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2023

HH SN Subsequent Visit

Homecare Homebase

HH SN SUBSEQUENT VISIT

OBJECTIVES OF LEARNING

Your Company and Homecare Homebase are invested in your learning experience. Therefore, it is necessary we follow a set of strategies & tactics to achieve our objectives, which ultimately lead us to our overall goal through Empowering Exceptional Care.



1. **Mission / Goal:** Successfully facilitate the development and implementation of HCHB through the learning and growth of all end users
 - 1.1. **Objective:** User to understand HOW, WHEN, & WHY in using the system
 - 1.1.1. The HCHB new user should understand the basic functionality of the PointCare application upon completion of the Online Learning Hub curriculum.

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- 1.1.2. The HCHB new user should achieve the proper understanding of when and how to write any update orders inside of a visit by the end of this course.
- 1.1.3. The HCHB new user will be able to successfully navigate a subsequent visit given a pre-designed scenario of a patient by the end of this course.

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AGENDA ITEMS

Introduction

- Who is my patient?
- How do I start my day?

15 min

Visit Actions

- Unexpected Events
- Mileage / Drive Time
- Vital Signs
- Integumentary Command Center
- Physical Assessment
- Interventions / Goals
 - Medication Understanding
- New Order
- Client Complaint
- Coordination Notes

40 min

Notes

- Agency Specific Note(s)?

5 min

COMPLETE YOUR VISIT

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PATIENT CASE STUDY

ASSESSMENT AND PLAN OF CURRENT VISIT

Vitals:

HISTORY OF PRESENT ILLNESS

Patient is a woman being admitted for home care due to St. II Pressure Ulcer to left heel and need for wound management. Patient has past medical history significant for type 2 diabetes, hypertension, and nicotine dependence. According to patient's husband, John Smith (contact), she has exhibited no cognitive issues or functional deficits prior to this episode of care. The patient has been noted to have a good appetite and denies problems with sleeping or weight changes. She also denies any suicidal ideations and visual/auditory issues.

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Temperature	98.8
Respirations	20
Pulse	75
BP	160 / 95

Wounds: *Wound care is completed per physician orders with no S/S of infection, while the patient tolerated the wound care well. We will instruct patient and caregiver in all aspects of effective handwashing techniques, proper care, and disposal of body fluids/excretions, soiled dressings, supplies, washing of linens, use of bleach solution, etc.*

Functional: *Patient is homebound due to generalized weakness and a decline in function related to disease process. Patient also uses walker for ambulation and is at risk of falls. Patient uses walker boot to lower left extremity. Patient experienced a fall yesterday while husband, John, was at home.*

Nutrition: *We will also instruct patient that good nutrition is necessary for healing.*

Medications: *We will instruct and reinforce medication actions, side effects, length of therapeutic onset, rationale, schedule, importance of compliance, and when to report side effects to nurse or physician regarding gabapentin, which the patient still requires further teaching upon.*

Complaint: *Patient complains that the Home Health Aide who has been providing care is not giving them enough heads-up time prior to arriving at their home. They would like to have at least 30 minutes heads-up.*

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RECOMMENDATIONS FROM CASE CONFERENCE

Patient is improving and meeting her goals, so we should adjust the Plan of Care accordingly. We need to decrease the frequency for the nurse and aide to 1x per week for the next two weeks, with the final nursing visit being a Discharge visit.

COORDINATION NOTES

REQUEST TO ADD NEW PHYSICIAN

DEMOGRAPHIC CHANGE REQUEST

