

Planning & Action

Maternal Infant Health Program
Safety and Action Plans

Objectives

- Provide an overview of Safety Plan
- Purpose of Safety Plan
- Introduce the Action Plan
- Discuss Action Plan purpose
- Introduce completion instructions



Safety Plan

Safety through Preparedness

Importance

- Planning for the unexpected
- Planning for the expected
- Having written plans in place expedites response
- Allow for emergency protocols to be put in place
- EVERYONE needs to have safety plans in place: you, I, our beneficiaries, businesses, schools, cities, states, countries...



Planning for the Expected and Unexpected



MIHP Safety Plan

This plan belongs to: _____

I am concerned about:

Strengths and Supports:

_____	_____
_____	_____
_____	_____
_____	_____

My plan:

Name	Phone Number
Friend/Family/Local Support: _____	_____
Friend/Family/Local Support: _____	_____
Friend/Family/Local Support: _____	_____

This plan will be shared with: _____

We will look at this plan again on _____ to see how it is working and if any changes need to be made.

If I need help, my family and I are not safe or there is an emergency, I will call 9-1-1.



Completion Instructions

Developing a MIHP Safety Plan is required for the six below domains:

Stress/Depression Maternal

High Risk: Intervention #13

Abuse/Violence Maternal

High Risk: Intervention #14

Substance Exposed Infant: Positive at Birth

Moderate Risk: Intervention #9

Substance Exposed Infant: Primary Caregiver Use

Moderate Risk: Intervention #11

Substance Exposed Infant: Environment

High Risk: Intervention #9:

***Infant Safety**

High Risk: Intervention #6:

This plan belongs to:

Suggest having the beneficiary/caregiver write her/his or the family name on the line.

I am concerned about:

Using motivational interviewing techniques, assist the beneficiary/caregiver with identifying a concern they are willing to define and take steps to prevent/avoid/manage. This section does not need to be risk domain specific and can address concerns beyond the mother-infant dyad health and well-being. The section is meant to offer space for the beneficiary/caregiver to explore areas where an established safety plan is useful.

For example, I am concerned about:

- If there is a fire in the building

- My baby's safety when I get sleepy after I take my medication

- My stress level when my step-mother comes after the baby is born

- When the snow gets bad

Strengths and Supports:

Use a strength-based perspective and your professional observations to engage and empower the beneficiary/caregiver to discuss her/his strengths and supports. MIHP providers should be creative and support the beneficiary/caregiver in exploring their definition of strength and support. This section can include concrete supports (i.e. owning a car, grandmother lives nearby, owns a crib), emotional strengths (i.e. love for the baby, knows there is a problem, wants to be a good dad), supportive people and community resources among others.

My plan:

Collaborate with the beneficiary/caregiver in thinking through the specific steps to prevent/avoid/manage their concern. Utilize the back of this sheet of paper if additional space is needed.

Friend/Family/Local Support:

Encourage the beneficiary/caregiver to write out at least one person/organization that they would be comfortable if they need assistance or support. Always emphasize that if there is an emergency to call 9-1-1.

This plan will be shared with:

Input the MIHP provider's name on the line and ask the beneficiary/caregiver if she/he would like to share this plan with anyone else in their life. It is recommended that if there is a person listed in the 'Strengths and Supports' or the Friend/Family/Local Support area, the Safety Plan is shared with them.

We will look at this plan again on _____ to see how it is working and if changes need to be made.

Pick an estimated follow-up date to review the Safety Plan with the beneficiary/caregiver. After each professional visit where the Safety Plan is discussed the MIHP provider should write an additional follow-up date on this document to reassure the beneficiary/caregiver of your continued support of her/his Safety Plan.

Chart Documentation:

Every beneficiary chart (maternal and infant) must have at least one completed MIHP Safety Plan. All sections of the MIHP Safety Plan must be filled out to be considered complete. Please leave the Safety Plan with the beneficiary, if permitted.

Maternal and Infant Professional Progress Note (PVPN):

Check the "MIHP Safety Plan completed/reviewed" box on the second page of the PVPN.

Identify the risk domain intervention number on the 'Interventions Provided [List Intervention Numbers]:' line provided and document the beneficiary/caregiver response in 'Narrative about Beneficiary/Caregiver Reaction to Intervention Provided'

Any additional documentation on the MIHP Safety Plan is recorded under 'Other visit information'

Our Plans Change: Revisit the Safety Plan





Action Plan

Putting thoughts into action!

Taking the Next Step in the Journey



MIHP Action Plan

This plan belongs to: _____

Goal(s): _____

Examples:



☐ Make better food choices



☐ Cut down on smoking



☐ Find time for relaxation



☐ Talk about things that are bothering me



☐ Increase my exercise



☐ Make medication schedule

Steps I will take to meet my goal(s):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Some things that could get in the way of my goal(s) are:

Strengths and Supports:

_____	_____
_____	_____
_____	_____

How sure are you that you can follow this action plan? (Circle one)

VERY SURE

SURE

SOMEWHAT SURE

NOT SURE AT ALL

I will start this plan: _____

We will look at this plan again on _____ to see how it is working and if any changes need to be made.

This plan will be shared with: _____





Completion Instructions

This plan belongs to:

Suggest having the beneficiary/caregiver write her/his or the family name on the line.

Goal(s):

Using motivational interviewing techniques, MIHP providers consider the following questions as they work with the beneficiary to develop their chosen goal.

Specific: What exactly does the beneficiary/caregiver want to do?

Measurable: How will progress be tracked? How will success be defined?

Attainable: Is the goal realistic for the beneficiary/caregiver? Does the beneficiary/caregiver have what they need to succeed?

Relevant: Why does the beneficiary/caregiver want to do this? Does it matter to them?

Time-Bound: What is the timeframe for this goal? When do they want to achieve this goal?

Examples:

Below the Goal(s) section are a few images with examples of themes for the MIHP Action Plan. These images may assist the MIHP provider and beneficiary/caregiver to think about areas where an Action Plan may be appropriate. The MIHP provider-beneficiary/caregiver duo may check one of the boxes but must provide further details in the 'Goal(s)' section.

Steps I will take to meet my goal(s):

Collaborate with the beneficiary/caregiver in thinking through the specific steps to reach their chosen goal. Utilize the back of this sheet of paper if additional space is needed.

Some things that could get in the way of my goal(s) are:

Utilize this section to think through the barriers that have kept the beneficiary/caregiver from achieving this goal.

Strengths and Supports:

Use a strength-based perspective and your professional observations to engage and empower the beneficiary/caregiver to discuss her/his strengths and supports. MIHP providers should be creative and support the beneficiary/caregiver in exploring their definition of strength and support. This section can include concrete supports (i.e. owning a car, grandmother lives nearby, owns a crib), emotional strengths (i.e. love for the baby, knows there is a problem, wants to be a good dad), supportive people and community resources among others.

How sure are you that you can follow this action plan?

Have the beneficiary circle one of the four options based on their understanding of the Action Plan. If the beneficiary circles SOMEWHAT SURE or NOT SURE AT ALL, it is recommended that the goal is altered until the beneficiary feels more confident in implanting the Action Plan.

I will start this plan:

Enter the estimated start date for the Action Plan.

We will look at this plan again on _____ to see how it is working and if changes need to be made.

Pick an estimated follow-up date to review the Action Plan with the beneficiary/caregiver. After each professional visit where the Action Plan is discussed the MIHP provider should write an additional follow-up date on this document to reassure the beneficiary/caregiver of your continued support of her/his Action Plan.

This plan will be shared with:

Input the MIHP provider's name on the line and ask the beneficiary/caregiver if she/he would like to share this plan with anyone else in their life. It is recommended that if there is a person listed in the 'Strengths and Supports' area, the Action Plan is shared with them.

MIHP Action Plan Documentation

Chart Documentation:

Every beneficiary chart (maternal and infant) must have at least one completed MIHP Action Plan. All sections of the MIHP Action Plan must be filled out to be considered complete. The Action Plan should be given to the beneficiary, unless she/he declines.

Maternal and Infant Professional Progress Note (PVPN):

Check the “MIHP Action Plan completed/reviewed” box on the second page of the PVPN.

If the MIHP Action Plan is risk domain specific, identify the risk domain intervention number on the ‘Interventions Provided [List Intervention Numbers]:’ line provided and document the beneficiary/caregiver response in ‘Narrative about Beneficiary/Caregiver Reaction to Intervention Provided’

Any additional documentation on the MIHP Action Plan is recorded under ‘Other visit information’

Plans Change: Revisit Frequently





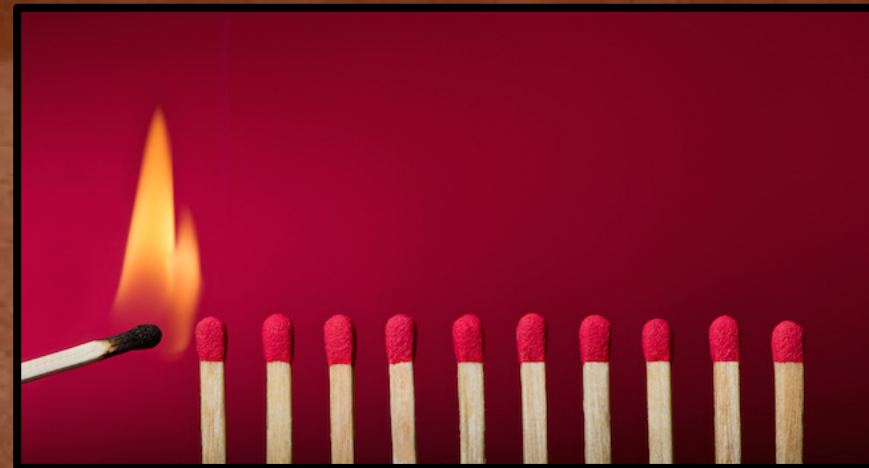
Practice Leads to Perfection

Introduction of Practice Exercise

Take-A-Way Messages

**Taking the first
“action” step in the
journey!**

Tipping Point: “moment when something becomes irreversible and unstoppable, building with momentum, often slowly and quietly, until it hits that point where it is impossible to return to its previous state” (Malcom Gladwell)



Looking Ahead

Plan of Care 2: Depression

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