

Meaningful and Compliant Care Planning

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Introduction

The Plan of Care is the most important document in hospice and must reflect patient and family goals and interventions based on the problems identified in the initial, comprehensive, and updated assessments. The interdisciplinary team is responsible for continuously coordinating care and services based on assessed needs. The Plan of Care includes services necessary for the palliation and management of the terminal illness and related conditions. In 2019, it was identified (through TJC survey and revisiting the Standards of Practice) that although the Wellsky Consolo EHR system made it easier to update the Plan of Care and care plan problems, this was not being completed for each patient consistently within the appropriate time frames. There were also several patients who were missing individualized care plan problems that should have been included in their plan. To improve quality of care for patients, Serenity addressed these issues by establishing a performance improvement project that increased the number of developed, individualized and updated care plans.

Materials

The Plan of Care was not being updated consistently every 15 days. Changes could be made to the Consolo care plan problem templates to increase relevance and increase the library of different diagnoses for our patients. The current care plan problems in Consolo were not categorized in a way that was helpful for our staff, making it difficult for our staff to navigate efficiently. Documentation was to be done by the RN at least every two weeks (or when patient conditions changed) on the care plan problems, but this was not consistent among staff.

Goals

- ✓ 100% of audited patients will have revised and updated Plans of Care every 2 weeks.
- ✓ 100% of audited patients will have care plan problems that are individualized and relevant to patient's goals.
- ✓ 100% of audited patients will have Joint Commission appropriate care plan problems that are related to patient's goals.
- ✓ 100% of audited patients will have care plan problems updated every 2 weeks.

Methodology

The Plan of Care was not being updated consistently every 15 days. Changes could be made to the Consolo care plan problem templates to increase relevance and increase the library of different diagnoses for our patients. The current care plan problems in Consolo were not categorized in a way that was helpful for our staff, making it difficult for our staff to navigate efficiently. Documentation was to be done by the RN at least every two weeks (or when patient conditions changed) on the care plan problems, but this was not consistent among staff.

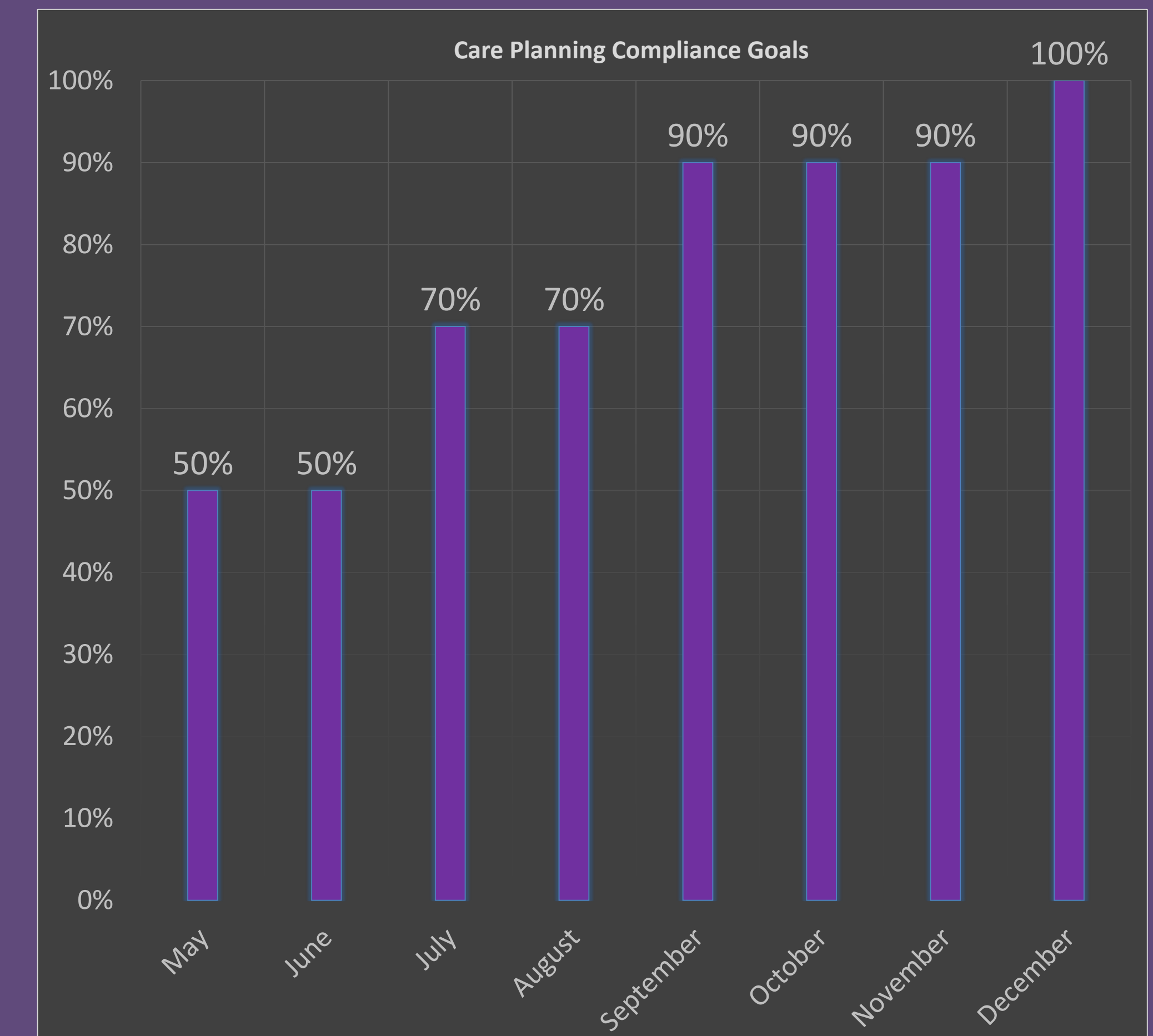
Retrospective audit of 30 charts (Plan of Care and care plan problems), randomly selected, from May-November 2020.

Joint Commission appropriate care plan problems needed to be added to patients' plan of care and we needed to monitor consistent compliance with care plan updates at least every two weeks. New, categorized care plan templates were designed in Consolo to ensure relevance and allow for individualization.

Substantial meetings and in-services were held regarding Meaningful and Compliant Care Planning and consistent documentation. The Plan of Care is now being revised and updated every 2 weeks by select nursing staff.

Conclusion

- ✓ At the beginning of the year, 3 out of the 11 care plan problems being audited were at 100% when it came to staff compliance.
- ✓ By December 31st, 2020, 7 out of the 11 care plan problem categories being audited were at 100% for compliance and the other 4 care plan problem categories were closer to 100% than the beginning of the year.
- ✓ Overall compliance for all 11 care plan categories increased by 37% and continues to improve per chart audits. Compliance for Plan of Care updates every 2 weeks is now at 100% consistently as well.
- ✓ The amount of unnecessary care plan problems being entered decreased by the end of the year as well.
- ✓ Per the end-of-year PIP survey and verbalization, staff stated that the new care plan problem templates were easier to navigate and this has allowed them to create more individualized care plans for their patients. 89% of staff were very/extremely satisfied with the new care plan problem options in Consolo, education and support and 11.11% were somewhat satisfied with these categories.



Acknowledgements

Audit Standard / Resources

- The Joint Commission (TJC)
- NHPCO Conditions of Participation
- Elsevier Nursing Care Plans by Meg Gulanick and Judith L. Myers (9th edition)

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The materials needed for this performance improvement project included access to the Wellsky Consolo EHR system, the 9th Edition Nursing Care Plans: Diagnoses, Interventions, and Outcomes textbook by Meg Gulanick and Judith L. Myers, The Guide for Developing a QAPI Plan, goal setting worksheets, access to webinars related to care planning, access to NHPCO communities to discuss this project with peers, and access to materials needed for staff in-services and education.

The methodology that was utilized for this performance improvement project consisted of several different components. The first component was developing a QAPI plan and setting goals for the year. After developing the plan and setting goals, I began to further my knowledge on care planning by watching a “Hospice Care Plan Development” presentation and doing extensive research. I also participated in a “Hospice Documentation (Documenting Individualized and Measurable Patient Outcomes” Presentation. Once I dove into these presentations, I was able to take that knowledge and provide education for all Serenity Hospice and Home staff on “Compliant and Meaningful Care Planning” in order to introduce them to the

project and gain insight on their thoughts and current care planning processes. I then researched different nurse care planning practices and tools and watching other care planning presentations from Accreditation University and Blue Cross Blue Shield. At this point, I assembled a Quality Project Team based on who would be most involved in the process and held our first meeting. This first meeting also addressed the Plan of Care issue, as we realized we were not fully reviewing and revising these plans every two weeks. We were able to come up with a process immediately to resolve this issue utilizing assistance from one of our office nurses. One month later, we held another Quality Project Team meeting and reviewed different care planning models. I then participated in a discussion with NHPCO members regarding improvement of the care planning process. This prompted me to review our current care plan problems and plan of care process using our current EMR system as well as our IDG process and communication. Knowing that auditing would be a large part of this project, I began furthering my knowledge on effective and efficient auditing processes to determine the best course of action. This led to the development of a full PIP plan and first set of clinical audits to determine current processes and progress to be made. After speaking with the Quality Project Team several times as well as Serenity staff who participate in care planning, it was determined that reconstruction of the care plan problem templates in the WellSky Consolo EHR would benefit our team greatly. I then purchased the most recent NANDA diagnosis and care plan book and looked through each diagnosis and care plan problem to include all hospice appropriate nursing diagnoses. Once these were determined, I got to work and did a complete overhaul of care plan templates in in Consolo and added the ability to individually tailor the care plan problems to meet patient and family needs. I held another mandatory care planning in-service that was conducted on multiple dates with review of Consolo expectations for documentation. I then continued performing clinical audits as changes were being put into place and watched as progress was made. Towards the end of 2020, I held another set of mandatory care planning in-services to discuss changes, receive updates and get feedback on the process. In December of 2020, I sent out a survey to all clinical staff involved to address any questions, comments or suggestions and followed up on these surveys. I also met with the Director of Social Services at Serenity for formal education on the importance of incorporating psychosocial care planning and making this a priority to provide a higher quality of care to patients. This education was then passed onto the other Social Workers.

The results showed an improvement in our Plan of Care updates as well as in our

Care Planning Process. At the beginning of the year, 3 out of the 11 care plan problem categories being audited were at 100% when it came to staff compliance. By December 31st, 2020, 7 out of the 11 care plan problem categories being audited were at 100% compliance and the other 4 were closer to 100% than at the beginning of the year. Overall compliance for all 11 care plan categories increased by 37% and continues to improve per ongoing chart audits in 2021. Compliance for Plan of Care updates every 2 weeks is now at 100% as well. The amount of unnecessary care plan problems being entered has decreased. By the end of the year, per the survey and verbalization from staff, the process was streamlined, with easier navigation of the new care plan problem templates. This allowed for greater individualization and follow through. Eighty-nine percent of the staff were very/extremely satisfied with the new care plan problem options in Consolo, education and support while 11.11% of the staff were somewhat satisfied with these categories.

In conclusion, this Performance Improvement Project was a great success here at Serenity and helped our organization improve in an area that holds great importance when it comes to quality patient care and outcomes. As time goes on, we continue to make updates, changes and improvements to the new care plan problem templates and the plan of care updates. At this time, the Quality team has recommended that we continue chart audits to ensure that we stay in compliance and provide high quality care. Improvements will continue and changes will be made as necessary when it comes to meaningful and compliant care planning here at Serenity. Our staff will continue to be involved in the process as they are utilizing these new recommendations in the field.