

Foundations of Data Science Final Project Proposal

Life Lane

Project Members:

- Kora Hughes (svh272)
- Swarali Dabhadkar (sd5664)
- Stuti Mishra (sm11538)

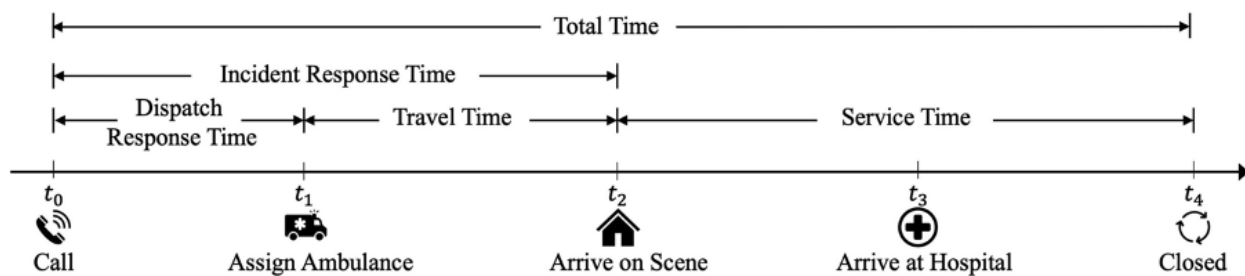
Project Questions:

What is the problem (including motivation and what is the specific outcome)?

Emergency medical system (EMS) response times in NYC are growing. According to the New York Post, average EMS response time increased by 20 seconds last year, totalling 9 minutes and 50 seconds.¹ This has led to an increase in deaths via fires and medical emergencies.

Thus, we want to take a data scientists' approach to optimizing this problem. While we can't easily restructure the current EMS dispatch sites, we can analyze EMS dispatch data and cross reference it with traffic patterns to optimize the placement of new dispatch sites and the staffing of current dispatch sites.

To accomplish this, we can create a regression problem by setting our target variable to INCIDENT_TRAVEL_TM_SECONDS_QY (As depicted by "Travel Time" in the figure below) in the EMS Dispatch Dataset which is the time elapsed in seconds between the first_assignment_datetime – time at which the emergency incident was assigned by the operator – and the first_on_scene_datetime – the time at which the team arrived at the incident location. Once optimized, we can reverse engineer this problem in order to find the times and locations where dispatch travel time is the worst. With this information, we can suggest new policies and procedures that specifically target these zones in order to minimize future dispatch time.



EMS response to incident timeline (Liu et al)³

¹ <https://nypost.com/2023/09/16/nyc-response-times-to-fires-medical-emergencies-soaring/>

How will you learn the background? (e.g. are there specific publications that discuss pertinent issues, is there a domain expert you will engage and what is their experience, etc.)

The literature regarding EMS response time has cited a variety of causes and solutions with respect to EMS time reduction. Griffin *et al* assess the variables most commonly associated with increased emergency response time as described by the opinions and views of EMS first responders.² The study concludes that traffic congestion is the most influential factor and proposes increased public education regarding EMS routing and access to pre-emptive green light devices for EMS personnel as potential solutions. Liu *et al* analyzes demographic and geographic patterns associated with the increase in response time due to the COVID-19 pandemic.³ They cite remedial reallocation as a temporary solution to the EMS system with the existing ambulance capacity and validate their proposal via mathematical simulation. Though this provides an effective temporary solution, they do not address the long-term costs associated with resource allocation in ambulance relocation and suggest further research on more sustainable solutions.

Though the potential solutions remain widespread, the pressing need for a reduction in response time is virtually unanimous. Blackwell *et al* proposed a causal link between health outcomes like improved survival and EMS system response and travel time.⁴ Similar studies can be found validating the use of EMS dispatch time for patient illness prediction and postulate that a reduction in response time could yield other health benefits as well.^{[5][6]} The need for methods of reducing EMS response time has also been mirrored in mainstream media. According to Mayor Eric Adams' most recent management report, it took ambulances and firefighters 46 seconds longer on average to respond to “life-threatening medical emergencies” this fiscal year compared to last year.⁷ It is with these major applications in mind that we pursue a project investigating the reduction of EMS time.

² Griffin R, McGwin G Jr. Emergency medical service providers' experiences with traffic congestion. *J Emerg Med*. 2013 Feb;44(2):398-405. doi: 10.1016/j.jemermed.2012.01.066. Epub 2012 Aug 9. PMID: 22883716.

³ Liu, J., Ouyang, R., Chou, CA. et al. An Analytical Approach for Dispatch Operations of Emergency Medical Services: A Case Study of COVID-19. *Oper. Res. Forum* 4, 44 (2023). <https://doi.org/10.1007/s43069-023-00218-3>

⁴ Blackwell, T. H., & Kaufman, J. S. (2002). Response time effectiveness: comparison of response time and survival in an urban emergency medical services system. *Academic Emergency Medicine*, 9(4), 288-295.

⁵ Shah, M. N., Bishop, P., Lerner, E. B., Fairbanks, R. J., & Davis, E. A. (2005). Validation of using EMS dispatch codes to identify low-acuity patients. *Prehospital Emergency Care*, 9(1), 24-31.

⁶ Hinchey, P., Myers, B., Zalkin, J., Lewis, R., & Garner Jr, D. (2007). Low acuity EMS dispatch criteria can reliably identify patients without high-acuity illness or injury. *Prehospital emergency care*, 11(1), 42-48.

⁷<https://www.nyc.gov/office-of-the-mayor/news/673-22/mayor-adams-releases-mayor-s-management-report-fiscal-year-2022>

What kinds of data will you use? (describe the data fully including it's temporal and spatial dimensions, features and their types and scales (e.g. numerical or text, ordinal or nominal, etc.))

We are planning to use two datasets from the NYC Open Datasets for our analysis. One is the EMS Incident Dispatch Data⁸ and the other is Traffic Volume Counts.⁹

Data generation process for the source datasets:

- New York City Department of Transportation (NYC DOT) uses Automated Traffic Recorders (ATR) to collect traffic sample volume counts at bridge crossings and roadways. These counts do not cover the entire year, and the number of days counted per location may vary from year to year.
- The EMS Incident Dispatch Data file contains data that is generated by the EMS Computer Aided Dispatch System. The data spans from the time the incident is created in the system to the time the incident is closed in the system. It covers information about the incident as it relates to the assignment of resources and the Fire Department's response to the emergency. To protect personal identifying information in accordance with the Health Insurance Portability and Accountability Act (HIPAA), specific locations of incidents are not included and have been aggregated to a higher level of detail.

According to the documentation, privacy concerns have been addressed while collecting EMS data in order to protect PII data privacy of the individuals involved in the incidents.

Because of the accessibility of the data, we are focusing on NYC. Thus all of our datasets will need to have corresponding location like borough, zip code, area code, and or district number (nominal categorical) as well as temporal data such as date/time (continuous numerical).

EMS Data Description	
INCIDENT_DATETIME	The date and time the incident was created in the dispatch system
INCIDENT_TRAVEL_TM_SECONDS_QY	The time elapsed in seconds between the first_assignment_datetime and the first_on_scene_datetime.
ZIPCODE	The zip code of the incident.

After conducting an exploratory data analysis, we have identified 3 columns out of a total of 31 that are crucial to our analysis. These columns provide essential information and insights for our research. We have opted to reduce the dimensionality of our dataset by eliminating columns that do not provide significant value or can be derived from other existing columns. This step is aimed at streamlining our analysis, enhancing the manageability of the dataset, and improving processing efficiency.

⁸ <https://data.cityofnewyork.us/Public-Safety/EMS-Incident-Dispatch-Data/76xm-ijui>

⁹ <https://data.cityofnewyork.us/Transportation/Traffic-Volume-Counts/btm5-ppia>

Traffic Volume Data Description	
Roadway name	Street name
Date	Date of the traffic count
12:00-1:00 AM	Count for the clock hour
1:00-2:00AM	Count for the clock hour
[...other hourly columns]	Count for the clock hour
11:00-12:00AM	Count for the clock hour

Similarly for the traffic volume dataset, we chose to exclude 5 columns out of a total of 31 columns that provide value to our analysis.

Database Schema:

EMS DATA: [response_time (INCIDENT_TRAVEL_TM_SECONDS_QY), zip code (ZIPCODE), datetime (INCIDENT_DATETIME)]

- Datetime → [date, time]
 - Time → time_block (every hour)
 - Date → day_of_week
 - Reduction by looking 7 days per month (each different week days)

TRAFFIC DATA: [street (roadway_name), time_block, date, traffic_volume]

- street → zip code
 - Aggregate on traffic_volume
- Date → day_of_week
 - Reduction by looking 7 days per month (each different week days)

~ after join operation ~

EMS_BY_TRAFFIC: [zip code, traffic_volume, day_of_week, time_block, dispatch_time]

In order to join our two major databases we transform the data in a few key ways. Firstly, we split the datetime objects into time blocks and days of the week. We aggregate time into blocks in order to merge with the inherent precision of the traffic-volume database, however the day of the week is extracted due to its intuitive affect traffic flow: we felt that day of the year was too precise to give quality insights and aggregated it to day of the week in order to account for the change in traffic flow due to periodic work schedules.

The target variable we will be looking at is EMS response time (dispatch_time) which is continuous numerical. Our main dependent variables are traffic volume (discrete numerical), zip code (nominal categorical), day of the week (ordinal categorical), and time block (ordinal categorical).

What kind of model will you build? (What approach will you take for solving the problem and why not any other approaches, including how data will be cleaned, what specific algorithm(s) and any parameters used, and how you will evaluate your approach – describe a figure/table used to illustrate the evaluation)

Basic Statistics:

	_12_00_1_00_am	_1_00_2_00am	_2_00_3_00am	_3_00_4_00am	_4_00_5_00am	\
count	42752.000000	42752.000000	42752.000000	42752.000000	42752.000000	
mean	251.448423	178.591504	135.280318	117.619359	135.677980	
std	407.435712	303.030296	242.091877	215.316979	249.763737	
min	0.000000	0.000000	0.000000	0.000000	0.000000	
25%	60.000000	38.000000	26.000000	22.000000	27.000000	
50%	118.000000	79.000000	56.000000	47.000000	56.000000	
75%	241.000000	171.000000	128.000000	110.000000	125.000000	
max	4805.000000	4489.000000	4818.000000	4323.000000	4469.000000	

	_5_00_6_00am	_6_00_7_00am	_7_00_8_00am	_8_00_9_00am	_9_00_10_00am	\
count	42752.000000	42752.000000	42752.000000	42752.000000	42752.000000	
mean	206.655747	352.60051	491.184673	540.203605	524.477381	
std	415.614033	621.37410	697.735616	703.696526	680.912007	
min	0.000000	0.000000	0.000000	0.000000	0.000000	
25%	42.000000	77.000000	133.000000	174.000000	184.000000	
50%	85.000000	156.000000	270.000000	325.000000	317.000000	
75%	182.000000	335.000000	538.000000	594.000000	555.000000	
max	6456.000000	7513.000000	9226.330000	7899.000000	6766.000000	

	_2_00_3_00pm	_3_00_4_00pm	_4_00_5_00pm	_5_00_6_00pm	\
count	42503.000000	42503.000000	42503.000000	42503.000000	
mean	630.179376	657.691175	661.120886	657.712538	
std	758.610055	779.552761	776.312508	770.034661	
min	0.000000	0.000000	0.000000	0.000000	
25%	250.000000	260.000000	261.000000	258.000000	
50%	406.000000	425.000000	428.000000	424.000000	
75%	679.000000	713.000000	724.000000	724.000000	
max	6996.000000	7524.000000	8683.000000	9762.000000	

	_6_00_7_00pm	_7_00_8_00pm	_8_00_9_00pm	_9_00_10_00pm	\
count	42503.000000	42503.000000	42503.000000	42503.000000	
mean	628.825612	570.346987	496.648166	428.457779	
std	764.796252	732.905268	678.326096	614.480940	
min	0.000000	0.000000	0.000000	0.000000	
25%	237.000000	204.000000	167.000000	133.000000	
50%	306.000000	344.000000	287.000000	235.000000	

	_10_00_11_00pm	_11_00_12_00am
count	42503.000000	42503.000000
mean	376.555067	315.806014
std	565.197252	493.563207
min	0.000000	0.000000
25%	108.000000	82.000000
50%	196.000000	157.000000
75%	366.000000	303.000000
max	5460.000000	5027.000000

[8 rows x 24 columns]

Variance:

_12_00_1_00_am	166003.859238
_1_00_2_00am	91827.360577
_2_00_3_00am	58608.476719
_3_00_4_00am	46361.401429
_4_00_5_00am	62381.924487
_5_00_6_00am	172735.024110
_6_00_7_00am	386105.772593
_7_00_8_00am	486834.989702
_8_00_9_00am	495188.800168
_9_00_10_00am	463641.161800
_10_00_11_00am	454133.381204
_11_00_12_00pm	468611.431926
_12_00_1_00pm	490904.320014
_1_00_2_00pm	520505.316811
_2_00_3_00pm	575489.216000
_3_00_4_00pm	607702.507749
_4_00_5_00pm	602661.109851
_5_00_6_00pm	592953.378613
_6_00_7_00pm	584913.306466
_7_00_8_00pm	537150.132150
_8_00_9_00pm	460126.292896
_9_00_10_00pm	377586.825608
_10_00_11_00pm	319447.933153
_11_00_12_00am	243604.639631

Traffic volume data statistics

```

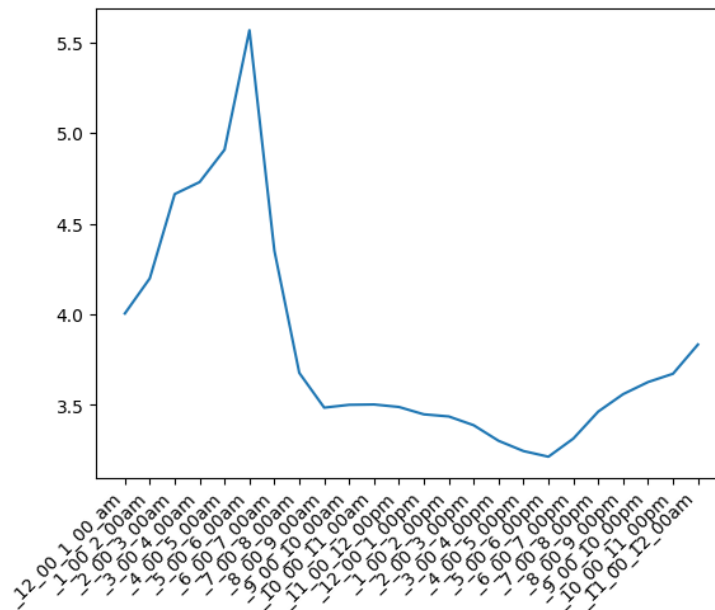
Basic Statistics:
      dispatch_response_seconds_qy  incident_response_seconds_qy  \
count      243979.000000      233955.000000
mean        140.121699        713.033643
std         636.607211        818.179541
min           0.000000           0.000000
25%          12.000000        361.000000
50%          25.000000        524.000000
75%          60.000000        788.000000
max        31597.000000      32197.000000

      incident_travel_tm_seconds_qy
count      233988.000000
mean        576.080252
std         476.026302
min           0.000000
25%          322.000000
50%          469.000000
75%          686.000000
max        34110.000000

Variance:
dispatch_response_seconds_qy      405268.741274
incident_response_seconds_qy      669417.760791
incident_travel_tm_seconds_qy      226601.040088
dtype: float64

```

EMS Response Data Statistics



Skewness of Traffic Volume Data

```

1 null_df_ems = df_ems.apply(lambda x: sum(x.isnull())).to_frame('count')
2 print(null_df_ems)

```

	count
cad_incident_id	0
incident_datetime	0
initial_call_type	0
initial_severity_level_code	0
final_call_type	0
final_severity_level_code	0
first_assignment_datetime	2402
valid_dispatch_rspns_time_indc	0
dispatch_response_seconds_qy	0
first_activation_datetime	2789
first_on_scene_datetime	9991
valid_incident_rspns_time_indc	0
incident_response_seconds_qy	10024
incident_travel_tm_seconds_qy	9991
first_to_hosp_datetime	89351
first_hosp_arrival_datetime	90091
incident_close_datetime	52
held_indicator	0
incident_disposition_code	2776
borough	0
incident_dispatch_area	0
zipcode	2198
policeprecinct	2195
citycouncildistrict	2195
communitydistrict	2196
communityschooldistrict	2365
congressionaldistrict	2195
reopen_indicator	0
special_event_indicator	0
standby_indicator	0
transfer_indicator	0

Null values in EMS Dispatch Data

```

1 null_df = df_traffic.apply(lambda x: sum(x.isnull())).to_frame('count')
2 print(null_df)

```

	count
id	0
segmentid	0
roadway_name	0
from	0
to	0
direction	0
date	0
_12_00_1_00am	4
_1_00_2_00am	4
_2_00_3_00am	4
_3_00_4_00am	4
_4_00_5_00am	4
_5_00_6_00am	4
_6_00_7_00am	4
_7_00_8_00am	4
_8_00_9_00am	4
_9_00_10_00am	4
_10_00_11_00am	3
_11_00_12_00pm	1
_12_00_1_00pm	253
_1_00_2_00pm	253
_2_00_3_00pm	253
_3_00_4_00pm	253
_4_00_5_00pm	253
_5_00_6_00pm	253
_6_00_7_00pm	253
_7_00_8_00pm	253
_8_00_9_00pm	253
_9_00_10_00pm	253
_10_00_11_00pm	253
_11_00_12_00am	253

Null values in Traffic Volume Data

Cleaning and Preprocessing: Observing the presence of 9991 null values in the EMS response time dataset (size 24.4M) and 253 null values in the Traffic dataset (size 42.8K), we have chosen to proceed by removing these records. Given the substantial size of our dataset, eliminating these

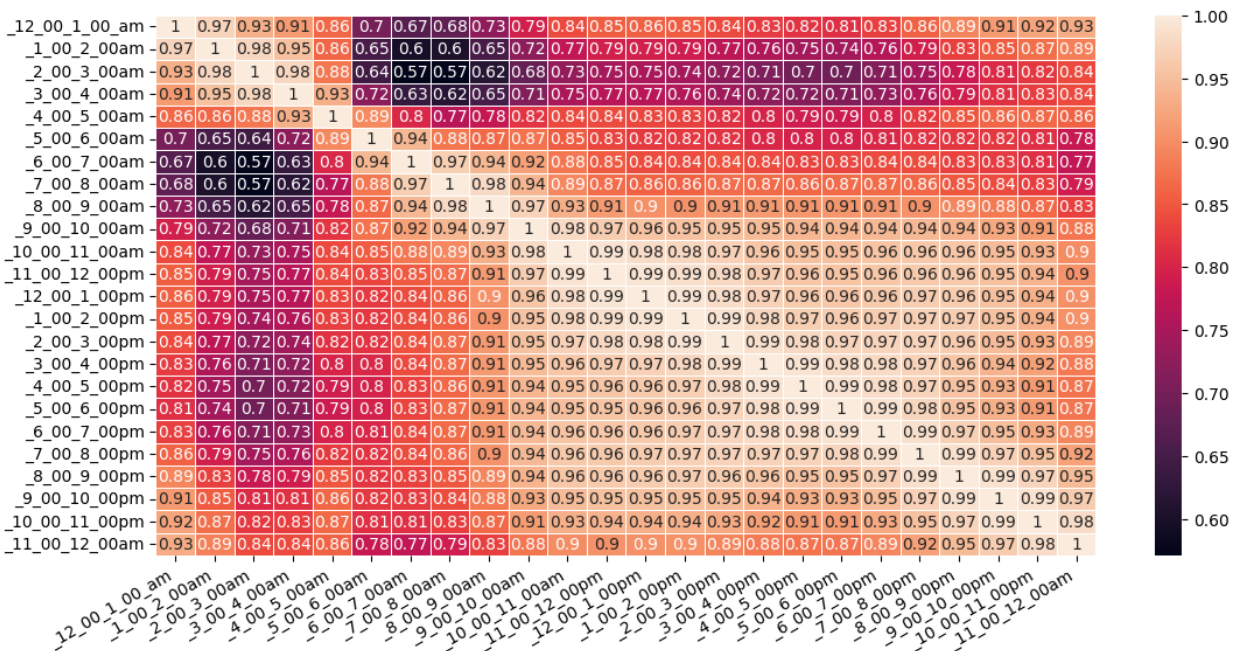
records is not expected to have a considerable impact on the dataset's overall size or affect our analytical processes.

Regression Analysis:

Performing regression analysis on NYC traffic data and EMS response times can provide valuable insights into the factors influencing response times and help optimize emergency services to improve public safety and save lives.

$$\text{EMS_Response_Time} = \beta_0 + \beta_1 * \text{Traffic_Volume} + \varepsilon$$

ElasticNet, Lasso, and Ridge Regression are the choices for our regression problem aimed at optimizing EMS response times in New York City.



Heatmap of the Correlation Matrix of Traffic Volume Data

As shown in the above figure, our traffic response time data has a high degree of multicollinearity. Additionally, we suspect traffic flow data to be correlated with time blocks and days of the week, indicating potential correlation between dependent variables. To mitigate this, we have chosen to evaluate a series regularization metrics throughout our regression analysis.

Firstly, we intend to evaluate the performance of ridge regression in our models since it is valuable when dealing with multicollinearity. This is done via L2 regularization, which distributes the impact of correlated variables more evenly. In our case, it can help manage correlated factors that might affect both traffic patterns and EMS response times. Ridge also improves the stability of regression estimates. It ensures that small changes in the data don't lead

to significant changes in the model coefficients. This is essential for robustness in analysis, given that traffic patterns can be subject to fluctuations over time.

Secondly, we intend to evaluate Lasso regression. Lasso is particularly effective at feature selection. It drives some coefficients to zero, effectively eliminating less relevant features from the model. This is beneficial for our analysis as it may help our pruning of the time-related attributes and better identify the factors that have the most significant impact on EMS response times.

Lastly, we intend to evaluate ElasticNet, which combines the strengths of Lasso (L1 regularization) and Ridge (L2 regularization) regression. This is especially important when dealing with complex data and real-world noise – an aspect of all of our data, particularly dispatch time.

Overall, in our EMS response time optimization problem, we have identified the importance of traffic patterns and incident locations, both of which can involve multiple features. Using ElasticNet, Lasso, or Ridge Regression will help us build models that are less prone to overfitting, provide feature selection capabilities to identify key factors, and are interpretable. Moreover, these techniques handle multicollinearity and data noise effectively. By comparing the results from these models, we can gain insights into the impact of different features on EMS response times and potentially optimize dispatch site placement.

Decision Trees:

- Decision trees are also a strong choice for optimizing EMS response times in New York City. Their interpretability allows for a clear understanding of the key factors influencing response times. Moreover, decision trees can capture complex, non-linear relationships in data, such as the peak hours in traffic patterns based on time of day and incident locations. Decision trees can also more accurately make use of categorical variables such as days of the week without data transformations like one-hot encoding which will work to its strength in this case.

Ensemble Learning:

- Similarly, an ensemble of decision trees like Random Forest can capture complex relationships within the data, including traffic patterns, peak hours, and incident locations. It excels at handling categorical variables and can effectively classify weekdays, providing valuable insights into temporal patterns.
- Random Forest mitigates overfitting and offers robust performance through aggregation, enhancing predictive accuracy.
- Its interpretability allows for clear identification of influential factors, aiding in response time optimization. Overall, Random Forest's flexibility and predictive power make it a good choice.

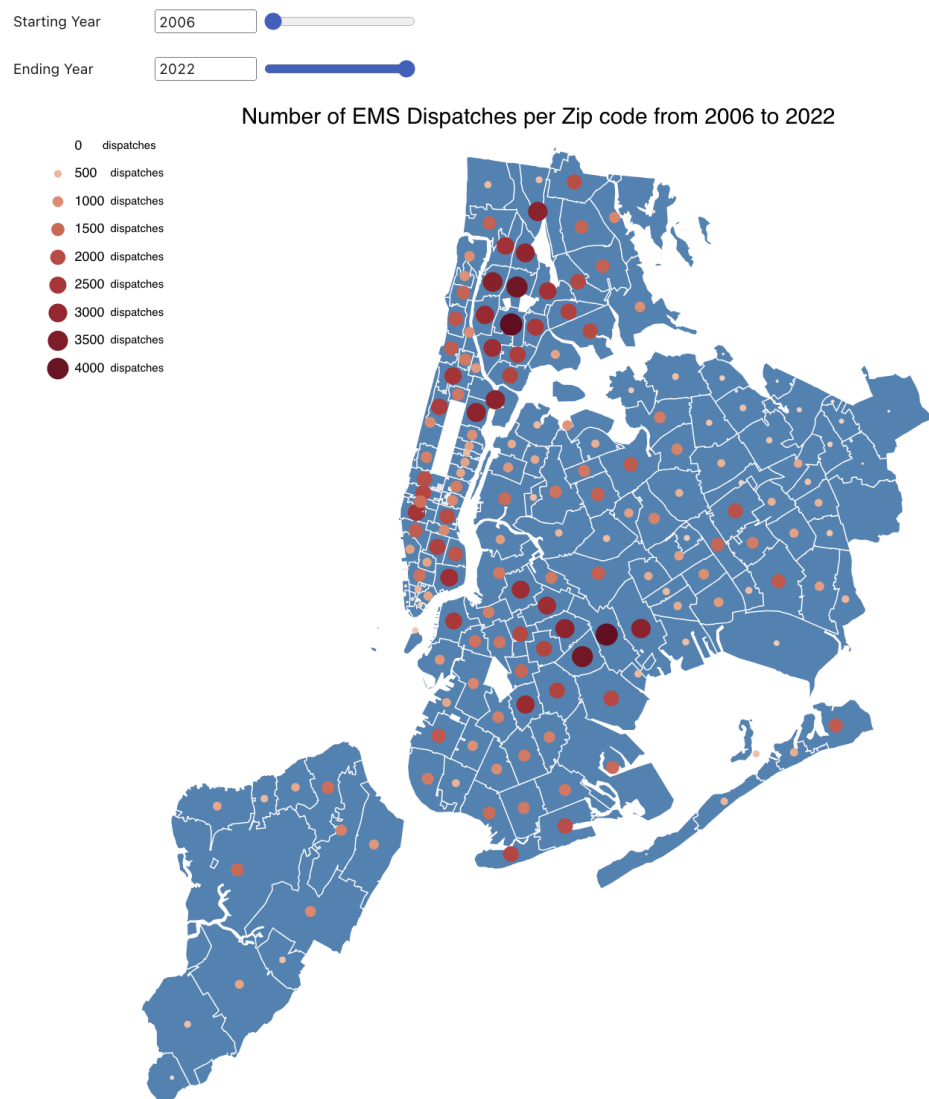
Evaluation:

We plan to use the evaluation methods mentioned below for our model:

- Adjusted R-squared is a modification of R-squared that adjusts for the number of predictors in the model. It penalizes the inclusion of unnecessary variables. It is useful when dealing with multiple regression models.
- MASE is a metric for time series regression that compares the performance of a model to the performance of a naive (e.g., simple moving average) model. It measures the relative accuracy of the model.

What assumptions are safe to make? (Explain clearly what the assumptions being made are and why that's okay, this could be in terms of features considered, potential confounding variables, variable types, etc.)

We make a few key assumptions in order to join databases. Firstly, we ignore the direction of traffic and simplify it to volume in order to facilitate the aggregation of street names into zip codes. Since we are analyzing the data over time, the direction of traffic flow is internalized by the system; however this is a generalization that could introduce a slight bias. Secondly, in order to aggregate dates into days of the week, we only take a subset of traffic data for each week day for every month/year in the dataset (ex. 1st monday, 3rd tuesday, etc.). Though this will similarly introduce bias and make the model more susceptible to outliers, we assume the randomness of looking at multiple months and years on the aggregate should minimize the potential harm. Finally, an underlying assumption of our model is that time of day and day of the week will give new information not already inherited by traffic volume. If the aforementioned ridge regression does not reduce bias enough, we may test additional model implementations omitting these variables to validate that they are significant to the model's accuracy and don't contribute to overfitting.



[Live Graph Link](#) (Observable)

- We will use similar graphs to further analyze traffic distribution and the combination of our dependent variables in our final analysis.

Points to be added in the final report:

1. Street names and zipcode mapping - we are assuming that a particular street is mapped to a single zipcode