

Seeking BALANCE

in Hospital Analytics

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The hospital is confusing enough for a medical student, let alone for patients. You are woken up at all hours of the night for vital sign measurements, blood draws, medication administration, and other tests. If you are an elderly patient you often become confused; the days blend together, you lose track of time, your memory worsens. Without warning you are whisked away for imaging or surgery. Physical therapy barges in your room and forces you to exercise. You are told conflicting information. You struggle to have your voice heard by your nurse or physician as they rush in and out of your room, seemingly more eager to chart about you on the computer than to speak with you face-to-face.

Such is life as an inpatient in the hospital. Why must it be this way? Of course medication administration is important and vital signs must be taken. But must we wake up the 90-year-old lady who went in for surgery last night at 10 PM and subsequently became confused and disoriented when she awoke in her room after the procedure at 3 AM? She needs her medicine, and she needs to be monitored, but she desperately needs rest to recover.

Structuring the hospital to be fully patient-centered is not easy. "Patient experience" representatives come in and interview patients, but how is the data they collect presented to the decision-makers at the hospital? How often has a systems manager or high level administrator followed a patient from presentation in the ED, to admission onto a hospital floor, and through the length of their stay to their discharge? If a CEO or board member could find the time to do such a thing, they may begin to more fully understand the array of almost imperceptible moments that contribute to the sum of a patient's experience in the hospital. These seemingly insignificant moments may go unnoticed as they occur, but when taken together they manifest in a concrete and discernable way to a patient. Their weight is easily felt, but they are difficult to articulate. How does a hospital collect data to measure such a phenomenon? It's not straightforward.

We live in a data-driven world—and data analysis can be and has been beneficial. However, let us not neglect to balance our cold analytics with something more human. Hospital process algorithms must consider something beyond procedural efficiency. If we pause long enough to listen to the people we provide care for then we may discover that missing component. And we may see better outcomes. And we may find our hospital systems to be better for it. ■

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SUMMER IS OVER

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