



Perceived Value and Clinical Effectiveness of the Plan of Care in the Electronic Environment

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Problem Statement: Within the deployment of the electronic health record (EHR) the value of the plan of care (POC) remains an elusive element. Today the current versions of the available EHR platforms typically include integrated POC functionality. Furthermore, the availability of curated content from local sources (self-developed), EHR vendors (foundation) and third party organizations (content companies) is available to populate that functionality. Organizations have spent considerable resources developing and deploying content yet little to no research has been done to evaluate the perceived and/or actual value. Anecdotal data from acute care settings suggests that clinicians report that the activity is perceived at best as necessary for accreditation and at worst a required documentation activity with little impact on patient care. It is often said that the POC is not interdisciplinary, lends minimal support during rounding and/or handoff, and as a result is of little importance in communication or to patient safety. **Methods:** To evaluate the utility of the plan of care an audit model was designed. Utilizing an open chart approach the methodology consisted of a survey tool administered by a Clinical Informaticist that evaluated clinician opinion and POC activity in the EHR. A quantitative component (seven questions) was scored using a Likert Scale and centered around the clinician's perceived value of the POC. The quantitative component (seven questions) was scored using a met, not met, partially met format and centered around the utilization of the appropriate POC including compliance with the organization's POC policy and procedure. Collated data (bar graph format) was presented on each of the fourteen questions. The data was then organized into four domains; Adoption (a POC is active), Utilization (the POC that reflects the patients current status is active), Value (the POC reflects the contribution of all disciplines) and Effectiveness (the POC impacts clinical and operational outcomes). **Results:** To date the database contains audit data from thirty five participating organizations (hospitals and/or health systems) and eight hundred and seventy five open records. Summary findings indicate that all open records had a POC (adoption), but the POC was more frequently (> 50% of records) not representative of the patients current condition (utilization and value), and less frequently (<50 % of records) had an accurate (effectiveness) transition plan. Participating organizations have subsequently developed improvement plans divided into three distinct but overlapping areas. First: Content -Is there a sufficient volume of clinical content, that is current and easily accessible. Second: Functionality- Is the POC workflow optimized to support individualization, reflect progress towards goal(s), and avoid duplication and redundancy. Third: Organizational model- Can clinicians demonstrate understanding of the definition of the POC, patient problem and use cases. **Significance:** Action plans have been developed that address each of the three areas and critical event timelines deployed to support performance improvement. Clinical Informaticists are uniquely positioned within the organization to utilize this model, understand the current state of the POC, develop and deploy interventions that will improve the perceived value of the POC and the appropriate utilization of content, and by extension have a beneficial clinical and operational impact.