Health Roundtable Imaging Innovations

20 July 2022

HEALTH ROUNDTABLE

Acknowledgement

We acknowledge the Traditional Owners of the lands on which we are meeting today.

We pay our respects to their Elders, past, present and emerging, and any Elders from other communities who may be here today.

HEALTH
ROUNDTABLE

Health Roundtable Program Lead

Steve Bickford

Program Lead
Emergency, Surgical Journey, Imaging & Allied Health

Mob: +61 418 638 770

Email: steve.bickford@healthroundtable.org

LinkedIn: https://www.linkedin.com/in/steve-bickford-0204b2a/

Background

- Radiographer
- Director of Medical Imaging
- Divisional Director of Critical Care & Perioperative Services
  - Allied Health
  - Emergency
  - Imaging
  - Surgery & Perioperative
  - Intensive Care
- Consultancy
- Health Roundtable

The Health Roundtable CRMS

Charles Dinnell
New South Wales & ACT

Alex Carrasco
Queensland

Elizabeth Norman
New Zealand

Josh Gladstone
Victoria and Tasmania

Ryan Teague
South Australia

Pam O'Nions
Western Australia and Northern Territory

About the Health Roundtable

25+ Years

Not for profit

200+ Hospitals

Member Driven

Data & Analytics

Benchmarking for improvement

Shared Innovations

Collaboration

Honour Code

Members agree not to distribute Health Roundtable Data or reports identifying any member to non-members without the unanimous consent of all those identified, unless required by law.

Members shall not criticise the performance of other member hospitals or use any information to the detriment of a fellow member.

HEALTH
ROUNDTABLE

About the Health Roundtable

Each hospital submits emergency, inpatient, outpatient and other Casemix data and receives a suite of benchmarked **Core** reports as follows:

- Executive Briefings
- KPI Performance Indicator Reports
- National Standards Indicator Reports
- Inpatient Briefings by Department and DRG
- Hospital Acquired Complication Reports
- Outpatient Reports

Each hospital member can additionally join several **Programs** such as:

- Finance & Costing
- Sub-acute Care
- Allied Health
- End of Life
- HITH
- **Imaging**
- Maternity
- Medical Patient Journey
- Medication Safety
- Nursing
- Paediatrics
- Surgical Journey
- Integrated Care
- Emergency Care
- Patient Blood Management
- Workforce Wellbeing
- Mental Health
- Patient Safety
- Trauma
- Organisational Culture

Programs Overview

What do the Health Roundtable Programs do?

- ✓ Flexible Analytical Dashboards
- ✓ Dashboard Onboarding
- ✓ Workshops & Webinars
- ✓ Innovation Archive
- ✓ Networking & Collaboration
- ✓ Customised Briefings

Imaging Content for 2022

Webinar 1: 20 July 1300-1430pm AEST

- Innovation Sharing by Members

Face to Face workshop: 18 & 19 August 2022

Themes:

I.	AI-supported radiology reporting	Prof Meng Law / Dr Warren Clements	The Alfred
II.	Managing Shortages of Critical Resources	Michael Rice / Dr Dani Ko	Qld Health / The Austin

Innovation Sharing by Imaging Members

Agenda

Our presentations today are as follows:

Get well soon Mike.
Maybe at the Workshop?

• ~~Michael Neep~~	~~Logan~~	~~Radiographer Clinical Assessment~~	~~Prof Development~~
• Ben Rowney	PAH	Urodynamics for Spinal Injuries Patients	Clinical
• Michael Huynh	Austin	High-level Disinfection of Transducers	Safety
• Ben Morgan	Alfred	Using PowerBI to solve problems	Data Integrity
• Poonam Kumar	Townsville	Increase 24/7 Onsite Capacity	Leadership
• Nicole Hosking	Austin	Role-based Communication app	Hospital Quality

Health Roundtable

Imaging Program Innovation Session

20th July 2022

Solving a 40-year issue. The implementation of a radiographer clinical assessment to improve the quality of medical imaging requests

Organisation Name: Logan Hospital, Metro South Health

Presenter's Name: Michael Neep Phone: 3299 8040 Email: Michael.neep@health.qld.gov.au

Add hospital logo

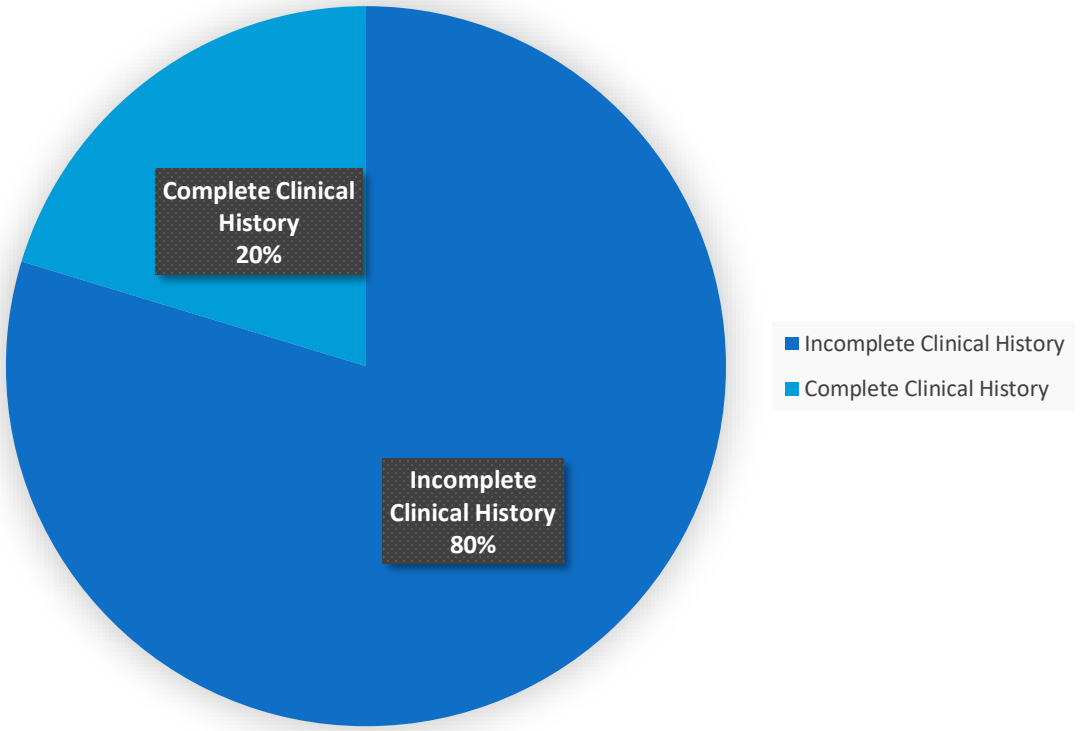
Key Problem

- Since the 1980's clinical history on request forms have been questioned (Maizlin & Somers, 2020)
- 30 - 77% of medical imaging examinations are considered inappropriate or unnecessary (Malone et al, 2012)
- Incorrect/ incomplete information on medical imaging requests causes more than half of patient safety and handover error incidents (Kruse et al, 2016)

Aim of this Innovation

- To improve the quality of clinical details documented on a medical imaging request

Baseline Data / Current Situation

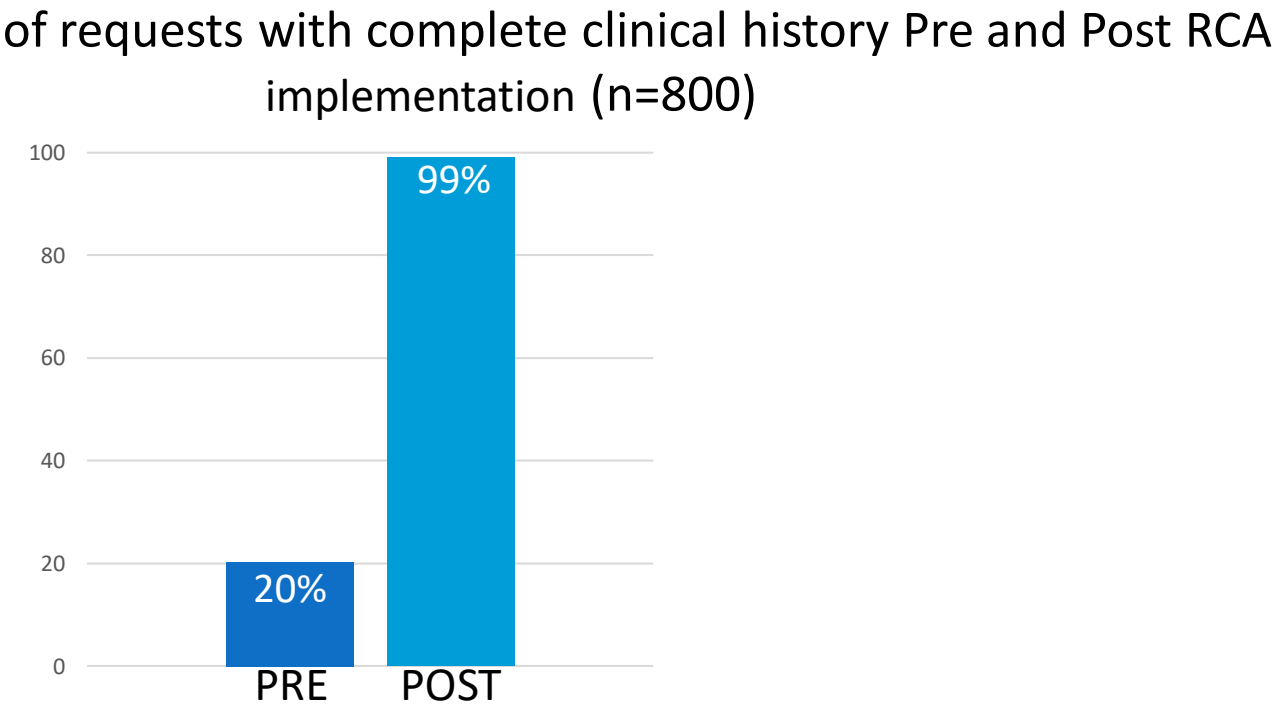


Percentage of requests with complete and incomplete clinical history (n=400)

Key Changes Implemented

- Developed Work Instruction – Radiographer Clinical Assessment (RCA)
  - RCA involves the radiographer obtaining the following information from the patient immediately prior to imaging:
    - Mechanism of injury
    - Time of injury
    - Site of maximum bony tenderness
- Developed supporting education
- Implemented RCA
- Evaluated trial

Outcomes so far



- Due to the **success** of the trial, this quality improvement initiative was permanently implemented.

Lessons Learnt

- The implementation of an RCA improves the quality of x-ray requests.
- This is likely to have a positive impact on the patient pathway and overall patient care.

Innovation Summary Slide

Title: Solving a 40-year issue. The implementation of a radiographer clinical assessment to improve the quality of medical imaging requests

Health Service: Logan Hospital

Problem	Requests for medical imaging are the primary communication tool between clinicians and radiologists when ordering imaging studies. For the past 40 years, the quality of clinical details on request forms has been questioned. . It is not uncommon to see requests that supply insufficient clinical information, for example, “Trauma, rule out abnormality”. Such requests can have detrimental effects including diagnostic errors and reduced quality of radiology reports.
Solution	Implement a Radiographer Clinical Assessment (RCA) to improve the quality of clinical details documented on a medical imaging request. An RCA is a system of documenting necessary additional clinical information on a medical imaging request, to assist the radiologist and ensure appropriate patient imaging ensues.
Outcomes	Implementation of a Radiographer Clinical Assessment improves the quality of x-ray requests and this in turn is likely to have a positive impact on patient care. Due to the success of this trial, this quality improvement initiative was permanently implemented.

Photo of Presenter

Insert image caption here

Presenter's Name: Michael Neep	Phone: 32998040	Email: Michael.neep@health.qld.gov.au

Health Roundtable

Imaging Program Innovation Session

20th July 2022

Urodynamics and Spinal Cord Injuries

Organisation Name: Princess Alexandra Hospital
Queensland Health

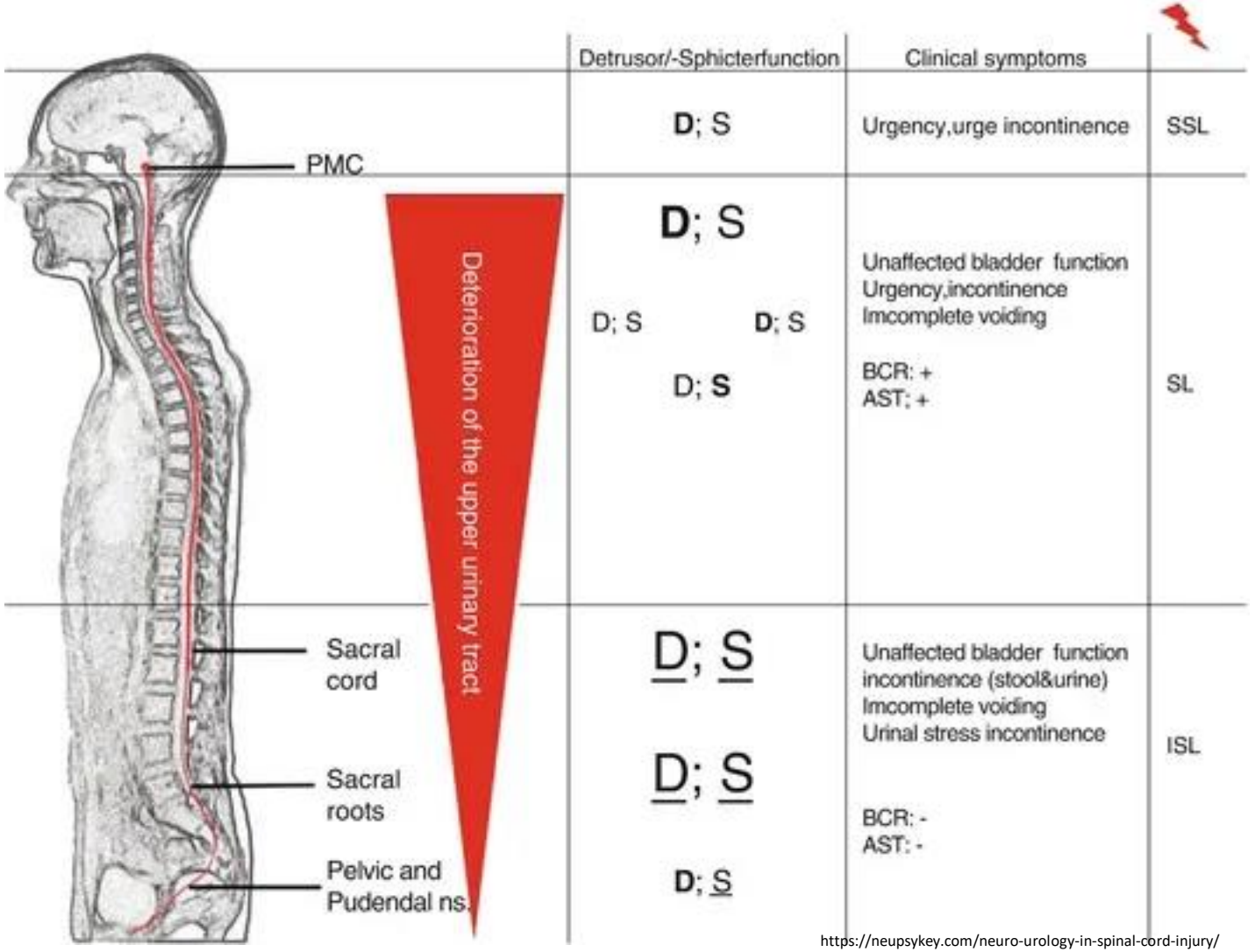
Metro South Health | Queensland Government

Presenter's Name: Ben Rowney Phone: 0731762257 Email: ben.Rowney@health.qld.gov.au

Princess Alexandra Hospital

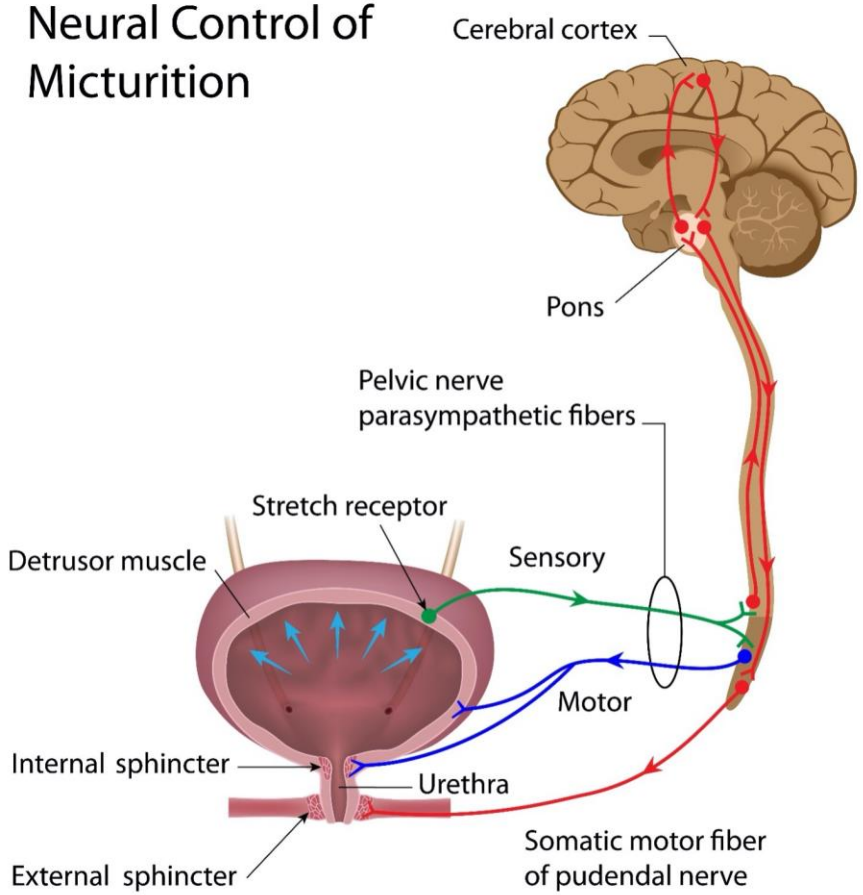
- Spinal Injuries Unit
- Urology Unit
- Medical Imaging Department

Spinal Cord Injury and Urological Pathology



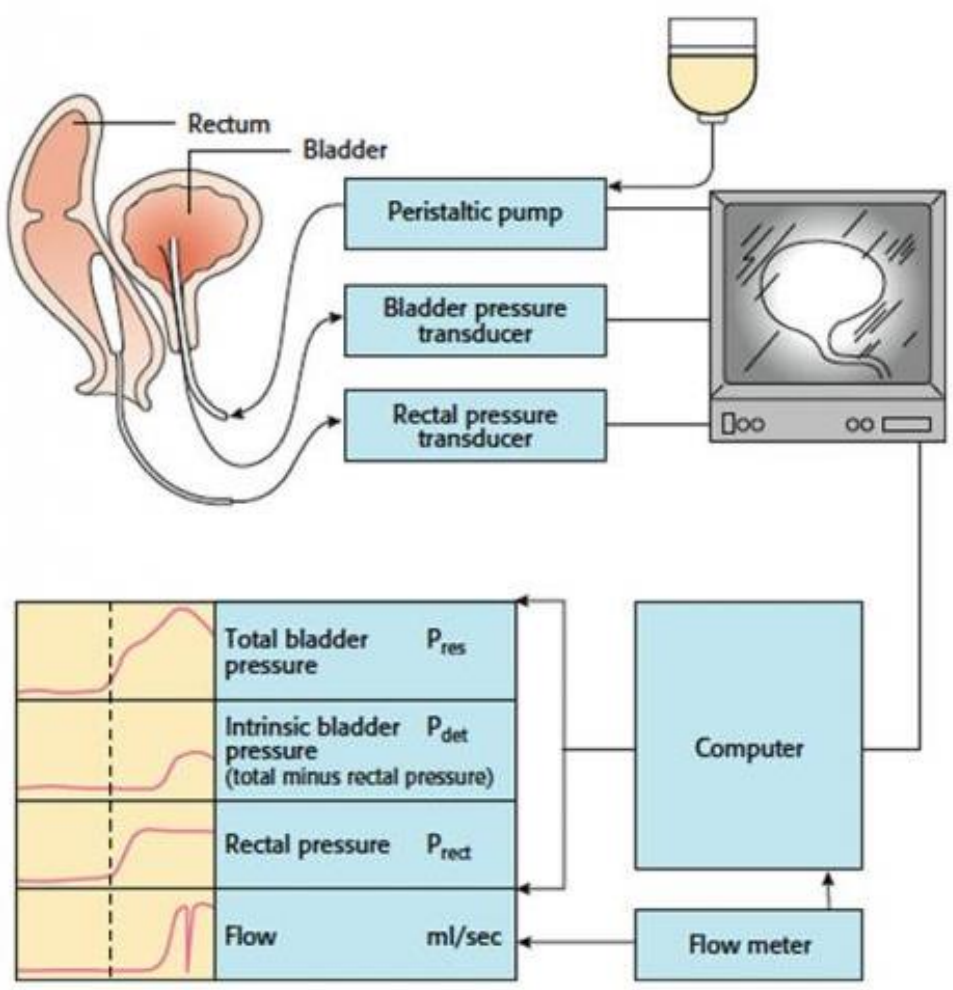
	Detrusor/-Sphicterfunction	Clinical symptoms	
PMC	D; S	Urgency,urge incontinence	SSL
Deterioration of the upper urinary tract	D; S D; S D; S D; S	Unaffected bladder function Urgency,incontinence Imcomplete voiding BCR: + AST: +	SL
Sacral cord	D; S	Unaffected bladder function incontinence (stool&urine) Imcomplete voiding Urinal stress incontinence	ISL
Sacral roots	D; S	BCR: - AST: -	
Pelvic and Pudendal ns.	D; S		

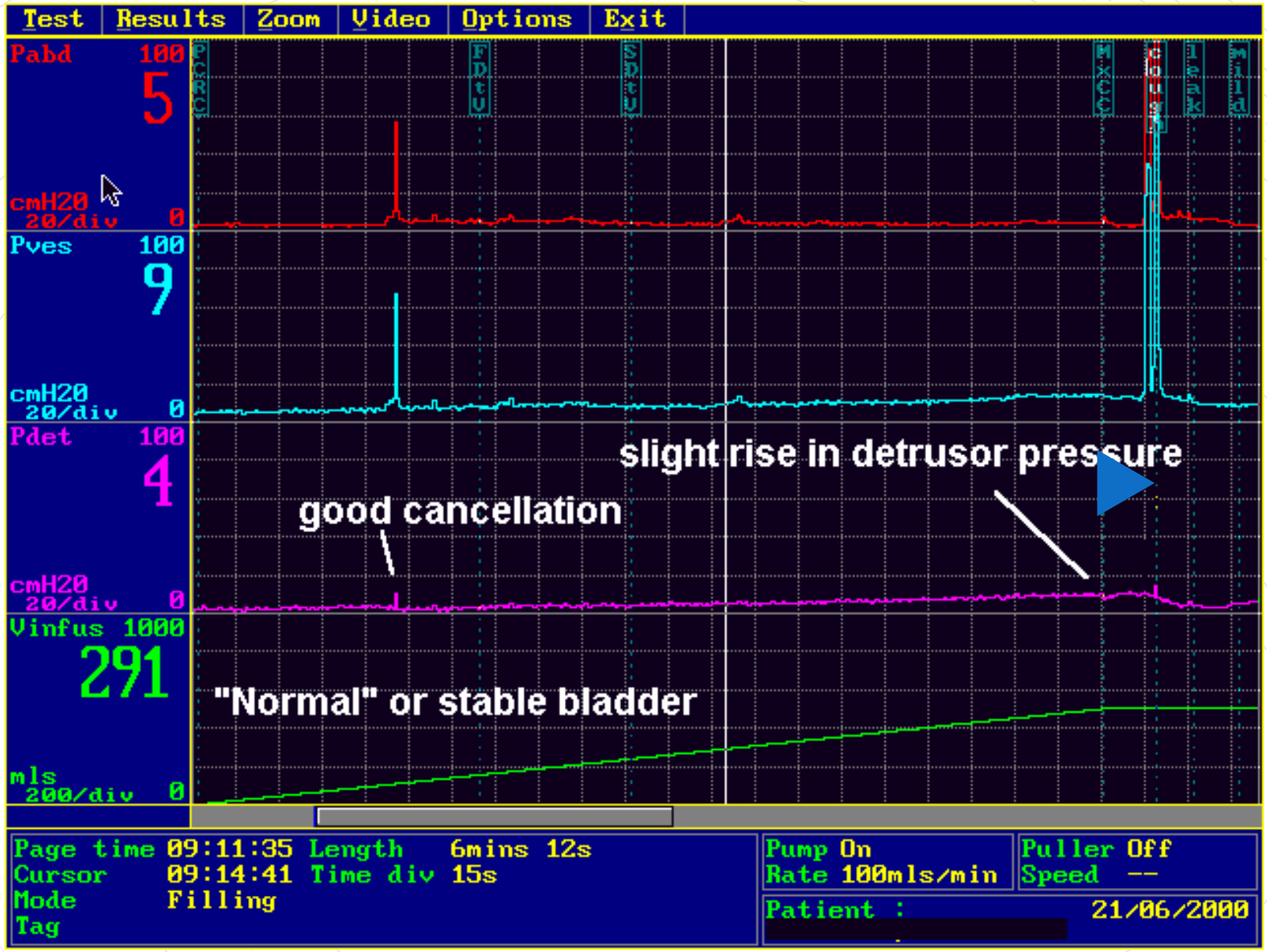
Neural Control of Micturition



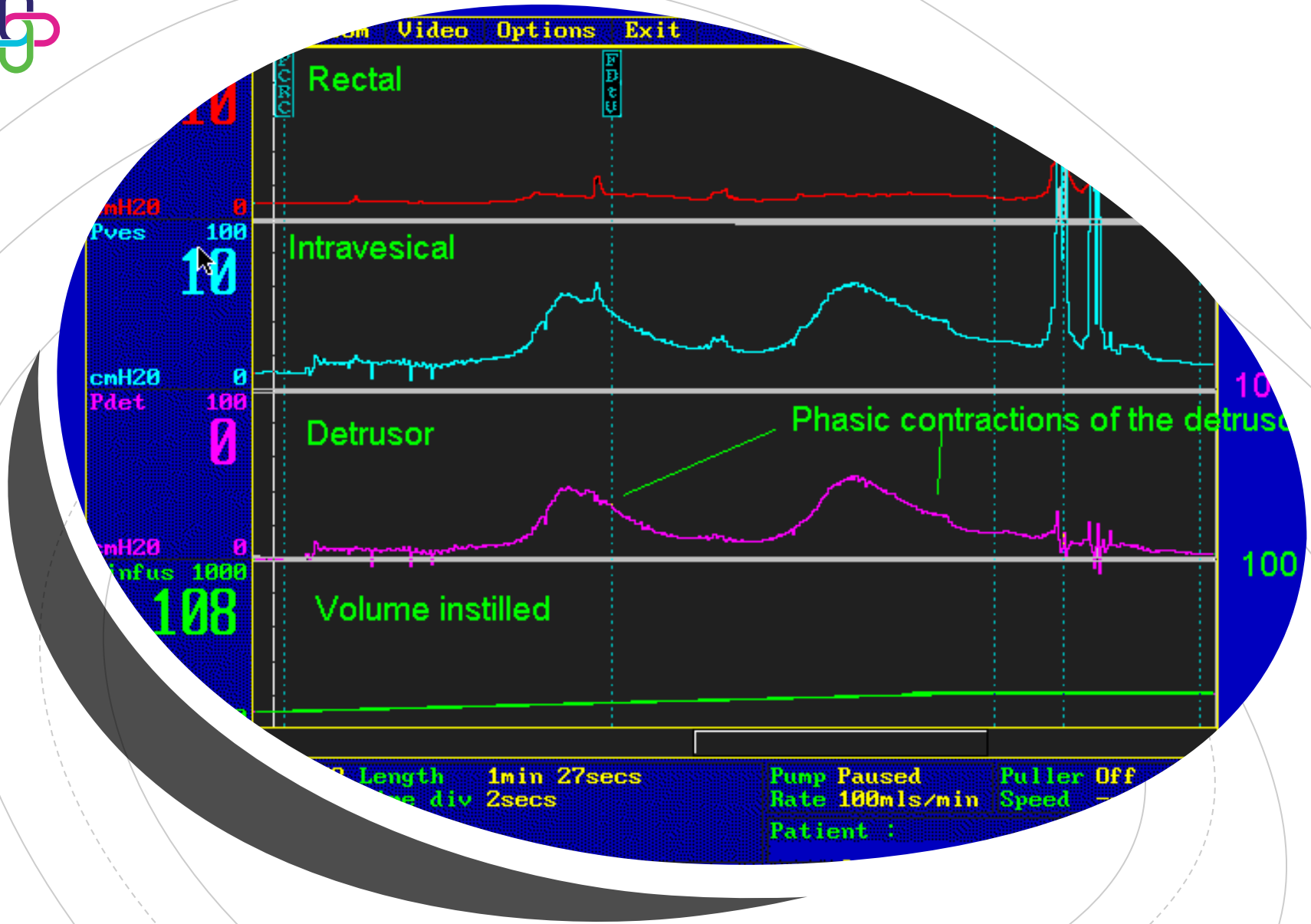
https://neupsykey.com/neuro-urology-in-spinal-cord-injury/

Urodynamic Test





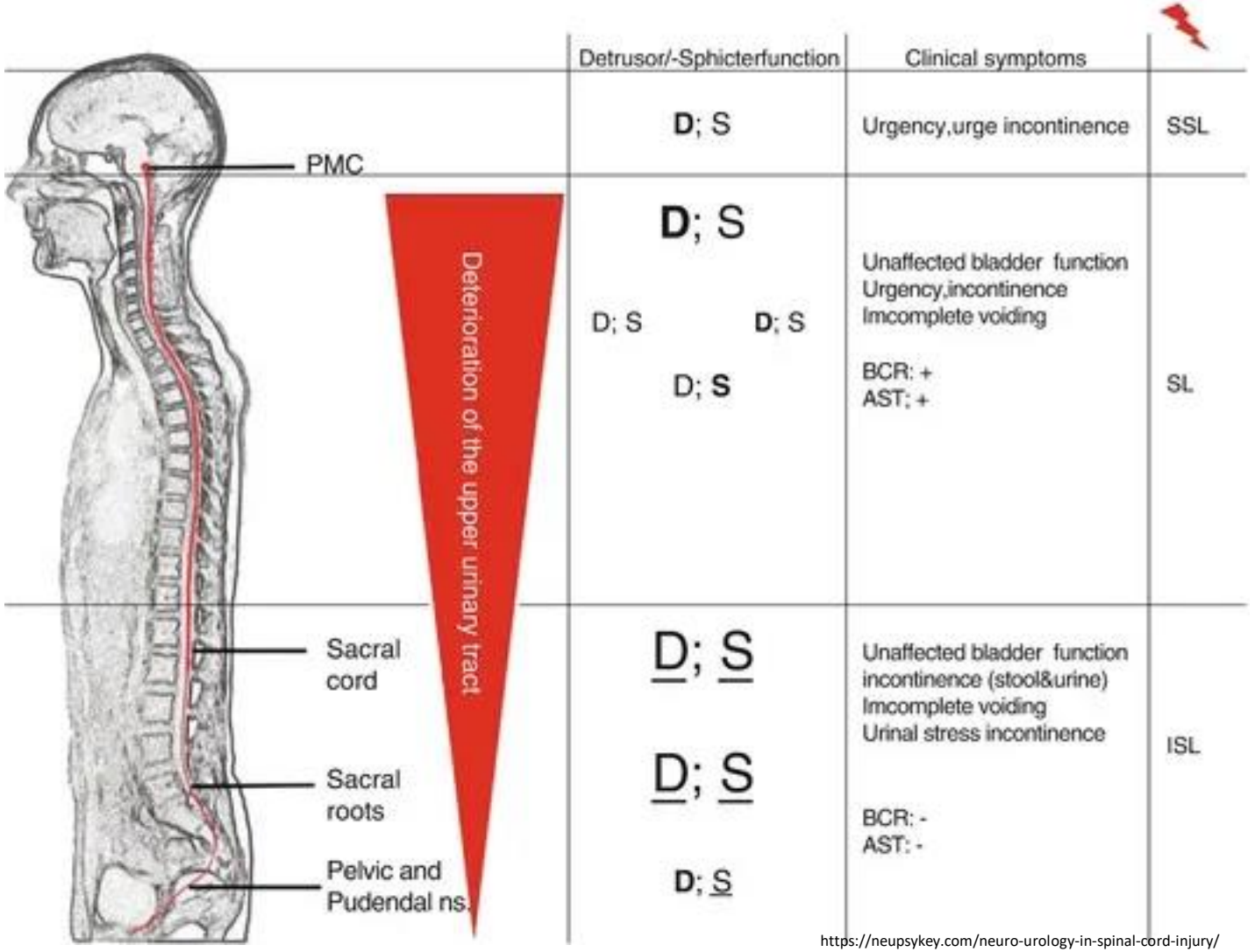
Stable Bladder



Detrusor Overactivity

Reflux

Spinal Cord Injury and Urological Pathology



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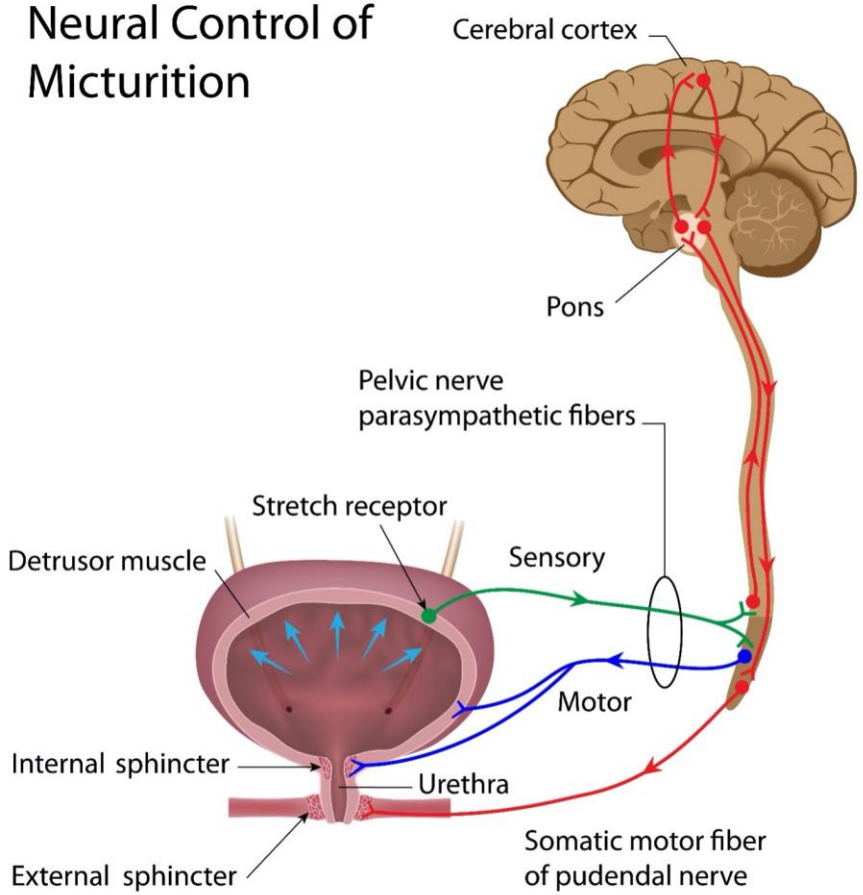
Neural Control of Micturition



https://neupsykey.com/neuro-urology-in-spinal-cord-injury/

Lessons Learnt

Innovation Summary Slide

Title: Urodynamics and Spinal Cord Injuries Health Service: PAH, QLD Health

Problem	Spinal Cord Injury patients have higher morbidity as a result of undiagnosed and untreated urinary tract pathologies. Spinal Cord Injuries are inherently complex and may partially allow the integration and modulation of complex micturition signals at multiple levels of the nervous system. Multiple level injuries coexisting often result in unpredictable mixed voiding dysfunction that cannot be assessed with static testing.
Solution	Urodynamics is a valuable diagnostic tool for functional urology assessment with sensitivity to detrusor and or sphincter dysfunction. It provides valuable insight into dynamic analysis of patients with spinal cord injury, and can enable preventative medical intervention into urological dysfunction. The history and physical examination alone cannot determine the type of bladder and sphincter function in a person with a spinal cord injury. The only reliable and reproducible test is a complete urodynamic study for specific identification of dysfunction and pathological involvement.
Outcomes	New service established as a multidisciplinary partnership between Spinal Injuries Unit, Urology Department and Medical Imaging Department. Improved patient outcomes for a vulnerable cohort.

Metro South Health | Queensland Government

Presenter's Name: Ben Rowney	Phone: 0731762257	Email: ben.rowney@health.qld.gov.au

Health Roundtable

Imaging Program Innovation Session

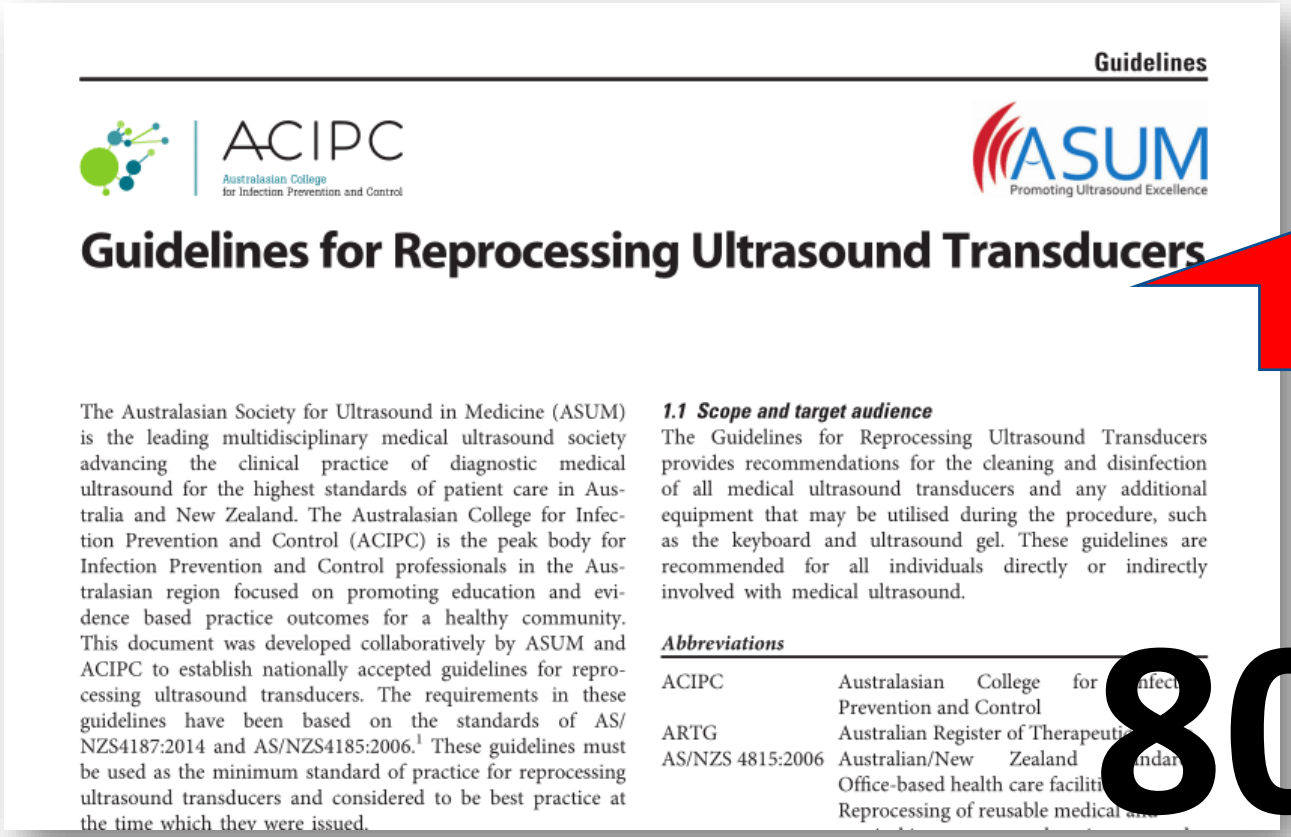
20th July 2022

ETMS: Austin's Electronic Solution for AS4187 High Level Disinfection Documentation

Organisation Name: Austin Health

Presenter's Name: **Michael HUYNH** Phone: **03 9496 2264** Email: **Michael.huynh@austin.org.au**

Key Problem



Guidelines

ACIPC
Australasian College for Infection Prevention and Control

ASUM
Promoting Ultrasound Excellence

Guidelines for Reprocessing Ultrasound Transducers

The Australasian Society for Ultrasound in Medicine (ASUM) is the leading multidisciplinary medical ultrasound society advancing the clinical practice of diagnostic medical ultrasound for the highest standards of patient care in Australia and New Zealand. The Australasian College for Infection Prevention and Control (ACIPC) is the peak body for Infection Prevention and Control professionals in the Australasian region focused on promoting education and evidence based practice outcomes for a healthy community. This document was developed collaboratively by ASUM and ACIPC to establish nationally accepted guidelines for reprocessing ultrasound transducers. The requirements in these guidelines have been based on the standards of AS/NZS4187:2014 and AS/NZS4185:2006.[1] These guidelines must be used as the minimum standard of practice for reprocessing ultrasound transducers and considered to be best practice at the time which they were issued.

1.1 Scope and target audience

The Guidelines for Reprocessing Ultrasound Transducers provides recommendations for the cleaning and disinfection of all medical ultrasound transducers and any additional equipment that may be utilised during the procedure, such as the keyboard and ultrasound gel. These guidelines are recommended for all individuals directly or indirectly involved with medical ultrasound.

Abbreviations

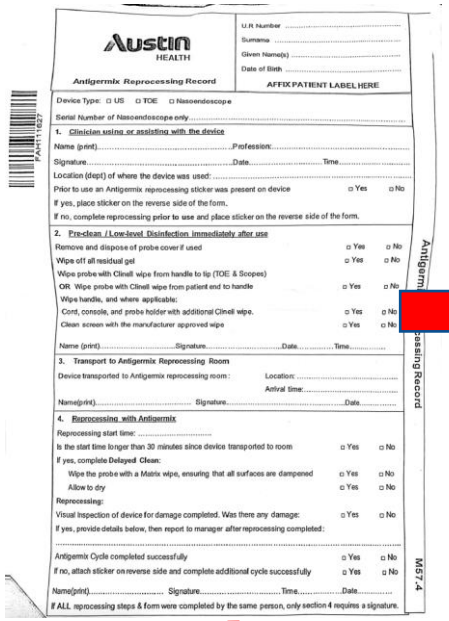
ACIPC	Australasian College for Infect… Prevention and Control
ARTG	Australian Register of Therapeuti…
AS/NZS 4815:2006	Australian/New Zealand …ndar… Office-based health care faciliti… Reprocessing of reusable medical …

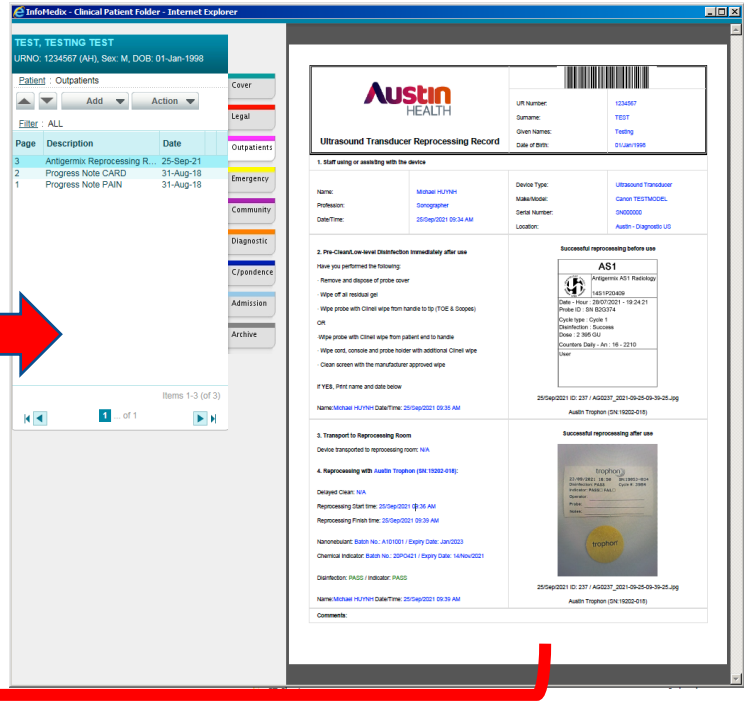
800%

Austin HEALTH

Key Problem

Medical Records



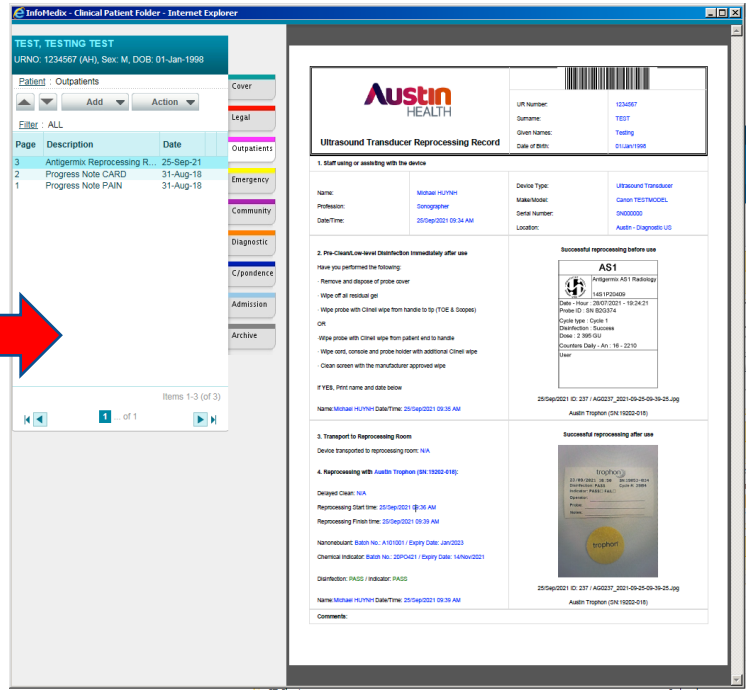


8 DAYS

Key Problem

Aim of this Innovation

Medical Records



Key Changes Implemented

Radiology RMD

Home
US Transducer Reproc...
Antigermix Log
Trophon Log
Tristel Log
Tracking Labels
Reprocessing Records (...
Documents
Pages
Site contents
Ultrasound Equipment
Recycle bin

+ New | Edit in grid view | Share | Export to CSV | Automate

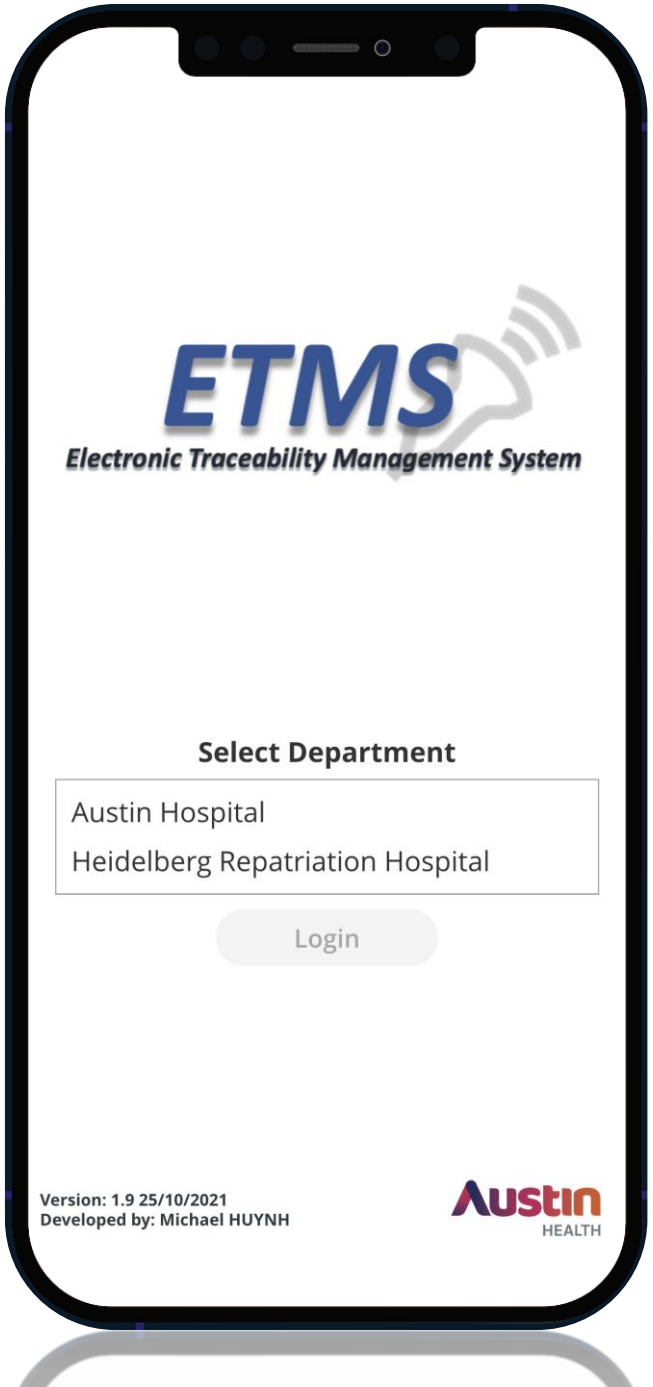
US Transducer Reprocessing Log

Title	Campus	Status	UR
AG3613	Austin	Complete	[redacted]
AG3612	Austin	Complete	[redacted]
AG3611	Austin	Complete	[redacted]
AG3610	Austin	Complete	[redacted]
AG3609	Austin	Complete	[redacted]
AG3608	Austin	Complete	[redacted]
AG3607	Austin	Complete	[redacted]

Austin HEALTH

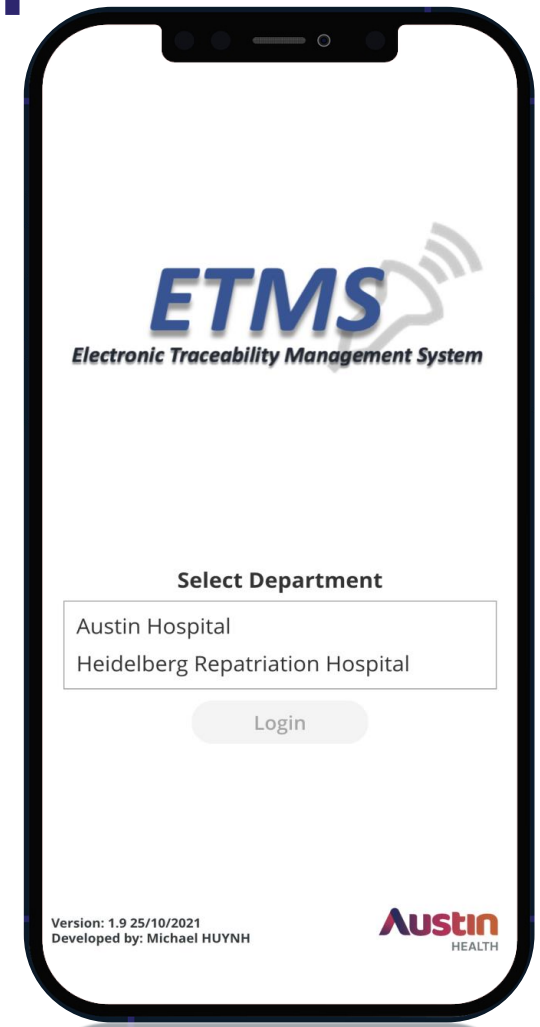
Outcomes so far

- Digital Record
- 1 min to Medical Records
- Automation
- No Mistakes
- Auditable Data
- Traceability
- Low-Cost Solution



Lessons Learnt

PowerApps



Office

Austin HEALTH

Innovation Summary Slide

Title: ETMS: Austin's Electronic Solution for AS4187 High Level Disinfection Documentation

Health Service: Austin Health

Problem	Use of paper forms to document high level disinfections of Ultrasound transducer. • **8 days** turnaround time from when a form was complete to when it was available on medical records • **1 in 5** forms were loss or incorrectly filled. • No Auditable data that was immediately available • No process of Traceability (Breach of AS4187)
Solution	Introduction of a mobile app developed by Radiology to replace the paper-based system. Forms are filled using a mobile app. Easy data entry methods: • Barcode scanning • Dropdown menus • Electronic timestamp Data is stored on a secure database and is transmitted to medical records automatically/
Outcomes	• **Complete Digital solution** • **Automated** (**1 min** turnaround) • **No Mistakes** from incorrectly filled forms or lost forms • **Auditable data** immediately available • **Traceability** • **Low Cost Solution**

Austin HEALTH

Presenter's Name: Michael HUYNH	Phone: 03 9496 2264	Email: Michael.huynh@austin.org.au

20 July 2022

Using Power Bi to solve problems

- centralising information, saving time, reducing stress

Ben Morgan.
Alfred Health Radiology & Nuclear Medicine Liaison
24-06-2022

theAlfred

Part of AlfredHealth

Getting Information From Data - pitfalls

- **Data is not information**
  - Information depends on the *context* of the question
    - How well it is communicated
    - Knowledge of the person that extracts the data
    - Understanding of the person that uses it or publishes it
    - False assumptions that distort the information
  - Complex questions give complex answers - sometimes these answers are not mutually exclusive

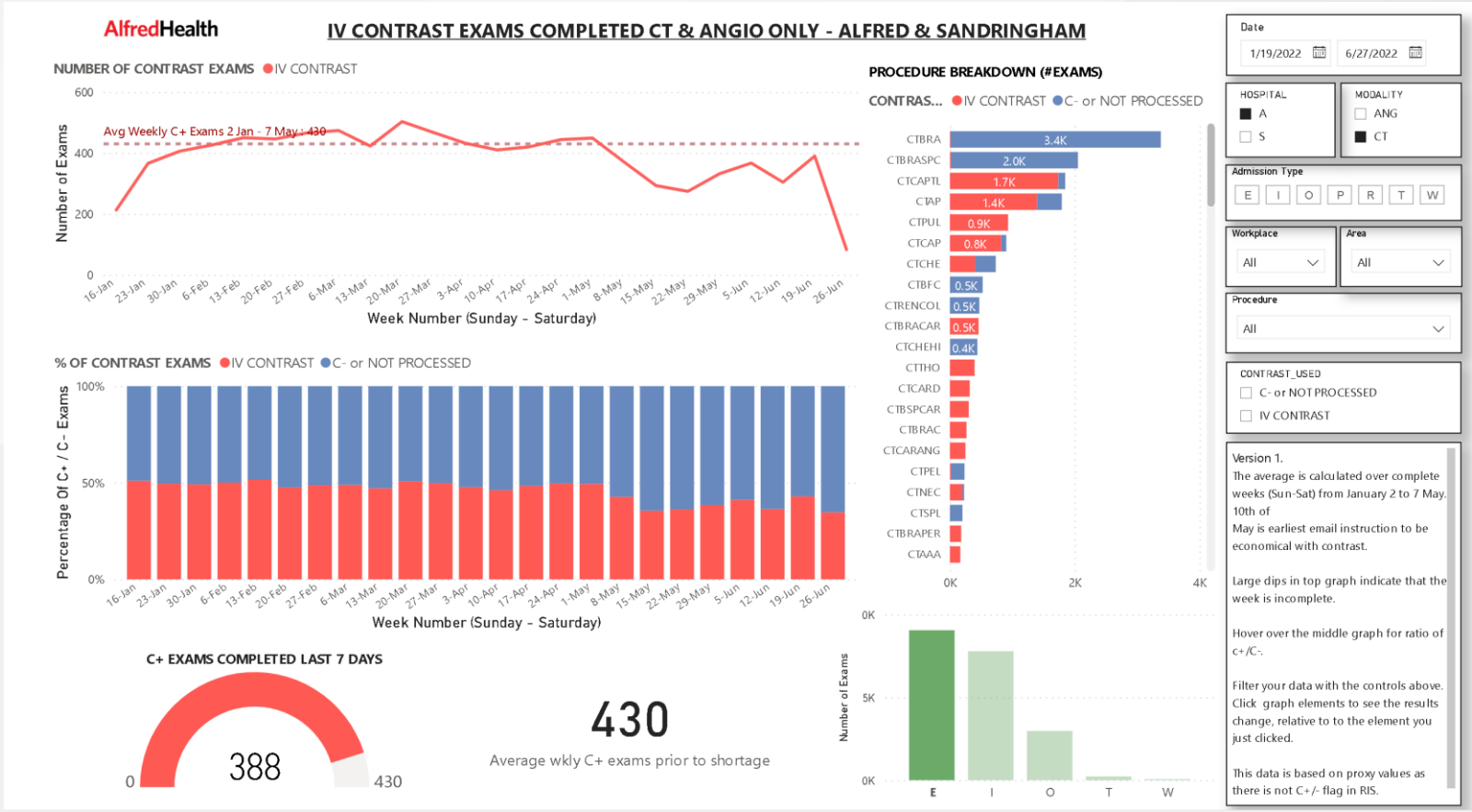
- **Technical staff get the blame for errors - *'well its your data'***
  - Technical staff appear defensive and 'interrogate' people that ask for data - "Why do you need this?"
  - Might get a reputation of being difficult when really they just want to make sure the right questions are being answered.

- **People will self-serve…**
  - Recycle information inappropriately
  - Get data from inappropriate sources using incorrect parameters
  - Hand count from the RIS which is risky and VERY time consuming

We can end up with situations where the data that is being used doesn't always line up with the intent….

We end up with this…

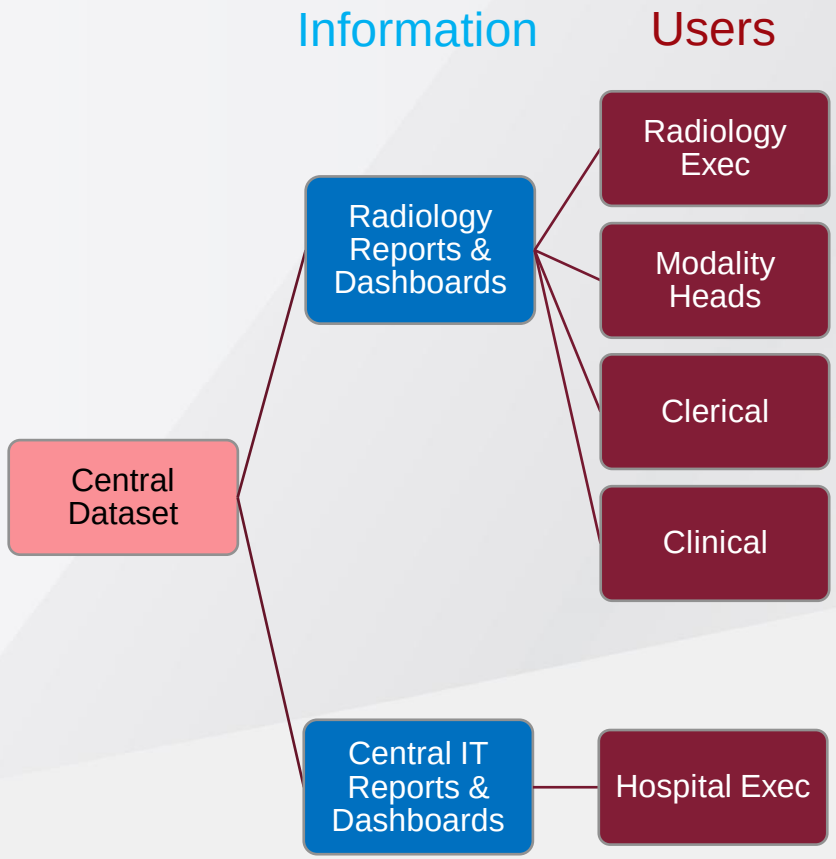
When it should look like this

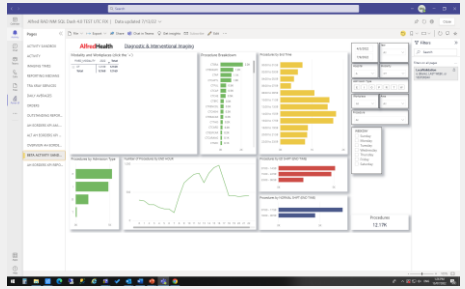


theAlfred

To achieve this, start with *a single source of truth*

- **One single, central *Dataset***
- **Always on**
- **Autonomously updated**
- **Doesn't normally give *direct* access to data**
- **Graphical Interface to build visuals and turn data into information**
  - Users only interact with the visuals
  - *We* use Power Bi for this
- **Helped by a hospital initiative that enables *departmental* data managers.**
  - *The Trusted User Program*
  - Because *department staff* are most likely to understand their departments data
  - (but will sometimes need help)



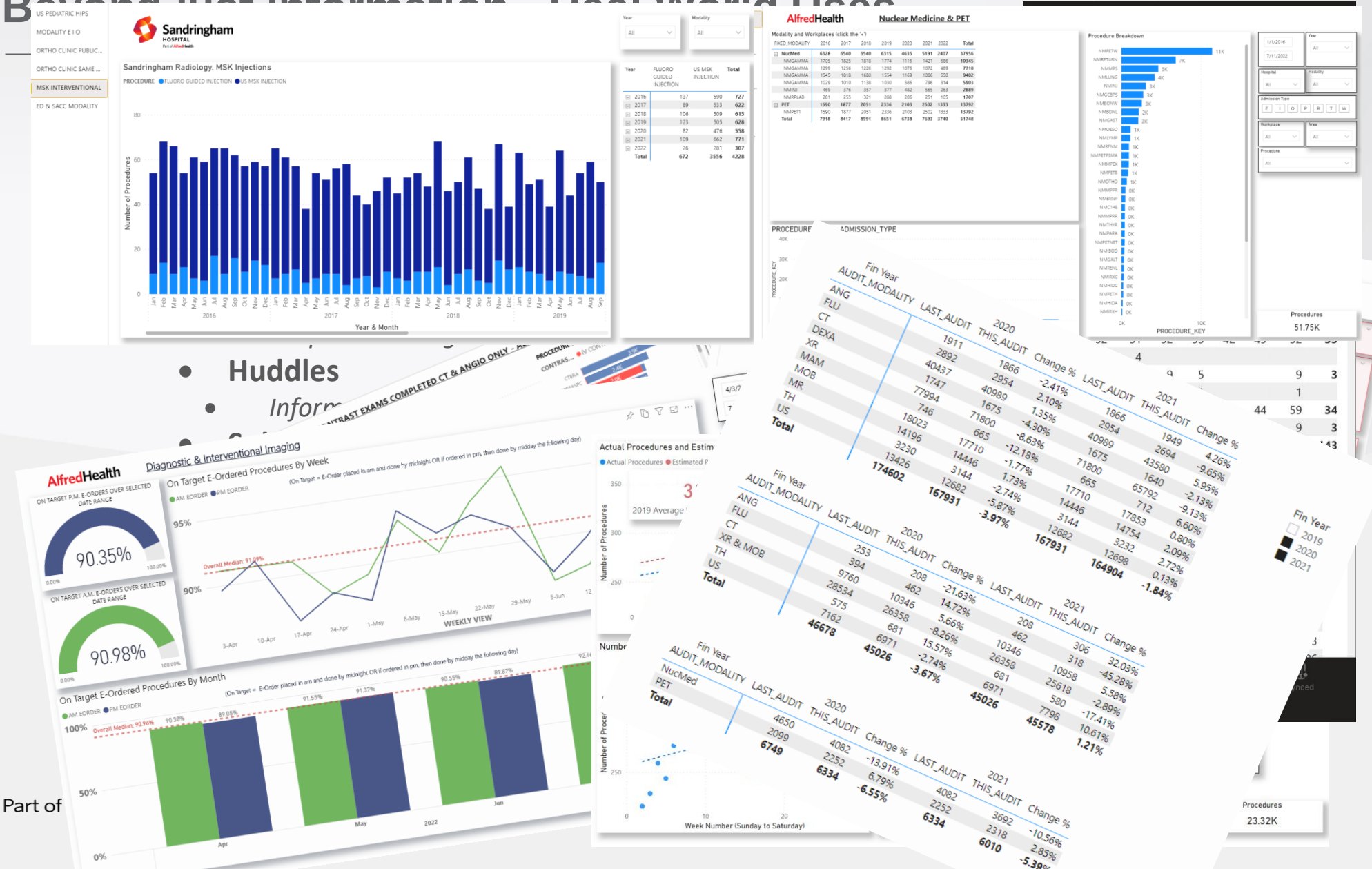


What has it given us?

- **Ownership of our data and the stories it can tell.**
- **Impacts decision making at many levels, including purchasing and capacity planning.**
  - Extensive monitoring of many aspects of our service allowing more fluid conversations about the information – instead of waiting for it.
- **No more recycling – people are responsible for their own information and can easily return to it any time**
- **Timely access to routine extracts**
- **Easier sharing**
- **It has saved at least 0.6 EFT so far**
  - Most hand-counting tasks can be automated
  - Taking pressure off clerical & clinical staff
  - Freeing me to take on other super exciting projects!

Beyond just information – Real World Uses

- **Huddles**
  - *Inform*



Take home message

- *We live in a resource constrained world where benchmarks and the pressure to meet them is ever present.*
- *But data is complex and people make mistakes which can unintentionally generate misleading narratives.*
- *We encourage you to take ownership of your data, don't just turn it into information,* ***build stories with it.***
- *Make sure that it's your story that's being told.*

Health Roundtable

Imaging Program Innovation Session

20th July 2022

Business case for significant change
HP Roster Allocation- Increase 24/7 Onsite Capacity

Organisation Name: Townsville University Hospital

Presenter's Name: Poonam Kumar Phone: 0481233143 Email: Poonam.kumar@health.qld.gov.au

Key Problem

- Increasing afterhours demands (X-ray & CT) within the Medical Imaging Department
- For the CT team increase in recalls, recall rates and fatigue leave.
- Employee raised concerns over the increased workload in the afterhours setting

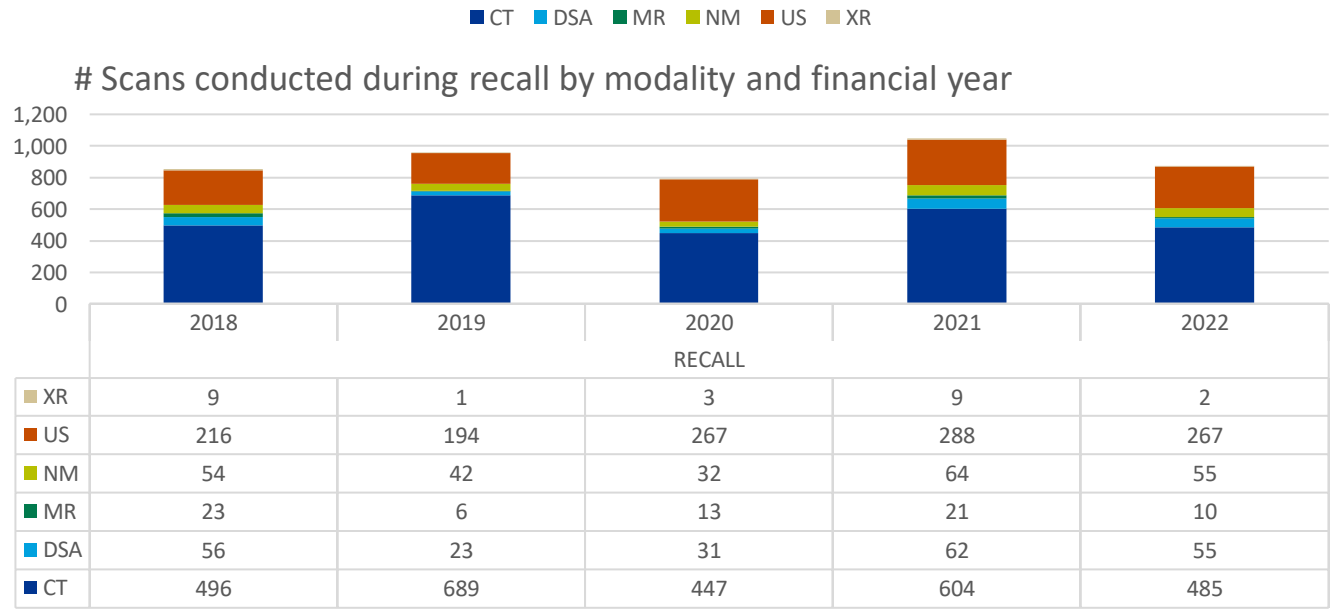
NB: only 1 radiographer was rostered to night shift with on call support

Table 1: % of work conducted after hours (18:00 - 07:00)

	Attendances	% After Hours
Total 2021-22FY	125,132	38.6%
CT	27,683	44.2%
XR/IP/THEATRE	70,044	46.6%
MR	4,991	21.9%

*** % After Hours represents the proportion of scans for that modality that were conducted outside of business hours**

***Weekend is all after hours**



	2018	2019	2020	2021	2022
XR	9	1	3	9	2
US	216	194	267	288	267
NM	54	42	32	64	55
MR	23	6	13	21	10
DSA	56	23	31	62	55
CT	496	689	447	604	485

Aim of this Innovation

- Support after hours workloads improving patient care and flows from ED and Inpatients access to CT
- **Support employee**
- Reduce recall rates
- **Manage fatigue risk (work life balance)**
- Increase FTE

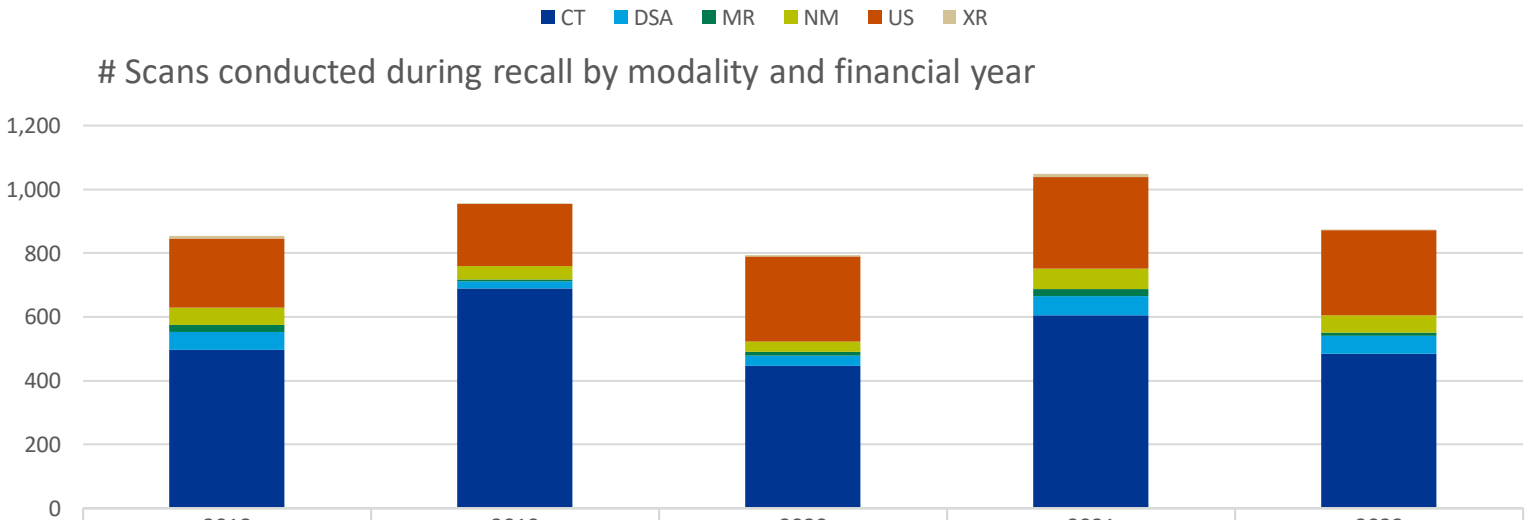
Table 3: Overtime by Financial year

Financial Year	Overtime Hours		Overtime Cost ($)	
	Total	Average per month	Total	Average per month
2017-18	3,796	316	$39,403.00	$31,143.99
2018-19	4,060	338	$42,342.68	$33,464.62
2019-20	3,892	324	$25,825.22	$32,630.38
2020-21	4,719	393	$33,320.92	$40,374.87
2021-22	4,602	383	$38,725.20	$40,412.61

***Overtime includes both Overtime- Ordinary and Overtime- Recall**

Baseline Data / Current Situation

- Current – year on year increase in recalls for the CT group
    - - Increase in overtime cost



	RECALL				
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Two options Trialed over a 7-week period

Option 1: CT + XRAY radiographer Model -ran for a 7-week period

- One general x-ray night shift radiographer: 2300-0700
- One CT night shift radiographer: 2300-0700
- PM shifts: CT Radiographers 1500-2300 shift in lieu of 1300-2100 &1600-2400

Option 2: Two radiographer model, both x-ray radiographers

This option is limited by skill sets as only one of the x-ray radiographers can perform basic CT (CT-Brain and KUB imaging)

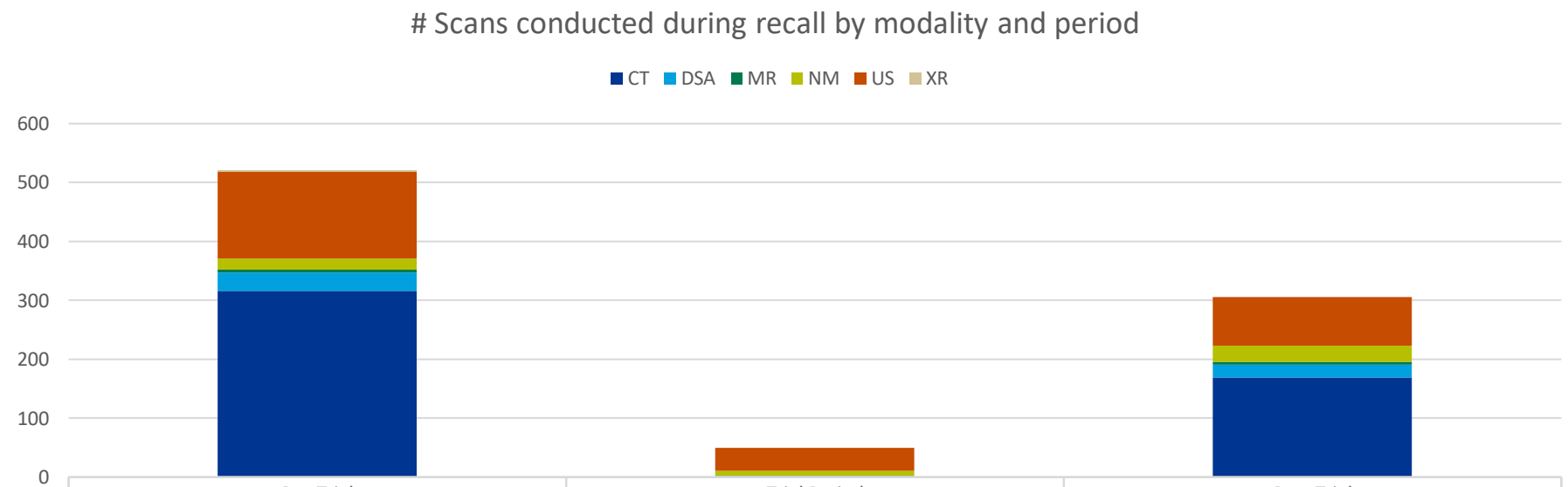
- CT trained staff roster providing on-call for all other CT generating high level of recalls and fatigue leave
- PM Shifts CT rosters returned to 1300-2100 & 1600-2400

Key Changes will be Implemented

- One CT radiographer 2300-0700 with on call support
- One General radiographer 2300-0700 with on call support

- Implementation and feedback on shift strings (make change stick) Kotter's model 7&8

Outcomes so far



	Pre-Trial	Trial Period RECALL 2022	Post Trial
XR	2		
US	148	39	83
NM	19	9	27
MR	5		5
DSA	31	2	22
CT	316		169

Lessons Learnt

Kotter’s change model focuses on buy-in of employees, engaging with the employees affected by change aids in the likelihood of success. Resistance to change is reduced through informing and consulting throughout. Change can be successful when all steps are well communicated (Kotter, 1995). This situation Kotter’s eights steps is suitable.

8 Steps in Kotter's Change Model

1. Creating a Sense of Urgency (Covid helped)
2. Putting Together a Guiding Coalition
3. **Developing Vision and Strategies**
4. **Communicating the Change Vision**
5. **Remove Barriers to Action/ obstacles**
6. Accomplish Short-Term Wins
7. Build on the Change (continuous improvement- analysis)
8. Make Change Stick

Innovation Summary

Title: HP Roster Allocation- Increase 24/7 Onsite Capacity

Townsville Hospital and Health Service

Problem	• Increasing afterhours demands (X-ray & CT) within the Medical Imaging Department • For the CT team increase in recalls, recall rates and fatigue leave
Solution	• One CT radiographer 2300-0700 with on call support • One General radiographer 2300-0700 with on call support • Implement shift strings, feedback, review and allocate as part of business as usual
Outcomes	• Balances in-hours and after-hours allocations- this will increase the overall staff numbers thus reducing fatigue leave, its impacts and shift burdens- benefit=in return supporting recruitment and retention goals. • Improved teamwork and support for all radiographer groups thus increasing staff morale • Improve imaging support to patient flows via increased capacity thus providing patient centred care (after hours) • More effective and efficient use of medical imaging operational budget

Poonam Kumar- Acting Director Medical Imaging, TUH

Presenter's Name: Poonam Kumar	Phone: 0481233143	Email: Poonam.kumar@health.qld.gov.au

Health Roundtable

Imaging Program Innovation Session

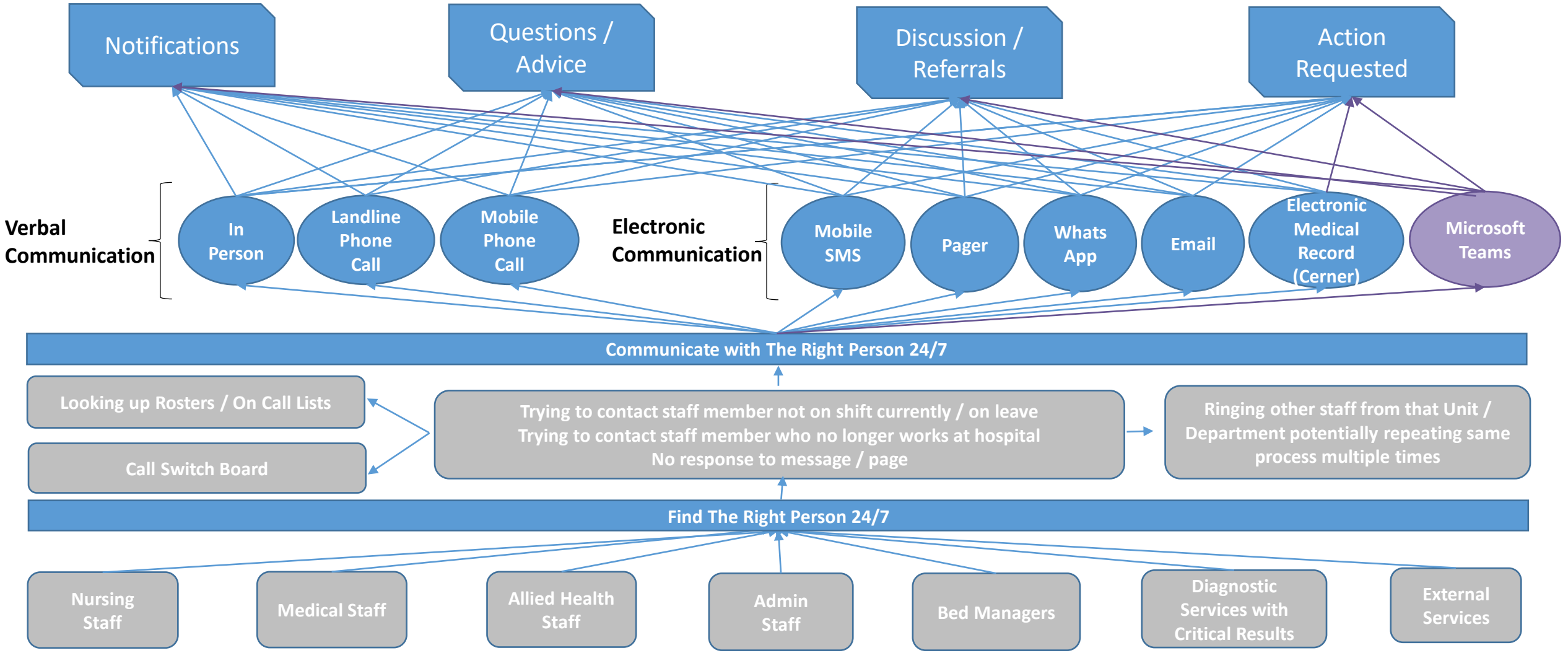
20th July 2022

Role-based Clinical Communication App Development & Implementation

Organisation Name: Austin Health

Presenter's Name: **Nicole Hosking** Phone: **0408 361 182** Email: **nicole.hosking@austin.org.au**

Key Problem & Current Situation



Aim of this Innovation

Replace old and non-secure technology

Significantly reduce use of disruptive and inefficient communication methods

Non-Emergency Paging

Non-Secure Text Messaging

Non-Secure Whatsapp Messaging

Multiple Individual Teams Chats

Non-Urgent Simple Phone Calls

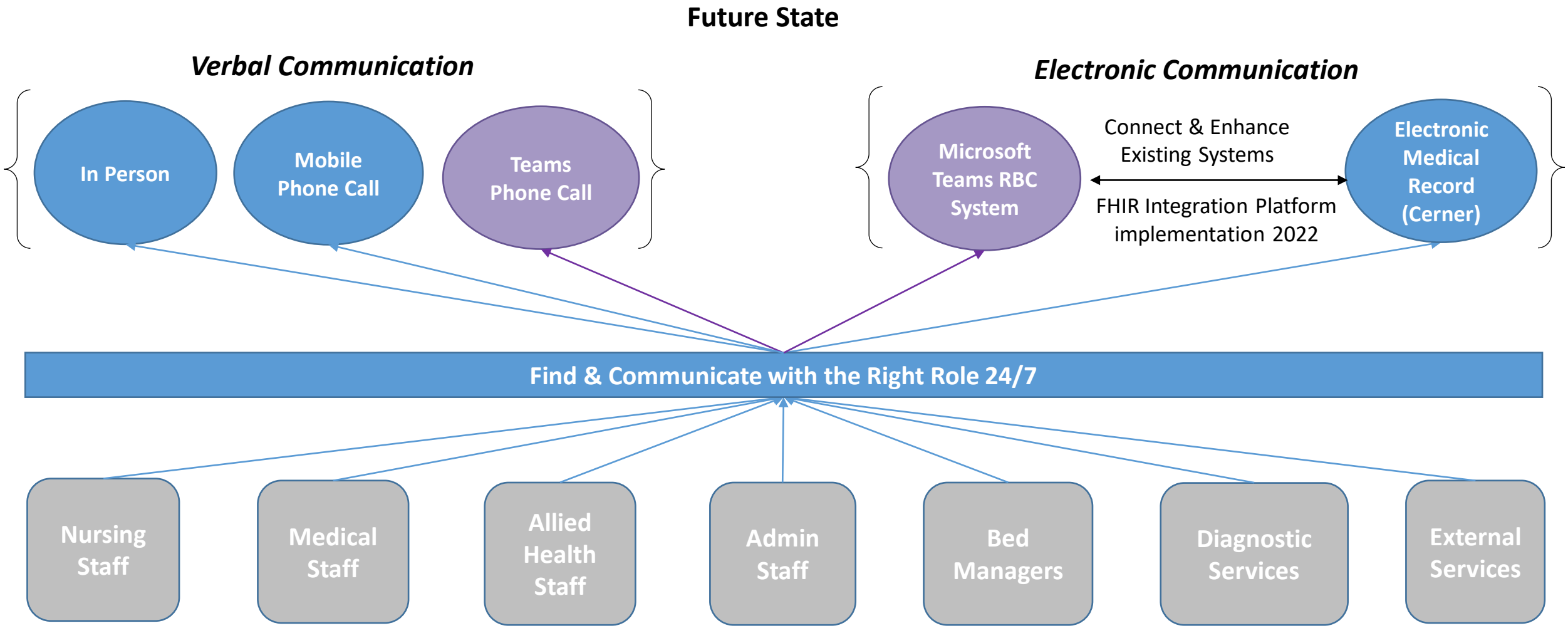
Emails

Interrupting each other with simple messages / questions

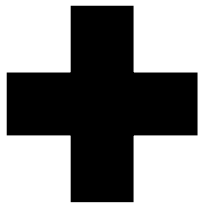
Baret.
Role-based Communicator for Microsoft Teams.

Austin HEALTH

Aim of this Innovation



Key Changes - The Innovation Collaboration



Standard Teams Functionality

Custom Built Role-Based Electronic Communication

Teams Call / Chat with Clinical Role

1. Structured Electronic Messaging with a Clinical Role
2. Messaging Dashboard to manage incoming & outgoing communication
3. Messaging within a role, carries between different individuals

Select Clinical Role to communicate with

Engage with Communicator as Individual

Engage with Communicator as Clinical Role (Clock on)

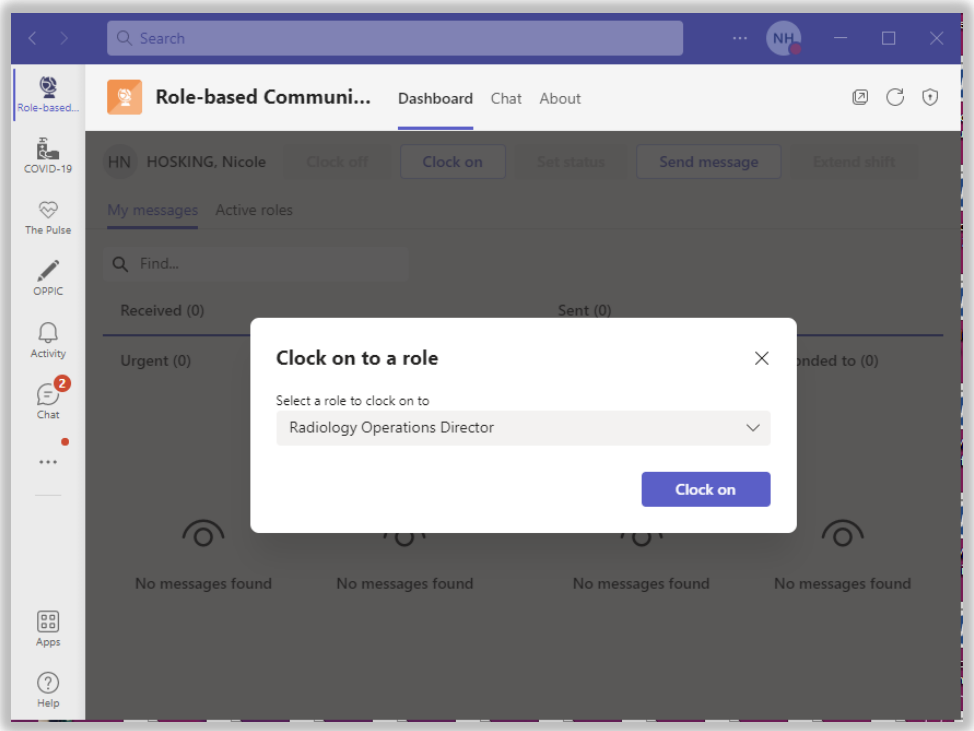
Select Role Based Communicator

Go to Microsoft Teams Application

Key Changes – Implementation of Baret RBC

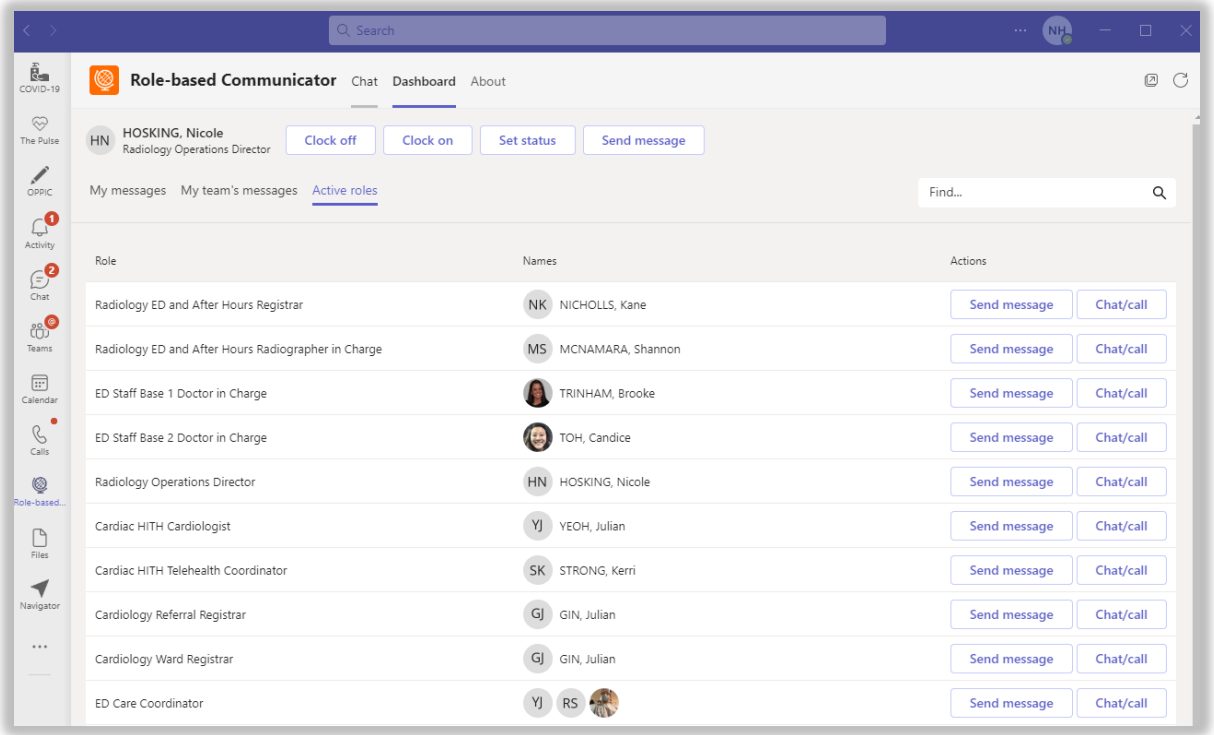
Key App Features

1. Contemporary Role-based communication



By 'Clocking On' to a clinical role within the App, electronic communication occurring *automatically* carries between different staff members performing the same role

2. Active Roles Directory

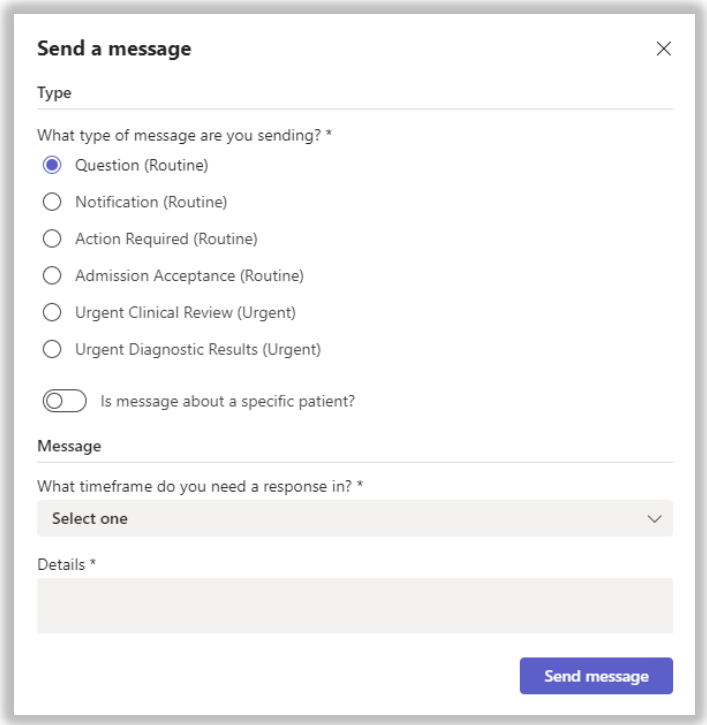


Rapidly find and start communication with a 'clocked on' clinical role from a single screen view

Key Changes – Implementation of Baret RBC

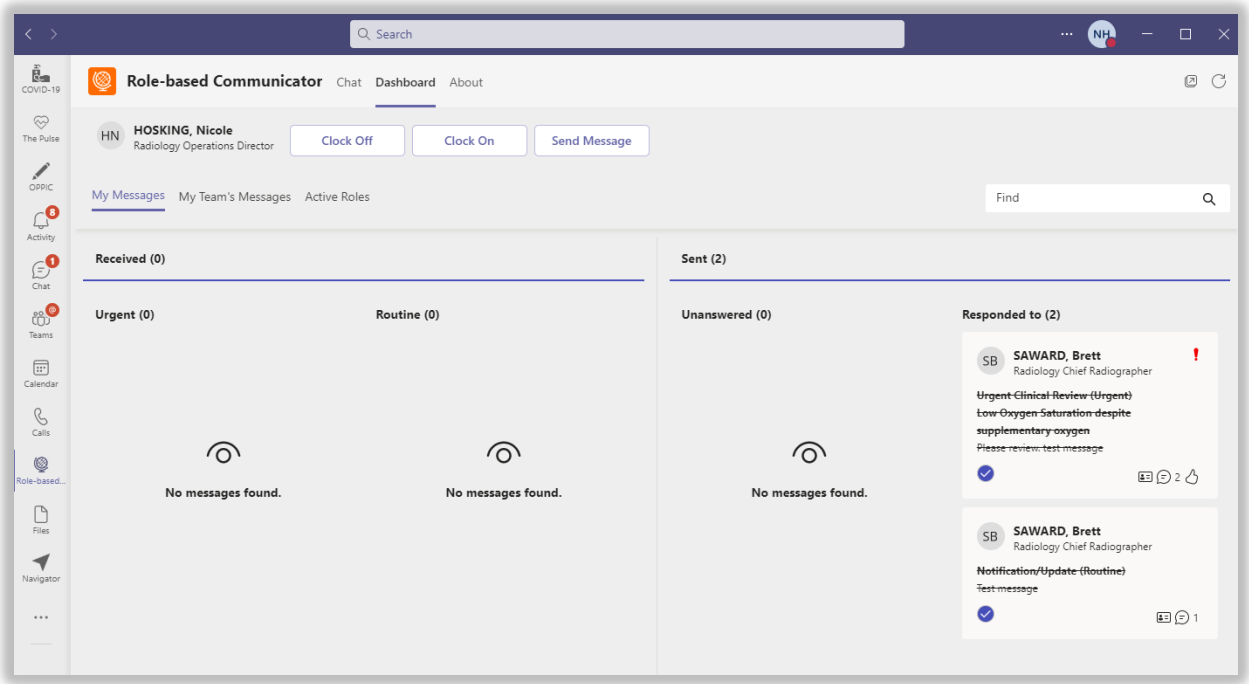
Key App Features

3. Secure Structured 2-way Electronic Messaging



Replaces Non-Emergency Paging and Non-Secure Messaging

4. My messages Dashboard



Collates and prioritises messages in a single screen view

Outcomes so far – 2022 Org Wide Rollout

2022 Staged Build of Clinical Roles into the Application

Type of Clinical Role	Stage 1: 20th June		Stage 2: 1st August	Stage 3: 17th October	Stage 4: 7th November
Large Clinical Staffing Groups	**Existing Roles (Pilot Group)** **Radiology** **Cardiology** **Cardiac HITH** **Emergency Department** **5N,8N,8E,7W,7E,7N**	**New Roles Released** **Senior Nursing Roles A:** NUMs ANUMs Ward Liaison Nurses Nursing Allocations Care Coordinators Residential In-Reach Better@Home Subacute **Ward Clerks** **Pharmacists**	**Senior Nursing Roles B:** Clinical Education Clinical Nurse Consultants Surgical Liaison Nurses After Hours Site Mgrs **NEPHU** **Allied Health**	**Medical Staff** Interns Residents Registrars Fellows SMS Roles by Unit Request	**Ward** **Bedside Nursing Staff**
Specialty Team / Departments	**Developed in collaboration with Specialty Teams / Depts across Stages 1 -4 in alignment with large Clinical Staffing Group Role Stages where applicable** **E.g. Pathology, Operating Suites, Specialist Clinics**				

Austin HEALTH

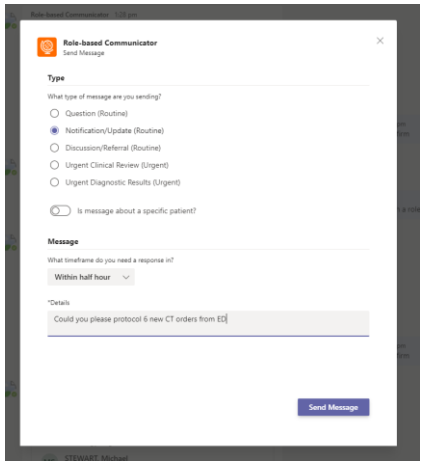
Outcomes so far – Radiology specific change

Conversion of:

Non-Urgent Simple Phone Calls

into

RBC Messaging



Replacing phone call or in-person interruptions with electronic messaging:

Within Radiology:

- Interventional Liaison Nurses & Radiologist / Registrars
- Radiographers & Radiologists / Registrars

Between Radiology & Inpatient Wards:

- Coordinate patient transfers to Radiology
- Coordinate interventional procedure bookings and preparation requirements

Between Radiology & ED:

- Prioritisation of patients for imaging
- Coordination of imaging prep requirements eg. Hydration
- Communication of Results

Innovation Summary Slide

Title: Role-based Clinical Communication App development & implementation

Health Service: Austin Health

Problem	Overly complex clinical communication framework with too many different types of clinical communication methods in use leading to: • Confusion • Inefficiency • Staff frustration • Delayed communication, delayed clinical decision making, delayed patient care • Lack of visibility of clinical communication occurring • Communication failures
Solution	Introduction of a role-based clinical communication app developed by 5P in partnership with Austin Health. Within a single application: • Contemporary role-based communication platform • Rapid access to clinical roles through the Active Roles Directory • Electronic messaging and phone communication facilitated within the same application • Electronic messaging is structured and secure • Messaging communication is coordinated and prioritized for staff within the messaging dashboard • Supervisors have visibility of communication occurring within the clinical team they are responsible for
Outcomes	• Pilot Completed • Org wide rollout endorsed by executive and within implementation stage • Positive improvements in clinical communication within Radiology, with multiple new change improvements being planned and implemented

Baret.
Role-based Communicator for Microsoft Teams.

Presenter's Name: Nicole HOSKING	Phone: 03 94963277	Email: Nicole.hosking@austin.org.au

Thank you

Any Questions?

www.healthroundtable.org

Let's vote!

Our presentations today were as follows:

• Ben Rowney	PAH	Urodynamics for Spinal Injuries Patients	Clinical
• Michael Huynh	Austin	High-level Disinfection of Transducers	Safety
• Ben Morgan	Alfred	Using PowerBI to solve problems	Data Integrity
• Poonam Kumar	Townsville	Increase 24/7 Onsite Capacity	Leadership
• Nicole Hosking	Austin	Role-based Communication app	Hospital Quality

There is a link in the ChatBox. Vote for your favourite presentation from today.

Let's v

Our preser

- Ben Rowne
- Michael Hu
- Ben Morga
- Poonam Ku
- Nicole Hosk

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Integrity

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Health Roundtable Imaging Program - Innovations webinar 20 July 2022

16	00:13	Active
Responses	Average time to complete	Status

Review answers | Post scores | Open in Excel ...

1. Which presentation resonated most with you or your site? Vote for just one. (0 point)

More Details

- Urodynamics for Spinal Injuries ... 0
- High-level Disinfection of Trans... 5
- Using PowerBI to solve problem... 0
- Increase 24/7 Onsite Capacity ... 1
- Role-based Communication app... 10

Imaging Content for 2022

Webinar 1: 20 July 1300-1430pm AEST

- Innovation Sharing by Members

Face to Face workshop: 18 & 19 August 2022

Themes:

I.	AI-supported radiology reporting	Prof Meng Law / Dr Warren Clements	The Alfred
II.	Managing Shortages of Critical Resources	Michael Rice / Dr Dani Ko	Qld Health / The Austin

2022 Imaging Workshop

- AI-supported radiology reporting
- Managing Shortages of Critical Resources

Thank you

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