

ST. JOSEPH'S BEHAVIORAL HEALTH CENTER

CARE OF PATIENTS/EDUCATION/CONTINUUM OF CARE

50.00 INTERDISCIPLINARY TREATMENT TEAM PLANNING

I. POLICY

An Interdisciplinary Treatment Plan will be developed for each patient admitted to St. Joseph's Behavioral Health Center within 72 hours after admission. The Treatment Plan will be individualized to meet the patient's identified problems/need with appropriate interventions to achieve the desired outcomes. Goals, short term and long terms, will be established in measurable and behavioral terms.

The patient, and family when appropriate, will be encouraged to participate in the treatment planning process.

II. PURPOSE

- A. To provide guidance and direction to the Interdisciplinary Team in the development of a Treatment Plan with individualized interventions.
- B. To insure coordinated treatment is provided for each patient by all the disciplines and addresses each patient's identified problems.
- C. To promote integration of interdisciplinary interventions and communication among the disciplines regarding patient's condition and response to treatment.

III. DEFINITION:

Interdisciplinary Team: Includes the attending psychiatrist, physician, nursing staff, social workers, nutrition therapy, physical therapy, pharmacy, mental health workers, and adjunctive therapists dependent upon the identified problems/needs of the patient.

Master Treatment Plan: A written document which identified the patient's problems/needs, goals/outcomes of care, and individualized interventions to achieve those outcomes. It includes the following:

- **Prioritization** of patient needs and care
- **Identification** of physical, psychological and social problems the patient is experiencing
- **Achievable long-term goals of treatment** stated in measurable behavioral terms
 - Action works such as name, identify, demonstrate, verbalize and use are measurable in describing short and long term goals
- **Measurable short-term goals** stated in behavioral terms that will reflect progress toward the goal achievement
- **Therapeutic approaches (interventions)** used by each discipline to assist the patient in meeting the treatment goals
- **The individual or discipline** accountable for assisting the patient with the therapeutic approaches
- **Patient progress** in meeting the treatment plan goals is documented in the progress notes.

Documentation Forms

- Initial Treatment Plan
- MD Treatment Plan
- Master Treatment Plan
- Treatment Plan Review
- Master Treatment Plan Signature Page

IV. PROCEDURE

A. Completion of the documentation forms

1. Initial Treatment Plan

- a. The Admitting RN will complete the Initial Treatment Plan following completion of the admission assessment.
- b. The RN will document on the Initial Treatment Plan form the patient's presenting problem(s) – reason for patient's hospitalization – and any medical problem(s) identified with current symptoms, requiring treatment during this hospitalization.
- c. Any identified strengths and weaknesses, - patient specific, and the patient's goals for treatment are documented with the RN's signature and date to complete the Initial Treatment Plan.

2. MD Treatment Plan

- a. The attending psychiatrist initiates the MD Treatment Plan within 24 hours of patient's admission.
- b. The MD Treatment Plan is completed with the following information by the attending psychiatrist:
 - i. Axis I = V
 - ii. Criteria for admission
 - iii. Patient's strengths/resources
 - iv. Patient weaknesses/barriers to progress
 - v. Discharge criteria and plan with estimated date of discharge
 - vi. Attending psychiatrist and consulting physician
 - vii. Problem list with identification of problem and action
- c. The psychiatrist completed the MD Treatment Plan will sign and date the form.

3. Master Treatment Plan

- a. Master Treatment Plan will be developed by the core Interdisciplinary Team of psychiatrist, nurse, and social service within 72 hours of admission. Specialized services, such as physical therapy, dietitian, pharmacist or any other specialized service will document their interventions on the Master Treatment Plan.
- b. A Master Treatment Plan form will be completed for each problem identified and will have the following information:
 - i. Problem number as identified from Initial Treatment Plan or from the Interdisciplinary assessment process
 - ii. Long term goal documented in measurable behavioral terms
 - iii. Short term goals or objectives in measurable behavioral terms

- iv. Individualized interventions specific to patient
 - v. Individualized interventions specific to patient
 - vi. Signature and date of discipline who review the Master Treatment Plan
 - c. Each Master Treatment Plan will be reviewed during the bi-weekly Treatment Team meetings and no less than once every 7 days.
 - d. Responsible staff member for each intervention will be identified
 - e. Each staff member reviewing the Master Treatment Plan will sign the form as outlined.
- 4. Treatment Plan Review
 - a. A Treatment Team Review will be completed during the Treatment Planning meetings.
 - b. Patient's progress or lack of progress will be documented for each problem/need identified on the Master Treatment Plan and any actions to be taken.
 - c. Form will be signed by the members reviewing the plan.
- 5. Master Treatment Plan Signature Page
 - a. This form will be signed by all members of the Interdisciplinary Team participating in the Treatment Plan and its review.
 - b. Discharge plan will be documented by Social Services.
 - c. Social Services will review with patient the Treatment Plan and obtain, if patients agreeable, patient's signature or family member's.
- B. All Interdisciplinary Treatment Team members will complete a

- Master Treatment Plan at any time a problem is identified.
- C. The interdisciplinary team will meet and discuss treatment plan issues and document findings on the Master Treatment Plan as follows:
- Psychiatrist – will report on AXIS I, AXIS II, AXIS III diagnosis, significant psychiatric and substance abuse history, length of stay and post discharge medical care needs.
 - Social Service – will report on AXIS IV (psychosocial stressors), significant psychosocial history and patient's legal status and patient goals; on progress in DBT skills development, any therapy interfering behavior and any relevant discharge planning care needs.
 - Nursing – will report on medication usage, medication effectiveness, medication reactions, patient medication compliance, and patient behaviors on the Unit.
 - Specialized services – will document changes of the patient's condition on the 24 hour multidisciplinary progress note and identify any changes; will document the individual interventions on the master treatment plan.
- D. Family, community therapy, conservators, and legal representatives may attend interdisciplinary treatment team planning sessions by scheduling through Social Services, in advance, and with physician agreement.
- E. The Social Worker is the primary Team member to keep the patient informed of the interdisciplinary treatment team's reassessment and changes to the Master Treatment Plan as well as to report on patient goals and their participation in treatment team planning. Any treatment team member may provide patient education on the interdisciplinary planning process and daily reassessments as well as provide patient input to the Care planning process.

V. REFERENCES: TJC and CMS

VI. APPROVALS: Integrated Quality Council
Medical Executive Committee
Community Board

ISSUED: 06/01/98

REVISED: 03/26/04, 07/15/04, 07/30/08, 01/14/10

Number: CP.050

Presenting Problems	Current Symptoms	Objective	Intervention
P1			
P2			
M1			
M2			
M3			
M4			
M5			
Strengths		Limitations	
<input type="checkbox"/> see attached Medication Reconciliation form			
Patient's Goals for Treatment (in patient's own words):			

Initial treatment may be modified by Primary Physician and Interdisciplinary Team

Staff Initiating Problem List/Treatment Plan:

Signature/Title: _____ Date: _____



St. Joseph's Behavioral Health Center

A member of CHW

2510 North California Street
 Jackson, CA 95204
 (916) 461-2000



* M U L T I P L A N *

**INITIAL TREATMENT PLAN
 UP TO 24 HOURS**

Date									
	Problem #								
	LTG:		Rev	Stat	Tar	Rev	Stat	Tar	
OBJECTIVES (Short Term Goals)									
Date	#	Objectives must be measurable	Target	Rev	Stat	Tar	Rev	Stat	Tar
Date	#	INTERVENTIONS (include frequency)	Resp. Staff Name & Discipline						
TESTING									
Date	#	Test	Score	Resp. Staff Name & Discipline					

Status Codes: R-Revised A-Achieved/Resolved P-Partially Achieved C-Continue F-Follow-Up in Aftercare



St. Joseph's Behavioral Health Center
 A member of CHW
 2510 North California Street
 Stockton, CA 95204
 (209) 461-2000



Front

MASTER TREATMENT PLAN

Discipline	Print Name	Signature	Date
Attending Psychiatrist			
Registered Nurse			
Social Services			
LVN/LPT			
Other			
Other			
Other			

Discharge Plan

Patient/Family Involvement

I (patient)/We (family) has/have participated in treatment planning by reviewing this plan, asking questions, and giving input. I/we have been offered a copy of this treatment plan. Yes No

Patient Signature: _____ Date: _____ Time: _____

Staff Signature: _____ Date: _____ Time: _____



St. Joseph's Behavioral Health Center

A member of CHW
 2510 North California Street
 Stockton, CA 95204
 (209) 461-2000



* M U L T I P L A N *

**MASTER TREATMENT PLAN
 SIGNATURE PAGE**

Today's date: _____

72 Hr. Treatment Plan Review Date: _____

Problem (#)
Progress/Lack of Progress:
Does Treatment Plan need to be updated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Problem (#)
Progress/Lack of Progress:
Does Treatment Plan need to be updated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Problem (#)
Progress/Lack of Progress:
Does Treatment Plan need to be updated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Problem (#)
Progress/Lack of Progress:
Does Treatment Plan need to be updated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Changes in Medication:

Estimated continued length of stay: _____

Interdisciplinary Team Review

Discipline	Print Name	Signature	Date
Attending Psychiatrist			
Registered Nurse			
Social Services			
LVN/LPT			
Other			
Other			
Other			

Safety issues update:

Discharge plan update:

Family contact update:



St. Joseph's Behavioral Health Center

A member of CHW
2510 North California Street
Stockton, CA 95204
(209) 461-2000



* M U L T I P L A N *

TREATMENT PLAN REVIEW