

## Home visit

Making family health visits is a unique role for nurses and is one of the activities common to most community health nurses. In some agencies, family health visits are conducted for only the most high-risk families. In other agencies, a visit is the method of choice for most care.

When nurses visit families, they must use acute observational skills, good verbal and nonverbal communication, assessment skills, and a “sixth sense” to guide them safely in the community and with the families they visit.

Some visits are conducted with families in settings other than their homes. Neighborhood clinics, schools, work places, or recreational settings may be the preferred or the only locations in which you can gather most of the family members for the visit.

Other families may be in transition and living in homeless shelters or with relatives or neighbors. These settings are familiar to the family and provide a unique environment for the nurse in which to visit the family.

Being well **prepared for a visit** is the first concern (e.g., know the location, have family health status information and needed materials). The visit should be conducted in an orderly and organized fashion.

Time should be allowed for getting acquainted, for the body of the visit, including teaching and anticipatory guidance, and for any other nursing care that may be a part of the visit. Concluding with a summary of the important parts of the visit and planning for the next visit ensures an appropriate ending.

Being safe in a neighborhood is important for all people. Community health nurses spend a great part of the day in the community, and safe travel is of constant importance. Use of a personal or agency car, public transportation, or walking to visit families each has its own set of precautions for personal safety. Even in a family’s home, personal safety must be a consideration. If family members are arguing or under the influence of drugs or alcohol, the situation may deteriorate rapidly and become unsafe; at this point, it is best to terminate the visit.

During the **implementation** phase of the family health visit, the nurse establishes a verbal or written contract with the family. This permits understanding by both the family and the nurse of the personal roles and responsibilities in the relationship. Empowerment of family members is significant for clients. People who are

empowered can help themselves for a lifetime and can make independent decisions about their own health.

**Evaluation** and preparation for the next visit completes the family health visit cycle. Three types of evaluation can be conducted at the end of a visit.

Recall of the structure-process assists the nurse in reflecting on the physical aspects of the visit that were positive or negative. Discovering these factors can help enhance the positive and eliminate the negative.

Evaluating whether the outcomes of the visit were achieved is done in a more formal way with agency documentation.

Because the purpose of conducting family health visits is to bring about positive changes in family behaviors, it is necessary to evaluate the achievement of mutual goals made by the nurse and the family.

The hardest part of evaluation is looking at yourself and how you conduct home visits. Often, peer evaluation is a helpful way to obtain feedback, because people tend to minimize their own strengths and overlook their weaknesses.

Conducting family health visits involves making referrals to other agencies and services on behalf of the family.

One agency cannot provide all the services that a family needs. Written or verbal forms of communicating a need involve contacting resources available in the community.

Community health nurses have unique skills in knowing and locating both official and voluntary services within their community. Such skills come with experience

## **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).

### 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. Knock 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