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355 EVALUATION OF AN ELECTRONIC SYSTEM FOR NURSING PROCESS DOCUMENTATION

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Introduction:
Electronic clinical nursing information systems should capture the nursing process and aggregate formal knowledge elements able to reflect nurses' clinical practice. The aim of this study was to evaluate functionality of an electronic system for nursing process documentation.

Methods:
A descriptive study conducted at the University Hospital from University of São Paulo, an academic hospital in São Paulo, Brazil. A purposive sample of 20 baccalaureate nurses, practing at all wards of the hospital, was trained to use an electronic system for nursing process documentation recently developed for the institution. Training program last two 4-hour sections, containing a short presentation of the system after which participants were guided through system functionalities. Simulated patient data were offered for each participant, who use the system to document patient data, generate nursing diagnoses hypotheses, state nursing diagnoses, nursing outcomes (as goals), nursing interventions, and nurses orders (nursing activities). All participants documented the admission assessment and care plan of at least three real patients in the next 30 days after the on-site sections. One month after the on-site training sections, all participants were invited to answer a questionnaire containing Likert-scale items (1=bad to 5=excellent) related to the functionality of the 11 modules of the system and 5 general features of the system. Additionally, there were items for self-assessment on digital fluency, accessing computer and internet frequency, knowledge on Information and Communication Technologies, internet and informatics skill level.

Results:
Sixteen nurses returned their questionnaires (female=100%; age range = 20 to 44 years; mean years of graduation = 13.4; highest professional degree were: baccalaureate (1); specialization (7); master (7); and doctoral (1). All participants reported having access to computers, and 15 used computers/internet daily. Nine nurses reported that they had never taken a distance education program; and familiarity with internet functionalities was: electronic mail (14); instant message services (12); and videoconference (11). Self-reported level of informatics knowledge and skills were basic (11), and moderate (5). Mean scores on modules functionalities ranged from 3.4 to 4.4 (average = 3.9). "Patient search" had the highest mean score (4.4), followed by "Assessment category" (4.2), and then by "Nurses-generated nursing diagnosis hypotheses" (4.1), "Nursing Interventions" (4.1), "System-generated nursing diagnosis hypotheses" (4.0); "Nursing diagnosis statements" (4.0); "Nursing outcomes" (3.9); "Nurses orders" (3.9); "Assessment data" (3.8); "Summary" (3.6); and "Reports" (3.4). Average score on 5 general features of the system was 3.9 (range = 3.7 to 4.5). "Clinical content" had the highest average score (4.5); "Directions" (4.1); "Comfort for user" (3.8); and "objective data" (3.7). Participants made relevant suggestions to improve the system feasibility and appropriateness.

Conclusion:
The evaluation data reported here informed decisions to improve functionalities of the system, and plan a training program as part of the system implementation.

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356 ELECTRONIC SYSTEM FOR CLINICAL DOCUMENTATION OF STRUCTURED NURSING DIAGNOSIS, RESULTS, AND INTERVENTION: PROCENF - USP

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Introdution:
Electronic nursing documentation constitutes technical, scientific, legal, and ethical documents. The aim of this study was to develop an electronic system for nursing documentation supporting adult clinical and

medical patients' assessment documentation, and decision on nursing diagnoses, expected outcomes and interventions.

Method:
Methodological research on technology production in the modality of case study. The system development method used cyclical phases of technological product development: Conceptualization, Detailing, Prototyping and System implementation. The project presents a data model that enables electronic documentation of Nursing Process data of medical and surgical adult patients admitted in the University Hospital of the University of São Paulo.

Results;
The result is an electronic system (PROCEnf - USP -Nursing Process Electronic Documentation System of the University of São Paulo) which allows documenting nursing process generating reports of nursing process, besides supporting decisions on nursing diagnosis, expected outcomes, and interventions1. The system allows the user, whether a nurse or a student, to make clinical decisions, supporting judgments to establish diagnosis, expected outcomes and nursing interventions. The user can choose between two paths, depending on their needs, being allowed to enter assessment data and view nursing diagnosis hypotheses generated by the system or to directly choose nursing diagnoses. Stages to be covered by the user follow clinical reasoning from documenting interview and physical examination data to documenting nurse orders.

Conclusion:
The PROCEnf-USP will be registered as software by the USP Innovation Agency. Reasons because this technological production project was successful include institutional features, financial support, and positive attitudes toward collaborative work between clinical and research personnel from varied disciplines.

References:
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357 METODOLOGÍA NANDA-NIC-NOC EN LA UNIDAD DE ICTUS TRAS TROMBOLISIS.

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INTRODUCCION:
Durante los últimos años se ha usado como tratamiento en el ictus agudo la fibrinolisis. El rt-PA o Actilyse © es un tratamiento tromboembólico, es decir, actúa fibrinolizando el coágulo de sangre reinstaurando el flujo sanguíneo cerebral en el área afectada. De este modo se puede evitar lesiones irreversibles, mejorar el pronóstico funcional del paciente y reducir su estancia hospitalaria.

Por tanto, esto significa que estamos ante una actuación de urgencia.Por todo ello, el papel de enfermería es vital a la hora de la realización ducha, eficaz y rápida de los procedimientos dependientes y cuidados tras una fibrinolisis, así como la valoración de posibles complicaciones. Para registrar estos cuidados estandarizados se ha optado por usar la taxonomía NANDA-NIC-NOC porque normaliza el lenguaje enfermero, y facilita el trabajo y lo profesionaliza. Asímismo da a conocer dicho lenguaje entre los propios profesionales de enfermería y otros miembros del equipo. Pero no todos los pacientes que llegan a la unidad de ictus son candidatos al tratamiento de fibrinólisis,existiendo unos criterios de inclusión y exclusión.

OBJETIVOS:
- Identificar y denominar las actividades dependientes y de colaboración más frecuentes,que realizan las enfermeras en la unidad de ictus cuando se realiza un tratamiento fibrinolítico, usando para ello la Clasificación de Intervenciones Enfermeras (NIC).
- Identificar y denominar los diagnósticos más habituales en este tipo de pacientes, usando la taxonomía NANDA-NIC-NOC.
- Actualizar criterios de inclusión.