# Predictive Modeling Task 2

**D208 WGU** 

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## Part I: Research Question

**A.** Define the research question and describe the purpose of this data analysis:

- 1. Readmission rates in hospitals are a significant concern as the impact to patient outcomes, costs, and overall quality of care are greatly impacted. A critical objective for any hospital is to reduce readmission rates since it could be tied to regulatory and reimbursement policies. Based on that it's important to research the following question:
  - "What factors contribute to a patient being readmitted to the hospital within 30 days of their initial release?"
- 2. Define the goals of the data analysis.

If we can determine which demographic, socioeconomic, and clinical factors significantly influence the path to readmission, then hospital administrators can use that data to create actionable plans to reduce rates. Hospitals can shift resources or enhance the initial care of the patient to prevent costly readmissions and ensure patients get the proper treatment the first time in the facility.

#### Part II: Method Justification

- **B.** Describe logistic regression methods by doing the following:
  - 1. Summarize **four** assumptions of a logistic regression model.

According to Statisticsoltions.com (2010) logistic regression doesn't make many of the key assumptions of linear regressions particularly regarding linearity, normality, homoscedasticity, and measurement level. There are some assumptions that do apply:

- 1. Binary logistic regression requires the observations to be independent of each other.
- 2. Binary logistic regression requires the dependent variable to be binary.
- 3. Logistic regression requires there to be little or no multicollinearity among the independent variables.
- 4. Logistic regression assumes linearity of independent variables and long odds.
- 2. Describe **two** benefits of using Python or R in support of various phases of the analysis.
  - a. Python allows the use of a wide variety of data manipulation using lists, tuples, dictionaries, and sets according to BeyondVerse (2023). The article goes on to say that the use of lists allows versatility, the use of tuples can hold various items but are immutable to ensure data integrity, dictionaries compile collections of values in keyed pairs for efficient data retrieval and sets help to determine and eliminate duplicates since they are unordered collections. These options allow a user to structure and manipulate data easily.
  - b. Python also boasts a large variety of libraries for advanced linear regression. According to Luca (2016) Python offers a mature system of packages for data analysis that are very versatile. There are specific packages for commonly used optimization algorithms such as Scikit-learn. Scikit-learn is built on top of SciPy and offers modules for data processing, model selection and validation for data analysis. As a software engineer, Python has translatable syntax and debugging as noted on WGU Information Technology page (nd)
  - 3. Explain why logistic regression is an appropriate technique to analyze "What factors contribute to a patient is readmitted to the hospital within 30 days of their initial release?"

Logistic regression is used when one dependent variable has only two outcomes, such as pass/fail or yes/no or is considered categorical according to Swaminathan (2018). The question above has a dependent variable of readmission within 30 days, which has only two answers, yes or no. Logistic regression also doesn't assume a linear relationship between the

dependent and independent variables so it's suitable for complex scenarios such as the one explored here.

#### Part III: Data Preparation

- C. Summarize the data preparation process for logistic regression by doing the following:
  - 1. Describe your data cleaning goals and the steps used to clean the data

    To complete the needed data analysis, the provided file will need to be cleaned to prepare for use.
    - An initial check for duplicates and missing values will be done.
    - After that inspection of the data types and variables with data will be done.
      - Several data types will need to be changed from their current values to ones that are applicable for logistic regression.
        - Variables that are float64 such as Income, VitD\_levels, Initial\_days,
           TotalCharge and Additional\_charges will be changed to astype (int)
        - Columns that are yes/no converted to 1/0 such as HighBlood, Stroke, Overweight, Arthritis, Diabetes, Hyperlipidemia, BackPain, Anxiety, and Asthma
        - Initial\_admin will need to be adjusted to represent data in a binary numeric form using one hot encoding as described in D208 Webinar: Getting Started with D208 Part 1 (WGU, 2022). The use of pandas get\_dummies() is the best option for completing the needed transformation of data for this project as it takes a series or list and converts each element present to a column heading as it iterates over the data and inserts values of 1 if it's included and 0 if not (Waqar, 2024).
  - 2. Describe the dependent variable and *all* independent variables using summary statistics that are required to answer the research question, including a screenshot of the summary statistics output for each of these variables.

# **Dependent Variable:**

ReAdmis: Whether the patient was readmitted within a month of release or not (yes, no)

Summary Statistics for ReAdmis:

 $\begin{array}{lll} count & 10000 \\ unique & 2 \\ top & No \\ freq & 6331 \end{array}$ 

Name: ReAdmis, dtype: object

ReAdmis or readmission of the patient has two answers, yes/no. No is the top unique value with 63.31% of patients not being readmitted within 30 days.

#### **Independent Variables:**

Children: Number of children in the patient's household as reported in the admissions information (might not be children of the patient)

Summary Statistics for Children:

 count
 10000.000000

 mean
 2.097200

 std
 2.163659

 min
 0.000000

 25%
 0.000000

```
50%
             1.000000
75%
             3.000000
             10.000000
max
Name: Children, dtype: float64
```

The number of children in the household of the patient, regardless of relationship, has a mean of 2.097200 and a median of 1.0000. The maximum number of children reported was 10 and the minimum number is 0.

Age: Age of the patient as reported in admissions information

Summary Statistics for Age:

```
count
             10000.000000
mean
            53.511700
std
            20.638538
            18.000000
min
25%
            36.000000
            53.000000
50%
75%
            71.000000
            89.000000
max
Name: Age, dtype: float64
```

The age of the patient at time of admission ranges from a minimum of 18 to a maximum of 89. There was a mean of 53.511700 and a median of 53.00000.

Income: Annual income of the patient (or primary insurance holder) as reported at time of admission

**Summary Statistics for Income:** 

count	10000.000000
mean	40490.002100
std	28521.152883
min	154.000000
25%	19598.250000
50%	33768.000000
75%	54295.750000
max	207249.000000
Name: Income	dtyne: float64

Name: Income, dtype: float64

Annual income: of the patient or the primary insurance holder, if they are not the same person ranges from \$154.00 to \$207,249.00. This is a wide disparity between the minimum and the maximum. The mean is \$40,490.00 and the median is \$33,768.00.

VitD\_levels: The patient's vitamin D levels as measured in ng/mL

Summary Statistics for VitD\_levels:

count	10000.00000
mean	17.46120
std	2.04037
min	9.00000
25%	16.00000
50%	17.00000
75%	19.00000
max	26.00000

Name: VitD\_levels, dtype: float64

Patients' vitamin D levels range from 9.00 to 26.00. The mean is 17.46120 with a median of 17.0000.

Doc\_visits: Number of times the primary physician visited the patient during the initial hospitalization

Summary Statistics for Doc\_visits:

count		10000.000000
mean		5.012200
std		1.045734
min		1.000000
25%		4.000000
50%		5.000000
75%		6.000000
max		9.000000
	ъ	

Name: Doc\_visits, dtype: float64

Visits by the primary physician for each patient ranged from 1 to 9 times. With most patients seeing their doctor between 4-6 times. Doctor visits have a mean of 5.01 and a median of 5, so again data is symmetrically distributed. Up to 75% of the patients saw their doctors 6 times.

Full\_meals\_eaten: Number of full meals the patient ate while hospitalized (partial meals count as 0, and some patients had more than three meals in a day if requested)

Summary Statistics for Full\_meals\_eaten:

count	10000.000000
mean	1.001400
std	1.008117
min	0.000000
25%	0.000000
50%	1.000000
75%	2.000000
max	7.000000

Name: Full\_meals\_eaten, dtype: float64

The number of full meals eaten while in the hospital can indicate how well a patient is recovering. If a patient is not eating that could mean they don't feel well or aren't physically able to eat. The mean is 1.00 and the median is also 1.00. 75% or less of patients ate 2 meals which indicates that most patients were not eating full meals.

HighBlood: Whether the patient has high blood pressure (yes, no)

Summary Statistics for HighBlood:

 count
 10000

 unique
 2

 top
 No

 freq
 5910

Name: HighBlood, dtype: object

Approximately 59% of patients reported had high blood pressure, while the other almost 41% reported not having high blood pressure. Summary statistics provide information that "no" was the top value indicating that most people did not have High Blood Pressure.

Stroke: Whether the patient has had a stroke (yes, no)

Summary Statistics for Stroke : Count 10000

unique

top No freq 8007

Name: Stroke, dtype: object

For stroke, we see about 20% of patients have had a stroke and approximately 80% have not. Summary statistics show that "no" is the top answer out of two answers, meaning most patients had not had a stroke.

Overweight: Whether the patient is considered overweight based on age, gender, and height (yes, no)

Summary Statistics for Overweight:

 $\begin{array}{lll} count & 10000 \\ unique & 2 \\ top & Yes \\ freq & 7094 \end{array}$ 

Name: Overweight, dtype: object

Patients age, gender, height, and weight make up the category of overweight. Based on these factors, the top answer is "yes" with 70.94% being considered overweight.

Arthritis: Whether the patient has arthritis (yes, no)

Summary Statistics for Arthritis:

count 10000 unique 2 top No freq 6426

Name: Arthritis, dtype: object

A patient either has arthritis or they do not, based on those choices the top answer is "no" with 64.26% of patients not being listed as having arthritis.

Diabetes: Whether the patient has diabetes (yes, no)

Summary Statistics for Diabetes:

count 10000 unique 2 top No freq 7262

Name: Diabetes, dtype: object

A patient either has diabetes or they do not, based on those choices the top answer is "no" with 72.62% of patients not being listed as having diabetes.

Hyperlipidemia: Whether the patient has hyperlipidemia (yes, no)

Summary Statistics for Hyperlipidemia:

count 10000 unique 2 top No freq 6628

Name: Hyperlipidemia, dtype: object

There are two options, yes/no, for if a patient has hyperlipidemia. 66.28% of patients are listed as not having hyperlipidemia.

BackPain: Whether the patient has chronic back pain (yes, no)

Summary Statistics for BackPain:

count 10000 unique 2

top No freq 5886

Name: BackPain, dtype: float64

Chronic back pain symptoms were not prevalent in 58.86% of patients based on the above statistics.

Anxiety: Whether the patient has an anxiety disorder (yes, no)

Summary Statistics for Anxiety:

count 10000 unique 2 top No freq 6785

Name: Anxiety, dtype: float64

Patients listed as having an anxiety disorder were not the norm in the data provided.

67.85% of patients are listed as not having an anxiety disorder.

Asthma: Whether the patient has asthma (yes, no)

Summary Statistics for Asthma:

count 10000 unique 2 top No freq 7107

Name: Asthma, dtype: float64

Patients listed as having asthma were not the norm in the data provided. 71.07% of patients are listed as not having asthma.

Initial\_days: The number of days the patient stayed in the hospital during the initial visit

Summary Statistics for Initial\_days:

 count
 10000.000000

 mean
 33.956000

 std
 26.301628

 min
 1.000000

 25%
 7.000000

 50%
 35.500000

 75%
 61.000000

 max
 71.000000

Name: Initial\_days, dtype: float64

Initial days spent in the hospital during a patient's initial stay ranged from 1 day to 71 days with the mean being 33.95 days and the median being 35.50 days.

TotalCharge: The amount charged to the patient daily. This value reflects an average per patient ba sed on the total charge divided by the number of days hospitalized. This amount reflects the typical charges billed to patients, not including specialized treatments.

Summary Statistics for TotalCharge:

10000.000000 count 5311.673500 mean 2180.391406 std min 1938.000000 25% 3179.000000 50% 5213.500000 75% 7459.250000 9180.000000 max

Name: TotalCharge, dtype: float64

The mean total charges for a patient came to be 5,311.67 while the median came out at 5,213.50. The minimum total charges were 1,938.00 while the maximum charges were 9,180.00.

Additional\_charges: The average amount charged to the patient for miscellaneous procedures, trea tments, medicines, anesthesiology, etc.

Summary Statistics for Additional\_charges:

count	10000.000000
mean	12934.032300
std	6542.600277
min	3125.000000
25%	7985.750000
50%	11573.500000
75%	15626.000000
max	30566.000000

Name: Additional\_charges, dtype: float64

Additional charges has a high standard deviation at 6542.60 with a minimum of 3125.70 additional charges and 30,566.07 as the max additional charges. The mean additional charges value is 12934.52 and the median is 11573.97 so they are close to symmetrical distributed.

Initial\_admin: The means by which the patient was admitted into the hospital initially (emergency a dmission, elective admission, observation)

Summary Statistics for Initial\_admin:

count 10000 unique 3

top Emergency Admission

freq 5060

Name: Initial\_admin, dtype: object

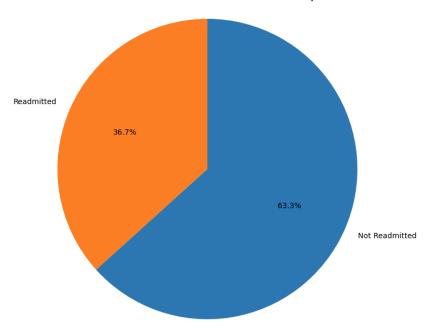
# Dependent Variable Visualization ReAdmis

There are three categories of admission for patients. Approximately 50% are admitted via emergency procedures with another 25% being admitted for elective procedures and almost 25% for observation. The top value, according to the summary statistics, is Emergency Admission.

3. Generate univariate and bivariate visualizations of the distributions of the dependent and independent variables, including the dependent variable in your bivariate visualizations.

```
# Piechart for ReAdmis
plt.figure(figsize=[12, 8])
plt.title('Distribution of Patients Readmitted within 30 days')
ReAdmis_counts = df.ReAdmis.value_counts()
ReAdmis_labels = ["Not Readmitted", "Readmitted"]
plt.pie(ReAdmis_counts, labels=ReAdmis_labels, autopct='%1.1f%%', startangle=90, counterclock=False)
plt.axis('equal')
plt.show()
```





# # Children Univariate and Bivariate Children\_counts = df["Children"].value\_counts() fig, (ax1, ax2) = plt.subplots(1, 2, figsize=(16, 6))

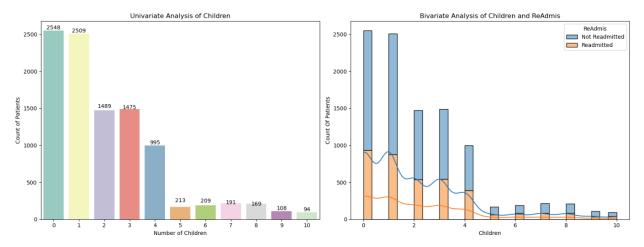
# # Bar chart for Children

sns.barplot(x=Children\_counts.index, y=Children\_counts.values, palette="Set3", ax=ax1) ax1.set\_title('Univariate Analysis of Children') ax1.set\_xlabel('Number of Children') ax1.set\_ylabel('Count of Patients') for index, value in enumerate(Children\_counts.values): ax1.text(index, value, str(value), ha='center', va='bottom')

#### # Histogram for Children and ReAdmis

sns.histplot(data=df, x="Children", hue="ReAdmis", bins=30, kde=True, multiple="stack", ax=ax2) ax2.set\_title("Bivariate Analysis of Children and ReAdmis") ax2.set\_xlabel("Children") ax2.set\_ylabel("Count Of Patients") handles, labels = ax2.get\_legend().legend\_handles, ["Not Readmitted", "Readmitted"] ax2.legend(handles=handles, labels=labels, title="ReAdmis")

plt.tight\_layout()
plt.show()

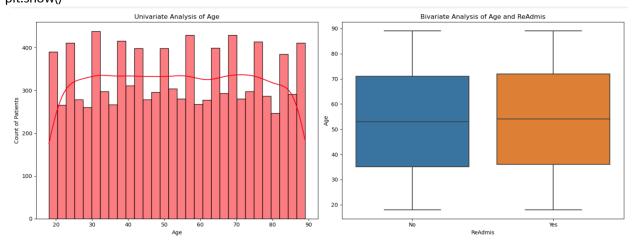


# Age Univariate and Bivariate fig, (ax1, ax2) = plt.subplots(1, 2, figsize=(16, 6))

# Histogram for Age sns.histplot(df["Age"], kde=True, bins=30, color="red", ax=ax1) ax1.set\_title('Univariate Analysis of Age') ax1.set\_xlabel('Age') ax1.set\_ylabel('Count of Patients')

# Box plot for Age and ReAdmis sns.boxplot(x=df["ReAdmis"], y=df["Age"], ax=ax2) ax2.set\_title('Bivariate Analysis of Age and ReAdmis') ax2.set\_xlabel('ReAdmis') ax2.set\_ylabel('Age')

plt.tight\_layout() plt.show()



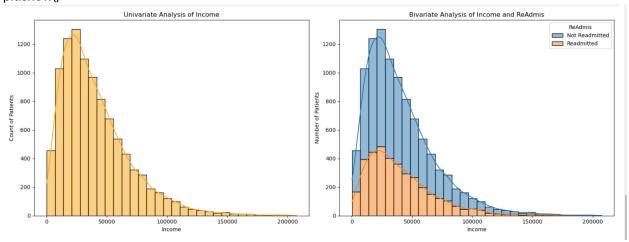
# Income Univariate and Bivariate fig, (ax1, ax2) = plt.subplots(1, 2, figsize=(16, 6))

# Histogram for Income sns.histplot(df["Income"], kde=True, bins=30, color="orange", ax=ax1)

```
ax1.set_xlabel('Income')
ax1.set_xlabel('Income')
ax1.set_ylabel('Count of Patients')

# Histogram for Income and ReAdmis
sns.histplot(data=df, x="Income", hue="ReAdmis", bins=30, kde=True, multiple="stack", ax=ax2)
ax2.set_title("Bivariate Analysis of Income and ReAdmis")
ax2.set_xlabel("Income")
ax2.set_ylabel("Number of Patients")
handles, labels = ax2.get_legend().legend_handles, ["Not Readmitted", "Readmitted"]
ax2.legend(handles=handles, labels=labels, title="ReAdmis")
```

# plt.tight\_layout() plt.show()

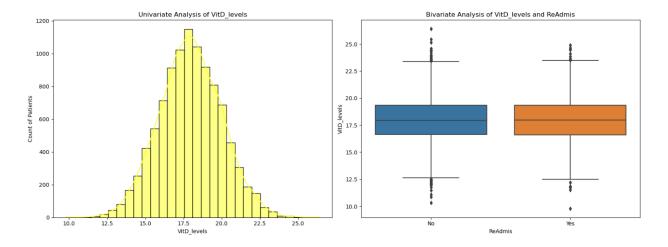


# VitD\_levels Univariate and Bivariate fig, (ax1, ax2) = plt.subplots(1, 2, figsize=(16, 6))

```
# Histogram for VitD_levels sns.histplot(df["VitD_levels"], kde=True, bins=30, color="yellow", ax=ax1) ax1.set_title('Univariate Analysis of VitD_levels') ax1.set_xlabel('VitD_levels') ax1.set_ylabel('Count of Patients')
```

# Boxplot for VitD\_levels and ReAdmis sns.boxplot(x=df["ReAdmis"], y=df["VitD\_levels"], ax=ax2) ax2.set\_title('Bivariate Analysis of VitD\_levels and ReAdmis') ax2.set\_xlabel('ReAdmis') ax2.set\_ylabel('VitD\_levels')

plt.tight\_layout() plt.show()

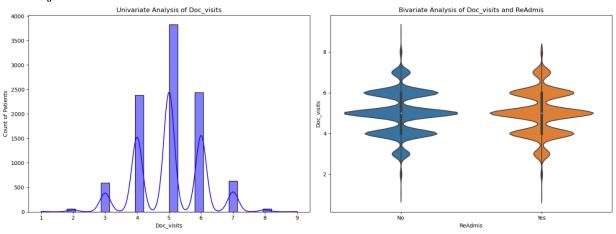


# Doc\_visits Univariate and Bivariate fig, (ax1, ax2) = plt.subplots(1, 2, figsize=(16, 6))

# Histogram for Doc\_visits sns.histplot(df["Doc\_visits"], kde=True, bins=30, color="blue", ax=ax1) ax1.set\_title('Univariate Analysis of Doc\_visits') ax1.set\_xlabel('Doc\_visits') ax1.set\_ylabel('Count of Patients')

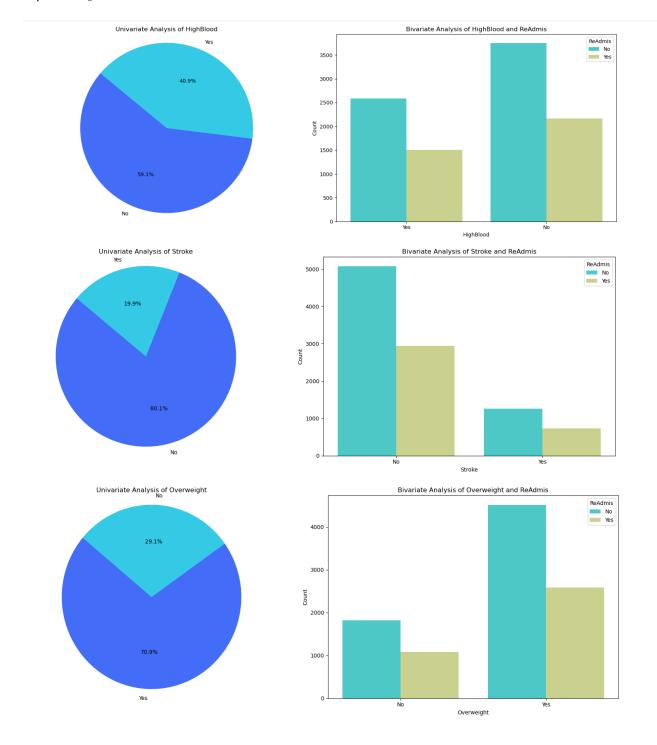
# Violin plot for Doc\_visits and ReAdmis sns.violinplot(x=df["ReAdmis"], y=df["Doc\_visits"], ax=ax2) ax2.set\_title('Bivariate Analysis of Doc\_visits and ReAdmis') ax2.set\_xlabel('ReAdmis') ax2.set\_ylabel('Doc\_visits')

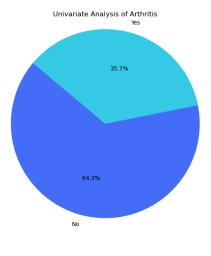
# plt.tight\_layout() plt.show()

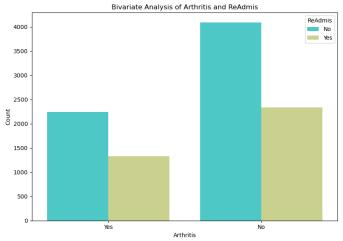


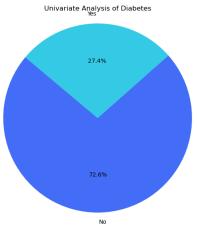
# Full\_meals\_eaten Univariate and Bivariate fig, (ax1, ax2) = plt.subplots(1, 2, figsize=(16, 6))

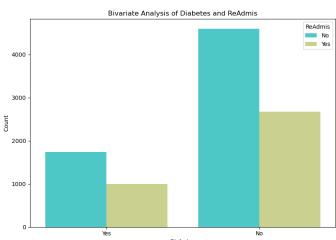
```
# Histogram for Full meals eaten
sns.histplot(df["Full_meals_eaten"], kde=True, bins=30, color="green", ax=ax1)
ax1.set_title('Univariate Analysis of Full_meals_eaten')
ax1.set_xlabel('Full_meals_eaten')
ax1.set_ylabel('Count of Patients')
# Violin plot for Full_meals_eaten and ReAdmis
sns.violinplot(x=df["ReAdmis"], y=df["Full_meals_eaten"], ax=ax2)
ax2.set_title('Bivariate Analysis of Full_meals_eaten and ReAdmis')
ax2.set_xlabel('ReAdmis')
ax2.set_ylabel('Full_meals_eaten')
plt.tight_layout()
plt.show()
                   Univariate Analysis of Full_meals_eaten
                                                                        Bivariate Analysis of Full meals eaten and ReAdmis
 3500
  3000
 2000
                                                          Full_meals
 1000
# Generate visualizations yes/no variables
variables = ["HighBlood", "Stroke", "Overweight", "Arthritis", "Diabetes", "Hyperlipidemia",
"BackPain", "Anxiety", "Asthma"]
for var in variables:
  counts = df[var].value_counts()
  fig, (ax1, ax2) = plt.subplots(1, 2, figsize=(16, 6))
  # Pie Chart (Univariate Analysis)
  ax1.pie(counts, labels=counts.index, autopct='%1.1f%%', colors=sns.color_palette("rainbow"),
startangle=140)
  ax1.set title(f'Univariate Analysis of {var}')
  ax1.axis('equal')
  # Count Plot (Bivariate Analysis)
  sns.countplot(x=df[var], hue=df["ReAdmis"], palette="rainbow", ax=ax2)
  ax2.set_title(f'Bivariate Analysis of {var} and ReAdmis')
  ax2.set_xlabel(var)
  ax2.set_ylabel('Count')
  plt.tight_layout()
```

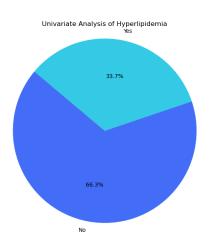


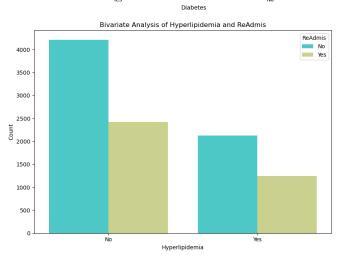


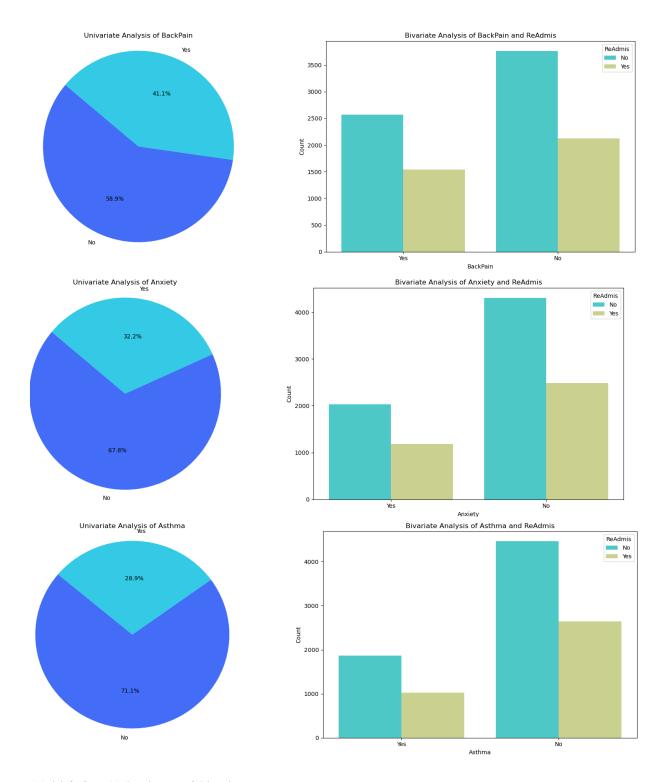












# Initial\_days Univariate and Bivariate
fig, (ax1, ax2) = plt.subplots(1, 2, figsize=(16, 6))

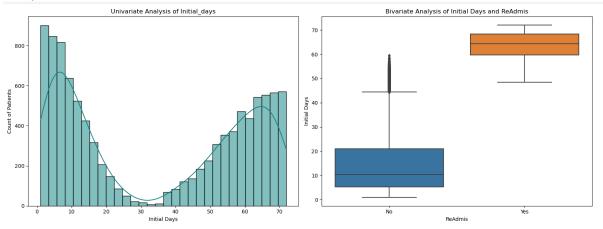
# Histogram for Initial\_days sns.histplot(df["Initial\_days"], kde=True, bins=30, color='teal', ax=ax1) ax1.set\_title('Univariate Analysis of Initial\_days')

```
ax1.set_xlabel('Initial Days')
ax1.set_ylabel('Count of Patients')

# Box Plot for Initial_days and ReAdmis
sns.boxplot(x=df["ReAdmis"], y=df["Initial_days"], ax=ax2)
ax2.set_title('Bivariate Analysis of Initial Days and ReAdmis')
ax2.set_xlabel('ReAdmis')
ax2.set_ylabel('Initial Days')

plt.tight_layout()
```

# plt.tight\_layout() plt.show()

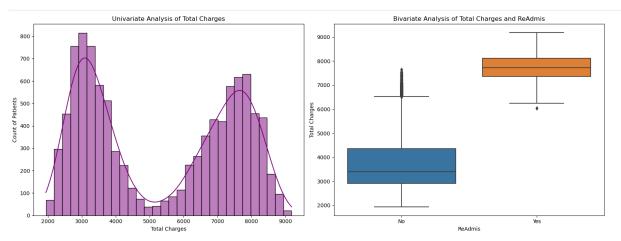


# TotalCharge Univariate and Bivariate fig, (ax1, ax2) = plt.subplots(1, 2, figsize=(16, 6))

```
# Histogram for TotalCharge
sns.histplot(df["TotalCharge"], kde=True, bins=30, color='purple', ax=ax1)
ax1.set_title('Univariate Analysis of Total Charges')
ax1.set_xlabel('Total Charges')
ax1.set_ylabel('Count of Patients')
```

```
# Box Plot for TotalCharge and ReAdmis sns.boxplot(x=df["ReAdmis"], y=df["TotalCharge"], ax=ax2) ax2.set_title('Bivariate Analysis of Total Charges and ReAdmis') ax2.set_xlabel('ReAdmis') ax2.set_ylabel('Total Charges')
```

plt.tight\_layout() plt.show()

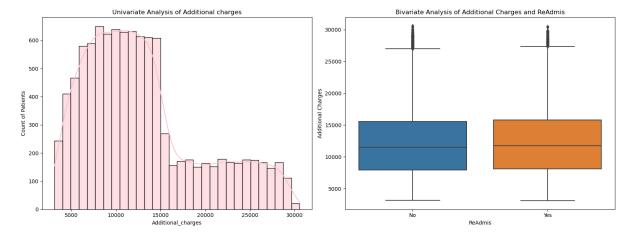


# Additional\_charges Univariate and Bivariate fig, (ax1, ax2) = plt.subplots(1, 2, figsize=(16, 6))

# Histogram for Additional\_charges sns.histplot(df["Additional\_charges"], kde=True, bins=30, color='pink', ax=ax1) ax1.set\_title('Univariate Analysis of Additional charges') ax1.set\_xlabel('Additional\_charges') ax1.set\_ylabel('Count of Patients')

# Box Plot for Additional\_charges and ReAdmis sns.boxplot(x=df["ReAdmis"], y=df["Additional\_charges"], ax=ax2) ax2.set\_title('Bivariate Analysis of Additional Charges and ReAdmis') ax2.set\_xlabel('ReAdmis') ax2.set\_ylabel('Additional Charges')

plt.tight\_layout()
plt.show()



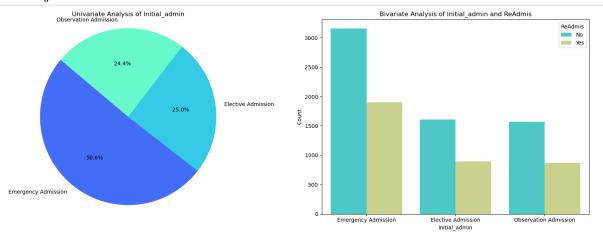
# Initial\_admin Univariate and Bivariate Initial\_admin\_counts = df["Initial\_admin"].value\_counts()

fig, (ax1, ax2) = plt.subplots(1, 2, figsize=(16, 6))

```
# Pie Chart for Initial_admin ax1.pie(Initial_admin_counts, labels=Initial_admin_counts.index, autopct='%1.1f%%', startangle=140, colors=sns.color_palette("rainbow")) ax1.set_title('Univariate Analysis of Initial_admin') ax1.axis('equal')
```

# Count Plot for Initial\_admin and ReAdmis sns.countplot(x=df["Initial\_admin"], hue=df["ReAdmis"], palette="rainbow", ax=ax2) ax2.set\_title('Bivariate Analysis of Initial\_admin and ReAdmis') ax2.set\_xlabel('Initial\_admin') ax2.set\_ylabel('Count')

# plt.tight\_layout() plt.show()



4. Describe your data transformation goals that align with your research question and the steps used to transform the data to achieve the goals, including the annotated code.

The goals of data transformation for this analysis are to align needed variables to the research method after determining which variables would be used.

First the data needed to be inspected, to do that a display data types and visual inspection of the first file rows of data were called via coding.

# Display data types df.info()

# Visually inspect df pd.set\_option("display.max\_columns", None) df.head(5)

It was determined after inspecting the data that the proposed independent variables were of type 'object', 'int64', or 'float64'. Some of these data points needed to be changed.

Variables that were of type 'float64' were aligned to astype(int). These variables were "Income", "Initial\_days", "TotalCharge", and "Additional\_charges".

# Update currency to 3 decimal places

df["Income"] = df["Income"].astype(int)

```
# Update Initial days to 3 decimal places
     df["Initial_days"] = df["Initial_days"].astype(int)
     # Update Total Charges to 3 decimal places
    df["TotalCharge"] = df["TotalCharge"].astype(int)
    # Update Additional Charges to 3 decimal places
    df["Additional_charges"] = df["Additional_charges"].astype(int)
    The variables that were of "object" type needed to be converted to "category" or "bool".
    # Convert columns to boolean
    bool mapping = {"Yes": 1, "No": 0}
    columns_to_convert = ["HighBlood", "Stroke", "Overweight", "Arthritis", "Diabetes",
    "Hyperlipidemia", "BackPain", "Anxiety", "Asthma", "ReAdmis"]
    for col in columns_to_convert:
       df[col] = df[col].map(bool_mapping)
    The categorical column of "Initial_admin" was adjusted with one hot encoding as explained by
    Dr. Middleton (Western Governors University, 2022) in the course videos.
    # Generate columns of dummy values
    initial admit df = pd.get dummies(data=df["Initial admin"], drop first=True)
    The new data frame was then created with the model variables as follows:
     # Create new df with model variables
     LogReg_df = df[["Children", "Age", "Income", "Doc_visits", "Full_meals_eaten", "HighBlood",
     "Stroke", "Overweight", "Arthritis", "Diabetes", "Hyperlipidemia", "BackPain", "Anxiety", "Asthma",
     "Initial_days", "TotalCharge", "Additional_charges", "ReAdmis"]].copy()
     # Dummies for Initial Admit
     LogReg df["initial admit elect"] = initial admit df["Emergency Admission"].astype(int)
     LogReg_df["initial_admit_obs"] = initial_admit_df["Observation Admission"].astype(int)
5. Provide the prepared data set as a CSV file.
```

```
# Save LogReg_df to a CSV file
LogReg df.to csv("LogReg df.csv", index=False)
print("LogReg_df has been saved to LogReg_df.csv'.")
```

# Part IV: Model Comparison and Analysis

- D. Compare an initial and a reduced logistic regression model by doing the following:
  - 1. The initial logistic regression model coding is listed below:

```
y = LogReg_df.ReAdmis
X = LogReg_df[["Children", "Age", "Income", "Doc_visits", "Full_meals_eaten", "HighBlood",
"Stroke", "Overweight", "Arthritis", "Diabetes", "Hyperlipidemia", "BackPain", "Anxiety", "Asthma",
"Initial_days", "TotalCharge", "Additional_charges", "initial_admit_obs", "initial_admit_elect"
]].assign(const=1)
logit_model=sm.Logit(y,X)
result=logit_model.fit()
print(result.summary())
```

Optimization terminated successfully.

Current function value: 0.038679

Iterations 13

Logit Regression Results

Dep. Variable:	Re	eAdmis	No. Observation	s:	1000	0	
Model:		Logit	Df Residuals:		998	0	
Method:		MLE	Df Model:		1	9	
Date:	Sat, 08 Jur	2024	Pseudo R-squ.:		0.941	2	
Time:	15:	00:46	Log-Likelihood:		-386.7	9	
converged:		True	LL-Null:		-6572.	9	
Covariance Type:	nonr	robust	LLR p-value:		0.00	0	
	coef	std e	rr z	P> z	[0.025	0.975]	
Children	0.0693	a a	42 1.663	0.096	-0.012	0.151	
Age	-0.0183			0.178			
_	1.444e-06				-5.05e-06		
Doc visits	-0.0470		37 -0.539	0.590			
Full meals eaten	0.0684	0.0		0.472		0.254	
HighBlood	-0.1667	0.5		0.755		0.882	
Stroke	1,4240	0.2		0.000	0.941	1.906	
Overweight	-0.1773	0.2		0.394	-0.585	0.230	
Arthritis	-1.2233	0.2		0.000			
Diabetes	0.3064	0.2		0.150	-0.111	0.724	
Hyperlipidemia	0.1579	0.2		0.440	-0.243	0.559	
BackPain	0.1213	0.1		0.528	-0.256	0.499	
Anxiety	-0.9264	0.2	o6 -4.492	0.000	-1.331	-0.522	
Asthma	-1.1664	0.2	12 -5.507	0.000	-1.581	-0.751	
Initial days	1.1305	0.0	70 16.259	0.000	0.994	1.267	
TotalCharge	0.0016	0.0	3.375	0.001	0.001	0.003	
Additional charges	8.935e-05	5.78e-	05 1.545	0.122	-2.4e-05	0.000	
initial_admit_obs	0.6766	0.2	50 2.602	0.009	0.167	1.186	
initial_admit_elect	1.2038	0.3	32 3.625	0.000	0.553	1.855	
const	-72.1225	3.8	50 -18.735	0.000	-79.668	-64.577	

Possibly complete quasi-separation: A fraction 0.79 of observations can be perfectly predicted. This might indicate that there is complete quasi-separation. In this case some parameters will not be identified.

2. In order to determine a statistically based model evaluation metric to reduce the initial model, a variance inflation factor (VIF) was completed using statsmodels. Statsmodels is a Python module that easily allows various statistical models to be explored (Sharma, 2020). Using this method also allows us to see if any variables should be eliminated due to high multicollinearity.

3. Provide a reduced logistic regression model that follows the feature selection or model evaluation process in part D2, including a screenshot of the output for each model.

# Check for VIF to see if variables should be eliminated due to high multicolinearity

X = LogReg\_df[["Children", "Age", "Income", "Doc\_visits", "Full\_meals\_eaten", "HighBlood",

"Stroke", "Overweight", "Arthritis", "Diabetes", "Hyperlipidemia", "BackPain", "Anxiety", "Asthma",

"Initial\_days", "TotalCharge", "Additional\_charges", "initial\_admit\_obs", "initial\_admit\_elect"]]

VIF\_df = pd.DataFrame() VIF\_df["feature"] = X.columns

VIF\_df["variance\_inflation\_factor"] = [variance\_inflation\_factor(X.values, i) for i in range(len(X.columns))]

print(VIF\_df)

	feature	variance_inflation_factor
	Children	1.933189
	Age	65.238489
	Income	2.986620
	Doc_visits	20.946799
	Full_meals_eaten	1.981936
	HighBlood	12.770898
	Stroke	1.255289
	Overweight	3.387159
	Arthritis	1.588368
	Diabetes	1.404547
0	Hyperlipidemia	1.562255
1	BackPain	1.751698
2	Anxiety	1.514600
3	Asthma	1.404350
4	Initial_days	100.456895
5	TotalCharge	247.175370
5	Additional_charges	75.079465
7	initial_admit_obs	1.947861
3	initial_admit_elect	4.679702

Based on the above VIF values, we see that Age, Doc\_Visits, HighBlood, Initial\_days, TotalCharges, and Additional\_charges have values over 10. Generally any value over 10 indicates significant multicollinearity. Additional recalculation and reduction need to occur.

# Remove the variable with the highest VIF -Round 1 X\_reduced = X.drop(columns=["TotalCharge"])

VIF\_df\_reduced = pd.DataFrame()
VIF\_df\_reduced["feature"] = X\_reduced.columns
VIF\_df\_reduced["variance\_inflation\_factor"] = [variance\_inflation\_factor(X\_reduced.values, i) for i in range(len(X\_reduced.columns))]

# print(VIF\_df\_reduced)

	feature	variance_inflation_factor
)	Children	1.908069
L	Age	61.047681
2	Income	2.891563
	Doc_visits	12.949081
	Full_meals_eaten	1.948696
	HighBlood	12.089586
5	Stroke	1.248589
7	Overweight	3.268955
3	Arthritis	1.544814
)	Diabetes	1.370538
0	Hyperlipidemia	1.489488
1	BackPain	1.686936
2	Anxiety	1.462477
13	Asthma	1.396181
4	Initial_days	2.580481
15	Additional_charges	73.290285
16	initial_admit_obs	1.911809
١7	initial_admit_elect	2.860328

# Remove the variable with the second highest VIF - Round 2 X\_reduced = X\_reduced.drop(columns=["Additional\_charges"])

# Recalculate VIFs for the reduced set of variables

VIF\_df\_reduced = pd.DataFrame()

 $VIF\_df\_reduced["feature"] = X\_reduced.columns$ 

 $\label{lem:variance_inflation_factor} VIF\_df\_reduced["variance\_inflation\_factor"] = [variance\_inflation\_factor(X\_reduced.values, i) for i in range(len(X\_reduced.columns))]$ 

print(VIF\_df\_reduced)

	feature	variance_inflation_factor
0	Children	1.907552
1	Age	6.638593
2	Income	2.883181
3	Doc_visits	12.059400
4	Full_meals_eaten	1.947189
5	HighBlood	1.675633
6	Stroke	1.243268
7	Overweight	3.259674
8	Arthritis	1.541610
9	Diabetes	1.370473
10	Hyperlipidemia	1.488112
11	BackPain	1.684542
12	Anxiety	1.462024
13	Asthma	1.395971
14	Initial_days	2.570796
15	initial_admit_obs	1.901441
16	initial admit elect	2.853043

# Remove the variable with the high VIF - Round 3 X\_reduced = X\_reduced.drop(columns=["Doc\_visits"])

# Recalculate VIFs for the reduced set of variables

VIF\_df\_reduced = pd.DataFrame()

VIF\_df\_reduced["feature"] = X\_reduced.columns

 $\label{lem:variance_inflation_factor} VIF\_df\_reduced["variance\_inflation\_factor"] = [variance\_inflation\_factor(X\_reduced.values, i) for i in range(len(X\_reduced.columns))]$ 

# print(VIF df reduced)

אווווע	/ii _ui_ieuuceu/	
	feature	variance inflation factor
0	Children	1.874268
1	Age	5.484477
2	Income	2.719039
3	Full_meals_eaten	1.906837
4	HighBlood	1.652404
5	Stroke	1.236977
6	Overweight	3.043625
7	Arthritis	1.524935
8	Diabetes	1.356514
9	Hyperlipidemia	1.476875
10	BackPain	1.661943
11	Anxiety	1.449076
12	Asthma	1.388774
13	Initial_days	2.478382
14	initial_admit_obs	1.803355
15	initial_admit_elect	2.647751

After addressing the multicollinearity issue, the method that best fits is to use backwards elimination. The stepwise or backward elimination method involves starting with all predictor variables and iteratively removing the least significant variable based on the highest p-value, until all variables in

the model have a p-value below a specific threshold(Neter et al., 1996). The threshold here will be p<=0.05. Anything above that will be removed and whatever variables remain will be discussed.

# Perform backward elimination - recheck after VIF reduction y = LogReg df.ReAdmis X = LogReg\_df[["Children", "Age", "Income", "Full\_meals\_eaten", "HighBlood", "Stroke", "Overweight", "Arthritis", "Diabetes", "Hyperlipidemia", "BackPain", "Anxiety", "Asthma", "Initial\_days", "initial\_admit\_obs", "initial\_admit\_elect" ]].assign(const=1) logit\_model=sm.Logit(y,X) result=logit model.fit() print(result.summary())

Optimization terminated successfully. Current function value: 0.039453

Iterations 13

Logit Regression Results \_\_\_\_\_\_

Dep. Variable:	Re	eAdmis	No. Observati		100	
Model:	Logit		Df Residuals:		9983	
Method:			Df Model:			16
Date:	Sat, 08 Ju	n 2024	Pseudo R-squ.	:	0.94	90
Time:	15	:32:54	Log-Likelihoo	od:	-394.	53
converged:			LL-Null:		-6572	.9
Covariance Type:	noni	robust	LLR p-value:		0.0	90
=======================================						
	coef	std e	rr z	P>   z	[0.025	0.975]
Children	0.0776	0.0	1.870	0.061	-0.004	0.159
Age	0.0017	0.0	0.380	0.704	-0.007	0.010
Income	1.444e-06	3.29e-	06 0.439	0.660	-5e-06	7.88e-06
Full_meals_eaten	0.0823	0.0	93 0.882	0.378	-0.101	0.265
HighBlood	0.7684	0.1	.94 3.957	0.000	0.388	1.149
Stroke	1.4559	0.2	41 6.044	0.000	0.984	1.928
Overweight	-0.1438	0.2	05 -0.702	0.483	-0.545	0.258
Arthritis	-1.0904	0.2	01 -5.432	0.000	-1.484	-0.697
Diabetes	0.4218	0.2	08 2.031	0.042	0.015	0.829
Hyperlipidemia	0.3471	0.1	.96 1.772	0.076	-0.037	0.731
BackPain	0.2491	0.1	.87 1.335	0.182	-0.117	0.615
Anxiety	-0.8257	0.2	01 -4.115	0.000	-1.219	-0.432
Asthma	-1.1480	0.2	10 -5.464	0.000	-1.560	-0.736
Initial_days	1.2398	0.0	63 19.632	0.000	1.116	1.364
initial_admit_obs	0.6266	0.2	2.438	0.015	0.123	1.130
<pre>initial_admit_elect</pre>	2.0363	0.2	43 8.393	0.000	1.561	2.512
const	-68.0894	3.4	73 -19.608	0.000	-74.896	-61.283

\_\_\_\_\_\_

Possibly complete quasi-separation: A fraction 0.78 of observations can be perfectly predicted. This might indicate that there is complete quasi-separation. In this case some parameters will not be identified.

# Perform backward elimination #1 remove "Age" p=0.704 y = LogReg\_df.ReAdmis

X = LogReg df[["Children", "Income", "Full meals eaten", "HighBlood", "Stroke", "Overweight", "Arthritis", "Diabetes", "Hyperlipidemia", "BackPain", "Anxiety", "Asthma", "Initial\_days", "initial\_admit\_obs", "initial\_admit\_elect" ]].assign(const=1) logit model=sm.Logit(y,X) result=logit\_model.fit() print(result.summary())

```
Optimization terminated successfully.
         Current function value: 0.039460
         Iterations 13
                          Logit Regression Results
```

Dep. Variable:	Re	eAdmis	No.	Observations:		1000	0
Model:		Logit	Df	Residuals:		998	4
Method:		MLE		Model:		1	5
Date:				eudo R-squ.:		0.940	0
Time:	15	:34:20	Log	g-Likelihood:		-394.6	0
converged:		True	LL-	Null:		-6572.	9
Covariance Type:	noni	robust	LLR	≀ p-value:		0.00	0
			====				
	coef	std e	rr	Z	P>   z	[0.025	0.975]
				1.870			
				0.426			
Full_meals_eaten	0.0822	0.0	93	0.881	0.378	-0.101	0.265
HighBlood	0.7699	0.1	94	3.967	0.000	0.389	1.150
Stroke	1.4563	0.2	41	6.044	0.000	0.984	1.929
Overweight	-0.1429	0.2	05	-0.697	0.486	-0.544	0.259
Arthritis	-1.0890	0.2	01	-5.428	0.000	-1.482	-0.696
Diabetes	0.4159	0.2	07	2.009	0.044	0.010	0.822
Hyperlipidemia	0.3481	0.1	96	1.777	0.076	-0.036	0.732
BackPain	0.2486	0.1	.87	1.333	0.183	-0.117	0.614
Anxiety	-0.8226	0.2	00	-4.103	0.000	-1.215	-0.430
Asthma	-1.1478	0.2	10	-5.461	0.000	-1.560	-0.736
Initial_days	1.2405	0.0	63	19.637	0.000	1.117	1.364
initial_admit_obs	0.6286	0.2	57	2.447	0.014	0.125	1.132
<pre>initial_admit_elect</pre>	2.0345	0.2	43	8.389	0.000	1.559	2.510
const	-68.0393	3.4	70	-19.605	0.000	-74.841	-61.237

Possibly complete quasi-separation: A fraction 0.79 of observations can be perfectly predicted. This might indicate that there is complete quasi-separation. In this case some parameters will not be identified.

# Perform backward elimination #2 remove "Income" p=0.670

y = LogReg\_df.ReAdmis

X = LogReg\_df[["Children", "Full\_meals\_eaten", "HighBlood", "Stroke", "Overweight", "Arthritis", "Diabetes", "Hyperlipidemia", "BackPain", "Anxiety", "Asthma", "Initial\_days", "initial\_admit\_obs", "initial\_admit\_elect" ]].assign(const=1)

logit\_model=sm.Logit(y,X)

result=logit model.fit()

Current function value: 0.039469

Iterations 13

Logit Regression Results

LOGIC REGRESSION RESULTS							
Dep. Variable:	Da	Admis	No	. Observations:		10000	
Model:	Ne			Residuals:		9985	
Method:		_		Model:		14	
	S-+ 09 7					0.9400	
Time:				eudo R-squ.: g-Likelihood:		-394.69	
	15;		,	g-Likelinood: -Null:			
converged:						-6572.9	
Covariance Type:	nonr	obust	LLI	k p-value:		0.000	
						[0.005	0.0751
	соет	sta e		z		[0.025	0.9/5]
Children	0 0783	0.0		1.888		-0.003	0.160
				0.877			
	0.7683				0.000		
•							
				6.035		0.981	
Overweight	-0.1426				0.486		
Arthritis		0.2	201	-5.427	0.000	-1.482	-0.695
Diabetes	0.4095	0.2	206	1.985	0.047	0.005	0.814
Hyperlipidemia	0.3481	0.1	.96	1.776	0.076	-0.036	0.732
BackPain	0.2525	0.1	.86	1.355	0.175	-0.113	0.618
Anxiety	-0.8215	0.2	200	-4.098	0.000	-1.214	-0.429
Asthma	-1.1439	0.2	210	-5.449	0.000	-1.555	-0.733
Initial_days	1.2403	0.0	63	19.638	0.000	1.116	1.364
initial_admit_obs	0.6233	0.2	256	2.431	0.015	0.121	1.126
initial_admit_elect	2.0276	0.2	242	8.383	0.000	1.554	2.502
const	-67.9634	3.4	163	-19.624	0.000	-74.751	-61.175

Possibly complete quasi-separation: A fraction 0.79 of observations can be perfectly predicted. This might indicate that there is complete quasi-separation. In this case some parameters will not be identified.

# Perform backward elimination # 3 remove "Full\_meals\_eaten" p=0.380

y = LogReg\_df.ReAdmis

X = LogReg\_df[["Children", "HighBlood", "Stroke", "Overweight", "Arthritis", "Diabetes",

"Hyperlipidemia", "BackPain", "Anxiety", "Asthma", "Initial\_days", "initial\_admit\_obs",

"initial\_admit\_elect" ]].assign(const=1)

logit\_model=sm.Logit(y,X)

result=logit\_model.fit()

Current function value: 0.039507

Iterations 13

# Logit Regression Results

LOGIC REGIESSION RESULES							
						=	
Dep. Variable:	Re	Admis	No. Observati	ons:	1000	90	
Model:		Logit	Df Residuals:		998	36	
Method:		MLE	Df Model:		1	L3	
Date:	Sat, 08 Jun	2024	Pseudo R-squ.	:	0.939	99	
Time:	15:	36:47	Log-Likelihoo	d:	-395.0	97	
converged:		True	LL-Null:		-6572.	.9	
Covariance Type:	nonr	obust	LLR p-value:		0.00	90	
	coef	std e	rr z	P>   z	[0.025	0.975]	
Children	0.0790	0.04	1.908	0.056	-0.002	0.160	
HighBlood	0.7650	0.19	3.946	0.000	0.385	1.145	
Stroke	1.4553	0.24	11 6.042	0.000	0.983	1.927	
Overweight	-0.1499	0.20	95 -0.733	0.464	-0.551	0.251	
Arthritis	-1.0828	0.20	-5.405	0.000	-1.475	-0.690	
Diabetes	0.4138	0.20	2.008	0.045	0.010	0.818	
Hyperlipidemia	0.3532	0.19	1.803	0.071	-0.031	0.737	
BackPain	0.2498	0.18	36 1.342	0.180	-0.115	0.615	
Anxiety	-0.8206	0.20	-4.098	0.000	-1.213	-0.428	
Asthma	-1.1349	0.20	9 -5.421	0.000	-1.545	-0.725	
Initial_days	1.2399	0.0	19.638	0.000	1.116	1.364	
initial_admit_obs	0.6289	0.2	2.456	0.014	0.127	1.131	
<pre>initial_admit_elect</pre>	2.0364	0.24	8.425	0.000	1.563	2.510	
const	-67.8709	3.49	9 -19.621	0.000	-74.651	-61.091	

Possibly complete quasi-separation: A fraction 0.79 of observations can be perfectly predicted. This might indicate that there is complete quasi-separation. In this case some parameters will not be identified.

result=logit\_model.fit()

<sup>#</sup> Perform backward elimination #4 remove "Overweight" p=0.464

y = LogReg\_df.ReAdmis

X = LogReg\_df[["Children", "HighBlood", "Stroke", "Arthritis", "Diabetes", "Hyperlipidemia",

 $<sup>&</sup>quot;BackPain", "Anxiety", "Asthma", "Initial\_days", "initial\_admit\_obs", "initial\_admit\_elect"$ 

<sup>]].</sup>assign(const=1)

logit\_model=sm.Logit(y,X)

Current function value: 0.039534

Iterations 13

#### Logit Regression Results

LOBIC RESIGNATION RESULTS								
			====		======			
Dep. Variable:	Re			. Observations:		10000		
Model:		_		Residuals:		9987		
Method:		MLE	Df	Model:		12		
Date:	Sat, 08 Jur	2024	Pse	eudo R-squ.:		0.9399		
Time:	15:	38:31	Log	g-Likelihood:		-395.34		
converged:		True	LL	-Null:		-6572.9		
Covariance Type:	nonr	obust	LLI	R p-value:		0.000		
			====					
	coef	std	err	z	P>   z	[0.025	0.975]	
Children	0.0801	0.	041	1.935	0.053	-0.001	0.161	
HighBlood	0.7539	0.	193	3.904	0.000	0.375	1.132	
Stroke	1.4547	0.	241	6.040	0.000	0.983	1.927	
Arthritis	-1.0908	0.	200	-5.454	0.000	-1.483	-0.699	
Diabetes	0.4174	0.	206	2.028	0.043	0.014	0.821	
Hyperlipidemia	0.3508	0.	196	1.793	0.073	-0.033	0.734	
BackPain	0.2522	0.	186	1.356	0.175	-0.112	0.617	
Anxiety	-0.8200	0.	200	-4.095	0.000	-1.212	-0.428	
Asthma	-1.1354	0.	209	-5.426	0.000	-1.546	-0.725	
Initial_days	1.2377	0.	063	19.665	0.000	1.114	1.361	
initial_admit_obs	0.6241	0.	256	2.437	0.015	0.122	1.126	
<pre>initial_admit_elect</pre>	2.0307	0.	242	8.407	0.000	1.557	2.504	
const	-67.8490	3.	455	-19.638	0.000	-74.621	-61.077	

-----

Possibly complete quasi-separation: A fraction 0.78 of observations can be perfectly predicted. This might indicate that there is complete quasi-separation. In this case some parameters will not be identified.

y = LogReg df.ReAdmis

X = LogReg\_df[["Children", "HighBlood", "Stroke", "Arthritis", "Diabetes", "Hyperlipidemia", "Anxiety", "Asthma", "Initial\_days", "initial\_admit\_obs", "initial\_admit\_elect" ]].assign(const=1) logit\_model=sm.Logit(y,X) result=logit\_model.fit() print(result.summary())

<sup>#</sup> Perform backward elimination #5 remove "BackPain" p=0.175

Current function value: 0.039627

Iterations 13

# Logit Regression Results

LOGIC REGRESSION RESULTS							
Dep. Variable:	Re	Admis	No	. Observations:		10000	
Model:		Logit	Df	Residuals:		9988	
Method:		MLE	Df	Model:		11	
Date:	Sat, 08 Jun	2024	Ps	eudo R-squ.:		0.9397	
Time:	15:	39:34	Lo	g-Likelihood:		-396.27	
converged:		True	LL	-Null:		-6572.9	
Covariance Type:	nonn	obust	LL	R p-value:		0.000	
=======================================				· 			
	coef	std	err	z	P> z	[0.025	0.9751
Children	0.0798	0.	ð41	1.930	0.054	-0.001	0.161
HighBlood	0.7602	0.	193	3.941	0.000	0.382	1.138
Stroke	1.4436	0.	240	6.004	0.000	0.972	1.915
Arthritis	-1.0908	0.	200	-5.463	0.000	-1.482	-0.699
Diabetes	0.4154	0.	206	2.016	0.044	0.012	0.819
Hyperlipidemia	0.3541	0.	195	1.811	0.070	-0.029	0.737
Anxiety	-0.7947	0.	199	-3.997	0.000	-1.184	-0.405
Asthma	-1.1342	0.	209	-5.427	0.000	-1.544	-0.725
Initial_days	1.2341	0.	263	19.705	0.000	1.111	1.357
initial admit obs					0.012	0.137	1.139
initial admit elect	2.0377	0.	241	8.446	0.000	1.565	2.511
const				-19.682		-74.291	-60.835

Possibly complete quasi-separation: A fraction 0.78 of observations can be perfectly predicted. This might indicate that there is complete quasi-separation. In this case some parameters will not be identified.

# Perform backward elimination #6 remove "Hyperlipidemia" p=0.070

y = LogReg\_df.ReAdmis

X = LogReg\_df[["Children", "HighBlood", "Stroke", "Arthritis", "Diabetes", "Anxiety", "Asthma", "Initial\_adays", "initial\_admit\_obs", "initial\_admit\_elect" ]].assign(const=1)

logit\_model=sm.Logit(y,X)

result=logit\_model.fit()

Current function value: 0.039792

Iterations 13

# Logit Regression Results

Logit Regression Results								
Dep. Variable:	Re	Admis	No	. Observations:		10000		
Model:		Logit	Df	Residuals:		9989		
Method:		MLE	Df	Model:		10		
Date:	Sat, 08 Jun	2024	Pse	eudo R-squ.:		0.9395		
Time:	15:	40:38	Log	g-Likelihood:		-397.92		
converged:		True	LL	-Null:		-6572.9		
Covariance Type:	nonn	obust	LLI	R p-value:		0.000		
	coef	std 6	err	z	P>   z	[0.025	0.975]	
Children	0.0758	0.0	941	1.839	0.066	-0.005	0.157	
HighBlood	0.7634	0.1	192	3.966	0.000	0.386	1.141	
Stroke	1.4191	0.2	239	5.930	0.000	0.950	1.888	
Arthritis	-1.0852	0.1	199	-5.445	0.000	-1.476	-0.695	
Diabetes	0.3947	0.2	205	1.925	0.054	-0.007	0.797	
Anxiety	-0.8009	0.1	198	-4.036	0.000	-1.190	-0.412	
Asthma	-1.1311	0.2	209	-5.415	0.000	-1.540	-0.722	
Initial_days	1.2292	0.0	962	19.747	0.000	1.107	1.351	
initial_admit_obs	0.6473	0.2	255	2.541	0.011	0.148	1.147	
initial_admit_elect	2.0453	0.2	241	8.503	0.000	1.574	2.517	
const	-67.1728	3.4	105	-19.729	0.000	-73.846	-60.499	

Possibly complete quasi-separation: A fraction 0.78 of observations can be perfectly predicted. This might indicate that there is complete quasi-separation. In this case some parameters will not be identified.

# Perform backward elimination #7 remove "Children" p=0.066

y = LogReg\_df.ReAdmis

 $X = LogReg\_df[["HighBlood", "Stroke", "Arthritis", "Diabetes", "Anxiety", "Asthma", "Initial\_days", "initial\_admit\_obs", "initial\_admit\_elect" ]].assign(const=1)$ 

logit\_model=sm.Logit(y,X)

result=logit\_model.fit()

Optimization terminated successfully.

Current function value: 0.039962

Iterations 13

#### Logit Regression Results

Dep. Variable:	Re	Admis N	lo. Observatio	ns:	1000	9	
Model:		Logit [	of Residuals:		9990	9	
Method:		_	of Model:			9	
Date:	Sat 08 Jun		seudo R-squ.:		0.939		
Time:	•		.og-Likelihood		-399.6		
	15.		_	•			
converged:			L-Null:		-6572.9		
Covariance Type:	nonr	obust l	.LR p-value:		0.000	9	
=======================================							
	coef	std err	z	P>   z	[0.025	0.975]	
HighBlood	0.7865	0.192	4.098	0.000	0.410	1.163	
Stroke	1.4082	0.239	5.903	0.000	0.941	1.876	
Arthritis	-1.0842	0.199	-5.450	0.000	-1.474	-0.694	
Diabetes	0.3907	0.204	1.915	0.055	-0.009	0.791	
Anxiety	-0.7865	0.198	-3.980	0.000	-1.174	-0.399	
Asthma	-1.1471	0.208	-5.515	0.000	-1.555	-0.739	
Initial_days	1.2278	0.062	19.738	0.000	1.106	1.350	
initial_admit_obs	0.6535	0.254	2.569	0.010	0.155	1.152	
initial_admit_elect	2.0437	0.240	8.510	0.000	1.573	2.514	
const	-66.9455	3.398	-19.704	0.000	-73.605	-60.286	

Possibly complete quasi-separation: A fraction 0.78 of observations can be perfectly predicted. This might indicate that there is complete quasi-separation. In this case some parameters will not be identified.

# Perform backward elimination #8 remove "Diabetes" p=0.055

y = LogReg\_df.ReAdmis

 $logit_model=sm.Logit(y,X)$ 

result=logit\_model.fit()

Optimization terminated successfully.

Current function value: 0.040147

Iterations 13

	Logi	it I	Regr	essi	ion F	Resul	lts
--	------	------	------	------	-------	-------	-----

Dep. Variable:	ReAdmi	s N	o. Observations:		10000	
Model:	Logi	t D	f Residuals:		9991	
Method:	MI	E D	f Model:		8	
Date:	Sat, 08 Jun 202	4 P	seudo R-squ.:		0.9389	
Time:	15:42:1	4 L	og-Likelihood:		-401.47	
converged:	Tru	e L	L-Null:		-6572.9	
Covariance Type:	nonrobus	t L	LR p-value:		0.000	
	coef st	d err	Z	P>   z	[0.025	0.975]
HighBlood	0.7359	0.189	3.887	0.000	0.365	1.107
Stroke	1.3597	0.236	5.752	0.000	0.896	1.823
Arthritis	-1.0660	0.198	-5.385	0.000	-1.454	-0.678
Anxiety	-0.7963	0.197	-4.033	0.000	-1.183	-0.409
Asthma	-1.1402	0.208	-5.492	0.000	-1.547	-0.733
Initial_days	1.2228	0.062	19.780	0.000	1.102	1.344
initial_admit_obs	0.6291	0.253	2.485	0.013	0.133	1.125
<pre>initial_admit_elect</pre>	2.0317	0.239	8.501	0.000	1.563	2.500
const	-66.5296	3.368	-19.754	0.000	-73.131	-59.929
						=======

Possibly complete quasi-separation: A fraction 0.78 of observations can be perfectly predicted. This might indicate that there is complete quasi-separation. In this case some parameters will not be identified.

- E. Analyze the data set using your reduced logistic regression model by doing the following:
  - 1. The initial logistic regression model contained 19 variables that included information about patient demographics, patients cost for hospital stay, and illnesses/issues that may or may not have been part of the reason a patient was in the hospital. After checking for variance inflation initially and then using a stepwise (backwards) elimination based on p values, the reduced logistic regression model contains 8 variables that include patient conditions, number of days during initial admit and reasons around initial admit.

We can further analyze the data set using train test split method to determine the portion of correctly predicted instances (accuracy), the portion of true positive instances out of all predicted instances (precision), the portion of true positive instances out of all actual instances (recall), the harmonic mean of precision and recall (F1 score), the area under the receiver operating curve which shows if the model is able to distinguish between classes (ROC AUC) and a matrix showing true positives, true negative, false positives and false negatives (confusion matrix) which are calculated using Scikit-Learn Developers. (n.d.).

Additionally the confusion matrix identifies where a model may get 'confused' or not indicate the correct outcome. We are using a binary class dataset for the independent variable, ReAdmis. Kundu (2022) states that a confusion matrix is a succinct and organized way of getting deeper information about a classifier which is computed by mapping the expected outcomes to the predicted outcomes of a model.

2. The output and *all* calculations of the above analysis performed are listed below.

from sklearn.model\_selection import train\_test\_split from sklearn.linear\_model import LogisticRegression

```
confusion_matrix
# Assuming 'LogReg_df' is your DataFrame and 'ReAdmis' is the target variable
X = LogReg_df[["HighBlood", "Stroke", "Arthritis", "Anxiety", "Asthma", "Initial_days",
"initial_admit_obs", "initial_admit_elect"]]
y = LogReg_df["ReAdmis"]
# Split the data into training and testing sets
X_train, X_test, y_train, y_test = train_test_split(X, y, test_size=0.2, random_state=42)
# Create and train the logistic regression model
model = LogisticRegression(max_iter=10000)
model.fit(X_train, y_train)
# Predict on the test set
y_pred = model.predict(X_test)
y_prob = model.predict_proba(X_test)[:, 1]
# Evaluate the model
accuracy = accuracy_score(y_test, y_pred)
precision = precision_score(y_test, y_pred)
recall = recall_score(y_test, y_pred)
f1 = f1_score(y_test, y_pred)
roc_auc = roc_auc_score(y_test, y_prob)
conf_matrix = confusion_matrix(y_test, y_pred)
# Print the evaluation metrics
print(f"Accuracy: {accuracy}")
print(f"Precision: {precision}")
print(f"Recall: {recall}")
print(f"F1 Score: {f1}")
print(f"ROC AUC: {roc_auc}")
print(f"Confusion Matrix:\n{conf_matrix}")
```

from sklearn.metrics import accuracy score, precision score, recall score, f1 score, roc auc score,

#### Results:

Accuracy: 0.986

This indicates that 98.6% of the predictions made by the model are correct.

Precision: 0.984352773826458

When the model predicts a readmission, it is accurate 98.4% of the time.

Recall: 0.9760225669957687

Recall of 97.6% indicates that the model identifies that percentage of actual readmissions.

F1 Score: 0.980169971671388

An F1 score of 98% indicates that the model balances precision and recall and accurately predicts at a high level.

## ROC AUC: 0.9992428869060951

With 99.9% falling under the receiver curve, the model is excellent at distinguishing between patients that will be readmitted and those that won't.

Confusion Matrix:

[[1280 11] [ 17 692]]

True Positives: 692 Patients correctly identified as readmitted.

True Negatives: 1280 Patients correctly identified as not readmitted

False Positives: 11 Patients incorrectly identified as readmitted.

False Negatives: 17 Patients incorrectly identified as not readmitted.

3. An executable error-free copy of the code is included. File name D208\_Austin\_T\_Task2.ipynb

# Part V: Data Summary and Implications

F. Summarize your findings and assumptions by doing the following:

- 1. Discuss the results of your data analysis, including the following elements:
  - In order to create a regression equation for the reduced model, information from Dash (2022) was used. The article describes how to derive the logistic regression equation as shown below:

The general form of the logistic regression equation is:

$$\log\left(rac{p}{1-p}
ight) = eta_0 + eta_1 \cdot X_1 + eta_2 \cdot X_2 + \ldots + eta_n \cdot X_n$$

Where p is the probability of readmission occurring,  $B_0$  is the intercept,  $B_1$  are the coefficients for the predictor variables HighBlood, Stroke, Arthritis, Anxiety, Asthma, Initial\_days, initial\_admit\_obs, and initial\_admit\_elect.

The final equation is:

 $Log(p/1-p) = -66.5296 + 0.7359(HighBlood) + 1.3519(Stroke) - 1.0660(Arthritis) - 0.7963(Anxiety) - 1.1402(Asthma) + 1.2286(Initial_days) + 0.6291(initial_admit_obs) + 0.2317(initial_admit_elec)$ 

- The remaining variables in the reduced model are HighBlood, Stroke, Arthritis, Anxiety,
  Asthma, Initial\_days, initial\_admit\_obs, and initial\_admit\_elect. The variable they are being
  tested against is ReAdmis, which indicates yes or no to the question if a patient was
  readmitted within 30 days of their initial hospitalization. An interpretation of each of their
  coefficients is as follows:
  - 1. Intercept (-66.5296) is the log-odds of readmission when all predictor variables are zero. It is not very interpretable on its own but is essential for the model.
  - 2. HighBlood (0.7359) shows that patients with high blood pressure have an increase of being readmitted by 0.7359 compared to patients without this disease. This translates to an odds ratio of approximately 2.087 meaning patients with high blood pressure are 2.087 times more likely to be readmitted.
  - 3. Stroke (1.3519) identifies patients who have had a stroke have an odds ratio of approximately 3.863 so they are 3.863 times more likely to be readmitted versus those without a history of stroke.

- 4. Arthritis (-1.0660) indicates an odds ratio of 0.344 meaning patients with arthritis are about .0344 times as likely to be readmitted or equivalently they are less likely to be readmitted.
- 5. Anxiety (-0.7963) this log-odds value translates to an odds ratio of about 0.451 showing that patients with anxiety are about 0.451 times as likely to be readmitted.
- 6. Asthma (-1.1402) suggests based on odds ratio of 0.320 that patients with asthma are that much more likely to be readmitted.
- 7. Initial\_days (1.2286) has an increased value of 1.2286 for each additional initial day a patient spends in the hospital and an odds ratio of 3.416.
- 8. initial\_admit\_obs (0.6291) also shows an increased value of 0.6291 for patients admitted for observation and a odds ratio of 1.876 times more likely to be readmitted if they were initially admitted for observation.
- 9. initial\_admit\_elect (0.2317) is lower than if a patient were admitted for observation. Patients who are admitted electively are 1.261 times more likely to be readmitted.

HighBlood, Stroke, Initial\_days, initial\_admit\_obs and initial\_admit\_elec are considered positive coefficients and increase the likelihood of admission.

Whereas, Arthritis, Anxiety, and Asthma have negative coefficients and decrease the likelihood of admission.

• The reduced logistical regression model shows both statistical and practical significance. The predicitor variables in the model show statistically significant based on the fact that their p values are less than 0.05.

We can also use McFadden's R-Squared test which is a pseudo R-squared measure that indicates a measure of the model's goodness-of-fit where values closer to one indicate a better fit (Shafrin, 2016).

Based on the code below, we can calculate the value and determine how fit the model is.

```
# Calculate McFadden's R-squared
X = LogReg_df[["HighBlood", "Stroke", "Arthritis", "Anxiety", "Asthma", "Initial_days",
"initial_admit_obs", "initial_admit_elect"]]
y = LogReg_df["ReAdmis"]
# Split the data into training and testing sets
X_train, X_test, y_train, y_test = train_test_split(X, y, test_size=0.2, random_state=42)
# Fit the logistic regression model
logit_model = sm.Logit(y_train, sm.add_constant(X_train)).fit(disp=0)
# Predict on the test set
y_prob = logit_model.predict(sm.add_constant(X_test))
y \text{ pred} = y \text{ prob} >= 0.5
II_null = logit_model.llnull
II model = logit model.llf
mcfadden_r2 = 1 - (II_model / II_null)
# Print the results
print(f"McFadden's R-squared: {mcfadden_r2}")
```

## McFadden's R-squared: 0.9367996620563905

This value indicates that the model explains a large portion of the variance. By combining the goodness-of-fit metric with the previously observed evaluation metrics of accuracy, precision, recall, F1, and ROC AUC we can conclude that the reduced model is both statistically and practically significant.

- There are still some limitations of the data analysis such as data quality issues that may be caused from inaccurately recorded information. Since much of this data is recorded when a patient is being admitted and not based on tests run while in the hospital, there could be errors in gathering and/or inputting the data. There could also be some information that is not accurately known by those giving the information at the time of admission. We are also only looking at one window of readmission time, within 30 days. Some patients are more likely to be compliant within the first month or two and may be readmitted on day 31 or day 60 based on why they were initially in the hospital.
  - There are still too many factors that are unknown to fully trust the variables as being truly meaningful to this research. Based on what we know, we have provided the best analysis.
- 2. The recommended course of action, based on the above results would be for healthcare professionals to leverage the model to enhance patient care and reduce readmission rates. We have been able to show that there are factors that are statistically significant and practically significant such as high blood pressure, initial days in the hospital and stroke that can be used to predict if a patient will be readmitted. The model can be used to identify patients at high risk of readmission, allowing for targeted interventions. Focus on patients with these conditions or with longer initial hospitalizations will help reduce readmission. The significant predictors (e.g., high blood pressure, stroke, initial days) can inform clinical and administrative decisions to improve patient outcomes. Ensuring that patients go home with enough medications, making sure that patients keep follow up appointments or even having staff that reach out to check on patients could make a difference in readmissions. Finally, hospitals can allocate resources more effectively by focusing on high-risk patients identified by the model. If a patient has multiple of these predictors aligned with their care, that may mean that additional resources around training and education of not only the patient but their families about these factors could help reduce readmissions.

## Part VI: Demonstration

G. Panopto video recording

H. Web Sources

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