INTEL UNNATI INTERNSHIP 21-25 BATCH EECE

INNOVATIVE MONITORING SYSTEM FOR TELE-ICU PATIENTS USING VIDEO PROCESSING AND DEEP LEARNING

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- 1.TeleICU is concept for monitoring ICU patients from remote locations to reduce the burden of on-site intensivist.
- 2. Currently there are multiple products available in this domain where one profession seating at remote location physically monitors one or two remote patients in TeleICU.
- 3. The proposed solution should work to reduce the burden of remote health care professional so, one remote health care professional can monitor 5 or more patients at single time.



IDEA BRIEF (SOLUTION)

- High-Resolution Camera Network
- Video Processing Algorithms
- Integration with Electronic Health Records (EHR)
- Real-Time Alerts and Notifications
- Data Analytics and Reporting

FEATURES

- **Enhanced Patient Monitoring**: Continuous, non-invasive monitoring of patients provides a detailed understanding of their condition.
- Early Detection of Critical Events: Deep learning models can predict and detect critical events early, allowing for prompt intervention.
- Improved Healthcare Efficiency: Reduces the workload on healthcare professionals by automating data collection and analysis.
- Better Patient Outcomes: Timely and accurate monitoring leads to improved patient outcomes and reduced mortality rates.
- **Cost-Effective**: Minimizes the need for expensive sensor-based equipment and reduces hospital stays by enabling remote monitoring.

Process Flow:

1.Initialization and Setup

- Start
- System Initialization: Set up hardware (cameras, sensors) and software.
- Patient Registration: Input patient details.

2. Data Acquisition

- Video Capture: Continuously capture video feeds.
- Sensor Data Collection: Gather additional vital signs data.

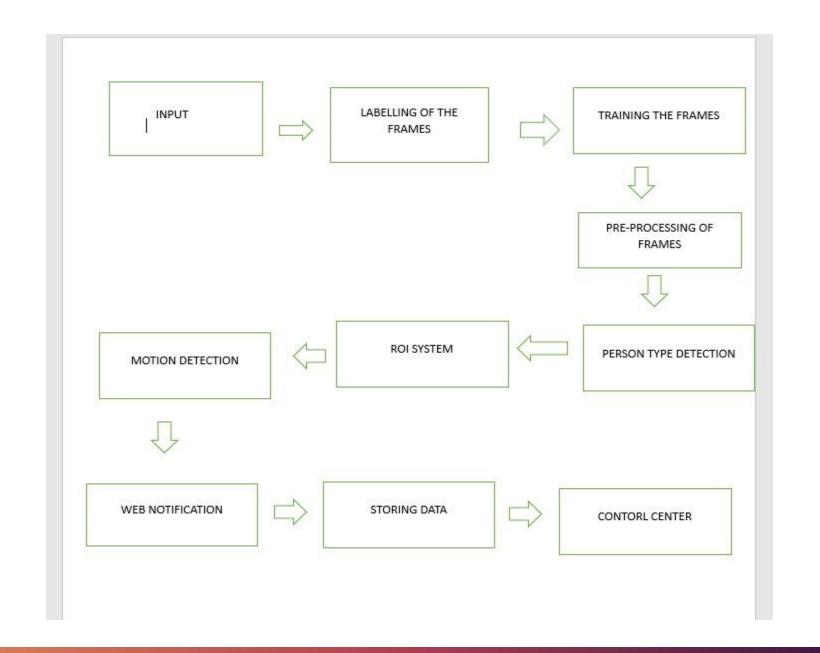
3.Pre-Processing

- Video Pre-Processing: Enhance video quality.
- Data Synchronization: Align video and sensor data.

4. Feature Extraction and Analysis

- Feature Extraction: Extract relevant features from video and sensor data.
- Deep Learning Analysis: Use models to detect anomalies.

- 5. Decision Making and Response:
- Anomaly Detection: Identify potential issues.
- Alert Generation: Notify healthcare providers.
- Action Recommendation: Provide actionable insights.
- Response Logging: Document actions taken.
- 6. Monitoring and Reporting
- Real-Time Monitoring: Dashboard for continuous observation.
- Report Generation: Periodic reports on patient health.
- Data Storage: Securely store data.
- 7. Maintenance
- Model Updates: Retrain models with new data.
- Hardware and Software Maintenance: Regular updates and checks.
- 8. End
- Patient Discharge: Deactivate monitoring for discharged patients.
- System Shutdown: Safe shutdown if needed.



TECHNOLOGIES USED

Video Processing Technologies:

- **1.Cameras and Sensors**: High-definition cameras and various sensors to capture real-time video and vital signs.
- **2.Image and Video Processing Algorithms**: Techniques for processing and analyzing video streams, such as:
- Motion detection
- Object tracking
- Face recognition

Deep Learning Technologies:

- Convolutional Neural Networks (CNNs): For image and video analysis tasks such as detecting patient movement, facial expressions, and vital signs.
- Recurrent Neural Networks (RNNs): Specifically, Long Short-Term Memory (LSTM) networks for analyzing time-series data and sequences in video.

Additional Technologies:

- Cloud Computing: Storing and processing large volumes of data, providing scalability and remote access.
- Internet of Things (IoT): Integrating various medical devices and sensors to collect comprehensive patient data.
- Natural Language Processing (NLP): For interpreting and analyzing textual data, such as doctors' notes or patient reports.
- Data Security and Privacy: Ensuring that patient data is protected using encryption and other security measures.

Software and Tools:

- OpenCV: An open-source computer vision and machine learning software library.
- **TensorFlow and Yolo**: Popular deep learning frameworks for building and training neural networks.

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CONCLUSION:

THE SYSTEM ACHIEVED HIGH ACCURACY IN IDENTIFYING INDIVIDUALS (92%) AND RECOGNIZING PATIENT ACTIVITIES (88%) WITH MINIMAL LATENCY (0.5-0.7 SECONDS PER FRAME). ERROR MARGINS WERE KEPT WITHIN ACCEPTABLE LIMITS, ENSURING RELIABILITY. THIS INNOVATIVE SOLUTION SIGNIFICANTLY ENHANCES THE EFFICIENCY OF REMOTE ICU MONITORING AND HAS STRONG POTENTIAL FOR REAL-WORLD APPLICATION.







