ASSOCIATION FOR COMMON EUROPEAN NURSING DIAGNOSES, INTERVENTIONS AND OUTCOMES

ACENDIO

2007

6th European Conference of Acendio

Nursing Communication in Multidisciplinary Practice
Pflegerische Kommunikation und multidisziplinäre Praxis
Communication infirmière et pratique multidisciplinaire

Oud Consultancy
The book that you have in your hand is the proceedings of the 6th ACENDIO conference, this time held in Amsterdam. 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.

I am convinced that healthcare will gain from ICT being applied to areas such as patient care, administration, education and research by enabling the synthesis of evidence, provision of guidelines for practice, providing information for consumers via the Internet and the development of decision support systems for use in close connection to patient care.

ACENDIO has, for more than ten years now, in many ways promoted and facilitated this work in nursing through the provision of conferences, seminars and workshops, as well as via its newsletters and website (www.acendio.net). It is therefore a great pleasure to present this book to you.

The content is a mirror of the current situation primarily in Europe, but also to some extent internationally. This book will provide you with an understanding of our position today and from this you may ponder the huge development that has taken place since the beginning of ACENDIO.

The theme of this meeting “Nursing Communication in Multidisciplinary Practice” has been carefully chosen by the board and the scientific committee as an area of crucial importance to our time, to challenge your thinking and to stimulate further development in this area of nursing. It is an impressive body of knowledge as confirmed by the papers in this book.
Many people have been involved in the work of ACENDIO during the years, and most recently in the compilation of this book and preparing for this conference. Most of them are giving of their time and efforts on a voluntary basis using a lot of their spare time. They are all devoted to the utmost idea of providing a better care for the patients by using the existing knowledge paired with the best technology. They all have my deepest respect and reverence and it is an honour for me to count them among my friends.

Let this conference and the content of this book be a challenge for you all to increase your participation in the shaping of our common future!

Örebro, April 2007

*Professor Margareta Ehnfors*
President of ACENDIO
University of Örebro, Sweden
Content

Foreword ................................................................. 5

Content ........................................................................ 7

1. – Introduction to standardisation of nursing language (for beginners) ........................................ 25

2. – Introduction to nursing informatics ............................. 25

3. – Introduction to ICNP® version 1.0 – International Classification for Nursing Practice: a unified nursing language system ...................................................... 25

4. – 3. Nursing interventions based on the International Classification of Functioning, Disability and Health (ICF). (Tutorial) ............................................................. 26

5. – Introduction to SNOMED Clinical Terms® (SNOMED CT®): the universal health care terminology ...... 31
   By Cyndie Lundberg (SNOMED international)(USA)

6. – NANDA International: the development and refinement of nursing diagnoses ................................. 31
   By T. Heather Herdman (president of NANDA)

7. – The Outcome-Present-State-Test (OPT) Model of reflective clinical reasoning in practice and education ...... 31

8. – Standardisation of nursing language (advanced) ........ 32
   By ACENDIO Standardisation Committee: Saranto, K. (Finland), Junger, A. (Switzerland), Odenbrait, M. (Switzerland), Sermeus, W. (Belgium), Talbot, M. (England), Coenen, A. (USA), Ensio, A. (Finland), Moelstad, K. (Norway) and Thoroddsen, A. (Iceland)
9. – Keynote 1 – The art, science and complexity of clinical reasoning. (Keynote) ........................................ 33
   By Pesut, DJ. PhD APRN BC FAAN (USA)

10. – Keynote 2 – The relevance of interdisciplinary communication for integrated patient care. ................. 38

11. – Standards to support the ongoing development and maintenance of nursing terminologies ...................... 39

12. – Mapping NNN to the International Classification of Functioning, Disability and Health (ICF) ..................... 44
   By Swanson, E., Moorehead, S., Johnson, M. and Maas, M. (USA)

13. – International cooperation among nursing scientific societies: toward development of standardized nursing classification systems .......................................................... 45
   By Hongo, K., Fujimura, R., Nakajima, T., Ikematsu, Y., Egawa, K. and Emoto, A. (Japan)

14. – Proposal of a nursing assessment tool at neonatal unit ................................................................. 48
   By do Vale, IN., Carmona, EV. and do Amaral, MCE. (Brazil)

15. – Nursing processes used in the treatment of patients with a bipolar disorder: building a body of knowledge. . . 51
   By Goossens, PJJ., Beentjes, TAA., Knoppert-van der Klein, EAM. and van Achterberg, T. (Netherlands)

16. – Nursing diagnoses and interventions in elderly patients hospitalized in a university hospital in the south of Brazil ................................................................. 55
   By Almeida, MA., Aliti, GB., Thomé, EGR., Unicovsky, MR., Franzen, E., Ludwig, MLM., Araújo, VG., Moraes, MA. and Rabelo, ER. (Brazil)
   By D. Weir-Hughes (UK)

18. – Walter Sermeus or Alex Westbrook ......................... 60

19. – Content validation of the nursing diagnosis “parental role conflict”: a perspective of the neonatal period. .......................... 61
   By Carmona, EV. and de Mores Lopes, MHB. (Brazil)

20. – Validity of nursing diagnoses in Flemish home care nursing ............................................. 65
   By Paquay, L., Wouters, R., Debaillie, R. and Geys, L. (Belgium)

21. – The INMDS nursing information tool – a proof of concept .................................................. 68
   By Henry, P., Clinton, G., Scott, PA., Mac Neela, P., Treacy, P., Hyde, A., Morris, R.,
   Irving, K., Corbally, M., Lehwaldt, D., Sheerin, F., Byrne, A., Butler, M. and
   Drennan, J. (Ireland)

22. – The validation of Irish Nursing Minimum Data Set for general and mental health nursing in Ireland. ...... 72
   By Morris, R., Byrne, AS., Scott, PA., Treacy, MP., MacNeela, P., Hyde, A., Drennan, J.,
   Matthews, A., O’Brien, J. and Sheerin, F. (Ireland)

23. – The Belgian Nursing Minimum Data Set II: end results and practical implementation. ....................... 73

24. – The Hung postpartum stress scale.......................... 75
   By Chich-Hsiu Hung. (Taiwan)

25. – Improved quality of nursing documentation: results of a nursing diagnoses, interventions and outcomes implementation study .............................. 76
   By Müller-Staub, M. (Switzerland), Lavin, MA (USA), Needham, I. (Switzerland),
   Odenbreit, M (Switzerland) and van Achterberg, T. (The Netherlands)
26. – Development and testing of a Context Assessment Index ......................................................... 81
By McCarthy, G., McCormack, B., Coffee, A., Wright, J. and Slater, P. (Ireland/N. Ireland)

27. – Mapping nursing prescriptions for the ineffective breathing pattern diagnosis in an intensive care unit, and the NIC ................................................. 85
By de Assis, C.C., de Fátima Lucena, A., Bottira, AL. De Barros, L. (Brazil)

28. – NIC interventions and NOC outcomes in patients with activity intolerance ................................. 86

29. – Nursing diagnoses in an intensive care unit: the Brazilian experience ......................................... 87
By de Assis, C.C., de Fátima Lucena, A. and de Barros, ALBL. (Brazil)

30. – A new nursing diagnosis classification system .......... 90
By Carpenito-Moyet, LJ. (USA)

31. – Mild, moderate, severe: using decision making data to clarify levels of nursing problem states. .......... 91
By Mac Neela, P. Scott, PA., Treacy, MP., Hyde, A., Clinton, G., Irving, K. and Lehwaldt, D. (Ireland)

32. – A comparison of the similarities and differences between NANDA and the ICF ............................. 93
By Lavin, MA., Oud, N. and Threats, T. (USA/Netherlands)

33. – The Relationship between Information Systems Use, and Nurses’ Perceptions of Improved Interdisciplinary Communication and Documentation ................................. 97
By Abdro, A. & Hudak, C.A. (USA)
34. – Communicating nursing practice: identification of common patient problems (nursing diagnoses) and level of staff preparedness to manage problems as identified by staff nurses and clinical nurse specialists ........................................ 102
By Jeffries, M., Connors, P. and Jones, DA. (USA)

35. – Impaired physical mobility: pattern of use for adult patients .............................................................................................................. 104
By Cruz, DALM., Silva, EL., Leal, FAO., Trindade, MM., Oliveira, NB. and Tsukamoto, R. (Brazil)

36. – A conceptual model for nursing information. (Workshop) .................................................................................................................. 109
By Hughes, R., Clark, J. and Lloyd, D. (Wales)

37. – Nursing diagnoses in healthy volunteers admitted to the hospital for a study of drug bio-equivalence. .............. 112

38. – Communication errors as definitions of patient participation lacks patient’s point of view. ................................. 114
By Eldh, AC., Ekman, I. and Ehnfors, M. (Sweden)

39. – Taxonomies define safe, effective practice or enable data retrieval? .................................................................................. 118
By Fong, V. and Valentine, K. (USA)

40. – ENP®-NANDA mapping: a study on the content validity of ENP® ................................................................. 119

41. – Criterion related validity of ENP® – mapping of individually formulated nursing care plans with the standardised nursing language ENP® ........................................................................ 124
By Berger, S. (Germany)
42. – Content validity of nursing language exemplified using ENP®-NANDA mapping. .............................. 128
   By Wieteck, P. (Germany)

43. – Conceptual and statistical considerations in the factor analysis Irish Nursing Minimum Data Set for Mental Health Nursing ........................................ 130
   By Morris, R., Matthews, A., MacNeela, P., Scott, PA., Treacy, MP., Hyde, A., Byrne, A., Drennan, J. and O’Brien, J. (Ireland)

44. – Incontinence after stroke: collaboration on minimum data set construction by a national network of nurse consultants. ................................. 131
   By French, B., Burton, C. and Thomas, L. (England)

45. – The Swiss Nursing Minimum Data Set - final version. ................................................ 133
   By Junger, A., Berthou, A. and Portenier, L.

46. – Employing standardised nursing language to describe the interventional contribution of nursing to caring in a multidisciplinary context. ....................... 135
   By Sheerin, F. (Ireland)

47. – Measuring patient outcomes using the nursing outcomes classification in multidisciplinary environments. .......................................................... 138
   By Moorhead, S. (USA)

48. – Nursing diagnostics in cases of domestic violence against women: a systematic literature review. ..................... 139
   By Gerlach, A. (Germany)
49. – Development of a tool for the evaluation of diagnostic accuracy. ................................................................. 144
By Matos, FGOA. and Cruz, DALM. (Brazil)

50. – Interprofessional development/testing of an NLINKS cost filter ................................................................. 146
By Lavin, MA., Wang, LH., Cvitan, T. and Krieger, M. (USA)

51. – The development of nursing diagnosis dependent outcome measurement: The measurement of “risk of falling” as an example. ................................................................. 148
By Heller, R. (Switzerland)

52. – Assertive Community Treatment teams: opportunities for psychiatric nurses to maximize nursing contribution in a multidisciplinary practice (Workshop). . . . 150
By Cherrey Jones, D. (USA)

53. – Sharing of information in Matosinhos Health Care Unit: a pioneer experience in Portugal. .................. 151
By Pinto, JL., Pinto, RA., Fonseca, BJ. and Osório, C. (Portugal)

54. – The use of a multidisciplinary terminology in the electronic health record. ................................................................. 153
By Lerche, J. and Asholm, L. (Denmark)

55. – Nursing communication and standardized documentation: continued refinement of the Functional Health Pattern Assessment Screening Tool (FHPAST) ................................................................. 156
By Jones, DA., Duffy, M., Herdman, H., Flanagan, J. and Foster, F. (USA)
56. – The refinement of financing criteria for hospital nursing care: an application of the use of Belgian NMDSII. ......................................................... 158

57. – Nursing economical knowledge: how much nursing care per DRG? ................................................................. 160
By Junger, A. and Frischknecht, B. (Switzerland)

58. – LEP Nursing 3 for the linkage of electronic patient record and nursing workload measurement ................. 161
By Baumberger, D. and Kühne, G. (Switzerland)

59. – Multi-dimensional evaluation of a Course on the NANDA Methodology for Psychiatric Nurses ................. 162
By De Pieri, C. and Casella, M. (Italy)

60. – Status of students’ ability to determine NANDA nursing diagnoses ................................................................. 164
By Bedriye AK, Figen Isik Esenay and Zumrut Basbakkal (Turkey)

61. – Making things work! Improving clinical decision-making in nursing practice by education and implementing care plans. ......................................................... 171
By Jongeneel, G., Folsche, M., Lindhout, T., Kitzen, J. and Monster, H. (Netherlands)

62. – Challenges for multidisciplinary education in health informatics. (Keynote) ......................................................... 175
By Saranto, K. PhD, RN (Finland)

63. – Clinical templates and archetypes: putting terminology to work ................................................................. 177
By Hoy, D. (Scotland), Hardiker, N. (England), Casey, A. (England) and Goossen, W. (Netherlands)
64. – Challenges and solutions in implementing a systems-wide assessment of patient outcomes by nurses ................................................................. 179
By Pringle, D., White, P. and Nagle, L. (Canada)

65. – Implementing nursing diagnosis, interventions and outcomes in multidisciplinary practice: experiences in Finland. .................................................. 183

66. – Using the Care Dependency Scale for pressure ulcer risk screening ................................................................. 188
By Mertens, E., Dassen, T. and Halfens, R. (Germany)

67. – Clinical testing of ePA-AC©, a screening instrument to assess relevant signs and symptoms of nursing care dependency in acute care clinics. ........................................ 190
By Hunstein, D., Fiebig, M., Sippel, B. and Dintelmann, Y. (Germany)

68. – The use of the Resident Assessment Instrument for outcome measurement ................................................................. 197
By Stemmer, R. (Germany)

69. – A model for documenting unwanted events in nursing care ................................................................. 200
By Rajkovic, U., Sustersic, O. and Rajkovic, V. (Slovenia)

70. – Family communications and diabetes. ........................................ 201
By Babak Motamedi (Iran)

71. – Analysis of nursing documentation in nursing homes ................................................................. 209
By Muurinen, M. and Voutilainen, P. (Finland)
72. – Nursing documentation project in Finland: developing a nationally standardized electronic nursing documentation by 2007. .................................................. 213
By Tanttu, K. and Rusi, R. (Finland)

73. – Patients’ satisfaction of standardized versus non standardized nursing care in abdominal surgery: a controlled trial ................................................................. 218
By De Marinis, MG., Tartaglini, D., Barros, C., Piredda, M., Spiga, F., Gianotti, L., Pascarella, MC. and Petitti, T. (Italy)

74. – Are redundant data in an EPR an indication of lacking interdisciplinarity between health professionals? . . 222

75. – Nursing diagnoses within critical pathways ........... 224
By Spatzker, S., Fritsche, L. (Germany)

76. – Describing nursing practice for the top-ten DRGs at Queen Savang Vadhana Memorial Hospital. ................. 226
By Yeekian, C. RN., M.N.S. and Baramee, J. RN., Ph.D. (Thailand)

77. – Strategies for an organisational change. ................. 231
By Von Kaenel, L. (Switzerland)

78. – Measuring risk for falls – a comparison of the care dependency scale and the Hendrich Fall Risk Model. ...... 232
By Heinze, C. and Dassen, T. (Germany)

79. – The Reliability and Validity of the Mini Nutritional Assessment (MNA) .................................................. 234
By Hardenacke, D., Halek, M. and Bartholomeyczik, S. (Germany)
80. – Context as a basis for the derivation of nursing diagnoses from interventions in a study of intellectual disability nursing. ................................................................. 237
By Sheerin, F. (Ireland)

81. – The critical need for accuracy of diagnosing human responses to achieve patient safety and quality-based services ................................................................. 238
By Lunney, M. (USA)

82. – Nursing diagnosis formulations for multidisciplinary communication in emergency preparedness and disaster response ....................................................... 240
By Speraw, S., Persell, D.J., Fiske, B. and Lee, J.L. (USA)

83. – International experts’ perspectives on the state of the nurse staffing and patient outcomes literature: results of a Delphi survey ................................................................. 244
By Van den Heede, K., Sermeus, W., Vleugels, A., Clarke, S.P. and Aiken, L. (Belgium)

84. – The process of choosing a structured nursing language for nursing practice. ................................................................. 246
By Kossaibati, S. and Berthou, A. (Switzerland)

85. – Accuracy of nursing diagnoses using the Functional Health Pattern Assessment Screening Tool. ........................................ 248
By Herdman, TH., Jones, D., Kulju, L. and Foster, F. (USA)

86. – Quality of data collection in first stage of nursing process ................................................................. 249
By Tothova, V. (Czech Republic)

87. – Teaching nursing diagnoses to increase utilization in clinical practice. (Workshop) ................................................................. 255
By Carpenito-Moyet, LJ. (USA)
88. – ICNP® catalogues ................................................................. 256
    By Bartz, C. (USA), Coenen, A. (USA), Hardiker, N. (UK), and Jansen, K. (USA)

89. – Using open source technologies to perform an
ICNP® Version 1.0 into German language. ......................... 259
    By Portenier, L., Tackenberg, P., Koenig, P., Widmer, R., Schrader, U., Portenier, L.,
    Perhab, F. and the German speaking ICNP User Group (Germany/Switzerland/Austria)

90. – Nursing information systems, ICNP and electronic
patient records: from attitude to practice ......................... 262
    By Caldeira, C., Reis, F., Andrade, M., Pedro, M. and Freitas, R. (Portugal)

91. – Consistency in classification of nursing
language: a comparison of the Nursing
Interventions Classification 4th edition and the
Belgian Nursing Minimum Data Set II. ............................. 267
    By Bollen, L., Sermeus, W., Michiels, D. and Van der Mussele, H. (Belgium)

92. – Can nursing domain knowledge be reflected by
nursing diagnoses and interventions? ............................. 269
    By Thoroddsen, A. (Iceland)

93. – Electronic clinical case study documentation as a
tool for multidisciplinary nursing communication:
development of clinical and university setting specific
NANDA/NIC/NOC classification and database system
in geriatric nursing care ..................................................... 271
    By Horvat, D., Trobec, I., Žvanut, B. and Plazar, N. (Slovenia)

94. – Preparing undergraduate nursing students for
communicating in multidisciplinary practice: a focus on
clinical reasoning and clinical decision-making skills. .... 273
    By Lyte, GMC., Waterman, H. and Rees, J. (England)
95. – Developing a learning environment to improve communication in clinical practice using nursing data set. ............................................ 275
By Patiraki, E., Leventelis, Ch., Kampitsi, A. Dimoni, Ch., Govina, O. and Chatzopoulou, M. (Greece)

96. – The legal and professional impact of nursing culture on effective documentation. ............................................ 277
By Chiarella, M. (Australia)

97. – Nursing language in a global perspective (Keynote) ............................................ 279
By Prof. Barbara Parfitt (UK)

Poster 1. – Nursing language multilingual – translation works in the context of ENP® ............................................ 286
By: Daniela Wagner (Germany)

Poster 2. – Data quality of nursing process documentation in electronic patient data ............................................ 287
By: Pia Wieteck & Simon Berger (Germany)

Poster 3. – Implementation of nursing process in Malaysia – How to do it ? ............................................ 289
By: Aishah Ali (Malaysia)

Poster 4. – Study of NMDS in inpatient departments and implementation if ICNP® in nursing information system of Queen Savang Vadhana Memorial Hospital, Sriracha district, Thailand ............................................ 290
By: Chuenrutai Yeekian & Julalax Baramee (Thailand)
Poster 5.– Context as a basis for the derivation of nursing diagnoses from interventions in a study of intellectual disability nursing ............................. 293
By: Fintan K. Sheerin (Ireland)

Poster 6. – Nursing communication and nursing relationship in endoscopy unit .................................................. 294
By: Giancarlo Cicolini, S. Di Girolamo & L. Di Labio (Italy)

Poster 7. – Unité de développement et d’expertise – UDE ................................................................. 296
By: Jean-François Cardis & Catherine Jacot (Switzerland)

Poster 8. – Research and development of practice applications of caring based nursing language in multidisciplinary community practice ........................................... 297
By: Marylin Parker, D.Noel, A.Pandya & S.Beidler (USA)

Poster 9. – A model for nursing governance: from the resources to the outcomes ................................................... 299
By: Loreta Lancia, C.Petrucci & R.Alvaro (Italy)

Poster 10. – A multidisciplinary collaborative model for implementing new therapies that improve patient outcomes ................................................................. 300
By: Susan McCauley & M.Karpowicz (USA)

Poster 11. – Nurse-patient communication during consultation preceding chemotherapy: are older cancer patients’ needs met by nurses? ....................................................... 302
By: Julia van Weert, J.Jansen, S. van Dulmen, T.Heeren & J.Bensing (Netherlands)

Poster 12. – The activities of Japan science of nursing diagnosis ................................................................. 304
By: R.Fujimura, T.Nakajima, K.Hongo, Y.Ikematsu, K.Egawa & A.Emoto (Japan)
<table>
<thead>
<tr>
<th>Poster 13. – Nursing process – opinion of nurse technicians and aides</th>
<th>305</th>
</tr>
</thead>
<tbody>
<tr>
<td>By: Vanessa Kenne Longaray, Paula de Cezaro &amp; Miriam de Abreu Almeida (Brazil)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poster 14. – Construction of a nursing care and diagnosis instrument for the trauma intensive therapy unit</th>
<th>307</th>
</tr>
</thead>
<tbody>
<tr>
<td>By: Paula de Cezaro, Vanessa Kenne Longaray &amp; Miriam de Abreu Almeida (Brazil)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poster 15. – The nursing process in classification, communication and review: unambiguous and complete</th>
<th>309</th>
</tr>
</thead>
<tbody>
<tr>
<td>By: Jenny de Groot-Hendriks &amp; J.Weijers-Verhaeg (Netherlands)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poster 16. – Project Patient, System and Information (PSI) meets project 2003</th>
<th>311</th>
</tr>
</thead>
<tbody>
<tr>
<td>By: Markus Kern &amp; Christian Ablaser (Austria)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poster 17. – Enhancement of patient care: the students’ evaluation</th>
<th>312</th>
</tr>
</thead>
<tbody>
<tr>
<td>By: Elisabeth Patiraki, M.Chatzopoulou, Ch.Karlou, M.Harharidou, S.Katsaragakis &amp; Ch.Leventelis (Greece)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poster 18. – Multiprofessional collaboration promoting functional capacity of elderly home care clients: perspectives of elderly clients</th>
<th>314</th>
</tr>
</thead>
<tbody>
<tr>
<td>By: Sini Eloranta, P.Routasalo &amp; S.Arve (Finland)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Poster 19. – Stroke patients with eating difficulties – findings from an audit of multi-disciplinary patient records</th>
<th>315</th>
</tr>
</thead>
<tbody>
<tr>
<td>By: Eva Carlsson, A.Ehrenberg &amp; M.Ehnfors (Sweden)</td>
<td></td>
</tr>
</tbody>
</table>
Poster 20. – Differences in the actual nursing records and the perceived use of nursing diagnoses and interventions in surgical unit nurses in Seoul, Korea                  317
By: H.A.Park, Smi Choi-Kwon & H.J.Lee (Korea)

Poster 21. – Evaluation of the diagnosis of constipation in elderly nursing home residents                     319
By: Gülendam Hakverdioglu, L.Khorshid, I.Eşer & G. Türk (Turkey)

Poster 22. – Examination of nursing records of cerebral infarction patients                                  320
By: Gülengün Türk, L.Khorshid, I.Eşer & G.Hakverdioglu (Turkey)

Poster 23. – Multicentre study on the use and usefulness of Nursing Taxonomies in psychiatric hospitalisations units                                         321
By: Mercedes Ugalde Apalaguetui, Teresa Lluch Canut, Rosa Gonzales Gutierrez Solana, Alicia Sanchez Linares, Marta Sierra Garcia, Judith Balaguer Sancho & Isabel Alonso Durana (Spain)

Poster 24. – (Im)possible interview families experience heart failure (in minutes) to minimize suffering: how to apply measurement tools facilitating nursing diagnoses, interventions and outcomes evaluation 322
By: Ana Alexandra da Cunha Pinto (Portugal)

Poster 25. – Patient classification as a tool for nursing management at children and adolescents outpatient department 324
By: Pia Saajanto, Pirjo Kaakinen & Liisa Ukkola (Finland)

Poster 26. – The implementation of a special nursing station for people with dementia 326
Poster 27. – Adherence to therapeutic regimen in hypertensive patients ............................... 327
By: Inês Cruz (Portugal)

Poster 28. – Nursing students communication skills in clinical practice .................................. 329
By: Mateja Lorber, Barbara Donik, Barbara Periš, Milena Pišlar & Miha Kaušič (Slovenia)

Poster 29. – Nursing Outcomes Classification – study of the reliability in a Brazilian University Hospital ........ 330
By: Miriam de Abreu Almeida, Deborah Hein Seganfredo, Adele Kuckatz Pergher, Margarita Ana Rubin Unicovsky, Débora Francisco do Canto, Sofia Louise Santin Barilli, Débora Vianna Eckert, Vanessa Kenne Longaray, Paula de Cezaro & Valérie Giordani Araújo (Brazil)

Poster 30. – Content validation of the defining characteristics of the ineffective protection nursing diagnosis ............................... 331
By: Claudia Capellari & Miriam de Abreu Almeida (Brazil)

Poster 31. – Facilitation of standardized nursing communication ........................................... 333

Poster 32. – Comparison of Statistic Tools for the Esteem of Inter Observer-Reliability in the Identification of the Nursing Diagnoses according to the NANDA Taxonomy .................................................. 335
By: Claudio De Pieri (Italy)

Poster 33. – Nursing Communication - Implementation of the VIPS model in the paediatrics unit of Aalborg Hospital ................................................................. 337
By: Ulla Sloth, Elsebeth Poulsen & Lise Kirkegaard Lyngholm (Denmark)
Poster 34. – The role of e-representing of International Classification for Nursing Practice (ICNP®) in health care education
By: O. Sustersic, U. Rajkovic, V. Rajkovic & D. Cibic (Slovenia) .............................................. 339

Poster 35. – Quality insurance with the applied indicates and protocols
By: Papp Katalin, Törő Viktória & Vince Mihályné (Hungary) .............................................. 340

Poster 36. – The use of NANDA nursing diagnoses to structure the nursing documentation – a pragmatic approach
By: B. Hürlimann, T. Graber, M. Kuttnig, R. Paul, C. Schwanekamp, T. Srampical & R. Wüthrich (Switzerland) .............................................. 341

Poster 37. – Measuring the outcomes of nursing and midwifery interventions in Ireland
By: Christine Hughes (Ireland) .............................................. 342

Poster 38. – Information systems use among Ohio registered nurses: testing validity and reliability of nursing information systems use measurements and its outcomes
By: Amany Abdrbo & Chritine A. Hudak (USA) .............................................. 344
1. – Introduction to standardisation of nursing language (for beginners)

By Anne Casey (UK)

No abstract available

2. – Introduction to nursing informatics

By Charles Docherty (UK) & Anneli Ensio (Finland)

No abstract available

3. – Introduction to ICNP® version 1.0 – International Classification for Nursing Practice: a unified nursing language system

By Amy Coenen (USA), Nicholas Hardiker (UK), Claudio Bartz (USA), Kay Jansen (USA) & Élvio H. Jesus

No abstract available
56. – The refinement of financing criteria for hospital nursing care: an application of the use of Belgian NMDSII


Introduction

There is a requisite for a needs-driven financing system in healthcare. Nursing minimum datasets (NMDS) and hospital discharge datasets (HDDS) can be used to investigate those needs, and the comparison with reality, if scientific evidence and clinical contextual experience can also be taken into account.

Background

The Belgian Healthcare Knowledge Centre commissioned a research project to construct a refined financing model for hospital nursing care in Belgium. It concerns a one-year feasibility study, initiated in February 2006. In the current hospital financing system, two nursing care indicators that are based on B-NMDS are used: an average cost-weight for surgical, internal medicine and paediatrics departments; and a weighted intensive care ratio (ZIP/ZAP) for intensive care departments. This financing system is criticized for the following reasons:

1. It is not linked with DRGs;
2. Cost-weighting is based on actual staffing ratios, which favours nursing wards with high nurse staffing levels;
3. Except for technical care, cost-weights are not sensitive enough for changes in nursing practice;
4. Nursing intensive departments, such as geriatrics, are not included in the complementary financing scheme.

At present there is no link between financing criteria and patient centred nursing intervention needs, nor with the complementary staffing needs.

Study objective

The aim of the study is to develop a refined model of financing nursing care that makes the shift from financing current nursing activities and nurse staffing levels to a system that is based on appropriate nursing activities and appropriate nurse staffing levels. A further integration with DRG is also envisioned.

Methodology and procedure

The study encompasses two distinct parts, which are integrated in the final modelling: intervention needs based on evidence; and staffing needs based on perceptions of nursing personnel, in combination with multidimensional statistical analysis (CATPCA).

Intervention needs

During the first months, 9 nursing interventions were selected based on frequency, variability, and staffing and evidence related criteria in concert with expert opinion. A strict evidence based approach
was used to summarize the current state of the art in the application of these interventions. Proven indications and contra indications for combinations of these and other nursing interventions are extracted. Based on aggregated NMDS and HDDS analysis the relations between the concerned patient problems, nursing interventions and outcomes and events can be investigated to construct an algorithmic rule set. Different levels of evidence are taken into account. The effects in staffing and financial terms of diverse applications are clarified based on real patient cases.

**Staffing needs**

More than 100 real life patient cases from 38 hospitals were constructed based on comprehensive patient records analysis and clarification by involved nurses. A subdivision was made between general wards, paediatric wards, intensive care wards and geriatric wards to account for inherent staffing differences. More than 200 charge nurses distributed over all Belgian general hospitals applied for the rating of these cases, using a Delphi approach, with regard to staffing needs. External validation by means of the rating of separate nursing interventions in function of staffing needs effects is also tested.

**Results**

In the final stage both needs assessments, interventional and staffing related, will come together to construct a coherent financing model of hospital nursing care. NMDS and HDDS will be further integrated in this application. A literature review will also compare the model with hospital financing systems abroad.

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