The LIDIC Hackathon: LInked Data Innovation Challenge

PRE-CONFERENCE WORKSHOP: INTERNATIONAL POPULATION DATA LINKAGE NETWORK MEETING
SEPTEMBER 11, 2018
Mentoring Team

- Lisa Lix, University of Manitoba, Canada
- Claudian Sanmartin, Statistics Canada
- Dan Sanai, IBM
Format for Today

• Ask questions about the data and analytic approaches

• Work in small groups – define question, analysis, presentation goals

• Connect at about 3:30 and have a break: what are key learnings and questions

• Confirm presentations on Friday morning: 8:30 time slot
Objectives

- To encourage innovative thinking about complex linked databases
- To stimulate interdisciplinary and inter-jurisdictional data collaborations
- To facilitate an environment for creative thinking about data
- To promote networking amongst participants
EMERGENCY WAIT TIMES

INTAKE FACTORS
- 610: Patients served by ambulance
- 189: Patients served by walk-in
- 40%: Low Urgency
- 38%: Medium Urgency
- 16%: High Urgency
- 11%: Very High Urgency
- 1 to 5: Patients served without seeing a doctor

ED FACTORS
- Patients receive some type of diagnostic test during 52% of ED visits
- Testing patients: The presence of waiting, performing, and reviewing test results creates many steps and can be very time consuming

HOSPITAL FACTORS
- 32% of ED visits result in patients being admitted to hospital

MYTH: ED waits are due to the high volume of people in Winnipeg. 10% or any given time
FACT: High volumes of less urgent patients in the ED have very little impact on the wait times of patients with higher urgency conditions

MYTH: ED processes have little to do with waiting times
FACT: Longest Effect: The number and type of diagnostic tests performed has the largest impact on wait times in the ED

RECOMMENDATIONS
- Have a more informed discussion about ED patients
- Consider changing ED processes and guidelines to significantly reduce ED wait times
- Gain a better understanding of hospital transitions
CHARACTERISTICS OF MANITOBA’S CHILDREN IN CARE

Children who have ever been in care before age 15

1.7% of all non-Indigenous children

22.4% of all First Nations children

10,293 Children in Care, 2014
87% Indigenous

33% of children enter into care at less than 1 year of age

1/4 of those kids stay in care > 12 years

11% Developmental disabilities
5% Seizures, Cognitive impairment & FASD
32% Mental disorders
3% SUD, ADHD, Mood disorders

Birth mother
41% Under 18 at first birth
13% Reported alcohol or drug use during pregnancy

To view the full report please visit:
Suggestions to Achieve Goals

• Divide tasks amongst team members and assess team strengths

• Narrow question focus

• Analytic tools: Use a combination of previously-used and new (to you) techniques

• Mentorship team members are here to help!