Medical Device Integration in Singapore General Hospital

Lim Tianshun & Norshahizal Bin Sa'at Singapore General Hospital



Introduction

<u>What is Medical Device Integration (MDI)?</u> An interoperable solution, where patient's vital signs Workflow

<u>General Wards</u>

Nurse log in to device

are interfaced to Electronic Medical Records (EMR) over wireless/ wired connections.

Singapore Healthcare

Management 2018

<u>Why MDI?</u>

With the previous vital signs charting workflow:

- Nurses spend more time on the manual process of data collection and entry
- Manual entry increases chance of errors, leading to possible wrong treatment rendered.

With MDI introduced:

- Reduces possibility of transcription errors or missing data leading to patient safety issues
- Lesser time spent on manual charting of patient's vital signs

		05-Jun-2018 10:00	05-Jun-2018 11:00	05-Jun-2018 12:00
- VITAL SIGNS				
Charting Frequency		1 Hourly		
Temperature	deg. C	36.2		
	Source			
	Thermal Regulation			
Heart Rate	beats/min	70	68	73
	Rhythm			
	Pacing			
Respiration	breaths/min	15	16	12
Blood Pressure (NIBP)				
	Systolic (mmHg) Diastolic (mmHg)	138 72	132 65	138 68



using ADID

Nurse scan patient's RFID tag (Visit ID)

Nurse measure patient's vital signs with device

Nurse validate readings, then submit via device

Documentation creates automatically on EMR

High Dependency/ Intermediate Care Area/ Intensive Care Unit

Nurse scan patient's RFID tag



Aims

To reduce manual transcription of patient's vital signs, therefore minimize transcription errors to EMR and time savings, leading to enhanced patient care and safety.

Method

Workgroup including Nursing Informatics (NI), Integrated

(Visit ID) upon admission to unit

Nurse hook up device and set monitoring interval

Nurse creates column on EMR and "pulls in" readings (based on interval set on device)

Nurse "End Case" on monitor when patient transfer out from HD/ ICA/ ICU

Results

The implementation was well received by the ward nurses, as it greatly reduces the amount of time for vital signs documentations and the occurrence of transcription errors.



Health Information System (IHIS), and Biomedical Engineering (BME) was formed in 2015. Two workflows were developed for General Wards and High

Dependency/Intermediate Care Area/Intensive Care Units.

General Wards

Windows tablet mounted on Dinamaps **OR** Welch Allyn with built in wireless capabilities

HD/ ICA/ ICU

Philips monitors connected to Central Monitor Station, connected via Local Area Network (LAN)

Conclusion



With the introduction of MDI, nurses spends lesser time documenting vital signs in EMR, and more time to focus on patient care. The transcription errors has greatly minimized as results are interfaced automatically, therefore enhances patient safety.