# A Model to Flag Patients Likely to Have/Acquire a MRSA Infection

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### Outline

- Background
- 2 Data
  - Data Acquisition
  - Feature Engineering
  - Data Description
- Machine Learning Algorithm
  - Model Tuning
  - Choosing Threshold

# Project Goal

Task: Flag patients who are likely to have/acquire MRSA

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Use case: Implement a realtime alert through the EHR.

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Methicillin-resistant Staphylococcus aureus

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80,000 life-threatening cases per year in US.

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### Human Costs of MRSA

- If infection localized to skin or soft tissue, can be treated more easily
- Can spread to blood and internal organs
- Patients die

# **Financial Costs**

Costs hospitals lots of money

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#### Hospital acquired:

- Liability
- Lose insurance reimbursements
- Impacts hospital quality ratings
- Hospitals are required to report to CMS and to the government in some states
- CMS reduces payment if the infection is preventable or if the hospital has high MRSA rates.

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#### Community acquired:

• Can save money with faster diagnosis and treatment

# MRSA protocols

#### Hospitals develop protocols

- Screen to identify carriers.
- Decolonization

#### Prevent spread

- handwashing
- keep wounds clean and covered
- isolate patients

### Treatment

Urgent

Oral or IV antibiotics

There are different tiers of abx that strains of MRSA are successively resistant to.

vancomycin, teicoplanin, daptomycin, linezolid

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# Data Acquisition

Cerner EHR  $\rightarrow$  integrated data mart

### Available Data

- patient encounter
  - admission date
  - discharge date
  - reason for visit
- patient data
  - birth date
  - race
  - gender
  - marital status

### Available Data

- diagnoses
- labs
- vital signs
- medications administered
- location
  - timestamps
  - location
- billing
  - insurance type

# Data Acquisition

Identifed training cases

Used ICD 10 diagnosis codes.

- A41.02 Sepsis due to MRSA
- J15.212 Pneumonia due to MRSA
- A49.02 MRSA infection, unspecified site
- B95.62 MRSA infection causing disease classified elsewhere

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- Nursing home patients
- Immunocompromised
- Any access to the body such as central line or catheter
- On dialysis

Location within hospital

### Location within hospital

- Surgery
- Trauma
- Obstetrics
- Rehab

Prior hospital/ED visits

### Prior hospital/ED visits

- Number of visits in last year
- Time since last visit (inpatient, ED, ICU)
- Length of stay at last visit

Labs and vitals

#### Labs and vitals

- White blood cell count
- Height, weight, BMI
- Lactic acid
- Age
- Shock index by age: (HR/SBP) \* Age

Words in 'Reason for visit'

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- Cellulitis
- Abscess
- Sepsis

More features:

#### More features:

- Hospital's bed count
- Hospital region
- Patient's ED arrival method
- Time since admission

# Preprocessing

Used recipes R package

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- Impute missing numeric with extreme value
- Impute missing factors with mode
- One-hot encode
- Create extra categories for new, unseen values.

# Challenges

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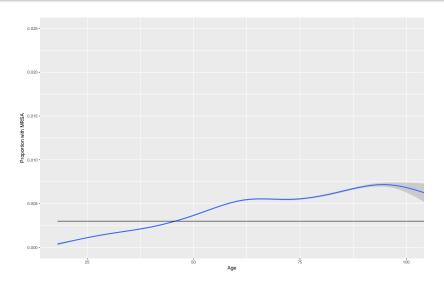
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Complexities with time

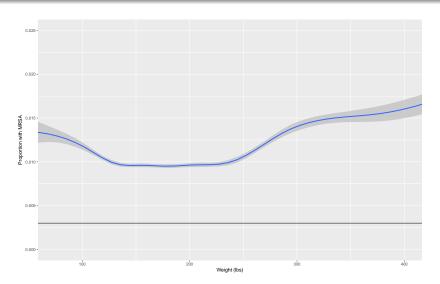
### Data Description

- Identified 3,000,000 inpatient/ED encounters
- 10,000 MRSA cases over about 2 years
- Prevalence: 0.3%
- Mostly community acquired

# Relationship with Age



# Relationship with Weight



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xgboost!

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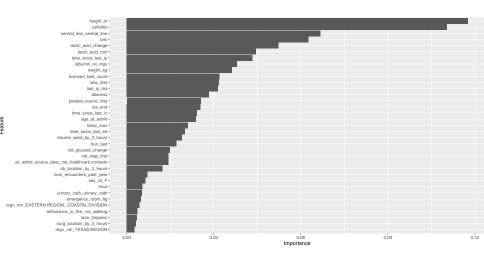
R packages:

#### xgboost!

#### R packages:

- xgboost
- caret
- recipes
- mlr

#### Variable Importance



xgboost tuning parameters:

• Learning rate/shrinkage

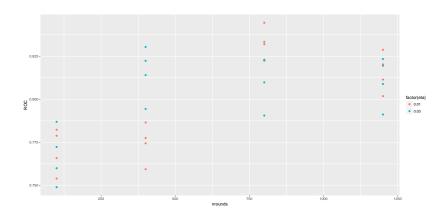
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- Maximum tree depth
- Fraction of observations to subsample
- Fraction of features to subsample

# Effects of tuning parameters



## Effects of tuning parameters

See figure

#### Alert rate

"Alert fatigue" Want a very low alert rate because event very rare

#### Performance at different alert rates and times

Table: Performance at selected alert rates

Alert Rate	Cutoff	PPV	Sensitivity	Specificity
1%	0.049	0.09	0.26	0.99
2%	0.026	0.07	0.42	0.98
3%	0.017	0.05	0.50	0.97

#### Next Steps

- Tuning!
- Previous antibiotic exposure
- Find evidence of wound
- Try some interactions with whether came through ED
- Expand data