



Dr Richard Rosewarne on Turning Care Data into Decisions

Hello and welcome to the Care Exchange podcast. Today I'm joined by Dr. Richard Rosewarne. He's the Chief Analyst at Apollo Care. Richard has been at the center of building Apollo's organizational intelligence system, helping aged care providers not just stay compliant but also optimize their EBITDA. through smarter data use and operational insights. At the heart of this is Max AI, Apollo's AI-powered organizational intelligence tool that turns complex data into clear, real-time decisions for leaders. Welcome, Dr. Richard. Thank you. OIS is an AI-powered aged care analytics portal. Can you start by describing what an analytics portal is? Yeah, well, I suppose we had to start from the beginning with Apollo. It began when they had one facility, so we started building spreadsheet models to be able to do analytics and provide information that people needed. Over time, and as we built, we needed much more, and it was a selfish thing as much as anything else where we needed to build something more powerful. that could start to be scaled and used as Apollo was growing. And Apollo also had this model of decentralising, so we had to try to put some power in the hands of the people that were delivering the service. So our first step was to build an analytics portal, or the OIS, which is a sophisticated graphics interface that sits over the top of existing systems, and it tailors the information to the individual sites and users in a way that



they can interact with. Now, in terms of moving forward from that, what we needed to do was to be able to provide an easier way for people to get access to the information they need, A lot of people like BI tools, a lot of people like to be able to use them, but at one point in an aged care facility you need to get information to people faster and easier. So that's where we started to look at using AI to pull information together in a way that made it accessible for everybody in the aged care place, whether it's the manager, whether it's the person doing the catering, whether it's the person doing the lifestyle or a clinical area. So we wanted to make all of that information accessible and all of the questions they might ask, they could get an answer from an AI tool instead of having to bury through a BI type model. How is OIS different from how other aged care providers manage their data? A lot of providers still have a sort of a head office focus where they're using tools that have been around for a long time, finance and other areas. We've built our tool, the OIS, on top of that finance tool. So it's created in a way, as Stephen mentioned, that pulls out things like KPIs and KPIs are specially designed to look at areas that the managers are responsible for. So they worked with Stephen and Barry and others to come to an agreement about the measures that they would sign up to as things they were responsible for. So the KPIs only include the accounts and information they're prepared to say, I'm responsible for, I can make an improvement here. So it's a way of presenting the data and structuring it so people believe that they're responsible for the outcome and they take notice of the information in it. So it's different to just a standard reporting tool and model. Finance and business metrics are very different from those that a normal RSM or regional manager might have that's more in the sort of care side of things. How does OIS support those regional managers to sort of understand that financial basis and give them It's interesting because when



we first started this and when we were building the OIS, I did think that people may not use the depth and the information that's in there. I thought that they wouldn't probably have sufficient data literacy to understand how data's structured and how you get to an answer like an EBITDA, like what drives the underneath part of that. But what I've discovered is that the staff have actually developed skills that surprise me. They understand what are the drivers. They use the system, the OIS, to look at the accounts. They wish to question finance. They've got our information that they can do that. And they've gradually built a competence beyond what I initially thought was going to be the case. It's also important that even though we have the clinical manager or the RSM, they're actually competent across not just clinical areas, but finance, management, catering. So there's a broad range of skills that Apollo expects that their RSM is able to deliver. The OIS supports those particular skills and those particular needs. So OIS captures a lot of data from a lot of different sources and provides that information through to our RSMs. How can we help those RSMs interpret and make that data useful for them? So the first step I suppose is we've helped them work through and understand how the data is structured and how the summary indicators are built. But of course what we're going to be doing and are doing is using AI to assist them in that area. In a way my team, if you like, we're trying to replace ourselves and make ourselves redundant. So the idea is that we know almost every question and RSM or a catering manager or a lifestyle person would ask because we get asked those questions now and we do analytics and provide those responses. So the AI is really being built around what people are wanting, what people are asking. and we're putting a lot of effort into training it and supporting it so they don't have to be prompt experts but they'll be able to use it straight off the shelf but they'll be able to add and improve it. So the idea is giving them access to



what they need to know as soon as possible in a way that makes sense. So built into OIS there's some AI tooling. Can you tell me what the name of the AI tooling is? The tool's called Max and that's for maximising performance in aged care. Awesome. And why did you decide to go with Max? Max... Sorry. So OIS is in place across many facilities. How have those regional managers responded to OIS and how has that affected their ability to meet the organisational KPIs? I think one of the interesting things is how competitive they all are. So the data's, it's like the democratisation of data. Everybody sees everything at Apollo. So every account, every financial summary, every budget variance, every comparison, you've got to see. So people, interestingly, the managers are very interested in how do I compare to this facility? How do I compare to all of the Apollo facilities? I think as Stephen mentioned earlier, budgets are one thing, but when you can compare yourself to your peers and the information is there for all to see, it creates a competition and an interest that I hadn't thought was going to be possible at the beginning. So we just see the AI is just going to be able to further build on that and make the information even more accessible to people. Awesome, so IIS is a really stable and robust tool as it is at the moment and now we're introducing AI through to that. Can you tell me about how that's progressing? Well, the AI is progressing well. I mean, as you would know, it's easy to say, hard to do. I think the training aspect is pretty hard. I mean, we are linked into OpenAI's tools of ChatGPT5, but it's a private tool, what we have. It's not obviously open to the public or an open environment, so we have to do a lot of the training ourselves. So that training is quite laborious, as you know, and difficult, but Max is going to have aspects built in that will help people with things like master prompt lists, system prompts, drop-downs within Macs that enable people to save material and build on it. So we're trying to build Macs in a way that is as



user-friendly as possible for people that have no IT background, people in catering, people managing lifestyle, and maybe some of the clinical areas where people can get summaries from care plans and progress notes. So that's the challenge at the moment to make sure that what Max responds with is accurate and that's where there's a lot of work happening at the moment. Of course. Each facility has a lot of nuance. How does the AI deal with that nuance and tailoring answers for that specific facility? I think that's one of the great things about the Operations Insight Suite or the Analytics Suite plus MAX is that the solutions are local. So if you've got a particular resident cohort, if you've got a particular staffing model, a particular building environment, then the data that's available and what Max will give you back is something specific for that information, specific to your balance of care, the type of staffing you have and the type of responses. So we try to make it so that it's not a head office imposed vanilla approach, because that's not what Apollo do. It's giving each individual facility the tools to be able to manage its environment and its residents the best way it can. And of course, that's a challenge as well, trying to set it up that way. But that's where Apollo want to go and will go. AI is a very fast moving landscape. Where do you see Max AI and OIS being in the next sort of two to three years? Well, AI is the worst it's going to be ever at the moment, so asking me to predict something in the future, I'm not, I can't be 100 per cent sure. I suppose recent evidence in the States says that a lot of the entry level jobs are being hit, particularly in AI areas where people are subject to AI impacting them. But I do think in aged care we're always going to need the direct care people and people supporting residents. We're not ever going to be getting rid of those sorts of people. I do think we're going to find head office costs will eventually reduce because we won't need as many people. For example, my team probably will



be not needed or you'll only need one person to do that. But I think also, as Stephen mentioned, maybe AI is going to help smaller providers to survive. It's going to give them the tools and power that they couldn't possibly build themselves, and it's going to help regional facilities in particular that are isolated, because then they'll have the power of AI to do what a team of analysts used to do. Let's say head office costs are going to reduce, it's going to become more efficient, but direct care people, people supporting residents directly, that's not going to change. We're still going to need those people. You mentioned that AI is advancing and potentially might help optimise some of those head office level actions. What impact do you think it will have on the residents? Do you think it's going to improve care? AI is going to be able to look at, for example, care plans, progress notes, and assessment information. And it's going to be able to, once it's fully developed, look to see if there's inconsistencies in the information, to be able to see if it's maybe out of date. to be able to then provide advice on updating that information. So in that sort of clinical area, I think it's going to be able to provide better information on the resident and therefore hopefully have better assessments and better outcomes for people. In terms of lifestyle, obviously AI can look at the histories and the notes and the information and provide information about who I am as a resident, what I like to do, what are my preferences, and make that more available to everybody in the facility, whether it's care staff or clinical staff or hotel services staff. because the AI can look across those things and tell me the preferences that Richard has, and immediately it can provide it for me. So, I mean, I think there's enormous benefits that AI can provide for residents if we use it well, but it's going to depend on the quality of the information that's available in the systems, how accurate and how up-to-date it is. And AI is going to help in that area as well. Awesome, so OIS and obviously MaxAI is



available to our RSMs. What are some of the common questions that you see RSMs asking? At the moment people are asking more basic questions, but some of them it might seem a basic question. So for example, you might ask, last month I noticed that we spent more than we actually earned to provide resident care. Why is that the case? So you've got to understand there are hundreds of accounts that would impact that question. So, what we're building with Max are pathways that Max can go through and analyse that information, so a workflow if you like. So Max would first look and say, where is the problem here? Is it an income or expenditure? So Max would work out, okay, it's actually an expenditure problem. then Max would look and say, well, what expenditure is the problem? So Max goes and has a look and says, oh, OK, compared to budget or compared to last month, we can see that you spent more money in nursing care areas. Max would look at that and say which areas, which might be, for example, RNs or RN shifts. I'm just using this as an example. I don't want RNs to think I'm targeting them. But then you would ask Max and structure it into the workflow whereabouts. And Max might say, actually, Saturday evening shifts, the RNs we have on are the most expensive that we've got in the facility and their allowances are higher. So Max would look at, well, can I make some suggestions and maybe find other staff that could be suggested for those shifts and give you an example of what difference that would make.