Kyle Stanford
Data Analytics Immersion – Exercise 2.10

Presenting Findings to Stakeholders

Tableau Story Link:
https://public.tableau.com/views/DataImmersionAchievement2Ex2_10PrentingFindingstoStakeholders-KyleStanford/PreparingforInfluenzaSeason?:language=en-

Video Link: https://youtu.be/tb1vPY0a3ug

Limitations preventing analysis:

- If I had data in terms of hospital staff-patient ratios throughout the year, then I would be able to look at current staffing issues or trends across the U.S. This would allow identification of hospitals with inadequate staffing. This is important because some hospitals and clinics in states with high influenza mortality may not be as understaffed as other states.

Limitations affecting results:

- The CDC's influenza deaths data contains many "suppressed" values for the number of deaths. Even though "suppressed" indicates a true value ranging from 0 to 9, this occurs for many observations and has thus impacted the analysis. Hundreds of thousands of deaths may not have been accounted for across all the U.S.
- Manual data entry from many sources to compile the data sets from the CDC and US Census Bureau is likely to contribute to errors.

Monitoring staffing changes:

- Surveys may be given to hospital administrators and frontline staff sent by the agency asking about their experiences with the workload and staff-patient ratios.
- Hospitals may be asked to routinely send data relating to patient-staff ratios throughout the next influenza season.

Metrics for determining success:

- As per the project brief, the staff to patient ratio should be measured throughout the project to determine if the staffing timetable was effective in reducing cases of understaffing and overstaffing.
- Separate from the project's listed success factors, measuring hospital admission rates, waiting times, and outcomes of patients with influenza should be measured to observe the impact staffing changes has on patient experiences.