Optimizing oxygen saturation monitoring to aid decisionmaking during simulated neonatal resuscitation

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Background

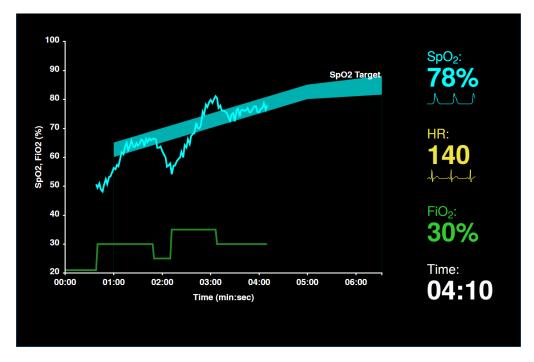
 NRP protocol specifies SpO_2 monitoring for O_2 supplementation

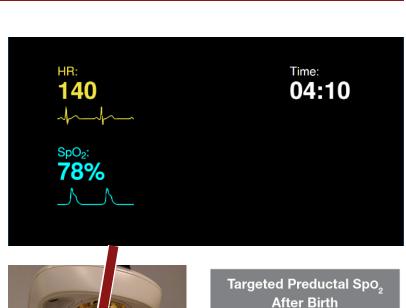
ULucile Packard

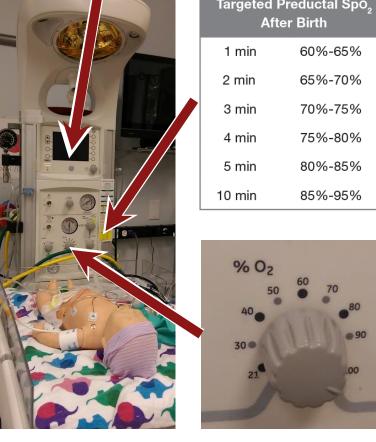
Stanford

Children's Hospital

 Visual SpO₂ targeting systems display SpO₂ curve against targets





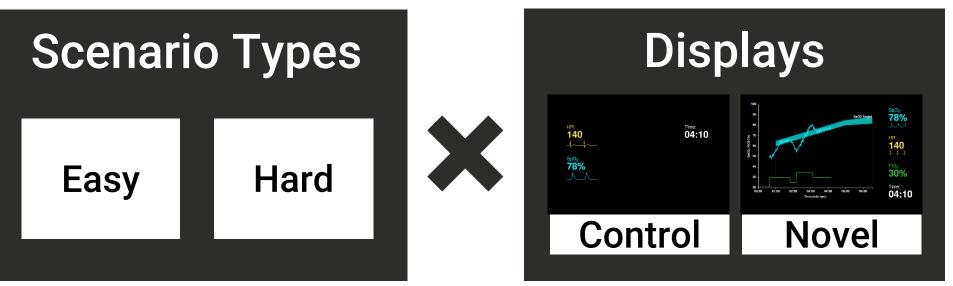


Objectives

- Introduce visual SpO₂ targeting system
- Measure effects on decision-making and visual attention for team leaders

Methods

- Simulated 4 min resuscitation scenarios
- Subjects act as team leader



- Crossover study, random scenario orders
- Subjects wear eye gaze tracking glasses

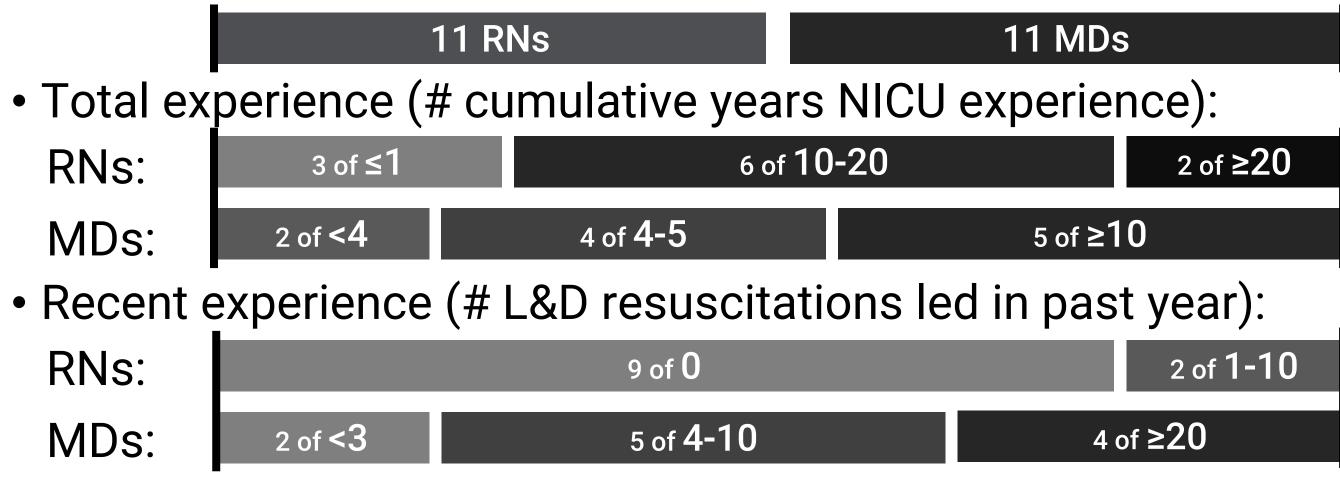
- RNs: MDs:
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- 0:
 - >0:

- Easy: Hard:
- - Easy:
 - Hard:

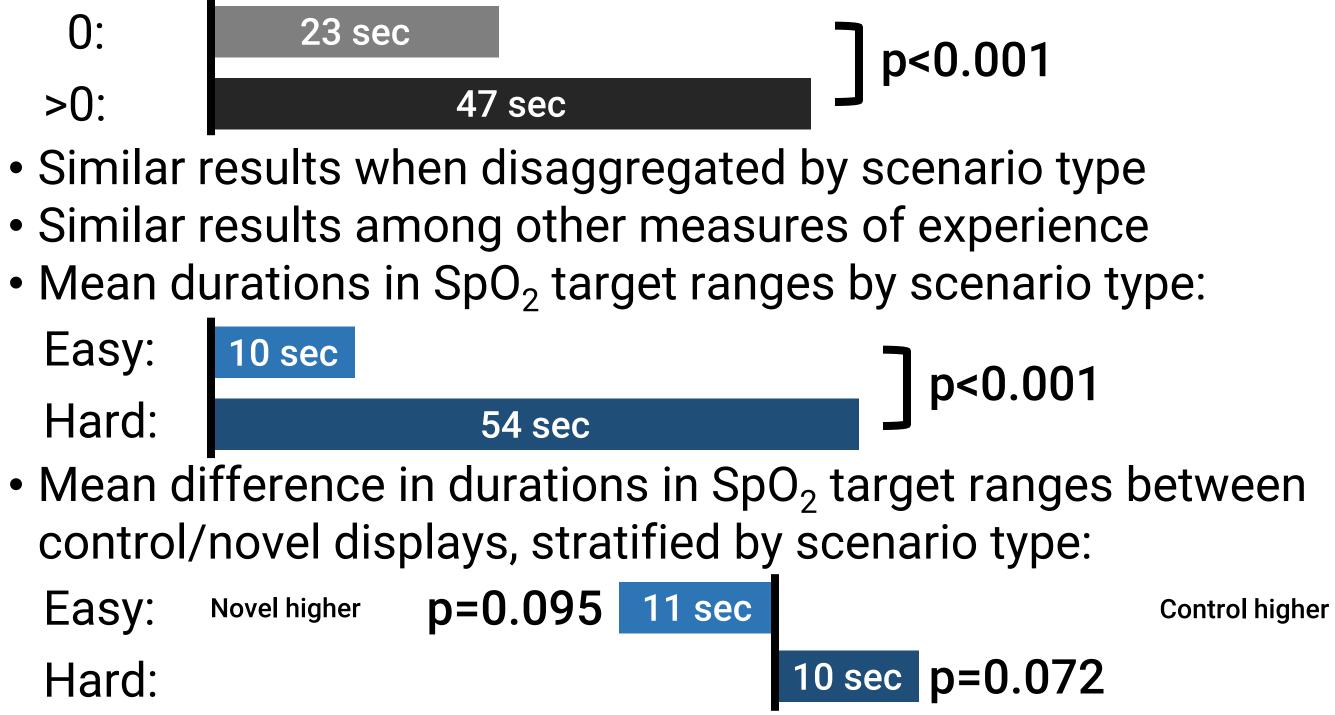
Subjects

 22 participants recruited with current NRP certifications • Training (education):



Performance

• Highest possible duration in NRP SpO₂ target range: **180 sec** • Highest measured duration in SpO2 target range: Easy: 120 sec; Hard: 90 sec (optimal subject performances) • Mean durations in SpO₂ target ranges by recent experience (0 L&D resuscitations vs. >0 L&D resuscitations led):





Effect of Experience

- Stratify recent experience & scenario type: novel display produces significant improvements only for easy scenario + >0 L&D resuscitations led in past year p=0.015 25 sec Novel higher
- No significant differences otherwise

Visual Attention

 Mean difference in durations of visual attention between control/novel displays: Novel higher Control higher p=0.088 10 sec

SpO₂ number:



• Stratify recent experience & scenario type: >0 L&D and hard scenario show additional differences not seen in other aroups: Infant:

11 sec

Monitor:

Apgar timer:

seen in other groups:		
	17 sec	p=0.024
20 sec		p=0.019
	9 sec	p=0.018

p=0.007

Conclusions

- Training & cognitive workload affect visual attention patterns and use of displays
- Prior training crucial for effective use of novel display, particularly when users have high cognitive workload