Name of Policy:	**Progress Note**
Policy Number:	3364-160-CR-106
Department:	Psychiatry
Approving Officer:	Chief Executive Officer, UTMC
Responsible Agent:	Chair/Medical Director Department of Psychiatry Administrative Director Department of Psychiatry
Scope:	OP-Clinic-Psychiatry

THE UNIVERSITY OF TOLEDO MEDICAL CENTER

Effective Date: 10/01/2022

Initial Effective Date: 08/2004

_____ New policy proposal	_____ Minor/technical revision of existing policy
_____ Major revision of existing policy	___x___ Reaffirmation of existing policy

(A) Policy Statement

Documentation shall be completed for each instance that a service is provided for the specific service type and in a timely manner as required by the Ambulatory Health Record Documentation Completion Policy.

(B) Purpose of Policy

Progress notes shall reflect progress or lack of progress toward the achievement of specified treatment outcomes identified on the individualized service plan (ISP).

(C) Procedure

1. When the same staff person provides more than one type of service in the same day to an individual, e.g. behavioral health counseling and therapy service and community psychiatric supportive treatment service, the staff shall complete a separate progress note for each of the different types of services provided.
2. At minimum, documentation shall include the following information:
   a) The date of the service contact and the date of documentation of the progress note, if different;
   b) Time of day and duration of each services contact;
   c) The location of each service contact;
   d) A description of the service(s) rendered;
   e) Whether or not the intervention provided is specifically authorized by the service plan that was developed based on a mental health assessment. The exception shall be the following circumstances, in which case the documentation must include the presenting problem in addition to the other requirements of this rule:
      1) Pharmacologic management service provided as the least restrictive alternative prior to completion of a mental health assessment, as described in paragraph (B) of rule 5122-29-04 of the Administrative Code, and
      2) Crisis intervention mental health service when not listed on the treatment plan;
   f) The assessment of the client's progress or lack of progress, and a brief description of progress made, if any;
   g) Significant changes or events in the life of the client, if applicable;
   h) Recommendation for modifications to the ISP, if applicable; and
   i) The signature and credentials, or initials, of the provider of the service and the date of the signature; and documented evidence of clinical supervision of staff completing the review, as applicable. The credentials are the provider's and/or supervisor's qualifications to provide and/or supervisor the service according to the matrix in Chapter 5122-29 of the Administrative Code.

3. Documentation in the progress note, or elsewhere in the individual client record, may include a notation that there is no change in the client's risk of harm to self or others, or, if there is a change, the results of a review of the client's ideation, intent, plan, access, and previous attempts.

Approved by:		**Review/Revision Date:**
		08/2005 08/2007 01/14/2013 01/24/2014 10/28/2016 09/19/2019 9/2/2022
/s/ Rick Swaine Chief Executive Officer - UTMC	10/19/2022 Date	
/s/ Cheryl McCullumsmith, MD, PhD Chair/Medical Director Department of Psychiatry	Date	
/s/ Lindsay Watson LSW, MBA Administrative Director Department of Psychiatry	09/02/2022 Date	
Review/Revision Completed By: *Department Administration*		**Next Review Date:** 09/2/2025
Policies Superseded by This Policy: ODMH-CR-106		