

**Session 2.15**  
**NNN Track**

**Abstract Title:**

The Implementation of a Systematic Nursing Assessment Instrument and the Nursing Classifications (NANDA, NOC, NIC) in the Practice

**Presenter:**

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**Intended Audiences:**

Educators, Clinicians

**Areas of Focus:**

Critical Thinking, Use in Practice, Use in Education, Linking or Integrating Nursing Language

**Research Format:**

For Non-Research Reports

**TOPIC:** Due to the need of transparency in the daily work of nurses, the nursing process has to be accurately and comprehensively documented with a systematic and structured approach. This is important so that nurses' work can substantially enlarge the scientific body of nursing, and nurses' daily work with patients can be improved. Further, the administration and the financier of the health care systems require accountability of nurses' work. The use of nursing classifications is a means to achieve such requirements (Keenan & Aquilino, 1998).

**BACKGROUND:** In a psychiatric clinic a project "Recording of the Nursing Process" is in progress. The aim of this project is to implement a systematic nursing assessment instrument and the nursing classifications (NANDA, NOC, NIC), supported by an electronic documentation system.

**DESCRIPTION:** The project comprises four main-steps: a) Nurses' daily work is defined on each ward; b) A systematic assessment instrument is established and the nursing process including a problem-solving-process is consistently performed and documented; c) Nursing sensitive patient problems, outcomes and interventions are labeled according to classifications (NANDA, NOC, NIC); d) An electronically supported documentation-system is implemented to assist nurses in performing nursing assessments and using classifications. The first step of the project has been completed. Nurses of each ward have defined their common view about patient population, nursing main focus, general main nursing goals and nursing interventions. To reach the second step, we developed and pilot tested in the daily practice a nursing assessment instrument. It's a basic assessment instrument that supports practitioners in collecting and structuring patient information related to nursing. It guides the decision-making process and the determination of the nursing problems/diagnoses. The assessment instrument encompasses the eleven Functional Health Patterns, according to Gordon (2007) and guides the nurses through the diagnostic process (Gordon & Bartholomeyczik). The instrument provides a systematic approach to identify and describe problematic health patterns. The nursing problems/diagnoses (NANDA) are determined with a prescribed clustering. Working with the assessment instrument provides a circular process.

**CONCLUSIONS:** When used in interviews with patients, their significant others and with colleagues, as well as obtaining observations of patient situations/behaviors and the consultation of other information sources, the assessment allows a comprehensive Functional Health Pattern assessment. Its use became a duty for primary nurses and has changed their practice. On the one hand nurses are required to make decisions more often and the basis of decisions is become more transparent and more theory based. On the other hand nurses' got an instrument that makes the amount of patient and nursing information visible and enables improved control of the nursing process. The assessment instrument has been systematically implemented in the daily work of each nurse through a nursing scientist. Currently, we are gaining experience in the use of the assessment instrument. Regularly, we evaluate the progress of the project. In a year there will be results about the implementation of this assessment instrument and the labeling of problems, outcomes and interventions within the nursing process.

**Citations:**

Gordon, M.(2007). Manual of Nursing Diagnosis (11nd.ed.). Sudbury: Jones and Barlett.

Gordon, M. & Bartholomeyczik, S. Pflegediagnosen Theoretische Grundlagen, München: Urban & Fischer

Keenan, G. & Aquilino, M.L. (1998). Standardized Nomenclatures: Key to Continuity of Care, Nursing Accountability and Nursing Effectiveness. Outcomes Management for Nursing Practice, 2(2), 81-86