Insufficient pre-discharge planning and post-discharge management puts 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.

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, LACE, CCI)
+ 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

Begin reducing avoidable readmissions today by calling 561-284-7000 or emailing sales@dssinc.com to schedule a personalized demo at your convenience.