Quality Assurance Evaluation of HealthConnex Infection Prevention Control Software in Residential Care L. G. Franciosi, P. Magtibay. *Gerontechnology* 25(s)

Purpose   At a 102-bed residential care facility, we conducted a quality assurance evaluation of HealthConnex, a cloud-based Infection Prevention and Control (IPAC) software application marketed for skilled nursing facilities in North America. We investigated claims that this tool improves practices and outcomes related to infection surveillance [1], visualization of infection locations, outbreak management, employee health tracking, electronic audit capabilities, and antimicrobial stewardship, with particular focus on audit functionality during the COVID-19 pandemic. **Method** We assessed multiple indicators of potential efficiency: evidence of proposed benefits during routine clinical operations; inspection of software IPC quality and effectiveness dimensions; continuity of quality IPC benefits; and clinician satisfaction regarding user-friendliness and clinical outcomes. Implementation included resident and staff infection tracking, facility floor mapping, outbreak management protocols, employee immunization records, and audit tools for hand hygiene and personal protective equipment (PPE) use. Over one year, approximately 10–12 staff made up of seniors clinicians and floor nurses participated in regular use of the software, and our Quality Assurance Coordinator documented usage and experiences with staff help through daily clinical huddles, standard meeting minutes, and resident medical records in PointClickCare (PPC). Staff feedback was collected through structured verbal reports during huddles and formal meetings, then synthesized by the Quality Assurance Coordinator into thematic categories (usability, technical performance, integration, and impact on workflow) to compare observed functionality with published expectations for automated infection surveillance and electronic documentation systems. **Results and Discussion** Senior clinicians and nursing staff consistently reported that HealthConnex did not improve infection tracking efficiency and was not user-friendly; across routine audit cycles, no measurable reduction in manual tracking time or data entry burden was observed. Manual resident and staff profile management required ongoing external support, and no native PPC integration existed without additional expensive licensing, preventing streamlined documentation. Staff experienced frequent technical difficulties with standard equipment (Apple iPads), including login issues and system lag that interfered with point-of-care use. Critically, hand hygiene and PPE audit functions failed during real-time clinical use in multiple audit attempts, requiring nurses to revert to paper-based audits and duplicate electronic entry, effectively doubling workload rather than enhancing efficiency. Due to these reliability issues and limited observable changes in infection metrics or outbreak management processes over the one-year period, purported benefits in outbreak management, immunization tracking, and antimicrobial stewardship were neither obvious nor systematically assessable within the evaluation timeframe. HealthConnex proved unsuitable for our clinical operations and was discontinued, underscoring that future IPAC software for residential care must prioritize reliable real-time audit functionality, seamless electronic health record integration [2], low technical burden at the point of care, and structured mechanisms for ongoing user feedback to ensure that anticipated quality and safety gains are demonstrable in practice.

References
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