



First Automatic: Feedbacks on an innovative solution to optimize and secure pre-analytic step

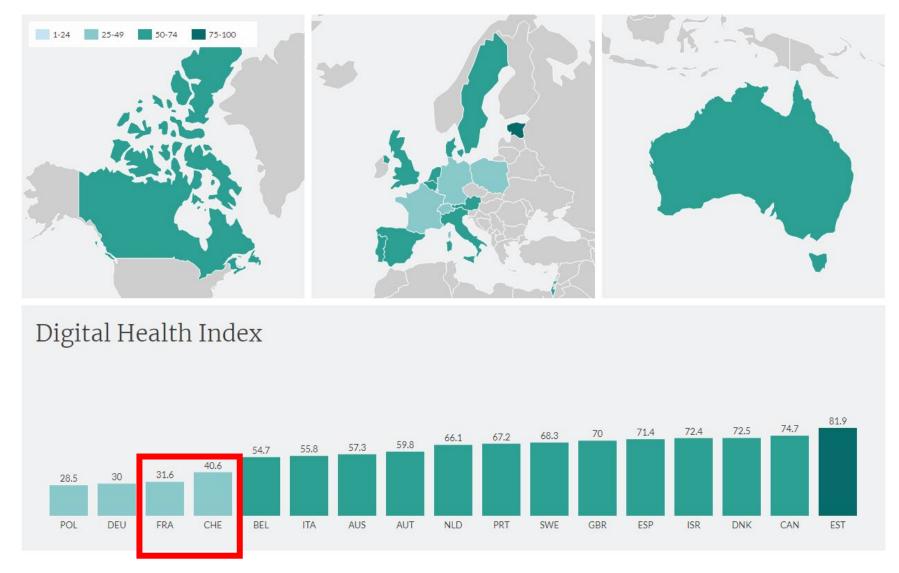
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Digital transformation in healthcare



Digital Health-Index

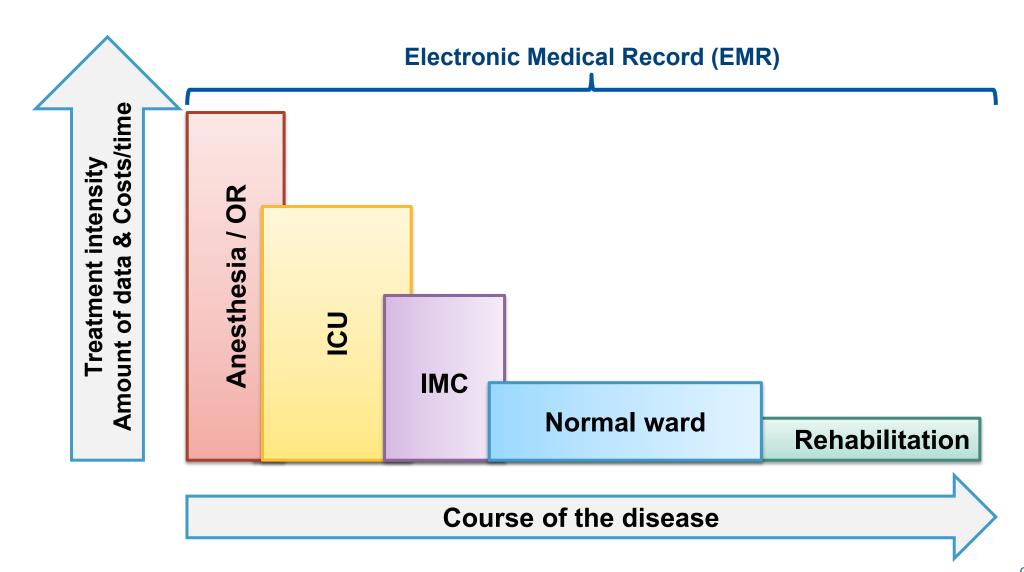






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Why do we need better digitalisation in acute care?



Digital systems in hospitals (Electronic medical records = EMR)

- CIS: Clinical Information System
- PDMS: Patienten Data Management System
- POCT: Point Of Care Testing Software
- RIS: Radiology Information System
- AIM: Advanced Image Management
- Lab Software
- Billing Software
- •

EMR along integrated patient- / treatment- / documentation- / billing-processes in a hospital



«Point of care and shared information»

- For direct patient treatment (medical history)
- For the control of treatment processes: Use of treatment resources
- For the hospital administration
- For research / teaching
- → Highly integrated IT solutions for the entire hospital
- → Documentation and management system

Ext. Benchmark

FIRST AUTOMATIC – the right result for the right patient







1st Automatic automates and simplifies the processing of the blood sample and the handling of the results

Sample Collection

safePICO samplers
Pre-barcoded



Sample and data registration

AQURE FLEXLINK POCT – IT-Solution



Sample mixing and

Analyzers of the ABL series



Result Transmission to the patient's bedside and in EMR

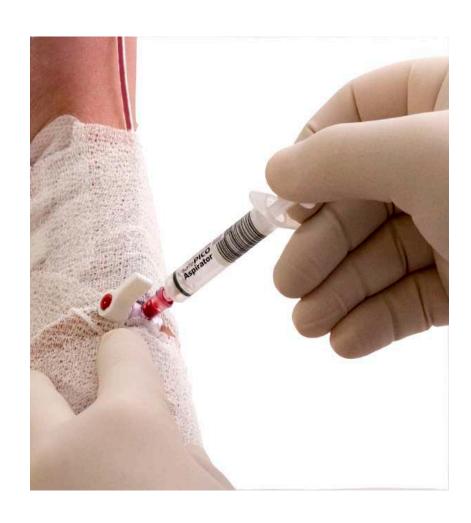
Sample processing

Blood sampling safePICO aspirator – arterial sampler (1ml)



Blood sampling

safePICO aspirator should be filled slowly by aspirating the blood



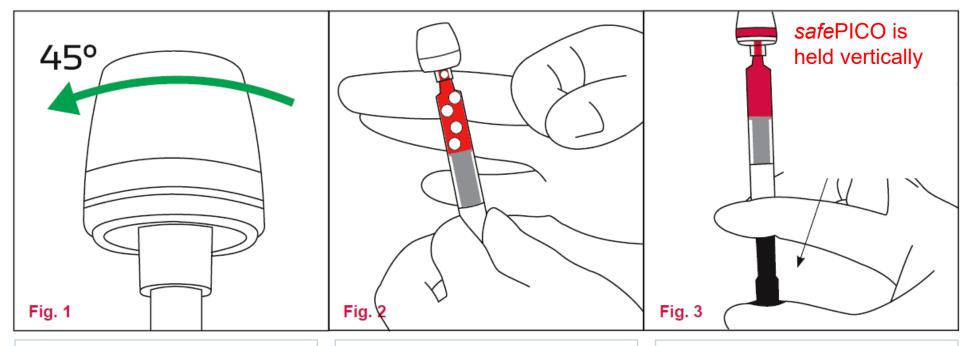


Blood samplingsafePICO self-fill – arterial sampler



Blood sampling

safeTIPCAP is attached firmly to the Luer – air is expeled



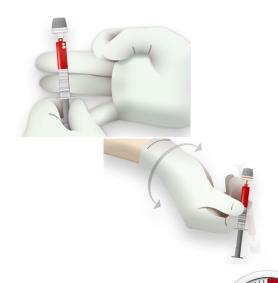
The sealing cap is placed on the Luer attachment of the syringe and turned 45° The syringe is tapped to transport any air bubbles to the syringe cone

The cap is filled with blood

The sample is mixed by swivelling the sampler several times

Immediately after sampling There are four important points to note

- 1. Possible air bubbles are ejected
 - → No falsified results
- 2. Sample is mixed gently
 - → Reduction of clot formation
- 3. Sample is measured immediately after collection
 - → Reduction of biochemical changes
- 4. Sample is mixed before measuring
 - → No sedimentation reliable values



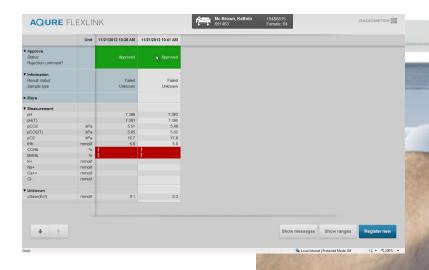


Correct sample registration directly at the patient's bedside

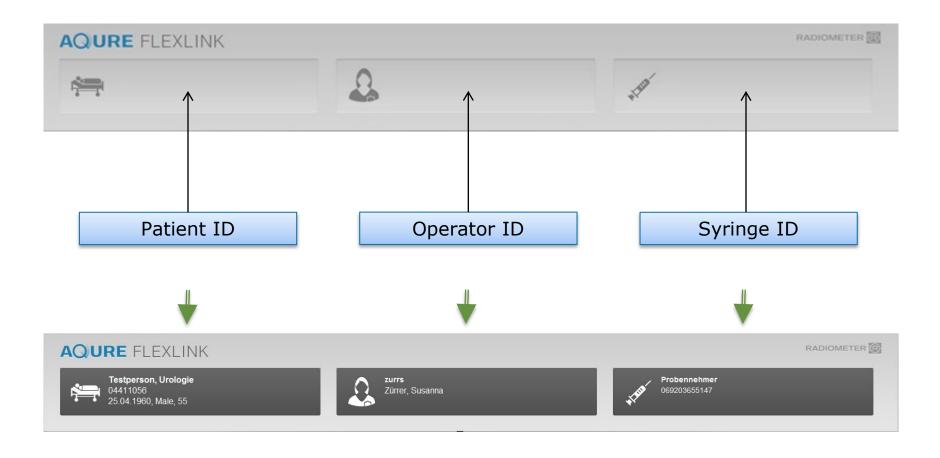
 Reduced risk of confusion between patient ID and sampler ID

 Patient master data are transmitted via an IT-interface (No manual data entry on the device patient)

Simple, web-based, at the bedside

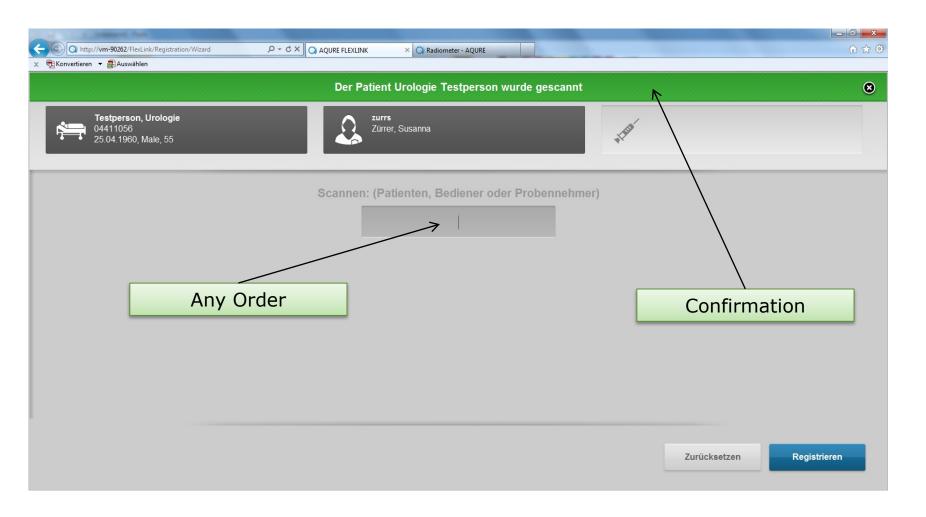


FLEXLINK sample registration scan fields

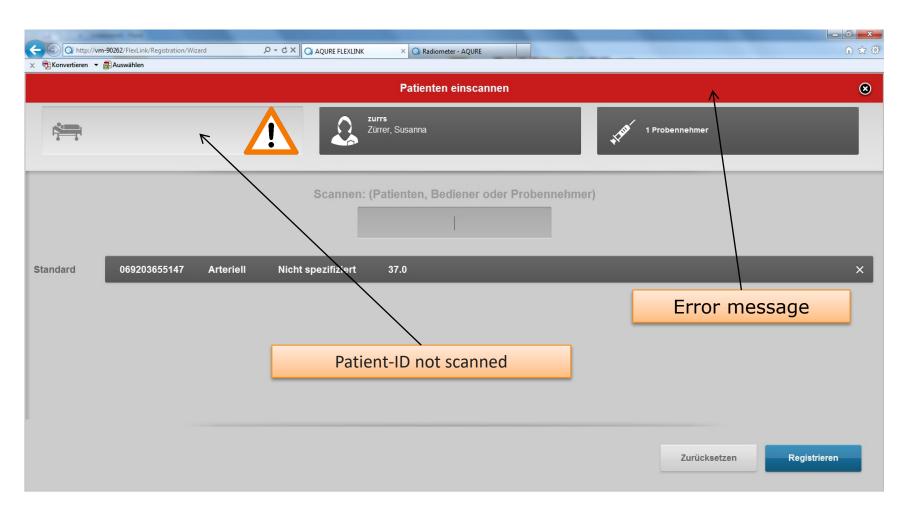


FLEXLINK sample registration

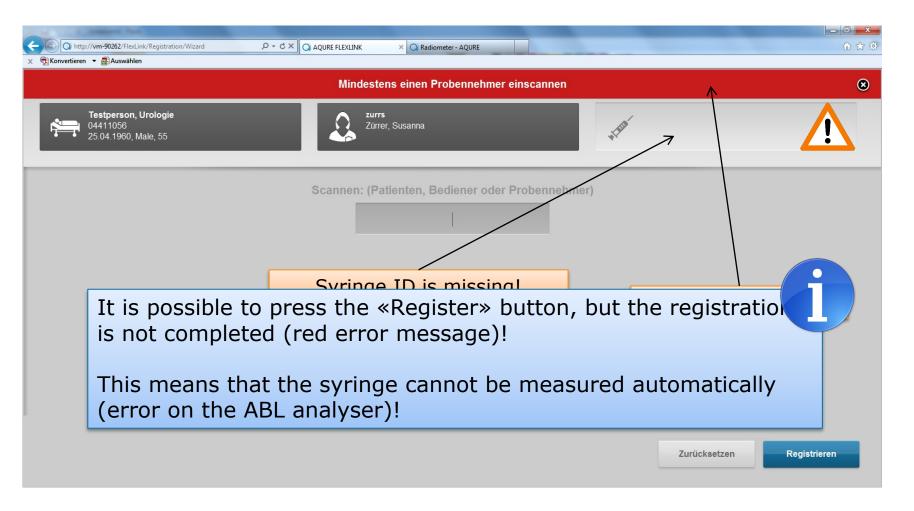
Scanning of barcode can be in any order & confirmation



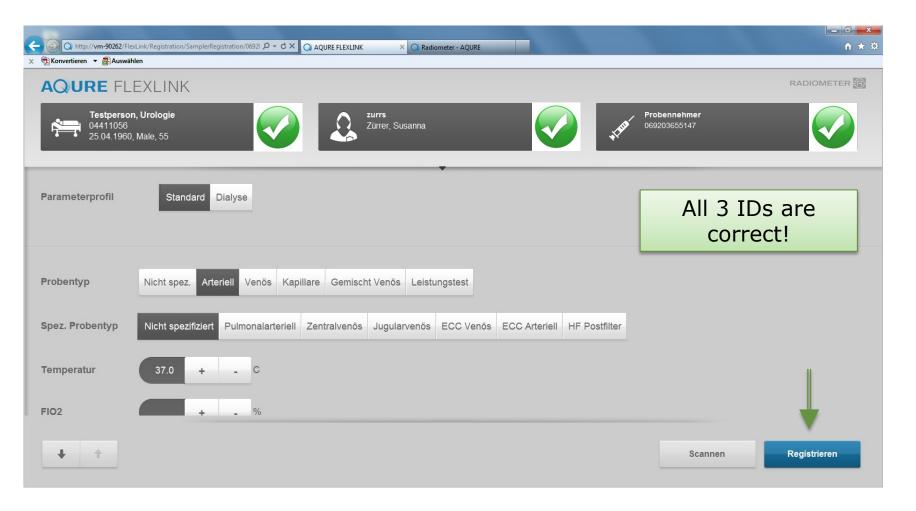
FLEXLINK sample registration incomplete registration: Patient-ID is missing!



FLEXLINK sample registration incomplete registration: syringe ID is missing!

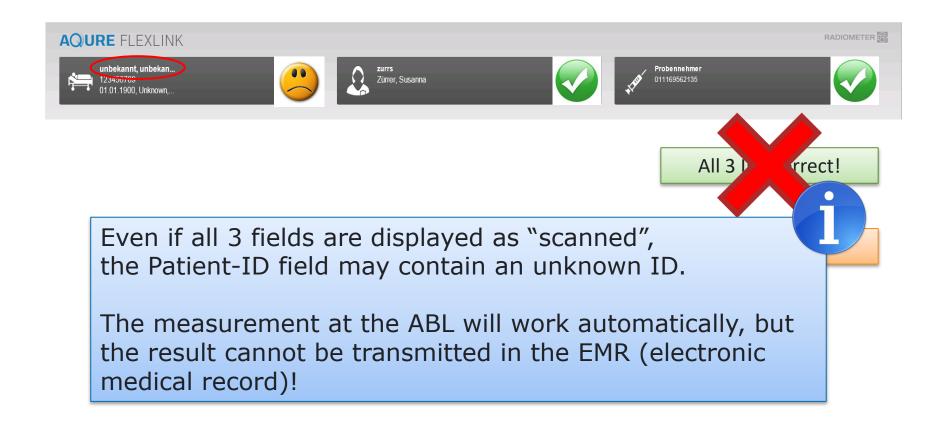


FLEXLINK sample registration registration complete!

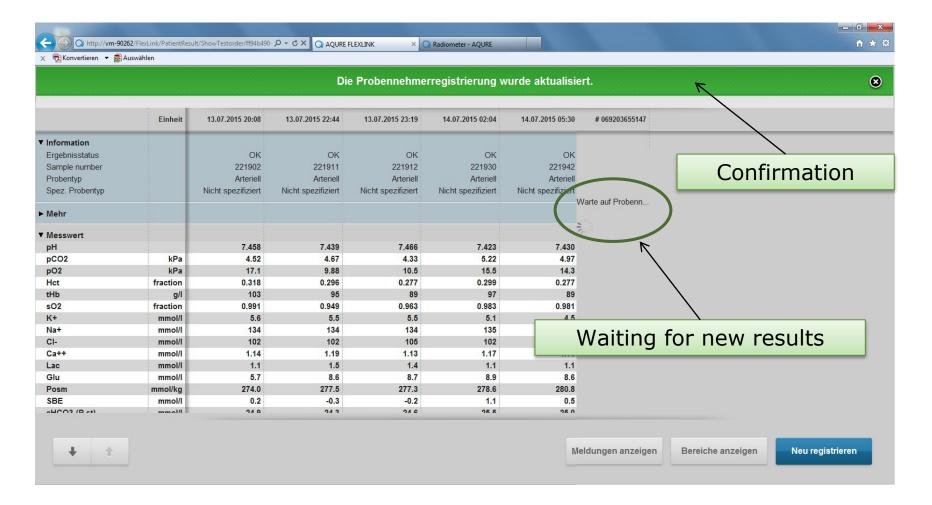


FLEXLINK sample registration

registration complete, but...



FLEXLINK sample registration correct completion of registration





Do you have to wait readiness of the analyzer?





FLEXQ of the ABL analyzer

- Place up to three safePICO samplers on the FLEXQ and you're ready to go
- Your samples are automatically scanned, mixed, aspirated, analyzed and then the values are printed out / sent to EMR

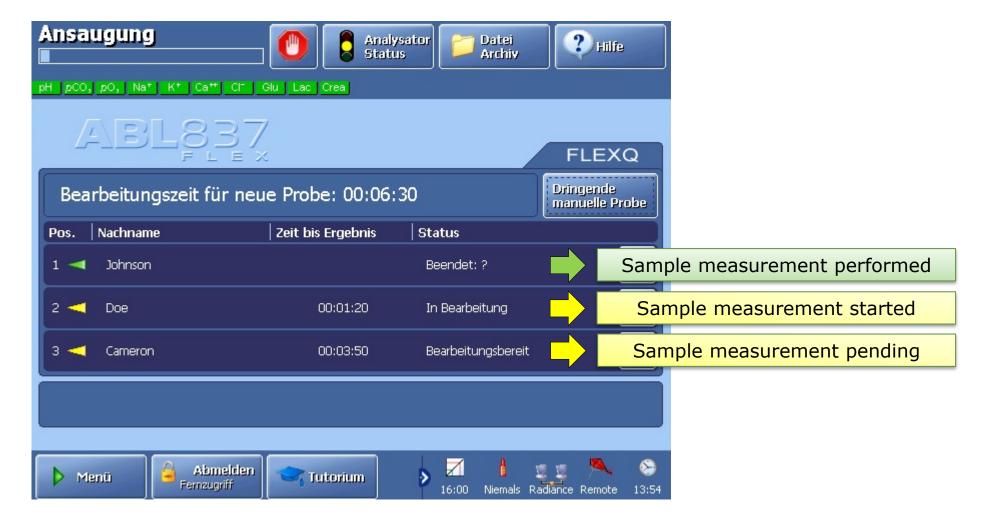
→ No waste of time in front of the analyzer!



ABL analyser sample measurement sample registered correctly



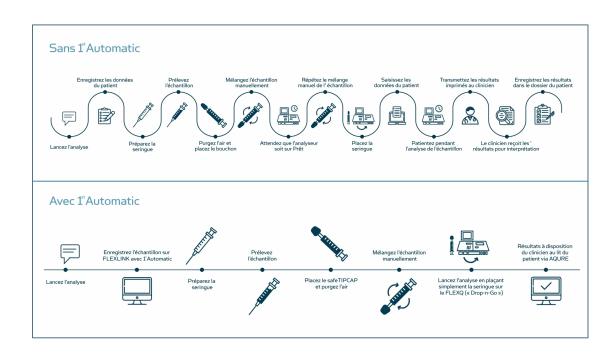
ABL sample measurement Different statuses – LED colour



First Automatic – AQURE FLEXLINK with ABL analysers

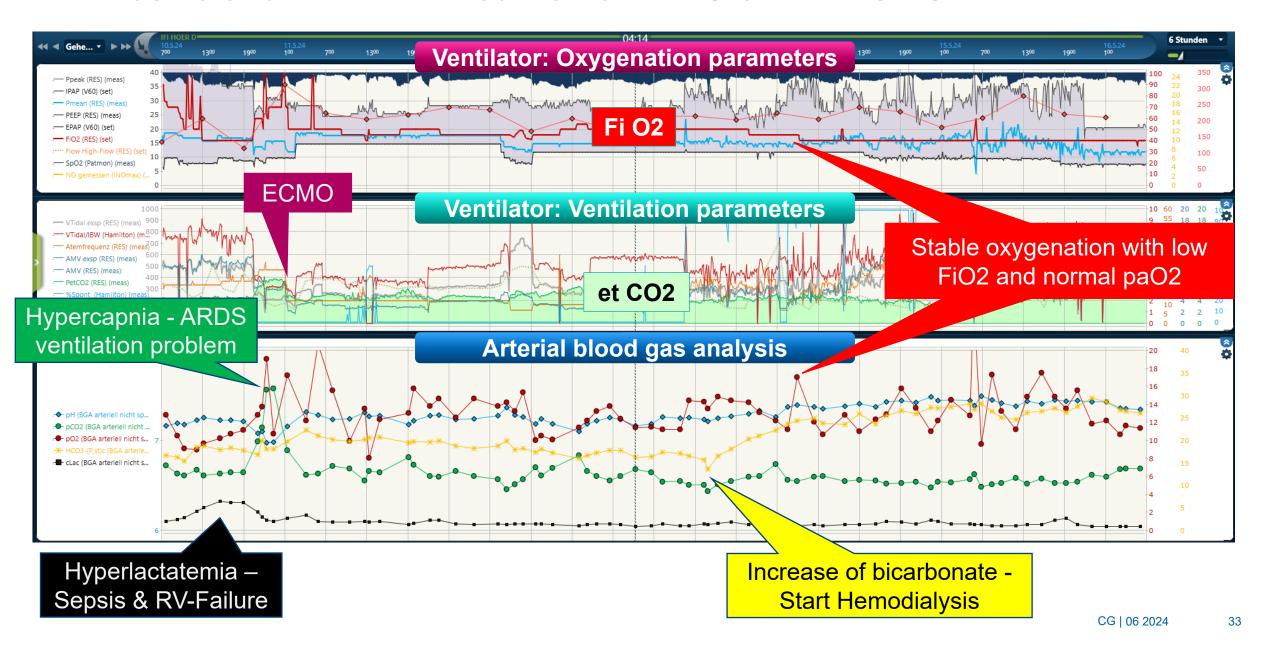
Closed loop communication system directly at the patient's bedside:

- ✓ Sample assigned to the correct patient
- ✓ Correctly identified samples
- ✓ No transmission errors
- ✓ Complete data in the medical record
- ✓ All results are billable
- ✓ No waiting times
- ✓ Optimal utilization of the analyzer

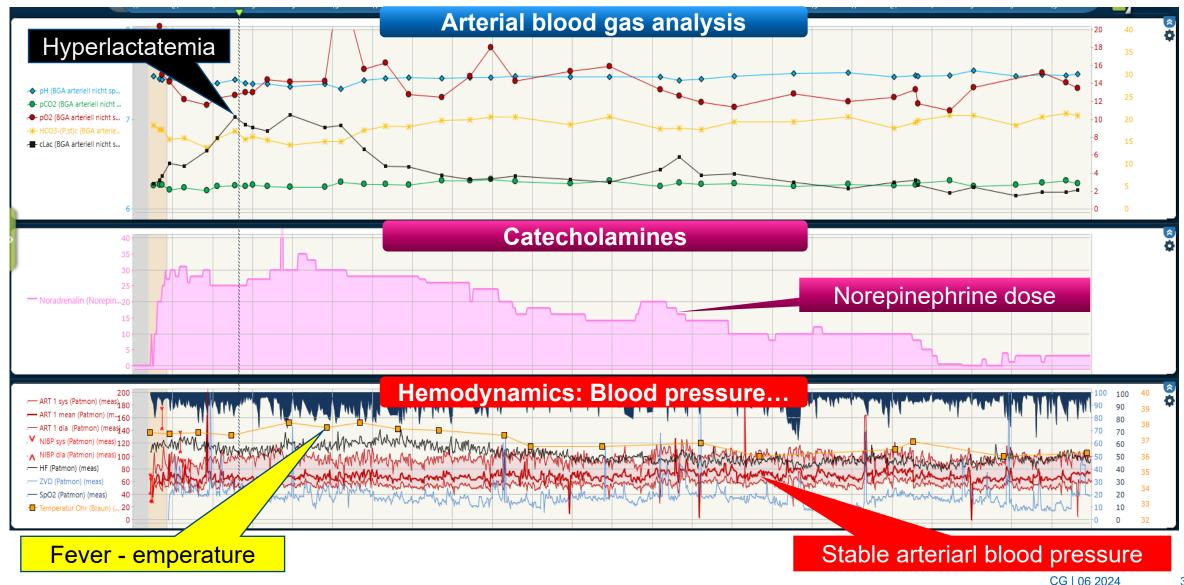


Pratical examples

1 – week trend in EMR: Pneumonia-ARDS on VV-ECMO



4 – days trend in EMR – Septic shock due to cholangitis



Al (Artifical Intelligence) in ICU

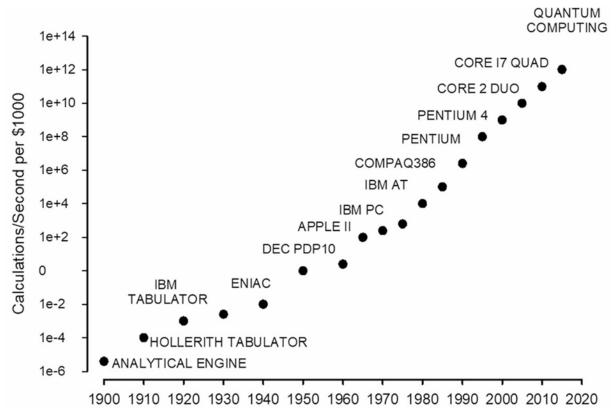


Fig. 1 The growth of computer power, based on calculations per second purchased by \$1000 USD (constant 2015) during the past century. Also shown are significant developments in technology associated with increases in computer power. Modified from https://www.flickr.com/photos/jurvetson/25046013104 (with license). Original graph in Ray Kurzweil. "The singularity is near: When humans transcend biology," p67, The Viking Press, 2006

RESEARCH ARTICLE

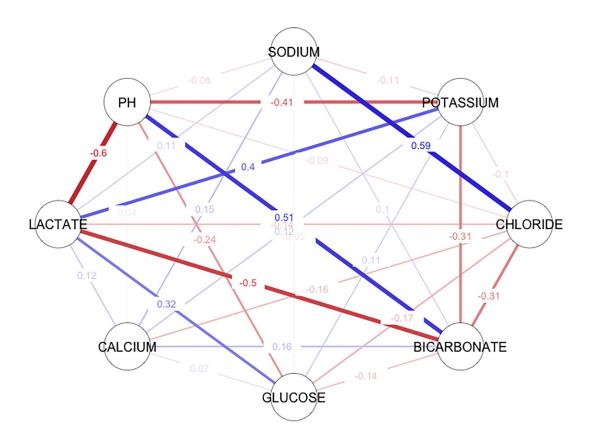
A deep learning backcasting approach to the electrolyte, metabolite, and acid-base parameters that predict risk in ICU patients

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 Correlation of the electrolyte, metabolite, and acid-base parameters between ICU patients who remained stable (blue)

 and those who physiologically deteriorated and died in 0–8 hours (red)



Summary - First automatic is a solution for

Improvement of the treatment quality through

- Digitalisation of documentation and communication
- Increasing the quality of treatment documentation (legibility, traceability...)
- Reduction of errors (sample / patient confusion)

Optimisation of processes and workflows

- Automated data flows with interfaces to IT environment systems: CIS, EMR, Lab-/ Billing systems...
- More efficient quality management and complete billing
- Time savings through reduction of documentation

