

Sampling Frequency for Machine Learning to Separate Monitoring Artifact from Instability

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Disclosures

- Funding: NIH R01NR013912
- No commercial conflict of interest

Motivation

We know: Vital sign (VS) data collected every 20s can be used to adjudicate alerts, classifying them as either artifacts or real instabilities.

We asked: Would sampling VS data less frequently impair ability to define real vs. artifact alerts?

Hypothesis:

Models using data sampled less frequently can be used to adjudicate alerts.

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Why evaluate lower sampling frequencies?

- 20s resolution is often not available in deployed systems.
 - *How far can we downsample without losing clinical utility?*
- Higher data frequencies entail higher collection and storage costs.
- In retrospective analysis existing data repositories may have only low frequency data.

Importance of Artifact Detection

For Clinicians:

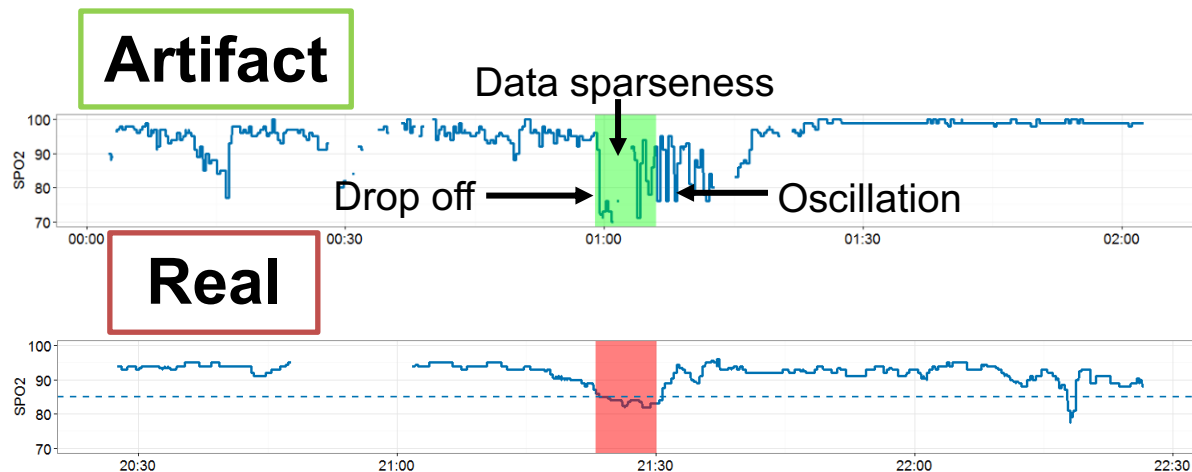
- Treat artifact vs instability differently.
- Delayed response time due to alarm fatigue.

Bonafide et al. J Hosp Med. 2015; 10(6):345-51

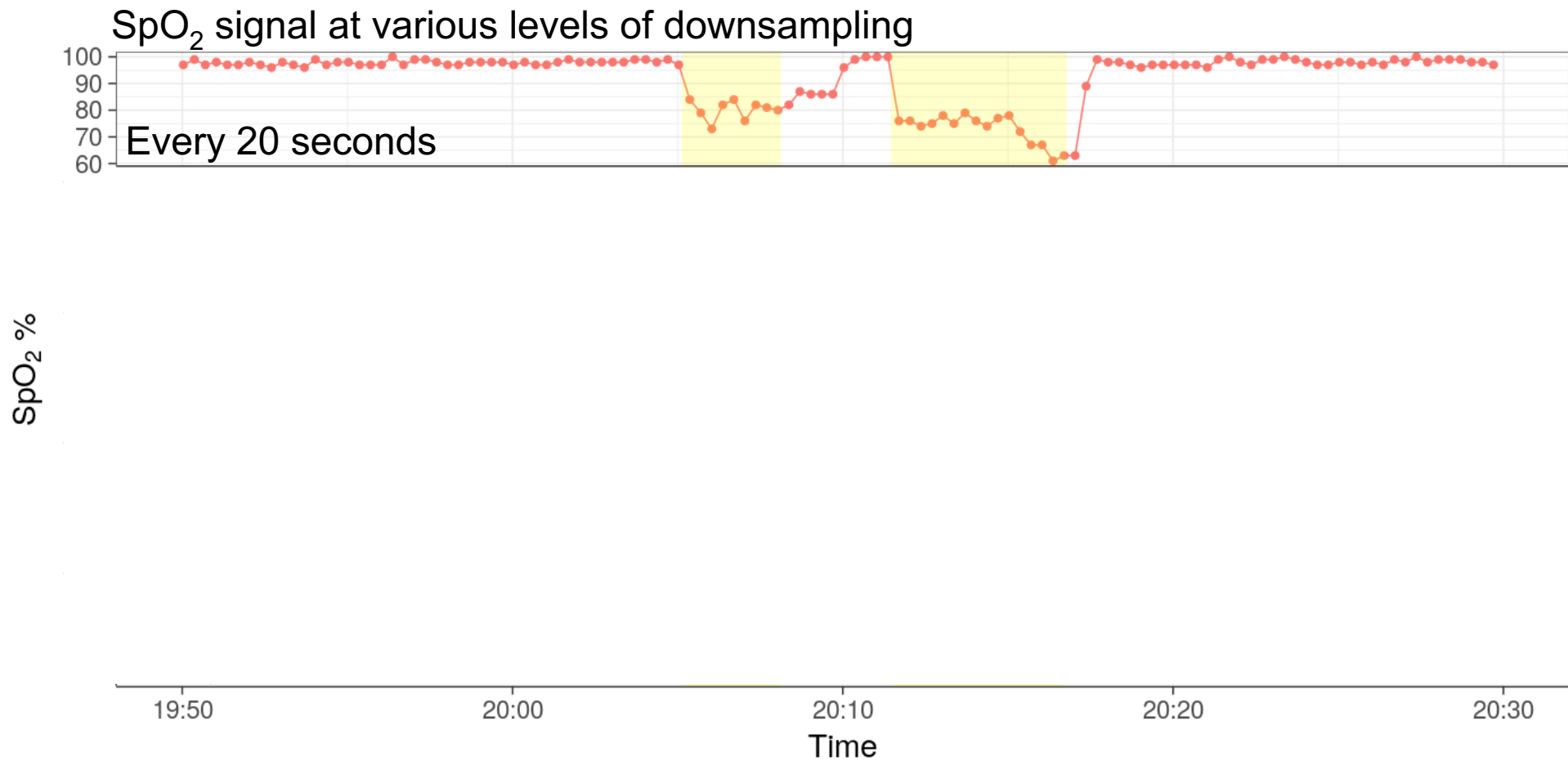
For Modelling Instability:

- More difficult in the presence of artifacts.
- Might end up modeling the artifact instead

Alerts versus Artifacts

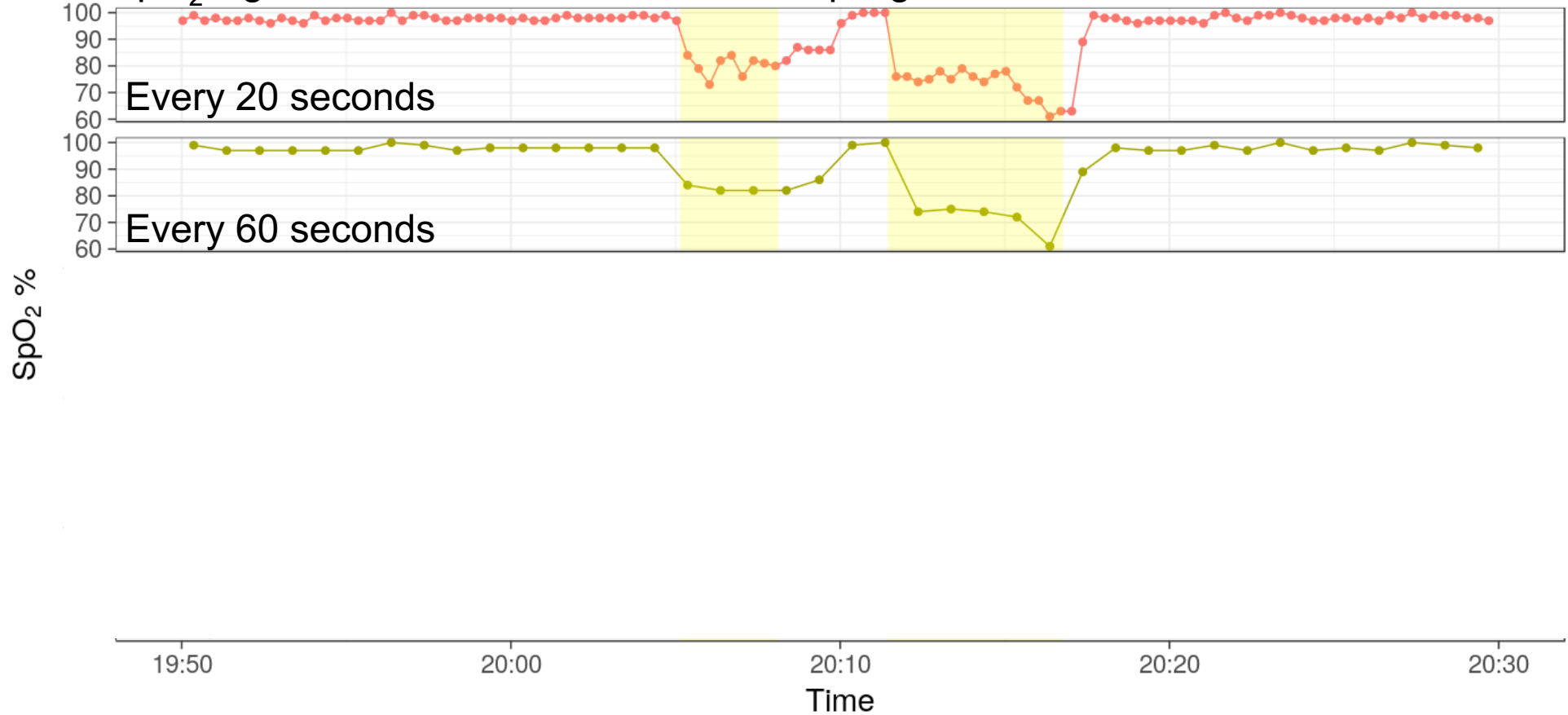


Original Vital Sign Data Collected Every 20s



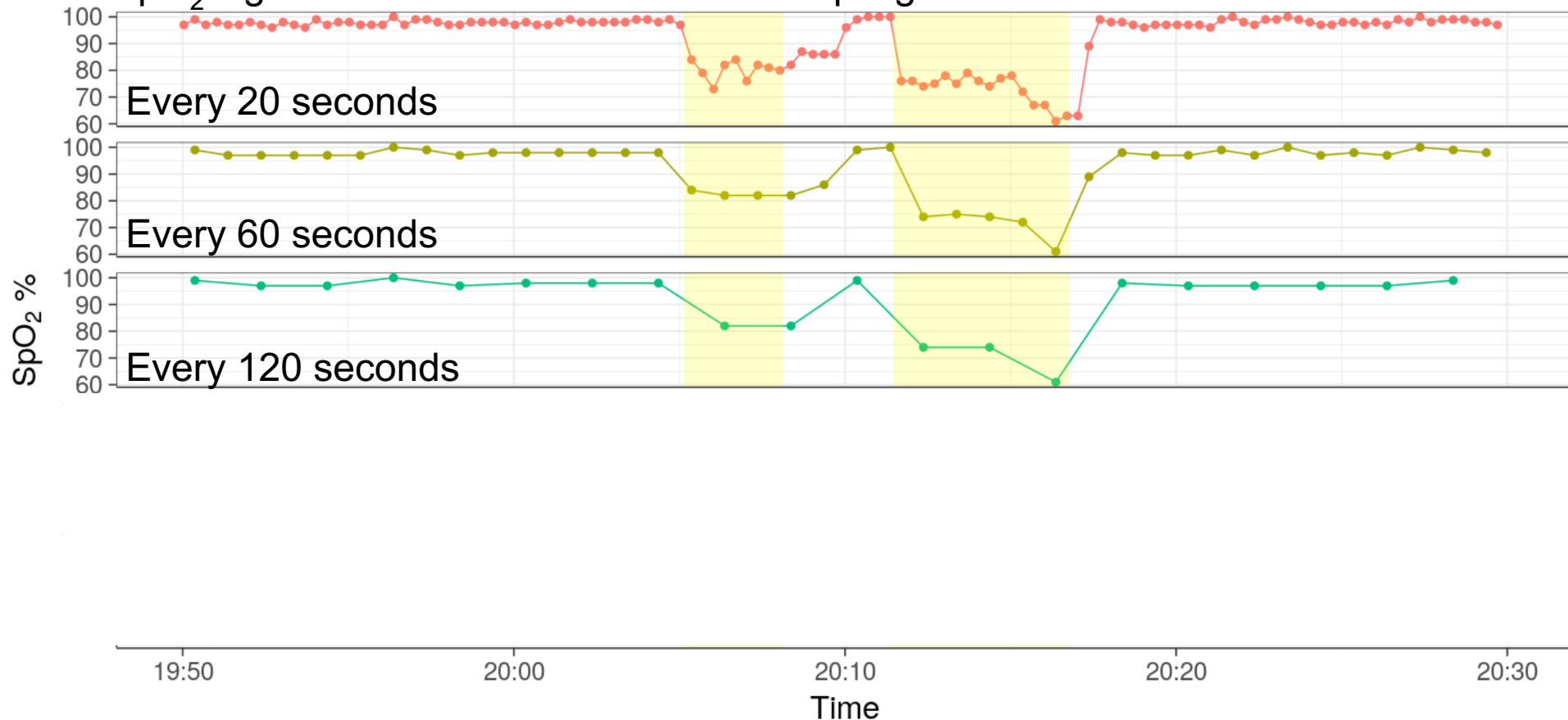
Downsampling Reduces Number of Observations

SpO₂ signal at various levels of downsampling



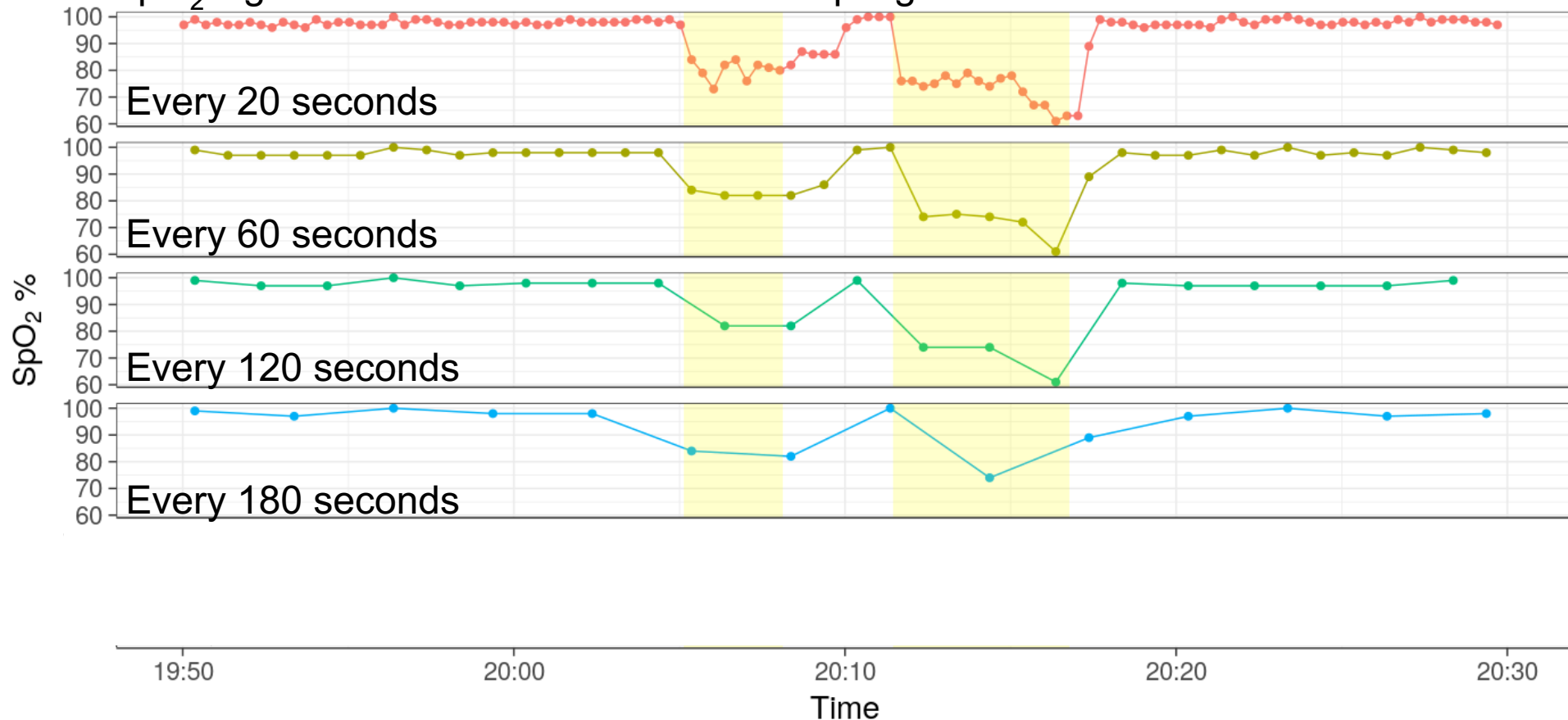
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SpO₂ signal at various levels of downsampling

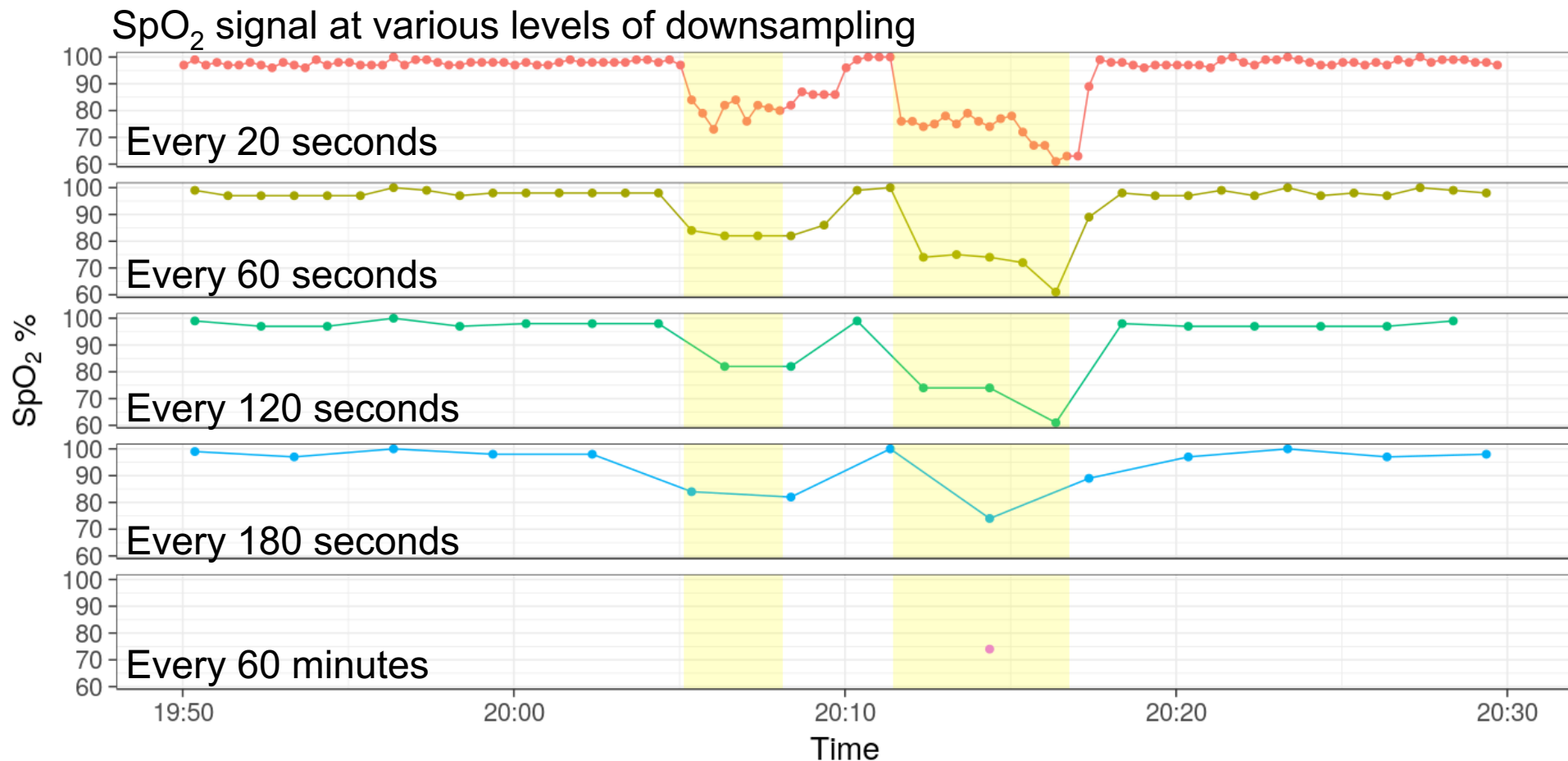


Downsampling Reduces Number of Observations

SpO₂ signal at various levels of downsampling



Excessive Downsampling May Leave Too Little Data



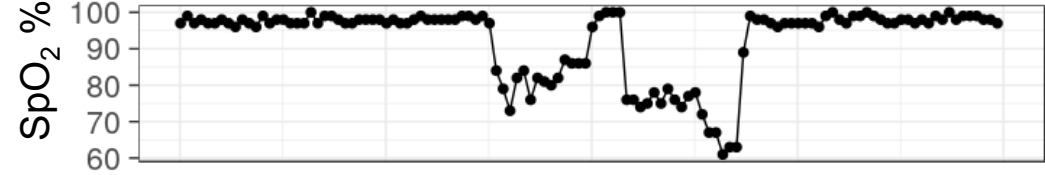
Dataset Collected from Step Down Unit Patients

- Collected continuous vital sign (VS) data streams from 200 step-down unit (SDU) patients.
 - Heart rate (HR) - 3-lead ECG.
 - Respiratory rate (RR) - bioimpedance signaling.
 - Pulse O₂ saturation (SpO₂) - pulse oximeter.
 - Intermittent noninvasive blood pressure (BP) - sphygmomanometer.
- Cardiorespiratory instability (CRI) alerts generated when VS signals are outside defined thresholds.
- Alerts labeled “real” or “artifact” by clinical investigators as previously reported.

Hravnak et al. J Clin Monit Comp 2016; 30:875-88

Alerts Generated as Vital Signs Move Outside Thresholds

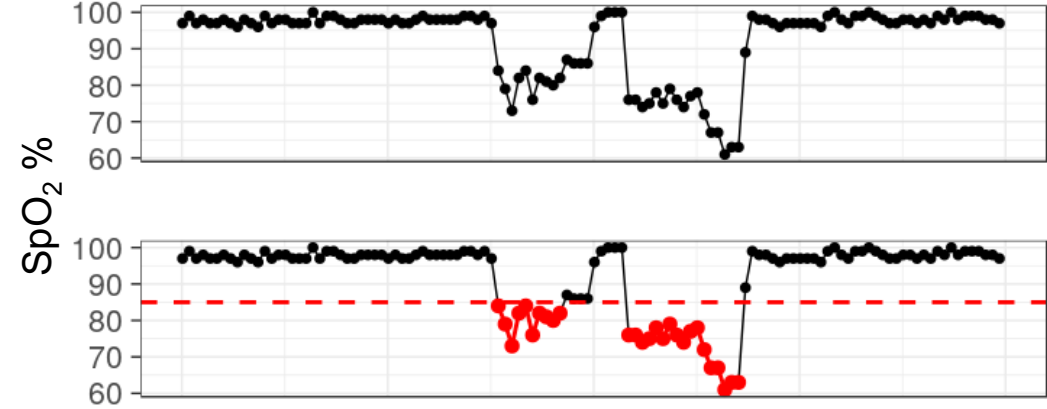
- Alerts *generated* using established process. *



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- Mark observation "out of bounds" if it is outside specified thresholds.

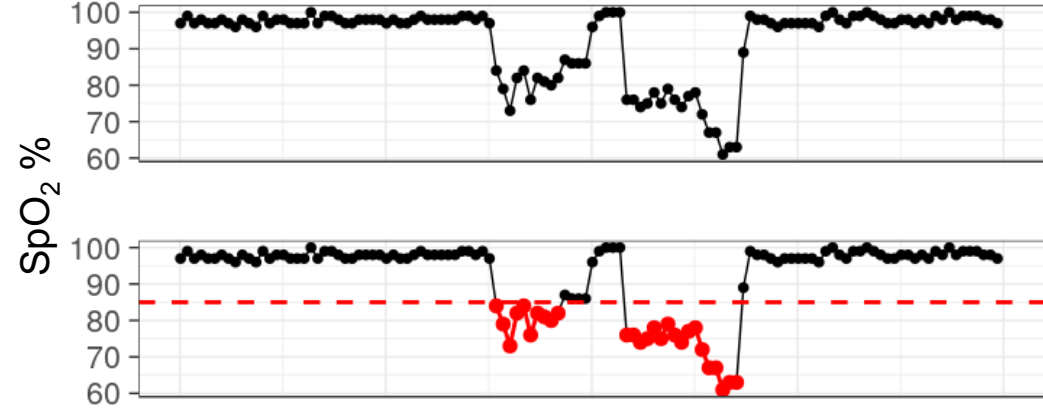


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- Alert thresholds: **

HR	<	40	OR	HR	>	140
RR	<	9	OR	RR	>	36
SpO ₂	<	85				
Sys	<	80	OR	Sys	>	200
Dia	>	110				



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** Chen et al. Critical care medicine 2016; 44(7):e456-e463

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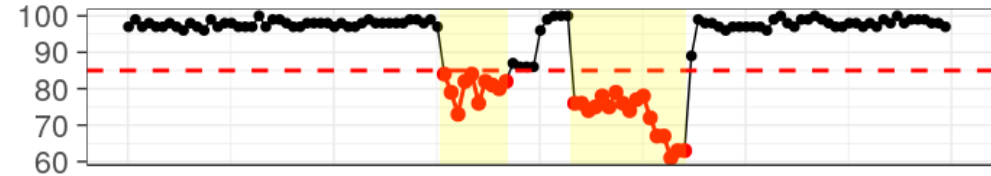
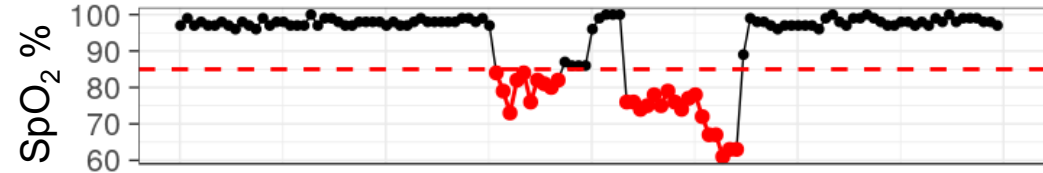
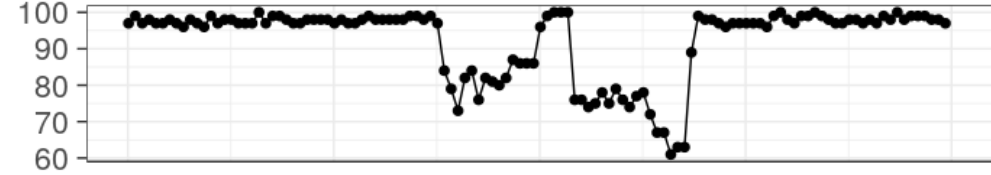
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- Alert if out of bounds for at least 3 minutes.

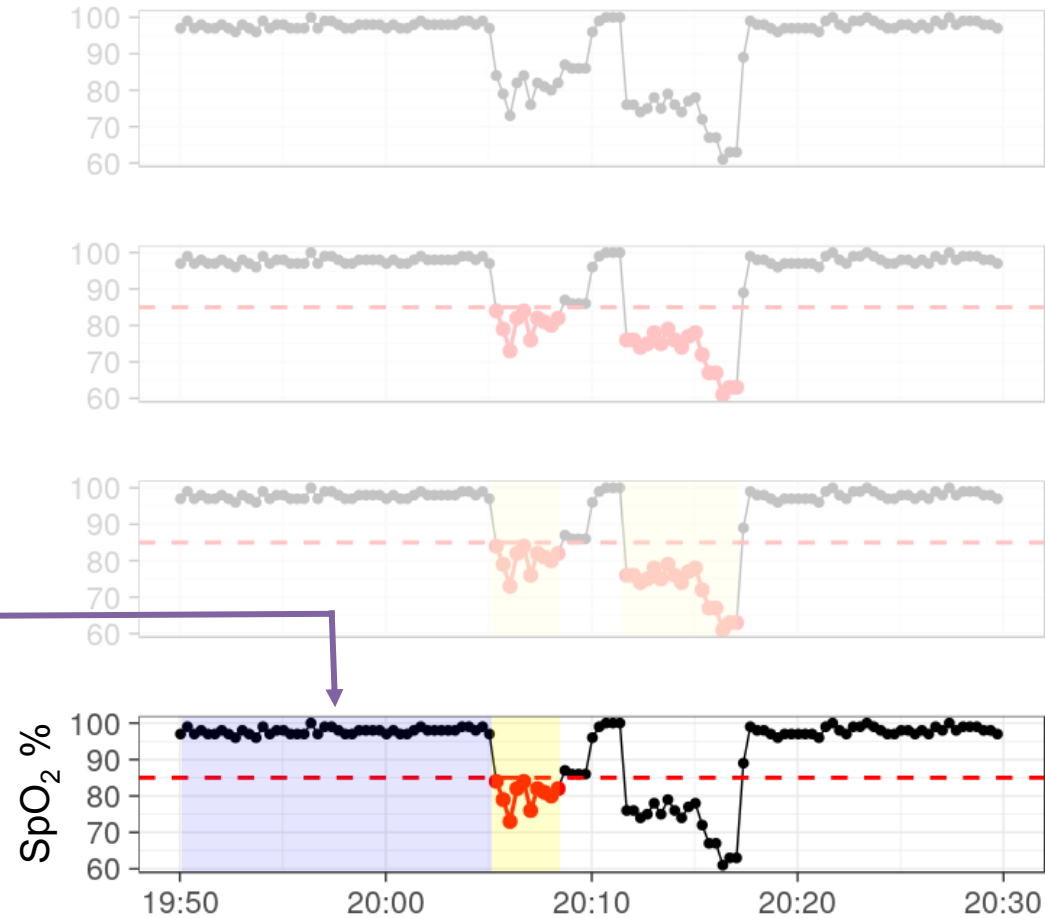
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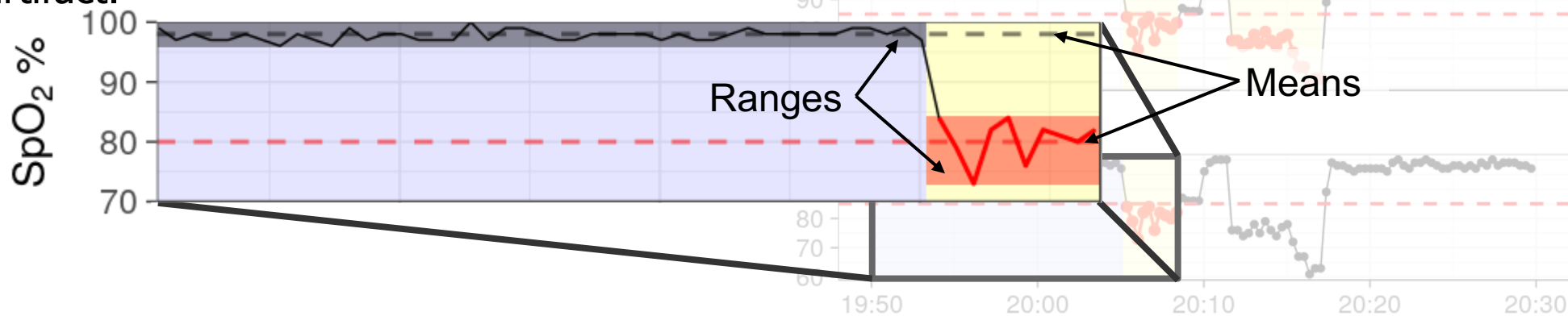
Features Generated from Downsampled Vital Sign Data

- VS data downsampled to one observation every 20 seconds (original), 60s, 120s, 180s, and 60 minutes.
- **Features** generated using data in alert window (featurization).
 - **Feature**: Secondary variable generated from original signal.
- 15 minutes prior to the alert used as a **baseline**.
- Raw VS along with generated features are the inputs to the models.



Featurizing Time Series by Evaluating Data Near Event

- Data in the alert window used to compute statistics (e.g. mean, standard deviation, etc), trends, and other metrics.
- These features used as inputs to classification models.
- Models trained to label alerts as real or artifact.



Models Evaluated through Cross Validation and ROCs

- Models evaluated in a leave-one-patient-out cross validation framework.

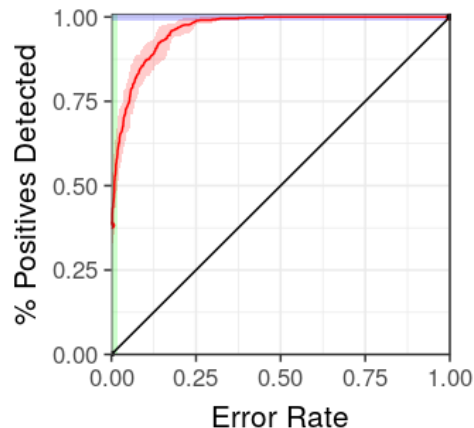
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 - Handles missing values.
 - Builds explainable models.
 - Supports non-linear decision boundaries.
 - Successfully used in many other similar projects.

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- Performance compared using receiver operator characteristic (ROC) curves.

Positive class: Artifact
Negative class: Real instability



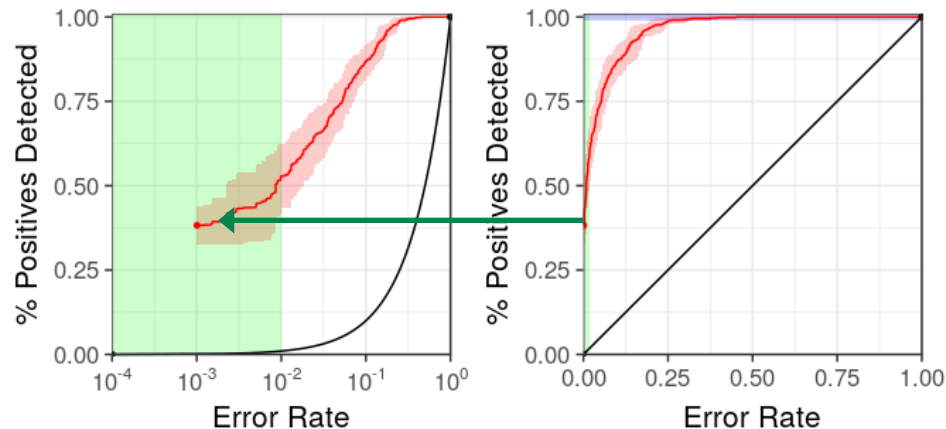
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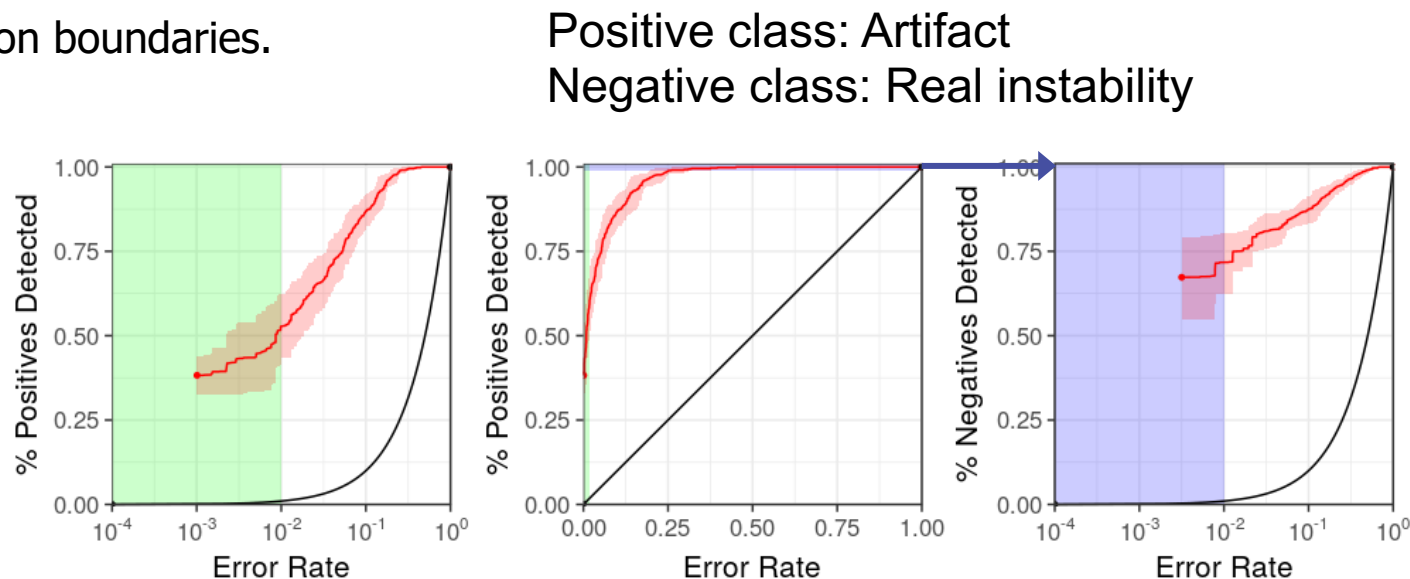
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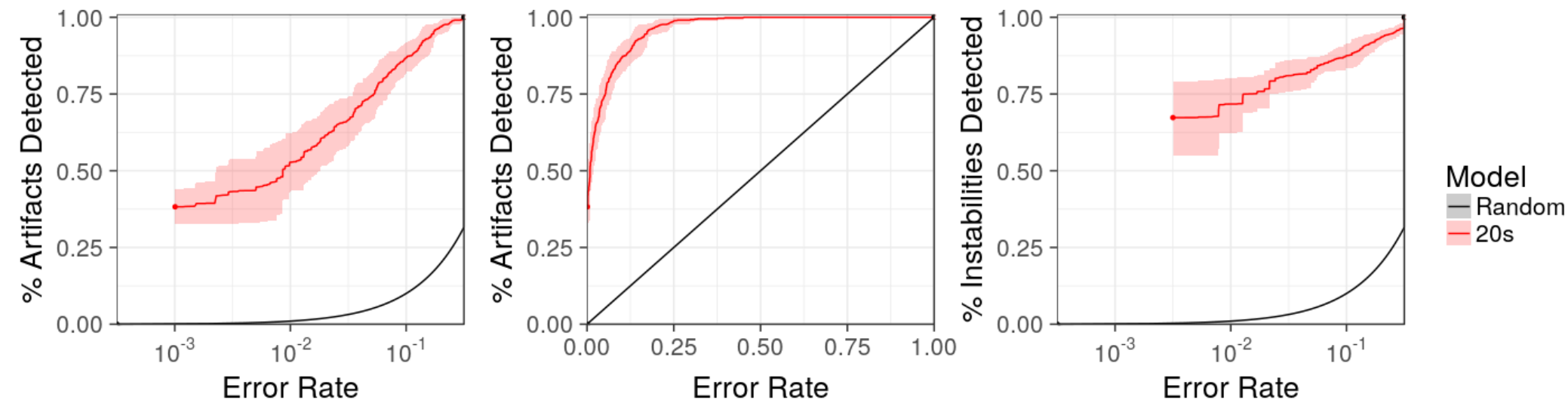
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Performance of Original 20s Model

Positive class: Artifact

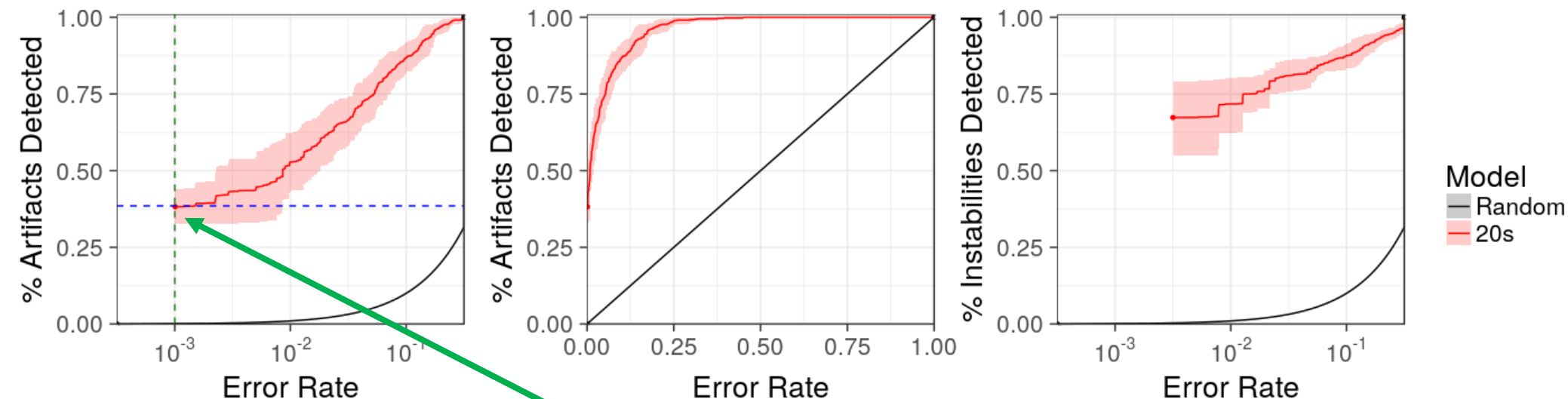
Negative class: Real instability



Detect 40% of Artifacts

Positive class: Artifact

Negative class: Real instability

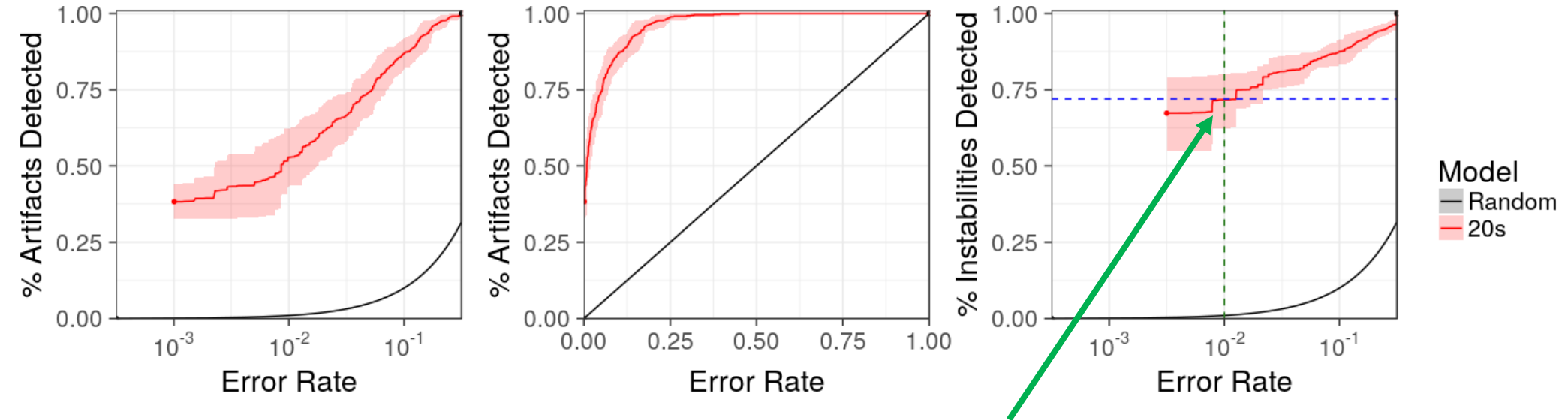


Using this threshold we correctly detect 40% of artifacts with only 1 error in 1000 decisions.

Detect 72% of Real Instabilities

Positive class: Artifact

Negative class: Real instability

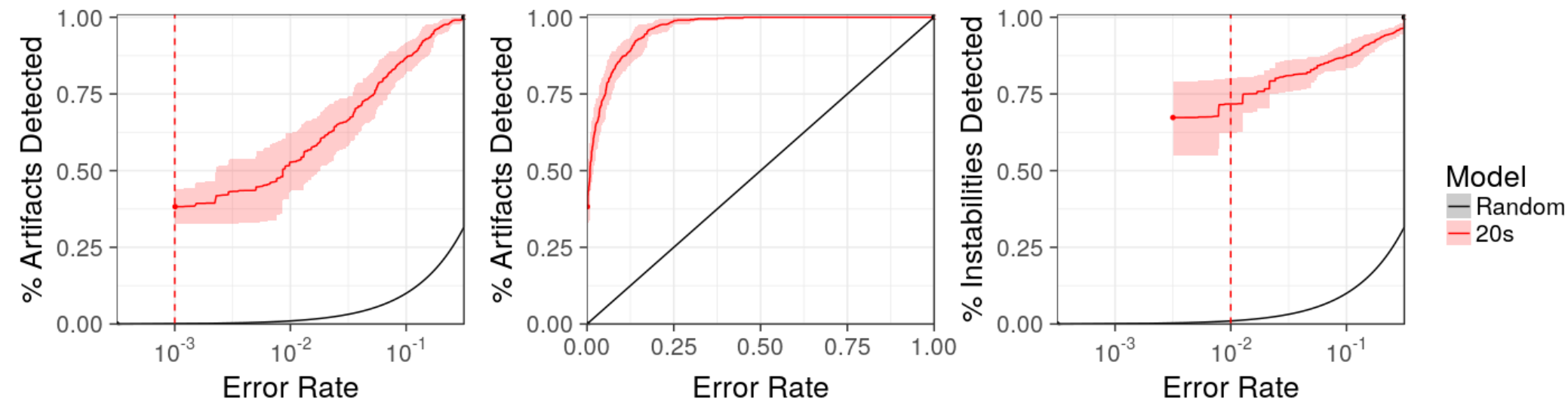


Using this threshold we correctly detect 72% of artifacts with only 1 error in 100 decisions.

For Uncertain Predictions Fall Back To Standard Practice

Positive class: Artifact

Negative class: Real instability

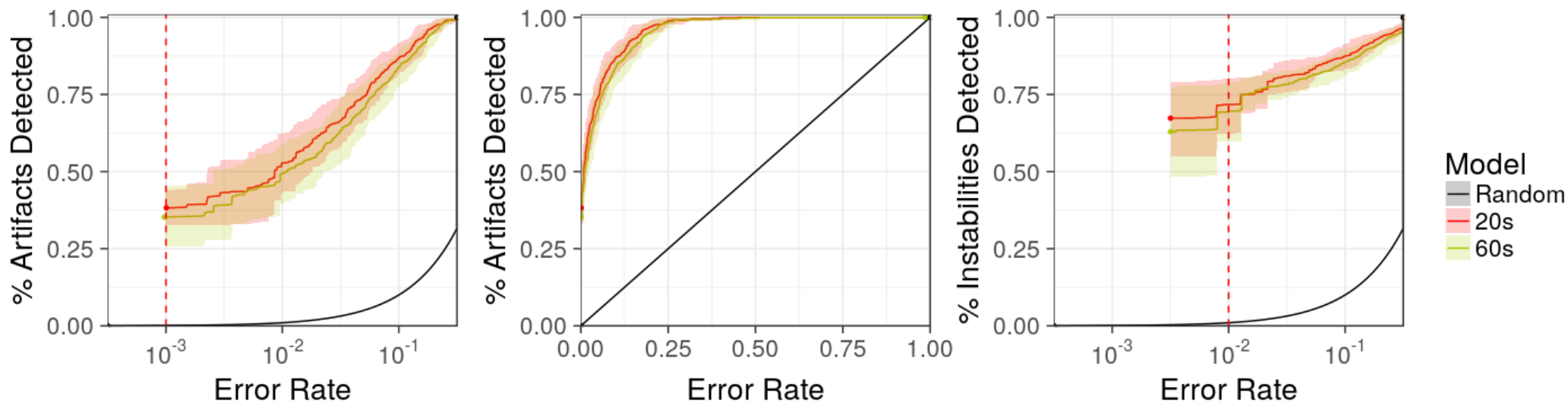


For predictions in between the model is less certain.
Fall back on current standard practice.

Nearly Identical Performance Sampling Every 60s

Positive class: Artifact

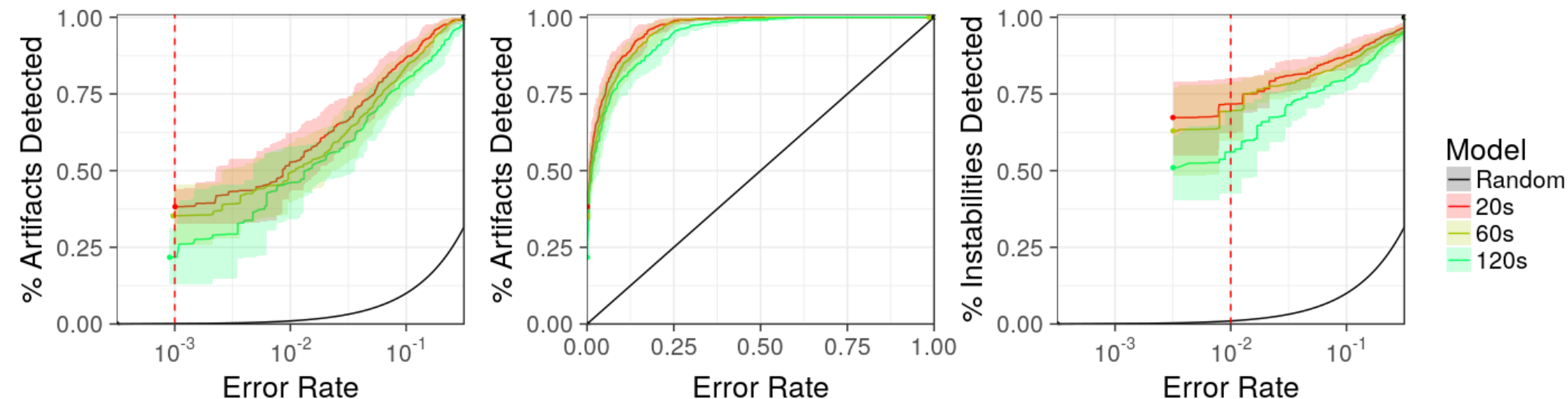
Negative class: Real instability



120s Model Still Differs Insignificantly

Positive class: Artifact

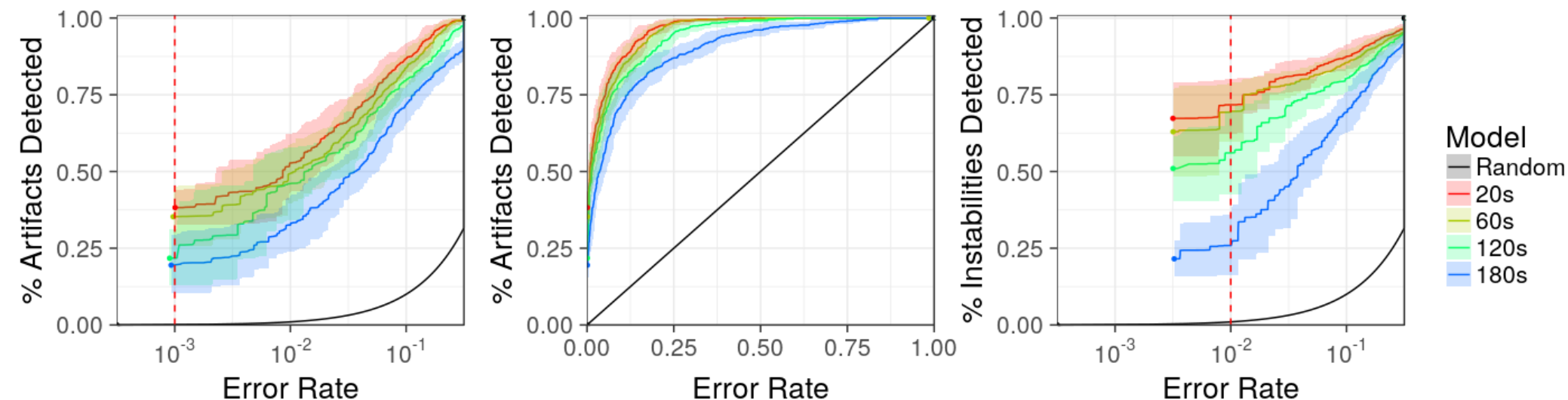
Negative class: Real instability



180s Model Degrades Significantly

Positive class: Artifact

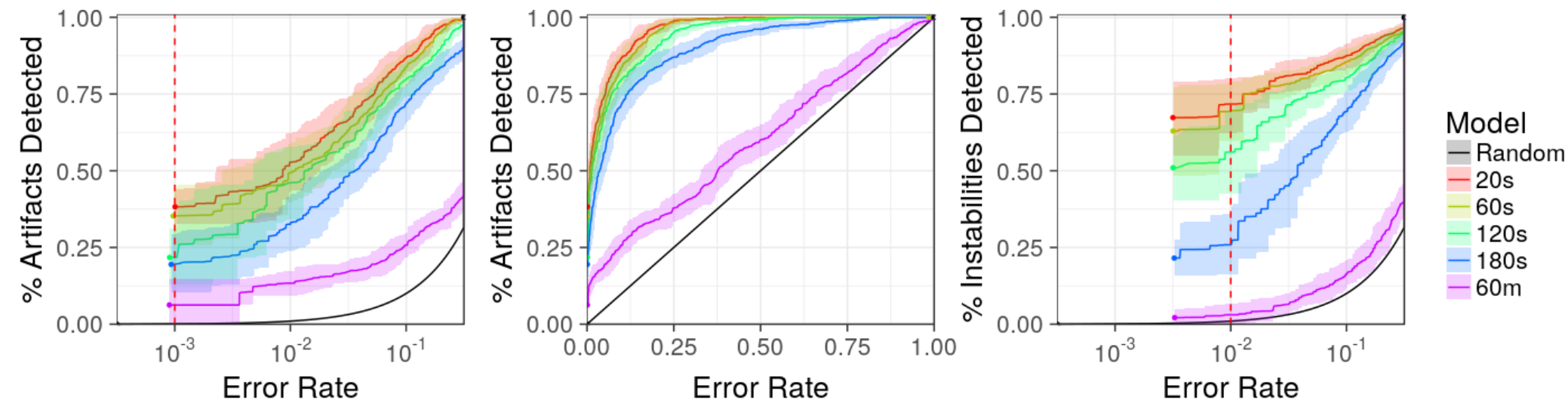
Negative class: Real instability



Sampling Every 60m is Detrimental to Performance

Positive class: Artifact

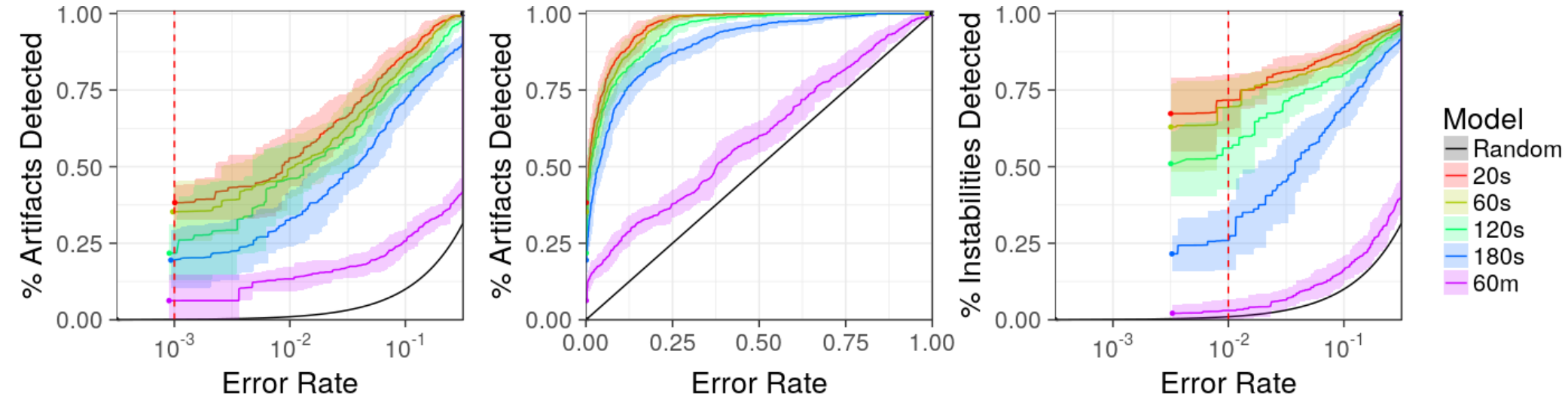
Negative class: Real instability



Good Model Performance if Sampling Every 1 or 2 Minutes

Positive class: Artifact

Negative class: Real instability



Key Finding: Data sampled every one or two minutes can be used to adjudicate alerts.

Lower Frequency Data Can Be Used to Classify Alerts

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Vital sign data collected as infrequently as every 120 seconds can be used to adjudicate alerts without significantly sacrificing model performance.

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Impact (Why we care)

Analysis applicable to a wider range of existing systems which sample at lower rates.
Helps understand trade offs between sampling frequency and clinical utility of the models.

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Next Steps

Does sampling more frequently improve performance?
Work on similar projects suggests we can derive more descriptive features when higher frequency data is available.