

LONG-TERM MORTALITY PREDICTION BASED ON MIMIC-III CLINICAL DATABASE

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INTRODUCTION



CONTINUITY OF CARE



PROJECT GOAL

Data
visulization

Long-term
mortality
prediction

Compare our
model with the
baseline model

MIMIC-III DATABASE



INPUTEVENTS

fluids administered to the patient

OUTPUTEVENTS

fluids excreted by / extracted from the patient

CHARTEVENTS

all charted data available for a patient

LABEVENTS

all laboratory measurements for a given patient

STEPS

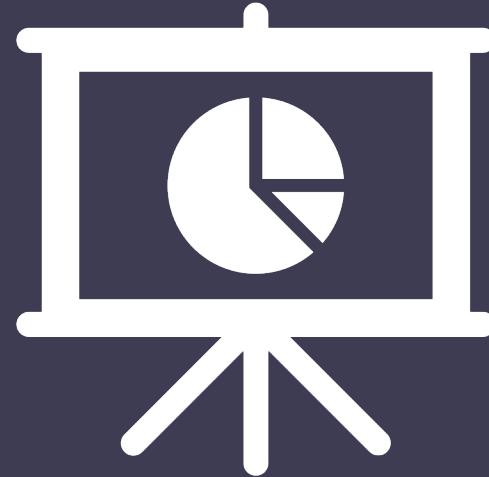
Data Extraction & Cleaning

Visualization

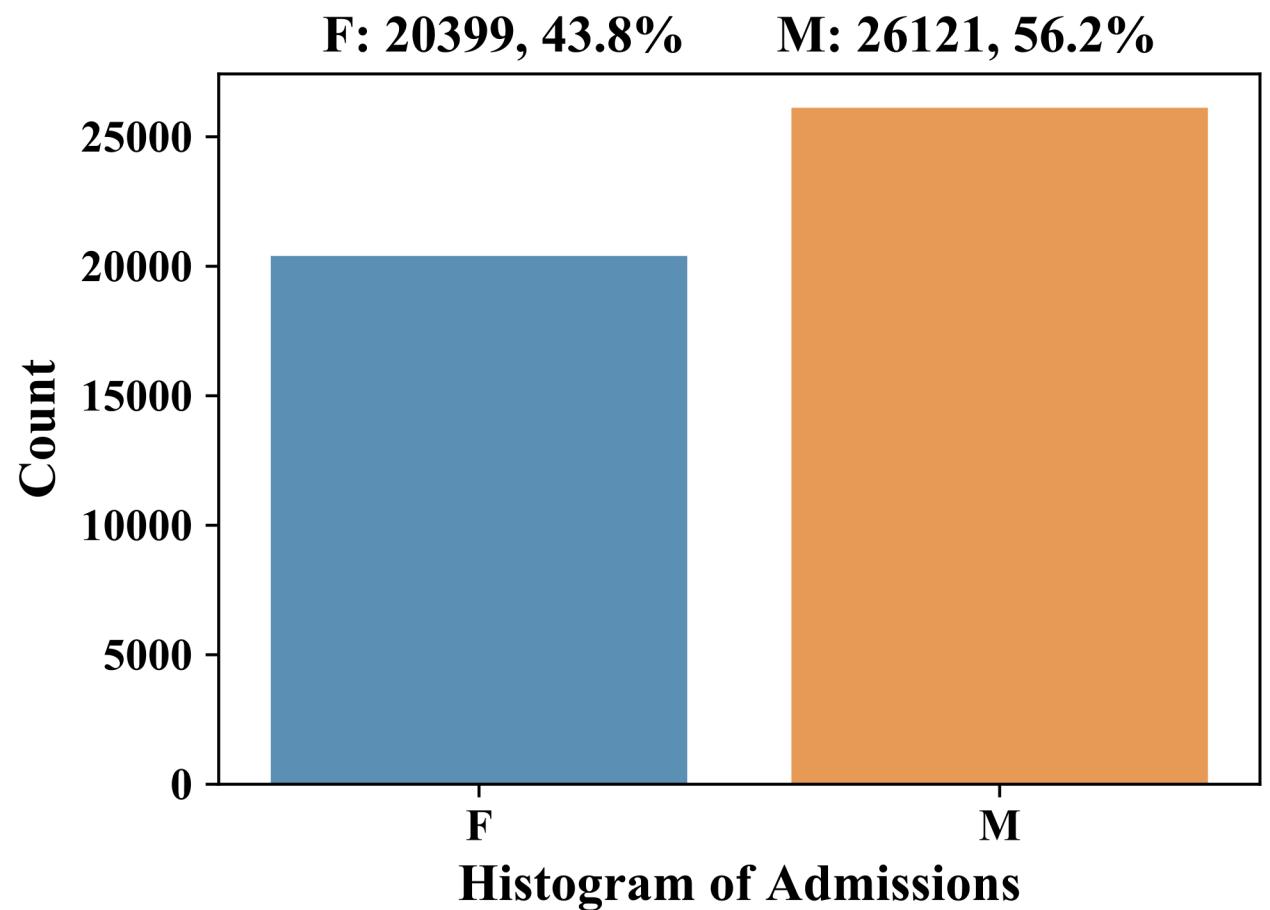
Machine Learning Models

Comparison

DATA VISUALIZATION

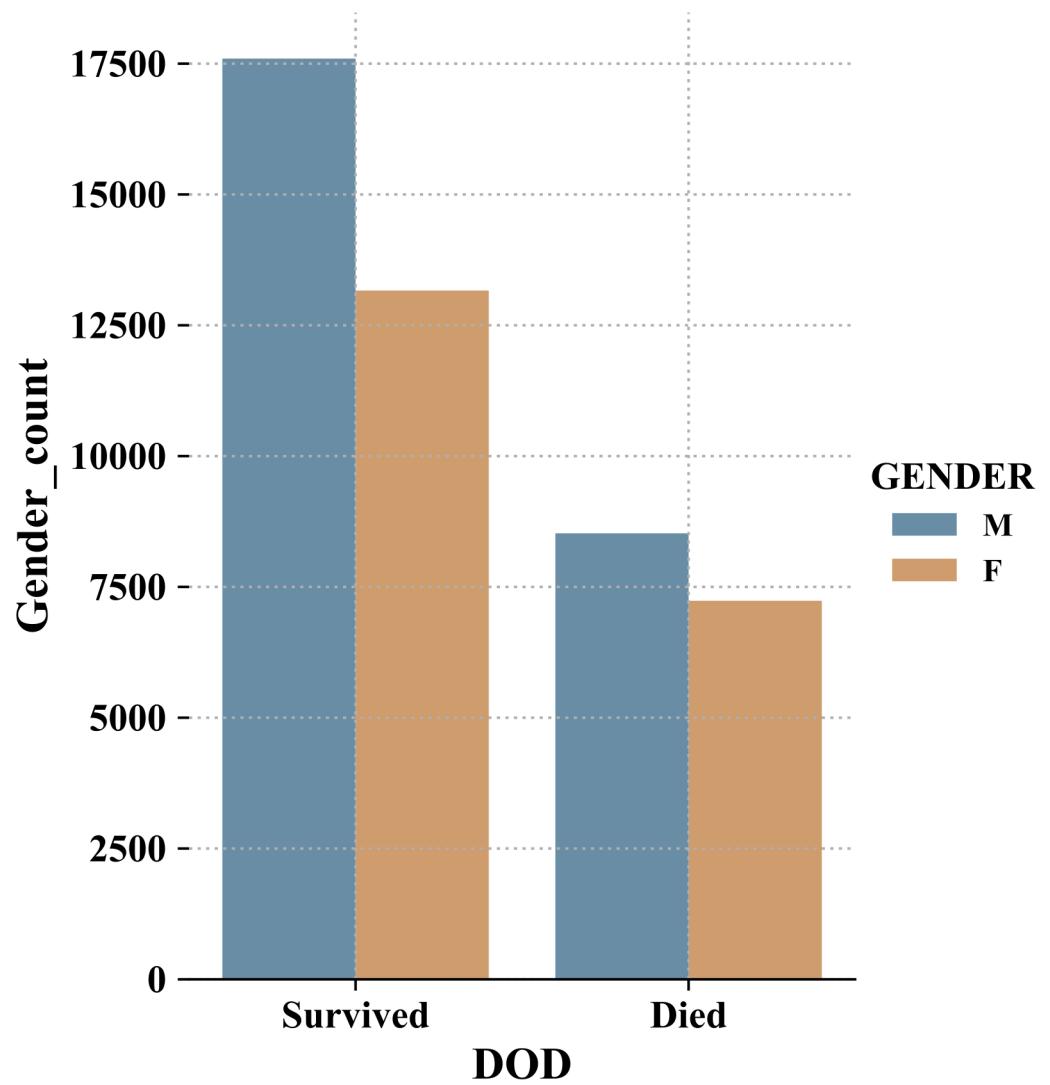


PATIENTS



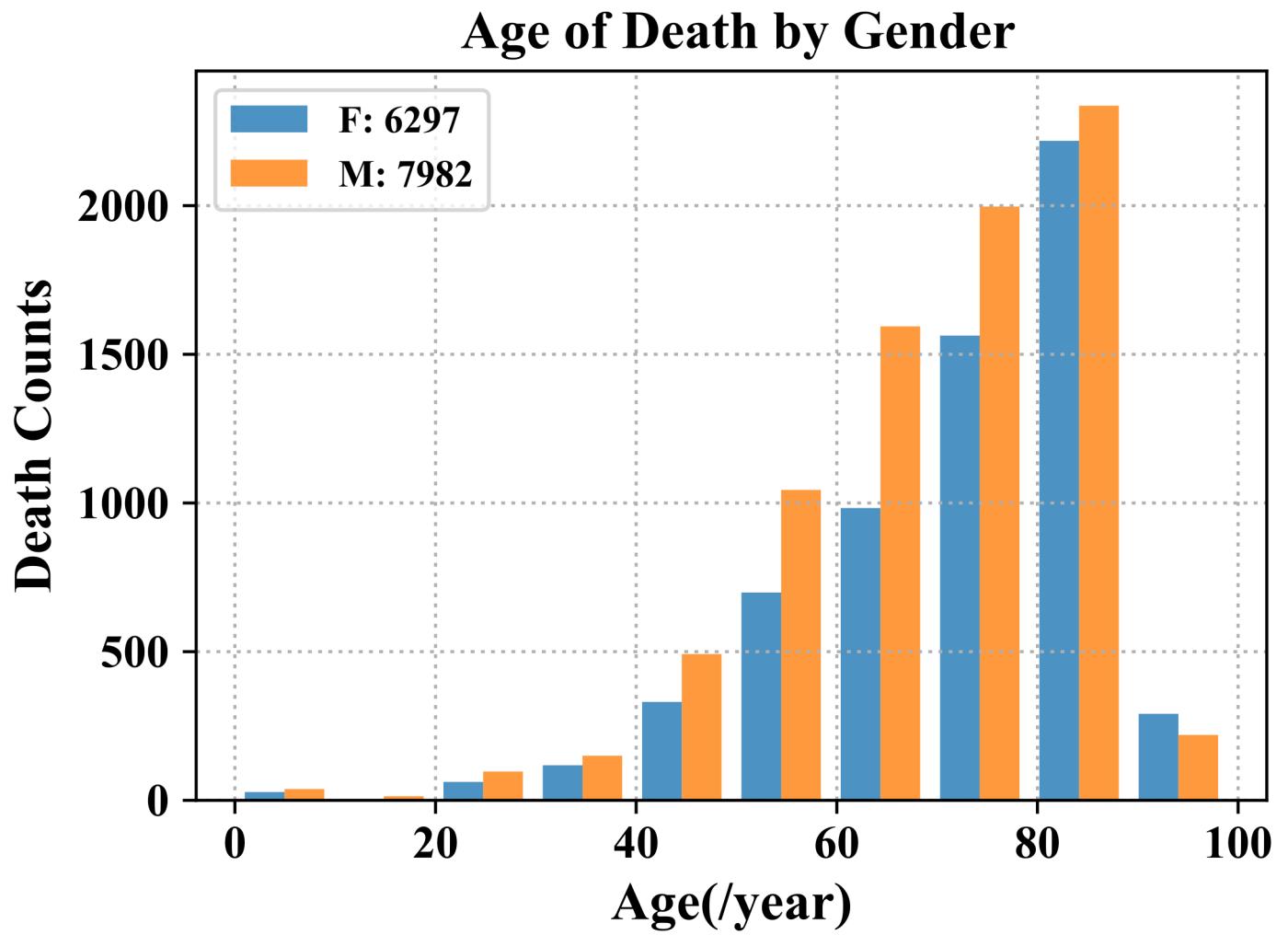
PATIENTS

General Review of Patients



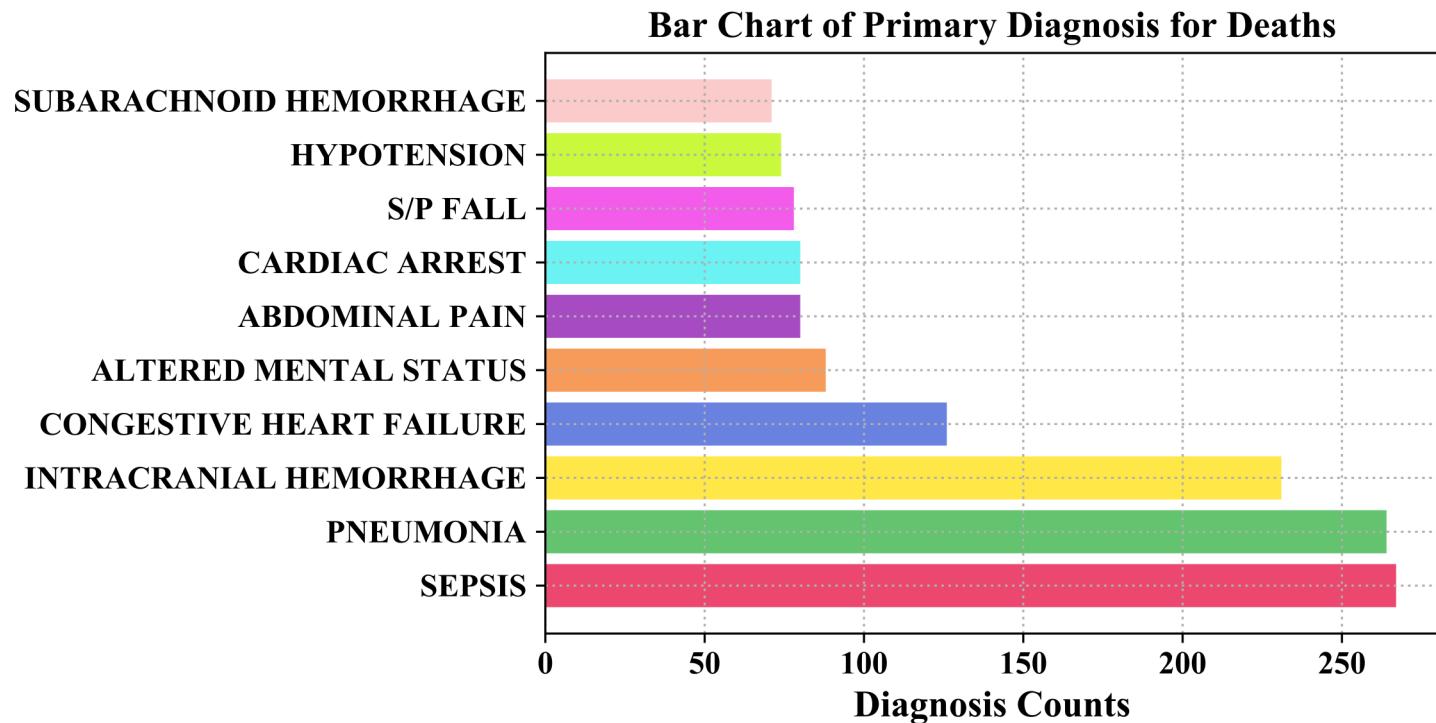
PATIENTS

- Fewer females died than males in each age range except for the 90-100 year old range.
- Most people died in between their 80s to 90s.



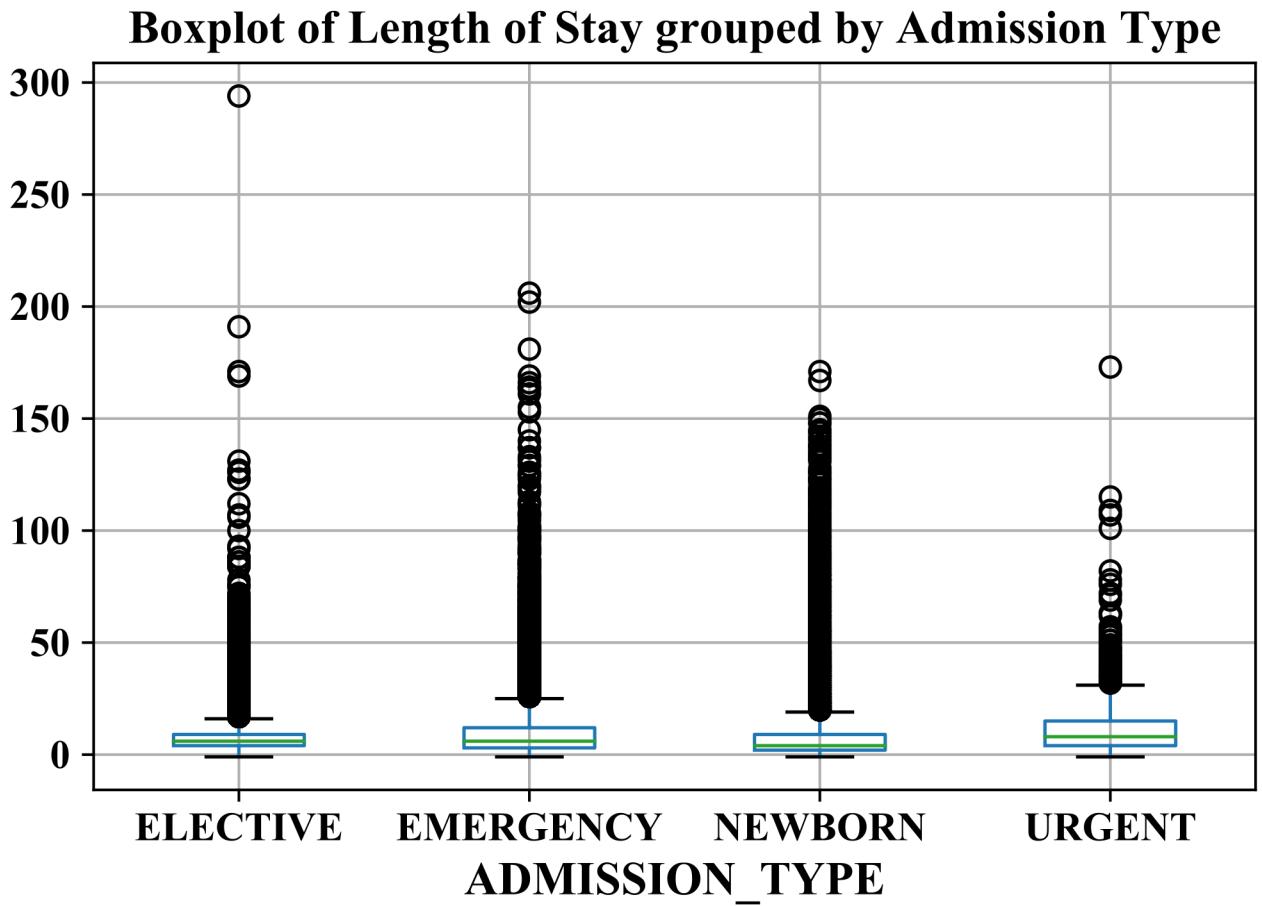
ADMISSIONS

- Top 10 leading diagnosis of death by their counts.
- Sepsis is the #1 cause of death.



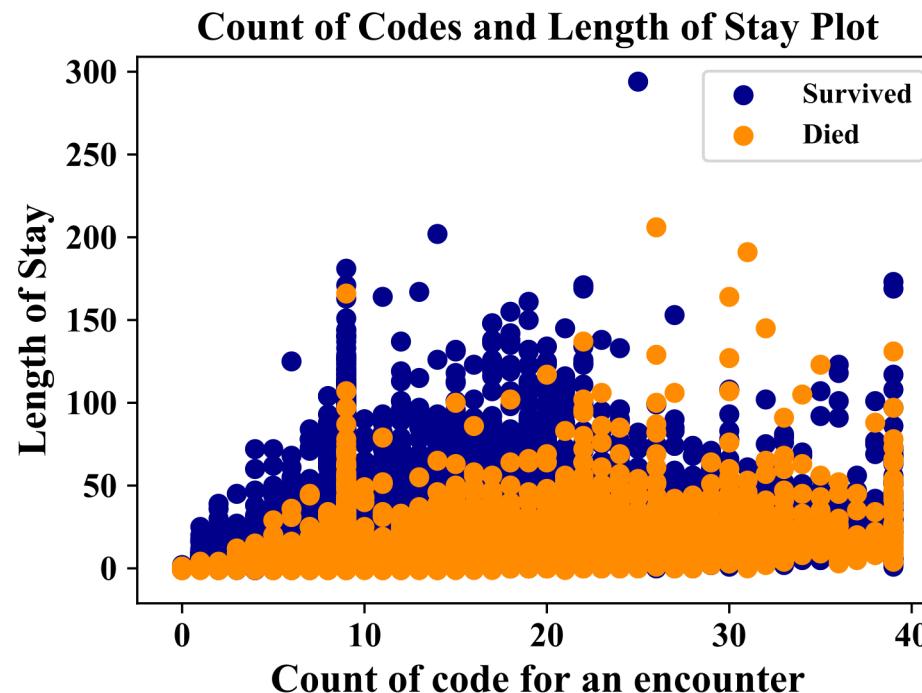
ADMISSIONS

- Most patients were admitted to the hospital in the emergency category.
- "Urgent" has the least but the most sparse average length of stay.
- “Emergency” has the longest length of stay.

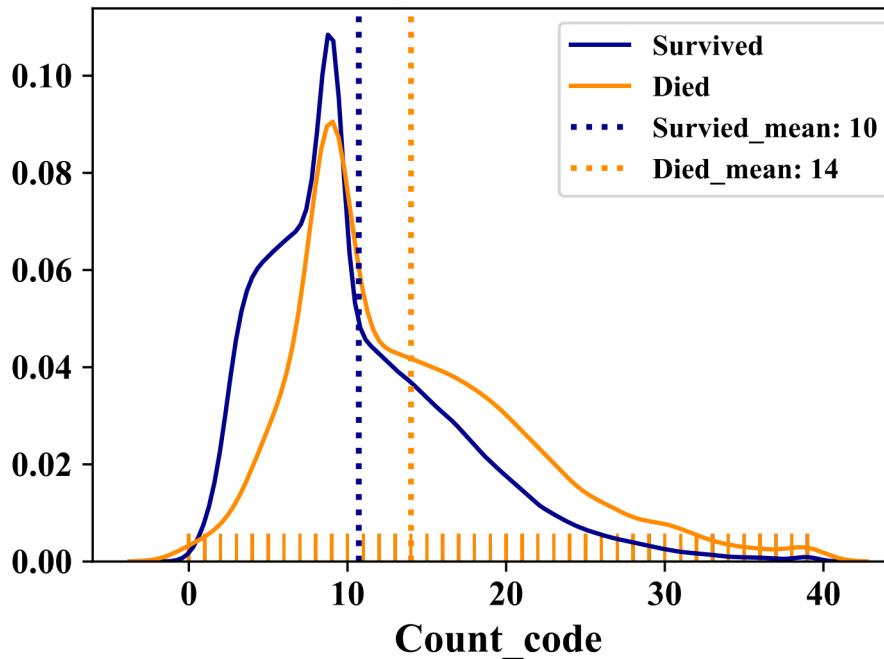


ADMISSIONS

- If an encounter has fewer code, the patient has a higher probability to survive.
- In average, people who survived has a longer length of stay than people who died (more serious)

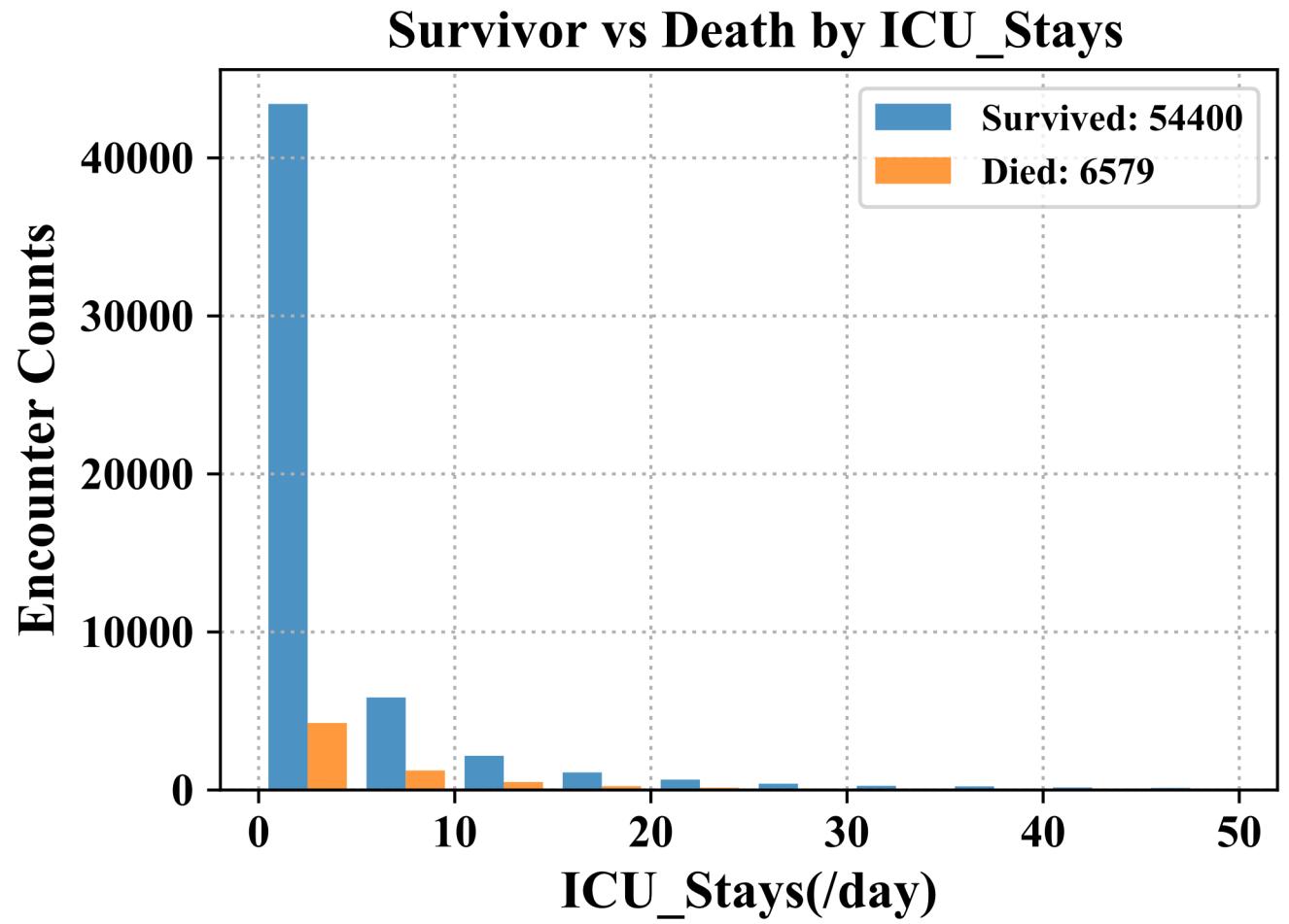


Kernel Density Plot of Survived vs Died



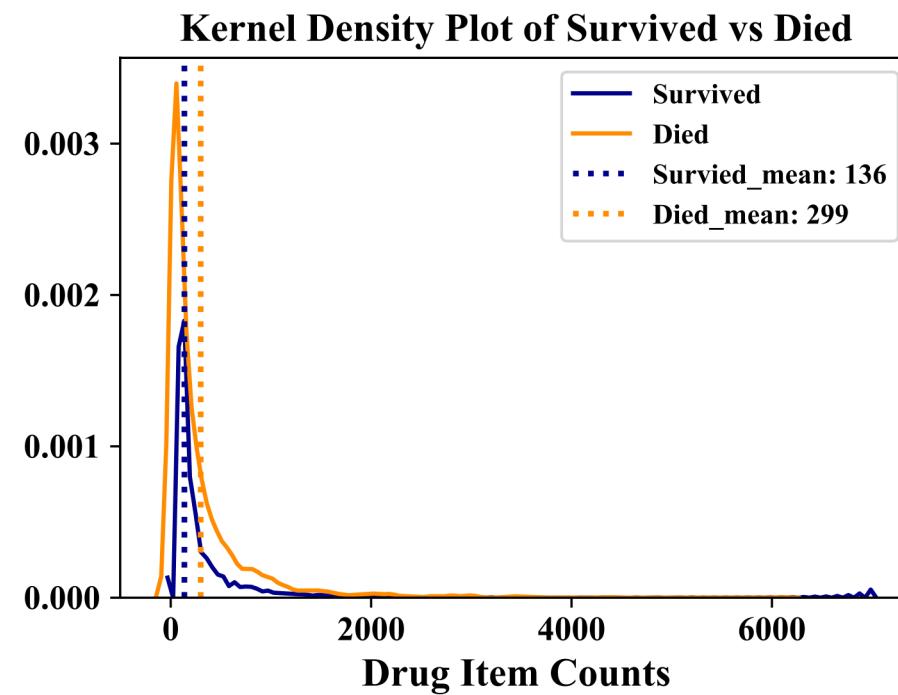
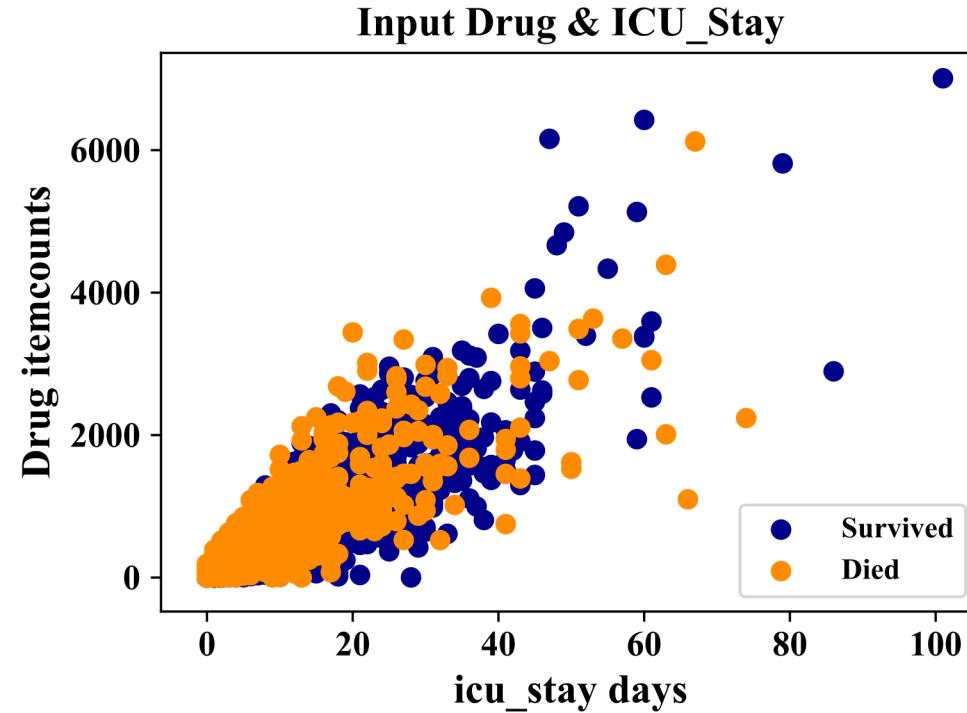
DRUG & ICU STAYS

- More than one ICU encounters / admission
- Most patients, regardless of their mortality status, were in the range of 0-5 days of ICU stay.
- There were also very few people who died had more than 30 days of ICU stay.

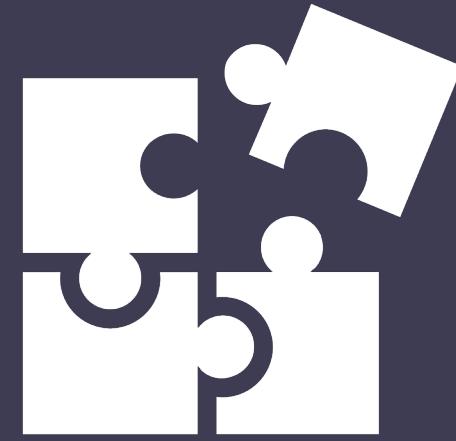


DRUG & ICU STAYS

- positive correlation - longer ICU stays renders more drug dispensed.
- Highly dense at the lower left corner, meaning that most people, regardless of whether they survived, have short ICU stays and few drug given.



DATA CLEANING



PATIENT SELECTION PROCESS



DATASETS

I

39 raw
features
extracted
from SAPSII

II

150
features
selected

DATASET 1 PREPROCESSING

Select ITEMID, VALUE and Categorical data based on 17 features used in SAPS-II scoring system



Filter out data that were collected 1 year after the admission



Reshape data for analysis (39 features were selected in total)

DATASET 2 PREPROCESSING

```
SELECT SUBJECT_ID, HADM_ID, ITEMID, AMOUNT or VALUE  
from CHARTEVENT, OUTPUTEVENT, INPUTEVENT
```

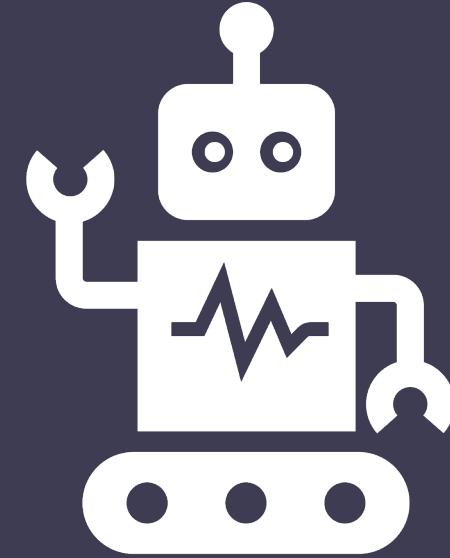
Filter out data that were collected 1 year after admission

Compute mean for time series data

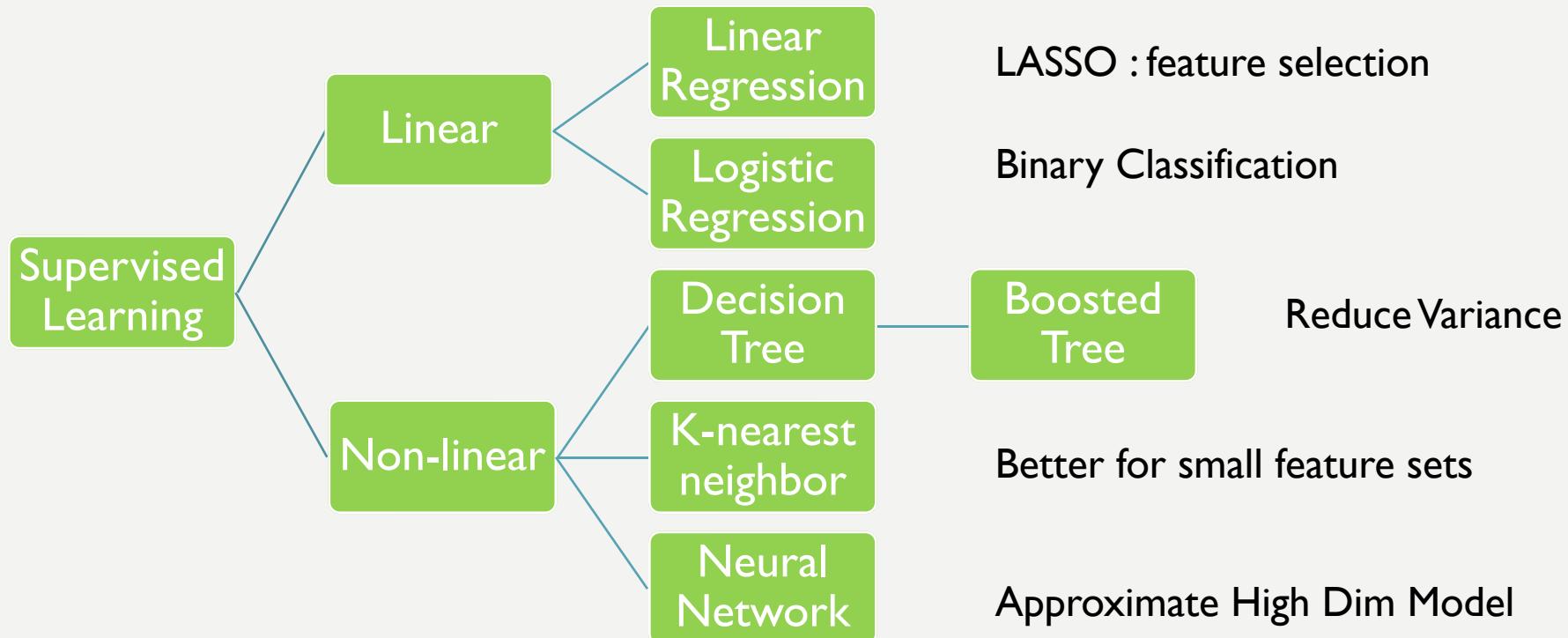
Select features with low missing rate at a threshold of 5%

Reshape data for analysis (150 features were selected in total)

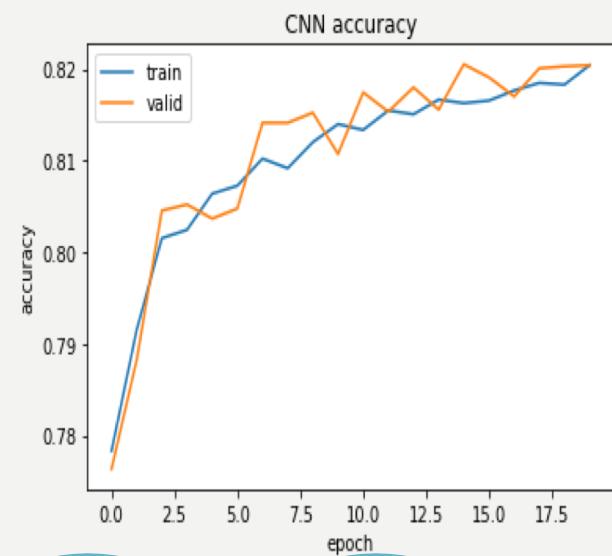
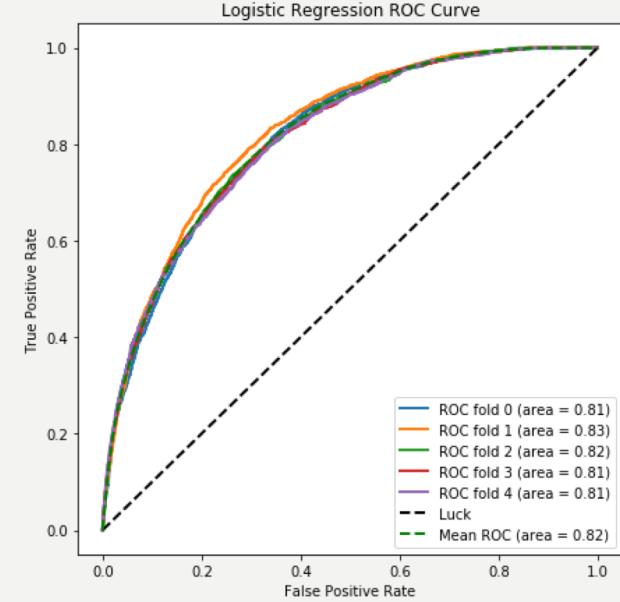
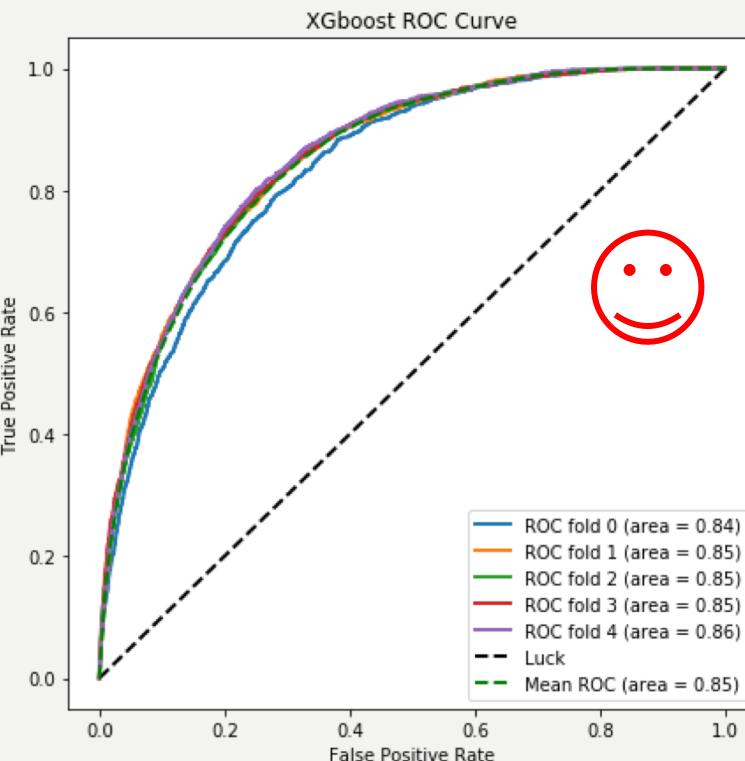
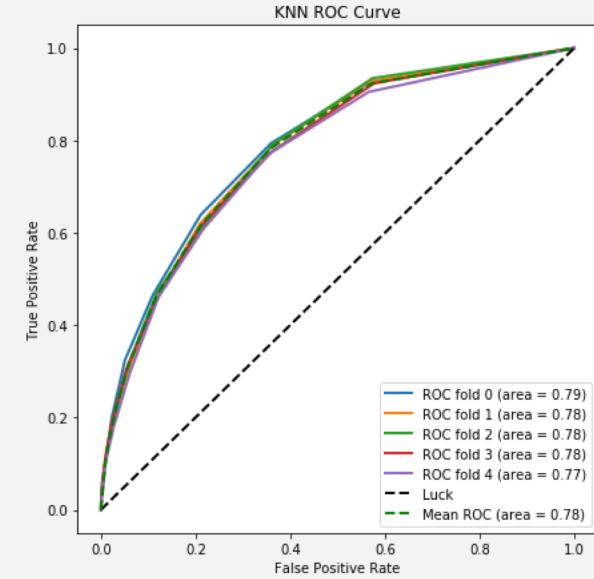
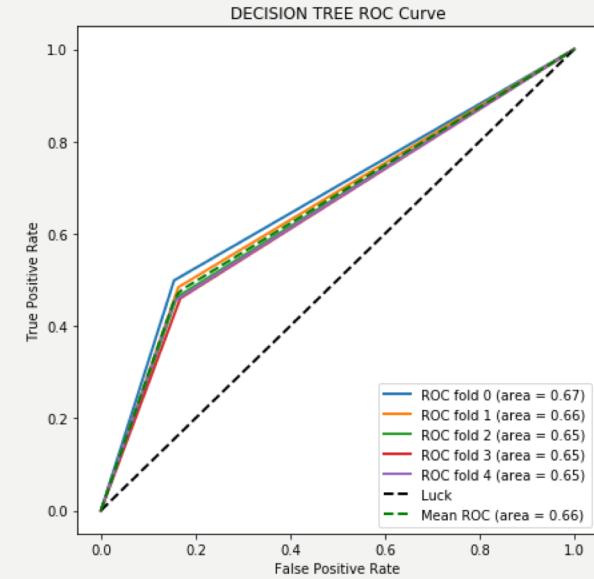
MACHINE LEARNING MODELS



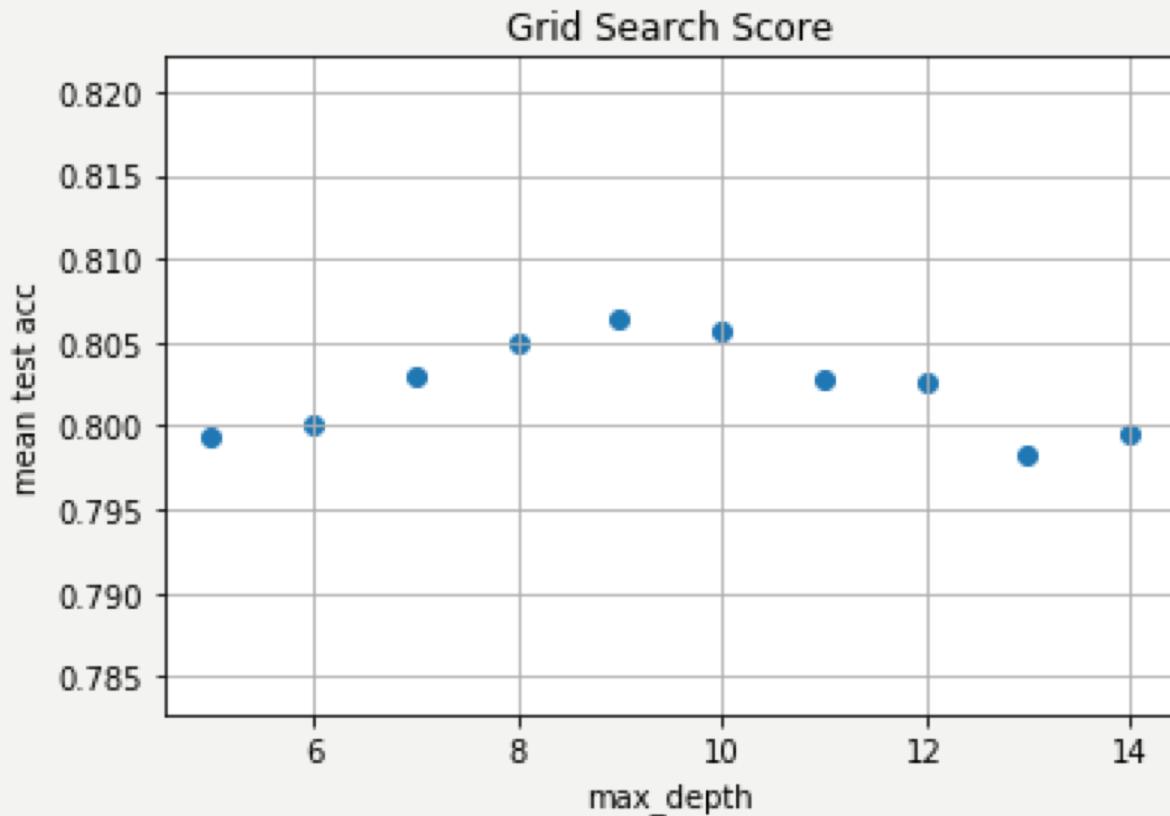
MODEL SELECTION



ROC CURVES



HYPERPARAMETER SELECTION



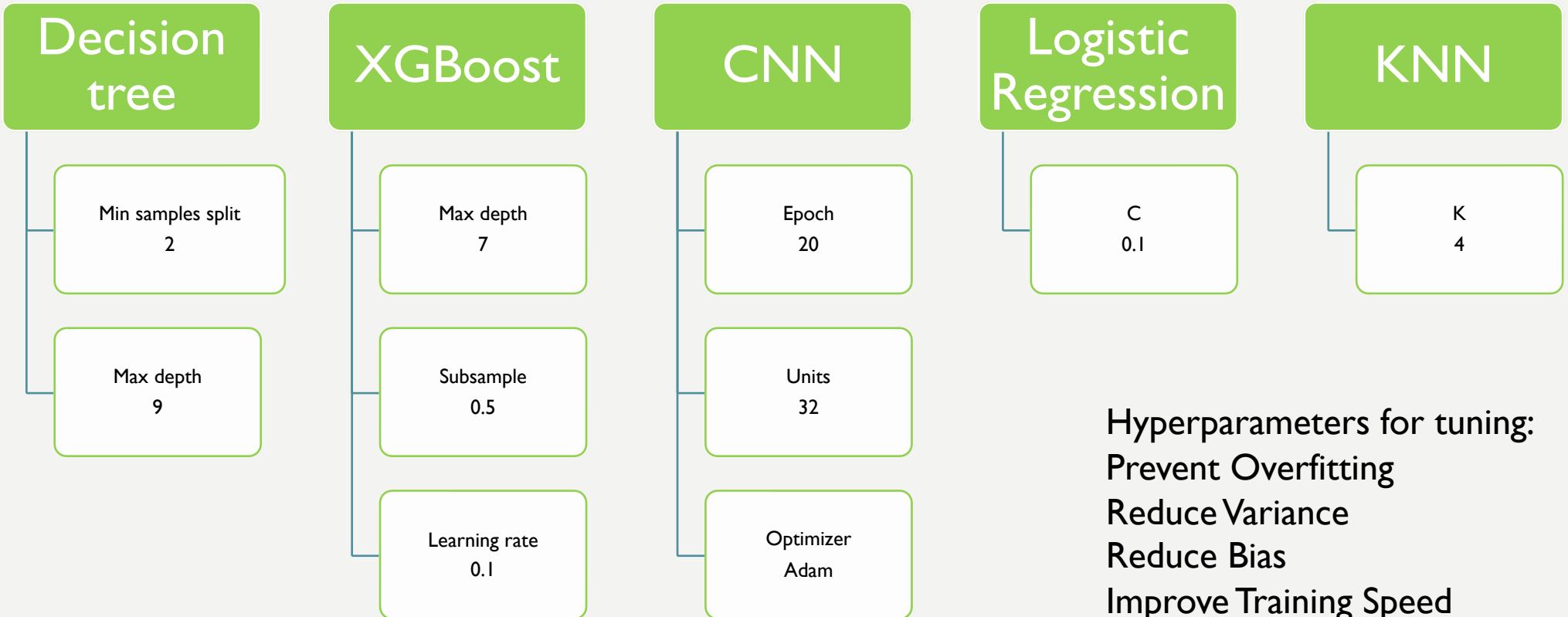
```
DecitionTreeClassifier(criterion='gini',  
splitter='best', max_depth=None, min_samples_split=2,  
min_samples_leaf=1, min_weight_fraction_leaf=0.0,  
max_features=None, random_state=None, max_leaf_nodes=  
None, min_impurity_decrease=0.0, min_im-  
purity_split=None, class_weight=None, p-  
r esort=False)
```

Decision Tree for Dataset I

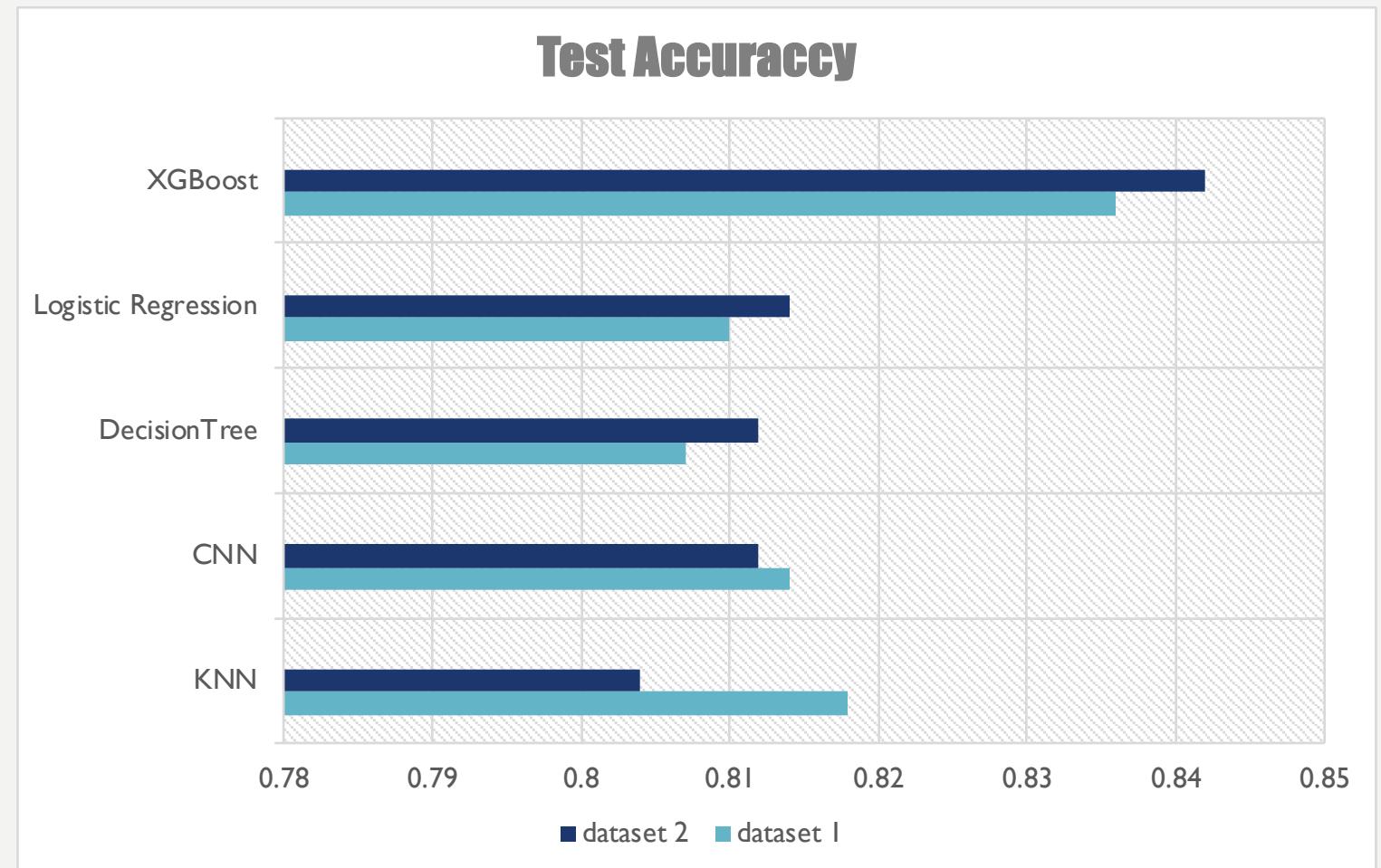
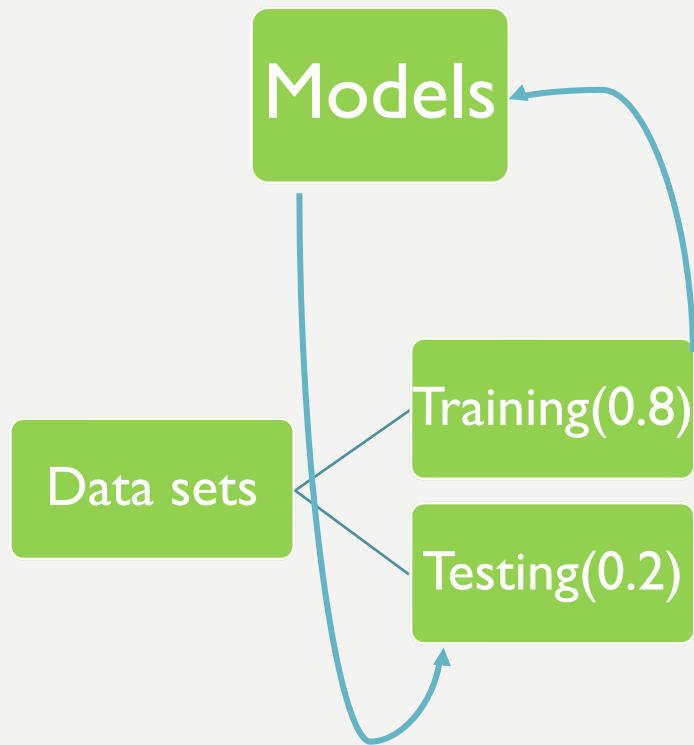
Best 'max_depth' : 7

Grid Search + Cross Validation

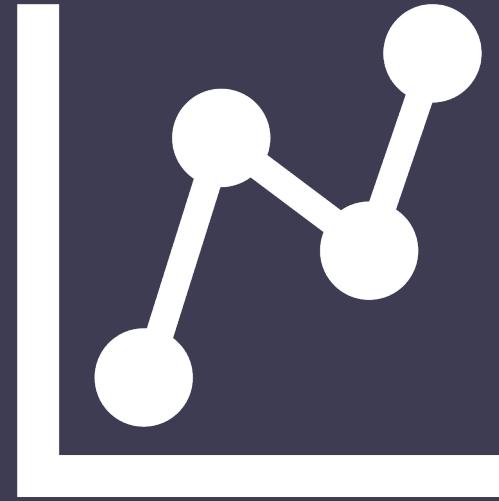
MODEL COMPARISON



MODEL EVALUATION



SUMMARY & IMPROVEMENT



Important Features (GAIN>0.016)	Patient Die(1586) [mean,dev]	Patient Survive(9760) [mean,dev]	Nan (%)	Gain
Morphine Sulfate	12.3,35.8	6.3,11.0	0.979	0.022
Morphine Sulfate	8.7,14.1	2.9,9.4	0.918	0.035
Chest Tubes CTICU CT I	35.8,26.3	31.9,17.2	0.919	0.021
Chest Tube I	116.9,208.5	45.1,73.6	0.942	0.019
Verbal Response	3.1,1.6	4.0,1.2	0.521	0.026
50983?	138.7,4.465	138.8,3.3	0.091	0.053
ADMISSION_T YPE_ELECTIVE	0.05,0.23	0.1,0.3	0	0.153
ADMISSION_T YPE_EMERGENCY	0.91,0.28	0.7,0.5	0	0.061

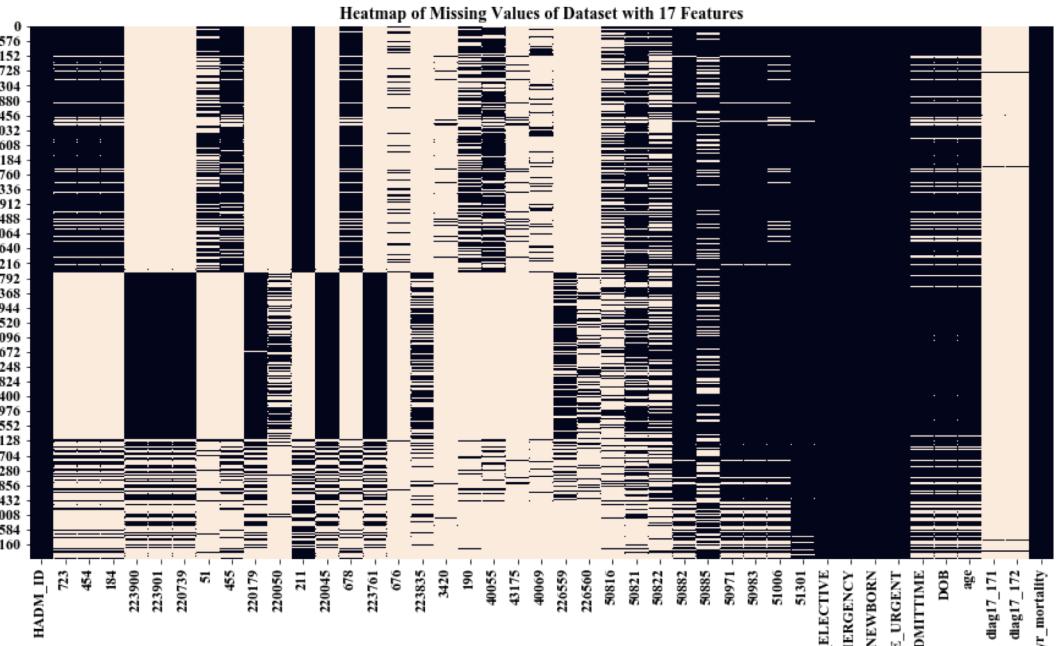
Improvement: Feature Selection

Dimension Reduction:
PCA/LASSO/Variable Importance

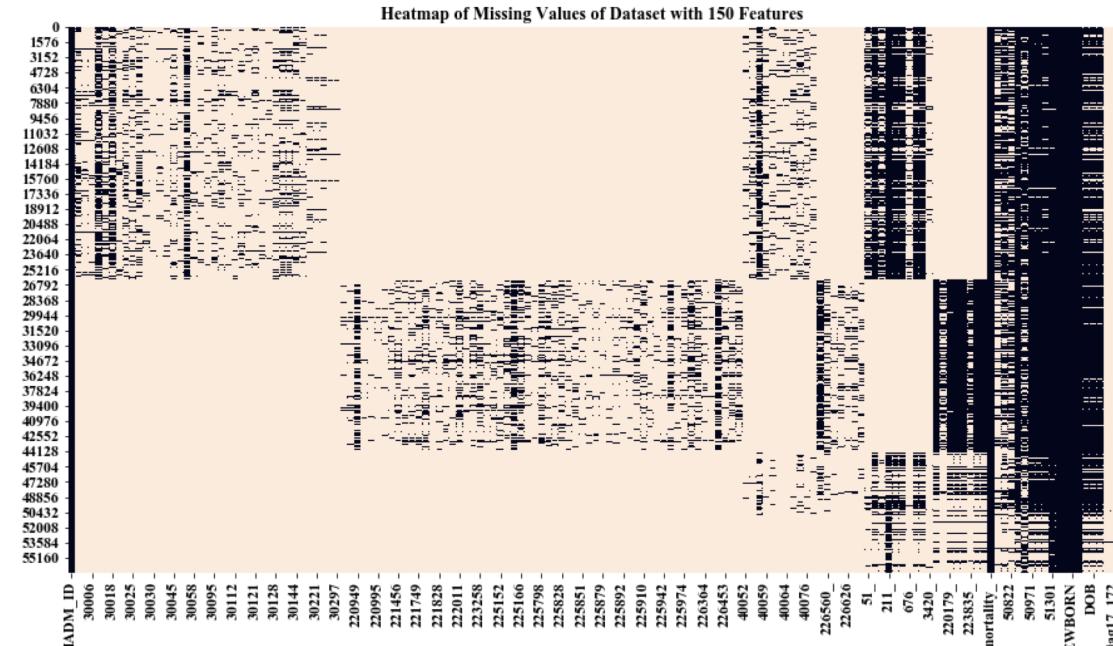
Data Imputer
Data Correlation
Data Density

Doctor Opinion

One Year Mortality Prediction



**Missing Value Heat Map
(17 features)**

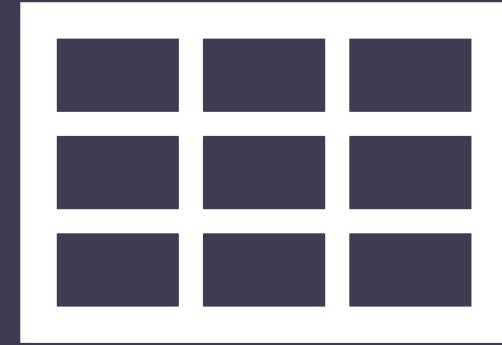


**Missing Value Heat Map
(150 features)**

SUMMARY & IMPROVEMENT

- Recommend using XGboost model to predict 1- year mortality with 39 feature sets
- Optimize patient selection process
- Better handling on time series data

APPENDIX



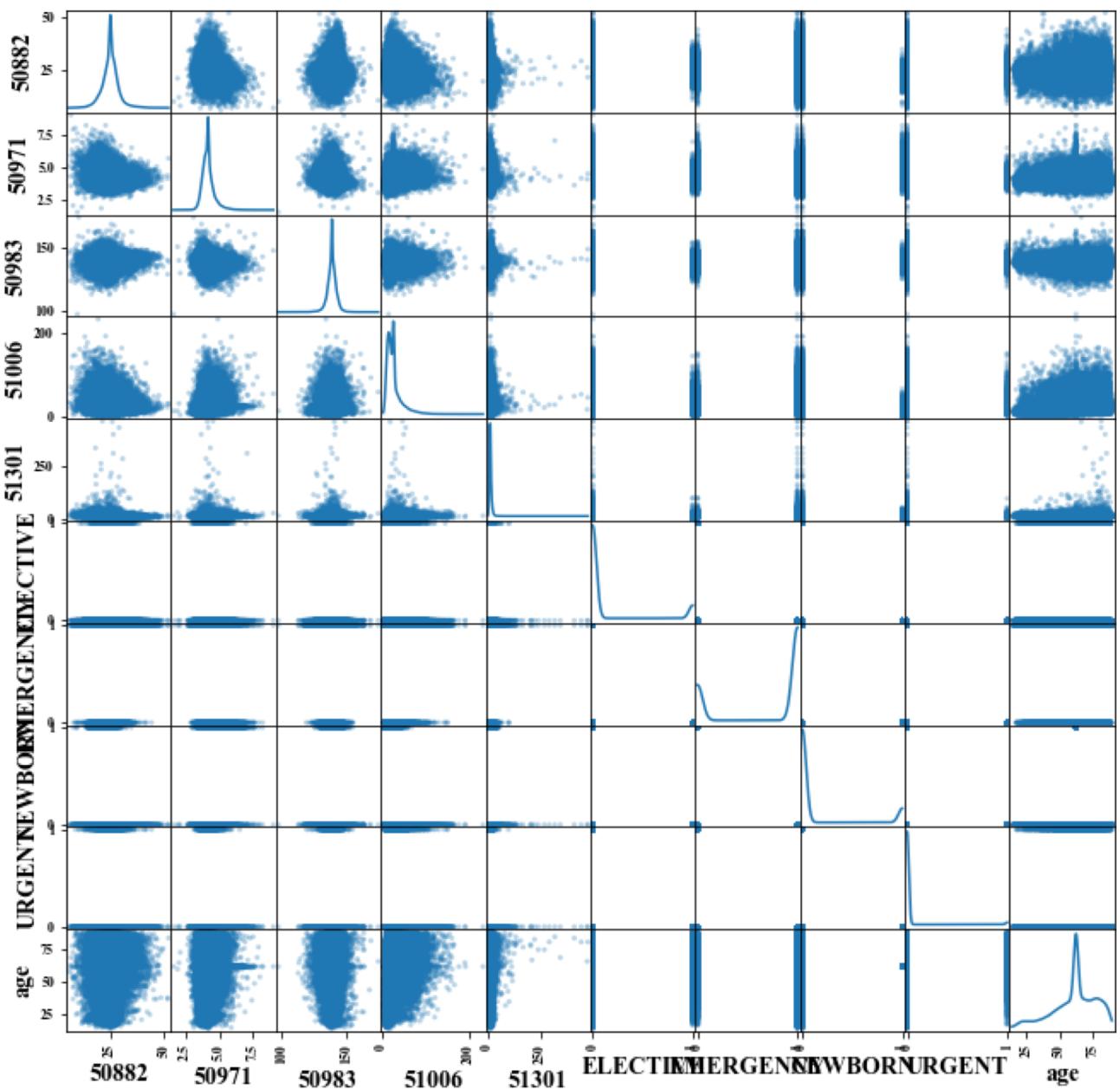
Value

Feature item ID

1 year mortality

subject

SCATTER MATRIX



REFERENCE

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Sudhakar-Krishnan,V., & Rudolf, M. C. (2007). How important is continuity of care?. *Archives of disease in childhood*, 92(5), 381–383. doi:10.1136/adc.2006.099853

Jeffers, H., & Baker, M. (2016). Continuity of care: still important in modern-day general practice. *The British journal of general practice : the journal of the Royal College of General Practitioners*, 66(649), 396–397. doi:10.3399/bjgp16X686185

Goldberger AL, Amaral LAN, Glass L, Hausdorff JM, Ivanov PCh, Mark RG, Mietus JE, Moody GB, Peng C-K, Stanley HE. PhysioBank, PhysioToolkit, and PhysioNet: Components of a New Research Resource for Complex Physiologic Signals. *Circulation* 101(23):e215-e220 [Circulation Electronic Pages; <http://circ.ahajournals.org/content/101/23/e215.full>]; 2000 (June 13).

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Pirracchio, Romain. “Mortality Prediction in the ICU Based on MIMIC-II Results from the Super ICU Learner Algorithm (SICULA) Project.” *Secondary Analysis of Electronic Health Records*, 2016, pp. 295–313., doi:10.1007/978-3-319-43742-2_20.

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QUESTIONS

