

# Building Infrastructure for a Data Driven Organization: CHOP Data Blocks

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# Presentation Overview

- Data Barriers at CHOP
- The CHOP Blocks Project
  - User Requirements
  - Content Development
  - Governance
- Technical Infrastructure
- Adoption and Next Steps



# CHOP is becoming increasingly data driven

- Analytics Leadership held an organization wide retreat
- Common themes were revealed by consumers



# Many of these challenges were rooted in the analyst workflow

- A routine data request could take hours because a data analyst needs to



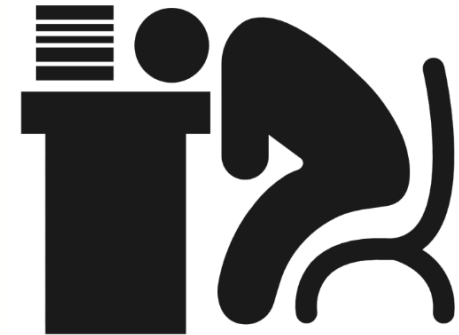
Find data tables and explore their contents



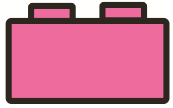
Join them together



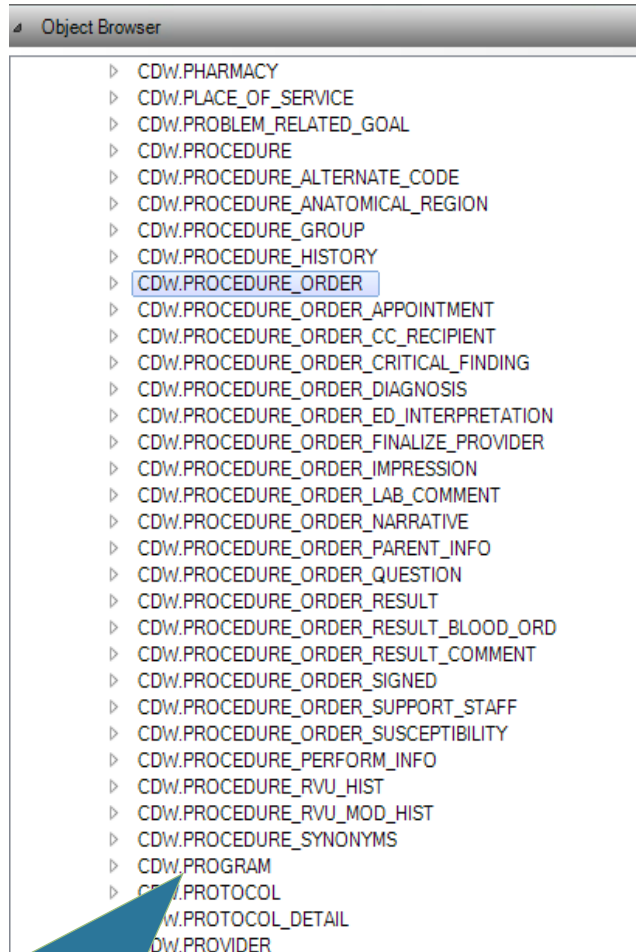
Calculate metrics and fields



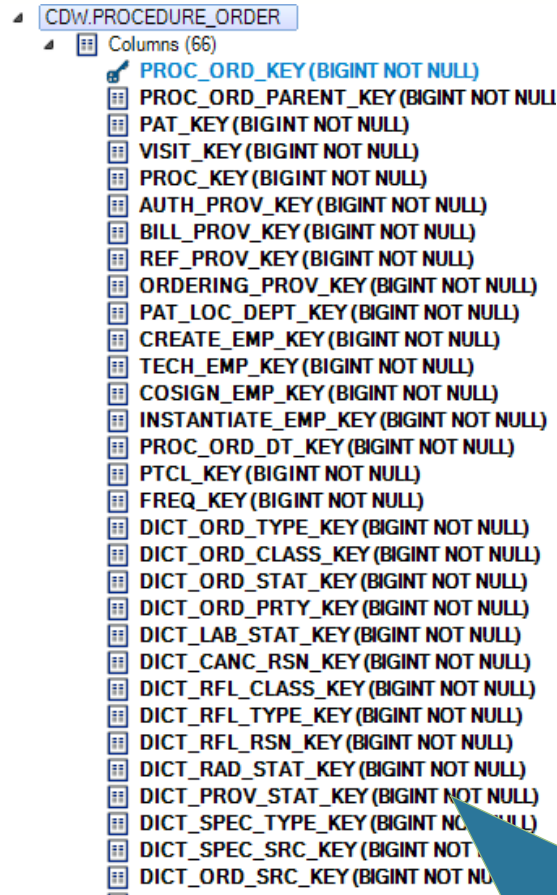
- Re-writing code that contains repetitive business logic, which could result in different answers to foundational questions
- These tasks, while not difficult, take away analyst capacity



# Find data tables and explore their contents



All these tables hold data from procedure orders!



Tables have many fields, often names are not intuitive and must be 'decoded'

- To make data easy to store and analyze, it is broken down into its most granular pieces
- However, that means there are also many different tables (1,000+)
- Data Analysts are specially trained to extract these data with queries and with data tools

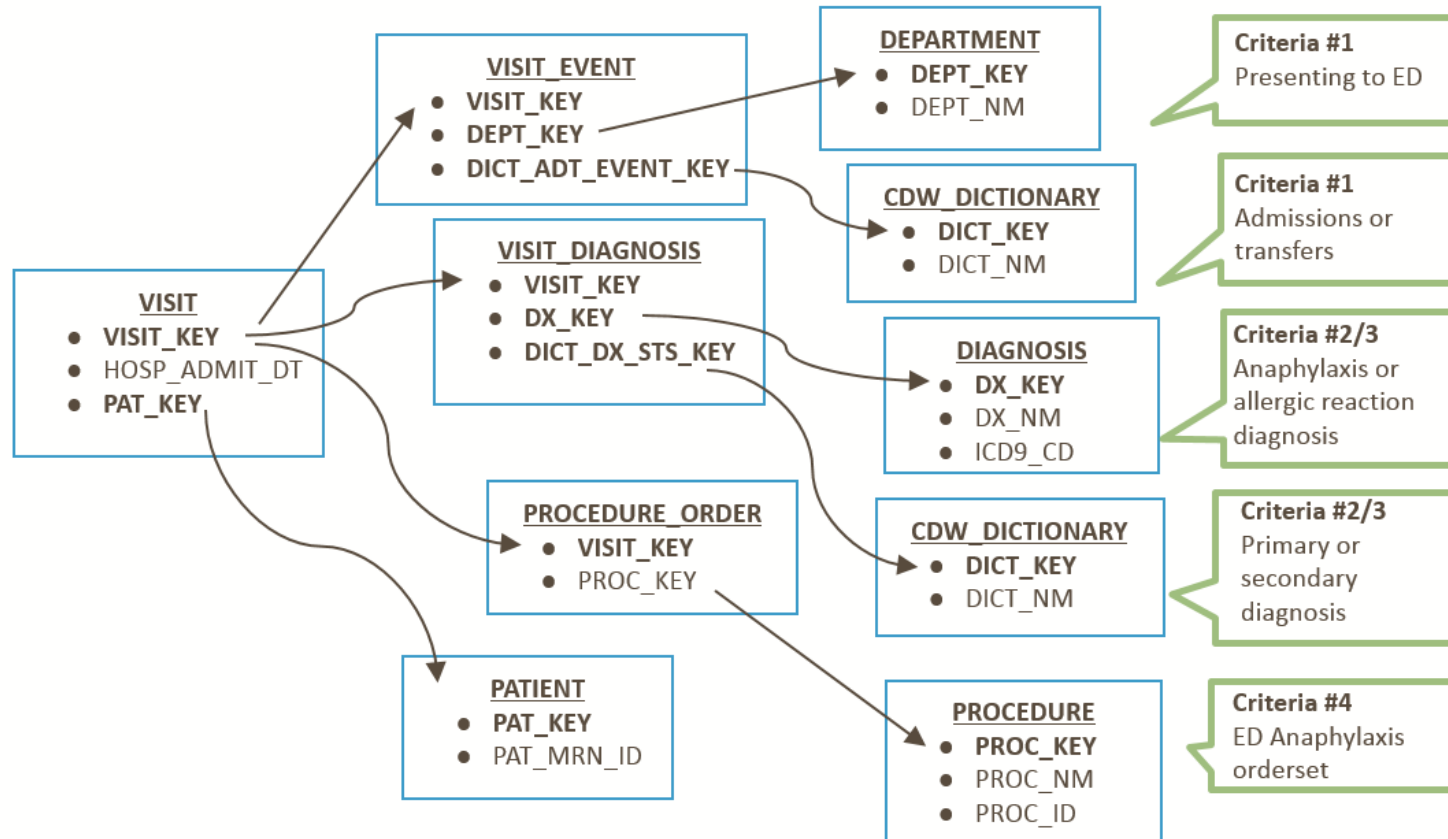


# Join tables to create a cohort



I want to review data for patients:

- Presenting to the ED (including transfers)
- With a primary or secondary diagnosis of anaphylaxis
- *or* allergic reaction with the ED anaphylaxis orderset started





# Write queries to calculate metrics



## Example Request:



How many inpatients have we seen with a diagnosis of bronchiolitis under the age of one?

- 6 Joins
- 1 Calculation
- 30 Lines of Code



```
select
v.visit_key
, v.ENC_ID
, v.HOSP_ADMIT_DT
, v.HOSP_DISCHRG_DT
, extract(day from v.Hosp_admit_dt - p.dob) as age_days
, p.PAT_MRN_ID
, p.PAT_KEY
, p.DOB
, p.full_nm

from visit v
join cdw_dictionary DICT_ENC_TYPE_KEY on v.DICT_ENC_TYPE_KEY=DICT_ENC_TYPE_KEY.dict_key
join patient p on v.pat_key=p.pat_key

/*Primary diagnosis only*/
join visit_diagnosis vd on vd.visit_key=v.visit_key
join CDW_DICTIONARY dict_dx_sts_key on dict_dx_sts_key.dict_key=vd.dict_dx_sts_key
join CDW_DICTIONARY dict_dx_type_key on dict_dx_type_key.dict_key= vd.dict_dx_type_key
join diagnosis diag1 on diag1.dx_key=vd.dx_key

/*Hospital Encounter came through ED*/
join visit_ed_event vee on vee.visit_key=v.visit_key
join CDW.MASTER_EVENT_TYPE met on vee.event_type_key=met.event_type_key
join department dept1 on dept1.dept_key=v.eff_dept_key

where
/*Acute Bronchiolitis*/
(diag1.icd9_cd like '466.1%' or diag1.icd10_cd like 'J21%')

/*Diagnosis types, primary DX, or when ED doesnt mark one as primary, do the first one listed*/
and dict_dx_sts_key.DICT_NM in ('HSP ACCT FINAL - PRIMARY')

/*Date Range*/
and date_trunc('day', v.HOSP_ADMIT_DT) >= to_date('2012-12-01', 'yyyy-mm-dd')

/*Hospital Encounter Came Thru the ED*/
and DICT_ENC_TYPE_KEY.dict_nm= 'HOSPITAL ENCOUNTER'
and met.event_id in (60, 50, 95)
and upper(dept1.dept_nm) not like '%URG%'

/*Age Range of Cohort between 29 days and 1 year*/
and extract(day from v.Hosp_admit_dt - p.dob) > 28
and extract(day from v.Hosp_admit_dt - p.dob) < 365.25
```



# How can CHOP overcome these barriers?

- De-normalize the data to decrease number of joins
- Pre-calculate common measures
  - Length of stay
  - Revisit indicators
- Remove uncertainty surrounding definitions
- Provide self service tools based on trusted data





# Create a curated data layer in the data warehouse called CHOP Blocks

## GOALS

- Make routine querying simpler
- Ensure data, metrics, definitions are accurate and consistent
- Create Blocks that are use case driven
- Build the foundation for a visual analytics tool



# What's in a name?

Branding is important for:

- Leadership buy-in
- Marketing
- Fun!

Why CHOP Blocks?

- Differentiate from existing fact tables/data marts
- Conveys the idea that users should build on this layer



# Scrum gets the work done!



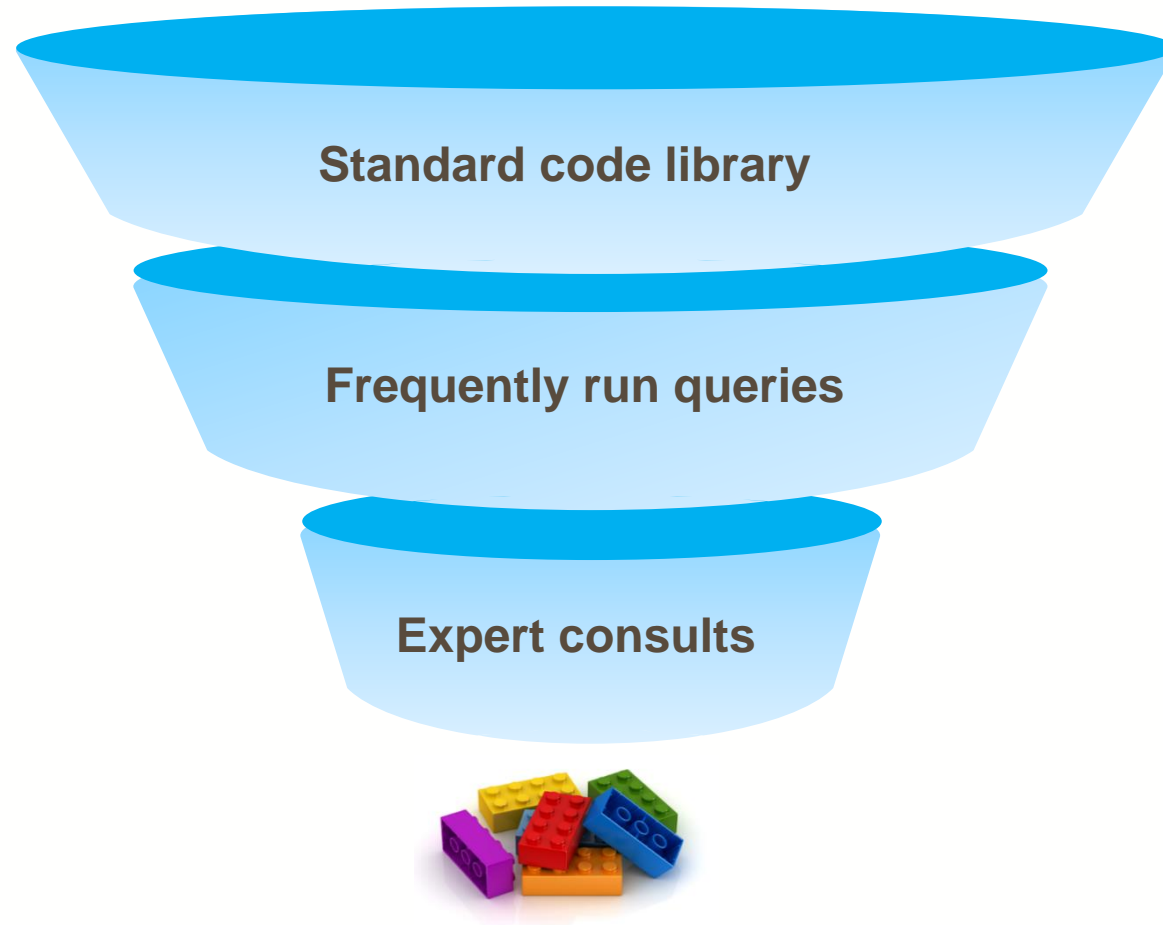
- Cross-functional team
  - Analysts
  - Data Engineers
  - Data Governance
- Bi-weekly meetings with analytics leadership



- Agile Scrum Methodology
  - Clear product owner, scrum master roles
  - Groomed backlog
  - Sprint planning
  - True team mentality

0	1/2	1	2	3	5
8	13	20	40	100	?

# We used multiple methods to define block content



# User profiles help drive requirements

Understand needs and experiences of users

Role + goal based

Who should the blocks serve?

- Analysts
- Consumers



# Analysts want to be more productive



## Walter

- Novice analyst
- New to the team

### Pain points:

- Continuously answering the same types of questions from data requests
- Unsure of what is contained in every EDW table
- Too many joins!

*“I want to see if patients are flagged for having a complex chronic condition”*

*“I don’t want to repeatedly calculate BMI”*

### Block goal:

Reduce time it takes to query data



## Heisenberg

- Advanced analyst
- Been at CHOP for several years

### Pain points:

- Too much time spent creating and understanding my data sets
- Too many queries to maintain
- Unsure of how data elements are defined

*“I want to build a predictive model using CDW data”*

*“I don’t want to update/don’t know when to update my query if definitions are changed”*

### Block goal:

Generate most features for my predictive model

# Consumers want access to data without an analyst



**Pam**

- Clinical Nurse Specialist

## Pain points:

- Can't access any data on their own
- Waits too long to receive data requests

*"I want to have use CDW data without having to write queries"*

*"I want to expand my data knowledge"*

*"I don't want to submit data requests for simple questions"*

## Block goal:

Have data easily accessible in a self service tool



**Ruth**

- Department Quality Improvement Lead

## Pain points:

- Current ways to access data aren't well communicated
- Has to go through someone else to get data, and then wait for the answers

*"I want to know that elements are defined consistently and that definitions are transparent"*

*"I want to build data sets on my own"*

## Block goal:

Use block data for trusted decision making



# Block category content defined with stakeholder input

- **Encounters**
- Flowsheet
- Patient
- Diagnosis
- Procedure Order
- Medication Order
- ADT

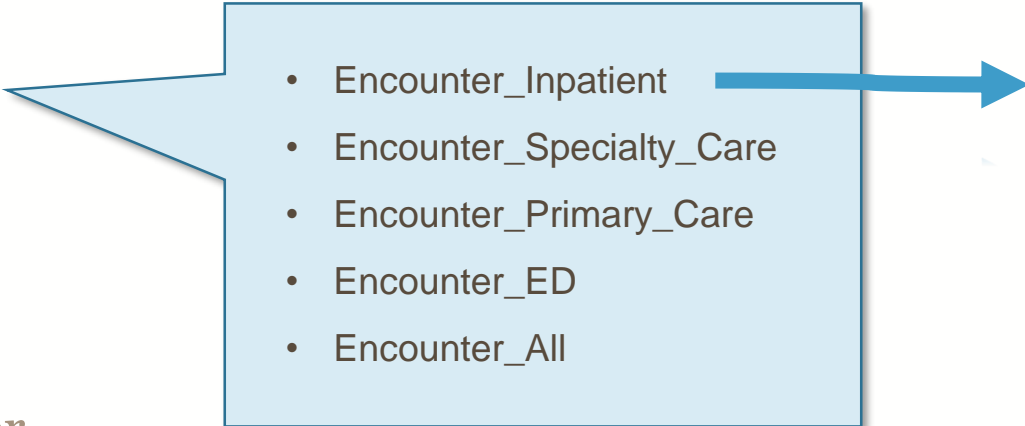
For ease of use, each table contains the same core columns and common naming conventions.

```
CLINICAL.ENCOUNTER_INPATIENT
└─ Columns (35)
   └─ VISIT_KEY (BIGINT)
   └─ PATIENT_NAME (CHARACTER VARYING(911))
   └─ MRN (CHARACTER VARYING(255))
   └─ DOB (TIMESTAMP)
   └─ ENCOUNTER_DATE (DATE)
   └─ CSN (BIGINT)
```

```
CLINICAL.PROCEDURE_ORDER_CLINICAL
└─ Columns (31)
   └─ PROC_ORD_KEY (BIGINT NOT NULL)
   └─ PATIENT_NAME (CHARACTER VARYING(911))
   └─ MRN (CHARACTER VARYING(255))
   └─ DOB (TIMESTAMP)
   └─ ENCOUNTER_DATE (DATE)
   └─ CSN (BIGINT)
```

# Each category consists of several tables with a specific focus

- **Encounters**
- Flowsheet
- Patient
- Diagnosis
- Procedure Order
- Medication Order
- ADT

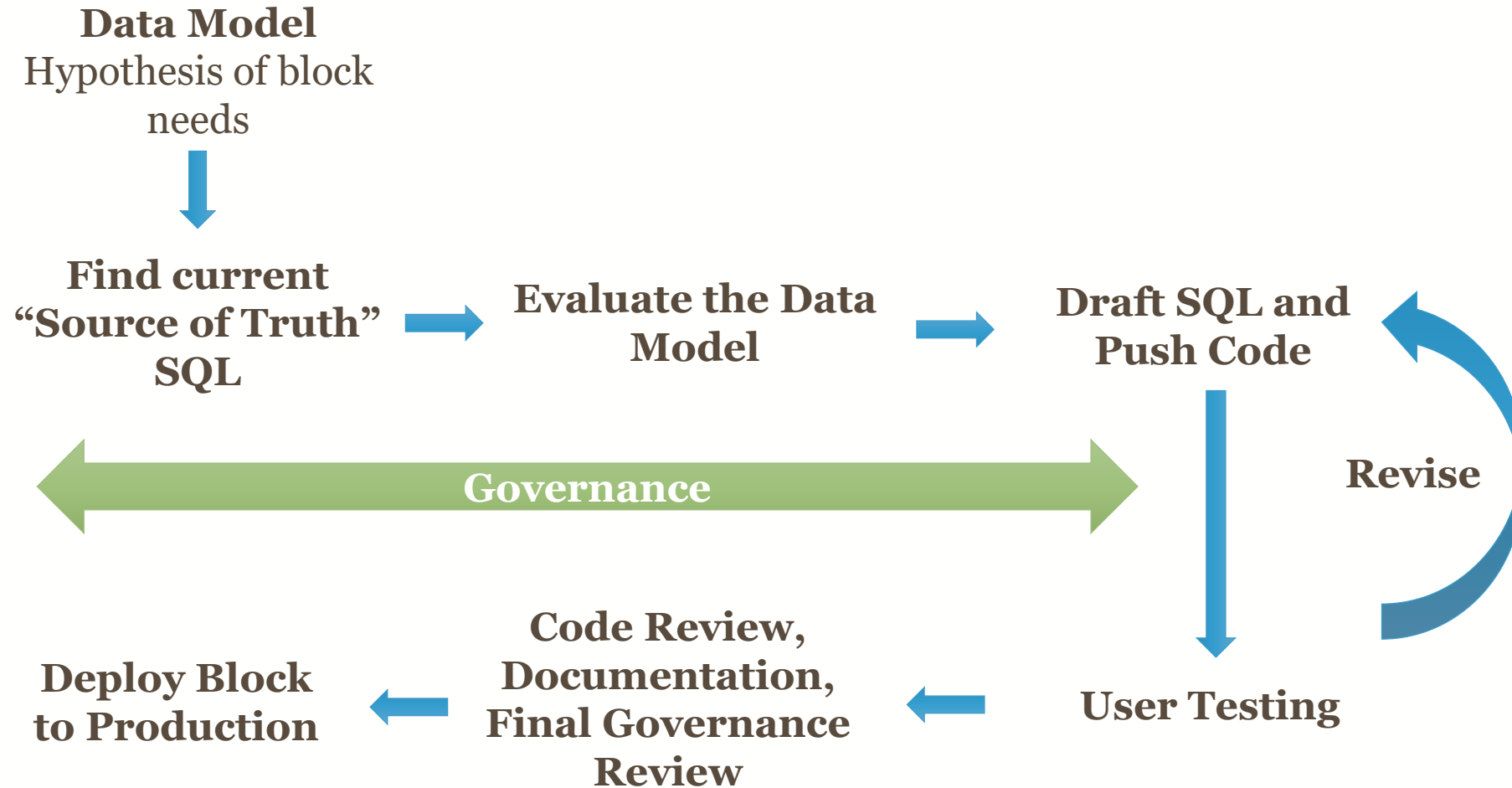
- 
- Encounter\_Inpatient
  - Encounter\_Specialty\_Care
  - Encounter\_Primary\_Care
  - Encounter\_ED
  - Encounter\_All

## Inpatient Definition

- Visits with a hospital encounter visit type
- Visits that have a non-canceled ADT event in a specified list of inpatient departments
- Excludes visits that only touch the ED or ED observation unit



# Making blocks is an iterative process



# Governance is essential in the development process

- Engaged subject area experts to review fields and definitions
- Created action-oriented definitions to provide complete context
  - ~~“The time a patient was checked in”~~
  - “The time a CHOP employee marked in Epic that a patient checked in for an appointment”
- Maintained consistency between block and enterprise definitions

# Baked in governance ensures accurate information

- Code changes cannot be put in production without validating that metadata exists for the change
- Definition changes are part of release notes
- Using blocks helps prevent discrepancies
- All metadata is published in an open dictionary tool for block users



# Infrastructure Goals for Sustainability



Transparent code



Open source contribution model

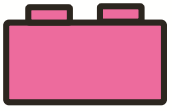


Reusable architecture pieces



Continuously validated data and metadata





# Transparent Code



- Help establish trust with analysts who want to see the logic behind a block



- All code is openly posted in a GitHub repository



- Release notes are published so analysts know “what’s new?”
- Code is formatted according to a standardized SQL style guide







# Open Source Contribution Model



- Analysts are the content experts
- Keeps the blocks relevant as the business changes
- Minimizes ongoing engineering work to implement Blocks



User proposes  
change



Blocks team  
reviews



User codes  
change



Blocks team  
reviews, approves,  
& documents

## WAYS TO CONTRIBUTE

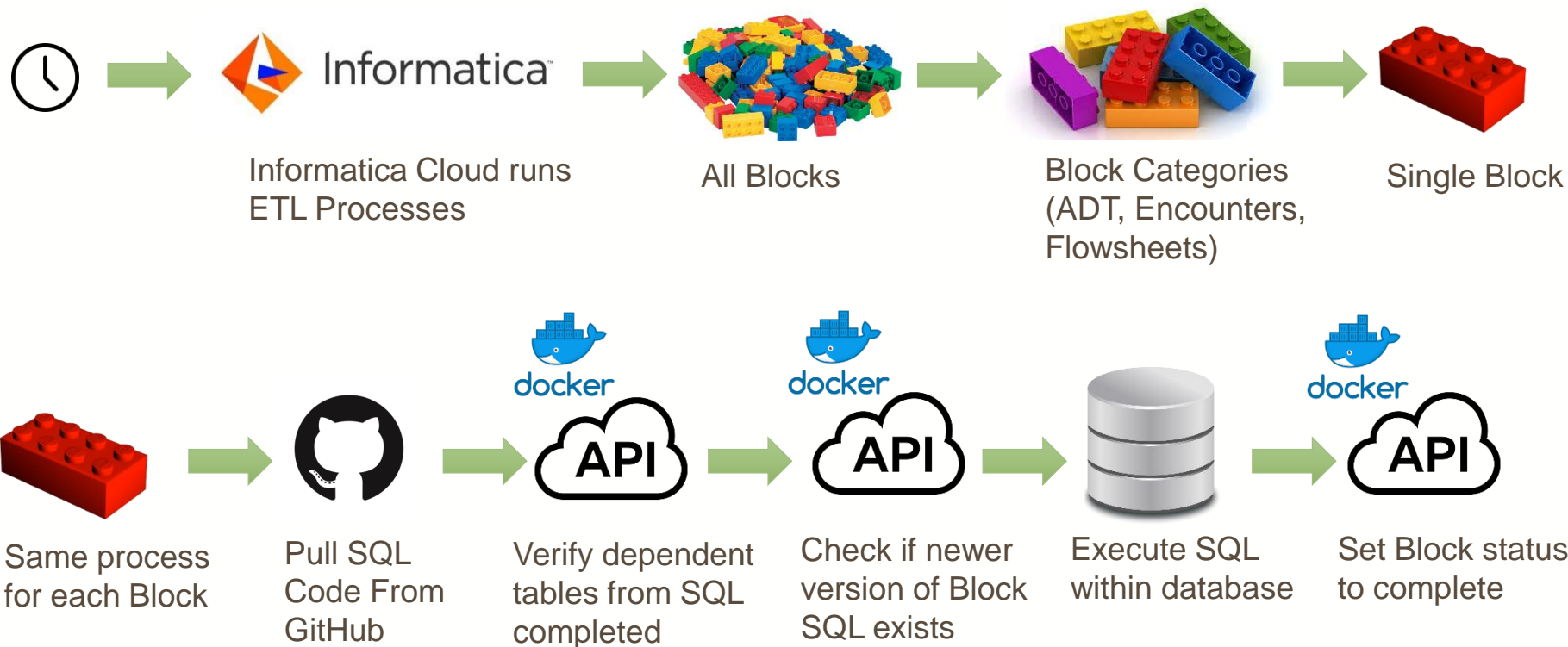
- Creating or commenting on GitHub issues
  - 19 issues created by 9 non-Core blocks team member
- Submitting a proposed code change (business logic updates, new block, etc.)
  - 5 code contributions from 4 external contributors



# Reusable Architecture



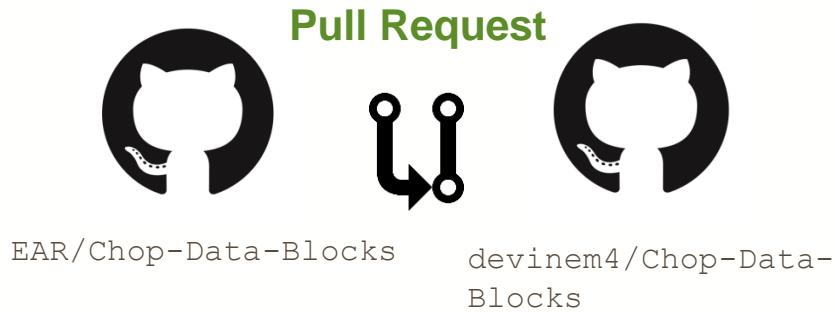
- Built pieces to be reused by data engineers outside of the blocks project





# Continuously Validated Data and Metadata

Matt proposes adding discharge disposition into the `encounter_inpatient` block



GitHub Hook




Jenkins checks out the version of the code at devinem4/Chop-Data-Blocks




Jenkinsfile



Jenkins sends a message to GitHub, saying that Matt's changes have passed all our tests.



✓ All checks have passed  
1 successful check [Hide all checks](#)

✓  continuous-integration/jenkins/pr-merge — This commit looks good [Details](#)

✓ This branch has no conflicts with the base branch  
Merging can be performed automatically.

Merge pull request

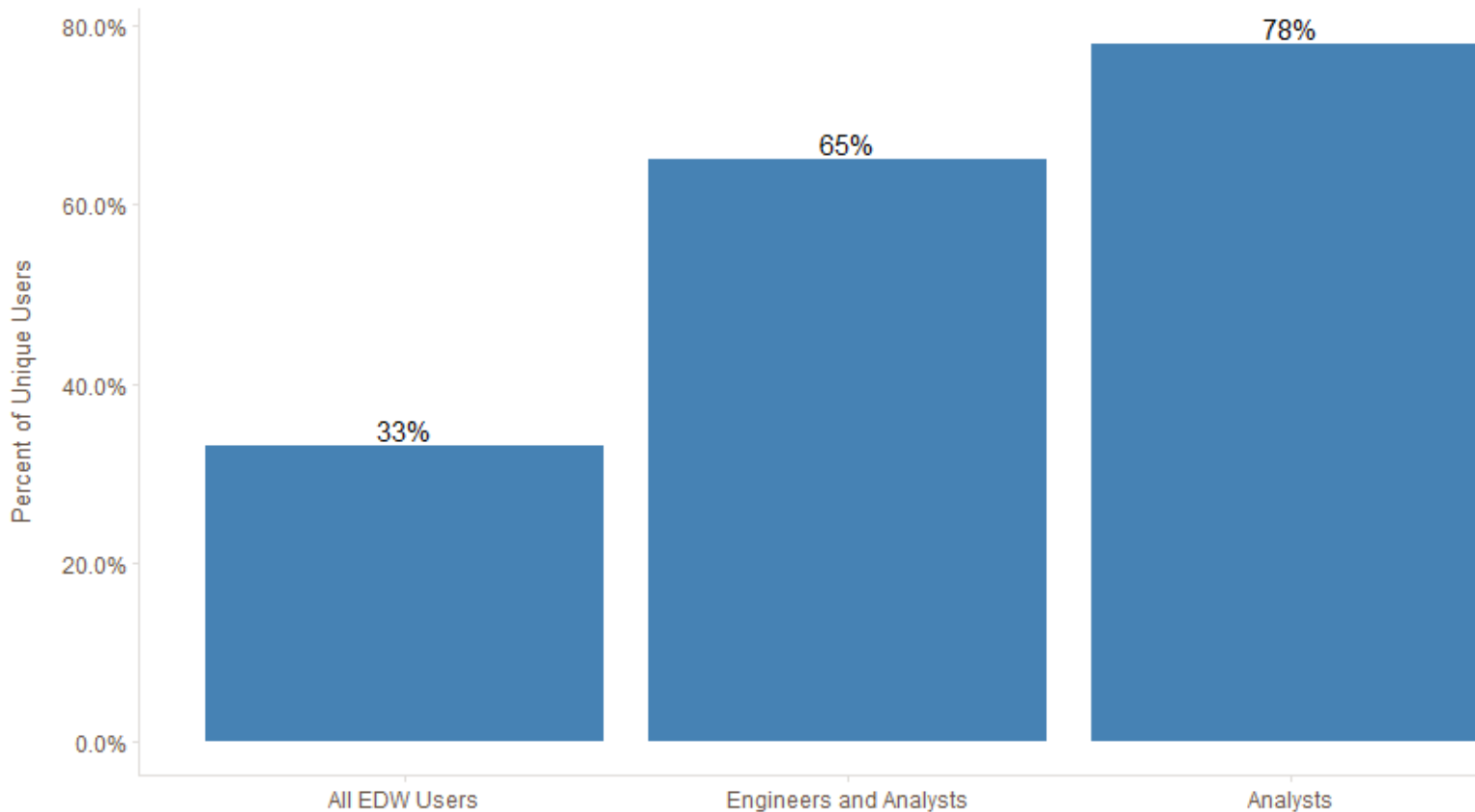
You can also [open this in GitHub Desktop](#) or view [command line instructions](#).



# Most analysts use Blocks regularly

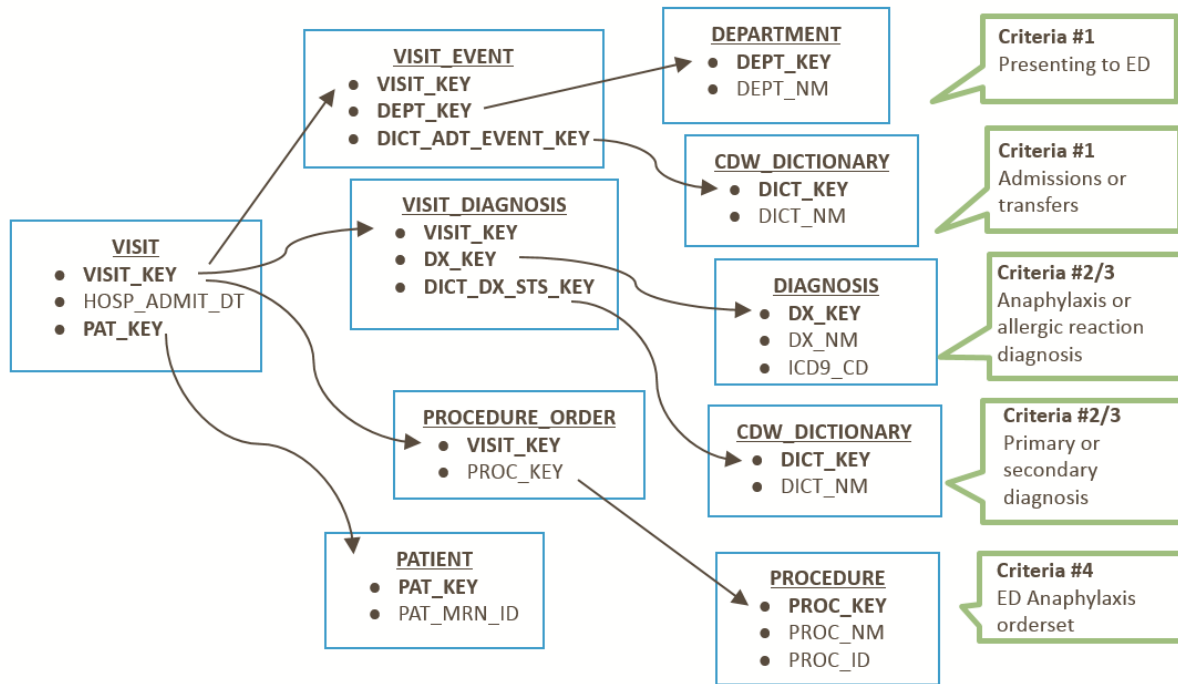
Monthly Active Users

Analytics Unit

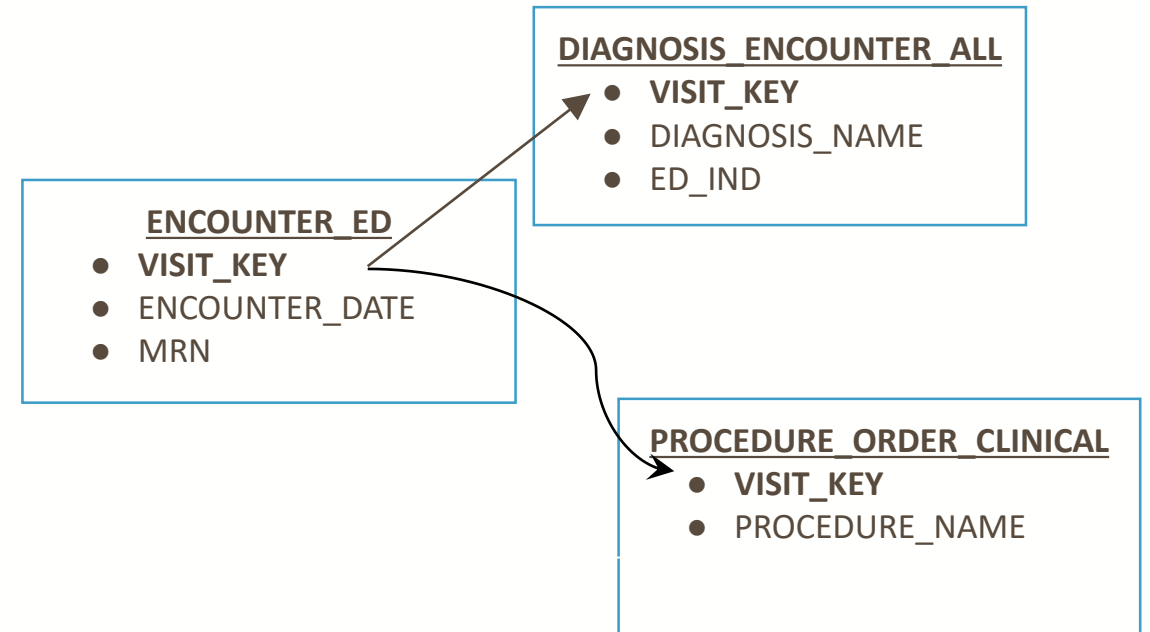


- Marketing
  - User testimonials
  - Presenting at forums
  - Release Notes
- Analyst ownership
- Stakeholder buy-in

# Remember Before...



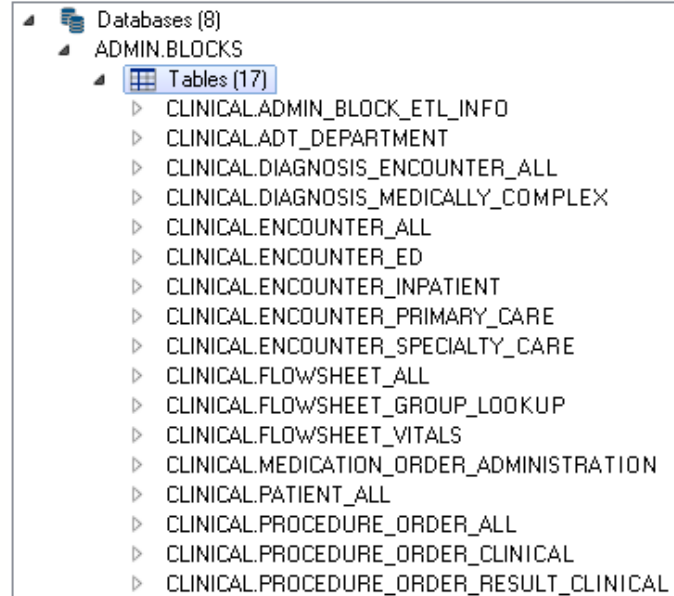
# Look Now!



# 1000 + tables before blocks...

- ▷ CDW.PPLS\_PATIENT
- ▷ CDW.PPLS\_STAFF\_LOCATION\_HISTORY
- ▷ CDW.PPLS\_STAFF\_STATUS\_HISTORY
- ▷ CDW.PPLS\_WORKFLOW\_MILESTONE\_HISTORY
- ▷ CDW.PPLS\_WORKFLOW\_PRIMARY\_STAFF\_HISTORY
- ▷ CDW.PPLS\_WORKFLOW\_TAGGABLE
- ▷ CDW.PRECISION\_QUEUE
- ▷ CDW.PROBLEM\_RELATED\_GOAL
- ▷ CDW.PROCEDURE
- ▷ CDW.PROCEDURE\_ALTERNATE\_CODE
- ▷ CDW.PROCEDURE\_ANATOMICAL\_REGION
- ▷ CDW.PROCEDURE\_GROUP
- ▷ CDW.PROCEDURE\_HISTORY
- ▷ CDW.PROCEDURE\_ORDER
- ▷ CDW.PROCEDURE\_ORDER\_APPOINTMENT
- ▷ CDW.PROCEDURE\_ORDER\_CC\_RECIPIENT
- ▷ CDW.PROCEDURE\_ORDER\_COMMENT
- ▷ CDW.PROCEDURE\_ORDER\_CRITICAL\_FINDING
- ▷ CDW.PROCEDURE\_ORDER\_DIAGNOSIS
- ▷ CDW.PROCEDURE\_ORDER\_ED\_INTERPRETATION
- ▷ CDW.PROCEDURE\_ORDER\_FINALIZE\_PROVIDER
- ▷ CDW.PROCEDURE\_ORDER\_IMPRESSION
- ▷ CDW.PROCEDURE\_ORDER\_LAB\_COMMENT
- ▷ CDW.PROCEDURE\_ORDER\_NARRATIVE
- ▷ CDW.PROCEDURE\_ORDER\_PARENT\_INFO
- ▷ CDW.PROCEDURE\_ORDER\_QUESTION
- ▷ CDW.PROCEDURE\_ORDER\_RESULT
- ▷ CDW.PROCEDURE\_ORDER\_RESULT\_BLOOD\_ORD
- ▷ CDW.PROCEDURE\_ORDER\_RESULT\_COMMENT
- ▷ CDW.PROCEDURE\_ORDER\_SIGNED
- ▷ CDW.PROCEDURE\_ORDER\_SUPPORT\_STAFF
- ▷ CDW.PROCEDURE\_ORDER\_SUSCEPTIBILITY
- ▷ CDW.PROCEDURE\_PERFORM\_INFO
- ▷ CDW.PROCEDURE\_RVU\_HIST
- ▷ CDW.PROCEDURE\_RVU\_MOD\_HIST
- ▷ CDW.PROCEDURE\_SYNONYMS
- ▷ CDW.PROCURE\_VENDOR\_AGREEMENT
- ▷ CDW.PROCURE\_VENDOR\_AGREEMENT\_LINE
- ▷ CDW.PROGRAM
- ▷ CDW.PROTOCOL
- ▷ CDW.PROTOCOL\_DETAIL

# To only 17!



The screenshot shows a database management interface with a tree view. The 'ADMIN.BLOCKS' database is selected, and its 'Tables (17)' are listed. The tables are:

- ▷ CLINICAL.ADMIN\_BLOCK\_ETL\_INFO
- ▷ CLINICAL.ADT\_DEPARTMENT
- ▷ CLINICAL.DIAGNOSIS\_ENCOUNTER\_ALL
- ▷ CLINICAL.DIAGNOSIS\_MEDICALLY\_COMPLEX
- ▷ CLINICAL.ENCOUNTER\_ALL
- ▷ CLINICAL.ENCOUNTER\_ED
- ▷ CLINICAL.ENCOUNTER\_INPATIENT
- ▷ CLINICAL.ENCOUNTER\_PRIMARY\_CARE
- ▷ CLINICAL.ENCOUNTER\_SPECIALTY\_CARE
- ▷ CLINICAL.FLOWSHEET\_ALL
- ▷ CLINICAL.FLOWSHEET\_GROUP\_LOOKUP
- ▷ CLINICAL.FLOWSHEET\_VITALS
- ▷ CLINICAL.MEDICATION\_ORDER\_ADMINISTRATION
- ▷ CLINICAL.PATIENT\_ALL
- ▷ CLINICAL.PROCEDURE\_ORDER\_ALL
- ▷ CLINICAL.PROCEDURE\_ORDER\_CLINICAL
- ▷ CLINICAL.PROCEDURE\_ORDER\_RESULT\_CLINICAL

# Blocks give analysts more time for analysis

```
select
v.visit_key
, v.ENC_ID
, v.HOSP_ADMIT_DT
, v.HOSP_DISCHRG_DT
, extract(day from v.Hosp_admit_dt - p.dob) as age_days
, p.PAT_MRN_ID
, p.PAT_KEY
, p.DOB
, p.full_nm

from visit v
join cdw_dictionary DICT_ENC_TYPE_KEY on
v.DICT_ENC_TYPE_KEY=DICT_ENC_TYPE_KEY.dict_key
join patient p on v.pat_key=p.pat_key

/*Primary diagnosis only*/
join visit_diagnosis vd on vd.visit_key=v.visit_key
join CDW_DICTIONARY dict_dx_sts_key on dict_dx_sts_key.dict_key=vd.dict_dx_sts_key
join CDW_DICTIONARY dict_dx_type_key on dict_dx_type_key.dict_key= vd.dict_dx_type_key
join diagnosis diag1 on diag1.dx_key=vd.dx_key

/*Hospital Encounter came through ED*/
join visit_ed_event vee on vee.visit_key=v.visit_key
join CDW.MASTER_EVENT_TYPE met on vee.event_type_key=met.event_type_key
join department dept1 on dept1.dept_key=v.eff_dept_key

where
/*Acute Bronchiolitis*/
(diag1.icd9_cd like '466.1%' or diag1.icd10_cd like 'J21%')

/*Diagnosis types, primary DX, or when ED doesnt mark one as primary, do the first one listed*
and dict_dx_sts_key.DICT_NM in ('HSP ACCT FINAL - PRIMARY')

/*Date Range*/
and date_trunc('day', v.HOSP_ADMIT_DT) >= to_date('2012-12-01', 'yyyy-mm-dd')

/*Hospital Encounter Came Thru the ED*/
and DICT_ENC_TYPE_KEY.dict_nm= 'HOSPITAL ENCOUNTER'
and met.event_id in (60, 50, 95)
and upper(dept1.dept_nm) not like '%URG%'

/*Age Range of Cohort between 29 days and 1 year*/
and extract(day from v.Hosp_admit_dt - p.dob) > 28
and extract(day from v.Hosp_admit_dt - p.dob) < 365.25
```

## Old Code

- 6 joins
- 1 Calculation
- 30 Lines of Code

## Example Request:

How many inpatients have we seen with a diagnosis of bronchiolitis under the age of 1

```
select
,visit_key,Encounter_ID
,Hospital_Admission_Date
,Hospital_Discharge_Date
,age_years
,mrn
,pat_key
,DOB
,Patient_name

from encounter_inpatient

where primary_dx_icd10 like 'J21%'
and AGE_DAYS > 28
and AGE_DAYS < 365
and v.Hospital_Admission_Date >= to_date('2012-12-01', 'yyyy-mm-dd')
```

## New code

- 0 Joins
- 0 Calculations
- 14 Lines of Code





# Testimonials

"With CHOP blocks, many of the key information were easy to find, simple to code, and quick to run!"

"I've been **using blocks like crazy** and there are three major reasons – speed, consistency, and brevity.

"Blocks ... made it super **easy and efficient** to find ED visits and IP admissions for my patients, and had a ton of other relevant info..."

"It's a relief to know that this data has been **validated** and that I won't be sending my customers bad data on account of a silly mistake."

# Future of data at CHOP

- Blocks will serve as foundation to Self Service BI tools
- Data consumers of all technical levels will have ability to access block data
- Access to the underlying data warehouse will be mostly replaced by blocks



**Thank you!**

