Managing Plan of Care (POC) Documents

Plan of Care (POC) Document Overview

The Plan of Care (POC) document, often referred to as the 485 based on a previously employed home health form, is one of the most important documents tied to a clinical record. The document reflects a comprehensive overview of the patient's record and provides the primary physician and others with details for the care about to occur during a clinical episode. NDoc automates the process for compiling all related and relevant details into a final document that can be reviewed, edited, and approved for eventual delivery to the physician for signature. The process involves the following:

Step	Actions	Functions used to Complete Step
Clinical Input	Charting of patient information and input of key data (e.g., medications, physician orders, frequencies, etc.)	Patient Referral, Patient Status, Patient Disciplines, Visit Charting, Patient Profile, Medications, Orders
POC Creation	Auto created based on POC settings or manual created via the Plan of Care module's Create POC function.	Plan of Care>Create Plan of Care (if manually created)
POC Review	NDoc requires a level of review prior to printing and sending the POC document. Multiple levels of review can be configured to ensure thorough assessment and final approval of the content.	Plan of Care >Review Plan of Care
POC Printing	POC documents can be printed for individual patients, in a batch based on report filters, or faxed directly to a physician.	Reports>Document>Plan of Care
POC Tracking	Based on document settings, the creation, sending, printing, and signature retrieval rules for these documents can be tracked.	Operations>Document Management: • Document Library • Document Tracking Operations>Patient>Billing Management
Edit Approved /Printed Plan of Care	In cases where errors have been identified after approval or printing, users have the ability to revisit the document and create a revised and corrected document. This option allows users to correct an approved or printed POC, re-approve and re-print/send to the physician.	Plan of Care>Edit Approved/Printed Plan of Care

Administration

For the purposes of controlling the POC process, several settings and tables play an important role. The information below describes the configurations applicable to the POC documents:

Plan of Care Settings

The Plan of Care (POC) Settings options are found under Administration>System>Settings. Within the option, there are eight categories of settings that can be customized based on an agency's preference. These categories are as follows:

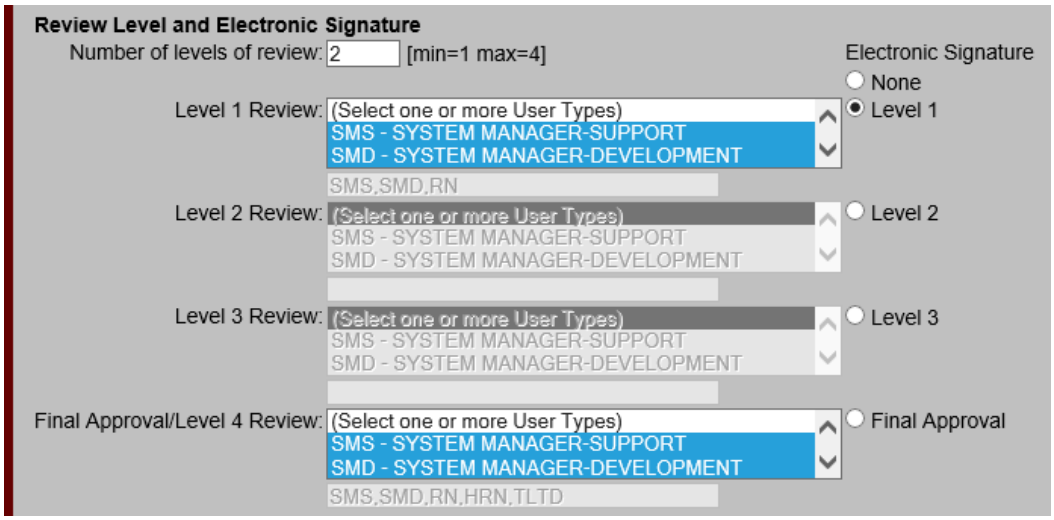
Add/Modify Settings

The Add/Modify Settings Screen is the primary method to control the POC process. Refer to the details below for further explanation:

Review Level and Electronic Signature

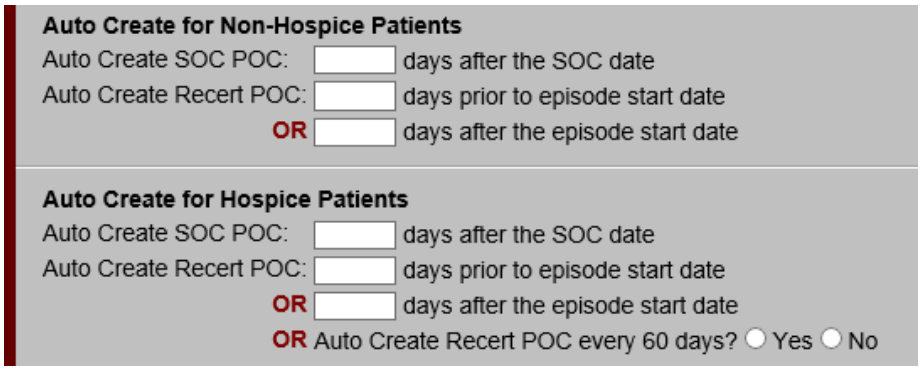
This section of the Add/Modify Settings determines the number of levels that are required by the agency for POC review and ultimate approval. Note the options are a minimum of 1 and a maximum of 4. At each level, agencies have the ability to designate the user types with permissions to complete the designated level. If a user's user type is not selected based on the status of the POC document and the user attempts to access the POC to review, then a message will be triggered that review/access is denied.

The section also sets up the process to apply the Electronic Signature within the POC document under the Nurse's Signature section. Unless set to None, the signature/name displayed in the POC will be the user that completed the designated step. The date associated with the signature is the date that this task was completed by the listed user.



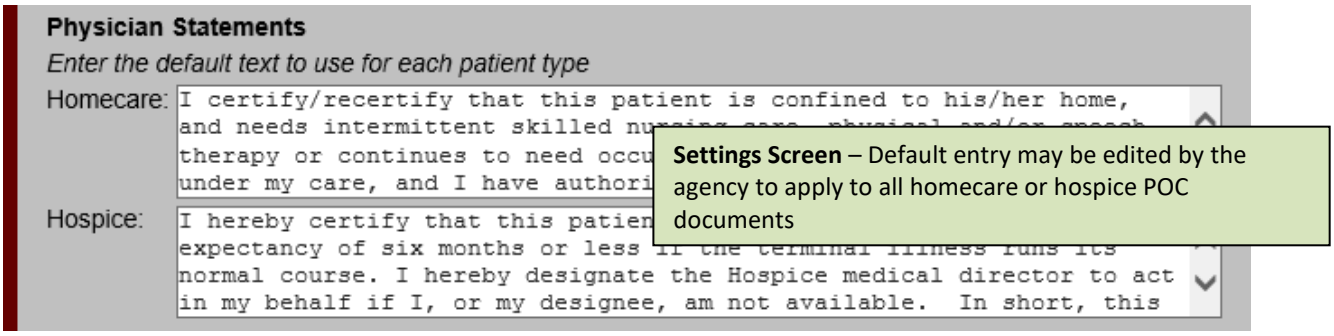
Auto Create

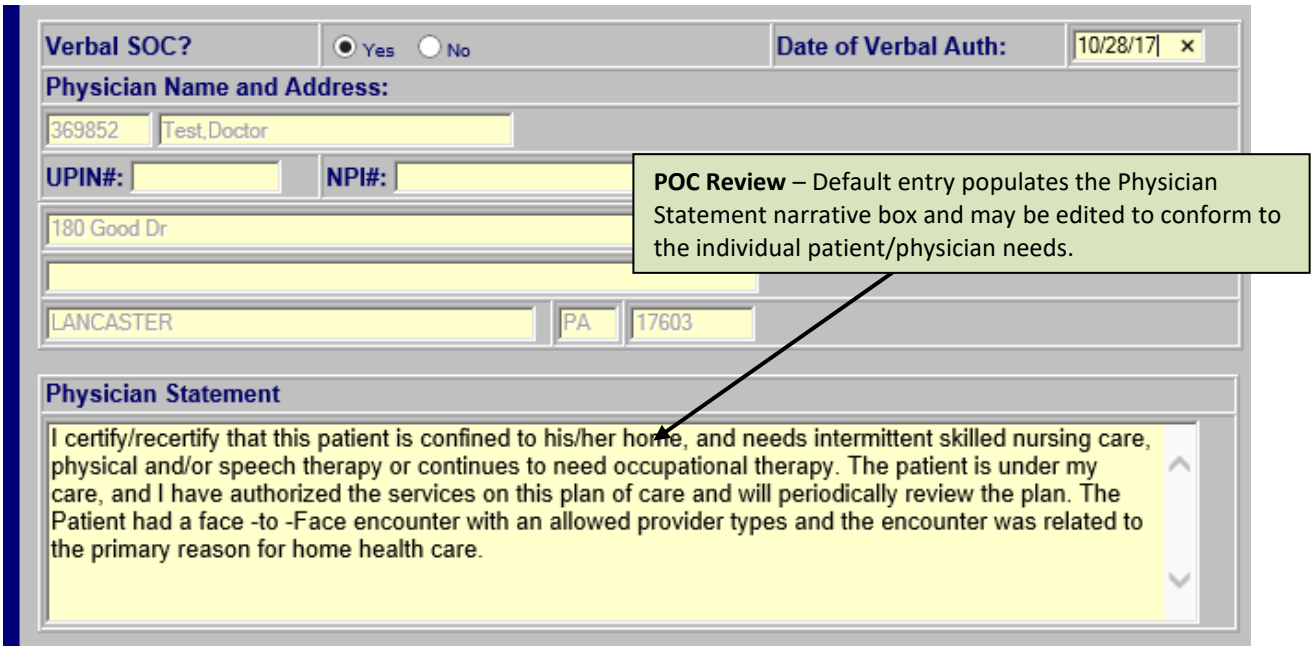
These auto create options are designed to trigger the automated creation of a POC based on the timing described when the settings are configured. If nothing is entered, then the system will not auto create any documents. If the auto create entries are configured for one or more of the listed options, the timing of creation is based on the number of days entered. The documents are then created, displayed in Document Library, available in POC Review, and set for tracking in Document Tracking. Note the content of the POC is based on the contents of the clinical record as of the date the patient reached the designated status on the days configured. Agencies may want to consider the timing of these auto create functions relative to the timing of charting being completed, especially for SOC documents.

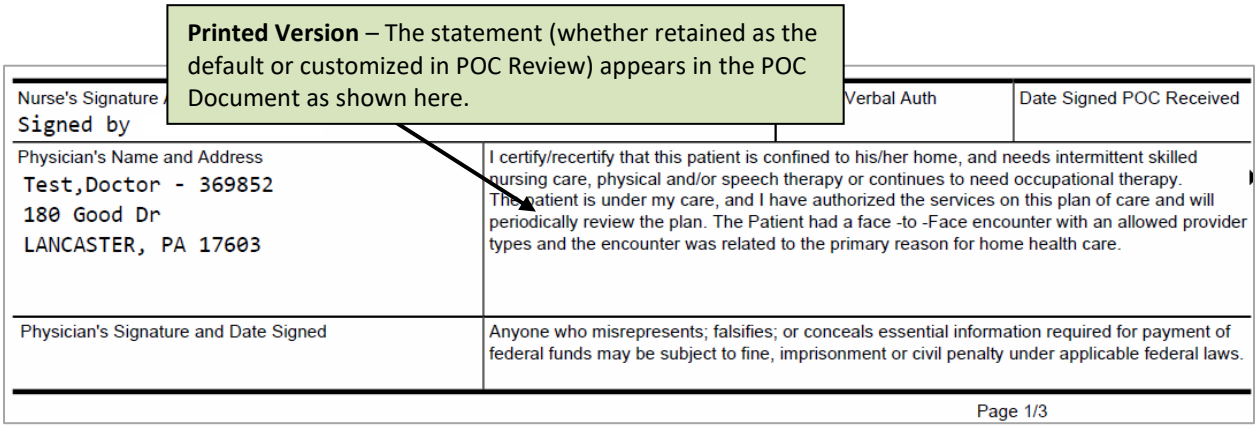


Physician Statements

The options here set up a default text applied to the applicable patient type for display in the POC document both in POC Review and the final printed document. The text may be retained or edited within POC Review depending on the agency's preference. The table entry may also be edited by the agency within the settings screens, which will result in the edited version of the statement populating all related POC documents.





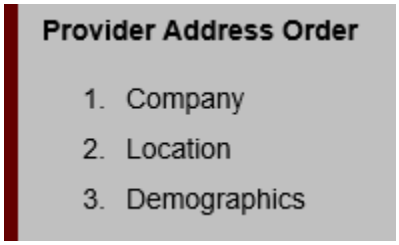


Physician Address Order

This section establishes a hierarchy to prioritize the pulling of Provider Address for the POC based on the patient's information and the values within the respective tables (i.e., Company Table, etc.) For example, if the list is ordered

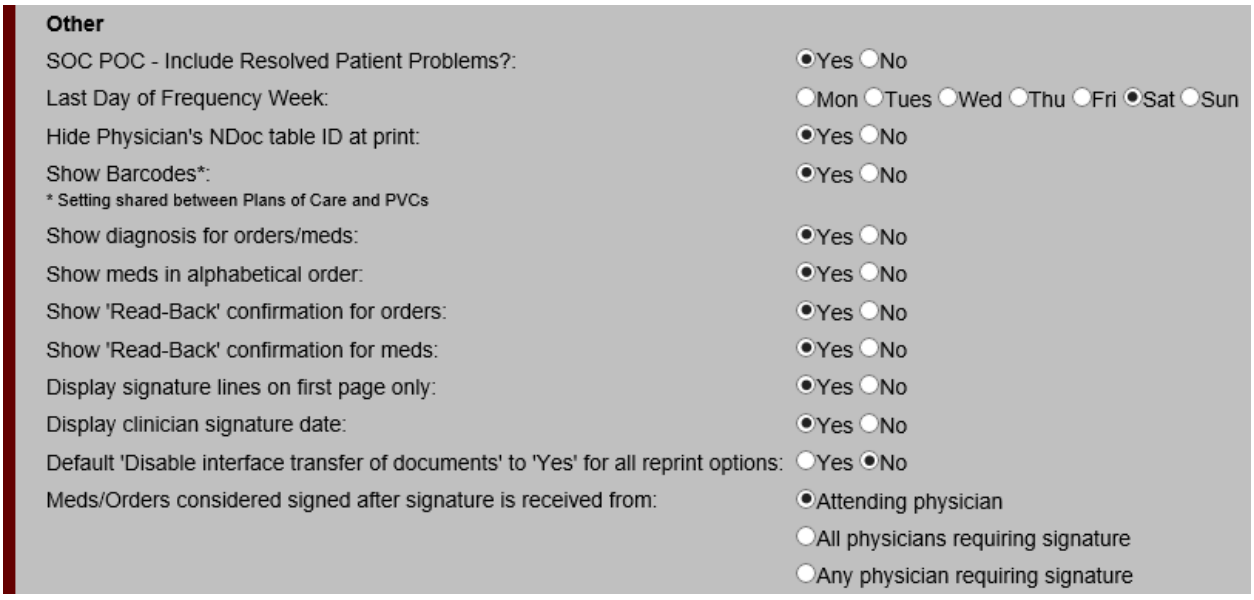
1. Location
2. Company
3. Demographics

then if Patient Jane Doe's location does not have an address in the table the next level of the Company Table will be populated for the Provider Name/Address.



Other

This section contains several specific conditions related to the creation or display of the content of the POC or other processes related to the printing of the POC documents. Many of these settings are configured during implementation.



NOTE: Changes to these settings may have consequences in terms of output and billing, so changes users are encouraged to be mindful of what these changes entail. Below are a few notable comments related to these settings:

- **SOC POC - Include Resolved Patient Problems?:** Controls if the agency wishes to see all instructions and outcomes for problems on the SOC POC. If no, only instructions and outcomes of unresolved problems will flow to the SOC POC
- **Last Day of Frequency Week:** This is for display purposes only as this is a hardcoded parameter configured during implementation.
- **Hide Physician's NDoc table ID at print:** Prevents the NDoc Table ID from displaying.
- **Show Barcodes:** Controls the option of bar codes for agencies using bar code scanning functionality. Note this also applies to POC documents.

- **Show diagnosis for orders/meds:** Controls if the diagnosis linked to a medication or physician order is displayed.
- **Show meds in alphabetical order:** Controls if the medications will be set up and displayed alphabetically.
- **Show 'Read-Back' confirmation for orders and meds:** Controls if the "written, read-back and verified" confirmations will display within the POC.
- **Display signature lines on first page only:** If checked, the physician signature line on page 1 contains a notation with the signature that "Signature(s) apply to all pages of this document" and the second and subsequent page(s) display "Sign first page only" within the signature area.
- **Display clinician signature date:** Controls if a date displays within the Nurse's Signature section.
  - If yes, the date that displays is based on the parameters for Electronic Signature configured in within the agency-specific settings under Administration>System>Settings>Plan of Care>Add/Modify Settings. The displayed date reflects the date the user associated with the chosen electronic signature radio button has completed the designated action. For example, if an agency has two levels of Review and then Final Approval, but have the Electronic Signature set at Level 1, the user that completed that level will comprise the signature line and the date the user completed that level of approval populates the date field.
  - If no, the clinician's name will appear, but no date will be displayed.
- **Default 'Disable interface transfer of documents' to 'Yes' for all reprint options:** If checked as yes, reprints will need to be set up to be sent via the interface automatically by changing the flag in the print screen options.
- **Meds/Orders considered signed after signature is received from:**
  - **Attending Physician**
  - **All Physicians Requiring Signature**
  - **Any Physician Requiring Signature**

  Depending on the agency's use of this setting, the criteria selected must be satisfied for medications and orders on the POC to be considered signed and updated in the Meds/Order histories. Most agencies will employ the option of Attending Physician. Changes to the criteria will only apply to signatures after the setting change. NOTE: this applies to physicians added to the POC Review section to *"Specify other physicians to track this Plan of Care document for"* noting that each will have a Document Library entry for the POC created for tracking

Order Settings

This screen provides agencies with a method to customize the section of the POC that contains the ***To Assess***, ***To Do***, and ***To Teach*** statements. Note that any values added in this page will appear on all POC documents for the first discipline listed in the section.

Goals/Rehab/DC Settings

This screen provides agencies a method to auto populate standard text within the Short-Term Goals, Long-Term Goals, Family/Caregiver Will, Rehab Potential, and Discharge Plan sections of the POC. Note that any values on this page will appear on all POC documents for the first discipline listed in the section.

Addendum Settings

This settings page allows users to add customized text that flows to the POC. These items flow to Addendum section visible in Review POC and within the Additional Statements section of the printed POC. Note that these settings can control the timing of the inclusion of the text (i.e., First, Recert, or All) and its application for the patients (i.e., Homecare, Hospice, or Both).

Assess, Instruct, Outcome (Customary Statement) Settings

These three settings are separated but have similar logic as it relates to populating the POC document. Each settings page includes options to control

- the timing of the display (i.e., First POC Only, Recert POCs Only, All POCs, or Omit-No POCs)
- the applicable disciplines

Further details for each settings page are explained below:

Assess Statements:

These settings include the option to have the statements apply to homecare, hospice, or both. If multiple disciplines are selected, the statement flows to the first referred discipline with the exception of "knowledge/skills deficits" which will apply to all selected disciplines. The options include:

Field #	Assess Statements
102062	Advance Directives
102231	Vital Signs
102266	POC for effectiveness and make needed revisions
102267	Med effectiveness
102268	Pt/Cg perceptions of primary concern/goals for care
102269	Learning needs and cognitive abilities
102270	For knowledge/skill deficits

Instruct Statements for Baseline Homecare Services:

If the instruct statement is designated to go to the first POC, then the instruct statement always flows to the First POC regardless if it is charted or not. If designated for the Recert POC, then the instruct statements only go to the Recert POC if not charted or if charted as "repeat instructions." If multiple disciplines are selected, the statement will go to the first referred discipline only.

Field #	Assess Statements
100805-08	Disease definition/process
100809-12	Rights/responsibilities
100813-16	Parameters to notify MD
100819-22	S/S exacerbation/actions/treatment
100823-26	Treatment protocols and goals
100827-30	Potential effects of non-compliance with POC
100948-51	Diet restrictions/fluid requirements
101084	ER #s, 24 hr avail of home health agency
101089-92	Basic home safety precautions/ER measures
101107-10	Medication schedule
101111-14	Purpose/action/side effects of meds
101770-73	Advance Directives

Outcome Statements for Homecare:

If the outcome statement is designated to go to the first POC, then the outcome statement always flows to the First POC regardless if it is charted or not. If designated for the Recert POC, then the outcome statement only goes to the Recert POC if not charted. If multiple disciplines are selected, the statement will go to the first referred discipline only.

Field #	Assess Statements
110003	Verbalizes effects of diet/meds/activity on disease process
110004	Verbalizes s/s of exacerbation and action to take

110005	Verbalizes parameters to notify MD
110006	Demonstrates compliance with treatment plan
110007	Verbalizes agreement w/POC including barriers to care delivery
110008	Verbalizes principles of treatment and potential consequences of non-compliance
110009	Verbalizes agreement w/DC plan
110031	Demonstrates compliance w/prescribed diet/fluid requirements
110057	Knowledgeable re: purpose/action/side effects of meds taught

Responsible Clinician Settings

These settings control the logic that applies to the determination of a responsible clinician for the POC document.

For Homecare-non Peds Patients (choose one)
If there is an OASIS assessment charted (SOC assessment for a SOC POC: RFA 4 or ROC assessment for a recert POC), then the clinician who first charted the assessment is the Responsible Clinician. If this clinician is unable to review the POC, based on the POC Approval Settings then: • the Case Manager is the Responsible Clinician **OR** • there is no Responsible Clinician If there is no matching OASIS assessment then the Case Manager is the Responsible Clinician regardless of the POC Approval Settings.
The Case Manager is the Responsible Clinician regardless of the POC Approval Settings.
The clinician who first charted the matching OASIS assessment (SOC assessment for a SOC POC; RFA 4 or ROC assessment for a recert POC) is the Responsible Clinician regardless of the POC Approval Settings. If there is no matching OASIS assessment then the Case Manager is the Responsible Clinician.
The clinician who first charted the matching OASIS assessment (SOC assessment for a SOC POC; RFA 4 or ROC assessment for a recert POC) **AND** the Case Manager are the Responsible Clinicians regardless of the POC Approval Settings. If there is no matching OASIS assessment then only the Case Manager is the Responsible Clinician.
No Responsible Clinician - do not display POCs on the Employee Dashboard.
For Homecare – non Peds that DO NOT require an OASIS Assessment (choose one)
The clinician who charts the initial visit is the Responsible Clinician for the SOC POC. The clinician who charts the first visit with a service provided code flagged as "Recert/Re-assessment Visit" beginning 5 days prior to the recert period is the Responsible Clinician.
No Responsible Clinician - do not display POCs on the Employee Dashboard.
For Hospice Patients (choose one)
The Case Manager is the Responsible Clinician regardless of the POC Approval Settings.
No Responsible Clinician - do not display POCs on the Employee Dashboard.
For Peds Patients (choose one)
The Case Manager is the Responsible Clinician regardless of the POC Approval Settings.
No Responsible Clinician - do not display POCs on the Employee Dashboard.

In addition to the Plan of Care Settings, the POC documents are controlled by other tables and settings related to Document Library and Document Tracking. Specifically, the following applicable configurations apply:

- **Document Category Table** (Administration>System>Tables) - Plan of Care documents are set with the pre-built Orders category.
- **Document Type Table** (Administration>System>Tables) - The Plan of Care (485) Document Type possesses hard-coded logic that controls the due date parameters and the types of dates that are associated with the document.

- **Document Library Settings** (Administration>System>Settings) – These settings have automated document tracking key entry logic related to POC documents.
- **Orders Settings** (Administration>System>Settings) – These settings include an option to control whether an order category prints on a Physician Order Form (POF) and NOT on Plan of Care (POC).

For further details on these tables and settings refer to the Managing Document Library and Document Tracking Functionality and the Managing Physician Order Settings guidance documents.

Resources

For additional details on the process of creating, reviewing, and printing POC documents, refer to the following documents:

- **NDoc FASTForm for Plan of Care (POC) Creation**
- **NDoc FASTForm for Plan of Care (POC) PDF Printing**
- **NDoc FASTForm for the Plan of Care (POC) Process**
- **NDoc Reference for Plan of Care (POC) Section Mapping**