As we prepare to meet together for the 5th ACENDIO conference being held in Bled, Slovenia, it is a good time to reflect on the rapid progress that had been made in the field of nursing terminology and nursing diagnosis, interventions and outcomes. In 2004, ISO approved Health informatics – Integration of a Reference Terminology Model for Nursing as an international standard. Several more European countries now collect standardised nursing data at the national level making nursing work more visible in the healthcare system. Version 1 of the ICNP is to be launched in May at the ICN Congress in Taiwan and there has been good progress by the international collaboration working on development of an international minimum dataset for nursing.

The 2005 ACENDIO conference programme is a perfect reflection of how far we have come since the early days of ACENDIO – papers from across Europe and elsewhere demonstrate the practical application of nursing diagnosis, interventions and outcomes in nursing practice, education, management, research and policy. The scope and number of papers are not the only indicators of progress in this work - the fact that the conference is held in Slovenia reflects more widespread change in Europe.

Electronic records, quality measurement, data mining, decision support, validation studies and much more are covered in what has become the ‘state of the science’ conference for nursing terminology and classification in Europe. As a new biennium commences for ACENDIO, I hope you will continue your support of ACENDIO by renewing your membership and I invite you to become more active in the activities such as contributing to the newsletter and the website, joining one of the committees or organising an event in your country to further the main aim of ACENDIO: To enhance patient care through the promotion of a Common European framework for the description and classification of nursing practice, expressed as nursing diagnoses, interventions and outcomes.

Prof. Dr. Margareta Ehnfors, President of ACENDIO

ICNP® VERSION 1 TO BE LAUNCHED IN MAY 2005 MAJOR CHANGE TO INTERNATIONAL CLASSIFICATION

Version 1 of International Classification for Nursing Practice (ICNP®) will be launched at the ICN Congress, in May 2005, in Taipei Taiwan. The International Council of Nurses (ICN) has announced its plans following a period of development and testing of the ICNP® Beta 2, released in 2001. Version 1 will include new terms and definitions and there has been one major change: a shift from two separate classifications for nursing phenomena and actions into one classification to represent diagnoses, interventions and outcomes. The ICNP® Evaluation Committee made the decision to continue development of ICNP® as a unified nursing language system, to be used ‘to cross map among other nursing terminologies and to compare nursing practice worldwide’.

More on page 2
NEW WEBSITE TO SUPPORT ISO MODEL EVALUATION
www.icn.ch/icnp_iso.htm

It now underpins terminology development such as within ICNP and SNOMED CT nursing content. Abstracts of studies that have tested the reference terminology models are available on the site (see Box 1 for an example) and researchers are invited to contribute their work to facilitate the ongoing review of the ISO standard. Contact Amy Coenan for further information - Email: coenena@uwm.edu

To access the ISO website for a copy of the standard [ISO/FDIS 18104: (ballot version)]:

Box 1 Example abstract from the new site

Abstract of Study: Sample included documented nursing interventions related to management of pain in surgical patients in a US hospital. Content analysis of decomposed interventions were mapped to the six action model categories. All (100.0%) of the interventions were contained an <action> word or phrase and a <<target>>.

Conclusions & Recommendations: It is recommended that terminology and information system developers consider this model in their ongoing system development, evaluations, maintenance, and revisions. Further evaluation of the model will contribute to the goals of this specific model and the harmonization and integration with other health care models.
To coincide with the launch of the new version of the Home Health Care Classification (HHCC) System, Sabacare has announced that the classification has been renamed the Clinical Care Classification (CCC) System. The CCC updates the original HHCC Version 1.0 to CCC Version 2.0.

It has evolved from the US federally funded Home Care Project conducted by Saba and colleagues (1991) at Georgetown University School of Nursing in Washington, DC. That project was funded to develop a method to assess and classify patients to determine the resources required to provide home health services to the Medicare population including measuring their outcomes of care.

Virginia Saba, the developer of Home Health Care Classification & CCC believes that the new name more accurately reflects the purpose of the classification. ‘Recent research has demonstrated that the CCC could be used to document nursing and patient care in any health care environment where nurses practice such as ambulatory care, outpatient clinics, and hospital settings from medical and surgical to critical care units’ she said.

Version 2.0 follows the coding guidelines of the Unified Metathesaurus Literature System (UMLS) of the National Library of Medicine. It contains a new Care Component labelled Life Cycle which addresses the Reproductive and Perinatal Systems, as well as Normal Growth and Development Diagnostic and Care Concepts.

The updated CCC of Nursing Diagnoses contains 37 new terms, 10 of which were adapted from NANDA list of Nursing Diagnoses 2001-2002. The CCC of Nursing Interventions contains 38 new interventions, and a few retired on recommendations by researchers and users of the HHCC. The CCC contains 21 Care Components used to classify and code the taxonomies.

182 Nursing Diagnoses (59 major and 123 subcategories) to label and code Nursing Diagnoses.

546 Nursing Diagnoses Outcomes using three modifiers (Improved, Stabilized, or Deteriorated) to label and code Expected and/or Actual Outcomes.

four Type Action modifiers (Assess, Care, Teach, or Manage) to label and code 792 unique Nursing Interventions.

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www.sabacare.com

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NIC AUTHOR RETIRES

Joanne McCloskey Dochterman PhD, RN, FAAN, retired in 2004 from the College of Nursing at the University of Iowa. She is world renowned for her leadership in the area of standardized language development in nursing. It was her vision that resulted in the Center for Nursing Classification & Clinical Effectiveness at Iowa and the continued development of NIC and NOC.

ACENDIO MEETS HL7

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**PROJECT UPDATES**

**MEASURING QUALITY IN NURSING DOCUMENTATION**

**Nursing diagnoses, interventions and outcomes:** Development and psychometric testing of an instrument to measure quality in nursing documentation.

**Background:** Due to financial pressure in health care nursing services must fulfil the necessity of measurability. To enhance the quality of the registration of nursing problems many hospitals have implemented or intend to implement nursing diagnosis. Nursing diagnoses describe nursing problems in a theory generated and standard fashion. The literature describes documentation of diagnoses, interventions and outcomes as a necessity for quality nursing care.

A broad range of quality measurement studies has been published; however, the results showed differences and lacks so that authors recommend strongly, to measure nursing outcomes related to standardized nursing diagnoses and interventions.

**Aim of the study:** In order to enhance the quality and measurability of the registration of nursing problems, interventions and outcomes, an instrument developed in a previous study - the instrument documentation of diagnostics was further developed.

**Design:** Development and psychometric testing of the instrument “Quality of Nursing Diagnostics, Interventions and Outcomes”. To analyse the documented quality of nursing diagnoses with nursing interventions and anticipated outcomes, a pre- and post test design will be conducted. The instrument consists of 29 Likert type items.

Two points will be measured with the instrument. The first measurement point involves the nursing documentation prior to the introduction of nursing diagnoses. The second measurement will be conducted after the introduction of nursing diagnoses, interventions and outcomes.

Ongoing research project, Maria Müller Staub, MNS

**Testing Classifications in Practice Settings**

**Reference classifications of nursing phenomena and interventions: initial tests**

Testing of the NURSING data reference classification was undertaken simultaneously in the three linguistic regions of Switzerland. The chosen structure for the Swiss reference classifications will link to the structure of the ICF (WHO). Objectives of the test were to see if the classifications could reliably depict the reality of professional practice to test the feasibility of the data collection process and to consider any changes to be made to the classifications as well as any educational needs.

**Method:** Three simultaneous testing processes were undertaken: 'In vivo' test - coding of real situations in practice areas using a computerised data collection form; 'In vitro' test - coding of two standardised situations by experienced professionals; Process evaluation of the testing using a questionnaire. Results and conclusions are to be published soon.

Anne Berthou, Alain Junger Swiss NURSING data Project . www.isesuisse.ch/nursingdata

**ICF (the International Classification of functioning, disability and health) is one of the WHO family of classifications.**

For more information go to www3.who.int/icf

Something to write about? Please send news, short articles, abstracts or project summaries to anne.casey@rcn.org.uk by July 31st for autumn issue of ACENDIO newsletter
In the year 2000, the School of Nursing in the University of Andorra decided to implement NANDA, NIC and NOC (NNN) as the languages upon which we would build the curriculum for basic nursing education. What has happened since then? Has this decision had any effect on the current practice of nursing in our country?

BACKGROUND
Andorra is a very small country, in the middle of the Pyrenees, between Spain and France with a population of 72,000 inhabitants. There are around 250 who work mainly for the Andorran Health Service, which has one Hospital (200 beds). The national welfare system is a mix between private and public, with nursing education provided by the University. There is only one university in Andorra and one School of Nursing. We have only basic education for nurses, and some postgraduate courses which are not compulsory. Specialisation has to be pursued outside of Andorra and the health system doesn’t officially recognise any of the nursing specialties, apart from Midwifery. This situation is likely to change sooner than later, thanks to a legislation that is been worked out at the moment, which will regulate and organize all the healthcare professions status.

ACTIONS
After three years of experience in the implementation of NNN in basic education, it was decided to offer NNN in a postgraduate course for nurses. The course had a European format (it’s worth 5 ECTS – European Credit Transfer System). The aims of the course are:

?? Translation: Translation of NANDA, NIC and NOC into Catalan, which is our official language. The group feels this will facilitate the use of the languages in computerised information systems in the near future.

?? Web: The group has decided on a website to communicate with the rest of the world in Catalan and English, but great efforts will be made to present it in French and Spanish, the most spoken languages in our country, and the neighbouring countries.

?? Pilot: The group has decided also to run a pilot in the ICU of the hospital to try out NNN in current practice. Despite the lack of a computerised information system, the proficient knowledge of the nurses working in this unit will be a good place to start NNN use.

CONCLUSIONS
Nurses in Andorra have a wide knowledge in SNL, specially NANDA NIC and NOC. The progress in this area is being carried out at different rates in the various fields of Nursing within the health system. Nurses in the hospital are acquiring the knowledge and ability to work with the languages from a theoretical point of view, but the lack of a computerised information system is impacting on the full implementation process.

The primary healthcare services have experience in the practical use of SNL. There is an interesting discussion among nurses on whether the use of OMAHA jointly with NIC and NOC is as useful. GARTI will play a key role in future developments as long as the majority of the participants are nurses working in real settings, mixed with some academic nurses, all of them with a proficient knowledge in the use of standardised nursing languages.
Introduction of standard nursing terminologies in electronic records

A national electronic patient record will be introduced in Finland by the end of 2007, according to the Government Decision-in-Principle of 11 April 2002 on securing the Future of Healthcare. The purpose of the development project is to unify information systems, develop the use of standardized terminologies, national data archives, and data security solutions. The data requirements for electronic patient records were specified in 2003. The Finnish EPR system contains nursing data set elements such as diagnosis, interventions, outcomes, and intensity of patient care. Almost all nurses have moderate or advanced skills in computer use based on an educational programme for computer literacy.

Since the EPR adoption almost 12,000 nursing care plans have been made with the help of the terminologies. The databases will provide a good basis for quality assessment, resource allocation, costs, and statistics.

Based on regional experiences, nurses are reaching consensus on the nursing terminologies in the national EPR system. Standardized documentation will make possible to gather nursing data nation wide, hopefully internationally. In future the aim is to extend the data transfer to all national data collection, the base system being a standardised patient record.

Kaija Saranto, PhD, RN and Anneli Ensio, PhD, RN

Correspondence to Kaija Saranto, Professor (Social and Health Informatics), University of Kuopio, Finland, Email kaija.saranto@uku.fi

NEW ISO STANDARD FOR PATIENT FINDINGS

Draft for testing and feedback now available

A new terminology standard is being developed within working group 3 (WG3) of ISO/TC 215 (the international standards organisation health informatics committee). The objective of the development is to produce a standard that will express a core conceptual model of clinical findings. ‘Findings’ are described as those data recorded in a patient record that describe any state observed directly or indirectly concerning a patient. This would include symptoms, signs, and the results of assessments and investigations. The scope of the proposed standard is restricted to findings related to the patient’s state i.e. structure and function. It will include:

• Diseases - states caused by pathological processes and
• Findings of state or function (including normal findings) that are observed directly relating to a patient.

Standards of this kind are intended to support development of new terminologies and update existing ones, as well as enabling the development of mappings between one terminology and another. An important principle in development of the standard is that it will be based upon the conceptual models that are to be found in existing international terminologies and classifications that cover diseases and other clinical findings such as:

?? International Classification of Disease and health related problems (ICD-10)

?? International Classification of Functioning, disability and health (ICF)
AN INTERVIEW WITH MARJORY GORDON

Jürgen Georg and Maria Müller Staub from Switzerland ask the questions

Marjory Gordon, Phd, one of the founders of NANDA, held a workshop in Switzerland last fall. The workshop “Nursing diagnostics – clinical reasoning” was offered by Maria Müller Staub, Pflege PBS in Bern. This workshop provided the opportunity for Jürgen Georg and Maria Müller Staub to interview Prof. Gordon. A part of this interview is published below, the whole interview will be published in German in the NANDA book 2005.

Dr. Gordon is Professor Emeritus at Boston College in Massachusetts and has completed studies on diagnostic reasoning and nursing diagnoses. She lectures internationally and publishes on these subjects. She has published two books, Nursing Diagnosis: Process and Application and Manual of Nursing Diagnosis and is particularly well known for her work in developing Functional Health Patterns. She was President of NANDA in its early years and also chaired its Diagnosis Review Committee.

Interviewers:

??Jürgen Georg, RN, NEd, MNS, lector at Huber Publishing and lecturer in nursing diagnoses. He did the first translation of Gordon’s Manual of Nursing Diagnoses

??Maria Müller Staub, RN, NEd, MNS, Director of Pflege PBS. Her main topics are: implementation of nursing diagnoses into practice, quality development and curriculum design in nursing, research in nursing diagnoses

Dr Marjorie Gordon, Professor Emeritus at Boston College in Massachusetts

Q. What is the current state of art in the development of nursing taxonomies?

A. There has been sufficient development of the taxonomy that the diagnostic, intervention, and outcome concepts can be used in clinical practice. That is the only way to determine where further additions or changes are needed. Development of the NANDA, NIC, and NOC Taxonomies has progressed to the point that they have been included in SNOMED which been adopted by a number of countries.

What are the advantages of using the functional health patterns in the diagnostic process?

Functional health patterns encourage a holistic approach to the collection and analysis of information during the diagnostic process. This is a nursing focus (human functioning) that complements both the psychiatric mental disorders focus of the DSM and the biomedical-systems focus (systems functioning) of the ICD.
The patterns are basic, easy to learn, and describe things nurses always have assessed. The 11 areas are common to all human beings. The health patterns are useful in community, family, and individual assessment, as well as with all age groups and levels of acuity. The patterns encourage a systematic assessment and analysis of clinical data. One advantage is the opportunity to go from data to diagnosis. To facilitate this nursing diagnoses are classified under the 11 functional patterns.

How can good quality of assessing a patient’s needs be assured despite using standardized nursing diagnoses?

Human beings meet their needs in the area of health and health management by developing patterns of behavior. For example, we each develop a nutritional pattern to meet the need for food and fluid. Although basic human needs are common, the health patterns that develop to meet those needs are influenced by personal growth and development, environment, and culture.

We have diagnostic concept-labels, that is nursing diagnoses, for the common dysfunctional patterns. The quality of assessment depends on the collection of valid information, analysis of information, and use of the diagnostic concepts in an accurate manner.

Although nursing diagnoses may be common to many patients, interventions are not standardized.

There are 166 diagnoses on the NANDA list. What do you answer to a nurse who asks if she has to know all of them?

No! Nurses need to know how to diagnose and treat the conditions that they encounter in their practice. How do you know which those are? Go through the names and definitions of the 166 and identify which conditions you encounter in your practice. It may be ten. Then try to learn (or organize currently possessed knowledge) about the highest frequency diagnoses first.

Professional nursing students, on the other hand, will probably encounter all of the 166 in their curriculum. Nurses will gradually learn all the diagnoses that are encountered in their practice.

Are critical pathways the “death of the nursing process/care plan” or how can nursing diagnoses and critical pathways fit together?

Critical paths to guide the resolution of medical conditions have been developed. The patient’s nursing diagnoses can influence movement along the path. For example, if a patient has anxiety and this is not treated by the nurse, his movement along a cardiac critical path can be slowed.

Untreated nursing diagnoses can be the reason that medical outcomes are not reached. Should we be developing critical paths for certain nursing diagnoses?

Are nursing diagnoses a useful tool in dealing with DRGs?

In the American version of the DRGs in hospitals the nursing diagnoses are reimbursed within the room and board—the daily rate. Although there are nursing diagnoses that co-occur with medical diagnoses, nursing diagnoses are more person-focused than disease-focused.

Persons respond differently to the diseases within a DRG so it is not possible to predict all the health patterns that will be dysfunctional. Thus, we have to argue for costing out the nursing diagnoses. Research has demonstrated (Halloren) that outliers (those cases using more resources than specified by the DRG) usually have nursing diagnoses that prolong the length of stay. So nursing diagnoses seem to be a major factor in explaining outliers.

Many of the new NANDA diagnoses focus on “wellness diagnoses” - What are the
reasons for this new focus?

The new diagnoses do not reflect a change in focus. The three areas of diagnosis, problems, risk states, and health-wellness diagnoses have been accepted for quite a number of years. A nurse had submitted thirty wellness diagnoses she developed with community and school health nurses and they needed some further work. That work was recently completed and the diagnoses proceeded through the review process. They just happened to come in one year.

Where should a hospital/institution start when introducing nursing diagnoses?

First and most important nurses need to believe that within their role as a professional nurse that they:

1. make diagnostic judgments and treatment decisions within their scope of practice and
2. that they are responsible for certain outcomes (e.g., intact skin at discharge).

They need knowledge of diagnostic and intervention terms common to their practice and a clear idea of their scope of practice and a nursing framework for assessment. Case examples and practice sessions can help to build awareness of standards of practice that include nursing diagnosis and intervention. As does the opportunity to practice before putting judgments on the chart for all to see and the opportunity for feedback or peer review and consultation. In some cases it is necessary to help nurses with the transition from a medical to a nursing model of practice.

What are the advantages of using NANDA as a standardized nursing language in today's healthcare systems?

1. With the advent of the electronic patient record there will be a need for concise charting, and clarity in communication.
2. NANDA has a built in mechanism for developing and improving diagnoses and it is the only system with a widely representative review process.
3. It is also linked to interventions and outcomes (NANDA, NIC, NOC).

Nursing diagnoses, diagnostic reasoning and functional health pattern are central themes in your career. When did you start with working them, and why did you decide these are my subjects


Why? I was always interested in logical reasoning and clinical judgment and my dissertation research probably was a main factor in focusing. I think it is important to have an interest area in nursing and to focus your “extra-curricular” professional reading in the area you have chosen. It is impossible to be an expert in everything!

What do you wish, how future nursing generations would judge your work?

That they would find it useful.

Dr. Gordon, thank you very much for answering these questions!

'Nurses need a clear idea of their scope of practice and a nursing framework for assessment'
COMMUNITY OUTCOMES


PURPOSE: To evaluate the content validity and nursing sensitivity of six community-level outcomes from the Nursing Outcomes Classification (NOC). DESIGN AND METHODS: A survey research design was used. Questionnaires were mailed to 300 public health nursing experts; 102 nurses responded. Experts evaluated between 11 and 30 indicators for each of the six outcomes for: (a) importance of the indicators for measuring the outcome, and (b) influence of nursing on the indicators. Content validity and nursing sensitivity of the outcomes were estimated with a modified Fehring technique. FINDINGS: All outcomes were deemed important; only Community Competence had an outcome content validity score < .80. The outcome sensitivity score for Community Health: Immunity was .80; other outcome scores ranged from .62-.70. Indicator ratios for all 102 indicators met the study criterion for importance, with 87% designated as critical and 13% as supplemental. Sensitivity ratios reflected judgments that 45% of the indicators were sensitive to nursing intervention. CONCLUSIONS: The study provided evidence of outcome content validity and nursing sensitivity of the study outcomes; further validation research is recommended, followed by testing of the study outcomes in clinical practice. Community-level nursing-sensitive outcomes will potentially enable study of the efficacy and effectiveness of public health interventions focused on improving health of populations and communities.

NURSING CARE COSTS


PURPOSE: To provide a means for calculating the cost of nursing care using the Clinical Care Classification System (CCCS). DATA SOURCES: Three CCCS indicators of care components, actions, and outcomes in conjunction with Clinical Care Pathways (CCPs). DATA SYNTHESIS: The cost of patient care is based on the type of action time multiplied by care components and nursing costs. CONCLUSIONS: The CCCM for the CCCS makes it possible to measure and cost out clinical practice. IMPLICATIONS FOR PRACTICE: The CCCM may be used with CCPs in the electronic patient medical record. The CCPs make it easy to track the clinical nursing care across time, settings, population groups, and geographical locations. Collected data may be used many times, allowing for improved documentation, analysis, and costing out of care.
TERMINOLOGY EVALUATION

PURPOSE: To review different types of economic analyses commonly found in healthcare literature, discuss methodologic considerations in framing economic analyses, identify useful resources for economic evaluations, and describe the current and potential roles of standardized nursing terminologies in providing cost and outcome data for economic analysis. DATA SOURCES: The Advanced Billing Concepts Code Resource-based Relative Value Scale and Nursing Outcomes Classification. DATA SYNTHESIS: Using case studies, the applicability of standardized nursing terminologies in cost-effectiveness analysis is demonstrated. While there is potential to inform specific questions, comparisons across analyses are limited because of the many outcome measures.

CONCLUSIONS: Including a standardized quality-of-life measure in nursing terminologies would allow for the calculation of accepted outcome measures and dollars per quality adjusted life years gained. IMPLICATIONS FOR PRACTICE: The nurse's ability to assess and contribute to all aspects of rigorous economic evidence is an essential competency for responsible practice.

CLINICAL VALIDATION OF NURSING DIAGNOSES (N CREASON)

DEADLINE FOR SUBMISSION OF ABSTRACTS 31 AUGUST 2005
9th International Congress in Nursing Informatics June 11-14 2006
Seoul, Korea
www.ni2006.org

FORTHCOMING EVENTS
13-15 June 2005 Institute on Nursing Informatics and Classification. The Center for Nursing Classification & Clinical Effectiveness & The University of Iowa. Details www.nursing.uiowa.edu/centers/cncce/
22-26 October 2005 AMIA 2005 Annual Symposium in Washington DC, USA. Details at www.amia.org
21-24 July 2005 15th Summer Institute in Nursing Informatics
http://nursing.umaryland.edu/informatics/
11-14 June 2006 Nursing Informatics 2006 in Seoul, South Korea Details at www.ni2006.org
The association for Common European Nursing Diagnoses, Interventions and Outcomes is a membership organisation that was established in 1995 to promote the development of nursing’s professional language and provide a network across Europe for nurses interested in the development of common terminology to describe the practice of nursing.

Organisational membership

Professional, Educational or Corporate Organisations may wish to support ACENDIO in its mission ‘to promote a Common European framework for the description and classification of nursing practice, expressed as nursing diagnoses’. Benefits of Institutional membership include the information, networking and advertising opportunities that ACENDIO can provide.

WHAT CAN ACENDIO OFFER YOU?

ACENDIO supports the process of terminology development by providing:

- Conferences, publications, website and presentations to advance understanding and collaboration
- A network for nurses in different European countries so that they can share knowledge about developments
- Resources such as reference lists and sample methodologies for developing and evaluating nursing terminologies via an international network of expert nurses
- Interpretation of international standards for terminologies and classifications

As a member of ACENDIO you can expect

- Twice yearly newsletter with articles, updates, events, references and new contacts
- Reduced registration fee at the Biennial ACENDIO conference and General Assembly
- Access to a network of terminology experts within Europe
- To contribute to and have access to ACENDIO publications and reports
- Opportunity to participate in and influence developments in nursing terminology and classification in Europe and beyond.

Membership for two years is payable in £ sterling:
Individual £45, Student £20, Organisation £450

BOOK OFFER

Naming Nursing
Edited by Professor June Clark PhD RN RHV FRCN
Based on the proceedings of the first ACENDIO IRELAND-UK Conference in September 2003, this book brings together the experience and expertise of nurse informaticists and terminology developers from the USA and seven different European countries. It is essential reading for all nurses, who are the most numerous generators and users of patient records, and for the health informaticists and system vendors who are responsible for ensuring the nursing content of integrated and computerised patient records.

To receive a copy write to:
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Swansea SA3 4SN, UK
Cost £19.99 + £4.00 postage & packing.
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Towards a Common Language for Nurses in Europe