



(BIG) DATA DRIVEN ANALYTICS: *Enhancing Emergency Healthcare*

Ratna Babu Chinnam, Ph.D.

Co-Director, Big Data & Business Analytics Group

Professor, Industrial & Systems Engineering

Lead, Business Analytics Spoke, NSF's Midwest Big Data Innovation Hub

Ratna.Chinnam@wayne.edu | 313.577.4846 | bigdata.wayne.edu

STRENGTHENING THE BIG DATA
& ANALYTICS ECOSYSTEM

WAYNE STATE UNIVERSITY

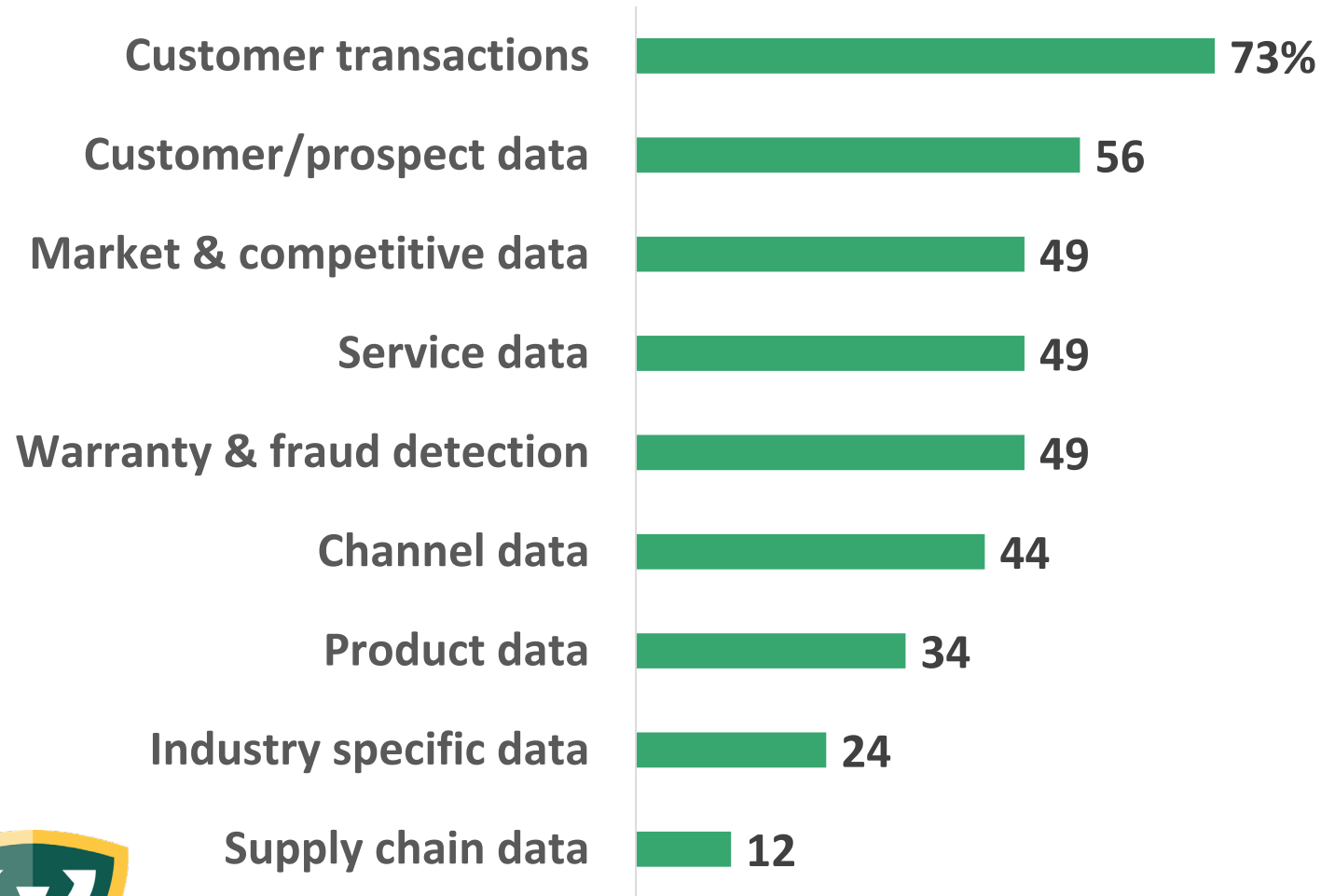
September 19, 2018

COLLABORATORS:

Dr. Seth Krupp & Dr. Mike Nauss, ED Directors, HFHS
Dr. Seung Yup Lee & Dr. Evrim Dalkiran, ISE Department

Why Big Data Analytics/Technologies?

DOMAINS OF INTEREST TO PRIVATE SECTOR



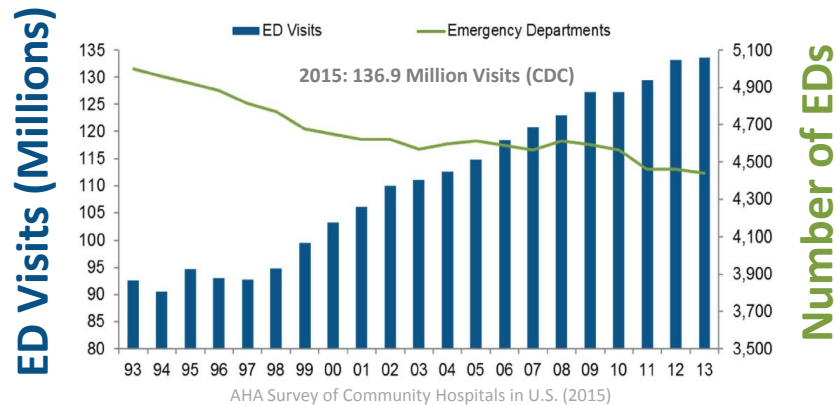
SOURCE: NEWVANTAGE PARTNERS, BIG DATA EXECUTIVE SURVEY 2012-2018 & HBR.ORG

MY EXPERIENCE



Case Study: Enhancing Emergency Healthcare

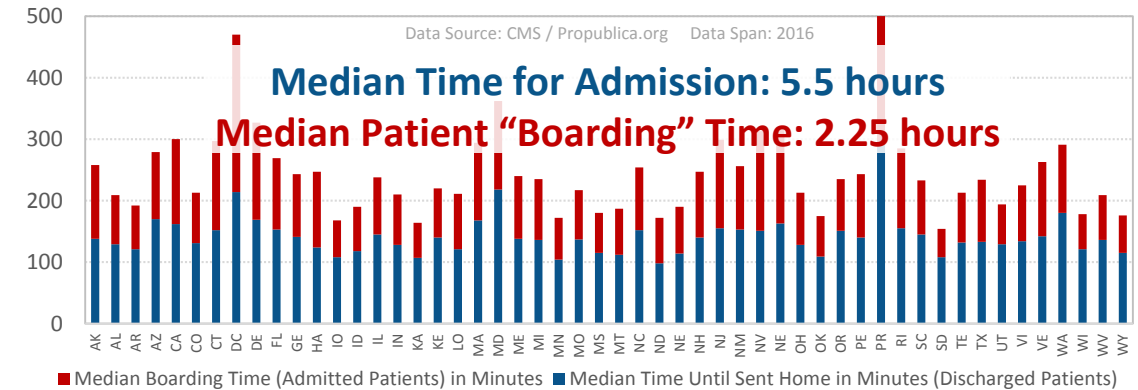
■ Current State: Ineffective service and a national crisis!



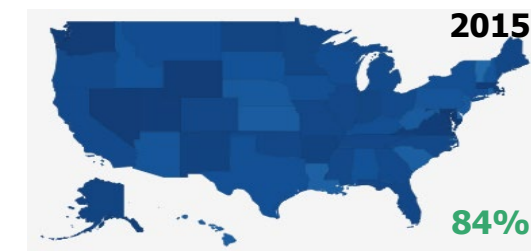
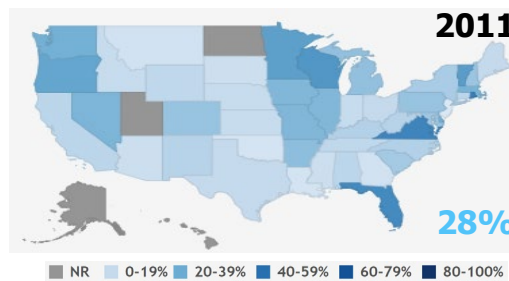
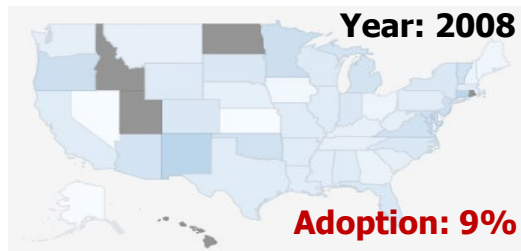
Medical Errors:
250k Deaths/Yr

**76% due to
Information
Processing /
Verification**

(Schnapp et al. 2018 | [LINK](#))



■ Opportunity: Growing adoption of EHR systems in Hospitals

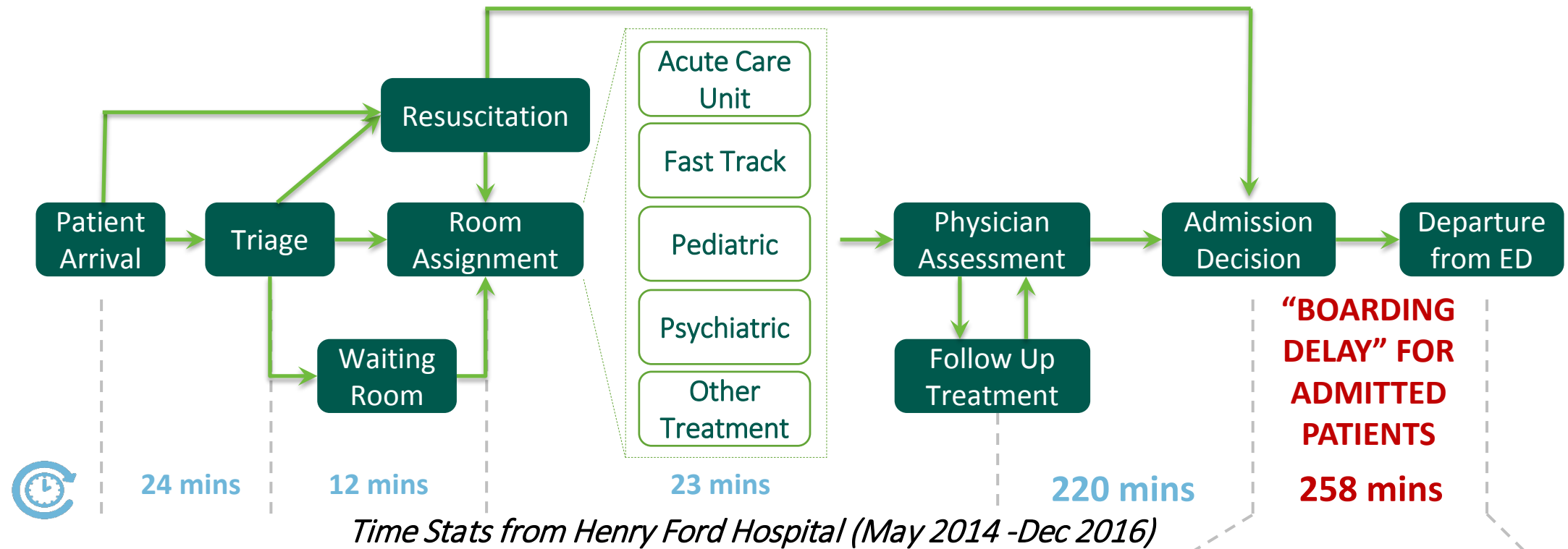


Source: Office of the National Coordination for Health Information Technology

■ Approach: Data and AI to improve “real-time operational intelligence” for enhanced “proactive orchestration” of healthcare operations!



Typical ED Care Giving Process



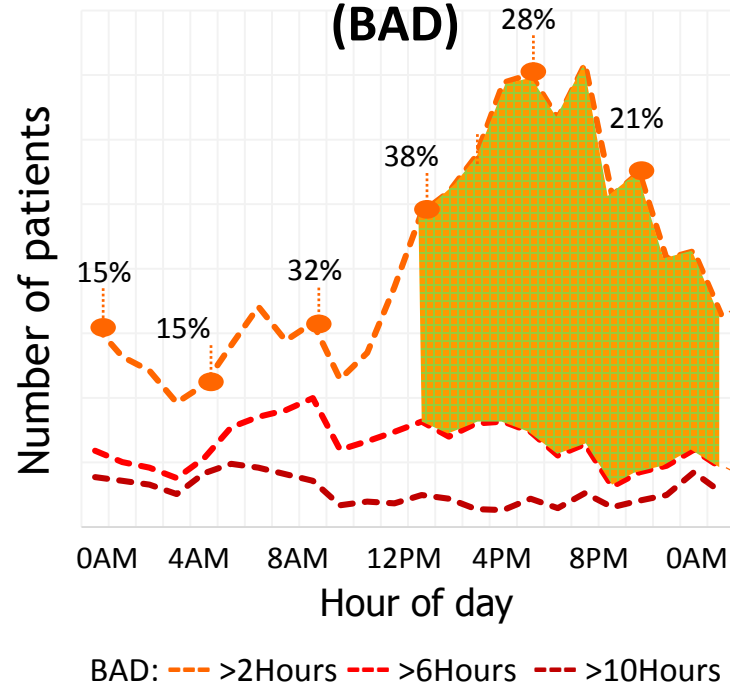
- Main driver of overcrowding
- 48% of ED length of stay
- CMS requiring boarding stats (2014)



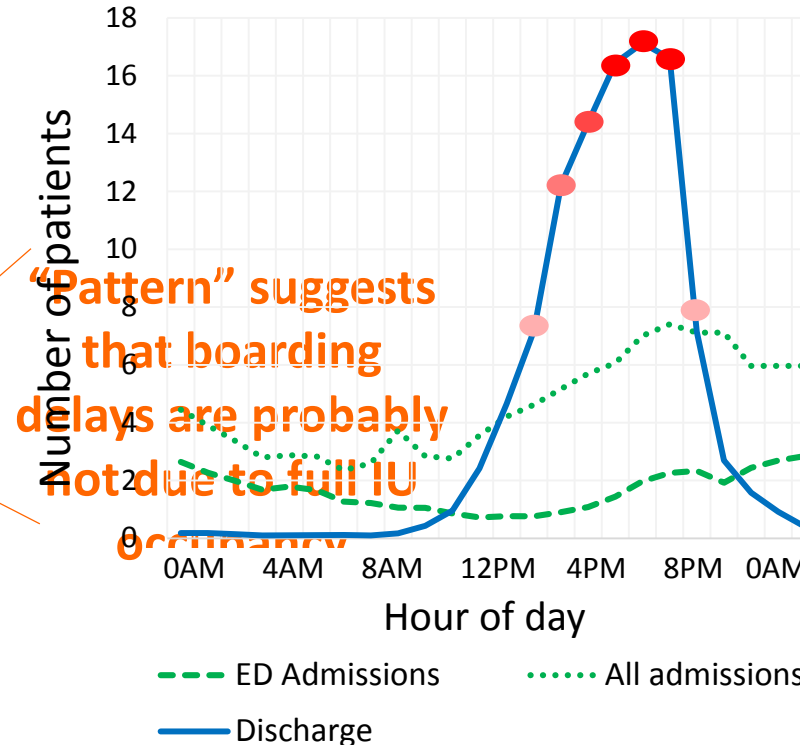
General Wisdom

~~ED is Congested with Boarded Patients for Lack of Inpatient Unit (IU) Beds!~~

ED Patient IU Bed Allocation Delay (BAD)



IU Rate Patterns



“Pattern” suggests that boarding delays are probably not due to full IU occupancy

Full IU Occupancy Probability

Boarding delays attributable to improper coordination within the ED-IU network!

Adding staff not the solution. Need to know which IU beds to turnaround.

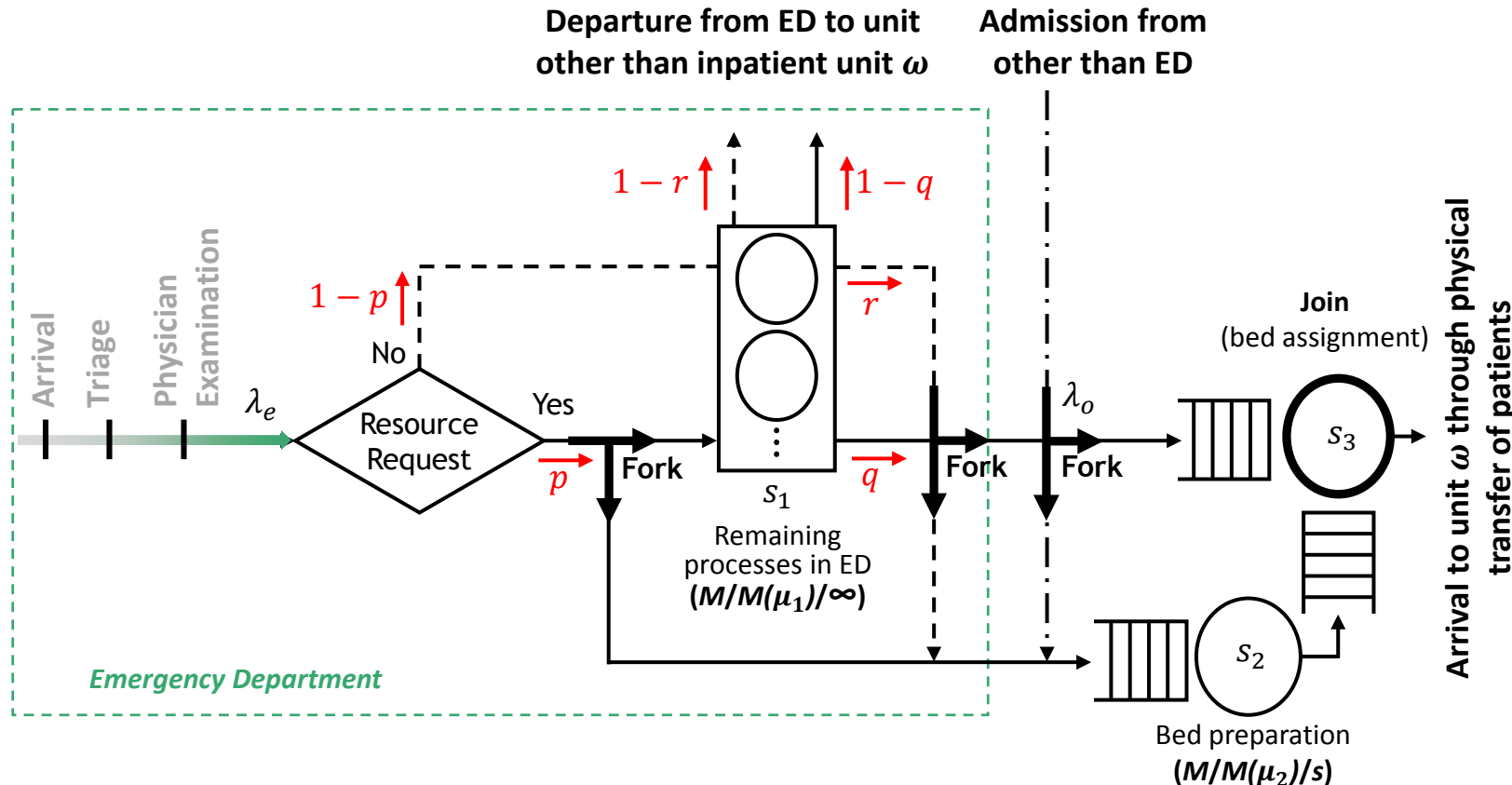
INSIGHT: “Predict” IU admissions from ED and “timing” to facilitate proactive coordination of downstream resources/processes!



Proactive IU Bed “Reservations”: Modelling

Seung Yup Lee, Ph.D., Ratna Babu Chinnam, Ph.D., Evrim Dalkiran, Ph.D.

FORK-JOIN QUEUEING MODEL REPRESENTATION

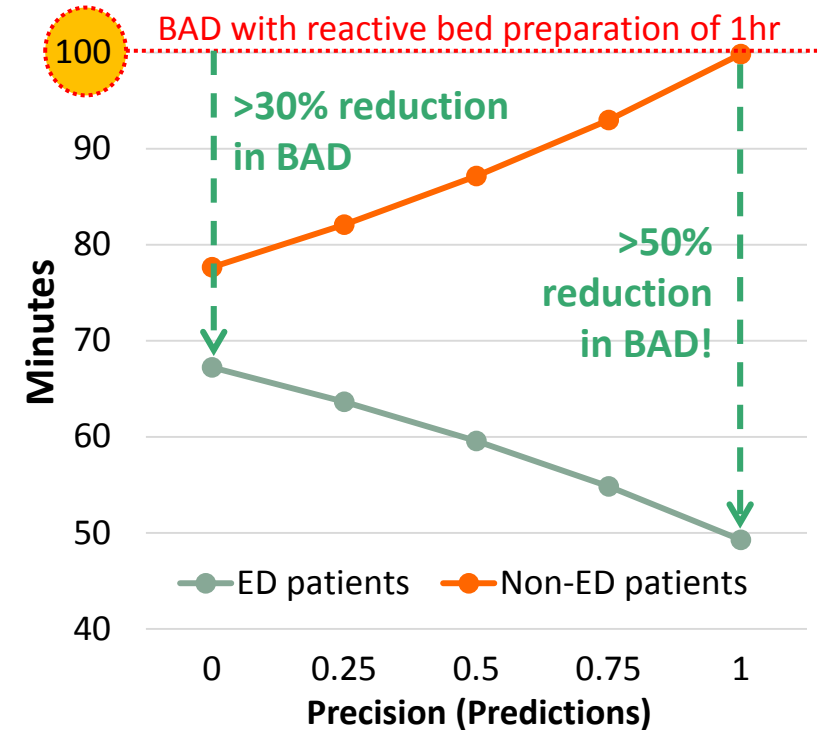


NOTATION: λ : patient flow rates
 q : true positive probability (classifier)
 μ_1 : lead-time for proactive bed request signal (decision variable)

p : probability of sending bed request
 r : false negative probability (classifier)
 μ_2 : service time at bed preparation server

EXPERIMENT SETTING & RESULT:

General IU & Imperfect Disposition Decision Predictions
Inclusion of Patients Being Admitted from Other Sources
Admission Rate to a Single IU: 0.2 Patients/Hour
Each from the ED and Other Sources (50:50)
Assumption: Unbiased disposition prediction and remaining ED LoS



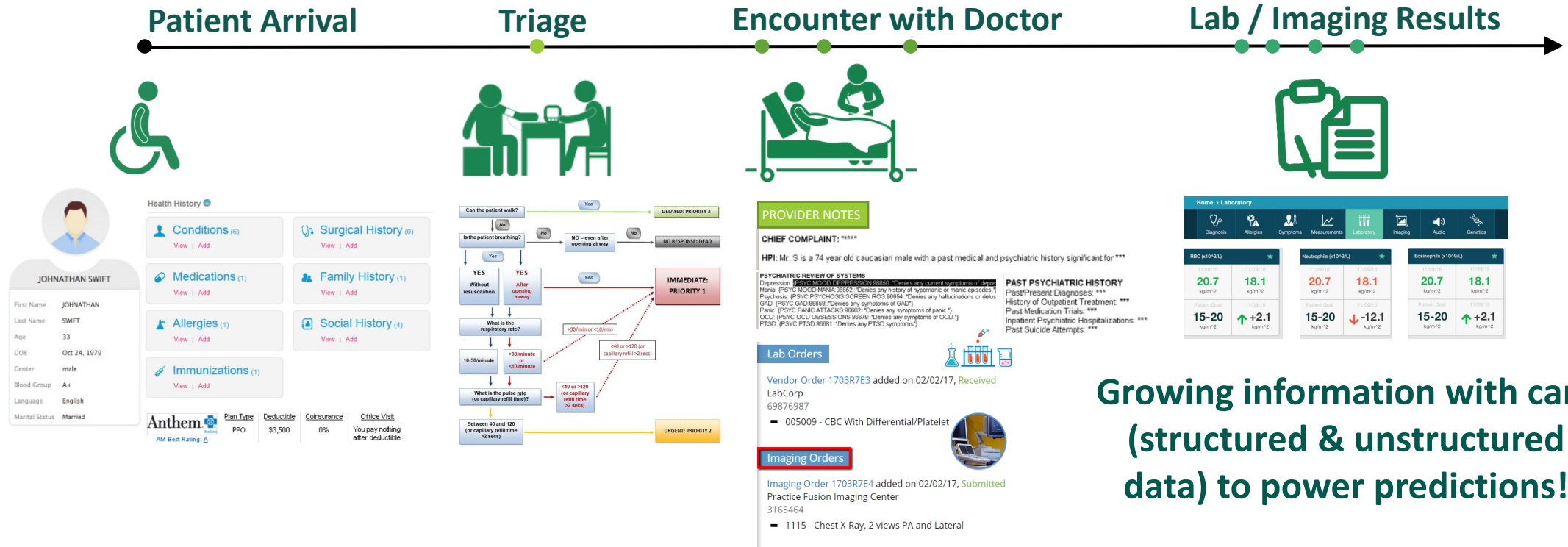
**INFORMS SERVICE SCIENCE
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AI Powered Predictive & Prescriptive Analytics

ED Process Flow

Electronic Health Record



Growing information with care (structured & unstructured data) to power predictions!

ANALYTICS DEVELOPMENT:

Prediction Models: Deep Learning using TensorFlow & NLP

Explainable AI: Gradient & Perturbation Attribution Methods

Prescriptive Analytics: Proactive Coordination Signals

RESULTS: 225k Patients

>6M Text Notes

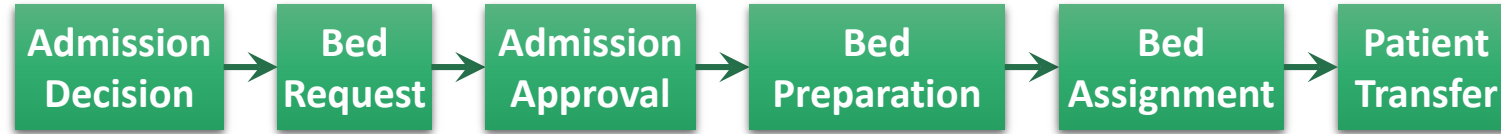
>5M Lab/Imaging Results

>90% Disposition Accuracy



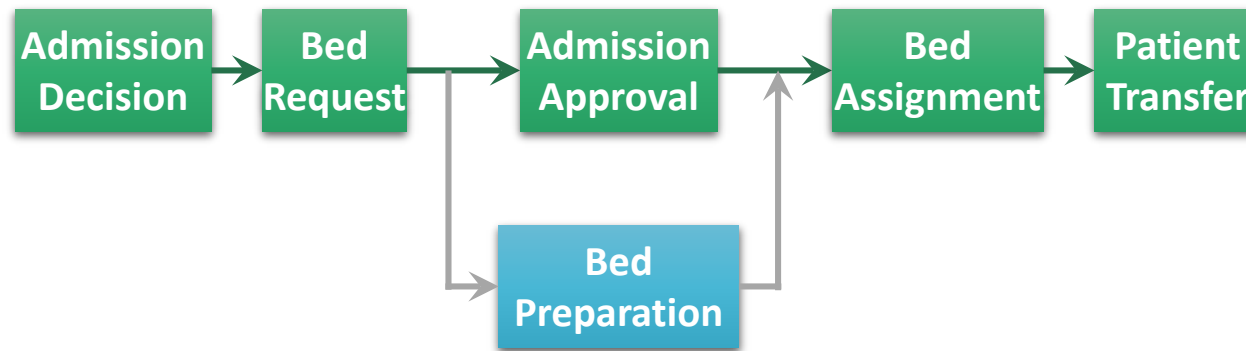
Impact on ED Processes at Henry Ford Hospital

ORIGINAL
STATE:



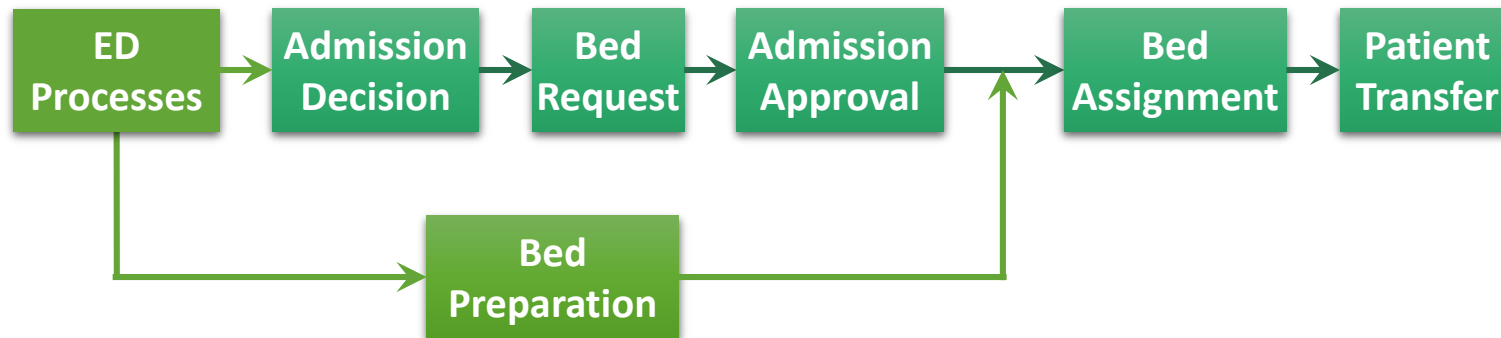
**Significant
Patient
Boarding**

PHASE #1:
Parallel bed
preparation during
admission approval



**Reduced
Boarding**

PHASE #2:
Parallel bed
preparation during
ED treatment



**Minimal
Boarding**

Well executed Big Data Analytics can have remarkable impacts!

