

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.