

International Journal of Population Data Science

Journal Website: www.ijpds.org



Accuracy of EMR-based algorithms for Adverse Event Detection

Danielle Southern¹, Cheligeer Cheligeer², Guosong Wu³, Cathy Eastwood¹, Yong Zeng⁴, Bastien Boussat⁵, Ward Flemons⁶, Alan Forster⁷, Yuan Xu⁸, and Hude Quan⁹

¹Centre for Health Informatics, Cumming School of Medicine, University of Calgary, Calgary, Canada

²Alberta Health Services, Calgary, Canada

³Department of Healthcare Analytics, Cape Breton University, Sydney, Canada

⁴Concordia Institute for Information Systems Engineering, Gina Cody School of Engineering and Computer Science, Concordia University, Montreal, Canada

⁵Clinical Epidemiology and Quality of Care Unit, University Grenoble Alpes, Faculty of Medicine, Grenoble University Hospital, Grenoble, France

⁶Department of Medicine, Cumming School of Medicine, University of Calgary, Calgary, Canada

⁷Department of Medicine, Faculty of Medicine and Health Sciences, McGill University, Montreal, Canada

⁸Department of Oncology, Cumming School of Medicine, University of Calgary, Calgary, Canada; Department of Surgery, Cumming School of Medicine, University of Calgary, Calgary, Canada

⁹Department of Community Health Sciences, Cumming School of Medicine, University of Calgary, Calgary, Canada; Centre for Health Informatics, Cumming School of Medicine, University of Calgary, Calgary, Canada

Background

Adverse events (AEs) are often measured using administrative data, which has validity limitations. Electronic Medical Records (EMRs) provide rich, unstructured data that can improve AE detection through data science methods. Objective: To evaluate the accuracy of EMR-based algorithms for AE detection and estimate AE prevalence.

Conclusion

NLP-based algorithms applied to EMRs show strong performance despite low AE prevalence, offering a scalable approach to enhance AE surveillance and patient safety.

Methods

We conducted a retrospective chart review validation study at a tertiary-care hospital (population ~1.5M). Adult patients admitted between 2017–2022 with discharge summaries or narrative EMRs were included; only the most recent admission was analyzed. Seventeen algorithms were developed for specific AE categories and an overall “any AE” category using natural language processing (NLP) and machine learning. Prevalence, sensitivity, specificity, PPV, NPV, and model performance (AUC, accuracy, F1 score) were calculated using chart review as a reference.

Results

Of 10,939 charts, 10,659 were linked to discharge data; 2,069 patients had ≥ 1 AE. AE prevalence ranged from 0.2%–6.0%. Sensitivity and specificity varied (57%–100%, 74%–96%). For “any AE,” sensitivity was 63%, specificity 94%, PPV 72%, NPV 91%. Overall algorithm performance: AUC 78.4% (95% CI, 76.0–80.8), accuracy 87.6%, F1 score 67.2.

