HOSPITAL FINANCIAL AND OPERATIONAL PERFORMANCE ANALYSIS AND RECOMMENDATIONS

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Executive Summary of Analysis

Dashboard results show a profitable hospital operation with **$273.56K revenue**, **$189.42K expenses**, and **$84.14K profit**, producing a **30.8% margin** across **230 transactions**, **86 patients**, and **81 doctors**.

Profitability is strong, but the dashboards point to **two operational risks that can quickly weaken results**:

1. **Demand and revenue fell sharply in 2023** after a strong 2022 peak.
2. **Clinician coverage is uneven across specialties**, with **Cardiology showing the highest workload pressure**.

If these issues continue, the hospital risks lower total profit, weaker service continuity, longer waiting times, and greater dependence on a small group of doctors and patients.

Current performance snapshot

- Total Revenue: $273.56K
- Total Expenses: $189.42K
- Total Profit: $84.14K
- Profit Margin: 30.8%
- Volume: 230 transactions, 86 patients, 81 doctors

Overall cost control looks stable, but volume weakness and concentration risk need action.

Key Findings from the dashboard

1. **<u>Patient activity and revenue decline in 2023</u>**

    - Quarterly revenue peaks in 2022 (Q4 ~ $44K) and then drops substantially in 2023 (Q1 ~ $14K, Q2 ~ $15K, Q3 ~ $9K).

Business implication

Strong margins don't protect the business if volumes keep falling. Lower throughput reduces total profit and can create underutilised staff capacity in some areas while other areas remain overloaded.

2. **<u>Revenue depends heavily on a few specialties</u>**

- Revenue is led by **Dermatology (~$68K)**, **Cardiology (~$61K)**, **Neurology (~$59K)**.

Business implication

The hospital's financial outcomes depen d disproportionately on Dermatology, Cardiology, and Neurology. Any disruption in these service lines (capacity, staffing, scheduling, equipment availability, referral patterns) will have an outsized impact on total performance.

3. **<u>Specialty coverage is uneven (workload imbalance)</u>**

Patient-to-doctor ratios indicate pressure points:

- Dermatology: 22 patients / 4 doctors
- Neurology: 22 / 5
- Ophthalmology: 11 / 2
- Cardiology: 10 / 1 *(highest load)*

Business implication

Cardiology is both **high-revenue** and **under-covered**. This combination increases risk of appointment delays, rushed consultations, burnout, and revenue loss if the doctor becomes unavailable.

4. **<u>Concentration risk</u>**

- Top 5 patients ≈ $64K (~23%) of revenue.
- Top 5 doctors ≈ $86K (~31%) of revenue.

Business implication

Performance resilience is weak. Losing one high-producing doctor or a few high-value patients will shift revenue noticeably.

Recommendations Tied to Findings

1. **<u>Prioritise actions to reverse the 2023 decline in visits</u>**

What to do (operational focus):

- Review appointment availability, cancellations/no-shows, waiting times, and clinic utilisation.
- Identify whether decline is driven by access constraints (capacity), loss of referrals, patient churn, or service disruptions.

Expected result: Restore throughput and stabilise revenue trend.

2. **<u>Treat Cardiology as a priority capacity intervention area</u>**

What to do

- Add sessions (locum/part-time) or redistribute clinic schedules.
- Introduce simple triage rules and follow-up pathways (so the specialist sees the right cases, not everything).
- Reduce avoidable follow-ups by using standard review schedules where safe.

Cardiology has the highest patient-to-doctor imbalance and is also a top revenue generator—making it both a financial and operational priority.

3. **<u>Protect the top three revenue specialties with reliability controls</u>**

What to do:

- Lock consistent weekly session plans for Dermatology, Cardiology, Neurology.
- Put basic operational safeguards in place: coverage planning, backup doctor options, reduced bottlenecks for booking and patient flow.

These specialties carry a large portion of revenue, so stability here protects overall performance.

4. **<u>Reduce dependency on a few doctors and patients</u>**

What to do:

- Spread patient load more evenly across the doctor base where clinically appropriate.
- Put continuity plans in place for top doctors (leave cover, cross-coverage, scheduling buffers).
- Build retention habits for high-value patients (follow-up reminders, continuity of care, improved access).

31% of revenue coming from 5 doctors is a business risk, not just a staffing detail.

5. **<u>Improve efficiency in lower-return services to defend margin</u>**

What to do:

- For lower-margin services (e.g., routine checkups, X-Ray), focus on workflow efficiency and cost control: staffing patterns, supply usage, standard steps, reduced rework.

Small cost improvements across routine services help preserve the overall margin while volume rebuilds.

Conclusion

The hospital is profitable, but the dashboards show a 2023 demand shock and a capacity imbalance that can undermine performance if ignored. The priority is not "more reporting." The priority is restoring throughput, stabilising core revenue specialties, and removing single points of failure (especially Cardiology) while protecting margin through routine-service efficiency