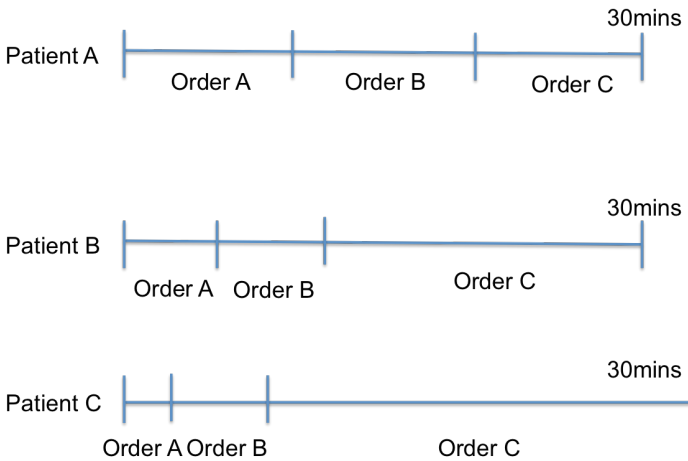
SUPERVISOR MEETING MINUTES #5

Date: 11 February 2015
Time: 10.30am
Venue: SIS-Meeting Room 4.1

Attendees: Prof Kam
Faris
Jinq-Yi
Marcus

Apologies: nil
Agenda:
1. Project update to Prof Kam
2. Any other business

	Note	Action	Due Date
1	Comments made by Prof Kam when we discussed our approach for the project were: • We should not underestimate and should understand the complexity of the analysis of LOS in our context. Some questions raised by Prof Kam were – Three patients (A, B & C) are to take three identical orders but the duration of each order taken is different. How can we determine the factors affecting the LOS in this case? We do not have data such as the demographic of the patience or other factors that might affect the LOS of patient. If we just do it generally (e.g. the types different combination type of order), the model will not be accurate. *Refer to the illustration below:*  • Due to the limitation of our data set (e.g. the accuracy of time stamp, demographic of patients, other factors that we may not see it now), we should try to understand the		

	data and discover the abnormality in the data and not just treat the extreme rows as outliers as they might be crucial in determining the factors of LOS. In order to build a predictive model, we need have a better understanding to see whether the data can really be used as the input / factors. *T is the Test, V is the Value (results)* $LOS = f(T_n, V_t)$ Patient with Stroke T_1 – cleared T_2 – Retest, cleared T_3 – Retest, cleared T_4 – Retest, LOS → Then what??? • In AP, we can emphasis on recognizing whether our model is flawed. We should focus more on exploratory analysis instead - question the dataset and try to answer the questions and use them as guide to support model building. We can write a 10 pages detail report on what we discover in the data/ explain why is the model not working. • We should approach this project in two phases: 1. Data exploratory (by mid-term we should be to show our exploratory results – highlight our discovery) 2. Predictive model (we can still build – but this model may not be accurate, so "use at your own risk") Team needs to: - Revise our proposal – title does not match what we are really doing, since we are not doing simulation anymore, for SMU side we got to be more specific. - Things like we are going to focus only the P3 should be included in our proposal – narrow the scope. - For the subsequent meeting with client, check with Prof Kam's schedule. It's good if supervisor can also sit in the meeting. - Modify format for minutes to include outstanding tasks at the bottom. To do when we meet client tomorrow: 1. Address the above questions. When client explains, we should have an open mind to follow his thinking and see whether we can work things out based on his thinking 2. Ask for permission to record (if possible) the procedures of ED and or the details given by client.		
2	Prof Kam prefers to meet us on a weekly basis. We have to show him what we have done for the week and constantly engage with our sponsor (getting feedback) so that we		

	are on the right track. For internal reports / presentations, we should keep our client's identity as "one of the local hospitals".		

The meeting was adjourned at 12pm. These minutes will be circulated and adopted if there are no amendments reported in the next three days.

Prepared by,

Jinq-Yi