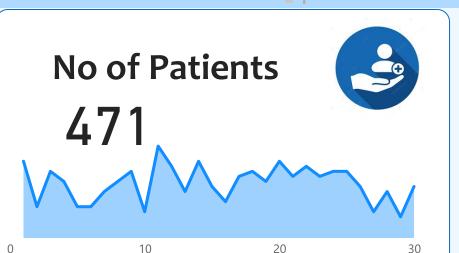
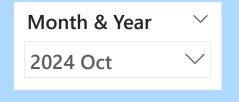


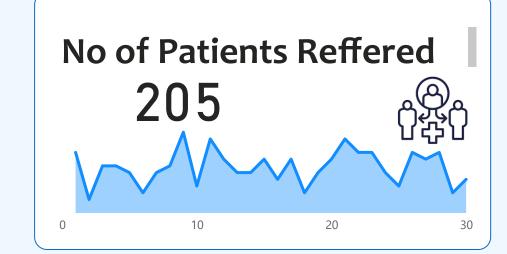
# HOSPITAL ER DASHBOARD

MONTHLY VIEW 2024 Oct









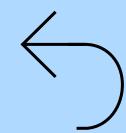
Monthly View

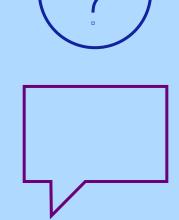
**Consolidated View** 

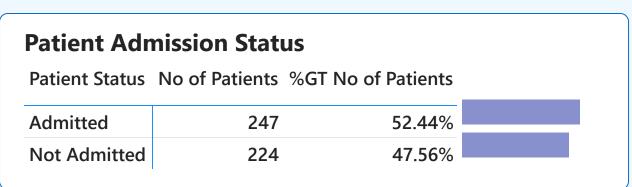
**Patient Details** 

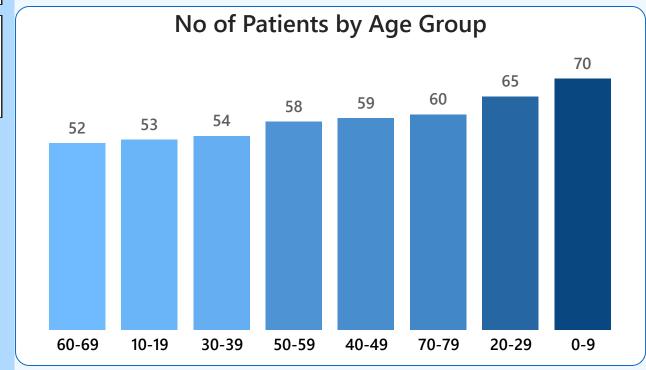
**Key Takeaways** 

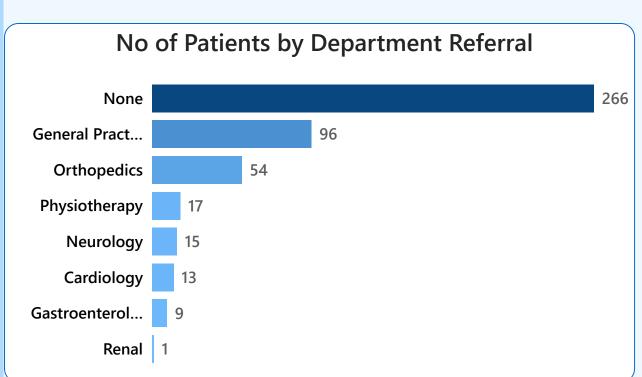


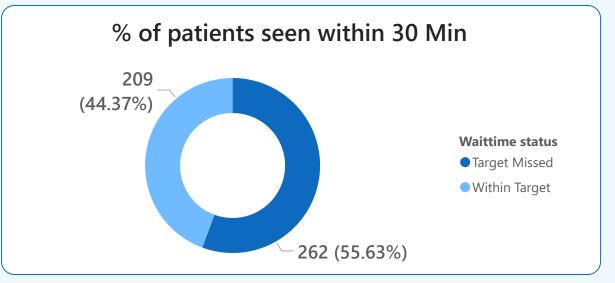






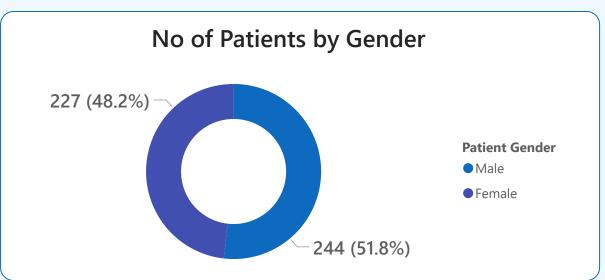


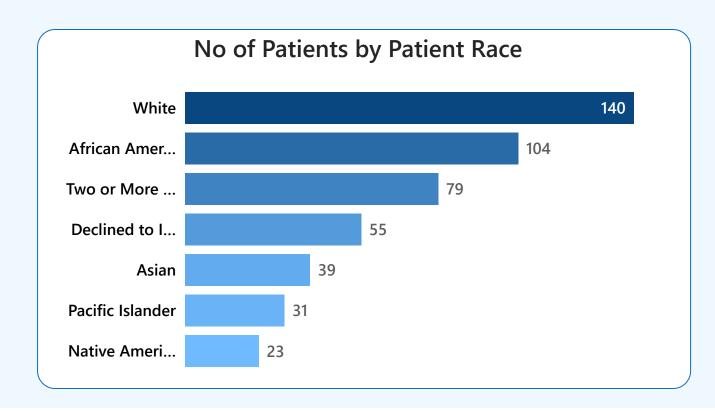


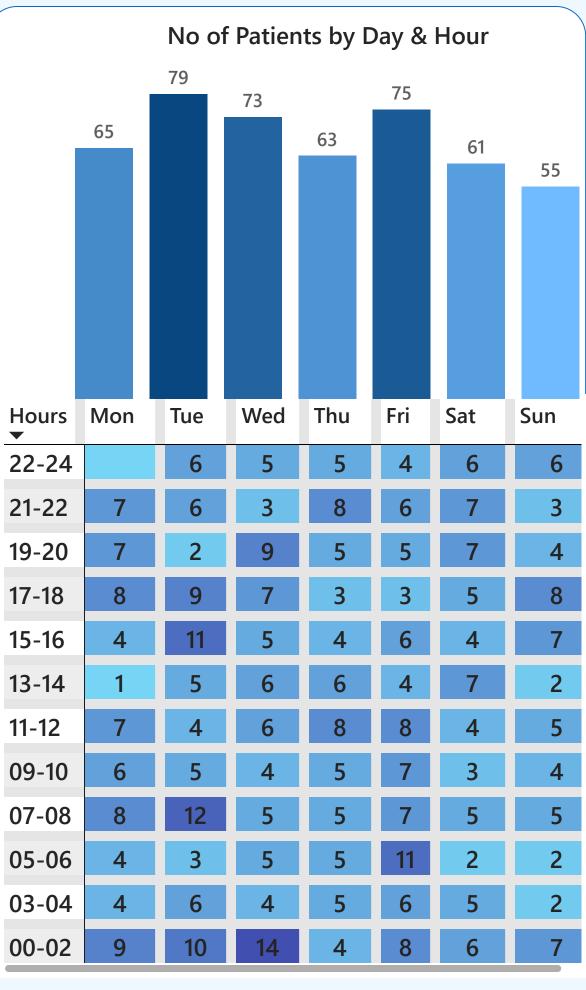


**Patient Satisfaction Score** 

5.31





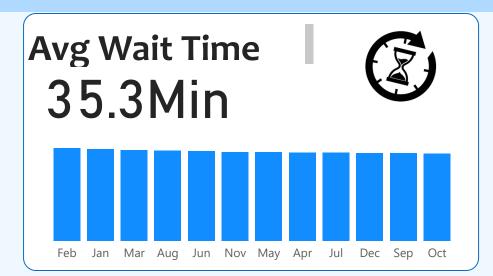


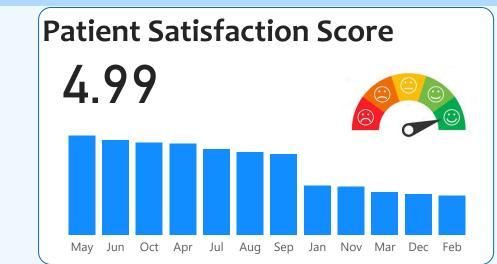
# **HOSPITAL ER DASHBOARD**

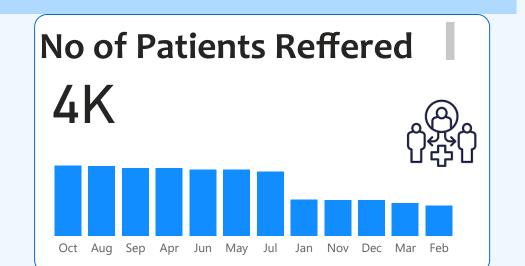
## **CONSOLIDATED VIEW**

No of Patients
9 K

Aug May Jun Oct Jul Apr Sep Jan Mar Dec Nov Feb







01-04-2023 🖶 30-10-2024 🖶

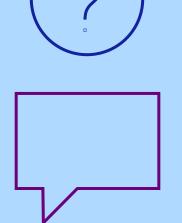
## **Consolidated View**

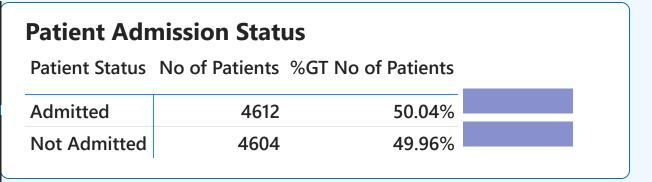
**Monthly View** 

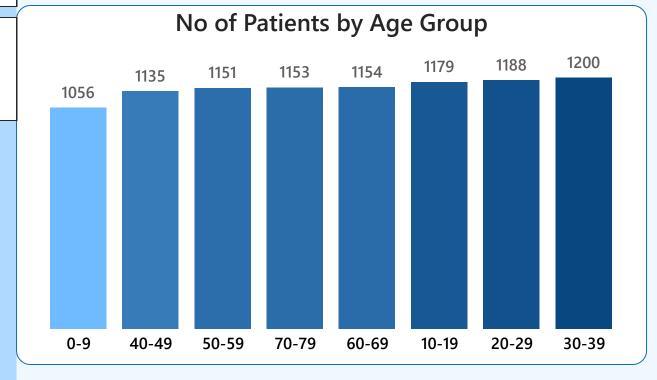
#### **Patient Details**

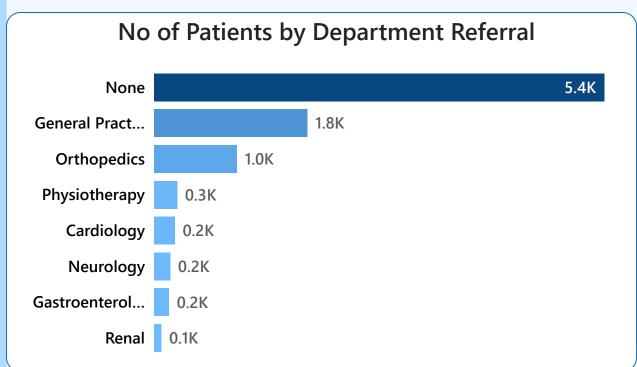
## **Key Takeaways**

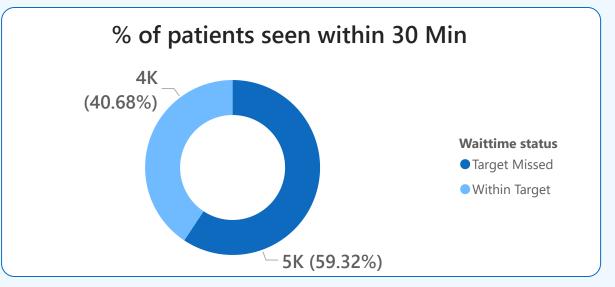


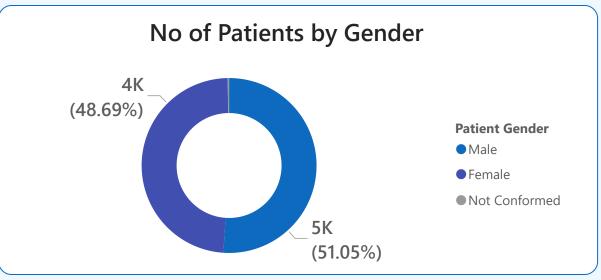


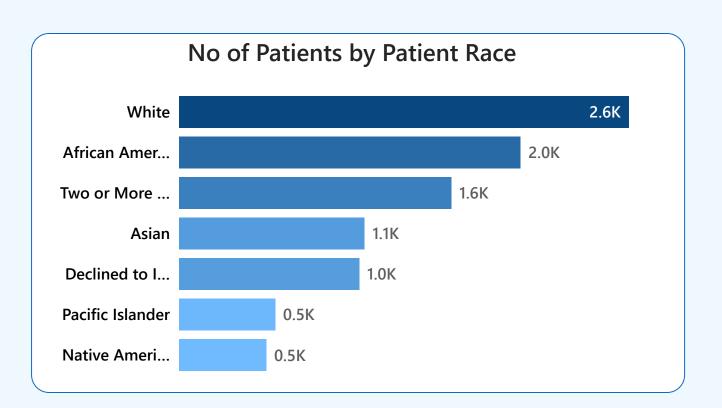


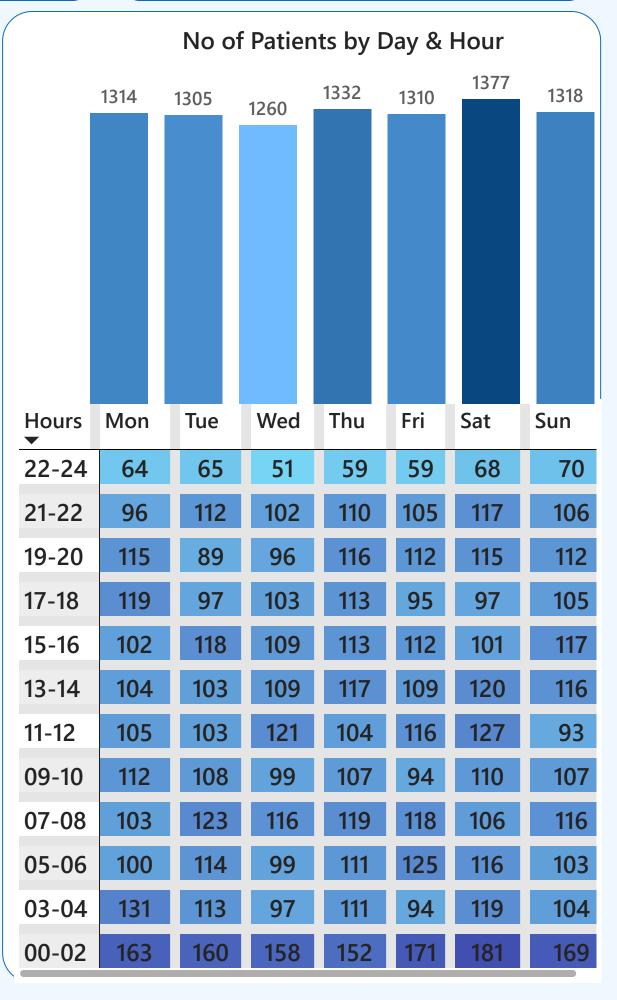
















# HOSPITAL ER DASHBOARD

PATI	ENT	DET	AILS
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**Monthly View** 

**Consolidated View** 

**Patient Details** 

**Key Takeaways** 









PATIENT DETAILS									
Patient Id	<b>Patient Name</b>	Gender	Age	<b>Admission Date</b>	Patient Race	Waittime	<b>Department Referral</b>	Status	
100-04-3993	M St Ange	Female	29	04 April 2023	White	16	None	Not Admitted	
100-17-5081	V Flicker	Male	67	14 January 2024	African American	60	None	Not Admitted	
100-21-9648	W Marran	Female	39	17 January 2024	Pacific Islander	22	None	Admitted	
100-34-6753	B Paulus	Male	43	13 May 2024	Pacific Islander	25	General Practice	Admitted	
100-34-9587	U Lamburn	Male	20	01 April 2024	Declined to Identify	24	Neurology	Not Admitted	
100-40-2709	O Cammack	Male	77	08 May 2024	White	48	None	Not Admitted	
00-66-0896	I Prickett	Male	2	26 March 2024	African American	23	Orthopedics	Admitted	
00-66-8222	F Mullane	Female	65	23 December 2023	Asian	17	General Practice	Not Admitted	
00-67-1276	S Hallbird	Male	55	03 November 2023	White	11	Orthopedics	Admitted	
00-70-0071	R Downham	Male	38	14 January 2024	African American	57	None	Not Admitted	
00-72-5705	N Dudny	Female	60	19 June 2024	African American	45	None	Admitted	
00-74-3943	M Hallard	Female	3	17 September 2023	White	14	None	Admitted	
00-74-5636	A Warwicker	Female	47	13 August 2024	Declined to Identify	25	None	Not Admitted	
00-79-0109	P Ulyatt	Female	19	27 February 2024	Pacific Islander	36	Neurology	Admitted	
00-81-9769	Y Moncaster	Male	28	09 March 2024	White	59	None	Admitted	
00-84-7203	K Ybarra	Female	37	13 June 2023	White	55	None	Not Admitted	
01-08-8798	L Willeson	Female	72	31 July 2024	Two or More Races	48	None	Admitted	
01-13-4808	V Gowdridge	Female	30	25 April 2023	Declined to Identify	30	None	Admitted	
01-35-3930	W Andreotti	Female	30	24 January 2024	White	25	None	Admitted	
01-35-7039	T Ganter	Male	26	08 February 2024	White	56	General Practice	Admitted	
01-38-5868	J Saddington	Male	14	08 October 2024	White	20	None	Admitted	
01-50-7359	D Sabey	Female	50	13 October 2023	White	56	None	Admitted	
01-56-3319	M Kilduff	Female	44	08 October 2023	Asian	55	None	Admitted	
01-60-5189	G Georger	Female	45	04 August 2024	White	43	None	Not Admitted	
01-63-3628	P Quest	Male	38	29 July 2023	Two or More Races	53	None	Not Admitted	



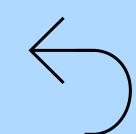
**Monthly View** 

**Consolidated View** 

**Patient Details** 

**Key Takeaways** 









# HOSPITAL ER DASHBOARD

#### **KEY TAKEAWAYS**

#### **Patient Wait Time & Satisfaction**

**Average Wait Time:** Patient wait time varies significantly based on department and time of day. Long wait times correlate with lower patient satisfaction. **Satisfaction Score Patterns:** Patients who waited less than 30 minutes reported higher satisfaction scores (typically 4.5+ out of 5), while those who waited over an hour often rated their experience below 3.

01-04-2023 🖶 30-10-2024 🖶

Optimization Need: Departments with high wait times need workflow or staffing optimization.

#### **Departmental Referrals**

Top Departments by Referrals: Orthopedics, Cardiology, and Pediatrics received the highest number of ER referrals.

Referral Analysis: These departments may require more resources or staffing due to frequent patient handovers from the ER.

**Underutilized Departments:** Some departments like ENT and Dermatology had low referral numbers, suggesting targeted outreach or ER diagnostic reviews.

#### **Peak Busy Periods**

Time Trends: ER traffic peaked between 10 AM and 2 PM, and again between 6 PM and 9 PM.

Weekday vs Weekend: Mondays and weekends (especially Sundays) showed a higher influx of emergency cases.

Implication: These time slots may need higher staffing levels and efficient triage systems.

#### **Patient Demographics**

**Age Distribution:** Majority of ER visitors were in the **25–44** and **65**+ age groups. Pediatric cases were also prominent in emergency referrals. **Gender Distribution:** A relatively balanced split between male and female patients, though females had slightly higher admission rates.

#### **Race Distribution**

Predominant Groups: Caucasian and African American patients made up the largest demographic groups visiting the ER.

**Disparity Indications:** Minority groups like Asian and Hispanic patients had fewer visits but sometimes showed longer wait times or lower satisfaction—an area for policy intervention.

#### **Admission Patterns**

Admission Flag Insight: About 40–50% of patients visiting the ER were actually admitted, indicating the seriousness of conditions.

Departmental Admission Rates: Cardiology and Neurology had the highest admission conversion from ER.

Case Managers' Impact: Patients with dedicated case managers had shorter wait times and higher satisfaction.

## **Summary**

The Hospital Emergency Room Dashboard reveals key insights into operational efficiency and patient experiences. Wait time significantly impacts satisfaction, especially during peak hours. Departments like Orthopedics and Cardiology handle most referrals, suggesting high demand. Elderly and young adults dominate ER visits, with racial disparities indicating areas needing attention. Admission rates are highest for critical care departments, underscoring the importance of triage and case management. Strategic staffing, resource allocation, and equity-focused policies can greatly enhance ER performance.