

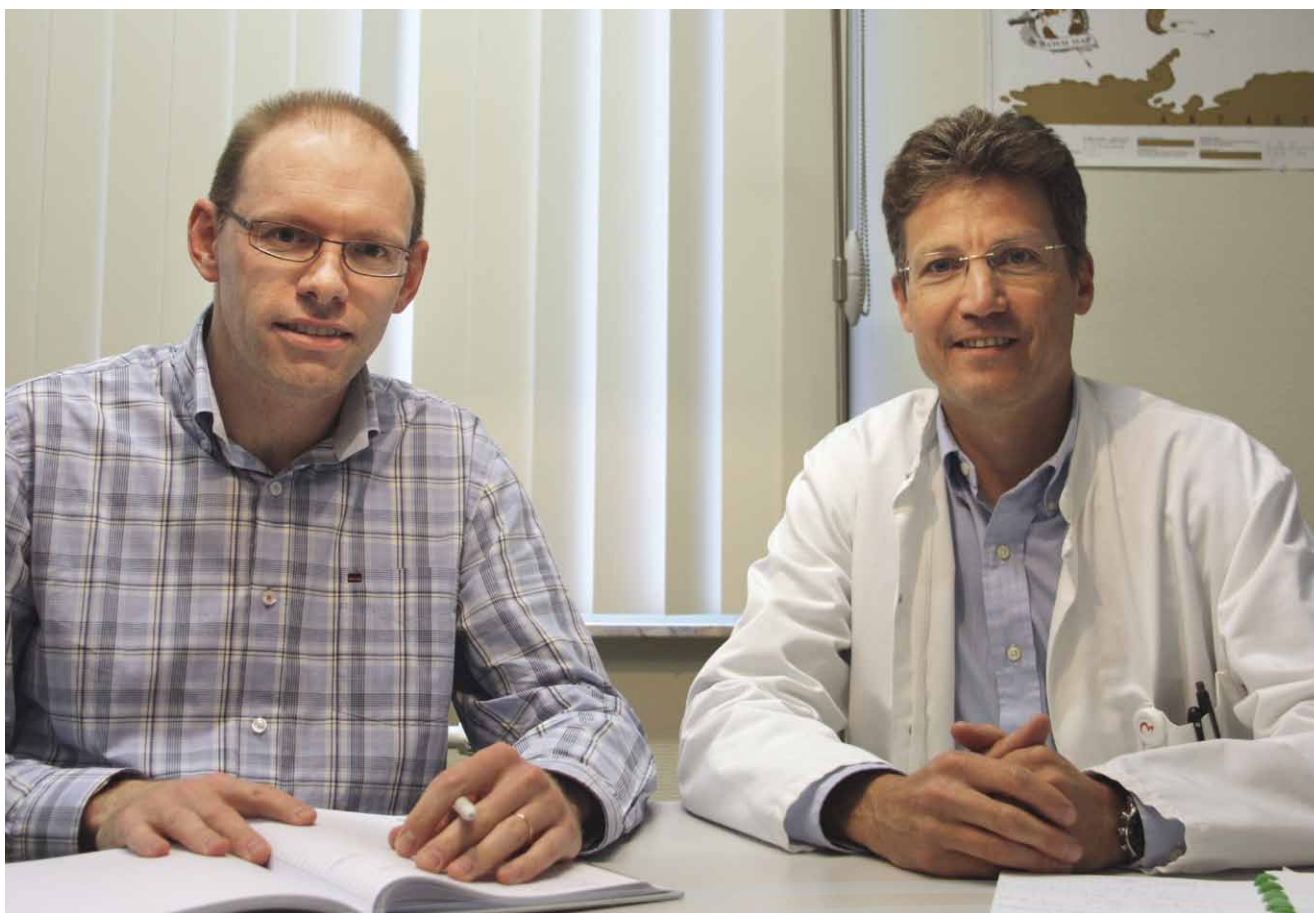
AZ Alma hospital, Eeklo, Belgium

AZ Alma: Moving ahead in laboratory management

How expert project management ensured this hospital's complex, large-scale GLIMS implementation got off the ground with no problem.

INTERVIEW WITH » **Christophe Vandenebeele**, pharmacist/clinical biologist, director of the laboratory and project manager for the LIS project; **Tom Decavele**, head of the IT department for AZ Alma and responsible for the IT working group for the LIS project

“Implementing GLIMS was more than just changing our Laboratory Information System (LIS),” muses Christophe Vandenebeele, director of the AZ Alma laboratory. “It was an opportunity for us to rethink our laboratory, processes, equipment... pretty much everything.” And AZ Alma took full advantage of this opportunity, homogenising processes, replacing outdated equipment and changing the workflow.



Left: **Tom Decavele**, head of the IT department
Right: **Christophe Vandenebeele**, director of the laboratory



GLIMS laboratory information management including blood bank and microbiology modules

- Functional coverage for all types of laboratory exams.
- Dedicated blood bank and microbiology work screens.
- Central control of all instruments.
- Flexibility of configuration and architecture.
- Single database supporting multi-site operations in all disciplines.
- Flexible and responsive interfacing with adherence to all international standards.
- Full traceability and auditability to support quality control and accreditation.

“MIPS’ obvious expertise in how to manage such large-scale implementations was a real advantage.”

Tom Decavele, head of the IT department for AZ Alma

It was a lot to manage; and with the significant financial and organisational impact of this large project, preparation and execution were critical to success. Thanks to the hard work and excellent cooperation of the AZ Alma and MIPS teams, MIPS’ expertise in project management, and the dedication of everyone involved, the project was completed not only on time but also under budget. “This result was exceptional, especially considering the size and complexity of the project,” comments Mr. Vandenabeele.

KEEPING UP WITH TODAY’S HOSPITAL IT STRATEGIES

AZ Alma is a regional hospital with two sites in Eeklo and Sijsele, in northern Belgium, comprising 513 beds, 110 clinicians, 1250 employees and 125 volunteers. The clinical

laboratory has an activity centre on each site. Both sites have a fully-fledged clinical lab, but each site has its own focus, answering the clinicians’ and patient populations’ needs.

The requirement for a new LIS arose out of changes in the hospital’s IT strategy and requirements. “We recently set up a second server room, so that AZ Alma has two identical configurations, which is necessary for the implementation of the electronic patient record (EPR). The new server for the LIS has also been built on this new infrastructure, for redundancy,” explains Tom Decavele, head of the AZ Alma IT department.

Based on a competitive tender, the hospital chose MIPS’ GLIMS, as best meeting the hospital’s specifications. Mr. Vandenabeele

“Not only was the project completed on time, but also under budget. To me, this result was exceptional, especially considering the size and complexity of the project.”

Christophe Vandenabeele, director of the laboratory



“He demonstrated the flexibility needed, and was the right person in the right place. We always had the feeling that the project was under control.”

“The AZ Alma lab staff were very open to suggestions and ideas; we constantly collaborated to find solutions together,” comments the MIPS project manager. “The fact that AZ Alma used the same PRINCE2 project methodology helped smooth the process, too.”

**THE ‘WAR ROOM’:
CREATING A PROJECT-ONLY SPACE**

In an operational hospital environment, it is very hard to free up people for such an ambitious project. AZ Alma created a project structure including a steering group and a project group that was further divided into working groups. Each had a clear and specific focus: General GLIMS, Blood bank, Microbiology, ICT/communications and HIS integration for billing and patient data. The groups met monthly or weekly.

“MIPS’ obvious expertise in how to manage such large-scale implementations was a real advantage,” says Mr. Decavele. “It’s hard for people to focus their attention on a project like this when they are in the lab: they are constantly interrupted by phone calls, colleagues, what have you. MIPS suggested we set up a ‘War Room’ reserved for the project, where the participants could meet and work together. This suggestion made a real difference in communication between everyone involved, including the MIPS staff.”

PEOPLE ENSURE SUCCESS

AZ Alma and MIPS agree on the critical role both the AZ Alma and MIPS staffs played in delivering the success of this complex project. Mr. Vandenabeele explains: “We spent a lot of time communicating internally about the project right from the beginning. This ensured that the lab staff were very open to the changes the project would bring about and that everyone participated, helping to optimise and fine-tune the system.”

explains: “GLIMS is flexible and platform-independent, so it can communicate with other systems and modalities. For example, this year we will establish a lab-to-lab integration with the clinical laboratories in the hospitals in Assebroek and Knokke. These laboratories already implemented GLIMS at an earlier stage. In both cases, MIPS proved to be a trustworthy partner with the necessary expertise.”

**PRINCE2 PROJECT MANAGEMENT
METHODOLOGY**

To ensure that the project would go off without a hitch, MIPS and AZ Alma turned to the PRINCE2 project management methodology. “MIPS generally works with PRINCE2 and AZ Alma has experience with it, too,” comments Mr. Decavele. PRINCE2 requires a clear description of the project and scope, the goals and the responsibilities. As each process is completed, the stakeholders must ask whether schedule and budget plans are still being met. “MIPS provided me with a report including clear graphics at each milestone, which I really appreciated,” highlights Mr. Vandenabeele.

The importance of the MIPS project manager was also critical. “He was very professional and transparent,” recalls Mr. Vandenabeele.





Benefits of MIPS project management

- Extensive experience with PRINCE2 project management methodology.
- Broad expertise in and understanding of the domain.
- Thorough preparation and solid support throughout the entire project.
- Good communication and collaboration between the MIPS and lab teams.
- No interruption in lab services.
- Complex project completed on time and within budget.

Training was just as important. MIPS first organised training sessions for the system managers. “The sessions were excellently prepared, and we received very positive feedback from our people,” continues Mr. Vandenaabeele. “Then we mostly worked according to the ‘train the trainer’ principle. By planning each training session well in advance, participants were prepared, which enhanced its effectiveness.”

GOING ‘LIVE’ WITH FULL SUPPORT

Thanks to the careful and well-thought-out project management activities, the project ran according to schedule. Implementation started in February 2012, testing began in November 2012, and the system (GLIMS together with the blood bank and microbiology modules) went live in mid-January 2013. The support of MIPS didn’t end there, however. “The first day live, we had four MIPS people on site at Eeklo and two at Sijsele. The number of on-site MIPS support staff gradually decreased over the days that followed. This presence allowed any issues that cropped up to be handled quickly,” comments Mr. Vandenaabeele. He continues: “As a result of the careful project management, the hospital clinicians hardly even noticed this big change was going on. Our lab services were never interrupted.”

EXPERIENCING THE BENEFITS

With the new GLIMS operational, AZ Alma is already experiencing the benefits. “We have always prided ourselves on our high quality, but now we have mapped the processes in a more advanced way, allowing us to make further quality improvements,” explains Mr. Vandenaabeele.

The lab has also seen a reduction in potential errors, thanks to the broad interaction between analytical devices, which means data is only entered once now. The central sample reception has made a difference, too, with respect to traceability. Requests for analysis are now entered in two steps. And once data is entered, GLIMS automates the workflow steps, including planning the tests and the subsequent processes. Barcode scanners are used much more frequently.

One of the biggest revolutions has taken place inside the microbiology department, he continues. “This department is now virtually paperless, all systems are communicating and manual data entry has been reduced to a minimum. The microbiology staff always have to cope with a high workload, but since we introduced GLIMS, the work pressure on them has lightened considerably: the same number of people can cope with the large workload. That was a result I hadn’t expected!” •