

TIPS FOR EFFECTIVE DOCUMENTATION OF A HOME VISIT

DO	DON'T
<ul style="list-style-type: none"> Always refer to WV Birth to Three policy and procedures, including Documentation and Service Definitions for specific documentation requirements. 	<p><i>Don't rely on what another practitioner has told you about your responsibilities for documentation.</i></p>
<ul style="list-style-type: none"> When documenting a direct service in the service activity notes, remember to: <ul style="list-style-type: none"> Name the outcomes that were worked on during the visit. Record intervention support you provided, such as – Did you provide the family with information regarding the issue or the outcome? (Provided Mrs. Jones with information about how Johnny's low muscle tone makes it difficult for him to raise his head on his tummy.) Did you demonstrate a strategy for promoting development in the area of the outcome? (i.e. 'Showed Mrs. Jones how to place roll under Johnny's upper chest to give him support while on his tummy so he can lift his head.) What was the result of what was discussed or tried during this visit, or since the last visit? (Mrs. Jones put a small rolled towel under Johnny's chest and he was able to briefly lift his head. We talked about importance of 'rewarding' Johnny, with words, and by giving him fun things to look at when he lifts his head.) What will family/professional do before next visit? (Mrs. Jones feels comfortable that she knows how to use the roll with Johnny, will try at least two times each day. If Mrs. Jones has any questions before next visit, will call DS/therapist. We are working toward Johnny being able to get across the room to get a toy.) 	<p><i>Don't write "All" – if it was all, list each outcome.</i></p> <p><i>Don't record only observations of what the child did, or the parents said. You will record the parents' questions or concerns and the child's response to strategies, progress toward outcomes, etc. But remember, this note also documents that you provided the service you billed for. So the note needs to include what you did – describe how you discussed the child's progress – answered questions – gave additional strategies to address learning, etc. If you record only observations, there is no record of your service.</i></p> <p><i>Don't forget to include both start and stop time <u>before</u> you ask the parent to sign the activity note. Never ask a parent to sign a blank form, or one without start and stop times. Don't forget to have parent sign note at end of each visit.</i></p> <p><i>Don't write the note in technical terms that the family will not understand – remember, they keep this note to refer to and share with team members and other family members. If you use technical terms, include the functional meaning also.</i></p>
<ul style="list-style-type: none"> You can encourage families to keep their copies of the Intervention or Service Coordination Activity notes, to share with family members, physicians, or other BTT team members. 	