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### Modelling Mortality and Discharge of Hospitalized Stroke Patients using a Phase-Type Recovery Model

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#### Outline





3 Parameter Estimation



#### Motivation

• Strokes cause severe impediments for those afflicted

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- Modelling patient recovery LOS is needed to limit cost while ensuring adequate provision of health care resources

#### Background

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- Cerebral Infarctions occur when there is a clot in a vein. If clot-busting drugs are administered quickly, recovery prospects can be very good.
- Transient Ischemic Attacks (TIAs) are the least severe of all, and are often referred to as 'mini-strokes'.

#### Relevant Literature on LOS Modelling

- Faddy & McClean (2000) address LOS of geriatric patients.
- Marshall & McClean (2003) introduced idea of conditional PH models for LOS modelling.
- Heterogeneity by such factors as age, type of stroke, etc considered by Marshall & McClean (2004), Faddy & McClean (2000), Harper et al (2012) to explain differences in patient flow characteristics

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#### Summary Statistics for Our Dataset

Table: Summary by Type of Stroke and Mode of Discharge

Discharge Counts						
Mode of Discharge	Haemorrhagic	Infarction	TIA			
Death	65	125	13			
Nursing Home	5 59		8			
Usual Residence	69 432		389			
Average Lengths of Stay (days)						
Mode of Discharge	Haemorrhagic	Infarction	TIA			
Death	18.3	34.6	37.5			
Nursing Home	85.5	83.7	25.8			
Usual Residence	51.3	31.9	8.2			

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- In contrast, Infarctions are rarely 'severely ill'; for parsimony, we envisaged them as sharing the 'moderately ill', and 'normal recovery' stages with the Haemorrhagic patients.

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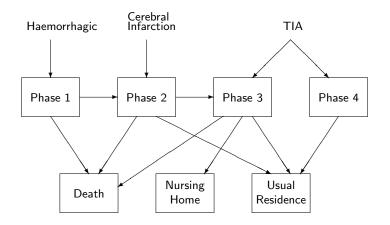
#### Our Phase-type Model for Stroke Recovery (Cont'd)

- Transient Ischemic Attacks (TIAs) are even less severe, and are occasionally never diagnosed. Plots of the data revealed that a hyper-exponential mixture seemed appropriate.
- The (relatively) more severe TIAs shared the 'normal recovery' stage with the foregoing groups, while the really short TIAs had an even shorter mean duration.

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### The Resulting State Transition Diagram



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#### Parameters Used in our Model

- Transition rates that are independent of age include the mortality rates μ<sub>i</sub>, as well as discharge rates ν<sub>i</sub> to nursing home and ρ<sub>i</sub> to regular residence; i = 1, 2, 3.
- Parameters that depend upon patient age x include the probability p(x) that the TIA recovery starts in stage 4, and the transition rate  $\lambda_i(x)$  denotes the rate of transition from state i to i + 1 where i = 1, 2.
- The probability takes the form  $p(x) = e^{-exp(\theta_0 + \theta_1 x)}$ . The transition rate takes the form  $\lambda_i(x) = e^{\gamma_i + \beta_i x}$ ; i = 1, 2.

#### A Phase-type Construct That Sheds Insight

Let  $\mathbf{T} = (t_{ij})$  be a 4 × 4 matrix of transition rates among transient states and  $\mathbf{T}_A = (t_{ij})$ ; i = 1, 2, 3, 4; j = 5, 6, 7 be a 4 × 3 matrix of absorption rates to the various discharge modes (death, nursing home, and usual residence, resp.). Given an initial distribution of recovery phases  $\alpha$ , one finds

$$f_X(x \mid \boldsymbol{\alpha}, \mathbf{T}, \mathbf{T}_A) = \boldsymbol{\alpha}' \exp(\mathbf{T}x) \mathbf{T}_A \mathbf{1}_3, \ x \ge 0.$$
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The 4 × 3 matrix  $\mathbf{P} = (-\mathbf{T})^{-1}\mathbf{T}_A$  can be interpreted as the probability of absorption into the various discharge modes (death, nursing home, or regular residence), for each of the recovery phases.

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#### Theoretical Constructs for Parameter Estimation

• We employed an iterative maximum-likelihood procedure to estimate our 16 parameters.

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Preliminaries

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- Our shared states enable us to determine the parameter estimates iteratively.
- We start by considering only the TIA patients to determine initial estimates of the final stages.
- We then add the Infarction patients to the mix, and re-estimate the final-stage parameters while gaining initial estimates for the 'moderately ill' stage.
- We finally add the Haemorrhagic patients to the mix, and re-estimate all the foregoing parameters as well as for the 'seriously ill' stage.

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#### Parameter Estimates

Parameter	Estimate	Std Error	Z-Stat	p-value		
$\gamma_1$	6.63570	1.21893	5.44388	0.00000		
$\beta_1$	-0.03652	0.01631	-2.23902	0.02515		
$\gamma_2$	-3.06931	1.22697	-2.50153	0.01237		
$\beta_2$	0.07153	0.01667	4.29057	0.00002		
$ heta_0$	-8.66118	1.48644	-5.82680	0.00000		
$\theta_1$	0.08801	0.01828	4.81391	0.00000		
$\mu_1$	22.10156	4.95434	4.46105	0.00001		
$\mu_2$	2.48820	0.37993	6.54912	0.00000		
$\mu_{3}$	1.56162	0.20294	7.69509	0.00000		
$\nu_3$	1.27849	0.17391	7.35165	0.00000		
$ ho_2$	11.76860	0.99634	11.81180	0.00000		
$ ho_3$	3.41989	0.38393	8.90762	0.00000		
$ ho_{ extsf{4}}$	63.92514	4.11394	15.53865	0.00000		
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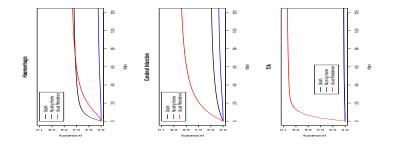
## Ultimate Destination Percentage by Age and Type of Stroke

Age 65						
	Death	Nursing Home	Usual Residence			
Haemorrhagic	38.5	4.0	57.5			
Cerebral Infarction	19.4	5.2	75.5			
TIA complex	24.9	20.4	54.6			
TIA simple	0	0	100.0			
Age 85						
	Death	Nursing Home	Usual Residence			
Haemorrhagic	52.5	7.3	40.1			
Cerebral Infarction	21.9	12.0	66.1			
TIA complex	24.9	20.4	54.6			
TIA simple	0	0	100.0			
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# Cumulative probability of discharge by type of stroke and destination



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