

HOME CARE AND HOSPICE SUCCESS Aided by Technology, Ensured by Close Vendor Partnership

For an owner or administrator, selecting a primary home health or hospice software system is not limited to merely finding a good product at a good price. That description may fit when buying a house or a wedding ring – situations in which you never expect to see the seller again once the transaction is complete – but business Information Technology is like a living thing. It grows and changes with a company, adapting to the changing regulatory environment in which both operate. Nurturing this living thing is not assured by astute shopping but requires an ongoing partnership between customer and vendor, a fully communicative relationship within which both can thrive and improve.

Home Health and Hospice have come to accept technology late compared to other healthcare industry segments and especially to the corporate world in general. Many providers and their employees, even in this second year of the 21st century, continue to regard computers and the unpronounceable array of paraphernalia surrounding them as necessary evils rather than useful business tools. Consequently, many Home Health and Hospice providers have learned only recently the lesson that other businesses have known for 20 years, that technology vendors are not merchants from whom one makes a purchase and walks away, but partners with whom one orchestrates corporate success.

Each of the 21 stories in this second edition of Home Care Technology describes a leap forward in some business or clinical area that a home care and/or hospice provider was able to make, thanks to both advanced technology and a mutually beneficial customer/vendor relationship. These are stories of partners working together to match vendor systems with changing customer needs, resulting in solutions to operational problems, streamlined workflow, reduced costs and, often, improved employee morale.

THE SHARP STORY

We begin in Southern California, where a model of customer/vendor partnership has occurred at **Sharp HomeCare** and **Sharp HospiceCare**, parts of the largest, most complex healthcare entity in San Diego, with 11,000 employees, seven hospitals and multiple urgent care centers, medical groups and clinics. In November 2001, Sharp selected **Misys Healthcare Systems**, of Tinton Falls, New Jersey, to replace its aging, DOS-era product that was not being upgraded for PPS by its vendor.

Sylvia Linardi is Project Manager for Home Health and Hospice Systems. It has been her job to coordinate the efforts to implement *Misys Homecare* for 400 users, including 250 field clinicians using mobile devices, while making sure none of her internal customers' 8,000 monthly Home Health visits or the care for an average daily census of over 200 Hospice patients falls through the cracks. "Yes, this is a big project to manage," Linardi admits. "One day soon, for example, we expect to have 50 laptop computers simultaneously exchanging data with our servers from remote locations. We need to be ready for that."

As it turns out, Sharp's implementation was a challenging project for Misys as well. During last November's rollout, the two partners discovered some earlier version application performance issues when *Misys Homecare* was installed on Sharp's complex Wide Area Network. "We are a large customer with a very sophisticated network infrastructure," Linardi explains. "Configurations that may perform well in more limited environments don't necessarily work for us. But Misys' support and commitment has been wonderful. When we reported our issues, they sent a team out here that worked with the Sharp team to understand the environment. Adaptations were made to both the product and server configuration." Linardi was relieved when the joint Sharp/Misys team got data synchronization times between the field devices and the network down to just two or three minutes.

Once configuration issues were resolved, advantages began to accumulate. The Sharp HomeCare and HospiceCare departments are collecting better data during an easier patient referral and registration process, Linardi reports, data that management uses for trending and planning in ways it could not previously. "They really like the automated scheduling piece," she adds. "It is very user-friendly. For example, they can make last-minute schedule changes by simply dragging a patient across the screen to another caregiver. Reports coming out of scheduling show missed visits, supervisory visits needed and the like. And it is easy to insert date parameters and run the reports. Just about anybody can do it."

Linardi has no illusions about there being a "perfect" system, so she keeps minor software issues in perspective. She has decided that it is more important to find a vendor to work with who offers a high level of support, addressing issues as soon as they arise. Linardi is confident that Misys Healthcare Systems is Sharp's long-term technology partner.