National Association of School Nurses

POSITION STATEMENT

Nursing Minimum Data Set for School Nursing Practice

HISTORY:

Information technology can have a positive impact on the quality and efficiency of today's health care system. In addition, large savings may be realized by moving from a paper-based system to electronic records (eHealth Initiatives, 2003). While the American health system is advanced in many areas, it is behind in using technology to manage information. School nursing itself lags in implementing electronic student health records. Data in electronic or digital form provides an efficient method of storing, retrieving, analyzing, and archiving data for student populations. Electronic records support the transformation of data into information and knowledge that can enhance the quality of nursing care of students and the school community (Henry, 1997). The use of a common vocabulary to gather data will assist in validating the contributions of school nurses to student health and educational outcomes.

DESCRIPTION OF ISSUE:

Classification of nursing phenomena provides a common language for communication within the discipline of nursing (Androwich et al, 2003). With the implementation of computerized records, the use of agreed upon terms to record data is essential. To accurately and consistently document, store, aggregate, and retrieve nursing care data, fields and data elements must be equivalent within and between student health record databases. The Nursing Minimum Data Set (NMDS) provides a formal structure for electronic data sets to support nursing care in all settings. The NMDS is similar to other health care data sets except that it includes four nursing care elements and a unique provider number for each health care provider. The 16 elements of the NMDS are:

NURSING CARE ELEMENTS
Nursing diagnosis
Nursing intervention
Nursing outcome
Nursing intensity

CLIENT ELEMENTS
Unique individual identifier number
Date of birth
Gender
Race and ethnicity
Residence

SERVICE PROVIDER ELEMENTS
Unique facility identifier
Unique health record number
Unique health provider identifier
Encounter date
Discharge date
Disposition of client
Expected payer of bill

Several nursing classifications of standardized nursing terms are recognized by the American Nurses Association (ANA) as meeting specific standards. These languages provide common terms for the Nursing Care Elements of the NMDS. The languages that have met these standards are: North American Nursing Diagnosis Association (NANDA), Nursing Interventions Classification (NIC), Nursing Outcomes Classification (NOC), Home Health Care Classifications (HHCC), Omaha System-

Community Health Classification System, Ozbolt's Patient Care Data Set, and Perioperative Data Set. A Nursing Minimum Data Set for school nursing has been developed (Fahrenkrug, 2003) and will be refined and submitted to Nursing Information and Data Set Evaluation Center (NIDSEC) for approval as an official data set.

The Scope and Standards of Professional School Nursing Practice (NASN/ANA, 2001) lists components of the nursing process that are basic in the planning, delivery, and evaluation of nursing care. The three classifications that are appropriate for school nursing in addressing the Nursing Care Elements of the NMDS are the North American Nursing Diagnosis Association's *Nursing Diagnoses: Definitions and Classification* (NANDA, 2003), the *Nursing Interventions Classification (NIC)* (Dochterman & Bulechek, 2004), and the *Nursing Outcomes Classification (NOC)* (Moorhead, Johnson, & Maas, 2004). These classifications provide school nurses with standardized nursing languages that are easy to understand, implement in practice, and use in electronic information systems. These three classifications will assist in naming the first three nursing care elements of the NMDS. Although there has been some work on a School Health Intensity Rating Scale (Klahn, Hays, & Iverson, 1998), the fourth Nursing Care Element, it has yet to be used in practice. The Client and Provider Service Elements are demographic information already in many school databases, some of which may not be applicable in the school setting.

Unless electronic student health databases use common languages, it is costly and time consuming to aggregate records on a local, state, or national level. Because school nurses provide nursing care to large numbers of healthy children and relatively small numbers of chronically ill and medically fragile children, the discovery of new nursing knowledge about the efficacy of school nursing practice is dependent on the statistical power of large aggregated databases. Aggregating student health data further into data sets that combine data from all health care settings will allow researchers to compare the effectiveness and value of providing health services in schools with other delivery settings.

RATIONALE:

With the adoption of electronic student health records, the National Association of School Nurses (NASN) must provide direction for the use of common terms to store, retrieve, analyze, and communicate the elements of school nursing practice in student health databases. Forms, databases, and electronic health records should include fields for the 16 elements in the NMDS. The inclusion of school nursing data in district, state, and large national health care and educational databases will allow researchers to measure the outcomes and cost effectiveness of school nursing practice.

CONCLUSION:

It is the position of the National Association of School Nurses (NASN) to recognize and support the collection of essential nursing data as listed in the Nursing Minimum Data Set. NASN supports and encourages the teaching and use of standardized nursing languages in school nursing practice and databases. NASN will encourage collaboration with developers of standardized nursing classifications and the school nurse data set to facilitate their integration into school nursing practice nationwide. The use of a common vocabulary to gather data in computerized databases will assist in validating the contributions of school nurses to student health and educational outcomes.

References/Resources:

Androwich, I.M., Averill, C., Carty, B., Delaney, C., Donaldson, N.E., Gibbons, B.J., et al. (2003). *Nursing Information and Data Set Evaluation Center (NIDSEC) standards and scoring guidelines*. Washington, DC: American Nurses Publishing.

Denehy, J. (2004). *Using Nursing Languages In School Nursing Practice: Nursing Classification Systems: North American Nursing Diagnosis Association (NANDA), Nursing Interventions Classification (NIC)*, *Nursing Outcomes Classification (NOC).* Castle Rock, CO and Scarborough, ME: National Association of School Nurses.

Docterman, J. M. & Bulechek, G. M. (2004). *Nursing interventions classification (NIC).* (4th ed.). St. Louis: Mosby.

eHealth Initiatives. (2003) Retrieved March 5, 2004 from http://www.ehealthinitiative.org/

Fahrenkrug, M.A. (2003). Development of a nursing data set for school nursing. *Journal of School Nursing, 19*(4), 238-248.

Henry, S.B. (1997). A nursing informatics approach to addressing national issues and priorities for school nursing services. *Journal of School Nursing, 13*(4), 39-40,42.

Klahn, J. K., Hays, B. J., & Iverson, C. J. (1998). The school health intensity rating scale: Establishing reliability for practice. *Journal of School Nursing, 14*(4), 23-28.

Moorhead, S., Johnson, M., & Maas, M. (2004). *Nursing Outcomes Classification (NOC),* (3rd ed.). St. Louis: Mosby.

National Association of School Nurses, American Nurses Association (NASN/ ANA). (2001). *Scope and standards of professional school nursing practice*. Washington, DC: American Nurses Publishing.

National Association of School Nurses (NASN). (2001). *Position statement: Nursing Classification Systems: North American Nursing Diagnosis Association (NANDA), Nursing Interventions Classification (NIC), and Nursing Outcomes Classification (NOC)*. Available at http://www.nasn.org/Default.aspx?tabid=233

North American Nursing Diagnosis Association (NANDA), (2003). *Nursing diagnoses: Definitions & classification 2003-2004.* Philadelphia: Author.

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