

# PointClickCare Conversion

## AT A GLANCE

Heirloom Living Centers sought to reduce documentation burden and medication-tracking errors by replacing outdated systems with PointClickCare (PCC). The transition initially increased stress as staff navigated incorrect templates, regulatory deficiencies, and unfamiliar workflows. Over time (after correcting templates, adding training, and stabilizing processes) nurses reported easier charting, fewer errors, and more predictable routines. These improvements reduced paperwork pressure and helped create a more sustainable day-to-day work environment.

## Key Outcomes

nurses experienced reduced paperwork stress, smoother routines, and more time for resident care. Medication accuracy and care-plan compliance improved significantly, supporting more reliable workflows and decreasing task-related strain.



**90%**

Decrease in medication errors.



**100%**

Compliance on care plan audits.

Staff reported that workflow stability, not the initial go-live, was the point at which charting became easier and task-related stress began to decline.

## CHALLENGES

Nurses identified workflow inefficiencies and documentation burdens linked to using multiple systems for medication management and service planning. Nurses reported that fragmented processes increased the likelihood of errors, delayed care tasks, and reduced time available for resident interaction. The organization aimed to address risks associated with paper-based or outdated systems, inconsistent service plan documentation, and lack of real-time visibility into medication orders.

## SOLUTIONS

This project sought to introduce the PointClickCare system to strengthen compliance, reduce errors, and free up nurses' time for direct care. The intervention included:



PCC  
Peer Training



PCC  
Audits



Refresher  
Trainings



Pharmacy Med  
Audits

## LESSONS LEARNED

The transition placed unexpected pressure on staff. Incorrect care-plan templates led to survey deficiencies and significant rework, increasing early stress and undermining confidence in the system. Training gaps and the shift to a new platform initially added to documentation burden rather than reducing it. Involving regulatory partners earlier, confirming template alignment before go-live, and providing hybrid training would have eased the strain. After workflows were rebuilt and staff received additional support, the system became more predictable, documentation stabilized, and well-being improved through reduced paperwork and fewer errors.

*When charting takes less effort, morale improves because nurses can actually do the work they came here to do.*