

Hospital ER Analytics Dashboard: Key Takeaways

Data Overview:

- **Time Period:** April 1, 2023 – October 30, 2024
 - **Total Patients Analyzed:** 9,216
 - **Total Admitted:** 4,612 (50%)
 - **Avg. Wait Time:** 35.26 minutes
 - **Avg. Satisfaction Score:** 4.99 / 10
 - **Seen Within 30 Minutes:** Only 41% of patients
 - **Target Met** (Within Wait Time SLA): 41%
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Key Insights

1. Long Wait Times & Low Satisfaction

- Over half the patients (59%) **missed the target wait time**.
- Only **41%** were seen within 30 minutes.
- The **average satisfaction score is low at 4.99/10**, likely due to excessive wait times and inefficiencies in ER response.

2. Admissions vs Non-Admissions

- A **balanced 50-50 split** between admitted and non-admitted patients indicates a **diverse ER load** — with both critical and walk-in cases.
- Suggests the ER is used for both **urgent** and **non-urgent** needs.

3. Referral Departments Are Strained

- **5,400+ patients** were not referred at all.
- Among those who were:
 - **General Practice (1,800+)** and **Orthopedics (1,000+)** dominate.
 - Referrals to Physiotherapy, Cardiology, Neurology, etc., remain minimal.

4. Patient Demographics

- **Age Groups 30–39** and **20–29** represent the **largest ER visiting population**.
- Gender is evenly split: **51% Male, 49% Female**.
- Race distribution:
 - **White:** 2.6K
 - **African American:** 2.0K
 - **Two or More Races:** 1.6K
 - Others include Asian, Native American, Pacific Islander, and Declined.

5. Peak Visit Times

- **Busiest Days:** Saturday, Thursday, and Sunday, each over 1.3K patients
 - **Busiest Hours:** 10 AM, 3 PM, 7 PM, 8 PM
 - This data suggests predictable, repeated peak loads during **late mornings and evenings**, especially on weekends.
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✓ Conclusion

The hospital ER handles a **broad and diverse population**, with traffic evenly split between critical (admitted) and non-critical cases. However, **wait times are high**, and **patient satisfaction is below ideal**. High-volume times are consistent, offering a chance to **optimize scheduling**.

🧠 Decisions to Consider

1. Prioritize Staff Allocation

- Reinforce staff coverage during peak hours (10 AM–8 PM).
- Prepare extra teams on high-load days like **Saturdays and Mondays**.

2. Improve Wait Time Workflow

- Analyze bottlenecks causing >35 min delays.
- Introduce triage streamlining or fast-track lanes for non-critical patients.

3. Monitor Referral Capacity

- Ensure **General Practice and Orthopedics** are adequately staffed and resourced to handle the referral volume.

4. Enhance Patient Satisfaction

- Gather feedback through follow-ups.
- Consider digital wait time alerts, real-time queue info, or proactive check-ins.

5. Community Outreach

- Since young adults (20–39) are the top visitors, health education and self-care awareness campaigns could reduce non-urgent ER visits.
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