

Case Study – Interim HealthCare – Great Lakes Region

Centralizing DME Across Five Hospice Offices with Qualis

At a Glance

Interim HealthCare of the Great Lakes Region, which oversees hospice services across Wisconsin, Indiana, and Minnesota, faced significant inefficiencies in how Durable Medical Equipment (DME) was ordered, tracked, and managed. Managing five hospice locations, each with varying vendors, inconsistent processes, and fragmented communication, left staff burdened and families waiting.

After adopting Qualis, Interim not only unified its DME management across state lines but also improved response times, reduced internal confusion, eliminated many service failures, and gained the visibility required to make cost-effective decisions. The shift brought more than just relief to clinical teams – it restored confidence in operations and delivered a smoother experience to patients and families alike.



“It was just hard to keep track. None of it was online. Some vendors snail-mailed invoices, others emailed. And because every vendor did things differently, it was nearly impossible to calculate our DME spend accurately or compare across locations.”

Shinae Reynolds, Regional Vice President for Hospice



The Challenge:

Dysfunctional DME System

Before adopting Qualis, Interim's DME system functioned more as a patchwork than a cohesive process. Each location, especially the high-volume Wausau office, relied on its own vendors, which meant different systems, procedures, and billing formats. Without centralized management, tracking orders or understanding how much was being spent on equipment per patient became an uphill battle. There were five major pain points:



- **Inconsistent Vendor Communication:**
Nurses and staff had to call vendors directly for updates, often spending 30+ minutes per day tracking down equipment delivery status.
- **Service Failures:**
Delays were frequent, and there was no centralized way to confirm or escalate issues. This created gaps in care for patients and families.
- **Administrative Burden:**
DME ordering processes were disjointed. Some locations used different vendor platforms, while others relied entirely on phone calls.
- **No Unified Visibility Into Spend:**
Invoices arrived in different formats, often per patient, and were split between formulary vs. non-formulary charges. This made PPD tracking or comparison between sites nearly impossible.
- **Fragmented Operations Across Offices:**
Each office had different vendors, platforms, and points of contact. Managing five distinct DME ecosystems was time-consuming and inefficient.

These inefficiencies extended to patient care. Because equipment updates weren't always immediate or accessible, it was harder to respond quickly to hospital discharges or urgent hospice admissions. Staff did their best to manage expectations, but delays were common, and families sometimes called with concerns that couldn't be answered right away.

The Solution:

A Better Way with Qualis Hospice DME Management

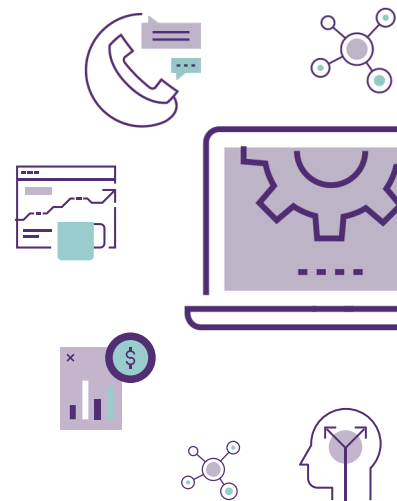


Recognizing that their current model was unsustainable, Interim's leadership began looking for a better approach to DME coordination. The tipping point came when delays became more frequent, and vendors offered little visibility or ownership of outcomes. After exploring several

options—and being approached regularly by alternative DME solutions—Interim chose to work with Qualis. Qualis provided Interim with a centralized digital platform to manage all DME activity across all five offices and vendor partners.

Key capabilities included:

- Clear communication between hospices and vendors
- Multi-user access for nurses, intake, social workers, and leadership
- Integrated vendor coordination with performance monitoring
- Invoice standardization and spend analytics across locations
- Ongoing support and responsiveness from the Qualis customer service team



Each office was onboarded onto the platform with coordinated leadership support. New users were trained via simple instructional videos. Within a few weeks, the fragmented ordering and communication structure was replaced by a clear, centralized workflow.



“The platform was really easy to use. Even when we brought on new nurses or onboarded a new office, it was smooth. No one ever says Qualis is hard to learn - and I can't say the same for other systems.”

Shinae Reynolds, Regional Vice President for Hospice

The Implementation:

A Simple Transition

Implementation across multiple locations is often where new systems fall apart. But in this case, Qualis delivered a smooth, organized rollout that made it easy for teams at all five hospice offices to come on board.



The process began with meetings among leadership and directors, ensuring everyone understood what was changing and why. From there, each director worked with their teams to get nurses, intake staff, and social workers trained. New users were added easily, and most onboarding was completed through short training videos. Staff found the interface intuitive and required minimal support after the initial setup.

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The new process freed up time, reduced errors, and let her focus on bigger-picture responsibilities. Nurses no longer had to toggle between different vendor portals—or worse, pick up the phone and wait on hold—to confirm deliveries.

When Interim later acquired a sixth office in Rochester, MN, Qualis worked with the team to ensure no equipment gaps during the switch and communication remained strong throughout. Even with new staff coming on board frequently, the process of adding users and training them remained consistent. The ease of use helped maintain momentum, reduced onboarding friction, and made it possible to roll out updates across offices without confusion.

The Result: Improvements Across the Board



- **Equipment Deliveries Became Predictable and Timely**

Hospice admissions became easier to manage, including same-day and urgent hospital discharges. Staff could confidently explain delivery timelines to families while still on the phone.

- **Nurses Gained Time Back for Patient Care**

Instead of spending time chasing orders, nurses and intake teams now manage equipment within the portal. Visibility has reduced unnecessary phone calls and restored clinical focus. With 15-20 nurses each saving at least 30 minutes a day, the cumulative time savings are substantial. That reclaimed time has been redirected into patient and family care.

- **Fewer Service Failures and Easier Issue Resolution**

Directors and leadership no longer have to manually investigate issues. Qualis now tracks, documents, and helps resolve any delivery delays or service lapses. The volume of complaints, and patient families no longer report DME as a pain point in CAHPS surveys.

- **Financial Visibility Improved**

With a consistent invoicing process and spend tracking per location, Interim can now accurately monitor PPD and respond quickly if costs increase. When concerns arise, Qualis provides recommendations and data to support better decision-making.

- **Implementation Across Multiple States Was Smooth**

Despite concerns about complexity, all five offices were onboarded without issue. Leadership coordinated implementation through directors, who then trained staff easily using Qualis-provided resources.

“We’re definitely getting the equipment sooner now. And that makes a big difference when trying to admit patients quickly or coordinate with facilities... and every time I reach out to Qualis with questions about spend, I get clear data and practical advice. It’s helped me keep our numbers in check.”

Shinae Reynolds, Regional Vice President for Hospice



The Conclusion: More Clarity, Consistency, and Confidence

For Interim HealthCare's Great Lakes hospice programs, the shift to Qualis has been about more than convenience. It's been a shift towards clarity, consistency, and confidence.

Hospice care is demanding, and operations need to support, not slow down, clinical excellence. By centralizing DME ordering, standardizing communication, and gaining real-time insight into equipment usage and costs, Interim now operates with fewer disruptions and more control.

This has allowed staff to focus on patients, freed directors from constant troubleshooting, and brought alignment across multiple states and vendor relationships.

As Interim continues to grow and serve diverse communities, the ability to manage DME in a simple, predictable way remains a key part of their ability to deliver excellent hospice care.



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