# Creating a Shared Plan of Care or Care Plan Update

**For the Peds Complex Care Program**

1. Create a letter encounter or use the "communication management" tool in an office visit encounter to create a letter (choose "blank letter" template). Students do not have access to create letter encounters so they can create a clinical info note encounter and list Dr. Ehlenbach as the cosigner OR use a note in a clinic visit encounter to create the SPOC.
2. Choose blank letter (or open a progress note in a clinical info or clinic visit encounter). Choose letter type of "Care Plan-MyChart Share" and in the comments write: "care plan for PCCP" or "care plan update for PCCP" or something along those lines.
3. Import the dot phrase .pccpspoc into the blank letter (or progress note)
4. There are several refreshable components to that dot phrase (care coordination note, problem list, meds, social documentation) so you should update things in those sections and then refresh the note to update it in the SPOC too.
5. Below are notes about each section in the shared plan of care.

**Who Am I / Patient Description**: one or two line description of the patient such as unifying diagnosis, most important/relevant chronic conditions, major functional issues (talking, walking, eating), and other major highlights such as baseline abnormal VS. If you have 10 seconds to give sign out to someone in the ER about the kiddo this is the kind of stuff you would tell them. It is great to ask parents what they want people to know about their child for this section – you will find out some interesting information! Here is an example: *"XXX is a 16 year old young lady with systemic sclerosis, methylmalonic acidemia, mitochondrial myopathy, choreoathetosis, anxiety, OCD, and g-tube feeding dependence. She typically understands what people are saying and she communicates using a communication device, is mobile with the assistance of a power wheelchair, and can eat soft foods orally or drink with a special cup."*

**PLANS OF ACTION**: indicate type of interaction with patient/family in which the plans were created or updated (clinic visit, phone call, etc)

**Goals**: include time frames or indicate short/long term if at all possible (can adjust the wording and/or delete the "by ***" section if it is not reading smoothly)

**Instructions/Follow Up**: include time frames (same as above)

**MEDICAL SUMMARY**:

**Care Team**:

Care coordination note from pt's chart will autopopulate. Please update the care coordination note by clicking on that section in the chart (go to problem list tab and the care coordination note will be accessible at the top of the problem list) and using the following dot phrase: .ccnote The below information with blow in:

**@PTNAMEANDTITLE@ is enrolled in the Pediatric Complex Care Program. See "Medically Complex Patient" in Problem List.**

PCCP Team: 1-***/2-***/***RN

Community (DME, Enteral, Home Care & Other) Agencies:
***name of person, ***name of agency, ***contact information

Preferred Pharmacy(ies):
@PREFPHARM@

Contact info for PCCP is listed in note template in table format
PCP will autopopulate
Specialty Physicians will need to be entered manually
**Problem List** will autopopulate (be sure to update it!)
**Medications** will autopopulate

**FAMILY INFORMATION AND PREFERENCES**:
Social documentation section of chart (from History tab) will autopopulate. Update the social documentation section of a patient's chart by going to History tab > Social Documentation tab and then using this dot phrase: .pccpsocdoc. The following will blow in:

@DBLINK(EPT,123)@ lives with {FAMILY WAISMAN:15551} {parents' names} and {FAMILY:11988} and {PETS(MCHC UW TEAM):11712} in a {Housing :28847}.
@DBLINK(EPT,123)@ enjoys ***.
Transportation:
Family describes ***{FAMILY:11988} and {SUPPORT PERSONS:12220} as source(s) of support. @DBLINK(EPT,123)@ receives {private duty nursing, personal care worker services, respite care services}.
Religious or cultural considerations:
Preferences about sharing medical information/decision-making:
Parental occupation(s):
Daycare/School: @FNAME@ attends *** school (*** School District) and has {School Educational Supports:32506} and receives {Thearpy Type:34994} there.
Appointment Scheduling Preferences {days of week, number of visits/day}

There are some dropdowns to choose from. Delete things that are not relevant or about which you don't have information. The info in {} can be deleted – it is a cue for what to write about. This information can be found most often in SW or RN notes.

**OTHER IMPORTANT ITEMS**:
Most of the items in this section are there to serve as a reminder to think about these things. If any are addressed in recent visit it is good to document here if not documented elsewhere in the SPOC. Delete anything that is not relevant or duplicative. It is okay for this section to refer to documentation elsewhere in the medical record or summarize things briefly. We DO need to include the goals for working with the Peds Complex Care Program section though (for billing purposes). Here is an example of that I included in a recent care plan:

***OTHER IMPORTANT ITEMS***
*Crisis/Emergency Plans - see Medically Complex Patient in Problem List*
*Assessment of Resources - reviewed, see clinic visit note 4/4/18*
*Medication Management - will request pharmacy review*
*Dental - sees Dr. Kinzel at Children's Dental Center regularly*

*Immunizations - UTD*
*Mental health resources - followed by Dr. Taft*
*Transitions of Care - see Counseling for Transition in Problem List*
*Goals for working with the Pediatric Complex Care Program...assistance with medical co-management, medications, feedings, complex scheduling, insurance issues, referrals to community resources, care coordination, help with transitions and other needs we can impact.*

6. After completing the letter you can save it if you want others to review it before finalizing it. (If medical students are creating this letter in a clinical info note you can route the progress note to anyone you want to read it.) The letter won't be viewable in MyChart (I think) until you accept it.

7. If you finalize the letter but want to edit it you can addend the encounter by going into the patient's chart and clicking on the following Epic > Addendum - then a patient look up window will pop up and you can choose the patient from the list, then choose the letter encounter to addend.