
The NIC/NOC Letter

A publication of the Center for Nursing Classification

Nursing Interventions Classification/Nursing Outcomes Classification
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The Nursing Interventions Classification (NIC) is a comprehensive standardized language to describe the treatments that nurses perform. The Nursing Outcomes Classification is a comprehensive standardized language to describe patient outcomes sensitive to nursing treatments. The Classifications are useful in planning and documenting care, in communicating the essence of nursing to others, and in the development of large databases for research on the effectiveness of nursing care. The research to develop the Classifications is facilitated by the Center for Nursing Classification at the College of Nursing, The University of Iowa. The purpose of this newsletter is to provide current information about the Classifications.

NIC THESAURUS NOW AVAILABLE

The NIC Thesaurus lists each of the 433 interventions from the second edition of NIC and for each intervention gives synonyms or other common terms. Other related NIC interventions are also listed. The thesaurus can assist those who are designing computer systems to create a user-friendly database whereby a nurse can enter a related term and be given the corresponding NIC intervention. This facilitates the use of NIC without requiring memorization of terms. The related interventions can be linked with each other in the computer system thereby providing a help screen to the nurse who may want to consider a related but alternate intervention. The thesaurus can also assist with the building of comprehensive indexes for authors of textbooks using NIC thereby allowing students and others who are new to the language to find the desired intervention. The thesaurus can be purchased from the Center for Nursing Classification for \$15. Send your check to the Center for Nursing Classification, NB 407, The University of Iowa, Iowa City, IA 52242, (phone 319-335-7051).

SECOND NANDA, NIC, NOC CONFERENCE

The Second Conference on Nursing Diagnoses (NANDA), Interventions (NIC), and Outcomes (NOC): Documenting Nursing Effectiveness will be held April 15-17, 1999 at the Marriott in New Orleans, LA. The conference is being managed by Resource Management Plus of Philadelphia with the cooperation of NANDA and the Center for Nursing Classification. The planning committee consists of Joe Braden, Gloria Bulechek, Marion Johnson, Dorothy Jones, and Roy Simpson. A recent call for abstracts resulted in more than 60 abstracts submitted which are now in the process of being reviewed. Brochures will be available in January. Presentations and posters are expected to focus on the following topics: use of standardized language in informatics; use of NANDA, NIC, and NOC; impact of languages on practice; language development and classification; selecting a software vendor; working with physicians; building your database; international perspectives; and risk management. For more information about the

conference contact Joe Braden at Resources Management Plus (1-800-408-8951) or conference.office@nursecominc.com.

INFORMATICS/CLASSIFICATION SUMMER WORKSHOP

Plans are underway to hold the first Iowa informatics/classification summer workshop June 15-19, 1999 in Iowa City, IA. The Institute will focus on the design, implementation, and evaluation of state-of-the-art nursing information systems that support evidenced-based professional nursing practice. The Institute will focus on all components of the information system life cycle including design or customization of systems and clinical databases, and implementation and evaluation of these systems. Emphasis will be placed on the actual use of these systems to enhance the delivery and management of patient care. The Institute will emphasize in-depth, current information on the classifications of NANDA, NIC, and NOC. Field visits to acute and long-term care implementation sites and dialogue with developers and users will be available. Other topics will examine data repositories, strategies for building knowledge from databases, tele-nursing innovations, legal mandates, ethical issues related to the computer-based patient record and nursing information systems, and image analysis innovations in nursing. The 5-day Institute will conclude with a town meeting whereby participants will engage in dialogue with speakers and each other. Social occasions interspersed throughout the 5 days will also facilitate networking. The number of participants will be limited to 50. Brochures will be available in February; for more information or for adding your name to the mailing list, call Jennifer Clougherty at 319-335-7119 or e-mail jennifer-clougherty@uiowa.edu.

ALTERNATIVE LINK ABC CODES TO INCLUDE NIC

Since early this summer we have been working with individuals from Alternative Link, a company located in Las Cruces, NM, to incorporate NIC interventions into the ABC Codes they are developing for reimbursement for alternative providers. The software will include all "procedures" for alternative, integrative, complementary or holistic care done by practitioners in multiple disciplines. As more alternative therapies are being delivered there needs to be a way to document and obtain reimbursement for these; the Current Procedure Terminology (CPT) does not include these and has limited ability for expansion. Alternative Link is making an application to HCFA to be recognized as a reimbursement system. The codes can be used by states that govern their own Medicaid contracts even without HCFA approval.

Approximately 200 NIC interventions will be included. We had to submit times per delivery for each intervention and the minimal educational level needed for the provider for each intervention. Due to time constraints, this was done in a crude

manner through expert opinion. We hope to be able to validate this work in the future. Nevertheless, it is a start and may hold promise for nurse reimbursement. For more information about Alternative Link, contact Judy Lee, Director of Research/Development (judylee@alternative.com).

NIC AND NOC IN ON-LINE JOURNAL OF NURSING INFORMATICS

The fall issue of the ON-line Journal of Nursing Informatics (OJNI) features NIC and NOC. The table of contents for the issue (Vol. 2, No. 2, Fall 1998) is: Nursing Interventions Classification (NIC)—Current Status and New Directions

By Joanne C. McCloskey & Gloria M Bulechek

Overview of the Nursing Outcomes Classification (NOC)

By Marion Johnson

Implementation of Nursing Standardized Languages: NANDA, NIC, & NOC

By Mary Clarke

NIC/NOC Web Sites

By Dee McGonigle

Hot Web Sites

By Dee McGonigle

Evaluating Web Sites in 5 Steps

By Dee McGonigle

Anyone can access the journal. The URL is

<http://cac.psu.edu/~dsm12/OJNI.html>

OTHER RECENT PUBLICATIONS

Johnson, M. & Maas, M. (1998). *Nursing outcomes classification*. In J.J. Fitzpatrick. (Ed.) *Encyclopedia of Nursing Research*, (pp. 378-379). New York: Springer. Describes the Nursing Outcomes Classification (NOC) development, usefulness and future plans for development.

Johnson, M. & Maas, M. (1998). *Implementing the nursing outcomes classification in a practice setting*. *Outcomes Management for Nursing Practice* 2(3), 99-104. Describes the Nursing Outcomes Classification (NOC) in a practice setting. Discusses the need for nursing to standardize the language and measurement of patient outcomes.

Maas, M. (1998). *Nursing's role in interdisciplinary accountability for patient outcomes*. *Outcomes Management for Nursing Practice* 2(3), 92-94. Discusses the importance of nursing remaining visible in an interdisciplinary environment. Encourages nurses to strengthen the discipline, and gain the tools needed to be visible and accountable.

Maas, M. & Head, B. (1998). *Moving to measurement*. *Outcomes Management for Nursing Practice* 2(4), 139-142. Discusses the need to measure outcomes for individuals, populations, families, organizations, communities, other providers, and payers.

McCloskey, J.C. (1998). *Nursing Interventions Classification*. In Fitzpatrick, J.J. (Ed.). *Encyclopedia of Nursing Research* (pp. 371-374). New York: Springer. Provides an overview of the NIC research and summarizes the purposes and uses of a standardized classification of nursing interventions. Discusses the ongoing research agenda for NIC, including specific issues for resolution.

McCloskey, J.C. & Maas, M. (1998). *Interdisciplinary team: The nursing perspective is essential*. *Nursing Outlook* 46,

157-163. Discusses the trend toward interdisciplinarity in health care and its tendency to conceal the identity and contributions of nursing professionals. Authors urge nurses to maintain a nursing perspective while participating collaboratively on interdisciplinary teams. The value of nurses' knowledge of NIC and NOC is highlighted since these languages are among the most well-developed standardized languages in health care and potentially useful for the development of standardized languages for other disciplines.

Rankin, M., Donahue, P., Davis, K., Katseres, J., Wedig, J.A., Johnson, M., & Maas, M. (1998). *Dignified dying as a nursing outcome*. *Outcomes Management for Nursing Practice* 2(3), 105-110. Describes the development and use of one NOC outcome, Dignified Dying, and its importance to maintaining a quality end of life.

Scherb, C.A., Rapp, C.G., Johnson, M., & Maas, M. (1998). *The nursing outcomes classification (NOC): Validation by rehabilitation nurses*. *Journal of Rehabilitation Nursing* 23(4), 174-191. Describes research conducted at the University of Iowa to develop NOC and the validation of this research by surveys conducted through specialty nursing organizations, including the Association of Rehabilitation Nurses. The results of the surveys indicated that rehabilitation nurses judge the nursing contribution to most outcomes and indicators as substantial.

Yom, Y. H. (1998). *Translation and validation of Nursing Interventions Classification (NIC) in English and Korean*. *Image: Journal of Nursing Scholarship*, 30(3), 261-264. Reports on a study that used translation into Korean (and back translation into English) of a NIC Use Questionnaire. Measures of validating NIC, emphasizing semantic equivalence, are described and difficulties with translating specific interventions into Korean are discussed. The author concludes that translation of NIC facilitates communication among nurses and urges similar validation in other languages.

NIC NOW AVAILABLE IN KOREAN

The Korean translation of the second edition of NIC is now in print. The translators are Mun-Sil Kim, Jung-Ho Park, Sung Ae Park, and Young Hee Yom. All authors are nurse academics at different universities in Korea. The publisher is Hyun Moon Sa in Korea. The same publisher has asked for permission to translated NOC and Young Hee Yom will do the translation.

FORTHCOMING BOOK ON CLASSIFICATION INCLUDES NIC

Two faculty members in the Graduate School of Library and Information Science at the University of Illinois have recently completed their book about the science of classification, which will be published by MIT Press next year. The book, entitled *Sorting Things Out: Classification and Practice* by Geoffrey C. Bowker and Susan Leigh Star, contains nine chapters with chapters 7 and 8 about NIC. Chapter 7 is entitled "What a difference a name makes—The classification of nursing work" and Chapter 8 is entitled "Organizational forgetting, nursing knowledge, and classification". Other chapters look at classifications of diseases, viruses, tuberculosis, and race. The book is the result of many years of research; the study of NIC was done through review of documents and publications and interviews with team members. The book provides an excellent analysis of the science of classification

and should be a good addition to doctoral level nursing theory courses.

STANDARDIZED LANGUAGE IN MINNESOTA

(Submitted by Cindy Scherb, MS, RN, Kathie Smith-Foreman, MS, RN, and Julie Frederick, MBA, RN)

Immanuel–St. Joseph’s (ISJ-MHS), Albert Lea Medical Center (ALMC-MHS), and Austin Medical Center (AMC-MHS) of the Mayo Health System is in the midst of a regional documentation project of incorporating standardized language (NANDA, NIC, and NOC) into their computerized documentation systems. All three facilities have the same computer vendor and ISJ-MHS has had computerized documentation since 1994. The process began in the late summer of 1997. It wasn’t until after the NANDA, NIC, and NOC conference last November that all members of the work group were really committed to the project. The project has been going in fast forward ever since. The three organizations (acute care only) will go “live” on November 2, January 1, and February 1, respectively. The chemical dependency case manager (ISJ-MHS) is currently using NANDA, NIC, and NOC. Cardiac Rehab (all three facilities) and the Diabetes Wellness Project (ISJ-MHS) are also currently working on incorporating the languages into their documentation systems. We are also incorporating our acuity into the documentation system, so that acuity will be a seamless process. Documentation will drive acuity, not acuity driving documentation.

We have learned many new things about our computer system, what it can and cannot do, and have learned how to ask the right questions. We have contributed to NOC by developing and suggesting new outcomes needed for the acute care practice. We have developed collegial relationships with other nurses in the region that did not exist prior to this project.

The Minnesota Nurses Association, Nursing Informatics Resource Committee (NIRC) is having a two-hour educational forum at the annual convention in October 1998 on standardized nursing language. Two of the four presenters are from our regional documentation project. NIRC is also putting forth a resolution supporting standardized language at the convention. The resolution is fashioned after the work of the Iowa Nurses Association and the Michigan Nurses Association. There is a very good chance that this resolution will be passed.

The Minnesota Nurses Association is one of the recipients of the ANA Quality Initiative Grant. Julie Frederick and Cindy Scherb from ISJ-MHS are members of the MNA Quality Initiative Advisory Board. The use of standardized language (NIC and NOC) are often at the forefront of our discussions.

We are very excited about what is going on here in Minnesota, especially within our own Mayo Health System and in the state, with standardized nursing language. We plan to continue our involvement and to spread the word about NIC and NOC. For more information, you may contact Cindy Scherb at 507-389-4734 or by e-mail at scherb.cindy@mayo.edu.

NIC INDEX USE IN ALBUQUERQUE, NM

(Submitted by Danielle T. Morando, RN, MSNEd, Educator-Nurse for Ambulatory Services)

At the University Hospital of the University of New Mexico Health Sciences Center we have begun to use the NIC Index in three ways. Last year our clinical facilities incorporated the NIC Index as the organizing framework for our

clinical practice policies and procedures. All content is given in the NIC Domain, Class, and Intervention number and all documents are located in the manuals chronologically by the NIC # and then alphabetically by title within the NIC #. This year we are working on a project to use the NIC Index to assist in the redesign of nursing orientation and in the redesign of nursing competency-based appraisals. This project is divided into two phases. The first phase has been completed. We created a NIC based master blueprint of what the clinical practice of nurses should be for all practice areas at our institution. In order to do this, we developed a pilot for the process: a) We formed ten task forces organized by specialty areas. b) Each task force looked at each of the 433 interventions and made a decision as to whether or not that intervention applied to clinical practice in their area. c) For each intervention that did apply, a decision was made as to the level of training/education and experience that would be required to be able to perform the intervention. We used the levels of basic, intermediate, advanced and highly advanced. The criterion for the basic skill level is that all new graduates could perform the activities upon hire without any additional education or practice. d) For each intervention that did apply, a decision was made as to when competency should be expected and verification should take place. The time frames were: core (at the end of the orientation period), six months, one year, other, and annually. e) After each task force completed their area’s individual blueprint, the task force leaders met as a group to iron out major differences in competency level and time frames for completion in order to get consistency across all areas when possible. This resulted in a master blueprint that shows the combined expectations for all areas. The second phase is now in process. Those interventions in the master blueprint which are listed as above the basic level but are required as core are those which we must focus on in the redesign of our nursing orientation. The Nursing Competency Based Appraisal will be developed in five sections: it will show those interventions which are basic and core, and the advanced levels of practice for each intervention that are expected at core, six months, and one year. For more information, contact Danielle Morando (dmorando@salud.unm.edu).

PROCESS FOR NIC USE IN EDUCATION

It is our experience that implementation of NIC in an educational setting is easier than in a practice setting as the numbers of individuals involved are much smaller and there are usually not the issues related to use in an information system. Nevertheless, this is a big change and some guidelines for making the change help. On the back cover of the NIC book we have listed Steps for Implementation of NIC in an Educational Setting. The adoption of NIC requires faculty to adopt a nursing philosophical orientation and focus rather than the more traditional medical orientation. Not all interventions can or should be addressed at the undergraduate level; faculty must decide which interventions should be learned by all undergraduate students, and which ones require advanced education and should be learned in a master’s program. Some interventions are unique to specialty areas and perhaps are best taught only in specialty elective courses. Connie Delaney, an Associate Professor at Iowa, has elaborated further on the steps to discuss how faculty identifies which interventions are taught in what courses.

1. Identify the NIC interventions that are never taught in the curriculum (e.g. associate degree, baccalaureate, master's) and eliminate these from further action.
2. Using the remaining interventions, have each course group identify the interventions that are taught in their course/are of teaching responsibility. That is, identify what is currently taught with the NIC intervention terms.
3. Compile this information into a master grid (interventions one axis and each course the other axis) and distribute it to all faculty members.
4. Have a total faculty discussion noting the interventions that are unique to courses and those that are taught in more than one course. Clearly articulate the unique perspective offered by each course for each intervention that is taught in more than one place (e.g., Is the intervention being delivered to a different population?). Should both courses continue to teach the intervention or should content be deleted in one course? Review interventions that are not located in any courses but that faculty believe should be taught at this level. Should content be added?
5. Affirm consensus of the faculty on what interventions are taught where.
6. The same process can, of course, be done with nursing diagnoses (using NANDA) and with patient outcomes (using NOC). Many educational programs already use NANDA diagnoses and can implement NIC by reviewing the NANDA to NIC linkages and determining the interventions that might be taught in relationship with NANDA diagnoses.

CONFERENCE IN GUAM

(Submitted by Meridean Maas)

In May, Meridean Maas, PhD, RN, FAAN, Co-Principal Investigator of NOC and Investigator on the NIC team and Lois Pavelka, MS, RN, school nurse in Mt. Vernon, Iowa traveled to Guam and conducted a 3 day conference on NIC and NOC at the request of Dr. Maureen Fochtman, Dean of the University of Guam College of Nursing and Health Sciences. A total of 200 participants attended some portion of the conference and 80 persons attended all three days. Participants were from Guam Memorial Hospital, the Department of Education, Public Health and Social Services, and naval and airforce bases. Several retired nurses, some of whom were legislators, principals of schools and the director of the department of education also attended part of the conference. A number of students in the College of Nursing also attended.

There was a large contingent of school nurses at the conferences who were interested in implementing NIC & NOC in their documentation system. Lois, who has implemented both languages in her system in the Mt. Vernon schools, did an excellent job of demonstrating the system and in presenting how the use of NIC & NOC advantages the practice of school nurses, the goals of school administration, and the health care that students receive.

The team from Guam Memorial Hospital used NIC & NOC in their care planning module that just went live in September, 1998. NIC & NOC also are being integrated into two courses, Medical-Surgical Nursing and Community Nursing, this semester at the college of Nursing. In addition, the Public Health Nurses visited the hospital to arrange better follow-up with patients and feel that since the hospital is using NIC & NOC, they need to also get on board. According to Dr.

Fochtman, "things are happening" and she thinks that I would be very pleased. I congratulate Dean Fochtman for the excellent leadership she is providing for the College and the entire health care community in Guam.

ENDOWMENT CONTRIBUTIONS

NIC and NOC are "housed" in the Center for Nursing Classification at the College of Nursing. In order to ensure ongoing upkeep of the Classifications we have begun an endowment campaign to raise \$1,000,000. The endowment is now at \$213,000. The Center is one of the six areas targeted by the College of Nursing for the Centennial Campaign for Nursing Education which was celebrated in April of this year. WE NEED YOUR CONTRIBUTIONS. *Please send your donation to the University of Iowa Foundation, C/O Wes Butterfield, P.O. Box 4550, Iowa City IA 52244. Checks should be made out to the Nursing Classifications Fund—Account #30-612-071. All gifts qualify as charitable contributions.* We thank those who have contributed to the endowment since June of this year:

ENDOWMENT CONTRIBUTORS

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Sponsorship of this newsletter is provided by Mosby-Year Book, the publisher for both the NIC and NOC books. In exchange for the sponsorship, we feature a one page Mosby ad in each issue. The current contacts at Mosby related to purchasing, licensing, and copyright needs are as follows:

- Barbara Cullen, NIC and NOC Executive Editor (1-800-866-6250, ext. 3059)
- Linda Briesacher, Licensing (1-800-325-4177, ext. 4917 or 314-523-4917/
fax 314-453-4736)
- Till Davenport, Permissions (314-872-8370/ fax 314-432-1380)
- Joyce Owen/ Kathy Krieg, Marketing (1-800-325-4177, ext. 4671)

SUBMISSIONS TO NEWSLETTER WELCOME

We welcome submissions to the newsletter. Please send them via e-mail or on disk to Barbara Head (barbara-head@uiowa.edu), Center for Nursing Classification, College of Nursing, The University of Iowa, Iowa City, IA. 52338. Please indicate who is submitting the contribution and how to contact someone for further information. Sharing of information assists all of us in the continued use and development of the classifications. All contributions will be reviewed and possibly edited by newsletter staff.