

Which system is best?



When implementing new technology in aged care you need to decide between a best of breed or big bang approach, writes MARK SHELDON-STEMM.

The aged care royal commission recommendations outline the need for a greater level of information technology systems in aged care to support decision-making and provide an increased level of care for residents.

There have also been other recommendations on reporting to both the Department of Health and Aged Care Quality and Safety Commission on key measures including the quality indicators, minutes of service, serious incidents and amount of food provided.

To meet these new requirements aged care providers will need to review their IT strategies and decide which systems will best suit their future needs.

Having been in IT for over 40 years I have seen many new systems succeed and a number fail. I have also witnessed the changes in IT from large processing machines to the smart devices we all interact with daily.

Having managed both large and small IT projects it has become clear the way forward is a decision between best of breed and big bang IT solutions. In deciding which way is best, a short review of the current systems will help to see where aged care IT currently sits.

Available systems

When looking at the current systems in aged care the focus is on the clinical care systems as these provide the basis for resident information and will supply the necessary data required by the authorities in the future.



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Having installed, worked with or reviewed most of the current clinical care systems the prognosis is not particularly good for many of them. At best most of them could be referred to as Aged Care Funding Instrument (ACFI) optimisers designed to collect data to maximise funding from ACFI.

The main downfalls of these systems are that the user interface is often clunky and the reporting for clinical care professionals, such as for doctors, is poor or non-existent. The other downsides are that many are server based and written in old code, not user-friendly and difficult to update and change.

Some have moved to a cloud-based system but in several cases this has just been an upgrade of the current system into the cloud without the functionality that newer software systems have.

No doubt many of the providers of these software systems will be busy over the next year trying to upgrade their systems as ACFI finishes in September next year and their focus is no longer relevant.

However, there a few newer systems coming into the market that are focused on collecting the data to operate a good clinical care system and these operate several levels above most of the current software being used.

Future options

These newer systems are a mixture of clinical care and other systems required to operate an aged care service. One

thing is clear about the future use of IT in aged care, there are a lot of different parts that need to be considered.

Besides the clinical care system an aged care provider also has to have systems in place that cover such things as:

- the operational policies, procedures and compliance tools
- medication management
- client feedback
- medical detection
- advance care directives
- hospitality and food services
- financial recording and reporting
- staff rostering
- continuous improvement
- client portals
- maintenance scheduling
- customer relations management
- CCTV monitoring
- call bells
- interconnected communications
- IT support.

This is not an exhaustive list but covers most of the areas where aged care providers require good systems. Currently, most of these systems are separate and not connected to each other or at worst paper based.

Best of breed v big bang

The decision most aged care providers now need to make when they change or update their systems comes down to: is there one system that does everything or are there systems that are excellent in their field of expertise and talk to each other?

The other consideration is cost. The world of IT has changed over the past few years. It used to be about spending millions of dollars on new systems where you pay upfront and take ages

to install. But now there are pay-as-you-go systems that are user ready and affordable, where the cost matches the income stream.

The best of breed solution is one where the core system is the clinical or care system, which is the point of truth in terms of clients. It can either link to or pass data amongst the other systems that specialise in medication management, client feedback and so on.

The big bang solution is one system that does all of this and is a central database for all users.

Both approaches have their advantages and disadvantages. The best of breed approach provides the most up-to-date specialised systems but it requires the management of different software providers. The big bang approach provides a one-stop shop and dealing with only one software provider.

Pros of each approach

The advantages of best of breed systems are:

- the most up-to-date systems available that specialise in their area and focus on best practice
- not reliant on one provider for all systems and the ability to change if a better system comes along
- no large outlay required at the commencement and a pay-as-you go approach
- the project is managed in parts and with easier time management

- updates and changes are often easy to make and providers of these specialised systems can usually adjust their system easily
- the integration of the systems makes it easy for staff to navigate between them when required
- the couple and uncouple approach gives flexibility going forward when the requirements of reporting in aged care, for example, change.

The advantages of a big bang approach include:

- interaction with one provider and no multiple systems to navigate
- the ability to influence how the system is to be used
- configurable parts to the system that can be changed to suit the user's operations.

Cons of each method

The disadvantages of a best of breed approach are:

- having to work with several providers and making sure the integration of data is successful and what is required
- an ongoing requirement to manage the different systems and their interaction.

The disadvantages of the big bang method are:

- an unlikely ability for the system to provide best practice in each of the areas as there have been few if any systems that have achieved this

- the cost of the initial install is often high and requires a large project management process
- often slow, one-size-fits-all and unsuitable changes that fail to meet everybody's expectations
- contracts that restrict the user leaving the systems without a penalty
- the considerable resources required internally to manage the system and deal with user interfaces and so on.

Choosing fit for purpose

The current IT situation in the aged care industry is inadequate. Considerable work is required to achieve what is required now and in the future.

Most of the current core systems are outdated. They are no longer fit for purpose, which means many aged care providers will have to go back to the drawing board over the next couple of years.

Will they take the best of breed or the big bang approach? There is a lot at stake and decisions such as these are not easy to make.

Perhaps the old idiom "don't put all of your eggs in one basket" might be worth considering. And watch out for the sales pitch: "Yes, the system will do that for you." ■

Our experiences in life should tell us which way to head.

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