

- Clinical insights from CaseMix data
- Typical clinical questions
- Merging clinical & CaseMix data
- Example
- Take home

CaseMix data contains lots of clinical information

- ICD-10 Diagnoses
 - Principal (PDX)
 - Secondary (SDX)
- Procedures
 - ICH, ACHI, OPCS, OPS,
 KTDP
- ICU stay
- Length of stay

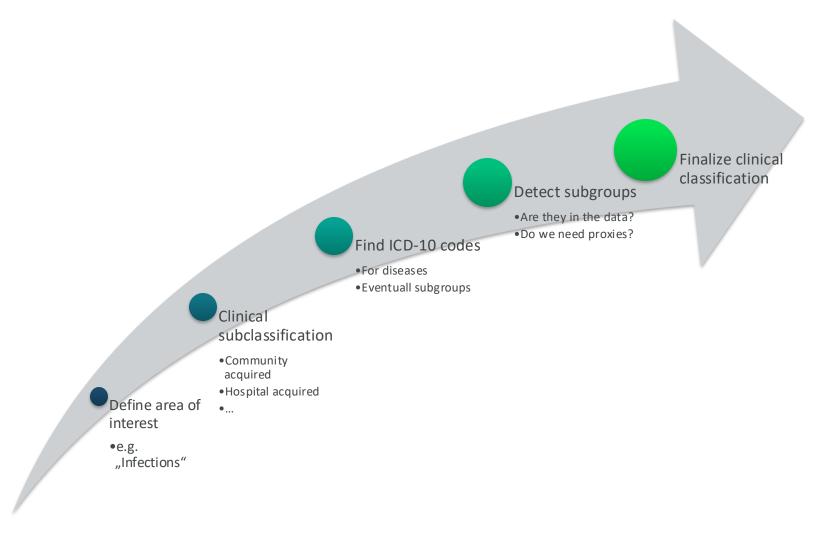
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- Which disease?
- How did we treat the patient?
- How severely ill was the person?
- Have been successful?



Extracting clinical information from CaseMix data



Example: "Pneumonia"

ICD - coding

- Many, many codes:
- J11-J19
- Viral pneumonia
- Bacterial penumonia
- Other bugs (chlamydia, etc.)
- Sometimes combinations with "bacteria" codes (B95.*!)

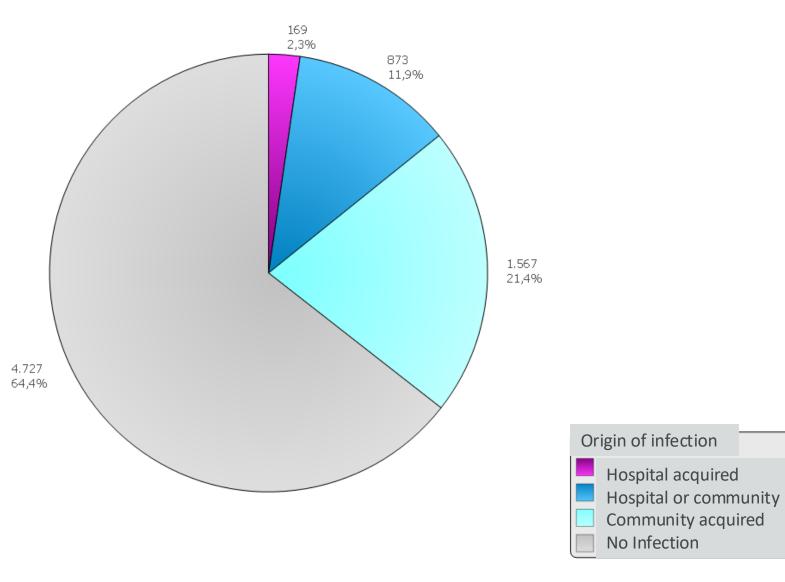
Subclassifications / Severity

- Origin (community / hospital) via PDX / SDX or "POA"
- "Index"-SDX (sepsis, kidney failure, etc.)
- Ventilation needed?

Final classification

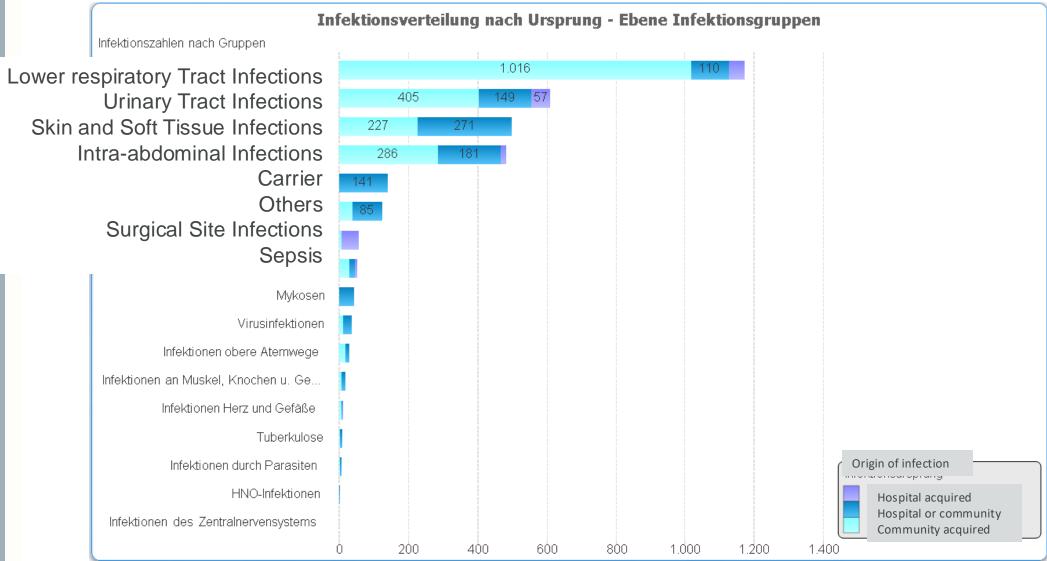
- Community acquired pneumonia (CAP)
- Hospital acquired pnbeumonia (HAP)
- Ventilation associated pneumonia (VAP)

Infection "Map"

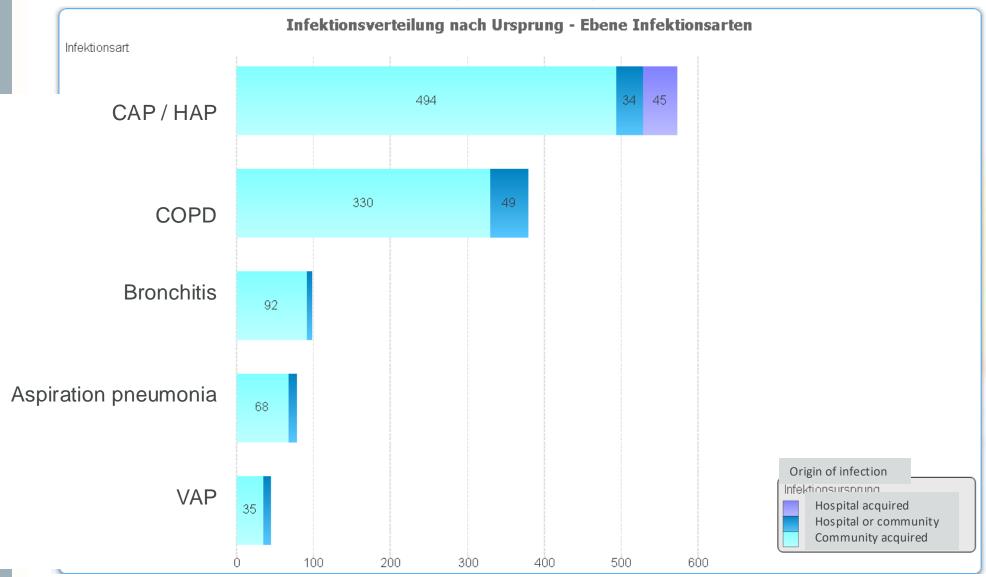




Infection groups

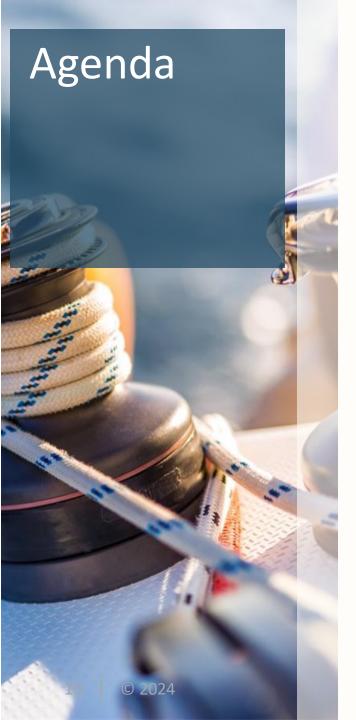


Infections (Lower respiratory tract)



Outcome measures

No. Of cases	CaseMix	СМІ	Age	PCCL	ICU cases	ICU%	Cases ventilation	Hour of mechanical ventilation	Deceased	Decea sed %
792	606,126	0,765	75,8	1,1	89	11,2%	46	109,5	125	15,8%



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Clinical questions (requirements for data insights?)

- How many pneumonia patients do we have?
- How many CAP / HAP / VAP?
- How is the outcome?
- Do we treat them according to guidelines?
- Which antibiotics do we use?
- Do we monitor the infections properly?
- Which lab tests do we perform how often?

Clinical Questions

Answered from (enriched) CaseMix data

- How many pneumonia patients do we have?
- How many CAP / HAP / VAP?
- How is the outcome?



More (clinical) data needed

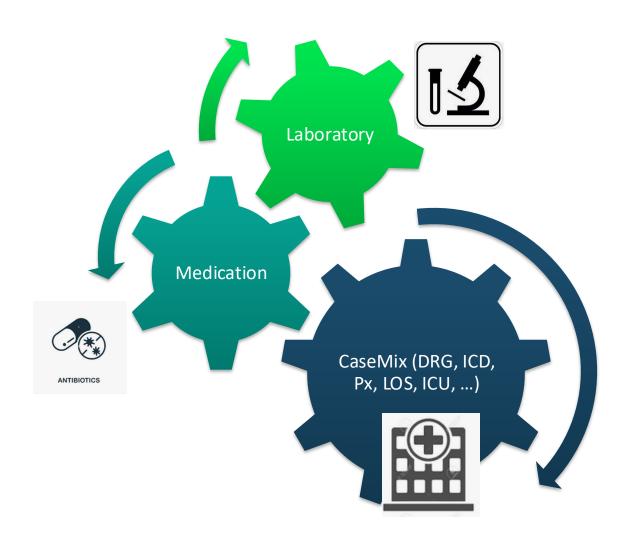
- Do we treat them according to guidelines?
- Which antibiotics do we use?
- Do we monitor the infections properly?
- Which lab tests do we perform how often?





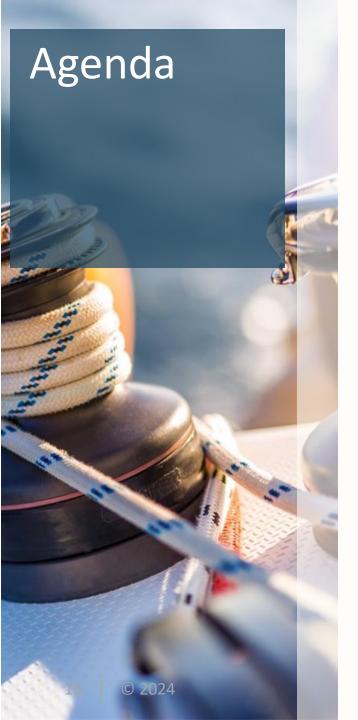
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Data sources



Challenges

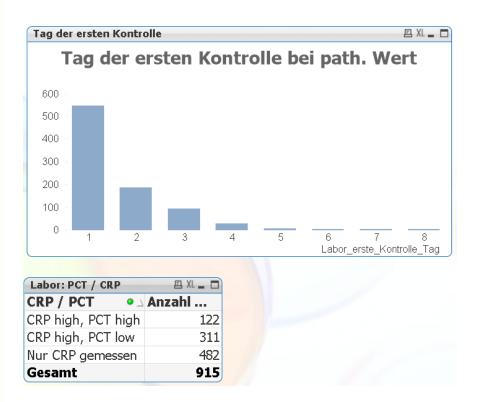
- Connecting the data sources
 - Usually possible by Case-ID / Patient-ID
- Building a timeline
 - When did we start treating?
 - How did lab values develop?
- "Add (artificial) intelligence"
 - Was our choice of antibiotics in line with the current guidelines?
 - Are there infection patients w/o treatment?
 - Do we treat patients w/o infections?



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Current project: "Support the Antimicrobial Stewardship Team (AMS)" with data-based insights

Diagnostic and Treatment for certain infections

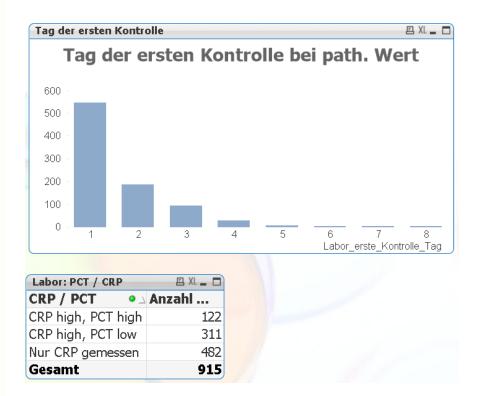


AB Verordnungen				EXL ■ □	
Pharmakolog. Gruppe	Chemische Gruppe	ATC / Substanz	Anzahl Fälle	Anzahl Ve	
		J01DD02 Ceftazidim	1	2 🖪	
		J01DD04 Ceftriaxon	62	126	
		J01DD13 Cefpodoxim	5	7	
■ BETALACTAM-ANTIBIOTIKA	328	597			
	Beta-Lactamase-sensit	■ Beta-Lactamase-sensitive Penicilline J01CE01 Benzylpenicillin Kombinationen von Penicillinen, inkl. Beta-Lactamase			
	Kombinationen von Pe				
		J01CR01 Ampicillin und Bet	326	582	
	Penicilline mit erweiter	Penicilline mit erweitertem Wirkungsspektrum			
		J01CA04 Amoxicillin	5	8	
■ MAKROLIDE, LINCOSAMIDE	23	50			
	■ Makrolide				
		J01FA10 Azithromycin	23	50	

Auswertungen B XL _ 1									
Basis-DRG	Anzahl Fälle	Fälle mit Antibiose	Fälle mit kodierter Infektion	Infektion	Fälle mit Laborkont rolle 48h		Fälle mit Antibiose ohne Inf		
	2081	387	387	380	285	156	7		
G24	1	0	0	0	0	0	0		
E79	1519	293	293	287	216	107	6		
H08	1	0	0	0	0	0	0		

Analyses on patient level

Diagnostic and Treatment for certain infections

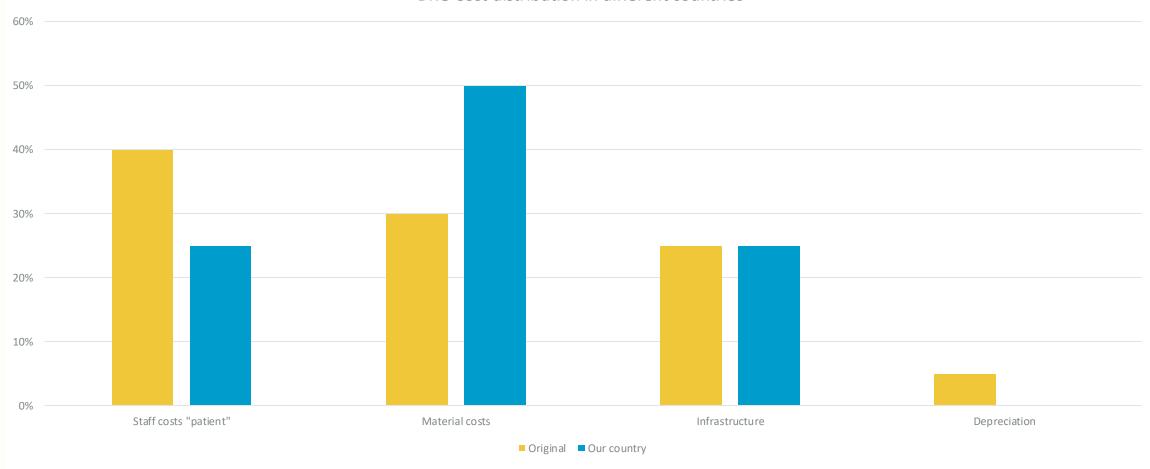


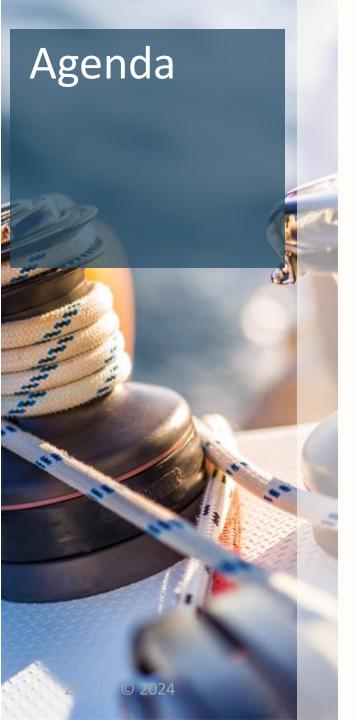
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Common findings

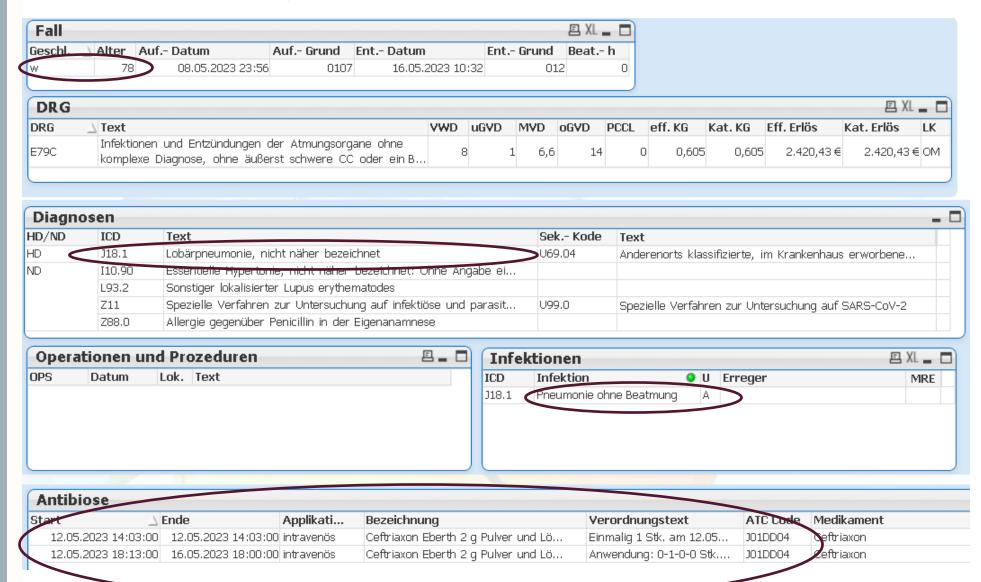




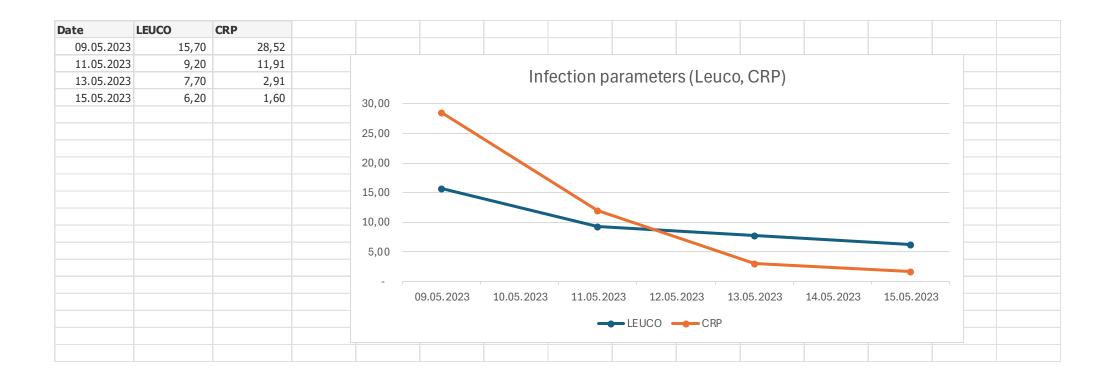


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Analyses on patient level



Analyses on patient level (work in progress)





- Analyzing the suitability of cost weights is a crucial step in DRG introduction
- If foreign weights do not fit
 - Check options
 - Take decisions
 - Implement
- Evaluate regularly

