ionMy | Governance, Risk & Compliance

CASE STUDY
St Luke's Care

St Luke's Care

St Luke's Care (SLC) is a non-denominational, not-for-profit organisation that has delivered excellence in health and aged care for 90 years.

With an unwavering commitment to health and wellbeing of the community, SLC are an independent organisation that balances sound commercial practices with benevolent objectives.

SLC philosophy: Quality Care with a Personal Touch.

{ In 2013 we won the ITAC (Information Technology in Aged Care) Award after the implementation of i.on my care software, our focus was Risk Management and Quality Improvement.

Today, the organisation comprises three divisions that together form the mainstream of our specialised range of services:

- ◎ St Luke's Hospital, a 74 bed surgical and rehabilitation and medical private hospital
- ◎ A Community Home Care Service caring for 158 CACP, and 35 EACH/EACHD clients
- ◎ Lulworth House, a 154 bed (23 low care, 131 high care) purpose build aged care facility.

The initial mission at St Luke's was to source a software solution that met the desired needs and to address different regularity, legislative and accreditation frameworks and different clinical and governance requirements of the 4 business areas. note: at that time SLC also managed 60 retirement living apartments.

That mission was accepted and delivered by successfully implementing i.on my care in 2010.

This was then followed in late 2011/2012 by implementing i.on my ISO 31000 Risk Management tools and processes for all business and clinical risk activity.

We needed

To automate as many of the manual processes in use at St Luke's Care for clinical and corporate governance reporting (excluding financial) e,g.

incident trending
complaints
quality improvements
staff health
compliance

Flexible enough to make software changes on site.
Simple enough for clinical staff to use.
Could adapt to the changing regulatory environments.

i.on my Functionality Objectives

Clincial Trends

All clinical trend reports to be provided for committees e.g. falls, skin tears, medication errors, transfers to hospital, infections etc.

Quality Improvement

Capture quality improvements and uploaded/store associated evidence as part of the entry

Incident Management

Record all incidents – volunteer, staff and care recipients.

Complaints Handling

Capture and report on all complaints and feedback.

Meetings

Prepare agendas and minutes of internal committees. Risks, hazards and incidents can automatically be 'escalated' to committees using the system.

Alerts/Reminders

Email alerts to managers and executive based on severity of risks.

Staff Education

Record all education attended by staff.

Credentials

Record all staff credential requirements and expiry dates (police checks, professional registrations, visas etc).

Staff Health

Used to manage the staff health system eg send reminders of when staff are due for vaccinations or pathology.

Risk Management

To capture and report on risks – clinical, general, workplace safety (eg manual handling).

Pre and Post Implementation Metrics Dashboard

20%
100%

managing data in 'real time' has resulted in actioning trends early, leading to changes in clinical practice. That in turn has produced better care outcomes

40%
100%

'linking' of all aspects of the corporate and clinical governance of an organisation in one system has produced 'real change'

60%
100%

clearly classify and report on clinical, strategic and operational risks

100%

significant administrative time savings, 45 manual processes converted to system processes, reduction in clinical indicators such as falls and skin tears

100%

provided automated reminders to managers to ensure follow up occurs. That in turn ensures swifter response and action and enhanced overall care

100%

engender an environment of continuous improvement to drive further implementations for on going improvements and gaining additional benefits

Pre Implementation

Post Implementation

i.on my Implementation Process

Overall we consider both the i.on my initial implementation and the risk management implementation to be highly successful with measurable outcomes and well trained eager staff and daily system usage.

The implementation needed to rapidly respond to stated requirements and training needs. To address this we used a combination of:

- ◎ adopting a rapid development methodology that combined;
  (i) software changes
  (ii) data imports
  (iii) instantaneous review and feedback.

- ◎ agile, robust discussions and virtual workshops resulting in direct ownership of the changes and signoff as it occurred.

- ◎ staff training

The software is user friendly and staff have embraced the use of the software with enthusiasm. As a result we saw significant adoption of the system across the organisation... to the extent that 'those not using the system' have since placed requests to the board for i.on my projects in their areas to meet their needs.

{ "St Luke's Quality and Risk Framework is impressive. The software i.on my is used and integrates reporting, monitoring and recording of information in one location." - ACHS Auditor

Benefits and Industry Impact

i.on my care is now used widely across St Luke's to manage:

{ Significant measurable and productivity outcomes and benefits and culminated in August 2012 by being recognised in a rarely given award rating by ACHS Accreditation as a national benchmarking organisation by achieving "Outstanding Achievement" ratings in the areas of Quality, Risk and Incident Management.

◉ All clinical trend reports for committees eg falls, skin tears, medication errors, transfers to hospital, infections etc.

◉ Capture quality improvements and uploaded/store associated evidence as part of the entry

◉ Record all incidents – volunteer, staff and care recipients.

◉ All complaints and feedback.

◉ Prepare agendas and minutes of internal committees. Risks, hazards and incidents can automatically be 'escalated' to committees using the system.

◉ Email alerts to managers and executive based on severity of risks.

◉ Record all education attended by staff.

◉ Record all staff credential requirements and expiry dates (police checks, professional registrations, visas e etc).

◉ Used to manage the staff health system eg send reminders of when staff are due for vaccinations or pathology.

◉ To capture and report on risks – clinical, general, workplace safety (eg manual handling).

At the time of writing i.on my helps us manage risks across multiple areas/acts:

- Aged Care Act
- Private Health Care Facilities Act
- Retirement Villages Act
- Contracts with over 40 health funds
- Australian Council on HealthCare Standards (Hospital Accreditation)
- Standards and Accreditation Agency (Aged Care Accreditation)
- Quality Reporting (Community Care Accreditation)
- Complaints Investigation Scheme
- NSW Health Private Health Care Branch

{ "The management of risk is impressive and integrated across all systems and processes." "Risk management information is used to guide decision making through all aspects of strategic and operational planning."- ACHS Auditor

Benefits and Industry Impact

In addition to the implementation providing us with automated processes and simplified meeting compliance and accreditation requirement, and the tools we can rely on to manage a complex environment of risks, the following 16 benefits directly related to our ion my care implementation:

1. Saving of over 55 hours administration time per week
2. Conversion of 45 manual processes to system processes
3. 70% reduction in skin tears
4. 35% reduction in falls
5. Early detection of infection trends resulted in a change to clinical practice, and has resulted in St Luke's maintaining the infection rates below their benchmarking partners.
6. Able to see immediately if trends are changing
7. Achieved no single point sensitivity in roles (or access to information. Eg information is in the system rather than a folder in someone's office)
8. Evidence is stored and available in the one system
9. Reminder and escalation system means important issues are followed up
10. Significant time saving in preparing information for committees.

11. The ability to produce reports at a level that provides meaningful information e.g.
   a. How many falls/skin tears/aggressive episodes per ward, what time, which resident
   b. How many hazards have been controlled through substitution
   c. How many readmissions to the hospital resulted in a return to the operating theatres This is used to report clinical indicators to ACHS for the hospital.
   d. Which staff need to attend fire training or renew their visas?
12. The ability to enter an incident, then risk rate it (if required), escalate it to a committee for inclusion on the agenda, add it to the continuous quality improvement register and have it automatically sent as an alert to a manager is INVALUABLE.
13. Can produce a quality improvement register for;
   a. Last week, last month, last year
   b. By ward, business unit or all of St Luke's Care
   c. For specific accreditation standards
   d. This is very useful when there is an unannounced support contact visit
   e. Managing data in 'real time' has resulted in actioning trends early leading to changes in clinical practice
14. " The 'linking' of all aspects of the corporate and clinical governance of an organisation in one system has produced 'real change'
15. Automated processes and simplified meeting compliance and accreditation requirements.
16. It provides the tools relied on to manage a complex environment of risks.

Mark Compton, St Luke's CEO - presenting at the 2014 IT in Aged Care Conference on benefits received from i.on my.