Community Health Nurses of Canada

Infirmières et infirmiers en santé communautaire du Canada

Canadian Home Health Nursing Competencies

Version 2.0 November 2024

The Community Health Nurses of Canada is a voluntary association of community health nurses and provincial/ territorial community health nursing interest groups. We provide a unified national voice to represent and promote community health nursing and the health of communities.

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COMMUNITY HEALTH NURSES OF CANADA

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The team is grateful to the Preconference Workshop (April 2024) attendees who participated in the research and provided valuable feedback on the tools and process they would like to see developed to support knowledge exchange and change management in home care nursing.

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Home Health Nurses are committed to the provision of accessible, responsive and timely care which allows people to stay in their homes with safety and dignity.

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Introduction

Home Health Nursing Competencies (HHNC) are action-oriented statements which reflect the integrated knowledge, skills, judgment, and attitudes required - of a nurse working in home health to provide safe and ethical care. (Canadian Nurses Association, 2017; Mrayyan, 2023). A total of 79 competency statements have been established to guide the practice of home health nurses in Canada. These competency statements are presented in nine categories. The first category contains cross-cutting, or over-arching, competencies, while the other eight categories correspond to each standard of practice. These competencies were developed and refined over the course of a 6-month engagement process in 2024. The competency statements describe exemplary professional practice for home health nurses and are applicable to a variety of roles and settings across Canada. These statements are intended for nurses with a minimum of two years of experience in home health nursing and to guide development and orientation of nurses with less experience (Saari et al, 2024)

OVERVIEW OF THE COMPETENCY DEVELOPMENT PROCESS

In 2010, the first Canadian Home Health Nursing (HHN) Competencies were defined by the Community Health Nurses of Canada (CHNC, 2010). Since 2010, there have been many changes within the Canadian healthcare system. As a result, updated competencies were needed to ensure that home health nurses can deliver the best possible care to clients, their families, and their communities.

Goal of the Revised HHN Competencies
To meet current and emerging needs of Canadian community health nurses working in the unique environment of home and community care.

Using a collaborative approach between CHNC and SE Health, a revised set of Canadian HHN Competencies was developed to equip nursing leaders and point-of-care providers with the evidence necessary to guide and support the practice of home health nurses in working with purpose and making a positive contribution to the health and social care of individuals and communities across Canada. The team is grateful to the Preconference Workshop attendees who participated in the research and provided valuable feedback on the tools and process they would like to see developed to support knowledge exchange and change management in home care nursing. The feedback gathered from the Preconference Workshop attendees, who also participated in the research, informed the development of tools and processes that support knowledge exchange and change management in home health nursing.

Glossary

Cultural Safety
Cultural safety is a term that was developed in the 1990s in New Zealand by Maori nurse leaders. The nurse leaders identified a need to move health care providers away from cultural sensitivity to more actions that address harmful systemic health care practices and discrimination. Cultural safety is about the experience of the patient. It is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. (Browne et all, 2022)

Equity Deserving Groups or Populations
A population who, because of systemic discrimination, face barriers that prevent them from having the same access to the resources and opportunities that are available to other members of society, and that are necessary for them to attain just outcomes. (University British Columbia, 2024)

Harm Reduction
An evidence-based, public health approach that aims to reduce the negative health, social, and economic impacts of substance use related harms, without requiring or promoting abstinence. Examples of harm reduction services could include providing drug checking services so that an individual can make informed decisions about the drugs that they are consuming or providing someone with a naloxone kit in case there is an overdose. (Government of Canada, 2024c)

Health Equity
Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being. (World Health Organization, 2024)

Indigenous Ways of Knowing
Indigenous Ways of Knowing" is a term that recognizes the beautiful complexity and diversity of Indigenous ways of learning and teaching. The intent of the phrase "Indigenous Ways of Knowing" is to help educate health care providers about the variety of knowledge and connections to land and reciprocal relationships to land and place that is important to Indigenous People. Healthcare providers must respect and be open to collaborating with clients and family who want to incorporate Indigenous health practices with western medicine. (University of British Columbia, 2024)

Social justice
Refers to the concept of a society that gives individuals and groups fair treatment and an equitable share of the benefits of society. In this context, social justice is based on the concepts of human rights and equity. Under social justice, all groups and individuals are entitled equally to important rights such as health protection and minimal standards of income. The goal of public health—to minimize preventable death and disability for all — is integral to social justice. (Government of Canada, 2024 a)

Trauma-informed Care
Trauma and violence-informed approaches are policies and practices that recognize the connections between violence, trauma, negative health outcomes and behaviours. These approaches increase safety, control and resilience for people who are seeking services in relation to experiences of violence and/or have a history of experiencing violence.
(Government of Canada, 2024b)

Key Documents that support the HHNC:

1. Community Health Nurses of Canada *(2019) Community Health Nurses Professional Practice Model and Standards of Practice. Author.* *https://www.chnc.ca/en/publications-resources*

2. National Center for Truth and Reconciliation *(2015). Truth and Reconciliation Commission: Calls to Action.* https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf
   The 94 Calls to Action that were developed following the work of the *Truth and Reconciliation Committee (2012– 2015).* There are specific Calls to Action for Health Services and Education. (Health Call to Action # 18 – 24; Education # 62-65.

3. Canadian Interprofessional Health Collaborative *(2024) A Framework for Collaboration* *https://cihc-cpis.com/wp-content/uploads/2024/06/CIHC-Competency-Framework.pdf*
   The CIHC Competency Framework 2024 is a tool to help inform and prepare health care providers to develop the competencies required in the complex health systems to work collaboratively with the focus on the clients/ family's needs. This framework has been used in Canda and globally to support interprofessional health education and practice.

Framework for the Home Health Nursing Competencies

The 2024 Home Health Nursing Competencies have been aligned with the 2019 Community Health Nursing Standards of Practice (CHNC, 2019) and now also include Cross-Cutting Competencies, which form an additional overarching category that encompasses competencies applicable across all standards.

The 2019 Community Health Nursing Standards of Practice are:

1. **Health Promotion**
2. **Prevention and Health Protection**
3. **Health Maintenance, Restoration and Palliation**
4. **Professional Relationships**
5. **Capacity Building**
6. **Health Equity**
7. **Evidence-Informed Practice**
8. **Professional Responsibility and Accountability**

Cross-Cutting Competencies

Cross-cutting competencies include statements which reflect knowledge, skills, attitudes, values, and judgements of nurses that are fundamental to the delivery of home health nursing care and should be applied across all Standards of Practice.

The home health nurse...

1. Applies critical thinking skills and creative problem-solving analysis when making clinical decisions.
2. Provides age-appropriate and developmentally appropriate care, which includes cultural safety and cultural humility approaches in all interventions.
3. Understands and acknowledges the principles of trauma-informed care and promotes the integration of these principles into professional practice.
4. Leverages multi-disciplinary communication skills (e.g., negotiation, conflict management etc.) to support the co-creation of a common agenda to ensure the effective coordination of care, building consensus and/or resolving conflicts in the context of client care.
5. Identifies and uses a variety of strategies to overcome language and other communication barriers (e.g., psychosocial, cognitive, literacy, health literacy, financial, cultural) to facilitate client self-determination, shared decision-making, and engagement in care, sharing successful strategies with the interdisciplinary team.
6. Documents and share information to clients, caregivers, the interprofessional team, and the client's social support network in communication formats that promote accuracy and accommodate client privacy and confidentiality within legal and regulatory parameters.
7. Uses technology (e.g., virtual platforms, electronic health records, etc.) to measure, record, and retrieve client data; access available resources, implement the nursing process; and enhance home health nursing practice while adhering to privacy laws/legislation and maintaining client confidentiality.

Standard 1. Health Promotion

Home health nurses integrate health promotion into their practice using assessment, teaching, and communication skills to promote self-managed care among clients, while acknowledging historical, sociopolitical and cultural contexts.

The home health nurse...

1. Assesses the readiness and capacity of the client, caregiver, and their social support network to make changes to promote their health.
2. Collaboratively and autonomously conducts comprehensive and holistic care assessments using a systematic, evidence-based process to support clients, caregivers, their social support network, and communities in identifying and prioritizing assets, strengths, needs, inequities, and resources.
3. Acknowledges and evaluates the impact of the sociopolitical and cultural context, determinants of health, and systemic structures when facilitating health promotion methods in collaboration with the client, caregiver(s), and their social support network.
4. Seeks to identify and assess the root causes of illness, disease, and inequities in health, acknowledges diversity and the adverse effects of colonialism on Indigenous people, and when appropriate, incorporates **Indigenous Ways of Knowing** including connectedness and reciprocity to the land and all life in health promotion.
5. Facilitates change using motivational, empowering, and co-creation approaches with clients, caregivers, their social support network, and communities by integrating health promotion theories and models, primary health care principles, change theories, and social and ecological determinants of health.
6. Actively works to shift health care culture to promote self-managed care in clients using education, appropriate tools, and resources.
7. Applies appropriate learning principles, teaching methods, and educational theories to disseminate health promotion information using multiple approaches such as information technologies and social marketing.
8. Develops and uses effective communication techniques that promote behaviour change in clients, such as the use of motivational interviewing, counselling, health coaching and other strategies, to engage in constructive dialogue with clients and their social support networks.

Standard 2. Prevention and Health Protection

Home health nurses conceptualize health broadly, considering the interaction between clients, their social circumstances, and their environment, and applying harm reduction principles when collaborating with clients, caregivers and other professionals to adopt appropriate prevention and health protection practices.

The home health nurse...

1. Uses **harm reduction** principles grounded in **social justice** and **health equity** perspectives to identify and reduce risks and increase protective factors.
2. Informs clients, caregivers and families about risks and barriers to health and safety and takes action to ensure appropriate prevention and protection approaches are presented to support informed choices about protective and preventative health measures.
3. Obtains and maintains an accurate medication history and identifies medication discrepancies, allergies, potential drug-drug and drug-food interactions.
4. Acts proactively in collaboration with clients, caregiver(s), their social support network and professional partnerships to identify the need for alternative ways of providing services and use creative problem-solving skills to overcome obstacles in the delivery of client care.

Standard 3: Health Maintenance, Restoration and Palliation

Home health nurses assess and evaluate clients' needs and environments to support clients to optimize their function, improve their health, enhance their quality of life, and navigate life and care transitions including acute, chronic, or terminal illness, and end-of-life.

The home health nurse...

1. Conducts comprehensive, standardized and/or targeted assessments to guide nursing practice and contribute to interdisciplinary team assessments to identify client medical, functional, and psychosocial needs within the context of their environment and social supports.
2. Prioritizes assessment and data collection based on the client's immediate condition and the anticipated needs of the client, family, and other caregivers in the home.
3. Assesses the dynamics, coping, caregiving skills, and knowledge of the client's caregivers and broader social support network, considering the impact on client health and wellness.
4. Assists clients and families to maintain and/or restore health by using a range of intervention strategies to address their health needs across the life span and illness continuum, including promoting disease self-management, maximizing function, and enhancing quality of life.
5. Supports informed decision-making and self-determination by co-creating, with the client, their caregiver(s) and social support network, a mutually agreed upon plan of care with goals, interventions, and priorities for care, including discharge planning and end-of-life care when appropriate.
6. Facilitates maintenance of health and the healing process with the client in response to adverse health events.
7. Collaborates with the client and family to evaluate and respond to evolving health care needs by strategically revising interventions and therapies.
8. Understands, and educates clients, their caregiver(s) and social support network and colleagues in, the safe and appropriate use and maintenance of various types of equipment, technology, and treatments to maintain health and assist clients and families in integrating them into their everyday life/routine.
9. Uses basic and advanced nursing skills to perform and adapt complex procedures in the home health setting.

Standard 4: Professional Relationships

Home health nurses work with others to establish, build and nurture professional and therapeutic relationships to optimize client participation and self-determination

The home health nurse…

1. Recognizes and understands that their attitudes, beliefs, feelings, and values, including unconscious bias, racism, and stereotypes, have an impact on professional relationships and nursing practice.
2. Assesses the health experience knowledge, attitudes, level of motivation, values, beliefs, behaviors, practices, stage of change, and skills of the client, caregivers, and their social support network, and identifies the influence of these factors on interventions and professional relationships.
3. Acknowledges that the current state of Indigenous health in Canada is a direct result of previous Canadian government policies when working with Indigenous people as stated in the ***Truth and Reconciliation Commission of Canada: Calls to Action.*** *(NCTRC, 2015)*
4. Recognizes the client as the authority on their own health by supporting them in identifying their health priorities and respecting their decisions on how to address them while being responsive to power dynamics.
5. Leads communication and cooperative efforts in creating an interprofessional plan of care focused on outcomes, while engaging clients, families, caregivers, and others in the care and delivery of services.
6. Uses **culturally safe** and **trauma-informed** communication strategies in professional relationships, recognizing communication may be verbal or non-verbal, written, or graphic and can occur via various media.
7. Acknowledges the contributions of the client's social support network to client health and promotes the maintenance and development of this network to support client care.
8. Demonstrates caring behaviours towards clients, their caregiver(s) and social support network.
9. Proactively establishes and maintains a therapeutic nurse-client relationship based on mutual trust, respect, caring, and listening, within the context of being "a guest in the house".
10. Modifies practice to promote positive interactions among the client, caregiver(s), their social support networks, and technology.
11. Builds and sustains partnerships using skills that reflect the ***Canadian Interprofessional Health Collaborative*** *(CIHC, 2024),* competencies framework:
12. 1) interprofessional communication, 2) client/family/community-centered-care, 3) role clarification, 4) team functioning, 5) collaborative leadership, and 6) interprofessional conflict resolution.
13. Evaluates and reflects on the nurse/client and other community relationships to ensure responsive and effective nursing practice.
14. Inspires quality care while coordinating care provided by caregivers, paraprofessionals, and other home care team members.

Standard 5: Capacity Building

Home health nurses partner with the client and their social support network to recognize barriers to health and build on available resources and existing strengths.

The home health nurse...

1. Demonstrates a strengths-based approach to assist the client, their caregiver(s) and social support network in recognizing their strengths, available resources, and capacity to determine their health goals, priorities for action and managing their health needs.
2. Supports the development of an environment that enables the client to make healthy lifestyle choices, recognizing relevant cultural factors and **Indigenous Ways of Knowing**.
3. Uses capacity-building strategies such as mutual goal setting, visioning and facilitation with clients, their caregiver(s) and social support networks when co-creating care plans and goals, to support engagement in shared decision-making and self-determination.
4. Evaluates the impact of capacity building efforts, including both process and outcomes, in partnership with the client.
5. Adapts and is flexible and responsive to the changing health needs of the client, their caregiver(s) and social support network.
6. Demonstrates effective communication skills to engage, connect, appreciate, respond, empathize, and support the empowerment of others.

Standard 6: Health Equity

Home health nurses recognize the impacts of the determinants of health and incorporate actions into their practice to address these determinants, considering health equity at an individual and societal level.

The home health nurse...

1. Assesses how the social determinants of health influence the client's health status with particular attention to **equity-deserving groups** such as racialized persons, persons with disabilities, and those with diverse gender identities and/or sexual orientation(s).
2. Understands how power structures, unique perspectives and expectations may contribute to the client's engagement with health and social services.
3. Advocates in collaboration with or on behalf of clients where requested, to support self-determination and equitable access to health care, services, and programs.
4. Facilitates and coordinates equitable access to other members of the interdisciplinary team that are acceptable and responsive to address health and social care needs.
5. Co-create a unified care and treatment plan, based on an integrated and comprehensive assessment, that is collaboratively carried out by team members to maximize continuity of care, reducing service gaps and fragmentation within a client-centred approach.
6. Understands historical injustices, inequitable power relations, institutionalized and interpersonal racism and their impacts on health and health care, to provide culturally safe care.
7. Supports the client's right to choose alternate health care options, including to recognize the value of Indigenous healing practices and use them in the treatment of Indigenous clients in collaboration with Indigenous healers and Elders, when requested by Indigenous clients as stated in the Truth and Reconciliation Commission of Canada: Calls for Action.
8. Using a social justice lens, advocates for allocation of human, financial, and infrastructure resources to provide a safe and accessible health delivery system.
9. Use strategies such as home visits, outreach, technology, virtual care and case finding to facilitate equitable access to care and services for equity-deserving groups such as racialized persons, persons with disabilities, and those with diverse gender identities and/or sexual orientation(s).
10. Evaluates and modifies efforts to increase accessibility to health and community services, and advance health equity.

Standard 7: Evidence-Informed Practice

Home health nurses make use of the best available evidence and assessment data to guide nursing practice and support clients in making informed decisions.

The home health nurse...

1. Uses professional expertise when considering the best available research evidence, and other factors such as client context, preferences, and available resources, to determine nursing actions.
2. Appropriately selects, uses, and interprets evidence-based assessment techniques, instruments, and tools, such as falls risk assessments, nutritional assessment, pain scales, depression scales, and cognitive level measures.
3. Uses assessment data to identify priority health needs, leveraging standardized classification systems and clinical decision support tools when available.
4. Evaluates nursing and community interventions in a systematic and continuous manner by measuring client and caregiver outcomes in accordance with standards and the collaborative plan of care.

Standard 8: Professional Accountability and Responsibility

Home health nurses demonstrate professional responsibility and accountability as a fundamental component of their practice to ensure the provision of safe, ethical, effective, and efficient care.

The home health nurse...

1. Demonstrates professionalism, leadership, judgement, and accountability in independent practice.
2. Maintains a focused approach amidst multiple distractions within the home environment.
3. Assesses and identifies unsafe, unethical, and/or socially unacceptable circumstances and takes preventative or corrective action with the goal of optimizing client safety and the protection of communities, groups, and all members of the health care team.
4. Recognizes and applies occupational health and safety principles when encountering unsafe, hazardous conditions that may result in exposure to health and safety risks.
5. Works collaboratively to identify and respond to unsafe or unethical circumstances as per provincial, territorial, and/or federal legislation to protect clients, caregivers, their social support network, and communities.
6. Applies nursing ethics, ethical principles, and self-awareness to manage self, ethical dilemmas, and practice in accordance with all relevant legislation, regulatory body standards, codes, and organizational policies.
7. Contributes to the development of quality of work environments by identifying relevant needs and issues, and actively participating in team and organizational quality improvement processes to co-create solutions.
8. Upholds professional relationships and provides constructive feedback to peers as needed, to reinforce professional standards and enhance home health nursing practice.
9. Maintains accountability, quality of care, and ethical standards by comprehensively and systematically documenting home health nursing activities in a timely manner.
10. Assesses the urgency of communicating information to clients, caregivers, their social support network, and other healthcare team members.
11. Implements the plan of care in a timely manner, and in accordance with governmental and organizational rules and regulations, to ensure client safety goals.
12. Understands the financial aspects of care and is accountable for effective, efficient, and responsible use of time and resources when delivering care to clients and families.
13. Delegates and/or assigns elements of care to appropriate clinical team members to achieve excellent care at the least cost in accordance with any applicable legal or policy parameters or principles.
14. Uses reflective practice to self-identify the need for assistance with client care requirements, seeking appropriate clinical supports or facilitating referral(s) to assure provision of quality care.
15. Demonstrates a commitment to lifelong learning through reflective practice to continually assess and improve personal learning and professional growth needs.
16. Pursues relevant educational experiences and professional development opportunities that address current practice issues, to develop knowledge and skills necessary to provide high-quality, evidence-based care.
17. Contributes to the advancement of home health nursing by mentoring students and new

practitioners and creating a work environment conducive to the education of health professionals.

18. Advocates for nursing care delivery models that promote appropriate staffing levels and staff mix, considering client acuity and needs.

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