

User Views of Avatar-Based Sequential Mixed-Methods Patient Monitoring in Intensive Care Units: An International Investigation

Riyoour Koulo*

Department of Anesthesiology, University Hospital Zurich, Raemistrasse 100, 8091 Zurich, Switzerland

Abstract

Intensive Care Units (ICUs) play a vital role in the care and treatment of critically ill patients, often involving continuous monitoring of their vital signs and conditions. With the advancement of technology, there has been a growing interest in avatar-based patient monitoring, where digital representations of patients are created to enhance real-time data visualization and clinical decision-making. This article presents an international investigation into user views of avatar-based sequential mixed-methods patient monitoring in ICUs, exploring the potential benefits, challenges, and ethical considerations associated with this innovative approach.

Keywords: Siponimod • Spine • Neuroinflammatory

Introduction

ICUs have traditionally relied on a combination of devices and manual assessments to monitor patients' vital signs and overall condition. These systems, while effective, can be labor-intensive and may lead to information overload for healthcare providers. Recent technological advances have led to the development of more integrated and automated monitoring systems. These innovations aim to improve data collection, analysis, and visualization, ultimately enhancing patient care. Avatar-based sequential mixed-methods patient monitoring involves creating digital avatars that represent the patient. These avatars integrate real-time data from various monitoring devices, creating a dynamic visualization of the patient's status. This approach combines quantitative data, such as vital signs, with qualitative information, such as patient-reported symptoms and experiences [1,2].

Literature Review

Avatars offer a holistic view of a patient's condition, allowing healthcare providers to quickly identify trends, anomalies, and potential issues. By integrating quantitative and qualitative data, avatars facilitate more informed clinical decisions and treatment adjustments. Avatar-based monitoring can streamline the presentation of information, reducing the cognitive burden on healthcare providers. Involving patients in their care through avatar-based monitoring can improve their understanding of their condition and treatment. An international investigation into user views of avatar-based sequential mixed-methods patient monitoring in ICUs was conducted through surveys, interviews, and focus groups involving healthcare professionals, patients, and their families. The study aimed to gather perspectives on the use of avatars in different cultural and clinical contexts. Enhanced Clinical Decision-

Making: Healthcare providers appreciated the ability of avatars to provide a comprehensive overview of the patient's condition, aiding in quicker and more accurate clinical decisions [3,4].

Discussion

The international investigation revealed variations in how avatar-based monitoring was perceived across different cultural contexts. Cultural factors, beliefs, and healthcare systems played a role in shaping user views and acceptance of this innovative approach. The implementation of avatar-based monitoring systems can be technically complex. Integration with existing electronic health records, interoperability with different monitoring devices, and data security issues must be addressed to ensure the successful adoption of this technology. The collection and storage of patient data for avatar creation raise concerns about data privacy and security. Ensuring that patient data is handled in a compliant and secure manner is crucial. Patients and their families must be adequately informed about the use of avatar-based monitoring and provide consent. Transparency in how their data is used is essential. Cultural beliefs and norms regarding healthcare and data privacy may influence patient and family acceptance. Healthcare providers must be culturally sensitive when introducing this technology. Healthcare systems need to adapt to accommodate avatar-based monitoring, which may require updates to legal and regulatory frameworks to ensure compliance and accountability[5,6].

Conclusion

The international investigation into user views of avatar-based sequential mixed-methods patient monitoring in ICUs reveals both the potential benefits and challenges associated with this innovative approach. Healthcare providers appreciate the enhanced clinical decision-making and reduced data overload that avatars offer, while patients and families value improved understanding and communication. However, the implementation of avatar-based monitoring systems requires addressing technical challenges, ethical concerns, and adapting to different cultural contexts. As technology continues to advance, the healthcare industry must carefully navigate these issues to ensure that avatar-based monitoring contributes to better patient outcomes and an improved ICU experience for all stakeholders.

Acknowledgement

None.

*Address for Correspondence: Riyoour Koulo, Department of Anesthesiology, University Hospital Zurich, Raemistrasse 100, 8091 Zurich, Switzerland, E-mail: riyoourk@gmail.com

Copyright: © 2023 Koulo R. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 03 October, 2023, Manuscript No. japre-23-119764; **Editor Assigned:** 05 October, 2023, PreQC No. P-119764; **Reviewed:** 17 October, 2023, QC No. Q-119764; **Revised:** 23 October, 2023, Manuscript No. R-119764; **Published:** 30 October, 2023, DOI: 10.37421/2684-5997.2023.6.200

Conflict of Interest

None.

References

1. Kasirajan, Vigneshwar, Nicholas G. Smedira, James F. McCarthy and Filip Casselman, et al. "Risk factors for intracranial hemorrhage in adults on extracorporeal membrane oxygenation." *Eur J Cardio-Thorac Surg* 15 (1999): 508-514.
2. Cantor, Warren J., Julie M. Miller, Anne S. Hellkamp and Judith M. Kramer, et al. "Role of target vessel size and body surface area on outcomes after percutaneous coronary interventions in women." *Am Heart J* 144 (2002): 297-302.
3. Rocha, Rodolfo V., Derrick Y. Tam, Reena Karkhanis and Rashmi Nedadur, et al. "Multiple arterial grafting is associated with better outcomes for coronary artery bypass grafting patients." *Circulation* 138 (2018): 2081-2090.
4. Laslett, Lawrence J., Peter Alagona, Bernard A. Clark and Joseph P. Drozda, et al. "The worldwide environment of cardiovascular disease: Prevalence, diagnosis, therapy, and policy issues: A report from the American college of cardiology." *J Am Coll Cardiol* 60 (2012): S1-S49.
5. Urbanowicz, Tomasz, Michał Michalak, Anna Olasińska-Wiśniewska and Assad Haneya, et al. "Gender differences in coronary artery diameters and survival results after off-pump coronary artery bypass (OPCAB) procedures." *J Thorac Dis* 13 (2021): 2867.
6. Bucerius, Jan, Jan F. Gummert, Thomas Walther and Michael A. Borger, et al. "Impact of off-pump coronary bypass grafting on the prevalence of adverse perioperative outcome in women undergoing coronary artery bypass grafting surgery." *Ann Thorac Surg* 79 (2005): 807-812.

How to cite this article: Koulo, Riyoour. "User Views of Avatar-Based Sequential Mixed-Methods Patient Monitoring in Intensive Care Units: An International Investigation." *J Anesth Pain Res* 6 (2023): 200.