IntelliSpace Critical Care and Anesthesia

Enhancing care for most acute patients

On a quest to improve the management of patient data, one of Europe’s leading hospitals in anesthesia has welcomed IntelliSpace Critical Care and Anesthesia (ICCA). At the Vienna General Hospital – Medical University Campus, more than 500,000 outpatients are treated annually, totalling in 1.2 million ambulance visits, with a further 100,000 inpatients. In an effort to create efficiencies in the vast amount of patient data, the team installed ICCA in 2013 while working closely with the Philips team on installation. Vienna General Hospital has trusted Philips with its patient data management systems for more than 20 years.

ICCA is designed to provide continuity of clinical information across anesthesiology, critical care, intermediate care and medical-surgical care specialties. Univ. Prof. Dr. Klaus Markstaller, Head of Division of General Anesthesia and Intensive Care, Medical University of Vienna - Vienna General Hospital, said that it could make a real difference to the quality of patient care: “By providing a single medical record through anesthesia, the recovery room and ICU right up to intermediate care – ICCA allows us to be on top of patient data quickly and efficiently.”

Making data easy to interpret through smart visuals is an important factor in speeding up clinicians’ decision making. “Clinical teams get clear information when they need it,” said Prof. Markstaller. ICCA is specifically designed to help reduce data overload.

Clinicians at Austria’s leading teaching hospital say Philips’ system helps improve patient outcomes and cuts costs.
Workflow

Processes and workflows can also be made more efficient using ICCA. “The system allows us to analyze and improve our processes, which in turn affects quality and leads to better patient care,” said Prof. Markstaller.

He welcomed the audit trail that ICCA provides, for two reasons. First, it means that senior medics can give staff feedback on the quality of their data recording and train them to improve it — something a good teaching hospital should aspire to do. Second, it provides all the documentation if ever needed for legal purposes. “You have the interfaces with the respirators and so on, which gives a level of quality that is just not achievable with paper documentation,” he said.

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Research benefits

Univ. Prof. Dr. Harald Andel, MSc, also noted research benefits from ICCA. “With 30,000 to 40,000 procedures a year here, it gives us a readily searchable database with large sample sizes of anonymized patient data,” he said. His research colleagues appreciate the capability of data storage and retrieval. “With ICCA, you can query a whole data set going back over any time period, whereas, with older systems, data more than a few months’ old was archived and became harder to retrieve and analyze.”

Financial benefits

When it comes to cost management, a high priority for any hospital these days, Vienna General Hospital has again found that ICCA is a valuable tool. “The OR is one of the most expensive areas to run in any hospital,” said Prof. Markstaller, “so it’s really important to keep a close eye on processes and timings. The more flexible a system is to answer these questions, the better. We’re using ICCA now to analyze the costs of materials to highlight where we can be more economical.”

The installation of a new system can sometimes be a headache, but this was not the case for Vienna General Hospital. Philips went out of its way to help users configure settings and train them on its use. Martin Oblak, BSc, Vienna General Hospital’s Project Manager, praising the partnership working with Philips, felt there had been strong collaboration and admired Philips’ preparation, which meant going live was straightforward. “The migration process was great. We thought it would take four hours, but we finished in less than three.”

As with any software, some bugs were found, but Mr. Oblak, BSc, really appreciated how quickly Philips responded and fixed the issues. “That’s what made this implementation so successful,” he said.

Clinicians were wary that, with a busy clinical workload, they wouldn’t have the management time to train people on the new system. “Philips made a huge effort to overcome our shortcomings in this respect, by providing trainers at the bedside — so much better than just having an off-site lecture,” said Prof. Andel.

Asklepios Paulinen Klinik Hospital in Wiesbaden, which conducts 8,000 procedures a year, also moved from paper to ICCA in 2012, upgrading to Rev G in 2013. Dr. Klaus Schulz, Head of the Anesthesia department, noted how much ICCA has improved the efficiency of the operating room: “With ICCA, we can move patients through faster,” he said. “Anesthesia forms are completed on ICCA in the anesthesia clinic and clinicians have immediate access to the patient’s full details in the operating room, enabling them to prepare for any problems such as difficult airways.”

Since all data is centralized, ICCA makes information retrieval faster and more accurate. “If a patient needs a follow-up procedure, the records are just a click away,” said Dr. Schulz.

In addition to ICCA, Wiesbaden also uses Philips IntelliVue monitors in the ICU. For Dr. Schulz, there was no question about the system of choice: “Philips monitors are one of the best I have ever worked with,” he said. “They are easy to configure and to manage, and the device interface makes everything plain sailing.”

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