

Increasing the efficacy of Decision Making and Perfecting the Information collection and Analysis System by Developing A Hospital Wide Revenue Dashboard

Presented
By

Soumya Jaiswal

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Abstract

Research Problem –

How to Improve the decision-making process of the hospital by perfecting data analysis by creating Dashboards according to the hospital environment?

Methodology –

A software named *Charak* was already being used to collect data from various departments of the hospital. Dashboards were created in macro enabled excel for various departments. Cleaned data extracted from *Charak* was required to be fed to a completely automated dashboard which was created to facilitate better understanding of the revenue related data and ensure better decision making based on the analysis.

These dashboards were fully automated to produce accurate and real time data for comparisons and analysis and showcased data in form of various graphs and calculates figures.

3) Key Results –

Hospital-wide dashboards were created which would work because it did not put any extra burden on staff members for data collection as the data required by the dashboards to produce visual information was already being collected in *Charak*. These dashboards were fully automated to show any data put into it in the form of predefined graphs and filters.

(4) Conclusion –

When Decisions are taken based on primary or secondary experience of intuition, without the use of any Business Intelligence Tool, it results in a lack of authentic and proven basis in internal and external data. There are usually not many ways of accessing, Monitoring, and evaluating the validity of such decisions creating a blind loop of poor decision making.

Introduction

Healthcare is a sector with exponential growth, making it one of the largest industries in the world with enormous impact on countries' economy. However, like all other institutions, healthcare organizations are at the mercy of the unstable environment of external factors such as technological advances. For these reasons and due to this impact on the healthcare system at the level of effectiveness it is necessary that hospitals constantly improve their performance.

Therefore, to improve performance, it is necessary to measure and evaluate it, so that it is possible to allow healthcare organizations to define strategies to achieve hospitals' goals.

The strategic objectives of healthcare organizations are difficult to achieve given their complexity. The data volume is increasing due to more than 20 years of electronic storage of patients' data, with the Hospital Information System (HIS) being able to store and subsequently provide useful information throughout the hospital's medical history. The impact of the introduction of information and communications technology (ICT) in the multifaceted health sector is well known and acknowledged by health stakeholders who have witnessed the role of ICTs in diverse levels in hospital organization.

Business Intelligence (BI) is a valuable asset in today's organizations, having a direct impact on the following aspects: providing data visualization tools, improving organizational decisions, supporting analysis of breaking organizational information barriers, influencing strategic business decisions, and helping to give meaning to organizational data.

When designed to measure performance and backed by a business-oriented BI infrastructure, dashboards enable health managers to be able to measure performance, monitor KPI by preventing deviations, understand undesirable behaviors and redefine the trajectory of the objectives.

The dashboard is a mechanism that effectively and efficiently aggregates relevant information to be explored through three tasks:

1. Monitor
2. Analyze and
3. Manage

Currently, the growing need for hospital organization to have valid and reliable tools that help in the process of analyzing and evaluating the services provided to patients plus the need to have adequate and available information to facilitate measurement of the productivity of hospital organization call for further investigation in this domain.

Company Profile



About Regency Medical Center

Regency Medical Center is a 100 bedded, multi-specialty hospital located on Aly Khan Road, Dar Es Salaam, Tanzania. It was established in 1999 by the founder and Chairman Dr. Rajni Kanabar.

Their vision is to make specialized medical services available to all on an equitable basis. They believe health care should be affordable and comprehensive for everyone, and physically accessible where and when needed.

Regency Medical Center is an NHIF accredited hospital and provides all facilities under this scheme.

National Health Insurance Fund (NHIF)

NHIF is a social health insurance scheme which ensures healthcare service availability to all Tanzanians. NHIF registered beneficiaries can easily avail health care facilities in any accredited hospital in Tanzania.

Research Methodology

Key Research Question –

How to Improve the decision-making process of the hospital and perfecting data analysis by creating Dashboards according to the hospital environment?

The research design – Qualitative and Descriptive

Data Collection Tools –

Tool used to collect data – *Charak*, a specially customized software with various level of accessibility to different staff members.

Tool used to make Dashboard – Microsoft Excel

Study Setting- Regency Medical Centre, Dar Es Salaam, Tanzania

Data Collection and Analysis

Data collection and analysis was done in the following steps: -

1. Data Inventory
2. Dashboard Content
3. Dashboard design
4. Improving Dashboard flexibility and connectivity

Data Inventory

A software named *Charak* was already being used to collect data from various departments of the hospital. Dashboards were required to be made in such a way so that the information which was already being collected could be used and understood in a better way. Cleaned data was to be taken from *Charak* and fed to a completely automated dashboard which was created by me to facilitate better understanding of the revenue related data and ensure better decision making based on the analysis. The challenge here is not to increase the burden on the internal and external stakeholders in the process of collecting the quantitative data required for the dashboard.

Dashboard Content

A better way of data analysis and real time availability of data was in urgent demand and various methods were sought to achieve a solution to get closest to the requirement. First KPIs were determined to understand the indicators having a direct effect on the revenue-based performance of various department and doctors of the hospital.

Utilization Statistics	Direct Expenses		Financial and Utilization Data by Payer Category
Visiting Staff	Salaries and Wages	Adjusted Patient Days	Patient Days
Inpatient Surgeries	Employee Benefits		Discharges
Outpatient Surgeries	lease/Rent		Avg Length of Stay
Natural Births	water		Outpatients Visits
Cesarean Sections	electricity	Gross Patient Revenue	Gross Inpatient Revenue
Micellaneous	Daily Hospital Services		Gross Outpatient Revenue
Reffered O/P Visits	Insurance		Expenses
I/P Surgeries	Depreciation		Refferal Rate
O/P Surgeries	miscellaneous		Gross Inpatient Revenue P/D
Home Medical Visits	Overall Referral Rate		Gross Inpatient Revenue P/Discharge
	Overall discharge Rate		Net Inpatient Revenue P/D
	Proportion of NHIF patient in hospital		Net Inpatient Revenue P/Discharge
	Bed Occupancy Rate		Net Outpatient Revenue P/Visit
	IPD per thousand population		Payment Shortfall
	OPD consultation per Thousand Population		Abscounding Rate
	Bed Occupancy Rate		
	No. of total admissions per thousand population		
	Deductions from revenue		

Out of these the following main were selected: -

1. Revenue generated per Doctor
2. Revenue generated per Type of Payor
3. Revenue generated per Day
4. Revenue generated per Clinical Procedure

These main data figures were followed to analyze the revenue generated in the hospital with the help of the dashboards created.

Dashboard Designing

Days

01-Jan	02-Jan	03-Jan	04-Jan
05-Jan	06-Jan	07-Jan	08-Jan
09-Jan	10-Jan	11-Jan	12-Jan
13-Jan	14-Jan	15-Jan	16-Jan
17-Jan	18-Jan	19-Jan	20-Jan
21-Jan	22-Jan	23-Jan	24-Jan
25-Jan	26-Jan	27-Jan	28-Jan
29-Jan	30-Jan	31-Jan	<01-0...

NetAmount

1,60,000	1,70,000
1,80,000	2,40,000
2,85,000	3,00,000
4,50,000	(blank)

ServiceName

ECG-STRESS/EXE...	ECHOCARDIOGRA...
ELECTRO CARDIO...	(blank)

These Dashboards are operated with the help of filters. Different settings can be selected according to the requirement. The following are some revenue related filters that have been put to facilitate better comparison and analysis.

Days

01-Jan	02-Jan	03-Jan
04-Jan	05-Jan	06-Jan
07-Jan	08-Jan	09-Jan

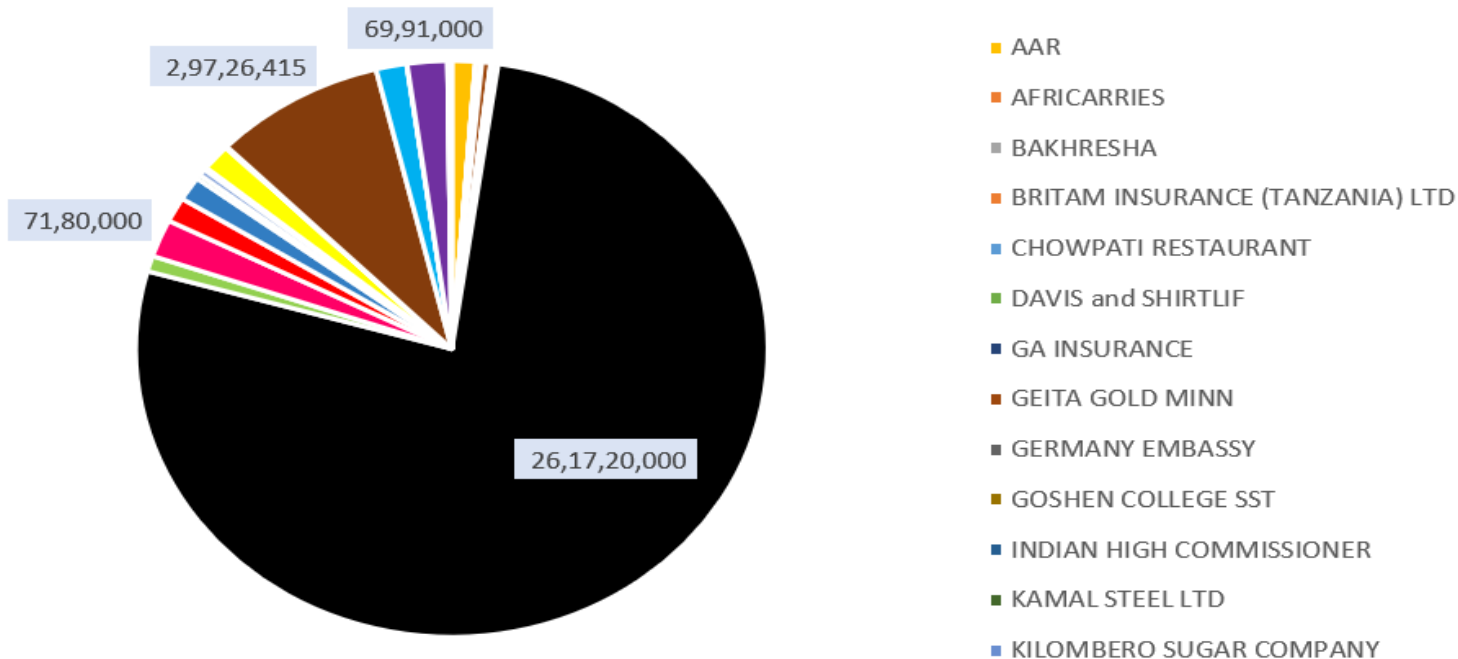
DoctorName

A M KATIGILE(DOC23)
ABBAS (DOC45)
ABDU BHOMBO JUMA(...

These excel worksheets are macro enabled, therefore will update with the changed data set every time. However, due to the current way of raw data collection, it is only suitable if data is properly extracted department wise first and then put into the worksheet for accurate analysis and further decision making.

Pie Charts have been used to understand the revenue generated in the payer category.

Revenue- payer category



Payor

AAR	AFRICARRIES	BAKHRESHA
BRITAM INSU...	CHOWPATI R...	DAVIS and SH...
GA INSURANCE	GEITA GOLD ...	GERMANY EM...
GOSHEN COLL...	INDIAN HIGH ...	KAMAL STEEL ...
KILOMBERO S...	KNEE REPLAC...	Masumin Prin...

DoctorName

A M KATIGIL...	ABBAS (DOC...	ABDU BHOM...
ABONISH PA...	ABUBAKAR R ...	AHMED SAB...
ALOISI WILBA...	ALVIN MIRA...	ANDREW (D...
ANNA FRANC...	ARNOLD MT...	ARVINDER SI...
ASHFAQ A AB...	CHARLES JO...	CHETAN (DO...

Revenue- payer category



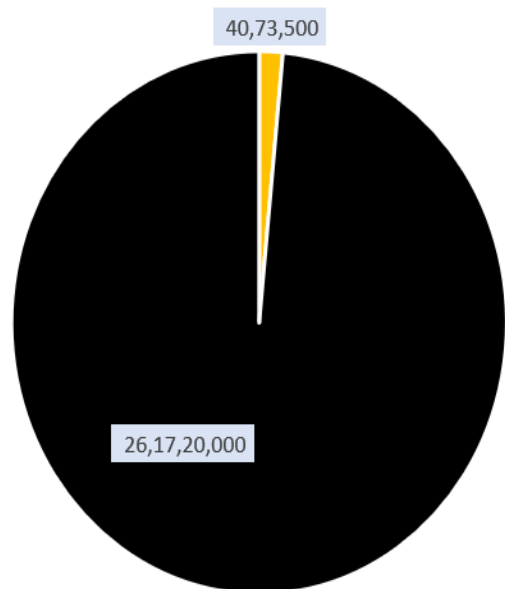
Payor

MDO Services...	MEMBER OF ...	MR KIRIT PAT...
NHIF	NHIF BOT	NHIF NMB
NHIF_NSSF	NHIF_RMC	NHIF_TPB
NHIF_TRA	NORTHEN EN...	NSSF-SHIB RE...
OK PLASTIC	PUMA ENERGY	REGIONAL AI...

DoctorName

A M KATIGIL...	ABBAS (DOC...	ABDU BHOM...
ABONISH PA...	ABUBAKAR R ...	AHMED SAB...
ALOISI WILBA...	ALVIN MIRA...	ANDREW (D...
ANNA FRANC...	ARNOLD MT...	ARVINDER SI...
ASHFAQ A AB...	CHARLES JO...	CHETAN (DO...

Revenue- payer category



Payor

AAR	AFRICARRIES	BAKHRESHA
BRITAM INSU...	CHOWPATI R...	DAVIS and SH...
GA INSURANCE	GEITA GOLD ...	GERMANY EM...
GOSHEN COLL...	INDIAN HIGH ...	KAMAL STEEL ...
KILOMBERO S...	KNEE REPLAC...	Masumin Prin...

DoctorName

A M KATIGIL...	ABBAS (DOC...	ABDU BHOM...
ABONISH PA...	ABUBAKAR R ...	AHMED SAB...
ALOISI WILBA...	ALVIN MIRA...	ANDREW (D...
ANNA FRANC...	ARNOLD MT...	ARVINDER SI...
ASHFAQ A AB...	CHARLES JO...	CHETAN (DO...

Comparison
of
NHIF
and AAR
patient
revenue
with
the help
of
filter
selection

Revenue- payer category



■ NHIF

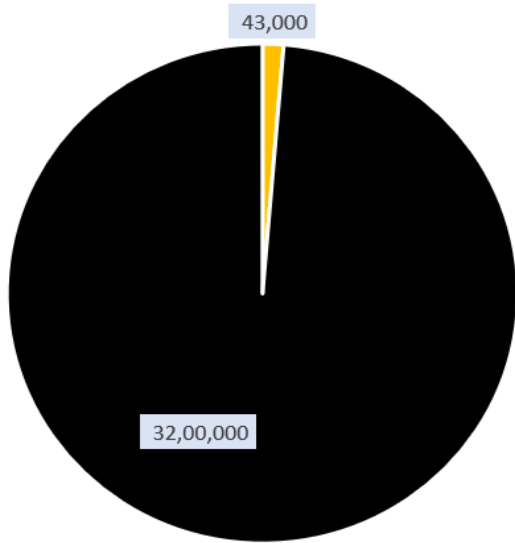
Payor

BRITAM INSU...	GOSHEN COLL...	MEMBER OF ...
NHIF	NHIF_RMC	RMC STAFF
SELF	AAR	AFRICARRIES
BAKHRESHA	CHOWPATI R...	DAVIS and SH...
GA INSURANCE	GEITA GOLD ...	GERMANY EM...

DoctorName

A M KATIGIL...	ABBAS (DOC...	ABDU BH...
ABONISH PA...	ABUBAKAR R ...	AHMED SAB...
ALOISI WILBA...	ALVIN MIRA...	ANDREW (D...
ANNA FRANC...	ARNOLD MT...	ARVINDER SI...
ASHFAQ A AB...	CHARLES JO...	CHETAN (DO...

Revenue- payer category



■ AAR
■ NHIF

Payor

AAR	GEITA GOLD ...	NHIF
NHIF NMB	NHIF_RMC	NHIF_TRA
NSSF-SHIB RE...	SELF	STRATEGIS IN...
TICTS	AFRICARRIES	BAKHRESHA
BRITAM INSU...	CHOWPATI R...	DAVIS and SH...

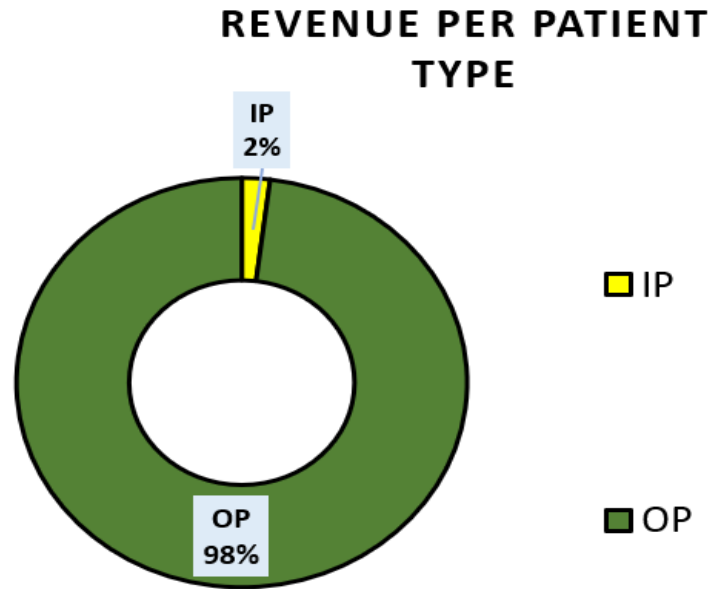
DoctorName

ALOISI WILBA...	ALVIN MIRA...	ANDREW (D...
ANNA FRANC...	ARNOLD MT...	ARVINDER SI...
ASHFAQ A AB...	CHARLES JO...	CHETAN (DO...
DOUGLAS C...	DR FATEMA ...	DR. EWALDO ...
EDWARD KIJ...	EDWIN L.(D...	EMMANUEL ...

Comparison
of
NHIF
and AAR
patient
revenue
between
two
doctors

Doughnut Charts have been used to understand the revenue generated in the Patient type category.

Payer Categories can be selected to get related data for comparisons and analysis.



■ IP

■ OP

DoctorName

GETRUDE NGINGO...

SUDAKSHINA GHO...

(blank)

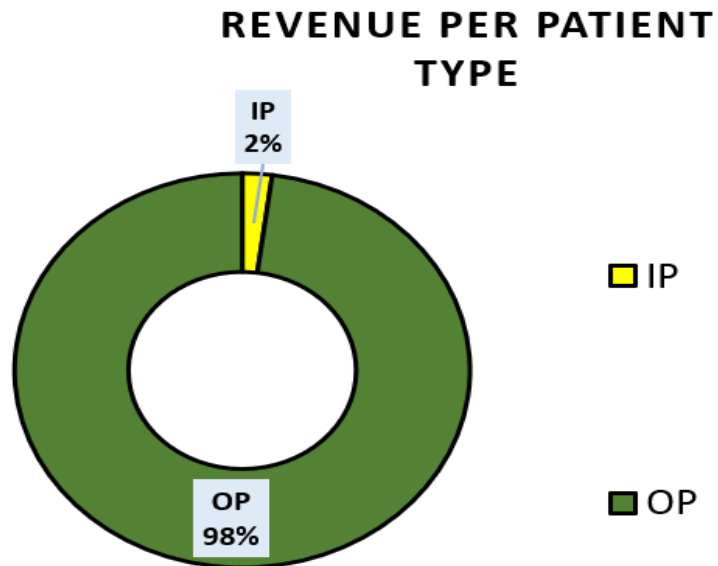
Payor

AAR NHIF

NHIF BOT NHIF NMB

NHIF_RMC SELF

STRATE... (blank)



■ IP

■ OP

DoctorName

GETRUDE NGINGO...

SUDAKSHINA GHO...

(blank)

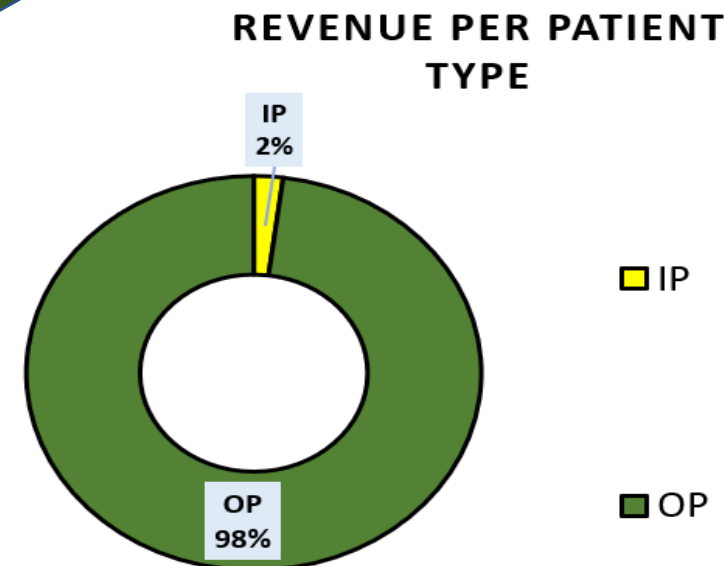
Payor

AAR NHIF

NHIF BOT NHIF NMB

NHIF_RMC SELF

STRATE... (blank)



■ IP

■ OP

DoctorName

GETRUDE NGINGO...

SUDAKSHINA GHO...

(blank)

Payor

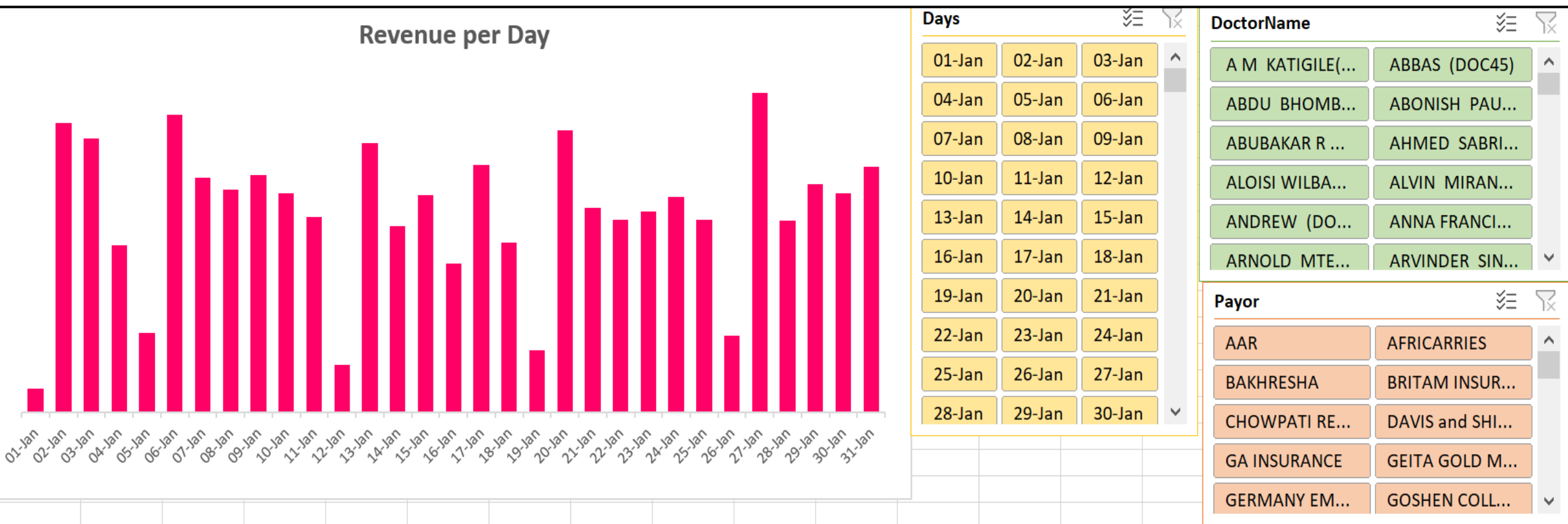
AAR NHIF

NHIF BOT NHIF NMB

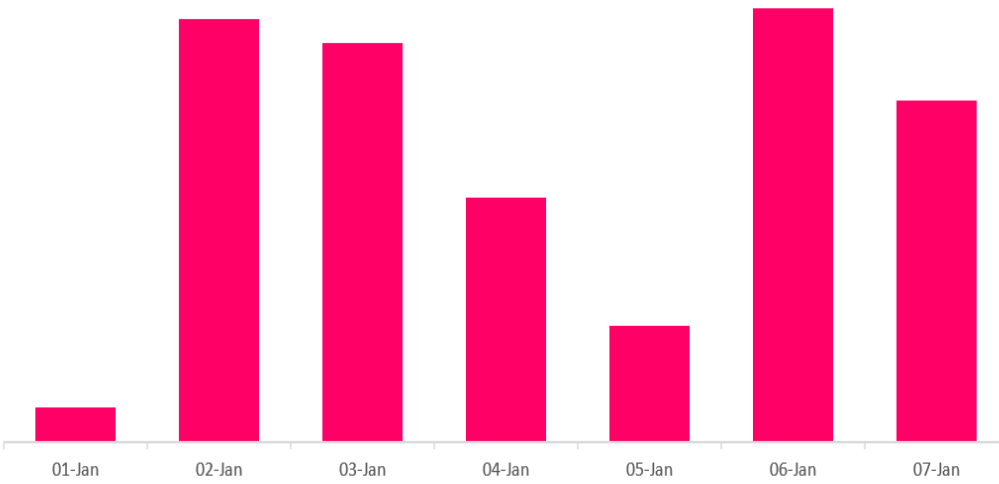
NHIF_RMC SELF

STRATE... (blank)

Column Charts have been used to understand the revenue generated per day.



Revenue per Day



Days

01-Jan	02-Jan	03-Jan
04-Jan	05-Jan	06-Jan
07-Jan	08-Jan	09-Jan
10-Jan	11-Jan	12-Jan
13-Jan	14-Jan	15-Jan
16-Jan	17-Jan	18-Jan
19-Jan	20-Jan	21-Jan
22-Jan	23-Jan	24-Jan
25-Jan	26-Jan	27-Jan
28-Jan	29-Jan	30-Jan

DoctorName

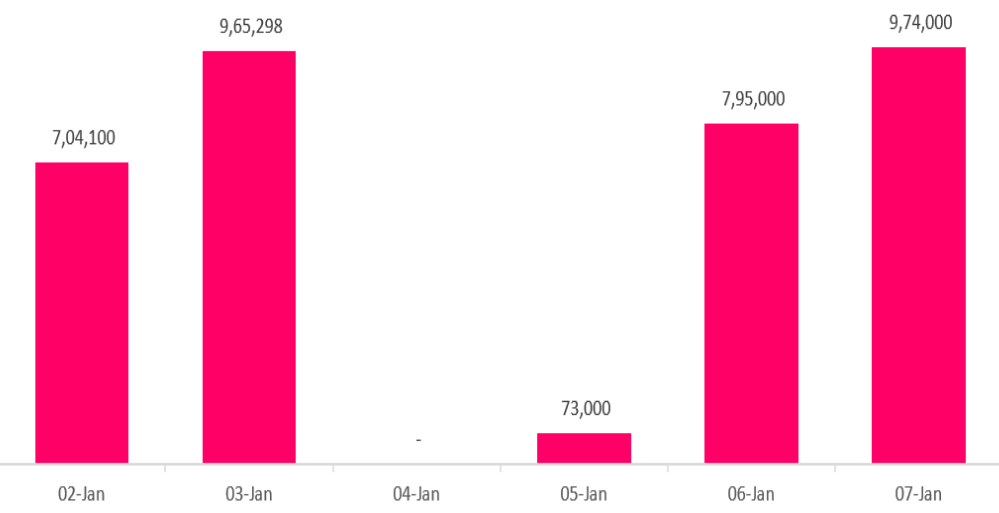
A M KATIGILE(...)	ABBAS (DOC45)
ABONISH PAU...	ABUBAKAR R ...
AHMED SABRI...	ALOISI WILBA...
ANDREW (DO...	
ANNA FRANC...	MTE...
ARVINDER SIN...	ASHFAQ A...

Payor

AAR	BRITAM INSUR...
GA INSURANCE	GEITA GOLD M...
KILOMBERO S...	MEMBER OF P...
MR KIRIT PATT...	NHIF
NHIF BOT	NHIF NMB

Weekly Statistics with the desired filter selection can be obtained.

Revenue per Day



Days

02-Jan	03-Jan	04-Jan
05-Jan	06-Jan	07-Jan
08-Jan	09-Jan	10-Jan
11-Jan	13-Jan	14-Jan
15-Jan	16-Jan	17-Jan
19-Jan	20-Jan	21-Jan
22-Jan	23-Jan	24-Jan
25-Jan	27-Jan	28-Jan
29-Jan	30-Jan	31-Jan
<01-...	>31-...	01-Apr

DoctorName

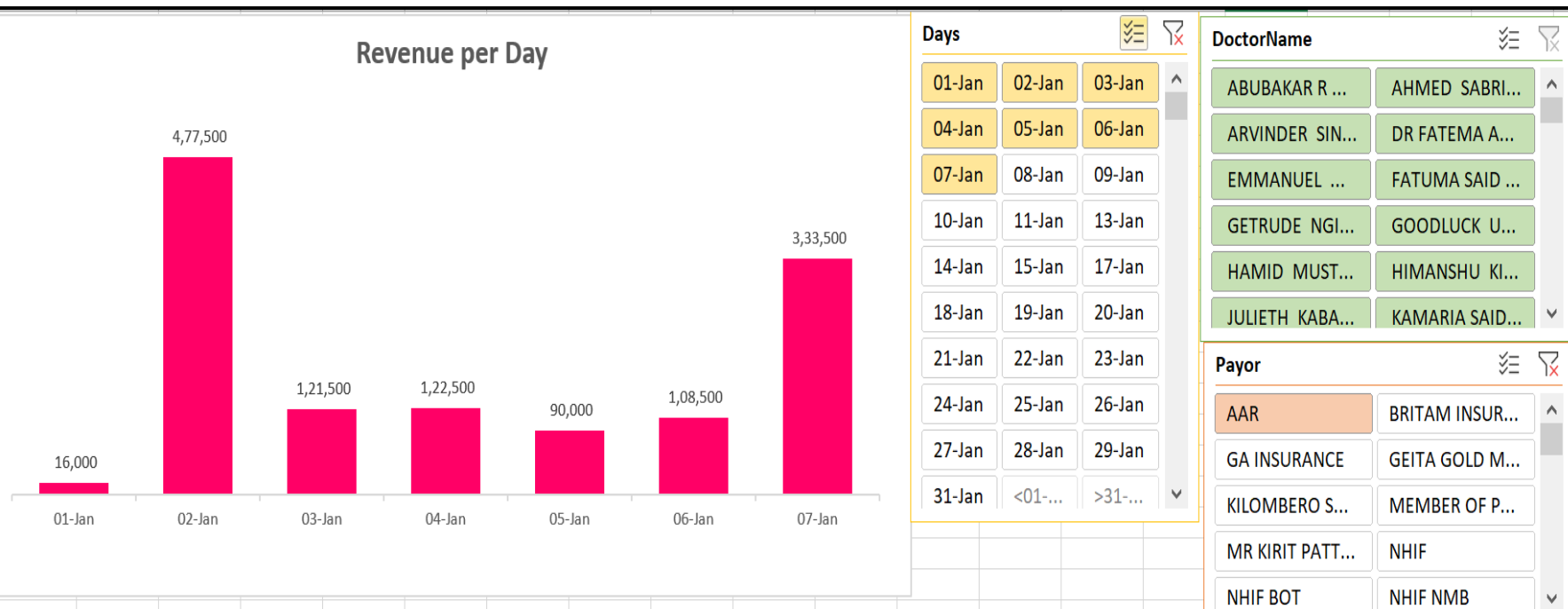
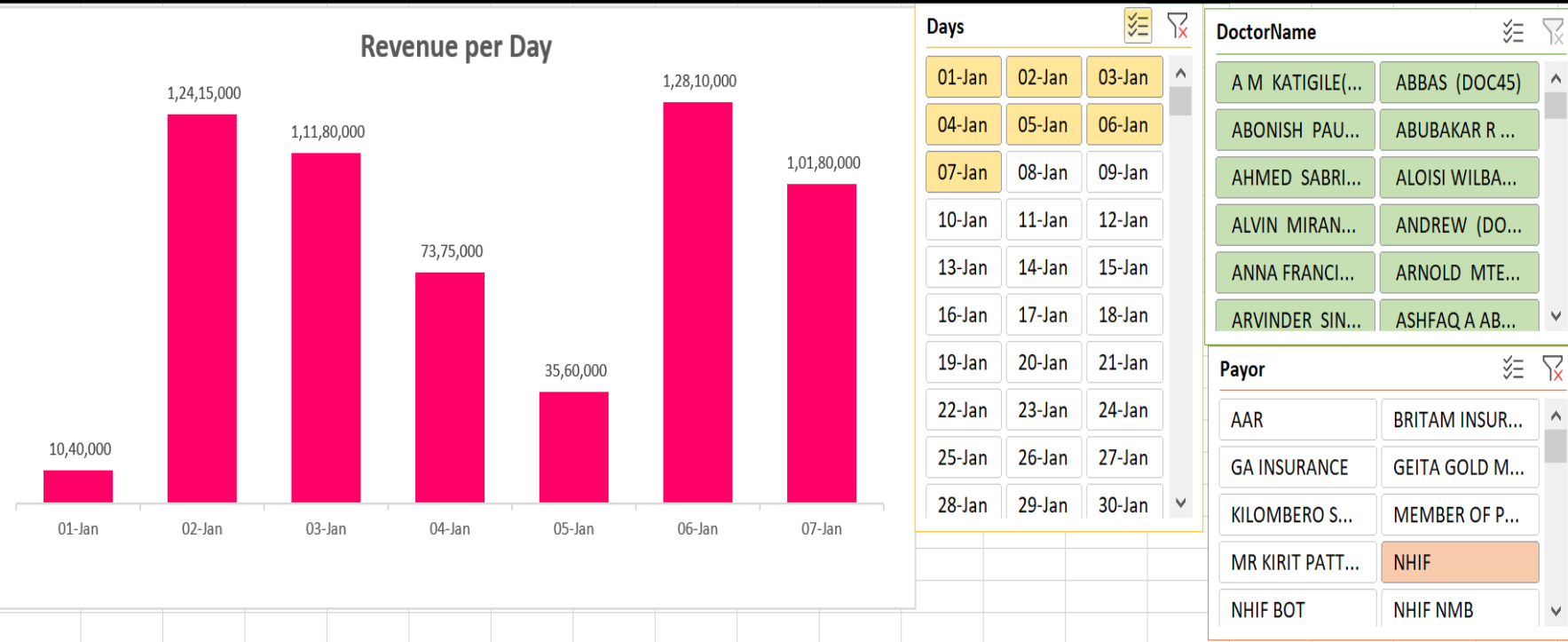
HIMANSHU KI...	IDDI HARUNA ...
ISACK MLATIE...	JOSEPH KIWIA...
JULIETH KABA...	KAMARIA SAID...
KASSIM MOHA...	KATARUGA VE...
KHAN GH(DO...	
MANMOHAN ...	

Payor

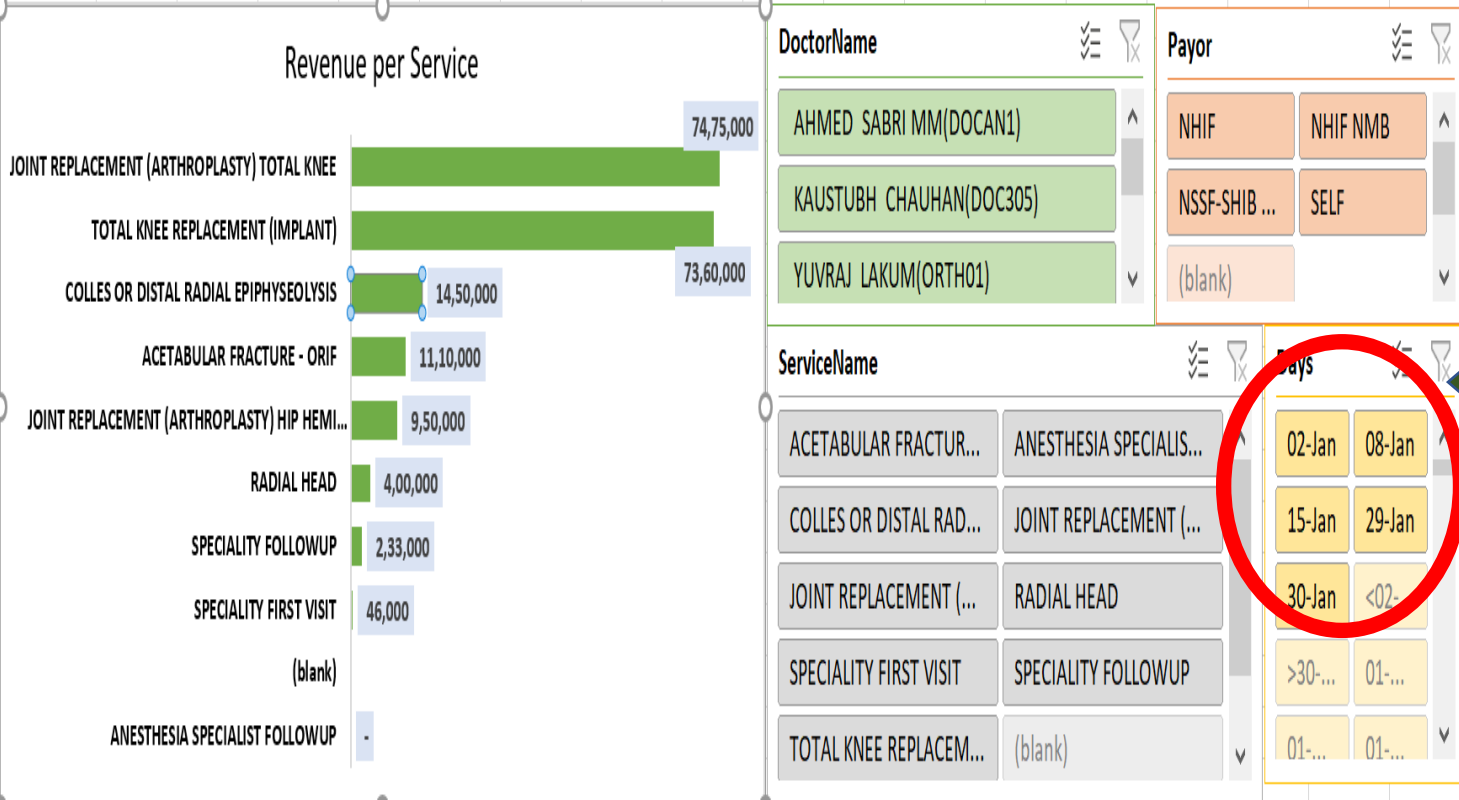
AAR	KILOMBERO S...
NHIF	NHIF BOT
NHIF NMB	NHIF_NSSF
NORTHEN ENG...	NSSF-SHIB REF...
SELF	STRATEGIS INS...

Doctor performance Statistics per day in terms of revenue with the desired filter selection can be seen.

Auto selection of dates according to the doctor's consultation will happen in such cases.

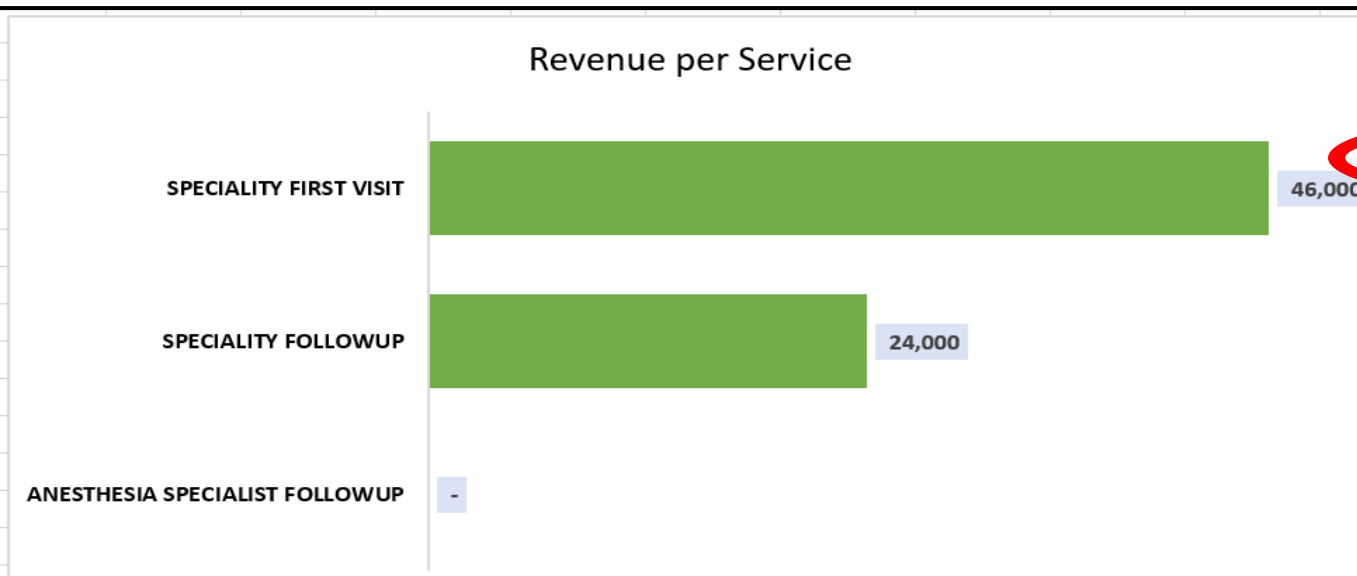


Weekly payer category analysis by various selections can be easily displayed.



Dates can be selected by turning on the multiple selection tool to get data for a specific date or any number of day for example: 1 week

Doctor's name can be selected from the filters to get all the data associated with that doctor as well as a comparison if needed for further analysis



DoctorName

- AHMED SABRI MM(DOCAN1)
- KAUSTUBH CHAUHAN(DOC305)
- YUVRAJ LAKUM(ORTH01)

Payor

- NHIF
- NHIF NMB
- NSSF-SHIB ...
- SELF
- (blank)

ServiceName

- ANESTHESIA SPECIALIST F...
- SPECIALITY FIRST VISIT
- SPECIALITY FOLLOWUP
- ACETABULAR FRACTURE -...
- COLLES OR DISTAL RADIA...
- JOINT REPLACEMENT (AR...
- JOINT REPLACEMENT (AR...
- RADIAL HEAD
- TOTAL KNEE REPLACEME...
- (blank)

Days

- 08-Jan
- 15-Jan
- 29-Jan
- 30-Jan
- <02-...
- >30-...
- 01-...
- 01-...
- 01-...
- 01-F...

(4) Improving Dashboard flexibility and connectivity

These dashboards were fully automized to show any data put into it in the form of predefined graphs and filters. It was made macro enabled and other functions were added to facilitate better connectivity and user-friendly interface for internal and external stakeholders.

Various prototypes were made of dashboards on excel of various departments and presented to the management for further action.

Limitations

In these revenue-based dashboards, footfall, an essential KPI as not been included which might lead to a little inaccuracy of the overall view of the revenue when calculated in terms of profits.

A Dashboard is only as good as the user customizing and taking out information from it.

One must know how to operate, view, understand the data showcased. One must have time to identify the data needs and organize the data base. Data management is required for more real time and advanced information flow system to be established. Feeding the required data into the dashboard, monitoring and evaluating is essential to take full advantage of this business intelligence tool.

Conclusion

The implementation of dashboards on revenue generation is like an asset for the organization. The most important thing to notice is that the prototype of dashboard was loaded with real data from hospital which made it easier for stakeholders to understand. Dashboard implementation has all conditions to materialize as it puts no extra burden on the staff to collect the required data. Apart from all this dashboard also allow us to measure the revenue based performance and productivity of the organization.

Bibliography

1. Rahimi, H., Kavosi, Z., Shojaei, P., Kharazmi, E.: Key performance indicators in hospital based on balanced scorecard model. *J. Heal. Manag. Informatics*. 4, 17–24 (2016)
2. Koumpouros, Y.: Balanced scorecard: application in the General Panarcadian Hospital of Tripolis, Greece. *Int. J. Health Care Qual. Assur.* 26, 286–307 (2013). doi:10.1108/09526861311319546
3. Engla, N.E.W.: New engla nd journal. *Perspective*. 363, 1–3 (2010). doi:10.1056/NEJMp1002530
4. Kawamura, T., Kimura, T., Tsumoto, S.: Estimation of Service Quality of a Hospital Information System Using a Service Log. *Rev. Socionetwork Strateg.* 8, 53–68 (2014). doi:10.1007/s12626-014-0044-x

Annexure

Revenue Dashboard- Surgical Procedures

Grand Total
Revenue

12,49,68,683

Jan Revenue

AVG
Max
Min

4031247.839
15795000
525000

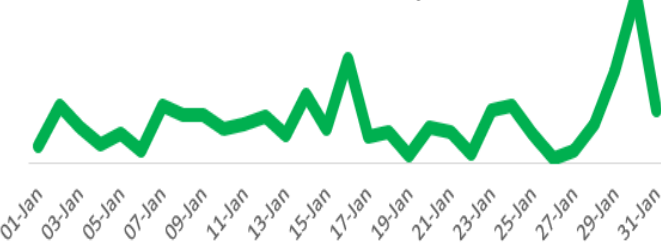
NHIF Revenue

73822000

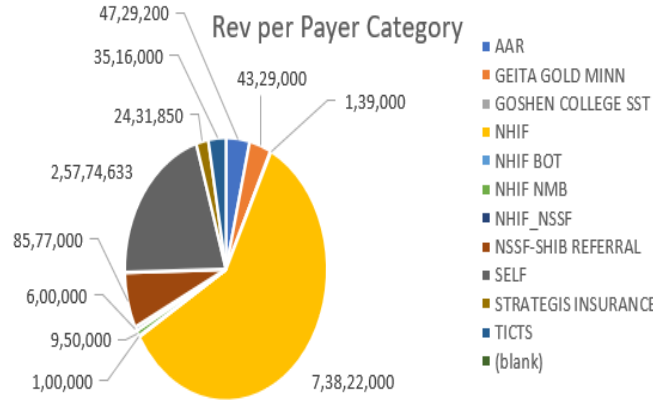
SELF Revenue

25774633

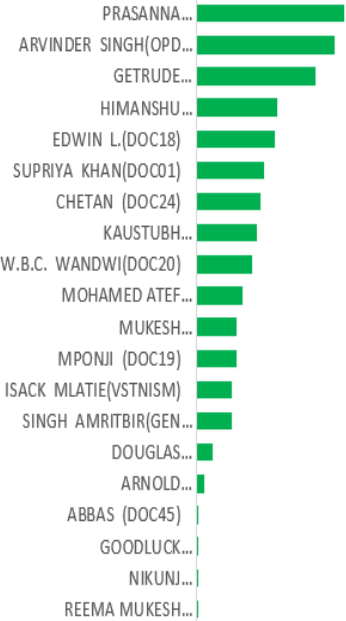
Rev Per day



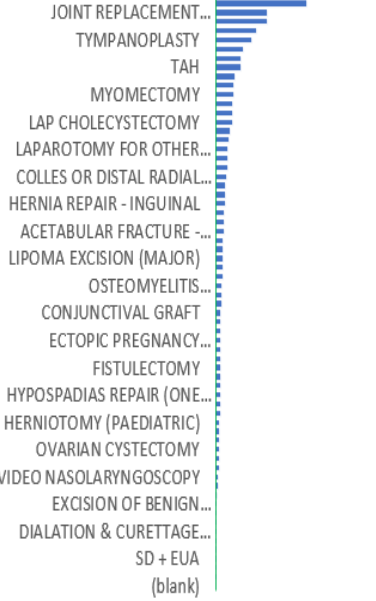
Rev per Payer Category



Rev Per Doc



Rev Per Procedure



NetAmount

16000	45000	47000	70000
80000	100000	120000	139000
140000	150000	160000	182000

Days

01-Jan	02-Jan
03-Jan	04-Jan
05-Jan	06-Jan
07-Jan	08-Jan
09-Jan	10-Jan
11-Jan	12-Jan

Payor

AAR	GEITA G...
GOSHEN ...	NHIF
NHIF BOT	NHIF NMB
NHIF_NSSF	NSSF-SHI...
SELF	STRATEG...
TICTS	(blank)

DoctorName

ABBAS (...)	ARNOLD...
ARVIND...	CHETAN...
DOUGLA...	EDWIN ...
GETRUD...	GOODL...
HIMANS...	ISACK ...
KAUSTU...	MOHAM...
MPONJI ...	MUKESH...
NIKUNJ ...	PRASAN...

ServiceName

ACETABULAR FRACTUR...
ADENOIDO-TONSILLEC...
APPENDECECTOMY
ASCITIC FLUID TAPPING

Revenue Dashboard- Cardiology

Grand Total
Revenue-

10,25,000

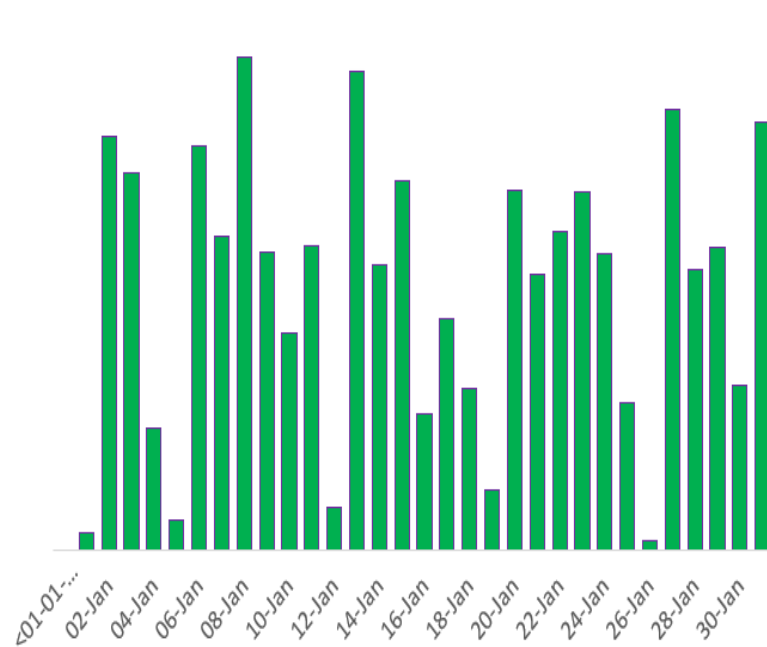
Jan Revenue - AVG- 5,57,000

(8 Jan) Max 14,52,300

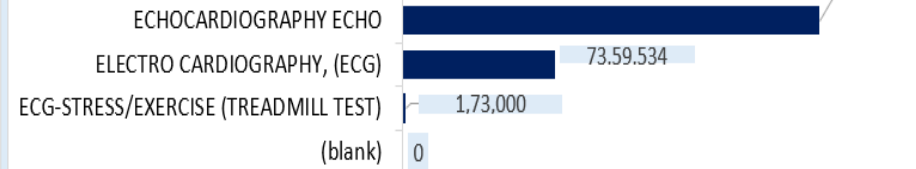
(26 Jan) Min 2,76,18,653

NHIF Revenue - 1,93,20,000

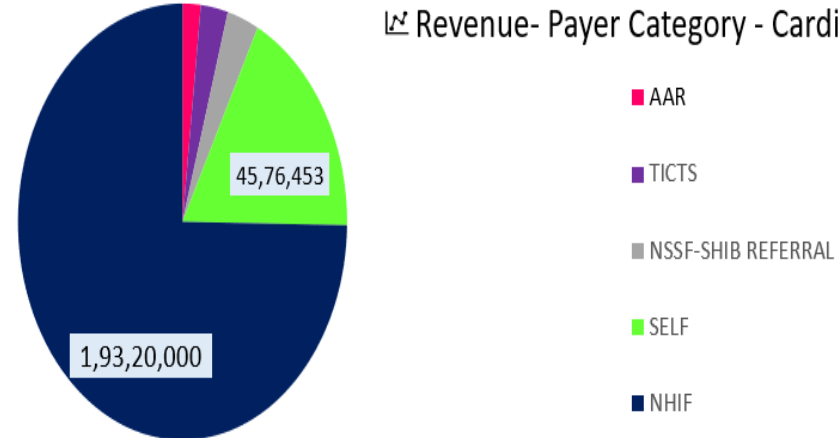
Revenue per day



Revenue per Service - Cardiology



Revenue- Payer Category - Cardiology



Days

01-Jan	02-Jan	03-Jan	04-Jan
05-Jan	06-Jan	07-Jan	08-Jan
09-Jan	10-Jan	11-Jan	12-Jan
13-Jan	14-Jan	15-Jan	16-Jan
17-Jan	18-Jan	19-Jan	20-Jan
21-Jan	22-Jan	23-Jan	24-Jan
25-Jan	26-Jan	27-Jan	28-Jan
29-Jan	30-Jan	31-Jan	<01-0...

ServiceName

ECG-STRESS/EXE...	ECHOCARDIOGRA...
ELECTRO CARDIO...	(blank)

Payor

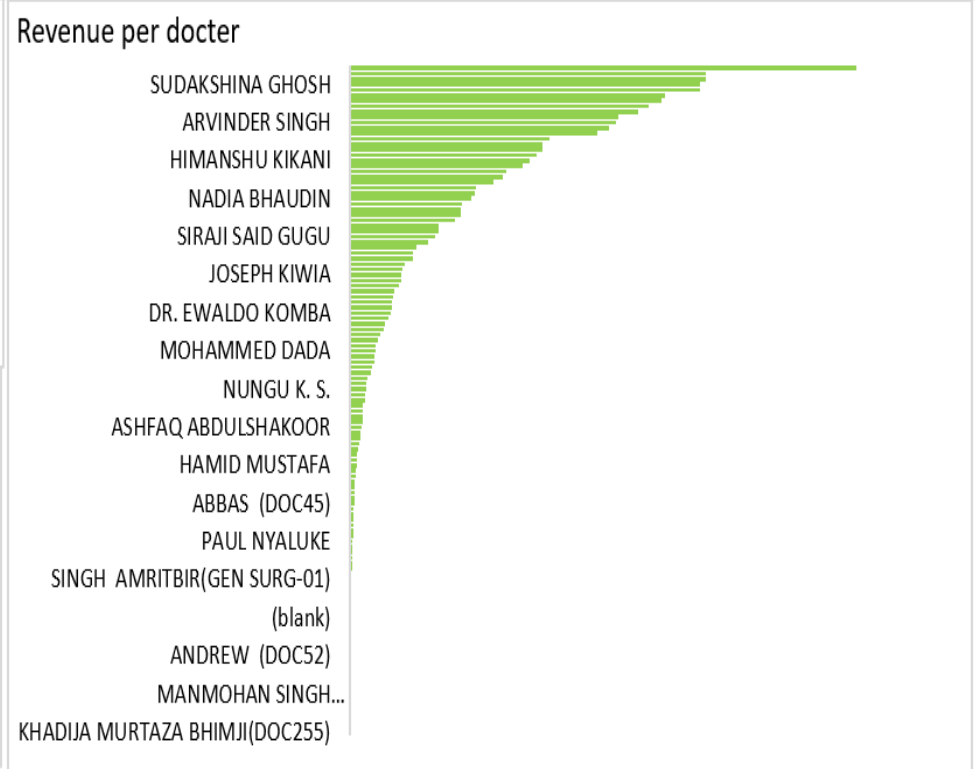
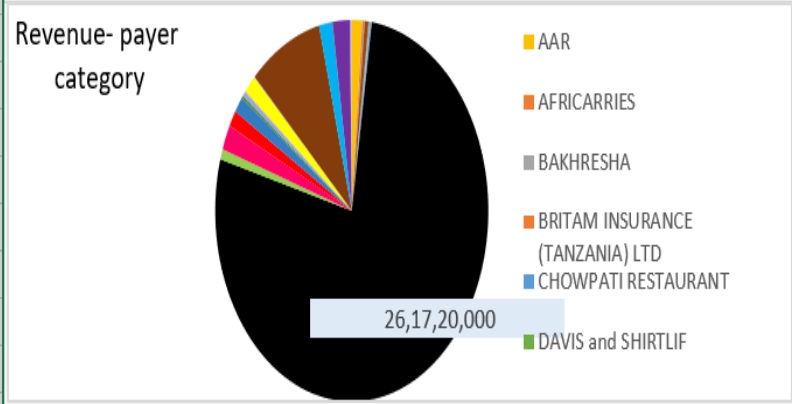
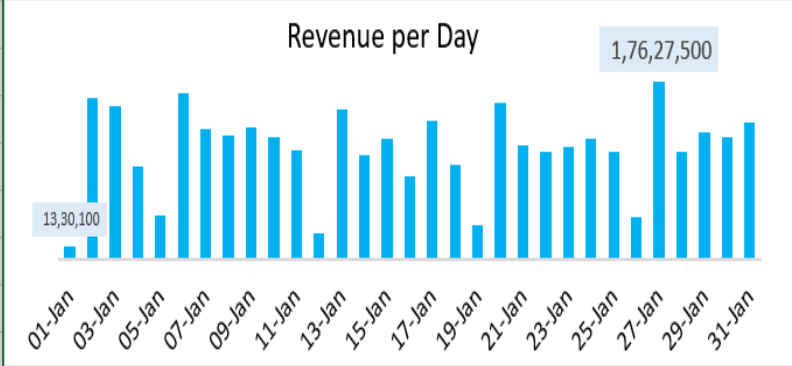
AAR	GEITA GO...	KNEE REP...
MEMBER ...	NHIF	NHIF BOT
NHIF NMB	NHIF_NSSF	NHIF_RMC
NHIF TPB	NORTHE...	NSSF-SHI...

NetAmount

15000	30834	32000
32500	37400	39000
40000	58000	80000

Revenue Dashboard- OPD

Grand Total Revenue-	33,98,95,515	Jan Revenue - AVG- 1,09,64,371 (30 Jan) Max 1,76,27,500 (2 Jan) Min 13,30,100	NHIF Revenue -	26,17,20,000
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Days

01-Jan02-Jan03-Jan

04-Jan05-Jan06-Jan

07-Jan08-Jan09-Jan

DoctorName

A M KATIGILE(DOC23)

ABBAS (DOC45)

ABDU BHOMBO JUMA(...

Payor

AARAFRICAR...

BAKHRES...BRITAM I...

NetAmount

010000

1300015000

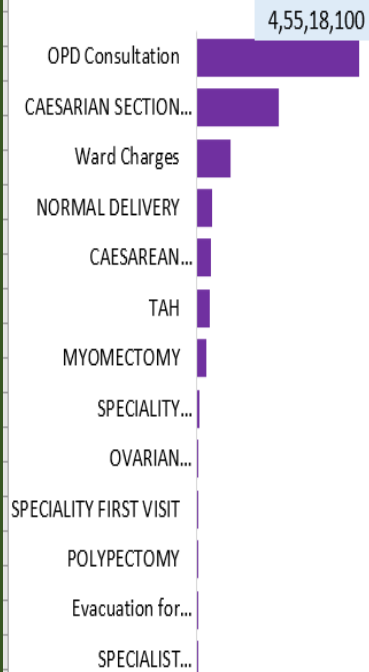
Revenue Dashboard- GYN

Grand Total
Revenue- 93661544

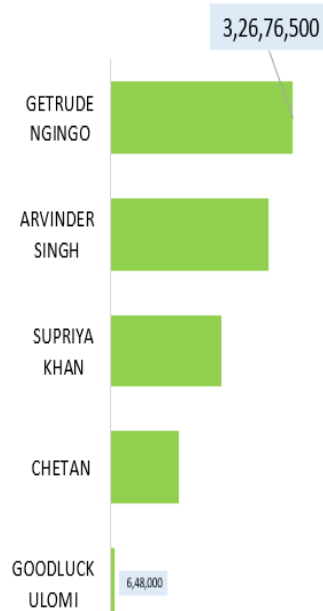
Jan Revenue - AVG- 61,58,870
(16 Jan) Max 67,57,064
(5 Jan) Min 5,27,954

NHIF Revenue - 15715000

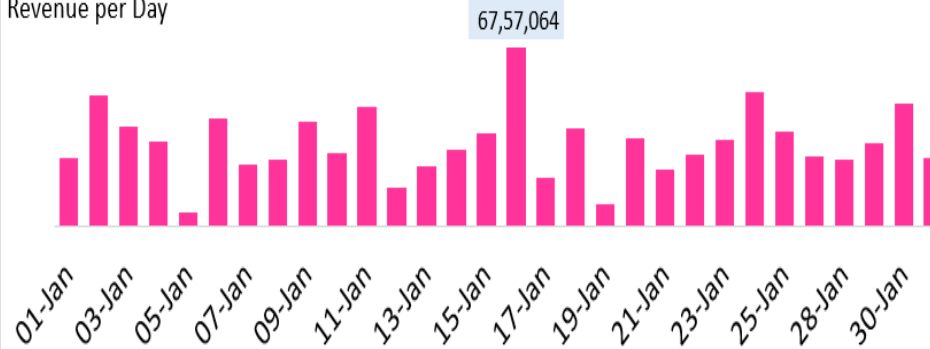
Revenue per Service



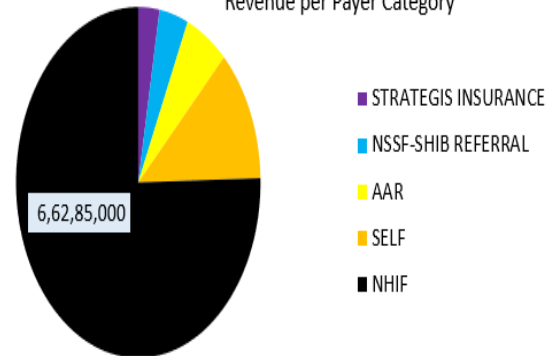
Revenue per Doctor



Revenue per Day



Revenue per Payer Category



Days

01-Jan	02-Jan	03-Jan
04-Jan	05-Jan	06-Jan
07-Jan	08-Jan	09-Jan
10-Jan	11-Jan	12-Jan
13-Jan	14-Jan	15-Jan
16-Jan	17-Jan	18-Jan

AttendingDoctorDBKey

ARVINDER SINGH(...)	CHETAN (DOC24)
GETRUDE NGINGO...	GOODLUCK ULOMI...
SUPRIYA KHAN(DO...	ARVINDER SINGH
CHETAN	GETRUDE NGINGO

Payor

AAR	BRITAM INS...	GEITA GOL...
MR KIRIT P...	NHIF	NHIF BOT
NHIF NMB	NHIF_NSSF	NHIF_RMC
NHIF_TPB	NHIF_TRA	NORTHEN ...

ServiceName

CAESAREA...	CAESARIAN...	Evacuation ...
MYOMECT...	NORMAL D...	OPD Consul...
OVARIAN C...	POLYPECT...	SPECIALIST ...

NetAmount

0	10000	15000	21148
22884	22998	23000	24000
25000	30000	32100	32500
33000	35000	48000	50000

Revenue Dashboard- Dialysis

Grand Total Revenue- 13665000

Jan Revenue - AVG- 1,36,65,000
(27 Jan) Max 1,55,85,000
(19 Jan) Min 2,40,000

NHIF Revenue - 3360000

Payor

AAR

NHIF

NHIF BOT

NHIF NMB

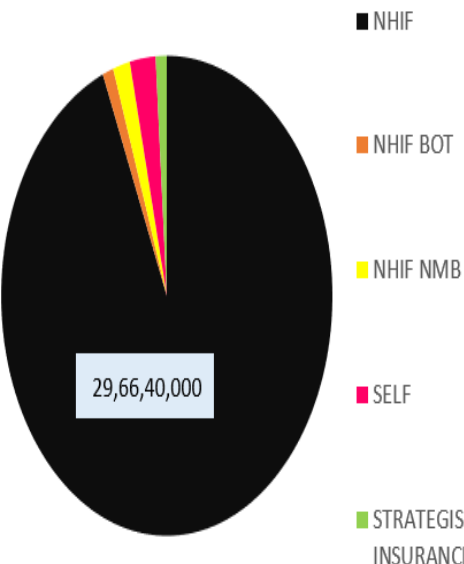
NHIF_RMC

SELF

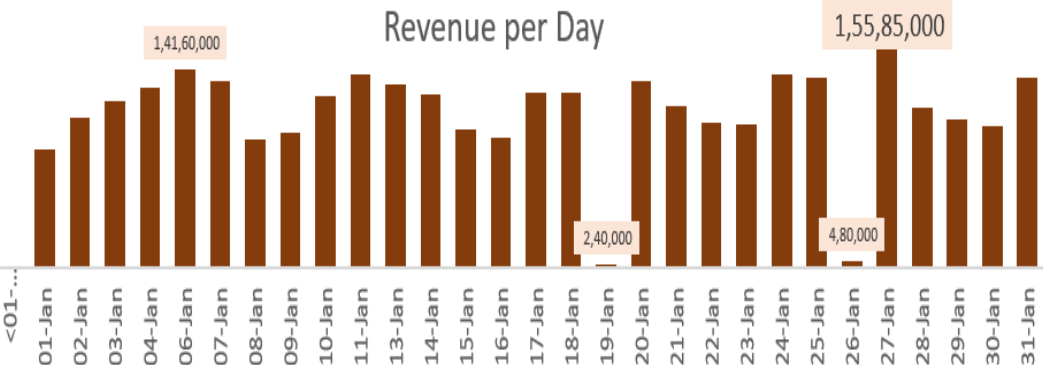
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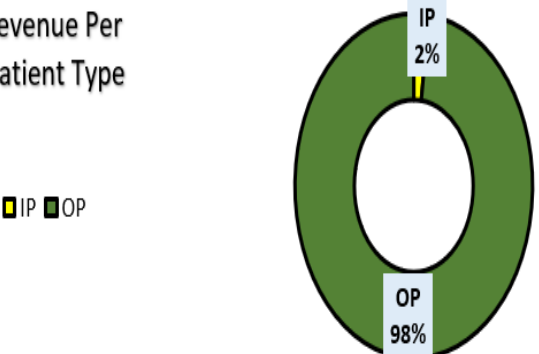
Revenue per Payer Category



Revenue per Day



Revenue Per Patient Type



Days

01-Jan	02-Jan	03-Jan	04-Jan
06-Jan	07-Jan	08-Jan	09-Jan
10-Jan	11-Jan	13-Jan	14-Jan
15-Jan	16-Jan	17-Jan	18-Jan
19-Jan	20-Jan	21-Jan	22-Jan

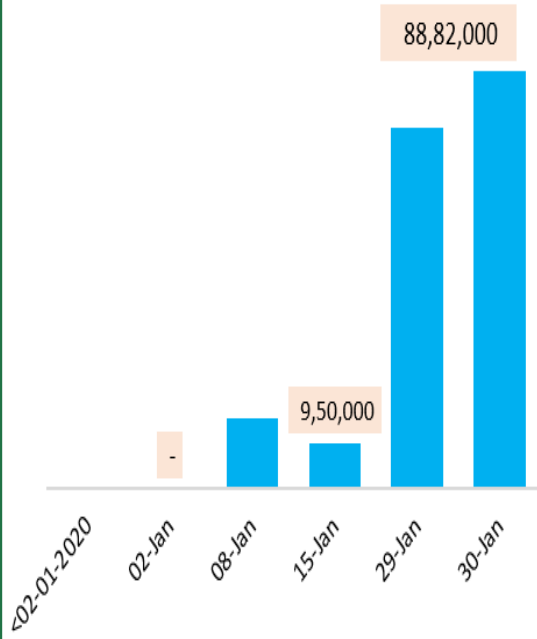
NetAmount

1,60,000	1,70,000
1,80,000	2,40,000
2,85,000	3,00,000
4,50,000	(blank)

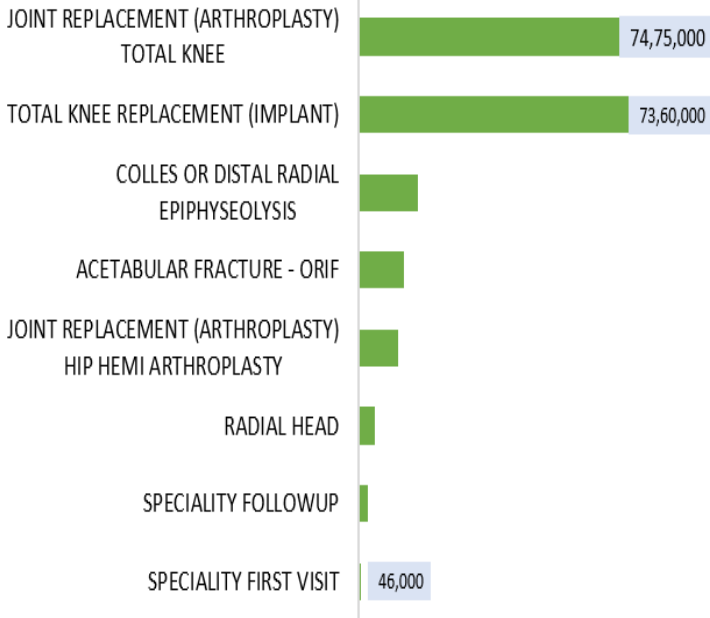
Revenue Dashboard- Orthopaedics

Grand Total Revenue-	88,82,000	Jan Revenue - AVG- 1,90,24,000 (30 Jan) Max 76,82,000 (2 Jan) Min 0	NHIF Revenue -	20,60,000
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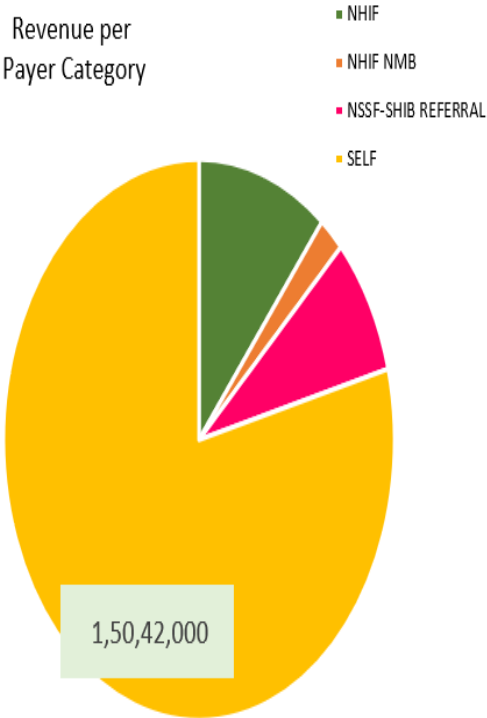
Revenue per Day



Revenue per Service



Revenue per Payer Category



Days

02-Jan08-Jan

15-Jan29-Jan

30-Jan<02-01-2...

>30-01-2...01-Apr

ServiceName

ACETABULAR FRACTUR...

ANESTHESIA SPECIALIST...

COLLES OR DISTAL RADI...

JOINT REPLACEMENT (A...

JOINT REPLACEMENT (A...

Payor

NHIFNHIF...NSSF...

SELF(blank)

NetAmount

-23,000

24,0004,00,000

9,50,00011,10,000

Thank you!