

Name of the guideline:

Evidence-based Family Home Visiting Guideline

Description: The purpose of the *Evidence-based Family Home Visiting Guideline* (EB-FHV) is to provide a shared care plan for public health nurses and families in order for all infants and children to achieve optimal health and wellbeing, and live safely in their families, homes, and communities.

In 2008, an Omaha System care plan for the EB-FHV was developed using a content expert approach by a team consisting of a PH N supervisor and four home visiting PHNs in the Pacific Northwest, and an Omaha System expert. In 2012, the EB-FHV care plan was reviewed and revised in two phases by a multi-state expert panel of nine EB-FHV PHNs and three supervisors in two Midwestern US states and an Omaha System expert. During the review, the panel first considered the concepts of EB-FHV care and reached consensus on the Omaha System problems that semantically represented those concepts. Second, the panel members reached consensus regarding each intervention in the EB-FHV for semantic representation of EB-FHV practice, and evaluated the fit of the intervention within the context of the EB-FHV care plan. Finally, a revised EB-FHV care plan was then sent to all panelists for individual review. No further changes were necessary at this stage. In the 2012 revision of the EB-FHV care plan, the Omaha System problems remained the same. Intervention content was revised to streamline documentation by reducing duplication and semantic equivalence. In the 2013 revision, the Residence problem was added, and interventions for immunizations, breastfeeding support, and discipline were added or revised. In addition, child/infant interventions were specified to accompany the adult/adolescent interventions.

In 2014, further revision was completed by reviewing each intervention and using previous care plans including expert informed interventions and current best practice within the field of public health nursing for family home visiting.

Problems included in this guideline were identified by national stakeholders, including home visiting nurses and scholars. Interventions were synthesized from the literature and validated by providers, scholars, and consumers. The interventions are intended to be non-overlapping across problems, and to build a comprehensive, holistic plan of care for those problems deemed applicable by the consumers and members of the health care team.

Omaha System Problems (adults/adolescents):

- Abuse
- Caretaking/parenting
- Family planning
- Health care supervision
- Income
- Interpersonal relationship
- Mental health
- Postpartum
- Pregnancy
- Residence
- Substance use

Omaha System Problems (infants/children):

Growth/development
Health care supervision
Abuse
Neglect

Population: First time, low income, and/or high risk mothers, fathers, infants, and children

Diseases/Condition: Health promotion, Mental health concerns, Substance use concerns, Domestic Violence Concerns, Child Abuse/Neglect Concerns

Practice setting: Home visiting

Levels of practice: Individual

Date of most recent guideline revision: November 2015

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Encoded date: December 2008

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Source: Minnesota Omaha System Users, Washington State Omaha System Users, El Paso County Public Health Nurses

References:

Available at

[https://dl.dropboxusercontent.com/u/16553143/Post%20before%20November%2021%2C%202013/FHV
Refs.docx](https://dl.dropboxusercontent.com/u/16553143/Post%20before%20November%2021%2C%202013/FHV%20Refs.docx)