

# Big Data – A Framework for Measuring the Value of Nursing

# Ellen Harper DNP, RN-BC, MBA, FAAN Assistant Professor University of Kansas





# Ellen Harper DNP, RN-BC, MBA, FAAN Assistant Professor University of Kansas School of Nursing has no real or apparent conflicts of interest to report





### Attendee will be able to:

- Identify why the use of big data and data science is transformational to the future of nursing practice, quality and research
- Describe the national Nursing Value Data Model to measure patient-level nursing intensity and costs per patient in multiple care settings to support the continuum of care and to produce objective measures of nursing care value
- Identify new nursing business intelligence and analytic tools that will utilize the rich clinical, operational, financial, and quality/safety outcome data currently available to measure and compare nursing care value



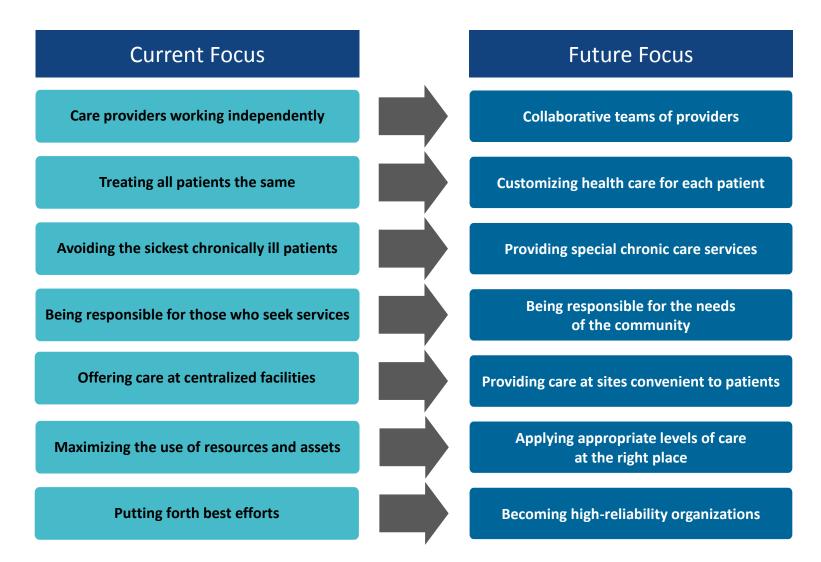
# **What's Driving Change**

# **BIG DATA**



Excess Days Mortality It's all about...Blood Utilization EHR Adoption Length of Stay Process Improvement Antimicrobial Stewardship Cost of Care Quality OUTCOMES ! Data Warehousin Consumer Engagement











#### Healthcare IT, Big Data Investments Surge in Q1 George Leopold





Top News from Leading Solution Providers



Venture capitalists poured more than \$1 billion into the healthcare IT sector during the first guarter of 2016 as investors look to target data analytics and telemedicine for growth.

The first three months also saw several large big data acquisitions as key players like IBM's Watson Health unit continued their buying sprees.

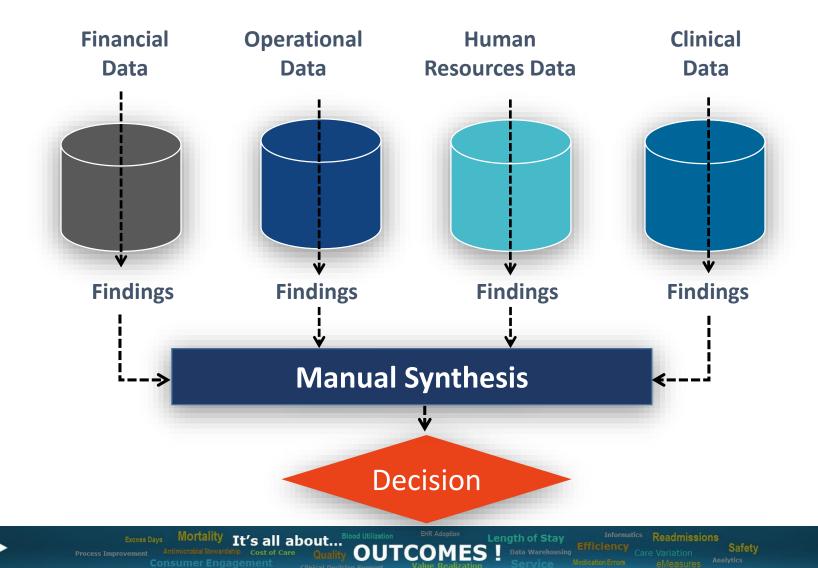
Market researcher Mercom Capital Group reported that venture funding for healthcare IT and "digital health" soared 27 percent over the previous quarter during the first three months of this year. A total of 146 deals involving private equity and corporate venture

capital generated quarterly investments totaling \$1.4 billion, Mercom said. Investments totaled \$1.1 billion in the previous guarter.





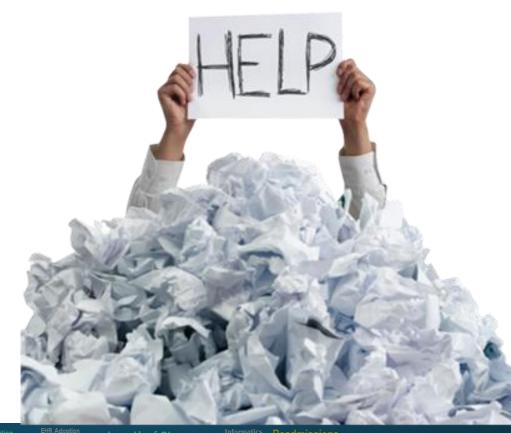
### **Traditional Approach**





- Interactions between data silos often under/over estimated
- Time-consuming
- Delayed
- Resource intensive

### Variables important to nursing are often messy or missing







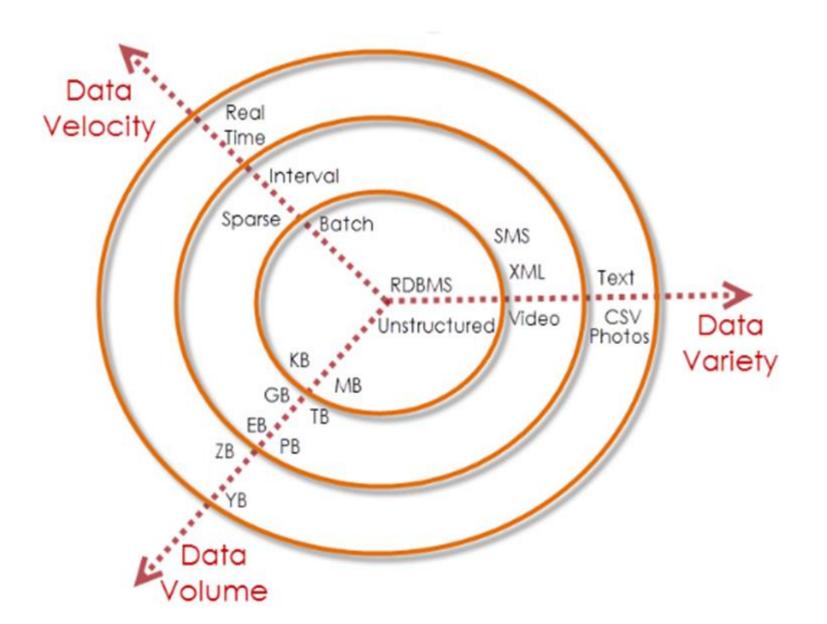


Brennan P, Bakken S. Nursing needs big data and big data needs nursing. J Nurs Scholarsh (2015), doi: 10.1111/jnu.12159

Length of Sta



# 3 V's of Big Data







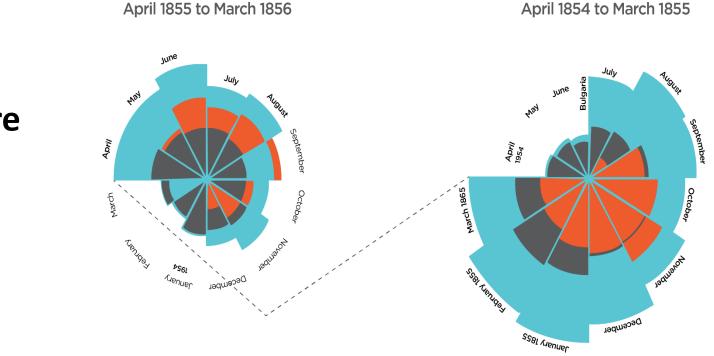


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Diagram of the Causes of Mortality in the Army in the East

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Safety



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## Value of nursing care

# Digitization of the electronic health record





natics Readmissions Y Care Variation Sa eMeasures Analytic



CONTINUITY OF CARE DOCUMENT Date/time printed: 08/30/2011 13:14:17 CDT From: Healthy City Hospital			
Patient Demographics			
Name: Jane C. Do DOB: 1/1/1959	e ID Label Number Mailing Address	Medical Record Number: 00-123456 123 Main Street	
Gender: Female Insurance: HCHCAJ	RE 12d3q234444 Primary Phone:	Anytown, IA 52203 555-555-5555	
Allergies/Adverse Re	actions (reaction, info source) - last re	niewed 08/24/2011 12:10	
AZITHROMYCIN 20 Active/Chronic Me 1. Coronary artery o 2. Hypothyroidism, 3. Hypertension, 08	Isease, non ST-elevation MI, 08/243 08/01/2011 /01/2011	n 1 tablet daily thereafter, 08/24/2011 iddressed) – last reviewed 08/24/2011 12/20	
Procedure/Operati Removal of Artery C EKG- 05/08/2011			
Immunizations (da	te)		
	njugate - 01/04/2011		
		1/2007, 10/23/2006 (list truncated)	
Hepatitis B - 12/14	15 C 1 Z 1 L 2 L 2		
Pneumococcal - 12	2/14/2010		
	ders (Specialty /Location) D (INTERNAL MEDICINE) Cherol	kee, IA	
Jay Rummy, DO C	herokee, IA		
Imaging Studies - Chest PA and Late		final contour and pulmonary vascularity are	
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normal. No focal acute parenchymal opacities are seen and there is no pleural effusion or

Where is the nursesensitive data?

- Pain control
- Pressure ulcer
- History of fall
- Ability to ambulate

Safety

Mental status

pneumothorax. No acute findings





Clinical decision support

# Your documentation is just the beginning!



# DATAFICATION

# When words become data that is machine readable

- Promote standardized terminologies (i.e. SNOMED CT, LOINC)
- Recommend research-based assessment scales and instruments

- Recommend that ANA-recognized nursing terminologies be consistently updated
- Promote consistent use of discrete data elements in support of research, analytics and knowledge generation



**Big Data** 

### → Electronic Health System

Orders Lab Results Medication History/Administered Problem List Assessments, Physical Exams Interventions

### **Internet of Things**



Home Monitors Exercise Steps Safety/Seat Belt Use

### Workforce



g

Personnel Files Wage Staffing/Assignment Education Certification

### **Hospital Device**

Alerts from Monitors/Vents Patient Call Light Bed Alarms Phone Calls & Texts

### **Revenue/Cost/Claims**



#### Accounting Billing/Reimbursement Patient Location Bed Management (ADT)

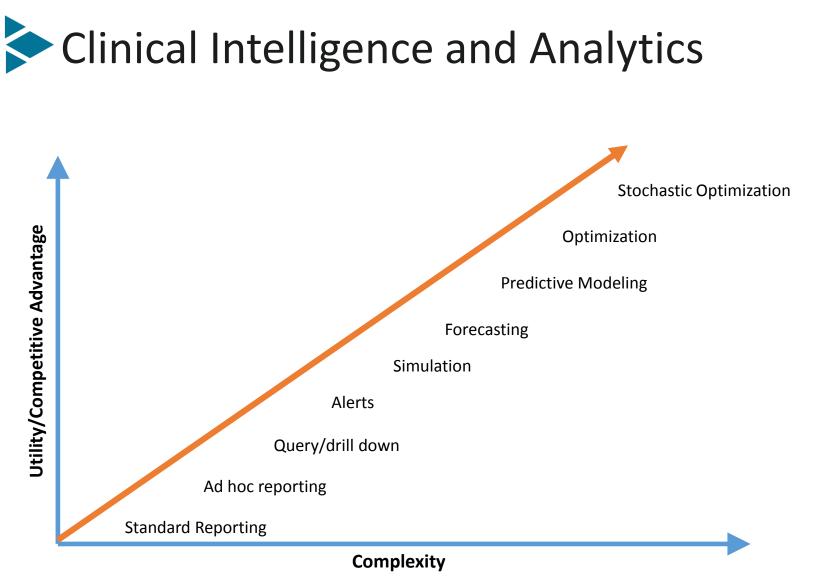
 Digital Pictures Audio & Video
3D Models Simulations

Patient Data

Safety

My Goals My Data Genomics Immunizations

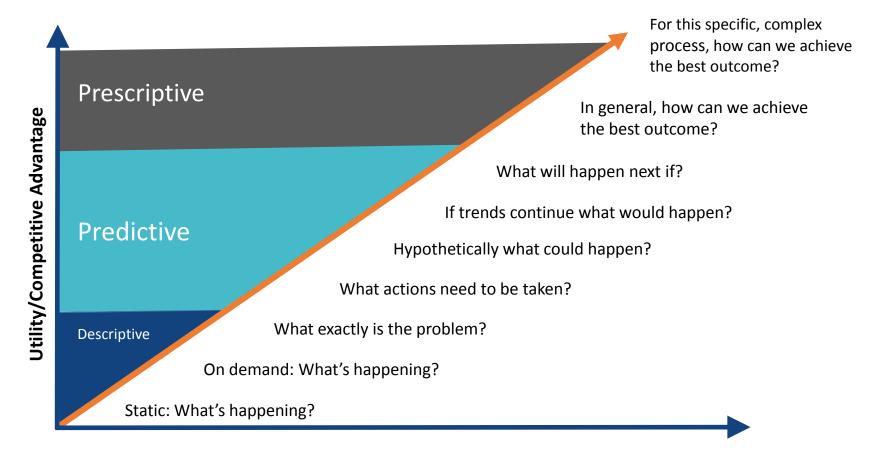




Adapted from Competing on Analytics, Davenport and Harris, 2007







Adapted from Competing on Analytics, Davenport and Harris, 2007



STAGE	<b>HINSS</b> Analytics <b>AMAM</b> Adoption Model for Analytics Maturity Cumulative Capabilities
7	Personalized medicine & prescriptive analytics
6	Clinical risk intervention & predictive analytics
5	Enhancing quality of care, population health, and understanding the economics of care
4	Measuring and managing evidence based care, care variability, and waste reduction
3	Efficient, consistent internal and external report production and agility
2	Core data warehouse workout: centralized database with an analytics competency center
1	Foundation building: data aggregation and initial data governance
0	Fragmented point solutions



FROM Traditional Approach	TO Mature Analytics Adoption	
Managing Projects	Developing products	
Analytics as a demand driven support function	Analytics as a strategic business function	
Data development driven by demand, developed for single use	Strategically build reusable data assets	
Proliferation of dashboards and reports	Focus on capabilities, support with repeatable framework of tools	
Hypothesis (Questions) are pre-defined	Questions are not pre-defined, start with the data	
Timeline is project driven	Timeline is based on gaining capabilities	

Safety

Used with permission HIMSS C&BI Work Group





### Nursing Knowledge: 2017 Big Data Science



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Improved patient care through sharable, comparable data sensitive to nursing practice

www.nursing.umn.edu

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SCHOOL OF NURSING UNIVERSITY OF MINNESOTA Driven to Discover"

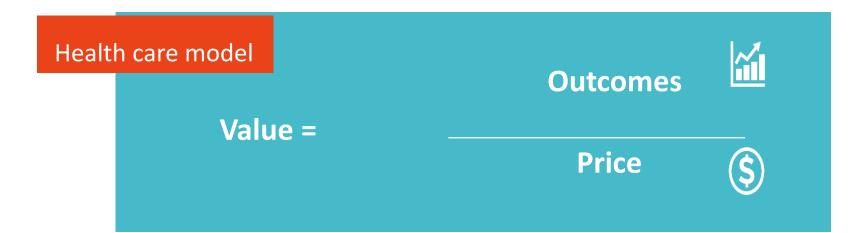
# The Concept – Value of Nursing Care

• Stop seeing nurses as a <u>cost</u> and start seeing them as a <u>solution</u>...

• Start measuring the affirmative actions of nurses, not just prevention of bad things happening



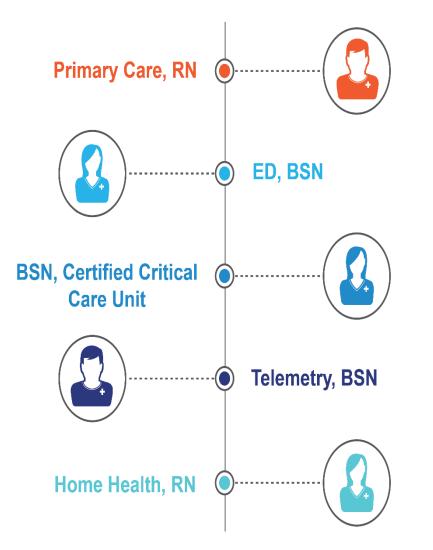






Readmissions





- One to one individual patient to individual nurse
- Understand variability by nurse attributes i.e. licensure, experience, certification, etc.
- Actual nurse staffing cost by staff mix, day of stay, DRG, LOS, nursing unit, etc.
- Actual patient outcomes by individual nurse, nurse care team and full care coordination (future)

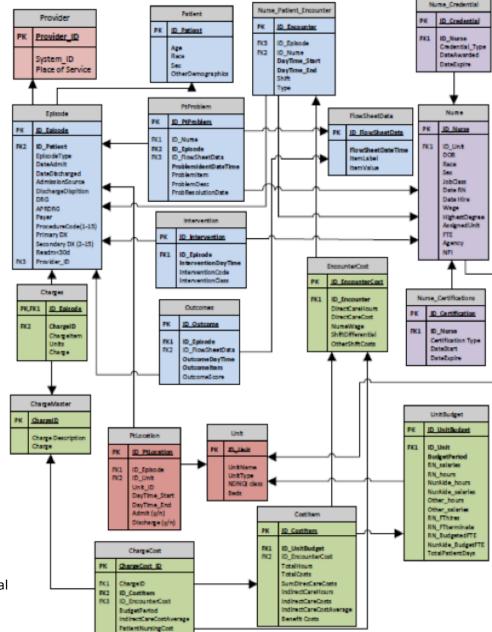




- Organized by:
  - Facility
  - Patient
  - Nurse/provider
  - Revenue/cost
- Incorporates unique RN identifier
- Electronic health record & system agnostic
- Setting neutral

Welton, J. M., & Harper, E. M. (2015). Nursing care value-based financial models. Nursing Economic\$, 33(1), 14-25 Welton, J. M., & Harper, E. M. (2016). Measuring Nursing Care Value. Nursing Economic\$, 34(1), 7-14

It's all about...



Readmissions

Safety

Length of Stay

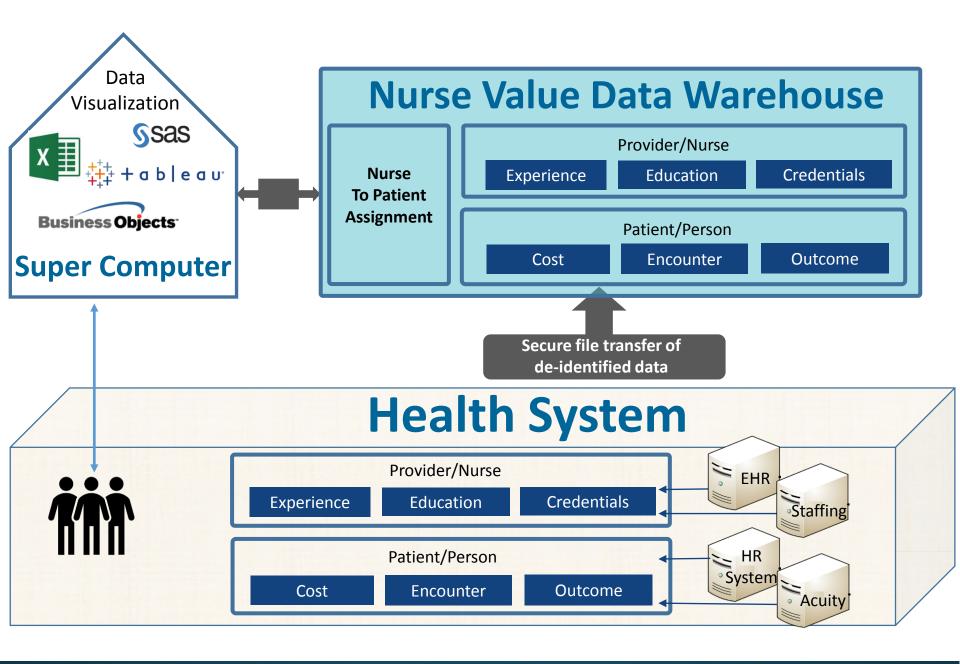
**OUTCOMES!** 





- The purpose of the study is to examine and explore the relationship between individual nurses and each patient in an acute pediatric hospital setting.
- The study leverages existing electronic data (EHR & other systems) to identify effects of nursing care and effects of individual nurses on selected outcomes of care.
- In particular the overall short term outcomes of care and nursing financial outcomes of patient care.







Informatics Readmissions Ficiency Care Variation

Length of Stay

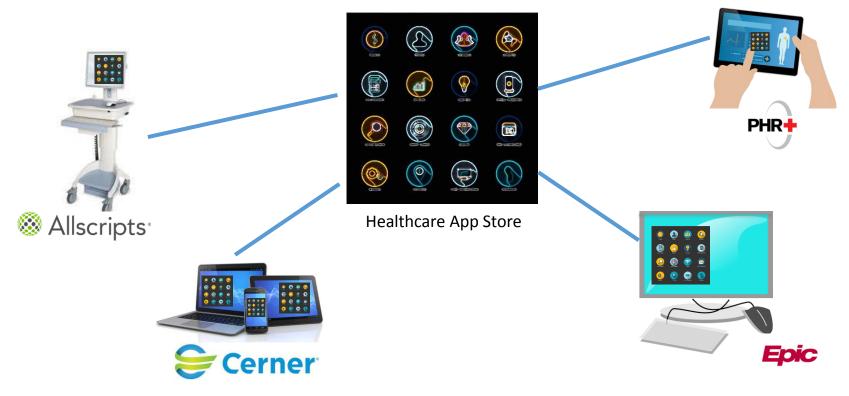


- Continue to add research sites (3 to date)
- Link all providers to person, family, community (primary, LTC, School)
- Follow patient/person across encounters/ setting of care
- Direct tie to value-based health care
- Nursing costs & characteristics analyzed to person/population level outcomes





# Semantically Interoperable Healthcare focused Apps



OUTCOMES

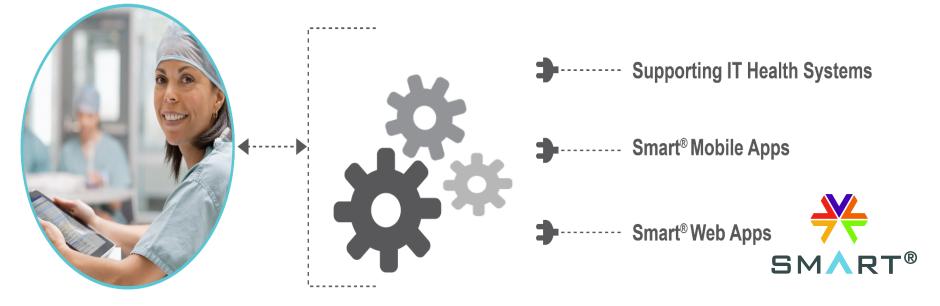
It's all about...

Readmissions

Length of Stay

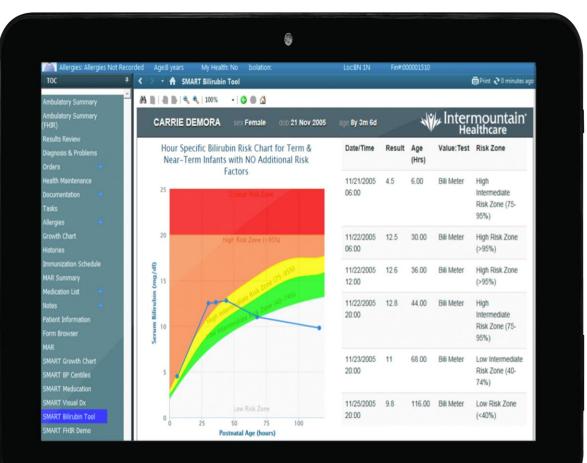








# Neonatal bilirubin alerts





# Today's Billboard







• Dr Ellen Harper

Length of Sta

- Assistant Professor
- University of Kansas
- eharper3@kumc.edu

Safety

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