





### Health data Analytics: Making Sense of Health Data to improve health services



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16/10/2019 https://www.youtube.com/watch?v=DziXSfAOHhQ

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### Health data Analytics: Making Sense of Health Data to improve health services

#### Jeroen Tas on the future of healthcare IT

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https://www.youtube.com/watch?v=YFDgUpmCmGA

## Health data Analytics: Making Sense of Health Data to improve health services

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Roadmap

- Introduction
  - Complex Systems
  - Some interesting problems and observations
- Background
  - Phase type distribution
  - Phase type distribution survival trees
- Applications
- **Publications** 16/10/2019



 Life expectancy has increased with improvement in health services and standard of living.



- Life expectancy has increased with improvement in health services and standard of living.
- Higher demand to the healthcare resources



- Life expectancy has increased with improvement in health services and standard of living.
- Higher demand to the healthcare resources
- Healthcare challenge is to continue providing the same quality of care



• Healthcare system facing major problems



- Healthcare system facing major problems
  - Lack of beds in hospitals



- Healthcare system facing major problems
  - Lack of beds in hospitals and
  - Lack of other hospital resources.



• To work with these problems the healthcare system needs :



- To work with these problems the healthcare system needs :
  - An efficient way to forecast the resources required



- To work with these problems the healthcare system needs :
  - An efficient way to forecast the resources required
  - To minimize the cost of care while maintaining the quality of care.



• When modelling the healthcare system it would help:



- When modelling the healthcare system it would help:
  - To better understand the process for the design of polices that can improve the quality of care



- When modelling the healthcare system it would help:
  - To better understand the process for the design of polices that can improve the quality of care
  - To ensure the optimal utilization of the available resources

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### Background



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Create your own at Storyboard That

https://www.storyboardthat.com/storyboards/baptist\_snniper/the-gift-of-the-magi-story-elements

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#### Requires

1. Human Behavioural Modelling



- 1. Human Behavioural Modelling
- 2. Modelling the effect of others' Behaviour (using game theory),



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- 1. Human Behavioural Modelling
- 2. Modelling the effect of others' Behaviour (using game theory),
- 3. Modelling of cultural, social, economical, financial and environmental effects (Big data analytics),
- 4. Most difficult: modelling spontaneous (uncorrelated) changes in sentiments,
- 5. Reality vs perception.



#### Reality vs Perception











With government intervention:



With government intervention: More demand than supply = More subsidy to the buyer



With government intervention: More demand than supply = More buyer subsidy More buyer subsidy = More profit



 All buyer subsidy will go to supplier/ manufacturers





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With government intervention: More demand than supply = More buyer subsidy More buyer subsidy = More profit More profit = More attractive industry



#### All grants will ultimately go to the buyers





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With government intervention:

More demand than supply = More buyer subsidy

- More buyer subsidy = More profit
- More profit = More attractive industry
  - = More players

With government intervention:

More demand than supply = More buyer subsidy

- More buyer subsidy = More profit
- More profit = More attractive industry
  - = More players
  - = More supply than demand



With government intervention:

More demand than supply = More buyer subsidy

More buyer subsidy = More profit

- = More players
- = More supply than demand
- = Less price = Less profit



With government intervention:

More demand than supply = More buyer subsidy

More buyer subsidy = More profit

- = More players
- = More supply than demand
- = Less price = Less profit
- = Some will leave the market with loss



#### If these players are farmers: Suicide





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With government intervention:

More demand than supply = More buyer subsidy

More buyer subsidy = More profit

- = More players
- = More supply than demand
- = Less price = Less profit
- = Some will leave the market with loss
- = More demand than supply



With government intervention:

More demand than supply = More grant to the supplier/manufacturer to ensure meeting the demand



With government intervention: More demand than supply = More supplier grant More supplier subsidy = More profit



With government intervention: More demand than supply = More supplier grant More supplier subsidy = More profit More profit = More attractive industry



With government intervention:

More demand than supply = More supplier grant

- More supplier subsidy = More profit
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More demand than supply = More supplier grant

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More profit = More attractive industry

- = More players
- = More supply than demand
- = Less price = Less profit
- = Some will leave the market with

losses



With government intervention:

More demand than supply = More supplier grant

More supplier subsidy = More profit

- = More players
- = More supply than demand
- = Less price = Less profit
- = Some will leave the market with loss
- = More demand than supply



Without government intervention:

More demand then supply = More profit



Without government intervention: More demand then supply = More profit More profit = More attractive industry

= More players



Without government intervention:

More demand then supply = More profit

- = More players
- = More supply than demand

Without government intervention:

More demand then supply = More profit

- = More players
- = More supply than demand
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Without government intervention:

More demand then supply = More profit

- = More players
- = More supply than demand
- = Less price = Less profit
- = Some will leave the market with loss



Without government intervention:

More demand then supply = More profit

- = More players
- = More supply than demand
- = Less price = Less profit
- = Some will leave the market with loss
- = More demand than supply



- For industries to solve the problem: One of the solution is **innovation**.
- Develop substitute products
- ✓ Make process more efficient
- ✓ Reduce production cost
- ✓ More efficient supply chain network
- ✓ Provide add-on services



For other industries to solve the problem: One of the methods is **innovation** 

#### And duration of stay in the market

- ✓ How long an industry would be attractive
- ✓ When to leave the market/industry
- $\checkmark$  How to increase this duration
- Alternate product development through innovation
- ✓ Plan to leave the market/industry



#### Our Education System

According to MHRD:

- In 2015, there were more than 6000 engineering and technology institutes.
- Produced more than 2.9 million engineering graduates.
- Only 1.5 million got jobs in their engineering discipline.
- ????



#### Our Education System

• The decision to pursue BE/BTech in their chosen discipline was taken 4 years back based on then current data.







Should we reduce the food wastage or not?





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#### Food wastage

- Should we reduce the food wastage or not?
- Assume there is 35% food wastage
- Means we are producing 135% food than required.
- Are food producers (farmers) getting too much profit?
- Are food product prices are inflated?



#### Food wastage

- Should we reduce the food wastage or not?
- What if we reduce the food wastage by 50%?
- Then the demand will be 118% and supply will be 135%?
- What will be the food prices?
- What will happen with our farmers?



#### Our healthcare system: A complex system



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#### Our healthcare system: A complex system



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#### Our healthcare system: A complex system



Private healthcare:

• Some patients want cheap healthcare



Private healthcare:

- Some patients want cheap healthcare
- Some patients want best (luxurious) healthcare



Private healthcare:

- Some patients want cheap healthcare
- Some patients want best (luxurious) healthcare
- Health providers want maximum profit



Private healthcare:

- Some patients want cheap healthcare
- Some patients want best (luxurious) healthcare
- Health providers want maximum profit
- maximum profit = maximum hospital visits


Private healthcare:

- Some patients want cheap healthcare
- Some patients want best (luxurious) healthcare
- Health providers want maximum profit
- maximum profit = maximum hospital visits
- = maximum readmissions
- + maximum hospital duration of stay





#### Our healthcare system: A complex system



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Public healthcare:

• Everyone gets the same healthcare



- Everyone gets the same healthcare
- Health providers want minimum cost



- Everyone gets the same healthcare
- Health providers want minimum cost
- Minimum cost
  - = Limited resources
  - = least duration in hospitals + minimum admissions



- Everyone gets the same healthcare
- Health providers want minimum cost
- Minimum cost
  - = Limited resources
  - = least duration in hospitals + waiting list



- Everyone gets the same healthcare
- Health providers want minimum cost
- Minimum cost
  - = Limited resources
  - = more readmissions + waiting list



- Everyone gets the same healthcare
- Health providers want minimum cost
- Minimum cost
  - = Limited resources
  - = more readmissions + waiting list
  - = longer waiting list





https://fineartamerica.com/featured/hospital-waiting-room-mark-thomasscience-photo-library.html



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- Everyone gets the same healthcare
- Health providers want minimum cost
- Minimum cost
  - = Limited resources
  - = longer waiting list
  - = Poor healthcare



- Everyone gets the same healthcare
- Health providers want minimum cost
- Minimum cost
  - = Limited resources
  - = longer waiting list
  - = Poor healthcare
  - = Public outcry
  - = Preference



- Everyone gets the same healthcare
- Health providers want minimum cost
- Minimum cost
  - = Limited resources
  - = longer waiting list
  - = Poor healthcare
  - = Public outcry
  - = Preference



- Corruption
- Health providers want minimum cost
- Minimum cost
  - = Limited resources
  - = longer waiting list
  - = Poor healthcare
  - = Public outcry
  - = Preference



Public healthcare:

• More resources



Public healthcare:

• More resources = More cost



Public healthcare:

• More resources = short waiting lists



- More resources = short waiting lists
- Short waiting list = longer hospital stay



- More resources = short waiting lists
- Short waiting list = longer hospital stay minimum readmissions



Public healthcare:

- More resources = short waiting lists
- Short waiting list = longer hospital stay minimum readmissions

more patients



- Even more resources = no waiting lists
- Short waiting list = longer hospital stay minimum readmissions more patients underutilization



- Even more resources = no waiting lists
- Short waiting list = longer hospital stay minimum readmissions
   more patients underutilization misuse



- Even more resources = no waiting lists
- Short waiting list = longer hospital stay minimum readmissions
  - more patients
  - underutilization
  - misuse
  - more cost



Public healthcare:

- Even more resources = no waiting lists
- Short waiting list = longer hospital stay

minimum readmissions

more patients

underutilization

misuse

more cost

Some waiting lists



Public healthcare:

• Optimum resources = optimum waiting time



- Optimum resources = optimum waiting time
- = Optimum hospital stay



- Optimum resources = optimum waiting time
  - = Optimum hospital stay
  - = minimum readmissions



- Optimum resources = optimum waiting time
  - = Optimum hospital stay
  - = minimum readmissions
  - = optimum patients' number



- Optimum resources = optimum waiting time
  - = Optimum hospital stay
  - = minimum readmissions
  - = optimum patients' number
    optimum utilization



- Optimum resources = optimum waiting time
  - = Optimum hospital stay
  - = minimum readmissions
  - optimum patients' number
    optimum utilization
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- Optimum resources = optimum waiting time
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    optimum cost



- Optimum resources = optimum waiting time
  - = Optimum hospital stay
  - = minimum readmissions
  - optimum patients' number
    optimum utilization
    minimum misuse
    - optimum cost
    - Some waiting lists



- Optimum resources = Proper planning
  - = Continuously adding resources (if population is increasing/changing)
  - = Resource requirement forecasting



- Optimum resources = Proper planning
  - = Continuously adding resources (if population is increasing/changing)
  - = Resource requirement forecasting
  - = Admission rate estimation
  - = Length of stay estimation







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# Coxian phase type distributions

## Among popular choices to fit spell length of stay data.







# Coxian phase type distributions

## Among popular choices to fit spell length of stay data.

Provide a simple interpretation of fit for the length of stay data.






## Among popular choices to fit spell length of stay data.

Provide a simple interpretation of fit for the length of stay data.

Parameter estimation is easier than other phase type distributions.

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#### A Markov chain







#### A Markov chain



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#### Hospital care system as a Markov chain

Patient flow in the stroke care system can be modelled as an *n* state Markov process with Coxian phase type distributions





















## A process can start only in the first state (state 1).

Sequential transition rate is  $\lambda_k$ .

Also transition rate from any state k to the absorbing state n+1 is  $\mu_k$ .



#### Coxian phase type distributions The PDF for the duration before absorption: f(t)=pexp(Qt)q

## where the initial state probability distribution $\mathbf{p} = (1 \ 0 \ 0 \ \dots 0 \ 0)$

absorption probabilities

$$\mathbf{q} = \begin{pmatrix} \mu_1 & \mu_2 & \dots & \mu_{n-2} & \mu_n \end{pmatrix}^{\mathrm{T}}$$

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And the transition matrix

$$\mathbf{Q} = \begin{pmatrix} -(\lambda_1 + \mu_1) & \lambda_1 & 0 & \cdots & 0 & 0 \\ 0 & -(\lambda_2 + \mu_2) & \lambda_2 & \cdots & 0 & 0 \\ \vdots & \vdots & \vdots & \cdots & 0 & 0 \\ 0 & 0 & 0 & 0 & -(\lambda_{n-1} + \mu_{n-1}) \lambda_{n-1} \\ 0 & 0 & 0 & \cdots & 0 & -\mu_n \end{pmatrix}$$



#### Coxian phase type distributions The likelihood function:

$$l = \prod_{i=1}^{N} \left( \mathbf{p} \exp\left\{\mathbf{Q}t_{i}\right\} \mathbf{q} \right)$$

where *N* is the total number of patients in the care system.

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# The loglikelihood function $L = \sum_{i=1}^{N} \left( \log \left( \mathbf{p} \exp \left\{ \mathbf{Q} t_i \right\} \mathbf{q} \right) \right).$ Or $L = \sum_{i=1}^{N} f(t_i)$

#### where $f(t_i) = \log(\mathbf{p} \exp{\{\mathbf{Q}t_i\}}\mathbf{q})$

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UNIVERSITY OF MALTA L-Università ta' Malta Weighted-Average Information Criterion WIC (Weighted-Average Information Criterion) is a weighted average of the Bayesian information criterion and the Akaike information criterion with a small sample size correction.



Weighted-Average Information Criterion WIC (Weighted-Average Information Criterion) is a weighted average of the Bayesian information criterion and the Akaike information criterion with a small sample size correction.

The splitting criteria based on the WIC combines the strengths of both the AIC and the BIC it works well with small and large sample sizes and in the situation where sample size is not known.

#### Weighted-Average Information Criterion The performance of WIC was compared with several other popular criteria in the study and the results showed that WIC is very reliable.

$$WIC = -2L + d + \frac{d(((\log(N) - 1) \log(N))(N - (d - 1))^{2} + 2N(N + (d + 1)))}{(2N + (\log(N)(N - (d + 1)))(N - (d + 1)))}$$





#### Survival tree





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#### Survival tree







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#### Survival trees

• Decision trees in survival analysis





#### Survival trees

- Decision trees in survival analysis
- A type of classification and regression trees



#### Survival trees

- Decision trees in survival analysis
- A type of classification and regression trees
- Constructed by recursively partitioning the given dataset in to subsets based on some splitting and selection criteria.







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• A powerful non-parametric method of clustering survival data for prognostication



- A powerful non-parametric method of clustering survival data for prognostication
  - To determine importance and effect of various covariates (such as patient's characteristics)



- A powerful non-parametric method of clustering survival data for prognostication
  - To determine importance and effect of various covariates (such as patient's characteristics)
  - Their interrelation on patient's survival, treatment outcome, disease risk, disease progress or hospital length of stay



• Each node of *the survival tree* is separately modeled by *phase type distributions* 



- Each node of *the survival tree* is separately modeled by *phase type distributions*
- It combines the merits of both phase type distributions and survival trees.



- Each node of *the survival tree* is separately modeled by *phase type distributions*
- It combines the merits of both phase type distributions and survival trees.
- Reduces the dimensionality of data and explains the variations in the data.







Tree construction



Two steps

#### Growing: splitting a node into child nodes











Tree construction



Two steps

**Growing:** splitting a node into child nodes

Selection: determining if a node is terminal node. If it is not then selecting the best possible partition by exploring all possible splits.







**Growing:** by recursively partitioning into sub groups by the covariates based on some splitting criteria.

At each node apply one covariate at a time and repeat this with other covariates.







#### Tree growing

# **Splitting criteria**: maximizing either within node homogeneity or between node separation.

We used splitting criteria to maximize within node homogeneity based on improvement of WIC functions





#### Tree growing

A covariate *a* can have any of the *l* values such that

$$N = N_{a1} + N_{a2} + \ldots + N_{al} = \sum_{i=1}^{l} N_{ai} .$$

The loglikelihood of node a is

$$L = \sum_{j=1}^{l} \sum_{i=1}^{N_{aj}} f(t_{iaj}) = \sum_{i=1}^{N_{a1}} f(t_{ia1}) + \sum_{i=1}^{N_{a2}} f(t_{ia2}) + \dots + \sum_{i=1}^{N_{al}} f(t_{ial})$$
  
Or  $L = L_{a1} + L_{a2} + \dots + L_{al} = \sum_{i=1}^{l} L_{ai}$ .

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#### Tree growing

#### Similarly, WIC of node a is

$$WIC = WIC_{a1} + WIC_{a2} + \ldots + WIC_{al} = \sum_{i=1}^{l} WIC_{ai}$$
.







Node selection



For each possible split of a node, record the total WIC after the split.

The split which maximizes the total WIC of sub-groups is determined as follows:

 $WIC_{max} = max(WIC_a, WIC_b, \dots, WIC_l)$ 



#### Node selection

If  $WIC_{max}$  is greater than WIC of the node before the split, select the split with WIC equal to  $WIC_{max}$  else record the node as a terminal node.



#### Node selection

- If  $WIC_{max}$  is greater than WIC of the node before the split, select the split with WIC equal to  $WIC_{max}$  else record the node as a terminal node.
- **Terminal node:** A terminal node is the node at which within node homogeneity cannot significantly be improved by any possible split.



#### Dataset

To evaluate the model we used the discharge dataset from the Emergency department at the Mater Dei Hospital Malta of all patients discharged in 2011-2014.


# We used covariates that represent the patient characteristics:

Age

Gender

District

Source of Admissions





For the length of stay :

The continuous covariate was the patient's age

Three categorical covariates Gender, District and Source of Admission.



Categorical covariate data was divide in three groups.

The cut points of the age are:

1 to 40,

41 to 70 and

71 and over.

Patients with 0 age at admission were omitted from the data.

# The gender covariate has two different values that are Female and Male.



The gender covariate has two different values that are Female and Male.

The district covariate has six different values that are the geographical districts of Malta.





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- The district covariate has six different values that are the geographical districts of Malta.
- Source of admission is from where the patient was admitted and has five different covariates.



The gender covariate has two different values that are Female and Male.

- The district covariate has six different values that are the geographical districts of Malta.
- Source of admission is from where the patient was admitted and has five different covariates.
- Each cluster was given a group number for running the Coxian Phase fittings.





For the admissions:

The categorical covariate was the district of the patient and



For the admissions:

- The categorical covariate was the district of the patient and
- The categorical covariates are the age and the gender.



For the admissions:

- The categorical covariate was the district of the patient and
- The categorical covariates are the age and the gender.
- Each value in the covariate is given a group number to run the Coxian phase fittings for each group.



Node	Covariate	Covariate Value	Total Number of Patients	WIC	Mean LOS	Number of phases	Total WIC	Gain in WIC		
	Level 1									
	All	Root Node	64439	351604.66	6.8411	6	351604.66	-		
		1 to 40	20631	87222.35	4.1304	6		10309.1		
	Age	41 to 70	22600	122877.8	6.7443	5	341295.6			
		71 +	21208	131195.4	9.5813	5				
	District	South	22237	121077.72	6.756	5				
		Central	19480	107177.13	6.9864	4		-170.49		
		West	8423	46460.1	7.0515	5	351775.15			
_		North	13542	72716.7	6.6032	4				
1		Gozo	539	3227.25	8.3358	5				
Root		Unknown	218	1116.25	5.5	4				
Node		Elderly Home	1925	11775.05	9.4732	6				
		Home	61356	332501.72	6.7339	6				
		Labour Ward	2	32.84	4.5	6				
	Source	Other (Gov Hospital,					351078.46	526.2		
		Private, Mental and	1060	6297.08	8.4632	6				
		Abroad)								
		Police Custody	96	471.77	4.7604	2				
	Gender	Female	32886	179393.48	6.8672	6	351637 51	32.85		
	Ochider	Male	31553	172244.02	6.814	5	551057.51	-52.05		

Node	Covariate	Covariate Value	Total Number of Patients	WIC	Mean LOS	Number of phases	Total WIC	Gain in WIC
			Level 3					
	All	Age 41 to 70, Female	9088	49410.24	6.817	4	49410.24	-
		41 to 70, South, F	3164	17051	6.8587	6		
		41 to 70, Central, F	2782	15094.21	6.8724	5		
	District	41 to 70, West, F	1123	6118.53	6.9154	5	10118 21	261.0
	District	41 to 70, North, F	1933	10357.31	6.5525	3	49140.34	201.9
		41 to 70, Gozo, F	55	366.03	9.9454	1		
10 (Age		41 to 70, Unknown, F	31	161.25	4.9678	3		
41 to 70		41 to 70, Elderly Home, F	81	561.03	12.4445	3		
Female)		41 to 70, Home, F	8835	47791.27	6.7268	4		10 -
1 • • • • • • • • • • • • • • • • • • •	Source of Admission	41 to 70, Labour Ward, F	1	3.89	7	1	10206 16	
		41 to 70, Other (Gov Hospital, Private, Mental and Abroad), F	170	1038.88	8.8529	4	49390.40	13.78
		41 to 70, Police Custody, F	1	1.39	2	1		



Node	Covariate	Covariate Value	Total Number	WIC	Mean	Number	Total	Gain in
			of Patients		LOS	of phases	WIC	WIC
			Level 3					
	All	Age 71 +, Female	11578	72543.24	9.9719	5	72543.24	-
		71 +, South, F	3663	22859.81	9.8444	6		
		71 +, Central, F	3880	24104.55	9.8023	6		323.58
	District	71 +, West, F	1736	11040.79	10.4919	4	72210 ((	
10 ( )		71 +, North, F	2242	13837.2	10.0589	6	/2219.00	
12 (Age		71 +, Gozo, F	40	287.23	12.825	1		
/I+, E 1)		71 +, Unknown, F	17	90.08	4.8235	1		
Female)		71 +, Elderly Home, F	1257	7655.41	9.4121	4		
	Source of	71 +, Home, F	10093	63415.04	10.0396	6		
	Admission	71 +, Other (Gov					72532.89	10.35
		Hospital, Private,		1462.44	462.44 10.057	).057 4		
		Mental and Abroad), F						







Node	Covariate	Covariate Value	Total Admissio ns	WIC	Mean	Number of Phases	Average WIC	Total WIC	Gain in WIC
				Lev	el 1				
	All	Root Node	32277	3171.43	89.43	22	3171.43	3171.43	-
		1 to 40	10386	2561.57	29.45	10	853.86		594.96
	Age	41 to 70	11244	2590.39	31.81	10	863.46	2576.47	
		71 +	10647	2577.45	30.17	10	859.15		
	Gender	Female	16510	2793.52	44.2	10	1396.76	2011 20	260.04
1 (Root		Male	15767	2829.26	46.23	10	1414.63	2811.39	300.04
Node)		South	11211	2581.18	31.72	10	430.2		
		Central	9690	2491.79	27.55	10	415.3		
		West	4270	2051.09	12.7	10	341.85	175( 20	1415 04
	District	North	6774	2289.19	19.56	10	381.53	1/50.39	1415.04
		Gozo	289	895.58	1.79	6	149.26	6 5	
		Unknown	43	229.51	1.12	10	38.25		
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Node	Covariat e	Covariat e Value	Total Admissio ns	WIC	Mean	Number of Phases	Average WIC	Total WIC	Gain in WIC
				Lev	rel 3				
8 (South,	Condor	Female	2263	1817.71	7.2	5	50.49	04 07	1771
1 to 40)	Genuer	Male	1518	1601.38	5.16	5	44.48	74.77	1/./1
9 (South,	Condor	Female	1602	1617.75	5.39	5	44.94	0/ 31	18 11
41 to 70)	Genuer	Male	2413	1777.52	7.61	7	49.38	74.31	10.11
10 (South,	Condor	Female	1804	1680.7	5.94	5	46.69	01 78	1734
71 +)	Genuer	Male	1611	1623.45	5.41	5	45.1	<b>71.</b> 70	17.54
11		Female	1761	1719.87	5.82	5	47.77		
(Central, 1 to 40)	Gender	Male	1191	1496.32	4.26	5	41.56	89.34	16.18
12		Female	1325	1565.73	4.63	5	43.49		
(Central, 41 to 70)	Gender	Male	1942	1716.2	6.32	6	47.67	91.16	17.21
13		Female	1934	1725.28	6.3	5	47.92		
(Central, 71 +)	Gender	Male	1537	1599.83	5.21	5	44.44	92.36	18.68
14 (West,	Condor	Female	820	1357.36	3.25	4	37.7	60 11	18.40
1 to 40)	Gender	Male	506	1142.3	2.39	4	31.73	09.44	10.49
15 (West,	Condor	Female	565	1200.36	2.55	4	33.34	70 /1	16 /1
41 to 70)	itec	Male	840	1334.26	3.3	4	37.06	/U.TI Università ta	' Malta
			10/1						

Node	Covariat e	Covariat e Value	Total Admissio ns	WIC	Mean	Number of Phases	Average WIC	Total WIC	Gain in WIC			
	Level 3											
16 (West,	Condor	Female	908	1387.43	3.49	4	38.54	71.05	10 17			
71 +)	Genuer	Male	631	1202.62	2.73	4	33.41	/1.95	10.17			
17 (North,	Condor	Female	1304	1563.15	4.57	4	43.42	Q1 1 <i>1</i>	15 96			
1 to 40)	Genuer	Male	882	1357.83	3.42	4	37.72	01.14	15.00			
18 (North,	Condor	Female	959	1411.44	3.63	4	39.21	84.06	1754			
41 to 70)	Genuer	Male	1469	1614.66	5.02	5	44.85	04.00	17.34			
19 (North,	Condor	Female	1125	1488.1	4.08	4	41.34	Q1 /1	17.05			
71 +)	Gender	Male	1035	1442.69	3.84	4	40.07	81.41	17.05			
20 (Gozo,	Condor	Female	64	323.82	1.18	10	8.99	16 17	12.16			
1 to 40)	Genuer	Male	50	258.44	1.14	10	7.18	10.17	12.10			
21 (Gozo,	Condor	Female	64	323.82	1.18	10	8.99	20.15	0.06			
41 to 70)	Genuer	Male	82	401.76	1.23	10	11.16	20.15	9.00			
22 (Gozo,	Condor	Female	24	100.2	1.07	10	2.78	7 77	0.26			
71 +)	Genuer	Male	35	161.34	1.1	10	4.48	1.21	9.20			
23		Female	13	22.86	1.04	10	0.64					
(Unknow n, 1 to 40)	Gender	Male	14	45.21	1.04	10	1.26	1.89	5.29			

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# Phase-Type Survival Tree Construction

 The Length of Stay phase-type survival tree has 19 leaf nodes and has a total Gain in WIC of 12619.16.



# Phase-Type Survival Tree Construction

- The Length of Stay phase-type survival tree has 19 leaf nodes and has a total Gain in WIC of 12619.16.
- The Admissions phase-type survival tree has 34 leaf nodes and a total Gain in WIC of 2111.41.

# Prognostication

- Both phase-type survival trees are showing
  - Analysis of the determined patient groups from our dataset.



# Prognostication

- Predictions can be made from the data used to construct the Phase-type survival tree
  - For the number of admissions by the patient grouping and

# Prognostication

- Predictions can be made from the data used to construct the Phase-type survival tree
  - For the number of admissions by the patient grouping and
  - We can predict the LOS of a patient by his/her characteristics.



#### LOS-Prediction

Gender	Age	District	Source	Admission Date	Discharge Date	Actual LOS	Predicted LOS
М	1	South	Home	15/12/2012	19/12/2012	5	4.122102
М	67	Central	Home	21/12/2012	31/12/2012	11	6.744455
F	86	South	Home	18/12/2012	24/12/2012	7	9.960199
F	24	West	Home	22/12/2012	24/12/2012	3	4.122102
М	64	South	Home	15/12/2012	18/12/2012	4	6.744455
М	77	West	Elderly Home	26/12/2012	31/12/2012	6	9.189538
М	16	North	Home	20/12/2012	20/12/2012	1	4.122102
F	94	South	Home	18/12/2012	20/12/2012	3	9.960199
М	57	Central	Home	15/12/2012	19/12/2012	5	6.744455
F	49	Central	Home	20/12/2012	21/12/2012	2	6.916771



### Admission Predictions

<b>Admissions Date</b>	Group	Actual Admissions	Predicted Admissions
31/12/2011	41 to 70 Unknown	0	0.04
28/12/2011	1 to 40, South, Male	3	4.15
24/12/2011	1 to 40, Central Males	2	3.28
28/12/2011	1 to 40, West, Males	1	1.39
26/12/2011	1 to 40, North, Males	1	2.45
27/12/2011	1 to 40, Gozo, Males	0	0.14
27/12/2011	1 to 40, Unknown, Males	0	0.04
19/12/2011	1 to 40, South, Females	7	6.30
29/12/2011	1 to 40, Central, Females	3	4.87
30/12/2011	1 to 40, West, Females	2	2.28
28/12/2011	1 to 40, North, Females	5	3.59
24/12/2011	1 to 40, Gozo, Females	0	0.18
24/12/2011	1 to 40, Unknown, Females	0	0.03
28/12/2011	41 to 70, South, Males	12	6.54
19/12/2011	41 to 70, Central, Males	7	5.30
26/12/2011	41 to 70, West, Males	5	2.27
15/12/2011	41 to 70, North, Males	6	2.61

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### Admission Predictions

Admissions Date	Group	Actual Admissions	Predicted Admissions
29/12/2011	41 to 70, Gozo, Males	0	0.22
23/12/2011	41 to 70, South, Females	7	4.39
29/12/2011	41 to 70, Central, Females	3	3.63
20/12/2011	41 to 70, West, Females	0	1.59
25/12/2011	41 to 70, North, Females	4	4.02
28/12/2011	41 to 70, Gozo, Females	0	0.18
24/12/2011	71 +, South, Males	8	4.41
30/12/2011	71 +, Central, Males	4	4.16
31/12/2011	71 +, West, Males	1	1.71
17/12/2011	71 +, North, Males	3	2.80
26/12/2011	71 +, Gozo, Males	1	0.10
17/12/2011	71 +, South, Females	4	4.87
16/12/2011	71 +, Central, Females	6	5.15
30/12/2011	71 +, West, Females	3	2.47
16/12/2011	71 +, North, Females	3	3.06
31/12/2011	71 +, Gozo, Females	0	0.07



Level	Covariate	Covariate Group	No. of Patients	Mean LOS	WIC	Total WIC	WIC Gain
	All	Root	66166	6.88	361646.80	361646.80	
	MinTemp	0°C-10°C (1)	16465	7.19	91916.01	A 8	
	• • • • • • • • • • • • • • • • • • • •	11°C-20°C (2)	33516	6.76	181607.62	361631.50	15.30
		21°C-30°C (3)	16185	6.83	88107.87		
	MaxTemp	0°C-10°C(1)	303	8.13	1786.56		
	512	11°C-20°C (2)	28333	6.95	143924.01	940770 14	11907 07
		21°C-30°C (3)	25205	6.83	137012.30	349779.14	11007.07
ot)		$31 + ^{\circ}C$ (4)	12325	6.82	67056.27		
Roc	AvgTemp	0°C-10°C (1)	4834	7.23	26828.01		005 00
1 (		11°C-20°C (2)	34493	6.87	188586.75	001001 17	
		21°C-30°C (3)	26090	6.83	141956.96	301301.17	205.03
		$31 + ^{\circ}C(4)$	749	6.88	4009.44		
	MaxVar	x<-2°C (1)	4032	7.02	22086.49		
		$-2^{\circ}C \leq x \leq -1^{\circ}C$ (2)	18199	6.78	99118.57		
		$0^{\circ}C(3)$	19042	6.79	103741.30	361419.43	227.37
		$1^{\circ}C \leq x \leq 2^{\circ}C$ (4)	21365	7.02	117284.96		
		$x > 2^{\circ}C(5)$	3528	6.88	19188.12		

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Level	Covariate	Covariate Group	No. of Patients	Mean LOS	WIC	Total WIC	WIC Gain
	All	$0^{\circ}C-10^{\circ}C(1)$	303	8.13	1786.56	1786.56	
	MinTemp	0°C-10°C (1)	303	8.13	1786.56	8	
		11°C-20 (2)	0	0.00	0.00	1786.56	0.00
(		21°C-30°C (3)	0	0.00	0.00		
Iax	AvgTemp	0°C-10°C (1)	303	8.13	1786.56	· · · · ·	
N D		11°C-20°C (2)	0	0.00	0.00	1000 40	0.00
0.00		21°C-30°C (3)	0	0.00	0.00	1786.56	0.00
C-		31+°C (4)	0	0.00	0.00		
0° <sup>0</sup>	MaxVar	x<-2°C (1)	104	9.50	619.01		6
2		$-2^{\circ}C \leq x \leq -1^{\circ}C$ (2)	97	7.59	584.81		
		0°C (3)	102	7.25	605.99	1809.80	-23.24
		$1^{\circ}C \leq x \leq 2^{\circ}C$ (4)	0	0.00	0.00		
		$x > 2^{\circ}C(5)$	0	0.00	0.00		



Level	Covariate	Covariate Group	No. of Patients	Mean LOS	WIC	Total WIC	WIC Gain
3	All	$11^{\circ} C-20^{\circ} C$ (2)	28333	6.83	143924.01	143924.01	P.
	MinTemp	0°C-10°C (1)	15983	7.19	88145.39		
		11°C-20°C (2)	12350	6.63	66639.23	154784.63	-10860.62
		21°C-30°C (3)	0	0.00	0.00		
	AvgTemp	0°C°C-10°C (1)	4531	7.17	25082.63	2.	0
Ģ	0.000	11°C-20°C (2)	23802	6.90	130527.73	125010.00	11000.04
Mao		21°C-30°C (3)	0	0.00	0.00	155610.36	-11686.34
CI		$31 + ^{\circ}C(4)$	0	0.00	0.00		
20°	MaxVar	x<-2°C (1)	1818	6.98	10045.36	2	23
5 C		$-2^{\circ}C \le x \le -1^{\circ}C$ (2)	8495	6.78	45964.04		
(11		0°C (3)	8287	6.72	44646.01	154715.89	-10791.88
5	P 8	$1^{\circ}C < x < 2^{\circ}C$ (4)	8551	7.23	47346.72	1	0
		$x > 2^{\circ}C(5)$	1182	7.59	6713.75		



Level	Covariate	Covariate	No. of	Mean	WIC	Total	WIC
4	_	Group	Patients	LOS		WIC	Gain
	All	21° C-30° C (3)	25205	6.83	137012.30	137012.30	
	MinTemp	0°C-10°C (1)	179	6.13	967.79		
	Ter .	11°C-20°C (2)	20347	6.83	110539.41	136794.76	217.54
		21°C-30°C (3)	4679	6.84	25287.56		
ax)	AvgTemp	0°C-10°C (1)	0	0.00	0.00	136265.41	746.88
M		$11^{\circ}C-20^{\circ}C$ (2)	10691	6.81	57269.63		
0°C		21°C-30°C (3)	14514	6.84	78995.78		
30		$31 + ^{\circ}C$ (4)	0	0.00	0.00		
0.1	MaxVar	x<-2°C (1)	1203	6.92	6576.60		
2(2		$-2^{\circ}C \leq x \leq -1^{\circ}C$ (2)	6861	6.77	36677.42		
1000		0°C (3)	7826	6.89	42694.92	136579.50	432.80
		$1^{\circ}C \le x \le 2^{\circ}C$ (4)	8472	6.88	46191.76		
		$x > 2^{\circ}C(5)$	843	6.04	4438.80		



Level	Covariate	Covariate	No. of	Mean	WIC	Total	WIC
		Group	Patients	LOS		WIC	Gam
	All	$11^{\circ} C-20^{\circ} C$ (2)	10691	6.81	57269 <mark>.</mark> 63	57269.63	2
	MinTemp	0°C-10°C (1)	179	6.13	<mark>961.29</mark>		
dax g)	20-22 -	11°C-20°C (2)	10512	6.82	57122.54	58083.83	-814.20
AVI		21°C-30°C (3)	0	0.00	0.00		
0.0	MaxVar	x<-2°C (1)	397	5.66	2036.82		¢.
3(21°C-3 11°C-20°		$-2^{\circ}C \le x \le -1^{\circ}C$ (2)	2405	6.95	13061.90		
		0°C (3)	2666	6.88	14272.56	57493.12	-223.49
		$1^{\circ}C \le x \le 2^{\circ}C$ (4)	4736	6.87	25550.60		
		$x > 2^{\circ}C(5)$	487	6.00	2571.25		
	All	21° C-30° C (3)	14514	6.84	78995.78	78995.78	
	MinTemp	0°C-10°C (1)	0	0.00	0.00		-
3(21°C-30°C Max 21°C-30°C Avg)		11°C-20°C (2)	9835	6.85	52787.28	78354.56	641.22
		$21^{\circ}\text{C}-30^{\circ}\text{C}(3)$	4679	6.84	25567.28		
	MaxVar	x<-2°C (1)	806	7.54	4555.23		8
		$-2^{\circ}C \le x \le -1^{\circ}C$ (2)	4456	6.68	23671.22		
		0°C (3)	<b>516</b> 0	6.90	28290.46	78571.35	424.43
		$1^{\circ}C \leq x \leq 2^{\circ}C$ (4)	3736	6.88	20163.21		
		$x > 2^{\circ}C(5)$	356	6.10	1891.23		
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Level	Covariate	Covariate Group	No. of Patients	Mean LOS	WIC	Total WIC	WIC Gain
	All	31+°C (4)	12325	6.82	67056.27	67056.27	р Т
	MinTemp	0°C-10°C (1)	0	0.00	0.00		
		11°C-20°C (2)	820	6.70	4466.70	67053.54	2.73
		21°C-30°C (3)	11505	6.83	62586.84		
(XI	AvgTemp	0°C-10°C (1)	0	0.00	0.00		
Ma		11°C-20°C (2)	0	0.00	0.00	00000 07	818.00
1+°C		21°C-30°C (3)	11576	6.82	62203.93	66238.27	818.00
		$31 + ^{\circ}C$ (4)	749	6.88	4034.35		
2(3)	MaxVar	x<-2°C (1)	907	6.96	4967.36	23 D	
		$-2^{\circ}C \le x \le -1^{\circ}C$ (2)	2746	6.79	14698.72		
-		$0^{\circ}C(3)$	2827	6.70	15140.27	66443.03	613.24
		$1^{\circ}C \leq x \leq 2^{\circ}C$ (4)	4342	6.90	23535.51		
		$x > 2^{\circ}C(5)$	1503	6.80	8101.17	5 5	6



Level	Covariate	Covariate	No. of	Mean	WIC	Total	WIC
-		Group	Patients	LOS		WIC	Gain
	All	$21^{\circ} C-30^{\circ} C$ (3)	11576	6.82	62203.93	62203.93	e
	MinTemp	0°C-10°C (1)	0	0.00	0.00		
(g)	172	11°C-20°C (2)	820	6.70	4466.70	63023.76	-819.83
ax, Av		21°C-30°C (3)	10756	6.83	58557.06		
C M	MaxVar	x<-2°C (1)	820	7.04	<mark>4489.4</mark> 2	12 C	6
30°		$-2^{\circ}C \le x \le -1^{\circ}C$ (2)	2546	6.80	13659.83		
(31+			85		0 0	62465.66	-261.73
5 3		$0^{\circ}C(3)$	2827	6.70	15140.27		
		$1^{\circ}C \le x \le 2^{\circ}C$ (4)	4243	6.90	23001.58		
		$x > 2^{\circ}C(5)$	1140	6.68	6174.55		
2 		$31 + ^{\circ}C$ (4)	749	6.88	<b>4034.35</b>	4034.35	
	MinTemp	0°C-10°C (1)	0	0.00	0.00	· 3	
		$11^{\circ}C-20^{\circ}C$ (2)	0	0.00	0.00	4061.80	-27.45
ax,		21°C-30°C (3)	749	6.88	4061.80		
N N Vvg	MaxVar	x<-2°C (1)	87	6.20	485.00		
3(31+°C 31+°C /		$-2^{\circ}C \le x \le -1^{\circ}C$ (2)	200	6.62	1074.44		
		$0^{\circ}C(3)$	0	0.00	0.00	4082.57	-48.23
		$1^{\circ}C \le x \le 2^{\circ}C$ (4)	99	6.93	554.99		
		$x > 2^{\circ}C$ (5)	363	7.17	1968.14		

#### Phase-Type Survival Tree showing Effect of Weather on LOS



Phase-Type Survival Tree showing Effect of Weather on LOS

 Most significant prognostic factor affecting the patients' length of stay (LOS) is the maximum temperature.



Phase-Type Survival Tree showing Effect of Weather on LOS

- Most significant prognostic factor affecting the patients' length of stay (LOS) is the maximum temperature.
- The average temperature affects the patients' length of stay only when the maximum temperature rises beyond 20°C.


The minimum temperature does not significantly affect the patients' length of stay.



- The minimum temperature does not significantly affect the patients' length of stay.
- Also, the maximum variability in the average temperature between one day and the next does not affect patients' length of stay as patients usually stay inside.



• These results might be different for different geographic regions due to different weather conditions and different genetic profile of inhabitants there.



#### **Predictions and Accuracy Tests**

Group	No. of Patients	Actual Mean LOS	Predicted SMean LOS	Forecast Error	Squared Error	Absolute Error	Percentage Error (%)
MaxTemp(0°C-10°C)	0		8.13	-	-	3473	
MaxTemp(11°C-20°C)	13406	7.19	6.83	-0.36	0.13	0.36	5.01
$\begin{array}{l} \text{MaxTemp}(21^{\circ}\text{C-}30^{\circ}\text{C}), \\ \text{AvgTemp}(11^{\circ}\text{C-}20^{\circ}\text{C}) \end{array}$	6003	7.01	6.81	-0.20	0.04	0.20	2.85
MaxTemp(21°C-°C30),AvgTemp( 21°C-30°C), MinTemp(11°C-20°C)	5850	6.78	6.85	0.07	0.00	0.07	1.03
MaxTemp(21°C-30°C),AvgTemp( 21°C-30°C), MinTemp(21°C-30°C)	4520	6.47	6.84	0.37	0.14	0.37	5.72
$\begin{array}{c} \text{MaxTemp}(31+^{\circ}\text{C}),\\ \text{AvgTemp}(21^{\circ}\text{C}-30^{\circ}\text{C}) \end{array}$	0	-	6.82	-	ā	9	
$\begin{array}{c} \text{MaxTemp}(31+^{\circ}\text{C}), \\ \text{AvgTemp}(31+^{\circ}\text{C}) \end{array}$	4471	6.72	6.88	0.16	0.03	0.16	2.38



Level	Covariate	Covariate	No. of	Mean	WIC	Average	Total	WIC
		Group	Records	Admissions		WIC	Average WIC	Gain
	ALL	Root	721	91.04	6522.86	6522.86	6522.86	); 
	Min	0°C-10°C (1)	174	94.63	1653.37	5 <mark>51.12</mark>		÷
		$11^{\circ}C-20^{\circ}C(2)$	376	89.14	3421.33	1140.44	2249.21	4273.65
		21°C-30°C (3)	181	89.41	1672.91	557.64	s	
	Max	0°C-10°C (1)	3	101.00	38.93	9.73		
		11°C-20°C (2)	306	92.59	2848. <mark>41</mark>	712.10	1000.91	4832.05
		21°C-30°C (3)	283	89.07	2580.33	645.08	1090.01	
ot)		$31 + ^{\circ}C(4)$	139	88.67	1295.56	323.89		
Ro	Avg	0°C-10°C (1)	49	98.65	495.38	123.84	1000 54	4832.32
1 (		11°C- 20°C (2)	379	91.01	3490.43	872.61		
		21°C-30°C (3)	295	88.44	2685.31	671.33	1690.54	
		$31 + ^{\circ}C(4)$	8	93.62	91.04	22.76		
	MaxVar	x<-2°C (1)	45	89.60	449.32	89.86		
		$-2^{\circ}C \leq x \leq -1^{\circ}C$ (2)	200	91.00	1867.44	373.49		
		0°C (3)	212	89.82	1956.63	391.33	1369.18	5153.68
		$1^{\circ}C \leq x \leq 2^{\circ}C$ (4)	236	90.53	2186.84	437.37		
		$x > 2^{\circ}C$ (5)	38	92.87	385.68	77.14		



Level	Covariate	Covariate Group	No. of Records	Mean Admissions	WIC	Average WIC	Total Average WIC	WIC Gain
	All	$x < -2^{\circ} C(1)$	45	89.60	449.32	89.86	89.86	
	Min	0°C-10°C (1)	11	91.64	121.58	40.5 <mark>3</mark>	5	
		11°C-20°C (2)	19	87.37	200.39	66.80	161.37	-71.51
0		21°C-30°C (3)	15	90.93	162.15	54.05		
2°C	Max	0°C-10°C (1)	1	104.00	7.07	1.77	*	-30.25
V.		11°C-20°C (2)	20	90.90	211.72	52.9 <mark>3</mark>	100.11	
r, x		21°C-30°C (3)	14	85.93	150.35	37.59	120.11	
¢Va		$31 + ^{\circ}C(4)$		90.70	111.31	27.83		
Max	Avg	0°C-10°C (1)	6	91.83	68.79	17.20	2	
2(1)		11°C-20°C (2)	20	88.40	210.66	52.66	110.40	00.09
		21°C-30°C (3)	18	90.33	191.81	47.95	119.49	-29.63
		31+°C (4)	1	87.00	6.71	1.68		



Level	Covariate	Covariate Group	No. of Records	Mean Admissions	WIC	Average WIC	Total Average WIC	WIC Gain
	All	$-2^{\circ}C \leq x \leq -1^{\circ}C(2)$	200	91.00	1867.44	373.49	373.49	
(2))	Min	0°C-10°C (1)	44	96.32	454.40	151.47		
С (		11°C-20°C (2)	106	89.50	1003.42	334.47	650.97	-277.48
-1。		21°C-30°C (3)	50	89.48	495.09	165.03		
VI	Max	0°C-10°C (1)	1	97.00	6.93	1.73		
×		11°C-20°C (2)	92	92.34	896.50	224.12	487.78	<b>-1</b> 14.29
Ö		21°C-30°C (3)	76	90.28	730.09	182.52		
,-2°		$31 + ^{\circ}C(4)$	31	88.58	317.61	79.40		
Var	Avg	0°C-10°C (1)	1	99.63	175.32	43.83	5 (c)	
ax		11°C-20°C (2)	103	91.29	992.95	248.24	484.07	111 40
e(M		21°C-30°C (3)	79	88.63	761.01	190.25	484.97	-111.48
.57	16 - X	31+°C (4)	2	100.00	10.59	2.65	·	



Level	Covariate	Covariate Group	No. of Records	Mean Admissions	WIC	Average WIC	Total Average WIC	WIC Gain
2	All	$0^\circ C (3)$	212	89.82	1956.63	391.33	391.33	
	Min	0°C-10°C (1)	60	93.87	593.16	197.72		
		11°C-20°C (2)	109	88.20	1025.83	341.94	682.65	-291.33
ĺ	ï ì	21°C-30°C (3)	43	88.28	428.98	142.99	Ì. I	
((	Max	0°C-10°C (1)	1	102.00	7.17	1.79		
3 (3		11°C-20°C (2)	90	92.08	864.84	216.21	F10.00	110.04
0°C		21°C-30°C (3)	89	87.93	844.45	211.11	510.66	-119.34
н, (		31+°C (4)	32	88.34	326.19	81.55		
xV <sup>2</sup>	Avg	0°C-10°C (1)	14	100.79	154.78	38.70	č.	3
Max		11°C-20°C (2)	108	89.30	1021.80	255.45	FOF FO	110.05
2()		21°C-30°C (3)	90	88.74	853.79	213.45	507.59	-116.27
98		$31 + ^{\circ}C(4)$	0	0.00	0.00	0.00		



Level	Covariate	Covariate Group	No. of Records	Mean Admissions	WIC	Average WIC	Total Average WIC	WIC Gain
	All	$1^{\circ}C \leq x \leq 2^{\circ}C(4)$	236	90.53	2186.84	437.37	437.37	
4))	Min	0°C-10°C (1)	50	93.86	507.9 <mark>1</mark>	169.30		
õ		11°C-20°C (2)	128	89.68	1208.86	402.95	761.50	-324.13
20		21°C-30°C (3)	58	89.56	567.72	189.24		
VI	Max	$0^{\circ}C-10^{\circ}C(1) = 0$		0.00	0.00	0.00		
Ŵ		$11^{\circ}C-20^{\circ}C$ (2)	92	92.95	896.15	23.24	369.35	68.02
Ö		21°C-30°C (3)	95	89.18	899.29	224.82		
.1		$31 + ^{\circ}C(4)$	49	88.61	485.15	121.29		
Var	Avg	0°C-10°C (1)	10	99.00	113.07	28.27		
lax		11°C-20°C (2)	134	91.77	1271.13	317.78	K00.00	100.00
S(M		$21^{\circ}C-30^{\circ}C(3)$	91	87.68	863.45	215.86	563.66	-126.29
		31+°C (4)	1	99.00	6.97	1.74		



Level	Covariate	Covariate Group	No. of Records	Mean Admissions	WIC	Average WIC	Total Average WIC	WIC Gain
5))	All	11- 20 (2)	92	92.95	896.15	23.24	23.24	č
() X	Min	0°C-10°C (1)	49	93.78	<b>4</b> 98.37	124.59		8
Map		11°C-20°C (2)	43	92.00	434.78	108.69	233.29	-210.05
I), I		21°C-30°C (3)	0	0.00	0.00	0.00	10	
r (4	Avg	0°C-10°C (1)	49	93.78	498.37	124.59		÷
c Vai		11°C-20°C (2)	43	92.00	434.78	108.69	233.29	010.05
Aax		21°C-30°C (3)	0	0.00	0.00	0.00		-210.05
3()		31+°C (4)	0	0.00	0.00	0.00		
()	All	21-30 (3)	95	89.18	899.29	224.82	224.82	8
× (3	Min	0°C-10°C (1)	1	.:	BAD WIC			ő
Maz		11°C-20°C (2)	81	89.05	773.46	257.82	BAD WIC	BAD WI
Ð, 1		21°C-30°C (3)	13	89.31	141.15	47.05		
r (4	Avg	$0^{\circ}C-10^{\circ}C(1)$	0	0.00	0.00	0.00		÷.
: Va	223.C.s	11°C-20°C (2)	52	91.08	512.81	128.20	235.24	10.41
Max		21°C-30°C (3)	43	86.88	428.13	107.03		-10.41
3(1		31+°C (4)	0	0.00	0.00	0.00		



Level	Covariate	Covariate Group	No. of Records	Mean Admissions	WIC	Average WIC	Total Average WIC	WIC Gain
(())	All	31+(4)	49	88.61	485.15	121.29	121.29	
x ( <sup>2</sup>	Min	0°C-10°C (1)	0	0.00	0.00	0.00		
Ma		$11^{\circ}C-20^{\circ}C$ (2)	4	77.50	46.13	15.38	164.93	-43.64
1), ]		21°C-30°C (3)	45	89.60	448.66	149.55		
r (4	Avg	0°C-10°C (1)	0	0.00	0.00	0.00	6 8	
cVa		11°C-20°C (2)	0	0.00	0.00	0.00	DAD WIC	DAD W7
3(Max		21°C-30°C (3)	48	88.40	<b>476.47</b>	119.12	BAD WIC	BAD WI
		$31 + ^{\circ}C(4)$	1		BAD WIC			
5))	All	$x > 2^{\circ} C (5)$	38	92.87	385.68	77.14	77.14	
õ	Min	0°C-10°C (1)	9	99.33	103.12	34.37		
>20		11°C-20°C (2)	14	91.29	151.95	50.65	138.99	-61.85
×		21°C-30°C (3)	15	90.47	161.90	53.97		
ar,	Max	0°C-10°C (1)	0	0.00	0.00	0.00	6 8	
VxV		11°C-20°C (2)	12	98.50	133.30	33.32	104.15	07.01
(Ma		21°C-30°C (3)	9	93.78	102.12	25.53	104.15	-27.01
0		31+°C (4)	17	88.41	181.18	45.29		
	Avg	0°C-10°C (1)	3	96.00	38.63	9.66		
	100121	11°C-20°C (2)	14	98.64	154.06	38.52	105.29	00.15
		21°C-30°C (3)	17	88.06	181.07	45.27		-28.15
		31+°C (4)	4	90.75	47.39	11.85		



 Most significant prognostic factor affecting the number of admissions is the maximum variability in the average temperature between one day and the next.



- Most significant prognostic factor affecting the number of admissions is the maximum variability in the average temperature between one day and the next.
- The maximum temperature affects the number of admissions only when the average temperature increases by 1°C-2°C than the previous day.



• The minimum temperature and average temperature do not affect number of admissions.



- The minimum temperature and average temperature do not affect number of admissions.
- These results might be different for different geographic regions due to different weather conditions and different genetic profile of inhabitants there.



#### **Predictions and Accuracy Tests**

Group	No. of Records	Actual Mean Adm.	Predicted Mean Adm.	Forecast Error	Squared Error	Absolute Error	Percentage Error (%)
MaxVar(x<-2°C)	31	92.13	89.60	-2.53	6.40	2.53	2.75
$MaxVar(-2^{\circ}C \le x \le -1^{\circ}C)$	99	92.34	91.00	-1.34	1.80	1.34	1.45
$MaxVar(x = 0^{\circ}C)$	93	92.77	89.82	-2.95	8.70	2.95	3.18
MaxVar(x>2°C)	19	97.63	92.87	-4.76	22.66	4.76	4.88
$\begin{array}{l} MaxVar(1^{\circ}C \leq x \leq 2^{\circ}C), \\ MaxTemp \ (11^{\circ}C - 20^{\circ}C) \end{array}$	42	100.95	92.95	-8.00	64.00	8.00	7.92
$\begin{array}{l} MaxVar(1^{\circ}C \leq x \leq 2^{\circ}C), \\ MaxTemp \ (21^{\circ}C-30^{\circ}C) \end{array}$	<mark>5</mark> 4	<mark>91.63</mark>	89.18	-2.45	6.00	2.45	2.67
$\begin{array}{c} \operatorname{MaxVar}(1^{\circ}\mathrm{C} \leq x \leq 2^{\circ}\mathrm{C}), \\ \operatorname{MaxTemp} (31 + ^{\circ}\mathrm{C}) \end{array}$	27	95.48	88.61	-6.87	47.20	6.87	7.20



#### Accuracy test for all predictions

		MSE	RMSE	MAD	BIAS
LOS	Weather	0.08	0.28	0.26	-0.09
	Personal Characteristics	1.15	1.07	0.74	-0.69
Adminuterra	W eather	16.17	4.02	3.37	-3.37
Aamissions	Personal Characteristics	1.38	1.17	0.96	-0.82

MSE: Mean Square Error, RMSE: Root Mean Square Error, MAD: Mean Absolute Deviation BIAS: Bias

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- We can use phase-type survival tree analysis to
  - Effectively prognosticate survival data and



- We can use phase-type survival tree analysis to
  - Effectively prognosticate survival data and
  - Cluster survival data into groups of patients following homogeneous patient pathways.



• Our models can be used to forecast bed occupancy and the requirements.



- Our models can be used to forecast bed occupancy and the requirements.
- The LOS can be predicted at admission by the use of this model.



- Our models can be used to forecast bed occupancy and the requirements.
- The LOS can be predicted at admission by the use of this model.
- The number of admissions can be forecasted by the patients' characteristics.



 These models can also be used to characterize the effect of weather on LOS and admissions.



- These models can also be used to characterize the effect of weather on LOS and admissions.
- We can also use these models to predict effect of other factors affecting LOS and admissions.

 These forecasts can help us better designing policies to ensure optimal utilization of scarce health resources.



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#### Why Medical Informatics

• Provide an example of each.





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Provide an example of each. Why Medical Informatics

- To Understand
  - Human body (anatomy),
  - Its mechanisms
  - Influencing factors
  - Diseases
  - Disease progression
  - Factors responsible and/or affecting
  - Factors preventing/curing
  - Medicine/treatment response
  - Patient psychology
  - Community psychology and care provider's psychology



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Provide an example of each. Why Medical Informatics

- To Understand
  - Healthcare dynamics
    - Healthcare delivery processes
    - Hospital processes
    - Influencing factors
  - Disease network
  - Monitoring
    - Patient
    - Disease progression
    - Healthcare delivery processes
    - Hospital processes
    - Influencing factors



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Provide an example of each. Why Medical Informatics

- To Understand
  - Detecting
    - Diseases, disease episodes and disease state
    - Influencing factors
    - Health status
    - Disease spread
  - Predicting
    - Diseases, disease episodes and disease state
    - Treatment response
    - Policy effect/response
    - Infection spread
    - Influencing factors
    - Resource requirements



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## Provide an example of each. Why Medical Informatics

- Simulating
  - Diseases
  - Disease progression
  - Healthcare delivery processes
  - Hospital processes
  - Treatment mechanism
  - Policy effect/response
  - Infection spread
  - Influencing factors
  - Resource utilization
  - Schedule
  - Disease spread
  - Disease Network



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Provide an example of each. Why Medical Informatics

- Drug development
  - Drug mechanism
  - Drug response
  - Influencing factors
  - Training and Education
  - Healthcare costing
  - Healthcare economics
  - Policy making
  - Planing new healthcare delivery system/facility





Provide an example of each. Why Medical Informatics

- Management/control
  - Disease management/control
  - Patient management / control
  - Healthcare resource management / control
  - Healthcare Service management / control
  - Health management
  - Information management/access control/data confidentiality/security
  - Health Data Management
  - Risk management (Health/disease/service delivery)





## **Evaluate the following Apps**

- Diagnosis Medical App
- Prognosis: Your Diagnosis
- Medication reminder & Pill Tracker
- Ada your health companion
- Medical Dictionary
- Medical Dictionary Search offline
- Disorder & Diseases Dictionary 2019
- Arabic Medicine Dictionary
- Netmeds App- India's Trusted Online Pharmacy App



## **Evaluate the following Apps**

- Full Code Emergency Medicine Simulation
- Anatomy Learning 3D Online Anatomy Atlas
- Pill Reminder and Medication Tracker by Medisafe
- Mediscape (WebMD, LLC)
- SastaSundar-Genuine Medicine, Pathology, Doctor App





