Position Statement

Inclusion of Recognized Terminologies Supporting Nursing Practice within Electronic Health Records and Other Health Information Technology Solutions

Effective Date:	March 19, 2015
Status:	New
Adopted By:	ANA Board of Directors

Purpose: The purpose of this position statement is to reaffirm the American Nurses Association's (ANA) support for the use of recognized terminologies supporting nursing practice as valuable representations of nursing practice and to promote the integration of those terminologies into information technology solutions. Standardized terminologies have become a significant vehicle for facilitating interoperability between different concepts, nomenclatures, and information systems. (ANA, 2015)

Statement of ANA Position: The American Nurses Association continues to advocate for the use of the ANA recognized terminologies supporting nursing practice within the Electronic Health Record (EHR) and other health information technology solutions. Therefore, in alignment with national requirements for standardization of data and information exchange, ANA supports the following recommendations:

1. All health care settings should create a plan for implementing an ANA recognized terminology supporting nursing practice within their EHR.
2. Each setting type should achieve consensus on a standard terminology that best suits their needs and select that terminology for their EHR, either individually or collectively as a group (e.g. EHR user group).
3. Education should be available and guidance developed for selecting the recognized terminology that best suits the needs for a specific setting.
4. When exchanging a Consolidated Continuity of Care Document (C-CDA) with another setting for problems and care plans, Systematized Nomenclature of Medicine - Clinical Terms (SNOMED CT®) and Logical Observation Identifiers Names and Codes (LOINC®) should be used for exchange. LOINC® should be used for coding nursing assessments and outcomes and SNOMED CT® for problems, interventions, and observation findings.
5. Health information exchange between providers using the same terminology does not require conversion of the data to SNOMED CT® or LOINC® codes.

6. Development of a clinical data repository that includes multiple recognized terminologies should be based on the national recognized terminologies of ICD-9 (or 10), CPT, RxNorm, SNOMED CT®, and LOINC®.

Background: Nursing terminologies identify, define, and code concepts in an organized structure to represent nursing knowledge. Since 1973, multiple organizations have developed nursing terminologies. ANA created a recognition process beginning in 1989 to identify terminologies (aka classification systems) or data sets that support nursing practice and knowledge generation.

These ANA recognized data sets and terminologies include:

ANA Recognized Terminology/Data Set	Year Developed	Year Recognized	Nursing Content
NANDA-Nursing Diagnoses, Definitions, and Classification	1973	1992	Diagnoses
Omaha System	1975	1992	Diagnoses, Interventions, Outcome Ratings
Nursing Minimum Data Set (NMDS)	1985	1999	Clinical Data Elements
Nursing Interventions Classification (NIC)	1987	1992	Interventions
Perioperative Nursing Data Set (PNDS)	1988	1999	Diagnoses, Interventions, Outcome
Clinical Care Classification (CCC) System	1988	1992	Diagnoses, Interventions, Outcome Ratings
Nursing Management Minimum Data Set (NMMDS)	1989	1998	Management Data Elements
International Classification for Nursing Practice (ICNP®)	1989	2000	Diagnoses, Interventions, Outcome
Nursing Outcomes Classification (NOC)	1991	1997	Outcomes
Logical Observation Identifiers Names and Codes (LOINC®)	1994	2002	Assessments, Outcomes
ABC Codes	1996	2000	Billing Codes
SNOMED CT®	2000	1999	Diagnoses, Interventions, Outcomes, Findings

Recent federal initiatives, including the Medicare and Medicaid EHR Incentive Programs, have provided financial incentives for eligible hospitals and eligible providers to purchase and implement certified EHR technologies. Such focused efforts seek to improve access, safety, and quality associated with the patient's healthcare experiences. The Office of the National

Coordinator for Health Information Technology (ONC) is responsible for the associated rulemaking to adopt standards, implementation specifications, and certification criteria for EHR technologies. These requirements include the use of LOINC® for assessments and outcomes and SNOMED CT® for problems, procedures (interventions), and observation findings. Representation of nursing knowledge and documentation to demonstrate quality and enable sharing patient data across settings requires that nursing data be standardized and consistent with federal requirements.

References

American Nurses Association (ANA). (2015). *Nursing informatics: Scope and Standards of Practice, 2nd Edition.* Silver Spring, MD: Nursesbooks.org.