# **Self Evaluation**

**ICU Mortality Prediction** 

&

Readmission Risk Prediction (30-Day Hospital Readmission)

using

Machine Learning & Deep Learning

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# Introduction

**Title:** Self-evaluation Tutorial Using MIMIC Data

**Objective:** Analyze patient admissions, patients, prescriptions, ICU Stays, and transfers to apply machine learning and Deep learning techniques

# **Key Takeaway:**

- Covers dataset understanding, preprocessing, ML models, and evaluation.
- Predicting ICU mortality and 30-day readmission helps optimize hospital resources and improve patient care
- Machine Learning (ML) and Deep Learning (DL) models can identify high-risk patients

# Mortality Prediction - Problem Statement

Goal: Predict ICU patient mortality using ML/DL.

Dataset: MIMIC ICU admissions, vitals, and demographics.

## Why Important?

- Early risk stratification helps doctors prioritize care.
- Reduces preventable deaths through early intervention.

# Mortality Prediction - Data Features

### Data Tables:

- Admissions
- 2. Patients
- 3. Prescriptions
- 4. ICU Stays
- Transfers

#### Features Used:

- Age, Gender, ICU Length of Stay, Admission Type.
- Vital signs (Heart Rate, Blood Pressure, Oxygen Saturation).
- Target: Mortality status (Died = 1, Survived = 0).

## Data Preprocessing:

- Handle missing values & outliers.
- Convert categorical data into numerical format.
- Merge data from different tables to create a feature set.
- Standardize numerical values to improve model accuracy.

# Mortality Prediction - ML / DL Models

### ML Model:

- Logistic Regression
- Random Forest
- XGBoost

### DL Model:

• Neural Network (Dense Layers, ReLU, Dropout)

#### **Evaluation Metrics:**

- Accuracy
- Precision-Recall
- ROC-AUC

Deep Learning models provide better accuracy but require more data and training time.

# Readmission Risk Prediction - Problem Statement

Goal: Predict 30 day readmission risk patient mortality using ML/DL.

Dataset: MIMIC ICU admissions and ICU Transfers

### Why Important?

- Identifies high-risk patients before discharge.
- Helps optimize hospital resources and reduce readmission costs.

# Mortality Prediction - Data Features

### Data Tables:

- Admissions
- Patients
- 3. ICU Stays
- Transfers

#### Features Used:

- Age, Gender, ICU Length of Stay, Admission Type and Gender.
- Previous hospitalizations and discharge location.
- Target: Readmitted within 30 days status (Yes = 1, No = 0).

### Data Preprocessing:

- Handle missing values & outliers.
- Convert categorical data into numerical format.
- Merge data from different tables to create a feature set.
- Standardize numerical values to improve model accuracy.

# Mortality Prediction - ML / DL Models

#### ML Model:

- Logistic Regression
- Random Forest

#### DL Model:

Neural Network (64-32-1 Dense Layers, ReLU, Dropout)

#### **Evaluation Metrics:**

- Accuracy
- Precision-Recall
- ROC-AUC.

Deep Learning models showed better performance for complex relationships in the data

# Model Comparison & Conclusion

# Mortality Prediction:

Logistic Regression: 75% Accuracy

Neural Network: 85% Accuracy

### **Readmission Prediction:**

Random Forest: 78% Accuracy

Neural Network: 82% Accuracy

### Conclusion:

- ML & DL models can improve healthcare decision-making.
- Future Work: Hyperparameter tuning, additional patient data, ensemble learning