
The NIC/NOC Letter

A publication of the Center for Nursing Classification
Sponsored by Mosby Year Book

Nursing Interventions Classification/Nursing Outcomes Classification
February 1999

Vol. 7 • No. 1 •

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.

MANUSCRIPTS FOR NIC 3 AND NOC 2 SUBMITTED

The manuscripts for the 3rd edition of NIC and the 2nd edition of NOC were submitted to Mosby Year Book just a few weeks ago. The books will be published around December 1999 with a 2000-year copyright. NIC 3 will include 486 interventions and NOC 2 will include 260 outcomes. NIC will have 58 new interventions and 98 revised interventions; NOC will have 70 new outcomes and 20 revised outcomes. NIC 3 includes a new community domain with 2 classes of interventions and a new class in the family domain (for a total of 7 domains and 30 classes). NOC 2 has 7 domains and 29 classes including family and community health. The introductory chapters for each book have been totally revised and updated and updated linkages with NANDA diagnoses are included in both books. Both books include samples of implementation forms used in various practice and education facilities that have implemented the classifications. The books will be produced and marketed together, although each may be purchased separately. The two research teams wish to thank all those who submitted suggestions for new and revised outcomes and interventions. Individual names of submitters are included in each edition.

MINNESOTA PASSES LANGUAGE RESOLUTION

At their fall convention, the Minnesota Nurses Association passed a resolution to support nursing standardized language. This makes the third state to now have passed such a resolution--the other two are Iowa and Michigan. Part of the resolution is as follows:

“THEREFORE BE IT RESOLVED THAT,

the Minnesota Nurses Association recognize and support the collection of the Nursing Minimum Data Set (NMDS) and the Nursing Management Minimum Data Set (NMMDS) as essential nursing data that needs to be collected across all healthcare delivery settings; and

BE IT FURTHER RESOLVED THAT,

the Minnesota Nurses Association as our professional organization promote the teaching and implementation of standardized nursing languages as recognized by ANA (e.g. NANDA, NIC, NOC, Omaha System); and

BE IT FURTHER RESOLVED THAT,

the Minnesota Nurses Association support testing and dissemination strategies for implementing standardized nursing language in all practice settings; and

BE IT FURTHER RESOLVED THAT,

the Minnesota Nurses Association collaborate with the developers of standardized nursing language systems to facilitate the continued awareness and use of nursing languages in the state of Minnesota.”

MYRTLE AYDELOTTE GIFT

Dr. Myrtle “Kitch” Aydelotte has made a \$200,000 deferred estate gift to the endowment fund for the Center for Nursing Classification. According to Dr. Aydelotte, the gift is to help support this important research. Kitch now lives in Rochester, New York but makes occasional visits to Iowa City. Her gift raises the endowment funds to over \$400,000. Thank you, Kitch, for your generosity and your belief in the value of this work.

OTHER CONTRIBUTORS

We also want to thank others who have contributed to the Center for Nursing Classification endowment since October 1998.

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Nelson, Debra M., Baltimore, MD
Nolan, Patricia & Robert, Davenport, IA *In memory of
Margaret Meher*

Ross, Dennis, Middlebury, VT
 Scherb, Cindy & Glen, Kiester, MN, *In honor of Mrs. Leona Scherb --contributors continued next page--*
--contributors continued from previous page--
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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.

CHANGES AT MOSBY YEAR BOOK

In the past six months corporate changes have been going on at Mosby Year Book, the publisher of the NIC and NOC books. Harcourt Brace & Company, the parent organization of W.B. Saunders Company, has purchased Mosby Year Book and the staff of Saunders and Mosby are being merged although each company will retain its name and publication list. Thankfully, Barbara Cullen, remains our editor. Other contacts at Mosby have changed, however. Please see the back of the newsletter for current contacts at Mosby during this time of transition.

NIC USE IN A CLINICAL PATHWAY

(Submitted by Shannon Spenceley, RN, MN, Health Care Analyst, Chinook Health Region, Alberta, Canada)

As a new person in our department, "Health Information and Outcomes", I was part of several different initiatives, most notably, a workload measurement development project, as well as a clinical pathways development team. Problems arising in these initiatives, it appeared to me, had a great deal to do with the use of different terminology for the same thing in different phases of the continuum of care. When I shared this observation with my director, she had me look into the literature on standardized languages, and I really "did my homework" on the established systems. What I found was that NIC has the most distinguished presence in the research and practice literature, and so I set about seeing how it might work within one of the initiatives, namely the clinical pathways project. I thought I had a pretty good idea of what value it would be, but what surprised me were the benefits that came out of the process of applying it to one of our pathways.

Our pathway teams are multidisciplinary, and are inclusive of care across the entire continuum. The pathway that we chose to trial with NIC was for the patient undergoing transurethral prostatic resection, a procedure that does not have a lot of evidence in the literature as to how best to proceed with care. So, this pathway had developed in such a way that the team had divided the patient care into logical phases (e.g. pre-admission assessment, pre-op., OR day, post-op., home care, etc.) and then captured the various activities that happened in each phase, and wrote down nursing (or other discipline) activities in each phase of care. There was a little more to the structure than that, but

that is the essence of what it looked like. They were struggling with indicators of progress, and fuzzy about desired outcomes; home care in particular was really anxious about the transition to home, as these patients were to be going home within 24 hours. So, I got to take the pathway home and see if NIC would work. Well, it worked incredibly well! It sounds so trite, but the process of taking each separate activity, asking the question "why are we doing this?" led to the intervention label, which led directly to the outcome we were trying to achieve with that activity, which then really logically suggested indicators that one would look for to establish whether or not we were progressing toward the outcome. It just all fell into place—which I did not expect! The neatest observation, for me, was the response of the team. They were thrilled with the logical links created between interventions, desired outcomes, and indicators. The other really neat thing was this: the OR staff that were on the team had not listed one single activity on the original version of the pathway...there seemed to be a prevalent belief that the only thing that mattered in the OR was the surgeon's contribution. When these nurses observed the interventions and definitions, and saw desired outcomes these were connected to... they suddenly realized that there were activities they were performing in the OR that contributed to the outcomes! The process of applying NIC had made their contributions visible and measurable for the first time. It was quite exciting for them, and me!

GENESIS HEALTH SYSTEM USING CLINICOMP WITH NANDA, NIC, AND NOC

(Submitted by Mary Clarke, MA, RN, Informatics Nurse Specialist, Genesis Medical Center)

Our new computer system, ClinicComp system, was successfully implemented in the obstetrical area January 5 at Illini Hospital, an affiliate of Genesis Health System. The next implementation is scheduled for April in the Birth Center at Genesis. The staff and implementation team have done a tremendous job preparing and implementing the new clinical documentation system which includes NANDA, NIC, and NOC.

HOSPITAL SELECTS NIC AS NURSING STANDARDS FRAMEWORK

(Submitted by Sharon LaDuke, BSN, RN, CCRN)

Hepburn Medical Center, a 150 bed nonprofit hospital in Ogdensburg, New York, has chosen NIC as a mechanism and structure for identifying, defining and measuring nursing standards throughout the organization, which includes in-patient mental health, hemodialysis, oncology, and long-term care services in addition to medical-surgical, emergency, critical care, peri-operative, and obstetrical units. According to the organization's Information Systems Nursing Coordinator, Pam Paige, RN, NIC was selected following a search for a nursing documentation model because of its nursing orientation, its emphasis on critical thinking skills and independent nursing practice, its links to NANDA, its comprehensiveness, and its "fit" into the hospital's Meditech system. In a collaborative effort involving the Nurse Educator, the Nursing Policy and Procedure Committee, and the Nursing Planning and Development Committee, all interventions were reviewed and approximately 250 were selected that were felt to be the most applicable to practice in the institution. The process of developing the systems applications is ongoing, and to date, over sixty interventions have been integrated into the

documentation systems as "protocols", which are displayed for the nurse who chooses certain nursing diagnoses. In that way, the nurse can readily review the activities which comprise the standard of care as determined by the profession, both on a national and local level. Eventually, all the chosen interventions will be available for viewing within the system.

NIC IMPLEMENTATION AT UNIVERSITY OF IOWA HOSPITALS AND CLINICS

(Submitted by Gloria Dorr, MA, RN, Informatics Nurse Specialist, University of Iowa Hospitals and Clinics)

The University of Iowa Hospitals and Clinics first implemented NIC in 1995 and now have approximately 385 interventions in the online nursing database. There are approximately 200 NIC and 185 NIC+ interventions online for use in our general inpatient units. These units include Medical/Surgical, Children and Women's Services, and Behavioral Health Sciences. The designation of NIC+ is given to those interventions that have a NIC label name change or are a specification of a NIC intervention. For example, the intervention of Tube Care NIC is online as well as specifications of that intervention including Tube Care: Hemovac Drain NIC+, Tube Care: Urethral Catheter NIC+, etc. These specifications of NIC make it easier and quicker for the user to plan care and to accurately document care given. Nearly all of the previous 871 protocols have been replaced by NIC. UIHC is reaping many benefits of a standardized nursing language including, but not limited to, the benefits of communicating the unique function of nursing, articulating the links with other classifications including NANDA/NDEC, and being able to accurately reflect online UIHC's nursing standards in a timely manner.

The most recent work at UIHC in converting NIC from the textbook to the online system has taken place in the Childbearing Care class of interventions. A group of clinical experts has been converting defining activities to database orders and have integrated the use of NIC in both antepartum and postpartum care units. The next step for NIC implementation at UIHC will be converting the defining activities of those interventions that primarily apply to the intensive care setting. There will be a focus on interventions such as Invasive Hemodynamic Monitoring, Fluid Resuscitation, Shock Management, etc.

CINAHL WEBSITE LINKS TO CENTER WEBSITE

The Cumulative Index to Nursing and Allied Health Literature (CINAHL) Information Systems includes a section (CINAHLSources) on their website which provides descriptions and links to sites that are of interest to nursing and allied health professionals. Recently, CINAHL asked permission to link to the Center's website. The CINAHL web site is located at <http://www.cinahl.com/>; the Center's website is www.nursing.uiowa.edu/cnc.

CITX AND ALTERNATIVE LINK MAKE PARTNERSHIP

CitX Corporation of Quakertown, PA and Alternative Link of Las Cruces, New Mexico have formed a strategic venture partnership enabling them to rapidly deploy Internet-based claims processing and insurance related services in the alternative medicine field of the health care sector. As was

reported in the last NIC/NOC Letter, Alternative Link has built billable codes for multiple types of providers that include the NIC interventions. The goals of this new partnership are to help increase workflow efficiency, simplify accessibility to information needed to validate claims, reduce coding errors and overall administrative costs, and improve the practitioner's profitability. According to the press release, "there were 629 million alternative medicine visits in 1997 and \$27 billion spent on alternative treatments, however, practitioners lack an effective way to manage the coding, processing, submission and payment of claims...It currently takes an average of 51 days to process non-physician claims. This is expensive for both providers and payers. Automating the process with new technology and accurate claims terminology is the solution to cutting costs and time." For more information about CitX call 215-538-3535 or visit the web site (<http://www.cits.net>); for more information about Alternative Link call 505-527-0636 or visit the web site (<http://www.alternativelink.com>).

ACENDIO CONFERENCE

The second European conference of the Association for Common European Nursing Diagnoses, Interventions, and Outcomes (ACENDIO) will be held March 19-20, 1999 in Venice, Italy. ACENDIO is the association for nurses across Europe who are interested in nursing terminology and classification, clinical decision making, nursing informatics, and the state of the art in nursing language across Europe. Marjorie Gordon Gloria Bulechek, and Marion Johnson will present a master class on USA experiences with diagnoses, interventions, and outcomes. Sue Moorhead and Marion Johnson are also conducting workshops on NIC and NOC in the Netherlands and Wales in conjunction with this conference. We thank Nico Oud and June Clark for arranging these experiences and for continuing to promote dialogue between the European and US nursing communities.

FASTRACK LICENSES NIC AND NOC FOR NEW SOFTWARE PRODUCT

FASTRACK Healthcare Systems, Inc., a provider of Windows-based software for home health, is one of the vendors that recently licensed NIC and NOC for its point-of-care clinical applications. For more information, contact FASTRACK at 1-800-520-2325 or visit the Fastrack website at www.fastrk.com

NANDA/NIC/NOC CONFERENCE

The second NANDA, NIC, NOC conference will be held April 14-17 in New Orleans. The theme of the conference is "Documenting Nursing Effectiveness." The keynote speaker will be Suzanne Bakken Henry, DNSc, RN, FAAN, Professor, School of Nursing and the Graduate Group in Medical Information Science, University of California, San Francisco. The general sessions will feature 10 workshops, 38 papers, and 20 posters by persons who are working to implement standardized language across the US as well as in several other countries. Consultation sessions with the developers of NANDA, NIC, and NOC will be available on Wednesday afternoon. The conference will close with a town meeting to discuss future directions in the development of standardized language. Brochures are being mailed this month. We invite you to participate in the stimulating program and enjoy the food and entertainment for which New Orleans is famous. 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. Registration information is available from the NNN Conference Office, 1211 Locust Street, Philadelphia, PA 19107. Phone 1-215-545-8105 or 1-800-647-9002; FAX 1-215-545-8107; e-mail: conference office @nursecominc.com.

INFORMATICS/CLASSIFICATION SUMMER WORKSHOP

Brochures have been mailed for 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 emphasize in-depth, current information on the classifications of NANDA, NIC, and NOC. Field visits to three 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.

Keynote speakers for the institute include Christopher Chute, Head of Medical Information Resources, Mayo Medical Center

in Rochester, Minnesota, and Sal Bognanni, Vice President Health Management, Wellmark Inc. Blue Cross Blue Shield, Des Moines Iowa. Social occasions interspersed throughout the 5 days will facilitate networking. The number of participants will be limited to 50. *Brochures can be obtained from Jennifer Clougherty at 319-335-7119 or e-mail jennifer-clougherty@uiowa.edu.*

NEW NANDA PUBLICATION INCLUDES NDEC WORK

The North American Nursing Diagnosis Association has recently published Nursing Diagnoses: Definitions and Classification, 1999-2000. The classification includes 21 new diagnoses and 37 revised diagnoses. Many of the new and revised diagnoses are the result of the work of the Nursing Diagnosis Extension and Classification (NDEC) research team at the University of Iowa led by Martha Craft-Rosenberg, Connie Delaney, and Janice Denehy. *For more information about how to get the new NANDA book, call 215-545-8107 or e-mail NANDA@nursecominc.com.*



Members of the NIC and NOC Research Teams who attended a joint meeting of the teams on February 10th in Iowa City. Highlights of the meeting included research updates provided by NIC and NOC Principal Investigators. Members received information concerning the upcoming editions of NIC and NOC and a progress report on the Center for Nursing Classification.

NEW PRODUCTS AVAILABLE

Now available from the Center for Nursing

Classification are two new products:

NOC Nurses Pocket Cards – A 26 laminated card set on a ring is a quick reference for the first edition of NOC outcomes which are organized in 6 domains: Functional Health, Physiologic Health, Psychosocial Health, Health Knowledge and Behavior, Perceived Health, and Family Health. Cost \$20.

Compiled NIC/NOC Letters – The set includes copies of all of the newsletters from the first in 1993—through 1998. This is a good source of historical information about the NIC and NOC nursing classification research, issues, and developments in implementation. Cost \$25.

To order Center products, please send prepayment (check or money order -- sorry, no credit card orders) to the address in the box below.

QUESTIONS? Fax 319-335-6820/319-335-9990 or e-mail: barbara-head@uiowa.edu.

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Center for Nursing
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**Visit the Mosby website
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The Research Staff and Management
of
Alternative Link

Wishes to THANK
**The Center for Nursing
Classification
at the University of Iowa**

and ALL the nurses who gave us valuable
advice,
cooperation and time

We are pleased to announce:

**Nursing Interventions Classification
(NIC)**

is now integrated into the

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ABC™ CODE BOOKS

will be available through
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In the Spring of 1999

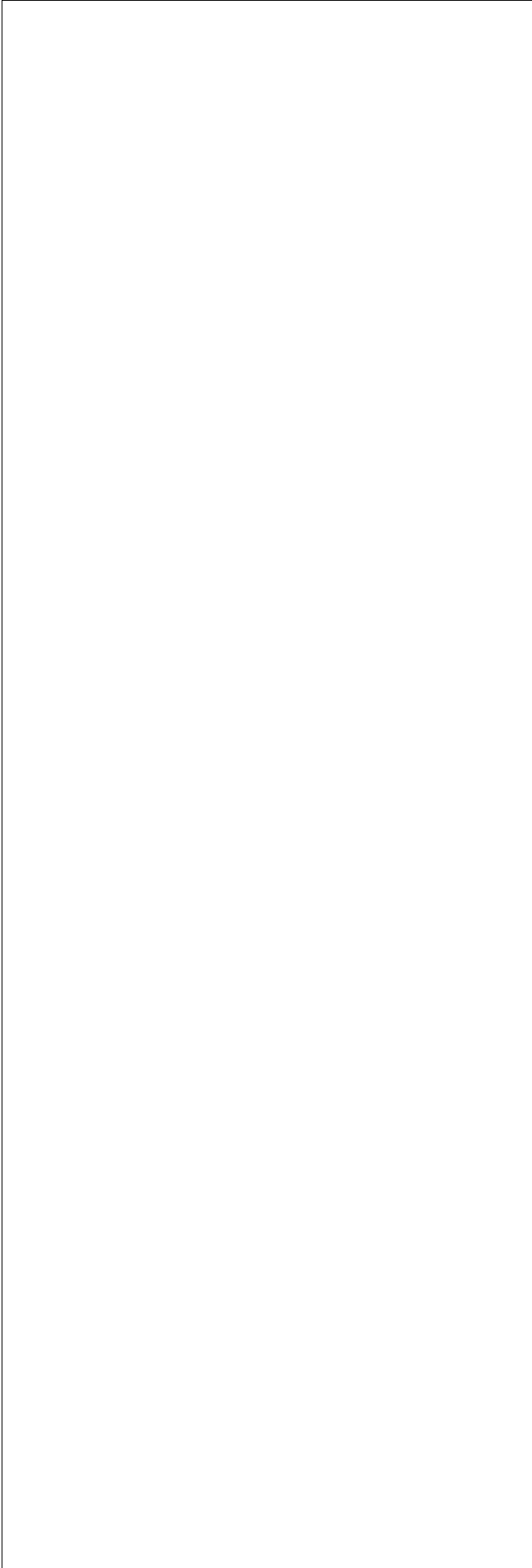
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Moving? Please call, e-mail, or make changes on the label below and mail this panel or photocopy to the Center for Nursing Classification.

Inside:

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Myrtle Aydelotte Gift

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NIC as Hospital Nursing Standards
Framework

Citx & Alternative Link

ACENDIO Conference

NANDA/NIC/NOC Conference

Informatics/Classification Summer
Workshop

Center for Nursing Classification

The NIC/NOC Letter

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Marketing: Tom Wilhelm (1-800-325-4177, ext. 4939; Fax 314-432-1380)

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. 52240-1121. 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.