# **DischargeHUB**

#### At a Glance

DischargeHUB is a managed service solution, inclusive of Software-as-a-Service, that optimizes patient transitions from hospital to home. It was developed in collaboration with NL Health Services Innovation Partners: Seafair Capital and Mobia Health Technologies.

The portal is so easy to use and saves me and my peers a lot of time that used to be spent sending emails and making phone calls to arrange support for patients at home. The DischargeHUB team is responsive and friendly, and I know that my patients are well looked after with their support and guidance."

**Troy Hollett** 

Social Worker and Discharge Facilitator with NL Health Services

## The Solution

To design and deliver a clinically and administratively relevant solution, input from interdisciplinary clinicians, a patient and family advocate, administrators, leadership, and others has been key. DischargeHUB is the result of extensive interdisciplinary collaboration.





The **DischargeHUB Portal** centralizes referral information, generates tasks based on inputs, and automates the distribution of relevant PI and PHI to appropriate stakeholders.

The **Planning Hub Managed Service** provides discharge support to establish appropriate linkages between the patient and family, care providers, vendors, referral partners, and allied health professionals.

## **How it Works**





Discharge Facilitators (nurses, social workers, etc.) complete clinical assessment.

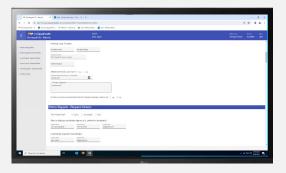


A Plan, inclusive of tasks and templates, is auto-generated to share the right information with the right stakeholders at the right time.





Discharge Facilitators submit Clinical Referral in DischargeHUB Portal (see below).





The Planning Hub team executes on the Plan, coordinating with patients, families, agencies, vendors, and community case managers to make appropriate arrangements.



Patients return home with the services and information they need.

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## **Pilot Operations**

The pilot project began in January 2024 at St Clare's Mercy Hospital and the Health Sciences Centre. The focus has been on vendor and family processes for agency referrals, private pay oxygen, and private pay equipment. Engagement with the clinicians at these sites continues to be integral to informing and enhancing the DischargeHUB solution. We are actively exploring opportunities to scale operations geographically, as well as to additional use cases and programs.



DischargeHUB brochures provided to patients.



Clinical Efficiency Manager & Discharge Facilitators celebrating DischargeHUB launch at the Health Sciences Centre Hospital.

## **Patient and Family Experience**

Information is shared with patients who qualify for DischargeHUB to onboard them to the service. As arrangements are made, key details are shared back with patients at discharge, including their agency and care plan, vendor information, etc.

## **Streamlining Processes**

We are learning as we go and unlocking opportunities to streamline existing processes. For example, we have secured standardized quotes from the respiratory vendors, eliminating the time that had been spent securing individual patient quotes and expediting coordination.

I've seen firsthand the challenges posed by complicated hospital discharge processes, particularly in managing Alternative Level of Care (ALC) situations.

By expediting home care referrals, coordinating with vendors, and engaging families, DischargeHUB reduces delays and ensures smoother transitions for patients.

### - Stephanie Linehan

Interim Director, Provincial Clinical Efficiency Program



Sheena Williams, a Discharge Facilitator at St. Clare's Mercy Hospital, entering a referral into the DischargeHUB portal.





