Enterprise-wide, Evidence-Based Multidisciplinary Plan of Care Content Validation: Guiding Principles and Lessons Learned

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Introduction and Background

Evidence-based and Problem-based Plan of Care (POC) content for use in an EHR POC documentation tool can facilitate team-based communication and coordination, decision-making, and evidence-based practice.[1–3] Partners eCare (PeC) is a large-scale effort at Partners Healthcare System (PHS) to replace existing systems with an integrated vendor-based EHR, Epic Systems[(c)]. PeC contracted with Zynx Health[(c)] as the content provider for evidence-based POC content to be configured into Epic. The aim of this project was to validate the Enterprise-wide POC content that would be configured for use at PHS.

Methods

In preparation for subject matter expert (SME) content validation sessions, we developed Guiding Principles for Partners eCare Multidisciplinary POC documentation. Content validation sessions were held during 3 days in December 2013 with over 170 SMEs representing all type of health professionals (excluding medicine) and sites across PHS.

Results

Guiding principles included definition of a Care Plan, Care Planning process, POC activity, a Patient Problem, and Patient Education. Eight Guiding Principles statements were specified, such as: "Standards of care, not related to a specific problem (e.g, common care routines and interventions such as vital signs per protocol), will not be included in the Plans of Care." A critical lesson learned was that SME understanding of EHR functionality (e.g., how assessments, interventions, and notes will be captured) drives critical insight into the validation of POC content, particularly for the aim of reducing "double documentation". Validation of multidisciplinary POC content to capture information beyond standard of care introduces complex challenges due to the variation in standards of care across enterprise sites and the diverse scopes of practice for various health professionals. Standardization was a key guiding principle; yet, Home Care required a distinct approach to POC content than Acute Care settings at PHS.

Limitations: POC documentation may differ depending on system-specific content and EHR constraints.

Conclusion

Identifying and prioritizing POC content for a multidisciplinary enterprise-wide build is challenging. The development of guiding principles was a critical process for success. Guiding principles, while consensus driven and critical, are insufficient on their own for content validation. An iterative, consensus driven post-validation analysis by the Nursing Informatics Advisory Council was critical to confirm consistency in the application of the guiding principles. Inherent project resource limitations support approaching multidisciplinary POC content and configuration from a strategic plan that can be optimized and achieved overtime. Future work should focus on the iterative evaluation and optimization of POC documentation content, strategy and approach.

References

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