Case Study

Internet Videocommunications partnered with a NHS Foundation Trust which aims to improve the experience of cancer for the people in the region, providing specialist services in cancer care across a much dispersed region to more than 1.7 million people. The Trust is also a major centre for teaching and research.

Challenge

- The need for Video-conferencing facilities to support the establishment of cross Network Specialist MDTs for less common cancers as required by the Manual of Cancer Standards.
- Existing solution showing signs of age with frequent breakdowns and either cancelled or disrupted MDT's. This is exacerbated at sites where there is no named individual or team with designated responsibility for the equipment/room/service.
- Videoconferencing is being used to underpin supra Network MDT's – penile, testicular, sarcoma and potentially Brain/CNS, Children, Teenagers and Young Adults in addition to local, network wide and specialist MDT's.
- Simplicity in terms of user interface and connection for presenting.
- There have been ongoing difficulties with connecting to other hospital sites who are not using the same systems as LSCCN and together with the need to support the development of MDT's which now need to display multiple images.
- Each of the rooms used for video conference MDT's across LSCCN is different and as such have different issues which need to be taken into consideration i.e. acoustics, room size, lighting and placement of windows, suppliers are required to survey these rooms and provide a detailed plan and solution to enable the designed rooms to support good quality MDT's.
- The most critical elements for an MDT meeting are the quality of the data source images and the audio quality. Images of the people attending the meeting are useful but not as important as the medical images shown in the meeting. The medical images shown can come from a variety of sources, some analogue and some digital. The video conferencing system needs to fully integrate with these sources to achieve the maximum quality obtainable but still be easy to use.

Solution

- Full consultation from Internet Videocommunications design team to ensure all needs were being addressed to the exact standards of their requirements.
- Polycom video conference system for holding MDT meetings with other trusts, remote hospitals and remote users.
- Video conferencing infrastructure design and implementation to allow seamless connectivity between the Trust and N3 plus the Public Internet from rooms systems and personal devices.
- The design and programming of a simple control panel to control the system and its inputs.
- Internet Videocommunications was the only (and first) supplier to innovative a solution which allows for any two sources to be viewed and sent to the far end at the same time which is critical to the trust to be able to see a choice of Microscope Images, PACS including Pathology Images and Radiology Images alongside Electronic Patient Records (EPR) and Hospital Information Systems (HIS) at both the local and remote sites.
- Polycom RealPresence Group video conference system for holding MDT meetings with other trusts, remote hospitals and remote users.
- Video conferencing infrastructure design and implementation to allow seamless connectivity between the Trust and N3 plus the Public Internet from rooms systems and personal devices.

Results

With the refresh of the MDT systems the Trust established a high definition video network to allow MDT meetings to run seamlessly in a manner to which they wish to work. The video conferencing solutions installed ensured the highest standard of audio, video and diagnostic data, while the easy to navigate intuitive control panel meant little training in the new solution was needed. The implementation of the dual content stream was exactly the solution the network was looking for, allowing patient data to be shown alongside PACS at the same time so everyone in the meeting was 'on the same page'. With this in mind user adoption has been high and the network has found that their efficiency in MDT meetings has improved massively, allowing more patients to be discussed per session and experts to be brought together more frequently which is extremely beneficial to all involved.