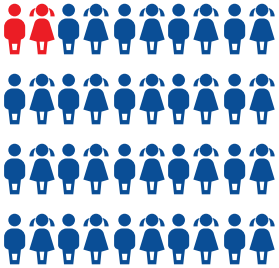


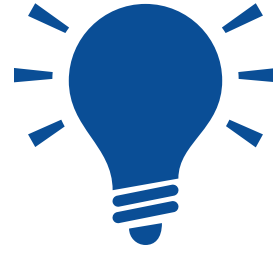
Saving the lives of children after hospitalization through **SMART DISCHARGES**

AN URGENT NEED



Children under 5 hospitalized for serious infections (sepsis) in Uganda have a very high post-discharge mortality rate. As many die in the months after they leave the hospital as during hospitalization — **5% in each case**. These lives can be saved with smart investments.

A SIMPLE SOLUTION



Identify which children are vulnerable **before** they leave the hospital so that we can make sure they have the tools to survive **after** they leave the hospital. This is a **Smart Discharge**.

HOW DO SMART DISCHARGES WORK?



3X more health seeking after leaving the hospital
30% fewer deaths in the months after discharge

RESULTS.

Preliminary evidence shows that Smart Discharges get results.

01.

ADMIT: A child is admitted to hospital with a suspected infection, like pneumonia, that could lead to sepsis.



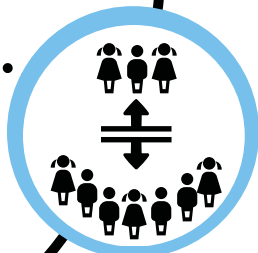
WHY USE AN APP?

Low-cost mobile phones are widely available. We add state-of-the-art mobile diagnostic tools to make it easy, quick, and accurate for health care workers in any setting to collect and analyse data. The app takes care of the complex math that translates symptoms into risk predictions.



02.

SCREEN: A nurse screens the child using a mobile app that collects 5 signs and symptoms in under 5 minutes.



03.

PREDICT: The child is assessed to be either high risk or low risk. About 30% of children screened will be high risk.



04.

COUNSEL: At discharge, all children receive health and hygiene information, like danger signs of illness and when to seek care.



05.

FOLLOW UP: High risk children are also referred to community-level clinics or health workers, and receive prevention materials to encourage follow-up. They are asked to visit 3 times in 14 days.

evidence-based
economical **efficient**
SMART DISCHARGES
scalable **simple effective**
adaptable
patient-centred

SMART DISCHARGES ARE...

Simple

1 + 2 + 3

Counseling + basic materials + referrals to local clinics = a simple kit with big benefits.

Efficient



Collecting the data to predict risk can be done in less than 5 minutes.

SO THAT THEY CAN ALSO BE ...

Targeted



Through a **precision public health** approach that uses data and technology to more deeply understand who is at risk and why, we can precisely and consistently target those who need the most help with the most helpful support.

Patient-centred



We listened to what parents say about what they need to care for their kids.

Evidence-based



The models that predict risk have been developed over 6+ years of rigorous study.

Economical



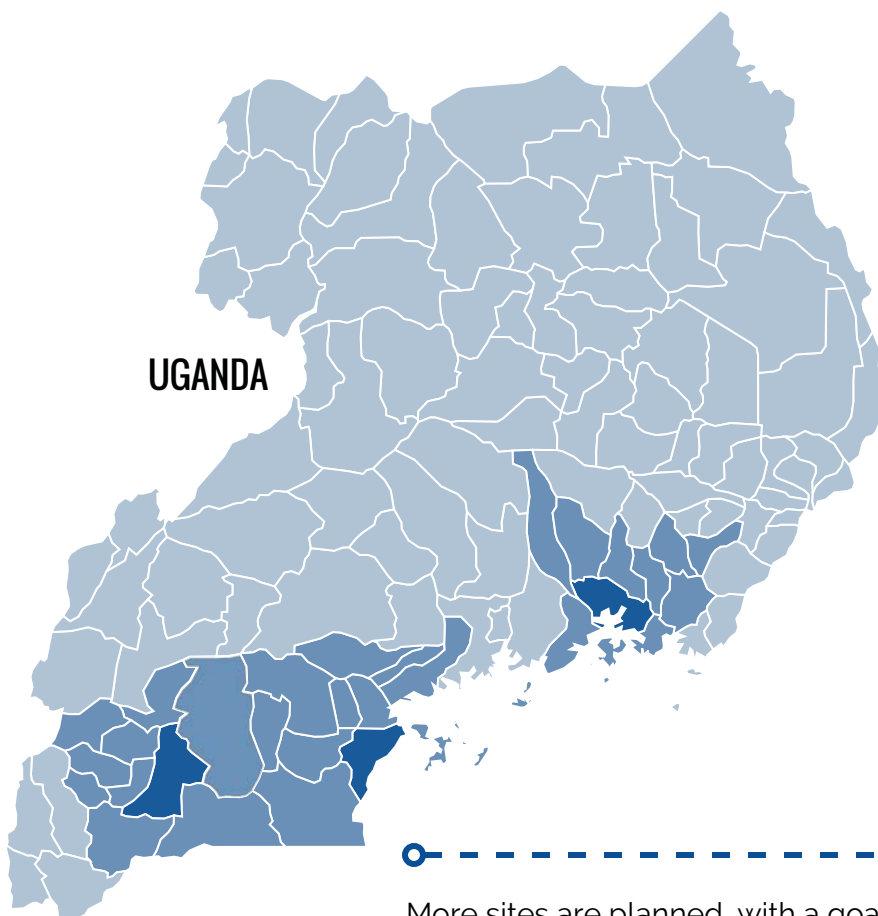
Risk stratification makes it possible to allocate scarce resources where needed.

Scalable



With only a few tweaks for local contexts, we can roll out across Uganda, quickly.

WHERE ARE SMART DISCHARGES BEING USED?



HOSPITALS

Smart Discharges are being implemented in four hospitals:

- Mbarara Regional Referral Hospital
- Holy Innocents Children's Hospital
- Masaka Regional Referral Hospital
- Jinja Regional Referral Hospital



CATCHMENT DISTRICTS

People in 31 catchment districts are currently being served.



More sites are planned, with a goal of scaling nationally and expanding into other countries in East Africa within 5 years.

LEARN MORE (selected publications)

- Wiens MO, Kumbakumba E, Larson CP, et al. Postdischarge mortality in children with acute infectious diseases: derivation of postdischarge mortality prediction models. *BMJ open* 2015; 5(11): e009449.
- English LL, Dunsmuir D, Kumbakumba E, et al. The PAediatric Risk Assessment (PARA) Mobile App to Reduce Postdischarge Child Mortality: Design, Usability, and Feasibility for Health Care Workers in Uganda. *JMIR mHealth and uHealth* 2016; 4(1): e16.
- Wiens MO, Kumbakumba E, Larson C, et al. Scheduled follow-up referrals and simple prevention kits including counseling to improve post-discharge outcomes among children in Uganda: A proof of concept study. *Global Health: Science and Practice* 2016; 4(3): 422-34.



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