Accelerating AI in the Stroke pathway

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IN OUR CARE

14th March 2023

TAKING CR



NHS Trust

Agenda - STROKE PATHWAY

- 1. Changes in the last two years with analytics and AI
- 2. In-pipeline changes

@StrokeDSinha

3. Future areas of the work



Disclaimer

- 1. I am a Stroke Doctor who works on the natural neural network of the brain.
- 2. I was the principal investigator of the AI trial –no relation with evil robots taking over.

Research

e-ASPECTS software is non-inferior to neuroradiologists in applying the ASPECT score to computed tomography scans of acute ischemic stroke patients



International Journal of Stroke 2017, Vol. 12(6) 615-622 © 2016 World Stroke Organization Reprints and permissions: sagepub.co.uk/journalsPermissions.nav DOI: 10.1177/1747493016681020 journals.sagepub.com/home/wso





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Stroke Clinical Pathway – The Process



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arrival Blue light Ambulance

TIME IS BRAIN

- One minute = 1.9 million neurons
- One hour = The brain ages 3.6 years without treatment



Scan decision aid for clot removal or emergency drug.

• The process take a lot of time , when I don't have time –



THE DIFFERENCE IT MADE- 60 MINUTES FASTER





Smart heart rate monitor to stop another stroke-.

• The NHS process take a lot of resources , when I don't have resources







Assess patient data via the Hub Dashboard

Global view

- 1. Distribution of the type of measurements
- 1. Compliance
- 1. Overview heart rate and heart rhythm over time
- 1. Symptom rhythm correlation



Stroke risk prediction and Pathway change



Detection rate (RED)

			these tasks during daily practice in primary care to prevent stroke.
			Purpose:
			This program aimed to establish an end-to-end pathway to identify, detect, diagnose, and manage high-risk patients with no prior AF diagnosis.
8% —			Methods:
7% —			The AF Stroke Prevention Hub program was aimed at patients aged 65 and above with a history of heart failure or stroke/transien ischemic attack. Data from electronic patient records identified these patients, while exclusion criteria consisted of known AF, implanted cardiac devices, end-stage renal disease and end-of-life care. The program used a medically certified smartphone application to monitor heart rate and rhythm and track symptoms using photoplethysmography (PPG). Patients were facilitated to
5% —			perform a minimum of two measurements per day, for seven days. Those who were digitally excluded were offered an assessment in a face-to-face clinic appointment. Based on the PPG recordings, patients with a positive finding received a confirmatory ECG examination and anticoagulation therapy, once the diagnosis was established, within 48 hours.
576			Results:
4% —			Between February 2022 and February 2023, after applying inclusion and exclusion criteria, six hundred and sixty-nine patients were found to be eligible from 4 primary care practices. Two hundred and sixty-seven patients were issued PPG applications after obtaining consent. In total, two hundred and ten patients completed the PPG-based, 7-day monitoring period. The technology
3% —			adoption rate was 78.65% in this group of patients.
2% —		1.20%	Among the high-risk group of cardiac failure, four patient, were detected with possible AF based on the PPG recordings. All four were confirmed via a 12-lead ECG or a Holter monitor, when AF detection rate of 9.09%. Combining all stratified risk patient cohorts, ten (4.76%) were detected with possible AF based on the FFG recordings and six (2.8%) were verified based on a confirmatory 12-lead ECG or a 7-day Holter. All patients with newly diagnosed AF received anticoagulation therapy and were
1% —			managed accordingly, while the remaining patients received advice regarding self-management, lifestyle, and yearly health
0% —	1%		Conclusion:
0.70	Pulse Check	Mass screening	Compared to the current NHS opportunistic pulse check, where the detection rate is $<1\%$, the AF Stroke Prevention Hub program

successfully identified patients with a significantly higher detection rate. The hub delivered an end-to-end pathway allowing realtime reporting and triaging of patients, early detection, appropriate confirmation, and rapid treatment with favorable real-life technology adoption. Expanding the data-driven program to a wider difficult-to-reach population could reduce the burden on NHS and improve patient outcomes.

Work in progress- Speech Al



- Pattern Recognition, noisy clinical areas
- Voice command, template automation



Other AI potential on my clinical floor



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Questions before the product

Bring Analytics and Artificial intelligence in the process to me to do what -

- 1. Can I change the process altogether
- 2. Can I cut down steps for better flow
- 3. Can I work smartly with less clutter

What problem is it going to solve? There are many ways to solve one problem.

