



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY- CHICAGO REGION

REPORT 08-030-9019

RIVEREDGE HOSPITAL

INTRODUCTION

The Human Rights Authority of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving a complaint of possible rights violations at Riveredge Hospital. It was alleged that the facility did not follow Code procedure when it failed to include a guardian in treatment planning and decision making. If substantiated, this would violate the Mental Health and Developmental Disabilities Code (405 ILCS 5/2-100 et. seq.).

Riveredge is a private psychiatric hospital located in Chicago. The hospital has 210 beds.

To review this complaint, the HRA conducted a site visit and interviewed the Risk Manager, the Clinical Nursing Manager, and unit Social Worker. Relevant program policies were reviewed as were sections of an adolescent recipient's record upon written consent from her guardian of the person.

FINDINGS

The record indicates that the recipient, aged 16, was referred to Riveredge Hospital on 4/23/08 where she was taken by her guardian after suffering depression as a result of being violently raped several weeks before her hospitalization. Both the recipient and her guardian signed rights information forms, and she was voluntarily admitted for the treatment of her depression. The complaint alleges that once the recipient was admitted to the hospital her guardian was not included in treatment planning and decision making for overall care. The guardian requested the recipient's discharge on 4/30/08 and she was discharged to her home on that date.

The recipient's Initial Nursing Treatment Plan, her Master Treatment Plan, and one Weekly Review of Plan for Care, Treatment and Services are included in the record. There is no indication on these forms that the guardian was notified of the planning sessions or that she was consulted or contributed to the plans. None of these forms were signed by the guardian and there is a space on the Master Plan form for guardian signature. There is no indication from the Progress Notes that the guardian was contacted regarding the sessions or sent the plans by mail. Included in the recommended therapies of the treatment plan were individual and group therapy

as well as behavioral updates and the need for family sessions, all of which could have benefitted from the input of the guardian.

Staff related that guardians are apprised of the treatment planning session by telephone and if they are unable to attend the treatment planning sessions, this information is then covered in the next family visit following the staffing. In this case the record does not indicate the reason the guardian was unable to attend the treatment planning sessions. The record shows that staff and the social worker attempted to contact the guardian for the family session. The family did have a family session with a social worker on 4/28/08 and the notes from that session indicated that the family addressed clinical issues at that time. It is not indicated in the notes from this session that the treatment planning information was shared with the guardian at that time.

The record indicates that the recipient was prescribed two psychotropic medications. The first of these was Lexapro 10 mg. ordered on 4/25/08. The Patient Consent/Notification for Psychotropic Medication form is not signed by the recipient or the guardian but it does state that "MD called M." On the same form there is a notation made on the same day that states, "Mom refused consent for #1 [Lexapro]." Although the Medication Administration Record shows that the medication was never administered to the recipient, the Progress Notes stated, "Agreed to take Lexapro started but Mom consent is pending." Staff were interviewed regarding these notations and they stated that regardless of the doctor's notes, the medication had not been administered. They stated that the guardian would have been notified by phone and then returned the call to confirm or deny the consent. It then would have been noted in the record.

The second psychotropic medication that the recipient was prescribed was Trazadone 50 mg, ordered on 4/25/08. The consent form for Trazadone is not signed by the recipient or her guardian however the date on the form for the consent for Trazadone is 4/28/08. The Medication Administration Record indicated that it was administered beginning on 4/25/08 and indicated on the form that the guardian had not consented until the 28th. In the Discharge Summary a notation was made that stated, "I tried to reach mother, but there is no one at home to get more history and consent for Trazadone that I felt she would need to at least get some sleep." The Psychiatric Evaluation and Treatment Plan stated, "The patient will be started on Trazadone. We will need consent and that would be tried later on as mother is not available at this time." Staff were interviewed about these notations and agreed that the recipient had been administered the medication for several days before they had received consent or other direction from the guardian.

STATUTORY BASIS

According to the Mental Health Code, legal guardians and other substitute decision makers are to be included in all facets of care once services begin. Information about a recipient's rights must be shared orally and in writing with the recipient as soon as his condition permits and with any guardian immediately. A recipient aged 12 or older and any guardian must also be informed upon commencement of services of the right to designate a person or agency to receive notice should the recipient's rights ever be restricted (405 ILCS 5/2-200). If any guaranteed right under the Mental Health Code is restricted, including the right to refuse medications, then the facility must promptly give notice to the recipient, his guardian, and to any

person or agency so designated (405 ILCS 5/2-201). Additionally, the recipient's guardian, if the recipient is under guardianship, must be informed of his or her right to refuse medications, and if such services are refused, they should not be given unless they are necessary to prevent the recipient from causing serious and imminent physical harm to themselves or others (405 ILCS 5/2-107 a).

Service planning and decisions on proposed treatment with psychotropic medications and electroconvulsive therapy include the recipient's and the guardian's views:

A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian...or any other individual designated in writing by the recipient. (405 ILCS 5/2-102 a).

If the services include the administration of electroconvulsive therapy or psychotropic medication, the physician...or designee shall advise the recipient, in writing, of the side effects, risks, and benefits of the treatment, as well as the alternatives to the proposed treatment.... The physician shall determine and state in writing whether the recipient has the capacity to make a reasoned decision about the treatment. The physician or...designee shall provide to the recipient's substitute decision maker, if any, the same written information that is required to be presented to the recipient in writing. If the recipient lacks the capacity to make a reasoned decision about the treatment, the treatment may be administered only pursuant to the provisions of Section 2-107 [an emergency] or 2-107.1 [a court order]. (405 ILCS 5/2-102 a-5).

HOSPITAL POLICY

Riveredge Hospital policy (#703.207) states that each patient will have an individualized multidisciplinary treatment plan that is based on the individually assessed needs of the patient. It states:

Parents, families, and significant others, SASS and DCFS are involved in the treatment process whenever possible. Treatment plans must be reviewed with the patient and/or guardian.

The Riveredge Hospital Patient Consent/Notification for Psychotropic Medication form states:

By signing below the attending physician attests for each psychotropic medication prescribed, 1) that they or their designee

have advised the patient, as per Mental Health Code ...in writing, of the side effects, risks and benefits of the medication, as well as alternatives to the proposed medication, 2) that in their medical opinion, the patient has the mental capacity to make a reasoned decision about the medication, and 3) that they or their designee have provided the same written information to the patient's substitute decision maker, if any.

CONCLUSION

The Mental Health Code mandates that guardians be involved in all aspects of a recipient's care once services begin. The necessary first step in the guardian's involvement is the participation in the treatment planning. The Master Treatment Plan is the tool which defines and directs the process of service delivery and it orchestrates the facility's response to the recipient's clinical needs. In this case, there is no indication that the treatment plan was developed or updated with guardian input. This denied the recipient her right to the informed oversight and guidance from her guardian.

Additionally, psychotropic medication was administered to the recipient without the consent of the guardian, which denied the recipient the valuable input of an informed guardian and denied the guardian the right to refuse medication. Even if the facility obtained a verbal consent through the use of phone messaging, this consent was not documented in the record, drug information must be shared in writing, and the hospital consent form itself requires a patient/guardian signature. The HRA acknowledges the effort of the Riveredge staff to contact the guardian, however the record should demonstrate this effort and all attempts to involve the guardian in the recipient's care.

The HRA substantiates the complaint that the facility did not follow Code procedure when it failed to include the guardian in treatment planning and decision making.

RECOMMENDATIONS

1. Develop policy and train staff to ensure that guardians are included in all aspects of care once services for the recipient begin. Ensure that guardians are notified of all treatment planning sessions and document their input in the clinical record.

2. Develop policy and train staff to obtain consent from recipients and their guardians for all psychotropic medication based on the requirements outlined in the Mental Health Code (405 ILCS 5/2-102 a-5) and ensure that it is documented in the clinical record.

RESPONSE

Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.

Riveredge Hospital Response to Human Rights Authority Report March 2009

Recommendation	Plan	Estimated Date	Date Completed	Responsible Staff
<p>Develop policy and train staff to ensure that guardians are included in all aspects of care once services for the recipient begin. Ensure that guardians are notified of all treatment planning sessions and document their input in the clinical record.</p>	<p>Current policy exists. In addition on the treatment plan a section for the guardian signature was added. Staff was instructed that if the guardian can't be involved with treatment planning that day the treatment plan is to be mailed home with documentation of that action in medical record. Trained staff on the procedures and expectations</p>	<p>4/1/2009</p>	<p>4/1/2009</p>	<p>Director of Social Services/Director of Access</p>
<p>Develop policy and train staff to obtain consent from recipients and their guardians for all psychotropic medications based on the requirements outlined in the Mental Health Code (405 ILCS 5/2-102 a-5) and ensure it is documented in the medical record.</p>	<p>Current policy exists. Staff training in progress.</p>	<p>5/1/2009</p>		<p>Director of Nursing</p>

Riveredge Hospital

Policy: 703.207
 Attachments: A-B
 Page 1 of 3

MASTER PLAN FOR CARE, TREATMENT AND SERVICES	Policy Manual: Clinical Services	
	Policy No: 703.207	POC-TX-100
	Original Policy Date: 04/98	
	Last Revision Date: 05/01, 08/08	
	Last Review Date: 05/01, 08/08	
	Policy Approval: CEO, Medical Executive Committee	

POLICY STATEMENT:

Each patient admitted to Riveredge Hospital shall have an individualized written multidisciplinary treatment plan. This treatment plan is based on the multidisciplinary assessment of needs. If there are identified needs that will not be met during his/her stay, it must be documented in the medical record. Services deemed to meet the patient care goals are identified, planned and provided. Goals will be identified with appropriate objectives by the Physician, RN and Program Therapists. A representative from each discipline will be responsible for providing discipline specific individualized, goal-directed input. Measurable goals should address: Symptoms relevant to the level of care, patient/family education, and patient discharge planning. The treatment planning process begins upon admission and is continued throughout hospitalization.

The Treatment Team can include: Attending Physician who heads the team, Registered Nurse (RN), Social Services Staff, Mental Health Associate, Expressive Therapist, Psychologist, Dietitian, Pharmacist, and Utilization Management Staff. Patients, families and significant others, SASS and DCFS are involved in the treatment planning process whenever possible. Treatment plans must be reviewed with the patient and/or guardian. An initial staffing is held for patients under the age of 18 within 72 hours of admission, and for adult patients within 5 days of admission. The patient's progress is evaluated weekly and the Master Plan for Care, Treatment and Services (MPCTS) form is revised, if needed. Subsequent staffings are to occur on a weekly basis.

SCOPE:

RN, Social Services, M.D.'s

ACTION STEPS:

1. Admitting RN:
 - Reviews summary of findings from the Admission Screening form from the Access Center and the Nursing Assessment.
 - Initiates the Initial Nursing Treatment Plan on admission (Attachment A) within 24 hours of admission.

Riveredge Hospital

Policy: 703.207
Attachments: A-B
Page 2 of 3

- Documents primary psychiatric problems, and medical problems if relevant.
- Identifies interventions that will be utilized, the frequency of those interventions, disciplines responsible for interventions, goals and outcomes for each identified problem, and the target date for completion.
- Identifies and documents any anticipated discharge needs.

2. Clinical Staff:

- Initiates and completes the Master Plan for Care, Treatment and Services (Attachment B) within 72 hours of admission.
 - Documents the identified problem/need "as evidenced by" the specific behaviors that support the problem/need from assessments.
 - Identifies specific interventions, frequency of intervention, and discipline responsible for the interventions, including target/revision date.
 - Identified goals are reasonable and measurable based on planned interventions. Describe strengths/limitations and educational needs relevant to helping the patient achieve those goals.

3. RN:

- Identifies patients pain problems, nutrition problems, abuse related problems, diagnosis and discharge needs/plans. Ensure that any medical problem requiring nursing care has a separate treatment plan problem completed and treatment addressed.

4. Program Therapist:

- Schedules subsequent staffing dates and posts on each units so all Clinical Staff are aware. At subsequent staffings patient progress, diagnosis, discharge criteria and plans are discussed and/or revised. Completes the Weekly Review of Plan for Care, Treatment and Services form and make all updates on MPCTS.
- Shares information with the patient/family, if patient/family was unable to attend the staffing.

Riveredge Hospital

Policy: 703.207
Attachments: A-B
Page 3 of 3

5. Unit Staff:

- Discusses treatment plan with the patient, has the patient sign and gives copy to patient after all signatures are obtained.



RIVEREDGE HOSPITAL
Initial Nursing
Treatment Plan

Policy 703.207
 Attachment A

Directions: To be completed by RN within 8 hours of admission

Provisional Axis I Diagnosis:

Primary Psychiatric Problems	Goals (Measurable, Attainable, Realistic, Specific, Time-oriented)	Intervention (Nursing Interventions)	Staff Responsible (Name/Grade/Title)	Frequency	Target Date
1.					
2.					
3.					
4.					
Primary Medical Problems (Axis II)	Goals (Measurable, Attainable, Realistic, Specific, Time-oriented)	Intervention (Nursing Interventions)	Staff Responsible (Name/Grade/Title)	Frequency	Target Date
1.					
2.					
3.					
4.					
5.					

RN Signature

Date

Time

- Anticipated Discharge Needs and / or Plans:
- Placement
 - Home
 - Medication management
 - Shelter/CF/Halfway house
 - Medical follow-up appointment
 - Nursing home
 - Other:
 - Residential
 - School
 - Foster care

	Patient Strengths	Patient Limitations
Additional comments		
Treatment Team Member	Printed Name	Signature
Psychiatrist		
Nurse		
Social Worker		
Expressive Therapist		
School Teacher		
SASS Worker		
DCFS Worker		
Utilization Management:		
Other:		

I have participated in and reviewed this treatment plan. It has been explained to me in a language that I understand.

Patient Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

Treatment Plan revised/reviewed with patient:

Patient/Guardian Signature _____ Date _____ Patient/Guardian Signature _____ Date _____

Patient/Guardian Signature _____ Date _____ Patient/Guardian Signature _____ Date _____

**Interdisciplinary
Master Treatment Plan
Goals and Interventions Worksheet**

PATIENT LABEL HERE

Page # _____

Problem #: Problem:	Long-term goal:	
As evidenced by:	Date Identified	Goals Interventions Purpose/Frequency Staff Responsible Target Date Status Codes Status Code Date
(Main content area for goals and interventions)		
Status Codes: Achieved, Discontinued		

Riveredge Hospital

Policy: 704.12
 Attachments: A-D
 Page 1 of 2

PATIENT INFORMED CONSENT FOR PSYCHOTROPIC MEDICATION	Policy Manual: Clinical Services	
	Policy No: 704.12	RI-123 (311)
	Original Policy Date: 02/87	
	Last Revision Date: 02/01, 07/08	
	Last Review Date: 09/04, 07/08	
	Policy Approval: CEO, Medical Executive Committee	

POLICY STATEMENT:

Patients who are receiving medications and when appropriate, the family shall be given a clear, concise explanation of the proposed medications, the indications, benefits, risks, alternative treatment options and right to refuse medication. Patients/guardians are to provide informed consent for psychotropic medications.

Medications which are being used for non FDA-approved indications are uncommonly used in the medical community shall also require written informed consent.

SCOPE:

RN's and Physicians

ACTION STEPS:

1. Physician discusses with the patient and/or guardian of child/adolescent, the proposed medications, purpose, desired effects, benefits and side effects of the medications. Additionally, discusses potential interactions, alternative treatment options and the right to refuse medications. Gives patient information on psychotropic medication and provides medication teaching on specific medication(s) prescribed.
2. Physical documents in the progress note the discussion with the patient/parent and/or guardian regarding the medications and evidence of patient understanding.
3. Physician writes an order for the medication.
4. Physician signs Patient Notification/Consent for Psychotropic Medications form (Attachment A).
5. RN/Physician ensures that patient/parent and/or guardian sign the Patient Notification/Consent for Psychotropic Medications form prior to medication dispensing.

EXCEPTION:

- a. If due to the patient's mental status, they are unable to sign, documents in the patient's medical record their verbal approval for medication

Riveredge Hospital

Policy: 704.12
Attachments: A-D
Page 2 of 2

administration, prior to administration, prior to administration. Continues to attempt to obtain signature.

- b. If the patient began medications prior to admission he/she should continue on the medication but the consent form must be signed by the patient and/or guardian.
 - c. In emergency situations, medications may be started before written consent, but the patient must be counseled and the consent form signed as soon as possible after medication administration.
 - d. Emergency use psychotropic medication to prevent.
6. If the medication ordered is a neuroleptic, Physician performs an evaluation of the patient for involuntary movements, using the Abnormal involuntary movements, using the Abnormal Involuntary Movement Scale (AIMS) test on the back of the consent form.
 7. RN transcribes the medication order to the Medication Administration Record. (Attachment B).
 8. RN verifies that the Psychotropic Medication Consent Forms is signed and writes in the psychotropic medication name, dose and date as medications are ordered.
 9. RN administers the medication as ordered.
 10. RN provides additional medication teaching utilizing attached teaching protocol. (Attachment C).
 11. Nurse Manager documents effectiveness of medication and/or lack of effectiveness and side effects in the patient's progress notes.
 12. Nurse Manager reviews the charts of patients on psychotropic medications during chart reviews to ensure the completion of all forms.
 13. Physician, after every thirty (30) days, the patient continues to be on neuroleptics, will perform the AIMS test. Positive findings will document steps taken or not taken (Attachment D).
 14. RN adds new psychotropic medication to the list on the Patient Notification/Consent for Psychotropic Medications form and obtains new patient/guardian signature for each new medication.
 15. RN provides medication teaching for new medications.
 16. Physician signs the Patient Notification/Consent for Psychotropic Medications form after every new psychotropic medication is ordered.

Riveredge Hospital
Forest Park, IL 60130

PATIENT CONSENT/NOTIFICATION FOR PSYCHOTROPIC MEDICATIONS	Patient Identification
--	------------------------

Patient/Guardian:

By signing below, for each psychotropic medication prescribed, I acknowledge that my physician or designee have advised me in writing of the side effects, risks and benefits of the medication, as well as alternatives to the proposed medication. I voluntarily agree to take the medication as prescribed and understand that I have the right to withdraw this consent at any time.

Physician:

By signing below the attending physician attests for each psychotropic medication prescribed, 1) that they or their designee have advised the patient, as per Mental Health Code Section 5/2-102(a-5), in writing of the side effects, risks and benefits of the medication, as well as alternatives to the proposed medication, 2) that in their medical opinion, the patient has the capacity to make a reasoned decision about the medication, and 3) that they or their designee have provided the same written information to the patient's substitute decision maker, if any.

(PHYSICIAN TO SIGN AFTER EACH PSYCHOTROPIC MEDICATION ADDED)

MEDICATION NAME	PATIENT'S/LEGAL GUARDIAN'S SIGNATURE	DATE	DOCTOR'S SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

COMMENTS:



RIVEREDGE HOSPITAL

Medication Administration Record

Policy: 704.12
Attachments: B

Medication/ Strength/ Route/ Frequency			Date ▶ Time ▼																		
START:	STOP:	RN:																			
START:	STOP:	RN:																			
START:	STOP:	RN:																			
START:	STOP:	RN:																			
START:	STOP:	RN:																			
START:	STOP:	RN:																			
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START:	STOP:	RN:																			
START:	STOP:	RN:																			
START:	STOP:	RN:																			
START:	STOP:	RN:																			
Initials	Signature		Initials	Signature																	

Allergies:

Diagnosis/Notes:

Unit: _____

Patient Label



RIVEREDGE HOSPITAL
PATIENT EDUCATION RECORD

Policy: 704.12
Attachments: C

Communication / Emotional Barriers

- Speech deficit
- Emotional instability
- Hearing deficit
- Autism
- Visual deficit
- PDD
- Cognitive impairment

Learning Preference

- Visual / handout/video's
- Auditory/ verbal explanation
- Participation/demonstration
- Group activities

Stated Educational Needs: _____

Teaching Method Codes W = Written Materials V = Verbal Discussion AV = Audio-Visual
Patient Response Codes U = Understands A = Additional Teaching Needed N = Not Ready to Learn

MEDICATION TEACHING

Date	Medication Name	Method	Patient Response	Staff Signature

PRECAUTIONS / RISKS

Date	Discussion Topic	Method	Patient Response	Staff Signature

DIAGNOSES

Date	Discussion Topic	Method	Patient Response	Staff Signature

MEDICAL TESTS

Date	Discussion Topic	Method	Patient Response	Staff Signature

DISCHARGE PLANNING

Date	Discussion Topic	Method	Patient Response	Staff Signature

ADDITIONAL TEACHING

Date	Discussion Topic	Method	Patient Response	Staff Signature

RIVEREDGE HOSPITAL

ABNORMAL INVOLUNTARY MOVEMENT

Instructions: Complete examination procedures before making ratings. When rating movements, rate highest severity observed and rate movements that occur upon activation one less than those observed spontaneously.

(Put appropriate code in boxes below)

FACIAL AND ORAL MOVEMENTS

1. Muscles of facial expression
e.g. movements of forehead, eyebrows, periobital area, cheeks; include frowning, blinking, smiling, grimacing.

- 0 = None
- 1 = Minimal (may be extreme normal)
- 2 = Mild
- 3 = Moderate
- 4 = Severe

2. Lips and perioral area
e.g. puckering, pouting, smacking.

- 0 = None
- 1 = Minimal (may be extreme normal)
- 2 = Mild
- 3 = Moderate
- 4 = Severe

3. Jaw
e.g. biting, clenching, chewing, mouth openings, lateral movements

- 0 = None
- 1 = Minimal (may be extreme normal)
- 2 = Mild
- 3 = Moderate
- 4 = Severe

4. Tongue
Rate only increase in movement both in and out of mouth, not inability to sustain movement.

- 0 = None
- 1 = Minimal (may be extreme normal)
- 2 = Mild
- 3 = Moderate
- 4 = Severe

EXTREMITY MOVEMENTS

5. Upper (arms, wrists, hands, fingers)

Includes choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous) and athetoid movements (i.e., slow irregular, complex, serpentine). Do not include tremor (i.e., repetitive, regular, rhythmic).

- 0 = None
- 1 = Minimal (may be extreme normal)
- 2 = Mild
- 3 = Moderate
- 4 = Severe

EXTREMITY MOVEMENTS (cont'd)

6. Lower (legs, knees, ankles, toes)
e.g. lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot.

- 0 = None
- 1 = Minimal (may be extreme normal)
- 2 = Mild
- 3 = Moderate
- 4 = Severe

TRUNK MOVEMENTS

7. Neck, shoulders, hip
e.g., rocking, twisting, squirming, pelvic gyrations.

- 0 = None
- 1 = Minimal (may be extreme normal)
- 2 = Mild
- 3 = Moderate
- 4 = Severe

GLOBAL JUDGEMENTS

8. Severity of abnormal movements.

- 0 = None/normal
- 1 = Minimal
- 2 = Mild
- 3 = Moderate
- 4 = Severe

9. Incapacitation due to abnormal movements.

- 0 = None/normal
- 1 = Minimal
- 2 = Mild
- 3 = Moderate
- 4 = Severe

10. Patient's awareness of abnormal movements
Rate only patient's report.

- 0 = No awareness
- 1 = Aware, no distress
- 2 = Aware, mild distress
- 3 = Aware, moderate distress
- 4 = Aware, severe distress

DENTAL STATUS

Any current problems with teeth and/or dentures? Yes No

Does patient usually wear dentures? Yes No

Physician Signature _____

FM-212 9/02

Date _____

Riveredge Hospital

Policy: 703.213
 Attachments: A
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WEEKLY REVIEW OF PLAN FOR CARE, TREATMENT AND SERVICES	Policy Manual: Clinical Services	
	Policy No: 703.213	POC-CC-500
	Original Policy Date: 02/88	
	Last Revision Date: 06/04, 08/08, 01/09	
	Last Review Date: 08/08, 01/09	
	Policy Approval: CEO, Medical Executive Committee	

POLICY STATEMENT:

Essential to effective care at Riveredge Hospital is the coordination of the treatment through the use of the Interdisciplinary Treatment Team staffing review process. The Interdisciplinary Treatment Team members meet on a weekly basis for all patients currently hospitalized. During that session, the progress of patients and significant decisions regarding each case are discussed. All essential Clinical Departments should be represented in the meeting. A minimum of attendance by Physician, Nurse, and Program Therapist is expected.

In addition, other providers of care that are not a part of the Hospital Staff, as well as family members, ~~will~~ be invited to the interdisciplinary staffing as appropriate. In cases of DCFS guardianship, attendance at the Staffing by the DCFS Caseworker, their Supervisors, or POS Agency Representative, and SASS is strongly recommended.

The Master Plan for Care, Treatment and Services serves as the initial interdisciplinary review of the patient's status. Subsequent to this, staffing takes place on a weekly basis on all patients; the initial staffing should be completed no later than 72 hours after admission for children and adolescents, and 5 days after admission for adults.

All interdisciplinary Weekly Review of Plan will be documented by Program Therapist (or Designee in their absence), on a Weekly Review of Plan for Care, Treatment and Services form (Attachment A). This form is to be placed in the Treatment Plan section of the chart, behind the Master Plan for Care, Treatment and Services form in appropriate chronological order.

SCOPE:

Social Services, RNs, and M.D.s

ACTION STEPS:

1. Program Therapist:
 - Coordinates and schedules all Weekly Reviews, including initial 72 hours after admission for children and adolescents and 5 days after admission for adults. Subsequent weekly review meetings are scheduled at a rate of every 7 days during the course of the entire hospitalization.

Riveredge Hospital

Policy: 703.213
Attachments: A
Page 2 of 3

2. Program Therapist/Social Services Staff:
 - Notifies Treatment Team members: Attending M.D., Nursing, Expressive Therapy, Teacher, Allied Health Professional, and if appropriate, Dietary and the Pharmacist of staffing schedule.
 - Invites significant other treatment providers, such as outside Therapist, agencies, school personnel, etc. to the scheduled meeting as appropriate.
 - Invites DCFS Caseworker, their Supervisor or contracted agency caseworker and SASS worker as appropriate.
 - If Guardian does not attend Staffing, the Program Therapist or RN will review the information from the Staffing and document on the Clinical Staff worksheet.
3. Unit Manager/Program Therapist:
 - Brings patient's medical record to all Weekly Review of Plan meetings.
4. Program Therapist
 - Assures that the Weekly Review of Plan meetings start on time.
 - Keeps Weekly Review of Plan meeting on task, including time management for each case review/evaluation.
 - Assures that all areas of treatment and each problem is reviewed/evaluated.
 - Manages scheduling of attendance of outside providers or family members at meeting, coordinates their attendance with schedule of patients to be discussed.
5. RN:
 - Ensures that all medical areas i.e., pain, or nutrition are reviewed and evaluated.
 - Updates treatment plan for any medical problems.
6. All Interdisciplinary Team Members:
 - Review important aspects of case during meeting. This should include reviews and revisions as necessary of the following areas:

Riveredge Hospital

Policy: 703.213
Attachments: A
Page 3 of 3

- Each treatment goal/problem of patient, including progress/lack of progress made, and the reasons for its status.
 - Revise goals/outcomes, if needed, and document the revision date.
 - Symptoms and severity of illness.
 - Status of any medical problems.
 - Pharmacological interventions.
 - Current unit stat, precautions, special programming, etc.
 - Status of familial situation.
 - Legal status of patient.
 - Revise Aftercare Plan, if needed.
 - Revise Diagnosis, Restraint Preference, Proposed Length of Stay, if needed.
7. Program Therapist:
- Completes Weekly Review of Plan for Care, Treatment and Services (Attachment A).
8. All Interdisciplinary Team Members:
- Signs completed Weekly Review of Plan for Care, Treatment and Services (Attachment A).
9. Program Therapist:
- Ensures that the completed Weekly Review of Plan for Care, Treatment and Services (Attachment A) is completed appropriately.



RIVEREDGE HOSPITAL Interdisciplinary Master Treatment Plan Clinical Staffing Worksheet

Policy: 703.213
Attachment: A

BEL HERE

Clinical Staffing Date/Time: _____		Problem(s): _____													
Current Diagnosis: Axis I: _____ Axis II: _____ Axis III: _____ Axis IV: _____ Axis V Current: _____															
Current precautions/observations: <input type="checkbox"/> SP <input type="checkbox"/> AP <input type="checkbox"/> EP <input type="checkbox"/> SAO <input type="checkbox"/> SZ <input type="checkbox"/> Fall <input type="checkbox"/> Fire Observations: <input type="checkbox"/> Q 10 min. <input type="checkbox"/> LOS <input type="checkbox"/> 1:1															
PRN or Stat Medications given over the past week: (to be completed by nursing) <table border="1"> <thead> <tr> <th>Medication</th> <th>Dose</th> <th>Date/Time Administered</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Medication	Dose	Date/Time Administered									
Medication	Dose	Date/Time Administered													
Medication Administration Record has been reviewed: (to be completed by nursing) <input type="checkbox"/> Yes <input type="checkbox"/> No Medications: _____															
Patient Profile has been reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Reviewed level of observations: <input type="checkbox"/> Yes <input type="checkbox"/> No Behavior Motivation level: <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Cherry <input type="checkbox"/> Blue <input type="checkbox"/> Modified Changes made: _____															
Testing Results/Medical Status: (to be completed by nursing)															
Summary of crisis intervention episodes: (including seclusion/restraint)															
Discharge planning update:															
Treatment Team		Printed Name	Signature												
Psychiatrist:															
Nurse:															
Therapist:															
Activity Therapist:															
School Teacher:															
Sass Worker:															
DCFS Worker:															
Utilization Mgmt.:															
Other:															
Date															

Patient involvement: I participated in the planning process for this treatment plan. It has been explained to me in a language I understand. I have been given the opportunity to ask questions and make suggestions.

Patient / Guardian _____ Date _____

Patient Refused To Sign (2 Witness Signatures Required) _____ Date _____

Reason for Refusal: _____