

Vermont Psychiatric Care Hospital Policy and Procedure		
Treatment Planning		
Effective: April 2014	Revised: June 2024	Due to Review: June 2026

POLICY

Individuals hospitalized at the Vermont Psychiatric Care Hospital (VPCH) will have an individualized and comprehensive treatment plan that is developed in collaboration with an multidisciplinary team and embodied in a single, integrated plan detailing how the team intends to meet assessed clinical needs. The primary objective of the treatment planning process at VPCH is the provision of individualized, integrated treatment that optimizes the individual's opportunity for recovery and ability to sustain their interests of self-determination and independence in the most appropriate, least restrictive setting.

DEFINITIONS:

Problem: As defined by the Joint Commission, is a disability defined as any psychiatric, biopsychosocial problem requiring treatment/intervention. The term disability and problem may be used interchangeably. For purposes of this policy, VPCH will standardize and use the term *focus area* in place of problem.

PROCEDURE

The Multidisciplinary Team

Each hospitalized individual shall be served by an multidisciplinary team which shall be responsible for ongoing evaluation and assessment of the individual's clinical status and for developing/updating a comprehensive treatment plan. Composition of the multidisciplinary team shall at a minimum include the individual, the treating psychiatric provider, a registered nurse (RN), and a social worker. Additional participants shall be determined by the assessed needs, identified goals of treatment, the treatment approaches and modalities used to achieve the goals, and the strengths and preferences of the individual.

1. The multidisciplinary team shall be led by a psychiatric provider who shall:
 - Assume primary responsibility for the individual's treatment.
 - Require that each member of the team participates appropriately in assessing the individual on an ongoing basis and in developing, monitoring, and, as necessary, revising treatments.
 - Require that the treatment team functions in an multidisciplinary fashion.
 - Maintain oversight of the processes in place at VPCH to coordinate assessments, team meetings, and treatment plan documentation to ensure regulatory compliance.

2. Comprehensive Treatment Plan - Initial

Initial plans of care are completed by a psychiatric provider and an RN within 24 hours of admission. Comprehensive Treatment Plans (CTP) are subsequently completed within 7 business days of admission. The CTP is derived from the information contained in the psychiatric evaluation and in the assessments, reassessment, and diagnostic data collected by the multidisciplinary team during this initial timeframe.

The initial written treatment plan shall specifically include the following:


- A case formulation that includes a review of pertinent history, predisposing, precipitating and perpetuating factors, present status, and previous treatment history, preliminary determinations as to the least restrictive setting to which the individual should be discharged, and the changes that will be necessary to achieve discharge.
- A substantiated diagnosis or diagnoses (not an initial or rule-out diagnosis) that serve as the basis for treatment planning and identified interventions.
- The team-identified focus area(s) to be addressed during hospitalization.
- An inventory of the individual's strengths that can be utilized in treatment.
- Short-term and long-term goals relating to the identified focus area(s) that include expected behavioral outcomes and specific dates for expected achievement. Goals must be written as observable, measurable patient behaviors to be achieved.
- Specific and connected treatment modalities/interventions utilized. This should include all active treatment measures provided, the focus of each modality, and the individual/discipline responsible for the provision of the treatment modality. There should be corresponding modalities/interventions to each identified goal.
- Any specific behavior management plans/procedures are integrated into the plan of care and include:
 - Target behavior(s)
 - Adaptive or replacement behavior(s)
 - Interventions
 - Criteria for discontinuation of behavior management procedures
 - Behavior management techniques used
- Where possible, hospitalized individuals have substantive, identifiable input into their treatment plans.
- At the time of a treatment plan update or review, each current care participant must be identified by name and discipline. Participating employees are expected to attend scheduled treatment plan meetings whenever possible, however VPCH recognizes that circumstances may arise that pose unavoidable barriers. Individuals who are not present for the treatment plan meeting must still be listed and noted as not in attendance. Those not in attendance are still expected to uphold their elements of the plan but will not be expected to sign the written plan of care document.

Integrated Treatment Plan - Review

To evaluate progress, Treatment Plan Reviews (TPR) shall be conducted at least once during a period of every 14 calendar days during the first 60 days of hospitalization, and at least once during a period of every 30 calendar days thereafter. Between TPRs, individual progress notes, Certificate of Need documentation for Emergency Involuntary Procedures, and/or specific amendments in response to high-risk events shall serve as treatment plan updates, but progress to date shall be summarized in the written plan as part of each scheduled review. TPRs may be completed more frequently as clinically indicated.

The revised written treatment plan shall specifically include the following:

- An update as applicable to the required elements of an initial written plan
- Progress made toward meeting goals, or if there is a lack of progress, the review must justify:
 - Continuing with the current goals and approaches; or
 - Revising the treatment plan to increase the possibility of a successful treatment outcome.

Approved by	Signature	Date
Emily Hawes, Commissioner, Vermont Department of Mental Health	 C50275615A62462...	6/25/2024