

Home Visit Encounter Form

(Please note: The Home Visit Encounter Form is 2 pages)

Purpose:

This form provides information about every visit that a client receives including: the duration and location; participants' engagement; program content covered; whether the visit resulted in any referrals to government or community services, and plans for the next visit. This form supports program documentation and reporting on fidelity requirements. Additionally, this form records the content and length of each visit which will help determine whether clients in the NFP program are receiving similar services to participants in the previous randomized controlled trials. The purpose of the cancelled visits options is to 1) Show the efforts the NHV makes trying to connect with clients; and 1) Identify trends for specific clients, teams, and individual NHVs.

General Guidelines:

This form is completed every time a Nurse Home Visitor (NHV) meets with a client and/or her family, attempts to meet with a client and/or her family, and/or the client or NHV cancels the appointment.

Definitions/Directions for Completing Form

Duration:

- Total time of the visit. Include only the time spent with the client or family member during the visit.

Completed Home Visit

- Any direct face-to-face contact in which you are interacting with the client or someone from her family where significant program material is covered.
- Although most visits will be at the client's home, visits may take place elsewhere, as long as the NHV is covering program content with the client or her family

Attempted Visit

- When a NHV attempts/goes to a client's home for a scheduled or unscheduled appointment and the client is not home or not answering the door.
- Record the date, duration of attempted contact, and program phase.

Visit cancelled by client

- The visit is cancelled by client and the visit cannot be rescheduled to meet the NFP visiting schedule timelines
- Record the date, and indicate the program phase

Cancelled by NHV

- Any visit cancelled by the NHV within 24 hours of the scheduled appointment and the visit cannot be rescheduled to meet the visiting schedule timeline
- The purpose of the cancelled visits options is to show the efforts of the NHV. This information will be reported in the Content and Length of Client Visit report. You only need to fill out the top portion of the form. Please enter the start time of the contact when the cancellation was made. The end time should reflect when the contact ended. If a NHV spends time on the phone discussing program content when a visit is being cancelled, s/he should record this data on the Alternative Encounter form, in addition to completing the Home Visit Form.
- Record the date, and indicate the program phase

Location of Visit:

- The client's home is where the client sleeps at least 4 nights per week.
- If a client is living at a homeless shelter, group facility or in a jail mark "Client's home" on the Home Visit Encounter form as this is where she sleeps at least 4 nights per week. We will know by the answer to the question on the **Client Intake** forms that the client resides in a group home, shelter or correctional facility.

Participant(s) Engagement in Visit: Use the following scale to indicate how involved the client; client's mother and/or husband/partner were in the visit.

- **Rate 1 if :**
 - The person has little interaction other than being present. Greeting to the NHV and eye contact is minimal. This person has no involvement in the session, seems to not be listening and may even be engaging in an independent activity (such as watching TV, texting or reading). Attempts at conversation come to a dead end. They may tolerate the NHV's presence, but show few signs of excitement or interest in the session.
- **Rate 2 or 3 if:**
 - The person shows an average amount of involvement in the visit, keeping eye contact, listening most of the time, and speaking up. They may make it through a good part of the planned content, but may fade out towards the end of the visit, or they may be "slow to warm up", becoming more engaged towards the end. The NHV may feel that s/he has to jump-start activities or conversations, but then the client follows along and there is some two-way interaction. The client is willing to engage in some of the programme (that is, their attention to the NHV is not just social or superficial).
- **Rate 4 or 5 if:**
 - The person is involved in the entire visit. They are very interested in the content, even if they do not fully understand it. They have taken a very active role in the agenda matching and the content of the session, fully maintaining a two-way conversation with the NHV. They are fully invested in spending time with the NHV, whether that means that they are eager and glad to be with the NHV or that they strongly disagree or are in conflict with him/her. Their enthusiasm or involvement is apparent and contagious.

Understanding of Material

- Use the following scale to indicate the client's and/or family member understanding of the material.
- **Rate 1 if:**
 - The person seemed very confused with a large portion of the material presented. There was difficulty in conveying even relatively basic points to them, and this difficulty forced considerable changes in the planned visit.
- **Rate 2 or 3 if:**
 - The person had mild problems understanding the material. Some points have to be repeated, rephrased or simplified before she can understand it or show some comprehension of the material. Therefore, there is little change from the planned visit. This score can also be given if the person showed confusion over only small portions of the material, but this does not detract from an overall understanding of the "bigger picture".
- **Rate 4 or 5 if:**
 - The person seemed to have an almost intuitive understanding of the material presented in the visit, so little additional explanation was necessary. The NHV may feel as though the client and the nurse "are on the same wavelength". The person gives multiple signs of demonstrating understanding, such as rephrasing points in different ways or bringing up aspects related to the material that had not been initially covered.

Percent of Time Spent on Each Program Area

- Estimate the relative proportion of time (0 – 100%) during the visit spent covering each of the five content domains listed.
- Make sure that the total amount of time adds up to 100%.
- If the NHV spends no time in a domain, score it "0" (zero); this can also be left blank. Given that the emphasis on a particular content domain within the home visit guidelines varies from visit to visit, it is not expected that the NHV consistently records an equal amount of time spent on each program area.
- The five content domains are:
 - Personal Health: refers to mother's health both pre and post-natal, e.g., nutrition and exercise requirements, fatigue and loss of sleep, physical or emotional symptoms, birth control, pre-term labour, substance abuse, mental health, etc.
 - Environmental Health: refers to factors within the home, work, school, neighbourhood or community which have the potential to adversely impact mother or child's health/safety, e.g., domestic violence, inadequate heating, gangs, etc.
 - Life Course Development: mother's plans for the future related to education, job training, employment, and decisions about planning further children, etc.

- Maternal Role: mother's adjustment to the responsibilities of the maternal role, facilitation of infant attachment, child care, immunisations and well-child care, discipline, promotion of child development, physical, behavioural and emotional care of child, etc.
- Friends and Family: mother's development of social networks and other support systems, changes in relationships with husband/partner, assistance with childcare, etc.
- Note: Usually, any discussion of Health and Human Services (the sixth domain) arises because of a need identified in one of the other content domains, so a separate category for time spent discussing community resources is not included. For example, a client's interest in completing her education may lead to discussion about educational support for young mothers available to her and the agencies she should contact for more information; interest in completing education falls within the "Life Course Development" domain. Apply discussions about community resources to one of the applicable content domains specified above.

Percent of planned content covered

- The purpose of this item is to help determine whether the NHV is able to cover program material that both the NHV and client planned to cover – this planning will have occurred prior to this visit.
- Estimate the total proportion of the planned content covered during this visit. This is not a reflection of the content covered for the particular visit, rather it is what ACTUALLY happened during the visit.
- In order to agenda match the NHV has the flexibility to move topics included in the home visit guidelines from one visit to another especially for clients who enter the program later in pregnancy (e.g. 26 weeks gestation). The NHV may need to rearrange visit content in order to cover the essentials for a given client prior to the birth.
- When planned in advance of the visit, reapportioning visit content or covering a topic at a time other than when it appears in the Visit to Visit Guidelines because a client expresses interest in the topic need not be viewed as not following the program plan.
- During many visits, the NHV may not cover all the planned material.
- However, the NHV may find that on some visits clients are so distracted by an immediate crisis that you have to set aside much of the plans for the visit in order to help the client problem-solve how to handle the crisis (e.g. utilities have been turned off due to lack of payment, or there has been a recent incident of intimate partner violence and client is asking for help on how to handle it).
- When this occurs, it is to be expected that agenda matching within a visit will need to estimate the percentage of time spent following the plans that had been established for the visit versus that spent dealing with a crisis or unexpected need of the client.
- The goal is that planned content does not take a back seat to crisis the majority of the time, since the planned content is that which is expected to provide the long-term benefits of the program. However, it is important to remember that some clients will always have a crisis and this may detract from undertaking any of the program content. Part of the NFP program is to help clients regulate and problem solve, so you the NHV will need to decide when to respond to regular crisis, and when to encourage the client with some of the established program which will help the client deal with crises in the longer term. In these circumstances, NHVs will estimate the percentage of planned content against their original plans and will indicate that less than 100% of the planned material was covered. This will enable NHVs and supervisors to see how much of the planned content for each visit is undertaken and be curious about how nurses are managing the 'creative tension' between planned content and flexibility in response to client's needs and current challenges.
- Planning visits with clients instead of for them is what puts the "partnership" in Nurse-Family Partnership. When clients feel invested in the program through planning visits, it may have a positive effect on the number of completed visits and client retention.

Home Visit Encounter Form



Client Name: _____

Client ID: _____

Nurse ID: _____

Date: _____

Duration of Visit (min): _____

Mileage (km): _____

Program Phase: Pregnancy Infancy Toddler

Visit: Completed Cancelled by client
 Attempted Cancelled by NHV

Location of Visit: Client's Home Doctor/ Clinic Public Health Office
 Family/ Friend's Home School Other _____

Who was Present at the Visit and Participated

Client Current Partner (Not Father of Child) NFP Supervisor
 Client's Mother Other Family Member Other NHV
 Client's Father Friend Health Care Professional
 Father of Child Foster parent(s) Other _____

Who was Present at the Visit But Did Not Participate

Client Current Partner (Not Father of Child) NFP Supervisor
 Client's Mother Other Family Member Other NHV
 Client's Father Friend Health Care Professional
 Father of Child Foster parent(s) Other _____

Interpreter Present: Yes No **Child present:** Yes No

Participant(s) Engagement in Visit: (Rate 1 = Low to 5 = High)

	Client	Client's Mother	Client's Father	Partner/ Child's Father	Friend	Other Family Member
Involvement						
Understanding of Material						
Acceptance of Material						

Home Visit Encounter Form



Percentage of time spent on each domain:	
My Health (Personal Health - Health Maintenance Practices; Nutrition and Exercise; Substance Use; Mental Health)	<input type="text"/> %
My Home (Environmental Health - Home; Work; School and Neighborhood)	<input type="text"/> %
My Life (Life Course - Family Planning; Education and Livelihood)	<input type="text"/> %
My Child/ Taking Care of My Child (Maternal Role - Mothering Role; Physical Care; Behavioral and Emotional Care of Child)	<input type="text"/> %
My Friends and Family (Personal Network Relationships; Assistance with Childcare)	<input type="text"/> %
Total (Must add up to 100%)	<input type="text"/> 100%
Percentage of planned content covered:	<input type="text"/> %

Referrals:

Did you make any referrals as a result of this visit? Yes No

If yes, please complete the "Referrals and Services Utilization" Form.

Assessments Completed:

- ASQ/ASQ-SE
- Client Intake
- Dyadic Assessment
- Edinburgh Postnatal Depression Scale (EPDS)
- General Anxiety Disorder 7-item Scale (GAD-7)
- Health Habits
- Infant and Maternal Postpartum Assessment
- Infant Health Care
- IPV Universal Assessment
- Maternal Health Assessment:
- Patient Health Questionnaire-9 (PHQ-9)
- Referrals and Service Utilization
- Relationship Assessment
- STAR Framework

Next Visit Date: _____