Developing and Submitting Standardized Nomenclature – NANDA and NOC

Presented by:
Jennifer Hafner RN, BSN, PCCN, TNCC
and
Joan Klehr RNC, MPH
Aspirus Wausau Hospital
Aspirus Wausau Hospital
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
### Aspirus Wausau Hospital FY 08

<table>
<thead>
<tr>
<th>Category</th>
<th>Figures</th>
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<tbody>
<tr>
<td>Patient Days</td>
<td>58,669</td>
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<td>Discharges</td>
<td>13,497</td>
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<tr>
<td>Average Daily Census</td>
<td>160</td>
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<tr>
<td>Outpatient Registrations</td>
<td>74,802</td>
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<td>Babies Delivered</td>
<td>1,092</td>
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<td>Wausau Heart Institute</td>
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<td>– Open Heart Procedures</td>
<td>625</td>
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<td>Emergency Department Visits</td>
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</table>
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
Recognitions

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

Cardiac Care Excellence Awards

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
### NOC Submission

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<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
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<td>Care Recipient:</td>
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<td>Definition: Physical and Systems Arrangements to minimize factors that might cause physical harm or injury in the healthcare facility environment</td>
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</table>

Template for Submitting outcomes
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)
- List Each Risk Factor, Related Factor, NIC, and NOC individually!!!

Need Only 3
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

**NANDA Diagnosis Submission: DIAGNOSIS SUBMISSION FORMAT**

<table>
<thead>
<tr>
<th>DIAGNOSIS LABEL: SUBMISSION IS INTENDED TO:</th>
<th>Replace current NANDA label noted above</th>
<th>Be used in addition to NANDA label noted</th>
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</thead>
<tbody>
<tr>
<td>NOTE: If more than one NANDA diagnosis is related, please include all in the same table (i.e., add additional columns as necessary).</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>DEFINITION</th>
<th>NEW/REVISED DIAGNOSIS</th>
<th>Current related NANDA Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEFINING CHARACTERISTICS</td>
<td>NEW/REVISED DIAGNOSIS</td>
<td>Current related NANDA Diagnosis</td>
</tr>
<tr>
<td>RISK FACTORS</td>
<td>NEW/REVISED DIAGNOSIS</td>
<td>Current related NANDA Diagnosis</td>
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<tr>
<td>RELATED FACTORS</td>
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</tr>
<tr>
<td>EXAMPLES OF NURSING INTERVENTIONS</td>
<td></td>
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</tbody>
</table>

**REFERENCE LIST (APA Format)**

North American Nursing Diagnosis Association (NANDA)
1801 N. 36th Street • 4th Floor • Philadelphia, PA 19104
215.561.3900, office • 215.561.3903, phone • 215.561.3907, fax
www.nanda.org • nanda@nanda.com
NANDA Review Process

<table>
<thead>
<tr>
<th>Full Review Process</th>
<th>Expedited Review Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initial review by diagnosis committee member, make changes, re-submit</td>
<td>1. Initial review by diagnosis committee member, make changes, re-submit</td>
</tr>
<tr>
<td>2. Committee review with recommendations</td>
<td>2. Committee review with recommendations</td>
</tr>
<tr>
<td>3. After changes, review with recommendations and voting by NANDA-I members with feedback</td>
<td>3. After changes, review with recommendations to the NANDA-I Board of Directors for approval</td>
</tr>
</tbody>
</table>

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

References in APA Format


Application to Clinical Practice

RESPIRATORY STATUS: GAS EXCHANGE

NOC Rating 3

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

Date/Time Initiated: [9/3/2008, 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

Outcomes

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>User</th>
<th>Outcome</th>
<th>Date Met</th>
</tr>
</thead>
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<tr>
<td>09/29 1652</td>
<td>Jennifer Hafner, RN</td>
<td>NOC Rating 3</td>
<td></td>
</tr>
</tbody>
</table>

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

