Unit V: The Family As Client

Chapter 24
Planning, Intervening, and Evaluating Health Care for Families

Objectives:

Upon mastery of this chapter, you should be able to:

- Describe the components of the nursing process as they apply to enhancing family health.
- Identify the steps in a successful family health intervention.
- Discuss the two foci of family health visits: education and health promotion.

Objectives:

- List at least six specific safety measures the community health nurse should take when traveling to a home or making a home visit.
- Describe useful activities and actions when intervening on family health visits.
- Describe three types of evaluations that are necessary after family health intervention.

Introduction:

- Family influence its members in their career choice, where you are attending school, your value system, your level of health, or the friends they have.

- No two families are alike.

- Community health nurses primarily work with families— in their own homes, classrooms, support groups, clinics, outpatient departments, neighborhood centers, homeless shelters, or relatives' homes.

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- Each setting brings a different challenge. Assessing, planning, implementing, and evaluating care for families in their own environments can be a daunting task to the novice community health nurse.

- What all of these clients have in common is the fact that they are members of families.

- This chapter focuses on the planning, implementing, and evaluating phases of the nursing process that are used to enhance family health.

NURSING PROCESS COMPONENTS APPLIED TO FAMILIES AS CLIENTS:

- **Nursing process** are steps used to deliver care to clients in acute care settings and in the extensive clinic system.

- These same steps are used with families and aggregates in community health nursing.

- The steps do not change, but because the context and client focus are different, external variables that have not been encountered in other contexts must now be considered.

Working With Families in Community Health Settings:

- Family visits need not be limited to homes. Family members may be visited in school, work, senior center, group home, or in a myriad of after-work.

- When making visits in public places such as worksites or schools, *be mindful of confidentiality and respect the family's wishes.*

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- Sometimes, visiting clients during the day helps to enhance family assessment.

- *EX, Visiting children during the school day often gives insight into health problems the parents may be concerned about.*

Working With Families Where They Live:

- Depending on the setting for community health nursing practice, the nurse *encounters most clients in their homes* and in their neighborhoods.

- Some see families in transition, who are living on the street, in a homeless shelter, or with other relatives.

- Regardless of the family's location*, the client is the family;* the family is the unit of service in family nursing

The Home Visit:

- A **home visit** is conducted to visit clients where they live in order to assist them in their efforts to *achieve as high a level of wellness as possible*.

- Working in the community and being able to visit families in their homes is a privilege.

- *The rules have changed; they are the experts, you are the guest.*

Nursing Skills Used During Home Visits:

- *There are many skills needed*, in addition to expert nursing skills, when applying nursing process in the home to families at a variety of levels of functioning.

- *Expert interviewing skills and effective communication techniques* are essential for effective family intervention.

1-Acute observation and communication skills:

In addition to focusing on the family members' concerns and the purpose of the visit.

CHNs need to be observant about:

- *Neighborhood*
- *Travel safety*
- *Home environmental conditions*
- *Number of household members*
- *Client demeanor*
- *Body language*
- *Nonverbal cues.*

2-Assessment of Home Environmental Conditions

- Conditions in the neighborhood and home environments reveal important assessment information that can guide planning and intervention with families.

- Gathering information about resources and barriers encountered by the family. This information is used during planning with the family.

3-Assessment of Household Members' Demeanor, Body Language, and Other Nonverbal Cues

- Each member of the family is important and has opinions and health care needs, even if you only see parts of the family on each visit.
- Be observant of family body language and demeanor. These nonverbal cues provide information that must not be overlooked.
- *Ex, observe upset of mother revealed domestic abuse.*
- It is important for the nurse to be aware of her or his own body language or demeanor.

PLANNING TO MEET THE HEALTH NEEDS OF FAMILIES DURING HOME VISITS:

- The greatest barrier to a successful family health visit is a lack of planning and preparation.
- **A successful family health visit** takes much planning and preparation and requires accurate documentation and follow-up.
- Safety measures must be followed, not only while traveling in the neighborhood, but also in the home.

Components of the Family Health Visit

- The structure of family health visits can be divided into many components that follow the nursing process:
- Previsit preparation steps (assessment and planning) are necessary to ensure that the actual family health visit (implementation) is complete.
- The documentation and planning for the next visit (evaluation) concludes the responsibilities for one visit and prepares the nurse for the next action needed.

Pre-visit preparation:

- **CHNs need before conducting the visit:**
- **A referral system:** is a request for service from another agency or person. Formally or informally
- **Physical place to work**: with access to a telephone and any other supportive resources.
- **Resource directory,** which is a published list of resources for the broader community.
- **Nursing bag:** serves to carry the materials a nurse may need on a home visit

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- Once the nurse is prepared, contact with the family is needed.:
- Introduce herself or himself,
- Explain the reason for the call and why this family was selected for a visit.
- Tell what the visit consists of, and determine a time when a visit would be convenient for the family and the nurse.
- If there are any suspicion from the family nurse should assure them.

Making the Visit:

- Introduce yourself and explain the value to the family of the nursing services provided by the agency.
- Spend the first few minutes of the visit establishing cordiality and getting acquainted (a mutual discovery or “feeling out” time).
- Use acute observational skills.
- Be sensitive to verbal and nonverbal cues.
- Be adaptable and flexible (you may be planning a prenatal visit, but the woman delivered her baby the day after you made the appointment and there is a newborn now).

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- Use your “sixth sense” as a guide regarding family responses, questions they ask, and your personal safety (trust your feelings).
- Be aware of your own personality; balance talking and listening, and be aware of your nonverbal behaviors.
- Be aware that most clients are not acutely ill and have higher levels of wellness than are usually seen in acute care settings.
- Become acquainted with all family members and household members if you are making a home visit.

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- Encourage each person to speak for himself or herself.
- Be accepting and listen carefully.
- Help the family focus on issues and move toward desired goals.
- After the body of the visit is over, review the important points, emphasizing family strengths.
- Plan with the family for the next visit.

Implementation Phase of Family Nursing Process

- Discusses family perception of health needs
- Formulates mutually agreeable contract with measurable and specific health outcomes
- Outlines responsibilities of each family member related to the successful accomplishment of the goals and objectives
- Immediate teaching and referrals are completed
- Additional plans are made for the completion of the care goals

Concluding and Documenting the Visit

- After finished the visit. put away the paperwork, materials, and supplies from this visit and retrieve items needed for the next visit on your schedule.
- Most typically, the documentation of each home visit is completed as soon as the nurse returns to the agency.
- CHNs uses code numbers, letters, or checkmarks on developmental or disease-specific care plans that are devised in a checklist format.

Thank you

Focus of Family Health Visits

- The focus of family health visits depends on the mission and resources of the agency providing the service and the needs of the families being served.

- *EX, Community health clinical course focus on health education and applying basic nursing practice*

- *Ex, some agencies provide services directed toward those with special social or economic needs. (recreational activities such as summer camps, and support groups)*

- In general, family health visits are designed to be educational, to provide anticipatory guidance, and to focus on health promotion or prevention.

Education Health Visit

- Official agencies such as county or city health departments, often make home visits to based on broader community needs:

- Examples:

  - *Relative marriage: CHN conduct assessment for community, make educational program at secondary school, beside counseling and referring cases.*

  - *Older adults: CHN teaches how to manage a chronic illness, enhance their nutrition, and practice safety measures to prevent injuries and falls.*

Family Health Promotion and Illness Prevention

- The main focus of CHNs during family home visit are:
- Teaching people how to prevent illness and how to remain healthy is basic to community health nursing.
- Immunization services are not brought into the home, but the nurse can provide information about immunizations, teach the importance of following an immunization schedule, and follow up with the client during home visits.
- *Ex, maintain immunization services to outreach people in Badia.*

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- **Health promotion activities** may include screening for hypertension and elevated cholesterol, performing a physical assessment, and teaching about nutrition and safety.

- *Ex, CHNs may provide health promotion services to couples during prenatal classes by teaching about the expected changes during pregnancy and providing anticipatory guidance for safe infant care.*

Personal Safety on the Home Visit:

Neighborhood, Travel, and Personal Safety:

- **A full gas tank**
- **A city/county map (Google earth map)**
- **A cellular phone**
- **The family addresses**
- **Money for lunch or telephone calls (in case you are in an area where your cellular phone does not work)**
- **If you are using public transportation, plan to Have exact change for each bus trip**
- **Carry a bus schedule**
- **Exit the bus as near as possible to your client's home**
- **Know where to get the bus for the return trip or to the next home visit**
- **Carry a cellular phone**

Arriving at the Home.

- Make sure you are at the right house, and do not go into the home until you are assured that the family you are intending to visit does live there and is home.

- *Ex, If you plan to visit a client, don't inter unless you assure that he/she is in the house.*

- This precaution ensures that the family members you want to visit are really home and that this is the right address.

Friction Between Family Members.

- During a home visit, two or more family members may begin to argue or physically fight with one another.

- Immediately remove yourself from the home visit and tell the family members that you will visit at another time when the family differences are resolved.

- You must let the family know that it is not a good time to visit when there are such distractions and you must leave.

Family Members Under the Influence:

- If the focus of the visit is on two family members and a third member is demonstrating behaviors that indicate drug or alcohol use, you must use your judgment as to your best action.

- If the intoxicated person goes to another room and falls asleep, it might be appropriate to continue the visit and perhaps discuss your observations with the remaining family members.

- If the person becomes abusive, it is best to terminate the visit and reschedule when this member is not under the influence or is not present.

The Presence of Strangers.

- a busy environment or the presence of too many people can create an uncomfortable environment for the nurse.
- *Ex, four neighbor children riding tricycles inside the house during a teaching visit*
- It is best to ask the family when would be a better time to visit, move the visit to another room, or go for a walk with the clients, continuing the visit while outside.
- Take control of the environment so that you feel safe and comfortable and your attention can focus on the family members who are a part of the visit.

IMPLEMENTING PLANS FOR PROMOTING THE HEALTH Of FAMILIES

- Once you have received a referral, contacted the family for a visit appointment, prepared for the visit, and met the family, you are ready to implement the plan.

- As the visit progresses, there are specific activities and actions that you can take to enhance the effectiveness of the visit and improve family health outcomes.

- These include contracting with the family and promoting the strengths of the family.

Assessing, Teaching, and Referring

- The focus of each family visit is different. On a first visit, initial assessment data must be obtained in addition to helping the family set goals that they want to accomplish.

- On subsequent visits, actions and activities are taken to reach the goals. Specific actions fall mainly in the categories of assessing, teaching, and referring.

Assessing:

- Assessing family health may be done
- Informally approach: through observation and occasional questioning
- Formal approach: Specific questions may be asked of each family member, and such information as health data and family history may be included.
- **Physical data** such as height, weight, pulses, temperature, and blood pressure are recorded on an assessment tool.

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- *Ex, young children, specific assessment questionnaires or tests may be conducted to measure how well they are meeting growth and developmental tasks.*

- *Ex, When dealing with adult with chronic disease may use fellow sheet to assess his/her condition.*

- CHNs should also conduct a home and family assessment that includes all aspects of the home environment, such as adequacy and permanency. Education, employment, income, furnishings, support systems.

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- The assessment process is lengthy, time-consuming, and ongoing.

- The nurse must gather the most essential assessment information on the first visit. By selecting one or two concerns of priority to the family and nurse, it is possible to focus assessment on these areas.

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- The nurse then uses this information as a guide to additional assessments needed on subsequent visits.

- The selected assessment tools, when complete, provide family information; these data can be used to assist the family during future visits by offering instruction or referral to appropriate services available in the community.

Teaching:

- Teaching health promotion activities to the family should begin only after members express an interest and recognize a need.

- If the family is not at a level of functioning that enables members to use anticipatory guidance and teaching, the nurse can provide more basic services, such as gathering resources and acting as a counselor.

- CHNS needs to assess the best teaching approach to use. Consideration of *language barriers, previous knowledge and experience, family and community resources, and time available influence the choice of approach.*

Referring:

- Community health nurse discovers that the family has needs beyond those met by teaching and that there are others in the community with the skills and services to meet those needs.

- In such cases, the nurse can initiate the Referral Process.

Contracting:

- **Definition:** is a method of formalizing the relationship between the family and the community health nurse and includes a verbal or written commitment on the part of the family and the nurse for the development and accomplishment of goals.

- **Mutual goals—**goals that the family and the nurse plan and take action on together.

- It is easy to go into a family's home, see exactly what is wrong, and set about "making it right" according to your values.

Empowering Families:

- Throughout the family visit, you must remember that the ultimate goal is to assist the family in becoming independent of your services.

- This is accomplished by the approach used in conducting the visit.

- How you structure the nurse–client relationship also influences the outcomes.

- You can empower families by *pointing out the positive aspects of their self-care and caregiving, rather than pointing out what they do not do or have*

Empowerment:

- Four thoughts will help to clarify your working relationship with families:

1. The family functioned in a manner that worked for them before you ever met them.
2. If you ever feel obliged to do something for a family, consider who did this before you were available.
3. Find family strengths even in the most deprived family situation.
4. If you were in a similar situation, would you manage, cope, or function as well as the members of this family?

EVALUATING IMPLEMENTED FAMILY HEALTH PLANS

- The final step in the nursing process is evaluation.
- The evaluation process leads to *a reassessment* of your work with the family and *a determination of what is needed* in preparation for the next visit.
- Evaluation also assists you in making the most appropriate referrals and contacting key resources to meet family needs.

Types of Evaluations

- Each family visit should be evaluated in three ways:
- Structure-process evaluation
- Outcome evaluation
- Self-evaluation.

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- Each provides a different piece of information about the success of the visit. If the visit was not successful:

- What part made it less than successful?
- Were the outcomes achieved?
- If not, is there something about the structure-process or your own preparedness or behavior that needs to be changed?

- When conducting an evaluation of the home visit, you are looking for answers to these questions.

Structure-Process evaluation:

- The structure-process of a visit should be analyzed first.

- *Were there aspects of the organization, timing, environment, or sequencing of the components that needed to be changed or modified to make it a more effective visit?*
- *What could you have done about these factors? Were you organized?*
- *Would better preparation help with your organization?*
- *Were there distractions in the home that influenced organization?*

- **Ask yourself questions such as these, and then make plans to avoid or reduce disorganizing distractions.**

Examples:

- If transportation schedules made the family late to the clinic, perhaps other transportation could be arranged.

- If the distraction on a home visit occurred because children were arriving home from school, visits could be made earlier in the day.

- If the television was playing loudly, you could make it a point to ask the family whether they would mind turning down the volume, or visit at a time when they do not watch television.

Outcome Evaluation

- The **outcome evaluation,** or the assessment of change in the family's (client's) health status based on mutually agreed activities, is a formal process demonstrated in the documentation of the home visit.

- In outcome evaluation you need ask questions like:
- Were the anticipated outcomes achieved?
- If not, why not? If so, what made it possible?

- **The cumulative changes in the client's health and the success or failure to achieve various outcomes are evaluated.**

Self-Evaluation

- **What aspect of your performance as CHNs during the home visit facilitated the achievement of a desired outcome?**
- **Were you prepared?**
- **Did you gather all the data needed to assist the family on the next visit?**
- **What would you do differently if you could do the visit over?**
- **What went right?**
- **What went wrong?**
- **What are you going to do on the next visit to make it better?**

- *This close look at yourself is important for your own growth and effectiveness as a community health nurse.*
- *Sometimes we cannot see our own strengths or flaws, and evaluations by others are helpful.*

Planning for the Next Visit

- Use what occurred on the previous visit to guide you toward activities on subsequent visits.
- Goals may need to be modified, or family situations may change and specific outcomes become irrelevant.
- planning for subsequent visits is relatively predictable and is done to ensure that steps toward outcome accomplishment are achieved on the visit.
- Being totally prepared each time is the best predictor of a successful family visit.

- Once you have met and gotten to know a family during a visit, the planning can be individualized and tailored to meet the family's unique needs.

- This information is not available from a paper referral, which makes planning for a first home visit important.

- The tone set during the first visit can affect your continued success with the family.

Referral:

- Families often need access to services beyond the agency's scope, and the nurse's knowledge of other resources can mean the difference between their having and not having access to additional services.

- Nurses must have information available to them about the eligibility requirements and availability of services provided by a bevy of official, voluntary, religious, and neighborhood organizations.

Contacting Resources:

- CHNs implement their roles as client advocates by helping families gain services in a more timely manner than they could by themselves.

- For example, a client family has a personal crisis and needs a donation of food and a volunteer to stay with a handicapped child for 3 days while a spouse undergoes surgery.

- The nurse telephones the religious leader of a neighborhood church and shares the family's requests, clarifies the situation, and gets a donation of food from the church's food pantry.