

Application of RFID Technology in Patient Management System

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ABSTRACT

Hospitals and other medical service facilities are trying to minimize the time it takes to serve a patient in an efficient manner. Typically, the service time involves identifying the patient, type of service required, history of treatment and accessing personal information. The current methodology consumes excessive time to perform these tasks. In addition, human error can make the procedure even longer. Radio Frequency Identification (RFID) technology can play a key role to retrieve patient data and track patients within the medical facility. A basic RFID system consists of a tag, antenna and a reader. RFID tag is a low power communication device which is capable of storing information that can be attached to the patient ID card. Using this RFID methodology it is possible to access patient information and movement within the medical facility once registered. This paper details how a pilot model was developed to retrieve patient information quickly and locate the individual from registration onwards. A database was designed to facilitate data gathering and organizing them to be retrieved quickly. An output patient profile will be presented.

INTRODUCTION

Patient safety is one of the factors in the state of quality of health services and is considered a priority in health care. Assuring this safety is a task that is more and more complicated and which entails potential risks with no one method being capable of guaranteeing a total absence of errors. The Institute of Medicine estimates that "tens of thousands of deaths and injuries are caused by medical mistakes every year [1]. The FDA estimates that number to be nearly 500,000 [1]. Nowadays, one of the main worries in maintaining a high level of safety in health care environments is to closely follow the patient throughout their stay in a healthcare facility, i.e., from their arrival until they are discharged, registering both waiting and care times in each of the areas subject to control. However, Mentioned patient waiting time is a detriment to the on improving effectiveness (quality and timeliness) of patient service. Effective treatment with minimal appointment duration will not only increase revenue, but also increase patient satisfaction. Radio Frequency Identification (RFID) is a fast developing technology that uses radio waves for data collection and transfer; it can capture data efficiently and automatically without human intervention. RFID is believed to be the next generation innovation for automatic data collection and asset tracking. In this paper a RFID based Real-Time Hospital Patient Management system is simulated. The patients could be tracked through their movement and their location could be seen by the rest of the hospital staff. This system would help increase visibility and give the facility real-time data to help determine how long each process takes during a patient visit.

OVERVIEW OF RFID TECHNOLOGY

The route of a patient through the schedule appointment in a healthcare service facility begins with registration. This will include gathering of personal details and entering them into a database. Registration department will now issue a passive RFID tag with the related information of the patient that will irrefutably identify the patient throughout their hospital stay. Data is collected from the time a patient enters into a processing area(Admission, Waiting, Nurse Exam, Waiting, Doctor Exam ,Billing) until they leave with minimal interference from external human intervention factors. The purpose of the patient management system is to integrate RFID technology into a segment of the healthcare as a tracking system to identify, analyze and reduce the patient throughput time. Function of RFID tracking system is as follows in Figure 1:

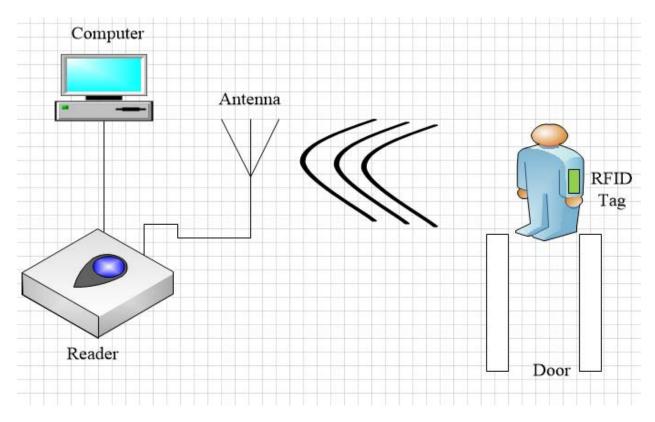


Figure 1: RFID Patient Tracking System

METHODOLOGY

The inputs to the system are data stored in the RFID tags that was entered at the admission desk. The RFID tags used in this experiment are attached to traditional hospital wrist bands. Each patient is given a unique individualized RFID tag during their stay at the hospital and each tag's identification number (ID#) is assigned to the patient database system. The ID# on each patient's tag is also synchronized with a patient's health records and identification information. Once the person receives the wristband, the interaction between their tag and the tag readers begins to be processed by the proposed system. Figure 2 depicts the patient journey in a healthcare through a typical appointment:

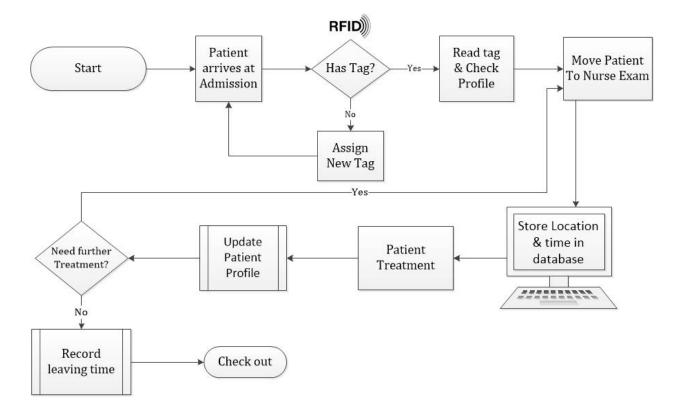


Figure 2: Flow Chart of RFID Patient Tracking System

EQUIPMENT

The equipment consists of a reader, antenna and Passive Tags. The reader was manufactured by Motorola and the reader configuration is Electronic Product Code (EPC) class I Gen2 Motorola MC9090-G RFID reader. The objective of the EPC is to provide unique identification of physical objects. This is used to address and access information from individual objects from the computer network, much as the internet protocol (IP) address allows the computers to identify, organize and communicate with one another. The antenna used for data collection was Alien Technology Corporation circularly polarized 915MHz ALR-9610-BC Model [2]. The reader communicates to the tag through the antenna ports on the reader. Two tag types was used for the experiments, one Alien Squiggle inlay tag ALN-9640 and one Alien Squiggle inlay tag ALN-9740, both being subset of EPC Class 1 Gen 2 RFID Tag. Gen2 tags are the second generation of tags used for worldwide operation in the RFID UHF bands (860-960MHz). Figure 3 include some of the RFID components:



MC9090-G RFID reader [3]



Alien ALR9800 RFID Reader [2]







External Circular Polarized Antenna [2]

Figure 3 : RFID Components

A simulated hospital environment has been created. Six stations were created as follows:

- 1. Admission
- 2. Waiting
- 3. Nurse Exam
- 4. Waiting for doctor
- 5. Doctor Exam
- 6. Billing

We assigned six RFID readers for each location, hence an Admission reader reads a tag and it means that the patient possessing the tag has entered that location. Figure 4 showed the necessary arrangements:

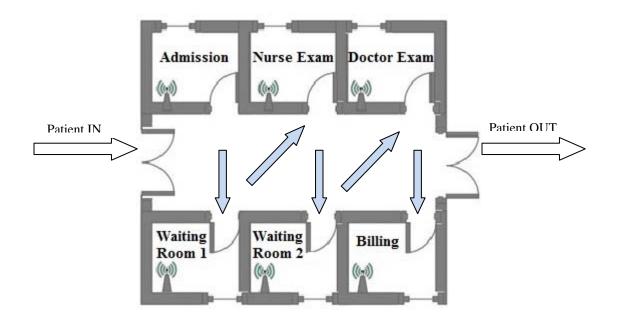


Figure 4: Schematic of the hospital

At minimum 30 samples are needed for statistical analysis. Thirty patients were selected randomly, each patient is given a unique RFID tag. RFID Readers send notification and presence of the patient within their range to the main server which is responsible to process that data and

keep track of it. The data collected are, entry and exit times at each location, personal identification of the patient (figure 5).

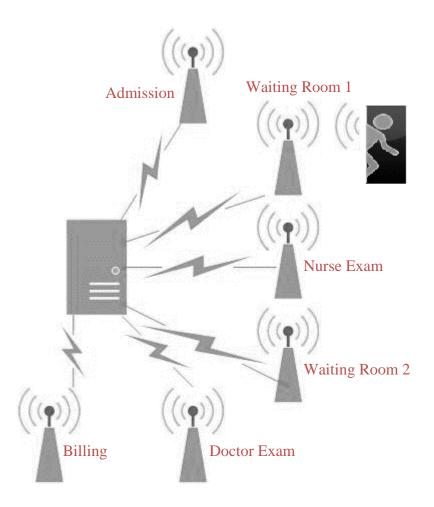


Figure 5: RFID Reader set up

DEVELOPEMENT OF RFID TRACKING SYSTEM

RFID reader receives signals sent by the tag. This information is the raw data which needs to be processed and analyzed. For this purpose the information can be forwarded through the medium such as Ethernet cable, wireless or even serial ports. The received information is stored in the server side database that has been created. The Microsoft Access technology [4] used in this case

since its lightweight and easy to manage. Inside the database four tables have been created as shown in tables 1-4:

Patient table:

This table records the patient information such as patient ID, name, doctor name phone number, emergency number and also picture. Table 1 shows a data sample from that table.

pid	•	first_name 🔹	last_name 🔹	doc_name •	phone_num •	emergency	patient_image 🔹
	1001	mahdi	hosseini	mapa	1234567	7654321	Package
	1002	kerman	soodeh	mapa	1234569	7654320	Package
	1003	rajab	ali	mapa	1234571	7654319	Package
	1004	razieh	feyz	alireza	1234573	7654318	Package
	1005	saeed	ahmad	alireza	1234575	7654317	Package
	1006	hossein	keshmiri	alireza	1234577	7654316	Package
	1007	amir	naser	zahraee	1234579	7654315	Package

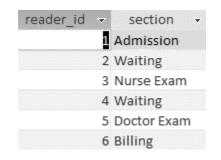
Table 1: Patient Information Table

Reader table:

This table maps each reader to its location by assigning reader name, for example reader #1 is

installed in Admission room.

Table 2:	Reader	table
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Tag table:

Since each patient has a unique tag, this table records tag ID and patient ID. This table has only two columns: tag ID and patient ID (Table 3). Tag ID is in the hexadecimal form.

tid 👻	pid	•
HE2009009761100560470E25B		1020
HE2009009761100570470E257		1018
HE2009009761100580470E253		1005
HE2009009761100600460E24A		1001
HE2009009761100620460E242		1004
HE2009009761100630460E23E		1003
HE2009009761100690370E7E5		1029

Table 3: Tag Table

History table:

This table keeps the log of the events. Each time a tag is being read by the reader, the information regarding the time period that tag was in the proximity of the reader with the tag id along with the time slot and the reader ID which read the tag is being stored into database.

Table 4-History Table

ID	•	tid 👻	start_time 🔹	end_time 🔹	reader_id 🔹	waiting_tim -
	1	HE2009009761:	3/14/2014 8:00:00 AM	3/14/2014 8:01:50 AM	1	110
	2	HE2009009761:	3/14/2014 8:02:50 AM	3/14/2014 8:08:11 AM	2	321
	3	HE2009009761:	3/14/2014 8:09:11 AM	3/14/2014 8:19:04 AM	3	593
	4	HE2009009761:	3/14/2014 8:20:04 AM	3/14/2014 8:26:05 AM	4	361
	5	HE2009009761:	3/14/2014 8:27:05 AM	3/14/2014 8:40:46 AM	5	821
	6	HE2009009761:	3/14/2014 8:41:46 AM	3/14/2014 8:43:11 AM	6	85
	7	HE2009009761:	3/15/2014 8:00:00 AM	3/15/2014 8:01:13 AM	1	74

Above tables are related to each other as shown in figure 6. For example both Tag table(Table 3) and History table(Table 4) have tag ID, having shared key in the tables help us to find related information in separate table (figure 6) shows a general relationship between tables.

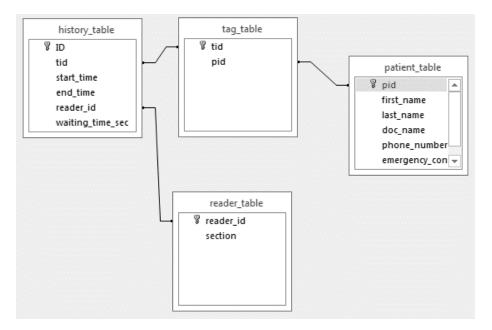


Figure 6: Address of different tables

Storing information in the database is an efficient way to store and access data. However, retrieving data from the database can be a tedious job, for this purpose a pilot application has been developed that helps to retrieve information from the data base and update patient information as well. This application has been developed in C# programming language and can reside anywhere and is capable of accessing to the database remotely. A sample display from this application is shown in figure 7:

nt ta	bPage2	2					
ersonal	I Informa	ation					
D 1001 irst Name mahdi 'hone 1234567 Doctor Name mana		1001		Last Name Emergency No.			
		mahdi			hosseini 7654321		
		1234567					
		mapa					
	star	t_time	end_time	section	waiting_time_sec		
Þ		t_time 1/2014 8:00	end_time 3/14/2014 8:01	Admission	waiting_time_sec		
•	3/14	4/2014 8:00			- Landon and		
•	3/14 3/14	4/2014 8:00	3/14/2014 8:01 3/14/2014 8:08	Admission	110		
•	3/14 3/14 3/14	1/2014 8:00 1/2014 8:02 1/2014 8:09	3/14/2014 8:01 3/14/2014 8:08	Admission Waiting	110 321		
	3/14 3/14 3/14 3/14	1/2014 8:00 1/2014 8:02 1/2014 8:09 1/2014 8:20	3/14/2014 8:01 3/14/2014 8:08 3/14/2014 8:19	Admission Waiting Nurse Exam	110 321 593		
	3/14 3/14 3/14 3/14 3/14	4/2014 8:00 4/2014 8:02 4/2014 8:09 4/2014 8:20 4/2014 8:27	3/14/2014 8:01 3/14/2014 8:08 3/14/2014 8:19 3/14/2014 8:26	Admission Waiting Nurse Exam Waiting	110 321 593 361		

Figure 7: Time tracking display

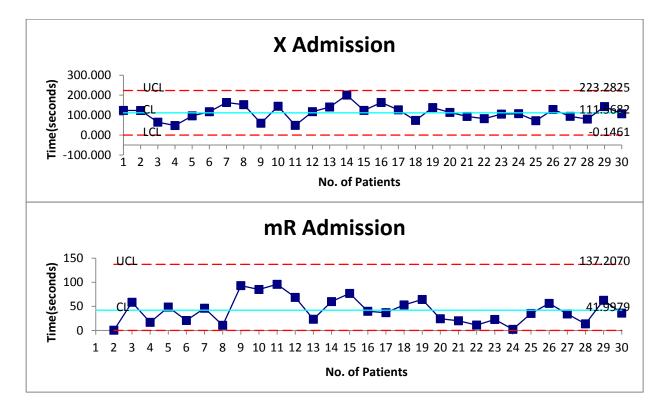
DATA COLLECTION AND ANALYSIS

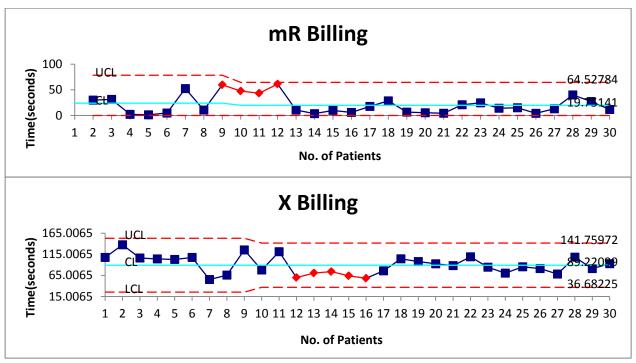
Typical Length of Stay (LOS) data at each processing center was obtained from published values [5]. First attempt to simulate a patient movement was created by taking the range of processing time and picking 30 random data points. The output from six processing centers are shown in table 5:

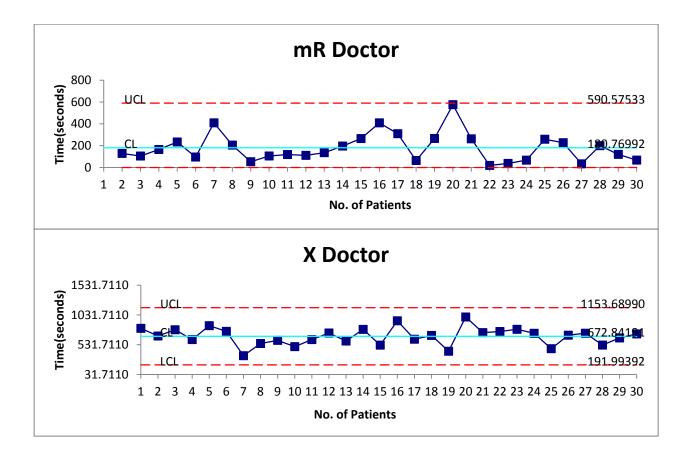
			1			
Patient No.	Admission	Waiting	Nurse Exam	Waiting	Doctor Exam	Billing
1	110	321	593	361	821	85
2	74	233	427	247	487	123
3	137	523	659	216	506	77
4	175	163	458	330	591	64
5	173	470	715	1137	1003	71
6	183	298	692	702	657	57
7	63	296	607	1369	612	110
8	113	117	593	1344	692	64
9	171	224	490	179	853	103
10	79	248	482	1004	496	117
11	92	362	579	1305	432	74
12	67	163	544	96	742	80
13	65	301	622	779	828	114
14	82	203	412	339	729	113
15	89	204	430	1080	596	83
16	63	252	690	1073	695	85
17	97	372	392	680	500	80
18	105	512	649	436	523	119
19	131	468	563	186	858	102
20	106	508	740	822	434	96
21	108	79	554	773	737	104
22	106	129	492	1254	697	112
23	177	288	576	1298	512	94
24	120	124	499	1081	641	66
25	115	341	379	706	590	106
26	100	126	543	1090	532	87
27	185	386	287	374	1000	54
28	163	527	680	309	605	55
29	187	121	324	793	992	118
30	94	92	535	90	507	81

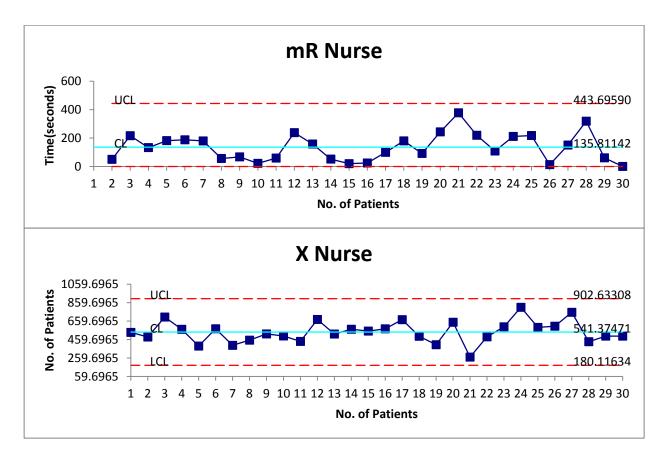
Table 5 : Processing Center Data

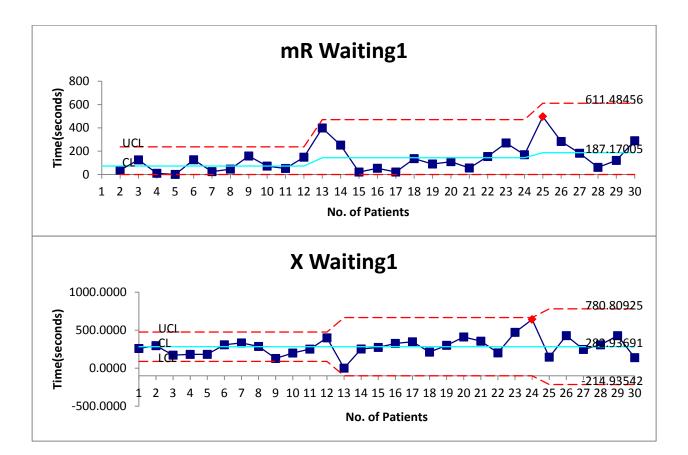
The second attempt to simulate patient movement was by generating processing times using normal distribution from the published values. The control chart is a graph used to study how a process changes over time [6]. The control charts for the processing times are shown in figure 8 created from QI Macros software [7]:

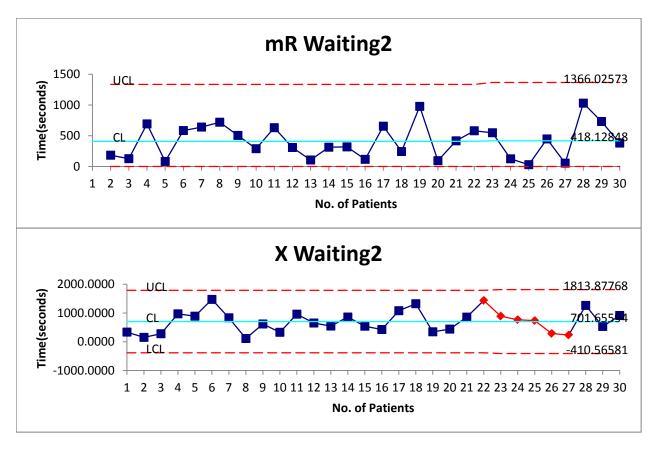


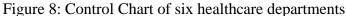












CONCLUSION

From the above plotted control chart of six departments the following can be concluded:

- Billing department time variation has continued to fall and rise on the same side of the centerline and more than one sigma unit away from the centerline which indicates that the process is drifting out of control.
- In waiting department1 control chart has a single point outside the 3 sigma control limits which indicates lack of control in the process.
- Waiting department2 control chart has seven consecutive points, all decreasing in value which indicates a trend in the process.

REFERENCES

- [1] McGee M. 2004. Health-care I.T. has a new face. Information Week 988: 16
- [2] Alien Technology Reader Interface guide; September 2008
- [3] Motorola MC9090-G RFID; Handheld RFID Reader for Global Deployments

[4] Introduction to Microsoft Access 2007; Office of Information Technology Montclair State University

[5] Joseph C. Chen & Thomas J. Collins; Creation of a RFID Based Real Time Tracking (R-RTT) System for Small Healthcare Clinics. Journal of Medical Systems- December 2012, Volume 36, Issue 6, pp 3851-3860

[6] Control Chart from American Society for Quality- a Global Leader in Quality Improvement & Standards

[7] QI Macros for Excel from http://www.qimacros.com/