

Home Visit Guidelines

I. Roles/Indications for Home Visits

- a. Home visits may be indicated for the following reasons:
 - i. To follow-up after a recent hospitalization
 - ii. A patient is home-bound
 - iii. To assess the patient's home and family environment for safety and prevention, medically and psychosocially
 - iv. To assess the patient and family's readiness and response to changes, such as birth of a child or a major change in the health status of a family member
 - v. To provide palliative and supportive care to a terminally ill patient and family

****Remember to make the best use of the home visit by concentrating on information and observations that may not be gathered as well in the clinic setting. Examples may include assessing the patient's system for remembering to take medications, the patient's capability of performing ADLs (Activities of Daily Living), the risks of falls in the elderly or disabled, and the attitudes, roles, and involvement of family members.

II. Home Visit Requirements

- a. A minimum of four home visits are required to satisfactorily complete the residency training program and to meet accreditation requirements
 - i. All home visits must be conducted with adult continuity patients from the FMC only
 - ii. **VA home visits may be conducted and recorded, however, will not be counted toward the four minimum requirement**
 - iii. Complete at least two home visits during the Family Practice Center/Behavioral Medicine Rotation Month
 - 1. One of the patients will be the subject of a biopsychosocial case study report
 - a. See attached copy of biopsychosocial case study format
 - iv. The remaining home visits are to be completed before the end of the second year of training
- b. You may visit one patient more than once, however, at least two different patients must be visited during your training
- c. Report the total number of home visits completed during the FPC and Behavioral Medicine month to the rotation liaisons.
 - i. A home visit contact form is to be completed and turned in to both rotation liaison and Sandra Price for each home visit
 - 1. See attached copy of home visit contact form

III. Supervision for Home Visits

- a. The home visits emphasize the psychosocial aspects of health. If questions or problems arise, please contact the hospital Attending Faculty.

IV. Identification of Patients for Home Visits

- a. Identify patients in your continuity clinic who may benefit from a home visit for any of the reasons outlined above
 - i. You may be assigned to perform home visits on those patients being discharged from the inpatient service who need a home visit during your FPC rotation. Check with the Family Medicine team for patient contact information. If the patient has an on-going need for home visits, you may be expected to oversee the patient's care, if he/she does not have primary provider
 - ii. Fellow residents and/or faculty may recommend patients suitable for home visits
 - iii. For residents interested in visiting rural patients, contact necessary people to make arrangements. If you opt to conduct a rural visit, please make arrangements well enough in advance so that you may be provided ½ to 1 entire day out of clinic on one or more days of the rotation.

V. Home Visit Practical Guidelines

- a. Exercise reasonable caution
- b. Get good directions. Take a map. Go during daylight hours.
- c. Go as part of a team, such as taking a medical student, fellow resident, or PA student
 - i. One option to consider is to contact Social Services or one of the Home Health Agencies and coordinate a visit with them
- d. Limit the amount of personal belongings and valuables you carry
- e. Confirm the visit ahead of time by telephone