

# Nursing Minimum Data Set for School Nursing Practice

*Position Statement*



*National  
Association of  
School Nurses*

## **SUMMARY**

It is the position of the National Association of School Nurses (NASN) to support the collection of essential nursing data as listed in the Nursing Minimum Data Set (NMDS). The NMDS provides a basic structure to identify the data needed to delineate nursing care delivered to clients as well as relevant characteristics of those clients. Structure and standardization of data is essential for the efficient utilization of Electronic Health Records (EHRs) so that health information is meaningful and can be shared electronically or exchanged across settings and with different health care providers. With the current emphasis on meaningful use of health data contained in EHRs, registered professional school nurses (hereinafter referred to as school nurse) need to be aware of the importance of including school health data in EHRs to participate in the electronic exchange of useful health information with other health care providers to insure continuity and quality of care (Johnson & Bergren, 2011). To accomplish this, EHRs require standardized, meaningful data integrating data sets such as the NMDS. Ongoing evaluation will be needed to determine the usefulness of the NMDS and its ability to capture the data needed to validate the contributions of school nursing services to the health care system or if additional data elements are needed to establish a data set unique to school nursing.

## **HISTORY**

Health information has been collected electronically for decades in hospitals and other health care settings. The Uniform Minimum Health Data Set (UMHDS), designed to identify national health data, standards and guidelines, was developed in 1969 (Ryan & Delaney, 1995). In 1983, the United States Health Informational Policy Council defined the UMHDS as “a minimum set of items of information with uniform definitions and categories, concerning a specific aspect or dimension of the health care system, which meets the essential needs of multiple data users” (Ryan, & Delaney, 1995, p. 170). The use of “standardized data sets facilitate[s] the linkage of information in one data set to other data sets. This allows the data in clinical information systems to be linked with administrative and other data sets for analysis” (Moorhead, Johnson, Maas, & Swanson, 2008, p. 12). Other health information data sets were developed in the early 1990s; however, none included nursing data.

The contribution of nursing to the health care system is invisible and unknown without nursing data incorporated into existing data sets such as the UMHDS. It is essential to have data to describe what nurses do, to whom they deliver care, and what the effectiveness and cost of that care is (Denehy, 2010). The NMDS was developed by Harriet Werley and colleagues in 1985 in response to the need for nursing data in information systems. The NMDS is defined as a minimum set of data elements with uniform definitions and categories about specific dimensions of nursing. NMDS is a standardized way to describe nursing care, clients, and services provided that will facilitate documenting and communicating nursing’s contribution to the health care system. Its purposes are to (a) establish comparable nursing data across clinical populations, settings, geographic areas, and time; (b) describe the nursing care of patients/clients and their families in a variety of settings; (c) demonstrate or project trends regarding nursing care provided and the allocation of resources to patients/clients based on their health problems or nursing diagnoses; (d) stimulate nursing research through links to data existing in nursing and other health care information systems; and (e) provide data about nursing care to influence clinical, administrative, and health policy decision-making. The NMDS is designed to meet the information needs of multiple data users in the health care system (Werley & Lang, 1988).

## **DESCRIPTION OF ISSUE**

Documentation of nursing care delivered in the school setting is listed as a measurement criteria for each of the six standards of practice listed in *The Scope and Standards of Practice – School Nursing* (NASN, ANA, 2005, pp. 9-23). While paper and pencil documentation has long been a part of school nursing practice, the advent and increasing use of EHRs in all health care settings, including schools, provide the “structure and opportunity to standardize and collect consistent data across multiple health care settings, with the intent of improving the quality of health care” (Yearous, 2011, p. 20). To achieve this, specification of the data to be collected on each student is prerequisite to developing large databases that will make it possible to identify and analyze relationships that will lead to identifying best practices and more efficient and cost effective care, as well as providing data for research.

The NMDS provides the formal structure and identification of data elements, including nursing care delivered in all settings, for EHRs. It is similar to other health care data sets except that it includes four nursing care elements and a unique provider number for each health care provider. The 16 elements of the NMDS are as follows:

#### **NURSING CARE ELEMENTS**

Nursing diagnosis  
Nursing intervention  
Nursing outcome  
Nursing intensity

#### **CLIENT ELEMENTS**

Unique individual identifier number  
Date of birth  
Gender  
Race and ethnicity  
Residence

#### **SERVICE PROVIDER ELEMENTS**

Unique facility identifier  
Unique health record number  
Unique health provider identifier  
Encounter date  
Discharge date  
Disposition of client  
Expected payer of bill

To accurately and consistently document, store, aggregate, and retrieve nursing care information, the use of standardized terminology or languages to describe client data and care delivered is essential (Brokel & Heath, 2009). Several nursing classifications of standardized nursing languages are recognized by the American Nurses Association (ANA, 2006). The languages often used by school nurses that have met the standards for recognition by the ANA and are supported by NASN (NASN, 2006) are: NANDA-International (NANDA-I, 2009), Nursing Interventions Classification (NIC) (Bulechek, Butcher, & Dochterman, 2008), Nursing Outcomes Classification (NOC) (Moorhead et al., 2008), and Omaha System-Community Health Classification System (Martin, 2005). These languages provide the standardized terminology needed to describe the Nursing Care Elements of the NMDS. A preliminary nursing data set for school nursing has been developed (Fahrenkrug, 2003) but has yet to be refined and used in practice

#### **RATIONALE**

The goal of school nursing is to promote the health and academic success of students. “School nurses need concrete evidence/data to show what they contribute to the health and educational achievement of students” (Denehy, 2010, p. 34). School nurses should understand, recognize, and support the systematic collection of essential school nursing data. Although it has not been tested in the school setting and may not capture all the data elements unique to school nursing, the NMDS provides the initial structure to identify the data needed to delineate nursing care delivered to clients as well relevant characteristics of those clients. Such structure is essential in EHRs. The NMDS has the potential to assist school nurses in the documentation and validation of their practice in a meaningful way. “In addition, it will provide a structure for data specific to school nursing that can demonstrate the complexity of the school nurse role, the resources needed to effectively implement the plan of care, and the effect of other variables on the outcomes of nursing care” (Denehy, 2010, p. 34).

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