



Nursing Home COVID-19 Risk Assessment

Group 10:

Marianna Carini

Eric Chen

Allen Lee

Hyoungmin (Stella) Lee

Smitha Kannanaikkal



Agenda



Problem statement



Data cleaning



K-means cluster
model



Data sources



Data overview



Recommendations

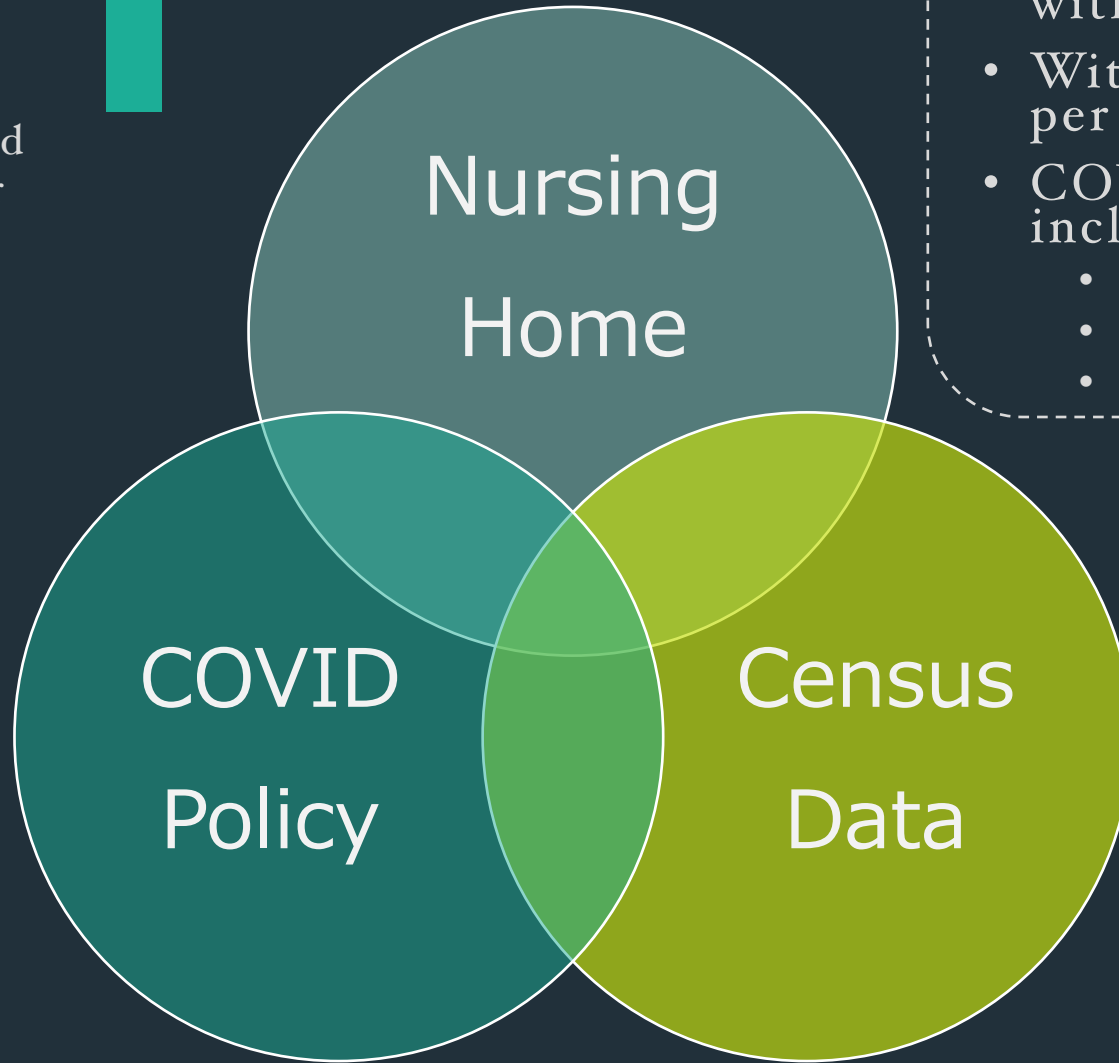
**Problem
Statement**

Study nursing home COVID data to generate insights and recommendations for allocating resources in order to mitigate future risks.

Data Sources

Utilized multiple APIs and data sources to create our dataset

- Connect with Government Health Data API
- Use regex to create dataframe

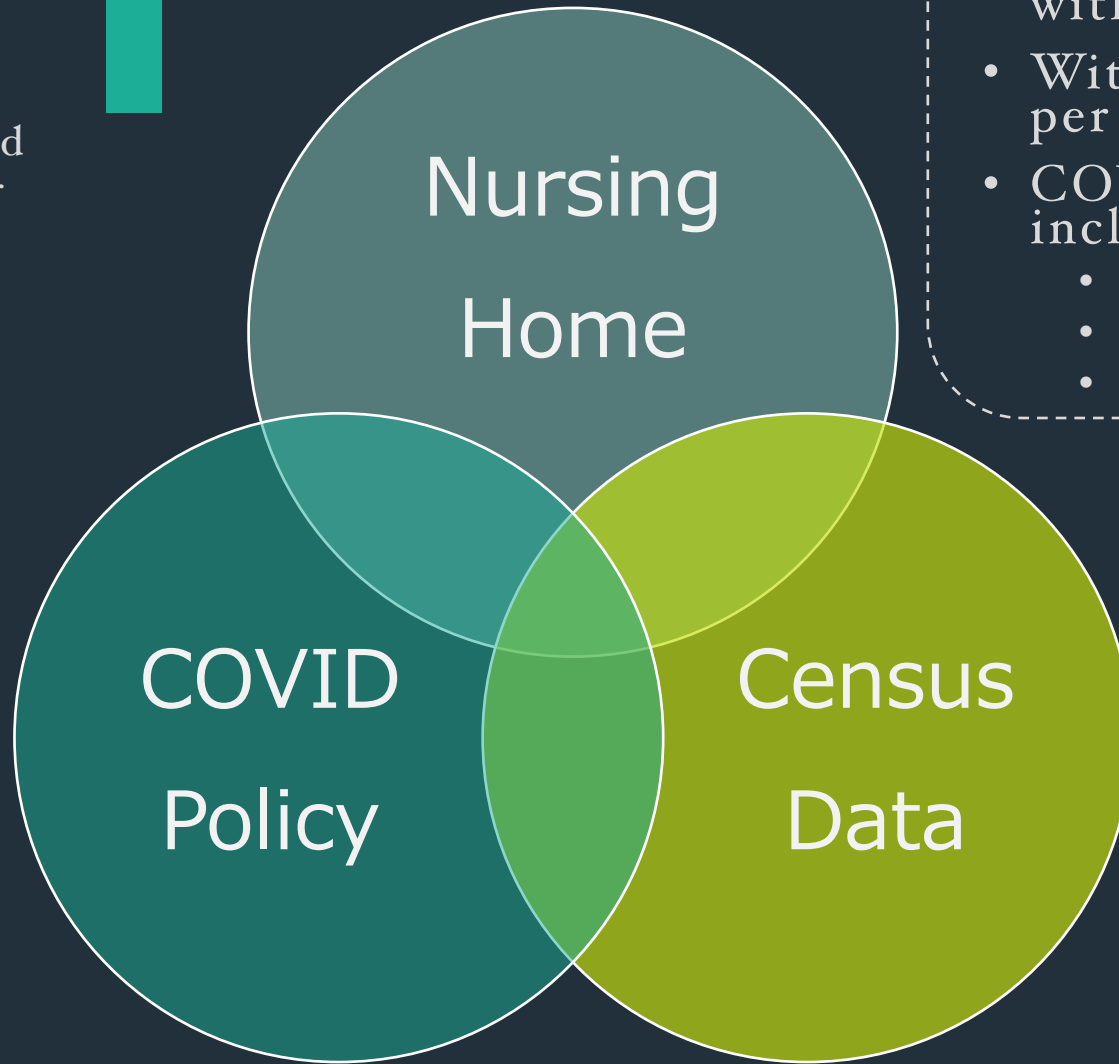


- Connect with Socrata API
- Limit to 100,000 rows without token
- With token, limit 1000 calls per hour
- COVID nursing home report includes
 - Supply levels
 - Staff support
 - Cases and deaths in home

- Connect with Census API
- Limit to 50 variables per report
- Without key, limit to 50 calls per day
- Built customized query
- Pulled 2019 census report to include county demographics in nursing home dataset

Data Sources

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- Connect with Socrata API
- Limit to 100,000 rows without token
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- COVID nursing home report includes
 - Supply levels
 - Staff support
 - Cases and deaths in home

- Connect with Gov Health Data
- Use data

- Limit 100 rows w/o account
- No option to create account
- Manually loaded data

- Connect with Census API
- Limit to 50 variables per report
- Without key, limit to 50 calls per day
- Built customized query
- Pulled 2019 census report to include county demographics in nursing home dataset

Data Cleaning

Everyone's favorite step!

Nursing Home

- Removed attributes which were 95%+ incomplete
- Errors in county name
- Created reference table to connect county state ID to census FIPS code
- Impute missing values for POC machine

Census

- Discovered -9999999.9 represents N/A

COVID Policy

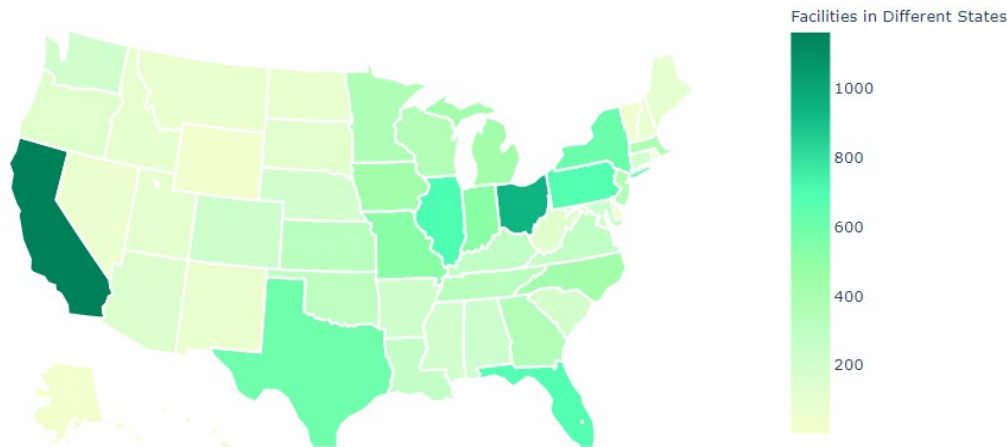
- Extracted county-level policies
- Standardized policy types, ended with 13
- Removed policy types that were not implemented in nursing home locations
- Grouped by FIPS code
- Created binary variable for each policy type to indicate whether that policy type has been implemented

EDA

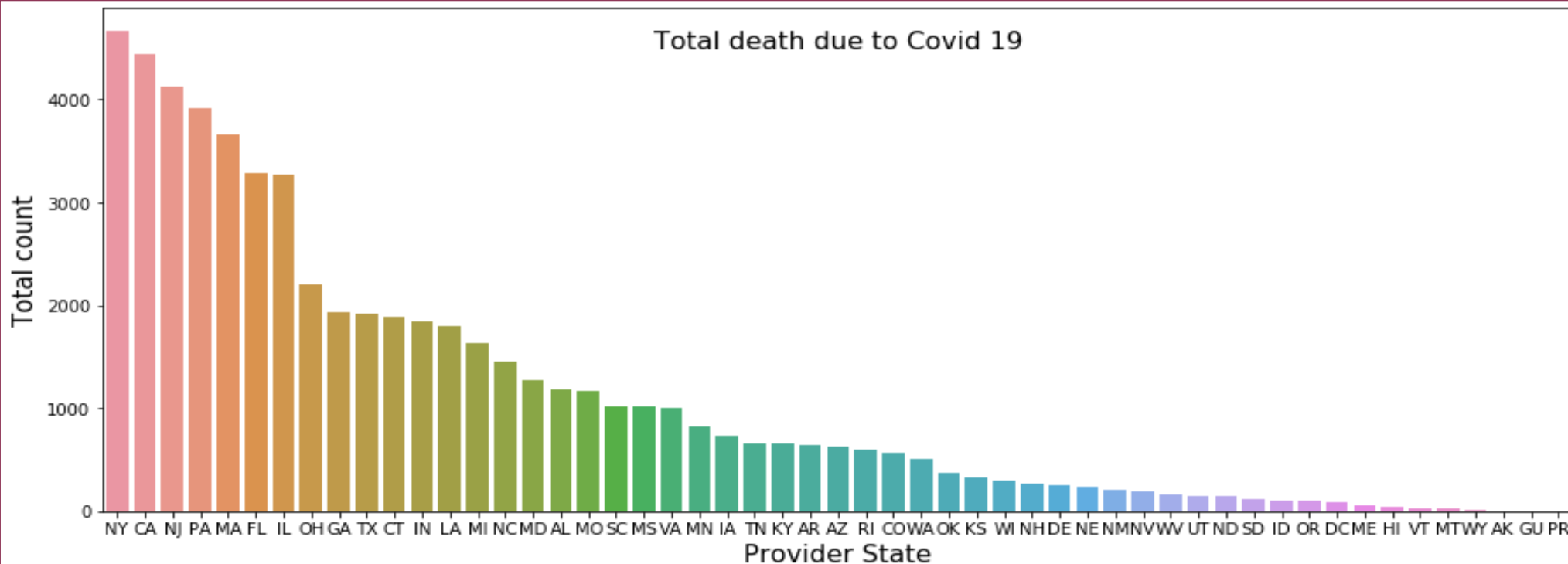
Visualizations

The chart to the right depicts the number of nursing home facilities by state. The chart below shows the mortalities in nursing homes by state.

Nursing Facilities in Different States

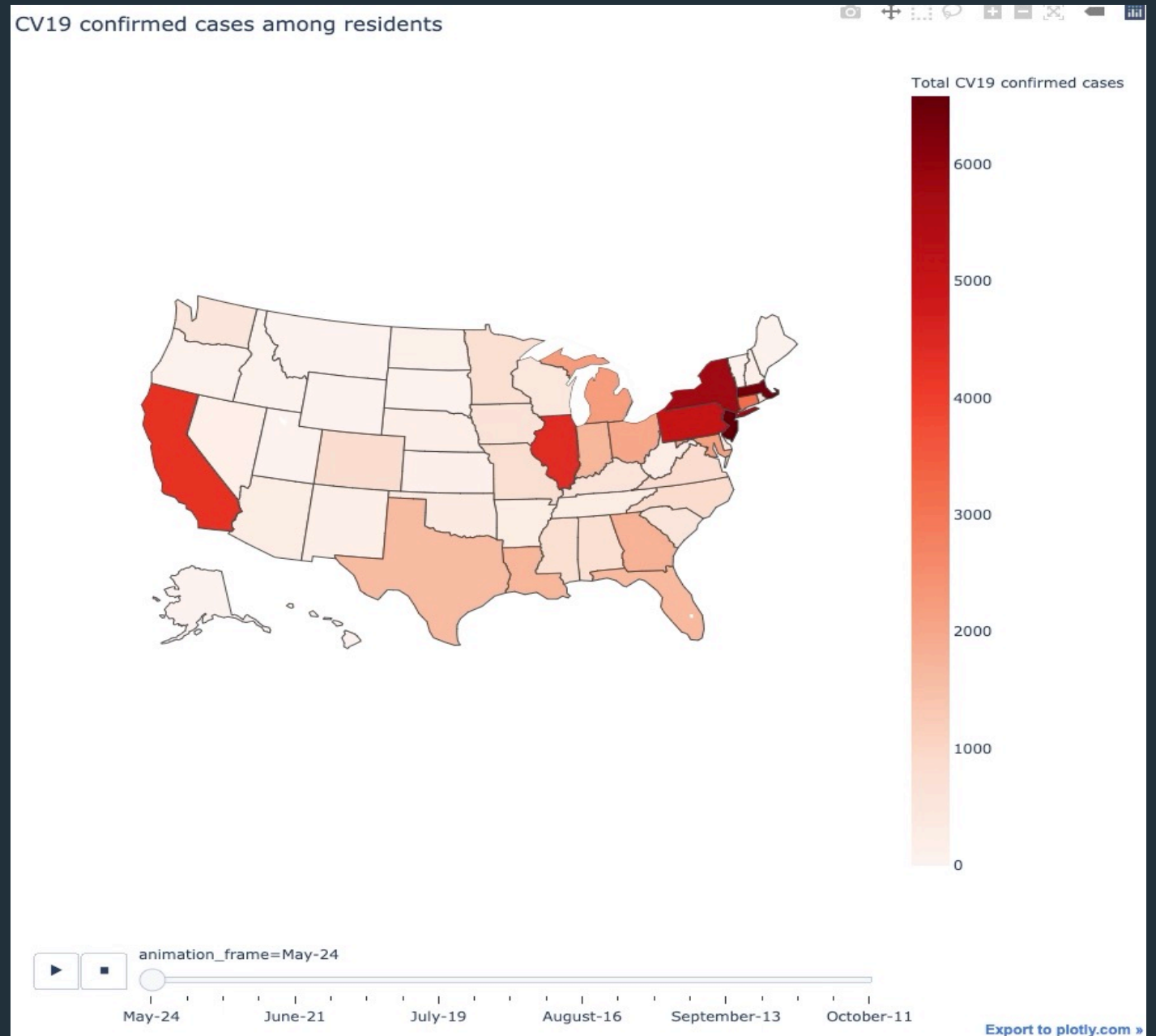
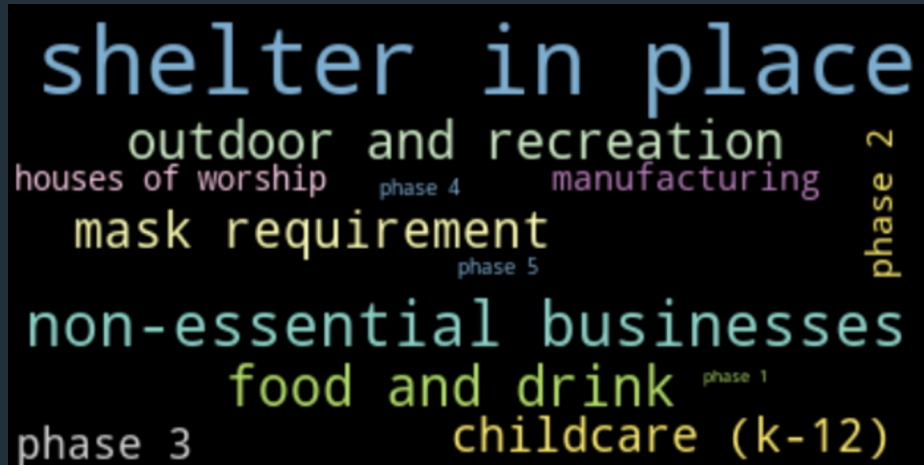


Total death due to Covid 19



EDA Visualization

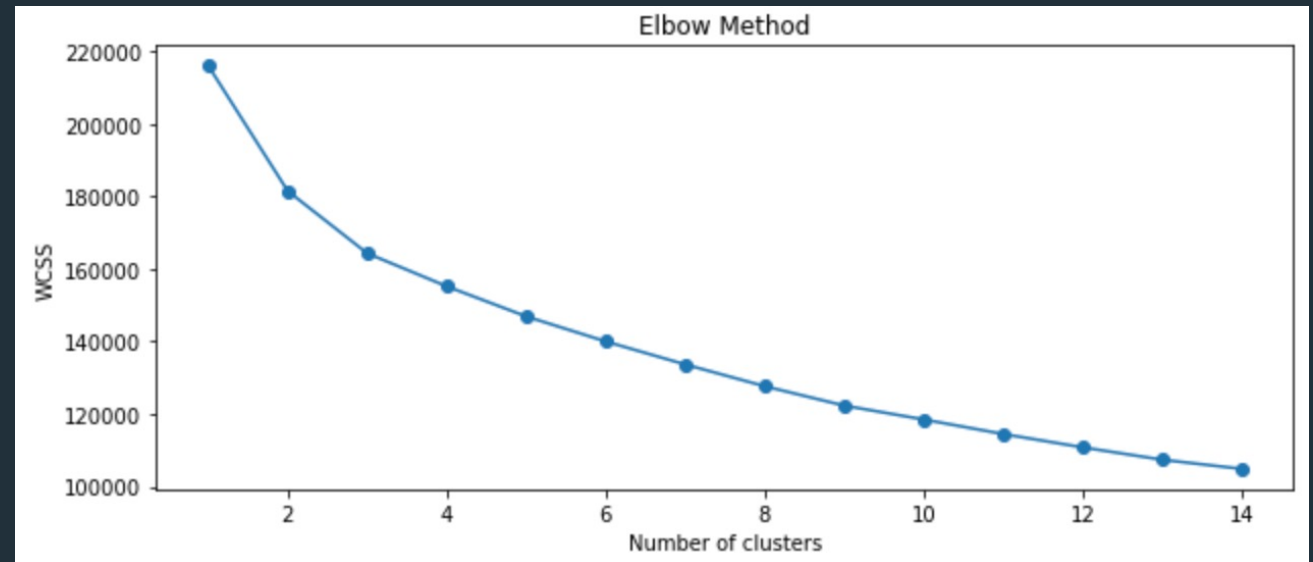
Below is a word cloud of the COVID policies implemented in each county. The chart to the right shows the progression of COVID cases by state over time.



K-means Model

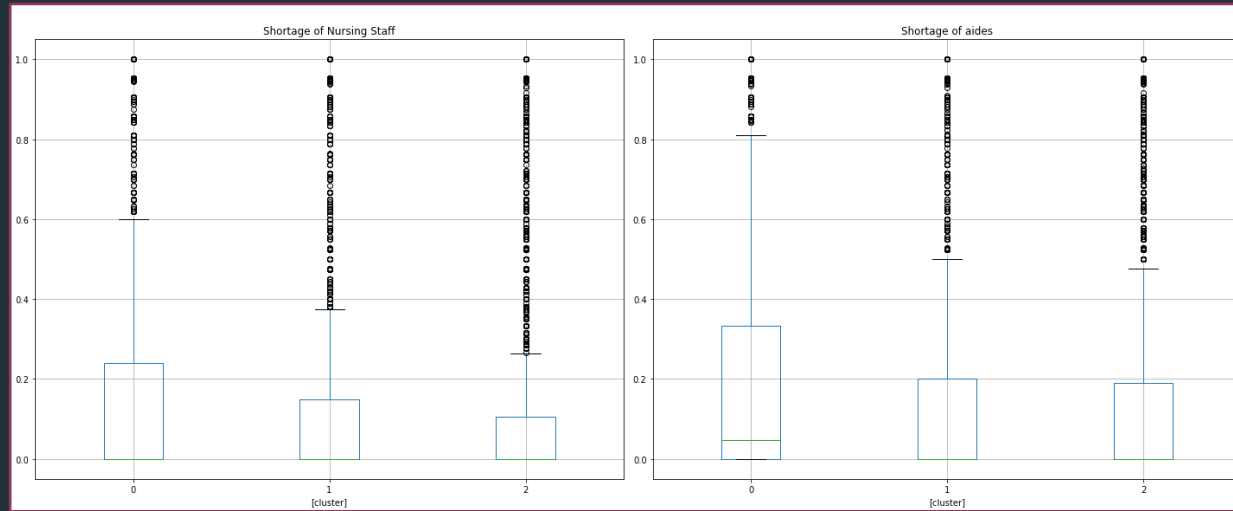
Used K-means to group like nursing homes. Clusters are described by the impact they faced from COVID as well as their risk of issues in the future.

- Used K-means to find similarities
 - Aggregate data by provider for latest week
 - Engineered mortality rate feature
 - Standardized data
- Observed three clusters to be fitting from the elbow plot
 - WSS gradually decreased after three clusters

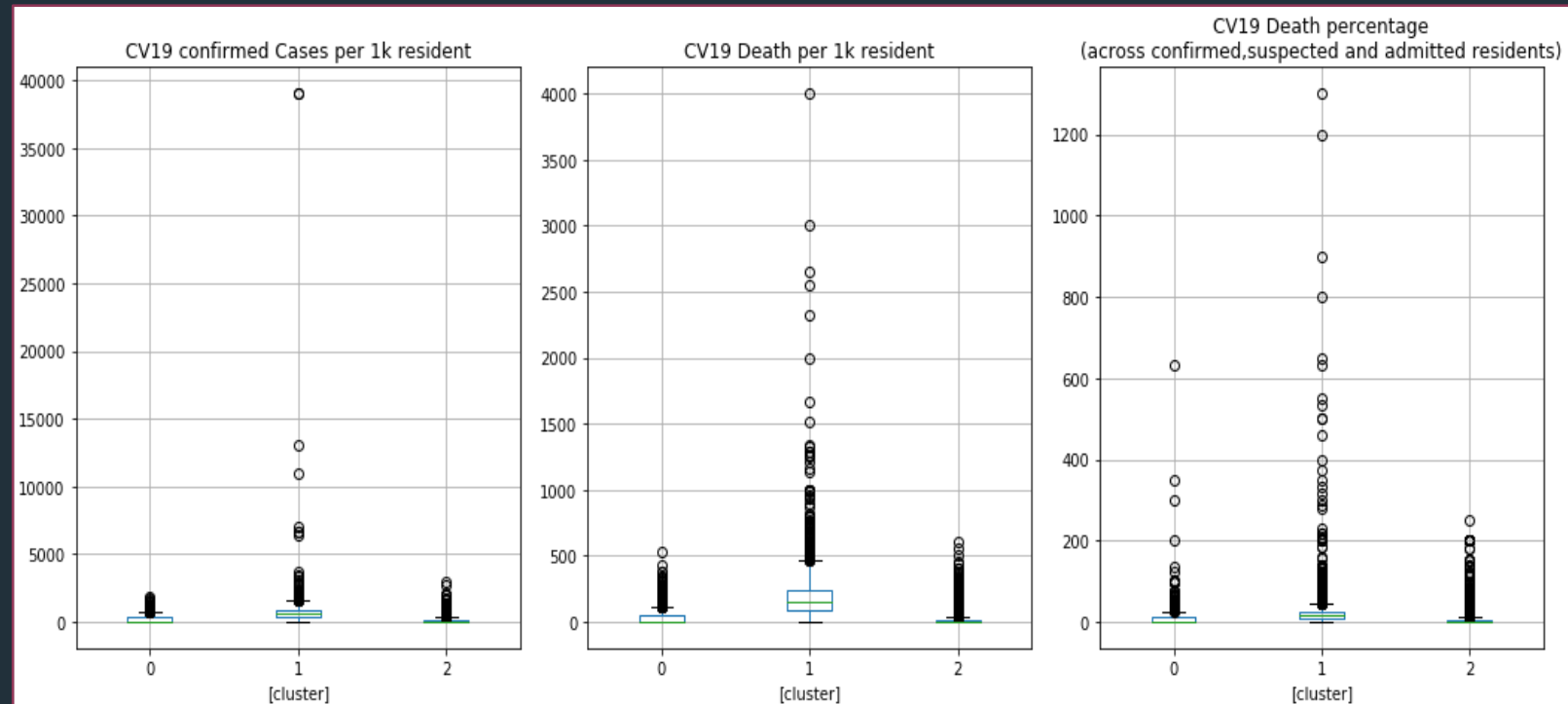


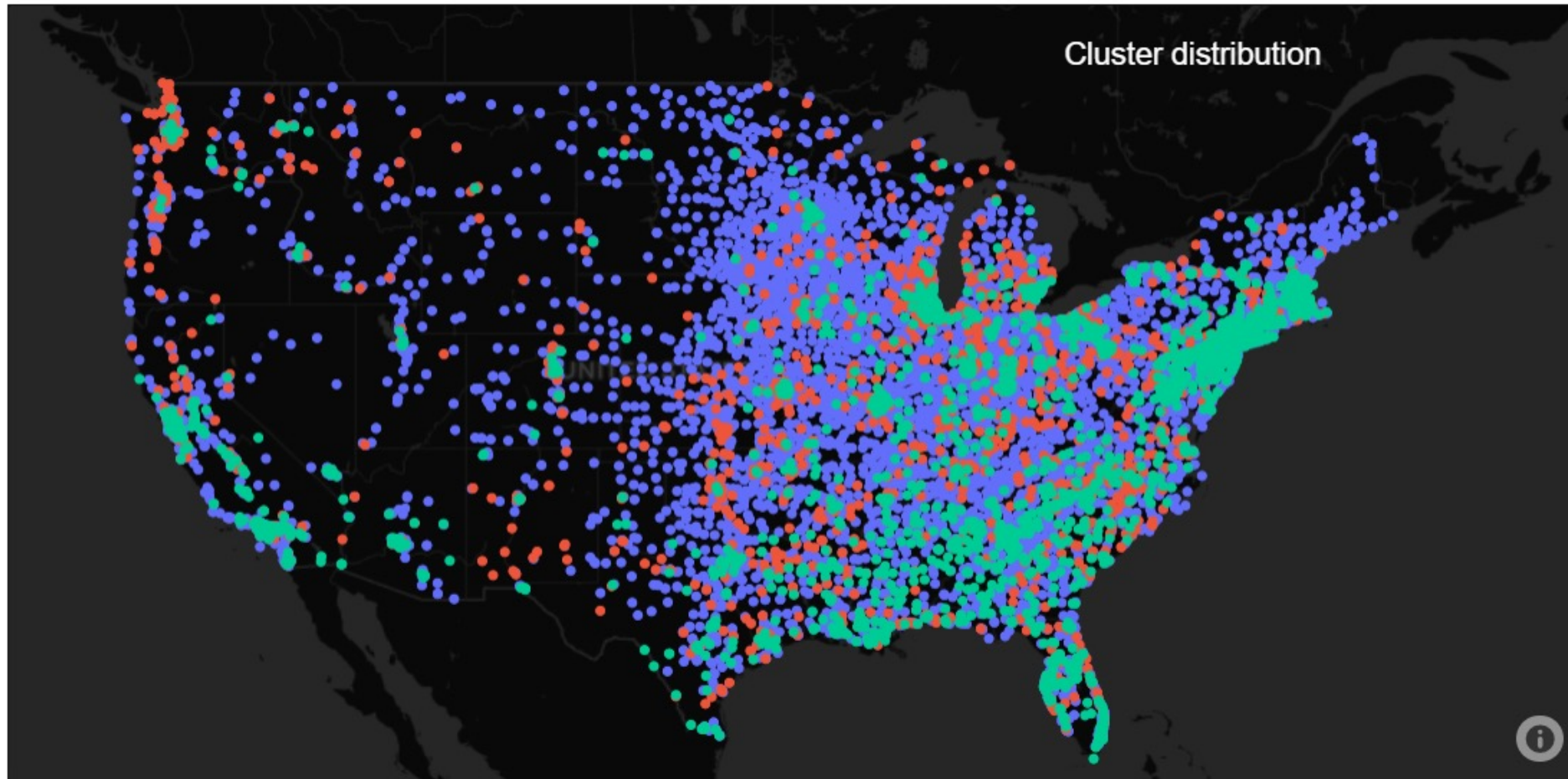
K-means Model

K-means model created three distinct clusters.



- Three clusters:
 - Cluster 0: Medium impact
 - Cluster 1: High impact
 - Cluster 2: Low impact





cluster

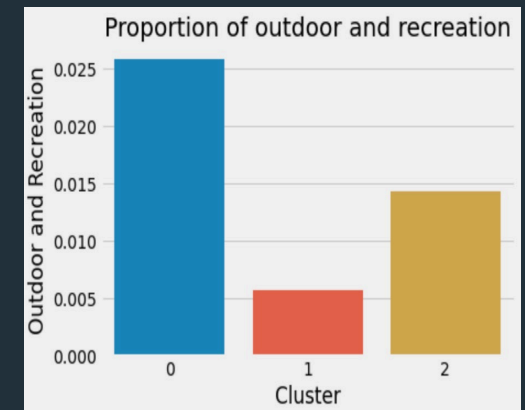
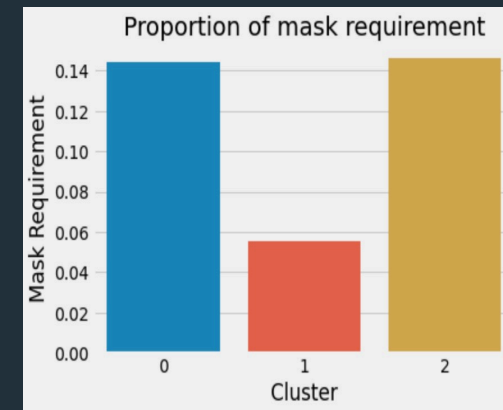
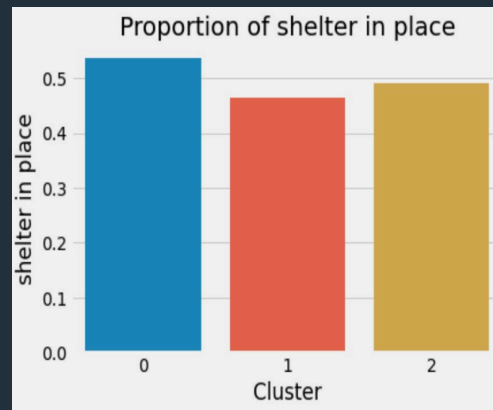
- Low Impact
- Medium Impact
- High Impact

Clusters by location

K-means Model

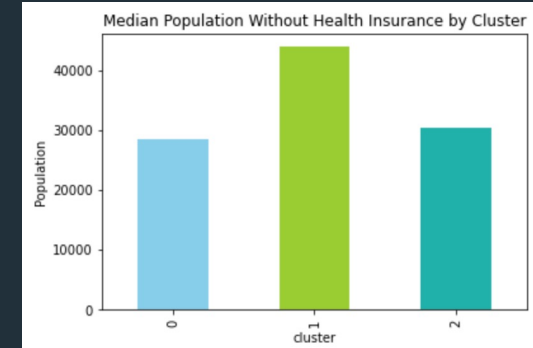
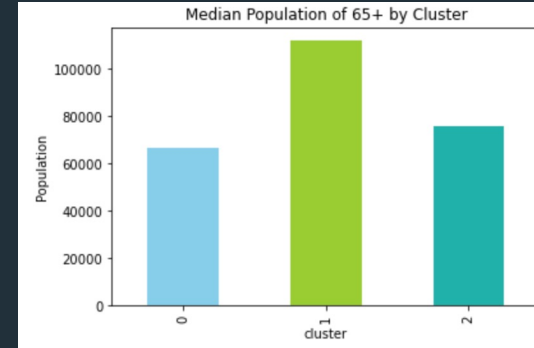
Policies implemented varied across clusters.

- Surprised to see lower mortality rate more shortages in supplies and staff in cluster 0
- Found COVID policies implemented in clusters varied
 - 46% of cluster 1 was under shelter in place restrictions versus 54% in cluster 0
 - 6% of cluster 1 was in a county that had mask requirements versus 14% in cluster 0
 - 0.6% of cluster 1 was under outdoor recreation limitations versus 2.6% in cluster 0

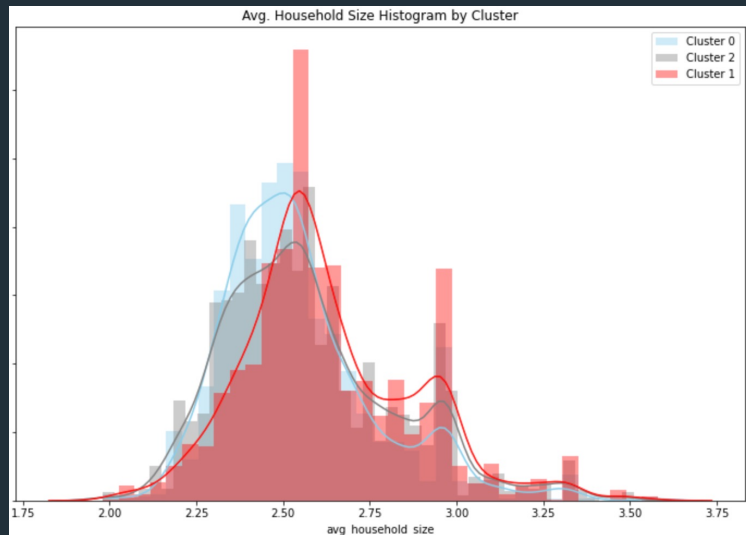


K-means Model

Cluster 1's demographics likely played a role in its high mortality rate.



- Surprised to see high mortality rate w/ more supplies and staff in cluster 1
- Demographics varied in a few key areas as well for cluster 1
 - Highest density cluster
 - Highest population of 65+ age group
 - Highest population of civilians without health insurance



Recommendation

Send vaccines to nursing homes with highest risk first.

Wave

I

- Cluster 1
- # of residents: 295K
- Location: Coasts
- Reasoning: High mortality rate, weaker policies, high at-risk population

Wave

II

- Cluster 0
- # of residents: 152K
- Location: Various
- Reasoning: More shortages of supplies

Wave

III

- Cluster 2
- # of residents: 652K
- Location: Mid-West, North East
- Reasoning: Lowest mortality rates, adequate supply levels, policies in place

Recommendation

Communicate waves of vaccine shipments with cargo carriers. Dedicate team to oversee logistics of dispersing vaccines.

2009



- H1N1's biggest challenge: dispersing vaccines
 - Cold-chain packing
 - Limited space
 - Handling procedures
 - Volume higher than typical flu season

2020



- COVID vaccines face similar issues
 - High demand
 - Health care workers, nursing homes first
 - Cold-chain packaging

2021



- Study data in order to:
 - Disperse vaccines efficiently and effectively
 - Allow for logistics providers to plan accordingly

Recommendation

Advise counties in cluster one to consider shelter-in-place and mask requirements in order to control mortality rate.



Found higher implementation of these policies likely contributed to the low mortality rates in cluster 0 and cluster 2.



Thank you

Stay healthy!