Data analysis and knowledge validation in intensive care monitoring

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Abstract

Clinical information systems (CIS) produce a complete medical documentation at the bedside. Particularly in on-line monitoring at the intensive care unit, a large amount of minutely measurements is given. The analysis of the data allows to support decision making. This trend towards data-intensive systems [3] invites machine learning or data mining techniques to apply [1], [6]. The combination of knowledge-based reasoning with data-driven prediction and validation has a great impact on evidence-based medicine and decision support [2], [7].

A set of analysis tasks provides physicians with

- alarms,
- recommendation of therapeutical interventions, and
- predictions of effects of the intervention.

Whereas statistical analysis of time series is the kind of method for alarm systems, statistical learning (here: using the support vector machine) proved its success in recommending therapeutical interventions. Inductive logic programming was capable of learning rules about observed effects of interventions. Statistical verifications of the results have been performed as well as a blind test which acquired an expert's response to patient data. [5][4][9]

Moreover, a combination of machine learning and knowledge-based inference, enables us to validate decisions.

- A knowledge base about (intended) drug effects can be compared with the observed outcome.
- A knowledge base modeling a treatment protocol can be compared with the observed sequence of interventions.

Consistency checking or critiquing a knowledge base on the basis of empirical data speeds up the process of protocol development, focuses medical discussion on critical and relevant questions, and improves the protocol's quality [8][10]. This talk shows how knowledge-based and data-driven procedures in concert contribute to enhanced treatments and protocols. The methods are illustrated by work done at the City Hospital of Dortmund in collaboration with the medical expert Michael Imhoff.

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