



Predictive Modeling of In-Hospital Mortality in ICU-Admitted Heart Failure Patients



Peter Dunson¹, Ephrata Getachew², Nate Stevenson³

¹Kenyon College, ²Amherst College, ³University of Virginia



Introduction

- Approximately 6.5 million Americans have heart failure, with nearly 1 million new cases annually, we aim to predict and identify patient risk profiles.
- Data**
- Mimic-III database is a freely accessible single-center database containing information about adult patients admitted to intensive care between 2001 and 2012 coming from one medical center in Boston, Massachusetts.
- The heart failure dataset in Mimic III database has 1,177 observations with 69 variables covering demographics, vital signs, comorbidities, and lab results.

Research Questions

- Which **clinical** and **demographic** variables are the most **significant predictors** of in-hospital **mortality**?
- How can we balance between model **interpretability** and predictive **accuracy**?
- How are varying **patient profiles**, based on their **features**, associated with the outcome?

Model Selection

- Elastic net**: Combines the penalties from **LASSO** and **Ridge**, allowing for a more flexible model.

$$(\hat{\beta}_0, \hat{\beta}) = \arg \min_{(\beta_0, \beta) \in \mathbb{R}^{p+1}} \left[\frac{1}{2n} \sum_{i=1}^n (y_i - \beta_0 - x_i^T \beta)^2 + \lambda \left(\frac{1-\alpha}{2} \|\beta\|_2^2 + \alpha \|\beta\|_1 \right) \right]$$

Ridge LASSO

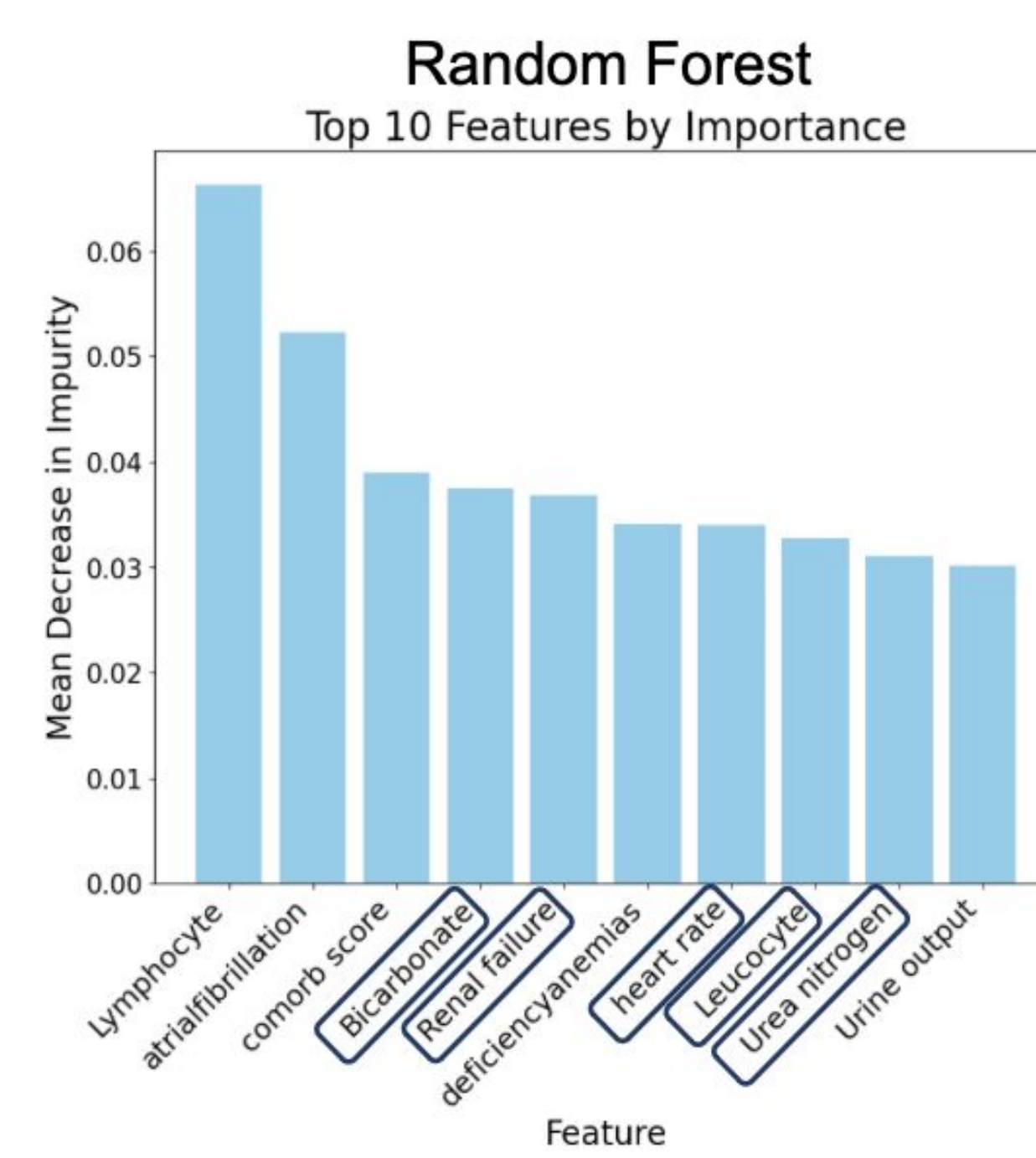
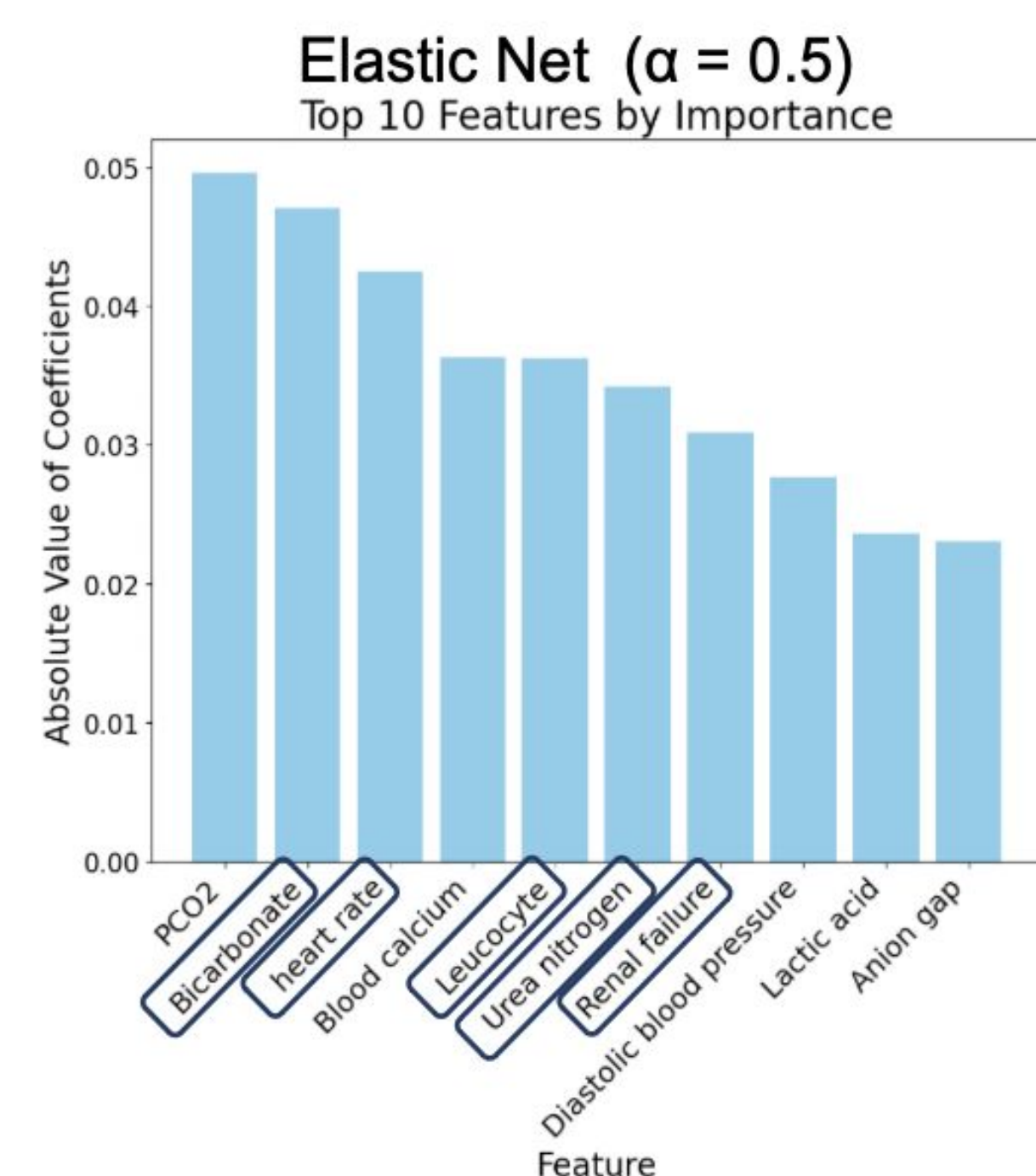
- Random Forest**: Improves accuracy by reducing overfitting through **bagging** and **random feature selection**.

Results

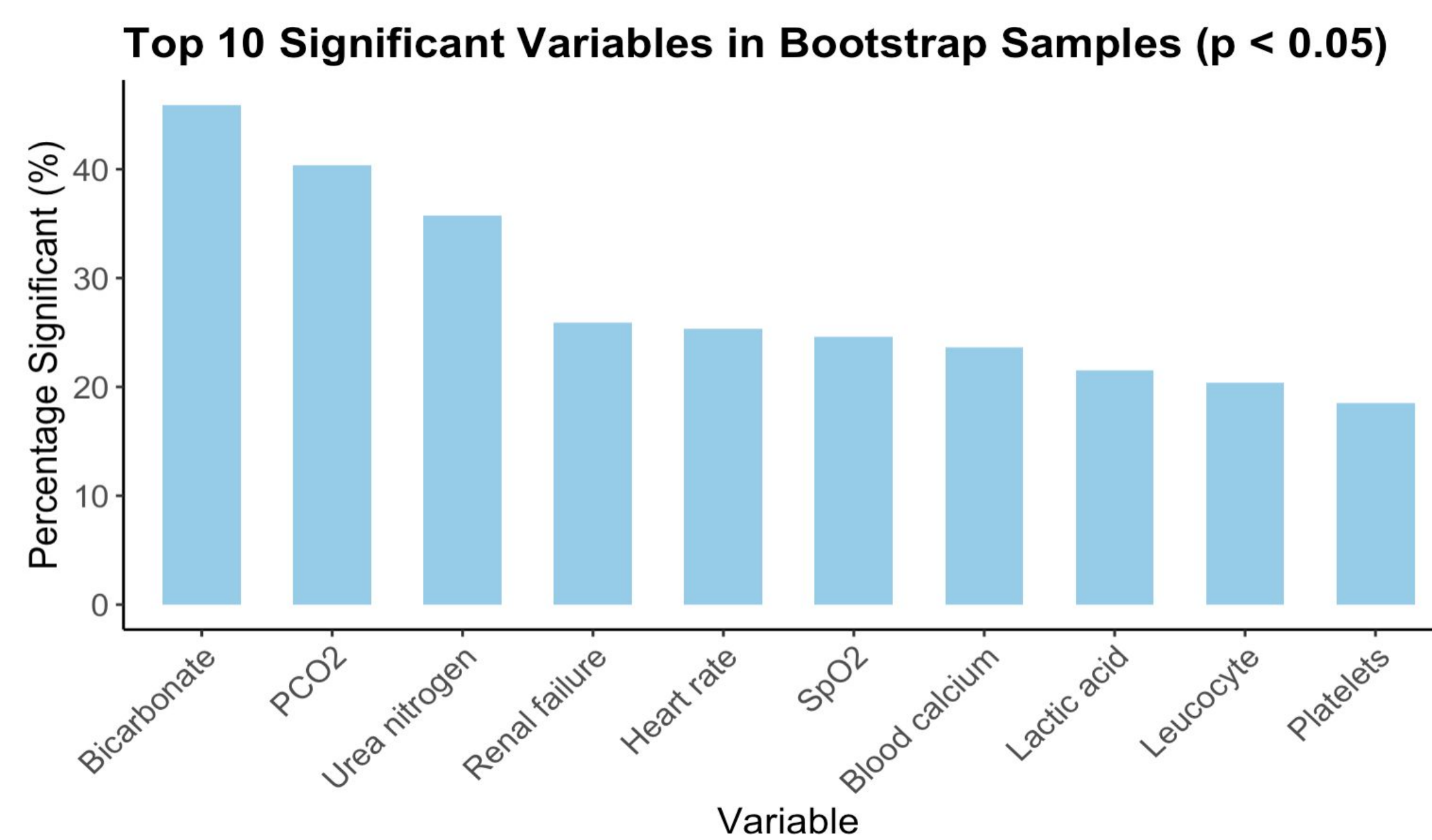
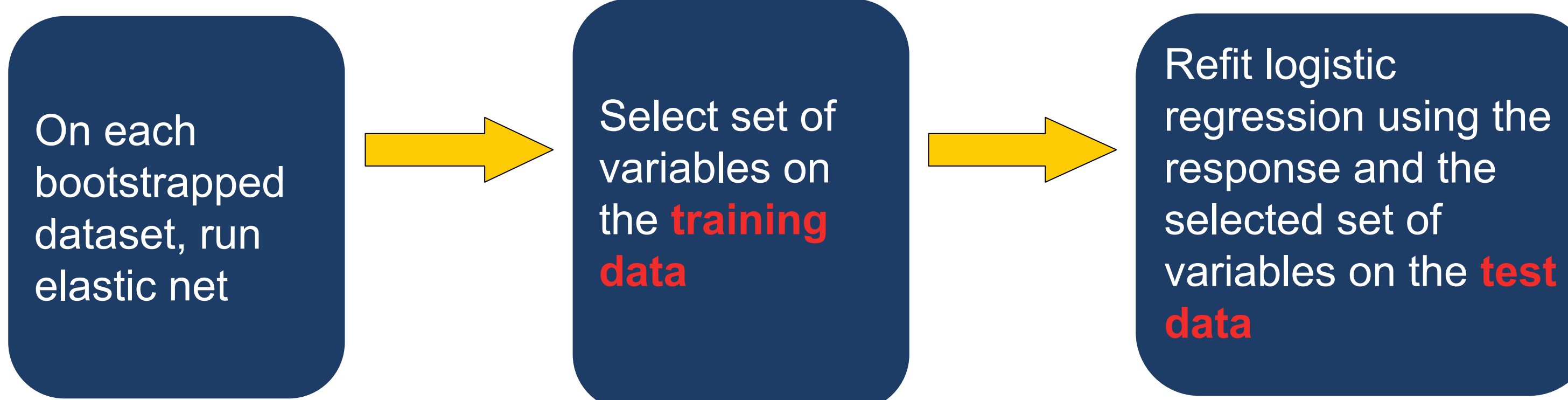
Comparing the AUC of bootstrapped samples

Method	Mean	Std. Deviation
Elastic Net	0.810	0.016
Random Forest	0.838	0.034

Variable Importance



Variable Selection Using Elastic Net and Logistic Regression with Bootstrapping

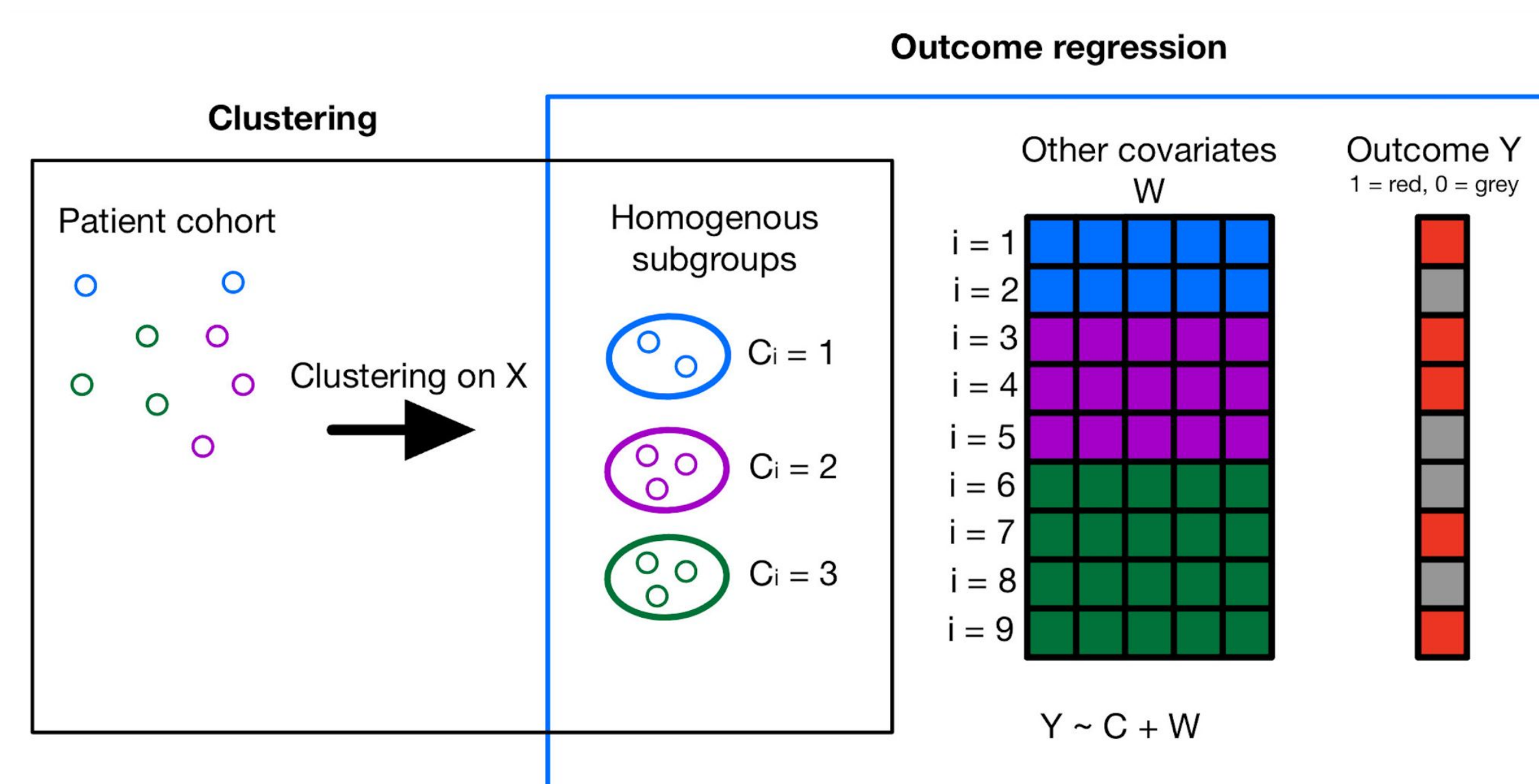


- The top 10 significant predictors of in-hospital mortality in the bootstrapped logistic regression are
 - Vital signs: Heart rate, SpO2
 - Lab results: Bicarbonate, PCO2, Urea nitrogen, Renal failure, Blood calcium, Lactic acid, Leucocyte, and Platelets.

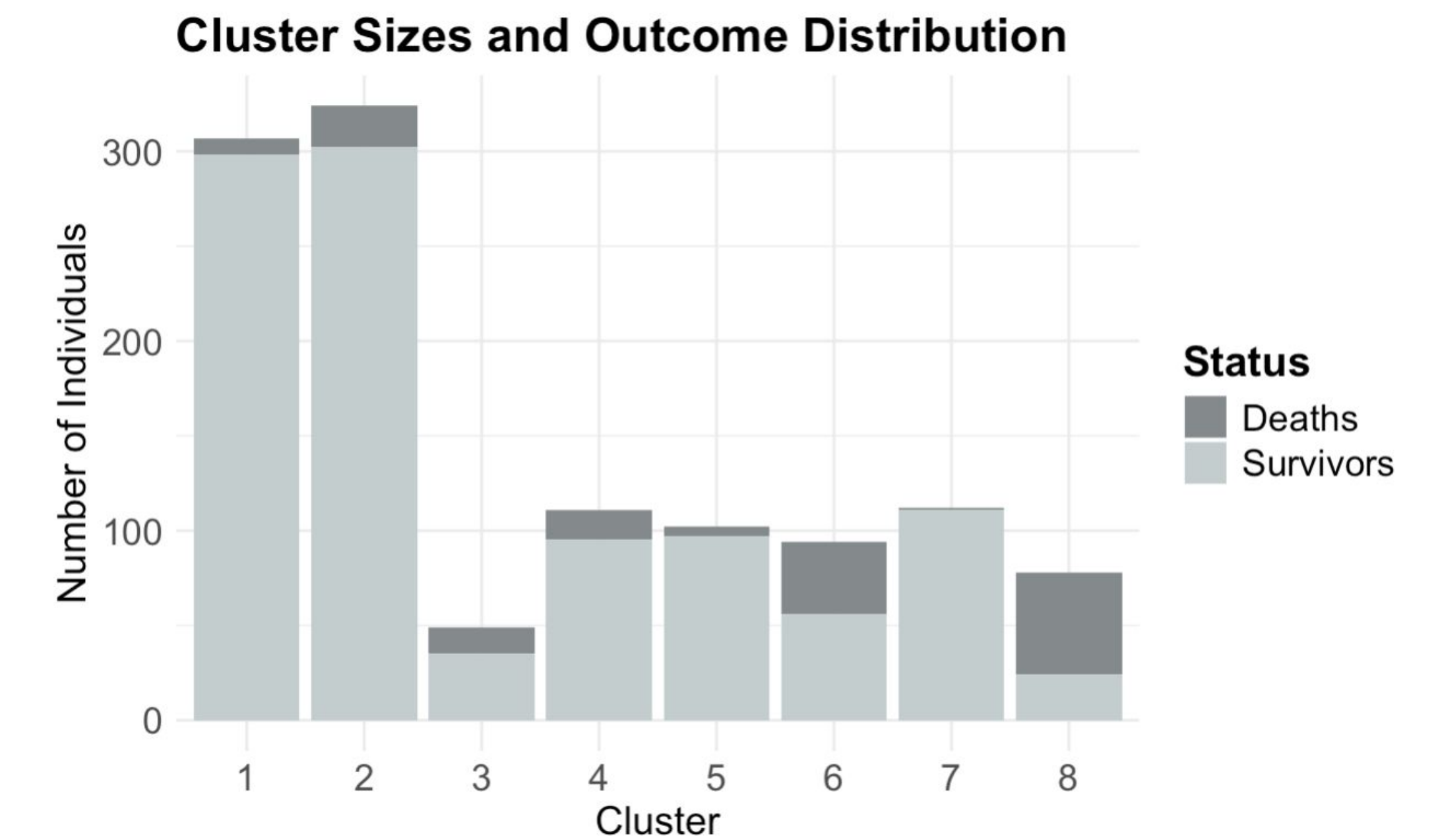
Clustering Analysis

Bayesian Profile Regression

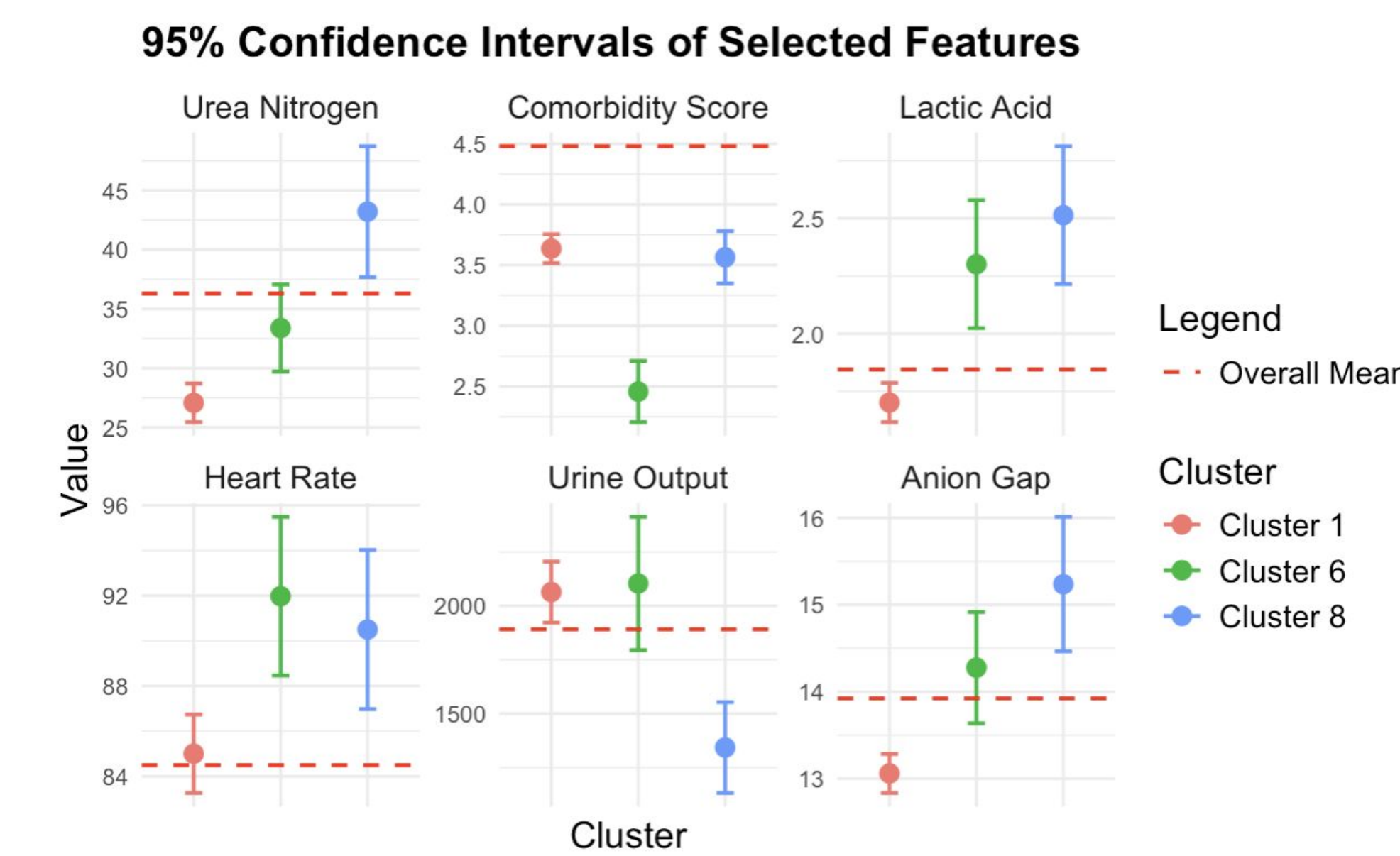
- Model Overview:**
 - Dirichlet Process Prior
 - Semi supervised mixture model.
 - Model identifies clusters with similar risk profiles.
 - Features that vary the most across clusters are selected to illustrate variations.
- Uncertainty Quantification:**
 - MCMC samples from the posterior characterize uncertainty.
 - Credible intervals for feature means are used to visualize uncertainty.



Results from BPR



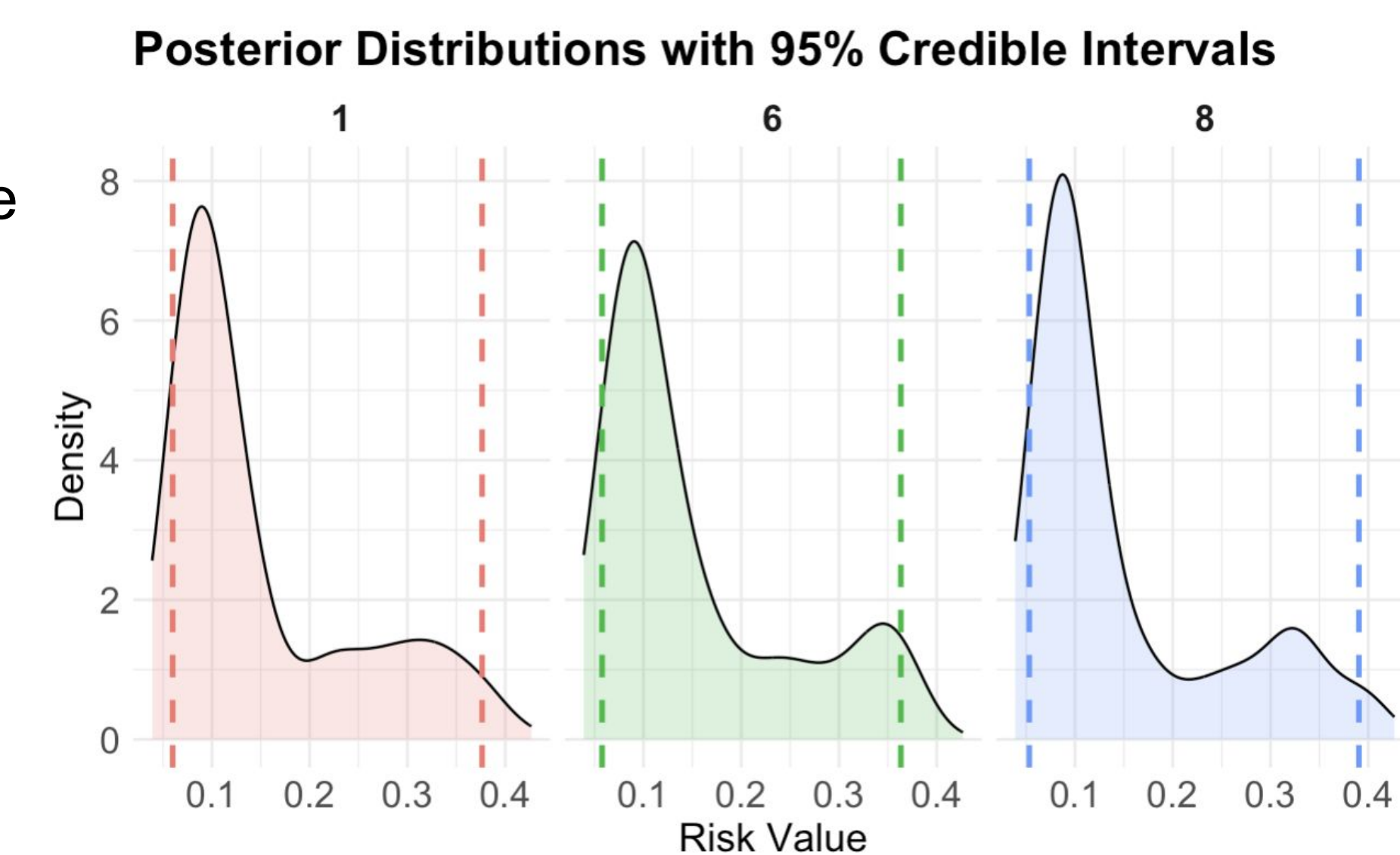
- Cluster 1 - 307 patients, risk = 0.18
 - Deaths: 9 of 307, 2.9%
- Cluster 6 - 94 patients, risk = 0.18
 - Deaths: 38 of 94, 40.4%
- Cluster 8 - 78 patients, risk = 0.17
 - Deaths: 54 of 78, 69.2%



*Risk represents the probability of an adverse outcome occurring in each cluster based on the identified features.

Conclusions on BPR

- Key Features:**
 - Cluster 1: High Urea Nitrogen, Renal Failure prevalence
 - Cluster 6: Low Comorbidity Score, minimal Renal Failure, high outcome risk
 - Cluster 8: High Lactic Acid, low COPD, very high outcome risk



Acknowledgment

We would like to thank our mentors, Rahul Ladhania, Ph. D., Snigdha Panigrahi, Ph. D., and co-mentor Mengbing Li, for their guidance and support and the BDSI program for the opportunity to conduct research.

Limitations and References

