



The Community Health Nursing Practice Model & Standards: Promoting excellence in practice and education across Canada

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CHNC Standards and Competencies Standing Committee

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Network Café Learning Outcomes

Network and learn through the sharing of practice or teaching experiences for the successful implementation of the Canadian Community Health Nursing Professional Practice Model and Standards of Practice





What is a professional practice model?

A professional practice model includes the structure, process and values that support nurses' control over the delivery of nursing care and the environment in which care is delivered (Hoffart & Woods, 1996).





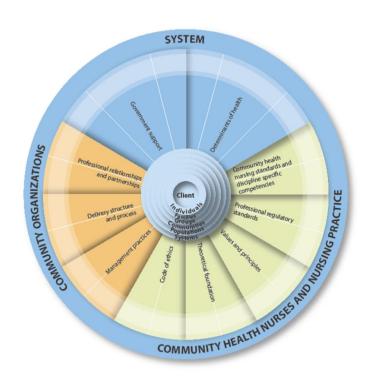
Canadian Community Health Nursing Professional Practice Model Component Clusters (CHNC, 2011; CHNC, 2013)

Definitions of each component

The Client (Individuals, Families, Groups, Communities, Populations, and Systems)

Community Health Nurses and Nursing Practice

- Community health nurse
- Theoretical foundation
- Code of Ethics
- Values and principles
- Professional regulatory standards
- Community Health Nursing Standards of Practice and discipline specific competencies







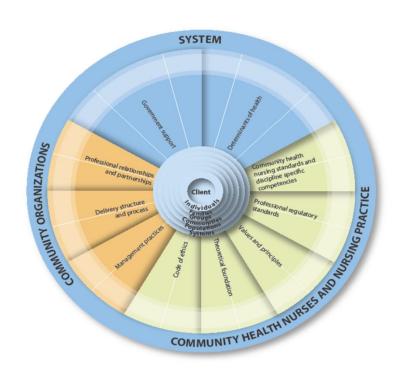
Canadian Community Health Nursing Professional Practice Model Component Clusters cont.

Community Organizations

- Professional Relationships and Partnerships
- Management Practices
- Delivery Structure and Process

System

- Government Support
- Determinants of Health







Canadian Community Health Nursing Standards of Practice (CHNC, 2011)

COMMUNITY HEALTH NURSES OF CANADA



#4 PROFESSIONAL RELATIONSHIPS

7 PROFESSIONAL RESPONSIBILITY & ACCOUNTABILITY

Standards promoting health

1 HEALTH PROMOTION

2 PREVENTION & HEALTH PROTECTION

#3 HEALTH
MAINTENANCE &
RESTORATION

Standards 4, 5, 6, & 7 help to achieve Standards 1, 2, & 3

5 CAPACITY BUILDING

6 ACCESS & EQUITY

Example: Application of Model to Education

Education Example:

- Hand washing kit developed by PH with funding for infection control week using surveys with teachers.
- No funding to implement the kit.
- Nursing students collaborated with PH and schools to implement the kit, including modifications and updates to the kit

Components of Model:

- 1. The Client (Individuals, Families, Groups, Communities, Populations, and Systems)
 - 1. students, parents, and schools, community
- 2. Community Health Nurses and Nursing Practice
 - 1. Relevant Standards (S2, S4, S7)
- 3. Community Organizations
 - nursing student adaption and delivery of hand hygiene in classrooms

4. System

provides an example for other jurisdictions

Example: Application of Model to Public

Health

Public Health Example

> Provision of low cost contraception (free condoms, **ECP- Emergency Conception** Pills) and a variety of other health promotion and prevention services including smoking cessation by Public Health Nurses

Components of Model:

- 1. The Client (Individuals, Families, Groups, Communities, Populations, and Systems)
 - 1. high school students and parents, school, community

2. Community Health Nurses and **Nursing Practice**

1. Relevant Standards (S2, S5, S6)

3. Community Organizations

1. relationship with school and board of education; delivery of services needed by students; management support to provide outreach services

4. System

1. health equity, serving vulnerable population





Example: Application of Model to Home Care

Home Care Example:

- ► Home care client sent to hospital with signs of infection. Cause of infection was packing left in wound.
- Home care organization review client's treatment and found lapses in documentation.
- The organization decided to use example as a teaching opportunity with an emphasis on documentation

Components of Model:

- The Client (Individuals, Families, Groups, Communities, Populations, and Systems)
 - wound care clients on home care, home care organizations, community

2. Community Health Nurses and Nursing Practice

1. Relevant Standards: (\$3,\$5,\$7)

3. Community Organizations

 RNAO best practice guidelines for wound care, LHINs, and hospitals related to review of management practices in terms of renewed emphasis on training in documentation

4. System

 provides an example for dealing with treatment issues

Small Group Discussion (20 minutes)





Think about an example in your practice/education experience...

Reflection on:

- I. What are the attributes of the health care environments in which the model and standards are welcomed?
- 2. What are the barriers to successful implementation of the model and standards?
- 3. How would the Model and Standards apply in a variety of practice experiences?

Large Group Discussion (20 minutes)

Share experiences

- > Attributes in the your health environment
- ► Barriers to integration of model and standards
- ► Any examples of application









CHNC Standards and Competencies Standing Committee Thanks you for participating!