

# European Nursing care Pathways

Giving Nursing a Language



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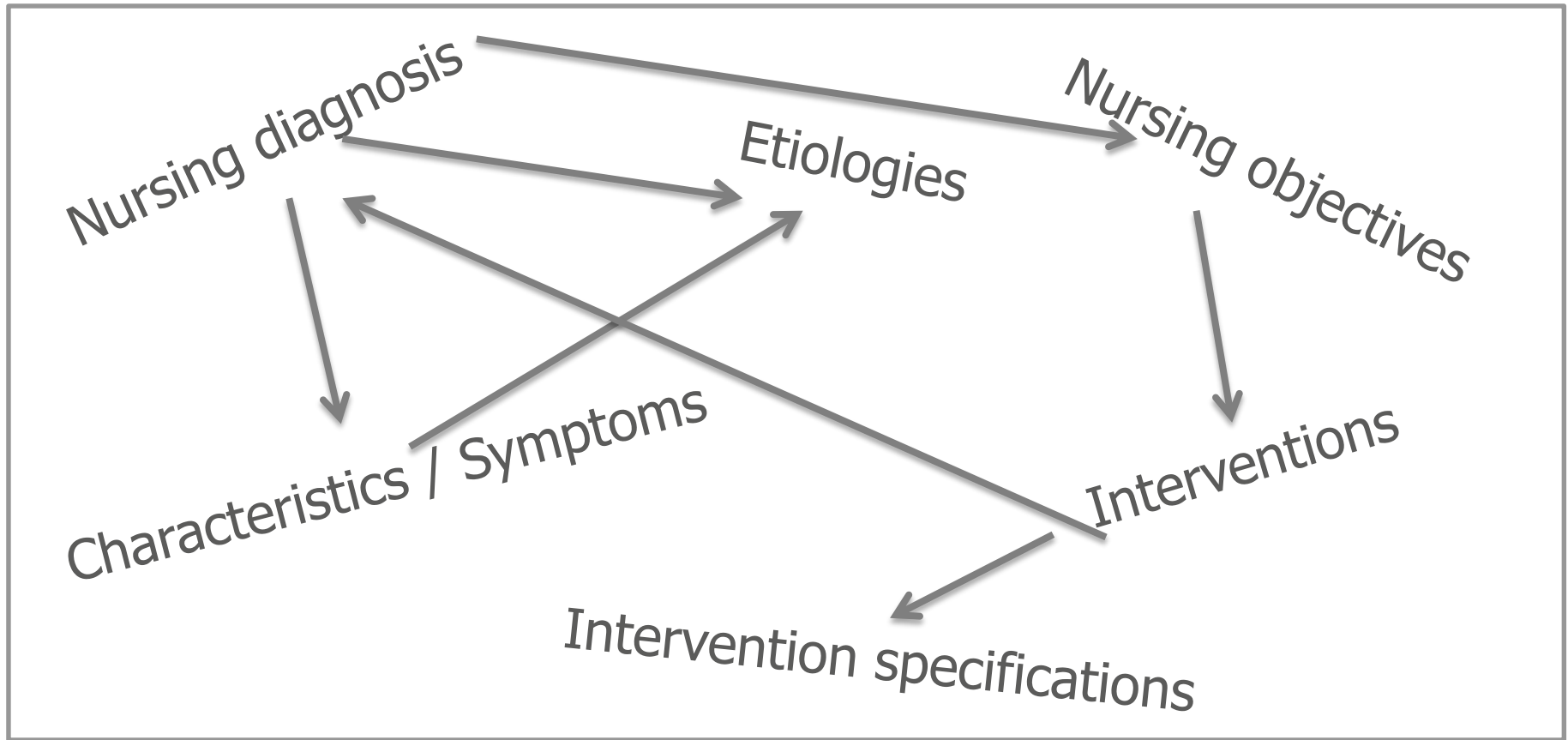
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Hong Kong,  
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- Objectives
- Development
- Organising principle and structure
- Systematic further development
- Evidence base

## Nursing classification and organization system

- **A classification is an organisational system based on the principle of class formation.** A classification structure is a listing of terms or concepts represented in a **hierarchical structure**.
- The sorting of different **nursing phenomena or concepts** in groups, classes, categories (resulting from the organisation according to criteria and types of features), can be called a **nursing classification**.

# A major challenge: (Dis)Orientation within the nursing process



# **Structured illustration of the nursing process in the context of documentation in a standardized professional language**

- Support of the communication process
- Support of processes and transitional care
- Support of performance transparency in nursing
- Structuring of the current nursing knowledge
- Support of quality development, nursing staff calculation and outcome measurement



- 1989: Beginning of the inductive development
  - "Nursing performance can be **practically** illustrated with a standardized terminology."
- 1994: First publication of the catalogue
  - Containing nursing problems, outcomes and interventions
- 1996: Representation of the ENP catalogue in IT
- 1998: Establishment of a research department
  - Continuous further development in projects with end users and through literature analyses
- from 2000: evidence-based development
  - (validation studies, cross-mapping, systematic reviews, ...)

## Division into **three** sections



- ENP... as a **nursing classification system** for a total of seven groups

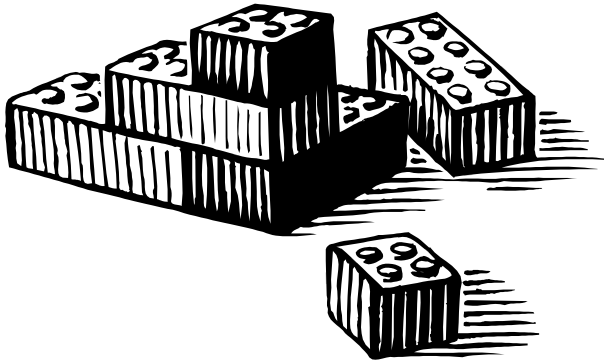


- ENP... as **pre-combination** of the elements of this nursing classification system



- ENP... as **practice guidelines** developed from the pre-combination

## Seven groups: components



- Nursing problems / phenomena
- Characteristics
- Etiologies
- Resources
- Nursing objectives
- Interventions
- Intervention specifications

## Nursing problem (P)

Impaired verbal communication



## Etiologies

Motor aphasia  
(Broca's aphasia)



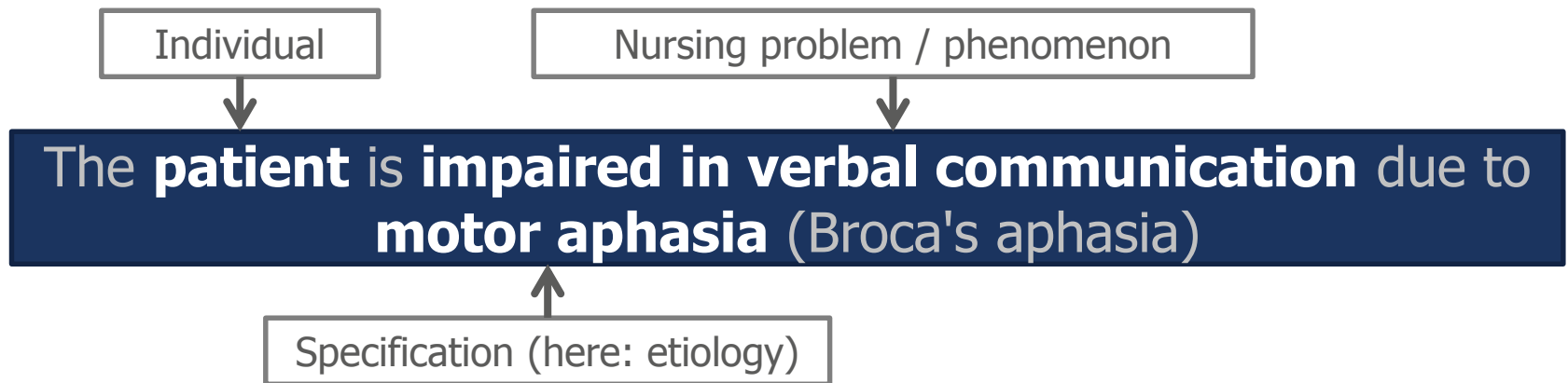
Picture: P. Vaclavek (www.fotolia.com)

## Characteristics/ Symptoms

## ENP Nursing diagnosis

The patient is impaired in **verbal communication** due to **motor aphasia** (Broca's aphasia)





## Characteristics/Symptoms

- Strongly pronounced agrammatism
- Strongly halting speech flow
- Uses commonplace phrases
- Uses meaningless phrases and/or stereotypes
- ...

## Etiologies

### Pathophysiologic causes

- Degenerative process of the brain
- Congenital vascular malformations
- ...

### Disease-related causes

- Cerebral vascular accident
- Encephalitis
- ...

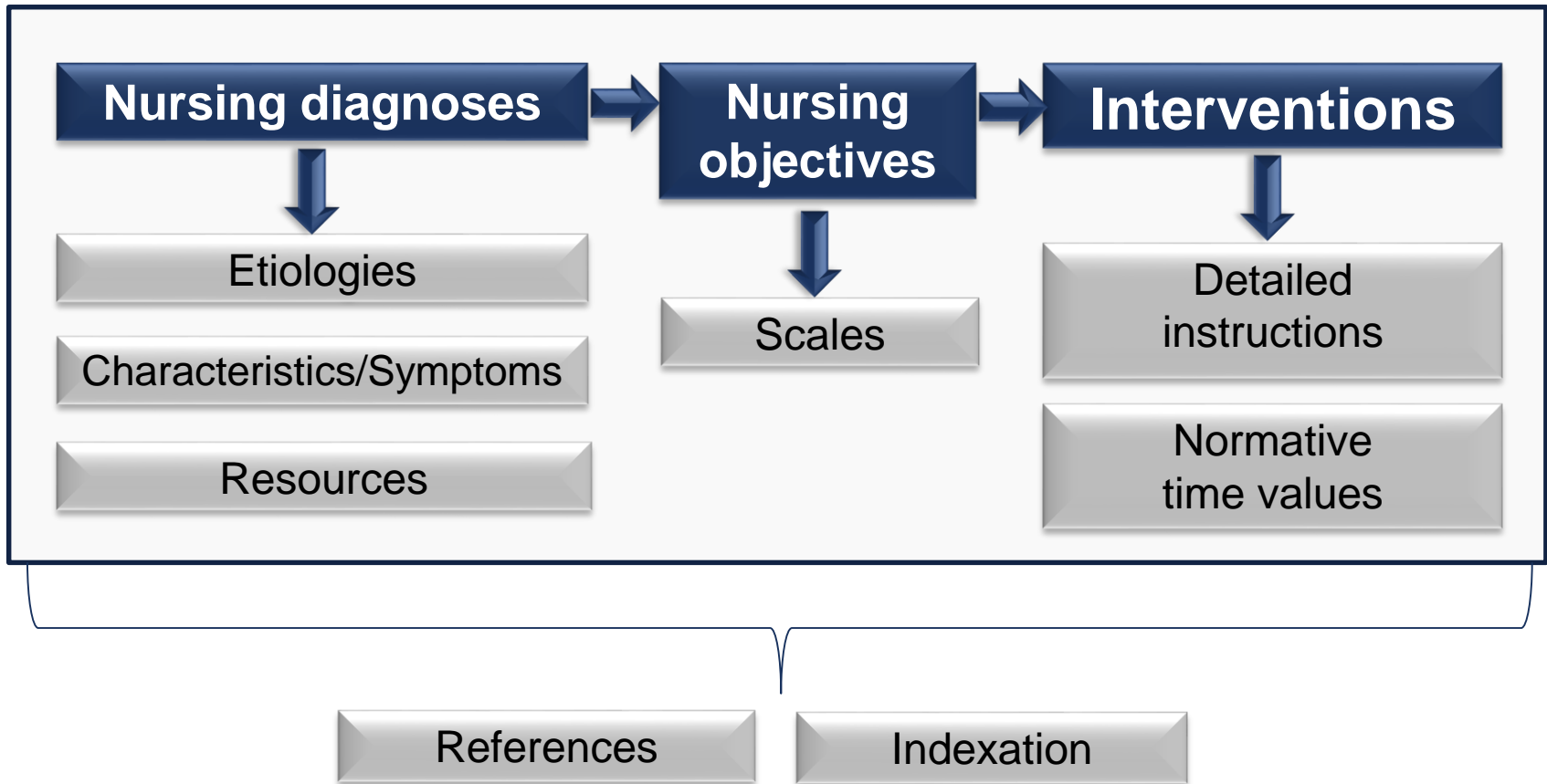
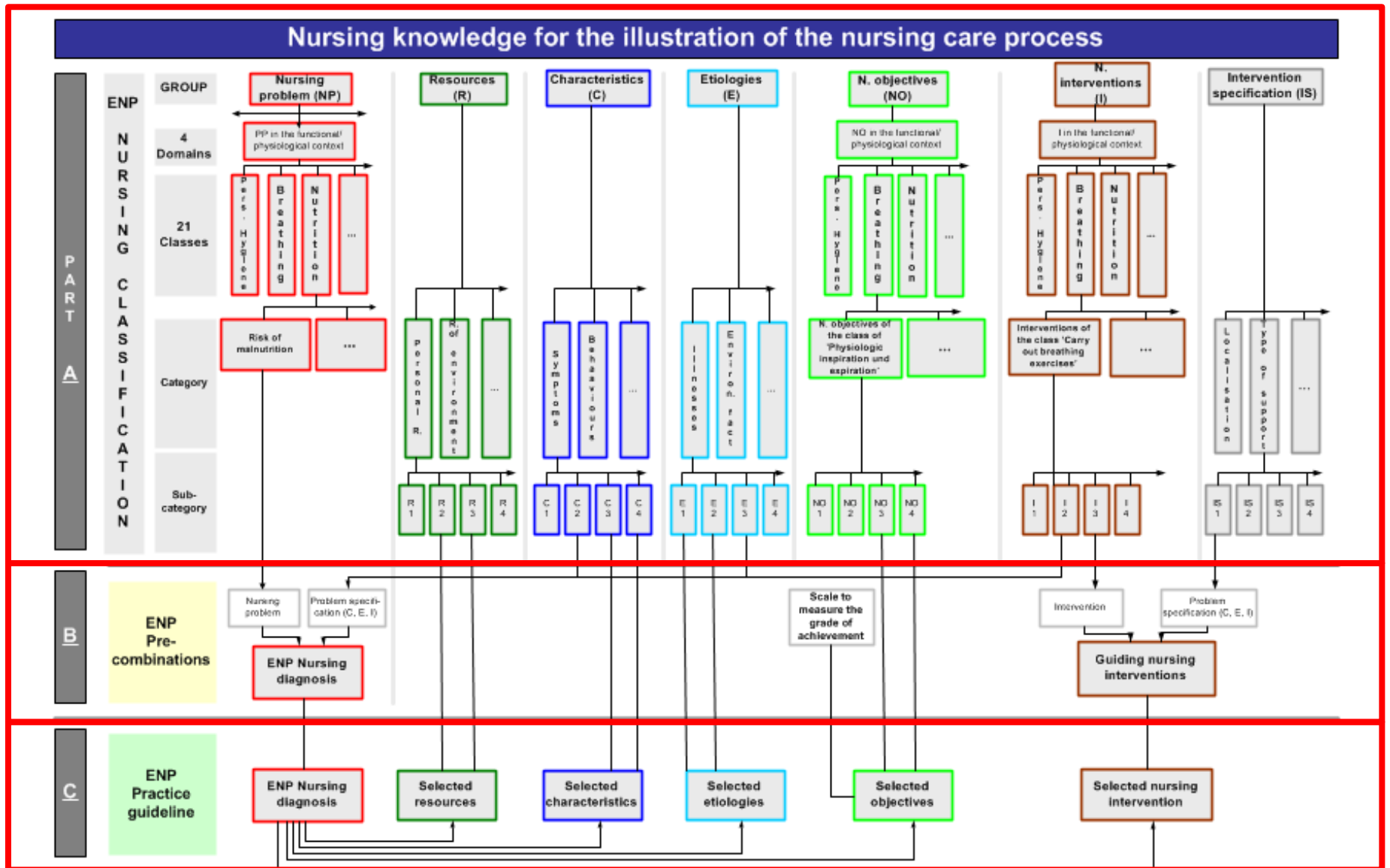
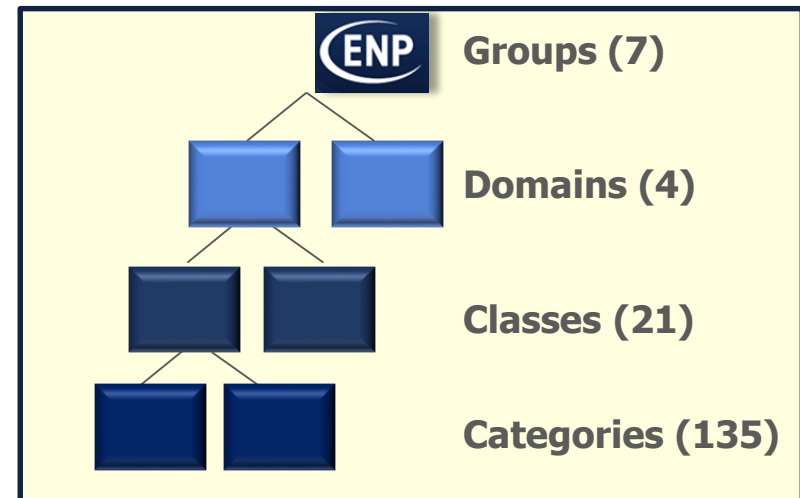
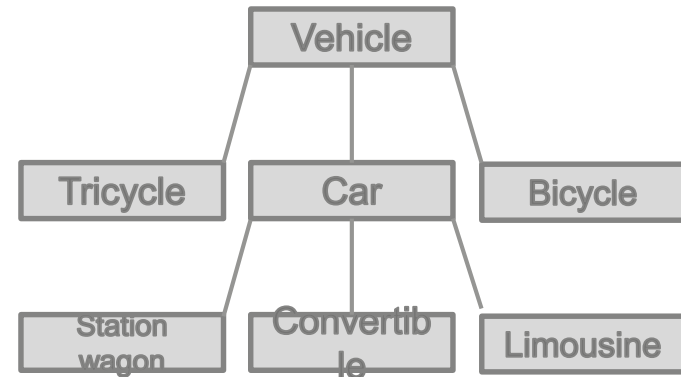


Illustration of the nursing process in the form of a care pathway representing the current knowledge, individualized for each patient!

# The structure of ENP: Summary



- Topics are organized from general to specific
- On each hierarchy level a further distinguishing feature is added
- Concepts are assigned to exactly one generic term



## Group: Nursing problems / phenomena

Domain	Class	Category	Subcategory
Functional/ physiological area	Personal hygiene/clothing	Self-care deficit washing	
		Self-care deficit oral hygiene	
		Self-care deficit hair care	
		Self-care deficit dressing	
	Respiration	Ineffective self-cleansing function of the respiratory tract	
		<u>Insufficient respiration</u>	The patient has insufficient respiration due to dyspnoea
		Risk of respiration insufficiency	The patient is ventilated, there is a risk of insufficient respiration
		Risk of suffocation	The patient has serous foamy sputum associated with acute dyspnea, there is insufficient respiration
		Risk of aspiration	...
		Risk of atelectasis/pneumonia	
		Risk of impaired respiration postoperatively	

Terms/concepts of the group	Items v2.5	Items v2.6	Items v2.7	Items v2.9 (new)
<b>Nursing diagnoses</b>	521	542	548	<b>552</b>
<b>Characteristics / Symptoms</b>	2230	2719	2905	<b>3984</b>
<b>Etiologies</b>	1799	2282	2426	<b>3526</b>
<b>Ressources</b>	379	457	473	<b>648</b>
<b>Nursing objectives</b>	1435	1683	1724	<b>1852</b>
<b>Nursing interventions</b>	2494	2511	2558	<b>2615</b>
<b>Intervention specifications</b>	<b>3652</b>	<b>4285</b>	<b>4461</b>	<b>4797</b>

## Each item has a unique and unchangeable ID number!

- Systematic literature-based revision of about 1/5 of all practice guidelines
- Growing number of ENP validation studies (completed and in progress):
  - Implementation and evaluation in nursing practice
  - Cross-mapping, expert rating
  - Securing content and criteria validity
  - Student theses

Each systematically revised nursing diagnoses is supported by a definition:

## The patient is impaired in verbal communication due to motor aphasia (Broca's aphasia)

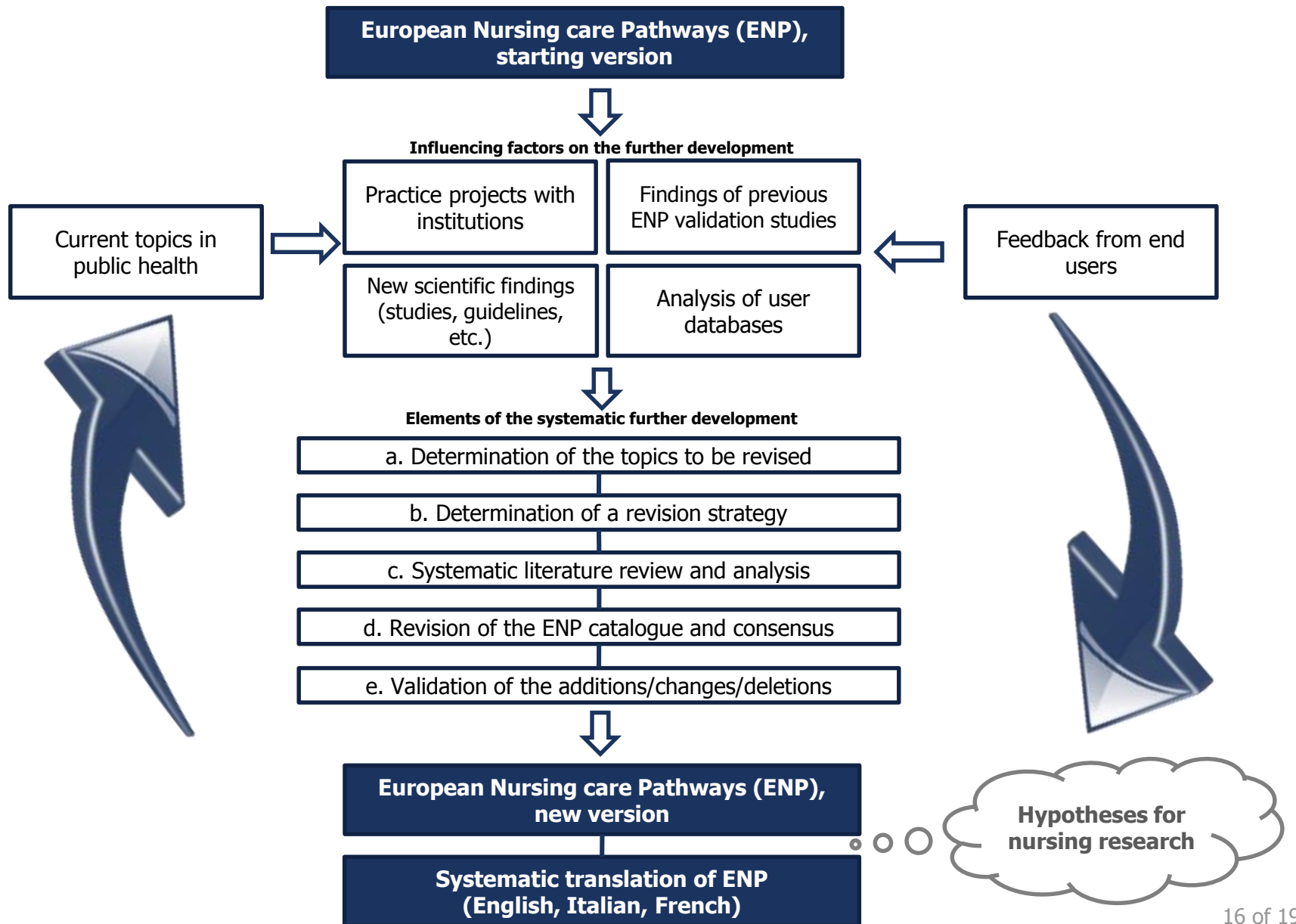
Impaired or lacking ability to actively participate in verbal communication after completion of language acquisition due to a central speech disorder with the lack of grammatical structures in the sentence structure as a leading symptom.

(DGN 2012, Wehmeyer et al. 2006, ICNP Aphasia [10002438],  
ICF Communicating with - receiving - spoken messages [d310], ICF Speaking [d330])

The revision history and the level of evidence (based on NANDA-I) is shown for the respective ENP nursing diagnosis:

<b>Revision history:</b> 1991, 1994, 2004, 2008, 2014		
	ENP practice guideline	ENP nursing diagnosis
<b>Level of evidence:</b>	<b>LoE 3.2</b>	<b>LoE 3.2</b>

# Systematic further development today





- ENP can (and should) not replace the nurses expert knowledge
- ENP is not complete:
  - i.e about 23% of the NANDA-I nursing diagnoses can not be illustrated with ENP
  - About 18% of formulations in nursing care plans had to be added individually (2007)
- Currently, there are only a few validation studies which include a review of an **entire** practice guideline
- The operationalized scales for outcome measurement are partly not yet validated (e.g. own developments)
- ENP is not yet tested in some areas in practical use (e.g. recovery room, operating theatres, neonatal intensive care unit)
- Not all important questions for management, research and education can be answered from the data obtained with ENP

## What is next?



- Development of a new system to specify the levels of evidence (in cooperation with NANDA-I)
- Systematic revision of all nursing diagnoses and practice guidelines
- Supporting the international implementation and use of ENP
- Networking and exchange
- Establishment of strategies and concepts for analyzing the data generated with ENP



**Thank you for your attention!**

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