National Nursing Documentation Project in Finland 5/2005- 5/2008 :
Nationally Standardized Electronic Nursing Documentation

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NATIONAL EPR SERVICE IN FINLAND

National aims:


Requirements:

• By 2007 Finland has a national, coherent (unified) system of processing, storing, communicating and assessing of electronic patient records.
• Secure and confidential communication
• National PKI-services (professional card)
NURSING DOCUMENTATION

The national challenge in Finland is:

• to unify and standardize nursing documentation

• to connect it with the interdisciplinary core documentation of the patient history, national code server and national archive
THE NURSING MINIMUM DATA SET IN FINLAND (NMDS)

Nationally defined Nursing Minimum Data Set includes information on:

1. NURSING DIAGNOSIS/NEEDS
2. NURSING INTERVENTION
3. NURSING OUTCOMES
4. NURSING DISCHARGE SUMMARY
5. PATIENT CARE INTENSITY

AIMS

1. to develop a nationally unified and standardized nursing documentation by 2007

2. to integrate the nursing documentation into the interdisciplinary patient record

3. to define Nursing Management Minimum Data Set (NMMDS)
METHODS OF THE PROJECT

The project was carried out as an action research by the support of the Ministry of Social Affairs and Health

1. Piloting of the structured and classified nursing documentation was going on during the years 2005 – 2007

- The national NMDS and earlier (2002-2004) developed Finnish Classification of Nursing Needs and Interventions (based on Clinical Care Classification = CCC) were integrated into 8 health recording systems in 33 health care organizations (106 units/wards).
  - 3 University hospitals
  - 11 District hospitals
  - 19 Health care centres
METHODS..

- The piloting of the structured and classified nursing documentation started in October 2005 and ended in September 2007. The piloting covered special care, primary care, homecare and elderly care.
- Continuous interdisciplinary testing of structured and classified documentation with vendors => improvement of usability and functionality of the health recording system

2. Defining the Nursing Management Minimum Data Set
- Teamwork of 12 Directors of Nursing
EVALUATION

1. Evaluation of the structured and classified nursing documentation by questionnaires (N=975) and statistics in May 2007

2. Continuous evaluation was carried out during the piloting
   - Nursing documentation before and after piloting
   - Nursing discharge summary
   - Changes in nursing process
RESULTS

1. Nationally unified and standardized nursing documentation has been developed
   - Finnish nursing documentation is based on the nursing decision making process, nursing core data (NMDS) and Finnish Care Classification (FinCC).
   - FinCC includes the Finnish Classification of Nursing Diagnosis/Needs (FiCND), Nursing Interventions (FiCNI) and Nursing Outcomes (FiCNO)
RESULTS..

FiCND & FiCNI COMPONENTS:

- Metabolism
- Activity
- Coping
- Fluid volume
- Health behaviour
- Health services
- Medication
- Nutrition
- Respiration

- Elimination
- Role relationship
- Safety
- Self care
- Psychological regulation
- Sensory
- Skin integrity
- Continued treatment
- Life cycle
- Blood circulation

FiCNO = 3 qualifiers: improved, stabilized, deteriorated

* Classifications are coded and connected with the national code server.
Structure and classifications of the nursing documentation process

NMDS

FinCC

Nursing diagnosis/needs
FiCND 2.01

Nursing interventions
FiCNI 2.01

Nursing outcomes
FiCNO 2.0

Measurement of patient care intensity

Oulu patient classification (OPCq)
<table>
<thead>
<tr>
<th>Structure</th>
<th>Interdisciplinary care process</th>
<th>Admission &amp; Status</th>
<th>Planning</th>
<th>Action</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nursing process</strong></td>
<td>Data collection and analysis *</td>
<td>Definition of patient needs/diagnosis</td>
<td>Aims</td>
<td>Planned nursing interventions</td>
<td>Nursing Interventions</td>
</tr>
<tr>
<td>FiCND 2.01</td>
<td>-</td>
<td>FiCND and assessment scales</td>
<td>FiCND</td>
<td>-</td>
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<tr>
<td>FiCNO 1.0</td>
<td>-</td>
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<td>FiCNI 2.01</td>
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<tr>
<td><strong>Nursing core data</strong></td>
<td>Interdisciplinary core data</td>
<td>Nursing needs</td>
<td>Nursing interventions</td>
<td>Nursing outcomes</td>
<td>Nursing discharge summary</td>
</tr>
</tbody>
</table>

*Includes data of personal identification, risks, medication, medical diagnosis, examinations, operations and activity  
  
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RESULTS..

- It takes about 3-6 months to learn structured nursing documentation.
- When the structured nursing documentation has been used some months, it speeds up the recording and also guides to document.
- Overlappings in documentation have decreased and the documentation is more specific.
- The quality of the nursing documentation content has improved and it’s more uniform and patient-centred.
- Information is in real time and the continuity and security of nursing care have improved.
- Nursing process has changed => the need of oral nursing reports has decreased => “silent reporting”
RESULTS..

2. Nursing Management Minimum Data Set (NMMDS)

- Nursing Management Minimum Set has been defined in co-operation with STAKES (National Research and Development Centre for Welfare and Health).

=> Testing of NMMDS will be carried out 2008 in the project called: ”National Nursing Data”
NMMDS
(Nursing Management Minimum Data Set)

NATIONAL BENCHMARKING
NURSING MANAGEMENT
CLINICAL DECISIONS

BALANCE SCORECARD DATA

POPULATION
- Predictable information
  PATIENT
- Background information
- Patient satisfaction

CARE PROCESS
- Process identifiers
- Nursing process (NMDS)
  - Effectiveness of care
  - Quality of care

STAFF
- Capability
- Resources
- Wellfare

ECONOMY
- Costs of nursing
THE USE OF STRUCTURED NURSING DATA – BENEFITS

- Summaries of nursing process (discharge, reporting, assessment)
- Content of nursing process (also in relation to the medical diagnose)
  => efficiency and quality of care
- Multiprofessional search for information => use in decision-making
- Statistics and reports for nursing management, planning, education, research and quality assessment
The final project report will be published in August 2008 and will be presented also in Nursing Informatics Conferens in Helsinki June 2009.

More information
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