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Nursing outcomes classification (noc)

Nursing Outcome Classification (NOC) is a comprehensive and detached classification of patient, family and community outcomes developed to assess the impact of interventions provided by nurses or other health professionals. Revised results are essential for documenting electronic records, using clinical information systems, developing nursing knowledge, and educing nurses and vocational students. A result is defined as a measurable person, family, or community situation, behavior or perception measured throughout a continuum in response to nursing interventions. The results are developed for use in all clinical settings and with all patient populations. NOC results can be used across the treatment sequence to track patient outcomes throughout a disease episode or over an extended period of time. Nurses at tertiary care hospitals, community hospitals, community agencies, nursing centers and nursing homes assessed the use of NOC results in their occupation as part of a federally funded NIH grant. Since the results describe the condition of the patient, family or community, other disciplines may find them useful for evaluating the interventions they provide to patients. The 540 results in Nursing Results Classification (NOC) (6 ed.) are listed alphabetically in classification. Each result has a definition, a list of indicators that can be used to assess the patient's condition relative to the outcome, a target score rating, a measurement scale for measuring the patient's condition, and a short list of referrals used to develop and refine the outcome. The five-point Likert scale is used with all results and indicators. A rating of '5' is always the best score possible and '1' is always the worst possible score. Examples of measurement scales used for results are: 1= in extreme danger to 5= not in danger and 1= never proven to 5= consistently demonstrated. NOC results are grouped in an encoded place that organizes the results in a conceptual framework to make it easier for nurses who identify a result for use with a patient, family or community. The results stick to thirty-four classes and seven areas for ease of use. The seven areas are: functional health, physiological health, psychosocial health, health and behavioral knowledge, perceived health, family health and community health. Each result has a unique code number that enables its use in computerized clinical information systems and enables data manipulation to answer questions about quality of nursing care and efficability. Classification is continually updated to include new results and change results based on new research or user feedback. The results have been linked to NANDA's international diagnosis, Gordon's functional patterns, nursing thesomics For Omaha system problems, for entry-to-place protocols (RAPs) used in nursing homes, for the OASIS system used for home care and NIC interventions. Links have also been developed between the International Classification of Function, Disability and Health (ICF) and NOC in an attempt to investigate ICF components and its international and interdisciplinary use. A deeper look at the relationship between NOC, NIC and NANDA-I is available in a separate book NOC and NIC Linkages for NANDA-I and clinical conditions: supporting critical thinking and quality care. NOC is one of the standard languages recognized by the American Nurses Association (ANA). NOC is included in the Unified Medical Language System (UMLS) at the National Library of Medicine (NLM) and the Cumulative Measure of Nursing and Allied Literature (CINAHL). NOC is currently being mapped into clinical term SNOMED (SNOMED CT). The use of actual NOC, nursing education and exploration is the most accurate indicator of the benefit of classification. NOC has been adopted at a number of clinical sites for evaluating nursing practice and is being used in educational settings to build the curriculum and teach students clinical evaluation. Interest in noc has been shown in other countries. NOC has been translated into Chinese (simplified and traditional), Dutch, French, German, Indonesian, Italian, Japanese, Korean, Norwegian, Portuguese and Spanish and several other translations are in progress. Source: Morehead, S., Swanson, E, Johnson, M., and Mas, M., (Ades). (2018). Nursing Results Classification (NOC): Measurement of health outcomes (6 ed.). Is Lewis, besides. For more information: Center for Nursing Classification and Clinical Efficacity University of Iowa, College of Nursing 407 CNBIowa City IA 52242-1121319-335-7051 Fax: 319-335-9990email: classification-center@uiowa.edu Nursing Outcome Classification (NOC) is a classification system that describes patient outcomes sensitive to nursing intervention. NOC is a system to assess the effects of nursing care as part of the nursing process. NOC contains 330 results, and each with a label, definition, and set of indicators and steps to determine the achievement of the nursing outcome and included in the tminology is a terminology recognized by the American Nurses Association, included in UMLS, and is HL7 registered. [1] [2] With the development of an advanced nursing practice and the need to demonstrate effectiveness in patient care, advanced academics and caregivers began to investigate and identify a nursing-sensitive outcome. [3] [4] [5] [6] These are defined as the state, behavior or perception of a person, family or community measured throughout the continuum in response to nursing intervention. [7] Nursing The results identified in nursing rheumatology,[8] nursing children[9] and in intensive care. [10] [11] See also Clinical Diagnostic System Diagnostic System Related To Diagnosis NANDA Nursing Care Program Diagnostics Nursing Interventions Nursing Process Classification Omaha Referral System ^ Donahue, M.P. & Brighton, V., Nursing Results Classification: Development and Implementation, Journal of Nursing Care Quality, 1998, 12(5) ^ S. Moorhead, M. Johnson, M. Maas, E. Swanson, Nursing Outcome Classification (NOC), Elsevier, 4th edition, 936 pages, 2007, ISBN 0-323-05408-0 ^ Duran, Diane M.; Harrison, Margaret B. Lesinger, Heather S. Hird, John F. Rockholm, Allen; Sidani, Soraya; Hall, Linda McGillis; Turangao, N. A. (March 2006). Sensitive results for nursing data collection in acute care and long-term treatment settings. Nursing research. 55 (2 Suppl): S75-81. doi:10.1097/00006199-200603001-00012. ^^^