



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 stay¹

23% ↑
increase in patients
discharged¹

£0.5MM
increase in income
due to automated
data collection¹

Time saved
equivalent to
17.5 FTE 
nursing staff per year¹

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



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.

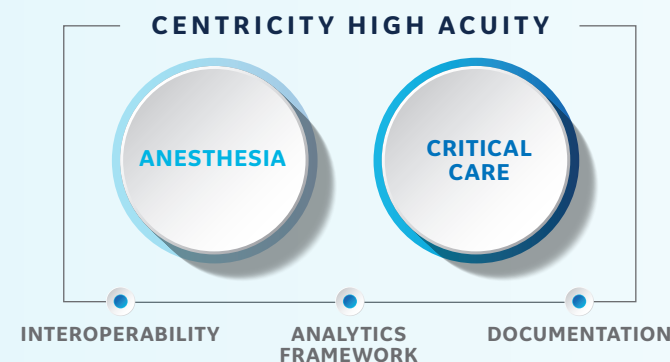
Pre-built critical care dashboard for clinical & operational use.

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.



* 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 Carter, Daniel 2016032414 M 06/29/1983 (35 y) Primary total prosthetic replacement of NL... Postop monitoring AVMI No RRT R. Hunt J. Henderson E. Barret	ICU bed 02 Wilshire, Eva 2016038962 F 02/28/1976 (42 y) Replacement of aortic valve Coagulation disorder AVMI No RRT E. Dobek A. Richter J. Kraft	ICU bed 03 Heinz, Robert 2014038962 M 06/30/1951 (67 y) Replacement of aortic valve Postop monitoring, high risk patient PCI No RRT E. Dobek A. Richter J. Kraft	ICU bed 04 Blanc, Jaqueline 2015128967 F 06/22/1956 (62 y) Lobectomy of lung and sleeve resection of... Low-output PCI No RRT E. Dunn J. Henderson E. Barret	ICU bed 05 Smith, Anna 2015128962 F 06/30/1958 (60 y) Aorto-coronary venous bypass with four... Postop monitoring BAG No RRT E. Dobek J. Henderson E. Barret	ICU bed 06 Acz, 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 07 Schuster, Simon 2015124526 M 06/30/1975 (43 y) Aorto-coronary venous bypass with four... Major surgery, high-risk patient CPAP No RRT J. Royal S. Reid J. Kraft	ICU bed 08 (Empty)	ICU bed 09 Baker, Steve 2015128543 M 02/12/1944 (75 y) Lobectomy and segment resection of lung High-risk patient, Postop monitoring CPAP No RRT R. Hunt S. Reid S. Brian	ICU bed 10 Walter, Marie 2016037699 F 05/30/1959 (59 y) Replacement of aortic valve Low-output, high-risk patient AVMI No RRT M. Baker S. Reid S. Brian	ICU bed 11 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 12 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 13 (Empty)	ICU bed 14 (Empty)	ICU bed 15 (Empty)	ICU bed 16 (Empty)	ICU bed 17 (Empty)	ICU bed 18 (Empty)	ICU bed 19 Walter, Marie 2016037654 F 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 Isolator Baker, Tim 2012124526 M 06/30/1988 (30 y) Lobectomy of lung and sleeve resection of... Postop monitoring MANUAL No RRT R. Hunt S. Reid P. Edwards
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Arriving

ICU bed 17
Craig, Toby
 201124526 M 06/30/1936 (82 y)
 Aorto-coronary venous bypass with three...
 Major surgery, high-risk patient
 Patient in OR (actual) 02/18/2019 11:30 AM
 J. Royal | A. Kerrigan

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

Unassigned
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 11:30 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
 S. Dunn | S. Brian

Unassigned
Gray, Anna
 2016052512 F 06/30/1996 (22 y)
 Replacement of aortic valve
 Low output
 Patient in OR (actual) 02/18/2019 10:30 AM
 S. 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

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

Filter values: 4 days

Glucose

Insulin 100 U/ml [1 U/mL] + Glucose 5%
 04/05: 4 | 05/05: 5 | 06/05: 8 | 07/05: 6 | 40.8 U-

Nutrition

Aminoplasma 16N/L [0.1 g/mL]
 82 | 82 | 1000 mL 40 | 40 | 40 | 40 | 500 mL | 240 g

Enteral nutrition
 100 mL | 3030 | 300 mL | 460 mL-

Glucose 30%
 42 | 42 | 42 | 42 | 42 | 42 | 42 | 42 | 42 | 2575 mL-

Intralipid 10%
 300 mL | 500 mL | 400 mL | 250 mL | 150 mL | 1300 mL

Glucose control

- Gluc critical high: 20
 - Gluc limit high: 15
 - B-Gluc: 10
 - Gluc limit low: 5
 - Gluc critical low: 3

Energy

- Energy daily target: 3000
 - Energy daily target line: 2250
 - IN energy total 24h: 1500, 750, 247

Protein

- Protein daily target: 150
 - Protein daily target line: 113
 - IN protein total 24h: 9, 75, 37.5

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

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

Protein: 07/05 08:46 | 60 | g/d

Glucose

Glucose limits

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



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