Business Problem

1. **Patient mix and seasonal demand clarity**
   Leaders require a unified, trustworthy view of patient demographics and condition prevalence, along with month-to-month and year-over-year demand shifts across the network. Fragmented exports and inconsistent category labels make it difficult to plan staffing, beds, and clinical programs for predictable peaks.

2. **Admission-to-discharge throughput visibility**
   Executive and operational teams need a standardized way to quantify and monitor length of stay and admissions trends across hospitals, doctors, and conditions. Department-level variations in definitions and manual calculations hinder timely decisions on bottlenecks and length-of-stay reduction efforts.

3. **Financial concentration across providers and payers**
   Finance must identify where billed amounts concentrate by doctor, hospital, condition, and insurer in order to prioritize contracting, documentation rigor, and improvement initiatives. Current reports provide totals but not a consolidated, comparable view that supports confident prioritization.

4. **Trustworthy, analysis-ready data for decision making**
   Stakeholders require consistent categories, typed fields, and harmonized dates so that metrics are reproducible and comparable across time windows and cohorts. Inconsistent naming, mixed data types, and ad-hoc transformations cause conflicting numbers and erode confidence during reviews.

5. **Leadership reporting that scales**
   Executives need a compact, repeatable set of KPIs and visuals that can be reviewed weekly and monthly without analyst intervention. The current reliance on manual joins and one-off charts creates delays, reduces frequency of review, and obscures emerging trends that require fast action.