Building a Foundation for Interdisciplinary Care Planning

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Background

- 2010 – Adventist Health System partnered with Zynx Health
- Project Goal: A patient-centered, evidence-based, interdisciplinary plan of care focused on promoting efficiency and effectiveness of the care process
- Leveraged Cerner EHR system and functionality
- 2011 – Incremental go lives in Adventist hospitals
- 2012 – Documented Results
43 campuses in 10 states
More than 7,700 inpatient beds
From sole community providers to large tertiary facilities
Zynx Health: “Measurably improve the quality, safety, and efficiency of patient care”

• Established by clinical leaders in July 1996
• Provides actionable, current order sets, plans of care for use on paper or in an EHR system
• Content updated q 6 months
• Delivered in web-based environment
  – Context specific links to supporting research and performance measures
  – Designed to be customized by hospitals and health systems to create standardized order sets & plans
  – Uploaded/built into EHR system
1. Optimize clinical practice standardization utilizing evidence-based practice with references applied at clinical decision points.

2. Develop a standardized method for clinical documentation resulting in ease of locating and retrieving clinical data.

3. Complement the computerized physician orders sets to create an environment of safety and enhanced clinical practice.
Project Objectives

4. Support the ability to meet “meaningful use” regulations and integrate applicable regulatory requirements as they evolve.

5. Reduce documentation time for nursing and allied health.
Project Framework: Partnership

- What care should we provide Adventist patients?
- What are Adventist's care processes?
- What integrates evidence-based care and care processes into workflow?

Support of evidence-based, patient-centered, cost-effective care

Cerner
Functionality

Cerner
Electronic Health Record


Content

+zynxorder®
zynxcare®
Infrastructure: Governance

Appointed Steering Committee (24 super-star clinicians from every region of the Company):

- CNO’s
- Pharmacists
- CPOE Manager
- Respiratory Therapist
- Clinicians
- Educators
- CEO (nursing background)
- Quality Directors
- Clinical Specialists
- Informatics Specialists
The BIG Picture – Patient-Centered Care

• Clinicians impacted:
  – Nurses from all areas
  – Respiratory Therapists
  – Rehabilitation Therapists (OT, PT, SLP)
  – Clinical Dietitians
  – Pastoral Care
  – Social Workers
  – Case Managers
  – Wound Care Clinicians
  – Pharmacists
  – Physicians

**Note Outpatients & Behavioral Health were not included in Phase I.**
Laying the Foundation

• What is an Interdisciplinary Plan of Care?
  – The IPOC is a dynamic patient centric plan that consists of:
    • Patient problems
    • Goals
    • Outcomes (indicators) that document patient progress toward the goal
    • Evidence based interventions (Zynx content) that assist to meet that goal
      – Includes education to prepare the patient and family for care after discharge
  – The IPOC is reviewed and updated by all clinicians
Building Blocks “AKA” The Cornerstone

- Kickoff—August 24, 2010
  - 70 content experts—front-line staff from AHS 26 facilities across 9 states
- Developed 75 Plans of care (28 condition/procedure-specific & 47 patient problems)—December 31, 2010
  - Utilized patient problems as building blocks
  - Utilized the evidence to ensure core measures and performance indicators are explicitly represented in IPOC
  - Collaborated with CPOE team to assure IPOC content matched interventions and evidence being driven by order sets.
  - Leveraged Zynx AuthorSpace and View Space functionality
  - Developed downtime process and supporting PDF documents
Building Blocks “AKA” The Cornerstone

• Design & Build in Cerner
  – A platform exists for standardized patient care and communication between the interdisciplinary team
  – Appropriate plans are suggested as a result of physician PowerPlan initiation and/or clinician documentation
  – Consults are sent to ancillaries based on interventions or evidence

• Activation
  – Pilot Go Live August 29, 2011
  – System Go Live November 1 (Eastern Domain) and 15 (Central Domain), 2011
The “House” that AHS Built (Zynx)
The “House” that AHS Built (Zynx)

ADVENTIST HEALTH SYSTEM

IPOC Activity Intolerance

☐ Activity Intolerance

Goals

☐ Able to participate in rehabilitation program
  ‣ Type of rehabilitation program (SNF, CARF, etc) will depend on patient assessment or treatment plan.
☐ Able to perform prescribed physical activity
☐ Knowledge of prescribed activities
☐ Oxygen saturation during activity within specified parameters
☐ Heart rate within specified parameters

Indicators

☐ Indicator evaluation
  ☐ Activity tolerance
  ☐ Ambulation distance
  ☐ Ambulation effort
  ☐ Activity assistance
  ☐ Oxygen saturation
  ☐ Heart rate

Interventions

¬ The interdisciplinary care coordination team could include physical, occupational, and respiratory therapies, dietitian and pharmacy review.

Assessments

☐ Functional status assessment Evidence
  ‣ Monitor for risk factors of activity intolerance, such as decreased pulmonary function and exercise tolerance, dyspnea performing ADL’s, elderly, poor sleep quality, chest pain and/or fatigue on exertion etc.
☐ Medication profile review
### The “House” that AHS Built (Cerner)

**IPUC Activity Intolerance**: Initiated

**Last updated on**: 02/09/2012 11:36  
**by**: Nancy Nurse, RN

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<tr>
<th>Component</th>
<th>Status</th>
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<tr>
<td><strong>Able to Participate in Rehabilitation Program</strong></td>
<td>Activated</td>
<td>By Phase End</td>
<td></td>
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<tr>
<td><strong>Type of rehabilitation program (SNF, CARF, etc) will depend on patient assessment or treatment plan.</strong></td>
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<td><strong>Knowledge of Prescribed Activities</strong></td>
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<td><strong>Oxygen Saturation During Activity Within Specified Parameters</strong></td>
<td>Activated</td>
<td>By Phase End</td>
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</tr>
<tr>
<td><strong>Heart Rate Within Specified Parameters</strong></td>
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<td><strong>Ambulation Distance - Greater Than or Equal 20 ft</strong></td>
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<td><strong>Ambulation Effort</strong></td>
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**Interventions**

- The interdisciplinary care coordination team could include physical, occupational, respiratory therapies, dietitian, and pharmacy review.
- **Functional Status Assessment Scale**
- **Monitor for risk factors of activity intolerance, such as decreased pulmonary function and exercise tolerance, dyspnea performing ADL’s, elderly, poor sleep quality, chest pain and/or fatigue on exertion etc.**
- **Medication Profile Review**
- **Nutrition/Diet Review**
- **Rule Activity/Mobility Education - Activity Promotion, Prescribed Level and/or Energy Conservation**

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**Note**

**Goal**

**Indicator**

**Evidence link**

**Intervention**
Creating the Blue Print For The “House”

• AHS-IS: Included from the beginning
  – Shared in and bought into the vision for the project
  – Participated in Content Committee Sessions to understand the intent of clinical decisions
  – Advised on ways to leverage existing system build to meet the objectives to:
    • Embed IPOCs into clinical workflow
    • Develop standardized method for clinical documentation resulting in ease of locating and retrieving clinical data
    • Support the ability of teams to function collaboratively, effectively and efficiently
Construction of The “House”

- Documentation had to be standardized
  - Physical Therapy measured gait distance in meters
  - Nursing measured ambulation distance in feet
• Education redesigned to become patient focused
  – Each department could educate on the same topic but none of the information was easily viewed by other clinicians
Unexpected Challenges to Overcome

• Utilized rules to overcome the ‘Red X Issue’
  – The tools were not designed to have more than one expected outcome linked to a data element in the electronic plan of care
  – Worked with Clinical Data Engineers to create rules that would interpret charting documented and determine if expected outcome had been met
The Finished Product

- An evidence-based Plan of care easily accessible to all clinicians, that automatically updates from every day assessment charting and flows information back into documentation, where possible.
The Inspection—Feedback

• Initial negative response, afraid this would create “more work”
• Pleasantly surprised, information flows to and from iView
• Nurses are overall excited about the product and the fact that they can now see ancillary documentation related to the plan of care
• Continuing need to reinforce Interdisciplinary approach with some ancillary areas (breaking down departmental silos)
The Inspection—Lessons Learned

• Spend more time on workflow for ancillaries and consults initiated via IPOC

• Educators need to believe in the product and be able to guide staff to Zynx evidence links

• Reinforce the basics of plan of care development based on patient’s clinical picture during education

• Collaboration with IS team has to start at the beginning to ensure integrity of clinical content
The Inspection—Metrics

- Current State
  - Percentage of admitted patients with IPOCs initiated
  - Compliance of initiation within 4 hours (facility and unit)
  - Compliance of ancillary documentation within IPOC
• Since IPOC Go-live baseline (Apr-Jun 2011, n=2815 patients) median time from admission to initiating plan of care has reduced from 7.5 hrs to 2.5hrs
The Inspection—Metrics

• Future Plans
  – Monthly Clinical Executive Dashboard report—utilization and reassessment of IPOCs tied to 13 diagnosis-related PowerPlans (physician order sets)
  – Reassessment report to monitor documentation of goals
  – Complete Time & Motion Study
Summary

- **Transforming both Plan of Care & Patient Care**
  - Care is standardized & individualized
  - Quality & Consistency of the plan or care delivered is not dependent upon the clinicians’ years of experience
  - Delivering evidenced-based care to all patients

- **Involving ancillary specialists at the time of initial assessment**
  - Earlier interventions
  - Prevention of complications
  - Potential for reduced length of stay (LOS)

- **Fluidity between the Plan of Care and Clinical Documentation**

- **Joint Commission Findings**
QUESTIONS?