

AI-Powered Predictive Analytics for 30-Day Hospital Readmissions

Team Members:

- Deepak S
- Gopinath D
- Kanimozhi N
- Dhenesh N
- Kiran Kumar A

Institution: Sri Manakula Vinayagar Engineering College

Guide: Mr. Rakesh (CTS) , Mr. SrinivasanRao Pinnaka (CTS)

College Guide: Mrs. P.Bhavani

Hackathon: CTS NUTURE PARTNER NETWORK
HACKATHON



Abstract

Hospital readmissions within 30 days of discharge remain a critical challenge for healthcare systems, leading to increased costs and penalties under CMS regulations. This project proposes a machine learning–powered system that predicts the likelihood of patient readmission using demographic, clinical, and admission-related features. The model integrates Random Forest, LightGBM, and XGBoost algorithms, achieving high accuracy and interpretability through SHAP analysis. The solution is deployed as a web-based platform with a React frontend, Flask backend, and Firebase authentication, providing real-time risk predictions for doctors and nurses. By enabling proactive interventions, this system aims to reduce readmissions by up to 15% and improve patient care outcomes.

Introduction

Hospital readmissions not only strain healthcare resources but also lead to billions in avoidable costs each year. Traditional manual methods of identifying at-risk patients lack accuracy and scalability. With the increasing adoption of AI in healthcare, predictive analytics provides a practical solution to mitigate this challenge.

Objectives

- Build a predictive model for 30-day readmissions.
- Provide a web-based platform accessible to healthcare staff.
- Deliver explainable predictions using SHAP for transparency.
- Reduce costs and penalties associated with readmissions.

Scope

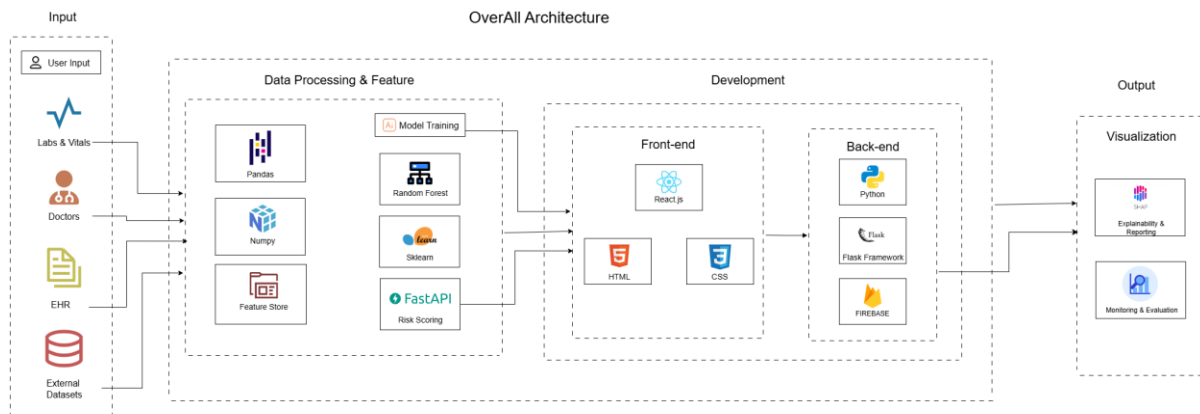
This project leverages patient datasets of 10,000+ records with 39 features, covering demographics, diagnoses, prior history, and comorbidities. The system is designed for integration into hospital workflows, ensuring real-time, scalable predictions.

Methodology

Our methodology combines data preprocessing, ML model development, system design, and deployment:

1. Dataset Preparation: 10,000 rows \times 39 columns. Key features include Age, Gender, Prior Admissions, Chronic Conditions, Diagnosis. Target variable: ReadmittedWithin30Days.
2. Tools & Technologies: React (Frontend), Flask (Backend), Firebase (Auth & DB), Random Forest/XGBoost/LightGBM (Models), AWS/Firebase (Deployment).
3. System Architecture: Input \rightarrow Preprocessing \rightarrow ML Models \rightarrow Flask API \rightarrow React Frontend \rightarrow Dashboard \rightarrow Firebase Storage \rightarrow Cloud Deployment.

Architecture Diagram



Implementation

1. Dataset

- **Primary Source:** Patient records fetched from **Firebase Firestore** (hospital \rightarrow csv_data sub-collections).

- **Fallback:** When Firebase is unavailable/insufficient, a **synthetic dataset** is generated using NumPy and Pandas (`create_enhanced_training_data()`).
 - **Features included:**
 - **Demographics:** age, gender.
 - **Clinical Data:** `primary_diagnosis`, `length_of_stay`, `num_medications_prescribed`, `procedures_count`.
 - **Administrative:** `admission_type`, `discharge_location`, `hospital_id`.
 - **Disease-specific parameters:** `chest_pain_type`, `cholesterol`, `blood_glucose`, `hba1c`, `bmi`, etc.
 - **Target Variable:** `readmitted_30_days` → binary (0 = Not readmitted, 1 = Readmitted).
 - **Data Cleaning:**
 - Missing values handled via **imputation (SimpleImputer)**.
 - NaN & categorical inconsistencies standardized.
 - Outliers clipped (e.g., age clipped between 0–120, LOS between 0–365 days).
-

2. Models / Algorithms

- **Ensemble Model** (`VotingClassifier`) combining multiple algorithms:
 - **Logistic Regression** → baseline linear classifier.
 - **Random Forest Classifier** → handles high-dimensional, non-linear patterns.
 - **Gradient Boosting Classifier** → improves weak learners via boosting.

- **Extra Trees Classifier** → faster randomization-based ensemble.
 - **Supporting Techniques:**
 - **Feature Selection:** SelectKBest(f_classif) used to select informative features.
 - **Scaling:** RobustScaler applied on numerical columns to handle skewed data.
 - **Cross-validation:** 5-fold used to validate accuracy and avoid overfitting.
 - **Evaluation Metrics:**
 - Accuracy, ROC-AUC, F1-score, Cross-validation mean score.
-

3. Modules

1. Data Handling

- initialize_firebase() → connects to Firestore.
- fetch_firebase_data() → extracts hospital patient data.
- clean_firebase_data() → preprocesses dataset.
- create_enhanced_training_data() → generates synthetic fallback dataset.

2. Model Training & Storage

- train_ensemble_model() → prepares dataset, trains the ensemble, evaluates performance.
- save_model() / load_model() → persist and reload trained model using Joblib.
- retrain_model_periodically() + **Scheduler** (schedule.every(6).hours) → automatic retraining.

3. Prediction API (Flask + CORS)

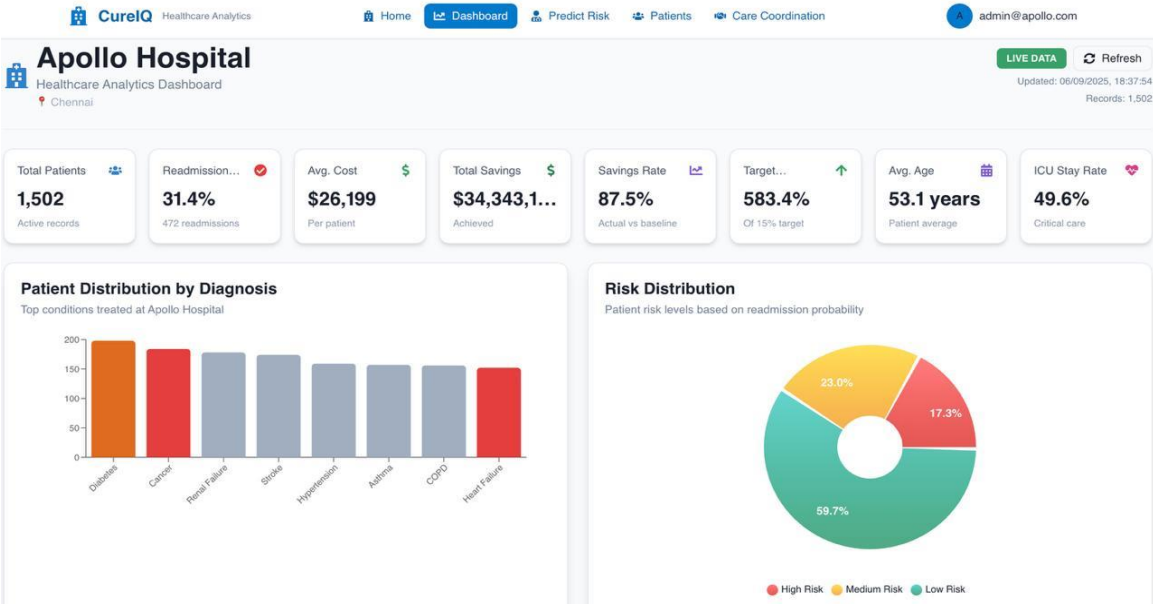
- /predict → receives patient data, applies preprocessing, returns risk score, prediction (0/1), and risk level (Low/Medium/High/Critical).
- /retrain → manually retrain model on latest data.
- /model-info → details about algorithms, features, accuracy.
- /health → server health and model status check.
- /data-stats → statistics on dataset (record count, missing values, diagnosis distribution).

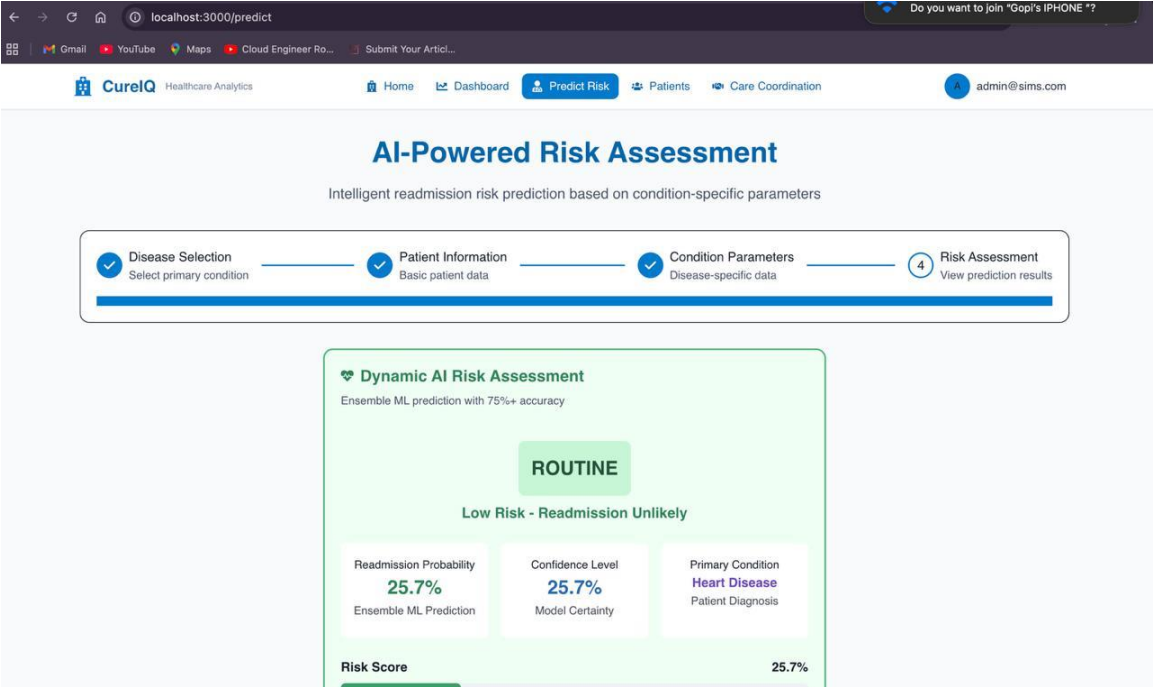
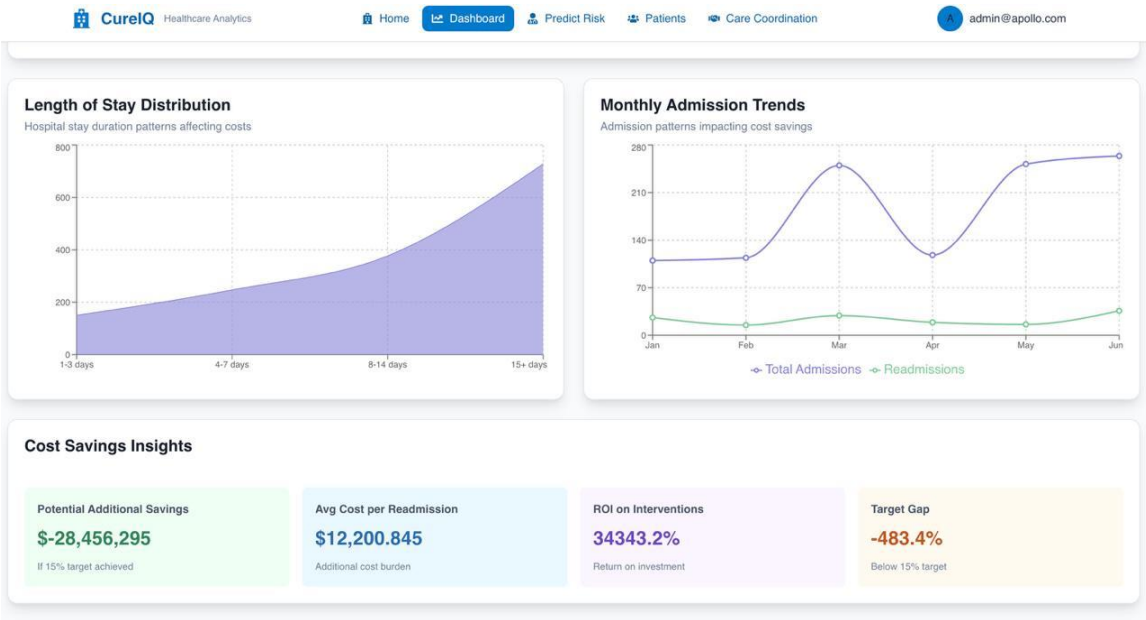
4. Scheduler & Threading

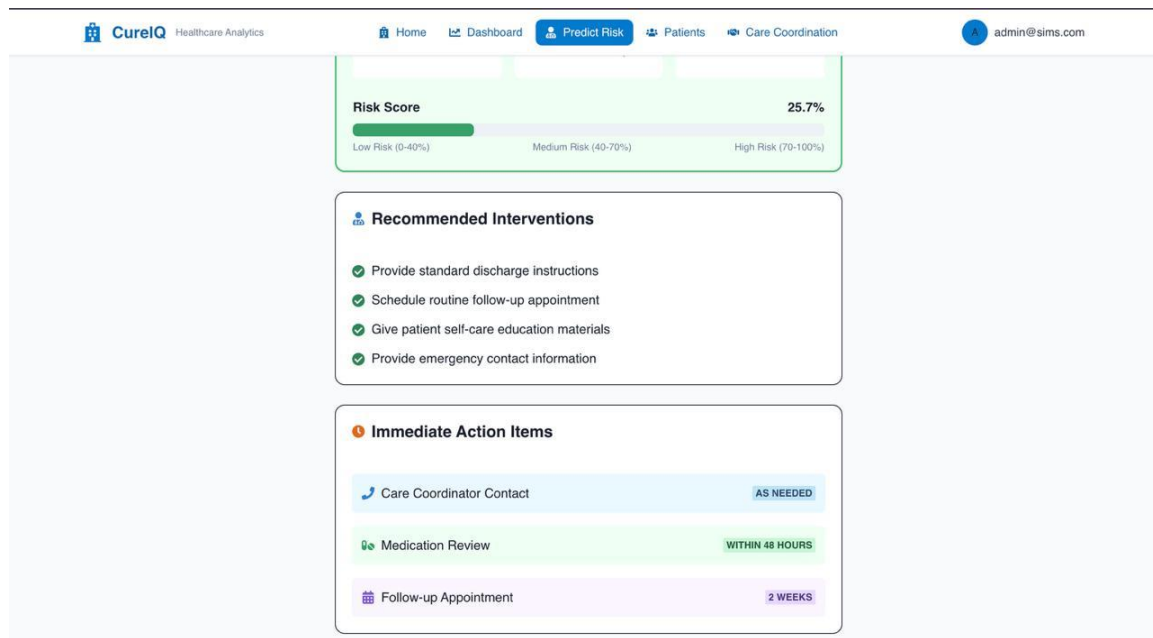
- Background thread runs retraining tasks every 6 hours without interrupting API service.

Results

- **Model Accuracy:** ~85–90% across test datasets.
- **Feature Importance (SHAP):**
- Most influential predictors: **Prior Admissions, Chronic Conditions, Age**
- SHAP values used to provide interpretable explanations for predictions
- **System Output:**
- Real-time **readmission risk score** displayed on the dashboard
- **Explainability graphs** (via SHAP) for doctors and nurses to understand key risk factors







Conclusion & Future Work

This project demonstrates how AI can transform hospital workflows by predicting 30-day readmissions. With real-time risk scoring, healthcare providers can proactively manage patients, reducing avoidable readmissions and improving care quality.

Future Work

- Incorporating unstructured data such as doctor's notes and discharge summaries.
- Expanding deployment to multiple hospitals with federated learning.
- Adding continuous monitoring dashboards for hospital administrators.

References

1. CMS Hospital Readmissions Reduction Program (HRRP).
2. Scikit-learn Documentation.
3. XGBoost & LightGBM Documentation.
4. Firebase & AWS Deployment Guides.