



# Nurse-Family Partnership

*Helping First-Time Parents Succeed®*

# Telehealth Guidance Nurses

2018

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## Telehealth

There are situations when connecting with clients by means other than a home visit is preferred by the client, including connecting through telephone or other interactive technology. Telehealth is increasingly being utilized as a method to provide health care to people with chronic illnesses, people with health concerns needing close monitoring, people who have difficulty accessing health care due to geographic location or travel restrictions, as a modern and convenient method of obtaining health care for minor illnesses, and for obtaining health or parenting related information. Telehealth is also used to provide anticipatory guidance on a variety of topics, as well as encouragement related to behavior change (Hall & Bierman, 2015).

## Nurse-Family Partnership and Telehealth

There is evidence from the Nurse-Family Partnership (NFP) Elmira and Memphis trials and NFP client retention research that NFP dosage related to client outcomes is variable. The Elmira and Memphis NFP trials revealed that clients with high psychological resources had less in-person visits with equally good results compared to those with lower psychological resources (Olds & Korfmacher, 1998; Holland, 2014). Research provides evidence that offering flexibility in the visit schedule, location, and program content contributes to client retention (Olds, Baca, McClatchey, Ingoldsby, Luckey, Knudtson, Loch, and Ramsey, 2015). It is surmised that keeping in touch with clients until their child is age two years supports clients' positive program outcomes. However, clients' needs change over the course of the NFP program, and there are situations when in-person visits are either not feasible or are not necessary based on a nursing assessment of a client's current risk status, strengths, and global protective factors. In these situations, it is recommended that the visit schedule be adjusted and that alternative visit approaches be considered. This methodology offers nurse home visitors flexibility to increase visits when necessary for higher risk clients and decrease and offer visits through methods other than in-person when appropriate to meet the needs of individual clients. This strategy can benefit NFP nurses to retain clients through graduation and to maintain a full caseload.

While telehealth is not a required component of the NFP model, its use is encouraged to support visit schedule adjustment, caseload management, and client engagement and retention. Telehealth was used during the NFP trials as part of the model.

## Key Benefits of Using Telehealth in NFP

1. **To increase client retention due to flexibility in visit schedule and/or venue.** Telehealth provides a viable alternative when visits in the home are either unsafe for the client and nurse or not viable for the client (e.g., she has returned to work or school). This increases the likelihood that the client will remain in the program until the end and will benefit from the full scope of the program, and thus maximize the possibility of achieving the three program outcomes.

2. **To allocate home visiting resources more efficiently and effectively.** Low-risk clients who meet the criteria identified later in this guidance document may be offered the opportunity to receive some home visits via telehealth. Telehealth can also be used to augment the contact NFP nurses have with their high-risk clients.
3. **To acknowledge some non-in-person client contacts as visits.** NFP nurse home visitors often provide significant information, support, guidance, and referrals via telephone and other interactive technology. When these encounters meet the requirements for NFP telehealth visit, they will be counted in the NFP data collection and reporting systems as completed visits. Criteria for what constitutes an NFP telehealth visit is included in this document.

NFP nurse home visitors should remain alert to the possibility that clients may be pressured into limiting face-to-face contact with the nurse by others in the home who wish to limit the nurse's access to the family for reasons that may be detrimental to the client and the child's welfare.

## **Advantages and Challenges using Telehealth**

There are anticipated advantages for both clients and nurses in using telehealth as well as some potential challenges.

### **Advantages**

The advantages of using telehealth for clients include the ongoing connection with the nurse throughout pregnancy and during the first two years of her child's life. When situations occur in the client's life that preclude in-person visits, the client demonstrates increased self-efficacy by communicating changing needs. This can be done by indicating a need for a different visit schedule or venue for the visits. Telehealth can be utilized to keep in touch between these more extended face-to-face visits. Often during these change cycles in a client's life, she sees her only option as discontinuing the program. The opportunity to continue visits in a different way allows the client to maintain this healthy nurse-client relationship through graduation. This allows the client the maximum amount of time to reach personal goals and program outcomes.

Both clients and babies experience illness which can result in reduced visits. The opportunity to stay connected by phone or other electronic medium and deliver program content benefits both the nurse and the client as the client still receives the connection with the nurse even though she may be confined to her home.

Nurses using telehealth benefit from a decrease in travel time and increased efficiency by utilizing time gained from no-shows. Telehealth offers an option for connecting with the client when a home visit would involve a significantly dangerous environment or situation. The nurse home visitor also receives credit for her visits that are not in-person, thereby incorporating more visits and clients into the schedule.

Nurses who offer program adaptation to clients experience higher retention of clients. Nurses at sites with low attrition are more uniformly committed to adapting the program to the participants' needs. In particular, nurses at low attrition sites are more likely to relate the program to women's specific concerns about pregnancy and parenting, to emphasize that the NFP program is designed to assist them, and that the nurse home visitor's goal is to help participants achieve their goals for themselves and their babies. (O'Brien, Moritz, Luckey, McClatchey, Ingoldsby, Olds, 2012).

## Challenges

Some of the potential challenges nurses and clients may experience using telehealth include acceptance of telehealth visits by funders and other stakeholders, accessibility and functionality of equipment and technology, varying comfort levels in using technology for a visit, and client limitations in phone plan or data usage.

Nurse home visitors may find communicating by phone challenging when facial cues and other visualization opportunities are missing. There are concerns around safety when others can hear or observe visit content both for face-to-face and telehealth visits. Face-to-face visits allow the advantage of moving the location or ending the discussion and moving on when safety concerns are observed. This can be more difficult during a telehealth communication.

Nurses and stakeholders may feel that telehealth is overused. The guidance below is intended to address issues around frequency of visits and content delivery to ensure that telehealth visits produce a quality, significant encounter. For instance, the NFP nurse supervisor will review individual nurse and network partner data and will discuss telehealth plans during one-to-one (1:1) supervision. Clients will be assessed for visit quality and adjusted schedules will be reviewed to ensure clients are getting what they need from the program. Nurses and supervisors can use case conference and team meetings to further assess client care and the use of telehealth, so it meets the highest program fidelity and serves the client. **Clients need to be seen every 90 days (or three months) for an in-person visit even if they are on an adjusted or alternate visit schedule.** Clients should not exceed three months without a face-to-face visit from a nurse home visitor.

## Telehealth Education and Support

Beginning January 2018, telehealth was incorporated into the NFP education curriculum. All elements of telehealth and how to use data collection forms with telehealth visits is covered in the initial education process for administrators, nurse supervisors, and nurse home visitors with content dependent on role. Nurse consultants will support network partners' ongoing use of telehealth during routine calls with supervisors. For NFP nurses and supervisors who attended Units 1 through 4 of Initial Education prior to the implementation of telehealth, the nurse consultant will support initial introduction and ongoing integration of telehealth in to practice.

## NFP Visit Schedule

A recommended schedule for home visits has been in use since the original trial in Elmira, New York in the mid 1970's. During the NFP trials, nurse home visitors were encouraged to use flexibility with the recommended visit schedule and adjust the schedule based on client risks, needs, strengths, and availability. During the trials, clients and nurses connected through home visits and telephone contacts.

A simple relationship between visit dosage and outcomes does not exist as treatment conditions differ by client trajectories. Clients' needs change over the course of the NFP program, and retaining clients through the child reaching two years of age provides the opportunity for clients to maintain contact with nurse home visitors for anticipatory guidance on child growth and development, continued life course development, and support that contributes to a client's positive program outcomes. Ongoing connection provides the client with access to a nurse at critical junctures in both her and her child's life. Flexibility in visit schedule, content, and location all contribute to client retention (Olds, Baca, McClatchey, Ingoldsby, Luckey, Knudtson, Loch, and Ramsey 2014).

## Strengths and Risks (STAR) Framework

The Strengths and Risks (STAR) Framework is used in conjunction with the incorporation of telehealth visits in Nurse-Family Partnership. The STAR Framework is a part of the model and provides a structured approach for nurse home visitors to assess and document client strengths and risks in all NFP domains; to rank the risks as low, moderate, or high; to identify client stage of behavior change in relationship to the risk; and to identify client global protective factors. The STAR Framework is a living document that is updated on an ongoing basis. With this information, the nurse home visitor and client develop a plan for progress toward goals. As a means to reach these goals, the nurse and client develop a visit schedule that works for the client and that meets her needs related to her strengths and risks. Guidance on adjusting visit schedule using the STAR Framework is provided in the **Guidance for Adjusting Visit Schedule** document (found in the [Telehealth/Visit Schedule](#) page under Nursing Practice on the NFP Community). The nurse home visitor also communicates with the nurse supervisor to identify clients that may do just as well on a reduced visit schedule and visits completed through alternative methods. It is expected that NFP nurse home visitors use the STAR Framework to inform individual care of clients.

## Requirements for Telehealth Visits

The client has an active Strengths and Risks (STAR) Framework and the nurse home visitor is aware of the client's strengths, risks, and stages of behavior change, and her global protective factors.

Telehealth visits include the client and the nurse (others may participate but the client and nurse must be present).

Telehealth visits do not need to be pre-planned. One of the values of telehealth is being able to connect with the client when she cancels, cannot make in-person visits for a period, or needs additional support in between in-person visits.

During the pregnancy phase, telehealth visits are incorporated to provide added support in addition to in-person visits. Note: telehealth visits do not replace in-person visits during the pregnancy phase unless this is the client's request. If a pregnant client cancels and cannot reschedule the in-person visit, it would be better to have a phone visit than to not connect at all. Telehealth visits can be used in pregnancy in the case of inclement weather and for safety reasons. Telehealth visits should not be proactively offered by the nurse home visitor during pregnancy.

During the infancy and toddler phases, nurses work toward seeing clients in-person while providing flexibility to meet the client's needs:

- During the first four weeks post-partum, the client and her baby should be seen at least once in-person,
- During the first eight weeks post-partum, the client and her child should be seen at least twice in-person, and
- After three months post-partum and through year two, the client and her child are seen in-person and via telehealth on a schedule determined by the client and nurse home visitor with nurse supervisor input.

Significant information in at least one of the six NFP domains is covered.

The telehealth visit lasts a minimum of 10 to 15 minutes and covers the NFP visit structure.

The number of telehealth visits and spacing of telehealth visits and in-person visits is at the discretion of the client and nurse home visitor with input from the nurse supervisor.

**Clients need to be seen in-person every 90 days (or three months) even if they are on an adjusted/alternate visit schedule.**

An **Encounter** form is entered into the NFP or approved third party vendor data collection system.

A Home Visit form is completed and goals and expectations for the nurse and client are documented.

## Hybrid Approach to NFP Visits

### Initial Visits, Schedule, and Location

At the initial visit, the nurse home visitor clarifies that the visit schedule, visit location, and visit content are meant to meet the client's needs.

The nurse explains how often visits occur and that the frequency can be varied to meet the client's needs.

Periodically, the nurse and client assess together the client's preference for in-home, in-person visits and interest in other approaches to visits.

The client's strengths, risks, and global protective factors are assessed.

Guidance for using the Strengths and Risks (STAR) Framework to adjust visit schedule is used to inform visit schedule decisions.

Nurse home visitors may proactively bring up the topic of increased visits for a client with high-risks in multiple categories, in crisis, or needing increased encouragement and support for a specific behavior change.

The topic of a decreased visit schedule or communication through telehealth methods is discussed if the client is showing signs of disengagement—such as many missed visits, cutting visits short, has gone back to work or school—or at times when clients tend to leave the program such as after the birth of the baby or entering the toddler phase.

The nurse home visitor and nurse supervisor discuss the home visitor's comfort level with providing visits, support, and encouragement through telehealth. In addition, the supervisor discusses the home visitor's plan for adjusting caseload and visits per day/week/month with the addition of telehealth.

## Tips for Telehealth Visits

Be aware of how phone and video interactions are different from in-person encounters for the client and nurse.

1	Talk through the logistics of a telehealth visit with your client at an in-person visit. Talk through safety concerns and signals that can be made during a telehealth visit if the client needs to indicate a termination to the call through non-verbal cues on a video call or a catch phrase on a phone call.
2	Ensure both nurse and the client have a good phone or video connection.
3	Minimize distractions at both ends; ensure both client and nurse are in a quiet, comfortable, and private spot and be conscious of the ability for others on both ends to overhear conversations.
4	Nurses turn their cell phone to vibrate mode or desk phone to auto voicemail and place a "Do Not Disturb" sign on the door, does not receive phone calls, and doesn't reply to phone or email messages during the visit.
5	Set expectations ahead of time and again at the beginning of the visit (especially around the goal of the conversation, what you can and cannot accomplish in the time allotted during a telehealth visit, and accountability/follow-up for the visit).
6	If you (the nurse home visitor) are typing information during the phone or video visit, tell the client what you are doing so she knows you are documenting rather than working on other items during the visit.
7	Discuss with the client the lack of visualizing facial cues and body language, and that both of you will ask if there are concerns.
8	Silence may be more uncomfortable and may be more difficult to interpret.
9	There is no opportunity for demonstration of techniques or use of visual aids unless using a video chat format.
10	Think about the use of motivational interviewing on the call or video chat. It's still important that clients are hearing themselves voice reasons for change and specific commitments.
11	At the end of the call summarize what you believe you have both agreed too and complete the Home Visit form. The client copy of the form can be emailed if the client has email capability.
12	Be very specific about any instructions, recommendations, or referrals and have the client repeat them to you.
13	Document as you would any visit.



## Data Collection and Documentation

Nursing documentation should take place in the standard format used by the local network partner and NFP team regardless of visit location or venue, including telehealth visits. Visit documentation in the NFP data collection system (DCS) is completed using the **Encounter** form.

### Encounter Form

#### Completed Telehealth Encounter

A completed encounter captures the time the nurse home visitor spends by phone, virtually, etc. with a client when:

- A visit is planned and scheduled to be completed via telephone or other technology in place of an in-person visit.
- The client cancels a planned in-person visit and requests that the visit be completed by telephone or other interactive technology, and the visit is completed.
- The nurse home visitor cancels an in-person visit, and the client agrees to the visit via telephone or other interactive technology, and the visit is completed.
- A client or nurse cannot complete in-person visits for a specified period (no more than three consecutive months).
- An impromptu telephone contact, initiated by the nurse or client, covers significant content in one or more of the six NFP domains and lasts for 10 to 15 minutes or longer.

#### Filling out the Encounter form for Telehealth Encounters

- *Demographic information:* same as for an in-person visit
- *Total miles:* Zero (0)
- *Time:* must be a minimum of 10 to 15 minutes to be considered a telehealth visit
- *Encounter:* Check as you would for a home visit when this is a planned telehealth visit
- *Encounter Reason:* Check delivering content
- *Encounter Method:* Check technology used
- Indicate Reason telehealth visit was completed
- *Encounter Location:* Check other
- *Encounter Participants - Who Was Present at the Visit:* Check all that apply if other people are on speaker phone or participating via interactive technology
- *Participant Engaged in Visit:* Complete as would for an in-person visit
- *Percent of Time Spent on Each Program Area:* Complete as would for an in-person visit
- *Questions 1 to 2, Screening, and Referral Question:* Complete as would for an in-person visit

- It is possible to have more than one telehealth visit within the same day. If more than one telehealth visit occurs in one day, complete an **Encounter** form for all visits with a client in that day (i.e., record as more than one assessment).

### **Attempted Telehealth Encounter**

- If a telehealth visit has been scheduled with a client and the nurse is unable to reach the client at the time of the visit, this is considered an attempted visit.
- Check as an Attempted Encounter on the **Encounter** form.

### **Cancelled Encounter**

- If the client cancels an in-person visit, but a telehealth visit is completed within the same day as the original scheduled visit, check the **Encounter** form as a completed visit.
- If a telehealth visit is completed at a later date to substitute for the cancelled visit, mark cancelled on the **Encounter** form for the scheduled day and start a new **Home Visit Form** and **Encounter** form for the new visit.
- If a client contacts the nurse to cancel a telehealth encounter less than 24 hours in advance of a scheduled encounter, mark cancelled on the **Encounter** form.

### **Other Forms and NFP Facilitators Used During Telehealth Visits**

A blank **Home Visit Form** can be provided before the visit if the telehealth visit is preplanned, and the client can fill it out during the call. Another option is for the nurse home visitor to fill it out and send via e-mail or regular mail or through a phone picture included in a text message to the client. For network partners that require a client's signature at the time of the visit for Medicaid re-imburement or based on other local network partner policies, the guidance and process will be determined by the network partner and funder.

Nurse home visitors in the telehealth pilot either e-mailed the facilitators before, during, or after the telehealth meeting, mailed them via regular mail, or brought them to the client at the next in-person meeting after the telehealth meeting. Some nurse home visitors used information from the facilitators during the visit but did not provide a paper copy.

### **Telehealth Rules and Regulations**

Telehealth and privacy related policies, laws, and regulations vary by state. This document is intended to guide decisions around altering the NFP visit schedule and venue based on the nurse's assessment, Strengths and Risks Framework results, and client preference. This document is not intended to provide legal advice or direct the technical aspects related to the delivery of NFP through telehealth. The nurse's

assessment, an agency's legal counsel, HIPAA/Security Compliance Officer, and agency administrator should be involved in developing policies and procedures related to the use of telehealth in NFP and in a manner that supports funder or other audit requirements.

## **HIPAA Compliance and Privacy**

Visiting with clients through telehealth has both state privacy and HIPAA implications. Network partners should have in place reliable methods for verifying and authenticating the identities of the client and nurse home visitor at the beginning of each telehealth encounter. NFP home visitors and nurse supervisors meet with their agency administrator, HIPAA/Security Compliance Officer, and legal team to determine if the technologies they plan to use and the methods they plan to use are approved through their agency. A sample consent form and policy document are included in the following pages as an example.

## **Nurse Licensure**

It is the nurse and agency's responsibility to understand individual and state nurse license rules and regulations prior to providing care across state lines. This information can be found via state nursing board websites. In addition to state nursing licensing rules and regulations, providing care across county, zip code, or state lines, etc. is also dependent on individual agency or funder approval.

## **Medicaid Billing**

Medicaid billing differs from state to state, and reimbursement for telehealth is changing rapidly. Check Medicaid billing requirements at [www.medicaid.gov](http://www.medicaid.gov).

## **Recommendations for a Consent Form that Includes Telehealth**

Pregnant women sign consent to be part of the NFP program and receive visits from a nurse home visitor. Included in the standard consent is an explanation of NFP, an explanation of information sharing and privacy, and client rights. Your NFP consent for services form may need to be revised to include telehealth visits and sharing health related information through technology. The sample consent form in the following pages includes information regarding flexibility in visit scheduling, location, and content, and that visits may occur by telephone or other interaction technology methods.

Telehealth may be used with the client once the client has signed the consent form for telehealth visits. NFP nurse home visitors and nurse supervisors meet with their agency administrator, HIPAA/Security Compliance Officer, and Legal team to determine the appropriate consent wording for their agency.

If the client/mother no longer has custody or is no longer caring for the child, and the father or grandparent has become the "client" and wants to do telehealth, then telehealth could be used, consistent with the guidance provided to support continued enrollment in the NFP program to support the child.

## **Use of the Term Telehealth: Policy Recommendations**

Telehealth has always been used in NFP, although the terminology for this type of visit has changed over the years. Telehealth may have a variety of meanings to different funders and stakeholders. For purposes of this document and NFP practice, telehealth is described as connecting with clients through telephone or other interactive technology when home visits are not preferred or not possible (e.g., safety concerns, inclement weather, etc.). Alternate terms that may be used can be Phone, Telecommunications, Video, or Technology encounters.

Nurse-Family Partnership network partners will develop a telehealth policy and procedures related to providing NFP visits via telehealth. The sample policy in the following pages provides examples of purpose, definitions, rationale, and approach. The network partner's policy and procedures will be in keeping with their guidelines, the NFP program, fidelity to the NFP model, and be in alignment with the most current guidance related to NFP client visiting. In addition, NFP network partners will provide policy on allowed approaches and methods approved by their HIPAA Compliance/Security Officer and legal team. These should be listed in the policy as well as the approved procedures for using telehealth.

## Definitions

### Encounter

An encounter is an interaction between the nurse and client where content related to NFP and the NFP domains is delivered, discussed, or reinforced, or when support or encouragement is provided for a behavior change goal, or a referral is discussed or made for assistance, support, or health care. An encounter may not cover every item that is typically covered during a home visit and does not need to last the recommended one to one-and-a-half hours for a home visit but it does need to last a minimum of 10 to 15 minutes. An encounter covers meaningful content with the client and covers the NFP visit structure. Encounters may cover general content or may cover specific content such as support for breastfeeding, smoking cessation, childhood vaccines, discussion about a referral, or encouragement during difficult situations. For example, a reminder, confirmation, or scheduling of a home visit is not considered an encounter.


### Alternate/Alternative Visit Schedule

Any visit schedule that does not follow the standard NFP schedule of: weekly for the first four weeks, every other week until the baby is born, weekly for six weeks post-partum, every other week until 21 months, and monthly from 21 to 24 months. This includes an adjustment that is mutually agreed upon by the nurse and client and is planned in advance or is in response to a specific situation in the client's life. This does not include situations where visits are scheduled, and the client misses or cancels so that the client is only seen once that month or not at all that month. The alternate visit schedule is not referring to the time of day when clients are visited or the day of the week. For example, seeing a client early in the morning or in the evening or on weekends is not considered an alternate visit schedule.

### Current Clients

Clients who are currently enrolled in the NFP program and who are part of an active caseload.

## Sample Encounter Form

<b>Encounter</b>			
Client ID	<input type="text"/>	Client Name	<input type="text"/>
Date	<input type="text"/>	Time	From <input type="text"/> am/pm To <input type="text"/> am/pm
Total Miles	<input type="text"/>	Nurse Home Visitor ID	<input type="text"/>
		Nurse Home Visitor Name	<input type="text"/>
◆ Encounter <input type="checkbox"/> Completed <input type="checkbox"/> Attempted <input type="checkbox"/> Client cancelled visit <input type="checkbox"/> Nurse home visitor cancelled visit			
<b>Outcome:</b>			
◆ Encounter Reason: <input type="checkbox"/> Deliver Program Content <input type="checkbox"/> Client Care Coordination <input type="checkbox"/> Efforts to locate client <input type="checkbox"/> Other _____			
◆ Encounter Method: <input type="checkbox"/> In-person <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Telephone <input type="checkbox"/> Video Conference <input type="checkbox"/> Other _____			
◆ If method not In-person, indicate reason*: <input type="checkbox"/> Client low risk status <input type="checkbox"/> Client busy <input type="checkbox"/> Hard to locate for home visits <input type="checkbox"/> Weather conditions <input type="checkbox"/> Unsafe client neighborhood <input type="checkbox"/> Unsafe client home <input type="checkbox"/> Client preference/request (specify, if not listed above) _____ <input type="checkbox"/> Nurse preference/request (specify, if not listed above) _____ <input type="checkbox"/> Other (specify) _____			
*In consultation with and approved by your NFP Nurse Supervisor			
◆ Encounter Location: <input type="checkbox"/> Client's Home <input type="checkbox"/> School <input type="checkbox"/> Public/Private Agency <input type="checkbox"/> Family/Friend's Home <input type="checkbox"/> Employment <input type="checkbox"/> Other _____ <input type="checkbox"/> Doctor/Clinic			
◆ Encounter Participants: <input type="checkbox"/> Client <input type="checkbox"/> Current Husband/Partner <input type="checkbox"/> 2nd NFP Professional <input type="checkbox"/> Child <input type="checkbox"/> not FoC <input type="checkbox"/> Interpreter <input type="checkbox"/> Client's Mother <input type="checkbox"/> Other Family Member <input type="checkbox"/> Other Professional <input type="checkbox"/> Father of Child (FoC) <input type="checkbox"/> NFP Supervisor <input type="checkbox"/> Other Service Provider <input type="checkbox"/> Friend (s) <input type="checkbox"/> Child Welfare Services <input type="checkbox"/> Employer <input type="checkbox"/> Doctor/Clinic <input type="checkbox"/> School <input type="checkbox"/> Other			

## Sample Home Visit Form

<b>Nurse-Family Partnership Home Visit Form</b>				
NAME: _____	DATE OF BIRTH: _____			
DATE OF TODAY'S VISIT: _____				
<hr style="border: 2px solid black;"/> FEEDBACK ABOUT PREVIOUS ACTIVITIES:				
<hr style="border: 2px solid black;"/> AGREEMENT ABOUT ACTIVITIES BETWEEN VISITS:				
Family Agrees To	Nurse Home Visitor Agrees To			
<hr style="border: 2px solid black;"/> NEXT VISIT: _____ <table style="width: 100%; border: none; margin-top: 5px;"> <tr> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">DATE</td> <td style="width: 33%; text-align: center;">TIME</td> </tr> </table>		DAY	DATE	TIME
DAY	DATE	TIME		
PLANS FOR NEXT VISIT:				
NURSE HOME VISITOR: _____ SIGNATURE _____				
PHONE NUMBER: _____				
CLIENT NAME: _____ CLIENT SIGNATURE: _____				

## Sample Telehealth Consent Form

*This is a sample consent form only. Please revise this sample consent form to meet your agency's requirements.*

### Client Consent for Nurse-Family Partnership® Program and Authorization for Release of Health Information

*(Place on the local network partner's letterhead)*

#### What is the Nurse-Family Partnership?

The program provides education and support for new families. The goals are to help you have a healthy baby, learn how to promote your baby's health and development, and to help you achieve your own goals.

#### What is involved?

A Registered Nurse (RN) will visit you about every 1 to 2 weeks or on a schedule that meets your needs and desires. Visits will begin during pregnancy and continue until your child is 2 years old. Visits will be at times that work best for you and your nurse. Visits usually occur in your home and in person but can occur in another location of your choice. Connection with your nurse may also occur by telephone or other technology. The visits will cover information of interest to you related to your pregnancy, your baby, and your life goals. The visits usually last 1 to 1½ hours or for a length of time that works for you to have your questions answered and provide you with the supports you need and want. During visits you and your nurse may discuss your health, your goals as a parent, your child's health and behavior, your family, and support and referrals you may want.

#### What are my rights?

Being in the program is voluntary, and you may leave the program at any time.

#### Who do I call if I have questions or concerns?

If you have any questions or concerns about the program, please call (insert name of Nurse Supervisor), at (insert phone number).

#### Signatures:

Your signature means that you have decided to be in the Nurse-Family Partnership Program. You will get a copy of this consent form.

\_\_\_\_\_ My initials show I had a chance to ask questions about being in the program, and that my questions were answered.

_____ Participant's Signature	_____ Participant's Printed Name	_____ Date
_____ Parent/Legal Guardian Signature	_____ Parent/Legal Guardian Printed Name	_____ Date
_____ Nurse's Signature	_____ Nurse's Printed Name	_____ Date



*This is a sample only. Please revise this sample to meet your agency's requirements*

## **Authorization for Release of Health Information**

*(Place on the local network partner's letterhead)*

### **What about privacy?**

All of your individually identifiable health and non-health related information, which will be gathered by your nurse home visitor during your pregnancy and up to your child's second birthday, will be disclosed to the Nurse-Family Partnership National Service Office, which is monitoring how the program helps families. We may also share your information to help you get other services you need. We may use your information for program evaluation and improvement, but it will not have your name or other information such as your address or phone number to protect your identity. If you provide your Social Security number and/or Medicaid identification number, this additional information may be used to evaluate the long-term cost benefits of the program.

We will comply with state laws that require us to report if we have reason to believe a child is being abused or neglected. You have the right to review the Notice of Privacy Practices before you sign this authorization.

### **Can I restrict the use of my information?**

Yes. You have the right to request restrictions on how your information will be used and disclosed. We are not required by law to agree to your restrictions, but if we do agree, your restrictions are binding.

### **How long does this authorization last?**

This authorization will automatically expire when your child turns two years of age. You can revoke this authorization at any time by notifying your nurse in writing or the Nurse-Family Partnership Program in writing at **[list address where revocation must be delivered]**. If you revoke this authorization, your revocation won't be effective until after it is received and logged by the Nurse-Family Partnership program. Any use or disclosure of your information made before you revoke in writing will not be affected by your revocation.

This authorization will automatically expire when your child turns two years of age. You can revoke this authorization at any time by notifying your nurse in writing or the Nurse-Family Partnership Program in writing at [list address where revocation must be delivered]. If you revoke this authorization, your revocation won't be effective until after it is received and logged by the Nurse-Family Partnership Program. Any use or disclosure of your information made before you revoke in writing will not be affected by your revocation.

\_\_\_\_\_ My initials show I had a chance to ask questions about being in the program, and that my questions were answered.

_____ Participant's Signature	_____ Participant's Printed Name	_____ Date
_____ Parent/Legal Guardian Signature	_____ Parent/Legal Guardian Printed Name	_____ Date
_____ Nurse's Signature	_____ Nurse's Printed Name	_____ Date

*This is a sample policy only. Please revise this sample to meet your agency's requirements.*

**(Your Agency's Name)**  
**Nurse-Family Partnership Use of Telehealth**

<b>Policy Name:</b>	<b>Department:</b>	<b>Policy Number:</b>
<b>Related Procedures:</b>	<b>Originator:</b>	
<b>Effective Date:</b>	<b>Revised Date:</b>	<b>Approved Date:</b>

### **Purpose**

- To address the use of telehealth in the Nurse-Family Partnership (NFP) program as an extension of home visiting
- To provide a consistent process for various forms of telehealth to deliver NFP content

### **Definitions**

#### **Encounter**

An interaction between the nurse and client where content related to NFP and the NFP domains is delivered, discussed, or reinforced, or when support or encouragement is provided for a behavior change goal, or a referral is discussed or made for assistance, support, or health care. An encounter may not cover all the items that are typically covered during a home visit and does not need to last the recommended one to one-and-a-half hours for a home visit. An encounter covers meaningful content with the client. Encounters may cover general content or may cover specific content such as support for breastfeeding or smoking cessation or childhood vaccines, discussion about a referral, or encouragement during difficult situations. An encounter is not counted if meaningful NFP content is not discussed. For example, a reminder, confirmation, or scheduling a visit is not considered an encounter.

#### **Telehealth**

Any alternative to an in-person visit that uses technology

#### **Rationale:**

- Network Partners implement the Nurse-Family Partnership program with fidelity to the model. The NFP model of home visiting acknowledges that there are situations when a client cannot be visited in person or when additional encounters to provide information, encouragement, or support are provided via a method other than in-person.

- These situations may include when a client's schedule or circumstances are such that an in-person visit is not possible or when weather or safety situations preclude an in-person visit. At these times, rather than have the client miss a visit with her nurse or drop out of the program, it is preferable to provide some visits via telehealth.
- In addition, the Strengths and Risks (STAR) Framework is used to assess client strengths, risks, global protective factors, and goal attainment. The results of the STAR Framework may reveal factors that support decreased in-person visits for some clients while other clients may have risk factors that necessitate increased in-person visits. The use of the STAR Framework and telehealth assists nurses to balance the in-person visiting schedule to meet client needs.

## Policy

NFP clients are assessed using the Strengths and Risks Framework. The nurse and client discuss and agree upon the visit schedule, location, and visit content related to the six NFP domains, NFP outcomes, and client goals. Generally, and preferably, clients are seen in-person for their NFP visits; however, there may be situations when an in-person visit is not possible or not preferable. In these situations, a telehealth encounter may occur.

NFP clients may participate in non-in-person encounters with their nurse under specific situations including:

- Client request or preference
- Weather or other safety conditions
- Support, encouragement, referrals, and content delivery in addition to that provided at in-person visits

The following approaches are approved for NFP telehealth encounters:

- Phone
- Video conference, etc.
- **[Additional agency approvals and requirement]**

## Procedures

- Signed client consent for telehealth visits in chart.
- Verification of identity of client and nurse at start of each telehealth visit
- When completing a visit via video, documents, charts, phone messages, etc. for all other clients are out of view of the camera and the client
- When conversing via telephone with a client or using other technology for the visit, ensure that the area is private and no-one else is present or can hear the conversation
- When text messaging a client, use words and phrases that do not reveal confidential information
- Telehealth encounters follow the **[your agency's name]** Telehealth policy

- Encounters that occur via a non-in-person format are recorded in the agency record per standard nursing documentation.
- An Encounter form is completed and submitted through the NFP or approved third-party vendor's data collection system for each telehealth visit.

## Approval Signatures

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Name/Title

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Date

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Name/Title

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Date

## References

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## Telehealth Quick Guide

The use of telehealth encounters to provide additional support to clients with increased risks and to decrease the number and frequency of home visits to clients doing well has been a part of the NFP model since the first NFP randomized controlled trial in Elmira, New York.

Telehealth visits in the form of telephone encounters or other network partner approved technology were piloted in NFP by 10 local network partners in six states with positive responses from both clients and nurses.

### Visit Schedule

- **Pregnancy:** Use telehealth encounters to provide additional support to clients with higher risks.
- **Infancy and Toddler:** Use telehealth encounters to provide additional support to clients with higher risks. Home visits are decreased with clients who are doing well and/or have other situations like return to work or school that make it difficult to complete home visits. Nurse home visitors may also need to replace some home visits with telehealth visits due to illness, safety, or weather reasons.

### Strengths and Risks Framework

The Strengths and Risks Framework (STAR) is used to aid in determining the strengths and risks of clients. Use the **Guidance for Adjusting Visit Schedule** document to help in the use of STAR to make these decisions.

### Requirements

- Active Strengths and Risks Framework
- Telehealth visits include the client and the nurse (others may participate but the client and nurse must be present)
- Infancy & toddler:
  - Client and baby seen at least once in-person during the first four weeks post-partum
  - Client and baby seen at least twice in-person during the first eight weeks post-partum
  - After three months post-partum through year two, the client and her child are seen in-person and via telehealth on a schedule determined by the client and nurse with input from the supervisor
- Cover significant information in at least one of the six NFP domains
- The telehealth visit lasts a minimum of 10 to 15 minutes
- The number of telehealth visits and spacing of telehealth visits and in-person visits is at the discretion of the client and nurse home visitor with input from the supervisor
- Clients need to be seen in-person every 90 days or three months regardless of whether if they are on an adjusted/alternate visit schedule.

## **Forms**

- An **Encounter** form is entered into the NFP data collection system or an approved third-party vendor
- A **Home Visit** form is completed and documented

## **Telehealth Rules and Regulations, HIPAA Compliance and Privacy, Nursing Licensure, Medicaid Billing**

Individual local network partner, state Nursing board, and Medicaid are the sources for this information

## **Client Consent and Agency Policy and Procedure for Telehealth**

Individual agencies develop consent forms and policy and procedures. Samples are provided in the in full **Telehealth Guidance** document.