The Anesthesia Hub. A Centralized Mobile Platform with Vital Information available at one’s fingertips. What are users really looking for?

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Introduction: Technology is ever-changing the way medicine is practiced and accessed. Information Technology, particularly in the mobile sector, has become an invaluable tool to physicians and other health care providers for fast and easy access to critical information in the palm of their hands. Mobile health, known as mHealth, is paving new avenues for data presentation and communication for health care providers as well as patients. Our previous abstract outlined a mobile web platform created for a large multicenter academic program via Hubspring.com known as the Anesthesia Hub with vital information including, but not limited to, contacts, schedules, protocols, and an array of other resources. We showed the increase in total usage of the platform over time, but not regarding what type of data was particularly accessed. (1) With quick adoption of such technologies, there is evidence for a need for secure, reliable, and easily available tools for access to this information.

Methods: With the use of the Anesthesia Hub platform via Hubspring.com, we collected access data of the top 20 specific nodes. These nodes represent a particular data area of the Anesthesia Hub application. The node data was then stratified into major categories: Contacts, OR Board, Provider Schedule, Break Coordination, Clinical Resources (includes protocols, policies, guidelines), and Provider Resources (includes Facility, Resident, and SRNA/CRNA resources, either hospital related or academic). The number of data views of each node were totaled within each category and compared against each other. This allowed us to have a snapshot, since deployment, of the most viewed data among anesthesia providers.

Results: The top 20 nodes accessed were split into 6 major categories. A total of 143,085 data points (currently averaging 3,500 hits per week) were accessed since deployment of the Anesthesia Hub in June 2014. After splitting into categories, the most accessed data type was that of the OR Board (85,902). This was followed by Contacts (21,321), Break Coordination (18,396), Provider Resources (7,548), Provider Schedule (5,749), and Clinical Resources (4,169). This data was then formatted graphically.

Discussion: The ability to have quick and easy access to vital information is of great importance, especially in the setting of a large multicenter academic program. Currently, the tools available include websites and mobile technology, while the latter being the most easily accessible. Our data shows that users, anesthesia providers, are particularly interested in the operating room board and contact information. The implementation of a live OR board data facilitates OR management and helps to increase efficiency with OR coordination and staffing. Contact resources are vital to any group, particularly with regards to potential emergency situations. The Contacts node reflects communication between the different levels of anesthesia providers: attending physicians, residents, CRNAs, SRNAs, and administration. This data shows that a centralized mobile platform can facilitate management and efficiency in
areas of healthcare combined with improved communication between healthcare providers, either on a daily basis or in crisis situations. (2)(3).

References: