

Abstract 051**Category:** Clinical Practice**TITLE:** Introduction of NANDA-I, NOC and NIC- guided care planning in acute hospitals in the South/South West Hospital Group (SSWHG) in Ireland**AUTHORS:** Kay O'Mahony**Introduction with problem statement:**

Unless nurses in hospital practice are guided by a distinctive nursing philosophy and a professional practice model which incorporates nursing languages, their practice is vulnerable to domination by the bio-medical thinking prevalent in hospitals. Nurses' conversion to nursing dominated practice incorporating nursing languages represents a major conceptual and behavioral change. Such change is most effective when it is undertaken in small steps, as proposed by the iterative plan-do-study-act (PDSA) quality improvement method. The problems addressed in this study are: What is the process by which nurses convert to use of NANDA-I, NOC, NIC-guided semi-electronic care planning in a regional acute general hospital, using the PDSA quality improvement method? And, how effective is this method in establishing and sustaining use of NANDA-I, NOC, NIC guided care planning?

Methods:

The PDSA quality improvement method employing quantitative and qualitative data was used.

Results and discussion:

Over the ten-month study period, six iterative PSDA cycles were completed. Nurses converted from a Kardex system of recording patients' nursing care to creation of selected groups of semi-electronic NANDA-I, NOC, NIC-guided care plans. This resulted in quantifiable improvements in nurses' compliance with record keeping standards.

Impact on the discipline:

Implementation of NANDA-I, NOC, NIC guided care planning provides nurses with a nursing specific language to communicate about nursing among themselves, with the multidisciplinary team, and to clearly document their practice and its outcomes.