**Report on Emergency Room Visits: 2019-2020**

**Overview:**

This report provides a comprehensive analysis of the emergency room (ER) visits recorded between 2019 and 2020. The total number of patient visits during this period was 9,216. The report covers various aspects including appointment types, patient demographics, satisfaction levels, wait times, referral sources, and visit patterns.

* Key Statistics:
* Total Patient Visits: 9,216
* Average Satisfaction Score: 5.47
* Average Wait Time: 35 minutes
* Appointment Types:
* Administrative Appointments: 50.04%
* Non-Administrative Appointments: 49.96%
* Patient Referrals:
* Referred by Doctors: 41.41%
* Walk-in Patients: 58.59%
* Patient Age Groups:
* Adults >18: 7,100 visits
* Middle Childhood <12 :750 visits
* Teenagers <18: 705 visits
* Early Childhood <6: 540 visits
* Infancy <2: 245 visits
* Visit Patterns:
  + Weekday Visits: Over 70% of total visits
  + Weekend Visits: Less than 30% of total visits
  + Month with Highest Visits: August (1,024 patients)
  + Month with Lowest Visits: February
  + Gender Breakdown:
  + Male: 51.05%
  + Female: 48.69%
  + Unknown: 0.26%
* Visits by Referral Source:
  + None: 5,400 visits
  + General Practice: 1,840 visits
  + Orthopedics:995 visits
  + Physiotherapy: 276 visits
  + Cardiology: 248 visits
  + Neurology: 193 visits
  + Gastroenterology: 178 visits
  + Renal:86 visits

**Detailed Analysis:**

1. Appointment Types:

- The division between administrative and non-administrative appointments is nearly equal, with administrative appointments slightly surpassing non-administrative ones. This suggests a balanced approach to managing various types of appointments within the ER.

2. Patient Referrals:

- A significant proportion of patients (58.59%) are walk-ins, indicating a high level of unscheduled visits. Conversely, 41.41% of patients are referred by doctors, suggesting that a substantial number of visits are planned or expected.

3. Age Group Distribution:

- The majority of visits are from adults (7,100 visits), followed by middle childhood (750 visits), teenagers (705 visits), early childhood (540 visits), and infancy (245 visits). This distribution highlights that adults are the primary demographic utilizing the ER.

4. Visit Patterns:

- The data shows a clear preference for weekdays, with over 70% of visits occurring during these days. This is contrasted by a significantly lower visit rate on weekends (less than 30%). August is the peak month for ER visits, while February records the fewest, possibly due to seasonal variations in health issues or other external factors.

5. Gender Distribution:

- The gender distribution of ER visits is fairly even, with a slight male predominance (51.05%) over females (48.69%). The small percentage of unknown gender (0.26%) suggests a high level of data completeness.

6. Referral Source Analysis:

- The highest number of visits came from patients with no referral (5,400 visits), followed by general practice (1,840 visits). Orthopedics also accounts for a significant number of visits (995). Other specialties like cardiology, neurology, gastroenterology, and renal contribute fewer visits, reflecting their more specialized nature.

**Conclusions and Recommendations:**

* -Improvement in Patient Satisfaction:
* With an average satisfaction score of 5.47, there is room for improvement in patient experience. Initiatives to enhance service quality and reduce wait times could contribute positively to patient satisfaction.
* Wait Time Management:
  + The average wait time of 35 minutes is a critical factor affecting patient experience. Implementing strategies to streamline operations and increase efficiency could help reduce wait times.
* Handling High Patient Volumes:
  + The peak in August and the high proportion of weekday visits suggest a need for efficient resource management during high-demand periods. Increasing staffing levels or optimizing scheduling could help manage these peaks.
* Addressing Walk-in Patient Needs:
  + Given that a significant number of patients are walk-ins, there may be an opportunity to improve pre-ER triage processes to better manage and prioritize unscheduled visits.

By addressing these key areas, the emergency room can enhance its operational efficiency, improve patient satisfaction, and better manage patient flow throughout the year.