



CPOE Practice Change Alert!



Category: Care Planning in the Electronic Health Record (EHR)



Impacts: All Health Care Professionals (HCPs) who create, document in and follow care plans

What is the Practice?

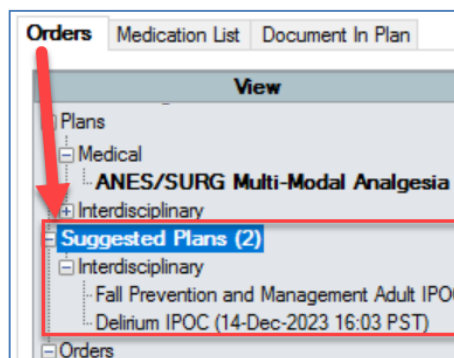
As per Island Health's in progress Collaborative Care Planning Policy, all HCPs must ensure that a care plan(s) is on the client record. Care planning is a continual and ongoing process guided by comprehensive assessment, identification of goals and selection of specific interventions by the care team.

What do I need to know:

- Island Health's electronic acute care planning strategy includes six Interprofessional Plans Of Care (IPOCs) that are evidence based and reflective of best practice from a regional perspective (e.g. Delirium, Wound Management, Fall Prevention & Management, Pressure Injury Prevention & Management, Mobility, Discharge)
- Electronic care plans are **interprofessional** in nature. Care team members will collaboratively document in IPOCs.
- IPOCs are problem based and standardized across programs/care areas.
- Efficient use of electronic care plans **requires** knowledge of a clinical process (e.g. assess, diagnose, plan, intervene and evaluate) in creation of the plans and documenting within them.

What do I need to do:

- Use patient assessment information and pre-hospital functional screener (PHFS) to identify areas of focus.
- Review **Suggested Plans**, evaluate, initiate and customize as clinically appropriate for your patient.



- Based upon patient assessment: identify, customize and initiate other IPOCs as clinically appropriate.
- **Document In** each **Plan** (e.g. Goals met or not met, Interventions done or not done) once a shift (e.g. Q12hrs).

Orders Medication List **Document In Plan** 1

| Description | Status |
|---|-------------------------------------|
| Delirium IPOC (Initiated) 27-Nov-2023 09:26 PST | |
| <input checked="" type="radio"/> Patient Remains Free From Pain or Psychological Stress | charted 2 |
| <input type="radio"/> Patient Will Remain Calm and Comfortable When Interacting | <input checked="" type="checkbox"/> |
| <input type="radio"/> Patient Will Not Harm Self or Others | <input checked="" type="checkbox"/> |
| <input type="radio"/> Patient and Family Have Knowledge and Understanding of Delirium | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Document CAM Every 12 hours and PRN | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Involve Patient/Family/Caregivers in Provision of Care Delirium Guide for Families Handout | <input checked="" type="checkbox"/> |

Target Complete Date & Time
 ...-...-... PST

Outcome Description
 Patient Remains Free From Pain or Psychological Stress

Met
 Not met

Evaluation Date & Time

- Evaluate the effectiveness of the plans. Modify and/or discontinue the goals, interventions or entire plan, as clinically appropriate.