

In Memoriam



*Isabelle A. Bellisario
8/15/20 - 6/17/11*

Isabelle A. Bellisario, Chairwomen of the Board of Courtemanche & Associates, constant support and source of inspiration and mother to our President and CEO, passed away on June 17, 2011 at the age of 90.

Mrs. Bellisario will be remembered for her wisdom, quick wit, constant dedication and active participation in C&A conferences and activities. As an integral part of C&A, Mrs. Bellisario will be missed dearly,

C&A E-Newsletter

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Plans of Care - Meeting Joint Commission Standards and Patient Needs

By: Sharon Dills, MSN, RN, Senior Consultant

The requirements for treatment planning can be found in the Care, Treatment and Services (CTS) chapter of the Behavioral Health standards. Even if your organization is not surveyed by the behavioral health standards, it is best practice to implement these guidelines in behavioral health settings.

The process of treatment planning should involve a team. The team should minimally include a psychiatrist, a nurse, a counselor, a pharmacist and most importantly, the client.

The best way to begin the treatment plan is to perform an interview with the client. Determine why s/he is in therapy and what they hope to achieve. This is often referred to as the focus of treatment. The client's goals must be included in the treatment planning. The treatment team may have other goals that also need to be discussed with the client and included in the treatment plan. During the interview, the client should be assessed for strengths, barriers and immediate needs. These should also be addressed in the planning process.

Once the client has been interviewed, specific and measurable goals should be written for each problem identified. It is best to include both short-term and long-term goals. Short-term goals can be used to build on achieving long-term and usually more difficult goals. Avoid generic goals, such as, "reduce anxiety." Make the goal meaningful to the client. Remember, the surveyors are looking for how the treatment plan is individualized for each client.

and will live on forever in our hearts and minds.

Publication Spotlight

Become familiar with new requirements and scoring changes while preparing for your Periodic Performance Review. Find out how ***C&A's SOAR to Score Ongoing Accreditation Readiness-SOAR to Success, Electronic Workbook*** can help!

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After the goals, both short and long, have been determined, specific steps for how to achieve each goal should be discussed and developed with the client. The intent of the goal is to help the client build skills and confidence so that other goals can be obtained. Write the steps on the treatment plan.

Lastly, it is important to review the treatment plan with the client. Make sure that the client doesn't have any questions. Remember, the treatment plan includes client goals as well as program goals. This should be apparent to those reviewing the treatment plan. Each goal should have a required time-frame for completion. Depending on the type and length of program, some goals may need to be extended. Goals should not all have the same completion date.

After the treatment plan is completed, make sure that all members of the treatment team are familiar with the plan. Decide how often the treatment plan will be reviewed for progress toward desired goals. Assure that documentation addressed the progress the client is making on each specific goal. It is advised that the treatment plan be used to guide the treatment planning meeting. Periodically and as appropriate, bring the client to the treatment team meeting and let the client be a part of the process.

Following these guidelines and the standards will help make treatment planning an easy process at your organization.

Happy Treatment Planning!

References:

The Joint Commission Comprehensive Accreditation Manual for Behavioral Health, 2011

Were You Aware?

- We've reviewed the timeframes for submitting Clarifications & Evidence of Standards Compliance many times in Were You Aware, but feel it is important to address it once more!
 - Organizations have ten (10) business days from the date their survey report is posted on their TJC Extranet site to submit Clarifications.
 - Evidence of Standards Compliance (corrective actions) are due either 45 calendar days (for direct impact Requirements for Improvement) or 60 calendar days (for indirect Requirements for Improvement)

- We have recently received confirmation from TJC, that the clock continues to tick on the ESC timeframe while your Clarifications are being reviewed. So, it is important to simultaneously be considering corrective action strategies in case the Clarifications are not accepted.
- Organizations are encouraged to review their Infection Prevention & Control Plans to be sure they meet regulatory requirements. Some things to remember:
 - Assure that an annual risk assessment is conducted to identify and prioritize infection risks specific to your organization and patient population.
 - Base annual goals on those prioritized risks and other key indicators including those outlined in IC.01.04.01.
 - Be sure that the Infection Prevention & Control Plan includes the process for evaluation of the IC program.
 - Document the annual evaluation of the IC program and demonstrate the evaluation has been reviewed by the organization's patient safety committee. Use the results of the evaluation in framing the following year's plan.
- Are you ready for 2012? TJC has published several new and/or revised requirements that have either immediate effective dates or an effective date of January 1, 2012. Check out these pre-publication standards on [TJC's website](#).
 - Telemedicine requirements – to be consistent with CMS' requirements
 - Accreditation Participation Requirement – changing the term (and some EPs) Periodic Performance Review to Focused Standards Assessment.
 - Revised time interval for sprinkler testing
 - Incorporating TJC's expectations on accountability measures into the PI standards
 - Patient visitation rights (again for consistency with CMS)
 - Addition of NPSG.07.06.01 related to catheter-associated urinary tract infections

[Were You Aware? - 2011 Recap](#)

What's the Latest from TJC?

While this year has not seen a tremendous volume of changes to Joint Commissions standards and elements of performance, there are still quite a few new expectations that hospitals must meet. Those include the patient-centered communication requirements, patient visitation rights, minimum compliance rates for accountability measures, telemedicine requirements and updates to the National Patient Safety Goals. Has your organization addressed these requirements?

In addition, the survey process continues to be refined to meet both TJC and CMS expectations. Organizations that have been surveyed this year continue to note increased scrutiny in the areas of infection control, provision of care, environment of care and more. Are you wondering how compliance at your organization compares to that of hospitals across the country?

Register for our **September 26th** two-part webinar where we will share what we learned from The Joint Commission at their September Hospital Executive Briefings conference. We'll combine that learning with what we know healthcare organizations struggle with and share with you some key strategies for addressing new requirements and solving "old" challenges! [Click here](#) to learn more or to register for the webinars.



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