## **Reflections**

Were there any limitations that prevented you from conducting an analysis?

Yes, I feel as though there are several. It would have been helpful to have information regarding staff:patient ratios to actually determine numbers. Data on other vulnerable populations would also help, as 65+ isn't the only population considered vulnerable when it comes to influenza.

Did your data have any limitations that may have affected your results? Consider this in terms of data quality and data bias.

The flu-related death data contained *mostly* "suppressed" entries regarding the number of flu-related deaths. Therefore, the analysis that was able to be performed was extremely limited.

How might you monitor the impact of the staffing changes you recommended?

They could be monitored through staff and patient satisfaction surveys. Additionally, analyzing data for the year the staffing changes were made compared to previous years could lead to insights.

Is there a metric that could be used for monitoring this impact?

A sentiment analysis would be appropriate for the surveys mentioned above.

## Link to video presentation:

https://vimeo.com/793719316

## Link to Tableau storyboard:

https://public.tableau.com/views/FirstDraftE2 9/InfluenzaStaffingReport?:language=en-US&publish=yes&:display count=n&:origin=viz share link