

A blurred photograph of a hospital hallway. In the foreground, an IV drip is hanging from a stand, with a clear plastic bag containing a light blue liquid. The background shows a blurred hallway with people walking, suggesting a busy medical environment.

# Predictions in Hospital Mortality

BAIS Baddies Inc.

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# OUTLINE

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<b>Background</b>	The impact of cardiac arrests in America and risk-adjusted mortality positive effects on patient outcome
<b>Business Goal</b>	Actionable goal for Hospitals to increase survival rates
<b>Data Overview</b>	How to predict mortality, a description of hospital dataset, and data preparation process
<b>Exploratory Analysis</b>	Practical charts, correlations , and discoveries in dataset
<b>Methods and Evaluation</b>	Synopsis of models used for analysis and evaluations metric
<b>Conclusion and Future Outlook</b>	Summary of dataset analysis and recommendations for hospitals

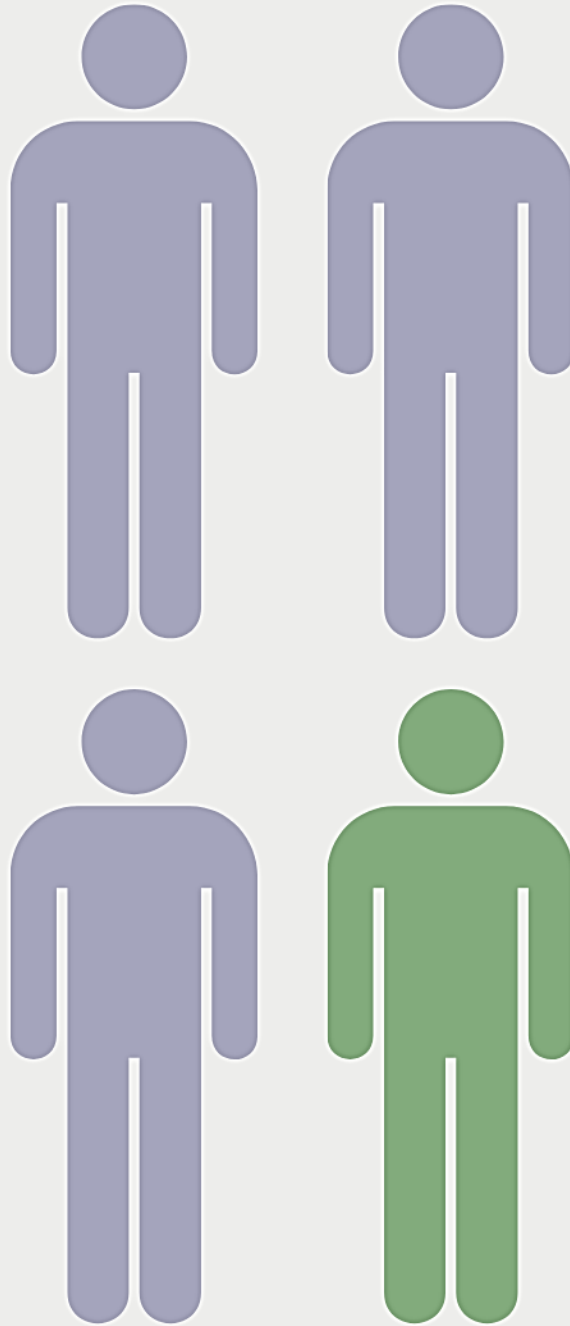


# Background

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One person dies  
every **19 Seconds**  
in the United  
States from heart  
attacks



659,000 people in the  
United States die of  
heart attacks

OR

**1 in every 4  
deaths**



# The implementation of Risk-Adjusted Mortality decreases the overall mortality rates in Hospitals

## Risk-Adjusted Mortality

Ability to prioritize patients based on characteristics that predict risk of death



1.3%

Implement of risk-adjusted mortality caused absolute reduction in mortality

# Business Goal

Predict the mortality rate of patients who enter the ICU (Intensive Care Units) due to heart failure to provide doctors with information about what patients they need to prioritize in order to reduce patient-in-house mortality rates

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## Potential Clients:

- Doctor and Hospital Owners
- Identify features that take priority of those suffering from heart failure
- Apply Risk-Adjusted practice to Hospitals to improve mortality rates

# Data Mining Goal

To determine what features are most important in determining a patient's chance of in-house mortality

## Supervised Learning

Training data includes both the input and result

## Classification

Positive or Negative Outcome of Mortality

## Target Variable

Outcome:  
Mortality after cardiac arrest in ICU

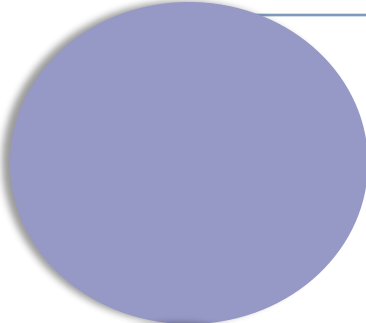
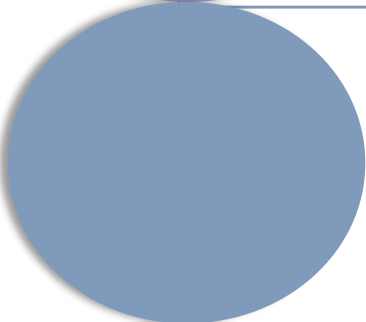
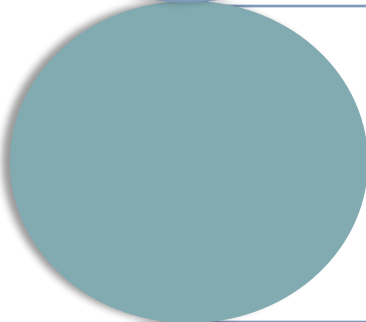
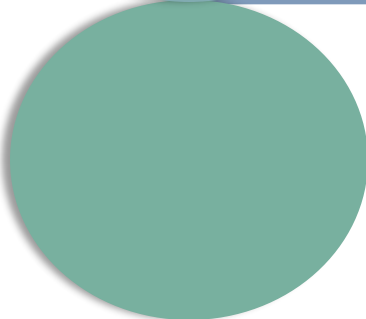
0 = Alive  
1 = Death



# Dataset Overview

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	<b>Instances</b>	<b>1,176</b>
	<b>Categorical Features</b>	<b>7</b>
	<b>Numeric Features</b>	<b>10</b>
	<b>Target Variable %</b>	<b>159/1176 = 13.52%</b>



# Data Preparation

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## Important Features

- Random forest of all 50 features to select 15 most important other than ID and Target Variable

## Missing variables

- Diagnosed and assessed missing variables to create fuller dataset
- Deleting all observations with missing

## Transformed Features

- Transformed Categorical features as indicator variables

## Recoded Features

- Numerical features recoded to mean
- Categorical features into mode

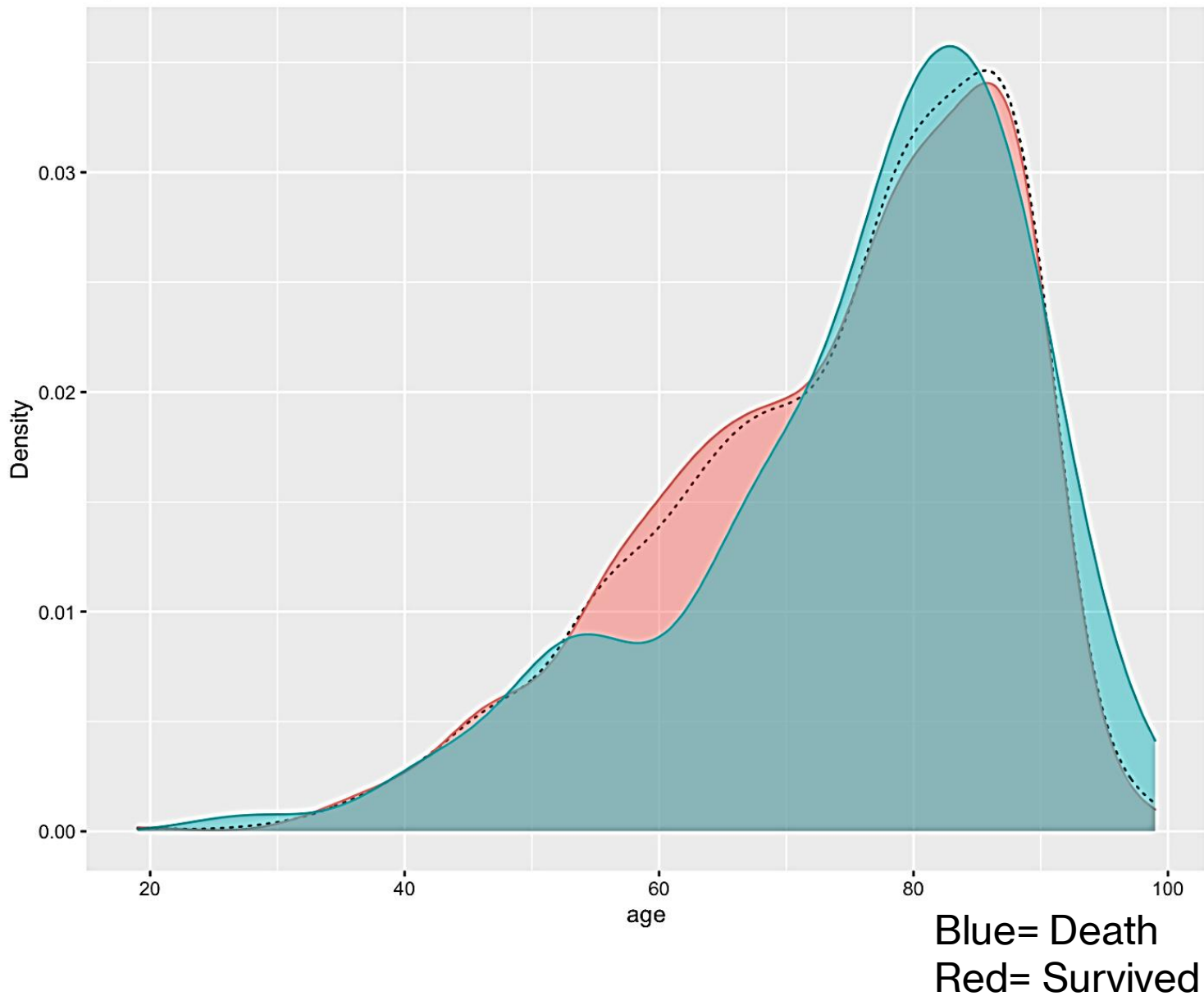


# Exploratory Analysis

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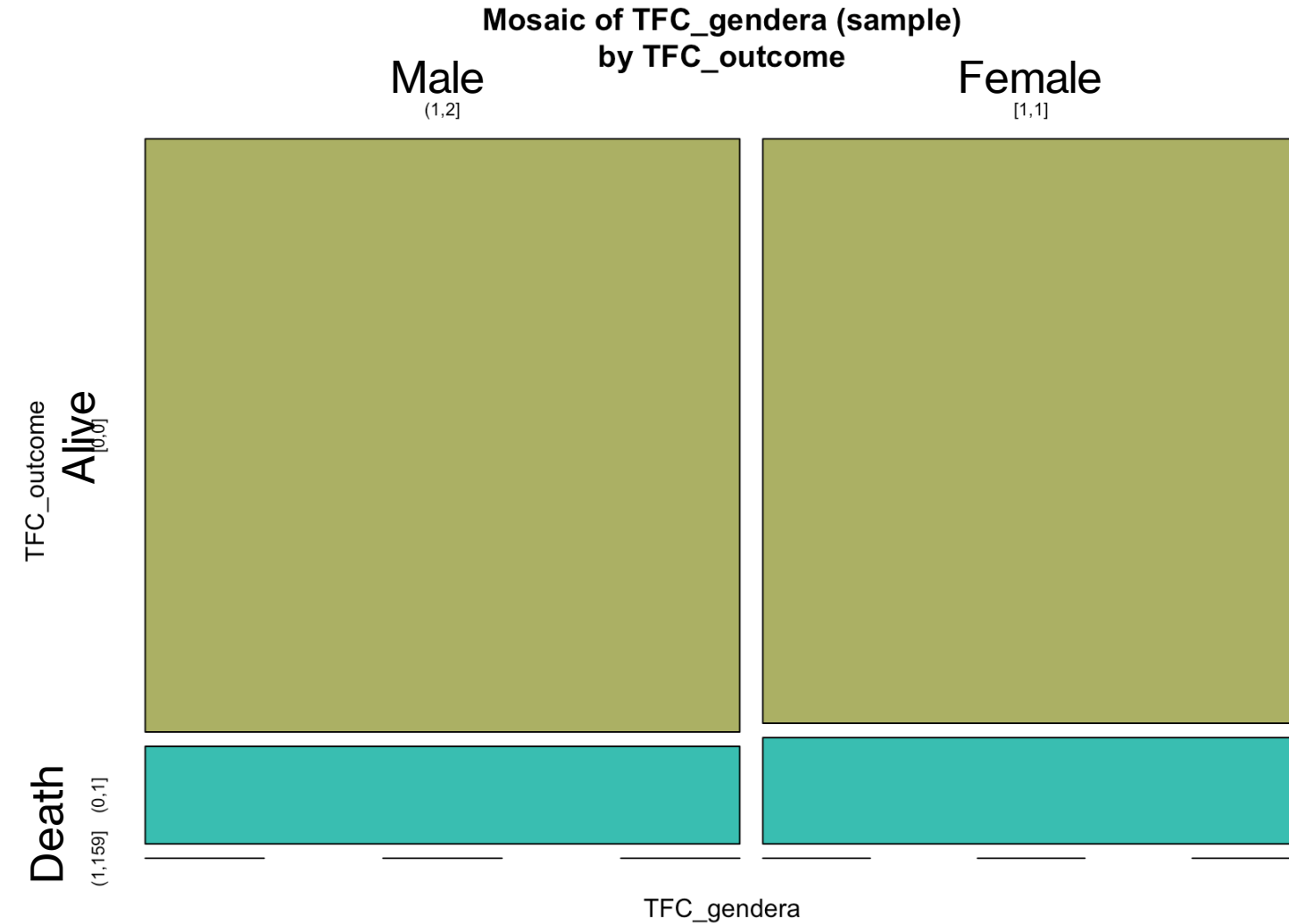


# Age and Mortality Histogram



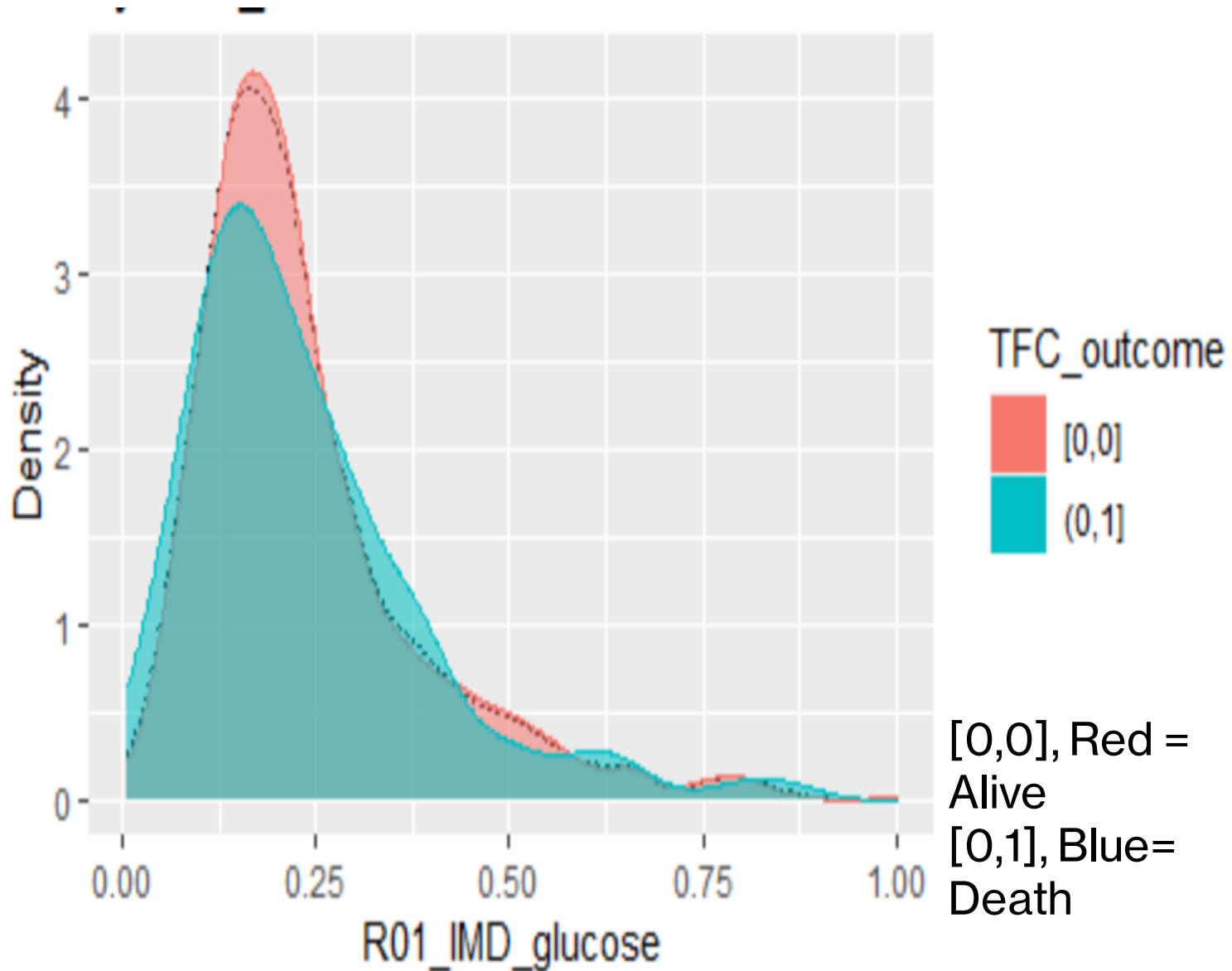
**Ages from 70- to 90-year-olds would be more likely to be in the ICU for heart failure and have a higher risk of death**

# Gender and Mortality Outcome



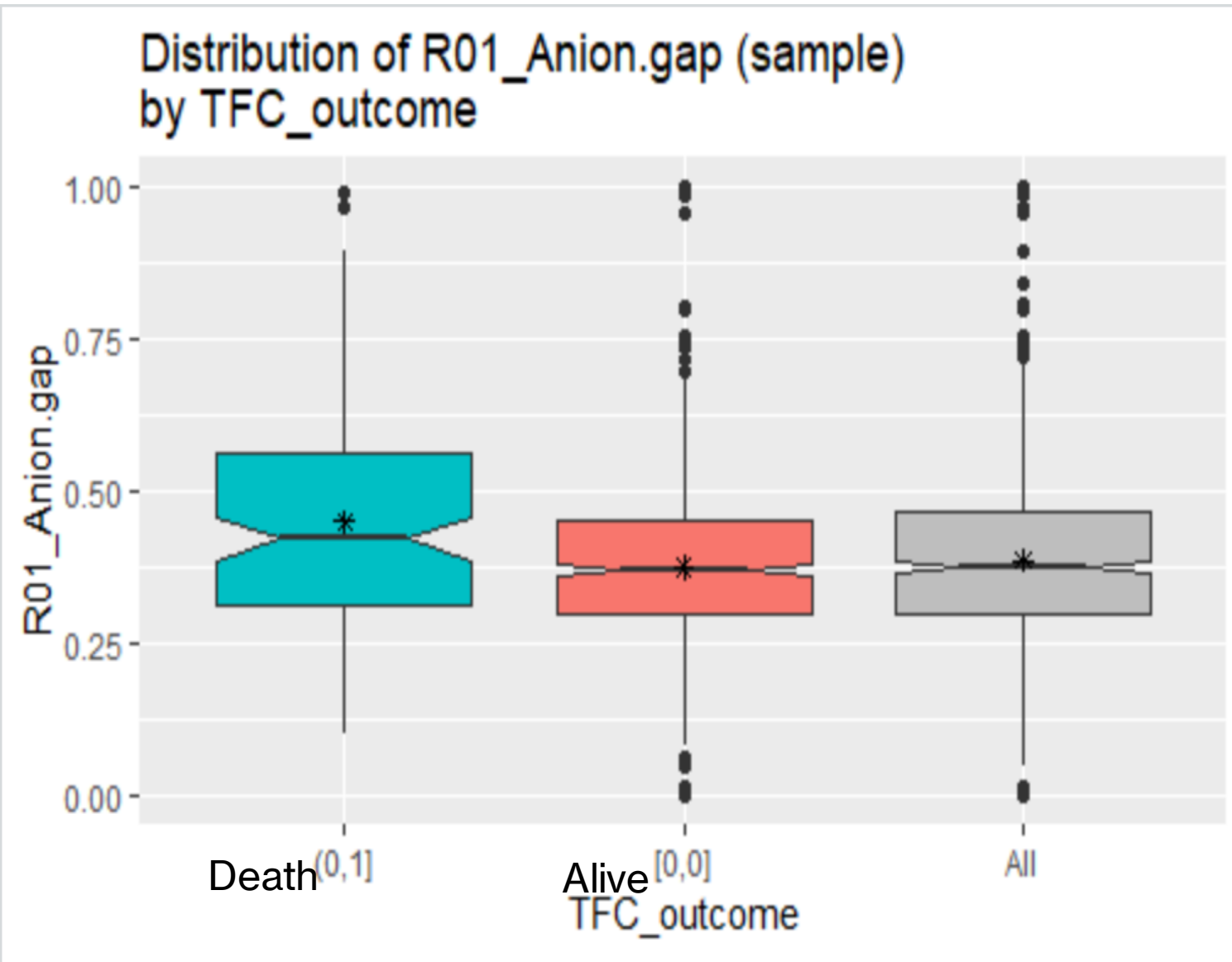
Females have a slightly higher risk in mortality than males when they are hospitalized for heart failure

## Glucose Levels and Mortality



**Majority of patients with lower glucose levels have a decreased risk of death**

# Anion Gap and Mortality



If the patient had a higher anion gap, there was a higher chance of death.

Normal levels for anion gap are 3 to 10 mEq/L.

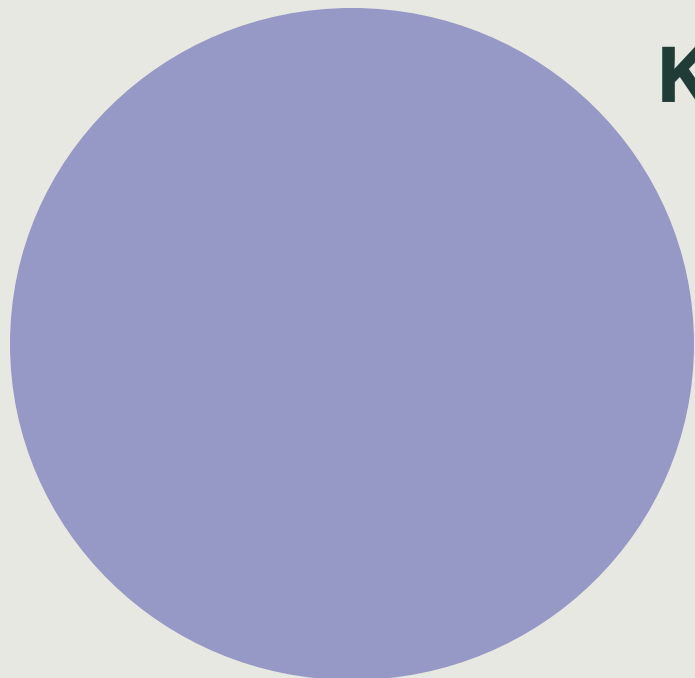
Anion gap= if too high or too low, it may be a sign of a disorder in your lungs, kidneys, or other organ systems.





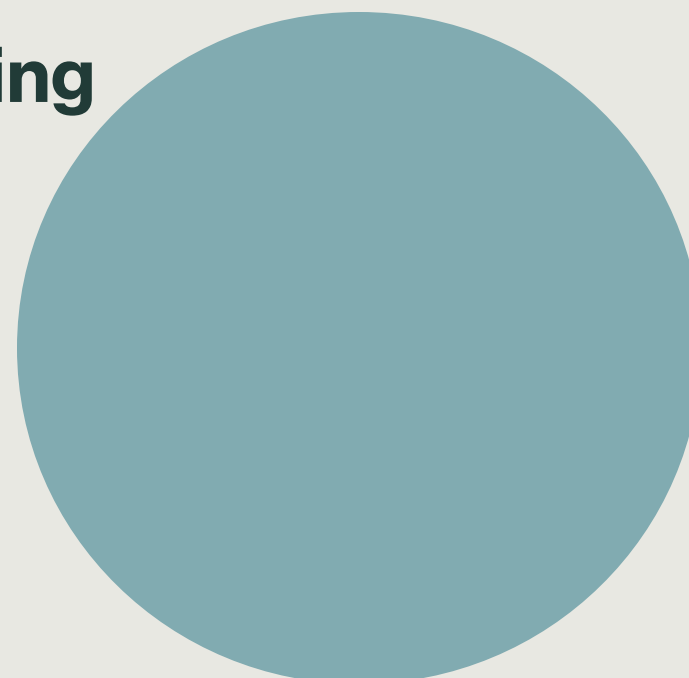
# K-Means Clustering

2 Segments



## Cluster 1

- Size: 497
- Male
- Average Age: 67
- More Likely to be Hypertensive
- Not Diabetic
- Not Likely to have Hyperlipemia or have renal failure



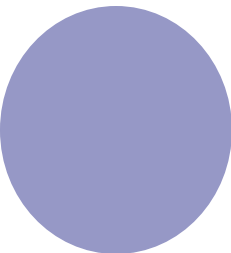
## Cluster 2

- Size: 472
- Female
- Average Age: 70
- Less likely to be Hypertensive
- Diabetic
- More likely to have Hyperlipemia and have renal failure



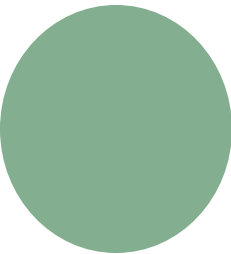
# Method and Evaluation





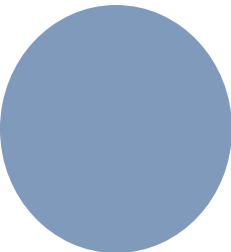
## All Classification Models

Logistic Regression, Decision Tree, SVM, Random Forest, AdaBoost, Gradient Boost and ANN.



## Most Robust Evaluation AUC

Robustness of AUC and Ease of Interpretation



## Cross-Validation

All models with random seeds 42

Cross-Validated AUC	
Gradient	0.9280
Ada	0.9264
Logistic Regression	0.9315
SVM: Radial	0.9056
SVM: Polynomial	0.9202
Random Forest	0.9352
ANN	0.7779
Decision Tree	0.8710

## Recommendations

Increasing attention to patients with the following factors upon admittance to the ICU will lead to a decrease of in-hospital mortality rates:

Patient has  
Atrial  
Fibrillation

Increased  
Anion Gap

High Heart  
Rate

Increased  
Respiratory  
Rate

High BMI

Ages 70-90

Hypertensive  
(High Blood  
Pressure)

Patient is  
Diabetic

# Next Steps

## Data Gathering

- Use long term data (only was collected for 24 hours)
- Gather data from more hospitals

## Feature Selection

- Select different features
- Only used 15 out of 50 features

## Increase Scope

- Gather information on other leading causes of death



# Questions





# Appendix



# Logistic Regression Model

Coefficients:

	Estimate	Std. Error
(Intercept)	-23.61499	803.33400
TFC_gender(1,2]	-0.32522	0.26674
TFC_hypertensive(0,1]	0.89988	0.29649
TFC_atrialfibrillation(0,1]	19.61208	803.33279
TFC_diabetes(0,1]	0.13893	0.27819
TFC_Hyperlipemia(0,1]	-0.04524	0.27025
TFC_Renal.failure(0,1]	-0.04445	0.27842
R01_age	1.10779	0.87425
R01_Platelets	-3.52567	1.42079
R01_Anion.gap	3.07078	1.21316
R01_Bicarbonate	-1.95177	1.16022
R01_IMD_heart.rate	2.25119	0.91381
R01_IMD_Respiratory.rate	1.99165	1.01762
R01_IMD_Urine.output	-3.26022	1.19276
R01_IMD_glucose	-0.51234	0.90125
R01_IMD_TNM_BMI	1.77399	0.51467

z value Pr(>|z|)

(Intercept)	-0.029	0.976549
TFC_gender(1,2]	-1.219	0.222752
TFC_hypertensive(0,1]	3.035	0.002404 **
TFC_atrialfibrillation(0,1]	0.024	0.980523
TFC_diabetes(0,1]	0.499	0.617498