

GZO Spital Wetzikon

The HCM sprinter

Grumbling users? Skeptical managers? Tough project management? None of these are familiar to Beat Züger. Quite the opposite, in fact. The portfolio manager for technology projects within corporate development at GZO Spital Wetzikon is looking at cheerfully expectant faces when it comes to the hospital-wide introduction of JiveX Healthcare Content Management (HCM). The reason for this is the urgently-needed process changes that are made possible with JiveX. But the flexibility in implementing the digitalization and consolidation marathon is another aspect ensuring satisfaction.

JiveX is not a new discovery at GZO. It has been in use, as PACS-II, for many years for the entire image data management apart from radiology - for example in gastro-enterology and cardiology. The fact that the system is being expanded into full Healthcare Content Management has a number of reasons behind it, according to Züger: "The call for a universal medical dossier, as we call it, was growing ever louder. Not just because it is more user-friendly to have all medical data located in one place, but also because there is ever-stronger bidirectional data traffic between image archive and subsystems. For example, in order to merge ultrasound with CT images, or to obtain 3D heart maps for cardiac electrophysiology. And the results from the sub-systems also need to be fed back somewhere again. Working here with multiple systems would be confusing and inefficient. So we are expanding JiveX together with Logicare and IT-Med AG, the VISUS partners in Switzerland, in such a

way that in future all data is centralized, regardless of the modality or the system by which it was produced. The PACS images, too, will also be located in JiveX in the long term."

Rapid changeover from analog to digital using gateways

The expansion from JiveX to a universal medical dossier for all image-producing modalities and sub-systems is just one part of the project, though. Ultimately, JiveX HCM stands for integrating all medical data. And it is precisely this that Beat Züger and his team are currently working on. One major issue in this is handling paper files and documents, and the associated scanning processes. Some GZO hospitals have already established a scanning process based on a separate document archive, which now needs to be redirected towards JiveX HCM.

However, the far larger part of the departments and hospitals are still working entirely analog. "Naturally, the aim should be to digitize the primary processes, so that subsequent scanning becomes redundant. That said, in GZO we have the special situation where the archive has been outsourced to another location, due to a building conversion. You can readily imagine the delays this causes in the day-to-day hospital work. The call from users for a fast and comprehensive solutions has therefore been very loud," says Züger.

So loud, in fact, that it has made a not inconsiderable contribution to acceptance of the hospital-wide roll-out of JiveX HCM. That's because, using

JiveX Print Gateway, it is possible to include scanned documents easily and in a structured way in the overall archive. That means they are stored in a case- or patient-centered way and assigned within a digital file to particular attributes. The hospital-wide implementation of this process is currently a GZO priority - and, associated with it, the roll-out of a standardized JiveX Viewer too. "Up until now, we have worked with various licenses, namely with the Review Client and the Web Client. Now all users, whether a physician or care worker, are to have a consistent view of the full medical data. That is the only way to solve the document view problem comprehensively," says Züger.

Ready for the EPDG

Establishing JiveX HCM achieved broad acceptance from management, because it perfectly maps the requirements of the electronic patient dossier to be introduced in Switzerland in 2020. The statutory requirements include the need for hospitals to maintain a facility-wide secondary system that make the data available to the dossier in a particular structure. Beat Züger says: "Connecting many individual systems would not be feasible at all, particularly as the data also needs to be transferred in standardized formats. And JiveX can fulfill precisely that task." In order to be fully equipped for transferring all medical data to the EPDG, function data such as the ECGs still need to run in GZO via the workaround of a sub-system in JiveX.

"At present, we still have a few building sites on our route to digitalization and to full integration of all medical data into JiveX HCM. But I'm relaxed about that, because the good thing is that JiveX is extremely flexible, as



Beat Züger

are we. That's in the sense that we define the individual project stages in sprints, which we are able to implement quickly and dependent on needs. That way, we also ensure that the users enjoy the greatest possible benefit - and are very pleased with the changes!"



About GZO Spital Wetzikon

GZO Spital Wetzikon is a modern public acute hospital with around 175 beds. Over 900 employees are committed here, at the forefront of modern medicine, to healthcare provision in the Zürcher Oberland region and beyond. It offers all patients round-the-clock outstanding,

comprehensive medical care and has a modern emergency department. In 2017, the hospital treated over 10,000 in-patient and over 50,000 out-patient cases. Since 2009, GZO Spital Wetzikon has been working under the umbrella of a not-for-profit stock corporation, GZO AG.

Flexibility through agility

For the introduction of JiveX Healthcare Content Management, the managers at GZO Spital are relying on using agile working. That means that firstly, an inter-disciplinary team comprising employees from Controlling and Corporate Development conduct an as-is analysis and develops potential optimizations. In doing so, it always looks at the whole process, not individual work stages. Next, the technology team works on corresponding solutions and develops technology sprints to meet the requirements. The advantage of these sprints: They can be postponed at any time in favor of other, more urgent projects. That

is how it is happening in GZO too: where initially digitalization of emergency admissions was on the agenda, the whole scan process assumed fresh impetus due to the archive move - and was promoted as a technology sprint. Whether and which sprints are brought forward, is decided by the Corporate Development teams in regular meetings. Once a month, the individual medical departments also have an input, and are able to influence the sequence of the sprints, assuming they have sound arguments for it.