Care, Treatment, and Services

Session 3

Objectives

- Provide a high-level overview of the standards in the CTS chapter

- Examine closer the standards most frequently cited

- Provide specific reference to the standards for future reading

- Community Based Services breakout

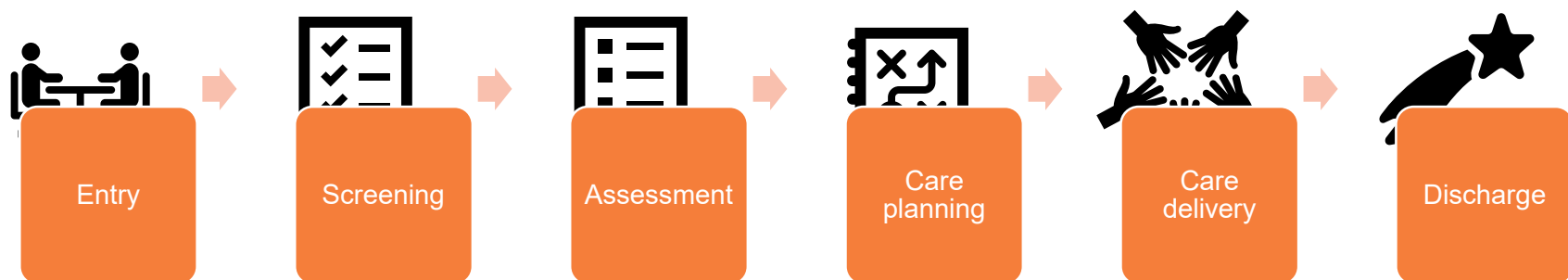# What are the most challenging standards?

Tracing CTS Through the Chart

Entry → Screening → Assessment → Care planning → Care delivery → Discharge

Whole Person Care

ELEMENTS OF WELLBEING

- PSYCHOLOGICAL
- PHYSICAL
- SOCIAL
- FINANCIAL
- OCCUPATIONAL

Care, Treatment & Services

- Entry to Care CTS.01.01.01
  - Organization accepts only clients whose needs it can meet
  - EP 1: Admission criteria for all programs
  - Defined, written process for screening and admitting clients to each program

Care, Treatment & Services

- Waiting List CTS.01.02.01
  - <u>If</u> you have a waiting list, need a written procedure for managing waiting list

Care, Treatment & Services

- Preliminary Tx Plan CTS.01.03.01
    - If treatment is initiated prior to completion of assessments, a preliminary tx plan can be used
    - <u>Focus:</u> immediate safety, danger to self, others

a.k.a. in the EMR: "Initial Treatment Plan"

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Care, Treatment & Services

- CTS.02.01.03: Organization performs screenings, assessments as defined by organization's policy
  - EP # 5: "When relevant to the individual's current care, treatment, or services, as determined by the organization, the organization gathers behavioral and physical health information from both inpatient and outpatient providers who have treated the individual. When it is not possible to obtain this information, the organization documents the reason why it could not be obtained."

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Care, Treatment & Services

- Physical Health Screening CTS.02.01.05
  - Required for all <u>non-24 hour care</u> program
  - Health screening to determine need for H&

- EP 1: Health screening process must include:
  - Data to be collected
  - Timeframe for completion of screening
  - Screening triggers that indicate the need for H&P

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- Physical Health Screening CTS.02.01.05
  - EP 3: If date of client's last H&P exceeds one year, an H&P is performed
  - If performing an H&P is not within your scope of service, can refer the client out for H&P
  - Securing client's agreement to obtain an H&P may be undertaken as a "process"
  - Can be incorporated into tx plan as a goal
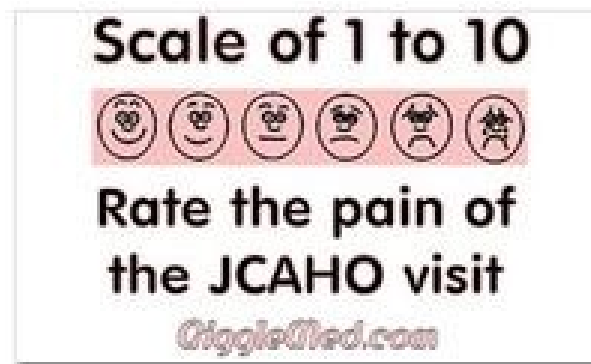
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- Physical Health Screening in Residential Settings CTS.02.01.06
  - Written health screening process (same as non-24 hour settings)
  - If H&P is indicated, obtain within 30 days
  - If an H&P has been done within 12 months prior to admission, can be used
  - If last H&P exceeds one year, new H&P is done
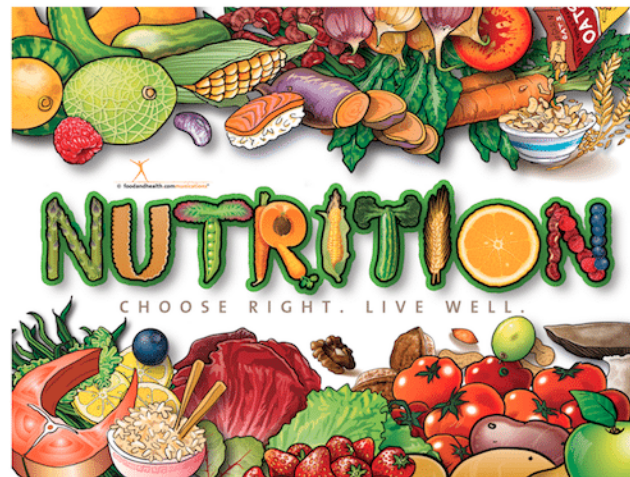
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- Pain Screening CTS.02.01.09
  - EP 1: Pain screening for all clients
    - <u>Physical</u> pain
  - EP 2: If pain is identified, it must either:
    - Be assessed and treated by your organization *or*
    - Referred for assessment and treatment

Scale of 1 to 10

Rate the pain of the JCAHO visit

GiggleMed.com

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- Nutritional Screening CTS.02.01.11
  - EP 1: Nutritional screening for all
    - Food allergies
    - Weight loss/gain of 10 lbs. or > in last 3 mos.
    - Decrease in food intake and/or appetite
    - Dental problems
    - Eating habits or behaviors that may be indicators of an eating disorder, such as binging or inducing vomiting
  - EP 2: Nutritional assessment if indicated
  - Need <u>criteria</u> for determining need for nutritional assessment

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- Educational Screening CTS.02.01.13
  - Screening as part of initial assessment
  - Further educational assessment as indicated

- Legal Screening CTS.02.01.15
  - Identify legal issues
  - Determine their impact on client's needs and tx plan

- Vocational Screening CTS.02.01.17
  - Screening as part of initial assessment
  - Vocational assessment as indicated
  - Vocational assessment can either be done by organization or referred out

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- Assessment Data CTS.02.02.01
  - EP 1: Required components
    - Environment and living situation
    - Leisure and recreation
    - Religion or spiritual orientation
    - Cultural preferences
    - Childhood history
    - Financial issues
    - Family circumstances, etc.

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- Assessment Data CTS.02.02.01
  - EP 2: Emotional, behavioral functioning
    - Hx of emotional, behavioral functioning
    - Addictive behaviors

    - Current emotional, behavioral functioning
  - EP 3: Personal goals
  - EP 4: When indicated: mental status, psychological, psychiatric, cognitive evaluations

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- Trauma Assessment CTS.02.02.05
  - EP 1: Educate staff about trauma, abuse, neglect, exploitation
  - EP 2: Identify clients who have experienced trauma, abuse, neglect and exploitation
  - EP 3: Assess and identify tx needs
  - EP 5: Report abuse to authorities

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- Reassessment CTS.02.02.07
  - To evaluate progress
  - To respond to a significant change in diagnosis or condition
  - To meet regulatory requirements

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- Children/Youth CTS.02.03.01
  - EP 1: Assess family's expectations for treatment
  - EP 2: Explain family's role in treatment
  - EP 3: Facilitate ongoing communication
  - EP 4: Distinguish source of information

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- Children/Youth CTS.02.03.03
  - EP 1: Specific assessment requirements
    - Legal custody
    - Developmental history
    - Leisure/recreation needs
    - Family history, current living situation
    - Family dynamics and factors
  - EP 2: Physical exam required components (if you are doing the physical exam)

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- Addictions CTS.02.03.07

  — EP 1-7: Required assessment items when treating individuals with addictions

  — *Note:* The role of spirituality (EP 2) and the client's response to previous care, treatment or services (EP7) are commonly not assessed. Be sure to include those!

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- Treatment Planning CTS.03.01.01
  - EP1: Client's needs identified based on information from assessments
  - Tx plans should flow from assessments and be individualized
  - EP 2: Tx planning is collaborative, interdisciplinary
  - ***Note:*** *Surveyors read assessments and then read tx plans*

assessment → diagnosis → planning → implementation → evaluation → assessment
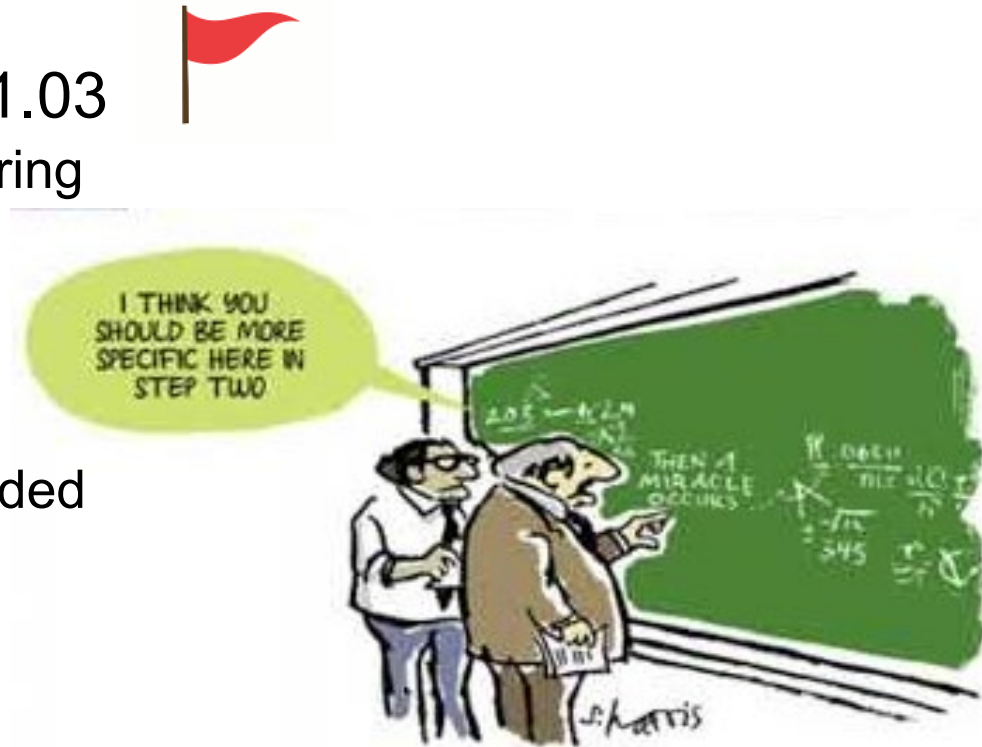
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- Treatment Plans CTS.03.01.03
  - EP 2: Goals: expressed capturing client's words/ideas
  - EP 3: Objectives: specific, behavioral, measurable
  - Interventions and services
  - EP 6: Care, services are provided as per plan
  - EP 4: Plan is reevaluated and updated

- Family Involvement CTS.03.01.05
  - EP 1: Plan reflects family participation

I THINK YOU SHOULD BE MORE SPECIFIC HERE IN STEP TWO

THEN A MIRACLE OCCURS

S. Harris

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- Discharge Planning: CTS.03.01.03 EP 2
  - *"Criteria and process for successful discharge or transfer are required elements in the treatment plan and need to be discussed with the individual served."*
  - Expansion of current treatment planning requirements
  - Emphasizes discharge/transfer criteria and discharge/transfer goals as part of treatment plan

Care, Treatment & Services

- Appropriate Referrals CTS.03.01.07
  - EP 1: Referrals to outside sources based on need
  - EP 2: Concurrent care provided by outside source that is integral to treatment should be **included in tx plan**

REFERRALS

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- Outcomes Measurement (CTS.03.01.09)
  - Use standardized tool to monitor **client's progress**
  - Use results to inform tx planning
  - Evaluate outcomes of **population** served
  - See resources: https://manual.jointcommission.org/BHCInstruments/

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- Coordination of Care CTS.04.01.01
  - EP 1: Internal coordination, communication
  - EP 3: Hand-off communication (between shifts, other types of hand-offs)
  - EP 4: Coordination with external resources
  - EP 5: Information sharing; internally and externally
  - EP 10: Read back of verbal orders

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- Education/Training CTS.04.01.03
  - EP 2: Assessment of learning needs
  - EP 4: Education provided based on need
    - Re tx plan
    - Re health practices/safety
    - Re medications
    - Re nutrition, diet, oral health
  - EP 7: Comprehension is evaluated

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- Academic Education CTS.04.02.13

- Educational Continuity CTS.04.02.15
  - EP 2: Communication among teachers, clinical, and child care staff
  - EP 3: Interventions are consistently applied by teachers, clinical, and child care staff

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- Personal Care in 24 Hour Settings CTS.04.03.15
  - See EP 1-7:
    - Grooming, hygiene materials, oral care
    - Education as needed
    - Assistance with ADLs as needed

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- Activity therapies: CTS.04.03.17
  - Incorporated into tx plan

- Recreational activities: CTS.04.03.19

- Animal assisted therapy: CTS.04.03.21
  - Safe procedures
  - Staff training
  - Animal health

Fun2Video.com

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- Food/Nutrition Services CTS.04.03.33
  - EP 2, 3: Food stored, prepared under proper conditions
  - EP 4: Cultural, religious preferences honored
  - EP 6: Special diets accommodated
  - EP 9: Dining area supervised

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- Medical Emergencies CTS.04.03.35
  - Need written procedure re responding to medical emergencies; should address:
    - First aid and CPR
    - Medical transfer to another facility
    - Use of 911

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- Discharge Planning CTS.06.02.03
  - Promotes continuity of care and smooth transition to next setting/provider
  - Appropriate info exchanged at discharge
    - Sent to next provider (with release)
    - EP 9: Written discharge instructions given to client/family

Care, Treatment & Services

- Specific standards apply for:
  - Eating disorder treatment
  - Addictions
  - Foster care/child welfare
  - Opioid treatment

- In the E-dition, find the following resources:
  - All CTS standards
  - List of "required documentation" standards
  - Standards applicability matrix
  - Standards for specific program profiles

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KAHOOTS

www.Kahoots.it

Pick a team…

Breakout Sessions

"CBS" breakout – programs who do not use restraint/holds at all, ever

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- Exclusionary Time-Out CTS.05.02.01
  - EP 1: Need policy/procedure for time-out
  - Must be limited to 30 minutes
  - Must be consistent with client's tx plan
  - Must occur in an unlocked room
  - Must educate client regarding conditions for using time-out

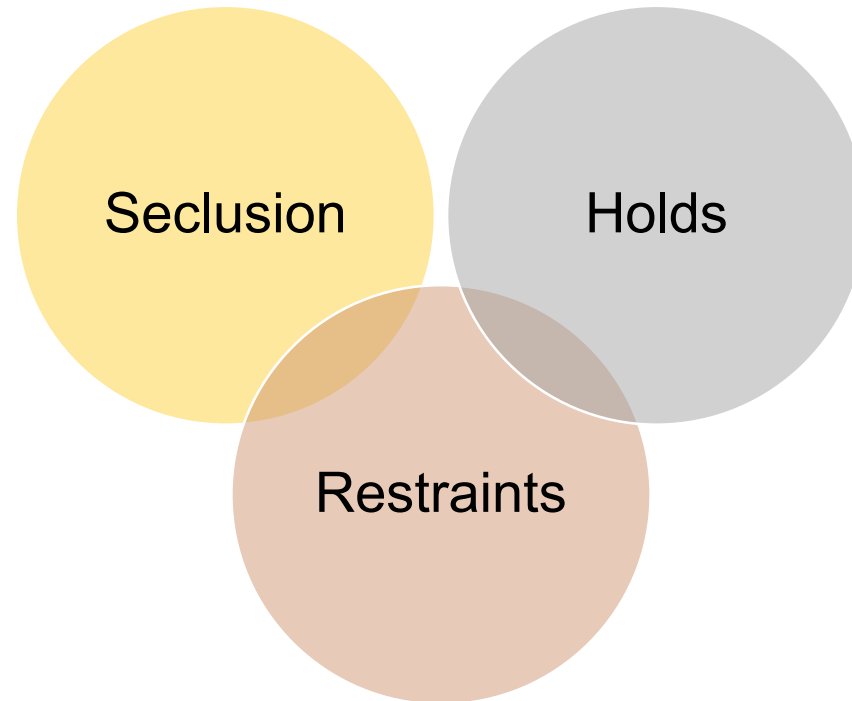VIVANT
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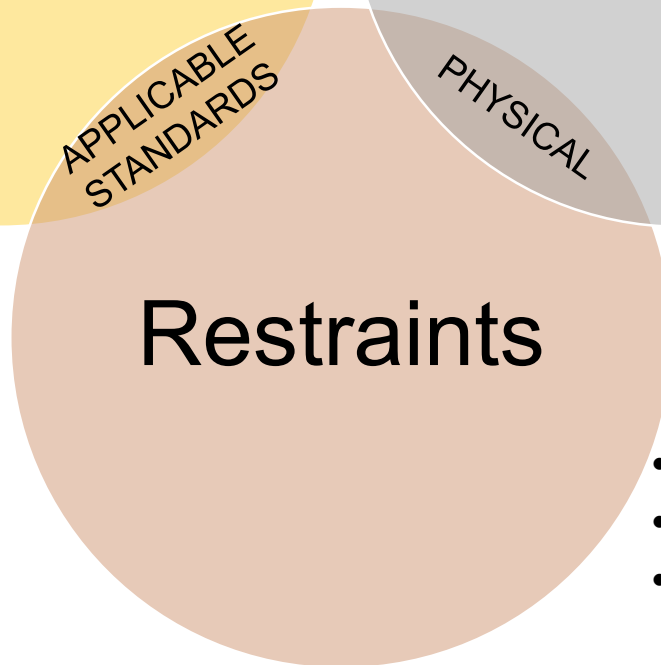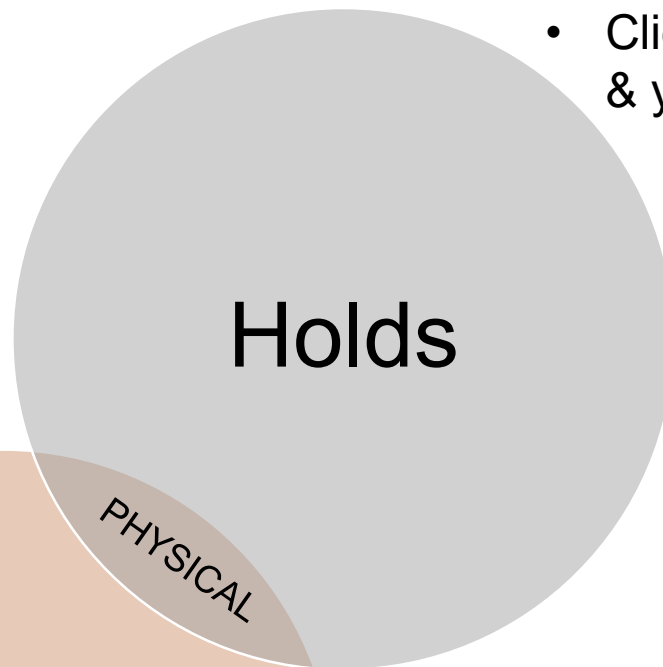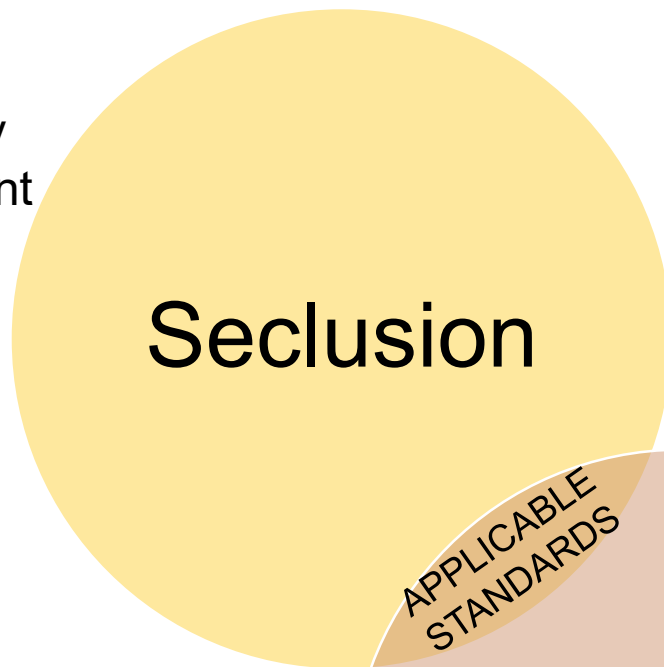# Care, Treatment & Services

- Level Systems are Individualized CTS.05.03.01
    - EP 1: Client/family educated re level system
    - EP 2: Requirements for moving through level system are standardized, achievable
    - EP 3: Each client's behavior is separately monitored for compliance
    - EP 4: Group consequences based on collective group outcomes; not on behavior of a single client
    - EP 5: Group consequences respect client's rights

GLOSSARY: A level system is a type of behavioral intervention that uses a methodology to group individuals served by their needs and behaviors. An individual served progresses through levels of systems that are associated with privileges and restrictions that are made known to staff, individuals served, and their families.

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Care, Treatment & Services

- Physical holds, restraints, and seclusions
- Remember: we are talking JOINT COMMISSION

Seclusion

Holds

Restraints

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- Involuntary confinement

Seclusion

Holds

- Clients 17 y.o. & younger

APPLICABLE STANDARDS

PHYSICAL

Restraints

- Clients 18 y.o. and older
- PRTFs
- Subpart G

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Care, Treatment & Services

- Physical Holding of Children/Youth CTS.05.05.01-CTS.05.05.21

  – Organizational philosophy CTS.05.05.01

  – Staff training CTS.05.05.05

    ▪ Trained to minimize use

    ▪ Trained in proper techniques for holds

    ▪ Trained to monitor physical status

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- Assessment CTS.05.05.07
  - Initial assessment obtains info re how to help minimize use of physical holding
  - Also collects information on contraindications to restraint and history of abuse/trauma
  - This info is used when working with the child

Care, Treatment & Services

- Safe Physical Holding CTS.05.05.09
  - EP 1: Authorization to use complies with law, regulation, organizational policy
  - EP 2: Prohibit holds that restrict air flow
  - EP 3: Written procedure re techniques allowed
  - EP 4: Staff member observes the hold
  - EP 5: Physical holding is documented

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- Holds limited to emergencies CTS.05.05.13

- Hold discontinued asap CTS.05.05.15

- Debriefing CTS.05.05.17

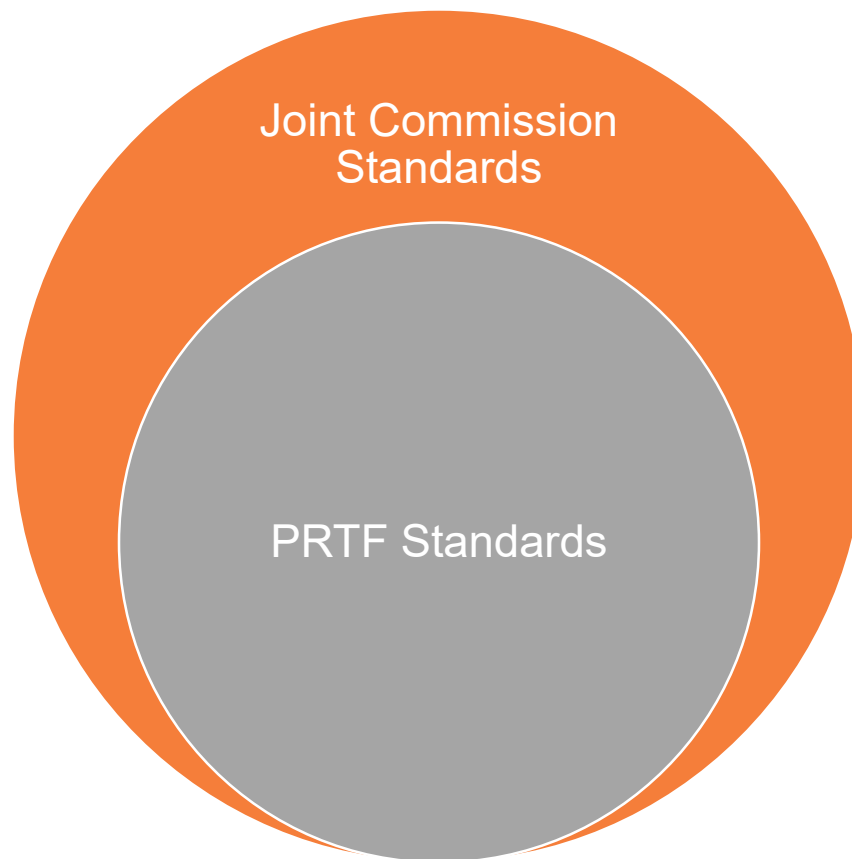- Data collection and analysis CTS.05.05.19

Care, Treatment & Services

- Restraint and Seclusion

- Philosophy CTS.05.06.01

- Staff training CTS.05.06.05
  - How to avoid R/S
  - How to use safely
  - Conducting 15 minutes assessments
  - Feedback from clients included in training

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Non-PRTF programs restraining adults follow TJC, not PRTF

Joint Commission Standards

PRTF Standards

CMS PRTF requirements in Subpart G are stricter that TJC

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- Gather info at initial assessment to help avoid R/S CTS.05.06.07

- Non-physical techniques preferred CTS.05.06.09

- R/S for emergencies only CTS.05.06.11

Care, Treatment & Services

- LIP Orders for R/S CTS.05.06.13
  - EP 2: Staff obtain order from LIP within 1 hour of initiation of R/S
  - EP 3: LIP reviews status; supplies order
- Family Notified re R/S CTS.05.06.15

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- LIP In Person Evaluation CTS.05.06.17 EP 1
- EP 3: If client no longer in R/S when original verbal order expires, LIP evaluates within 24 hours

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- Time Limited Orders CTS.05.06.19
  - Company policy: 1 hour

Care, Treatment & Services

- Re-evaluation during R/S CTS.05.06.21 EP 5

  — Age 18 and older: every 4 hours

  — Age 9 to 17: every 2 hours

  — Under age 9: every hour

- EP 6: LIP in person re-evaluation

  — Age 18 and older: every 8 hours

  — Age 17 and under: every 4 hours

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Care, Treatment & Services

- Notification to leaders re R/S outliers CTS.05.06.23

- 15 minute checks CTS.05.06.25

- Monitoring CTS.05.06.27
  - In person observation
  - Seclusion: audio/video after 1 hour
- Discontinuation CTS.05.06.29

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Care, Treatment & Services

- Debriefing CTS.05.06.31

- Data Collection CTS.05.06.33
  - By shift, staff, length, date, time, day of week, type, injuries, age, sex, etc.

- R/S policies/procedures CTS.05.06.35
  - Need written policy covering all requirements of standards

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Feedback Survey

Assessment and Plan of Care Tracer Questions

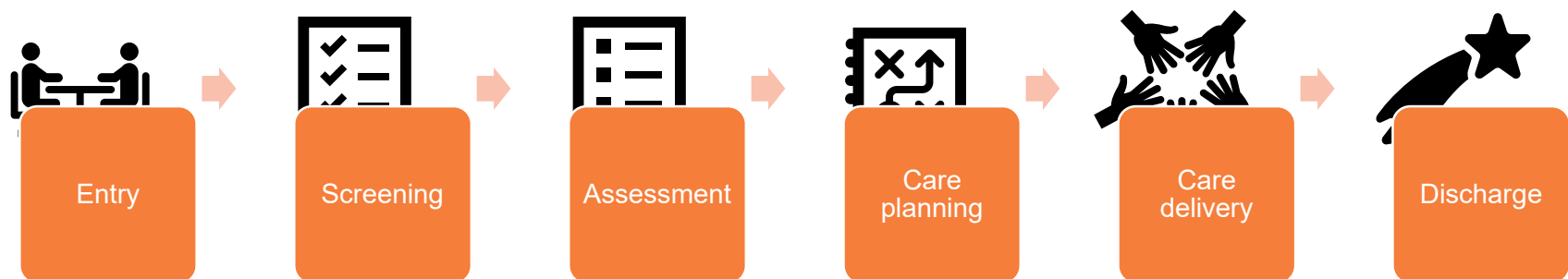Session 3 CBS Breakout

The Joint Commission's Primary Focus is Safety

What is a Tracer?

- The tracer methodology uses information from an organization to follow the experience of care, treatment, or services for a number of patients through the organization's entire health care delivery process.

- Tracers allow surveyors to identify performance issues in one or more steps of the process or interfaces between processes.

- Tracers include interviews of key personnel

- **Individual tracer activity:** designed to "trace" the care experiences that a patient had while receiving services from the organization. A way to analyze the organization's system of providing care, treatment or services using actual patients as the framework for assessing standards compliance

- **System tracer activity:** evaluates the system or process, including the integration of related processes, and the coordination and communication among disciplines and departments in those processes.

- **Program-specific tracers:** identify risk points and safety concerns within different levels and types of care, treatment or services. Program-specific tracers focus on important issues relevant to the organization — such as clinical services offered and high-risk, high-volume patient populations.

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What is a Tracer?

Entry → Screening → Assessment → Care planning → Care delivery → Discharge

Screening and Assessments

Example Tracer Questions

- What kinds of screenings/assessments do you perform?

- Who conducts them?

Example Tracer Questions

- Please talk me through out policies for screening and assessing patients for each service you provide.

- How do you determine which screenings/ assessments you will perform? How is this written in to your policies and what processes do you have to review and update policies if needed?

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Example Tracer Questions

- How do you communicate the results of screenings/ assessments to the rest of the treatment team?

- Can the results of a screening trigger a referral or a full assessment? How would a member of the team communicate this need to the appropriate team member?

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Example Tracer Questions

- Do you ever conduct any specialized or specific additional screenings/ assessments for clients? If so, what are they and where are they documented?

- What is your process for screening/assessing a new client? How do you document that?

Example Tracer Questions

- What is the difference between the screens/ assessments you conduct with children/youth vs. with adults?

- …

Care Planning

Example Tracer Questions

- Please describe your interdisciplinary care team planning process.

- Who is on your interdisciplinary team? How is it structured to support all the care, treatment, and services your organization provides each client?

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Example Tracer Questions

- How is each team member's level of involvement in care planning determined?

- How often does an interdisciplinary care team meet, and how are these activities documented?

Example Tracer Questions

- How do you update the treatment plan, who monitors it, how is it documented?

- What kind of plan of care is involved with new clients?

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Example Tracer Questions

- What model does your organization use for developing treatment plans and tracking progress?

- What information is recorded in the progress notes?

Example Tracer Questions

- How does the treatment team monitor the client's progress toward goals?

- What measure of a successful clinical outcome has been identified for individuals?

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Example Tracer Questions

- What strengths and outcomes does the treatment team expect to see for each client?

- What happens if a client is not meeting expected outcomes?

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Example Tracer Questions

- What do you define as treatment plan outcomes at your organization?

- How do you evaluate whether you are achieving outcomes for individual clients, as well as for all clients served in aggregate?

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Example Tracer Questions

- For youth, or adults with guardians, how do you involve the parents and family in the treatment planning process?

- What is the response to violent behavior by clients?

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Tracer Tips

1. Remain calm.

2. Do not become defensive.

3. Ask for the question to be repeated or clarified.

4. Never say "I don't know." If you don't know the exact answer yourself, indicate to whom/where you would go to get the answer for a scenario like the one you are discussing.

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