

iCare implementation at Lyndoch, Warrnambool

From May 2005 until February 2006, the Department of Information Systems at the University of Melbourne, investigated the impact of implementing the iCare Clinical and Care Management at Lyndoch, Warrnambool. Lyndoch is a 194 bed residential care facility comprising high (87) and low care beds (107).

Post implementation

There was a strong belief that iCare helped to complete tasks quickly and the time saved/wasted (41-50 minutes saved per shift by using iCare – see figure 1). iCare was also perceived to have increased the quantity of output per effort. iCare’s perceived effect on the quality of output was higher than users anticipated.

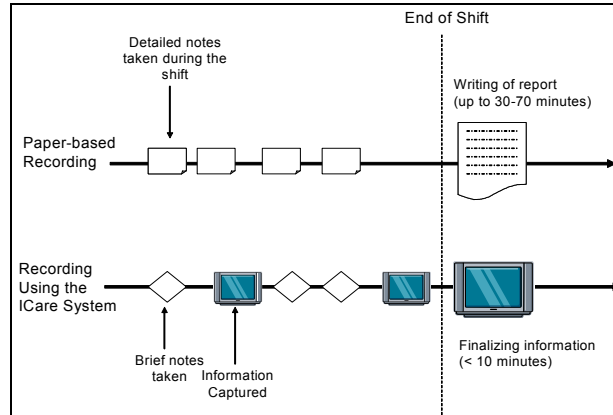


Figure 1: Paper based vs. iCare system supported information capture

Key issues reported by Lyndoch users were;

1. Better access to information
2. Less interrupted work flow
3. Confidence in using iCare (Figure 2)

	Touch screen	Keyboard & Mouse
Not confident	Appropriate	Threshold Issue
Confident	Cumbersome	Appropriate

Trend

Figure 2: Changes in level of proficiency of data capture over time

4. Overall increase in job morale
5. Reduced paperwork: All workers reported that there was a reduction of their paperwork. Consequently, less paper work during shifts mean better continuity of work, more time with residents, and less stress about getting to subsequent responsibilities. Less paperwork at the end of shifts mean less frustration at unpaid overtime and less stress about getting to subsequent responsibilities.
6. Freed up time: Lack of time and care for residents due to the amount of paperwork was a major concern of the focus group.
7. More efficient record keeping: Changes in the way that iCare users keep records of resident care and vital statistics have led to greater efficiency.
8. Less interrupted work flow: Users see themselves as caring for the residents first and foremost.

9. Confidence in using iCare: Some of the novices had been very anxious before the implementation of iCare, however these concerns had been largely allayed.
10. Overall increase of job morale
11. Sociability among staff has increased because users rely on each other for support. Novices who had gained confidence quickly seemed particularly keen to share their knowledge and to do so sociably.
12. Sociability with residents has increased.
13. Status in the community has increased and they had become more employable.
14. Most believed that it had been good to have a challenge to get out of their rut.
15. All agreed iCare was good for nursing
16. Not even the least confident of the novices would go back to pre-iCare days.

Additional data gathered covered demographic aspects as well as morale-related issues in addition to the impact of iCare on work productivity. From this data it was reported that respondents were happy with their professions and also indicated that following the implementation of iCare, job satisfaction improved.

Management post interviews

After the iCare system was implemented it was reported that management experienced improved information capture, decision making, reporting and analysis, improved information sharing between health professionals, improved efficiency and user acceptance.

The implementation success is remarkable, given the relative unfamiliarity 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 a 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.