

WRP Team Process

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Presentation Overview

- ▣ I. WRPT
- ▣ II. Scheduling of WRPC
- ▣ III. Preloading of the WRP
- ▣ IV. WRP Pre-Conference
- ▣ V. WRP Team Process
- ▣ VI. Professional Pointers
- ▣ VII. WRP Observation Auditing Form

I. Wellness and Recovery Planning Team (WRPT)

- A. Enduring Team Members
- B. Drop-In Team Members
- C. Discipline Specific Division of Duties

Wellness and Recovery Planning Team (WRPT)

A. Enduring Team Members

- Individual
- Psychiatrist (individuals prescribed psychotropic medication)
- Psychologist
- Rehabilitation Therapist
- Social Worker
- Registered Nurse
- LOC, LVN and Psychiatric Technician

Wellness and Recovery Planning Team (WRPT)

B. Drop-In Team Members (as clinically appropriate)

- Unit Supervisor
- Mail Facilitators
- Teachers
- Dieticians
- Attorneys/Family Members

Wellness and Recovery Planning Team (WRPT)

C. Discipline Specific Division of Duties

- Handout

II. Scheduling of the WRPC

- A. Wellness and Recovery Plan Conference (WRPC) Schedule
- B. Rescheduling or Canceling a Team
- C. Appointment Cards

Scheduling of the WRPC

A. Wellness and Recovery Plan Conference (WRPC) Schedule

- ❑ Team Lead is responsible for ensuring scheduling is done.
- ❑ Teams should be pre-scheduled months in advance (at least 3) as a delineated schedule is set (see Handout B: Wellness and Recovery Plan Conferences)
- ❑ WRPC are kept on the I drive so as to be accessible to hospital staff. Interdepartmental Resources: Enhancement Plan: WRP: Team Schedules by Unit
- ❑ Handout

Scheduling of the WRPC

B. Rescheduling/Canceling a WRPC

- ❑ Teams may not be canceled without approval by the clinical administrator
- ❑ If a WRPC needs to be rescheduled due to unforeseen factors, QID must be notified as soon as possible (Chris Stone: extension 6982; Sue Giesbert: extension 4036)
- ❑ If any discipline is unable to attend a team, a substitute is necessary and supervisor must be notified
- ❑ If attending a team as a substitute, do not act as team lead, but do have info to add

Scheduling of the WRPC

C. Appointment Cards

- ❑ To be created and distributed by the Psychiatric Technician
- ❑ Given to individual at the end of the WRPC in order to inform him about his next scheduled WRPC
- ❑ Appointment cards can be located on the intranet (I Drive: Interdepartmental Resources: Enhancement Plan: WRP Templates)

Appointment Card

NAME _____ <input type="checkbox"/> 7 day <input type="checkbox"/> monthly <input type="checkbox"/> annual <input type="checkbox"/> 14 day <input type="checkbox"/> quarterly <input type="checkbox"/> transfer Your next Wellness & Recovery Planning Conference is scheduled for DATE _____ DAY _____ TIME _____	Things to think about before my next conference <ul style="list-style-type: none"> • My life goals • What are my objectives? • Am I meeting my objectives? Why or why not? • Am I making progress on my discharge criteria?
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III. Pre-Loading the WRP

A. Importance

B. Tasks

Preloading the WRP

A. Importance

- ❑ Time Saver
- ❑ Ensures Efficiency, Comprehensiveness, and Accuracy
- ❑ Increases compliance and audit scores (good treatment)

B. Tasks


- ❑ Each discipline will review their respective tabs and inputs current info *before* team (ex. Mail progress notes, assessments, global functioning, key indicators, medication and other intervention response, etc)

IV. WRP Pre-Conference

- ❑ All enduring team members and/or substitutes (except the individual) are to be present
- ❑ Team Leader makes sure that each discipline informs the team of respective updated information
- ❑ Team should:
 - review and update Task Tracking Form
 - review Key Indicators
 - Identify key issues to address with individual during the conference


WRP Pre-Conference

- ❑ The following tabs should be opened and reviewed:
 - Diagnosis (including GAF)
 - Any updates to Pertinent History
 - Life Goals
 - Present Status: Symptoms
 - Present Status: Interventions and Response
 - Present Status: Risk Factors
 - Present Status: Cultural
 - Present Status: Functional
 - Present Status: PBS
 - Present Status: MOSES



V. WRP Team Process


- A. Fixed Sequence
- B. Flexible Sequence
- C. Specific WRPC's Processes
- ▣ Handouts



WRP Team Process

A. Fixed Sequence

- ▣ These areas are to be covered in *EVERY* WRPC:
 - Identification of team leader and recorder
 - Ask individual, "are any changes that need to be made to the first 6 P's?"
 - It is not always necessary to open tabs twice: the *only* present status tabs that have to be opened when individual is present are the *By Choice*, the *Barriers to Discharge*, and all the *active treatment Foci and Objectives*
 - Incorporate relevant information shared by individual during the WRPC; ask individual to evaluate their progress on each objective and illicit input into creation of new objectives



WRP Team Process

B. Flexible Sequence

- ▣ These areas should be covered as indicated by the WRPC type and the clinical judgment of the WRPT
- ▣ Can review some of the items listed under the pre-conference with the individual present (especially if there has been updates)
- ▣ Review with individual what needs to be done to meet each treatment objective/barrier
- ▣ Answer individual's questions
- ▣ Discuss scheduling of next WRPC and provide appointment card
- ▣ Provide a copy of WRP to individual

WRP Team Process

C. Specific WRP Processes


- ▣ WRPCs during first 60 Days
- ▣ Monthly WRPCs
- ▣ Quarterly WRPCs
- ▣ Annuals WRPCs

VI. Professional Pointers

- ▣ WRPC's are professional meetings where we are reviewing our "patient's" progresses and acting as role models
- ▣ Are you eating in teams?
- ▣ Are you disagreeing inappropriately with other team members during team?
- ▣ Are you paying attention to what individual has to say and interacting therapeutically?
- ▣ Are you actively engaged in the process?
- ▣ Are you interacting with the individual in a manner that is appropriately tailored to his level of functioning?


VII. WRP Observation Audit Form

- ▣ Auditors are looking to see:
 - If enduring team members are present
 - If team is working in an interdisciplinary manner
 - If current functioning, task tracking info, assessment results, and treatment progress is reflected (i.e. mail notes)
 - If treatment is moving forward (objectives are being met and revised)




WRP Observation Audit Form

- ▣ Auditors are looking to see if the team is engaging the individual in the following areas:
 - His evaluation of progress on each objective
 - His pathway to discharge
 - His input on groups to take based on provided options
 - His cultural needs and preferences
 - His By-Choice allocation



Included Handouts

- ▣ Discipline Specific Division of Duties
- ▣ WRPC Conference Schedule
- ▣ WRPC Checklist
- ▣ Specific WRPC Team Processes
- ▣ Observation Audit Form



Mock WRPC

- ▣ You be the monitor!

WRP DIVISION OF DUTIES

Psychology

- A. Team Lead
- B. Case Formulation/Integration of Interdisciplinary Assessment Data
- C. Diagnosis
- D. Personal History
- E. Psychiatric History
- F. Legal History
- G. Predisposing Factors
- H. Precipitating Factors
- I. Predisposing Factors
- J. Previous Treatment and Response
- K. Present Status – Symptoms
- L. Present Status – Interventions and Response
- M. Present Status – Risk Factors
- N. Present Status - Functional – Cognitive Functioning
- O. Present Status – Behavioral Guidelines/PBS
- P. Present Status – By Choice
- Q. Focus 1
- R. Focus 3
- S. Focus 5

Social Work

- A. Life Goals
- B. Discharge Criteria
- C. Present Status - Barriers to Discharge
- D. Focus 2
- E. Focus 8
- F. Focus 11

Rehabilitation Therapy

- A. Present Status - Cultural
- B. Focus 4
- C. Focus 9
- D. Focus 10

Registered Nursing

- A. AWRP (R&R RN)
- B. Present Status - Symptoms (Medical Section)
- C. Present Status - Interventions and Response (Medical Section)
- D. Risk Factors: Seclusion/Restraint; Medical; Seizures; Medication Non-Compliance/Refusal
- E. MOSES
- F. Focus 6

Psychiatric Technicians

- A. Milieu Interventions
- B. Task Tracking
- C. Appointment Cards
- D. Present Status - Functional

Wellness and Recovery Plan Conferences (WRPC)

Meetings	Days in Review Cycle	Days from Admission	WRP Requirements
Admission Wellness and Recovery Plan (A-WRP)	1	1	Complete A-WRP within 24 hrs based on psychiatry and nursing assessments.
First Wellness and Recovery Planning Conference (WRPC) to develop the initial WRP	7	7	Give Integrated Assessments and the initial DSM-IV-TR Checklist to WRPT leader by the 5 th day. Develop the WRP on the 7 th day based on current information and assessments. Request clinically indicated assessments at this time. The individual, with the assistance of WRPT, allocates BY CHOICE points.
Second WRPC to review and further develop the WRP	7	14	Review and update WRP based on additional information and assessments. Include review of BY CHOICE data Facilitate the individual to re-allocate BY CHOICE points
Third WRPC to review and further develop the WRP	14	28	As above.
Fourth WRPC to review and further develop the WRP	14	42	As above. Update objectives and interventions using data from the <i>DMH PSR Mall Facilitator Monthly Progress Notes</i> .
Fifth WRPC to review and finalize the WRP	14	56-60	As above. Update objectives and interventions using data from the <i>DMH PSR Mall Facilitator Monthly Progress Notes</i> . Document specific rationale for continuing with an objective for more than two months in the absence of demonstrable progress. Review PBS or Behavior Guidelines data, as indicated.
1st Quarterly WRPC	30	90	Complete new assessments prior to WRPC. Review assessments, BY CHOICE data, MOSES, and outcomes for the preceding quarter. Review PBS or Behavior Guidelines data, as indicated. Review and include the individual's recovery-focused self-assessments for the preceding quarter. Update diagnosis, life goals, case formulation (especially present status), discharge criteria, and foci of hospitalization, objectives, and interventions, as indicated.

Monthly WRPC	30	120	Review BY CHOICE data and point allocations and outcomes for the previous month. Update objectives and interventions using data from the <i>DMH PSR Mall Facilitator Monthly Progress Notes</i> . Review PBS or Behavior Guidelines data, as indicated.
Monthly WRPC	30	150	As for monthly WRPC
2nd Quarterly	30	180	As for 1st quarterly WRPC
Monthly WRPC	30	210	As for monthly WRPC
Monthly WRPC	30	240	As for monthly WRPC
3rd Quarterly	30	270	As for quarterly WRPC
Monthly WRPC	30	300	As for monthly WRPC
Monthly WRPC	30	330	As for monthly WRPC
First Annual	30	360-365	Complete annual reviews prior to WRPC. Review assessments, BY CHOICE data, PBS data, MOSES, and outcomes for the preceding year. Review and include the individual's recovery-focused self-assessments for the preceding year. Update diagnosis, life goals, case formulation (especially present status), discharge criteria (discuss why the individual has not been discharged), and foci of hospitalization, objectives, and interventions, as indicated.
First Monthly WRPC of 2nd year and so on			

4.4 WRPC for Transfers

When an individual is transferred between units and/or programs, the WRPC is scheduled on the 7th day and then placed on a 30-day WRPC cycle from the original admission date. If the transfer is made within 7 days of a scheduled Monthly or Quarterly WRPC, the WRPT may complete the Monthly or Quarterly WRP in lieu of the 7-day WRP review. If the transfer is made within the first 60 days of the admission, the scheduled WRPC sequence should be continued. Furthermore, if an internal transfer occurs within the first 60 days of admission, the receiving WRPT must also be an Admission Unit (i.e., the WRPT must have a 1:15 staffing ratio) so that assessments and development of the WRP can continue.

Wellness and Recovery Planning Conference Checklist

Program: _____

Unit/Team: _____

Date: _____

Team Leader: _____

Start Time: _____

Facilitator: _____

End Time: _____

AT Number: _____

WRPT Type: _____

Individual's Initials: _____

Check all Boxes completed by the WRPT and turn into the Program Office

Part: A: Before the Individual Arrives (Fixed Sequence)

1. Present discipline-specific Assessments and Implications (place a checkmark on the appropriate line)

	Oral	Written
<input type="checkbox"/> Psychiatrist (Core)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Psychologist (Core)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social Worker (Core)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> RT (Core)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nurse (Core)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Psych Tech (Core)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Present Status (Every tab opened or referred to; all discipline-specific implications incorporated into the appropriate tab; indicate if no changes)

- Symptoms
- Barriers to Discharge
- Int. & Response
- Beh. Guide. / PBS Plan
- Functional
- By-Choice
- Risk Factors
- Cultural
- MOSES

3. Monthly Mail Progress Notes

- Incorporated into Intervention & Response Section
- Completed objectives noted
- Completed stage of change noted

4. Diagnosis

- Reviewed
- DSM-IV checklist updated if applicable
- GAF score updated each month

5. Task Tracking

- New Task Tracking items
- Items reviewed
- WRP updated

6. Attachment Form

- No attachments
- Reviewed
- Incorporated into the WRP

7. Trigger Information (Current)

- No triggers
- Discussed and incorporated into the WRP
- WRPT's intervention included

8. Key issues identified to discuss with the individual

- Barriers to Discharge
- By-Choice
- Life Goal
- Active Foci; Objectives; Interventions
- Other _____
- Those sections covered are documented in the Functional Section

9. The Individual Invited In

- Invited and Attended
- Invited and Declined

Part B: After the Individual Arrives (Flexible Sequence)

1. Introductions

- Team Recorder
- Team Lead
- Any visitor or observer

2. Diagnosis

- Reviewed with the individual
- No clinical reason to review with the individual

3. Task Tracking Form (previous items)

- Reviewed with the individual
- None to be reviewed

4. Triggers & Attachment Form

- Triggers Reviewed
- Attachments reviewed
- No clinical reason to review

5. Case Formulation & Sections of WRP

- Reviewed if indicated
- Cultural preferences reflected in WRP
- No Cultural preferences requested
- Cognitive abilities addressed
- Ask individual if any info from the 6Ps has changed; updated if necessary

6. Interventions & Response Tab

- Opened if indicated
- Medications and Medical Conditions discussed
- Refused/missed medical appointments documented with WRPT's response
- Group progress discussed (mall notes)
- Individual asked if he easily understood the material in his groups
- Individual was asked if he was getting something out of his groups
- Individual's input was documented in the WRP

7. By-Choice Tab

- Opened
- By-Choice Points allocation (stated)
- Continuity of care from the previous WRP documented
- Individual had input/ input was documented

8. Barriers to Discharge Tab

- Opened
- Progress towards discharge was reviewed and documented
- Individual was an active participant in his discharge planning
- Individual was informed of what he needs to do to meet each discharge criterion

9. Life Goals

- Reviewed & Updated if applicable

10. Active Foci and Objectives

- Each Focus opened & progress reviewed using Mall Notes
- Each Objective opened & progress reviewed using Mall Notes
- Each Interventions summarized and opened, if applicable

11. New Objectives

- Individual took part in their creation
- Individual chose his active interventions based on a selection provided by the WRPT
- A strength is listed for every active treatment intervention
- No new objectives created

12. Conclusion

- Individual asked if he had any questions; questions answered
- Next WRPC scheduled
- Individual given an appointment card

13. Finalization

- Individual asked if he wanted a copy of his treatment plan
- WRP finalized with all signatures
- Individual given a copy
- Not clinically appropriate to give copy
- WRP not finalized in WRPC, the finalized WRP to be given to the sponsor to give the individual on the same day
- WRP filed in chart

WRP Meeting Process for Specific WRPCs

<p>WRPCs During First 60 Days</p>	<ul style="list-style-type: none"> • Complete a skeleton WRP by the 7th day following admission • Update the WRP every 14 days as new information becomes available; should be completed by the 60th day following admission • Finalize DSM-IV checklist by the 60th day; deferred and rule-outs should be resolved by this time • Begin monthly WRPs
<p>Monthly WRPCs</p>	<ul style="list-style-type: none"> • Update any section where new information is available, especially the Present Status section of Case Formulation, PBS, By Choice, MOSES, AIMS, Attachment Form Data, Risk Assessments, Medical Issues, and current Barriers to Discharge. Summarize the preceding month. • Update objectives and interventions based on data from Mall Facilitator Progress Notes; also update Intervention and Response Tab with same data • Inform individual what he will need to work on through the next month and how this will guide him toward his discharge criteria
<p>Quarterly WRPCs</p>	<ul style="list-style-type: none"> • Update all sections in terms of data from preceding quarter (previous 3 months) • Update objectives and interventions based on data from Mall Facilitator Progress Notes; also update Intervention and Response Tab with same data • Summarize treatment progress from preceding three months and input into Previous Treatment and Response • Inform individual what he will need to work on through the next month and how this will guide him toward his discharge criteria
<p>Annual WRPCs</p>	<ul style="list-style-type: none"> • Update all sections in terms of data recap over the preceding year • Update objectives and interventions based on data from Mall Facilitator Progress Notes; also update Intervention and Response Tab with same data • Summarize treatment progress from preceding year and input into Previous Treatment and Response • Inform individual what he will need to work on through the next month and how this will guide him toward his discharge criteria

Note: The team structure/process remains the same for each WRPC; it is the content that would be pre-loaded that slightly differs

Key Indicators: _____
 Attachments: _____

Quarterly and Annual WRPC's (Observation Audits)

Topics - QID 9008 12-08

Facility:	Will Auto Populate _____	Auto Generate:	Click on Generate _____
CO #:	_____	Individual Name:	_____
Unit #:	_____	RRU, ICF, MA2:	_____
Program:	_____	Admit Date:	Will Auto Populate _____
Quarterly/Annual:	_____	WRP Conf Date:	_____
Team A, B, or C:	_____	Team Leader Name:	_____
Auditor Name:	_____		

Description	Yes	No	N/A	Comments
<i>All "No" and "N/A" responses require a comment indicating the rationale for scoring. Shaded boxes indicate the item cannot be scored as the shaded criteria. Must complete this audit on 20% of all Quarterly and Annual WRPC's in the review month (random sample).</i>				
WRP Observation Audit Form 9008 12 08				
Who attended the WRP? NAME & TITLE				
1. Individual:				
2. Psychiatrist:				
3. Psychologist:				
4. SW: or BSII:				
5. RN:				
6. PT: or US:				
7. RT:				
8. Others: (n/a if none)				
1. Each team is led by a clinical professional who is involved in the care of the Individual. (C1b)				
a. Team Leader is a CORE team member and				
b. Team Leader is apparent <not required to state>.				
2. Each team member functions in an interdisciplinary fashion. Process is evident (C1c)				Review of process.

Description	Yes	No	N/A	Comments
a. Perspectives from multiple disciplines on assessments (formal/informal) were presented. <u>(Is it obvious that members updated their sections? & each provides update at team?)</u>				
b. The team reviews and updates the DMH WRPC Task Tracking form <u>(Task Tracking form reviewed? If no items, team stated "NONE")</u> and...				
c. Perspectives from multiple disciplines on outcomes are presented. <u>(TTF outcomes discussed? If no items, score "Y" if 2b "Y")</u>				Dental, Dietary, Nursing, etc...
3. Each team member participates appropriately in competently & knowledgeably assessing the Individual on an ongoing basis and in developing, monitoring, & as necessary, revising the therapeutic & rehabilitation services. Content is evident				Review of content.
a. Team members present relevant & appropriate content for the discipline-specific assessments as clinically indicated. The PT presents global observations for the WRP review period <u>(Were clinically indicated assessments presented? & Did PT present Global observations? If not, did other member credit PT when giving update?)</u> and				
b. Team members present their assessments and consultations as listed in the Task Tracking form. <u>(Were TTF assessments / consults presented? If pending items, were timeframes / barriers discussed? If no items, team stated "none")</u>				
4. Assessment results and, as clinically relevant, consultation results, are communicated to the team members, along with the implications of those results for diagnosis, therapy and rehabilitation by no later than the next review. (C1f) <u>(If #3 "N" then #4 "N" Were assessment/consult implications communicated? Were attachments & key indicators discussed?)</u>				
5. The team identified someone to be responsible for the scheduling and coordination of assessments and team meetings, the drafting of integrated treatment plans, and the scheduling and coordination of necessary progress reviews. (C1g) <u>(Apparent recorder <don't need to announce>? Appointment card given for next team?)</u>				
6. Individuals have substantive input into the therapeutic and rehabilitation service planning process, including but not limited to input about mall groups and therapies appropriate to their WRP.				Review of process.
a. The WRPT asks the Individual for his or her input into the evaluation of progress on each objective, as clinically indicated. <u>(Was each active objective opened & discussed with indiv? Score N/A if not coherent, not present, excessively hostile or leaves conf → remember to make comment)</u>				
b. When the Individual has achieved an objective, the WRPT discusses with the Individual the groups (and Individual therapy, as appropriate) available for the next objective. If possible, the Individual makes a choice from several equivalent options. <u>(Were all Obj. opened? If Obj. met, were groups suggested? N/A if no Obj. met, Indv not present, New Intervention prior to team, or Focus 6 Obj. since there may not be groups avail.)</u>				

Description	Yes	No	N/A	Comments
<p>c. The WRPT reviews the BY CHOICE points, preferences and allocation with the Individual. The Individual determines how he or she will allocate the points between WRPCs. <u>(Was ByChoice section reviewed? Did indiv give input? Were reasonable changes allowed? If refusing, did team mention that? N/A if not present or if discussed w/ indiv prior to team)</u></p>				
<p>d. When the Individual identifies cultural preferences, the team updates the case formulation and may incorporate them into the Individual's WRP objectives and interventions, as relevant. <u>(Were cultural pref reviewed? Did indiv identify new pref? Was section updated accordingly? Were pref incorp into WRP obj/intv <as relevant>? N/A if no pref voiced or indiv not present)</u></p>				
<p>7. The review process includes an assessment of progress related to discharge to the most integrated setting appropriate to meet the Individual's assessed needs, consistent with his/her legal status.</p>				Review of process.
<p>a. The team reviews all Foci that are barriers to discharge, and <u>(Were foci 1,3,5 (barriers to d/c) reviewed?)</u></p>				
<p>b. The team reviews the PSR Mall Facilitator's Monthly Progress Notes for all objectives related to discharge. <u>(Were progress notes reviewed for obj. r/t d/c (Foci 1,3,5)? If no notes avail & team states it, score "Y"; If indiv not in any groups & team states it, score "Y")</u></p>				
<p>8. Progress reviews and revision recommendations are based on data collected as specified in the therapeutic and rehabilitation service plan. (C2g.iv)</p>				Review of process.
<p>a. The team reviews the PSR Mall Facilitator's Monthly Progress Notes for all current objectives and interventions for this Individual <u>(Were progress notes reviewed for all other obj.?)</u> <u>Or did team mention that there are no progress notes?</u> <u>Or did team mention that indiv is not enrolled in any groups? &</u></p>				
<p>b. Revisions to the WRP are based on the data provided by the group facilitator or Individual therapist in the PSR Mall Facilitator's Monthly Progress Notes, if applicable. <u>(Were progress note recommendations carried out?)</u> <u>Or did team mention that there are no progress notes?</u> <u>Or did team mention that indiv is not enrolled in any groups?</u></p>				
<p>9. Each State hospital shall ensure that, beginning at the time of admission and continuously throughout the Individual's stay, the Individual is an active participant in the discharge planning process, to the fullest extent possible, given the Individual's level of functioning and legal status. <u>(Did team inquire about d/c progress?)</u> <u>N/A if indiv not present or team states that indiv not coherent)</u></p>				