

Patient Care Plan Summary Widget

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Patient Care Plan Summary Widget is currently in beta.
To become a beta partner for this feature, add a comment to this feature's [roadmap portal card](#).

As part of our ongoing efforts to enhance clinical workflows and documentation quality, we have updated the **Patient Care Plan** experience. This update includes a new **Care Plan Widget** embedded in the **Patient Summary** and an intuitive **Drawer Interface** to streamline care planning for patient-reported problems and diagnoses. This improvement is designed with direct feedback from Behavioral Health providers and aligns with regulatory requirements.

Why This Update Matters

- **Increased Visibility & Usability:** Care planning tools are now surfaced in the **Patient Summary**, reducing navigation friction and making care plans accessible within existing clinical workflows.
- **Structured, Standardized Documentation:** Enables providers to document **goals, objectives, and interventions** for each diagnosis/problem in a structured format.
- **Regulatory Compliance (USCDI v3):** Supports standardized data elements to meet U.S. Core Data for Interoperability (USCDI) version 3 requirements.
- **Interoperability with C-CDA Export:** Facilitates care plan data export in **C-CDA format**, supporting information exchange and regulatory reporting needs.

What Has Changed

Previous Experience	Updated Experience
Care Plan button hidden in the Clinical Dashboard	Care Plan Widget embedded in the Patient Summary
Limited functionality for documenting care goals	Structured fields for goals, objectives, and interventions
Poor discoverability and engagement	Accessible via new drawer interface directly from the Patient Summary
No support for standardized data elements	USCDI v3-compliant fields and C-CDA export support

Care Plan Summary Widget

Care Plans2

+ Plan

Achieve Healthy Weight Reduction

In Progress

⋮

Target Date: 08/19/2025

Asthma disturbing sleep

Improve Blood Glucose Control

Not Started

⋮

Target Date: 11/19/2025

Diabetes mellitus due to underlying condition with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)

Advanced

Widget Overview

- **Location:** Appears in the **Patient Summary** section of the **Patient Chart** tab.
- **Display:** Collapsible and expandable for flexible viewing.
- **Empty State:** If no care plans are documented for the patient, the widget will show an empty state message.

Displaying Care Plans

When care plans are documented for a patient:

- **Five (5) most recent** care plans are displayed in the widget.
- Plans are listed in **reverse chronological order** (most recently created at the top).
- Once the user manually reorders the list, that order will be saved and persist on reload.

Each care plan entry includes:

- Goal Name
- Target Date
- Status
- Associated Problems
- Goal Description

Managing Care Plans

Editing a Care Plan

- Click the **pencil icon** next to a care plan to open the editing drawer.
- Edit any of the care plan fields from within the drawer.

Reordering Care Plans

- Click and drag the **icon on the left side** of the goal name to reorder the care plans.
- The custom order is automatically saved and will persist across sessions.

Advanced View

Care Plans

Current 4

Past 9

Audit Log

Print

Add Plan

Smoking

Target Date: 01/01/2023

Anxiety, Depression, Problem 3, Problem 4

To assist the patient in reducing cigarette use and progressing toward complete smoking cessation to improve respiratory and cardiovascular health.

Not Started

↑

↓

Objective #1

Target Date: 01/01/2023

The patient will reduce cigarette consumption by 50% within two weeks.

Not Started

Intervention #1

Target Date: 01/01/2023 | Assigned to: Alice Bruce

Offer nicotine replacement options (patch, gum, lozenges) and educate on proper usage and dosing to reduce withdrawal symptoms.

Not Started

Intervention #2

Target Date: 01/01/2023 | Assigned to: Alice Bruce

Assist the patient in identifying smoking triggers (e.g., stress, social situations) and develop alternative coping mechanisms such as walking or chewing gum.

Not Started

+ Intervention

Objective #2

Target Date: 01/01/2023

The patient will maintain complete abstinence from smoking for at least 48 consecutive hours within four weeks.

Not Started

Intervention #1

Target Date: 01/01/2023 | Assigned to: Alice Bruce

Not Started

Close

Save Changes

Click **Advanced View** to open a full drawer with a detailed view of all care plan information. The Advanced View includes **three tabs**:

1. Current

- Displays active care plans.
- Use the **Print dropdown** to print either:
 - The **entire care plan history**, or
 - A **specific care plan**.

2. Past

- Displays completed or inactive care plans.
- Includes the same **print functionality** as the Current tab.

3. Audit Log

- Tracks all user actions related to the care plans, including:
 - **Create**
 - **Read**
 - **Update**
 - **Delete**
- If no actions have been taken yet, an empty audit state is shown.
- Once actions are recorded, the log will display a chronological list of those actions.

Reorder Care Plans in Advanced View

In the **Advanced view** of the care plan widget, you can change the order of care plans to prioritize or organize them as needed.

1. Navigate to the **Advanced view** in the care plan widget.

2. Locate the care plan you want to move.

3. Use the **up** (↑) or **down** (↓) arrows next to the care plan to move it higher or lower in the list.

The list updates immediately to reflect the new order.

Learn more about the Patient Care Plan

Create a Patient Care Plan	Patient Care Plan Observations and Interventions
Patient Care Plan Clinical Codes	Patient Care Plan CCDA and Onpatient
