



INTERDISCIPLINARY PLAN OF CARE

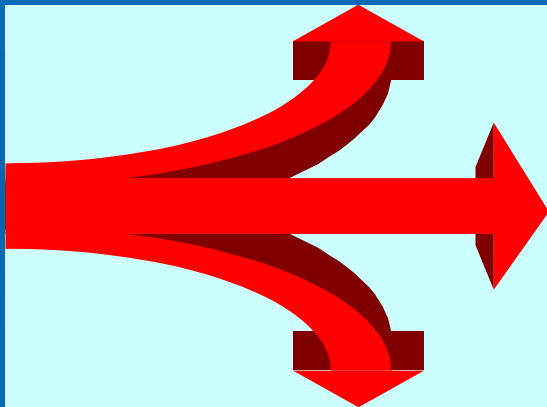
Charleston Area Medical Center

Tina Stamper RN BSN Nursing Practice
Director of Innovation and Informatics



West Virginia's Largest Hospital

7,801 Employees- 6,795 FTE's



621 Members of the Medical Staff

**369 Advance Practice Staff: APRN,
CRNA, Midwife, PA**

956 Licensed Beds

268 General Division

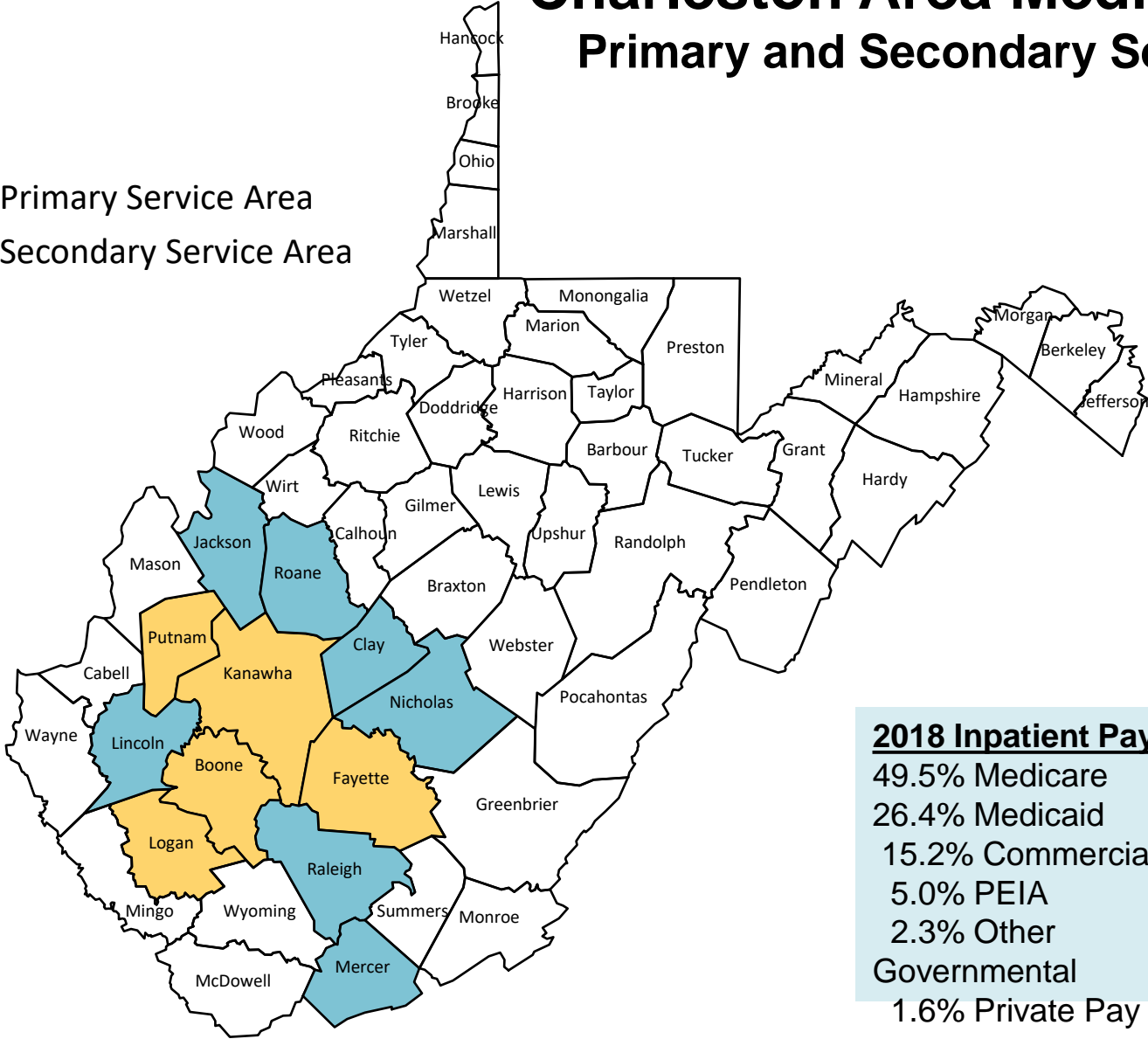
472 Memorial Division

146 Women and Children's Hospital

70 Teays Valley Hospital

Charleston Area Medical Center Primary and Secondary Service Area

- Primary Service Area
- Secondary Service Area



2018 Inpatient Payer Mix
 49.5% Medicare
 26.4% Medicaid
 15.2% Commercial
 5.0% PEIA
 2.3% Other
 Governmental
 1.6% Private Pay

Timeline of DNV-GL Citings

2017
February

NC-2-1

Nursing Services

*Assessment and
Plan of Care*

***Medical Records
Service***

Record Content

2018
January

Resolved

*Continued
Monitoring
through our
Shared
Governance
Structure*

2019
Month

NC-1-1

Nursing Services

*Assessment and
Plan of Care*

***Medical Records
Service***

Record Content

2020
Month

Resolved

*Continued
Monitoring
through our
Shared
Governance
Structure*

2021
Month

**Continued
Monitoring**

*Continued
Monitoring
through our
Shared
Governance
Structure*



Road to Compliance

2017

- Team Leader Assigned
 - Director of Nursing
- No Team Created
 - Utilized Nursing Educators
 - Only Action taken was Education
- Focused on Nursing
 - Other disciplines not included nor educated
- Did not have a well designed action plan

2018

- Non-Conformities Resolved
- No further follow-up



2019

- Team Leader Assigned
- Created a Team
- Team developed Corrective Action Plan (CAP)
 - DMAIC
- Review current state workflow
- Review Policies/State & Federal Guidelines/NIAHO Standards
- Develop future state workflow
- Review and update education for current employees and new hires



DMAIC

DMAIC for Interdisciplinary Plan of Care (IPOC)

DEFINE

Topic/Issue: Deficient Multidisciplinary IPOCs
Background/Problem Statement: IPOCs were not initiated in alignment with medical diagnosis and/or co-morbidities. Inappropriate pain scale was used or not completed with pain asmt on patients who are unable to report, which consequently lead to failures with appropriate pain IPOC initiation. Although the Multi-disciplinary team increased compliance to 85%, with initiating an IPOC within 24 hours and updating it every calendar day, the IPOC NC from 2018 was not resolved.
Improvement Goal Statement: In 2018, CAMC achieved 95% compliance of initiating an IPOC related to one medical diagnosis. At time of survey, additional medical diagnosis/co-morbidities were not addressed in the IPOCs. Staff will improve compliance with initiating an IPOC related to medical diagnosis/cormorbidities to 75% by 8-01-19 and 85% by 12-31-19. CAMC will also improve pain asmt compliance with use of appropriate pain scales during pain asmts to 75% by 8-01-19 and 85% by 12-31-19. Staff will increase IPOC compliance with initiating an IPOC within 24 hours and updating it every calendar day to 90%.

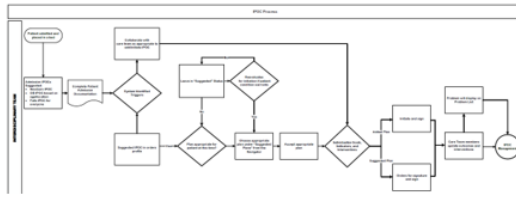
Ideal Future State Process:



Resolved: All disciplines involved in patient's care provide input, initiate appropriate IPOCs in relationship to medical diagnosis/co-morbidities and patient asmts, including pain asmt, use with appropriate pain scale. n IPOC per CAMC policy. IPOC is reconciled upon pt discharge.

MEASURE

Current State Process:



Constraints/Barriers: IPOCs initiated only included the most important - #1 diagnosis, staff find no value and perceive as just another task, Confusion with appropriate pain scales, pain scale not always completed with asmt on adm to hospital i.e. no actual pain documented, Case Management and Pharmacy are not contributing on the multidisciplinary IPOC

Baseline Metrics & Date: During the DNV review of IPOCs, 1 of 5 medical records (20%) had nonconformities that were deficient in providing an IPOC. 2 of 3 medical records (66%) had nonconformities of appropriate pain scale utilization. In 2018, IPOC compliance was 85%.

Solutions – Short Term: Create and send SBARs to begin awareness of appropriate initiation of IPOCs related to medical diagnosis/co-morbidities.

Solutions – Long Term: Provide formal education to all health care team members in a classroom setting monitor by audits.

ANALYZE

Analysis:

- IPOCs not initiated related to medical diagnosis/co-morbidities:
 - Why: Staff do not find value, see as just another task to complete
 - Why: Hand off communication not done efficiently to address need for initiating plans related to medical diagnosis/co-morbidities
 - Why: Suggested IPOCs inappropriate
 - Why: Case Management and Pharmacy do not have access to contribute
 - Why: Do not have IPOCs created for all medical diagnosis/co-morbidities

If applicable, Internal Audit #:

Date of Completion: 3/17

Revision Dates: 2/19

IMPROVE

Implementation Plan Actions	Who	By When	Expected Outcome
Invite multi-disciplinary team members to collaborate effectiveness of current IPOC Process. Nursing evaluate Pain Asmt Process	Tina Stamper Mark Eickbush	March 25, 2019	Have all stakeholders present to provide input of pros and cons of current IPOC process
Revise and update IPOC Workflow with multi-disciplinary team members. Revise and update Pain Process with nursing.	Tina Stamper Mark Eickbush	March 25, 2019	Correct deficiencies found within current process
Place footprint tickets for any changes that need to be corrected in the EHR	Tina Stamper	April 15, 2019	Begin the process of changes in the EHR
Determine date of completion of work in the EHR from the analysts	Tina Stamper	April 15, 2019	Facilitate work to be completed in the EHR
Revise and update IPOC policy. Ensure policy and workflows correlate.	Tina Stamper	April 15, 2019	Align policy with DNV interpretive guidelines and meaningful use statuses
Develop Educational Plan for IPOCs and Pain including new hire orientation	Mark Eickbush	May 15, 2019	Decide the tools and route of education dissemination
Educate on updated IPOC Workflows /Policy and how to individualize per patient	Mark Eickbush	June 3, 2019	Staff become compliant with IPOC process

CONTROL

Sustainment/Follow-up Plan: Develop an audit tools to monitor progress of education. Reinforce and revise education as needed to continue the cycle of learning.

Team Members: Tina Stamper & Mark Eickbush (Owner), Heidi Edwards CNO (Executive Sponsor), Interdisciplinary Work Group, Case Management, PT/OT, Respiratory, Nursing, Case Management, Pharmacy
Approvals:



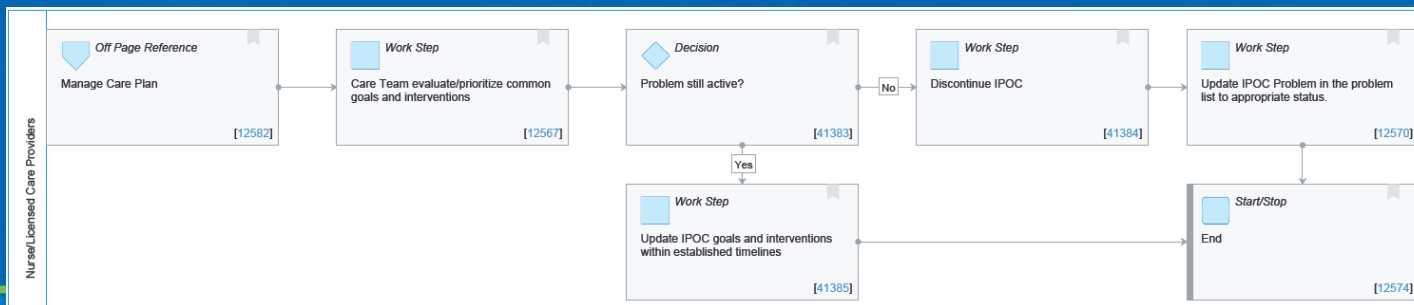
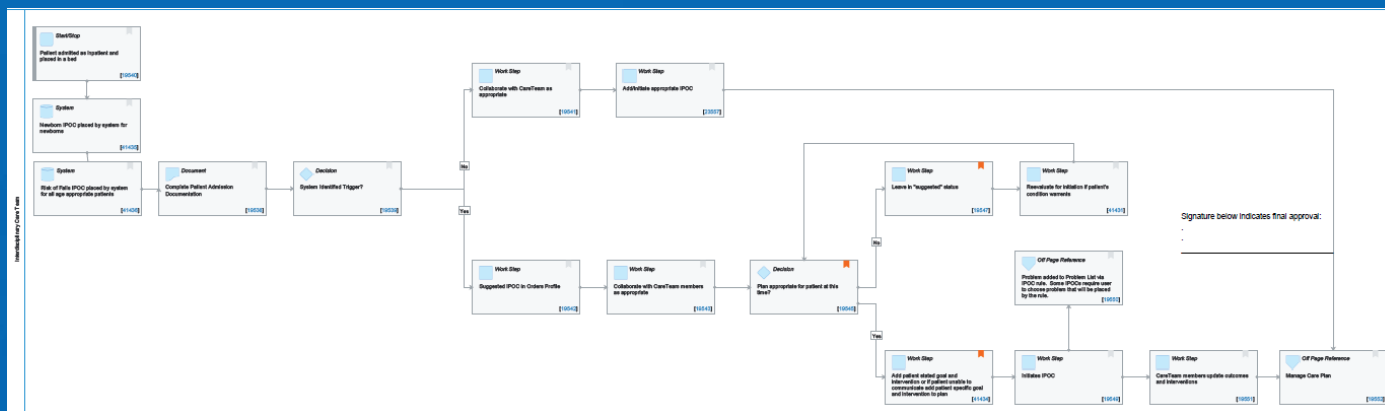
Policy Review

- 20SAH00753 IPOC: Interdisciplinary Plan Of Care
 - Recognized we do not have workflow included
 - Workflow did not match the policy



Current State Workflow Review

- Reviewed Model Workflow and compared to current state process
 - No current state process mapped out to compare





Review of the Workflows

Analyzed Each Part of the IPOC Workflow

- Suggesting
- Initiating
- Managing
- Add to Phases
- Discontinuing/Resolving



Suggesting an IPOC

- Documentation
- Diagnosis/problem has been added to the patient's chart
- System



Initiating an IPOC

- Goals
- Indicators
- Interventions
- Problems (Non-Provider)



Initiating an IPOC (*cont.*)

Altered GU Status IPOC, Altered GU Status (Planned Pending)	
△ Outcomes	
<input checked="" type="checkbox"/>	Maintain/Achieve Fluid, Electrolyte, and Acid base Bal...
<input checked="" type="checkbox"/>	Maintain/Achieve Urinary Function
<input type="checkbox"/>	Patient Stated/Specific Goal
<input checked="" type="checkbox"/>	Blood Urea Nitrogen
<input checked="" type="checkbox"/>	Creatinine
<input checked="" type="checkbox"/>	Last 8 Hour Urine Output
<input checked="" type="checkbox"/>	Weight Measured
△ Interventions	
<input type="checkbox"/>	Measure Weight Daily
<input type="checkbox"/>	Evaluate for Signs and Symptoms of UTI
<input checked="" type="checkbox"/>	Monitor 24 Hour Intake/Output Net Balance
<input type="checkbox"/>	Note Urine Color, Clarity, Amount, Odor
<input type="checkbox"/>	Evaluate Meds for Potential Side Effect of Incontinenc...
<input type="checkbox"/>	Perform Bladder Scan to assess Post Void Residual
<input type="checkbox"/>	Promote Fluid and Nutrition Intake
<input type="checkbox"/>	Prevent Constipation to Decrease Urinary Incontinence
<input type="checkbox"/>	Provide skin care including application of barrier prod...
<input type="checkbox"/>	Patient Stated/Specific Intervention
<input type="checkbox"/>	Add Genitourinary Disorder to Problem List



Using Phased IPOCs

- Problem
- Use Phased approach versus adding additional problem
- Phased is to prevent duplication of goals, indicators and interventions



Using Phased IPOCs (cont.)

- Interdisciplinary
 - Altered Blood Glucose IPOC
 - Blood Glucose (Planned Pending)
 - Diabetes Management Sub-phase (Planned Pending)

Altered Blood Glucose IPOC, Blood Glucose (Planned Pending)

△ Outcomes

- Maintain/achieve glucose control according to Provid..
- Patient Stated/Specific Goal
- Blood Glucose Monitoring - Between 70 mg/dL and 1...
- Glucose Level

△ Interventions

- Carb Count
- Patient Stated/Specific Intervention
- Monitor for Signs/Symptoms of Hypoglycemia and H..
- Must select one problem:**
- Add Hypoglycemia to Problem List
- Add Hyperglycemia to Problem List

Altered Blood Glucose IPOC, Diabetes Management Sub-phase (Planned Pending)

△ Outcomes

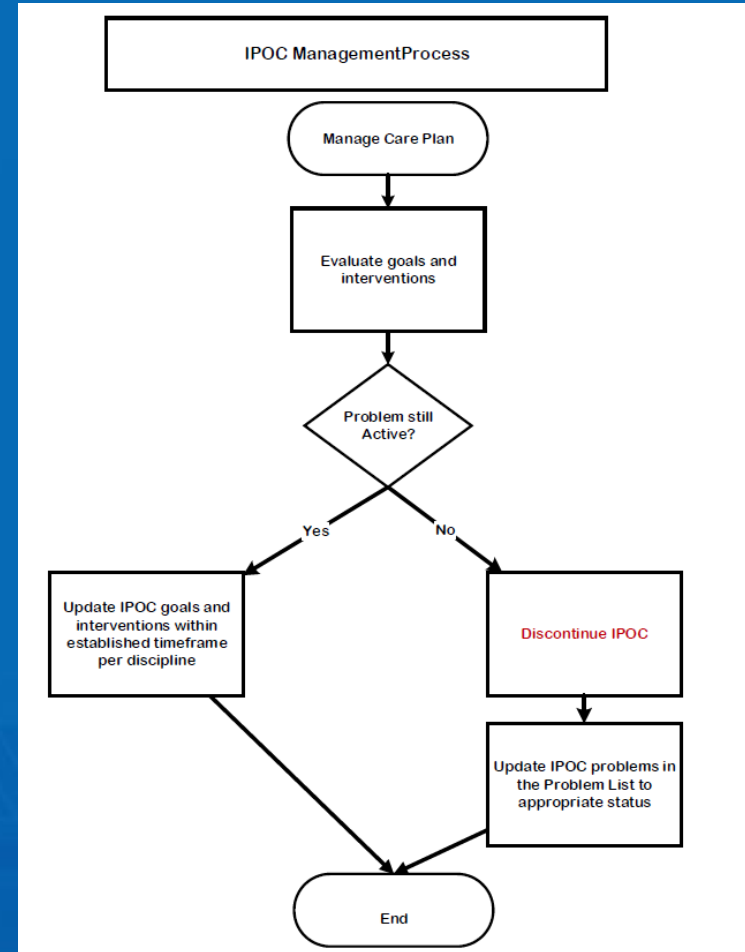
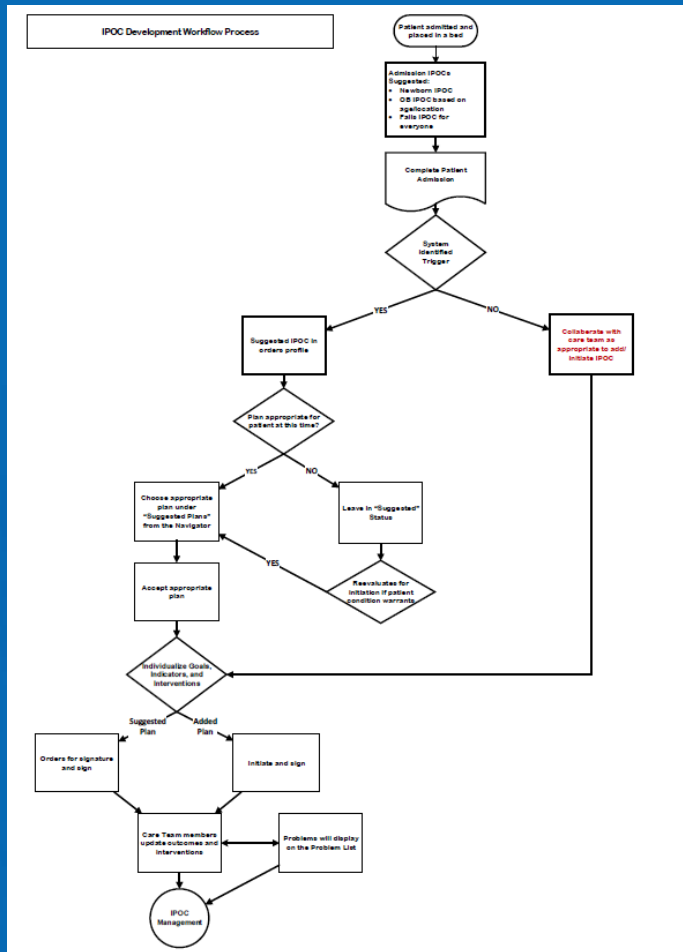
- To initiate this phase, must also initiate Blood Glucose phase
- Verbalize understanding management of diabetes
- Temperature Axillary
- Temperature Oral
- Temperature Tympanic
- Temperature Rectal
- Temperature Bladder
- Temperature Temporal Artery
- White Cell Count
- Skin Integrity General

△ Interventions

- Assess knowledge of disease
- Assess ability to obtain/maintain supplies upon discha...
- Provide diabetes education
- Consider consulting dietitian
- Consider consulting Social Work/Case Management
- Assess skin for infection, evidence of wounds or poor ...



Future State Workflows





Education Updated

- CAMC Policy and Procedures
- Interdisciplinary Care Planning Process
- Creation of IPOCs
- Suggested IPOCs
- Requirements
- Steps to the Initiation of the IPOC
- Managing IPOCs
- Discontinue/Resolve an IPOC



Monitoring for Compliance

- Monitored Manually
- Report for IPOC initiated within 24 hours on admission
- Ambulatory/ED/Procedural Plan of Care



Continued Problems

- COVID
- ICD 10 Comorbidity Codes used to suggest IPOCs
- Continued Staff Confusion
- Ambulatory/ED/Procedural Plan of Care
- Resolving/Discontinuing Problems



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- ICD 10 Comorbidity Codes used to suggest IPOCs
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Thank you!