A decorative network diagram in the top-left corner, featuring a complex web of interconnected nodes and lines. Some nodes are highlighted with blue circles, and others with blue dots. The lines are thin and grey, creating a mesh-like structure.

Hospital Data Analysis and Modeling

Saana Kuusela

A decorative network diagram in the bottom-right corner, similar to the one in the top-left. It shows a network of nodes and lines, with some nodes highlighted in blue. The overall style is clean and modern, with a focus on data visualization.

About me

Saana Kuusela

Education

- Aalto University, Master of Science (Technology), Information Networks
- University of Helsinki, Master of Arts (Medicine) in Speech-Language Pathology
- University of Helsinki, Bachelor of Arts (Medicine) in Speech-Language Pathology
- Lyseonpuisto high school Rovaniemi, graduated in top 5% nationwide

Recent work experience

- Unity Technologies, Data Scientist (internship)
- Yourspace Oy/Kelvin Analytics, Software Developer
- Healthcare, research and clinical work as a speech-language pathologist

Interests

- Data Science and healthcare data analytics driven decision making process





Work flow

Joining the datasets

Cleaning the data

Null value analysis

Feature engineering

Explanatory data analysis


Feature correlations

Predictive models

- Predicting frequent visits with Logistic Regression model
- Predicting hospital admission costs with Random Forest Regression model
- Predicting hospital admission costs with Neural Network model

Tuning the models and evaluating their performance

Action points

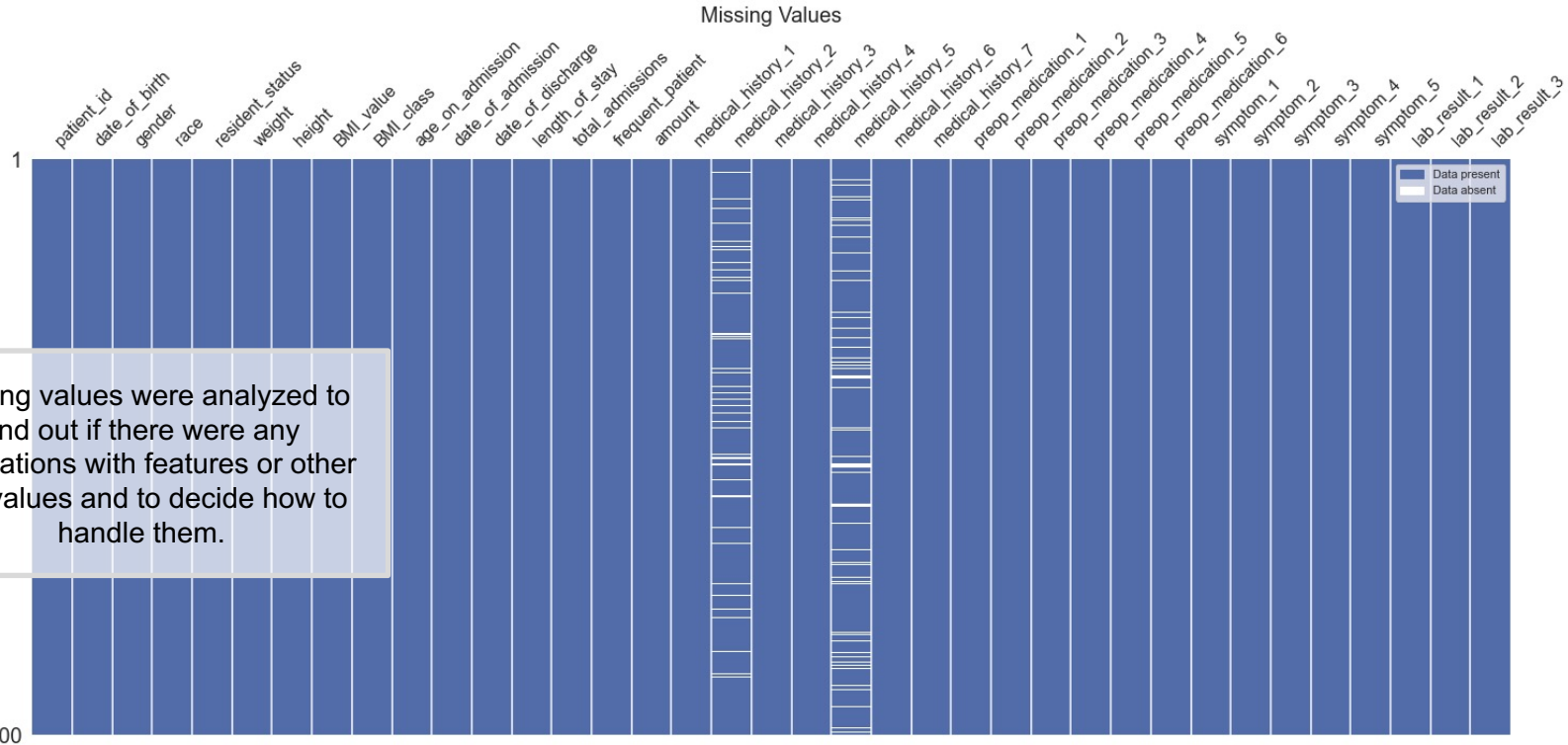




1.

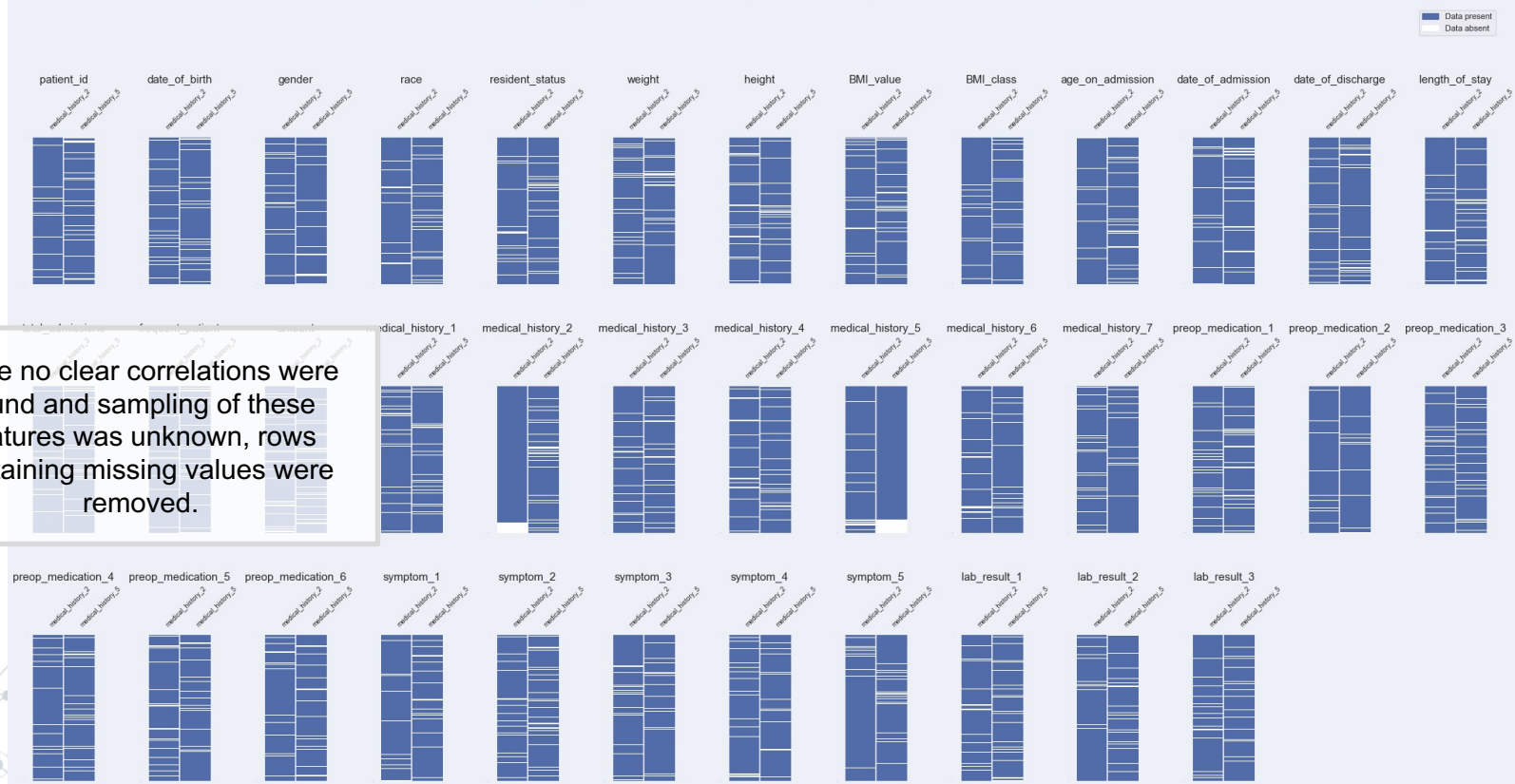
Data Preprocessing

Missing Value Analysis



Missing Value Analysis

Missing Values in Medical history 2 and 5 Sorted by Features



Since no clear correlations were found and sampling of these features was unknown, rows containing missing values were removed.

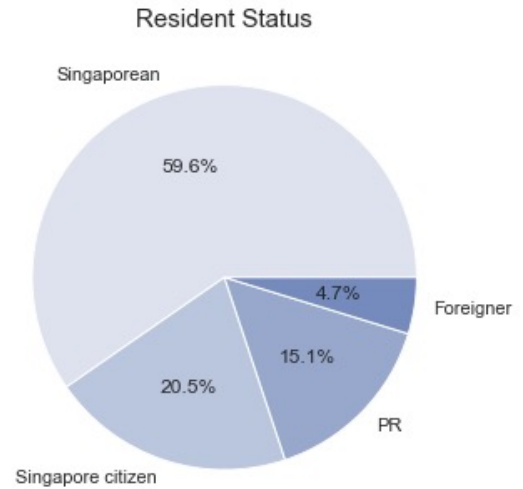
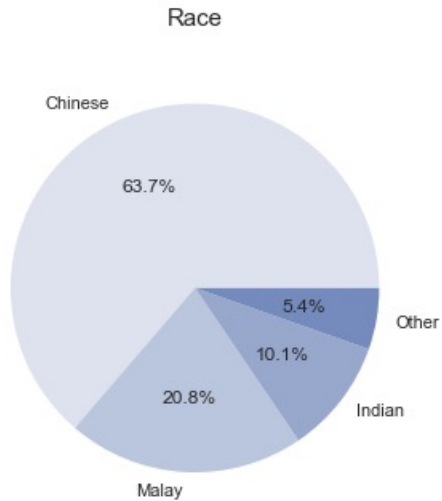
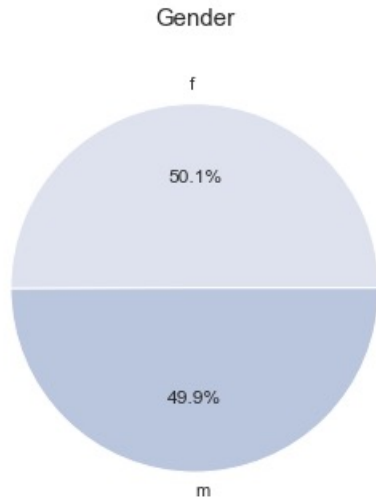
A decorative network diagram in the top-left corner, featuring a complex web of interconnected nodes and lines. The nodes are represented by circles of varying sizes, some with solid centers and others with dashed outlines. The lines are thin and gray, creating a dense, organic structure.

1.

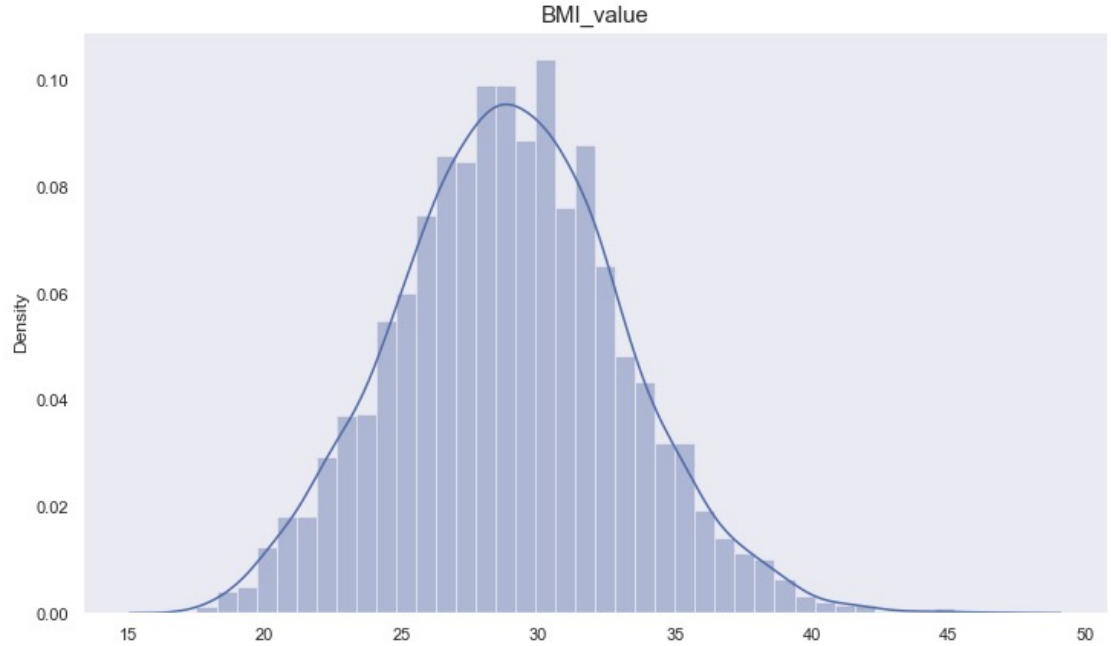
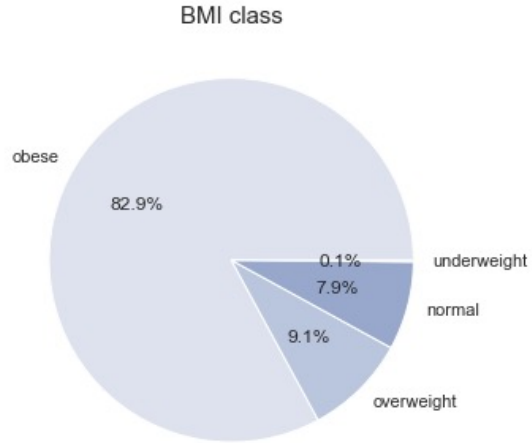
Patients

Patients

n = 3000

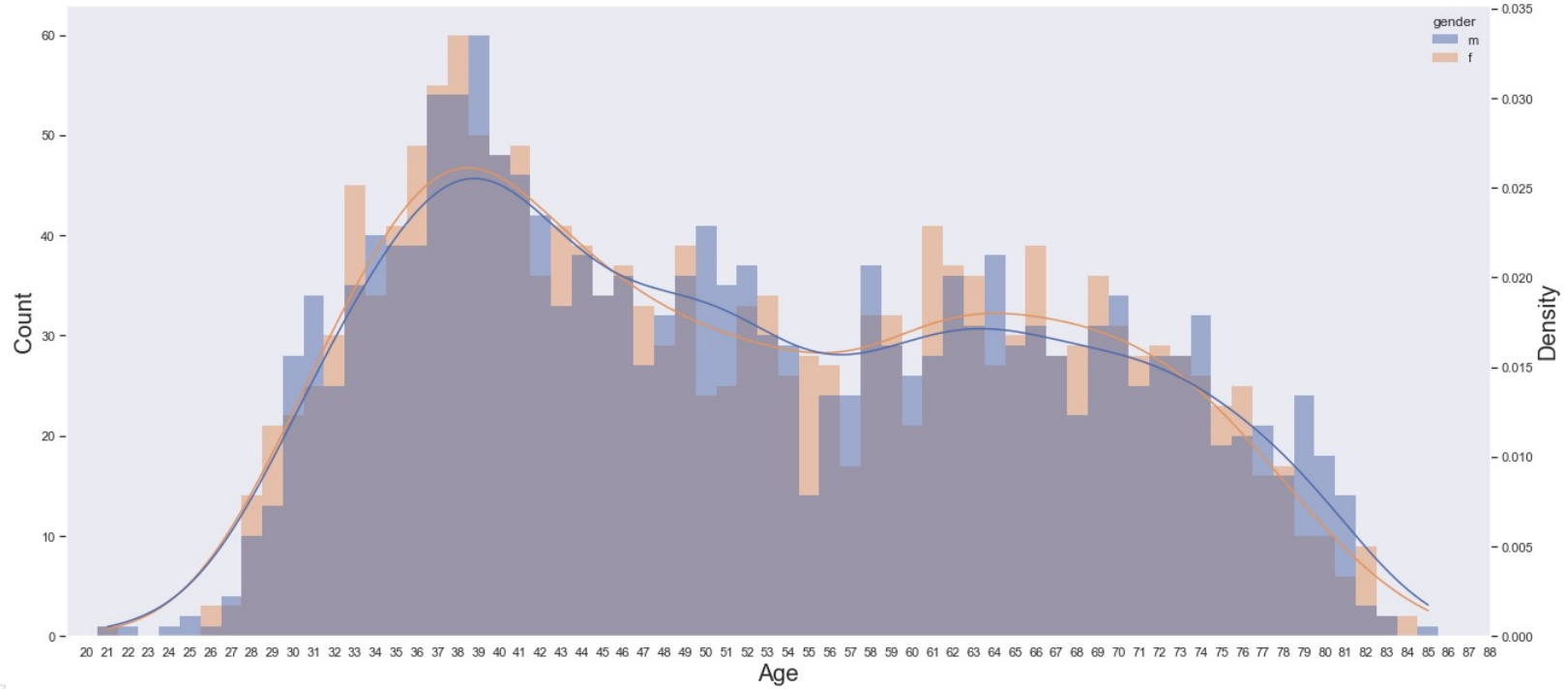


BMI (Asia-Pacific)

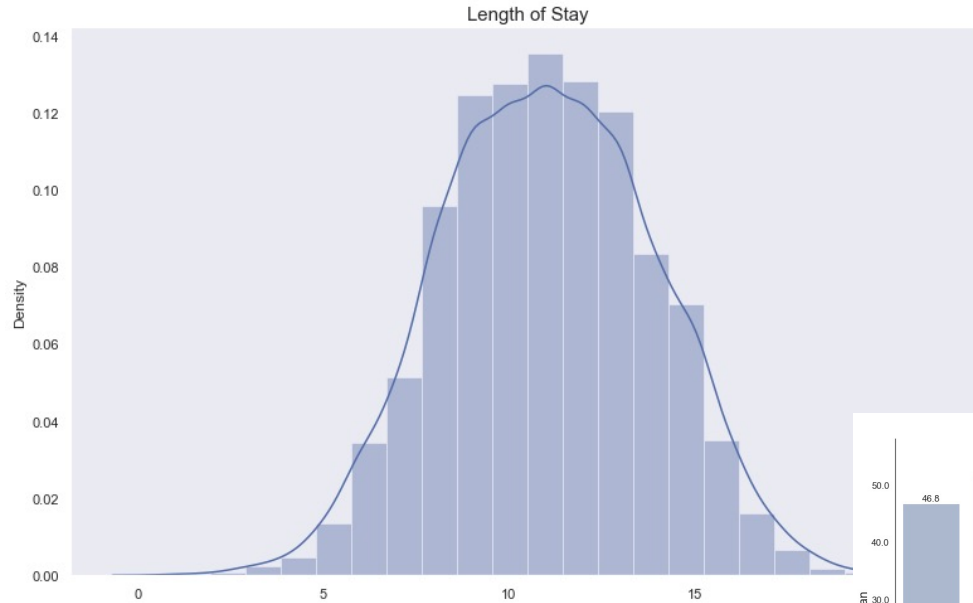


Age

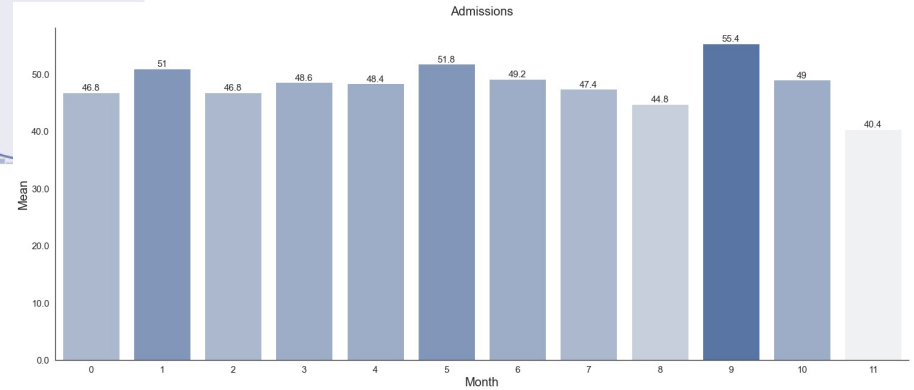
Age Distribution



Admissions



	Mean (STD)	Min- Max	Count
Length of Stay	11.0 (2.9)	1-20	3400



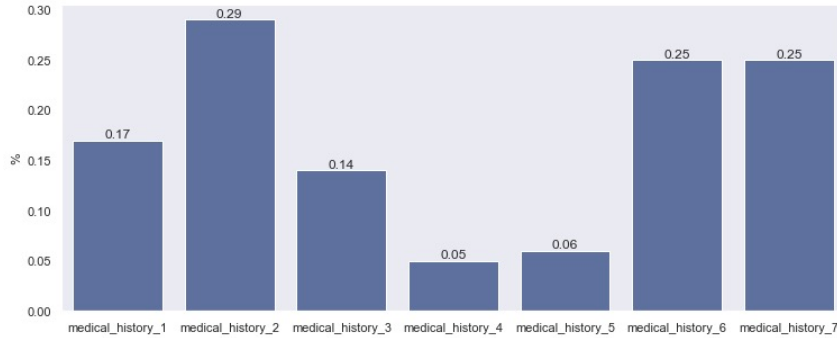
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3.

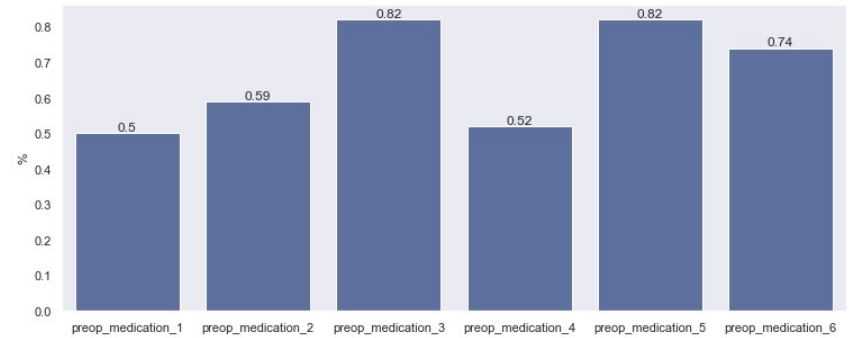
Categorical Medical Data

Symptoms, Preop Medication and Medical History

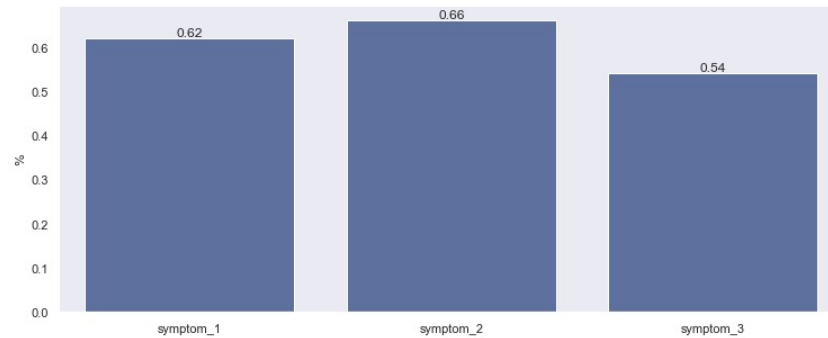
Medical History



Preop Medication



Symptoms



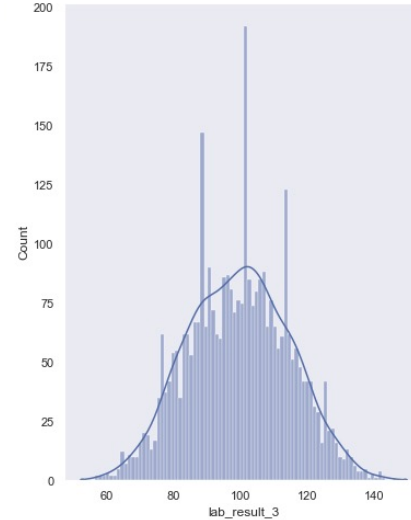
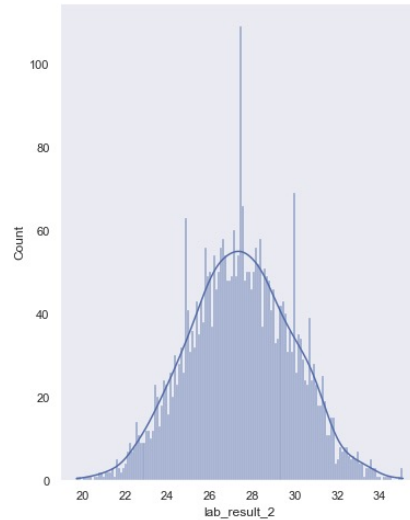
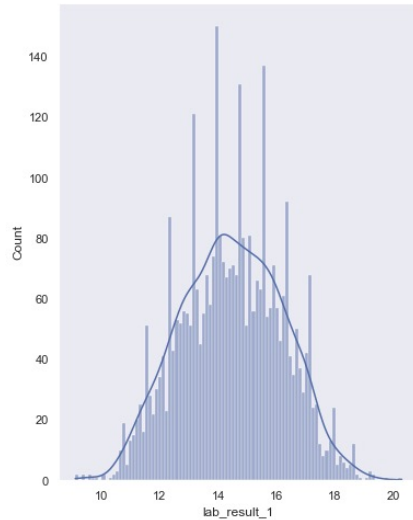
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4.

Laboratory Results

Laboratory Results

Distribution of Laboratory Results



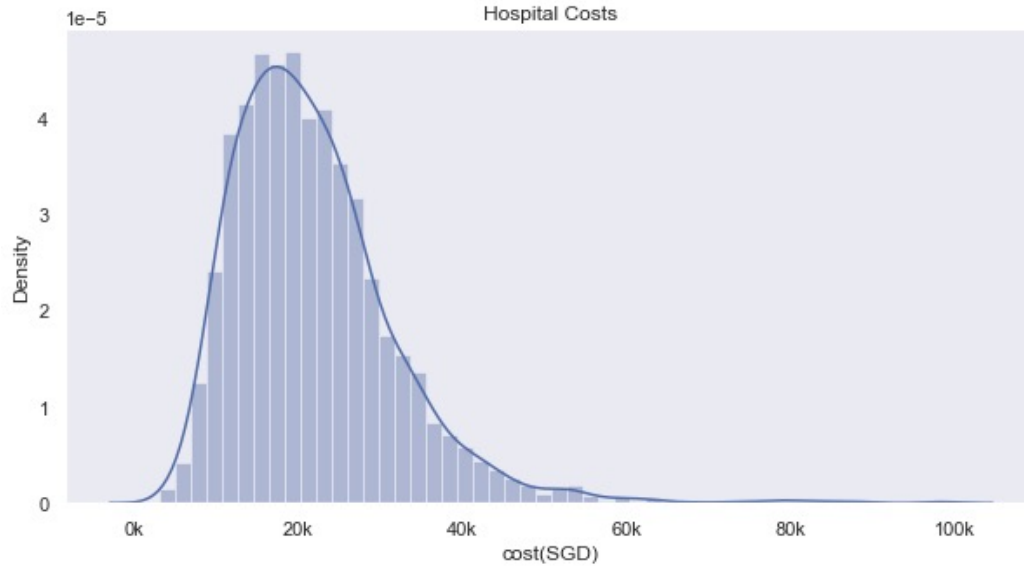
	Mean (STD)	Min- Max	Count
Lab result 1	14.5 (1.7)	9.1- 20.3	3400
Lab result 2	27.4 (2.5)	19.7- 35.1	3400
Lab result 3	99.5 (15.3)	52.0- 150.0	3400

A decorative network diagram in the top-left corner, featuring a complex web of interconnected nodes and lines. The nodes are represented by small circles, some of which are solid dark gray, while others are hollow with a light gray outline. The lines connecting them are thin and light gray, creating a mesh-like structure.

2.

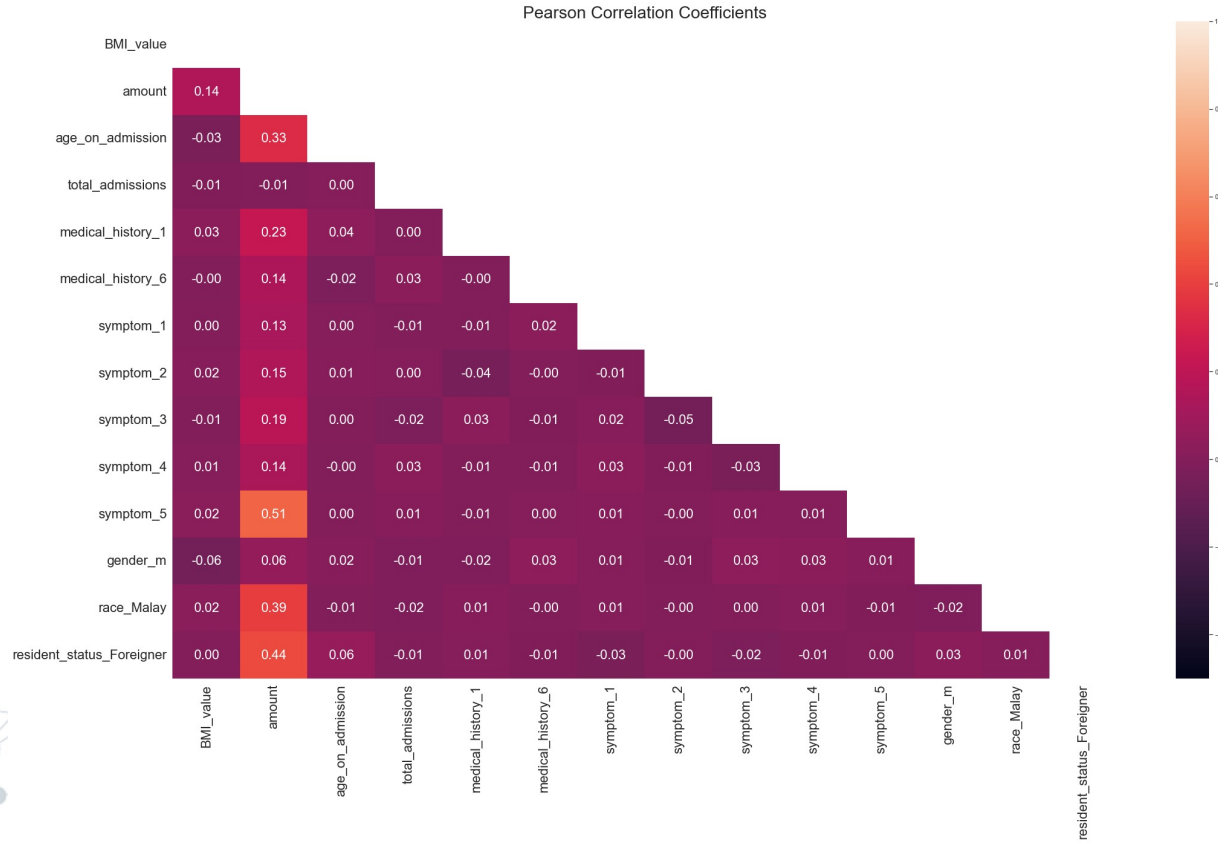
Hospital Admission Costs

Hospital Admission Costs



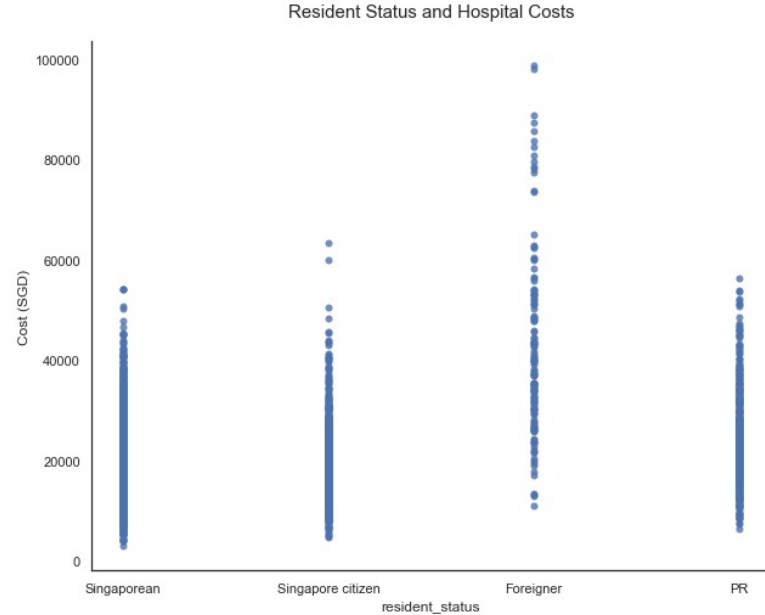
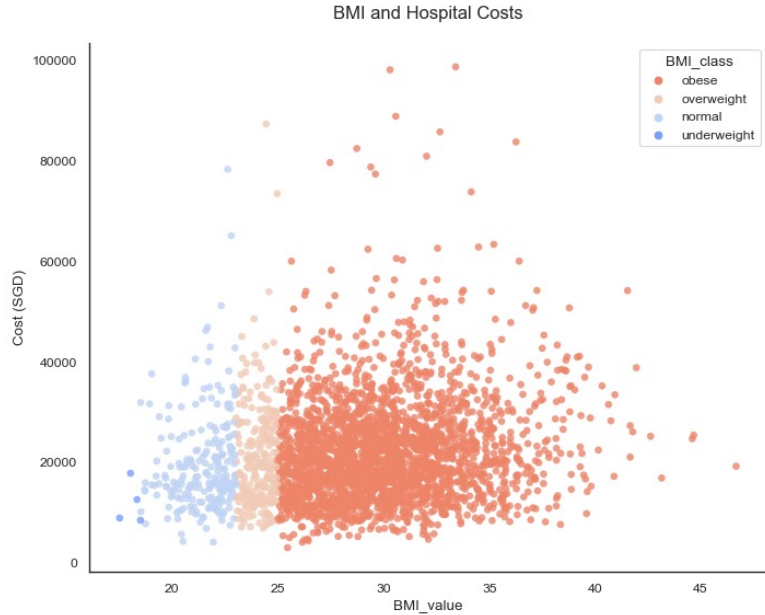
	Mean (STD)	Min- Max	Count
All	21,859 (10,155)	2,946- 98,724	3400
Women	21,273 (9,982)	2,946- 88,874	1702
Men	22,446 (10,295)	4,027- 98,724	1698

Features Contributing to Hospital Admission Costs

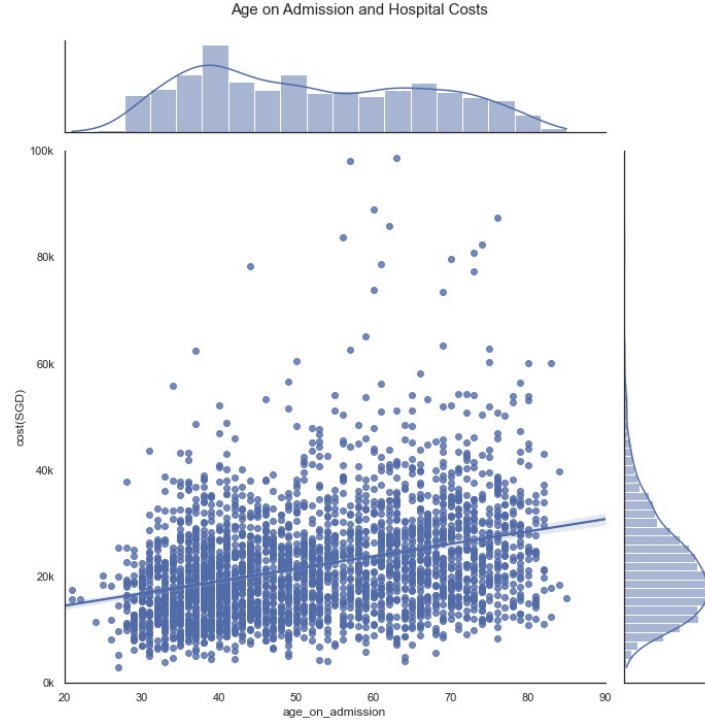


- Moderate positive correlation with costs: Foreigner, symptoms 5 and 6
- Weak positive correlation with costs: being Malay, age on admission, and medical history 1
- Additionally, there was some very weak positive correlations e.g., between BMI value and amount.

Features Contributing to Hospital Admission Costs



Features Contributing to Hospital Admission Costs



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2.

Frequent Hospital Admissions

Frequent Hospital Admissions

Frequent patient was defined as a patient that will have subsequent admission during the year after the first admission.

Since the data was gathered before 28.12.2015, patients that were admitted after 28.12.2014 were excluded from the analysis.

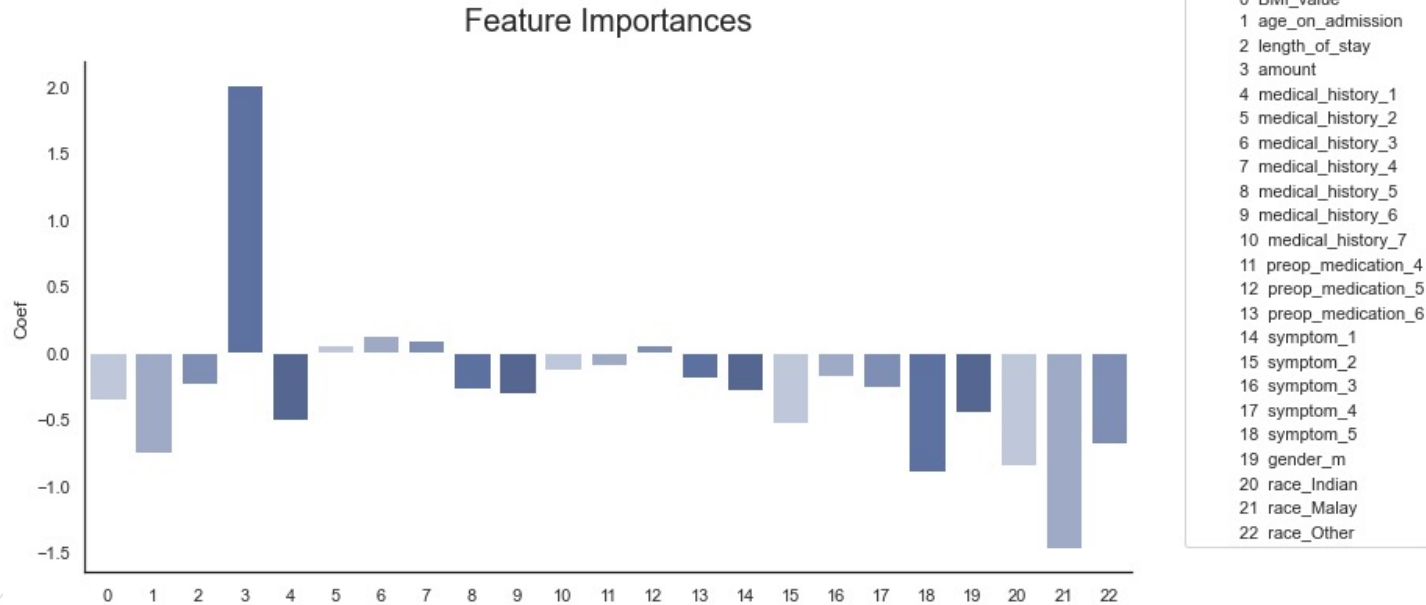
Foreigners were excluded since they are likely to not have subsequent visits because of their primary healthcare provider might be located elsewhere.

There were no statistically significant differences between these groups.

	Frequent	Non-Frequent
Mean BMI value	29.08	28.99
Mean age	50.46	51.37
Mean length of Stay	11.08	11.05
Mean of total admissions	2.15	1.17
Cost (SGD)	20,8k	20,9k
Count	2016	96

Predicting Frequent Hospital Admissions

Frequent hospital admissions were predicted with *logistic regression model*





2.

Predictive Modeling: Hospital Admission Costs

Random Forest Regression Model

Random Forest Regression model was trained and validated with k-fold cross validation. Pipeline was constructed to normalize the input data, select the best features and train the model.

Parameter selection was done inside grid search using SelectKBest. 20 parameters were chosen.

Parameters of Random Forest Regression were tuned inside grid search.

feature	importance
symptom_5	0.214388
race_Malay	0.076463
age_on_admission	0.065916
resident_status_Singaporean	0.061729
medical_history_1	0.029184
symptom_3	0.029121
symptom_1	0.015855
medical_history_6	0.013738
preop_medication_5	0.011512
symptom_4	0.010426

	MAE	RMSE	Explained Variance
Train	2 177	3 162	0.90

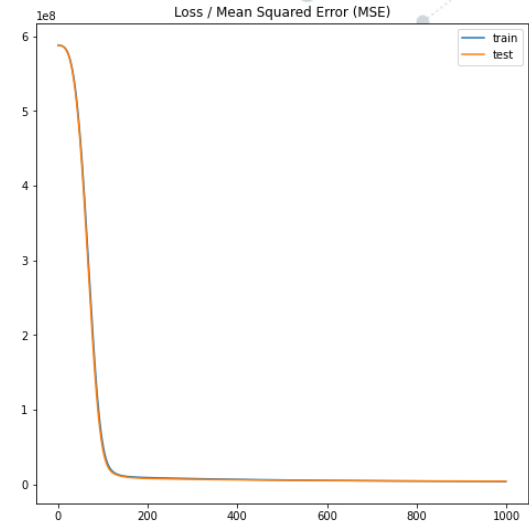
Neural Network Model

Neural Network model was defined as

```
keras.models.Sequential([  
    keras.layers.Dense(200, input_dim = x_train.shape[1], activation='relu'),  
    keras.layers.Dense(100, input_dim = x_train.shape[1], activation='relu'),  
    keras.layers.Dense(1, activation='linear')  
])
```

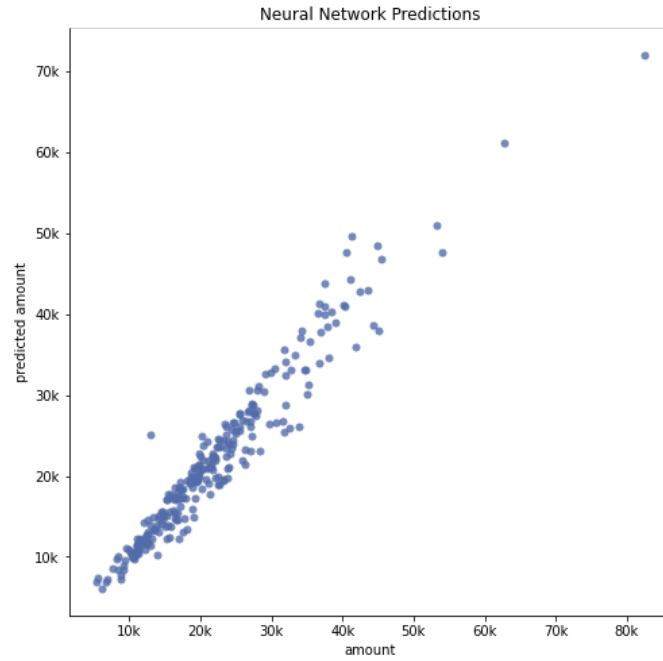
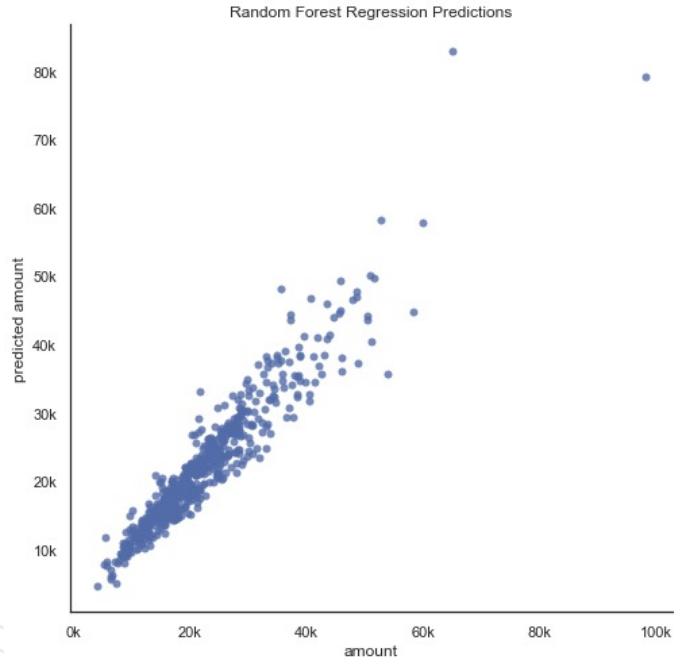
Adam was used as an optimization solver. Mean squared error (MSE) was used as loss function and root mean squared error (RMSE) and mean absolute error (MAE) as additional metrics.

Epochs = 1000 and batch size = 500 were used when fitting the model. Model was tuned manually.



	MAE	RMSE
Train	1 331	1 931
Test	1 516	2 019

Model Comparison



Actions

- Obesity Prevention
 - healthcare services for elderly people
 - Patients 30-40 years of age
 - Patients around 50-60 years of age
 - Foreigner worker's healthcare services
-
- Data enrichments: socio-economic status
 - Data amount

The background of the slide is a light gray network graph. It consists of numerous nodes, represented by small circles, some of which are solid gray and others are hollow with a gray outline. These nodes are interconnected by a web of thin, light gray lines (edges). The overall pattern is dense and organic, resembling a molecular structure or a complex communication network.

Thank you!