



ALCOHOL, DRUG AND MENTAL HEALTH SERVICES POLICY AND PROCEDURE

Section	Psychiatric Health Facility	Effective:	10/16/2015
Sub-section	Nursing		
Policy	Patient Engagement Tool	Last Revised:	New policy
Policy #	6.2xxx		
Director's Approval	 _____ Alice Gleghorn, PhD	Date	1/19/16
Medical Director's Approval	 _____ Leslie Lundt, MD	Date	1/22/16
Supersedes:	New policy	Audit Date:	10/16/2019

1. PURPOSE

- 1.1. To establish guidelines for the utilization of the Patient Engagement Tool (PET) (see Attachment A). The PET provides all patients admitted to the Psychiatric Health Facility (PHF) with a means to actively communicate and participate in his/her treatment based on individually identified long- and short-term goals.
- 1.2. To promote practices that are reflective of a patient-centered system of care and recovery where patient preferences, needs and values are respected and incorporated into the course of treatment.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Patient Engagement Tool (PET)** – a self-administered treatment goal identification tool designed to actively involve the patient in treatment decisions which can support positive patient experiences, greater adherence to treatment recommendations and better outcomes.
- 2.2. **Treatment Team** – consists of the patient and PHF personnel from various disciplines. The treatment team's membership will be dictated by the particular needs, strengths, and preferences of the patient and may include: a psychiatrist; social worker; recreational therapist; dietitian; nursing staff; and other identified professionals (i.e. outpatient case manager, psychologist, contracted providers). Family, guardians and/or significant support persons may also be involved in the treatment planning process.

3. POLICY

- 3.1. Within 24 hours of admission, all PHF patients will be given the opportunity to independently complete and submit a PET to his/her treatment team.

4. ENGAGEMENT AND DOCUMENTATION PROCEDURES

- 4.1. At admission, the admitting nurse (or for patients admitted overnight, the following morning's assigned nurse) will present the PET to the patient. This preferably occurs after intake and once the patient has been oriented to the unit.

- 4.2. A brief explanation of the PET's purpose should be provided. For example,

"The information we gather on this form will be used by your treatment team to help you reach your goals. We would like for you to write (or say) in your own words what you hope to achieve by discharge".

The patient will be encouraged to fill out the PET independently, but will be provided assistance if needed.

- 4.3. If the patient is too agitated, delusional, mute or otherwise uncooperative and unable to participate in the completion of the PET, the admitting/assigned nurse will check the box at the bottom of the PET that reads:

Unable to participate in shared decision making at this time due to severity of symptoms."

The admitting/assigned nurse will document his/her initials and the date under the checked box.

- 4.4. The admitting/assigned nurse will communicate to the oncoming shift the need to complete the PET. Every assigned nurse on each shift thereafter will attempt to engage the patient in completing the PET and enter the date and initials of each attempt up until the initial treatment planning day.
- 4.5. If the PET has not been completed by the initial treatment planning meeting, the treatment team will assist the patient in completing the tool at this time.
- 4.6. Once completed, the patient and the assigned nurse will sign and date the bottom of the PET.
- 4.7. Completed forms are filed in the patient's chart under the tab labeled "Treatment Plan".
- 4.8. During the patient's weekly review of his/her individualized treatment plan, the PET will be reviewed to identify any changes the patient wishes to make and hence guide the treatment team's treatment planning.

5. LONG- AND SHORT-TERM GOAL DEVELOPMENT

5.1. When developing long-term goals, help the patient focus on goals that are practical, clear and achievable by discharge. Prefacing goals with “At discharge, I would like to...” or “At discharge, I plan to...” can help direct statements that are individualized and patient-oriented.

Some examples:

“At discharge, I would like to continue collaborating with my outpatient team to work towards recovery and the reduction of my symptoms related to my diagnosis.”

“At discharge, I would like to have a safe place to live, access to community resources for meals and assistance with managing my medications.”

“At discharge, I plan to attend abstinence meetings and meet with my sponsor to continue my path of sobriety. Sobriety helps me to feel less depressed and function in my daily life.”

5.2. Short-term goals are the incremental steps a patient takes to reach his/her long-term goal. When selecting short-term goals, ask the patient to place a check mark in the rightmost row. In the example below, the red check marks illustrate the patient has chosen to actively participate in treatment by:

1. Attending treatment plan meetings, and
2. Adhering to treatment plan/medications

The steps I am willing to take to reach my goal(s) are (Short term goals):

Actively Participate in treatment:		
	Attend treatment plan meetings	✓
	Participate in groups	✓
	Adhere to treatment plan/medications	✓

Note that the patient is free to select as many or as few short-term goals he/she pleases.

5.3. For the short-term goal titled "Attend therapeutic groups", ask the patient to select and circle which group(s) he/she is interested in or were recommended by treatment team members from the PHF’s *Weekly Groups Program Schedule* (see Attachment B). Training for staff on the purpose and objectives of groups is available.¹

5.4. At the end of the PET, patients may include “Other Goals” that are not necessarily linked to the services and scope of the PHF, but are more oriented to personal fulfillment or life objectives. While the PHF cannot directly help the patient achieve these types of goals, staff can provide information or resources to the patient. Examples of “other goals” include “Go back to school and get my associates degree” and “Reconnect with old friends or family.”

¹ Contact the PHF’s Director of Social Services for more information.

ASSISTANCE

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Veronica Heinzelmann, LCSW, PHF Director of Social Services

REFERENCE

Code of Federal Regulations – Public Health

Title 42, Sections 482.61

Centers for Medicare and Medicaid Services (CMS) State Operations Manual for Psychiatric Hospitals – Interpretive Guidelines and Survey Procedures

Btag 103B

ATTACHMENTS

[Attachment A – Patient Engagement Tool](#)

[Attachment B – PHF Weekly Groups Program Schedule](#)

RELATED POLICIES

[Treatment Planning](#)

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

Alcohol, Drug and Mental Health Services (ADMHS) is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All ADMHS policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).