

Health Prediction using Machine Learning Methodologies

KOLLA VIVEK #1, MANNAM CHANDANA #2, ORUGANTI SRAVANI #3,

YADAVALLI JYOTHI #4

#1 Asst. Professor, Dept. Of CSE, Qis Institute of Technology, Ongole, Prakasam (Dt)

#2,3,4,5 B.Tech., Scholars, Dept of CSE, Qis Institute of Technology, Ongole, Prakasam (Dt)

Abstract:

Adaptable Critical Patient Caring system is a vital worry for medical clinics in agricultural nations like Bangladesh. A large portion of the clinic in Bangladesh need serving legitimate wellbeing administration because of inaccessibility of suitable, simple and adaptable brilliant systems. The point of this undertaking is to fabricate a sufficient system for medical clinics to serve critical patients with a constant input technique. In this paper, we propose a nonexclusive engineering, related phrasing and a classificatory model for noticing critical patient's ailment with machine learning and IBM distributed computing as Platform as an assistance (PaaS). Machine Learning (ML) based wellbeing forecast of the patients is the critical idea of this examination. IBM Cloud, IBM Watson studio is the stage for this examination to store and keep up with our information and ml models. For our ml models, we have picked the accompanying Base Predictors: Naïve Bayes, Logistic Regression, KNeighbors Classifier, Decision Tree Classifier, Random Forest Classifier, Gradient Boosting Classifier, and MLP Classifier. For working on the precision of the model, the packing technique for outfit learning has been utilized. The accompanying calculations are utilized for group learning: Bagging Random Forest, Bagging Extra Trees, Bagging KNeighbors, Bagging SVC, and Bagging Ridge. We have fostered a versatile application named "Critical Patient Management System - CPMS" for constant information and data see. The system engineering is planned so that the ml models can prepare and send in a continuous stretch by recovering the information from IBM Cloud and the cloud data can likewise be gotten to through CPMS in a mentioned time span. To help the specialists, the ml models will foresee the state of a patient. On the off chance that the forecast dependent on the condition deteriorates, the CPMS will send a SMS to the obligation specialist and medical caretaker for standing out enough to be noticed to the patient. Consolidating with the ml models and portable application, the undertaking may fill in as a keen medical services answer for the emergency clinics

Introduction:

Critical Patient Caring or observing System is an interaction where a specialist can constantly screen more than one patient, for more than each boundary in turn in a far off place and furthermore can have command

over medication dose [1]. Improvement and assessment of the ICU choice emotionally supportive networks would be enormously worked with by these systems. Gadgets like essential sign screens, mechanical ventilators and dialysis machines, and some others more are utilized to help critical

patients whose bodies need time to recuperate and fix. The majority of the machines are overseen physically by regulating the patient's condition and test reports. In this way, we thought to mechanize the cycle and dynamic capacity with the assistance of present day innovation, particularly the auto deployable machine learning models and distributed computing. Machine learning models can anticipate the not so distant future state of the patients, regardless of whether their condition will increment or diminishing, if they need any quick help. To sum up our models and information, we have chosen IBM Cloud as a PaaS which by and large traverses public, private and cross breed conditions [2]. As at first, we can't convey our models straightforwardly, we needed to utilize IBM Cloud, IBM Watson Studio for putting away, testing and sending our entire system. The ml models run inside the cloud administration and furthermore prepares with the auto-conveyed information, the CPMS likewise can get to the Cloud benefits through Bluemix [3]. The most critical of this paper conveys the auto deployable machine learning model inside the distributed storage with important exactness. Likewise, testing and tuning approaches and boundary picking, setting for various machine learning calculations. Wellbeing area is by all accounts one of the dismissed fields as far as utilization of innovation in Bangladesh [4]. Albeit different areas enjoy satisfactorily taken this benefit, wellbeing area is by all accounts lingering behind. Government undertakings to incorporate innovation into the wellbeing area has generally fizzled. Because of wasteful

treatment of patients during a crisis, the greater part of the cases bring about death or perpetual physical/mental harm to the patients, the primary explanation being the going to doctor's failure to screen the patient's vitals promptly [5]. The primary technique for correspondence is a cell phone when the specialist is missing, bringing about correspondence bungle. Our exploration introduces the instrument where the specialist can screen the patient's vitals distantly, taking full Proceedings of the benefit of Machine Learning to endorse a high level course and Cloud Computing to get to the patient's vitals from any far off area. Thus, specialists can screen different patients inside a limited ability to focus time. Patients' family members can get customary updates without visiting the medical clinic sometimes.

Literature Survey

Gardner R.M., Shabot M.M. (2006) Patient-Monitoring Systems. In: Shortliffe E.H., Cimino J.J. (eds) Biomedical Informatics. Wellbeing Informatics. Springer, New York, NY

Clinical informatics includes the plan and arrangement of wellbeing data systems to help clinical exercises and work with medical services. All things considered, advancements in clinical informatics have crossed the previous quite a few years and have been created because of the impediments of conventional paper-based ways to deal with archiving, supporting and organizing medical care. Clinical

informatics has its starting point in the 1960's and 1970's with the idea of "clinical data systems" which has enveloped electronic capacity and access of patient information and started to be incorporated and reached out to capacity and recovery of advanced and sight and sound pictures and information. Right now the electronic wellbeing record (EHR) is the focal application in clinical informatics around which impressive exertion and cost is being paid. The EHR is considered similar to an electronic storehouse for a scope of information (counting clinical information) gathered about people, with the electronic clinical record (EMR), the electronic patient record (EPR) and the individual wellbeing record being connected sorts of systems that are incorporated by the EHR. Other clinical data systems

Aggarwal, M., and Madhukar, M. (2017). IBM's Watson Analytics for Health Care: A Miracle Made True. In *Cloud Computing Systems and Applications in Healthcare* (pp. 117-134). IGI Global.

Standard answers for dealing with a lot of estimated information got from canny structures are at present accessible as programming apparatuses in IoT stages. These arrangements enhance the functional and specialized capacities dealing with the nature of the indoor climate and factor in the genuine necessities of inhabitants. The paper inspects the conceivable outcomes of expanding the precision of CO₂ forecasts in Smart Home Care (SHC) utilizing the IBM SPSS programming apparatuses in the IoT to decide the inhabitation seasons of an

observed SHC room. The handled information were thought about at day by day, week by week and month to month spans for the spring and pre-winter periods. The Radial Basis Function (RBF) technique was applied to anticipate CO₂ levels from the deliberate indoor and outside temperatures and relative stickiness. The most precisely anticipated outcomes were acquired from information handled at a day by day span. To build the precision of CO₂ forecasts, a wavelet change was applied to eliminate added substance clamor from the anticipated sign. The expectation precision accomplished in the chose tests was more noteworthy than 95%. An savvy building is one that is receptive to the prerequisites of inhabitants, associations, and society. An astute structure requires continuous data about its tenants with the goal that it can constantly adjust and react [1].

"Sane Unified Process", URL: [online] Available:

This paper presents an outline of the Rational Unified Process the Rational Unified Process is a computer programming measure, conveyed through a web-empowered, accessible information base. The cycle upgrades group usefulness and conveys programming best practices by means of rules, formats and device coaches for all critical programming lifecycle exercises. The information base permits advancement groups to acquire the full advantages of the business standard Unified Modeling Language (UML). It gives a restrained way to deal with appointing errands and duties inside an advancement

association. Its will probably guarantee the creation of great programming that addresses the issues of its end-clients, inside an anticipated timetable and financial plan.

Anwar Islam, Tuhin Biswas. Wellbeing System in Bangladesh: Challenges and Opportunities. American Journal of Health Research. Vol. 2, No. 6, 2014, pp. 366-374. doi: 10.11648/j.ajhr.20140206.18

The wellbeing system of Bangladesh depends vigorously on the public authority or the public area for financing and setting in general approaches and administration conveyance components. Albeit the wellbeing system is confronted with numerous obstinate difficulties, it appears to get little need as far as public asset assignment. As indicated by the World Health Organization (WHO 2010) just about 3% of the Gross Domestic Product (GDP) is spent on wellbeing administrations. In any case, government consumption on wellbeing is just about 34% of the all out wellbeing use (THE), the rest (66%) being using cash on hand (OOP) costs. Imbalance, accordingly, is a major issue influencing the medical services system. In light of an audit of auxiliary information, the paper evaluates the current difficulties and chances of the wellbeing system in Bangladesh. The discoveries recommend that albeit the wellbeing system faces diverse difficulties like absence of general wellbeing offices, shortage of gifted labor force, insufficient monetary asset designation and political precariousness; The wellbeing system is the cultural reaction to the determinants of wellbeing. Each general public trusts in a

bunch of determinants of wellbeing, not continually following science or rationale. The major reason of a wellbeing system is the worth of human existence. The worth that a general public puts on human existence to a great extent decides the assets - human, material and monetary - that it designates for the wellbeing system. The adequacy of a wellbeing system relies upon the accessibility and openness of administrations in a structure which individuals can comprehend, acknowledge and use.

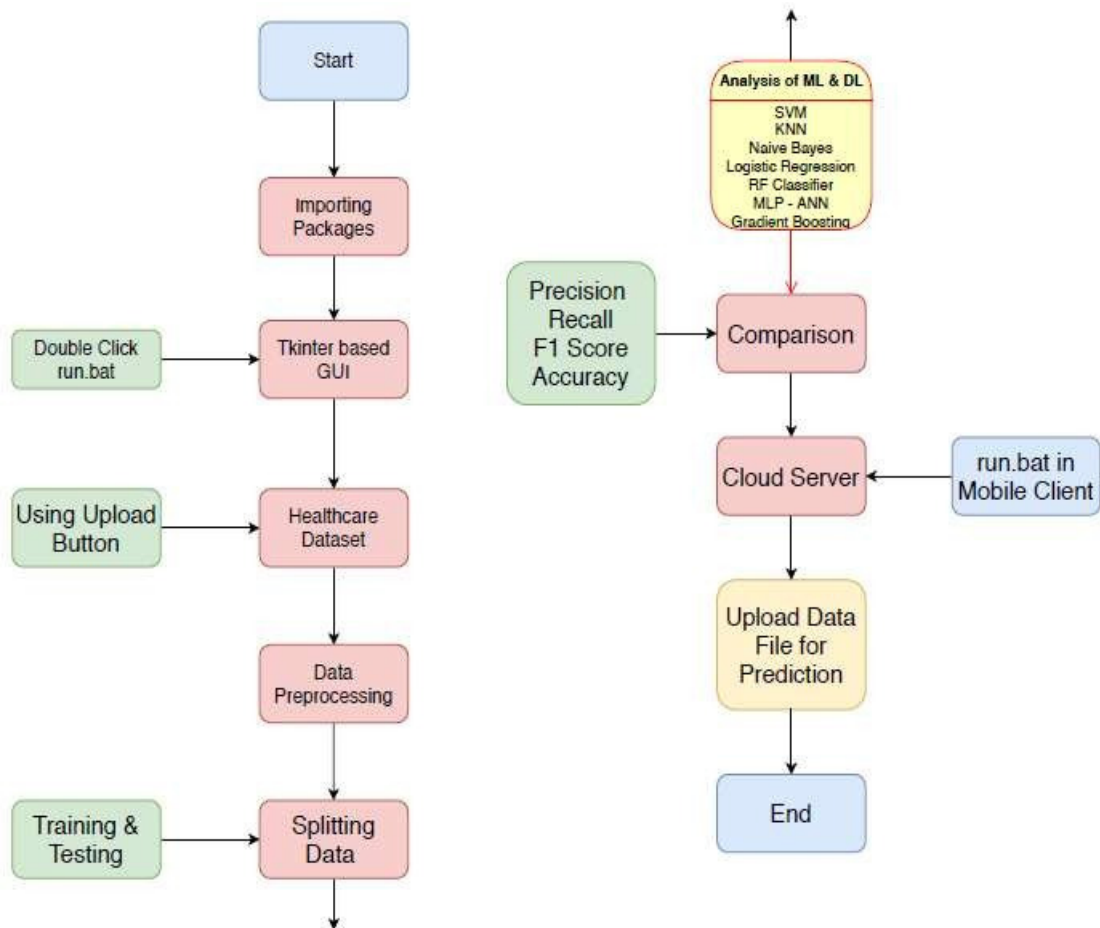
System Analysis

Existing System:

A Plethora of Health Risk Systems is accessible in the writing. Be that as it may, Most of the examination in the initials days zeroed in on creating Disease Risk Prediction Models utilizing Machine Learning for a solitary competitor Disease. These were generally the Binary Classification issues which given a clinical records directs if an individual is experiencing indicated illness. Issues of this sort are called as Single Label, Single Class Classification Emergence of antagonistic based techniques for existing calculations regularly produce unsatisfied outcomes

Proposed System

To robotize the interaction and foresee sicknesses all the more precisely machine learning techniques are acquiring prominence in research local area. Machine Learning techniques work with advancement of the insight into a machine, so it can perform better later on utilizing the learned



insight. Machine learning techniques application on electronic wellbeing record dataset could give significant data and predication of wellbeing chances. We thought to computerize the interaction and dynamic capacity with the assistance of current innovation, particularly the auto deployable machine learning models and distributed computing. Machine learning models can foresee the not so distant future state of the patients, regardless of whether their condition will increment or lessening, if they need any prompt help. To sum up our models and information, we have chosen IBM Cloud as a PaaS which by and large traverses public, private and crossover conditions [2]. As at first, we can't send our

models straightforwardly, we needed to utilize IBM Cloud, IBM Watson Studio for putting away, testing and conveying our entire system. To give better treatment we require further developed advances for minimal price. We began this undertaking to draw out a decent outcome in the emergency clinics to serve the patient. We utilized a portion of the existed methods and innovations to give another shape in the medical clinic and nursing area. A large portion of the ml models exactness changed from 80% to 92%.

Result testing and analysis

Testing part is the most crucial part of this

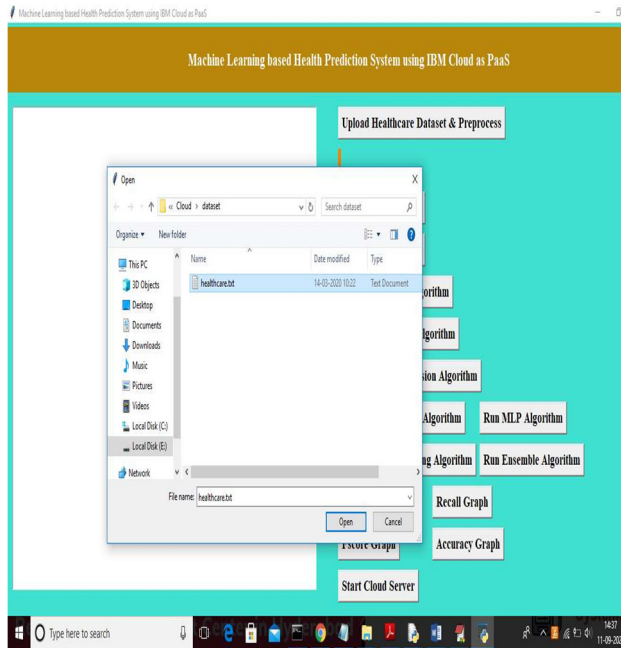
project. As per as the nature of this project, we had to follow the waterfall model to deliver each feature [28]. Firstly, we tested the IBM Cloud data entry process. In this process, we had to fix several Cloud issues to avoid data loss [29]. We pushed in total almost 700 sample patient info from both Hospital terminal as registration and daily update schema. we found the following statistics from data schema. IBM Cloud showed more than 90% data successfully converted from the terminal to cloud. From this data, the Watson studio carried out the machine learning model accuracy and validity. For Validation of the models we established the Confusion Matrix and the Receiver operating characteristic (ROC) curve. We carefully observed the ROC Curve, whether it could show the accurate areas under prediction. The ROC Curve brought out most of the areas under True Positive Rate. ROC Curve Deploying the machine learning models was the last test to satisfy all the Watson Studio process. We chose hourly parameter as deploy condition. All the models will be deployed when the hourly update of the patient will be input from the hospital terminal. For each deploy models, all the accuracy will be validated through the evaluation curve. After examining 12 hours, we got the following results. As the predicting results showed satisfactory scenario, we moved on to test this results in predicting health condition and sending SMS task. Logistic regression predicted 560 SMS needed to be sent as per as the condition forecast, among them 485 was the valid situation and 48 times the model predicted wrong and 27 times the SMS sending was failed. Most of the wrong

prediction case occurred for “Normal” and “Increasing” condition. This indicates the correlation between all the health parameters wasn’t distinguished successfully. For failed attempts of sending, the SMS API failed to grab the contact number from central cloud storage. So, the reason couldn’t be identified. This can either occur for network breakdown or also can occur for central server responding issues. For our Android app verification, we examined each feature separately and it worked perfectly for most of the parameters. Only in some cases, like the “Patient Condition” section took longer to update the reading. The machine learning models deployed in time but the android “Get” function failed to read from the table. Also, we took a survey among our classmates and faculties in North South University, Dhaka to give feedback about the user interface and features, the table shows the survey results and feedback.



In above screen we can see various buttons are there to run different machine learning algorithms and after building machine learning models we can click on ‘Start

Cloud Server' button to start cloud and to accept request from client. Now click on 'Upload Healthcare Dataset & Pre-process' button to load dataset

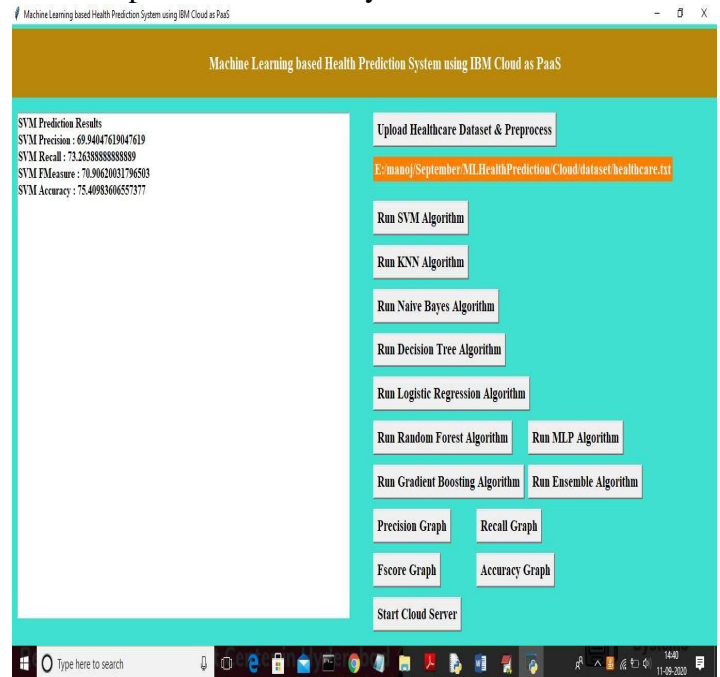


In above screen uploading health care dataset and after uploading dataset will get below screen

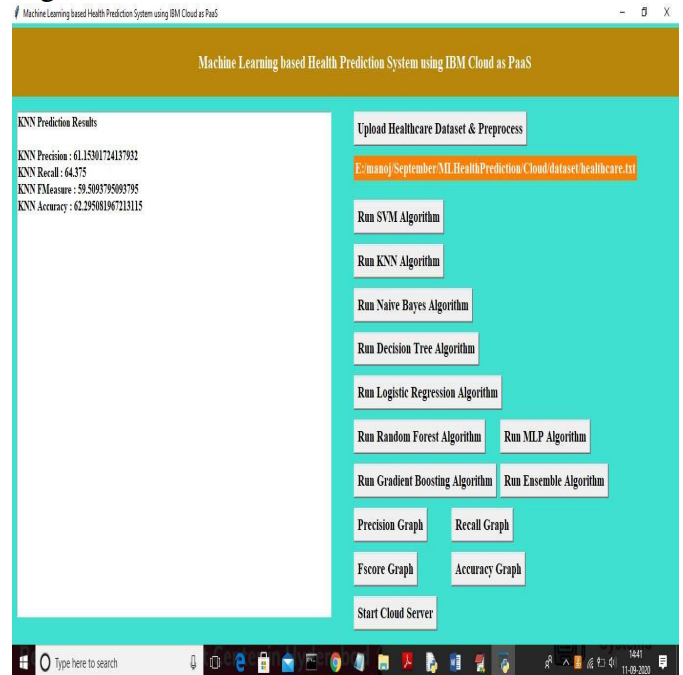


In above screen dataset contains total 303 records and application using 80% dataset records for training and 20% for testing. Now dataset train and test dataset ready and

now click on 'Run SVM Algorithm' button to apply SVM on train dataset and then evaluate its performance on test data to calculate prediction accuracy



In above screen SVM prediction accuracy on 20% test dataset is 75% and we can see precision, FMeasure and Recall values also. Now click on 'Run KNN Algorithm' button to generate KNN model



In above screen with KNN we got 62%

accuracy and now click on 'Run Naïve Bayes Algorithm' button to generate its model

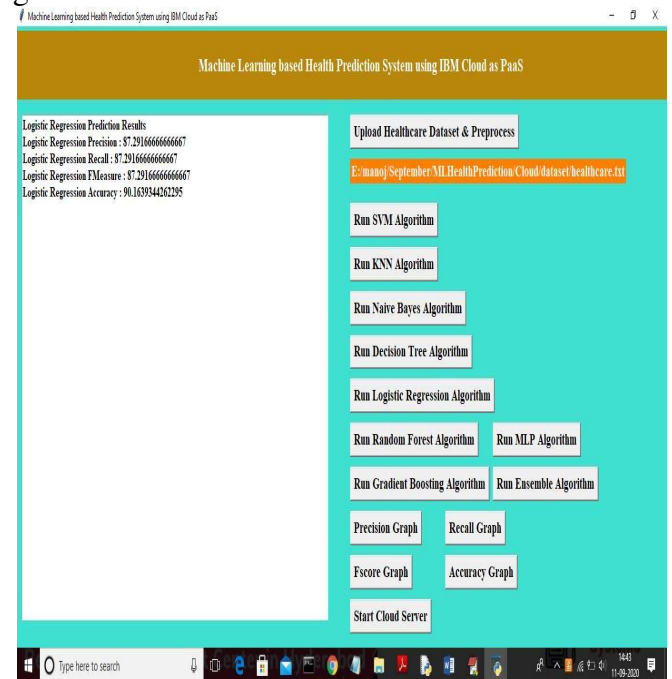


In above screen with Naïve Bayes we got 82% accuracy and now click on 'Run Decision Tree Algorithm' button to generate its model



In above screen with Decision tree we got 75% accuracy and now click on 'Run Logistic Regression Algorithm' button to

generate its model



In above screen with Logistic Regression we got 90% accuracy and now click on 'Run Random Forest Algorithm' button to generate its model

Conclusion

To give better treatment we require further developed innovations for minimal price. We began this task to draw out a decent outcome in the emergency clinics to serve the patient. We utilized a portion of the existed strategies and advances to give another shape in the medical clinic and nursing area. A large portion of the ml models exactness differed from 80% to 92%. The least precision acquired is 80%. A significant finding of this venture is the fitting employments of machine learning models for clinical patients and all out information controls. The IBM Cloud showed great promising activities by keeping over 90% achievement rate. Out and out the outcomes we acquired from our undertaking and trials are showing guarantee

to rise this system in enormous scope for metropolitan and low prudent side people groups. With the assistance of this task, a virtual specialist can be set up to serve individuals better and screen patients with suitable consideration. This is likewise a dynamic partner for the specialist as a shrewd medical care system. As we have set up this task with not many boundaries of the actual portions, we can further develop this undertaking more by adding full boundaries to gauge the human body courses. Later on, we are wanting to introduce an implanted system to take a live perusing from Ventilator, Medicine Pump, Heart Monitor, and other ICU machines. This will likewise expand the general working exactness of this task.

References

- [1] Gardner R.M., Shabot M.M. (2006) Patient-Monitoring Systems. In: Shortliffe E.H., Cimino J.J. (eds) Biomedical Informatics. Health Informatics. Springer, New York, NY
- [2] Aggarwal, M., & Madhukar, M. (2017). IBM's Watson Analytics for Health Care: A Miracle Made True. In Cloud Computing Systems and Applications in Healthcare (pp. 117-134). IGI Global.
- [3] "Rational Unified Process", URL: [online] Available: https://www.ibm.com/developerworks/rational/library/content/03July/1000/1251/1251_bestpractices_TP026B.pdf.
- [4] Anwar Islam, Tuhin Biswas. Health System in Bangladesh: Challenges and Opportunities. American Journal of Health Research. Vol. 2, No. 6, 2014, pp. 366-374.
- doi: 10.11648/j.ajhr.20140206.18
- [5] P. Griffiths, A. R. Saucedo, P. Schmidt, G. Smith. Vital signs monitoring in hospitals at night. (n.d.). Retrieved from <https://www.nursingtimes.net/clinical-archive/assessment-skills/vitalsigns-monitoring-in-hospitals-at-night/5089989.article>.
- [6] An Embedded, GSM based, Multiparameter, Realtime Patient Monitoring System and Control – An Implementation for ICU Patients. Kumar, R., & Rajasekaran, M. P. (2016, January). An IoT based patient monitoring system using raspberry Pi. In 2016 International Conference on Computing Technologies and Intelligent Data Engineering (ICCTIDE'16) (pp. 1-4). IEEE.
- [7] Nejkar, V. A., Nimbhorkar, S. R., Paliwal, J. K., & Shrivastav, A. A. (2018). Smart Nanny an IoT Based Baby Monitoring System. iManager's Journal on Computer Science, 6(1), 28.
- [8] Ruiz, V. M., Saenz, L., Lopez-Magallon, A., Shields, A., Ogoe, H. A., Suresh, S., & Tsui, F. R. (2019). Early Prediction of Critical Events for Infants with Single Ventricle Physiology in Critical Care Using Routinely Collected Data. The Journal of Thoracic and Cardiovascular Surgery.
- [9] Lin, K., Hu, Y., & Kong, G. (2019). Predicting In-hospital Mortality of Patients with Acute Kidney Injury in the ICU Using Random Forest Model. International Journal of Medical Informatics.
- [10] Teres, D., Lemeshow, S., Avrunin, J. S., & Pastides, H. A. R. R. I. S. (1987). Validation of the mortality prediction model for ICU patients. Critical care medicine, 15(3), 208-213.
- [11] Ahmed, S. (n.d.). BREAST CANCER:

PRESENTATION AND LIMITATION OF TREATMENT – BANGLADESH PERSPECTIVE. doi:10.4172/1948-5956.S1.041 [12] Clarke, F & Mcdonald, Ellen & Griffith, Lauren & Cook, D & Mead, M & Guyatt, G & Rabbat, Christian & Geerts, W & Arnold, D & Warkentin, T & Crowther, Mark. (2004). Thrombocytopenia in medical–surgical ICU

patients. *Critical Care*. 8. 1-1. 10.1186/cc2592.

[13] Choi, N. G., DiNitto, D. M., & Kim, J. (2014). Discrepancy Between Chronological Age and Felt Age: Age Group Difference in Objective and Subjective Health as Correlates. *Journal of Aging and Health*, 26(3), 458–473. <https://doi.org/10.1177/0898264314523449>.