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Health



Resident Care Runs on Technology. Is Yours Keeping Up?

A thought leadership brief for skilled nursing facilities, rehab centers, and long-term care organizations



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The Weight of the Work

Post-acute care never stops. Residents with serious, complex medical needs depend on care teams that are present, informed, and uninterrupted. Every shift runs on systems working in the background — the device at the nurses' station pulling up a care plan, the workstation documenting a medication administration, the endpoint coordinating a transfer between facilities.

Technology is no longer a support function in these environments. It is the

connective tissue that holds care delivery together. It also holds something else: the medication histories, care records, and personal health data of some of the most vulnerable patients in the care continuum. Healthcare is one of the most targeted industries for cyberattacks — and according to Ponemon Institute and Proofpoint, 68% of healthcare organizations say those attacks disrupted patient care quality, with 56% reporting poor patient outcomes as a direct result.¹

¹ Ponemon Institute / Proofpoint, "Cyber Insecurity in Healthcare," 2024.



The Operational Reality of Post-Acute Care

Post-acute IT teams are lean by design. The same person managing infrastructure at one facility is often responsible for three, five, or more locations — sometimes without dedicated on-site support at any of them. Many post-acute organizations are running device fleets that were never standardized to begin with — different generations, different configurations across locations, some well past their useful lifecycle. The same workstation that was adequate for basic documentation three years ago is now running a full EHR platform across multiple applications every shift. When systems slow or devices fail at the point of care, documentation falls behind. Medication records become unreliable. Care coordination gaps open up.

The financial pressure compounds it. Operating costs across healthcare rose an average of 11.1% in 2025 — while reimbursement rates stayed fixed.² There is no slack in that equation to absorb an emergency device replacement, a break-fix call that arrives two days late, or the cascading cost of a security event. Post-acute organizations operate under the same HIPAA liability as hospitals, with far fewer resources to manage it.

Fragmented, aging device fleets don't just create IT problems. They make every other operational challenge harder than it needs to be — and in post-acute care, there is no margin for that.

² MGMA Stat, "Medical practice operating costs are still rising in 2025 — here's how to control them," June 10, 2025.



A Steady Foundation Is a Care and Business Decision

The organizations getting ahead of these challenges share something in common. They standardized. Not just their devices, but their approach — one platform, consistent across every facility, managed from a single point, built to last across the full device lifecycle.

Standardization in post-acute care is a care and business strategy. Technology reliability is not a background IT concern — it is the

foundation that every other operational priority is built on. Care documentation, compliance, staff efficiency, financial predictability. When the foundation is uncertain, everything built on top of it is uncertain too.

The post-acute organizations running well right now are not the ones that found ways to work around their technology. They are the ones that stopped having to.

From Reactive to Ready

Getting there starts with one decision — standardizing on a device fleet that is built for the work, supported over a full lifecycle, and managed through one relationship instead of many.

Care Reliability and EHR Performance

Clinical staff moving between facilities need EHR sessions that perform consistently — same device behavior, same documentation workflow, same response times regardless of which building they are in. Enterprise-grade endpoints built for long shift hours and multi-application workloads make that consistency possible. When every facility runs the same hardware, the same imaging process, and the same support baseline, complexity drops and control increases. Devices arrive as ordered and on schedule — backed by a supply chain Gartner ranks 8th globally.³ Lenovo TruScale DaaS means the refresh doesn't have to be a capital event at all. Lenovo ThinkCentre and ThinkPad running AMD Ryzen™ PRO processors are built for exactly this environment.

Security by Architecture

Security posture in post-acute care has the same requirement it has everywhere else — every device, across every facility, needs to carry the same baseline protection. With lean



teams managing multiple sites, the only way to guarantee that consistency is to build it into the platform rather than rely on configuration. AMD Ryzen™ PRO processors build that protection into the silicon, and Lenovo ThinkShield extends it through the supply chain and firmware layer. That combination establishes a posture that holds up under a HIPAA audit or a CMS survey — consistently, across every device, regardless of facility. Healthcare has been the highest-cost industry for a data breach for thirteen consecutive years. The average incident in 2024 ran \$9.77 million and took 258 days to identify and contain.⁴ For a post-acute organization on thin margins, that is not a recoverable number.

Financial Predictability

In a sector where reimbursement updated 4.2% in FY2026 while operating costs rose 11.1%, every predictable variable matters.⁵ Long device lifecycles eliminate the unplanned capital expenditure that aging fleets generate — removing one of the few cost categories that tends to surprise rather than forecast. Energy-efficient endpoints compound that advantage: energy-efficiency programs save more than \$55,000 annually per facility, a figure that scales directly across a multi-facility fleet.⁶ For organizations ready to take the unpredictability out of the hardware budget entirely, TruScale DaaS means devices arrive ready to use and the cost is forecastable from day one.

⁴ IBM Security (research conducted by Ponemon Institute), “Cost of a Data Breach Report 2024.”

⁵ Centers for Medicare & Medicaid Services, FY2026 SNF PPS Proposed Rule (CMS-1784-P), April 30, 2025.

⁶ Chen-Xu J, et al. “Interventions for increasing energy efficiency in hospitals.” Cochrane Collaboration, 2024. PMCID: PMC10913717.

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The Right Technology Partner Makes the Difference

The right technology partner knows post-acute care. They understand what standardization looks like across multiple facilities, how to plan a deployment that doesn't disrupt the care schedule, and how to build a lifecycle plan that works within fixed reimbursement constraints.

Talk to your technology partner about Lenovo + AMD solutions for post-acute care — and find out what resident care looks like when the technology is ready for what comes next.



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