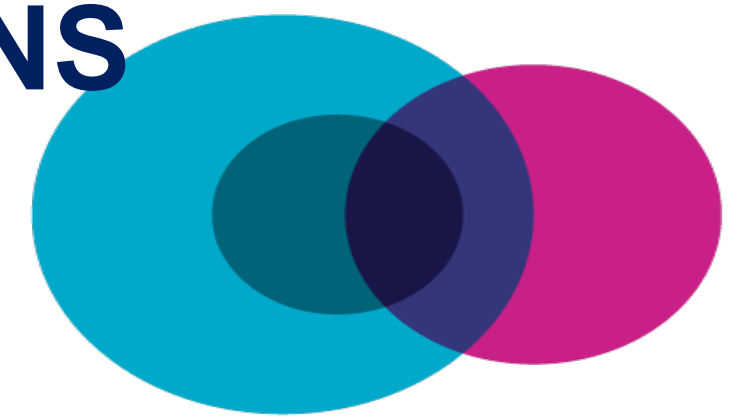


APPLYING A DIGITAL HEALTH FRAMEWORK TO MONITOR INVASIVE FUNGAL INFECTIONS



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Background & Aim

- Invasive fungal infections (IFIs): High mortality in haematological malignancy (HM) & stem cell transplantation^{1,2}
- Traditional methods for IFI surveillance are manual and resource-intensive³
- Aim: To **develop an automated tool** for standardised IFI surveillance in high-risk HM patients

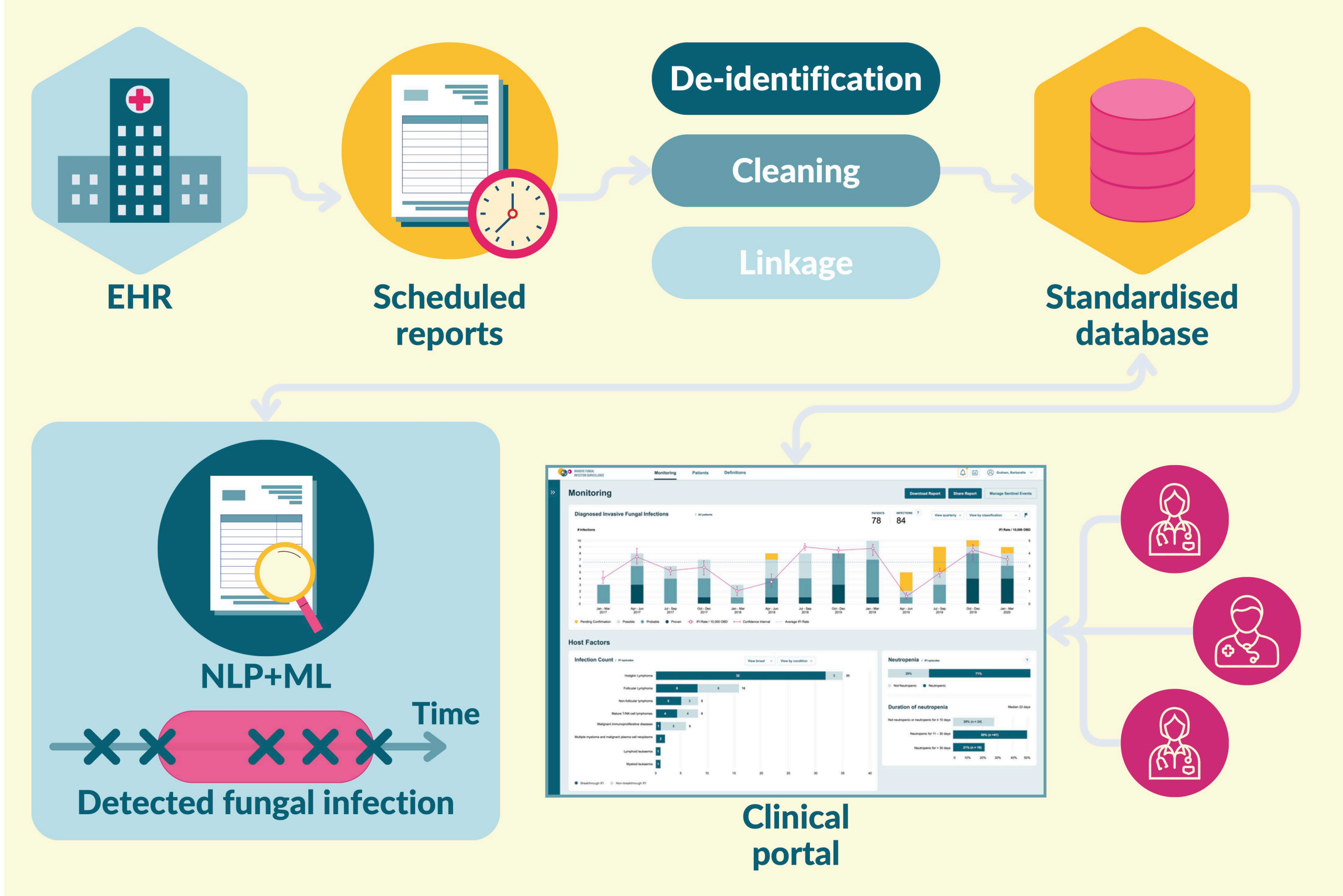
Methods

- Co-design**
 - Stanford University Design Thinking Framework⁴
 - Focus groups with potential end users (Haematologists, infectious disease physicians, haematology nurse consultants)
- Prototype**
 - Interactive prototype of key user interface screens was created
- Feedback**
 - Perceived usability: system usability scale (SUS)⁵
 - Feedback facilitated modifications to the interface to improve utility

Acknowledgements

- Guidance: Simon Burrell, Tani Thomas, Pramode Varghese
- BioGrid: Maureen Turner, Javier Haurat, Sai Wiley, Wisam Abdelaziz
- EPIC: Wee Keng Chong, Clara Mullings

Invasive Fungal Infection Surveillance (IFIS), a web-based clinical portal, supporting IFI surveillance and management of high-risk HM patients



Results

- Various data (microbiology, imaging, histopathology reports, antifungal prescribing, ICD-10 codes) extracted on scheduled basis
- NLP (histopathology⁶, CT & PET reports), ML and rule-based methods: Identify characteristics suggestive of IFI
- Clinical portal (Figure 1): Monitor IFI rates & review patient-level IFI episodes

Prototype usability testing with 7 clinicians. Excellent usability: mean SUS score of 81.4

Conclusions

- IFIS will facilitate identification of infection outbreaks & emerging infection risks while improving patient care & clinical outcomes.

References

1. Lindsay et al. Transplant Cell Ther 2021;27(9):798 e1-10
2. Neoh et al. Open Forum Infect Dis. 2023;10(2):ofad059
3. Valentine et al. Intern Med J. 2022;52(7):1215-24
4. Thienen et al. Design Thinking Research. 2018; p.13-40
5. Brooke J. Usability Evaluation in Industry. 1996; p.189-194
6. Rozova et al. J Biomed Inform. 2023;139:104293

Figure 1. Schema of the IFIS data pipeline from the electronic health records system to the end user showing the infection monitoring dashboard, the key functionality of the IFIS clinical portal. EHR: Electronic health record; NLP: Natural language processing; ML: Machine learning.