

VA



U.S. Department of Veterans Affairs
Veterans Health Administration



Using CCC to Code Interdisciplinary Plans of Care

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Detailed to: Office of Electronic Health Record Modernization
(OEHRM)

IPOC Background



The interdisciplinary care plan is a strategy:

- Developed based on data gathered during patient assessment
- Engages all necessary disciplines to plan & deliver care
- Determines the patient's needs to restore health
- Establishes interventions to meet identified needs
- Engages the patient, family members/caregivers

The Joint Commission standards clearly require that hospitals demonstrate that care is planned and provided for in an interdisciplinary and collaborative manner (2011).

The Joint Commission. 2011 Hospital Accreditation Standards. Oakbrook Terrace, IL: Joint Commission Resources, Inc.; 2011.

Interdisciplinary Plan of Care (IPOC) Strategy



1. IPOC goals:

- Current state– embed in Computerized Patient Record System (*CPRS*); leverage future state content mapped to CCC
- Future state – embed in Cerner; standardized IPOCS mapped to CCC (change to interactive IPOCs – One Plan®)
- Standardization across the enterprise
- Evidenced–based content
- Reports – interventions mapped to outcomes; capture nurse sensitive quality indicators (NSQIs)

2. **Governance:** ensures ongoing process for updates and maintenance

3. Assemble an IPOCs Leadership Advisory Council

- Representation from each Partners' entity
- Empowered to make decisions
- Respected influencers and thought leaders
- Identify top admissions diagnoses and NSQIs

4. **Include Health Professional leadership early in the process**

5. **Develop definitions and guiding principles**

6. **Engage staff:** providers, nursing and allied health staff in the content review process

7. **Inclusive terminology**

- Standardized IPOCs coded with Clinical Care Classification System (CCC)

8. **Develop style guide**

9. **Deliverable:** robust library of standardized coded IPOCs

Documentation Triggers for Airway Clearance Impairment



Cough	Unable to clear secretions
Sputum Amount	Moderate
	Large
	Copious
Suction	Artificial Airway
	Bag and suction
	Broncho-Aveolar lavage
	Inline
	Nasotracheal, left
	Nasotracheal, right
	Stoma
Suction Method	Tracheostomy
	Endotracheal
	Nasopharyngeal
	Nasotracheal
	Oropharyngeal
	Sub-glottic continuous
	Via Tracheostomy
Chest Physiotherapy	Cough assist device
	Flutter valve
	Mechanical percussion
	Postural drainage
	Special bed
	Therapy vest
	Vibration
NIH Stroke Score	
Aspiration Risk	Decreased ability to handle secretions
	Difficulty swallowing liquids, thick
	Difficulty swallowing liquids, thin
	Difficulty swallowing pills
	Difficulty swallowing saliva
	Difficulty swallowing solids
	Weak, ineffective cough
	Wet sounding voice

Standardized to CCC Coded Interactive IPOC



Diagnoses	Signs/Symptoms (also see triggers)	Goals	Expected Outcomes (choose 1)	Interventions	Actual Outcomes (choose 1)	Evidence
Airway Clearance Impairment - L26.1 <i>Inability to clear secretions/obstructions in airway.</i>	Ineffective Cough Difficulty managing secretions Change in respiratory status Difficulty swallowing At risk for aspiration	Maintain Clear and Patent Airway Participates in Activities To Maintain Patent Airway Verbalizes understanding of pulmonary care (bronchial hygiene) Patient Specific Goal 1 Patient Specific Goal 2 Patient Specific Goal 3	L26.1.1 Improve L26.1.2 Stabilized L26.1.3 Deteriorated	Airway Clearance Impairment—L26.1 Assess and Manage Underlying Causes (select all that apply) Ineffective Cough L36.0.3 Teach Pulmonary Care Educate patient in cough effective cough techniques L36.1.3 Teach Breathing Exercises Teach cough and deep breathing to promote effective cough L36.2.2 Perform Chest Physiotherapy Provide postural drainage, percussion, and vibration as ordered. G21.7.4 Manage Respiratory Therapist Service Coordinate with a respiratory therapist for chest physiotherapy and nebulizer management as indicated G21.7.2 Perform Respiratory Therapist Service Coordinate with RT - administer nebulizers, chest physiotherapy L36.3.2 Perform Inhalation Therapy Administer breathing treatments/nebulizers L36.0.1 Assess Pulmonary Care Assess Effectiveness of Cough or suctioning L36.0.2 Perform Pulmonary Care Perform nasotracheal suctioning as necessary, especially if cough is ineffective. Q47.0.1 Assess Pain Control Assess for pain resulting in ineffective cough N40.1.3 Teach Tobacco Abuse Control Educate on smoking cessation strategies Difficulty Swallowing G21.6.4 Manage Speech Therapist Service Assess for difficulty swallowing; ST referral for difficulty swallowing *Aspiration Risk—N33.1 Initiate aspiration precautions (Aspiration IPOC) Respiratory Alteration (L26.0) K33.4.1 Assess Respiration Monitor for change in respiratory status; auscultate breathe sounds A61.1.2 Perform Positioning Therapy Elevate Head of Bed L35.0.2 Perform Oxygen Therapy Care Administer oxygen and humidification as ordered and monitor Oxygen saturation H24.1.2 Perform Medication Actions Administer antibiotics, mucolytic agents, bronchodilators, expectorants, note effectiveness and side effects H24.1.1 Assess Medication Actions Note effectiveness H24.3.1 Assess Medication Side Effects Note side effects Patient Specific Intervention 1 Patient Specific Intervention 2 Patient Specific Intervention 3 Add Ineffective Airway Clearance to Problem List	L26.1 L26.1.1 Improved L26.1.2 Stabilized L26.1.3 Deteriorated	No sign/symptoms impaired airway; able to manage secretions Able to participate in pulmonary care Verbalizes understanding of pulmonary (bronchial hygiene) Veteran/family/caregiver demonstrates understanding of medications and pulmonary care (bronchial hygiene) Underlying causes managed

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