

## **VIRTUAL NURSING HOME REAL CHALLENGES – ADVANCED SOLUTION**

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*Presented by Patricia McReynolds (Hills Mallee Southern Aged Care Facility), in  
Canberra on 9 August 2004.*

This presentation covers the **Past** challenges for us in facilitating a quality management system because of the Geographical Challenges; How an innovative product places us at **Present**; a live demonstration of our continuous improvement program; and where we believe our **Future** lies.

### **THE GEOGRAPHICAL CHALLENGE:**

Hills Mallee Southern Aged Care Facility is a 45 bed commonwealth funded aged care facility with beds allocated to 5 rural hospitals in the hills and Mallee region of South Australia.

This innovative idea was a national pilot project resulting from a joint venture between State and Commonwealth governments and was opened in December 1998. This organisation is single stand-alone Commonwealth funded high care facility that serves a population of **75,000** in an area of **20,000** square kilometres.

As a physical organisation, this service is a **virtual nursing home**.

The reality of these distances meant there was a **prospect of travelling over 300 kilometres** between all sites on a **weekly basis**.

The **time spent travelling was contributing to the costs** of maintaining an accredited status through:

- **lost productivity**
- **fatigue**
- **stress**
- the added **risk of losing all priceless information** in the event of a mishap.

This meant that prior to finding a more effective method of managing information, our quality system was at risk.

### **THE PAST**

This Facility has always been proactive in planning, leadership and quality management.

It achieved a commendable for planning and leadership in the first round of aged care accreditation. It developed the first aged care benchmarking program in SA which has since formed a not for profit organisation and has extended to the private sector.

But the innovations that achieved the commendable were very quickly proving to be a challenge to maintain.

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Completing one self assessment for **5 separate units** which were not in close proximity of each other and demonstrating compliance within all 44 expected outcomes across all sites was becoming an organisational nightmare.

The time and resources wasted completing the self assessment in itself, included **14 senior management staff** spending at least **5 days** pooling virtual information to construct the document and myself spending **another 2 weeks** at least, **finding physical evidence and editing** the document.

Following this and in preparation for the accreditation visit the individual units would then return to their sites and **spend the next six months collating the physical evidence.**

Whilst we had a **very** advanced auditing program in place, monitoring at site level, and determining if all elements of the quality cycle had been completed was hearsay. In aged care Continuous Improvement is a legislative requirement under the act.

The proactive Management team quickly realized that there were **risks associated with tracking and monitoring** its quality management program and a resource effective solution was required.

### THE PRESENT

Through a past business association I became aware that an Australian company had a potential solution with a strong customer focus.

At the outset, technology actually prevented us from maximising the full power of the software tool, but groundwork was laid to collaborate on a ongoing basis, and the company then launched an internet based version of the software.

At the beginning of 2004 we went 'live' and suddenly **were able to view, monitor and collate** the data of our virtual organisation **as though it were actually one facility.**

Immediately the issues raised by the geographic challenges were solved.

At the same time, the **problems of software and hardware compatibility became non-existent, data back up** is guaranteed and managed for us and the latest software updates are **immediately available.**

For myself as the quality coordinator, also now known as "Big Brother" by the participating units, **I can now provide on going support and mentoring** of staff within the participating units, from anywhere in the world.

This can best be demonstrated by actually taking you to our data and showing you the following:

- How **data is entered,**

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- How quickly **reports are produced**,
- Our **Plan for Continuous Improvement**,
- Our **Self Assessment** which is produced on a **day by day** basis and
- How **data can be tracked** by Site, Department, Personnel, Project, Risk, Committee, expected outcomes – the permutations are endless.

### EXAMINATION OF LIVE DATA

**IMPROVEIT** ([www.improveit.com.au](http://www.improveit.com.au)) is a **web based** computerised continuous improvement software tool which links to various accreditation standards, for example ACHS, Aged Care, HACC, Risk and Workcover.

**All improvement opportunities** within our organisation are **logged, monitored and evaluated** via this program. By **entering the data ONCE, numerous reports can be produced**. We will now give you a tour of our data.

The **MANAGE screen** is where the organisation structure is created and includes departments, committees, projects and strategic plan. The advantage of IMPROVEIT is an organisation's individuality is supported and enhanced. For us this means that we have entered all participating units as departments because of our unique structure.

The **IMPROVE screen** is where **all issues** are logged; here you can see all the details of each improvement.

The **REPORTS screen** allows **analysis of issues** via department, committee, projects risk analysis, accreditation standards – and by using the filtering feature the permutations are **endless**. Someone once asked me “how many ways I can serve potatoes”. Well an issue is my “potatoes” and the reports screen gives me all the different ways to serve it up.

If issues are allocated to a committee the **Committee Minutes become evidence** of the organisations continuous improvement program.

The **Project** reports provide an opportunity for organisations to **track specific issues** until the problems identified have been addressed.

For **aged care**, IMPROVEIT directly produces our plan for continuous improvement and our application for accreditation.

The latest innovation is an ability to be able to allocate issues to the risk management plan.

For the **acute sector** IMPROVEIT produces the ACHS quality action plan and will soon have the functionality to transfer data into the EAT tool.

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### THE FUTURE

As an organisation we are very quickly developing an evidence-based culture of **continuous improvement**.

A colleague recently visiting our facility referred to IMPROVEIT as the '**Rolls Royce**' model of continuous improvement.

We are rapidly advancing toward becoming a **knowledge-based** service.

Instead of being surrounded by information that manages US **we are now managing it**.

We can now **monitor our strategic goals** and have quickly realized the program in itself **facilitates succession planning** because **if someone leaves, the information stays** with the organisation.

The **value of information has been enhanced** and will continue to do so as a result of the industry partnership that has been developed and because of the **strength and power of the program**.

I have spent many hours on the phone with the directors offering suggestions for improvement.

This recently resulted in the new risk management framework and related reports, SA work cover framework and alterations to numerous report formats.

### SUMMARY

In summary, for us as an organisation there is **no longer a geographic challenge** placing this facility at risk of not being able to provide the ongoing evidence required to meet any external review.

IMPROVEIT is **instrumental** in converting this virtual nursing home into a real organisation and **rapidly promoting a team approach**.

The **amount of information being collected has increased** whereas the **resources** to manage it have **decreased**.

In addition, we are quickly **developing a culture of continuous improvement** as the participating units are **now producing tangible evidence** instead of virtual information.

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