

# Healthcare Operations Critical Alert Dashboard

Daily executive briefing on operational performance and clinical safety metrics

*" What are the most critical operational and clinical performance issues requiring immediate executive attention today? "*



## Executive Summary — February 2026

- ED at unsafe **94%** capacity with 38-minute wait times - immediate intervention required
- Hospital-acquired infections spiked **33%** above target, concentrated in orthopedic surgery
- Claims denials jumped **75%** to **7.2%**, costing **\$180K** in delayed revenue this month
- ICU at **89%** capacity with 3 pending transfers - patient flow crisis imminent
- AI predicts **15%** above-normal admissions Monday-Tuesday, worsening capacity strain

### ED CAPACITY

**94%**

▲ +14pts vs safe threshold

vs 80% safe limit

### HOSPITAL-ACQUIRED INFECTIONS

**2.4%**

▲ +33% vs target

vs 1.8% target

### CLAIMS DENIAL RATE

**7.2%**

▲ +75% vs last month

vs 4.1% baseline

### ICU OCCUPANCY

**89%**

▲ 3 pending transfers

near capacity

## EXECUTIVE SUMMARY

# Key Findings

Today's operational data reveals three critical issues requiring immediate C-suite intervention. Emergency Department capacity has reached unsafe levels at 94% utilization with wait times extending to 38 minutes, creating patient safety risks and satisfaction concerns. Simultaneously, ICU occupancy at 89% with 3 pending transfers indicates potential capacity constraints that could impact patient flow and clinical outcomes within the next 12-24 hours. Clinical quality metrics show concerning deterioration, particularly a spike in hospital-acquired infections to 2.4% (33% above target), concentrated in orthopedic surgical cases. This trend, combined with declining patient satisfaction scores, suggests systemic issues in care delivery processes. Financial performance has also declined with revenue per patient day dropping \$340

due to increased claims denials, indicating potential documentation or coding issues that require immediate attention to prevent further revenue erosion.

## HEADLINE INSIGHTS

1

**ED wait times at 38 minutes create patient safety risks and satisfaction decline**

2

**Orthopedic surgical site infections driving 33% spike in hospital-acquired infections**

3

**Revenue per patient day dropped \$340 due to documentation/coding issues in claims processing**



## AI-Derived Recommendations

Strategic insights powered by JAI analysis

- 1 Implement surge protocols immediately → reduce ED wait times to <20 minutes
- 2 Deploy infection control team to orthopedic unit → prevent additional surgical site infections
- 3 Activate coding review process → recover **\$180K** delayed revenue within 30 days
- 4 Open overflow capacity areas → accommodate **15%** above-normal admissions forecast

### Action Required

- Activate ED surge protocols and open additional treatment areas within 2 hours
- Deploy infection control team to orthopedic unit for immediate intervention
- Initiate emergency coding review for all denied claims from past 30 days
- Prepare overflow ICU capacity for 3 pending transfers by end of shift



## Critical Capacity Alerts—Immediate Intervention Required

94%

ED CAPACITY UTILIZATION

↑ +14%

Above 80% safe threshold

89%

ICU OCCUPANCY RATE

↑ +12%

Approaching 90% critical level

3 patients

PENDING ICU TRANSFERS

↑ +2

Delayed transfers increase risk

**Emergency Department operating beyond safe capacity thresholds.** Current utilization at **94%** represents a **14-point increase** above the 80% safe operating threshold established by clinical protocols. Wait times have extended to **38 minutes**, significantly exceeding the 23-minute target and approaching levels associated with increased mortality risk.

**ICU capacity constraints creating patient flow bottlenecks.** With **89% occupancy** and **3 pending transfers** from ED, the critical care unit is approaching maximum capacity. Historical data indicates that ICU occupancy above 85% correlates with increased length of stay and delayed discharges.

**Immediate surge protocols must be activated** to prevent patient safety incidents and maintain quality standards.



## Clinical Quality Deterioration—Safety Risk Identified

2.4%

HOSPITAL-ACQUIRED  
INFECTION RATE

↑ +0.6%

Above 1.8% target threshold

87%

HAND HYGIENE  
COMPLIANCE

↓ -3%

Below 90% minimum standard

8 cases

SURGICAL SITE INFECTIONS

↑ +5

60% of all HAIs this week

**Hospital-acquired infection rates have spiked above acceptable thresholds.** Current rate of **2.4%** represents a **33% increase** above the 1.8% target, with **orthopedic surgical site infections** accounting for 60% of new cases. This concentration suggests potential issues with surgical prep protocols or post-operative care processes.

**Hand hygiene compliance has declined to 87%**, falling below the 90% minimum standard. Correlation analysis indicates this decline coincides with increased infection rates, particularly in high-risk units.

**Medication error rates remain within acceptable limits** at 0.3%, though trending upward from last month's 0.2%.

**Patient fall prevention scores at 93%** remain above target, indicating effective safety protocols in this area.



## Financial Performance Gaps—Revenue at Risk

7.2%

CLAIMS DENIAL RATE

↑ +3.1%

vs 4.1% baseline

\$3,680

REVENUE PER PATIENT DAY

↓ -\$340

8.5% below budget

48 days

DAYS IN A/R

↑ +3 days

Above 45-day target

Claims denial rates have increased dramatically to 7.2%, representing a 75% increase from last month's 4.1% baseline. This spike is costing the organization approximately \$180,000 in delayed revenue based on current patient volume. Primary denial reasons include incomplete documentation (40%) and coding errors (35%).

Revenue per patient day has declined \$340 to \$3,680, falling below budget projections by 8.5%. Days in accounts receivable have increased to 48 days, extending beyond the 45-day target and indicating collection efficiency issues.

Cost per case has remained stable at \$3,240, suggesting the revenue decline is primarily due to reimbursement issues rather than operational cost increases.

**+15%**

PREDICTED VOLUME  
INCREASE

↑ Above normal

Next 72 hours

**12**  
**patients**

HIGH-RISK READMISSIONS

↑ +4

\$240K penalty exposure

**4.2 days**

CRITICAL MED INVENTORY

↓ -1.8 days

Below 7-day safety stock

### Predictive Analytics—Emerging Risks Next 72 Hours

**AI models predict continued capacity strain through Wednesday.** Patient volume forecasting indicates **15% above-normal admissions** expected Monday-Tuesday, driven by seasonal respiratory illness patterns. Current staffing levels are **insufficient to maintain safe ratios** if predictions materialize.

**High-risk readmission alerts identify 12 patients** discharged in the last 48 hours with elevated probability of return within 30 days. These cases represent **\$240,000 in potential penalty exposure** under CMS readmission reduction programs.

**Supply chain analytics flag potential shortages** in critical medications, particularly cardiac drugs and antibiotics, with current inventory projected to last only **4.2 days** at current consumption rates.

# Recommendations

- 1 Implement immediate ED capacity expansion using surge protocols
- 2 Launch targeted infection prevention measures in orthopedic surgery
- 3 Deploy coding specialists to review and resubmit denied claims
- 4 Activate patient flow coordination center for next 72 hours

## Immediate Next Steps

- Call emergency operations meeting within 1 hour
- Activate ED surge protocols and notify all department heads
- Deploy infection control team to orthopedic unit immediately
- Contact coding director to initiate claims review process
- Prepare daily capacity briefings for next 72 hours
- Review patient discharge planning to accelerate turnover

✓ 247 validated data points

✓ Compliance: 94%

✓ Data validated against industry benchmarks

✓ Real-time integration verified

JAI Platform Automated Intelligence Report

Sources: Epic EMR, Financial Systems, Quality Dashboard, Predictive Analytics Engine