

The background is a solid dark blue. It features several abstract, light blue circular and semi-circular patterns. On the left side, there is a large, curved scale with numerical markings ranging from 140 to 260 in increments of 10. Other smaller circular elements with arrows and dashed lines are scattered across the left and top portions of the image.

CAREPULSE HDHI

A COMPREHENSIVE DATA ANALYTICS SYSTEM FOR PATIENT OUTCOMES AND ENVIRONMENTAL RISK AT HERO DMC HEART INSTITUTE

PROJECT OVERVIEW

Insight:

Leveraging clinical, demographic, and environmental data can transform patient care and hospital efficiency

- Built an end-to-end analytics system using real HDHI hospital data
- Focused on patient outcomes, predictive modeling, and environmental impact
- Tools used: Python, Power BI, DAX, XGBoost
- Datasets: Patient records, lab results, mortality, pollution overlays
- Outputs: 3-page dashboard, predictive risk engine, clinical insights



PATIENT DEMOGRAPHICS & TRENDS

Insight:

Elderly males accounted for the majority of admissions with seasonal inflow peaks

- 61–80 years age group made up over 40% of total admissions
- More male admissions than female across all age buckets
- Clear monthly seasonality observed in admission volume
- Average length of stay (LOS): ~5.3 days
- LOS spikes during winter, linked to respiratory conditions

OUTCOME OVERVIEW

Insight:

Mortality rate stands at ~6.3%, concentrated in specific admission types and comorbid groups

- Most outcomes recorded as “Recovered”, followed by “Expired” and “LAMA”
- Emergency admissions had higher average LOS and mortality
- Heart failure and renal failure strongly associated with higher mortality
- Rural patients had slightly longer stays than urban patients



PREDICTIVE RISK INSIGHTS

Insight:

29% of patients were predicted as “Likely Long Stay” using machine learning models

- XGBoost model trained on admission/lab features
- Flags: “Likely Long Stay” and Predicted LOS in days
- Long stay predictions aligned with older age, lab anomalies, and comorbidities
- Model validation showed high alignment with actual outcomes



LOS RISK VS OUTCOME PATTERNS

Insight:

Patients predicted for long stay had disproportionately higher real-world mortality and complications

- “Likely Long Stay” group had 2x mortality compared to normal stay group
- Higher concentration of heart failure, severe anemia, and low hemoglobin
- Flagged group required longer ICU care and complex interventions
- Extended LOS often correlated with environmental triggers (e.g., pollution spikes)



Environmental Impact on Health

Insight:

Pollution exposure, especially PM_{2.5}, had a measurable effect on mortality and LOS

- PM_{2.5} and NO₂ levels strongly correlated with mortality patterns
- High pollution days linked to respiratory admissions and LOS spikes
- Rural patients had higher predicted LOS under same pollution levels
- Environmental indicators can serve as early warning triggers for staff planning



CLINICAL LAB MARKER INSIGHTS

Insight:

Lab markers such as glucose, platelets, and hemoglobin significantly influenced outcomes

- High glucose linked with long stays and readmission risk
- Low hemoglobin consistently seen in patients with heart failure and mortality
- Platelet abnormalities indicated infection risk and ICU escalation
- These markers can be prioritized during triage and patient stratification

STRATEGIC RECOMMENDATIONS



Insight:

A three-pronged strategy is required across clinical, operational, and policy domains

- *Clinical Focus:* Prioritize lab-based triage, risk flag monitoring, elderly protocols
- *Operational Focus:* Pre-allocate ICU beds for high-risk periods, use dashboard for weekly review
- *Policy Focus:* Use pollution-health data for research and region-level health alerts

THANK YOU

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