HOSPITAL EMERGENCY ROOM (ER) OPERATIONS REPORT

Performance, Demographics & Patient Satisfaction Analysis

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Data Source: Hospital ER Data (April 2023 - Oct 2024)

Executive Summary

This report analyzes patient data from the Emergency Room to evaluate operational efficiency and service quality. The analysis covers 9,216 patient visits over a period of 19 months.

The Verdict: The ER handles a high volume of patients with a stable flow throughout the year. However, the Patient Satisfaction Score (4.99/10) is concerningly low. This correlates with the 35-minute wait time. The analysis reveals clear "Peak Hours" where staffing is likely insufficient, leading to delays.

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2. Key Performance Indicators (KPIs)

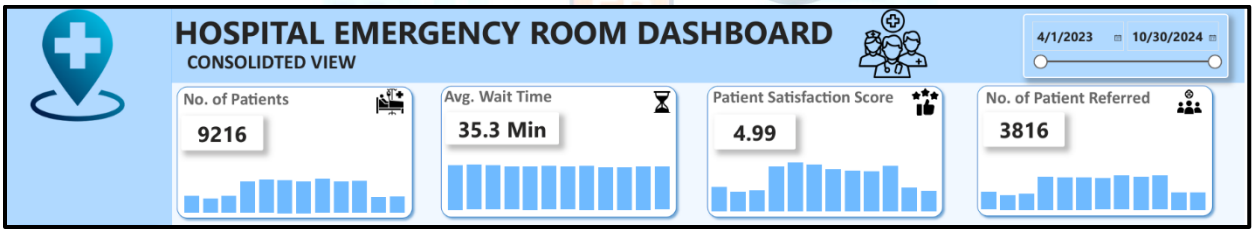
A snapshot of the ER's operational health:

Total Visitors: 9,216 patients visited the ER.

Average Wait Time: 35.3 Minutes. This is the time a patient waits before being attended to.

Patient Satisfaction Score: 4.99 (Scale of 1-10). This indicates "Neutral to Negative" sentiment, requiring immediate attention.

Admission Rate: 50% (4,612 Admitted vs. 4,604 Not Admitted). This is a very high admission conversion rate, suggesting most cases are indeed serious.



Patient Admission Status

Admission Status	Patients	% of Total
Admitted	4612	50%
Not Admitted	4604	50%

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3. Patient Demographics (Who is Visiting?)

Understanding our patient base helps in resource allocation.

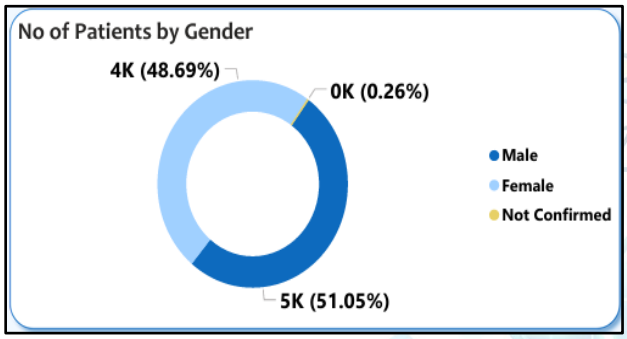
Gender Split: The visitors are slightly dominated by Males.

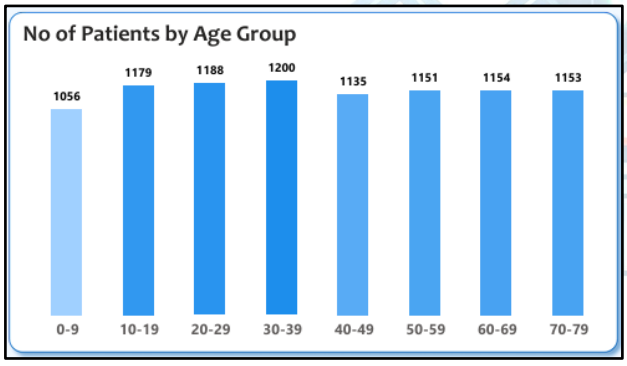
Male: 51.05% (5K visits)

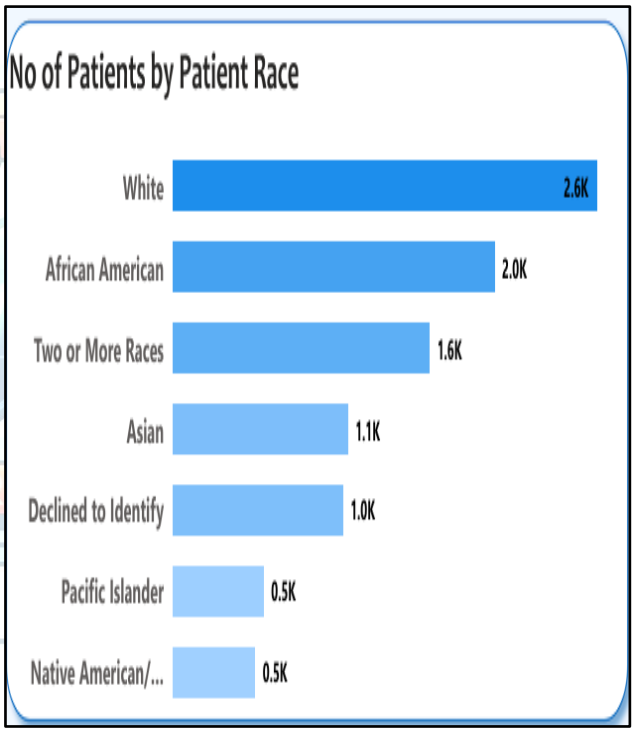
Female: 48.69% (4K visits).

Age Profile: The largest patient group falls in the Adult (30-39 years) category (1,200 patients), followed closely by Young Adults (20-29).

Racial Diversity: The hospital serves a diverse community, with White (2.6K) and African American (2.0K) populations being the largest groups.







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4. Operational Efficiency & Traffic Sources

Referral Analysis:

The "No Referral" Challenge: A massive 5,400 patients (approx 60%) arrived with "None" as their referral. These are unexpected Walk-ins.

Top Referral Source: Among referred patients, General Practice (1.8K) is the biggest contributor.

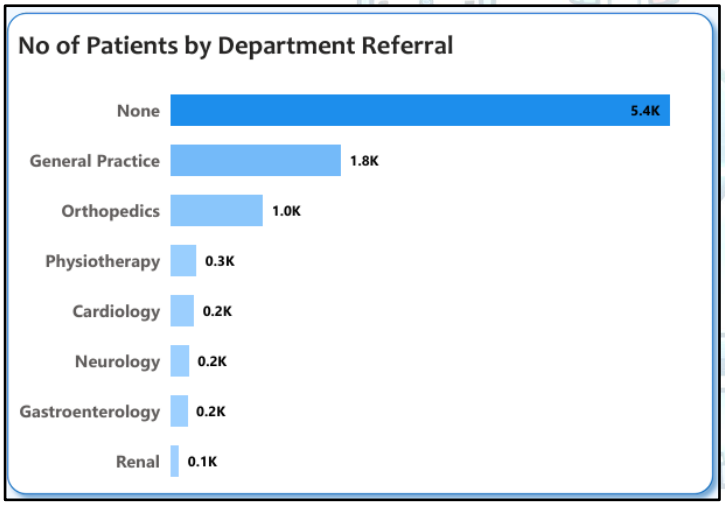
Insight: Since 60% of traffic is unannounced, the ER cannot rely on appointment schedules for staffing.

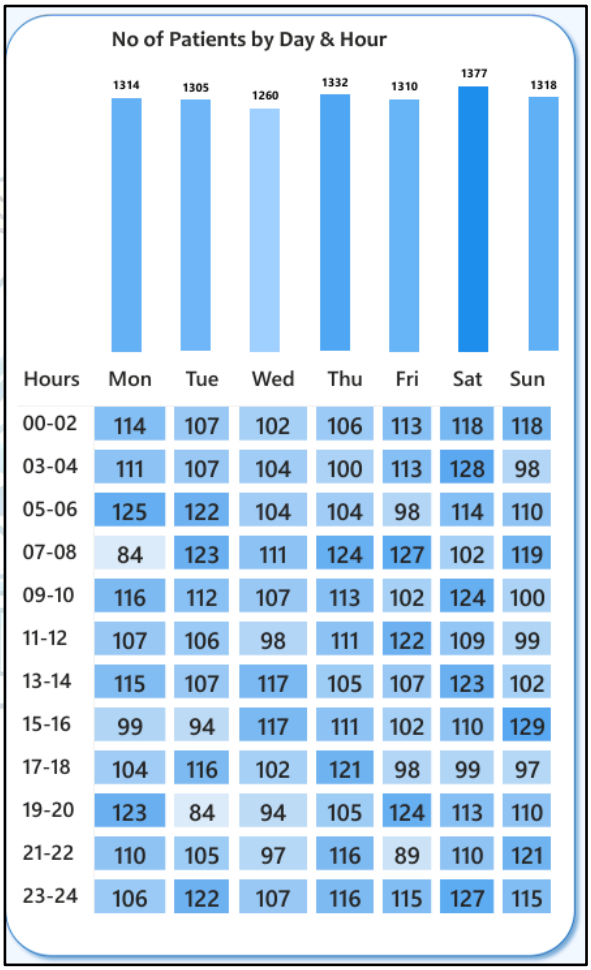
Peak Traffic Analysis (Day & Hour Heatmap):

Busiest Days: Monday (1,377 visits) is the busiest day of the week, followed by Saturday (1,322).

Busiest Hours: The heatmap reveals critical spikes at 11:00 AM, 1:00 PM, and late night at 11:00 PM.

Observation: The "Day & Hour" matrix shows high density during mid-day and late-night shifts, which likely coincide with the longest wait times.





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5. Critical Issue: The Satisfaction Gap

The data reveals a direct link between operational metrics and patient happiness.

The Problem: A satisfaction score of 4.99 is below industry standards.

The Cause: With an average wait time of 35.3 minutes, patients are spending significant time in the waiting room.

Target Missed: The dashboard shows that only 59.32% of patients are seen within the 30-minute target. This means 40% of patients are waiting too long, directly impacting their satisfaction.

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6. Recommendations

Based on the "Day & Hour" analysis, I propose the following:

Monday & Saturday Surge Staffing: Since the heatmap identifies Mondays and Saturdays as peak volume days, increase nurse and doctor headcount specifically for these shifts.

"11-to-1" Shift Overlap: The peak hours are 11 AM - 1 PM. Ensure shift handovers do not happen during this time. Instead, have an overlapping shift to handle the mid-day rush.

Fast-Track for Walk-ins: Since 60% are "Walk-ins" with no referral, set up a dedicated "Triage Kiosk" to quickly filter minor cases, reducing the bottleneck for serious admissions.

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7. Conclusion

The ER is handling a heavy load of 9,200+ patients, with a very high 50% admission rate, indicating the seriousness of cases. However, the operational bottleneck is clear: 40% of patients wait longer than 30 minutes, dragging the Satisfaction Score down to 4.99. By aligning staffing rosters with the "Monday/Saturday" and "Mid-day/Late-night" peaks identified in the heatmap, the hospital can significantly reduce wait times and improve patient trust.