



# Mobile Decision Support in Healthcare

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# Motivating Issues

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- Recent awareness of medical error/patient safety (IOM report)
- Incentive to reduce healthcare costs
- Need to improve healthcare accessibility
- Possibilities offered by information technology



- IOM report, 'Keeping Patients Safe: Transforming the Work Environment of Nurses' [3] recommends
- an increase in the development and use of computer-supported clinical decision support systems as a way to improve patient safety



# Computerized Decision Support

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- Relatively new to healthcare
- Not new to other domains
  - Power plant control
  - Oil refining and production
  - Space exploration
- Safety consciousness, existence of other computerized tools, extensive reach of accidents

# Previous Attention

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- Anesthesiology
- Neo-natal intensive care
- Hemodynamic monitoring in intensive care



# Why Monitoring a Human

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- Is a bit like monitoring a power plant
  - Complexity
  - Time lags
  - Many interconnected components
  - Unexpected interactions
  - Prone to unanticipated events
  - Added complexity when something is “broken”
  - Safety of “the plant” is important



# Why Monitoring a Human

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- Is not at all like monitoring a power plant
  - Incomplete set of sensors
  - Incomplete knowledge of how “the plant” works
  - Multiple complex internal control loops
  - Difficult to isolate compone
  - Intervenes and tries to control itself
  - High degree of variation



# What happened in nuclear power

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- TMI (1979)
- Partial core meltdown
- Largest nuclear plant accident in US history
- Discovery that displays and controls that were adequate under normal conditions were not good enough in abnormal unexpected situations





# The abnormal unexpected

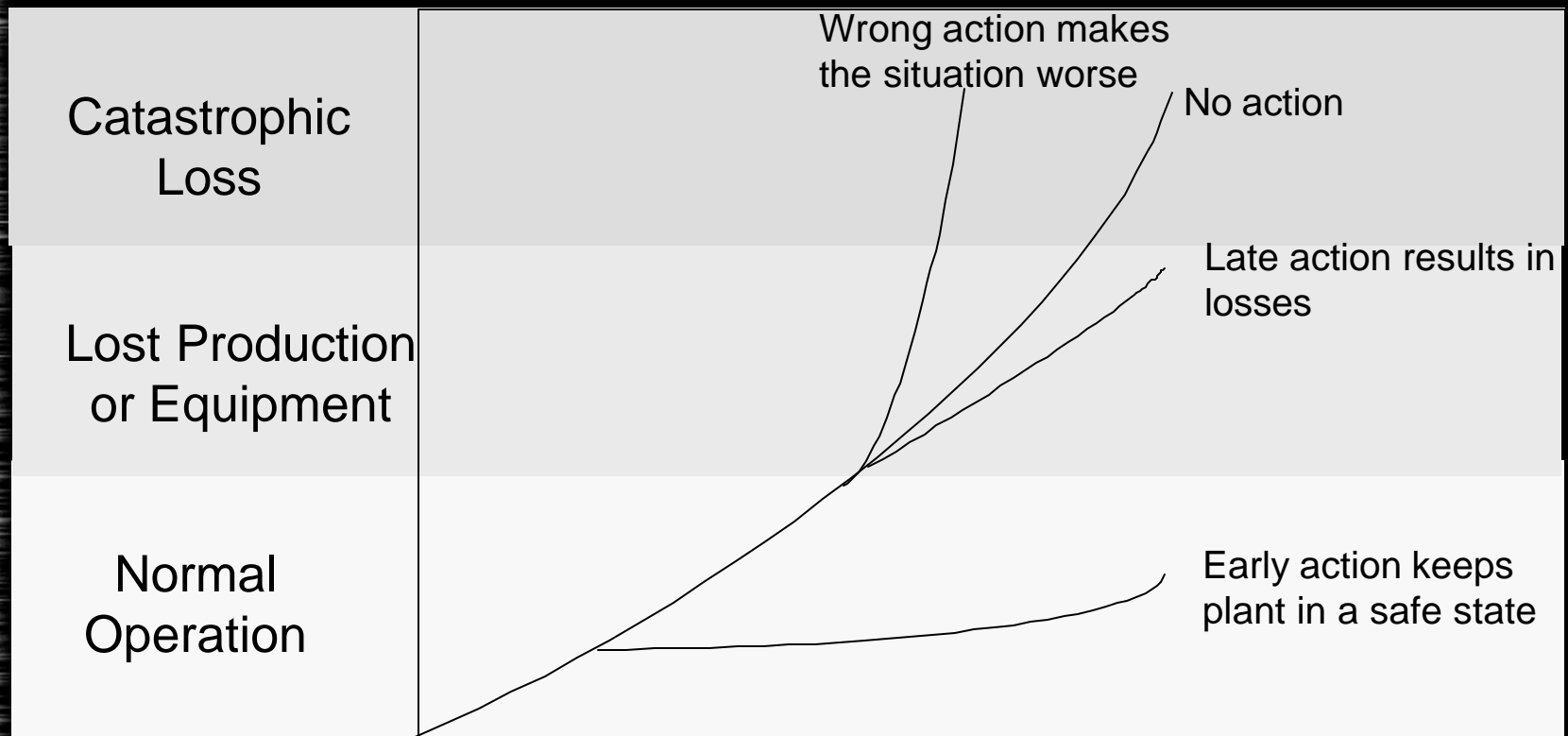
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- Situations can not be anticipated
- Procedures don't exist
- People must problem solve
- Task analysis is no longer a useful design approach
  - Optimizes normal operation
- Often the most dangerous accidents



# Abnormal Situation Management

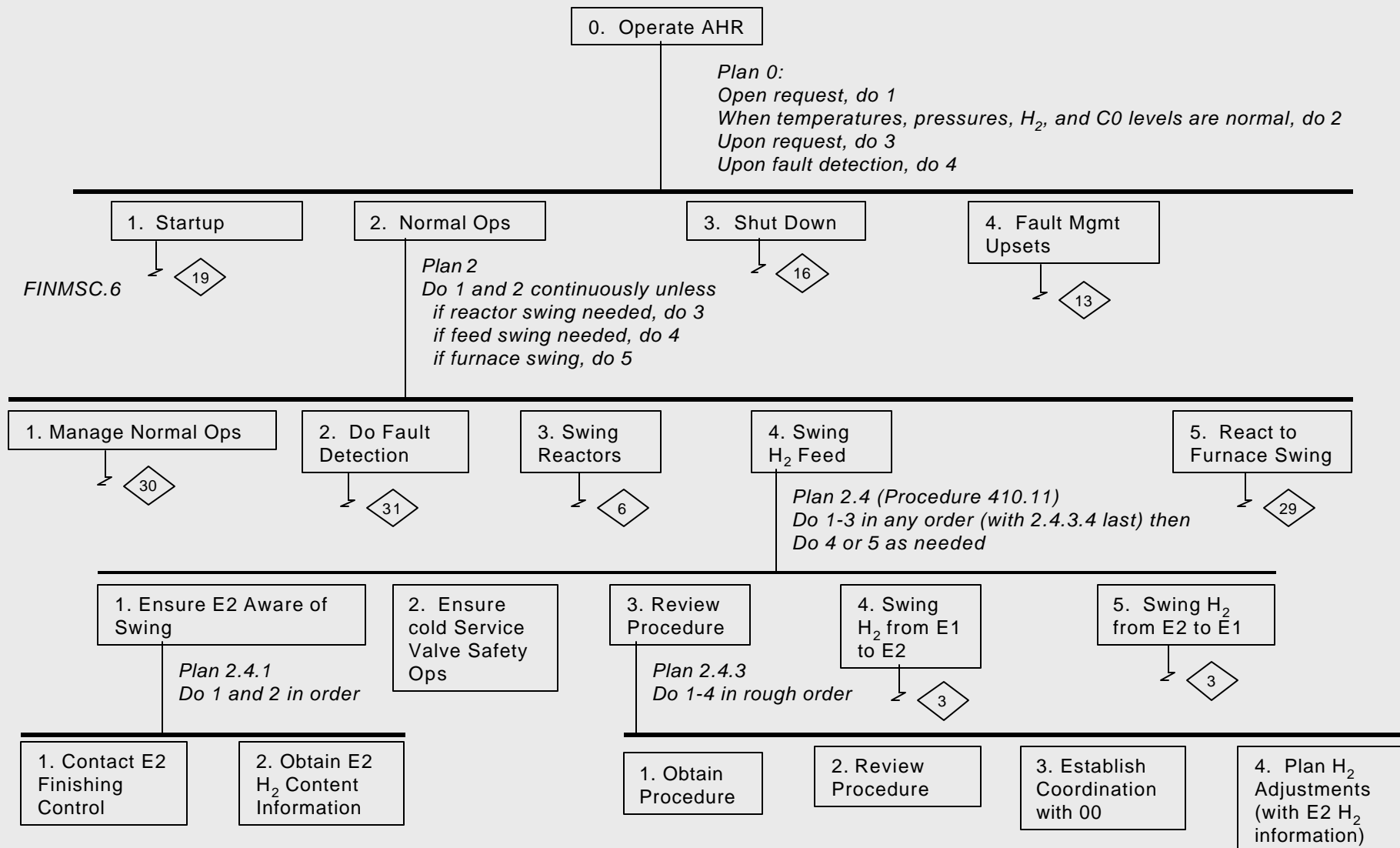
Makes economic sense





# Task Analysis Example

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# Cognitive Work Analysis

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- Response to abnormal situations
- Goal is to support problem solving and diagnosis
- Role is to supplement task analysis as a primary analysis
- Five analyses
  - Work domain analysis
  - Control task analysis
  - Strategies analysis
  - Worker competencies analysis
  - Social-organizational analysis



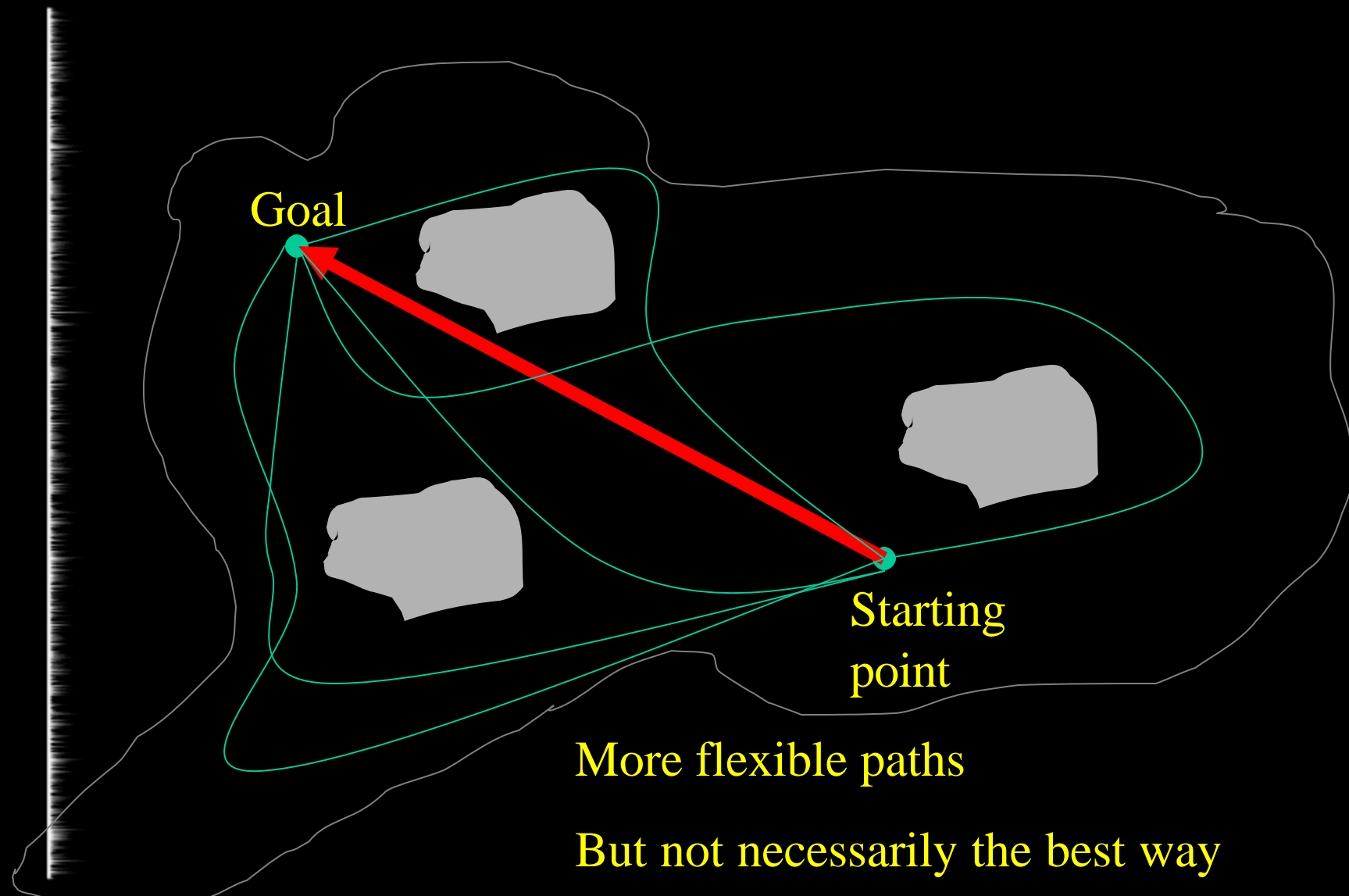
# Work Domain Analysis

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- Develop and promote understanding of how the domain works
- Develop accurate mental models in users
- Inform designers of key relationships
- Identify key constraints
- Promote flexible problem solving

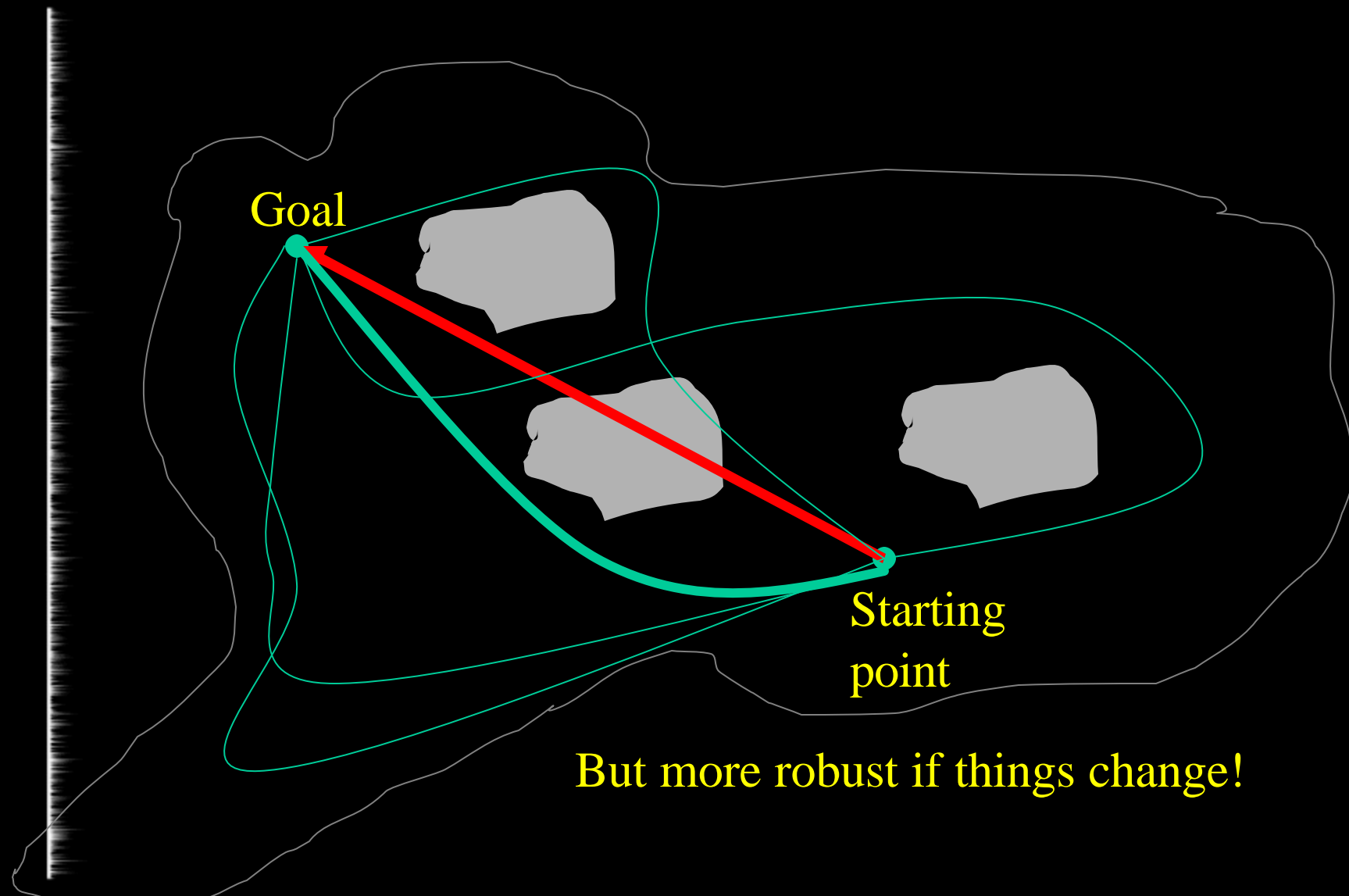


# Differences CTA, WDA



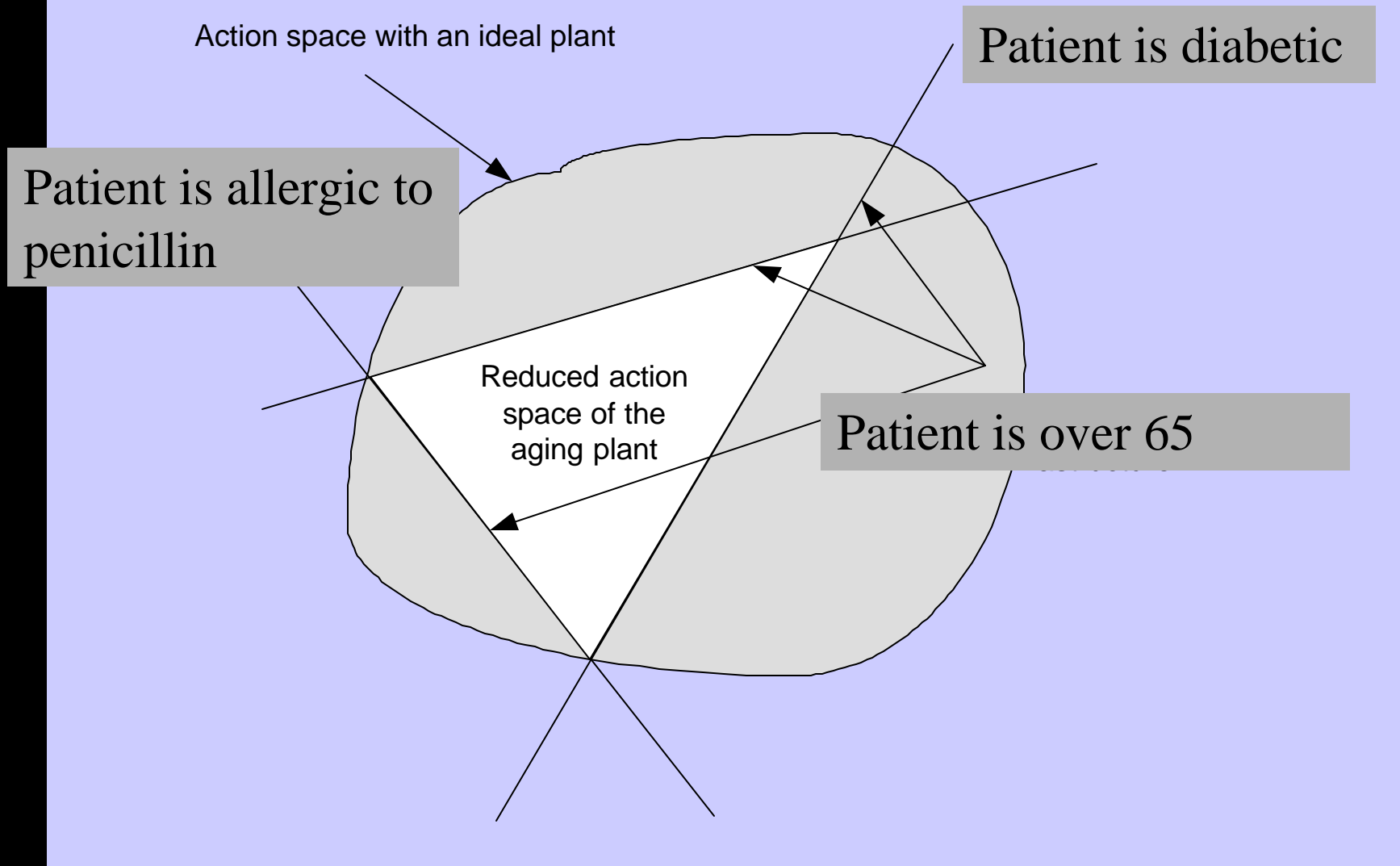


# Differences CTA, WDA





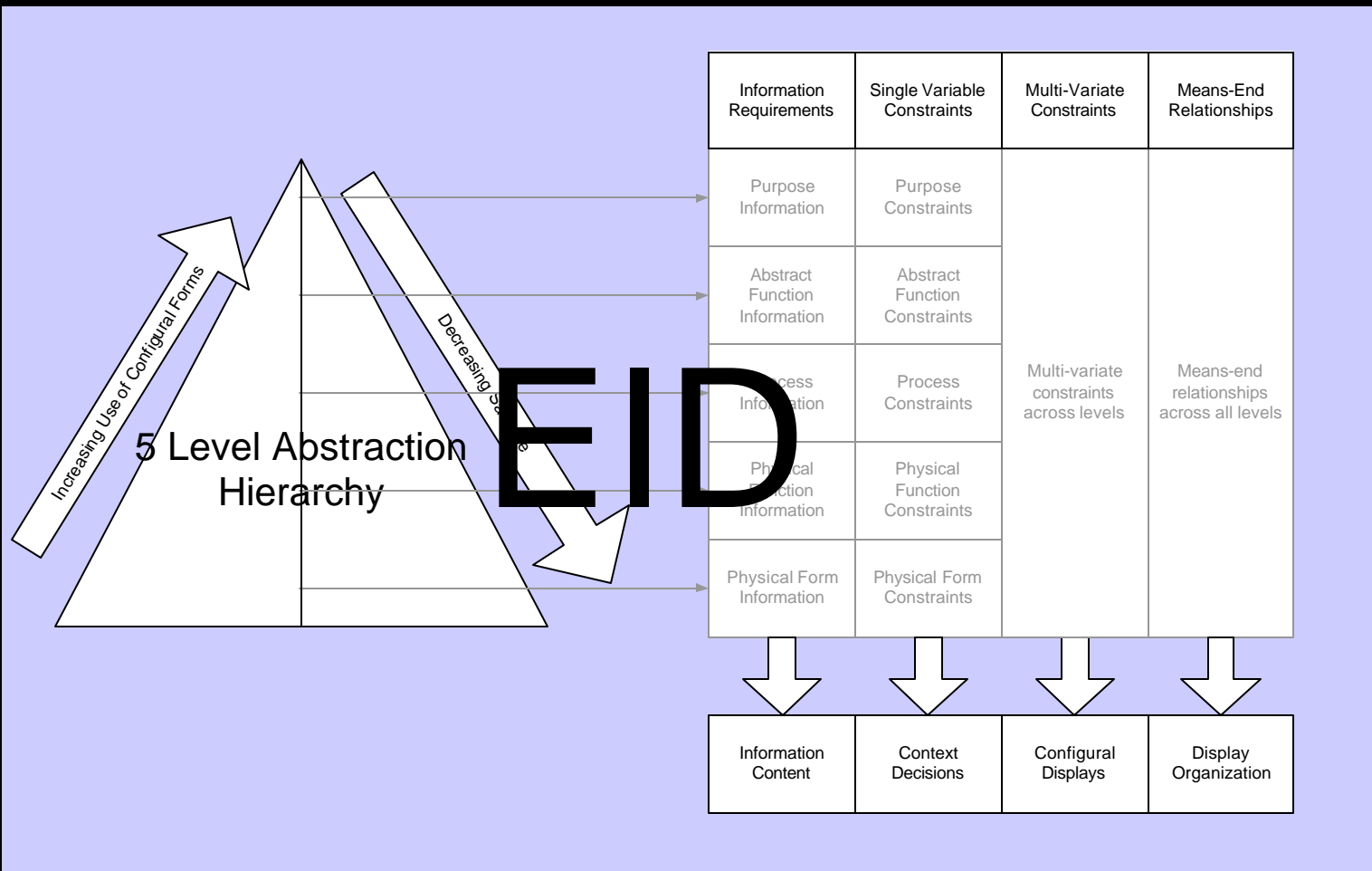
# Working in a constraint space







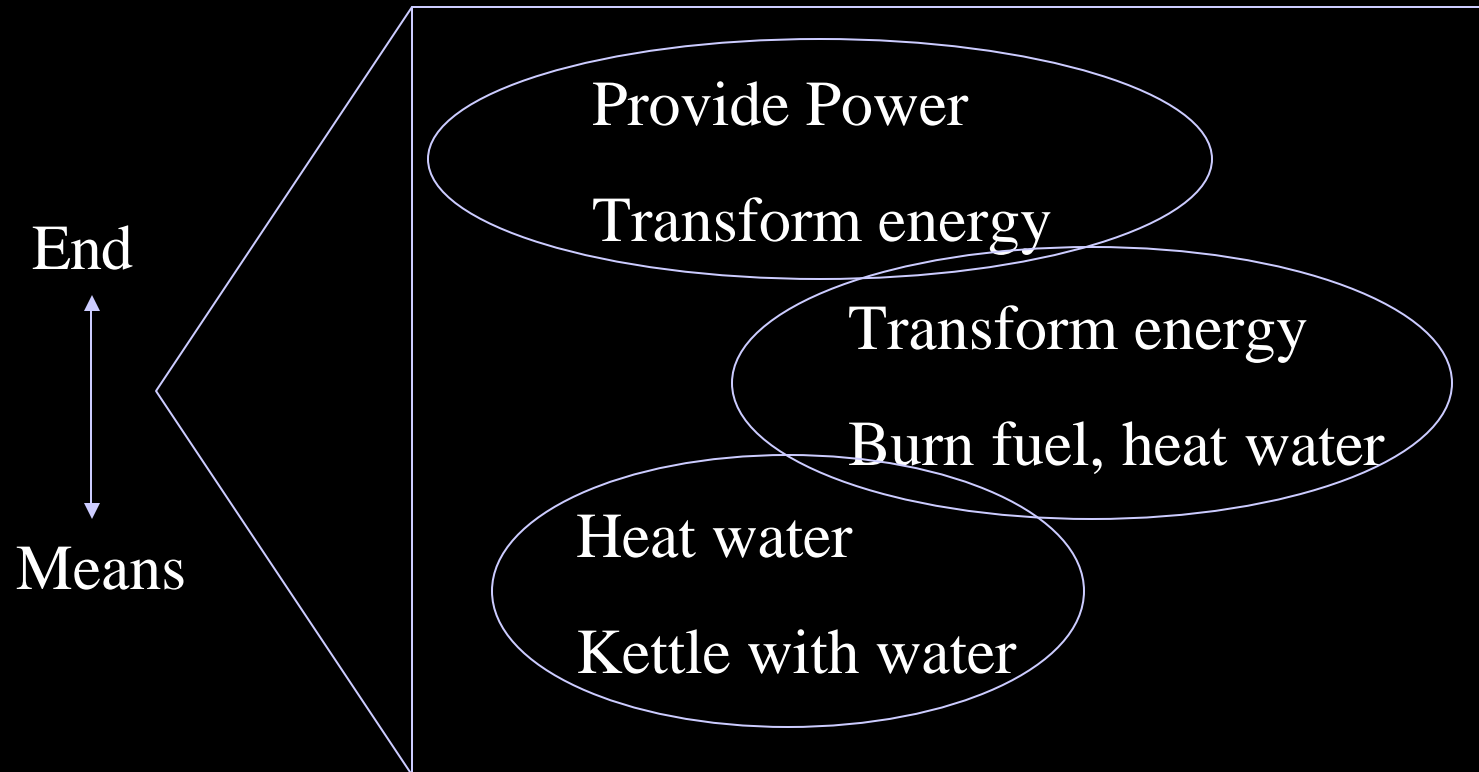
# Design Process using WDA



Task Analysis

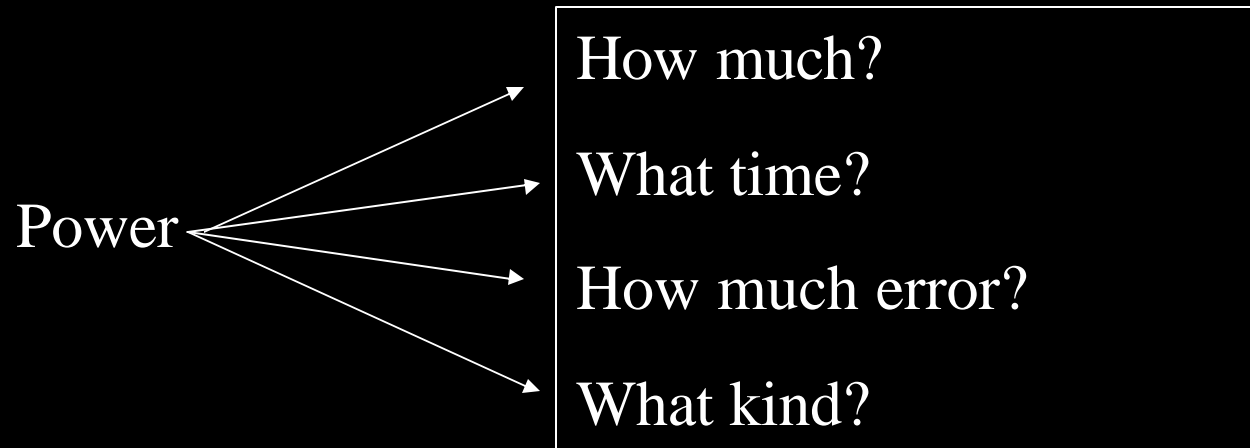


# WDA “unit”





# Expression of Constraints





# Example: Diabetes

# Project Background

- What is Diabetes?
- Prevalence: Diabetes affects over 19 million people in Canada and the U.S.
- Economic Costs: Estimated at \$9 billion/year in Canada and \$132 billion/year in the U.S.
- Management of blood sugars affects both daily well-being and long-term health



# Project Motivation

- Difficult to understand how to manage and control the disease
- Management is data intensive
  - Blood Glucose Levels
  - Diet and Exercise
  - Weight
  - Medication
  - Etc ...
- Poor mental models

# Blood Glucose Level / Taux de Glycémie

1999

DATE

## MEAL / REPAS

NOTES

|       | BEFORE | AFTER | AVANT | APRÈS | BEFORE | AFTER | AVANT | APRÈS |   |
|-------|--------|-------|-------|-------|--------|-------|-------|-------|---|
| Oct 1 | 9      | 7     |       | 4     |        | 8     | 22    |       | holiday 5:00-4:45<br>18.9 @ 3:40 am<br>sleep all night 2-3p |
|       | 9      | 3     |       | 4     |        | 5     | 22    |       | DEC appt<br>late dinner                                     |
|       | 6.4    | 11.5  |       | *6.4  |        | 13.3  |       |       | 1 fruit aft. snack<br>new meal plan                         |
|       | 9      | 7     |       | 4     |        | 5     | 22    |       |   |
|       | 17.9   | 11.5  |       | *5.4  |        | 7.1   |       |       |   |

|  | BEFORE | AFTER | AVANT | APRÈS | BEFORE | AFTER | AVANT | APRÈS |  |
|--|--------|-------|-------|-------|--------|-------|-------|-------|--|
|  | 9      | 5     |       | 3     |        | 5     | 22    |       | 4.5 @ 4:00pm<br>bike aft snack                   |
|  | 10.6   | 10.0  |       | *6.9  |        | 2.8   |       |       |  |
|  | 8      | 5     |       | 1     |        | 7     | 22    |       | 9.8 @ 5pm  |
|  | 10.5   | 3.6   |       | 8.3   |        | 3.2   |       |       | yes  |
|  | 8      | 4     |       | 3     |        | 2     | 22    |       | no morn. snack<br>5.6 @ 4:30pm<br>bike 4:40-5:25 |
|  | 8      | 4     |       | 2.8   |        | 10.9  |       |       | no morn. snack<br>curl 8-9:30                    |
|  | 8      | 1     |       | 4     |        | 8     | 22    |       |  |
|  | 3.0    | 14.2  |       | 11.4  |        | 11.9  |       |       |  |

# Previous work

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- Improved glycemic control with electronic diary (mean HbA1C reduction of 0.825%).
- Study by Tsang et al with 19 patients
- Electronic diaries are computerized version of logbooks
- Not decision support tools



# Project 3: EID on Mobile Devices

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- Context:
  - Blood glucose monitoring by diabetics
  - Improve proactive metabolic control
- Requirements
  - Wireless
  - Secure
  - Mobile
  - Platform independent
  - Widely accessible



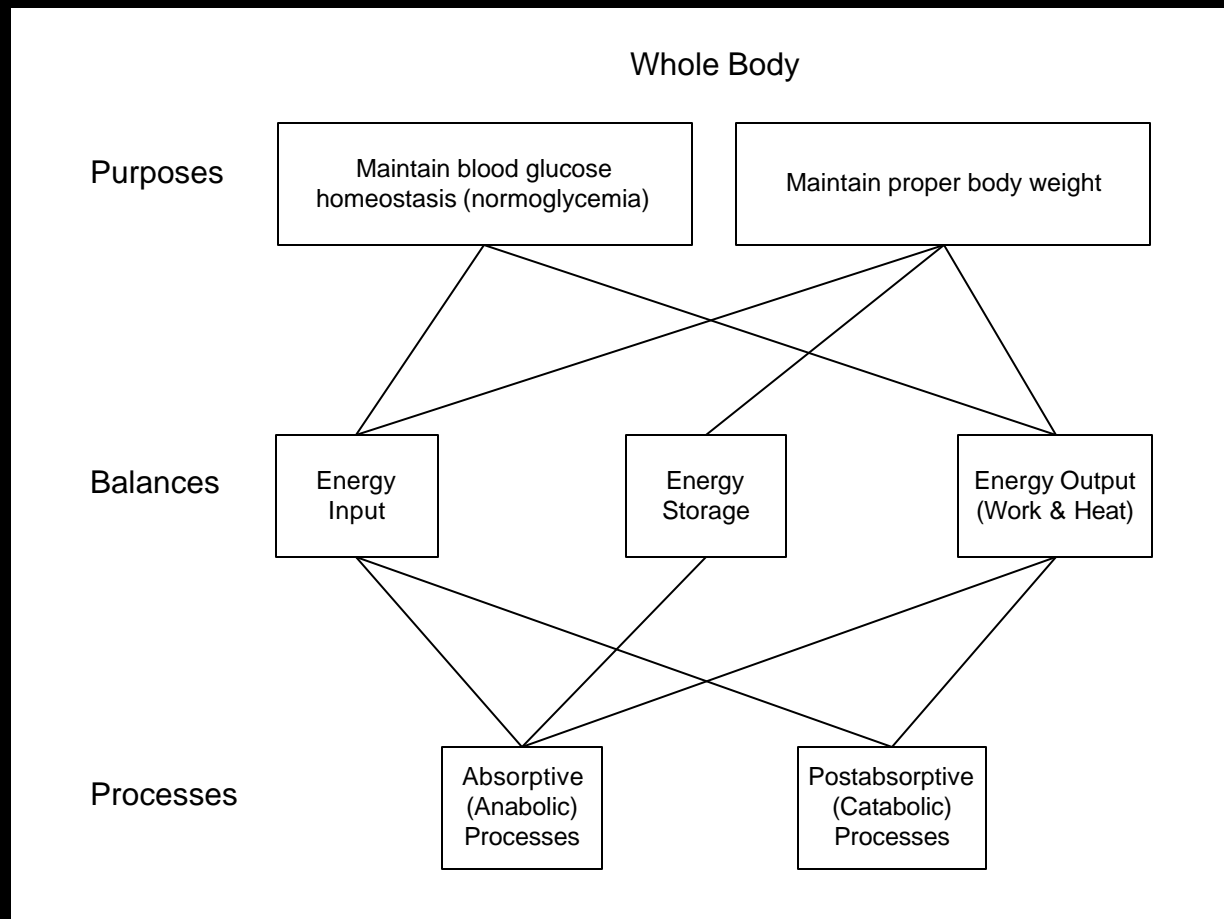
# Application Details

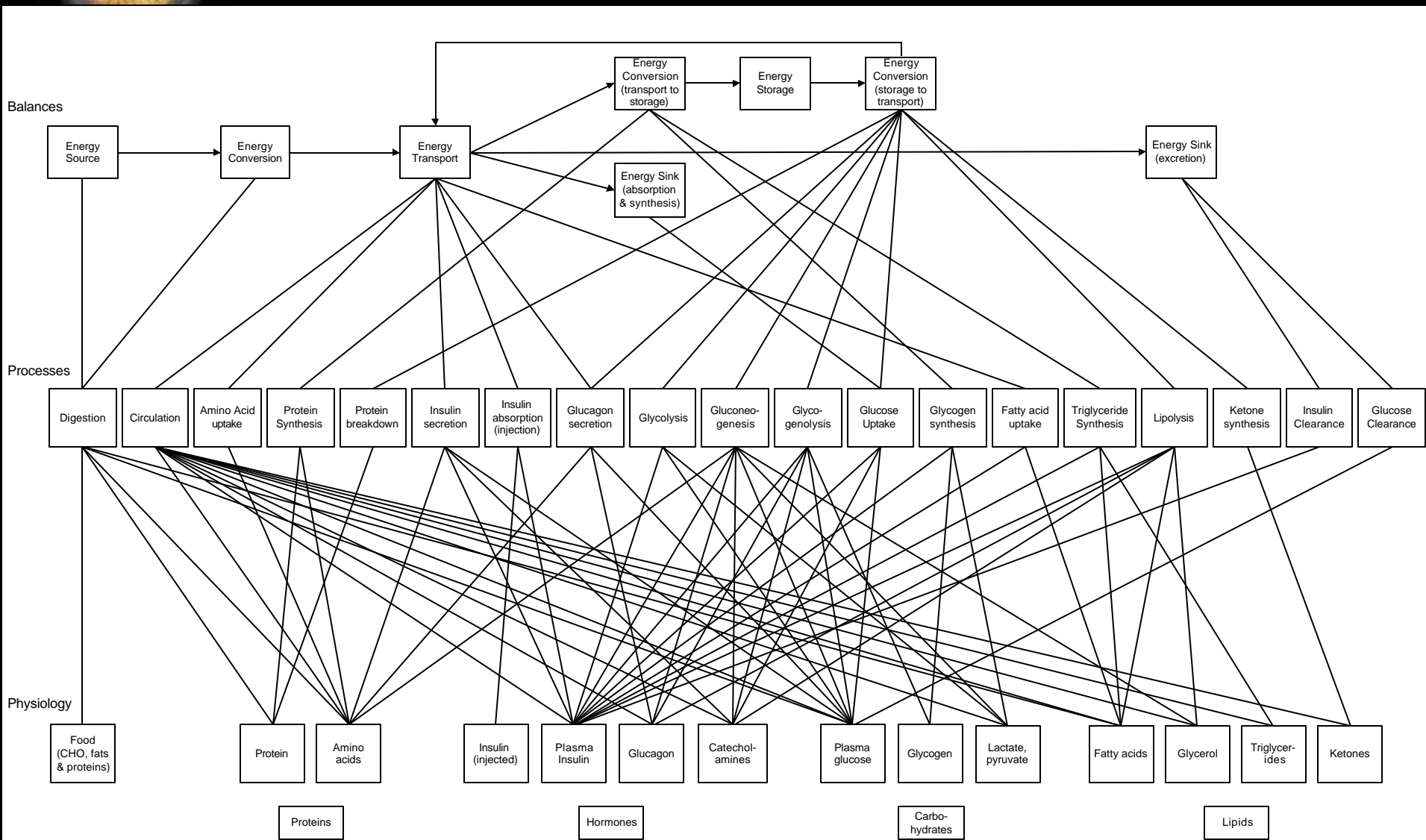
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- J2ME application
- Intelligent device detection and graphics management
- Runs on any mobile java environment
  - Blackberry
  - Palm
  - Java phone

# High-Level Design

- EID Application: Work Domain Analysis (WDA) was used to model constraints and relationships





# Extract Variables

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- Some typical
  - Food values
  - Blood glucose reading
- Some calculated
  - Net energy balance for day, week, month
  - Body Mass Index
- Some simulated
  - Plasma insulin level



# Content Comparison

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- “WDA” Database
- One Touch – comparable patient monitoring device
- Canadian Diabetes Database System – system for health professionals to track their patients
- Diabetes Pilot – personal diabetes tracking system
- Glucom – personal diabetes tracking system
- Looked at
  - Work domain elements
  - Other data (compared across all devices)



# Results

|                | WDA                | One Touch         | CDDS              | Pilot             | Glucom           |
|----------------|--------------------|-------------------|-------------------|-------------------|------------------|
| Total Data     | 245/300<br>(81.7%) | 129/300<br>(43%)  | 91/300<br>(30.3%) | 74/300<br>(24.7%) | 25/300<br>(8.3%) |
| WD<br>Elements | 150/150<br>(100%)  | 65/150<br>(43.3%) | 38/150<br>(25.3%) | 59/150<br>(39.3%) | 18/150<br>(12%)  |



- Closest database (One Touch) would contain 43.3% of the elements that we needed
- Past research suggests performance with EID is sensitive to sensor levels (Reising and Sanderson)
- WDA does not contain other health information (e.g. other illnesses yet)



# Reality of Small Device Graphics

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- Screen size is small
  - 3 line cell phone
- Languages are under development
  - No graphic classes
- Processors are limited
  - No floating point processor
- Math functions are limited
  - No trig functions





- Guard every pixel
- Navigation is key
- Cherish every calculation
- Work around, work around, work around...
  
- Sample work arounds
  - Work always in integers (multiply by 100 and then divide)
  - Sine table lookups for functions

# Design Approach

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- Attention to most informative part of each display
- Values
- Scales
- Threshold/context markers
- Graphic Title
- Navigation buttons
- Vary as able
  - Color
  - Minor ticks
  - Scale label

# Small EID Displays

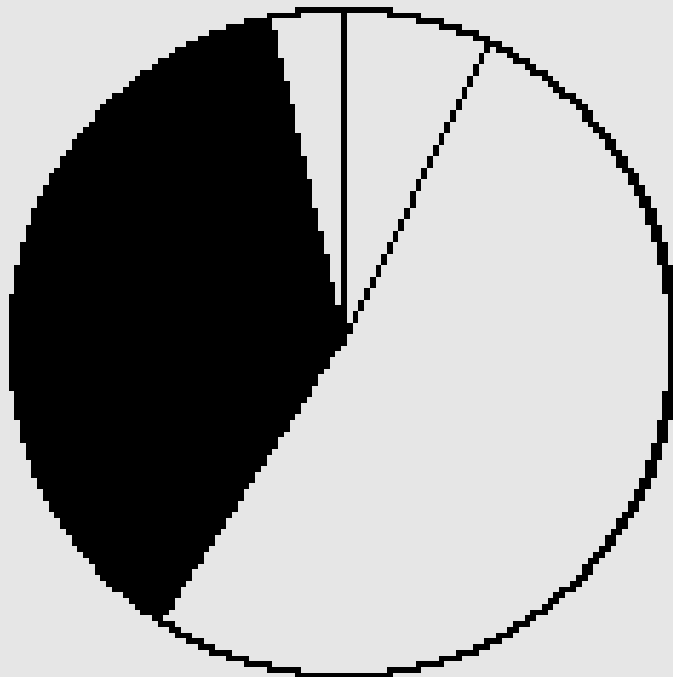




## Monochrome Palm

## Color Phone

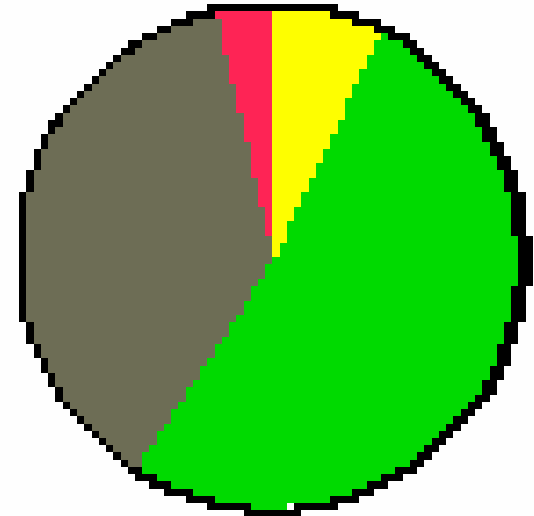
BGs by BG Range



◀ High: 37.3% ▶

Back

Dates

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BGs by BG Range

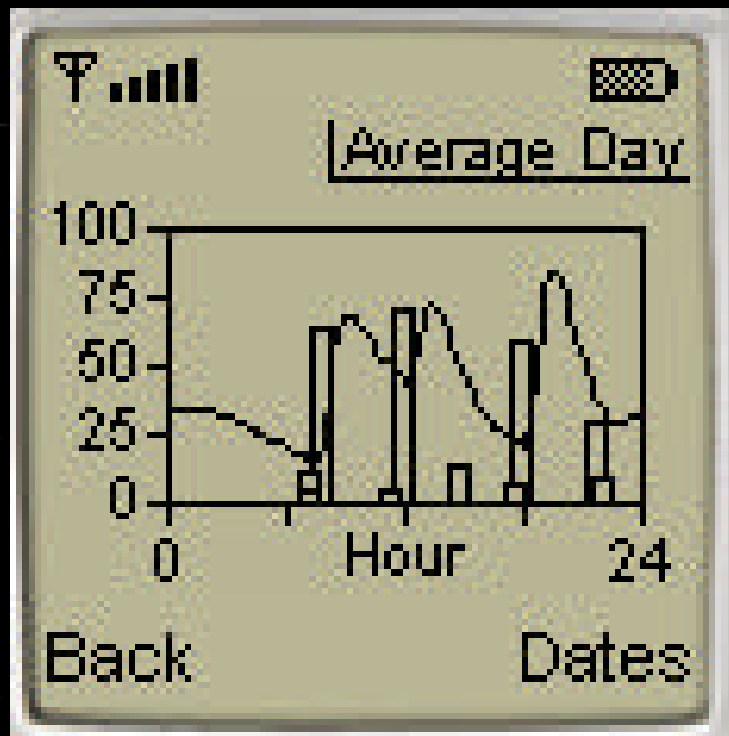
◀ High: 37.3% ▶

Back

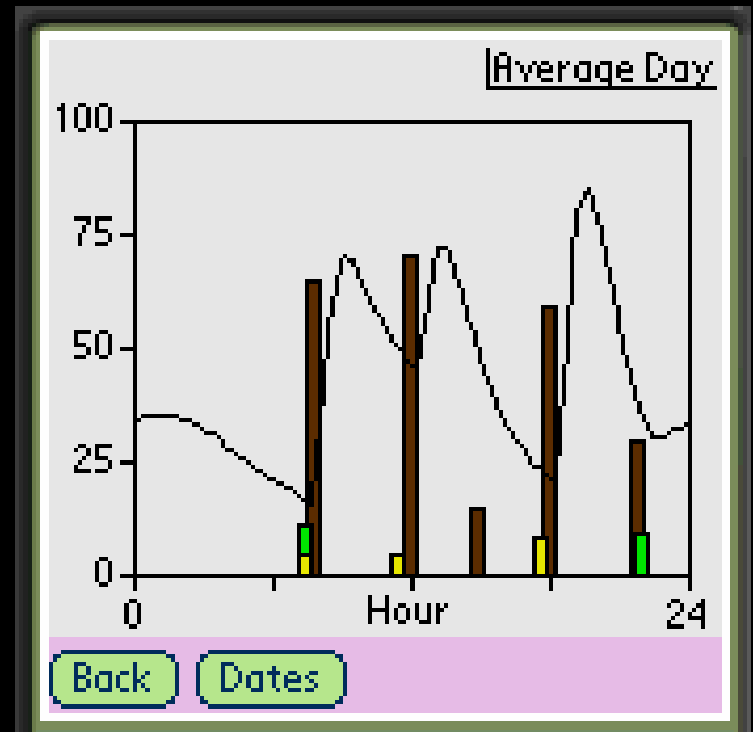
Dates



## Monochrome Phone

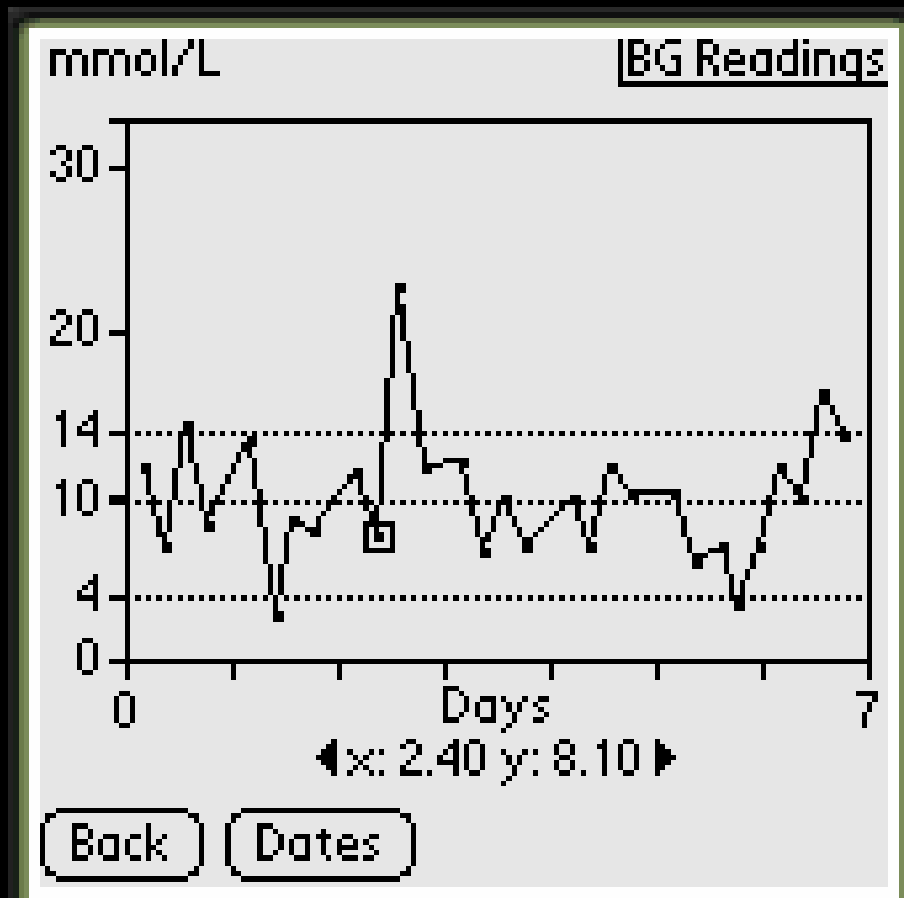


## Color Palm

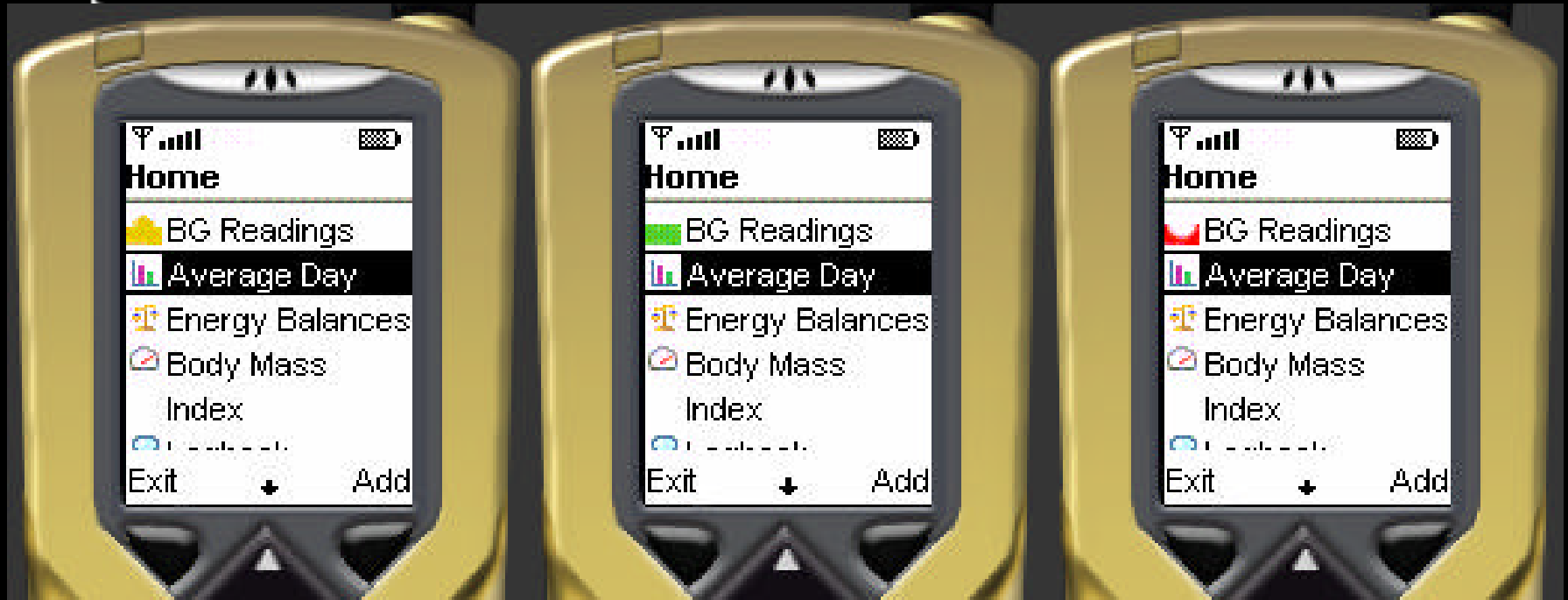


# Navigate data

“Point hopper”™



# Example: Icon Design



# Future directions

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- Continue implementation with security
- Evaluation
- New project developing and evaluating mobile decision support tools for cardiac nurses at the Ottawa Heart Institute



# Cardiac Project

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- Support for cardiac nurse coordinators
- Evolution from “Decision Trees” to mobile support
- Most human factors work on nursing limited to
  - Time and motion studies
  - Productivity studies
  - Optimizing staffing with patient outcomes



- Hunt et al review of 63 studies of computerized decision support in health care found:
  - # of studies and their quality increasing
  - Definite improvements in drug dosing and preventative care
  - Improvements not yet seen in diagnosis
  - Most reductions in reducing human error
  - Need to correlate with patient outcomes
- Most focused on the doctor not the nurse



# One case of a nurse support tool

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- Diuretic treatment algorithm for heart failure patients
  - Reduced 30 day readmission rate
  - 50% reduction in heart failure related re-hospitalizations
  - 271 patients over 4 years



# Project Plan

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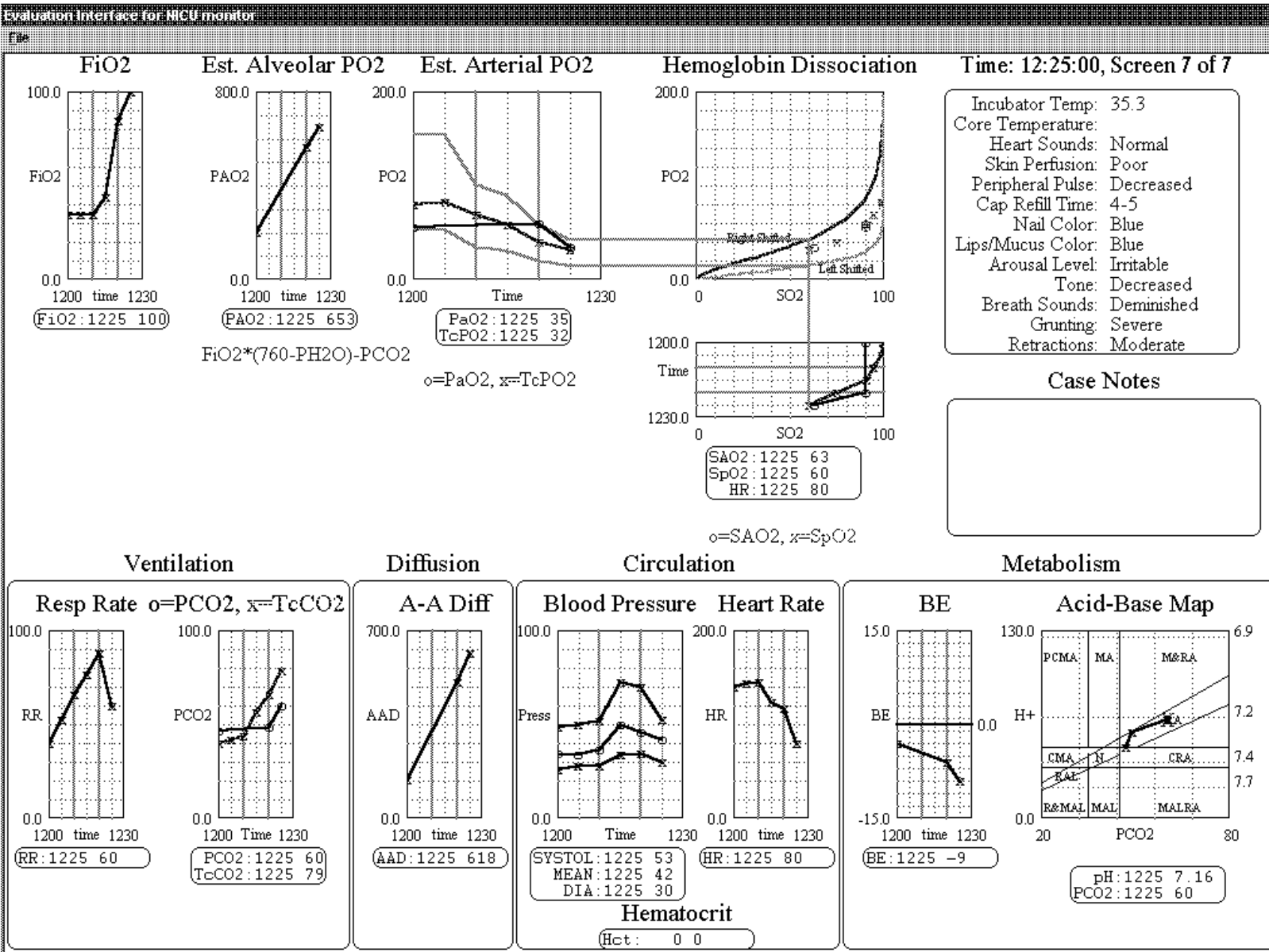
- Contract from Ontario Ministry of Health and Long Term Care
- Partnership with Ottawa Heart Institute
- Team includes cardiologists, senior nurse coordinators
- Now-Winter: Analysis
- Winter to Summer: Design
- Next year: Evaluation with nurse coordinators working at the heart institute



# Flashy stuff...

Other EID displays developed for healthcare

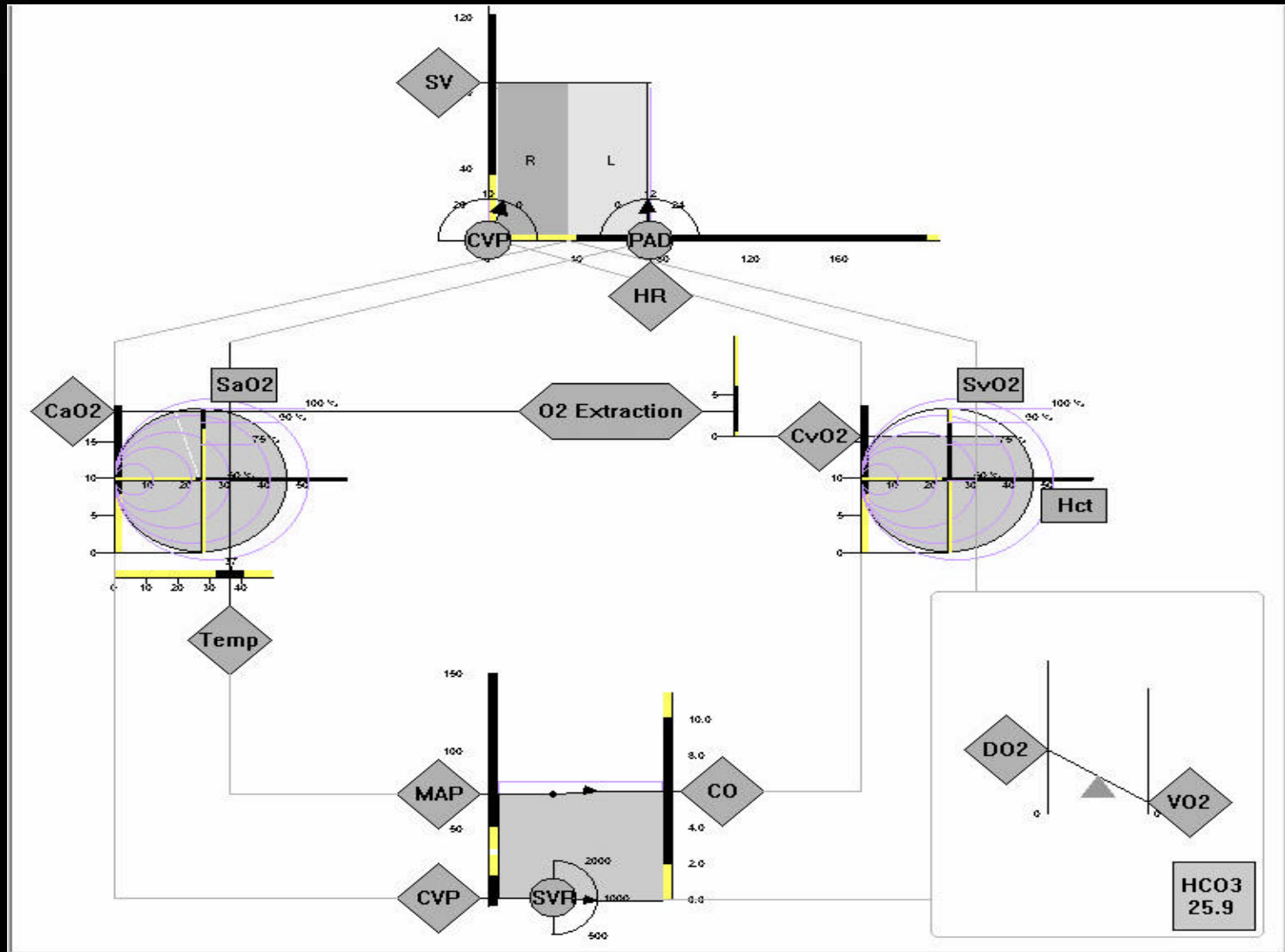
# Neonatal Monitoring



Sharp, 1998

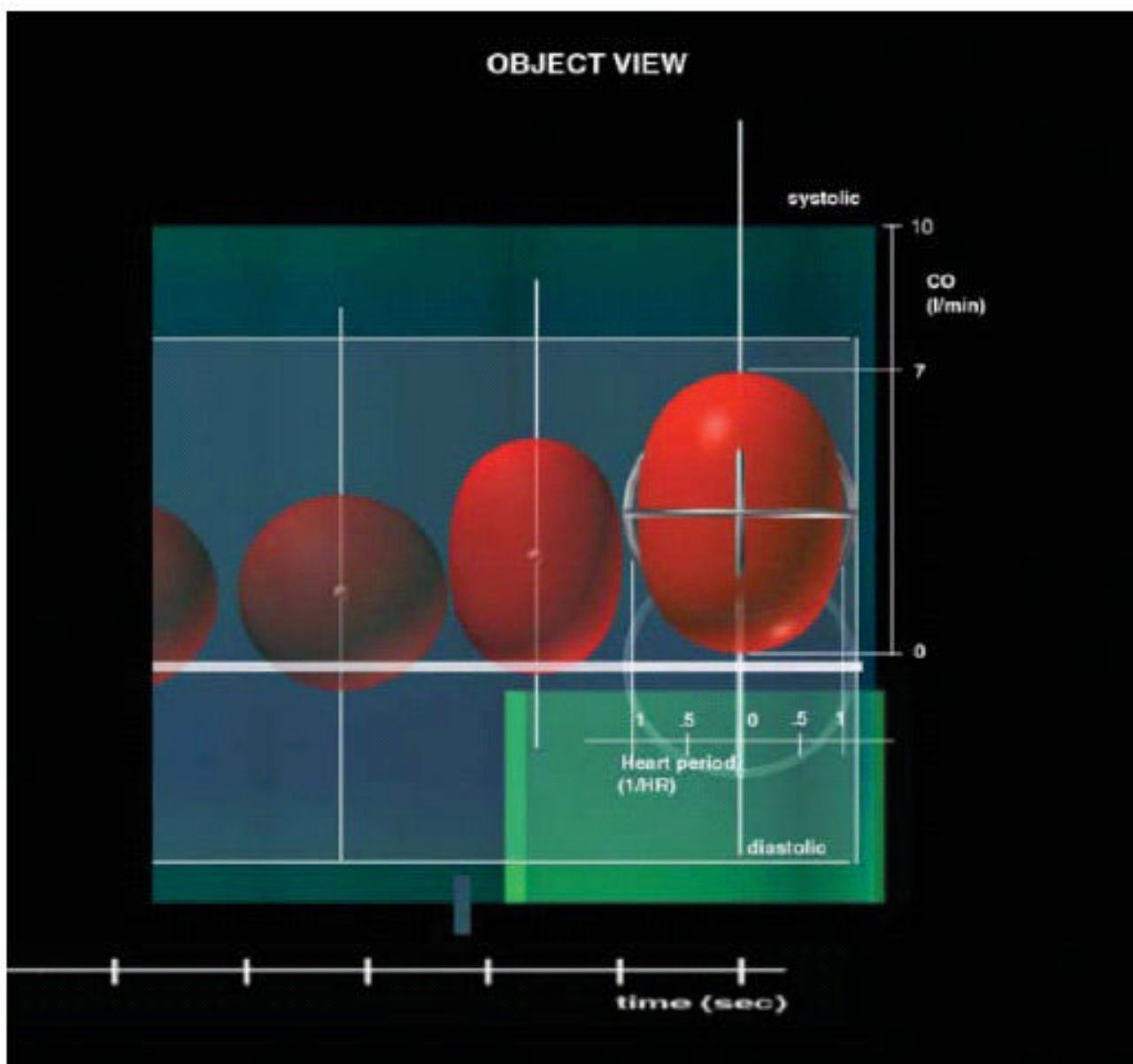


# Recognizing Shock under Anesthetic



Blike, 2002)

# Heart monitoring display







# Integrated display

