

Case Study

University of Alabama Birmingham (UAB) Medicine

Scalability & Efficiency

Academic Medical Center Located in a Top 50 U.S. MSA 1,157 beds



Staffing Challenges

Overview

Discharge from the hospital is a critical handoff in care

- Accountability for patient status continues far beyond acute stay
- Patient volume exceeds discharge planning and follow-up resources

1. LIMITED RESOURCES



2. TIME NEEDED TO CONNECT



UAB

Goals

- 1 Scalability
 Extend UAB's ability to reach recently discharged patients
- 2 Efficiency
 Reduce staff time spent
 connecting with low risk patients
- 3 Patient empowerment
 Help discharged patients
 self-manage chronic conditions





EmmiTransition

IVR CALL SERIES | AUTOMATED AND BI-DIRECTIONAL

- Calls patients after discharge to track recovery and educate patients on self-managed care
- Interactive calls ask questions and log patient responses
- Identifies barriers to care and reports patient status back to care management team
- Flags higher risk patients that may require staff intervention

"Do you already have a follow-up appointment set up? Just say yes, no, or don't need one." "No, I don't."



UAB Medicine

The Results | Scalability



Scalability

Extend UAB's ability to reach recently discharged patients

Efficiency 2 Reduce staff time spent connecting with low risk patients

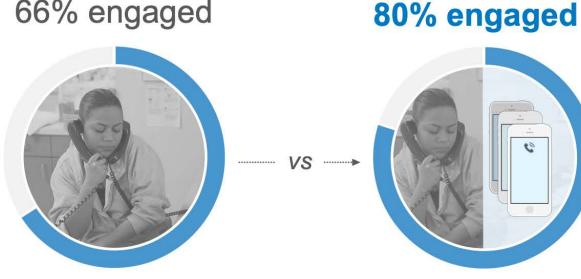
Patient empowerment Help discharged patients self-manage chronic conditions

Emmi significantly scaled UAB's patient outreach, resulting in 21% more engaged patients

NURSES ALONE

NURSES WITH EMMI

66% engaged



1.5 average calls per patient

5.9 average calls per patient





UAB Medicine

The Results | Efficiency



Scalability

Extend UAB's ability to reach recently discharged patients



Efficiency

Reduce staff time spent connecting with low risk patients

Patient empowerment
Help discharged patients
self-manage chronic conditions

Emmi eliminated staff time spent identifying patients with issues

WITHOUT EMMI TRANSITION

1,932 total calls

nurses' calls were made to patients with issues

5.2% of all

WITH EMMI TRANSITION

1,076 total calls

100% of all nurses' calls were made to patients with issues

By allowing staff to focus on follow-up calls only, Emmi saved the equivalent of **1.5 FTEs** per year

Emmi calls without flags

407,675

Emmi calls with flags

48,076 calls (12%) triggered a red flag that may have required nurse follow-up





UAB Medicine

The Results | Patient empowerment



Scalability

Extend UAB's ability to reach recently discharged patients



Efficiency

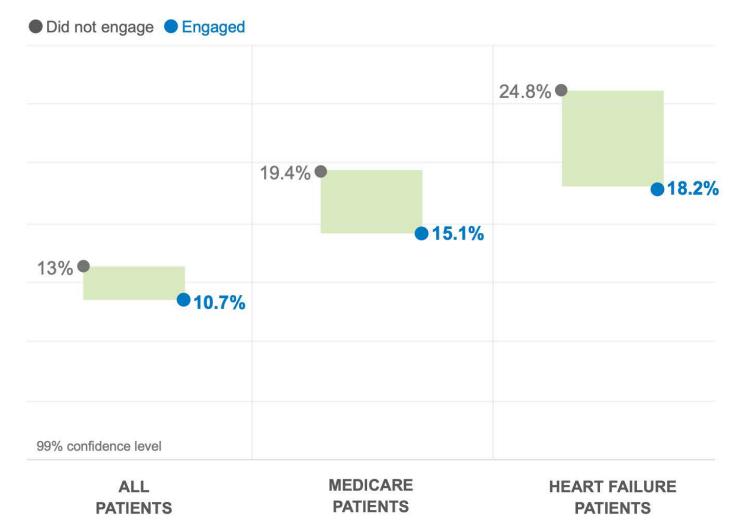
Reduce staff time spent connecting with low risk patients



Patient empowerment

Help discharged patients self-manage chronic conditions

Patients who engaged with EmmiTransition were associated with lower readmission rates across different groups vs. those who did not engage







University of Alabama Birmingham Medicine

EmmiTransition

General Discharge Series



Scalability goal

Extend UAB's ability to reach recently discharged patients

Series highlights

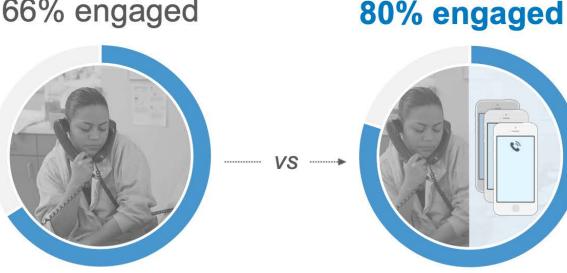
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. Wolters Kluwer

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