

iCare Update

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The Newsletter of iCare Solutions Pty Ltd • July 2006

CEO's Message



Rohan Vendy
Chief Executive
Officer

As most aged care providers appreciate, delivering quality care is just one of a number of complex business pressures. On a daily basis you are challenged by:

- Increasing costs, making profitability more challenging to secure.
- The mixed blessing of acquisitions, which can provide competitive strength, but also organisational challenges.
- Government regulations becoming increasingly stringent and compliance more burdensome.
- Technological solutions providing relief, but often coming with their own challenges.

In order for us to more fully understand your industry and the business pressures we all face together, iCare has recently engaged an independent market

research firm. Our aim is to generate comprehensive detail from across the Australian aged care industry on the pressures being faced by our clients and potential business partners.

This research will ensure that the iCare business solution remains a key tool for achieving organisational efficiency. We look forward to providing a synopsis of our research in our August edition.

Who are iCare?

iCare Solutions Pty Ltd has been created to service the ongoing software and IT needs of the Australian aged care industry.

The iCare solution has been developed on the basis of 30 years of Australian clinical experience.

With a choice of interfaces such as touch screens to cater for staff with IT literacy issues, the iCare solution is both portable and flexible. In turn, the iCare solution delivers immediate time savings, operational efficiencies and financial benefits for your organisation.

We invite you to join many of Australia's leading aged care providers who are reaping the benefits of a fully implemented iCare Clinical & Care Management Solution.

What's on Now

25-26 July, 2006

Aged Care IT Roadshow
Park Hyatt, Melbourne

Frequently asked questions

Q A

Do I have to use iCare's forms and reports?

Flexibility is the key in terms of meeting your business needs. iCare does offer forms, however we understand that the majority of providers prefer using their own. The iCare solution allows you to use and then enhance your own forms as part of a continuous improvement process.

This flexibility is extended to management reporting. You can create your own reports to be used on either a permanent, semi-permanent or ad hoc basis. iCare also provides accreditation compliance advice in this area, where requested.

▼ There are only 6 months remaining for you to utilise the Federal Government's aged care grant

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEP

OCT

NOV

DEC

December Deadline ▲

iCare Update

Like to join our mailing list?
Just email your details to:
customerservice@icare.com.au

Meet our Staff



Brian Marks
IT Director

Managing the ongoing system development, technological support and the skill base of our IT personnel, is the employment mandate of IT Director, Brian Marks.

Working with a team of 5 other IT professionals, Brian applies a proactive philosophy in his department.

"It is our role to manage the iCare IT system. Like all excellent IT systems, ours is organic in nature and must grow and develop with the needs of our clients," Brian said.

With a background of over 20 years of IT experience within a range of environments, Brian is enjoying being a part of a new IT industry.

Brian derives a great deal of professional pride in providing a service that has such a critical impact on the quality of care received by thousands of senior citizens Australia-wide.

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The University of Melbourne studies the impact of an iCare Implementation

In February 2005, iCare invited the University of Melbourne's Department of Information Systems to perform an independent research project to investigate the impact on staff before, during and after implementation of iCare's Clinical and Care Management Solution. Lyndoch is located in Warrnambool, Victoria and is the largest provider of aged and extended care services in South West Victoria.

Prior to, and again after implementation, three types of data were collected. Firstly, a survey was completed by users, designed to compare user expectation with post implementation user experience. A focus group was also arranged to investigate the user's perception of iCare before and after implementation. Finally, semi-structured interviews were conducted with management to capture the perceived benefits of the system both before and after the implementation phase.

It was reported that after the implementation of the iCare system a range of positive developments were recorded. The key issues were noted as follows:

- 1 Better access to information
- 2 Less interruption to work flow
- 3 Confidence gains for literate and non literate IT users
- 4 Overall increase in job morale
- 5 Reduced paperwork
- 6 Freeing up of time
- 7 More efficient record keeping

As the research results stated, the implementation of the iCare system was an overwhelming success. The report confirmed:

"From a research perspective, the implementation success is indeed remarkable, given the relative lack of familiarity of most users with computing technology prior to the implementation. The key contributing factors to implementation success in the cases seemed to have been very good planning, system training, and the high level of staff morale and commitment to the implementation.

In respect to the latter, practically all staff and supervisors were very enthusiastic about the technology and articulated positive sentiments about how the new system will improve their capacity to deliver care to residents... Most post-implementation outcomes seem to be in line with, or exceeded, initial expectations.

We congratulate you and your team at iCare and at Lyndoch on what we have found to be a very impressive implementation. We believe that the approach used has lessons for future implementations in the health and residential care sectors."

(University of Melbourne, Department of Information Systems report on the implementation of the iCare system at Lyndoch, May 2006.)