



Implementing New Technology in LTC

Experts share their insight & experience.

At the Long-Term and Post-Acute Care Health Information Technology (LTPAC HIT) Summit in June 2012, sponsored by the American Health Information Management Association (AHIMA), eight industry leaders in health information technology (HIT) came together to discuss industry trends. The stakeholder discussion was sponsored by WoundRounds, and was moderated by Linda Kloss, an industry

consultant and former CEO of AHIMA.

Participants included Loren Claypool from Extencare and VCPI, Chuck Czarnik from Brookdale Senior Living, Marty Diller from Complete Healthcare Resources, Inc., Deborah Green from AHIMA, Scott Mintz from Consulate Health Care, Keith Mutschler from Nexion Health Management, and Karen Page from White Oak Management, Inc.

Kloss: What advice can you give to LTC executives about implementing software such as EMRs or other technology solutions?

Czarnik: I think of HIT as a business enabler—something that solves business problems and not just technology problems. The organization needs to be on the same page on why the project is needed and what the future vision is. Explain how this project

fits into the organization's story.

We think of technology as an enabler of our shared goal of improving people's lives. So it's not about we're doing an EMR or making changes for the sake of technology, but rather we're making changes so our staff can provide better care.

Diller: I think it's important to pace and sequence the project according to what you want to implement. For example, I've seen organizations implement billing systems first and tackle a clinical solution later. By breaking the project into reasonable ►

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‘I think of HIT as a business enabler—something that solves business problems and not just technology problems.’ – Chuck Czarnik

pieces, the organization greatly increases the likelihood of success.

Green: Budgets are so tight, and that’s particularly true for LTC/PAC HIT implementations. So it’s important to make safe choices that are truly practical. For example, at LaVie our organizational workflow suggested the need for wireless kiosks. Our software vendor said it was out of specifications, and couldn’t be done. But it made sense for our organization, so they found a way to support wireless. We were then able to move forward with installing a solid wireless solution, which became our initial infrastructure investment to support the EHR.

Claypool: We look at technology as a continual never-ending process. It’s part of breaking the project into do-able pieces, but it also creates a culture of ongoing evolution and continuous improvement.

Kloss: What have you learned about the process for selecting software?

Page: We included all the stakeholders in the selection process, so every user group has a voice. If you want end-user support, they have to be heard.

Mintz: The leading EMRs largely offer comparable functionality, so it’s likely that an organization could very well choose any of these solutions. In these cases, the software decision often comes down to preferences and supporting factors like service.

Kloss: From an IT perspective, how do you manage software implementations?

Claypool: Software implementations

are not necessarily technically challenging, but are often tedious and bring a host of challenges. They are intense for the organization, often impacting culture, and can be disruptive for staff members managing day-to-day operations while transitioning to the new technology.

Czarnik: It’s ideal to have dedicated staff for the implementation; separate personnel from those running the enterprise IT functions. It’s ideal, but oftentimes there’s no incremental budget or headcount to separate the implementation job from the day job.

Mintz: You have to keep the train running while laying down new tracks. The sheer difficulty of running the enterprise while installing the new system impacts more than just the IT function. Some facilities run the legacy system parallel to the new system before switching over.

Kloss: How do you enhance end-user adoption?

Mutschler: It goes back to the need for a compelling vision about why the change is needed. We coordinated a singular message to all our facilities about doing the technology to enable better care.

Czarnik: It’s all about giving end users better tools to care for patients. That’s why we include them in the selection and implementation process, ensuring that the end-user experience will be successful.

Page: Leverage technology to minimize the end-user pain, especially at the CNA level. Improve the user’s day and it makes a huge benefit to the patient’s day.

Mutschler: We engage the directors of nursing in the training process. We all recognize that change requires a steep learning curve. We enlist a change champion. You have to take as much time building people as you do in selecting the system. That drives user adoption.

Claypool: It’s important to understand that adopting new technology is as much a cultural challenge as a technology initiative. By leveraging technology to continually change and improve quality, you’re creating momentum in the organization. ■

Spotlight on the Participants



Linda Kloss is president of Kloss Strategic Advisors, Ltd, a consultancy offering thought leadership, policy and strategy guidance and consulting in health care and information management. Formerly she was CEO of the AHIMA.



Loren Claypool is CIO of Extendicare and vice president & managing director at VCPI, which provides solutions for business and IT.



Chuck Czarnik is the senior director of systems and processes /HIT strategy at Brookdale Senior Living, the nation’s largest owner and operator of senior living communities and senior-related services.



Marty Diller is CIO at Complete Healthcare Resources, Inc., a consulting and management services firm that works with senior care providers.



Deborah Green is vice president of health information management solutions at AHIMA. Formerly she was CIO for LaVie.



Scott Mintz is vice president of business systems at Consulate Health Care, which provides outsourced IT and business solutions.



Keith Mutschler is vice president and treasurer at Nexion Health Management, provider of nursing and rehabilitation services.



Karen Page is the information systems director for White Oak Management, Inc., providers of long-term care in the Carolinas.

WoundRounds was the sponsor of the stakeholder discussion. WoundRounds provides point-of-care wound management and prevention solutions.

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Q: These IT experts gave the following pieces of advice EXCEPT:

- a. The organization needs to be on the same page on why the project is needed and what the future vision is.
- b. Breaking a project into reasonable pieces greatly increases the likelihood of success.
- c. Installing a new system is an IT function; running the enterprise should be business as usual.
- d. Include all the stakeholders in the software selection process.