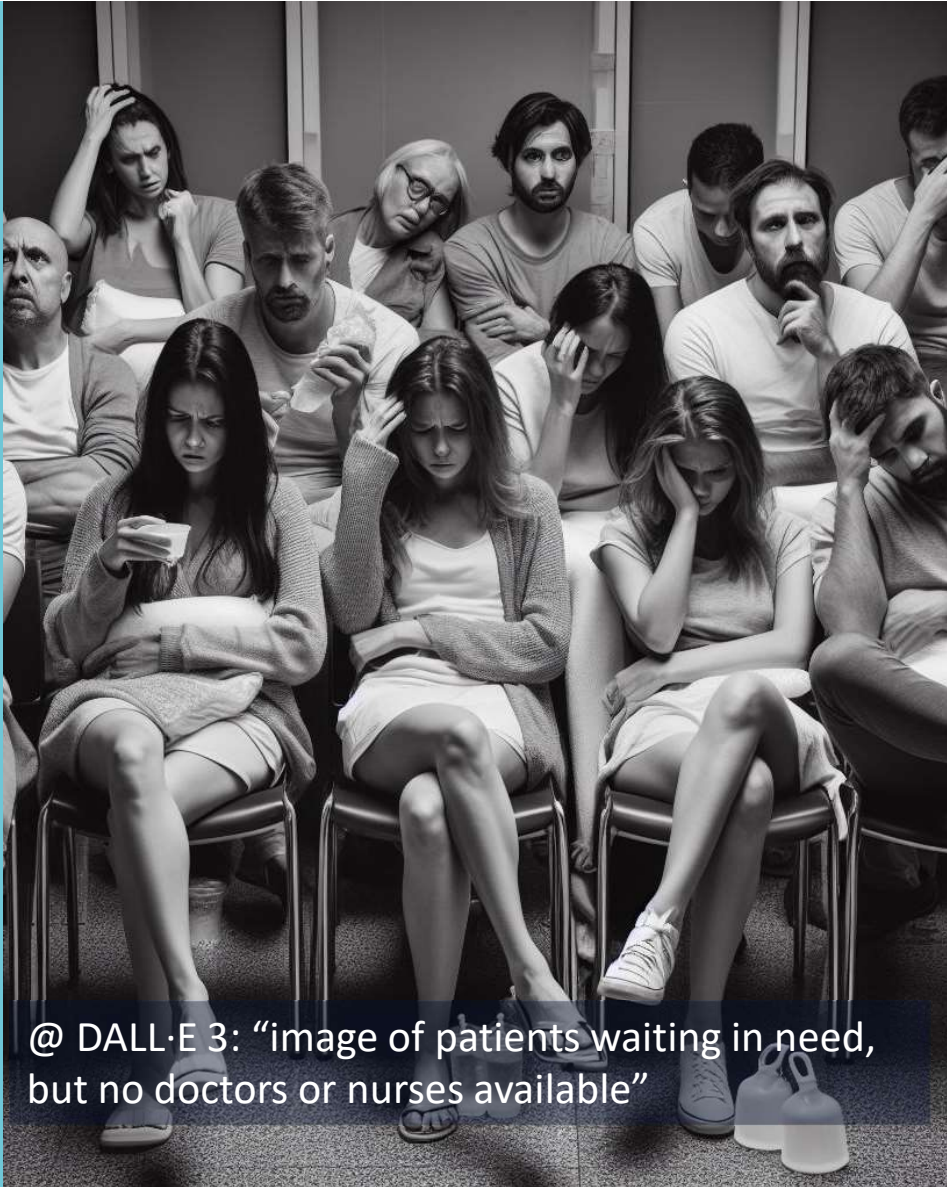


MAY CONTAIN
DOCUMENTATION
IN NURSING.

TRACES OF AI

DR. CHRISTIAN KAUTH
VSFM INNOVATION 2023.



@ DALL-E 3: "image of patients waiting in need, but no doctors or nurses available"



@ DALL-E 3: "image showing a dozen doctors and nurses working in a call center, busy on their laptops and phones"

The doctor-patient relationship - the heart of medicine - is broken

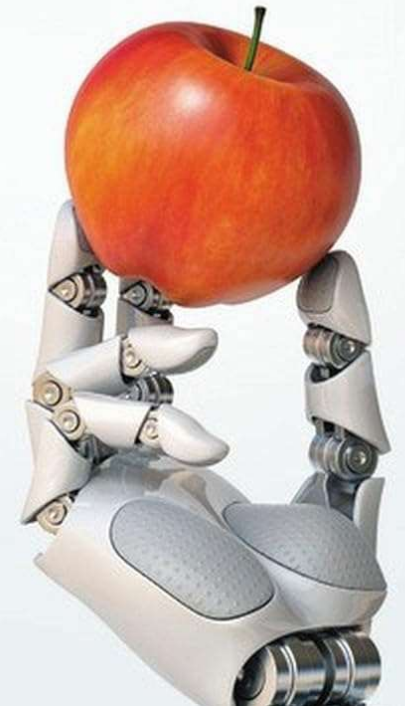
By freeing physicians from the tasks that interfere with human connection, AI will create space for the real healing that takes place between a doctor who can listen and a patient who needs to be heard.

DEEP MEDICINE

HOW ARTIFICIAL
INTELLIGENCE
CAN MAKE
HEALTHCARE
HUMAN AGAIN

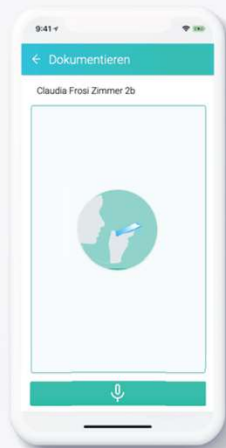
ERIC TOPOL

With a foreword by
ABRAHAM VERGHESE,



How we reduce the administrative burden

Adam

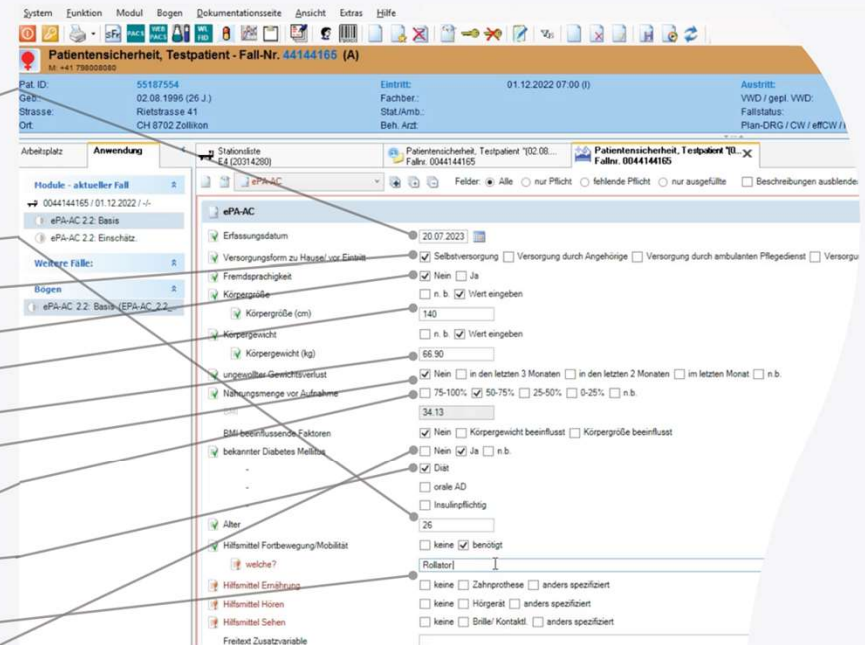


Our AI recognizes individual pieces of information and stores them directly in the right place.

“Heute ist der **20.07.2023**, ich mache eine Basiseinschätzung. Die Patientin ist **26**, zu Hause **Selbstversorger**, nutzt einen **Rollator**, spricht keine anderen Sprachen und ist **140cm** gross. Das **Körpergewicht** liegt bei **66.90kg** und sie hatte **keinen ungewollten Gewichtsverlust**. Die **Nahrungsmenge** lag vor Aufnahme bei ca. **60%** aufgrund einer **Diät** wegen **Diabetes**.

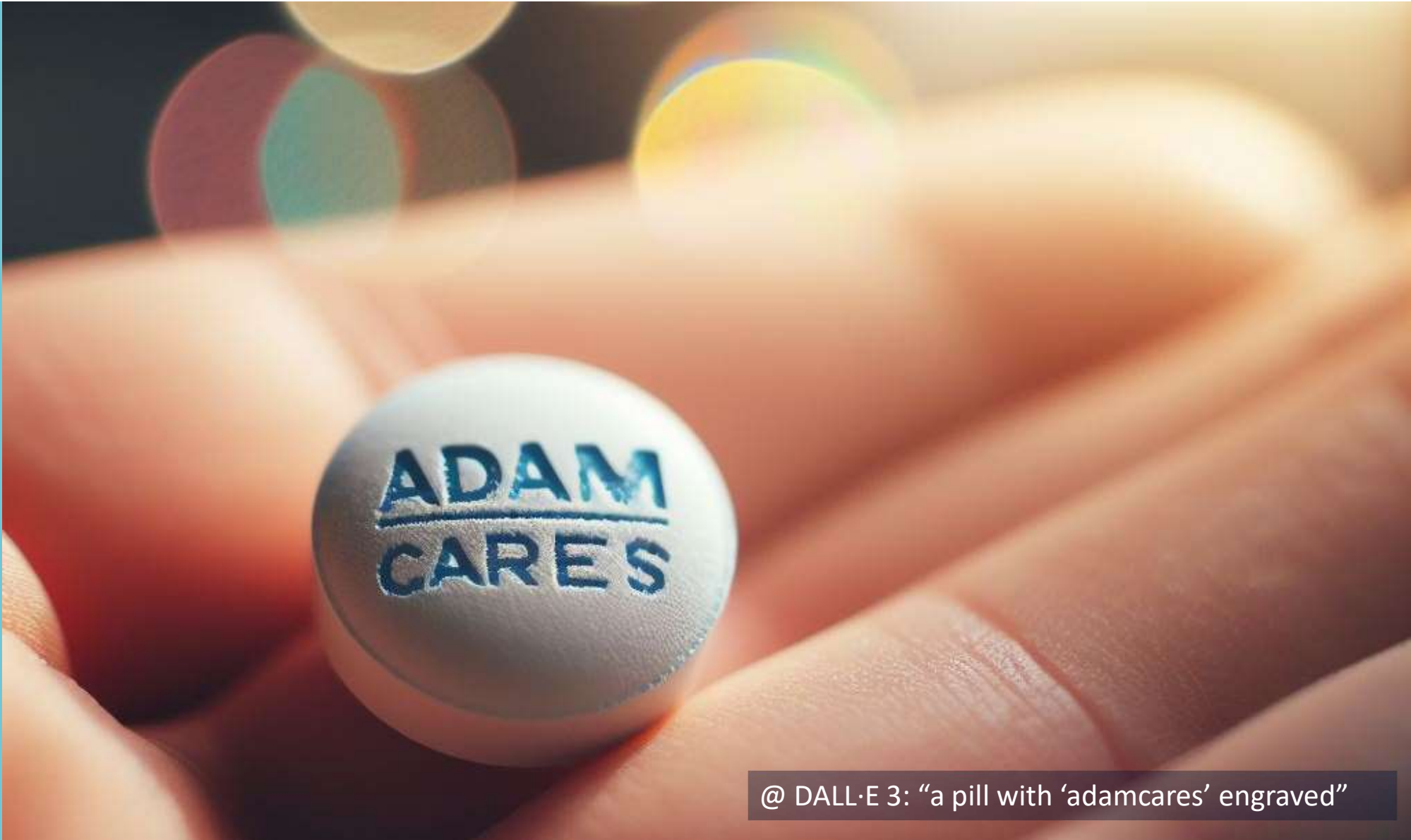
Duration: < 1min

Patient admission in the EHR



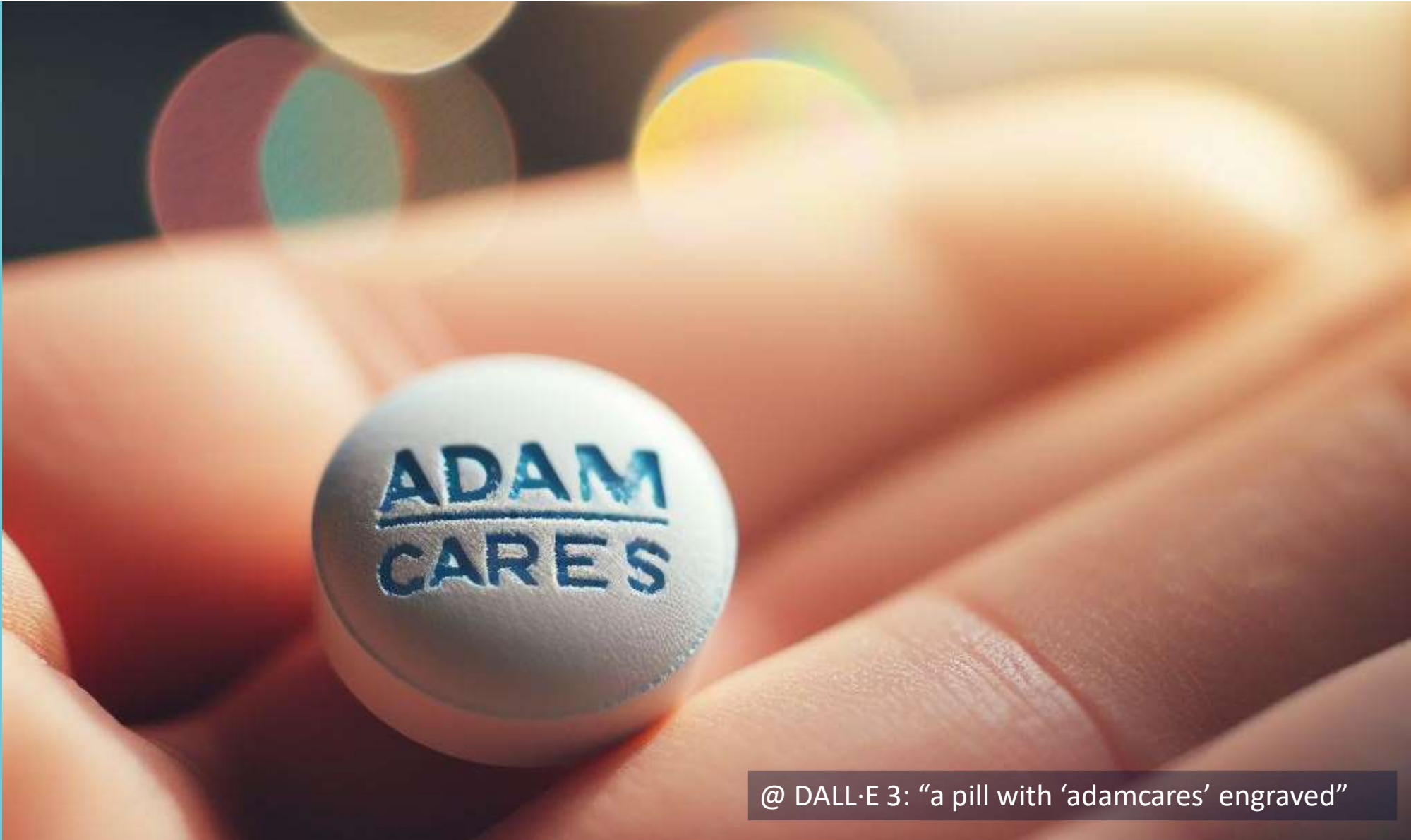
Duration: > 10min



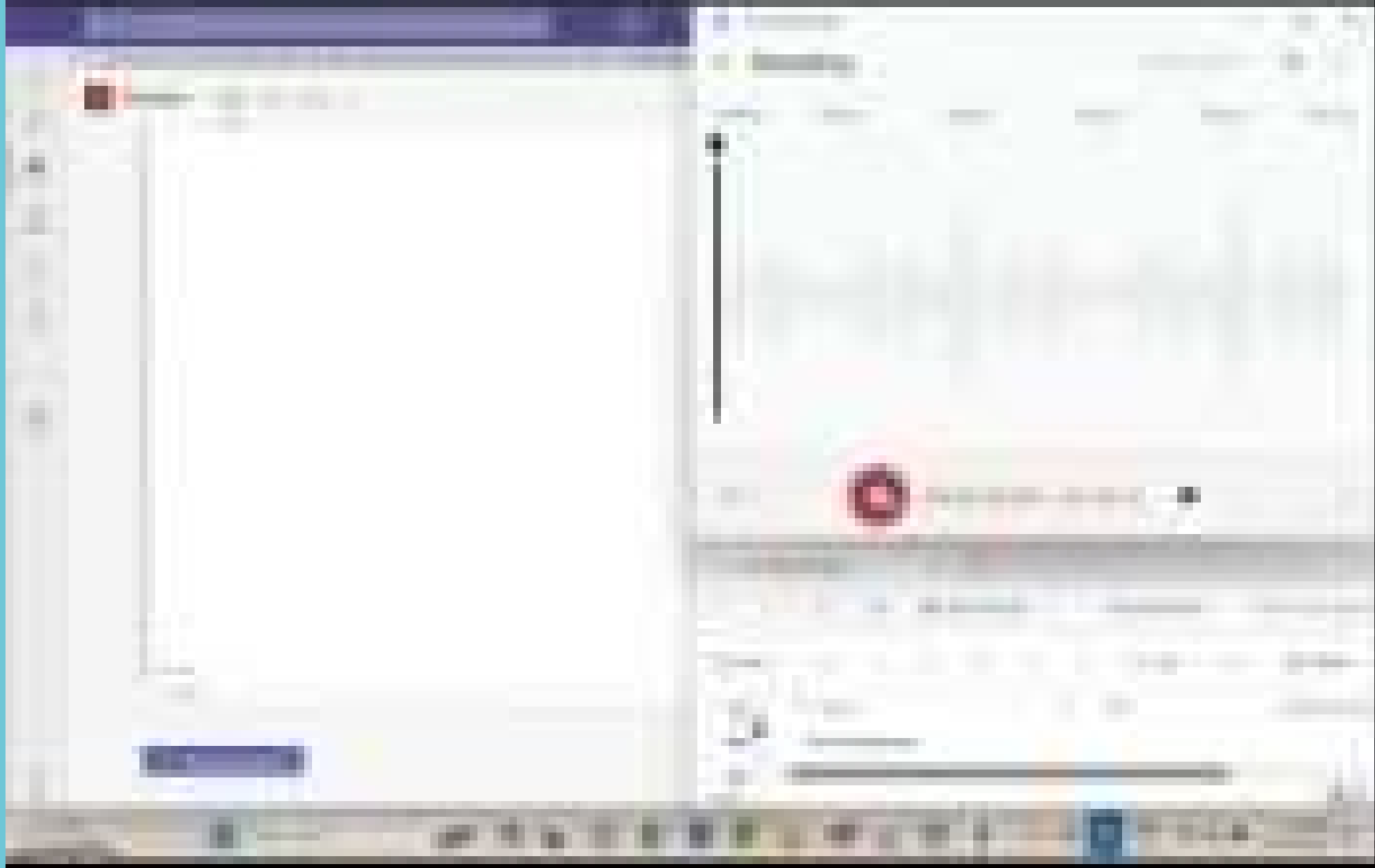


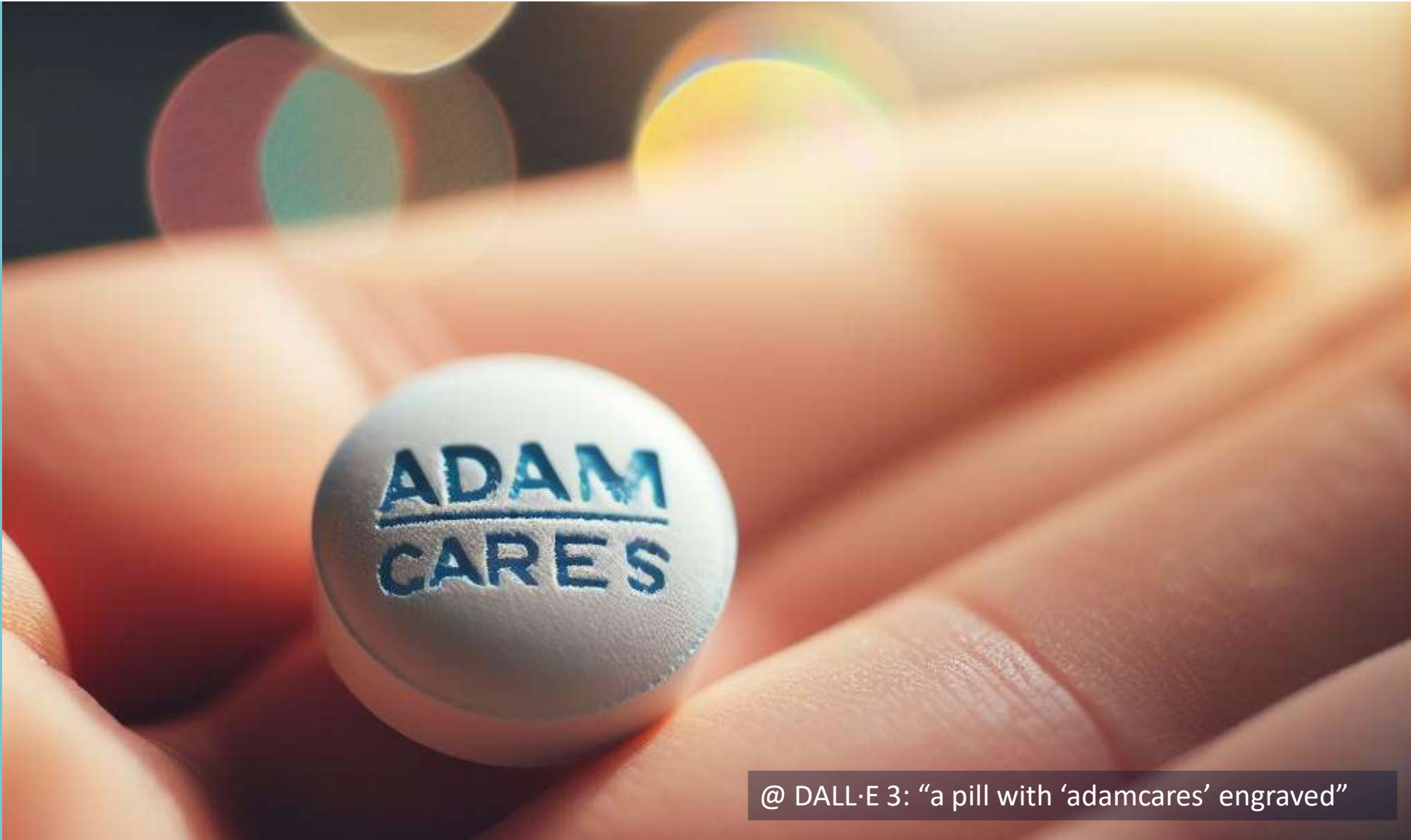
@ DALL-E 3: "a pill with 'adamcares' engraved"





@ DALL-E 3: "a pill with 'adamcares' engraved"

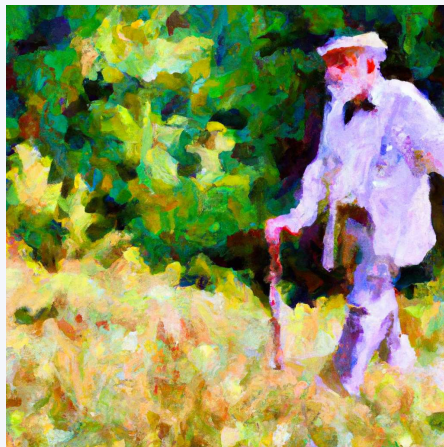




@ DALL·E 3: "a pill with 'adamcares' engraved"

NEJM for Kids

Please create a picture story about a complex medical case. Your target audience is the 10-year-old grandchild of the patient.



CASE RECORDS of the MASSACHUSETTS GENERAL HOSPITAL

Eric S. Rosenberg, M.D., Editor
 Jo-Anne O. Shepard, M.D., Associate Editor
 Sally H. Ebeling, Assistant Editor

Founded by Richard C. Cabot

Nancy Lee Harris, M.D., Editor
 Alice M. Cort, M.D., Associate Editor
 Emily K. McDonald, Assistant Editor



Case 25-2013: A 71-Year-Old Man with Hematuria and a Mass in the Bladder

Aria F. Olumi, M.D., Donald S. Kaufman, M.D., Anthony Zietman, M.D.,
 Mukesh G. Harisinghani, M.D., and Chin-Lee Wu, M.D., Ph.D.

PRESENTATION OF CASE

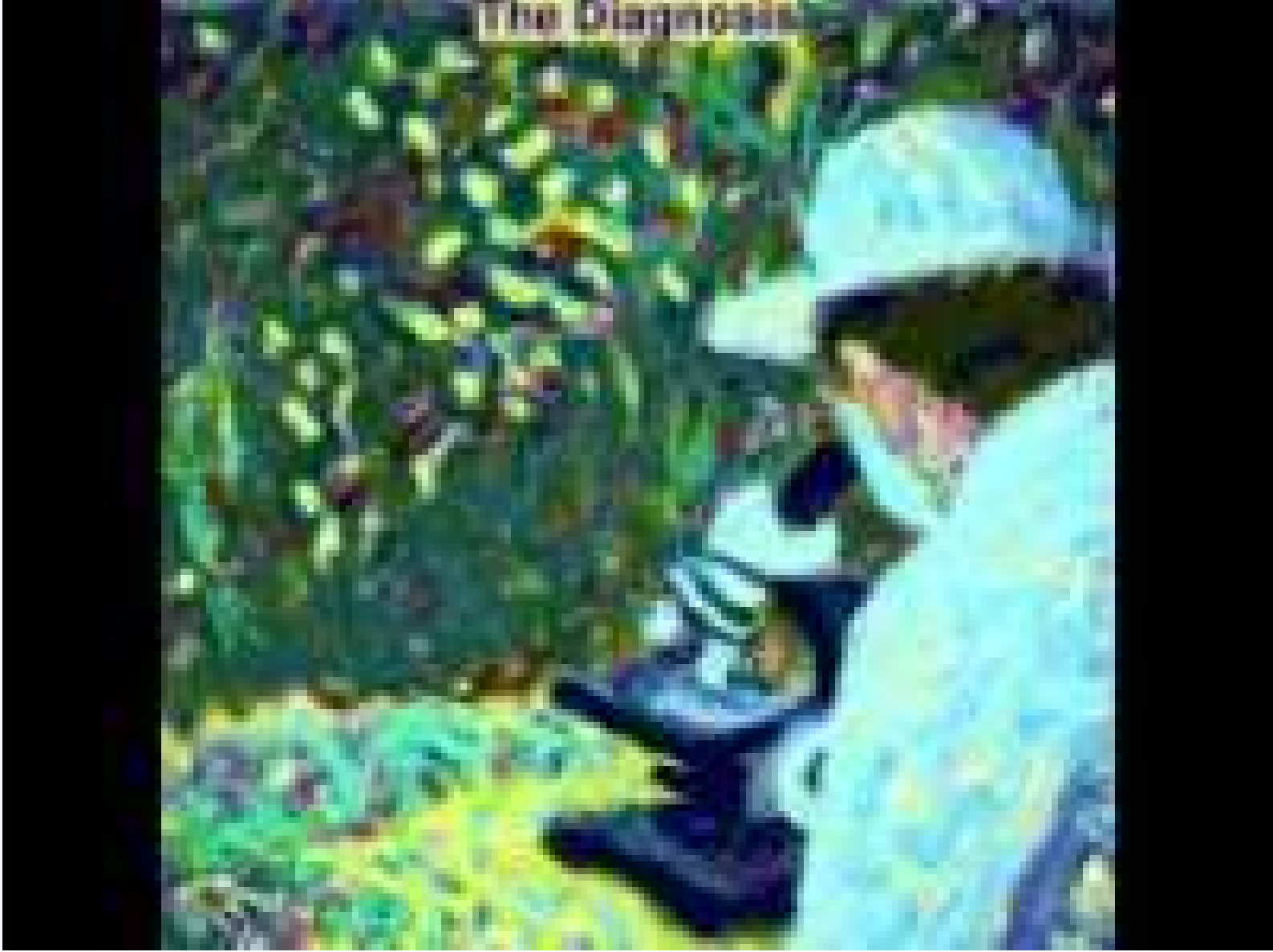
From the Departments of Urology (A.F.O.), Medicine (D.S.K.), Radiation Oncology (A.Z.), Radiology (M.G.H.), and Pathology (C.-L.W.), Massachusetts General Hospital; and the Departments of Urology (A.F.O.), Medicine (D.S.K.), Radiation Oncology (A.Z.), Radiology (M.G.H.), and Pathology (C.-L.W.), Harvard Medical School — both in Boston.

N Engl J Med 2013;369:660-7.
 DOI: 10.1056/NEJMcp1209278
 Copyright © 2013 Massachusetts Medical Society.

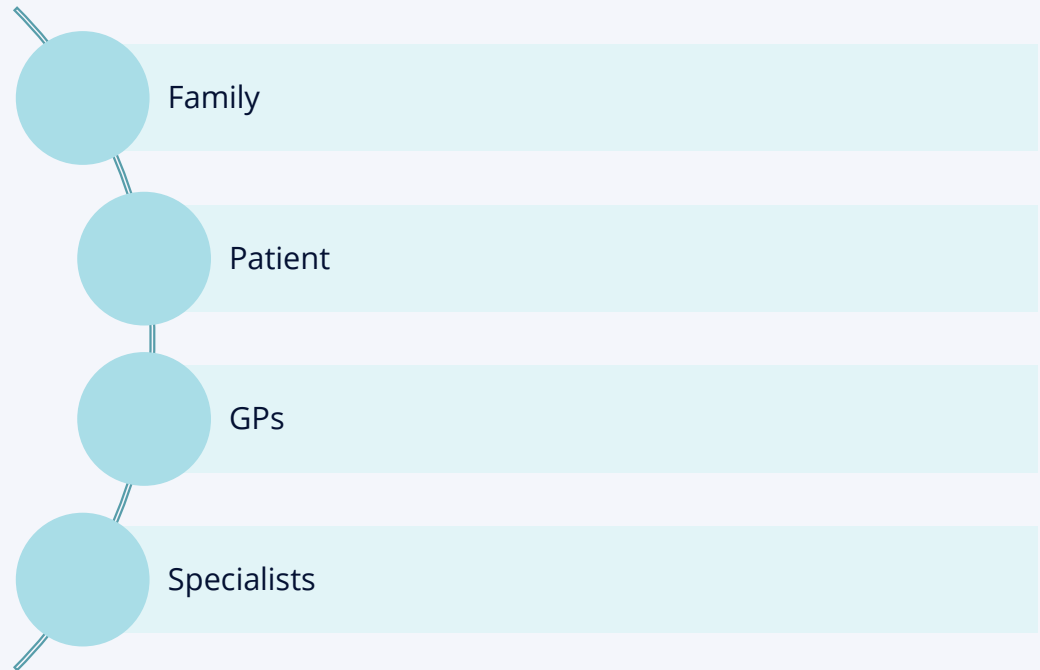
Dr. Donald S. Kaufman: A 71-year-old man was seen in the outpatient cancer center of this hospital because of gross hematuria and a mass in the bladder.

The patient had been well until 6 weeks earlier, when painless hematuria had developed, with passage of clots, while he was traveling in a wilderness area. After 2 days, he saw a nurse practitioner at a local facility. Attempts at passing a catheter into his bladder were unsuccessful, and he was referred to a hospital in a larger city. Computed tomography (CT) performed without the administration of contrast material reportedly revealed a multilobulated mass (isodense to hyperdense and measuring 8 cm by 7.5 cm by 6.5 cm) in the urinary bladder, diffuse fat stranding in the perivesical and left periurethral regions, and bilateral intrarenal calculi and cysts. The next day, cystoscopic examination revealed an open prostatic urethra and brisk bleeding, making visualization of the bladder difficult. A fungating lesion at the anterior bladder neck at the 12 o'clock position, with an adherent clot, was partially excised. Laser ablation resulted in hemostasis. Pathological examination of the tissue reportedly showed focal adenocarcinoma in situ that was thought to be of bladder origin and was associated with bland papillary and glandular epithelium, with no evidence of invasion.

Five days later, bleeding persisted, and the patient was transferred to a second hospital, near his home. Ultrasonography of the abdomen and pelvis revealed bilateral renal cysts and bilateral nonobstructing nephrolithiasis. The next day, repeat cystoscopy reportedly revealed a large fungating lesion and clot at the anterior bladder neck at the 12 o'clock position. Flushing of the bladder and biopsies were performed. Pathological examination of the biopsy specimens reportedly showed adenocarcinoma; consultation with outside experts was pending. CT of the abdomen, performed the next day, reportedly revealed no evidence of metastatic disease. After decompression of the bladder with a catheter, irregular thickening of the bladder wall was seen, with an irregular, multiloculated gas collection, 2.5 cm by 3.5 cm, in the suprapubic region. The patient was discharged on the fifth day to follow up with his urologist.



Personalized





Supported by:



Microsoft
for Startups

Swiss
Healthcare
Startups



Dr. Christian Kauth
PhD, Microsystems
and Microelectronics

Martina Möller
M.Sc. Marketing

Kim Wiegand
B.Sc. Nursing

Lorenz Wiegand
B.Sc. Business
Informatics