Hospital and Practitioners Perspective

Working Group 10.4 Summer Meeting June 30, 2012

Operation Issues

- Confusing interfaces
 - Small number of inputs
 - Typically a few buttons
 - Functions often overloaded / modal
 - Incomplete displays
 - Non-integrated alarms
 - Encourage disabled alarms
 - Can lead to alarm storms
- Sparse error information
 - Incomplete error set
 - Much of information is centered in the patient

Devices vs Systems

- Most devices are stand-alone
 - No interest in importing / exporting information
 - Marketed on basis of unique features / cost
- Systems beginning to emerge
 - Devices that need continued support
 - Complex configuration steps
 - Long-term maintenance and updates
 - · Remote use
 - Examples: pacing products
 - Medical data systems
 - Collection and archiving of data from multiple devices
 - Introduce challenges in data normalization/integrity, confidentiality
 - Very limited support for key users
 - Not usable for real time control
 - New source of information for understanding clinical system behavior
- Many rely on modes

System and IT Administration

- Existing Hospital Staffing
 - IT configuration and management
 - Device specification and procurement
- Missing Staff Functions
 - Overall clinical system design
 - Total system integration and test

Who is Responsible?

- Device Manufacturer
 - Formal process for a limited portion of the functionality
 - No requirement to provide design data to operator
- Regulatory Agency
 - Specification of minimum requirements
 - Review of design documentation
- Purchaser
 - Not beholden to integrator or operator
 - Does not appear to be part of any quality feedback loop
- Integrator
 - Configuration of device for ultimate environment
 - Integration of device into ultimate environment
 - Initial testing of installed device
- Operator
 - Learning functions and functional interfaces
 - Correctly managing device operation
 - Questionable information for above functions
- Owner?