

Demo 1: ICU Stay after Cardiac Arrest

Introduction

Organising this data analysis

The demonstration is guided by three principles; **reproducibility**, **literate coding** and **standardised workflow**.

The aim is always to reduce the number of errors.

Reproducibility

No interactive analysis

- Data are read from the original Excel file and clean in an R script
- Cleaned data saved in RDS format
- Data exploration in an R script
- Report via an rmarkdown file

Literate coding

- File and section headers describe the analysis
- Consistent naming convention + descriptive names
- use of DF to denote a data frame or tibble
- use of the pipe
- packages loaded together at the start
- filenames defined together at the start
- spaces around =, + etc.
- alignment of calculations

Standardised workflow

Standard folder structure. Here is mine, ProjectFolder - data

- rawData
- rData
- docs
- R
- rmd
- temp

Diary file

New functions used in the demo

`glimpse()` - summarise the contents of a data frame or tibble
`is.na()` - return TRUE if missing (NA) and FALSE otherwise
`!` - negation or NOT, turns TRUE to FALSE & FALSE to TRUE
`!is.na()` - return TRUE if NOT missing
`median()` - `sum()`, `min()`, `max()` - return median, total, minimum, maximum
`quantile()` - return a quantile, i.e. value a proportion prob of the way through the sorted values, `median(x)` is the same as `quantile(x, prob=0.5)`
`wilcox.test()` - Wilcoxon rank sum test, also known as the Mann-Whitney test. Non-parametric test for difference in location between 2 groups.
`kruskal.test()` - Kruskal-Wallis nonparametric test for difference in location between 2 or more groups.
`scale_y_log10()` - in ggplot, use a log10 scale for the y-axis. Also `scale_x_log10()`, `scale_x_log()`, `scale_x_reverse()` and many others

Length of Stay in ICU

```
#=====
# File:      demo1.R
# Project:   icu (project folder C:/Projects/ISCB/icu)
# Author:    john thompson
# Date:      22 July 2022
# Description: Analysis of length of Stay in ICU
#=====
library(tidyverse)
library(readxl)
library(janitor)

excel_file <- "C:/Projects/RCourse/ISCB/data/rawData/iesu/Table 1 Enrica.xlsx"
clean_file <- "C:/Projects/Rcourse/ISCB/data/rData/cardiac.rds"

#-----
# Read & clean the data
#
read_excel( excel_file ) %>%
  remove_empty() %>%
  remove_constant() %>%
  clean_names( "lower_camel" ) %>%
  filter( !is.na(id) ) %>%
```

```

saveRDS( clean_file )

#-----
# Read clean data
#
cardiacDF <- readRDS( clean_file )

#-----
# Data summary
#
cardiacDF %>%
  glimpse()

#-----
# Summarise ICU stay
#
cardiacDF %>%
  summarise( n          = n(),
             icuMean    = mean(icuStay),
             icuStd     = sd(icuStay))

#-----
# Histogram of Days in ICU
#
cardiacDF %>%
  ggplot( aes(x = icuStay)) +
  geom_histogram( bins = 50, fill = "steelblue" ) +
  labs( x          = "Days",
        title     = "Number of days spent in ICU following a Cardiac Arrest")

#-----
# Summarise ICU stay
#
cardiacDF %>%
  summarise( n          = n(),
             icuMin     = min(icuStay),
             icuQ1      = quantile(icuStay, prob=0.25),
             icuQ3      = quantile(icuStay, prob=0.75),
             icuMax     = max(icuStay) )

#-----
# Mortality & ICU stay
#
cardiacDF %>%
  group_by( hospDeath ) %>%
  summarise( n          = n(),
             icuMedian  = median(icuStay),
             icuQ1      = quantile(icuStay, prob=0.25),
             icuQ3      = quantile(icuStay, prob=0.75)) %>%
  mutate( pct = 100 * n / sum(n) ) %>%
  select( hospDeath, n, pct, icuMedian, icuQ1, icuQ3)

#-----

```

```

# Days in ICU by Death in Hospital
#
cardiacDF %>%
  ggplot( aes(x = icuStay)) +
  geom_histogram( bins = 50, fill = "steelblue" ) +
  labs( x = "Days in ICU" ) +
  facet_grid( hospDeath ~ . )

#-----
# Wilcoxon test of Days in ICU by Death in Hospital
#
cardiacDF %>%
  wilcox.test( icuStay ~ hospDeath, data = .)

#-----
# CVD score & ICU stay
#
cardiacDF %>%
  mutate( cvd = chronHeartFailure + hypertension + coronArteryDis ) %>%
  group_by( hospDeath, cvd ) %>%
  summarise( n = n(),
             icuMedian = median(icuStay),
             icuQ1 = quantile(icuStay, prob=0.25),
             icuQ3 = quantile(icuStay, prob=0.75))

#-----
# cvd and days in ICU for survivors
#
cardiacDF %>%
  filter( hospDeath == 0 ) %>%
  mutate( cvd = chronHeartFailure + hypertension + coronArteryDis ) %>%
  ggplot( aes(x = icuStay)) +
  geom_histogram( bins = 50, fill = "steelblue" ) +
  labs( x = "Days in ICU" ) +
  facet_grid( cvd ~ . )

#-----
# Kruskal-Wallis test of Days in ICU for survivors
#
cardiacDF %>%
  filter( hospDeath == 0 ) %>%
  mutate( cvd = chronHeartFailure + hypertension + coronArteryDis ) %>%
  kruskal.test( icuStay ~ cvd, data = .)

#-----
# ICU Stay & Time to Return of Spontaneous Circulation (RoSC)
#
cardiacDF %>%
  ggplot( aes(x = timeToRosMin, y = icuStay) ) +
  geom_point( colour = "darkgreen" ) +
  scale_y_log10() +
  geom_smooth( method = "lm" , colour = "black" ) +
  labs( x = "Time to Spontaneous Circulation (mins)",

```

```
y = "Days in ICU") +  
facet_grid( hospDeath ~ .)
```

Conclusions

The main lessons from this simple analysis are,

- Patients spend an average of 8 days in ICU
- The distribution is very skewed. Median 4 days, min 1 day, max 95 days
- 57% of ICU patients die in hospital
- Patients who die spend a shorter time in ICU, Median 3 days vs 7 days, $p=7 \times 10^{-12}$ (Wilcoxon Rank Sum test)
- No evidence that more the CVD score is associated with a longer ICU stay
- In patients who survive to discharge, a longer time to restoration of spontaneous circulation after the arrest is associated with a longer stay in ICU

Preparation of a Report

An html document describing the analysis is generated by `demo1_report.rmd`.

Steps in creating the report.

- Open a new rmarkdown script. RStudio: File - New File - R Markdown
- Remove the sample text and code, leave YAML header
- Adapt the YAML
- Add new section headers
- Copy selected code from your R script
- Add descriptive text
- knit everything together

Here is my complete R Markdown file.

```
---  
title: "ICU Stay after a Cardiac Arrest"  
author: "John Thompson"  
date: "25/02/2022"  
output: html_document  
---  
  
{r setup, include=FALSE}
```

```
knitr::opts_chunk$set(echo = FALSE, message = FALSE, warning = FALSE)
'''
```

```
'''{r echo = FALSE}
library(tidyverse)
```

```
clean_file <- "C:/Projects/RCourse/ISCB/data/rData/cardiac.rds"
```

```
cardiacDF <- readRDS(clean_file)
'''
```

Background

The outcome of patients after sudden cardiac arrest (CA) remains poor, in particular because a large proportion of patients die in hospital.

In this analysis we look at the length of stay in ICU of cardiac arrest patients using data taken from, [Iesu, E., Franchi, F., Zama Cavicchi, F., Pozzebon, S., Fontana, V., Mendoza, M., ... & Taccone, F. S. \(2016\). **Acute liver dysfunction after cardiac arrest.** PLoS One, 13\(11\), e0206655.](#)

****Acute liver dysfunction after cardiac arrest.****
 PLoS One, 13(11), e0206655..

Study Design

This retrospective study was performed in the Department of Intensive Care at Erasme Hospital, Brussels.

ICU Stay

Figure 1 shows a histogram of the number of days in ICU for the 374 patients recruited into the study.

```
'''{r hist_stay}
cardiacDF %>%
  ggplot( aes(x = icuStay)) +
  geom_histogram( bins = 50, fill="steelblue" ) +
  labs( x      = "Days in ICU",
        title = "Figure 1: Histogram of Length of Stay in ICU")
'''
```

Summary statistics show that the median stay in ICU was 4 days, range 1 day to 95 days.

```
'''{r summary_stay}
cardiacDF %>%
  summarise( n      = n(),
             icuMED = median(icuStay),
             icuMin = min(icuStay),
             icuQ1  = quantile(icuStay, prob=0.25),
             icuQ3  = quantile(icuStay, prob=0.75),
             icuMax = max(icuStay))
'''
```

ICU Stay and Mortality

Patients who died in hospital include many who died in the ICU unit and so they have a shorter average length of stay.

```
'''{r hist_mortality}
cardiacDF %>%
```

```

ggplot( aes(x = icuStay)) +
  geom_histogram( bins = 50, fill = "steelblue" ) +
  labs( x = "Days in ICU",
        title = "Figure 2: ICU Stay for Patients who Survived (0) and those that died in hospital (1)" )
  facet_grid( hospDeath ~ .)
'''

```

Summary statistics show that the 57% of patients who dies in hospital had a median stay in ICU of 3 days

```

'''{r summary_stay}
cardiacDF %>%
  group_by( hospDeath ) %>%
  summarise( n      = n(),
             icuMED = median(icuStay),
             icuQ1  = quantile(icuStay, prob=0.25),
             icuQ3  = quantile(icuStay, prob=0.75)) %>%
  mutate( pct = 100 * n / sum(n)) %>%
  select( hospDeath, n, pct, icuMED, icuQ1, icuQ3)
'''

```

In a wilcoxon rank sum test the distributions of length of stay are shown to be significantly different

```

'''{r test_mortality}
cardiacDF %>%
  wilcox.test( icuStay ~ hospDeath, data = .)
'''

```

ICU Stay and Pre-existing CVD

A score for pre-existing cardiovascular disease (CVD) was created and lenngth of stay in ICU was compar

```

'''{r summary_cvd}
cardiacDF %>%
  mutate( cvd = chronHeartFailure + hypertension + coronArteryDis ) %>%
  group_by( hospDeath, cvd ) %>%
  summarise( n      = n(),
             icuMED = median(icuStay),
             icuQ1  = quantile(icuStay, prob=0.25),
             icuQ3  = quantile(icuStay, prob=0.75))
'''

```

ISU Stay and RoSC

The study recorded the time in minutes from the arrest to the return of spontaneous circulations (RoSC)

```

'''{r rosc}
cardiacDF %>%
  ggplot( aes(x = timeToRosMin, y = icuStay)) +
  geom_point( colour="steelblue" ) +
  scale_y_log10() +
  geom_smooth( method = "lm" ) +
  labs( y = "Days in ICU" ) +
  facet_grid( hospDeath ~ .)
'''

```

Conclusion

In hospital mortality is high amongst patients who survive a cardiac arrest. The median stay in ICU for