digitalhealth REWIRED BIRMINGHAM 12-13 MARCH 2024

Headline Sponsors:

Graphnet Transforming Care

System C Connecting Care

tpp

Clinton Schick

Chief Executive, Strata Health

Strata Health

BEST PRACTICE SHOWCASE STAGE

Global Leader: System Flow Navigation

20+ YEARS

as industry leader in global system-wide patient flow

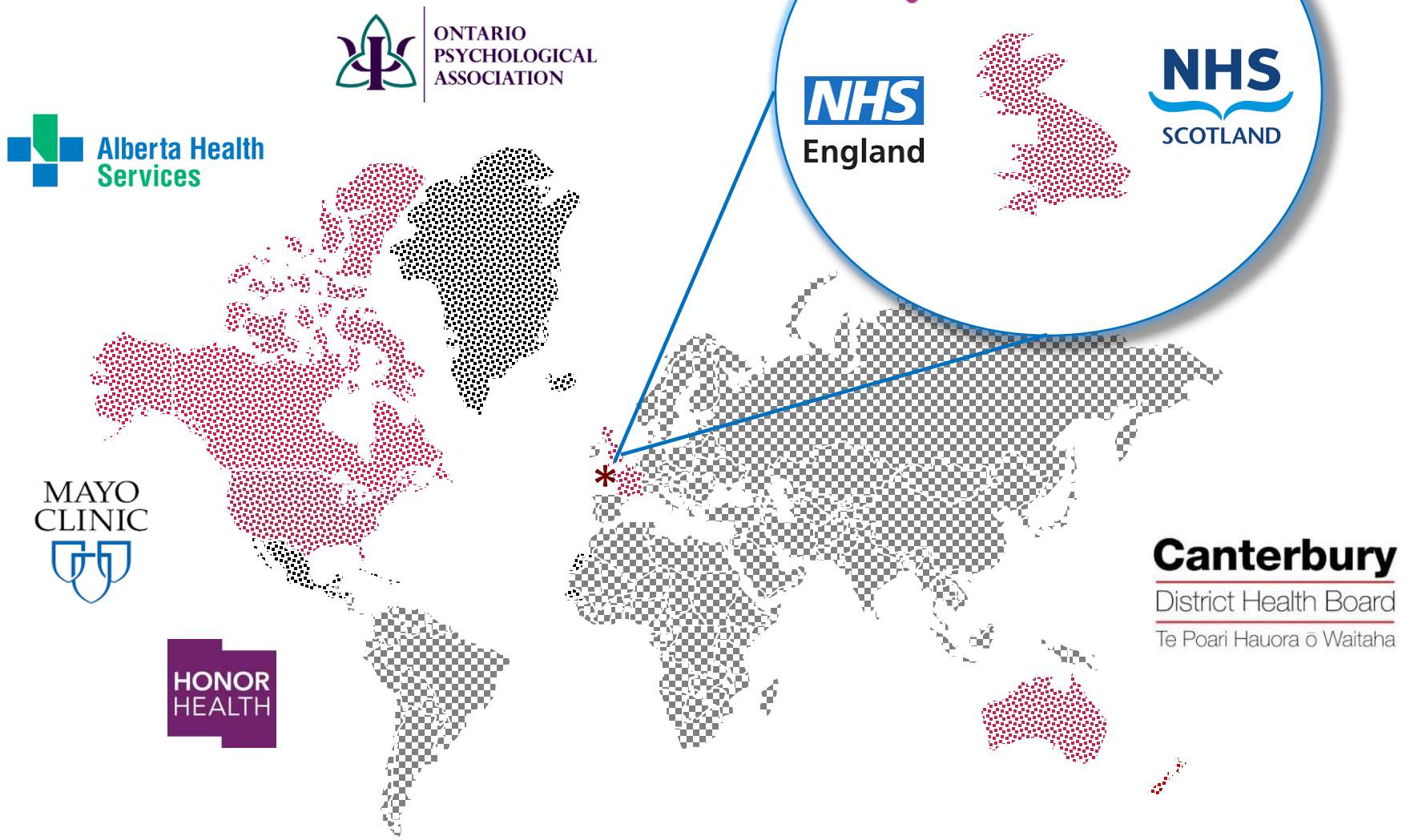
98%

Customer Satisfaction Rate

95+%

Retention Rate

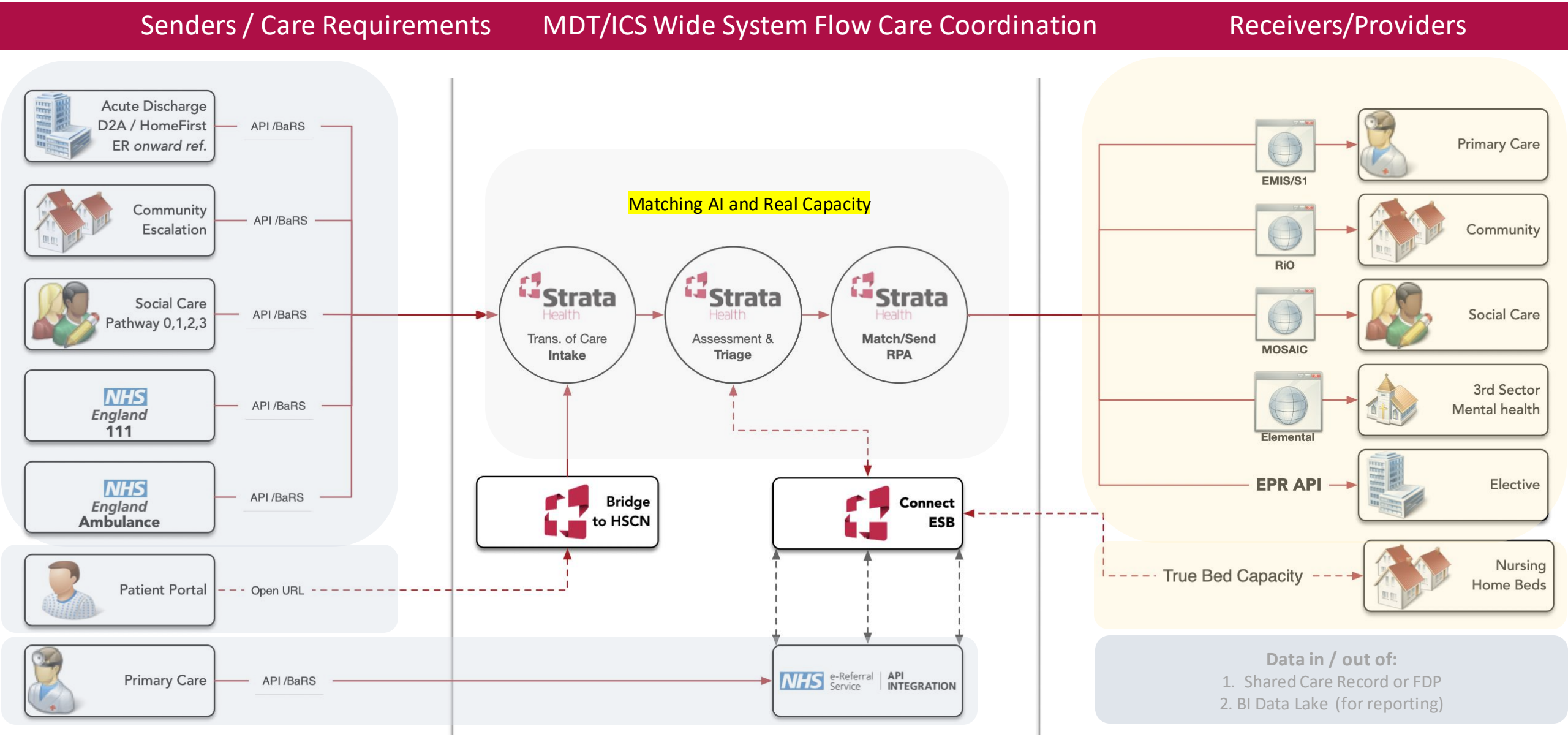
Winner Lord Carter Award for Innovation 2018



A global footprint across the Commonwealth, the United States & New Zealand

Strata Health

High-level LOGIC MODEL: Strata PathWays™ joins up patient transitions across the ICS



Also: Strata connects systems, produces matching and decision logic algorithms and digitally assists staff via RPA / Curated algorithms / AI

Britain | Ward mentality

To survive, Britain's NHS must stop fixating on hospital care

Community care is the route to better health

- Radical change need to challenge the view of hospitals as the center / point of access to care
- Only USA spends more of it's GDP on hospitals
- 8% of NHS budget allotted to general practice, down from 11% in 2006
- **~10% of impatient care spend on end of life**

7M+ Patients on hospital waiting lists

Strata Health

The Economist

The Economist

Primary use case: *right patient, place, time*

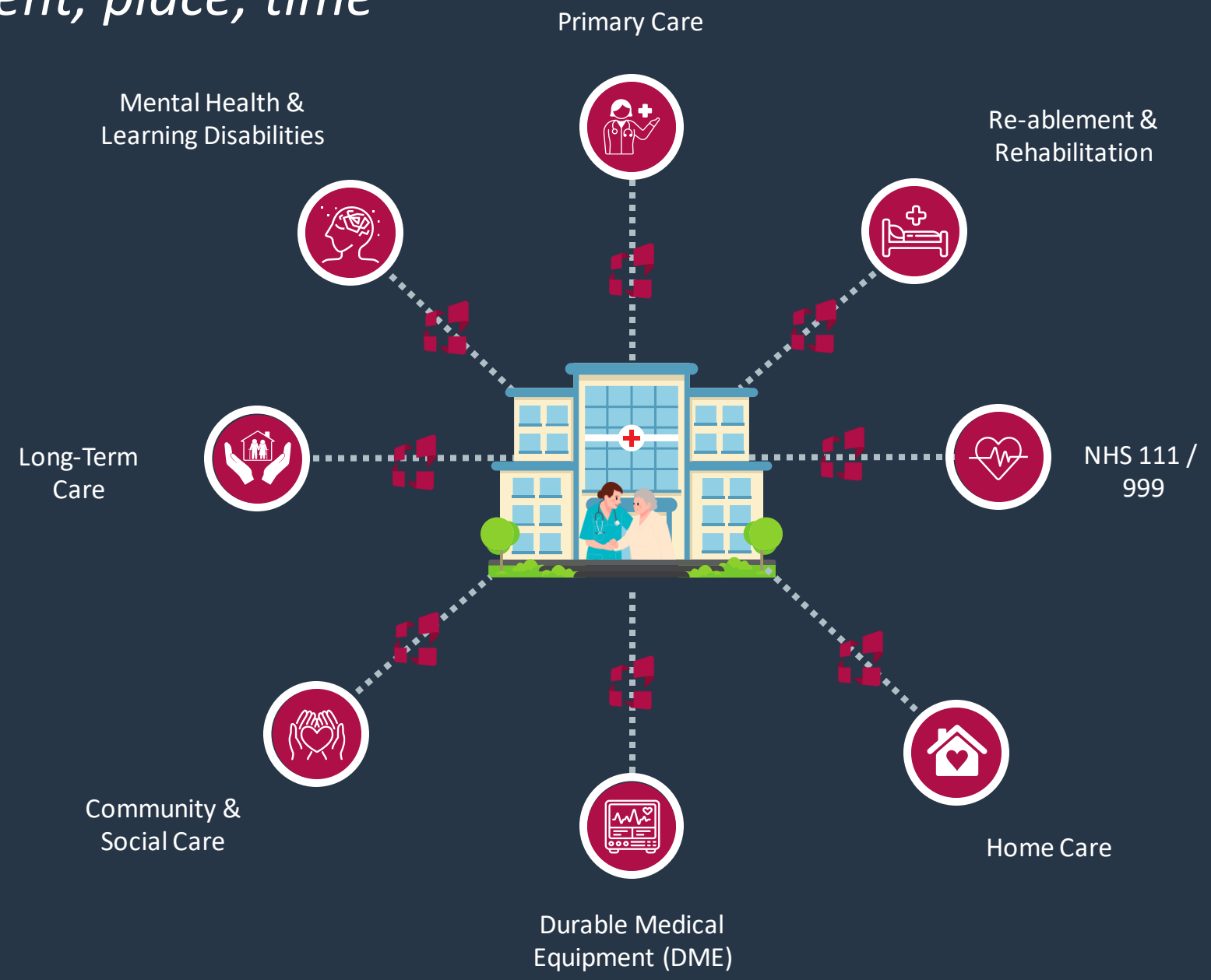
Historically, there are big system issues….

- ✓ **Patients NMCR 13,771 (February 2023)**
- ✓ **This was an increase of 9.4% for the previous April**

£1.7b+ The King's Fund

Direct costs of delayed discharges alone (£395 per night)

DHSC estimates **£7 billion**



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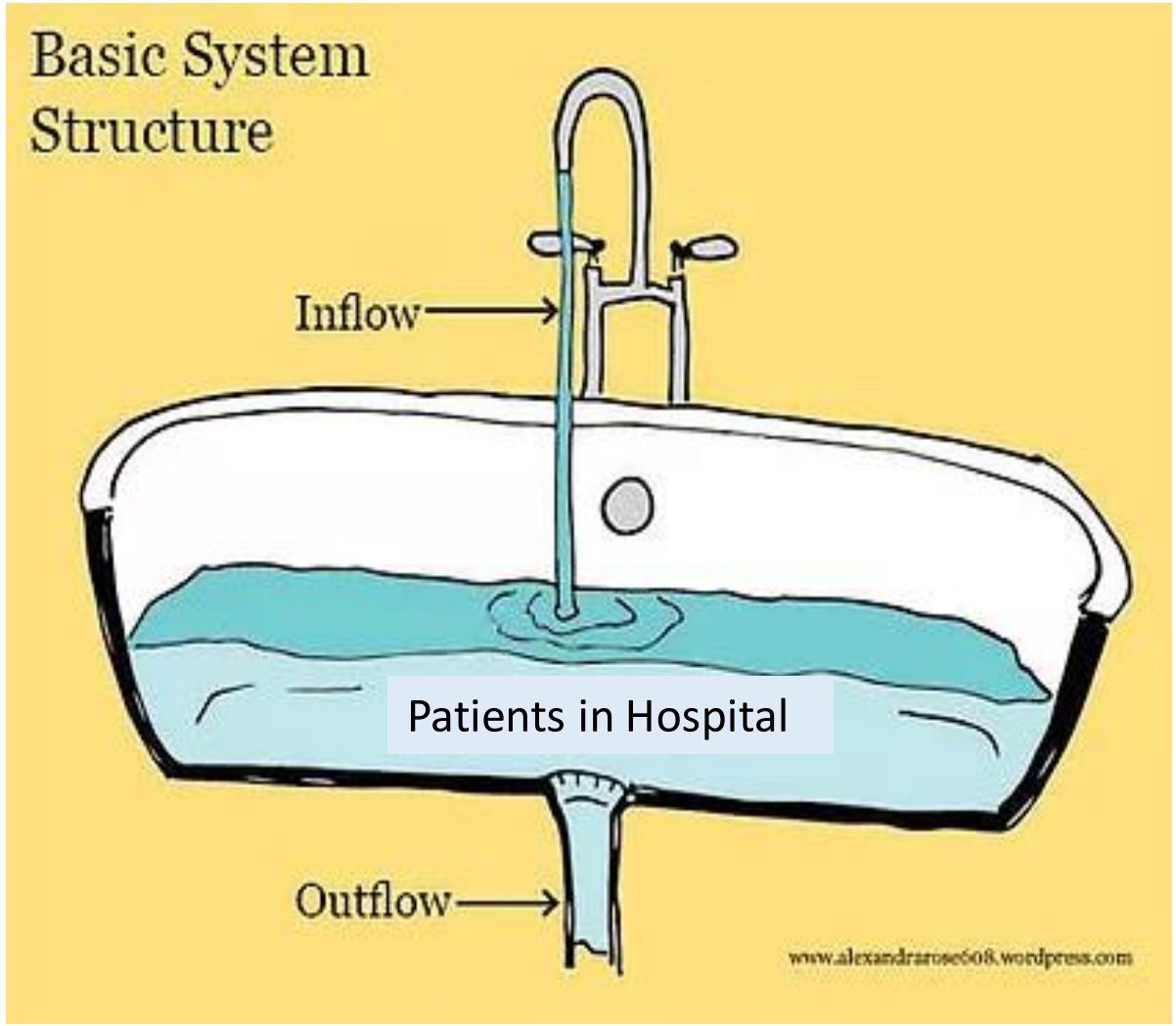
The Solution from a basic systems perspective

Only 2 options can manage down a *'finite system's'* maximum capacity:

1. Divert/reduce inflow
2. Increase outflow

You can add more beds, more staff, more tech...

- This will not "flow" patients out of hospital, *unless* you optimise capacity and enable access …IN THE COMMUNITY
- Across health, social care, and even 3rd sector
- By optimising care in the community, you'll reduce unscheduled care, avoidable ambulance conveyance and re-admissions



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Lancashire Social Care Foundation Trust's: *Mental health liaison team* at front door of ED

1. Enables accurate, time sensitive, & transparent referrals from ED to MHL service
2. Negates BLEEPS, Telephone Calls, Tracker Updates, paper forms and manual process
3. Enhanced accuracy, visibility, accessibility, collaboration and reporting on outcomes
4. Steam-lined workflow & an "ED view" of next steps / outcomes outside of Hospital

Strata Health

NHS
East Lancashire Hospitals
NHS Trust
A University Teaching Trust

C. 350 referrals / month with ED->MH send and respond in minutes vs not linking patient need to resources at all

"When asking the users about the system they are all loving it"
Claire Ashcroft, Deputy Directorate Manager - Acute and Emergency Care

ward expansion & primary care integration

ELHT's Trusted Assessor Document (TAD): enhancing collaboration for effective discharge

1. 300+ users collaborating to create and share essential & localised information / documentation for appropriate service bookings & arrangements to manage ongoing patient care needs, post-discharge.

2. This NHS-driven initiative aims to decrease delayed discharges by ensuring safe and timely transitions from the hospital to adult social care services.

Strata Health

NHS
East Lancashire Hospitals
NHS Trust
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Crucial endpoints include:

- HomeFirst
- D2A Bed base
- Resi Rehab
- Complex Pathways
- Social Care Caseload
- Community Rehab
- Integrated Therapy
- Stroke (tba)

"Initial outcomes - almost eradication of patients returning to hospital post discharge through better care coordination. Patients transition seamlessly from hospital to home."

Report dashboards across ICB stakeholders

“Previously, the Trust encountered challenges with paper-based systems and a brief period using Word documents on SharePoint.

The transition to Strata’s platform was eagerly anticipated by users seeking a more efficient and reliable system.

Strata is well received by all the user groups in the hospital and wider system partnership and is improving the quality of our transfer of care information, ensuring that community plans for patients can be developed at pace.

We have only received positive comments so far. This is a brilliant step forward for integrated discharge services and helps us to deliver a personalised care approach”

NHS
East Lancashire Hospitals
NHS Trust
A University Teaching Trust

Andrea Isherwood

Head of Complex Case Management / Divisional Therapy Lead, Community and Intermediate Care Division
East Lancashire Hospitals NHS Trust

Is this just e-Referrals …or

_____

Transitions of Care

To enable effective & efficient :

CASE MANAGEMENT

Plan, Implement, Monitor, Evaluate

[redacted]

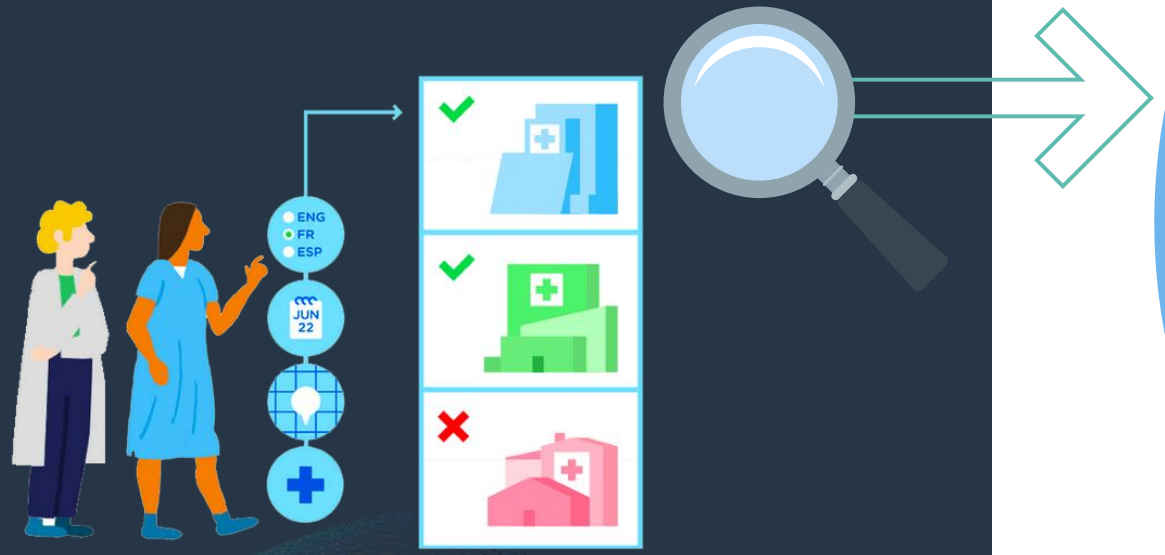
Definition of Case Management

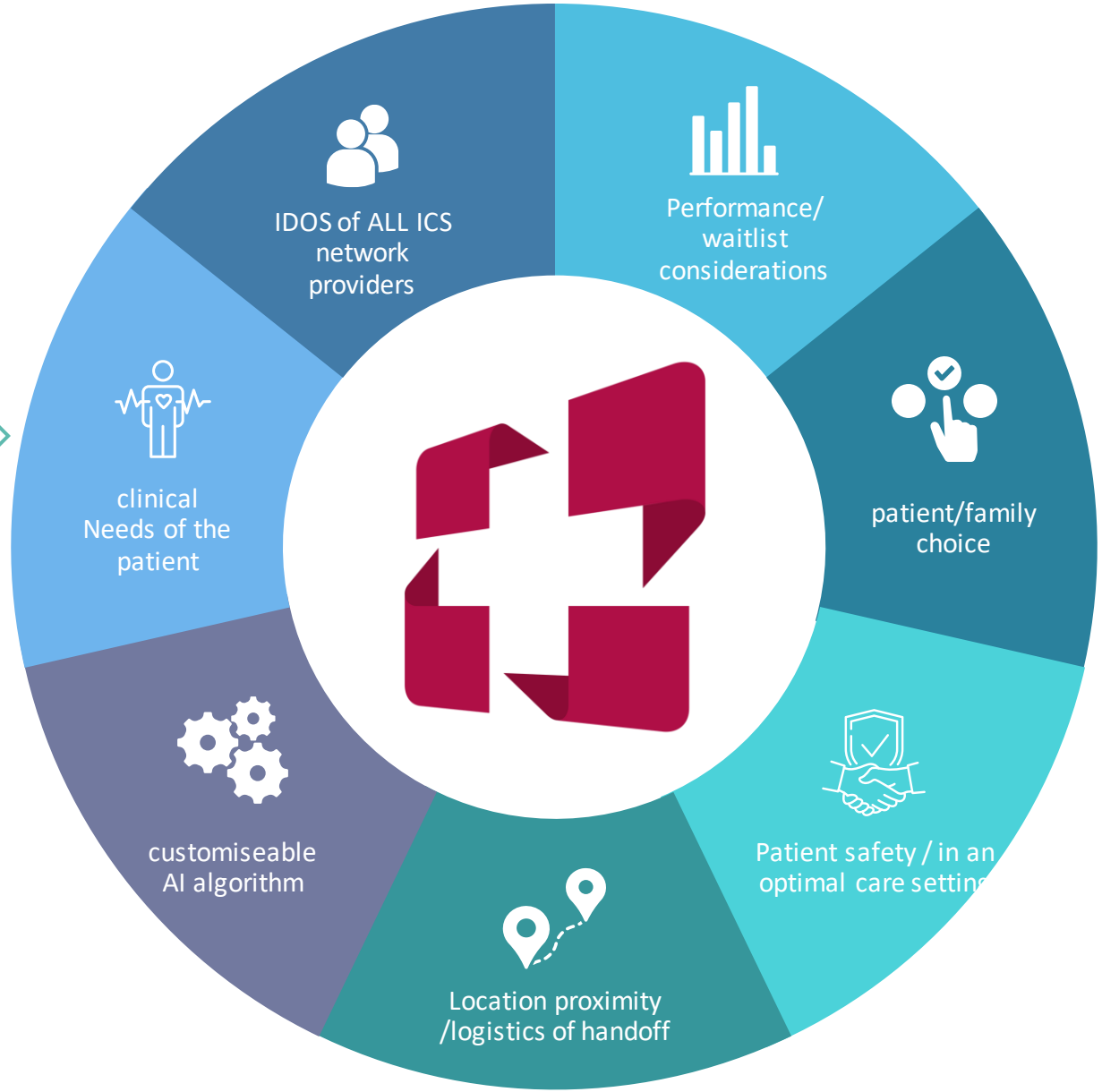
CMSUK

Case Management is a collaborative process which:
assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individuals health, social care, educational and employment needs, using communication and available resources to promote quality cost effective outcomes.

versus ”fire & forget” ….not my problem referrals

1. Strata's *AI-Enabled* Matching Algorithm



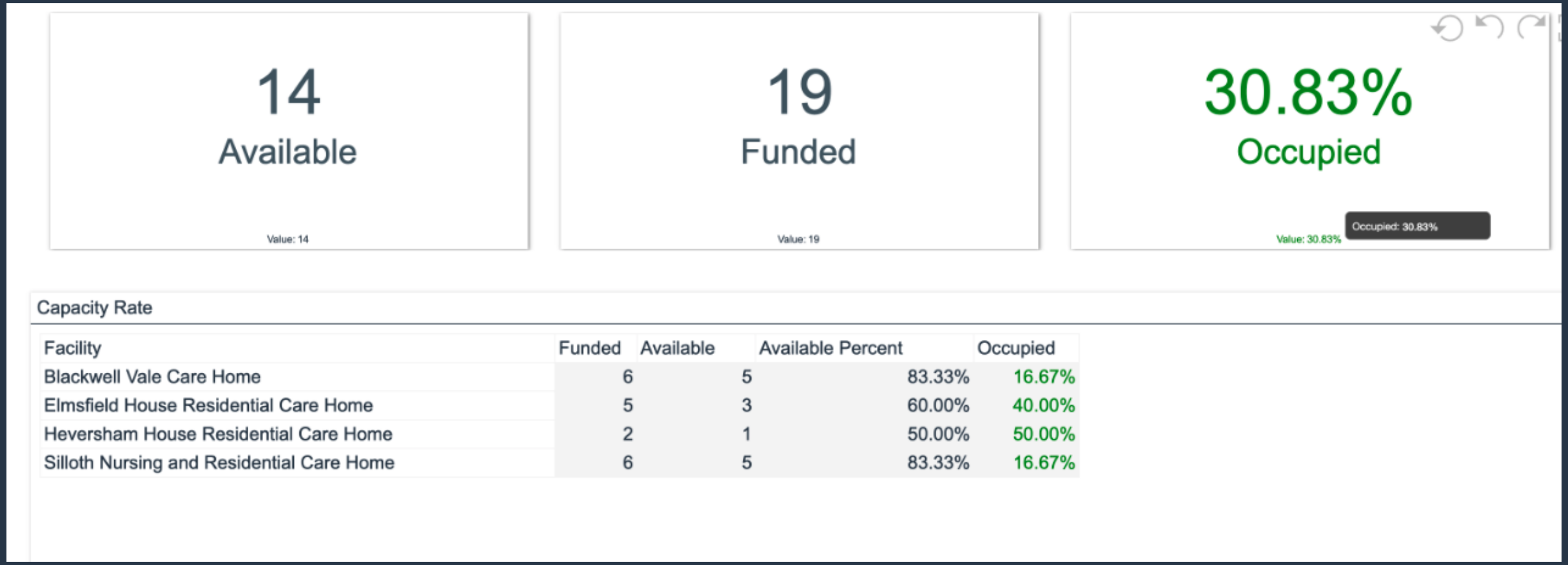


Strata Best-Fit Health

2. Truly understanding 'Capacity in the Community' in real-time.

Strata Health

with discharge becoming *part of the process* (pull philosophy)



Capacity Rate

Facility	Funded	Available	Available Percent	Occupied
Blackwell Vale Care Home	6	5	83.33%	16.67%
Elmsfield House Residential Care Home	5	3	60.00%	40.00%
Heversham House Residential Care Home	2	1	50.00%	50.00%
Silloth Nursing and Residential Care Home	6	5	83.33%	16.67%

3. Monitoring 'progression of care plan delivery' in real-time.

Accountability. *Transparency* →

ABI - AB01

-- All Care Types -- | -- All Referral Statuses -- | ABI - AB01 | -- All Responsible Persc

-- Room Number --

Name	Care Type	Referral Owner	Current Location	Time to Discharge	
123, 123	CCAC Referral Incomplete	ABI - AB01	Acute - Rehab - XC03	4 days ago 01/18/2024 4:00 pm	
999Test999, June8 No identifier	LTCH Application Incomplete	ABI - AB01	ABI - AB01	1 days ago	There are no active referrals.
999test999, Lyka - LTCH BLM - March 16, 2016 No identifier	LTCH Application Complete - Sent	ABI - AB01	CENT - Bradford Valley Care Community (LTC)	3 days ago 01/16/2024	Test-LTC3 Testing Home Accepted Updates sent TC - St. George Care Community (LTC) Pending WW - The Laughlen Centre (LTC) Pending
999Test999, TApril132 No identifier	CLHIN - Request for CCAC Services Incomplete	ABI - AB01	ABI - AB01	4 days ago 01/17/2024 2:45 pm	CENTERWELL HOME HEALTH - PHOENIX (FORMERLY TEAM SELECT SENIOR HOME CARE) Selected Updates sent

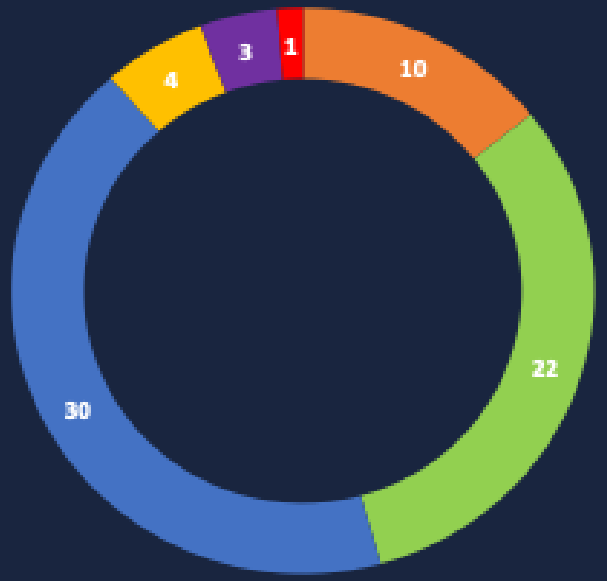
Current Status Dashboard – Summary

Report generated on: 07-Feb-2024

Summary | Send/Receive | Denials/RFI

Total Active Referrals: 115 Total Active Patients: 27	Pending: 36 (10 patients)	Accepted: 47 (22 patients)
In progress forms / Incomplete: 36	Denied: 7 (3 patients)	Request for Info: 25 (17 patients)
Delayed: 15 (15 patients)	Stale Referrals: 20 (27 patients)	ITOCH Average Response Time: 00:14

Referral Type



- Urgent Community Response (2 hour response)
- Hospital Discharge
- Non Urgent / Routine Community Response
- ASC Assessment
- Carers Assessment
- Falls Assessment

Filters

Sending Vendor
All Selected

Sending Service Provider
All Selected

Receiving Vendor
All Selected

Receiving Service Provider
All Selected

Patient Location Vendor
All Selected

Patient Location Service Provider
All Selected

Referral Status
All Selected

Planned Discharge Date

Within 24 hours	Within next 24-48 hours	Within next 48 hours	No Planned Discharge Date
6	11	16	35

16:24

Strata Health

Thank you

www.stratahealth.com

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