

# Nurse Home Visit (NHV) Guidelines

This guideline has been written for the primary health care nurse working in a general practice setting providing nursing services to a patient in their own home, for example wound care or health assessment. This may be suitable for a patient who, for medical or social reasons, is unable to attend the surgery and provides an opportunity to assess environmental and social factors impacting on the patient's health.

While home visiting has significant benefits to patients, there are a number of risks associated with nurse home visits (NHV) for the nurse, patient and employer that require policies and procedures to be established by practices or employers. These systems should address occupational health and safety (OH&S) requirements, potential risks and ensure the NHV role is maximised.

Your practice may have a policy that covers home visits and this document can be used to reflect on existing policy.

## The process

The nurse home visit process can be broken down into:

1. Planning
2. Implementation
3. Review

## Planning

### i) Raise whole of practice awareness of risks, benefits, processes and roles

To ensure a successful framework for the NHV there needs to be a whole of practice approach. Staff must be aware of the role they will play.

Schedule a team meeting within the practice, including but not limited to GPs, practice manager, general practice nurses and reception staff, to discuss the idea of implementing of NHVs. It is essential that every staff member is aware of the new service being offered by the practice, including the risk and benefits to the practice. It is important that each team member has the opportunity to contribute their unique input to the formation of the NHV procedure, and take responsibility for the maintenance of quality and safety in the delivery of the service.

## Suggested questions

- What NHV service will the practice provide?
- What is the timeline to implement this activity? Include scheduled times for other staff meetings.
- How will NHVs be scheduled into current sessions? E.g. is there a time of day, week, month or year when patient traffic is reliably less?
- Is there scope to employ another nurse to provide this new service?
- How often will NHVs be scheduled? E.g. daily/weekly/fortnightly.
- What is the time allocation for the NHVs?
- Who will be responsible for completing the tasks required for the procedure, systems and processes to work efficiently? E.g. booking the appointments, creation of related templates and documents, data searches to identifying patients, recall, reminder and follow-up of outcomes.
- Under what circumstances will NHVs not be provided? E.g. distance (no telephone coverage), safety (pets and animals), known aggressive patient or carer, patient isolation.
- How will the practice be alerted or made aware of risks?
- What level of nursing qualification will be required to perform a home visit?
- What nursing scope of practice is required? How will this be measured? What training is available to fill gaps in the provision of the service?
- Is there opportunity for professional development to increase the scope of practice of current staff members?
- In what kilometre radius will the practice offer to provide this service?
- Will there be provision for travel expense if private vehicles are used? Is the vehicle properly insured and maintained? Does the nurse have a full current driver's licence?
- Are the nurse and employer adequately insured to provide this service?

## Nurse Home Visit (NHV) Guidelines

### ii) Ascertain resources

It is important to plan what resources and skills are required to carry out the NHV.

Does/do the nurse/s have:

- suitable transport and current driver's licence;
- directory assistance/GPS navigation system;
- means of communication (to the practice/patient's home, e.g. mobile phone);
- means for documentation of notes (laptop or tablet);
- nurse's bag for equipment and consumables;
- esky (if immunisation provided);
- insurance to cover travel between the practice, patient's residence and return;
- insurance for passengers (patients, student nurses);
- public indemnity insurance;
- practice insurance?

Does the employer have templates for:

- logging kilometres travelled;
- logging time taken to conduct NHV;
- patient visit list and appointment times at reception;
- patient feedback/questionnaire;
- patient rights document, with information for the patient in regard to the NHV, OH&S expectations when a nurse enters their home (pets, smoking, other people, access), the patient's right to refuse or withdraw at any time;
- practice documentation/advertising to communicate the service to existing and new patients (including information about scheduling the service from a patient perspective);
- community health service provider/Aboriginal Health Service contacts?

The practice should have a travel policy in place which sufficiently remunerates the travel costs incurred by the nurse if using their own vehicle. The Australian Tax Office has a guide for appropriate kilometre allowances (search ATO website for cents per kilometer method).

The practice should have a process and insurance policy in the case of a motor vehicle accident, for example if a nurse is required to drive their own vehicle the practice will pay the excess incurred in an insurance claim should the nurse have an accident while in transit between the practice and patients' homes.

### iii) Safety for the nurse

**Safety is paramount for both the patient and the nurse.**

Safety in the workplace is critical to the success of any business, no matter what size. Employers have responsibilities regarding health and safety in the workplace including when the employee works off-site.

Knowing and understanding OH&S law will help employers avoid the unnecessary trauma, costs and damage caused by workplace injury and illness.

Visit <http://www.business.gov.au/BusinessTopics/Occupationalhealthandsafety/Pages/default.aspx>.

#### Personal safety

It is important to consider the personal safety of the nurse home visitor.

Consideration must be given to:

- the time of day this service will be offered (only daylight hours);
- communication with practice staff around time of departure and expected time of return;
- individual patient issues (infectious disease/immune status/mental health);
- adequate/safe parking at the residence;
- access to residence;
- location of the residence;
- other household residents;
- pets;
- nurse's natural instinct for unsafe environments;
- nurse's natural instinct for danger/risk;
- injury to nurse whilst in the patient's home (tripping, slipping);
- what to do in case of an accident or road rage;
- safe driving;
- unsecured equipment in vehicle;
- adverse weather (flood, fire, fog, storms);
- equipping the nurse with a personal duress alarm;
- attending a NHV in a pair, particularly where volatile behaviour is likely or unpredictable.

#### Definition of instinct

Behaviour that is mediated by reactions below the conscious level is largely inheritable and unalterable tendency of an organism to make a complex and specific response to environmental stimuli without involving reason.

## Nurse Home Visit (NHV) Guidelines

### Clinical safety

Consideration must be given to:

- needlesticks and sharps disposal;
- biohazardous waste disposal/cytotoxics;
- single use items disposal;
- transport of specimens;
- cold chain maintenance;
- infection control;
- equipment required to maintain clinical safety (gloves, goggles, hand wash, eskies for maintenance of thermostability).

### iv) Safety for the patient

The safety of the patient in this setting must also be considered, such as:

- maintenance of cold chain;
- sterile environments;
- of attending nurse's scope of practice;
- repercussions of decisions made;
- cultural sensitivity;
- provision of best practice in the home setting;
- patient rights.

### v) Billing arrangements for the NHV

How the NHV will be billed needs to be considered and communicated to all staff members and patients.

- Will there be a fee charged to the patient (non-Medicare rebate) for the convenience of the nurse attending the patient in their own home?
- How will the accounts be processed?
- Is remote processing an option?

### vi) Scope of the NHV

The practice must decide the boundaries for the NHV.

- What procedures and nurse activities will be provided or conducted using the NHV model? For example will the model be limited to dressings and health assessments?
- Will the practice provide a mobile flu vaccination service for their at risk patients who fall into a particular wellness category?

### Model for implementation

Once the planning sections have been considered it is possible to move forward to implementation by creating a model suitable for use in your particular practice.

What tools can be used to aid the implementation of new systems and processes?

As mentioned earlier in the ii) Ascertain resources section there are a number of templates that can be created to assist. Suggested templates include but are not limited to:

- checklist for NHV process;
- checklist of equipment and devices (for the NHV);
- patient visit list (including patient address, contact numbers and emergency contact details);
- patient rights document.

When the nurse is ready to depart he/she must advise a **minimum of two** staff members that he/she is commencing home visits, with one staff member responsible for logging the nurse's movements. More than one person **must** be made aware of the nurse's movements. Failure to do so could result in the breakdown of communication and increased risk to the nurse/practice, for instance if the one staff member who knows about the nurse's movements does not pass this information on and becomes unwell or goes to lunch, the chain of communication is broken.

## Nurse Home Visit (NHV) Guidelines

### Home visiting nurse will provide staff in practice with:

- a patient visit list including address and phone numbers;
- an expected time of return;
- a phone call at the completion of each consultation for tracking;
- the phone number for the mobile phone being taken on the visits.

### Staff in practice will:

- place the patient visit list in a designated area (reception/front desk);
- keep the patient visit list up-to-date with nurses movements (when the nurse phones to advise of the completion of a visit, it is logged on the patient visit list in practice);
- communicate changes to other staff members as required.

The nurse will complete all consultation notes in the patient's home (unless not appropriate), prior to beginning the next consultation.

With a focus on nurse safety, the nurse will call the practice at the end of each visit before progressing to the next NHV and will also communicate any unexpected circumstances that may delay arrival back at the practice (more than one hour). Calling from the patient's home to make a review appointment with the GP is sufficient and can help minimise time making phone calls.

On return to the practice the nurse will immediately advise staff members of their return. This time will be documented on the patient visit list, scanned and filed by administration staff.

The nurse will then attend to any specimens, cold chain requirements, restocking of used items and nurse bag, biohazardous waste, etc.

The nurse will then complete any follow-up work and documentation, hand over any urgent or critical information to the GP/s, complete phone calls and make follow-up appointments as required.

### Review

Upon completion of the first few visits it is important for the team to review the process, what issues arose and what improvements can be made. Some questions that may be considered include:

- Did we allocate enough time for visits, travel and documentation?
- Did the nurse feel safe?
- Were any risks identified that were not considered originally?
- Was the patient feedback positive or negative? How will patient feedback be collated and used (foundation for research/study)?
- Did everyone in the practice understand their role?
- Was documentation efficient, relevant, sufficient and/or clinically useful?

## Example templates

Example 1. Patient list (may be electronic or hard copy)

Patient name	Address	Phone	Emergency contact/ Patient carer/ Next of kin	Estimated time required for visit	Activity/ Assessment to carry out	Visit start time	Visit completion time	Notes/ Alerts
								Deaf
								Aggressive dog

Example 2. Checklist of equipment and devices (may be electronic or hard copy)

Item	
Nurse bag (stocked adequately)	
Laptop/tablet/other	
Mobile phone (fully charged)	
Car keys	
Patient visit list	
Other	

## Nurse Home Visit (NHV) Guidelines

### Sample flow chart

The use of a flow chart can be helpful when planning your model. Below is an example that can be adjusted as required to suit your practice policy.

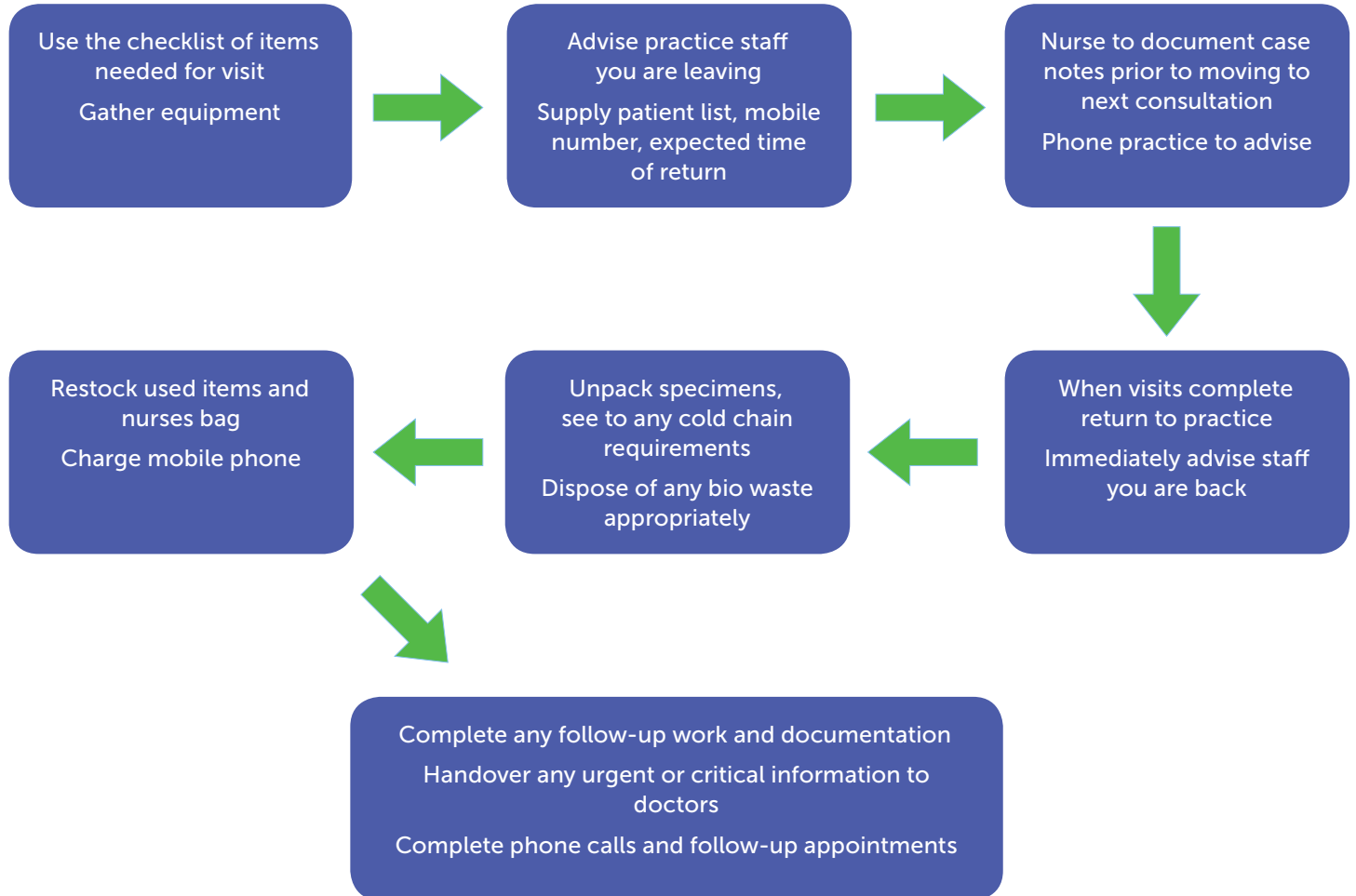


Figure 1. Flow chart: Primary health care nurses providing home visits from a general practice setting.

# Coordinated Veterans' Care Program

What is involved when a primary health care nurse working in general practice or an Aboriginal health practitioner makes a home visit to conduct the comprehensive needs assessment for a veteran who is enrolling on the Coordinated Veterans' Care Program?

The information to be gained during the home visit will vary depending on what information is already on record at the practice and how much progress has been made in developing the veterans care plan. The prompts provided here relate to information that is best suited to assessment in a person's home rather than the full range of factors in conducting an assessment.

### 1. Explain to the veteran the reasons for the home visit:

This stage would be conducted face to face at the practice or via a phone consultation.

- To get to know the veteran and their health better;
- To see how they are coping at home with their conditions;
- To build on what is already known about the veteran to develop a Care Plan to help them be as healthy and independent as possible.

### 2. Set up an appointment:

As above, this stage would be conducted prior to the home visit.

- Explain how long the appointment could take;
- Ask whether the veteran would like any family or carer to be present.

### 3. Develop the relationship:

- An important part of the first home visit is developing the relationship with the veteran and any family or carers so that they get to know and trust you;
- Explain your role, encourage them to ask questions, provide information about when and how you can be contacted;
- Explain what they should do if the veteran is hospitalised (family or carer to advise the practice on admission and prior to discharge, take the care plan to hospital if possible, tell the hospital they are on the CVC Program).

### 4. Conduct a comprehensive needs assessment:

It is important to assess self-management, anxiety, depression and lifestyle risks. If a Care Plan has not been developed or commenced it is recommended that the care planning documentation as detailed in the CVC Toolkit is used to conduct a needs assessment and develop a Care Plan.

Click here to download these resources and see Module Two in the CVC Program for training [cvcprogram.flinders.edu.au](http://cvcprogram.flinders.edu.au).

The toolkit includes:

- The Flinders Program™ Partners in Health Scale and Cue and Response Interviews to assess self-management of chronic diseases/conditions;
- The Flinders Program™ Problem and Goals and Care Plans to identify what the veteran states as their main problem and map agreed issues and actions;
- The Kessler 10 to assess anxiety and depression;
- The SNAP assessment of lifestyle risk factors is an optional extra.

Completion of the Partners in Health scale before or during a home visit followed by working through the Cue and Response Interview will provide information about key areas of self-management. This information includes knowledge of the veteran's condition, their involvement in care planning, monitoring and responding to their condition as well as impact, lifestyle and support services.

If a Flinders Program™ Partners in Health and Cue and Response tools are used and it is culturally appropriate you may ask to have a tour of the home.

### Health, medical condition and medications:

- What are the health problems of greatest importance to the veteran?
- Check the medicine cupboard and around the home. Are there out of date medications? Is the veteran doubling up on some medications, not taking medications, confused about what to take when? Do they need a home medicines review from a pharmacist?
- Does the evidence support what you have previously assessed about their tobacco and alcohol use, sleep patterns, physical activity and nutrition – ask to see in the fridge/pantry? Is it sufficient and suitable quality?

## Cognitive/behavioural aspects

This assessment may not have been done in the practice and may be more suited to conduct in a follow-up session at the veteran's home, when some rapport has been developed.

- Check for signs of memory loss/disorientation/confusion;
- Discuss mental health history and consider use of the Kessler 10;
- Consider psychosocial factors such as their perception of loneliness, bereavement or loss of motivation;
- Social factors;
- What are their social needs and the extent and availability of social support? (including family, carers, neighbours and friends);
- Ask questions about hobbies, pets and activities to understand if the veteran is socially isolated?
- Consider the needs of a person's carer. Can they continue to provide care and support? Is there a backup person/plan if the main carer becomes ill or needs some respite/holidays?

## Physical capability

Seek evidence of their capacity to perform the activities of daily living, with specific regard to:

- mobility and balance, including walking, transfers and climbing stairs. Are they currently in pain? Consider use of a pain score (on a scale of 0 to 10, what is the severity of your pain?). Have they had a fall in the last 3 months (Falls assessment)? If it was at home ask them to show you where. Assess the home for trip hazards or other potential risks.
- maintaining personal hygiene, including bathing, grooming, toileting, continence and dressing
- eating and drinking. Are daily activities (chores, meal preparation, shopping) a problem? Is the food preparation area adequate?
- their level of independence. What transport do they use? Do they shop, prepare meals? How do they manage with home maintenance and housekeeping?

## Domestic

Consider the abilities and limitations within the person's living environment including safety issues, which may require resolution.

- Are there any hazards around the home (i.e. slippery surfaces, steps and stairs, tripping hazards)? Is a HomeFront assessment needed?

- Do they use or need any devices or equipment (i.e. cane, prosthesis, commode, shower rail)?
- Does the veteran use or need a personal alarm to wear?
- Is transport assistance required? Does the veteran need assistance with making and attending appointments with specialists/allied health, etc.

**Tip:** For a list of Department of Veterans' Affairs services and treatments see the Health Services Chart at: [www.dva.gov.au/sites/default/files/files/health%20and%20wellbeing/healthservices.pdf](http://www.dva.gov.au/sites/default/files/files/health%20and%20wellbeing/healthservices.pdf).

## 5. Work with the veteran to complete the self-management page of the Care Plan including advice and assistance for referrals or services needed.

Include any recommendations for:

- Self-management goals – diet, smoking, exercise, alcohol, medications, appointments, health education, etc;
- Community nursing services or carer specific support services;
- Veterans' Home Care services including social assistance;
- Referrals needed, e.g. optometry, audiology, dietitian, podiatrist, home medication review?
- Other community resources that might be accessed.

**Please note:** To allow flexibility for GPs and nursing providers, there is no set template for Care Plans. The GP can add to an existing GPMP to develop a comprehensive care plan, or there are care plan samples available at [cvcprogram.flinders.edu.au](http://cvcprogram.flinders.edu.au).

A veteran friendly version of the care plan should also be given to the CVC participant to encourage self-management of their health and wellbeing.

Set a date for review. This should take place at the end of the care plan. Involve the veteran in a discussion about feedback and ask questions about the experience, and document your findings as part of your reflection on the process.

Sources: Commonwealth of Australia Aged Care Assessment and Approval Guidelines September 2006

Flinders Human Behaviour & Health Research Unit  
<http://www.flinders.edu.au/medicine/sites/fhbhru>