



**GUIDANCE FOR ADAPTING THE
VISIT SCHEDULE TO MEET
CLIENT NEEDS
2018**

Introduction

There are two things we know about NFP clients:

1. Every client's needs are unique, and
2. Every client's needs change as her situation evolves and her child grows.

This document provides guidance for adapting the visit schedule to the unique and evolving needs of your clients.

In 2011/2012 we introduced the retention intervention including flexibility in the location, content, and visit schedule. In 2014/2015 we introduced the Strengths and Risks (STAR) Framework to help you systematically assess a client's strengths and risks status in the six NFP domains. We are now introducing guidance on adjusting visit schedule bringing together the retention intervention and the STAR. In addition, we introduced telehealth in 2017 as a tool for increasing client engagement and retention. Adjusting the visit schedule combined with the use of telehealth provides options for those clients who are doing well and/or those who are having difficulty scheduling and keeping appointments and staying in the program due to other time commitments. These techniques also provide options for clients that need additional support or who are disengaging and need to re-engage at a time and through a method that works for them.

This document provides guidance for using the STAR and flexible scheduling to improve client engagement and retention and to assist you in delivering NFP through client centric and efficient methods.

Quick Guide to Adapting the Visit Schedule

Families benefit from visit schedules that are adjusted to meet their needs. Nurse home visitors benefit too. Nurses use clinical judgment, consider multiple factors including the STAR Framework and client needs when adjusting visit schedule.

Pregnancy

- The nurse does not initiate a decreased visit schedule but may increase for client need
 - decrease only if client requests reduction
 - consider increasing connection if client in yellow or red zones in following domains
 - Personal Health
 - Maternal Role
 - #12 Loneliness and Social Isolation
 - #13 IPV
 - #14 Unsafe Family and Friends
 - #19 Health Services Utilization

Infancy & Toddler

- Decrease visits if client in green zone in following areas at 12 weeks post-partum
 - Personal Health
 - Maternal Role
 - #13 IPV
 - #14 Unsafe Family and Friends
 - #16 Homelessness and Residential Instability
- Maintain visit schedule if client in yellow zones in following domains– increase for client need
 - Personal Health

- Maternal Role
- #12 Loneliness and Social Isolation
- #13 IPV
- #14 Unsafe Family and Friends
- #19 Health Services Utilization
- Consider increasing connection if client in the red zones in the following areas
 - Personal Health
 - Maternal Role
 - #8 Maternal Education and Work
 - #12 Loneliness and Social Isolation
 - #13 IPV
 - #14 Unsafe Family and Friends
 - # 18 Home Safety
 - #20 Well Child Care

Other situations to decrease visit schedule

- Client returns to school or work and does not have time for visits
- Client disengaging/feels has received all she needs and wants to leave program early

References

Holland, M.L., Xia, YI, Kitzman, H.J., Dozier, A.M., and Olds, D.L. (2014). Patterns of Visit Attendance in the Nurse-Family Partnership Program. *American Journal of Public Health*. October 2014, Vol. 104, No. 10, pp. e58-e65. doi: 10.2105/AJPH.2014.302115

Background

Nurses in the Elmira and Memphis trials of Nurse-Family Partnership (NFP) were guided to reduce the frequency of visitation for lower risk families and to try to ensure consistent frequent visitation with higher risk families. Recent analyses of the Memphis program implementation data (Holland et al., 2013) confirm that there was a group of lower risk families (about 30% of all of those visited) whom nurses visited far less frequently after delivery, and those mothers and children did well without frequent visitation. There are families that NFP nurses currently identify who are successfully managing their own lives and care of their children. By the time the infant is four months of age (and in some cases before this) nurses should have a deep sense of families' risks and strengths; this information can be used by nurses and parents to guide decisions about whether families may be served effectively with fewer visits or may need increased contact. By adjusting visit frequency to client needs and desires NFP is functioning in a client centric manner and offering the opportunity for more women and families to receive NFP services.

Adjusting Visit Schedule to Meet Client Needs and Desires

Offering a reduced visitation schedule for lower risk families that are managing well and an increased visit schedule for families with higher risks and/or struggling will align with many families' needs for services. Many clients are in school and work, which makes frequent visitation difficult. Currently, families choose to leave the program early because they are too busy to remain in the program with the standard visitation schedule or they believe that they have received the benefits of the program prior to child age two years. Retaining these lower risk families in the program with a reduced visitation schedule designed to align with families' needs and abilities to participate, rather than having them leave early is preferable, as all families can benefit from the support and guidance of the nurse around the promotion of child health and development. Some NFP clients have volatile home and family lives, meaning that their needs sometimes change over time and late infancy and toddlerhood are crucial periods of development that present a set of unique challenges

and opportunities that the program can help families address. For that reason, a reduced visit schedule is preferable to “early graduation” and no visits.

STAR Framework

The Nurse-Family Partnership Strengths and Risks (STAR) Framework is part of the NFP model and is designed to help nurses and supervisors systematically characterize levels of strength and risk exhibited by the mothers and families they serve. Information organized within the STAR Framework informs nurses’ ways of working with families and helps them align the program content and frequency of visits with mothers’ (and other family members’) abilities and interests in engaging in the program. The information on risks and strengths is used to develop a summary of client functioning, help nurses think about their priorities for action, and to guide clinical implementation of the program including visit scheduling. By attending to specific strengths that mothers and family members bring to the program, the STAR Framework helps the nurse to identify families who are doing well on their own and may not need to be visited as frequently as expected in the current program guidelines and to identify those that need more visits due to greater risk or need. Information on the use of telehealth when adjusting visit schedule can be found in the NFP Telehealth Guidance document.

The STAR Framework is designed to align with the research and subsequent program developments on client retention, which emphasize that nurses should proactively discuss families’ preferences and abilities to participate according to the standard visitation schedule. Research on this topic indicates that nurses who proactively approach families with an alternative visit schedule prior to disengagement, at important developmental periods, or when the nurse perceives disengagement cues have improved retention of clients over time. This approach recognizes that giving families’ choice regarding visit dosage results in greater client retention. Effective implementation of the program requires that nurses listen first and most importantly to mothers and families to calibrate the frequency of visitation.

Adjusting Visit Schedule by Phase Using the Star Framework

The following guidance is meant to assist nurses in making decisions about visit schedule in each phase using the STAR Framework. It is understood that nurses will use clinical judgment when assessing clients’ strengths and risks along with honoring a client’s needs and requests when adjusting visit schedule.

Pregnancy Phase

Low Risk

The nurse discusses the standard visit schedule and any adjustments needed by the client. The nurse does not initiate a decreased visit schedule during the pregnancy phase even if the client has a low (green) risk status in all categories unless the client requests a reduction in frequency of visits. A woman’s living and health situation could change quickly during this stage and she may need the readily available support of her nurse. Also, factors that could adversely impact the pregnancy may not be revealed to the nurse for several weeks or months until the client feels comfortable and safe disclosing these factors.

Moderate Risk

If a client has yellow (moderate) risk factors in any of the areas listed below during pregnancy the nurse does not initiate a reduced visit schedule but may increase frequency of visits as needed to meet client needs. The addition of periodic phone contact between in-person visits may be helpful based on the client’s risks.

- Personal Health
- Maternal Role
- #12 Loneliness and Social Isolation
- #13 IPV
- #14 Unsafe Family and Friends

High Risk

If a client has red (high) risk factors in any of the areas listed below during pregnancy the nurse does not initiate a reduced visit schedule but may increase frequency of visits as needed to meet client needs. The nurse considers increasing contact through phone calls or additional in person visits.

- Personal Health
- Maternal Role
- #12 Loneliness and Social Isolation
- #13 IPV
- #14 Unsafe Family and Friends
- #19 Health Services Utilization
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Infancy and Toddler

Low Risk

If a client has low (green) risks and no moderate or high risks in any of the areas listed below at 12 weeks post-partum the nurse initiates the discussion of a decreased visit schedule with the client.

- Personal Health
- Maternal role
- #13 IPV
- #14 Unsafe Family and Friends
- # 16 Homelessness and Residential Instability

The nurse home visitor reminds the client that during the first visits a flexible schedule was discussed and that a reduction in frequency of visits may take place as long as the client is doing well and reduced visits meet her needs. The visit schedule continues to be discussed based on the client's changing needs, and prior to and if the client is showing disengagement cues. The nurse home visitor provides contact information if the client would like to speak with her between in person visits or if the client would like to schedule an in person visit prior to the next regularly scheduled visit.

Moderate Risk

If a client has yellow (moderate) risk factors in any of the areas listed below during the infancy or toddler phase the nurse does not initiate a decreased visit schedule but does increase frequency of visits as needed to meet client needs. The addition of periodic phone contact between in-person visits may be helpful based on the client's risks.

- Personal Health
- Maternal Role
- #12 Loneliness and Social Isolation
- #13 IPV
- #14 Unsafe Family and Friends

High Risk

If a client has red (high) risk factors in any of the areas listed below during the infancy and toddler phase the nurse does not initiate a decreased visit schedule but does increase frequency of visits as needed to meet client needs. The nurse also considers increasing contact through phone calls or additional in person visits.

- Personal Health
- Maternal Role
- #8 Maternal Education and Work

- #12 Loneliness and Social Isolation
- #13 IPV
- #14 Unsafe Family and Friends
- # 18 Home Safety
- #20 Well Child Care

Additional Situations When Visit Schedule Is Adjusted

Clients may return to school and/or work following the birth of their baby and this situation makes it difficult to meet in person with their nurse home visitor. Clients also find that after a successful pregnancy and delivery and successful early parenting experiences that they do not perceive the continued need to participate in the program. In these situations, the nurse offers the client a reduced in person visit schedule with increased contact by phone or other technology. This approach provides the client with the opportunity to continue to receive information and support from the nurse on a periodic basis and provides the client with ongoing check-ins and support as well as the opportunity to graduate from the program by staying active through a decreased visit schedule and alternate approaches to client contact. This also allows clients to request a return to a more frequent schedule of visits if their circumstances change.

Caseload Adjustments Based on Visit Schedule Adjustments

A full time NFP nurse home visitor maintains a caseload of 25 or more active clients. This number is based on a mixture of higher risk and lower risk clients being seen on the standard schedule. However, as noted in the Memphis trials, approximately 30% of clients were assessed as lower risk, were seen less frequently than the standard schedule, and had good outcomes. It is anticipated that the same percentage of lower risk clients will be identified by nurse home visitors in current implementation. When this is the circumstance and some clients are placed on a reduced visit schedule, this provides an opportunity for the nurse home visitor to retain her current clients and have space for new clients, leading to increasing the number of women in a community that are able to participate in NFP.

Examples of How to Use Adjusted Visit Schedules And Adjust Caseloads

Nurse Jane has a client that lives 1 ½ hours from the office. The client has not been present for more than ½ of her appointments. Nurse Jane used telehealth to reconnect with the client rather than continue to put in travel time when the client was apt to no-show. Over time the client reconnected, voiced the value of the program, and requested in person visits. Nurse Jane was able to reach an agreement with the client that included scheduling visits when the client was available and committed to being present once a month in person.

Nurse Jane has a client that has requested early graduation when her child was 6 months old as both she and the child are doing well, she is back in school and she is working a part time job. Nurse Jane knows that this client has had challenges in the past with depression and that while she has housing now the situation is not permanent. Nurse Jane suggests an adjusted visit schedule seeing the client in person every 6 weeks with the option for telephone visits at the client's request. In this way, the nurse and client maintain contact in case the situation changes and the client is able to graduate from the program.

These two scenarios provide examples of when a nurse may adjust the visit schedule to meet the client's needs based on her strengths and risks. As the schedule is adjusted with less frequent in person visits it may also open the nurse's caseload to include another mother that would benefit from NFP.