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| **Change of Status/Discharge Form:**  (Please note: The Change of Status/Discharge Form is 2 pages) |

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| **Purpose:**  The primary purpose of this form is to record a change of status of a client or infant in the program, including graduation or leaving the program prior to the child’s second birthday. Because NFP is a primary prevention program, it is important to try to retain families in the program until the child reaches their second birthday in order to attain the targeted program goals and it is expected that NFP Nurses will make great efforts to adapt themselves in order to facilitate this. However, there may be circumstances that result in discharge from the program prior to the child’s second birthday. The NFP Nurse should not close a case prematurely because a client has missed or cancelled a few visits. Many of the clients need time to develop a trusting relationship with the Nurse. As a general guideline, the NFP Nurse should be persistent in attempting to engage clients in the program and to consider closing cases only after a few months of consistent effort to re-establish a working relationship. Based on findings from the NFP retention study, NFP Nurses are encouraged to regularly check-in with their clients regarding how the program is going for them. In particular the Nurse should directly address any ambivalence about participation in the NFP program and offer flexible scheduling and visit content to match their needs.[[1]](#footnote-1) Some clients may wish to take a break i.e. “vacation” from the program, or to request to resume home visits. Wherever possible, clients should be welcomed back to the program, even if discharged, as long as their child has not reached their second birthday. Each society will develop the own policies regarding how they will manage these situations.  **General Guidelines:**   * This form is completed each time there is a change of status for a specific client including: 1) temporary absence, 2) client initiated discharge, 3) move out-of-service area, 4) lost to follow-up, 5) unsafe to visit in the home and no other location available, 6) child is no longer in mother's custody, 7) client is in youth custody or prison and Nurse unable to visit, 8) death (mother, infant, or child)/ pregnancy loss, 9) unable to provide service to client, 10) client transfer to another NFP Nurse, and 11) completion of NFP program. Categories 1-8 include a box for the client returning to the program and/or home visits recommencing. * When completing this form, indicate the program phase (pregnancy, infancy, or toddler) during which the change occurred. This will facilitate tracking of client changes over the course of the program   **Definitions/Directions for Completing Form**  **Temporary absence:**   * Each society will set their own policy for how long a temporary absence can be accommodated, before a decision is made to discharge a client.   **Client initiated discharge**   * **Dissatisfied with program:** If all attempts to re-engage the client (e.g. offering flexible schedule or new Nurse) have been unsuccessful, use this option. * **Needs being met by another program:** If a client is receiving services from another program, she perceives all her needs are being met by this other program, and no longer wishes to participate in NFP, use this option. Note clients may participate in other programs while participating in NFP. * **Perceives that she has received what she needs from the program:** As the child grows there will be milestones and challenges that the program will address. If the Nurse has thoroughly informed the client of the goals and objectives of the program and the client still insists that she has received what she needs from the program, use this option. * **Pressure from family members to not continue NFP:** The NFP Nurse should take into consideration the circumstances surrounding the situation (intimate partner violence, misperceptions about NFP etc.) to determine the strategy for addressing this issue. If the client’s family does not support/approve of their participation and attempts to find a solution are not successful, use this option. * **Refused a new NFP Nurse:** Clients build strong relationships with their Nurse and they may refuse a new nurse when their Nurse is no longer able to provide service (Nurse leaves NFP, gets a promotion, goes on extended leave etc). If all attempts to transition the client to a new NFP Nurse have been unsuccessful, use this option. Nurse transition planning can help to decrease the likelihood of clients refusing a new Nurse. * **Refused NFP following report to Child Welfare Services:** Use this option when the client refuses further visits through the NFP program following a report to Child Welfare Services. This option is used when the client refuses further visits due to the Child Welfare report even if the NFP Nurse did not make the report. * **Returned to work or school:** One of the program goals is to have self-sufficient, healthy families. The success of having clients return to school and work may result in a reduction in time clients have available for visits. If all attempts to schedule visits to accommodate the client’s schedule (e.g. visiting at school/work during lunch break, visiting in the evening or weekend, shorter visits) have been unsuccessful, use this option.   **Client has moved out of service area**   * If the client has moved to an area where NFP not available, and it is not feasible for the NFP Nurse to continue visiting, use this option. If a client cannot be located and the nurse is unsure where the client has moved to, use “Unable to locate” instead   **Lost to follow-up**   * **Unable to locate:** If a client cannot be found and all attempts to contact the client have failed (e.g. phone is disconnected, mail returned as undeliverable, contacted family and friends), use this option. * **Excessive missed appointments/attempted visits:** If a client has missed many consecutive appointments or has had many consecutive attempted visits, use this option after all attempts to re-engage the client have been unsuccessful. This option is to be used when a nurse is in contact with the client, but the client has failed to keep scheduled visits.   **Baby/Child is no longer in mother's custody**   * Sometimes, success is helping a client decide that the best thing to do is relinquish her parental rights. * If only the client loses custody, the NFP program can continue with the child and another family member (e.g. father, grandmother).   **Unable to provide service to client**   * At times, a site may not be able to provide service to a client. Wherever possible the NFP Nurse, in consultation with her supervisor, will explore options to continue providing some level of service to the client such as delivering NFP with the assistance of a cultural interpreter, phone visits, etc.   **Pregnancy Loss/Infant Death**   * **A miscarriage or stillbirth** is a traumatic event for a client. If there are no surviving children, this technically signals the end of the program for a client. However, it is appropriate to continue grief visits with a client and her family after the death or miscarriage of her child in accordance with agency policy. Only fill out this form when grief visits have been discontinued. * **An infant/child death** is a traumatic event for a client. If there are no surviving children, this technically signals the end of the program for a client. However, it is appropriate to continue grief visits with a client and her family after the death of her child in accordance with agency policy. Only fill out this form when grief visits have been discontinued. Please fill in the date of the child’s death. If you know the cause of death please check the most appropriate box. If you do not know the cause of the child’s death or if the cause is not validated please check unknown. Please only check disease, illness, congenital malformation if that was the primary cause of death. For example a child may have a diagnosed heart malformation but the child died in a car accident. Then, the primary cause of death is accidental.   **Maternal death:**   * Maternal deaths will be a rare occurrence, but they may happen. This will be a traumatic event for the whole family, and it is appropriate to continue grief visits with her family in accordance with agency policy. * Please fill in the date of the client’s death. If you know the cause of death, check the most appropriate box. If you do not know the cause of the client’s death or if the cause is not validated, please check unknown. Please only check disease or illness if that was the primary cause of death. For example, a client may have diabetes but died in a car accident. Then, the primary cause of death is accidental. * The NFP Nurse will encourage the father or another family member who is caring for the child to continue with the NFP. If the NFP will continue, select **“NFP program to continue with primary caretaker”** and indicate who will be the primary caretaker – this person will be the person the NFP Nurse will make home visits with. If the family do not wish to continue with NFP, select “**NFP program will not continue**   **Client incarcerated:**   * A NFP Nurse can continue to visit with clients who are incarcerated in youth custody facilities or prisons within the service area, based on agency policy. * Home visits may need to be adjusted to accommodate the correctional facility’s visiting hours and the extra time required to enter the facility. * If a client is incarcerated without her baby – check off the appropriate box in #6 – Baby/Child no longer in mother’s custody” |

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| **Client Name:** |

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| **Client ID:** |  | **Nurse ID:** |  | **Date:** |

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| **Program Phase:** | Pregnancy | Infancy | Toddler |

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| 1. **Temporary absence (< 3 months) from the program** (select only one)::  * Client is taking temporary absence from the program * **Client has returned to NFP program after a temporary absence and home visits recommenced** |
| 1. **Client initiated discharge from the program** (select only one):  * Dissatisfied with program\ * Needs being met through another program * No time for visits * Perceives she has received what she needs from the program * perceives that she has sufficient knowledge or support * Pressure from family members to not continue NFP * Refused new NFP Nurse * Refused NFP following report to Child Welfare Services * Returned to school * Returned to work * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Client has returned to NFP program and home visits recommenced** |
| 1. **Client has moved out of service area** (select only one):  * Client has moved to an area where NFP not available. * **Client has returned to NFP service area and home visits recommenced** |
| 1. **Lost to follow-up** (select all that apply):  * Unable to locate * Excessive missed appointment/attempted visits * Over three months since last home visit * **Client has re-established contact with NFP Nurse and home visits recommenced** |
| 1. **Unsafe to visit in the home and no other location available** (select only one**):**  * Discharged from NFP * Home visits suspended but phone contact maintained * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Safety issue resolved and NFP home visits recommenced** |
| 1. **Baby/Child is no longer in mother's custody** (select only one):  * NFP Program will stop * Apprehended by child protection services * Baby given up for adoption * Kinship care; family not receptive to NFP home visits * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * NFP program to continue with different primary caretaker: * Baby’s father * Maternal grandmother * Other family member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Baby/child returned to mother’s custody** **and NFP home visits recommenced** |

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| 1. **Client is incarcerated in youth custody or prison** (select only one):  * NFP Nurse unable to visit (reason): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * NFP Nurse able to visit * **Client no longer in youth custody/ prison and NFP home visits have recommenced** | |
| 1. **Unable to provide service to client** (select only one):  * Unable to accommodate client-requested visiting schedule: * Evening visits * Weekend visits * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Unable to serve client due to language (provide details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **Issue resolved and NFP home visits recommenced** | |
| 1. **Pregnancy Loss/Child Death** (select only one):  * Miscarriage/ Still Birth: Date of loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (yyyy/mm/dd) * Infant/Child Death: Date of child’s death:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(yyyy/mm/dd) * Disease * Illness * Accidental * Homicide * Unknown | |
| 1. **Maternal Death** (select only one):  * Disease * Illness * Accidental * Suicide * Homicide * Unknown | Date of client’s death:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(yyyy/mm/dd)   * **NFP program to continue with primary caretaker:** * Baby’s father * Maternal grandmother * Other family member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * **NFP program will not continue** |
| 1. **Client transfer to another NFP Nurse** (select only one):  * Client moved to a different NFP site * Client requested change in Nurse * Client returning to NFP but original NFP Nurse’s caseload is full * NFP Nurse on leave-of-absence * NFP Nurse resigned/took on new work assignment/retired * NFP Nurse returning from leave and client is being transferred back to her * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 1. **Completion of NFP Program** (select only one):  * Child reached second birthday – timed out * Graduated from NFP Program | |

1. Ingoldsby EM, Baca P, McClatchey MW, Luckey DW, Ramsey MO, Loch JM, Olds DL. (2013).Quasi-Experimental Trial of Intervention to Increase Participant Retention and Completed Home Visits in the Nurse-Family Partnership. Prev Sci. 2013; 14(6):525–534. [↑](#footnote-ref-1)