# Machine Learning Final Project: Sepsis Prediction

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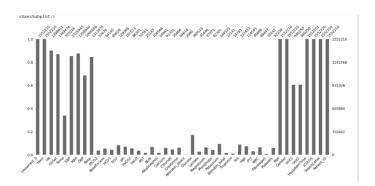
### Introduction

#### Objective:

The main goal of this project is to use Machine learning algorithms (Supervised & Unsupervised) to predict sepsis diagnosis 6 hours prior to sepsis manifestation using training SetA, training SetB. These datasets are hospital 1 & hospital 2.

#### **Data Preprocessing:**

On data preprocessing we find out that many features have missing values, & more than 90% of values are missing for multiple columns in the dataset.



02Sat	0.130611
Temp	0.661627
SBP	0.145770
MAP	0.124513
DBP	0.313459
Resp	0.153546
EtC02	0.962868
BaseExcess	0.945790
HC03	0.958106
Fi02	0.916658
pH	0.930697
PaCO2	0.944401
Sa02	0.965494
AST	0.983776
BUN	0.931344
Alkalinephos	0.983932
Calcium	0.941161
Chloride	0.954603
Creatinine	0.939044
Bilirubin_direct	0.998074
Glucose	0.828943
Lactate	0.973299
Magnesium	0.936896
Phosphate	0.959863
Potassium	0.906891
Bilirubin_total	0.985092
TroponinI	0.990477
Hct	0.911460
Hgb	0.926176
PTT	0.970559
WBC	0.935932
Fihrinogen	0 993/02

Missing values percentage

### Introduction

#### Objective:

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#### Data Set:

- We are using physiological data which is hosted on PhysioNet Computing in Cardiology Challenge 2019.
- Retrieving the dataset which is having pipe separated features for respective timestamp.
- Data contains 40 feature consisting of:
  - 8 Vitals Signs Heart Rate, Temperature, MAP, ...
  - 28 Laboratory Values FiO2, Lactate, Bilirubin, ...
  - 6 Demographics Age, Gender, Hospital Unit, ...

#### **Example of one patient dataset post imputation:**

	HR	02Sat	SBP	MAP	DBP	Resp	Hour	Age	Gender	HospAdmTime	ICULOS	Identifier	SepsisLabel
0	96.537964	98.533285	114.147204	69.647189	55.645112	20.816360	0.0	27.92	1.0	-0.03	1.0	9.0	0.0
1	117.000000	99.000000	116.000000	97.000000	81.000000	20.000000	1.0	27.92	1.0	-0.03	2.0	9.0	0.0
_	96.793996									-0.03	3.0	9.0	0.0
	96.922011									-0.03	4.0	9.0	0.0
2	90.922011	90.3229/3	114.2/2009	09.91/000	33.0/0340	20.0043//	5.0	27.92	1.0	-0.03	5.0	9.0	0.0
4	97.050027	98.519539	114.313718	70.007677	55.956082	20.907049	4.0	27.92	1.0	-0.03	5.0	9.0	0.0

#### **Data Preprocessing:**

• On data preprocessing we find out that many features have missing values, & more than 90% of values are missing for multiple columns in the dataset.

## Data imputation & preparing training, test & validation files

#### Data imputation & Data split into train, test & validation:

- Linear imputation (forward & backward fill) with nearest neighbor.
- Imputed each patient separately before merging the .psv files as a single file.
- Patients (.psv files) in Training Set A was divided in three different sets: Training 10%, Validation Set -15% and Test- 15%

### Baseline Function for imputing missing values

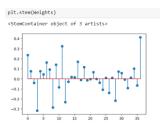
Dropped above features

- Above same procedure was applied for Training Set B.
- After data imputation we looked at the features with continuous data which have unique values less than 5 & drop these features. These features were: EtCO2, Unit1, Unit2

## Model Application-Logistic Regression

#### Logistic Regression for Classification-1:

• Logistic Regression Classifier was applied & the weight coefficients of individual features were interpreted. The 4 most important features were observed to be [ICULOS,PaCO2,SBP,HCO3]. These 4 features contribute most for the prediction of Sepsis disease.

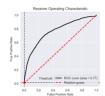


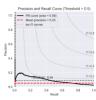


#### **Hyperparametric Tuning & Performance Metrics:**

Hyperparametric tuning was done & the best parameters were found. i.e {'C':0.1, 'penalty': 'l1'}. The model was run using the obtained hyper-parameters. The performance of the model was evaluated based on precision, recall, f1 score and roc curve area.

	Clas	sificatio	n Report	
	precision	recall	f1-score	support
nonSepsis	0.98	1.00	0.99	11568
Sepsis	0.09	0.01	0.02	2635
accuracy			0.98	118318
macro avg	0.53	0.50	0.50	118318
weighted avg	0.96	0.98	0.97	118318



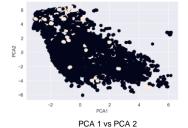


Observations: The ROC Curve (Area) for the Logistic Regression model is 0.77, Precision is 9%.

### Model Application 2- PCA Along with Logistic Regression

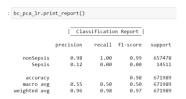
#### Logistic Regression for Classification along with PCA:

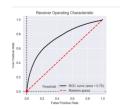
PCA was applied to the pre-processed data, and the scatter plot for 1<sup>st</sup> and 2<sup>nd</sup> principal component was plotted. Post PCA, hyper parameter tuning was done to find the optimal number of principal components which gives the max information about the original features. Number of principal components to be selected were found out to be 15.

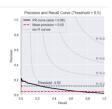


#### **Performance metrics:**

Hyperparametric tuning was done & the best parameters were found. i.e {'n\_components=15}. The model was run using the obtained hyper-parameters. The performance of the model was evaluated based on precision, recall, f1 score and roc curve area.





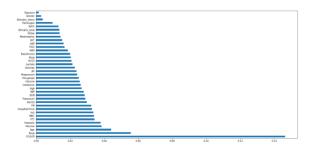


Observations: The ROC Curve (Area) for the PCA Logistic Regression model is 0.75, Precision is 12%.

### Model Application 3- Random Forest

#### **Random Forest for Classification:**

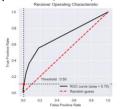
Ensemble learning model (Random Forest) was applied to the dataset. The feature importance were found out and plotted as below. The feature importance was decided based on the features capability to detect sepsis.

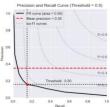


#### Performance metrics:

The model was run and the performance of the model was evaluated based on precision, recall, f1 score and roc curve area.

bc.print_repo	rt()			
	Clas	sificatio	n Report	
	precision	recall	f1-score	support
nonSepsis	0.98	0.99	0.99	115683
Sepsis	0.21	0.10	0.14	2635
accuracy			0.97	118318
macro avg	0.59	0.55	0.56	118318
weighted avg	0.96	0.97	0.97	118318





Observations: The ROC Curve (Area) for the Random Forest model is 0.70, Precision is 21%.

## Model Application 4- xgboost

#### **Xgboost for Classification:**

Another ensembling model XGBoost was applied to the dataset.

#### Performance metrics:

The model was run and the performance of the model was evaluated based on precision, recall, f1 score and roc curve area

		precision	recall	f1-score	support
	0	0.98	1.00	0.99	115683
	1	0.22	0.04	0.07	2635
aco	uracy			0.98	118318
macr	o avg	0.60	0.52	0.53	118318
weighte	ed avg	0.96	0.98	0.97	118318

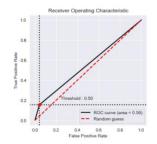
f1score: 0.07318611987381704 Precision: 0.21682242990654205 Recall: 0.04402277039848197 accuraccy: 0.9751686133977924 auc: 0.5202004017358107

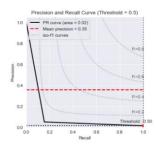
**Observations:** The ROC Curve (Area) for the xgboost model is 0.52, Precision is 22%.

### Results:

Results: After analyzing the 4 models, we are proceeding with Random Forest Classifier for the final deployment model & will test the Random Forest Classifier on the TrainingSetB (i.e. validation set)

 <pre>print(classification_report(y_validation_setBy_pred_setB)) print(f'score*, fl_score(y_validation_setBy_pred_setB)) print(f'Precision*; precision_score(y_validation_setBy_pred_setB)) print(f'Reall*; preal_score(y_validation_setBy_pred_setB)) print('accuracy*; accuracy_score(y_validation_setBy_pred_setB)) print('accuracy*; accuracy_score(y_validation_setBy_pred_setB)) print('accuracy*; auroc)</pre>									
p	recision	recall	f1-score	support					
Ø	0.99	0.96	0.97	751239					
1	0.05	0.15	0.08	10780					
accuracy			0.95	762019					
macro avg	0.52	0.56	0.52	762019					
weighted avg	0.97	0.95	0.96	762019					
f1score: 0.07579311758409439									
Precision: 0.050227897008663105									
Recall: 0.15435992578849722									
accuraccy: 0.9467454223582351									
auc: 0.5562378925278274									





Observations: The ROC Curve (Area) for the Random Forest model is 0.52, Precision is 22%.

### Conclusion:

Random Forest has highest diagnostic accuracy among ensemble method.

