

Data Analytics

2023 Adventure in High Tech Program
Rotary Club of Nepean-Kanata

Deanna Rothwell
Director, Analytics
October 2023



The Ottawa
Hospital

| L'Hôpital
d'Ottawa

Inspired by research.
Driven by compassion.

Inspiré par recherche.
Guidé par la compassion.

About Me

- BSc Math / Economics
- MSc Statistics (1995)
- ICES (Toronto) ~10 yrs
- Ottawa Hospital ~15 yrs



My Team



Analytics Team

Total 17 FTEs

Deanna Rothwell
Director



Erin McGeachie
Manager, Information
Governance



- 5 FTEs
- Project coordination
- Education & Training

Amal Al Zayadi
Manager, Client
Services



- 9 FTEs
- Data science
- Reporting solutions

Data Science Staff



- Programming skills
- Data management skills
- Problem solving
- Attention to detail
- Understanding of how data is created / nuances
- **Curiosity!**

Recent Posting

Basic Requirements:

- MSc in Public Health, Sociology, Statistics, Epidemiology, Health Sciences, or related field with coursework in research or survey design and methodology
- 1- 2 years of relevant experience using analytical techniques in a healthcare or human resources subject area
- Strong interpersonal, oral, and written communication skills
- Strong problem-solving and critical thinking skills
- Aptitude for research methodology and attention to detail
- Experience with statistical analysis tools
- Experience building reports and data visualizations using Excel and/or PowerBI
- Experience analyzing healthcare or other large data
- Comfortable learning and using technology, including Office365 products

The Ottawa Hospital

- One of Canada's largest academic health sciences centres
- 3-campus, 1400 inpatient beds
- Serves a catchment area of 1.2 million in Eastern Ontario, Canada and Nunavut



163,818
Emergency visits



994,658
Ambulatory care visits



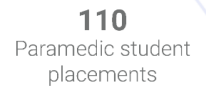
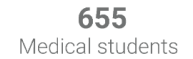
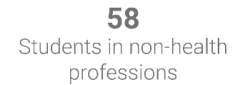
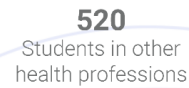
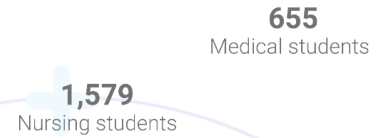
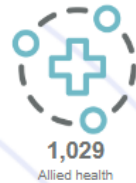
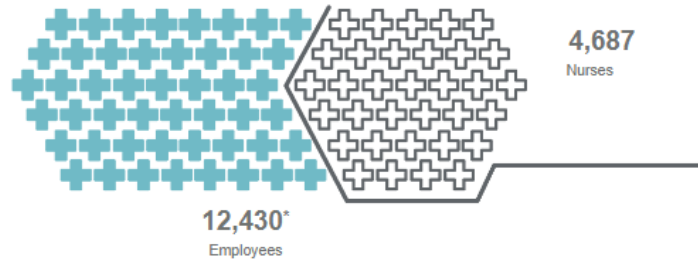
70,042
Surgical cases



6,489
Babies delivered



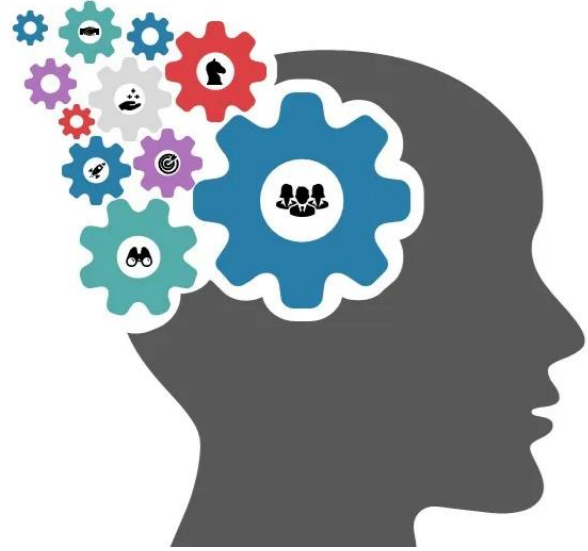
Career Opportunities



*To provide each patient with the world-class care,
exceptional service and compassion we would
want for our loved ones*

Analytics Mission

Provide data, analytical services, and education to support excellence in patient care, research, and innovation.



Question



Data



Analysis



Action

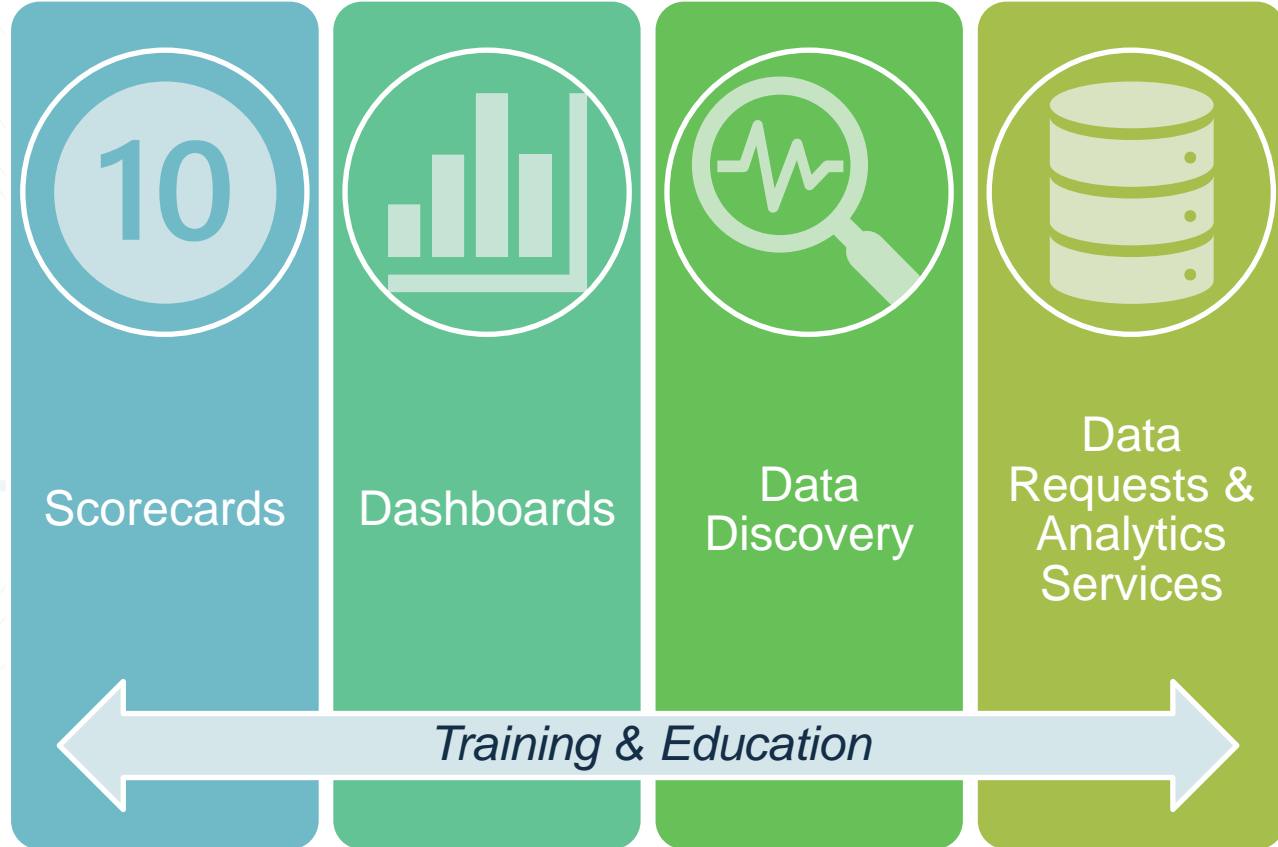


Value

Working with Others

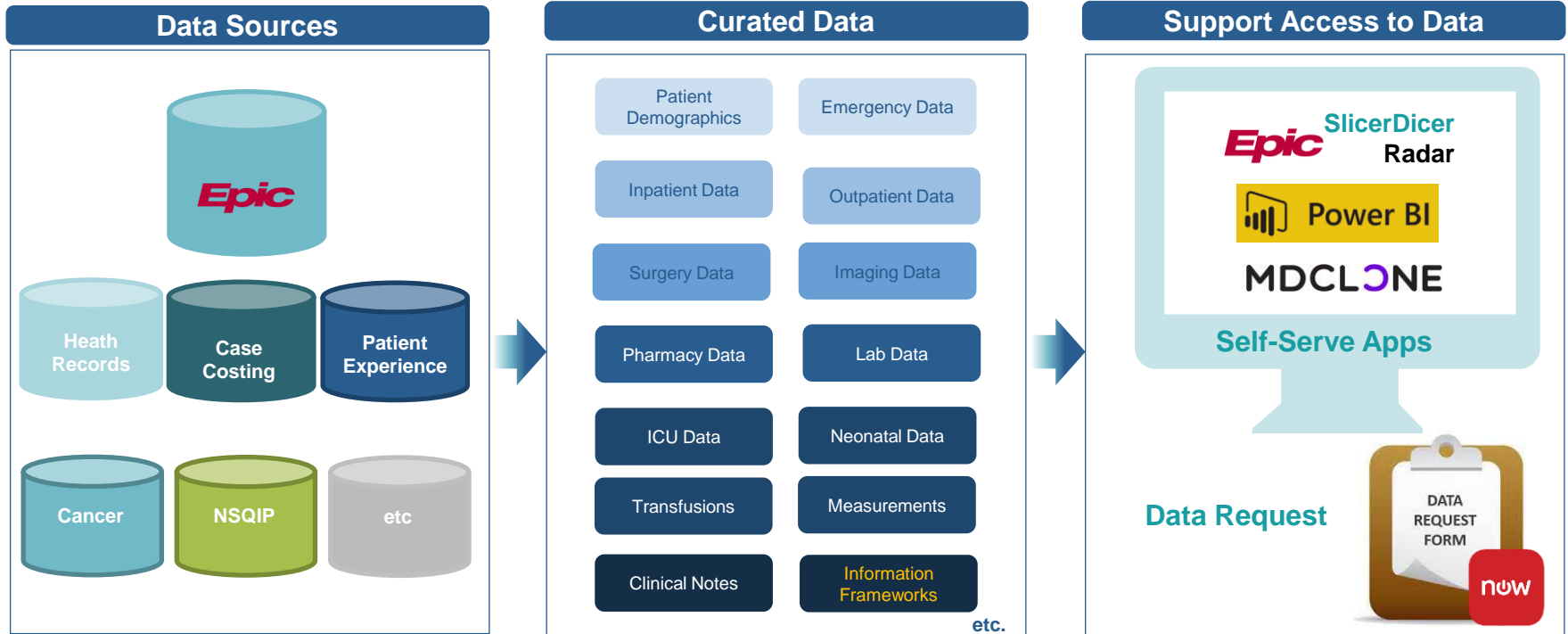


Spectrum of Services



Clinical Data Pipeline

Create a single source of 'validated' clinical data for consistent, trusted, accessible data to support operations, research, and innovation



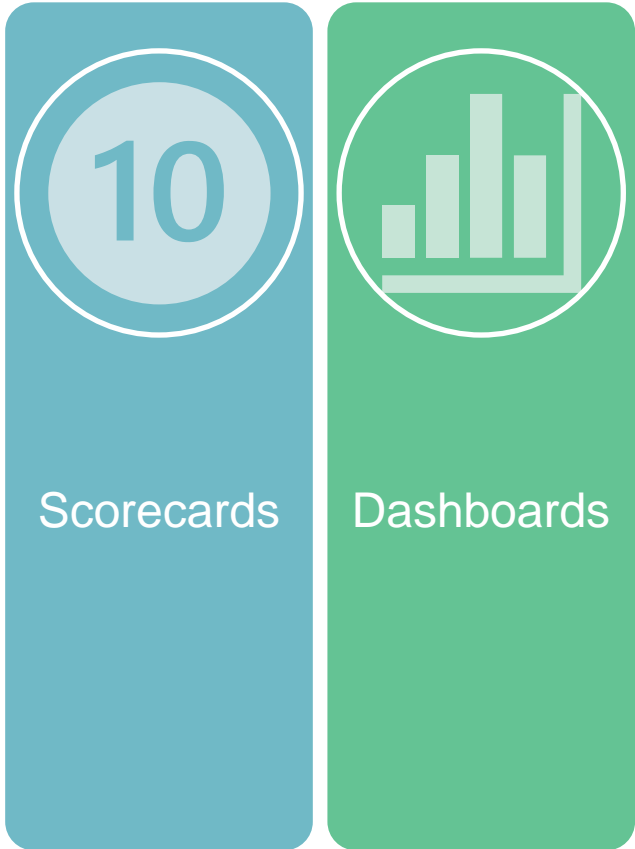
Tools



MDCLONE



Spectrum of Services







- Leadership
- How am I performing?
- Any good / worrisome trends?
- 80-20 rule

Scorecards

- “Big dot” metrics for organization
- Ability to compare to other organizations

Scorecard: CPS 21-22 Period : 2021 Mar

| Strategic Aim | Indicator | Score | YTD | Baseline | Weight | Month | 2-FY Trends |
|----------------------------|---|-------|------|----------|--------|--------|---|
| Better patient experience | Overall rating of experience - Inpt (% Top Box) | 3 | 66.5 | 65.1 | 25% | Mar-22 | |
| Better staff experience | Staff Stress Satisfaction Index | 2 | 0.4 | 0.8 | 20% | Mar-22 | |
| Better value | Total margin (%) | 3 | 0.81 | 3.29 | 25% | Mar-22 |  |
| | HSMR - 2019 (ratio) | 1 | 99.7 | 95.0 | 10% | Mar-22 |  |
| Improved population health | Readmissions - 30 day unplanned (%) | 2 | 10.1 | 9.9 | 10% | Mar-22 |  |
| | ALC rate (% pt days) | 2 | 21.2 | 20.6 | 10% | Mar-22 |  |

Wellness Pulse Survey



TOH Role/OHRI Group
 All

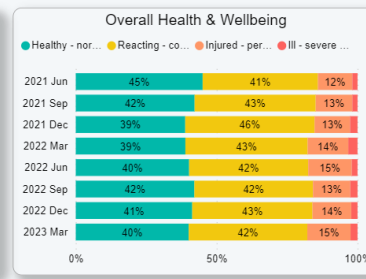
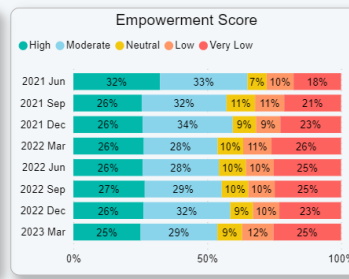
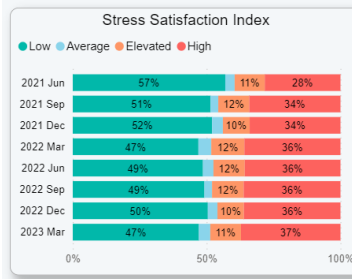
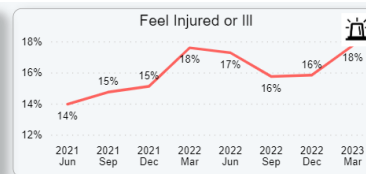
Physician / Medical Dept Staff
 Department
 All

Survey Month
☐ Select all
☒ Mar 2023
☒ Dec 2022
☒ Sep 2022
☒ Jun 2022
☒ Mar 2022
☒ Dec 2021
☒ Sep 2021
☒ Jun 2021
☐ Mar 2021
☐ Dec 2020
☐ Sep 2020

Staff Service Line
 All

OHRI Scientific Program
 All

Dashboards

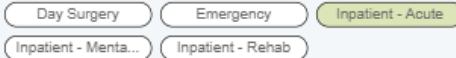


Dashboards

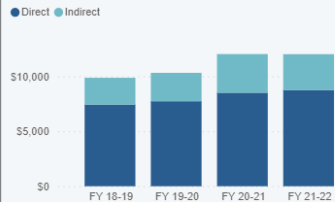
Costs & Volumes



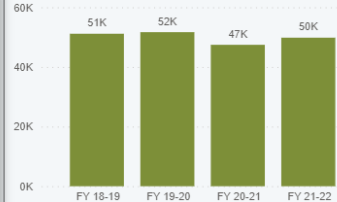
Encounter Type



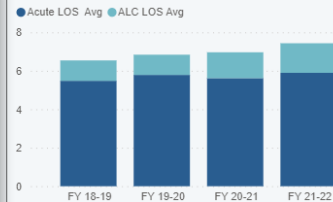
Cost per Case (CPC)



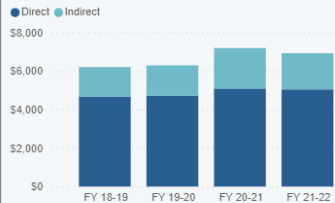
Cases (#)



Inpatient Length of Stay (Avg)



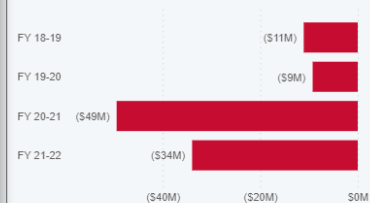
Cost per Weighted Case (CPWC)



HBAM Weight (Avg)



CPWC Variance (Expected - Actual)



Filters

Q Search

Filters on all pages

Campus is (All)

Patient Service Line is (All)

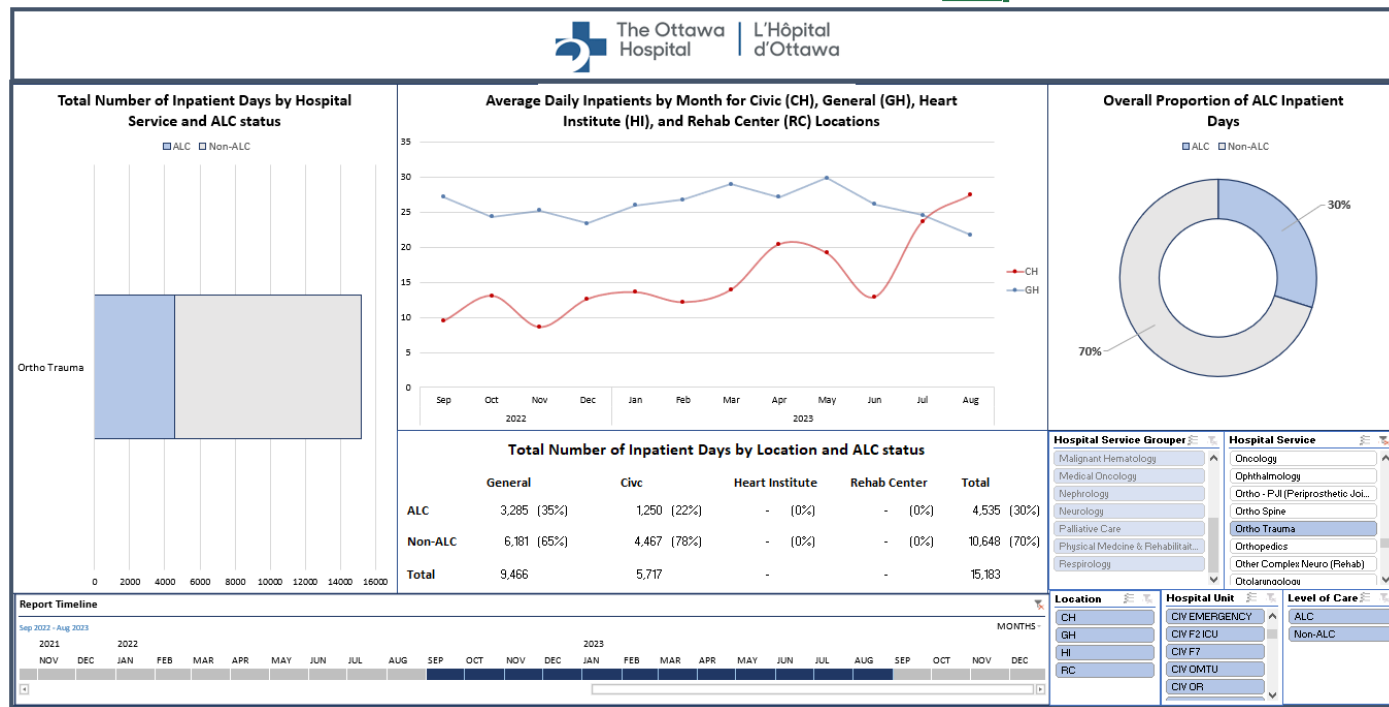
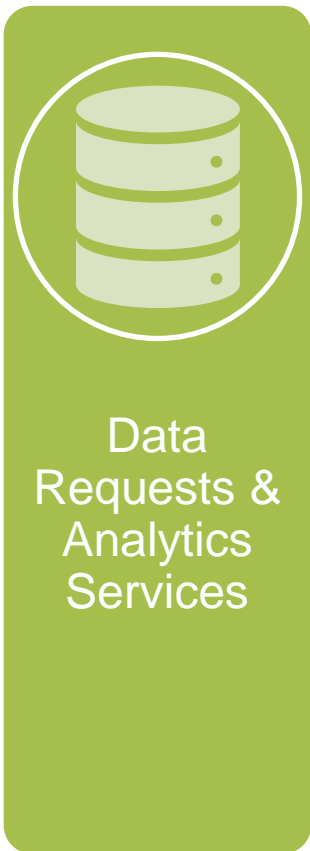
Patient Hospital Service is (All)

QBP is (All)

Age Group is (All)

RFP Province is (All)

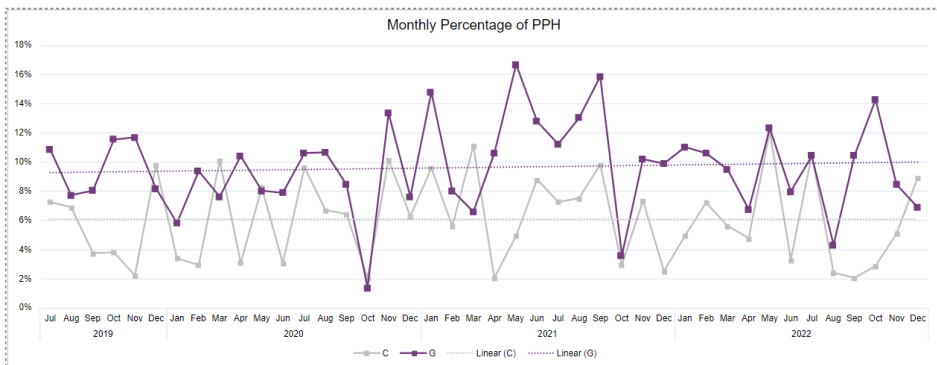
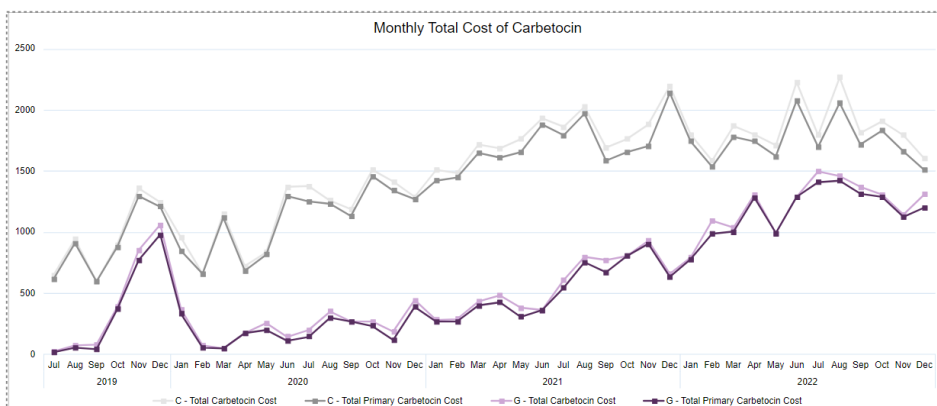
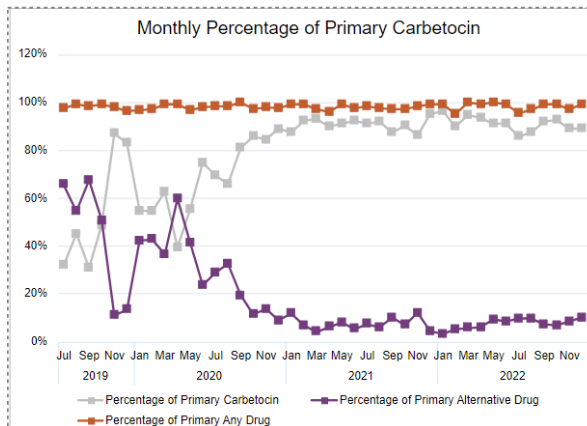
Do we need to change our staffing models? (patient flow analysis)



Does new costly drug reduce bleeding after c-sections?



Data
Requests &
Analytics
Services



Challenge

- Increasing wait times
- Lack of data literacy
- Frustrations
- Not using data to drive decisions



Submit a Data Request



Wait in queue for a Data Analyst



Consult with Analyst(s)

Data Democratization



Data
Discovery

COHORT DEFINITION

OUTPUT DEFINITION

SUMMARY REVIEW

1 Reference Event

2 Additional Inclusion

3 Time-Related Events

4 Demographics

5 Finalize Cohort & Output

Cohort Reference Event ?

Get the

first

ED visits*

event,

that

Age at event

is between

0

to

120

and

Visit start datetime

date

is between

06/01/2023

to

09/30/2023

and

Discharge disposition

is any of the following

Search values

Selected from category Discharge Disposition

Showing 5/6 | [Show all](#)

Eloped

Left Before Triage

Left Without Being Seen

Left against medical advice (LAMA)

Left without Being Seen

Cancel

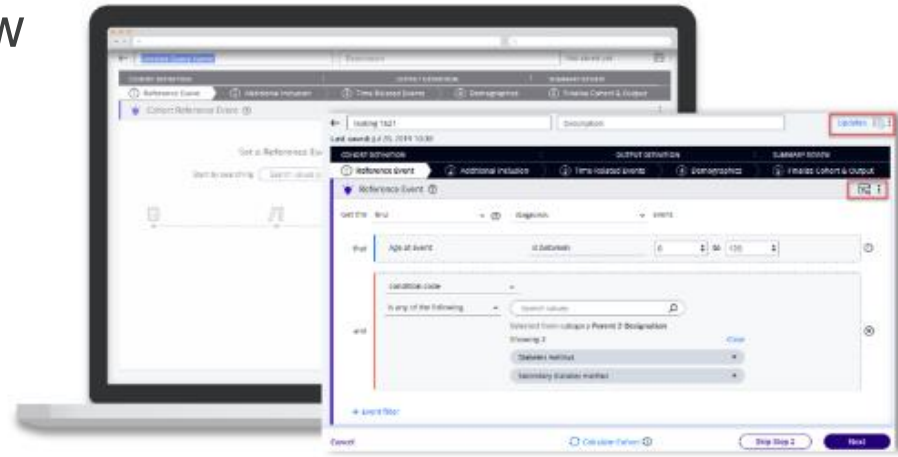
Cohort: 6,167 | Calculated: Oct 11, 2023 10:43

Skip Step 2

Next

Self-Serve Platform

- Available all staff, physicians and researchers at TOH and OHRI
- Parameters easily modified by end user
- Analyses can be updated with new data on demand
- No programming skills required



Synthetic Data (Protecting patient privacy)

- Generated using artificial intelligence
- Non-reversible
- Maintains the patterns of the original data
- Not the same as “de-identification”

| X Axis | Y Axis | R | G | B |
|--------|--------|------|------|------|
| 1488 | 1061 | 0.78 | 0.80 | 0.83 |
| 93 | 184 | 0.71 | 0.83 | 0.84 |
| 810 | 222 | 0.83 | 0.89 | 0.88 |
| 460 | 70 | 0.84 | 0.88 | 0.88 |
| 82 | 1016 | 0.77 | 0.81 | 0.82 |
| 430 | 1112 | 0.80 | 0.84 | 0.85 |
| 62 | 861 | 0.78 | 0.82 | 0.83 |
| 114 | 562 | 0.77 | 0.82 | 0.82 |
| 664 | 711 | 0.75 | 0.72 | 0.63 |
| 637 | 665 | 0.42 | 0.35 | 0.22 |
| 1364 | 547 | 0.76 | 0.79 | 0.81 |
| 489 | 537 | 0.76 | 0.71 | 0.54 |
| 1446 | 997 | 0.80 | 0.82 | 0.84 |
| 293 | 474 | 0.77 | 0.81 | 0.82 |
| 339 | 1047 | 0.80 | 0.83 | 0.84 |
| 465 | 849 | 0.79 | 0.76 | 0.68 |
| 995 | 738 | 0.77 | 0.81 | 0.82 |
| 929 | 1088 | 0.79 | 0.82 | 0.84 |
| 274 | 582 | 0.75 | 0.74 | 0.65 |
| 1476 | 919 | 0.89 | 0.89 | 0.88 |
| 124 | 602 | 0.62 | 0.68 | 0.71 |



Synthetic Data

Safe Sandbox

| | | | | |
|------|------|------|------|------|
| 1488 | 1061 | 0.78 | 0.80 | 0.83 |
| 93 | 184 | 0.71 | 0.83 | 0.84 |
| 810 | 222 | 0.83 | 0.89 | 0.88 |
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| 995 | 738 | 0.77 | 0.81 | 0.82 |
| 929 | 1088 | 0.79 | 0.82 | 0.84 |
| 274 | 582 | 0.75 | 0.74 | 0.65 |
| 1476 | 919 | 0.89 | 0.89 | 0.88 |
| 134 | 903 | 0.63 | 0.68 | 0.71 |
| 1176 | 240 | 0.74 | 0.84 | 0.84 |
| 731 | 762 | 0.79 | 0.73 | 0.62 |
| 1667 | 211 | 0.87 | 0.91 | 0.91 |
| 804 | 5 | 0.73 | 0.84 | 0.85 |
| 1480 | 175 | 0.87 | 0.91 | 0.91 |
| 824 | 996 | 0.78 | 0.82 | 0.84 |
| 1192 | 1002 | 0.76 | 0.80 | 0.82 |
| 608 | 409 | 0.78 | 0.82 | 0.84 |
| 524 | 883 | 0.75 | 0.70 | 0.57 |
| 480 | 1094 | 0.81 | 0.84 | 0.85 |
| 1329 | 242 | 0.72 | 0.83 | 0.83 |
| 1621 | 816 | 0.78 | 0.80 | 0.81 |
| 415 | 294 | 0.77 | 0.85 | 0.84 |
| 937 | 345 | 0.81 | 0.85 | 0.83 |
| 301 | 789 | 0.84 | 0.78 | 0.63 |
| 100 | 823 | 0.79 | 0.82 | 0.84 |
| 1402 | 791 | 0.77 | 0.80 | 0.82 |
| 1025 | 1070 | 0.80 | 0.83 | 0.84 |
| 496 | 103 | 0.83 | 0.87 | 0.88 |
| 725 | 562 | 0.85 | 0.84 | 0.76 |
| 1423 | 296 | 0.73 | 0.84 | 0.84 |
| 1109 | 373 | 0.77 | 0.82 | 0.82 |
| 868 | 604 | 0.69 | 0.62 | 0.45 |
| 453 | 797 | 0.60 | 0.53 | 0.39 |
| 1451 | 404 | 0.77 | 0.80 | 0.82 |



Benefits of Synthetic Data

- Safe sandbox
- Cannot identify patients
- Great learning platform
- Easier to share data externally
- Conclusions consistent with real data for both descriptive and complex statistical analyses

Launch of new platform

Access data with independence and speed!



Healthcare Data *and the* MDCClone Platform

Upcoming Live Session Dates: Friday November 3 & Friday November 24

>300 Staff and Researchers
certified users

> 20 Years of historical data
available

>30% Requests diverted to
self-serve

Stroke

AHA Journals Journal Information All Issues Subjects Features Resources & Educ

Home > Stroke > Abstract TP216: Ischemic Stroke In Patients With Cancer Compared To Ischemic Stroke In Patients Without Cancer - A Cohort Study Using Synthe...

FREE ACCESS
ABSTRACT

Tools Share

Jump to

Abstract
Footnotes

INTERNATIONAL STROKE CONFERENCE 2022 POSTER ABSTRACTS
SESSION TITLE: RISK FACTORS AND PREVENTION POSTERS II

Abstract TP216: Ischemic Stroke In Patients With Cancer Compared To Ischemic Stroke In Patients Without Cancer - A Cohort Study Using Synthetic Data

Ronda Lun, Deborah Siegal, Tim Ramsay and Der Dowlatshahi

Originally published 3 Feb 2022 | https://doi.org/10.1161/str.53.suppl_1.TP216 | Stroke, 2022;53.ATP216

Abstract

Background: Patients with cancer are at an increased risk for ischemic stroke (IS) compared to those without cancer. The objectives of this study are 1) to examine risk factors for stroke in cancer and non-cancer patients, and 2) to identify predictive factors for recurrent IS in cancer patients.

Methods: We performed a retrospective cohort study using MDCone, a platform that produces synthetic datasets based on real health system data from the Ottawa Hospital Data Warehouse. We analyzed all subjects with a diagnosis of cancer (excluding non-melanoma skin cancer or primary central nervous system malignancies) and IS within a 2-year period preceding and following their cancer diagnosis, and all IS patients without cancer, from the same time period (2000-2019). Patients were followed until May 2019. A forward selection, stepwise multivariate logistic regression model was used to assess the association between recurrent IS (primary outcome) and baseline characteristics. A sensitivity analysis was performed with only survivors in the cancer cohort.

Results: We analyzed 10,875 subjects with IS: 1,250 had cancer and 9,625 did not. In cancer subjects, there was a higher prevalence of chronic obstructive pulmonary disease (8.4% vs 4.7%), previous IS (1.9% vs 0.1%), and previous venous thromboembolism (VTE) (8.3% vs 1.5%); the prevalence of atrial fibrillation and vascular risk factors was similar between the two groups. Recurrent IS occurred in 11.0% of cancer subjects and 12.1% of non-cancer subjects. In

Development of a perioperative risk score for cirrhosis

Dr. Angela Cheung, MD

Clinician-Scientist

Assistant Professor

Associate Scientist

Changing skillsets



Education & training



New tools



Business acumen (Not
just technical skills)

What do I love about my job?



- Working on real-world problems
- Collaborating with a wide variety of different roles
- Working with a talented team
- Always learning!

Questions

