

Télévigilance médicale dans le contexte de la E-Santé.

Evolution vers des approches de type Living Lab

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- CHSF, Corbeil : Dr. P. Dupont
- Telecom EM : Prof. G. Dubey, Prof. N. Djaidj

- UTC Compiègne : Prof. D. Istrate, Dr. T. Guettari
- Télécom ParisTech : Dr. G. Chollet, Dr. P. Milhorat
- LEGRAND, Limoges : Mr. P. Doré
- IBISC univ. Evry : Prof. E. Colle
- ASICA-France : Mr. O. Voltz

- Univ. Innsbruck-MCI : Dr. S. Schlögl
- UFES Vitoria – Brazil : Dr. R. Andreao
- UFC - Dr. P. Cavalcante, C. Magno, Prof. J.C. Moura-Mota

Remote Home Health monitoring

■ « Televigilance » ⇔ Remote Health monitoring for Patients at Home (SAMU):

- For elderly persons with or without particular diseases (cardio-vascular, chronic diseases, frailty status...)
- Feeling more secure and keeping their social link through connected communication services (call center presence)
- Releases Hospitalisation load and possibly avoids evolution to Frailty

■ Home in-door devices connected to centralised Healthcare services:

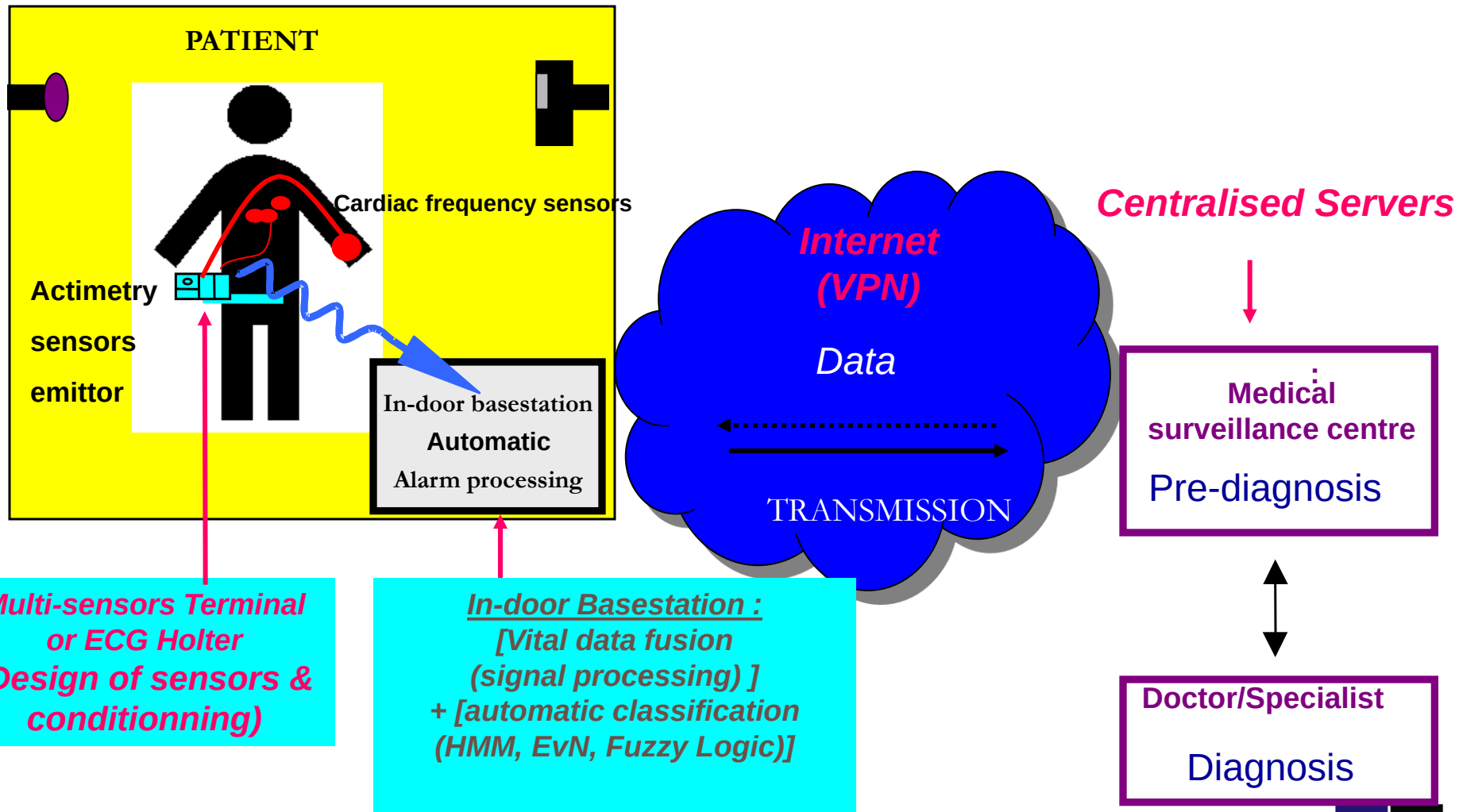
- *Fall detection* Ambulatory Terminal worn by the user (mobility at home)
- Fixed actimetry sensors (*Infrared, Sound*) with potential link to assistance robots (*Companion type*), placed in the home environment
- Connected to remote Healthcare servers

PARAMETERS & PATHOLOGIES

(Dr. Baer, SAMU-92)

Chronic diseases	Parameters
Diabetes : risk of hyper/hypoglycemia : risk of coma	Blood glucosis Fall sensor
Asthma, COPD : Acute asthma, Respiratry failure	Peak flow Sat O2
Hypertension	Blood pressure sensor
Cardio vascular diseases: Cardiac failure, (chronic, acute), Pulm. Oed, Coronary diseases, Arythmias, (flutter, AF), Atrio ventricular block,..	ECG, Sat O2
Stroke: risk fall, coma	Fall sensor
Parkinson disease: Fall risk	Fall sensor
Alzheimer's disease : Daily life accidents	Fall sensor , smoke & water detectors
Traumatisms	Alert, Fall sensors
Side effects of treatments (drugs used as routine or on demand)	ECG, Blood pressure, Fall detection

Remote monitoring system Architecture for Patient at Home



Research areas in « Televigilance »

- **Multi-sensors Ambulatory Terminal on Patient [Baldinger-2004]:**
 - Automatic Fall detector and noise-robust vital signal extraction
- **Cardiac pathology detection [Andreao-2004]:**
 - ECG signal segmentation based on sub-beat Hidden-Markov Models
 - Ischemias and Arrhythmias events classification
- **Alarm automatisation and context identification based on Data Fusion [Medjahed-2010], [Cavalcante-2012] and [Sehili-2013]:**
 - Physiological and actimetric data (cardiac frequency, movements,...)
 - Fall, posture or activity recognition
 - Contextual information (sounds, localisation, activity...) ANASON (D. Istrate-2004, Sehili-2012)
- **Voice-controlled man-machine interface for Elderly persons to the smart home environment => [Milhorat-2014, Chollet G. TelecomParisTech]**
- **Activity and sleeping monitoring in care-houses => [Guettari-2014 LEGRAND, CIFRE PhD]**

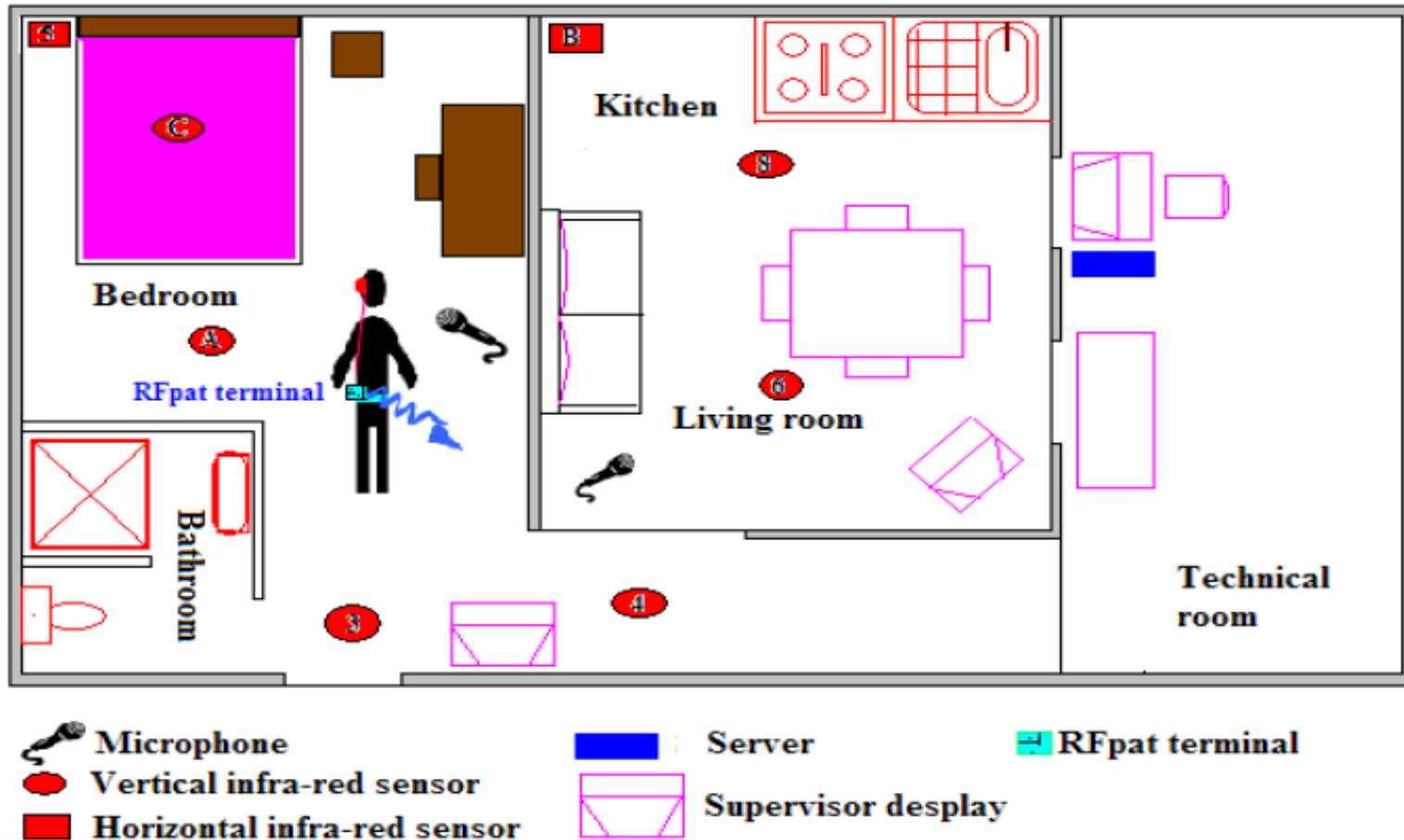
Ambulatory Terminal for fall detection, activities and vital signal monitoring

[Baldinger-2004] and IMT/Telecom SudParis PATENT

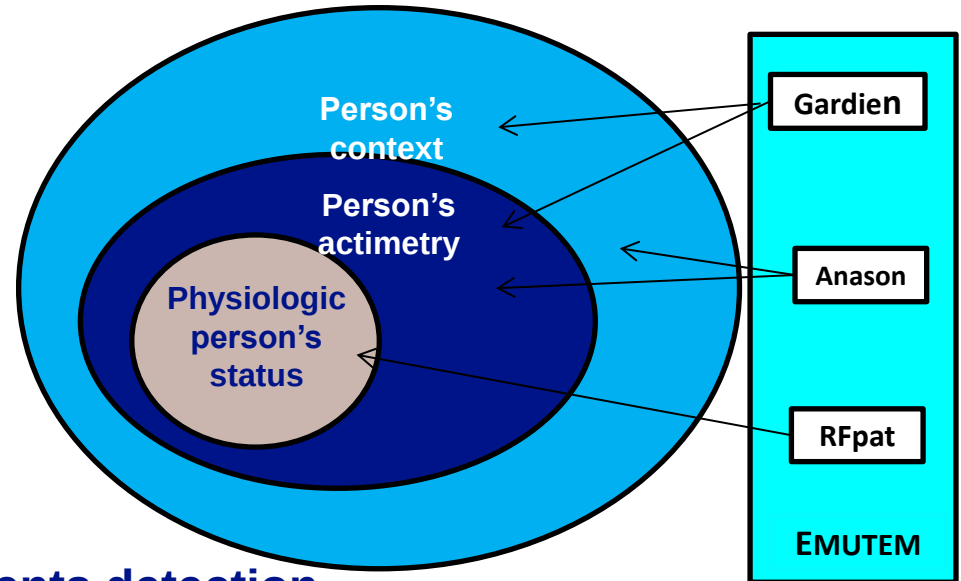
- Miniaturisation with ASICA for end-user trials in care-giver environment
Combined with other modalities : IR sensors and Sound acquisition and detection systems
- Evaluated in Hospital environment (APHP)



Televigilance Lab in Telecom SudParis: technical validation using simulated habitation



Modalities Complementarity and Redundancy

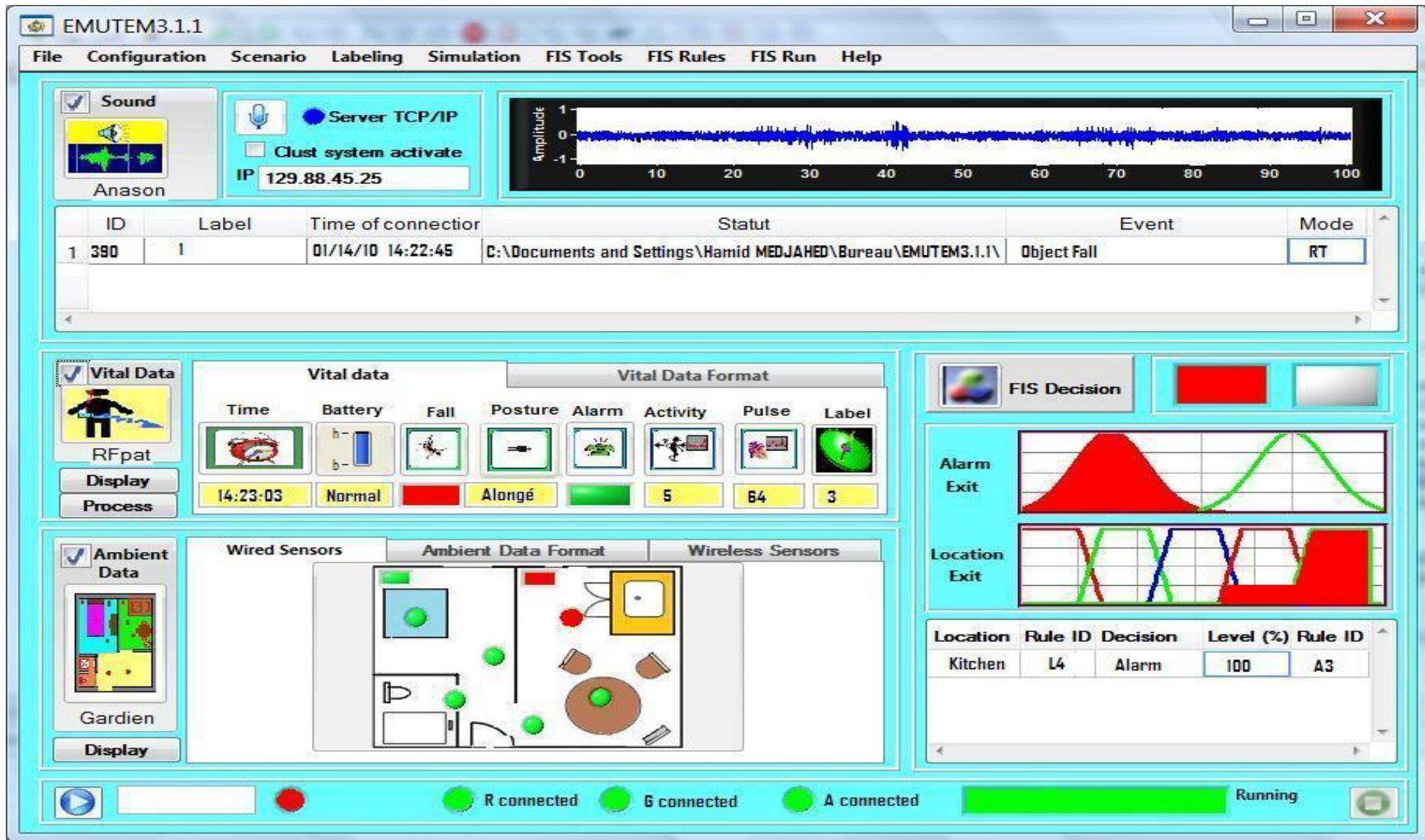


■ Improve Sensitivity and Specificity of Fall events detection

■ EMUTEM system [Medjahed-2010]

- Anason [Istrate-2004] [Sehili-2012] : Acoustic environnement
 - Abnormal sounds and distress utterances analysis and pattern recognition
- RFpat [Baldinger-2004] : ambulatory vital/movements signal (pulse)
 - Actimetry and Fall detection (accelerometry)
- Gardien [Steenkeste-1998]: fixed Infrared sensors network
 - Localisation and actimetry of the person
 - Fall detection

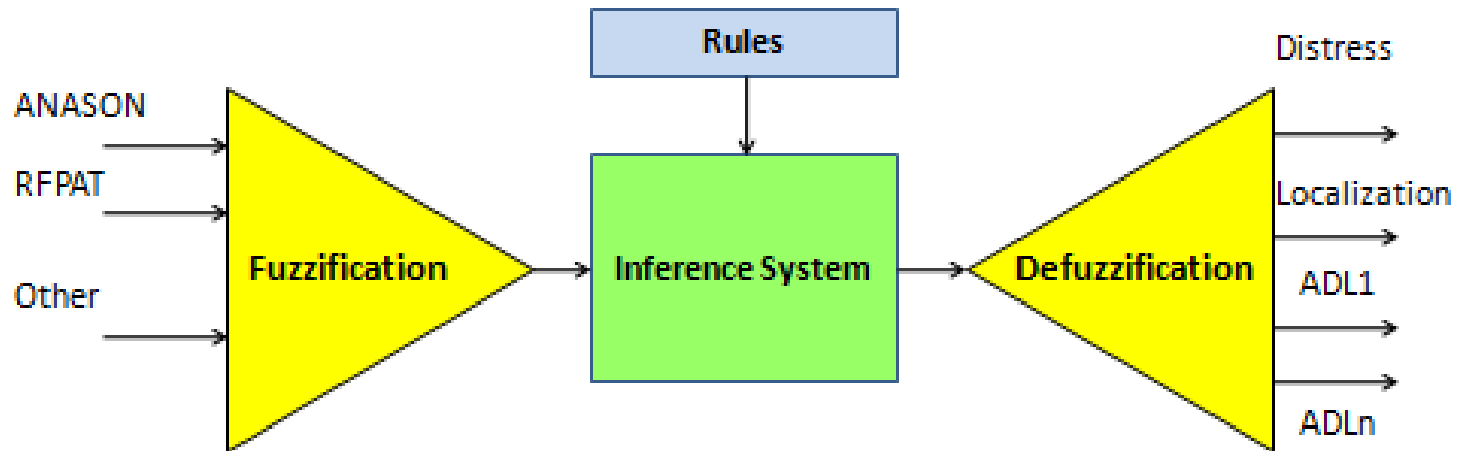
Multimodal Fusion for Medical Televigilance [PhD H. Medjahed-2010]



Principle

(Zadeh, Mamdani & Takagi-Sugeno)

- **Fuzzification** of input data onto a fuzzy variables ensemble : belonging notion => *imprecision*
- **Inference** of algebraic type (*T- et S-normes*) of Data
- **Linear Combination** (digital)
- **Defuzzification** of fuzzy ensembles generated by rules (inference step) into real values : e.g. by computing Gravity centre (COG) of the union of each modality fuzzy ensembles.



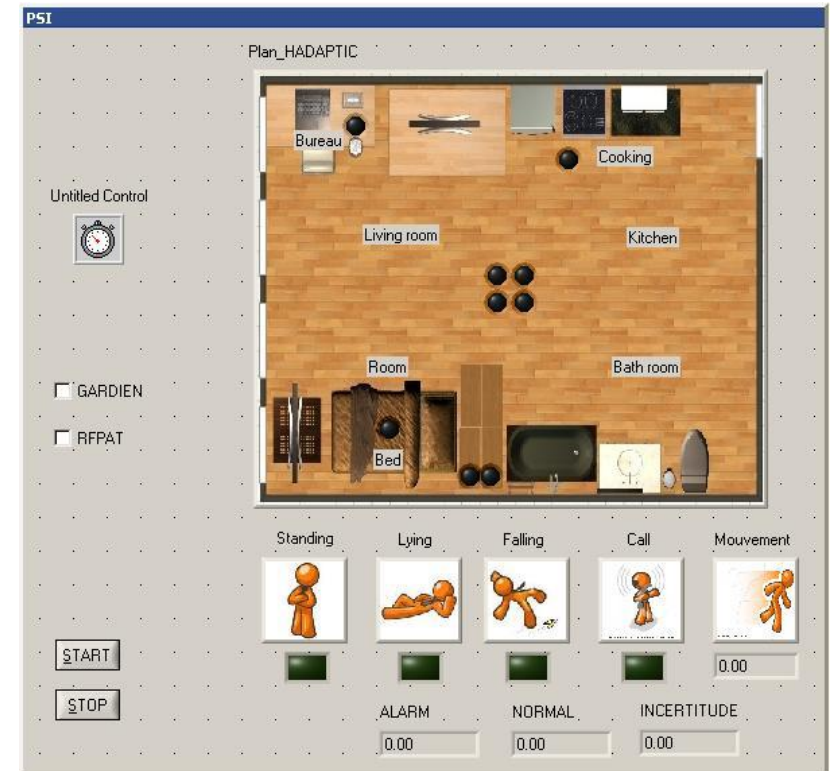
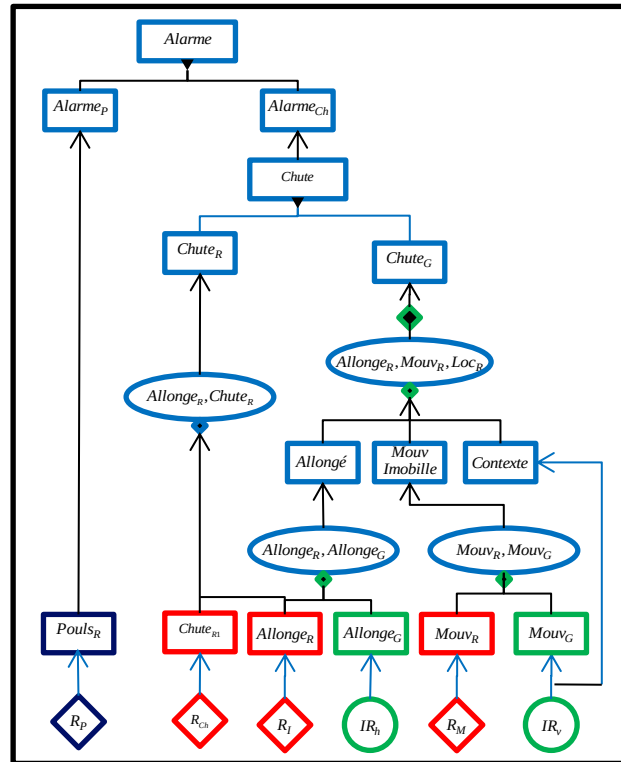
Fuzzy-logics-based Fusion - Performance [PhD-Medjahed-2010]

- **With simulated conditions (30 normal and 70 fall sequences):**
 - Sensitivity : 97%
 - Specificity : 96%

- **Under real conditions (recorded database with real actors) including 20 scenarios with 10 normal and 10 fall situations :**
 - Sensitivity : 90%
 - Specificity : 100%

- **Leads to introduce an *explicit dependence between data by a graphical approach***
 - => e.g. Evidential Networks based on Dempster-Shafer Belief Theory

Evidential Network-based Multimodal Fusion for Fall Detection [PhD-P. Cavalcante-2012]



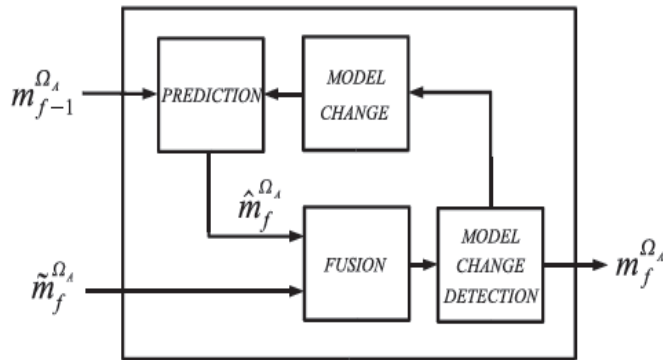
EVALUATIONS : Specific difficult distress scenarios (soft falls)

	Baseline	EN Fusion
Sensibility	75,76 %	93,94 %
Specificity	100 %	100 %

Comparative performance

Static/Dynamic Evidential Networks

[Cavalcante-2014]



Prediction : $\hat{m}_{f,\mathcal{M}}^{\Omega_A} = m_{\mathcal{M}}^{\Omega_A} \oplus m_{f-1}^{\Omega_A}$

Conflict : $\epsilon_f = (\hat{m}_{f,\mathcal{M}}^{\Omega_A} \ominus \tilde{m}_f^{\Omega_A})(\emptyset)$

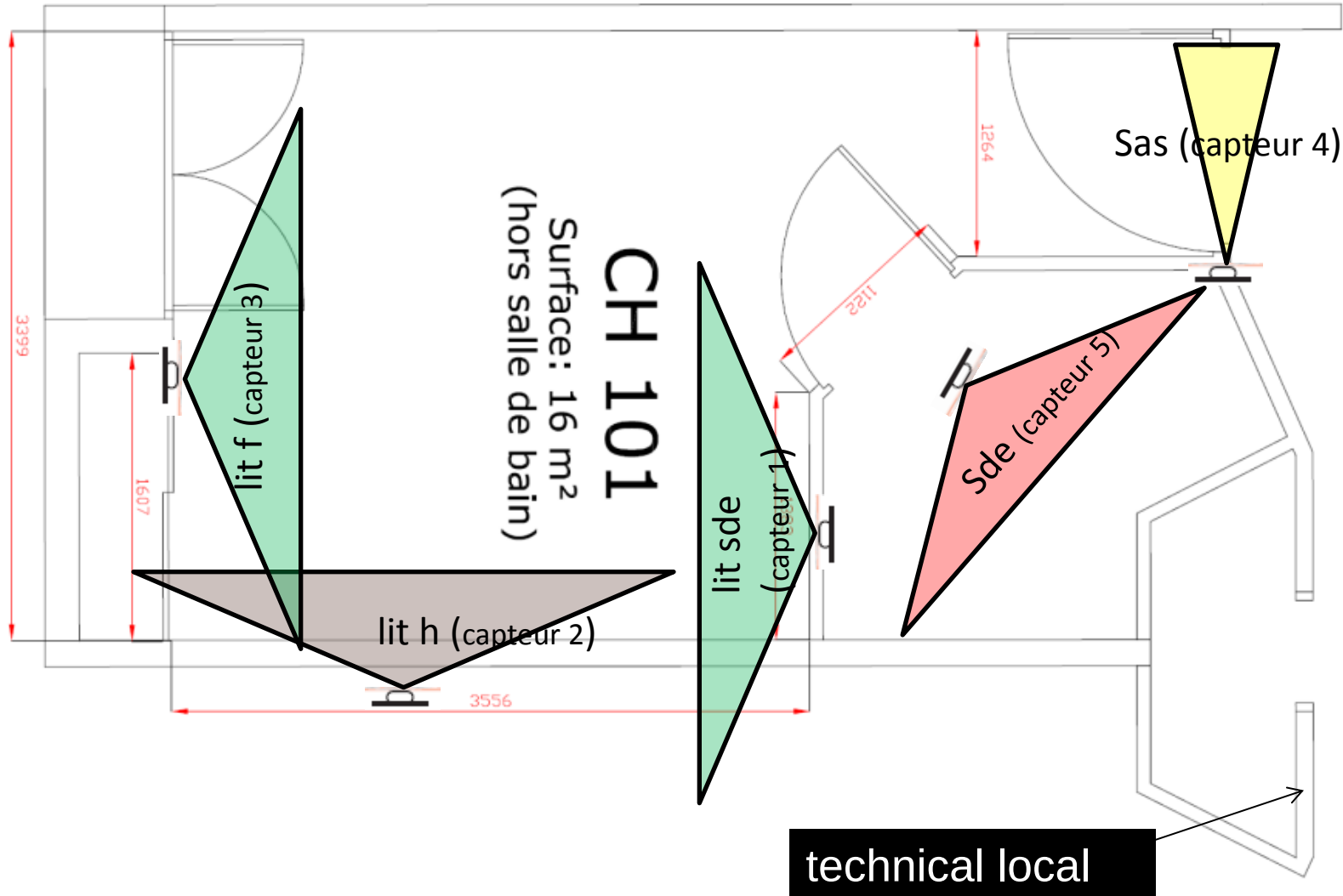
Fusion :
$$m_f^{\Omega_A} = \begin{cases} \hat{m}_{f,\mathcal{M}}^{\Omega_A} \ominus \tilde{m}_f^{\Omega_A} & \text{if } \epsilon_f = 0 \\ \hat{m}_{f,\mathcal{M}}^{\Omega_A} & \text{otherwise} \end{cases}$$

Model update :
$$m_{t,M}^{\ominus} = \begin{cases} \text{change} & , \text{if } \epsilon_f \geq T \\ m_{t-1,M}^{\ominus} & , \text{if } \epsilon_f < T \end{cases}$$

Performance	Fusion RE_{RG}	Fusion RED_G
Sensitivity	94 %	97 %
Specificity	100 %	80 %

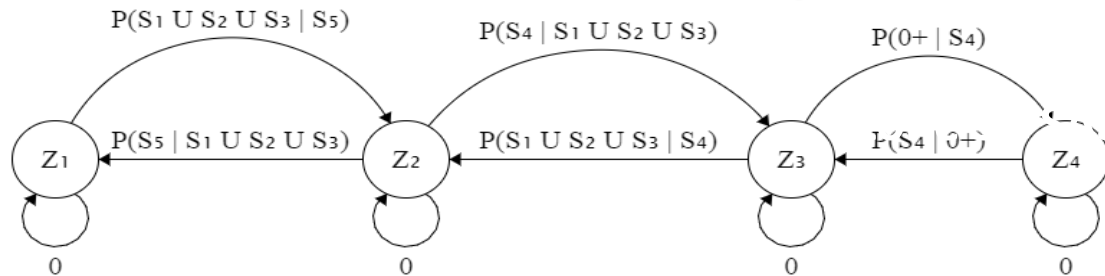
EHPAD of Ambazac: pilot installation

(LEGRAND / CHU Limoges / Univ. Bourges-Orléans)



Localisation and unauthorised person detection [Cavalcante, Magno et al.-2015]

State model for actimetry



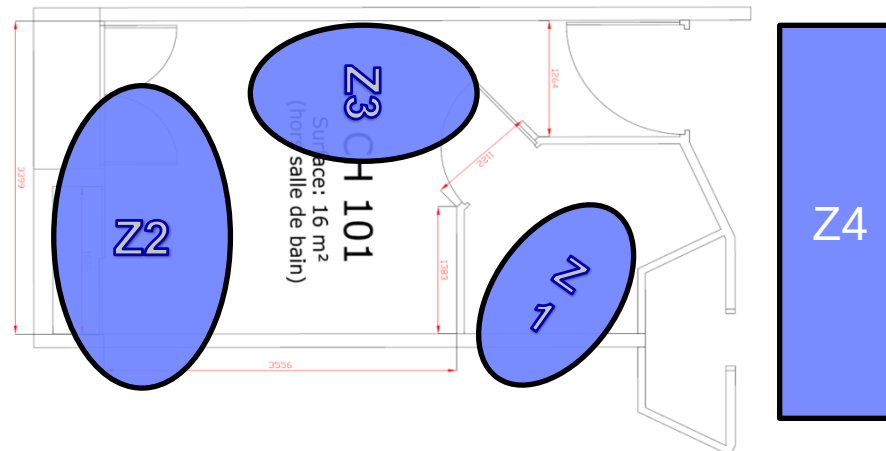
Resident /3rd party detection

- ZONES (Z)
- Z_1 - SdE
- Z_2 - Chambre
- Z_3 - SAS
- Z_4 - Dehors

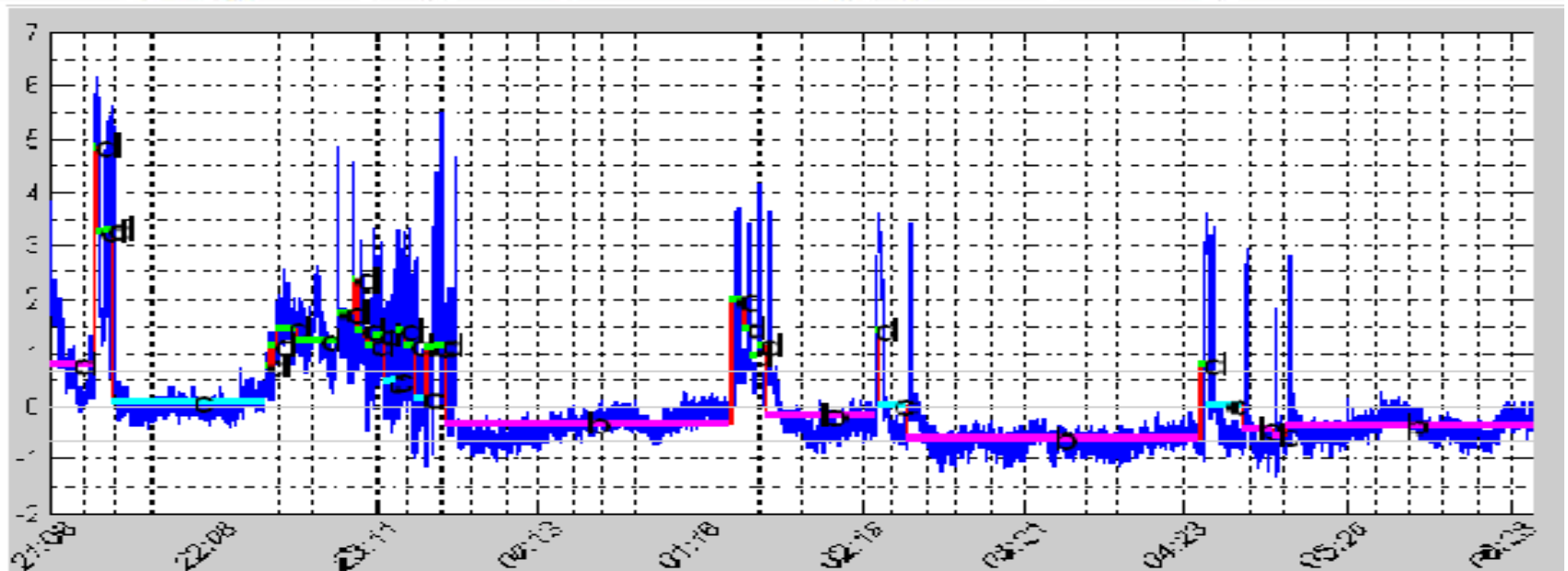
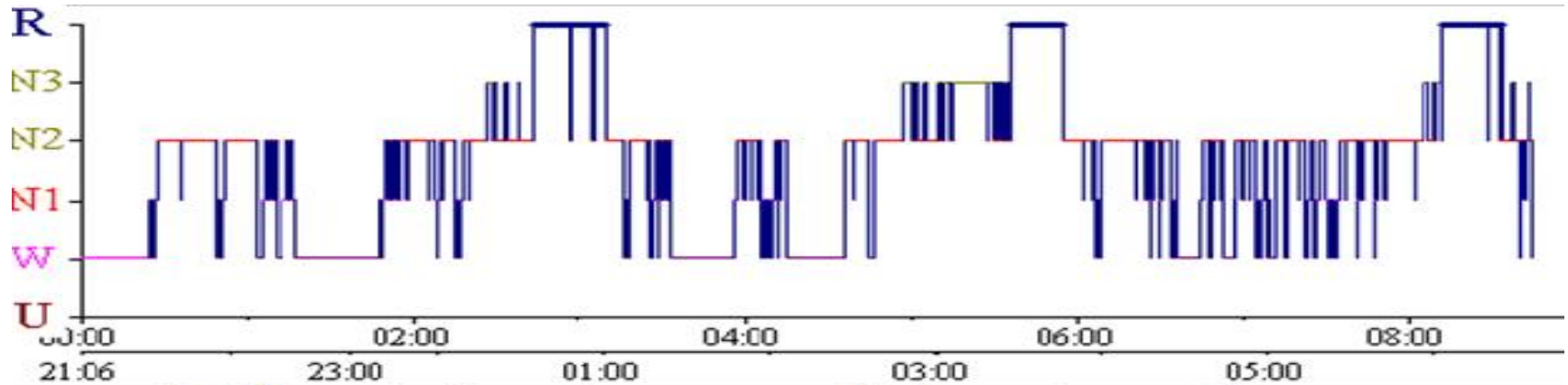
- PIR SENSORS (S)
- S_1, S_2, S_3 - Bedroom
- S_4 - SAS
- S_5 - SdE
- 0 - Absence of movements (inactivity)
- $0+$ - Long time of d'inactivity

Module Response :

- Localisation of the resident (integer zone indicator)
- Actimetry of the care-receiver (excel log tabulated)
- Monitoring CR's I/O (tabulated - log)
- Presence of 3rd party by rupture detection of the inference model (of CR) (indexed in table)



Capteur thermique et qualité du sommeil [Guettari-PhD2014]



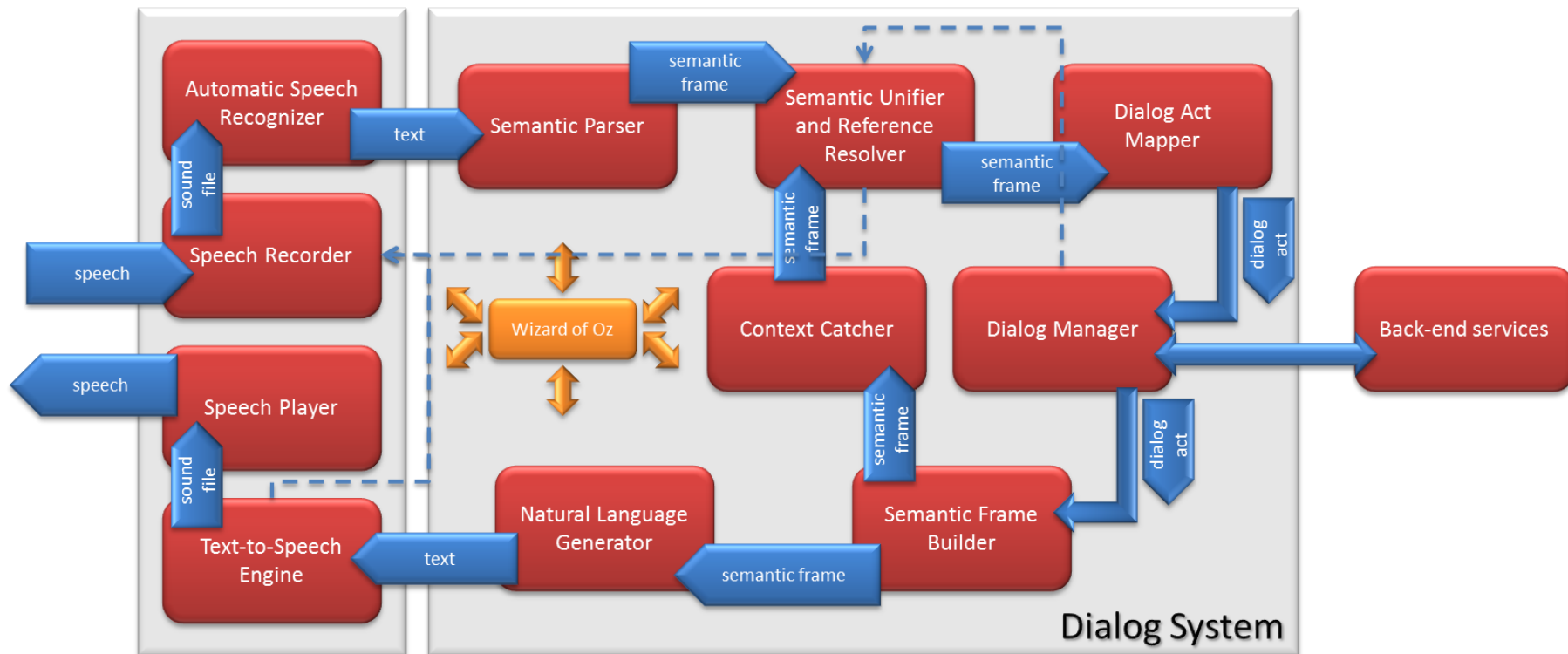
Companion Robots integrated into the smart home



- Voice-control access / Dialogue Management with Telecom ParisTech [PhD.Milhorat-2014]
- Sounds/speech combination [Milhorat-2013], [Istrate-2012]

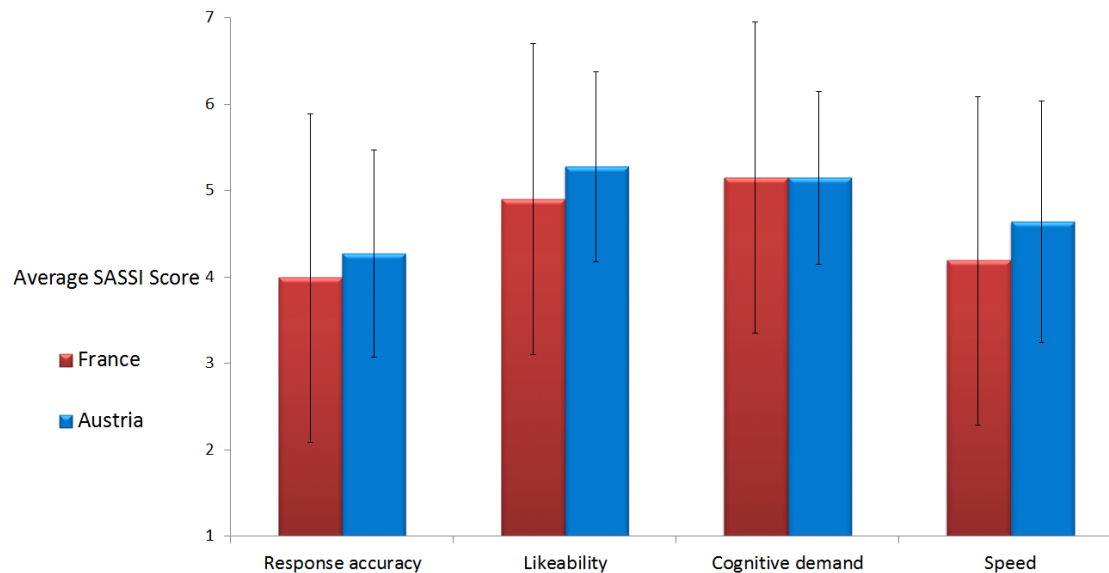
vAssist - Natural Interactive Voice Interface for Elderly : Open Dialogue Management platform

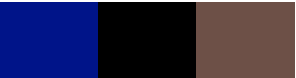
[Milhorat-PhD2014] [Schlögl-2014]



vAssist system evaluation

- Subjective Assessment of Speech System Interface is especially dedicated to speaking interfaces evaluation.
- The user gives a mark between 1 (not like at all) à 7 (like very much) : *performance, confort d'usage, demande cognitive et latence.*





ICT systems for Healthcare and Well-being : Living-Labs: an effective Tool

■ Well-being at home and at Work :

- Healthy Lifestyle (ex: Philips)
- Physical activities and sleep tracking (ex:Withings)
- ADL, exorgames, monitoring the pre-frailty :
 - Programmes de recherche Européens H2020, AAL

■ Centres of expertise and evaluation in France:

- CNR-Santé : TASDA, STIMCO...

■ Living Labs in France and Europe:

- AutonomLab (Limoges), ActivAgeing (Troyes), LUSAGE (APHP), Hopidom (Lille), Gerhome (Nice)....
- CASALA (Irlande), LL-Schwechat (Autriche), Amsterdam, i-Homelab (Aachen, 1st one!), iStoppFalls (Köln)...

Evolution towards a Living Lab

: « EVIDENT »

■ Life-space of co-design and test under development : « EVIDENT »

- « Espace de Vie Intelligent pour les personnes DépENdanTes, atteintes de limitation fonctionnelle »

■ Telecom SudParis and Telecom Ecole Management Research :

- oriented towards Healthcare and Dependence
- with collaboration of IBISC/Uni-Evry

■ Rehabilitation, functional losses

- CHSF Hospital platform in Corbeil

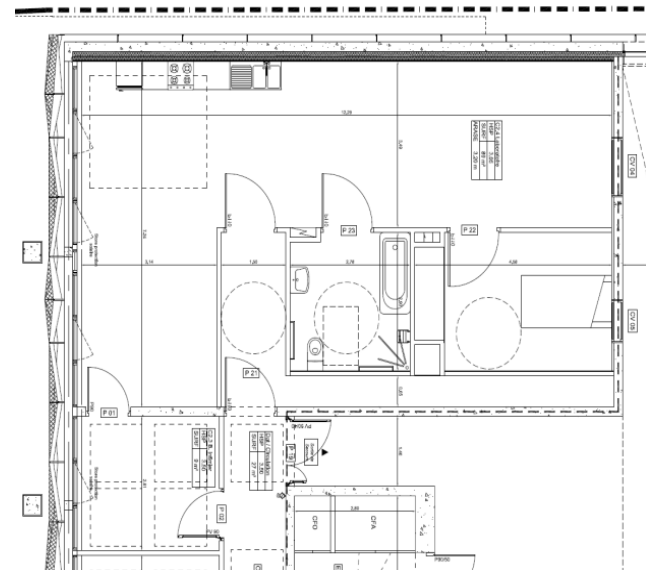
Partnership

- **Coordination Team :**
 - Telecom SudParis (TSP)
 - Université d'Evry - Laboratoire IBISC (UEVE)
 - Telecom Ecole de Management (TEM)
- **Living lab 'Handicap et Participation Sociale'**
- **Hôpitaux Franciliens and Healthcare centres**
 - Hôpital SudFrancilien de Corbeil
 - ClinAlliance (Villiers s/Orge)
 - APHP Broca (maladies d'Alzheimer)
 - SAMU-92 (urgences et tele-alarme)
- **SME and Industrial companies:**
 - VigiFall
 - Auticiel
 - ASICA, Legrand,...



Living-Lab EVIDENT under elaboration

- On-site evaluation in situation of using ICT devices
- Actuel Appartement
 - Living-room, chambre, bathroom
 - Local for supervision
 - Integrated in MISS building on Campus of Telecom SudParis



A Research Community

Pôles de compétitivité : Cap Digital et System@tic
Alliance Big Data, Science Vie et santé

OpticValley

Evry Science et innovation; ENSIIE;
R&D ; Direction de l'innovation;
Incubateur ...

TSP

Research

Co-
epti

Innovation

LL Handicap et
participation sociale

- Intermédia team ; EPH (Electronique & Physique) de Télécom SudParis.
- l'équipe IRA2 (Interaction, Réalité augmentée et Robotique Ambiante), IBISC, U. Val D'Essonne
- UCOTIC, sociologie et économie de la Santé, Télécom école de Management

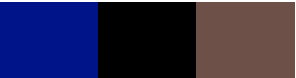
Needs

Acteurs économiques du
territoire ...
- Repotel

Le service de réhabilitation
fonctionnelle du CHSF

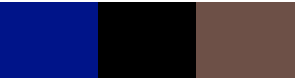
ARS IDF

Territoire Evry, Agglomération, Centre Essonne, Région IDF.



Potential Healthcare applications

- **Sharing experiences and expertises for research and development on Autonomy within the Evry area (South-east Paris) and within our TSP institute :**
 - Gait analysis (TSP)
 - Activities identification (TSP)
 - Analysis of behavioural signals for early pathologies detection (TSP)
 - Non invasive sleeping quality tracking (Legrand, UTC, TSP)
 - Sociology on usages and simulation (TeM)
 - Economy on innovation (TeM)
 - Ambient and Companion robotics (IBISC)
 - Functional deficiency Rehabilitation (CHSF)
- **Research Community, Methods, Tools sharing**
- **Thanks to « Espace de co-conception EVIDENT »**



Hôpital sud Francilien – Corbeil-Essonnes (Ph. Dupont, MD)

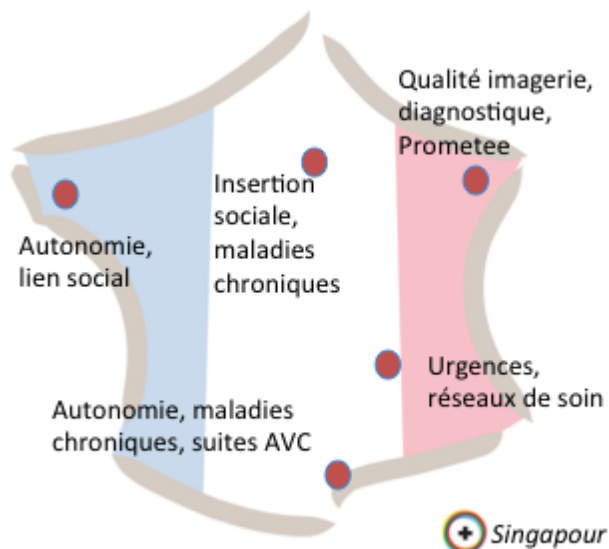
- Hospital Service for physical medicine and functional re-education (MPR)
- Take in charge *physical deficiencies and balance troubles after cerebral vascular strokes or after human movement apparatus traumas*
- Re-education under hospitalisation before come-back to Home of 300 patients per year (most live close to EVRY)
- Follow-up of hospitalisation in « day hospital »

SHELL at Institut Mines-Télécom

Federation of Living Labs in Health, Autonomy and Quality of Life

B. Dorizzi – Dean of Resarch Telecom SudParis

● *Living Labs of Institut Mines-Télécom*



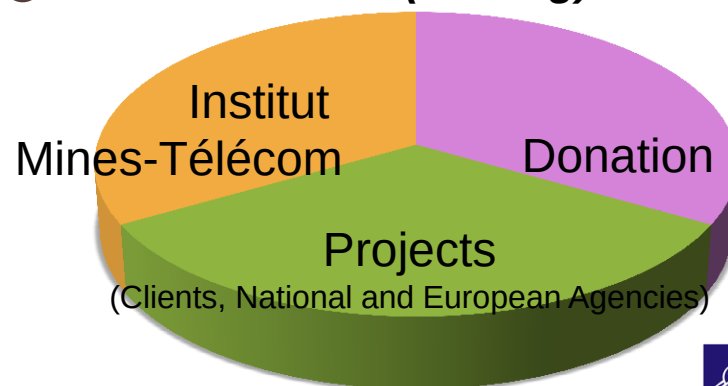
● *Shell, Interests of the networking*

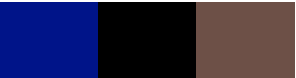
- Act as a national and international leader
- Pooling resources and best practices, foster collaborations
- Facilitate the transition to innovation and value creation

● *Profits for Institut Mines-Télécom*

- Helping to develop the industrial fabric in health and autonomy
- Provide testing grounds to the researchers
- Provide large ground truth databases to the researchers
- Develop evaluation standards to validate research results

● *Business Model (funding)*





Conclusion and perspectives

- **E-monitoring solutions under fast growing :**
 - Several solutions but Market not yet developed
 - Well-being / Medical devices
 - Robustness and scalability
 - Data processing for Sleep quality for Frailty Prevention

- **Co-design and pilot evaluation through Living Labs will contribute to Innovation :**
 - Crossing various experiences and actors: healthcare, sociology, paramedical, ICT industry and research...
 - User- and Professional- acceptance
 - Economical model to establish
 - SME and Research labs towards innovation



Merci / Thank you

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