



	Hospital Emergency Room Dashboard						01-04-2023 📾 30-10-2024 📾		
	Patient Id	Name	Gender	Age	Admin Date	Race	Waittime	Department Referral	Admission Status
	111-50-6779	E Enrigo	Female	40	06 August 2023	African American	51	Cardiology	Not Admitted
	113-42-6171	Q Karadzas	Female	10	21 August 2023	Declined to Identify	52	Cardiology	Admitted
	114-45-5732	I Isham	Female	43	17 October 2024	White	18	Cardiology	Admitted
	115-32-2532	P Bowker	Male	31	16 February 2024	White	29	Cardiology	Admitted
	118-32-9062	A Mattosoff	Female	33	12 June 2023	White	16	Cardiology	Admitted
	121-51-9644	P O'Sullivan	Female	27	29 August 2023	White	20	Cardiology	Not Admitted
Monthly View	124-08-6381	W Keyworth	Male	67	15 June 2024	Declined to Identify	29	Cardiology	Admitted
	125-71-2639	G O'Neill	Female	51	21 October 2023	African American	33	Cardiology	Admitted
	138-04-7377	A O'Dyvoy	Male	61	09 March 2024	White	45	Cardiology	Not Admitted
Consolidated View	139-14-2557	Y Janks	Male	24	13 April 2023	Native American/Alaska Native	18	Cardiology	Admitted
	142-87-7640	P Shallcross	Female	41	14 September 2024	Asian	20	Cardiology	Not Admitted
Patient Details	145-40-1045	V Prangle	Female	12	05 June 2023	African American	44	Cardiology	Admitted
	151-12-1817	R Murrhaupt	Female	17	19 March 2024	Asian	58	Cardiology	Admitted
	151-80-2492	L MacSwayde	Male	7	04 May 2024	Asian	44	Cardiology	Admitted
Key Takeways	152-63-9780	D MacNeil	Female	54	09 October 2024	African American	13	Cardiology	Admitted
	154-03-1861	Q Martt	Female	57	25 April 2024	White	55	Cardiology	Not Admitted
	154-08-4257	X Coventon	Female	59	02 August 2023	White	13	Cardiology	Not Admitted
	159-55-1671	T Merryfield	Female	50	26 April 2024	African American	26	Cardiology	Admitted
	166-10-4126	M Nockalls	Female	71	12 March 2024	Declined to Identify	28	Cardiology	Admitted
	175-49-8550	B Nisot	Female	63	01 January 2024	Pacific Islander	36	Cardiology	Admitted
	176-32-3686	N Brimson	Male	26	08 April 2023	White	10	Cardiology	Not Admitted
	182-89-0226	R Lothlorien	Female	74	12 April 2023	African American	26	Cardiology	Not Admitted
	183-15-3162	H Finby	Male	75	30 September 2023	White	23	Cardiology	Admitted

59 11 July 2024

Native American/Alaska

21 Cardiology

Admitted

185-10-7325

I Sibery

Female



Hospital Emergency Room Dashboard

Descriptive Analysis

The emergency room dataset, covering a period of 19 months, records a total of 9,216 unique patients.

Patient Wait Time & Satisfaction:

The average wait time was approximately 35.3 minutes, indicating a need for improvement to enhance patient flow. The average satisfaction score was 4.99 out of 10, suggesting moderate satisfaction and highlighting areas for improving patient experiences.

Monthly View

Departmental Referrals:

A significant number of patients (5400) did not require referrals. Among those referred, the most common were General Practice (1840 cases) and Orthopedics (995 cases), followed by Physiotherapy (276 cases) and Cardiology (248 cases).

Consolidated View

Peak Busy Periods:

Patient Details

The busiest days were Mondays (1377 Patients), Saturdays (1322 Patients), and Tuesdays (1318 Patients). The busiest hours were 11 AM, 7 PM, 01 PM, and 11 PM, indicating the need for ample staffing during these periods.

Key Takeways

Patient Demographics:

Age Groups: Adults (30 - 39 Years) formed a large group (1200 Patients), followed by young adults (20 - 29 Years) with 1188 Patients. Other significant groups included middle-aged patients as well (40 - 50 Years).

Race Distribution:

The largest racial group was White (2571), followed by African American (1951), Multi-racial (1557), and Asian (1060) patients. A significant number of patients (1030) declined to identify their race.

Admission Patterns:

Nearly half of the patients (4612) were admitted, while the rest (4604) were treated and released.

Summary:

The dataset reveals high patient volumes, moderate satisfaction levels, and common referrals to General Practice and Orthopedics. Mondays and late night to early morning hours are particularly busy. The patient demographics show a diverse age and racial composition, with nearly equal numbers of admitted and non-admitted patients. These insights can belo optimize resource allocation and improve patient care in the emergency room.