

**Abstract:** 010

**Category:** Informatics

**TITLE:** Agreement on the selection of Nursing Diagnoses suggested by a Clinical Decision Support System

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### **Introduction**

PROCenf-USP® is a clinical decision support system structured according to the NNN Taxonomy, which suggests diagnostic hypotheses based on nursing assessment[1]. The aim of this study was to analyze the agreement of users in the selection of nursing diagnoses (ND) suggested by PROCenf-USP®.

### **Methods**

An exploratory-descriptive study was conducted with nurses from medical-surgical units, nursing residents, and senior undergraduate students. Data were collected between September and December of 2017. Demographic and academic, professional characteristics were collected. Participants used two previously validated fictitious case studies to complete the assessment and to select the ND within PROCenf-USP®. The selected ND were extracted from the system through reports and entered into spreadsheets. The agreement was analyzed using Light Kappa[2]. The study was approved by the Ethics Committee.

### **Results**

Eighty-six (86) nurses, residents and students were eligible, and 31 agreed to participate (11, 10 and 10, respectively). Forty-four diagnostic categories were selected. There was a high agreement (0.655) for *risk for unstable blood glucose level* (00179), moderate (0.591) for *chronic pain* (00133) and weak (0.224) for *ineffective airway clearance* (00031). The other diagnostic categories had poor or no agreement.

### **Impact on the discipline**

There was agreement for the ND related to biological needs. The low level of agreement may be related to the sample size and/or sample characteristics. Future research should be conducted to better understand the reasons for poor or no agreement on psychosocial diagnoses, as well as the clinical reasoning process when using a decision support system.

### **References**

1. Peres HHC, Cruz DALM, Lima AFC, et al. Development Electronic Systems of Nursing Clinical Documentation structured by diagnosis, outcomes and interventions. *Rev. esc. enferm. USP*. 43(2009):1149-55.
2. Landis JR, Koch GG. The measurement of observer agreement for categorical data. *Biometrics*. 33(1977): 159-174