



Implementing Evidence Based Care Plans

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INTRODUCTION

Evidence based practice (EBP) has been demonstrated to improve the quality and safety of patient care while reducing costs related to errors and adverse events (Tisel, 2013). In order to fully realize the value of EBP on patient outcomes, tools must be developed that can be utilized by nurses and allied health professionals. Evidence based care plans have the ability to ensure the integration of research-based best practices into care and allow for customization of the care plan to reflect individual patients' needs. The Joint Commission (2005) has identified care plans as a required framework for coordination and communication, contributing to safe and effective patient care.

Mercy Medical Center, a 244-bed community teaching hospital in Baltimore, MD partnered with Zynx in order to standardize the care plan process, promote interdisciplinary involvement, and increase the quality of care through use of individualized evidence-based plans. Mercy hosted three days of interdisciplinary design sessions with Zynx centered on developing care plans and problems in line with the top admitting diagnoses and specialties. As the primary users of the system, a diverse team of clinical nurses, education specialists, and subject matter experts from ancillary departments was instrumental in the decisions relating to how to build and utilize the electronic care plans.

CARE PLAN PHILOSOPHY

1. The plan of care for the patient includes:
 - * The standard of care utilized at Mercy (head to toe assessments, fall, skin risk documentation, etc.)
 - * The evidence-based plan of care (driven off the reason for admission)
 - * Other additional individualized problems added by nursing
 - * Provider orders
 - * Ancillary interventions
2. The evidence-based care plan is implemented upon admission and consists of:
 - * 3-5 problems per care plan
 - * 1-2 outcomes per problem
 - * 2-4 interventions per outcome
3. Documentation may prompt the addition of other problems to be added to the existing care plan or problems can be added manually at the discretion of the nurse
4. Some care plan problems are directly attached to orders for high risk items to prevent them from being missed:
 - * Infection – Risk of CLABSI tied to all central line/portacath orders
 - * Infection – Risk of CAUTI tied to all urinary catheter orders
 - * Abnormal Serum Glucose tied to all point of care testing and TPN orders
5. Updating and documenting on care plans occurs once at the end of each 12-hour shift
6. Care plan content updates are provided quarterly from Zynx and will require review

RAPID DESIGN PROCESS

This rapid design process took place over the span of six months. The steps were as follows:

1. Project planning to identify project plan, style guide, content selection, customization model, and subject matter expert recruitment
2. Three-day design process for content customization with review of Zynx-provided care plan templates
3. Care plan templates reviewed and customized by multidisciplinary staff to exclude those items already found on the standard of care or contained in order sets
4. Care plans approved by steering committee, subject matter experts, and leadership
5. Care plans built into electronic health record and reports created to show full spectrum of care plan and education documentation
6. Implementation with on-site support, user feedback
7. Further customization and ongoing maintenance of care plans (updates every six months)

EXAMPLE OF CARE PLAN PROBLEM

Mercy currently utilizes approximately 50 care plans and 70 additional individual problems. Documentation for each care plan problem includes target date, priority, progress towards goal, interventions, education topics, and a comment field.



P Venous Thromboembolism – Risk of

Goals

O Absence of deep venous thrombosis ?

Interventions

Deep venous thrombosis risk assessment ?

Assessments

Education, ambulation

Education, deep venous thrombosis signs and symptoms

Education, intermittent pneumatic compression

Education, lower extremity exercises ?

Education, compression stockings

Treatments and Procedures

Oral fluid promotion

Lower extremity exercise promotion

Foot pumps

Knee-high SCDs

Thigh-high SCDs

Knee-high compression hose

Thigh-high compression hose

Outcome O

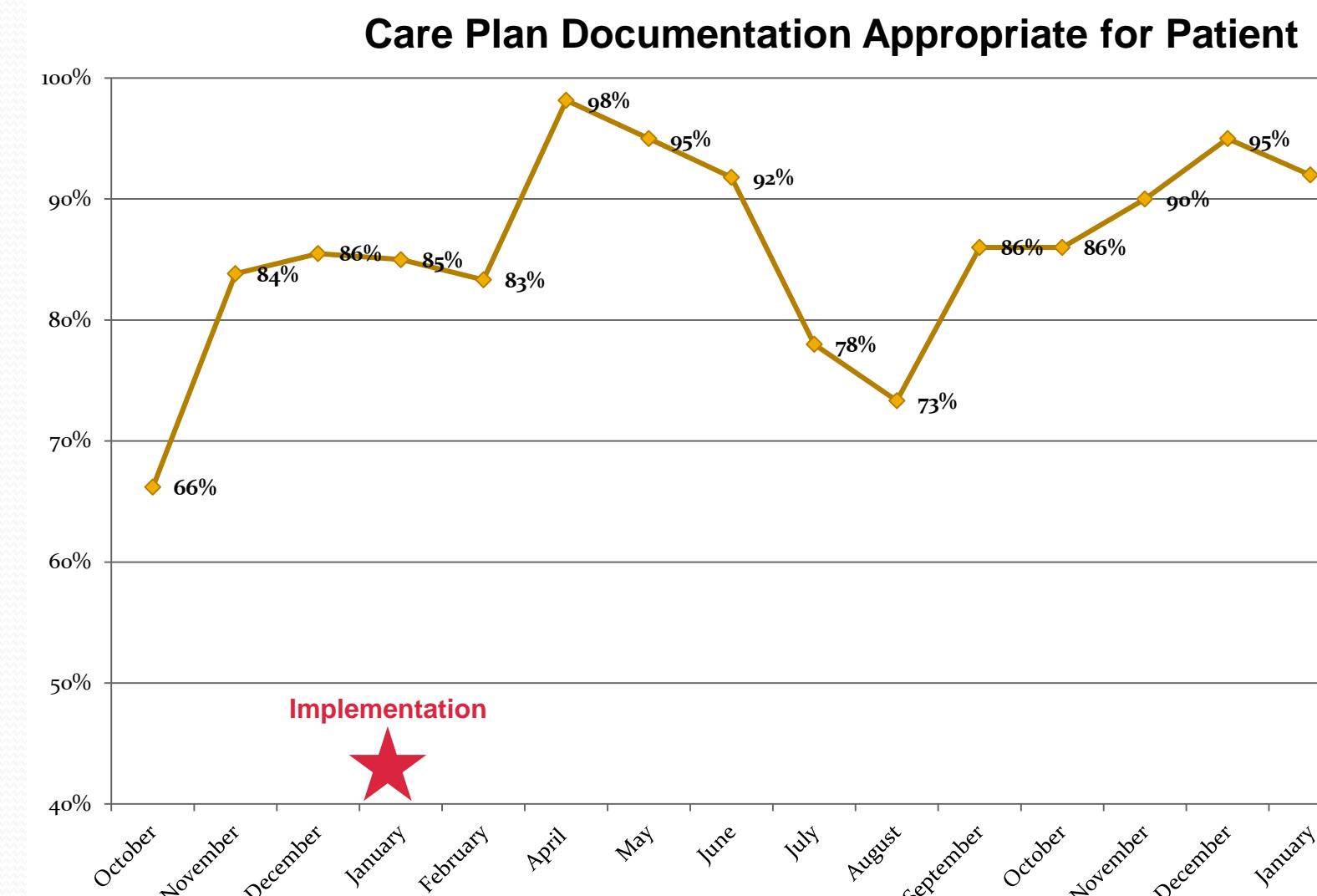
Evidence link Z

Problem P

Performance measure ?

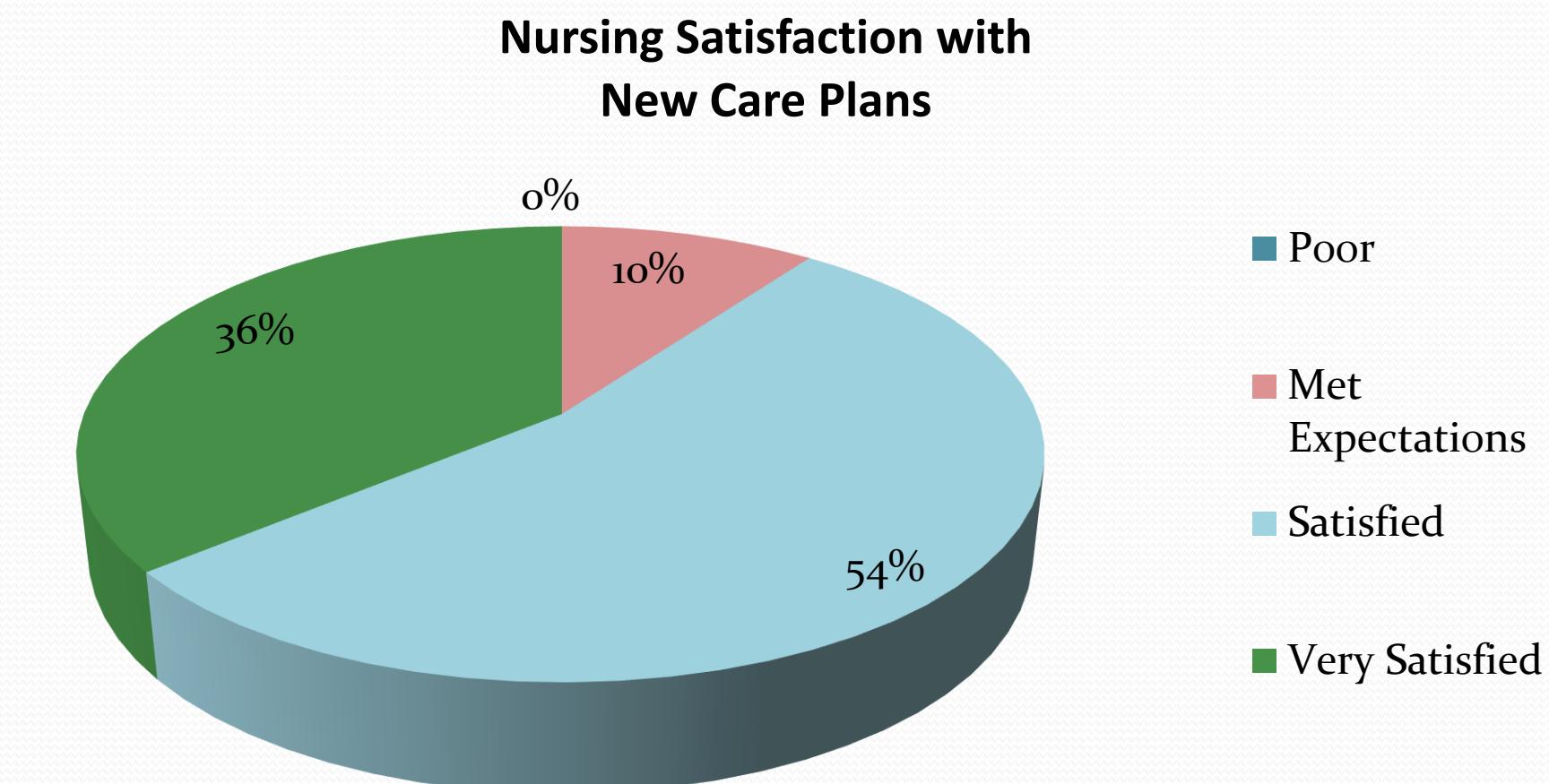
Key clinical process (not indicated on example) ?

OUTCOMES – APPROPRIATENESS OF CARE PLAN



Graph demonstrates percentage of care plan items appropriately added and documented for patients. Sample includes 10 chart audits per unit each month.

RESULTS – STAFF SATISFACTION SURVEY



Post-implementation survey indicates satisfaction among nursing staff. 90% of nurses reported satisfaction with the evidence based care plan process.

CONCLUSIONS

The utilization of evidence based, individualized care plans at Mercy Medical Center has demonstrated improved use of patient-appropriate care plans with consistent research-based education provided to patients. Ninety percent of nurses surveyed reported that they were satisfied or very satisfied with the evidence-based care plan implementation. Evaluation of the essential components of specific care plans or problems was critical to the development of individualized plans that nurses could use in implementing and evaluating the progress of a patient toward their specific goal(s).

REFERENCES

Joint Commission on the Accreditation of Healthcare Organizations. (2005). *2005 hospital accreditation standards*. Oakbrook Terrace, IL: Joint Commission Resources.

Tisel, A. (2013). *The evidence based care plan*. Retrieved from: <http://nursing.advanceweb.com/Features/Articles/The-Evidence-Based-Care-Plan.aspx>

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