Improving Knowledge and Documentation of the Patient's Electronic Interdisciplinary Plan of Care (IPOC):

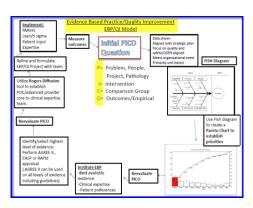
'Great Patient Care Guided by IPOCs'

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ABSTRACT/BACKGROUND

In November of 2011, Adventist Hinsdale Hospital (AHH), implemented an electronic version of the interdisciplinary plan of care (IPOC) that incorporated clinical, department specific plans of care into a single, comprehensive, evidence-based patient centered plan of care that would accommodate cross-population of documentation within the electronic medical record (EMR).

The Clinical Close Dashboard (CCD) is a corporate tool which tracks key CMS-reported metrics. After identifying that our facility was not meeting the recommended percent compliance scores relating to the IPOC in accordance with best practice per the CCD, we implemented this project in November of 2012 to increase standardization of knowledge and improved documentation into the patient's IPOC. As our hospital embarked on the journey towards obtaining Magnet status, we began to incorporate our professional practice model, which included elements of the Quality and Safety Education/Evaluation for Nurses (QSEN) and an Evidence Based Practice/Quality Improvement (EBP/QI) model to help identify issues. After applying Lean Six Sigma methodology to our preliminary data, we identified that the p-value was less than <0.05, which validates that the retraining on our pilot unit significantly impacted our metric related to the initiation of an IPOC within 4 hours of admission. We continue to make progress on enculturating why IPOCs are so important to the patient's plan of care.



OBJECTIVE

The primary goal of our IPOC project was to ensure standardization relating to the use of the IPOC:

- To understand why appropriate IPOCs are not being initiated and documented against consistently
- Create a unit specific audit team to perform follow up
 Improve the metric percentages
- Roll out same process house wide using data and lessons learned from pilot unit
- Consistently follow the QSEN and EBP/QI process
- Create a multidisciplinary team

METRICS

Current metrics used to evaluate progress:

- Every patient has an IPOC
- 2. Every patient has one IPOC initiated within 4 hours
- Every discharged (DC) patient has an IPOC related to the DC diagnosis
- Every goal in the patient's plan of care (IPOC) reassessed q shift (15 hours)

PROCESS: PHASE I

In October of 2012, our Clinical Informatics team started to gather data as to why IPOCs were not being used consistently, and why our percentages remained low. Initially, we did not utilize a formal FISH diagram exercise.

Upon completion of the hospital wide training, we chose the Medical unit as our pilot site. Within two days of auditing, our data revealed that the initial reeducation was not specific enough, and did not meet the enduser's needs. At that point, we utilized a FISH diagram with our point of care nurses, ancillary staff, and superusers which identified the following key issues:

- Limited understanding of the correlation between IPOC and the patient's main diagnosis/problem
- General knowledge deficit on the documentation requirements
- Not enough time to document
- Inconsistent hand off / review

Based on the above findings, we determined it was necessary to reeducate all of the RNs on our pilot unit to promote standardization of knowledge on the above issues.

Next steps were as follows:

- Improved education guideline tool and competency based on enduser feedback
- Started initial training with the lead RNs, educator, and manager of that unit
- Retrained all of the RNs on the Medical floor with individualized (1) on (1) training
- Worked with manager and educator to create an audit team that could sustain the ongoing audits to help hardwire the process and increase staff accountability
- Met with ancillary departments and received input on their issues related to usage of IPOCs
- Used Lean Six methodology to determine if there was any statistically significant impact from our training

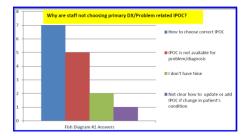
RESULTS AS OF 01/13

Chart audits revealed that our endusers were still having issues with:

- Not choosing the appropriate diagnosis or problem related IPOC
- Not initiating an IPOC within 4 hours of admission.
- Goals not being reassessed and documented against every shift

PROCESS: PHASE II

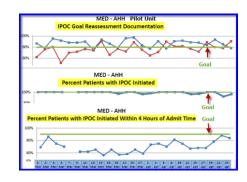
Reassessing our progress in February, following the EBP/QI model, we implemented our second FISH diagram on our pilot unit. The information seen in the Pareto chart below clarified the issues the point of care (POC) nurse has with using the IPOC.



Based on the above findings, we created/implemented the following house wide:

- · Created IPOC Multidisciplinary Task Force
- · Updated the RN competency material
- · Created the 'Readmission Risk List' card
- Started sending out metrics 3 times a week to managers and task force members
- Created a IPOC poster on all units with unit specific information
- Created a 30 minute in-service focusing on the specific issues in Pareto chart; mandatory for all nurses with attendance by ancillary staff strongly encouraged
- Created a symbol and motto, 'Great Patient Care Guided by IPOC's' to illustrate the importance of the multidisciplinary team approach

RESULTS AS OF 04/24/13



Since November, our pilot unit data has **continued to trend up** and is currently maintaining above our goal on 2 of our metrics. We continue to struggle on metric 3, related to initiating IPOC within 4 hours of admit time.

LESSONS LEARNED

Lessons Learned:

- Including reeducation house wide with other training (too much information at one time)
- Created initial reeducation based on our ideas of what issues were, not the point of care (POC) nurses
- Did not use the EBP/QI model initially which instructs to first use a Fish diagram exercise to determine primary
- Understanding the significant impact the QSEN model has on Informatics
- Have the buy in and full understanding of our nursing leadership team prior to implementation of a project
- Having multiple projects/tasks shifts focus away from main project; need to establish priorities
- Provide and send real time data to managers and task force sooner in the project

Example #1: This identifies appropriate IPOCs to choose for the top 12 diagnoses with the highest risk for readmission



REFERENCES

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ACKNOWLEGMENTS

For the initial phases of the project, our Clinical Informatics team at AHH consisted of (3) RNs at the local level: Ann Marie Niemer MS RN-BC, Linda Gavlin RN BSN CCRN, and Angela Underwood RN BSN. Keisha Jones RN BSN MHA, and Susan Pike, RN BSN, liaisons at the corporate level who provided us with evidence based information, guidance, and clarification relating to all aspects of the IPOC.

