



Hospital to Home offers case management and tracking functionality, allowing users from multiple organisations to create, update and track D2A cases through an open, human driven workflow. The platform supports the D2A process from the point at which a person is identified on the ward as requiring support on discharge, through to the point that the person receives an assessment on their longer term needs within a community setting.

30%

Reduction of
administration

£24.68

Local authority administration
saving per D2A

1

Bed night saved every 2
D2A's

£200

Saving of Acute Bed
provision per D2A

H2H joins-up the work between acute trusts and social care for people being discharged, in a manner that simply is not currently otherwise possible. All stakeholders are able to securely log-in from anywhere, and see/update patient information in real time. H2H offers management reporting that would otherwise take us hours of wrangling data, to understand D2A pathway performance.

🕒 **Single Version of the Truth**

🛏 **Released Acute Bed Nights**

£ **Financial Savings & Benefits**

🔗 **Integration Options**

👥 **Improved Safeguarding**

📄 **Comprehensive Audit & Reporting**

🔒 **Information Governance Compliance**

📅 **Improved Speed of Discharge**

💬 **Clear Communication**

👤 **Improved Patient Experience**

🕒 **Timely Discharge**

🔒 **Cyber Security**

📁 **Improved Capacity in System**

📱 **Mobile Working Options**

🚚 **Improved Resource Planning**

🗣 **Improved Patient & Family Communication**

✉ **Email/SMS Notifications**

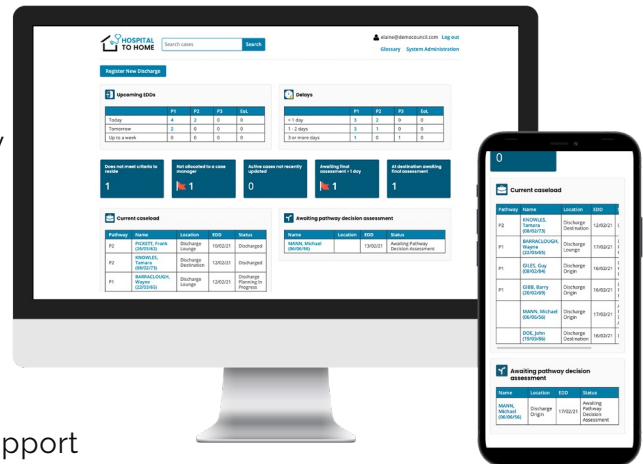
👤 **Multi Factor Authentication**

Intermediate Care

Building on the success of H2H and the business efficiencies it is bringing councils and their health and care partners, a number of councils are already in the co-design of an extension to cover the four pathways of intermediate care.

The key drivers for the expansion of H2H include:

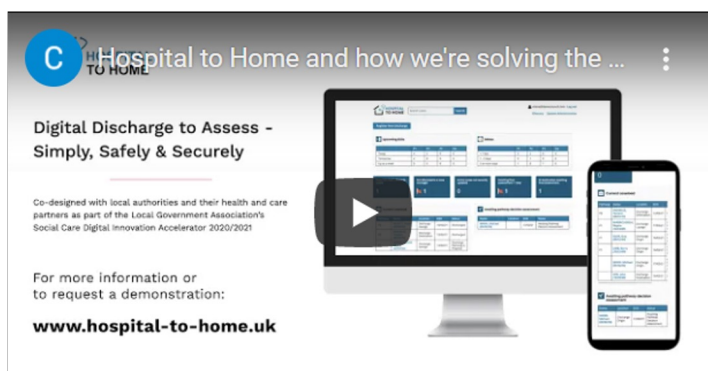
- Providing a digital platform to multidisciplinary teams to support assessments and arrangements around support packages
- Monitoring and sharing the effectiveness of the 4 pathways of Intermediate Care
- Ensuring people on pathways 1 to 3 are closely tracked and regularly followed up to ensure their care support is appropriate



More info can be found here – [HOSPITAL TO HOME](https://www.hospital-to-home.co.uk)

Interoperability

We understand interoperability is a key requirement of our customers. We've already achieved an integration with Cerner in one locality and currently underway with interoperability work in North Lincolnshire, creating a two-way flow of data between the EPR Web-V and H2H. Get in contact with us to learn more.



Tailored Business Case

We can help you demonstrate the huge savings you can make by adopting Hospital to Home for your discharge to assess process. The business case will be tailored to your locality based on your population size giving you a powerful case for positive change.

Watch this concise video to quickly understand the 'why, what and how' of Hospital to Home
<https://www.youtube.com/watch?v=6Q-DNqrJStI&t=1s> or scan the QR code to open the video

