

# Nursing Knowledge Representation in Standardized Clinical Terminologies

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Health


# Objectives

To introduce participants to nursing knowledge representation in:

- SNOMED CT
- ICNP
- LOINC Nursing Physiological Assessment Panel
- C-HOBIC

-CNA & CNIA Joint Position  
Statement Nursing Informatics  
(2017)

**JOINT POSITION STATEMENT**

 **CANADIAN  
NURSES  
ASSOCIATION** ®

## NURSING INFORMATICS

### INTRODUCTION

The Canadian Nurses Association (CNA) and the Canadian Nursing Informatics Association (CNIA) endorse the definition of nursing informatics used by the special interest nursing group of the International Medical Informatics Association (IMIA, 2009): “Nursing Informatics science and practice integrates nursing, its information and knowledge and their management with information and communication technologies to promote the health of people, families and communities worldwide” (para. 2).


Nursing informatics enhances decision-making in all direct and indirect nursing roles, through the collection, extraction, aggregation, analysis and interpretation of standardized data, using the emerging principles and methods of data science.


The appropriate use of information and communication technologies (ICTs) will add value to our health-care system while decreasing costs (Naylor et al., 2015). This view is aligned with CNA’s position on primary health care (PHC),<sup>1</sup> which seeks to address current challenges to our health-care system (CNA, 2015). The result will further the shift toward person-centred approaches to care delivery focused on health promotion and disease prevention. To achieve a person-centred model of health and wellness, nursing engagement with digitally connected health services environments is essential.

The concept of *digitally connected health* encompasses the use of ICTs to empower nurses and assist the Canadian health-care system in achieving a PHC focus. *Digital health* is inherently patient-centred, emphasizing the use of ICTs to help individuals and their families track, manage and improve their health (Topol, 2013). Canada Health Infoway sees patient-centred ICT solutions as a way “to improve health, transform quality and reduce health system costs” (2016, para. 2).

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<sup>1</sup> PHC “is a principle-based, comprehensive approach. It seeks to improve the health of populations across the continuum of care (e.g., acute, community, long term, rehabilitation, hospice, corrections, etc.), from birth to death, in all settings” (CNA, 2015, p. 2).

 **CANADIAN  
NURSES  
ASSOCIATION** ®

 **CNIA**  
Canadian Nursing Informatics Association

# Vocabulary Standards

Broadly, this work is oriented towards the identification and use of **rich clinical knowledge** and its iterative manipulation to create related **computer readable knowledge**.

(Saba and McCormick 2011)

# Knowledge Representation



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)



Lori Hobbis Age 5



René Magritte (1898-1967)



A misty forest landscape with evergreen trees and a layer of fog or low clouds. The scene is captured in a monochromatic, desaturated style, with the fog creating a soft, ethereal atmosphere. The trees are silhouetted against the lighter background, and the overall composition is balanced and serene.

# Standardized Clinical Terminologies



Medicine



Nursing



Pharmacy

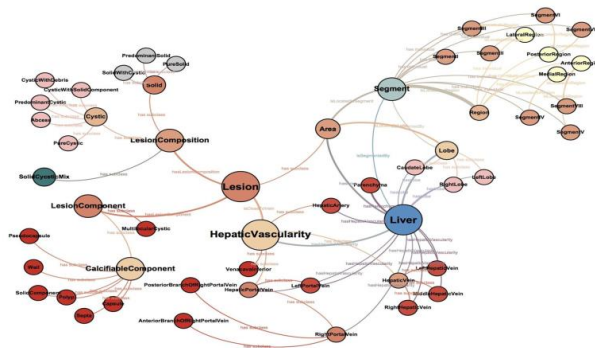


Lab

Pressure Injury



4578997



# Terminologies used by Nursing

Terminology	Latest Update via UMLS	Original Publication Date	Publication Schedule
<b>SNOMED Clinical Terms (SNOMED CT)</b>	2017	SNOMED (1975) SNOMED II (1979) SNOMED CT (2002)	Twice annually: January and July.
<b>Logical Observation Identifiers Names and Codes (LOINC)</b>	2017	1994	Twice annually: December and June.
<b>Alternative Billing Concepts (ABC) Codes</b>	2009	2000	Schedule based on availability of resources.
<b>Clinical Care Classification (CCC) System</b>	2012	1991	CCC System National Scientific Advisory Board meets annually.
<b>International Classification for Nursing Practice (ICNP)</b>	2015	Alpha v. (1996)	Released in May or June of the second year.
<b>NANDA International (NANDA-I)</b>	2002	1973	Every three years.
<b>Nursing Interventions Classification System (NIC)</b>	2008	1992	Every five years.
<b>Nursing Outcomes Classification (NOC)</b>	2008	1997	Every five years.
<b>Omaha System</b>	2005	1975	Reviewed every two years.
<b>Perioperative Nursing Data Set (PNDS)</b>	2011	1999	Every five years.
<b>Nursing Minimum Data Set (NMDS)</b>	NMDS is not in UMLS.	1983	No
<b>Nursing Management Minimum Data Set (NMMDS)</b>	NMMDS is not in UMLS. <i>However, it is fully encoded with LOINC, which is in UMLS.</i>	1996/1997	No



# SNOMED CT

- Largest, International, **Multi-disciplinary** Standardized Clinical Terminology
- 350,000+ concepts and 150,000+ synonyms
- SNOMED CT **Canadian Edition** contains additional concepts from the International Release (e.g., Canadian French Translation of Concepts)

The logo for SNOMED International, featuring the text "SNOMED" in a large, bold, white sans-serif font above the word "International" in a smaller, white sans-serif font, both centered within a solid blue square.

SNOMED  
International

Options

- Search: Prefix any order
- Status: Active concepts only
- Description type: All
- Language Refsets
- Group by concept
- Filter results by Language
  - english (6)
- Filter results by Semantic Tag
  - disorder (1)
  - situation (1)
- Filter results by Module
  - SNOMED CT core module (core metadata concept) (6)
- Filter results by Refset
  - ICD-10 complex map reference set (foundation metadata concept) (2)
  - OWL axiom reference set (foundation metadata concept) (2)
  - CTV3 simple map reference set (foundation metadata concept) (2)

Type at least 3 characters Example: shou fra

Pressure Injury deep

6 matches found in 0.246 seconds.

Deep tissue pressure injury	Pressure injury of deep tissue (disorder)
Pressure injury of deep tissue	Pressure injury of deep tissue (disorder)
Suspected deep tissue pressure injury	Suspected pressure injury of deep tissue (situation)
Suspected pressure injury of deep tissue	Suspected pressure injury of deep tissue (situation)
Pressure injury of deep tissue (disorder)	Pressure injury of deep tissue (disorder)
Suspected pressure injury of deep tissue (situation)	Suspected pressure injury of deep tissue (situation)

All results are displayed

Stated Inferred

- Parents
- Disorder of subcutaneous tissue (disorder)
  - Injury caused by causative force (disorder)
  - Injury of integument (disorder)
  - Soft tissue injury (disorder)

Pressure injury of deep tissue (disorder) ☆

SCTID: 723071003

723071003 | Pressure injury of deep tissue (disorder)

- en Pressure injury of deep tissue
- en Pressure injury of deep tissue (disorder)
- en Deep tissue pressure injury

Causative agent → Pressure - physical agent

Finding site → Subcutaneous tissue structure

Associated morphology → Traumatic abnormality

Children (0)  
No children

Search

Options

Search: Prefix: any order

Status: Active concepts only

Description type: All

Language Refsets

Group by concept

Filter results by Language

english 6

Filter results by Semantic Tag

disorder 1

situation 1

Filter results by Module

SNOMED CT core module (core metadata concept) 6

Filter results by Refset

ICD-10 complex map reference set (foundation metadata concept) 2

OWL axiom reference set (foundation metadata concept) 2

CTV3 simple map reference set (foundation metadata concept) 2

Type at least 3 characters ✓ Example: *shou tra*

Pressure Injury deep

6 matches found in 0.246 seconds.

Deep tissue pressure injury	Pressure injury of deep tissue (disorder)
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Suspected pressure injury of deep tissue	Suspected pressure injury of deep tissue (situation)
Pressure injury of deep tissue (disorder)	Pressure injury of deep tissue (disorder)
Suspected pressure injury of deep tissue (situation)	Suspected pressure injury of deep tissue (situation)

All results are displayed

Concept Details

Parents

- Disorder of subcutaneous tissue (disorder)
- Injury caused by causative force (disorder)
- Injury of integument (disorder)
- Soft tissue injury (disorder)

Pressure injury of deep tissue (disorder) ☆

SCTID: 723071003

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Causative agent → Pressure - physical agent

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Children (0)

No children

Search

Concept Details

Options

Search: Prefix any order

Status: Active concepts only

Description type: All

Language Refsets

Group by concept

Filter results by Language

english

Filter results by Semantic Tag

disorder

Filter results by Module

SNOMED CT core module (core metadata concept)

Filter results by Refset

ICD-10 complex map reference set (foundation metadata concept)

OWL axiom reference set (foundation metadata concept)

CTV3 simple map reference set (foundation metadata concept)

Type at least 3 characters Example: shou fra

Pressure Ulcer deep

4 matches found in 0.251 seconds.

Deep pressure ulcer Deep pressure ulcer (disorder)

Deep pressure ulcer (disorder) Deep pressure ulcer (disorder)

Deep and superficial pressure ulcer Deep and superficial pressure ulcer (disorder)

Deep and superficial pressure ulcer (disorder) Deep and superficial pressure ulcer (disorder)

All results are displayed

Summary Details Diagram Expression Refsets Members References

Stated Inferred

Parents Pressure ulcer (disorder)

Deep pressure ulcer (disorder) SCTID: 165260000 165260000 | Deep pressure ulcer (disorder) en Deep pressure ulcer en Deep pressure sore en Deep pressure ulcer (disorder)

Associated morphology -> Pressure ulcer Finding site -> Skin structure

Children (0) No children

# International Classification for Nursing Practice (ICNP)

Developed & distributed by the **International Council of Nurses**

Knowledge Representation of **Nursing Diagnosis, Intervention, and Outcomes**

**WHO recognized** terminology representing nursing practice internationally

## Benefits:

- Increases nursing visibility
- Comprehensive & evolving
- Available in 18 languages (French & English)
- Operationalize large scale reporting of nursing practice



ICNP cross-mapped to SNOMED

9 – Catalogues representing focused areas of nursing practice

FREE to download ([link](#))



International Classification  
for Nursing Practice (ICNP®)  
Catalogue



International Classification  
for Nursing Practice (ICNP®)  
Catalogue



International Classification  
for Nursing Practice (ICNP®)  
Catalogue



# ICNP in Practice



International Classification  
for Nursing Practice (ICNP®)  
Catalogue



Skin / Wound Care		
10030472	Applying	Compression Bandage
10030486	Applying	Elastic Stockings
10030747	Assessing	Self Care Of Skin
10030799	Assessing	Wound
10031117	Diabetic Ulcer	Care
10035147	Compression	Therapy
10031592	Invasive Device	Site Care
10031690	Malignant Wound	Care
10032420	Pressure Ulcer	Care
10040224	Pressure Ulcer	Prevention
10032630	Removing	Suture
10032648	Removing	Wound Clip
10032863	Surgical Wound	Care
10032871	Suture	Wound
10033029	Teaching About	Self Care Of Skin
10034961	Teaching About	Wound Care
10034974	Teaching About	Wound Healing
10033208	Traumatic Wound	Care

# ICNP in Research

Community ICNP Catalogue Interventions mapped to the World Health Organization, International Classification of Health Intervention (beta-2)

- No clinical interventions specifically describing “death” or “dying” or “palliative”

Original Paper

## Visibility of Community Nursing Within an Administrative Health Classification System: Evaluation of Content Coverage

Lorraine J Block<sup>1</sup>, RN, MSN; Leanne M Currie<sup>1</sup>, RN, PhD; Nicholas R Hardiker<sup>2</sup>, RN, PhD, FACMI; Gillian Strudwick<sup>3</sup>, RN, PhD

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### Abstract

**Background:** The World Health Organization is in the process of developing an international administrative classification for health called the International Classification of Health Interventions (ICHI). The purpose of ICHI is to provide a tool for supporting intervention reporting and analysis at a global level for policy development and beyond. Nurses represent the largest resource carrying out clinical interventions in any health system. With the shift in nursing care from hospital to community settings in many countries, it is important to ensure that community nursing interventions are present in any international health information system. Thus, an investigation into the extent to which community nursing interventions were covered in ICHI was needed.

**Objective:** The objectives of this study were to examine the extent to which International Classification for Nursing Practice (ICNP) community nursing interventions were represented in the ICHI administrative classification system, to identify themes related to gaps in coverage, and to support continued advancements in understanding the complexities of knowledge representation in standardized clinical terminologies and classifications.

**Methods:** This descriptive study used a content mapping approach in 2 phases in 2018. A total of 187 nursing intervention

A misty forest landscape with evergreen trees and a foggy background. The text "Standardized Assessments - Codified" is centered in white.

# Standardized Assessments - Codified

# LOINC

Logical Observation Identifiers  
Names and Codes (LOINC)

Concepts representing **laboratory,  
health measurements,  
observations, and documents**

LOINC has several ‘**panels**’ which  
contain collections/sets of  
concepts



*Big Data Special Issue Papers*

## Standardizing Physiologic Assessment Data to Enable Big Data Analytics

Western Journal of Nursing Research  
2017, Vol. 39(1) 63–77  
© The Author(s) 2016  
Reprints and permissions:  
sagepub.com/journalsPermissions.nav  
DOI: 10.1177/0193945916659471  
wjn.sagepub.com

Susan A. Matney<sup>1,2</sup>, Theresa (Tess) Settergren<sup>3</sup>,  
Jane M. Carrington<sup>4</sup>, Rachel L. Richesson<sup>5</sup>,  
Amy Sheide<sup>2,6</sup>, and Bonnie L. Westra<sup>7</sup>

### Abstract

Disparate data must be represented in a common format to enable comparison across multiple institutions and facilitate Big Data science. Nursing assessments represent a rich source of information. However, a lack of agreement regarding essential concepts and standardized terminology prevent their use for Big Data science in the current state. The purpose of this study was to align a minimum set of physiological nursing assessment data elements with national standardized coding systems. Six institutions shared their 100 most common electronic health record nursing assessment data elements. From these, a set of distinct elements was mapped to nationally recognized Logical Observations Identifiers Names and Codes (LOINC®) and Systematized Nomenclature of Medicine–Clinical Terms (SNOMED CT®) standards. We identified 137 observation names (55% new to LOINC), and 348 observation values (20% new to SNOMED CT) organized into 16

<sup>1</sup>Intermountain Healthcare, Salt Lake City, UT, USA

<sup>2</sup>The University of Utah, Salt Lake City, UT, USA

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<sup>4</sup>The University of Arizona, Tucson, AZ, USA

<sup>5</sup>Duke University School of Nursing, Durham, NC, USA



# LOINC Nursing Physiologic Assessment Panel

LOINC CODE	LONG COMMON NAME
<b>80346-0</b>	<b>Nursing physiologic assessment panel</b>
<b>Panel Hierarchy</b>	
<a href="#">Details for each LOINC in Panel</a> <a href="#">LHC Forms</a>	
LOINC	Name
<a href="#">80346-0</a>	Nursing physiologic assessment panel
<a href="#">34566-0</a>	Vital signs with method details panel
<a href="#">8867-4</a>	Heart rate
<a href="#">9279-1</a>	Respiratory rate
<a href="#">35094-2</a>	Blood pressure panel
<a href="#">8480-6</a>	Systolic blood pressure
<a href="#">8462-4</a>	Diastolic blood pressure
<a href="#">8478-0</a>	Mean blood pressure
<a href="#">8357-6</a>	Blood pressure method
<a href="#">8358-4</a>	Blood pressure device Cuff size
<a href="#">8359-2</a>	Peripheral artery measurement site
<a href="#">9856-6</a>	Blood pressure device Institution inventory number
<a href="#">9857-4</a>	Blood pressure device Vendor model number
<a href="#">9858-2</a>	Blood pressure device Vendor serial number
<a href="#">35095-9</a>	Body temperature panel
<a href="#">8310-5</a>	Body temperature
<a href="#">8326-1</a>	Type of Body temperature device
<a href="#">8327-9</a>	Body temperature measurement site
<a href="#">9849-1</a>	Body temperature device Institution inventory number

# C-HOBIC

- Canadian Health Outcomes for Better Information and Care (C-HOBIC)
- Standardized assessment completed by nurses on **patient admission** (24 questions) and **discharge** (24 questions)
- Used **across the continuum** of care (acute, long term care, community)
- Cross Mapped to SNOMED CT and ICNP

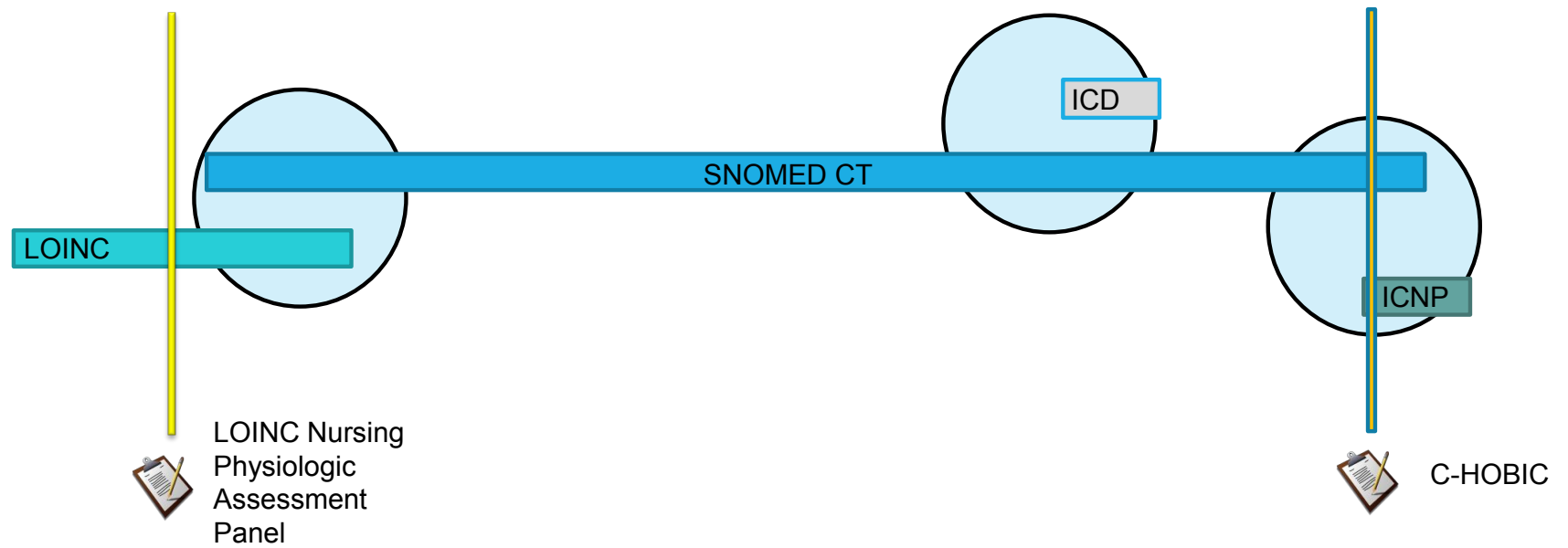
# C-HOBIC

## Benefits:

- Standardize assessment of patient-centered outcomes
- Nursing sensitive data
- Ability to compare patient status between admission and discharge

Data elements	Measure
<b>Functional status and continence (ADLs/IADLs)</b>	
Bathing	interRAI AC
Personal hygiene	interRAI AC
Walking	interRAI AC
Toilet transfer	interRAI AC
Toilet use	interRAI AC
Bed mobility	interRAI AC
Dressing	interRAI AC
Eating	interRAI AC
Bladder continence	interRAI AC
<b>Symptoms</b>	
Pain — frequency	interRAI AC
Pain — intensity	0–10 scale
Fatigue	interRAI AC
Dyspnea	interRAI AC
Nausea	interRAI AC
<b>Safety</b>	
Falls	interRAI AC
Pressure ulcer	interRAI AC
<b>Therapeutic self-care</b>	
Knowledge of current medications	Sidani and Doran tool
Knowledge about why you are taking current medications	Sidani and Doran tool
Ability to take medications as prescribed	Sidani and Doran tool
Recognition of changes in body (symptoms) related to health	Sidani and Doran tool
Carry out treatments to manage symptoms	Sidani and Doran tool
Ability to do everyday things like bathing, shopping	Sidani and Doran tool
Someone to call if help is needed	Sidani and Doran tool
Knowledge of whom to contact in case of a medical emergency	Sidani and Doran tool

# Perspective



# Benefits



Semantic Interoperability



Building Blocks for Advanced Programming



Data Analytics



# Advanced Uses

## Clinical Decision Support Systems

Al-Hablani, B. (2017). The use of automated SNOMED CT clinical coding in clinical decision support systems for preventive care. *Perspectives in Health Information Management*, 14(Winter),

## Natural Language Processing

Topaz, M. et al. (2016). Automated identification of wound information in clinical notes of patients with heart diseases: Developing and validating a natural language processing application. *International Journal of Nursing Studies*, 64, 25-31. doi:10.1016/j.ijnurstu.2016.09.013

## Machine Learning/Predictive Analytics

Golas, S. B., Shibahara, T., Agboola, S., Otaki, H., Sato, J., Nakae, T., . . . Jethwani, K. (2018). A machine learning model to predict the risk of 30-day readmissions in patients with heart failure: A retrospective analysis of electronic medical records data. *BMC Medical Informatics and Decision Making*, 18(1), 44-17. doi:10.1186/s12911-018-0620-z

# Challenges?





**Adam Fowler**  
@CerebralDoc



There are ICD codes for...

Struck by a turkey

Burns due to water skis on fire

Sucked into jet engine

Spacecraft collision

No ICD code for...

Care abandoned or delayed by private health insurance  
prior approval process.

1:33 AM · Nov 4, 2019 · [Twitter for iPhone](#)

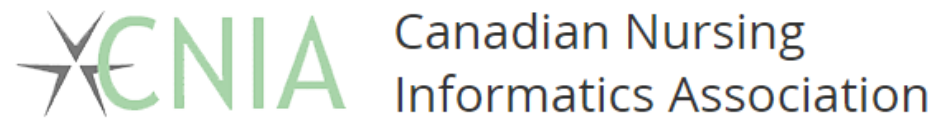


**“Hospital harm is likely under-reported, leading to an underestimate of the extent of the patient safety issues. If, for example, harm occurred and was recorded only in the nurse’s notes, it would not be captured, as CIHI’s coding standards stipulate that to be coded (and captured in the Hospital Harm data), diagnoses must be documented in the chart by a physician or the primary care provider.”**

Ho, C., Jiang, J., Eastwood, C. A., Wong, H., Weaver, B., & Quan, H. (2017). Validation of two case definitions to identify pressure ulcers using hospital administrative data. *BMJ Open*, 7(8), e016438-e016438. doi:10.1136/bmjopen-2017-016438



# Opportunities



Formerly COACH: Canada's Health Informatics Association





# National Nursing Data Standards Symposium

2016, 2017, 2018, 2019, 2020

## Advancing an Essential Clinical Data Set in Canada

The use of evidence-based clinical data standards ensures the collection of consistent, comparable clinical information from patients. Standardized data provides value to patients, clinicians and administrators and helps improve the health-care system. Standardized clinical data can support accountability by providing information that highlights effective care and reveals opportunities for improvement.

**'Data rich but information poor'**  
Consistent data is required because "if we cannot name it, we cannot control it, finance it, teach it, research it or put it into public policy."<sup>1</sup>

### Collect data once, use it for multiple purposes

- Nurse assesses essential standardized clinical information
- Nurse updates patient's electronic health record
- One-time data collection improves the patient experience



### Share standardized, comparable data

- Supports consistent communication among health-care providers
- Improves care planning, clinical decision-making and care delivery
- Facilitates easier and safer patient transfers

### Data gathering process

- Over 2.7 million patients admitted to acute care every year
- 200 data items assessed on average for each admission
- 40-60 minutes per admission spent by nurses collecting data

According to one study,<sup>2</sup> only about 25% of this data is useful. We can do better.



### Refine clinical practice decisions for continuous quality improvement

- Data informs further refinement of clinical care
- Data informs the most effective use of health-care resources (e.g., nurse staffing and skill mix)



### Evaluate evidence from standardized clinical data

- For monitoring clinical outcomes
- Informs effective clinical practice guidelines and health-care policy
- Supports clinical care and health system transformation

### What can you do?

Support and advocate for clinical data standards in your organization. Learn more and get involved by visiting [cna-aic.ca/informatics](http://cna-aic.ca/informatics) & [cna.ca/standards](http://cna.ca/standards).

<sup>1</sup>Clark, J., & Lang, N. (1992). Nursing's next advance: an international classification for nursing practice. *International Journal of Nursing*, 25(4), 102-112, 126. <sup>2</sup>Effken, J., & Weaver, C. (July, 2016). Spring cleaning – the informatics version. *Online Journal of Nursing Informatics*, 20(2). Retrieved from <http://www.onlinenursing.org/oln/>

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Thank  you!

# Recommended Resources

Cimino, J. J. (1998). "Desiderata for controlled medical vocabularies in the twenty-first century." Methods of information in medicine **37**(4-5): 394.

[Nursing Data Standards – Canada](#) (Canada Health Infoway)

[SNOMED CT Starter Guide](#)

[ICNP Technical Implementation Guide](#)

CASN Digital Health e-Learning Modules

CNIA Standards ([cniac.ca/standards](http://cniac.ca/standards))