



Comprehensive Care Coordination (C3)

Reduce avoidable readmissions

Insufficient pre-discharge planning and post-discharge management put Veterans at unnecessary risk.

Incomplete information or instructions, medication errors, and gaps in follow-up care lead them right back to the hospital.

C3 connects existing resources and provides comprehensive, data-driven insight for Veterans at a higher risk of readmission. Users also gain access to pre- and post-discharge management tools, all in one user-friendly interface.

With enhanced communication and coordination through C3, care teams stay proactive, and reduce readmissions by providing the right care to the right patients at the right time.

Incomplete information or instructions, medication errors, and gaps in follow-up care lead them right back to the hospital.

Experience the C3 difference

- EHR agnostic and web-based infrastructure
- Bi-directional VistA interface / real-time information display
- Provides separate views for Inpatient, Outpatient and Connected Care
- Integrates VA sources and non-VA Data sources
- Displays updated risk scores using multiple methodologies (CAN)
- Medical Reconciliation Views
- Medication Reconciliation recognition for Inpatient and Outpatient
- Identification and or assignment of Care/Case Manager pre- and post-discharge
- Identification of Social Determinant Factors (i.e. transportation, care giver)
- PIV Authentication availability

Medical Reconciliation

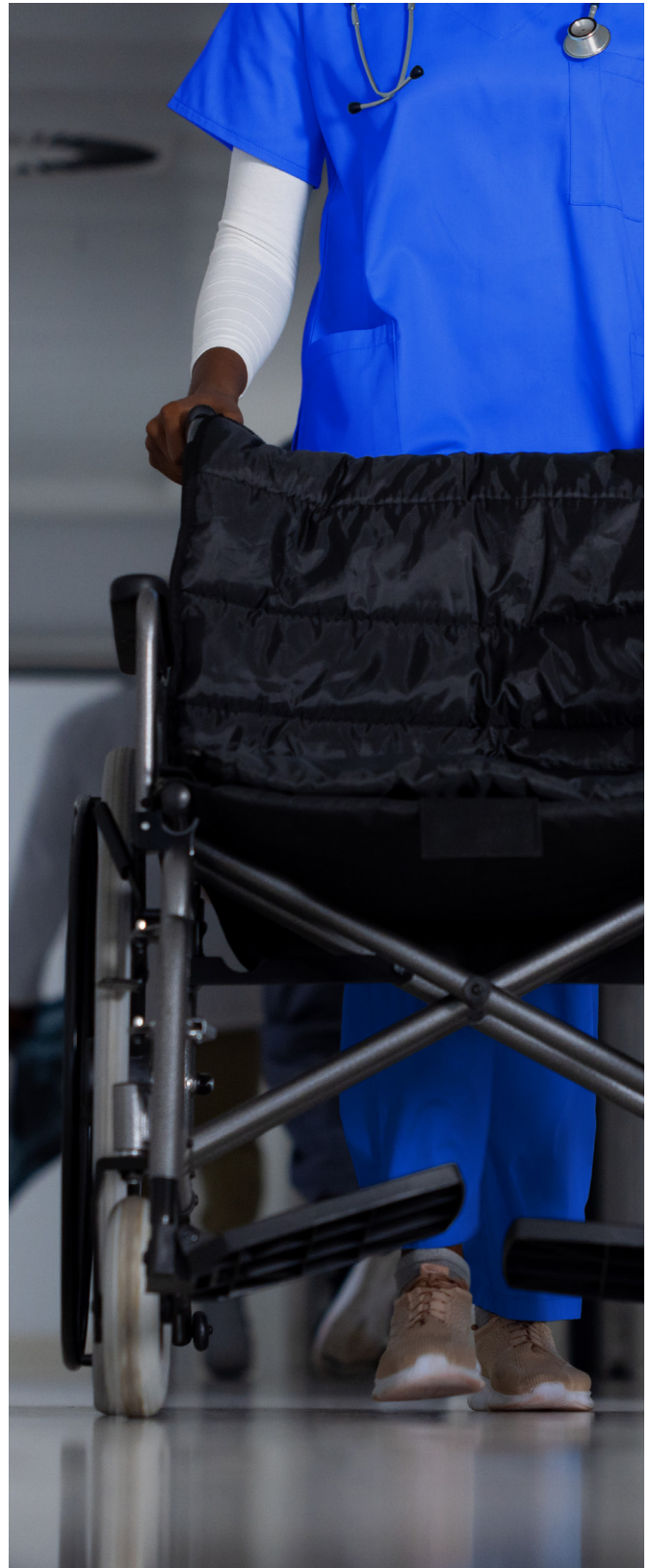
C3 provides users with a variety of comparative analysis and reviews of Inpatient and Outpatient medication orders.

The C3 Medication Reconciliation provides Inpatient teams an opportunity to review Pre-Admission orders reported in VistA against Post Admission orders and evaluate the orders comprehensively. The Outpatient Reconciliation allows users to review medication orders with views for Pre-Admission, Admission and Post Discharge grid views.

The users may also monitor medication order changes Pre-Appointment to Post-Appointment. Special attention is paid to expired medication orders providing a quick view to determine post expiration needs.

MedRec Features:

- + Identifying high-risk patients in real-time for timely and accurate treatment decisions
- + Improved workflow for PACT/CARE team by removing documentation obstacles (e.g., white boards, paper charts and SharePoint)
- + Assign Anticipated Discharge Dates
- + Discharge Management Dashboard
- + Care in the Community Dashboard
- + Primary Care Dashboard
- + ED Discharge Dashboard
- + Clearly identified social factors to help prevent readmissions



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