Data Project ~ Hospital Performance in CA
EDA

Trends I noticed from testing 2.pdf
Note: Testing 2 is the pdf that includes plots of each procedure and the proportion of adverse events per capita. Each line represents a specific county.

1. Most procedures have a peak and valley like structure.One year may have a high proportion, the next year will come down. Why is that?
2. Acute stroke subarachnoid and acute stroke hemorrhagic have great variation between the counties and years. But, acute stroke ischemic is more standard across time and space. Why?
3. It appears that some procedures have a near constant proportion across space for a few years. However, that proportion experiences a spike at some point. Why? Some of this is explained AAA repair

Procedures to throw out:
1. Carotid Endarterectomy
2. PCI
3. AAA Repair Endo Unrupture
4. Elective PCI Emergency CABG
5. Elective PCI Mortality
6. Elective PCI Stroke
7. Isolated CABG Operative Mortality

Maybe?
1. Hip fracture
2. Pneumonia

Trends I noticed from proportion of adverse 2016-2020.pdf

Note: my code generates a new pdf for each year. As such, the 5 PDFs show the proportion of adverse events per capita for each county in the given year.

1. The smaller counties do not complete the full range of procedures.For the procedures they do execute, they generally have lower proportions(Glenn, Lake, Plumas, etc). Of the procedures the smaller counties offer, many do the following procedures: AMI, acute stroke hemorrhagic, acute stroke subarachnoid, heart failure
2. Some small-midsized(population between 15-50k) counties (Amador, Inyo, and Tuolumne) seem to offer a larger range of procedures than the smaller counties. All have a spike for acute stroke hemorrhagic. Are these counties absorbing cases from nearby counties?
3. The largest counties(LA,San Diego, Orange, and Riverside) had pretty low proportions for all procedures, below 0.2 ish> for all procedures.
4. LA-16 SD-36 Orange-29 Riverside-32