Healthcare

Advancing Healthcare Analysis through Data Insights

As a healthcare analyst at HealthStat Solutions, my goal is to use Power BI to dive deep into healthcare data. This means cleaning up the data and organising it in a way that makes sense. With advanced analytics tools like DAX, I'll create an interactive dashboard that tells a clear story about the data. This dashboard will help us see important trends, like how patient characteristics affect treatment outcomes and the costs of different medical procedures. By analyzing this data, we can help healthcare providers improve patient care and run hospitals more efficiently, putting HealthStat Solutions at the forefront of healthcare analytics.

Part-1:-

Data Importing and Initial Examination

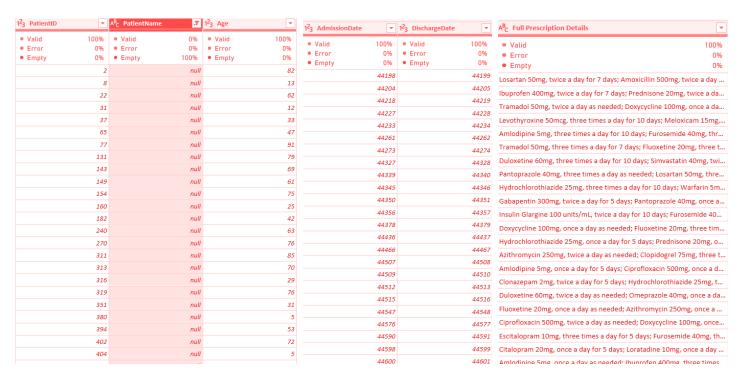
During the initial examination, we found some issues in the data that needed fixing:

For Dataset1:Patient Medical Records

Missing Patient Names: Some records didn't have names for patients, so we needed to clean up the data to fill in these missing names.

Date Confusion: The dates when patients were admitted and discharged weren't in a consistent format. We fixed this so that all dates are clear and consistent, making sure our data is accurate.

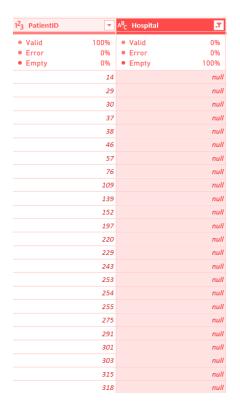
Medication Details: The column with information about the medicines prescribed to patients was very detailed. To make sense of it, we needed to pick out the important parts for our analysis.

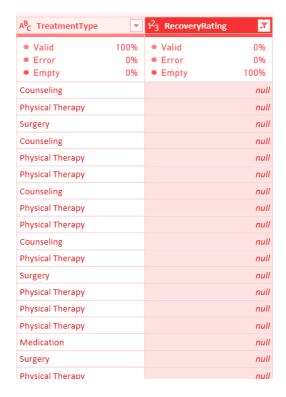


For Dataset2:Hospital Treatment Details

Hospital Name Column: Some records have missing values in the Hospital Name column. We need to fix these missing values for complete and accurate data.

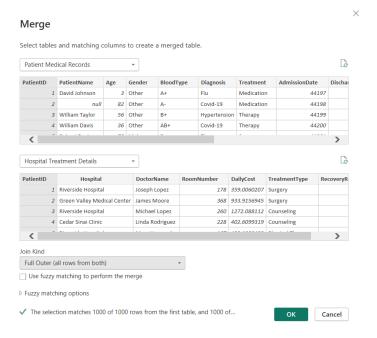
Recovery Rating Column: there are null values in the Recovery Rating column. These null values might affect our analysis of patient recovery.





Merging and Relating Datasets

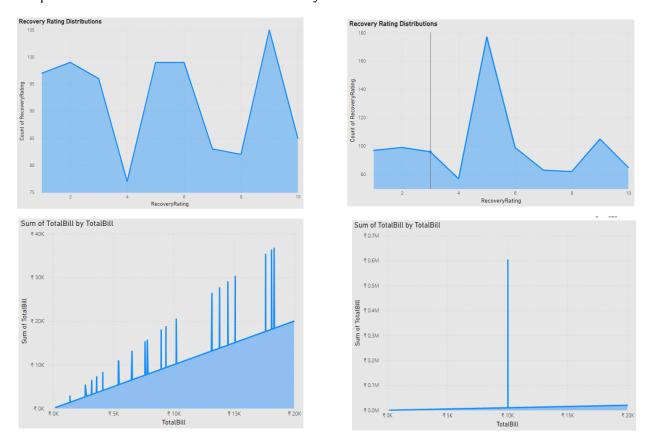
Both datasets were successfully merged using the PatientID column with a full outer join in this step. This merging technique ensured that all patient records from both datasets were included in the unified dataset.



Cleaning: Handling Missing and Irrelevant Data and Data Type Conversion

Standardized Date formats for 'AdmissionDate' and 'DischargeDate'. We removed duplicate entries.

Imputed null values with the mean for normally distributed data.

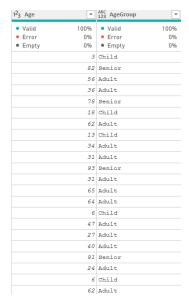


Categorizing Age Groups and Length of Stay

Length of Stay Calculation: Created a "LengthOfStay" column to determine the duration of each patient's stay.

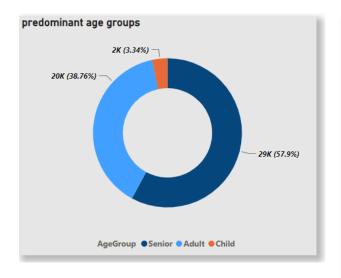
Age Categorization: Introduced an "AgeGroup" column to classify patients into three groups: "Child," "Adult," and "Senior" based on their age.

AdmissionDa	ite 🔻	DischargeD	ate 🔻	123 length_of_stay	۳
Valid	100%	Valid	100%	Valid	100%
Error	0%	Error	0%	• Error	0%
• Empty	0%	Empty	0%	Empty	0%
	01-01-2021		02-01-2021		1
	02-01-2021		03-01-2021		1
	03-01-2021		04-01-2021		1
	04-01-2021		05-01-2021		1
	05-01-2021		06-01-2021		1
	06-01-2021		07-01-2021		1
	07-01-2021		08-01-2021		1
	08-01-2021		09-01-2021		1
	09-01-2021		10-01-2021		1
	10-01-2021		11-01-2021		1
	11-01-2021		12-01-2021		1
	12-01-2021		13-01-2021		1
	13-01-2021		14-01-2021		1
	14-01-2021		15-01-2021		1
	15-01-2021		16-01-2021		1
	16-01-2021		17-01-2021		1
	17-01-2021		18-01-2021		1
	18-01-2021		19-01-2021		1
1	19-01-2021		20-01-2021		1
- 2	20-01-2021		21-01-2021		1
- 2	21-01-2021		22-01-2021		1
- 2	22-01-2021		23-01-2021		1
- 2	23-01-2021		24-01-2021		1



Categorizing Age Groups

In the hospital stay duration analysis, it's notable that David Johnson and John Moore experienced the longest stays, with David Johnson leading the count. Moreover, seniors emerge as the predominant age group among hospitalizations, suggesting a higher frequency of hospital visits within this demographic.



Length Of Stay for each Patient		
	unknown=null Valu	
PatientName	Sum of LengthOfStay	
unknown	997	
David Johnson	988	
John Moore	958	
John Anderson	950	
Joseph Davis	950	
David Hernandez	937	
Jennifer Smith	934	
Linda Thomas	923	
Susan Wilson	923	
David Taylor	921	
Patricia Anderson	910	
Barbara Brown	901	
Jessica Rodriguez	899	
Barbara Gonzalez	897	
Thomas Miller	897	
Michael Davis	894	
Richard Johnson	891	
Barbara Miller	885	
Thomas Anderson	884	
David Wilson	883	
Patricia Hernandez	883	
Total	129909	

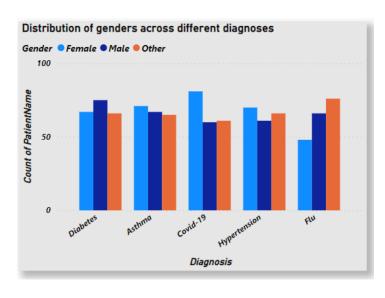
Analysis of Treatment Costs

On average, the costliest treatment category is medication, averaging around \$10,195, closely followed by therapy. Additionally, the highest total treatment cost was observed for Jennifer Wilsen, amounting to approximately \$98,530.

Treatment	Average of TotalBill
Medication	\$10,195.13
Therapy	\$10,027.20
Surgery	\$9,875.96
Total	\$10,038.88

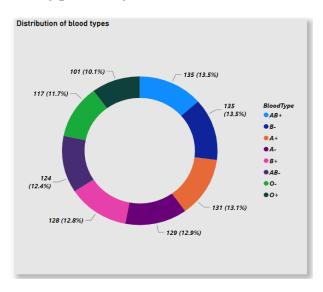
unknown=null valu				
PatientName	Sum of TotalBill ▼	Sum of DailyCost		
unknown	\$6,07,886.00	\$59,920		
Jennifer Wilson	\$98,530.00	\$5,100		
Robert Rodriguez	\$92,716.00	\$6,774		
Elizabeth Lopez	\$85,988.00	\$7,524		
Jessica Rodriguez	\$78,684.00	\$4,831		
Michael Garcia	\$74,124.00	\$6,349		
Jennifer Anderson	\$71,355.00	\$2,238		
Mary Miller	\$69,290.00	\$4,478		
Barbara Miller	\$69,041.00	\$4,160		
Barbara Brown	\$68,948.00	\$4,664		
David Gonzalez	\$68,911.00	\$6,130		
Joseph Davis	\$68,894.00	\$6,288		
Michael Lopez	\$67,594.00	\$3,579		
James Martin	\$65,645.00	\$5,242		
Patricia Gonzalez	\$65,127.00	\$5,070		
Richard Johnson	\$63,072.00	\$5,043		
David Rodriguez	\$61,383.00	\$8,62		
Jessica Brown	\$59,008.00	\$4,182		
Michael Gonzalez	\$56,839.00	\$5,362		
Sarah Moore	\$53,900.00	\$1,424		
Patricia Hernandez	\$53,861.00	\$5,440		
Jennifer Jackson	\$53,522.00	\$4,24		
Jennifer Miller	\$53,188.00	\$1,51		
Elizabeth Hernandez	\$52,563.00	\$3,600		
Total	\$1,00,38,877.00	\$9.98.358		

Gender Distribution in Diagnosis



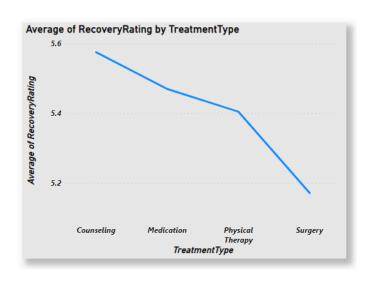
Upon examining the gender distribution across various diagnoses, a discernible pattern emerges. Firstly, females exhibit a higher vulnerability to a wide range of diagnoses, indicating a heightened susceptibility to illness. Secondly, in the case of COVID-19, females appear to be the most affected gender, as evidenced by the graph. Additionally, flu is prevalent among other gender types, while asthma emerges as a common diagnosis across genders.

Blood Type Analysis



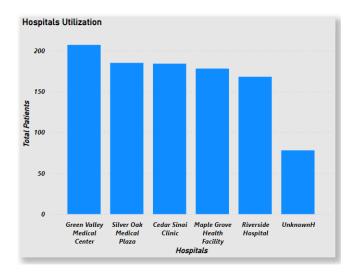
The distribution of blood types among patients appears to follow a normal distribution. However, when identifying the predominant blood types, AB+ and B- emerge as the leading types, while O+ and O- appear to be less prevalent.

Recovery Rating Analysis



Upon analyzing the average recovery ratings across different treatment types, it becomes evident that counselling treatment exhibits the highest average recovery rating, while surgery shows the lowest.

Hospital Utilization Analysis

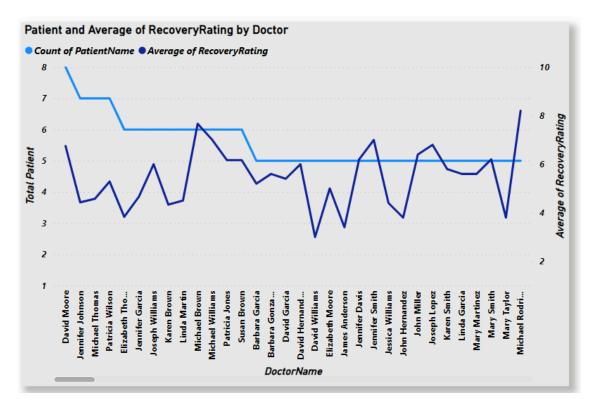


The Green Valley Medical Centre stands out with the highest number of admissions among hospitals. While the analysis suggests an even distribution of patients across room numbers, a closer examination reveals that Room Numbers 54, 143, and 237 at the Cedar Sinai Clinic accommodate the maximum number of patients.

Hospital	RoomNumber	Count of PatientName ▼
Cedar Sinai Clinic	54	3
Cedar Sinai Clinic	143	3
Cedar Sinai Clinic	237	3
Cedar Sinai Clinic	336	3
Green Valley Medical Center	138	3
Green Valley Medical Center	211	3
Green Valley Medical Center	255	3
Green Valley Medical Center	326	3
Green Valley Medical Center	359	3
Green Valley Medical Center	360	3 3 3
Green Valley Medical Center	385	3
Green Valley Medical Center	451	3
Riverside Hospital	233	3
Riverside Hospital	243	3
Riverside Hospital	383	3
Riverside Hospital	411	3
Silver Oak Medical Plaza	385	3
Silver Oak Medical Plaza	481	3
UnknownH	211	3
Cedar Sinai Clinic	2	3 2 2
Cedar Sinai Clinic	3	
Cedar Sinai Clinic	28	2
Codar Sinai Clinic Total	60	1000

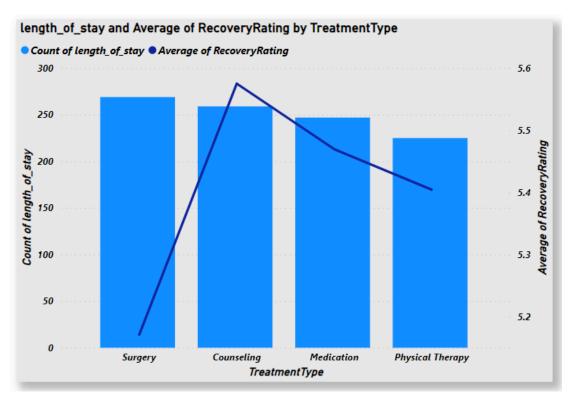
Doctor's Patient Load

Upon reviewing the graph depicting the total patient count and average recovery rating for different doctors, it appears that patient load could potentially influence the recovery rating. However, it's worth noting that this correlation varies among different doctors, suggesting individual differences in patient care and treatment efficacy.

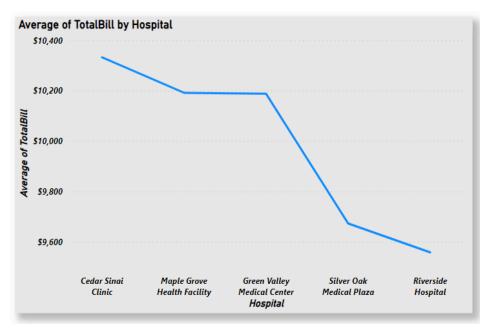


Treatment Effectiveness

Upon analyzing the recovery rating alongside the length of stay for various treatment types, the graph highlights noteworthy findings. While surgery exhibits the longest length of stay, it paradoxically displays the lowest recovery rating. Conversely, counselling, with its notably longer duration of treatment, showcases the highest recovery rating among the treatment types examined.

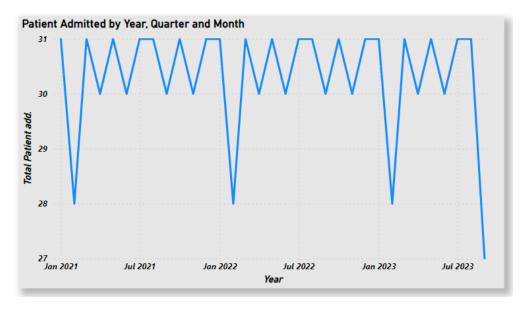


Cost Analysis by Hospital



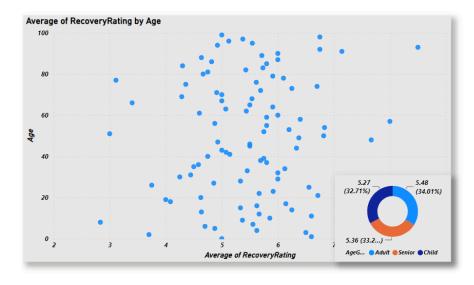
Upon analysis of the average treatment costs across various hospitals, Cedar Sinai Clinic emerges as the most expensive, showcasing comparatively higher treatment costs. Conversely, Riverside Hospital exhibits the lowest treatment costs among the hospitals examined.

Patient Admission Trends Over Time



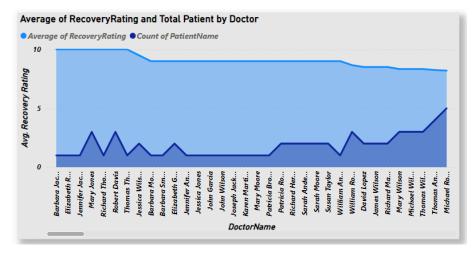
The patient admissions throughout the year generally follow a consistent pattern, with no significant deviations observed. However, it's notable that in February of each year, there is a gradual decrease in patient admissions.

Correlation Between Age and Recovery



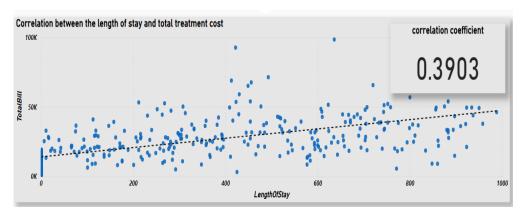
After a thorough examination of the scatter plot and pie chart, it becomes apparent that there isn't a direct correlation between age and recovery rating.

Impact of Doctor on Recovery



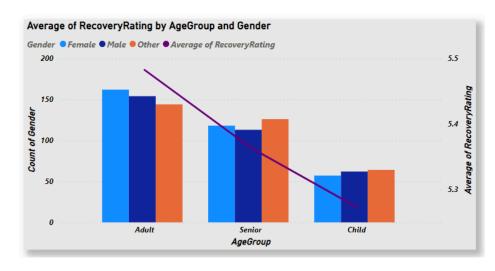
Upon analyzing the graph depicting the impact of doctors on recovery ratings, it appears that a doctor's treatment does indeed influence patient recovery ratings. However, it's important to note that recovery ratings are influenced by various other factors as well.

Advanced DAX: Length of Stay and Cost Correlation



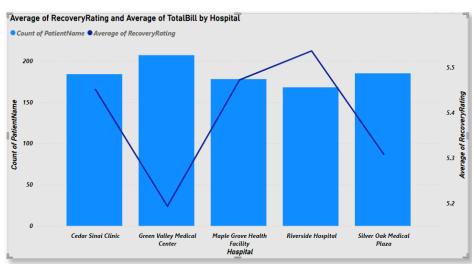
A correlation coefficient of 0.3905 indicates a moderate positive correlation between the two variables being analyzed. In this case, it suggests that there is a tendency for the length of stay and the total bill to increase together, but the relationship is not extremely strong.

Recovery Trends by Gender and Age Group



Analysis of the average recovery ratings by gender and age group reveals that adults have the highest admission rates to hospitals, coinciding with comparatively higher recovery ratings. Conversely, the child age group exhibits lower recovery ratings compared to other age groups.

Hospital Performance Analysis

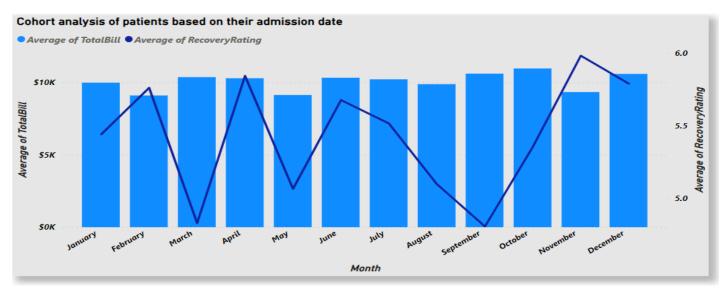


In the analysis of hospital performance, the Green Valley Medical Center stands out with the highest patient admissions, yet it demonstrates the lowest recovery rating. This suggests a potential impact of patient burden on recovery rates. Conversely, the Riverside Hospital, despite having fewer patient admissions compared to others, exhibits the highest recovery rating. This correlation suggests that patient burden may indeed influence recovery rates.

Extracting Key Information

^B C Medications&Doses	-
Valid Frror Empty	100% 0% 0%
Clonazepam 2mg, Furosemide 40mg, Hydrochlorothiaz	ide 25mg
Amoxicillin 500mg,Losartan 50mg, Prednisone 20mg	
Gabapentin 300mg, Amlodipine 5mg,	
Simvastatin 40mg, Azithromycin 250mg,	
Amoxicillin 500mg, Duloxetine 60mg, Doxycycline 10	00mg
Fluoxetine 20mg, Escitalopram 10mg, Duloxetine 60m	ng
Fluoxetine 20mg, Sertraline 100mg, Doxycycline 100	Omg
Prednisone 20mg, Ibuprofen 400mg,	
Prednisone 20mg, Duloxetine 60mg, Hydrochlorothiaz	zide 25mg
Tramadol 50mg, Fluoxetine 20mg, Furosemide 40mg	
Clopidogrel 75mg, Levothyroxine 50mcg, Lisinopril	20mg
Lisinopril 20mg, Escitalopram 10mg, Furosemide 40m	ng
Loratadine 10mg, Furosemide 40mg, Levothyroxine 50	Omcg
Sertraline 100mg, Ibuprofen 400mg,	
Ibuprofen 400mg, Citalopram 20mg,	
Gabapentin 300mg, Ciprofloxacin 500mg, Duloxetine	60mg
Gabapentin 300mg, Levothyroxine 50mcg,	
Simvastatin 40mg, Meloxicam 15mg, Amlodipine 5mg	
Sertraline 100mg, Azithromycin 250mg, Levothyroxin	ne 50mcg
Amoxicillin 500mg, Clonazepam 2mg, Simvastatin 40m	ng
Fluoxetine 20mg, Atorvastatin 10mg, Amlodipine 5mg	3
Doxycycline 100mg, Tramadol 50mg,	
Insulin Glargine 100 units/mL, Gabapentin 300mg, F	Escitalopr
Sertraline 100mg, Ciprofloxacin 500mg, Omeprazole	40mg

Data Modeling: Cohort Analysis Based on Admission Date



Analyzing the month-wise cohort, we observe that the recovery ratings in March and September are notably lower. This trend coincides with higher admissions during these months, potentially attributing to strained resources and consequently impacting recovery outcomes negatively. Interestingly, despite higher admissions, the revenue from bills appears to peak during these periods, indicating a possible surge in medical services rendered. Conversely, November stands out with the highest average recovery rating, reaching approximately 6. This outlier suggests effective treatment protocols or favorable patient outcomes during this month, warranting further investigation into the underlying factors contributing to this positive trend.