Medical INFORMATICS

Enable Clinical Distancing without Sacrificing Quality of Care for COVID-19

The Top 14 Features that Matter Most for Rapid Deployment at Scale of Remote Monitoring Solutions in this Pandemic

1 Enables virtual rounding from any location **without geographical or technological constraints** of all bedside device data, including real-time and retrospective views to protect providers from exposure.	✓
2 Provides flexibility to enable remote access to any member of the healthcare team from home, office, or in quarantine on any PC, tablet, phone, or EMR-centric workflow via web-based interface without loss of features.	✓
3 Enables ability to create flexible command center views of up to 100 patients on each workstation across units, facilities and vendors without geographical limitations.	✓
4 Software-based to enable rapid scaling of bed capacity and user credentialing so hospitals and healthcare systems can remotely add providers and users as needed	✓
5 Vendor Agnostic to enable integration from disparate biomedical cardiac monitoring and ventilator device vendors across units and facilities within the hospital system (including pop-up facilities)	✓
6 Supports ventilator shortages by maximizing ventilator utilization: • Leverage risk calculators and trajectory monitors currently in co-devlopment with MIC users to rapidly determine who needs a vent vs less invasive CPAP/BiPAP/Nasal Cannula monitoring • Leverage rapid analytic reporting tools such as spontaneous breathing trials to help get patients on and off vents faster	✓
7 Features the ability to add-on patient-centered analytics that are currently in co-development with users during the COVID-19 pandemic. Some of the analytics that we are targeting for availability include a COVID-19 risk score and vent analytics such as pressure support trials and extubation readiness to help get patients on and off vents faster.	✓

8 Provides access to off the shelf risk scores (e.g. MEWS, PEWS, APACHE) that are calculated directly from the real-time data coming from connected biomedical devices	✓
9 Allows providers to customize their own patient watchlists on any PC of patients across units and facilities to support triaging based on their specialty	✓
10 Provides access to all real-time waveforms in full-fidelity across all connected devices, time-synchronized in a single view	✓
11 Provides access to full resolution historical retrospective waveform data across all connected devices from 1 second to 1 year to support the building and interrogation of trends that is critical for remote monitoring, triaging, virtual rounding, intervention and case reviews. *(e.g. other solutions offer limited retrospective data, typically only full disclosure data from the cardiac monitor for 72 hours or less). Data may be stored indefinitely.*	✓
12 Enables the sharing of data and trends with other providers and specialists using existing communications tools to expedite consult and intervention	✓
13 Easily integrates with other systems to enhance patient data for remote viewing and analytics including: • video solution integration to enhance remote viewing; • the EMR to enable integration of labs, meds, and observations within retrospective views; and/or • middleware to send new risk scores and augment those and other alerts with waveform access on phones	✓
14 Provides the foundation for a flexible, scalable platform that will create a new standard of care after COVID-19 based on software-based monitoring to enable: • end-to-end clinical surveillance for a patient's entire length of stay • automated documentation of waveforms and other data into the EMR • the ability to remotely add-on new patient-centered analytics applications at any time • access to collected patient data via open API's and SDK's to support the building of models using standard AI and machine learning tools • the ability to operationalize the development and deployment of patient-centered analytics at scale • the ability to create hospital and user-defined risk scores to help detect risk earlier and augment clinical decision support of less-trained staff	✓

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