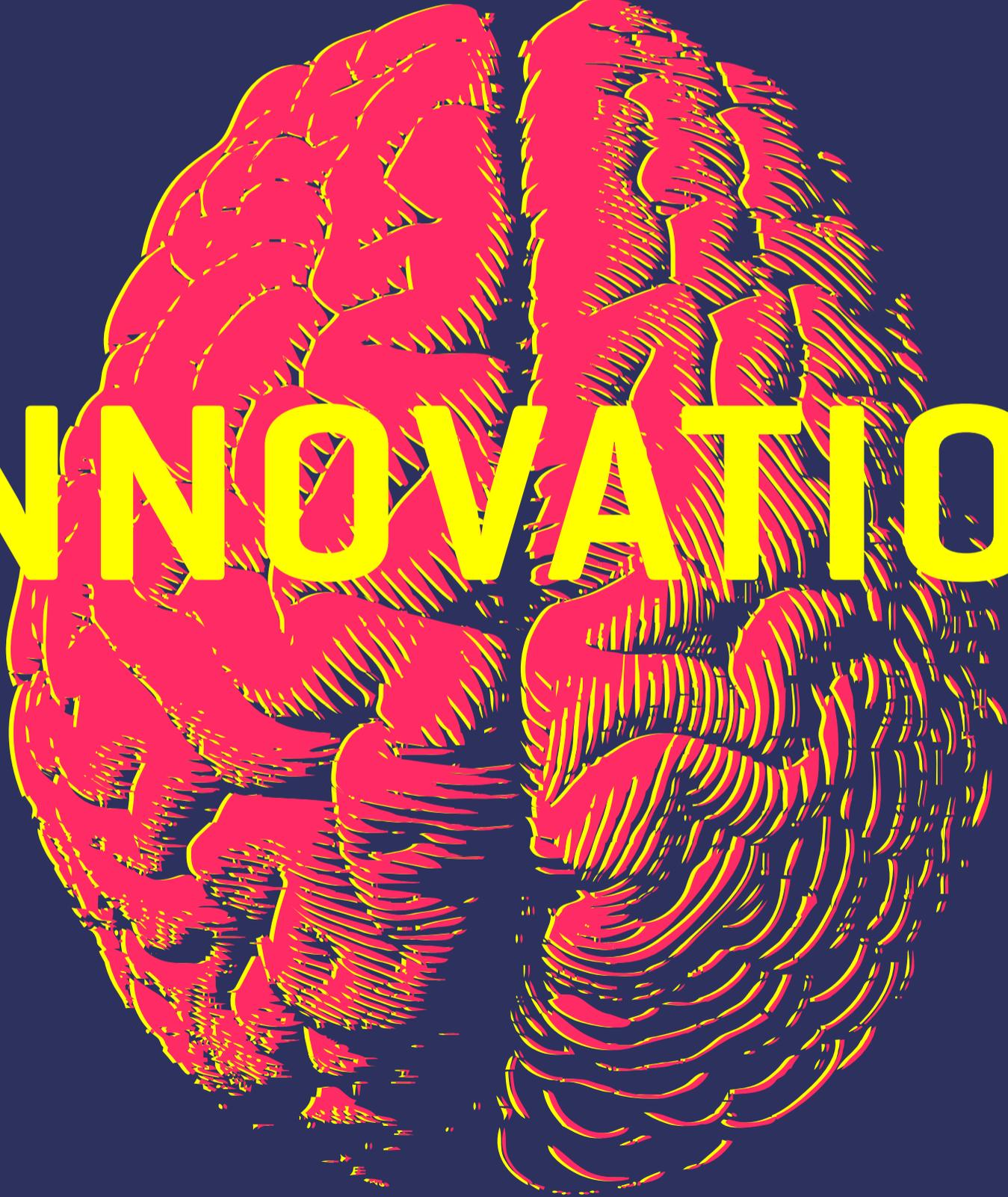


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HIMSS[®]
INSIGHTS

s e r i e s

- + Fostering a culture of innovation
- + Brave new world:
Collaborations crossing borders
- + HealthTech.Belgium –
A digital romance



INNOVATION

Challenges of innovating in large organizations and health systems



Hal Wolf III
President & CEO
HIMSS

Across the globe our health ecosystems are facing their greatest challenges and are in pressing need of innovation to reimagine and reform how health can be sustained, and improved care can be equally delivered.

Globally, populations are ageing rapidly, the burden of non-communicable diseases is getting heavier and heavier, patient/citizen expectations are rising, funding models are under increasing stress and the worldwide shortage of health professionals is growing. Health systems are finding incremental innovation is not solving problems fast enough or on a scale large enough to keep up with growing demand. We have all realized that adding technology alone will not solve the challenges. As the formula reminds us:

NT + OO = COO - New Technology plus Old Organization equals Costly Old Organization.

The use of information must mature faster than before, and the exchange of data has to

be reimaged from a seamless outside-in perspective in order to take full advantage of an exploding knowledge management capability which will be increasingly dependent on cloud-based architectures utilizing artificial intelligence.

To succeed, we must all tap into the global ecosystem and find the best practices of where innovation is succeeding at scale. The new *HIMSS Insights Series* focused eBooks is a vehicle to share the vision of global thought-leaders, to highlight exemplary initiatives on new processes, workforce development programs and rising technologies that can be adapted to the unique environment of individual systems, hospitals and health@home and to promote meaningful conversations on digital health.

Our mutual goal is to enable each person's ever-improving state of health and wellness. This will happen by fully realizing the potential of information and technology to create an ever-increasing informed and empowered global community of innovators, care providers and patients.

Please [join HIMSS](#) in our passion to drive the global reformation of the health ecosystem.

Be well,
Hal

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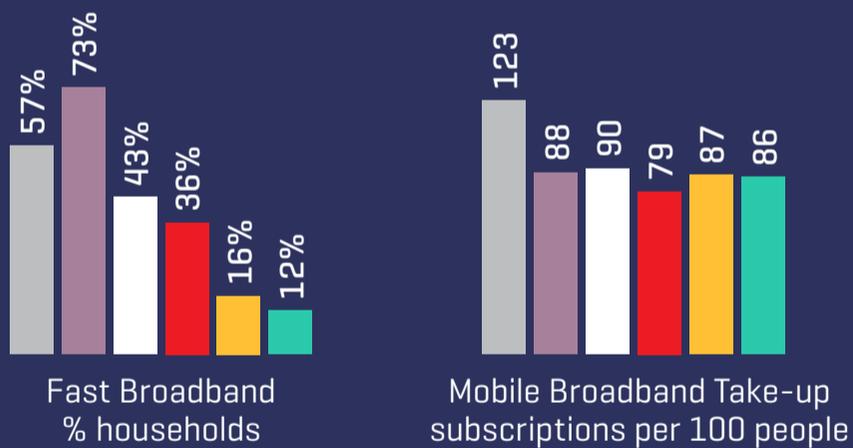
Benchmarking the European Digital Union

Year after year, the European Union is taking a close look at how its Member States perform in the digital realities of our time. A very comprehensive and thus pretty informative instrument is the Digital Economy and Society Index (DESI). It calculates an overall index out of domains such as connectivity and digital public services.

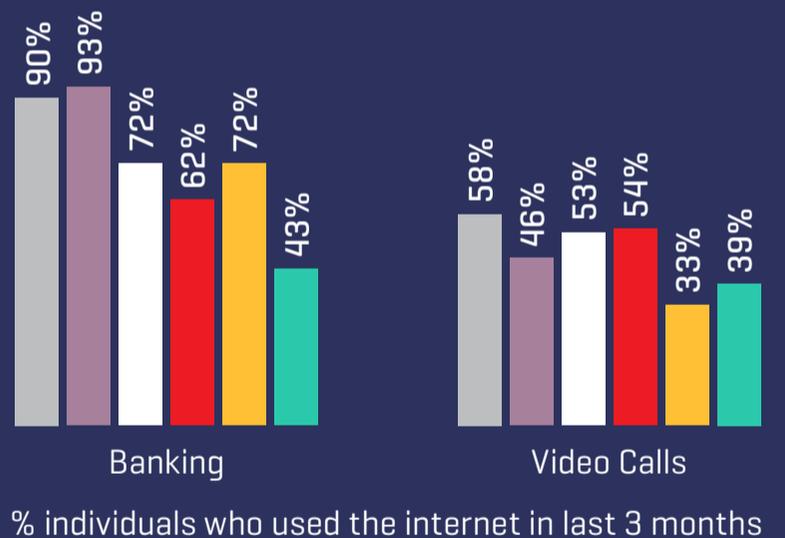
Digital Economy and Society Index (DESI 2018)



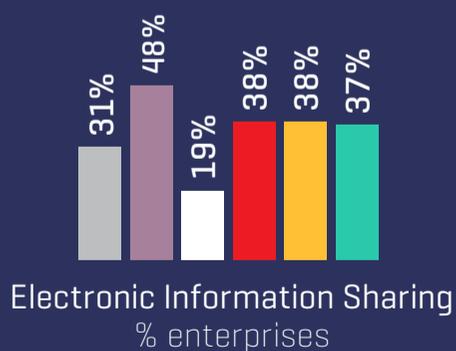
Connectivity



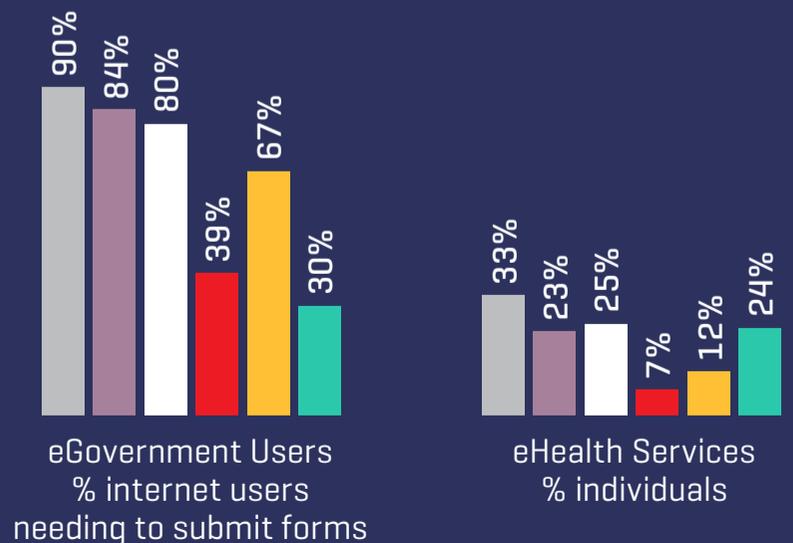
Use of Internet Services



Integration of Digital Technology



Digital Public Services



Source: European Union. Digital Economy and Society Index (DESI 2018)





FOSTERING A CULTURE OF INNOVATION

Learn more from CIOs who share advice on creating a culture of innovation and emphasize the need to begin with a purpose-driven approach, while ensuring you know your users' needs. Avoid bright shiny objects and don't neglect the boring back-office.

By Tom Sullivan

“*Innovation is a commitment - a multi-year commitment.*”

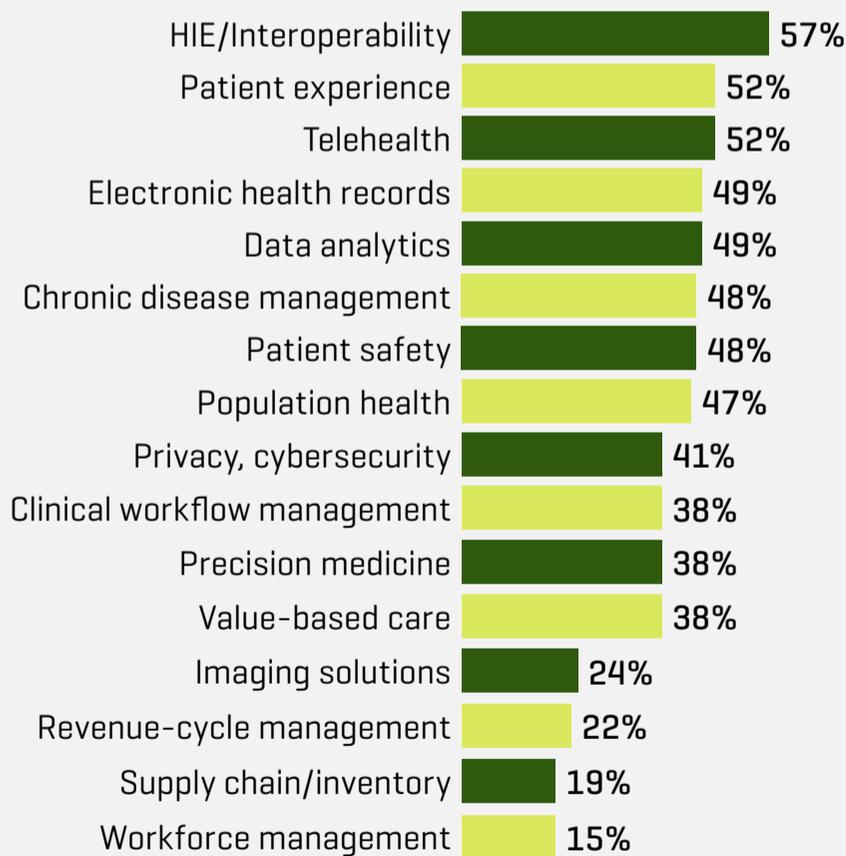
Neil Patel, HealthBox

Healthcare innovation is happening all over the globe. Many digital health startups and innovators, in fact, are now targeting China as a new frontier and finding they have to adapt to a different set of rules and regulations.

Whether in AsiaPac, Europe or elsewhere, they’re all facing the same challenges when it comes to driving new technologies that improve patient experience and lower the high costs of healthcare. So, how do successful CIOs foster a culture of innovation?

“Innovation is a commitment – a multi-year commitment,” said Neil Patel, President of Healthbox, a HIMSS company. Begin with a purpose-driven approach, advised Dr Rasu Shrestha, CIO at University of Pittsburgh Medical Center, US. Shrestha recommended building a strategy for making innovative technologies sustainable, scalable and sticky by really understanding the core skill sets, attributes and strengths of your particular health system. “What’s the special sauce that you bring to the table? Do you have expertise in a specific area that distinguishes you? Understanding that is important,” Shrestha said.

What are your innovation priorities?



HIMSS Media research shows that interoperability and electronic health records were two areas where innovation is needed most in the US. The slow uptake of tech adoption, as seen in the UK’s NHS, was cited as a main restriction to innovation.

Source: Technology Innovation in Healthcare Survey, HIMSS Media, August 2018

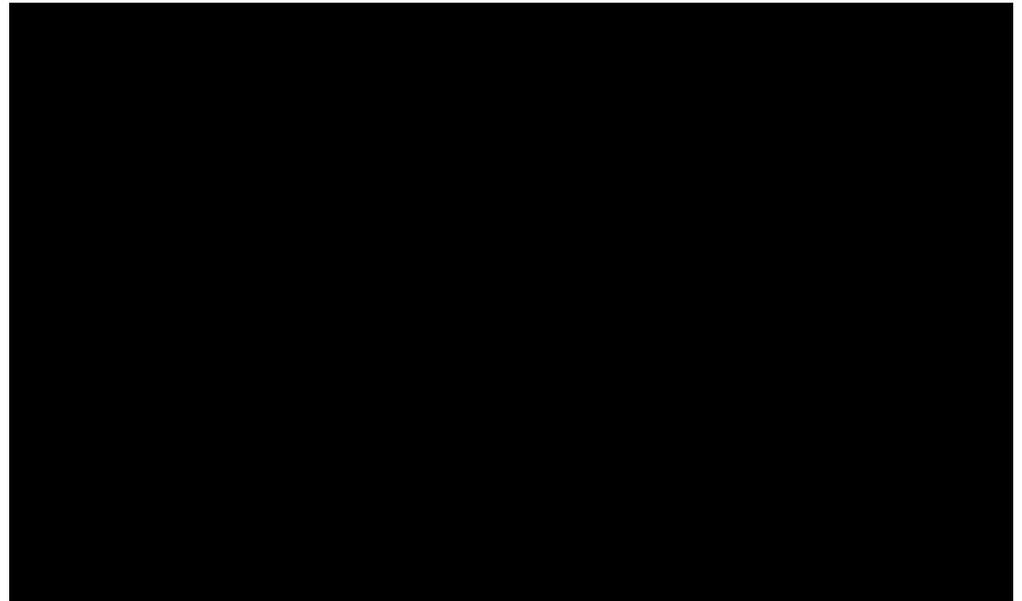


Learning from National Geographic: Meeting the cultural challenges tied to digital transformation



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‘DISRUPT THE BACK OFFICE’

Likewise, it’s critical to grasp a range of big opportunities for improvement and not overlook the ones perhaps less glitzy than that new app everyone is clamoring to download. Another thing to remember: Three quarters of innovation, especially in healthcare, is operational on the backend, rather than clinical in nature, according to US-based Cleveland Clinic Associate CIO Dr Will Morris.

Morris pointed to billing, supply chain, HR and procurement as opportunities lying in wait, hoping to be discovered for all their potential as a breeding ground for transformative developments.



Rasu Shrestha, Shafiq Rab and William Morris, say to identify innovators, think purpose-built tech, embrace the unsexy, and protect your investments.

It’s not just the new widget, device or artificial intelligence – though those are noble pursuits in their own right – innovation can come from something as staid as predicting bed utilization or days in accounts receivable. “I don’t think that gets showcased enough,” Morris said. “And I think it’s the majority of the opportunity. It is a veritable goldmine to disrupt the back office functions.”





“ Technology is an important point of the innovation ecosystem, but creativity and challenging teams are fundamental.”

Vicent Moncho Mas, Marina Salud

You’ve inevitably heard this next one chanted so frequently it would almost go without saying – if not for the countless app and enterprise software implementations that trudge forward without ever taking actual users into account.

Ask any doctor who dislikes their EHR whether they even saw the interface before logging into the live production version for the first time, and good luck finding many to answer in the affirmative.

Right. That’s because problem areas are usually articulated in the workflow where a given product’s actual work happens, not in the design stage. “We focus on the product, the technology, and then we wonder why people reject it, work around it or just avoid it,” said Victoria Betton, Founder and Director of NHS-hosted organisation mHabitat in the UK.

Furthermore, UK-based Rachel Dunscombe, who is Salford Royal’s Director of Digital, advocates “a culture of innovation for citizen facing digital where we have clinicians, patients and technical teams in the room working together as equals on the future solution.

“People need to leave their preconceptions at the door when in this space along with the difficulties of the day. In this way well facilitated co-creation can lead to new pathways and ways of working – this has been the case for us in areas such as renal,” Dunscombe said.

The CEO of the NHS Digital Academy also outlined a Digital Factory that her team has “created to house our innovation and co-creation process. We are expanding to more factories in the Group. The physical space has over 1,000 clinicians, patients, visitors and technical staff pass through it every month. They help tune and validate the use cases for technology and input into the business case during their visits.”



“ We have created a Digital Factory to house our innovation and co-creation process.”

Rachel Dunscombe,
NHS Digital Academy

‘INVEST IN INNOVATION’

It’s also important to have a process around prioritizing what you focus in on. Create the right teams, do some brainstorming and design thinking exercises and plot a project in terms of how to do it with a level of purpose that drives longevity in your innovation pursuit.

From there, make sure the people who will be using the product you build are part of the process right from the beginning as opposed to after the tool is already created. That takes having the right set of parameters in place to keep them engaged throughout the development lifecycle such that they become the champions on the ground that inspire others to use the app or device, Shrestha added.

Once you’ve accomplished all that, know that innovation requires resources, including talent, space and time. “Technology is an important point of the innovation ecosystem, but creativity and challenging teams are fundamental,” said Vicent Moncho Mas, CIO of Marina Salud, Spain.

Furthermore, and as Patel concluded, “It’s something that doesn’t pay off immediately, and it needs to be invested in to really work.” ■

Leontina Postelnicu, Beth Sanborn and Mike Miliard contributed to this article.

WHAT DO YOU THINK?

What tips can you share to help other leaders create a culture of innovation in their healthcare institution?

GET IT TOUCH

to let us know your thoughts

BRAVE NEW WORLD: COLLABORATIONS CROSSING BORDERS



Insights looks at a brand new EU project proving that it is possible to deliver cross-border collaboration. We examine the European Reference Networks for rare diseases to see how they managed to set up an EU-wide Clinical Patient Management System and succeeded where others have failed.

By Rosy Matheson

“ ERNs are a landmark opportunity for interdisciplinary collaboration.

Dr Joan-Lluis Vives Corrons, Josep Carreras Leukaemia Research Institute



in the treatment centres attended by patients, where the consent was handled, could see identifying data about the patients. He added: “Once the data is pushed to a state where health professionals from other treatment centres can be invited to consult on the clinical information, the identifying data is pseudonymized and encrypted.”

SETTING THE STANDARDS

He attributed the success of the project to creating a simple workflow, similar to a standard case referral process, with a minimum common data set, valid for all ERNs, which allowed collaboration and set interoperability standards. According to Piha, most of the technical challenges were about local connectivity and bandwidth capacity.

He said this project was important because it demonstrated that IT solutions could work across borders: “It has proven that it is possible to deliver a cross-border collaboration solution at short notice. Technical feedback from hospitals so far suggests that the roll-out of the CPMS, in particular the workflow and ontologies components, will promote and assist with internal digitalization. The difficulties we have faced are mostly related to diverging national organisational practices and legislative interpretations.

The development of the national and European infrastructures do not exclude each other, on the contrary, we see a positive effect of European development driving and guiding the national development. The European standards also help national interoperability. The European Reference Networks have proven that, when the goals are clear and the stakeholders committed, even complex EU level systems can be launched quickly. “

Piha may believe this project has been working well but what do the users think? Professor Dr Irene



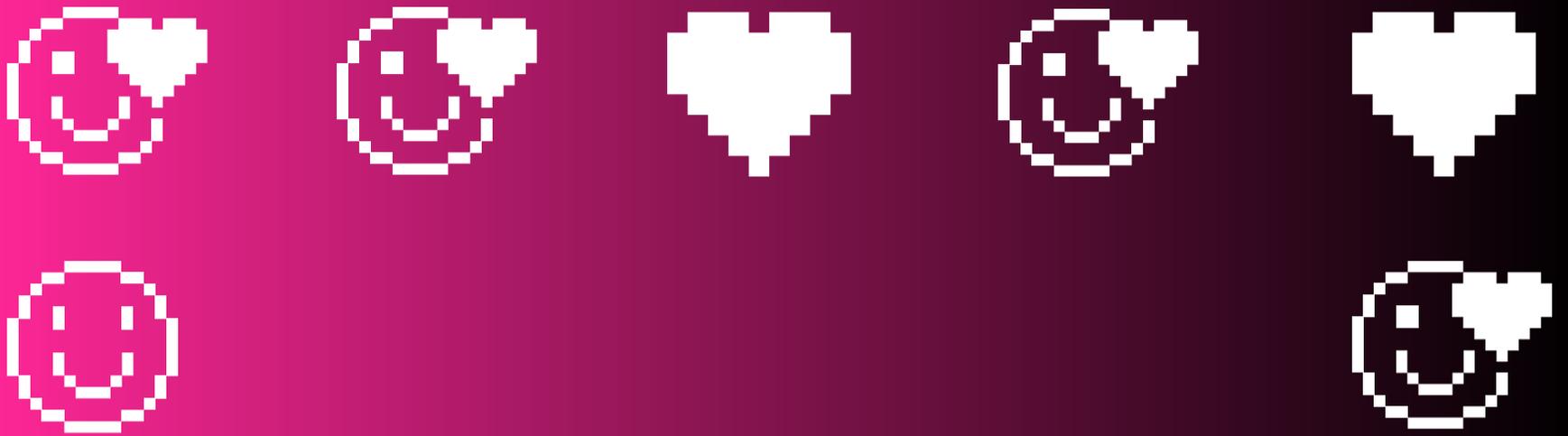
Mathijssen, from Erasmus MC, University Medical Center Rotterdam, is the European Reference Network Coordinator on craniofacial anomalies and ENT disorders. She said the technology was already proving useful: “It is amazing how all sorts of documents can be uploaded, such as MRI and CT scans, pathology slides etc., while dealing with hundreds of hospitals who have all their own type of documents. It works well but it is early. The system is still being improved.”

IMPROVING LONG-TERM TREATMENT

Mathijssen said she knew of only one patient who had benefited so far from the shared knowledge in her network. Professor Dr Joan-Lluis Vives Corrons, from the Josep Carreras Leukaemia Research Institute, is the Coordinator for a European project on rare and congenital anaemias (ENERCA). He said he knew that the CPMS had already had a positive impact on patients with vascular and lung diseases but said he didn’t have the figures for his own specialism yet.

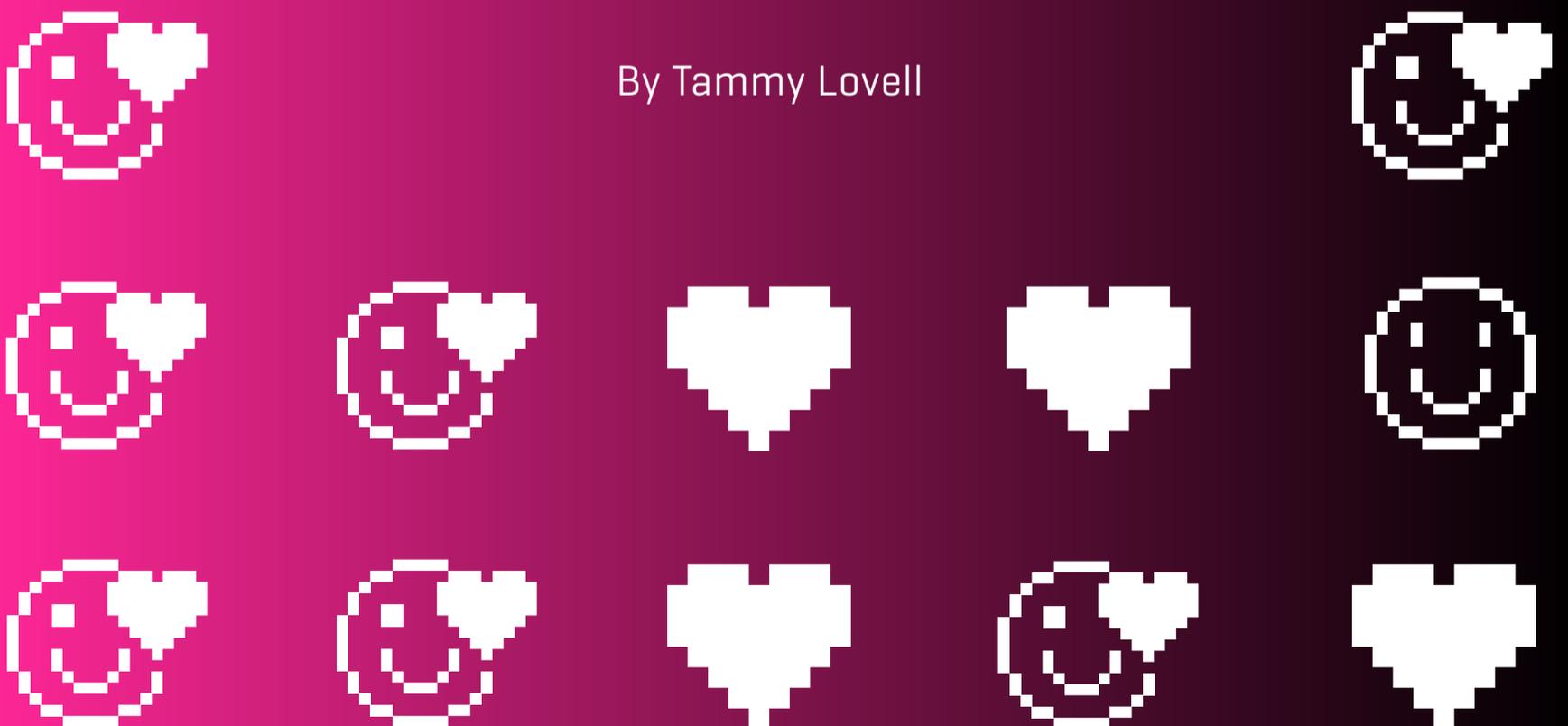
Vives Corrons said he believed the project would almost certainly improve treatment in the long-term: “The ERNs will be the essential way to facilitate and improve the ability to work together, to conduct joint research, to educate our colleagues and in particular to train the next generation. There is no doubt that the ERNs are a landmark opportunity for interdisciplinary collaboration between healthcare professionals working in close collaboration with patient groups.”

Even though the users we spoke to welcomed the initiative and the ERNs have shown that it is possible to deliver a cross-border solution, the digital pioneers behind the project still have some way to go as it is likely to take several years to get the Networks running to their full capacity. ■



HEALTHTECH.BELGIUM – A DIGITAL ROMANCE

A ‘dating agency’ for health technology in Belgium aims to matchmake start-ups with partners who can help make their ideas a reality. *Insights* finds out how HealthTech.Belgium plans to speed up innovation in Europe.



By Tammy Lovell

HealthTech.Belgium officially launched this year with the goal of developing a ‘fast track’ to help MedTech and eHealth projects get access to the information and support they need.

Appropriately, it kicked off with a ‘speed dating’ event at which entrepreneurs had the chance to network with industry representatives and seek advice on the next steps to develop their projects. Innovations which reach the research and development (R&D) stage get the opportunity to be tested and validated in the live environment.

The Government-funded initiative is a collaborative effort between three industry associations: the Belgian Federation of Technology Companies (Agoria), the Belgian Federation of the Medical Technology Industry (beMed-Tech) and the Belgian Association of Hospital Managers (ABDH). “Too often new projects fall into death valley and never become available to patients,” Carole Absil of Agoria tells *Insights*.

“We need to prepare industry to carry out clinical trials and evaluations of their products. HealthTech.Belgium is an answer to their needs.”

Carol Absil, Agoria

“Technology start-ups often have fantastic products but no plans to get them funded. It takes time for them to get approved by the authorities and in the meantime they can have difficulties and go bankrupt or end up not putting the product on the market because they made the wrong decisions and are slow to implement something,” she adds.

To combat this, HealthTech.Belgium uses its contacts to match start-ups with the right people to help them from hospitals, universities or industry. One of the major issues health tech innovations face, is becoming compliant with EU Regulations, such as the new medical device directives which will come into force in 2020. “From 2020 medical devices involving patient diagnosis or prognosis will have to be CE marked,”

PROJECTS SUPPORTED BY THE ACCELERATOR PROGRAMME INCLUDE

- Cancer diagnostics project:** A technology based on electrical impedance that helps doctors to offer improved and personalized cancer treatment to patients.
- Kaspard:** A small non-contact device that is placed on the wall which provides nursing staff with continuous information about when elderly are getting out of bed and if they have any falls.
- Cytomine software:** An open source web platform for collaborative analysis of very large images that allows semi-automatic processing of large collection of images via machine learning algorithms.
- PeriKit:** A device designed to take accurate and reproducible measurements (circumferences) on the limbs.
- Reach:** A commercialised technology platform based on in silico models for the robust and personalized design of tissue engineering products and processes.
- Muscle Talent Scan:** This uses MRI spectroscopy instead of muscle biopsies and laboratory analysis, in order to determine the slow-versus-fast muscle profile of athletes. Relevant in talent identification, personalisation of training plans and injury risk profiling.
- My Add On:** Universal add-ons which customize crutches and wheelchairs to make them more visually appealing, comfortable and convenient.
- U-Check:** A point of care that when placed in the toilet collects information related to the urine quality via your smartphone. This device is for anyone with kidney problems.

explains Ms Absil. “We need to prepare industry to carry out clinical trials and evaluations of their products. HealthTech.Belgium is an answer to their needs.”

The initiative doesn’t aim to “re-invent the wheel,” Ms Absil explains. Rather, it “points start-ups in the right direction to find services that are already available.” This can include services as diverse as business coaching, product validation, team building and creating international strategy, which are provided by HealthTech.Belgium’s strategic partners. “Those kind of things are often missing in the start-up environment”, says Absil.

LEARNING SUPPORT

HealthTech.Belgium also supports the MedTech Accelerator training programme run by the health and technology associations, lifetech.Brussels, MedTech Flanders and MedTech Wallonia.

“Too often new projects fall into death valley and never become available to patients.”

Carol Absil, Agoria

The Accelerator programme has been running since 2016 for entrepreneurs in Brussels, but this is the first year it has allowed applicants from throughout Belgium. It is open to MedTech projects which are less than three years old, have a first lab proof of concept and have verified their market hypotheses with potential customers. Start-ups taking part receive four months of group and individual coaching and learn about subjects such as business models, regulation, intellectual property, clinical trials and how to identify the market for their specific solutions.

“The idea is to get them out of the lab and have them reach a more entrepreneurial perspective. We also make sure they consult their project with the final users and receive swift feedback so they can improve their solution quicker,” says Sophie Lienart of lifetech Brussels. “This is a big step for most of the participants as they come from academia and have no idea about how their solution will be accepted in the real environment. Most of them have never talked to hospitals or to doctors, so it’s a major step for them.”



Final pitch and ceremony night in the BIP: Ruth Beckers [MedTech Flanders], David Dalla Vecchia [MedTech Wallonia], El Taghdouini Adil [founder of Stellascreen], Sophie Liénart [Lifetech Brussels]

Participant El Taghdouini Adil, a PhD graduate from Vrije Universiteit Brussel, was awarded this year’s prize for his StellaScreen biotechnology project, that aims to accelerate the discovery of new anti-fibrotic drugs by developing innovative in vitro phenotypic screening assays. He received €3,000 to develop his project and a year’s membership to Agoria and beMedTec. The project is funded by Innoviris, the Brussels Institute for the encouragement of scientific research and innovation. ■

TAKING HEALTHCARE ONLINE

Creating digital conversations between clinicians and patients could be the future of healthcare, opening up possibilities such as image analyses and real-time health analyses.

By Dean Koh





Dr Silvia Pfeiffer speaking at the Women in Tech conference in Singapore

A computer scientist by training, Dr Silvia Pfeiffer is the CEO and co-founder of **Coviu**, a cloud-based teleconferencing software designed to help doctors and clinicians improve their video consultation experience with patients and related workflows. Dr Pfeiffer was an invited speaker at the Women in Tech (Asia) conference held last month in Singapore. At the sidelines of the event, she shared in an interview about how Coviu was conceived, what innovation means to her and a glimpse of what the company will be working on in the coming years.

Q. How did the idea and the journey to form Coviu come about in 2015?

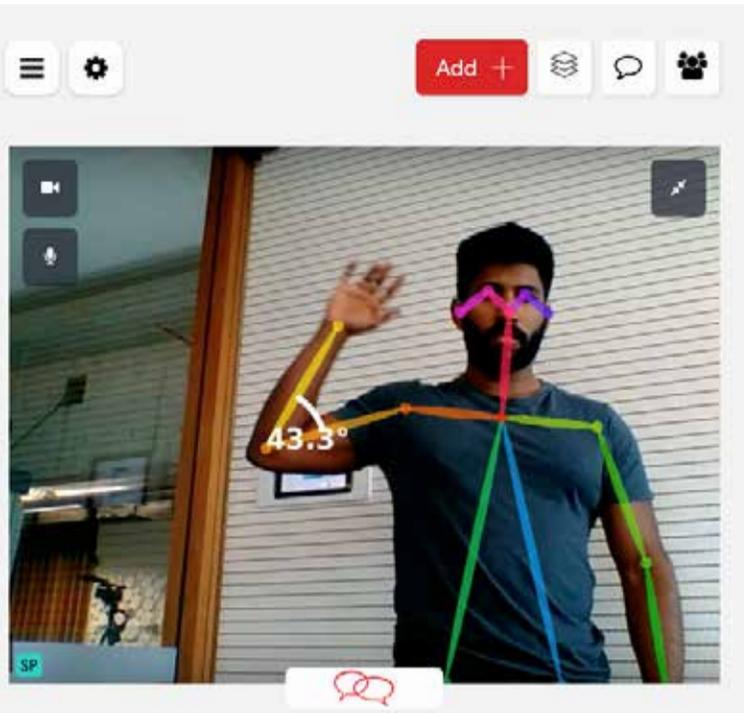
Coviu is a spinoff from **CSIRO of Australia**, and we worked in their computer science research space. I was part of writing some of the standards of **WebRTC**, which is the core technology that we're using for Coviu. In 2013, we did our first project with a team of speech pathologists out of Royal Far West School which provides healthcare in rural areas in Australia.

“ If you can provide opportunities to make clinicians' lives easier, to reach more patients and to scale their businesses, you're on to a winning streak and you can help them.”

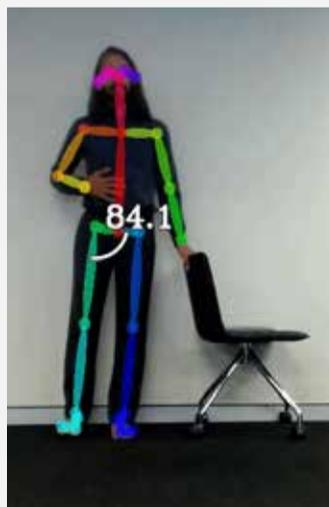
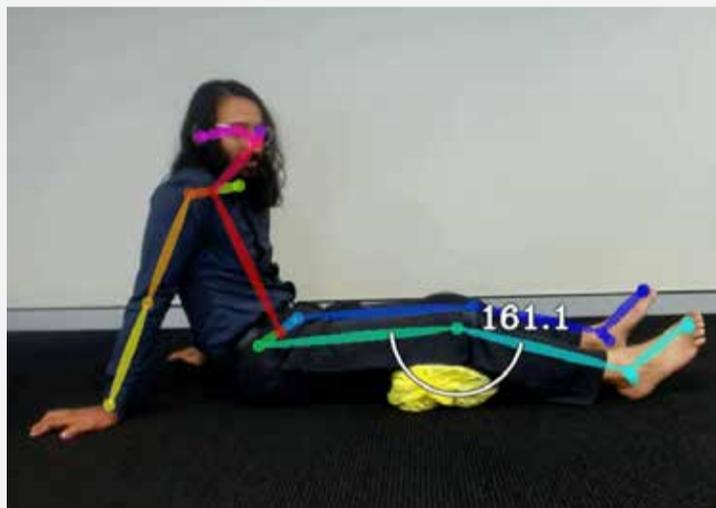
Dr Silvia Pfeiffer, Coviu

That school was delivering services but with what I now call legacy systems – an old video-conferencing system and the quality was not good. I built something with the technology we developed and knocked something out in a couple of weeks. We built a Minimum Viable Product (MVP) and gave it to them to try and two years later they refused to let go of it. They loved it so we knew we had something. We wanted to build something from that because the healthcare practitioners needed new technologies that would give them the tools for live consultations that they needed to replicate exactly what they are doing face-to-face.

That's what we built Coviu on, we started in 2015, we registered the company and launched publicly in 2016.



Coviu Tele-rehabilitation: Live range of motion analysis for physiotherapists.



Q. In your experience, what do you see as challenges for clinicians to adopt new technologies in their line of work?

It's interesting, technology adoption three years ago, when we first launched our product was really difficult to get because people were in set in their ways. Clinicians are very busy people and most of the time, they have their practices booked out and don't need to look for more patients, so why would they pick up new technologies? That was three years ago and times have changed a little bit because of everything that has been happening in healthcare with Artificial Intelligence (AI) and algorithms that have been proven to actually make better decisions than clinicians in certain specific areas.

The question of adoption is getting the clinicians onboard, getting the patients onboard and getting the administrators onboard; and that adoption is changing behaviour which is always difficult. But if you can provide opportunities to make clinicians' lives easier, to reach more patients and to scale their businesses, you're on to a winning streak and you can help them.

Q. What does innovation in the context of your work at Coviu mean?

We're innovating by taking healthcare online and our goal around innovation is now that we have digitalized the conversation between the patient and the clinician, what else can we do once we've got it digital? We can capture data of course, around how many consultations are held, just the statistics of how many consultations are held because we currently do not have any statistics on how many consultations that the doctors do – they're all on paper, random statistics whereas here (with Coviu) we can capture the accurate data.

But we can do much more than that - now that we've got a digital conversation and we've got the images



Coviu is the winner of this year's HIMSS AsiaPac Innovations Challenge for its **PhysioROM: Automated Range of Motion Analysis via telehealth project**

HIMSS AsiaPac18

“ We’re working on a project called *Range of Motion analysis*, around how well can you move your limbs, which could be interesting after knee surgery or any breakages etc. so it’s good for physiotherapy.”

Dr Silvia Pfeiffer, Coviu

digitally, we can do image analysis, which is part of AI and we do real-time health analysis that can help the clinicians make more informed decisions. For instance, we’re working on a project called **Range of Motion** analysis, around how well can you move your limbs, which could be interesting after knee surgery or any breakages etc. so it’s good for physiotherapy.

Q. What are some opportunities or expansion plans that you see for Coviu in the coming years?

We have a big roadmap and lots of ideas we want to bring into the telehealth consultation space. One focus area for us is clinician tools. Let’s say you are a mental health practitioner, maybe a psychiatrist or a psychologist and often questionnaires or specific tools are used to help identify whether a patient has a certain mental illness or not, and whether they are progressing or improving.

So these are clinician tools that they want to use in their consultations and they’re maybe tools that patients can take home as a mobile application but there is also a need for the clinician to see a summary of results from the patient so that they can see progress and they can supervise the progress of the patient. I see Coviu as a vital part in the future of healthcare where we have mobile applications that patients use for themselves for self-monitoring, dashboards for clinicians to supervise patients and there is also the communication component between the patient and clinician. Another aspect is to support the workflows (of clinicians), which is all around how the business operates.

Currently, we are actively selling in Australia but we also want to enter the Asian market and the **Regulatory Sandbox by the Ministry of Health Singapore** is a great opportunity for us as an entrance into the Asian market. ■

HELSINKI

A HOTSPOT OF INNOVATION

An ultramodern hospital built for children, showcasing state-of-the-art technology, and built from crowdfunding, and that's not where it ends. *Insights* visited the New Children's Hospital in Helsinki, Finland, and spoke to Professor Pekka Lahdenne, who specializes in Pediatrics, about how cultivating a culture of innovation played a major part in the hospital opening its doors to its first patients last month.

By Dillan Yogendra



The New Children's Hospital,
Finland

Source: Matti Snellman/HUS





Prof Pekka Lahdenne, Head of the digital and innovative services at the Children's hospital and leads the functional planning of the New Children's Hospital (NCH).

“ A lot of effort was invested in ensuring that the ICT platform would provide capabilities for future developments.”

Prof Pekka Lahdenne,
New Children's Hospital

Q. How was the hospital crowdfunded?

First of all, there was a Foundation founded for the New Children's Hospital, which organized national fundraising for the hospital. The Foundation succeeded in raising €38m (comprising mostly cash, but also some material donations for the facility) in 1.5 years from private citizens, companies and other foundations. The fundraising was carried out as a very public and visible campaign with extensive advertising in different media, and ending with a stadium concert. The Foundation also received €40m from the state of Finland and another €40m from the hospital district of Helsinki and Uusimaa. The total budget of the new facility was €183m.

Q. How did you co-design the hospital and involve children at every step of the process?

By listening to the parents of sick children that had been treated in the old Children's hospital. Very early in the planning phase of the hospital we compiled a family board of over 300 parents, organized a digital discussion forum for them and also carried out an extensive survey including experiences and expectations of the families.

Children participated in the design of the new hospital clothes and also of the user interface of tablet computers which are available for all children and families in in-patient care. We also developed a new method (based on photography) to collect patient experience data directly from children when in hospital.

Q. What influence did technology have in re-engineering your workflow?

It was imperative that an efficient ICT infrastructure was a priority for future development of a modern hospital. A lot of effort was invested in ensuring that

“ Children participated in the design of the new hospital clothes and also of the user interface of tablet computers which are available for all children and families in in-patient care”

Prof Pekka Lahdenne,
New Children's Hospital

Innovations at the New Children's Hospital include: Real-time location technology and a multi-purpose service system, with new digital services for patients.

the ICT platform would provide capabilities for future developments.

We also performed extensive data analyses concerning our hospital metrics in order to define better workflows and processes for the future hospital. Some simulations were also done, especially in the OR and also in out-patient areas. Furthermore, digital solutions will be integrated in selected processes.

Q. How did you build the space and services around the wellbeing of children, but also around the wellbeing of their families?

Child and family experiences were prioritized when planning and considering firstly, the functional characteristics, and secondly, the space for the services. Moreover, children's rights in the hospital were one of the key elements in the planning of the facility ([See The European Association for Children in Hospital, EACH](#)). In the new hospital, parents can participate in all activities and enter all facilities 24/7.



Source: Matti Snellman/HUS



Source: Matti Snellman/HUS

Art and play are key features of the New Children's Hospital in Helsinki.

Q. We noticed that art and play appear to be prime features in the hospital; how did you identify these as key elements for healing?

Discussions with the architects on the significance of art and play in the Children's hospital were frequent and reassuring. They also recognized art and play as a key element for a healing environment. The hospital (or the Foundation) received donations worth approximately €2m for different kinds of art. The art works specifically designed for the New Children's hospital are situated around the hospital. The location of art work and art graphics on the walls and floors were planned by the architects. Some of the art works are even interactive for the children and visitors.

We also have a play room in every in-patient ward and a special unit for play for all visitors to the hospital, including siblings of a sick child. It may also be of interest to know that trained kindergarten teachers organize activities for children and adolescents who are in-patients in the hospital. ■

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CHAMPIONS OF HEALTH UNITE

LEARN MORE ABOUT how the New Children's Hospital created a culture of innovation at our site visit during HIMSS & Health 2.0 European Conference on 11-13 June 2019 in Helsinki, Finland

GET IN TOUCH

with Dillan Yogendra for more details



ARE WE NOT ALL INNOVATORS?

By Charles Alessi

Innovation is talked about a lot in healthcare. We celebrate it and we encourage it, and perhaps this is a reflection of the fact there is a lot that is broken in our health and care systems globally.

We still mainly work within systems driven by metrics of the mid to late 20th century – where activity is the main driver and we still talk the talk of prevention rather than walk the walk of really driving and incentivizing healthy behaviors and encouraging people to self-care. Health systems globally are challenged by increasing complexity and multimorbidity of patients and diminishing returns associated with significant overactivity. We thus feel that the magic bullet must lie in innovation and to a degree it does.



“ *The time for accelerated change in our health and care systems is approaching us very fast*”

Dr Charles Alessi, HIMSS

Without innovation and better personalized treatment pathways the situation we would be in would be even more challenging financially. But perhaps we still hope that someone will discover the magic bullet that will fix the health and care system once and for all and that this will allow us to return to the days of old where we would just continue to practice the way we have been over the last twenty years albeit in a more personalized fashion.

It is pretty obvious that the chances of finding this magic bullet, if it exists at all, are negligible. It is unlikely that a single magic bullet will fix all that is wrong with our systems and anyway our record of deploying any new initiative systematically, consistently and at scale is pretty poor. This is true of all jurisdictions globally.

There are some solutions we can adopt however, which will start to align the operative models of health and care to our aspirations of more sustainable and personalized systems.

- We all have the potential to innovate and are all innovators. What we lack is systematic and consistent deployment of good practice. We need to start to celebrate people who manage to deploy and sustain improvements to treatment pathways especially those who manage the even greater challenge of deployment in an area far from where they first deployed it. We celebrate the innovators and need to celebrate the systematic deployers just as much.
- There is still far too much unwarranted variation within health systems all too often expressed as “clinical autonomy” rather than calling it for what it is. Managing unwarranted variation is not easy and it is a challenge for medical leaders to drive the required changes.

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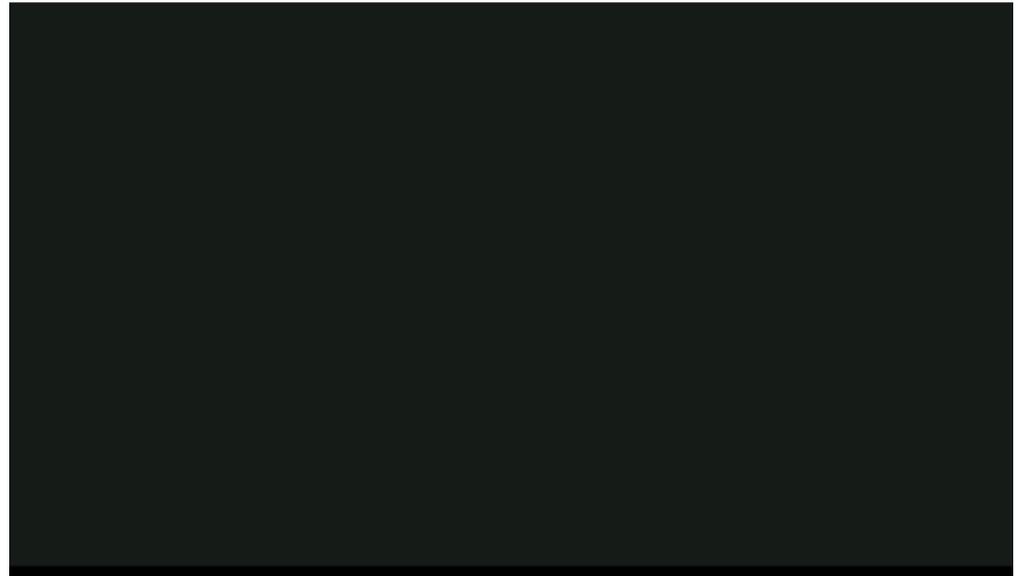
Dr Charles Alessi, HIMSS

- Medical leadership is the piece in the system which needs to be working optimally for continuous improvement in health and care. We have all seen what a difference effective medical leaders can make and also seen how health and care systems start to degrade when leadership is lacking. Despite the fact that we now understand how critical this leadership is, we still all too often do not give it the importance and recognition in work plans we should. This needs to change if we are to retain the best and improve the rest.
- Effective digital deployment and transformation is another essential constituent of improvement as it encourages and allows for transformation of pathways to become more person and patient centric. We need to ensure we deploy intelligently however and not be seen as a burden and added factor causing burnout. It is possible to ensure digital deployment is a solution rather than potentiator of physician burnout if it is deployed intelligently and, in a way, where clinicians see that this is an aid to good practice rather than a hinderance to good care

The time for accelerated change in our health and care systems is approaching us very fast, driven by the innovations brought about by the digital revolution as well as the economic forces which are making changes to the metrics that drive the system inevitable. The time is right for us to accelerate the changes we are making to our systems to ameliorate the problems and pain points in the system. HIMSS is a mission-driven system that celebrates the champions of health care and we need to be with our members through this journey, encouraging, assisting and even occasionally acting as critical friends. We are up for this and looking forward to engagement. ■

Pushing healthcare to new boundaries

All over the globe, innovative thinkers are working on practical ways to improve healthcare through information and technology. Find out more about what their drivers and future plans are in these exclusive HIMSS TV interviews



Virtual reality rehab advancing prosthetic limb technology

We spoke to Dr Albert Chi, medical director of Muscle Integration at Oregon Health & Science University and patient Johnny Matheny at the recent Health 2.0 12th Annual Fall conference in Santa Clara, US. Take a look at our HIMSS TV interview, and find out how nerve reassignment and Virtual Reality rehab work can advance prosthetic limb technology.



Key to innovation in healthcare

Claus Duedal Pedersen, Chief Innovation Officer for the Centre for Innovative Medical Technology at the Odense University Hospital in Denmark, talks about shortening the road from academic research to the practical world of the healthcare system.



HIMSS TV features programming from major HIMSS events and many of the industry's thought leaders.

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Sharing and using health data – The Nordic reality

The HIMSS Nordic Community has launched its second report around the topic of interoperability and exchanging health data across borders. The objective of the report is to document the outcomes of the discussion, decide on actionable next steps, and have a solid base to make reference to during the next Nordic meet-up. This report addresses some of the challenges the Nordic region is facing, such as: security, privacy, standards and interoperability. A ground-breaking next step for this initiative is the showcase that the Nordic Community is putting together to present in Orlando during HIMSS19 in February 2019. The showcase will demonstrate cross-country interoperability and the value for the patient across the Nordic countries:

Denmark, Finland, Norway and Sweden.

[READ FULL REPORT](#)



Women in Health IT at the forefront of addressing the opioid crisis

In 2016 alone, more than 11.5 million people reported misuse of prescription pain medicine. HIMSS recognizes the role and value of health information and technology to address the opioid crisis. HIMSS hosted a webinar, with the aim of tying the opioid crisis with the Women in Health IT community to raise awareness to women's voices in addressing the crisis. A panel of leaders shared their stories on how they came into their current work roles and what they are doing in those roles to address the opioid crisis through information and technology.

Learning objectives from the webinar include:

- Inform members about women's experiences applying health information and technology to address the opioid crisis at the federal and state level.
- Educate attendees about how speakers' career trajectories led to their current role addressing the opioid crisis through health information and technology.
- Elevate the voices of women who have been at the forefront of addressing the crisis.

[LISTEN TO THE WEBINAR](#)

Your chance to network, connect and innovate

Join our pan-European events to meet the people who matter in health IT



Executive Leadership Summit London

13 November 2018, London, United Kingdom

HIMSS UK is organising its 10th Executive Leadership Summit in London, which brings together senior NHS and industry leaders to explore and address this year's theme: "Patients accessing their own medical records: implications and expectations for the NHS". Join us and benefit from an unrivalled forum of Chief Executives from the NHS for a full day of learning, networking and expert-led workshops.

WWW.HIMSS-UK.ORG



HIMSS19 Global Conference and Exhibition

11-15 February 2019, Orlando, Florida

HIMSS19 has the world-class education, cutting-edge products and solutions, and unique networking opportunities you need to solve your biggest digital health challenges – all at one time, all in one place. Learn more about the world's leading health information and technology conference.

WWW.HIMSSCONFERENCE.ORG



HIMSS Health 2.0

11-13 June 2019, Helsinki, Finland

Mark the dates in your calendar. Following an undeniably successful collocated event in May 2018, HIMSS and Health 2.0 continue to strengthen their ties and have chosen one of the most innovative countries worldwide to host the 2019 conference. The HIMSS & Health 2.0 European Conference will be held on 11-13 June 2019 in Helsinki, Finland.

WWW.HIMSSEUROPECONFERENCE.EU



Dean Koh (Singapore) is the Editor of Healthcare IT News Asia Pacific. He was previously the Editor of a Singapore-based cycling publication (2013-2016) before moving into the government, healthcare and tech scene as a journalist. A keen photography enthusiast, he enjoys capturing candid moments at weddings and events.



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Tammy Lovell (UK) is a freelance journalist and former BMA feature writer, specialising in health policy. Her work was commended in the Guild of Health Writer Awards 2016 online category.



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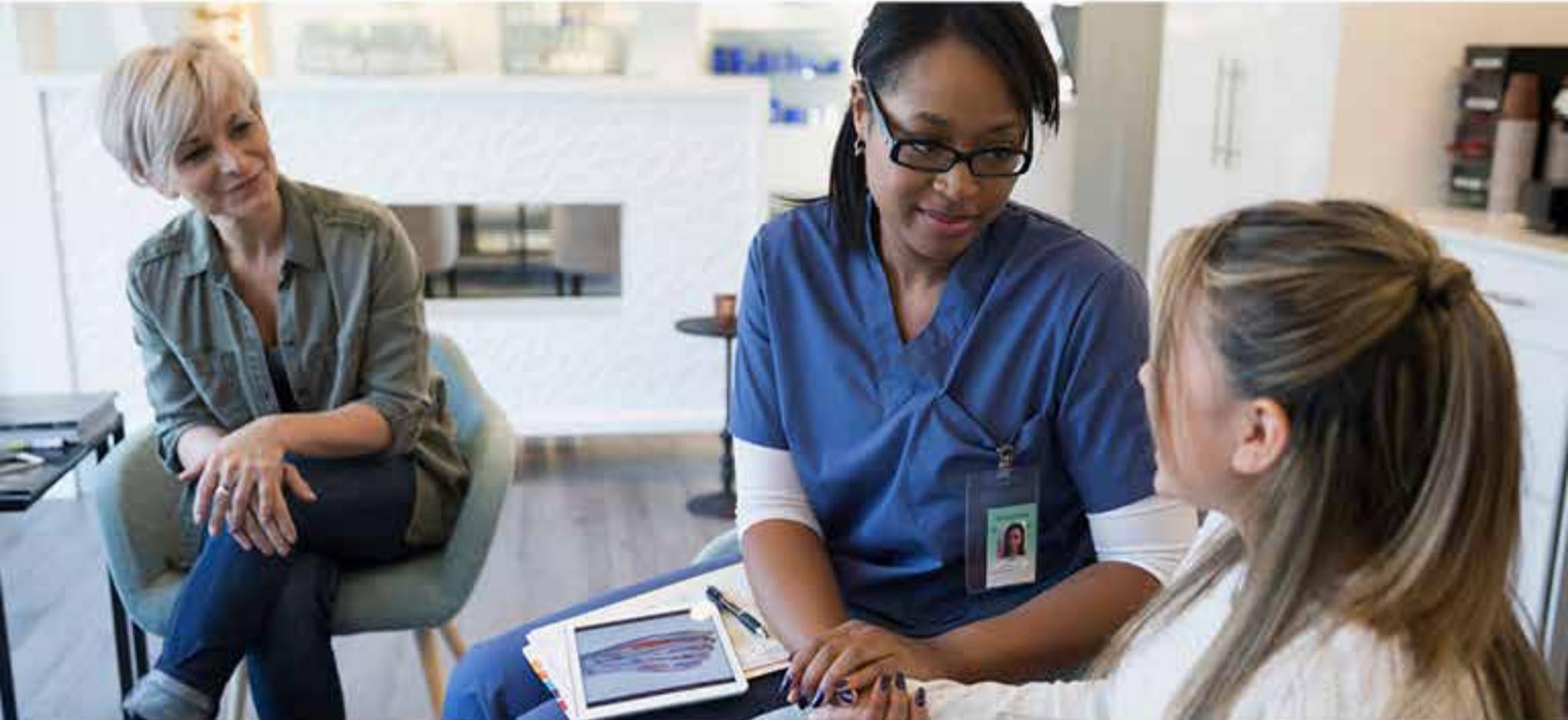
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SAVE THE DATE
11–13 JUNE 2019

Helsinki, Finland