

Nordic Terminology Network December 5-6, 2019



Terminology work in Finland, Updating the FinCC

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Happenings in Finland 😊

- SNOMED International membership 14.11.2018
 - The National Release Centre (NRC) is the National Institute of Health and Welfare (THL)
 - Finland is the 36. country member
 - Started from pathology/oncology and patient problem list
 - UEF: Foundation course 2020, MOOC
- National project STePS, Social and Healthcare e-service Monitoring
 - Survey to nurses' experiences of health and social care inf.systems (2017, 2020) See [E-health and e-welfare of Finland : Check Point 2018](#)
- Project for National quality registers in healthcare and social services (THL) http://www.julkari.fi/bitstream/handle/10024/138834/URN_ISBN_978-952-343-420-2.pdf?sequence=1&isAllowed=y (abstract in English and Swedish)



Plans to update 2020



eHealth strategy of the Finnish Nurses Association 2015–2020



[Link](#)

INFORMATION TO SUPPORT WELL-BEING AND SERVICE RENEWAL

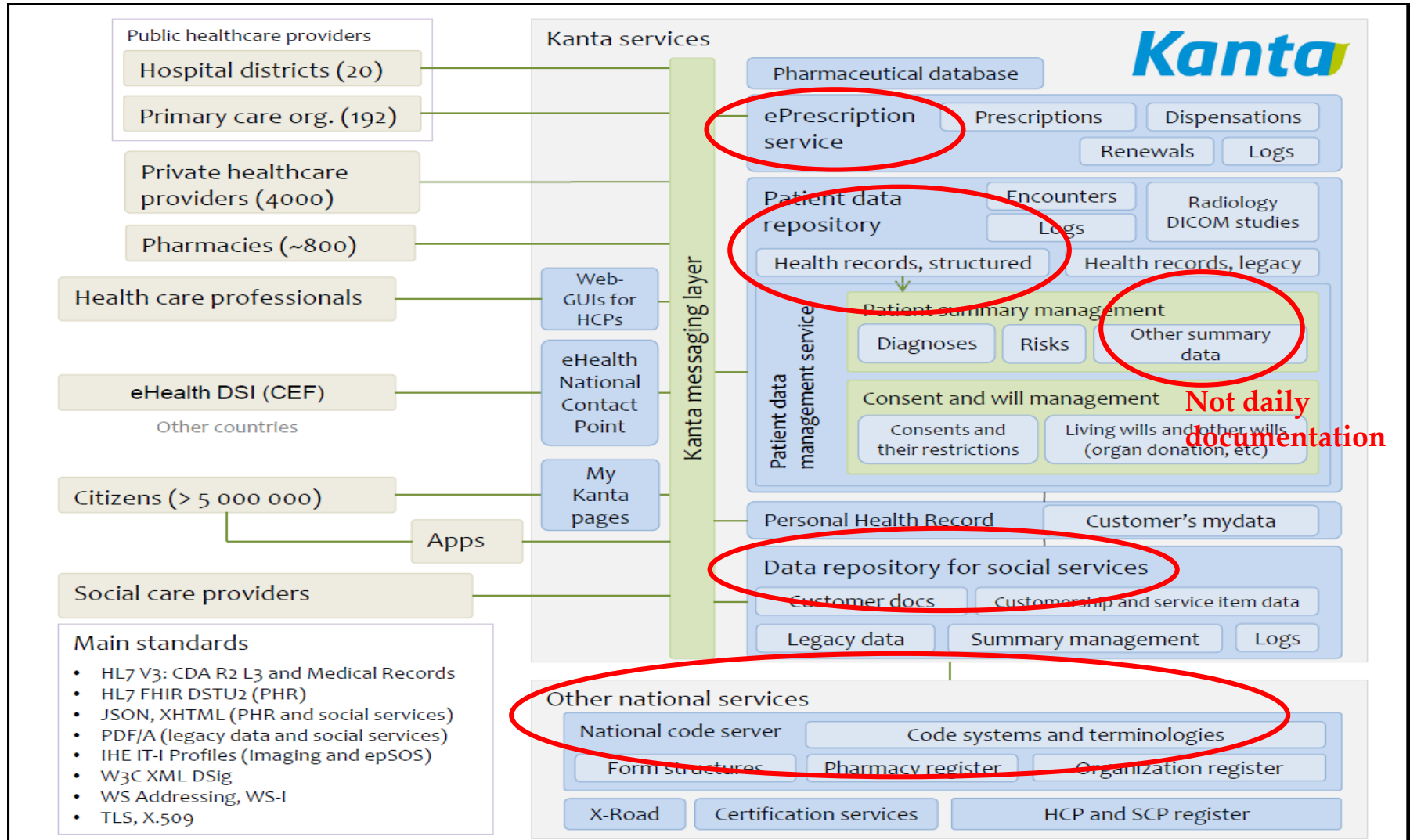
eHEALTH AND eSOCIAL STRATEGY

2020

[Ministry of Social Affairs and Health in Finland, 2015](#)

Strategic objectives by 2020:

- Citizens use online services and produce data for their own use and for the professionals
- Reliable information on well-being and services supporting its utilization are available
- Information on the quality and availability of services is available in all parts of Finland



eNursing Summary in National Patient Data Repository

Nursing diagnosis

AKTIVITEETTI /Aktiviteetin heikkeneminen 5.POP. leikkauksesta kuntoutuminen hidasta. Sängyssä painonpäästäminen ja liikkuminen perustoinnissa.

AISTITOIMINTA /Toimenpiteeseen liittyvä kipu Lonkan postoperatiivinen kipu.

KUDOSEHEYS /Kirurginen haava Oikean lonkan gammanaulaus, hakaset haavalla.

JATKOHOITO /Hoito jatkuu perusterveydenhuollossa Jatkohoidon järjestäminen perusterveydenhuoltoon kotona pärjäämättömyyden vuoksi.

Nursing interventions

AKTIVITEETTI / Toiminnallinen kuntoutus Vaihtanut asentoa sängyssä omatoimisesti. Elämänlangan avulla nousee istumaan sängyssä. Sängyssä kääntymistä, istumaan- ja seisoaannousu harjoituksia tehty ja siirtymistä pyörätuoliin harjoiteltu kahden hoitajan avustamana.

Aktiviteettiin liittyvä ohjaus Ohjattu oikeaoppisia asennonvaihtoja sängyssä ja ylösnousua vuoteesta.

AISTITOIMINTA / Kivun arviointi (laatu, sijainti, esiintyvyys) Oikeassa lonkassa kipua hoitotoimien ja liikkumisharjoitusten aikana kipulääkkeestä huolimatta.

KUDOSEHEYS / Haavan seuranta Haava siisti ja rauhallinen. Hakasten juuret siistit. Haavalle Mepilex Border. Haavalta hakasten poisto 19.3.2011. Haavan suojaksi haavateippi hakasten poistoon saakka.

LÄÄKEHOITO / Lääke suun kautta Tramadin 50 mg, kapseli klo 8:30 ennen päivittäisiä toimia. Listanmukaiset lääkkeet saanut klo 7 ja 12.

Lääkkeen vaikuttavuuden seuranta Tramadin auttanut lisäkipulääkkeenä oikean lonkan kipuun.

JATKOHOITO / Terveyskeskuksen vuodeosasto Siirtyy jatkohoitoon Karttulan terveyskeskuksen vuodeosastolle 2. Kontrolli KYS ortopedian pkl:lla 11.4.2011.

Nursing outcomes

Aktiviteetti Leikkauksesta toipuminen edistynyt hitaasti. Tarvitsee edelleen apua peseytymisessä, pukeutumisessa ja ruokailussa. Täysin autettava/ohjattava (1-2 aut.) siirtymisessä pyörätuoliin. Foordilla kävelymatkat eivät vielä onnistu.

Tilanne: Ennallaan

Aistitoiminta Kipua leikkauksialueella on edelleen. Tarvitsee päivittäin kipulääkettä etenkin liikkumisia ja hoitotoimia edeltävästi.

Kudoseheys Haavan parantuminen edistynyt hyvin. Hakasten juuret siistit. Kokee hakaset hiukan kiristävinä. Alkuun hiukan eritystä haavalta hiukan, nyt eritystä ei enää ole ollut.

Tilanne: Parantunut

Patient care intensity

Pisteet yhteensä: 13p Luokka: III Keskimääräistä suurempi hoidon tarve

Minna Menijä
sairaanhoitaja

Karttulan terveyskeskus vuodeosasto 2.

FinCC in Finland

Specialized health care USING

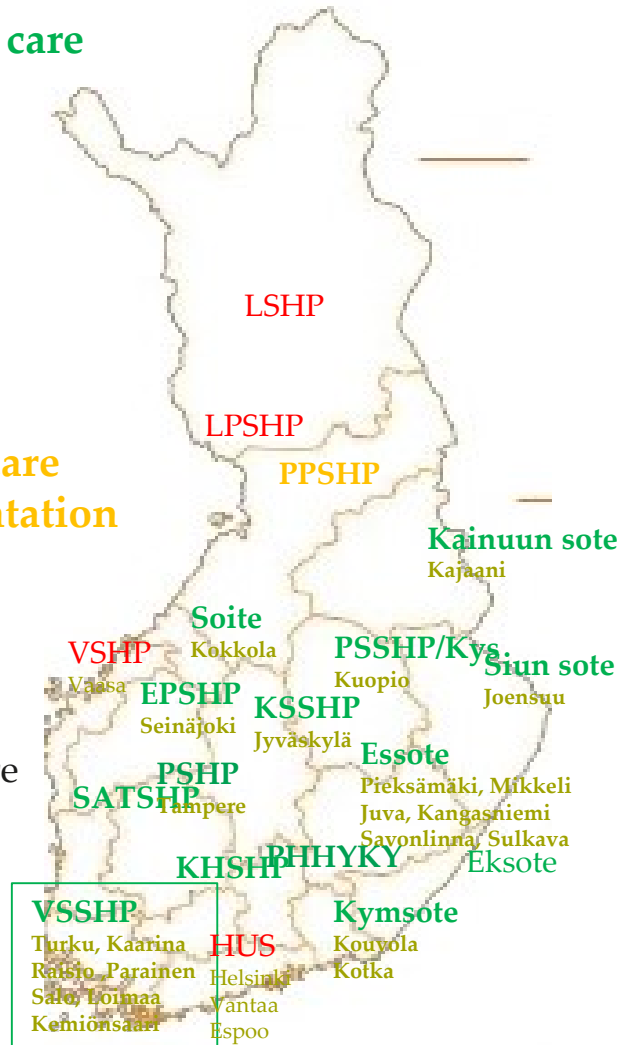
*Uranus, Effic
VSSH
SATSH
EPH
KSSH
PSSH
Siun sote
Essote (Mikkeli)
SOSTERI (Savonlinna)
Kymsote
KPSH (Effic; komponenttitaso)
KHS

Specialized health care Starts the implementation PPSH

Swedish part of Finland:

Vaasa city

Turku city: Hemmet elderly care



Primary health care USING

*Pegasos, Lifecare,
Effic

Turku
Kaarina
Raisio (Effic;
komponenttitaso)
Rauma
Pori ja Mikkeli (tulossa)
Loimaa
KSATKy
Helsinki
Vantaa
Espoo
Kouvola (ky)
Hamina

Jyväskylä
Kuopio
Joensuu
PHSOTey
Pieksämäki
Juva
Kangasniemi
Savonlinna
Sulkava
Kokkola (Effic;
komponenttitaso)
Vaasa city

Specialized health care NOT USING yet

*Esko
PPSH
Lapin keskussairaala
Länsi-Pohjan keskussairaala
Vaasan keskussairaala
*Uranus
HUS
PSH

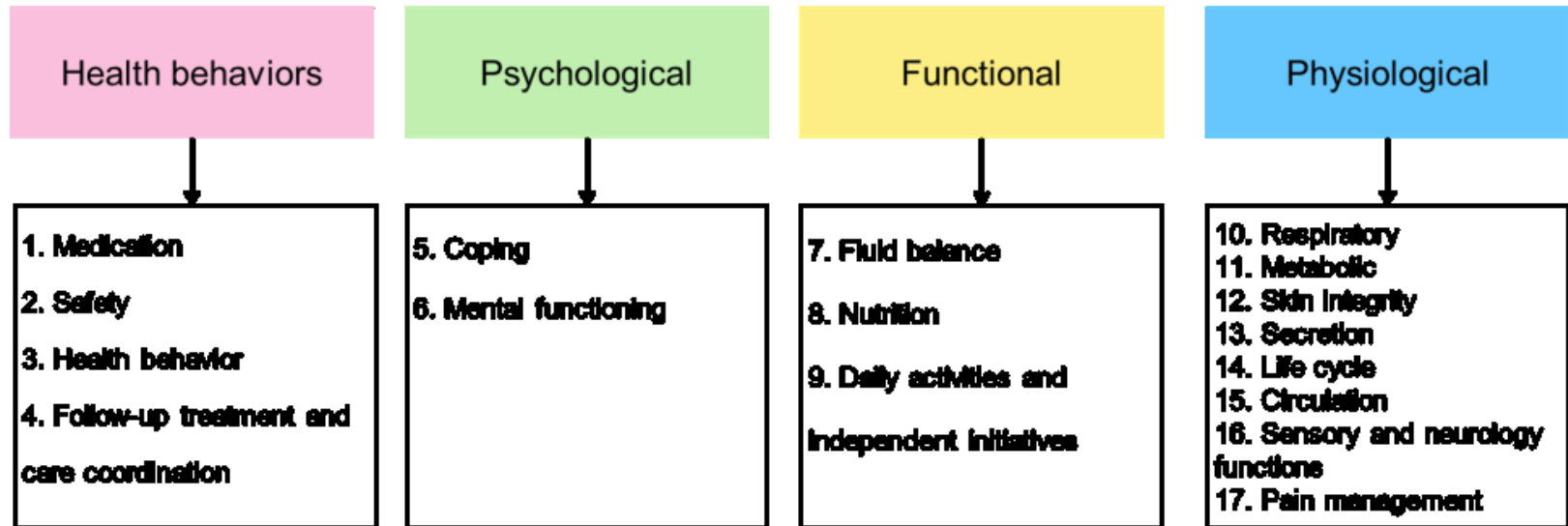
(Made by Tiina Hassinen 12.8.2016,
updated 20.10.2018/Ulla-Mari
Kinnunen, updated 21.3.2019
Timo Ukkola, 12.11.2019 Pia
Liljamo)

FinCC update 2018-2019

- The demands in patient care has been evolved, also terminology has to do that - new demands for EPR
- The new version, FinCC 4.0, will be published **16.12.2019** (fin, eng, swe)
- The user guide has also been updated (fin, eng, swe)
- It will available free for vendors at the Code server (THL)
- Cross-map with nursing intensity system
- SNOMED mapping in the future
- The plan to use the FinCC webpage for direct feedback and communication is under the development

FinCC 4.0

4 care patterns



17 care components

FinCC 4.0 and the national documentation model

Phases of Nursing Process Model

Patient data collection and analysis, care planning, implementation of interventions and evaluation of nursing outcomes

Key structured data elements in nursing

Nursing Diagnosis, Nursing Interventions, Nursing Outcomes, Nursing Intensity and Nursing Discharge Summary

Finnish Care Classification (FinCC 4.0)

- **Finnish Classification of Nursing Diagnosis (FiCND 4.0)**
 - Component (17)
 - Main category (157)
 - Subcategory (98)
 - Free text
- **Finnish Classification of Nursing Interventions (FiCNI 4.0)**
 - Component (17)
 - Main category (257)
 - Subcategory (120)
 - Free text
- **Finnish Classification of Nursing Outcomes (FiCNO 1.0)**
 - Component (17)
 - Situation: Improved, Stabilized, Deteriorated
 - Free text

FinCC update: First phase of the process

- FinCC expert group worked one year, 2018, updating and developing the new version
- Searched evidence, e.g. clinical indicators and guidelines, other national guidelines, laws, regulations, scientific papers...
- The aim in this revision was that different scales (e.g. pain scales, wound scales, malnutrition risk) and evidence-based research will more and more be utilized in the development of the terminology
- Based on that work we got a first draft of the FinCC version 4.0

FinCC update: Second phase of the process

- To assess how well the further developed, new version of the FinCC comply with the actual nursing practices and how pragmatic and understandable it is
- Based on the findings, the revisions will be made, and the object is to publish a new version of the terminology

Methods

- An e-questionnaire based on the revised version of the FinCC was sent to healthcare organizations (n=34) and to Universities of Applied Sciences (n=14) in April 2018.
- A link to the questionnaire was sent by an email to the contact persons of those organizations
- The questionnaire included totally 34 pages of claims concerning the 17 components of FiCND and FiCNI, also of all main and subcategories
- Likert scale (1-5) (totally disagree - totally agree) was used to assess the **understandability** and **practicality** of the main and subcategories
- It was also possible to write comments after each claim

Methods

- An email address of a FinCC contact person was given in case of confusions in responding to the study questions
- Explanations of the major changes to the main and subcategories in the instructions for the replies were given
- Data was gathered and organized in Excel
- Narrative comments were read and analyzed separately by the FinCC research group (n=8)

Results

- The answers (n=27) were given nurses, nursing lectures, senior nurses, senior nursing officers
- In addition, separate answers by email from
 - 3 health care organizations
 - 1 physiotherapist and a group of paramedics
 - 2 groups of nurses specialized in wound care sent their replies only of the component Skin integrity
- Mixed findings and comments -> Several questions were arised after analyzing the results

Results

- The mean of the components, FiCND and the FiCNI, was 4.1-4.9
- A new component **Pain** was assessed as a very clear and good improvement
- Components **Fluid balance, Respiration, Circulation, Lifecycle, Nutrition, Secretion, Sensory and neurologic functions** were highly accepted (some clear comments)
- **Skin integrity** too detailed – re-check (lots of comments)
- **Safety and Mental Functioning** – re-check (lots of comments)
- Experts were consulted; e.g. wound care expert, physician, and documentation expert group, mental health..

Thank you!

