MIMIC in the OMOP Common Data Model*

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This paper discusses the implementation of spectral delay using filters comprising a cascade of many low-order allpass filters and an equalizing filter. The spectral delay filters have chirp-like impulse responses causing a large, frequency-dependent delay that is useful in audio effects processing. An equalizing filter design and a multirate technique, which stretches the allpass filters, impulse response, are introduced.

0 INTRODUCTION

Intensive Care Units (ICUs) are particularly sensitive units where demand of care is rising[1] and mortality is up to 30% which is a major health care problem [2]. Studies have shown that intensivists use a limited number of clinical information concepts to guide the decision[3] and that the medical practices are sparse and variable. Knowing that ICU patients' health record are highly detailed including connected devices this is a paradox. The increasing adoption of Electronic Health Records (EHR) systems worldwide makes it possible to capture large amounts of clinical data [4] and big data mining has the potential to play an important role in clinical medicine [5]. Indeed on the basis of broad patient medical informations expectations are to improve clinical outcomes and practices, allow personalized medicine and guide decision thought early warning systems, and also enrol large and multicentric cohort easily while minimizing costs.

By now several commercial or noncommercial, open-source or nonopensource ICU databases have been developed. *CUB-REA* is a semi-automatic collection of 25 years and over 300k ICU patients stays from 30 distinct ICUs in Paris region and covers administrative data only[?, ?]. Yet it is subject of 15 international publication and access is under conditions. *OutcomeREA* is a manual collection of 20 years over 20k UCU patients stays with medium granularity data from 20 distinct ICUs in France. Yet it is subject of 50 international publications and access is under conditions. *eICU* [?] is an automatic collection of 2 years of 1.5M ICU patients stays from 180 hospitals in the USA and covers high granularity data. It is a commercial database. *MIMIC* (Medical Information Mart for Intensive Care) is a semi-automatic collection of 10 years

and over 60k ICU patients stays with very high granularity (including EKG) from 1 ICU in Boston. Yet it is subject of 300 international publication. It is a freely-available database. All those databases have their own dedicated model. Their structural model are all based on relational database but all do have tables and columns with different meaning and granularity. As an example MIMIC do have two inputevents tables reflecting its source center changed its EHR. Also their conceptual model are mostly different. For example MIMIC do have ICD9 for condition terminology, while CUB-REA do have both CIM9 and CIM10.

Some studies have shown that using a common data model (CDM) for databases allows multicentric research, allow mining rare disease and catalyse research in general by allowing sharing practices, code, and tools[6]. On the other hand some studies have shown that results are not replicable from one to another database [7] and that keeping the local conceptual model [8] and structure [9] of database for research leads to better outcomes. Last but not least, studies have show that CDM can lead to different results [10].

A dozen of CDM have emerged but we limited the candidate data models to those designed and used for clinical researches, and those freely available in the public domains without restrictions. *OMOP* (Observational Medical Outcomes Partnership Common Data Model) is a CDM designed for multicentric Drug adverse Event and now enlarges to medical, clinical and also genomic use cases. OMOP provides both structural (as as set of relational tables) and conceptual (as a set of standard terminologies) such SNOMED for diagnoses, RxNORM for drug ingredients and LOINC for laboratory results. While OMOP has proven its fiability [11] the fact that concept mapping process is known to have impact on results [12] and that applying the same protocol on different data sources leads to different results [7] reveals the importance of keeping

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the local codes to allow local analysis. Several example of transforming databases into OMOP have been published [13, 14] and yet OMOP stores 682 milion patients records from all over the world[15]. OMOP had 5 versions, and prones its strong backward compatibility. i2b2/SHRINE is a medical cohort discovery tool used in more than 200 hospitals over the world. SHRINE is one of the attempt to federate multiple instances of i2b2. The i2b2 star schema has proven its high flexibility thanks to the modular design of the fact tables allowing storing numerics, characters or concepts. Its single terminology model is a path based hierarchical table does not allow to modelise graph ontology (such snomed). While i2b2 is highly efficient for cohort discovery, it's model wasn't designed for ad-hoc analysis. The n*n terminology mapping initiated in SHRINE has been described time consuming and inefficient. HL7-FHIR (Fast Healthcare Interoperability Resources) is a medical data exchange API specification. FHIR provides a structural CDM that can be materialized as JSON, XML or RDF format. FHIR is flexible and does not specify a standard conceptual model so that each hospital can add extension to implement specific data or share within it's local terminology making each FHIR implementation sensibly divergent. While some research show it as a promising CDM for adhoc analysis [16] or cohort discovery [17], its graph nature adds a layer of transformation making usage complicated for data-scientists as well as difficult to create standardized analysis. Finally the model envolves and does not make the asumption of backward compatibilities along the versions.

To demonstrate the feasibility and the opportunity to use a CDM for ICU databases, we choose MIMIC since it is freely accessible and then the result of this work will be accessible for subsequent improvement, analysis, and demonstration. Secondly, MIMIC does have the most broad and high granularity database leading to evaluate the ability of the CDM to ingest such complex dataset. More importantly, MIMIC stated they would think of a CDM[?], that would solve some structure and conceptual weaknesses of MIMIC mentionned above and this work should help MIMIC in it's goal to build a international ICU database Among the other CDM, OMOP looks like the best fit as it allows both multicentric standardised analysis as well as monocentric specific modeling and analysis. Compared to PCORnet [18] OMOP performs better in the evaluation database criteria compared with the other models (and PCORnet in particularly) : completeness, integrity, flexibility, simplicity of integration, and implementability, accommodate the broadest coverage of standard terminologies, provides more systematic analysis with analytic library and visualizing tools, provides easier SQL models. Compared to i2b2/SHRINE, the unilateral mapping methodology of OMOP looks simplier and more effective and propose a broader set of standardised concepts. In terms of structural CDM OMOP is highly rigourous in how data shall be loaded in a particular table when i2b2 is highly flexible with a one general table that that solution every data domains. This rigourous approach is necessary for standardisation. Compared to FHIR, OMOP performs better as a conceptual CDM as FHIR does not specify which terminology to implement. In terms of structural CDM OMOP relational model can be materialized into csv format and stored in any relational database when FHIR materialised as json needs some processing and more skills to be exploited. OMOP shares the advantages of all above models. Still some questions remains that we propose to answer such the difficulty of transforming/maintaining an OMOP dataset from an existing one, how well the initial dataset is integrated and how much data is lost in the process, how clear and simple the model is to be queried simply and efficiently by scientists, how well design it is to be enriched by collaborative work, and finally in what extend OMOP can integrate and makes feedbacks to intensivists in a realtime context.

In order to evaluate the MIMIC-OMOP transformation, we based our work on [?].

Filtering an audio signal with an allpass filter does not usually have a major effect on the signal's timbre. The allpass filter does not change the frequency content of the signal, but only introduces a phase shift or delay. Audibility of the phase distortion caused by an allpass filter in a sound reproduction system has been a topic of many studies, see, e.g., [19], [20]. In this paper, we investigate audio effects processing using high-order allpass filters that consist of many cascaded low-order allpass filters. These filters have long chirp-like impulse responses. When audio and music signals are processed with such a filter, remarkable changes are obtained that are similar to the spectral delay effect [21], [22].

1 CHIRP-LIKE IMPULSE RESPONSES AND GROUP DELAY

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$$A(z) = \frac{a_1 + z^{-1}}{1 + a_1 z^{-1}},\tag{1}$$

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$$\tau_{g,\text{max}} = \begin{cases} \tau_{g}(0) = \frac{1-a_{1}}{1+a_{1}}, \text{when } a_{1} \leq 0\\ \tau_{g}(\pi) = \frac{1+a_{1}}{1-a_{1}}, \text{when } a_{1} > 0. \end{cases}$$
 (2)

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- Green-function determined experimentally and published.
- 2) Black–function determined using similarity searches and published.
- 3) Red–function determined using similarity searches and determined in this study.
- 4) Blue-O-antigen structure unknown. Function determined using similarity searches and proposed in this study.

Table 1. Active sites and allosteric sites of the GNE MNK enzyme

Excerpt No.	Genre	Spatial Mode	Corrlation
1	Pop	FB	94%
2	Classical	FB	33%
3	Jazz	FF	76%
4	Arabian	FF	41%
5	GNE	H220	45%
6	GNE	H45	93%
7	MNK	G416	74%
8	MNK	D413	72%
9	MNK	R420	94%
10	MNK	N516	91%

Note. This table does not include sentence enhancement statutes. This table does not include sentence enhancement statutes.

¹This point is emphasized by Loewer, see esp. p. (610).

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$$tau_{\mathbf{g}}(\boldsymbol{\omega}) = -\frac{d\phi(\boldsymbol{\omega})}{d\boldsymbol{\omega}}.$$

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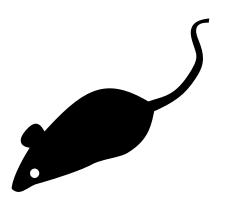


Fig. 1. The spectral delay filter consists of M allpass filters and an equalization filter.

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Example 1. In this paper, we investigate audio effects processing using high-order allpass filters that consist of many cascaded low-order allpass filters. These filters have long chirp-like impulse responses.

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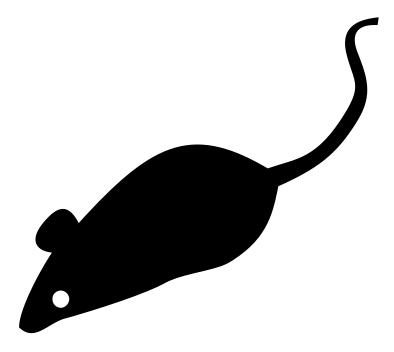


Fig. 2. This paper is organized as follows. In Section 1, we discuss the group delay of a cascade of first-order allpass filters and its relation to the chirp-like impulse response of the spectral delay filter. Furthermore, a multirate method to stretch the impulse response of the spectral delay filter is proposed. Section 2 discusses the amplitude envelope of the impulse response and suggests a design method for the equalizing filter. Section 3 presents application examples using the spectral delay filter. Section 4 concludes this paper.

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2 SUMMARY

Filtering an audio signal with an allpass filter does not usually have a major effect on the signal's timbre. The allpass filter does not change the frequency content of the signal, but only introduces a phase shift or delay. Audibility of the phase distortion caused by an allpass filter in a sound reproduction system has been a topic of many studies, see, e.g., [19], [20]. In this paper, we investigate audio effects processing using high-order allpass filters that consist of many cascaded low-order allpass filters. These filters have long chirp-like impulse responses. When audio and music signals are processed with such a filter, remarkable changes are obtained that are similar to the spectral delay effect [21], [22].

3 CONCLUSION

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4 ACKNOWLEDGMENT

This research was conducted in fall 2008 when Vesa Välimäki was a visiting scholar at CCRMA, Stanford University. His visit was financed by the Academy of Finland (project no. 126310). The authors would like to Dr. Henri Penttinen for his comments and for the snare drum sample used in this work.

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APPENDIX

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$$\phi(\omega) = -\omega + 2\arctan\left(\frac{a_1\sin\omega}{1 + a_1\cos\omega}\right) \tag{1}$$

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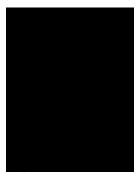
NOMENCLATURE

a_c = condensation coefficient condensation coefficient condensation coefficient

TLR = Toll-like receptor

PAMPs = pathogen-associated molecular patterns condensation coefficient condensation

THE AUTHORS



Alfirstname Allastname



A2firstname A2lastname

Alfirstname Allastname is professor of audio signal processing at Helsinki University of Technology (TKK), Espoo, Finland. He received his Master of Science in Technology, Licentiate of Science in Technology, and Doctor of Science in Technology degrees in electrical engineering from TKK in 1992, 1994, and 1995, respectively. His doctoral dissertation dealt with fractional delay filters and physical modeling of musical wind instruments. Since 1990, he has worked mostly at TKK with the exception of a few periods. In 1996 he spent six months as a postdoctoral research fellow at the University of Westminster, London, UK. In 2001-2002 he was professor of signal processing at the Pori School of Technology and Economics, Tampere University of Technology, Pori, Finland. During the academic year 2008-2009 he has been on sabbatical and has spent several months as a visiting scholar at the Center for Computer Research in Music and Acoustics (CCRMA), Stanford University, Stanford, CA. His research interests include musical signal processing, digital filter design, and acoustics of musical instruments. Prof. Välimäki is a senior member of the IEEE Signal Processing Society and is a member of the AES, the Acoustical Society of Finland, and the Finnish Musicological Society. He was the chairman of the 11th International Conference on Digital Audio Effects (DAFx-08), which was held in Espoo, Finland, in 2008.

A2firstname A2lastname is a consulting professor at the Center for Computer Research in Music and Acoustics (CCRMA) in the Music Department at Stanford University where his research interests include audio and music applications of signal and array processing, parameter estimation, and acoustics. From 1999 to 2007, Abel was a co-founder and chief technology officer of the Grammy Award-winning Universal Audio, Inc. He was a researcher at NASA/Ames Research Center, exploring topics in room acoustics and spatial hearing on a grant through the San Jose State University Foundation. Abel was also chief scientist of Crystal River Engineering, Inc., where he developed their positional audio technology, and a lecturer in the Department of Electrical Engineering at Yale University. As an industry consultant, Abel has worked with Apple, FDNY, LSI Logic, NRL, SAIC and Sennheiser, on projects in professional audio, GPS, medical imaging, passive sonar and fire department resource allocation. He holds Ph.D. and M.S. degrees from Stanford University, and an S.B. from MIT, all in electrical engineering. Abel is a Fellow of the Audio Engineering Society.