

Healthcare dataset

The background of the slide is a blurred ECG (heart rate) line on a grid. The grid consists of small squares and larger squares. The ECG line is black and shows several peaks and troughs. A vertical white line is positioned in the center of the slide, between the title and the subtitle.

STROKE OR NOT?

Who are our stakeholders?

- In the context of the problem presented, our stakeholders would be doctors and healthcare professionals.

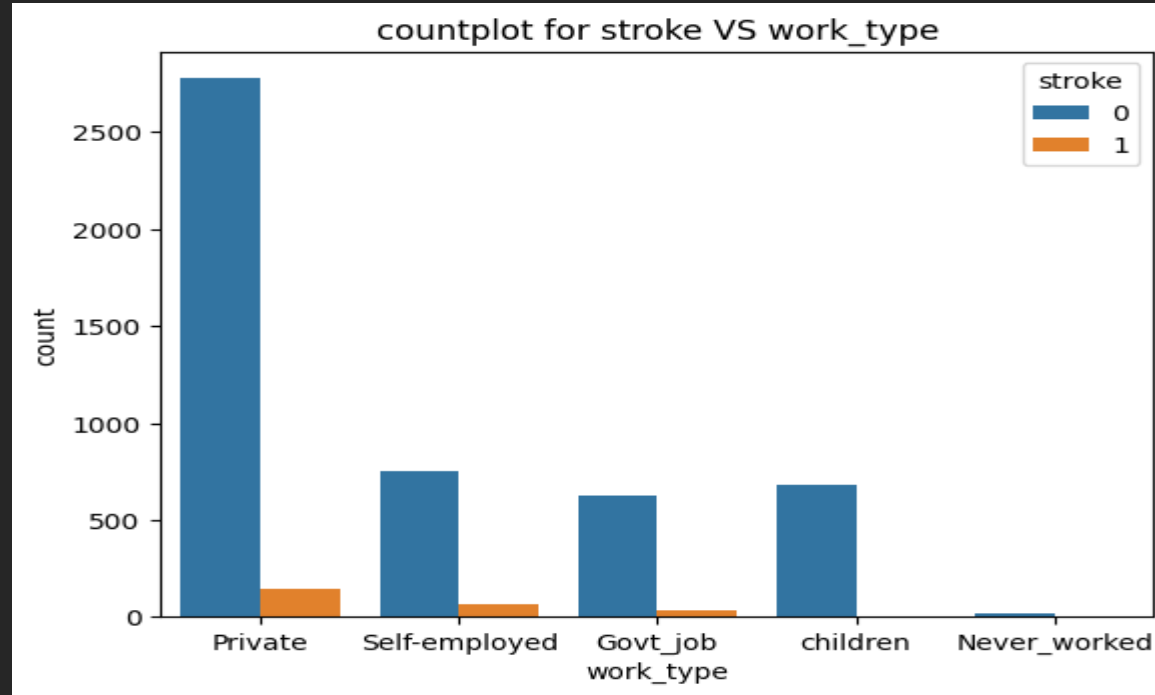
What Problem are we solving?

- The model created allows the stakeholder to predict the likelihood of a stroke in patients dependent on various factors such as : Smoker status, Age, Gender, Etc.
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Introduction to data

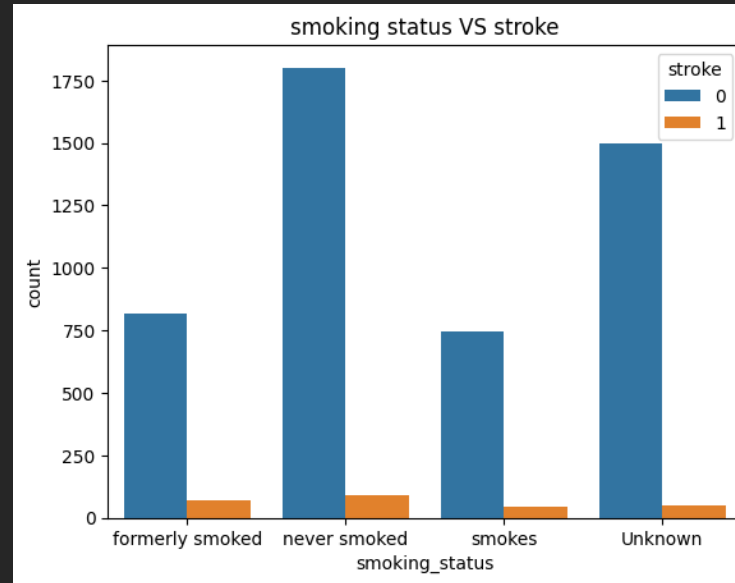
- According to the World Health Organization (WHO) stroke is the 2nd leading cause of death globally, responsible for approximately 11% of total deaths.
 - This dataset is used to predict whether a patient is likely to get stroke based on the input parameters like gender, age, various diseases, and smoking status. Each row in the data provides relevant information about the patient.
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Visual: 1



- The above depicted graph displays a count of predicted stroke VS individual work type
 - As we can see the private sector has the highest as well as the lowest count for stroke and no stroke respectively.
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Visual: 2



- Looking at the above visual, we can see a count plot for smoker status VS stroke(yes or no.)
 - The graph shows us that individuals who have never smoked have the highest likelihood as well as the lowest for stroke and no stroke.
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Strengths and limitations of my model

- The model chosen for production would be a decision tree classifier that is making use of PCA to reduce the dimensions or complexity within the data.
 - The limitations within the data set would be mainly the class imbalance, seeing as this would be a binary classification problem (0 or 1! / Yes or NO) we had many no stroke predictions and few stroke predictions.
 - This could cause Bias towards a no stroke prediction within our model!
 - False negatives would mean that we would have patients classified as not being likely to have a stroke when they may be at risk!
 - False positives would classify patients that are not likely to have a stroke as being at risk!
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Final Recommendations

- My final recommendation that I feel could improve the quality of data as well as model predictions would be obtaining more data to try and balance our classes.
 - Another action that can be taken may be to try and make use of a different model?
 - The model had low precision and recall(correct positive/negative predictions) rates based on the technical analysis, I feel the imbalance in classes plays a big role in this. We could try and increase the weighting on our lesser class so that our model counts each prediction for that class as being greater than a count for the other class.
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