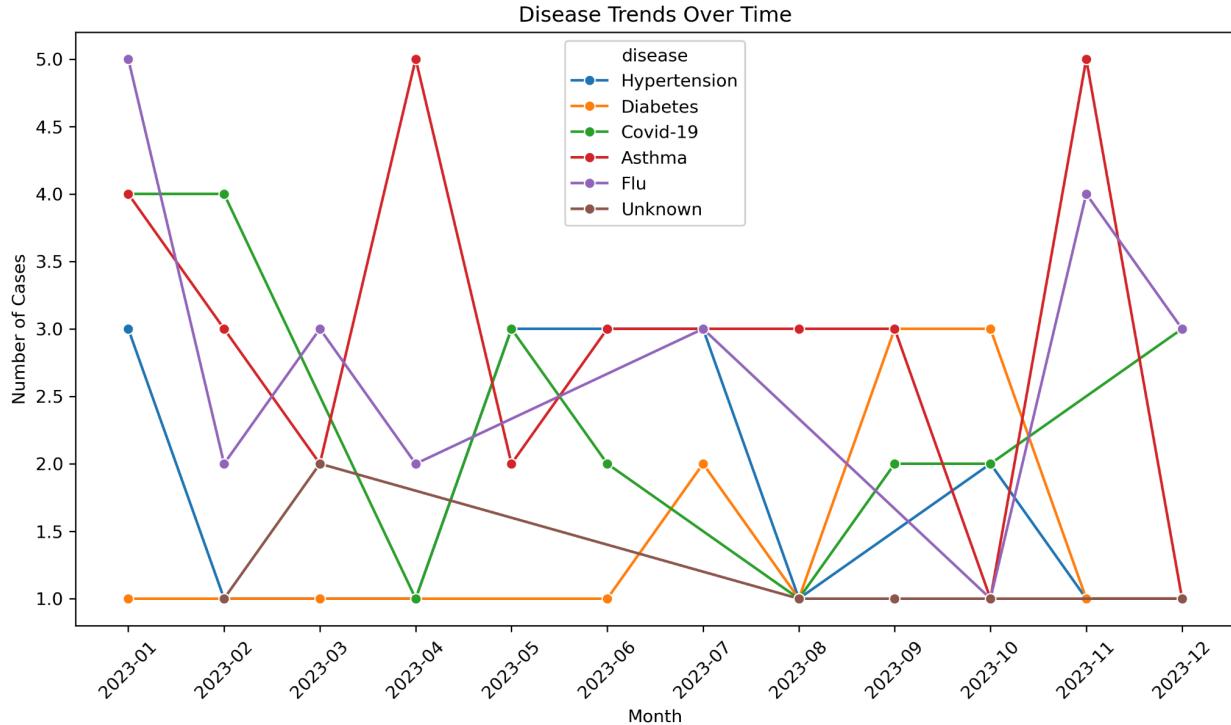
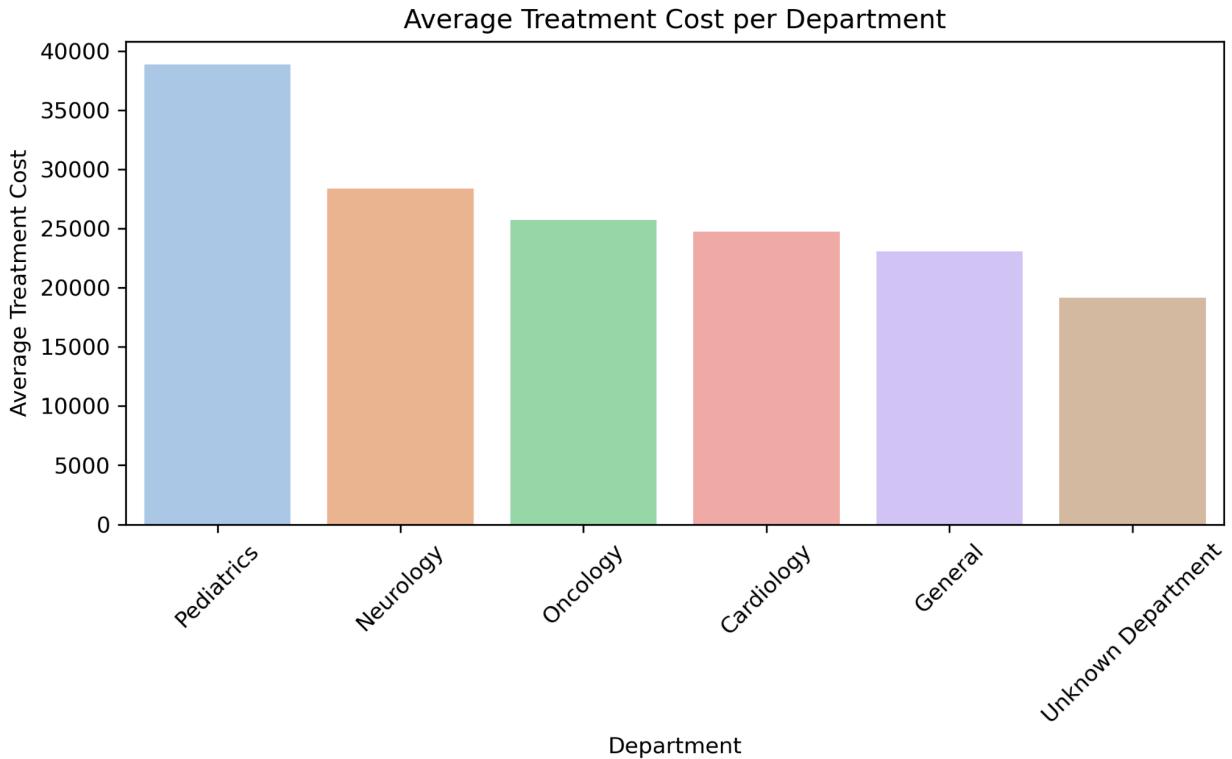


The bar chart shows very clearly a hierarchy in medical staff total revenue, in which Dr. Adams is the best performer with a total of about 1.1 million. This result is more than double the next closest teammate, Dr. Clark, who was responsible for approximately 750,000. Next to Dr. Clark, there is a central group of doctors that includes Dr. Evans (about 550,000), Dr. Baker (about 480,000), and Dr. Davis (about 430,000), who all have quite similar performances. The graph points out a very important issue: the "Unknown Doctor" category. It is a small amount of money (about 40,000), but its existence signals a problem with data quality or attribution in the tracking system. Hence, it can be inferred that in-depth studies will have to be conducted not only to understand what lies behind the top revenue of Dr. Adams but also to rectify the system flaws causing the revenue to be unattributed.



This line graph illustrates the monthly case numbers of six different diseases during the year 2023. The data reveals a lot of ups and downs, especially in acute, seasonal diseases, and the most striking ones are when the red line of Asthma reached 5 cases in April and November, and purple line of Flu had its own peaks of 5 cases in January and 4 in November. The strong seasonality in spring and fall/winter has been established as a major finding. On the other hand, the chronic conditions like Diabetes (orange line) are stable and about 1 case in most of the year. In August 2023, a very unusual pattern happened, where almost all diseases tracked, including Hypertension, Covid-19, Asthma, and Flu, at the same time, went down to their lowest levels, which were mostly 1 case. This overall dip deserves further investigation as it might indicate a data reporting error, a clinic holiday, or a real lull. And lastly, there is a good sign concerning the data quality: "Unknown" category (brown line) began with 4 cases in January and gradually decreased to 1 at the end of June, meaning that the diagnostic or case attribution processes got a lot better as the year went by.



The graph distinctly reveals Pediatrics to be the most notable high-cost outlier, with an average treatment cost of about 39,000. This is remarkably higher, more than 10,000 additional, compared to the second most expensive department, Neurology (approx. 28,500). After Neurology, there is a close grouping of costs for several other departments such as Oncology (approx. 25,500), Cardiology (approx. 24,500), and General (approx. 23,000). One of the most important conclusions from this data is the existence of an "Unknown Department" with an enormous average cost of around 19,000. This "Unknown" group is a major data integrity issue, since these unrecognized costs not only become unavailable for analysis but also distort the actual averages of all the other departments.