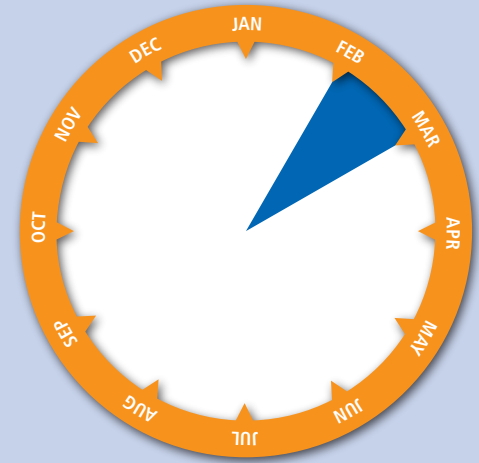


INFORM

Newsletter for WeCare (Australia) Pty Ltd

February | March 2008



ACFI DEADLINE MARCH 2008

Information Technology delivers systematic, reliable, accurate and timely information

The majority of service providers working in the residential aged care sector continue to be challenged by the legislative and financial imperatives that drive their business and the ongoing challenge in generating efficiencies, maintaining compliance and financial viability.

There is now well documented evidence that the introduction of IT into the aged care setting can and does deliver efficiencies. Business managers have already established the benefits of IT in delivering a systematic, reliable, accurate and timely process in the administration of their business and a well documented trail of accountability.

Solutions in Residential Aged Care

The same principles apply in the care setting where a number of residential aged care facilities have chosen to use WeCare™ to deliver a systematic, reliable, accurate and timely process in managing the care services with a well documented trail of accountability.

There are numerous electronic care planning programs now available and being used with

varying degrees of effectiveness in residential aged care facilities, each with some individual features to differentiate between brands.

The best IT solution for Aged Care

Being the first of the current generation of electronic care planning applications WeCare™ has evolved over the past six years as the most effective "Point of Care" management system to date. Our clients have provided us with enormously valuable feedback and have participated in our focus groups when enhancements and further development of the system have been planned.

WeCare™ is much more than a care planning system, it is a comprehensive care planning and management tool using "Point of Care" principles that assists care staff to provide the relevant planned care ensuring residents receive the care they need.

The importance of "Point of Care"

Integral to the effectiveness of the system is the principle of "Point of Care" using a Personal Digital Assistant (PDA). This solution gives staff an all in one tool for identifying and assessing needs, identifying, and implementing interventions and reporting

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changes/exceptions reporting all relevant information. This information is then able to be managed/reported via the console (PC). The PDA also provides a very valuable function in facilitating electronic communication to individual or all staff with changing care needs and new orders, on a shift by shift basis.

What our clients say about us

Our experience and our clients, when introducing PDA's to staff has been very positive. There has been an excellent adoption rate and care staff are empowered to document at "Point of Care" providing timely information relevant to their observations when providing hands on care rather than half remembered information at the end of shift. **It eliminates the last minute rush at the end of shift.**

Functionality and flexibility

The WeCare System is based on the cycle of assessment, care planning, implementation and evaluation. The WeCare™ System facilitates immediate responses to any changes to resident care needs and communicates this information to relevant staff to manage. This is a continuous cycle ensuring that staff always has current information to manage the residents changing needs and also provides a well documented trail of accountability of the residents changing care needs and how the care is managed.

For evidence based assessment, information is collected from available documentation and staff observations noted via the PDA and/or entered onto the PC using the assessment forms. Care plans are automatically developed and generated from the completed assessment forms. Implementation is via the PDA with relevant care plan information being downloaded to the PDA to inform staff of individual resident specific care needs and at "Point of Care" facilitates the effective identification of any changes to the residents care needs which are noted on the PDA. Evaluation occurs when the information uploads onto the PC where it is sorted and generates an exception report that facilitates evaluation and immediate action and /or re-assessment and updating of the care plan. This report is also used as an effective handover report. The outcome for management is having access to documentation through a systematic, reliable, accurate and timely system.

Change is a challenge

There are many and sometimes complex reasons for facilities wanting to maintain the status quo, that is, not considering, the now well established benefits, of changing from current (paper) systems to an IT system.

Our clients identified critical issues that

proposed the greatest risk to their business which included:

- The lack of effective and efficient documentation systems that address both Accreditation and RCS/ACFI requirements.
- The inability to optimize funding caused by limited and inconsistent documentation.
- The majority of staff consider documentation too hard, takes too much time, with a



degree of uncertainty about what needed to be documented.

- Not enough staff with the commitment, appropriate knowledge and skills to document relevant information required.
- Inefficient communication of the changing care needs compromising resident care.

These are just some of the issues which the whole industry continues to grapple with and in summary equates to care documentation that does not accurately capture the necessary information for effective care planning, compromising delivery of resident specific care, demonstrating compliance and as well negatively impacting on staff effectiveness and moral.

Benefits of Holistic Care Planning & Care Services Management

Our clients have identified many benefits including:

- Accurate and up to date documentation of all care planned and delivered.
- Realising potential to increase RCS / ACFI funding and minimizing loss from review audits.
- Demonstrates and supports compliance with accreditation quality care standards.
- Effective and efficient documentation system that makes it easy for all staff to

record all care information.

- The system is a learning/educational tool in providing care information to staff via hand units, they actually read the care planned for that shift.
- Results in relevant and timely reporting of the residents changing care needs.
- Results in improved staff knowledge and skills related to the care planning process and the value of using IT applications.
- Releases staff from the onerous task of handwritten documentation.
- Enables staff to provide quality care.
- Improves and enhances staff moral.
- Removes a major stressor for staff and management.
- Enhances the ability to attract and recruit new staff.

Our clients are our best recommendation