Consolidated Health Informatics Initiative Final Recommendation Information Sheet¹

Domain Title & Team Lead:

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Scope:

This domain is defined as a terminology that is used to identify, classify, and name the delivery of nursing care. Sub-domains are derived from the Nursing Process and American Nurses Association (ANA) approved Nursing Minimum Data Set (NMDS), emphasizing nursing assessment, diagnosis, interventions, and outcomes of nursing care.

Domain/Sub-domain	In-Scope (Y/N)
Assessment / Observations	Y
Plan / Goals	Y
Diagnosis	Y
Interventions	Y
Evaluation / Outcome	Y
Intensity of Nursing Care	N*
Patient Demographics	N*

^{*}Intensity of nursing care, part of the NMDS, is out of scope as no rating or vocabulary standard exists or is widely implemented. Patient demographic data is out of scope and being covered by the demographics workgroup.

Alternatives Identified

- 1. SNOMED CT
- 2. ABC Codes
- 3. NANDA (The North American Nursing Diagnosis Association)
- 4. NIC (Nursing Interventions Classification)
- 5. NOC (Nursing Outcomes Classification)
- 6. Omaha System
- 7. HHCC (Home Health Care Classification)
- 8. PCDS (Patient Care Data Set)
- 9. PNDS (Perioperative Nursing Data Set)
- 10. ICNP (International Classification for Nursing Practice)
- 11. Clinical LOINC (Logical Observation Identifiers Names & Codes)

¹ Information Sheet designed specifically to facilitate communication between CHI and NCVHS Subcommittee on Standards and Security resulting from May 20, 2003 testimony. CHI may seek assistance to help further define scope, alternatives to be considered and/or issues to be included in evaluation process.

Final Recommendation:

SNOMED CT (Systematized Nomenclature of Medicine Clinical Terms)

Content Coverage:

SNOMED CT contains: over 1,000 nursing intervention concepts modeled from the Georgetown Home Health Care Classification, the Omaha System and the Nursing Interventions Classification (NIC); Intervention Concepts from the Perioperative Nursing Data Set (PNDS); Nursing diagnosis and problem concepts from NANDA, PNDS, HHCC, and Omaha. NOC will be integrated into the January 2004 release. The outcomes and new interventions from HHCC and Omaha Systems will be included in July 2004. Discussions continue with ICN and PCDS.

For nursing assessments and documentation of care, nurses often choose medical terms. Many of these would fall within multiple SNOMED CT concept nodes, such as: **Disease** (i.e. petechaie, blood transfusion reaction); **Physical object** (Hickman catheter); Specimen (catheter tip specimen); Body structure (subclavian vein); Qualifier Value (Blood Products, HLA matched platelets); **Organism** (Pt on isolation for MRSA of the nares); Context-Dependent Categories (sick child at home); Staging and scales (Likert scale for pain rating); & Substance (sweat). Essentially, nursing documentation could easily involve all of the 19 SNOMED CT concept hierarchies. Obviously, the workgroup could not examine the entirety of SNOMED CT therefore; the workgroup is recommending SNOMED CT as it contains nursing concepts from the previously mentioned source nursing terminologies. The specific concepts in the SNOMED CT hierarchy that form the basis of our recommendation are primarily found in the Findings & Procedures hierarchies, as they represent the majority of nursing diagnoses, interventions and outcomes.

For example:

A Nursing Diagnosis (NANDA) of "Acute Pain" **Finding**

> Clinical history and observations finding Pain / sensation finding Pain finding Finding of pattern of pain

Acute Pain

A Nursing Intervention (NIC) of "Pain Management"

Procedure

Procedure by Intent Therapeutic Procedure Medical Therapies

Pain Management

A Nursing Outcome (NOC) of "Pain Control"

Procedure

Procedure by Intent Therapeutic Procedure Medical Therapies Pain Management Pain Control

Acquisition:

An in-principal agreement has been reached that provides, in the US, SNOMED CT as one of the Category 0 codesets, essentially allowing free distribution and use in the US.

Conditions:

No conditions noted.

The workgroup would like to see mappings between the source nursing terminologies and SNOMED CT, and for these mappings to be maintained, validated, and distributed through the UMLS. The workgroup recognizes the importance of the collaboration of the source nursing terminology owners and the SNOMED CTG for Nursing in the appropriate inclusion and representation of nursing terms within SNOMED CT.

Appendix A

ANA- Recognized Terminologies	Assessment	e Inter	Interventions	Outcomes	Updates / Cost	Mapped or Concepts Integrated in SNOMED CT?	In the UMLS?	NOTES
SNOMED CT	X	X	X	X	Free thru UMLS in 01/04		Category 0 as of 01/04	Convergent Terminology Group for Nursing—collaborates with ANA and terminology owners
ABC Codes			<u>X</u>			No	Category 3	Primarily administrative / billing codes
NANDA NIC		X	X		"License fee based on usage" \$5.00 per end user/yr	Integrated & mapping tables available Integrated &	Category 3 Category 3	Fully integrated in SNOMED CT
			11			mapping tables available		
NOC				X	\$5.00 per end user/yr	Plan to complete integration for 1/2004 release	Category 3	
OMAHA System		X	X	X	Public Domain	Integrated	Category 1	

ANA- Recognized Terminologies	Assessment	Diagnosis	Interventions	Outcomes	Updates / Cost	Mapped or Concepts Integrated in SNOMED CT?	In the UMLS?	NOTES
	Scop	e <u>Inter</u>						
ННСС		X	X	X	Annually / Copyrighted but in Public Domain —free with permission	Integrated (Diagnoses & Interventions; Outcomes pending)	Category 1	Integrated into SNOMED CT
PCDS		X	X	X	Only at Vanderbilt University	Discussions Continue	Category 3	ONLY in use at Vanderbilt University; Plan to have it coded according to clinical LOINC and mapped into SNOMED
PNDS		X	X	X		Integrated & mapping tables available	N	
ICNP	X	X	X	X	Demonstration /testing versions	Discussions continue	N	Version I not due for release TIL 2005
Clinical LOINC	X		X	X		Workgroup convened by NLM	Y	Unidentified overlap with SNOMED-CT; Not comprehensive of nursing terms. Has convened a nursing subcommittee—early stages.