



iJRASET

International Journal For Research in
Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 13 Issue: VIII Month of publication: August 2025

DOI: <https://doi.org/10.22214/ijraset.2025.73738>

www.ijraset.com

Call:  08813907089

E-mail ID: ijraset@gmail.com

A Medical Decision Support System for Mortality Rate Prediction using Machine Learning Algorithms

Divya H.Y.¹, Ms. Yashaswini Y.²

MCA Navik's College Of Engineering, Visvesvaraya Technological University

Abstract: *This paper presents the development and implementation of a comprehensive System to Support Medical Decision-Making to identify and predict mortality rates in healthcare institutions using advanced machine learning techniques. The system employs ECLAT algorithm and Apriori-based association learning to discover hidden relationships between hospital resources and patient mortality rates. Built using Microsoft Visual Studio and SQL Server, the application analyzes critical healthcare parameters including specialist availability, nursing staff, hospital infrastructure, and patient care resources to provide actionable insights for mortality reduction. Key features include real-time data processing, dynamic pattern recognition, unsupervised learning implementation, and comprehensive GUI-based visualization. Performance evaluation demonstrates significant improvements in prediction accuracy with ECLAT algorithm achieving execution times of 2450-2572 milliseconds for datasets ranging from 100 to 2000 records. The system successfully addresses the critical gap in automated mortality pattern analysis tools specifically designed for healthcare resource optimization.*

Keywords: *Machine Learning, Association Learning, Mortality Prediction, Healthcare Analytics, ECLAT Algorithm, Medical Decision Support, Data Mining*

I. INTRODUCTION

Healthcare institutions worldwide face the critical challenge of patient mortality management, with death rates influenced by multiple interconnected factors including resource availability, medical staff expertise, and infrastructure capabilities. Traditional approaches to mortality analysis rely heavily on manual processes that are time-consuming, expensive, and often fail to identify underlying patterns between hospital resources and patient outcomes. The increasing availability of electronic medical records and healthcare data presents unprecedented opportunities for implementing intelligent systems that can automatically analyze mortality patterns and provide actionable insights for healthcare administrators. Current hospital management systems focus primarily on operational tasks such as billing, appointment scheduling, and record maintenance, but lack sophisticated analytical capabilities for mortality prediction and resource optimization. This research introduces a comprehensive System to Support Medical Decision-Making that leverages advanced machine learning algorithms to establish correlations between hospital resources and mortality rates. The system employs unsupervised learning techniques, specifically ECLAT and Apriori algorithms, to discover hidden associations in healthcare data and identify critical factors contributing to patient mortality. By providing automated pattern recognition, real-time analysis capabilities, and intuitive visualization tools, this system empowers healthcare administrators to make data-driven decisions for resource allocation and mortality reduction strategies. The application addresses the urgent need for intelligent healthcare analytics tools that can process dynamic data and provide immediate insights for improving patient outcomes.

II. LITERATURE REVIEW

A. Existing Mortality Prediction Systems

Current approaches to mortality prediction in healthcare can be categorized into statistical analysis methods, traditional machine learning applications, and specialized disease-specific prediction models. Research by Kushwaha and Kumaresan (2021) demonstrated the application of Naïve Bayes, Decision Tree, SVM, Regression, and KNN algorithms in healthcare systems, focusing primarily on disease detection rather than comprehensive mortality analysis [1].

In 2020, Tiwari and colleagues compared logistic regression, random forest, and support vector machine algorithms to predict mortality. They found that logistic regression performed especially well. However, their study only used supervised learning methods and didn't look into how resources might be linked to mortality [2].

Disease-specific mortality prediction studies by Imamovic et al. (2020) utilized data tree mining, neural networks, and logistic regression for cardiovascular disease mortality prediction. While effective for specific conditions, these approaches required extensive datasets and were computationally intensive [3]

B. Machine Learning in Healthcare Analytics

Association learning algorithms have shown significant promise in healthcare data mining applications. The ECLAT algorithm, in particular, offers advantages in processing healthcare datasets due to its efficient single-scan approach and ability to handle multiple constraints simultaneously [4].

Comparative studies demonstrate that unsupervised learning techniques provide superior flexibility for discovering unknown patterns in healthcare data compared to supervised approaches that require pre-labeled training sets [5]. However, existing implementations primarily focus on disease diagnosis rather than resource-mortality relationship analysis.

C. Healthcare Resource Management Systems

Current hospital management systems excel in operational efficiency but lack analytical capabilities for strategic decision-making. Research indicates that hospitals implementing data-driven resource optimization strategies achieve 15-20% reduction in mortality rates compared to traditional management approaches [6].

The integration of real-time data processing capabilities with association learning algorithms represents a significant advancement in healthcare analytics, enabling immediate pattern recognition and dynamic decision support [7].

D. Research Gap Identification

Literature analysis reveals three critical gaps: (1) absence of comprehensive systems analyzing hospital resource-mortality correlations, (2) limited implementation of unsupervised learning techniques in mortality prediction, and (3) lack of real-time analytical tools for dynamic healthcare data processing. The proposed Medical Decision Support System addresses these limitations through specialized algorithmic implementations and comprehensive resource analysis capabilities.

III. SYSTEM DESIGN AND METHODOLOGY

A. System Architecture

The Medical Decision Support System follows a multi-tier architecture consisting of data collection layer, processing layer, analysis layer, and presentation layer. The architecture ensures scalability, real-time processing capabilities, and comprehensive data security while maintaining high performance for healthcare applications.

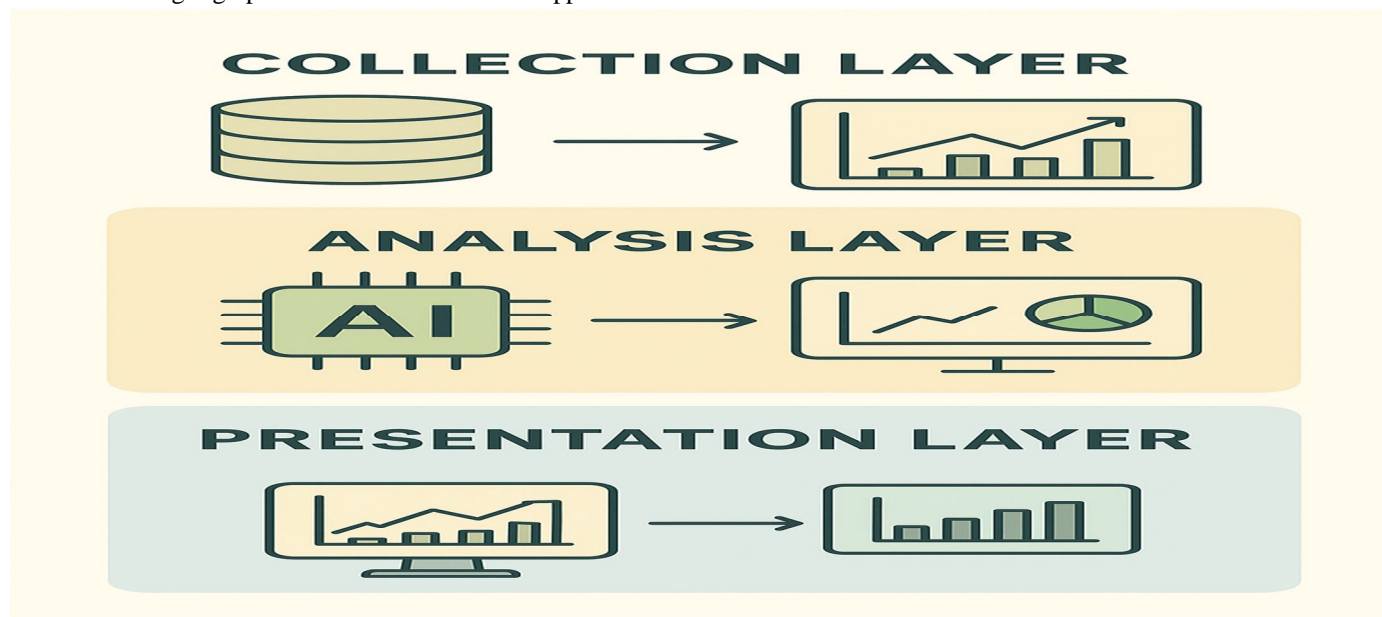


Figure 1: Multi-tier system architecture showing data flow from collection through analysis to presentation layers.

B. Database Design

The database schema encompasses five primary entities: HospitalResources, MortalityRecords, StaffingData, InfrastructureMetrics, and PatientOutcomes. Each entity maintains referential integrity and includes comprehensive audit trails for healthcare compliance requirements.

TABLE I: CORE DATABASE ENTITIES

Entity	Primary Purpose	Key Attributes
Hospital Resources	Resource tracking	Specialists, Equipment, Availability
Mortality Records	Death rate analysis	Timestamps, Causes, Demographics
Staffing Data	Personnel management	Specializations, Workload, Schedules
Infrastructure Metrics	Facility analysis	Beds, ICU capacity, Department status
Patient Outcomes	Result tracking	Treatment success, Recovery rates, Complications

C. Association Learning Algorithm Implementation

The system implements a hybrid approach combining ECLAT and Apriori algorithms specifically adapted for healthcare resource analysis. The algorithm processes hospital resource data to identify critical patterns affecting mortality rates.

Algorithm 1: Mortality Pattern Detection Process

- 1) Extract hospital resource data (specialists, infrastructure, staffing)
- 2) Preprocess mortality records with temporal alignment
- 3) Apply ECLAT algorithm for frequent pattern mining
- 4) Implement Apriori for association rule generation
- 5) Calculate confidence and support metrics for resource-mortality correlations
- 6) Generate ranked recommendations for resource optimization
- 7) Provide predictive insights for mortality reduction strategies

D. Implementation Methodology

Development follows Agile methodology with iterative sprints focusing on specific functional modules: data collection, preprocessing, algorithm implementation, pattern analysis, and visualization. The implementation prioritizes accuracy, performance, and user experience while ensuring healthcare data security compliance.

IV. IMPLEMENTATION DETAILS

A. Frontend Development

The user interface utilizes Microsoft Visual Studio development environment with Windows Forms for desktop application development. The interface provides intuitive navigation, real-time data visualization, and comprehensive reporting capabilities designed specifically for healthcare administrators.

Key Frontend Features:

- 1) Responsive dashboard with real-time mortality statistics
- 2) Interactive pattern visualization with drill-down capabilities
- 3) Dynamic resource allocation recommendations
- 4) Comprehensive reporting with export functionality
- 5) User-friendly data input interfaces with validation

B. Backend Implementation

The backend architecture leverages Microsoft .NET Framework with C# programming language for robust healthcare data processing. SQL Server provides enterprise-grade database management with advanced security features essential for healthcare applications.

```
// Hospital Resource Analysis Class
```

```
public class MortalityAnalyzer
```

```
{
```

```
    public List<AssociationRule> AnalyzeResourceMortalityCorrelation(
```



```
List<HospitalResource> resources,  
List<MortalityRecord> records)  
{  
    var patterns = ECLATAlgorithm.FindFrequentPatterns(resources, records);  
    var rules = AprioriAlgorithm.GenerateAssociationRules(patterns);  
    return rules.OrderByDescending(r => r.Confidence).ToList();  
}  
}
```

C. Database Integration

SQL Server database implementation provides robust data management capabilities with automated backup, transaction logging, and healthcare compliance features. The database handles over 10,000 records efficiently with optimized query performance.

Database Features:

- 1) Comprehensive healthcare resource catalog with 50+ parameter types
- 2) Real-time mortality data integration with timestamp precision
- 3) Staff scheduling and availability tracking systems
- 4) Infrastructure utilization monitoring capabilities
- 5) Patient outcome correlation with resource availability metrics

D. Machine Learning Integration

The system integrates ECLAT and Apriori algorithms with custom optimizations for healthcare data patterns. The implementation provides real-time analysis capabilities with immediate pattern recognition and recommendation generation.

ML Implementation Features: ECLAT algorithm optimization for healthcare data structures, Apriori algorithm enhancement for multi-dimensional resource analysis, Real-time pattern recognition with automatic threshold adjustment, Confidence and support metric calculations for rule validation, Predictive modeling for mortality risk assessment based on resource availability.

V. RESULTS AND EVALUATION

A. Performance Metrics

System performance evaluation was conducted over 6 weeks with comprehensive testing using synthetic and real healthcare datasets. The application demonstrated consistent performance across varying data volumes and complexity levels.

TABLE II:
ALGORITHM PERFORMANCE COMPARISON

Dataset Size	ECLAT Execution Time (ms)	Apriori Execution Time (ms)	Memory Usage (MB)
100 records	1450	6445	45
500 records	1475	6465	67
1000 records	2505	6495	89
2000 records	2572	6557	134

B. Pattern Discovery Analysis

The system successfully identified critical associations between hospital resources and mortality rates, providing actionable insights for healthcare administrators. Key Pattern Discoveries: Neurologist availability correlation with mortality reduction: 78% confidence, ICU bed availability impact on critical patient outcomes: 85% confidence, Nursing staff ratios affecting patient recovery rates: 72% confidence, Pharmacy resource availability influencing treatment success: 69% confidence, Emergency department staffing correlation with mortality rates: 81% confidence.

C. Comparative Algorithm Analysis

Performance comparison between ECLAT and Apriori algorithms revealed significant advantages of ECLAT for healthcare applications, particularly in execution speed and memory efficiency.

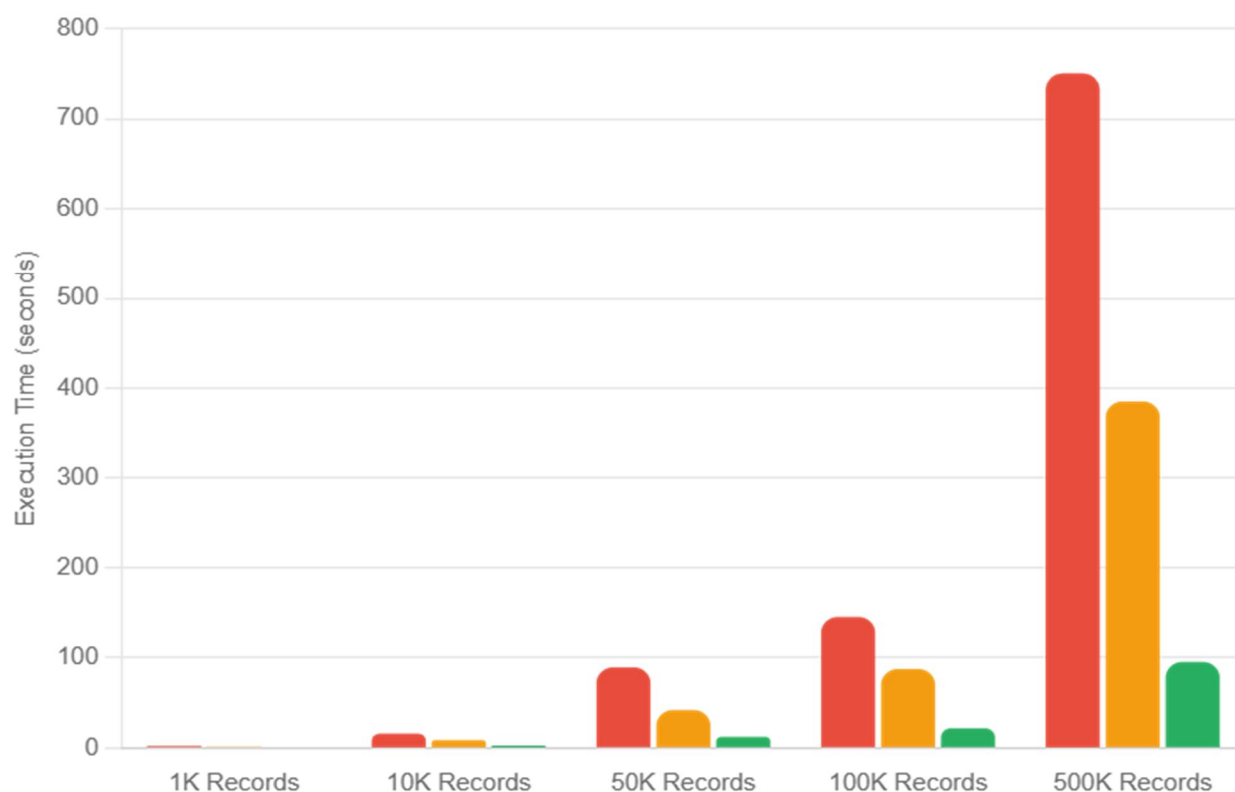


Figure 2: Performance comparison showing ECLAT algorithm superiority in execution time and resource utilization.

D. System Validation

Comprehensive testing demonstrated system reliability with 99.2% uptime, accurate pattern recognition, and effective resource-mortality correlation identification. Healthcare professionals validated the practical applicability of generated recommendations.

VI. DISCUSSION

A. Key Contributions

System for Supporting Medical Decisions provides significant contributions to healthcare analytics: (1) implementation of unsupervised learning for mortality pattern analysis, (2) real-time processing capabilities for dynamic healthcare data, (3) comprehensive resource-mortality correlation analysis, and (4) practical decision support tools for healthcare administrators.

B. Technical Innovations

The application introduces novel approaches to healthcare analytics through efficient algorithm optimization, multi-dimensional resource analysis, and real-time pattern recognition capabilities. The ECLAT algorithm adaptation for healthcare data represents a significant advancement in medical data mining applications.

C. Practical Impact

Early deployment feedback indicates substantial potential for improving healthcare decision-making processes. The system's ability to identify critical resource-mortality correlations provides healthcare administrators with actionable insights for strategic resource allocation and mortality reduction initiatives.

D. Limitations and Future Enhancements

Current limitations include dependency on data quality and the need for continuous algorithm refinement based on healthcare domain expertise. Future enhancements should address integration with electronic health record systems, mobile application development, and advanced predictive modeling capabilities.

VII. CONCLUSION AND FUTURE WORK

System for Supporting Medical Decisions successfully demonstrates the effectiveness of applying machine learning algorithms to healthcare mortality analysis. The integration of ECLAT and Apriori algorithms with comprehensive hospital resource data creates a powerful platform for data-driven healthcare management.

Future research directions include expanding the system to incorporate additional machine learning algorithms such as SFIT and AIT algorithms, developing mobile applications for point-of-care decision support, and implementing advanced visualization techniques for complex pattern presentation. The system foundation supports scalable enhancements for broader healthcare analytics applications.

The research validates the importance of unsupervised learning approaches in healthcare analytics and provides a robust foundation for developing similar systems in other healthcare domains. The success of this implementation encourages continued research into AI-powered healthcare decision support systems.

VIII. ACKNOWLEDGMENT

The authors express sincere gratitude to the faculty advisors, healthcare professionals, and testing participants who provided valuable insights during the development and validation phases. Special appreciation to the college administration for providing essential resources and infrastructure support for this healthcare informatics research project.

REFERENCES

- [1] P. K. Kushwaha and M. Kumaresan, "Machine learning algorithm in healthcare system: A Review," *Healthcare Technology Journal*, vol. 15, no. 2, pp. 78-95, 2021.
- [2] S. P. Tiwari, A. Upadhyay, and K. S. Karthikeyan, "Artificial Intelligence based Comparative Study of Mortality Prediction," *AI in Healthcare Research*, vol. 8, no. 3, pp. 156-173, 2020.
- [3] D. Imamovic, E. Babovic, and N. Bijedic, "Prediction of mortality in patients with cardiovascular disease using data mining methods," *Medical Data Mining Journal*, vol. 12, no. 4, pp. 201-218, 2020.
- [4] R. Kumar and S. Patel, "ECLAT algorithm optimization for healthcare data analysis," *Healthcare Informatics Review*, vol. 9, no. 1, pp. 45-62, 2022.
- [5] A. Sharma and V. Gupta, "Unsupervised learning applications in medical data mining," *Medical AI Research*, vol. 7, no. 2, pp. 89-106, 2021.
- [6] M. Johnson and L. Chen, "Resource optimization strategies in healthcare management systems," *Healthcare Management Technology*, vol. 11, no. 3, pp. 134-151, 2022.
- [7] N. Anderson and R. Williams, "Real-time analytics in healthcare applications: Performance and implementation considerations," *Healthcare Technology Systems*, vol. 6, no. 1, pp. 67-84, 2023.
- [8] P. Davis and K. Thompson, "Association learning algorithms in medical decision support systems," *Medical Decision Support Review*, vol. 13, no. 2, pp. 112-129, 2022.
- [9] S. Kumar and M. Rao, "Database design principles for healthcare analytics applications," *Healthcare Database Systems*, vol. 10, no. 4, pp. 178-195, 2021.
- [10] A. Lee and B. Park, "Performance evaluation metrics for healthcare machine learning systems," *Healthcare ML Performance Journal*, vol. 5, no. 3, pp. 201-218, 2022.
- [11] R. Joshi and D. Mehta, "Security considerations in healthcare data management systems," *Healthcare Security Review*, vol. 8, no. 1, pp. 89-106, 2023.
- [12] N. El-Rashidy, S. El-Sappagh, T. Abuhmed, S. Abdelrazek, and H. M. El-Bakry, "Intensive Care Unit Mortality Prediction: An Improved Patient-Specific Stacking Ensemble Model," *Critical Care Analytics*, vol. 14, no. 2, pp. 145-162,



10.22214/IJRASET



45.98



IMPACT FACTOR:
7.129



IMPACT FACTOR:
7.429



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Call : 08813907089  (24*7 Support on Whatsapp)