NEED TO KNOW ABOUT VENDOR NEUTRAL, OPEN ARCHITECTURE CONNECTIVITY?

THINK INDEPENDENT. THINK FLEXIBLE

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The hot buzzwords in the device connectivity industry today are vendor neutral and open architecture. What do they mean for your institution and its goal of comprehensive device integration?

VENDOR-NEUTRAL CONNECTIVITY

Vendor neutral simply means independent; in this case, the connectivity vendor specializes in medical device integration and does not have any business interest in either the medical devices that provide the data or in the applications that receive the data. The connectivity vendor focuses on providing the middleware and tools to manage all aspects of connectivity.

Vendor-neutral solutions don't completely leave device vendors out of the process, however. They still require that a medical device integration provider work closely with medical device manufacturers, health information system (HIS) and electronic medical record (EMR) EPR for international vendors to write software protocols and update software so the device-integration process works seamlessly.

Device-specific connectivity, which is the opposite of vendor-neutral, often fails to deliver such seamless results. For example, all data may not be captured or delivered because of device limitations. Sometimes, data gets filtered out along the chain of connected devices and gateways. A vendor-neutral approach, however, can capture all data from all devices to ensure that the hospital receives the information it needs to provide quality care, meet regulatory requirements, and exceed meaningful use requisites.

With vendor-neutral connectivity, hospitals can add and change devices as needed without losing existing device connectivity or investing in new systems. They can also connect any device to any information system, thus addressing differing departmental needs. These options help ensure connectivity today and tomorrow with "plug-and-play" architecture, that essentially makes devices and systems interoperable, and that bypasses the need to reconfigure the entire network as new devices are added.

OPEN-ARCHITECTURE CONNECTIVITY

One of the most frustrating parts of connecting devices and electronic data throughout a hospital system is that many methods have grown up organically to create what's called an "accidental architecture." That means trying to get devices, monitors, and other technologyies to connect even though they weren't designed to fit together. This often results in problems: incompatibilities, broken connections, or workarounds that suddenly don't work when something changes or is reconfigured — all of which are difficult to troubleshoot.

The alternate solution is open architecture, which places connectivity in the center of the system to deliver data from virtually any medical device to any information system. And, all through one HL7 feed to multiple systems for easier management and greater flexibility and scalability to customize what you need now, yet adapt to what you'll need in the future.

One of the biggest advantages of open architecture connectivity is that vendors can send data knowing it will be IHE-compliant (Integrating the Healthcare Enterprise) and receivable by any HIS, EMR, or alarm management system. Open architecture also enables hospital staff to create one unified clinical workflow for interacting with medical devices across multiple departments. Because the integration system works with departmental information systems as well as the main HIS, each area of the hospital gets what it needs up front rather than trying to modify the system as it moves into the department. This also means there's no need to retrain staff on variations between departments.

Here's the takeaway: vendor neutral means independent and open architecture means flexibility and scalability. Both are important components required to create a quality, easy-to-use, scalable medical device connectivity system that maximizes financial, time, and personnel investments.

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