


<b>Name of Policy:</b> <u>TREATMENT TEAM PROTOCOL</u> <b>Policy Number:</b> 3364-120-43 <b>Department:</b> Nursing Service <b>Approving Officer:</b> Chief Nursing Officer (CNO) / Medical Director <b>Responsible Agent:</b> Chief Nursing Officer (CNO) / Medical Director <b>Scope:</b> The University of Toledo Medical Center	  <b>Effective Date:</b> 4/1/2023 Initial Effective Date: 6/1/14				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input checked="" type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<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
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## (A) Policy Statement

The Treatment Team is a meeting of the Attending Physician/resident and members of the interdisciplinary treatment team for the purpose of developing an individualized treatment plan. The first team meeting occurs no later than 72 hours after admission. Subsequent team meetings for reviewing and updating the treatment plan occur at least weekly or more often as is clinically indicated.

## (B) Purpose of Policy

To develop a coordinated consistent and well-focused approach to treating the patient

## (C) Procedure

### 1. Initial Treatment Team Meeting

- a) Occurrence: The initial team meeting will occur within 72 hours of admission.
- b) Participants: Participants in the interdisciplinary planning may include the Attending Physician, Administrator/Director/Designee, Recreational/Activity Therapist, and Social Worker/Family Therapist/Nurse Practitioner. Other members of the interdisciplinary/health care team may attend as appropriate. Patient participation in treatment planning is encouraged. Other persons may be invited as deemed appropriate by the team and the patient.

The Social Worker or Therapist should have reviewed the patient's medical record prior to the meetings and be prepared to present a succinct but dynamic summary of the primary problems and current skills.

The attending Psychiatrist/Resident directs the patient care and guides the team. The Social Worker or Therapist will see that the patient is as actively involved in the treatment planning process as clinically appropriate. The team may decide to have the Therapist/Clinical Social Worker/Nurse in consultation with other members of the treatment team develop a proposed master treatment plan prior to staffing. The Social Worker or Therapist shall complete the weekly staffing/continued stay summary based upon team input.

### 2. SUBSEQUENT TEAM REVIEWS

## A. Occurrence

A treatment review staffing will be scheduled weekly following the initial team meeting and each week thereafter or more frequently if patient condition changes. If length of stay is less than one week a treatment review staffing will occur prior to patient discharge.

## B. Participants

Participants shall include the interdisciplinary staff as indicated above and patient when appropriate.

## C. Format

1. The team facilitates the review with the Attending Physician/Resident.
2. The Therapist/Clinical Social Worker/Nurse in consultation with other members of the treatment team may develop the majority of the Master Treatment Plan Review prior to staffing.
3. The Social Worker or Therapist shall complete the weekly review based upon team input.
4. The Treatment Plan review will identify and a brief descriptive, measurable summary of patients' progress or lack thereof for each short-term goal. The Individual treatment plan will reflect change in target date, interventions and/or short-term goals to enable patient to achieve their treatment goals.

<b>Approved by:</b>  _____ /s/ Kurt Kless, MSN, MBA, RN, NE-BC Director of Nursing/CNO  _____ /s/ Dionis Kononov, MD Medical Director  <i>Written by: Carol A. Schaaf, RN, MPA</i> <i>Review: Lindsay Watson LSW MSW</i> <i>Revision Completed By: Lindsay Watson</i>	<b>Review/Revision Date:</b> 6/2017 5/2021 4/2023       <b>Next Review Date:</b> 6/2026
<b>Policies Superseded by This Policy:</b> New	