

Predicting outcome in emergency room patients with Suspected Gastrointestinal Infection using OMOP-CDM

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- departments across the country
- more severe conditions that affect individuals of all ages
- assess the severity of gastroenteritis

Methods

Data sources

- Electronic health records (1994.01 ~ 2024.02)



Model development and evaluation

- Machine learning Algorithms:
 - Gradient boosting model (GBM) & Least absolute shrinkage and selection operator (LASSO)
- Covariates
 - Demographics, condition, drug, measurement and visit
 - Time frames : Long-term (-365 days) and Short term (-1 day) prior to the index date
 - The short-term period was chosen to capture recent conditions crucial for predicting the severity and treatment response of the patient
- Data split: Split into the train (75%) and test set (25%) in 3-fold cross validation
- Model performance
 - The area under the receiver operating curve (AUROC)
 - Youden index to determine threshold for high and low risk groups

Survival Analysis for ICU admission

- To assess the association between the risk of ICU admission and the incidence of 7-day mortality through the survival analyses
- Cox proportional model: for calculating the hazard ratio
- Kaplan-Meier method: for plotting the survival curve



Number at risk

9116

73662

Conclusions

0.96

0.95**-**

High

Low

- mortality
- improving patient outcomes

Acknowledgements

This research was funded by a grant from the Korea Health Technology R&D Project through the Korea Health Industry Development Institute (KHIDI), funded by the Ministry of Health & Welfare, Republic of Korea (grant number: HR16C0001) and this research was supported by a Government-wide R&D Fund project for infectious disease research (GFID), Republic of Korea (grant number: HG22C0024, KH124685)

• GBM outperformed LASSO in AUROC for predicting ER revisits, ICU admissions, and mortality (0.758 vs. 0.679, 0.964 vs. 0.947, and 0.990



Figure 2. Model Performance for severity of gastroenteritis; (a) Prediction for ER revisit, (b) Prediction for ICU admission, (c) Prediction for mortality

Figure 3. Kaplan-Meier survival analysis of Gradient boosting machine for ICU admission

We developed CDM-based prediction models to assess the severity of gastroenteritis outcomes, including ER revisits, ICU admissions, and

These models demonstrated moderate accuracy in predicting severity and distinguishing high-risk patients, aiding in timely treatment and

• Based on the predicted results (Youden index: 0.005) by GBM prediction model in ICU admission, the low-risk group had a significantly lower hazard ratio for 7-day mortality (HR 0.013, 95% CI [0.009-0.019], p < 0.001)