An Electronic Approach to Improving Team Communication and Documentation of Patient Plan of Care

IDENTIFICATION:

The Joint Commission (TJC) accreditation survey standards require the development and communication of an interdisciplinary plan of care (POC) for patients (TJC, 2009). The POC must be accompanied by documentation regarding effectiveness of the plan of care in terms of interventions taken and progress made toward individualized patient goals.

Issues identified:

• The electronic medical record, initially implemented in 2003 – modules expanded over time to include provider order entry, laboratory, imaging, pharmacy, nursing assessments and interventions; bedside medication verification.
• Location of Plan of Care – some maintained at the nurses station, others maintained at the patient’s bedside
• Some provider groups were entering consultations, admission history and physicals and progress notes in the electronic health record – others were not
• All nurses’ notes and the multidisciplinary plans of care were documented on paper.

PROCESS:

The electronic health record (EHR) system was scheduled for an upgrade. Changes for nursing and other direct care providers (respiratory, nutrition, social work, rehabilitation services) were deemed minimal. The upgrade provided a window of opportunity to explore and test the Plan of Care (POC) and progress note functionality.

• During the POC testing phase, demonstrations were held for staff on the various nursing units in order to receive feedback as to whether the POC feature would improve patient care as well as facilitate nursing work flow at the bedside.
• The vast majority of staff supported the decision to proceed with the electronic POC version as they desired the ability to document their progress notes on line.
• The risks and benefits of the change were considered, with the decision made to proceed with the new POC functionality despite a triennial Joint Commission survey expected in early fall 2009.
• The upgrade preparation period lasted four months. During this time, nurse analysts and educators worked with the new POC functionality and collaborated with other
departments in order to explore how the POC could facilitate their workflow and communication.

**SOLUTION:**

The solution was developing the electronic plan of care and progress note component based on the vendor supplied product, which was modified based on staff input.

- Education developed used a blended learning approach:
  - an online 30 minute education module including simulation of the online documentation/ development of the plan of care
  - In class one hour sessions using a training environment to practice documenting patient information, adding a plan of care and documenting a progress note based on that “patient information” documented. This class session used the new software in a training environment.

- Approximately two-three weeks after go-live, clinical specialists and professional development specialists performed audits of a minimum of five randomly selected charts for each nursing unit utilizing a standardized data collection form

- The audit form evaluated the presence of a POC, and progress notes meeting TJC guidelines.

**OUTCOMES:**

Documentation compliance was evaluated through comparison of the three-month period prior to and two months after the EHR upgrade.

- A total of 230 charts among twelve (12) nursing units were evaluated for >/=90 % compliance threshold during the pre and post upgrade periods.
  - Two units had a clinically significant change with compliance meeting the minimum threshold
  - The critical care division met the minimum threshold pre and post-upgrade but improved their compliance
  - The improvement in the general medical surgical units met threshold at 94.7% in the post-upgrade period.
  - Six (6) units met the pre-upgrade 90% threshold and eight (8) units met the post–upgrade threshold. Two other units continued to document plan of care using alternate methods.

- Documentation of interdisciplinary collaboration within the new system was positive.
  - The improvement in communication through the electronic POC was evident.
  - The departments (in addition to nursing) which contributed to the POC were most frequently were Social Work, followed by Nutrition, PT/OT, Case Management, and then Respiratory Therapy
  - Qualitative data in terms of verbal feedback was also found to be positive.
• This point of view was reinforced with the Joint Commission survey later that month; they were complimentary regarding our process improvement in documentation of the plan of care as well as interdisciplinary collaboration.