

Physicians, Specialists, Professors and Medical Students Benefit from LifeSize Technology at The CHU in Bordeaux

Organization

CHU in Bordeaux, France

The fourth largest university hospital in France and a public health establishment, the CHU in Bordeaux is the number one employer in Aquitaine with around 14,000 full-time employees. It incorporates three hospital sites, which together provide the necessary treatment to the whole population of the Bordeaux region and Aquitaine.

Closely linked to Université Bordeaux Segalen, these hospital groups (Pellegrin, Saint-André and Sud) are involved in continuous medical training and clinical research in collaboration with the French National Institute of Health and Medical Research (INSERM) and the French National Center for Scientific Research (CNRS). From the most recent university intake, the CHU in Bordeaux counted nearly 2,000 students from 14 training institutes.

Recent decades have been marked by a noticeable shift in the role of the hospital. Once restricted to a supporting and charitable role, it is now a place for treatment, expertise and care covering the widest variety of illnesses. Because of this, the CHU in Bordeaux is committed to a continuous improvement initiative in terms of the quality of the services it provides.

The efficiency of a hospital depends on its capacity to communicate both internally with its vast number of personnel and externally with its various partners and the general public. It is for this reason that the CHU has decided to use a video conferencing system.



Challenge

In the 1990s, the Périnat Aquitaine network, a regional network of maternity wards and professionals serving mothers-to-be, acquired its first video conferencing endpoint. It met the burgeoning need to prioritize multidisciplinary work. This is the same need that encouraged another specialist area of the CHU in Bordeaux, the French National Cancer Institute, to acquire four endpoints in its main centers some years later.

Though the systems proved useful, they were extremely complicated and the technical challenges were difficult to overcome. For this reason, the endpoints were rarely used and ROI was low.

In 2009, the CHU in Bordeaux decided to revisit the idea of video conferencing and evaluate the new technology that was available on the market. The introduction of LifeSize HD video conferencing solutions immediately impressed the CHU and they decided to reinvest in the technology.

"When it came to selecting a new solution, LifeSize was making waves on the sector market, offering competitive prices, access to high definition and a system that was unparalleled in its ease of use. The decision to opt for LifeSize became an obvious one," explains François Dallay, Telecoms Manager at CHU in Bordeaux.

The deciding factors were the solution's easy installation and the possibility to share documents. Because video conferencing end users at CHU in Bordeaux are not IT specialists and an engineer cannot be present for every call, so the solution had to be easy to use.

CHU's key needs included:

Ease of Use: The solution must be easy to install

Data-sharing Capabilities: It must be possible to share documents

High Quality: Video in high definition



CHALLENGE

The organization needed an easy-to-use, intuitive high definition video system that can be used without the help of an IT expert.



SOLUTION

The first generation of bridges installed at CHU were replaced by a LifeSize infrastructure, LifeSize Bridge, and the LifeSize solution Team 220, thereby doubling the number of simultaneous sessions.



RESULT

LifeSize video conferencing solutions allow teams to provide more efficient medical care. From a training point of view, certain university degree classes are only available thanks to the existence of the video conferencing system.



Solution

The CHU in Bordeaux has many uses for video conferencing systems. As a collaboration tool, video conferencing can now save lives by reducing diagnostic time and allowing key information to be shared.

Soon after, the first generation of bridges installed at CHU were replaced by a LifeSize infrastructure, LifeSize Bridge, and the LifeSize solution Team 220, thereby doubling the number of simultaneous sessions. Today, up to 24 participants can take part in a high-definition video conference.

"The solution was rolled out in the hospital in only one month and went very smoothly. It negated the requirement for a dedicated conference room and all that was needed was one workstation. The infrastructure proposed by LifeSize has changed the way we use videoconferencing," said Dallay.



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– FRANÇOIS DALLAY, TELECOMS MANAGER AT CHU IN BORDEAUX.



Results

The benefits of using LifeSize HD video collaboration technology were immediately apparent. At a medical level, the solution allows teams to improve their practices. It has become known as a tool on which the teams can rely on a daily basis.

From a training point of view, certain university degree classes are only available thanks to the existence of the video conferencing system. Without it, some training sessions would not be possible.

For example, a team from the clinical haematologist department at the CHU in Bordeaux holds a multidisciplinary meeting once a week where people from the oncology departments of other hospitals in Aquitaine can join in by video. These specialists can also discuss clinical cases with their colleagues in order to adapt the medical protocols for patients according to the development of their pathology. The partner establishments send the patient files at the start of the week before the meeting so they can discuss them together during the weekly video conference. Besides cutting down on the time spent travelling to meetings, the telecommunications tool plays a pivotal role in knowledge exchange.

Just as it does for the haematology team, the LifeSize video conferencing system also enables a multidisciplinary team from the pediatric hospital at the CHU in Bordeaux to be in regular contact with its counterparts at the CHU in Limoges and Toulouse. The quality of the video transmission allows the teams to discuss rare pathologies with experts from all over France or from around the world.

Finally, a large number of medical students are based in the French overseas departments and territories and cannot take part in classes for every subject. Thanks to HD video conferencing, professors in France can now teach those students from a distance over video and suggest practical cases to them.

In light of the success of the initial roll-out, the CHU plans to extend video conferencing to other uses. For example, a video conferencing station in the emergency rooms may enable better treatment of cerebral strokes. A specialist in neurology would be able to make a diagnosis instantaneously.

The other plan is to equip the mobile emergency medical service (SAMU) with video conferencing systems and therefore be able to provide a situation report during an emergency response plan.

"Thanks to a solution as simple as LifeSize Passport, it is now easier for us to better manage our patients and provide them with the care they need in good time," concluded Dallay.



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