Linking Medical Records to an Expert System

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This presentation will be done using the IMR-Entry (Intelligent Medical Record Entry) system. IMR-Entry is a software program developed as a front-end to our diagnostic consultant software MEDAS (Medical Emergency Decision Assistance System).

MEDAS (the Medical Emergency Diagnostic Assistance System) is a diagnostic consultant system using a multimembership Bayesian design for its inference engine and relational database technology for its knowledge base maintenance. Research on MEDAS began at the University of Southern California and the Institute of Critical Care in the mid 1970's with support from NASA and NSF. The MEDAS project moved to Chicago in 1982; its current progress is due to collaboration between Illinois Institute of Technology, The Chicago Medical School, Lake Forest College and NASA at KSC. We acknowledge the support provided by Dr. Daniel Woodard, Dr. Paul Buchanan and Dr. Ronald White.

MEDAS DISORDER PATTERN

Dec. 01, 1988
8: 45: 36 AM
Screen No. MED S20

Developed by UHS/CMS Computer Center

<<DISORDER PATTERN SYSTEM>>

Name: PULMONARY THROMBOEMBOLISM
Category: RESPIRATORY
Date Created: 02/13/87
Prevalence Rate: 0.07

F# Feature Name
P Pbar Post, When + Post, When -
1) 738 V/P LUNG SCAN: MMATCH VENT & (+) JUG .949 .050 .588 .004
2) 622 ANGIO: PULMONARY PERFUSION DEFECT .899 .050 .575 .008
3) 750 ECG - S1-Q3-T3 PATTERN .100 .009 .455 .064
4) 643 CXR: PULMONARY INFILTRATE UNILATERAL .200 .029 .342 .058
5) 174 S/O DEEP VEIN THROMBOPHLEBITIS .300 .100 .184 .055
6) 338 M.S. DEEP MUSCULAR TENDERNESS .300 .100 .184 .055
7) 485 PVS Pitting EDEMA UNILATERAL .300 .100 .184 .055
8) 630 V/P LUNG SCAN: EMBOLISM .600 .200 .184 .036
9) 747 H/O DEEP VEIN THROMBOSIS .300 .100 .184 .055
10) 638 CXR: ATELECTASIS .050 .019 .165 .068
11) 1179 CXR PLEURAL EFFUSION UNILATERAL .300 .119 .159 .056

1) Look 2) Create 3) Delete 4) Change prob 5) Sort option 6) Exit

This screen demonstrates the disorder pattern for Pulmonary Thromboembolism. Since the purpose of an expert system is to derive a hypothesis, its communication vocabulary is limited to features used by its knowledge base. Recognizing this problem our team in Chicago, for the last five years, has been working on the development of a comprehensive problem based medical record entry system which could handshake with an expert system while creating an electronic medical record at the same time.

IMR-E is a computer based patient record that serves as a "front end" to the expert system MEDAS. IMR-E is a graphically oriented comprehensive medical record. We demonstrate the program's major components in the following article:

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IMR-Entry requires the provider to identify themselves before he or she is allowed to use the system. This Identification is used to tag all of the data created for the given session by the entry person's identification.

The following screen will appear by clicking on the Patient Information icon:

The patient selection screen can be integrated with any in-place demographics screen to eliminate the duplication of entry.
By clicking on the icon the user will return to the following screen.

As you can see this is comprehensive and covers all of the sections for the physician's entry. The navigational icons were designed to aid the physician at each step of entry.

By clicking on the icon , the following screen appears:

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There are 95 complete complaint programs. Each program allows the physician to custom create a paragraph for a given complaint by using the computer mouse. Each program manages between 20 to 50 objects which are displayed on 3 to 5 screens.

This is the first screen for Abdominal Pain Chief Complaint. We can select the appropriate options by simply clicking on them.

By clicking on the we get the second screen for Abdominal Pain.
The onset of the abdominal pain has been sudden and has been occurring for 12 hours. The pattern of the abdominal pain has been persistent. Its course has been increasing. The abdominal pain is located in the right lower quadrant with radiation to the left flank and left lower quadrant. It is aggravated by coughing, standing and walking while relief is obtained by nothing. The abdominal pain is characterized as sharp and stabbing. The severity of the pain is colicky.

The last screen for this complaint will appear by clicking on the icon.
When we continue clicking on the \( \rightarrow \) we move to the Additional Complaints Screen.

<table>
<thead>
<tr>
<th>Additional Complaints</th>
<th>abdominal pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testicular Pain</td>
<td></td>
</tr>
<tr>
<td>Tinnitus (Ringing in the Ears)</td>
<td></td>
</tr>
<tr>
<td>Unconsciousness</td>
<td></td>
</tr>
<tr>
<td>Urethral Discharge</td>
<td></td>
</tr>
<tr>
<td>Urinary Frequency (polyuria)</td>
<td></td>
</tr>
<tr>
<td>Urinary Incontinence</td>
<td></td>
</tr>
<tr>
<td>Vaginal Bleeding</td>
<td></td>
</tr>
<tr>
<td>Visual Disturbance</td>
<td></td>
</tr>
<tr>
<td>Visual Loss</td>
<td></td>
</tr>
<tr>
<td>Voice Changes</td>
<td></td>
</tr>
<tr>
<td><strong>Vomiting</strong></td>
<td></td>
</tr>
<tr>
<td>Weight Gain</td>
<td></td>
</tr>
<tr>
<td>Weight Loss</td>
<td></td>
</tr>
<tr>
<td>Wheezing</td>
<td></td>
</tr>
</tbody>
</table>

After selecting additional complaints, the system displays all the appropriate complaints that it has programmed for you. We could describe these complaints in more detail.
By selecting HISTORY folder we can enter all of the history information.

We must note that the Travel History is incomplete since does not include space travel history.

By selecting the PAST MEDICAL HISTORY Folder we get to the next screen.
The patient is a 41 year old married white male who presents with complaints of abdominal pain. The onset of the abdominal pain has been sudden and has been occurring for 12 hours. The pattern of the abdominal pain has been persistent. Its course has been increasing. The abdominal pain is located in the right lower quadrant with radiation to the left flank and left lower quadrant. It is aggravated by coughing, standing and walking while relief is obtained by nothing. The abdominal pain is characterized as sharp and stabbing. The severity of the pain is severe. It is associated with fever and...
When clicking the text icon, the system displays the current status of the final electronic report with the significant history within the first paragraph.

For the purpose of time, we will return to the first screen and show you other important features needed for a complete electronic medical record.

The next screen is the result of clicking on the REVIEW OF SYSTEM icon from the main screen. When the selections are made, the system requests the user to respond to the Positive or Negative of the given finding. This insures that significant negatives are entered into the system since the MEDAS expert system uses the negative of the finding as well as the positive.
The next screen is the result of clicking on the VITAL SIGN icon from the main screen.

![Vital Signs Screen](image)

The next screen is the result of clicking on the Physical Exam icon from the main screen.

![Physical Exam Screen](image)
There are three options for each selection: Normal, Normal Except, and Not Examined. Not Examined will print "not examined" on the report. The Normal will automatically print the significant normal on the report.

The next screen demonstrate the output by our selection. The HEET was selected as normal. Please note that the object that generates the significant normal can be modified to print more, or less information on the report.

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To select "normal except" for the abdominal exam, click on the Abdomen icon.

This action will start the abdominal exam program (the following screen). Each Physical Exam has its own unique options. In this exam the options are Inspection, Percussion, and Auscultation.
When selecting "Inspection" the screen controlling the Inspection objects is launched.

Inspection

- Skin
- Paradoxical movements
- Visible peristalsis
- Pulsations
- Hernias
- Contour
- Umbilicus
- Prominent veins

Each of the screens within the physical exam module manage 50 to 300 unique objects.

The following is an example of the "Percussion" screen.
The following is an example of the "Auscultation" screen.

This next screen demonstrates the output generated by the physical exam.

VITALS
Supine BP 120/80  Supine HR 88  Temp 102F  RR 22  Wt 170

ABDOMEN
Pulsations - RLQ
Tenderness - RLQ, Absent
Borborygmi - RLQ
When clicking on the FD button on the lower part of the screen, the system generates the term dictionary that can be used to communicate to the expert system.

As you can see, the system generates many terms for this very simple exam. The current system generates over 65,000 terms while the current MEDAS data dictionary has only 1,750 of these terms.

In conclusion we have demonstrated the need of an independent and complete front-end to a medical expert system.