


Data not Drama

Becoming Data-Literate to Deliver the Care Patients Deserve

Presented by:
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Let's Start With the Truth

What's a data moment that made you want to flip a table?

Shout it. Own it.
We'll build on it.

REALITY CHECK

Poor data quality, stemming from inadequate data literacy, costs organizations around **\$12.9 million each year.**

(<https://www.wolterskluwer.com/en/expert-insights/the-cost-benefit-of-data-quality-and-strategy-in-healthcare>)



Hospitals lose an average of
\$70.2 million annually,
or about **15% of potential additional revenue,**
by failing to utilize their data fully.



(<https://www.informationweek.com/it-sectors/poor-data-management-costs-healthcare-providers>)

Major pain points driving losses

Area	Impact Description
Operational inefficiencies	Staff spend hours fixing data errors instead of providing care, delaying decisions and care coordination
Administrative costs & friction	Misaligned data inflates admin burden and payer/provider disputes—especially in benefits onboarding and claims .
Clinical inefficiencies	Bad data slows down diagnostics, delays care, and causes workflow errors. Hospitals miss out on actionable treatment plans.
Increased ED visits & readmissions	Low health literacy—another dimension of poor data use—leads patients to misunderstand treatment, resulting in more emergency visits and rehospitalizations .
Medication errors & patient safety	Miscommunication around medication dosing can lead to significant treatment mistakes and litigation costs .

What IS Data Literacy?

The ability to understand,
interpret, find meaning in,
and communicate using data

If we gave your team a data quiz today, how many would pass?
(And how many would set the test on fire?)

What gets built from your data?

DATA



If YOUR Data Structure were a building, would you walk inside it?

Turn to the person next to you and describe what your current building looks like. Is it a house of cards, a storage shed with no doors?

What Data Communication Looks Like in Most Health Centers

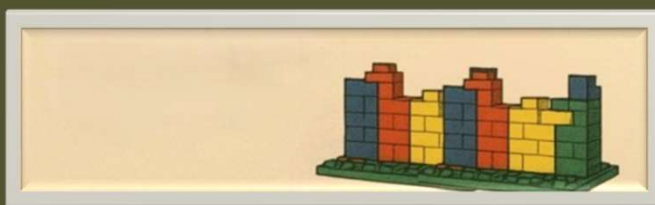
The Data is Sorted



The Data is Arranged



Data is Presented Visually



The surface isn't the story.

The Surface Data Says:

A patient is low-risk.

A care gap is closed.

A provider is marked noncompliant.



The Data story shows:

It's because the SDOH screen was left blank, not because they're stable.

The patient never got the results because the follow-up never happened.

They ordered the labs, but the patient didn't have transportation to get them done.

How many times have you seen a report say one thing while your gut and experience say something else

REALITY CHECK

**Who owns the truth in your
organization right now?**

IT?

Finance?

Whoever talks the loudest?

The Data Literacy Program

The Data Doers

- Data Analyst
- Marketing Manager
- Officer Manager
- Clinical Lead
- Floor Staff
- Finance Staff

The Data Thinkers

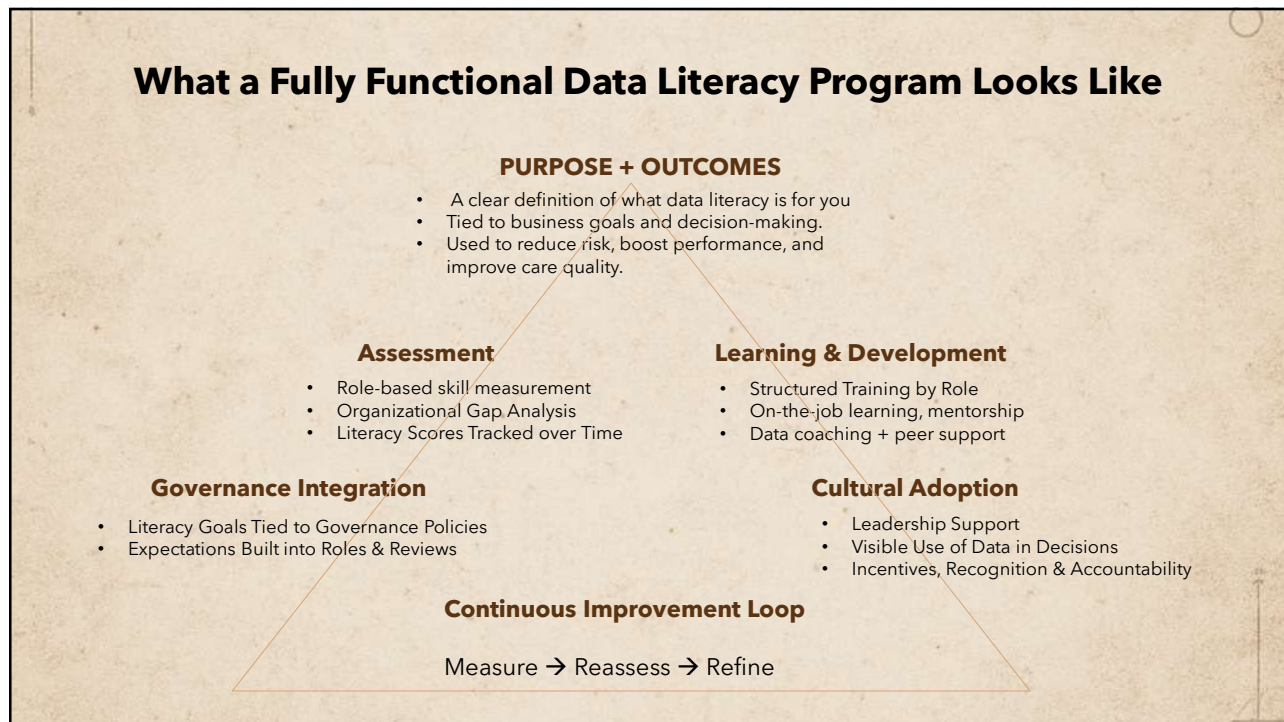
- *Executive Team
- *Leadership Team
- *IT department



**Every Staff Person Needs to
be Involved in the Story you
tell and the House you Build.**



What a Fully Functional Data Literacy Program Looks Like



REALITY CHECK

Are your staff being evaluated on outcomes they don't control,
based on data they didn't define?

Who built the metrics that your staff are being judged against?
And did they ever do the job?

Do your metrics reflect how care is delivered,
or just how it's documented?

If your staff could rewrite the metrics they're judged by, what would they
change first?

BUILDING A DATA LITERACY PROGRAM



DLBOK

Data Literacy Body Of Knowledge

Data & Databases

- Understand what data *is*—types, sources, formats
- Know how data is stored, structured, and accessed
- Includes relational databases, spreadsheets, flat files, and modern systems like NoSQL

Data Governance & Knowledge

- Learn how data is managed, shared, secured, and protected
- Covers data policies, metadata, quality standards, and privacy concerns
- Encourages collective understanding, not siloed or "tribal" knowledge

Data Provisioning

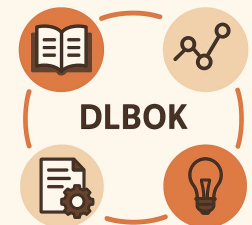
- Skills for finding the *right* data
- Evaluate trustworthiness and quality
- Prepare and transform data for analysis—cleaning, enriching, and formatting

Data Resource Management

- Focuses on how data is organized and maintained across systems
- Supports data reuse, cross-team sharing, and lifecycle management
- Distinguishes between what "Doers" need vs. what "Thinkers" need

Data Analysis & Visualization

- Learn how to explore data, spot trends, and extract meaning
- Includes statistical literacy, pattern recognition, and chart-building
- Emphasizes turning insights into action, *not* just pretty graphs



Where To Start

Start with one pain point.

Pick a place where your team struggles with reports, decisions, or outcomes that feel off. That's your entry point.

Look at the story, not the format.

Ask: What does this data say? Does it match what's actually happening?

Make it okay to ask questions.

Normalize curiosity. If someone says, *'This doesn't feel right,'* that's not a problem. That's progress.

Find your "Data Skeptic."

Every team has someone who spots weird patterns, double-checks numbers, and doesn't blindly trust the system. That person? They're your anchor."

And if you're stuck . . .

If you know your data is a problem, but you're not sure how to fix it—or where to even begin—it's okay to bring in help.

DATA-DRIVEN INSIGHTS

TURN INFORMATION INTO **INSIGHT**

A strong, data-driven insight should communicate **what** happened, **why** it happened, and **how** you recommend taking action (*this one is key!*)



Tips for writing effective insights:

- ✓ Tell a clear and logical story
- ✓ Support your findings with hard data and facts
- ✓ Provide meaningful context behind key data points
- ✓ Include actionable recommendations and next steps

A strong data story builds strong care.

Data is only as good as how you tell it.

Raw numbers overwhelm people.
Stories make data come alive.

And the right story makes things click.



Data literacy is not a project. It is a medical necessity.

Next time you look at a data point-

Write one clear sentence about what it means.

Add one real example of why it matters.

Know your Story



Questions?

Meet the presenter



Andrea Welsh, LPN CHPC

Andrea is a medical technical writer and the CEO of Clockwork & Cursive.

She has spent nearly two decades in nursing and operations, seeing firsthand how broken systems and outdated metrics distort care.

Now, she helps healthcare teams rebuild the foundation, starting with the story their data is telling.

