NURSING TERMINOLOGIES

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Since the early 1970's, nurses have been developing sets of terms to define nursing's professional identity and to represent nursing data in clinical information systems. At the time of the early efforts, developers of nursing terms had limited knowledge of semiotics, informatics, or desiderata for standard languages¹⁻⁴. As a result, the sets of terms generally lack one or more of the characteristics desirable in standard terminologies for use in computer-based information systems.

In 1991 the American Nurses Association (ANA) created a committee to review nursing languages and to recognize those that had met the committee's own criteria as potentially useful to support nursing practice. Since that time, the ANA criteria have evolved with the growing knowledge of terminology standards in health informatics. Currently (May 2003), there are 13 terminologies recognized by the ANA. These are listed below ⁵.

ANA Recognized Terminologies that Support Nursing Practice

Resource	Recognition Date
1. NANDA-Nursing Diagnoses, Definitions, and Classification 2003-2004	1992
NANDA-International	
1211 Locust Street	
Philadelphia, PA 19109	
Phone: 1-800-647-9002	
FAX: 1-215-545-8107	
Email: nanda@nursecominc.com	
Website: www.nanda.org	
2. Nursing Interventions Classification System (NIC)	1992
Joanne McCloskey Dochterman, Center Director and	
Barbara Head, Research Associate	
The Center for Nursing Classification	
College of Nursing 407D	
College of Nursing, 407B	
IOWA LITY, IA 52242-1121 Dhanay 210 225 7051	
EAX: 210 225 6920	
Website: www.pursing.uiowa.edu/conters/oneco/	
(NIC/NOC can be obtained from the same source)	
(Nic/Noc can be obtained from the same source)	
3. Home Health Care Classification (HHCC)	1992
Virginia K. Saba, EdD, RN, FAAN, FACMI	
Georgetown University School of Nursing	
3700 Reservior Road, NW	
Washington, DC 20007	
Phone: 703-521-6132 (h)	
FAX: 202-687-5553	
Website: www.sabacare.com	

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Nashville, TN 37240-0008 Phone: 615-936-1557 FAX: 615-936-1427

Email: judy.ozbolt@vanderbilt.edu

Resource	Recognition Date
4. Omaha System Karen Martin	1992
2115 S. 130 th Street	
Omaha, NE 68144 Phone: 402-333-1962	
FAX: 402-333-2091	
Website: www.omahasystem.org	
 Nursing Outcomes Classification (NOC) Joanne McCloskey Dochterman, Center Director Shawn Gibbs, Coordinator Center for Nursing Classification and Clinical Effectiveness 	1997
University of Iowa College of Nursing 407B	
Iowa City, IA 52242-1121 Phone: 319-335-7051	
FAX: 319-335-6820 Website: www.nursing.ujowa.edu/centers/cncce/	
(NIC/NOC can be obtained from the same source)	
6. Nursing Management Minimum Data Set (NMMDS) Connie Delaney, PhD, RN, FAAN	1998
College of Nursing	
Iowa City, IA 52242-1121	
FAX: 319-335-7129	
Email: <u>connie-delaney@uiowa.edu</u>	
Diane Huber, PhD, RN, FAAN, CNAA Co-PI, NMMDS	
1222 Oakes Drive Iowa City IA 52245-0113	
Phone: 319-335-7122	
FAX: 319-354-0113	
Email: <u>diane-huber@uiowa.edu</u>	
7. Patient Care Data Set (PCDS) Judy G. Ozbolt, PhD, RN, FAAN Vanderbilt University	1998
School of Nursing, Rm. 46, Godchauz Hall 461 21 st Avenue South	
Nashville TN 37240-0008	

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Resource	Recognition Date
 8. PeriOperative Nursing Data Set (PNDS) Melissa Parlapiano, Administrative Assistant Association of periOperative Registered nurses 2170 South Parker Road, Suite 300 Denver, CO 80231-5711 Phone: 1-800-755-2676, Ext. 248 Email: mparlapiano@aorn.org Website: www.aorn.org 	1999
9. SNOMED RT/ CT Debra J. Konicek, RN, BSN, BC Terminology Manager, Nursing SMOMED International College of American Pathologists 325 Waukegan Road Northfield, IL 60093 Phone: 1-800-323-4040, ext. 7351 847-832-7351 FAX: 847-832-8335 Email: <u>dkonice@cap.org</u> Website: <u>www.snomed.org</u>	1999, 2003
10. Nursing Minimum Data Set (NMDS) Connie Delaney, PhD, RN, FAAN College of Nursing University of Iowa Iowa City, IA 52242-1121 Phone: 319-335-7113 319-335-7122 FAX: 319-335-7129 Email: connie-delaney@uiowa.edu	1999
 11. International Classification for Nursing Practice (ICNP®) Amy Coenen, PhD, RN, CS, Associate Professor Director, International Classification for Nursing Practice (ICNP®) International Council of Nurses Marquette University College of Nursing P.O. Box 1881 Milwaukee, WI 53201 Phone: 414-288-3861 FAX: 414-288-1939 	2000

Email: <u>amy.coenen@marquette.edu</u> Website: <u>www.icn.ch/icnp/htm</u>

Resource

Recognition Date

12. ABCcodes

2000

2002

Melinni Giannini, CEO Connie Koshewa, Director of Research Alternative Link 1065 S. Main, Building C Las Cruces, NM 88005 Phone: 505-527-0636 FAX: 505-523-4152 Email: <u>cheri.dunkleberger@alternativelink.com</u> Website: <u>www.alternativelink.com</u>

13. Logical Observation Identifiers Names and Codes (LOINC®) Susan Matney, RN, MS Team Lead Health Data Dictionary Team 110-720-S4-22 Scott S. Parker Administrative Building 4646 West Lakepark Boulevard Salt Lake City, UT 84120-8212 Phone: 801-442-4488 FAX: 801-442-6996 Email: cosmatne@ihc.com Website: www.loinc.org

Six of the ANA-recognized terminologies specific to nursing have been included in the 2003AA edition of the UMLS Metathesaurus⁶. These are:

- 1. Classification of Nursing Diagnoses. NANDA. 1999.
- 2. Home Health Care Classification of Nursing Diagnoses and Interventions. 1996. (An updated version will be included in the next UMLS release, 2003AB.)
- 3. Nursing Interventions Classification (NIC). Iowa Intervention Project. 1999.
- 4. Nursing Outcomes Classification (NOC). Iowa Outcomes Project. 1997.
- 5. OMS94. The Omaha System: Applications for Community Health Nursing. 1994.
- 6. PCDS97. Patient care Data Set (PCDS). Version 4.0. 1997. Nashville, TN. Vanderbilt University School of Nursing.

Those responsible for twelve of the ANA-recognized terminologies submitted responses to a questionnaire distributed by the National Committee on Vital and Health Statistics Subcommittee on Standards and Security. Analysis of responses as presented in the April 17, 2003 draft report showed that ten of those reviewed failed to meet one or two of the following criteria⁷:

Criterion	1	0
Concept Orien tation	Elements of the terminology are coded concepts, with possibly multiple synonymous text representations, and hierarchical or definitional relationships to other coded concepts. No redundant, ambiguous, or vague concepts exist.	The terminology is not concept oriented.
Concept Permanence	The meaning of each coded concept in a terminology remains forever unchanged. If the meaning of a concept needs to be changed or refined, a new coded concept is introduced. No retired codes are deleted or re-used.	The meanings of coded concepts may change OR retired codes are deleted OR retired codes are re- used
Non-Ambiguity	Each coded concept in the terminology has a clear, unique meaning	Certain coded concepts in the terminology have a vague meaning or more than one meaning
Explicit Version IDs	Each version of the terminology is designated with a unique identifier, such that parties exchanging data can readily determine if they are using the same set of terms.	The terminology has no version identifiers, or the terminology content may change without a change to the version identifier.

 Table 2. Scoring Metrics for Essential Technical Criteria

The terminologies reviewed and the criteria they failed are listed below $^{7,\ p.\ 9}$

ABC Codes	Concept Orientation (?), Concept Permanence
HHCC	Concept Orientation
ICNP	Concept Permanence
NANDA	Concept Orientation (?), Concept Permanence
NIC	Concept Orientation, Concept Permanence
NMMDS	Concept Orientation
NOC	Concept Orientation (?), Concept Permanence
Omaha	Concept Orientation (?), Concept Permanence
PCDS-VU	Concept Orientation
PNDS	Concept Orientation, Concept Permanence

Failure to meet the essential technical criteria would disqualify these terminologies from consideration by the National Committee on Vital and Health Statistics for inclusion in a "Core Terminology Group" for a national standard medical terminology. The two ANA-recognized terminologies that passed all the essential technical criteria were LOINC and SNOMED CT.

Some of the ANA-recognized terminologies are mapped partly or completely to SNOMED CT. The SNOMED Convergent Nursing Terminologies Group started by mapping diagnoses, progressed to interventions, and is working now on outcomes. NANDA and NIC are fully mapped to SNOMED CT. The PNDS mapping (including outcomes) will be included in the July 2003 release of SNOMED CT. The diagnoses and interventions of HHCC and Omaha are included in the current version of SNOMED CT; outcomes in these terminologies have not yet been mapped. NOC mapping is expected to be included in the January 2004 release of SNOMED CT⁸.

Nursing terminology developers have been meeting with one another and with experts in language and standards annually since 1999 in a series of Nursing Terminology Summit Conferences at Vanderbilt University, with both public and private sponsorship ^{9, 10}. These meetings and the intervening work by participants have contributed substantially to the development of reference terminology models of diagnoses and interventions now accepted as draft standards by the International Standards Organization. These models have guided the work of the Convergent Nursing Terminologies Group at SNOMED. In addition, collaboration at the Summit Conferences has led to revision of LOINC standards to accommodate nursing concepts and measures and to testing of the Health Level 7 Reference Information Model for representing nursing concepts. Nursing participation and leadership in LOINC and HL7 have increased. Perhaps most importantly, nursing terminology developers have learned about the characteristics needed for standard terminologies to be incorporated in computer-based systems, and experts on language and standards have learned about the kinds of information nurses generate and use. There is reason to expect that nursing terminologies will evolve to become fully useful as standards to represent important clinical information.

References

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- Chute CG, Cohn SP, Campbell JR. A framework for comprehensive terminology systems in the United States: development guidelines, criteria for selection, and public policy implications. ANSI Health Care Informatics Standards Board Vocabulary Working Group and the Computer-based Patient Records Institute Working Group on Codes and Structures. J Am Med Inform Assoc. 1998;5(6):503 –510.
- 3. Cimino JJ. The concepts of language and the language of concepts. Methods Inf Med .1998; 37(4-5):311.
- 4. Cimino JJ. Desiderata for controlled medical vocabularies in the twenty-first century. Methods Inf Med.1998; 37(4-5):394 -403.
- Bickford C. RE: Roster of ANA -recognized terminologies, please. Email communication to J. Ozbolt. Committee on Nursing Practice Information Infrastructure, American Nurses Association, May 5, 2003.
- 6. Willis J. RE: Nursing languages in UMLS. Email Communication to J. Ozbolt. National Library of Medicine, April 29, 2003.
- 7. Sujansky W. A draft report to the National Committee on Vital and Health Statistics Subcommittee on Standards and Security, Version 2. April 17, 2003.
- 8. Konicek D. RE: Which nursing terminologies are in SNOMED? Email communication to J. Ozbolt. College of American Pathologists, May 5, 2003.
- 9. Ozbolt J. Terminology standards for nursing: Collaboration at the Summit. J Am Med Inform Assoc 2000;7(6): 517-522.
- 10. Ozbolt J. The Nursing Terminology Summit Conferences: A case study of successful collaboration for change. (Under review.)