



Leitstelle Kopenhagen – Use of AI in medical dispatch

EMDC-Copenhagen case



Disclosure

I have no actual or potential conflict of interest in relation to this research project

- Received an unrestricted research grant from TrygFoundation
- Received centresupport from Laerdal

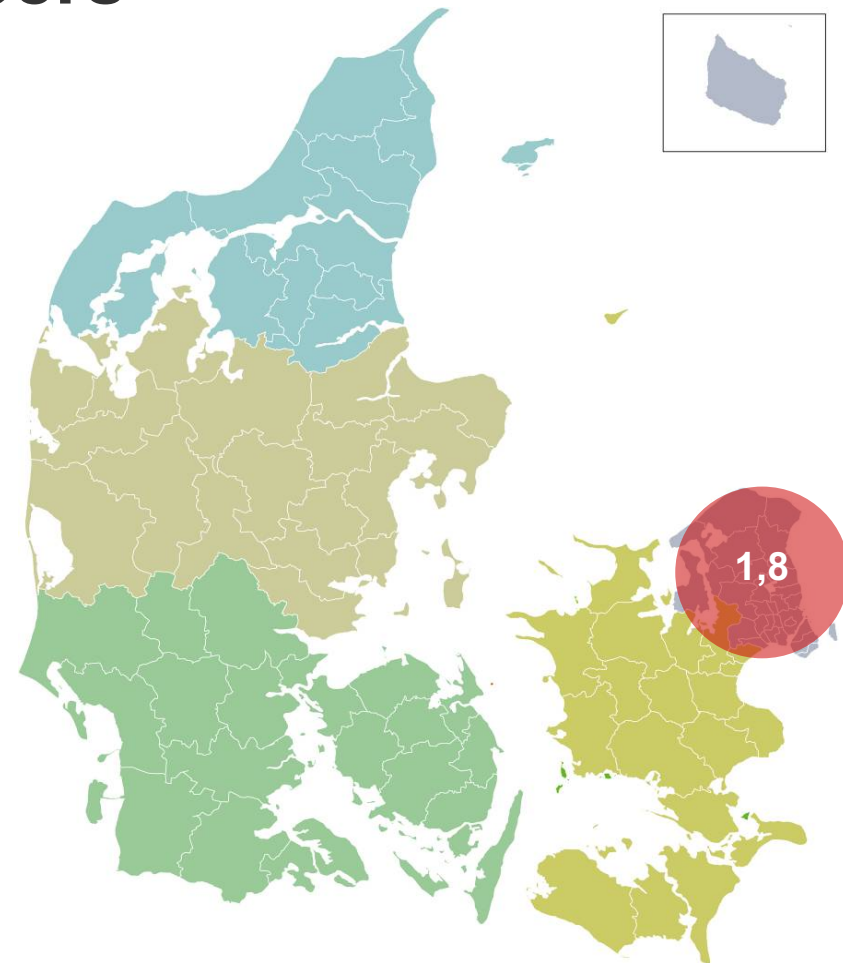


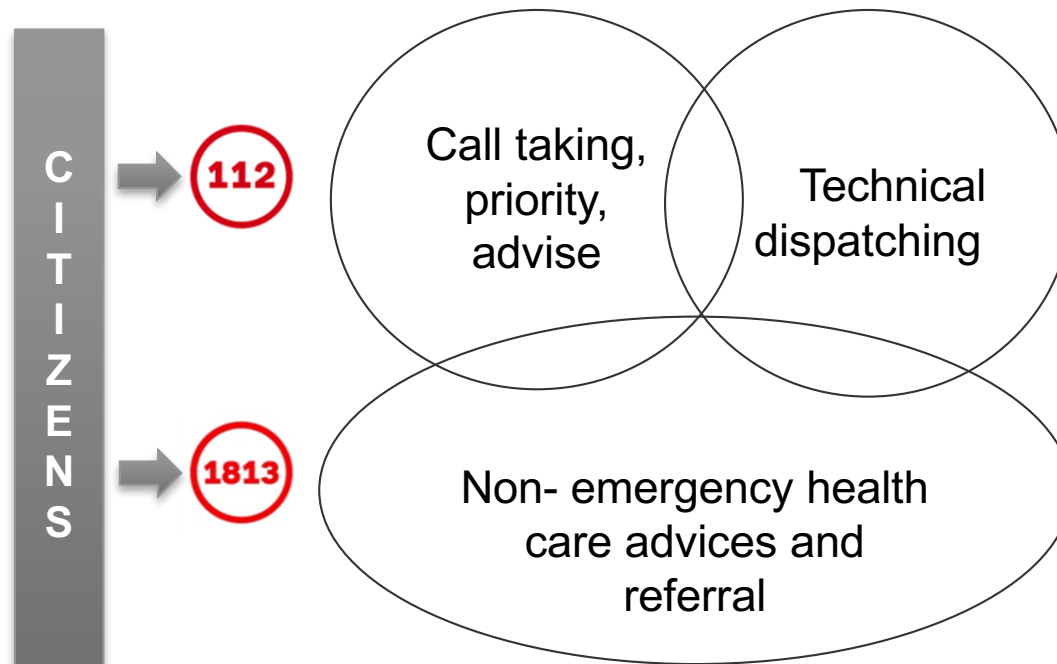
Health Care System in Denmark

- Population 5.6 mio
- A public health care system
- Equal and free access for all citizens
- Financed through general taxes
- EMS is part of the Health Care System

Kopenhagen – in numbers

- Population 1,8 million
- 29 municipalities
- 40.400 employees
- 1 Emergency Medical Dispatch Service
- 5 university hospitals
- A level 1 trauma Centre





- Ambulance with EMT
- Ambulance with PM
- MCCU
- HEMS
- Patient Transfers
- Psychiatric MCU
- Advise and self care
- ED referral
- Psychiatric referral
- Dental Care
- Hospitalization
- GP
- Others



Activities per year

134.000 Emergency medical calls (1-1-2)

923.000 Calls to the Medical Helpline 1813

154.000 Emergency ambulance missions

17.000 Mobile Critical Care Unit (Physician-staffed) missions

10.000 Inter-hospital transfers

24.000 Scheduled ambulance tasks

63.000 Patient transfers – non-emergency

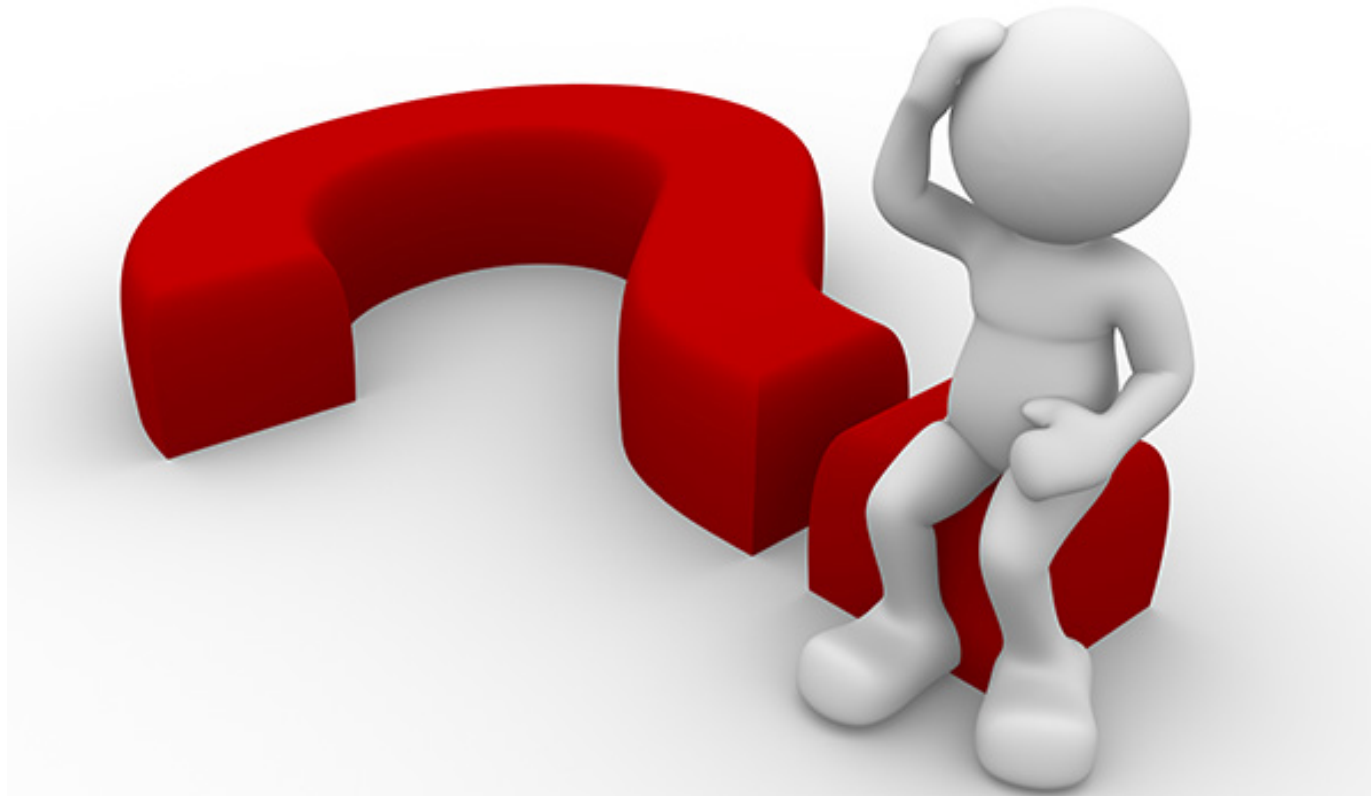
1.000 Mobile prehospital psychiatric care unit tasks

15.000 Home consultations

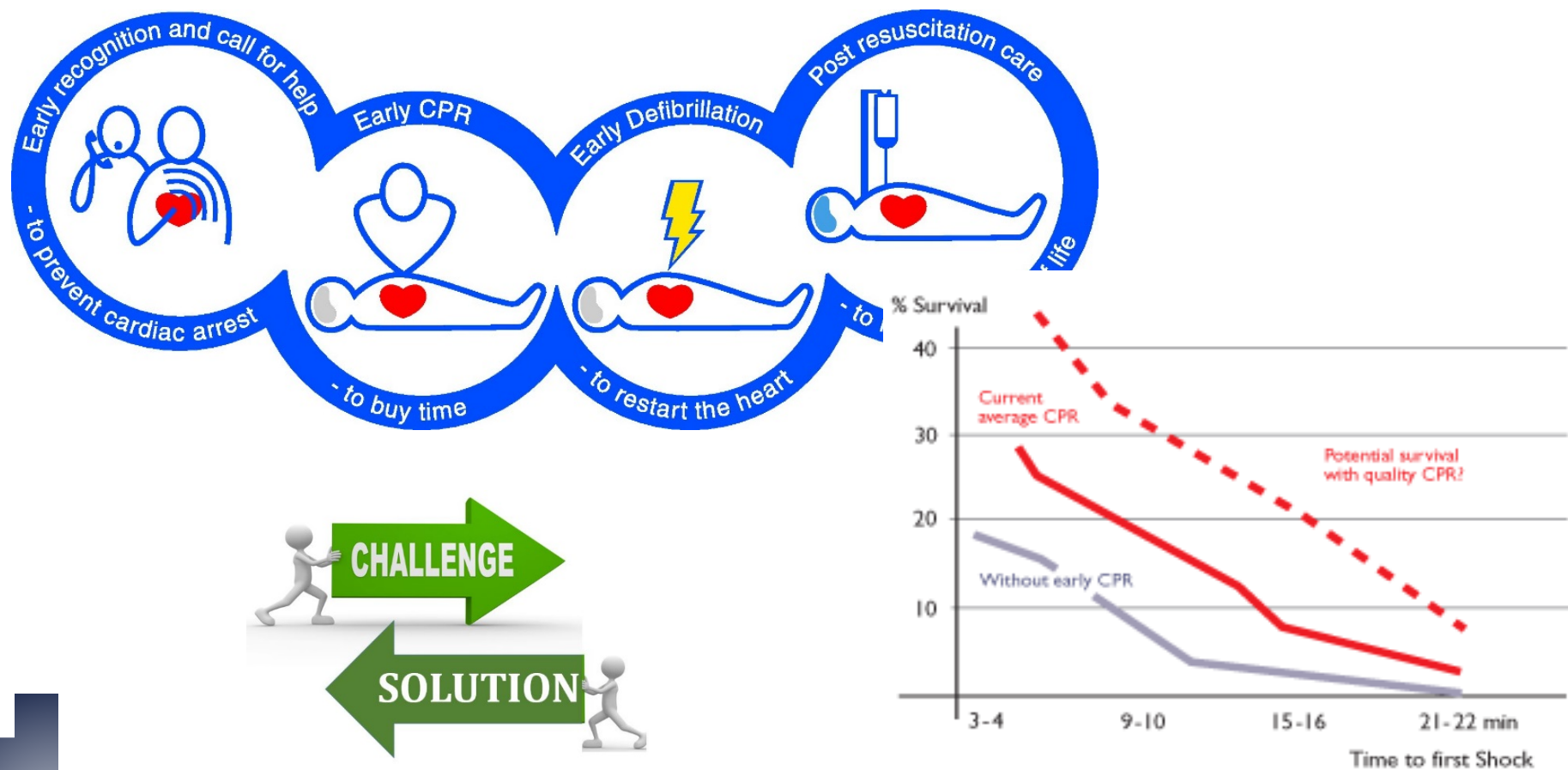
1.000 Helicopter Emergency Medical Services missions



How can we use AI in medical dispatch The EMDC-Copenhagen case



Why is artificial intelligence relevant for Out-of-Hospital Cardiac Arrest?



Out-of-hospital cardiac arrest is the challenge

- We have trained dispatchers in recognising OHCA
- We use decision support tools
- Still, we recognize just about 75% of all cardiac arrest on phone



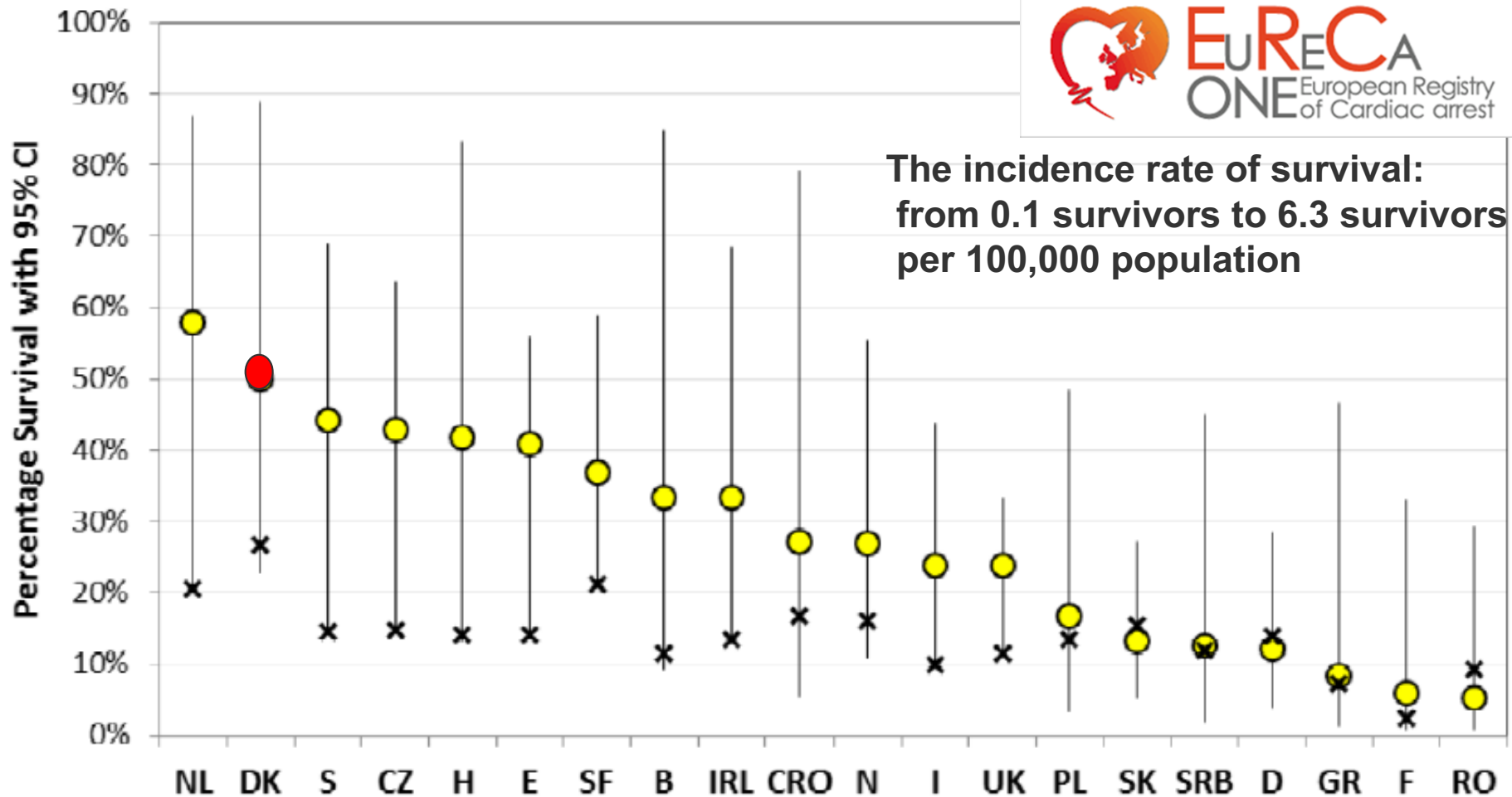
08 Blødning - ikke traumatisk

1	KRITERIER	RÅD	Audilge med	Paramediser med	Lægehelikopter	Ambul	1. hjælp	2	RESPONS
	Blødning fra underlivet: Se 18 Gyn. - svangerskab Ved næseblødning, se kapitel 36								
A. Akut	A.08.01 Reagerer ikke på tiråb eller smertestimuli.	10							ALH: Se instruks
	A.08.02 Fortsat vågen, men er ved at besvime.	1.2.3. 6.7							
	A.08.03 Hurtig vejrtrækning og/eller fornemmelse af ikke at få luft nok	1.2.6.7							
	A.08.04 Bleg og kiam og bløder fortsat.	2.3.6.7							
	A.08.05 Hostet meget frisk blod op.	2.6.7							
	A.08.06 Kaster meget rødt, frisk blod op.	2.3.6.7							
	A.08.07 Kaster gammelt blod op, som ligner kaffegrums, og virker medtaget og svag.	2.3.6.7							
	A.08.08 Stærke frisk, rød blødning fra endetarmen.	2.3.6.7							
	A.08.09 Pludselig større sort (sjældnende afføring, og pt. føler sig utilpås.	2.3.6.7							
	A.08.10 Stor blødning i mere end 20 minutter, og pt. føler sig utilpås.	2.3.6.7							
	A.08.11 Stærke blødning efter operation i halsen.	3.4.6.7							
	A.08.12 Blødningen er stoppet, men pt. er fortsat bleg og kiam, og føler sig utilpås.	2.3.6.7							
	A.08.13 Kraftig blødning efter nylig kirurgi, KAG mm.	2.3.4.5. 7.8							
B. Hæster	B.08.01 Kaster lidt rødt, friskt blod op. Alment ok og upåvirket.	2.3.6.7 8							
	B.08.03 Bløder efter operation i halsen, men blødningen er aftaget.	3.4.7							
	B.08.04 Blødning efter nylig kirurgi, KAG mm. men blødningen er aftaget.	2.3.4.5. 7.8							
C. Pansigte	C.08.01 Kaster gammelt blod op, men virker ikke medtaget.	2.3.6.7 8							
	C.08.02 Meget sort, sjældnende afføring. Alment OK, og upåvirket.	8							
	C.08.03 Kraftig næseblødning, som har været mere end 20 min. Pt. upåvirket.	6.7.8.9							
	C.08.04 Blod i urinen. Kan ikke lade vandet.	9							
D. Lige transport	Ingen kriterier i denne kategori i dette opslag!								



EURECA One study in Resuscitation 2016

Survival to Hospital discharge in witnessed and shockable rhythm





Can AI help ? How EMDC-Copenhagen uses AI.

- We set out to investigate if AI can be used as a decision support tool in medical dispatch
- It is a tool for support, not a final bottom line





Can AI recognize cardiac arrest from audio. Retrospective study all calls in 2014

- 108,607 incidents with call to -1-2
- 918 calls regarding cardiac arrest
- 84.1% recognised by AI (95% CI: 81.6-86.4)
- 72.4% (95% CI: 69.4-75.3). Recognised by Dispatch
- 107 previously unrecognised OHCA recognised

Status	Medical dispatch	Machine learning framework
Recognized cardiac arrests	665	772
Unrecognized cardiac arrests	253	146
Cardiac arrest in population	918	918



Available online at www.sciencedirect.com

Resuscitation

journal homepage: www.elsevier.com/locate/resuscitation



Clinical paper

Machine learning as a supportive tool to recognize cardiac arrest in emergency calls

Stig Nikolaj Blomberg^{a,b,*}, Fredrik Folke^{a,b,c},
Annette Kjær Ersbøll^d, Helle Collatz Christensen^a,
Christian Torp-Pedersen^{e,f}, Michael R. Sayre^g,
Catherine R. Counts^g, Freddy K. Lippert^{a,b}

^a Emergency Medical Services Copenhagen, Denmark

^b Department of Clinical Medicine, University of Copenhagen, Denmark

^c Department of Cardiology, Gentofte University Hospital, Denmark

^d National Institute of Public Health, University of Southern Denmark, Denmark

^e Department of Clinical Epidemiology, Aalborg University Hospital, Denmark

^f Department of Health Science and Technology, Aalborg University, Denmark

^g Department of Emergency Medicine, University of Washington, United States



Multicenter study – Seattle case

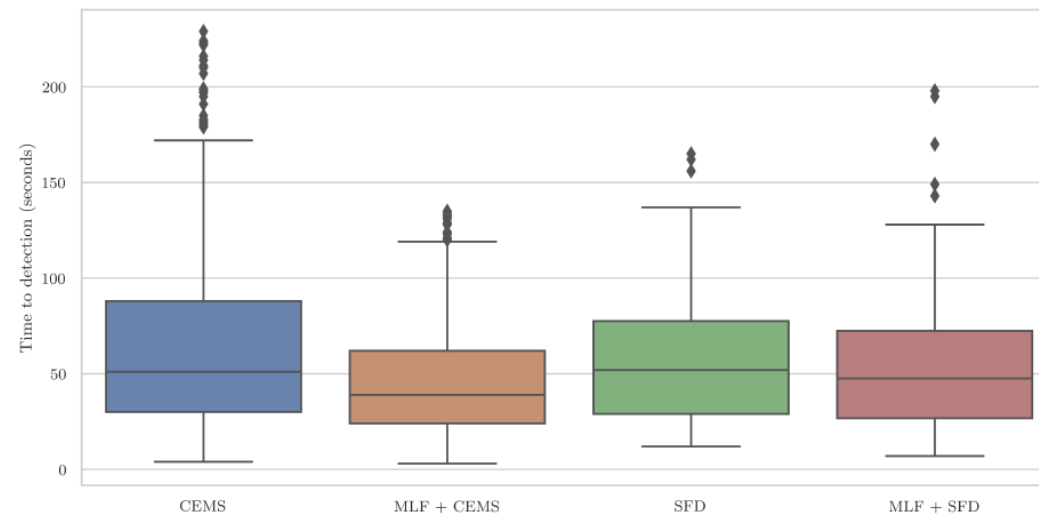


Figure 8: Boxplot comparing time-to-detection (TTD) of OHCA for the combination of MLF+CEMS and MLF+SFD as opposed to the EMDs at CEMS and SFD. Top 5% is excluded.



Can AI work on live audio in clinical practice

- Prospective randomised trial
- Started september 2018
- 8-9 months, at least 328 stops in each group
- Dispatchers in intervention group will receive alert in case of AI recognised cardiac arrest
- Alert: Dispatch A1; repeat No-No-Go; Dispatch Heartrunners



Happening right now



Challenges using AI

- Data ethics
- Overfitting model
- Public opinion on data usage
- Data validation and “time changes”
- Black box vs known impact of single factors





Thank you.

My supervisors

Freddy Lippert

MD, Associate Professor, FERC, CEO
Emergency Medical Services Copenhagen

Helle Collatz Christensen

MD, PhD,
The Danish Clinical Registries (RKKP)

Fredrik Folke

MD, PhD, Associate Professor
Copenhagen University Hospital, Gentofte

Annette Kjær Ersbøll

MSc, PhD, Professor, National Institute of
Public Health



Laerdal
helping save lives

TrygFonden

Corti



Demonstration

