



**HEALTH CARE SERVICES
DIRECTIVE-YOUTH SERVICES
Manual of Policies and Procedures**

Title

TREATMENT PLANNING

Legal References
(includes but is not limited to)

IC 11-8-2-5

Related Policies/Procedures
(includes but is not limited to)

01-02-101

Other References
(includes but is not limited to)

National Correctional Healthcare
Standards

I. PURPOSE:

This Health Care Services Directive (HCSD) provides guidelines for treatment Planning within the Department.

II. DEFINITIONS:

- A. **PROBLEM LISTS (PLs):** Formal lists of serious health conditions (physical or mental) identified through the physical or psychological examination and assessment of the youth patient. PLs should be kept current, with problems entered as identified and noted as “resolved” when appropriate. Only those health care professionals authorized by licensure and certification to make diagnoses are permitted to make entries onto the problem lists. In our system most entries will therefore be made by physicians or psychologists. Providers who are authorized to make entries on problems lists (and treatment plans) may not delegate this responsibility to health care professionals who are not so authorized.
- B. **TREATMENT PLANS (TPs):** Formal written plans that identify serious health conditions referenced from the PL, describe goals and outcomes, list the planned interventions, and describe which professional discipline is responsible for carrying them out. Problems serious enough to warrant entry on the PL are serious enough to require formal written treatment planning. Conversely, a TP should not contain entries unless they can be associated with entries on the PL.

III. GUIDELINES:

A. Introduction

Treatment for serious health conditions, especially when delivered by a multidisciplinary group of health care providers potentially spread over a large geographical area and spanning years such as occurs in the Department, is best delivered in a planned and organized fashion. The more serious and complicated the condition, and the greater the chronicity of the condition, the more important it is to develop and utilize a planned approach to care.

Relying upon a “Problem List” to include all important clinical conditions requiring intervention, the practitioners should develop planned interventions to address each

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problem listed. Just as the Problem List may serve as a table of contents to the written “Treatment Plan,” the Treatment Plan should serve as a table of contents to the care subsequently provided.

For general medical conditions, the health care professional responsible for making a diagnosis and determining the subsequent course of therapy is a doctor, a nurse practitioner, or a physician assistant. (This is, of course, an oversimplification; for example, dentists are responsible for identifying dental problems and creating an appropriate dental treatment plan.) Practitioners are prohibited from utilizing staff nurses to manage their entries onto problem lists or treatment plans.

B. Problem Lists, Treatment Plans and Nursing Care Plans

TPs are a standard practice in the health care community. They provide an opportunity for the diagnostician to plan a course of care once, rather than having to plan a new one each time a patient is seen, and to communicate that care plan to other practitioners involved in providing care to the individual patient. The TP provides a process for measuring the success or failure of planned interventions. The TP will not be useful unless it is accurate and up-to-date.

TPs must be individualized and based upon goals and objectives appropriate both to the health condition and to individual patient characteristics. The desired outcomes should be measurable so that progress can be monitored in some objective fashion. For example, an expected outcome might be a reduction in chestpain episodes requiring nitroglycerin usage, or a reduction in HIV load to an undetectable level. Chronic care clinic guidelines, maintained at each Department facility, can be helpful in identifying useful goals for treatment.

TPs should be developed with input from all involved disciplines; the more complicated the necessary treatment, the more important it is to obtain multidisciplinary input. Minor, self-limited health conditions do not require treatment planning beyond what is contained in progress notes. A rough guide to the need for a TP is the presence of the problem on the problem list. Examples of the types of patients for whom treatment plans are appropriate include those who:

- Are chronically ill,
- Have a serious communicable disease,
- Have a serious physical disability,
- Are pregnant,
- Are terminally ill,
- Have serious mental health needs, or
- Are developmentally disabled

TPs should be reviewed and re-written whenever a patient is admitted or discharged from an inpatient unit and at least annually.

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“Nursing care plans” (NCPs) are formal, written plans for nursing interventions which address nursing care needs. Depending upon the patient’s health problem, the NCP may include therapeutic or educational components. Licensed practical nurses may contribute to the NCP, but a registered nurse must be the nurse in charge of planning the care.

All patients housed in a clinically designated area should have formal NCPs prepared, however, in outpatient setting most nursing care interventions provided in the course of chronic care clinic services do not require separate NCPs. When it is necessary to implement a written NCP, it should be prepared in addition to the TP.

NCPs should contain reference to problems or needs entered on the problem list and/or interventions listed on a TP, specify their own goals and quantifiable outcomes, describe the planned nursing interventions, and reflect ongoing review.

NCPs are not “one size fits all” documents but represent a dynamic method of ensuring that necessary nursing care is provided. Since there are certain commonalities which exist among patients with the same health conditions and complications, nurses frequently develop standardized, pre-printed NCPs to reduce the amount of time spent writing out a care planning document. This is appropriate to the extent that the care described on the standardized plan is the desired nursing intervention. It is the registered nurse’s responsibility to ensure that the standardized plan is individualized to each patient.

NCPs may be based upon the patient’s medical diagnosis (e.g., congestive heart failure), a nursing diagnosis (e.g., ineffective airway clearance), or a simple identification of the patient’s symptoms (e.g., fatigue). NCP should not be so long that nurses trying to use them for guidance fail to finish reading them or so academic that they do not reflect the patient’s problems. While there are many potential presentations of diseases and associated complications, an NCP should only include realistic active and potential problems.

IV. BEHAVIORAL HEALTH AND DENTAL TPs:

Behavioral Health professionals shall document treatment plans in the electronic medical record (EMR) and update as outlined in Section V and more often as clinically indicated. More information regarding Behavioral Health requirements and TPs are found in HCSD 4.01Y, “Addiction Recovery Services,” and HCSD 4.03Y, “Mental Health Services.”

Dental Services professionals shall use State form 11273, “Standard Dental Record,” for treatment planning. When dental problems extend beyond routine, brief entries on State Form 46049, “List of Problems/Needs,” shall be made. The Dental TP shall be stored in the same area of the health record as the rest of the Dental record.

V. ONGOING REVIEW:

Formal TPs (and problem lists) should be reviewed at least at the following times:

- Upon admission or re-admission to prison,
- Upon diagnosis or when a significant change in status occurs,

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- If expected outcomes are not realized,
- After inter-institutional transfer,
- When annual screens are performed, and,
- After admission to or discharge from an infirmary or residential unit.

VI. QUALITY IMPROVEMENT:

Facility Quality Assurance Committees shall periodically review for appropriateness and completeness representative samples of each type of TP described in this directive and shall report their findings to the central office Quality Assurance Committee.

VII. APPLICABILITY:

This HCSD is applicable to all Division of Youth Services facilities.

signature on file

Kristen Dauss, MD
Chief Medical Officer

Date