**Introduction**

**Assessment Item 1: Problem Solving Task**

**Exploration of a Large Medical Dataset Due date: 30 August 2024**

**Weighting: 20%**

The tasks set in Assessment item 1 allow you to display your knowledge and understanding of data exploration and preparation for data mining. This is a group assignment. In this assessment, you will use **Python libraries and code** to understand and analyse a dataset to identify common trends, highlight the data quality issues and correct those problems to enhance the data quality for the future data mining task. **You should mostly use the codes and libraries introduced in the subject**. You will be able to display your technical competence gained from the practicals and the knowledge gained from the lectures and your readings. You will be using the prepared dataset to build data mining models in Assessment Item 2.

# Instructions

1. This is a group assessment. The team size is three. Select “People” on Canvas, then select “Assignment 1” column and choose one of the groups to register. This should be done by week 2.
2. The assessment report is due on the 1st of September. You are required to submit one report per group. Your group should submit the final report by selecting “Assignments” on Canvas, then submit your report in Assignment 1 section by clicking on IFN509 Assignment 1 Submission link.
3. Additionally, in Week 7 practical labs, you will have a demo of your group project where each group member will be required to answer the questions related about the assessment tasks. All group members should attend the lab and available to answer tutor’s questions. Failing to attend the Week 7 lab to showcase the demo (5-10 minutes per group) will incur a penalty of 2 marks to the student individually.
4. The dataset required for this assessment can be found on Canvas with the file named ‘**D1.csv’**.
5. A report (per group) should be submitted via online submission from Assignments on Canvas answering each question of the tasks. The report should be correctly formatted and should be easy to navigate through answers provided for all questions defined for all tasks.

There is no need for including introduction, summary, conclusion, or references in the report. The report should just include responses to the questions specified in the tasks. Some answers may require screenshots. Use them as needed, but you may include a table detailing those results. While you may like to go into extreme detail, you will not have the space to do so. Rather, write down the important points and attach the important screen dumps, to show that you have thought the matter through. The report is expected to be about 15 - 20 pages long.

Note you will submit the Jupyter notebook detailing all the does. However, the primary marking document will be your group report and the code will only be used in case of doubt.

So, **your report should be self-explanatory** and does not depend on the attached Jupyter notebook file**.**

1. Name the final group report as **assessment1-report.doc**. The word file should include a cover page with the Student ID number and full name (as in QUT-Virtual) for all students, along with the group number. **Combine the report with your team agreement, Jupyter notebook, and the final dataset** after all pre-processing (named as D1-processed.csv). Name the compressed file ‘**assessment1.zip’.** Submit this file on **Canvas (under Assignments, Assignment 1 section by clicking on IFN509 Assignment 1 Submission link)**.
2. The work your group hands in must be your own; **no collaboration or borrowing from other groups or outside help is permitted**. Read the Assessment Policies on Canvas Assessment module or QUT Website.
3. The group is to be MANAGED by you. As in real life, the performance of the individuals in the team shall be judged by the performance of the team together, so choose your partners carefully.
4. To ensure that everyone agrees to their responsibilities in the team, we have asked the team to complete a Team Agreement form. You can find the team agreement template in Assessment module, under the Assignment 1 section. Once the team is formed, complete the team agreement form and register the team on Canvas. It should clearly state if there is an unequal distribution of marks between the team members. This should be agreed upon by all members as shown by the signature of all members.

# Marks Distribution (Total 20 marks)

The assessment will be marked in two parts.

The first part, (18% worth), the group work, will be assessed via the final report that you will submit on Canvas.

The second part, (2% worth), the individual work, will be assessed via the questions in the lab demo during Week 7 practical. Each group member should answer the questions related to selected tasks raised by the tutor. This will test your own understanding of the tasks.

The marks as per the group report are distributed as follows.

|  |  |
| --- | --- |
| **Group Assessment (Report) Part** | **Marks (18)** |
| Task 1: Variable Data Types | 2 |
| Task 2: Data Exploration | 5 |
| Task 3: Data Preparation | 5 |
| Task 4: Feature and Task Selection | 5 |
| Team Agreement | 1 |
| **Individual Assessment (Lab Demo) Part** | **Marks (2)** |

# Data Analysis Scenario

eHealth is having a tremendous impact on the way healthcare systems are operated. Practitioners are investing significant resources into how best to utilize the large volumes of data that eHealth utilities are gathering. Electronic Health Record (EHR) data analysis offers great hope in the discovery of useful knowledge for better health service management and improving patient outcomes. Data mining techniques have been commonly applied to EHR data for knowledge discovery in the recent decade. The most popular application is risk prediction such as predicting readmission, length of stay, heart failure, etc.

For this assignment, you are given an EHR dataset in CSV format and are expected to explore the data to get a good understanding of the data before conducting data mining. This dataset consists of 50,031 instances of diabetic patient encounters represented by 39 variables about patient information and hospital outcomes. Each encounter is an inpatient encounter (i.e., a hospital admission). The laboratory tests were performed during the encounter and the medications were administered during the encounter. The variables are described below:

|  |  |  |
| --- | --- | --- |
| No. | Variable Name | Description |
| 1 | encounter\_id | Unique identifier of an encounter |
| 2 | patient\_nbr | Unique identifier of a patient |
| 3 | race | Race of the patient |
| 4 | gender | Gender |
| 5 | age | Age quantile |
| 6 | weight | Weight in pounds |
| 7 | admission\_type\_id | Identifier corresponding to 9 distinct admission types (see IDs\_mapping in Appendix 1) |
| 8 | discharge\_disposition\_id | Identifier corresponding to 29 distinct values (see IDs\_mapping in Appendix 1) |
| 9 | admission\_source\_id | Identifier corresponding to 26 distinct values (see IDs\_mapping in Appendix 1) |
| 10 | Length\_of\_stay | Number of days between admission and discharge |
| 11 | payer\_code | Unique identifier assigned to each insurance company |
| 12 | medical\_specialty | Indicates a specialty of the admitting physician, for example, cardiology, surgeon, etc. |
| 13 | num\_lab\_procedures | Number of lab tests performed during the encounter |
| 14 | num\_procedures | Number of procedures (other than lab tests) performed during the encounter |
| 15 | num\_medications | Number of distinct generic medication names administered during the encounter |
| 16 | number\_outpatient | Number of outpatient visits of the patient in the year preceding the encounter |
| 17 | number\_emergency | Number of emergency visits of the patient in the year preceding the encounter |
| 18 | number\_inpatient | Number of inpatient visits of the patient in the year preceding the encounter |

|  |  |  |
| --- | --- | --- |
| 19 | diag\_1 | The primary diagnosis (coded as the first three digits of ICD9) |
| 20 | diag\_2 | Secondary diagnosis (coded as the first three digits of ICD9) |
| 21 | diag\_3 | Additional secondary diagnosis (coded as the first three digits of ICD9) |
| 22 | number\_diagnoses | Number of diagnoses entered into the system |
| 23 | diabetes | Indicates if the patient’s primary diagnosis is diabetes or not.  Values include: “Yes” and “No” |
| 24 | max\_glu\_serum | Glucose serum test result.  Indicates the range of the result or if the test was not taken ( “none”) |
| 25 | A1Cresult | A1c test result.  Values include: ‘>8’ if the result was greater than 8%, “>7” if the result was greater than 7% but less than 8%, “normal” if the result was less than 7%, and “none” if not measured. |
| 26 | metformin | These are 10 variables for diabetes medications. The values of these variables indicate whether the drug was prescribed or there was a change in the dosage.  Values include: “Up” if the dosage was increased during the encounter, “Down” if the dosage was decreased, “Steady” if the dosage did not change, and “No” if the drug was not prescribed. |
| 27 | repaglinide |
| 28 | nateglinide |
| 29 | chlorpropamide |
| 30 | glimepiride |
| 31 | acetohexamide |
| 32 | glipizide |
| 33 | glyburide |
| 34 | tolbutamide |
| 35 | insulin |
| 36 | change | Change of medications.  Indicates if there was a change in diabetic medications (either dosage or generic name).  Values include: “Ch” and “No” |
| 37 | diabetesMed | Diabetes medications.  Indicates if there was any diabetic medication prescribed.  Values include: “Yes” and “No” |
| 38 | Readmitted | Days to inpatient readmission.  Values include: “<30” if the patient was readmitted in less than 30 days, “>30” if the patient was  readmitted in more than 30 days, and “No” for no record of readmission. |
| 39 | single\_day\_admission | Indicates if this encounter is a single-day admission or not  Values include: “Yes” and “No” |

**Table 1 Description of the dataset**

# Tasks

Suppose you have been hired as a data analyst consultant by the company. Before you conduct data mining, your task is to understand the data, explore it for any quality issues using summary statistics measures and visualisation plots, find common patterns, and correct any data problems you have identified.

Answer the followings (do not just answer, elaborate how you have reached to the answer).

1. Examine the data types assigned by the `Pandas’ library for each variable. Check them with the dataset description provided in Table 1. If there is a mismatch in the data type assigned by the library and the data type as per the description for a variable, identify the mismatched variables and correct the data type of these variables.

Provide screenshots or outputs showing the identified mismatched variables and the corrected data types of these variables.

1. Data exploration:

Using suitable statistical measures and functions, and visualisation plots as well to

* 1. Identify and report the skewness present in the variables.
  2. Identify missing values, outliers, or errors in the data. List the variables with the identified problems.

Describe how you have identified these problems with evidence for each of the identified problems, e.g., visualisation plots, screenshots of your Python code and outputs produced by your code.

1. Data preparation
   1. Summarize your findings from your data exploration task.
   2. Elaborate on the data preparation steps (e.g., data cleaning and transformation) that you applied to fix the identified data quality problems.
   3. Demonstrate the data preparation by including screenshots of your Python code and its outputs that show how you corrected the identified data quality problems in this dataset.
2. Selection of data mining task and feature selection
   1. Identify the highly correlated variable pairs and elaborate on how to treat these variables in the mining process.
   2. Determine if there is a strong relationship between the variables **diabetes** and **diabetesMed**. How would you handle these two variables in the data modelling based on your findings?

Detail how you have identified the relationships by using suitable functions and visualisation plots.

* 1. Identify the most suitable data mining task (i.e. classification, clustering or association mining) that can be performed on this dataset. Justify your choice.
  2. What variables will you include in this data mining task and why?

# Assessment 1 Marking Sheet

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Tasks** | **Requirements** | **Marks** |
| **Report Marking (group)** | 1. Variable data types | * Identify mismatch data types. * Correct mismatch data types * Provide screenshots, code segments and outputs. | 2 |
| 2. Data exploration | * Identify data quality problems.   1. Identity skewness   2. Identify missing values, outliners, errors, etc. * Provide visualisation plots, screenshots, code segments and   outputs, etc. | 5 |
| 3. Data preparation | * Summary of findings * Fix the identified data quality problems.   1. Describe how you fixed the problems.   2. Provide screenshots, code segments and outputs, etc. | 5 |
| 4. Feature and task selection | * Identify relationships with evidence. * State suitable data mining tasks with justifications. * Select variables with explanations | 5 |
| 5. General | * Team agreement | 1 |
| 6. Penalty | * Report presentation | (-3) |
| **Lab demo Marking (individual)** | Random Q&A during the lab demo | | 2 |

Appendix 1 IDs Mapping

|  |  |
| --- | --- |
| admission\_type\_id | description |
| 1 | Emergency |
| 2 | Urgent |
| 3 | Elective |
| 4 | Newborn |
| 5 | Not Available |
| 6 | NULL |
| 7 | Trauma Center |
| 8 | Not Mapped |
|  |  |
| discharge\_disposition\_id | description |
| 1 | Discharged to home |
| 2 | Discharged/transferred to another short-term hospital |
| 3 | Discharged/transferred to SNF |
| 4 | Discharged/transferred to ICF |
| 5 | Discharged/transferred to another type of inpatient care institution |
| 6 | Discharged/transferred to home with home health service |
| 7 | Left AMA |
| 8 | Discharged/transferred to home under the care of Home IV provider |
| 9 | Admitted as an inpatient to this hospital |
| 10 | Neonate discharged to another hospital for neonatal aftercare |
| 11 | Expired |
| 12 | Still patient or expected to return for outpatient services |
| 13 | Hospice / home |
| 14 | Hospice / medical facility |
| 15 | Discharged/transferred within this institution to Medicare-approved  swing bed |
| 16 | Discharged/transferred/referred to another institution for outpatient  services |
| 17 | Discharged/transferred/referred to this institution for outpatient  services |
| 18 | NULL |
| 19 | Expired at home. Medicaid only, hospice. |
| 20 | Expired in a medical facility. Medicaid only, hospice. |
| 21 | Expired, place unknown. Medicaid only, hospice. |
| 22 | Discharged/transferred to another rehab fac including rehab units of  a hospital. |
| 23 | Discharged/transferred to a long-term care hospital. |
| 24 | Discharged/transferred to a nursing facility certified under Medicaid  but not certified under Medicare. |
| 25 | Not Mapped |
| 26 | Unknown/Invalid |
| 30 | Discharged/transferred to another Type of Health Care Institution not  Defined Elsewhere |
| 27 | Discharged/transferred to a federal health care facility. |

|  |  |
| --- | --- |
| 28 | Discharged/transferred/referred to a psychiatric hospital or  psychiatric distinct part unit of a hospital |
| 29 | Discharged/transferred to a Critical Access Hospital (CAH). |
|  |  |
| admission\_source\_id | description |
| 1 | Physician Referral |
| 2 | Clinic Referral |
| 3 | HMO Referral |
| 4 | Transfer from a hospital |
| 5 | Transfer from a Skilled Nursing Facility (SNF) |
| 6 | Transfer from another health care facility |
| 7 | Emergency Room |
| 8 | Court/Law Enforcement |
| 9 | Not Available |
| 10 | Transfer from critical access hospital |
| 11 | Normal Delivery |
| 12 | Premature Delivery |
| 13 | Sick Baby |
| 14 | Extramural Birth |
| 15 | Not Available |
| 17 | NULL |
| 18 | Transfer From Another Home Health Agency |
| 19 | Readmission to Same Home Health Agency |
| 20 | Not Mapped |
| 21 | Unknown/Invalid |
| 22 | Transfer from hospital input/same fac result in a sep claim |
| 23 | Born inside this hospital |
| 24 | Born outside this hospital |
| 25 | Transfer from Ambulatory Surgery Center |
| 26 | Transfer from Hospice |