PROJECT NAME - ANALYTICS FOR HOSPITALS' HEALTH-CARE DATA

TEAM ID PNT2022MID15567

A PROJECT REPORT

SUBMITTED BY

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PROJECT REPORT

1.INTRODUCTION

1.1 Project Overview

Data analytics in clinical settings attempt stored ulceration wait times vi aim proved scheduling and staffing, give patients more options.

When scheduling appointment and receiving treatment, and reduce read mission rates by using population health data to predict which patients are at greatest
risk.

1.2 Purpose

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 patient more in the own health, and empower them with the tools to do so.

2. LITERATURESURVEY

2.2 Existing problem

No remote access

- Healthcare is associated with in-person consultations.

So, what do they do if they need to see a doctor and have an emergency The need for remote access or virtual consultations is the need of the hour, which needs to be taken care of to stay one step ahead in the technology adoption race.

Insufficiency and errors in data sharing

- I manage where medical science has made noteworthy advancements, inefficiencies and healthcare errors are still persistent because of the healthcare industry's traditional technology for management.
- This is not just a hurdle in medical science; it causes regression because of the waste it generates.
- Not only do patients pay the price in the form of inconvenience and health, but we also see a rise in administrative expenses and litigation owing to these inefficiencies and errors.
- An incomplete or inefficient exchange of this data can be dangerous in patients needing urgent or complicated treatment

2.3 Absence of supply management system

- Traditional supply chain management is often wasteful and in efficient.

- It leads to money wasted on lost and damaged inventory, improper delivery of equipment or medication, and the damage caused to patients, all of which amount to massive financial losses for healthcare services.

- Supply shortages, misplaced inventory, and less-than-stellar preventative measures regarding shrinkage, all play into the reality that hospitals are epicenters of wasteful operations without a proper supply management system.

2.4 Data security

- Another challenge mentioned by multiple respondents was data security. Between 2009 and 2020, 70% of the U.S. population was affected by healthcare data breaches—a trend that isn't likely to go away.

- Cigarillo believes the healthcare industry needs government funding to strengthen their IT resources.

- But there are also a number of best practices healthcare organizations can implement now that will help them more effectively secure valuable healthcare data, such as educating health care staff, restricting access to data and applications, implementing data usage controls, and more.

2.5 Lack of real time situation management

- True crises used to before wand far between, but the past year has

Presented a perpetual state of crisis—a scenario that has posed an incredible challenge for healthcare organizations.

- According to TerryZysk ,CEO of LiveProcess ,public health emergencies like COVID-19 require situation management using real-time data analysis to understand how an event is unfolding, and reacting to it accordingly.
- It's the only way that critical healthcare resources can be delivered to the right people at the right time during emergencies and natural disasters.
- A major problem with hospital management systems is they don't provide access to the kind of real-time metrics that could improve response times and out comes— for example, how many beds are available at a facilityat any given time or the location of critical supplies.

References

1. Bueno H, Ross JS, Wang Y, et al. Trends in length of stay and short-term outcomes among Medicare patients hospitalized for heart failure, 1993-2006. JAMA. 2010;303(21):2141-2147. doi:10.1001/jama.2010.748

2. McDermott KW, Elixhauser A, Sun R. Trends in hospital inpatient stays in the United States, 2005–2014. HCUP Statistical Brief #225. Agency for Healthcare Research and Quality; 2017:18.

3. Halpern SD. ICU capacity strain and the quality and allocation of critical care. Curr Opin Crit Care. 2011;17(6):648-657. doi:10.1097/MCC.0b013e32834c7a53

4. Gabler NB, Ratcliffe SJ, Wagner J, et al. Mortality among patients admitted to strained intensive care units. Am J Respir Crit Care Med. 2013;188(7):800-806. doi:10.1164/rccm.201304-0622OC

5. Gilman M, Adams EK, Hockenberry JM, Milstein AS, Wilson IB, Becker ER. Safety-net hospitals more likely than other hospitals to fare poorly under Medicare's value-based purchasing.

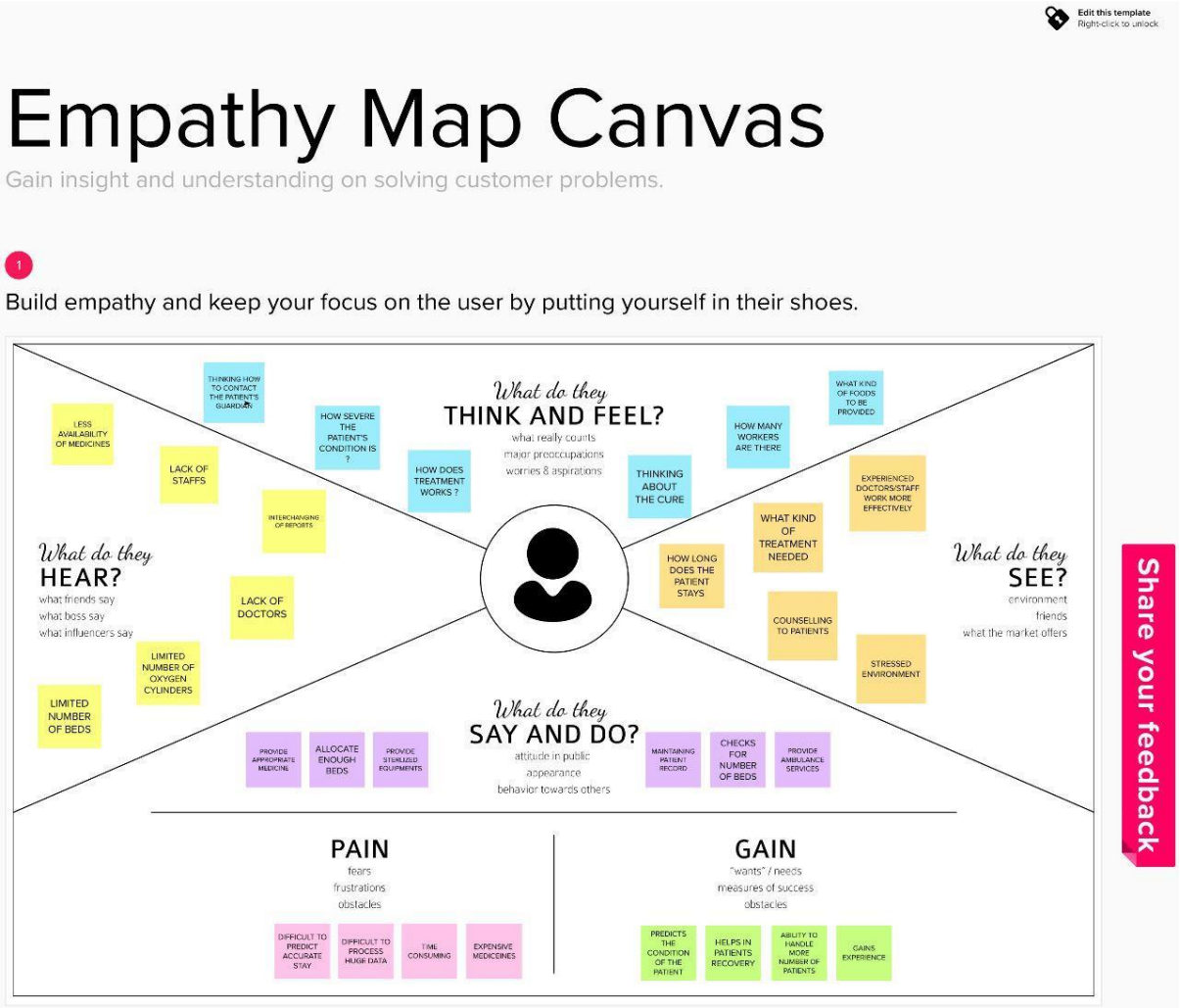
2.6 Problem Statement Definition

- Collection dataset.
- Upload the dataset in to cognos.
  https://github.com/IBM-EPBL/IBM-Project-41297-1660640957/blob/main/Final%20Delevirables/Analytics%20for%20Hospital's%20Health%20Care%20Data.pdfOpen the properties->data module.
- If null value is present in character field use mode method.
- If the null value is present incontinuous field use average or medium. Display the data in respective charts.
- Create conclusion using summary.

3. IDEATION&PROPOSEDSOLUTION

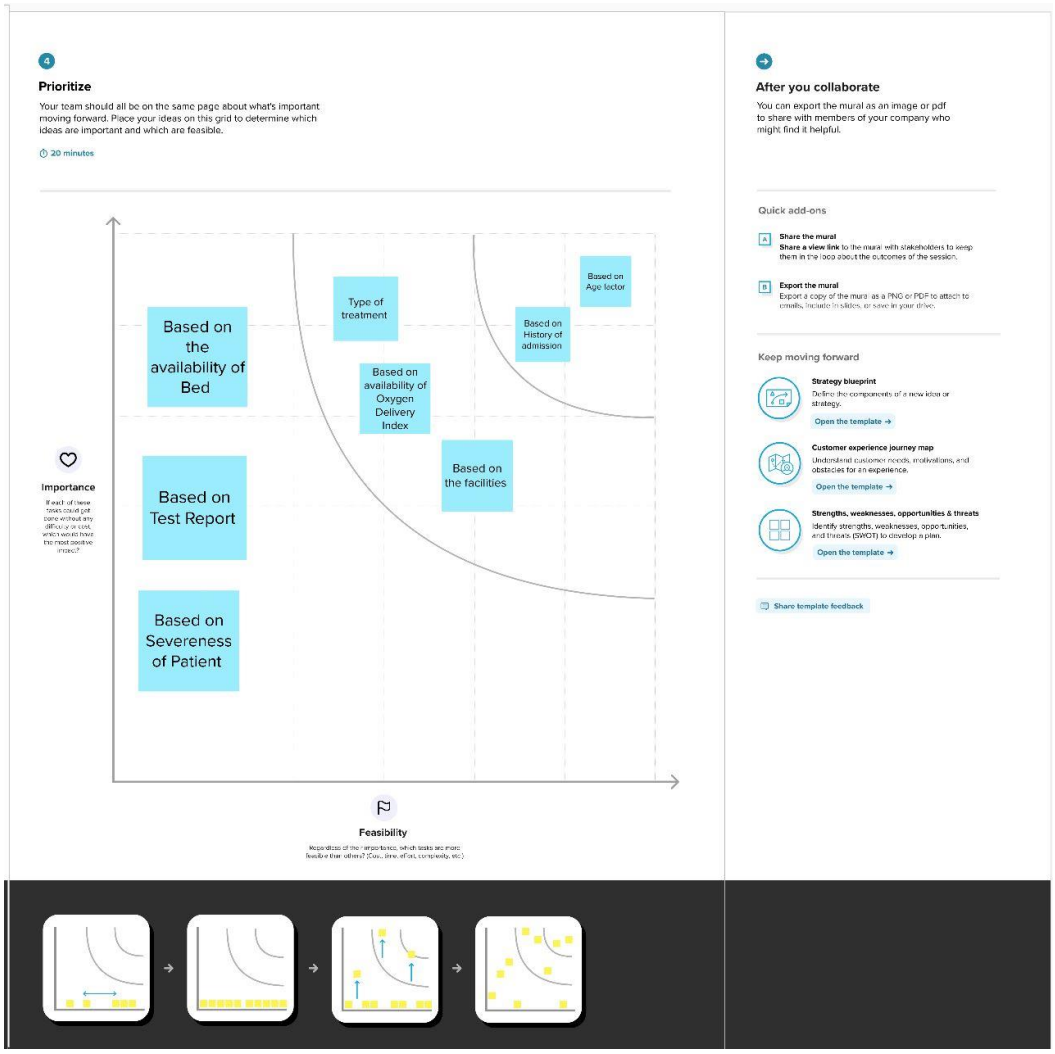
3.1 Empathy Map Canvas

An empathy map is a tool which aids in understanding another person's perspective.
Empathy maps have up until now not been used in a medical education setting.
Objective: To assess the attitudes towards, applicability and usefulness of empathy maps as part of medical student's communication skills training.



3.2 Ideation & Brainstorming

To try to solve a problem or come up with new ideas by having a discussion that includes all members of a group to discuss a problem or issue and suggest solutions and ideas.



3.3 Proposed Solution

Identify key hurdles to health cares us train ability in India and proposed set of solutions that mutually benefit and the pharmaceutical industry Pragmatic literature review f 43 articles published by regional and international organizations.

- NIVERSALHEALTHCARECOVERAGE Attainment of UHC comes with the hurdle of having to provide care to a higher number of patients.
- EVOLVINGDEMOGRAPHICS Population aging has resulted in a growing number of elderly dependents at higher risk of disease and complications.
- RISINGCOSTOFR&D Today ,the cost of developing a medicine can exceed USD
    - 2.6Bcompared to USD 179 Min the 1970s.
- WIN-WINSOLUTIONS ARE NEED EDTOATTAIN SUSTAINABILITY Mutually
    - Beneficial solutions that allow for productive movement towards sustainable value- based healthcare systems should be explored.
- VALUEADDEDSERVICEST he pharmaceutical industry should move 'beyond the pill' and collaborate with to design and offer programs aimed at improving healthcare sustainability (e.g., training, administrative support, etc.
- MULTI-STAKEHOLDER COALITIONS Multi-stakeholder coalition scan serve as a platform to discuss healthcare challenges and co-create healthcare solutions to achieve defined common goals..
- INTEGRATEDHEALTHCARE MODEL Investment in integrated health care systems that focus on prevention and early diagnosis is key to move towards sustainability in the LA region.

S.No.	Parameter	Description
1.	Problem Statement (Problem to be solved)	Create a model predicting the length of stay for every beneficiary at the time of admission.
2.	Idea / Solution description	The solution is to collect data such as the beneficiary's history and ailments, beneficiary's drug, and allergy history, family history, and beneficiary's demographics and predict the length of the stay by analyzing the data and build a prediction model
3.	Novelty / Uniqueness	Beneficiaries can utilize the application to make better financial decisions, thereby increasing the community's standard of living. This application intangibly encourages citizens to enroll in the healthcare programs.
4.	Social Impact / Customer Satisfaction	The application has a Drug Information System which accounts for the drug history of the beneficiaries. The system provides up-to-date, accurate medication profiles for improved health planning, evaluation, and research. It also includes a comprehensive Drug Utilization Review (DUR) and flags potential interactions with a patient's medication profile.
5.	Business Model (Revenue Model)	Providers (hospitals) can access the model/application through a subscription service. The minimum subscription period will be an year.
6.	Scalability of the Solution	At the start, the model is designed to ingest and process 100 providers and 100000 patients, which can be expanded exponentially increasing processing power and database upgrades biannually.

3.4 Problem Solution fit

- The Problem-Solution Fit simply means that you have found a problem with your customer and that the solution you have realized for it actually solves the customer's problem
- I manage where medical science has made noteworthy advancements, inefficiencies and healthcare errors are still persistent because of the health care industry’s traditional technology for management.
- Onespecificareaofconcernistheexchangeofpatientdataincaseofpatient
- Transfer from one department or hospital to another. Patient record sharing, when done the traditional way, is time-consuming and inefficient and exposes patient information to a breach.
- To deliver a holistic and satisfactory patient experience, different parties involved in healthcare – doctors, scheme providers, insurance providers, doctors, and
- patients–shouldbeabletoexchangeinformationamongthemselvessecurely

Define CS, fit into CC

1. CUSTOMER SEGMENT(S) CS

Who is your customer?
i.e. working parents of 0-5 y.o. kids

Hospitals,Medical professionals and hospital staffs are the customers here.

6. CUSTOMER CONSTRAINTS CC

What constraints prevent your customers from taking action or limit their choices of solutions? i.e. spending power, budget, no cash, network connection, available devices.

Limitations for my customer to buy/use my product or services are

1. Difficulty in migrating from manual process because they are used to manual process so are unable to speedily cope with the new system
2. Fear of security breach
3. High cost of software development and deployment
4. Lack of IT-friendly medical personnel
5.Huge influx of patients visiting hospitals

5. AVAILABLE SOLUTIONS AS

Which solutions are available to the customers when they face the problem or need to get the job done? What have they tried in the past? What pros & cons do these solutions have? i.e. pen and paper is an alternative to digital notetaking

The solutions available are

1. Pen and paper method in rural small health cares, which needs to be maintained, manual works, slower and time consuming process.

2. Hospital management system which contains registration. storing details.

Explore AS, differentiate

Focus on J&P, tap into BE, understand RC

2. JOBS-TO-BE-DONE / PROBLEMS J&P

Which jobs-to-be-done (or problems) do you address for your customers? There could be more than one; explore different sides.

The main jobs to be done are

1. Resource allocation
2. Improved patient care
3. Avoid errors and track every single details
4. Improve data security and retrieve ability
5. Enhanced decision making in clinics
6. Easy access to patient data
7. Schedule duties to staffs

9. PROBLEM ROOT CAUSE RC

What is the real reason that this problem exists?
What is the back story behind the need to do this job?
i.e. customers have to do it because of the change in regulations.

The main causes are

1. Huge influx of patients visiting hospitals
2. Time consuming to collect, store patient data
3. Lack of security, inconsistency in data entry
4. Prone to damage and being misplaced
5. Hard to make changes, editing problems
6. Limit communication and collaboration
7. Long process to analyse and allocate jobs 8. Lots of manual work

7. BEHAVIOUR BE

What does your customer do to address the problem and get the job done?
i.e. directly related: find the right solar panel installer, calculate usage and benefits; indirectly associated: customers spend free time on volunteering work (i.e. Greenpeace)

1. The customer should quit the existing manual works and move for advanced techniques
2. Use hospital managements systems
3. Purchase products or services that stores, maintains and process the data
4. Use analytics
5. Use advanced technology to analyze and work on patients data

Focus on J&P, tap into BE, understand RC

4. REQUIREMENTANALYSIS

4.1 Functional requirement

FRNo.	Functional Requirement(Epic)	SubRequirement(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	Operability	Share patient data and make it interoperable among the management
FR-4	Accuracy	The dashboard will be able to predict length of stay based on multiple combinations based on input sources with an accuracy of upto 85%
FR-5	Compliance	The product is to be used with in the hospital so any form of data need not be hidden
FR-6	Productivity	The dashboard is believed to improve the predictions of Length of Stayand there by creating a scenario of Providing better solution

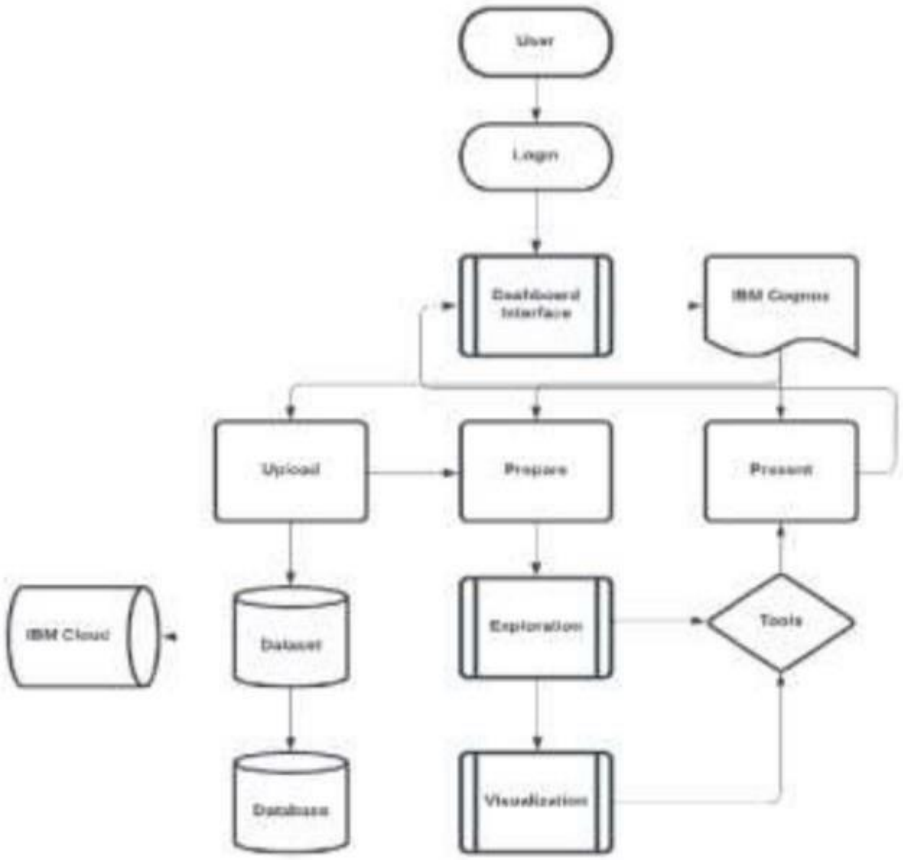
4.2 Non-Functional requirements

FRNo.	Non-FunctionalRequirement	Description
NFR-1	Usability	This Dashboards are designed to offer a comprehensive overview of patient's LOS, and do so through the use of data visualization tools like Charts and graphs.
NFR-2	Security	General industry level security shall be provided
NFR-3	Reliability	This dashboard will be consistent and reliable to the users and helps the user to use in effective, efficient and reliable manner.
NFR-4	Performance	The dashboard reduces the time needed for analyzing data and has an automated system for that which improves the performance
NFR-5	Availability	The dashboard can available to meet user's demand in timely manner and it is also helps to provide necessary information to the user's dataset
NFR-6	Scalability	It is a multi-tenant system which is capable of rimming on lower level systems as well.

5 PROJECTDESIGN

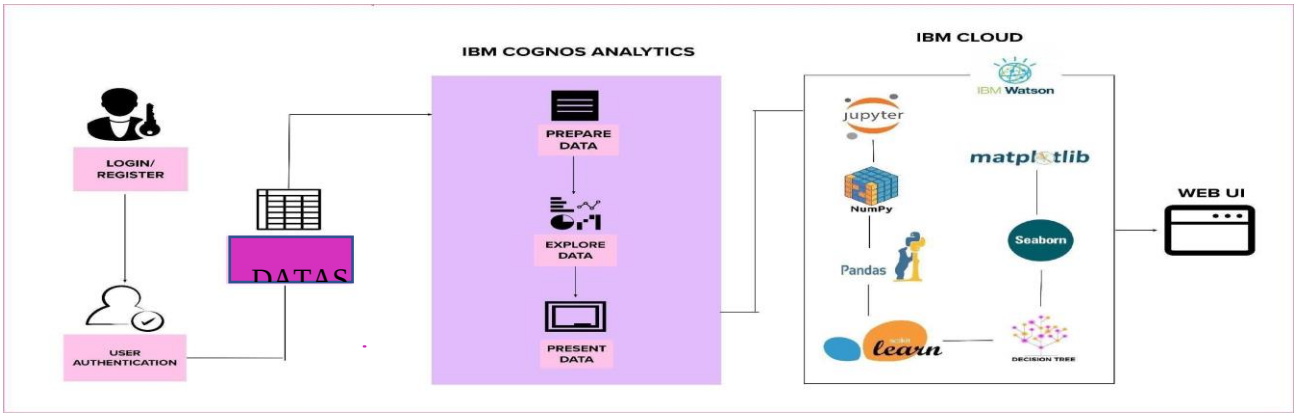
5.1 Data Flow Diagrams

A data flow diagrams how the way information flows through a Processor system. It includes data inputs and outputs ,datastores, and the various subprocesses the data moves through. DFDs are built using standardized symbols and notation to describe various entities and their relationships.



5.2 Solution &Technical Architecture

- Solution Architects are most similar to project managers ,ensuring that all parties, including stake holders,are on the same page and moving in the right direction at all stages.
- Technical architects manage all activities leading to the successful



implementation of a new application.

Table-1:Components&Technologies:

S.No.	Component	Description	Technology
1.	User Interface	User interacts with the application using IBM Cloud, which is used to analyze the dataset.	IBMCloud
2.	Application Logic	The logicis to obtain use ful insights about the Patient details of the Hospital.	Python
3.	Dataset	It contains the details about the Hospital Data	Dataset from IBM
4.	Cloud Database	It is used to store all the datasets.	IBM Cloud Pak for Data
5.	Visualization	It is used to prepare ,explore and present the data in the form of charts and graphs.	IBM Cognos Analytics
6.	Machine Learning Model	It allows the user to feed a computer algorithm, an immense amount of data and have the computerizable and make data-driven recommendation and decision based on only the input data.	Model for Hospital Health(if Required)
7.	Infrastructure	It provides the platform for deployment and services.	Kubernetes

5.3 User Stories

S.NO	Funnctional Requirements	User Story Number	Tasks	Acceptance Criteria	Priority	Release
1	Data Gathering	1	Gathering Data	Using API	High	Sprint1
2	Pre-processing	2	Cleaning the data in proper format	Cleaned Data	High	Sprint 1
3	Data Exploration	3	Explore the data	Display data in graph	High	Sprint1
4	Dashboard	4	Creating various chart	Intractive Dashboard	High	Sprint 2
5	Reports	5	Creating report for various field	Intractive Report	High	Sprint 3
6	Story	6	Creating Animation Using picture	Various animation and slides	High	Sprint 4
7	Web Application	7	Cognos Embeded Web application	Intractive Web Application	High	Sprint 4

6 PROJECTPLANNING&SCHEDULING

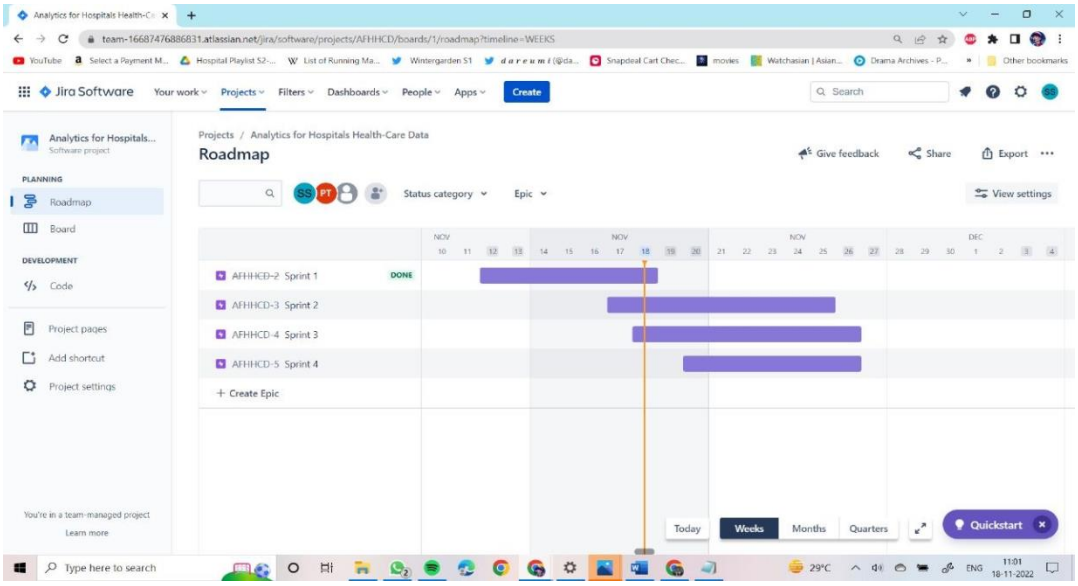
6.1 Sprint Planning &Estimation

Sprint	Total Story Points	Duration	Sprint Start Date	Sprint End Date(Planned)	Story Points Completed (as on PlannedEndDate)	Sprint Release Date(Actual)
Sprint-1	20	6Days	24Oct 2022	29Oct2022	20	29Oct 2022
Sprint-2	20	6Days	31Oct 2022	05Nov2022	20	05Nov2022
Sprint-3	20	6Days	07Nov2022	12Nov2022	20	12Nov2022
Sprint-4	20	6Days	14Nov2022	19Nov2022	20	19Nov2022

6.3 Reports from JIRA

Road Map:

A roadmap is as trategic plan that define sago a lordesired out come and includes the major steps or miles to nes needed to reachit .It also serve as a communication tool, a high-level document that help sarticulate strategic thinking—the why—behind both the goal and the plan for getting there.



Kanban Board:

A kanban board is an agile project management to old signed to help visualize work,limitwork-in-progress,andmaximizeefficiency(orflow).Itcanhelpbot agile and Develop steams establish or derin their daily work.

BURNDOWNCHART


Progress Burdown Chart
25
20
15
10
5
0
24-Oct-22
26-Oct-22
28-Oct-22
30-Oct-22
01-Nov-22
03-Nov-22
05-Nov-22
07-Nov-22
09-Nov-22
11-Nov-22
13-Nov-22
15-Nov-22
17-Nov-22
Estimated Effort
Actual Effort

VELOCITY

Average velocity for sprint - 1:

AV = 8/7 = 1.14

Average velocity for sprint - 2:

AV = 8/8 = 1

Average velocity for sprint - 3:

AV = 5/3 = 1.67

Average velocity for sprint - 4:

AV = 5/4 = 1.25

7 CODING&SOLUTIONING

7.1 Feature1

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

7.2 Feature2

- 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
- Patien tid
- City _Code _Patient
- Type of Admission
- Severity ofIllness
- Visitors with Patient
- Age
- Admission _Deposit
- Stay

8 TESTING

8.1TestCases

- Verify user is able to see Home page. Verify user is able to see Dashboard page.

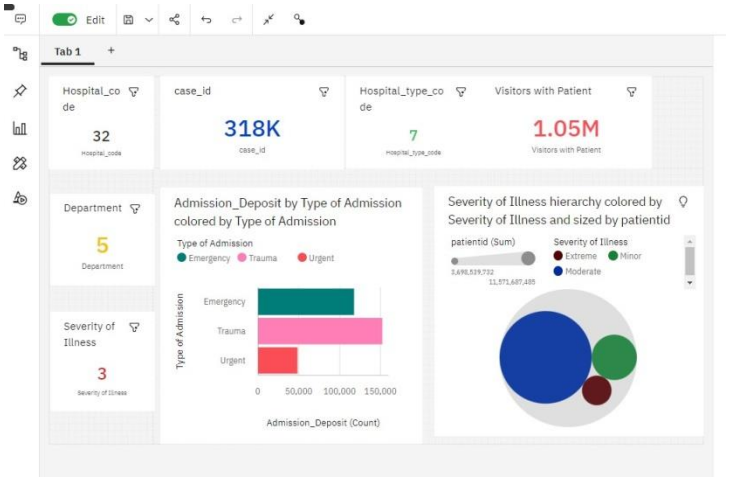
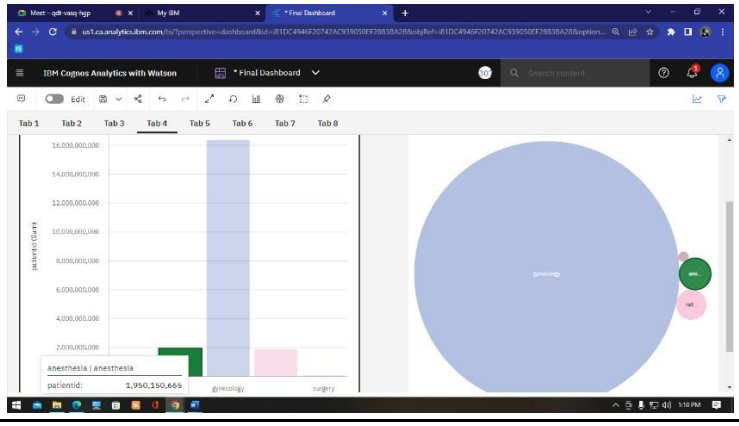
- Verify use risk able to navigate to Report page. Verify user is able to navigate to story page. Verify filters are working

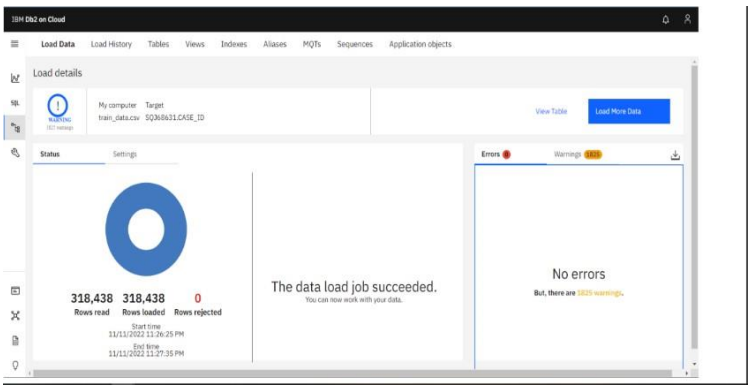
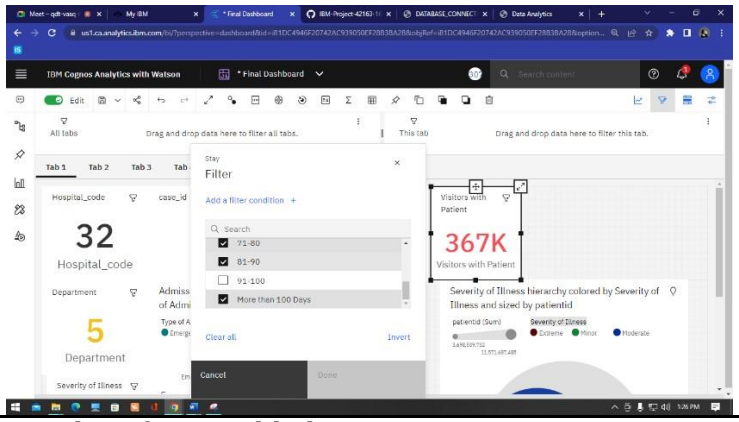
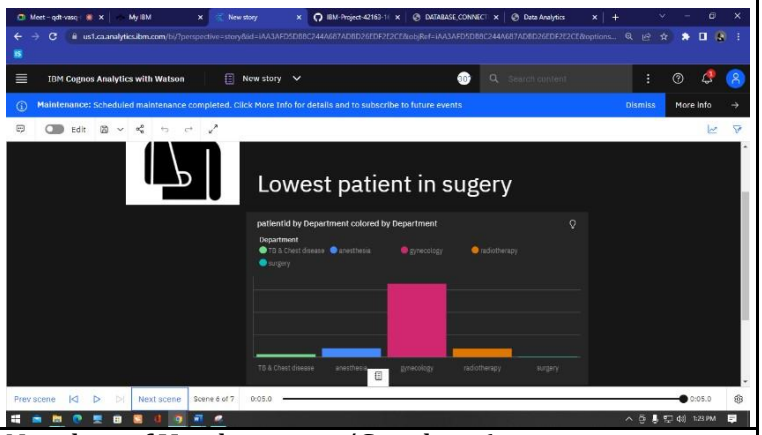
8.2 User Acceptance Testing

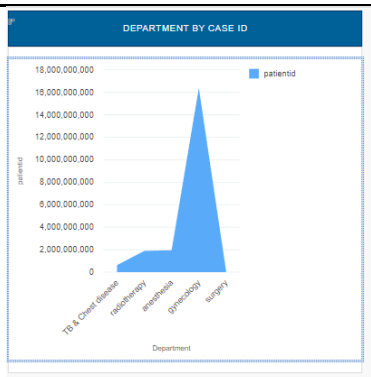
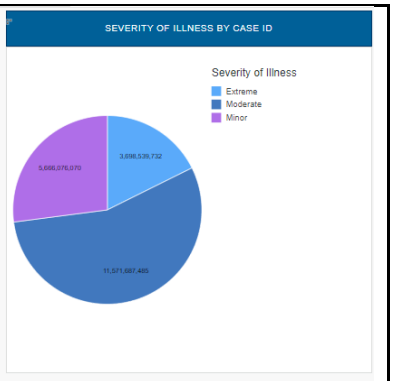
SECTION	TOTAL CASES	NOT TESTED	FAIL	PASS
Print Engine	7	0	0	7
Client Application	51	0	0	51
Security	2	0	0	2
Outsource Shipping	3	0	0	3
3Execution Reporting	9	0	0	9
Final Report Output	4	0	0	4
Version Control	2	0	0	2

9 RESULTS

9.1 Performance Metrics

S.No.	Parameter	Screenshot/Values
1.	Dashboard design	Number of Visulizations/Graphs– 22 Numberoftabs–8 
2.	Data Responsiveness	Data's will dynamically changed and grapha so changed. 

3.	Amount Data to Rendered(DB2Metrics)	Number of rows read–318438Number of rows loaded–318438 Number of rows rejected0 
4.	Utilization of Data Filters	We created filters for Dashboards which I sperfectly working. 
5.	Effective User Story	NumberofSceneAdded–7 Animations are perfectly displayed .Images are perfectly rendered. 
6.	Descriptive Reports	Number of Visulizations /Graphs– 6

		 DEPARTMENT BY CASE ID patientid 18,000,000,000 16,000,000,000 14,000,000,000 12,000,000,000 10,000,000,000 8,000,000,000 6,000,000,000 4,000,000,000 2,000,000,000 0 patientid TB & Chest disease radiotherapy anesthesia gynecology surgery Department  SEVERITY OF ILLNESS BY CASE ID Severity of Illness Extreme Moderate Minor 3,698,539,732 5,666,076,070 11,571,687,485

10ADVANTAGES

- Improved research efforts
  Improved health outcomes
  Obtain operational insights
  Improved staffing
- Informed strategic planning
- *Higher-Quality Care*

DISADVANTAGES

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

11. CONCLUSION

- It also means describing how healthplans, healthcare organizations ,and clinicians should be accountable to patients and society and conversely. How individuals can take appropriate responsibility for their own health.
- Data analytics is the science of analyzing raw datasets in order to derive a conclusion regarding the information they hold.
- Itenablesustodiscoverpatternsintherawdataanddrawvaluableinformation from them.

12. FUTURESCOPE

- **Improved Decision Making**: Data Analytics eliminates guess work and manual tasks. Be it choosing the right content, planning marketing campaigns, or developing products.
- Organizations can use the insights they gain from data analytics to make informed decisions.
  Thus,leadingtobetteroutcomesandcustomersatisfactionDataanalyticsto achieve business goals of pharmaceutical companies, payers,

Insurance companies, physicians, hospitals, medical equipment companies, sales reps, and others take holders in the health care business, need for this have only increased after the Affordable Act came into being.

13 APPENDIX

Source Code

Dashborad

html

```
<!
DO
CT
Y
PE
ht
m
l>
      <htmllang="en">
      <head>
      <title>DataAnalytics</title>
        <metacharset="utf-8">
        <metaname="viewport"content="width=device-width,initial-scale=1">
        <link rel="stylesheet"
      href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
        <scriptsrc="https://ajax.googleapis.com/ajax/libs/jquery/3.6.0/jquery.min.js"></script>
        <script
      src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
      </head>
      <body>

      <navclass="navbarnavbar-inverse">
          <divclass="container-fluid">
            <divclass="navbar-header">
             <aclass="navbar-brand"href="#">AnalyticsforHospitals'Health-CareData</a>
           </div>
           <ulclass="navnavbar-nav">
             <li><ahref="index.html">Home</a></li>
             <liclass="active"><ahref="#">Dashboard</a></li>
             <li><ahref="report.html">Report</a></li>
             <li><ahref="story.html">Story</a></li>
```

```
    </ul>
  </div>
</nav>

<div class="container">
<iframe

src="https://us1.ca.analytics.ibm.com/bi/?perspective=dashboard&amp;pathRef=.my_folders%2F
Sprint%2B2%2FFinal%2BDashboard&amp;closeWindowOnLastView=true&amp;ui_appbar=false&amp;ui_n
avbar=false&amp;shareMode=embedded&amp;action=view&amp;mode=dashboard&amp;subView=model000
00184774a03ac_00000002"
  width="1500"height="1000"frameborder="0"gesture="media"allow="encrypted-media"
allowfullscreen=""></iframe>
</div>

</body>
</html>
```

Indexhtml

```
<!DOCTYPE
html>
            <htmllang="en">
            <head>
              <title>DataAnalytics</title>
              <metacharset="utf-8">
              <metaname="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"></scrip
            t>
              <script
            src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></scr
            ipt>
            </head>
            <body>


            <nav class="navbarnavbar-inverse">
               <divclass="container-fluid">
                 <divclass="navbar-header">
                  <aclass="navbar-brand"href="#">AnalyticsforHospitals'Health-Care Data</a>
                </div>
                <ulclass="navnavbar-nav">
                  <liclass="active"><ahref="#">Home</a></li>
                  <li><ahref="dashboard.html">Dashboard</a></li>
                  <li><ahref="report.html">Report</a></li>
```

```
      <li><ahref="story.html">Story</a></li>
    </ul>
  </div>
</nav>

<divclass="jumbotron">
 <center><h4><i><b>TeamID:PNT2022MID15567</b></i></h4></center>

</div>
<tableclass="tabletable-bordered">

    <tbody>
      <tr>
        <td>TeamLeader</td>
        <td>SUMITHRA S</td>

      </tr>
      <tr>
        <td>Teammember</td>
        <td>SANDHIYA M</td>

      </tr>
      <tr>
        <td>Teammember</td>
        <td>PAVITHRA T</td>

      </tr>
          <tr>
        <td>Teammember</td>
        <td>RANJINI RJ</td>

      </tr>
    </tbody>
  </table>
</body>
</html>
```

Reporthtml

```
<!DOC
TYPE
html>
        <htmllang="en">
        <head>
```

```
 <title>DataAnalytics</title>
  <metacharset="utf-8">
  <metaname="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>
  <script
src="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
</head>
<body>

<navclass="navbarnavbar-inverse">
   <divclass="container-fluid">
     <divclass="navbar-header">
      <aclass="navbar-brand"href="#">AnalyticsforHospitals'Health-CareData</a>
    </div>
    <ulclass="navnavbar-nav">
      <li><ahref="index.html">Home</a></li>
      <li><ahref="dashboard.html">Dashboard</a></li>
      <liclass="active"><ahref="#">Report</a></li>
      <li><ahref="story.html">Story</a></li>
    </ul>
  </div>
</nav>

<div class="container">
  <iframe

src="https://us1.ca.analytics.ibm.com/bi/?pathRef=.my_folders%2FReport%2FFinal%2BRepor
t&amp;closeWindowOnLastView=true&amp;ui_appbar=false&amp;ui_navbar=false&amp;shareMode
=embedded&amp;action=edit"
    width="1500"height="1000"frameborder="0"gesture="media"allow="encrypted-media"
allowfullscreen=""></iframe>
</br>

</div>

</body>
</html>
```

Storyhtml

```
<!D
OCT
YPE
htm
l>
        <htmllang="en">
        <head>
          <title>DataAnalytics</title>
          <metacharset="utf-8">
          <metaname="viewport"content="width=device-width,initial-scale=1">
          <linkrel="stylesheet"href="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/css/bootstrap.min.css">
          <scriptsrc="https://ajax.googleapis.com/ajax/libs/jquery/3.6.0/jquery.min.js"></script>
          <scriptsrc="https://maxcdn.bootstrapcdn.com/bootstrap/3.4.1/js/bootstrap.min.js"></script>
        </head>
        <body>

        <navclass="navbarnavbar-inverse">
          <divclass="container-fluid">
            <divclass="navbar-header">
              <aclass="navbar-brand"href="#">AnalyticsforHospitals'Health-CareData</a>
            </div>
            <ulclass="navnavbar-nav">
              <li><ahref="index.html">Home</a></li>
              <li><ahref="dashboard.html">Dashboard</a></li>
              <li><ahref="report.html">Report</a></li>
              <liclass="active"><ahref="#">Story</a></li>
            </ul>
          </div>
        </nav>

        <divclass="container">
          <iframe

        src="https://us1.ca.analytics.ibm.com/bi/?perspective=story&amp;pathRef=.my_folders%2Fstory%2FNew%2Bstory&amp;clo
        seWindowOnLastView=true&amp;ui_appbar=false&amp;ui_navbar=false&amp;shareMode=embedded&amp;action=view&amp;sceneI
        d=model0000184574031b2_00000002&amp;sceneTime=0"
            width="1500"height="1000"frameborder="0"gesture="media"allow="encrypted-media"
        allowfullscreen=""></iframe>
        </div>


        </body>
        </html>
```