



# Measuring Nursing-Sensitive Outcomes in the First Nation Community Practice Setting

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# First Nation Community Health Nursing Practice

- Federally delivered or funded
- 7 Health Regions
- Nursing Stations (Isolated/Remote): Primary Care and Public Health
- Health Centres (Semi-isolated/Rural): Public Health
- Half of Nurses are employed directly by First Nation employers



# Value of Nursing

- **1/3 of Canadian Health Care Workforce (Sajan, et al. 2007)**
- **Shortage of nurses projected to increase to 60,000 FTEs by 2022 (Tomblin Murphy, et al., 2009)**
- **Limited data to determine nursing impact**
- **Education and Experience of RNs impact patient outcomes (O'Brien-Pallas, et al., 2001)**



# Value of Nursing in the Community

- **“(Community health nursing’s) goal is to promote and preserve the health of populations and is directed to communities, groups, families, and individuals across their lifespan, in a continuous rather than episodic process” (CPHA, 1990).**
- **There is a general, but gradual trend toward the community health sector for the RN workforce (Corpus Sanchez, 2007; CNA, 2006)**
- **Some lack of profile due to the nature of the role as highly collaborative, attribution is therefore a challenge (Underwood, 2003)**



# Nursing-Sensitive Patient Health Outcomes

- **Individual, family, or community state, perception or behaviour that is measured along a continuum in response to nursing interventions (Moorhead, et al., 2008)**
- **Outcomes that improve with a greater quantity or quality of nursing care (American Nurses Association, 2009)**



# Nursing-Sensitive Patient Health Outcomes

- **“...the quality of health care cannot be adequately determined to inform health policy if the effectiveness of the practice of the largest group of providers (nurses) in achieving patient outcomes is not evaluated” (Maas & Delaney, 2004)**



# Nursing-Sensitive Patient Health Outcomes

**Two main reasons why the work of nurses has remained invisible:**

- a) The lack of consensual language that describes the practice of nursing, and**
- b) The fact that data reflecting the practice of nursing are not routinely collected and retained (Hibberd & Smith, 2006)**



## Consideration of Outcomes Research for Indigenous Populations

- **Health indicators that are framed from a non-indigenous perspective often do not adequately reflect Indigenous health concerns from the holistic approach (Marks, cargo, & Daniel, 2006)**
- **Even more significant to validate the significance and relevance of indicators at community level, and to have community involvement in the development or selection**



# Nursing-Sensitive Outcomes Frameworks

- **Nursing Minimum Data Sets:**
  - **Omaha System**
  - **HOBIC – Canadian**
  - **Nursing Outcomes Classification (NOC)**



# Frameworks

- **Nursing Outcomes Classification (NOC)**
  - Standardized nursing language for the representation of outcomes sensitive to nursing interventions
  - 385 outcomes (Moorhead, et al, 2008)
  - Each NOC has a label, a definition, set of indicators, a five point Likert scale and a set of references
  - Have developed community-level outcomes



# Frameworks

- **NOC**
  - 10 outcomes under the domain of 'Community Health'
    - 4 under the class of Community Well-Being
    - 6 under the class of Community Health Protection
  - In 2003, 6 community-level outcomes were studied for content validity and nursing sensitivity
  - Recommend that it could be a useful nomenclature for seeking nursing-sensitive outcomes at FNIHB



# Progress at FNIHB

- **FNIHB Community Health Nursing Data Set**
  - 2003 nursing transformation strategy
  - Attempt to standardize documentation
  - Framed by nursing process
  - Includes 7 chronological data dictionaries and includes practice outlines for each



# FNIHB Community Programs

- **Communities funded through contribution agreements**
  
- **Program clusters:**
  - **Children and Youth**
  - **Mental Health and Addictions**
  - **Chronic Disease and Injury prevention**
  - **Communicable Disease Control**
  - **Environmental Health**
  - **Primary Care**



# FNIHB Community Programs

- **FNIHB nursing has internalized its search for evidence**
- **Community programs may have been overlooked as a potential data source for nursing**
- **Community Programs have been reviewed for potential nursing-sensitive outcomes relative to the NOC**



# FNIHB Community Programs

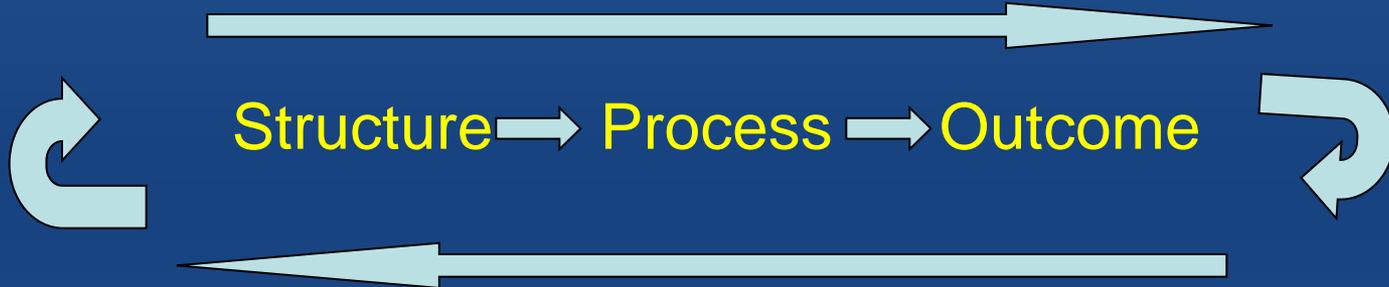
- **Community-Based Reporting Template (CBRT): reporting on program clusters**
- **CBRT could be an important data source for any identified nursing-sensitive indicators**
- **Opportunity: CBRT should be reviewed and updated in 2010**



# Nursing Role Effectiveness Model

(Irvine, Sidani, & McGillis Hall, 1998)

- Illustrates the linkages of the nursing role to health outcomes





## Recommendations - Structure

- **FNIHB/FNIH maintain the policy requiring a minimum of a baccalaureate degree in nursing for CHNs in FN communities**
- **FNIHB/FNIH continue requiring at least two years experience prior to employment, but that the value associated with that experience being outside the hospital environment be recognized**
- **Consider assessing and addressing the core and nursing-specific PH competencies by FNIHB and FN employers**



# Recommendations - Process

- **Further incorporate the CHNSoP into both the primary care and public health CHN roles in First Nation communities**
- **CNA CHN Certification is recommended for nurses who work in First Nation communities**



## Recommendations - Outcome

- **NREM be considered as a conceptual model used by FNIHB/FNIH nursing when considering any nursing intervention**
- **Consult with Iowa Outcomes Team to seek advice and permission to replicate the community-level outcomes, content validity and nursing sensitivity 2003 study, for FNIHB nursing practice**



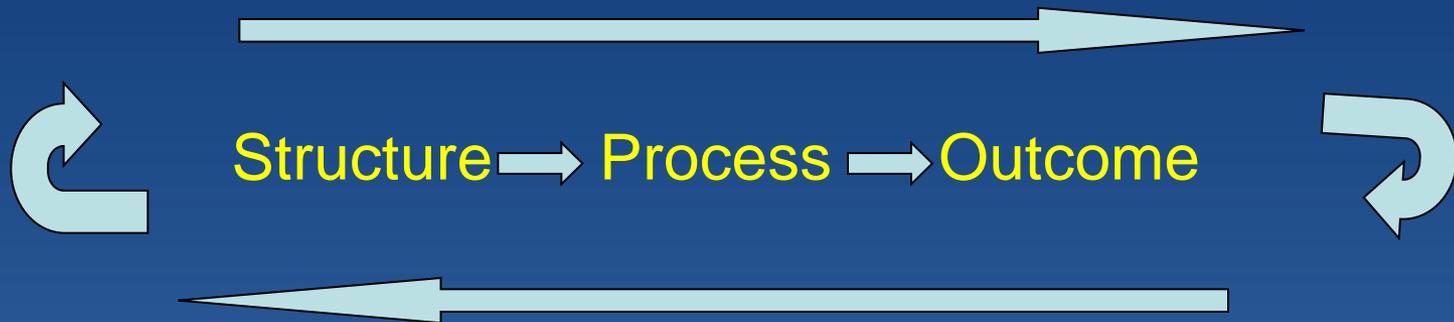
## Recommendations - Outcome

- Seek national agreement to utilize the CHNDS as the information base for the development and dissemination of standardized data collection tools and forms used by FNIHB/FNIH and shared with FN employers
- Collaborate with FNIHB community-based programs to incorporate appropriate nursing-sensitive outcomes into logic models, program activity architectures and evaluations
- Lead process to improve the content of the CBRT
- Lobby nationally for stronger planning requirements for community health planning process



# Conclusion

- First Nation communities are a unique community health nursing practice environment
- All variables that make up health service delivery need to be considered





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# Thank You



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