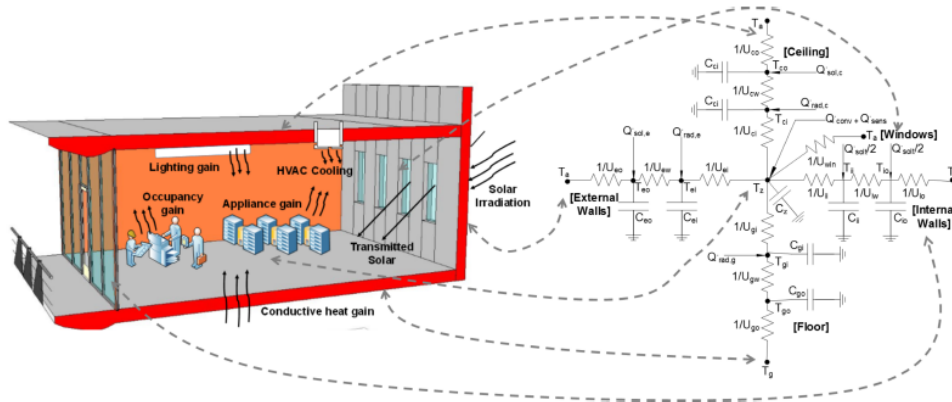

Parameter-Invariant Monitor Design for Cyber-Physical Systems:

Part 3 – Implementation of Parameter-Invariant Monitors

James Weimer, Oleg Sokolsky, Insup Lee

Recall CPS Applications



Recall the Monitor Design Problem

- Design a binary test between:
 - H_0 : null hypothesis
 - H_1 : event hypothesis
- Performance constraints
 - bound false positive rate
 - maximize true positive rate

	H_0 is true	H_1 is true
test claims H_0	correct non-detection	missed detection
test claims H_1	false positive	true positive

- Module 1 covered the fundamentals of parameter invariance:
 - LRT, GLRT, MI, and PAIN
- Module 2 covered the design of parameter invariant monitors:
 - general form: $\mathbf{y} = \mathbf{H}\theta + \sigma\mathbf{n}$
- This module presents the implementation of PAIN monitors
 - real-world applications

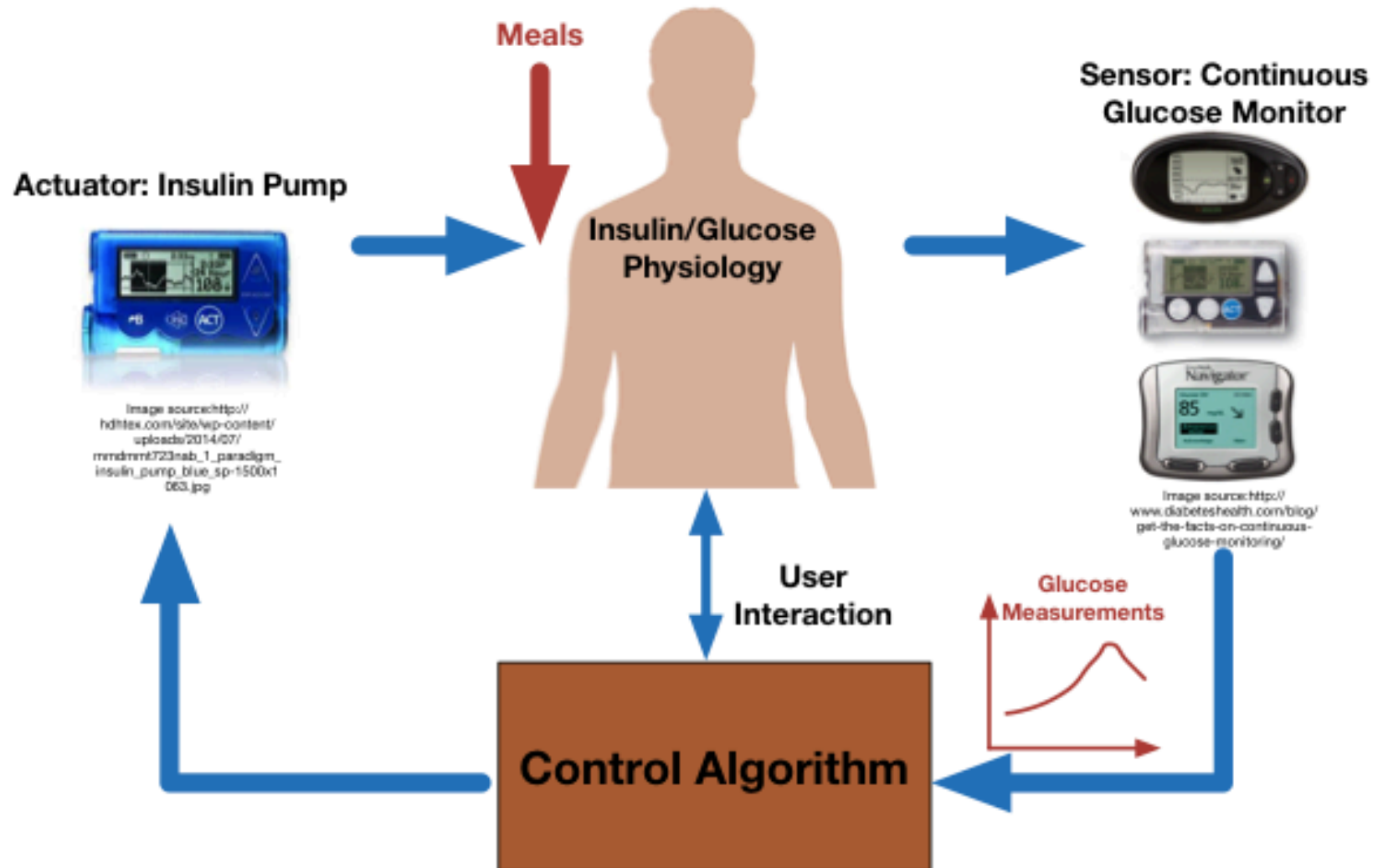
Outline

- Meal detection in type I diabetics
 - unknown linear time invariant systems
- Critical pulmonary shunt detection in infants
 - detection in structured linear systems with unknown parameters
- Building actuator fault detection
 - signal detection in unknown networked systems

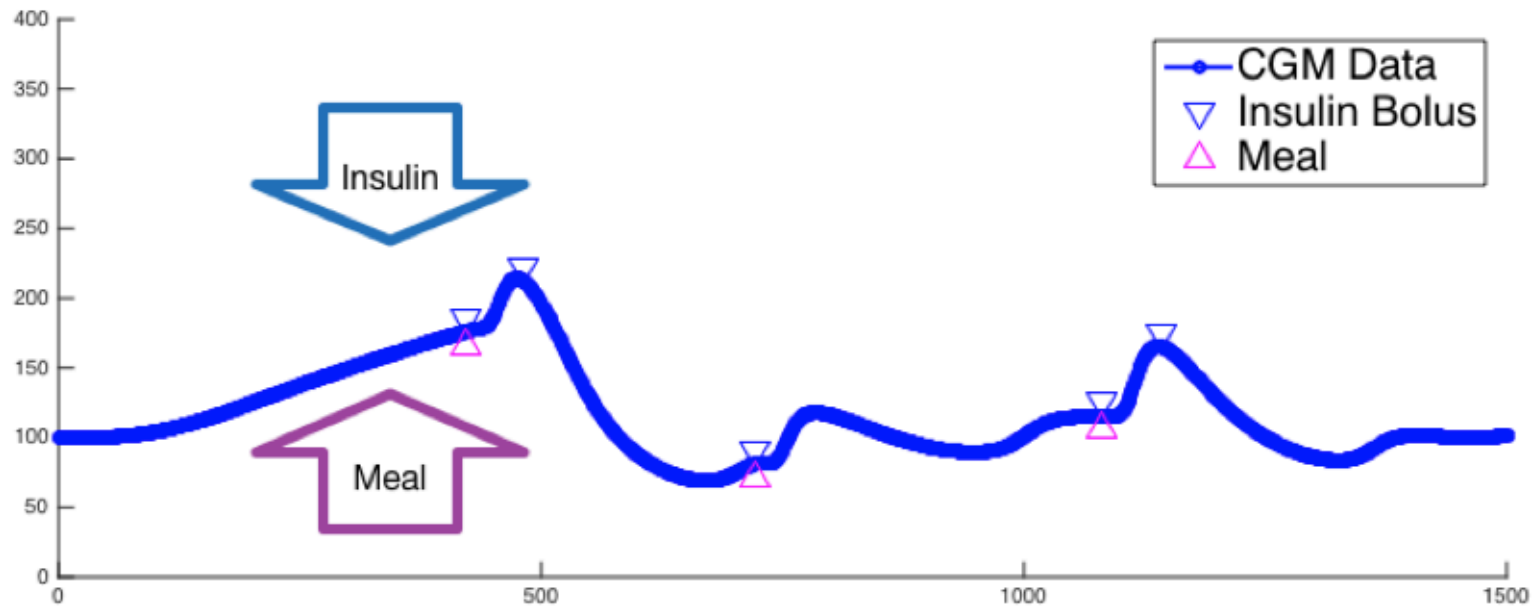
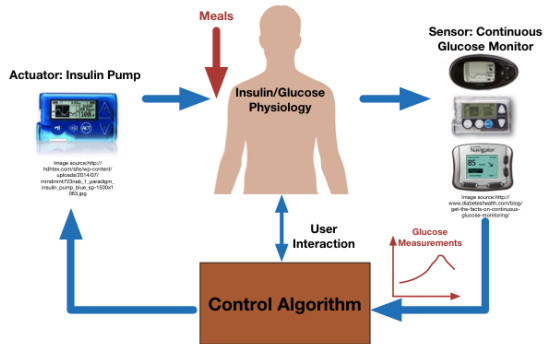
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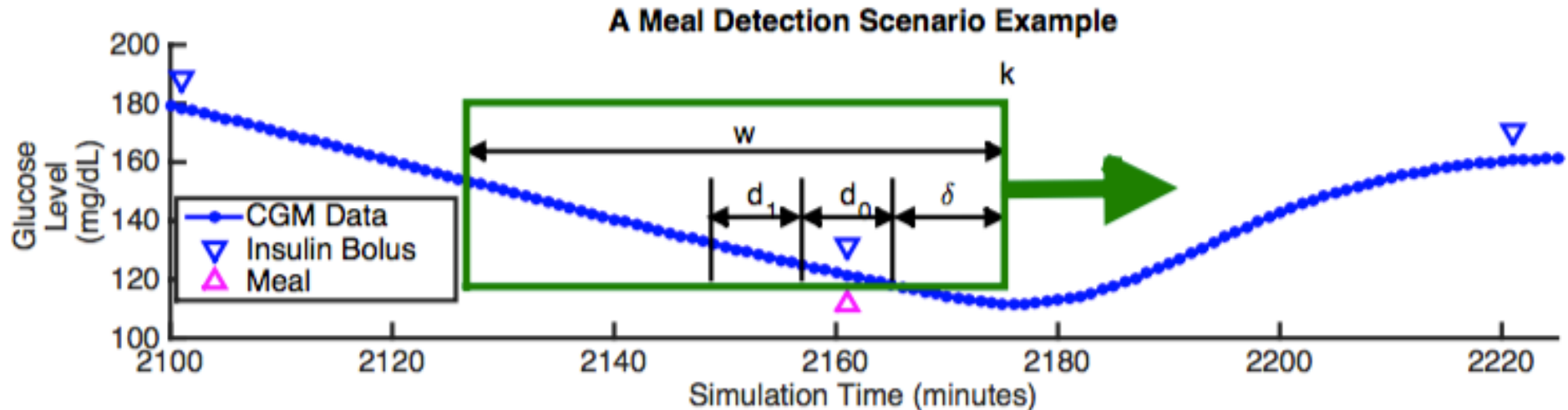
Meal Detection in Type I Diabetics



Meal Detection in Type I Diabetics



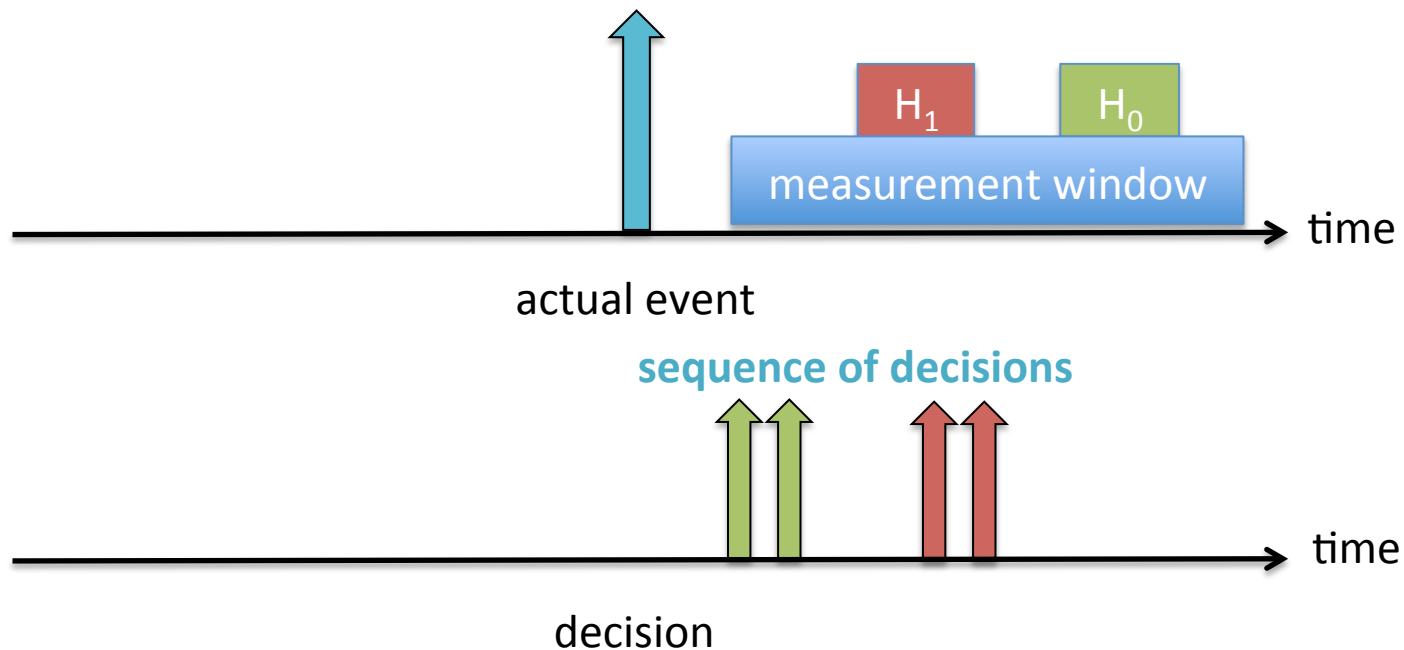
Meal Monitor Design Problem



- hypothesis testing problem:
 - window of w measurements
 - test meal impulse happening in window d_1 or d_2
 - use the 2-sided PAIN approach
 - allows for the case where all hypotheses are incorrect
- What is the relationship between events and measurements?
 - i.e. What is the physical model?

Sequential Monitoring/Detection

- Sequential Monitoring of sequential events



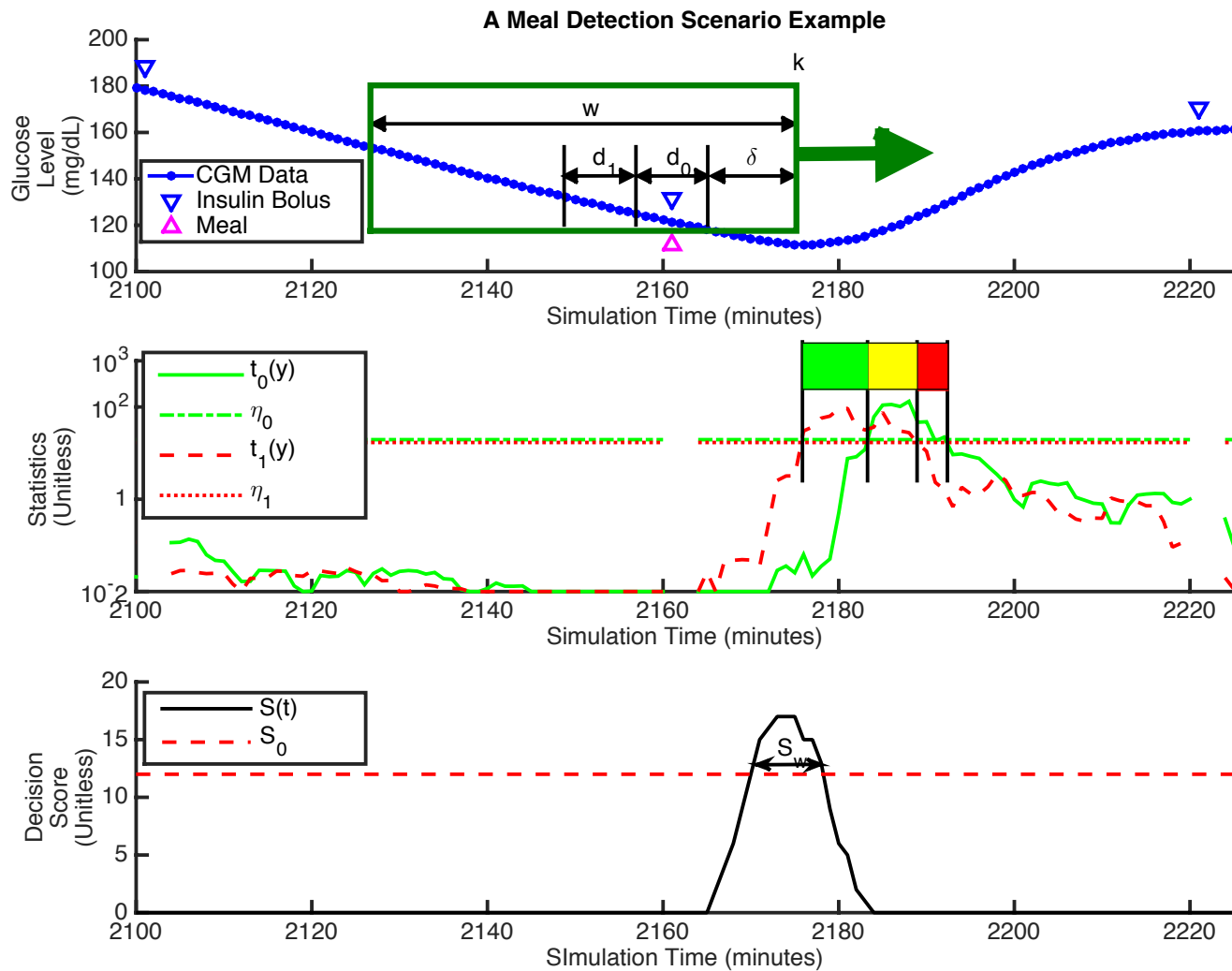
Physiological Modeling

- FDA accepted model
 - 12 states, 30 physiological parameters (unknown)
 - non-linear
- Bergman model – 5 states, linear – unknown physiological parameters
 - 5th order model

$$\begin{array}{l}
 \text{Plasma Glucose} \longrightarrow \\
 \\
 \text{Plasma Insulin} \longrightarrow
 \end{array}
 \frac{d}{dt}
 \begin{bmatrix}
 G(t) \\
 g(t) \\
 m(t) \\
 x(t) \\
 I(t)
 \end{bmatrix}
 =
 \begin{bmatrix}
 p1 & 0 & 1 & 0 & p2 \\
 0 & \frac{-1}{t_G} & 0 & 0 & 0 \\
 0 & \frac{1}{t_G} & \frac{-1}{t_G} & 0 & 0 \\
 0 & 0 & 0 & -k_a & 0 \\
 0 & 0 & 0 & \frac{k_a}{V_d} & -k_e
 \end{bmatrix}
 \begin{bmatrix}
 G(t) \\
 g(t) \\
 m(t) \\
 x(t) \\
 I(t)
 \end{bmatrix}
 +
 \begin{bmatrix}
 p3 \\
 \frac{A_G}{t_G} D_G(t) \\
 0 \\
 u(t) \\
 0
 \end{bmatrix}
 \begin{array}{l}
 \longleftarrow \text{Meal Input} \\
 \\
 \longleftarrow \text{Insulin Input}
 \end{array}$$

- test signals – sequential ranges of hypothesized meal times
- disturbances:
 - reported meals = impulse at a time (amount unknown, effect unknown)
 - insulin = impulse at a time (amount known, effect unknown)
- measurements
 - plasma glucose

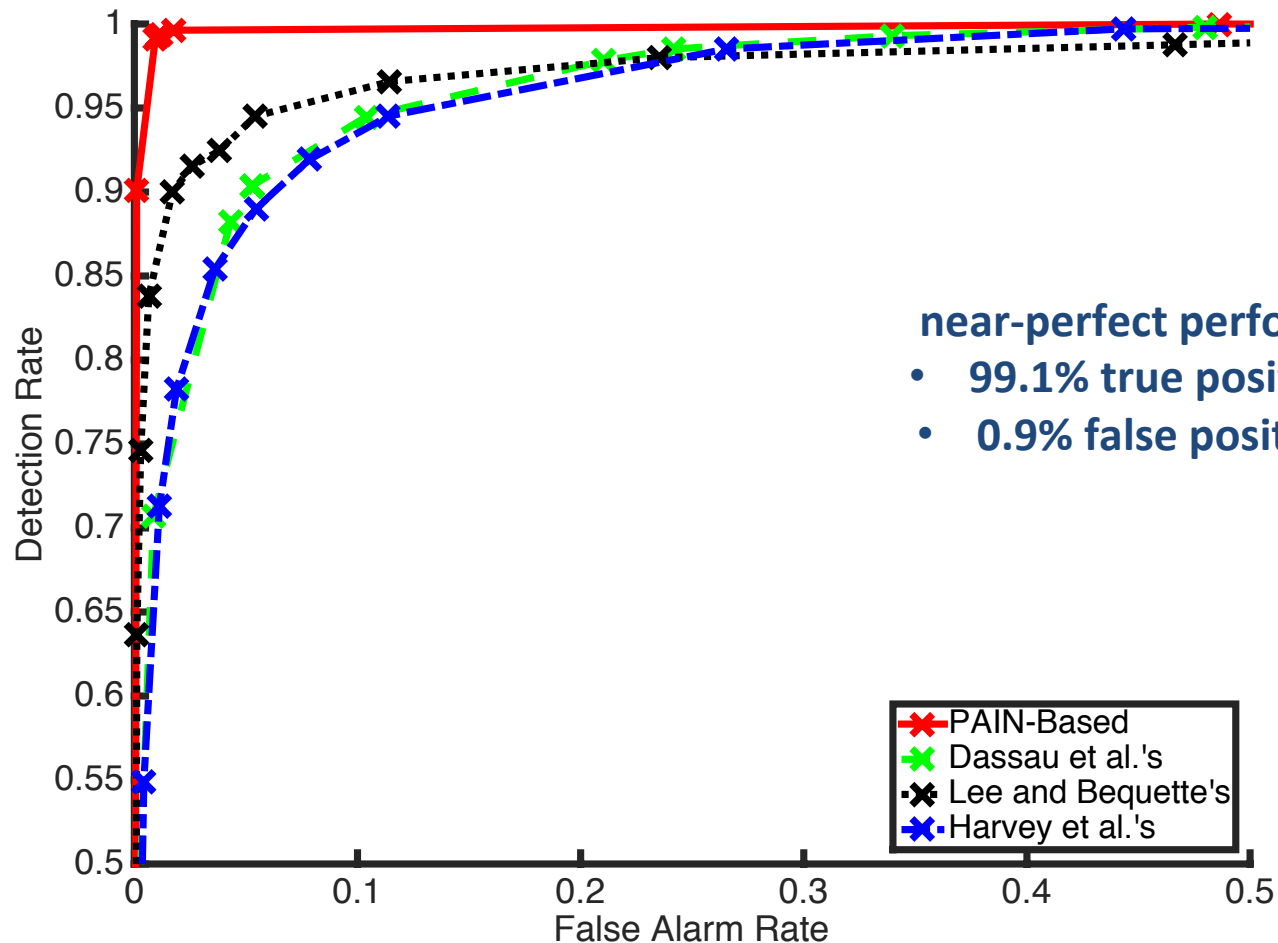
PAIN monitor for Meal Detection



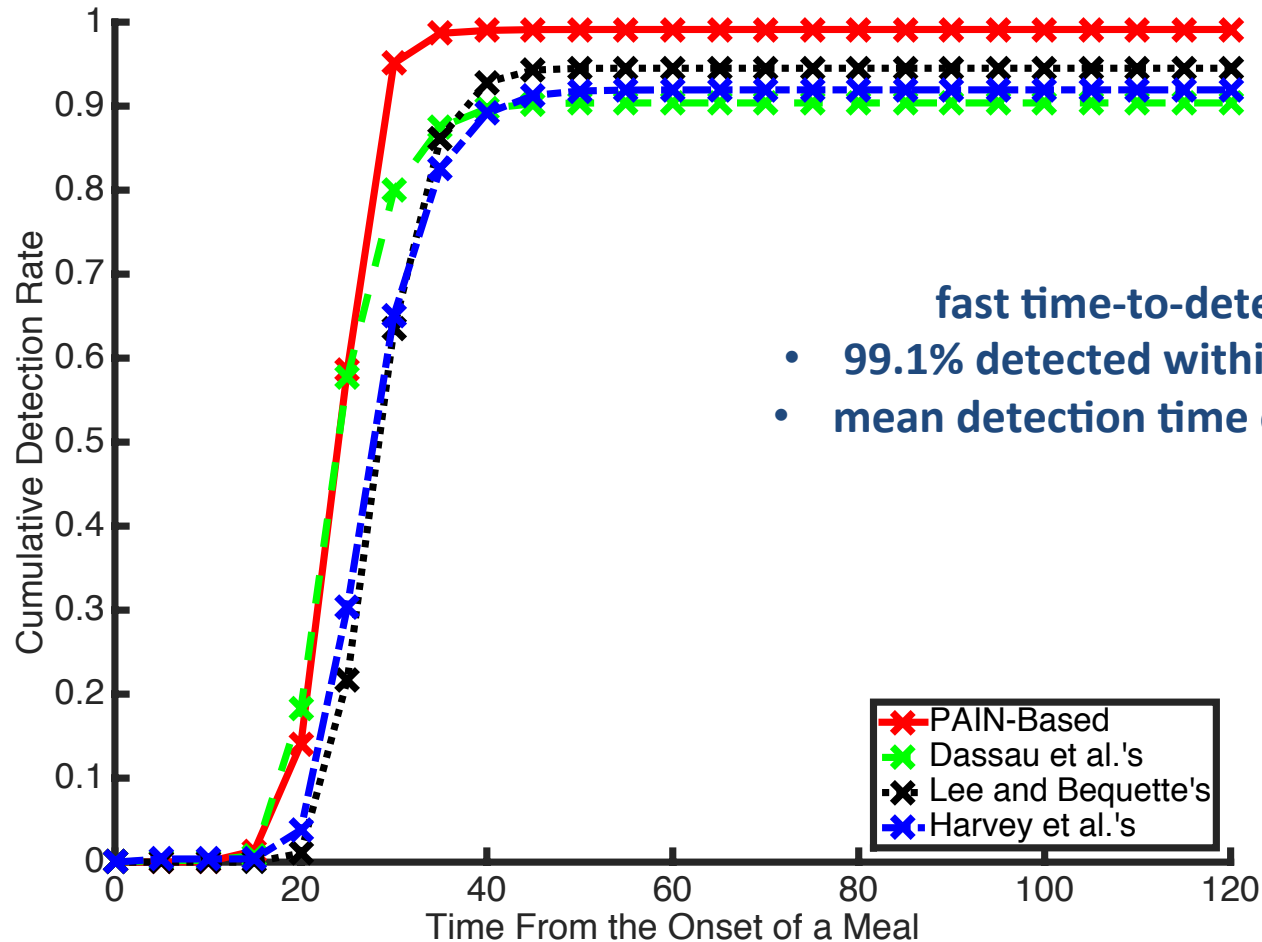
PAIN Meal Monitor Evaluation

- Generated 10,000 random virtual patients
 - parameters selected from a convex set of FDA-suggested physiological ranges
- Simulated each patient for 20 meals
 - using FDA-accepted T1DM simulator (maximal model, non-linear)
- Compared to prominent approaches in literature
 - Dassau et al. → Kalman, then rate-of-change (RoC) thresholding
 - Lee et al. → a priori specified FIR filter, then RoC thresholding
 - Harvey et al. → multi-stage filter, then RoC thresholding
- Evaluate on the criteria:
 - false positive rate vs. true positive rate
 - time-to-detection (when correct)
 - number of false positives per patient

PAIN Meal Monitor Performance



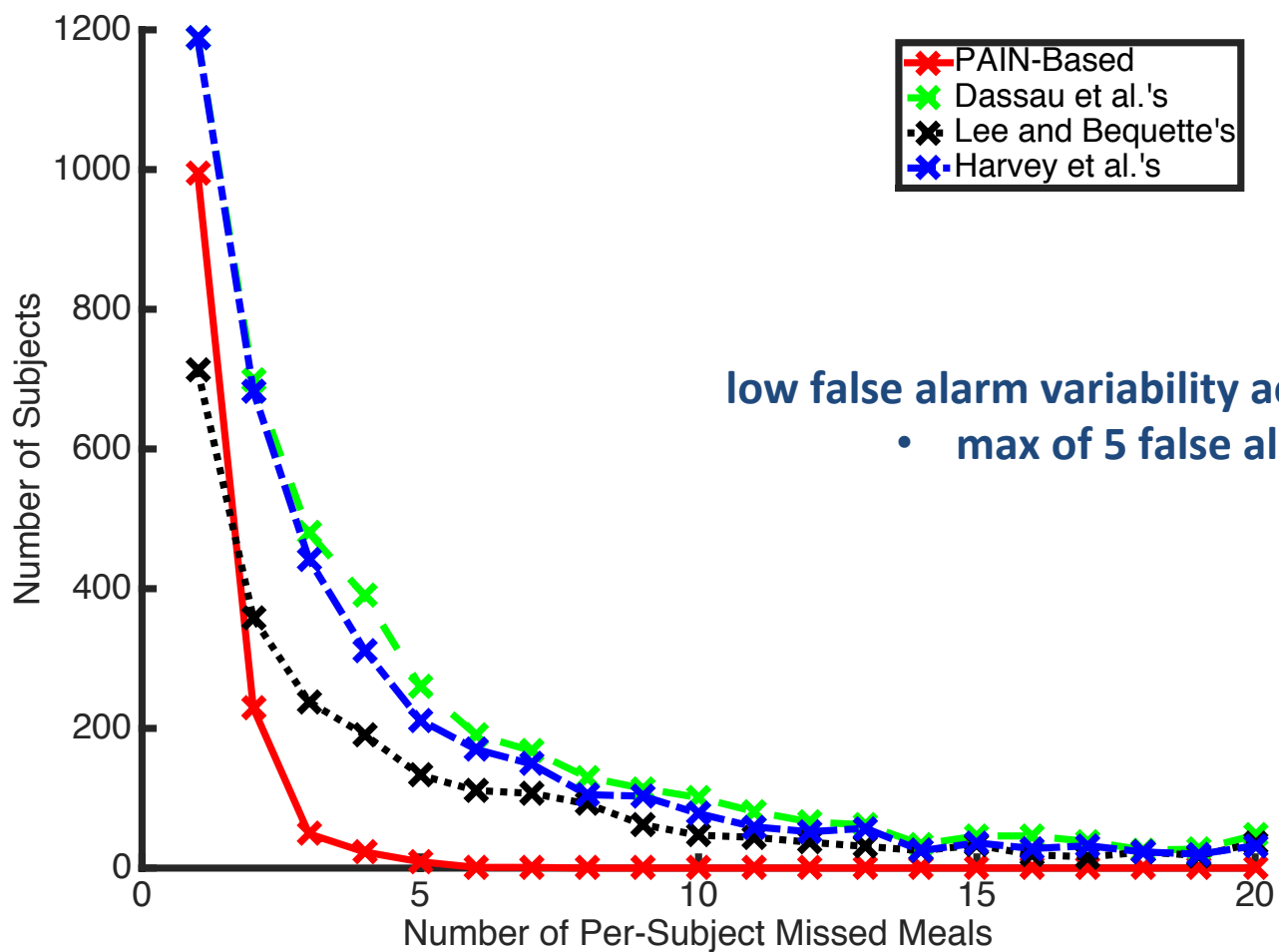
PAIN Meal Monitor Performance



fast time-to-detection

- 99.1% detected within 40 minutes
- mean detection time of 24 minutes

PAIN Meal Monitor Performance



Summary : Detection with Unknown LTI models

- Sequential detection with sequential inputs is powerful
 - works very well for meal-detection
 - dominates rate-of-change approaches in literature
- Diabetic meal detection is not a new problem (over 15 years old)
 - No classical “machine learning” solution in literature
 - why? ... possibly because of physiological variability between patients
- What if the system has some structure which can be exploited?

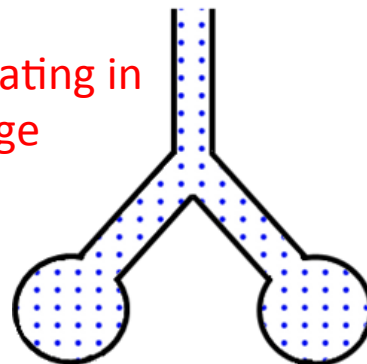
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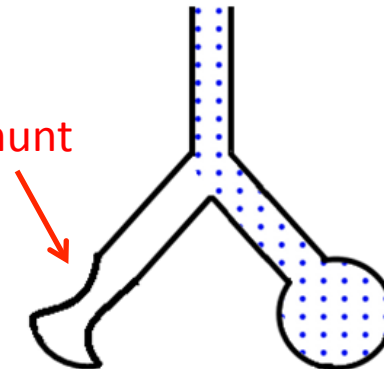
Detecting Critical Pulmonary Shunts in Infants



Both lungs participating in pulmonary exchange



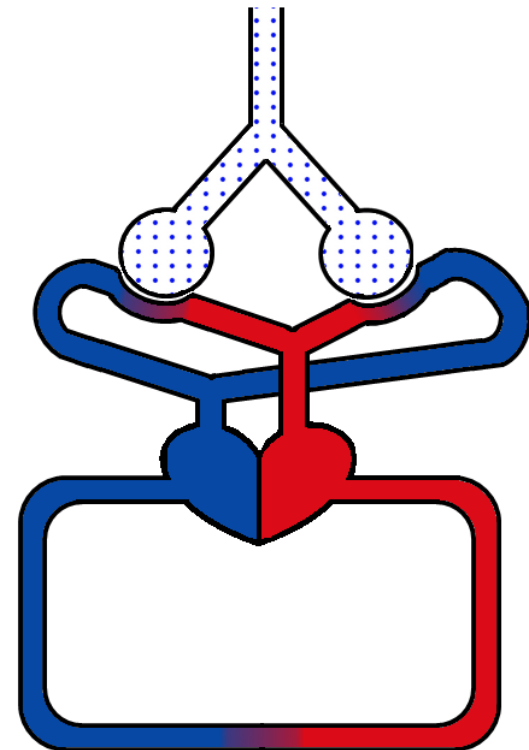
Shunt



One lung participating in pulmonary exchange

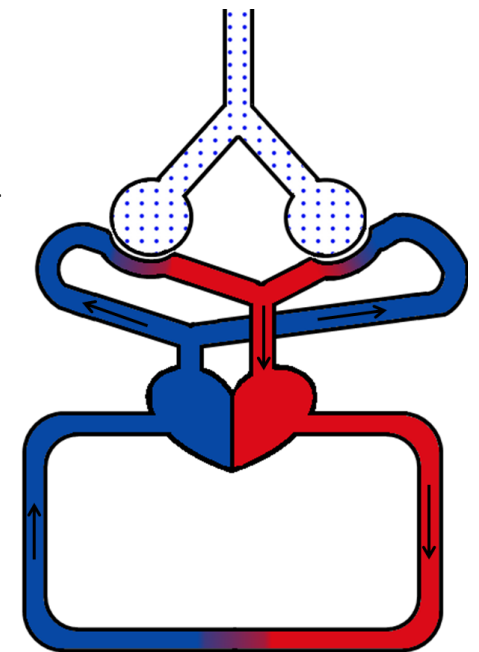
Critical Pulmonary Shunt Detection Problem

- Option A: hypothesize the shunt as an input
 - use the unknown LTI system monitor (as before)
- Option B: build a “structured” model of the dynamics when:
 - a shunt is present
 - a shunt is not present
- Both options require some model information
 - where does this come from?



Compartmental Modeling

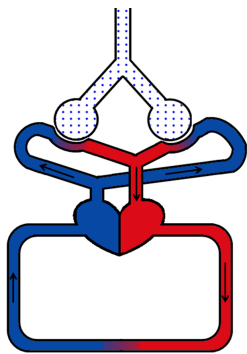
- Option A: hypothesize the shunt as an input (use LTI approach)
 - requires little domain expertise
- Qualitative heuristic for option A: add dimension(s) to the LTI model when:
 - physical separation (+1 per degree separation)
 - time-delay (+1 per unit delay)
 - test signal is not “really” an impulse (+ model_order_needed)
 - critical shunt detection: model order = 4
 - diffusion \rightarrow +1, circulation delay \rightarrow +2, sustained event \rightarrow + 1
- Concept extends beyond physiology
 - networks (degree of separation)
 - any dynamically coupled linkage
 - e.g. fluid transfer in automotive transmission



Apply 2-sided PAIN monitor as before

Compartmental Modeling

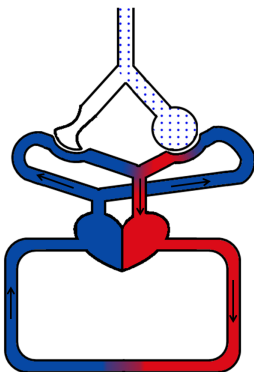
- Option B: build a structured model of the dynamics
 - requires significant domain expertise



no shunt dynamics

$$\begin{bmatrix} x^L(k) \\ x^R(k) \end{bmatrix} = \begin{bmatrix} \frac{\alpha}{V(k)} & \frac{\alpha}{V(k)} \\ \frac{\alpha}{V(k)} & \frac{\alpha}{V(k)} \end{bmatrix} \begin{bmatrix} x^L(k - \kappa) \\ x^R(k - \kappa) \end{bmatrix} + \begin{bmatrix} \frac{2\alpha}{V(k)} & n^L(k) \\ \frac{2\alpha}{V(k)} & n^R(k) \end{bmatrix} \begin{bmatrix} \mu \\ \sigma \end{bmatrix}$$

$$y(k) = \begin{bmatrix} \frac{1}{2} & \frac{1}{2} \end{bmatrix} \begin{bmatrix} x^L(k) \\ x^R(k) \end{bmatrix}$$



shunt dynamics

$$\begin{bmatrix} x^{NS}(k) \\ x^S(k) \end{bmatrix} = \begin{bmatrix} \frac{\alpha}{2V(k)} & \frac{\alpha}{2V(k)} \\ \frac{1}{2} & \frac{1}{2} \end{bmatrix} \begin{bmatrix} x^{NS}(k - \kappa) \\ x^S(k - \kappa) \end{bmatrix} + \begin{bmatrix} \frac{\alpha}{V(k)} & n^{NS}(k) \\ 1 & 0 \end{bmatrix} \begin{bmatrix} \mu \\ \sigma \end{bmatrix}$$

$$y(k) = \begin{bmatrix} 1 & 0 \end{bmatrix} \begin{bmatrix} x^{NS}(k) \\ x^S(k) \end{bmatrix}$$

diffusion coefficient

metabolism times
diffusion coefficient

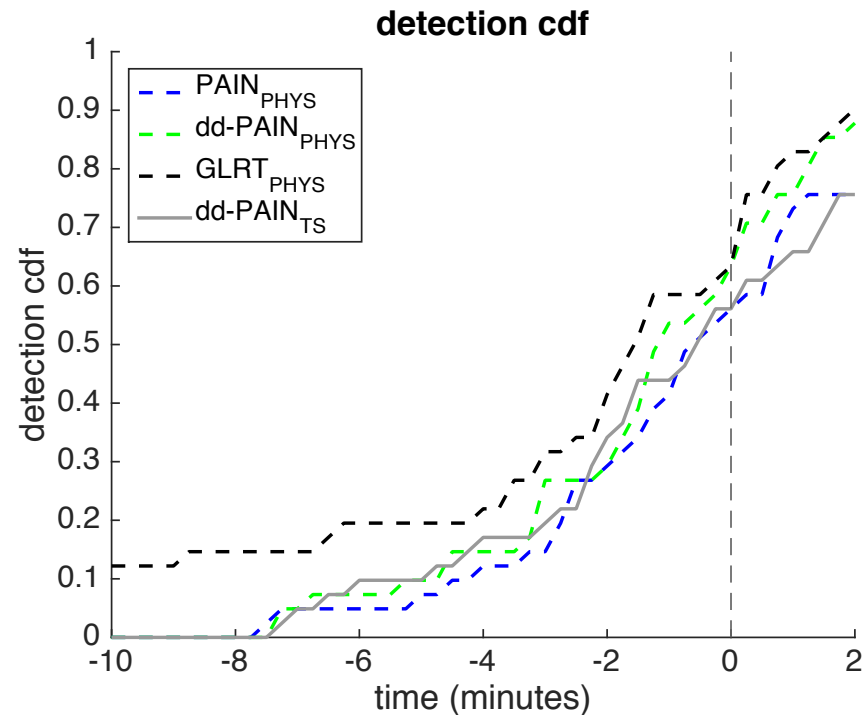
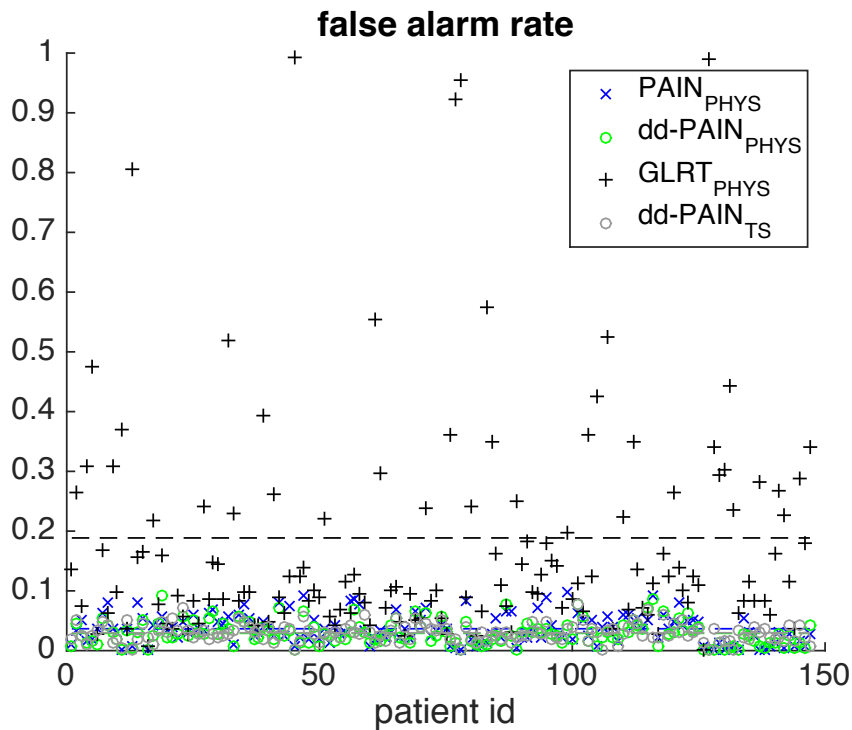
$$\mathcal{H}_j : \mathbf{y} = \mathbf{H}_j \boldsymbol{\theta} + \sigma_j \mathbf{n} \quad \boldsymbol{\theta} = \begin{bmatrix} \alpha \\ \alpha \mu \end{bmatrix}$$

- pros: potential gains in performance
- cons: difficult to design

PAIN Critical Shunt Monitor Evaluation

- 209 human patients considered (all children)
 - 61 patients experiencing with potential critical shunts
 - annotations are unreliable
 - 148 patients without a shunt
- Compare the following approaches
 - $dd\text{-PAIN}_{TS}$ → option A with trained thresholds
 - $PAIN_{PHYS}$ → option B without trained thresholds
 - $dd\text{-PAIN}_{PHYS}$ → option B with trained thresholds
 - $GLRT_{PHYS}$ → physiology based GLRT with trained thresholds
- Evaluate on the criteria:
 - false positive rate variability between patients (false positive rate vs. patient)
 - using patients without a shunt
 - predictive capability of the detector (true positive rate vs. time)
 - using patients with a shunt

Critical Shunt Monitor Performance



- **trained option B is the “best”**
- **trained option A is still good**
- **GLRT has wide variance in false positive rate across patients**

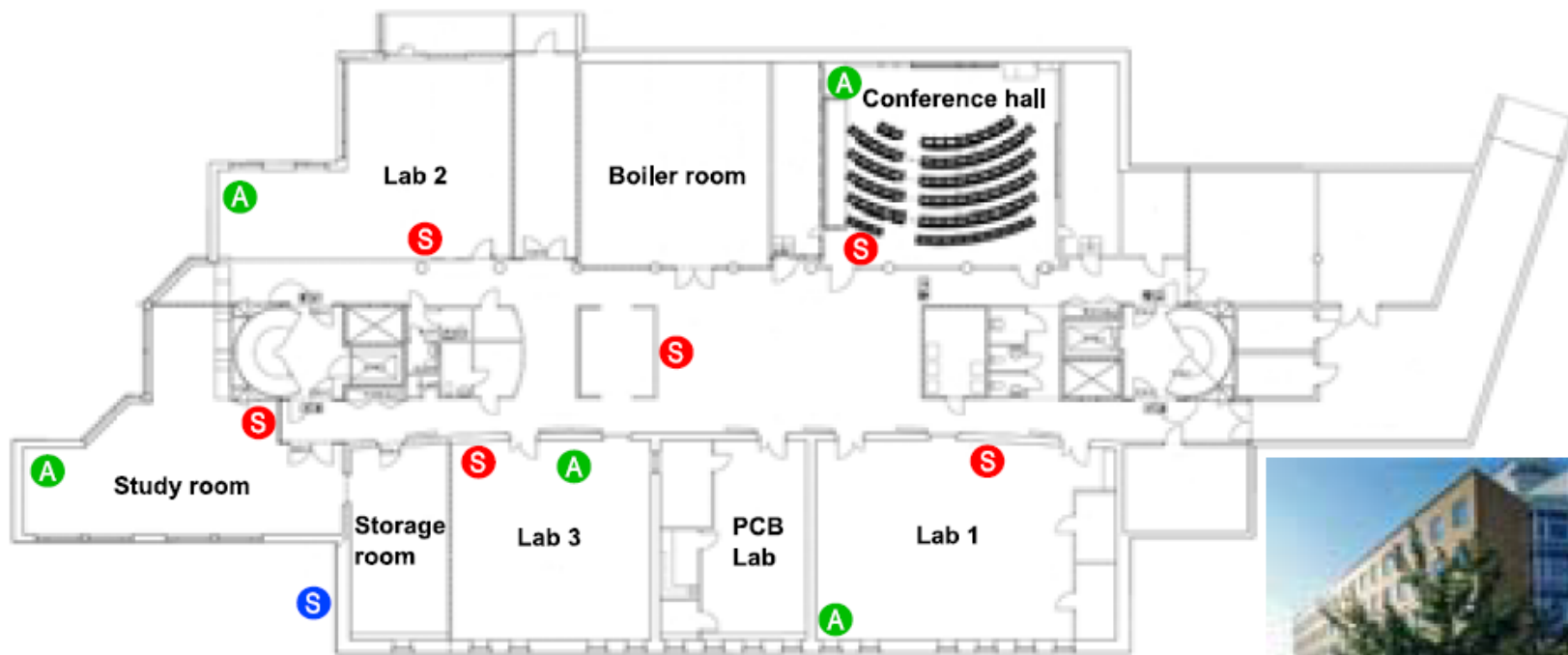
Summary : Detection in Structured Linear Systems

- Improved performance achievable by including physical model knowledge
 - sequential detection of sequential events approach still can be useful
- GLRT can not bound the false positive rate in all applications
 - e.g. critical shunt detection
 - statement generalizes to other classical data-driven approaches
 - e.g. detection/classification via ARMAX features
- Are there any physical model invariances that are easy to exploit?
 - Doesn't require domain knowledge to build a model.

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- **Building actuator fault detection**
 - signal detection in unknown networked systems

Detecting Building Actuator Faults

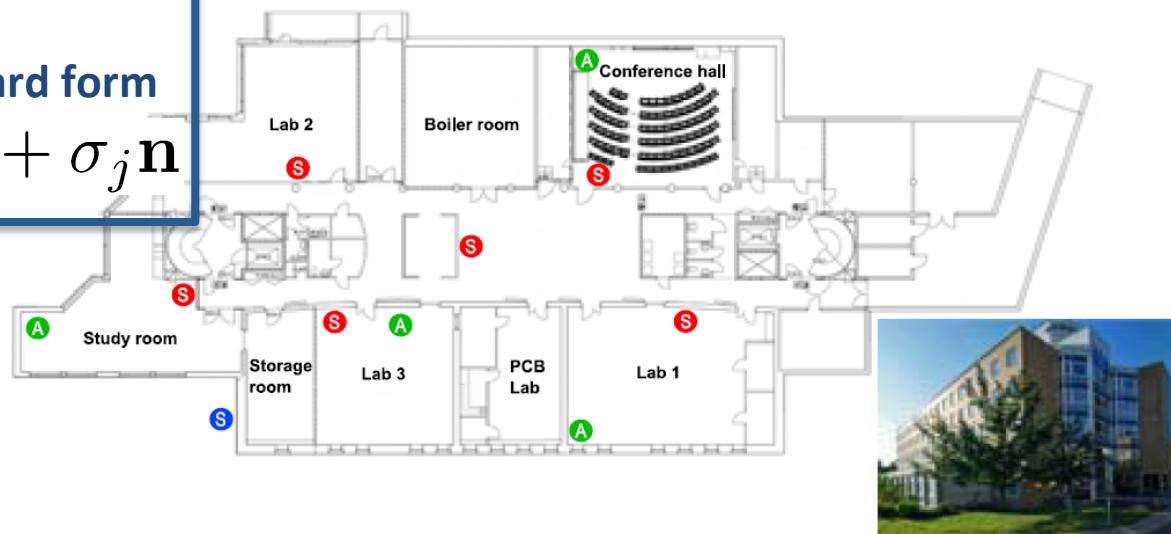


Building Actuator Fault Detection Problem

- Test signals:
 - H_0 : applied actuator voltage
 - H_1 : a constant voltage
 - captures “zero” applied voltage (electrical failure)
 - captures stuck in a position (mechanical failure)
- Dynamics are well approximated by a network system
 - dynamics has a unit eigenvalue corresponding to sum of values in network
 - a natural invariant to dynamics
 - still has unknown model error

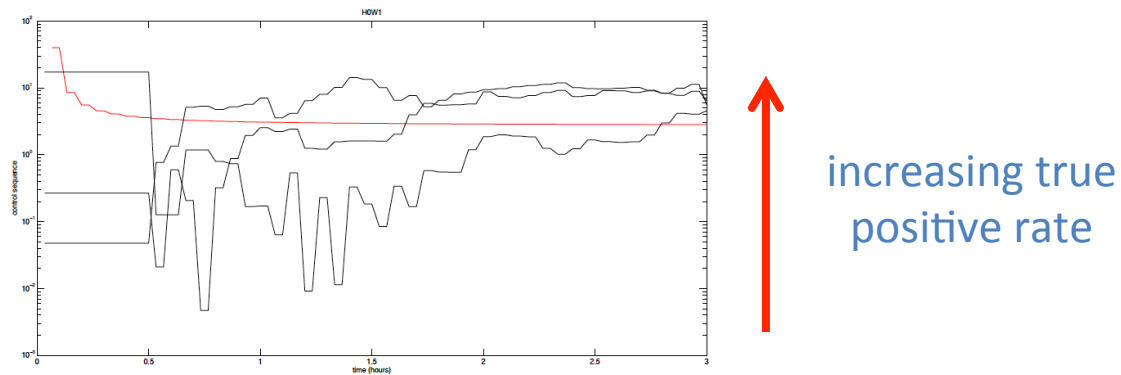
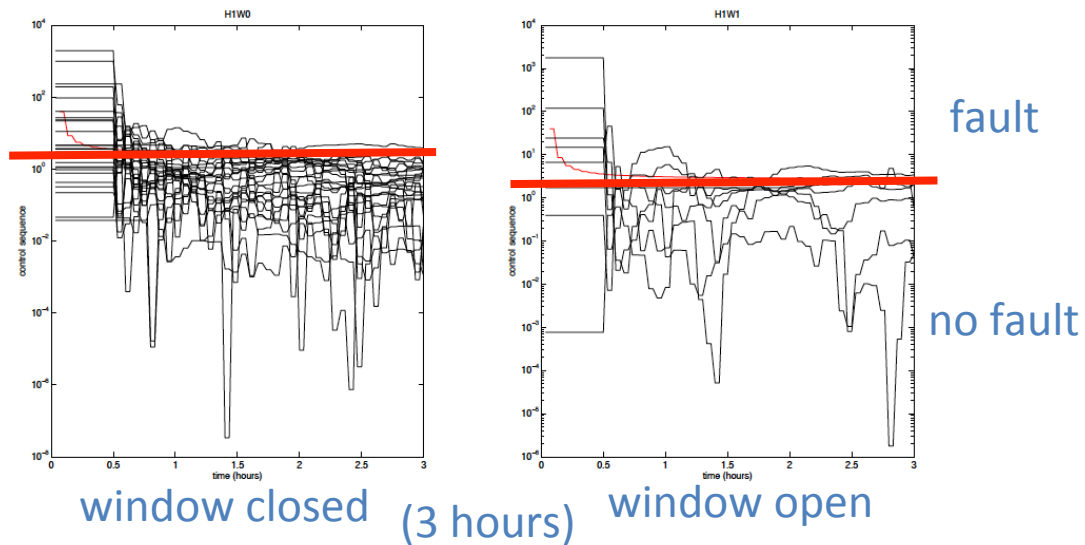
punch line:
reduces to the standard form

$$\mathcal{H}_j : \mathbf{y} = \mathbf{H}_j \theta + \sigma_j \mathbf{n}$$



Building Fault Detector Performance

- near constant false alarm rate, detection rate improves with time



Summary: Detection in Unknown Networked Dynamics

- Exploiting natural invariances can be useful
 - reduction in model error
- Many other “systems” are well approximated by networked dynamics
 - power transmission dynamics
 - epidemics
 - social dynamics

Closing Remarks and Insight

- parameter-invariant monitoring is a structured approach to monitor design that addresses variability in CPS applications.
 - can address some difficulties with classical monitor design
- The general form presented herein is not the only statistic:
 - statistics to deal with missing measurements
 - cases when parts of the model are known
 - e.g. model error is known
- Machine learning + Parameter Invariant statistics
 - use parameter invariant techniques to generate feature
 - invariant to variability
 - learn the best classifier over the parameter invariant features
 - can boost performance
- See all our work at: <https://rtg.cis.upenn.edu/parameter-invariant.html>