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Developing and Submitting Standardized Nomenclature – NANDA and NOC

Presented by:

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and

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Aspirus Wausau Hospital



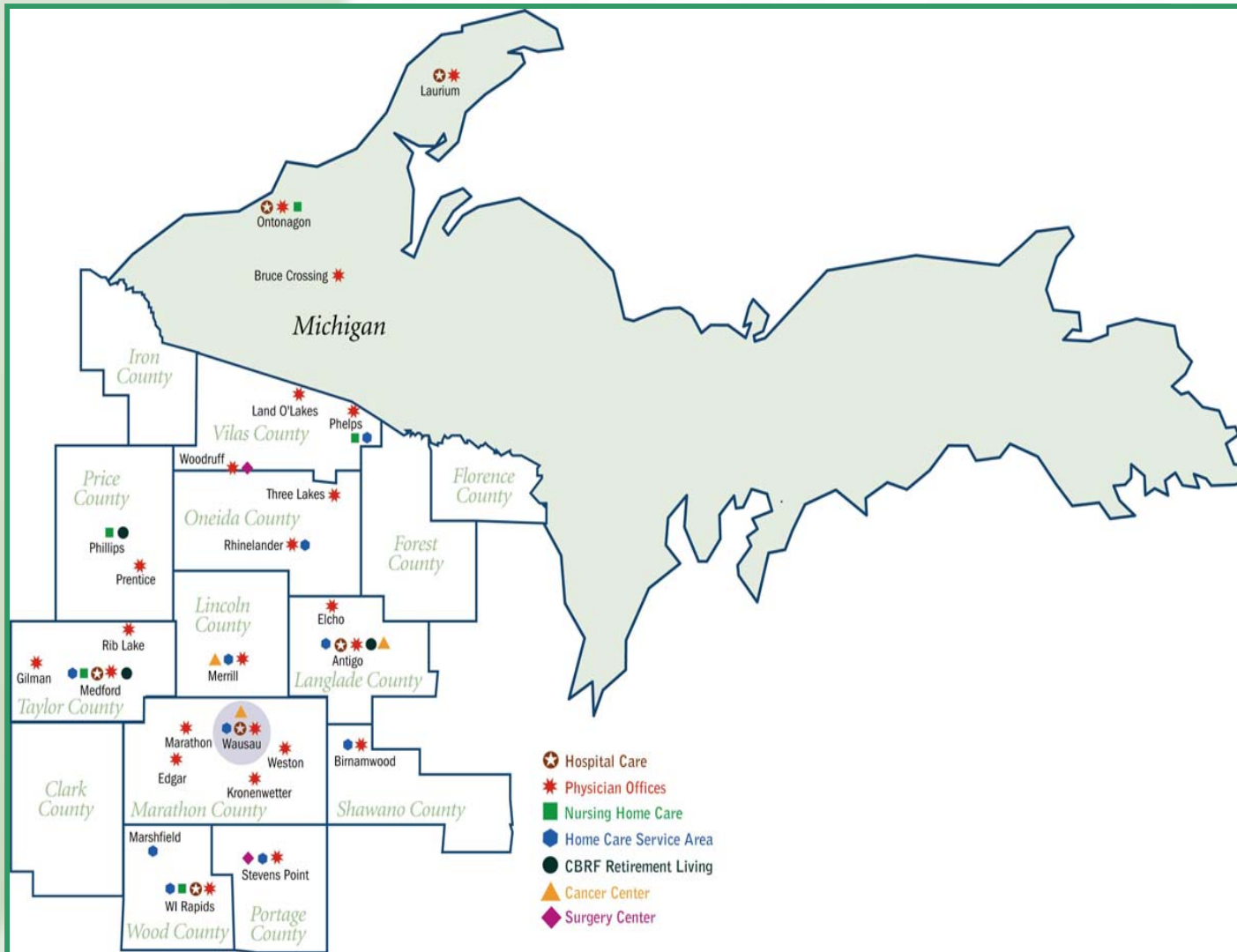
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Aspirus Wausau Hospital



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Regional Area



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Aspirus Wausau Hospital

Who we are Today...

- 321 Licensed Beds
- 2435 Employees
- 645 Physicians, Dentists, Podiatrists, Allied Health Practitioners
- 59 Specialties
- Not for Profit
- Tertiary Care Referral
- Community Based
- Family Practice Residency Program
- Center of Excellence



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Aspirus Wausau Hospital FY 08

• Patient Days	58,669
• Discharges	13,497
• Average Daily Census	160
• Outpatient Registrations	74,802
• Babies Delivered	1,092
• Wausau Heart Institute	
– Open Heart Procedures	625
• Emergency Department Visits	25,145



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Aspirus Wausau Hospital

Services We Provide Today...

- Cardiac
- OB/GYN
- Neuro and Spine
- Cancer Care
- Orthopedics
- General Surgery
- Behavioral Health
- Renal Dialysis
- Emergency Medicine
- Palliative Care and Hospice Services
- Ambulatory Surgery
- NICU



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Recognitions



Aspirus Wausau Hospital
is a *Magnet Hospital*
The nation's highest award
for nursing care



The #1 heart program in
Wisconsin, and Top 5% in
the nation – 2004, 2005,
2006, 2007 and 2008



Top 100 Cardiovascular
Hospitals in the nation –
2001, 2002, 2003,
2006 and 2007



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Objectives

- Discuss Applicability of Current Nomenclature to the Acute Care Setting
- Explain the Process for Developing and Submitting Diagnoses
- Explain the Process for Developing and Submitting Outcomes

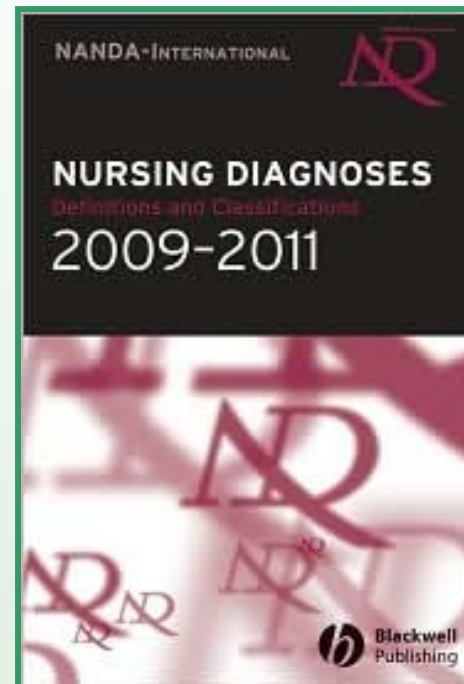
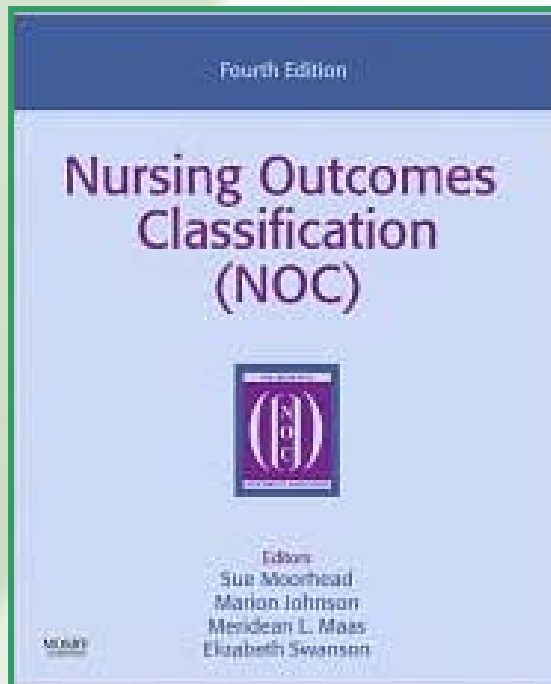


Objectives

- Identify Diagnoses and Outcomes Created and Revised and Articulate Rationale
- Discuss Plans for Using Nanda, NIC, and NOC in use of Nursing Protocols and Patient Education



Standardized Nomenclature (SNL) in Acute Care



SNL in the Acute Care Setting

- Risk for Versus Actual Diagnoses
- Diagnoses accepted
 - Risk for Ineffective Cardiopulmonary Tissue Perfusion
 - Risk for Ineffective Cerebral Tissue Perfusion
 - Risk for Ineffective Gastrointestinal Tissue Perfusion
 - Risk for Ineffective Renal Tissue Perfusion
 - Ineffective Peripheral Tissue Perfusion
 - Risk for Shock
 - Risk for Electrolyte Imbalance
 - Dysfunctional Gastrointestinal Motility
 - Risk for Dysfunctional Gastrointestinal Motility

SNL in the Acute Care Setting

- Outcomes For Acute Care
 - Shock
 - Tissue Perfusion: Cellular
 - Peripheral Neuropathy
 - Neurological Status: Peripheral
 - Safety
 - Safe Healthcare Environment



Evidenced-Based Data

- Literature Search
 - Current
 - References in APA Format
- Reference Sources
 - Evidenced-based Literature
 - Linked to Pertinent Factors or Characteristics
- Not Necessary to Perform Research



Revision versus New Term

- When to Submit a Revision
 - Update a Diagnosis or Outcome
 - Update for Electronic Medical Record
- When to Submit a New Term
 - No Diagnosis, or Outcome Fits your Patient
 - You Find a Need



Development and Submission

- Literature Review
- Review of Requirements
- Development
- Review
- Submission
- Editorial Review
- Re-Submission



Nursing Outcomes Classification (NOC) Requirements

Developing an Outcome

1. Define the outcome as a variable patient/client state, behavior, or perception that is responsive to nursing interventions
2. Label (name): should be concise
3. May use colons to make more specific
4. Labels should describe concepts that can be measured along a continuum
5. Labels should be neutral and not stated as goals.

NOC Requirements

6. Identify indicators (signs and symptoms) specific to the outcome. Indicators must be able to be used to determine the status of the patient/client.
7. The definition should be a brief phrase that defines the concept and encompasses the indicators.
8. References in APA format

Nursing Outcomes Classification 4th Edition 878-879

NOC Revisions

- Feedback on a Outcome
 - Paragraph of rationale, and suggested changes
- Feedback on a Measurement Scale
 - Provide experience with scale and suggestions
- Feedback on Linkages to NANDAs
- Feedback on Core Outcomes by Specialty



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NOC Submission

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	
1	Safe Healthcare Environment (XXXX)																	
2	Domain-Health Knowledge and Behavior (IV)				Care Recipient:			Template for Submitting outcomes										
3	Class-Risk Control & Safety (T)				Data Source													
4	Scale(s)- Not Adequate to Totally Adequate (f)																	
5																		
6	Definition: Physical and Systems Arrangements to minimize factors that might cause physical harm or injury in the healthcare facility environment																	
7																		
8	Outcome Target Rating:		Maintain at:	<input type="text"/>	Increase to:		<input type="text"/>											
9																		
10																		
11	Safe Healthcare Environment										Not Adequate	Somewhat Adequate	Moderately Adequate	Substantially Adequate	Totally Adequate			
12	Overall Rating:										1	2	3	4	5			
13	Indicators																	
14	001	Provision of lighting					1	2	3	4	5							
15	002	Placement of handrails					1	2	3	4	5							
16	003	Use of personal alarm system					1	2	3	4	5							
17	004	Call light within reach					1	2	3	4	5							
18	005	Bed in low position					1	2	3	4	5							
19	006	Provision of assistive devices in accessible locations					1	2	3	4	5							
20	007	Equipment safety alarms on and working					1	2	3	4	5							
21	008	Provision of equipment that meets safety standards					1	2	3	4	5							
22	009	Arrangement of furniture to reduce risks					1	2	3	4	5							
23	010	Room temperature regulation					1	2	3	4	5							
24	011	Elimination of harmful noise levels					1	2	3	4	5							
25	012	Provision of safe play area					1	2	3	4	5							
26	013	Provision of age-appropriate toys					1	2	3	4	5							

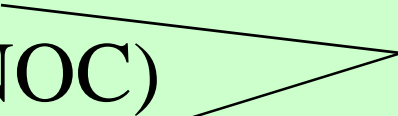


Nursing Diagnosis (NANDA) Requirements

- Label (Name)
 - Reflects the Definition and Defining Characteristics
- Definition: Supported by References
- Defining Characteristics
 - Use for Actual, Health-Promotion, and Wellness Diagnoses



NANDA Requirements

- Risk Factors: Risk for Diagnoses Only
- Related Factors: Actual Diagnoses Only
- Nursing Interventions (Nursing Intervention Classification: NIC)
- Nursing Outcomes (NOC)  Need Only 3
- List Each Risk Factor, Related Factor, NIC, and NOC individually!!!!!!!



NANDA Requirements

- Bibliography
 - APA Format
 - Numbered References
 - Write the Number of Each Reference Next to the Definition, Each Defining Characteristic, Risk Factor, and Related Factor!



NANDA Submission



North American Nursing Diagnosis Association
DRC Submission/Revision Packet

NANDA Diagnosis Submission: DIAGNOSIS SUBMISSION FORMAT

DIAGNOSIS LABEL:
SUBMISSION IS INTENDED TO: Replace current NANDA label noted above Be used in addition to NANDA label noted

NOTE: If more than one NANDA diagnosis is related, please include all of the diagnoses in the same table (i.e., add additional columns as necessary).

DEFINITION (New Submissions in Bold Type)

NEW / REVISED DIAGNOSIS	Current related NANDA Diagnosis

DEFINING CHARACTERISTICS

NEW / REVISED DIAGNOSIS	Current related NANDA Diagnosis

RISK FACTORS

NEW / REVISED DIAGNOSIS	Current related NANDA Diagnosis

RELATED FACTORS

EXAMPLES OF NURSING INTERVENTIONS

REFERENCE LIST (APA Format)

North American Nursing Diagnosis Association (NANDA)
100 N. 24th Street • 4th Floor • Philadelphia, PA 19103
800.647.9002 toll free • 215.545.8105 phone • 215.545.8107 fax
www.nanda.org • nanda@nanda-inc.com



NANDA Review Process

Full Review Process

1. Initial review by diagnosis committee member, make changes, re-submit
2. Committee review with recommendations
3. After changes, review with recommendations and voting by NANDA-I members with feedback

Expedited Review Process

1. Initial review by diagnosis committee member, make changes, re-submit
2. Committee review with recommendations
3. After changes, review with recommendations to the NANDA-I Board of Directors for approval

[www.nanda.org/DiagnosisDevelopment/
DiagnosisSubmission/SubmissionReview.aspx](http://www.nanda.org/DiagnosisDevelopment/DiagnosisSubmission/SubmissionReview.aspx)



NANDA Review Process

Full Review Process

4. Make changes
5. Diagnosis goes to NANDA-I Board of Directors for approval
6. Post on website as approved
7. Assimilate into NANDA-I Taxonomy II and NNN Taxonomy of Nursing Practice
8. Publication

Expedited Review Process

4. Post on website as approved
5. Assimilate into NANDA-I Taxonomy II and NNN Taxonomy of Nursing Practice
6. Publication

[www.nanda.org/DiagnosisDevelopment/
DiagnosisSubmission/SubmissionReview.aspx](http://www.nanda.org/DiagnosisDevelopment/DiagnosisSubmission/SubmissionReview.aspx)



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References in APA Format

Ackley, B. J., Ladwig, G. B. (2006). *Nursing diagnosis handbook: A guide to planning care* (7th ed.). St Louis: Mosby.

Epic Systems Corporation (2002). (Epic 2002 MU4) [Computer software]. Verona, WI: Epic Systems Corporation

McCloskey Dochterman, J., & Bulechek, G. M. (Eds.). (2008). *Nursing interventions classification* (5th ed.). St. Louis: Mosby.



Application to Clinical Practice

Display: Description Detail Interventions Outcomes Notes

RESPIRATORY STATUS: GAS EXCHANGE

NOC Rating 3

Definition: Alveolar exchange of carbon dioxide and oxygen to maintain arterial blood gas concentrations.

Date/Time Initiated: [9/8/2008, 1:38 PM, Jennifer Hafner]

Rating scale: --- 1 = Severely compromised --- 2 = Substantially compromised --- 3 = Moderately compromised --- 4 = Mildly compromised --- 5 = Not compromised

Indicators: * Oxygen saturation, * Cognitive status, * Ease of breathing

NOC Rating Scale at Initiation: 3

Target NOC Rating: 4

 Document  Edit Goal

Outcomes

<u>Date/Time</u>	<u>User</u>	<u>Outcome</u>	<u>Date Met</u>
09/29 1652	Jennifer Hafner, RN	NOC Rating 3	

Goal Progress Notes

Documented on 09/29/08 1652 by Jennifer Hafner, RN

Goal: RESPIRATORY STATUS: GAS EXCHANGE

Outcome: NOC Rating 3

D: Patient admitted with diabetic ketoacidosis and has a history of chronic obstructive pulmonary disease. Patient is currently on 2 liters of oxygen via nasal cannula, denies shortness of breath, and is alert and orientated. A: Continue with plan of care.



Application to Clinical Practice

- Link NANDA, NIC and NOC to Hospital Policies and Protocols
- Clinical Decision Support
 - Suggest Diagnoses for Care Plan Based on Assessment Findings
 - Critical Thinking



Questions?



Bibliography

Epic Systems Corporation (2007). (Epic Spring 2007 IU3) [Computer software]. Verona, WI: Epic Systems Corporation.

Moorhead, S. , Johnson, M., & Maas, M. (Eds.). (2008). *Nursing outcomes classification* (4th ed.). St. Louis: Mosby.

North American Nursing Diagnosis International. (2007). *Nursing diagnoses: Definitions & classification 2007-2008*. Philadelphia: NANDA International.

Bibliography

North American Nursing Diagnosis Association. (n.d.). *NANDA-I diagnosis submission form for new and revised nursing diagnoses*. Retrieved October 6, 2008 from http://www.nanda.org/Portals/0/word_docs/diagnosis_submission_form.doc

North American Nursing Diagnosis Association. (n.d.). *Protocol for submission or revision of diagnoses*. Retrieved September 25, 2008 from <http://www.nanda.org/DiagnosisDevelopment/DiagnosisSubmission/SubmissionReview.aspx>

North American Nursing Diagnosis Association. (n.d.). *Submission guidelines: New and revised nursing diagnoses*. Retrieved September 25, 2008 from <http://www.nanda.org/DiagnosisDevelopment/DiagnosisSubmission/PreparingYourSubmission.aspx>