



Advanced decision support software & services
for better, faster, more justifiable decisions



Products &
Services

Customers

Customer Service
& Resources

Partners

About Us

Applications

- Resource Allocation
- IT Portfolio Management
- Vendor Selection
- Strategic Planning
- Risk Assessment
- HR Management
- Strategic Location Decisions

● Free Trial



Q1 Success Story

Dad had been losing his health for many years, and last spring his heart condition deteriorated rapidly after a fall. First, he just needed some help balancing as he walked around the house, but within a week, he needed help getting in and out of bed, etc. A week later, and he could barely get up. Since Mom was the only one home with him constantly, the burden of lifting and moving a grown man was devastating to her back problems, not to mention his safety is she dropped him and he couldn't get up.

We three adult children came to help out and to assess and give input what could be done for Dad. At first we tried nurses aids coming to the house and then we considered hospice care but he was not yet ready to give up (a requirement of hospice care). As we started to explore all our options, the differences of opinions of the family members became increasingly evident. The oldest son, who had watched his father-in-law die of cancer in the hospital was emphatic that Dad should spend his last days at home in his familiar surroundings. Mom, who had the ongoing burden of care-giving, wanted him in a place where he could be tended to by professionals big enough and young enough to do the job. Myself and my younger brother had mixed emotions, but primarily wanted to do whatever would extend Dad's life. Dad wanted whatever was best for Mom. Everyone wanted Dad to live forever.

As a college professor and consultant who teaches the Analytic Hierarchy Process and uses Expert Choice regularly, I offered my services to the family. It took less than 5 minutes to explain that instead of trying to select the best care option directly we would be better to first identify and prioritize the criteria that we would use to determine "best." So first we brainstormed ideas, structured them into a hierarchy, gave our opinions, and then voted pair-wise, taking the geometric average of our votes and entering them into the Expert Choice software. Criteria (and weights) included, "Easy on Mom (0.256)," "Dad is free from pain (0.409)," "Can interact with family and friends (0.196)," etc. Since each pair took some minutes for each of us to speak and cry about, this took some time. Frequently, we were interrupted by visitors and phone calls from well-wishers, but with Expert Choice, we could always come back to exactly where we left off, without missing a beat. Amazingly, there were no arguments since we did not have to reach a consensus but could each vote on our conscience and average the results for entering in the matrix. The natural language option (moderately...extremely...) helped keep this on the human level and not just a mathematical exercise of entering numbers. Our Inconsistency ratio was 0.08, an acceptable level.

Once the decision criteria were prioritized, we then looked at all the health care options - nurse in home, nurses aids in home, hospice in home, nursing home, hospital, hospice, and we even were able to find a new but rarely mentioned option of hospice in hospital. Based on brochures, websites, interviews, and our experiences of the past few weeks, we then evaluated each care option in terms of how it met the decision criteria. For example, the institutional options were rated high for "easy on Mom," and "Dad is free from pain," while the home options were high in "Can interact with family and friends" and "comfortable surroundings." Total time spent on the Expert Choice model was less than 2 hours.

Of course, the Expert Choice model than prioritized the health care options by using the Synthesize from Goal option. The leading option was the Hospital in Hospice with a priority of 0.283 and an Inconsistency Ratio of 0.07. We had Dad admitted as such, and we all spent the last few days of his life emotionally enjoying each other instead of constantly running around taking care of his physical needs (and resenting it). Dad died in his hospice bed with Mom and me at his bedside. He had been lucid up to the day before. He finally inhaled and never exhaled.

Later, Mom raved to their rabbi how I had helped the family through this difficult process. He too was astounded since family arguments can add incredible friction such as already difficult moments, with the decisions often taking days and weeks, an alienating some members of the family. He suggested I patent it! Instead, I pointed him to the Expert Choice website and said "I think somebody else already has, and they deserve the credit, not me."

Finally, the AHP process gave our family the strength and solidarity to stand up to the various health care providers who often gave us different and even conflicting information. Now, no matter who spoke with whom, we presented one face, one decision that we expected the providers to deliver. If the health care providers had intended a divide-and-conquer strategy, we must surely have disappointed them.

Copyright © 2003 Expert Choice, Inc.
1-888-259-6400 or 1-703-243-5595
info@expertchoice.com