GREEN VALLEY HOSPITAL

Hospital Performance Analytics Review

Clinical outcomes, operational efficiency, and financial priorities

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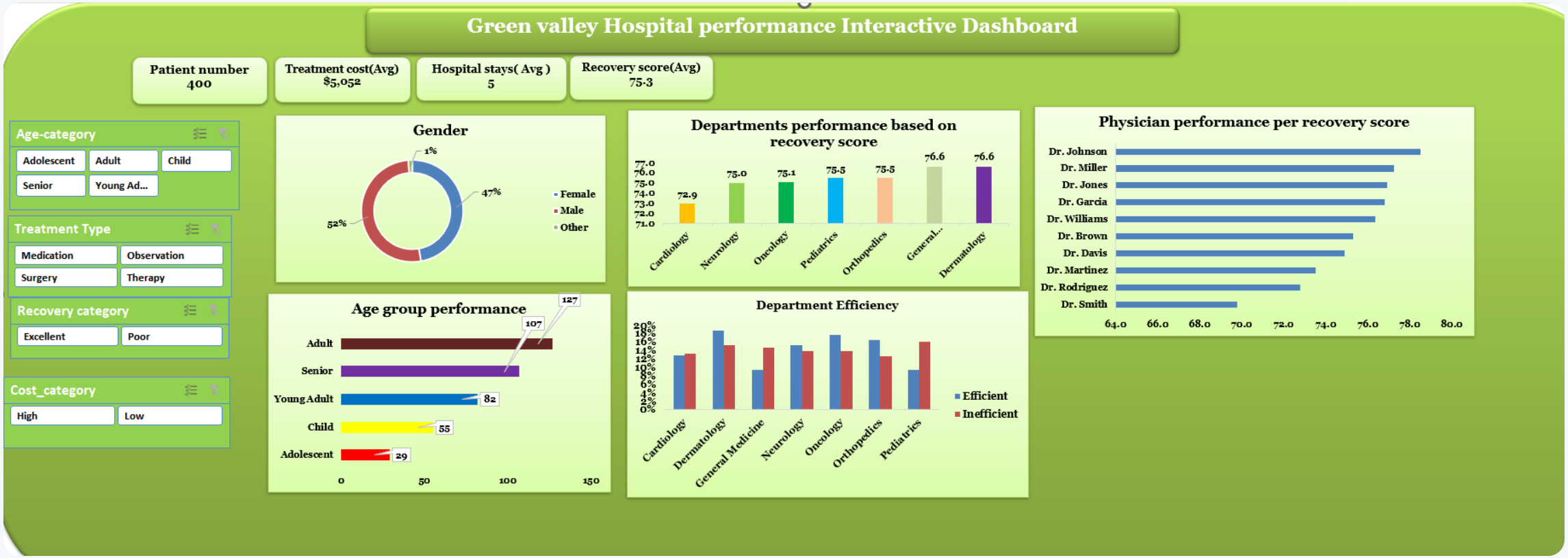
Performance dashboard analysis | 400 patient records

Interactive dashboard overview

A single view of patient mix, clinical outcomes, physician results, and efficiency



Management use Filter results by age, treatment, recovery, and cost category to identify variation and prioritize improvement.

Discussion guide

The review moves from current performance to priority actions

01 Context and approach

02 Executive performance

03 Clinical outcomes

04 Operational efficiency

05 Financial priorities

06 Recommendations

Analysis context

The dashboard summarizes 400 patient records across multiple specialties

01

Hospital scope

Multi-specialty care spanning general medicine, pediatrics, cardiology, orthopedics, and other services.

02

Purpose

Monitor outcomes, efficiency, financial performance, and physician variation for continuous quality improvement.

03

Analytical approach

Pivot-table analysis and interactive dashboard views across demographic, clinical, treatment, and cost variables.

Performance is positive, with meaningful variation beneath the average

Core results indicate good outcomes and opportunities to standardize care

PATIENTS

400

records analyzed

RECOVERY SCORE

75.3

average score

LENGTH OF STAY

5 days

average stay

TREATMENT COST

$5,052

average cost

Executive takeaway

Overall hospital performance is good, but department, physician, age-group, and treatment differences require focused management attention.

Near-term value will come from reducing unwarranted variation, improving patient flow, and connecting cost to successful recovery.

Four measures anchor the performance review

A balanced view prevents any single metric from defining success

1

400

Patient volume

Defines the analyzed population and segmentation base.

2

75.3

Recovery score

Primary outcome used for department and physician comparisons.

3

5 days

Length of stay

Signals patient flow and resource utilization.

4

$5,052

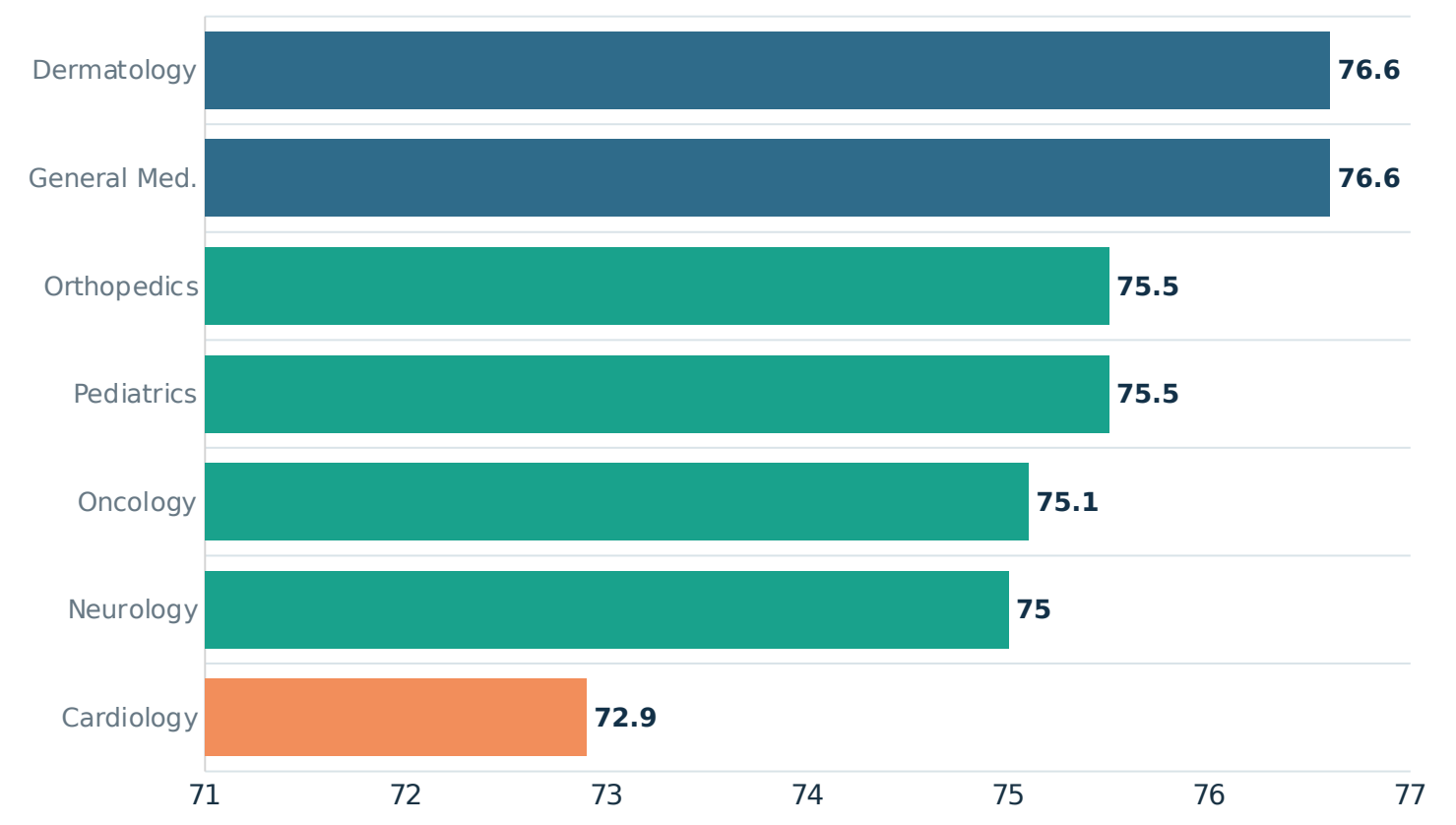
Treatment cost

Provides the baseline for value and affordability analysis.

Interpretation principle Read outcomes, utilization, and cost together to distinguish high performance from isolated gains.

Recovery scores are tightly clustered across departments

Dermatology and General Medicine lead; Cardiology trails the group



3.7 points

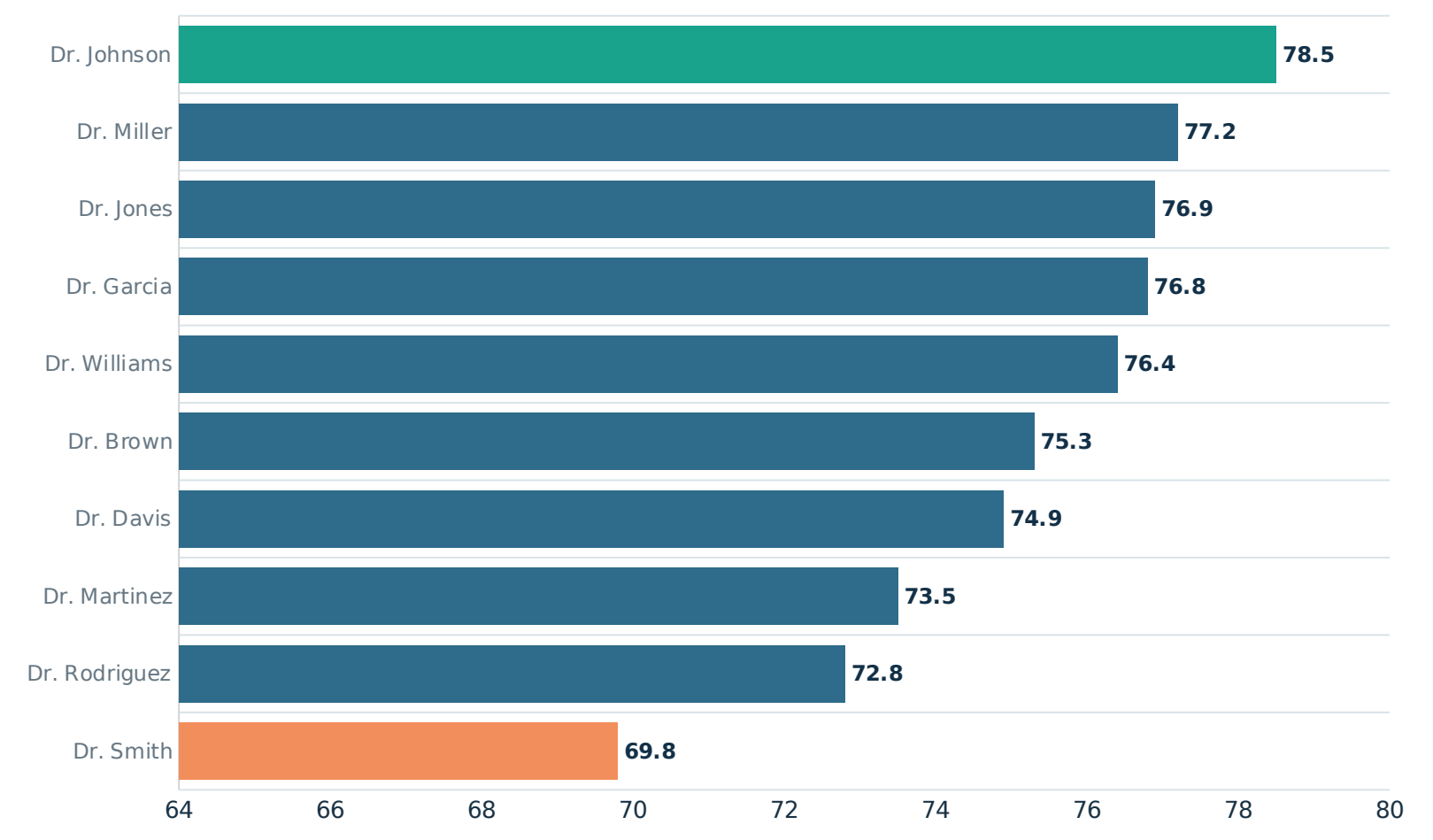
separate the highest and lowest department averages

Priority

Review Cardiology pathways and compare practices with Dermatology and General Medicine.

Physician recovery scores span 8.7 points

Top performers provide an internal benchmark for clinical practice review



78.5

Highest average recovery score

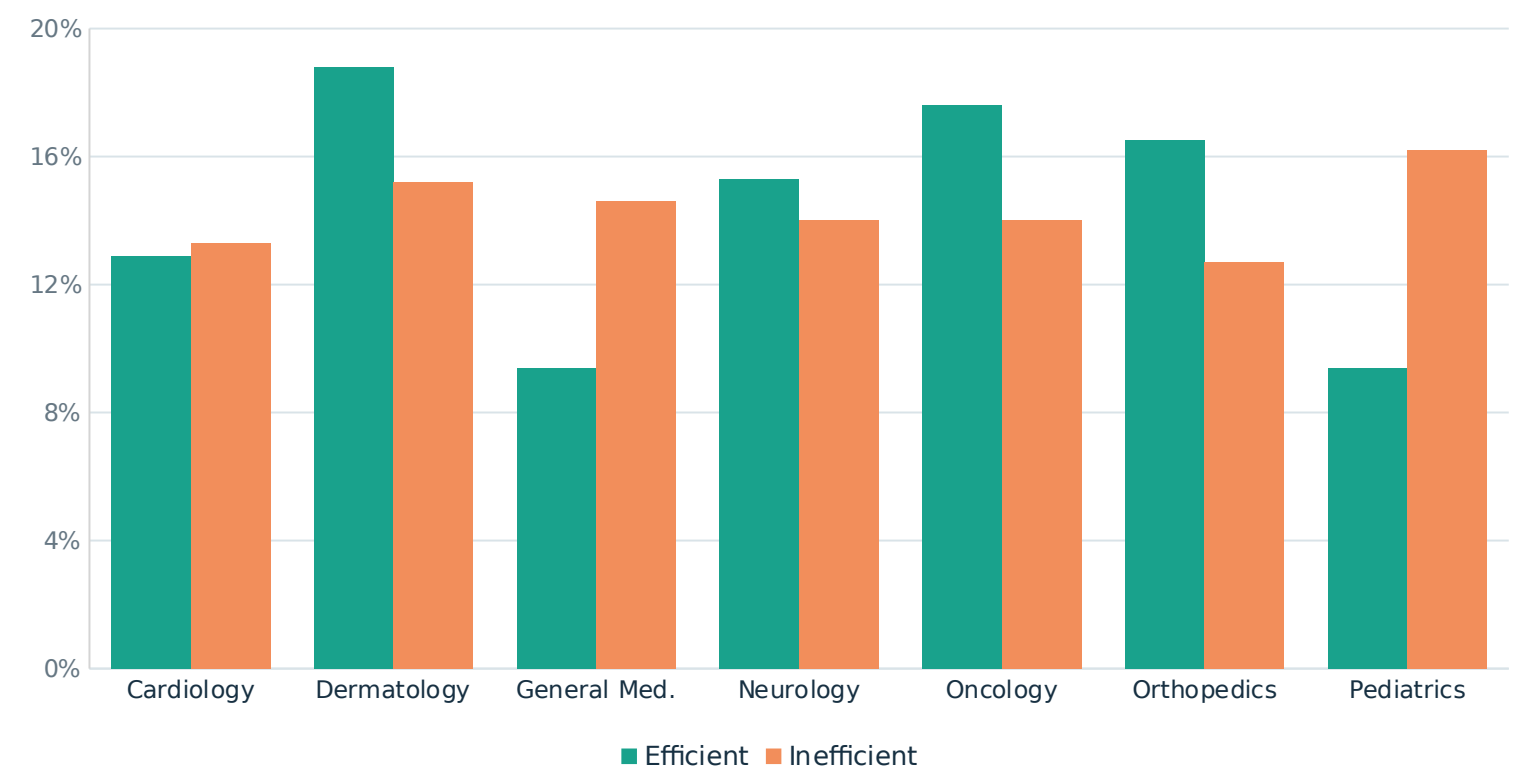
Dr. Johnson

Management action

Use risk-adjusted benchmarking before drawing performance conclusions or sharing best practices.

Operational efficiency varies substantially by department

Dermatology and Oncology show the strongest efficiency profile



STRONGEST

Dermatology and Oncology

FLOW CONCERN

General Medicine has the longest average stay

NEXT STEP

Improve discharge planning, staffing, and bed utilization

Financial performance should shift toward value-based measurement

Treatment modality drives cost, but the dashboard lacks outcome-adjusted cost metrics

01

Current finding

Surgery is the highest-cost treatment modality.

02

Lower-cost options

Observation and medication provide lower-cost care when clinically appropriate.

03

Clinical improvement

Enhanced Recovery After Surgery can reduce avoidable utilization and support faster recovery.

04

Future KPI

Track cost per successful recovery to connect spending with outcomes.

Decision focus	**Prioritize clinically appropriate lower-cost care and measure whether each dollar produces a successful recovery.**

Four actions can improve outcomes, efficiency, and decision quality

Priorities combine immediate clinical review with stronger measurement

1

Standardize clinical pathways

Reduce practice variation through evidence-based protocols and routine review.

2

Focus improvement resources

Prioritize Cardiology and adolescent care based on lower recovery performance.

3

Benchmark physicians fairly

Apply risk adjustment before comparing providers and sharing best practices.

4

Expand the KPI set

Add readmission, mortality, satisfaction, infection, occupancy, waiting time, and adverse events.

A phased roadmap turns the analysis into operational change

Start with validation, then embed monitoring into routine management

0–30 days

Validate definitions

Confirm recovery, efficiency, and cost calculations. Review Cardiology and prolonged-stay cases.

31–90 days

Pilot improvements

Test standardized pathways, discharge planning, and ERAS in selected services.

Quarterly

Sustain and expand

Monitor a broader KPI set, review risk-adjusted physician results, and scale proven changes.

Governance Assign executive ownership, a clinical lead, and a dashboard owner for each priority measure.

Performance is strong enough to build on

The next gains will come from reducing variation, improving patient flow, and measuring value more directly.

CLINICAL

Review lower-performing services

OPERATIONAL

Strengthen discharge and bed flow

FINANCIAL

Track cost per successful recovery

Questions and discussion

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