



Driving Analytics to the Point of Care

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New England Nursing Informatics Consortium



Driving Analytics to the Point of Care

A Joint Program Offering







Conflict of Interest Disclosure

Mark D. Sugrue, MSN, RN-BC, FHIMSS, CPHIMS has no real or apparent conflicts of interest to report.



Objectives

- Discuss cognitive computing and artificial intelligence as methods for enabling decision making at the point of care.
- Explore the importance of capturing health and care data in a structured way to achieve clinical outcomes measurement.
- Discuss natural language processing and its future role in nursing documentation.

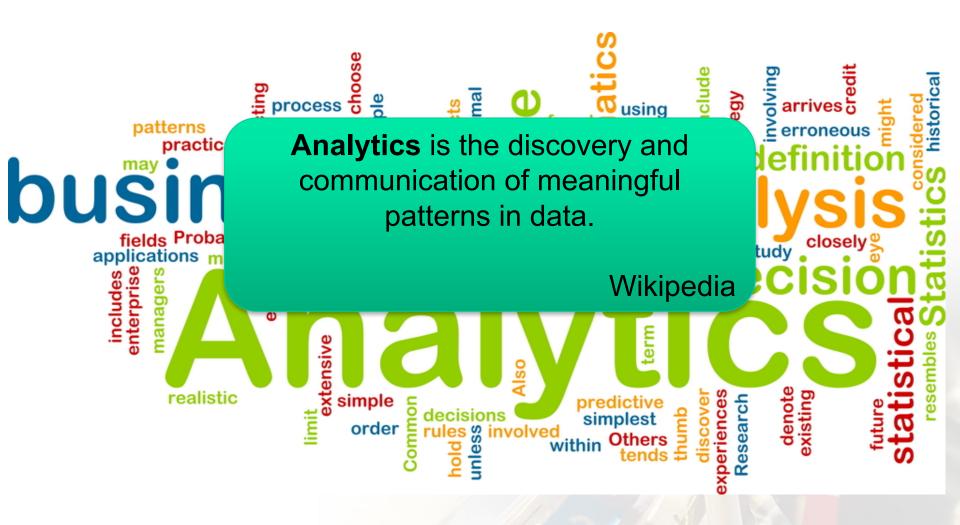


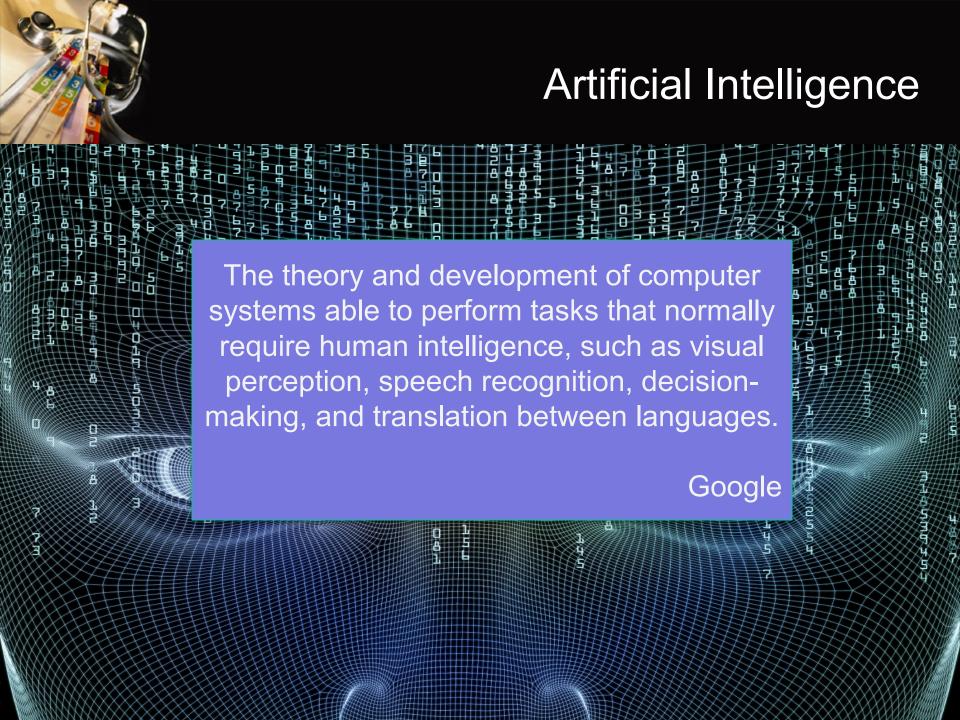


- Introduction/Definitions
- Historical Perspective
- Data & Analytics Today
- Applied Analytics
- Closing Thoughs



What is Analytics

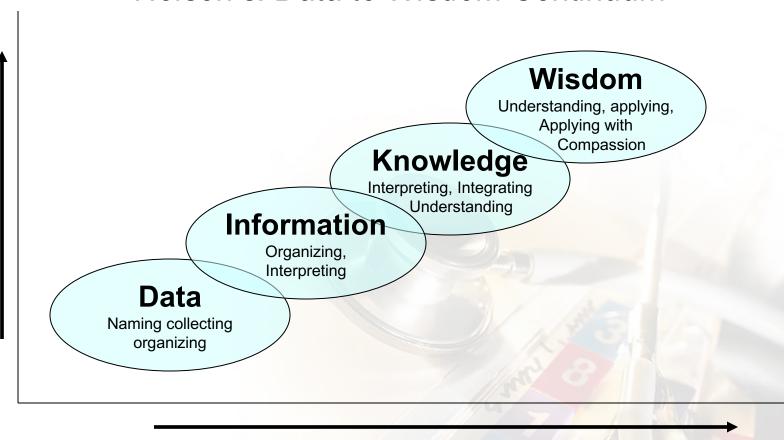






Data: The Foundation.....

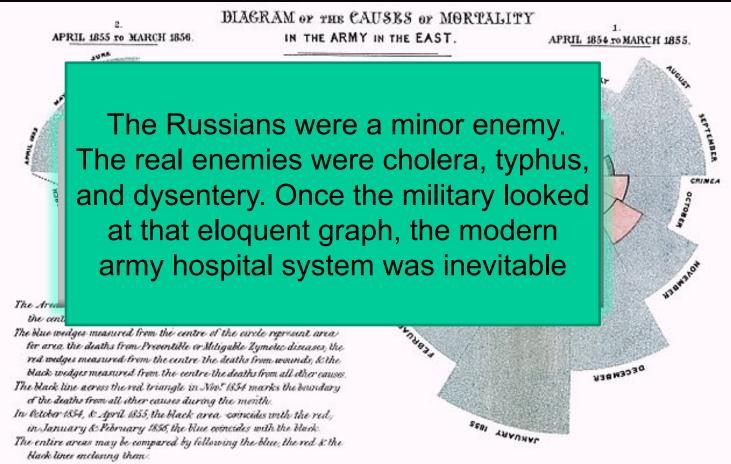
Nelson's: Data to Wisdom Continuum



Increasing Interactions and Interrelationships



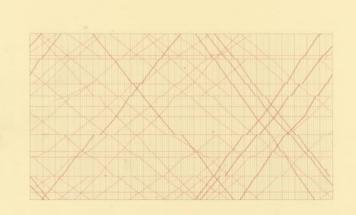
Reporting and Analytics Pioneers





Suggested Reading....beside Notes on Nursing

- The Visual Display of Quantitative Information
- Author Edward R. Tufte
- Best 100 Non-Fiction books of the 20th Century, Amazon.com

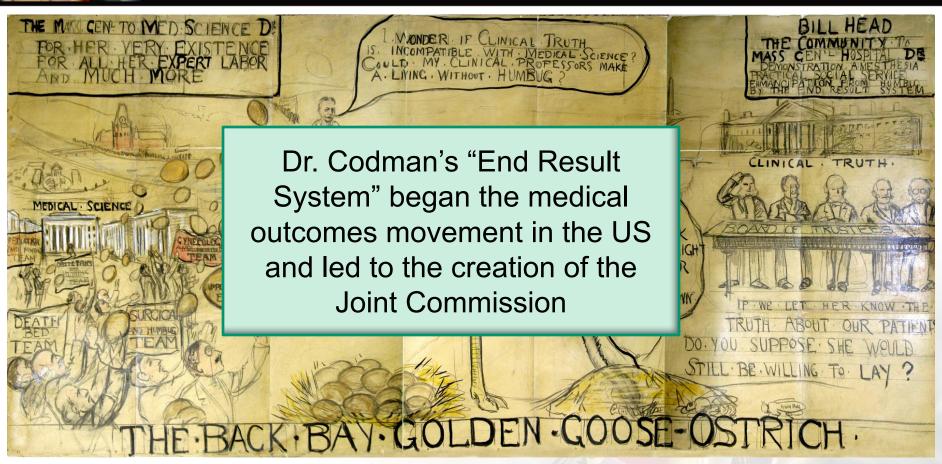


The Visual Display of Quantitative Information

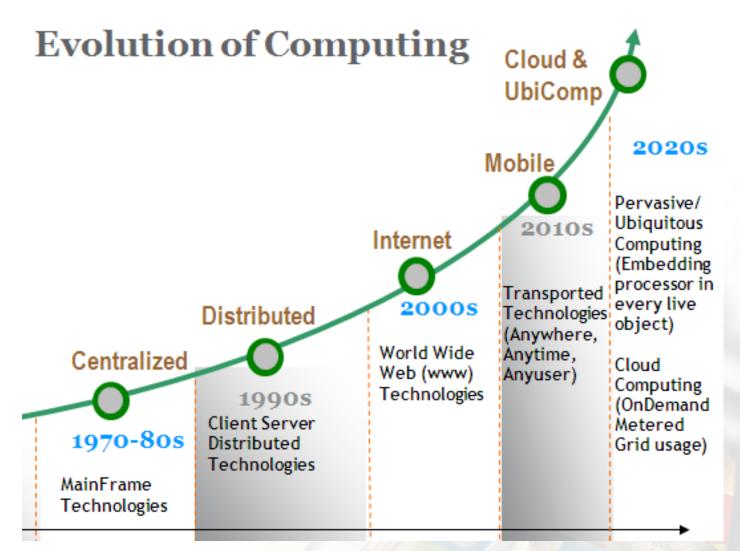
EDWARD R. TUFTE



1915: Dr. Ernest Amory Codman











We believe a historic shift in technology has occurred







1900 Tabulating

1950 Programmable

2011 Cognitive



Hidden Figures: Dorothy Vaughan







Data Today

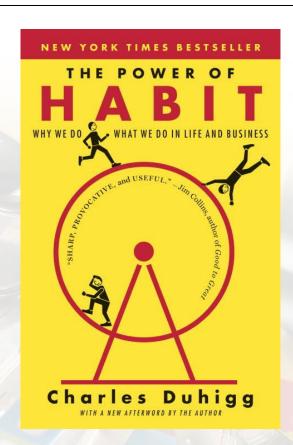
FEB 16, 2012 @ 11:02 AM 3,136,552 VIEWS

The Little Black Book of Billionaire Secrets

How Target Figured Out A Teen Girl Was Pregnant Before Her Father Did

Data Today

- Ubiquitous
- The Internet of Things
- ?Privacy
- Social Media
- eCommerce

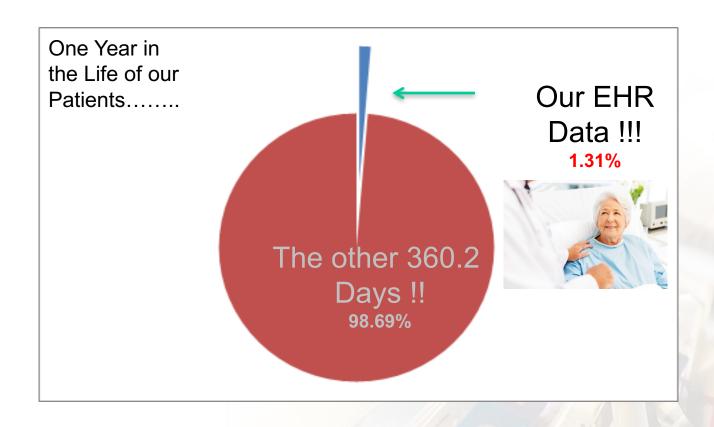






EHR = Big Data?.... I Don't Think So !!

If the average length of stay in a hospital is 4.8 Days





Bigger Data



Stefano Bertozzi

Dean and professor of health policy and management

UC Berkeley School Of Public Health

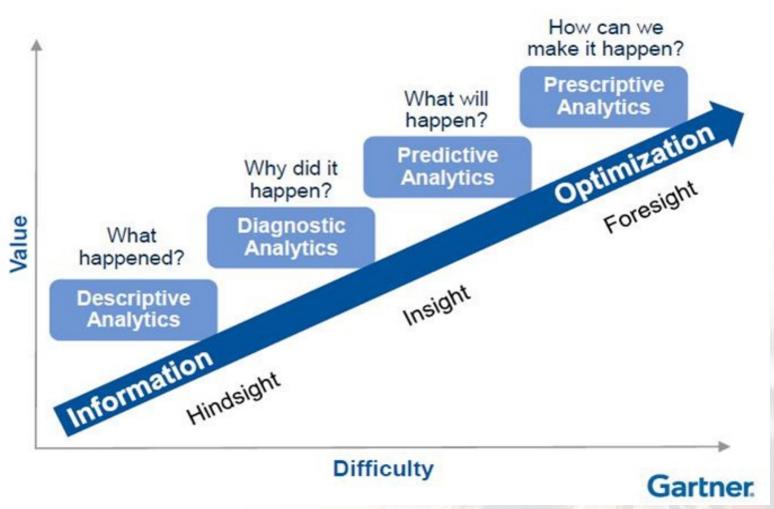
"Healthcare data is **getting bigger all the time**, just look at EHRs alone:
Medical records becoming electronic,
with the ability to access vast amounts of
data about patients and the health
system, is increasing rapidly.

....and when you start to combine that data with things like human resources, supply chain, characteristics of clinics and hospitals, provider training, reimbursement schemes – it just gets bigger.

When I was a graduate student, data was extensive and analysts were plentiful. Now, data is ubiquitous and the bottleneck is our analytic capacity."



Reporting Maturity



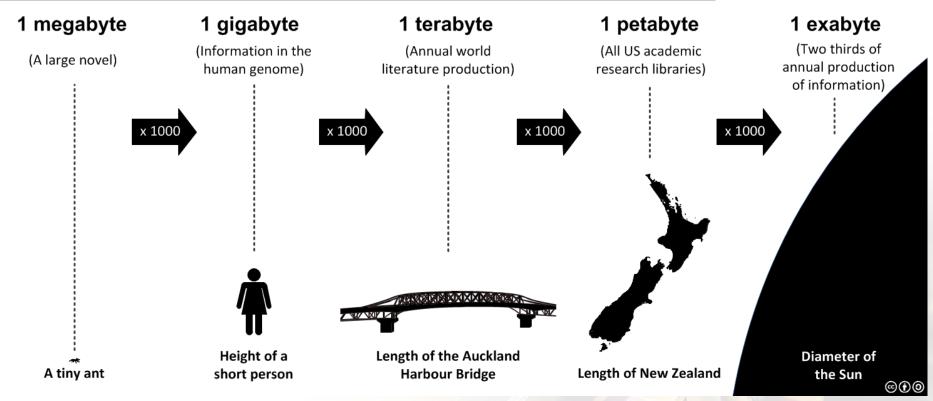


Data: Drinking from the fire house!!





understanding the data deluge: comparison of scale with physical objects









IT IS ESTIMATED THAT

80%

OF CLINCIAL DATA IS UNSTRUCTURED







Natural Language Processing

amazonalexa DRAGON NATURALLYSPEAKING



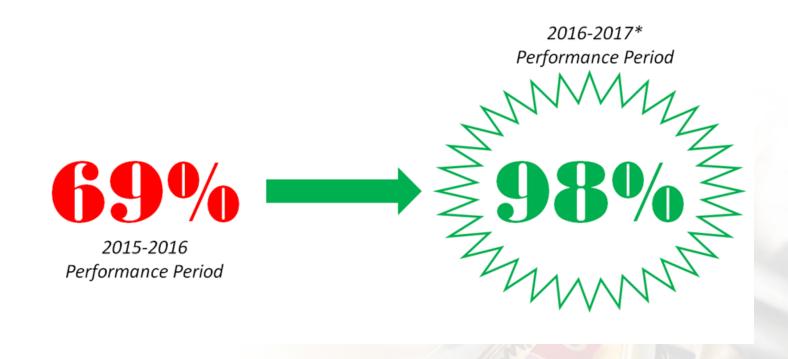
Soon... Many, Many Others....





Lahey Health: Inpatient Influenza









MEWS (Modified Early Warning System)							
	3	2	1	0	1	2	3
Respiratory Rate per minute		Less than 8		9-14	15-20	21-29	More than 30
Heart Rate per minute		Less than 40	40-50	51-100	101-110	111-129	More than 129
Systolic Blood Pressure	Less than 70	71-80	81-100	101-199		More than 200	
Conscious level (AVPU)	Unresponsive	Responds to Pain	Responds to V oice	Alert	New agitation Confusion		
Temperature (°c)		Less than 35.0	35.1-36	36.1-38	38.1-38.5	More than 38.6	
Hourly Urine For 2 hours	Less than 10mls / hr	Less than 30mls / hr	Less than 45mls / hr				

EARLY WARNING SCORING SYSTEM FOR DETECTING ADULT PATIENTS WHO HAVE OR ARE DEVELOPING CRITICAL ILLNESS IS THE SCORE FOR YOUR PATIENT 1-2? PERFORM 2 HOURLY OBSERVATIONS AND INFORM NURSE IN CHARGE PERFORM 1-2 HOURLY OBSERVATIONS AND INFORM NURSE IN CHARGE

IF THE MEWS SCORE IS DETERIORATING: THE WARD S.H.O. OR DUTY DOCTOR MUST ATTEND

IS THE SCORE FOR YOUR PATIENT 4 OR MORE?

PERFORM OBSERVATIONS AT LEAST 1/2 HOURLY. ENSURE MEDICAL ADVICE IS SOUGHT AND CONTACT OUTREACH TEAM (see below)



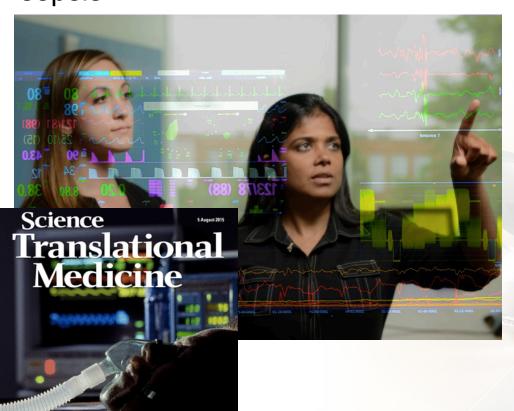
Hamilton Health Sciences





Sepsis: John's Hopkins

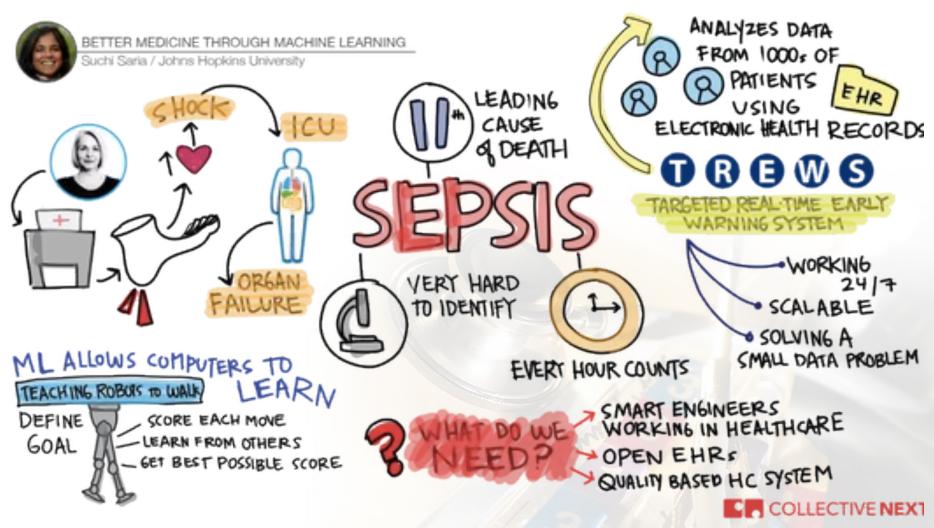
"Computer algorithm could aid in early detection of life-threatening sepsis"



- TREWS Targeted, Real-time, Early
 Warning System
- Science Translational Medicine, August, 2015
- Combines 27 factors to assess patient risk
- Henry, Hager,
 Pronovost, Saria



John's Hopkins





Johns Hopkins: Sepsis

"Our methods are reaching a point where they can be a real aid to clinicians," Saria said, "especially in noticing subtle hints, buried deep in a chart, that a problem is developing."

"The tricky issue is thinking about how the clinical team is provided More than two-thirds, of the time, the method was able to predict with the information," David Hager, MD said. A hospital's electronic septic shock before any organ dysfunction. That is a 60 percent nealth records system could be set up to convey alerts to clinicians improvement over existing screening protocols, in pager or celiphone at regular intervals, he said.

"But we have to do this in a way that it is well-integrated into the existing clinical workflow and does not cause alarm fatigue," Saria said. That is the focus of ongoing study.



Alexa and Boston Children's Hospital

'Alexa, pull those lab results': A hospital tries out virtual assistants





Florence Nightingale



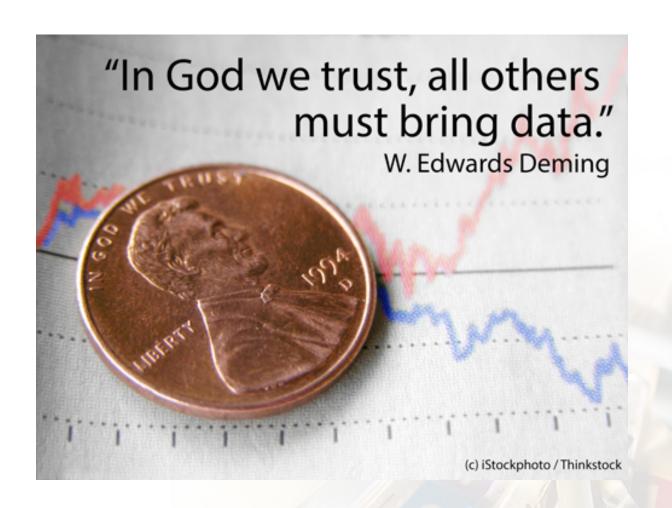
"The real heroes are those who find a way to improve things around them through the course of their daily lives.

In the nursing industry, there are many heroes who leave fine imprints of positive change because they deliver exceptional care to patients than what's expected of them.

Keep doing whatever you're doing and you could be one of them."



A Closing Thought





Thank You and Questions!!



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