# Artificial Neural Networks to Predict Infection in the Surgical Site in Patients over 70 Years Old

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## **Background**

This research represents an experiment on surgical site infection (SSI) in patients **over 70 years old, who underwent surgery procedures** in hospitals in Belo Horizonte,

Period: between July 2016 and June 2018.

### Objectives:

- 1 Statistically evaluate SSI incidences
- 2 Enable a study of the prediction power of SSI of pattern recognition algorithms based in Multilayer Perceptron (MLP).

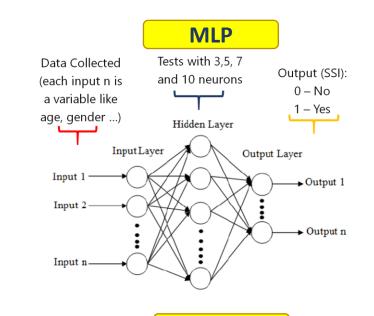
### **Methods**

Data were collected on SSI in five hospitals.

The Hospital Infection Control Committees (CCIH) of the hospitals involved collected all data used in the analysis during their routine SSI surveillance procedures and sent the information to the Nosocomial Infection Study Project (NOIS) through the Software Automated Hospital Infection Control System (SACIH) to collect data from a sample of hospitals.

Three procedures were performed:

- 1 A treatment of the database collected for use of intact samples;
- 2 A statistical analysis on the profile of the hospitals collected
- 3 An assessment of the predictive power of **five types of MLP** (Backpropagation Standard, Momentum, Resilient Propagation, Weight Decay, and Quick Propagation) for SSI prediction. They were compared by measuring AUC (Area Under the Curve ranging from 0 to 1) presented for each of the configurations.



# Receiver operating characteristic example

False Positive Rate

**AUC** 

### Results

From 11,277 records, 3,350 were complete for analysis.

It was found that:

- The average age is **79 years** (from 74 to 84 years);
- The average surgery time is 123 minutes;
- The average hospital stay is 58 days (with a maximum of 114 days),
- The death rate **reached 7.1%** and that of **SSI 2.59%**.

A maximum prediction power of 0.642 was found.

### **Conclusion**

There was a loss of almost 70% of the database samples due to the presence of noise, however it was possible to evaluate the profile of the five hospitals.

The predictive process, presented configurations with results that **reached 0.642**, what promises the use of the structure for the monitoring of automated SSI for patients over 70 years submitted to surgeries.

To optimize data collection and enable other hospitals to use the SSI prediction tool (available in www.sacihweb.com), two mobile application were developed:

- 1 for monitoring the patient in the hospital
- 2 for monitoring after hospital discharge.



ROC curve (area = 0.79





