Portland District Health Clinical Decision Support







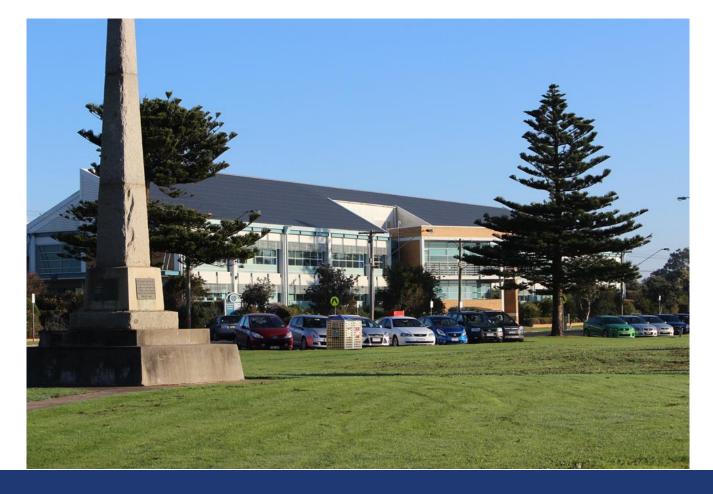
Australian Government

Department of the Prime Minister and Cabinet





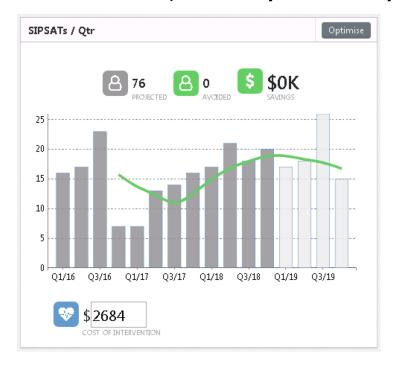






SIPSAT patients are expensive and impact outcomes

(Short In-patient Stay & Ambulance Transfer)



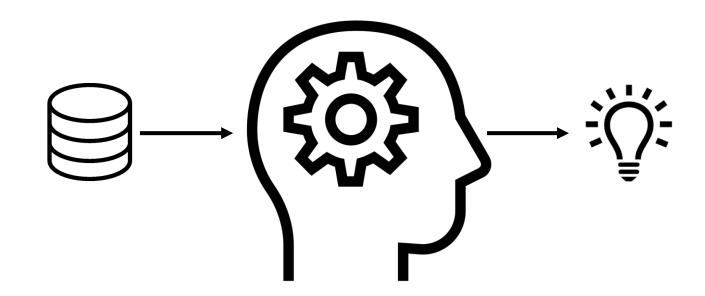
Negative patient outcomes ¹ Higher risk of critical transfer ² Increased costs for PDH

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3950432/



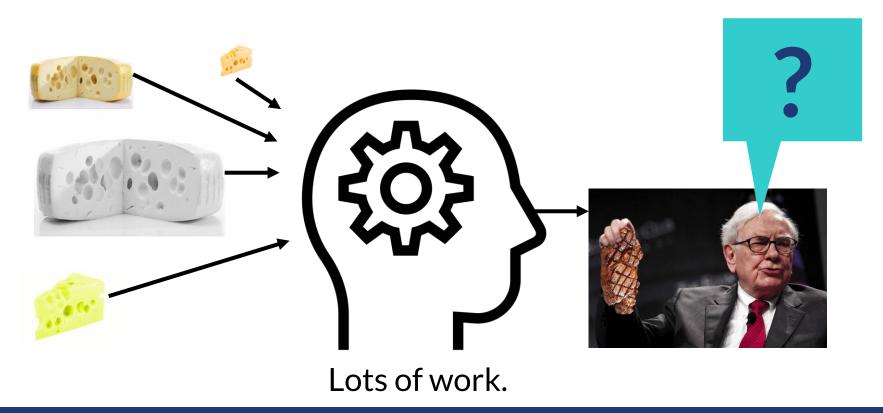
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1029903/pdf/archdisch00567-0015.pdf

ML does not provide actionable insights





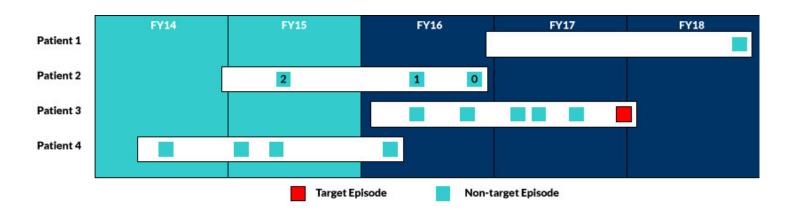
ML needs stakeholder buy in to create value





Don't cherry-pick data

16 tables / 1M rows / 1861 fields — 1 table / 52K rows / 362 fields





Hypothesis 1

"Machine learning trained on existing TRAK (PAS) data creates models that **lead to actionable insights**."

Hypothesis 2

"Such models can provide **realtime decision support** in a clinical setting to improve KPI trends."

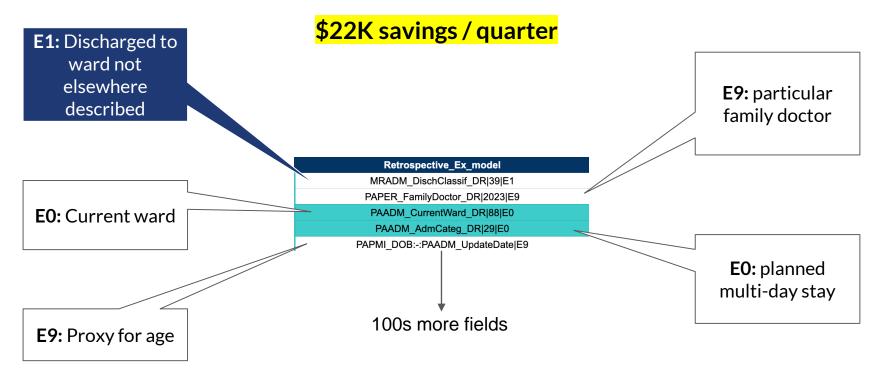


Hypothesis 1: A model leads to actionable insights

False

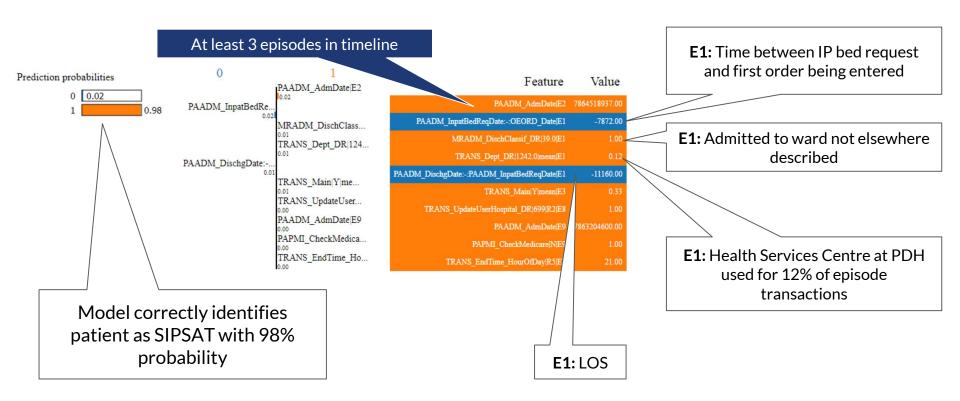


Knowing model features doesn't build trust



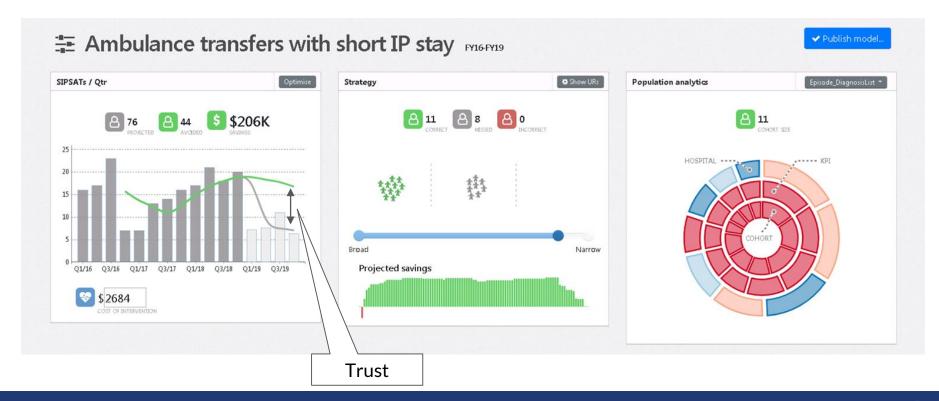


Understanding model decisions doesn't build trust





Trust ultimately comes from deploying a model





Hypothesis 2: Real-time decision support

Maybe



Our model trained using daily data is performant

Retrospective Model: \$22K savings / quarter

Daily E0 Model: \$17K savings / quarter

Daily E1 Model: \$17K savings / quarter



Next Steps: Deploy model trained on realtime data



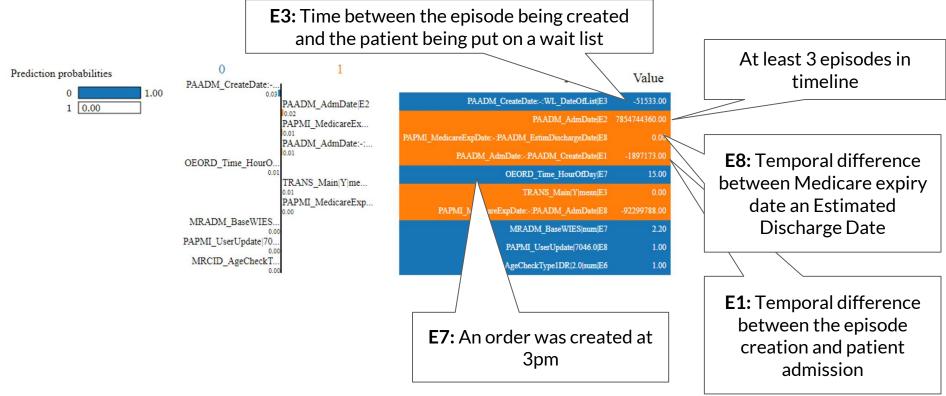




Supporting slides

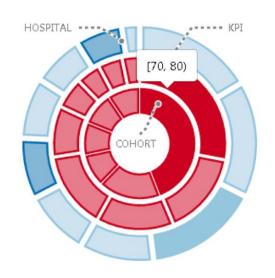


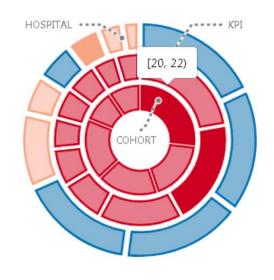
LIME example - Correctly identified as NOT SIPSAT

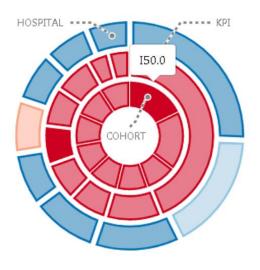




Our cohort: Old, admitted late, cardiac







Age

Admission Hour

Principal Diagnosis

