



CPSP

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CPSP Goal

- ❖ Improve the health of low-income pregnant women and give their babies a healthy start in life



There are over 1,500 approved CPSP providers

CPSP practitioners:

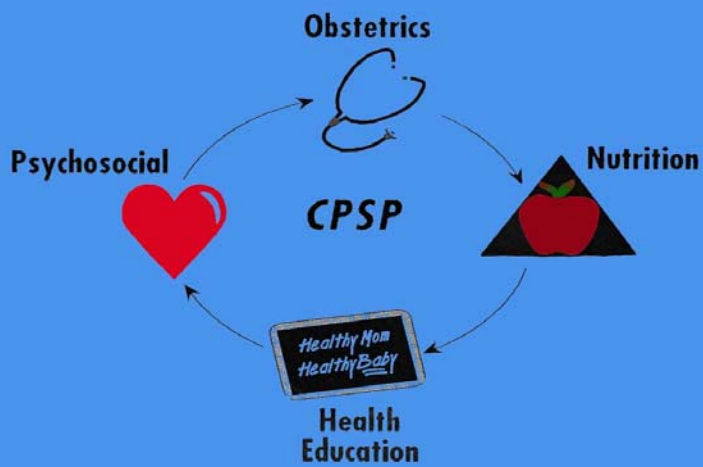
- MD's
- CNM's
- NP's
- PA's
- RN's
- LVN's
- RD's
- Social Workers
- Psychologists
- HE
- MFCC
- CBE (LaMaze, ICEA, Bradley)
- CPHW

Characteristics of CPSP Care

CPSP services provided are

- Client-centered
- Multi-disciplinary
- Culturally competent

4 CPSP Service Areas



Scope of Services

CPSP Services



Case Coordination

Means:

- Organizing the provision of comprehensive perinatal services
- Includes but is not limited to supervision of all aspects of patient care including
 - Antepartum
 - Intrapartum
 - Postpartum

Demystifying the Individual Care Plan

(ICP)

Training Goals

- To promote a better understanding of the ICP
- To improve skill level in doing the ICP
- To provide better patient care

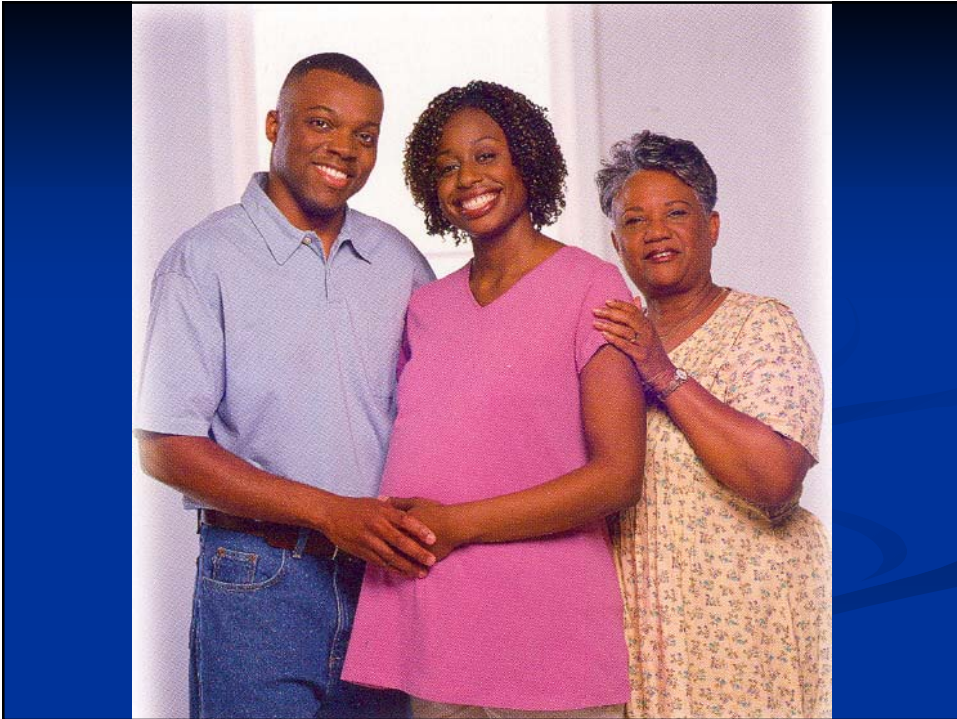
Individualized Care Plan

- A tool for coordinating perinatal care
- Covers all 4 components
OB, P/S, Nutrition, HE
- Identifies strengths
- Prioritize risk conditions/problems

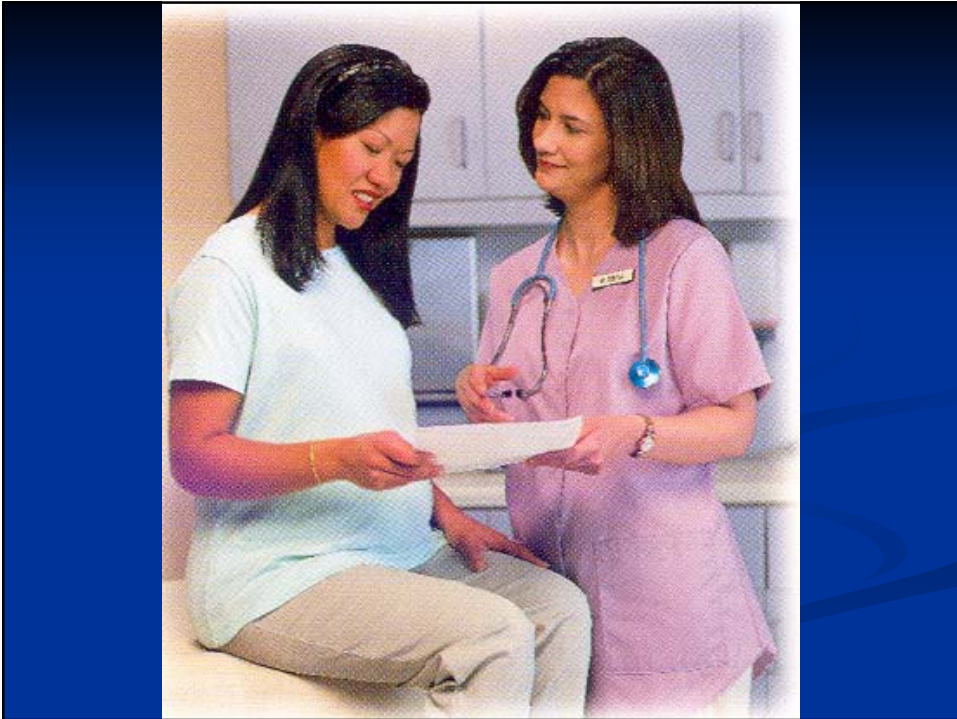
Individualized Care Plan

- Goals for interventions and outcomes
- Referrals
- And identifies who is responsible for carrying out proposed interventions

The ICP should build on the client's strengths, not simply identify her deficits



The ICP is made in
consultation with the client



The whole purpose of
conducting the assessment and
creating the ICP

Common Concerns & Exposures



is to support her strengths and
facilitate change



so she can improve her health
and that of her baby



Mandated referrals

- WIC
- Genetic Screening
- Dental Care
- Family Planning
- CHDP

Reassessments

- Reassessments in each of the discipline areas must be offered each trimester and postpartum
- The ICP must be revised accordingly

Most providers reassess at each visit (“what’s changed for you since your last visit”) and modify the ICP as needed

Stages of Change

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance

Learning New Information (STT FS-19)

- People remember.....
 - 10% of what they read
 - 20% of what they hear
 - 30% of what they see
 - 50% of what they see and hear
 - 70% of what they say or write, and
 - 90% of what they say as they do a thing

Cultural Considerations

Honor and Respect

- Behaviors
- Attitudes
- Values
- Beliefs

INDIVIDUALIZED CARE PLAN (ICP)

Patient: _____ Gravid: _____ Para: _____ EDC: _____
Provider Name: _____ Case Coordinator Name: _____
Provider's Signature: _____ Date: _____

Date: _____ <u>Strengths Identified:</u>	Identified Problem/ Risk/Concern	Teaching/ Counseling/ Referral	Follow-up Reassessment Date- Outcome/Plan	Follow-up Reassessment Date- Outcome/Plan
	Goal:			
Date: _____ <u>Strengths Identified:</u>	Goal:			

ICP

- When charting, the first initial, last name, title and date are required with every entry.
- Maybe used in conjunction with standardized prenatal/postpartum education or services checklist and may reference protocols.
- Address obstetrical, nutrition, psychosocial, and health education problems/needs/strengths.

ICP

- Both the Provider and Case Coordinator's names must be on the ICP
- The Provider must also sign the ICP

ICP

- Patient Name: _____
- DOB: _____
- Health Plan: _____
- I.D. # _____

Practicum

Client --Ana Flores

- Work together
- Review the Prenatal Combined Assessment Tool
- Using the ICP, identify strengths, problems/risks /concerns
- What health education do you want to provide? Referrals?



What are her strengths?

- Motivated to learn
- Motivated to change behavior
- Family support
- Still in school

Date: 9/9/02	Identified Problem/ Risk/Concern	Teaching/ Counseling/ Referral		
Strengths Identified: ~ Motivated to learn ~ Motivated to change behavior ~ Family support ~ Still in school				

What are the problems/risks identified?

- She smokes a 1/2 pack of cigarettes/day
- Anemia – HCT 32.5%
- Drinks a 6 pack of beer on the weekend
- Potential domestic violence

Date: 9/9/02	Identified Problem/ Risk/Concern	Teaching/ Counseling/ Referral		
Strengths Identified: ~ Motivated to learn ~ Motivated to change behavior ~ Family support ~ Still in school	Smokes ½ pack of cigarettes/day Goal: Client agrees to cut down to 3 cigarettes/day by next visit			

What interventions would you do?

- Utilize protocols
- STT
- Refer to stop smoking hot line?
- Other?

Date: 9/9/02	Identified Problem/ Risk/Concern	Teaching/ Counseling/ Referral
<u>Strengths Identified:</u> ~ Motivated to learn ~ Motivated to change behavior ~ Family support ~ Still in school	Smokes ½ pack of Cigarettes/day Goal: Client agrees to cut down to 3 cigarettes/day by next visit	Intervention per STT Referred to 1-800-45-NO FUME <i>R. Dixon, CPHW</i>

Date: 9/9/02	Identified Problem/ Risk/Concern	Teaching/ Counseling/ Referral
<u>Strengths Identified:</u> ~ As above	Anemia – Hct 32.5% Goal: Client agrees - to increase iron rich foods in her diet.	Intervention per STT –N 33,37 Iron rich food list given STT - N 61 Ref to WIC <i>R. Dixon, CPHW</i>

Would you refer her to the RD?

- Discussion (Ana also has pre-pregnant weight of 101 lb and has nausea/vomiting)

- Depends on providers resources and protocols

Date: 9/9/02	Identified Problem/ Risk/Concern	Teaching/ Counseling/ Referral
<u>Strengths Identified:</u> ~ As above	Potential for domestic violence Goal: Client agrees to be aware of boyfriends anger and call 911 if needed	Intervention per STT <i>R. Dixon, CPHW</i>

Date: 9/9/02	Identified Problem/ Risk/Concern	Teaching/ Counseling/ Referral
<p>Strengths Identified:</p> <p>~ As above</p>	<p>Drinks 6 Pack of beer each weekend</p> <p>Goal: Client agrees - to reduce amount of beer each weekend so that by next visit she will not be drinking beer or any other alcohol</p>	<p>Intervention per STT Disc w provider</p> <p><i>R. Dixon, CPHW</i></p>

Reassessments

- What are issues and successes on Ana's next assessment regarding her goal of reducing her smoking?
- Let's see what this would look like on the ICP

Date: 9/9/02	Identified Problem/ Risk/Concern	Teaching/ Counseling/ Referral	Follow-up Reassessment Date- 10/11/02 Outcome/Plan	Follow-up Reassessm ent Date- Outcome/Pl an
<u>Strengths Identified:</u> ~ Motivated to learn ~ Motivated to change behavior ~ Family support	Smokes ½ pack of Cigarettes/day Goal: Client agree to cut down to 3 cigarettes/day by next visit	Intervention per STT. Referred to 1-800-45-NO FUME <i>R. Dixon, CPHW</i>	Cut down to 4 cigarettes/day Intervention per protocol & monitor Keep smoking log/diary Goal: Reduce to 2 cigarettes by next visit <i>S. Reyes, RN</i>	

Date: 9/9/02	Identified Problem/ Risk/Concern	Teaching/ Counseling/ Referral	Follow-up Reassessment Date- 10/11/02 Outcome/Plan	Follow-up Reassessm ent Date- Outcome/ Plan
<u>Strengths Identified:</u> ~ As above	Anemia – Hct 32.5% Goal: Client agrees - to increase iron rich foods in her diet.	Intervention per STT. Iron rich food list given Ref to WIC <i>R. Dixon, CPHW</i>	HCT 33% Enrolled at WIC Iron rich foods per protocols Goal: Con't with Inc. Fe rich foods. Monitor <i>S. Reyes, RN</i>	

Would you refer her to the RD?

- Discussion (Ana also has a gain of 1 lb since last visit and still has nausea/vomiting)

- Yes

Date: 10/11/02	Identified Problem/ Risk/Concern	Teaching/ Counseling/ Referral
<p><u>Strengths Identified:</u></p> <p>As above</p>	<p>Inadequate weight gain</p> <p>Goal:</p> <p>Client agrees to try ideas in handout & to see RD</p>	<p>Intervention per STT N 33, 37</p> <p>Being seen at WIC</p> <p>Ref to RD</p> <p><i>R. Dixon, CPHW</i></p>

Date: 9/9/02	Identified Problem/ Risk/Concern	Teaching/ Counseling/ Referral	Follow-up Reassessment Date- 10/11/02 Outcome/Plan	Follow-up Reassess ment Date- Outcome/ Plan
<u>Strengths Identified:</u> ~ As above	Potential for domestic violence Goal: Client agrees to be aware of boyfriends anger and call 911 if needed	Intervention per STT. <i>R. Dixon, CPHW</i>	Con't to monitor situation DV video & class <i>S. Reyes, RN</i>	

Date: 9/9/02	Identified Problem/ Risk/Concern	Teaching/ Counseling/ Referral	Follow-up Reassessment Date- 10/11/02 Outcome/Plan	Follow-up Reassess ment Date- Outcome/ Plan
<u>Strengths Identified:</u> ~ As above	Drinks 6 Pack of beer each weekend Goal: Client agrees - to reduce amount of beer each weekend so that by next visit she will not be drinking beer or any other alcohol	Intervention per STT. <i>R. Dixon, CPHW</i>	Per protocol Disc w provider Video #3 Goal: Client agrees to reduce two beers each weekend. Monitor <i>S. Reyes, RN</i>	



Your work does
make a difference
in the lives of the
women and babies
you serve







Thanks for all you do

The End

