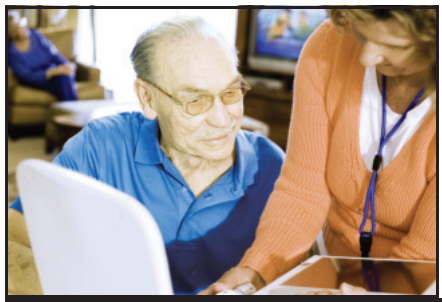


HEALTHCARE: putting technology to work



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6-PAGE SPECIAL REPORT

EDITED BY LESLIE FAUGHNAN

SEPTEMBER 27 2009

Unique ID to revolutionise healthcare

The introduction of a unique health number for every Irish citizen could ensure a significant improvement in the delivery of effective healthcare in this country, writes **Ian Campbell**

Early next year, the publication of the Health Information Bill will introduce legislative changes that will pave the way for the introduction of a unique health identifier (UHI), a single number allocated to every citizen in the country that could significantly improve Ireland's national healthcare system.



Prof Jane Grimson of Hiqa

"The establishment of a unique health identifier will greatly facilitate the more effective use of e-technology in health, both for patient care and safety, and also be an important element in moving towards a more integrated healthcare system," said a spokesperson for the Department of Health and Children.

Gerard Hurl, ICT director of the Health Service Executive (HSE), also welcomed the move. "The department understands that, to use electronic systems and move healthcare forward, we need a UHI," he said.

"We need it so that we can give the care provider – and ultimately the patient – access to electronic health records, at any place and any time."

As well as ensuring that a patient is always identified correctly, the number will link all the patient information together, creating an electronic health record (EHR) that contains a complete patient history, the Holy Grail of healthcare.

This will even benefit the emergency services, according to Hurl.

"Now that we can access data with mobile technology, it's critical that ambulance teams are able to get hold of a patient's history," he said.

In Ireland, there is currently no reliable method of tracking a patient through the system. The UHI would replace practices that rely on the matching of name, address and date of birth, which is more prone to administrative errors and often leads to repetitious form-filling.

Supporters of the single number say a standardised system will reduce risks to the safe delivery of services and save money through more efficient administration.

"If a patient requires treatment at any healthcare environment in Ireland, the doctors or nurses must have access to the most accurate information," Hurl said.

Professor Jane Grimson, director of health information in the Health Information and Quality Authority (Hiqa), went further: "In order to provide high quality, reliable health care and to ensure maximum patient safety, it is essential that patients can be identified uniquely and clearly, and this is not currently the case."

A survey carried out by the Hiqa found that 94 per cent of people wanted their medical information to be accessible by emergency medical staff, with a further 86 per cent stating their desire for health information to be joined up across the system.

The bill is expected to follow recommendations made in a Hiqa white paper published in March, which called for a UHI to be introduced as soon as possible. It is likely to be a 'purpose-built' UHI rather than an extension of the role of the existing personal public service number (PPSN), which citizens currently use for access to social welfare benefits and other state services.

The Hiqa report expressed concerns about privacy and

personal data relating to extending the role of the PPSN, and concluded that issues "related to individual privacy concerns, data integrity, minimisation of limitations, maximum benefits realisation and best international practice indicate" made setting up a new UHI number the preferred choice.

The idea of a UHI is not new and discussions have gone back and forward for many years in Ireland on the best numbering system to use and the legislative changes to support its introduction. Many countries are on a similar journey, including the US; whereas others, like the Scandinavian countries, have used UHIs for many years. Britain is in the process of implementation and is also rolling out an electronic health record (EHR) system.

The timing for Ireland could be its biggest challenge, according to Kieran Hickey, chair of ProRec, the Irish arm of a body to set up to encourage health services to adopt standards that will enable electronic health records. He said that Ireland had always been below average in its funding of IT health initiatives, and feared the recession could impact on UHI delivery.

Further cuts to the health budget are also on the way, which means a strong business case will have to be made if it is going to get through.

Hurl believes it can be done. "I don't believe it would cost an extraordinary amount of money, and I believe the return on investment would be there," he said.

The Hiqa white paper said that a UHI would "pay for itself within the first years of implementation and continue to accrue savings in the years that follow" through increased efficiencies and a reduction in administration costs.

Applying what Hiqa calls the principle of 'collect once, use many times', the UHI would give joined-up information to carers for the first time – which would help avoid re-



The introduction of the unique health identifier number is key to joined-up healthcare systems in Ireland

cord duplication and repeat laboratory testing. Hiqa identified patient safety though a reduction in

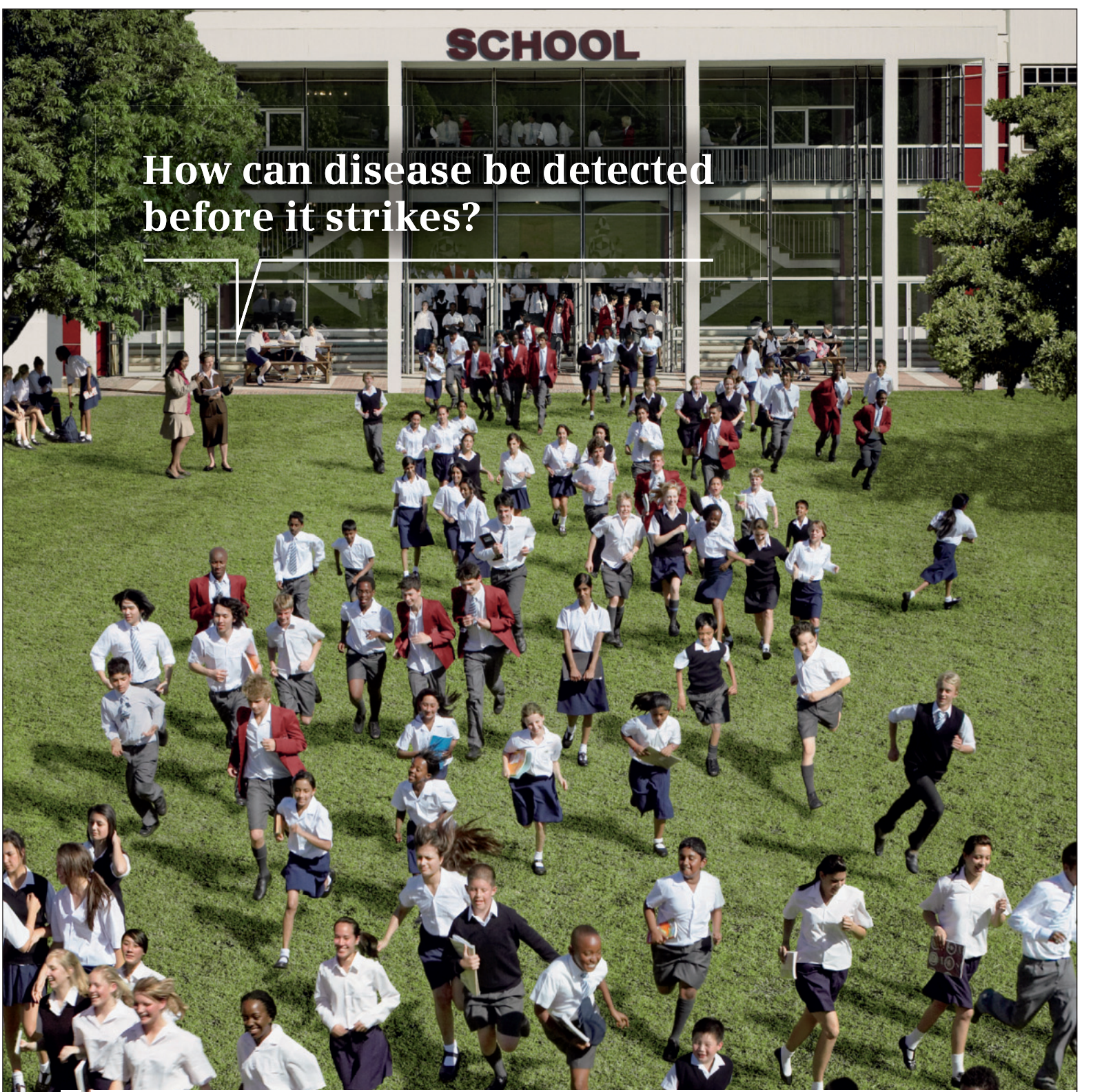
'adverse events' as a principal reason for its adoption, but recognised that number-crunching needed to be done.

While the sums are difficult to prove, the white paper drew parallels from the work of GSI, a standards body that intro-

duced a similar number identifier system in the National Centre for Haemophilia and Coagulation Disorders at St

James's Hospital in Dublin. Within a year, the cost savings surpassed the cost of implementation.

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Joined-up healthcare

When the Health Service Executive (HSE) was formed in 2005, part of its remit was to unravel the labyrinth of different systems and silos of fragmented information that existed within the old health boards.

Billed as the most radical restructuring for 30 years, the HSE made plans for setting up a national infrastructure and enterprise-wide systems, but received a sudden jolt when one project, the Personnel, Payroll and Related Systems (PPARS), which was already under way, hit a brick wall.

The PPARS project, which was portrayed in the media as an IT disaster story, was a €150 million project that failed to deliver, raising questions about the wisdom of pursuing a more centralised IT infrastructure.

Since then, the HSE has largely stuck to its plans for enterprise-style IT and joined-up services, building a National Health Network and creating a National

Health Data Centre. And, despite the storm around PPARS, it has quietly pursued other national roll-outs.

The deployment of a patient administration system (PAS), developed by iSoft, is an ongoing project that a recently published report deemed to be largely successful.

Designed to provide a foundation for a national hospital information system, covering all 52 acute hospitals in the state, the project recently reached the halfway mark.

PAS is important because it is a stepping stone that may influence future decisions on the shape of the planned hospital information system, particularly around the deployment of a national electronic health record (EHR).

The second half of its deployment will be under a significant amount of scrutiny, and its success or failure may play a part in determining how quickly UHI and EHR models are realised.

LEADERS

BEST BUSINESS

Healthcare ICT needs special skills

Leslie Faughnan talks to the new director of ICT in the HSE about the challenges to healthcare and the systems and skills that are urgently needed

It is a job that is regarded by many as perhaps the toughest in information communication technology (ICT) in any organisation in Ireland, but Gerard Hurl, the new Health Service Executive director of ICT, is facing the challenge with optimism tempered with realistic acknowledgment of a troubled legacy and very limited resources in the short and probably medium term.

A 30-year veteran of healthcare informatics, he was appointed earlier this year from his previous role as IT manager in Dublin's Mater Hospital. Hurl was tipped by many in the IT community for the job because of his national and international reputation.

He has been for some years one of perhaps six healthcare informatics experts of European stature in the country, and a driving force in the Healthcare Informatics Society of Ireland (HISI), the professional body of which he is chairman.

The ICT estate he has taken over is very – some would say extremely – limited despite the popular myths about PPARS. The annual budget for all aspects of ICT is less than 0.75 per cent of the HSE total of €14.5 billion at €90 million, essentially for maintenance with some limited capital investment.

It is generally accepted as a uniquely low figure by international standards.

The ICT directorate has a staff of 310 nationally to serve an organisation with more than 130,000 employees and upwards of 40,000 PCs as well as its extensive infrastructure and systems. By almost all criteria, it is the largest user of ICT in the country.



Gerard Hurl: 'investment in technology represents the only realistic way we can continue to contain our healthcare costs'

MAURA HICKEY

The ratio of all ICT personnel to that regular user base (and there are thousands of occasional users) is about one for 130 or less, as opposed to the 1:40 to 1:60 level considered normal in large commercial organisations worldwide. In fact, the HSE has 80 support people for about 50,000 regular users of software applications.

"We are starting from the basis that the value of ICT in delivering better and more efficient healthcare is incontrovertible," Hurl said. "The evidence is there internationally, from the USA and Europe and in Britain. ICT has to be at the heart of healthcare, both for the best patient outcomes and for efficiency in delivery and in making optimum use of the clinical, technical and administrative resources."

Technology can save money, he

said, especially when allied to clear decision-making about priorities. He uses the example of an exercise in Tallaght Hospital in 2002, which saved an estimated €735,000 or more annually.

All laboratory reports used to be printed and circulated automatically, generating many thousands of paper documents to be physically transported around the hospital and later stored.

By moving to an electronic system the savings extended beyond the print costs, handling and filing to clinical and clerical staff time. The electronic lab report system is also quicker, more reliable and accurate.

This example is deceptively simple, Hurl pointed out, because behind it are benefits for patient treatment and process improve-

ment across several hospital disciplines, as well as the savings and return on the technology investment. There was also a platform created for ease of expansion in volume or types of report in the future.

The "Transformation Programme" since 2007 has one major implication for ICT strategy, Hurl explained, which was that the paradigm of care was moving to put the patient at the centre of all services and activity, logically as well as in care terms.

"The services and systems will integrate around the patient, rather than the institution or profession or disease. Clearly, a national health identifier will greatly assist in actually carrying that through, connecting all of the processes across all healthcare services."

But it is no magic bullet, he in-

sisted, and there were many other things to be accomplished before the value of such an identifier system could be delivered.

"Realistically, in the current climate and with costs on hold, the message we have to deliver is that ICT can deliver significant return on investment. I might add that investment in technology represents the only realistic way we can continue to contain our healthcare costs."

Hurl said that, by and large, governments internationally do not get it, despite all of the studies and evidence of what technology can contribute to healthcare, especially in efficiency and cost saving or at least achieving more with less.

"In many respects the industry generally is no great help either. It has contributed to the popular

myth that it's all easy really, just buy clever systems – our systems the vendors will say – and get on with it."

In truth the challenge is that in all developed countries healthcare systems have grown up over time and no country, including the USA, has anything like the joined up services that would be fundamental in any vision of healthcare today.

"Electronic health systems require a multi-layered infrastructure to enable flexibility and interoperability for information and the systems and technology components," Hurl said, and pointed to the specific case of the USA, where just 0.3 per cent of hospitals have fully implemented the US Electronic Medical Record (EMR), which we call EHR (electronic health record).

While this pointed to the fact that

no healthcare administration had fully cracked the problem, it was not intractable. Progress has been made here and across Europe and the USA in developing and agreeing standards for systems as well as a range of model solutions capable of being adapted for different national healthcare regimes.

In Ireland, Hurl pointed to programmes like NIMIS (the national integrated medical imaging system); Healthlink, which facilitates the transfer of information between primary and secondary care, and the progress being made on EHR and a unique health identifier (UHI) as the basis for patient-centric administration in all healthcare.

There were lots of identified priorities, Hurl said, and in fact the HSE – with the Health Information and Quality Authority (Hiqa), the Department of Health and Children and other agencies – is actually tackling most of them.

The concern he was determined to get across to everyone from the government down is that the ICT skills and people resources are not there to attain the objectives – and certainly not in the kind of time scale that the economic situation really dictates.

Within the HSE, Hurl has identified as one element of a solution the re-training and upskilling of both ICT staff and others who could gain sufficient ICT knowledge in a short timeframe.

"Across the entire healthcare domain, not just the HSE, there is a serious shortfall in skills," he said. "Healthcare is very specific and has many unique specialist areas, so it is also fair to say that it is the domain knowledge that is especially lacking."

"We can envisage people who know a healthcare area very well having ICT skills added, but perhaps only a small number of ICT workers would be suitable for roles in healthcare, and the time scale might be impractical."

Yet Hurl said he was hopeful and said the recent formation of the Irish Council for Health Informatics Professions by HISI and the Irish Computer Society was an important initiative in leading the development of the inter-disciplinary skills so urgently needed.

"Being really optimistic, we could see it as both the route to meeting our own challenges and an opportunity to build a skills and knowledge base in next generation healthcare ICT that would build an international reputation and have a significant 'knowledge economy' value," he said.

Commercial profile: CIM Ireland

Simulation modelling in hospitals

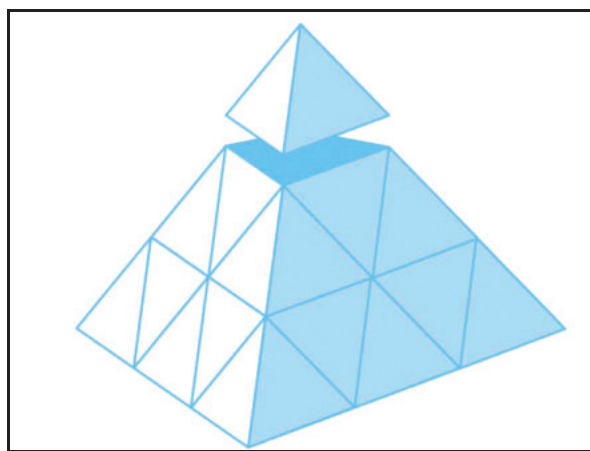
Modern software has become so sophisticated that simulation modelling is now successfully used in a variety of settings across the world to model accurately the flow of products or people.

CIM Ireland, which has been a leader in simulation modelling since 1994, has worked hard with pharmaceutical, manufacturing and service industries to provide accurate and informative simulations that are crucial to product or service development.

Now, CIM Ireland is looking to move into a new area of modelling, one which could be of benefit to the millions of people in Ireland who use healthcare services each year. CIM Ireland will apply its leading-edge technology to medical situations, modelling patient flow in clinical settings with a view to improving the patient experience and easing the pressure on already stretched healthcare systems.

Despite the fact that such technology is widely used throughout the US, Britain and Australia, it has never been used by health services in Ireland.

"Simulation modelling is an ideal fit for the healthcare industry," said Feargal Timon, managing director of



CIM Ireland. "People running the healthcare system have differing views on how to make improvements. Simulation is objective and can evaluate and compare the impact of the proposals before investment."

According to Timon, the goal of simulation modelling is not to improve 'traditional efficiencies', nor is it about changing the way in which people work. Instead, the benefits lie in the ability to better manage patient flow and to get more out of what organisations already have.

"Typical benefits include a 25 per cent reduction in waiting time and a 10 per cent improvement in number of patients treated," he said. "This means that healthcare facilities will be able to get 10 per cent more people through without having to

work any harder."

CIM Ireland's simulations can model everything from A&E departments and theatre bed management to the impact of bed availability and blockers on the overall system. This makes it an ideal tool for those whose primary responsibility lies in managing waiting times – as well as for anybody involved in healthcare administration or management.

For further information contact: Feargal Timon, B. E., M. Eng. Sc., CIM Ireland Ltd., Brooklawn, Salthill, Galway, Phone: 091-770737, Email: Feargal.Timon@simulation.ie or www.simulation.ie



Getting the message to patients

By Leslie Faughnan

Like every hospital in the state, St Vincent's University Hospital in Dublin has had a problem for years with managing outpatient appointments for its wide range of clinics. In essence, the rate of 'no-shows' or, as the hospital more politely records it, Did Not Attend (DNAs) could be up to 40 per cent.

The implications for the hospital are very serious in terms of wasted time by clinicians and other staff, and the related costs. A general HSE cost figure for each hospital DNA is about €80 per patient. Arguably, the closing out of appointment times for other patients might be an even more serious consequence.

A major step forward in solving, or at least alleviating, the problem is the Defero text messaging system which has recently finished a very successful three-month trial in St Vincent's. Developed by Dublin firm Grapevine Solutions, the Defero software links to the hospital's patient administration system. Appointment reminders are sent to outpatients by SMS or e-mail, initially at 15, ten and five-day intervals.

"We believe the most common cause is that people just forget the exact date and many of our patients simply do not use a diary," said Martina Corcoran, the IT department project manager for the trial. "Advance appointments are usually made when the patient is in a clinic; confirmation letters are posted of course. But, for a range of reasons, the level of non-attendance at appointments varies from around 15 per cent to over 40 per cent,



Dermot Cullinan and Martina Corcoran of the St Vincent's IT team

MAURA HICKEY

which is extremely wasteful of our limited resources."

Since St Vincent's sees around 143,000 outpatients annually in its various clinics, the average DNA rate of 23 per cent represents almost 30,000 missed appointments, and suggests a cost through waste of the order of €2 million-plus.

"We piloted the text messaging system in two of our busiest clinics, ENT and urology," Corcoran said. "The non-attendance figure for patients on the SMS system dropped to just 8 per cent over the period."

Dermot Cullinan, head of ITR, said that Defero messaging was just one element of a combined effort between the clinical and administrative teams.

"We used poster campaigns, leaflets and reminders to patients in order to emphasise the importance of keeping appointments or re-scheduling them and, of course, making it easy to do that. As part of that we invited patients to opt in to the SMS scheme, so that we

had their permission and their interest."

But he said that the Defero system was the new star of the show, linked to the patient system so that the reminders were automatic, accurate and accurately targeted.

"We have already decided to roll it out as the key part of a co-operative programme across all outpatient clinics with an ambitious but, we believe, realistic target of bringing non-attendance down to a 5 per cent level."

While the Defero system was an investment primarily targeted at outpatient DNA rates, it is envisaged that it will be used for other communications purposes throughout the hospital. Staff notifications or alerts, for example, can be automatically generated or sent speedily to specific groups such as clinical staff on call, or if required in emergency situations. Ad hoc requirements for messages to patients or staff can be sent using a simple web interface.



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LEADERS

BEST BUSINESS HEALTHCARE

Early detection key to better economics

Leslie Faughnan speaks to the new head of Siemens Healthcare about the contribution that advanced technology can make to more cost-effective healthcare

We like to think that all of our systems and ongoing R&D – which are running at about €1 billion a year – is focused on the patient experience in healthcare,” said Kevin Dand, head of Siemens Healthcare in Ireland, who has extensive experience in Germany and Britain.

“But that includes both the in-room experience, when being actively diagnosed or treated, and the out-of-room experience which has to do with the healthcare services generally. There is or should be a continuum of care between all of the activities and systems which impact on the patient experience. The key to that is information.”

The economic problems of healthcare costs, ageing populations and higher expectations are universal, according to Dand.

“When you look at the bigger picture of delivering healthcare it is clear that one key to reducing or controlling overall costs is in improving process and work flow throughout the services,” he said.

He cited the examples of ‘in vivo’ diagnostics, such as where the patient undergoes MRI or X-ray scans, and in vitro, which means laboratory and other tests on samples taken from the patient.

“Today, all vendors provide their systems in these areas with the power to feed the resulting data quickly into other systems,” he said. “With the right ICT infrastructure, that type of information could



Kevin Dand, head of Siemens Healthcare in Ireland

be delivered immediately to the clinician at the bedside. The ‘any time, anywhere’ mantra in the business world also applies

in healthcare and, ideally, no healthcare professional need be tied to a particular reporting station or piece of equipment.”

But the ideal is in fact very complex and challenging, and no national healthcare environment has yet come near.

“Take the unique patient identifier. That is at the core of all information requests and data exchange between clinical and other systems. Yet many countries including Ireland do not yet have a system.”

From an ICT point of view it is all about standards, taking out ambiguities and ensuring that systems can work together and exchange data because it is consistent.

“Take today’s state-of-the-art diagnostic images,” Dand said. “You have to have a common image format and, for example, a way to ensure an image is not flipped left to right, which could have serious consequences.”

Better clinical information led to better patient outcomes, Dand said. The key is joined-up ICT, but the joins have to be consistent and standards-based across all systems and equipment. He acknowledged that different vendors had different approaches and protocols.

“In the end this is not about technical merit, but about agreed standards, so that the interoperability we need can actually take place.”

The biggest challenge to all national

healthcare systems is generally agreed to be the rising age profile of our populations.

“There are two key aspects of that which are driving where we need to go in healthcare systems,” Dand said. “One is that a huge proportion of the diseases which healthcare must deal with are chronic, like coronary conditions, cancers, pulmonary conditions and so on. That is a clinching argument for systems to manage effectively the ongoing care and monitoring so that we reduce the incidence of critical episodes and hospitalisation.”

In the US, he points out, it is estimated that 83 per cent of all healthcare costs are in the treatment of chronic diseases. The other, and complementary, aspect is that early diagnosis and detection is fundamental not only in given better clinical outcomes but is also proven by all research to be much more economical in a healthcare service context.

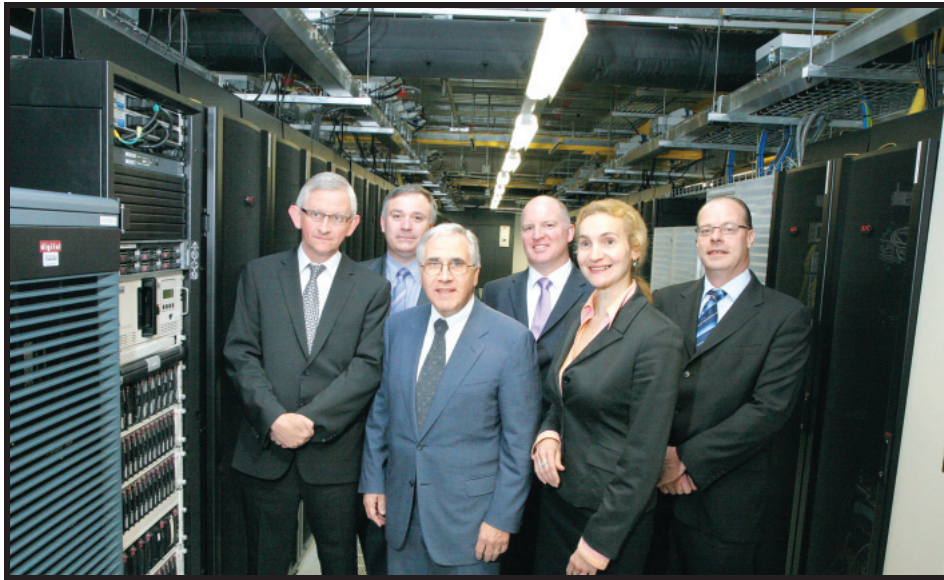
“We actually have the systems, drugs and skills to meet the future of healthcare as it appears to be shaping up,” said Dand. “The greater urgency at this stage is the means to pull them all together more effectively for the patient and the healthcare budgets.”

Data centre joins the dots in new HSE strategy

By Ian Campbell

The National Health Data Centre is a key national information and communication technologies (ICT) programme of the Health Service Executive (HSE) – and the latest move in its drive to promote a consistency of services, standards and patient experiences across Ireland. Announced in July, it replaces the co-location of individual applications in different data centres.

Using Eircom’s 120,000 square foot Clonsilla facility, the centre will house all key systems for HSE hospitals and health service offices nationwide, including hospital clinical applications, administrative and e-mail systems. Management of the HSE’s SAP implementation is already run from Clonsilla, which will also be home to the central data repository for the upcoming national medical imaging project.



At the new HSE National Health Data Centre were: (front row) Colm Hoban, director, government markets, Eircom; Gerard Hurl, national ICT director, HSE; and Dalma Daly, head of health sector business, Eircom, and (back row): Declan Ivory, general manager, data centre services, Eircom; Paul McSweeney, assistant national director, ICT operations & infrastructure, HSE; and Pat Thornton, general manager network and security operations, HSE

“Eircom is the key network infrastructure provider to the HSE and it is a flagship customer of ours,” said Dalma Daly,

head of health sector business at Eircom. “HSE went with our hosting centre because it is a secure environment that deli-

vers value, controls costs and reduces risk.”

This was the second significant win for Eircom since the HSE was formed in 2005 and given the task of unifying disparate systems belonging to the old health boards, creating a joined-up healthcare service.

Three years ago, Eircom won the competitive tender process to run the new National Health Network which is currently used by 35,000 health workers. Its next-generation communications platform offers scalable, high-speed Ethernet access to an IP MPLS backbone, allowing for multiple virtual private networks (VPNs) to connect hospitals and key administration centres around the country.

“The new network is about the provision of advanced voice and data services to the HSE,” said Daly. “It is a work-in-progress that is in approximately 40 sites, but the plan is to have a single national platform to connect every hospital in line with the broader HSE strategy.”

The National Health Network delivers Lan-speed bandwidth to HSE locations and connects them back to the National Health Centre, providing the platform for a national strategy that will facilitate the consolidation of applications and, eventually, the longer-term delivery of shared ICT services nationally.

Daly described Eircom as a concentric ICT service integrator at the epicentre of a restructured and consolidated service. But she was quick to acknowledge that progress using the network as a platform for 21st century healthcare had not been as quick as might have been hoped.

“We’re not quite there yet. Embedding the network has been a major exercise, and it is still early days for harnessing the IP for more sophisticated applications,” she said.

Well-documented cuts in Department of Health funding, from what was already a low starting point compared to other EU countries, has made progress difficult, not helped by the recession and

budgets have forced sites to squeeze more life out of their existing IT investments, particularly if it is still working well.

“In the current economic climate it makes sense for those that have a good system to postpone the migration or integrate with what is there,” said Daly. “People recognise that spending money on ripping out what is good and functional is not necessarily delivering the best value for money.”

So far, the system has been successfully implemented in around 50 per cent of its target sites, but it is a radical first step

towards the holy grail of a universal Electronic Health Record. Other ventures that explore the potential of the IP infrastructure have been carried out on a pilot basis, such as a telemedicine solution trialled between Our Lady’s Hospital, Crumlin, and Cork University Hospital. An integrated video conferencing solution has helped diagnostic quality images from Cork-based patient to Dublin based consultants in real time.

The system gave a hospital immediate access to a centre of excellence in a way that was simply not possible before,

speeding up treatment while saving time and money associated with transporting patients across the country.

On another positive note, an aggressive part of HSE policy has been to expand the role of the primary, community and continuing care function which includes nursing teams and occupational therapists on the frontline of patient care.

The target is to have half the country covered by the end of the year, and a new procurement process is expected to support the new locations and integrate them with the National Health Network.

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TECHNOLOGY

BEST BUSINESS

Telehealthcare is coming

Remote monitoring and clinical consultation offer a cost-effective solution to coping with chronic diseases, writes Leslie Faughnan



The Intel Health Guide home unit is essentially a small PC that can be used at home, or wherever the owner can get a broadband connection

It is a small unit with a 10-inch colour screen that looks not unlike a slightly bulky video-phone or a child's computer. However, this electronic carer will help people with chronic diseases to live independently, probably for longer and without serious episodes, because it enables remote monitoring of the patient's condition by doctors and healthcare services.

The Intel Health Guide is the product of almost a decade's research, currently being completed in pilot in NHS Lothian, Scotland, and in the Netherlands. Other trials are expected in several other EU states' national healthcare services. In Ireland, according to Ivan Harrow, Intel's European market development manager for the product, some trials are beginning with private clinics and homecare services.

The Intel Health Guide home unit is essentially a small

PC with specific capabilities for certain vital sign monitoring such as blood pressure, temperature, heart rate, glucose level, weight and other indicators which will vary by patient. Each patient is trained to use the unit for the relevant tests, so it can be used at home or in fact wherever the owner can get a broadband connection.

That is the other key part of the system. These units are designed to link over broadband to a clinical management suite at the healthcare professional end. The overall system is essentially a remote patient mon-

itoring service based on vital sign monitoring and recording, with the patients empowered to carry out an active and positive role in their own care. Various other monitoring devices or sensors can be connected to the main device.

In some respects, the headline feature is that this Intel unit actually is a videophone. It enables scheduled or impromptu communications between the patients and the healthcare professionals looking after them.

"It is this face-to-face human interaction that makes it such an attractive option for

The headline feature is that this Intel unit is actually a videophone

both patient and clinician," Harrow said.

The patient enjoys independent living and the professional caregiver has a complete picture of key vital signs, current and historic, on which to make any clinical decisions or give advice.

"The other picture, the video conversation, can give the experienced clinician literally a fuller picture of the patient including all of the non-verbal information that can be very important in making decisions," Harrow said.

Because the Intel unit is a PC, it can also be used to give

the patient information and guidance through multimedia content, usually informative video or other material about the relevant conditions. This element of content can be played or recommended during an interactive session or accessed by the patient at convenient times.

"There are broadly two models for how this system can be used for care in the home," Harrow said. "The primary care service can either be a general practice, with physicians looking after and interacting those of their own patients who would be suited to monitoring in this way. Al-



Ivan Harrow, European market development manager for Intel's new telehealth system

ternatively, larger-scale services would involve teams of clinicians and a contact centre or potential triage unit which would proactively monitor a larger panel of patients."

The Intel system is not designed for emergency use, Harrow says. It is primarily based on guided self-help by the patient with a chronic condition and the capture and recording of relevant clinical information for doctors.

"This is all part of what has to be a new era of preventive medicine in the community," he said. "Here, as in other countries, we have an ageing population, and most healthcare demands stem from chronic disease."

The research shows the problems. About a third of men over 60 have two or more chronic conditions, while a full three-quarters of people over 75 have at least one chronic condition.

"It is estimated that about three quarters of our healthcare expenditure is related to

managing chronic diseases," Harrow said.

About 80 per cent of GP visits and 60 per cent of hospital bed days are related to chronic diseases and their complications.

"This is the context in which early diagnosis, monitoring and primary care in the home and community is the priority for all health services," Harrow said. "Telehealth systems offer a hugely significant contribution to the care of the patients and the economics of our healthcare."

The costs are key, and Harrow said the price of the Intel Health Guide home unit would be under €1,000 and the clinical management suite is in line with general specialist software costs. "At the patient end, the additional charges would be about €2 a day for the monitoring service and the broadband costs," he said.

It is quite possible that the home units would be supplied by a telehealth service on a long or short-term rental basis.

Mercers Medical Centre's prescription for progress



Dr Alan O'Donohue of Mercers Medical Centre

By Leslie Faughnan

Mercers Medical Centre is based on the site of the former Mercers Hospital in Dublin. There has been a healthcare facility of some kind on this site since a home for lepers was founded by monks in 1190. Today, it is home to a paperless medical practice with four doctor partners, two medical registrars and two practice nurses.

"We are an independent practice founded in the early 1980s by the medical faculty of the RCSI and we are, to this day, closely affiliated to the department of general medicine," said Dr Alan O'Donohue.

Mercers participates actively in medical education and research, and has two post-graduate registrars in general practice for their final year of training.

"We are also the nominated GP service to the 2,500 students of the RCSI, so although they are young and healthy, it keeps our numbers up," O'Do-

nohue said. The practice has an active patient list of over 5,000 between its 1,000 GMS patients and private clients.

"We have 34,000 patient records on the system," said O'Donohue. "That might help explain why we took the decision about five years ago to become a fully computerised practice. The transition took about six months, transferring information from paper files to the practice management system. Over time, as patients came back to us after whatever interval, all of the current patient list records were added to the database."

Paper is an inevitable element in healthcare administration, but in Mercers any incoming correspondence and reports are scanned and entered into the relevant electronic records.

Mercers moved on to Helix Practice Manager three months ago, a relatively easy transition because the GP clinical system it had been using was acquired some time ago by Helix Health. "We had iden-



Declan Rossiter

tified a number of advantages we could gain, notably an interface that is more user-friendly which we have had customised to our own set of preferences. Any patient record, for example, has an opening screen with all the information laid out in

summary. You can then just click to drill down into any specific part, such as a previous consultation report or a set of diagnostic results," said O'Donohue.

Standard templates and forms for all regular reports or hospital referrals made for easy and speedy administrative tasks, O'Donohue said.

"But we are also very happy with the powerful but flexible analysis and reporting capabilities. That is already proving valuable for our own direct purposes, such as monitoring flu vaccinations at this stage of the year."

He said that, when the Irish Medicines Board decided to recall anti-inflammatory drug Aulin last year, it was easy to identify the relevant patients and send a standard letter advising them of the developments. If any of those patients were ill, they could be quickly identified and a telephone contact list generated with a few clicks.

But since Mercers Clinic is strongly involved in ongoing research, as well as the projects undertaken by its annual intake of medical registrars, analysis that can be correlated with specific sub-sets, as well as the entire patient list, is already of significant value.

Most general practices have the same broad set of ICT requirements, said Declan Rossiter, director of Helix Health, who looks after both the Helix Practice Manager suite and Health One, the software developed by his former company, Health Ireland, which was acquired by Helix Health.

"We have a good bird's eye view because 850 practices – of the 1,150 or so that the College of General Practitioners has identified as 'computerised' practices – use one of our software packages. The new Helix Practice Manager product is the fruit of that fa-

miliarity with the practical day-to-day needs of busy doctors in general practice."

The emphasis, Rossiter said, was on making all routine administration easy and even automated so that the accounts system, for example, was linked to the patient consultation records. "That is the basis for the web style interface and Microsoft .Net architecture of the new suite. It is easy for the new clerical recruit or the experienced clinician to use. Setting it up is particularly easy for a new practice, whether sole practitioner or group."

A key aspect of any such system is that it must conform to mandatory standards in healthcare information and data exchange, as well as in technical features such as interoperability.

"The software has to ensure compliance with all of that, while being an easy to use administrative tool for purely in-practice tasks such as scheduling, workflow, billing and accounts and so on, as well as dealing with the intricacies of GMS claims and payments."

On the clinical side, more and more diagnostic and other high-tech equipment is to be found in general practice. Data generated by such instruments should be taken directly into a practice management system and the specific patient's records. "Similarly, the systems should be able to interface with others such as Healthlink, ie, the national online communications system linking GPs and hospitals," Rossiter said.

Modern general practice is increasingly multi-disciplinary, and more and more diagnostic and monitoring technology is being used. Comprehensive practice management software is what integrates specialised clinical activities and information for better patient care and more efficient running of the practice.

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TECHNOLOGY

BEST BUSINESS

Private clinics are in good diagnostic health

A leading health service provider puts its success down to a combination of fast and efficient patient care, writes **Ian Campbell**

With 200 centres across 15 countries, it is hard to argue with the success of Euromedic International, but a more useful exercise for healthcare professionals might be to try and explain its rapid growth.

Paddy Creedon, chief executive of the company in Ireland, is clear about the market need that the medical service provider meets.

"There is definitely a demand in all of these countries for fast, efficient, value-for-money diagnostics," Creedon said.

Euromedic's spectacular rise has been mirrored in Ireland where it began with the acquisition of MRI Ireland in March 2007. It has since taken over Rockfield Medical Campus, Dublin City University Urgent Care Centre, Northwood Imaging Radiology & MRI Centre and the Charlemont imaging clinic.

In Ireland it has five diagnostic centres and one pathology unit, which reflect a business model based on clear demand.

"On average people visit GPs four times a year, yet only 6 per cent end up as an in-pa-



Paddy Creedon, chief executive of Euromedic International in Ireland

tient. In between there is a lot of diagnostics going on," said Creedon.

Euromedic provides a wide range of diagnostics procedures including magnetic resonance imaging (MRI), computer tomography (CT), x-ray and ultrasound. It claims to combine leading-edge technology with first-class staffing and procedures to create a new paradigm for medical imaging diagnostic services in Ireland.

Carrying out 120 MRIs every day, the company prides itself on a fast turnaround. The actual appointment usually lasts around 20 minutes, much quicker than in a typical hospital, according to Creedon.

Making an appointment is also a priority. "Patients typically get to see their GPs in 24-48 hours. We believe they should get diagnostics and blood tests

in the same sort of time frame."

An appointment is the starting point for anyone who enters the healthcare process and it's an area that Euromedic has worked hard to make as quick and smooth as possible. The company runs a dedicated appointment centre that takes calls direct from GPs or patients, providing they have a referral.

While speed and efficiency are core to the principles of the company, there is never any compromise in patient care.

"When a patient comes into our clinics, the priority is all about their care and safety," said Ian Lennon, chief information officer. "At our end, it is about moving patients through a workflow process that starts when make an appointment and goes through to them having the scan and re-

ceiving the results. We use extremely modern equipment that is all about making sure the patients are treated as quickly and safely as possible."

The clinics use cutting-edge technologies which in the case of diagnostics includes the latest imaging modalities, such as radiology information systems (RIS) and picture archive and communication systems (PAC).

RIS are used for the tracking and scheduling a patient's progress through the diagnostics, as well as the management of the data. PACs are dedicated servers used for the storage, retrieval, distribution and presentation of medical images.

Euromedic also incorporates the latest speech recognition systems (speech to text) to get even more out of the technology, and further streamline the diagnostic process. "As the radiologists view the images on the monitors, they are talking into a microphone and forming the content that will eventually be the finished report," said Lennon.

When it comes to sharing the results, technology is again leveraged to speed up the process and make it more efficient. "Reports can of course be printed and faxed, but we also make them available online," said Lennon.

Using a secure encrypted portal, GPs can log onto a site and view images online, complete with highlighted areas that need special attention. "Security is important so GPs can only see their patient's reports," said Lennon, "but it means they can get the patient report and the images in real time, as soon as they have been approved by radiologists."

The Euromedic systems are run and managed centrally across all of the clinics, which means patients are not necessarily tied to one centre. At the same time it gives the company a consistent platform to hone and perfect.

One of the challenges with the growth of the company was bringing each newly acquired clinic on to the same technology platform. "Some have been new sites which are always more straightforward, but for others we had to engage in data migration and system upgrades. It takes time with each, particularly when they have completely different workflow systems," said Lennon.

Streamlining the IT is part of a company-wide approach to efficiency that reflects a fast-moving market. Euromedic is keenly aware of the need to be competitive, especially in these stricken times. The cost of an MRI, for example, is half what it was six years ago.

"There is a phenomenal downward pressure on prices and we have to reflect that," said Creedon. "This month we launched a health screening

service to the consumer at a competitive price. It takes three hours and includes blood analyses, the results of which you get before you leave."

Hospital benefits from online referral system

By **Leslie Faughnan**

The everyday healthcare task of referring patients to hospitals and consultants or special clinics has historically been laborious and all too often inefficient because of poor handwriting, poor quality faxes, mis-addressed letters and other factors. Both hospitals and GPs recognised the need for a better way of doing things. In Cork, the South Infirmity Victoria University Hospital (SIVUH) pioneered an online system in 2006.

"That first pilot was for our Chest Pain Assessment Unit," said Ronan O'Connell, head of IT and management services in the hospital. "We developed a secure web-based system that allowed GPs to enrol and then log on and make the referral request and enter the patient information in a standard form. We could then acknowledge immediately and follow through very quickly with a provisional time and date for the appropriate clinical appointment."

The system was extended to Breast Clinic, and proved both successful and much appreciated by the hospital administrative staff and the GPs.

"We now have a total of 16 hospital departments participating in the scheme and more than 170 doctors across Munster registered to use the online system who need no special software, just their log-on PIN," he said.

As well as being speedy and efficient, the online system has taken out the errors that the manual process sometimes



Ronan O'Connell, head of IT and management services, and Juliette Wells, help desk coordinator of the South Infirmity Victoria University Hospital

generated because of incorrect or insufficient patient information, misread handwriting, and so on.

"Any errors in healthcare administration can have potentially serious consequences in patient care," O'Connell said. "So that was a significant benefit."

SIVUH uses a unique patient identifier for each patient, meaning that there is a single integrated record for each one, no ambiguity or duplicated records and better quality administrative data as a result. It also enables doctors to update their information, from change of work address to locum cover

periods, and to check back on their own activity in the referral system.

The SIVUH online referral system is so far unique to Cork although other hospitals have looked at it. "We developed it originally with a little help from our web supplier for our own agenda," O'Connell said. "But the needs and the processes are much the same all over the country so it could certainly be just copied by others."

The punch line in this small but perfectly formed IT success story is the costs involved. "We reckon it was less than €500," said O'Connell.

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PROJECTS

BEST BUSINESS HEALTHCARE

Mallow leads way in primary care



Dr David Molony and Dr Harry Casey at the site of the new primary healthcare facility in Mallow, Co Cork

A new primary care centre will set high standards for the rest of the country to follow.

Leslie Faughnan reports

A €25 million healthcare facility in Mallow, Co Cork will be fully operational in early January, and will bring together in one location the three leading private general practices in the town, as well as the Health Service Executive (HSE) local health area offices and other healthcare-related tenants.

Designed and specified with the organisations which will be based there, the Mallow Primary Healthcare Centre (MPHC) is a 70,000 square foot facility over three floors with separate suites for the various practices and services.

MPHC services will include cardiac assessment and screening, respiratory laboratory, occupational health, women's and men's health clinics, sports health, dermatology, nutrition

and dietetics, travel health, health screening, psychology and counselling, minor surgery, primary care diagnostic services, baby clinic, chiropractic, osteopathy and podiatry services.

"The key point for the community is that MPHC will bring together in one location almost all of the non-hospital healthcare services that people might need," said Dr David Molony, GP and senior partner in the Red House family practice, who speaks for the three medical practices that were the prime movers of the projects. The other practices are the Medical Centre and the Cork Road Clinic.

"Our patients will meet their own doctors and familiar faces, but the shared service facility means everyone has a one-stop shop in a new, pleasant and technically-advanced environment," Molony said.



Architect's visualisation of the Mallow Primary Healthcare Centre

"We have co-operated as practices and local GPs over the years, and began this project as a joint venture back in 2004."

The project has been funded by the participating practices, totalling 14 doctor partners, underwritten by the tenancies of the three practices and the HSE. SouthDoc, the co-operative call-out and locum service, will be based there, and other health-related services are in discussions.

"It is important that the practices keep their separate identities and character," Molony said, "but we are also in a new era of medicine and tech-

nology, where the sharing or pooling of some key resources makes sense for us and for the community."

An interesting structure for the pooled resources is what the participants are calling the 'fourth practice'. In effect, specialist healthcare services that would be uneconomic or inefficient for each practice to own separately will be provided through this co-owned fourth practice. That could include highly specialised diagnostic equipment, for example, or the services of a doctor with unique expertise and experience in a specific area.

Acknowledging that doctors

have neither the skills nor the time to push through such a project, the services of Alpha Healthcare and Jack Nagle were commissioned to manage the project on their behalf.

"It took us several years to find a suitable site," Molony said. "Then, we had negotiation and legal issues with the HSE that took nearly two years, largely because this was a unique initiative, certainly at the early stages."

The building was designed by Devereux Architects, a practice within the PM Group, the project manager of the construction, which has extensive healthcare facility experience in Ireland and Britain.

"The practices had detailed input into their requirements in terms of space, layout, patient flow through the building and the permanent technical infrastructure," Nagle said. "We got right down into the nitty-gritty of the ICT systems they use and would like to use in the future."

"Every clinical room has a minimum of four data points, and the entire facility is cabled with Cat6 throughout and fibre-optic links from each suite to a shared 'comms' room, effectively a small communal data centre."

Pulling it all together



Dr Thomas Carroll, of the Mallow Primary Healthcare Centre; and Jack Nagle, of Alpha Healthcare

By Leslie Faughnan

Project management for the new Mallow Primary Healthcare Centre is the responsibility of Jack Nagle, founder and managing director of Alpha Healthcare, a consultancy specialising in support for GP group practices and primary care centres.

Nagle is an engineer with senior management experience in medical devices and other areas, who saw that healthcare professionals would need support for practice management and projects demanding business and technical skills they could not be expected to have.

"Mallow is a very good example, because it is sizeable and is an initiative from a go-ahead set of doctors in practice who knew what they wanted to achieve, and got the HSE on board at an early enough stage for the facility to be designed to suit the requirements of all of its major tenants," Nagle said.

He could have added that, as the son of a local GP himself, he also had a unique knowledge of the area and the community.

Since there are about 200 primary care facilities of various scales set to be developed around the country under the new health strategy for local care delivery, Alpha Healthcare already has a large portfolio of clients.

"We now have over 40 medical centres around the country on our books for practice management and related consultancy," Nagle said. "We are also involved in 17 projects for the development of shared primary care facilities. Just like Mallow, these are turnkey project management contracts. The clients tell us what they want to achieve, and we are responsible for making it all happen, from concept to keys."

For the Mallow project, Alpha was

involved in all aspects from the negotiations with the Health Service Executive (HSE) to the briefing of the architects and liaison with the construction and building services teams.

"MPHC is a good model in ICT terms," Nagle said. "The design allows for a comms room that is like a data centre with co-location. The entire building is Cat6 cabled with a generous allocation of access points. Each suite is then linked by fibre-optic to the comms room, where each tenant's principal servers will be sited."

That provides for whatever network design each business unit chooses and internal data traffic growth well into the future. Phone and internet access with a future proof level of capacity comes direct to the comms facility to be shared by the individual business subscribers through the building.

"Medical data traffic is becoming more and more intensive, with shared diagnostic imaging and telehealth developments including video-conferencing," Nagle said. "It is also to be assumed that most of the tenants will be using or moving to VoIP telephony. MPHC is equipped to deal with all of that for the foreseeable future."

A good example is the top floor education suite. MPHC is an education partner of UCC medical school, and will have registrars and students on work experience – as well as researchers from projects in which its own clinicians are involved.

"That separate suite offers separation from the busy practices and is expected to be used for education sessions that could include video links with Cork, hospitals or multimedia training resources," Nagle said. "Linking primary and secondary care and the academic and training aspect of healthcare is very much part of the joined up 21st century environment we all want to see."



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General practices need specialist IT

By Post Reporter

With a client portfolio of eight general practices and about 40 GPs, CompleteGP is the new player as far as Irish healthcare software is concerned. It was set up in 2006 and is already on four practice management suites accredited by the General Practitioner Information Technology (GPIT) group of the Irish College of General Practitioners.

"It all started when Dr David Molony, now so much part of the MPHC project, asked me to look at the system his practice was using and which the UK-based vendors were not really interesting in supporting any longer," said Carl Beame, chief technology officer of CompleteGP, the company that was subsequently set up with Molony as a director.

Beame, a Canadian software engineer who came to Ireland and was "semi-retired", said that the ever-growing demands of a modern multidisciplinary medical practice caught his professional interest.

"As I got into it and looked at what technology was around, I became convinced there were better ways of doing a lot of the things involved," he said.

That ended up as a fresh software solution, incorporating some elements that were actually Molony's copyright, and a blank sheet approach to designing the elements from the interface with Healthlink, to automating the capture of

information from high tech diagnostic equipment.

"Clunky database management was an issue, for example, with the original system slowing down as the number of patient records grew," he said.

It was clear that Beame and Molony had a saleable package. The reaction from GPs who saw the CompleteGP system in action led to early adoption, spurred on by the GPIT accreditation in 2007.

An example of the practical approach to usability in the software is that there are templates and auto-fill features for all standard reports, referrals and correspondence.

"But the system can use standard office WP software, from basic WordPad to the latest edition of Microsoft Word," Beame said.

It is certainly working for Tobin Healthcare Centre, the Westport multi-disciplinary practice which is led by brothers Dr Richard Tobin, a GP, and dental surgeon Dr Leo Tobin. Its other clinicians include ophthalmologist Dr Katherine Tobin, and practice nurses.

"We have a network of over 20 PCs spread over three floors," Richard Tobin said. "They serve about a dozen of us in the practice. The idea is that we can access information at any time, where we are or where the patient is. The ECG is on the ground floor, and I might want to view it on the third floor or consult about it with a colleague somewhere else. All of that is quick and easy."

A self-confessed technology enthusiast, Dr Tobin qualified

as a physicist before taking up medicine, and has extensive personal experience of software programming. The giveaway is the headset which is his interface to his Dragon speech-to-text dictation system, a tool for daily use in getting information into the system.

"I set up our initial software system in 1986, which was fairly simple demographic and patient record stuff," he said. "It was developed and extended over the years, but in today's world of high-tech diagnostic systems and tight mandatory standards and accreditation for healthcare software, it is

clearly best to go to current experts."

Having done the market research, Tobin is very happy with CompleteGP, and especially with the professional relationship he has formed with Beame.

"We needed all of the normal practice management functionality, plus some bespoke elements, because of the nature of our centre and the wide range of clinical disciplines," Tobin said.

"It has all come together, fully integrated and ready for any new clinical or technical elements we may decide on in the future."



Dr David Molony and Carl Beame of Complete GP

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NEW BUSINESS

EDITED BY ELAINE O'REGAN e-mail: eoregan@sbpost.ie

Entrepreneurs queue up for place on Endeavour

High-calibre mentors are to offer one-to-one help on an ambitious start-up programme for technology ventures, writes **Dermot Corrigan**

More than 500 entrepreneurs have applied for a place on a new start-up programme launched this month by Institute of Technology, Tralee, and Shannon Development's Kerry Technology Park.

There will be just ten places available to successful applicants on the Endeavour programme, a seven-month start-up support and mentoring initiative due to begin in October.

Endeavour is aimed at technology ventures with the potential to grow internationally.

"We went looking for people with the potential to scale up their business internationally, and the applications received certainly seem to have that potential," said Endeavour programme manager Breda O'Dwyer.

"We had a response from a large number of sectors. There were lots of entries from both telecommunications and software businesses. We also have automated manufacturing entrants, and from the whole area of web-based enterprises."

O'Dwyer said the availability of one-to-one mentoring sessions with established entrepreneurs would set Endeavour apart from similar start-up support schemes.

"We have worked with start-ups in the past and, quite often, the feedback highlights a requirement for one-to-one mentoring. It is all very well to receive general assistance, but individuals want something specific and customised to their particular need," she said.

"We went after global entrepreneurs of a really high calibre, people who have been there, learnt a lot, and give something back, so that people can avoid the pitfalls that they encountered at the start of their careers."

Mentors involved in this year's programme will include Frankie Whelehan, chairman of Choice Hotels Group, Daft.ie ceo Eamonn Fallon, Worldspreads founder Connor Foley, Michael Carey, executive chairman of Jacob Fruitfield, and Stockbyte founder Jerry Kennelly, who was heavily involved in establishing the project.

Also involved in the programme are former Tanaiste and executive vice-chairman of Fexco Dick



Michael Carey, executive chairman, Jacob Fruitfield Group, with Charmaine Kenny, 2009 Rose of Tralee winner, and Breda O'Dwyer, programme manager, Endeavour

Spring, Kerry Group ceo Stan McCarthy, and Pádraig O'Ceidigh, chairman of Aer Arann.

O'Dwyer said a shortlist of applicants would be drawn up for the next stage of the selection process, which will include a business validation workshop on October 5 followed by business presentations on

October 15-16.

"Short-listed entrants will have to submit a more detailed business plan, and present that to a panel of our mentors. There will also be a Q&A session on that day. Based on how the day goes, we will then select the final ten on October 19," said O'Dwyer.

The winning candidates will join an intensive seven-month fast-track programme based at Kerry Technology Park. Each will be matched to a suitable mentor who will spend six half-day sessions examining their business model and providing advice and contacts.

"We have a two-day kick-off on

November 5 and 6. Following that, there will be an intensive workshop, running two days every week into the first week of December," said O'Dwyer.

"After that, each participant will have regular half-day one-to-one sessions with their mentors up until the end of April. There will also be

intensive workshops, with individuals from the likes of Ernst & Young, William Fry and the Communications Clinic. Each business plan will be challenged constantly, reviewed and reflected on."

The ten companies selected will be based in the Tom Crean Centre in Tralee, with full access to the research and development facilities at the Institute of Technology, Tralee, and Kerry Technology Park.

"There is huge value in peer learning. They will be working together, able to bounce ideas off each other and share their own learning," said O'Dwyer.

The programme will focus on the need for start-ups to plan for global growth from the outset. "A lot of Irish start-ups now need to be global from the world go. They are no longer competing with somebody within their own county or country. They have to be very aware of that, and be aware of the competition," said O'Dwyer.

Endeavour will culminate in an international funding showcase in April 2010, where the ten participants will present to potential investors.

"By the end of April, the entrepreneurs involved should be well able to stand in front of a VC forum and present their case for funding. That would be a key output for us, for the end of the programme. We are looking at providing a pipeline of future Irish international businesses, creating employment by leveraging off the expertise of current global businesses based in Ireland," said O'Dwyer.

SMEs, sole traders benefit from new accountancy service

Company:
TaxAssist Accountants

Sector: financial services

Key to success: "We are not looking to compete with the big accountancy markets, but we think we can carve a niche in our own. There has been a lot of change within the accountancy industry, including lay-offs, but we are completely sold on the concept. We have no doubt that it's going to work, as the market here is ripe for change." - Greg Murphy, co-founder, TaxAssist Accountants



Roddy Comyn and Greg Murphy, directors, TaxAssist Accountants

TOMMY CLANCY

By Linda Daly

A new start-up plans to target SMEs and sole traders with a range of drop-in accountancy services. TaxAssist Accountants opened its first store-front outlet in Dublin's Fairview last week.

The company offers services, including tax returns, payroll, end-of-year accounts and book-keeping, on a fixed-fee basis.

Its founders, Greg Murphy and Roddy Comyn, plan to open up to five franchised outlets within the next two years.

The Dublin-based accountants have acquired the TaxAssist Accountants master franchise licence for the Republic of Ireland.

Murphy believes the service will appeal to cash-strapped

customers keen to keep costs under control.

"Most traditional accountancy practices and firms charge on a time basis. They usually give a ball-park figure, but charge by the hour for their services," he said.

"We agree a fixed fee with the client from the start, which offers the client the comfort of knowing exactly how much the bill will be."

Murphy believes that the business has the potential to succeed, despite the recession.

"We are confident that the money we have invested has been a wise investment, and that the business will work," he said.

"Ireland has a tremendous tradition of hard-working, entrepreneurial small businesses, with over 83,000 small enterprises in the services sector and over 50,000 small enterprises in industry.

"Despite the strength of the sector, there is a major gap in

the market for providing those businesses with straightforward, accessible tax and accountancy services."

As well as tax and accountancy services, TaxAssist will offer advice on VAT and tax savings.

Other services will include debt recovery and financial and personnel advice.

Murphy and Comyn plan to expand the business to include a nationwide chain of independently owned outlets.

"In the next 12 to 18 months, we hope to open five to 10 shops and, after the initial period, things should accelerate. Within 24 months, we hope to have at least 15 shops open and then, within five to 10 years, reach our target of 53 shops," Murphy said.

If successful, he said the planned expansion could create up to 300 jobs. "It will create employment in accountancy where there have been some redundancies of

late. In addition, this franchise is ideally suited to those people who have been made redundant and would like to go down the self-employed route themselves," he said.

In Britain, where it has been in operation since 1996, TaxAssist has a chain of 160 stores.

In Ireland, the company has already signed up one franchisee based in Kimmage in Dublin.

The Fairview store, which employs eight staff, will act as the head office for the planned nationwide roll-out, providing individual franchisees with technical back-up, marketing and training support.

Each franchisee will undergo a three- to five-week training course, run by Omnipro, a CPD course provider for accountants.

Each will start out as a home-based office practice, progressing to a branded storefront premises within the first three years of operation.

Bally good idea for live news

Company:
Ballywire Media

Sector: media

Key to success: "Having survived the past two years, we are confident about the future. Our platform will be an internationally traded service. That is a huge source of pride for us." - Paul Collins, founder, Ballywire Media

By Niall Byrne

Digital syndication agency Ballywire Media is launching a platform that will allow journalists and media commentators to post news and commentary online and on mobile phones.

Paul Collins, founder of Ballywire, said the platform, which has been in development for the past 12 months, would drive the next phase of the company's growth. It will allow users to publish video, text and audio clips online and on mobile phones.

Established in 2007 to supply video and audio content to broadcast, online and mobile platforms, Ballywire has so far worked primarily with corporate clients, for whom its offering aims to maximising editorial exposure for sponsored events. Clients have included O2, BT Ireland, Toyota Ireland and Coca-Cola Ireland.

"We have recognised that journalists are at the heart of the food chain in media," Collins said. "This application will be very simple for journalists to use. It is developed from short-comings from existing platforms."

"Most journalists are not techies by trade, but they in-



Paul Collins of Ballywire Media interviews Paraic Duffy, GAA director general, in Croke Park

SPORTSFILE

creasingly have to publish to blogs and social networking sites and elsewhere on the web. After working for about a year on this specification, we hope to have our platform up and running by the spring of 2010. We are convinced it will have major implications for the Irish and international market."

Collins, who works for Today FM as a sports reporter, has a professional background in journalism and radio broadcasting. He hit upon the idea for the Ballywire venture in 2004 when covering the US elections.

"That was a eureka moment when I started thinking: 'is there content out there that isn't getting exposure on traditional media in Ireland?'" he said. "Is there a way of tapping into the Irish experience globally?"

Collins subsequently secured his first contract with BT Ireland to provide footage for its sponsorship of the Young Scientist Exhibition.

"I approached BT and asked them had they thought about doing more about this event and making it easier for radio

stations to get content from it," he said.

"That embodies how this all works. Effectively, we go into an event like that and approach it from an editorial perspective. When we cover an event, we provide broadcast-quality content to TV, radio stations and news websites that can't attend themselves."

Collins hopes to position the company, run in partnership with Aoife Sheehan and David Byrnes, as a uniquely Irish news agency, providing content of interest to Irish users nationally and internationally.

Ballywire uses a network of videographers and outsources technical development to a variety of providers. The next phase will see the company offer syndicated content across its new platform.

It was recently announced as the overall winner of the 'Sky is the Limit' competition, launched in March by Cork companies Waterfront Business Centre, RSVP Business, Roberts Nathan Corporate & Private and Fuzion Communications. The prize included a €30,000 cash prize and the use

of free studio and office space in Cork city centre.

"Winning the event in Cork was so important to us, because we can now invite in sports personalities or business groups to interview in the same way Bloomberg would headquarter their business in New York," said Collins, who also has plans to move the company's Dublin base out of the Digital Depot on Thomas Street.

"We are in discussion with a number of developers with vacant office space in Dublin right now with a view to establishing our content headquarters where people would come in and be interviewed. It would be like a Sky News-type facility."

"The cost of setting something like that up today is different to what it was five to ten years ago. There's a lot of vacant space in Dublin and we would hope to be able to utilise it."

"Having survived the past two years, we are confident about the future. Our platform will be an internationally traded service. That is a huge source of pride for us."

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