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A culture of innovation and commitment to developing evidence base for new technology moves organization towards goal of serving one million in five years

The sixth in a series of case studies from the Preparing for the Future Report

- Good Samaritan Society launches collaborative with industry and academic partners through its Center for Innovation to design innovative process, products and services to help older adults maximize quality of life while aging
 - Remote monitoring, personal emergency response and telehealth systems are technologies being assessed to evaluate their ability to enable aging-in-place through the Society's LivingWell@Home program
 - Dedication to training staff and streamlining processes to implement electronic health records successfully reduced the use of 460 forms down to less than 100
 - Solid evidence base showing impact on re-hospitalization rates and care coordination positions Good Samaritan Society as a valuable partner to Accountable Care Organizations and medical homes
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The Organization

The [Evangelical Lutheran Good Samaritan Society](#) began its 90-year history in 1922 in a six-room rented house in rural North Dakota. Today the organization is the nation's largest not-for-profit provider of senior care and services, serving more than 27,000 people in 240 locations nationwide. Over the years, the Good Samaritan Society has broadened its service offerings considerably. While it initially focused solely on offering traditional skilled nursing care, the organization now provides senior living apartments, home health, assisted living, hospice care, inpatient and outpatient therapy and specialized units for people with Alzheimer's disease and related dementias.

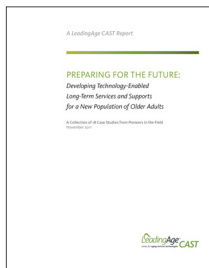
In 2011, the Good Samaritan Society set an unofficial goal to touch one million lives in the next five years. The organization estimates that it now touches perhaps only up to 20 percent of that target. To touch a million lives, however, the Good Samaritan Society must move out of its existing environments and find new ways to engage with consumers, particularly those who will never set foot on one of the organization's campuses.

Technology-Enabled Model or Service

The Good Samaritan Society expects technology-enabled services to help it meet its goal to engage with a broader population of consumers. The organization is currently working on several projects to make this possible:

LivingWell@Home: [The LivingWell@Home](#) program, established in June 2010, provides health-monitoring technology to older adults living in the place they call home. One month after the program began, the Good Samaritan Society received an \$8.1 million grant, which it matched with \$3 million of its own funds, to assess the efficacy of three technology solutions: the WellAWARE remote monitoring system, the Philips Lifeline personal emergency response system and the Honeywell HomMed telehealth system.

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Electronic Medical Records (EMR): The Good Samaritan Society is in the process of implementing the PointClickCare EMR system.

Center for Innovation: By the end of 2011, the Good Samaritan Society will launch its new Center for Innovation. The center will focus exclusively on helping the organization work with its own employees and a variety of industry and academic partners to design innovative processes, products and services that will help older adults maintain their health, wellbeing, independence, and quality of life.

Implementation Approaches

LivingWell@Home: The LivingWell@Home research is being conducted in collaboration with the University of Minnesota's School of Public Health. The research team is working with Good Samaritan Society staff to enroll 1,600 older volunteers who will help them test the ability of the WellAWARE, Philips and Honeywell technologies to facilitate healthy aging-in-place. Researchers will also assess the impact of these technologies on health care costs, health service utilization, health outcomes, quality of life and client satisfaction. Participants will include older adults who enroll in the study after being discharged from inpatient hospitals and nursing homes, dual-eligible Medicare and Medicaid clients who receive Medicaid waiver benefits in a community setting, and residents of Good Samaritan Society assisted living communities.

Electronic Health Records: A good deal of pre-planning has been involved in the Good Samaritan Society's EMR implementation EEat process. For example:

- The organization implemented an interim point-of-care system called Hands On, which requires certified nurse assistants (CNAs) to use handheld computers. In addition to improving the quality and accuracy of the organization's care documentation, the interim system has helped CNAs become much more comfortable with technology and has prepared them for the documentation tasks that the new EMR system will require.
- Good Samaritan Society staff members have spent months setting the stage for EMR implementation by streamlining the organization's business and clinical processes and standardizing the forms it uses to document those processes. Before the streamlining effort began, the Good Samaritan Society used 460 such forms; today it has less than 100.
- The organization designated one of its centers as a "living laboratory" where the EMR system went live in May 2011. In addition to learning how to access and update residents' electronic records, staff members at the 94-bed facility are helping the EMR implementation team identify and resolve the system's operational glitches. Two additional pilots—one involving two centers and another involving five centers—will be launched in late 2011 and early 2012 in preparation for a rollout of the EMR to all 174 Good Samaritan Society centers.

Center for Innovation: When it becomes operational in late 2011, the Center for Innovation will focus on three platforms and will use small-scale, grassroots prototypes and experiments; mid-scale, human-centered design experiments; and larger-scale, disruptive innovations focusing on partnerships and a connect model. The platforms that the Center for Innovation will address with these prototype and experiment efforts include:

- **Independence:** The Center for Innovation will focus on work that addresses the specific variables leading to transitions from independent to congregate living and how technology and new programs and services can hold those transitions at bay.
- **Wellbeing, safety and security:** A critical part of transforming senior care and services is pushing ahead the timeline for engaging with Good Samaritan’s products and services. The Center for Innovation will focus its products’ and services’ development to engage seniors earlier and highlight wellbeing, safety and security as priorities.
- **Health:** The Center for Innovation will address how the Good Samaritan Society can keep the people, families and communities it serves healthier and for a longer period of time. By focusing on senior and family health, the organization assesses that it will transform not only the base of people for whom it provides services, but also significantly decrease the acuity level of the people that it engages later in the traditional senior continuum.

Business Case

Creating an Evidence Base: The LivingWell@Home research is designed to provide critical evidence that technology-enabled services can help older adults optimize their health and independence. Armed with this evidence, the Good Samaritan Society and other aging services providers will be able to make a strong case that public and private third-party payers should support these technologies as a way to improve health care quality and reduce costs. In addition, evidence from the LivingWell@Home research will allow the Good Samaritan Society to promote itself as a valuable partner that can help Accountable Care Organizations and medical homes use technology-enabled services to reduce rehospitalization rates and increase care coordination and efficiency.

Putting risk in perspective: Launching a center that seeks to develop cutting-edge products and services might appear to be too risky a venture for an aging services organization. However, the Good Samaritan Society is taking a two-pronged approach to addressing that risk and

putting it in perspective.

First, the Center for Innovation plans to initiate many small-scale initiatives—referred to as “small bets”—rather than investing in one or two large-scale projects. The Center for Innovation will only pursue initiatives that demonstrate quickly that they can provide a good value to Good Samaritan Society customers and can be scaled across the organization.

In addition, the organization points out that its investment in the Center for Innovation required a lower up-front capital investment and carries far less risk than planning, building and staffing a new care center. Like that bricks-and-mortar investment, however, the Center for Innovation should show a return on investment (ROI) in five to seven years, according to current projections. If the Center for Innovation succeeds in developing and testing a successful product or service, its ROI could surpass the ROI that a bricks-and-mortar investment is likely to yield.

Keys to Success

An Innovation Culture: The Good Samaritan Society’s intentional focus on innovation began when the organization made a financial investment in the company that developed the WellAWARE passive monitoring technology. Since then, the Good Samaritan Society has pursued a variety of initiatives aimed at testing new approaches to delivering services and supports. For example, LivingWell@Home is currently breaking new ground by helping WellAWARE and Philips integrate their technology platforms so they can be deployed together. With the Philips call center monitoring both systems, older consumers can be reassured that a fall will be detected even if they forget to wear their Philips Lifeline pendant.

Staff involvement: Giving staff members a meaningful role in technology deployment is a good way to ensure that those deployments will go smoothly. For example, the Good Samaritan Society has become very intentional about collecting negative feedback from staff members participating in its EMR living laboratory. Encouraging negative feedback during the pilot stage will help the technology implementation team resolve problems before the organization-wide EMR rollout takes place.

Advice to Others

Don’t let size stand in your way. It’s tempting to assume that only large, well-funded organizations can afford to be innovative. On the contrary, the Good Samaritan Society is finding that small organizations are probably better positioned to innovate because they are nimble enough to change quickly. The organization hopes to overcome the

challenges associated with its large size by basing Center for Innovation projects within its smaller care centers where rapid prototyping work can take place more easily.

Allow staff to fail. An organization that wants its staff members to think outside the box must be prepared to reward employees for failing, as long as those employees learn from their failure. When handled correctly, failure can produce an organization's next great idea.

Don't rush into an EMR implementation. Because implementing an EMR is a major endeavor, the EMR decision-making process deserves adequate time. Before choosing an EMR system or vendor, make sure you understand what your organization will need from the EMR. Then, select a system that meets those needs. In addition, an organization should take time to analyze clinical workflows and identify opportunities to improve those workflows.

Clear the decks. Before EMR implementation begins, make sure that staff members involved in the process can focus their full attention on their EMR-related tasks. This may mean postponing other projects until after EMR implementation is complete. ■

LeadingAge Center for Aging Services Technologies:

The LeadingAge Center for Aging Services Technologies (CAST) is focused on development, evaluation and adoption of emerging technologies that will transform the aging experience. As an international coalition of more than 400 technology companies, aging-services organizations, businesses, research universities and government representatives, CAST works under the auspices of LeadingAge, an association of 5,400 not-for-profit organizations dedicated to expanding the world of possibilities for aging. For more information, please visit LeadingAge.org/CAST