NR 542 Week 1 Discussion

Nurses in clinical practice manage most of the patient-related data and transform that data into usable information. Think about a data-management problem that could be resolved with a database. Explain the problem in detail, support the need to solve the problem with evidence from scholarly literature, and explain why you think a database is a reasonable solution. Consider situations about patient care, nursing practices, leadership or management, or education. Think about a situation for which you wish to capture data over a long time period and for which you want to study various relationships. Provide three questions that you might wa nt to ask of the database. For example, in a database of patient falls for the entire hospital, you might ask the following questions.

- How many units had patient falls over the last year?
- On a specific unit with a high number of falls, what was the nurse/patient ratio at the time of each fall?
- Which patients on six specific units have fall-risk assessments?

Avoid questions about database functions or capabilities or questions about obtaining the data. For this course, we will assume those kinds of problems can be managed. The questions need to focus on who, what, when, where, or how aspects of the problem you want to solve. It could be helpful to your student peers to offer feedback on their questions. (Please be aware that for the initial posting, in order to reach an acceptable level of performance, two scholarly sources must be presented. This is different from what you are used to in your core courses. Please see discussion guidelines and rubric below.)

Answer:

Research provides a number of suggestions as to how hospices could navigate the implications of

changing regimes of care (Harries, J., 2020). A data-management problem that could be resolved

with a database is determining appropriate level of care for general inpatient hospice services.

Today's current healthcare system has had a rapid increase in the need for big data analytics

(Dibya, 2019). General inpatient (GIP) level of care in the hospice setting requires a need to

manage acute symptoms as regulated by the Center for Medicare and Medicaid Services (CMS).

The risk for an Additional Documentation Requests (ADR's) increases with longer length of GIP

stays, generally after the fifth day. These ADR's require submission of the patient's medical

record to support the level of care that the hospice billed CMS for. According to Visscher et al.