

Bright Hospital

Patient Analysis

By Njabulo Nkosi





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Overview

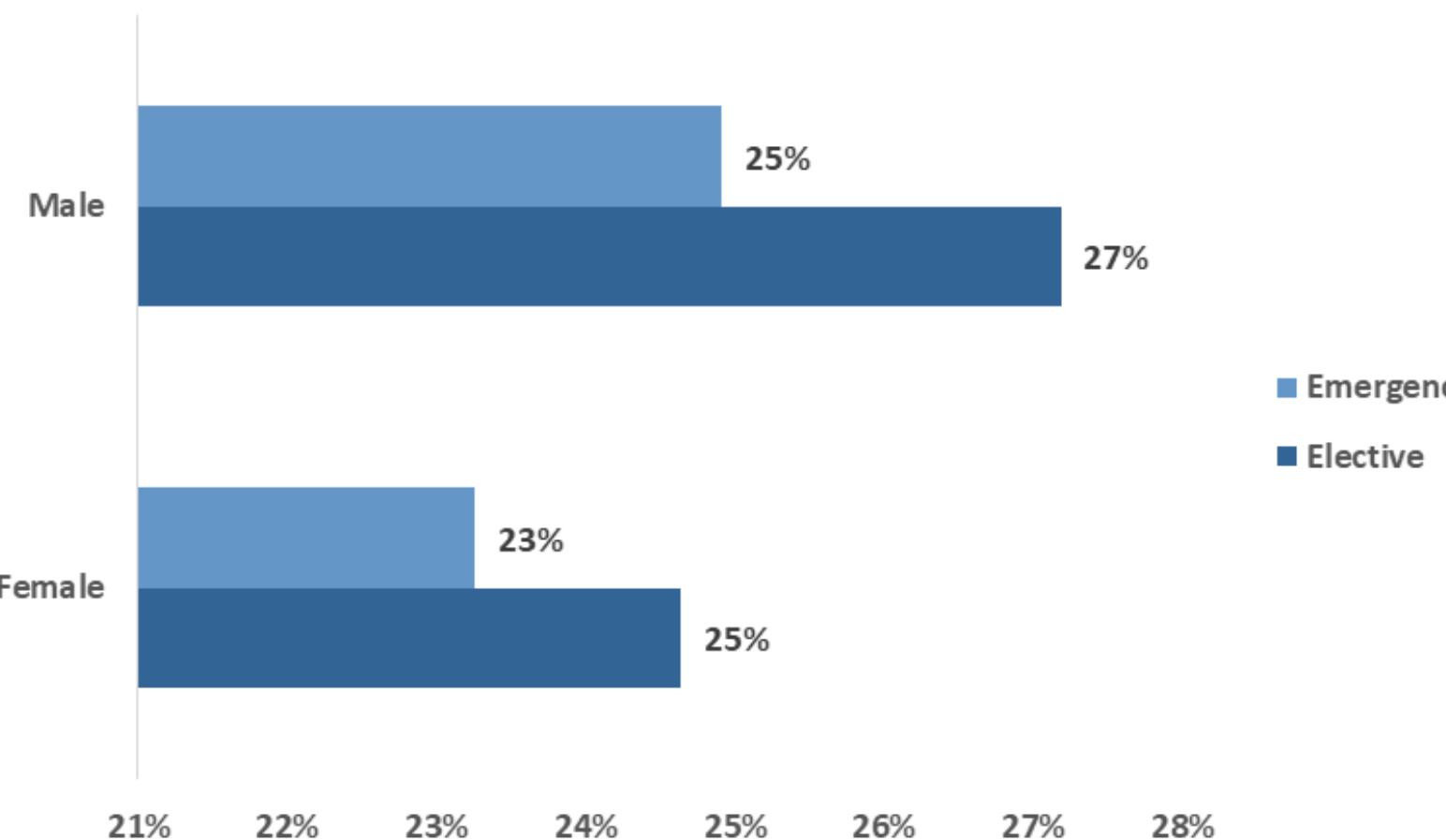
The presentation covers key areas including patient demographics (age, gender), admission type (elective vs. emergency), and several clinical and behavioral indicators (length of stay, number of diagnoses, blood pressure, blood sugar, and previous admission history) to identify high-risk groups and inform strategic recommendations

1. Patient Demographic Information
2. Key Analysis
3. Strategic Recommendations

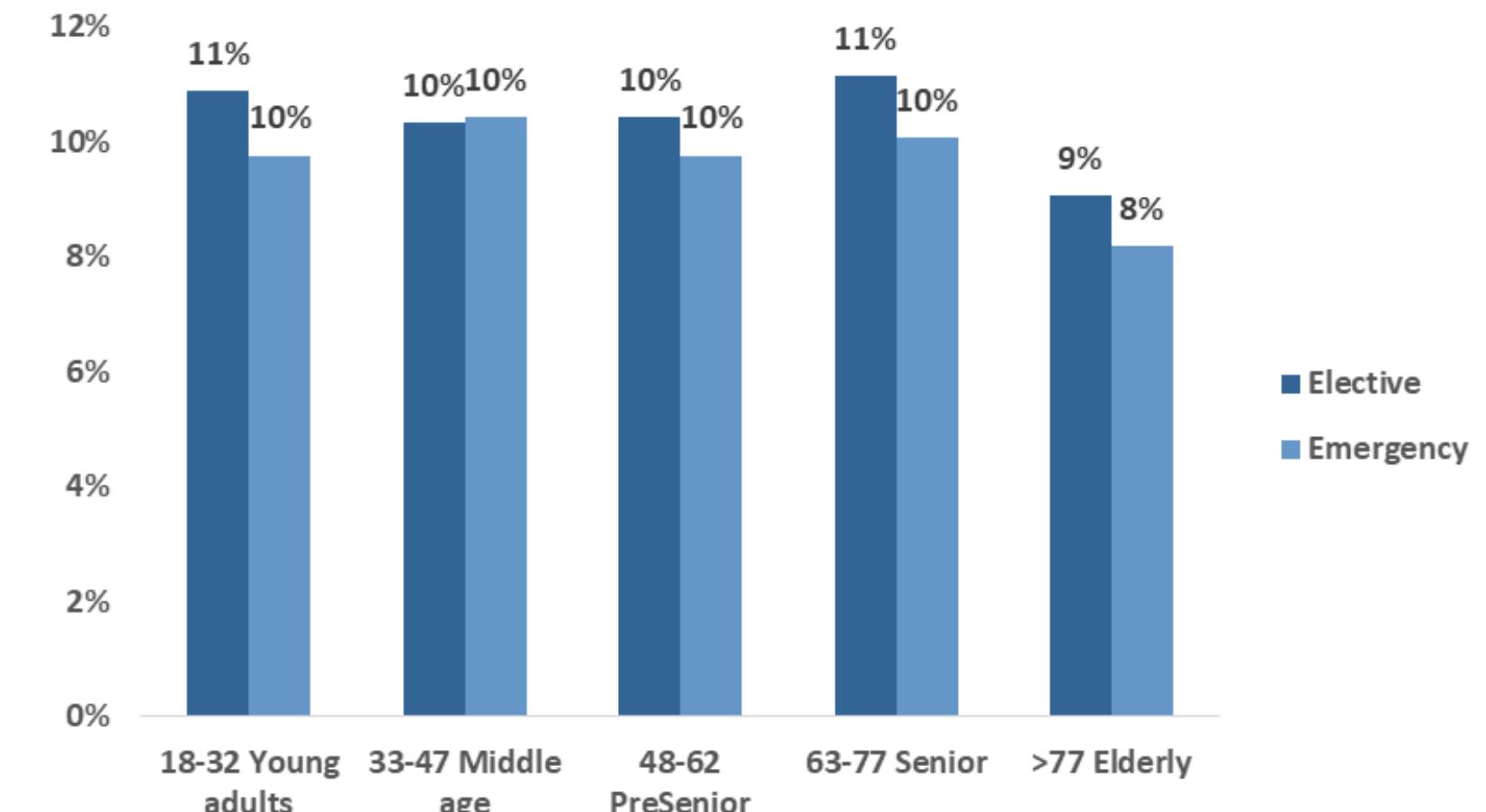


Patient Demographics

Gender Distribution Of Admissions



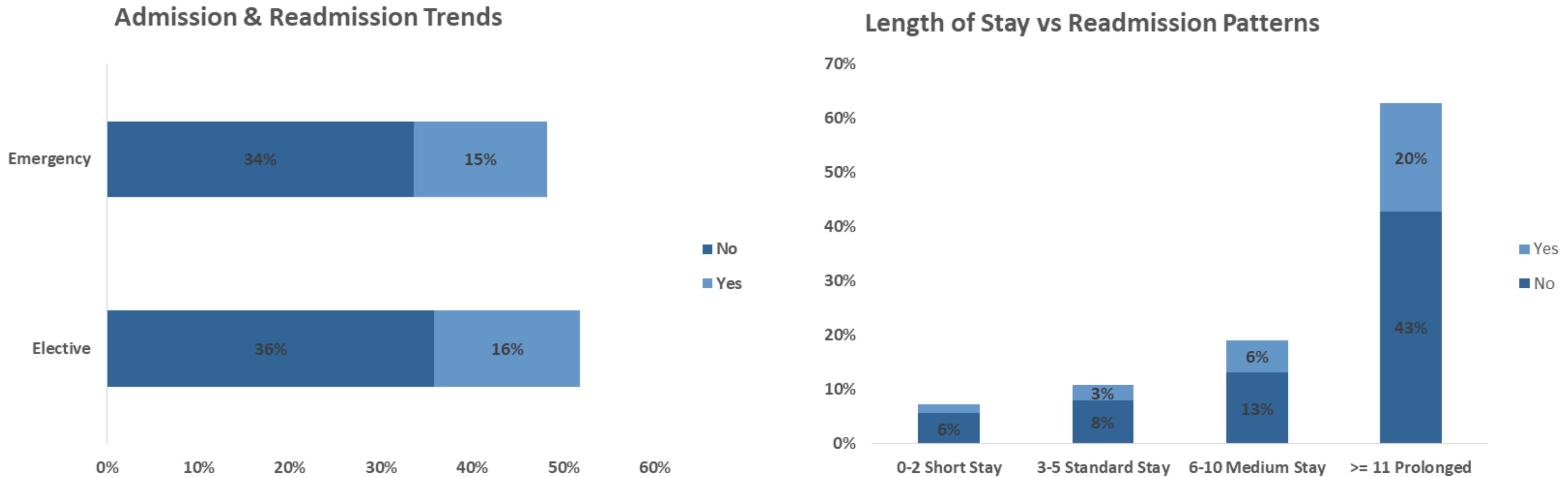
Age Distribution of Admissions



Key Insights

- Male patients account for a slightly higher percentage of total admissions (27% Elective, 25% Emergency) compared to Female patients (25% Elective, 23% Emergency).
- The 'Age Senior' (63–77 years) accounts for the largest share of all hospital admissions, representing 21% of total patient volume. Critically, over half of these admissions (11% of total patient volume) are for Elective procedures.

Readmission Trends : Admission Type & LOS

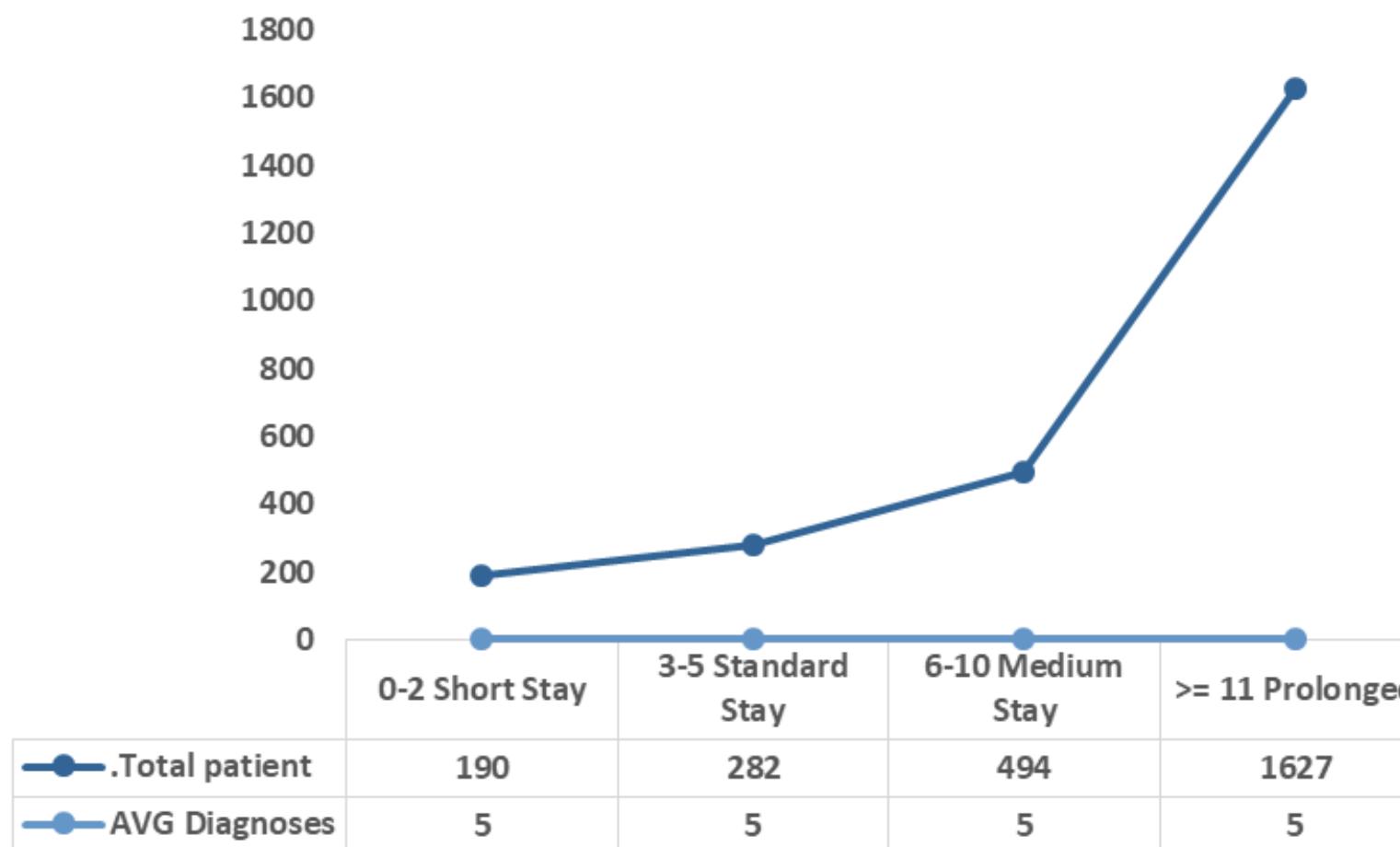


Key Insights

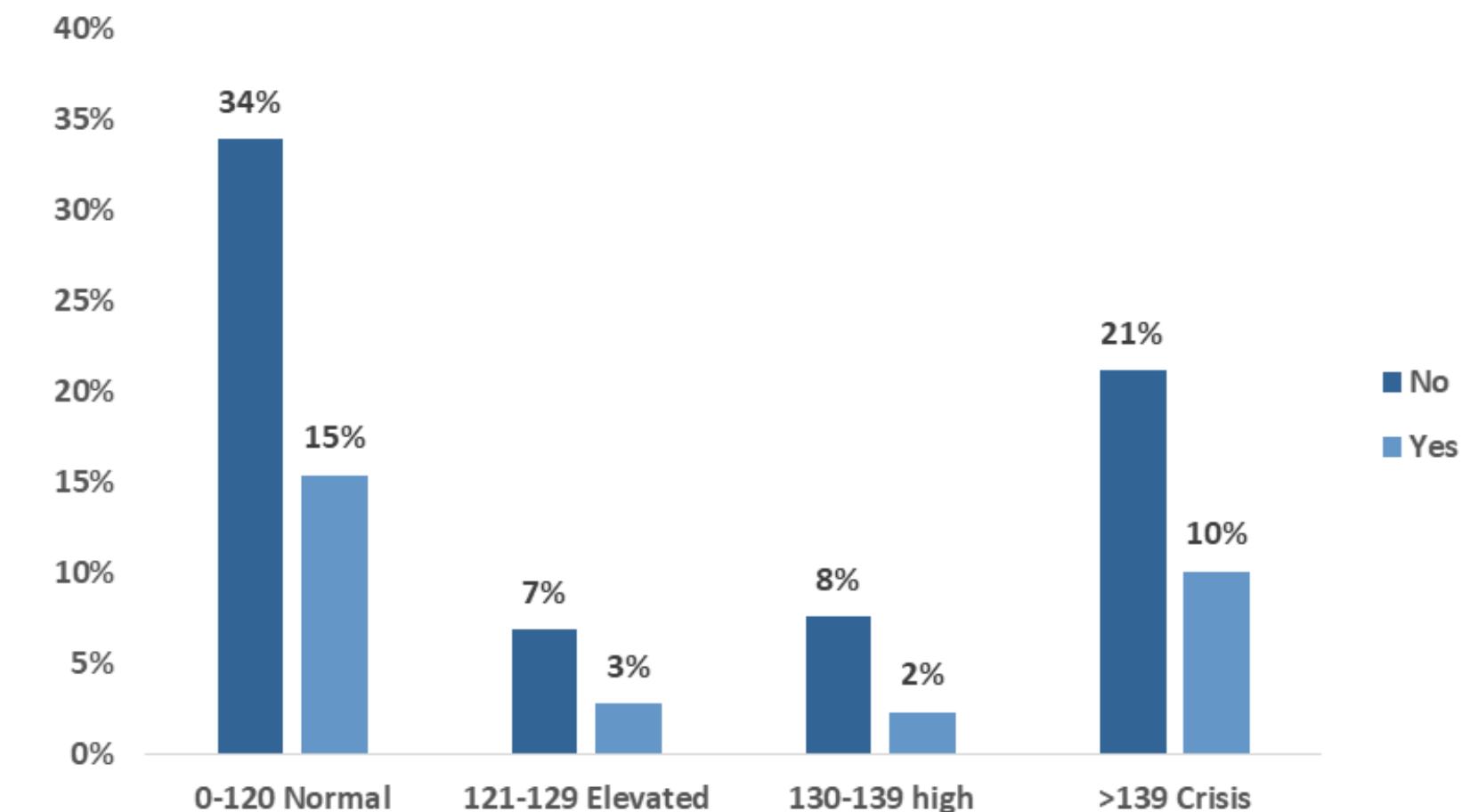
- Elective admissions have a slightly higher readmission rate at 16% than Emergency admissions rate at 15%
- Prolonged more than 10 days have a significantly higher readmission rate holding 20% than any other groups.

Clinical Indicators Of Readmission

Patient Stay Duration vs Number of Diagnoses



Patient Readmissions Across Blood Pressure

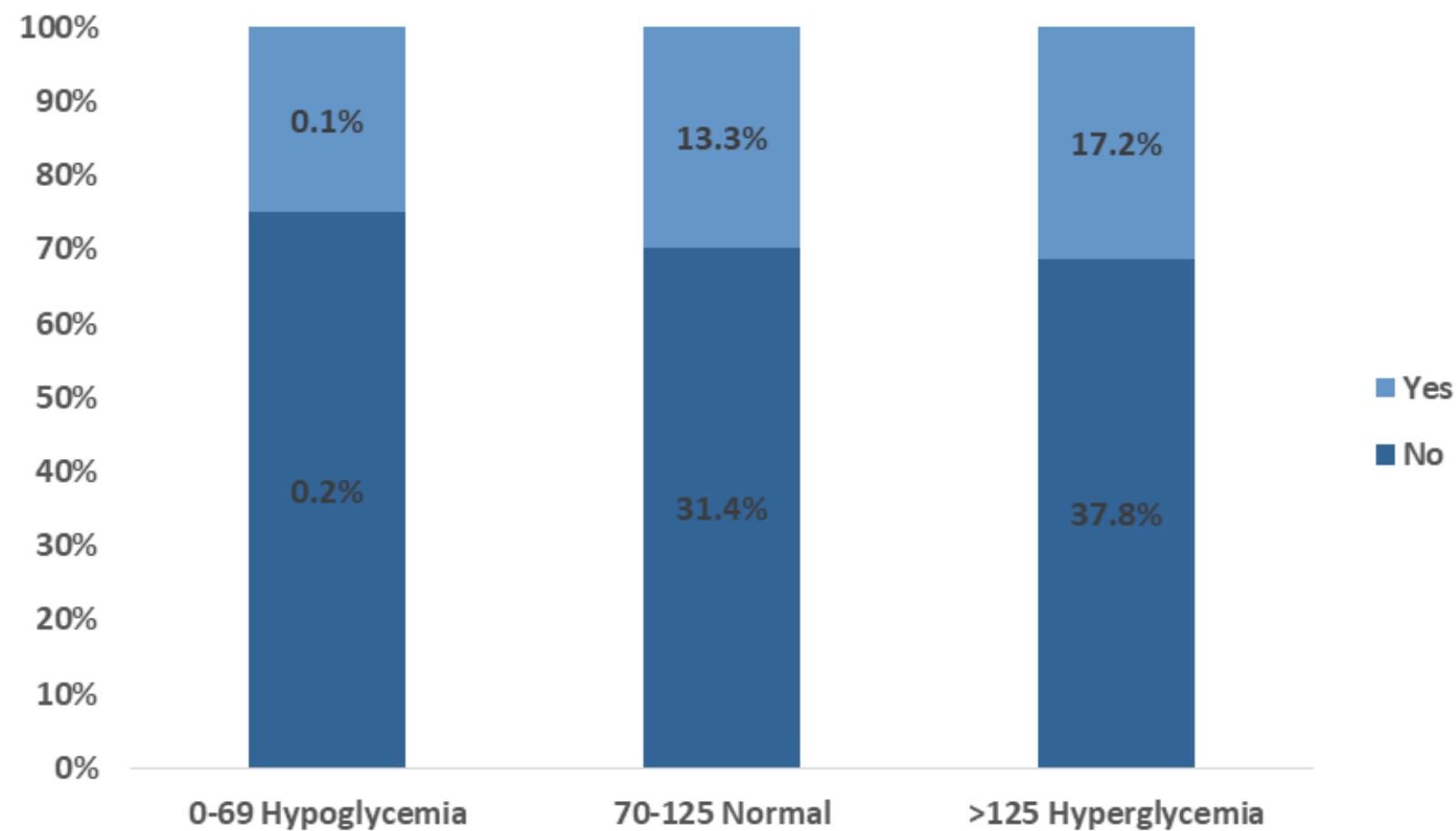


Key Insights

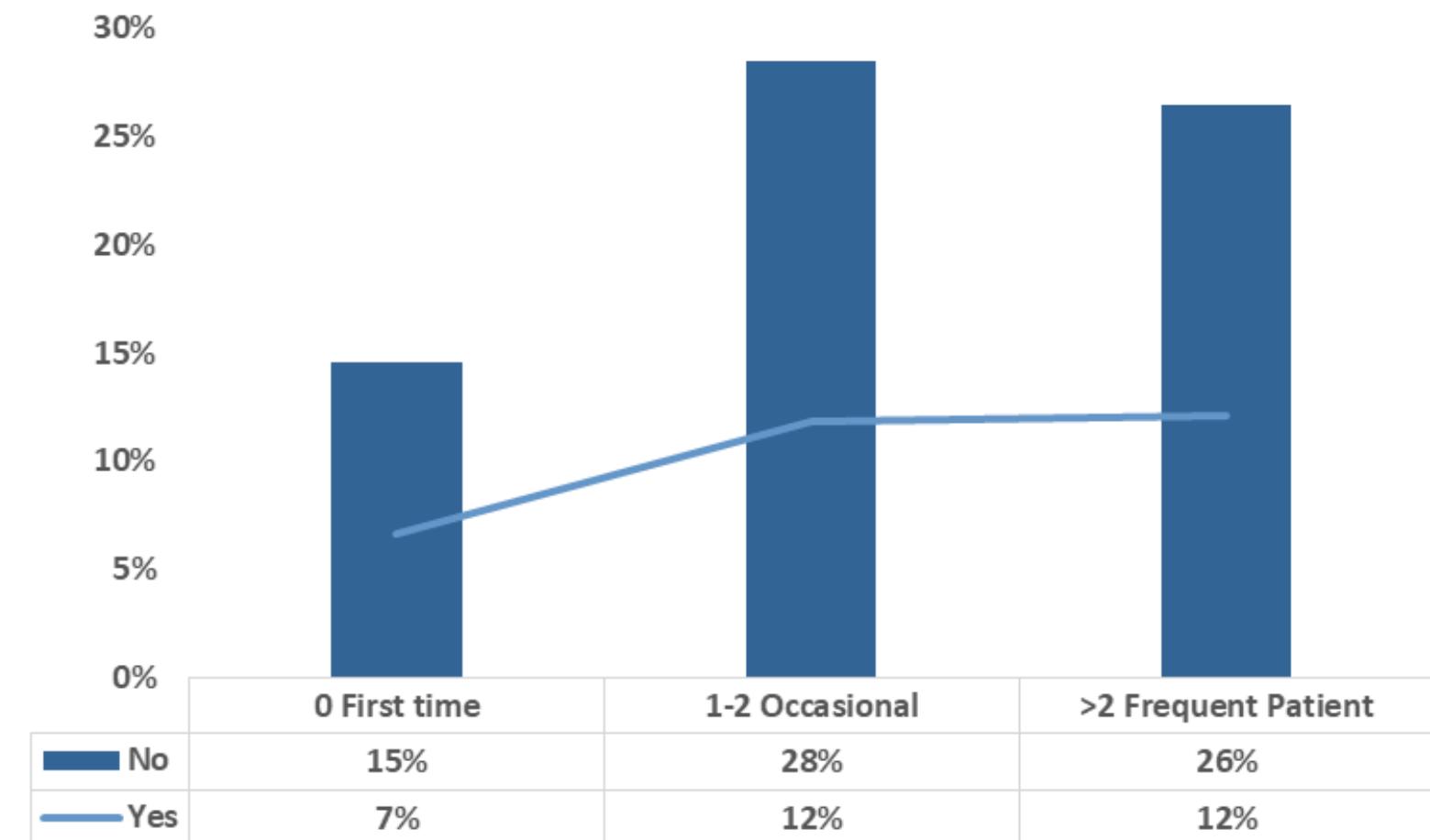
- Average number of diagnoses is consistently 5 across all Length of stay categories.
- Normal blood pressure (0-120) range have the highest readmission rate at 15%, Followed by Crisis blood pressure rating 10% .

Readmission Drivers : Blood Sugar & Prior Admission

Patient Readmissions Across Blood Sugar Levels



Previous Admission Status and Readmission Trends



Key Insights

- Patient with Hyperglycemia (above 125) blood sugar levels have the highest readmission rate at 17.2 %
- Patients with more than two prior admissions show a readmission rate of 12%, making them the most frequent returners despite representing a smaller population segment

Recommendations

The recommendations aim to reduce risks associated with frequent admissions, prolonged Length of Stay (LOS), and key clinical irregularities by improving patient flow and strengthening care management

Strengthen Post-Discharge Care (Highest Impact)

- Assign a Nurse Navigator / Care Coordinator for high-risk patients
- Schedule 48–72-hour follow-up calls and early clinic appointments.
- Ensure medication adherence, side-effect monitoring, and patient coaching.

Improve Hospital Flow & Reduce Length of Stay (LOS)

- Implement an Early Discharge Planning Protocol (start planning on Day 1).
- Use a Multidisciplinary Care Huddle for complex patients (≥ 3 diagnoses).
- Reduce delays in labs, imaging, and specialist consultations.

Reduce Readmission Risk Through Targeted Clinical Management

- Flag patients with frequent admissions or high BLP/BLS scores as high-risk
- Standardize care pathways for common chronic conditions (e.g., DM, HTN, HIV/TB).
- Use an early-warning deterioration system to detect risk earlier.

Strengthen Patient Knowledge & Self-Management

- Provide condition-specific education before discharge.
- Use simplified health coaching materials for chronic disease management.
- Encourage patients to attend follow-up clinics and adhere to treatment plans.
- Create a discharge readiness checklist to reduce avoidable delays



**THANK
YOU.**

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