Original: 4/13 Minor Revision: Full Review:
Replaces:
Responsible Person: Director ETC
Approving Committee: Clinical Nurse Practice Committee
Category: Patient Care
Cross Reference:
Type: Policy

I. PURPOSE:

To establish guidelines for the development and use of a Unique Treatment Plan (UTP).

II. POLICY:

UTPs may be developed and used for patients meeting one or more of the following criteria:

A. A patient whose behavior or actions make it difficult to provide care (e.g. patient with a pattern of abusive, aggressive or threatening behaviors, extreme non-compliance, or repeated Code Green episodes during hospital stay) and to ensure a safe and therapeutic environment.
B. A patient with a need for a medication contract
C. A patient with unique and/or complex medical and/or psychosocial needs where consistency in approach is necessary to ensure a therapeutic and healing environment. This may also be specific care plans from outside CentraCare Health System
D. Any other unique situation where the development of a plan, for consistency in treatment, may be in the best interest of the patient.

III. GUIDELINES:

A. UTPs are developed by a multidisciplinary team in conjunction with the patient's primary provider and when applicable the patient and/or guardian.
B. Consult RN Case Manager, Social Worker, Risk Management RN or in Mental Health Unit the primary RN to determine need for UTP.
C. Convene a multidisciplinary team which may include but is not limited to: primary provider, Staff RN, Quality Risk RN, Social Worker, RN Case Manager, Psychiatry, patient, and/or legal guardian.
D. Utilize the UTP template available in:
    1. Addendum A
    2. Access CentraNet under Forms, choose St Cloud Hospital, then Patient Care Services.
E. The document may be created electronically or hand written by printing the template.
F. Prior to implementation, review the UTP with stakeholders and obtain approving signatures.
G. Discuss the UTP with patient's primary care provider, the patient and/or legal guardian as appropriate.
H. Upon acceptance of the UTP, send the document to the Health Information Management (HIM) coordinator for scanning into the electronic medical record (EMR) either via email, hand delivery, or the concurrent scanning process for inpatient units.
I. HIM will place an FYI identifier in the EMR indicating a UTP exists. If a UTP is implemented for violence, this will also be indentified under the FYI.

J. HIM will scan the UTP into the EMR and link it to the patient level documents for viewing via the Kardex or MD overview. It will also be available on any report that has patient level documents linking.
   1. The UTP link is located in the same location as Advanced Directives and Guardian linked documents in the EMR.
   2. The UTP banner is green in color.
   3. The UTP hyperlink will indicate if the document is for either behavioral/social needs, complex medical needs, or a medication contract.

K. The UTP will be communicated to the patient care team from shift to shift.
L. If updates are necessary, contact the author of the UTP.
M. The UTP will be reviewed with each visit or admission.
N. The UTP committee will review all new UTPs at each quarterly meeting.
O. New UTPs will be gathered by a report created by the HIM department.
P. The author is responsible to review and update the UTP on an annual basis.

IV. REFERENCES:

Facility specific, no references available

ADDENDUM A: UTP template

UNIQUE TREATMENT PLAN DEVELOPMENT FORM

Date Created: _____

Patient Name:_____

MRN:_____

DOB:_____

LABEL

TYPE OF PLAN

☐ New Plan ☐ Update to existing Plan

☐ Complex Medical (i.e. Non CC HealthCare Home or other Care Plans)
☐ Behavioral/Social Needs **without** violence
☐ Behavioral/Social Needs **WITH** Potential For Violence
☐ Medication Contract

UNIQUE NEEDS INFORMATION

(Only use sections needed. You may delete and add external pages as appropriate)

Date:_____ Author:_____

Individualized Interventions: (when patient is In the Emergency Room)

Additional Individualized Interventions: (when patient is admitted to the hospital)

Goals/strengths/passion:

Target Behavior(s)/Challenges: willful actions – address each action separately

Special Concerns/Fears

Procedures/Food/Activities to be avoided

Family and Support Systems

Replacement Behavior: expectations are to be measurable and specific

Intervention: consequences of non-conformity

Cheerleading Statement (Behavioral Health Plans only):

Add Sections as needed:

Approval Signatures: _____

_____

_____

Date: _____

Reviewed/revised: _____

**Place completed plan in patient chart (will be scanned at next rounding) or send to HIM Coordinator electronically for entry into EMR.

ADDENDUM B: Example of a completed UTP for Behavioral/Social no violence

UNIQUE TREATMENT PLAN DEVELOPMENT FORM

Date Created: ___September 25, 2012_____

Patient Name:___############
MRN:_____
DOB:_____

LABEL

TYPE OF PLAN

X New Plan ☐ Update to existing Plan

☐ Complex Medical (i.e. Non CC HealthCare Home or other Care Plans)
X Behavioral/Social Needs **without** violence
☐ Behavioral/Social Needs **WITH** Potential for Violence
☐ Medication Contract

UNIQUE NEEDS INFORMATION

Date: September 25, 2012 Author: Coordinator and QR-RN MPCU

Individualized Interventions: (when patient is in the Emergency Room or admitted to facility)

- A secondary observer (PCA, PCE, Family Member, etc) will be present when:
  - Physical assessments are completed
  - Skin assessments are completed
  - Whenever private areas are potentially exposed (bathing, procedures)
- Inform the patient of all procedures and processes
- Patient has episodes of "passing out" following IV narcotics administration

Goals/strengths/passion:

- To preserve patient's dignity and privacy
- Likes to talk about cares and commend staff for doing well to charge nurses frequently

Special Concerns/Fears

- Specifically concern to patient with inappropriate exposure or touching of person

Replacement Behavior: expectations are to be measurable and specific

- Set up goal for meeting with charge one to 2 times per day for 15 minutes.
  - Encourage patient to keep a list of commendations
- Refusal of assessments may possibly lead to further issues

Add Sections as needed:

Approval Signatures: LW/SP
Date: September 25, 2012
Reviewed/revised:

UNIQUE TREATMENT PLAN DEVELOPMENT FORM

Date Created: _____

Patient Name:_____
MRN:_____
DOB:_____

LABEL

TYPE OF PLAN

☐ New Plan ☐ Update to existing Plan

☐ Complex Medical (i.e. Non CC HealthCare Home or other Care Plans)
☐ Behavioral/Social Needs **without** violence
☐ Behavioral/Social Needs **WITH** Potential for Violence
☐ Medication Contract

UNIQUE NEEDS INFORMATION

(Only use sections needed. You may delete and add external pages as appropriate)

Date:_____ Author:_____

Individualized Interventions: (when patient is In the Emergency Room)

Additional Individualized Interventions: (when patient is admitted to the hospital)

Goals/strengths/passion:

Target Behavior(s)/Challenges: willful actions – address each action separately

Special Concerns/Fears

Procedures/Food/Activities to be avoided

Family and Support Systems

Replacement Behavior: expectations are to be measurable and specific

Intervention: consequences of non-conformity

Cheerleading Statement (Behavioral Health Plans only):

Add Sections as needed:

Approval Signatures: _____

_____

_____

Date: _____

Reviewed/revised: _____

**Place completed plan in patient chart (will be scanned at next rounding) or send to HIM Coordinator electronically for entry into EMR.