

Healthcare Utilization & Pharmacy Performance

Overall Situation

The dashboard provides an overview of the hospital in terms of performance in service delivery and finances. It documents 300 pharmacy visits, overall pharmacy earnings of 275K, and an average length of stay of approximately 1.4 days. This implies that a large number of patients are attended to in a limited period, and they do not have to stay long. A short stay may also imply a good flow of patients, which enables the hospital to serve a greater number of people.

Diagnosis Distribution by Counties.

The report has compared the cases of diseases in Kiambu, Uasin Gishu, Kisumu, Mombasa, Nairobi, and Nakuru. A different diagnosis is presented in each county, with Kiambu having diabetes and typhoid as the top ones: Uasin-Gishu: flu, Kisumu: hypertension, Mombasa: diabetes, Nairobi: pneumonia, and Nakuru: flu.

Correlation of Visits and Revenue.

The statistics indicate that there is a positive correlation between the number of visits by the patients and the amount of revenue generated. As the number of visits grows, approximately by 20 to 35, the revenue grows dramatically, approaching 40K. This informs us that the hospital revenues are highly dependent on the number of patients who come to the hospital. Once the hospital attracts more patients due to the quality of services, the outreach, or the insurance, the income is also likely to increase.

Departmental Costs

The expenses of the hospital are distributed between the inpatient, emergency, and outpatient departments nearly in equal proportions. About 95K (34%), 94K (34%), and 87K

(32%) are covered by inpatient services, emergency services, and outpatient services, respectively. Although slightly higher, the difference is minimal. This implies that spending and resource utilization are significant concerns in all departments. It is thus important that there is proper cost control in every unit.

Medicine Age Group by Age Group.

Medicine use varies by age. The largest numbers are registered among young adults (25-32) and older adults (65-72) (other adult groups are not far behind in this case). The patients will most probably be dealing with chronic illnesses or a combination of therapies that will raise the level of drugs.

Conversely, there are minimal figures in the very old group, especially in the age range of 89-96. Smaller figures at this point may either be attributed to the fact that the individuals in that number are few or because they don't visit the hospital as often. Knowledge of the highest ages in the consumption of medicine assists the drugstore in scheduling inventory and preventing outages.

Cost per Diagnosis and Length of Stay.

The trend between the duration of stay and the cost of treatment of patients is also evident. There are prolonged total hospital days and high general costs in pneumonia, typhoid, and hypertension. Flu patients stay longer but are still less expensive, whereas malaria and diabetes are between the two extremes. Prevention and management of chronic diseases may be more effective at an earlier stage of the disease, which will reduce the admission time and financial load.

Disease Trend Over Time

The change in the number of diagnoses is observed over the months of 2024, and the trends are noticeable, with some of the months experiencing significant increments, particularly during the middle part of the year and later. Such variations can be seasonal. Through the identification of these trends, the hospital will be in a position to plan ahead by having a sufficient number of staff and beds and medication.