

MEDIA CONTACTS

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ORGANIZATION PROFILE

NANDA International (NANDA-I), formed in 1982, provides the world's leading evidence-based nursing diagnoses for use in clinical practice and integration with Electronic Health Record (EHR) systems. Our standardized nursing language is translated into 15 languages and used in 32 countries. Our membership includes internationally-accomplished nursing professionals from over 20 countries, with expertise in clinical practice, education, administration, informatics and research.

PURPOSE

Implementation of nursing diagnosis enhances every aspect of nursing practice, from garnering professional respect to assuring consistent documentation representing nurses' professional clinical judgment, and accurate documentation to enable reimbursement. NANDA International exists to develop, refine and promote terminology that accurately reflects nurses' clinical judgments. This unique, evidence-based perspective includes social, psychological and spiritual dimensions that ultimately contribute to improved patient safety and outcomes through the provision of holistic, quality nursing care.

VISION

NANDA International will be a global force for the development and use of nursing's standardized terminology to ensure patient safety through evidence-based care, thereby improving the health care of all people.

MISSION

To facilitate the development, refinement, dissemination and use of standardized nursing diagnostic terminology:

- We provide the world's leading evidence-based nursing diagnoses for use in practice and to determine interventions and outcomes;
- We contribute to patient safety through the integration of evidence-based terminology into clinical practice and clinical decision-making;
- We fund research through the NANDA Foundation.
- We are a supportive and energetic global network of nurses, committed to improving the quality of nursing care and improvement of patient safety through evidence-based practice.

POTENTIAL MEDIA TOPICS

Our members are extensively published and internationally recognized as leaders in the field of professional nursing, including education, administration, informatics, research and clinical practice. We're happy to provide quotes and articles based on this exceptional foundation of professional practice and scholarly work. A sample list of topics follows:

STANDARDIZED NURSING LANGUAGE: IMPROVING PATIENT CARE AND SAFETY

- Nursing Process: Patient Assessment, Care Planning and Treatment
- Nursing Assessment and Nursing Diagnosis and Link to Patient Safety
- Nursing Interventions (NIC) and Outcomes (NOC)
- Interdisciplinary Communication
- Electronic Health Record (EHR)

NURSING DIAGNOSIS

- Concept Analysis: Defining The Practice Of Nursing
- Diagnostic Language of Nursing Practice
- Development and Refinement of Nursing Diagnoses
- Nursing Diagnosis in Health Care Organizations
- Tips for Teaching Nursing Diagnosis
- Use of the NANDA International Taxonomy

NURSING AND TECHNOLOGY

- EHR and Nursing: International Agenda
- EHR and Standardized Nursing Language
- Issues in Choosing a Standardized Nursing Language for the Electronic Health Record (EHR)
- Nursing Informatics
- The TIGER Initiative (Technology Informatics Guiding Education Reform)
- The Synergy of NANDA-I, NIC, NOC

NURSING AND PATIENT CARE

- Nursing Assessment and Diagnosis
- Nursing Interventions (NIC) and Outcomes (NOC)
- Critical Thinking and Analysis
- Evidence-Based Nursing Practice

NURSING RESEARCH / EVIDENCE-BASED

NURSING PRACTICE

- Identifying Key Diagnoses In Clinical Practice Areas
- Diagnostic Accuracy
- Concept Analysis To Develop And Refine Diagnoses
- Validation Of Nursing Diagnoses
- Application Of Nursing Diagnoses Within Specialty Practice



PRODUCTS & SERVICES

BOOKS AND RESOURCES

- ***NANDA-I Nursing Diagnoses: Definitions and Classification*** is the definitive guide to nursing diagnoses worldwide. Published every three years, the current edition includes 206 nursing diagnoses, each of which has undergone a rigorous assessment process by NANDA-I with stringent criteria to indicate the strength of the underlying level of evidence. Each diagnosis comprises a label or name for the diagnosis and a definition. Actual diagnoses include defining characteristics and related factors. Risk diagnoses include risk factors. Many diagnoses are further modified by terms such as effective, ineffective, impaired, imbalanced, readiness for, disturbed, decreased etc.
- **The NANDA-I Nursing Diagnosis Reference Card** summarizes our 206 nursing diagnoses and includes an outline of the nursing process (assessment, diagnosis, interventions and outcomes). This reference is widely used by nursing faculty and students, as well as clinicians in practice settings.
- ***Critical Thinking to Achieve Positive Health Outcomes: Nursing Case Studies and Analyses*** uses the latest research findings to apply critical thinking processes for the development of diagnostic reasoning skills. Critical thinking is also demonstrated through the selection of patient outcomes and nursing interventions to achieve these outcomes. Approximately 60 actual case studies provided by an international list of contributors and their ultimate resolution to diagnosis intervention and outcome illustrate the critical thinking process and provide a valuable learning tool. Cases are organized into four sections; problem diagnoses, risk diagnoses, health promotion diagnoses, and strength diagnoses.

PROFESSIONAL JOURNAL

The International Journal of Nursing Terminologies and Classifications communicates efforts to develop, test, and implement standardized nursing labels in many different languages and cultures across the globe. This is the nursing journal that documents the science behind the labels. The journal keeps nurses around the world current on activities to include these terminologies in international databases that monitor and store health-related information.

PRODUCTS & SERVICES

TAXONOMY LICENSING

The NANDA-I taxonomy is ISO compatible, HL7 registered, SNOMED – CT available, UMLS included and ANA recognized. Licensees include book publishers and health information technology system developers worldwide, using translations in 15 languages. Our terminology is often integrated with other standardized nursing languages, such as NIC (Nursing Interventions) and NOC (Nursing Outcomes) to provide nurses with an automated solution for the complete nursing process (assessment, diagnosis, interventions and outcomes).

INTERNATIONAL CONFERENCES

The NANDA-I biennial conference is a 4-day event, offering worldwide attendees a wide range of workshops, keynotes, oral and poster presentations, symposia and panel discussions. The 2010 Conference will be held in Madrid, Spain on May 12-14. We are honored to co-sponsor this event with Asociación Española de Nomenclatura, Taxonomía y Diagnósticos de Enfermería (AENTDE). In 2011 we'll begin a new Latin American series of biennial symposia, with the first event planned for Brazil.

ADVOCACY FOR INTERNATIONAL NURSING AND PATIENT SAFETY

We seek and forge productive alliances with colleagues in order to advance international professional nursing standards and improve patient care and safety:

- The mission of the **Center for Nursing Classification and Clinical Effectiveness** is to create a collaborative relationship between the NANDA International (NANDA) and to advance the development, testing, and refinement of nursing languages: Nursing Diagnoses (NANDA), Nursing Interventions Classification (NIC), and Nursing Outcomes Classification (NOC) to expand the development of nursing knowledge and clinical practice.
- NANDA International is one of over twenty member organizations of the **Alliance for Nursing Informatics (ANI)**. This collaboration of organizations represents the unified voice for nursing informatics. The Alliance offers a structure to discuss methods to advance nursing informatics professionals in improving the delivery of patient care. NANDA-I is a full member of ANI because we have a body of knowledge and skills in a defined area relevant to nursing informatics supported by our documentation within journal publications, nursing diagnoses and research to support patient care.

PRODUCTS & SERVICES

ADVOCACY FOR INTERNATIONAL NURSING AND PATIENT SAFETY (CONTINUED)

- The **TIGER (Technology Informatics Guiding Educational Reform) Initiative** is a collective volunteer effort among nursing professionals across the country to prepare the healthcare professional for the mandate that all United States citizens will have an electronic health record by the year 2014. The goal is to generate action plans to support training and education of over 2 million nurses represented across multiple organizations: the Alliance for Nursing Informatics, American Nurses Association, American Organization of Nurse Executives and the American Association of Colleges of Nursing.
- Our **Membership Network Groups** foster international collaboration among NANDA-I members in both developed and developing countries. Network groups work on development and revision of nursing diagnoses; host regional conferences, and offer support among colleagues relative to nursing diagnosis use, teaching methods, translation issues, etc. NANDA-I members travel worldwide to attend group meetings and conferences, to teach and assist with the study and application of nursing diagnosis. Network Group coordinators have a direct voice in the future of NANDA International policy and direction, through membership on the NANDA-I Membership and External Relations Committee.

LEADERSHIP

PRESIDENT



Professor Dickon Weir-Hughes, United Kingdom, was elected in 2008 and serves a term through 2012. He is Chief Executive and Registrar of the Nursing & Midwifery Council (NMC) and serves as Non-Executive Director of the National Patient Safety Agency, a trustee of the Foundation of Nursing Studies (FoNS) and a member of the National Institute for Health Research (NIHR) selection panel for research capacity building.

Prior to his NMC appointment, Professor Weir-Hughes is proud to have held a challenging turnaround appointment as Executive Director of Nursing/Professor of Nursing, Barking, Havering & Redbridge University Hospitals NHS Trust/London South Bank University. The trust is one of the largest in the UK with 1500 beds, two accident and emergency departments and almost 10,000 deliveries a year. From 1998 to 2007, Professor Weir-Hughes was Chief Nurse/Deputy Chief Executive at the world's leading cancer hospital, The Royal Marsden Hospital (London and Surrey), where he founded the Royal Marsden School of Nursing and Rehabilitation, was responsible for clinical governance, patient safety and ICT, led the UK National Cancer Leadership Programme and led on leadership development for nurses and midwives in the 97 trusts in London as the 'leading light' for the London SHA.

Professor Weir-Hughes was Deputy Director of Nursing at Chelsea & Westminster Hospital, London from 1994 to 1998. Prior to this he had a varied clinical career at St. Bartholomew's Hospital, London and St. George's/Atkinson Morley's Hospital, London, mainly in neurosciences, critical care and accident and emergency. He was also a flight nurse for Europ Assistance and was one of the six nurses who went to Baghdad, to repatriate sick and injured hostages at the start of the first Gulf War.



LEADERSHIP

PRESIDENT ELECT



Dr. Jane Brokel, United States, was elected in 2008 to serve in the role of President beginning in 2012 through 2016. She is an Assistant Professor in the College of Nursing at the University of Iowa teaching

informatics courses and conducting informatics research. Dr. Brokel studies clinical decision support interventions impacting care delivery, and serves as the nursing representative and informatician member for the State of Iowa Executive Committee and Advisory Council for the Health Information Exchange and Health Information Technology strategic and foundational planning.

Prior to her faculty position, Dr. Brokel was responsible for clinical transformation in Trinity Health's 17 organizations from 2002- 2006 when implementing electronic health records. Trinity Health (Novi, Michigan) is the third largest Catholic health system in the United States with hospitals, clinics, and other facilities in seven states. She directed the development of evidence-based order sets for computerized provider order entry and clinical decision support expert rules for notification messages, alerts, reminders and care orders. Dr. Brokel worked with multiple interdisciplinary teams of health professionals to redesign patient-centered workflows to guide care delivery using HIT.

Dr. Brokel was a co-principal investigator for an Agency for Healthcare Research and Quality grant to study implementation of health information technology using a "big bang" approach from 2004-2007. In the ten years prior to 2002, she was in director for Mercy Medical Center—North Iowa, a rural referral hospital, critical access hospitals, and clinics across 14 counties. She disseminated evidence-based practices and measured clinical outcomes for quality improvement and managing risks. Dr. Brokel was certified in critical care nursing and practiced primarily in critical care units from 1976-1992 and served as a manager, house supervisor, member of an Ethics Committee and a critical care educator. She acknowledges teaching new staff on how to use nursing diagnoses in critical care nursing in the 1980's. Her volunteer activities included 15 years as an emergency medical technician in a community and elected Board of Director for a community school district for 9 years. She received her doctoral degree in 2003 from the University of Iowa in nursing administration with a focus on Informatics.

LEADERSHIP

EXECUTIVE DIRECTOR



Dr. T. Heather Herdman, United States, was named NANDA-I Executive Director in 2008; she was the NANDA-I President from 2006 - 2008. Under her tenure, international networks were established in Brasil and

Peru, and an intense effort on working with Latin American countries began. This effort has now extended into Africa, and to language groups, such as the German-language Network. Prior to her presidency, she served as Co-Chair of the Diagnosis Development Committee for 8 years.

Dr. Herdman has over 20 years experience in nursing and healthcare. She is Chief Strategic Officer for Hoana Medical, Inc., a medical technology company focused on providing professional nurses with technology-based solutions to avoid failure to rescue and other patient safety concerns, such as patient falls. Prior to her Hoana Medical, Inc. appointment, she served as Executive Vice President of Matousek and Associates, Inc – a market research firm - where she was principal of the medFOCUS Research division of the organization. Her background is in quality outcome measurement in health care, in hospital and clinic settings. She has been a nursing faculty member at various organizations in the graduate and undergraduate programs. Dr. Herdman received her B.S.N. in nursing from the University of South Carolina (Columbia), her M.S. in perinatal nursing and Ph.D. in nursing science from Boston College in Chestnut Hill, MA.

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FREQUENTLY-ASKED QUESTIONS

WHAT IS A NURSING DIAGNOSIS?

A nursing diagnosis is a clinical judgment about individual, family, or community experiences and responses to actual or potential health problems and life processes.

WHY USE NURSING DIAGNOSIS?

A nursing diagnosis is used to determine the appropriate plan of care for the patient. The nursing diagnosis drives interventions and patient outcomes, enabling the nurse to develop the patient care plan. Nursing diagnoses also provide a standard nomenclature for use in the Electronic Health Record, enabling clear communication among care team members and the collection of data for continuous improvement in patient care.

WHAT IS THE DIFFERENCE BETWEEN A MEDICAL DIAGNOSIS AND A NURSING DIAGNOSIS?

A medical diagnosis deals with disease or medical condition. A nursing diagnosis deals with human response to actual or potential health problems and life processes. For example, a medical diagnosis of Cerebrovascular Attack (CVA or Stroke) provides information about the patient's pathology. The complimentary nursing diagnoses of impaired verbal communication, risk for falls, interrupted family processes and powerlessness provide a more holistic understanding of the impact of that stroke on this particular patient and his family – they also direct nursing interventions to obtain patient-specific outcomes.

FREQUENTLY-ASKED QUESTIONS

WHAT IS STANDARDIZED NURSING LANGUAGE?

A commonly-understood set of terms used to describe the clinical judgments involved in assessments (nursing diagnoses), along with the interventions, and outcomes related to the documentation of nursing care.

WHAT IS TAXONOMY?

Taxonomy is the practice and science of categorization and classification. The NANDA-I taxonomy currently includes 206 nursing diagnoses that are grouped (classified) within 13 domains (categories) of nursing practice: Health Promotion; Nutrition; Elimination and Exchange; Activity/Rest; Perception/Cognition; Self-Perception; Role Relationships; Sexuality; Coping/Stress Tolerance; Life Principles; Safety/Protection; Comfort; Growth/Development.

WHAT IS EVIDENCE-BASED NURSING PRACTICE?

Evidence based practice allows nurses to enrich their clinical training and experience through the utilization of up to date research. With the large amount of research and information that exists in the health care arena, learning the skills of evidence based practice allows nurses to search for, assess, and apply the literature to their clinical situations.*

WHAT IS THE CONNECTION BETWEEN STANDARDIZED NURSING LANGUAGE AND PATIENT SAFETY?

Patient safety requires that clinicians quickly grasp the priority needs of a patient. Use of language that requires a written narrative is no longer effective in today's high acuity environment. Just as the medical discipline uses standardized language to identify patient disease states – so that all caregivers of all professions understand what is meant by a "Myocardial Infarction" (heart attack) – it is also critical that when nurses use terminology such as "activity intolerance," all health care providers clearly understand what is meant and the appropriate plan of care. Lack of common definitions and defining characteristics (signs and symptoms) for nursing diagnosis language, leads to miscommunication and potentially, to mistreatment of patients. Standardized language ensures consistent communication and clarity - and therefore a better direction for patient care.

* Kessenich CR, "Teaching nursing students evidence-based nursing." Nurse Educator, Nov/Dec 1997, 22(6): 25-29.

FREQUENTLY-ASKED QUESTIONS

HOW MANY STANDARDIZED NURSING LANGUAGES ARE THERE?

The American Nurses Association recognizes [12 languages for nursing](#).

WHAT ARE THE DIFFERENCES AMONG STANDARDIZED NURSING LANGUAGES?

There are many languages that claim to be standardized; some are simply a list of terms, others provide definitions of those terms. NANDA-I maintains that a standardized language that represents any profession should provide, at a minimum, an evidence-based definition, list of defining characteristics (signs/symptoms) and related factors (etiologic factors); risk diagnoses should include an evidence-based definition, and a list of risk factors. Without these, anyone can define any term in his/her own way which obviously violates the purpose of standardization.

Send Logo Use Requests to: staff@nanda.org

Logo / Identity Use Requirements

In order to maintain the consistent use of NANDA International's branding and visual identity, the following is requested when using our logo:

- Request logo image files from NANDA-I to ensure optimum quality. Logo images **should not** be saved or clipped from the NANDA-I website or any other NANDA-I materials.
- Use of the NANDA-I logo on any individual's or organization's materials must have prior approval by the NANDA-I Executive Director.
- Logo files available include Burgundy, Gray, or Black. File formats include JPG, WMF or EPS.
- A color logo/tagline combination file is available in JPG format (see header of this document).
- NANDA-I must be hyphenated and NANDA International must not be hyphenated.
- The name North American Nursing Diagnosis Association has been discontinued and should not be used.
- The NANDA-I tagline must be stated as *Defining the Knowledge of Nursing* and formatted in Rockwell font.
- Approved fonts are Rockwell for headers and Arial for body copy.
- Approved colors are as follows:
 - Burgundy PMS 409/ HEX #a40046 / RGB 164 0 70 / CMYK C=10 M=97 Y=37 K=43
 - Gray PMS 208 / HEX # 555544 / RGB 85 85 68 / CMYK C=11 M=19 Y=18 K=35
 - Black
- **Please do not:**
 - Change the relative size or spatial relationship of any of the logo elements.
 - Separate the elements of the logo; the logo must always be used in its entirety, including both the graphic element and the association name.
 - Change the color of the logo elements or add any graphic design changes, such as drop shadows or screens.