Centricity™ High Acuity Critical Care

360° OF ACTIONABLE CLINICAL INSIGHTS TO SUPPORT CRITICAL DECISIONS

CHALLENGE:

In fast-paced critical care units, clinicians must often make multivariate high-risk decisions based on incomplete patient information. The problem? Disseminated data and disconnected systems.

These gaps in clinical transparency contribute to care variation, and can prevent critical care units from achieving their desired clinical and operational outcomes.

SOLUTION:

Centricity High Acuity Critical Care is a clinical information system that doesn't just aggregate comprehensive patient data – it helps prioritize the most relevant insights to enable faster, more informed decision-making.

Caregivers and managers can access specialized clinical data, supported by relevant expert and best practices guidance to enhance clinical expertise, reduce paperwork, increase workflow efficiency, and improve outcomes throughout the critical care unit.

19% reduction in patient length of stay[1]

23% increase in patients discharged[1]

£0.5MM increase in income due to automated data collection[1]

Time saved equivalent to **17.5 FTE** nursing staff per year[1]

1. Case report from University Hospitals of North Midlands NHS. Performance may vary for different customers.

gehealthcare.com

Centricity High Acuity Critical Care is designed for workflows in all critical care areas, from neonates to adult patients. At each monitor, caregivers can enter and access data on patients throughout the unit, enabling:

- Automated multi-source documentation with clinically relevant data visualization
- Diagnostic and clinical decision support
- Care prioritization via intelligent notifications that highlight the most critical patient cases[*]
- Continuity of care between critical care and anesthesia

DISCOVER NEEDS

Helps to align staff and resources to changing priorities.

Unit View – See all information related to patients (e.g. severity, patient in admission/discharge) and bed utilization in all acute areas in one view—to manage the unit(s) more efficiently.

Patient List – Assess key patient indicators at a glance (such as criticality, acuity, automatic scores, follow-up flags) to improve the admission/triage process and enable caregivers to prioritize their attention.

Care Prioritization/Clinical Notification[*] – Stay on top of dynamic patient conditions with clinical notifications that help the team focus on the most critical patients and care activities.

See screenshot on back

OPTIMIZE WORKFLOW

Helps to manage the daily routine to improve patient safety and staff productivity.

Integrated order management – Improve efficiency and compliance in ordering therapy, medications, and care activities through Hospital Information Systems integration. Orders can be pre-scheduled and task reminders keep workflow on track.

Medication safety check – Enhance patient safety and avoid adverse drug events with optional integration with certified drugs database.

Worklist – Follow step-by-step processes (for admission, discharge, and other tasks) to improve compliance and facilitate hand-overs. Worklists can be localized to your processes and specific patient groups.

IMPROVE OUTCOMES

Helps to improve clinical and operational outcomes to benefit patients, staff, and your institution.

Organ/Functions Approach – See dynamic and intuitive views organized per organ and functions, making it easier to target problems and track progress. Trends, fluid balances, lab results, automated scores, observations and more are available in one place to support the clinical decision-making process.

Clinical Expertise – Access localized clinical guidance in such areas as nutrition management, lung protection, and kidney management to aid early detection* and personalized care.

See screenshot on back

Embedded Protocols – Customize protocols (such as lab test request and bloodsamples, X-ray protocols, wound care) to improve compliance with your practices.

BOOST PERFORMANCES

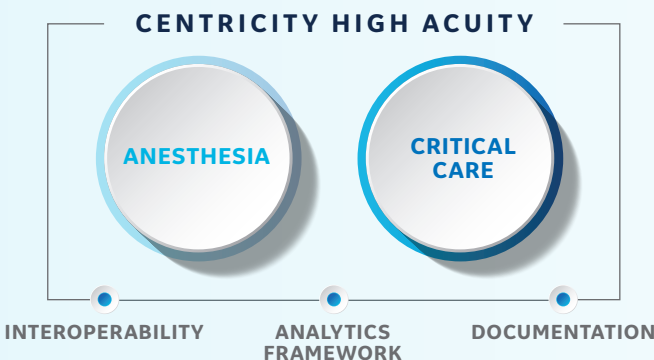Helps to generate insights and drive continuous improvement via onboard analytics.

Pre-built critical care dashboard for clinical & operational use.

Tailored analytics solution to meet your department needs.

Simplified report generation – Produce detailed reports for billing, benchmarking, and quality registries easily and quickly with our data and extraction tools.

CENTRICITY HIGH ACUITY

Centricity High Acuity Critical Care is part of the Centricity High Acuity Platform. Our integrated approach is designed to help ensure continuity of care from pre-op and intra-op to post-op and Critical Care, as well as interoperability with other IT systems and devices.

CENTRICITY HIGH ACUITY

ANESTHESIA

CRITICAL CARE

INTEROPERABILITY   ANALYTICS FRAMEWORK   DOCUMENTATION

* Requires the Clinical Notification Module that assists the clinical user to identify potential clinical events.

UNIT VIEW WITH CLINICAL NOTIFICATION

GE Hospital ▾ | All Periop | Preop general | Main theater | PACU general | All ICU | Intensive care unit | Intermediate care unit

ICU bed 01

ICU bed 03 ✕ 1h 23min
Carter, Daniel ➡
2016032914   M   06/30/1983 (35 y)
Primary total prosthetic replacement of hi...
Postop monitoring
AVM | No RRT
R. Hunt | S. Reid | E. Barret

ICU bed 05

ICU bed 07 ❗2   4d 1h
Schuster, Simon
2015124526   M   06/30/1975 (43 y)
Aorto-coronary venous bypass with four d...
Major surgery, high risk patient
CPAP | No RRT
J. Royal | S. Reid | J. Kraft

ICU bed 09 ❗   1h 25min
Baker, Steve
2015128543   M   02/12/1944 (75 y)
High risk patient, Postop monitoring
CPAP | No RRT
R. Hunt | S. Reid | S. Brian

ICU bed 10 ❗3   17d 1h
Walter, Marie
2016037699   M   05/30/1959 (59 y)
Low-output, high-risk patient
AVM | No RRT
M. Baker | S. Reid | S. Brian

Arriving ▸

Search

ICU bed 17 ❗2
Craige, Toby
2011124526   M   06/30/1936 (82 y)
Major surgery, high-risk patient
Patient in OR (actual) 02/18/2019 11:30 AM
J. Royal | A. Kerrigan

ICU bed 02 ❗   1h 21min
Wilshire, Eva
2016038962   M   02/28/1976 (42 y)
Replacement of aortic valve
Coagulation disorder
AVM | No RRT
E. Dobek | A. Richter | J. Kraft

ICU bed 04 ⚠1   2d 1h
Blanc, Jacqueline
2015128967   F   06/22/1956 (62 y)
Lobectomy of lung and sleeve resection of...
Low-output
PC | No RRT
E. Dunn | J. Henderson | E. Barret

ICU bed 06 ✕   8d 1h
Smith, Anna
2015128562   M   06/30/1958 (60 y)
Aorto-coronary venous bypass with four d...
Postop monitoring
BAG | No RRT
E. Dobek | J. Henderson | E. Barret

ICU bed 08

ICU bed 18 ✕
Adams, Kevin
2016052310   M   06/12/2016 (2 y ...
Exploration of knee joint, arthroscopic
Coagulation disorder, high risk patient
Patient in OR (actual) 02/18/2019 12:00 PM
M. Baker | E. Barret

ICU bed 11   12d 1h
Green, Jeff
2015038962   M   06/30/1946 (72 y)
Aorto-coronary venous bypass with three ...
High risk patient
VC | No RRT
J. Royal | A. Richter | J. Kraft

ICU bed 13 ✕ ⚠2   29d 1h
Heinz, Robert
2014038962   M   06/30/1951 (67 y)
Replacement of aortic valve
Postop monitoring, high risk patient
PC | No RRT
E. Dunn | A. Richter | J. Kraft

ICU bed 15

ICU bed 17

ICU bed 19 ✕ ⚠3   7d 1h
Walter, Marie
2016037654   M   06/29/1964 (54 y)
Aorto-coronary venous bypass with three ...
Major surgery, high-risk patient
CPAP | No RRT
E. Dunn | S. Reid | P. Edwards

ICU bed Isolati... ✕ ❗4   19d 1h
Baker, Tim
2012124526   M   05/30/1988 (30 y)
Lobectomy of lung and sleeve resection of...
MANUAL | No RRT
R. Hunt | S. Reid | P. Edwards

Unassigned ⚠1
Ling, Jim
201605010300   M   07/11/1942 (76 y)
Bypass from aorta to bilateral femoral art...
High risk patient
Patient in OR (actual) 02/18/2019 11:00 AM
M. Baker | S. Brian

Unassigned
Taylor, Mark
2016037564   M   06/01/1966 (52 y)
Bypass from aorta to bilateral femoral art...
Coagulation disorder
Patient in OR (actual) 02/18/2019 10:00 AM
E. Dunn | S. Brian

ICU bed 12   17d 1h
Adams, Kevin
2015128821   M   07/06/2004 (14 y)
Extended lobectomy or bilobectomy of lung
Postop monitoring
BAG | No RRT
E. Dunn | A. Richter | J. Kraft

ICU bed 14

ICU bed 16 ➡   6d 1h
Ace, Jane
2010010110   F   11/26/1985 (33 y)
Aorto-coronary venous bypass with three ...
Major surgery, high-risk patient
CPAP | No RRT
J. Royal | A. Richter

ICU bed 18

Unassigned
Gray, Anna
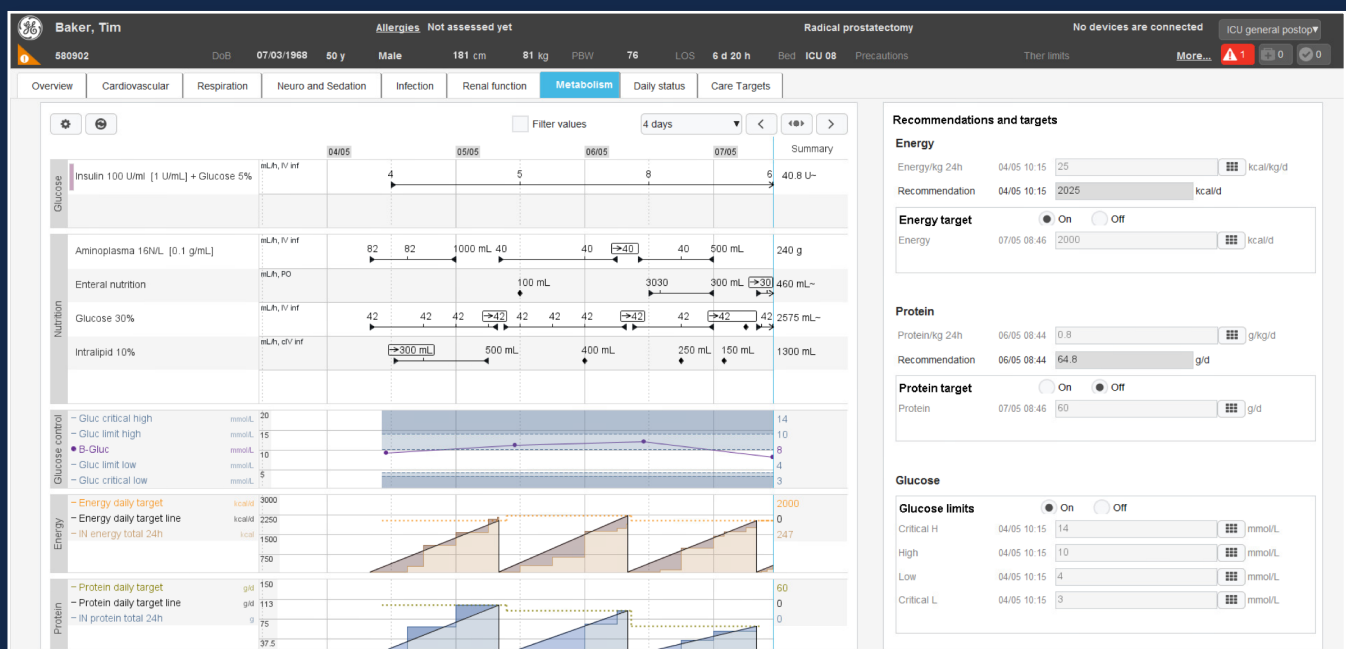2016052512   M   06/30/1996 (22 y)
Replacement of aortic valve
Low output
Patient in OR (actual) 02/18/2019 10:30 AM
E. Dobek | N. Witt

CARE PRIORITIZATION

NUTRITION MANAGEMENT WITH TRENDS

Baker, Tim   Allergies Not assessed yet   Radical prostatectomy   No devices are connected   ICU general postop ▾
580902   DoB 07/03/1968 50 y   Male   181 cm   81 kg   PBW   76   LOS 6 d 20 h   Bed ICU 08   Precautions   Ther limits   More... ⚠1

Overview | Cardiovascular | Respiration | Neuro and Sedation | Infection | Renal function | **Metabolism** | Daily status | Care Targets

Filter values   4 days ▾   ◀ ◀▶ ▶

		04/05	05/05	06/05	07/05	Summary
Glucose Insulin 100 U/ml [1 U/mL] + Glucose 5%	mL/h, IV inf	4	5	8	6	40.8 U~
Nutrition Aminoplasma 16N/L [0.1 g/mL]	mL/h, IV inf	82 82	1000 mL 40 40 →40	40 500 mL		240 g
Enteral nutrition	mL/h, PO		100 mL	3030 300 mL →30		460 mL~
Glucose 30%	mL/h, IV inf	42 42 42 →42	42 42 42 →42	42 →42	42	2575 mL~
Intralipid 10%	mL/h, cIV inf	→300 mL	500 mL	400 mL	250 mL 150 mL	1300 mL

Glucose control
– Gluc critical high   mmol/L   20
– Gluc limit high   mmol/L   15
• B-Gluc   mmol/L   10
– Gluc limit low   mmol/L   5
– Gluc critical low   mmol/L

14
10
8
6
4

Energy
– Energy daily target   kcal/d   3000
– Energy daily target line   kcal/d   2250
– IN energy total 24h   kcal   1500
750

2000
0
247

Protein
– Protein daily target   g/d   150
– Protein daily target line   g/d   113
– IN protein total 24h   g   75
37.5

60
0

Recommendations and targets

Energy
Energy/kg 24h   04/05 10:15   25 ▦   kcal/kg/d
Recommendation   04/05 10:15   2025   kcal/d

Energy target   ● On ○ Off
Energy   07/05 08:46   2000 ▦   kcal/d

Protein
Protein/kg 24h   06/05 08:44   0.8 ▦   g/kg/d
Recommendation   06/05 08:44   64.8   g/d

Protein target   ○ On ● Off
Protein   07/05 08:46   60 ▦   g/d

Glucose

Glucose limits   ● On ○ Off
Critical H   04/05 10:15   14 ▦   mmol/L
High   04/05 10:15   10 ▦   mmol/L
Low   04/05 10:15   4 ▦   mmol/L
Critical L   04/05 10:15   3 ▦   mmol/L

CLINICAL EXPERTISE