

# Hospital Surge Prediction using Google Trends

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Driven to Discover<sup>SM</sup>

# Roadmap

- 1 Motivation** - Why hospital surges? Why Google Trends?
- 2 Data** - What datasets are we using?
- 3 Model & Performance** - What is the best predictive model?
  - Does performance differ by city?
- 4 Caution & Conclusion** - What are the assumptions and conclusions of the analysis?

# Why Hospital Surges?

SCIENCE

## America's Hospitals Have Never Experienced Anything Like This

If they run out of space, where will all the sick people go?

SARAH ZHANG MARCH 25, 2020

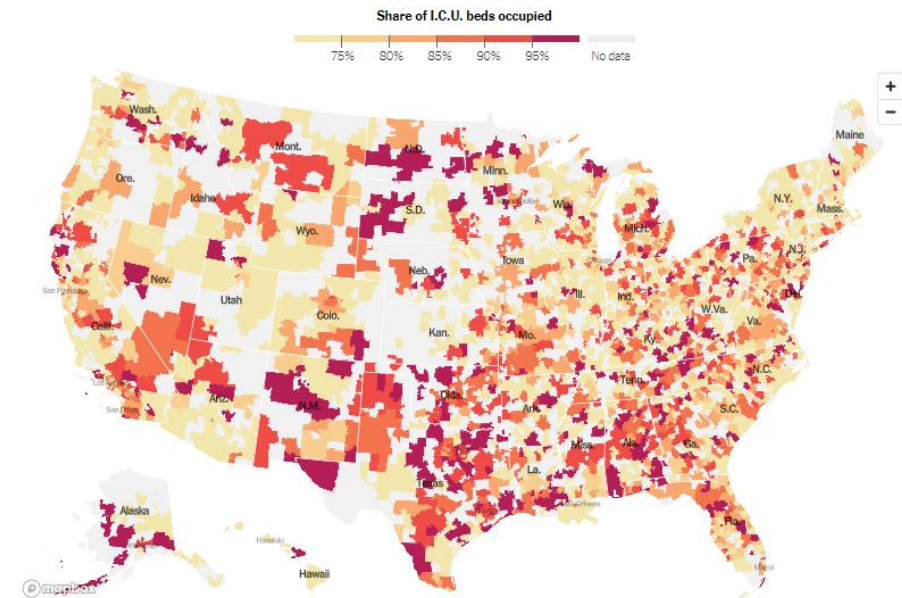
### *13 Deaths in a Day: An 'Apocalyptic' Coronavirus Surge at an N.Y.C. Hospital*

Hospitals in the city are facing the kind of harrowing increases in cases that overwhelmed health care systems in China and Italy.

Sources: 1,2,3

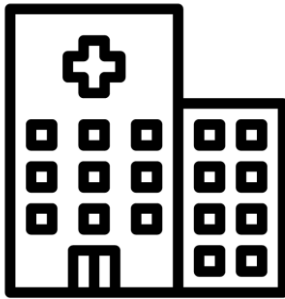
### *'There's No Place for Them to Go': I.C.U. Beds Near Capacity Across U.S.*

By Lauren Leatherby, John Keefe, Lucy Tompkins, Charlie Smart and Matthew Conlen Dec. 9, 2020



Source: New York Times analysis of U.S. Department of Health and Human Services [data](#). Note: Shows 7-day average patient count by hospital service area.

# Despite available data, hospital surge planning remains a challenge

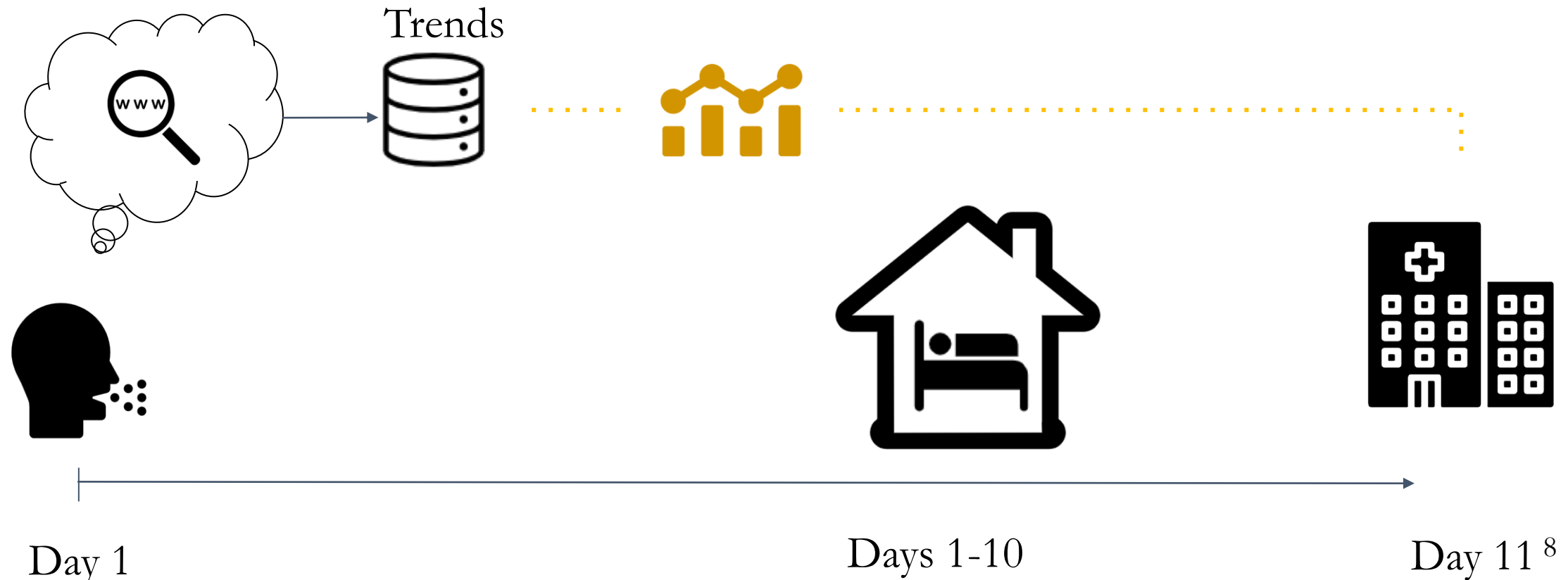


- Hospitals have been **preparing for the worst** for over a year
  - ◆ Increase bed capacity
  - ◆ Postpone elective surgeries <sup>4</sup>
  - ◆ Move beds to waiting rooms and parking garages <sup>5</sup>



- Reported data has **not** always been **dependable** <sup>6,7</sup>
  - ◆ Varies state by state
- Novel data source to help predict needs?

# Google searches could offer **novel, timely data** for hospital surge planning



# COVID-19 prediction using Google Trends has been done at the **state level**



Researchers in Asia, Europe, and the US have conducted similar work <sup>9,10</sup>



Previous domestic work mainly focuses on national and state geographies <sup>11</sup>



Target is COVID-19 case prediction

Inspired by this previous work, we conduct our analysis at the **metropolitan city level** and attempt to **predict hospital surges**

# Previous prediction work focuses on **cases and deaths**



We focus on hospitalization instead <sup>12</sup>

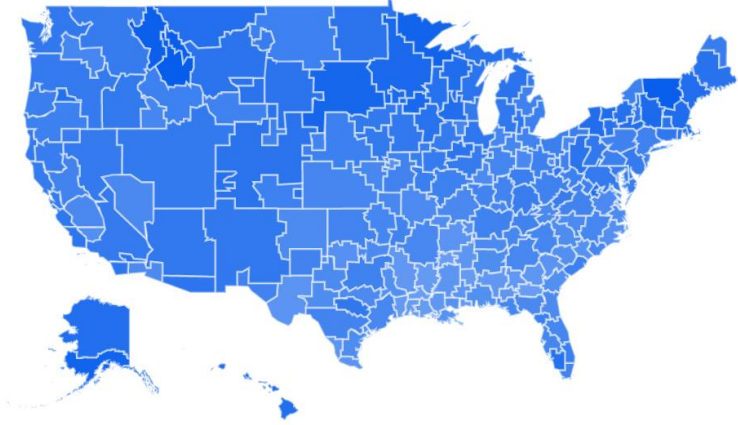
Use COVID-19 Reported Patient Impact and Hospital Capacity by Facility datasource <sup>13</sup>



Calculate surge by 7 day average proportion of ICU capacity

$$= \frac{\text{Sum of avg beds taken}}{\text{Sum of avg beds available}}$$

# We use 'Pytrends' to extract search data



- Top google search queries stored in Google Trends
- Available by city, state, region
- Normalized on a scale of 1:100

Pytrends is an open-source  
Application Programming  
Interface (API)



# Use **COVID-19** symptoms as keywords

Vomit  
Diarrhea  
Fatigue



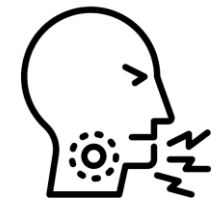
Smell  
Taste



Fever  
Chills



Throat  
Cough  
Breath



10 common COVID-19  
symptoms <sup>14</sup>

# Create a ~6 month panel dataset for the **city-level** geography



Extract data on 210 cities in the US



Data ranges 25 weeks, from 07/31/2020 to 1/21/2021

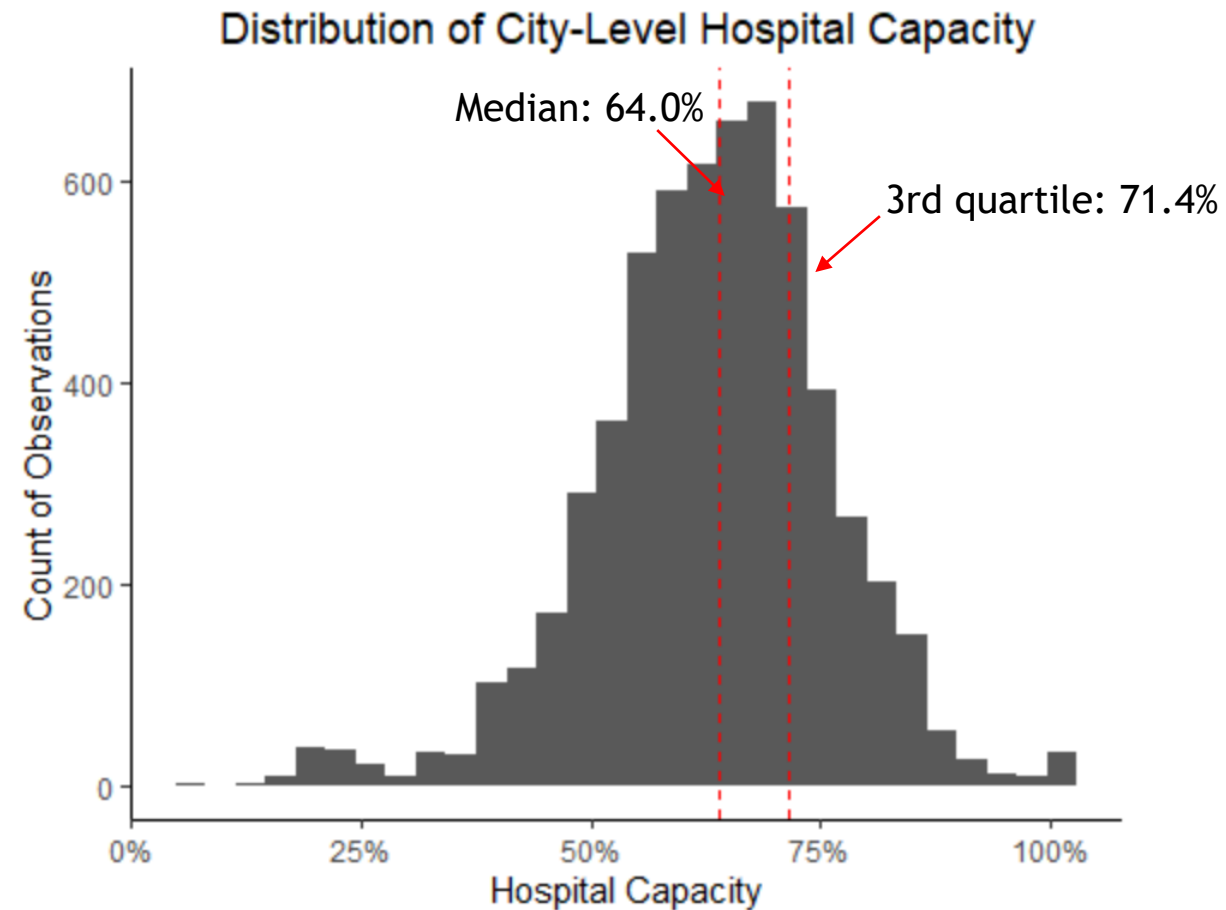


Used fuzzy-wuzzy search to merge metro areas

Metropolitan	Cities	Zip Codes
Minneapolis-St. Paul/MN	Minneapolis, MN, St. Paul, MN	98424, 98431...
Seattle-Tacoma/WA	Seattle, WA, Tacoma, WA	98424, 98431...

# We defined surge using the distribution of city-level hospital capacity

- Used longitudinal data on **108 cities**
- Observation is a city for specific week
- “**Surge**” for a city as at or above 3rd quartile in given week
- **657** of 2431 (**27%**) observations were at surge

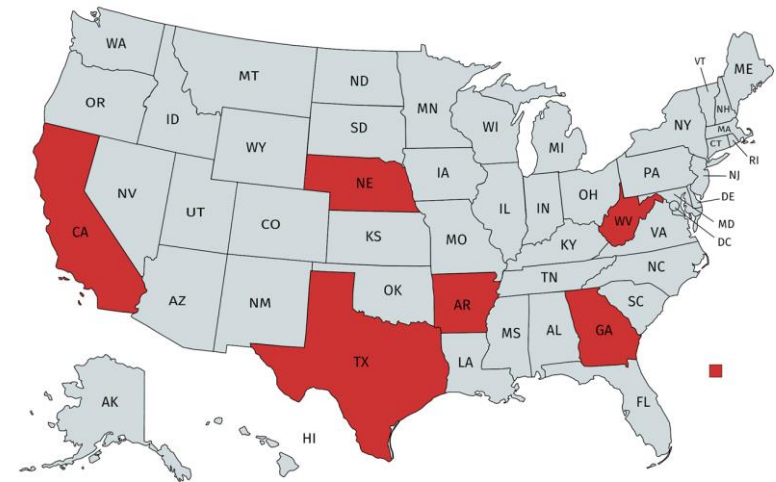


Most frequent search words found at higher rates in states with dangerous levels of capacity



Throat  
Fever  
Taste  
Smell

Most searched COVID-19 terms

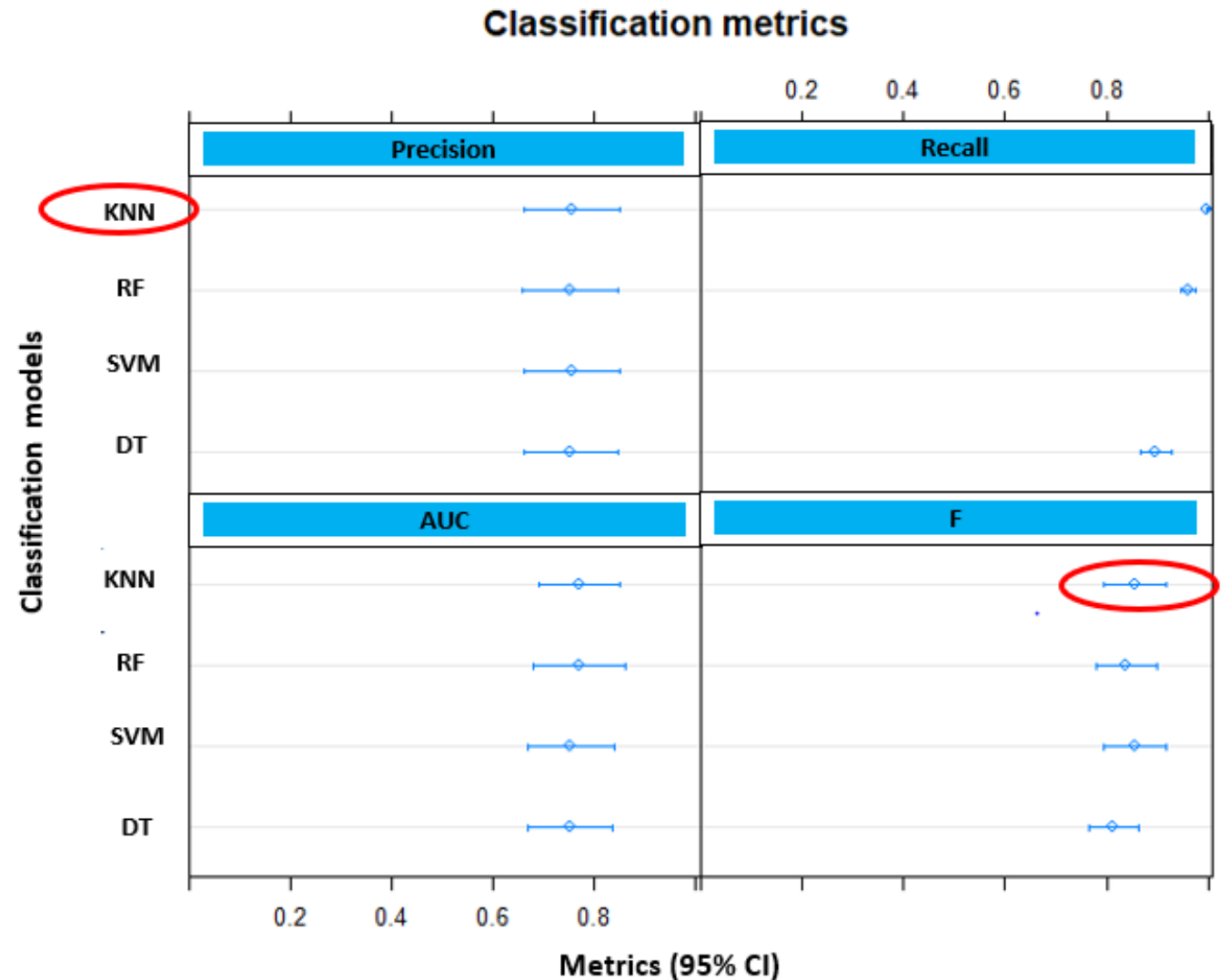


Maximum search rates found in states that reached over **95% hospital capacity** for at least one week in the dataset

# We built classifiers to predict surge with varying success

## Best classification models

- K-Nearest Neighbors (KNN)
- Random Forest (RF)
- Support Vector Machine (SVM)
- Decision Tree



# Explored the impact of city demographics on model performance

Assess variation in predictive  
model accuracy by county  
characteristics <sup>15, 16, 17</sup>



Race



Age



Sex



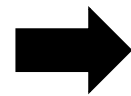
Median income

# Demographic comparison of correctly-predicted metro areas

**Found no significant difference** between metros with/without 1+ correct surge prediction when comparing characteristics



210 to 108

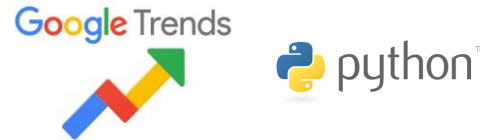


Limited by the size of dataset which diminished significantly in merging

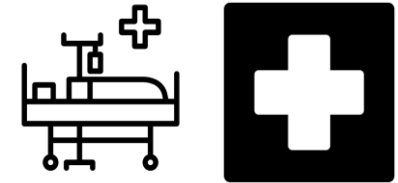
# Assumptions/Limitations



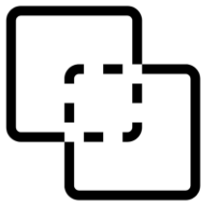
Assume patients go to hospital  
in metro of residence



Open-Source API PyTrends is  
not official



HHS hospital data includes  
most but not all U.S. facilities



Lose data when merging



Limited information on  
rural areas



# Conclusion

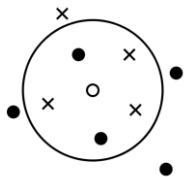


Hospital surge prediction can save lives and **communities**



Explore the power of an **unconventional datasource**

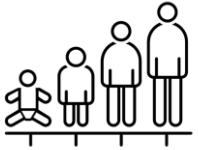
→ Using city level geography, which has not been done before



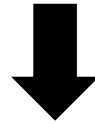
**K-Nearest Neighbors** model performed best on our data

→ 83 percent accuracy

# Conclusion - continued



Hoped to understand differences in **demographic characteristics** for successfully predicted cities but limited by data size



Despite the limitations, had success predicting hospital surges with 83% accuracy using 10 google keywords

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Thank you!