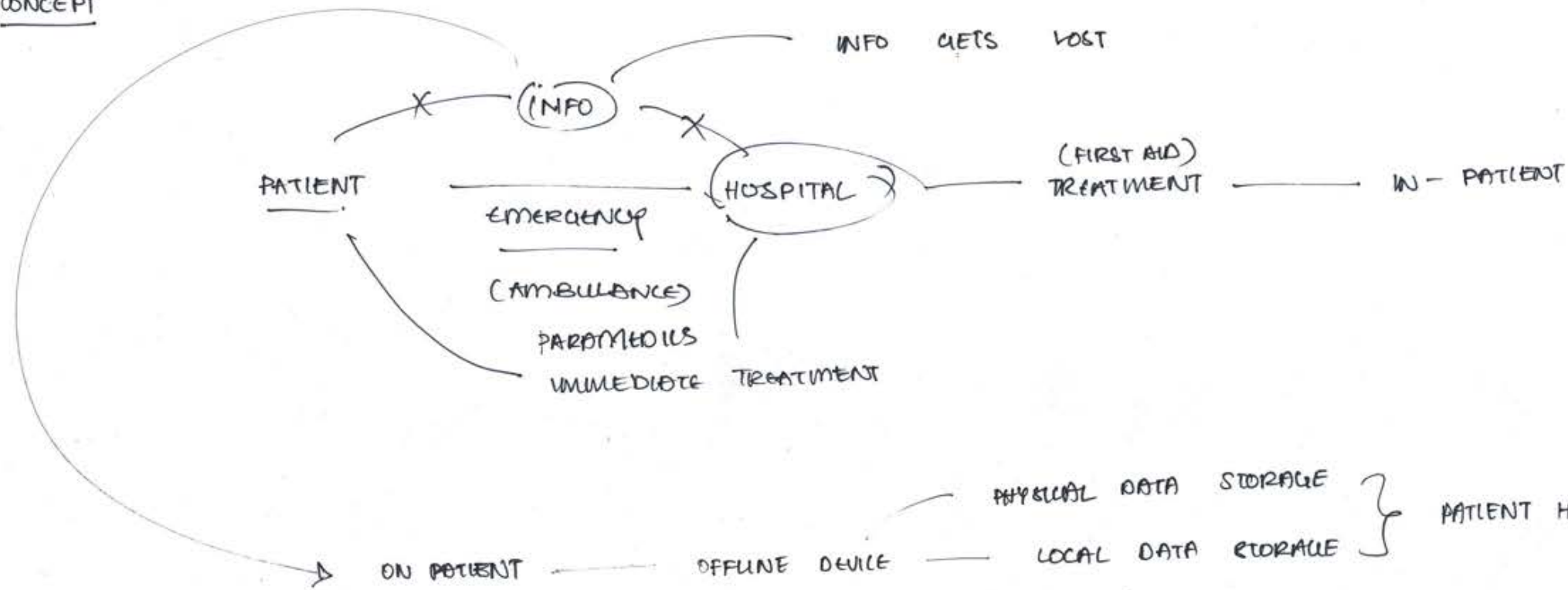


DNB311 DDR

JONAS JOY PATTATH
N11456256

CONCEPT



POSSIBILITIES

IMPROVES HEALTH CARE COST & EFFICIENCY

IN BOTH TREATMENT & PATIENT MANAGEMENT.

PATTERN RECOGN?

PREVENTION BETTER THAN CURE

EARLY ALERTS?

CONCERNS

- PATIENT PRIVACY , INTEROPERABILITY
- IMMENSE AMOUNT OF PATIENT DATA TO STORE
- IDENTIFY THE CONCERN.

POSSIBLE SOLUTION

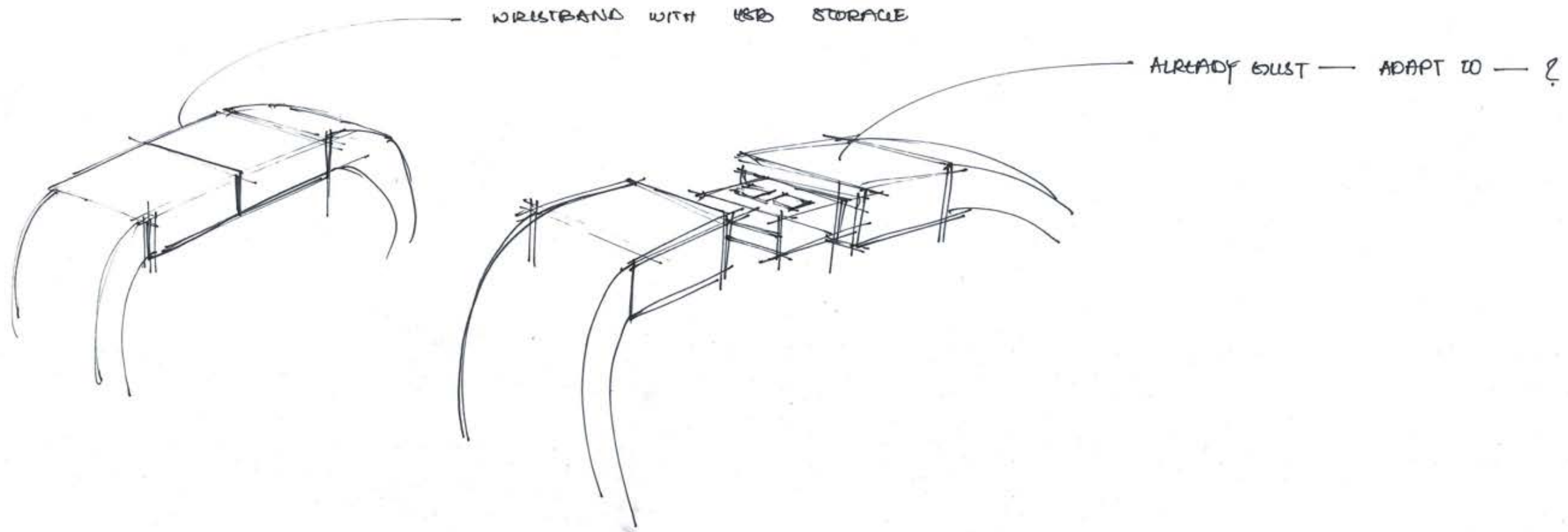
PRIVATE INTERNET CONNECTION
|
ACCESS THROUGH SINGLE NETWORK PASSWORD.
|
CODE / FINGERPRINT.

ONLINE DEVICE (CLOUD) — CLOUD SERVICES LIKE 3RD PARTY APPS / BRAND
|
WITH SUPPORT FROM SUBSCRIBED HOSPITALS / MEDICAL INSTITUTIONS.

CONCEPT

HELP EMERGENCY STAFF GAIN KNOWLEDGE OF PATIENT INFO & CONDITIONS.

URGENT PROBLEM: LOT OF PATIENT INFO IS MISSED
WHEN TO TREAT SOMEONE
APPROPRIATELY



HEALTH TRACKER

URGENT LIVE DATA

NO PREVIOUS HEALTH RECORD STORAGE

URGENT DETECTABLE

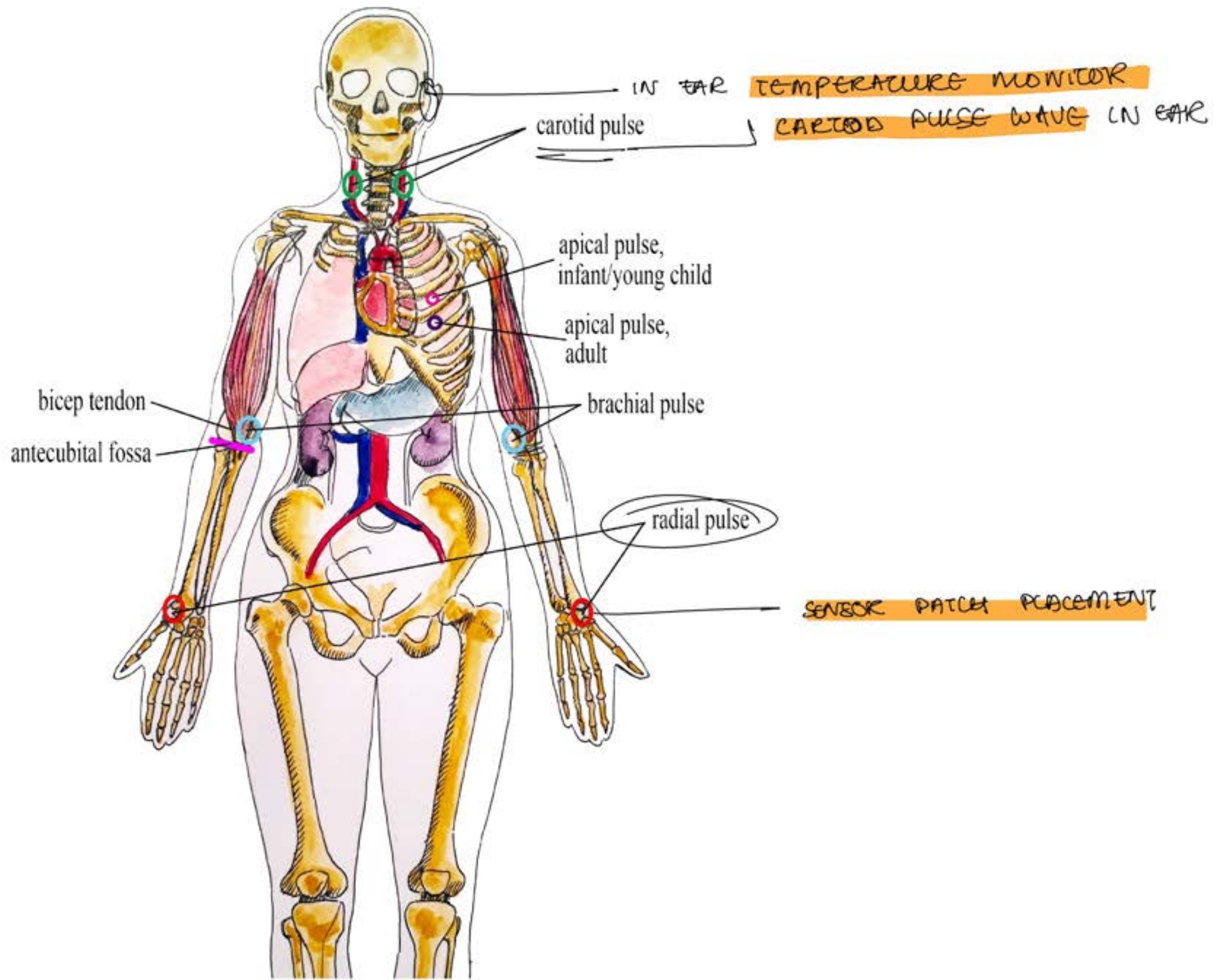
BLOOD PRESSURE

BLOOD SUGAR

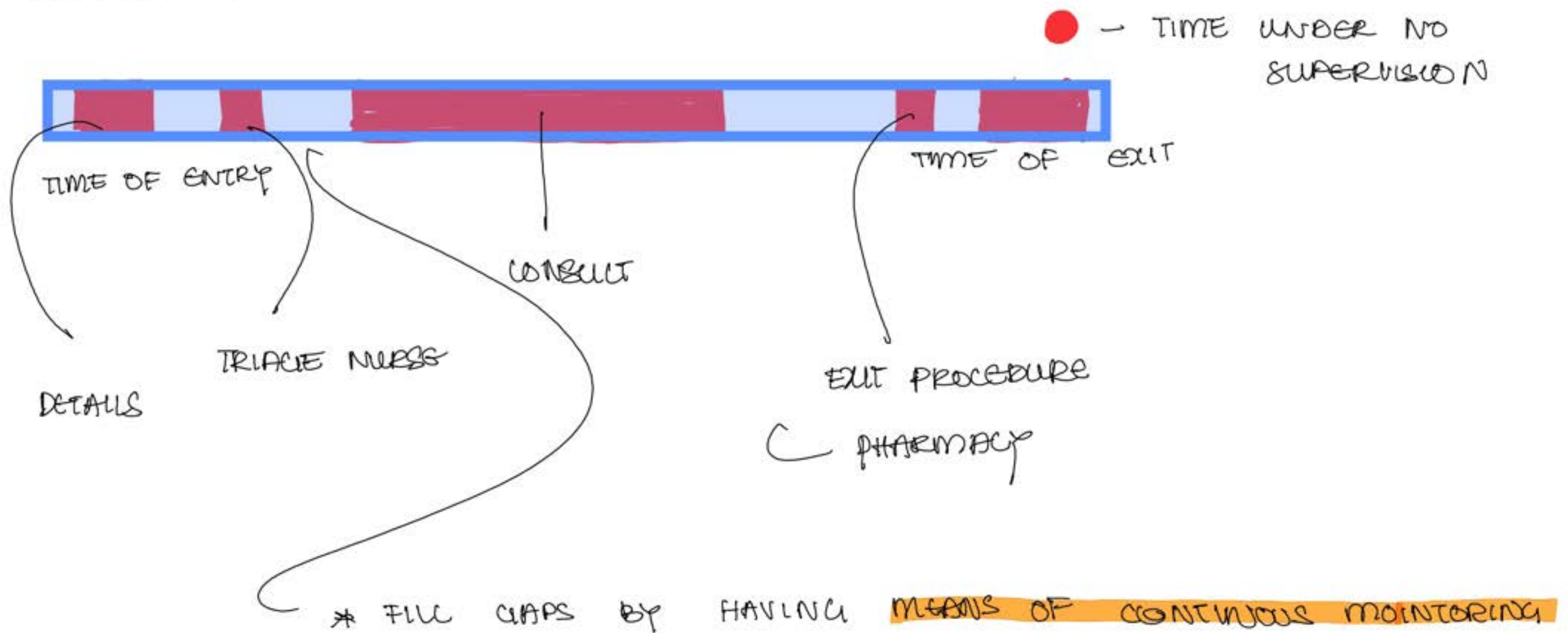
SLEEP PATTERNS

PREVIOUS CONDITIONS — NOT COMMUNICATED
TO ANYONE ELSE

SENSOR PATCH PLACEMENT



PATIENT OF ESI LEVEL 3-5
TIMELINE OF BEING UNDER SUPERVISION



BENCHMARKED PRODUCTS

MindRay Mwear



VitalPatch



Visi Mobile



Biotsticker



Benchmarking Insights (Devices Reviewed)

Mindray mWear
Multi-parameter and robust hospital integration.
Not suitable for rapid triage (setup time, comfort issues).

Sotera ViSi Mobile
Excellent continuous monitoring & alerts.
Too large and complex for quick-use in crowded EDs.

VitalConnect VitalPatch
Lightweight and single-use, patient-friendly.
Limited vital tracking, higher running costs.

BioSticker
Strong connectivity and multi-environment capability.
Optimized for post-discharge/home monitoring, not ED triage.

Oppurtunities for Innovation

- Fast, single-step application wearable (within seconds).
- Continuous, real-time monitoring (HR, RR, SpO₂, temp, BP trends).
- Seamless integration into hospital dashboards/EHR.
- Comfort-focused, minimal design suited for all ages.
- Single-use / easy sterilization for infection control.
- Reliable performance during high traffic and patient movement.

Research Background

Overcrowding in the Emergency Department (ED) leads to delayed monitoring, patient anxiety, and safety risks.

Nurses play a central role in managing patient flow and prioritization (Benjamin, 2020).

Process improvements alone (Van der Linden et al., 2021) are insufficient — system-level innovations are needed.

Long waiting times increase anxiety and confusion, especially before triage (Sedgman et al., 2022).

Key Findings

Clear link between ESI levels and waiting times — lower-acuity patients (ESI 3–5) experienced significant delays and greater anxiety.

Manual vital checks every 20–30 minutes left gaps in patient safety and detection.

Patients reported discomfort with wired devices and stress from lack of updates.

Staff identified workload strain, triage overload, and monitoring inconsistencies, especially for mobile patients.

Identified Needs

Continuous, non-invasive monitoring to reduce missed detections.

Improved communication systems to reduce uncertainty and enhance reassurance.

Streamlined patient flow and more efficient triage management.

Concept Directions

Body Monitoring Patch for continuous, mobile vital sign tracking.

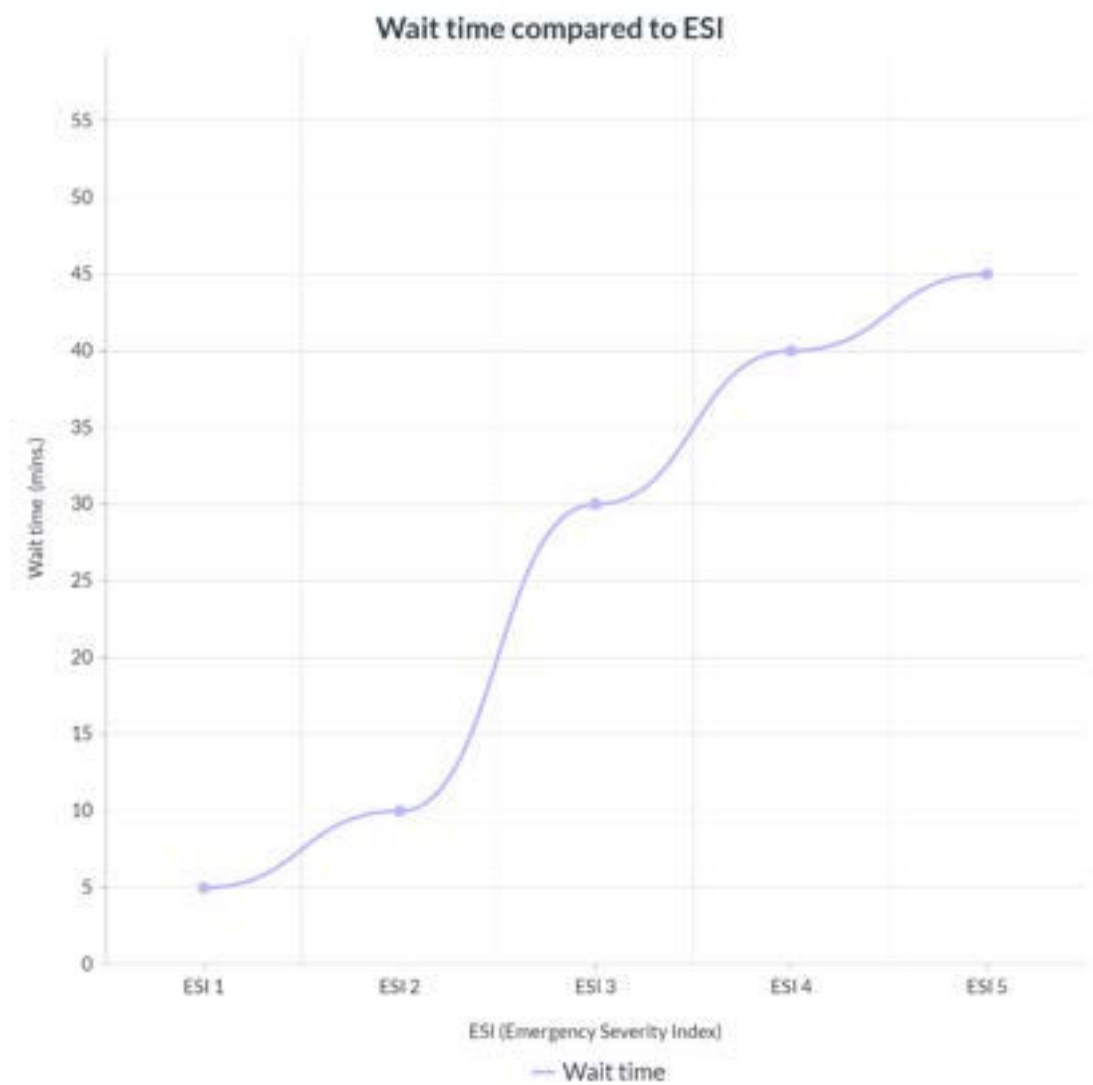
In-ear Sensor with Transponder to provide discreet and real-time monitoring.

Isolation Chair with pull-up sides and display for updates and vitals.

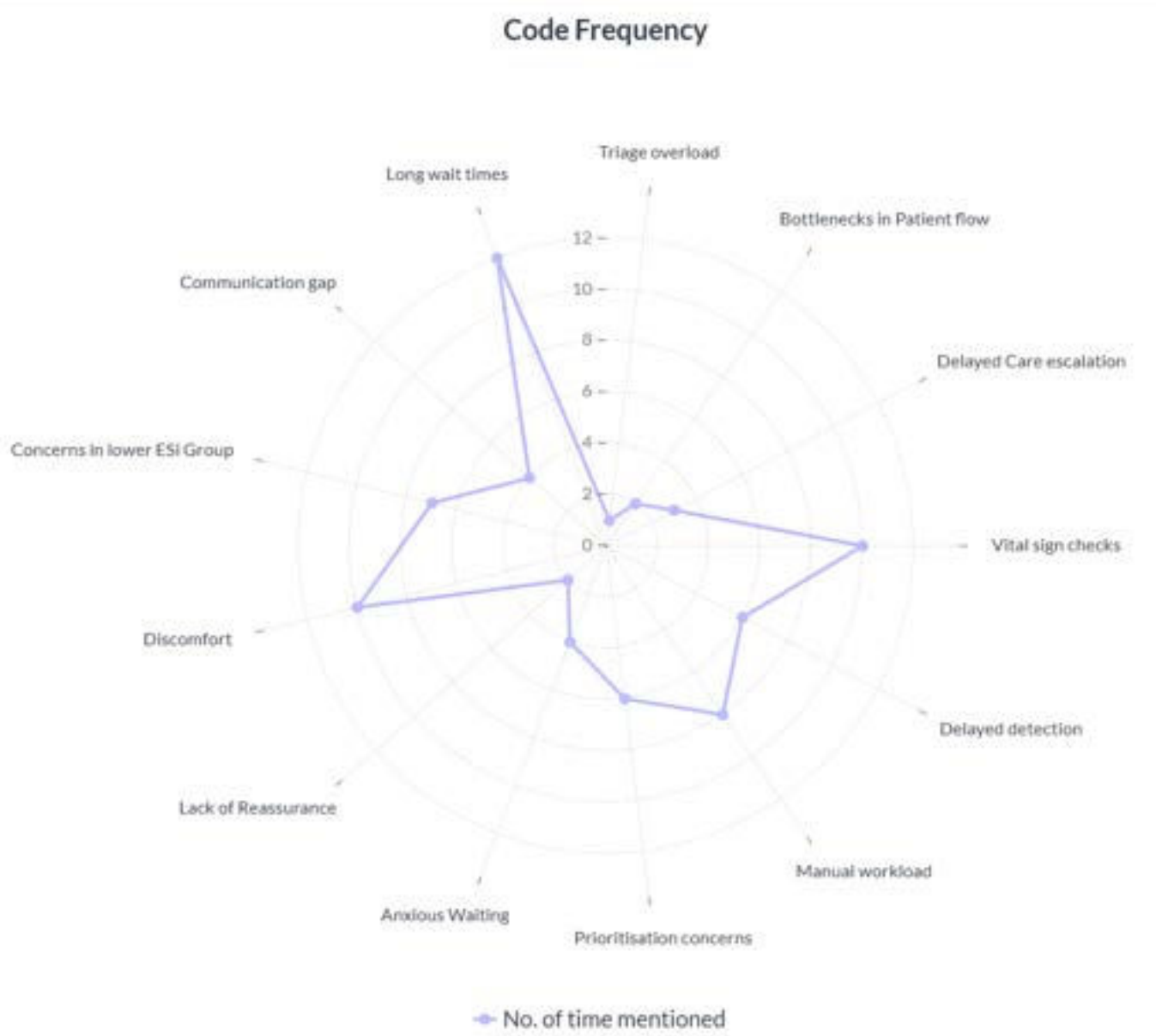
Navigation Transponder guiding patients and sending call-up alerts.

Wrist SpO₂ Sensor integrated with a vital monitoring patch for full readings.

INSIGHTS FROM QUESTIONNAIRE & INTERVIEW

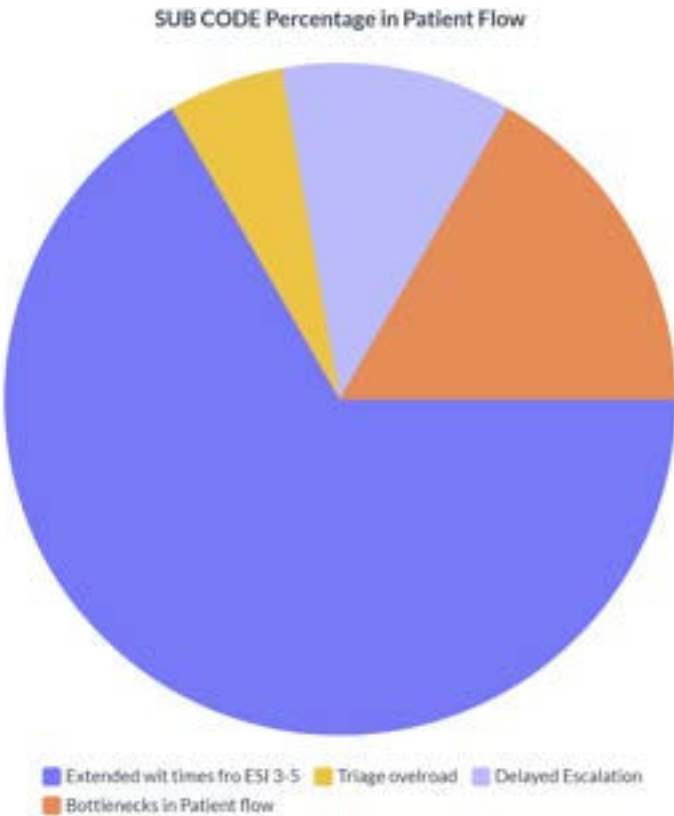


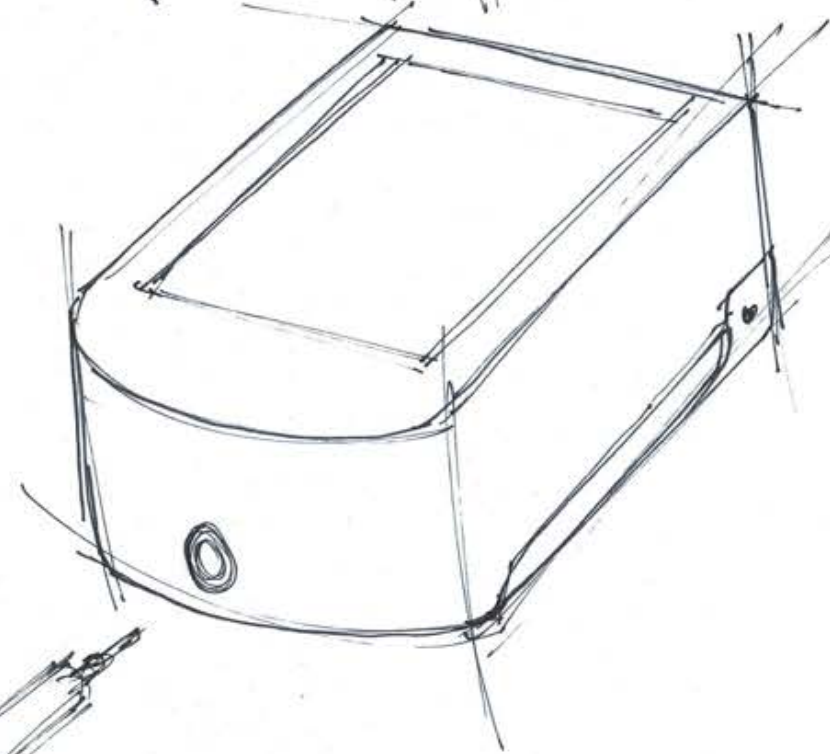
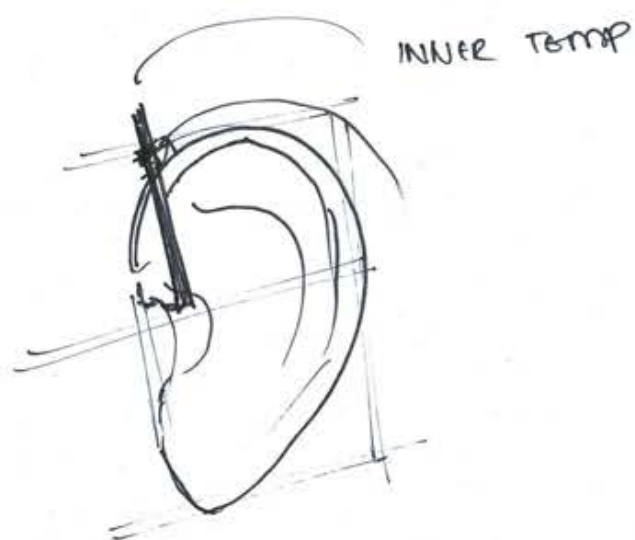
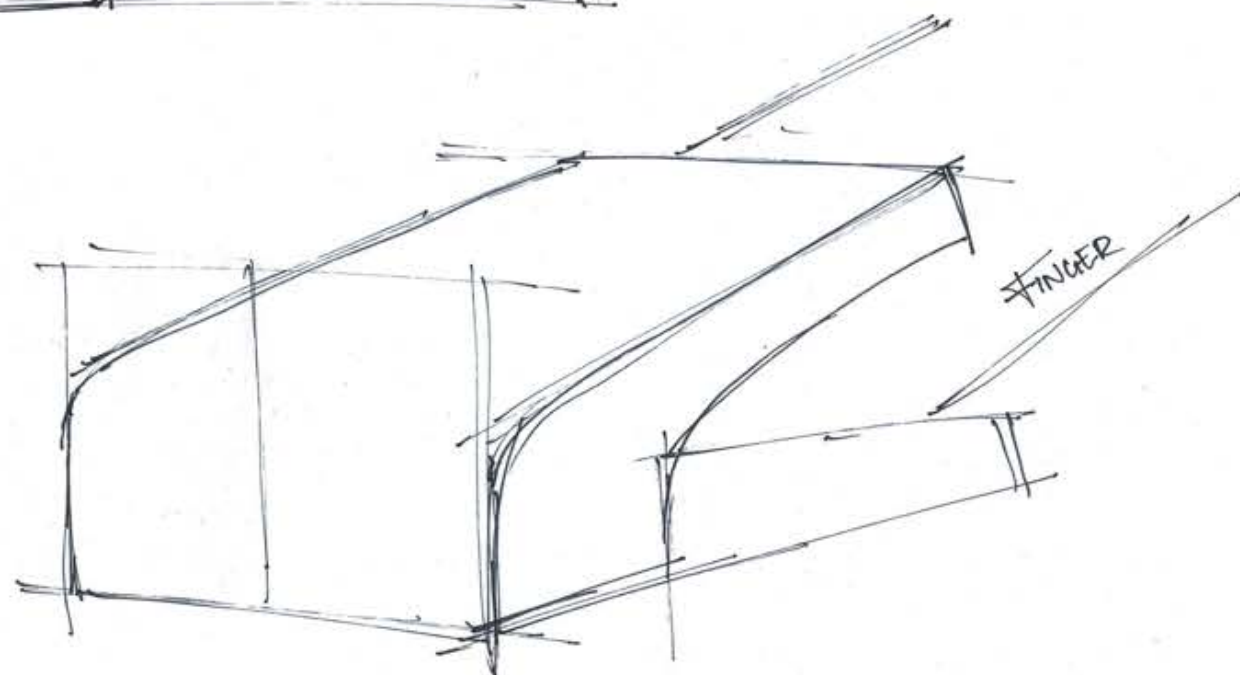
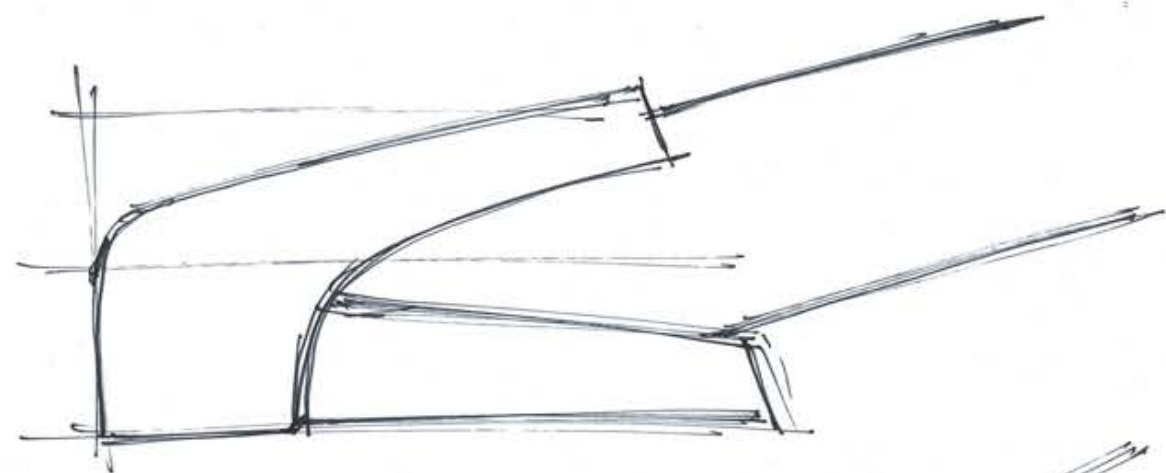
Patients with higher ESI urgency (1–2) were attended to within 5–15 minutes, while lower-acuity patients (ESI 3–5) often waited 30–60 minutes or more. This extended wait directly correlated with increased anxiety and dissatisfaction, especially among those experiencing pain or shortness of breath.

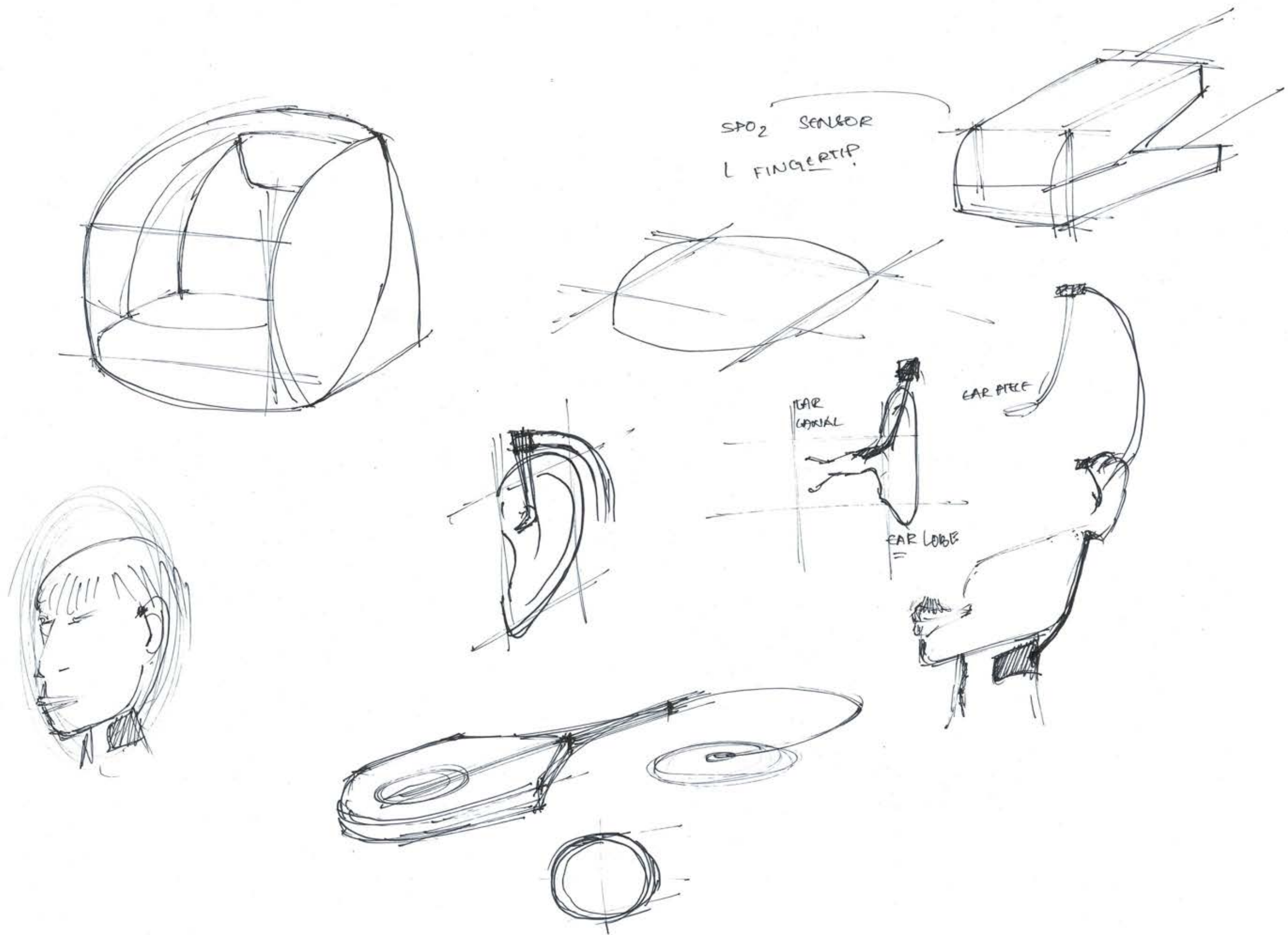


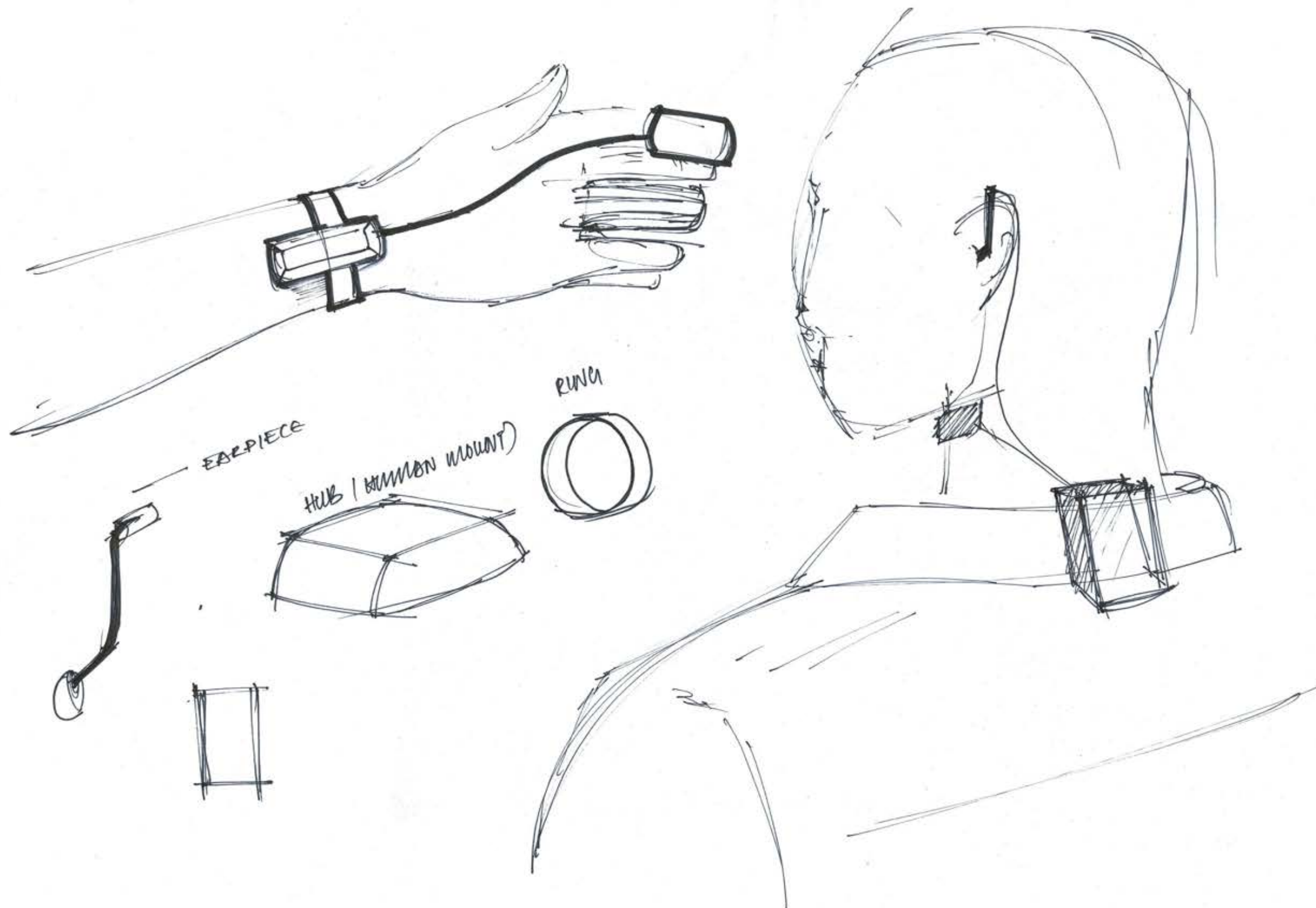
Interview coding showed that monitoring challenges and manual workload were the most reported issues, followed by delayed detection (19%) and prioritisation concerns. From the patient perspective, discomfort, long wait times, and anxiety during waiting were key recurring themes.

SUBCODES FROM INTERVIEW









EXISTING WAITING ROOM CHAIR



CLIP ON
ARM
MONITOR



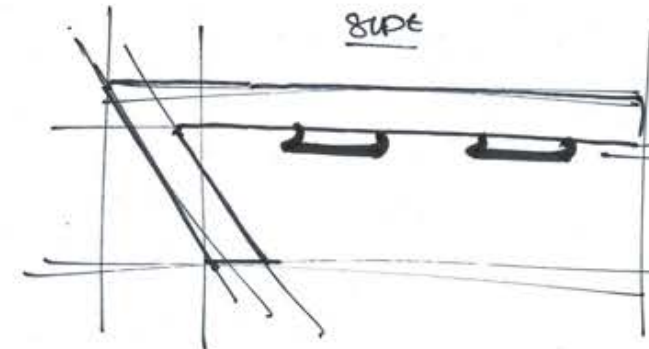
RETRACTABLE RW-SENSOR FOR ADDITIONAL CONTACT POINT.



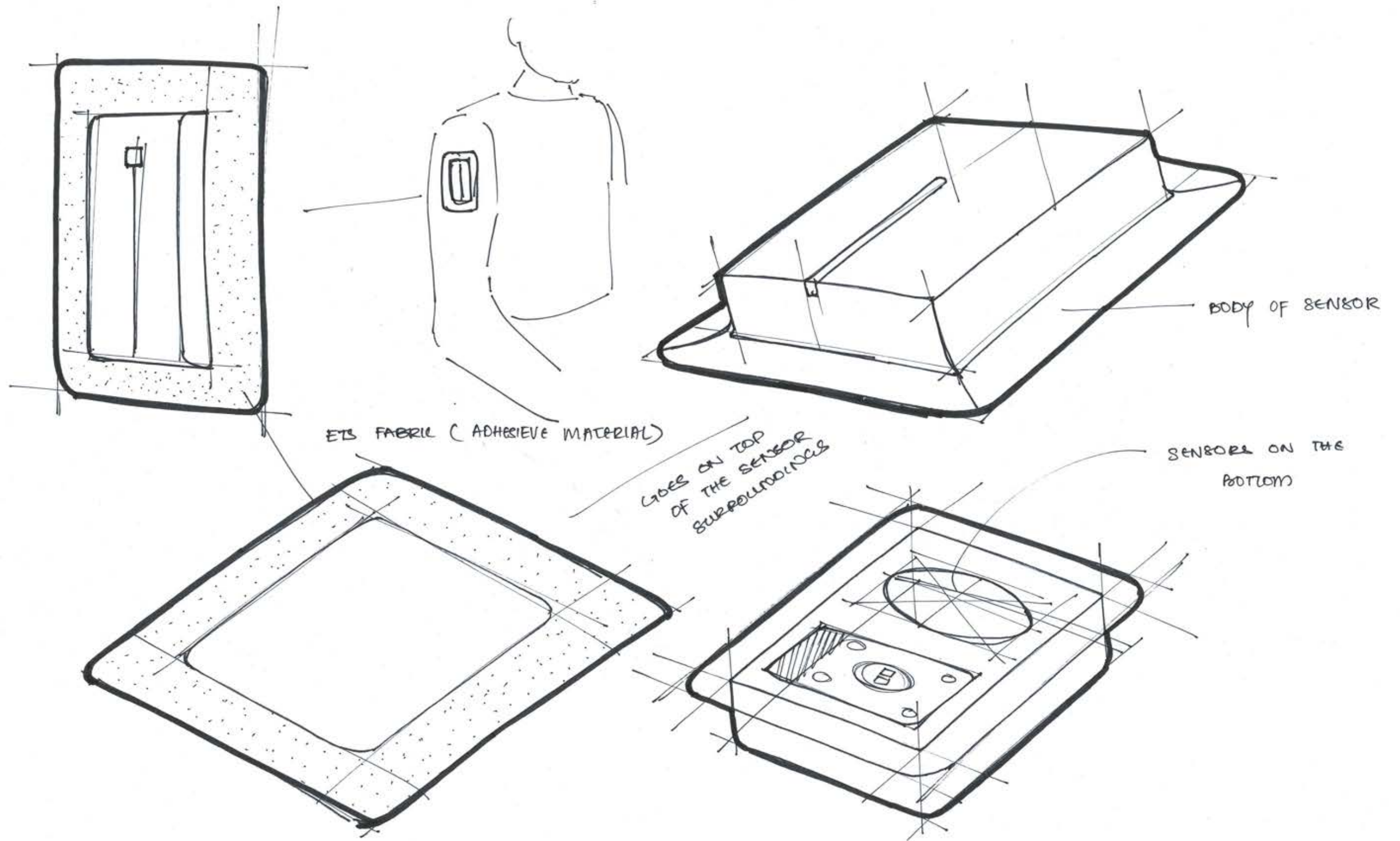
GLASS — SENSORS
UNDERNEATH

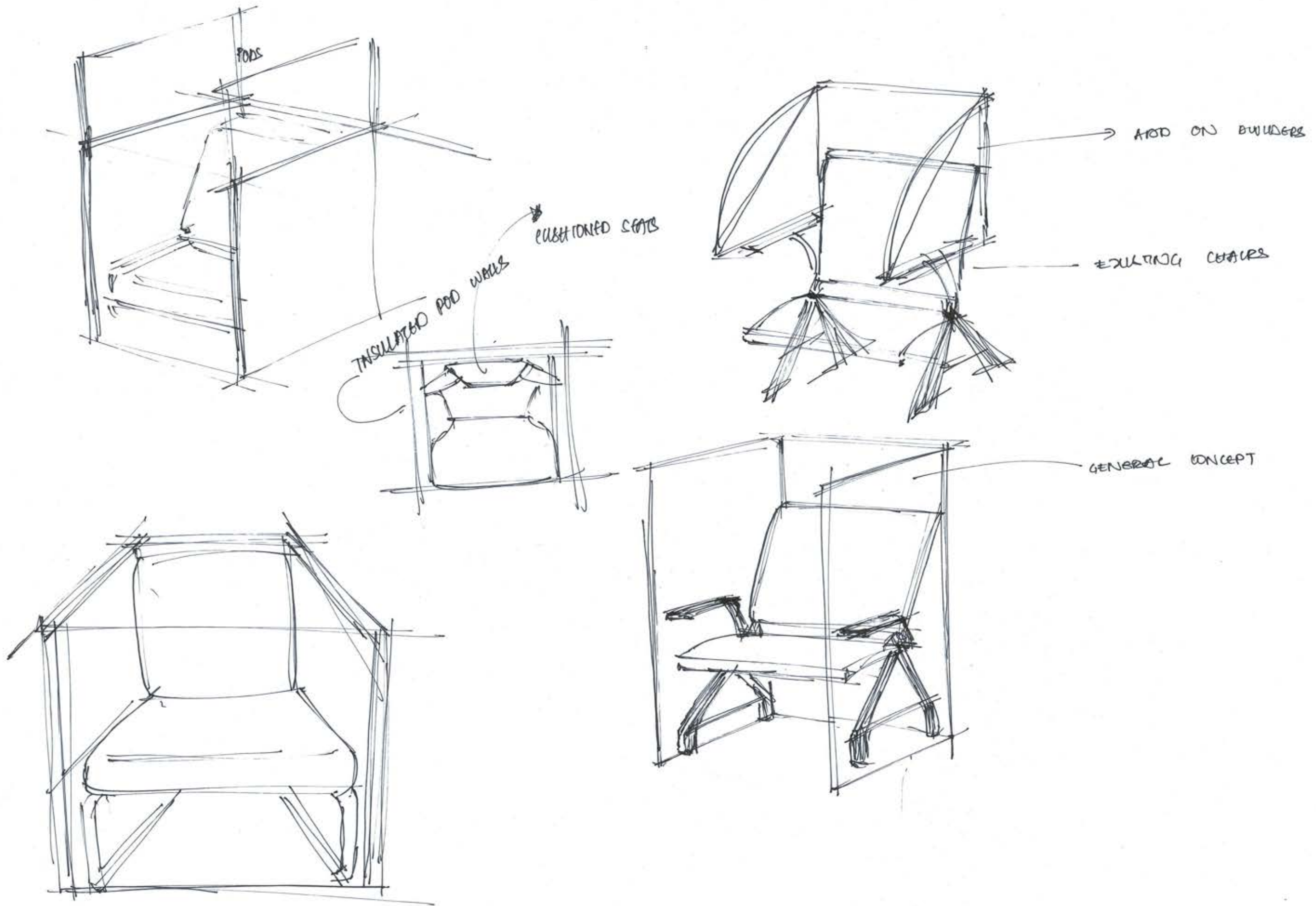


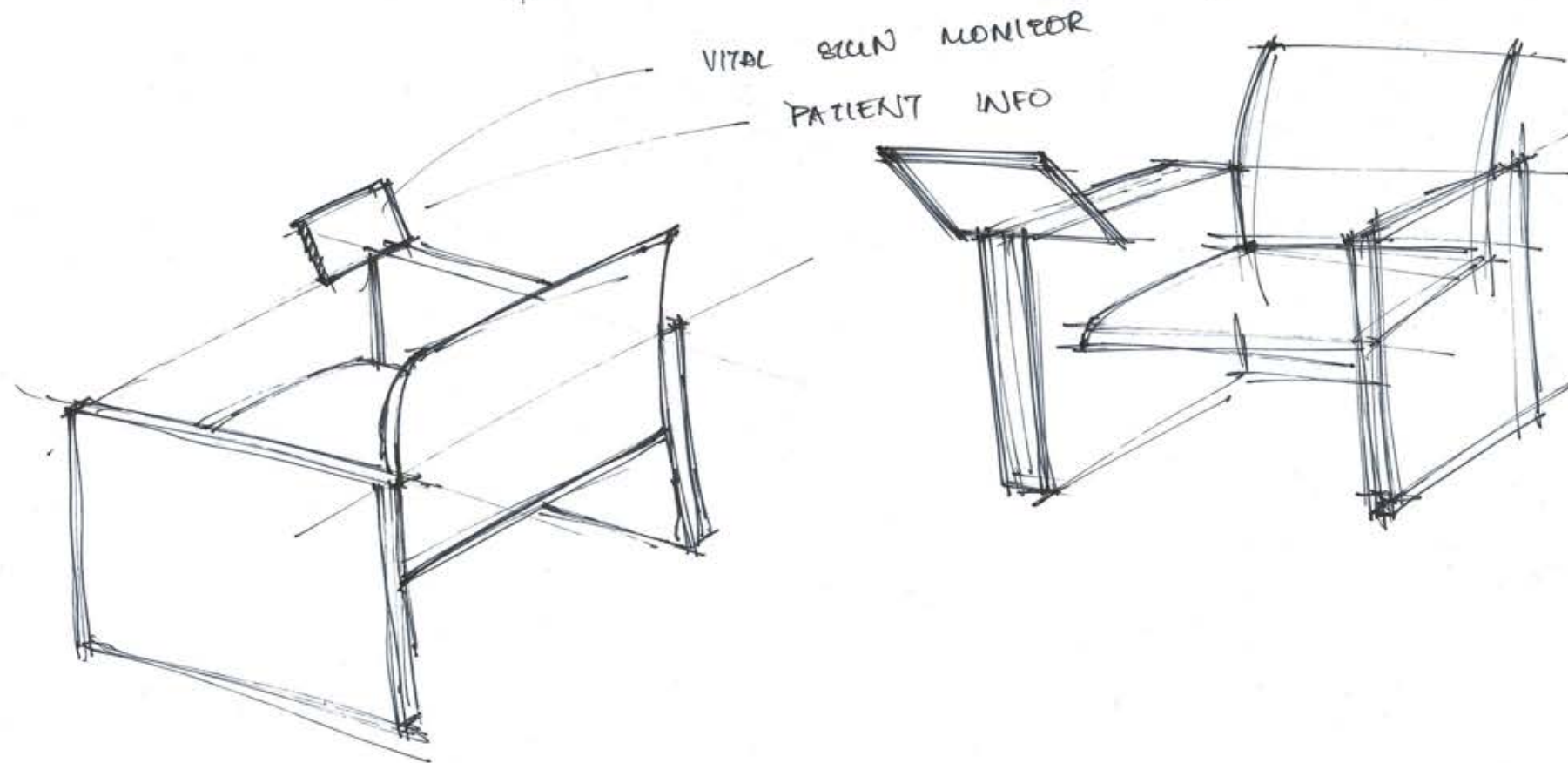
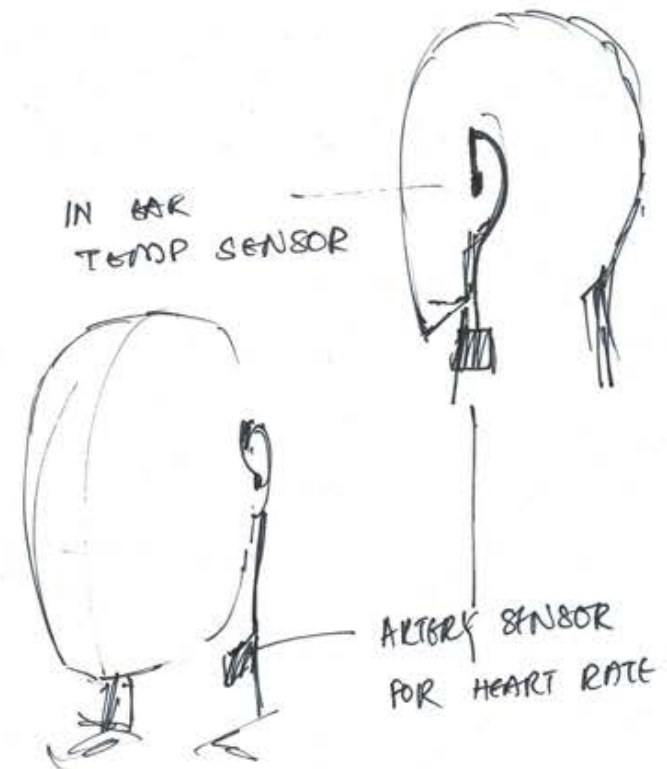
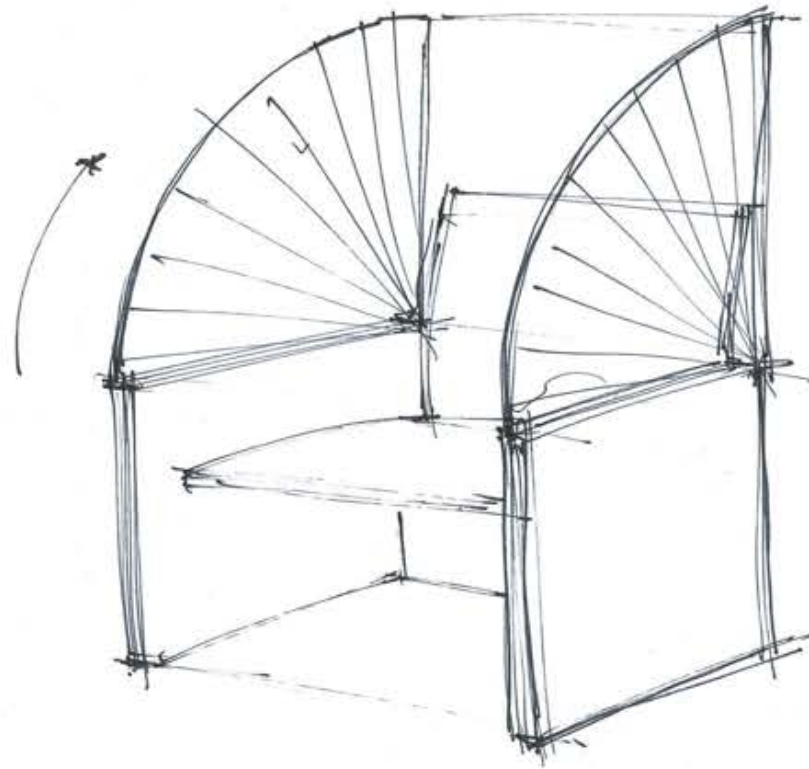
8UP

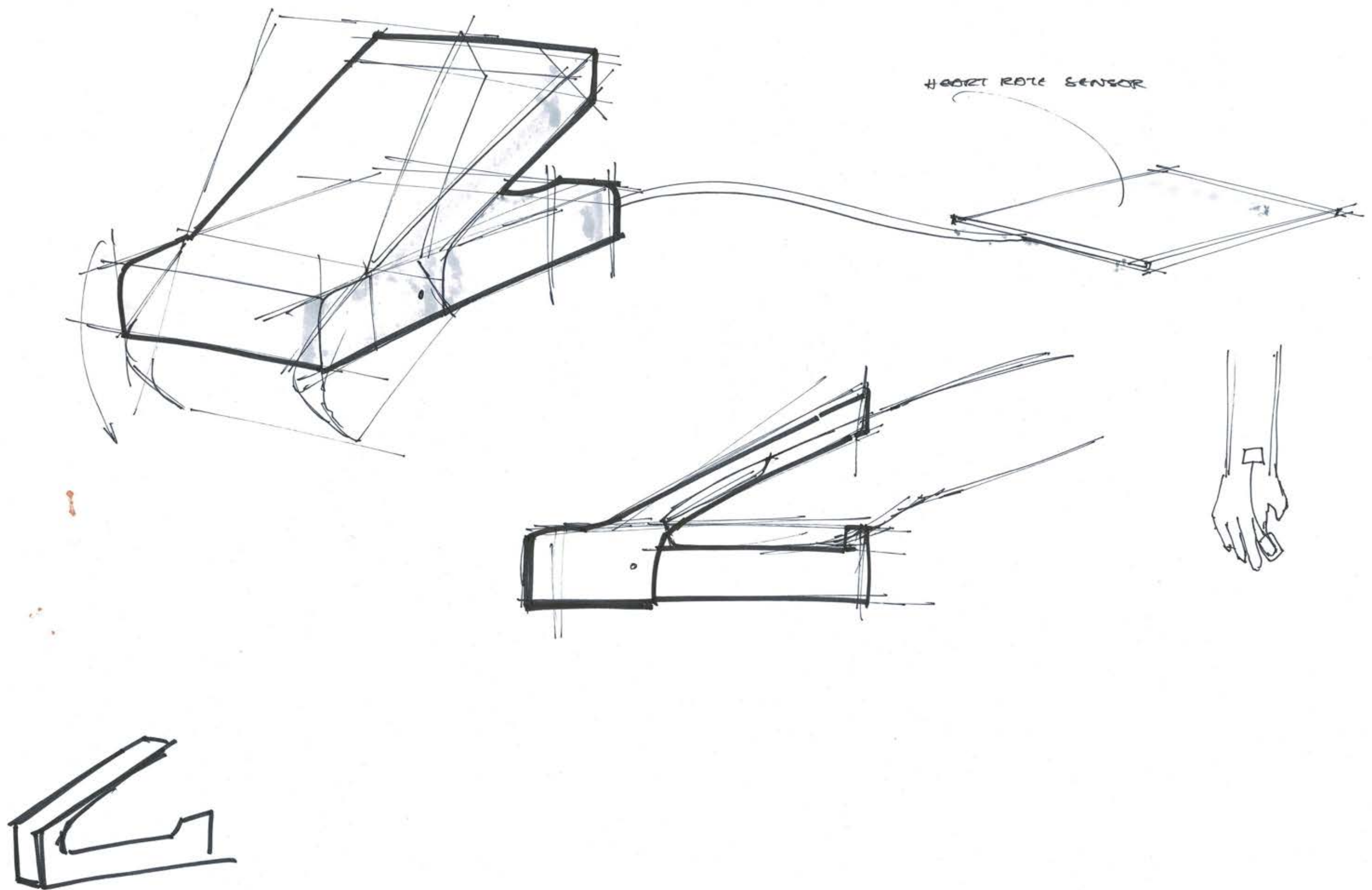


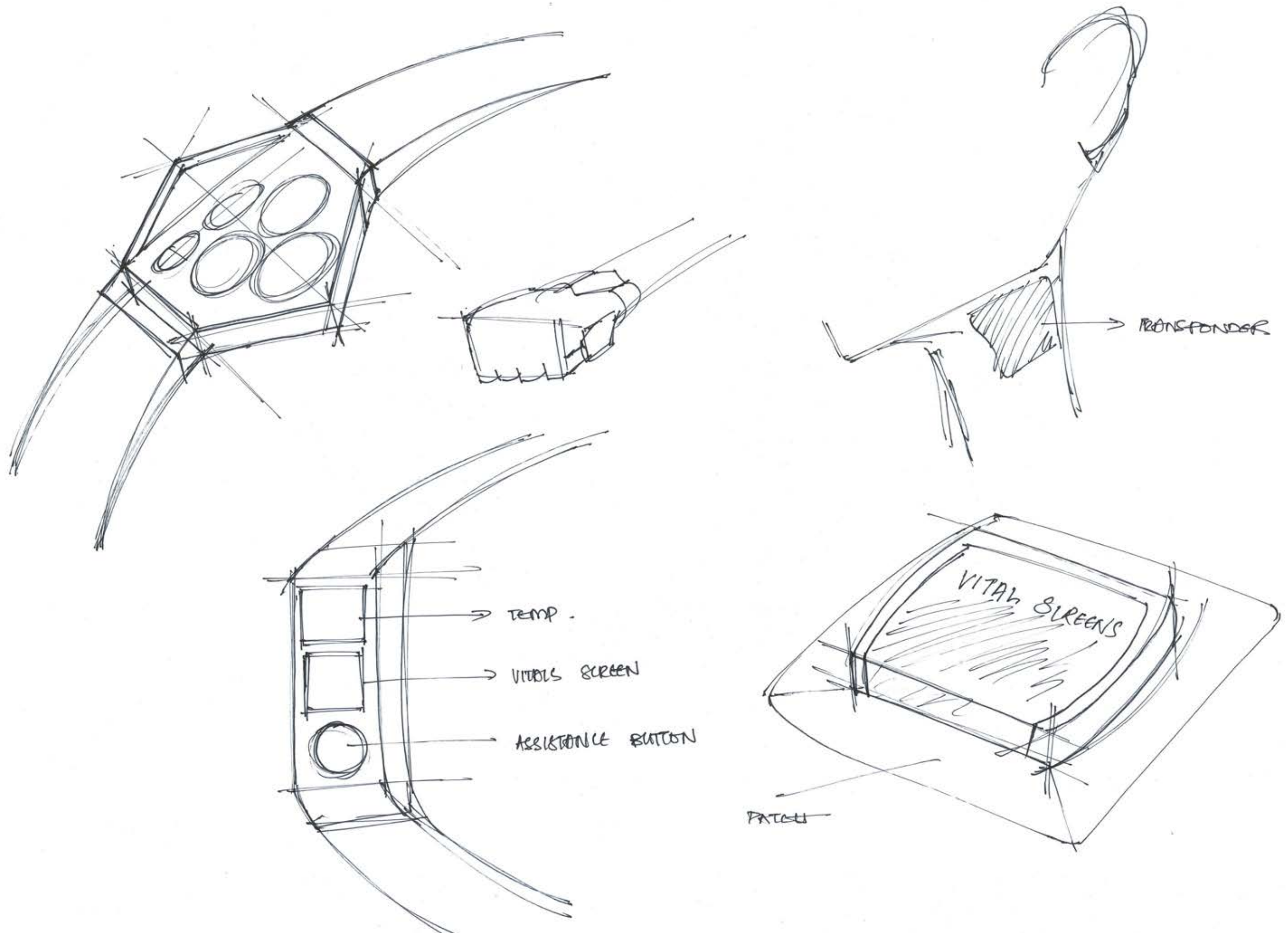
CLIPS
TO LATCH
ON TO EXISTING
ARMS OF CHAIR



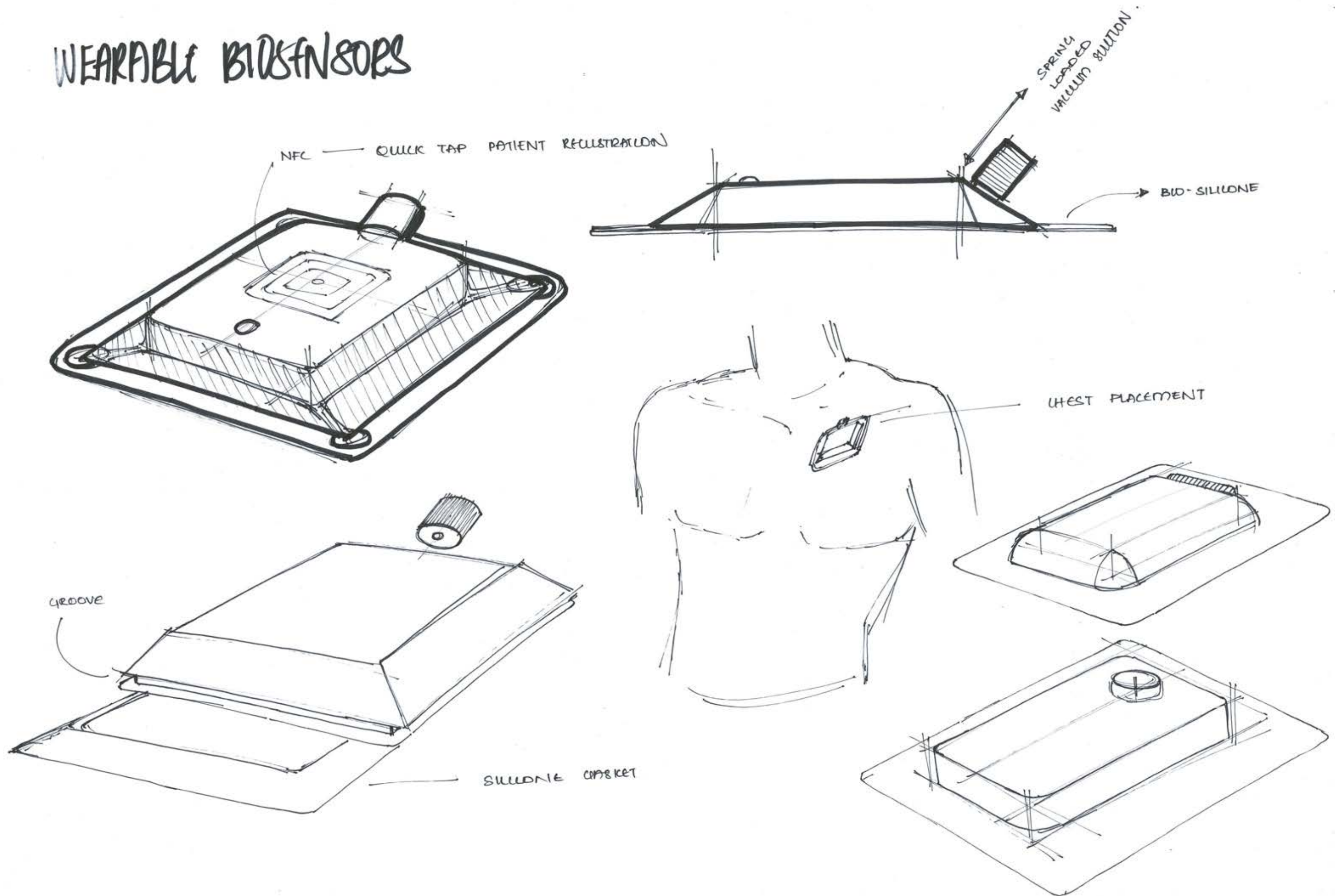


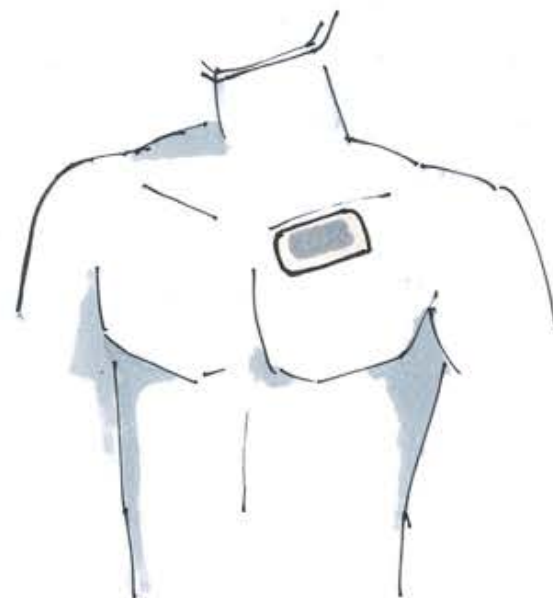
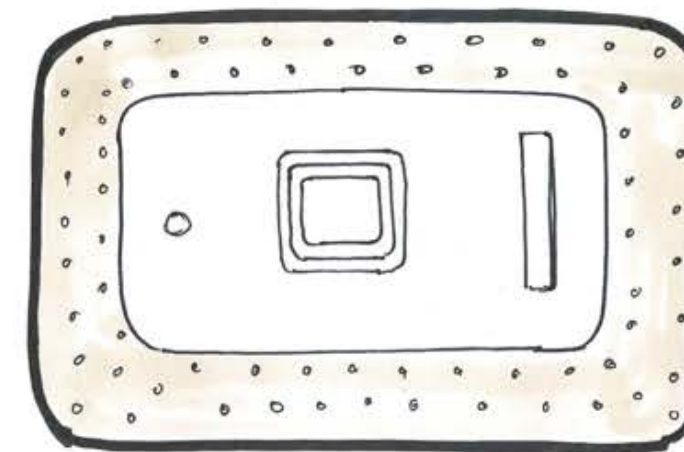
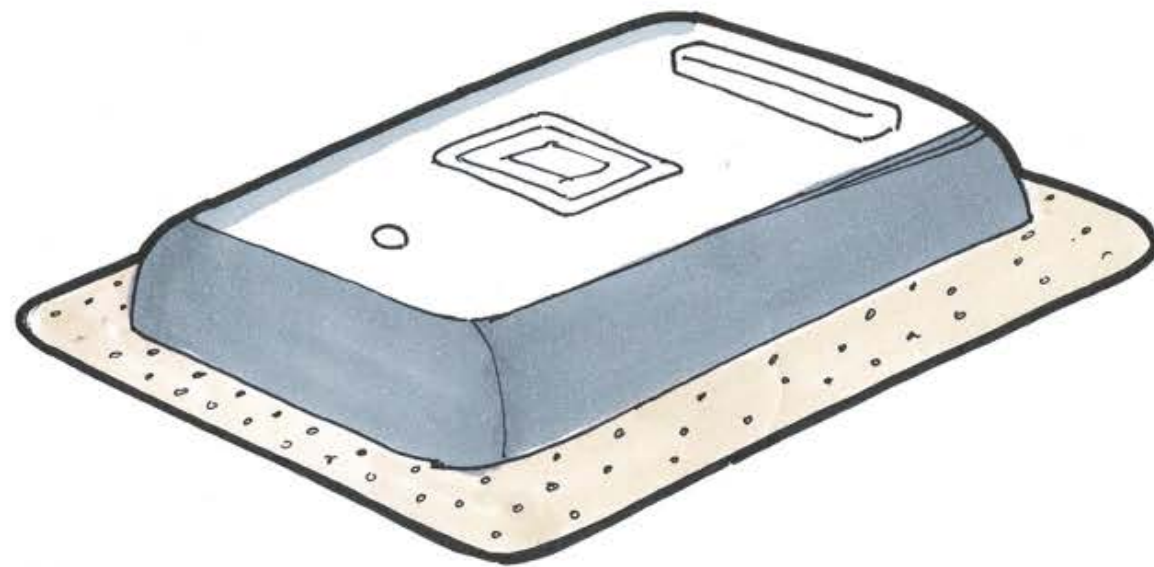


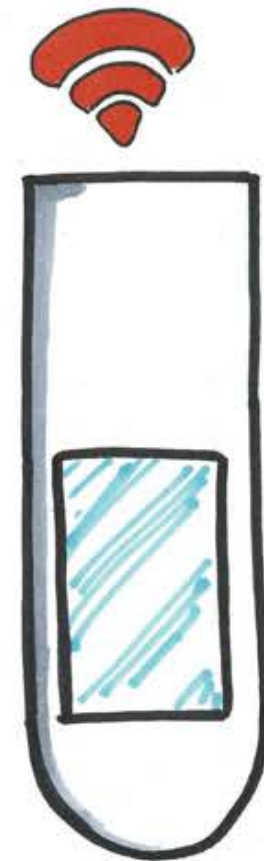
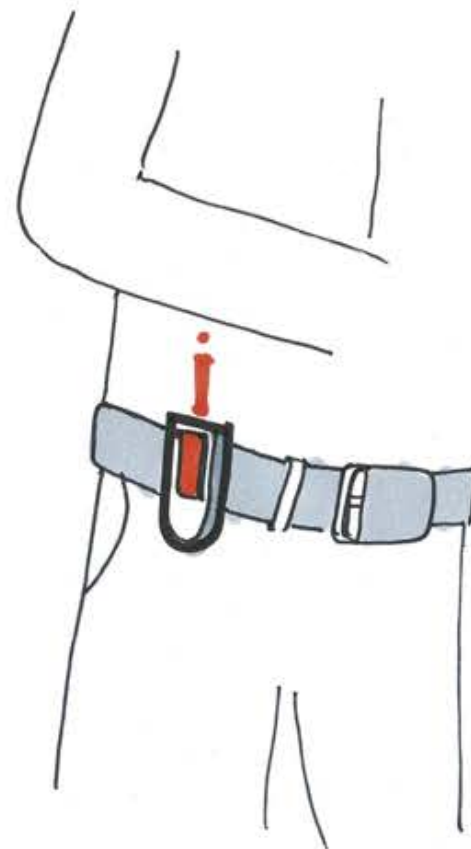
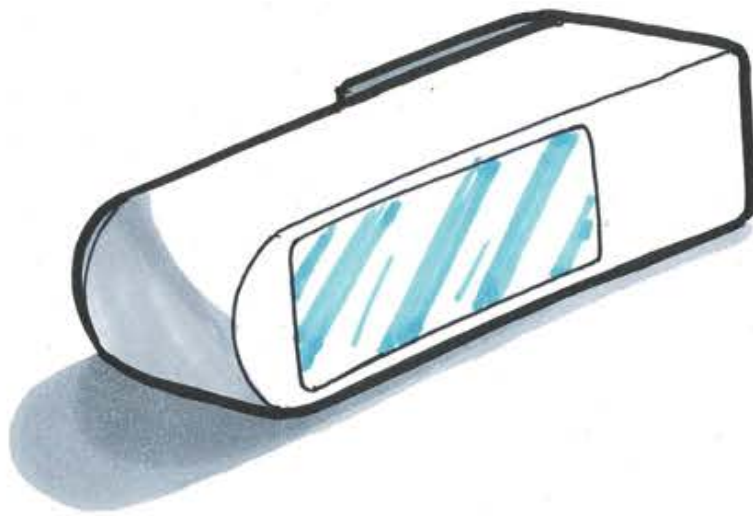


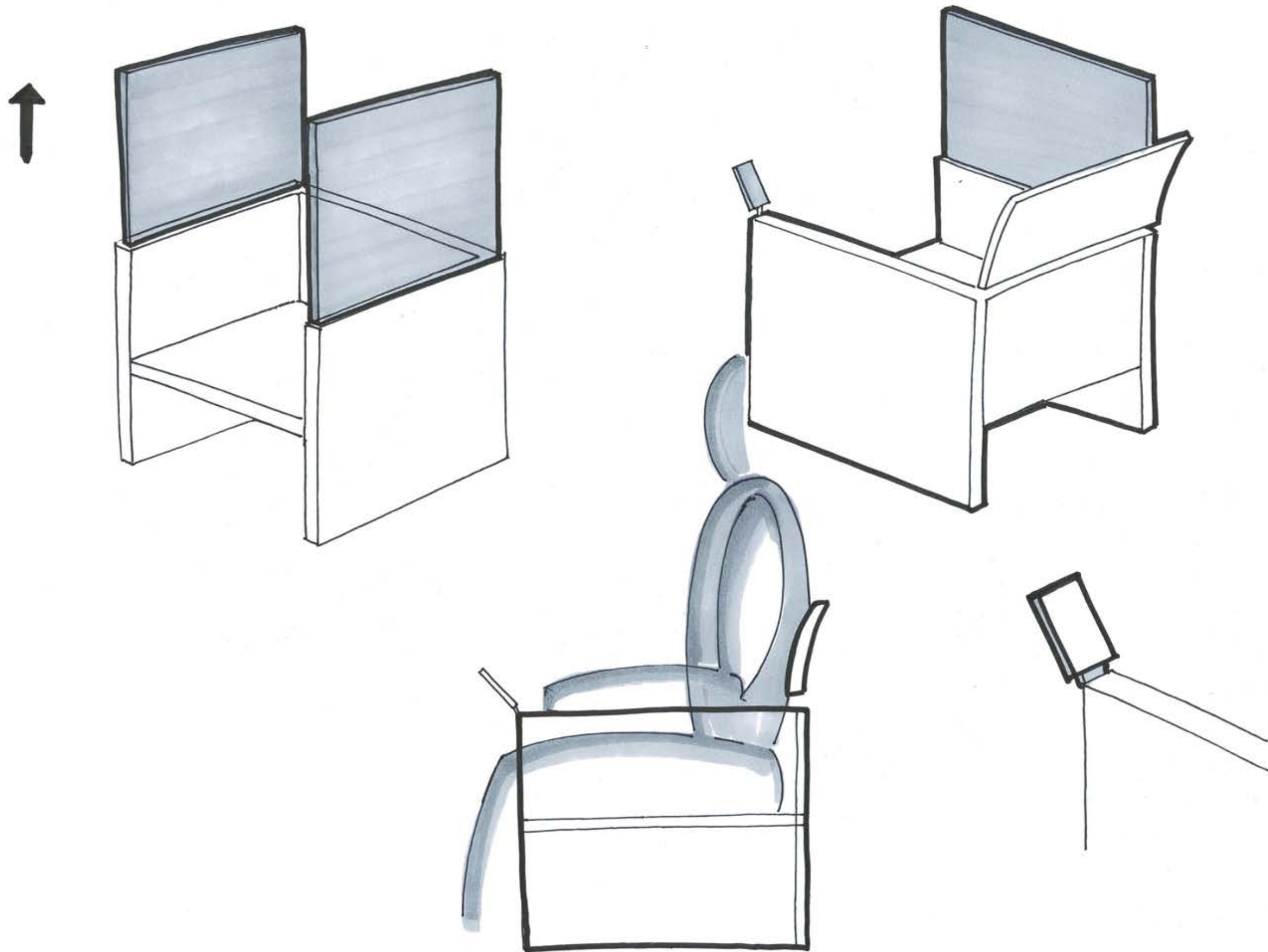


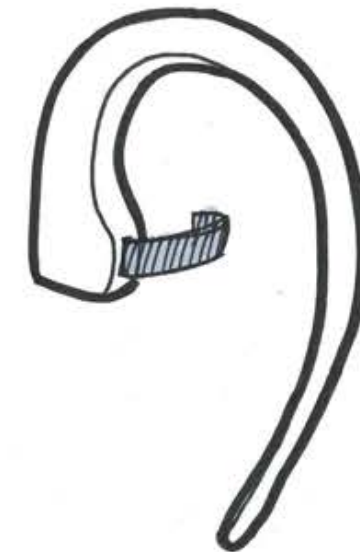
WEARABLE BIOSENSORS

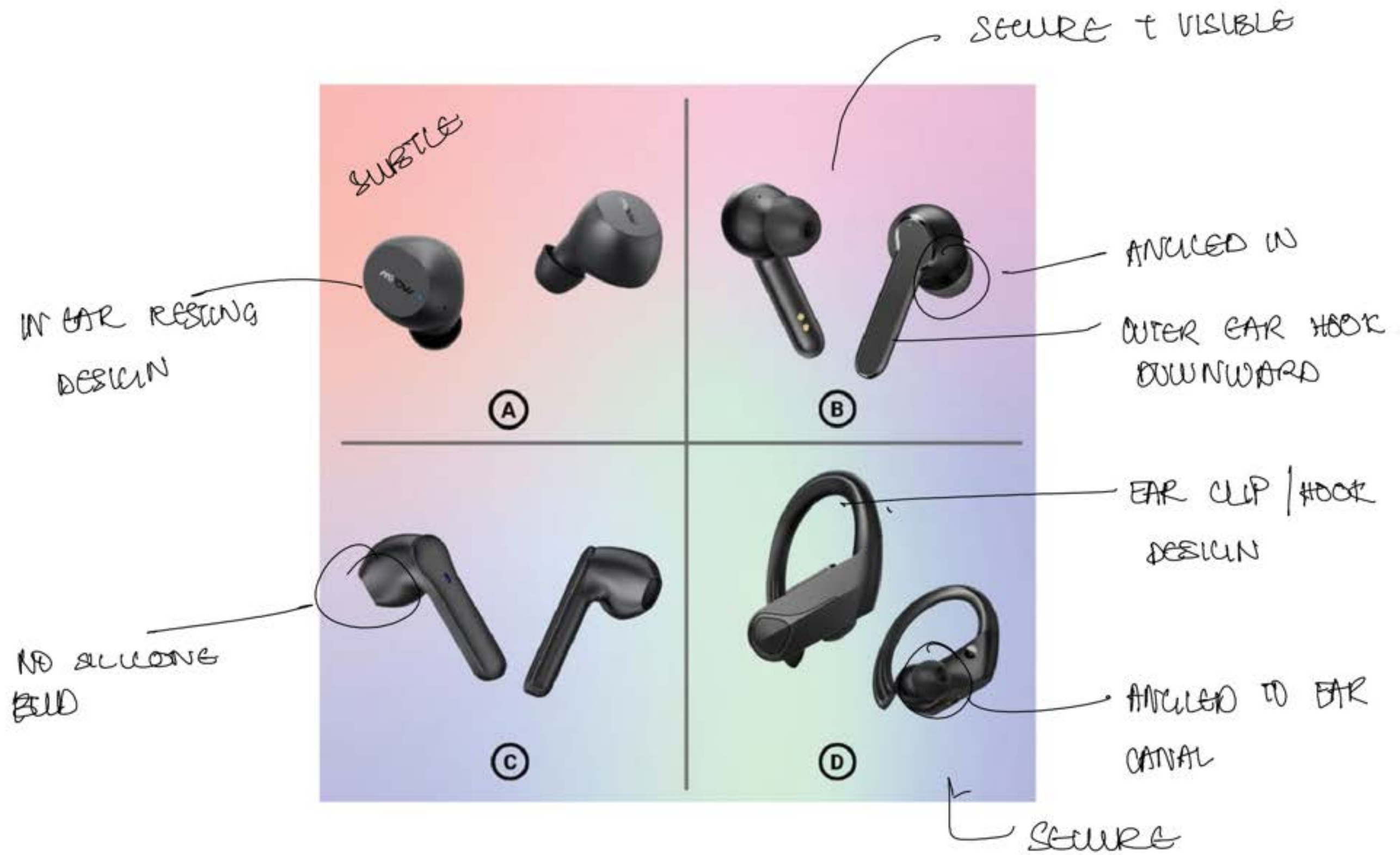


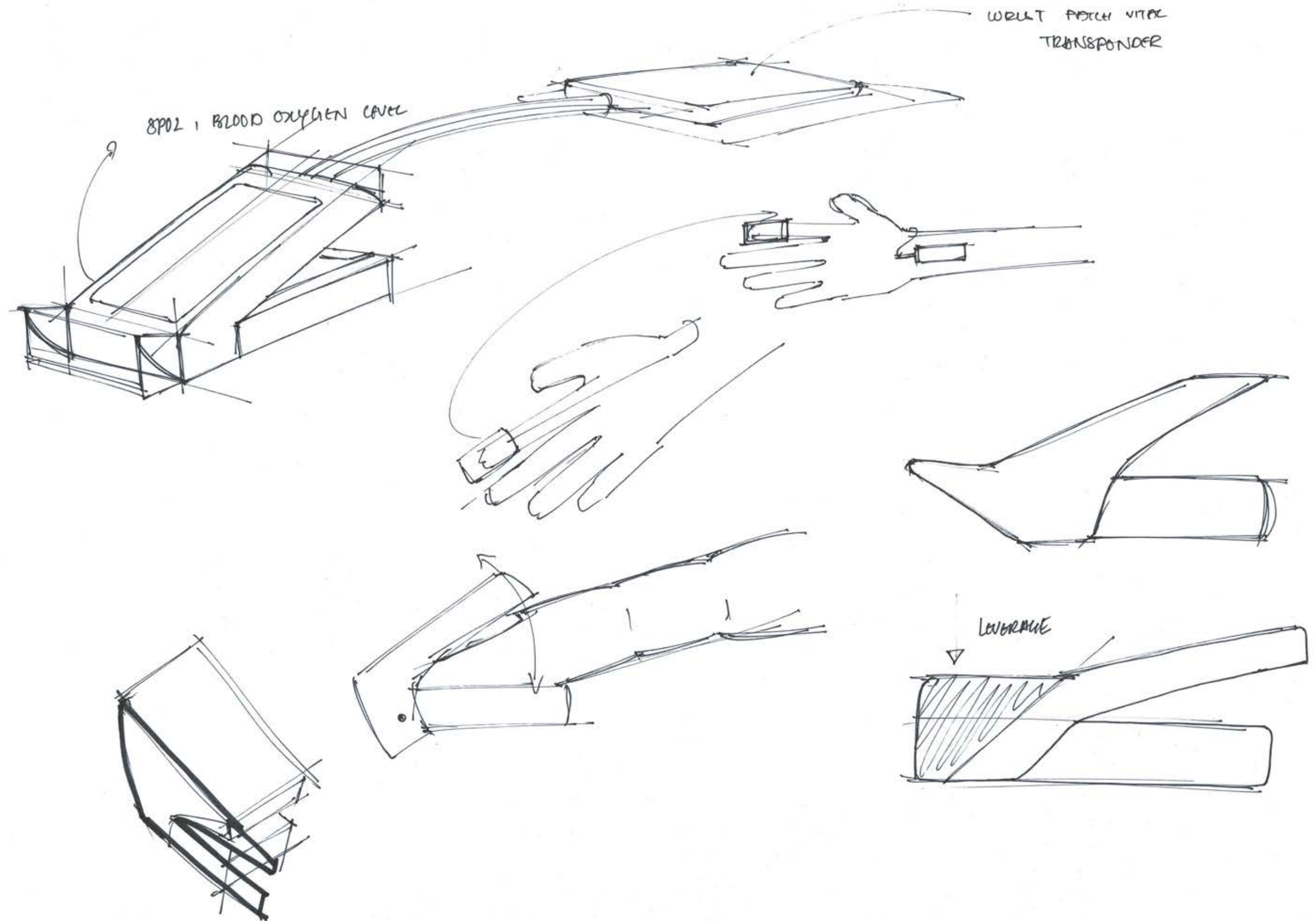


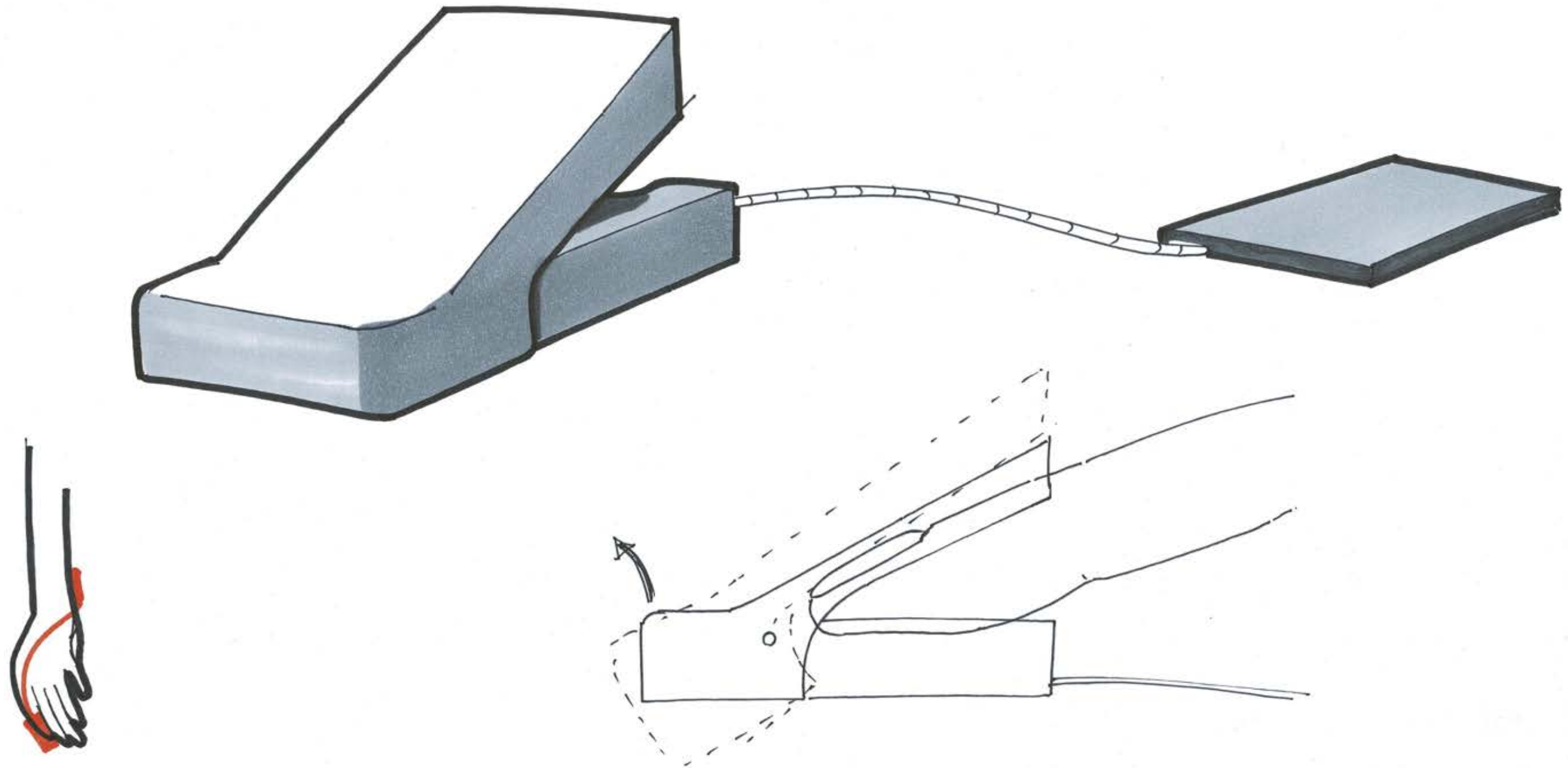


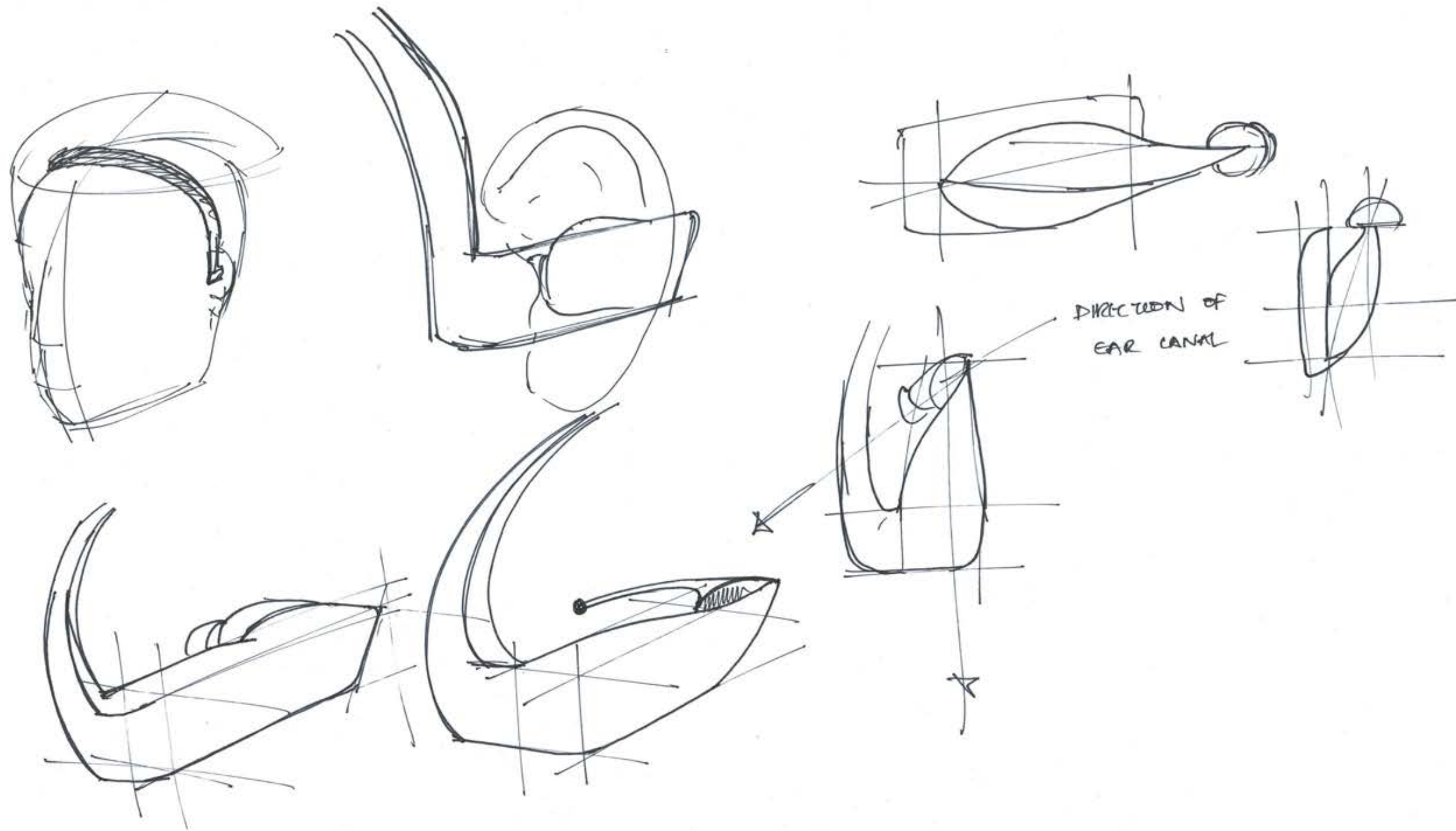


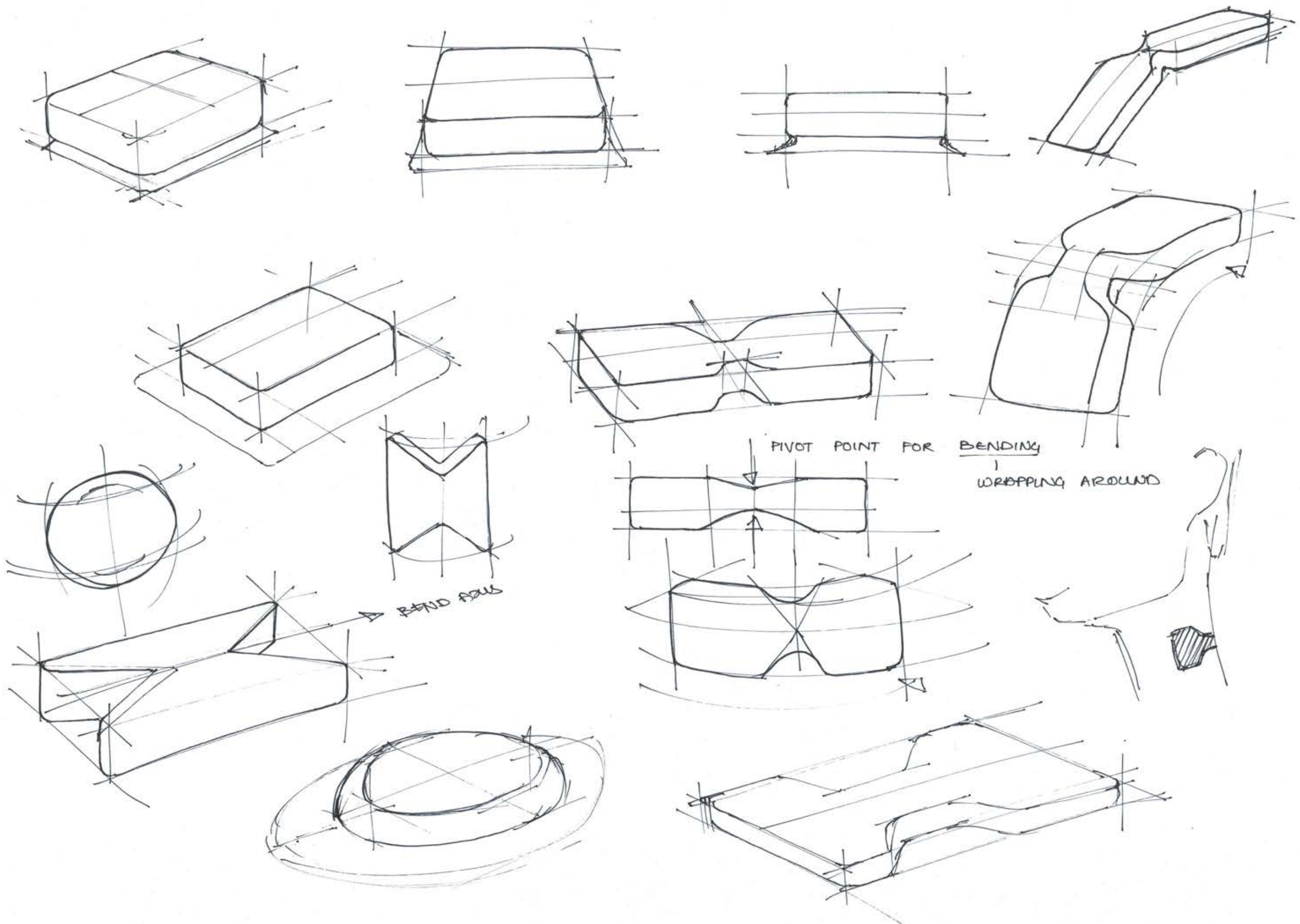


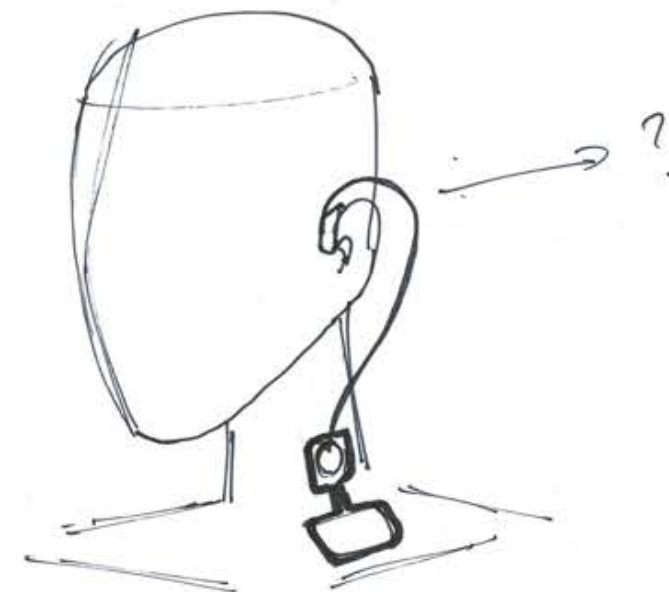
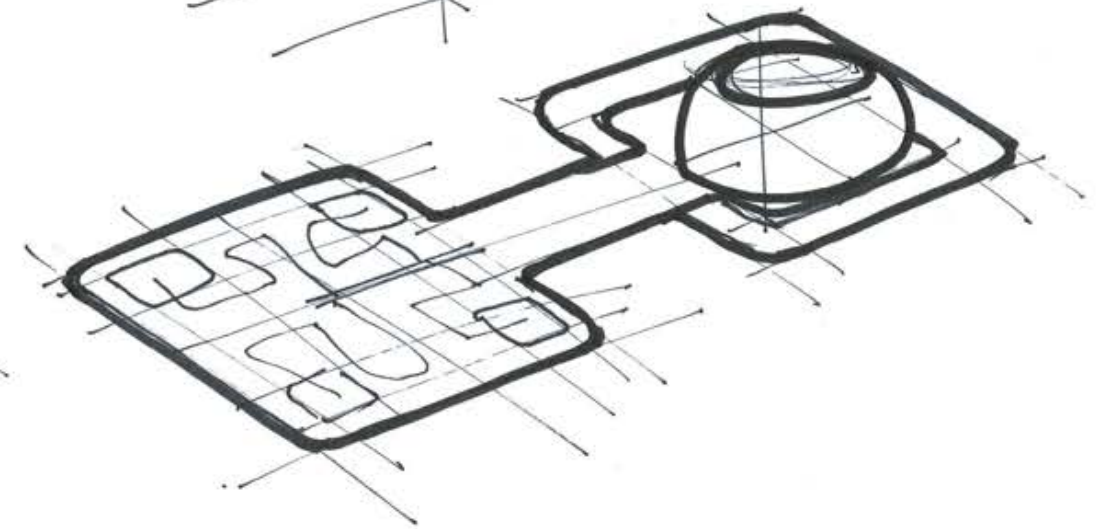
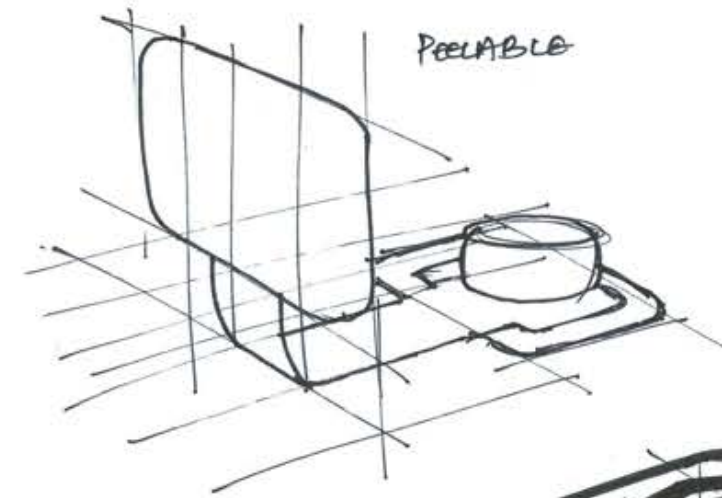
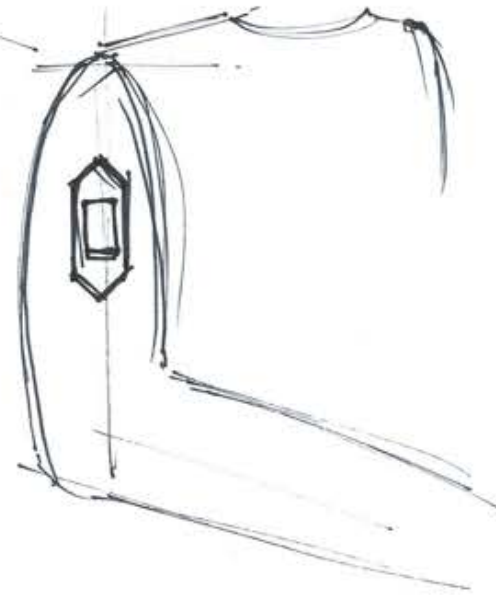
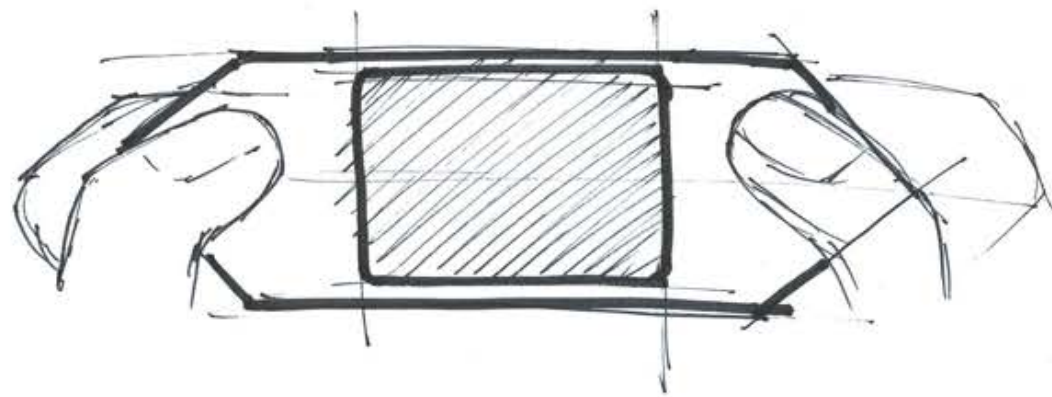
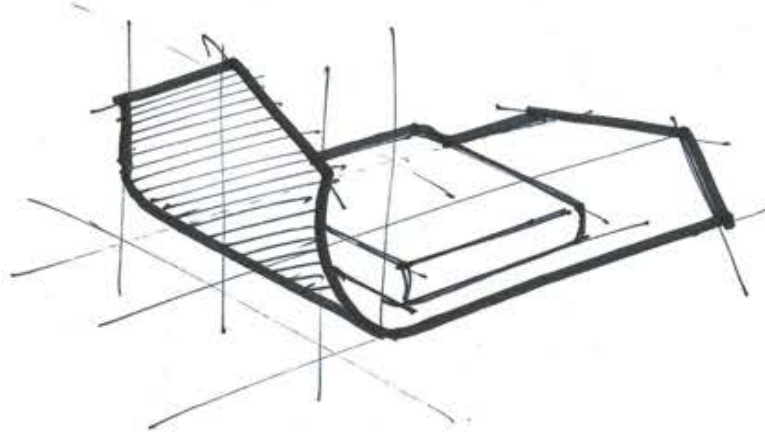
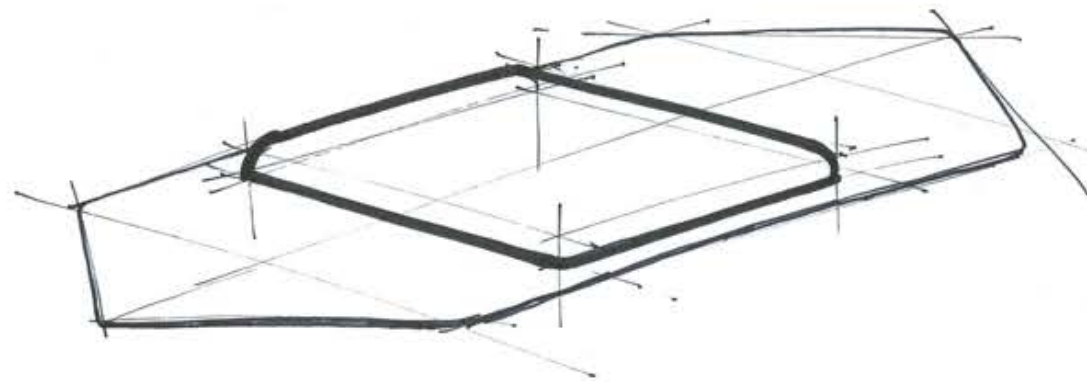


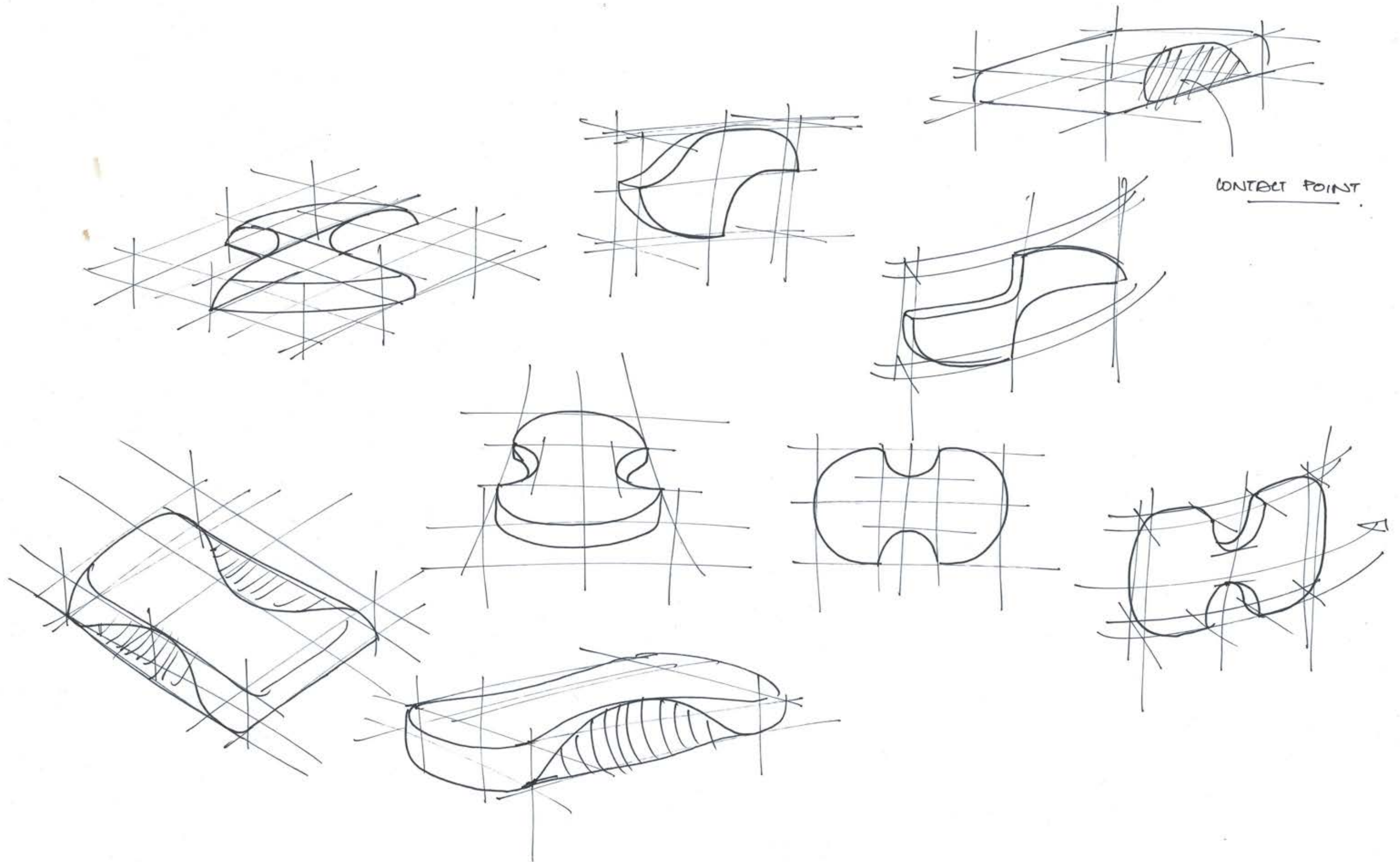




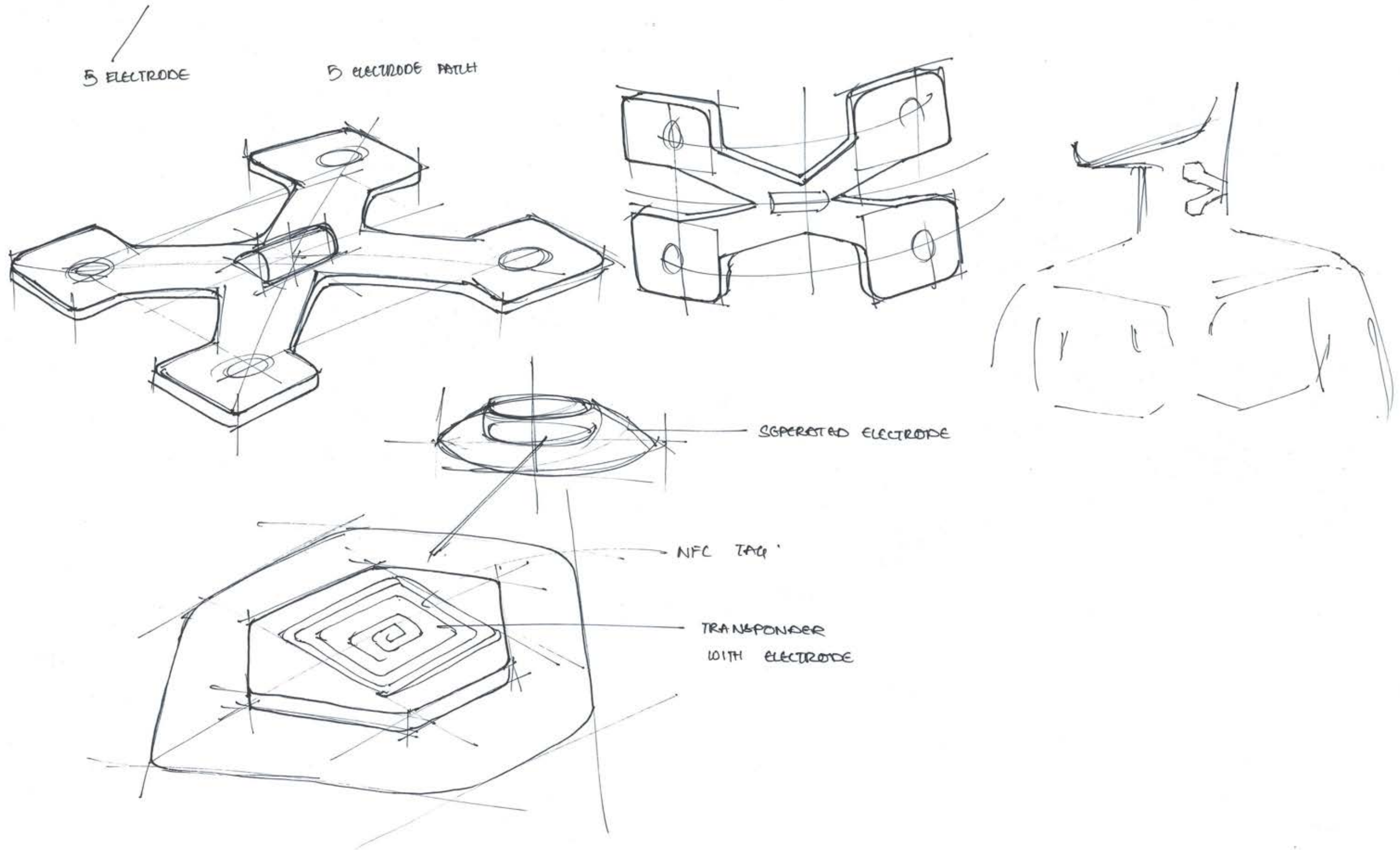


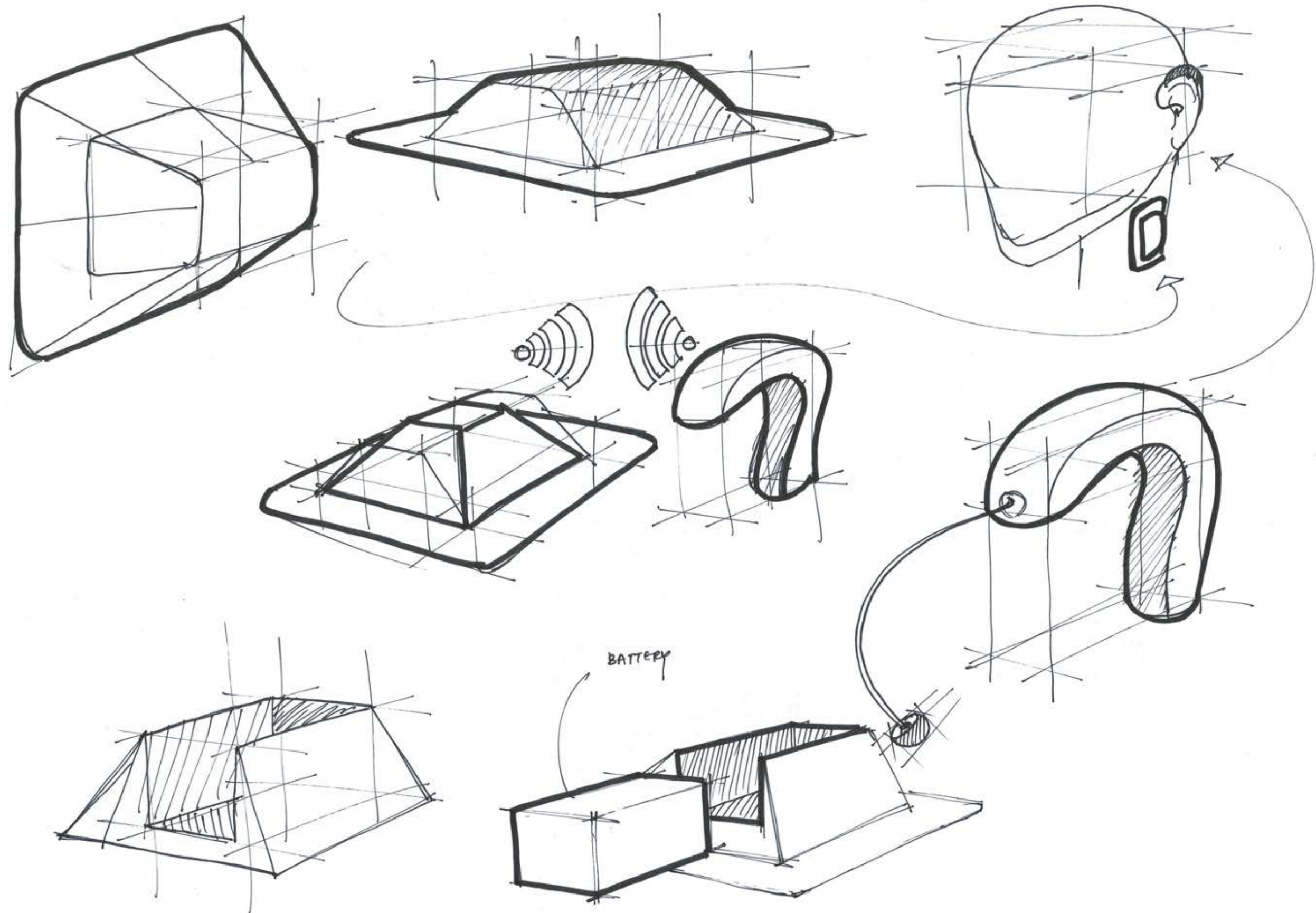


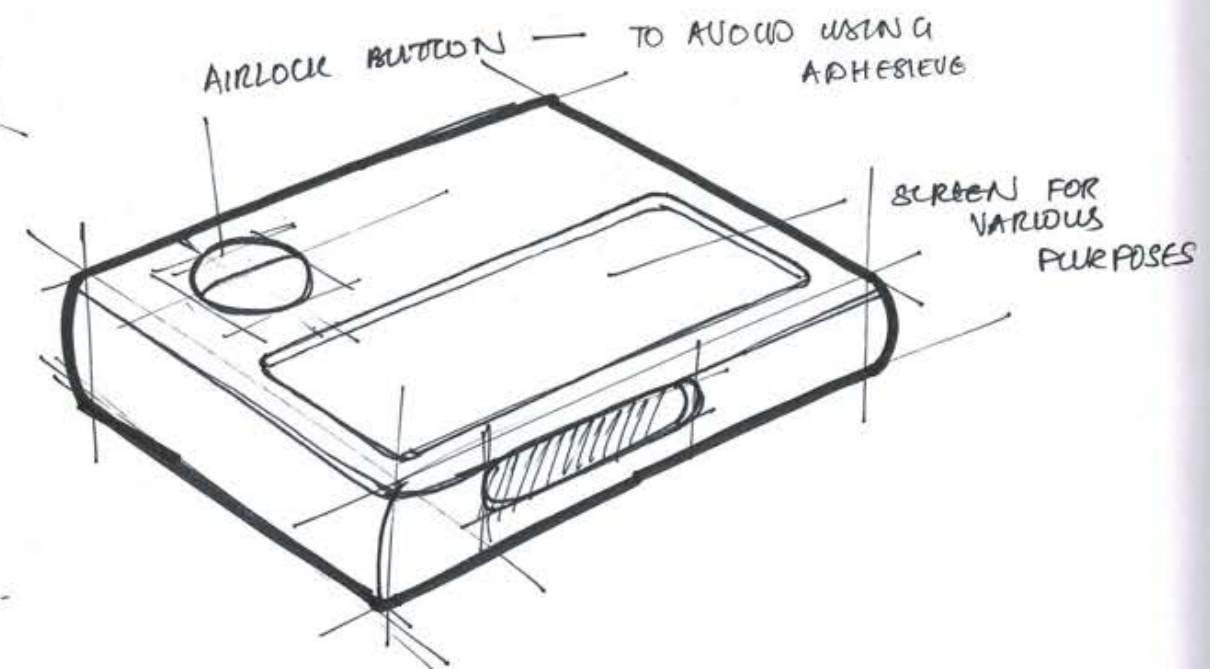
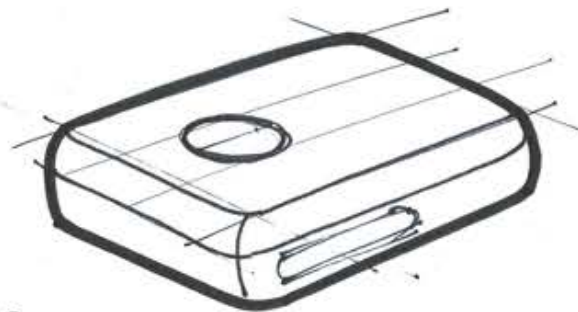
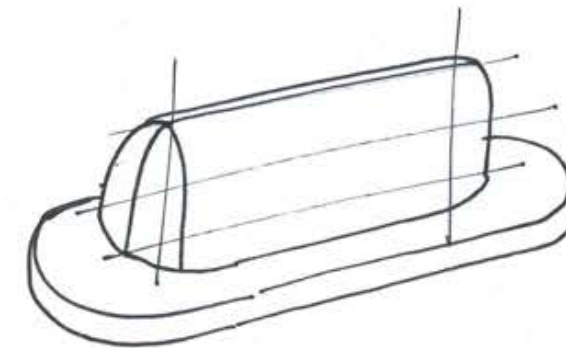
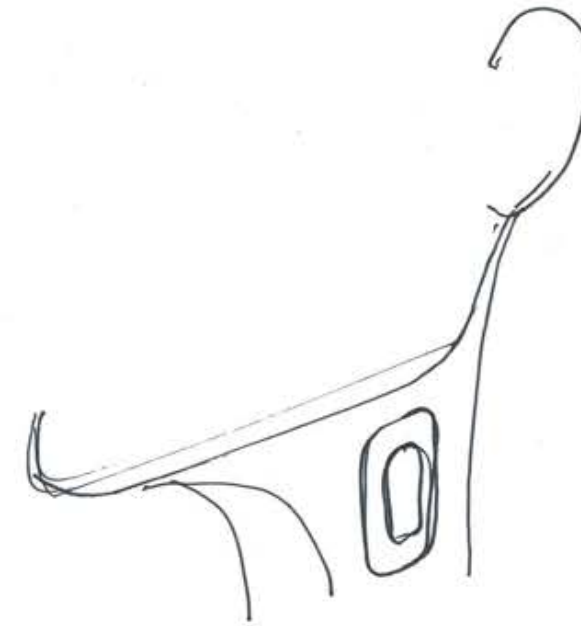
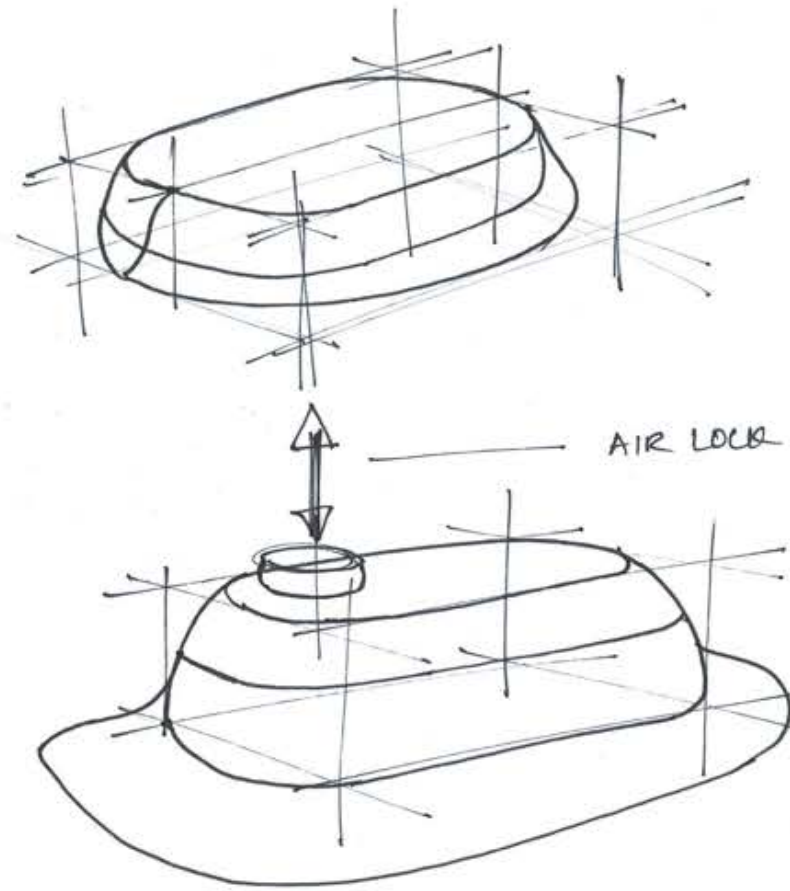
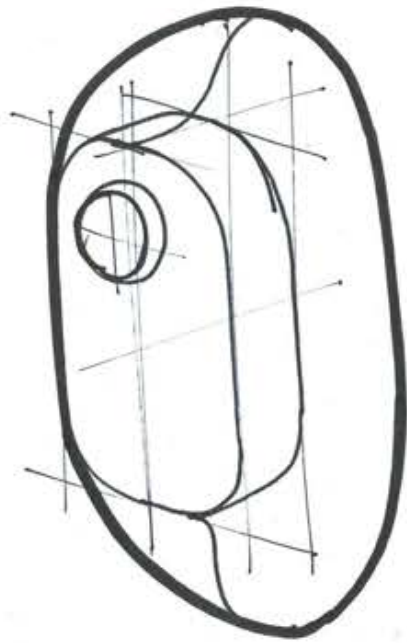




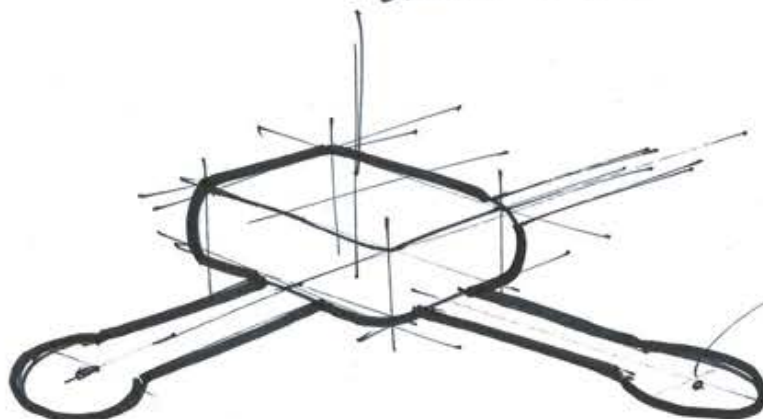
IN PATIENT MONITORING SYSTEM





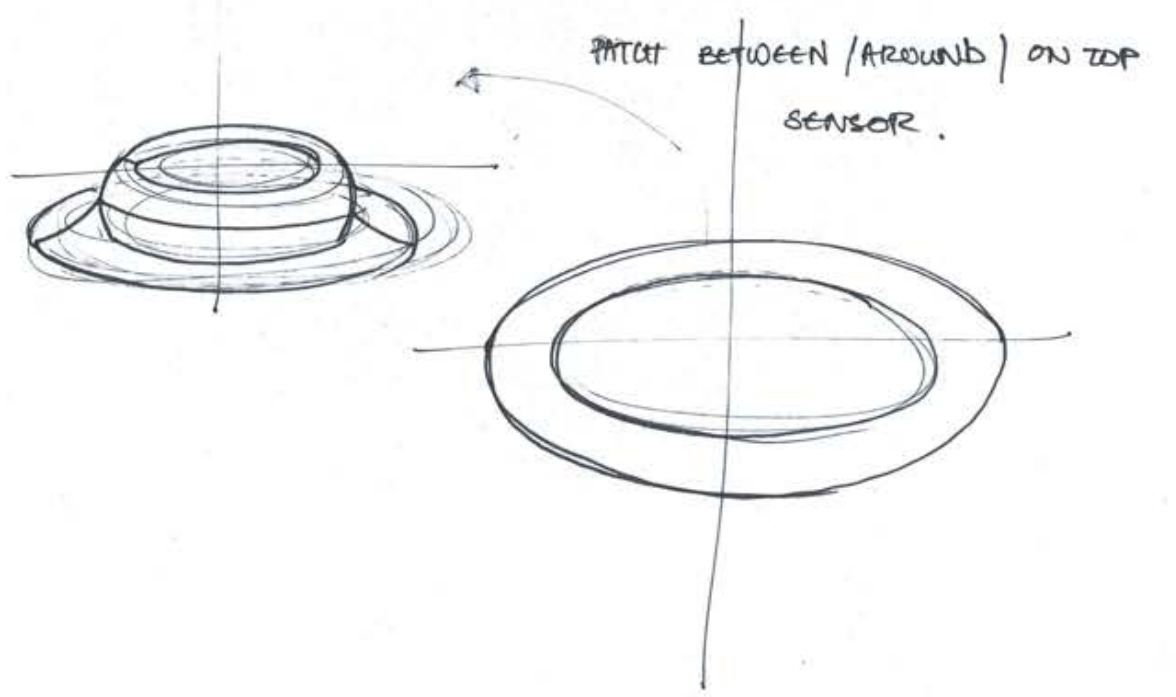
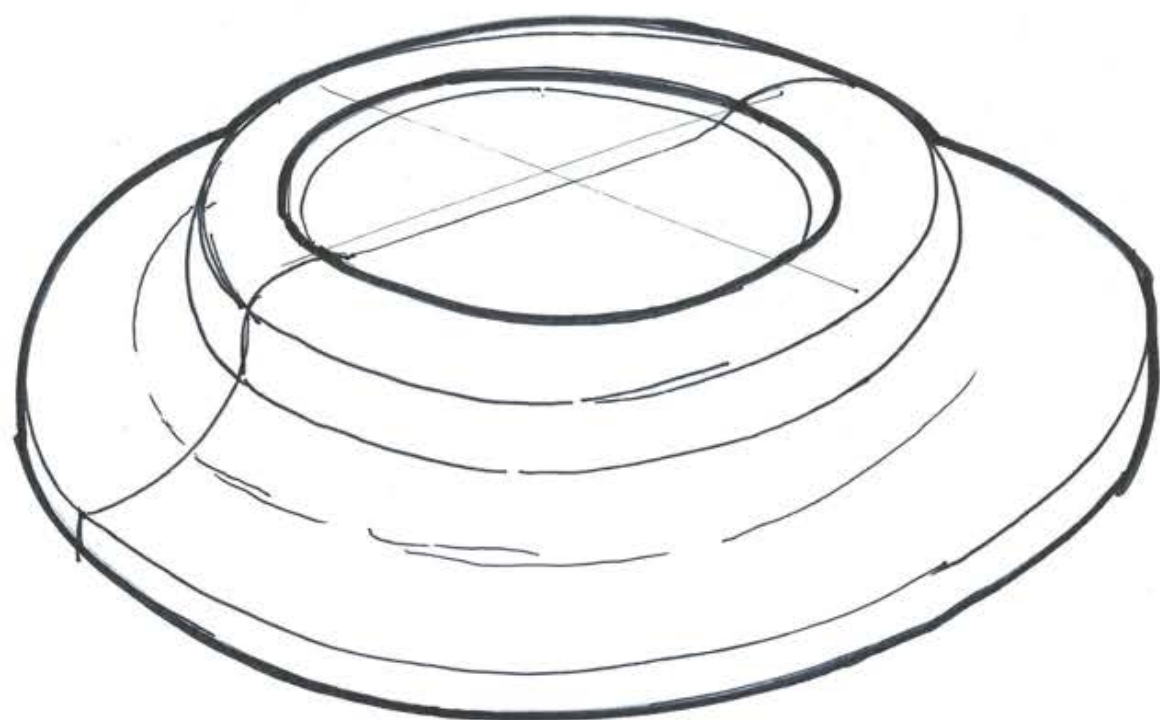
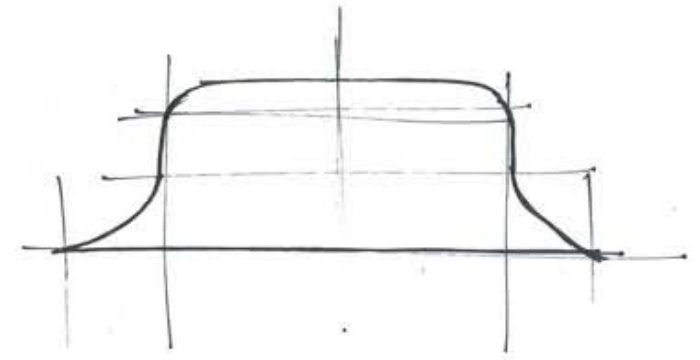
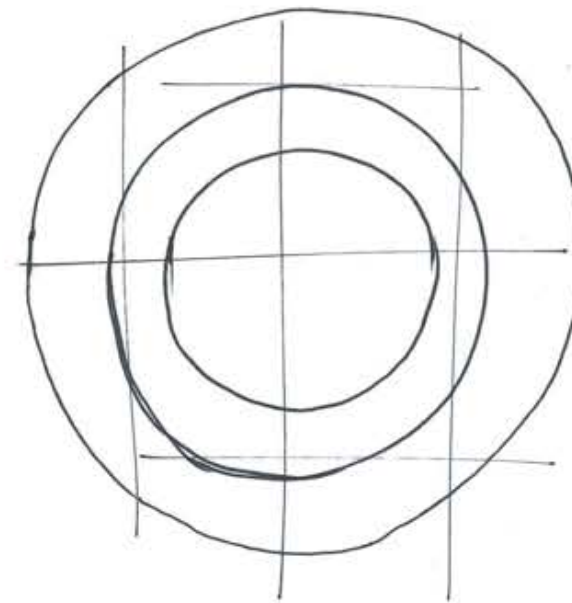
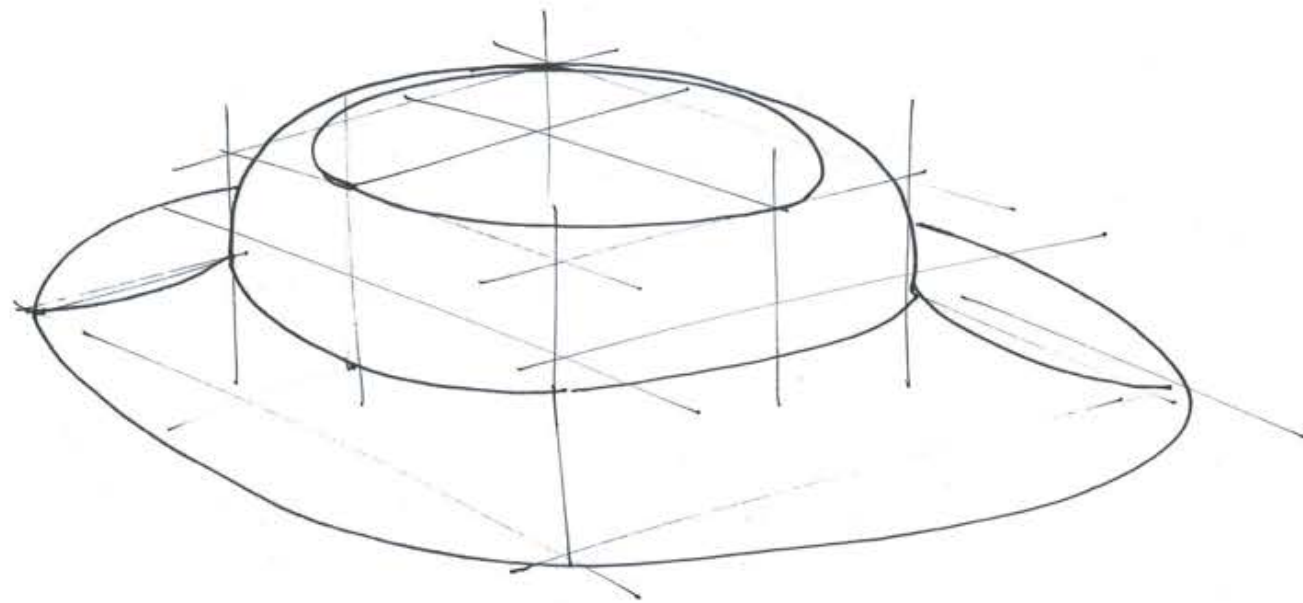


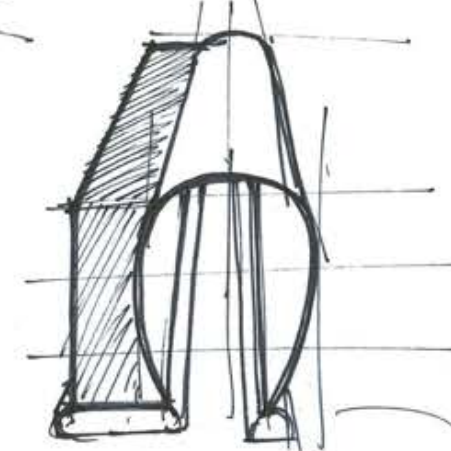
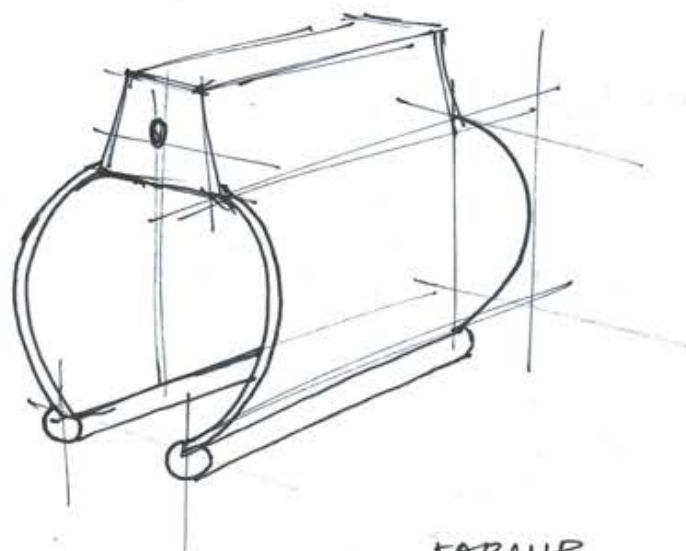
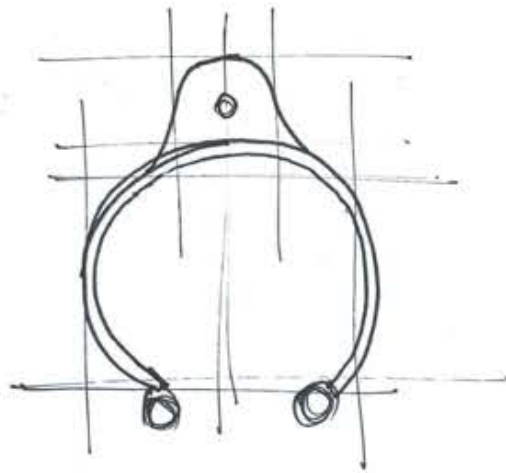
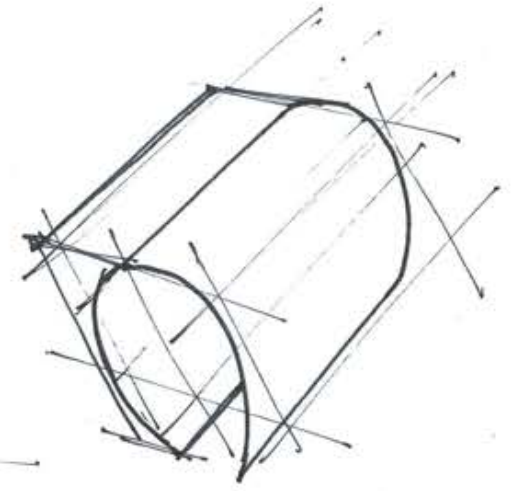
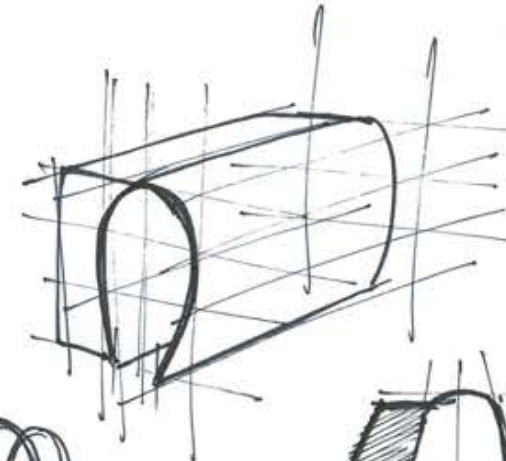
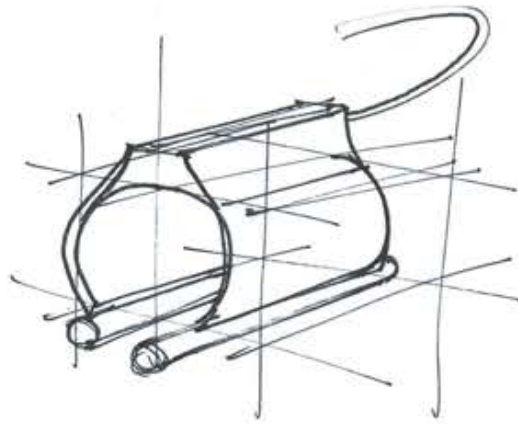
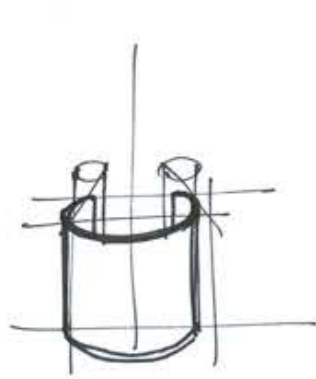
SMALL TRANSPONDER



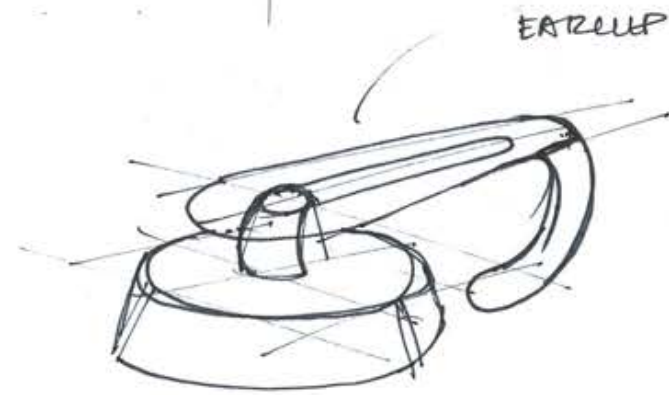
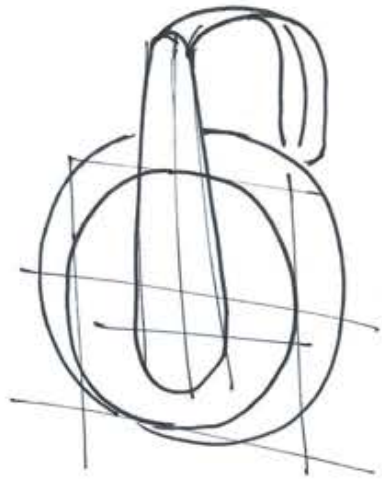
ELECTRODES

BIOSENSOR WRIST PATCH !





PLACEMENT ON EAR LOBE



EARLUP

