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To all OSH Interdisciplinary Team members:

This CMO Directive modifies OSH Policy 6.011 "Treatment Care Planning."

The Joint Commission (TJC) and the Centers for Medicare & Medicaid Services (CMS) have detailed regulations regarding the written Treatment Care Plan (TCP) in psychiatric hospitals. To address items for which we were cited in our recent TJC survey, and to ensure that our TCPs meet requirements going forward, we have developed a Treatment Care Plan Checklist.

Effective December 15, 2021, the Treatment Care Plan Specialist (TCPS) must review the checklist at every TCP meeting to verify that all required elements have been addressed.

Many of these requirements are not new. For example, **TCP goals must be measurable and observable**. Additionally, the TCP must be reviewed and updated per the following OSH policies:

- 6.003, "Seclusion and Restraints"
- 6.010, "Enhanced Supervision"
- 6.046, "Fall Prevention Program"
- 6.056, "Suicide Risk Screening & Assessment"
- 7.015, "Patient Rights Restrictions"

Based on TJC's findings during our recent survey, several new requirements are being implemented, also effective December 15, 2021.

First: **all TCPs must include a treatment focus area** (including a problem statement, long- and short-term goals, and interventions) **for the following**:

- **Chronic pain**, defined as pain which has required medication or other interventions regularly for at least two (2) weeks.
- **Active medical conditions**, defined as medical conditions which are new, in the process of being worked up, unstable, or which interfere with treatment, even if the condition is short-lived (such as with influenza or COVID-19 infection). Note that a TCP Addendum may be the best way to update the TCP for a new and short-lived medical condition.

Second: **Substance use must be addressed on the TCP if substance use is directly linked to the reason for admission** (for example, a patient committed under ORS 161.370 with substance-related charges, or a patient found Guilty Except for Insanity whose conditional release is revoked due to substance use) **or if substance use is a barrier to discharge**. This may be included on the plan but identified as Not a Current Focus of Treatment, if substance use treatment is deemed clinically contraindicated (due to the patient's mental state, for example).

Third: for every condition identified as Not a Current Focus of Treatment, the **requirements which must be met before initiating active treatment for that condition must be specified in the problem statement**.

Finally, and **only for patients residing on units licensed as Secure Residential Treatment Facility (SRTF) level of care** (Bridge and Forest): **a standardized instrument must be used to monitor progress toward TCP goals for a psychiatric condition**.

- Psychology staff will administer the Patient Health Questionnaire-9 (PHQ-9) or Generalized Anxiety Disorder-7 (GAD-7), or both:
    - within three (3) business days of transfer from a Hospital Level of Care (HLOC) unit to an SRTF unit; and
    - within a week prior to the TCP meeting on a quarterly basis for patients committed under GEI or "Extremely Dangerous Persons" statutes, or
    - within a week prior to the TCP meeting on a monthly basis for patients committed under ORS 161.370.

- Results will be reviewed and included in the “Feedback from my team” section of the TCP for the psychiatric Treatment Focus Area.
- TCPSs will notify Psychology staff when administration of a standardized instrument is required for a patient.

If you have questions, concerns or suggestions, please feel free to contact me at sara.walker@dhsoha.state.or.us or 503-945-8962.

Sincerely,

Sara C. Walker, MD
Interim Chief Medical Officer
Oregon State Hospital

CC: Dolly Matteucci, Oregon State Hospital Superintendent