

# Rise to the Top: Leveraging Quantitative Analytics for Operation Agents Stratification

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## ABSTRACT

Quantitative analytics helps to prioritise operations or risks according to their impact on the risk stratification process. Quantifying enables individuals to focus on resource allocation considering the likelihood of risk by ensuring an effective and efficient risk stratification strategy. This study has conducted a systematic review of evaluating the effectiveness of quantitative analytics for operation agent stratification by considering both quantitative and qualitative data. The findings have revealed that quantitative analytics act as a crucial role in identifying risks and uncertainties, especially in healthcare settings in terms of operation stratification.

**Keywords:** Operation Agent Stratification, Quantitative Analytics, Healthcare Settings, Patient Health Outcomes, Risk Stratification.

## INTRODUCTION

### A. Background to the Study

Leveraging quantitative analytics is essential to make effective decisions that enable identifying trends, assessing risks and improving performance by analysing data systematically and objectively. Besides, operation stratification is essential as it helps in identifying high-risk patients and enables healthcare professionals to tailor effective treatment plans, guide them in postoperative management and assess benefits and risks. Ultimately, it leads to improved resource allocation and patient outcomes in healthcare organisations [1]. Operation stratification is referred to as risk stratification which is a process to divide patients into groups according to their risks of adverse outcomes like complications or death after or during surgery.

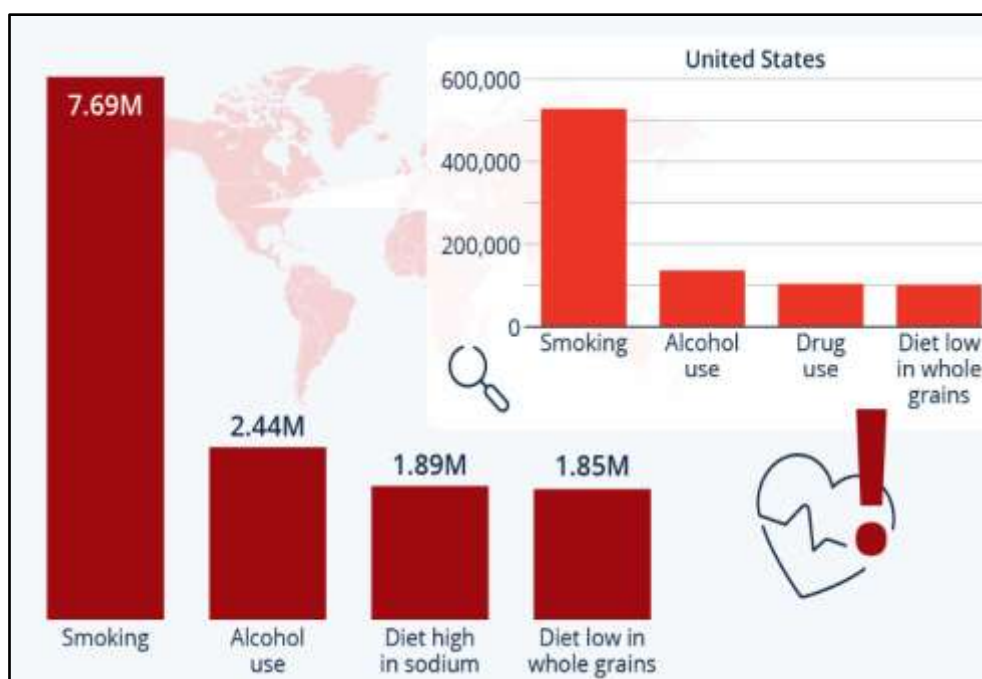


Figure 1: Deadliest behavioural risk factors

[2] Figure 1 above shows the behaviour least factors that led to the high number of deaths in the year 2019 in the United States. The statistical figure highlights that smoking is the main behavioural ref factor that leads around “7.69 million people” to death while drinking alcohol leads to nearly “2.44 million people” to death [2]. Thus, this study has shed light on evaluating the importance of leveraging quantitative analytics in terms of operation agent stratification.

## **B. Overview**

Leveraging quantitative analytics is essential as it helps different organisations to make effective decisions to safeguard reputation, assets and other factors that lead to maintaining a positive image. In addition, quantitative analytics attempts to rate risks according to their likelihood and severity, leading to delivering targeted mitigation ways [3]. The integration of quantitative analytics helps in improving data quality by organising data and separating them into meaning layers or groups. Consequently, it helps in identifying patterns and understanding problems effectively.

## **C. Problem Statement**

Operation stratification helps in identifying the risks according to likelihood which leads to implementing a respective mitigation strategy. However, the potential for low accuracy and the requirements for difficult models to improve them are the main issues identified during operation stratification [4]. Nevertheless, it focuses on managing populations and personalised care, such models are used which are often not accurate and complex. In addition, inadequate data to calculate the requirement of algorithmic and procedural changes for accommodating help and lack of resource and stopping capacities are other problems related to operation stratification.

## **D. Objectives**

The research objectives are: 1. To understand the concept of operation agent stratification. 2. To evaluate the significance of leveraging quantitative analytics for operation agent stratification. 3. To identify the issues of leveraging quantitative analytics in terms of operation agent stratification. 4. To recommend possible strategies to overcome the issues while leveraging quantitative analytics for operation agent stratification.

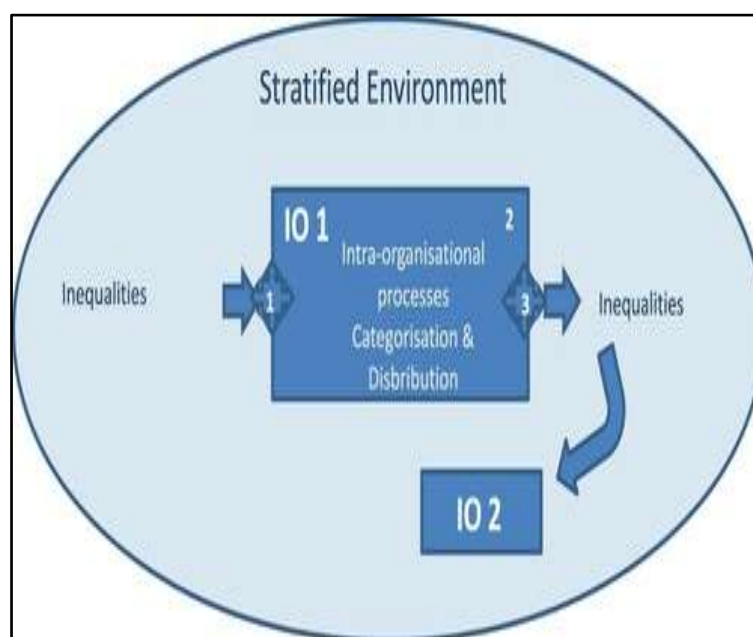
## **E. Scope and Significance**

The significance of this study is that it provides a detailed overview of the necessity of leveraging quantitative analytics for operation agent stratification. This study would provide an in-depth analysis of the major impacts of quantitative analytics on operation stratification in different organisations, especially in healthcare settings for patient health assessment. However, the problem statement of this study would highlight the possible risk factors that may lead to difficulties in leveraging quantitative analytics in terms of operation agent stratification.

## **LITERATURE REVIEW**

### **A. Concept of operation agent stratification**

Operation certificate is a process to divide or arrange data objects and people into distinct layers or groups to facilitate understanding and analysis. Operation stratification refers to risk stratification that includes categorising procedures or patients according to the predicted risks of adverse complications or outcomes. As a consequence, it leads to effective resource allocation and targeted intervention [5]. In a similar way, operation stratification categorizes different factors which have been determined by other driving forces such as patient medical history, the complexity of treatment, type of procedure or surgery and the likelihood of their health condition. The main focus of operation stratification is on identifying patients who are at high risk and tailoring resource allocation and interventions accordingly [6].



**Figure 2: Stratified environment**

#### **[6] B. Significance of leveraging quantitative analytics for operation agent stratification**

Leveraging quantitative analytics stores information securely to deliver outcomes according to the accumulated data. In the context of healthcare organisations, quantitative analytics store patient data positively like medical history, lab results, patient treatments and prescriptions. While quantitative analytics accumulate and display information, they have inadequate real-time data analysis capability, which is a gap which is filled by real-world healthcare quantitative analytics [7]. Likewise leveraging quantitative analytics is significant in detecting sepsis. According to the CDC, sepsis claims around 350,000 adult lives every year in the US. In that case, early detection acts as essential yet challenging because of symptom overlap with other health issues. Nevertheless, quantitative analytics blended with other latest technology to improve the sepsis detection rate by around 32% [7].

#### **C. Issues of leveraging quantitative analytics in terms of operation agent stratification**

In the context of healthcare settings, leveraging quantitative analytics leads to data privacy concerns. The reason behind this is patient details including insurance information, diagnosis and medical history are highly sensitive and also subject to regulations, especially HIPAA [8]. On the other hand, lack of standardization is another issue that is identified during leveraging quantitative analytics for operation agent stratification. Different electronic health record systems use incompatible formats which makes it difficult to integrate information from different sources. Moreover, limited interoperability among electronic health record systems and outside hinders the sharing of data and analysis properly [9].

#### **D. Strategies related to leveraging quantitative analytics for operation agent stratification**

The identification of risk factors, implementation of targeted intervention and use of data stratification tools on the selected risk group have been considered as suitable strategies associated with operation agent stratification. Focusing on optimising risk factors prior to surgery like smoking cessation, addressing commodities and medication adjustments helps in improving operating stratification during the stage of preoperative optimisation [10]. Apart from that, using appropriate data analysis as well as stratification tools would be helpful for implementing suitable screening tests. As a result, it helps in identifying patients who are at high risk for particular complications and implementing some targeted interventions for providing suitable treatment to those patients.

### **METHODOLOGY**

#### **A. Research Design**

The suitable research design which has been selected for conducting this particular systematic review to evaluate the necessity of leveraging quantitative analytics for operations agent stratification is the “Exploratory Design”. Selecting the exploratory design is used in most research works which have little prior knowledge of the research concepts [11]. For this reason, selecting this design allows gaining detailed insights into the impact of quantitative analytics in operation stratification by using previous studies. The flexibility, as well as adaptability of this design, allow the researcher to refine the developed research questions to delve deeper into the research topic. This design has a cause-and-effect understanding which is suitable for determining the main reason for using quantitative analytics for operations agent stratification.

#### **B. Data Collection**

This particular study has followed the “Mixed Method” by considering both “Secondary Qualitative and Quantitative data” to determine the major impacts of leveraging quantitative analytics for operations agent stratification. Qualitative information accumulated by using secondary resources such as books, academic journals, articles, studies and websites collects quality inside on quantitative analytics which is effective for operation agent stratification.

Apart from that, the quantitative data was gathered from the existing studies and statistical information which highlight the way of leveraging quantitative analytics for operations agent stratification. The secondary data collection method is quicker to accumulate information than primary data as secondary data provides more time to analyse them [12]. Additionally, by using existing databases, the researcher can access information which would otherwise not be possible to collect by following the primary research method.

#### **C. Case Studies or Examples**

##### **Case Study 1: Types of stratification tools in emergency surgery**

Risk stratification tools have facilitated a comparison of different types of surgical outcomes among hospitals, healthcare systems and surgeons. The population level comparison form is a basic quality measurement process in surgical care. In the context of perioperative settings, the risk stratification tools help in objective fine clinical trial processes and quantifying the probability of mortality and mortality [13]. Risk stratification tools support the entire process of decision-making in emergency surgery settings and aid in the informed consent process.

**Case Study 2: Risk stratification for acute kidney injury in non-cardiac surgery by using intraoperative and preoperative data**

Acute kidney injury is a post-operative complication that occurs in 12% of patients who undergo surgical procedures which is related to poor clinical outcomes including chronic kidney disease development, increasing healthcare use and death. Due to describing the relationship between mortality and AKI, there is an interest in improving risk stratification for every postoperative AKI among 40 million patients who undergo non-cardiac surgery in the US every year [14]. Adding vital science and other information related to patient treatment improves the entire process of risk stratification for post-operative complications and that information yields improvements in risk stratification for acute kidney injury.

**Case Study 3: Operation agent stratification by using multi-parametric MRI and clinical risk factors**

In the contacts of prostate cancer, the multi-parametric MRI supports risk stratification by blending clinical risk driving forces with the findings of multi-parametric MRI. Consequently, it enables appropriate assessment of the disease aggressiveness and guides treatment decisions involving radical treatment or active survival [15].

**D. Evaluation Metrics**

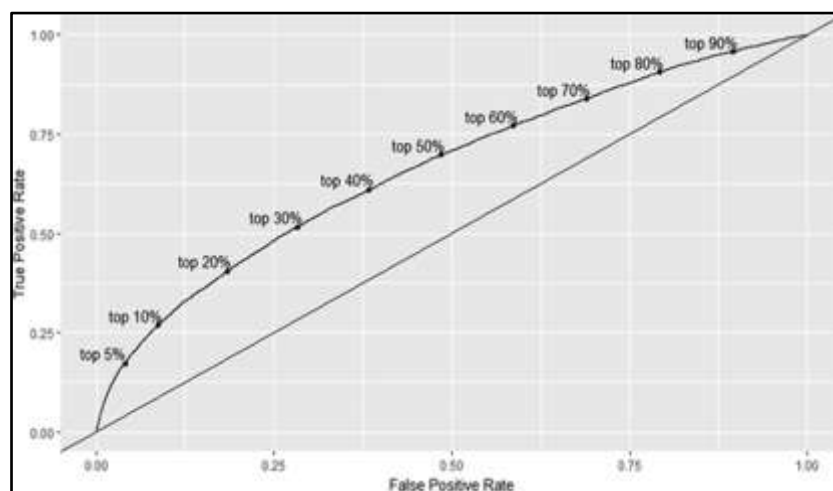
**Table 1: Evaluation Metrics**

| Metric                     | Description  | Purpose  |
|----------------------------|--|--|
| Multiple linear regression | Estimates the relationship between quantitative analytics and operation stratification.  | Assesses the accuracy of quantitative analytics in operation stratification [3].   |
| Random forest              | Combines different decision trees to make suitable predictions of the significance of operation stratification.                    | This metric is used to handle missing information to minimise the risks of death among patients [6].   |
| LASSO regression           | Builds predictive models to understand the complex relationship between operation agent stratification and quantitative analytics. | This metric focuses on achieving model simplification and feature selection by shrinking coefficients of less essential variables to zero [8]. |
| Backward elimination       | Define and calculate the time length of every task related to leveraging quantitative analytics.                                   | It identifies relevant features in data sets to remove less vital ones and improve model performance [9].                                      |

(Source: Self-developed)

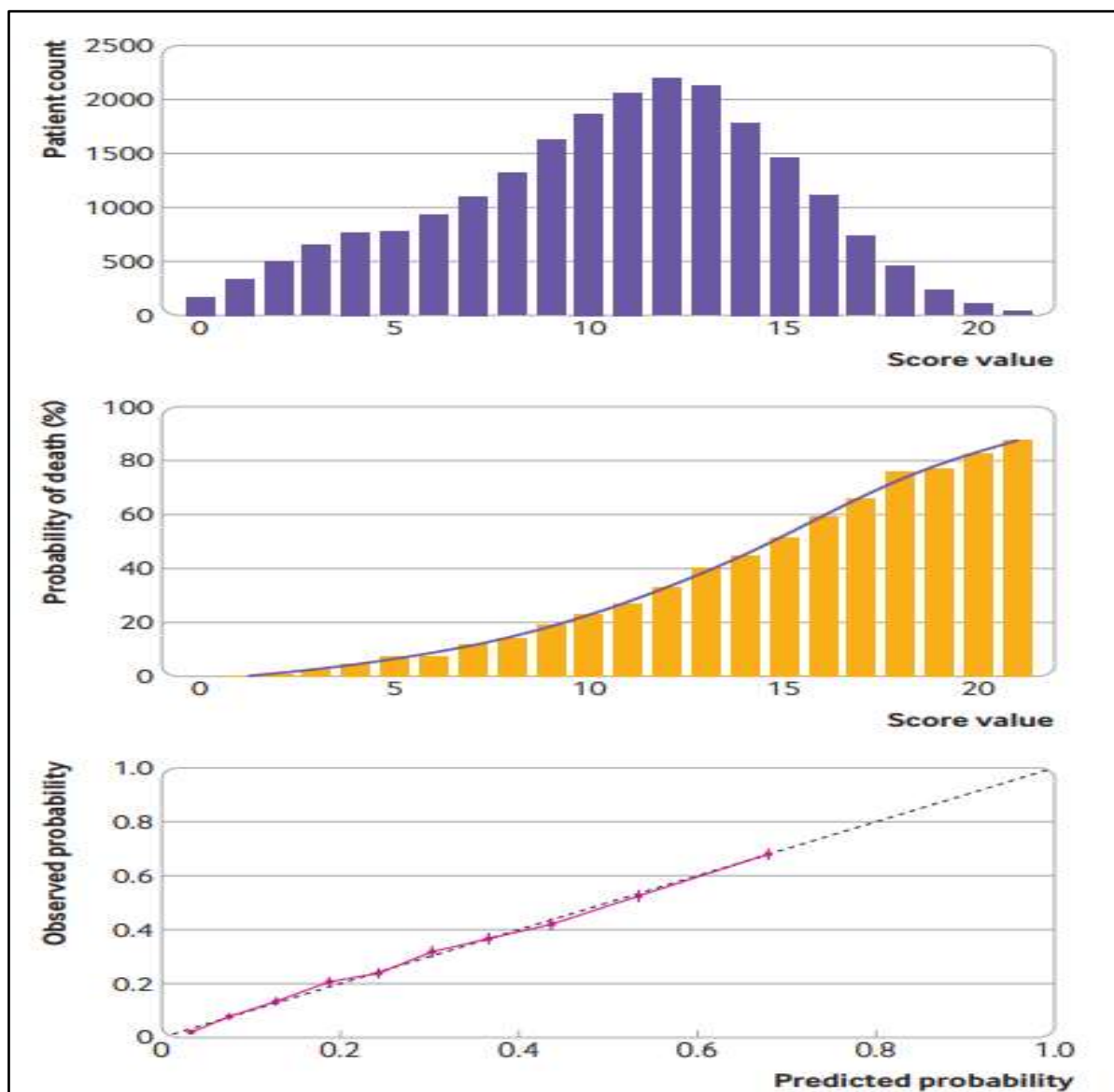
**RESULTS**

**A. Data Presentation**



**Figure 3: Risk stratification of receiver operating characteristics**

[16] Figure 3 above highlights the curve of receiver operating characteristics for the final model. The labelled points have indicated the corresponding location of risk stratification for the indicated quantiles [16]. Moreover, the diagonal reference is a line of “no discrimination” and corresponds to the performance of random guesses.



**Figure 4: Model validation of Covid patients based on patient count, probability of death and observed probability**

[17] Figure 4 above highlights the discrimination of the “4C Mortality Score” in the validation cohort which was quite similar to the XGBoost model. A calibration was identified as excellent in the validation cohort in which 30.1% while predicted mortality was similar and calibration was excellent across the risk range. The mortality score highlights a good performance in the clinically associated Matrix across the range of cut-off values [17]. The above figure has also explained that the number of patient counts and the probability of death among patients increases gradually which leads to an increase in the probability of other comorbidities.

## **B. Findings**

Risk stratification by using receiver operating characteristics curves includes quantifying and visualising the performance of tests or models in distinguishing between two outcomes such as no disease vs. disease across numerous thresholds. As a result, it helps to identify an optimal cut-off point to assess the risk [16]. Besides, the “4C Mortality Score” utilises clinical observations, blood parameters and patient demographics which are available at hospital admission times and appropriately characterise patient populations who are at high risk of death in the hospital [17].

### C. Case Study Outcomes

**Table 2: Case Studies Key Outcomes**

| Case Study  | Key Outcomes  |
|---|---|
| <b>Case Study 1: Types of stratification tools in emergency surgery</b>   | Risk stratification tools utilise patient details like their age diagnosis, medical history and hospital attendance patterns accumulated by different types of community care services. It is associated with data collected in general practitioner practices and evaluated to produce risk scores. Risk stratification tools have facilitated a comparison between hospitals, healthcare systems and surgeons [13]. Search population level distinguish form is the basic measurement of surgical care quality. |
| <b>Case Study 2: Risk stratification for acute kidney injury in non-cardiac surgery by using intraoperative and preoperative data</b> | Risk stratification utilising intra and preoperative data for acute kidney injury in “non-cardiac surgery” helps in identifying patients who are at high risk. Therefore, it leads to better management and prevention strategies, improving positive patient outcomes [14]. The risk stratification model helps in predicting which patient is at high risk of AKI development after “non-cardiac surgery”.  |
| <b>Case Study 3: Operation agent stratification by using multi-parametric MRI and clinical risk factors</b>                           | The utilisation of clinical risk factors and “multi-parameters MRI” for operation agent stratification in prostate cancer leads to risk stratification effectively. Consequently, it reduces unnecessary biopsies and guides treatment decisions. By combining the findings of “multi-parametric MRI” with “clinical risk factors” such as PSA levels, digital rectal examination and age, medical professionals can identify patients who are at high risk of clinically significant cancer [15].                |

(Source: Self-developed)

The above table provides a detailed overview of key findings of case studies on leveraging quantitative analytics for operation agent stratification and emphasises the main concept of operation agent stratification.



#### **D. Comparative Analysis of Literature Review**

**Table 3: Comparative Analysis of Literature**

| <b>Author</b> | <b>Focus</b>   | <b>Key Findings</b>  | <b>Literature Gap</b>   |
|---------------|--|--|---|
| [5]           | Assessing the criterion and construct validity of quantity analytics developed classification to assess intraoperative adverse events.   | Intraoperative complications are evaluated daily until patients are discharged.  | Lack of real-life examples of risk stratification.  |
| [6]           | Evaluating IOs transform and reproduce a wide stratification pattern in the global social environment.                                   | IOs do not reflect the multi-dimensional stratification patterns which structure global society yet contribute to transformation and reproduction through symbolic practices and inter-related material.     | Lack of transparency on the use of methods.   |
| [7]           | Exploring the use of quantitative analytics for risk stratification  | Most individuals who developed sepsis have at least a single underline comorbidity like a weak immune system or chronic lung disease.  | Lack of transparency on the use of methods.   |
| [8]           | Discussing the effectiveness of HIPAA protecting health information by implementing quantitative analysis                                | Leveraging quantitative analytics for operation agents' stratification creates difficulties due to numerous reasons such as data security, algorithmic bias, data standardisation and data interoperability. | Inadequate information on the significance of quantitative analytics for operation stratification |
| [9]           | Evaluating whether data is recorded daily according to the health care process.  | There are different stages to process patient health data that are used to keep proper treatment to patients.  | Discussing the use of electronic health records.  |
| [10]          | Defining value-based patient care in cardiovascular anaesthesiology including past present and future perioperative cardiovascular care. | The findings revealed a historical perspective on healthcare reimbursement by defining the value since it pertains to cost, service and quality.   | Lack of inclusion of real-life examples in the research context.                                  |

(Source: Self-developed)

A small summarization of existing literature was discussed in Table 3 above along with including the gaps present in the previous literature.

## **DISCUSSION**

### **A. Interpretation of Results**

The findings have highlighted the application of stratification tools in emergency surgery like acute kidney injury and other non-cardiac surgeries. The use of receiver operating characteristics in risk stratification involves the quantification of model performances so that the two outcomes can be differentiated [17]. Different models like XG Boost and 4C Mortality score were identified that allow efficient calibration of the performance of operation stratification. Stratification also allows for identifying clinical risk factors that can eliminate the need for unnecessary treatment and safeguard the health and well-being of patients. Quantitative analysis is more helpful in this case as it provides an overview of the risk landscape in operations stratification that enhances resilience towards uncertainty.

### **B. Practical Implications**

The separation of data in operations stratification is important mostly in the context of complex data analysis. By breaking down large data segments into manageable groups, stratification will make it easier for personnel within healthcare and other industries to identify potential risks and make informed decisions on relevant interventions [14]. This research has highlighted the importance of risk reporting stratification through quantitative analysis by providing a summary of the different quantitative risk assessment reporting processes available for stratification. This information is likely to benefit health organisations that are uncertain about the consequences of leveraging these advanced techniques.

### **C. Challenges and Limitations**

Following the mixed-method approach was undeniably a challenge in this research as it was time-consuming and the complex processes required a wide number of resources that could be utilised elsewhere. Most importantly, only secondary data was collected and hence, ensuring the availability of sufficient relevant information on operation stratification was a problem as well. One limitation of this research is that the findings might have been unnecessarily specific to the healthcare sector and hence, the applicability of the information to wider scenarios is limited.

### **D. Recommendations**

While architecting stratification programs, organisations might find it difficult to organise the huge number of loss event scenarios into the reporting of risk identification. The stratification reports need to be tailored so that the information generated through quantitative risk analysis is useful to the audience to whom it would be presented. It would be ideal to introduce stratification through multiple sources. This might include policy exceptions, audit findings, incident management reports or threat observations among others. This pipeline of observations has to be evaluated constantly.

## **CONCLUSION AND FUTURE WORK**

Operation stratification involves the risk identification processes, especially in healthcare settings. This research revealed the level to which leveraging quantitative analytics in this context can help healthcare organisations stay ahead of operational risks. Different loss-event scenarios were explored to identify the importance of operations stratification. However, for future studies, it would be advisable to explore the challenges associated with applying quantitative analytics in operations stratification.

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