

## Collaborator Workshop: overview

The Lab, Level C, Health Hub  
University of Canberra  
3:30 - 6:30pm

### Attendees:

Leif Hanlen, NICTA  
Telitha Schroedl, NICTA  
Rachel De Sain, Flaxworks  
Marie Digman, UC  
Justin Barrie, DMA  
Mel Edwards, DMA

Asa Perez-Bercoff, ANU  
Suzanne Roche, AIIA  
Dan Appleton, AIIA  
Ian Bull, ACT Health  
Paresh Dawda, Ochre Health  
Dan Credazzi, Imatis

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### Introduction

The living lab is a collaboration between a group of organisations who want to improve healthcare outcomes through the innovative use of ICT. We have strategically located the lab demonstration space within the University of Canberra's Health Hub so as to work directly with the university, Ochre health and the other allied health professionals who occupy the building. This position is also advantageous given it's proximity to Calvary public and private hospital, AIS, an aged-care facility, and the ANU. The university will also be opening a sub-acute teaching hospital on campus as part of it's intended 'health innovation precinct'. The lab provides us with an opportunity to directly engage with the health care community on all levels

The lab's philosophy of co-design, co-develop, co-deploy will be held at the forefront of all research projects to ensure that the lab is meeting it's objective of open collaboration with all stakeholders. This includes working closely with designers to ensure that user-experience is a priority from the outset. Examples of how we deploy our philosophy can be seen in the lab's current projects 'mhealth for management of chronic disease' and 'ICT fit out of health hub' where researchers and project managers engaged with all users (including patients, staff, vendors, clinicians, students) to determine optimal research design for the former, and an appropriate technology package for the latter.

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### The Discussion

The collaborator workshop was held to engage with our research partners, and to establish some objectives for the near future. We would like to see small projects delivering measurable outcomes within the next 12-18 months that addresses existing problems ('pain points') or delivers innovation within the health hub building. These projects could be within the Ochre clinic or the student-led and allied health clinics on level C, but will ideally make the use of 3rd year undergrads and PhD students and will have demonstrable change or impact.

We asked our Ochre clinician for some of the problems he would like addressed. These included the difficulty in authorising prescriptions from one Ochre site to another, and the distinct lack of usable/capable technology in the aged care facility where many of their patients are located. The current system of providing handwritten prescriptions without the medication failsafe system that's

built in the program used on site at Ochre health is impractical, increases the workload, and poses a risk to patients.

Another concern raised by the operations manager of the Health Hub was how 'paperless' informed consent could be given by patients before being recorded using the upcoming VC technology. Suggestions to address this issue included the combination of voice recognition, digital signature and video record of patients consent, or a project that uses the three options in isolation to determine the most effective method.

Project design and user-experience was emphasised throughout the workshop, particularly for patients and clinicians. The lab endeavours to engage with all end-users throughout the research process and welcomes feedback from all collaborators about how best to do this. It was agreed that projects designed around/for the end-user will have the most success of deployment and adoption.

It was brought to our attention during the workshop that the Health Direct Australia webRTC package may be suitable for the ICT fit out of the Health Hub. The ICT fit out proposal has been submitted but not yet signed off by the University of Canberra, so there is still an opportunity to adjust our recommendation. We are very happy to explore the WebRTC option in greater detail.

Some of the other concerns raised by our participants included the overburdened emergency department at Canberra and Calvary hospitals, and an alternative model to address this. Others focused on the referral process and how it could be optimised to work for the patient efficiently. A large, open area in healthcare that was identified was logistics. This is an attractive research area as it encompasses many issues - particularly in the hospital setting, from meal delivery; patient tracking throughout the hospital; patient discharge; equipment tracking; blood storage, tracking and delivery; load on wardsmen.

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## Next Steps

Whilst some of the broader concerns raised above present many exciting research opportunities for The Lab, we would like the current focus to remain on the Health Hub. We believe that if we can demonstrate effective change and innovation on a small scale, we'll have more success co-designing, co-developing, and co-deploying research on a larger scale.

To this effect we'd now like to:

- Determine a list of top ten 'pain points' for the Health Hub (including Ochre Health) for The Lab to start addressing. Some of these were raised in the workshop and have been outlined above.
- Establish a template with a set of criteria for project proposals for The Lab to consider
- Determine national funding priorities. It was pointed out that the ACT Chief Minister and Minister for Health, Katy Gallagher's, health priority is tackling obesity.
- Review of existing relevant ACT Health projects and their status to avoid doubling up and also to identify areas of leverage/partnership
- Follow up Health Direct Australia webRTC platform with Rachel De Sain. Organise a meeting for further discussion and demonstration.
- Discuss with ACT Health the existing data sets that could be opened up for projects as well as for a student health hack fest.
- Survey Universities (heads of discipline, academics etc) about the biggest barriers that currently exist across the healthcare system.