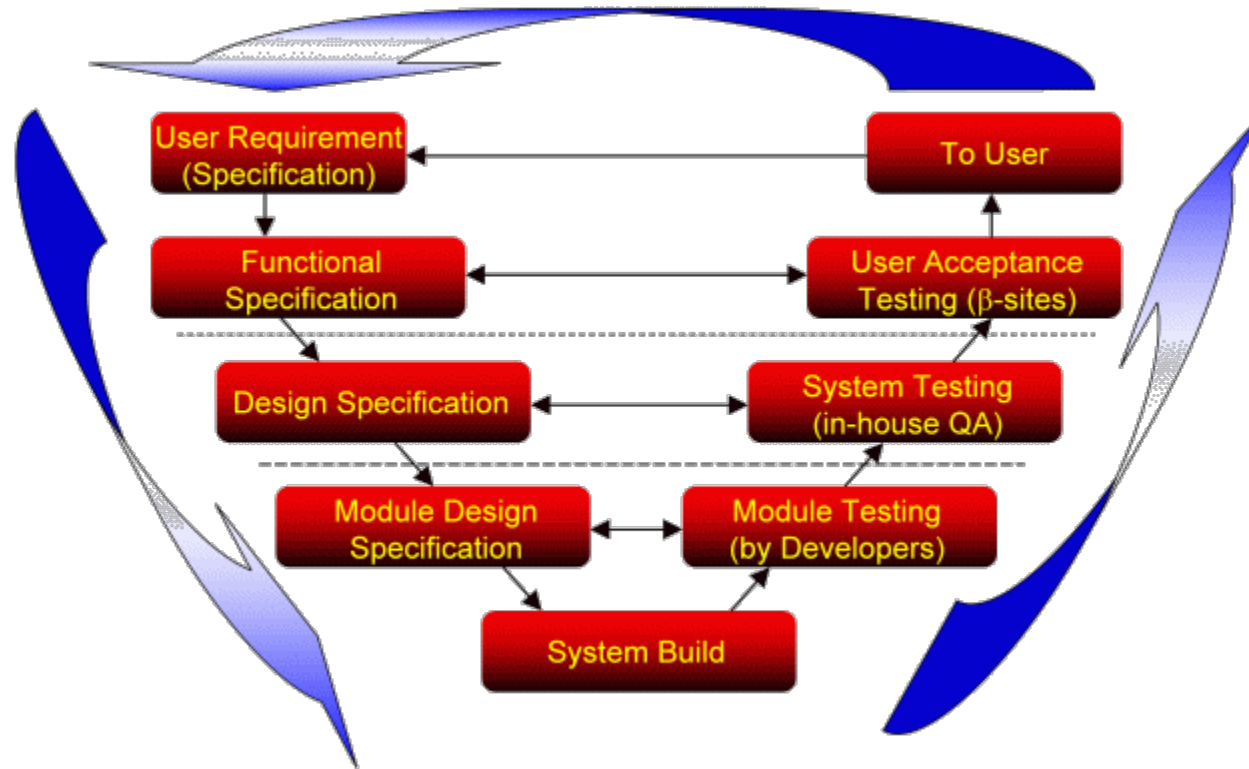


Safe(?) Interoperability

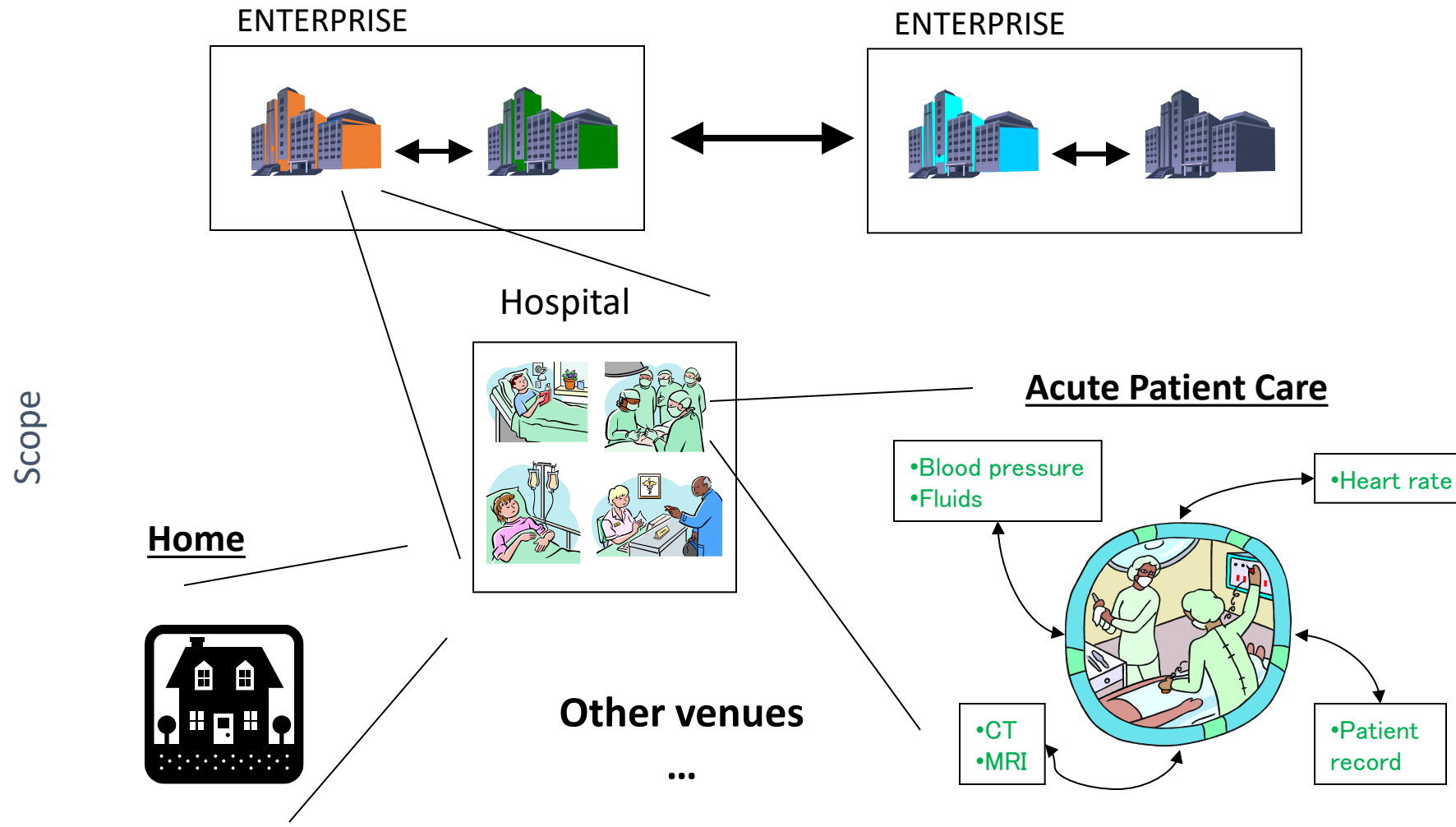
Sandy Weinger

US FDA

Systems engineering



Interoperability roles/responsibilities



Physical and Virtual Assets and Their Interaction

What is the physical asset? What is the virtual asset?

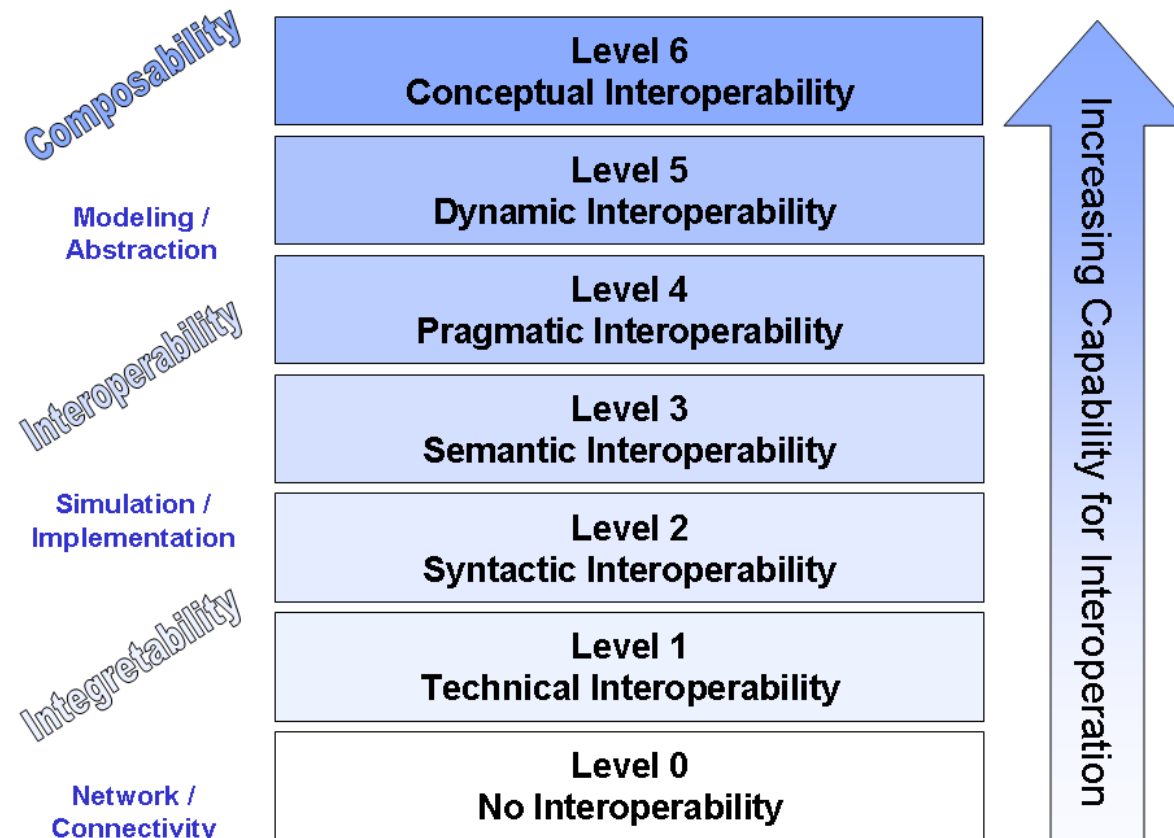
What is the system?

what are the actors, interactions, and system boundaries

What intended use are you claiming?

What information is passed between the physical and virtual assets in real time?

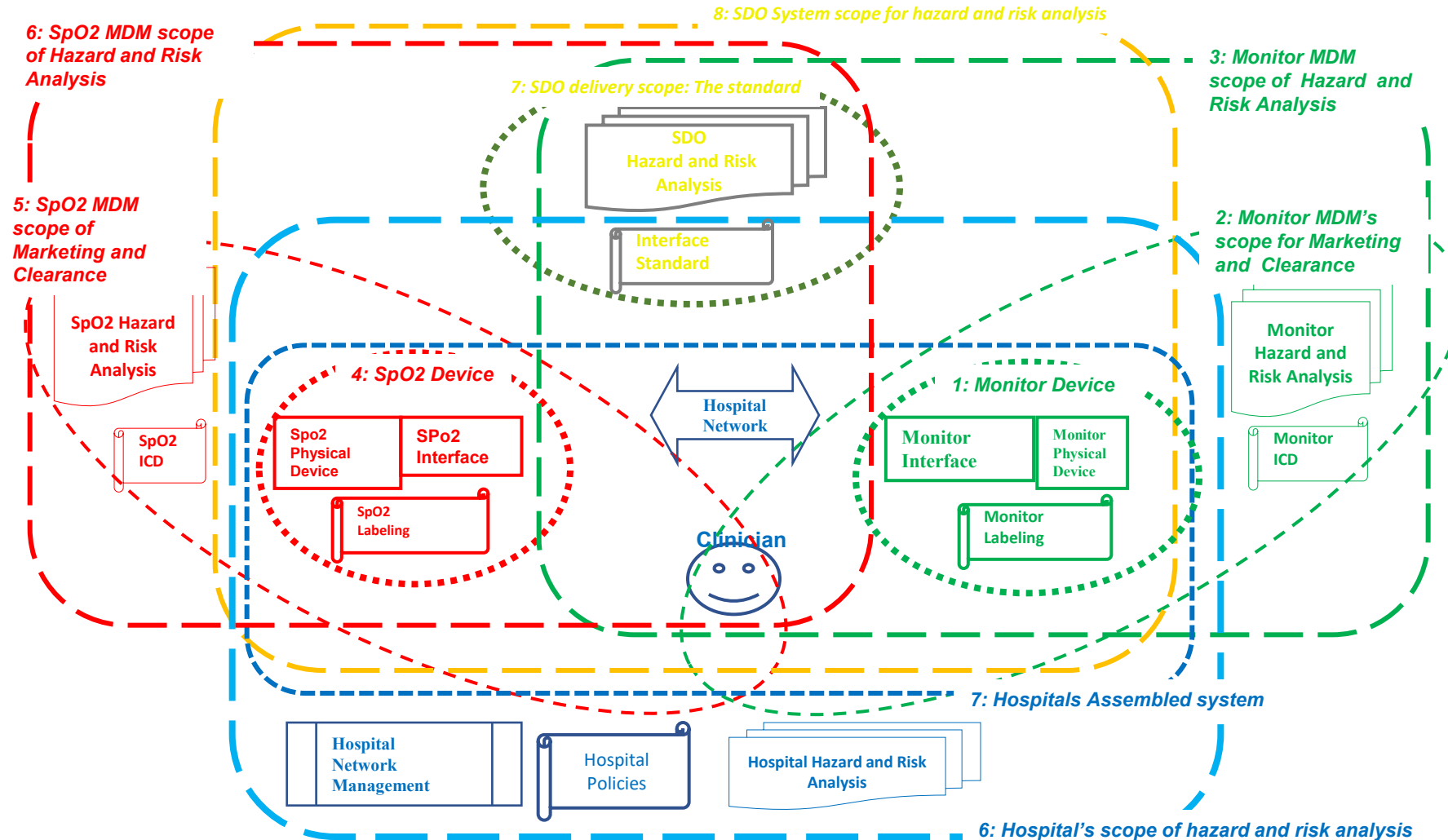
Levels of Interoperability - Turnista



Turnista, C.D. (2005). Extending the Levels of Conceptual Interoperability Model. Proceedings IEEE Summer Computer Simulation Conference, IEEE CS Press

What is the System?

- 1: Monitor Instantiation in the hospital
- 2: Monitor MDMs Scope of Labeling, Marketing Claims, User Manuals, and Intended Use
- 3: Monitor MDM's system for the scope of hazard and risk analysis
- 4: SpO2 Device instantiation in the hospital
- 5: SpO2 MDM's scope for Labeling, Marketing Claims, User Manuals, and Intended Use
- 6: SpO2 MDM's scope for hazard and risk analysis
- 7: SDO scope of delivered standard
- 8: SDO's scope for hazard and risk analysis for the standard
- 9: Hospital's scope of the assembled system
- 10: Hospital's cope of hazard and risk analysis, quality assurance, and non-FDA regulatory compliance



Government / Public Policy Context

HDO Organizational Boundary

HDO Policies

Order Governance Boundary

Order Construction

Apply structure –
necessary for safety
to reason about risk

PoC Process Boundary

Order Execution

ICS Boundary

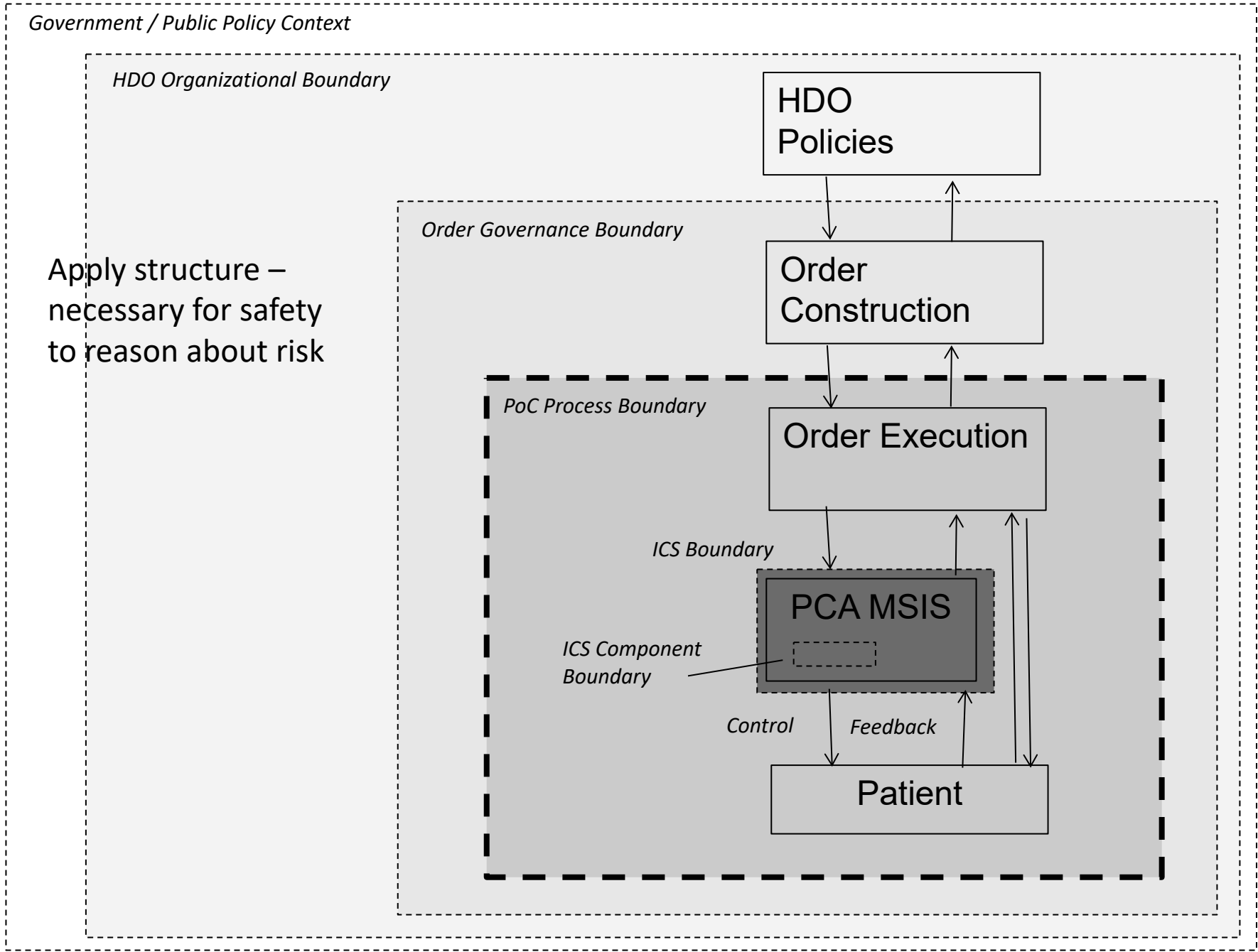
PCA MSIS

ICS Component Boundary

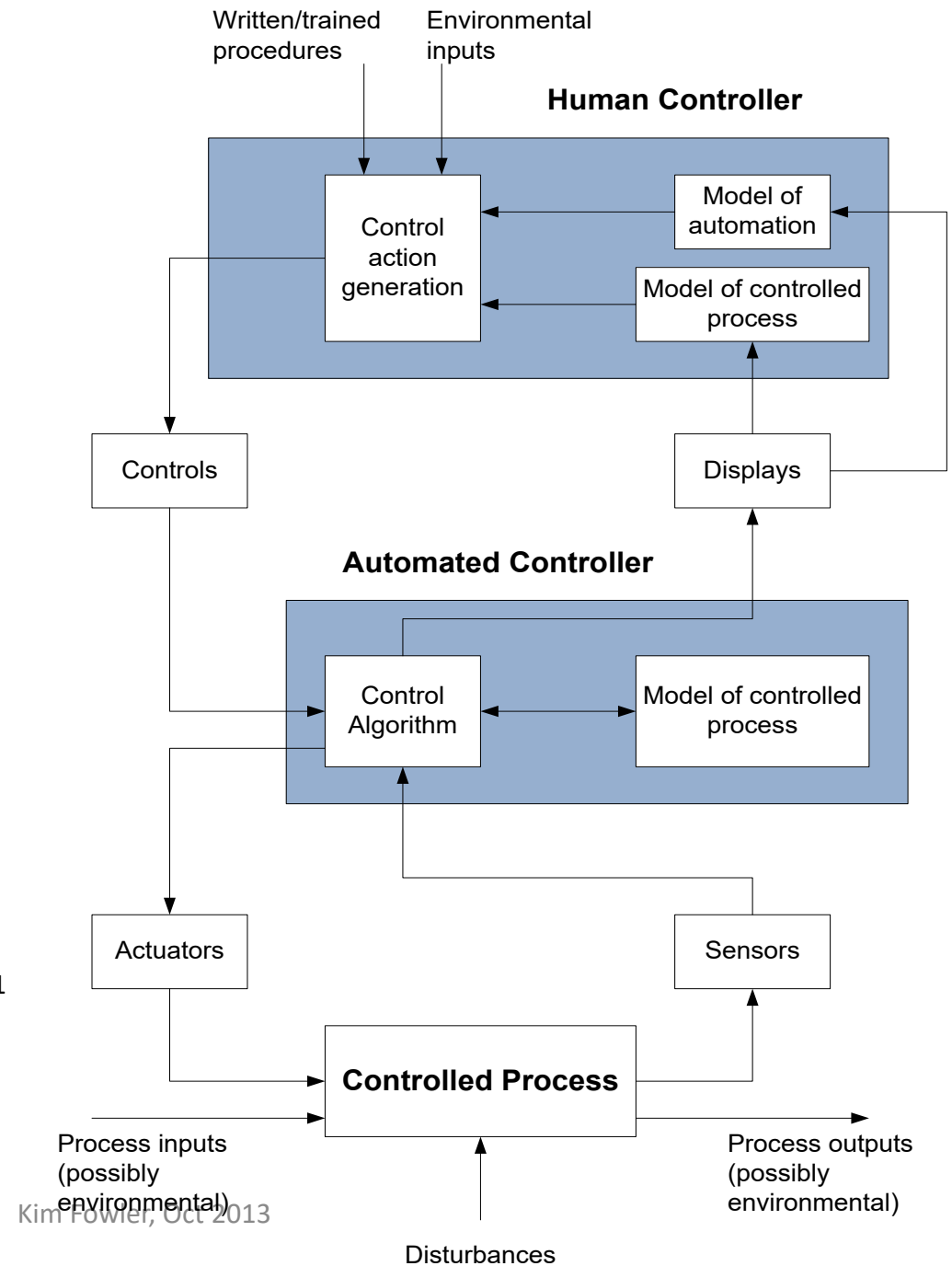
Control

Feedback

Patient



Higher Level Diagram



Template configuration for a higher-level system view for use in STPA, modified Fig. 8.8 from Leveson. (©2011 by Nancy G. Leveson. All rights reserved. Used with permission.)

Highest Level Diagram

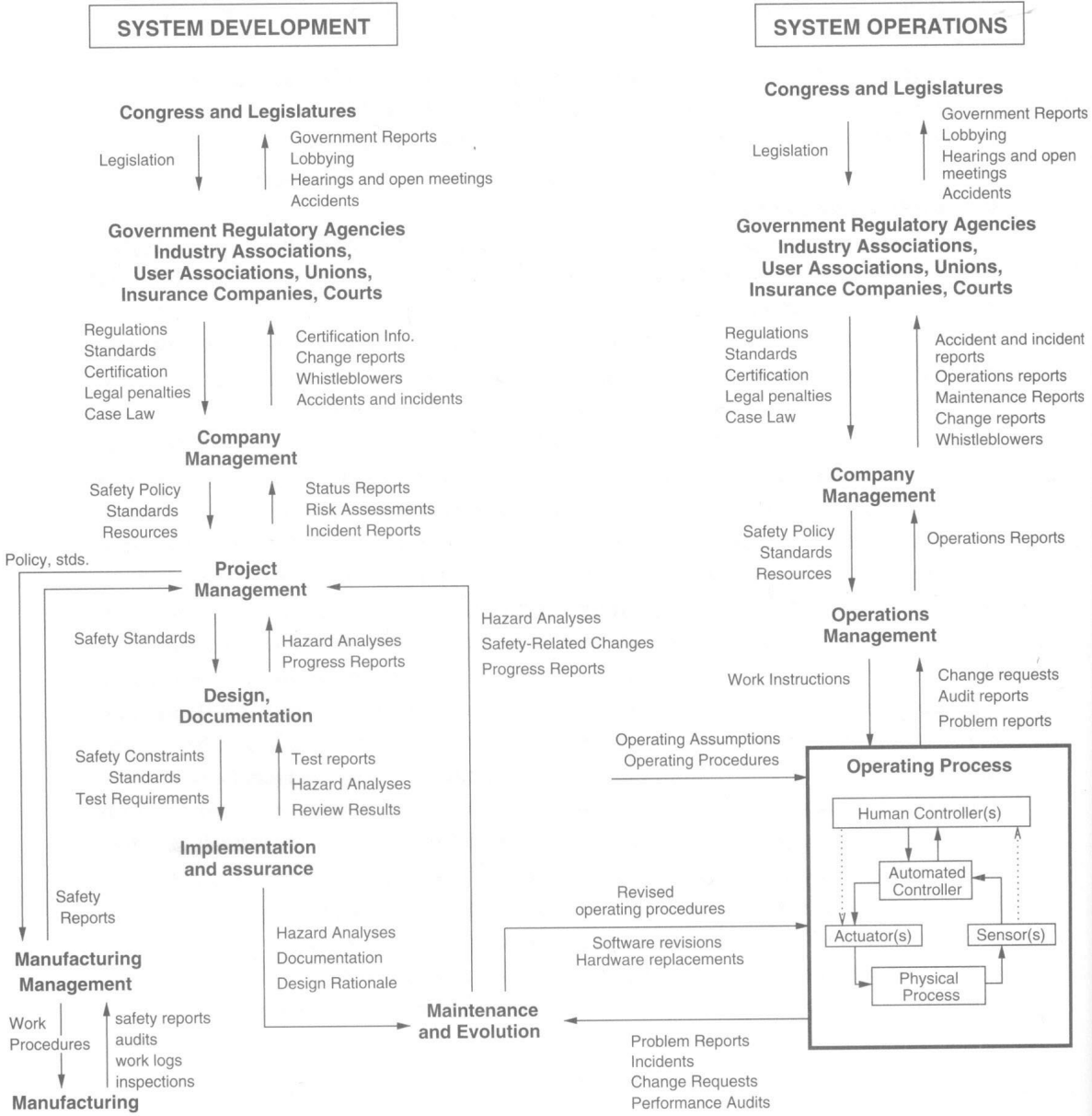
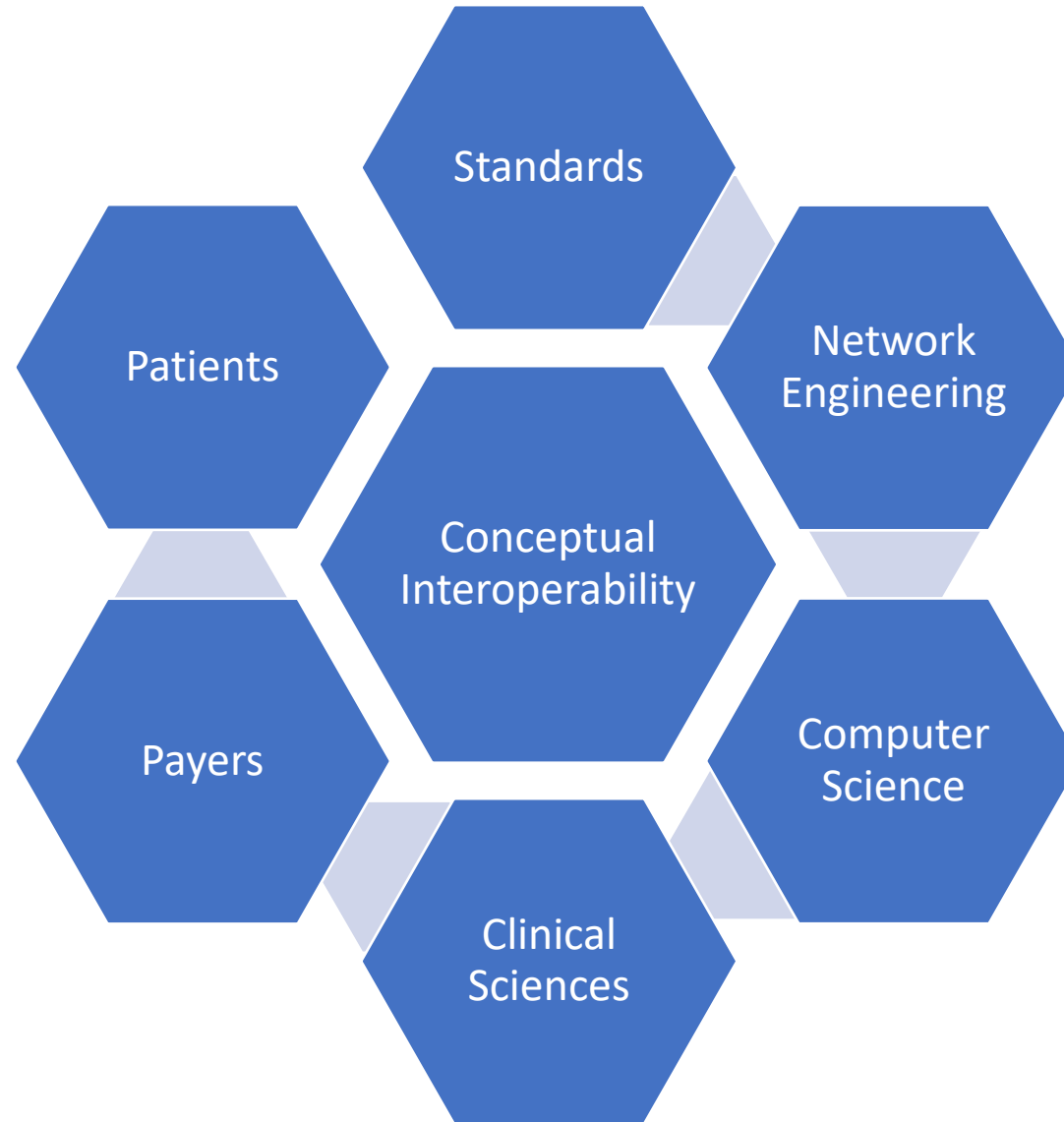


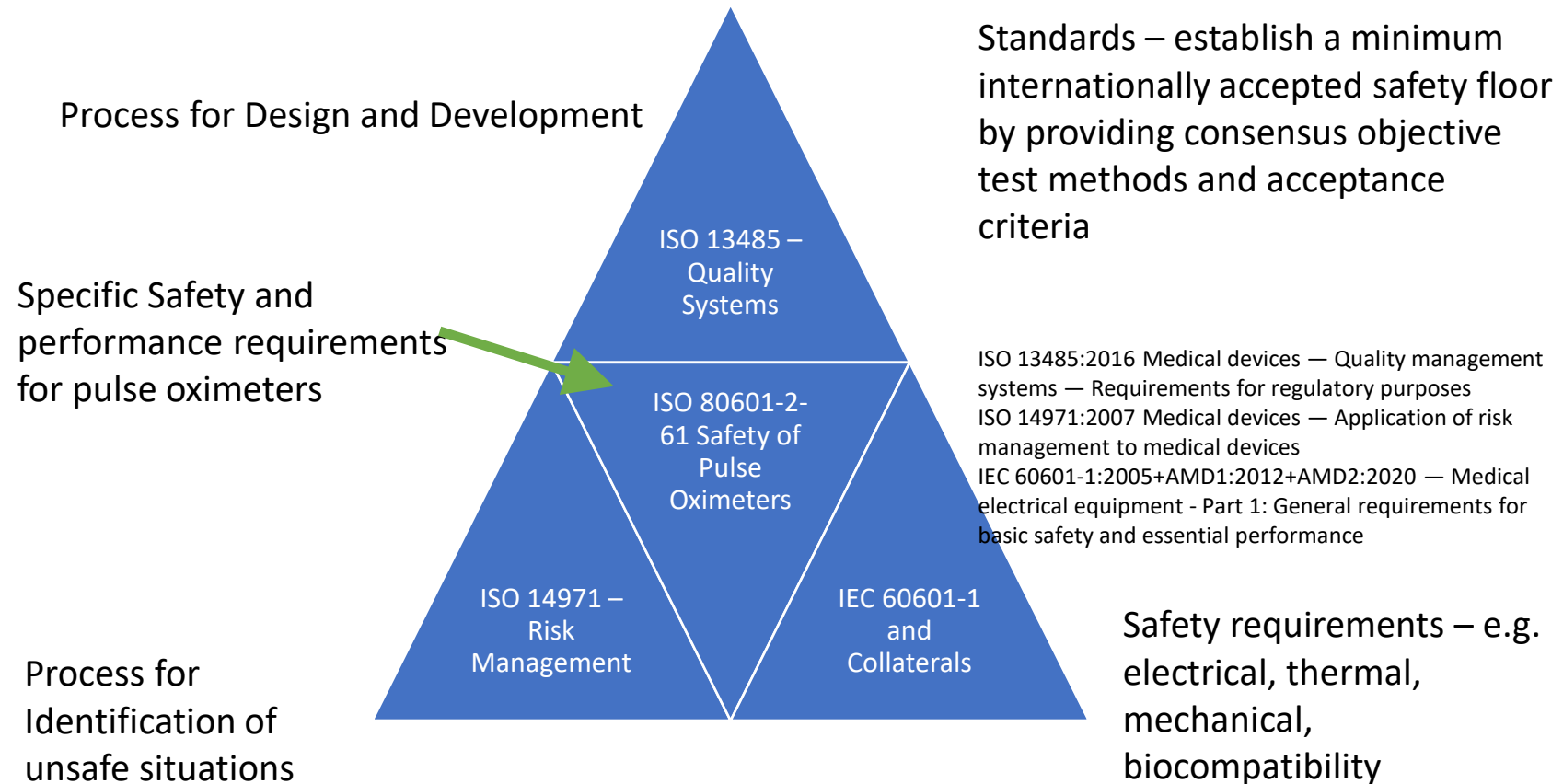
Fig. 4.4 from Leveson. (©2011 by Nancy G. Leveson. All rights reserved. Used with permission.)

Figure 4.4
General form of a model of sociotechnical control.

quilt



Medical Device (Pulse Oximeter) Safety Standards





CORRESPONDENCE



Racial Bias in Pulse Oximetry Measurement

In the multicenter cohort, the unadjusted analyses involving patients with an oxygen saturation of 92 to 96% on pulse oximetry showed an arterial blood gas oxygen saturation of less than 88% in 160 of 939 measurements in Black patients (17.0%; 95% CI, 12.2 to 23.3) and in 546 of 8795 measurements in White patients (6.2%; 95% CI, 5.4 to 7.1).

In device applications, the Food and Drug Administration requires reporting of demographic subgroups to mitigate risk. However, our findings highlight an ongoing need to understand and correct racial bias in pulse oximetry and other forms of medical technology.

Michael W. Sjoding, M.D.
 Robert P. Dickson, M.D.
 Theodore J. Iwashyna, M.D., Ph.D.
 Steven E. Gay, M.D.
 Thomas S. Valley, M.D.
 University of Michigan Medical School
 Ann Arbor, MI
 msjoding@umich.edu

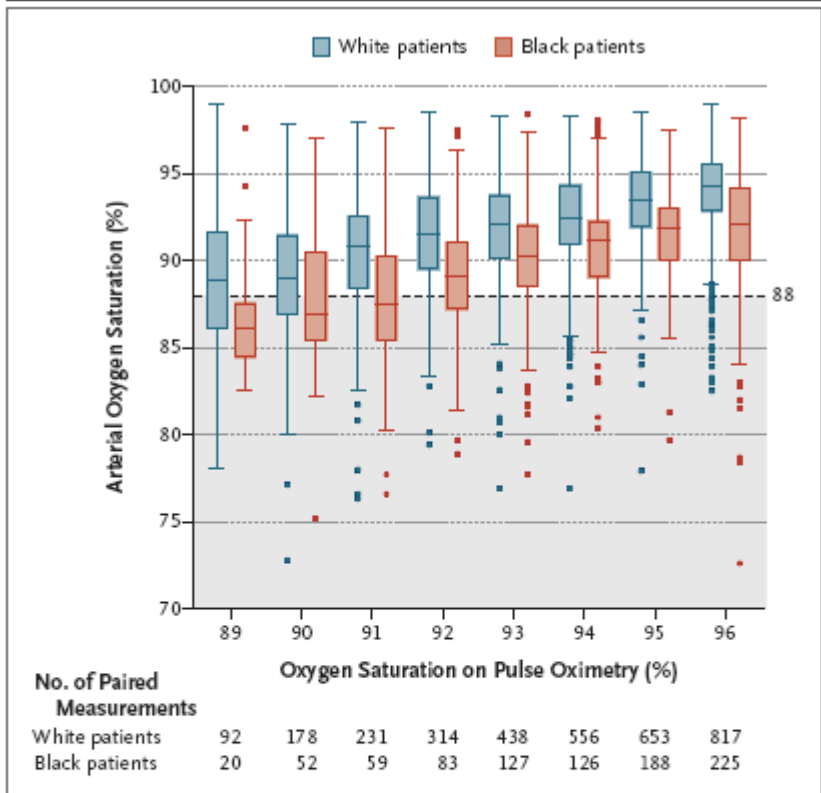


Figure 1. Accuracy of Pulse Oximetry in Measuring Arterial Oxygen Saturation, According to Race.
 Shown is a comparison of paired measurements of pulse oximetry readings of oxygen saturation and time-matched directly measured arterial oxygen saturation among hospitalized patients who were stratified according to race. The shaded area indicates an arterial oxygen saturation of less than 88%. In the box plot, the horizontal line within each box represents the median, the top and bottom of each box represent the upper and lower limits of the interquartile range, and the whiskers represent 1.5 times the interquartile range. Outliers outside this range are indicated by data points.

Questions

Contact me

Email: sandy.Weininger@fda.hhs.gov

Lab: FDA/CDRH/OSEL/DBP (Division of Biomedical Physics)