

PRESIDENTAL REPORT

The beginning of 2005 has been a productive period for NANDA International. You and your colleagues on the Board have been active in strengthening our language and processes, our international connections, and planning for the future of NANDA International.

Language and Processes

In February a planned, structured meeting among the Diagnostic Review, Informatics, and Taxonomy committees took place prior to our Board meeting in Philadelphia. It was the first such meeting to address issues unique to these committees and to address issues common among the committees. A total of fourteen individuals participated. The Informatics Committee was created under the Leadership of Mary Ann Lavin and approved by the Board. The members of this committee drafted their purpose and function statements in February under the leadership of their chair, Judy Warren. These statements have been submitted to the chair of the By-Laws committee, Micheal Morgan. Membership vote on the Informatics Committee will be sought on our web site.

The stated purposes of the Informatics Committee are to a) monitor and inform the membership of healthcare terminology scientific and political initiatives; and b) to integrate Informatics knowledge and principles with the work of the Diagnosis Review Committee and the Taxonomy Committees. The functions of the committee are to a) maintain the NANDA electronic nursing diagnosis database; b) monitor and report healthcare informatics standards related to terminology, professional organization activity as it pertains to terminology, terminology development activity related to NANDA International; and c) work with DRC and Taxonomy Committees as issues arise.

The process of three committees working simultaneously was remarkable. The products were impressive. I will summarize them briefly. First, the three committees agree to begin the process of coding defining characteristics and related factors to facilitate their use. This work is moving forward, and I want to thank Leann Scroggins for her leadership. Second, I asked the DRC committee to prepare a “white paper” on physiological nursing diagnoses to clarify the issues and assist our membership to decide on an approach that we can use to move forward. Third, the Taxonomy Committee proposed modifications in Taxonomy II that will come to the Board for vote in August. The final “product” was agreement that we discuss issues such as coding and long range planning with colleagues in the NNN Alliance.

International Connections

Association for Common European Nursing Diagnoses, Interventions, and Outcomes (ACENDIO) 2005

ACENDIO 2005 was a strong conference. It was held in Bled, Slovenia. It was managed efficiently by Oud Consultancy & Conference Management, and The President of ACENDIO, Margareta Ehnfors, was a gracious hostess.

NANDA International was represented through content and networking. The NANDA International representations at ACENDIO for 2005 were impressive in number and quality. I will highlight some of our presentations, hoping that I have not overlooked anyone. They are: a) Alain Junger from Switzerland and a member of our Informatics Committee gave a presentation on the “Linking” of terms from NANDA- I and those of ICNP; b) Dickon Weir-Hughes from the UK and your Board of Directors spoke on “Leadership: The key to the successful development and implementation of nursing diagnosis, interventions, and outcomes;” d) Harald Stefan from Austria spoke on the implementation of NANDA terminology; e) Maria Muller from Switzerland compared the ICNP, ICF, NANDA, and ZEPF terminologies on their ability to meet the criteria of a nursing diagnoses classification; f) June Clark from the UK and your Board gave a presentation with Marjorie Talbot on the topic of issues for nursing sensitive terms in national health e-records and g) Janet Weber, Ann Sprengel, and Jane Kelley presented a poster on "Organization Nursing Diagnosis and A Proposed Administrative Domain.”

In addition, Heather and I gave presentations. Heather Herdmann and I gave “workshops” on the development and refinement of nursing diagnoses, encouraging submissions from all countries. Heather Herdmann also gave a presentation on the important topic, “If we can’t find it in the electronic health record, does nursing still exist.” Both of us are hopeful that diagnoses submissions will come from Europe soon.

For the first time the Board requested and was given space for a NANDA International table at ACENDIO. In addition to myself, Dickon, Heather, Janet Weber, Jane Kelley, and Ann Sprengel and Marjorie Gordon worked at the Table to recruit new members and answer questions. The new recruitment brochures that have been translated into non-English languages were very well received. All of our books were sold before the conference started, all sample Journals were picked up, and we did recruit 20 new members.

During my discussions with ACENDIO and AFEDI leaders we agreed to approach both of our Boards about developing an affiliate relationship. Anne Berthou, Member of the board of ACENDIO Board, sent me a proposal which will be discussed at our August, 2005 Board meeting. The Board will respond in a message that she will take to her Board in September, 2005.

Japanese Society of Nursing Diagnosis (JSND) 2005

It was my honor to represent NANDA International at the 2005 meeting of the Japanese Society of Nursing Diagnosis July 2 and 3, 2005. Dr. Takako Egawa, the President, and all of the members of the planning committee were welcoming and very gracious. Like ACENDIO, content and presentations at JSND meeting were strong. The presentations at their meeting included NANDA International, the Nursing Interventions Classifications, and the Nursing Outcomes Classification (presented by Dr. Sue Moorhead) as well as

other important topics, including: a) introducing NANDA diagnosis; b) wellness nursing diagnosis and maternal nursing; b) development of a nursing outcome for prevention of foot lesions for diabetic patients; c) application of NANDA, NIC, and NOC through a case study; d) the electronic health record in Japan; d) the specialty of nursing in dialysis nursing—Confirmation and practical use of nursing diagnosis, and e) opening of medical and nursing records to the patients.

During my discussions with Dr. Egawa, we agreed to approach both of our Boards about developing an affiliate relationship. I have sent Dr. Egawa a draft that she will take to her Board in September, 2005. It was helpful for me to be in Japan to observe their strengths and to hear their issues and problems. For example, I learned from Dr. Egawa that our NNN programming conflicts with the beginning of their Academic year in April. I also learned from Dr. Takao Nakaki (who translates our book) that our book is published too late to be translated for the new Academic year. That is, we need to get our book to them by December of each publication year.

Importantly, I met two nurses who have preliminary work for the development of nursing diagnoses. I spent time with them and tried to help them submit their diagnoses. Their names have been given to Leann Scroggins and Diagnosis Review Committee.

Potential NANDA International Affiliate Relationships

Now that NANDA is now NANDA International we need to move forward in creating a structural linkage among all nurses in the world who are committed to the development, refinement, and use of nursing diagnoses. It is timely that leaders of AFEDI, AENTDE, JSND and ACENDIO approached me and Board members with suggestions to begin the process of developing an affiliate relationship. We need to consider other diagnoses groups in the world, such as Brazil.

ICNP agreement

We are moving forward with our agreement with ICNP regarding mapping NANDA International, although the pace is much slower than any of us predicted or would wish. I believe we need to use three basic criteria following to guide our deliberations. These criteria are quality, attribution of NANDA International terms, and fairness in our fiscal negotiations. In February the Board directed the Informatics Committee to develop mapping standards and guidelines to insure quality. The director of ICNP, Dr. Amy Coenen, will meet with your Board at our August meeting to discuss these three criteria. I am hopeful that we can move forward substantively this fall.

NNN Alliance:

Members of your Executive Board met with leadership from the Center for Nursing Classification and Effectiveness on May 20, 2005 in Iowa City, Iowa. I will summarize the major topics of discussion. If you wish a copy of the minutes, please contact me.

An update on Work on Taxonomy of Nursing Practice was given by Sue Moorhead. She reported that the National Library of Medicine has cut small grant funds, which funded our first meeting. Another option for refining the taxonomy needs to be used while we look for other sources for funding. Students and volunteer board members will analyze the data from the fishbowl exercise at the last conference during the summer. Findings will be circulated via e-mail to board members and original taxonomy group. Work of the group will be reported in Philadelphia at the next NNN conference.

NNN Conference Planning for March 15 -18 of 2006 in Philadelphia is going well. Abstracts are due September 12, 2005. Your representatives on the planning committee from NANDA International are Heather Herdmann and Anne Perry. Inclusion of international members on the planning committee for future NNN conferences was discussed. It was suggested to ask for an international representative for the committee and to survey the needs of the international members at the conference in Philadelphia.

I gave a report on the beginning coding of NANDA-I defining characteristics and related factors of NANDA terms. Issues related to coding were discussed. NOC indicators are coded but NIC investigators are not interested in coding at this time. It was suggested that grant funding to assist with the project and tackle issues in a consistent way across all languages be pursued.

All three languages are exploring methods to increase our funds. Heather Herdmann and Dickon Weir-Hughes from your Board proposed a consultation service last year, and they have developing a proposal for our August, 2005 meeting. Joanne Dochtermann agreed to write a first draft of a document we can send to vendors describing our consultation services for review by the Alliance members. The development of power point and web-based products for use as educational tools and formalizing a speaker's bureau with a portion of the consultation fee returning to NANDA-I and the Center as appropriate were other suggestions.

Both Heather Herdmann and myself represented NANDA International at the University of Iowa Informatics Institute the second week in June. Heather presented an update on NANDA International and we both participated in the "Town Meeting" at the end of the Institute. Margaret Lunney also presented on Critical Thinking and SNL. As a participant, it was my observation that the sophistication of the participants has increased over the years. I was pleased to have the opportunity to attend.

Long Range Planning

Like many organizations, our organization is at the point of linking our past to our future. All of have are sensitive to the need to select and develop young leaders, to “diversify” our products with increasing emphasis on application of our language in the electronic health record, and to increase partnerships in order to keep us fiscally stable. This past year current and past leaders have approached me with suggestions that we begin the process of systematically planning for the future. For this reason, the Executive Board has approved the convening of past presidents for a “visionary summit.” Right now, plans are to convene this prestigious group on March 14, 2005 in Philadelphia prior to our NNN meeting.

These past few months have been exciting, and I look forward to the same in the next six months.

Martha (Marty) Craft-Rosenberg
President, NANDA International