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From Resistance to Readiness

Helping frontline teams adopt new technology in Texas group homes

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sellers dorsey
realize the opportunity.

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TODAY'S CONVERSATION

Why frontline adoption is the whole ballgame in Texas

01 Who we are

02 Nine hurdles

03 Eight things that work

04 Impruvon in practice

05 Your 90-day checklist

THE TEXAS BACKDROP

More people. Same DSPs. Same surveys.

132,988
Texans waiting for services

17–18 yrs
average wait for services

$13/hr
state-funded caregiver wage

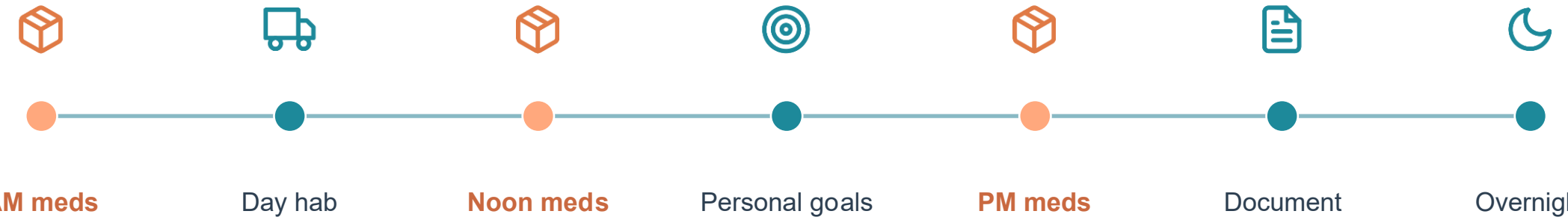
PART ONE

Nine hurdles between a good tool and a DSP who uses it

The gap between what we ask of DSP teams and what we give them

HURDLE 1

Already full. Tools must fit the day.



Fits the day

Fits existing provider and state systems

Non-clinical care teams required to do clinical jobs

HURDLE 3

A home where people live, not a hospital

01 Meds in a kitchen cabinet

02 Seizure plans, no nurse

03 Spotty Wi-Fi, shared phones

04 Jobs, church, family — a whole life

HURDLE 3

The tools must work in the setting

01 Fits the rhythm of the house

02 Works offline, any phone

03 Serves the whole life, not just health

04 Invisible to the individual

HURDLES 4–5

No money for technology. Nobody to run it.

04

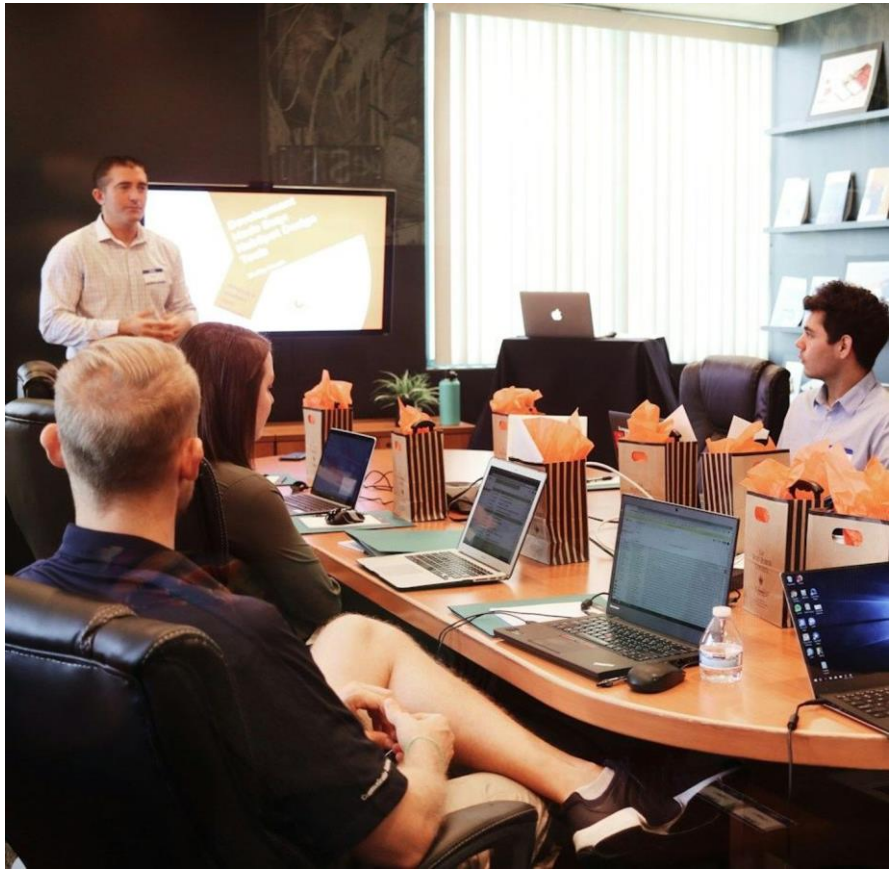
- State rates fund no technology
- Every dollar competes with wages

05

- The “IT team” is the QA director
- Nobody owns go-live

HURDLES 6–7

Training competes with the shift. Change is expensive.



01 24/7 coverage

02 40%+ turnover

03 Split attention

04 Learn by doing

COST OF CHANGE

- Parallel paper and digital
- Productivity dip at go-live

HURDLES 8–9

Things that seem easy are complicated

50+

steps per med pass

Population complexity

- Seizures, behaviors
- Swallowing

Setting complexity

- Kitchen cabinet
- Alone overnight

Regulatory compliance

- Nurse sign-off
- Audit trail

THE DIAGNOSIS

Not only a technology problem. Three levers.

01

People

Why a DSP chooses the tool

02

Process

Who runs the rollout

03

Technology

Carries the 50 steps

TECHNOLOGY · MOVES 1–3

Take the guesswork out of the job

1 Remind, guide, automate

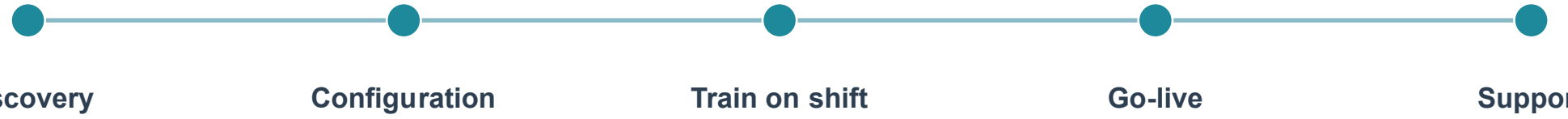
2 Tools that belong in a kitchen

3 Person-centered by default

72% fewer missed medication entries

Somebody has to run the rollout

4 Customer Success team



5 Built with DSPs

- Med cart, scanner
- Phone, locked drawer

PEOPLE · MOVE 6

Incentivize, clarify, celebrate

01 **Incentivize the team**

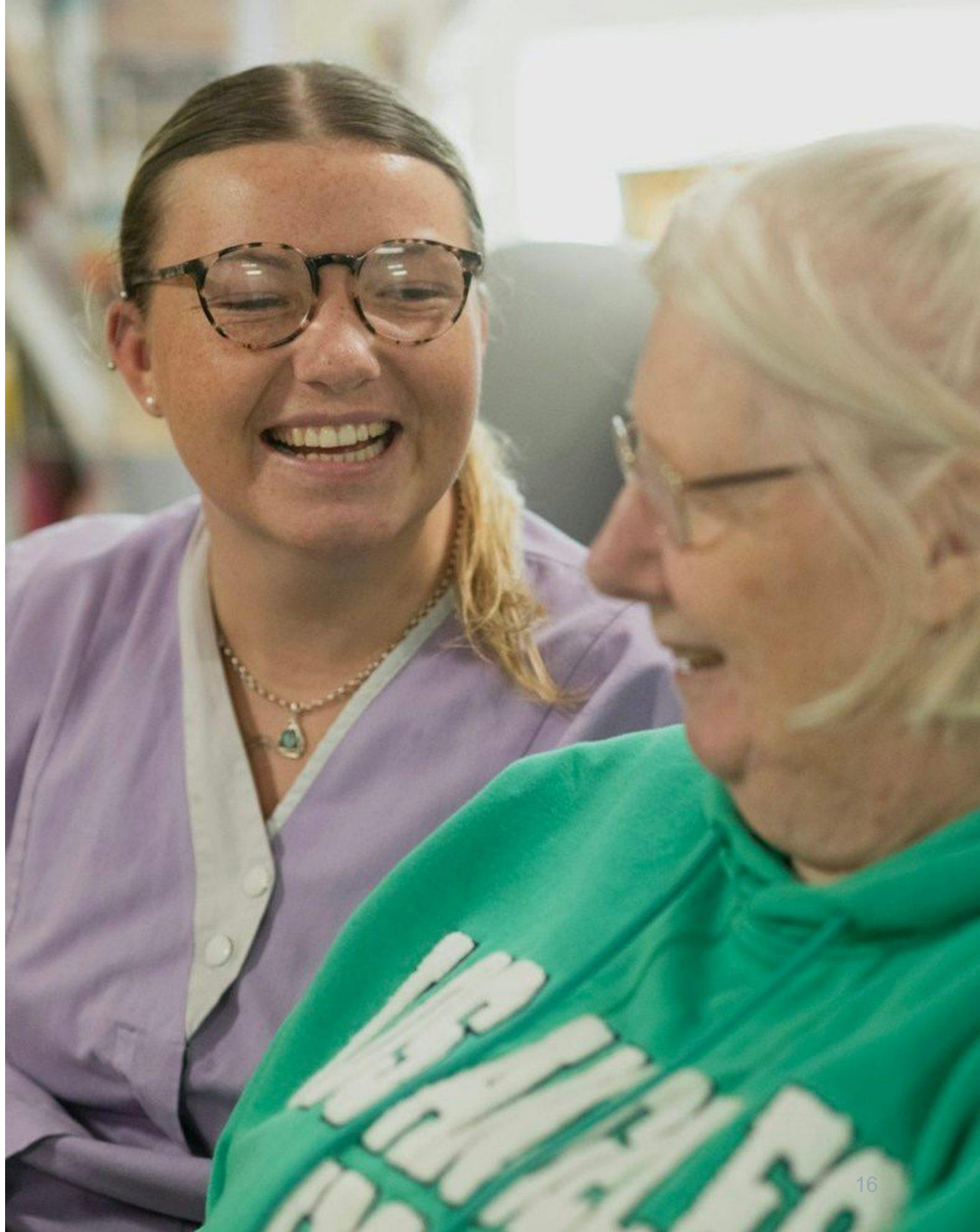
Recognition tied to adoption

02 **Clarify why it matters**

A missed dose ends lives

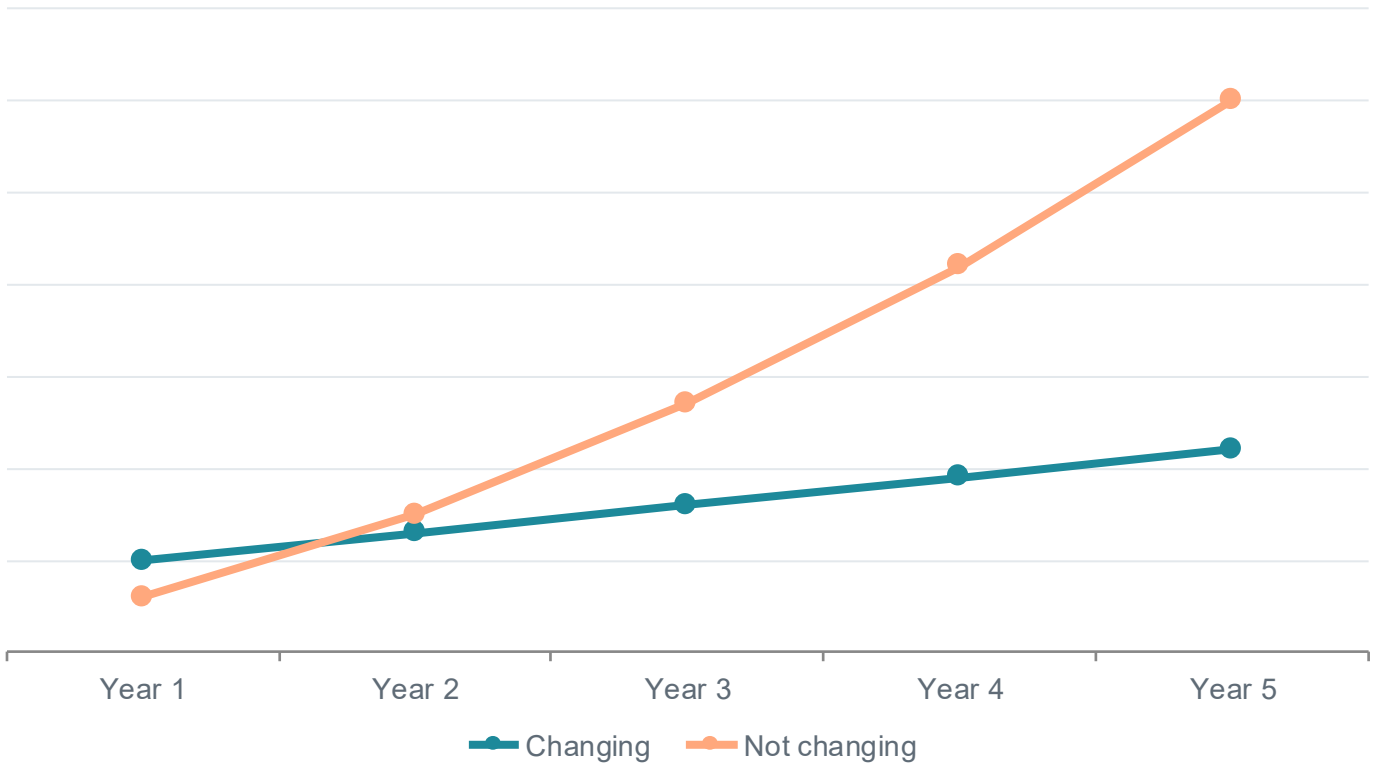
03 **Celebrate the wins**

Out loud, in the home



Bite the bullet: not changing costs more

Cumulative cost over five years



Change is a step. Not changing is a curve.

Work with tech partners who have done this and proven their outcomes

01 Published results

02 References I choose

03 Pitch my hardest nurse

04 Who runs go-live?

05 Outcomes you report

PART THREE

The eight moves, applied: how Impruvon works today

01 **Built with DSPs and people with IDD**

02 **Not built to bill or check a box**

03 **Proven with providers and states**

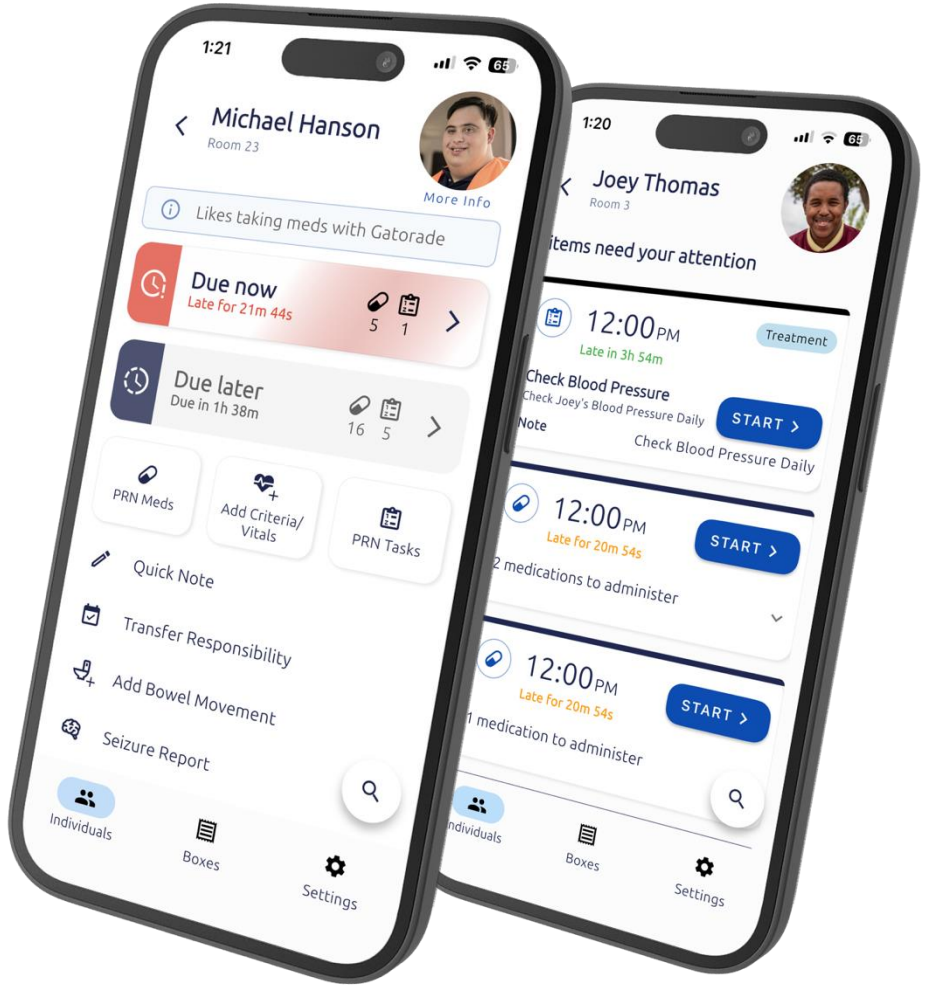
Reminded, guided, ready for anything

01 Every expected task reminded and guided

02 Guided when the unexpected happens

03 The person, not the paperwork

Medication & Other clinical errors eliminated.
92 minutes back per shift; all documentation compliant.



IN PRACTICE · PROVIDERS

When the surveyor arrives, the work is done

01 Every shift documented proactively

02 One click: audit and survey reports

03 No scrambling, no binders

State audits with zero findings

IN PRACTICE · STATES

Outcomes that did not exist before

75%

fewer medication errors

0

audit findings to fix

Live

data the state never had

Live statewide in Massachusetts and Missouri

IN PRACTICE · PEOPLE

None of it works without people

01 Customer Success trains every team member

02 Works alongside partners, relentlessly

03 So every resident gets person-centered support

TAKE THIS HOME

Six things to implement yourself

01 Your team can do this — with tools built for them

02 Require training from every tech vendor

03 Must integrate with systems already working for you

04 Must align with your state’s regulations

05 Choose vendors with proven outcomes in your populations and settings

06 Start at the point of care

Thank You
Questions?

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