Clinical Care Classification (CCC) Utilization at Vanderbilt University Medical Center

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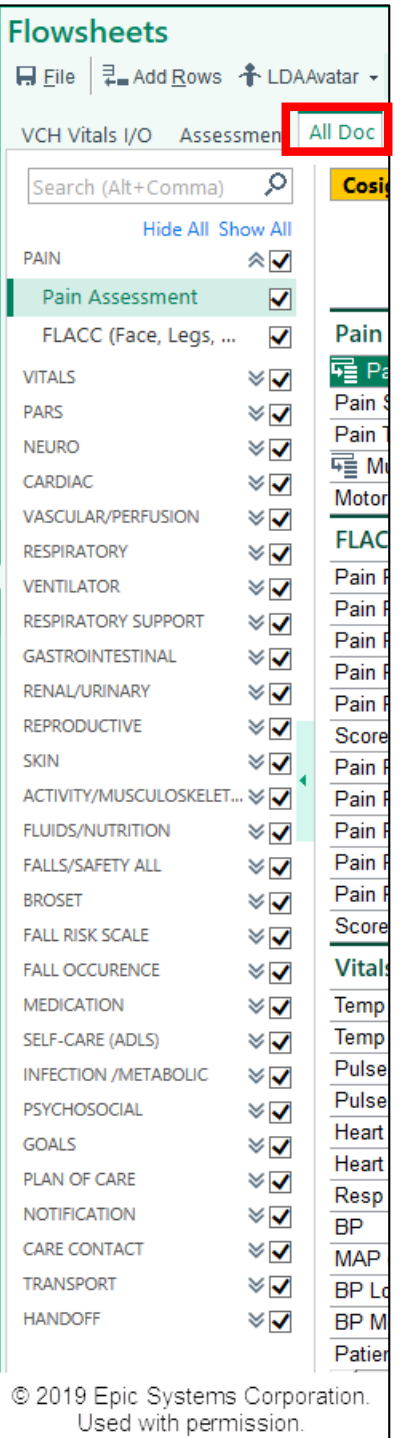
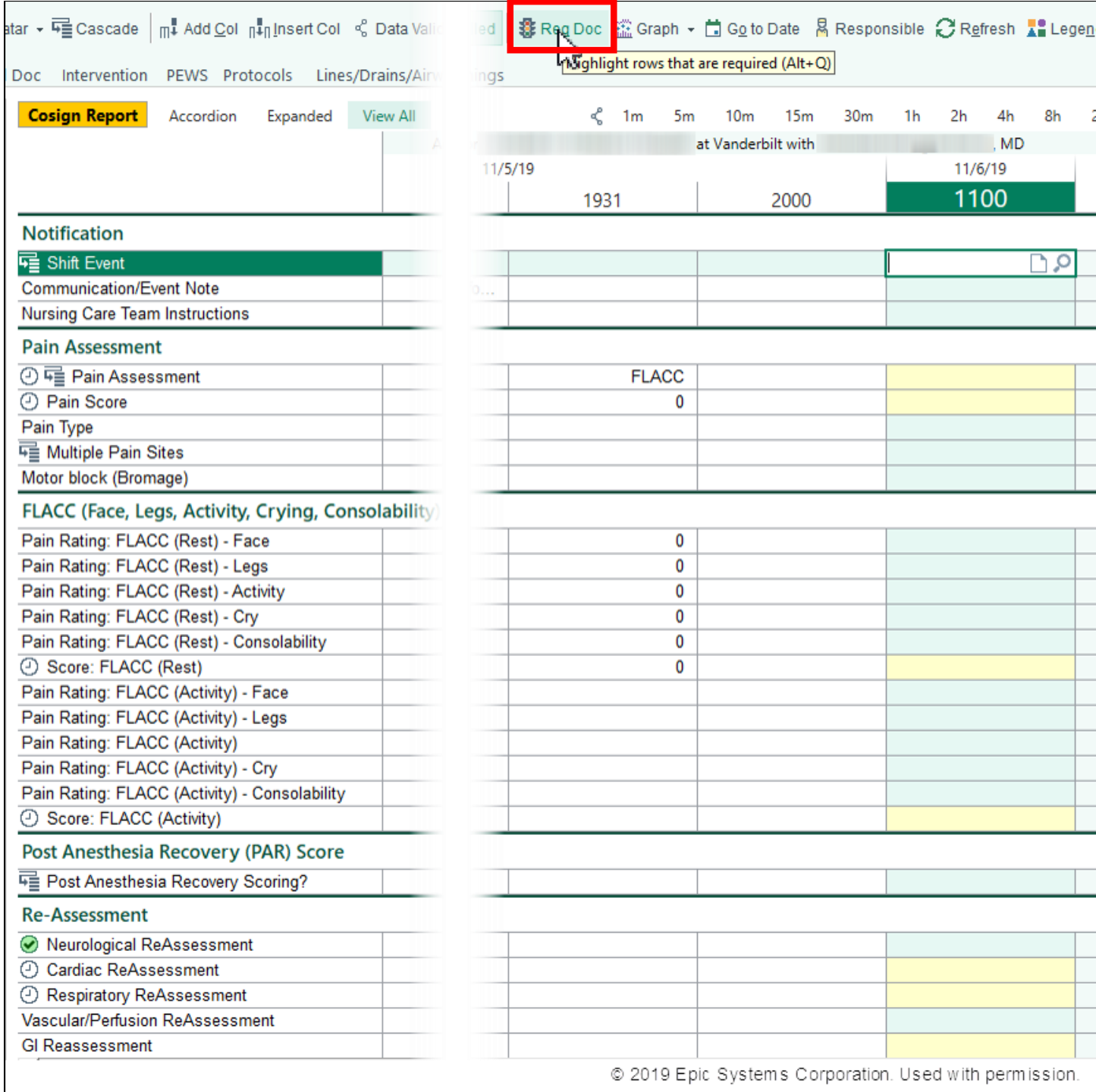
Assessment

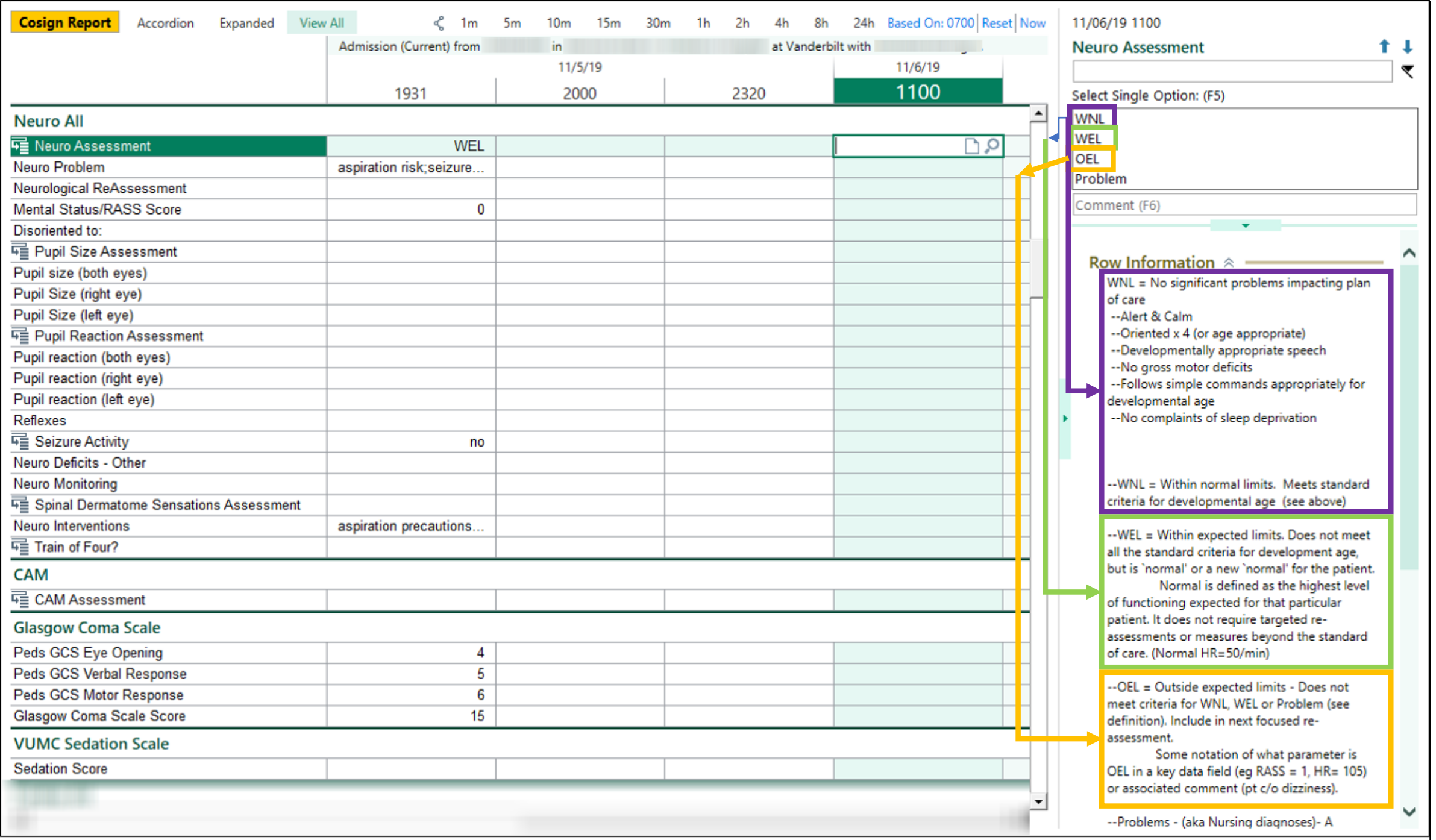
- Assessment of all care categories is done on admission.
- At the beginning of each shift, an assessment is required for Pain, Neuro, Cardiac, Respiratory, Skin, Activity/Musculoskeletal, and Falls/Safety care categories --PLUS – any other care categories as warranted by patient condition or risk factors.
- All care categories are mapped to CCC categories but in order to get user acceptance for the model, we did rename some CCC categories (eg. “tissue perfusion” is called “vascular perfusion”) and combined CCC categories (eg. “fluid” and “nutrition”).
- Categories are generally arranged with physiological categories first in head to toe hierarchy followed by functional, health behavioral, and psychological categories.
- For our Acute Care hospitals, all psychological categories are grouped together under a single “psychosocial” category. In our Psychiatric facility, the psychological categories are displayed separately.



Assessment

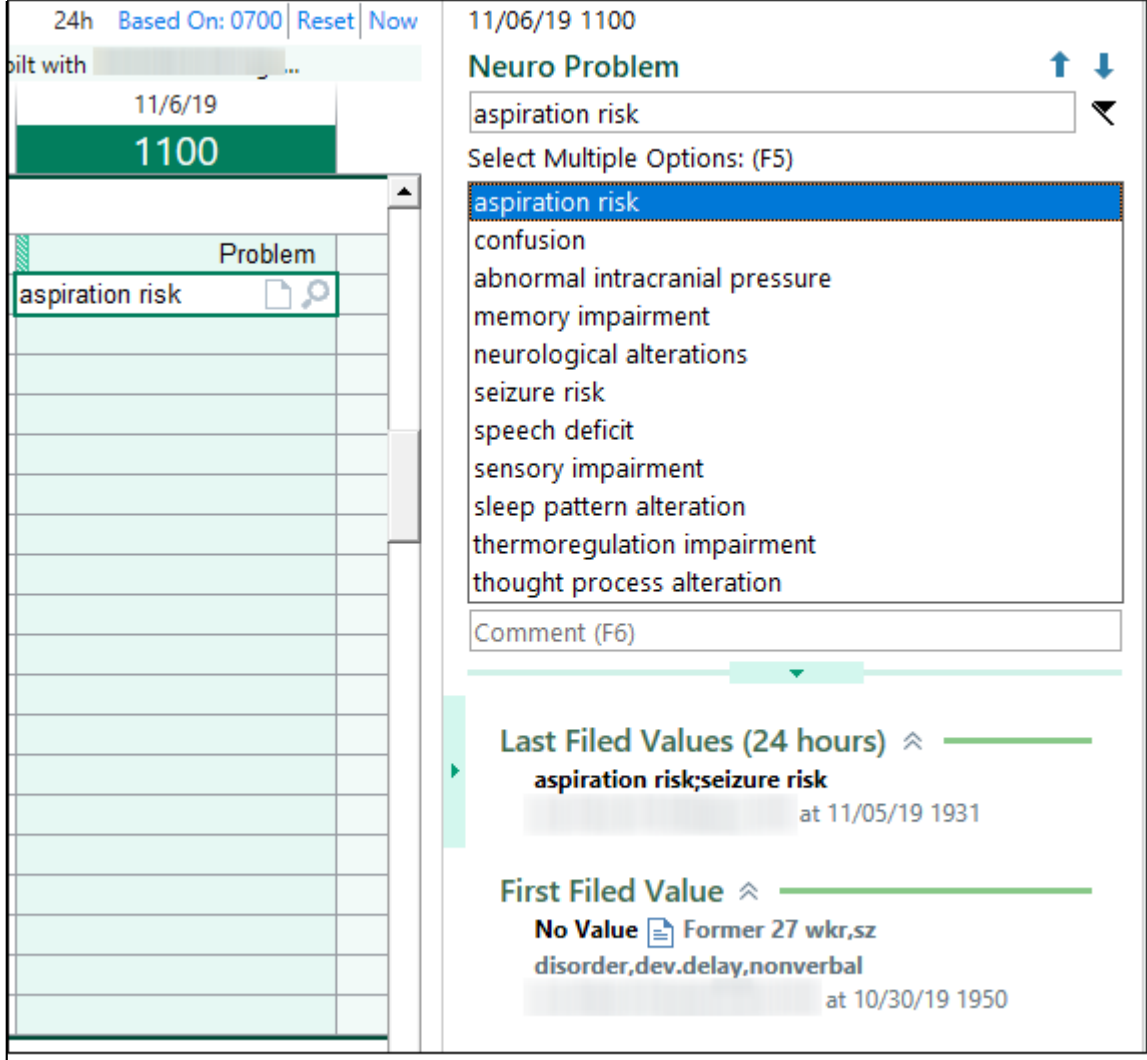
- The required documentation button can be clicked to highlight those assessments that are required and not yet completed within the required time frame (1st 4 hours of each shift).
- For each category, the assessment may be “within normal limits” (WNL), “within expected limits” (WEL), “outside expected limits (OEL), or “Problem”. The definitions for each are shown as “flowsheet row information” [see next slide}.
- If WEL, abnormal findings are documented once and are not documented again unless there is a change. Reassessment is not required.
- If OEL, abnormal findings are documented once and are not documented again that shift unless there is a change. Reassessment may be indicated based on patient condition and risk factors.
- Flowsheet row information provides on screen guidance.
- See information on Problems in later slide.

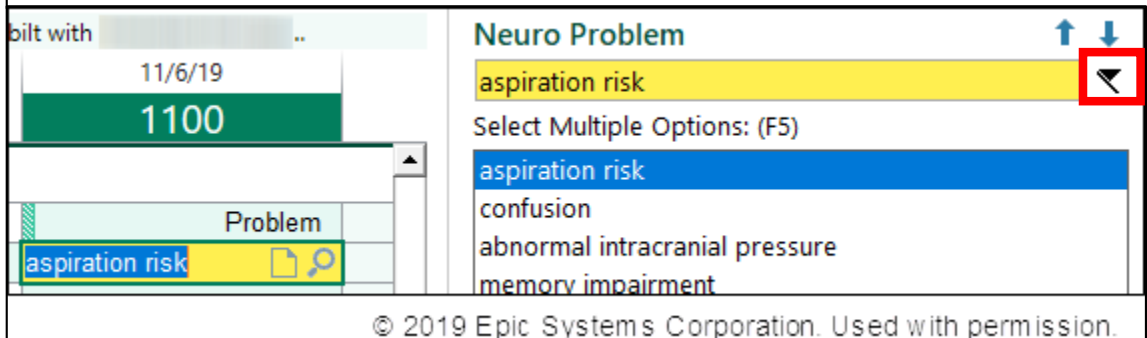




Problem Identification & Prioritization

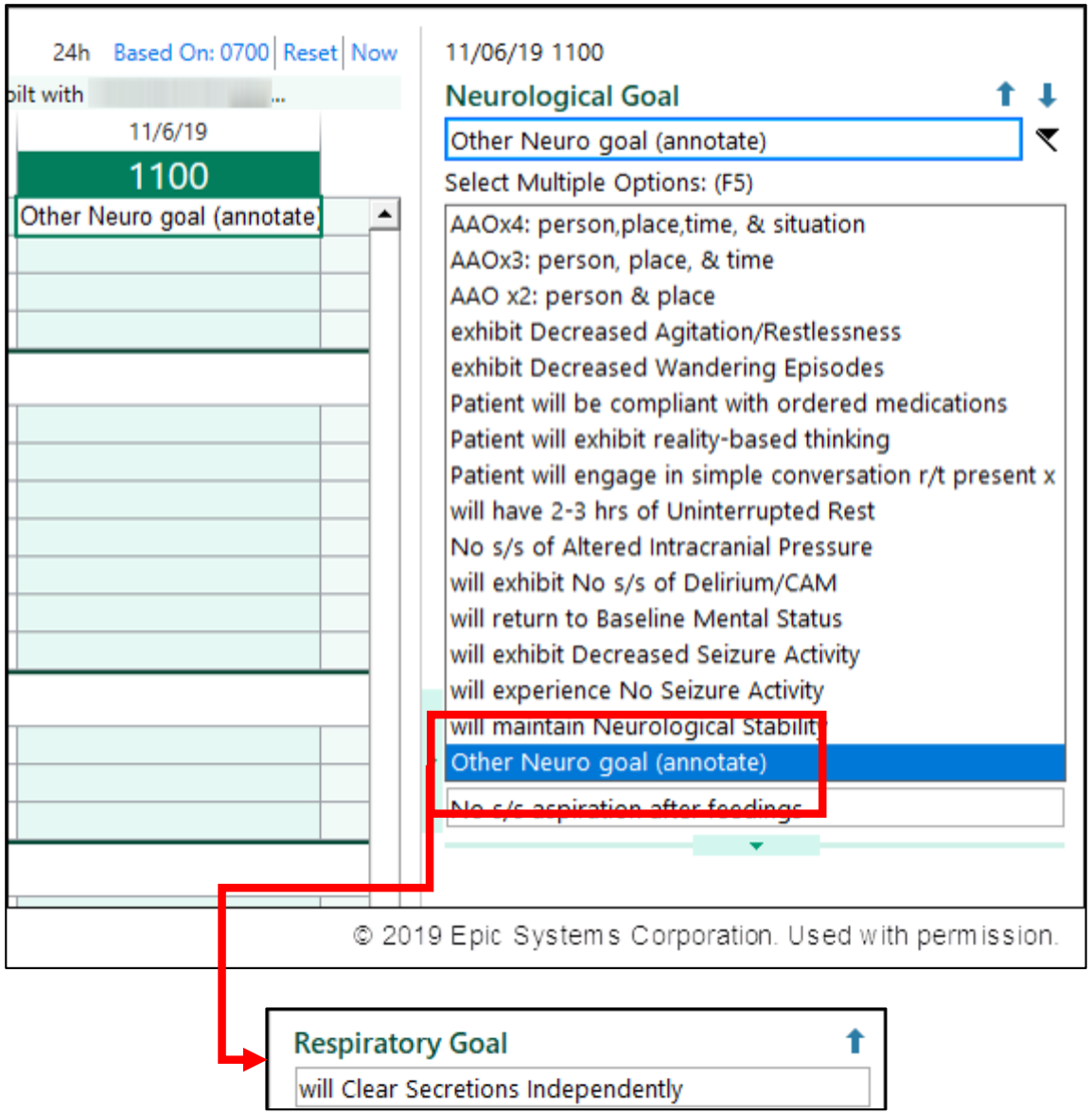
- If a care category is assessed as having a problem (aka Diagnosis), a new flowsheet row appears and the specific problem is selected from the drop-down list.
- A comment may be added to any problem if further explanation is warranted.
- Once the full problem list is documented, the nurse identifies not more than 2-3 problems that will be the focus of the plan of care for that shift. These are the “priority problems”. The “significance flag” is used to highlight these problems in yellow.
- Goals are identified for all priority problems.





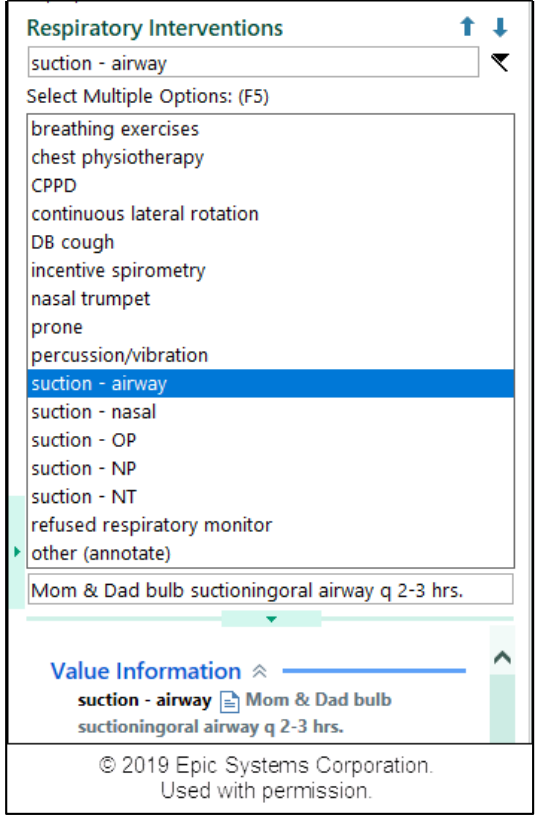
Goals

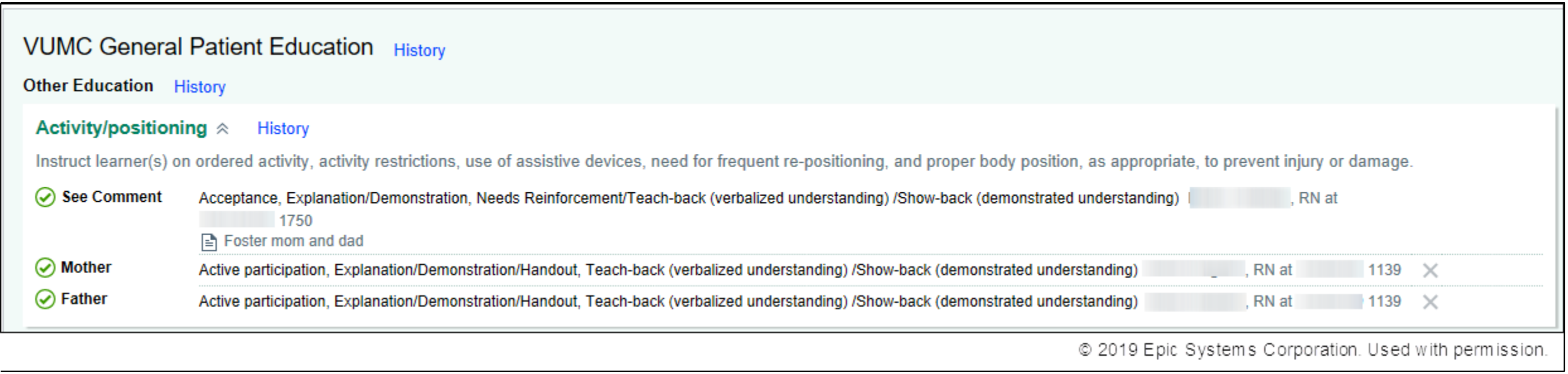
- Initially, all shift goals were free text but over time, we have been able to identify common goals and provide user with drop down lists of options from which to select. They may also create an individualized goal by selecting the "other" goal option and entering an annotation. (see neuro goal example).
- One goal may be associated with more than one care category (eg. Mobility goal may apply to both respiratory and skin problems).
- This patient has two priority problems and two goals for the shift.



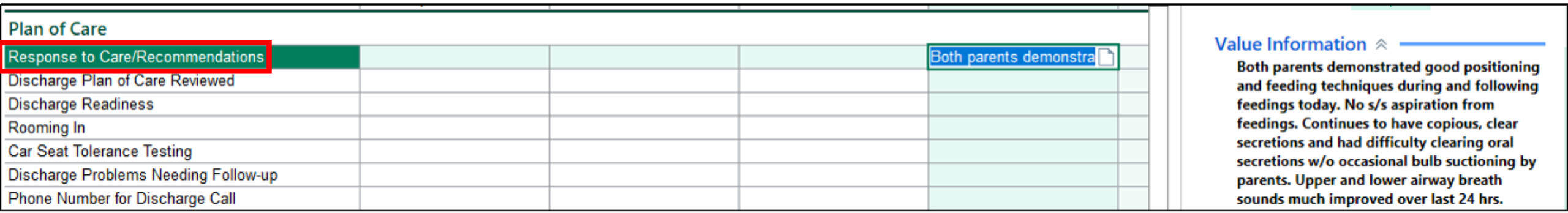
Interventions

- Interventions are documented on the flowsheet from a drop down list for each care category. Note that each drop down list includes an “other” option that allows for annotation of a custom intervention if needed.
- Education interventions are documented using the Education Activity.





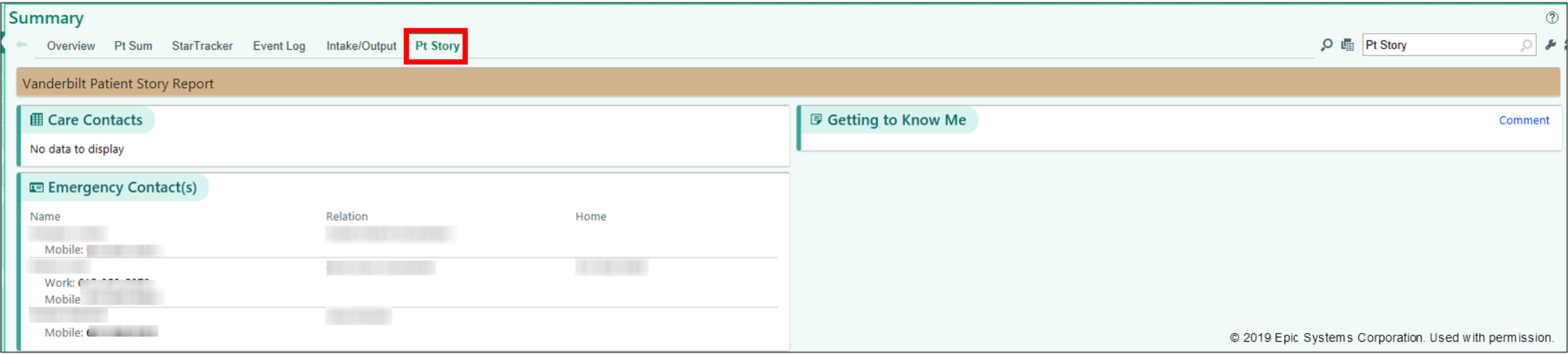
Evaluation



The plan of care is evaluated within 4 hrs. of the end of each shift by entering a free text Response to Care/Recommendations note. Status of goal attainment for each priority problem and any other significant findings and any recommendations for changes to the plan are included in this note.

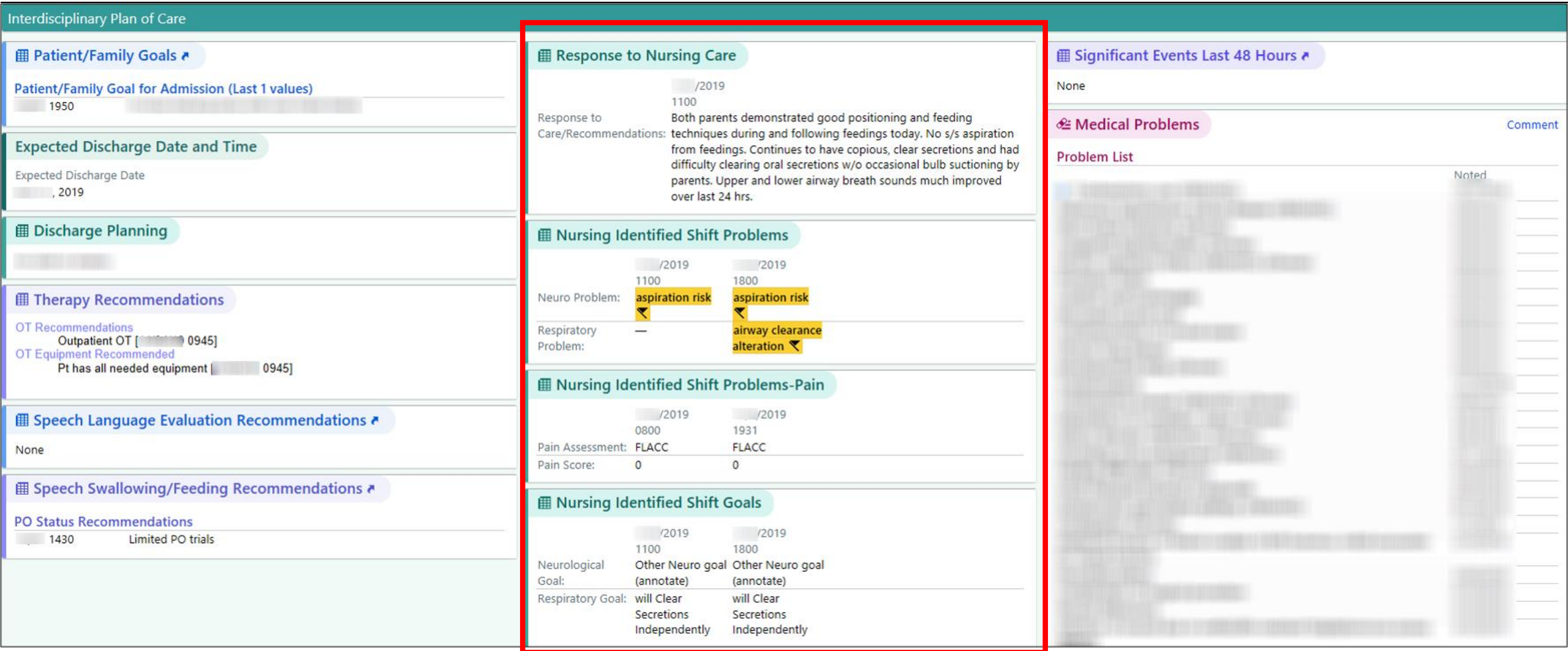
Multidisciplinary Plan of Care

The interdisciplinary plan of care is reflected in the *Patient Story Report* which shows contributions from all disciplines involved in the patient's care. (continued on next 2 slides)



Multidisciplinary Plan of Care

Nursing elements (outlined in red below in center) are pulled from flowsheet documentation. Elements from other disciplines are pulled from flowsheet, navigator, or notes documentation.



Interdisciplinary Plan of Care

Patient/Family Goals

Patient/Family Goal for Admission (Last 1 values)

1950

Expected Discharge Date and Time

Expected Discharge Date

, 2019

Discharge Planning

Therapy Recommendations

OT Recommendations

Outpatient OT [0945]

OT Equipment Recommended

Pt has all needed equipment [0945]

Speech Language Evaluation Recommendations

None

Speech Swallowing/Feeding Recommendations

PO Status Recommendations

1430 Limited PO trials

Response to Nursing Care

	/2019 1100
Response to Care/Recommendations:	Both parents demonstrated good positioning and feeding techniques during and following feedings today. No s/s aspiration from feedings. Continues to have copious, clear secretions and had difficulty clearing oral secretions w/o occasional bulb suctioning by parents. Upper and lower airway breath sounds much improved over last 24 hrs.

Nursing Identified Shift Problems

	/2019 1100	/2019 1800
Neuro Problem:	aspiration risk	aspiration risk
Respiratory Problem:	—	airway clearance alteration

Nursing Identified Shift Problems-Pain

	/2019 0800	/2019 1931
Pain Assessment:	FLACC	FLACC
Pain Score:	0	0

Nursing Identified Shift Goals

	/2019 1100	/2019 1800
Neurological Goal:	Other Neuro goal (annotate)	Other Neuro goal (annotate)
Respiratory Goal:	will Clear Secretions Independently	will Clear Secretions Independently

Significant Events Last 48 Hours

None

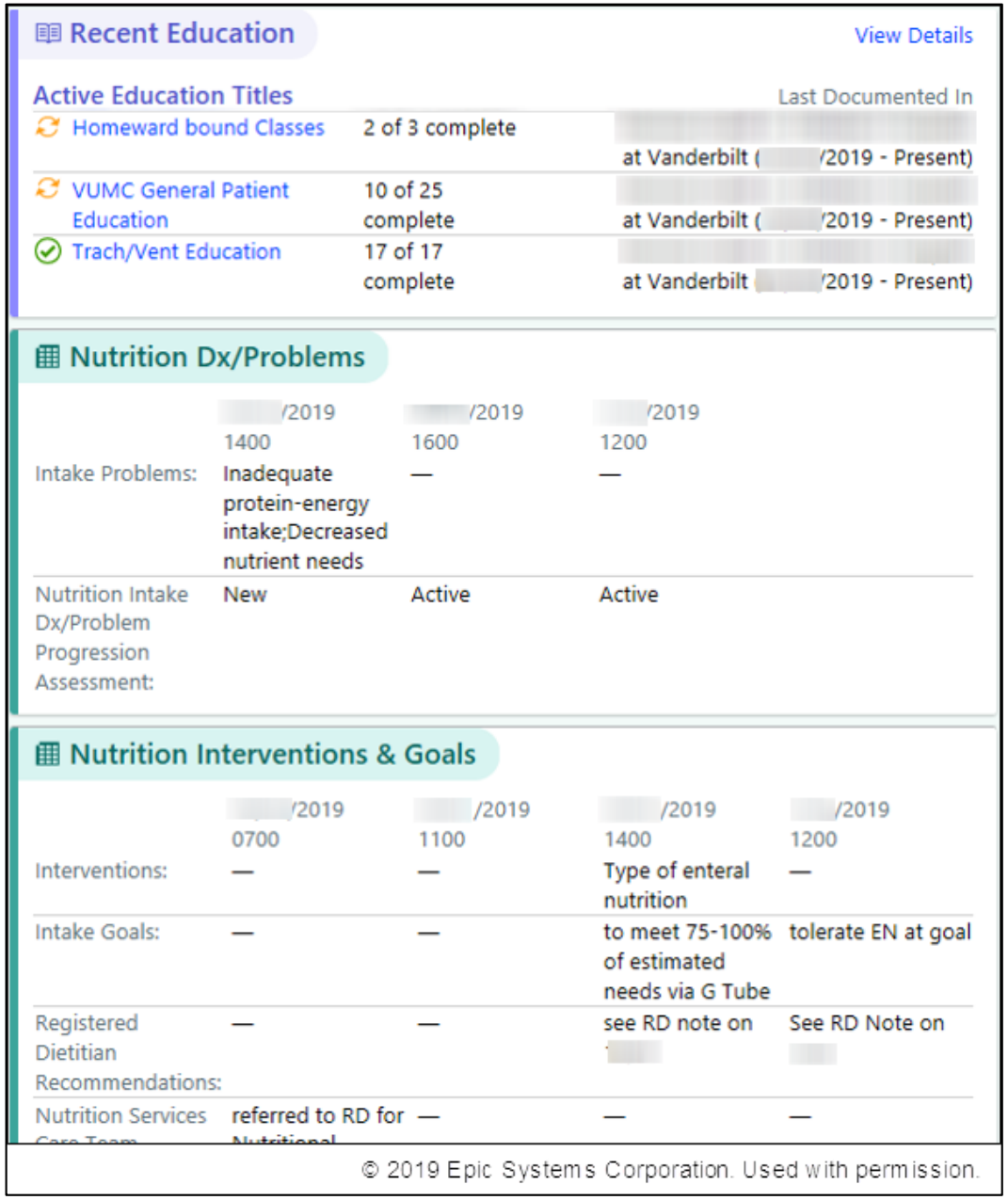
Medical Problems Comment

Problem List

Noted

Multidisciplinary Plan of Care

- Status of Education Plan and additional plan of care elements from other disciplines round out the Patient Story Report.
- We are currently considering how best to add high level intervention information to this report to better reflect to full Plan of Care in a single place.



Recent Education View Details

Active Education Titles		Last Documented In
Homeward bound Classes	2 of 3 complete	at Vanderbilt (/2019 - Present)
VUMC General Patient Education	10 of 25 complete	at Vanderbilt (/2019 - Present)
Trach/Vent Education	17 of 17 complete	at Vanderbilt /2019 - Present)

Nutrition Dx/Problems

	/2019 1400	/2019 1600	/2019 1200
Intake Problems:	Inadequate protein-energy intake;Decreased nutrient needs	—	—
Nutrition Intake Dx/Problem Progression Assessment:	New	Active	Active

Nutrition Interventions & Goals

	/2019 0700	/2019 1100	/2019 1400	/2019 1200
Interventions:	—	—	Type of enteral nutrition	—
Intake Goals:	—	—	to meet 75-100% of estimated needs via G Tube	tolerate EN at goal
Registered Dietitian Recommendations:	—	—	see RD note on	See RD Note on
Nutrition Services	referred to RD for	—	—	—