

<p>Name of Policy: <u>Individualized Multidisciplinary Treatment Plan (ITP)</u></p> <p>Policy Number: 3364-122-22</p> <p>Department: Nursing Service – Kobacker Inpatient Psychiatric Hospital</p> <p>Approving Officer: AVP Patient Care Services/CNO</p> <p>Responsible Agent: Administrator, Ambulatory Services and Behavioral Health</p> <p>Scope: The University of Toledo Medical Center</p>	 <p>Effective Date: 6/2018 Initial Effective Date: 3/1993</p>
<p> <input type="checkbox"/> New policy proposal <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy </p>	

(A) Policy Statement

Each patient at Kobacker Center Inpatient Unit at the University of Toledo Medical Center will have a Multi-disciplinary Individualized Treatment Plan (ITP).

(B) Purpose of Policy

1. To provide individualized treatment for each inpatient at the Kobacker Center of University of Toledo Medical Center.
2. To coordinate care of patients across disciplines.
3. To serve as the data base for progress and further treatment needs.
4. To assure the treatment plan provides appropriate care from all members of the hospital disciplines.

(C) Procedure

1. Initiation of the ITP will be completed within 24 hours of admission. This plan will identify:
 - a. Presenting problems
 - b. Past psychiatric history
 - c. Current living situations and legal custody
 - d. Past medical history
 - e. School history
 - f. Mental status exam
 - g. Reason for admission
 - h. Admission orders
 - i. Predicted length of stay
 - j. Knowledge and acceptance by family
 - k. DSM-V diagnosis
2. Treatment team members may include, but not be limited to, a registered nurse, psychiatrist, family therapist and/ or recreational therapist.
3. Initial goal planning will be based on assessment data from each discipline and will be written in objective and measurable terms based on the patient’s strengths and limitations.

4. Interventions need to be coordinated among the multifaceted team in response to the patient's assets, needs and limitations. Frequency of services provided needs to be documented.
5. Patient and family involvement in the treatment planning process shall be ongoing and documented in the medical record.
6. The treatment plan shall be updated at least 72 hours and then weekly thereafter.
 - a. Comprehensive assessments will be completed by the multidisciplinary team members including:
 1. Physical examination and laboratory testing
 2. Psychiatric examination
 3. Psychosocial Evaluation
 4. Psychological assessment, as indicated
 5. Educational assessment
 6. Nursing assessment
 7. Occupational therapy assessment
 8. Recreational therapy assessment
 - b. The 72 hour Individual Treatment plan will be reviewed and revised.
 1. Identify specific problems, goals, and interventions
 2. Identify goals
 3. Identify projected discharge date
 4. Determine aftercare plans
 5. Update DSM-V diagnosis
 6. Treatment team signatures including the psychiatric team leader
7. Outside agencies that are actively involved with the patient shall be included as possible with consent from the family or guardian. This involvement shall begin as early in the process as possible.
8. Required assessments should be available for review to within 24 hours of admission.
9. Discharge planning is an ongoing process that is initiated upon admission.

