

NIC (Nursing Interventions Classification) & NOC (Nursing Outcomes Classification) are standardized languages to describe the treatments that nurses perform & patient outcomes sensitive to these treatments. The Classifications are useful in planning & documenting care, in communicating the essence of nursing to others, & 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.



Debbie Metzler lecturing, to participants at the 3rd Institute on Nursing Informatics and Classification.

3RD INFORMATICS/CLASSIFICATION INSTITUTE

The Institute was held in Iowa City, **June 24-27, 2001** with a preconference on June 23. Sixty-seven individuals from both the practice & education settings representing 16 U.S. states & Brazil & Iceland attended the Institute; 29 individuals attended the preconference that covered the basics of standardized language. Charles Mead, Chief Technology Officer, Simone Central Holdings, Inc. in Atlanta, Georgia, & Co-Chair HL7 Patient Care Technical Committee delivered the keynote for the Institute. Dr. Mead gave a dynamic presentation on the implications of HIPAA (Health Insurance Portability & Accountability Act). Other presenters included **Charlotte Weaver**, Cerner Corporation in Kansas City, Missouri; **Judy Murphy**, Aurora Health Care, Milwaukee, Wisconsin; **Lisa Burkhart**, Advocate Health Care, Oakbrook, Illinois; **Cindy Scherb**, Immanuel-St. Joseph's—Mayo Health System, in Mankato, Minnesota; **Cindy Finesilver & Debbie Metzler**, Bellin College of Nursing, Greenbay, Wisconsin; **Rebecca Miller**, St. John's School of Nursing, Springfield, Missouri; & **Patricia Nolan**, Genesis Medical Center, Davenport, Iowa. Participants made site visits to the University of Iowa Hospital & Clinics & to Genesis Medical Center to view their information systems & spent time with the developers of the language to discuss issues & questions. Several of the participants took the opportunity to make brief presentations to the audience related to their current efforts to use standardized language. This was a great group, very enthusiastic about the content & the conference. Their evaluations will be reviewed in the next few months for ideas for next year's conference. To get on the mailing list, contact Jennifer-clougherty@uiowa.edu.

NURSING TERMINOLOGY SUMMIT 2001 Vanderbilt University, Nashville, Tennessee



July 7-10, 2001 (Report by Sue Moorhead, The University of Iowa)

The third nursing terminology summit brought together 39 participants representing developers of nursing languages, leaders of standards-developing organizations, leaders of professional nursing organizations, representatives of the health informatics industry, & representatives of the Department of Health and Human Services of the U.S. government. Sue Moorhead attended as a representative for NIC & NOC. Presentations from experts focused on the central issues: the challenges of developing a reference terminology for nursing; how terminology models might be developed, optimized & used for different purposes; & the use of templates to resolve some of the difficulties arising at the interface of terminology models & information models. Key points were reference terminology is needed to: support precise identification of the meaning of clinical & administrative data (so that the right data can be captured); allow for comparability of data across sites, systems, & times; & provide interoperability of systems that acquire, process, store, retrieve, & use nursing information. Ideally, the reference terminology would be the heart of applications for managing clinical & administrative nursing information.



The first biennial conference of the NANDA, NIC & NOC Alliance will be held at the Holiday Inn Mark Plaza in downtown Chicago, April 11-13, 2002. Those planning to submit abstracts for consideration for presentation must postmark these by September 15. The conference will include recent developments in the languages including the work to create a common taxonomic structure, presentations on research & practice initiatives, panel of vendor presentations, & time for networking. Traditional NANDA business functions will be included in afternoon sessions. *A silent auction & raffle will be held during the conference with proceeds to be used for support of the ongoing research. Please plan to bring items for the auction/raffle with you.* Nursecom will run the conference; E-mail Ken Cleveland Ken.Cleveland@rmpinc.com to get the guidelines for abstract submission or to get your name on the mailing list for the conference. *This should be a dynamic conference - don't miss the opportunity to attend.*

April 2002



MONOGRAPH ON INTERVENTION TIMES

ORDER TODAY!! Send a check or money order for \$20 payable to the "Center for Nursing Classification."

"Estimated Time & Educational Requirements to Perform 486 Nursing Interventions," reports estimates based on expert judgments of the time & education need to perform each of the interventions in the third edition of NIC is now available." This monograph is an update of the estimates included in the July/August 2001 article in *Nursing Economics* entitled "Determining the cost of nursing interventions: A beginning".

WEB SITE HELPS IN CARE PLANNING



Several of the new books published by Mosby Year Book come with a MERLIN web site—inside the book is a pass code that can be used to access the web site material related to the book. Check out the web site www.mosby.com/MERLIN to see the titles of the books that are included & some information about each. To access the site for each book, you need the password available in the front of each book.

The recent linkage book (Johnson, Bulechek, Dochterman, Maas, & Moorhead, Nursing Diagnoses, Outcomes, Interventions: NANDA, NOC & NIC Linkages has a MERLIN web site that helps students & others to build a customized care plan for a patient using standardized language. The student can begin with a patient condition (dozens are listed—e.g. asthma, mood disorders, obesity) or start with a nursing diagnosis. The patient conditions have been linked with NANDA nursing diagnoses based upon the linkages defined by authors in numerous texts. From the nursing diagnosis, the linkage work from the above text is used.

★ ★ FORTHCOMING—NNN CD-ROM ★ ★

Soon to be published: CD-ROM, "Nursing Diagnoses, Outcomes, and Interventions". A search engine enables users to access linkage information through three pathways: NANDA diagnoses, NOC outcomes, & NIC interventions. Users can customize & print out information. Tentative price--\$185 (stand alone); license for a multi-user group is based on the number of users. Contact Karen Lieb, Licensing Specialist, Elsevier Health Sciences: klieb@harcourt.com or nicnoc@harcourt.com or fax 215 238-8495.



AUGUST CONFERENCE TO DEVELOP COMMON STRUCTURE

An invitational conference to develop a first draft of a common taxonomic structure (organizing structure) for nursing's three comprehensive languages (NANDA, NIC, & NOC) will be held August 12-14 in Utica, Illinois. The conference is supported by a grant from the National Library of Medicine. The draft structure will be presented at the NNN conference in April in Chicago for review & feedback. Organizers & leaders of the August conference are Joanne Dochterman from Iowa & Dorothy Jones from Massachusetts.

EDUCATIONAL VIDEO



(Submitted by Amy Perry, Director of Nursing Clinical Information, Ann Arbor, MI.)

In the last newsletter we printed this information but the web site was incorrect. This announcement includes the correct website.

Available now is a video about the compelling need to use standardized nursing vocabularies in nursing practice. The video approaches the subject from both a nursing & a health care business perspective. The 11-minute video is focused on the issues & concerns related to integration of standardized nursing vocabularies from the staff nurse perspective. It focuses on the issues associated with all nursing vocabularies, then quickly moves the viewer to discussions specific to NANDA, NIC & NOC. This video can create awareness & initial acceptance of standardized nursing language for nurses at all levels of practice. Available for purchase from the University of Michigan Patient Care Services Department--Call 734-936-2184 or Web site: www.med.umich.edu/nursing/snl/video.html. Single non-reproducible \$310 or single reproducible for institutional use \$1000.



NOC RESEARCH REPORT

Data collection is nearing completion for research currently funded by the National Institute of Nursing Research to assess the reliability & validity of the Nursing Outcomes Classification outcomes & measures. Inter-rater reliability & validity of 190 outcomes published in the 1st edition of the NOC book (Johnson & Maas, 1997) are being evaluated in 10 clinical field sites. The field sites include tertiary hospitals, intermediate hospitals, a nursing home, home care settings, & an ambulatory nursing center. Preliminary data were analyzed with 15 outcomes determined to be relevant for patients by nurses in all 10-study sites. Percent agreement between nurse raters on all of the outcomes is above 80%, the criterion set prior to data collection, & weighted Kappa values are also mostly equal to or above the standard of 0.70. The majority of the 15 outcomes are moderately to highly correlated ($r > 0,40$) with standardized measures of the same or similar concept or a criterion extracted from patient records. Overall, the outcomes also appear to be responsive to a range of change in the status of individuals. In other words, change scores range from 0 to 5, indicating that the outcome measures are sensitive to gradations of change in outcome status. Although conclusions about the measurement integrity of all of the outcomes must await the analysis of all of the study data, these preliminary results are promising. Nurses appear to be able to rate most outcomes consistently & the outcomes seems to validly capture the intended health state & its gradations. If the preliminary findings persist when all of the study data are analyzed, reliable & valid standardized patient outcomes will be available for computerized nursing documentation systems. Clinicians must have confidence in the integrity of outcome measures to monitor the progress, or lack of progress, of their patients. Administrators & clinician peers need dependable outcome data to evaluate competency & to hold individuals & groups of nurses accountable for a certain standard of practice. Standards of practice, quality & outcome management programs, & the selection of areas of needed knowledge development & dissemination among clinicians are dependent upon reliable & valid measurement of patient outcomes that are responsive to nursing interventions. Finally, reliable & valid outcomes are needed for nursing efficacy & effectiveness research to further develop evidence-based practice & to influence health policy.

 **NIC IN ICELAND** (Report by Asta Thoroddsen, University of Iceland; adapted from report in ACENDIO Newsletter, 2001.)

A survey of 150 nurses enrolled in a course in an RN/BS program answered a questionnaire to test the applicability of NIC for use in an electronic health care record in Iceland. Results indicated that nurses in Iceland recognized the interventions in NIC & that “it seems a reasonable choice for nurses in Iceland to use NIC for daily documentation.” Only two of the 433 interventions from the second edition of NIC were not used or recognized by the nurses: Medication Administration: Intraosseous & Amnioinfusion. Of the 30 most frequently used interventions, nine were indirect. Both direct & indirect interventions varied by specialty. The results have been used for revising the Icelandic translation of the NIC activities.



CLASSIFICATION IN BRAZIL

(Report by Tânia Couto Machado Chianca, Associate Professor at School of Nursing of Federal University of Minas Gerais, Brazil, International Scholar at University of Iowa)

The need for standardized language to communicate nursing work is a perceived necessity for nurses all over the world. It is of special interest to some Brazilian nurses who are taking part in the construction of an International Classification Project to define, denominate, & describe nursing practice in Brazil.

Since 1997 Brazilian nurse/researchers & practitioners have been engaged in the development of an International Classification of Nursing Practice in Collective Health characterized as a Brazilian contribution to the ICNP. This work has been conducted by the Brazilian Nursing Association (ABEn) in partnership with the International Council of Nursing with support also coming from the W.W. Kellogg Foundation. The participation in this project helped to unite the Brazilian nursing community. We hope this is just in the beginning of Brazilian nurses uniting to back important nursing projects in our country.

The first translation of a nursing classification to Portuguese was done in 1990. From that time on some Brazilian nurses have been using the NANDA nursing diagnosis taxonomy in practice, education & research. The NANDA diagnoses classification is used in some masters & doctoral programs in Brazil. NIC & NOC are being translated into Portuguese & it is expected, by August 2001, that Brazilian nurses can use these translations to document their practice, to address teaching activities & nursing curriculums, & to do research proposals that enrich the classifications.

USE of NIC and NOC—PATIENT SAFETY EXAMPLE

Patient safety in hospitals & other health care facilities is a major concern. There are several recent indicators of the level of concern, for example: a) in May 2001 the Medication Errors Reduction Act was introduced into congress to provide monies to offset the costs of buying technology to reduce medication errors that cause patient deaths & injuries, b) the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has appointed a task force to review accreditation standards most relevant to the safety & quality of patient care, c) a study conducted by the Department of Health and Human

Services released in April 2001 found a strong & consistent relationship between nurse staffing levels & death rates among surgical patients & the incidents of adverse outcomes in medical patients, & d) 60 of the country's largest health care employers have come together in an organization known as the Leapfrog Group to force hospitals to reduce medical errors by rewarding those that meet their standards.

How can the use of NIC (Nursing Interventions Classification—a standardized language that describes the treatments that nurses perform) & NOC (Nursing Outcomes Classification—a standardized language that describes the patient outcomes impacted by the care of health providers) assist in promoting patient safety? The use of these languages helps nurses (and other types of providers who choose to use these languages) to plan & monitor the achievement of quality patient care for those at risk of, for example, urinary tract infections, pneumonia, wound infections, shock, upper gastrointestinal bleeding, & falls, in addition to other potentially unsafe conditions.

To further illustrate, if the patient has an open wound & is at risk for infection, the status & extent of the infection can be measured with one or more of the following NOC outcomes: *Infection Status* (the presence & extent of infections), *Wound Healing: Primary Intention* (the extent to which cells & tissues have regenerated following intentional closure), *Wound Healing: Secondary Intention* (the extent to which cells & tissues in an open wound have regenerated). Each of these outcomes defines for the nurse the indicators that should be observed in order to determine the extent of the outcomes. Indicators include such things as fever, pain, chilling, white blood cell count, granulation, drainage, & odor. For the same patient, the NIC identifies interventions that a nurse would tailor to the individual, for example *Infection Control* (minimizing the acquisition & transition of infections agents), *Incision Site Care* (cleansing, monitoring, & promotion of healing in a wound that is closed with sutures, clips, or staples) & *Wound Care* (prevention of wound complications & promotion of wound healing). Each of the NIC interventions identifies for the nurse the specific activities associated with the delivery of each intervention. Activities for these interventions include nursing actions related to hand washing, medication administration, maintaining a clean environment, dressing changes, wound cleansing, & patient teaching.

NOC has, in fact, 19 outcomes that relate to patient safety including *Aspiration Control*, *Risk Control: Drug Use*, *Safety Behavior: Fall Prevention* & *Safety Status: Physical Injury*. NIC lists 39 risk management interventions that relate to patient safety including *Abuse Protection Support*, *Anaphylaxis Management*, *Aspiration Precautions*, *Environmental Management: Safety*, *Fall Prevention*, *Infection Projection*, *Risk Identification*, & *Surveillance: Safety*. Use of NIC & NOC assists nurses in identifying & monitoring potentially unsafe conditions & in communicating those actions that can prevent complications & reduce risk. **In addition**, the use of the standardized languages saves time in documentation. A study released by the American Hospital Association in May 2001 reported that for every hour of patient care provided, nurses spend, on average, 30 minutes of paperwork. The reduction of documentation time provides more time for patient care.



RECENT PUBLICATIONS

The following publications have been brought to our attention. If you know of others, please forward them.

Aquilino, M.L., McClelland, E., & Tarbox, M. (2001). *Standardizing the language of public health: Integrating the Nursing Interventions Classification (NIC) & the core public health functions*, *Online Journal of Nursing Informatics*, 4 (2): <http://www.hhdev.psu.edu/nurs/ojni/Current%20Issue.htm>.

This article describes how the Nursing Interventions Classification reflects the core public health functions.

Contino, D.S. (2000). *The ABCs of APCs*, *Nursing Management*, 31 (10), 12, 14-16. Proposes that the documentation system for ambulatory care map NIC interventions codes to the HCPCS codes (HCFA Common Procedural Coding System) in order to more accurately identify nursing resources.

Frederick, J., Scherb, C.A., Smith-Foreman, K., Witt, S., Quiram, J., Wagenaar, J., Slama, C., Bottema, K., Muilenburg, J. & Evans, K. (2001). *Speaking a common language*, *American Journal of Nursing*, 101 (3) critical care extra, 2400, 2400Q, 245S, and 24TT. Describes the work at three hospitals in the Mayo system to implement NANDA, NIC, & NOC in a computerized care planning system. The article concludes that charting is now simpler & more consistent & data can now be retrieved & compared.

LaDuke, S. (2000). *NIC puts nursing into words*, *Nursing Management*, 31 (2): 43-44. A user illustrates how NIC promotes consistent thought & action & raises the profession's profile.

LaDuke, S. (2001). *Online nursing documentation: Finding a middle ground*, *Journal of Nursing Administration*, 31 (6), 283-286. Discusses a reengineering of an online patient documentation system in a medical-surgical unit of a 150-bed rural community hospital that increased user satisfaction. Redesigned system used NIC & NOC; article includes recommendations strategies during the system design phase.

Fitzpatrick, M.J., McElroy, M.J., De Woody, S. (2001). *Building a strong nursing organization in a merged, service line structure*, *Journal of Nursing Administration*, 31 (1), 24-32. The authors propose a five -phase methodology to enable the creation of a strong nursing organization in the face of mergers, service lines, & complex reporting structures. NANDA, NIC, & NOC were chosen to serve as the language for standards of care, practice & performance.

Wu, S.H. & Thompson, C.B. (2001). *Evaluation of the Nursing Intervention Classification for use by flight nurses*, *Air Medical Journal*, 20 (1), 33-37. Much of what flight nurses do is captured by NIC; a few additional specialty interventions should be added.



BOOK REVIEWED –

Marion Johnson, Meridean Mass, and Sue Moorhead, Editors. *Nursing Outcomes Classification* (2nd ed.), St. Louis: Mosby Year Book. (Review by Corrine Standell, PhD RN, consultant in rehabilitation and home healthcare nursing, West Allis, WI for *Rehabilitation Nursing*, Nov/Dec 2000.) This book contains 260 outcomes developed, researched, & clinically tested by a team of nurses & edited by nurses from the

Center for Nursing Classification, College of Nursing at The University of Iowa & funded by the National Institute of Nursing Research. Each outcome is measured on a 5-point Likert-type scale & includes a label name, a definition, a set of indicators that describe a specific patient, family, caregiver, or community related to the outcome, & selected references used to develop the outcome. Charts & models are used effectively & enhance the application of the content to a specific clinical situation. NOC outcomes have also been linked to problems in the Omaha System & to the Resident Assessment Protocol (RAPs) used in long-term care. Nursing care plans include examples used with students & implementation examples for clinical settings. This book is recommended as a reference for all clinical agencies & nurses from any clinical area. Mosby, Inc., 800-325-4177, www.mosby.com, \$39.95, 610 pages, ISBN 0-323-00893-3.

HOW TO CONTACT THE CENTER FOR NURSING CLASSIFICATION

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Website: <http://www.nursing.uiowa.edu/cnc>

SUBMISSIONS TO NEWSLETTER WELCOME

We welcome submissions to the newsletter. Please send them via e-mail or on disk to Penelope Conklin (penelope-conklin@uiowa.edu), Center for Nursing Classification, Nursing Building 407, The University of Iowa, Iowa City, IA, 52240-1121. Please indicate who is submitting the contribution, title & credentials, & how to contact someone for further information. Sharing of information assists all of us in the continued use & development of the classifications. All contributions will be reviewed & possibly edited by newsletter staff.

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RECENT GIFT SUPPORT RECOGNITION

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Do you want to help?

All size donations are welcome to help build an endowment for permanent support.

Checks can be made out to Nursing Classifications Fund—Account #30-612-071 & mailed to the University of Iowa Foundation, C/O College of Nursing Development Director, P.O. Box 4550, Iowa City, IA 52244-45

NNN 02: Working Together

NANDA North American Nursing Diagnosis Association
NIC Nursing Interventions Classification
NOC Nursing Outcomes Classification

- WHAT:** **NNN 02: Working Together for Quality Nursing Care**
Held in lieu of NANDA's 15th Biennial Conference on Nursing Diagnosis, the objectives of this conference are to:
- Present state-of-the-art research, education and practice initiatives related to NNN
 - Demonstrate models of NNN working together in practice
 - Provide opportunities for language developers & users to network and exchange ideas
 - Demonstrate the relationship between informatics and classification
 - Provide the opportunity to respond to a proposed common taxonomic structure of unification

WHEN: **April 10–13, 2002** (Wednesday– Saturday)
WHERE: **Chicago** *The Holiday Inn Mart Plaza 350 North Orleans Street, Chicago, IL 60654, 312.836.5000*
Conveniently located at the confluence of the rivers that form the heart of Chicago, the hotel is within walking distance of the Loop, the Magnificent Mile, the Opera House, the Sears tower, the House of Blues and several other attractions. *Mention NNN to receive the group rate of \$149.00 Single/Double.*

WHO: **Nurses, Educators, Informaticists, Language Developers & Medical Software Developers**
Professionals with an interest in nursing, clinical use of medical classification, education, classification development, informatics, networking, research & practice, and linking or integrating nursing language.

HOW: **Advance Registration Information Below**
See the latest that NANDA, NIC & NOC have to offer. Enjoy the attractions that make Chicago one of America's great cities. Come early and stay late. Mix Business with pleasure and take advantage of this opportunity.

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Johnson, Bulechek, McCloskey-Dochterman, Maas & Moorhead

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Available in Windows 95, Windows 98, NT, and 2000 platforms.



Johnson, Maas, and Moorhead

Nursing Outcomes Classification (NOC), 2nd Edition on CD-ROM

This electronic version of the book offers a comprehensive collection of nursing-sensitive patient outcomes for individual patients and family caregivers—**260 in all**—as well as seven family-level and six community-level outcomes. You'll find **standardized terminology and criteria** for measurable or desired outcomes of nursing interventions.

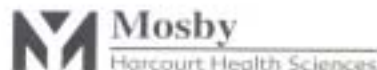


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