What Customers Are Saying… about ICNet™

University Health System, San Antonio, Texas

"Installation was not an issue. I thought it was essentially turnkey on our side. We set up a VPN account, established a dedicated server, and (ICNet) performed a silent install. As soon as the server was staged, our integration folks began working with theirs and again it was virtually seamless. We installed the software, and it was up and running very quickly."

– Michael Sloan, Systems Administrator, Information Systems

"I had the benefit recently of working with one of the ICNet trainers, and it was so eye opening and expanding to see what else it can do. Now that I'm comfortable with the system, time spent with this trainer helped me to see the full potential."

– Beth Ann Ayala, Interim Director of Infection Prevention

"Each morning, I log (into ICNet), pull up the report on recent infections, and depending on the severity of the infection, check to see whether the patient is in isolation or not. If they're not, we call the floor and let the nurse know. This is a fantastic tool. Previously, we would eventually get this information, but not first thing in the morning. In an area such as ours, where tuberculosis is a serious concern, I can't tell you how invaluable this is."

– Diane Surdi, RN, BSN, Infection Preventionist

(The IP staff believes that they now know of critical events, such as MRSA infections, at least 24 hours faster than under the old system. This gives them a huge jump on an outbreak, allows them to take action much sooner, and has helped change their perception on the floors.) "We're now visible. Because of the urgent need to address the HAI problem, we're now seen more as an essential department, rather than a cost center."

– Diane Surdi

Midland Memorial Hospital, Midland, Texas

(The system rollout began at Midland in late July 2012. Within weeks it played a major

role in identifying and reporting the only case of serogroup arbovirus in Texas, which occurred during an outbreak of West Nile virus in the state.) "We were able to find and report that case to the state quickly because of the reporting capabilities of ICNet. We always get an alert of a positive culture before we get a phone call from the lab. It has made real-time surveillance an effective process for the prevention of hospital-acquired infections here at Midland Memorial."

– Charlotte Shelton, Infection Prevention Practitioner

"Our ER gets 500 lab results daily. Every time the lab puts anything into any patient's chart, it prints in the ER, and it is overwhelmed with paper. … ICNet can take care of that! Now ER staff see the same alerts or more that we have in Infection Control and will not have to go through stacks of results that don't pertain to the ER."

– Charlotte Shelton

"The (ER) RN has had access for a week now, and she called yesterday. SHE LOVES IT! Infection Control sees that a patient hasn't been adequately treated, assigns her a task, and she takes care of it. We no longer have to fax/call to get the patient treated! She has an alert that pops up when a patient is pregnant and positive for an STD. Now the ER knows as soon as we do, and we don't have to spend the time calling to ascertain the patient is properly treated. What a concept!"

– Charlotte Shelton

Carle Hospital and Physician Group, Urbana, Ill.

"We wanted an automated surveillance system that could take multiple data feeds, including device data, vital signs and lab results, bring these processes into a single system, and provide us with much more flexible reporting and alerting capability than we have had to date."

– Daniel Bronson-Lowe, PhD, CIC, Senior Infection Preventionist

"By filtering data and reducing the need for manual identification of potential infections, the software will allow Carle's infection preventionists to spend more time improving care processes and working with staff. ICNet will also be invaluable to us in reporting surgical data to state and federal agencies. It would be very difficult for an organization of our size to do that manually."

– Daniel Bronson-Lowe

St. Thomas Elgin General Hospital, Elgin, Ontario

"We began investigating the possibility of working with ICNet in September 2010. We had been using an alternative electronic data surveillance system that required significant manual data entry by the Infection Prevention and Control Team. Attempts to develop an automated data surveillance system using our earlier system were unsuccessful despite a year of 'partnership.'

Within two months of our initial venture, ICNet was able to build and demonstrate a functioning system, after which we embarked on a data validation process. As of February 2011 we moved into the live domain with ICNet.

ICNet has demonstrated many exciting features that were not available to us in the past:

- "Alert" organism identification, report building and surveillance.

- Syndromic surveillance (acute respiratory infections, reportable diseases, etc.) through data collection within the ICNet system, allowing for all components of data collection to be within the same working system.

- Electronic data collection as it pertains to isolation days.

- Ease of creating reports based on our needs, i.e., specific organism trending and antibiogram, will be very useful moving forward with the system.

- The ability to create different user groups within the ICNet system, such as pharmacy, lab and even at the nursing level, so as to provide a collaborative system.

ICNet has been very professional, offering timely expertise through the build phase, implementation of the system, real time support and training. For individuals who had not had any prior experience with ICNet, we are amazed by how intuitive and easy it is to navigate the software.

While we are very much still in the infancy stage with ICNet, we look forward to the continued integration that will reduce duplication of data collection, and help track interventions that have been put in place when the need arose."

– Christopher Misch, Director of Quality, Risk and Safety

– Rhonda Beliveau, RN, BScN, Infection Prevention and Control Specialist