



An Introduction to Medical Devices Connectivity - The St George's Experience

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What are bioengineers good at?

High level

Low level

St George's University Hospitals NHS Foundation Trust

D: High risk situation (crystalloid)

Description	Comments	Before controls			After controls			Risk score
		Likelihood	Consequence	Risk score	Controls	Likelihood	Consequence	
Option 1 No fluid warmer used:								
Room-temperature fluid is infused, resulting in hypothermia and subsequent harm	This is somewhat likely to result in hypothermic coagulopathy and major haemorrhage in 2:1 patient.	4	4	16		4	4	16
Option 2 Fluid pre-warmed:								
Fluid cools before or during infusion, resulting in hypothermia and subsequent harm		3	4	12		3	4	12
Option 3 enFlow is used (0.9%NaCl):								
Aluminium ions are released from the enFlow heat exchanger, resulting in harm due to aluminium toxicity		3	3	9	Guidance in the FSN re. cartridge lifetime should be followed: max 24h per cartridge, max 3 cartridges per patient	3	3	9
High volumes of normal saline infusion result in hyperchloraemic acidosis, AKI and/or other sequelae	This risk may vary depending on other clinical factors.	3	4	12		3	4	12 (low risk option)
Option 4 enFlow is used (balanced electrolyte solutions):								
Aluminium ions are released from the enFlow heat exchanger, resulting in harm due to aluminium toxicity		4	3	12	Guidance in the FSN re. cartridge lifetime should be followed: max 24h per cartridge, max 3 cartridges per patient	3	3	9 (low risk option)
Option 5 Do not proceed with infusion:								
Harm due to the failure to infuse required fluid		4	5	20		4	5	20
Harm due to the inability to proceed with planned or unplanned surgery		5	3	15		5	3	15
Action resulting in lowest risk: Crystalloid should be infused via enFlow system. Normal saline (0.9% NaCl solution) should be used as an alternative to balanced electrolyte solutions (e.g. Hartmann's, Ringer's lactate) whenever possible, as per flowchart.								

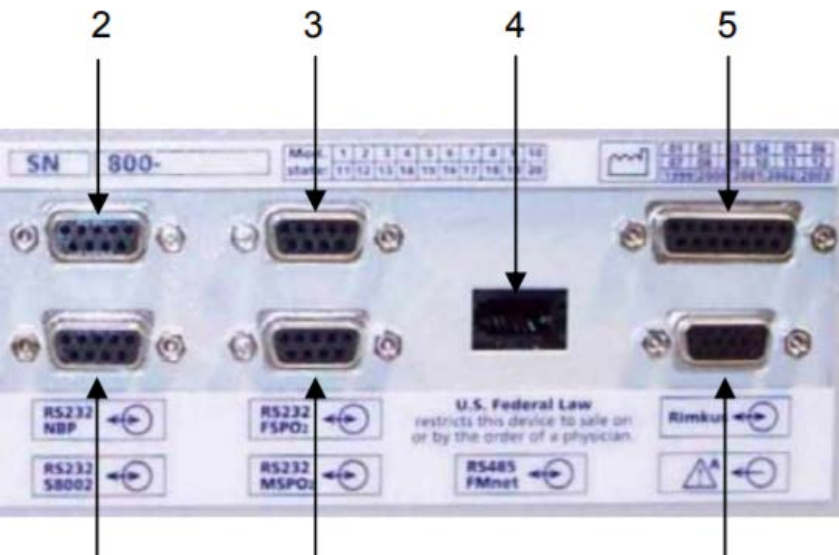
15/03/2019 Risk Assessment: Continued use of enFlow fluid warming system 6 of 8





Clinical connectivity for engineers

- ✓ Is the medical device broken? I can fix it.
- ✓ Do you need a cable? I can make a cable.
- ✓ Are you seeing data at your end yet?
- ✓ That will be 23p for the solder please.



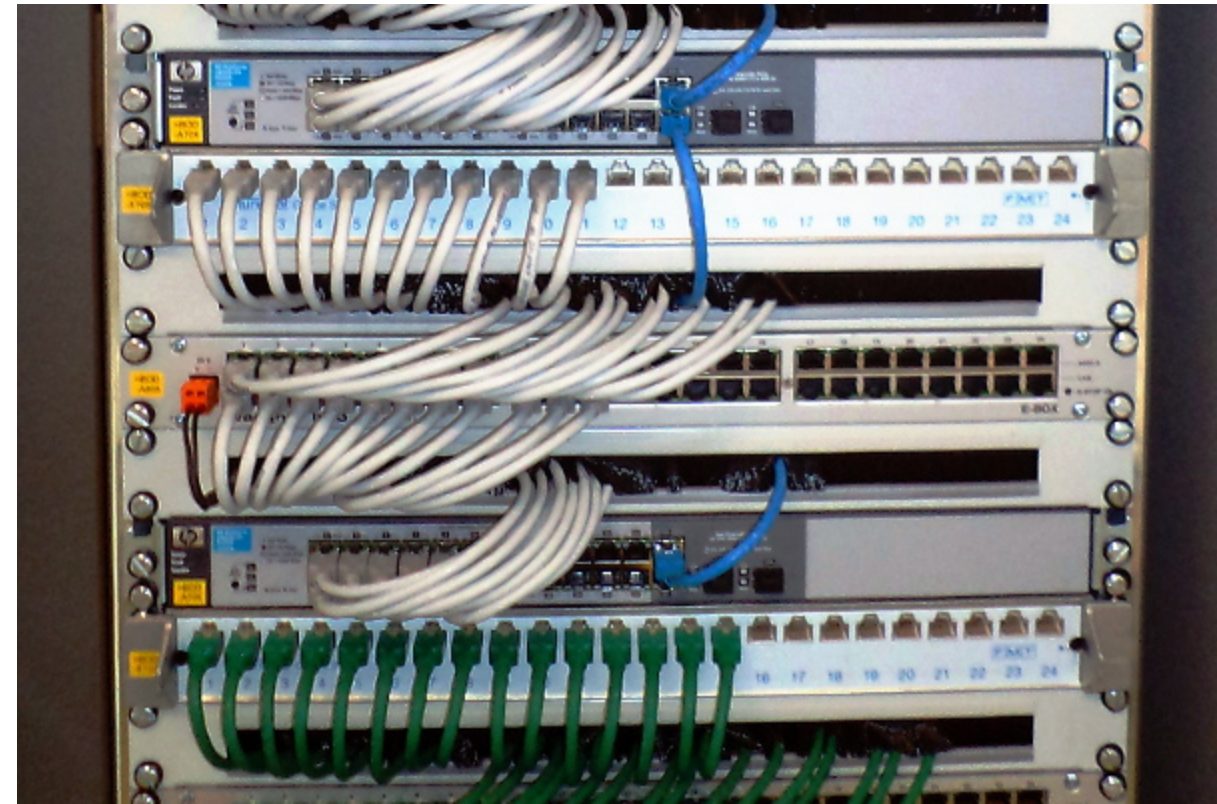
2 RS232 connector
9-way D-type socket (reserved for future use)

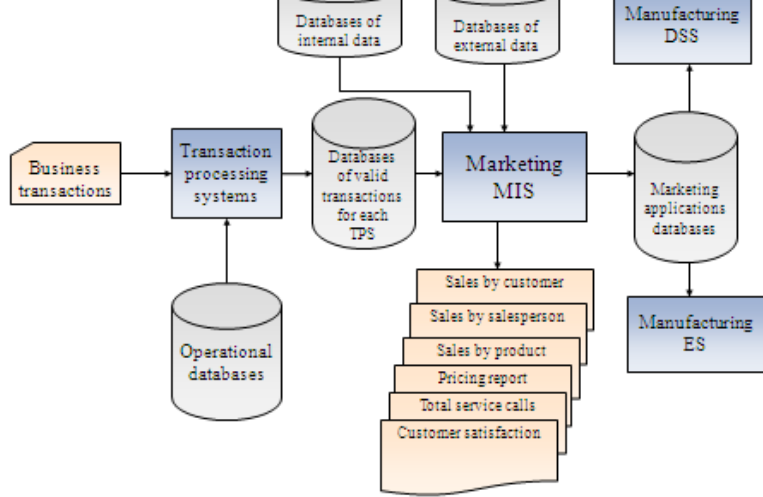
What are IT departments good at?

High level



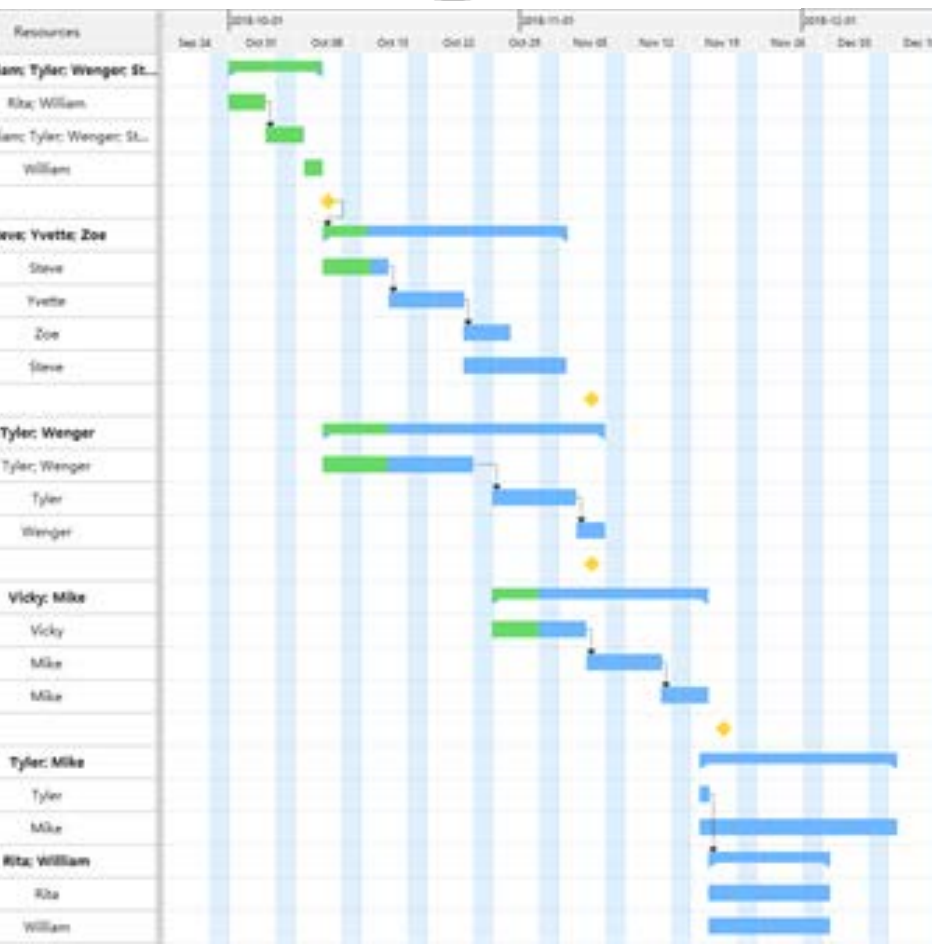
Low level





Clinical connectivity for IT teams

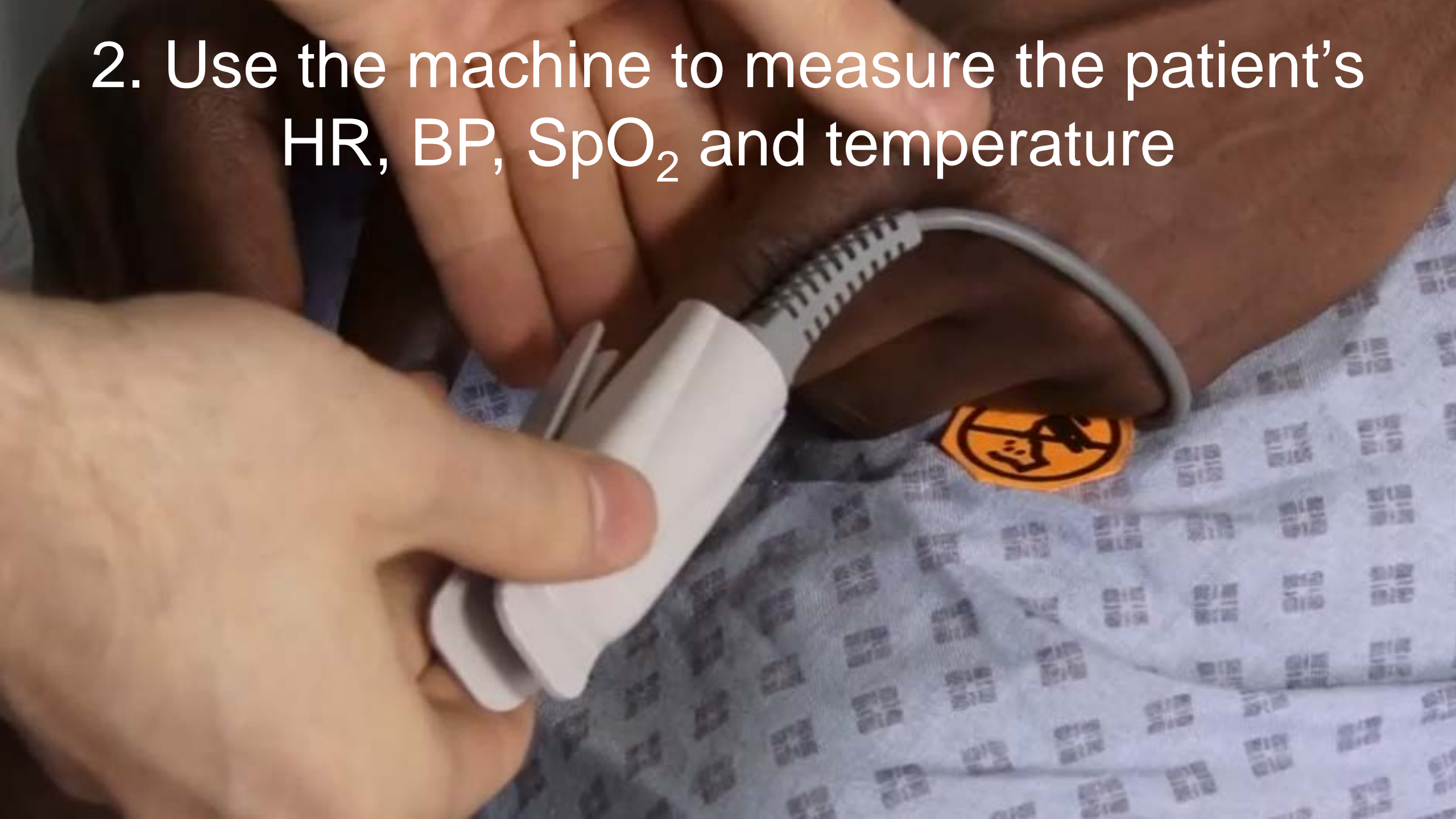
- ✓ The project will be lean, Six Sigma, agile, kaizen, just-in-time and our Black Belt scrum masters are at the ready
- ✓ Limited resources until project funding comes in
- ✓ A culture of robust testing and controlled deployments
- ✓ Clinical environment is unfamiliar so we ask for help with that



1. Scan the patient's wristband



2. Use the machine to measure the patient's HR, BP, SpO₂ and temperature





3. Enter the remaining observations directly onto the screen of the Connex VSM



4. Send the whole set of observations to the electronic patient record

Value



Complement

the delivery of major projects

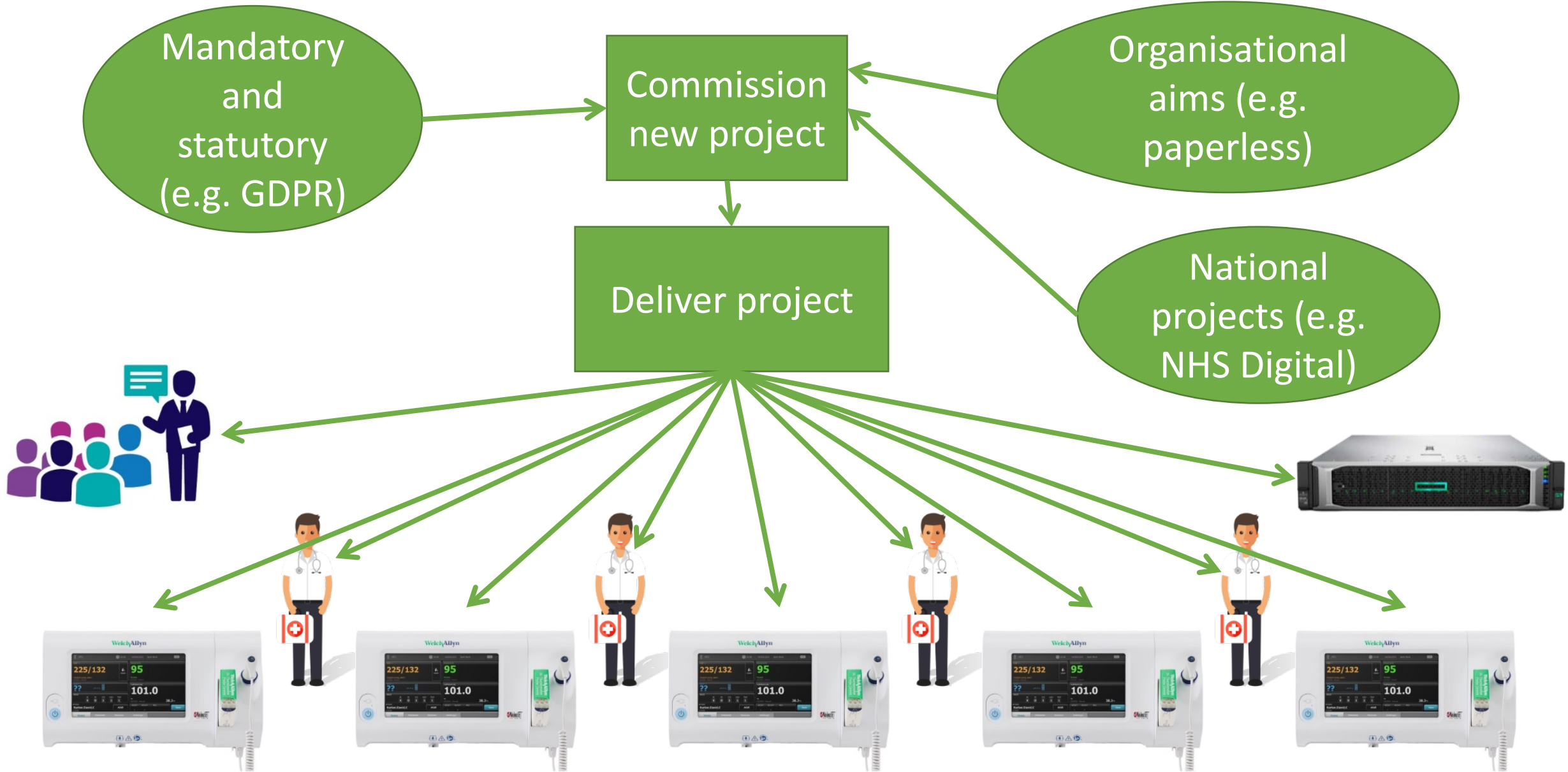
Enhance

clinical provision by delivering smaller improvement projects

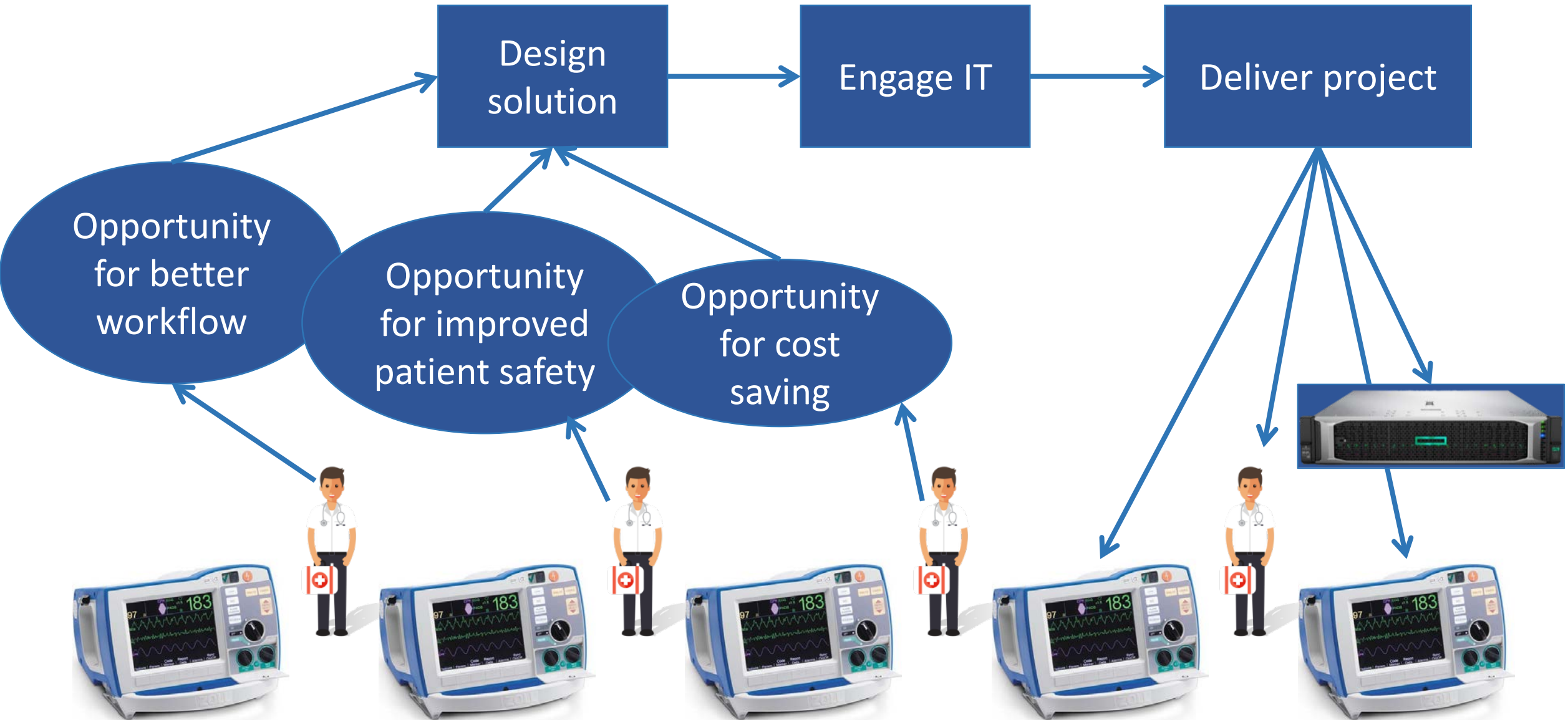
Act as expert

for connected medical equipment and software

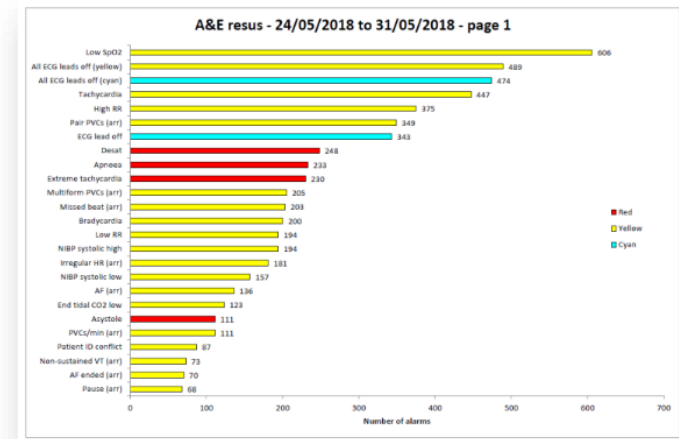
Conventional approach to information projects



Bottom-up approach



Bottom-up: no job too small



IT hardware



- ✓ Approved model
- ✓ Up-to-date, secure OS
- ✓ Sits on our domain
- ✓ Gets regular updates

????????????????

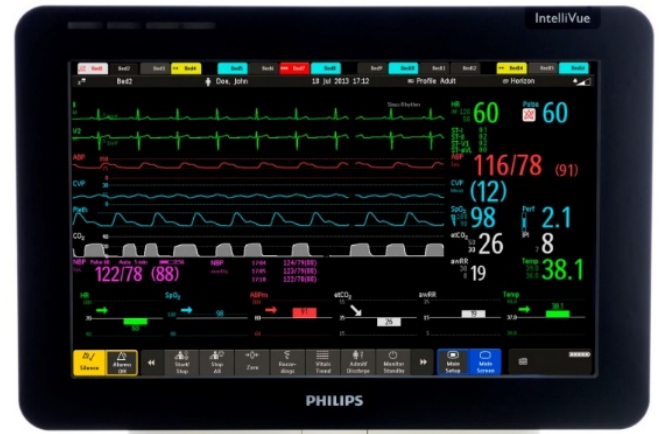


- Old, insecure OS
- No AV
- No updates

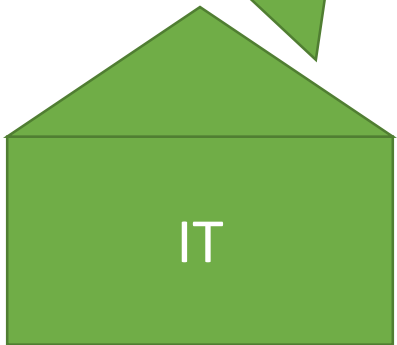


You can't change those

Medical device



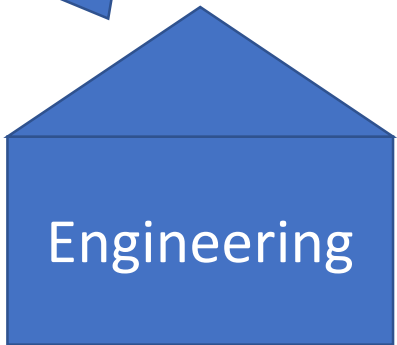
- ✓ Best device for the job
- ✓ Carefully maintained
- ✓ All risks managed



Looks like a PC to me...

Don't touch. It's a medical device!

Then turn it off!



Person specification

- A broad understanding of medical devices
- Computing skills: hardware, virtualisation, networking
- Knowledge of cybersecurity and data governance
- HL7 and DICOM
- Basic coding and scripting skills
- A practical approach to project management
- Confidence?

71%

of employees are using apps not sanctioned by IT

Shadow IT



LINUX IT
Best Practice Linux

www.linuxit.com

THE DANGERS OF SHADOW IT

Shadow IT can be a force for good, driving innovation and enabling business agility. But unregulated IT projects can be expensive and dangerous.



We can all get along

Shadow IT...

Medical devices connectivity must...

is cyber-insecure

follow best cybersecurity practice where possible
Risk-assess and control if necessary

disregard data
governance

take responsibility for all aspects of data governance,
with DPIAs approved at organisational level

contaminate networks
and interfaces

work with IT to ensure networking resources are
allocated properly

without regard to proper
project management

run projects robustly and transparently, with excellent
documentation

What we've done so far

- Received, triaged and working on over 50 new project requests per year
- Support for several major clinical systems (including Philips IntelliVue monitoring) and their interfaces
- Assisted research projects with clinical data collection
- Developed complex applications to support medical device training

Future work

- Supporting medical equipment management with innovative solutions (RTLS; GS1)
- Site-wide dashboarding
- Forensic clinical data

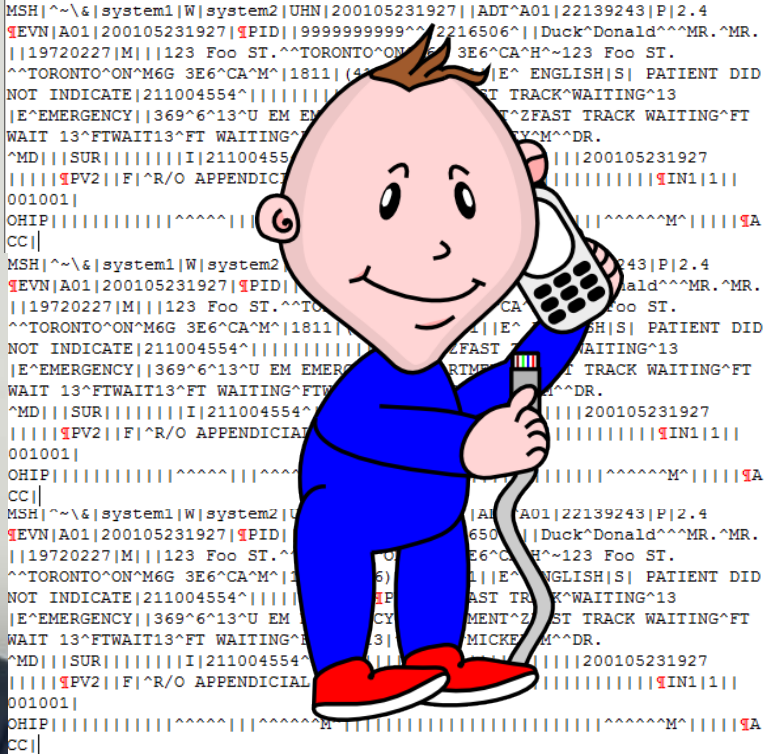
Connectivity team 2019



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