At the Heart of Cardiac Imaging Solutions in Australia

Q&A

Plan Rigorously, Respond Flexibly

How Barwon Health upgraded its cardiology system during COVID-19

Tharien Du Plessis

Cardiac Services Manager

Geelong Hospital, part of Barwon Health

Tharien Du Plessis leads a team of 37 cardiac technologists at Geelong Hospital, part of Barwon Health, in Geelong, Australia. She led an upgrade of her department's cardiology system during COVID-19 and, in this interview, describes some of the challenges she and her team faced before and during implementation, as well as the leadership and teamwork that made the project a success.

Can you describe the circumstances that led you to undertake the cardiology-system upgrade? Was your overarching goal to ensure interoperability among the organization's portfolio of technology?

Our first goal was to look for a solution that would complement and extend our aging system. Our second goal was to meet the expectations of all our users. And our third goal was to stay focused on creating a seamless and stress-free transition while continuing to provide care to our patients. A lot of time was invested in the planning phase to give us the best chance to achieve all our goals, as we had no magical wand to wave. Paramount to our success was also partnering with a technology provider that was willing to work with us and listen to us in finding solutions and meeting the expectations of all users.

What were some of the challenges you encountered once you committed to this path?

We were faced with multiple challenges in the implementation of our new system. There were the usual ones: finances, ensuring that we could satisfy clinical expectations, technical support, and achieving buy-in from all our users. We worked in partnership with our technology provider to make sure that our clinical expectations and needs for the system would be satisfied. In technical support, we selected a provider that could support our IT help desk and solve problems as they happened. But, primarily, we took time defining what our users wanted, and we utilised a very experienced clinical team to guide us. It was all going well and all was on track until …

What happened? Was it COVID-19-related?

The first disaster that struck early in the program was a cyber-security breach, and all systems came to an immediate halt. In response, firewalls went up by the thousands and we couldn't access any systems or any images. But we worked through this and resumed progress toward the second stage of implementation. And then the second disaster struck. That was COVID-19. All our plans just went through the window. And we had to restate, rethink, and restart everything. For instance, we had to move from on-site training and education to remote training. But in the end, with the support of our technology providers, we reached all our goals. And the support of all the stakeholder groups made it an easy transition for us moving from the old

to the new system. So, in the end, all was good, but it was a hard and bumpy road. It turned out to be a great team-building experience for all of us and a "fun" project—in hindsight.

Can you describe some of the benefits you are seeing from an operational or clinical perspective?

Since the upgrade, and because of a user-friendly system, we were able to optimise the intuitive reporting package and improve our workflow with the well-designed, structured reports. Automated reports are sent out to multiple selected physicians—once we hit the reporting button, it automatically syncs to our imaging and our information systems and sends out the report directly to the referring doctor and all the other doctors who are copied on the report. That makes it much easier for us to be certain that the reports are sent out immediately and that they are available at the other end of the line.

Based on your experiences, what lessons can you share with your colleagues?

First, it is essential to allocate sufficient time for the project. Our targeted approach included all the specialties, looked at all the reports generated, and identified all the requirements needed—and only then defined the solution. If you don't take time to do this, it won't happen by itself.

Second, flexibility and experienced key players. We had to be responsive to developments in real time, and so did our technology provider. We had a fantastic help desk leader, Mitch Grayland, here at Geelong Hospital who organised all the IT support, all the meetings, the connections, and the interoperability. We had to think on our feet and adjust to everything—new timelines, new formats for training, and other challenges. Key to this success was a very experienced "can-do" team, Jayne Stephenson and Lee Taylor, that ran with me. Without them it would not be possible.

Finally, to ensure buy-in we really had to listen to end users. We found that keeping them up to date with everything we did was critical for training, implementation, and acceptance.

Visit us online or to learn more about Clinical Perspectives on Cardiology Imaging in Australia, watch the webinar.

Produced by HIMSS