Rethinking the Frontline Experience

The CXO Imperative in 2022



Among the many lessons of the COVID-19 pandemic, one of the clearest has been the importance of technology as a driver of innovation within frontline healthcare. As we emerge into a post-pandemic world, many healthcare CXOs are asking how we might hold on to that spirit of innovation and use it to build a better healthcare system.

This was the key question for a recent virtual roundtable hosted by 6 Degrees Media and supported by Avanade, featuring as guest of honour the newly appointed Secretary of NSW Health, Susan Pearce, along with Microsoft's Global Black Belt and Modern Work Specialist Sally Fahey and Avanade's Senior Director for Modern Workplace Advisory Lead and Centre of Excellence, Ross Campbell. Together with various senior healthcare CXOs they explored how technology could continue to be used to rethink frontline healthcare.



Top (left to right): Susan Pearce, Secretary, NSW Health; Sally Fahey, Global Black Belt and Modern Work Specialist, Microsoft. **Bottom (left to right):** Ross Campbell, Senior Director for Modern Workplace Advisory Lead and Centre of Excellence, Avanade; Brad Howarth, Journalist/Moderator.

o healthcare professional would ever wish to see a rerun of the COVID-19 pandemic, but amidst the terrible toll it took on human life and the strain it placed on frontline responders, the pandemic brought some silver linings.

Principle among these was reinforcement of the knowledge that in times of crisis, frontline responders could come together to achieve incredible results. The pandemic drove levels of innovation at a speed never before seen in healthcare, and the creation of solutions whose benefits will be felt many years from now.

According to the Secretary of NSW Health, Susan Pearce, one of the greatest outcomes of the pandemic was the spirit of collaboration that evolved across healthcare and

allied sectors. "Health people are notorious for trying to take everything on and do it themselves, and we learnt very quickly in this pandemic that simply was not possible," Pearce said.

The pandemic created a need for government agencies to work closely with both public and private hospitals, and also with non-traditional groups, such as the hospitality industry, with regard to hotel quarantine.

"All of those are things that we had never really envisaged we would be doing," Pearce said. "That became one of the biggest positives out of the pandemic, so that is something that we can hang onto and carry forward with us."



Critical to enabling this level of collaboration was the digital infrastructure and applications that supported it. Pearce noted that for NSW Health, existing investments in data-driven systems proved vital for service delivery.

"Our utilisation of telehealth modalities went up by 600 to 700 per cent in our outpatient clinics," Pearce said.
"Necessity being the mother of all invention, as they say, has led to some positive outcomes. The question for us as leaders is how do we maintain those going forward?"

A Shared Experience

According to Avanade's Senior Director for Modern Workplace Advisory Lead and Centre of Excellence, Ross Campbell, this same question was being asked by healthcare providers around the world.

He cited the example of the Memorial Sloan Kettering Cancer Centre in the United States, which had connected different systems during the pandemic to centralise data and make it available remotely. That had since led to 25 per cent of all visits now being conducted remotely.

"Patients have the opportunity to meet multiple specialists in one meeting, because they can bring them in from different places," Campbell said. "They can click a button and have a translator join the meeting and immediately translate what's being said. That sort of benefit means that you get momentum behind the opportunity to experiment."

He cited another example at the Albert Einstein Israelite Hospital in Brazil, which had adopted Amazon Alexa as a voice interface.

"They started running a few experiments and they're seeing the benefit," Campbell said. "Originally, they found that they could allow surgeons to do their presurgical check list verbally, whilst they were doing other

things, which saves a huge amount of time. Now they're moving forward to things like doing nurse certification via voice, where you can have verbal quizzes and other things happening where you're translating voice to text.

"It's about the benefit, and if a few people latch onto it, suddenly there's momentum that keeps moving."

According to Microsoft's Global Black Belt and Modern Work Specialist Sally Fahey, maintaining momentum required leadership and positive reinforcement to ensure people understood that experimentation was permitted to continue.

"People are incredibly creative when they feel they have the permission and the flexibility to be so," Fahey said. "Culturally this is something we want to encourage. The other side of is creating a culture of sharing when you have a success and being able to capitalise on that.

"That becomes a muscle. If you stop doing it, it's really easy to revert back. If you let your systems slip, then obviously the results will go with it as well."

Power of the Platform

For NSW Health, Pearce said technology was critical to the pandemic response, and especially Health's data analytics platforms which quickly translated data in ways that CXOs could understand and respond to quickly.

"For example, I can tell you with one tap on my phone exactly where every ambulance delay in NSW is, how many ambulance vehicles are presently at our emergency departments, how many are on the way, and what type of patients are on them," Pearce said.

"I can see how many people have been discharged from hospital today, I can see how many people are in ICU, even right down to what specialty type they are."



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"The access to that type of information when the going got tough, particularly through the Delta and the Omicron phase that we've just experienced, was invaluable to us."

One of the key data strategies that NSW Health adopted was the creation of the NSW Health Critical Intelligence Unit, which was tasked with gathering evidence from around the world regarding different approaches to managing the pandemic.

"That was an information vehicle for our staff to give them some degree of mental reassurance about what we could expect from the various things that were going on," Pearce said.

Having access to real-time data enabled Pearce and her team to better manage resources and distribute patient loads to alleviate pressure on hospitals.

"Technology is one thing, and we can all look at screens full of data and trends, and see what's happening, which is very important," Pearce said.

"But ultimately it was about bringing people together and having them working together in a shared space and managing that."

Maintaining Momentum

Many of the learnings from the pandemic are already having an ongoing benefit, and most prominent amongst these is the use of telehealth to drive better patient outcomes in regional Australia.

"Recruiting people to rural and remote parts of NSW has always been challenging in certain areas," Pearce said. "I worked in Broken Hill for the first 10 years of my clinical working life as a nurse, and I would have given anything in those days to have had access

to expertise that we didn't have in the hospital. That would have made an enormous difference, to give reassurance to people that they were doing the right thing, or to seek advice, and certainly we are improving on that front."

Pearce said investigations were also ongoing regarding the use of wearable devices to better monitor patients, especially in outpatient environments.

"We've got a number of those types of programs set up," Pearce said. "It is not an uncomplicated issue. That's a challenge for us going forward, in how can we reach people in their own homes. That work has started but has a long way to go."

Another area where Pearce saw technology playing an important role was in using Al and ML to help understand patterns of patient behaviour. However, she added that for these and similar initiatives to gain widescale support, it was essential that trust was built with the general community.

Fahey also saw a significant opportunity for the use of Al to assist frontline workers by providing decision support in consultations.

"Looking at things like nuance – the AI can capture what actually happened in the patient record," Fahey said. "That's really helping reduce the load on clinicians when they engage with the patient. Pre-pandemic there was a lot of investment in Australia in systems of record. What the pandemic has done is accelerate the next layer of automation and innovation on top of that."

Campbell said there was also a significant opportunity to improve workplace culture for clinicians, by helping them better collaborate around patient outcomes, as was now happening with some international healthcare providers.



"What I've really liked about some of those organisations is that they bring together clinicians and corporate IT and HR to think through what are the problems that we want to solve for and how we prioritise those," Campbell said.

"Secondly, they're prepared to trial things, see what works, and then adjust it over time."

Future Benefits

As healthcare providers adjust to the post-pandemic world, one of the challenges now is to shift their posture from emergency conditions to meeting the expectations of customers at all times. According to Campbell, many were now connecting systems together to simplify the work experience for the frontline.

"How do we simplify the ability to connect with our colleagues, to connect with patients, and to connect with the right information at the right time?" Campbell said.

"For example, how do you connect together beacon technology? A lot of organisations are thinking about how to find the right equipment at the right time. But similarly, you can use that same beacon technology to think about patient movement."

Campbell said connectivity also gave providers the ability to link medical records to CRM systems, logistics, and other platforms to create a seamless flow that improved the frontline as well as patients' experiences.

"Once things move up into the cloud – and if they're protected with the appropriate security – the big thing to then work on is getting people comfortable with using all of those systems," Campbell said.

"Trust is the number one issue – certainly for patients, but almost as much for clinicians in the early phases."

What's Next

According to Fahey, research undertaken by Microsoft showed that one of the lasting positive impacts of the pandemic for frontline workers was their optimism about technology. "Previously we've had this view that people working in frontline-based roles had a fear that they're going to be automated out of a job," Fahey said. "The report shows there is an optimism for technology to help reduce workplace stress."

"What the report also highlighted is a gap in terms of the access to technology and training. We need to look at how we are supporting people in learning new technology and getting access to the technology that is going to help. And part of that is being open to listening to the ideas and having opportunities to pilot."

Campbell echoed the need for medical staff to embrace the idea of experimentation and trying new ideas.

"Going down this journey doesn't involve a major transformation," Campbell said. "You can find a way to think about the key things you want to solve for, run an experiment, and see whether you can make that work. Don't feel overwhelmed by having to come up with some big solution. You can just run little experiments and see whether they work."

As for the future of NSW Health, Pearce said she and her team would continue to experiment with technologies in different scenarios. However, she said the nature of Health also meant that decisions needed to be made carefully.

"We're always looking for ways to improve the work that we do, and we use a lot of technology to do that, but we always need to be mindful that you can't have 1000 flowers blooming," Pearce said. "We need some sort of cut through to get the most out of in a system of our size and complexity."



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