



Maternal, Child, and Adolescent Health Programs

Comprehensive Perinatal Services Program: Improving the Quality of Individualized Care Plans

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Background:

•The Comprehensive Perinatal Services Program (CPSP) is a statewide Medi-Cal program for low-income pregnant women that integrates nutrition, psychosocial, and health education with traditional obstetrical care. CPSP was based on a successful pilot project that demonstrated a one-third reduction in the incidence of low birth weight. Title 22 (California Code of Regulations) describes and defines regulations for CPSP. Our program staff monitor compliance with regulations, which entails a Quality Assurance (QA) visit. The QA visit focuses on the CPSP Individualized Care Plan - the single document that best serves as a proxy for the overall quality of CPSP services rendered.

•Elements of the Individualized Care Plan include

•The CPSP office offers a monthly CPSP Assessment & Care Plan training. Using a case study, participants are trained to conduct a CPSP assessment and develop an Individualized Care Plan, including: pregnancy-related risks identified during the CPSP assessment; development of risk-specific goals; provision of appropriate interventions to eliminate or ameliorate identified risks; and follow-up to evaluate interventions. A worksheet based on QA indicators is also utilized. To measure the effectiveness of the care plan component of the training, we reviewed care plans completed by training participants before and after training and then compared pre-training and post-training scores.

Objective:

•To enhance the quality of CPSP services in Los Angeles County by improving the quality of Individualized Care Plans.

Hypothesis:

•Since the CPSP Individualized Care Plan serves as a proxy for overall quality of CPSP services, it is critical that CPSP practitioners demonstrate the ability to develop an appropriate Individualized Care Plan. It is believed that training will improve the quality of Care Plans developed by CPSP practitioners, as demonstrated by an increase in Care Plan scores.

Method:

1. CPSP practitioners who registered for ICP training were asked to fax 5 completed care plans prior to training
2. Care Plans were scored on a 0 to 2 grading scale (0 = No Credit; 1= Half Credit and 2= Full Credit) for three key Care Plan components: risks identified; risk-specific goals; appropriate intervention(s) for the risk identified
3. 3 months after attending the training, the same CPSP practitioners were asked to fax 5 more care plans that were completed after attending the class
4. Care plans were scored using the same indicators as the pre-training care plans.
5. Pre- and post-training scores were compared.

Results:

•26 out of 76 (34%) practitioners participated in the study within a 3 month period. Many trainees declined to submit care plans because they feared low scores would have a negative impact on their employment.

• When compared by years of experience, all groups had higher post-training care plan scores.

•Participants with 1-5 years of experience had the highest post-training scores and also showed the greatest improvement

Conclusion:

•CPSP practitioners that attend training have a better understanding of the care plan development. Thus, all CPSP practitioners are encouraged to participate trainings in order to improve the quality care for their patients.

•In this study, we categorized care plan scores based practitioners' years of experience in CPSP: < 1 year; 1-5 years; > 5 years and unknown. Those with one year or less CPSP experience and those with five years or more similar scores on the pre- and post-tests. This may be due to the of the small sample size. Those with one year experience or likely received lower scores due to lack of experience. While we expected those with the most CPSP experience to score higher than the other groups, many of these participants may have been trained several years earlier when there was less emphasis on the care plan.

•If the CPSP Care Plan is indeed a proxy for overall quality of prenatal care, an improvement in birth outcomes for CPSP clients should become even more evident.

