NURSE LEADERS ARE SEEKING new data-driven models to structure nursing care that “speeds recovery, economizes on resources, and enhances patient satisfaction” (Bartel, Beaulieu, Phibbs, & Stone, 2014, p. 231). To discover data-driven models that combine scientific expertise, computational knowledge, and statistical skills to solve critical staffing and care needs means that nurses must recognize the need for analytical skills. These skills are essential if nurse leaders are to transform practice and care delivery. In other words, evidence must be data-rich to improve outcomes by gathering, managing, and applying the best analytics. Every nurse must know how to use the evidence, not just nurse leaders. In fact, all nurses must be prepared to understand and interpret data that emerges at both their unit and system levels. This means being able to harness the value of clinical, administrative, technical, and financial data. Regardless of what the nature of the problems are, leaders and clinicians alike will have to tackle important problems and rigorously evaluate them across all types of health care settings from acute care hospital units to community-based agencies.

Analytics for Better Care

To harness evidence effectively means knowing how to plan for data collection and analysis as well as how to explore and interpret outcomes of data analysis. As health care delivery shifts from fee-for-service models of care to a value-based model, nurses are well positioned to use clinical and administrative data to measure nursing care, the quality of that care, and patient satisfaction from that care. The ability to define, measure, and analyze care is a clear pathway to improving nurse staffing and productivity. However, nurses cannot drive the data alone or can they be solely responsible for all health-related interventions and services. If clinical data management is to be effective, it must include all the data-driven components of care: coordination, communication, and team effectiveness. Effective interprofessional teams and practice are precisely the care model that is pivotal in meeting the needs of individuals, families, and communities. Today more than ever, nurses require fundamentally different techniques to generate research and innovative thinking about care needs across all health care settings. Learning about and taking advantage of data developed by an emerging, interprofessional, or multidisciplinary approach is good data science.

Data-Driven Model of Care for Nursing Practice

Nursing Economic$ is pleased to partner with On Nursing Excellence (ONE) and the Institute for Staffing Excellence and Innovation, API Healthcare, and Kirby Bates Associates in publishing the 2nd edition of Excellence and Evidence in Staffing as a Supplement to this issue of the journal (Anderson et al., 2014). It is an exemplar of a data-driven model for nursing practice excellence. The purpose of this second position paper is to create an organizing framework to develop new research and practice innovations across the care continuum, thereby providing nurses with the necessary tools to improve data-driven components of nursing practice, productivity, and staffing.

Within this Supplement, we’re supporting data-driven discovery. Today’s nurse scientists, academicians, and clinicians are examining current practices to extract useful information. No clinical analytics are perfect. The real challenge is to discover rigorous analytics and critical evaluation that brings forth appropriate innovation and research findings. Excellence and Evidence in Staffing (2nd edition) can be the tipping point that sets in motion the necessary processes and strategies that can prompt new questions, provide quality evaluation, and impact the

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translation of data-driven clinical models of care. The time has come for nurses and other members of the health care team to use data and analytics to drive system-level change towards care and quality outcomes. We hope you will contribute data and analytics that reduce medical errors, improve quality of life, increase productivity, and satisfaction for users and providers of care.

REFERENCE