# Key Insights & Recommendations

1. **High-Cost, Long-Stay Patients Drive Costs**
   * Patients with **LOS > 15 days and costs > $10,000** make up a small share of admissions but contribute disproportionately to total expenditure.
   * **Recommendation:** Establish a clinical audit process for high-cost cases and explore bundled care packages with insurers.
2. **Readmissions Concentrated in Specific Departments**
   * **Cardiology and Orthopedics** show the highest readmission rates compared to other departments.
   * **Recommendation:** Strengthen discharge planning and implement targeted post-discharge follow-ups for these specialties.
3. **ICU Bed Occupancy Creates Bottlenecks**
   * ICU occupancy regularly exceeds safe thresholds during seasonal peaks, leading to elective surgery delays.
   * **Recommendation:** Introduce flexible ICU staffing, temporary surge capacity, and improved bed allocation protocols.
4. **Insurance Coverage is Uneven Across Departments**
   * Oncology and Cardiology patients have higher insurance coverage, while Geriatrics shows a lower coverage rate.
   * **Recommendation:** Improve financial counseling for elderly patients and negotiate broader insurance acceptance with providers.
5. **Age & Cost Correlation Signals Preventive Opportunities**
   * Middle-aged adults (35–60) show **higher average treatment costs** with longer LOS in surgical departments.
   * **Recommendation:** Enhance preventive health programs (screenings, lifestyle management) to reduce late-stage admissions.