Patient Outcome Predictive Analytics Training Course

2 – 6 November 2026
San Diego

AGILE LEADERS
Training Center

AGILE LEADERS
Training Center

Patient Outcome Predictive Analytics Training Course

Ref: 864_165324 **Date:** 2 – 6 November 2026 **Location:** San Diego **Fees:** 14000 Euro

Overview

Patient Outcome Predictive Analytics Training Course is a one-week course for healthcare analytics, quality, clinical operations, and planning professionals who leave with a Patient Outcome Model Evidence Pack. Participants define outcomes, prepare health data, build a clinical prediction model, evaluate discrimination and calibration, perform external validation, examine subgroup fairness, and plan model monitoring. The course connects statistical performance to workflow decisions while keeping governance boundaries visible. Agile Leaders Training Center develops patient outcome predictive analytics practice.

Who Should Attend

- Healthcare analytics functions responsible for preparing data and evaluating prediction models
- Quality functions responsible for outcome measures, improvement evidence, and performance review
- Clinical operations functions responsible for translating risk estimates into controlled workflows
- Planning functions responsible for capacity, demand, and service-outcome scenarios
- Data governance functions responsible for access, lineage, monitoring, and review records

The course assumes participants can work with tabular data and interpret basic statistics; it leaves out diagnosis, treatment selection, software engineering, medical-device approval, and advanced mathematical derivations.

Departments and Industries

The course supports departments and industries that use patient-outcome evidence for analytical and operational decisions.

- Healthcare analytics, quality improvement, clinical operations, and service planning
- Hospitals, outpatient networks, diagnostic services, and rehabilitation providers
- Health insurers, benefits administration, and population-health services
- Pharmaceutical services, health technology, research operations, and care coordination

Learning Objectives

By the end of this course, participants will be able to:

- Use an outcome-definition canvas to frame a prediction problem.
- Build an auditable dataset and feature register.
- Analyze discrimination, calibration, and prediction error.
- Compare internal and external validation evidence.
- Evaluate subgroup performance, workflow fit, and governance boundaries.
- Build a monitoring and review plan for model-supported decisions.

AGILE LEADERS
Training Center

Course Agenda

Day 1: Frame the Outcome Question

- Patient Outcome Definition and Time-Horizon Canvas
- Target Population and Use-Context Map
- Predictor Availability and Measurement Register
- Decision Pathway and Human Review Diagram
- Data Lineage and Access Boundary Record

Day 2: Prepare Modeling Evidence

- Cohort Inclusion and Exclusion Flow Diagram
- Missing-Data Pattern and Handling Log
- Outcome Prevalence and Class-Balance Profile
- Feature Definition and Leakage Check Register
- Training, Validation, and Test Partition Plan

AGILE LEADERS
Training Center

Day 3: Build and Interpret Predictions

- Baseline Logistic Regression Specification Sheet
- Tree-Based Model Comparison Matrix
- Discrimination and Receiver Operating Characteristic Profile
- Calibration Plot, Intercept, and Slope Review
- Prediction Error and Threshold Tradeoff Table

Day 4: Validate Use and Governance

- Internal Validation and Optimism Review
- External Validation and Transportability Matrix
- Subgroup Performance and Fairness Evidence Sheet
- Decision-Curve and Workflow Utility Review
- Model Monitoring and Escalation Plan

Day 5: Practice Outcome Model Review

- Exercise: Repair an Outcome Definition and Leakage Fault
- Exercise: Interpret Discrimination and Calibration Evidence
- Exercise: Compare External Validation and Subgroup Results
- Exercise: Design a Workflow Monitoring Response
- Capstone: Patient Outcome Model Evidence Pack

AGILE LEADERS
Training Center

Practical Exercises

The course uses suggested activities based on readmission, service demand, care escalation, and rehabilitation outcome examples.

- Suggested activity: convert an operational question into an outcome canvas, cohort flow, predictor register, and data boundary record.
- Suggested activity: compare baseline and tree-based models using discrimination, calibration, prediction error, and threshold evidence.
- Suggested activity: examine external and subgroup performance before writing a workflow-use recommendation.
- Suggested activity: define monitoring indicators, review triggers, escalation roles, and evidence-retention steps.

FAQs

Who suits patient outcome predictive analytics training, and what does it assume?

Healthcare analytics, quality, clinical operations, planning, and data governance functions suit the training. It assumes experience with tabular data and basic statistical interpretation.

How does patient outcome predictive analytics differ from general healthcare data analysis?

Patient outcome predictive analytics estimates future outcomes and tests model performance for a defined use context, while general healthcare data analysis may describe past activity, quality, cost, or service patterns without building a prediction model.

Why do patient outcome models need both discrimination and calibration evidence?

Discrimination shows how well predictions separate outcome groups, while calibration compares predicted probabilities with observed outcomes. A model can perform well on one dimension and poorly on the other.

What does external validation show for a clinical prediction model?

External validation shows how a clinical prediction model performs in data separated by setting, population, place, or time from its development data. It supports a transportability judgment rather than a universal approval.

How should patient outcome predictive analytics be monitored after workflow use?

Monitoring should track data quality, population shift, calibration, discrimination, subgroup performance, workflow use, incidents, and decision consequences, with documented review triggers and escalation responsibilities.

Conclusion

Participants take back a Patient Outcome Model Evidence Pack containing outcome definitions, data records, model comparisons, validation findings, subgroup checks, workflow boundaries, and a monitoring plan. It changes model review from a single performance score into an auditable decision process. The pack supports evidence comparison, controlled workflow use, periodic review, and clear escalation.