

# AI + Sepsis = Sant?

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# Vilka är vi?



JÖNKÖPING UNIVERSITY



Niklas



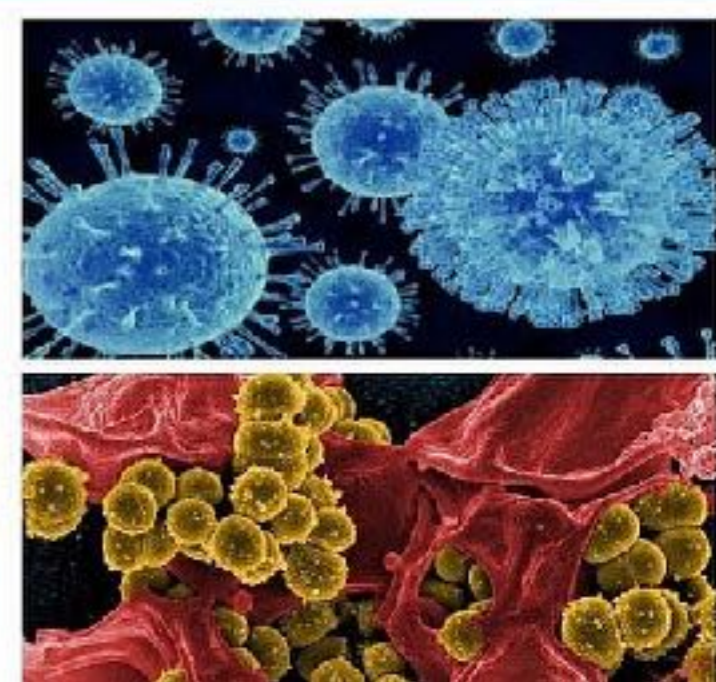
# INFEKTION



Johan



Lars-Magnus



# Vision



*“Kontinuerligt, automatiskt beslutsstöd till läkare  
för diagnos av infektionssjukdomar”*

*Multi-diagnos situationen (inte bara sepsis...)*

*2 första case: Virus Gastroenterit & Sepsis*

# Men vad är då AI?

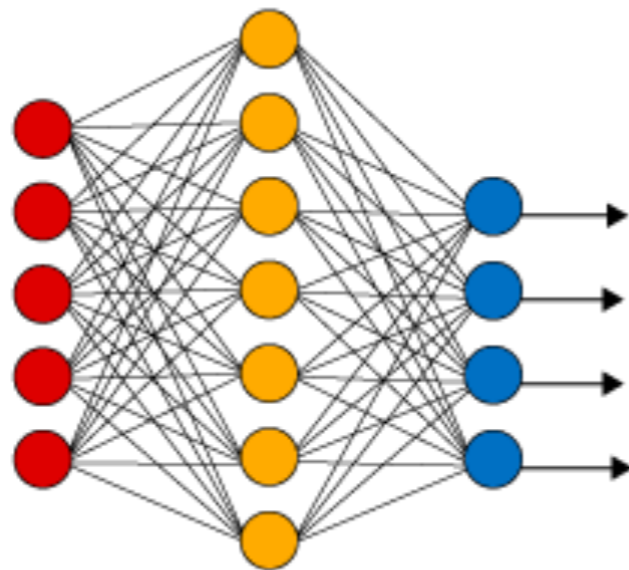
**Moving target definition of AI:**

***“How to make computers do things which,  
at the moment, people do better”***

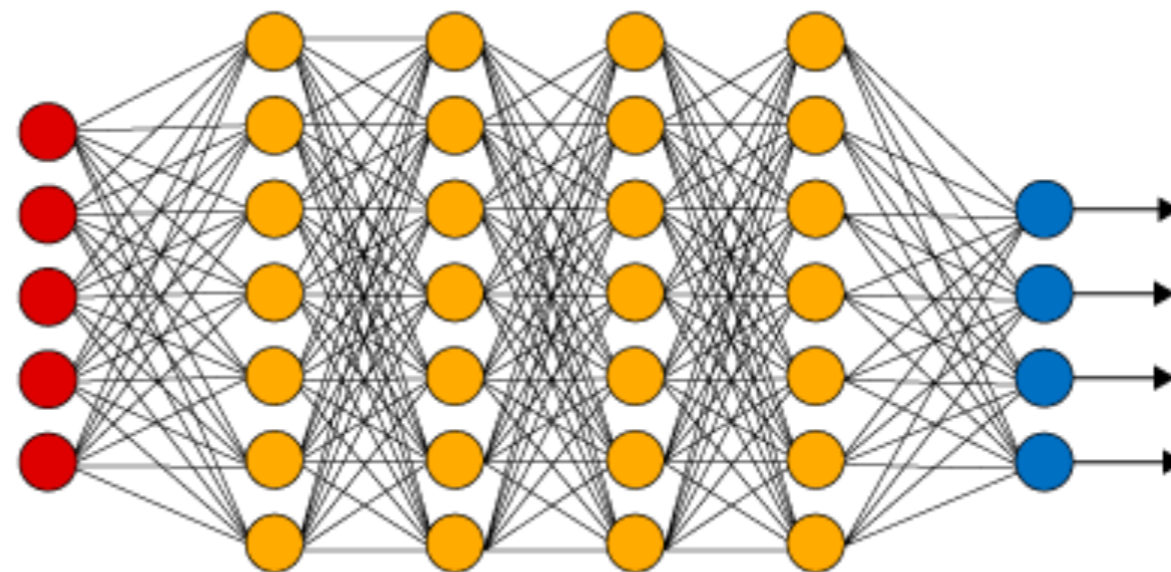
***— Elaine Rich & Kevin Knight***

# Nuvarande AI hype: Deep Learning

Simple Neural Network



Deep Learning Neural Network



● Input Layer    ● Hidden Layer    ● Output Layer




Fanns på 80/90-talen men “funkar” nu för:

1. Vi har mycket snabbare datorer
2. Vi har mycket mer data

*“At Google we say that you typically need a billion examples for DL to work well” — Kurzweil, Google Brain*

# Är AI bara Deep Learning / Neurala Nät?

## The Five Tribes of Machine Learning

	Tribe	Origins	Master Algorithm
	Symbolists	Logic, philosophy	Inverse deduction
	Connectionists	Neuroscience	Backpropagation
	Evolutionaries	Evolutionary biology	Genetic programming
	Bayesians	Statistics	Probabilistic inference
	Analogizers	Psychology	Kernel machines

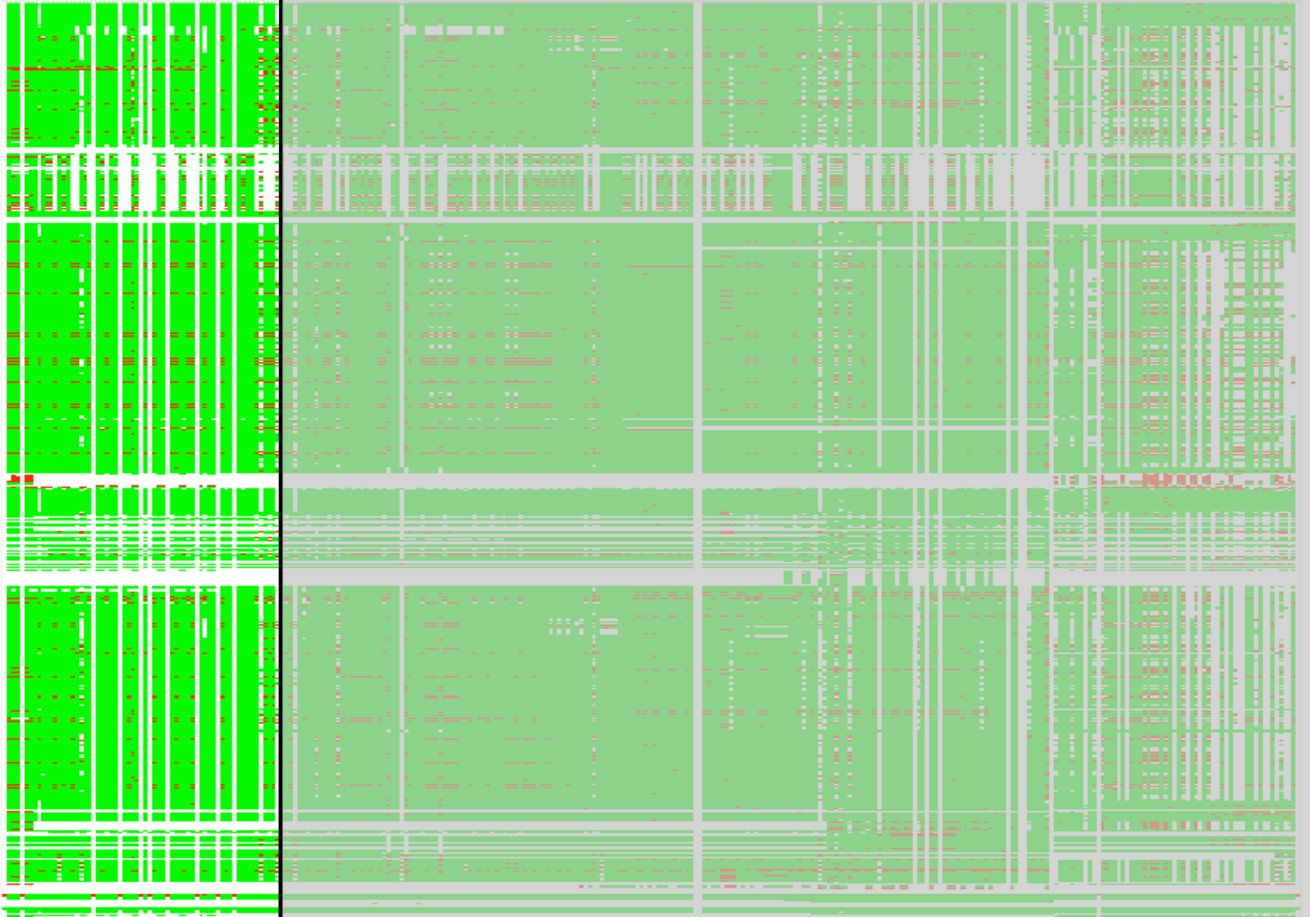
[Domingos2015 “The Master Algorithm”]

**Supporting technologies:**

**Advanced Statistics + Search/Optimisation**

Model

Model++



# Taking it Online

## Flight code changes [about](#)

 Range from few to many line changes

\* No matching module found



## Test executions [about](#)

 Range from more failed to more successful

Row numbers: Total number of executions.





# Vad har vi lärt oss när vi applicerat “AI” i stor skala?

- Quality of data more important than advanced AI/ML
  - How much data do you have? Enough?
  - Do the data represent all important aspects?
- Simple statistical models often almost as good as advanced AI/ML
  - Data often unreliable => simple models give (at least) 80% of value for 20% of complexity
  - Statistical models easier to understand => robust
- Online algorithms almost always worth it => scalability
- Visualising results important for impact, Human + AI > AI
- An AI system is not enough, people need training + understanding to change their behaviour
- Interval prediction better than point estimates

# Ett axplock på vad finns gjort på AI inom Sepsis

- Mani et al 2013
  - Data: 299 spädbarn, 3 variabler baserat på blodprov
  - Teknik: 9 olika “off the shelf” ML tekniker
  - Resultat: 8 av 9 testade tekniker var bättre än läkarna
- Gultepe et al 2013
  - Data: 741 vuxna, E-journaler & många olika variabler
  - Teknik: 4 ML tekniker av väldigt olika slag
  - Resultat: Laktatnivåer mycket bra, Mortalitetsrisk bra
  - Nyckel: Data dynamiskt över tid är centralt
- Horng et al 2017
  - Data: Alla 230,936 patienter under 5 år, vital signs & fritext från E-journaler (Läkare resp Sköterskors noteringar)
  - Tekniker: Traditionell ML (SVM) + Topic models (för text)
  - Resultat: Bättre resultat om fritext inkluderades

# Hornig 2017: Datakällor

**Table 1. Data types used in models and amount of missing or out of range data.**

<b>Feature</b>	<b>Data Type</b>	<b>Missing or Out of Range Data</b>
Age	Continuous	0%
Gender	Binary	0%
Acuity	5-level ordinal	2.7%
Systolic blood pressure	Continuous	4.9%
Diastolic blood pressure	Continuous	5.2%
Heart rate	Continuous	4.6%
Pain scale	Continuous	6.6%
Respiratory rate	Continuous	6.5%
Oxygen saturation	Continuous	5.6%
Temperature	Continuous	6.7%
Free text chief complaint	Text	0%
Free text nursing assessment	Text	2.9%

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