PROJECT REPORT

TEAM ID	PNT2022TMID27276
PROJECT TITLE	ANALYTICS OF HOSPITAL HEALTH
	CARE DATA

TEAM MEMBERS:

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Tahsin Ansari I (Team Member 1)
Mohammed Sameer ali (Team Member 2)
dinesh (Team Member 3)

CHAPTER 1

INTRODUCTION

This project is about the anlytics for hospital health care data using data analytics. Data Analytics is the process of examining data sets in order to fnd trends and draw conclusions about the information they contain. The data anlytics is done with the specilized systems and soft ware. Data anlytics technologies and techniques are widely used in commercial industries to enable organizations to make more informational businees disisions.

1.1 PROJECT OVERVIEW

Recent Covid-19 pandemic has raised alarms over one of the most overlooked areas to focus

Example: Health care Management

While health care management has various use cases for using datascience, patient length of stay in one critical parameter to observe and predict if one wants to improve the efciencyof health care management in a hospital.

This parameter helps hospitals to identify patients of high LOS risk (patients who stay longer) at the time of admission. once identifed patients with high LOS risk can have their treatment plan optimized to minimizeLOS and lower the chance of staff/visitors infection. Also prior knowledge of Los can aid in logistics such as room and bed allocation planning.

Suppose you have been hired as Data Scientist of Health Man -not for proft organization dedicated to manage the functioning of hospitals in a professional and optimal manner.

1.2 PURPOSE

Data anlytics in health care is vital. It healps healyh care organizations to evaluate and develop practitioners, detect anomalies in scans and predict out breaks in illness, per the Harvard Businees School. Data Analytics can also lower costs for health care organizations and boost business intelligence. Hospital data anlytics can look over patient data and any prescribed medication to alert doctors and patients of incorrect dossages or wrong prescriptions, which lessens human error and the cost to your hospital. This in turn helps in ganing better insights znd also enables healthcare practitioners to make well-informed decisions

CHAPTER 2

LITERATURE SURVEY

The main aim of this paper is to provide a deep anlytics on the research feild of healthcare data anlytics, This is analyzing the previous studies and works in this research area ,as well as highlighting some of the guidelines and gaps. This study has used seven popular databases and selected most relevent papers ,in order to conduct this paper . The paper has listed some of thedata anlytics tools and techniques that have been used to improve healthcare performance in many areas such as medical operators ,decision making reports ,predction and prevention system. Moreover, the systematic review has showed an interesting demo graphic of felds of publication ,research approaches,as well as outlined some of the possible reasons and issues associate with health care data anlytics ,based on geographical distribution theme[1]

This paper deals with advanced analytical methods to focus on healthcare. This includes the clinical prediction models ,temporal data mining methods,and visual anlytics . Integrating hetrogeneous data such as clinical and geonomic data is essential for improving retrivel techniques that can enhance the quality of biomedical search will be presented . Data publishing techniques that can enhance the quality of biomedical search will be presented. Data privacy is an extreamely important concern in healthcare . Privacy-preserving data techniques will therefore be presented [2].

One of the promises of growing critical mass of clinical data accumulating in electronic health reccord(EHR) system is secondary use or it may be reuse of data for other purpose ,such as quality improvement and clinical research .(1)The growthofsuch data has increased dramatically in recent years due to incentives for EHRadoption in the US funded by the Health Information Technology for EconomicandClinical Health (HITECH) Act (2). In the meantime, there has also seen substantial growth in other kinds of health-related data, most notably through effortstosequence genomes and other biological structures and functions(3). The analysisofthis data is usually called analytics (or data analytics). This chapter will defnetheterminology of this feld, provide an overview of its promise, describe what workhas been accomplished, and list the challenges and opportunities going forward[3].

Clinicians, healthcare providers-suppliers, policy makers and patients are experiencing exciting opportunities in light of new information deriving from the analysis of big data sets, a capability that has emerged in the last decades. Due to the rapid increase of publications in the healthcare industry, we have conducted a structured review regarding healthcare big data analytics. With reference to the resource-based view theory we focus on how big data resources are utilized to create organization values/capabilities, and through content analysis of the selected publications we discuss: the classification of big data types related to healthcare, the associate analysis techniques, the created value for stakeholders, the platforms and tools for handling big health data and future aspects in the feld. We present anumber of pragmatic examples to show how the advances in healthcare were made possible. We believe that the findings of this review are stimulating and provide valuable information to practitioners, policy makers and researchers while presenting them with certain paths for future research [4].

In this modern techno-world, the term data is unavoidable and certainly, nothing is possible without its usage. The trends about how to analyze the dataarethe

need of the hour. Data analytics is becoming a future escalating tool of all industries including medicine, robotics, etc. This article briefy explains howdataanalytics is used in healthcare systems. Health care is the process of maintainingand improving the health of an individual by preventing, diagnosing andtreatingthe diseases, illness and other physical and mental imbalances in people. Dataanalytics is classifed into four types and they are descriptive, diagnostic, predictiveand prescriptive analysis. Health care makes use of prescriptive analysis toarriveatthe best results and make better decisions. Big data plays a major roleindataanalytics. It helps the data analysts to collect data from the patients and storethemefciently. After the completion of this whole article, the reader will be abletogetthe collective idea about health care analytics.[5]

2.1 EXISTING SYSTEM

- The already existing model is trained with minimal parameters
- ♦ Low accuracy in prediction
- No feature extraction done
- ♦ High complexity

2.2 REFERENCES

- [1]. Mohammad Alkhatib , Amir Talaei-Khoei (University of Nevada, Reno)Amir Talaei-Khoei University of Nevada, Reno | UNR · Department of AccountingandInformation Systems PhD of Information Systems-Amir Ghapanchi
- [2]. From: "Book of Data Analytics" Chandank Reddy(Wayne State University) CharuC. Aggarwal (Watson Research Center)
- [3]. From: Hoyt,RE,Yoshihashi,A,Eds.(2014).Health Informatics:Practical GuideforHealthcare and formation Technology Professionals,SixthEdition.Pensacola,FL,Lulu.com.
- [4]. Panagiota Galetsia, Korina Katsaliakia, Sameer Kumarb, a School ofEconomics, Business Administration & Legal Studies, International HellenicUniversity, 14th km Thessaloniki-N. Moudania, Thessaloniki, 57001, GreecebOpusCollege of Business, University of St. Thomas Minneapolis Campus, 1000LaSalleAvenue, Schulze Hall 435, Minneapolis, MN 55403, USA
- [5]. from book: Innovative Data Communication Technologies and Application(pp.83-96) P. Nagaraj-Professor (Assistant) at Kalasalingam University

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- [15]. V. Mayer-Schönberger and K. Cukier, Big Data: A Revolution That Will Transform How We Live, Work, and Think. Eamon Dolan, 2014.
- [16]. J. Rapoport, D. Teres, Y. Zhao, S. Lemeshow Length of stay data as a guidetohospital economic performance for icu patients Med Care, 41 (3) (2003), pp. 386-397

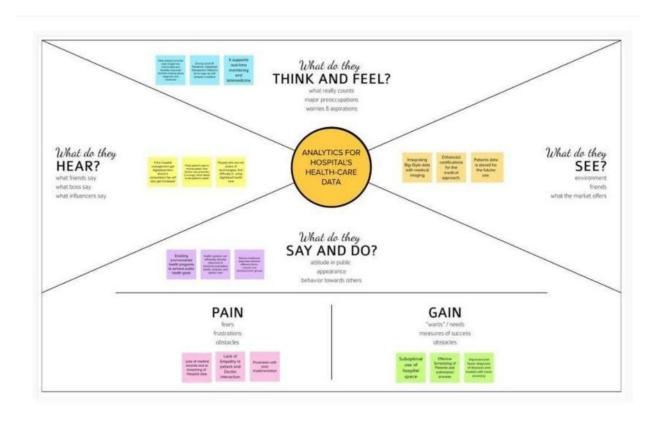
2.3 PROBLEM STATEMENT AND DEFINITION

- The aim is to accurately predict the Length of Stay for each patient oncasebycase basis so that the Hospitals can use this information for optimal resourceallocation and better functioning.
- The length of stay is divided into 11 different classes ranging from0-10daysto more than 100 days

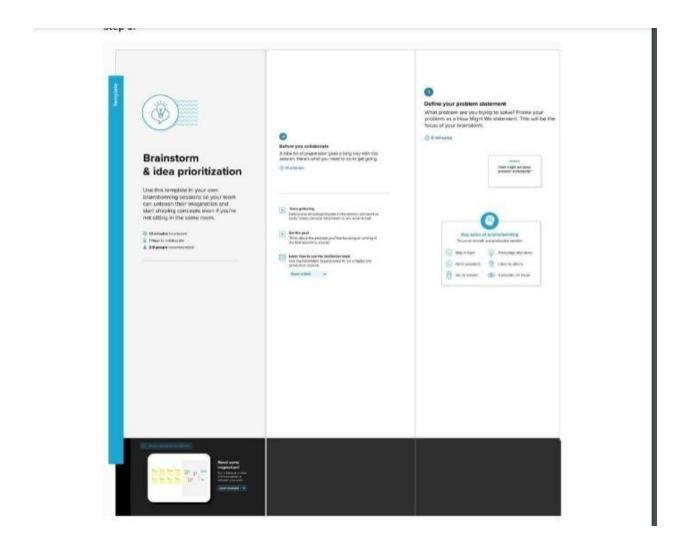
CHAPTER 3

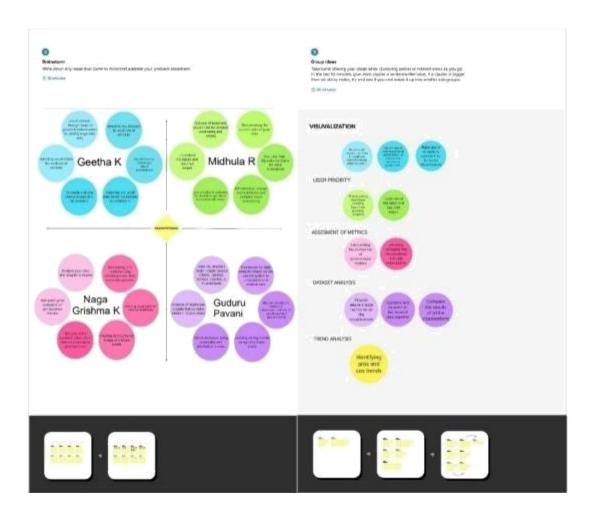
IDEATION & PROPOSED SOLUTION

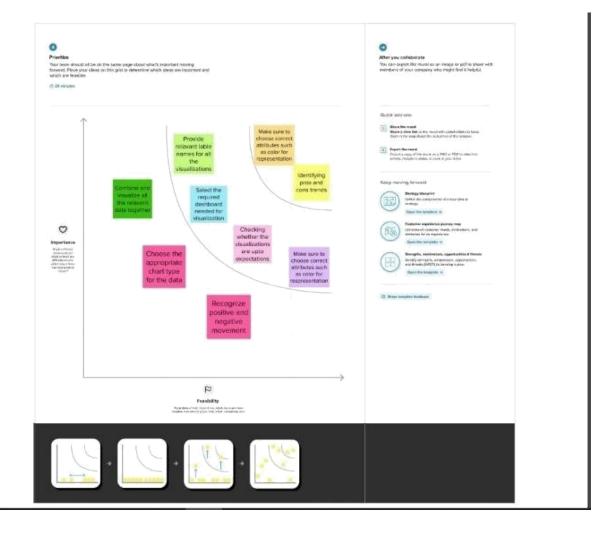
3.1 EMPATHY MAP CANVAS



3.2 IDEATION & BRAINSTORMING







3.3 PROPOSED SOLUTION

Predicting the length of stay of patients.

The length of the stay can be predicted using either Randomforest or Decision Tree for more accuracy. Certain parameters like age, stageof the diseases, disease diagnosis, severity of illness, type of admission, facilities allocated, etc., are used for prediction. IBM Cognos will be used for data analytics.

The model will be trained using colab. It predicts the length of stay (LOS) of the patients with more accuracy. As a result proper resources and therapy canbeprovided. Patients can get proper treatment and better medical care than before which helps them for their faster recovery. So the prediction minimizes the overfow of patients and helps in resource management and optimize their resource utilization. Hence this leads to faster recovery and lower the expenses for treatment. It improves the trust in hospital management.

It avoids the major risk of spreading infection among the hospital staff. Thisleads to overall safety of hospital staff and patients. Resource consumptionisoptimized. This model can be used by all government hospitals, private hospitals, and this model is also trained with the real world hospital survey for betterprediction small clinics. Length of the stay will be predicted with more accuracy. This model predicts the length of the stay for all kinds of patients and predicts with more accuracy

3.4 PROBLEM SOLUTION

CUSTOMER SEGMENT(S)

- Patients
- Hospital Management

6. CUSTOMER STATI

LIMITATIONS
 Inadequate information about availability of required resource

5. AVAILABLE SOLUTIONS

- > Tableau cloud
- Text Mining
- > Information Retrieval

2. ROBLEMS / PAINS

- Effective Resource allocation
- Reduce Waiting time for patients in Hospitals

9. ROOT / CAUSE of every problem

 No proper system or less efficient Prediction System

7. BEHAV**I**OF

Tracking the information with the available Technologies

ن. TRIGGERS TO ACT

- Covid Pandemic
- Emergency Situations

4.

- BEFORE: Feeling bad & Frustrated
- AFTER: Feeling better &Relaxed

10. YOUR SOLUTION

Existing: ratio of discharges in given period of time to no. of beds in hospital during the time period

Proposing: Using predictive analysis powered by AI

8. CHANNELS OF BEHAVIOR

ONLINE: Use of data from all region(data Exploration)

OFFLINE: Use of data Collect from nearby facilities

CHAPTER 4 REQUIREMENT ANALYSIS

4.1 FUNCTIONAL REQUIREMENT

FR No.	Functional Requirement (Epic)	Sub Requirement (Story / Sub-Task)
FR-1	Collect data	Data from various sources are collected using different methods in order to provide optimized results.
FR-2	Data Cleaning and Wrangling	When combining multiple data sources, there are many opportunities for data to be duplicated or mislabeled hence we cleanse the data
FR-3	Creating data model	The process of analyzing and defining all the data, as well as the relationships between those bits of data comes under this.
FR-4	Prediction and Analysis	The hidden trends are analyzed and the fnal results are predicted using machine learning and Al algorithms.

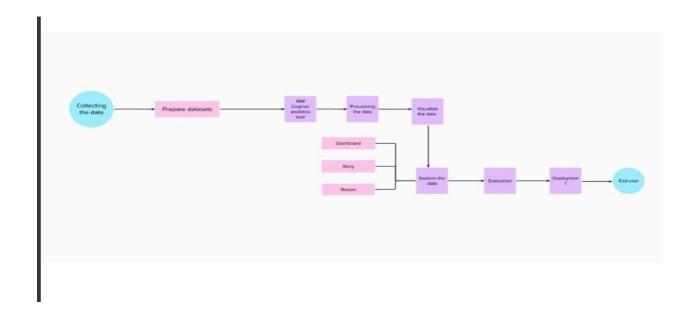
4.2 NON FUNCTIONAL REQUIREMENT

FR No	Non-Functional Requirement	Description
NFR-1	Usability	The project must be easy to
		use. The user needs to have a
		good experience while
		working with the interface.
NFR-2	Security	Every user can access the
		website only if they posses
		the password. The database
		is secured with encryption
		techniques which provides
		high levels of security
NFR-3	Reliability	The project must have
		minimal degree of failure
		under normal usage and how
		often does the user get
		access to this work
NFR-4	Performance	The project must respond
		quickly to the user's actions
		or even if the user has to wait
		the waiting period must be
		short.
NFR-5	Availability	The project is platform
		independent. It runs perfectly
		on almost every platform
NFR-6	Scalability	The project allows multiple
		users to handle the data at
		the same time. It is highly
		scalable since adding
		features and making
		advancements in the website
		is uncomplicated.

CHAPTER 5

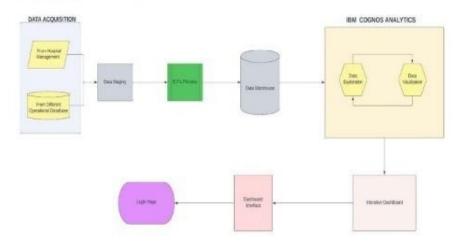
PROJECT DESIGN

5.1 DATA FLOW DIAGRAMS

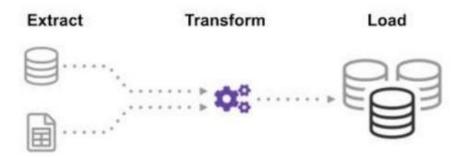


5.2 SOLUTION & TECHNICAL ARCHITECTURE

SYSTEM ARCHITECTURE:



ETL PROCESS (DATA INTEGRATION PROCESS):



5.3 USER STORIES

User Stories

Use the below template to list all the user stories for the product.

User Type	Functional Requirement (Epic)	User Story Number	User Story / Task	Acceptance criteria	Priority	Release
Customer (Web user)		USN-1	As a user, I can register for the application by entering my email, password, and confirming my password.	I can access my account / dashboard	High	Sprint-1
		USN-2	As a user, I will receive confirmation email once I have registered for the application	I can receive confirmation email & click confirm	High	Sprint-1
		USN-3	As a user, I can register for the application through Gmail	I can register & access the dashboard	Medium	Sprint-1
	Login	USN-4	As a user, I can log into the application by entering email & password	I can access the dashboard	High	Sprint-1
	Dashboard	USN-5	As a user, I can upload the datasets to the dashboard	I can access various operations	High	Sprint-1
	View	USN-6	As a user, I can view the patient details	I can view the visual data and the result after the prediction	High	Sprint-2
Admin	Analyse	USN-7	As an admin, I will analyse the given dataset	I can analyse the dataset	High	Sprint-2
	Predict	USN-8	As an admin, I will predict the length of stay	I can predict the length of stay	High	Sprint-2

CHAPTER 6

PROJECT PLANNING & SCHEDULING

6.1 SPRINT PLANNING & ESTIMATION

Sprint	Functional Requirement (Epic)	User Story Number	User Story / Task	Story Points	Priority	Team Members
Sprint-1	Registration	USN-1	As a health care provider I can create account in IBM cloud and the data arecollected.	20	High	Geetha K Midhula R
Sprint-2	Analyze	USN-2	As a health care provider all the data thatare collected is cleaned and uploaded in the database or IBM cloud.	20	Medium	Naga grishma K Guduru pavani
Sprint-3	Dashboard	USN-3	As a health care provider I can use my account in my dashboard for uploading dataset.	10	Medium	Midhula R Guduru pavani
Sprint-3	Visualization	USN-4	As a health care provider I can prepare data for Visualization.	10	High	Midhula R Naga grishma K
Sprint-4	Visualization	USN-5	As a health care provider I canpresent data in my dashboard.	10	High	Geetha K Naga grishma K
Sprint-4	Prediction	USN-6	As a health care provider I can predict the length of stay	10	High	Geetha K Guduru pavani

6.2 SPRINT DELIVERY SCHEDULE

Sprint	Total Story Points	Duration	Sprint Start Date	Sprint End Date (Planned)	Story Points Completed (as on Planned End Date)	Sprint Release Date(Actual)
Sprint-1	20	6 Days	24 Oct 2022	29 Oct 2022	20	29 Oct 2022
Sprint-2	20	6 Days	31 Oct 2022	05 Nov 2022	20	05 Nov 2022
Sprint-3	20	6 Days	07 Nov 2022	12 Nov 2022	20	12 Nov 2022
Sprint-4	20	6 Days	14 Nov 2022	19 Nov 2022	20	19 Nov 2022

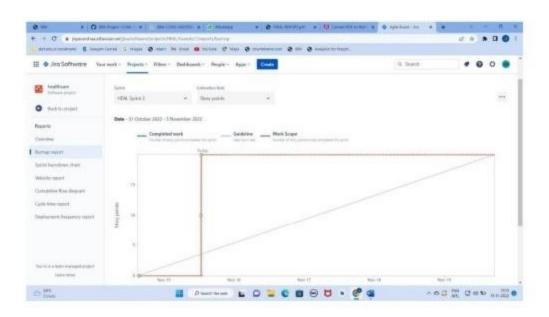
Velocity:

Imagine we have a 10-day sprint duration, and the velocity of the team is 20 (points per sprint). Let's calculate the team's average velocity (AV) per iteration unit (story points per day)

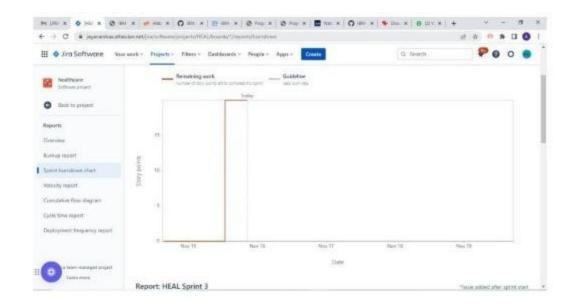
$$AV = \frac{sprint\ duration}{velocity} = \frac{20}{10} = 2$$

6.3 REPORTS FROM JIRA

Burnup chart



Burn down chart



CHAPTER 7

CODING & SOLUTIONING

7.1 FEATURE 1

- Fetched the data from DB2 database.
- Creating responsive dashboard.
- Inserting fiter for each chart
- Creating report
- Created reports using multiple graphs and charts

7.2 FEATURE 2

- Creating stories and performed.
- Perform animation render image from website.
- Included graphs and charts.
- Creating web application using bootstrap.
- Embedded the cognos with web application.

7.3 Database Schema

- case_id
- Hospital code
- Hospital_type_code
- City Code Hospital
- Hospital_region_code
- Available Extra Rooms in Hospital
- Department
- Ward_Type
- Ward_Facility_Code
- Bed Grade
- Patient id
- City_Code_Patient
- Type of Admission
- Severity of Illness
- Visitors with Patient
- Age
- Admission_Deposit
- Stay

CHAPTER 8 TESTING

8.1 Test Cases

- ♦ Verify user is able to see Home page.
- ♦ Verify user is able to see Dashboard page.
- Verify user is able to navigate to Report page.
- ♦ Verify user is able to navigate to story page.
- Verify fiters are working

8.2 User Acceptance Testing

1. Purpose of Document

The purpose of this document is to briefly explain the test coverage and open issues of the [ProductName] project at the time of the release to User Acceptance Testing (UAT).

2. Defect Analysis

This report shows the number of resolved or closed bugs at each severity level, and how they were resolved

Resolution	Severity 1	Severity 2	Severity 3	Severity 4	Subtotal
By Design	8	5	0	3	16
Duplicate	1	0	5	0	6
External	0	3	2	1	6
Fixed	13	4	3	16	36
Not Reproduced	0	1	0	0	1
Skipped	0	1	0	1	2
Won't Fix	1	4	2	1	8
Totals	23	18	12	22	75

3. Test Case Analysis

This report shows the number of test cases that have passed, failed, and untested

Section	Total Cases	Not Tested	Fall	Pass
Print Engine	9	0	0	9
Client Application	43	0	0	43
Security	1	0	0	1
Outsource Shipping	-1	0	0	1

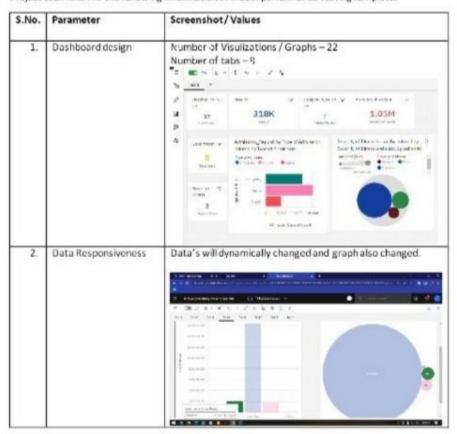
CHAPTER 9 RESULTS

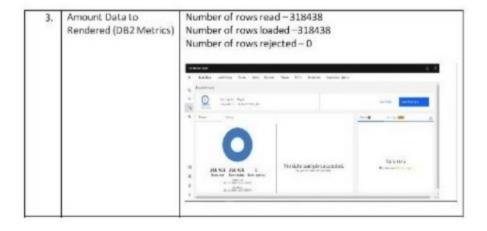
9.1 PERFORMANCE METRICS

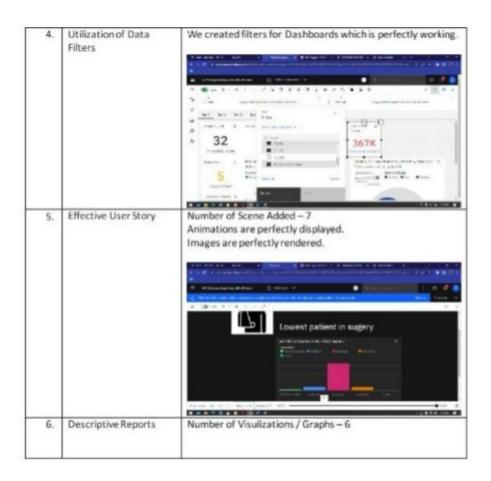


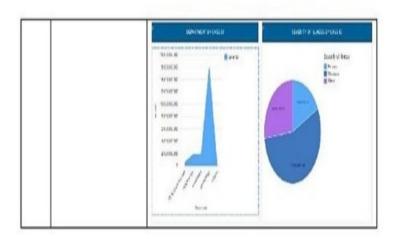
Model Performance Testing:

Project team shall fill the following information in model performance testing template.









CHAPTER 10

ADVANTAGES AND DISADVANTAGES

ADVANTAGES

\Diamond	Cost-effective use of technology
\$	Improved project management
♦	Sustaining the improvements in the result
♦ ♦ ♦	Boosting hospital capacity
⋄ ⋄	Enhance the quality and efciency of healthcare
♦	beneft areas like emergency preparation, charting, administration, compliance, and fnancial management.
\$	Analysing clinical data to improve medical research
\$	Using patient data to improve health outcomes
\$	Gaining operational insights from healthcare provider data
\$	Improved stafng through health business management analytics
\$	Early detection of disease.
\$	Prevention of unnecessary doctor's visits.
♦ >	Discovery of new drugs.
8	More accurate calculation of health incurance rates

More effective sharing of patient data

DISADVANTAGES

- Privacy
- Replacing Doctors
- Frustration with poor implementation.
- Cybersecurity risks
- Healthcare Regulatory Changes.
- Healthcare Stafng Shortages

CHAPTER 11 CONCLUSION

The impact of data analytics in healthcare has already made a substantial difference in the ability of healthcare providers to offer patients high-quality careinan efcient, cost-effective manner.

However, the role of data analytics in improving patient outcomes and healthcare processes continues to grow and expandas moretypes of data become available and new tools are developed that make the resultsof the analytics clear and easy for healthcare professionals to access.

Realizing the potential of data analytics to transform the healthcare industrybegins by understanding how the technology can be applied to address healthcareproviders' challenges, including staff recruitment and utilization, operational efciencies, and enhanced patient experiences. Patient-centered healthcaredepends on knowing what patients want and need. Data analytics holds thekeytounlocking this vital information.

CHAPTER 12 FUTURE SCOPE

Artifcial Intelligence (AI) will play a signifcant role in data analyticsinhealthcare for the next decade. For example, the feld of AI-enabled clinical decisionsupport is just emerging.

This type of support can compare patients who ft similarprofles within a system, then it can alert doctors to trends in data that mayhavebeen overlooked. The use of big data in healthcare will include testingfor druginteractions that small studies are unlikely to catch and prevent patients fromtaking harmful drug combinations.

Decisions made by physicians, like what test or treatments to giveaparticular patient, makeup 80-90% of all healthcare spending, so usingartificial intelligence to make more educated decisions will bring down healthcare costs. It'scrucial to have informed leaders at the vanguard of these innovations in healthcare.

CHAPTER 13 APPENDIX

SOURCE CODE

HOME PAGE

```
<html lang="en">
<head>
  <title>Data Analytics</title>
  <meta charset="utf-8">
  <meta name="viewport" content="width=device-width, initial-scale=1"> link rel="stylesheet"
href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css"> <script
  src="https://ajax.googleapis.com/ajax/libs/jquery/3.6.0/jquery.min.js">< <script
  src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js
</head>
<body>
<nav class="navbar navbar-inverse">
  <div class="container-fluid">
    <div class="navbar-header">
      <a class="navbar-brand" href="#">Analytics for Hospitals' Health-Care Data</ </div>
    ul class="nav navbar-nav">
      <a href="#">Home</a>
      <a href="dashboard.html">Dashboard</a>
      <a href="report.html">Report</a>
      <a href="story.html">Story</a>
    </div>
</nav>
<div class="jumbotron">
<center> <h4><i><b>Team ID : PNT2022TMID28558</b></i></h4></center>
</div>
Team Leader
         Pradeep rajal
```

DASHBOARD

<!DOCTYPE html>

```
<!DOCTYPE html>
<html lang="en">
<head>
<title>Data Analytics</title>
  <meta charset="utf-8">
  <meta name="viewport" content="width=device-width, initial-scale=1">
              rel="stylesheet"
                                    href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css
  src="https://ajax.googleapis.com/ajax/libs/jquery/3.6.0/jquery.min.js"><
  src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js
</head>
<body>
<nav class="navbar navbar-inverse">
  <div class="container-fluid">
     <div class="navbar-header">
       <a class="navbar-brand" href="#">Analytics for Hospitals' Health-Care Data</ </div>
     ul class="nav navbar-nav">
```

<script

<script

```
<a href="index.html">Home</a>
cli class="active"><a href="#">Dashboard</a>
<a href="report.html">Report</a>
<a href="story.html">Story</a>
<a href="story.html">Story</a>
</di>
</di>
</di>
</div>
</div>
</div>
</div>
</div>
</div>
</div>
</dirame

src="https://us1.ca.analytics.ibm.com/bi/?perspective=dashboard&amp;pathRef=.my_fo
00184774a03ac_0000002"
width="1500" height="1000" frameborder="0" gesture="media" allow="encrypted-medi </div>
```

REPORT

```
<!DOCTYPE html>
```

```
<html lang="en">
<head>
 <title>Data Analytics</title>
  <meta charset="utf-8">
  <meta name="viewport" content="width=device-width, initial-scale=1">
  k
                                   href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css
             rel="stylesheet"
  src="https://ajax.googleapis.com/ajax/libs/jquery/3.6.0/jquery.min.js"><
  src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js
</head>
<body>
<nav class="navbar navbar-inverse">
  <div class="container-fluid">
    <div class="navbar-header">
       <a class="navbar-brand" href="#">Analytics for Hospitals' Health-Care Data</ </div>
    ul class="nav navbar-nav">
       <a href="index.html">Home</a>
       <a href="dashboard.html">Dashboard</a>
       li class="active"><a href="#">Report</a>
       <a href="story.html">Story</a>
    </div>
```

<script

<script

STORY

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<!D
        OCT
        YPE
        htm
        |>
        <html lang="en">
        <head>
        <title>Data Analytics</title>
        <meta charset="utf-8">
        <meta name="viewport" content="width=device-width, initial-scale=1">
        <link rel="stylesheet" href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.m</pre>
        <script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
        </head>
        <body>
        <nav class="navbar navbar-inverse">
        <div class="container-fluid">
        <div class="navbar-header">
        <a class="navbar-brand" href="#">Analytics for Hospitals' Health-Care Data</a> </div>
        ul class="nav navbar-nav">
        <a href="index.html">Home</a>
        <a href="dashboard.html">Dashboard</a>
        <a href="report.html">Report</a>
        <a href="#">Story</a>
```

```
</div>
</div>
</div class="container">
<iframe
src="https://us1.ca.analytics.ibm.com/bi/?perspective=story&amp;pathRef=.my_folders%2Fstory%
0000002&amp;sceneTime=0"
width="1500" height="1000" frameborder="0" gesture="media" allow="encrypted-media"
allowfullscreen=""></firame>
</div>
</body>
</html>
```

Importing required Packages

```
import numpy as np
import pandas as pd
import matplotlib.pyplot as plt
import seaborn as sns
Newatplotlib inline
sns.set_style("darkgrid")
plt.style.use("dark_background")
```

Importing the dataset

```
train * pd.read_csv('/content/input/training_data.csv')
test = pd.read_csv('/content/input/testing_data.csv')
Paranters_Description = pd.read_csv('/content/input/paraneter_description.csv')
sample = pd.read_csv('/content/input/testing_target.csv')
```

Viewing dataset

[P4]: train.head(5)										
[74]:	case_id	Hospital_code	Hospital_type_code	City_Code_Hospital	Hospital_region_code	Available_Extra_Rooms_in_Hospital	Department	Ward_Type	Ward_Facility_Code	Bed_Grade
	0 1	3		3	z	3	radiotherapy	R	,	21
	1 2	2	ε	5	z	2	radiotherapy	5	,	2.0
	2 3	10		1	×	2	anesthesia	5	ŧ	2.0
	3 4	26	b	2	Y	2	radiotherapy	R	0	2.0
	4 5	26	b	2	Y	2	radiotherapy	5	0	21

Dataset Column Description

Paramters_Description

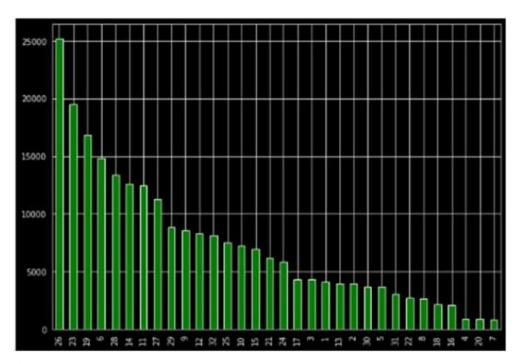
	Column	Description
0	case_id	It is identity number given by hospital admini
1	Hospital_code	It is the code (identity number) given to the
2	Hospital_type_code	It is the unique code given to the type of hos
3	City_Code_Hospital	It is the code given to the city where the hos
4	Hospital_region_code	It is the code given to the region where the h
5	Available_Extra_Rooms_in_Hospital	It will display the number of rooms that are s
6	Department	The department that is overlooking the patient
7	Ward_Type	The unique code given to the type of ward to w
8	Ward_Facility_Code	The unique code given to the facility in the w
9	Bed_Grade	It is the quality or condition of the bed in t
10	patientid	It is the unique identity value given to the p
11	City_Code_Patient	It is the unique identity code given to the ci
12	Type_of_Admission	It is the admission type registered in the hos
13	Severity_of_Illness	It is the severity level of the patients' illn
14	Visitors_with_Patient	Number of the visitors with the patients to ta
15	Age	It is the age of patients. It is given in peri
16	Admission_Deposit	It is the deposit amount that the patient paid
17	Stay	It is the Length Of Stay (LOS) of patients. I

Analysis of dataset

Distribution of values

Hospital_code

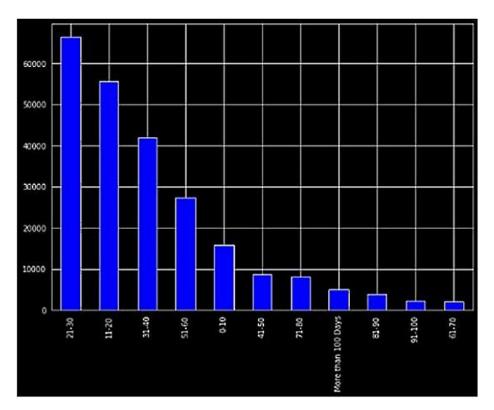
```
train.Hospital_code.value_counts()
25 25225
23 19595
19 16825
6 14847
6
28
        13341
14
11
27
29
9
12
32
25
10
15
21
        12594
12454
        11312
8828
8558
          8312
         8166
7529
7257
6965
           6226
24
17
          5863
4319
          4308
4111
           3940
3707
2
30
5
31
22
          3051
2740
8
18
16
4
           2164
2119
20
7
            995
Name: Hospital_code, dtype: int64
 plt.figure(figsize=(18,7))
train.Hospital_code.value_counts().plot(kind="bar", color = ['green'])
```



Stay

```
train.Stay.value_counts()
```

21-38	66497
11-20	55691
31-40	41951
51-60	27458
0-10	15866
41-58	8665
71-80	8861
More than 100 Days	5829
81-90	3821
91-100	2179
61-78	2898
Name: Stay, dtype:	int64



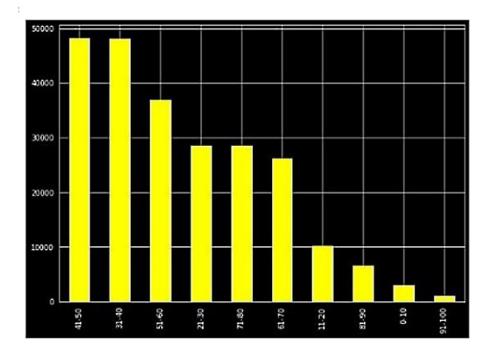
Age

train.Age.value_counts()

41-50 48272 31-40 48106 51-60 36969 21-30 28555 71-80 28552 61-70 26139 11-20 10141

```
81-90 6578
0-10 3030
91-100 966
Name: Age, dtype: int64
```

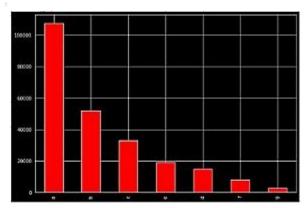
```
#Age distribution
plt.figure(figsize=(10,7))
train.Age.value_counts().plot(kind="bar", color = ['Yellow'])
```



Hospital_type_code

train.Hospital_type_code.value_counts()

- a 107545
 - b 51925

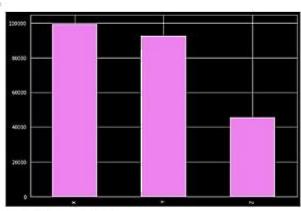


Hospital_region_code

train.Hospital_region_code.value_counts()

- X 99568 Y 92214 2 45527 Name: Nospital_region_code, dtype: int84

#Wospital_region_code distribution
plt.figure(figsize=(10,7))
train_Hospital_region_code.valua_counts().plot(Rind+"bar", color = ["Violet"])



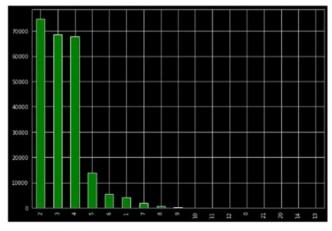
Available_Extra_Rooms_in_Hospital

train_Available_Extra_Rooms_in_Hospital, value_counts()

- 74877 68517 67756 13879 5344 4288 1876 622 144 46

```
11 13
12 11
0 11
21 2
20 1
14 1
13 1
Name: Available_Extra_Rooms_in_Hospital, dtype: int64
```

```
#Available_Extra_Rooms_in_Hospital distribution
plt.figure(figsize=(18,7))
train.Available_Extra_Rooms_in_Hospital.value_counts().plot(kind="bar", color = ['green'])
```



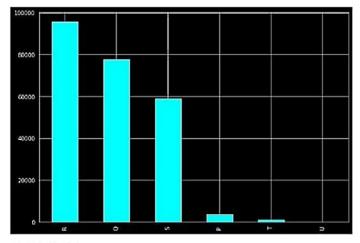
Department

train.Department.value_counts()

gynecology 185062

```
R 95788
Q 77707
S 59022
P 3691
T 1092
U 9
Name: Ward_Type, dtype: int64
```

```
#Ward_Type distribution
plt.figure(figsize=(10,7))
train.Ward_Type.value_counts().plot(kind="bar", color = ['cyan'])
```



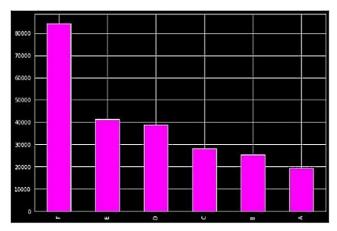
Ward_Facility_Code

train.Ward_Facility_Code.value_counts()

F 84438 E 41246

```
D 38584
C 28137
8 25493
A 19411
Name: Ward_Facility_Code, dtype: int64
```

```
#Word_Focility_Code distribution
plt.figure(figsize=(10,7))
train.Ward_Facility_Code.value_counts().plot(kind="bar", color = ['magenta'])
```



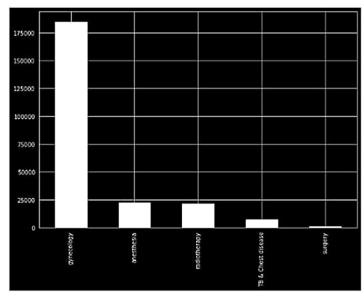
Visitors_with_Patient

train.Visitors_with_Patient.value_counts()

2.0 103037 4.0 59068 3.0 43860 6.0 14211 5.0 6992

```
anesthesia 22557
radiotherapy 21725
TB & Chest disease 7017
surgery 948
Name: Department, dtype: int64
```

```
#Department distribution
plt.figure(figsize=(10,7))
train.Department.value_counts().plot(kind="bar", color = ['white'])
```

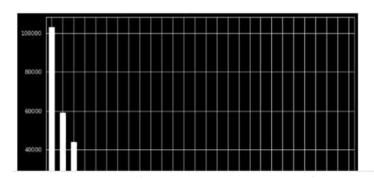


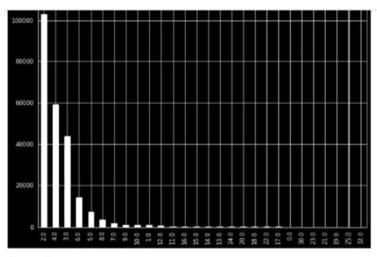
Ward_Type

train.Ward_Type.value_counts()

```
8.0 3662
7.0 1888
9.0 1024
10.0 882
1.0 871
12.0 757
11.0 242
16.0 220
15.0 146
14.0 138
13.0 84
24.0 63
20.0 46
18.0 35
22.0 16
17.0 15
0.0 13
30.8 9
23.0 8
21.0 8
19.0 6
25.0 6
32.0 1
Name: Visitors_with_Patient, dtype: int64
```

```
#Visitors_with_Patient distribution
plt.figure(figsize=(18,7))
train.Visitors_with_Patient.value_counts().plot(kind="bar", color = ['white'])
```





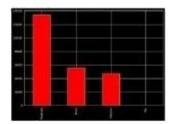
Severity of Iliness

```
train.Severity_of_Illness.value_counts()
```

Moderate 134324 Minor 55665 Extreme 47319 Min 1

Min 1 Name: Severity_of_Illness, dtype: int64

#Severity_of_Illness distribution
plt.figure(figsize=(10,7))
train.Severity_of_Illness.value_counts().plot(kind="bar", color = ['red'])



Unique values of columns

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	21, 18, 16,												
********			*****	*****	***	*****			****		 *****	*****	*******
									***		 	****	
	ues for Type_o ' 'Trauma' 'Ur		ion										
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	ues for Severi 'Moderate' 'Mi	rior" "Mi	n°1										
*											 		
*			*****		***						 	*****	********
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	17. 23. 21.												
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	uns for Age												
['51-68' '7: '91-109' m	1-88' '31-48' an]	'41-50'	181-98	51	781	121-30	111	-20"	-8	10'			
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	ues for Admiss , 4745 27			4.3									
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Unique Val	es for Stay												
		the second second	da delet	19400	ini A	21.00							
['8-18' '41	50 31-90	11-20	32 - DO										

## Data Preprocessing & Feature Engineering

#### "The following features may have relevance with the Length of Stay of a patient"

Department: It Relates to the type of disease. Hence it will have impact on the length of stay of the patients

Type of Admission: It Relates to patients' reason of admission to the hospital and definitely it will have impact on length of stay oof the patients

Severity of Illness: It Relates to the curability of disease

Age: Relates to the curability of diseaseThe following features may have relevance with the Length of Stay of a patient

Department: It Relates to the type of disease. Hence it will have impact on the length of stay of the patients

Type of Admission: It Relates to patients' reason of admission to the hospital and definitely it will have impact on length of stay opf the patients

Severity of Illness: It Relates to the curability of disease

Age: Relates to the curability of disease

Ward_Type: Relates to the curability of disease

Ţ

#### "The following features doesn't have relevance with the Length Of Stay(LOS) of Patients"

Hospital_region_code: It is code given to the hospital region which is irrelevent to the Length of Stay.

Bed Grade: It is the grade given to the quality of the bed in ward it is also irrelevent to the length of stay.

patientid: it is the identity number or code given for the identification of the patient which is irrelevant to the length of stay.

City_Code_Patient: It is the city code and irrelevant to the length of stay of patients.

```
as 'Hospital_region_code', 'Bed_Grade', 'patientid', 'City_Code_Patient' are irrelevant to the health or length of stay of patients so lets drop these parameters from training and testing dataset to improve the performance of model (high accurracy) by reducing the complexity

train = train.drop(['Hospital_region_code', 'Bed_Grade', 'patientid', 'City_Code_Patient'], axis = 1)

test = test.drop(['Hospital_region_code', 'Bed_Grade', 'patientid', 'City_Code_Patient'], axis = 1)
```

```
# Combine test and train dataset for processing combined = [train, test] combined
```

```
case_id Hospital_code Hospital_type_code City_Code_Hospital \
                          23
237384 237385
237305
       237306
237386
        237387
       Available_Extra_Rooms_in_Hospital Department Ward_Type \
                                       2 radiotherapy
                                       2 pnesthesia
2 radiotherapy
                                       2 radiotherapy
                                       3 gynecology
237384
                                            gynecology
gynecology
237385
                                       4 radiotherapy
237307
237388
                                           gynecology
```

```
237304
                                               5.8 41-58
                                                                                      4298.0 51-60
                                              4.0 41-50
4.0 31-40
2.0 31-40
NaN NaN
                                                                                      4165.0 31-40
5075.0 21-30
5179.0 31-20
NaN NaN
 217105
 237306
 217397
217398
[237309 rows x 14 columns],
case_id Hospital_code Hospital_type_code City_Code_Hospital \
0 318439 21 c 3
                 318448
                                                  29
                 318041
                                                 26
                                                  28
                                                                                                                     11
                 318443
 137052
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                                                                              Department Ward_Type \
                                                                               gynecology
gynecology
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 137052
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                                                                                                                QR
 137853
137854
137855
                                                                     2 radiotherapy
2 anesthesia
2 anesthesia
                                                                                                                0
 137956
                                                                               gynecology
             Ward_Facility_Code Type_of_Admission Severity_of_Illness \
                                                            Emergency
Trauma
                                                                                                Moderate
                                                                                                Moderate
                                                            Energency
Trauna
                                                                                                 Moderate
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Emergency
Urgent
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É
A
                                                                                                  Minor
137052
137053
137054
                                                                                                Moderate
Minor
 137955
                                                                 Trauma
                                                                                                      Minor
                                                                                                  Extreme
                                             ient Age Admission_Deposit
2 71-88 3095
4 71-88 8018
3 71-88 869°
3 71-80
              Visitors_with_Patient
                                                3 71-88
4 71-88
 3
                                                                                          4173
                                                                                          4161
                                              4 41-58
                                                                                          6313
                                                 2 0-18
2 0-10
2 41-50
 237953
                                                                                          3518
 137954
137955
                                                                                          7198
5435
                                                  5 51-68
 137956
                                                                                          4792
 [137057 rows x 13 columns]]
Lets encode the categorical data for training the model
 # Encoding Department
 from sklearm.preprocessing import LabelEncoder
 for dataset in combined:
    label = LabelEncoder()
    dataset['Department'] = label.fit_transform(dataset['Department'])
 combined[1].Department.unique()
array([2, 1, 0, 3, 4])
# Encoding Ward Type, Maspital_type_code, Ward_Farility_Code, Type_of_Admission, Severity_of_Illness
for dataset in combined:
    label = LabelEncoder()
    dataset['Maspital_type_code'] = label.fit_transform(dataset['Maspital_type_code'])
    dataset['Ward_Facility_Code'] = label.fit_transform(dataset['Ward_Facility_Code'])
    dataset['Ward_Type'] = label.fit_transform(dataset['Ward_Type'])
    dataset['Yape_of_Admission'] = label.fit_transform(dataset['Yape_of_Admission'])
    dataset['Severity_of_Illness'] = label.fit_transform(dataset['Severity_of_Illness'])
 combined[8]
```

Visitors_with_Patient Age Admission_Deposit Stay 2.0 S1-60 dp11.0 0-10 2.8 51-68 2.8 51-68

51-68

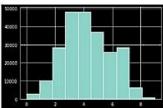
2.8 2.8 51-68 5954.0 41-50 4745.0 31-40

7272.0 41-50

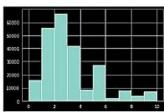
5558.0 41.50

	case_id	Hospital_code	Hospital_type_code	City_Code_Hospital	Available_Extra_Rooms_in_Hospital	Department	Ward_Type	Ward_Facility_Code	Type_of_Admission	Sever
0	1	- 1	2	3	1	3	2		Φ,	
1	2	2	2	\$	2	3	1	1	1	
2	3	10	2	1	3	1	1	4	t	
3	4	26	1	2		3	2	- 3		
	- 5	26	1	2	2	3	3	3	1	
12	2	1	-	12	34	12		2	. 2	
237304	237305	23	o'	- 6	13	2	2	S	f	
237305	237306	19	0	7	2	2	2	2	0	
237304	237207		2	1		2	1	5	0	
237307	237308	21	2	1	4		. 1	0		
237308	237209		0	. 1	1	2	4	- A	1	
37309 n	ows × 1	4 columns								
4							- 10			- 1

	ned[1]									
	case_id	Hospital_code	Hospital_type_code	City_Code_Hospital	Available_Extra_Rooms_in_Hospital	Department	Ward_Type	Ward_Facility_Code	Type_of_Admission	Seven
0	318430	21	2	13	3	2	1	: 0	0	
1	318440	29	0	4	2	2	3	5		
2	318441	26	1	2	3	2	7	3	0	



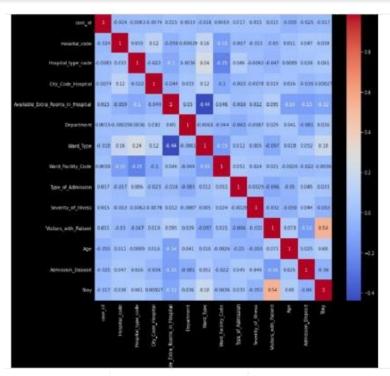
combined[0].Stay.hist()



shape of combined (train data, test data) dataset

for dataset in combined: print(dataset.shape)

(237389, 14) (137857, 13)



	cave_id	Hospital_code	Hospital_type_code	City_Code_Hospital	Available_Extra_Rooms_in_Hospital	Department	Ward, Type	Want_Facility_Code	Type_of_Admission	Sever
0.3	318439	-21	1	3	1	. 2	3	0		
1.1	318440	29		- 4		- 1		- 1	-1	
2.3	318441	26	1	1	3	. 2	1	3		
3 1	118442	8	0	6	3	- 2		5	1	
4.1	itizat.	211		10	2		2	3	1	
- 100			-		2.5					
37052 4	465491	11	1	2.	1.2	1	1	3	9	
17053 4	455492	25	4		2	- 1	. 2	4	0	
17054 J	455493	30	2	3	1	1	2	0	1	
17055 4	455404	- 3	0	1	1		2	#		
17056 A	455495	-8	. 0	-6	1	1.7	X	5		

## Training the model

from sklearn.linear_model import ingisticPegression from sklearn.two import SVC, LinearSVC from sklearn.esseble import RandomForestClassifier from sklearn.essebles import Membershipsborsclassifier from sklearn.aslue_boyes import Outsigned from sklearn.linear_model import Perceptrom from sklearn.linear_model import Perceptrom from sklearn.tree import DecisionTreeClassifier

train = combined[#] test = combined[1]

#### K-Nearest Neighbor Algorithm

```
knn + #MeighborsClassifier(n_neighbors + 3)
knn.fit(X_train, v_train)
y_red = knn.predict(X_test)
acc_wnn + round(knn.score(X_train, v_train) + 188, 2)
acc_knn
```

\$1.99

#### **Descision Tree Algorithm**

```
decision_tree = DecisionTreeClassifier()
decision_tree.fit(X_train, Y_train)
Y_pred = decision_tree.predict(X_text)
acc_decision_tree = round(decision_tree.score(X_train, Y_train) * 100, 2)
acc_decision_tree
```

99,76

#### Random Forest Algorithm

```
random_forest = HandomforestClassifier(m_estinators=180)
random_forest.fit(X_train, Y_train)
Y_pred = random_forest.preddct(X_test)
random_forest.score(X_train, Y_train)
sec_mandom_forest = round(random_forest.score(X_train, Y_train) * 180, 3)
lec_foldom_forest = round(random_forest.score(X_train, Y_train) * 180, 3)
lec_foldom_forest
```

99.76

#### Prediction accuracy comparison

```
palette_color * sns.color_palette('flare')
plt.pie(data, labels-keys, colors-palette_color_explode-index, sutopct*'%.ef%')
```

X

```
];
[[ext(0.870685387754283, 0.68828836389082, '%-Nearest Neighbor');
Pext(-1.7712889359879434, 1.328272287886552, 'Decision tree');
Next(0.68968767985876, -1.9855843551895355, 'Nandom Forest')];
[ext(0.47848531380137894, 0.3783548763222374, '235'),
[ext(0.47848531380137894, 0.8783548763222374, '235'),
[ext(0.323229493867245, -1.932302358130496, '305')])
 autput = pd.DataFrame({
    "case_id": test["case_id"],
    "Stay": Y_pred
 22
 output['Stay'] = output['Stay'].replace(stay_labels.values(), stay_labels.keys())
output.to_csv("LOS_Frediction.csv", index = False)
                care_id Stay
          Ø 318439 0-10
           2 318441 21-30
3 318442 11-20
        4 (1844) (1-4)
 137052 455491 0-10
137053 455492 0-10
 137054 435493 21-30
 137055 455484 21-30
137056 455495 31-60
137057 rows = 2 columns
data:ep.array({(29,8,4,2,2,3,5,1,2,4,7,4018}))
p-random_forest.predict(deta)
p
 /usr/local/lib/python3.7/dist-packages/sklearn/bese.py:451: Userwarning: X does not have valid feature names, but Randomforestlassifier was fitted with feature names
"X does not have valid feature cames, but"
 arrest[5-1)
 def prediction(p):

if(p[0]=w0):
    print("The predicted LOS of patient is : 0-10")
    print("The predicted LOS of patient is : 11-20")
    said(p[0]=01):
    print("The predicted LOS of patient is : 21-30")
    said(p[0]=02):
    print("The predicted LOS of patient is : 21-30")
    said(p[0]=w0):
    print("The predicted LOS of patient is : 31-30")
    slif(p[0]=w0):
    print("The predicted LOS of patient is : 31-30")
    slif(p[0]=w0):
    print("The predicted LOS of patient is : 51-00")
    slif(p[0]=w0):
    print("The predicted LOS of patient is : 51-00")
    slif(p[0]=w0):
    print("The predicted LOS of patient is : 71-30")
    slif(p[0]=w0):
    print("The predicted LOS of patient is : 71-30")
    slif(p[0]=w0):
```

```
elif(p[0]==0):
    print("The predicted LOS of patient is : 81-90")
    elif(p[0]==0):
        print("The predicted LOS of patient is : 91-100")
    elif(p[0]==10):
        print("The predicted LOS of patient is : More than 100 Days")

data=np.array([[29,0,4,2,2,3,5,1,2,4,7,4018]])
    p=random_forest.predict(data)
    print(p)

The predicted LOS of patient is : $1-60
```

GIT HUB LINK: https://github.com/IBM-EPBL/IBM-Project-22276-1659845740