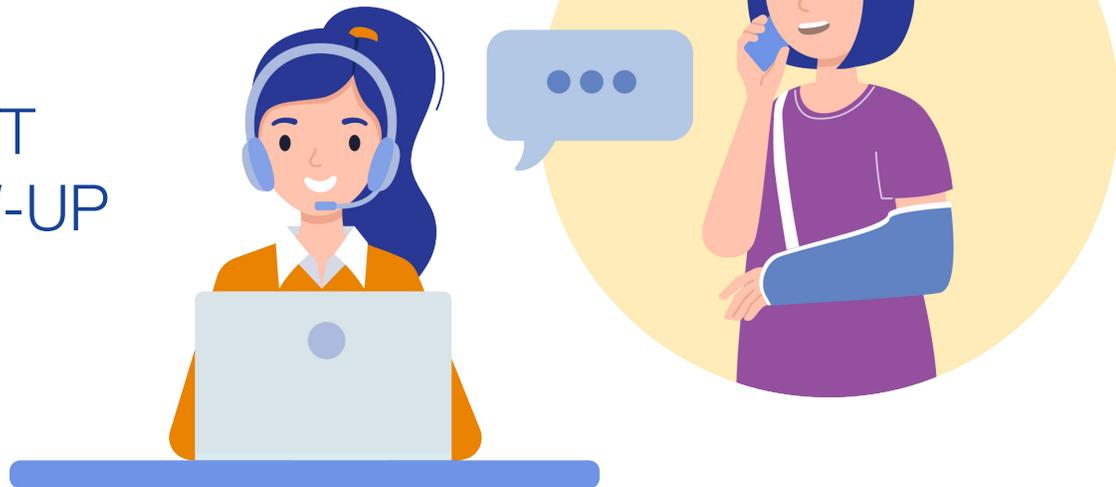


PRC CARES™ CONNECT

DISCHARGE MANAGEMENT AND FOLLOW-UP

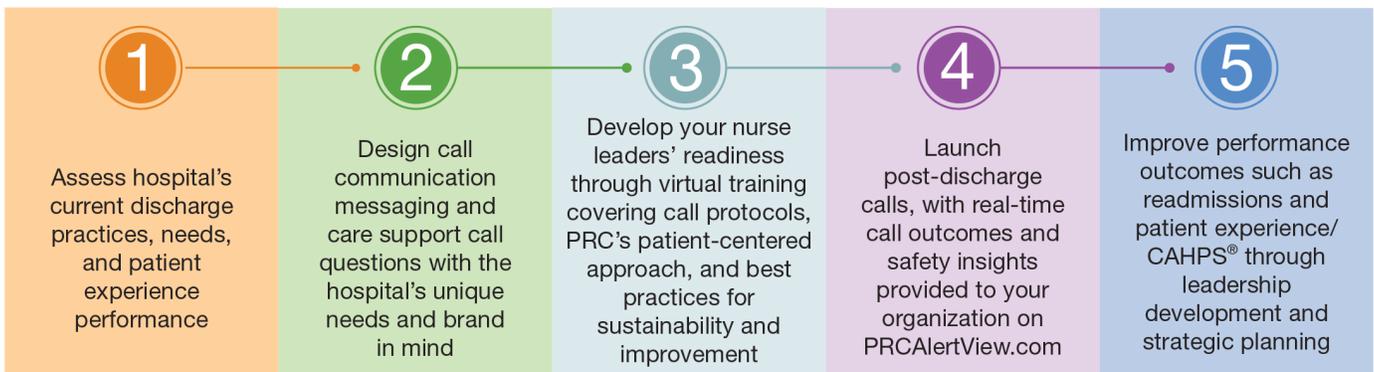


As the final step in a patient’s hospital stay, the transition home following discharge requires care teams to expand the focus on the continuum of care in providing an excellent patient experience.

To amplify your hospital’s post-discharge management, PRC’s CARES™ Connect follows up with patients and caregivers prior to patient experience survey administration to support their safe transition home. Through this all-in-one solution for patient experience and safety, your hospital has an opportunity to reduce errors and readmission, boost patient loyalty, cultivate an effective feedback loop for hospital leaders, and reinforce your commitment to healthcare excellence. With PRC’s CARES-certified interviewing team making personal phone calls to every patient, CARES™ Connect combine established best practices with PRC’s mission to enhance excellent perceptions of your hospital.

SHOW YOUR DEDICATION TO PATIENT WELLBEING

With our five-step road map, we will partner with you to ensure safer transitions home at a time that can be confusing and scary for your patients and their loved ones:



healthcare **differently.**
PRCExcellence.com



**Create Safer
Patient
Outcomes**



**Boost Patient
Experience
Performance**



**Create a
Real-Time
Feedback Loop**



**Lighten
Managerial
Burden**

CREATE SAFER PATIENT OUTCOMES

Patients with negative perceptions of involvement in their care and written discharge instructions have a 54% higher chance of readmission than those with positive perceptions. 82% of hospitals faced readmissions penalties in 2019. These statistics shed light on the safety, emotional, and economical costs to unnecessary readmissions, so CARES™ Connect work to ensure your patients are equipped for their transition home from the hospital, emergency department, or ambulatory care environment.

BOOST PATIENT EXPERIENCE PERFORMANCE

Post-discharge calls are proven to raise patient experience and HCAHPS scores by demonstrating to patients your dedication to their recovery. The majority of CMS' 5-star top performing hospitals utilize post-discharge communication in their care.

CREATE A REAL-TIME FEEDBACK LOOP

CARES™ Connect contacts patients as early as within 24 hours of discharge and verify patient adherence with discharge instructions. In addition to improving patient experience, CARES™ Connect can further a culture of patient safety by probing for risks (such as medication issues or recovery concerns) that may result in readmission and determining instances where further support is needed. All call outcomes, including any risks for readmission, are reported to you on PRC's online risk reporting platform, PRCAlertView.com, which updates in real time to ensure timely management of post-discharge risks.

LIGHTEN MANAGERIAL BURDEN

Most organizations are working on some form of discharge phone calls, costing significant staff time and resources without getting the maximum benefit. The combination of CARES™ Connect and PRC AlertView reporting lifts managerial burden by giving hospital leaders an accessible tool to triage post-discharge risks, collect data to meet accreditation requirements, and ultimately reduce hospital readmission rates.

CONNECT KEY EXPERIENCE PATIENT VOICES

Integrate patient experience survey results with our readmission prevention program for unprecedented insights to improve service and quality outcomes.

"[We are] proud of our CARES-certified interview team who will extend your mission into the homes of your patients and ensure your pursuit of excellence transcends your facility walls for quality and experience of care."

-Joe Inguanzo, Ph.D., President and CEO, PRC

Want to utilize CARES™ Connect in your hospital or health system? Contact us at info@prcexcellence.com for more information.



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