



How one provider uses a variety of software tools to measure quality, performance and satisfaction

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

- Since LHSC currently employs a wide range of care tracking software, it is looking to implement an EHR system to overcome its interoperability and integration challenges
- Although LHSC occasionally receives grants to fund its technology projects, most of its initiatives are part of the organization's capital budget
- LHSC uses a number of software tools, including MyInnerView, to measure key quality, performance and satisfaction metrics

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The Organization

[Lutheran Homes of South Carolina](http://www.lutheranhomes.org) (LHSC) provides independent living, assisted living, skilled nursing care, memory support and hospice care in five continuing care retirement communities that employ 1,100 staff members. LHSC has earned a reputation for taking innovative steps to improve quality of care in its communities. In partnership with Lutheran Services for the Aging of North Carolina, the organization received a grant from the Duke Endowment in 2004 to adapt the Wellspring Model to its nursing facilities. Through the model, interdisciplinary staff teams create and implement interventions to improve the quality of care for nursing home residents. LHSC also received grant support to implement a comprehensive wellness program—called BeWell Wellness—in each of its communities.

LHSC's BeWell Home Services provides a host of non-medical services to older people living in their own homes. BeWell offerings include concierge services like massage therapy, transportation, respite or events planning; personal care and companion services; life care management services like assessment and care planning; and minor home maintenance/repair.

Technology-Enabled Model or Service

Technology initiatives at Lutheran Homes of South Carolina are grounded in the organization's strategic goals and priorities related to improving the quality of care and services for our residents. Current technology initiatives include:

Electronic Health Records (EHRs): LHSC is currently updating its general ledger and accounts-payable software. The organization chose Keane as its vendor, and the goal is to develop an EHR system that would integrate more easily with existing software. While funding has not been obtained for an EHR, the organization hopes to include medical record, physician order and medication administration components.

Vitals: LHSC currently uses two systems—Collage and REPS—to assess active life style, independent and assisted living residents and plan wellness initiatives; and for lead management, marketing and referral management. Vitals will replace these systems in October 2011.

Cerner HomeWorks and RoadNotes: These products support clinical, billing, financial and administrative functions in the LHSC hospice program. HomeWorks is an office-based solution while RoadNotes is a point-of-care system that shares information with HomeWorks' database.

MyInnerView: This web-based data entry program measures a common set of key performance measures, including clinical indicators, workforce performance metrics and satisfaction of employees, residents and family members. LHSC uses MyInnerView for staff and resident satisfaction surveys and to report quality indicators, including falls, for skilled nursing and assisted living residents.

CareTracker: CareTracker is used in LHSC's skilled nursing facilities to help caregivers perform required resident documentation on touch screen devices placed in strategic locations. As the information is entered, the CareTracker analysis tools scan for changes in resident conditions and send alerts when the conditions change beyond certain thresholds.

Volgistics: This software helps LHSC staff recruit, track and coordinate volunteers.

Keane MDS and MDS Director: These software solutions assist with documenting care plans and service delivery and billing for services provided for skilled nursing residents.

AV Powell's Fast: This system helps the organization track amortization of entrance fees.

Procura: Procura supports the operation of BeWell Home Services. The system maintains information regarding clients and BeWell caregivers, schedules visits and supports billing.

EHR Implementation Approach

While LHSC intends to establish an EHR, there is currently no specific plan in place for achieving this goal. Members of LHSC's clinical, management and information technology (IT) staff plan to visit other aging services providers that have implemented the Keane EHR so they will understand better the benefits of the system and the challenges they may face during implementation. In addition, LHSC is already developing plans for how it will educate staff about the EHR system, which is expected to impact more employees than any other LHSC technology deployment. When funding and a specific product are identified, the organization intends to roll out the system in skilled nursing facilities while other LHSC divisions—including assisted living and hospice—will continue

running separate EHR systems.

Challenges

Lack of interoperability. LHSC utilizes a wide variety of care tracking software that is designed for specific care sectors like hospice or assisted living. The organization has been challenged by the fact that these software programs run parallel to one another and are not interoperable. For example, the organization uses the Procura system to help it run BeWell Home Services. While Procura gets high marks from LHSC staff for its ability to keep track of direct caregivers, clients, schedules and service provision, the program's major drawback is that it does not communicate with the Keane software that LHSC uses for billing.

Linkage with hospitals and physicians: As the new health care legislation is implemented, new health care delivery systems will be developed. EHRs will be a necessary facilitating component of these systems. Additional resources have been and will be made available to hospitals and physicians for IT infrastructure purchases. Long-term care providers are an important partner in the health care system and interfacing with hospitals and physicians will become necessary if the goals of quality improvement and cost containment are to be achieved. Yet, there is no source of financial support to help long-term care providers implement needed technology solutions.

Finding—and keeping—champions: LHSC always tries to identify staff members to serve as champions for particular technology initiatives. These staff members become the in-house experts on a software program and are valuable resources when it comes time to train new employees to use the program or answer questions about its implementation. Identifying this champion can be challenging, but the bigger challenge often comes if over-dependence on one champion puts a technology initiative in jeopardy when that champion leaves the organization.

Funding IT purchases: Development and maintenance of a state-of-the-art IT system in support of all of the organization's product lines is an expensive proposition. Although LHSC will occasionally receive grants to fund its technology projects, most of these initiatives are part of the organization's capital budget. This means that Lutheran Homes of South Carolina must weigh each technology purchase against other organizational priorities. During some fiscal years, for example, a new software program may find itself competing against a new roof for a place in the budget. LHSC's top-level managers are strong technology supporters, but the organization's technology expansion is often limited by insufficient funds.

Keys to Success

Planning for the future: LHSC continually evaluates and updates its strategic goals and priorities to identify areas where IT investments can strengthen the organization. In addition to investments in EHRs, future priorities might include integrating social media into the organization's marketing plans, improving work processes to become more efficient, and staying in touch with consumer demands for additional in-home supportive services.

In-house trainers: When LHSC instituted an EHR system for its hospice program, it experienced considerable resistance from nurses, and responded to that resistance by hiring an additional employee who spent several years training current and new staff members to use the system. The in-house trainer position was eventually eliminated when it proved to be too costly, but it was considered a good use of funds during the system's critical startup phase.

Know your business: Management and clinical staff members play an important role in technology-related decision making at Lutheran Homes of South Carolina. For example, LHSC relies heavily on these staff to stay informed about new technology in the aging services field and to bring information about that technology to the organization. The IT staff's major role is to ensure that the organization has the infrastructure necessary to host the initiatives that clinical staffers identify as valuable. In addition, clinical staff members are heavily involved in evaluating particular products and checking the references of potential vendors.

Advice for Others

Provide good customer service. The IT department at Lutheran Homes of South Carolina conducts periodic surveys to gauge how satisfied LHSC employees are with its services. The department believes that technology deployment issues must be faced directly and addressed quickly and that good customer service can make all the difference between success and failure.

Join networks. It's important that an organization's staff members associate with outside peers who share their interest in technology. LHSC's IT staff members belong to technology associations, including LeadingAge CAST and

the Lutheran Information Technology Network, which provide them with valuable education and networking opportunities. LHSC also participates in Health South Carolina, the planning group for the state's health information exchange.

Be willing to "make do." LHSC has invested considerable time and money in choosing data systems that track the care it provides. Sometimes, however, the organization has an immediate data need that can't be addressed by existing systems. In these cases, LHSC has learned to settle for imperfect solutions in the interest of demonstrating accountability and documenting the value and effectiveness of LHSC's rehabilitation services. For example, LHSC recently created a standalone database to track readmission rates, changes in FIMS scores, and discharge status for patients discharged from its post-acute beds. The database isn't perfect: updating it requires double entry. But LHSC's leaders believe that the ability to report readmission rates to local hospitals is well worth any extra work that maintaining the database entails. The readmission data, which shines a spotlight on LHSC's qualifications as a preferred post-acute care provider, was not previously available.

Make sure technology fits care processes. In 2010, LHSC conducted in-house trials of the QuietCare and WellAWARE remote monitoring systems but decided not to implement either system at that time due to questions about how remote monitoring fits into the organization's care delivery system. Upon further review of the technology, LHSC will be implementing QuietCare in one of its assisted living facilities beginning in October 2011.

Hire employees who are comfortable with technology. That way you're likely to get the most out of every component of your technology systems.

Hold employees accountable for technology implementation. Once an organization decides to move ahead with a technology-enabled service, staff members must understand that they will be held accountable for implementing that new initiative. To reinforce this accountability, the organization's CEO inserted an implementation-related performance measure in one administrator's annual evaluation when his facility was slow to implement a new resident assessment process. ■

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