# ANALYTICS FOR HOSPITAL HEALTH CARE DATA A PROJECT REPORT

# Submitted By

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In partial fulfillment for the award of the degree of

# **BACHELOR OF TECHNOLOGY**

In

# **INFORMATION TECHNOLOGY**



# KINGS ENGINEERING COLLEGE, IRUNGATTUKOTAI

**ANNA UNIVERSITY: CHENNAI 600025** 

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# **BONAFIDE CERTIFICATE**

Certified that IBMprojectreport "HEALTHCAREAPPLICATION" is bonafide work of "SRINITHI.K,SHALINI.R,THEEBIKA.K,SAVITHA.Y" who carried out this project work under my supervision.

**SIGNATURE** 

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**SIGNATURE** 

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### **ACKNOWLEDGEMENT**

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3

# TABLE OF CONTENTS

CHAPTER	TITLE	PAGE NO
Ţ	INTRODUCTION	
I.	1.1 Project overview	
	1.2 purpose	
п	LITERATURE SURVEY	
II.	2.1 Existing System	
	2.2 References	
	2.3 Problem Statement Definition	
III	IDEATION PHASE	
	3.1Empathy Map Canvas	
	3.2 Ideation & Brain storming	
	PROJECT DESIGN PHASE-I	
177	4.1Proposed Solution	
IV.	4.2Problem Solution Fit	
	4.3 Solution Architecture	
V.	PROJECT DESIGN PHASE-II	
	5.1 Customer Journey Map	
	5.2 Functiona; Requirement	
	5.3Data flow Diagram	
	5.4Technology Architecture	
VI.	PROJECT PLANNING PHASE	
	6.1 Sprint plan(Burn Down Chart)	
	6.2 milestone	
. VII.	DATA COLLECTION	
	7.IBM Cognos Analtyics	
	7.2 Working With Dataset	
	7.3 Data Visualization	

VIII.	DEPLOYMENT OF APP IN CLOUD  8.1 IBM Cloud  8.2 Project Flow	
IX	TESTING 9.1Test Cases 9.2User Acceptance Testing	
X.	RESULTS 10.1 Performance Metrics	
X.	ADVANTAGES & DISADVANTAGES	
XI.	CONCLUSION	
XII.	FUTURE SCOPE	
XIII	APPENDIX Source Code GitHub & Demo Link	

### 1. INTRODUCTION

### 1.1 Project Overview

In the ever-evolving technological world of today, data fuels businesses. The careers of the future involve data analytics across every industry — healthcare, finance, sports, retail & e-commerce, streaming, aviation, dating, marketing, weather, education, government, travel, and everything under the sun. Businesses rely on data to stay competitive, agile, and make better-informed decisions. And the healthcare industry is no exception. Working in the healthcare industry for almost a year now, I've realized that the healthcare industry is notorious for being conservative when it comes to technology adoption. We are using legacy systems built 40 years ago with minor transformations made as required over all these years. And NOW is the time for a digital revolution in healthcare.

### 1.2 Purpose:

2. This is the purpose of healthcare data analysis: using data-driven findings to predict and solve a problem before it is too late, but also assess methods and treatments faster, keep better track of inventory, involve patients more in their own health, and empower them with the tools to do so.

### 3. LITERATURE SURVEY

- **3.1** The current study performs a systematic literature review(SLR) to synthesise prior research on the applicability of big data analytics(BDA) in healthcare.
- 3.2 References
- 3.3 Problem Statement Definition

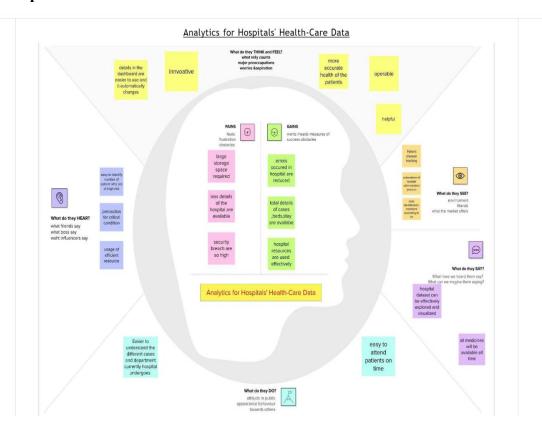
Health care industry desires to clarify the patients using their pathology data for their care management improvement that facilities to build a multi-classification to build care management model with right classification of patient. Descriptive analysis, which examines and describes something that's already happened. Diagnostic analysis, which seeks to understand the cause of an event. Predictive analysis, which explores historical data, past trends, and assumptions to answer questions about the future.

Due to lack of effective data governance procedures, capturing data is one of the biggest obstacles for healthcare organizations.

clarify the patients using their pathology data for their care management improvement that facilities to build a multi-classification to build care management model with right classification of patie

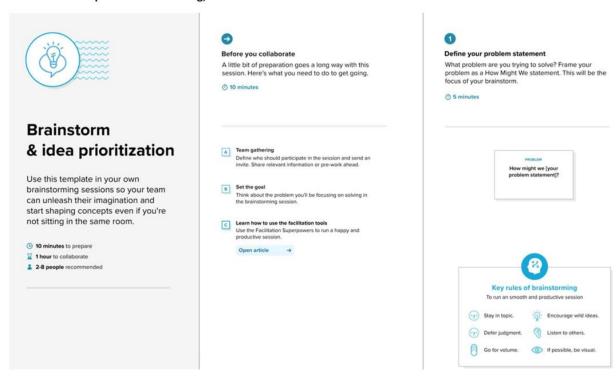
### 2 IDEATION & PROPOSED SOLUTION

### 2.3 Empathy Map Canvas

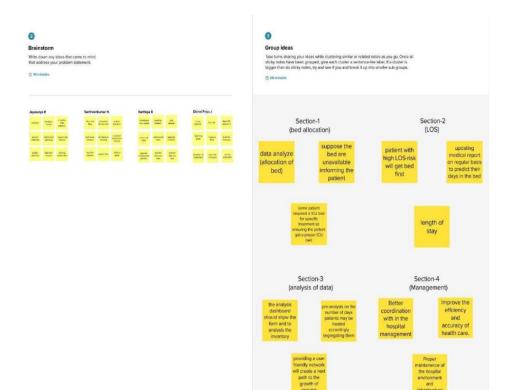


### 2.4 Ideation & Brainstorming

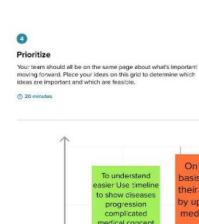
Step-1: Team Gathering, Collaboration and Select the Problem Statement

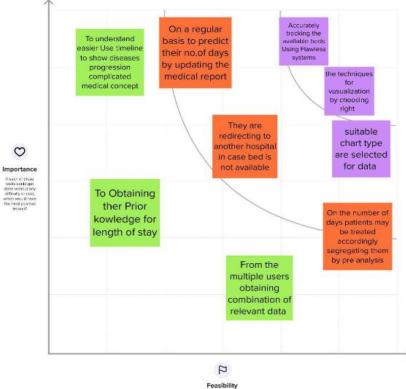


Step-2: Brainstorm, Idea Listing and Grouping

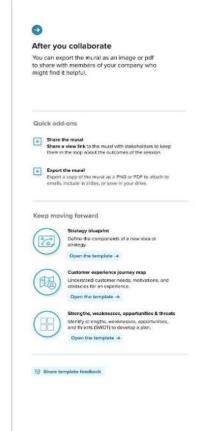


### Step-3: Idea Prioritization





Regardless of their importance, which tests are more feasible than others? (Cost, time, office, complexity, etc.)



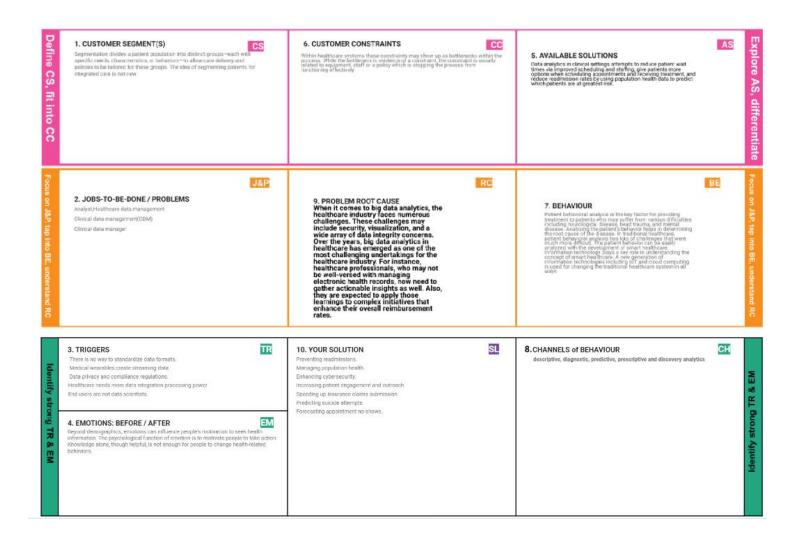
# PROJECT DESIGN PHASE-1

# 4.1 Proposed Solution

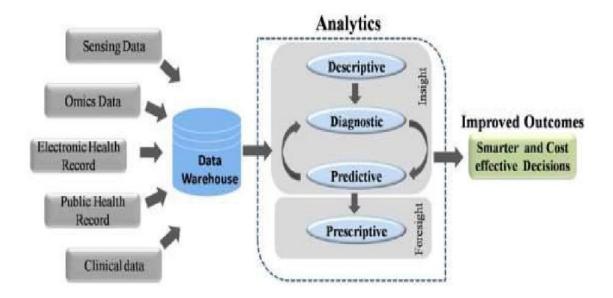
S.No.	Parameter	Description
1,	Problem Statement (Problem to be solved)	Health care industry desires to clarify the patients using their pathology data for their care management improvement that facilities to build a multi-classification to build care management model with right classification of patient. Descriptive analysis, which examines and describes something that's already happened. Diagnostic analysis, which seeks to understand the cause of an event. Predictive analysis, which explores historical data, past trends, and assumptions to answer questions about the future.
2.	Idea / Solution description	When health providers have access to a patient's up-to-date health data, they can provide more efficient, higher quality, safer and more personalised care and care coordination. Patients looking at their own health data gain insight into how their health is evolving over time.
3.	Novelty / Uniqueness	One of the main benefits of data analytics from a healthcare facility's point of view is that it enables them to improve their operations, make their processes more efficient, and lower their costs.
4.	Social Impact / Customer Satisfaction	Right care: Data can improve outcomes, reducing medical errors. Application of big data tools will facilitate evidence-based care that is personalized to the specific patient. Right provider: Proven outcomes for patients to receive the best medical care based on data that helps us better match the provider's skill set with the needs of the patient and allow assessment of specific providers. Right value: Cost-objective healthcare through dijerent methods, such as patient-outcome reimbursement and eliminating fraud, waste, and abuse in the system utilizing big data.

		Right innovation: Innovators will be able to address all aspects of therapeutic innovation discovery, development, and safety utilizing data from past trials as well as analyzing trends from current data.
5.	Business Model (Revenue Model)	Business analytics is playing a huge role in helping companies taking informed decisions, within different therapeutical areas, markets, and regions to reach up to decisions within the stipulated time frame, and get exposed to real-world insights from competitors, payers, regulators, patients, etc.
6.	Scalability of the Solution	Scalability is the ability of a health intervention shown to be efficacious on a small scale and/or under controlled conditions to be expanded under real world conditions to reach a greater proportion of the eligible population, while retaining effectiveness.

### **4.2 Problem Solution Fit**



# 4.3 Solution Architecture



# PROJECT DSIGN PHASE - II

# 5.1 Customer Journey Map

# **Functional Requirements:**

Following are the functional requirements of the proposed solution.

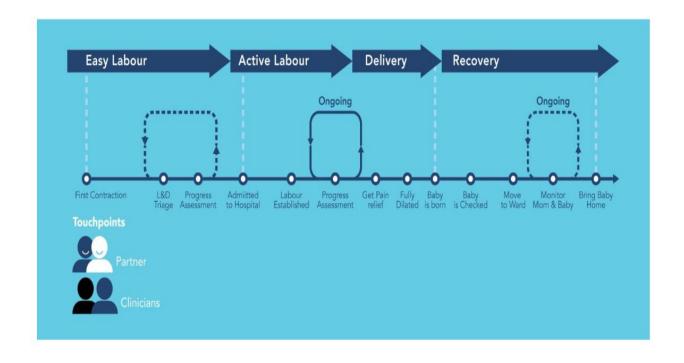
FR No.	Functional Requirement (Epic)	Sub Requirement (Story / Sub-Task)
FR-1	User Registration	Registration through Form Registration through Gmail Registration through LinkedIN
FR-2	User Confirmation	Confirmation via Email Confirmation via OTP
FR-3	User Login	User should login with the user name and password.
FR-4	User Installation	user can install the app from google play store or Apple store or directly from the website.

# Non-functional Requirements:

Following are the non-functional requirements of the proposed solution.

FR No.	Non-Functional Requirement	Description
NFR-1	Usability	Everyone can easily install and use from the play store by using the instructions in the app.
NFR-2	Security	The application is very secure and confidential.
NFR-3	Reliability	Reliability is the piece of software operating without failure while in a specified environment over a set duration of time.
NFR-4	Performance	The app can work fast and more reliable.
NFR-5	Availability	It is available in all kind of play stores and more categories and jobs are recommended.
NFR-6	Scalability	Our application takes less time to response many requests simultaneously without making server crashes, so this will ensure our application will scalable.

# **5.2 Functional Requirement**



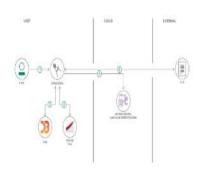
# 5.3 Data Flow Diagram

# Data Flow Diagrams:

A Data Flow Diagram (DFD) is a traditional visual representation of the information flows within a system. A neat and clear DFD can depict the right amount of the system requirement graphically. It shows how data enters and leaves the system, what changes the information, and where data is stored.

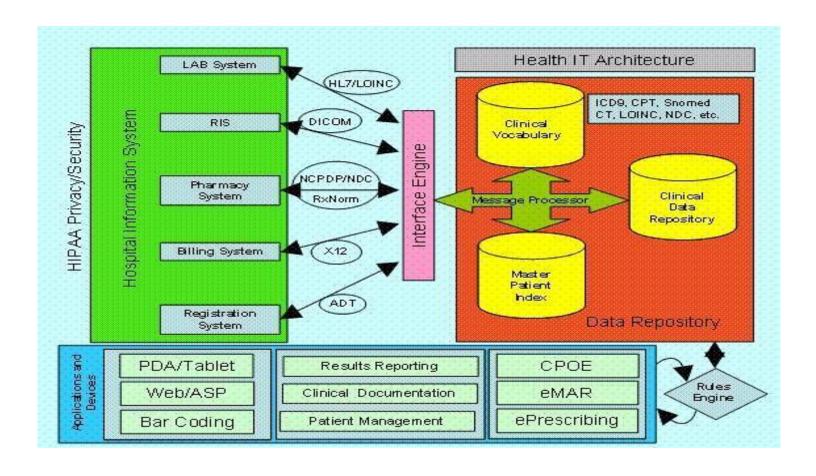
# Example: (Simplified)

# Flow



- User configures credentials for the Watson Natural Language Understanding service and starts the app.
- 2. User selects data file to process and load.
- 3. Apache Tika extracts text from the data file.
- 4. Extracted text is passed to Watson NLU for enrichment.
- 5. Enriched data is visualized in the UI using the D3.js library.

# **5.4 Technology Architecture**



# PROJECT PLANNING PHASE

# 6.1 Sprint Plan (Burn Down Chart)

### Product Backlog, Sprint Schedule, and Estimation (4 Marks)

Use the below template to create product backlog and sprint schedule

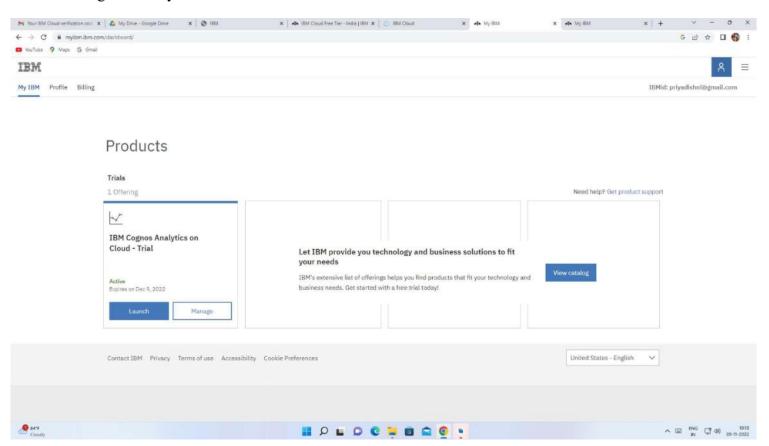
Sprint	Functional Requirement (Epic)	User Story Number	User Story / Task	Story Points	Priority	Team Members
Sprint 1	Registration	USN-1	Installation of the application in the mobile.			Srinithi
Sprint-1		USN-1	As a user, I can register for the application by entering my email, password, and confirming my password.		High	Shalini
Sprint-1		USN-2	As a user, I will receive confirmation email once I have registered for the application	1	High	Theebika
Sprint-2		USN-3			Low	Savitha
Sprint-3	7	USN-4	As a user, I can register for the application 2 Mediur through Gmail		Medium	Srinithi
Sprint-4	Login	USN-5	As a user, I can log into the application by entering email & password	1	High	Shalini
			As a user, I can log into the application by entering email & password.		High	Theebika
	Dashboard		Up to date current patients data.		High	Savitha
	Browser		Website Login Can through the browser.		Medium	Srinithi

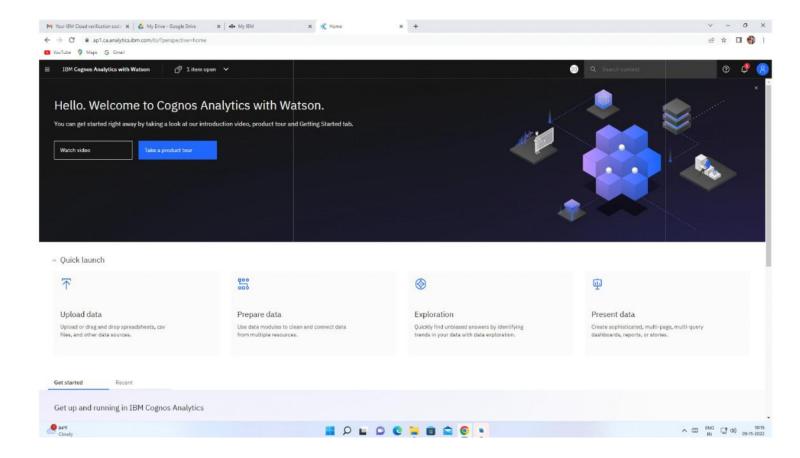
# **6.2 Milestone**

MILESTONES	ACTIVITY LIST	
MILESTONE-1	Collecting the data based on the application	
MILESTONE-2	Uploading the collected data on the IBM COGNOS platform	
MILESTONE-3	Data exploration in the IBM COGNOS platform	
MILESTONE-4	Data visualization in the IBM COGNOS platform	
MILESTONE-5	Creating an interactive dashboard	
MILESTONE-6	Displaying the prepared dashboard	
MILESTONE-7	Preparing a standard dataset and removing the unwanted data using the python programming	
MILESTONE-8	By using the various algorithm and exploring the result and getting the accurate result with the help of an algorithm which give more accuracy	
MILESTONE-9	Displaying the result according to the required format for example displaying the Length Of Stay of a patient	
MILESTONE-10	Deployed in the GitHub	

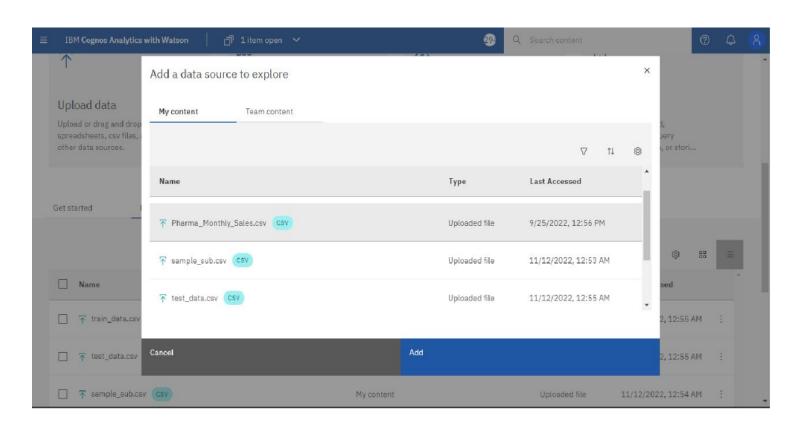
# **DATA COLLECTION**

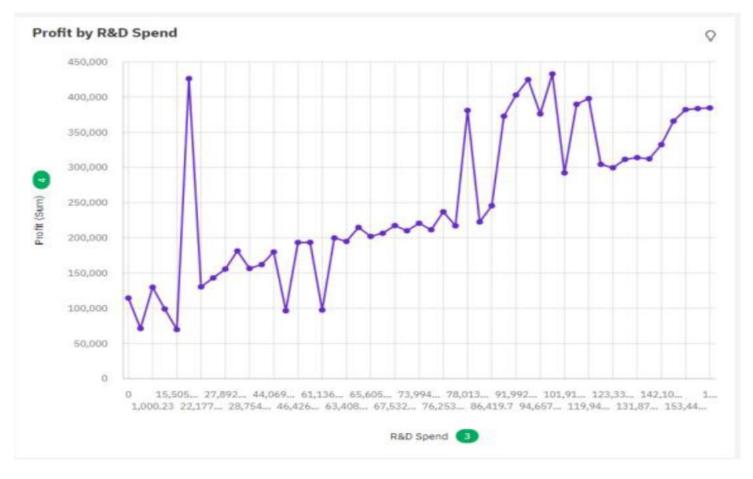
# 7.1 IBM Cognos Analtyics

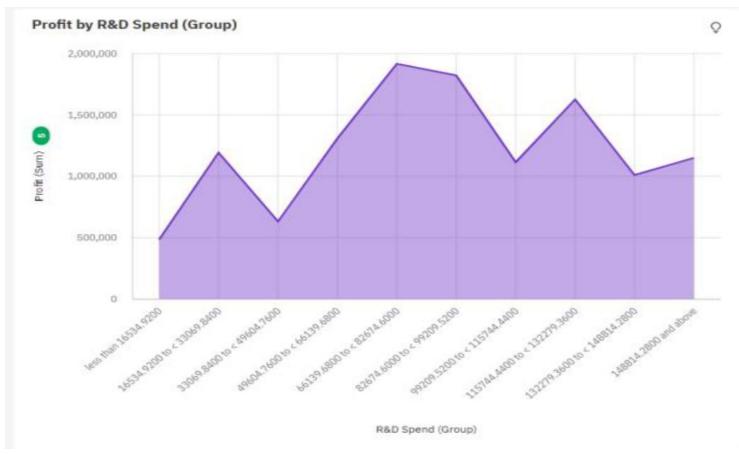


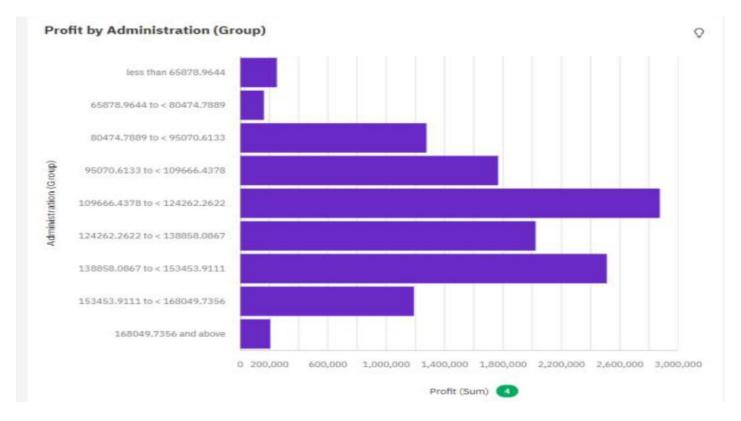


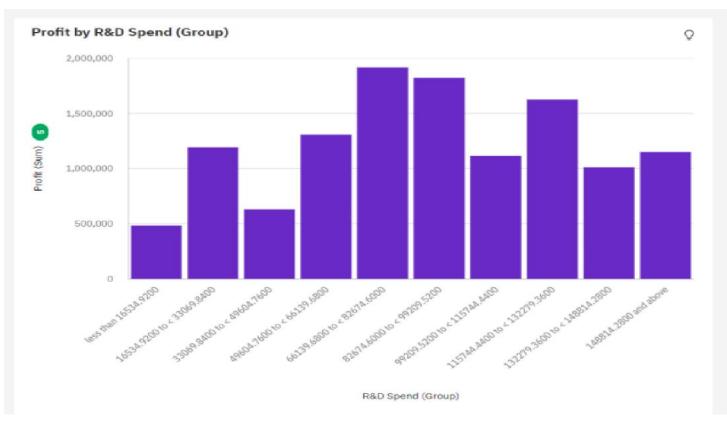
### 7.2 Working With Datasets

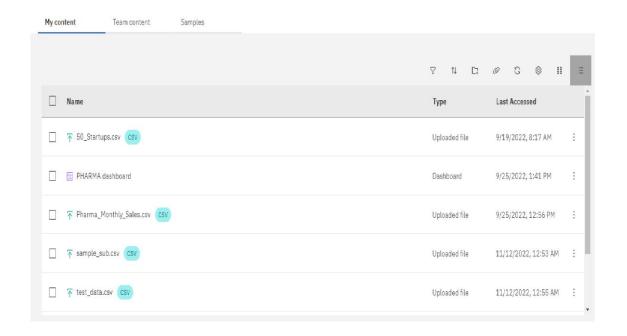


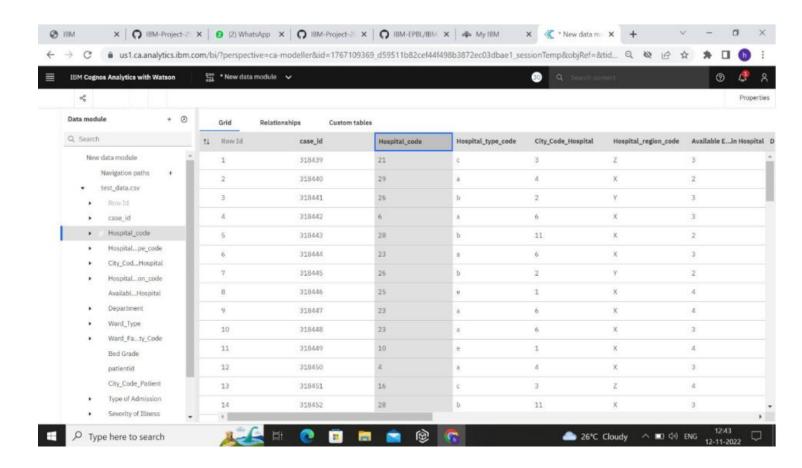




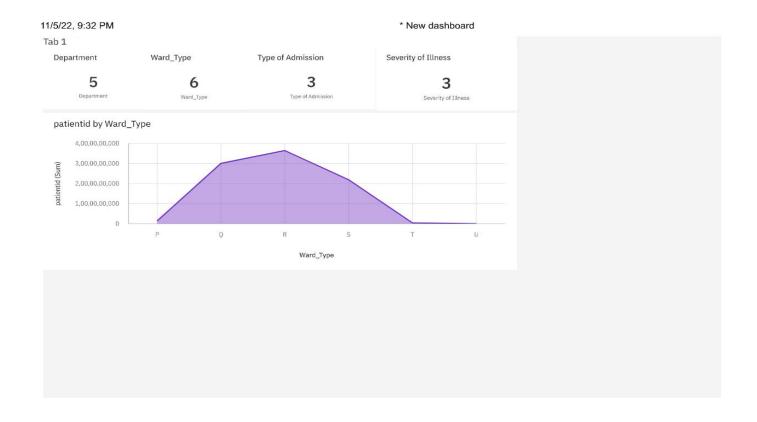


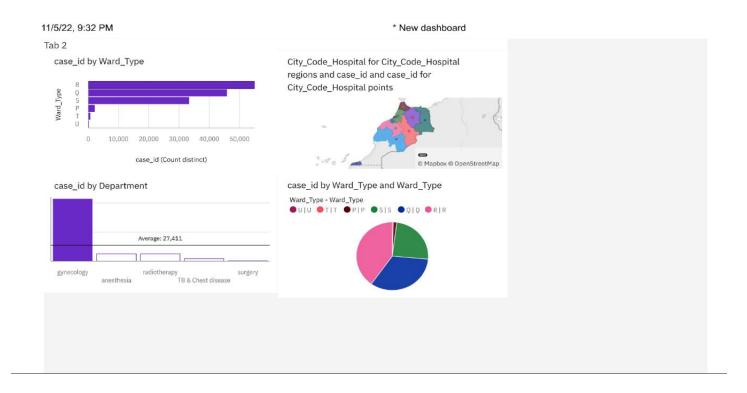




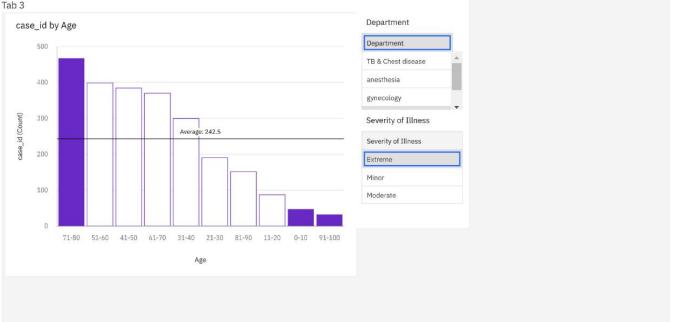


### 7.3 Data Visualization

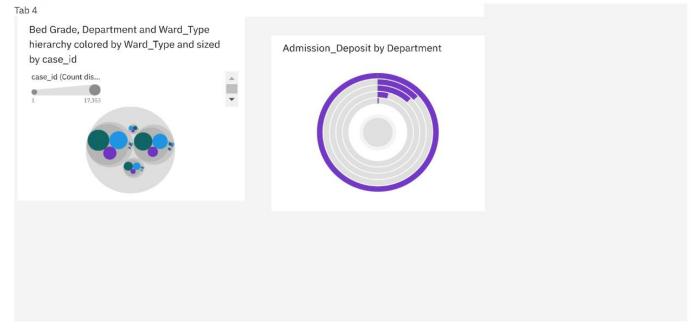


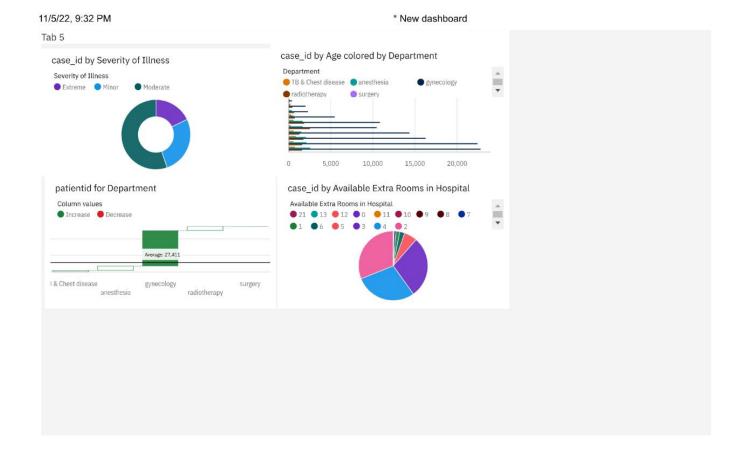


# 11/5/22, 9:32 PM \* New dashboard Tab 3



### 11/5/22, 9:32 PM \* New dashboard

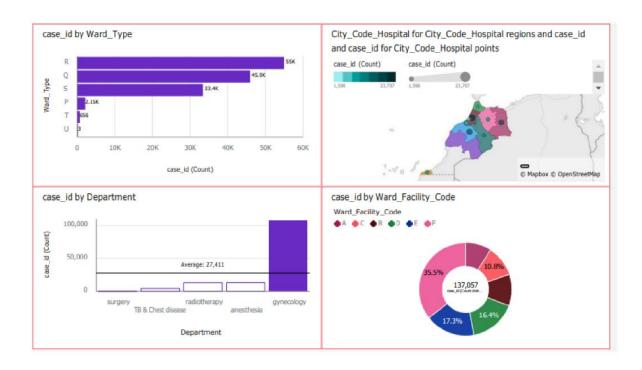




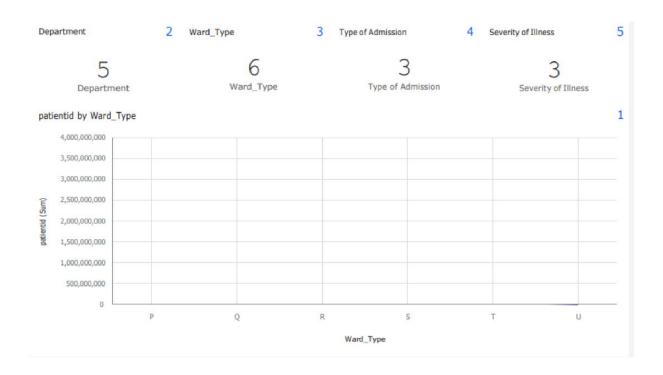
# Age Wise Patients with Department and Severity Filters



### DASHBOARD TO SHOW NUMBER OF PATIENTS



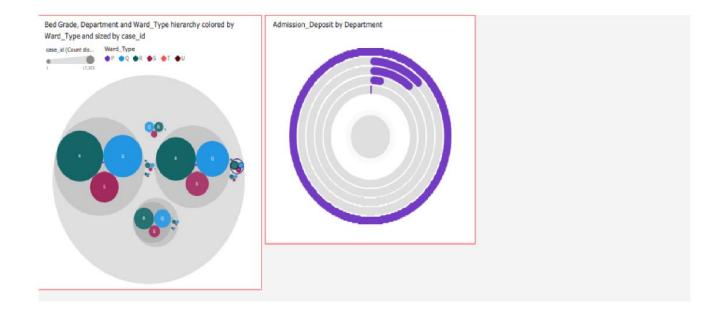
### DASHBOARD TO SHOW NUMBER OF PATIENTS



### DASHBOARD TO SHOW NUMBER OF PATIENTS



### DASHBOARD WITH HIERARCHY BUBBLE AND RADIAL VISUALS STORY



### NUMBER OF PATIENTS BY WARD TYPE

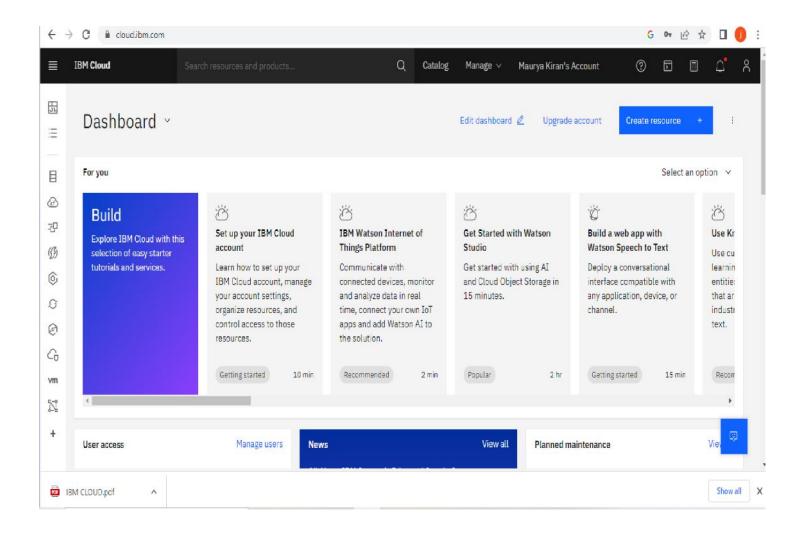


### NUMBER OF PATIENTS BY WARD TYPE

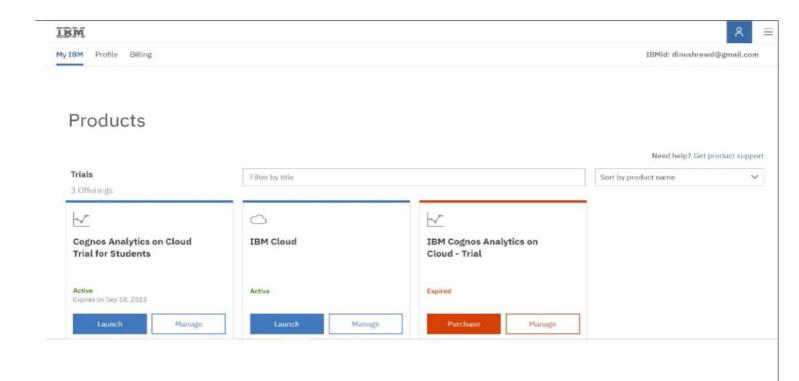
# Filter(s) applied to the visualization(s) on the previous page: Widget 1 Widget 2 Ward\_Type All Widget 3 Ward\_Type All Widget 4 Ward\_Type All Widget 5 Ward\_Type All

### **DEPLOYMENT OF APP IN CLOUD**

### 8.1 IBM Cloud



# 8.2 Project Flow



# **TESTING**

### 9.1 Test Cases

Α	В	C	D	E	F	G	Н
				Date	03-Nov-22		
				Team ID	PNT2022TMID25542		
				Project Name	Analytics For Hospital Health Care Dara		
				Maximum Marks	4 marks		
Test case ID	Feature Type	Component	Test Scenario	Pre-Requisite	Steps To Execute	Test Data	Expected Resul
RegisterPage_TC_OC	Functional	Register page	verify user can submit the register form and registeration success page is displayed		1.click REGISTER From the dashboard in the homepage     2.Enter valid username/email in Email text box     3.Enter valid password text box     4.Click on register button	Username: sri2@gmail.com password: nithi2	Registration Successfull pa
Health care data_TC	Functional	detectionPage	the URL to be tested is entered into the Textbox		1.click CHECK YOUR WEBSITE From the homepage 2.Enter the URL to be tested in text box 3.Click on submit button	www.google.com	"you are safe! This is a leg
Health care data_TC	Functional	detectionPage	the URL to be tested is entered into the Textbox		1.click CHECK YOUR WEBSITE From the homepage 2.Enter the URL to be tested in text box 3.Click on submit button	soap2day//@comm./	"you are on wrong site! Be

# 9.2 USER ACCEPTANCE TESTING

# **ACCEPTANCE TESTING**

TEAM ID	PNT2022TMID25542
PROJECT NAME	ANALYTIC FOR HOSPITALS HEALTH - CARE

# **CONTENT**

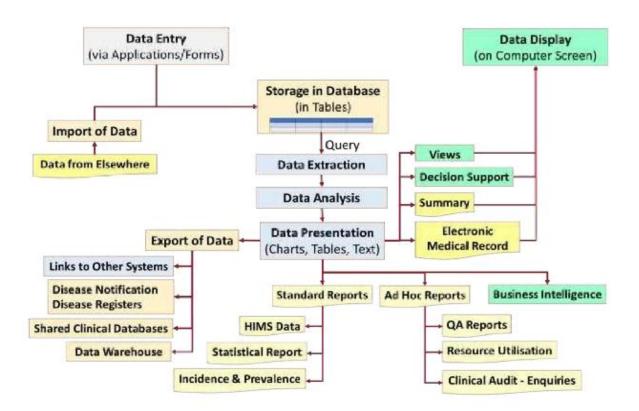
- UAT Initiation and design
- UAT execution and report submission
- Utilization of testing

# **User Acceptance Testing**



- User acceptance testing also called application testing or end user testing, is a phase of software development in which the software is testing in the real world by its intended audience.
- The key factor in domain expertise, a good understanding of the way an application should work and testing from the perspective of end- users.

 All business requirement and satisfies real users.



## UAT EXECUTION AND REPORT SUBMISSION.



In UAT test report phase, test engineers prepare reports and submit to TL or PM for review process and once it's review it will be share to client and shareholder. UAT report is generally placed in project or product common share repository for better/easy access team.

UAT testcases execution report will be in common repository.

# UTILIZATION OF TESTING TOOLS



UAT testing various tools can be used to track and report.

Tools usage with in a project is purely based on client decision.as a client suggested team can go for open source or licensed and final decision by client. ➤ UAT Testing team will use various tools to track progression the market.

This report shows the number of test case that have passed, filed and untested.

SECTION	TOTAL CASES	NOT TESTED	FAIL	PASS
Print Engine	7	0	0	7
Client Application	51	0	0	51
Security	2	0	0	2
Outsource Shipping	3	0	0	3
3Execution Reporting	9	0	0	9
Final Report Output	4	0	0	4
Version Control	2	0	0	2

#### RESULTS

#### 10.1 Performance Metrics

requirements.

#### HEALTHCARE PERFORMANCE MEASUREMENTS

Spearhead hospital and health system improvements by using standardized data and analytics on a variety of topics

### what are healthcare performance measurements

Healthcare performance measurements are aggregated, quantified and analyzed data on a particular healthcare- related activity.

Their purpose is to identify opportunities for reducing costs, improving quality of care and increasing efficiency of care delivery.

They're also used to monitor other initiatives that an institution wants to track- or needs to track- to satisfy regulatory

These measurement initiatives are typically developed and operated with the active involvement of the physicians and hospital staff whose performance is being measured- as well as government and other third- party agencies- to ensure that the measures are meaningful, and the data are accurate.

## Types of healthcare performance measurements include:

- 1) Quality and efficiency of patient care
- 2) Cost of healthcare services
- 3) Disparities in performance
- 4) Care outcomes

Level of safety and adherence to governmentally- mandated standards There are many reasons why healthcare performance measurements are important to healthcare institutions and society,

- ➤ Good health is more important to people than most other goods or services.
- Governments and individuals spend a lot on healthcare.
- People want to make informed decisions about their healthcare.
- Governments bodies can make better healthcare polices.

## Using software for healthcare performance measurements,

In 2009, the US government created a USD 27billion incentive program to encourage healthcare providers to adopt EHRs.

# Prioritizing healthcare performance measurements- which are more important?

- 1)Length of stay
- 2)Readmission rates
- 3)Mortality rates
- 4) Hospital incidents
- 5)CMS program performance initiatives
- 6) Average cost per discharge
- 7) operating margin
- 8)Bad debt

## IBM Watson Health Solutions,

IBM, through its Watson health solutions, has been a

leader in providing solutions for clinical quality measures and quality reporting for core measures.

It has a track record of accurate, on-time submissionsmaking it a leader for the CMS Hospital Inpatient Quality Reporting Program (HIQRP) or for accreditation from the joint commission (TJC).

Table 1: National Performance Comparisons (All Hospitals in Study)

		M	edians	Benchmark Compared With Peer Group				
Domain	Performance Measures	Benchmark Hospitals (Winners)	Peer Hospitals (Nonwinners)	Difference	Percent Difference	Comments		
	Inpatient Mortality Index <sup>1</sup>	0.77	0.99	-0.22	-22.3%	Lower mortality		
Clinical Outcomes	Complications Index <sup>3</sup>	0.73	0.92	-0.18	-20.1%	Fewer complications		
	HAI Index <sup>2</sup>	0.60	0.69	-0.09	-13.1%	Fewer infections		
Extended Outcomes	30-Day Mortality Rate <sup>3</sup>	11.6	12.3	-0.7	n/a <sup>7</sup>	Lower 30-day mortality		
	30-Day Hosp- Wide Readmission Rate <sup>4</sup>	15.0	15.6	-0.6	n/a <sup>7</sup>	Fewer 30-day readmissions		
	Average Length of Stay <sup>1</sup>	4.4	4.7	-0.4	-7.7%	Shorter stays		
Operational	ED Throughput Measure <sup>5</sup>	111.3	131.0	-19.8	-15.1%	Less time to service		
Efficiency	Inpatient Expense per Discharge <sup>6</sup>	\$6,186	\$7,190	-\$1,004	-14.0%	Lower inpatient cost		
	Medicare Spend per Beneficiary <sup>5</sup>	0.96	0.99	-0.03	-3.4%	Lower Episode Cost		
Financial Health	Operating Profit Margin <sup>6</sup>	15.8	4.0	11.8	n/a <sup>7</sup>	Higher profitability		
Patient Experience	HCAHPS Top Box (%) <sup>5</sup>	77.0	71.0	6.0	n/a <sup>7</sup>	Better patient experience		

Table 2: Major Teaching Hospital Performance Comparisons

		Me	edians	Benchmark Compared With Peer Group				
Domain	Performance Measures	Benchmark Hospitals (Winners)	Peer Hospitals (Nonwinners)	Difference	Percent Difference	Comments		
	Inpatient Mortality Index <sup>1</sup>	0.91	1.00	-0.09	-9.2%	Lower mortality		
Clinical Outcomes	Complications Index <sup>1</sup>	0.94	0.97	-0.03	-2.9%	Fewer complications		
	HAI Index <sup>2</sup>	0.64	0.82	-0.19	-22.9%	Fewer infections		
Extended Outcomes	30-Day Mortality Rate <sup>3</sup>	11.5	12.0	-0.5	n/a <sup>7</sup>	Lower 30-day mortality		
	30-Day Hosp- Wide Readmission Rate <sup>4</sup>	15.1	16.2	-1.1	n/a²	Fewer 30-day readmissions		
	Average Length of Stay <sup>1</sup>	4.4	5.0	-0.6	-11.5%	Shorter stays		
Operational	ED Throughput Measure <sup>s</sup>	161.0	205.0	-44.0	-21.5%	Less time to service		
Efficiency	Inpatient Expense per Discharge <sup>6</sup>	\$6,420	\$8,456	-\$2,036	-24.1%	Lower inpatient cost		
	Medicare Spend per Beneficiary <sup>5</sup>	0.97	1.01	-0.04	-3.5%	Lower Episode Cost		
Financial Health	Operating Profit Margin <sup>6</sup>	11.7	3.8	7.9	n/a <sup>7</sup>	Higher profitability		
Patient Experience	HCAHPS Top Box (%) <sup>5</sup>	77.0	71.0	6.0	n/a <sup>7</sup>	Better patient experience		

Table 2: Major Teaching Hospital Performance Comparisons

		Me	edians	Benchmark Compared With Peer Group				
Domain	Performance Measures	Benchmark Hospitals (Winners)	Peer Hospitals (Nonwinners)	Difference	Percent Difference	Comments		
	Inpatient Mortality Index <sup>1</sup>	0.91	1.00	-0.09	-9.2%	Lower mortality		
Clinical Outcomes	Complications Index <sup>1</sup>	0.94	0.97	-0.03	-2.9%	Fewer complications		
	HAI Index <sup>2</sup>	0.64	0.82	-0.19	-22.9%	Fewer infections		
Extended Outcomes	30-Day Mortality Rate <sup>3</sup>	11.5	12.0	-0.5	n/a <sup>7</sup>	Lower 30-day mortality		
	30-Day Hosp- Wide Readmission Rate <sup>4</sup>	15.1	16.2	-1.1	n/a²	Fewer 30-day readmissions		
	Average Length of Stay <sup>1</sup>	4.4	5.0	-0.6	-11.5%	Shorter stays		
Operational	ED Throughput Measure <sup>s</sup>	161.0	205.0	-44.0	-21.5%	Less time to service		
Efficiency	Inpatient Expense per Discharge <sup>6</sup>	\$6,420	\$8,456	-\$2,036	-24.1%	Lower inpatient cost		
	Medicare Spend per Beneficiary <sup>5</sup>	0.97	1.01	-0.04	-3.5%	Lower Episode Cost		
Financial Health	Operating Profit Margin <sup>6</sup>	11.7	3.8	7.9	n/a <sup>7</sup>	Higher profitability		
Patient Experience	HCAHPS Top Box (%) <sup>5</sup>	77.0	71.0	6.0	n/a <sup>7</sup>	Better patient experience		

Table 4: Large Community Hospital Performance Comparisons

		Medi	ians	Benchmark Compared With Peer Group				
Domain	Performance Measures	Benchmar k Hospitals (Winners)	Peer Hospital s (Nonwin ners)	Differenc e	Perc		Comments	
	Inpatient Mortality Index <sup>1</sup>	0.79	1.02	-0.23	-22.1%	Low	er mortality	
Clinical Outcomes	Complications Index <sup>1</sup>	0.86	0.99	-0.13	-13.0%	Few	ver complications	
	HAI Index <sup>2</sup>	0.57	0.68	-0.10	-15.2% F		Fewer infections	
Extended Outcomes	30-Day Mortality Rate <sup>3</sup>	11.6	12.4	-0.8	n/a²	Lower 30-day mortal		
	30-Day Hosp-Wide Readmission Rate <sup>4</sup>	15.2	15.5	-0.3	n/a <sup>7</sup>	Fewer 30-day readmissions		
	Average Length of Stay <sup>1</sup>	4.7	5.0	-0.3	-6.0%	Sho	rter stays	
Operational Efficiency	ED Throughput Measure <sup>5</sup>	122.5	148.3	-25.8	-17.4%	Less time to service		
Efficiency	Inpatient Expense per Discharge <sup>6</sup>	\$6,373	\$6,786	-\$412	-6.1%	Lower inpatient cost		
	Medicare Spend per Beneficiary <sup>5</sup>	1.00	1.01	-0.01	-1.1%	Lower Episode Cost		
Financial Health	Operating Profit Margin <sup>6</sup>	15.0	6.6	8.4	n/a²	/a <sup>2</sup> Higher prof		
Patient Experience	HCAHPS Top Box (%)5	79.0	70.0	9.0	n/a <sup>7</sup>	Better patient experien		

Table 5: Medium Community Hospital Performance Comparisons

		Me	dians	Benchmark Compared With Peer Group				
Domain	Performance Measures	Benchmark Hospitals (Winners)	Peer Hospitals (Nonwinners)	Difference	Percent Difference	Comments		
	Inpatient Mortality Index <sup>1</sup>	0.74	0.98	-0.23	-23.8%	Lower mortality		
Clinical Outcomes	Complications Index <sup>1</sup>	0.77	0.98	-0.21	-21.5%	Fewer complications		
	HAI Index <sup>2</sup>	0.54	0.61	-0.07	-11.5%	Fewer infections		
Extended Outcomes	30-Day Mortality Rate <sup>3</sup>	11.4	12.3	-0.8	n/a <sup>7</sup>	Lower 30-day mortality		
	30-Day Hosp-Wide Readmission Rate <sup>4</sup>	14.8	15.6	-0.8	n/a <sup>7</sup>	Fewer 30-day readmissions		
	Average Length of Stay <sup>1</sup>	4.4	4.9	-0.5	-9.9%	Shorter stays		
Operational Efficiency	ED Throughput Measure <sup>6</sup>	103.8	131.3	-27.5	-21.0%	Less time to service		
Emciency	Inpatient Expense per Discharge*	\$5,896	\$6,869	-\$973	-14.2%	Lower inpatient cost		
	Medicare Spend per Beneficiary <sup>5</sup>	0.95	0.99	-0.05	-4.6%	Lower Episode Cost		
Financial Health	Operating Profit Margin <sup>o</sup>	14.8	4.7	10.1	n/a²	Higher profitability		
Patient Experience	HCAHPS Top Box (%)5	76.5	70.0	6.5	n/a²	Better patient experience		

Table 6: Small Community Hospital Comparisons

		Me	dians	Benchmark Compared With Peer Group			
Domain	Performance Measures	Benchmark Hospitals (Winners)	Peer Hospitals (Nonwinners)	Difference	Percent Difference	Comments	
	Inpatient Mortality Index <sup>1</sup>	0.51	1.00	-0.49	-49.2%	Lower mortality	
Clinical Outcomes	Complications Index <sup>3</sup>	0.58	0.90	-0.32	-35.1%	Fewer complications	
	HAI Index <sup>2</sup>	n/a	n/a	n/a	n/a	n/a	
Extended Outcomes	30-Day Mortality Rate <sup>3</sup>	11.6	12.4	-0.8	n/a <sup>7</sup>	Lower 30-day mortality	
	30-Day Hosp-Wide Readmission Rate <sup>4</sup>	14.7	15.4	-0.7	n/a²	Fewer 30-day readmissions	
	Average Length of Stay <sup>1</sup>	4.3	4.9	-0.6	-13.0%	Shorter stays	
Operational	ED Throughput Measure <sup>5</sup>	93.8	100.5	-6.8	-6.7%	Less time to service	
Efficiency	Inpatient Expense per Discharge <sup>6</sup>	\$6,344	\$7,577	-\$1,233	-16.3%	Lower inpatient	
	Medicare Spend per Beneficiary <sup>5</sup>	0.90	0.96	-0.06	-6.1%	Lower Episode Cost	
Financial Health	Operating Profit Margin <sup>6</sup>	17.2	1.7	15.5	n/a <sup>7</sup>	Higher profitability	
Patient Experience	HCAHPS Top Box (%)5	76.5	73.0	3.5	n/a <sup>7</sup>	Better patient experience	

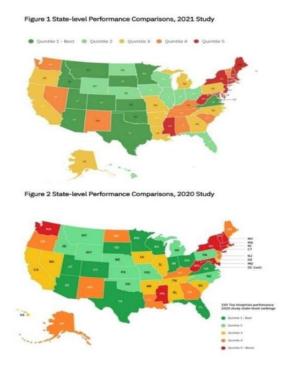


Table 7. 100 Top Hospitals Two-year State-level Performance Comparisons

Northeas	st	Midwest		South		West	
Current Study	Previous Study	Current Study	Previous Study	Current Study	Previous Study	Current Study	Previou: Study
ст	СТ	TL.	11.	AL	Al.	AK	AK
ME	ME	IN	IN	AR		AZ	AZ
MA	MA	IA	IA	DE	DE	GA	CA
NH	NH	KS	KS	DC	DC	со	со
NJ	EN	MI	MI	FL	FL	HI	1911
NY	NY	MN	MN	GA	GA	ID	ID
PA.	PA	МО	мо	KY	KY	MT	MT
RI	RI	NE	NE	LA	LA	NV	NV
VT	VT	ND	ND	MD	MD	NM	NM
		ОН	он	MS	MS	OR	OR
		SD	SD	NC	NC	UT	UT
		WI	WI	ок	ок	WA	WA
				sc	SC	WY	WY
				TN	TN		
				TX	TX		
				VA	VA		
				wv	wv		

## **Model Performance Metrics,**

Most model- performance measures are based on the comparison of the models predictions with the (known) values of the dependent variable in a dataset.

## Performance Metrics In Healthcare,

A healthcare key performance indicator (KPI) or metric is a well- defined performance measure that is used to observe, analyse, optimize, and transform a health process to increase satisfaction for both patients and healthcare providers alike.

#### 11.1 ADVANTAGES AND DISADVANTAGES

#### Advantages

#### **Higher-Quality Care**

Because big data draws from a number of sources, including previous doctor and pharmacy visits, social media, and other outside sources, it can create a more complete picture of a patient. Using traditional charts filled by employees with medical transcription training online, doctors only had access to a limited amount of patient information, such as a few charts and some personal information

#### **Early Intervention**

The overall goal of big data in healthcare is to use predictive analysis to find and address medical issues before they turn into larger problems. Big data definitely makes the entire process more efficient. For example, a patient who is seeing a doctor about trying to lose weight could be prescribed medicine to address high cholesterol.

#### Fraud Detection

A growing problem in the healthcare and insurance spaces is fraud, or patients submitting false claims in hopes of being paid. Big data is useful in fighting this because it can access a huge amount of data to find inconsistencies in submitted claims and flag potentially fraudulent claims for further review.

#### **Disadvantages**

#### Privacy

One of the strongest negatives relating to big data is the lack of privacy, especially when it comes to confidential medical records. To be effective and get the full, comprehensive look at a patient, big data must have access to everything, including private records and social media posts.

#### **Replacing Doctors**

While some people see the ability to predict future medical issues as a positive, big data also poses the risk of replacing doctors. Big data simply isn't at the point yet where it can be used on its own, and it definitely lacks the personal touch of a human doctor. Some experts fear that the growth of big data could potentially undermine doctors and leave patients turning to technology for answers instead of using a licensed doctor.

#### 12.CONCLUSION

Thus the project using IBM CLOUD is tested, verified and executed successfully.

#### 13.FUTURE SCOPE

In future, we planned to implement this project in large scale with extra features which will be helpful and used by all the people.

#### 14.APPENDIX

index.html

```
<!DOCTYPE html>
<html lang="en">
<head>
<meta charset="UTF-8">
<meta name="viewport" content="width=device-width, initial-scale=1.0">
<title>Login Form</title>
<link rel="stylesheet" href="style.css">
k rel="stylesheet" href="https://cdnjs.cloudflare.com/ajax/libs/font-awesome/5.15.3/css/all.min.css" />
</head>
<body>
<div class="wrapper">
<header>Login Form</header>
<form action="https://symphonious-rugelach-c4bfbe.netlify.app/">
<div class="field email">
<div class="input-area">
<input type="text" placeholder="Email Address">
<i class="icon fas fa-envelope"></i>
<i class="error error-icon fas fa-exclamation-circle"></i>
</div>
<div class="error error-txt">Email can't be blank</div>
</div>
<div class="field password">
<div class="input-area">
<input type="password" placeholder="Password">
<i class="icon fas fa-lock"></i>
<i class="error error-icon fas fa-exclamation-circle"></i>
</div>
<div class="error error-txt">Password can't be blank</div>
</div>
<div class="pass-txt">
<a href="#">Forgot password?</a></div>
<input type="submit" value="Login">
</form>
<div class="sign-txt">Not yet member? <a href="#">Signup now</a></div>
</div>
<script src="script.js">
</script>
</body>
</html>
```

#### report.html

```
<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"</pre>
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"></scrip</pre>
t>
<script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"</pre>
ript>
</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>
<a href="index.html">Home</a>
<a href="dashboard.html">Dashboard</a>
<a href="#">Report</a>
<a href="story.html">Story</a>
</div>
</nav>
<div class="container">
<iframe src="https://us1.ca.analytics.ibm.com/bi/?pathRef=.my_folders%2FReport%2FHealt</pre>
h%2BCare%2BData%2BAnalytics%2BReport&closeWindowOnLastView=true&ui app
bar=false&ui navbar=false&shareMode=embedded&action=run&format
=HTML&prompt=false" width="1000" height="900" frameborder="0" gesture="media"
allow="encrypted-media" allowfullscreen=""></iframe>
</br>
```

</div>

</html>

## **GITHUB**

DEMO LINK: <a href="https://github.com/IBM-EPBL/IBM-Project-27953-1660102460">https://github.com/IBM-EPBL/IBM-Project-27953-1660102460</a>

PROJECT DEMO LINK; https://youtu.be/6drWJW60-qQ