### **Prediction of California Hospital Quality Ratings**

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#### Introduction

**Importance:** Using hospital quality ratings, patients are able to make a better decision in what hospital they want to be treated and where the best care is available in state of California, based on overall hospital performance or based on particular medical condition or procedure.

**Question:** Can we predict hospital quality ratings based on risk adjusted mortality rates, number of deaths, number of cases, medical procedures performed and medical conditions treated for 2012-2013?

### **Description of Data Set**

**Dataset:** is available from California Hospital Inpatient Mortality Rates and Quality Ratings, 2012-2013.

**Description of dataset:** The dataset contains risk-adjusted mortality rates, and number of deaths and cases for 6 medical conditions treated (Acute Stroke, Acute Myocardial Infarction, Heart Failure, Gastrointestinal Hemorrhage, Hip Fracture and Pneumonia) and 6 procedures performed (Abdominal Aortic Aneurysm Repair, Carotid Endarterectomy, Craniotomy, Esophageal Resection, Pancreatic Resection, Percutaneous Coronary Intervention) in California hospitals for 2012 and 2013. This dataset does not include conditions treated or procedures performed in outpatient settings.

### Description, Analysis and Cleaning of Variables in the Data Set

#### Load the data from csv file.

```
setwd("C:/Users/postdoc/Dropbox (Personal)/SpringBoard Fund/Rprojects/")
data <- read.csv("California_Hospital_Inpatient_Mortality_Rates_and_Quality_R
atings__2012-2013.csv",sep=",",header=TRUE)
df <- tbl_df(data)</pre>
```

Dataset: 11169 observations and 12 variables.

#### **Variables with missing values:**

 Risk Adjusted Mortality Rate: The Risk Adjusted Mortality Rates (RAMR) presented here adjusts the observed mortality rates. This statistical methodology takes into account pre-existing health problems that put some patients at greater risk of death to

- level the playing field and allow fair comparisons across hospitals; 4754 missing values.
- Number of Deaths: Number of patients that died in this hospital; **4926** missing values.
- Number of Cases: Number of patients that had this medical procedure or condition in this hospital; **5004** missing values.

#### Remove missing values, because number of missing values consists of half of dataset.

```
df_clean <- df[which(is.na(df$X..of.Cases)==F),]</pre>
```

**Clean Dataset: 6165** observations and **12** variables.

#### Variables with no missing values:

- Year: **3100** values for 2012 year and **3065** values for 2013 year.
- County: **55** counties.
- Hospital: **341** hospitals.
- OSHPDID: A unique number established by the Office of Statewide Health Planning and Development (OSHPD) for identifying facilities and used in the Licensed Facility Information System (LFIS). The first three numbers identify the type of facility, the next two represent the county number, and the last five are randomly assigned within each county. 570261 unique codes.
- Longitude: **Longitude** of hospital.
- Latitude: **Latitude** of hospital.
- location1: **333** levels.
- Hospital Ratings: Comparison rating based on a 95% Confidence Interval (CI). If a hospitals upper CI is less than the statewide observed rate, it is designated as performing better than the average hospital. If a hospitals lower CI is greater than the state rate, it is designated as performing worse than the average state hospital. 3 levels of Hospital Ratings: As Expected, Better and Worse.

```
summary(df_clean$Hospital.Ratings)
## As Expected Better Worse
## 5797 158 210
```

Procedure.Condition: Procedure that was performed or condition that was treated. 6
medical procedures performed: Abdominal Aortic Aneurysm (AAA) Repair, Carotid
Endarterectomy, Craniotomy, Esophageal Resection, Pancreatic Resection,
Percutaneous Coronary Intervention. 6 medical conditions treated: Acute Stroke,
Acute Myocardial Infarction, Heart Failure, Gastrointestinal Hemorrhage, Hip Fracture
and Pneumonia. Clean dataset contains 17 levels, instead of 12.

```
summary(df_clean$Procedure.Condition)

## AAA Repair Acute Stroke
## 283 617

## Acute Stroke Hemorrhagic Acute Stroke Ischemic
## 466 615
## Acute Stroke Subarachnoid AMI
```

##	241	590
##	Carotid Endarterectomy	Craniotomy
	-	•
##	404	298
##	Esophageal Resection	GI Hemorrhage
##	75	622
##	Heart Failure	Hip Fracture
##	616	426
##	Pancreatic Cancer	Pancreatic Other
##	142	130
##	Pancreatic Resection	PCI
##	190	299
##	Pneumonia	
##	151	

#### **Decoding Procedure.Condition variable.**

According to the American Stroke Association (ASA), strokes can be classified into 2 main categories: **87%** are ischemic strokes, caused by blockage of an artery; **13%** are hemorrhagic strokes, caused by bleeding. Ischemic strokes are further divided into 2 groups: thrombotic and embolic strokes. Hemorrhagic strokes are divided into 2 main categories: intracerebral and subarachnoid hemorrhages.

Our clean dataset has four categories for Acute Stroke:

- Acute Stroke: 617 observations;
- Acute Stroke Hemorrhagic: 466 observations;
- Acute Stroke Ischemic: 615 obervations;
- Acute Stroke Subarachnoid: 241 observations.

Within each hospital, there are different notations for Acute Stroke variable. It suggests that different doctor uses different notations for the condition. These four categories are combined in one: Acute Stroke.

```
df_clean$Procedure.Condition <- gsub("Acute Stroke .*","Acute Stroke",df_clea
n$Procedure.Condition)
df_clean$Procedure.Condition <- factor(df_clean$Procedure.Condition)</pre>
```

Two additional categories are present in Procedure. Condition variable:

- Pancreatic Cancer: 142 observations;
- Pancreatic Other: 130 observations.

These categories are separate medical conditions and are not combined in one category.

The Procedure.Condition variable contains 6 medical procedures and 8 medical conditions. To indicate what procedure was performed or what condition was treated, the Medical\_Category variable was added to the clean dataset.

```
df_clean <- df_clean %>%
    mutate(Medical_Category = ifelse(grepl("Repair", Procedure.Condition) | grep
```

#### **Decoding Hospital.Ratings variable.**

Combine Acute Stroke repetitions for each hospital, so each hospital has one unique value for Procedure.Condition variable.

### **Explanatory Data Analysis**

Density Plots for # of Cases, # of Deaths and Risk Adjusted Mortality Rate by Hospital Ratings.

```
p1 <- ggplot(df_clean,aes(log(X..of.Cases),fill=factor(Hospital.Ratings),colo
ur=factor(Hospital.Ratings)))+
    geom_density(alpha = 0.1)

p2 <- ggplot(df_clean,aes(log(X..of.Deaths),fill=factor(Hospital.Ratings),colour=factor(Hospital.Ratings)))+
    geom_density(alpha = 0.1)

p3 <- ggplot(df_clean,aes(log(Risk.Adjusted.Mortality.Rate),fill=factor(Hospital.Ratings),colour=factor(Hospital.Ratings)))+
    geom_density(alpha = 0.1)

grid.arrange(p1, p2, p3, ncol=1)</pre>
```



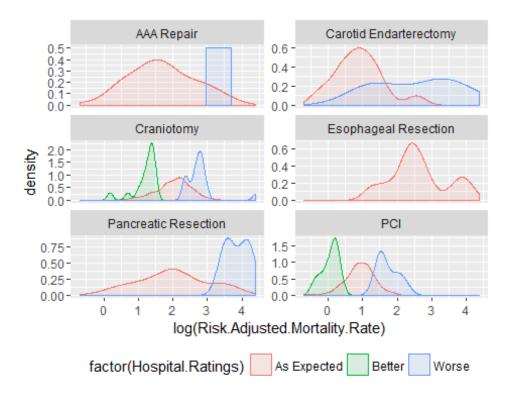
#### **Conclusions 1:**

- Distributions between 2012 and 2013 years look simiar (graphs are not shown).
- There are no associations between variables for number of deaths and number of cases.
- There is a possible **association** between the risk adjusted mortality rate and hospital ratings.
- Lower the risk adjusted mortality rate, better the hospital ratings.
- Higher the risk adjusted mortality rate, worse the hospital ratings.

## Density Plots for Risk Adjusted Mortality Rate by Procedures Performed and Hospital Ratings.

```
df_p <- df_clean[which(df_clean$Medical_Category=="Procedure"),]

p6 <- ggplot(df_p,aes(log(Risk.Adjusted.Mortality.Rate),fill=factor(Hospital.
Ratings),colour=factor(Hospital.Ratings)))+
   geom_density(alpha = 0.1)+
   theme(legend.position='bottom')+
   facet_wrap(~ Procedure.Condition, ncol=2, scales="free_y")
p6</pre>
```



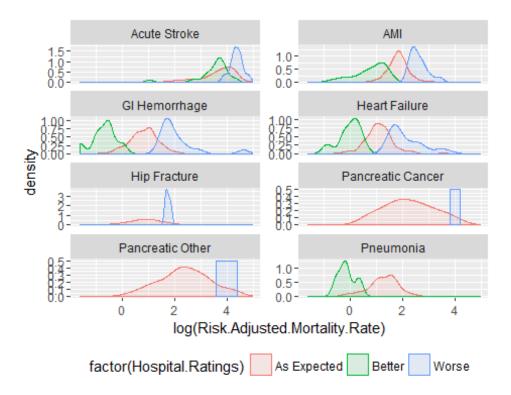
- The highest mortality rates are for Craniotomy and Pancreatic Resection procedures.
- Better and worst ratings are for Craniotomy and PCI procedures.
- There is **association** between the risk adjusted mortality rate and hospital ratings.

# Density Plots for Risk Adjusted Mortality Rate by Conditions Treated and Hospital Ratings.

```
df_c <- df_clean[which(df_clean$Medical_Category=="Condition"),]

p9 <- ggplot(df_c,aes(log(Risk.Adjusted.Mortality.Rate),fill=factor(Hospital.Ratings),colour=factor(Hospital.Ratings)))+
    geom_density(alpha = 0.1)+
    theme(legend.position='bottom')+
    facet_wrap(~ Procedure.Condition, ncol=2, scales="free_y")

p9</pre>
```



- The highest mortality rates are for Acute Stroke, AMI and Heart Failure conditions.
- Better and worse ratings are for Acute Stroke, AMI, GI Hemorrhage and Heart Failure conditions.
- There is **association** between the risk adjusted mortality rate and hospital ratings.

Associations between medical procedures or conditions with hospital ratings, number of cases, number of deaths and risk adjusted mortality rate.

#### Procedures.

```
df_p_all <- df_p %>%
  group by(Procedure.Condition) %>%
  summarise(all_cases = sum(X..of.Cases),
            all deaths = sum(X..of.Deaths),
            all_mortality_rate = sum(Risk.Adjusted.Mortality.Rate))
df_p_all
## # A tibble: 6 x 4
##
        Procedure.Condition all_cases all_deaths all_mortality_rate
##
                                             <int>
                      <fctr>
                                 <int>
                                                                 <dbl>
## 1
                 AAA Repair
                                  4927
                                                59
                                                                 508.5
## 2 Carotid Endarterectomy
                                 12478
                                                60
                                                                 290.2
## 3
                                 30164
                                              2159
                                                                2354.6
                 Craniotomy
       Esophageal Resection
## 4
                                   619
                                                28
                                                                 436.9
## 5
       Pancreatic Resection
                                  3356
                                                93
                                                                1002.8
## 6
                         PCI
                                 78660
                                              2028
                                                                 793.6
```

#### Conditions.

```
df c all <- df c %>%
  group by(Procedure.Condition) %>%
  summarise(all cases = sum(X..of.Cases),
            all deaths = sum(X..of.Deaths),
            all_mortality_rate = sum(Risk.Adjusted.Mortality.Rate))
df_c_all
## # A tibble: 8 x 4
     Procedure.Condition all_cases all_deaths all_mortality_rate
##
                  <fctr>
                              <int>
                                         <int>
                                                             <dbl>
## 1
            Acute Stroke
                             217956
                                         20461
                                                           26582.9
## 2
                     AMI
                              93594
                                           5731
                                                            3863.4
## 3
           GI Hemorrhage
                              94804
                                           2099
                                                            1597.8
## 4
           Heart Failure
                             155066
                                          4778
                                                            2200.0
## 5
            Hip Fracture
                              32245
                                            744
                                                             945.8
                                             43
## 6
       Pancreatic Cancer
                               1787
                                                             632.0
        Pancreatic Other
                               1425
                                            41
## 7
                                                             590.0
## 8
               Pneumonia
                              20630
                                          1019
                                                             552.5
```

- The highest number of cases is for PCI and Craniotomy procedures, Acute Stroke, Heart Failure, AMI and GI Hemorrhage conditions.
- The highest number of deaths is for Craniotomy and PCI procedures, Acute Stroke, AMI and Heart Failure conditions.
- The highest mortality rates is for Craniotomy and Pancreatic Resection procedures, Acute Stroke, AMI and Heart Failure conditions.
- The lowest number of cases is for Esophageal Resection procedure, Pancreatic Cancer and Pancreatic Other conditions.
- The lowest number of deaths is for Esophageal Resection procedure, Pancreatic Cancer and Pancreatic Other conditions.
- The lowest mortality rates is for Carotid Endarterectomy procedure, Pancreatic Other and Pneumonia conditions.

#### **Hospital Ratings.**

```
prop.table(table(df_clean$Procedure.Condition,df_clean$Hospital.Ratings))*100
##
##
                            As Expected
                                             Better
                                                          Worse
##
    AAA Repair
                             5.80218873
                                        0.00000000
                                                     0.04129672
##
    Acute Stroke
                            10.81973983 1.01176956
                                                    0.90852777
##
    AMI
                            11.06752013 0.47491224
                                                    0.64009911
##
    Carotid Endarterectomy 8.19739831 0.00000000
                                                     0.14453851
##
    Craniotomy
                             5.40986992 0.37167045
                                                     0.37167045
##
     Esophageal Resection
                            1.54862688 0.00000000
                                                     0.00000000
##
    GI Hemorrhage
                            12.28577328 0.20648358
                                                     0.35102209
##
    Heart Failure
                            11.48048730 0.47491224
                                                     0.76398926
##
    Hip Fracture
                             8.71360727 0.00000000 0.08259343
```

```
## Pancreatic Cancer 2.89077018 0.00000000 0.04129672

## Pancreatic Other 2.64298988 0.00000000 0.04129672

## Pancreatic Resection 3.84059467 0.00000000 0.08259343

## PCI 5.78154037 0.12389015 0.26842866

## Pneumonia 3.03530869 0.08259343 0.00000000
```

- Better ratings are for Craniotomy procedure, Acute Stroke, AMI and Heart Failure conditions.
- Worse ragings are for Craniotomy and PCI procedures, Acute Stroke, AMI, GI Hemorrhage and Heart Failure conditions.
- As Expected ratings are for Acute Stroke, AMI, GI Hemorrhage and Heart Failure conditions.

#### **Conclusions 2:**

- There is **association** between the risk adjusted mortality rate and hospital ratings.
- Lower the risk adjusted mortality rate, better the hospital ratings.
- Higher the risk adjusted mortality rate, worse the hospital ratings.

#### Procedures:

- with severe outcomes: PCI, Craniotomy and Pancreatic Resection.
- with good outcomes: Esophageal Resection and Carotid Endarterectomy.

#### Conditions:

- with severe outcomes: Acute Stroke, AMI, Heart Failure and GI Hemorrhage.
- with good outcomes: Pancreatic Cancer, Pancreatic Other and Pneumonia.

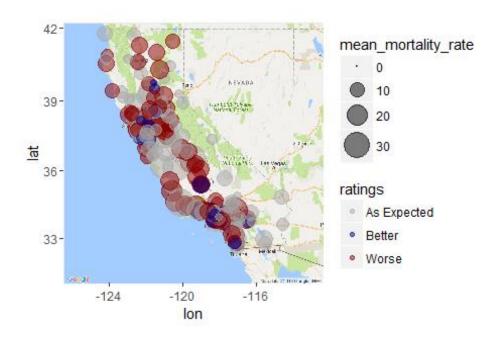
Mapping and summary of overall hospital quality ratings and mean mortality rate among all conditions and procedures.

#### Summary of hospital ratings over all conditions and procedues.

#### Mapping of overall hospital ratings and mean mortality rates.

```
CAmap <- get_map(location="California",source="google",maptype="roadmap",crop
=FALSE,zoom=6)
ggmap (CAmap) +
   geom_point(aes(x=Longitude,y=Latitude,size=mean_mortality_rate,colour=ratin)</pre>
```

```
gs),data=all_ratings,alpha=0.5)+
    scale_colour_manual(values=c("Worse" = "darkred","Better" = "darkblue","As
Expected" = "darkgrey"))+
    scale_size(range = c(0, 10))
```



#### **Overall Hospital Ratings:**

```
summary(all_ratings$ratings)
## As Expected Better Worse
## 172 69 99
```

Top 5 hospitals with the **best** quality ratings: all\_ratings %>% arrange(desc(all\_ratings)) %>% select(Hospital) %>% slice(1:5 ) ## # A tibble: 5 x 1 ## Hospital ## <fctr> ## 1 Kaiser Foundation Hospital â 🖭 Redwood City Kaiser Foundation Hospital âll Sunset ## 2 ## 3 Centinela Hospital Medical Center ## 4 Scripps Green Hospital ## 5 Cedars Sinai Medical Center

• Top 5 hospitals with the **lowest** mean mortality rate:

• Top 5 hospitals with the **worst** quality ratings:

• Top 5 hospitals with the **highest** mean mortality rate:

Summary of hospital quality ratings and mortality rates for Acute Stroke, AMI and Heart Failure conditions, PCI, Craniotomy and Pancreatic Resection procedures.

#### Top 5 hospitals for treatment of Acute Stroke condition.

#### Top 5 hospitals for treatment of AMI condition.

```
## # A tibble: 5 x 1

## Hospital

## <fctr>
## 1 Southern California Hospital at Hollywood

## 2 Sherman Oaks Hospital

## 3 Kaiser Foundation Hospital â22 Antioch

## 4 Encino Hospital Medical Center

## 5 La Palma Intercommunity Hospital
```

#### Top 5 hospitals for treatment of Heart Failure condition.

```
## # A tibble: 5 x 1
## Hospital
## <fctr>
## 1 Adventist Medical Center âll Reedley
## 2 Anaheim General Hospital
## 3 Sherman Oaks Hospital
## 4 Barstow Community Hospital
## 5 Centinela Hospital Medical Center
```

#### Top 5 hospitals to perform the PCI procedure.

```
## # A tibble: 5 x 1
## Hospital
## <fctr>
## 1 Brotman Medical Center
## 2 Fresno Heart and Surgical Hospital
## 3 El Camino Hospital
```

```
## 4 Downey Regional Medical Center
## 5 Henry Mayo Newhall Memorial Hospital
```

#### Top 5 hospitals to perform the Craniotomy procedure.

```
## # A tibble: 5 x 1

## Hospital

## <fctr>
## 1 Alhambra Hospital

## 2 Desert Valley Hospital

## 3 El Centro Regional Medical Center

## 4 Saint Johnâlls Health Center

## 5 El Camino Hospital
```

#### **Top 5 hospitals to perform the Pancreatic Resection procedure.**

```
## # A tibble: 5 x 1

## Hospital

*fctr>

## 1 Alameda County Medical Center

## 2 Community Hospital Monterey Peninsula

## 3 Community Hospital of The Monterey Peninsula

## 4 Community Memorial Hospital â20 San Buenaventura

## 5 Eden Medical Center
```

#### **Predictions**

#### **Approach**

- Predict hospital quality ratings using random forests and classification decision trees.
- Train the models and evaluate the model performances on 2012 training data.
- Test the model performances on 2013 test data.

Hospital Ratings Prediction Using Random Forests for Dataset in Wide Format.

# Cleanning the Data Set and converting to the wide format based on Procedure.Condition and Risk.Adjusted.Mortality.Rate variables.

```
# convert data to the wide format
df_wide <- df_clean %>% select(Year, Hospital, Latitude, Longitude, Procedure. Con
dition, Hospital. Ratings, Risk. Adjusted. Mortality. Rate) %>% spread(Procedure. Con
dition, Risk. Adjusted. Mortality. Rate)
# remove white spaces from column names
colnames(df_wide) <- gsub(" ","", colnames(df_wide))
# replace NA with 0, because some hospitals does not treat these conditions,
thus mortality rate is zero.
df_wide[is.na(df_wide)] <- 0</pre>
```

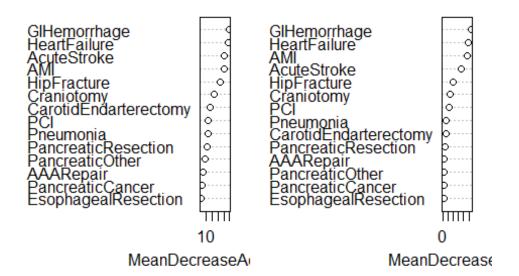
Split the Data Set into 2012 training and 2013 test sets.

```
train_wide <- df_wide[which(df_wide$Year==2012),]
test_wide_original <- df_wide[which(df_wide$Year==2013),]
test_wide <- subset(test_wide_original, select = -Hospital.Ratings)</pre>
```

#### **Feature Enginering with Random Forests**

```
fit <- randomForest(Hospital.Ratings ~ AAARepair + AcuteStroke + AMI + Caroti
dEndarterectomy + Craniotomy + EsophagealResection + GIHemorrhage + HeartFail
ure + HipFracture + PancreaticCancer + PancreaticOther + PancreaticResection
+ PCI + Pneumonia, data=train_wide,importance=TRUE,ntree=1000)
varImpPlot(fit)</pre>
```

fit



- **The most important variables are** Heart Failure, GI Hemorrhage, AMI and Acute Stroke, Hip Fracture **conditions**;
- **Procedure** variables are less important and thus are not included in classification.

**Model performance** on **train\_wide** dataset using all variables.

```
# confusion matrix on train data
fit$confusion
               As Expected Better Worse class.error
## As Expected
                        296
                                18
                                      12
                                          0.09202454
                         13
                                31
## Better
                                       3
                                          0.34042553
## Worse
                         25
                                 4
                                      36
                                          0.44615385
```

• Accuracy (how often is the classifier correct): 0.827108

• Error Rate (how often is the classifier wrong): 0.172892

**Predictions** on **test\_wide** dataset using all variables.

```
prediction <- predict(fit, test_wide)</pre>
# confusion matrix on test data
cm <- as.matrix(table(Actual = test wide original$Hospital.Ratings,Predicted</pre>
= prediction))
\mathsf{cm}
##
                 Predicted
## Actual
                  As Expected Better Worse
##
     As Expected
                           305
                                     6
                                           13
                                            5
##
     Better
                            15
                                    31
##
     Worse
                            26
                                     0
                                           42
rf a <- sum(diag(cm))/sum(cm)</pre>
rf e <- 1 - sum(diag(cm))/sum(cm)</pre>
```

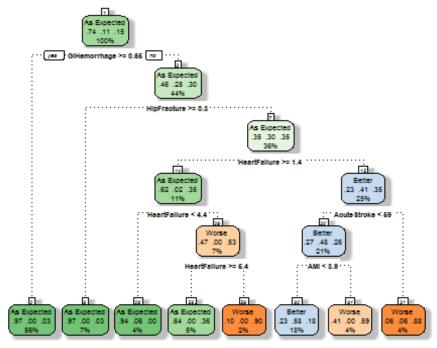
Accuracy: 0.8532731Error Rate: 0.1467269

**Hospital Ratings Prediction Using Classification Decision Trees (CART).** 

#### Model 1: All variables are included in tree construction.

```
set.seed(34)
tree0 <- rpart(Hospital.Ratings ~ AAARepair + AcuteStroke + AMI + CarotidEnda
rterectomy + Craniotomy + EsophagealResection + GIHemorrhage + HeartFailure +
HipFracture + PancreaticCancer + PancreaticOther + PancreaticResection + PCI
+ Pneumonia, data = train wide, method = "class",control=rpart.control(cp=0.0
01))
printcp(tree0)
##
## Classification tree:
## rpart(formula = Hospital.Ratings ~ AAARepair + AcuteStroke +
       AMI + CarotidEndarterectomy + Craniotomy + EsophagealResection +
##
##
       GIHemorrhage + HeartFailure + HipFracture + PancreaticCancer +
##
       PancreaticOther + PancreaticResection + PCI + Pneumonia,
##
       data = train_wide, method = "class", control = rpart.control(cp = 0.00
1))
##
## Variables actually used in tree construction:
## [1] AcuteStroke AMI
                                 Craniotomy
                                              GIHemorrhage HeartFailure
## [6] HipFracture
## Root node error: 112/438 = 0.25571
##
## n= 438
##
```

```
CP nsplit rel error xerror
## 1 0.0595238
                    0
                        1.00000 1.00000 0.081520
## 2 0.0357143
                         0.60714 0.70536 0.071847
                        0.53571 0.63393 0.068866
## 3 0.0089286
                    7
## 4 0.0059524
                         0.52679 0.67857 0.070763
                    8
## 5 0.0010000
                   11
                        0.50893 0.67857 0.070763
num <- which.min(tree0$cptable[,"xerror"])</pre>
tree0$cptable[num,]
                              rel error
##
            CP
                    nsplit
                                                            xstd
                                              xerror
## 0.008928571 7.000000000 0.535714286 0.633928571 0.068866360
cp.choice<-tree0$cptable[num,"CP"]</pre>
pruned.tree<-prune(tree0, cp=cp.choice)</pre>
fancyRpartPlot(pruned.tree)
```



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#### Predictions on test\_wide dataset.

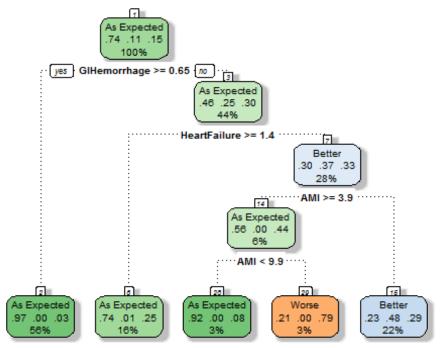
```
# Make predictions on the test set
prediction <- predict(pruned.tree, test_wide, type = "class")
# confusion matrix
cm <- as.matrix(table(Actual = test_wide_original$Hospital.Ratings,Predicted
= prediction))
cm
## Predicted
## Actual As Expected Better Worse</pre>
```

```
##
     As Expected
                             287
                                      24
                                             13
##
                                      44
                                             3
     Better
                               4
                                             29
##
     Worse
                              26
                                      13
call a <- sum(diag(cm))/sum(cm)</pre>
call_e <- 1 - sum(diag(cm))/sum(cm)</pre>
```

Accuracy: 0.8126411Error Rate: 0.1873589

### Model 2: AMI, GIHemorrhage and HeartFailure variables are included in tree construction.

```
tree1 <- rpart(Hospital.Ratings ~ AMI + GIHemorrhage + HeartFailure, data = t</pre>
rain_wide, method = "class",control=rpart.control(cp=0.001)) # cp determines
when the splitting up of the decision tree stops
printcp(tree1)
##
## Classification tree:
## rpart(formula = Hospital.Ratings ~ AMI + GIHemorrhage + HeartFailure,
       data = train_wide, method = "class", control = rpart.control(cp = 0.00
##
1))
##
## Variables actually used in tree construction:
## [1] AMI
                    GIHemorrhage HeartFailure
##
## Root node error: 112/438 = 0.25571
##
## n= 438
##
            CP nsplit rel error xerror
##
                                             xstd
                    0
                        1.00000 1.00000 0.081520
## 1 0.0714286
## 2 0.0267857
                    4
                        0.71429 0.76786 0.074228
## 3 0.0089286
                    6
                        0.66071 0.80357 0.075502
## 4 0.0044643
                    7
                        0.65179 0.86607 0.077590
## 5 0.0010000
                    9
                        0.64286 0.85714 0.077303
num <- which.min(tree1$cptable[,"xerror"])</pre>
tree1$cptable[num,]
##
           CP
                  nsplit rel error
                                         xerror
## 0.02678571 4.00000000 0.71428571 0.76785714 0.07422761
cp.choice<-tree1$cptable[num,"CP"]</pre>
pruned.tree1<-prune(tree1, cp=cp.choice)</pre>
fancyRpartPlot(pruned.tree1)
```



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#### Predictions on test\_wide dataset.

```
# Make predictions on the test set
prediction <- predict(pruned.tree1, test_wide, type = "class")</pre>
# confusion matrix
cm <- as.matrix(table(Actual = test_wide_original$Hospital.Ratings,Predicted</pre>
= prediction))
\mathsf{cm}
##
                  Predicted
## Actual
                   As Expected Better Worse
##
     As Expected
                            292
                                     27
                              5
                                     46
                                             0
##
     Better
                             29
                                     30
                                             9
##
     Worse
c3_a <- sum(diag(cm))/sum(cm)</pre>
c3_e <- 1 - sum(diag(cm))/sum(cm)</pre>
```

Accuracy: 0.7832957Error Rate: 0.2167043

#### **Conclusions 3:**

#### Accuracy on the test data set using

Random Forests with all variables: 0.8533

- CART with all variables: 0.8126

CART with three variables: 0.7833

- **Random forests** gives the best performance, however is not good enough to predict hospitals with the best care in future.
- Random forests predicts that classification of hospital ratings depend on conditions and not procedures with the most severe patient outcomes.

#### **Future Work**

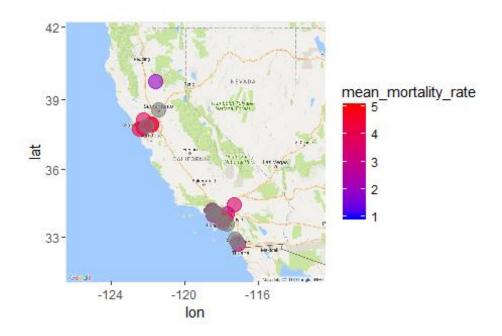
- Predict hospital quality ratings using **multinomial logistic regression**.
  - Train the model and evaluate the model performance on 2012 training data.
  - Test the model performance on 2013 test data.
- Compare three models: random forests, classification decision trees and multinomial logistic regression.
  - Summarize which model gives the best performance on 2012 training data and on 2013 test data.
  - Choose the best model and test its performance on 2014 test data.
- Recommend which hospitals will have the best care in future using predicted hospital ratings.

#### **Recommendations to Patients**

# Top 25 hospitals with the best overall ratings and the lowest mean mortality rate in state of California.

```
best_ratings <- all_ratings %>% arrange(desc(all_ratings)) %>% slice(1:50)
best_lowest <- best_ratings %>% arrange(mean_mortality_rate) %>% slice(1:25)
# best_Lowest$Hospital[dupLicated(best_Lowest$Hospital)]

CAmap <- get_map(location="California",source="google",maptype="roadmap",crop
=FALSE,zoom=6)
ggmap (CAmap) +
    geom_point(aes(x=Longitude,y=Latitude,colour=mean_mortality_rate),data=best
_lowest,size=5,alpha=0.6)+
    scale_colour_gradient(limits=c(1, 5), high="red", low="blue")</pre>
```



## Top 5 hospitals with the best overall ratings and the lowest mean mortality rate in state of California.

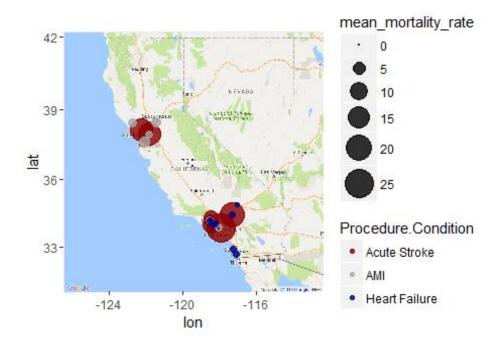
```
best_lowest$Hospital[1:5]

## [1] Encino Hospital Medical Center Feather River Hospital
## [3] Chino Valley Medical Center Marina Del Rey Hospital
## [5] Paradise Valley Hospital
## 341 Levels: Adventist Medical Center ...
```

# Top hospitals with the best ratings and the lowest mean mortality rate for Acute Stroke, AMI and Heart Failure conditions.

```
best_cond <- bind_rows(df_as_best[1:10,],df_ami_best[1:10,],df_hf_best[1:10,])

CAmap <- get_map(location="California",source="google",maptype="roadmap",crop =FALSE,zoom=6)
ggmap (CAmap) +
    geom_point(aes(x=Longitude,y=Latitude,size=mean_mortality_rate,colour=Proce dure.Condition),data=best_cond,alpha=0.8)+
    scale_colour_manual(values=c("Acute Stroke"="darkred", "AMI"="darkgrey", "Heart Failure"="darkblue"))+
    scale size(range = c(0, 10))</pre>
```



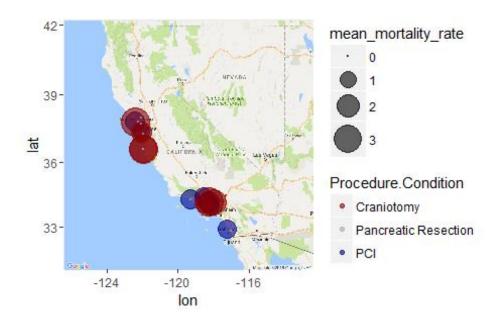
## There are 7 hospitals that have the best ratings and the lowest mortality rate for the most severe conditions.

```
best_cond$Hospital[duplicated(best_cond$Hospital)]
## [1] Encino Hospital Medical Center Anaheim General Hospital
## [3] Sherman Oaks Hospital Encino Hospital Medical Center
## [5] Desert Valley Hospital Paradise Valley Hospital
## [7] Scripps Green Hospital
## 341 Levels: Adventist Medical Center ...
```

# Top hospitals with the best ratings and the lowest mean mortality rate for PCI, Craniotomy and Pancreatic Resection procedures.

```
best_proc <- bind_rows(df_pci_best[1:10,],df_cr_best[1:10,],df_pr_best[1:10,])

CAmap <- get_map(location="California",source="google",maptype="roadmap",crop =FALSE,zoom=6)
ggmap (CAmap) +
   geom_point(aes(x=Longitude,y=Latitude,size=mean_mortality_rate,colour=Proce dure.Condition),data=best_proc,alpha=0.6)+
   scale_colour_manual(values=c("PCI"="darkblue", "Craniotomy"="darkred", "Pan creatic Resection"="darkgrey"))+
   scale_size(range = c(0, 10))</pre>
```



# There are 7 hospitals that have the best ratings and the lowest mortality rate for the most severe procedures.

```
best_proc$Hospital[duplicated(best_proc$Hospital)]

## [1] El Camino Hospital

## [2] California Pacific Medical Center â22 Pacific Campus

## [3] Glendale Adventist Medical Center â22 Wilson Terrace

## [4] Community Hospital Monterey Peninsula

## [5] Community Hospital of The Monterey Peninsula

## [6] Community Memorial Hospital â22 San Buenaventura

## [7] Fresno Heart and Surgical Hospital

## 341 Levels: Adventist Medical Center ...
```