

HOME VISIT



- ❑ The family has been the main focus of health care and related services provided in the community.
- ❑ Immunization, prenatal care and childbirth education classes, senior centers – the clients who avail these services are members of families.



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- ❑ Working in the community and being able to visit families in their homes is a privilege.
- ❑ Our homes are our private spaces.
 - ❑ To let a stranger into our home takes a certain amount of trust.
 - ❑ To enter a client's family home also takes trust on the part of the nurse.



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- ❑ Each family is unique; so are their homes and communities.
- ❑ Family-level problem solving techniques are needed to deal with important health issues including health promotion, pregnancy and childbirth, acute life-threatening illness, chronic illness, substance abuse, domestic violence, and terminal illness.
- ❑ The first step is to develop **family assessment skills**.

- ❑ Family visits need not be limited to homes. The nurse must be creative in accommodating various family schedules and routines.
- ❑ Sometimes, visiting clients where they spend their time during the day helps to enhance family assessment.
- ❑ Regardless of the family's location, the client is the family.

Nursing Home Visit

- A nursing home visit allows the health worker to assess the home and family situations in order to provide the necessary nursing care and health related activities.
- In performing home visits, it is essential to prepare a plan of visit to meet the needs of the client and achieve the best results of desired outcomes.



PURPOSES :

- To give nursing care to the sick, to a postpartum mother and her newborn with the view to teach a responsible family member to give the subsequent care.
- To assess the living condition of the patient and his family and their health practices in order to provide the appropriate health teaching.
- To detect , help, prevent and report the presence of communicable diseases and give health teachings regarding the prevention and control of diseases.
- To establish close relationship between the health agencies and the public for the promotion of health.
- To make use of the inter-referral system and to promote the utilization of community services

Principles in Preparing for a Nursing Visit

1. A home visit must have a purpose or objective.
2. Planning for a home visit should make use of all available information about the patient and his family through family records, knowledge of health center personnel and other existing agencies that have given services to this particular family.
3. Planning for a home visit should revolve around the essential needs of the client and his family, but priority should be given to those needs recognized by the family itself.
4. Planning of continuing and delivery of care should involve the individual and family.
5. The plan should be flexible.

Frequency of Home Visit



- There is no definite rules as to frequency of home visits.
- Since a given population in a community is always much more than health personnel can handle, priority selection according to needs should be a factor in determining the frequency home visit to the client and family.
- However, the following general principles are suggested for guidance of the Community Health Nurse as to frequency.

Guidelines to be considered regarding the frequency of home visits:

- The physical, psychological and educational needs of the individual and family.
- The acceptance of the family for the services to be rendered, their interest and the willingness to cooperate.
- The policy of a specific agency and the emphasis given towards their health programs.
- Take into account other health agencies and the number of health personnel already involved in the care of a specific family.

Guidelines to be considered regarding the frequency of home visits:

- Careful evaluation of past services given to the family and how the family avails of the nursing services.
- The ability of the patient and his family to recognize their own needs, their knowledge of available resources and their ability to make use of their resources for their benefits.
- The need for nursing care

Examples:

Prenatal	7 th month pregnancy & below	- once a month
	8 th month	- twice a month
	9 th month	- once a week



- Examples:

Post Natal Visit – daily home visit until the cord is off, then twice a week, until the baby is one month old. After a month, require the mother to bring the baby to the health center.

Morbidity – as often as necessary

Home Supervision – spacing of home visits is based on the principle that the Learning is more effective if the learning periods are at frequent intervals.

Priorities :

1. Those expectant mothers who do not have a prenatal check-up within reasonable distance from their home.
2. Those who for one reason or another, do not visit the clinic:

e.g:
 - a. Those who have previous abnormal pregnancies
 - b. Those who are mentally ill
 - c. Those who are very poor
3. Those whom the clinic doctor request follow up visit at home

- Families have routines that are important to them, and taking a large portion of time out of their day may lead to resentment, putting future visits in jeopardy.



Nursing Skills Used During Home Visits

- ❑ Many skills, in addition to expert nursing skills, are needed when assessing, planning, implementing, and evaluating services in the home.
- ❑ Expert interviewing skills and effective communication techniques are essential for effective family intervention.
- ❑ **Acute observation skills**
 - ❑ In addition to focusing on the family members' concerns and the purpose of the visit, you need to be observant about the neighborhood, travel safety, home environmental conditions, number of household members, client demeanor and body language, and other nonverbal cues.

Nursing Skills Used During Home Visits

❑ Assessment of home environmental conditions

- ❑ The information about resources that you have been gathering while traveling to and arriving at the family home will be used during planning with the family.
- ❑ It is important to remember that neighborhood conditions and even the physical appearance of the house may contradict the family's values, resources, and goals.

Nursing Skills Used During Home Visits

☐ **Assessment of body language and other nonverbal cues**

- ☐ Being human, you may form opinions or make judgments about the family from the initial meeting. Know that they are doing the same.
- ☐ Acknowledge and greet all household members.
- ☐ Each family member is important and has opinions and health care needs.
- ☐ Observations such as , “You seem anxious today,” or “Did I come at a bad time? You seem distracted” are openings that allow family members to express what is on their minds.
- ☐ Be also aware of your own body language.

Preparation for Home Visit

- Assemble records and study the case to be visited
- List the names and addresses in duplicate form in order of the visit.
- Take one list with you to serve as your guide and leave the other copy in the health center for the supervisor to know your whereabouts.
- Consider your personal safety while traveling and in the neighborhood.

*Arrangement of visit should be as follows:

1. Postnatal Cases
2. Prenatal
3. Clients with communicable diseases



PHASES OF HOME VISIT

1. Planning

- ✓ Starts at the health center
- ✓ Makes a study on the status of the family; family information such as address, contact number)
- ✓ Statement of the problem
- ✓ Formation of objective
- ✓ Community health nurse design a plan for the initial family health visit based on a referral (request for service from another agency or person).
- ✓ Referrals may be formal (coming from complementary agencies) or informal (from friends or relatives who believe that someone needs help).
- ✓ Setting of date and time of visit.
- ✓ Preparation of the nursing bag; the supplies needed depend on the type of visit.

PHASES OF HOME VISIT

2. Socialization – first activity is to establish rapport and to gain trust of the family.

- ❑ Introduce yourself and explain the purpose of the visit.
- ❑ Spend the first few minutes of the visit establishing cordiality and getting acquainted.
- ❑ Use acute observational skills.
- ❑ Be sensitive to verbal and nonverbal cues.
- ❑ Become acquainted with all family and household members if you are making a home visit.
- ❑ Be accepting and listen carefully.

PHASES OF HOME VISIT

3. Activity

- ❑ Intervention / professional Phase
- ❑ Opportunity to provide or extend health services
- ❑ Standard Role of the Nurse: Independent, Dependent, and Interdependent
- ❑ To be effective, come in complete uniform (also bring a long umbrella with pointed end which serve as protection)
- ❑ Encourage each person to speak for himself.
- ❑ Help the family focus on issues and move towards the desired goals.
- ❑ Review the important points, emphasizing family strengths.
- ❑ Plan with the family for the next visit.

PHASES OF HOME VISIT

4. **Summarization** – ability to put into record and report about the outcome of the activity

- ☐ Documentation of each home visit is completed as soon as the nurse returns to the agency.
- ☐ Charting is encouraged at the end of the visit before leaving for the next one.
- ☐ You will be expected to complete the charting using agency forms, as soon as is practically possible.



DISPLAY 19.1 GUIDELINES FOR MAKING HOME VISITS: 30 STEPS TO SUCCESS

The following guidelines can be followed to evaluate yourself after making a home visit; or it can be a tool used when you are evaluated by another nurse (peer or instructor). Rate yourself using the following scale: 0 = does not apply, 1 = unsatisfactory, 2 = satisfactory.

Rating

Assessment

1. Studies referral, record, or other available data about the family.
2. Gathers community resource information potentially appropriate to the family.
3. Obtains appropriate supplies or educational material in anticipation of family needs.

Planning

4. Contacts family to set up an appropriate time for the home visit.
5. Ascertains correct address and directions to the family for the home visit.
6. Formulates a written plan for nursing intervention with each family member.
7. Organizes a chart with forms and charting tools based on the focus of the visit.
8. Plans a route to the family's home that is the most direct, being resource efficient.

Implementation

9. Travels the community with safety, locating the family home with ease.
10. Knocks on the door loudly enough to be heard and in a friendly manner.
11. Introduces self to family members in an appropriate manner.
12. Clearly states the reason for the visit.

13. Allows a few moments of socialization before beginning the visit.
14. Smiles, speaks in a pleasant, friendly tone of voice, and maintains eye contact.
15. Uses aseptic technique when providing nursing care.
16. Respects the dignity, privacy, safety, and comfort of family members.
17. Listens attentively to ascertain what family members are saying or implying.
18. Converses with family members during the home visit.
19. Communicates accurate and meaningful information to family members.
20. Responds to family members in a way that encourages them to continue talking.
21. Uses appropriate words of explanation for family member understanding.
22. Utilizes opportunities for incidental teaching.
23. Commends progress made by individual family members.
24. Explains nursing measures before, during, and after each procedure.
25. Shares the results of nursing measures with family members when indicated.
26. Closes the home visit by summarizing the main points of the visit.
27. Makes plans for the next visit, considering family member wishes.

Evaluation

28. Utilizes information gathered on the home visit to plan care for next visit.
29. Documents home visit in an appropriate and timely manner.
30. Completes a self-evaluation of the home visit.

Focus of Family Health Visits

- ❑ The focus of family health visits depends on the mission and resources of the agency providing the service and the needs of the families being served.
- ❑ In general, family health visits are designed to be:
 - ❑ educational,
 - ❑ to provide anticipatory guidance, and
 - ❑ to focus on health promotion and prevention.

Family education and Anticipatory Guidance

- ❑ Example: Prenatal, postpartum care, and newborn care
- ❑ Anticipatory guidance – information needed in the future regarding the child and the need for regular health care provider visits, immunizations, and safety awareness.
- ❑ Older adults – how to manage a chronic illness, enhance their nutrition, and practice safety measures to prevent injuries and falls.

Family Promotion and Illness Prevention

- ❑ Teaching people how to prevent illness and how to remain healthy is basic to community/public health nursing.
- ❑ Even with the limitations of chronic illnesses, family members can be taught health promotion activities to live as healthfully as possible.
- ❑ May include screening for HPN and elevated cholesterol, performing a physical assessment, and teaching of nutrition and safety.

THANK YOU!