

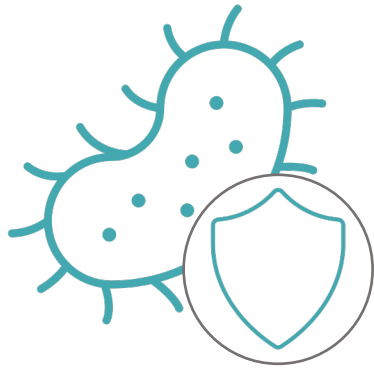
Machine learning based clinical decision support for antimicrobial stewardship

William Bolton

CAMO UK Data AI Meeting

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Machine learning can support optimised antibiotic decision making.



Antimicrobial resistance (AMR) is a global threat. One key strategy to tackle this is to undertake stewardship and optimise antimicrobial use



Clinical decision support systems (CDSSs) utilising machine learning (ML) have been developed to assist with managing infections

STAGES OF ANTIBIOTIC DECISION MAKING

- 1 • Infection or not
- 2 • Empiric treatment
- 3 • Narrow therapy
 - Cessation
 - IV to oral switch
 - Readmission
 - Side effects
- 4 • Duration

Fair interpretable machine learning for individualised IV to oral switch decision making.

CLINICAL GUIDELINES AND REAL-WORLD DATA



UK Health Security Agency

Guidance

National antimicrobial intravenous-to-oral switch (IVOS) criteria for early switch



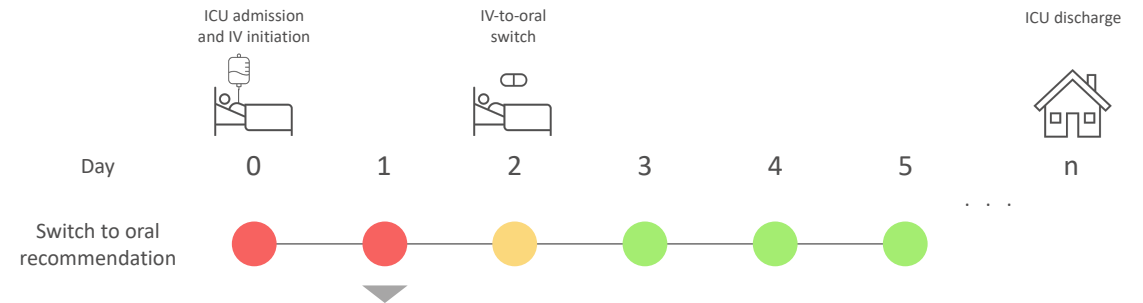
MIMIC
n=8,694

eICU
n=1,668

Short feature set
n=5

Metric	1 st threshold	2 nd threshold
AUROC	0.78 (SD 0.02)	0.69 (SD 0.03)
Accuracy	0.76 (SD 0.01)	0.83 (SD 0.01)
TPR	0.80 (SD 0.05)	0.48 (SD 0.06)
FPR	0.25 (SD 0.02)	0.10 (SD 0.02)

INTERPRETABLE DECISION SUPPORT



Day 1

Highlights

- Both thresholds predict switching is **not appropriate** at this time
- Predictions were correct for **100%** of similar examples
- O2 saturation pulseoximetry (feature 4) was of particular interest for these predictions

Patient	Importance	Feature					Switch to oral label	Switch to oral prediction		
		1	2	3	4	5		1 st threshold	2 nd threshold	
-	-	0.32	0.51	0.37	0.50	0.41	0	0	0	
Example	1	0.28	0.38	0.54	0.29	0.48	0.46	0	0	0
	2	0.25	0.31	0.55	0.28	0.51	0.50	0	0	0
	3	0.21	0.29	0.52	0.45	0.52	0.46	0	0	0
	4	0.13	0.32	0.55	0.36	0.51	0.00	0	0	0

Negative feature contribution:

Positive feature contribution:

Prediction correct:

Prediction incorrect:

Switch:

Potentially switch:

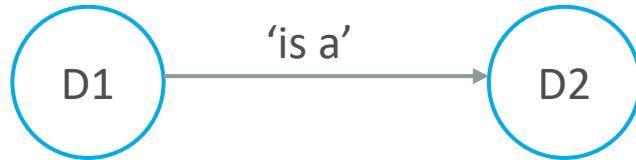
Don't switch:

Tapping into unused clinical knowledge for multi-morbidity in machine learning.

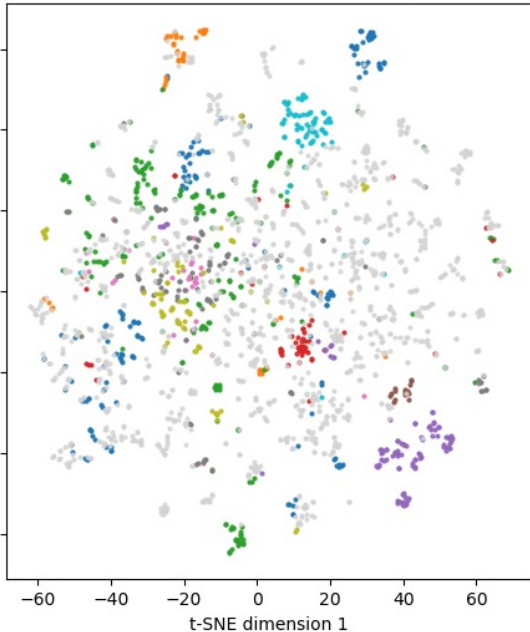
SNOMED EMBEDDINGS

SNOMED CT

The global language of healthcare



t-SNE visualisation with disorder groups



- Disorder groups
- Arthritis
 - Diabetes
 - Disorder of immune function
 - Genetic disease
 - Heart disease
 - Hypertensive disorder
 - Infectious disease - bacterial
 - Infectious disease - other
 - Infectious disease - viral
 - Malignant neoplastic disease
 - Mental disorder
 - Other

SIMILAR PATIENT RETRIEVAL TASK

Imperial Clinical Analytics, Research and Evaluation (iCARE)

SNOMED similarity score

SNOMED embeddings

1.78

Rocheteau method

3.52

One hot encodings

4.40

Co-morbidities

	Patient A												
	Asthma	Hypertensive disorder	Osteo-arthritis	Type 2 diabetes	Hyper-cholesterol-emia	Anemia	Gastro-esophageal reflux disease	Hypo-thyroidism					
SNOMED Embedding	Asthma	Hypertensive disorder	Osteo-arthritis	Diabetes	Hyper-lipidemia	Anemia	Gastro-esophageal reflux disease	Obstructive sleep apnea					
Rocheteau score	Asthma	Hypertensive disorder	Rheumatoid arthritis	Diabetes	Hyper-cholesterol-emia	Anemia	Gastro-esophageal reflux disease	Hypo-thyroidism	Coronary arterio-sclerosis	Pulmonary embolism	Chronic kidney disease		
One hot encodings	Asthma	Hypertensive disorder	Osteo-arthritis	Type 2 diabetes	Hyper-cholesterol-emia								
Patient B	Osteo-arthritis	Alcoholism											
SNOMED embedding	Osteo-arthritis	Alcohol dependence											
Rocheteau score	Osteo-arthritis	Alcoholism	Peripheral nerve entrapment										
One hot encodings	Osteo-arthritis	Alcoholism	Peripheral nerve entrapment										

Legend for Co-morbidities:

- Identical (Green)
- Similar (Yellow)
- Dissimilar (Red)

Patient, public and stakeholder views as well as ethical theories have been considered to ensure solutions are fair.

ETHICAL VIEWPOINT

Comment

Developing moral AI to support decision-making about antimicrobial use

<https://doi.org/10.1038/s42256-022-00558-5>

William J. Bolton, Cosmin Badea, Pantelis Georgiou, Alison Holmes and Timothy M. Rawson

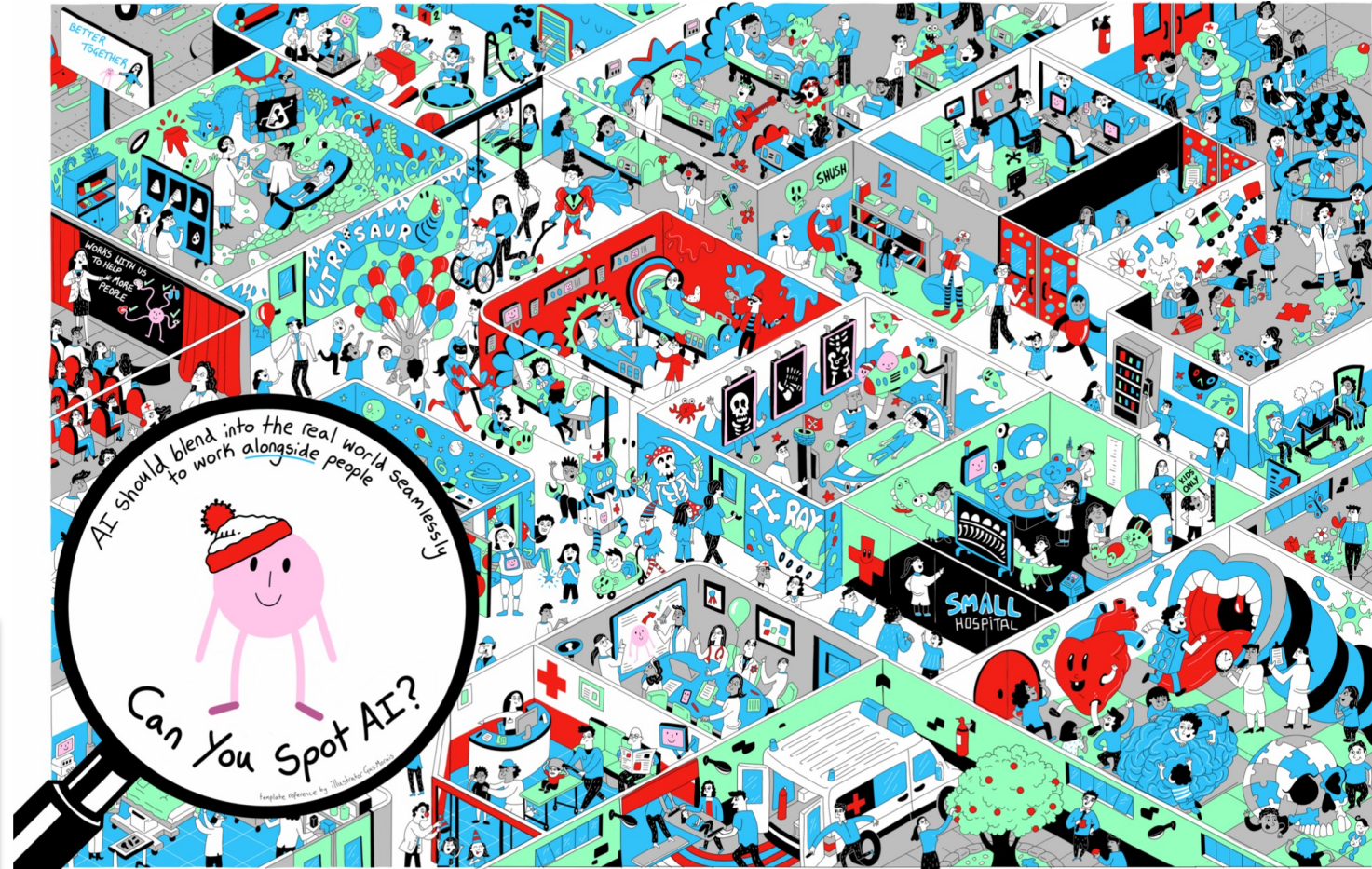
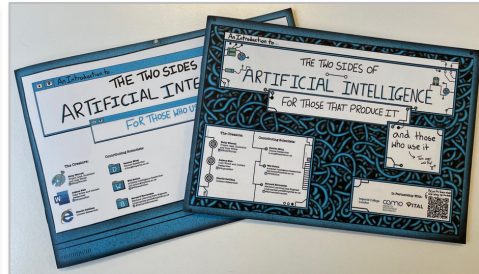
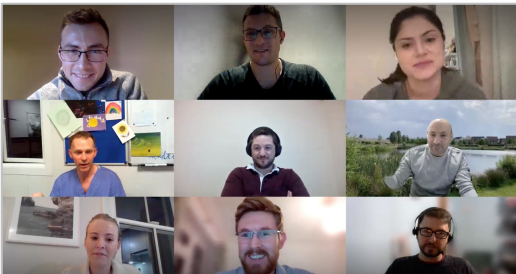
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The use of decision-support systems based on artificial intelligence approaches in antimicrobial prescribing raises important moral questions. Adopting ethical

decision is morally right is often unclear. Incorporating such concepts into AI systems is complex but may be supported by the development of a consensus on the optimal approach to decision-making in this context. In this article, we aim to explore potential ethical frameworks and nuances that may be applied to define what is ethical or not during the development of AI-based clinical decision support systems (CDSSs)



PRIMARY RESEARCH



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Thank you!

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