

Democratizing EHR Analyses

IHPI INSTITUTE FOR HEALTHCARE POLICY & INNOVATION

LSTM

A Comprehensive, Generalizable Pipeline for Learning from Clinical Data

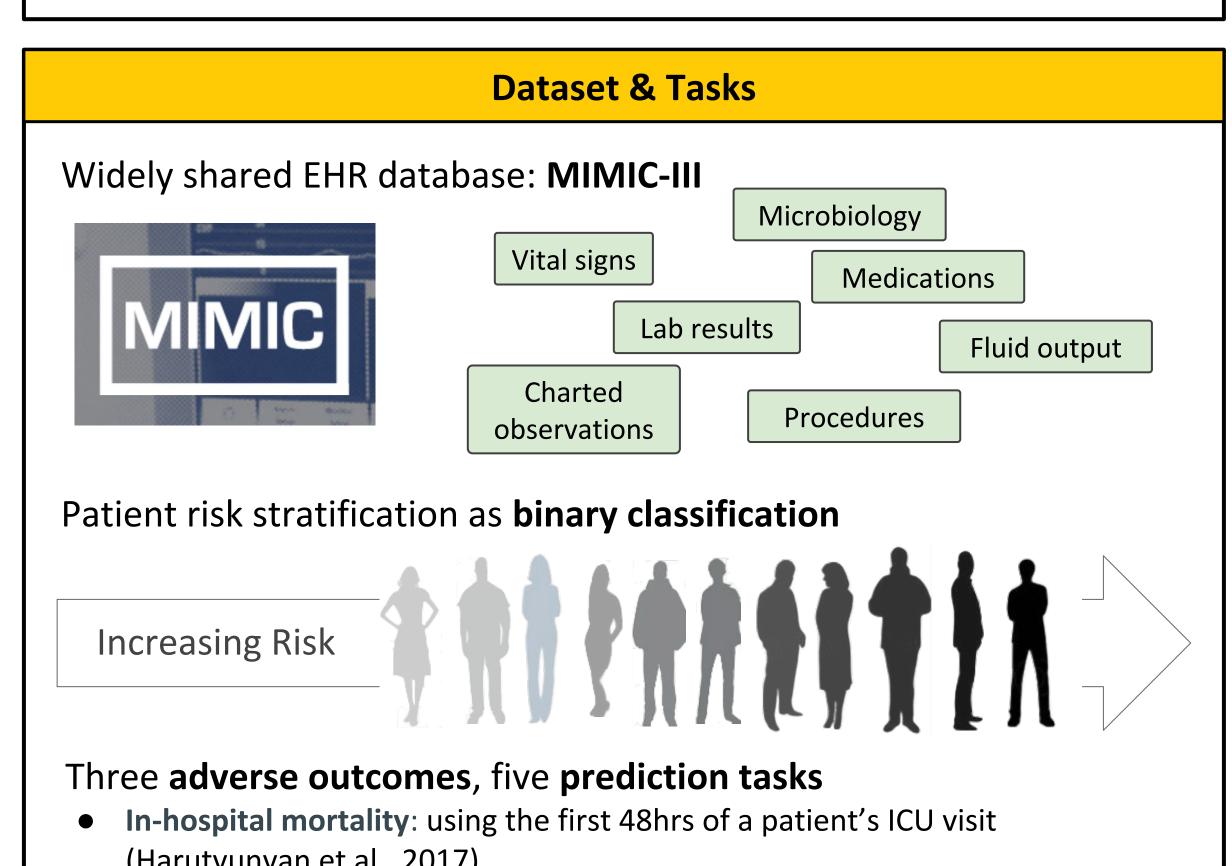


Motivation & Background PREPROCESSING EHR Data Features Challenges Messy: high-dimensional, irregularly-sampled, multiple data types with

- frequent missingness
- Many decisions involved, labor-intensive, error-prone, and ad-hoc
- Heterogeneity makes comparisons difficult

Goals:

- speed up and standardize EHR data preprocessing
- an **open-source**, **generalizable**, data-driven pipeline
- offer a quick and reasonable starting point to build upon



- (Harutyunyan et al., 2017)
- Acute Respiratory Failure (ARF): need for respiratory support with positive pressure mechanical ventilation (Stefan et al., 2013)
- Shock: inadequate perfusion; receipt of vasopressor therapy (Avni et al., 2015)

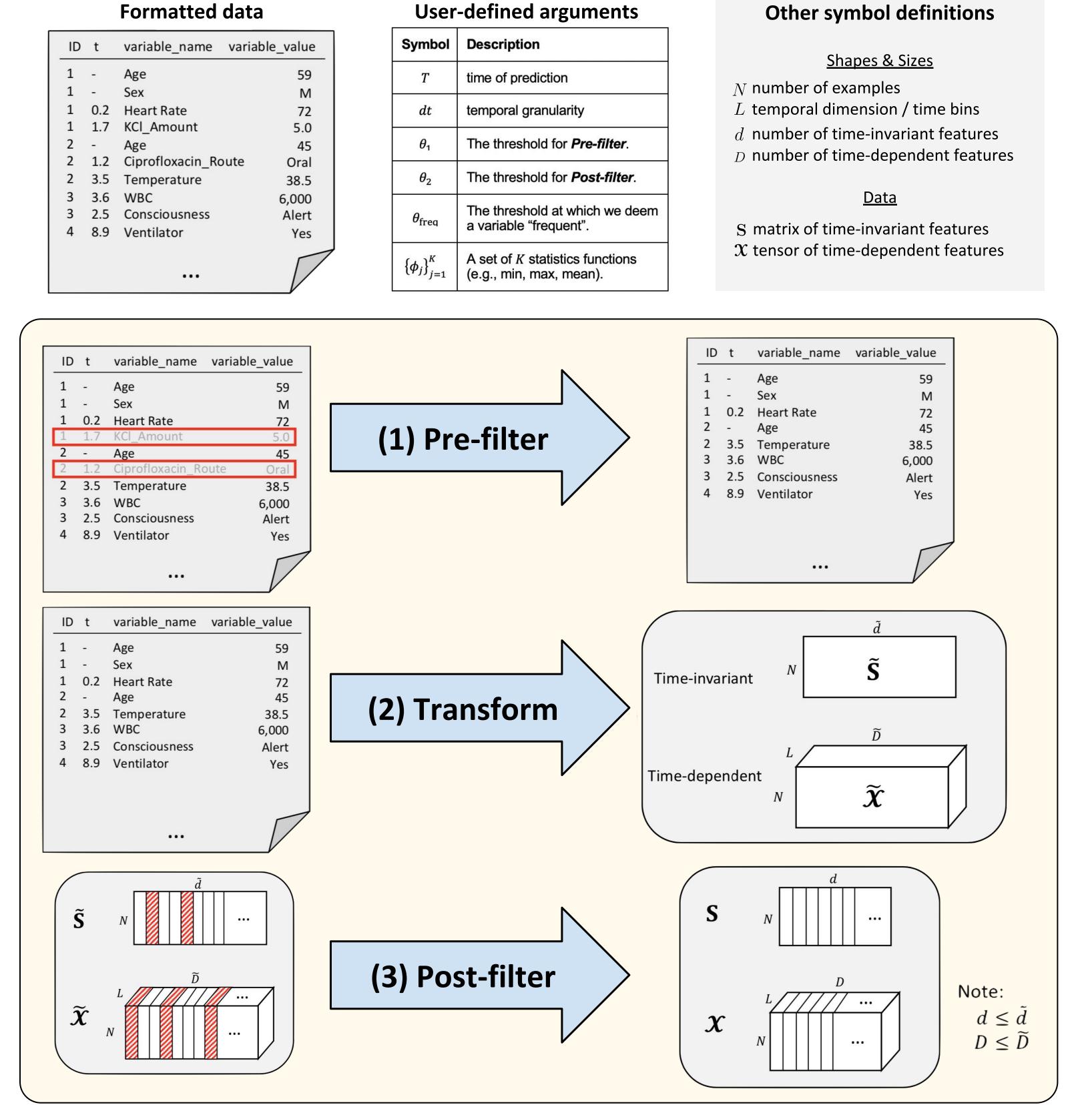
Task	in-hospital mortality (48h)	ARF (4h)	ARF (12h)	shock (4h)	shock (12h)
N	8,577	15,873	14,174	19,342	17,588
%positive	12.0	18.3	9.7	14.9	7.8

Harutvunyan H. Khachatrian H. Kale DC. Ver Steeg G. Galstvan A. Multitask learning and benchmarking with clinical time series data. Scientific Data 2019:6(1):96 Stefan MS, Shieh M-S, Pekow PS, et al. Epidemiology and outcomes of acute respiratory failure in the United States, 2001 to 2009: a national survey. Journal of Hospital Medicine 2013;8(2):76-82. Avni T, Lador A, Lev S, Leibovici L, Paul M, Grossman A. Vasopressors for the treatment of septic shock: Systematic review and meta-analysis. PLOS One 2015;10(8):e0129305. The Royal College of Physicians. National Early Warning Score (NEWS): standardising the assessment of acute-illness severity in the NHS. London: Report of a working party, 2012

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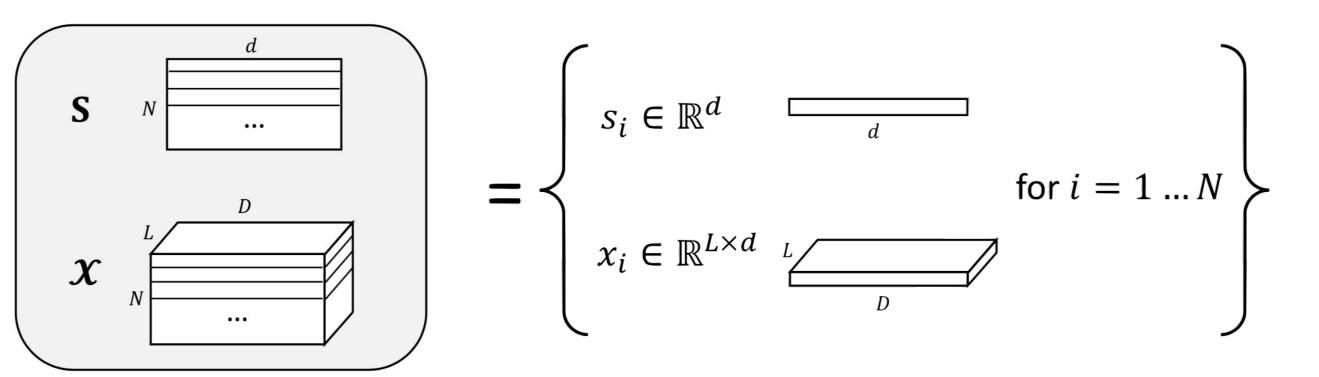
FIDDLE - FlexIble Data-Driven pipeLinE



Output

Input

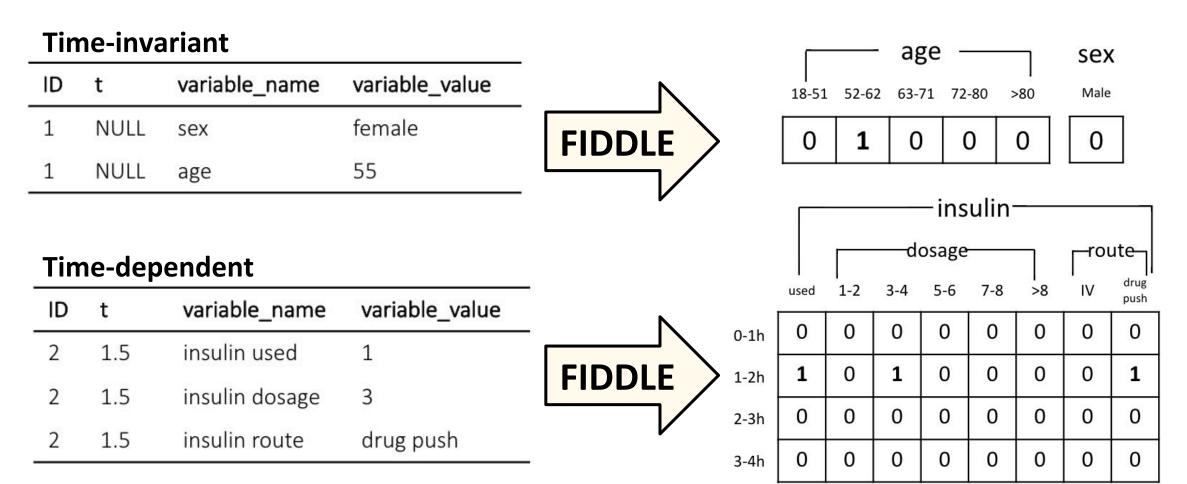
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Experimental Results

Results: Extracted Features

• Extracted 4,143-7,508 features on 8,577-17,588 ICU stays in 30-150 minutes



Experiments: Predictive Performance

Random Forest **Logistic Regression** 1D CNN

- In-hospital mortality: an LSTM trained using the FIDDLE features outperformed the LSTM benchmark model (Harutyunyan et al., 2017)
- ARF and Shock: FIDDLE-LSTM outperformed the National Early Warning Score (NEWS) (The Royal College of Physicians, 2012)

AUROC Scores (95% confidence intervals)

Method	in-hospital mortality (48h) N=1,264	ARF (4h) N=1,823	ARF (12h) N=1,950	shock (4h) N=2,233	shock (12h) N=2,429
Baseline	0.839	0.650	0.628	0.677	0.682
	(0.799, 0.877)	(0.614, 0.687)	(0.588, 0.666)	(0.644, 0.711)	(0.643, 0.721)
FIDDLE-LR	0.856	0.733	0.755	0.775	0.793
	(0.821, 0.888)	(0.699, 0.767)	(0.717, 0.789)	(0.745, 0.805)	(0.758, 0.826)
FIDDLE-RF	0.814	0.739	0.759	0.755	0.773
	(0.780, 0.847)	(0.703, 0.772)	(0.722, 0.793)	(0.725, 0.789)	(0.738, 0.807)
FIDDLE-CNN	0.886	0.750	0.768	0.788	0.795
	(0.854, 0.916)	(0.718, 0.783)	(0.732, 0.801)	(0.761, 0.817)	(0.763, 0.826)
FIDDLE-LSTM	0.868	0.744	0.767	0.777	0.794
	(0.835, 0.897)	(0.710, 0.777)	(0.732, 0.800)	(0.747, 0.808)	(0.761, 0.826)

FIDDLE an open-source pipeline for EHR preprocessing

tiny.cc/get_FIDDLE

