Marketing NANDA-I’s Classification

What educators, administrators & EHR companies need to know
Marketing “The Book”

Nursing Universities
- Faculty
- Students

Health Care Organizations
- Nurse Educators
- Nurse Administrators
- Informatics Nurses / IT Professionals
Universities

- The book is more than the classification!
- Provides introductory chapters written with undergraduate nurses in mind
  - Case studies / vignettes
  - Links diagnosis to the nursing process & helps students understand how to accurately diagnose
  - Clearly shows that nursing diagnoses are representations of clinical reasoning
  - Shows how students can use taxonomic structure to identify diagnoses with which they may not be already familiar, but which fit a clinical scenario they are facing in practice
Universities

• Provides the full, approved NANDA-I nursing diagnosis structure, and explains it
• The book represents the **knowledge of international groups of nurses** – not just one author’s opinion (Primary versus secondary resource)
• The knowledge contained within the classification is **peer-reviewed**, and **evidence-based**
• This new edition has multiple changes that result from input of nurses in practice, education and research from around the globe
Universities: Key Changes

- Stronger influence on clinical reasoning process, and importance of understanding the concepts/phenomena underlying nursing diagnoses
- **SEVENTEEN** (17) new diagnoses
- Changes were made to **ELEVEN** (11) nursing diagnosis labels
- **EIGHT** (8) diagnoses were retired
- **72** diagnoses were revised
Universities: Key Changes

- **Changes to definitions of health promotion diagnoses**
  - A clinical judgment concerning motivation and desire to increase well-being and to actualize health potential. These responses are expressed by a readiness to enhance specific health behaviors, and can be used in any health state. In individuals who are unable to express their own readiness to enhance health behaviors, the nurse may determine that a condition for health promotion exists and act on the client’s behalf. Health promotion responses may exist in an individual, family, group, or community.
Universities: Key Changes

- New diagnostic indicator categories introduced
- Decrease the “laundry lists” of related factors, thus helping to focus nurses on those etiological factors which are amenable to nursing intervention
Universities: Key Changes

- **New** diagnostic indicator **categories** introduced (cont.)
- **At-risk populations**
  - Groups of people who share a characteristic that causes each member to be susceptible to a particular human response, such as: demographics, health/family history, stages of growth/development, or exposure to certain events/experiences
- **Associated conditions**
  - Medical diagnoses, injuries, procedures, medical devices, or pharmaceutical agents. These conditions are not independently modifiable by the professional nurses, but may support accuracy in nursing diagnosis.
Universities: For Students

- **Case studies / vignettes** in each opening chapter
- Several **clinical reasoning** tips
- **Question & answer chapter** responds to common questions asked by students around the globe
Health Care Organizations

• **Nurse Educators**
  • Desk copy available on all units for reference

• **Nurse Administrators**
  • Useful for quality improvement strategies
  • Magnet hospital status requires nursing research

• **Nurse Informaticists / Information Technology Professionals**
  • Provides additional information on use of taxonomy and terminology in practice
Universities

• Many universities have **electronic health record (EHR)** programs to enable students to learn how to use these for documentation of patient status and outcomes
  • Populating these EHRs with NANDA-I will encourage use in clinical practice
• Simulation labs are increasing around the world to take the place of a portion of clinical practice hours in health care settings
  • Using NANDA-I in these lab scenarios can **support students** not only in **developing assessment skill**, but also in moving from assessment to diagnosis
Health Care Systems

• Health care systems are moving to EHRs at an astounding rate
  • Nursing is not a revenue-generating department, so resources are often tight
  • Important to link excellence in assessment and diagnosis to patient outcomes that drive reimbursement (we don’t generate money but we can prevent loss of reimbursement)
  • Use in quality improvement
Example: Patient Falls

• There are multiple outcomes that have been designated as “never events” in health care organizations
  • Falls
  • Pressure injuries
  • Infection
• Current practice is to track actual number of cases with goal of decreasing that number and getting as close to zero as possible
• Quality improvement process is forgotten when the focus is simply on the number of cases that occur
Example: Patient Falls

- **Best practice:**
  - Identify the number of patients with **risk for falls** (this is a nursing diagnosis)
  - Identify what led to that diagnosis – what **risk factors** were found during assessment?
  - Look at number of patients with **risk for falls** versus number of **actual falls**
  - Look at interventions used to prevent falls
  - What worked? What did not work? Are there common denominators?
  - It is possible for the number of falls to go up because the number of patients with **risk for falls** this month was unusually high – yet the % of patients with **risk of falls** when compared to the % of patients who actually fell may be the same as always, or even lower, because the risk was recognized and intervention was initiated
Example: Patient Falls

• Being able to mine the data within the EHR to find the cause of the fall (related factors) or the risk factors that existed but were not identified can support targeted continuing education for nurses, or stimulate quality improvement projects.

• These key outcomes are tied to reimbursement – when falls happen, health care organizations in the USA lose reimbursement dollars!
Health Care Organizations

- **Think system versus individual organization**
  - Many organizations have multiple care sites – using the same documentation system for nurses across all systems allows for better coordination of care across the continuum
  - Makes for ease in training nurses who move from one unit or setting to another
  - Should have pricing models for systems versus stand-alone sites
- **Think state / federal**
  - Many countries have one or both of these model sites – using the same documentation system for nurses across all systems allows for better coordination of care across the continuum
  - Consider pricing models for all health care organizations within a state or federal system