


Name of Policy: Individualized Multidisciplinary Treatment Plan and Treatment Team Protocol		 Effective date: 4/2026 Original effective date: March 1993	
Policy Number: 3364-122-22			
Approving Officer: Chief Executive Officer Chief Nursing Officer Medical Director			
Responsible Agent: Nursing Director Inpatient Psychiatry			
Scope: The University of Toledo Medical Center			
Key words: evaluation, assessment, problems, strengths, weaknesses			
	<input type="checkbox"/> New policy proposal		<input type="checkbox"/> Minor/technical revision of existing policy
X	<input checked="" type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Reaffirmation of existing policy

(A) Policy statement

Each patient admitted into the Behavioral Health Inpatient Units at The University of Toledo Medical Center will have a Multidisciplinary Individualized Treatment Plan (ITP). The Interdisciplinary Treatment Plan first page is a tool for organizing a complete list of patient problems, strengths, and weaknesses identified by the various disciplines. The problems are listed by each discipline based on his or her assessment. Problems are defined as those issues that will have an impact on the treatment of the patient.

(B) Purpose of policy

- (1) To provide individualized treatment for each inpatient.
- (2) To coordinate care of patients across disciplines.
- (3) To serve as the database for progress and further treatment needs.
- (4) To assure the treatment plan provides appropriate care from all members of the hospital disciplines.
- (5) To ensure plans for care, treatment, and service are individualized to meet the patient's unique needs and circumstances.

Individualized Multidisciplinary Treatment Plan and Treatment Team Protocol

(C) Procedure

- (1) The treatment planning process is continuous and dynamic, beginning at the time of admission and continuing through discharge. Patients and/or families/patient representatives are invited to be involved in the treatment planning process as clinically appropriate.
- (2) Concurrent with their participation in the daily treatment program, each patient works towards individual treatment goals during hospitalization. These goals reflect thoughtful evaluation of the patient and identification of problems, strengths, weaknesses, and interventions designed to assist the patient in achieving the goals.
- (3) On admission, the nurse consults with the admitting physician and any other staff involved in the intake process. Based on the psychiatric evaluation and the Nursing Assessment, the nurse initiates the Interdisciplinary Treatment Plan by listing identified problems, strengths, and weaknesses. The problem list is developed from intake information, the medical/psychiatric History and Physical, the Nursing Assessment, an initial interview with the patient and/or family, and any other assessments already completed.
- (4) The initial treatment team meeting is held no later than 72 hours after admission, at which time the Interdisciplinary Treatment Plan is reviewed and revised. Each team member is responsible for having completed their assessment and to present a summary in the team meeting. The treatment team meetings are directed by the attending psychiatrist. The social worker or therapist serves as treatment plan coordinator for each patient. This individual is responsible for ensuring that the appropriate documentation is entered in the treatment plan. The social worker or therapist is also responsible for explaining the plan to the patient and soliciting their input. A treatment review meeting is held weekly, and more frequently if clinically indicated.
- (5) Problems entered on the Interdisciplinary Treatment Plan form the basis of the patient's individual treatment plan. Each discipline performing an assessment adds their findings to the problems list. The therapist/social worker is responsible for coordinating this process.
- (6) The initial treatment team planning meeting is held within three days of admission. The purpose of this is to integrate all elements of the Assessment process and ensure their incorporation into the Interdisciplinary Treatment Plan.

Individualized Multidisciplinary Treatment Plan and Treatment Team Protocol

(7) Key elements essential to all stages of treatment planning may include the following:

- (a) Problems are written in behavioral terms not diagnosis. Co-occurring medical conditions requiring management should be identified.
- (b) Short-term goals are written in observable and measurable terms.
- (c) Treatment plans are based on systematic evaluations of patient's assets (strengths) and limitations/stressors (weaknesses).
- (d) Treatment plans may include the patient's/family's/patient representative's other goals for treatment and expected outcomes.
- (e) Treatment plans specify the frequency of each treatment intervention/procedure.
- (f) Treatment plans specify criteria for discharge.

(8) Treatment plan review procedure.

- (a) Each patient is reassessed to determine current clinical problems, needs, and responses to treatment. Reviews occur when major clinical changes occur, and at least every seven days, or more often if clinically indicated.
- (b) Record progress or lack of progress for each short-term goal. Determine the extent to which the interventions were implemented and the extent to which the goals were accomplished. Discuss any modifications that should be made to the interventions or goals and give a narrative statement describing progress or response to the treatment interventions in the lines provided. Review of major family, social or life events that may complicate treatment occurs and all changes in treatment are documented. When all goals are accomplished, a problem is considered resolved and/or new problems are assigned.
- (c) Discuss whether the family/patient representative participated in treatment, and results.
- (d) Patient's participation in treatment plan review. The social worker or therapist will discuss treatment goals and progress with the patient, incorporate patient input into the treatment planning process, and document same. The patient/family/significant other are encouraged to attend treatment plan reviews.
- (e) Additional comment. Note areas that may affect treatment or limit extent of recovery or outcomes.

Individualized Multidisciplinary Treatment Plan and Treatment Team Protocol

(f) Estimated length of stay. List the new and revised ELOS.

(9) Treatment team meeting.

(a) Participants.

- (i) 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. Other persons may be invited as deemed appropriate by the team and the patient.
- (ii) 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.

(b) Occurrence.

- (i) The initial team meeting will occur within 72 hours of admission.
- (ii) 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.

(c) Format.

- (i) The team facilitates the review with the attending physician/resident.
- (ii) 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.
- (iii) The social worker or therapist shall complete the weekly review based upon team input.
- (iv) 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.

Individualized Multidisciplinary Treatment Plan and Treatment Team Protocol

<p>Approved by:</p> <p><u>/s/</u> Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer</p> <p><u>4/6/2026</u> Date</p> <p><u>/s/</u> Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p><u>4/3/2026</u> Date</p> <p><u>/s/</u> Tanvir Singh, MD Medical Director</p> <p><u>4/2/2026</u> Date</p> <p><i>Review/Revision Completed by: Psychiatry – Inpatient Administration</i></p>	<p>Policies Superseded by this Policy:</p> <ul style="list-style-type: none"> • 1-M-22 • 3364-120-43 Treatment Team Protocol <p>Initial effective date: March 1993</p> <p>Review/Revision Date:</p> <p>March 1994 May 1995 April 1996 May 1997 May 1998 April 1999 August 2001 January 2002 March 2004 March 2007 May 17, 2010 April 8, 2014 June 2016 June 2018 June 2021 April 1, 2023 April 2026</p> <p>Next review date: 4/2029</p>
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