

Nathan Evans

## 2.10 – Presenting Findings to Stakeholders

7/21/2023

- Were there any limitations that prevented you from conducting an analysis? Think of these in terms of a future project or wish list (i.e., “If I had x, I would have been able to do y.”).
  1. How many medical personnel does the medical staffing agency have available to send around the United States? How many doctors, nurses and so on are available? If we had this information we could further break down the assistance in a more granular manner.
  2. Vulnerable Population data: Only age-groups were considered in this data analyses. If we had data on the number of people with other vulnerable populations per state (asthma, cancer, HIV+, pregnant women, obesity, etc.), we could further target assistance in a more precise manner.
  3. Number of hospitals and clinics per state: If we had the rough number of hospitals available compared to surrounding populations, we could perhaps obtain an ideal basis for assistance required by comparing that to the deaths/mortality of said state and use it as a model.
- Did your data have any limitations that may have affected your results? Consider this in terms of data quality and data bias.
  1. Yes, the data had a few limitations that would affect results. These are only Influenza-“*Related*” Deaths, which means there is not 100% certainty all deaths were due to influenza or if it was only a contributing cause to another primary reason of death.
  2. Census data is only collected every 10 years, therefore it is not 100% updated in real time.
- How might you monitor the impact of the staffing changes you recommended?
  1. Collect data continuously for the year. Focus on staff to patient ratios and mortality rate. Compare this data to previous years. Using surveys, gather feedback from the involved administrators, doctors, nurses and patients to see if the extra medical staff was helpful.
- Is there a metric that could be used for monitoring this impact?
  1. Compare deaths or mortality per number of medical staff. After staffing adjustments have been made so that there are more medical staff to help, mortality should go down. If a state does not perform well, perhaps more assistance is required for that state. However, there are many variables outside of staffing only.

2. Wait times for treatment during hospital and emergency room visits. High wait times could indicate the facility is understaffed.
2. Add a link to your video recording and Tableau storyboard from the previous Exercise to this document and share it here for your Mentor to review.

<https://youtu.be/IgRpKM2IRAU>

[Nathan Evans Influenza Story | Tableau Public](#)