Link to Jupyter Notebook: <u>hospitalreadmissionprediction/eda.ipynb at main · andredatascience/hospitalreadmissionprediction</u>

Summary of Findings on Patient Readmissions

1. Key Statistics & Distributions

- **Age Distribution:** Uniform across the dataset, with no strong trends linked to readmission.
- **Days in Hospital:** Multimodal distribution, indicating different patient subgroups with varying hospitalization lengths.
- **Comorbidity Score:** Distinct peaks suggest common levels of comorbidity among patients.
- **Readmission Rates:** Highly imbalanced dataset; only **18.8%** of patients were readmitted.

2. Correlations & Relationships Between Features

- Primary Diagnoses with Highest Readmission Rates:
 - 1. Kidney Disease
 - 2. Diabetes
 - 3. COPD
 - 4. Heart Disease
 - 5. Hypertension
- **Feature Correlations:** No strong linear correlation between individual features and readmission.
- **Readmission vs. Other Features:** No clear trends in scatter plots, suggesting a non-linear relationship.
- Clusters in Data: Certain groups emerge based on days in hospital and comorbidity scores, which may indicate high-risk patient categories.

3. Model Performance & Challenges

- Severe Class Imbalance:
 - The model predicts almost all patients as non-readmitted, leading to high accuracy but poor recall for readmitted patients.
 - First Logistic Regression Model:

- Accuracy: 82.6%
- Completely failed to predict readmissions (Recall for Class 1 = 0.00)
- Random Forest Model Performance (After SMOTE Resampling & Hyperparameter Tuning):
 - o Accuracy: 78.9%
 - Readmission Recall: 3% → Still very low, meaning most actual readmitted cases are missed.
- Alternative Logistic Regression Model (With Class Balancing & SMOTE):
 - o Accuracy: **49.8%**
 - Readmission Recall: 38% → Identifies more readmitted patients but at the cost of overall accuracy.

4. Next Steps for Improvement

- 1. Further Improve Readmission Recall:
 - o Adjust **SMOTE sampling strategy** to avoid excessive synthetic data.
 - Tune Random Forest parameters (lower min_samples_split, adjust class weight).
- 2. Feature Engineering for Better Predictions:
 - o Introduce interaction terms (e.g., age × comorbidity score).
 - o Try **non-linear transformations** (e.g., polynomial features).
- 3. Explore More Advanced Models:
 - o **Gradient Boosting Models (XGBoost, LightGBM)** → Handle imbalanced data better.
 - o Neural Networks for capturing complex relationships.