadership will be encouraged to see that testimonials top the list; these are often used to provide valued feedback to specific staff members or inpatient units.

Readmission

The 30-day readmission rate for this population was 11.8% (as low as 9% or as high as 19% for any given hospital). The average length of time for a 30-day readmission to occur, if it occurred, was 12.4 days. Thus readmissions were more likely to happen earlier than later in the cycle; 37% of them occurred within seven days. (See our Evidence of Readmission Reductions.)

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Working as an extension of an organization's clinical team, ReInforced Care is able to speak with patients post-discharge, providing them with an ongoing sense of caring and support. This maximizes patient experience and satisfaction, identifies and triages situations which may lead to readmission, and identifies areas of process improvement.

As fellow health professionals, researchers, and inevitable utilizers of the healthcare system, we are honored to spend our days doing work that we find interesting and of value, supporting and collaborating with organizations committed to excellence.

- The ReInforced Care Team