



Virtual desktops: User tips from the trenches

Virtual desktops offer benefits, but it can be tricky technology, veterans say.

By [Tim Greene](#), *Network World*
October 18, 2012 03:51 PM ET

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Network World - The lure of virtual desktop infrastructure - less costs for endpoints, reduced power requirements, lower management costs, better [security](#) - is compelling but mastering the environment is tricky, say users that have embraced the technology.

VDI is not for everybody, customers agree, but despite its pricey initial costs and the need to tweak in order to keep performance high, interest in the technology is growing, says [IDC](#), with sales of virtual client computing to grow from an actual \$2.3 billion in 2011 to a projected \$3 billion-plus by 2015, a third of that specifically VDI.

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For instance, Beaufort Memorial Hospital in South Carolina, deployed VDI to executives about a year and a half ago, and it reaped security benefits.

Rather than hundreds of hard drives distributed on workstations around the hospital that contained patient information, all that data was stored centrally. None of them was stored on the workstations themselves, says Ed Ricks, vice president of information systems and CIO at the hospital.

Since power consumption for the virtual machine hardware is less, the hospital uses less power and actually received a rebate for that savings from the local power utility.

Help call volume is down, partly because users can self-help for common problems like forgotten passwords. VDI helps bring electronic medical records to the point of service, something that has won the hospital federal and state grants to help implement the system because it promotes "meaningful use" of EMR in accordance with the American Recovery and Reinvestment Act.

He recommends that anyone entering VDI make use of their vendors to evaluate and upgrade their networks first to be sure the infrastructure can handle the traffic quickly enough to give fast response times to [applications](#). VDI vendors have been through it before so take advantage of their knowledge, he says.

Ricks started out testing in a small clinical area to learn workflows and how nurses actually used their machines to determine what desktop image and what roaming capabilities they would need. Knowing what each class of user needs is essential to a successful deployment, he says.

Then educate them about how VDI works and how it differs from the PC terminals they used before.

VDI in medical settings is popular, say John Hoang, Solution Architect, Barbara MacKenzie, IS operations and infrastructure manager at Sydney Adventist Hospital in Australia, a 300-bed facility using VMware VDI products.

One impediment to adoption was enabling single-sign-on for doctors and other clinicians making rounds who have to use multiple different Samsung zero client endpoints per day depending on what ward they're on, Hoag says. "Clinicians don't want to be obstructed by logging in and out 60 times a day," he says. "If it takes a minute each time, that's a lot of minutes."

He's trying out a badge system made by Imprivata that allows the workers to tap the badge and call up their virtual desktop at a new location with all their apps logged in so long as they have already established a VDI session somewhere on the network.

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**AC Reno**

Network Infrastructure is one of the many aspects, so is the back-end storage the VDI is running out of. From experience Fiber Channel is the way to go, the latency of iSCSI may not seem like a concern, just wait until it gets under heavy load with network latency and the bottle neck's begin.

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There is only a brief mention of the need to evaluate the network infrastructure. This is an important point, and I'd also add the importance of testing end user access from the LAN, WAN and VPN. Each of these connections will have varying access speeds and where access speeds from the LAN may be sufficient, the other two may not. -- Crystal Bedell, <http://tinyurl.com/cd5gtuw>

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