## THE UNIVERSITY OF IOWA COLLEGE NURSING

Inspiring Excellence, Exceeding Expectations

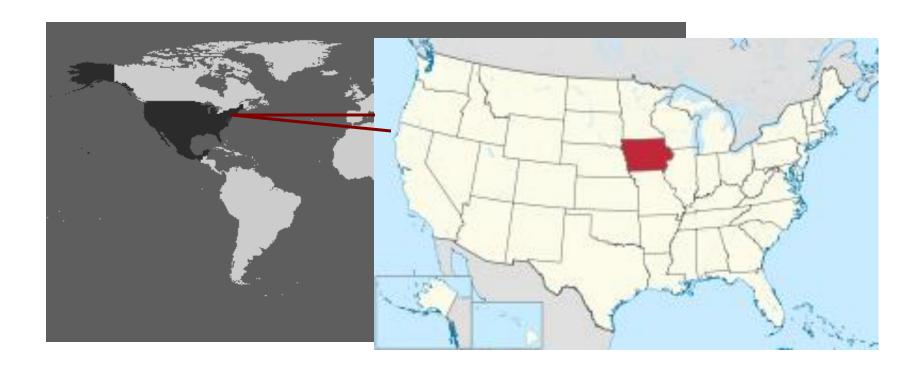


# Measuring Outcomes of Nursing Care using the Nursing Outcomes Classification (NOC)

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#### Where is Iowa?

In the middle of the US- called the heartland



#### lowa

- 3 million people
- Rural
- 4 seasons







#### **College of Nursing**

- Located on a bluff overlooking the Iowa River
- 80 faculty members
- 700 students
- Programs:
  - BSN
  - RNBSN
  - CNL
  - DNP
  - PhD



### Center for Classification & Clinical Effectiveness

- Located in the College of Nursing at the University of Iowa
- Center established in 1995 by the Iowa Board of Regents
- Purpose: To facilitate the ongoing upkeep of Nursing Interventions Classification (NIC) & Nursing Outcomes Classification (NOC)

#### **Executive Board**

Sue Moorhead, RN, PhD, FAAN Chairperson Gloria Bulechek, RN, PhD, FAAN Howard Butcher, RN, PhD Marion Johnson, RN, PhD Meridean Maas, RN, PhD, FAAN Elizabeth Swanson, RN, PhD Cheryl Wagner, RN, PhD





### Focus on outcomes of nursing care

Measuring the impact of what nurses do for individuals, families and communities!

#### The Long Search for Nursing Data

In attempting to arrive at the truth, I have applied everywhere for information, but in scarcely an instance have I been able to obtain hospital records fit for any purpose of comparison.



#### **Benefits of Comparable Data**

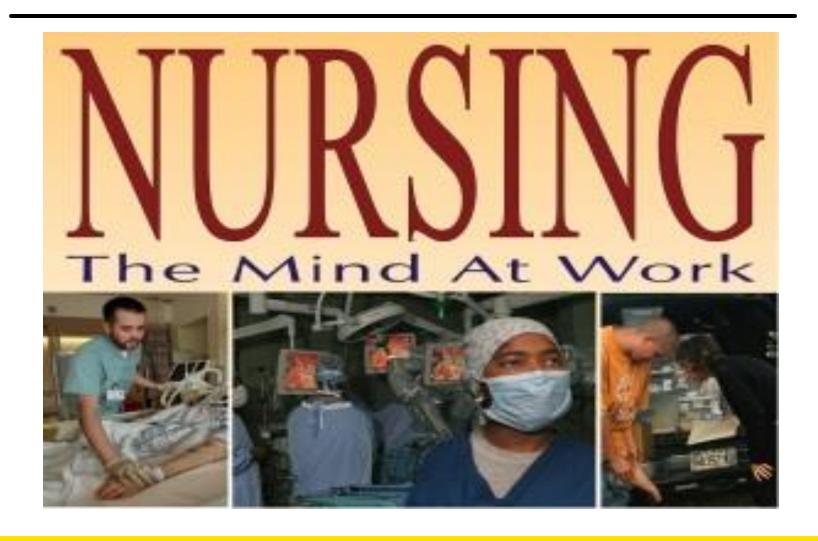
- Save life and suffering
- Identify unnecessary deaths
- Improve the treatment and management of the sick
- Determine the effectiveness of particular operations and treatments
- Determine the influence of the hospital upon outcomes

If we cannot name it, we cannot control it, practice it, teach it, finance it, or put it into public policy



Clark, J., & Lang, N. (1992). Nursing's next advance: An internal classification for nursing practice. *International Nursing Review*, 39(4), 109-111,128.

#### Nursing is more than tasks



### Our World is Structured by Many Classifications

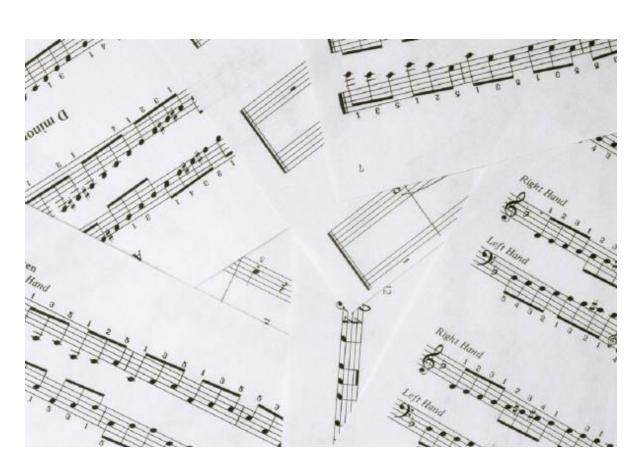
- We learn new views of the world through classifications
- Many of these are international
- Add to our understanding of the world



#### **Examples of Classifications & Taxonomies**

#### Music





#### **Examples of Classifications and Taxonomies**

#### **Dog Breeds**











#### **Examples of Classifications and Taxonomies**

#### **Computer Science**





#### **Examples of Standards for Safety**











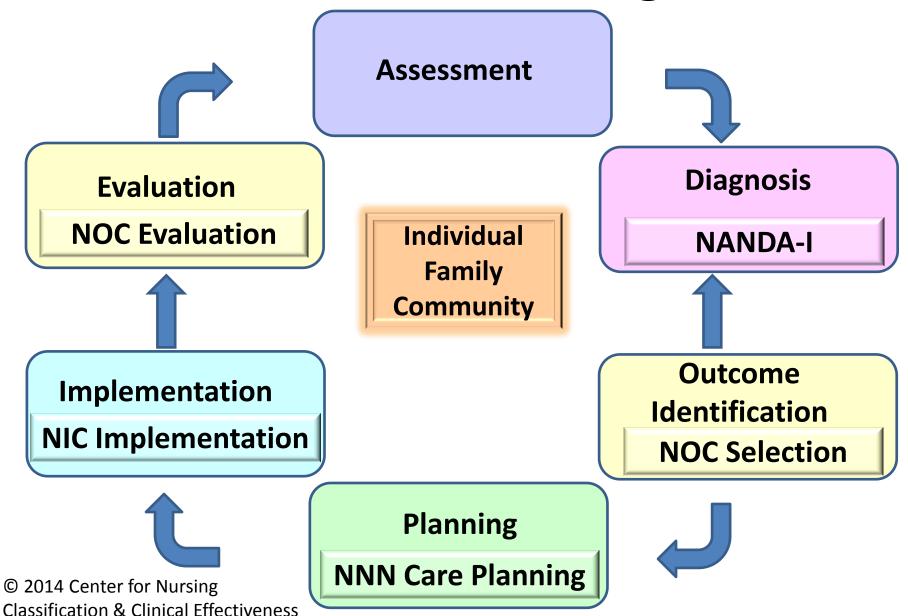


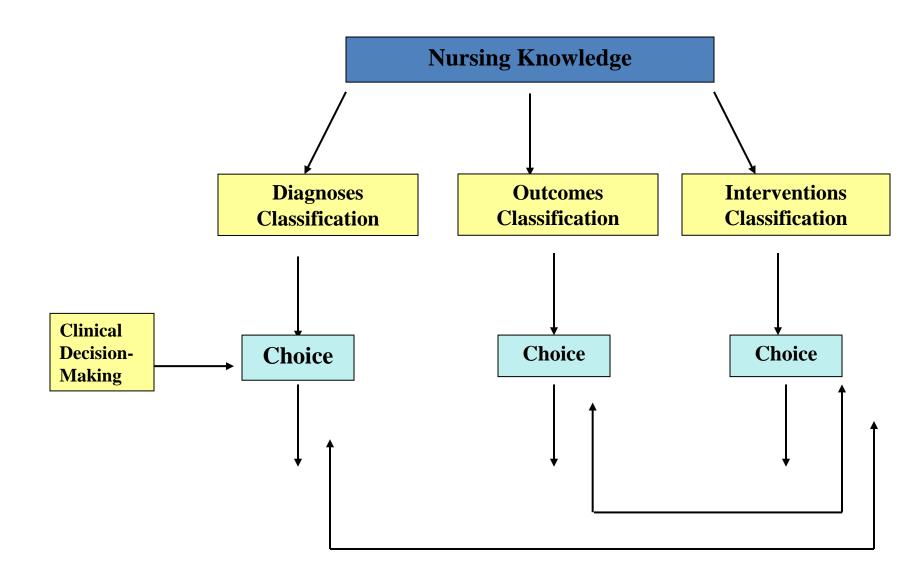


#### Standardized Languages help Nurses

- Describe the phenomenon of interest
- Share observations & knowledge with other nurses and disciplines
- Make the work of the profession visible
- Bring order to the domain of practice
- Evaluate quality of care & conduct research
- Build evidence for expert practice

#### Six Phases of the Nursing Process





Modified from Iowa Intervention Project. (1996). Nursing Interventions Classification (NIC) (2nd ed., p. 6). St. Louis: Mosby.

#### **Nursing Process Generations**

- 1950-1970: Problems to process
- 1970-1990: Diagnosis and reasoning
- 1990-2010: Outcome specification & testing
- 2010-2025: Knowledge building
- 2025-2035: Models of care (archetypes)
- 2035-2050: Predictive care

### Overview of Nursing Outcomes Classification (NOC)

#### **Nursing Outcome Definition**

- An individual, caregiver, family, or community state, behavior or perception that is measured along a continuum in response to a nursing intervention(s).
- Each outcome has an associated group of indicators that are used to determine current status in relation to the outcome.

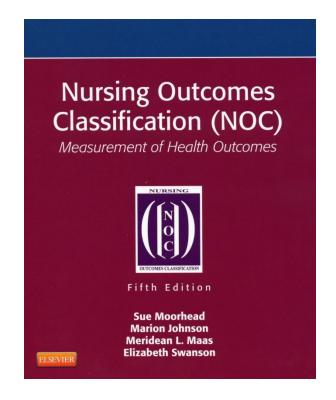
#### **NOC Book Editions**

Edition	Year	NOC Outcomes	Domains	Classes
1st	1997	190	-	-
2nd	2000	260	7	29
3rd	2004	330	7	31
4th	2008	385	7	31
5th	2013	490	7	32
6th	2018	540	7	34

#### NOC 5<sup>th</sup> Edition

### 490 outcomes Structure

- Label name
- Definition
- Measurement scale(s)
- List of Indicators
- References



#### Features of NOC 5th Edition

- Taxonomic structure with 32 classes
- Coded labels and indicators
- 5 point measurement scale(s) featuring change score calculation over time
- Linkages of NOC to NANDA International diagnoses and Gordon's Health Patterns
- Core outcomes by specialty

#### **Evaluation of NOC Measures**

#### **CRITERION STANDARD**

Inter-rater Reliability

%

Criterion Validity

r > .60

Change

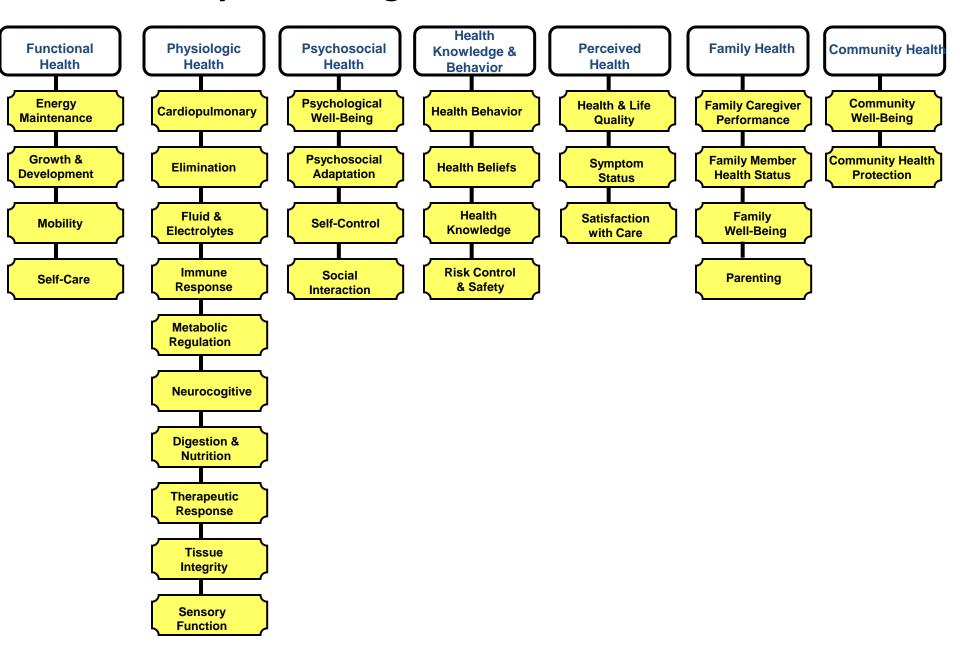
t-test

Practicality, Time, Cost, Ease of Use

#### **NOC Domains in the Taxonomy**

- Functional Health
- Physiological Health
- Psychological Health
- Health Knowledge Behavior
- Perceived Health
- Family Health
- Community Health

#### **Taxonomy of Nursing Outcomes: Domains & Classes**



#### **NOC Classes in Taxonomy (32)**

- Energy Maintenance
- Growth & Development
- Mobility
- Self-Care
- Cardiopulmonary
- Elimination
- Fluid & Electrolytes
- Immune Response

- Metabolic Regulation
- Neurocognitive
- Digestion & Nutrition
- Therapeutic Response
- Tissue Integrity
- Sensory Function
- Psychological Well-Being
- Psychosocial Adaptation

#### **NOC Classes in Taxonomy**

- Self-Control
- Social Interaction
- Health Behavior
- Health Beliefs
- Health Knowledge
- Risk Control & Safety
- Health & Life Quality
- Symptom Status
- Satisfaction with Care

- Family Caregiver
   Performance
- Family Member Health
   Status
- Family Well-Being
- Parenting
- Community Well- Being
- Community Health Protection
- Health Management

#### **NOC Levels of Outcomes**

- Individual & Family Caregiver
- Family
- Community

Focus of measurement changes across these levels

#### **NOC Outcomes for Individuals**

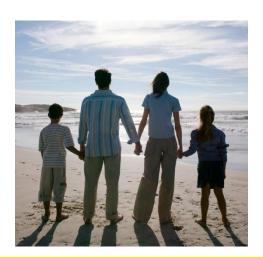
- Activity Tolerance
- Aspiration Prevention
- Body Image
- Gastrointestinal Function
- Kidney Function
- Knowledge: Depression Management
- Pain Control





#### **NOC Outcomes for Families**

- Family Coping
- Family Functioning
- Family Health Status
- Family Participation in Professional Care
- Family Resiliency
- Family Social Climate
- Family Support During Treatment



#### **NOC Outcomes for Communities**

- Community Competence
- Community Grief Response
- Community Health Status
- Community Immune Status
- Community Resiliency
- Community Risk Control: Chronic Disease
- Community Risk Control: Lead Exposure
- Community Risk Control: Obesity



#### **NOC Measurement Scales**

A five-point Likert type scale that quantifies a patient outcome or indicator status on a continuum from least to most desirable and provides a rating at a point in time

1 = Least Desirable State

5 = Most Desirable State

# **NOC Measurement Scales**

- Severely to Not Compromised
- Severe to No Deviation from Normal Range
- Not Adequate to Totally Adequate
- 10 and over to None
- None to Extensive
- Never Positive to Consistently Positive

# **NOC Measurement Scales**

- Very weak to Very strong
- Never to Consistently Demonstrated
- Severe to None
- Poor to Excellent
- Not at all to Completely Satisfied
- Consistently to Never Demonstrated
- No Knowledge to Extensive Knowledge

# Who measures NOC outcomes?

- Nurse
  - Physiological status
- Nurse & Patient
  - Knowledge
  - Self-management
- Patient
  - Satisfaction with care
  - Severity of symptoms such as pain or nausea
- Other disciplines

### Format of outcomes

- Coded label name (concept)
- Definition
- Outcome target rating
- Measurement scale(s)
- Overall rating scale
- Indicators
- Story line- domain, class, publication by edition
- References

# **NOC Example**

#### Gait--0222

DEFINITION: Ability to walk with correct body alignment, with smooth gait cycle, and at a steady pace

OUTC	OME TARGET RATING:	Maintain at Incre	ase to				
		Severely compromised	Substantially compromised	Moderately compromised	Mildly compromised	Not compromised	
OUTCO	ME OVERALL RATING	1	2	3	4	5	
Indicator							
022201	Steadiness of gait	1	2	3	4	5	NA
022202	Balance while walking	1	2	3	4	5	NA
022203	Walking posture	1	2	3	4	5	NA
022204	Walks in straight line	1	2	3	4	5	NA
022205	Length of stride	1	2	3	4	5	NA
022206	Step symmetry	1	2	3	4	5	NA
022207	Speed appropriate for activity	1	2	3	4	5	NA
022208	Base of support	1	2	3	4	5	NA
022209	Arm swing	1	2	3	4	5	NA
022210	Range of right knee flexion	1	2	3	4	5	NA
022211	Range of left knee flexion	1	2	3	4	5	NA
022212	Range of right hip flexion	1	2	3	4	5	NA
022213	Range of left hip flexion	1	2	3	4	5	NA
		Severe	Substantial	Moderate	Mild	None	
022214	Hesitancy	1	2	3	4	5	NA
022215	Limping	1	2	3	4	5	NA
022216	Shuffling gait	1	2	3	4	5	NA
022217	Weaving	1	2	3	4	5	NA
022218	Stumbling	1	2	3	4	5	NA
022219	Hopping	1	2	3	4	5	NA
022220	Leaning from side to side	1	2	3	4	5	NA
022221	Twisting hips	1	2	3	4	5	NA
022222	Lifting of knees as in marching	1	2	3	4	5	NA
022223	Stiff-legged walk	1	2	3	4	5	NA
022224	Forward stooped posture	1	2	3	4	5	NA

#### OUTCOME CONTENT REFERENCES:

Domain-Functional Health (I)

Harris, M. H., Holden, M. K., Cahalin, L. P., Fitzpatrick, D., Lowe, S., & Canavan, P. K. (2008). Gait in older adults: A review of the literature with an emphasis toward achieving favorable clinical outcomes, Part I. Clinical Geriatrics, 16(7), 32-44.

5th edition 2013

Harris, M. H., Holden, M. K., Cahalin, L. P., Fitzpatrick, D., Lowe, S., & Canavan, P. K. (2008). Gait in older adults: A review of the literature with an emphasis toward achieving favorable clinical outcomes, Part II. Clinical Geriatrics, 16(8), 37-45.

Otsuki, T., Nawata, K., & Okuno, M. (1999). Quantitative evaluation of gait pattern in patients with osteoarthrosis of the knee before and after total knee arthroplasty. Gait analysis using a pressure measuring system. Journal of Orthopaedic Science, 4(2), 99-105.

Class-Mobility (C)

Romei, M., Galli, M., Motta, F., Schwartz, M., & Crivellni, M. (2004). Use of the normalcy index for the evaluation of gait pathology. Gait &Posture, 19(1), 85-90.

Salzman, B. (2010). Gait and balance disorders in older adults. American Family Physician, 82(1), 61-68.

Tinetti, M. E. (1986). Performance-oriented assessment of mobility problems in elderly patients. Journal of the American Geriatric Society, 34(2), 119-126.

# Select Outcomes Based on Several Factors

- Problem/Diagnoses
- Patient Preferences
- Patient Characteristics
- Nursing Treatments
- Nurse Competency

# **Compare to Reference Person**

- Healthy individual
- Same gender
- Same age
- Implies that all patients do not have the potential to be a "5"



# Comparison

- Dependent on expertise of nurse
- Experience builds range of cases by age group or condition
- Need to identify differences in health status among patients
- Provide cases that match 1 to 5 ratings on an outcome

# **Times To Measure Outcomes**

### Measure the outcome when:

- Outcome is selected
- Patient is transferred to another unit
- Patient status changes
- Patient is discharged from care episode
- Other times as determined by policy



Always consider the outcome characteristics

# **Target Outcome Rating**

Allows for setting goal for patient related to a NOC outcome score using 2 options:

Maintain at \_\_\_\_\_

Increase to \_\_\_\_\_



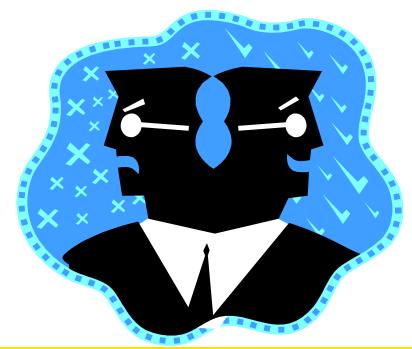
# **Rate Patient Status**

- Select indicators
- Evaluate patient on selected indicators
- Determine overall outcome rating
- Set target rating-goal
- Determine focus of each discipline involved in care
- Determine timing of outcome ratings

# **Change in Rating Score**

The difference between a baseline rating and the post intervention rating(s) of the outcome. This change score can be:

- Positive,
- Negative,
- No change



# **NOC Change Score**

The change in rating score represents the outcome achieved following a health care intervention or set of interventions.

Possible Range -4 to +4

**Examples:** 

+3 -2 0 +1 -3

# Describe the Impact of Measuring Patient Outcomes



# **NOC Change Scores**

Outcome	N	Average Baseline	Average Follow-up	Average Change
Cognitive Orientation	19	3.89	4.05	0.16
<b>Health Orientation</b>	21	3.52	3.76	0.24
<b>Social Involvement</b>	21	3.43	3.48	0.05

# **NOC Change Scores**

Outcome	N	Average Baseline	Average Follow-up	Average Change
Self-Mutilation Restraint	06	2.17	4.33	2.17
Respiratory State Gas Exchange	us: 31	2.94	4.13	1.19
<b>Mobility Level</b>	53	2.47	3.62	1.15

# **Example: Patient with Hypertension**

- Worldwide health challenge with associated risks for comorbid diseases- cardiovascular and kidney disease
- Estimates of 1.56 billion incidence by 2025 (Kearney, 2005)
- Research indicates that offering patients a choice in selecting behaviors to change increases self-monitoring compliance and self-reported behavior change

(Olson, 2011)

# **NOCs for Patients with Hypertension**

- Knowledge: Hypertension
- Compliance Behavior:
   Prescribed Diet
- Knowledge: Diet
- Knowledge: Medication
- Knowledge: Weight Management

- Medication Response
- Smoking Cessation Behavior
- Stress Level
- Weight Loss Behavior
- Self Management: Hypertension
- Hypertension Severity



# **Linking Knowledge to Behavior**

- The patient's knowledge level on an outcome may be an intermediate outcome
- Many times the real outcome nurses hope for with patients is focused on behavior change over time
- Consider following both a knowledge outcome and a related behavioral outcome



# NOC Performance Outcomes Related to NOC Knowledge Outcomes

Knowledge Outcome	Primary Behavioral Outcomes	Secondary Behavioral Outcomes
Knowledge: Fall Prevention (1828)	Fall Prevention Behavior (1909)	Ambulation (0200) Ambulation: Wheelchair (0201) Heedfulness of Affected Side (0918) Safe Home Environment (1910) Transfer Performance (0210)

# NOC Performance Outcomes Related to NOC Knowledge Outcomes

Knowledge Outcome	Primary Behavioral Outcomes	Secondary Behavioral Outcome
Knowledge: Labor & Delivery (1817)	Maternal Status: Intrapartum (2510)	Coping (1302) Energy Conservation (0002) Family Participation in Professional Care (2605) Pain Control (1605)

# Implementation- NOC

- Ability to determine outcomes of care using rating scales
- Ability to set target rating
- Uses reference person for comparison
- Define parameters for discharge
- Evaluate care for a group of patients over time
- Build evidence over time

# **Benefits of Using NOC Outcomes**

- Makes evaluation of care possible over time & across settings
- Identifies need for referrals and additional care post discharge
- Identifies where change in status, perceptions, and behavior is possible
- Provides data to determine what interventions work for specific populations

# **Benefits of Using NOC Outcomes**

- Allows for a focus on maintaining current patient status as long as possible in terminally ill patients or elderly
- Identifies outcomes of specialty practice
- Can be used in interdisciplinary settings
- Captures change in patient status for even short hospital stays
- Builds the knowledge base for expert practice & evidence-based care

# **Translations: NOC**

Chinese (simplified and traditional)

**Dutch** Italian

French Japanese

German Korean

Norwegian

**Portuguese** 

Spanish



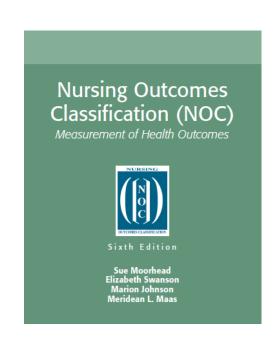
# Coming soon- NOC 6th Edition

#### 540 outcomes

# Release date February 2018

#### **Structure**

- Label name
- Definition
- Measurement scale(s)
- List of Indicators
- References



# NOC is Celebrating 20 Years 1997 - 2016



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