

Partial Hospital and Intensive Outpatient Programs - Unit Practice Manual

John Dempsey Hospital - Department of Nursing

The University of Connecticut Health Center

PROTOCOL FOR: Treatment Planning

- POLICY:**
1. It is the policy of John Dempsey Behavioral Health Services that an Interdisciplinary Treatment Plan (ITP) can be completed on every patient admitted to the services for the Partial Hospital Program and Intensive Outpatient Programs. The ITP will be completed within 3 visits from the date of admission and will include, but not limited to, identification of individual patient problems and goals and treatment interventions. All disciplines involved with the patient's treatment will participate in the interdisciplinary treatment planning process and identify interventions to be initiated to achieve identified goals.
 2. The interdisciplinary team meets on a weekly basis to discuss the development and implementation of the patient's treatment plan.
 3. The treatment plan is reviewed and updated at least every 4 weeks or as necessary, depending upon patient's condition. This treatment plan will be individualized per patient, reflecting the John Dempsey Hospital PHP/IOP scope of care and treatment services.

DESIRED PATIENT

OUTCOMES: Each Patient will have an individualized treatment plan beginning within 1 visit and completed within 3 visits. This treatment plan will be reviewed and revised as often as necessary.

ASSESSMENT/**GENERAL CARE:**

1. An initial problem list is generated at time of intake.
2. Upon admission to the program, the patient's history is reviewed by the treatment coordinator and presented at the team meeting.
3. Within 3 visits, a comprehensive treatment plan is developed using data from OT assessments, nursing assessments, and input from the treatment team.
4. The treatment coordinator is responsible for the development and implementation of the treatment plan generated from the treatment planning meetings.
5. Each treatment plan will include:
 - a. PHP/IOP group schedule outlining groups to be attended.
 - b. Problem list targeting mood disorders, anxiety disorders and thought disorders.
 - c. Discharge planning form.
 - d. Additional forms used as necessary include an Altered Health form, a Substance Abuse/Dependence form, and a blank problem form. The latter at which is used for anything not addressed in any other treatment plan forms, e.g., behavioral problems, domestic violence issues, the use of peer support, etc.
6. All treatment plans will be individualized and specific to include goals of treatment and treatment modalities used.

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Treatment modalities include but are not limited to: Milieu Therapy, vis-à-vis group participation, individual psychotherapy, patient and family education meetings, and medication management

- DOCUMENTATION**
1. The treatment coordinator is responsible for completing the written treatment plan and revisions.
 2. The problem, goal, and interventions in the treatment plan will be reflected using a description, assessment, and plan (DAP) weekly progress note.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 9/84

REVISION DATES: 1/86, 1/87, 9/87, 9/88, 9/89, 9/90, 9/91, 9/93, 5/94, 11/97, 3/99, 2/00, 9/02, 5/03, 6/07, 12/07, 5/08