Challenges Faced In Developing Safe Interoperable Systems in Healthcare

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Challenge

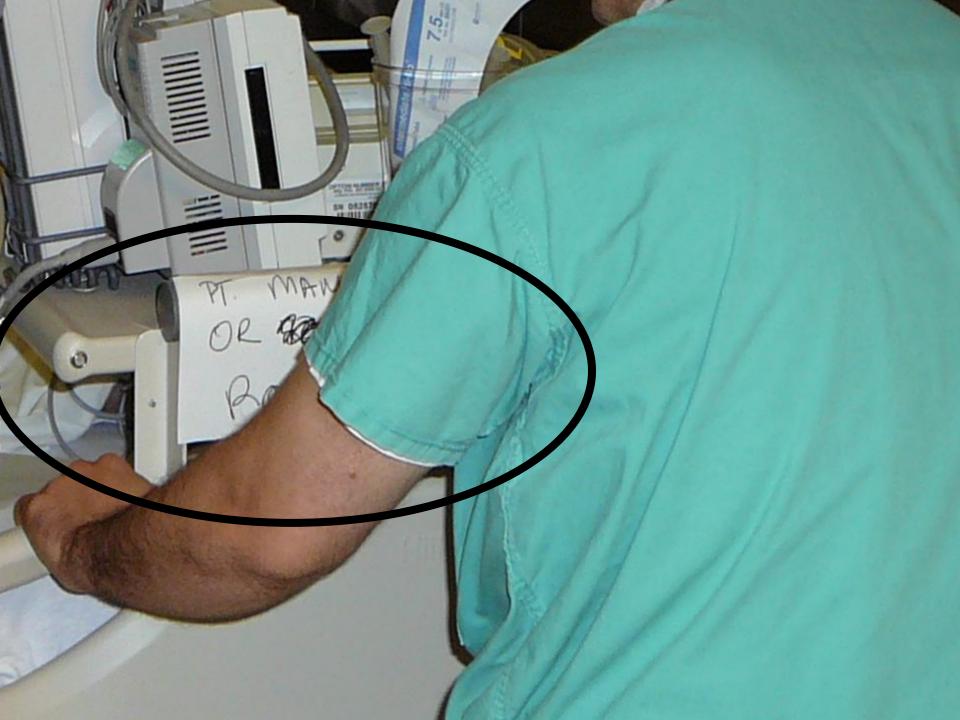
Develop and implement of open, safe and effective interoperable system of systems, based on clinical requirements, which enables the creation of evidence based improvements in clinical care.

Requirements from Providers

- Complete and Accurate Data
- Safe Systems
- Secure Systems
- Increased Efficiency
 - Clinical Workflow
 - Device and Systems Maintenance
- Improved Quality
- Flexible (Inpatient to Outpatient)
- Able to deal with new and legacy equipment
- Scalable
- Facilitation of decision support and data visualization















Problems

- ~400,000 people a year die from medical errors.
- \$5000 \$7000 per hospital admit is the estimated cost of adverse events.
- Data has incorrect or inaccurate time stamps
- Data is incomplete and incorrect
- Data lacks context
- Lack of data models systems level data models which describe the patient

Current Device System Solutions

- Vertically Integrated
- Proprietary
- Lacks Data Models
- Lacks correct time stamps
- Lacks contextually complete data
- Alarms are currently mostly limit alarms or single source alarms.

What about EHR's? What about Big Data? What about Quality Improvement Systems



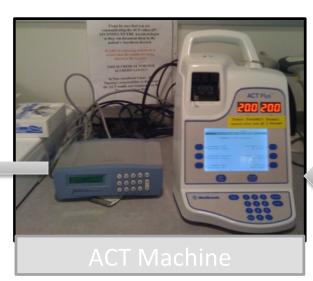
New Lab Results Action Abbreviation Acknowl... ACT Action Abbreviation 11:06 AM 192

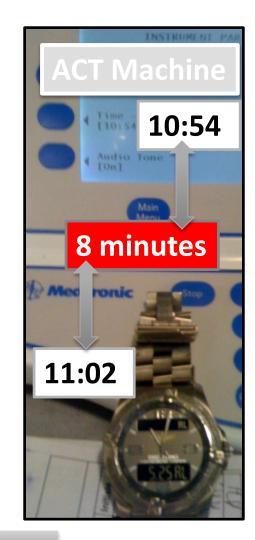
EMR time-stamp error

ACT – appeared to have been checked 22 minutes after heparin administration (was actually 30 min). Could → stroke.

Cause – ACT device time incorrect (Note - device does not use NTP)

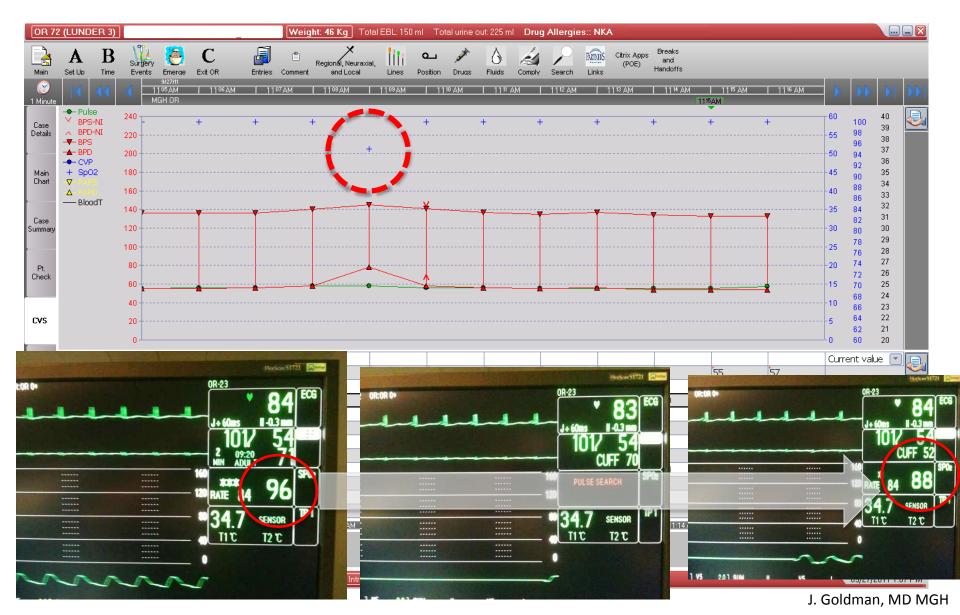






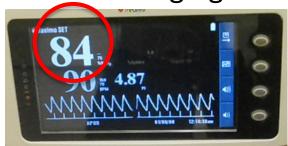
"smarter algorithms" need to consider time course of device operations and interactions

BP Cuff-SpO₂ Interaction (same arm)

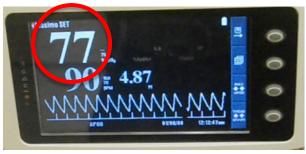




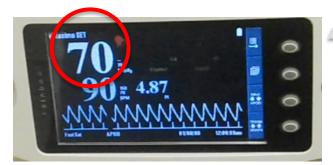
Pulse Ox is set to: 16 sec averaging time



8 sec averaging time

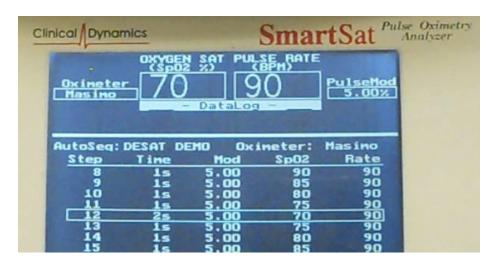


2 sec averaging time



What is the real O₂saturation? Which value will be recorded in EHR or used by analytics engine

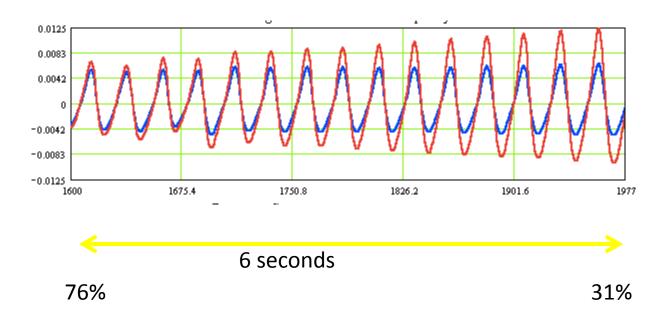
Experiment: Pulse Oximetry
Simulator is set to create transient
de-saturation
99%->70%->99%



Photos of pulse ox screens when they display the lowest saturation



Pulse oximeter signal averaging can hide physiological changes



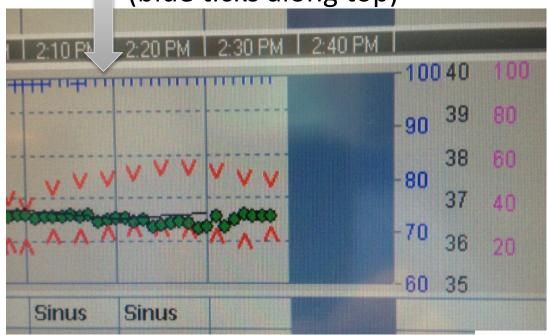
Studies suggests that in pre-term infants the desaturation rate may be as high a 7-10% per second (Poets et.al. Early Human Dev. 26, 1-12).



Patient Monitor Recorded Low SpO₂ Alarm Event "84%"

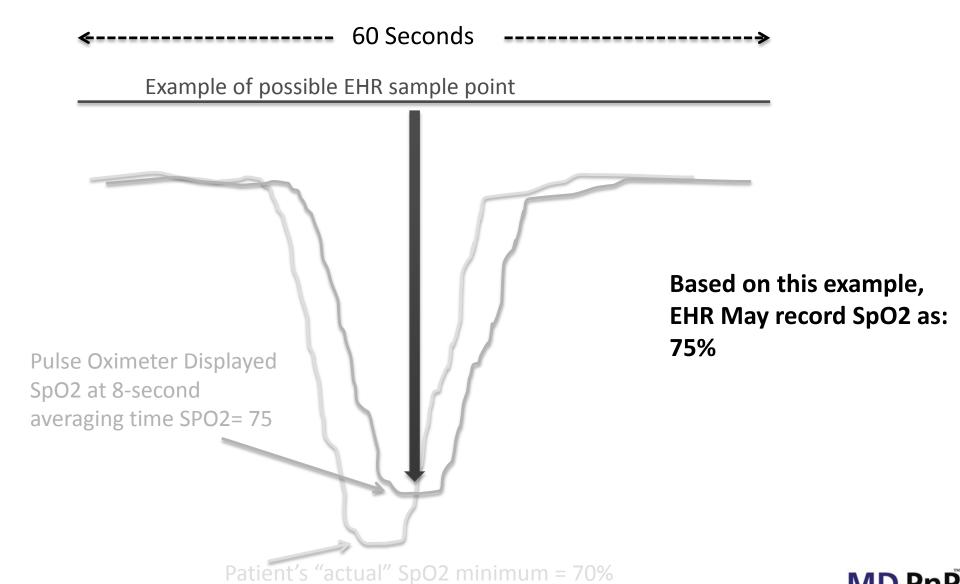
- 84% oxygen saturation detected by bedside physiological monitor
- Not recorded in permanent record

No evidence of low SpO₂ in EHR (blue ticks along top)





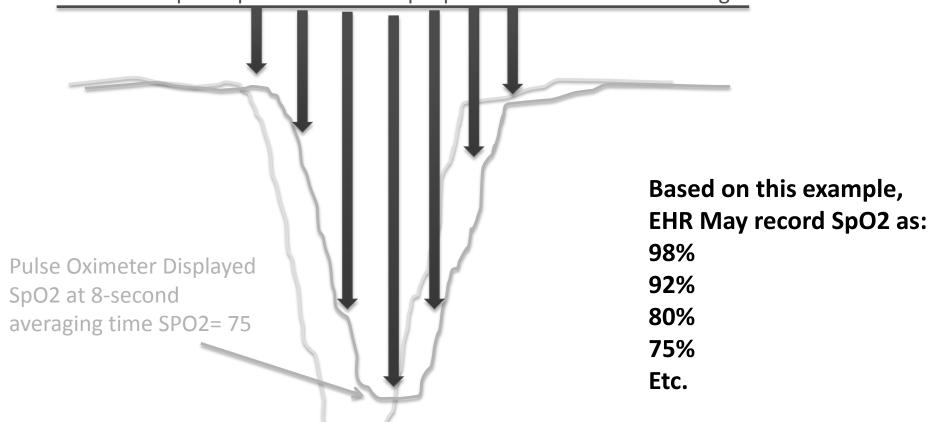
EHR data – 1 point collected







Sources of variation in EHR documentation d/t Data Sampling



Patient's "actual" SpO2 minimum = 70%

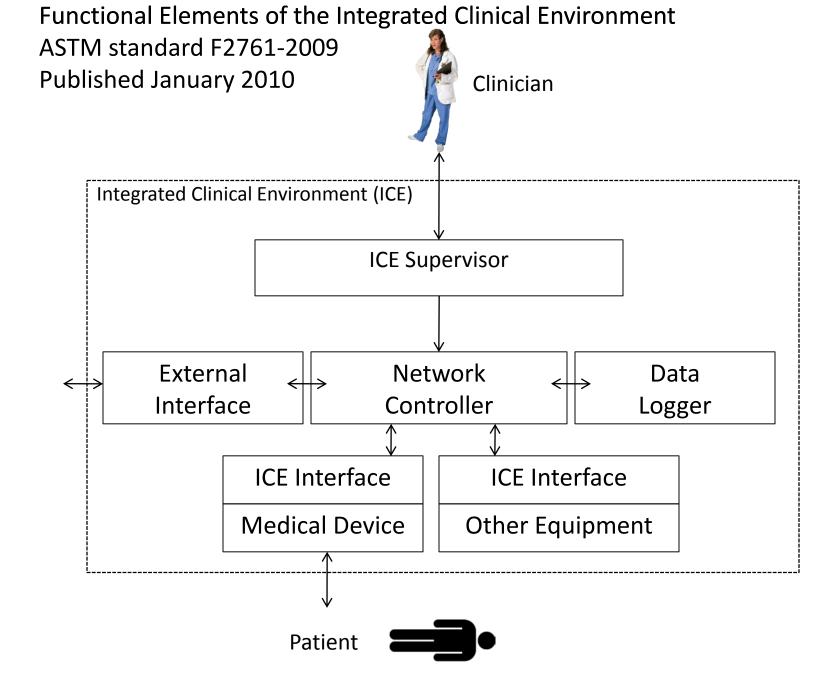




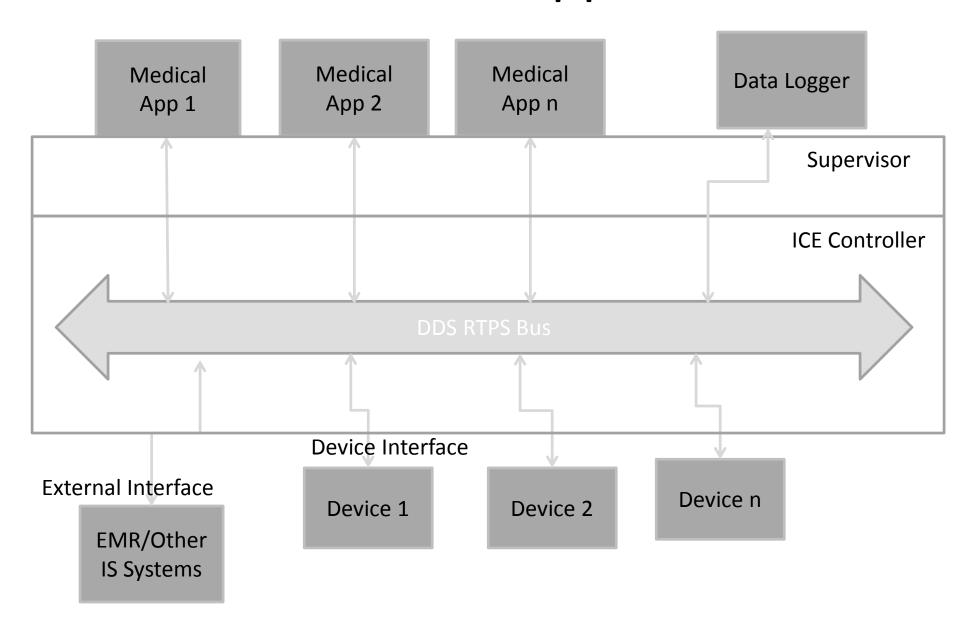
The Future is Now!

The Future

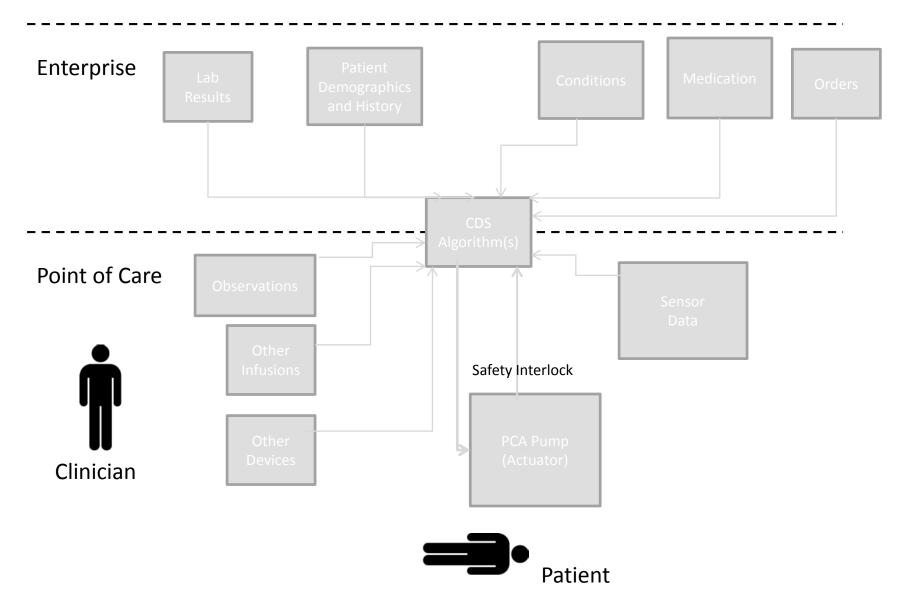
- Requirements Requirements
- Consider the System
- Re-think Architecture
- Open Communication across vendors
- Design the System to be a learning System
- Learning System (black box recorder)
- Regulatory Considerations
- Modeling of data using a patient/data-centric approach.



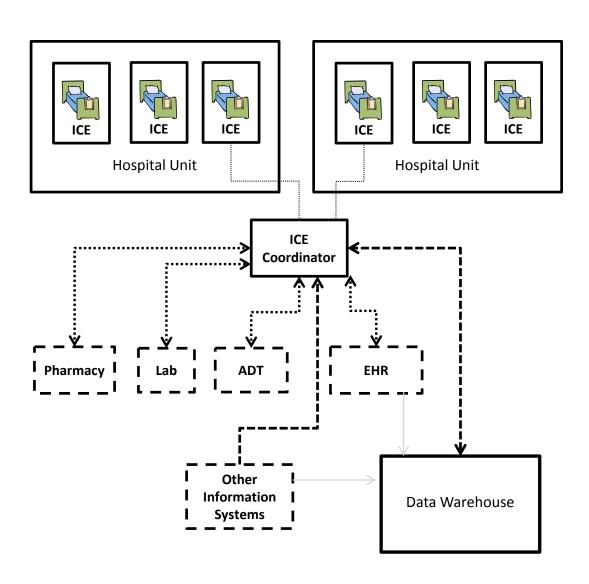
Data-centric Approach



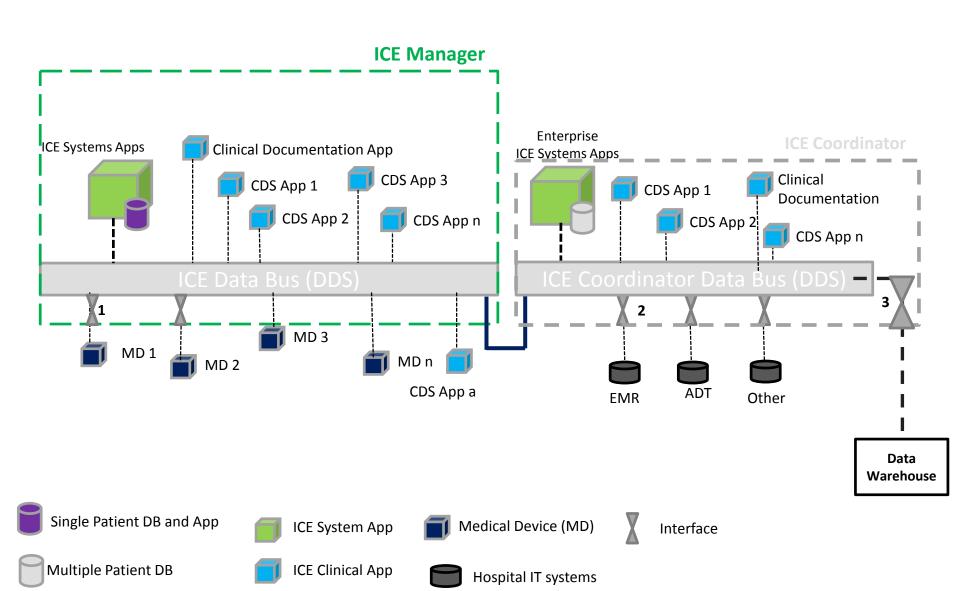
Smart PCA System App

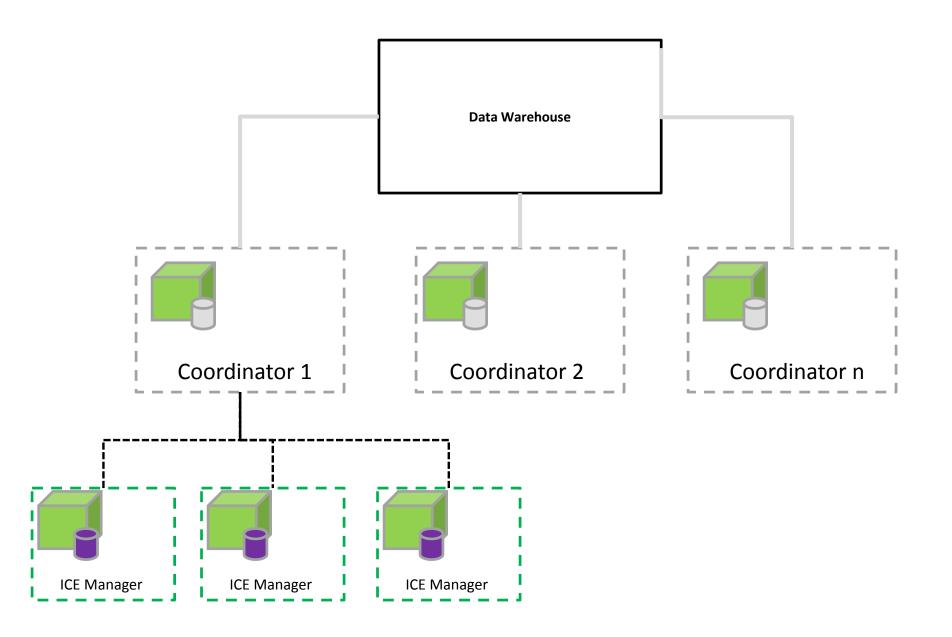


ICE System within Hospital IT Systems



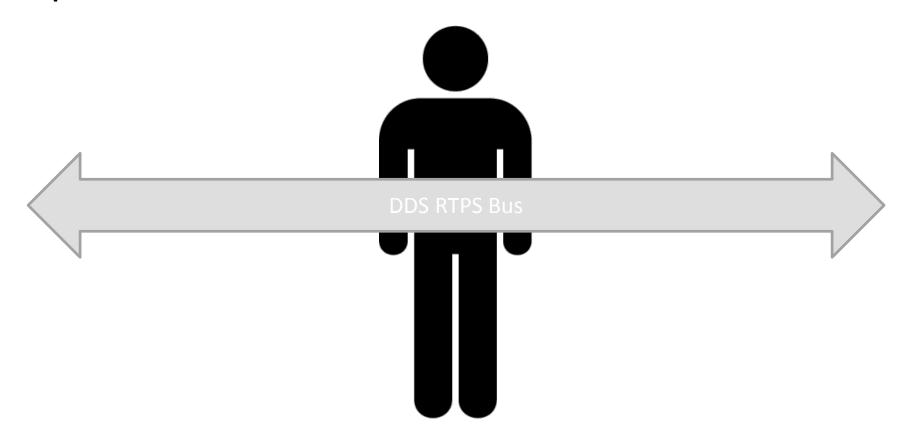
Architectural Diagram



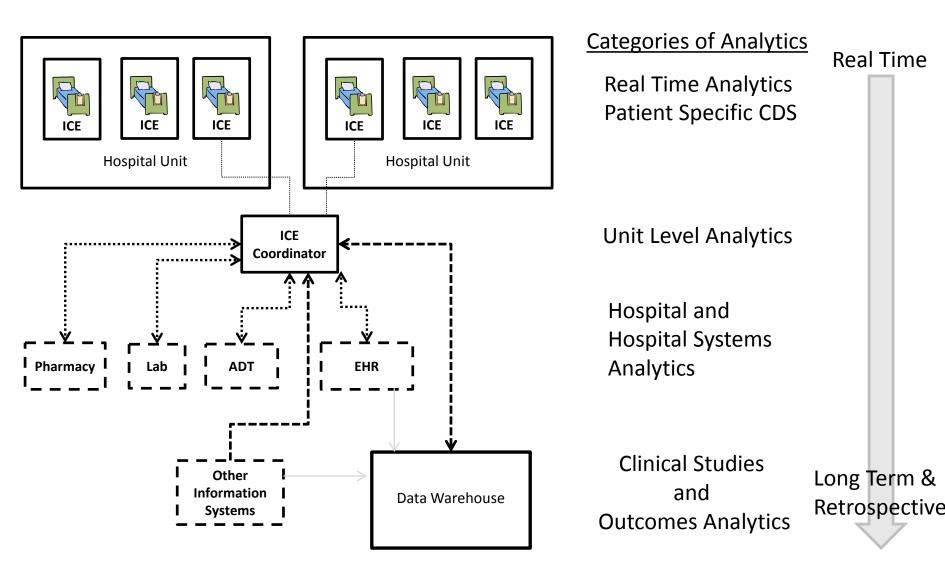


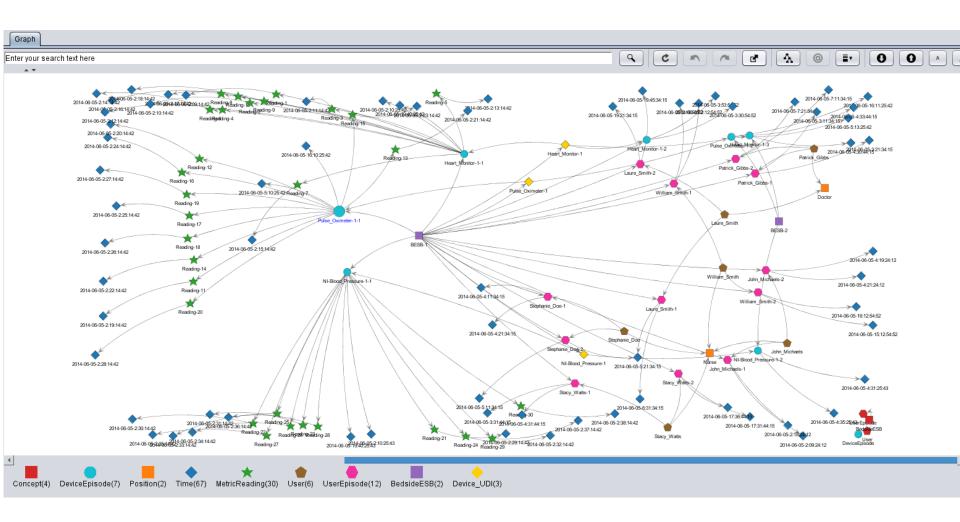
Patient Information Model

System of Systems model based on the patients data.

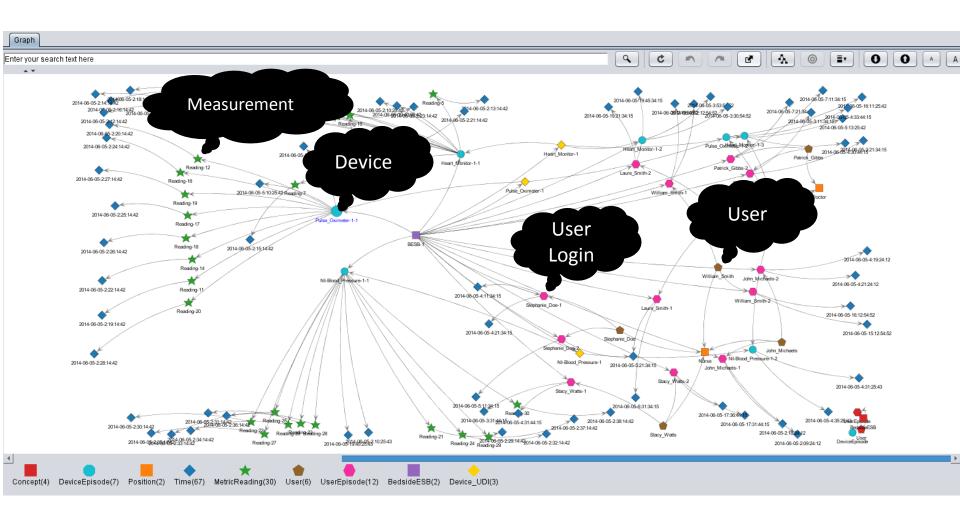


ICE and Analytics

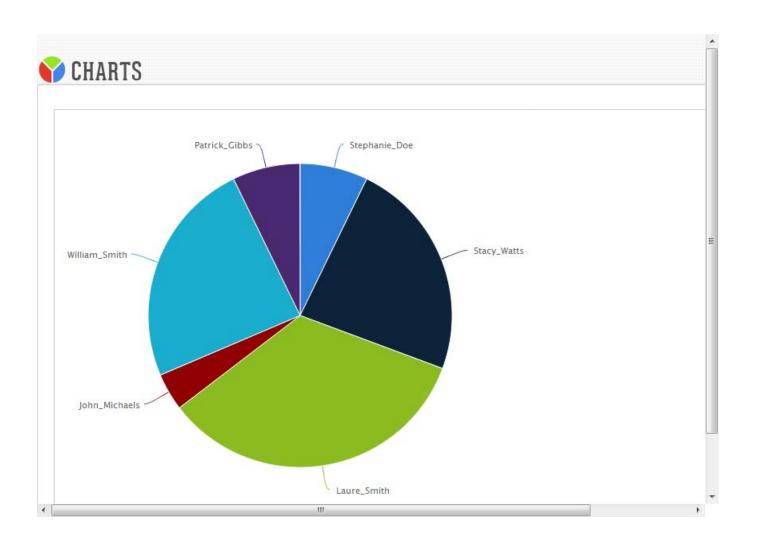




Relationships of Data



Clinical Staff Patient Care



Questions??

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