



COMMUNITY HEALTH NURSES
ASSOCIATION OF CANADA



Canadian Community Health Nursing Standards of Practice (CCHN Standards) Toolkit

Prepared for Community Health Nurses Association of Canada and
Public Health Agency of Canada
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Key to the Toolkit

The Toolkit has been developed to support the integration and use of the Canadian Community Health Nursing Standards of Practice by practice organizations and nursing educational institutions. Many of the approaches and components of the Toolkit have grown from the work of the Ontario Community Health Nursing Standards Coalition. They obtained feedback on the draft Standards from nurses across Ontario and delivered a workshop at the Community Health Nurses Initiatives Group conference in September 2004. Through that work, the Coalition learned that community health nurses are enthusiastic about coming together to discuss their practice. As a result, a collaborative and interactive approach to improve community health nursing practice has been incorporated in this Toolkit.

In preparing this Toolkit, two factors have been identified as key to ensuring that the Toolkit is used. The first is accessibility and the second is the ease of adapting materials. Both would be enhanced by making the Toolkit available electronically with hyperlinks to related material. Ease of adapting material could be provided by using a Word format in comparison to a (closed) .pdf format. This Toolkit will provide the most benefit if it is a living, working source that includes feedback loops and continuous improvement components. Hopefully community health nurses will make it their own by using it and adding their experiences and adaptations.

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Acknowledgment

The value of this Toolkit has been greatly increased through the

feedback received on draft material through teleconference or email from the following people:

Community Health Nurses Association of Canada, Education Committee:

Rosemarie Goodyear- Newfoundland
Barb Mildon- Ontario
Donna Meagher-Stewart- Nova Scotia
Delmarie Sadoway- Alberta
Joan Reiter- British Columbia

Ontario Community Health Nursing Standards Coalition:

Cheryl Reid-Haughian
Nancy Lefebvre
Jo Ann Tober

Alberta Pilot Project on Toolkit:

Alison Nelson
Roxie Isherwood

British Columbia Public Health Nursing Leaders:

Donna Jepsen
Karen Wonders

Special acknowledgement goes to Cheryl Reid-Haughian, ParaMed, for her detailed explanations of her experiences in promoting professional and policy development. Some of those experiences are reflected in the scenarios. Liz Haugh is recognized for her contribution of policy documents based on the CCHN Standards developed at the Windsor-Essex County Health Unit. Karen Grauer and her colleagues at Saskatoon Public Health were also generous in sharing policy documents on job descriptions, interviews, and performance appraisal. These contributors epitomize the willingness to promote community health nursing across Canada.

Production of pamphlet, posters, application program, CD ROM, Manuals, Tool Kits, and any material related to this project has been made possible through a financial contribution from the Public Health Agency of Canada. The views expressed here in do not necessarily represent the views of the Public Health Agency of Canada.



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The Canadian Community Health Nursing Standards Toolkit

The Community Health Nurses Association of Canada (CHNAC), a federation of provincial/territorial community health nursing interest groups and members, released the Canadian Community Health Nursing (CCHN) Standards of Practice in May 2003. These Standards were accepted by the Canadian Nurses Association (CNA), leading to Community Health Nursing being recognized as a specialized field of nursing.

The CCHN Standards define community health nursing practice and aim to foster continuing competence in the specialty as a prerequisite for the delivery of safe, ethical care. The Standards aim to inspire excellence in practice and commitment to the ongoing development of community health nursing (Community Health Nurses Association of Canada (CHNAC), 2003, p. 2).

The CCHN Standards Toolkit provides a process, tools and resources for raising awareness of the Standards and facilitating their use. It will be most effective if used as a whole. By building on and adapting existing organizational structures and practices the Toolkit aims to create an environment in which nurses are encouraged and supported to attain and maintain continuing competence.

The CCHN Standards provide a framework for nursing education and for professional nursing practice within an organization through their integration in the following activities and processes:

- Curriculum development
- Continuing education and reflective practice
- Hiring practices, job descriptions and staff selection interviews
- Orientation and mentoring programs for new community health nursing staff
- Performance appraisal

Background

The CCHN Standards build on and expand Provincial/Territorial professional nursing practice standards by articulating the principles and variations in practice specific to community health nursing. For nurses working in public health, the Standards provide a discipline specific perspective that complements the work of Ontario Public Health Association (OPHA) and the Public Health Agency of Canada (PHAC) in developing the core competencies for public health for all disciplines (OPHA, 2005).

The following diagram (Figure 1: The Standards Pyramid),

adapted from the College of Registered Nurses of Nova Scotia (2003) shows the different levels of standards and their relationship to each other.

All community health nurses are expected to have knowledge of the CCHN Standards and use them when working in practice, education, administration or research after two years of experience. Educational institutions have the responsibility for preparing new graduates for safe and ethical practice in community settings; however, the graduates will require experience and additional learning and skill building opportunities to support their development of a specialized practice in community health nursing.

The responsibility for continuing competence is shared by individual nurses, professional and regulatory nursing organizations; employers, educational institutions and governments (CNA & CASN, 2004). The following points summarize the CNA and Canadian Association of Schools of Nursing (CASN) position statements.

1. Individual nurses have the primary responsibility for ensuring that their competencies are relevant and up to-date on a continuing basis.

2. Professional and regulatory nursing organizations have the responsibility to: identify the competencies required for new graduates entering the practice of nursing and for registered nurses



Figure 1: The Standards Pyramid adapted from the College of Registered Nurses of Nova Scotia (2003)



beyond the entry level; promote and facilitate collaboration between education and practice settings regarding the preparation of new graduates in nursing and the support of career planning for registered nurses; promote continuing nursing education; develop mechanisms for assessing and recognizing learning, for example, by providing prior learning assessment; and, facilitate access to education programs targeted to updating competence when such need has been identified.

3. Nursing educators and educational institutions have the responsibility to: prepare new graduates with the competencies necessary to provide safe, competent and ethical nursing care in a variety of settings; and deliver nursing education programs in a flexible and accessible format.

4. Employers of registered nurses have the responsibility to put mechanisms in place that: foster a professional practice environment; help registered nurses identify their learning needs; facilitate access to educational activities; and, provide support for registered nurses in continuing their education.

5. Governments have the responsibility to provide the funding necessary to develop entry-level and continuing nursing education programs that are effective, appropriate, efficient and accessible, and that prepare registered nurses for safe and competent nursing practice. Communication and cooperation between the ministries of health and education are required to ensure that nursing education is responsive to current and future needs. (College of Registered Nurses of Nova Scotia (CRNNS), 2003)

This toolkit provides a process and associated resources to assist the above stakeholders — community health nurses, the Canadian Nurses Association, Community Health Nurses Association of Canada (CHNAC) and provincial Community Health Nursing Associations/Interest Groups, nurse educators, employers of community health nurses, and governments—to strengthen and support community health nursing practice in Canada.

The report from a consultant group (TGS Consultants Incorporated, 2005) provided preliminary information for the Toolkit. TGS conducted a national survey of organizations and agencies around implementation strategies for Standards of Practice and reported that few respondents had implemented standards/guidelines in their

area. Only 4 of 15 respondents had experience with implementation of practice standards. Of those who had begun to develop competencies, none had developed education tools and supports for nurses (TGS Consultants Incorporated, 2005). The TGS report identified three types of resource as potentially useful for Toolkit development: 1) Continuing competence programs using a reflective practice approach based on provincial standards for registered nursing practice (NWT, BC, Alberta, Saskatchewan, Section 2b); 2) Position description and interview guide (Saskatchewan, Section 2b), and 3) the Registered Nurses Association of Ontario (RNAO) Best Practice Guideline (BPG) Toolkit.

Although designed to guide implementation of BPGs, the RNAO toolkit was identified in the TGS report (2005) as the most comprehensive resource to guide the implementation of practice standards. Two sections of the Toolkit, the process steps and the associated resources, are both necessary to ensure the best use of time and resources when implementing practice standards. The process steps work effectively with the associated resources; the resources on their own will not support a sustainable change in practice. The process steps are similar to those used to support change to evidenced based practice (RNAO, 2004)

This Toolkit has been developed to guide and promote use of the CCHN Standards according to the stage of nursing career: nursing education; post-registration in the first two years of community health practice, and continuing community health practice. Tailored to these career phases, the CCHN Standards Toolkit is of relevance to nursing students, community health nurses, and educational and community health organizations. Table 1, (Staging use of CCHN Standards in Community Nurse Career by Setting) shows the implementation objectives for each phase of a nursing career.



Staging use of CCHN Standards in the Career of a Community Health Nurse

Objectives by Setting

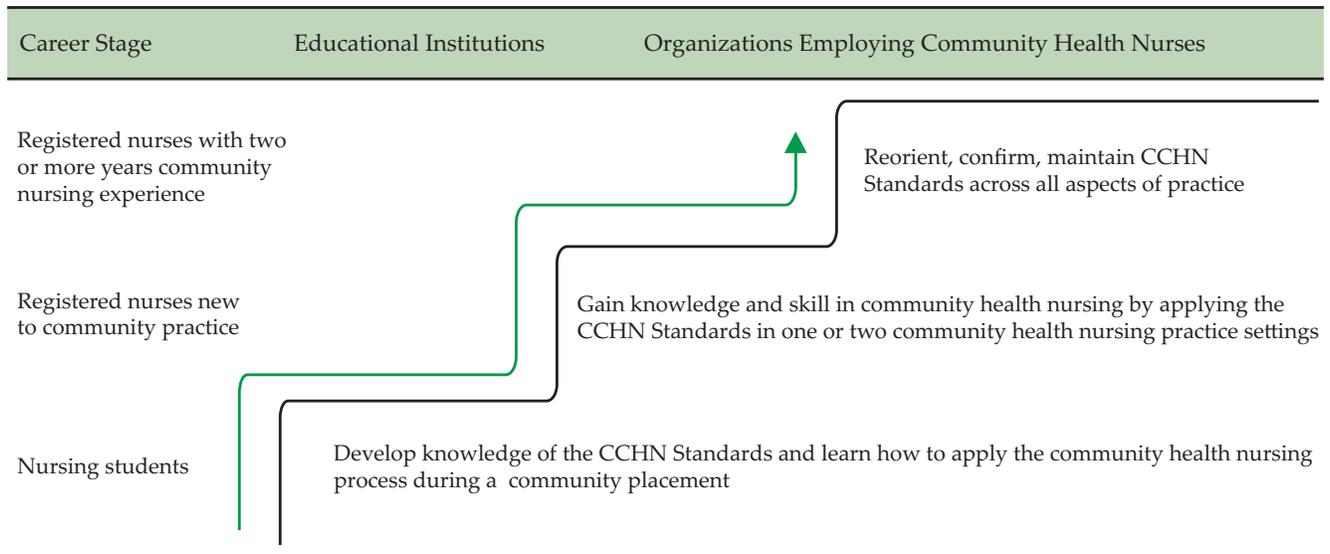
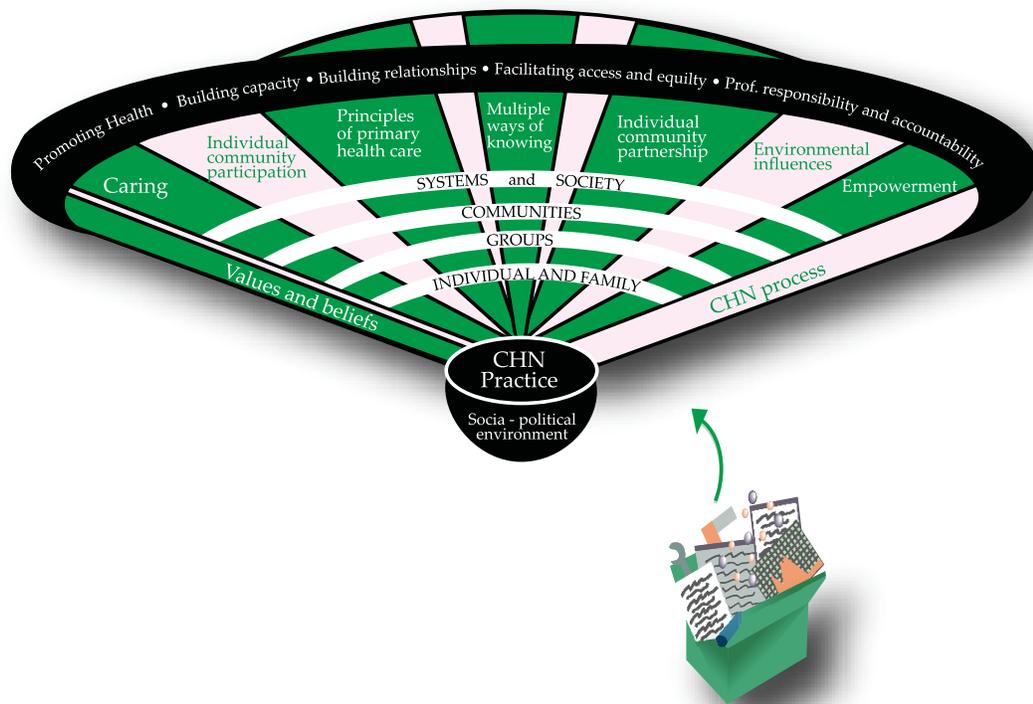


Table 1: Staging use of CCHN Standards in Community Nurse Career by Setting

Organization of the CCHN Standards Toolkit.

The Toolkit is divided into two interlinked sections. Section 1 describes a systematic process for promoting use of the Standards in organizations employing registered nurses (Part A) and educational institutions providing baccalaureate nursing education (Part B). Section 2 contains a repository of tools associated with the process from Section 1, such as worksheets and workshop packages, complete with slide presentations and some evaluation forms. As well, section 2 provides additional resources relevant to community health nursing practice.





Section 1: The Integration Process



The process for integrating the CCHN Standards in organizations employing nurses is described in Part A and within nursing baccalaureate education in Part B.

Section 1, Part A: Integration of CCHN Standards in Organizations Employing Nurses.

The process aims to increase use of the CCHN Standards by creating a Standards action team, assessing resources within the organization, planning Standards-related activities, carrying out the activities and evaluating success. Each step of the process is fully described and accompanied by scenarios. These steps were developed in collaboration with organizations employing community

health nurses, to illustrate the process in different types of organization. The process is modeled along the lines of the RNAO's toolkit for implementation of Best Practice Guidelines (BPG) (Registered Nurses Association of Ontario (RNAO), 2003). The steps of the process are outlined in Table 2, (Steps in the Integration Process) below.

To make the process easier to follow and use, completed examples of the forms and worksheets are provided with the text. Section 2 includes blank forms, educational resources and examples of administrative tools to increase use of the Standards. The resources and examples include presentations for continuing education workshops, organizational policies, material for inclusion in orientation packages and personnel review questions.

Although the process is described as a series of steps, it is viewed as cyclical and iterative, with the scope and depth of activities increasing with each turn through the process, as shown in Figure 2 The Integration Process.

Steps in the Integration Process

Step 1 Getting started

- Identifying the team and starting to organize

Step 2 Assessing organizational capacity

- Identifying those who will be affected by the CCHN Standards, seeking out resources and support, and developing strategies to engage stakeholders in the process
- Identifying the facilitators and barriers to implementation within the organizational environment

Step 3 Developing the action plan and considering resources

- Determining the action strategy
Identifying the focus (e.g.: continuing education and reflective practice, hiring practices, orientation package, performance appraisal)
Strategizing to build on opportunities and overcome barriers
- Developing the plan and setting timelines
- Developing an evaluation plan
- Identifying financial and human resources

Step 4 Taking action

- Offering workshops and modifying organizational policies and practices

Step 5 Evaluating success

- Conducting process and outcome evaluation based on the logic model

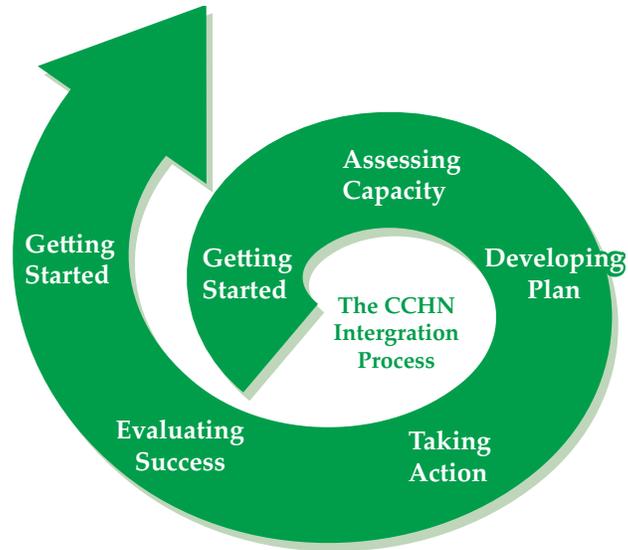


Figure 2: The Integration Process

As in any process of change, it is important to identify factors that can influence the change (NHS Centre for Reviews and Dissemination, 1999). For that reason, it is important to follow the steps outlined in the process in order to tailor plans to needs and resources. Action planning is consistently associated with accelerated rates of change for a wide variety of efforts (KU Work Group on Health Promotion and Community Development, 2006c).

The Action Workplan on the following pages provides guidance and examples for the organization team. A blank workplan can be downloaded from the CD. The Action Team Workshop will help to prepare the team. The presentation can be downloaded from the CD. The slides are provided in Section 2b.

Teams with limited resources may have to start slowly and attempt small changes, whereas others will be ready for a speedier, more comprehensive approach. The process is flexible enough to allow teams to take advantage of local opportunities. For example, if the organization is preparing for accreditation, then it might be opportune to integrate the Standards into organizational policies and structures such as an orientation package.

Step 1: Getting started.

The goal for step one is to set up the team to take responsibility for integrating the CCHN Standards, preferably using existing mechanisms such as a nursing practice committee, nursing council or quality assurance team. Such groups will have

established terms of reference and clear reporting lines to senior management. Committees which meet regularly, and where members are used to working together are able to incorporate action on the Standards into existing work or delegate the responsibility to an ad hoc or sub-committee.

The initial suggestion to work on the CCHN Standards may come from the senior nurse in the organization who is giving direction to a person or a committee or by a nurse or manager who is placing it on the agenda of an appropriate committee. If a senior nurse initiates the action, the initial steps may be easier because of management support. If the suggestion arises from a nurse or committee, more effort may be needed to gain this support. Once the team is formally established and resourced, two to four people with a commitment to implementing the CCHN Standards could organize and complete the initial steps. Others can be brought in at a later time as needed.

One of the first steps in forming the team will be to agree on what you expect to accomplish and develop a sense of common purpose. If you have not already done so, team members will need to familiarize themselves with the CCHN Standards and review the Toolkit to understand what is required of them. Working together and clarifying common interests helps with teambuilding and allows team members to identify each other's strengths and interests and establish trust. It is a key process in creating change (KU Work Group on Health Promotion and Community Development, 2006a). Once the team has a clear vision of the task, planned meetings and agreed how to work together, it will be ready to move (delete) develop a workplan in preparation for moving to Step 2.



Canadian Community Health Nursing Standards of Practice Toolkit Action Workplan

Steps/Activity	Persons Responsible	Proposed Timeline	Resources	Status/ Results
Step 1: Get Started			Toolkit: Section 1 Step 1	
1. Establish CCHN Standards implementation team <ul style="list-style-type: none"> • obtain management support • situate within an appropriate existing committee determine terms of reference • identify team members and organize meetings 	Designated team leader Initial negotiations may be informal	1-2 meetings Allow one month	Management Presentation	
1.2 Review information on CCHN Standards and toolkit resources	Team members	0.5 days	Action Team workshop	
1.3 Complete work plan for steps 2 & 3	Team	1 meeting	Workplan	
Step 2: Assess Organizational Capacity			Toolkit: Section 1 Step 2	
2.1 Identify key stakeholders, raise awareness about CCHN Standards, seek internal and external resources and support, by talking to: <ul style="list-style-type: none"> • nursing staff, practice leaders, managers • other health professionals • administrative staff (human resources) • senior management/ corporate board • relevant external organizations (e.g. health and professional organizations, schools of nursing, government) 	Team	1-2 months	Stakeholder Worksheet	Summarize results from worksheet
2.2 Conduct brief scan to assess organizational readiness and opportunities for CCHN Standards implementation			Environmental Scan Worksheet	Summarize results from worksheet
Step 3: Develop Action Plan			Toolkit: Section 1 Step 3	
3.1. Analyze and summarize findings from Step 2				



Canadian Community Health Nursing Standards of Practice Toolkit Action Workplan

Steps/Activity	Persons Responsible	Proposed Timeline	Resources	Status/ Results
3.2 Select and prioritize activities e.g.: a) continuing education program including baseline learning needs assessment, workshops and links to certification study groups b) strategy for integrating Standards into organizational policies and practices: <ul style="list-style-type: none"> • position descriptions and hiring interviews • orientation package and mentoring program • performance appraisal process • reflective practice c) inclusion of CCHN Standards into preceptor training package, tips for involving students				
3.2 Draft an implementation plan, for the next year, with timelines and budget			Workplan Budget Considerations Worksheet	
3.3 Develop evaluation plan (including process, short/long-term outcomes with timelines)			Implementation Logic Model	
3.4 Review plans with staff and senior management and finalize plan				
Step 4: Take Action			Toolkit: Section 1 Step 4	
4.1 Conduct learning needs assessment as basis for future educational sessions and evaluation			CHN Learning Needs Assessment	
4.2 Conduct staff workshops 1 & 2 <ul style="list-style-type: none"> • prepare/modify educational materials from toolkit • obtain copies of Standards for distribution • schedule • evaluate 			Workshop Presentations 1 & 2 Workshop 1 Evaluation Department Practice Examples (Windsor) Community Health Nursing Standards of Practice	



Canadian Community Health Nursing Standards of Practice Toolkit Action Workplan

Steps/Activity	Persons Responsible	Proposed Timeline	Resources	Status/ Results
4.3 Draft modifications to orientation package, obtain approval				
4.4 Draft modifications of organizational policies and practices <ul style="list-style-type: none"> • position descriptions, hiring interviews • orientation package • performance appraisal process, • reflective practice using Standards • preceptor training package 			Position Description & Interview Questions (Saskatoon) Saskatoon Performance Appraisal Performance Appraisal (Windsor)	
4.5 Conduct staff presentation/ workshop to communicate policy and practice changes			Management Presentation	
4.6 Develop plan for ongoing learning assessment and education program related to Standards <ul style="list-style-type: none"> • link to certification study groups 				
Step 5: Evaluate Success			Toolkit: Section 1 Step 5	
5.2 Conduct process evaluation during all steps and monitor projected and actual cost and benefits				
5.3 Evaluate short term goals, e.g.: increased awareness, knowledge of CCHN Standards			Implementation Logic Model	
5.4 Determine focus of future evaluation and develop detailed evaluation plan				



SCENARIO for Step 1

Getting Started in Public Health.

Diane is a public health nurse (PHN) leading a program for pre and post natal mothers and infants. She attended a workshop on the CCHN Standards at the Community Health Nurses conference and since then has been keen on bringing the Standards to her organization. Several of her colleagues at work are also interested and one or two are talking about taking the Community Health Nursing certification exam shortly. Diane's manager has recognized her interest by asking her to chair a working group under the nursing council to determine how the organization can support nurses with the implementation of CCHN Standards throughout the organization.

At their first meeting, the four member group decided to call themselves the Standards Action Team. They did not want to spend a lot of time talking about what needed to be done; they wanted to be taking action.

Getting Started in Home Health

Jane is a home health nurse (HHN) working from a branch office that has limited staff support. Every day for the past three years, she has visited 8- 10 people with chronic disease in the home. She has identified that there is a great variation in how nursing care is provided and feels that there should be a more consistent approach based on guidelines or evidence. At her last performance review she included an objective to take the Community Health Nursing Certification examination. Today, her supervisor left a message asking if she would like to work with her and a practice consultant on the implementation of community health nursing Standards in the branch office. The head office has decided to use this as a pilot for the rest of the organization. Jane jumped at the chance.

The team members decide to call themselves the Standards pilot team. The team has been set up as a sub-committee of the nursing practice committee. The nursing practice committee is a large group with broad membership and includes front line nurses, the Best Practice Guideline (BPG) champions, a front line manager, clinical educators, resource nurses, clinical consultants (responsible for programs), and a representative from Human Resources. The committee is co-chaired by the Nursing Practice Officer, and the Vice President, Clinical Services.

Step 2: Assessing Organizational Capacity.

The purpose of this step is to identify the potential resources and support for integrating the CCHN Standards in the organization. Two complementary methods are used to gather the necessary information to achieve the step: 1) talking to stakeholders, and 2) scanning the environment of the organizational environment. Both are equally important resources and help to lay the groundwork for change. A systematic review of the implementation of best practices found that many factors can influence practice changes, including individual beliefs, attitudes and knowledge, and factors, such as the organizational environment (NHS Centre for Reviews and Dissemination, 1999). A comprehensive assessment is seen as a key ingredient for advancing change (KU Work Group on Health Promotion and Community Development, 2006d). Having said that, the depth and scope of information gathering can vary, depending on the resources of the team and the initial perceived support. In some organizations, an incremental approach may appear more suitable, whereas others are ready to launch the Standards in a big way. The team must make a decision on the scope of its information gathering that is reasonable at that time—it can be changed in the future.

Understanding the influencing factors makes it possible to identify opportunities, troubleshoot problems and tailor the implementation plan to the needs of the organization. In addition to informing planning, this step has the potential to broaden support across the organization including the support of key decision makers. By heightening awareness of the Standards and by engaging stakeholders in the process early, momentum is built and sufficient support is ensured to drive the process.

Step 2a. Identifying and Engaging the Stakeholders.

Start by identifying all those in the organization, who have a vested interest in the CCHN Standards. Think broadly. The CCHN Standards are about a quality practice which touches everyone within an organization. Practice changes will directly affect all registered nurses working in the organization including managers and practice



consultants, up to the chief nursing officer. It will also impact co-workers, including registered/licensed practical nurses, allied health workers/volunteers and other health providers. The impact will be particularly high when teams are used to provide care and services. Other organizational stakeholders, such as human resource and financial staff, can contribute to a climate for quality practice. Talking to people at all levels of the organization will help bring them together to work toward the common goal of safe, ethical care based on Standards.

Pay particular attention to those who work across the organization or across organizational boundaries, for example, staff with joint-appointments to educational institutions, those who sit on external committees, and board members. People with border-spanning positions will help maximize the support for the Standards. In addition, there are people external to the organization that have a vested interest in Standards integration. These external stakeholders may include patient and consumer groups, funding organizations, professional nursing organization (regional and local), and educational institutions whose students have community placements in the organization. While these external stakeholders are affected indirectly, some may be able to offer resources, advice and encouragement, or provide a link to others who have experience in implementing the Standards.

A participatory approach of talking to stakeholders and engaging them in dialogue promotes understanding and will start to build a feeling of collaboration across the organization. By being well versed in the Standards, the action team can tailor information to the interests of the different stakeholders. For example, it is important to gain the support of the decision makers in the organization and there is good reason to think that bureaucratic decision making is influenced by factors other than systematic, empirical evidence. Information on the scale of likely health and other benefits, the potential to reduce risk, the fit with existing or proposed policy, and the ease and cost of implementation, as well as tuning in on issues of personal importance to the decision makers, can all make a difference (Diem & Moyer, 2005, p. 337).

Keep a participatory approach in mind, key messages for senior or corporate managers are that the CCHN Standards provide a means to improve the quality of care in an organization in several ways:

- identifying the skills and abilities required across an

- organization or program,
- providing a rational basis for assessment of training needs and development of the continuing education plan
- providing consistency in the development of position descriptions and performance management tools
- improve recruitment and retention of staff by valuing and building a workplace that supports holistic care delivery
- encouraging continuing learning, innovation and continual improvement of the quality of care
- providing information on what is expected of staff
- promoting access to quality services as required by accreditation organizations (Canadian Council on Health Services Accreditation (CCHSA), 2005; Ontario Council on Community Health Accreditation (OCCHA), 2006)
- providing a measure of accountability
- demonstrating the qualities of a learning organization.

Stakeholder perspectives can be gathered through informal discussions or focus groups. The selection of assessment methods will depend on the decision of the team to take either an incremental or big splash approach. For example, if the choice was incremental, progressive inquiry could be used. If a big splash approach was chosen, surveys and focus groups would be appropriate. These methods are described in Diem and Moyer (2005).

It will not be possible to talk to everyone but it is important to try to capture a range of opinion from within and without the organization. The range includes talking to those in favour of action on the Standards and those against. Understanding the issue from many different viewpoints—the experts, opinion leaders, and various subpopulations—makes it easier to devise strategies to increase the positive forces for CCHN Standards action and decrease the restraining or negative forces by formulating creative approaches that are acceptable to a wide range of people.

The Stakeholder Work sheet lists internal and external stakeholders and identifies vested interests that can be assumed, based on the job description. A blank worksheet can be used to record the information gathered and, from there, identify facilitators and barriers to implementation. A blank worksheet can be downloaded from the CD. This information may be used to devise strategies to ensure success.



Canadian Community Health Nursing Standards of Practice Toolkit Stakeholder Work Sheet

Stakeholder	Vested interest in CCHN Standards (based on position)	Assessed interest, support and influence (examples)	Positive/ Negative/ Neutral	Potential strategy for involving, increasing support and influencing	Results
Internal Stakeholders:					
Facility administration	Implications for: <ul style="list-style-type: none"> Quality of client services Cost effectiveness and efficiency of services 	Most Board members are supportive and would like information on how other specialties have been supported by the organization Board Chair thinks the Standards will help the organization meet the new accreditation requirements Financial manager says there are limited funds for staff education for the remainder of the year	+ + -	Provide requested information Give examples of how Standards implementation is consistent with organization mission and values and contributes to its goals Obtain approval for CCHN Standards implementation and include in change management Prepare a realistic budget	
Chief nursing officer	Fit with articulated vision and strategic direction for the nursing discipline Potential to: <ul style="list-style-type: none"> Improve professional practice and quality of care Create a supportive environment for professional practice 	Member of community health nursing taskforce, strong supporter Long term member of organization with high influence	+ +	Collaborate on key project activities (i.e. steering committee meetings) Prepare for, and include in change management	
Managers	Potential to: <ul style="list-style-type: none"> Improve the quality of care Improve professional practice Increase staff satisfaction 	Two nursing managers very supportive Non-nurse managers would like to be kept informed but do not want to be directly involved	+ +/-	Collaborate on key project activities (i.e. presentation to units and steering committee meetings) Prepare for, and include in change management Emphasize link between CCHN Standards, scope of practice and job satisfaction	
Clinical educator/ Clinical practice consultant	Potential to: <ul style="list-style-type: none"> Improve professional practice development Create support for professional practice 	Have experience in implementation of Best Practice Guidelines	+	Include in implementation team or seek advice on change management Collaborate on key project activities (i.e. staff education; preceptor training and evaluation)	



Canadian Community Health Nursing Standards of Practice Toolkit Stakeholder Work Sheet

Stakeholder	Vested interest in CCHN Standards (based on position)	Assessed interest, support and influence (examples)	Positive/ Negative/ Neutral	Potential strategy for involving, increasing support and influencing	Results
Internal Stakeholders:					
Nurses	Potential to: <ul style="list-style-type: none"> • Improve the quality of community nursing services for clients • Improve professional practice • Maintain professional practice autonomy • Support holistic care and practice as nurses expect it to be 	Several belong to community nurse interest group Three nurses are studying for community health nursing certification Most nurses use the provincial nursing standards in performance appraisal Some nurses are pursuing certification in gerontological nursing A few nurses say the Standards do not apply to their practice	+ + + +/- -	Include in team or involve in activities (e.g. to lead workshop discussion group or evaluation) Facilitate information sharing Engage as champions to promote the use of Standards in changing practice Monitor engagement; involve-gradually at first during development and then as much as possible at implementation. Build consensus overall (e.g. educate about the guidelines, educate about evidence-based resources and develop aids that will improve clinical practice.	
Other health providers	Contribution to improving the quality of community services	Public health inspectors want to know how the CCHN Standards relate to the new Public Health draft competencies	+/-	Inform; identify potential areas of collaboration; involve in key activities. E.g. discuss compatibility of CCHN Standards with Public Health Agency of Canada competencies	
Clients and families	Potential to increase access to effective and efficient community health services		+/-	Inform, involve where possible. Emphasize that Standards will aid excellence in practice with long term aim of improving client care.	
External Stakeholders:					
Community nursing organizations	Developed the Standards and want to promote their uptake	Have promotional material and other resources promoting Standards	+	Obtain resources, collaborate	
University school of nursing	Prepare new graduates for safe, competent practice	CHN students have a one hour presentation on the Standards	+	Collaborate, share resources	
Government MOH Contractors	Impact on recruitment and retention Impact on safe quality care Impact on professional practice and Quality Work Life indicators	Government recognizes the potential contribution of the CCHN Standards in increasing job satisfaction by articulating community nurses' scope of practice	+	Inform contractors of potential contribution of CCHN Standards to accreditation Emphasize link between Standards, scope of practice and job satisfaction	



Step 2b. Assessing the Organizational Environment.

The key objective of this step is to assess the organizational environment with a view to integrating the CCHN Standards into the existing structures and processes that support quality practice. Knowing what is already in place provides a basis for change. Teams may feel reluctant to do this type of assessment because it is outside their normal responsibilities. However, it is important to identify what is or is not available in order to be able to work with the supportive factors and overcome the challenging ones.

Increasingly, governments and professional nursing organizations are recognizing the importance of quality practice environments to ensure safety, support and respect for all persons in the work environment (Canadian Nurses Association, 2001; College and Association of Registered Nurses of Alberta (CARNA), 2003; College of Registered Nurses of British Columbia (CRNBC), 2005; Nurses Association of New Brunswick (NANB), 2005; O'Brien-Pallas et al., 2005). The CNA has identified five attributes of a quality practice environment. These are:

Organizational supports: The organization's mission, values, policies and practice should support and value nurses and the delivery of safe and appropriate nursing care.

Professional development: Professional development is more than the annual performance appraisal. It begins with hiring and includes introducing new staff into the organization, promoting continuing education and reflective practice, position-specific training and promoting professional development. The CCHN Standards can contribute to professional development by providing consistency in the development of job descriptions and performance assessment,

and provide a framework to guide continuing education. The availability of nursing human resources is an issue across Canada. An organization that supports and encourages a lifelong learning philosophy and promotes a learning environment is more likely to recruit and retain nurses.

Nursing leadership: There should be competent and well-prepared nursing leaders at all levels in the organization.

Workload management: There should be sufficient nurses to provide safe, competent, ethical care.

Control over practice: Nurses should have responsibility, authority and accountability for nursing practice.

These attributes have been translated into quality of work life indicators (QWLs) that make a measurable difference for professional nurses. The indicators are being incorporated into the Canadian Council on Health Services Accreditation's (CCHSA) 2004 Achieving Improved Measurement (AIM) Accreditation Program, which is used to accredit healthcare organizations in Canada (CCHSA, 2004). The CCHN Standards speak to the community health nurse's responsibility with regard to the practice environments; incorporating the Standards into administrative tools will further facilitate integration of the Standards and contribute to a quality practice environment.

If all five attributes are available at a high level, it is likely that integration of the CCHN Standards will be relatively straightforward. If some are at a low level, the team will not be able to work as quickly. By doing the stakeholder assessment and organizational environmental scan together, the team will be able to see where opportunities exist and develop a realistic action plan.

The Environmental Scan Worksheet is designed to gather information on the attributes of a quality work environment as outlined above. Sample information is included. A blank worksheet can be downloaded from the CD.



Environment



Canadian Community Health Nursing Standards of Practice Toolkit Environmental Scan Work Sheet

The environmental scan provides baseline data so should be completed in sufficient detail to be used to measure change.

Attributes of Quality Practice Environment	Question	Facilitators / Barriers (examples in italics)	Possible Strategies (examples in italics)
Organizational Supports (The organization's mission, values, policies, practice support, value nurses, the delivery of safe and appropriate nursing care).	<p>What policies and processes are in place to support quality nursing practice and the implementation of the Standards?</p> <p>To what degree does the organizational culture support change and value evidence</p>	<p><i>Quality improvement processes in place</i></p> <p><i>Organization reports annually on key performance indicators (KPI)</i></p> <p><i>Organization is participating in study on best practices</i></p> <p><i>Staff have access to computers, email and web based resources</i></p> <p><i>Ethical practice grounds service delivery framework</i></p>	<p><i>Incorporate Standards in to KPI</i></p>
Professional Development <i>Recruitment and hiring</i>		<p><i>Clearly defined hiring process with position descriptions; inconsistency in interviewing procedure and questions</i></p>	<p><i>Use CCHN Standards to provide consistency in job descriptions</i></p> <p><i>Develop interview questions around the competencies in the CCHN Standards</i></p> <p><i>Include requirement for knowledge of CCHN Standards or 'Community Health Nursing certification preferred' when advertising positions</i></p>
<i>Orientation</i>	<p>Is there a written policy?</p> <p>How are orientation programs organized?</p> <ul style="list-style-type: none"> • common orientation for all new staff or individual orientation provided on hiring by administration and program manager • orientation checklist <p>Is position-specific training provided?</p> <p>Is there a mentorship program?</p>	<p><i>Orientation program for staff and students</i></p>	<p><i>Modify the orientation package to include an introductory workshop on the Standards with practical examples of application</i></p>
<i>Performance Management Process</i>	<p>How is performance monitored?</p>	<p><i>Process includes self-assessment, peer feedback, annual learning plan and evaluation of outcome</i></p> <ul style="list-style-type: none"> • encourages use of provincial nursing standards of practice 	<p><i>Integrate certification as a step in the career ladder</i></p>



Canadian Community Health Nursing Standards of Practice Toolkit Environmental Scan Work Sheet

The environmental scan provides baseline data so should be completed in sufficient detail to be used to measure change.

Attributes of Quality Practice Environment	Question	Facilitators / Barriers (examples in italics)	Possible Strategies (examples in italics)
<i>Staff Development</i>	<p>Does the organization support lifelong learning?</p> <p>Are there adequate opportunities for professional development?</p> <p>Is there a written staff development policy and plan?</p> <p>How is staff development organized?</p> <ul style="list-style-type: none"> • Along multidisciplinary lines or discipline specific? • are allied health workers (e.g. LPN/RPN, aides, personal support workers) prepared separately or as part of a team 	<p><i>Several RNs are preparing for/have attained Community Health Nursing certification and have been given time off to attend study group on certification</i></p> <p><i>Staff development policies and plan in place</i></p> <p><i>Nurses work in multidisciplinary teams but staff development may or may not be multidisciplinary</i></p> <p><i>Periodic all staff professional development (PD) days</i></p>	<p><i>Support nurses taking the certification examination</i></p> <ul style="list-style-type: none"> • registration fee • study time <p><i>Include in plan reference to use of CCHN Standards as a framework for determining learning needs</i></p> <p><i>Include RPNs and other health professionals as appropriate</i></p> <p><i>Include dialogue and discussion at nurse meetings to explore the reality of applying the Standards in a 'task oriented' health system</i></p>
<i>Interdisciplinary relationships</i>	<p>Are there positive relationships and trust between the disciplines?</p> <p>Are there sufficient resources for professional development</p> <ul style="list-style-type: none"> • What is the professional development budget and how is it distributed? <p>What professional practice activities are in place?</p>	<p><i>Good relationships generally</i></p> <p><i>PD budget has a separate nursing component</i></p> <p><i>Journal clubs to share research activities</i></p>	
Nursing Leadership	<p>Are there well-prepared and competent nurse leaders at all levels of the organization who support (both visibly and behind the scenes) the implementation of CCHN Standards?</p>	<p><i>Chief Nursing Officer is a member of the senior management team and has supported development of the CCHN Standards</i></p> <p><i>Nurse managers supportive</i></p>	<p><i>Keep involved, committed leadership linked to progress in achieving change</i></p>
Control over Practice	<p>Do nurses have responsibility, authority and accountability for nursing practice?</p>		
Control over Workload	<p>Are there sufficient nurses to provide safe competent ethical care?</p>	<p><i>Sufficient staff in general but limited replacement staff during peak holiday periods</i></p>	<p>Schedule activities appropriately</p>



SCENARIO for Step 2

Assessing Capacity in Public Health

The four members of the Standards action team—Diane, her manager Stephen, another PHN, and a community nurse specialist—have each reviewed the toolkit and met to share ideas and develop the workplan. Stephen told them he had given a brief update on their work at the weekly management team meeting and was surprised at the number of questions. As a result of the interest, they have been asked to make a presentation on the Standards at the next management meeting.

The team felt they are not quite ready to take action but recognized that it was an opportunity to start raising awareness of the Standards and to get input and support from the management team. They agreed to use the slides from the toolkit presentation to management, with minor modifications. Stephen made the presentation, Diane and the others attended to respond to questions. The manager of environmental health had questions about possible overlap with the public health competencies. Diane explained the shared characteristics and how they were complimentary. Just as they were feeling very confident about gaining official support, the senior manager stated that their work would need to be put on hold because the priority had to go to educating staff for pandemic preparedness.

Diane and her colleagues were discouraged as they debriefed after the meeting. They returned to the workplan to see if they could see a way around the problem. Although they did not find a solution, they realized that they had already started on their stakeholder assessment by getting input from senior managers. Since they were committed to action, they decided to continue and also get input from front line nurses before they started to review policies and procedures.

Assessing Capacity in Home Health

The pilot for the implementation of the Standards was on the agenda of next week's nursing practice committee meeting. Elizabeth, the practice consultant would be present at the meeting. Jane, and her supervisor Kathy would join the meeting by teleconference.

The presentation went smoothly up until the human resources manager asked about the cost. He stated that the implementation of the last Best Practice Guideline was very

expensive. Kathy responded by stating that she did not think this change would be as expensive as the BPG because no additional supplies were required. At that point, the VP Clinical Services responded and said that the Standards could possibly help to address weaknesses in the quality of the work life environment which were identified in the recent accreditation report. The human resource manager wondered if it would not be sufficient to include the CCHN Standards in the performance appraisal process, as they do now with the provincial nursing standards. Jane agreed it is very important to build on existing organizational structures and identified other areas where additions could be made with little effort, such as the orientation and mentoring program. She admitted that the greatest cost will be in staff development. The team agreed to prepare a budget for the various options.

After the meeting, Jane and Kathy phoned Elizabeth. They were worried that the pilot may be shelved. Elizabeth reassured them there was support, but they would need to move cautiously and to emphasize potential benefits to the organization.

In the environmental scan, they found organizational support through the mission statement and accreditation process that promoted the value of nurses delivering safe and appropriate care. When they looked at the human resource procedures such as hiring, orientation, and performance management; however, they did not find much evidence of anything specific to community health nursing practice although general nursing practice was addressed. They were surprised to find so little consistency among the policies and procedures. When they talked to the human resource manager about it, he suggested that the specialized standards could be included in the policies and procedures. He also explained about plans for an integrated human resource system. Kathy jumped on that by saying that maybe the Standards could provide a framework. He rolled his eyes in response but didn't say "no." As well, he admitted there was a fairly high turnover of staff who gave their reason for leaving as having little control over their practice.

When they moved next to looking at staff development, they found that the nurse educator at head office had started to work on a plan for educational development. On hearing about the material they had on the Standards, she felt that everyone would benefit if they worked together.

As a way to extend the environmental scan by learning from others, Jane phoned a former classmate who also worked with



a home care agency. Her friend had been bragging about the commitment of their clinical nursing leader to bring the Standards to their organization as a way to recognize the nursing contribution to the quality of care for clients. Her classmate explained that the organization had just completed a set of four, hour and a half educational sessions on the Standards over four months. She said pretty well everyone attended because each session was offered on two different times and dates. Those who missed a session could view the presentation material on the office computer or organization web site.

Jane's friend explained that the evaluation of the workshops had been quite positive, and there was an unexpected bonus. After the first workshop, a few of the nurses had figured out how to combine the community Standards with the learning plan required by their provincial nursing standards. They were proud of themselves and were passing on how to do it to others. Her colleague said, "We thought about changing the policies first but then decided the workshops would make the Standards more visible".

Seeing how excited the nurses could get about defining their practice, the organization decided to support time to work together on drafting the changes to the various procedures!

Step 3 Developing the Action Plan.

Development of the action plan involves identifying what activities are feasible for your organization based on an analysis of the information gathered from stakeholders and the

environmental scan, selecting and prioritizing activities for the coming year, and developing an action plan.

Analyzing the information: The analysis will make it possible to form opinions about the capacity of the organization to implement the CCHN Standards. It will also help to identify which activities are most feasible, together with potential roadblocks that need to be taken into account. For successful change, action must be matched or adapted to needs (KU Work Group on Health Promotion and Community Development, 2006e).

Summarize the information gathered on the stakeholder review and environmental scan worksheets and answer the following questions.

- 1) What are the strengths of the organization related to Standards implementation?
 - a) Is there sufficient interest in the Standards to provide momentum
 - b) Who is interested/ involved, ready and able to provide support? Who needs to be?
 - c) Who needs to be kept informed? What/whose opinion needs to be changed?
- 2) What are the weaknesses, related to the organization's ability to implement Standards?
- 3) What opportunities are there for facilitating implementation of the Standards?
- 4) What are the threats to Standards implementation in the organization and which might draw resources away?





Table 3: Factors to Consider when Choosing Activities

Activity	Potential Contribution to Incorporation of CCHN Standards into Organization	Resource Implications
Staff Education and Development		
<ul style="list-style-type: none"> • Baseline and periodic learning needs assessment 	<p>Raises awareness, helps to identify areas or topics for continuing education</p>	<ul style="list-style-type: none"> • Time to distribute, collect and analyze needs assessment • Cost of printing materials (or could be online) • Staff time to complete
<ul style="list-style-type: none"> • Staff workshops 1 & 2 	<p>Provides contextual information on Standards and links Standards to practice in the setting</p>	<ul style="list-style-type: none"> • Preparation time to adapt workshops, evaluation forms • Staff release time • Time to arrange staff scheduling
<ul style="list-style-type: none"> • Support for certification 	<p>Certification provides incentive to develop and maintain competence. May be more important for some than others.</p>	<ul style="list-style-type: none"> • Possible release time to attend study sessions • Possible reimbursement of registration fees on successful completion
Organizational Policies and Practices		
	<ul style="list-style-type: none"> • Contributes to development of a quality practice environment • Less visible but pervasive, long term impact that will sustain use of CCHN Standards 	<p>Requires management support and collaboration of persons with vested interest</p>
<ul style="list-style-type: none"> • Position descriptions and hiring interviews 	<p>Provides consistency in practice, raises awareness of CCHN Standards in new staff,</p>	<ul style="list-style-type: none"> • Requires collaboration with HR departments and management doing hiring • Requires time to modify existing documents and policies
<ul style="list-style-type: none"> • Orientation package and mentoring program 	<p>Ensures new staff and their mentors have basic understanding and develop competence in accordance with CCHN Standards</p>	<p>Requires staff educator time to modify existing documents/workshops</p>
<ul style="list-style-type: none"> • Performance appraisal (PA) process 	<p>Ensures that performance based on the CCHN Standards is expected and recognized</p>	<ul style="list-style-type: none"> • Require minimal resources if nursing standards based quality assurance programs are being used for PA (see below) • Management and staff will require orientation to the new process
<ul style="list-style-type: none"> • Reflective practice/learning plans and quality assurance required by provincial/ territorial nursing standards 	<p>CCHN Standards can be used with provincial territorial standards to provide specifics for community health nursing.</p>	<ul style="list-style-type: none"> • Require minimal resources if nursing standards are already a part of practice and performance appraisal • Collective efforts, such as journal clubs, dialogue and discussion may require guidance and support to incorporate use of CCHN Standards.
<ul style="list-style-type: none"> • Preceptor training package 	<ul style="list-style-type: none"> • Orients/reinforces student and preceptor awareness of Standards • Facilitates use of CCHN Standards in daily work 	<ul style="list-style-type: none"> • Time to consult with university to coordinate approach. • Time to update existing documents and preceptor workshop
<ul style="list-style-type: none"> • Regular communication and celebrations about progress in incorporating CCHN Standards 	<p>Maintains awareness and support for the CCHN Standards and keeps up the momentum for change</p>	<p>Required resources will vary by type of communication method or event</p>



Table 3 lists the possible activities, accompanied by a brief explanation of how the activity might contribute to use of the CCHN Standards, together with resource implications. Select activities and identify priorities for your organization.

In determining which activities are most appropriate for your situation and in what order, you will need to include managers in the discussion, to get their perspective and help to create buy-in. Remember that planned incremental change is probably more effective than sporadic activities. A single workshop on the Standards is not likely to have a long term impact. Deciding on the first initiative is particularly important because it sets the stage for later activities. Early successes or ‘quick wins’ help to gain a measure of acceptance and provide goodwill that will carry through the difficult changes that are necessary for sustainable long term change (KU Work Group on Health Promotion and Community Development, 2006f).

In weighing the different options, consider three criteria: 1) the potential impact, 2) likelihood of success, and 3) resources. Guidelines for preparation of a budget, together with a worksheet can be found in Budget Considerations and Worksheet. Ideally, you want high impact and likelihood of success with the lowest use of resources. Being practical, it will probably be necessary to mesh activities with other things going on in the organization. Build on strengths and take advantage of opportunities.

Once you have determined your priorities for the coming year, you can create a more detailed plan with timelines, responsibilities and an evaluation component. Use the Action Workplan to identify the major activities you plan to do, the tasks required to accomplish the activities, who will carry out the work, associated costs (if applicable), and the time needed to complete the activities given in the budget worksheet. The detailed action plan and timelines provide a basis for evaluation when the results are entered and can be used to answer the question: “Did we do what we said we were going to do?”. Other types of evaluation are discussed in more detail in step 5.

Budget Considerations and Worksheet

Although each step of the workplan has resource implications, budget planning is especially important in step 3. The RNAO BPG Toolkit provides a three part strategy for securing these resources: 1) creating a campaign strategy, 2) generating a plan to attract resources, and 3) pooling resources with key allies (Registered Nurses Association of Ontario (RNAO), 2003).

1. Create a CCHN Standards campaign strategy
 - a) Link your proposed activities to outcomes or deliverables that are desired by the organization. The outcomes could include safe, quality client and community care, recruitment and retention of nursing staff, and increase in accreditation ratings. Ways to present these ideas are included in the resource: presentation to managers and administrators.
 - b) Show how the activities will feature the organization as a leader, challenger, follower or niche player in the area (RNAO, 2003).
2. Generate a plan to attract resources and utilize local supporters
 - a) The stakeholder worksheet helps to identify resources and suggest strategies that could be used as a motivator.
 - b) Work especially hard to have nursing managers and leaders on board to carry the message forward and allocate funds.

3. Build partnerships with key allies

Identifying and working with allies outside the organization could increase credibility and effectiveness through pooling of resources. For example, provincial/territorial community health nursing organizations and CHNAC can help keep you apprised of the CCHN Standards in similar organizations. The organizations can also provide a way to connect with others to make adaptations to the Toolkit resources. For examples, Home Health organizations could share in the development of specific examples for Workshop 2, and community health nurses working in Alberta could share approaches to include the CCHN Standards in annual learning plans.

The largest proportion of the overall budget is required for the activities outlined in Step 3. When planning activities, RNAO (2003) recommends developing a budget for the following four areas:

1. Product: the cost of the developing the training and knowledge offered to staff
2. Price: the cost of materials used in providing training and knowledge, including adaptation or translation cost
3. Place: the cost of providing the setting where the product is delivered to staff
4. Promotion: the cost of promoting the product to staff, decision makers and other stakeholders

This budget worksheet, provides a guide for generating a budget for the activities outlined in the workplan. A blank worksheet can be downloaded from the CD.



Canadian Community Health Nursing Standards of Practice Toolkit

Budget Worksheet

Step	Activities with Costs	Expenses
Step 1: Getting Started		
<ul style="list-style-type: none"> • Getting organized • Educational/public relations activities 	<ul style="list-style-type: none"> • Time for team members to attend planning meetings 	<ul style="list-style-type: none"> • Staff meetings • Speaker time • Meeting expenses • Replacement time for team to attend meetings
Step 2: Assessing organizational capacity		
<ul style="list-style-type: none"> • Stakeholder identification, assessment and engagement • Assessing environmental readiness 	<ul style="list-style-type: none"> • Meeting expenses (room, food, beverages) • Focus groups /Interviews/ Staff/ departmental meetings • Replacement time for team to attend meetings 	
Step 3: Designing Action Plan		
<ul style="list-style-type: none"> • Analyzing data • Developing action plan and evaluation 	<ul style="list-style-type: none"> • Replacement time for team to attend meetings 	<ul style="list-style-type: none"> • Meeting expenses
Step 4: Taking action in specific areas		
	Product <ul style="list-style-type: none"> • Adaptation/translation of workshop materials e.g.,: power point presentations; evaluation tools • Price of materials • Printing costs for workshop material, posters • Promotion of workshops and other Standards related activities • Presentations to staff, quality council, senior management • Advertisements Place <ul style="list-style-type: none"> • Meeting expenses (room, food and beverage) • Information technology support • Staff replacement time for workshops 	
Step 5: Evaluating success		
	<ul style="list-style-type: none"> • Data generation, review and report production • Staff time for data collection • Incentives • Transcription of interview notes and focus groups • Data analysis and report • Publication costs 	

Additional resources:

KU Work Group on Health Promotion and Community Development. (2000). Chapter 43, Section 1: Planning and Writing an Annual Budget. Retrieved March 21, 2006, from http://ctb.ku.edu/tools/en/section_1303.htm

Developing the action plan

- Identify all the major activities that need to be done.

- Prioritize the activities.
- Identify all the tasks that are required in order to accomplish the major activities
- Identify who will carry out the tasks (person responsible).
- Where a cost is involved, identify the amount of resources you will need to carry out the tasks within the overall budget.
- Set realistic timelines to do the work, taking into account the difficulty and size of the task and the amount of resources available.



SCENARIO for Step 3

Developing the Action Plan for Public Health

After completing the stakeholder review and environmental scan, the team met to determine the next steps. They pooled their information and discussed the options. Most of the team members admitted to feeling discouraged. First there was the setback from management about the priority for pandemic preparedness training, and then they had mixed results from the nursing staff. Some were very interested in the Standards but others had little knowledge about them. Furthermore, they heard from all sides that staff could not take on anything more. Their health unit had undergone a lot of change in the past two years and even though everyone felt optimistic about the future, they had a very heavy workload.

In contrast, Diane came to the meeting with a smug “I told you so” look about her. She could hardly wait to tell them what emerged from her discussion with one group of nurses. When she had told the nurses that staff development on the Standards would need to be delayed because of pandemic training, one PHN challenged her, saying: “Why do we always have to learn things piecemeal? We are intelligent enough to learn more than one thing at a time? I think you need to go back and tell them—“It is not just one or the other—we could do both!”

The team saw they had options. Stephen had something positive to report also. When talking to the professor teaching the community nursing courses, he learned she had been integrating the Standards into course work and hoped that could be strengthened when the students were in their community placements. The professor was willing to lead a short workshop to introduce the Standards during the Nurses’ Week events.

After developing a draft budget to include in the funds available for training on pandemic preparedness, they felt ready to present their plan to the nursing council. In their presentation, they proposed to offer the introductory workshop (Workshop 1) at the Nurses’ Week event. They felt it would be beneficial at that time to increase awareness of the Standards and inform the PHNs that the nursing students would be talking about Standards. The team would maintain interest through the summer months with a series of bulletins on the Standards. This type of approach had worked well with the Best Practice Guidelines.

They then proposed to nursing council that they present

in-depth workshops on the Standards, using the potential pandemic as the example. The workshops would be planned for the fall after the September rush was over. In the meantime, the team would start to modify the preceptor orientation package. A reassessment of the nursing staff would be conducted during the fall workshops to determine if changes in the human resource policies would be supported. The nursing council had no difficulty supporting their plan.

Developing the Plan for Home Health.

Jane was heartened to hear what was happening in another home health organization but at the same time felt somewhat discouraged. She felt that her team had fewer options than those of her colleagues because they did not have the same level of management support. When the team sat down to discuss the results from the assessment of their organization and preliminary budget, they started to see a different picture emerge.

On the negative side there was the concern about cost for the staff development; on the positive side, staff development based on the Standards might increase nurses’ feeling of control over their practice, reduce turnover, and assist with accreditation. As well, both the human resources manager and the nurse educator wanted to make changes to integrate the Standards.

With this information, the team readily gained acceptance at the nursing practice committee. The committee stipulated that they wanted the team to document and evaluate everything they did. The organization needed to learn from their experiences so they could devise the best way to implement the Standards in all the branches.

Bolstered by this success, the Standards Pilot Team decided to schedule the first workshop in late fall. They felt the workshop would help to raise awareness of the CCHN Standards and prepare nurses for the remaining three short workshops in the early winter. At the end of the workshop, they would ask staff to reflect on their area of practice to prepare for the second workshop, where the nurses would work in teams to identify how their practice fits with the Standards. After discussing the pros and cons, the team decided it would be appropriate to open the workshops to RPNs in the winter after the RNs had gained some understanding of the Standards. This would place the RNs in the role of educator and support the importance of teamwork



As they were enjoying the idea of finally taking action they realized there was more to do than just plan the workshops. They also needed to plan for evaluation. As they filled in their action plan they had the feeling they were ‘getting all their ducks in a row’!

Step 4 Taking Action

This section will provide an overview of possible activities to be included in the integration plan while acknowledging that organizations will order the

implementation in a way that makes sense to them. A key consideration is communicating progress and maintaining momentum. Initially, or very soon in the process, managers will need to be informed about the components of the CCHN Standards Toolkit and the implications of taking action around organization policies and procedures. The Presentation for Managers in the Resources has been developed for that purpose. The timing of the presentation and the amount of information provided at any one time will vary according to the situation in the organization. The presentation can be downloaded from the CD.

Workshop/Presentation	Approximate Time	Intended Audience	Objectives
Presentation to Managers	30 minutes	Senior and mid-level managers	1) Provide background on the development of the Standards 2) Identify how the CCHN Standards can support: <ul style="list-style-type: none"> • Quality practice for nurses and practice teams • Recruitment and retention • Quality outcomes for the organization, clients and communities. 3) Discuss how the Standards can be /are being incorporated into organizational structures and processes 4) Discuss strategies to engage management / Boards and get buy in; includes discussion of costs and benefits.

Step 4 Taking action

Staff Education and Development.

Two workshops, available in the Resource section, raise awareness of the CCHN Standards (Workshop 1) and prepare teams to use the CCHN Standards in their practice (Workshop 2). Both workshops have been developed and tested in settings ranging from 30 to 150 people by the Ontario Community Health Nursing Standards Coalition. Wherever the workshops have been provided, the discussion has been animated and participants have been pleased with the information and format.

Each workshop is comprised of a presentation of approximately 30 minutes, questions for group work, reporting back, and follow-up activities. The actual length of time for each workshop can vary depending on the amount of time allocated for group work and discussion.

Although the workshops are designed for group work, the material itself can be used as study material by individuals or teams to initiate reflection, or for planning. For example, handouts from Workshop 1 could be included in an orientation package or, used to encourage individuals to determine how to combine CCHN Standards with regulatory nursing standards for self-assessment.

A baseline Learning Needs Assessment can be used to identify priorities for ongoing staff development for individuals, teams or the entire nursing workforce. To be truly a baseline, the assessment needs to be conducted before the first workshop.

A brief description of the workshops is provided on the next page.



Workshop/Presentation	Approximate Time	Intended Audience	Objectives
1. Workshop 1: Introduction to the CCHN Standards	2 - 2.5 hours, depending on number of groups, time given to discussion, and time to report to full group	<ul style="list-style-type: none"> Community health nurses • On staff • Newly employed Student nurses	<ol style="list-style-type: none"> 1. Provide background on the development of the Standards 2. Develop knowledge of specific Standards with examples from Home, Public, and Community Health Nursing Practice 3. Identify how the Standards can support practice, benefit organizations and contribute to the health of the community 4. Identify the use of Standards in your community experience
2. Workshop 2: Application of CCHN Standards in Team Practice	2- 3 hours, depending on number of groups, time given to discussion, and time to report to full group	Nurses/Nursing teams with community experience/or with varying levels of education and experience (examples relate to Public Health)	<ol style="list-style-type: none"> 1. Reaffirm knowledge of the CCHN Standards 2. Situate the CCHN Standards in relation to other professional requirements or expectations 3. Identify how the CCHN Standards are presently being used in Public Health 4. Explore specific examples of how teams currently use the CCHN Standards in activities, tasks, or programs 5. Develop examples of how teams could incorporate the CCHN Standards in next six months

Step 4 Taking action

Workshop 1 introduces the Standards and challenges participants to find their own examples in order to make the Standards meaningful for them. The relationship of the CCHN Standards to provincial/territorial nursing standards is discussed. As a follow-up activity to the workshop, participants are asked to consider how the CCHN Standards can be combined with their regulatory nursing requirements and asked to report their findings at the next workshop. An evaluation form is provided.

Workshop 2 encourages teams to apply the CCHN Standards by developing examples from their practice for each Standard and planning how to increase use of the Standards in their practice. Liz Haugh of the Windsor-Essex County Health Unit contributed a tool showing the application of each CCHN Standard in Public Health programs: “Department Practice Example Tool for Standards” that can be found in the resource section. This tool can be used to document the team’s initial examples. Then, as teams begin to define and harmonize their practice in terms of the CCHN Standards, they can update the tool on a regular basis to track changes. It might also be used to record objectives they want to achieve in a

certain area. These characteristics make the tool a working document that practitioners maintain. The process of identifying and tracking practice changes related to each CCHN Standard is as important as the document itself.

Download the powerpoint presentations from the CD and adapt them based on the learning needs assessment for your organization. The resource section provides additional sources of information for specific areas.

Organizational Policies and Practices.

This section provides suggestions on how to integrate the CCHN Standards into organizational policies and procedures: hiring policy; position descriptions or profiles hiring interview guide; orientation material and performance appraisal.

Hiring Policy: The organization may want to consider adding the following statement to recruitment advertisement for community health nursing positions. The statement informs potential applicants that they would be expected to display some awareness of the



CCHN Standards during the hiring process.

“_____ (name of organization) supports the use of the Canadian Community Health Nursing Standards of Practice by Registered Nurses. A copy of the Standards can be obtained from Community Health Nurses Association of Canada website <http://www.communityhealthnursescanada.org/Standards.htm>”

Position Descriptions or Profiles Hiring interviews, orientation material, and performance appraisal are all expected to be based on the position description or profile. Therefore, the profiles will need to be revised first.

Using the CCHN Standards more consistently in position profiles will reinforce their use. There are two ways the Standards can be incorporated: by using the Standards as an organizer or, by using competencies which cut across the Standards. Position profiles based on each Standard can be developed from the learning needs assessment or by using the example of a Performance Appraisal, which is provided in the resource section. The example is based on the Standards and developed at the Windsor-Essex County Health Unit, contributed by Liz Haugh.

Position profiles based on competencies that cut across the Standards consistently appear in a variety of position descriptions (First Nations and Inuit Health Branch, 2005) and come up in discussions with community health nursing leaders. The categorization reduces some of the overlap that occurs between different Standards. The categories can be used to develop the position profile, adding specifics for positions in different areas. The following four categories are suggested:

- Critical thinking and practice knowledge
- Collaboration
- Communication and relationships
- Accountability

Critical thinking and practice knowledge includes the use of the community health nursing process—assessment, planning, action and evaluation—which underlies the activities listed under each CCHN Standard and the use of theories, principles and evidence to inform practice. The job knowledge and skills required for different areas of practice are indicated under the three types of strategies in Standard 1: a) health promotion, b)

prevention and health protection, c) health restoration and palliation. More specific examples can be drawn from the Standards and included in the position profile. The Learning Needs Assessment, in the resource section, which is based on the Standards, provides additional examples of required critical thinking and practice knowledge as does the Competencies for Public Health Practice Instrument (Cross, Block, & Josten, 2003).

Collaboration is mentioned in all the CCHN Standards but is more prominent in Standard 2: Building Individual/Community Capacity, and Standard 4, Facilitating Access and Equity. Specific collaborative activities and their expected outcomes, such as “works collaboratively with the individual/community...” could be adapted to reflect the community of interest designated in the position profile.

Communication cuts across all the CCHN Standards and is featured in Standard 3: Building relationships. The Standards require that the community health nurse is skilled in selecting and using the communication methods and messages appropriate to the community being served. An example of the difference in position profiles for a nurse working mainly with groups and organizations and one working with families, would be that the former would emphasize the requirement to prepare and deliver effective presentations, whereas the latter would emphasize the requirement to establish culturally appropriate relationships from initiation through to termination.

Accountability fits closely with Standard 5: Demonstrating professional responsibility and accountability. Most position profiles include similar statements related to ethical practice, protection of individual and community safety, responsibility for professional development and for improving practice.

Hiring interviews should be based on the position profile and be tailored to the level of community health nursing experience of the candidate. If a new graduate or one with less than two years experience in community health nursing, the candidate would be expected to be aware of the CCHN Standards, but have limited experience in applying them. Those with two or more years of experience would be expected to demonstrate their knowledge and application by providing examples from their practice. The following table provides two levels of interview questions for the category of critical thinking and health promoting skills.



Table 4: Interview Questions based on CCHN Standards

Critical thinking and promoting health	Question for Practitioner new to community health nursing	Question for Practitioner with two or more years experience in community health nursing
	In the following case studies, identify which Standard or subcomponent of a Standard is illustrated and which part of the community health nursing process is involved.	
Health Promotion (assessment)	The community health nurse is working in a low income housing area with a high percent of families with young children. After talking to health and social services providers in the area, elementary school teachers and parents attending Well baby drop-ins and playgroups, the nurse invites them to a meeting at the school to discuss what changes would improve the health of families in the area.	Describe a health promotion activity that you have been involved with in terms of the community health nursing process. Identify which parts of the process, if any, could have been improved.
Health Maintenance, Restoration, palliation (evaluation)	The community health nurse is working with seniors living in a large apartment building. The nurse notices that people in the building are constantly short of supplies and develops a tool to monitor the use of supplies.	<i>Give an example of how you have, or would like to have, evaluated patient outcomes with the family and other members of the multidisciplinary team</i>

Karen Grauer and her colleagues at Saskatoon Public Health have contributed three policy documents: 1) a format and examples of Interview Questions in each of the four categories of critical thinking and practice knowledge, collaboration, communication, and accountability; 2) a performance appraisal based on the four categories, and 3) position descriptions both general and specific to different areas of Public Health nursing. These examples can be adapted to the situation in your organization. A Comparison of the Position Description from Saskatoon Public Health with elements of Standard 3, building relationships can be found in the resource section, together with the policy documents.

The Orientation Material should include resources related to increasing knowledge about the CCHN Standards. At a minimum, new nursing staff would be provided a copy of the Standards or be directed to the Community Health Nurses Association of Canada web site to download a copy. A handout of Workshop 1- Introduction, included with

orientation material, would provide examples of how the CCHN Standards could be used. More specific examples from the team, unit or department could also be included. Examples from Windsor-Essex County Health Unit titled “Department Practice Example Tool for Standards” can be found in the resources section. A useful online guide for those contemplating a mentorship program is: “Resource on mentorship” (Association of Public Health Nursing Management (ANDSOOHA) & Public Health Research, 2005)

Performance Appraisal provides an opportunity to reinforce use of the Standards. Health care organizations are expected to conduct an individual performance appraisal for staff annually. Two examples are provided in resources: 1) Windsor-Essex County Health Unit Performance Appraisal and Development and 2) Saskatoon Performance Appraisal Generalist Public Health Nurse. The Windsor-Essex form is based directly on the CCHN Standards.



SCENARIO for Step 4

Taking Action in Public Health

The Introduction workshop was quite a success. Even those who found change difficult were carried along by the enthusiasm of others. The response was sufficiently positive to indicate to the team and the nursing council that the incorporation of the CCHN Standards should continue. Now that expectations were raised, the team felt they had the responsibility to carry through with their plans. They decided to build in sustainability by integrating the Standards into policies and procedures.

Diane had responsibility for updating the job descriptions and selection interviews, and decided to work on the orientation program at the same time. Diane and the team decided to offer the first workshop to the new graduates beginning work in September as part of their orientation. This approach would give them an opportunity to test the workshop format again with a small group and to introduce the new graduates to the orientation and mentorship program. Preparing for staff workshops, the team decided to run Workshop 2 in three parts over three weeks in order to provide time for completion of the learning needs assessment, cover the content on the preparation for the pandemic and group work. The third one would include information on the revised preceptor orientation and policies. Before going back to management with their plan, the team updated their budget.

Taking Action in Home Health.

The pilot team was glad they had decided to start with a workshop in the late fall following up with the remaining workshops in the winter. They had not realized how much work it was to conduct the learning needs assessment and organize the workshop at different times so that all staff could attend. The costs had proven a little higher than they anticipated too. Fortunately, one of the managers had been able to cover the food costs at one site so they did not run over budget. Knowing that the workshops were well attended and there was a high response rate for the learning needs assessment made it all worthwhile though. They felt the response rate was good because the staff felt they were part of the change. The 'buzz' from the small group discussions told them they were engaging people in what was important to them!

When they sent the workshop report to head office, they were rewarded with the news that the initiative would be

implemented throughout all the branches in the fall and winter. They felt like trailblazers! They took time to have a teleconference celebration with Elizabeth at head office before they began preparing for the three staff workshops in the fall.

Step 5 Evaluating Success.

While the evaluation step is provided at the end of the process, most of the previous steps have included an evaluation component. This section provides more details on evaluation methods. In addition, it reinforces the importance of considering evaluation throughout the process. The logic model, shown in Table 5, provides a visual representation of the components related to integration of the Standards discussed earlier and the results that might be anticipated. It helps to keep a focus on outcomes and is a useful tool for organizing thinking (KU Work Group on Health Promotion and Community Development). For additional information on logic models, see Chapter 13, in Diem and Moyer (2005). A blank logic model can be downloaded from the CD.

The logic model clearly identifies the populations of interest, a short description of the types of activities for each, potential results from those activities (outputs), short term indicators and long term indicators. By linking the activities, short and long term outcomes, the logic model provides a framework for answering the following questions:

1. What are you trying to do?
2. Who are you interested in?
3. What activities are carried out to achieve the results?
4. What resources (e.g. people, money) are required to achieve the results?

The logic model identifies short-term outcomes and long-term outcomes. Short-term outcomes are often envisioned as the changes in knowledge, skills, attitudes and intentions that act as stepping stones to the longer term outcomes, which, in this situation, are changes in practice. For example, it is logical to assume that orienting nurses new to community to the CCHN Standards and providing mentoring support will help them to develop competence in community health nursing.

While the anticipated long-term outcome of excellence in practice is dependent on many inter-related factors, it is



realistic to think that increasing the knowledge and skills of community nurses and providing an environment which facilitates use of the Standards would produce such a result.

From these examples, it can be seen that long-term and short-term represent points on a continuum rather than a defined period of time. When there is research evidence linking the various levels of outcome, then there is good reason to believe that a short-term outcome will lead to the long-term outcome, and this assumption is often made (Israel et al.,

1995).

The activities may be further specified in the logic model to indicate the type and frequency of each activity that will be required to achieve the desired outcome. The activities provide a measure of output. For example, we might specify that 80% of nurses should be oriented to the CCHN Standards in the first year to make a change in practice. By constructing the logic model up front, the outputs and outcome indicators are explicit from the outset, which makes it easier to set up systems to gather critical operational data.

Table 5: Logic Model for Implementation of CCHN Standards in an Organization

Goal	To promote an organizational climate that supports excellence in patient care		
Population of Interest	Registered nurses with < 2 years community experience	Registered nurse with > 2 years community experience	Organization
Activities	Orientation and mentoring to support practice according to Standards	Continuing education program to support practice according to Standards base	Modification of organizational policies and practices to support practice according to CCHN Standards
Outputs	Number of new nurses oriented to CCHN Standards % new nurses oriented Number of orientation workshops incorporating Standards	Number / type of workshop offered, attendance % of RNs who have taken Standards workshops 1 & 2 Pre- and post-test scores	Orientation package modified Performance appraisal process enables reflective practice using CCHN Standards Policies amended to support certification, e.g. study group support, reimbursement of examination fees • # study groups supported • % certification fees reimbursed Preceptor training incorporates CCHN Standards
Short term Indicators	Increased awareness of CCHN Standards Progressive experience that provides opportunity to learn and apply knowledge and skills Increased knowledge base for practice according to CCHN Standards Increased skills base for practicing according to Standards after two years	Increased awareness and valuing of CCHN Standards RNs have the knowledge and skills to practice according to the CCHN Standards RNs practice according to the CCHN Standards % RNs with community health nursing Certification	Continuing education program, including needs assessment process, incorporates CCHN Standards • Results of baseline needs assessment Increased perception of organizational support for CCHN Standards implementation • % nurses who feel they have been given sufficient time and training on using Standards • % of nurses who feel that top management supports staff to implement CCHN Standards • % nurses who feel they have the equipment and supplies needed to implement the Standards Knowledgeable and skilled community health nursing workforce: • % nurses who feel they have the knowledge and skills to implement the CCHN Standards • % nurses who would readily adopt changes required to implement CCHN Standards Improved recruitment and retention of community health nursing Improved ability to forecast staffing needs
Long term Indicators	Knowledgeable and skilled RN workforce Healthier work place environment for community health nurses Organization is seen as a leader and centre of excellence Increased accountability for care		



Evaluation of CCHN Standards Integration

It is important to keep in mind that natural settings are complex and difficult to control; many things are going on at the same time which makes it difficult to isolate cause and effect. Therefore, evaluation of the changes discussed here has a practical orientation and seeks to answer the following questions.

1. Did we do what we said we would do?
 2. What did we learn about what worked and what did not work?
 3. What difference did we make?
 4. What could we do differently?
 5. How do we plan to use evaluation findings for continuous learning?
- (Health Canada, 1996)

Evaluation serves a different purpose at different times. In the early stages of implementing change, evaluation is concerned with the above first two questions. Later on the focus of evaluation becomes the last three questions. These types of evaluation are termed process evaluation and outcome evaluation, respectively.

Process evaluation provides information of progress toward the achievement of the short/ long-term outcomes, and permits mid-course adjustments (Israel et al., 1995). It is particularly important when the long-term outcomes are difficult to measure and not likely to be observed for many years. Process evaluation helps in understanding what is working and why. For example, a workshop is offered twice at two sites to ensure uptake. At site A, 90% of nurses attend; at site B, only 45% of nurses attend. Process evaluation might ask: Why is there such a difference? What factors explain the difference in attendance?

Documentation of activities is critical for taking corrective/adaptive actions (KU Work Group on Health Promotion and Community Development, 2006b). Documentation is a responsibility for all team members. Knowing why things do, or do not, work can be used to strengthen those things that are going well and to make any necessary adjustments.

Outcome evaluation examines what changes have been brought about as a result of the activities—what difference

has been made—in the short and long term. Using the integration of CCHN Standards into an organization, as an example, would include the more immediate changes in knowledge, attitudes or behaviour and the longer term changes in practice that are expected. Obtaining baseline measurements of the outcome indicators is particularly important. Otherwise, it will not be possible to measure change. Keep in mind that process evaluation can contribute to outcome evaluation by helping to interpret why the outcomes were or were not achieved and by providing clues to what might be done differently.

Conducting a Program Evaluation can be broken down into several tasks, some of which will already have been accomplished by the Standards team. These tasks, listed below, serve to focus the discussion on evaluation but it is worth noting that the first three are not entirely independent and do not proceed in a lock-step fashion. Usually there is movement back and forward and the evaluation plan is refined in stages. Once the evaluation questions are agreed upon, then the plan begins to take on its final form.

1. Identify who will lead the evaluation and clarify the purpose of the evaluation.
2. Prepare the evaluation workplan.
3. Describe what activities have been carried out.
4. Determine the evaluation questions.
5. Decide on the methods and tools.
6. Conduct the evaluation.
7. Document the evaluation in an evaluation report.

Identify the lead for the evaluation and clarify the purpose for the evaluation. The assumption is that a member of the action team will take responsibility for process and outcome evaluation, drawing in specialist resources if and when needed. As with all teamwork, it is important to agree on the roles and responsibilities at the outset. Fundamentally, evaluation is about making decisions; so, clarify at the outset the general nature of the decisions to be made, when results are expected and the available resources. The importance of mutually made decisions may seem obvious but it is easy to assume that everyone has the same agenda when they do not. The team will have broad direction in their terms of reference but bear in mind that evaluation is rooted in values, and there may be different priorities regarding what should be evaluated.

For example, the evaluation team may want to know which



strategies worked with whom to bring about changes in knowledge and skill; managers may want information to make decisions about the use of resources, and a community board may be looking for guidance on policy development. This information can be gathered as part of the stakeholder review.

Preparing the evaluation workplan includes specifying the tasks, setting timelines, and allocating resources. Similar to an action plan, the form is a working document that can be modified and includes information as it is produced. The tasks are listed above.

Describe the activities that are actually planned, or being carried out. The sample logic model, shown above, will need to be adapted to depict what will be feasible to implement. Lack of funds, a change in priorities, and timing conflicts are among the possible explanations for doing less than what is provided. Evaluation needs to be based on what is planned rather than what ideally might be done.

Determine the questions to be answered. Consider what information is needed to aid decision making at this time. It is important to check back with the stakeholders again: program staff, program manager, senior managers, boards of health and possibly external stakeholders. The process can be more or less participatory. For example, stakeholders can merely be asked what questions that the evaluators would like answered, or they can be directly involved in all phases of the evaluation, including the design, conduct and writing of the evaluation report. The more participatory the approach, the more likely it is that the evaluation will meet everyone's information needs but the process will take a longer time because of the high level of interaction required. As with any data, the input from stakeholders must be collated and summarized for analysis.

The final selection of the evaluation questions rests with the evaluation team and may involve some negotiation. Explicit criteria can be used to decide which questions have the highest priority. For example, one approach would be to set priorities based on the relevance of the information to immediate decision making needs and the importance of the question to more than one stakeholder. Inevitably, other considerations, such as time and resources, play a part in the final selection. Once the questions have been decided, the wording can be changed to ensure that the questions are specific and measurable.

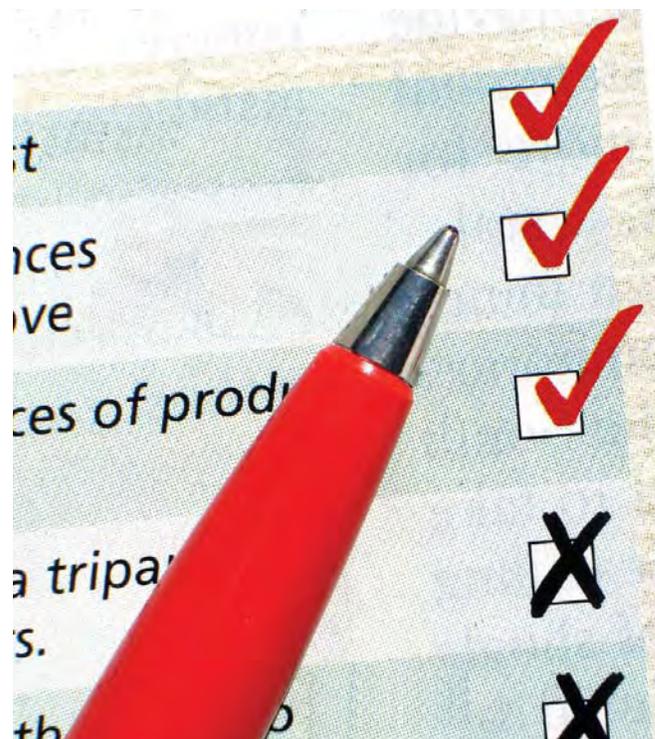
Determining the evaluation methods and tools is the final task for the plan. Ask what data are required to answer the questions and where the data can be obtained—who has the

information. Then determine the most appropriate method for data collection and identify specific data collection instruments.

Conduct the evaluation. Evaluation occurs in relation to the activities. Process evaluation is often based on information such as attendance numbers, participant satisfaction, and observations made by the team. Debriefing sessions are a good time to discuss and record the observations of team members. This kind of information can be used to determine if activities were provided as planned and seem to be working.

Outcome evaluation requires baseline measures and a follow-up at some defined period. The person designated to lead the evaluation needs to ensure that the measures are ready and preferably tested so that the results will provide the necessary information.

Document the evaluation in an evaluation report. Similar to all work, it is important to document information as it is collected. Responsibility for documenting the results of the evaluation is a decision that needs to be made by the team. Once all the results have been collected, the evaluation questions can be used to organize the findings and link them to the logic model. The report will indicate clearly what you planned to do, what you did, what worked, and your success.





SCENARIO for Step 5

Evaluation in Public Health.

When the team took their action plan to the nursing council, they included questions on how they should evaluate what they were doing. Although the committee knew that they should conduct the baseline learning assessment before the introductory workshop, it was not possible to do so in the time they had. The nursing council agreed with their decision. The baseline learning assessment was planned for the beginning of the first workshop in the fall.

There was a lively discussion about when to start working on the policies and procedures. The feeling was that it was better to start on them fairly soon to indicate to the staff that they were serious about incorporating the CCHN Standards. Diane looked at the logic model template and expanded the parts related to policies for new staff. As well, the team developed the draft table shown below to ensure that they had identified all pertinent factors for the evaluation..

Draft Logic Model

Activities

Incorporate the CCHN Standards into organization policies and practices related to the hiring of new nurses

Outputs

- Job description will include reference to the CCHN Standards

- The Hiring Interviews will be organized according to the CCHN Standards
- The orientation program will include an introductory workshop (Workshop 1) on the CCHN Standards
- The new job description will be used in advertisements for new staff
- Nursing applicants will be interviewed with the modified interview
- Newly hired nursing staff will view a presentation on the CCHN Standards as part of their orientation
- Newly hired nursing staff will complete the CCHN Standards-based learning needs assessment and use it to develop their learning plan for the mentorship program

Short Term Outcomes

All newly hired nurses will understand the CCHN Standards as measured by the workshop evaluation tool.

Long Term Outcomes

Newly hired nurses will practice according to the CCHN Standards after two years employment in community nursing

The Nursing Council recommends that the evaluation focus on process and answer the following questions: Did you do what you said you were going to do? What worked well and what did not?

Draft Table Developed by Public Health Team to Determine Success Indicators

Question	Planned Activity	Indicator of Success	Evaluation Tool	Who has the information?
Were the policies and procedures modified?	Incorporating Standards into organization policies and practices related to the hiring of new nurses	Tools and policies modified <ul style="list-style-type: none"> • job profile • hiring interview • orientation program 	Audit	Evaluation team
Are the modified policies being used?	Modified tools used in hiring process	Job advertisements contain CCHN Standards requirement Hiring interview questions contain questions on CCHN Standards All newly employed community health nursing viewed/read Workshop 1: Introduction	Audit Feedback Sheet	HR/Hiring team New nurse employees
Did the modified forms work well?	Orientation workshop	Score > 7/10	Workshop evaluation	New nurse employees



Evaluation in Home Health.

The pilot team decided to post the learning needs assessment on their web site. Although the program to manage the survey was fairly expensive, it ensured anonymity and included data analysis. In addition, this approach provided the results quickly. The analysis showed that the workshop being offered after the assessment was completed and those planned for the winter addressed the knowledge and requirements of the nursing staff. That information was featured in the preliminary report that was

sent to head office.

The team decided to conduct the follow-up learning assessment in June, two months after the end of the winter workshops. They expected to continue the assessment every spring after that

They sensed it would become more challenging to maintain their initial success over the long term. However, they felt that they had contributed to raising the CCHN Standards in their organization!





Section 1, Part B: Integration of CCHN Standards into Undergraduate Baccalaureate Curriculum

The expectation is that nursing students graduating from baccalaureate programs in Canada will know about 1) the CCHN Standards, 2) appreciate the values and beliefs supporting the CCHN Standards, and 3) have beginning skills in applying the Standards using the community health nursing process in a practice setting. These three elements need to be incorporated in both community health nursing classroom courses and clinical experiences.

The process for promoting use of the CCHN Standards within baccalaureate nursing education is less complex than for organizations. An effective plan for integrating the three elements described above into the developing practice of student nurses is by cycling through the following four phases in the classroom and clinical courses:

- a) introducing the concepts in the classroom
- b) classroom discussion of concepts and ideas for application
- c) supervised application involving reflection, discussion, and increasing independence in the clinical experience
- d) evaluation in the classroom and clinical experience

The Classroom Process.

The CCHN Standards can be introduced in the classroom using Workshop 1—Introduction. The slide presentation explains each standard and provides examples of application in public health, home health, and community health nursing. The accompanying discussion questions can be adapted to fit both classroom and clinical situations.

This workshop identifies the values and beliefs which underpin the CCHN Standards (Community Health Nurses Association of Canada (CHNAC),

2003). The values and beliefs are:

- Caring
- The principles of Primary Health Care
- Multiple ways of knowing
- Individual/community partnership
- Empowerment

The CCHN Standards and associated values and beliefs can be explored further with content from Canadian community health nursing texts (Diem & Moyer, 2005; Stamler & Yiu, 2005). Application of the concepts can be accomplished through case studies, films and news items, such as the challenging situation in the Kashechewan Reserve in Northern Ontario in the fall of 2005. Presentations by community health nurses, working in public health, home health, parishes, community health centers, and occupational health, can identify how the CCHN Standards are used in different practice settings. As well as strengthening understanding of the CCHN Standards and associated components, such presentations provide a practical and comprehensive introduction to community health nursing practice.

The community health nursing process which supports the CCHN Standards is comprised of:

- Assessment
- Planning
- Intervention (action)
- Evaluation

The introduction to the community health nursing process, which supports application of the Standards, can start with a comparison with the individual process used in institutional settings (Diem & Moyer, 2005).

That introduction can be followed over several weeks by presentations, case studies, guest speakers and class room exercises that focus on each phase from assessment through to evaluation. The classroom content and interaction need to also emphasize the participation of the community, multiple ways of knowing, and the influence of the broader environment.

Evaluation of knowledge of the CCHN Standards can include multiple choice questions and short answer questions based on a case study.



Table 6: Sample Evaluation Questions for Nursing Students based on CCHN Standards

Approach	Evaluation Item
Multiple choice questions	<p>One of the slides on the Community Health Nursing Standards of Practice- Introduction is titled "What is unique about community health nursing". Which of the following is NOT identified as unique?</p> <p>a) Work at a high level of autonomy b) Have a unique understanding of the medical influence on health c) Work in continuous versus episodic process d) View health as a resource and focus on capabilities</p>
	<p>A community health nurse is working with the police and schools to reduce head injuries from bicycle accidents. Which of the following CCHN Standards or a component of a Standard is the most appropriate to describe her work?</p> <p>e) Standard 1a f) Standard 1b g) Standard 1c h) Standard 3</p>
Case Study	<p>Introduction: You are just finishing your community health nursing courses and have been asked to prepare a presentation for first year nursing students on some of the roles and functions of community health nurses. You want to impress your instructor and the first year students with how much you have learned and what they will learn in community health.</p> <p>Directions: Complete the following sections by providing the requested information. The information is to be from three sources:</p> <ul style="list-style-type: none"> • guest presenters (comments made in class or provided in presentation material) • written material from texts; and • Examples from your clinical experience or films shown in class.
	<p>1) Standard 1 Promoting health: A. Health Promotion.</p> <p>a) Compare and contrast examples of health promotion from two guest presenters (provide names). b) Compare and contrast examples in i) above with material from one text c) Compare and contrast examples from your clinical experience, OR a news item (identify source and date) OR films shown \ in class.</p>
	<p>2) Standard 4: Facilitating access and equity</p> <p>a) Compare and contrast examples of facilitating access and equity from two guest presenters different from those in other section (provide names). b) Compare and contrast examples in i) above with material from one text c) Compare and contrast examples from your clinical experience, OR a news item (identify source and date) OR films shown in class.</p>

The Clinical Process.

The development of clinical skills in using the community health nursing process requires experiences that allow the nursing student some measure of independence. The student needs the opportunity to follow a longer term process, work in collaboration with community groups, use a variety of reference sources, and consider the influence of the broader environment.

Throughout the clinical experience, community health nurses, serving as preceptors or instructors, need to pose questions on the use of the CCHN Standards and the community health nursing process. Similarly, clinical seminars can be used to compare the use of the CCHN Standards in different settings. Use of the process is

reinforced by individual and team reflection, and students may be asked to submit one or more reflections on the use of the CCHN Standards for evaluation (Diem & Moyer, 2005).

Many nursing programs are moving away from the traditional one-on-one placement with a public health nurse to provide a broad experience and to compensate for the insufficient number of available community health nurses. Such placements emphasize student learning through team work on collaborative projects with community organizations and groups. The organizations and groups can include public health, community health centres, local volunteer associations, seniors groups, schools, shelters and drop-in centres for the homeless or young mothers. To ensure that students learn to



apply the community health nursing process and make a contribution to the health of the community, a defined structure and process is necessary (Diem & Moyer, 2005).

If the students are working on a team, their final report or presentation can include a component on the application of the CCHN Standards. For example, the final presentation of a team's project at the University of Ottawa, School of Nursing, community health nursing program planning, (Nsg 3153) is rated on the following criteria:

- a. **Background, preparation, right delivery:** Convinces audience, includes interaction, and uses humour that is tasteful and a positive approach. See Consultative Presentations (Diem & Moyer, 2005, Appendix A)
- b. **Canadian Community Health Nursing Standards of Practice** are applied and explained (Diem & Moyer, 2005, Appendix D).
- c. **Worked in collaboration with community group:** Identified how team placed as much or more emphasis on a collaborative process with the community group than on creating a finished product; includes seeking and using available and relevant knowledge and resources.
- d. **Lessons learned by team:** Include examples of team learning to be flexible, have fun, really listen to what people are saying, or other important lessons.
- e. **Sustainability:** The report contains comments or actions that indicate that the work was appreciated by staff or

community members and will be carried on.

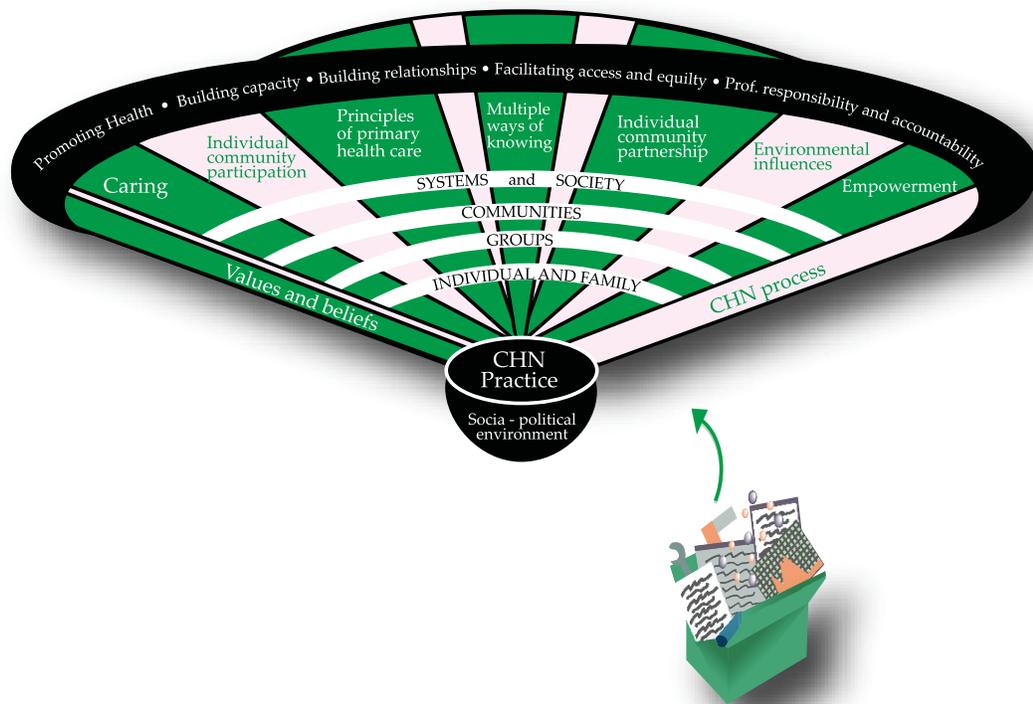
Not every nursing student will seek work as a community health nurse, but they are all entitled to gain a broader perspective on health in their baccalaureate education. By providing future nurses with a solid foundation based on the CCHN Standards and community health nursing process during their baccalaureate education, they will be equipped to make a difference wherever they choose to practice. Liz Diem shows her bias by the following message at the end of her email "When every nurse thinks like a community health nurse, we will really make a difference."

The process to incorporate the CCHN Standards in baccalaureate education, as with that used with organizations, indicates that both require planning, action and evaluation. The processes, resources and suggestions are open for discussion and can be adapted or other approaches suggested. The development of the CCHN Standards and this Toolkit provides community health nurse educators in Canada the opportunity to have those discussions and exchanges.

References:

- Diem, E. & Moyer, A. (2005). Community health nursing projects: Making a difference. Philadelphia: Lippincott Williams & Wilkins
- Stamler, L. & Yiu, L. (2005) Community health nursing: A Canadian perspective. Toronto: Pearson: Prentice Hall





Section 2: Resources for Standards and Toolkit Process



The resources for the Standards and the Toolkit process are provided in two parts.



Part 2a includes additional resources to support the use of each Standard.

Part 2b includes resources directly related to the integration process in the Toolkit:

1. Modifiable Forms

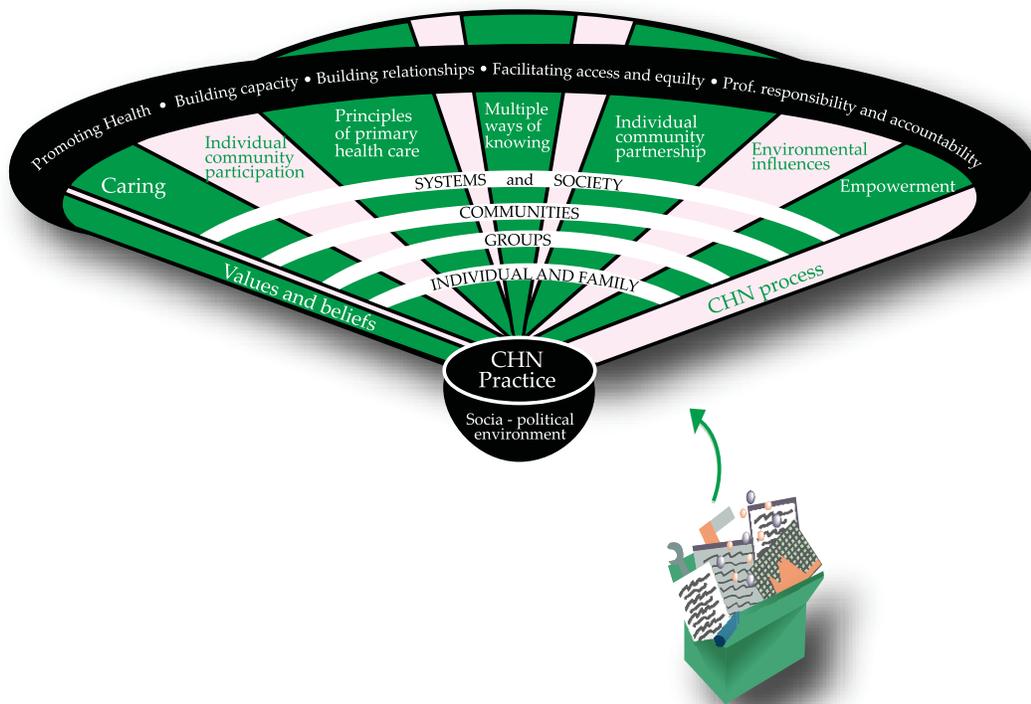
- Action Workplan (download blank form from CD)
- Stakeholder Worksheet (download blank form from CD)
- Environmental Scan (download blank form from CD)
- Budget Considerations Worksheet (download blank form from CD)
- Logic Model (download blank form from CD)
- Learning needs assessment
- Evaluation of workshop 1

2. Presentations and Workshops

- Action Team Workshop
- Management Presentation
- Workshop 1: Introduction to the Use of CCHN Standards
- Workshop 2: Application of the CCHN Standards in Team Practice

3. Examples of policies and procedures

- Position description (Saskatoon)
- Interview questions (Saskatoon)
- Performance appraisal (Saskatoon)
- Performance appraisal (Windsor-Essex)
- Department Practice examples (Windsor-Essex)
- Comparison of CCHN Standards "Building Relationships" and Saskatchewan Public Health (2004) Position description and Interview Guide



Section 2a: Additional Resources for Standards



Section 2a: Additional Resources for Standards

This section contains literature, online resources and other resources pertaining to each standard.

Website Resources.

There are a great many resources on Internet websites. However, be cautioned that website addresses (URLs) frequently become unreliable after a short time. Nonfunctioning web addresses are often due to necessary link changes to and within sites. However, with patience and persistence, useful information can be obtained.

To conduct an effective search using key words on the Internet (and not be overloaded with useless information) you need to restrict your search. One effective method is to stipulate within your search the type of website you will accept.

In the search engine of your choice, type the key words of your choice in parenthesis, i.e., "Community health". Leave a space and then type the following: Site: .edu, to limit search to educational sites. Using site:. org restricts to organizational sites (commercial and noncommercial); site:. gov to government sites. You can also limit the search response, eliminating commercial sites from the response by typing "-.com" after your subject matter. In addition, some search engines have sophisticated features or preferences by which you can further refine your search by location, date, language, etc. (Updated from Diem & Moyer, 2005)

The first two websites shown below provide extensive resources on community health. Others useful websites are categorized and listed below.

1. **Community Tool Box** is the web site created and maintained by the University of Kansas Work Group on Health Promotion and Community Development in Lawrence, KS, and AHEC/Community Partners in Amherst, Massachusetts. The site has been on line since 1995, and it continues to grow on a weekly basis. Currently, the core of the Tool Box is the "how-to tools." These how-to sections use simple, friendly language to explain how to do the different tasks necessary for community health and development. Retrieved March 4, 2006, from <http://ctb.ku.edu/>

2. **The Health Communication Unit** (THCU) at the Centre for Health Promotion, University of Toronto (U of T), is one of 22 members of the Ontario Health Promotion Resource System

funded by the Ontario Ministry of Health and Long Term Care. It provides information and resources on health communication, health promotion planning, policy development, sustainability, evaluation, behaviour change and social science theory, and a guide to French language resources Retrieved March 4, 2006, from: <http://www.thcu.ca/infoandresources.htm>

Health Topics

1. Canada Health Portal (CHP): http://chp-pcs.gc.ca/CHP/index_e.jsp and links
2. Canadian Health Network (CHN)- <http://www.canadian-health-network.ca> and links
3. Centers for Disease Control and Prevention <http://www.cdc.gov>
4. Institute of Medicine <http://www.iom.edu/>
5. World Health Organization "health topics" menu http://www.who.int/health_topics/en/

Public Health Associations

1. American Public Health Association provides links to state public health associations: <http://www.apha.org/>
2. Association of State and Territorial Health Officials <http://www.astho.org> provides information on public health in each state including associated agencies.
3. Canadian Public Health Association: <http://www.cpha.ca/> provides links to associations and issues
4. WWW virtual library Public Health: <http://www.ldb.org/vl/index.htm> This site is part of the WWW Virtual Library project and provides information categorized by geographical location and selected topics. You can be linked to information about countries, cities and associations throughout the world.

Nursing Associations and Organizations

1. Association of Community Health Nursing Educators <http://www.achne.org/>
2. Canadian Nurses Association <http://www.cna-nurses.ca/cna/>
3. Community Health Nurses of Canada www.communityhealthnursescanada.org/
4. Community Health Nursing Initiatives Group (Ontario, Canada): <http://www.chnig.org/>
5. National Association of School Nurses <http://www.nasn.org/>
6. Public Health Nursing Section, Minnesota Department of Health. Public Health Interventions: Applications for Public Health Nursing Practice. Available online at <http://www.health.state.mn.us/divs/chs/phn/resources.html>



Systematic Reviews and Best practices

1. Cochrane Collaboration. <http://www.cochrane.org>. This site provides abstracts of systematic reviews and identifies the different groups and fields within the Cochrane Collaboration. Groups include the Tobacco Addiction Group. The most relevant field is Health Promotion and Public Health. Each group and field provides a list of reviews relevant to their area. A full search of Cochrane Data Bases is available through institutional libraries.
2. PHRED (Public Health Research Education and Development) Follow links from Publications and Library services- Reports- Effective Public Health Practice Project (EPHPP) www.phred-redsp.on.ca
3. Scottish Executive. A review of systematic reviews of the effectiveness of public health nursing. <http://www.scotland.gov.uk/library3/health/ephn/epn-00.asp>
4. Registered Nurses of Ontario, Best Practice Guidelines, available at <http://www.rnao.org/bestpractices/faq.asp>.

Resources by Standard.

This is a preliminary list. Others are encouraged to contribute additional print or electronic resources.

Standard 1: Promoting Health

Ontario Health Promotion Resource System (OHPRS)
HP-101 Health promotion on-line course:
<http://www.ohprs.ca/hp101/main.htm>

Public Health Agency of Canada, Skill enhancement for Public Health: description of modules: http://www.phac-aspc.gc.ca/csc-ccs/sehs-acss/module_description_e.html

The Health Communication Unit (THCU)

- Health communication.
http://www.thcu.ca/infoandresources/health_communication.htm
- Health promotion planning.
<http://www.thcu.ca/infoandresources/planning.htm>
- Evaluation.
<http://www.thcu.ca/infoandresources/evaluation.htm>
- French language resources.
<http://www.thcu.ca/infoandresources/FrenchResources.htm>

KU Work Group on Health Promotion and Community Development. Cultural competence in a multicultural world. http://ctb.ku.edu/tools/en/chapter_1027.htm

Public Health Nursing Section, Minnesota Department of Health. Public Health Interventions: Applications for Public Health Nursing Practice. Available online at

<http://www.health.state.mn.us/divs/chs/phn/resources.html>

Standard 2: Building Individual/Community Capacity

KU Work Group on Health Promotion and Community Development. Cultural Competence, Spirituality, and the Arts and Community Building (Chapters 27 - 29)

http://ctb.ku.edu/tools/en/tools_toc.htm#partH

Standard 3: Building Relationships

KU Work Group on Health Promotion and Community Development. Part H. Cultural Competence, Spirituality, and the Arts and Community Building (Chapters 27 - 29)

http://ctb.ku.edu/tools/en/tools_toc.htm#partH

Standard 4: Facilitating Access and Equity

The Health Communication Unit (THCU)

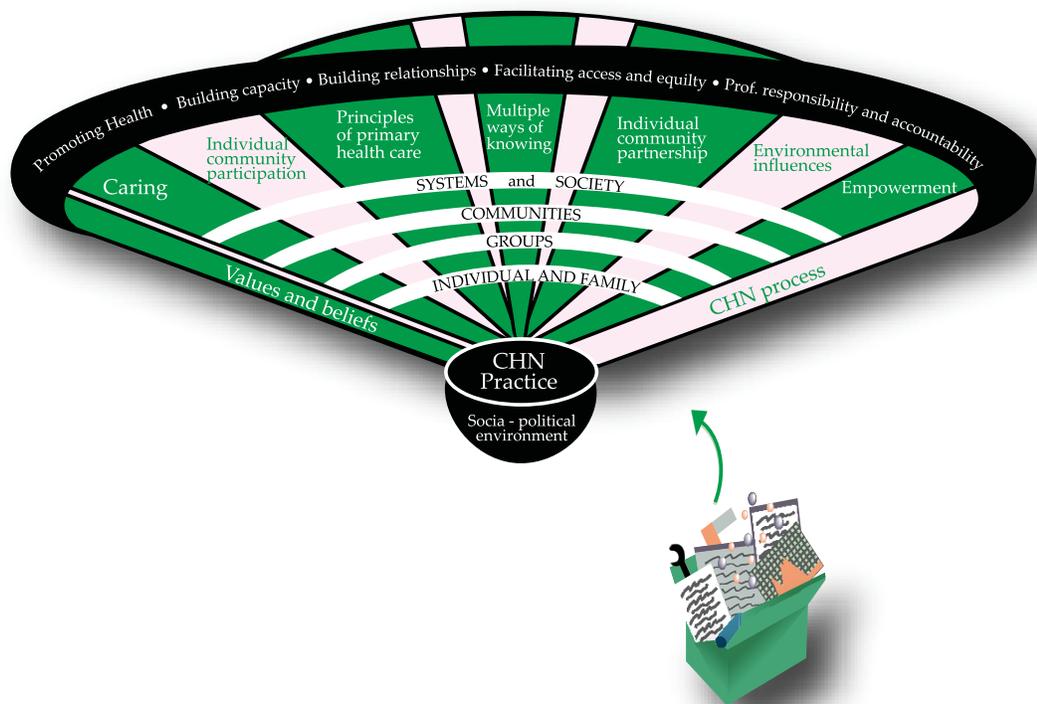
- Health policy
<http://www.thcu.ca/infoandresources/policy.htm>
- Sustainability
<http://www.thcu.ca/infoandresources/sustainability.htm>

Standard 5: Demonstrating Professional Responsibility and Accountability

Association of Public Health Nursing Management (ANDSOOHA), & Public Health Research, E. a. D. P. (2005). Caring, connecting, empowering: A resource guide for implementing nursing mentorship in public health units in Ontario. Retrieved February 22, 2005, from

KU Work Group on Health Promotion and Community Development. Organizing for effective advocacy. http://ctb.ku.edu/tools/en/chapter_1030.htm





Section 2b: Resources Used in Toolkit Integration Process

1. Modifiable Forms

- Action Workplan (download blank form from CD)
- Stakeholder Worksheet (download blank form from CD)
- Environmental Scan (download blank form from CD)
- Budget Considerations Worksheet (download blank form from CD)
- Logic Model (download blank form from CD)
- Learning needs assessment
- Evaluation of workshop 1



Learning Needs

Your answers will help us to identify the specific areas in

which you feel you need training and development. Each item describes an area of knowledge and/or skill which is considered important to your professional role.

Step 1: How often do you use this area of knowledge or skill (left hand column)		Step 2: What is your need for development in this area of knowledge or skill?	
* Cover the right hand column.		* Cover the left hand column.	
Thinking about your current job, indicate • <i>how often you use each knowledge/skill.</i>		Thinking about your current job, indicate * <i>your personal need for development in each knowledge/skill.</i>	
Record your answer by circling the number that best reflects how often you use this knowledge/skill in your job. For example, if you use your knowledge of computer graphics each day, you would circle "4".		Record your answer by circling the number that best reflects your need for development. For example, if you feel you have "some need" for development in your use of computer graphics, you would circle "3".	
Less than once a quarter	1	No Need	1
Less than once a month	2	Little Need	2
Weekly	3	Some Need	3
Daily	4	Great Need	4
* If the knowledge/skill does not apply to your current role, circle "8" (N/A)		* If the knowledge/skill does not apply to your current role, circle "8" (N/A)	

Thinking about your current job ...

Standard 1A – Health Promotion

How often do you use this knowledge/skill?						What is your need for development?				
Less than once a quarter	Less than once a month	Weekly	Daily	N/A		No Need	Little Need	Some Need	Great Need	N/A
1	2	3	4	8	Collaborating with individual/ community and other stakeholders to conduct a holistic assessment	1	2	3	4	8
1	2	3	4	8	Identifying health-related needs for population group(s).	1	2	3	4	8
1	2	3	4	8	Understanding of the principles for creating a supportive environment.	1	2	3	4	8
1	2	3	4	8	Identifying health education needs of communities.	1	2	3	4	8
1	2	3	4	8	Understanding of the political process as it relates to community health issues.	1	2	3	4	8



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



How often do you use this knowledge/skill?						What is your need for development?				
Less than once a quarter	Less than once a month	Weekly	Daily	N/A		No Need	Little Need	Some Need	Great Need	N/A
1	2	3	4	8	Helping communities to take responsibility for issues that are significant to their health.	1	2	3	4	8
1	2	3	4	8	Understanding and applying the following health promotion strategies:	1	2	3	4	8
1	2	3	4	8	b) Community Development	1	2	3	4	8
1	2	3	4	8	c) Advocacy	1	2	3	4	8
1	2	3	4	8	e) Social Marketing/Health Communications	1	2	3	4	8
1	2	3	4	8	f) Healthy Public Policy	1	2	3	4	8
1	2	3	4	8	g) Health Education	1	2	3	4	8
1	2	3	4	8	h) Coalition Building	1	2	3	4	8
1	2	3	4	8	i) Building and Maintaining Partnerships	1	2	3	4	8

Standard 1B – Health Promotion

How often do you use this knowledge/skill?						What is your need for development?				
Less than once a quarter	Less than once a month	Weekly	Daily	N/A		No Need	Little Need	Some Need	Great Need	N/A
1	2	3	4	8	Understanding the difference between the levels of prevention	1	2	3	4	8
1	2	3	4	8	Selecting the appropriate level of preventative intervention	1	2	3	4	8
1	2	3	4	8	Developing health protection and health promotion resources.	1	2	3	4	8
1	2	3	4	8	Keeping up to date on community health and research issues.	1	2	3	4	8
1	2	3	4	8	Utilizing harm reduction principles to identify, remove or reduce risk factors, in a variety of contexts	1	2	3	4	8
1	2	3	4	8	Engaging collaborative, interdisciplinary, intersectoral partnerships to address individual/family/community risk factors	1	2	3	4	8
1	2	3	4	8	Practicing in accordance with legislation relevant to community health practice	1	2	3	4	8



Standard 1 C – Health Maintenance, Restoration and Palliation

How often do you use this knowledge/skill?						What is your need for development?				
Less than once a quarter	Less than once a month	Weekly	Daily	N/A		No Need	Little Need	Some Need	Great Need	N/A
1	2	3	4	8	Assessing the individual/family / population's health status and functional competence within the context of environmental and social supports	1	2	3	4	8
1	2	3	4	8	Developing a mutually agreed on plan and priorities for care with the individual/family	1	2	3	4	8
1	2	3	4	8	Supporting informed choice and acknowledging diversity and unique characteristics and abilities	1	2	3	4	8
1	2	3	4	8	Recognizing patterns and trends in epidemiological data and service delivery as a basis for initiating improvement strategies	1	2	3	4	8
1	2	3	4	8	Facilitating maintenance of health and the healing process for individuals/ families/ communities in response to significant health emergencies or adverse community situations	1	2	3	4	8
1	2	3	4	8	Evaluating individuals/family/ community outcomes systematically and continuously in collaboration with all stakeholders	1	2	3	4	8





Standard 2: Building Individual/Community Capacity

How often do you use this knowledge/skill?						What is your need for development?				
Less than once a quarter	Less than once a month	Weekly	Daily	N/A		No Need	Little Need	Some Need	Great Need	N/A
1	2	3	4	8	Establishing relationships which enable client groups to participate in program development	1	2	3	4	8
1	2	3	4	8	Facilitating public participation in the identification of health issues	1	2	3	4	8
1	2	3	4	8	Establishing effective liaisons with other agencies	1	2	3	4	8
1	2	3	4	8	Using knowledge of community to link those needing services to the appropriate resources	1	2	3	4	8
1	2	3	4	8	Working collaboratively with communities/community groups	1	2	3	4	8
1	2	3	4	8	Use empowering strategies such as mutual goal setting, visioning and facilitation	1	2	3	4	8
1	2	3	4	8	Facilitating action to support social responsibility for health	1	2	3	4	8
1	2	3	4	8	Tailoring a mix of strategies to address identified community needs	1	2	3	4	8

Standard 3-Building Relationships

How often do you use this knowledge/skill?						What is your need for development?				
Less than once a quarter	Less than once a month	Weekly	Daily	N/A		No Need	Little Need	Some Need	Great Need	N/A
1	2	3	4	8	Identifying community /collective beliefs, attitudes, feelings about health and their potential effect on interventions	1	2	3	4	8
1	2	3	4	8	Using culturally relevant communication in building relationships	1	2	3	4	8
1	2	3	4	8	Facilitating less structured meetings.	1	2	3	4	8
1	2	3	4	8	Communicating health information to a community (e.g. newspaper articles, posters, leaflets)	1	2	3	4	8
1	2	3	4	8	Writing articles for local newsletters, community newspapers, etc.	1	2	3	4	8
1	2	3	4	8	Communicating with the community on matters specific to a program	1	2	3	4	8
1	2	3	4	8	Maintaining awareness of community resources	1	2	3	4	8
1	2	3	4	8	Negotiating an end to relationships when appropriate	1	2	3	4	8
1	2	3	4	8	Ability to consistently meet deadlines.	1	2	3	4	8
1	2	3	4	8	Setting priorities among key activities and tasks.	1	2	3	4	8



Standard 4- Facilitating Access and Equity

How often do you use this knowledge/skill?						What is your need for development?				
Less than once a quarter	Less than once a month	Weekly	Daily	N/A		No Need	Little Need	Some Need	Great Need	N/A
1	2	3	4	8	Advocating for appropriate resource allocation for individuals, groups, communities to facilitate access to the conditions for health	1	2	3	4	8
1	2	3	4	8	Providing culturally sensitive care in diverse communities and settings	1	2	3	4	8
1	2	3	4	8	Supporting individuals/ communities in their choice to access alternate care options	1	2	3	4	8
1	2	3	4	8	Ability to undertake several key tasks within the same time frame.	1	2	3	4	8

Standard 5: Demonstrating Professional Responsibility and Accountability

How often do you use this knowledge/skill?						What is your need for development?				
Less than once a quarter	Less than once a month	Weekly	Daily	N/A		No Need	Little Need	Some Need	Great Need	N/A
1	2	3	4	8	Assisting in the professional development of students or new graduates	1	2	3	4	8
1	2	3	4	8	Assisting in the orientation of new staff	1	2	3	4	8
1	2	3	4	8	Understanding of how to generate ideas as a group.	1	2	3	4	8
1	2	3	4	8	Using resources to evaluate practice (e.g. workplans, logic models, activity charts, etc.)	1	2	3	4	8
1	2	3	4	8	Participating in research and program evaluation activities.	1	2	3	4	8
1	2	3	4	8	Using word processing to generate reports	1	2	3	4	8
1	2	3	4	8	Using computer software to manage information to support nursing practice	1	2	3	4	8
1	2	3	4	8	Ability to identify personal development needs	1	2	3	4	8
1	2	3	4	8	Using reflective practice to continually improve practice	1	2	3	4	8
1	2	3	4	8	Ability to consistently meet deadlines.	1	2	3	4	8
1	2	3	4	8	Setting priorities among key activities and tasks.	1	2	3	4	8

3. During the upcoming year, what are the three skill/knowledge areas in which your need for training and development is greatest? Please be as specific as possible. You may indicate areas of knowledge/skills not included in the previous list.

1. _____
2. _____
3. _____



Community Health Standards of Practice Workshop 1 Consultation Form (Adapted from the Ontario Standards Coalition Workshop, Sept. 2004)

PLEASE COMPLETE THIS PAGE AT THE BEGINNING OF THE WORKSHOP

Preliminary information about you:

1. Where do you work? City/Town: _____ Prov./Terr.: _____

2. How many others from your organization are in attendance with you? _____

3. Where are you employed?

1. _____ Public Health
2. _____ Home Health (Home Care Agency, Visiting Nurse Organization)
3. _____ Community Health Centre
4. _____ Community Care Access Centre
5. _____ Educational Institution
6. _____ Other (specify) _____

4. What type of activities comprise most of your practice?

1. _____ Direct (clinical)
2. _____ Administration
3. _____ Education and/or research

Preliminary Information About The Canadian Community Health Nursing Standards Of Practice (The CHN Standards):

5. How would you rate your knowledge of the Standards now, before the workshop?

1 _____ poor 2 _____ satisfactory 3 _____ good 4 _____ excellent

6. What has been your involvement with the Standards up to this point of time? (Please check the one that most applies)

- 1 _____ I have heard about the Standards
- 2 _____ I have read the Standards and had some discussions about them
- 3 _____ I have been thinking about how to use the Standards in my practice
- 4 _____ I use the Standards in some aspects of my practice
- 5 _____ I use the Standards in most aspects of my practice

7. How often has your organization provided information or sessions on the Standards up to this point of time?

1 _____ never 2 _____ once or twice 3 _____ fairly regularly 4 _____ consistently

8. How often have you been involved in activities (with others) related to the Standards up to this point of time?

1 _____ never 2 _____ once or twice 3 _____ fairly regularly 4 _____ consistently



Questions On The Workshop:

9. What aspects of the workshop (structure or process) did you find most useful? Please rate using the scale: 1-not useful 2-some use 3-generally useful 4-very useful

Aspect of workshop	Useful in my practice				Useful in informing others			
Overall structure of workshop	1	2	3	4	1	2	3	4
Identification of why Standards are important	1	2	3	4	1	2	3	4
Identification of uniqueness of CHN	1	2	3	4	1	2	3	4
Introduction of each standard with examples	1	2	3	4	1	2	3	4
Suggestion about specific examples for organization	1	2	3	4	1	2	3	4
Identification of structures or processes that would assist in implementing the Standards	1	2	3	4	1	2	3	4
Identification of barriers that need to be overcome	1	2	3	4	1	2	3	4
Identification of effective strategies	1	2	3	4	1	2	3	4
Tool to assist in implementing Standards	1	2	3	4	1	2	3	4
Other (please describe)	1	2	3	4	1	2	3	4

10. If you have given any of the items above a rating of 1 or 2, how could these aspects of the workshop be improved?

11. Overall, I would rate the workshop as

1 ___ poor 2 ___ satisfactory 3 ___ good 4 ___ excellent

Questions About Using the CCHN Standards:

12. How would you rate your knowledge of the CCHN Standards now, at the end of the workshop?

1 ___ poor 2 ___ satisfactory 3 ___ good 4 ___ excellent

13. What are your plans for using the CCHN Standards in your own practice?

1 ___ no plans 2 ___ some plans 3 ___ will increase use 4 ___ will use in all aspects

Please explain _____



14. What are your plans for increasing the use of the CCHN Standards in your organization?

1 _____ no plans 2 _____ some plans 3 _____ will increase use 4 _____ will use in all aspects

Please explain _____

15. Please describe any plans you have for increasing the use of the Standards and the supports that could assist you.

16. Other comments/suggestions _____

THANK-YOU FOR YOUR CONTRIBUTION TO RAISING THE CCHN STANDARDS!

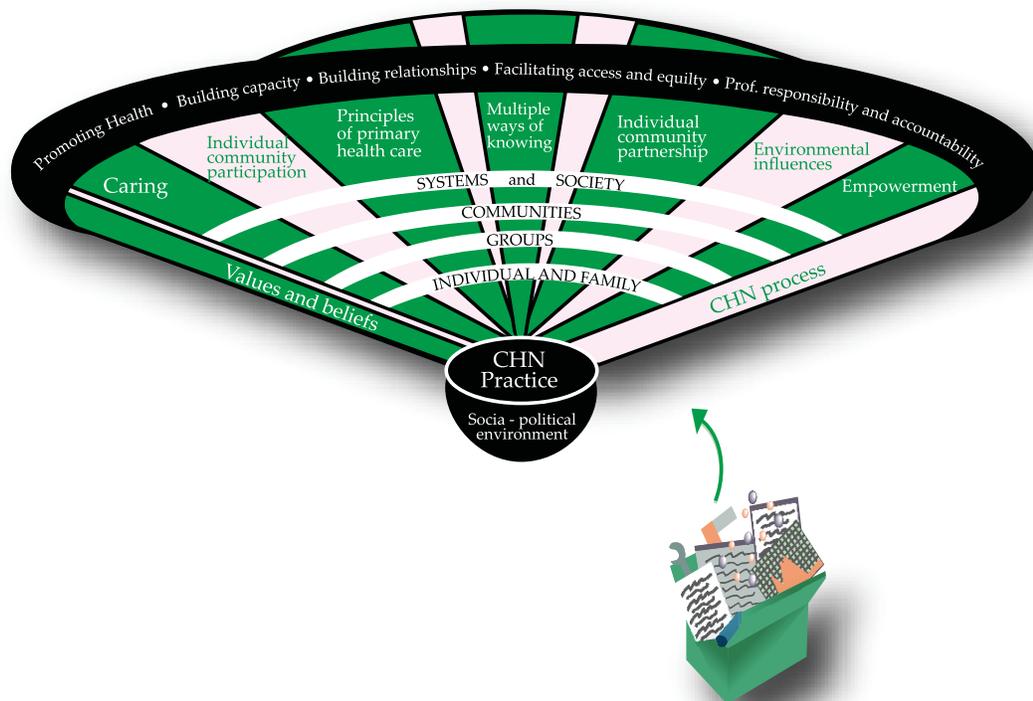
BALLOT FOR DRAW FOR PRIZES – Please tear off and deposit into ballot box.

NAME _____ PHONE _____

ADDRESS _____

I would be willing to be contacted for future consultation on the CCHN Standards _____ yes _____ no

EMAIL _____



2. Presentations and Workshops

Action Team Workshop

Management Presentation

Workshop 1: Introduction to the Use of CCHN Standards

Workshop 2: Application of the CCHN Standards in Team Practice



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Presentations and Workshops - Action Team Workshop



Canadian Community Health Nursing Standards of Practice (CCHN Standards) Toolkit

Taking Action with the Standards Toolkit

Prepared for Community Health Nurses Association of Canada and Public Health Agency of Canada
By Elizabeth (Liz) Diem & Alwyn Moyer



1



Workshop Developers

- Research Team: Liz Diem, Cheryl Reid-Haughian, Ruth Schofield (CHNIG), Jo Ann Tober
- Ontario Community Health Nursing Standards Coalition
 - Liz Diem, University of Ottawa
 - Cheryl Reid-Haughian, Pam Med, CHNIG
 - Jo Ann Tober, Brant County Public Health Unit, ANDSOOHA
 - Nancy Lefebvre, Saint Elizabeth Health Care
 - Dianne LeClair, Ontario Nurses Association
 - Deborah Kauk, ComCare
 - Mary Lachapelle, Victorian Order of Nurses
- Project team: Alwyn Moyer, Jill MacNeil, Meg Wickett



2



Objectives of Workshop:

1. Introduce the purpose and components of the Canadian Community Health Nursing Standards of Practice (CCHN Standards) and Toolkit
2. Introduce the role of the Action Team
3. Introduce Toolkit steps 1 & 2 which initiate the integration of the Standards in an organization or agency
4. Consider how Toolkit steps 1 & 2 could work
5. Introduce Toolkit steps 3, 4 & 5 to complete the integration process
6. Consider how you might begin with Steps 1, 2 & 3 in your organization



3



Timing for Workshop

- Introduction, Toolkit Steps 1 & 2- 45 min
- Individual & table work- 30 min
- Toolkit Steps 3, 4, 5 and resources- 20 min
- Teamwork, table work, and break- 60 min
- Report on group discussions- 30 min
- Summary of key points- 10 min



4



Development of the Canadian Community Health Nursing (CCHN) Standards & the Toolkit

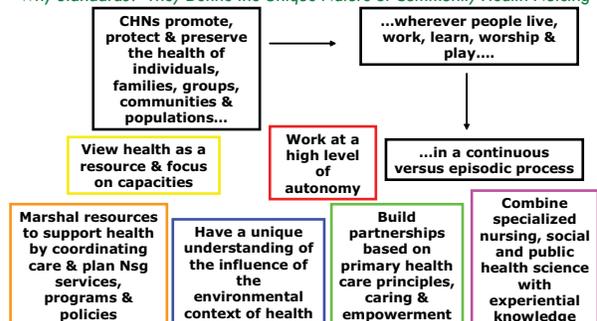
- 1998: initiation of work on Standards by CHNIG in Ontario (became Ontario CHN Standards Coalition)
- 2000: initiation of work on Canadian Standards by CHNAC
- 2003: release of CCHN Standards by CHNAC
- 2004: series of workshops by Standards Coalition
- 2006: Development of CCHN Standards Toolkit (CHNAC - with funding from Public Health Agency of Canada)



5



Why Standards? They Define the Unique Nature of Community Health Nursing



6



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Canadian Community Health Nursing (CCHN) Standards, 2003

• 5 CCHN Standards



• Values & Beliefs

- Caring
- The principles of Primary Health Care
- Multiple ways of knowing
- Individual/community partnership
- Empowerment

• Socio-political environment

• Community Health Nursing Process

**Assess Plan
Act Evaluate**

7



Purpose of the CCHN Standards of Practice

- Define scope & expectations of community health nursing practice for safe, ethical care.
- Support the ongoing development of community health nursing.
- Demonstrate community health nursing as a Specialty.
- Provide a foundation for certification as a clinical specialty with Canadian Nurses Association.
- Inspire excellence in & commitment to community health nursing practice.

8



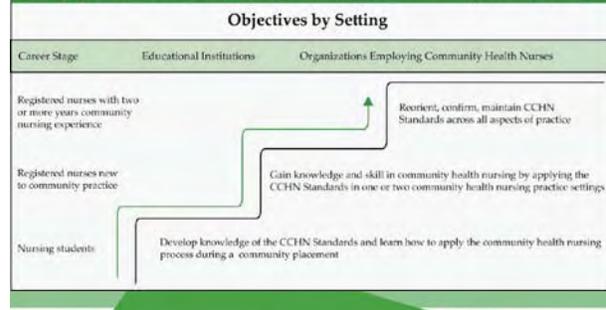
Types of Nursing Standards

- **College of Nurses of Ontario Standards of Practice apply to all nurses**
 - Defined and regulated by College of Nurses
 - Legal requirement to practice
 - Begin when hired into any nursing position
- **Specialty Standards of Practice (e.g. CCHN Standards)**
 - Defined by a national nursing organization associated with the Canadian Nurses Association
 - Provide standards specific to the practice of community nurses
 - Provide standards specific to a particular area of practice which may or may not be part of organizational policy
 - Require a defined period of practice in the specialty area (e.g. 2 years)

9



Staging use of CCHN Standards in the Career of a Community Health Nurse



10



Relationship to CNA Certification for Community Health Nurses

- The first CCHN certification exams occurred in April 2006
- The CCHN Standards are the foundation for CNA certification
- The certification exams are voluntary and may be a goal that you want to achieve
- The CCHN Standards are relevant for all nurses working in community health and the organizations that employ them

11



Relationship to proposed Public Health core competencies

- Public Health core competencies will apply to public health nurses, inspectors, dietitians, physicians etc.
- The CCHN Standards are specific to all community nurses - public health, home health and others, who promote the health of individuals, groups & communities and an environment that supports health
- The CCHN Standards provide public health nurses with a discipline specific perspective that complements the multidisciplinary public health core competencies

12



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Provincial/Territorial Standards for Nursing Practice and Specialty Standards

Adapted from: College of Registered Nurses of Nova Scotia (2003). *Standards for nursing practice (effective Jan. 1, 2004)* (3)



13



Why a CCHN Standards Toolkit?



- To provide a process and resources for implementing the Standards in organizations and nursing education to:
- Promote and maintain competent practice based on CCHN Standards
- Create an environment that supports CCHN Standards-based practice through:
 - Continuing education and reflective practice
 - Hiring practices, job descriptions and staff selection interviews
 - Orientation and mentoring programs
 - Performance appraisal
- To encourage the sharing of ideas and resources across organizations

14

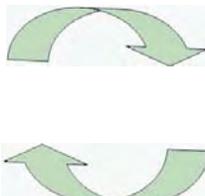


Sections of the CCHN Standards Toolkit (2006)

Section 1

Integration Process

- A: Organizations - detailed steps with links to tools
- B: Baccalaureate programs



Section 2

Resources

- Tools (linked) to support the organizational integration process
- Additional resources such as web sites and specific resources for each Standard

15



Integration Process and linked resources in Toolkit



Resources linked with steps in process:

- Educational resources such as workshop packages (slide presentation, evaluation form)
- Example of policies and procedures
- Administrative tools for organizational team: worksheets, assessment tools, checklists

16



17



Action Team Roles:

- Serve as advocates for incorporating the CCHN Standards in nursing practice and administration
- Organize in a way that works for your organization
- Collaborate with management, administration and staff to make plans and take action according to the steps in the CCHN Standards integration process

18



What would full integration of the CCHN Standards using the Toolkit look like in an organization?



The first two steps in the integration process

- In the following slides, the first two steps in the process for incorporating the CCHN Standards will be described.
- You will then work with your team to consider how you might approach these steps in your organization.



19



20



Step 1. Getting Started

- Organize team within existing structures- e.g. nursing council quality assurance team
- Develop terms of reference and reporting lines to senior management
- Review [Toolkit](#)
- Initiate [Workplan](#) (p.7)



21



Step 2. Assessing Organizational Capacity

- Assessment includes review of stakeholders and an organizational environment scan that can be completed at the same time.
- Assessment ensures that you know what resources you can build on and what gaps you need to work on
- Can vary from
 - extensive to narrow in scope
 - detailed to cursory in depth



22



Step 2 cont. Two Parts to Assessment:

2a: Identifying and engaging stakeholders and assessing their readiness

Tool: [Stakeholder review worksheet](#) (p. 12)

2b: Assessing organizational readiness

Tool: [Organizational environmental scan](#) (p. 15)



23



Stakeholder	Community Health Nursing Standards of Practice (CCHN Standards)				Notes
	Standard 1: Community Assessment	Standard 2: Clinical Assessment	Standard 3: Health Promotion	Standard 4: Leadership and Advocacy	
Family representatives					
Chief nursing officer					
Managers					
Clinical educators / Instructors					
Nurses					
Other health providers					
Chairs and committees					
External stakeholders					
Community nursing organizations					
Community school of nursing					
Community HRM					
Community					

24



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Environmental Scan Work Sheet Community Health Nursing Standards of Practice (CCHN Standards)			
Indicators of Quality Critical Elements	Overview	Facilitators / Barriers	Health Strategies
Organizational Support (The organization's history, vision, policies, practice support, value systems, the ability to set and appropriate funding goals)			
Professional Development Readiness for Change			
- Orientation			
- Professional Management Plan			
- Staff Development			
- Interdisciplinary Interactions			
- Nursing Leadership			
- Control over Practice			
- Control over Workload			

25



Stakeholder Work Sheet Community Health Nursing Standards of Practice (CCHN Standards)					
Stakeholder	Role of stakeholder in CCHN	Support Systems (Organizational and Professional)	Readiness for Change	Proposed Strategy for Involvement (Including Management)	Results
Quality Administration					
Chief nursing officer Nurse Manager					
Clinical Leadership Clinical Practice Specialist					
- Nurses					
- Other health professionals					
- Clinicians and Families					
- External Stakeholders					
Community Health Integration					
Community Health Integration					
- Environment/MSO					
- Education					

26



Environmental Scan Work Sheet Community Health Nursing Standards of Practice (CCHN Standards)			
Indicators of Quality Critical Elements	Overview	Facilitators / Barriers	Health Strategies
Organizational Support (The organization's history, vision, policies, practice support, value systems, the ability to set and appropriate funding goals)			
Professional Development Readiness for Change			
- Orientation			
- Professional Management Plan			
- Staff Development			
- Interdisciplinary Interactions			
- Nursing Leadership			
- Control over Practice			
- Control over Workload			

27



Table Work • 30 min

1. Identify key positions in your organization who should be involved in CCHN Standards integration and consider why it would be important to involve them.
2. Identify strategies you might use to involve those who might be reluctant to get involved.
3. What challenges could you encounter when introducing the CCHN Standards? How might you work around them?



28



Step 3. Developing an Action Plan

- Analyze assessment
 - To determine areas of interest
 - To identify opportunities
 - To assess the feasibility of taking action
 - Consider resources
 - Consider barriers



29



Step 3. Developing an Action Plan cont.

Decide on type of activities for the coming six months
- examples are given in next slides

Decide on specifics of activities using tools:
[budget](#) (p. 84) and [logic model](#) (p. 84)
Determine evaluation measures
Communicate results to staff and management
Document with timelines in action workplan



30



Example of Minimal Action

Example(s)	Considerations
1. Form action team & initiate process 2. Assess stakeholders and environment 3. Identify feasible project: e.g. a) preceptor orientation, or b) encourage use of CCHN Standards with CNO Quality Assurance	Scope: Nursing Cost: low

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Example of Moderate Action

Example(s)	Considerations
1. Form action team & initiate process 2. Assess stakeholders and environment 3. Identify feasible project: e.g. a series of staff workshops on the CCHN Standards	Scope: Nursing Cost: moderate-high

32



Example of Extensive Action

Example(s)	Considerations
1. Form action team & initiate process 2. Assess stakeholders and environment 3. Identify feasible project: e.g. • series of staff workshops on the CCHN Standards, and • revise policies and procedures and implement changes	Scope: Nursing & Human Resources Cost: High

33



Two possible examples for steps 1 to 3

Organization A: Assessment data: Staff has limited knowledge of the Standards.
Plan- offer and evaluate an introductory workshop

Organization B: Assessment data: Individual staff have some knowledge of CCHN Standards, but Standards are not used in teamwork

The hiring procedures, orientation, and performance appraisal do not reinforce the Standards and have limited relationship to each other.
Plan- offer and evaluate teamwork workshop; modify the policies and procedures.



34



Final two steps of integration process

Step 4: Taking Action- carry through with the plan formed in Step 3

Step 5: Evaluating Success- evaluate action



35



Step 4. Taking Action

Make arrangements for chosen activities

Prepare necessary materials

Organization A: Adapt professional development resources in toolkit

Organization B: Adapt policies and procedure resources in toolkit

Document process for later evaluation



36



Toolkit Resources Professional Development

Learning needs assessment

Education Workshop 1: Introduction to the CCHN Standards examples from Home, Public, and Community Health Nursing Practice

Evaluation for workshop 1 (p. 41)

Education Workshop 2: Application of the CCHN Standards in Team Practice- examples for Public Health



37



Toolkit Resources Policies & Procedures

Presentation for management

Position descriptions or profiles

Hiring interview guide

Performance appraisal



38



Step 5. Evaluating Success

- Summarize lessons learned from process evaluation
- Conduct outcome evaluation at specified time using criteria from logic model
- Analyze results of outcome evaluation
- Incorporate results in plans for additional action
- Complete documentation in workplan



39



3 Interrelated Guiding Principles for using the Toolkit

The process is cyclical and needs to be repeated for each new activity

3 types of activities work together to integrate the CCHN Standards:

• Instituting team & process of assessing, planning, taking action and evaluating

• Providing educational workshops according to assessment

• Revising policies & procedures according to assessment

No 'Cherry Picking'



40



Team Work - 20 minutes

On the relevant slides or workplan given in final section of Toolkit binder:

- Step 1- Indicate results for what you have already done and dates for what you need to complete
- Step 2- Indicate preliminary ideas on how you might go about completing the stakeholder review and organizational environmental scan- consider who you might talk to and in what order, amount and method of collecting data, number of people and levels or categories of people that you might involve
- Step 3- Indicate what you might be able to accomplish in the next 6 months

41



Table Work- 40 minutes (includes break)

- Share ideas about what your team may be able to accomplish in the next six months
- Give your reasons for your chosen approach
- Discuss the key challenges you anticipate and suggestions on how to overcome them
- Prepare a report on your findings for your table

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Review and Summary of findings from Groups

Facilitator from each table



43

Release the Standards in your Organization!



44



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Presentations and Workshops - Management Presentation



Canadian Community Health Nursing Standards of Practice (CCHN Standards)

Introduction for Managers and Administrators

Prepared for Community Health Nurses Association of Canada and Public Health Agency of Canada
By Elizabeth (Liz) Diem & Alwyn Moyer

1



Objectives of Presentation:

1. Provide background on the development of Canadian Community Health Nursing Standards of Practice (CCHN Standards)
2. Identify how the CCHN Standards can support:
 - a. Quality practice for nurses and practice teams
 - b. Recruitment and retention of staff
 - c. Quality outcomes for the organization, clients and communities.
3. Consider how CCHN Standards can be incorporated into present administrative structures and processes

2



Development of the 2003 Standards

- Developed by a geographically representative committee of CHNs under the auspices of CHNAC (Community Health Nurses Association of Canada)
- Input received from over 1000 CHNs across Canada
- Process took over 3 years – formally released October 2003



3



What are Nursing Standards?

- All standards of practice provide a guide to the knowledge, skills, judgment & attitudes that are needed to practice safely.
- They reflect a desired and achievable level of performance against which actual performance can be compared.
- Their main purpose is to promote, guide and direct professional nursing practice.

4



Provincial/Territorial Standards for Nursing Practice and Specialty Standards

Adapted from: College of Registered Nurses of Nova Scotia (2003). *Standards for nursing practice* (effective Jan. 1, 2004) (3)



5



Types of Nursing Standards

- **Provincial/territorial Standards of Practice apply to all nurses working in a defined jurisdiction**
 - Defined and regulated by a provincial/territorial nursing association
 - Legal requirement to practice
 - Begin when hired into any nursing position
- **Specialty Standards of Practice (e.g. CCHN Standards)**
 - Defined by a national nursing organization associated with the Canadian Nurses Association
 - Provide standards specific to the practice of community nurses
 - Voluntary focus for practice
 - Require a defined period of practice in the specialty area (e.g. 2 years)

6



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA

Who is a Community Health Nurse (CHN)?

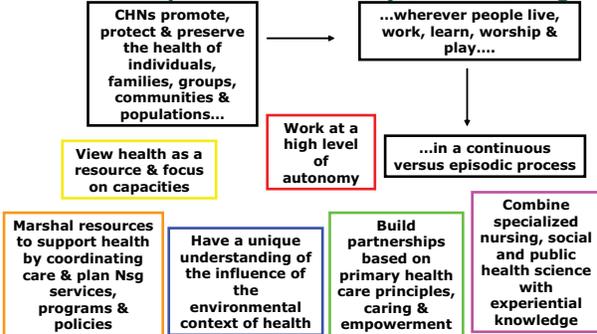
- Community health nurses specialize in promoting the health of individuals, families, communities & populations and an environment that supports health.
- The CCHN Standards may be applicable to many types of community nurses, but primarily focus on home health & public health nurses.

7



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA

What is Unique About Community Health Nursing



8



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA

Purpose of the CCHN Standards:

- As identified in the previous slides PLUS to:
- Define scope & expectations of community health nursing practice for safe, ethical care.
 - Support the ongoing development of community health nursing.
 - Demonstrate community health nursing as a Specialty.
 - Provide a foundation for certification as a clinical specialty with Canadian Nurses Association.
 - Inspire excellence in & commitment to community health nursing practice.

9



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA

CCHN Standards of Practice

1. Promoting Health
 - A. Health Promotion
 - B. Prevention and Health Protection
 - C. Health Maintenance, Restoration and Palliation
2. Building Individual/Community Capacity
3. Building Relationships
4. Facilitating Access and Equity
5. Demonstrating Professional Responsibility and Accountability

10



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA

Staging use of CCHN Standards in the Career of a Community Health Nurse

Objectives by Setting

Career Stage	Educational Institutions	Organizations Employing Community Health Nurses
Registered nurses with two or more years community nursing experience		Reorient, confirm, maintain CCHN Standards across all aspects of practice
Registered nurses new to community practice		Gain knowledge and skill in community health nursing by applying the CCHN Standards in one or two community health nursing practice settings
Nursing students	Develop knowledge of the CCHN Standards and learn how to apply the community health nursing process during a community placement	

11



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA

CCHN Standards contribute to an organization by:

1. Improving access to quality of care
2. Increasing competence of nursing staff to provide quality care efficiently
3. Increasing or maintaining nursing staff
4. Integrating human resources
5. Improving image of organization

12



CCHN Standards can improve access to quality care through:

- Expecting quality outcomes for patients and community
- Emphasis on learning, innovation and continual improvement of staff and organization
- Providing some of the means to meet accreditation standards



13



CCHN Standards can increase competence of nursing staff to provide quality care efficiently by:

- Defining expectations
- Providing criteria to measure knowledge and skills across an organization or program to:
 - Build on what is present
 - Develop long term continuing education plan
- Expecting that nursing care is assessed, planned, implemented and evaluated for effectiveness and efficiency



14



CCHN Standards can increase recruitment and retention

- Community health nurses are able to work to full scope of practice
- CHNs appreciate being able to provide appropriate care
- These nurses will recruit others



15



CCHN Standards can be used to integrate human resource policies and procedures

- Bring together following components into an integrated human resource system:
 - Position profiles
 - Hiring interviews
 - Orientation material
 - Performance appraisal



16



CCHN Standards can increase the image of the organization

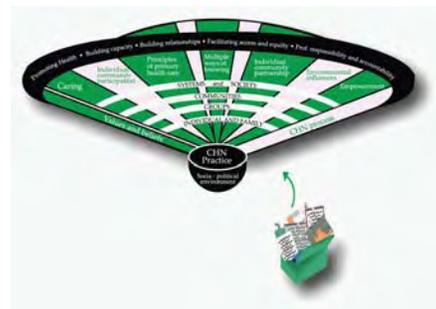
- Increased satisfaction of clients
- Increased satisfaction of staff
- Demonstration of the qualities of a learning organization
- Optimization of capabilities of workforce
- Readiness to deal with change, such as population health



17



Raise the Standards in your Organization!



18



Presentations and Workshops - Workshop 1: Introduction to the Use of CCHN Standards



Canadian Community Health Nursing Standards of Practice (CCHN Standards)

Workshop 1 Introduction to the use of CCHN Standards

Prepared for Community Health Nurses Association of Canada and Public Health Agency of Canada
Elizabeth (Liz) Diem & Alwyn Moyer

1



Sources for CCHN Standards

- Community Health Nurses Association of Canada (CHNAC) website: <http://www.communityhealthnursescanada.org>
- Diem & Moyer (2005) Community health nursing projects: Making a difference. Appendix D
- Stamler & Yiu (2005) Community health nursing: A Canadian perspective. Appendix

2



Workshop Objectives:

1. Develop knowledge of specific CCHN Standards with examples from Home, Public, and Community Health Nursing Practice
2. Identify how the CCHN Standards can support practice and organizations and contribute to the health of the community
3. Identify the use of CCHN Standards in your community experience

3



Timing for Presentation & Group Work

- Introduction to Standards- 25 min
- Group work- 30-40 min.-questions at end of presentation min
- Reporting summary from each group- 5 min per group

4



Development of the 2003 Standards

- Developed by a geographically representative committee of CHNs under the auspices of CHNAC (Community Health Nurses Association of Canada)
- Input received from over 1000 CHNs across Canada
- Process took over 3 years – formally released October 2003

5



Why are CCHN Standards important?

- Define scope & expectations of CHN (community health nurse) practice for safe, ethical care.
- Support the ongoing development of CHN.
- Demonstrate CHN as a Specialty.
- Provide a foundation for certification as a clinical specialty with Canadian Nurses Association.
- Inspire excellence in & commitment to CHN practice.

6





COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Provincial/Territorial Standards for Nursing Practice and Specialty Standards

Adapted from: College of Registered Nurses of Nova Scotia (2003). *Standards for nursing practice (effective Jan. 1, 2004)* (3)



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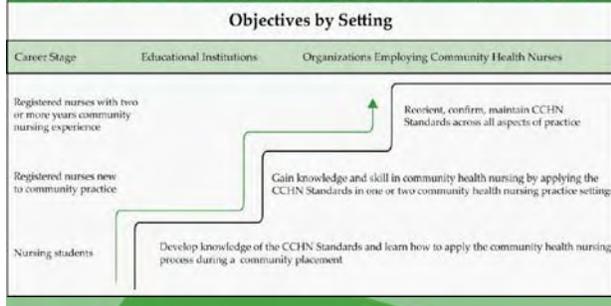
Types of Nursing Standards

- **Provincial/territorial Standards of Practice** apply to all nurses working in a defined jurisdiction
 - Defined and regulated by a provincial/territorial nursing association
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 - Begin when hired into any nursing position
- **Specialty Standards of Practice (e.g. CCHN Standards)**
 - Defined by a national nursing organization associated with the Canadian Nurses Association
 - Provide standards specific to the practice of community nurses
 - Provide standards specific to a particular area of practice which may or may not be part of organizational policy
 - Require a defined period of practice in the specialty area (e.g. 2 years)

8



Staging use of CCHN Standards in the Career of a Community Health Nurse



9



COMMUNITY HEALTH NURSING

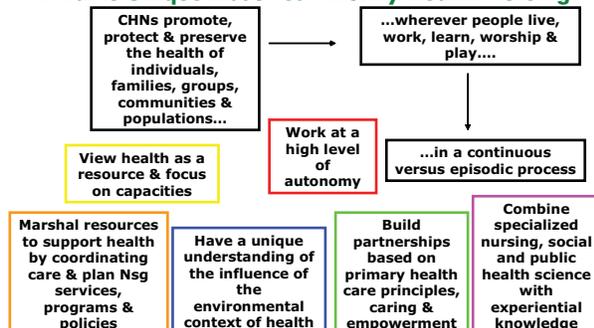
Includes: Nurses promoting health of individuals, groups & communities and an environment that supports health

- Public Health (PHN)
 - focus on health promotion, illness prevention & population health
 - link individual & family health experiences into the population health framework and links population health to families and individuals
 - practice in diverse settings e.g. community health centers, schools, streets, nursing stations
 - educational preparation: baccalaureate degree required
- Home Health (HHN)
 - focus on prevention, health restoration, maintenance & palliation
 - focus on clients & families
 - practice in homes, schools or workplace and integrates health promotion, teaching & counseling with provision of care
 - educational preparation: baccalaureate degree preferred

10



What is Unique About Community Health Nursing



11



Basis for the Canadian Community Health Nursing Practice Model

- The values and beliefs of Community Health Nurses
- The community health nursing process

12



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Values and Beliefs

- Caring
- The principles of Primary Health Care
- Multiple ways of knowing
- Individual/community partnership
- Empowerment

13



The Community Health Nursing Process

- Comprised of:
 - Assessment
 - Planning
 - Intervention (action)
 - Evaluation
- Enhanced by:
 - Individual/community participation
 - Multiple ways of knowing
 - The influence of the broader environment

14



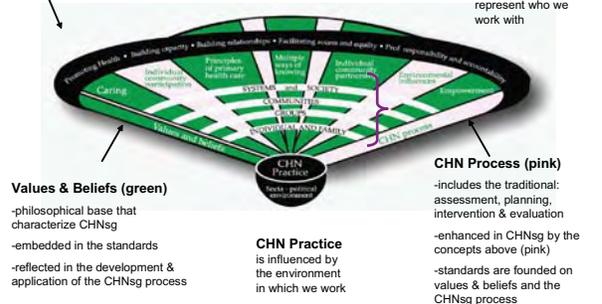
CCHN Standards of Practice

1. Promoting Health
 - A. Health Promotion
 - B. Prevention and Health Protection
 - C. Health Maintenance, Restoration and Palliation
2. Building Individual/Community Capacity
3. Building Relationships
4. Facilitating Access and Equity
5. Demonstrating Professional Responsibility and Accountability

15



Introducing the Canadian Community Health Nursing Practice Model...



16



Description of each Standard: Indicators & Activities

Each CCHN standard is written with two components: indicators and activities.

INDICATORS are given in the initial paragraphs of a standard and provide the expected outcomes when the standard is applied.

Activities begin with the heading "The community health nurse:" and define the activities that CHNs are expected to perform to achieve the indicators.

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Standard 1: Promoting Health A. Health Promotion

Overview

- The process of enabling people to increase control over & to improve their health.
- Bringing together people who recognize that basic resources & conditions for health are critical.
- The population's health is linked to the health of its members – often reflected first in individual & family experiences.

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EXAMPLES from practice - Health Promotion

- PHNs work with a community to advocate for a smoke-free town or municipality
- PHNs promote physical activity and healthy eating through programs such as the In-Motion, Supermarket Safari and the Schools Awards Program.
- HHNs encourage families dealing with a chronic illness to participate in regular physical and social activities
- What is an example from your clinical experience?



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Standard 1: Promoting Health B. Prevention & Health Protection

Overview

- The CHN applies a repertoire of activities to minimize the occurrence of diseases or injuries and their consequences.
- Health protection strategies often become mandated programs & laws.



20



EXAMPLES from practice- Prevention & Health Protection

- PHN track immunization schedules for each child so that when a child is overdue for vaccine they can be contacted. (CHNAC)
- A CHN observes high rates of smoking within a particular client group. The concern is raised with the practice team and a plan is developed to find ways to address the issue.
- PHN work with a parent's organization and the police to promote proper installation of car seats through the media and conduct several clinics to provide one-on-one assessment and teaching.
- What is an example from your clinical experience?



21



Standard 1: Promoting Health C. Health Maintenance, Restoration & Palliation

Overview

- Includes the full spectrum of acute, chronic and palliative nursing care (HHNs), health teaching & counseling for health maintenance or dealing with acute, chronic or terminal illness (HHNs and PHNs).
- Links people to community resources & facilitates/coordinates care needs & supports.



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Examples from practice- Health Maintenance, Restoration & Palliation

- A HHN provides long term nursing care in the classroom setting, which includes tube feeding, meds & chest percussion/postural drainage. Communication is required with the child's guardian, teacher and/classroom assistant to provide health teaching and information re child's status and response to treatment. (CHNIG HHN Position Paper, 2000)
- A CHN provides ongoing nursing care to families with infants who are experiencing difficulties. The care may be provided directly or through supervision of unregulated workers. This may include telephone follow-up, home visits or referrals to other community based services.
- What is an example from your clinical experience?



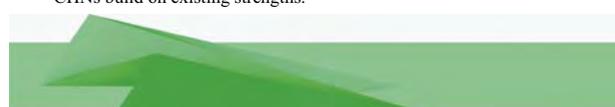
23



Standard 2. Building Individual/Community Capacity

Overview

- Capacity building describes an increase in ability of individuals/communities to define, assess, analyze & act on health concerns.
- Active involvement by those affected is critical.
- CHN works with those affected by the health concern and those who control resources.
- CHNs assess the stage of readiness for change & priorities for action.
- CHNs build on existing strengths.



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Examples from practice- Building Individual/Community Capacity

- A HHN encourages a mother and teens to work out a schedule for ROM exercises for the grandmother. The family is happy that they were able to work out the problem together.
- A PHN encourages a school to mobilize a school health committee that includes students, parents, teachers, administration, and community partners. Committee members identify the school community's strengths and needs, and prioritize, plan, implement, evaluate and celebrate action for a healthier school. The school community's capacity to take its own action for health is enhanced via a sustainable structure (the committee). The PHN is a partner in the process.
- What is an example from your clinical experience?

25



Standard 3. Building Relationships

Overview:

- Built on the principles of connecting & caring.
- Relationships may be with clients and/or with organizations/stakeholders.
- Relationships built on mutual respect and on an understanding of the power inherent to the CHN position.
- Unique to CHN is building a network of relationships & partnerships – occurs within a complex environment for both PHNs and HHNs.

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Examples from practice- Building Relationships

- A HHN working in palliative care listens to the concerns of stressed and exhausted caregivers and supports them in making decisions about respite and hospice care.
- A group of PHN working with families experiencing child care difficulties identify that post natal visits based on issues or tasks does not allow them to develop a continuing relationship with families. They bring their concern to the attention of management.
- What is an example from your experience?

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Standard 4. Facilitating Access & Equity

Overview:

- CHNs identify & facilitate universal & equitable access to available services.
- CHNs engage in advocacy on many levels.
- CHNs work with others to promote effective working relationships that contribute to comprehensive client care & achievement of optimal outcomes.

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Examples from practice- Facilitating Access & Equity

- A HHN and Case Manager work together to advocate for families caring for medically fragile children by:
 - Seeking respite care for a family exhausted by the required intense care.
 - Contacting the local MPP to encourage enhanced funding for respite services
 - Planning for a resolution through the local RAO Chapter for the RAO AGM.
- A PHN identifies that one ethnic group does not use health care services (including prenatal classes) outside their area. The PHN works with a champion from this group to organize local prenatal classes delivered by a PHN and translated by a woman from the community. (CHNAC).
- What is an example from your clinical experience?

29



Standard 5. Demonstrating Professional Responsibility & Accountability

Overview:

- CHNs work with a high degree of autonomy – accountable for their competence & quality of their practice
- CHNs work in a complex environment with accountability to a variety of authorities
- CHNs encounter unique ethical dilemmas

30



Examples from practice- Demonstrating Professional Responsibility and Accountability

- A HHN is asked by an ALS client to be present when his wife removes his Bi-PAP machine, which will result in his death. The nurse explores the client's reasons for this decision and discusses the ethics around responding to this request with the health care team as well as the nursing practice advisor at their College of Nurses.
- A PHN is assigned to work in a needle exchange program based on harm reduction. He has difficulty accepting the tenets of harm reduction and uses reflective practice personally and with his supervisor to understand and change his assumptions.
- A street nurse notices that drug users often leave their used syringes on the floor of a particular public restroom. The CHN works with town council, other health/social services and a community advocacy group to implement a safe needle exchange at an accessible health agency. (CHNAC)

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Group work questions

1. Identify why CHN Standards would be used in a community health nursing organization
2. Identify experiences of group members from community clinical practice (or other situations) that could be used as examples for each CCHN Standard
3. Identify which CCHN Standards or activities of the standards that were not experienced by anybody
4. Summarize findings to full group

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Follow-up activity

- Work individually or with others to determine how the CCHN Standards could be combined with the annual nursing registration requirements in your province or territory.
- You will be asked to share your findings at the next workshop

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COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Presentations and Workshops - Workshop 2: Application of the CCHN Standards in Team Practice



Canadian Community Health Nursing Standards of Practice (CCHN Standards)

Workshop 2 Application of the CCHN Standards in Team Practice (Example: Public Health)

Prepared for Community Health Nurses Association of Canada and Public Health Agency of Canada
Elizabeth (Liz) Diem & Alwyn Moyer

1



Workshop Objectives:

1. Review the CCHN Standards
2. Indicate where the CCHN Standards can fit with your other professional requirements
3. Consider examples of the CCHN Standards in Public Health Nursing Practice
4. Develop a specific example or examples demonstrating where CCHN Standards are presently being used by team in activities, tasks, or programs
5. Develop examples where team could incorporate the CCHN Standards in next six months

2



Timing for Workshop Demonstration

- Introduction to workshop and Standards- 45 min
- Small group discussion- 40 min
- Report on group discussions- maximum 5 min. per team
- Summary of key points

3



Development of the 2003 Standards

- Developed by a geographically representative committee of CHNs under the auspices of CHNAC
- Input received from over 1000 CHNs across Canada
- Process took over 3 years – formally released October 2003

4



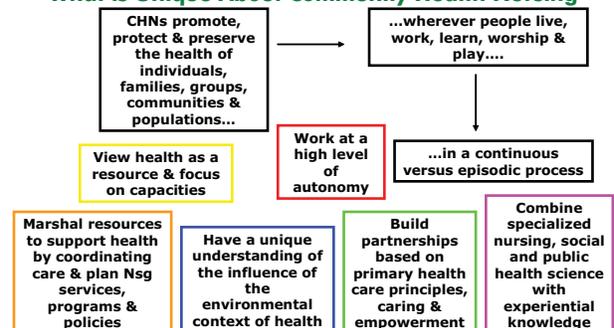
Why are CCHN Standards important?

- Define scope & expectations of CHN practice for safe, ethical care.
- Support the ongoing development of CHN.
- Demonstrate CHN as a Specialty.
- Provide a foundation for certification as a clinical specialty with Canadian Nurses Association.
- Inspire excellence in & commitment to CHN practice.

5



What is Unique About Community Health Nursing



6



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Finding a fit for the CCHN Standards in:

- Career of a community health nurse
- Provincial/territorial regulatory standards for all nurses
- Competencies that include other professions
- Canadian Nurses Association (CNA) certification for community health nurses

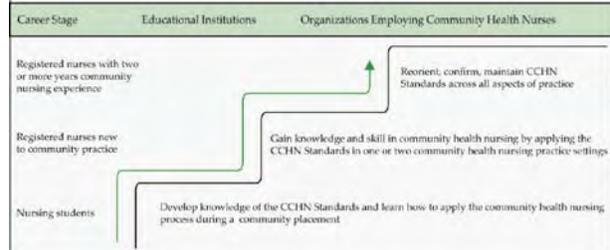


7



Staging use of CCHN Standards in the Career of a Community Health Nurse

Objectives by Setting



8



Types of Nursing Standards

- **Provincial/territorial Standards of Practice apply to all nurses working in a defined jurisdiction**
 - Defined and regulated by a provincial/territorial nursing association
 - Legal requirement to practice
 - Begin when hired into any nursing position
- **Specialty Standards of Practice (e.g. CCHN Standards)**
 - Defined by a national nursing organization associated with the Canadian Nurses Association
 - Provide standards specific to the practice of community nurses
 - Provide standards specific to a particular area of practice which may or may not be part of organizational policy
 - Require a defined period of practice in the specialty area (e.g. 2 years)



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Provincial/Territorial Standards for Nursing Practice and Specialty Standards



Adapted from: College of Registered Nurses of Nova Scotia (2003). *Standards for nursing practice (effective Jan. 1, 2004)* (3)

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Relationship to expected Public Health competencies

- Expected Public Health competencies will include Public Health Nurses, inspectors, nutritionists, physicians ect..
- The CCHN Standards are specified for nurses-Public Health and Home Health and other nurses promoting the health of individuals, groups & communities and an environment that supports health
- The CCHN Standards provide nurses working in Public Health a discipline specific perspective that compliments the work on public health core competencies for all disciplines



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Relationship to CNA Certification for Community Health Nurses

- The first CCHN certification exams occurred in the spring of 2006
- The CCHN Standards are the foundation for CNA certification
- The certification exams are voluntary and may be a goal that you want to achieve
- The CCHN Standards are relevant for all nurses working in community health and the organizations that employ them



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Basis for the Canadian Community Health Nursing Practice Model

- The values and beliefs of Community Health Nurses
- The community health nursing process

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Values and Beliefs

- Caring
- The principles of Primary Health Care
- Multiple ways of knowing
- Individual/community partnership
- Empowerment

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The Community Health Nursing Process

- Comprised of:
 - Assessment
 - Planning
 - Intervention (action)
 - Evaluation
- Enhanced by:
 - Individual/community participation
 - Multiple ways of knowing
 - The influence of the broader environment

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5 Standards

Introducing the Canadian Community Health Nursing Practice Model...

Who we work with
-the white rings represent who we work with



Values & Beliefs (green)

- philosophical base that characterize CHNsg
- embedded in the standards
- reflected in the development & application of the CHNsg process

CHN Practice is influenced by the environment in which we work

CHN Process (pink)

- includes the traditional: assessment, planning, intervention & evaluation
- enhanced in CHNsg by the concepts above (pink)
- standards are founded on values & beliefs and the CHNsg process

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CCHN Standards of Practice

1. Promoting Health
 - A. Health Promotion
 - B. Prevention and Health Protection
 - C. Health Maintenance, Restoration and Palliation
2. Building Individual/Community Capacity
3. Building Relationships
4. Facilitating Access and Equity
5. Demonstrating Professional Responsibility and Accountability

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Indicators & Competencies & Examples

Each CCHN standard is written with two components: indicators and competencies.

INDICATORS are given in the initial paragraphs of a standard and provide the expected outcomes when the standard is applied.

ACTIVITIES begin with the heading "The community health nurse:" and define the activities that CHNs are expected to perform to achieve the indicators.

EXAMPLES: Organizations/programs/teams are encouraged to develop one or more specific examples for each Standard that are relevant to their situation

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EXAMPLES from practice - Health Promotion

- PHNs work with a community to advocate for a smoke-free town or municipality
- PHNs promote physical activity and healthy eating through programs such as the In-Motion, Supermarket Safari and the Schools Awards Program.
- HHNs encourage families dealing with a chronic illness to participate in regular physical and social activities
- What is an example from your clinical experience?



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Standard 1: Promoting Health B. Prevention & Health Protection

Overview

- The CHN applies a repertoire of activities to minimize the occurrence of diseases or injuries and their consequences.
- Health protection strategies often become mandated programs & laws.



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EXAMPLES from practice- Prevention & Health Protection

- PHN track immunization schedules for each child so that when a child is overdue for vaccine they can be contacted. (CHNAC)
- A CHN observes high rates of smoking within a particular client group. The concern is raised with the practice team and a plan is developed to find ways to address the issue.
- PHN work with a parent's organization and the police to promote proper installation of car seats through the media and conduct several clinics to provide one-on-one assessment and teaching.
- What is an example from your clinical experience?



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Standard 1: Promoting Health C. Health Maintenance, Restoration & Palliation

Overview

- Includes the full spectrum of acute, chronic and palliative nursing care (HHNs), health teaching & counseling for health maintenance or dealing with acute, chronic or terminal illness (HHNs and PHNs).
- Links people to community resources & facilitates/coordinates care needs & supports.



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Examples from practice- Health Maintenance, Restoration & Palliation

- A HHN provides long term nursing care in the classroom setting, which includes tube feeding, meds & chest percussion/postural drainage. Communication is required with the child's guardian, teacher and/classroom assistant to provide health teaching and information re child's status and response to treatment. (CHNIG HHN Position Paper, 2000)
- A CHN provides ongoing nursing care to families with infants who are experiencing difficulties. The care may be provided directly or through supervision of unregulated workers. This may include telephone follow-up, home visits or referrals to other community based services.
- What is an example from your clinical experience?



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Standard 2. Building Individual/Community Capacity

Overview

- Capacity building describes an increase in ability of individuals/communities to define, assess, analyze & act on health concerns.
- Active involvement by those affected is critical.
- CHN works with those affected by the health concern and those who control resources.
- CHNs assess the stage of readiness for change & priorities for action.
- CHNs build on existing strengths.



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Standard 2. Building Individual/Community Capacity

Overview

- Capacity building describes an increase in ability of individuals/communities to define, assess, analyze & act on health concerns.
- Active involvement by those affected is critical.
- CHN works with those affected by the health concern and those who control resources.
- CHNs assess the stage of readiness for change & priorities for action.
- CHNs build on existing strengths.

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Examples from practice- Building Individual/Community Capacity

- A PHN encourages a school to mobilize a school health committee that includes students, parents, teachers, administration, and community partners. Committee members identify the school community's strengths and needs, and prioritize, plan, implement, evaluate and celebrate action for a healthier school. The school community's capacity to take its own action for health is enhanced via a sustainable structure (the committee). The PHN is a partner in the process.
- What example does your team have of using aspects of this standard?

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Standard 3. Building Relationships

Overview:

- Built on the principles of connecting & caring.
- Relationships may be with clients and/or with organizations/stakeholders.
- Relationships built on mutual respect and on an understanding of the power inherent to the CCHN position.
- Unique to CHN is building a network of relationships & partnerships – occurs within a complex environment for both PHNs and HHNs.

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Examples from practice- Building Relationships

- A PHN has been selected as the ideal person to coordinate a coalition on Heart Health because she listens to community members, is able to help people find a goal they all believe in, and communicates effectively and regularly.
- A group of PHNs working with families experiencing child care difficulties identify that post natal visits based on issues or tasks does not allow them to develop a continuing relationship with families. They bring their concern to the attention of management.
- What example does your team have of using aspects of this standard?

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Standard 4. Facilitating Access & Equity

Overview:

- CHNs identify & facilitate universal & equitable access to available services.
- CHNs engage in advocacy on many levels.
- CHNs work with others to promote effective working relationships that contribute to comprehensive client care & achievement of optimal outcomes.

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Examples from practice - Facilitating Access & Equity

- A PHN identifies that one ethnic group does not use health care services (including prenatal classes) outside their area. The PHN works with a champion from this group to organize local prenatal classes delivered by a PHN and translated by woman from the community. (CHNAC).
- What example does your team have of using aspects of this standard?

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Standard 5. Demonstrating Professional Responsibility & Accountability

Overview:

- CHNs work with a high degree of autonomy – accountable for their competence & quality of their practice
- CHNs work in a complex environment with accountability to a variety of authorities
- CHNs encounter unique ethical dilemmas

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Examples from practice- Demonstrating Professional Responsibility and Accountability

- A PHN is assigned to work in a needle exchange program based on harm reduction. He has difficulty accepting the tenets of harm reduction and uses reflective practice personally and with his supervisor to understand and change his assumptions.
- A street nurse notices that drug users often leave their used syringes on the floor of a particular public restroom. The CHN works with town council, other health/social services and a community advocacy group to implement a safe needle exchange at an accessible health agency. (CHNAC)
- What example does your team have of using aspects of this standard?

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Team work discussion- 40 minutes

1. Develop a specific example or examples of present team activities, tasks, or programs that demonstrate the present use of one or more CHN Standards
2. Develop examples where the team could increase the use of one or more CHN Standards- consider feasibility, needed resources or training, consensus among team members and supervisors
3. Share ideas with others

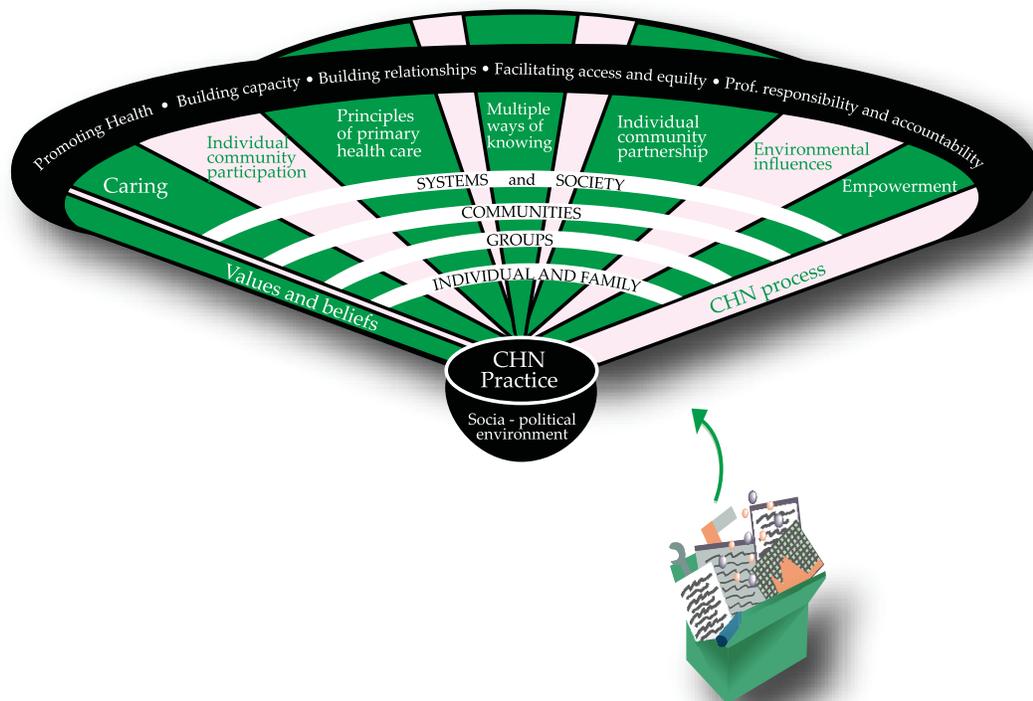
33



Follow-up activities

- Team is to continue working on team plan
- Plan is to include what they would like to accomplish in:
 - One year
 - 6 months
 - 3 months
 - By next workshop

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3. Examples of Policies and Procedures

Position description (Saskatoon)

Interview questions (Saskatoon)

Performance appraisal (Saskatoon)

Performance appraisal (Windsor-Essex)

Department Practice examples (Windsor-Essex)

Comparison of CCHN Standards "Building Relationships" and Saskatchewan Public Health (2004)

Position description and Interview Guide



SASKATOON DISTRICT HEALTH

POSITION DESCRIPTION

POSITION: Public Health Nurse
Saskatoon District Health

AFFILIATION: S.U.N.

PAY GRADE:

DATE: April 13, 2004

APPROVAL SIGNATURES:

GENERAL MANAGER

HUMAN RESOURCES

JOB SUMMARY:

The Public Health Nurse (PHN), as an integral member of the Public Health Services team, provides nursing services within the framework of the Population Health Promotion Model. Inherent in this role are knowledge, skills, and abilities specific to health promotion, primary and secondary prevention strategies. Public Health Nurses translate knowledge from the health and social sciences to support health enhancing behaviors of individuals, families and population groups through targeted interventions, programs, and advocacy.

SUPERVISION RECEIVED:

- Reports to site/program supervisor
- Incumbent PHN is self directed and requires minimal supervision.

EDUCATION:

- Bachelors' degree in Nursing
- Current registration with the SRNA.
- Possession of a valid Class 5 drivers license.
- Possession of a valid CPR Basic Life Support Level "C".

EXPERIENCE:

- One year Public Health Nursing experience is an asset.



ABILITY:

- Demonstrated knowledge and/or ability in health promotion and prevention strategies including:
 - Advocacy for healthy public policy
 - Group education
 - Community development
 - Educational resource development
 - Facilitation
 - Individual counseling
 - Media communication.
- Demonstrates flexibility by adjusting workload to accommodate client needs in a manner that ensures positive customer relations.
- Ability to be self directed and exercise independent nursing judgment in a community-based environment.
- Ability to work collaboratively with team members and the community at large.
- Ability to communicate effectively orally and in writing with clients of varying ages, socio-economic status, and targeted populations.
- Ability to apply basic computer skills and applications as required.
- Additional knowledge and skills related to specific duties and responsibilities of the position is preferred.

ACCURACY:

- Adherence to established Public Health Services policies and procedures.
- High level of accuracy is required in all aspects of assigned responsibility such as health assessment, diagnosis and treatment, immunization, and handling specialized equipment.

MENTAL SKILL:

- Requires a sound knowledge of the nursing process and principles and practices of immunization.
- Ability to make independent nursing judgments based on evidence based practice and Public Health principles.

CONTACTS:

- Requires extensive interaction with clients, families, health and social service providers, school personnel, medical, nursing and nutrition students, community agencies and groups.

SUPERVISORY RESPONSIBILITIES:

- Provides guidance and supervision of nursing students.
- Performs Acting Nursing supervisory responsibilities as assigned.

ENVIRONMENT:

- Access to a vehicle for the performance of duties.
- Urban and rural travel required.
- Must travel in all types of weather.
- Works alone during majority of work duties such as in clinical setting, home visits, education presentations.



PHYSICAL EFFORT:

- Job requires moderate physical effort in the form of lifting, carrying, bending, driving, walking/standing for more than 30 minutes at a time.
- Manual dexterity is needed to insure precision and accuracy when performing clinical skills such as immunization, drawing blood, pelvic examination.
- Intense level of visual and auditory concentration required to observe, monitor and process information simultaneously.

HAZARDS:

- Minor exposure to infectious disease.
- Risk of motor vehicle accidents when traveling.
- Potential to be in unsafe work environment due to unsafe housing and unpredictable situations.
- Exposure to hazardous material such as sharps, body fluids.

JOB FUNCTIONS:

These statements reflect the principle functions of the job, but do not describe all the work assignments inherent in it:

Advocate

- Influences community leaders and politicians to make policy decisions that address the determinants of health and environmental issues.
- Helps individuals, families and groups who are disadvantaged by reasons of social economic status, isolation, culture and lack of knowledge to become aware of issues of significance to their health.
- Uses knowledge of community to link those needing services to the appropriate service provider.

Community Developer

- Applies knowledge of community assessment and development models to facilitate public participation in identifying and defining health issues.
- In developing programs, uses awareness of factors which impact on or affect health such as social, cultural, economic issues and environmental factors.
- Fosters inter-agency/care group linkage and working relationships.

Resource Developer

- Reviews educational materials for accuracy, relevance, visual appeal, age and cultural appropriateness.
- Develops educational material such as lesson plans, teaching kits/games, pamphlets, information sheets and newsletters.

Administration

- Maintains accurate charts and health records upon completion of a service.
- Completes statistical tools for workload analysis and surveillance purposes.
- Assists in the development of health programs and activities based upon community assessment and best practise literature.
- Is accountable for submitting payroll related forms in a timely manner

Individual Counseling

- Provides health information, counseling, and referral through telephone and one-on-one contacts in a clinical, school, home, correctional, community and outreach van setting.
- Provides emotional support through empathetic listening during times of crisis.



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Media Communication

- Communicates with the public using a variety of media strategies including newspaper articles, Public Service Announcements, bulletin board displays and television interviews.

Education

- Provides formal presentations and educational programs for selected population groups in a variety of community and institutional settings on topics relevant to current health and lifestyle issues, and communicable disease and injury prevention.
- Assists with and takes responsibility for the education of students in health science programs.
- Incorporates knowledge of behavioral sciences with teaching and learning principles when carrying out educational activities and uses strategies appropriate to the relevant target group.
- Uses knowledge of group process and facilitation skills to assist individuals to take action to improve their health.

Clinical Skills

- Applies epidemiological principles and knowledge of disease process in the management and control of communicable diseases such as prevention techniques, infection control and outbreak management.
- Uses strategies to reduce communicable disease such as surveillance, immunization, early case identification, treatment and follow-up as needed.
- Screens infants and preschool children for specific delays and deficiencies related to growth and development.
- Consultant to physicians and other health professionals regarding specific communicable diseases.

JOB DUTIES FOR PHN - STREET OUTREACH

- Assists in program planning, implementation and evaluation of activities that are based on determinants of health, best practice literature, and community assessment.
- Provides health information, crisis intervention and referral through telephone and one-on-one contact, clinical, school, home, community, correctional, and outreach van settings.
- Provides group educational programs related to program objectives to paraprofessionals, professionals, community groups and students in post secondary education.
- Participates in writing articles, preparing bulletin board displays and appearing in television interviews related to program objectives.
- Reviews, develops and evaluates educational materials to achieve program objectives.
- Interviews and examines clients for the presence of sexually transmitted infections, blood borne pathogens and pregnancy, carries out appropriate laboratory procedures and treats or refers clients based on findings.
- Locates and notifies contacts to positive cases of sexually transmitted infections and HIV.
- Provides condom distribution, needle exchange and supplies to persons who use injection drugs through the fixed site and the outreach van.
- Influences community leaders and politicians to make policy decisions that address the health needs of injection drug users, sex-trade workers, correctional inmates and street involved persons.
- Precepts nursing students.
- Maintains accurate client records, statistics and workload measurement tools.

JOB DUTIES FOR PHN - YOUTH AND YOUNG ADULTS – FULL-TIME

- Assists in program planning, implementation and evaluation of program activities that are based on health determinants, best practice literature and community assessment.
- Provides health information, counseling, and referral through telephone and one on one contact in a clinical, school, home and community setting.



- Provides group educational programs related to program objectives to professionals, community groups, and students in high school and post secondary education.
- Participates in writing articles, preparing bulletin board displays and appearing in television interviews related to program objectives.
- Reviews, develops and evaluates educational materials to achieve program objectives.
- Reviews sexually transmitted infections and HIV notifications and positive lab reports to ensure appropriate and timely treatment of reportable cases.
- Locates and notifies contacts to positive cases of sexually transmitted infections and HIV.
- Interviews and examines clients for the presence of sexually transmitted infections, blood borne pathogens and pregnancy, carries out appropriate laboratory procedures and treats or refers clients based on findings.
- Uses strategies to reduce communicable disease including immunization for selected populations.
- Provides condom distribution, needle exchange and supplies to persons who use injection drugs.
- Influences community leaders and politicians to make policy decisions that address sexual health issues.
- Provides consultation to health care professionals related to sexually transmitted infections and HIV.
- Provides clinical observational experiences for medical students and precepts nursing students.
- Maintains accurate client records, statistics and workload measurement tools.

JOB DUTIES FOR PHN - YOUTH AND YOUNG ADULTS– PART-TIME

- Assists in program planning, implementation and evaluation of program activities that are based on health determinants, best practice literature and community assessment.
- Provides health information, counseling, and referral through telephone and one on one contacts in a clinical, school, home, community, and outreach van setting.
- Provides group educational programs related to program objectives to professionals, community groups, and students in high school and post secondary education.
- Participates in writing articles, preparing bulletin board displays and appearing in television interviews related to program objectives.
- Reviews, develops and evaluates educational materials to achieve program objectives.
- Reviews sexually transmitted infections and HIV notifications and positive lab reports to ensure appropriate and timely treatment of reportable cases.
- Locates and notifies contacts to positive cases of sexually transmitted infections and HIV.
- Interviews and examines clients for the presence of sexually transmitted infections, blood borne pathogens and pregnancy, carries out appropriate laboratory procedures and treats or refers clients based on findings.
- Uses strategies to reduce communicable disease including immunization for selected populations.
- Provides condom distribution, needle exchange and supplies to persons who use injection drugs through the fixed site and the outreach van.
- Influences community leaders and politicians to make policy decisions that address sexual health issues.
- Provides consultation to health care professionals related to sexually transmitted infections and HIV.
- Provides clinical observational experiences for medical students and precepts nursing students.
- Maintains accurate client records, statistics and workload measurement tools.

JOB DUTIES FOR PHN – GENERAL POPULATION

- Assists in planning, implementation and evaluation of program activities that are based on determinants of health, best practice literature and community assessment.
- Provides health information, consultation, emotional support and referral through telephone and one-on-one contacts in a clinical, school, home and community setting.



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- Reviews, develops and evaluates educational materials to achieve program objectives.
- Participates in writing articles, preparing bulletin board displays and appearing in television interviews related to program objectives.
- Conducts educational programs for selected population groups in a variety of community and institutional settings on topics relevant to current health and lifestyle issues, communicable disease and injury prevention.
- Uses strategies to reduce communicable disease including immunization for selected population groups.
- Screens infants and preschool children for specific delays and deficiencies related to growth and development.
- Influences community leaders and politicians to make policy decisions that address the determinants of health and environmental issues.
- Provides observational experiences for nursing, medical and nutrition students and precepts nursing students.
- Maintains accurate client records, statistics and workload measurement tools.
- Facilitates planned change with the individual/community/population through the application of the population health model.

JOB DUTIES FOR PHN - INTERNATIONAL TRAVEL CLINIC

- Interviews, assesses and makes recommendations to ITC clients regarding travel-related health risks.
- Completes and provides prescriptions for anti-malarial medications (a medical transfer of function; under the direction of the Medical Health Officer).
- Provides consultation to physicians, pharmacists and international travellers who seek advanced knowledge in the area of international travel.
- Influences politicians and community leaders to make policy decisions that address International Travel health issues.
- Reviews, develops and evaluates educational materials to achieve program objectives.
- Assists in program planning, implementation and evaluation of program activities that are based on health determinants, best practice literature and community assessment.
- Participates in writing articles, preparing bulletin board displays and appearing in television interviews related to program objectives.
- Provides clinical observational experiences for medical students and precepts nursing students.
- Maintains accurate client records, statistics and workload measurement tools.
- Provides individual client education and group educational programs related to program objectives to international travelers, travel agents and other community groups
- Uses strategies to reduce communicable disease including education on risks, personal protective measures, and immunization.

JOB DUTIES FOR PHN - FIELD INVESTIGATOR

- Reviews, develops and evaluates educational material to achieve program objectives.
- Assists in program planning, implementation and evaluation of activities that are based on health determinants, best practice literature and community assessment.
- Maintains accurate client records, statistics and workload measurement tools.
- Provides health information, counseling, and referral through telephone and one on one contacts in a clinical, home and community setting.
- Assesses for continuing risk and immunization/prophylaxis of at-risk contacts.
- Provides individual client education and group educational programs related to program objectives to community groups and agencies.
- Assists in the investigation and control of foodborne illness outbreaks including case identification, collection of human and food samples, and implementation of control measures as needed.



- Participates in long term care outbreak management.
- Uses strategies to reduce communicable disease such as surveillance, immunization, early case identification, timely follow-up and prophylaxis/treatment.
- Provides consultation to health care professional regarding specific communicable diseases.
- Provides observational experiences for medical students and precepts nursing students.
- Influences politicians and community leaders to make decisions that address communicable disease issues.
- Assists in program planing, implementation and evaluation of program activities that are based on health determinants, best practices literature and community assessment.
- Participates in writing articles, preparing bulletin board displays and appearing in television interviews related to program objectives.

JOB DUTIES FOR PHN - OLDER ADULTS

- Assists in planning, implementation and evaluation of program activities that are based on determinants of health, best practice literature and community assessment.
- Conducts educational programs for professionals and groups of older adults in a variety of community and institutional settings on topics relevant to injury prevention and current health and lifestyle issues.
- Reviews, develops and evaluates educational materials to achieve program objectives.
- Participates in writing articles, preparing bulletin board displays and appearing in television interviews related to program objectives.
- Consultation to professionals on issues related to older adult wellness.
- Influences community leaders and politicians to make policy decisions that address the determinants of health and environmental issues.
- Uses strategies to reduce communicable disease including immunization for selected population groups.
- Maintains accurate records, statistics and workload measurement tools.
- Precepts nursing students.



EXCERPTS REVISED FROM

Saskatoon Public Health Services Interview Guide • Master for All PHN Positions • January 9 2006

Date of Interview _____ Candidate's Name _____

Qualifications/Interview Questions	Candidate's Response
<p>A. Demonstrates knowledge and/or ability in health promotion and prevention strategies</p> <p>1. Explain how you could use the Population Health Promotion Model in working with a population group of your choice. (Standard 1a)</p> <ul style="list-style-type: none"> • <i>Expected response: Indicates the 3 faces of the cube: levels of groups, strategies, and determinants and applies them appropriately (exact material from model needed)</i> • <i>Standard 1a Promoting health</i> 	<p>Qualified if passes parts of this section</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> levels of groups</p> <p><input type="checkbox"/> strategies</p> <p><input type="checkbox"/> determinants</p> <p><input type="checkbox"/> appropriate example</p>
<p>2. Advocates for Healthy Public Policy (Standard 4)</p>	<p>Qualified if overall answers 2 of 3 questions in this category</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a) Explain situations where advocacy for healthy public policy would be appropriate.</p> <ul style="list-style-type: none"> • <i>Where some regulations/guidelines/bylaws/legislation is necessary to ensure public safety and improve health outcomes.</i> • <i>Could include smoking, drinking, driving, immunizations</i> 	<p><input type="checkbox"/> Examples accurate</p>
<p>b) What healthy public policies (current or potential) do you think fits with your definition?</p> <ul style="list-style-type: none"> • <i>Smoke-free public places</i> • <i>Bicycle helmet for cyclists</i> • <i>Healthy foods in schools and rinks</i> • <i>Raising the age of tobacco and alcohol sales</i> • <i>Fluoridation of water</i> • <i>Legislation to stop the sexual exploitation of youth</i> 	<p><input type="checkbox"/> Names a minimum of 3 policies</p>
<p>c) Name a significant health issue that is affecting youth, and describe a healthy public policy that might influence a positive change in this health issue.</p> <ul style="list-style-type: none"> • <i>E.g. Issue – tobacco and alcohol</i> <ul style="list-style-type: none"> o <i>Sale of cigarettes and alcohol</i> o <i>Const of cigarettes</i> o <i>No smoking areas around schools</i> o <i>Drinking and driving</i> 	<p><input type="checkbox"/> Names a minimum of 2 policies</p>
<p>B. Ability to work collaboratively with team members and community at large. (Standard 2 and 5)</p>	<p>Qualified</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Think of a previous place in which you worked or a situation in your nursing program and relate what you did to contribute to maintaining effective relationships with your peers and supervisor.</p> <ul style="list-style-type: none"> • <i>Recognize each other's strengths and limitations</i> • <i>Work towards a common goal, collaborate with one another</i> • <i>Provide relief for a colleague who is feeling over-burdened by work or home</i> • <i>Ask for help when workload becomes excessive</i> • <i>Be reliable, follow through on assigned tasks in a timely way</i> • <i>Share workload equally</i> • <i>Deal with problems in an open and frank manner</i> • <i>Maintain open lines of communication with supervisor and consult appropriately</i> • <i>Have fun, participate in social events that are available</i> • <i>Show respect for a colleague's ideas, values and beliefs</i> 	<p><input type="checkbox"/> Qualify if 5 of 10</p>

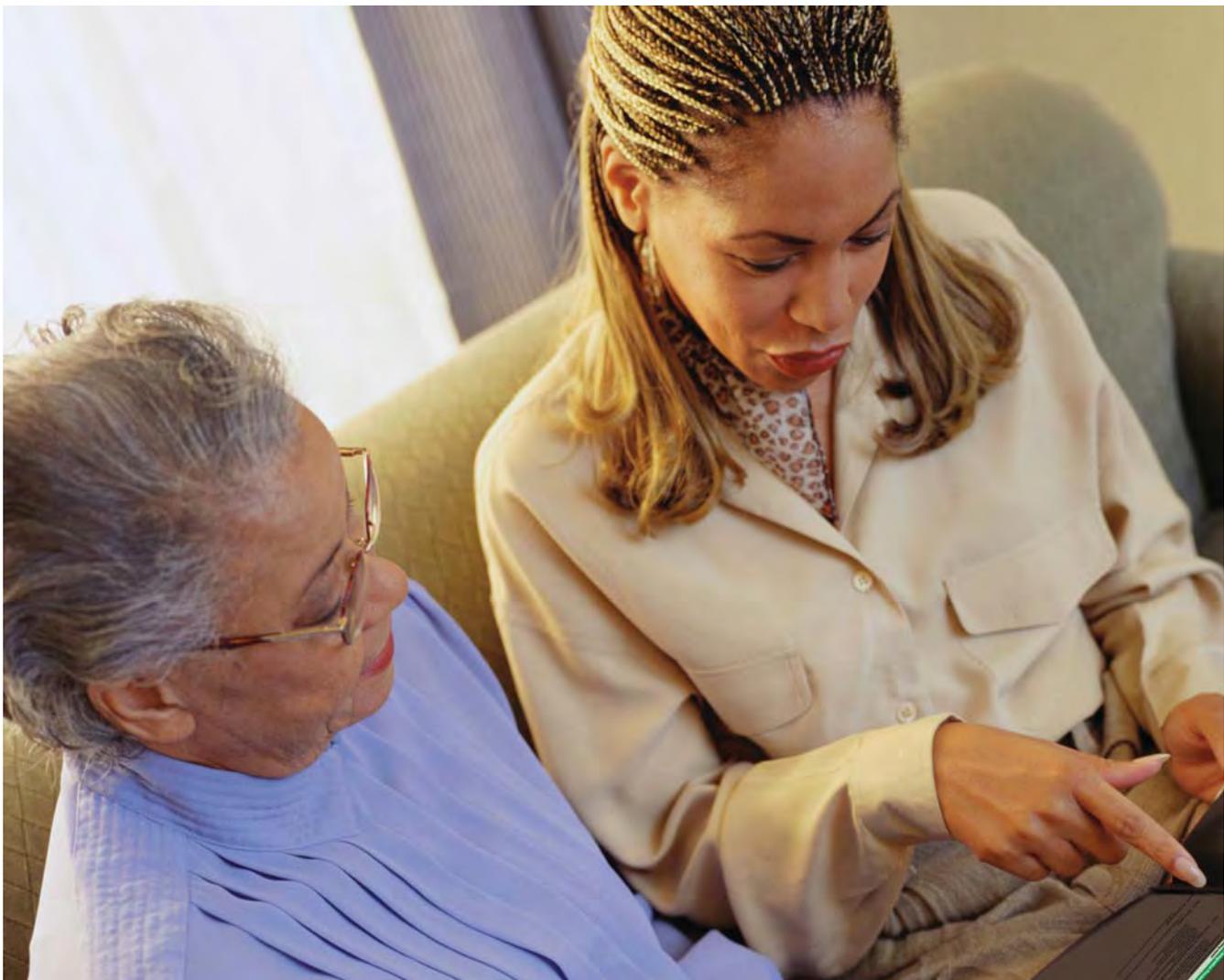


Qualifications/Interview Questions	Candidate's Response
<p>C. Ability to communicate effectively orally and in writing with client of varying ages, socio-economic status and targeted populations. (Standard 3)</p> <p>Select 2 scenarios relevant to program area -- parts (a) to (i).</p>	<p>Qualified if passes both scenarios</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a) You are giving a presentation on condoms to workers in a youth shelter. One worker becomes very irritated and states that Public Health is promoting sex and the supplies cost money that could be better spent elsewhere. What would be your first response to this individual? Response should include:</p> <ul style="list-style-type: none"> • Acknowledge differing opinions • Harm reduction principles • Reducing spread of disease saves dollars • Health determinants • Cultural awareness • Multitude of complex issues surrounding IDU/STI/mental health/addictions 	<p><input type="checkbox"/> Qualify if 3 of 6</p> <p>OR</p>
<p>b) You are on a home visit with an elderly woman. The woman offers you a brooch that has been in her family for years. What would be your response to the woman?</p> <ul style="list-style-type: none"> • Thank the woman for thinking of you • Explain why it is not possible for you to accept the gift • Discuss with her who in her family might appreciate the brooch • Suggest some action that would be acceptable – a recipe, a cup of tea 	<p><input type="checkbox"/> Qualify if 2 of 4</p> <p>OR</p>
<p>c) You are talking to a group of parents about controlling the drinking during high school graduation. One of the parents states that the students should be allowed to do what they want because they are only young once. Indicate how you could respond.</p> <ul style="list-style-type: none"> • Clarify what 'do what they want means' • Ask about possible harm that might result • Ask other parents for their opinions • Ask about conversations between the parent and child • Ask about options that would provide some protection for the youth • Promotion discussion of various options in terms of reducing harm • Allow the parent to have their own opinion but do not leave the other parents with only that opinion 	<p><input type="checkbox"/> Qualify 4 of 7</p>
<p>D. Ability to be self-directed and exercise independent nursing judgment in a community-based environment. (Standard 5)</p>	<p>Qualified if passes 3 of 4 questions</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a) Statistics show that the number of toddlers receiving immunizations is decreasing. What would your actions be?</p> <ul style="list-style-type: none"> • Track the immunization rates by census track • Speak to team members to identify potential reasons and strategies • Visit areas that have low immunization rates and speak to people involved • Review literature for possible options • Discuss options with team members • Introduce and evaluate a new approach 	<p><input type="checkbox"/> Qualify if 3 of 6</p>
<p>b) If there is an increase of youth gangs in a low income, multicultural area, what strategies would you use to intervene to reduce this behaviour?</p> <ul style="list-style-type: none"> • Talk with youth to determine what factors have changed: such as lack of jobs or recreation Ask them what they feel would change things • Talk with community leaders to determine their views and suggestions • Talk to police • Organize a meeting with community, parents, youth, professionals and police to consider how to address some of the issue that have been identified • Advocate on behalf of the community or assist them in approaching municipal officials for the means to address issues 	<p><input type="checkbox"/> Qualify if 3 of 5</p>
<p>E. Other</p>	



Saskatoon Public Health Performance Appraisal – Public Health Nurse Generalist
Public Health Nurse (March, 2006)

<p>(1)</p> <p>Name: _____</p> <p>Position: _____</p> <p>Status: _____</p> <p>Program (if applicable) _____</p> <p>Supervisor: _____</p>	<p>(2)</p> <p>Date: _____</p> <p>Commencement Date: _____</p> <p>Union: <input type="checkbox"/> SUN <input type="checkbox"/> HSAS <input type="checkbox"/> SEIU Reason for Review: <input type="checkbox"/> Trial <input type="checkbox"/> Probation <input type="checkbox"/> Interim <input type="checkbox"/> Final <input type="checkbox"/> Other (explain) _____ _____ _____</p>	<p>(3)</p> <p>DM- Does not meet performance standards. M - Meets performance standards. NO - Not Observed NA- Not Applicable or Unable to Assess. This performance category will be used only when there is no opportunity to observe the employee's performance or when the element/category is applicable or not applicable.</p>
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COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Critical Factors	Performance Standards	Performance Indicators	DM	M	NO	NA
1. Knowledge: Has basic knowledge of program planning, development, implementation and the basics of evaluation	1.1 <ul style="list-style-type: none"> • Has basic knowledge of activities used by public health staff including advocacy, community development, group education, media communication, educational resource development, facilitation, individual counseling. • Has basic knowledge of the principles of public health prevention and promotion strategies including: <ul style="list-style-type: none"> - Determinants of health - Population Health Promotion Model - Ottawa Charter strategies - Primary and secondary prevention strategies - Harm reduction - Stages of change 	<ul style="list-style-type: none"> • Assists in planning, implementation and evaluation of program activities that are based on determinants of health, best practice literature and community assessment. 				
		<ul style="list-style-type: none"> • Reviews, develops and evaluates educational materials to achieve program objectives. 				
		<ul style="list-style-type: none"> • Participates in writing articles, preparing bulletin board displays and appearing in television interviews related to program objectives. 				
		<ul style="list-style-type: none"> • Conducts educational programs for selected population groups in a variety of community and institutional settings on topics relevant to current health and lifestyle issues, communicable disease and injury prevention. 				
<ul style="list-style-type: none"> • Completed oral/written immunization examination by MHO • Adheres to program protocol 	1.2 <ul style="list-style-type: none"> • Has sound knowledge in the principles and practices of: <ul style="list-style-type: none"> - breastfeeding - child abuse prevention - communicable disease 	<ul style="list-style-type: none"> • Provides health information, consultation, emotional support and referral through telephone and one-on-one contacts in a clinical, school, home and community setting. 				
		<ul style="list-style-type: none"> • Assists in influencing community leaders and politicians to make policy decisions that address the determinants of health and environmental issues. 				
		<ul style="list-style-type: none"> • Facilitates planned change with the individual/community/population through the application of the population health model. 				
		<ul style="list-style-type: none"> • Uses strategies to reduce communicable disease including immunization for selected population groups. 				



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Critical Factors	Performance Standards	Performance Indicators	DM	M	NO	NA
2. Skills: 2.1 Communication	2.1 Communication • Communicates clearly, concisely & comprehensively with clients, co-workers, and other professionals. a) Written:	2.1 Communication: a) Written: • Documentation is legible, concise, accurate, prompt				
		• Demonstrates basic computer skills				
	b) Verbal	a) Verbal: • Approachable, non-judgmental, respectful, articulate.				
		• Deals effectively with demanding client(s)' complaints.				
		• Demonstrates openness to listening.				
	c) Facilitating and Teaching in Group Settings	a) Facilitating and Teaching in Group Settings: • Demonstrates general facilitation and teaching skills (applies adult education principles, flexible, evaluates, problem solving, responds to group and clients' needs).				
		• Able to adapt terminology and presentation style to a wide variety of clients.				
		• Assumes and maintains leadership role.				
		• Displays confidence.				
	2.2 Organization:	2.2 a) Organization: • Ability to handle many projects simultaneously, prioritize tasks and complete projects on schedule	• Establishes clear and realistic goals.			
• Able to prioritize tasks on an ongoing basis.						
• Prepares appropriately.						
• Ability to handle more than one project/duty simultaneously.						
• Able to routinely take lunch break and schedule work breaks.						
• Identifies priorities of service.						
b) Productivity: • Volume and promptness of work		• Provides client services within allocated time intervals.				
		b) Productivity: • Uses time effectively.				
		• Provides client services within allocated time interval.				
		• Submits statistics and reports on or before required time.				



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Critical Factors	Performance Standards	Performance Indicators	DM	M	NO	NA
2.3 Public Relations	2.3 Public Relations: • Ability to relate to clients, community, agencies and population as a whole.	2.3 Public Relations: • Demonstrates concern for client's well being.				
		• Relates well with target group.				
		• Maintains confidentiality.				
		• Displays a courteous, calm manner to clients and colleagues.				
		• Positively promotes organizational objectives and programs to public/co-workers/professionals/agencies.				
		• Demonstrates cultural sensitivity.				
Comments:						
3. Ability: 3.1 Teamwork	3.1 Teamwork: • Develops and maintains cooperative working relationships with others (e.g. co-workers, supervisors, and managers).	3.1 Teamwork: • Communicates effectively (respectful, shares ideas and thoughts openly, willing to work toward group consensus).				
		• Elicits cooperation when dealing with co-workers and management.				
		• Works effectively on internal and external multi-disciplinary committees				
		• Provides training placements and consultative support to students.				
		• Willing to volunteer for committees, assist co-workers.				
		• Clarifies expectations with respect to assigned tasks and projects.				
		• Shows respectful language, attitude and tone.				
		• Accepts responsibility for managing minor personality conflicts.				
		• Receptive to receive constructive feedback.				
3.2 Independence and Initiative	3.2 Independence & Initiative: • Works diligently to meet job expectations.	3.2 Independence and Initiative: • Demonstrates reflective practice.				
		• Ability to work independently, self-directed.				
		• Ability to work with minimal supervision.				
		• Consults appropriately with supervisor.				



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Critical Factors	Performance Standards	Performance Indicators	DM	M	NO	NA
		<ul style="list-style-type: none"> Seeks to make improvements related to own work, program direction and clients needs. 				
		<ul style="list-style-type: none"> Keeps knowledge base up to date by reading, attending inservices, attending staff meetings, reading communication binder. 				
		<ul style="list-style-type: none"> Remains calm under pressure. 				
		<ul style="list-style-type: none"> Demonstrates a willingness to meet unanticipated service needs. 				
3.3 Personal Qualities:	3.1 Personal Qualities a) Attitude: <ul style="list-style-type: none"> Enthusiasm, willingness and motivation 	3.3 Personal Qualities: a) Attitude: <ul style="list-style-type: none"> Demonstrates adaptability and flexibility (e.g. adjusts schedule to accommodate workload). 				
		<ul style="list-style-type: none"> Participates fully in program delivery. 				
	b) Dependability, honesty, and accountability:	b) Dependability, honesty, and accountability: <ul style="list-style-type: none"> Follows through with assigned tasks to meet deadlines. 				
		<ul style="list-style-type: none"> Reliable in all aspects of work. 				
		<ul style="list-style-type: none"> Accountable for safety of co-workers, office and equipment. 				
		<ul style="list-style-type: none"> Accurately reports time worked and work accomplished. 				
		<ul style="list-style-type: none"> Makes good use of work time and resources. 				
	c) Comprehension <ul style="list-style-type: none"> Ability to learn, grasp concepts essential to the work and follow instructions 	c) Comprehension: <ul style="list-style-type: none"> Usually quick to understand and comprehend new information. 				
		<ul style="list-style-type: none"> Observant and perceptive. 				
	d) Punctuality	d) Punctuality: <ul style="list-style-type: none"> Meets time commitments. 				
		<ul style="list-style-type: none"> Communicates clearly and in a timely manner to supervisor re: leaves, absences. 				
	e) Appearance	e) Appearance: <ul style="list-style-type: none"> Adheres to Public Health Services dress code. 				

Comments:



Draft Performance Appraisal contributed to
CCHN Standards Toolkit by Windsor-Essex-County Health Unit (March, 2006)

Nursing Staff: Performance and Development Appraisal

It is the policy of this Board that all employees shall have as a minimum an annual performance and development appraisal.

Performance Ratings

- Exceeds Expectations: The employee exceeds some of the day to day position requirements and demonstrates enthusiasm in the implementation of challenging working goals and objectives. The employee exercises innovation and initiative in the development and accomplishment of goals and objectives.
- Meets Expectations: The employee carries out position requirements in a complete and satisfactory manner and requires only normal supervision.
- Did Not Meet Expectations: The employee requires assistance to perform the basic responsibilities of the position.

Performance Ratings Summary

Manager's Comments:

Employee's Comments:

Employee's Name	Department	Position	Special Duties or Assignments
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Manager's Name	Title
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Appraisal Period _____ From: ___/___/___ To: ___/___/___

Peer Review Completed: _____

Date

Peer Review Submission to Personnel File (Optional): Yes ___ No ___



PERFORMANCE STANDARDS	COMMENTS
<p>Standard 1: Promoting Health The public health nurse:</p>	
<p>1. Collaborates with individual/community partners conducting a holistic assessment of the individual/community.</p>	
<p>2. Incorporates multiple strategies addressing: a) healthy public policy, b) strengthening community action, c) creating supportive environments, d) developing personal skills, and e) re-orienting the health system.</p>	
<p>3. Applies epidemiological principles in screening surveillance, immunization, communicable disease response and outbreak management and education.</p>	
<p>4. Evaluates collaborative practice (personal, team, and/or intersectoral) in achieving individual/community outcomes.</p>	
<p>5. Identifies a range of interventions (including health promotion, disease prevention and direct clinical care strategies) along with short and long term goals and outcomes.</p>	
<p>6. Uses knowledge of the community to link with, refer to or develop appropriate community resources.</p>	



PERFORMANCE STANDARDS	COMMENTS
<p>Standard 2: Building Individual/Community Capacity The public health nurse:</p> <p>1. Works collaboratively with the individual/community, other professionals, agencies and sectors to identify available resources.</p> <hr/> <p>2. Uses community development principles: o consults with individual/community assessing readiness for participation, o uses empowering strategies such as mutual goal setting, visioning and facilitation skills in resolving issues, o understands group dynamics and effectively uses facilitation skills to support group development, o assists the group/community to assess available resources to support taking action on their health issues.</p> <hr/> <p>3. Advocates in support of those who are as yet unable to take action for themselves.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>Standard 3: Building Relationships The public health nurse:</p> <p>1. Is aware of and utilizes culturally sensitive methods of communication.</p> <hr/> <p>2. Facilitates team efforts through respectful communication at all levels within the organization.</p> <hr/> <p>3. Demonstrates a commitment to the Windsor-Essex County Health Unit's mission, vision, and values.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>



PERFORMANCE STANDARDS	COMMENTS
<p>Standard 4: Facilitating Access and Equity The public health nurse:</p> <p>1. Assesses, monitors, and evaluates the impact of the determinants of health for individuals/families/communities/populations.</p>	
<p>2. Advocates for appropriate resource allocation for individuals, groups and potential vulnerable populations to facilitate access to public health services.</p>	
<p>3. Advocates for health public policy by participating in policy making activities that influence health determinants and access to services.</p>	
<p>Standard 5: Demonstrating Professional Responsibility and Accountability The public health nurse:</p> <p>1. Participates in the advancement of community health nursing by mentoring students and novice practitioners.</p>	
<p>2. Participates in research and professional activities.</p>	
<p>3. Seeks assistance with problem solving as needed to determine the best course of action in response to ethical dilemmas and risks to human rights and freedoms, new situations, and new knowledge.</p>	



PERFORMANCE STANDARDS	COMMENTS
<p>Standard 5: Demonstrating Professional Responsibility and Accountability (con't)</p> <p>4. Provides constructive feedback to peers as appropriate to enhance community health nursing practice.</p>	<hr/> <hr/>
<p>5. Documents community health nursing activities in a timely and thorough manner, including telephone advice, work with communities and groups, and organizational planning activities.</p>	<hr/> <hr/>
<p>6. Utilizes ongoing reflective practice as a means of assessing and seeking to improve personal community health nursing practice.</p>	<hr/> <hr/>
<p>7. Seeks professional development experiences that are consistent with current public health nursing practice.</p>	<hr/> <hr/>
<p>8. Uses evidence-based practice in decision making and selects appropriate models to guide practice.</p>	<hr/> <hr/>
<p>9. Utilizes information and communication technology to generate, manage and process relevant data to support nursing practice.</p>	<hr/> <hr/>



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Supervisor's/Manager's Comments and Overall Rating:

Rating: Does Not Meet Standards Meets Standards

Mutually Acceptable Goals and Objectives:

Employee's Comments:

Employee's Signature
(signature indicates that the contents have
been discussed with the employee)

Supervisor's Signature

Manager's Signature

Date

Date

Date



Department Practice Example Tool for Standards contributed to CCHN
Standards Toolkit by Windsor-Essex County Health Unit March 24, 2006

Standard 1: Promoting Health The PHN	School Health	Chronic Disease and Injury Prevention	Child Health	Infectious Disease	Clinic	Health Babies, Health Children
1. Collaborates with individual – community partners conducting a holistic assessment of the individual – community.	- assess needs for projects within each school	Utilize community coalition members to gain insight into community needs Utilize data from a variety of sources to identify trends Collaborate with Information Resource Department as needed to design and delivery community assessments (needs assessment, surveys, questionnaires) based on identified issues	- job assignment related – may vary between members of a team, and amongst the teams in HU – e.g. Parenting Campaign – Letter to community partners: CAS, BBBB, OEYC re: input for initiative - BBBB review at end of 16 week session looking at what worked and what needs to be changed - parenting campaign survey - prenatal pre-evaluation sheet - surveys i.e. maternal child coalition - verbal group discussions	- identifies demographics of population of interest or target population - identifies vulnerable populations using observation, epidemiological data, surveillance data, client records, organization records and reports, interviews community leaders and agencies - Health info line data	- CAS, consult with physician, consult with ICN, referrals to other programs in HU, referrals to physicians/specialists, teaching clients about community resources history and current - health status obtaining previous - test results as applicable RUCS tool, Larson - screen, travel itinerary, family pedigree, assess risk factors for STD, assess need for interpretive services, address concerns as identified during counseling session, identifying problems immediately	- PP assessments, IDA, risk assessments, RUCS, Parkyn, G & D screens, EPS & L checklist, FHV communication - working sp of community partners - hospital liaison
2. Incorporates multiple strategies addressing: a) healthy public policy, b) strengthening community action, c) creating supportive environments, d) developing personal skills, e) re-orienting the health system.	- uses various interventions to deliver message	Initiate or participate in the development of healthy public policies (i.e. municipal alcohol policy) Initiate or participate in awareness or education campaigns (i.e. Low-risk drinking guidelines) Initiate or participate in development of supportive environments (i.e. sidewalk safety) Initiate or participate in skill building projects (i.e. development of refusal skills for binge drinking)	a) repeat of Standard 4 b) coalition and committee work c) JFMB, breastfeeding friendly rooms d) parenting, prenatal classes, workshops, intake calls e) persuaded Windsor Library to create physical activity program into their workshops - JFMB/BBBB meet c & d - coalition and committee work - persuaded Windsor Library to create physical activity program into their workshops - reinforcing new legislation through a variety of strategies: FASD-Sandy's Law, Booster Seats – Bill 73, baby walker ban, no spanking, obesity	- mul - creates and uses tools to protect health of community - educational opportunities in community - identifies effective strategies to ensure access to services (outreach, referrals, posters/ads)	a) bicycle helmet, Section 22, smoking cessation, PAP, cervical screening b) committee work with other agencies, participation in health fairs c) maintaining confidentiality, non-judgmental environment, accompany clients to HDH, ER, Crisis Centre, breastfeeding room, child-friendly area d) BSE, testicular exam, PAP, health promoting behaviour, review for travel, calling back for results, empowering client to make healthy decisions e) offering condoms, depo and bone density issues, reviewing current birth control systems, immunization prior to pregnancy – MMR, folic acid supplements prior to pregnancy, correcting common myths, Telehealth	- CAS committee/child abuse council activity - teach in-home re: parenting, smoking, health, assist parents to access supports (daycare), appropriate referrals - help families develop personal skills, facilitate development of parenting, budgeting skills - physical education, hospital staff education, participation in chicken pox clinics - teach other service providers re: feeding guidelines - use screening tools in practice to help link



Department Practice Example Tool for Standards contributed to CCHN
Standards Toolkit by Windsor-Essex County Health Unit March 24, 2006

Standard 1: Promoting Health The PHN	School Health	Chronic Disease and Injury Prevention	Child Health	Infectious Disease	Clinic	Health Babies, Health Children
3. Applies epidemiological principles in screening surveillance, immunization, communicable disease response and outbreak management and education.	<ul style="list-style-type: none"> - uses OSDUS - uses Ontario Health Status data - reviews MMR reports relevant to lead roles - utilizes sexual clinic stats 	<p>Utilize Cancer 2020 report</p> <p>Applies annual Cancer Report and other cancer related data to program planning</p> <p>Applies substance abuse/use data to program planning</p>	<p>limited to an educational role in the prevention of diseases: obesity, FASD, STI, low birth weight, immunization preventable diseases, communicable diseases</p>	<ul style="list-style-type: none"> -aware of local health status and needs -anticipates community needs -identifies individuals who may require clinical assessment and care 	<ul style="list-style-type: none"> -adhere to current STD guidelines -adhere to TRAVAX program to provide screening and testing -letter of certification -prenatal care -preconception – folic acid -contract tracing -referrals to Health Inspection 	<ul style="list-style-type: none"> - limited to a teaching role: -immunization education -referring for PAP test, STI assessments -STI teaching
4. Evaluates collaborative practice (personal, team, and/or intersectoral) in achieving individual/community outcomes.	<ul style="list-style-type: none"> - seeks input from colleagues and manager on projects 	<p>Assesses program planning in relation to Public Health outcomes</p> <p>Consults with manager and other CDIP staff re direction of program planning in relation to mandatory guidelines</p>	<ul style="list-style-type: none"> - evaluated safety initiative in collaboration with daycare centres -evaluation of World Breastfeeding Week - working together with community partners, team members, and other health unit staff (HBHC, CDIP, CSH) - class, campaign work – looking at what worked and what needs to be changed -BBBB evaluation, Nobody's collaboration with daycare centres Perfect, World Breastfeeding Week -evaluated safety initiative in 	<ul style="list-style-type: none"> -provides and receives feedback from community partners -consults with health inspectors and other teams (internal & external), e.g. child care agency, healthy children, VP working for chicken pox vaccine 	<ul style="list-style-type: none"> - physician - abnormal results to physician - working with community agencies 	<ul style="list-style-type: none"> - coordination with other service partners (i.e. CAS) - work with FHV - work with families – rely on their input
5. Identifies a range of interventions (including health promotion, disease prevention and direct clinical care strategies) along with short and long term goals and outcomes.	<ul style="list-style-type: none"> - flexible, able to adjust plans to accommodate new situations 	<p>Completes CDIP program planning document for all initiatives (will identify interventions and goals)</p> <p>Use best practice to guide program interventions</p>	<ul style="list-style-type: none"> -all health promotion initiatives have short and long term goals and outcomes -development and revisions to classes, campaigns and teaching kits -one on one counseling 	<ul style="list-style-type: none"> - making referrals - collaborating with client to identify needs - provide education to clients - skill sets acquired for medication and administration 	<ul style="list-style-type: none"> - maintains competency in clinical skills and refers to best practice guidelines for updates - able to do TB skin testing and appropriate counseling - demonstrates appropriate skills for VP - assess need for and implements client centered plan of care 	<ul style="list-style-type: none"> - use of NCP - joint review tool for FHV, FHV referral form
6. Uses knowledge of the community to link with, refer to or develop appropriate community resources.	<ul style="list-style-type: none"> - assess needs based on contacts in school - referral of medical issues, e.g. diabetic students to Diabetes Wellness Program 	<p>Monitors trends in the community (includes media) and utilizes relevant information to meet community needs</p>	<ul style="list-style-type: none"> -intake referrals -simple referrals – JFMB, BBBB, Prenatal, OEYC 	<ul style="list-style-type: none"> -uses Blue Book refers within HU to specific teams 	<ul style="list-style-type: none"> - make referrals to other agencies appropriately 	<ul style="list-style-type: none"> - community referrals



Department Practice Example Tool for Standards contributed to CCHN
Standards Toolkit by Windsor-Essex County Health Unit March 24, 2006

Standard 2: Building Individual – Community Capacity The PHN	School Health	Chronic Disease and Injury Prevention	Child Health	Infectious Disease	Clinic	Health Babies, Health Children
1. Works collaboratively with the individual – community, other professionals, agencies and sectors to identify available resources.	- referrals of medical condition – students to appropriate agencies, e.g. diabetic ? diabetes assessment or leukemia ? CHWO and social worker - CEASE (PITRS) increase student empowerment back to schools \$ donation from business community, e.g. LaRoche Posey – Sun Safety	Utilizes community coalition members and other contacts in community to identify available resources Collaborates with colleagues to identify available resources Investigates grant opportunities Investigates possibility of new partnerships within the community (i.e. churches, travel agencies, pool companies)	- BBBB - Child Abuse Prevention Council - CAS - work collaboratively to match needs, strengths and resources for the likelihood of the target population or individual following through - intake, grand rounds – identification of breastfeeding resources - BBBB, OEYC, CAS, JFMB	- develop mutual goals with client regarding plan of care - establishes screening vaccine clinics with schools - provides teaching educational opportunities to public and organizations	- make referrals appropriately	- one on one work with family - work with hospital staff to develop an "easy to complete" Parkyn tool - work within the public health community; sharing resources with other health units
2. Uses community development principles: - consults with individual – community assessing readiness for participation - uses empowering strategies such as mutual goal setting, visioning and facilitation in resolving issues - understands group dynamics and effectively uses facilitation skills to support group development - assists the group – community to assess available resources to support taking action on their health issues.	- Eat Smart invite to participate PAC for future incentives - Kiss n' Ride - Living Schools Sun Safety - Quit for Life -Milk Program DFO	Utilizes community development principals as evidenced by development of the following: Skin cancer magazine project Church walking group Falls Prevention Workshop Alcohol Liability workshop Etc Maintains active participation on community coalitions (falls prevention, substance abuse prevention, injury prevention) Likely to take on leadership role in community coalitions i.e. chair, secretary, treasure position	- chair a working group and collect and prioritize appropriate information for group to make decisions - facilitating individual capacity building groups such as JFMB, Nobody's Perfect	- recognizes when regulation supersedes clients' wishes - provides tools for recognizing and managing outbreaks	- involves client in plan of care	- use of the IDA - involve family in decision-making, goal setting - be culturally sensitive - understand family dynamics and empower families to help themselves - facilitation skills help families accept assistance
3. Advocates in support of those who are as yet unable to take action for themselves.	- Safety Net RUCS – advocating with HCP to screen for woman abuse -Physical punishment Section 43 work		- those unable to help themselves: unborn, children, those with limited capacity, cultural/language barriers, low income – advocate via: FASD, booster seats, breastfeeding, obesity, no spanking	- assist with contacts to local physicians and agencies	- consult with physician re: augmented treatment needs	- children are the client - work with new immigrants - advocate for new moms (who are under stress of being a new parent) and high risk families



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Department Practice Example Tool for Standards contributed to CCHN Standards Toolkit by Windsor-Essex County Health Unit March 24, 2006

Standard 3: Building Relationships The PHN	School Health	Chronic Disease and Injury Prevention	Child Health	Infectious Disease	Clinic	Health Babies, Health Children
1. Is aware of and utilizes culturally sensitive methods of communication.	<ul style="list-style-type: none"> - French services provided - Hajib worn when entering Muslim schools - words, phrases and teaching sexuality in Catholic French schools, -acknowledge Catholic perspective -Mennonite schools – no e-mail, verbal can't translate - Just Say Moe don't bring to - didn't bring TOTS - listen and learn when explain magic - campaign posters with multicultural family 	<p>Aware of French services available to public health</p> <p>Aware of language support offered by the Multicultural Council</p> <p>If funding permits, resources can be translated</p>	<ul style="list-style-type: none"> - aware of cultural differences - comfortable working with multicultural clients - develop and provide low literacy and foreign language materials for ESL clients – aware of differences – work with translators from community partners to meet the needs of multicultural clients – adapt teaching style, e.g. use more visual aids, slower speech, easier vocabulary, more non-verbal, frequent checking of understanding 	<ul style="list-style-type: none"> - uses appropriate segregation of sexes - appropriate use of interpreters with consents - aware of nuances of cultural communication, e.g. must address male head of household regarding female client 	<ul style="list-style-type: none"> - familiar with multicultural clientele and respect the diversity among them 	<ul style="list-style-type: none"> - Arabic FHV translates - French nurse - pamphlets - utilizes interpreters from the Multicultural Council, HBHC team utilizes a French nurse, FHV translates for Arabic families, staff confer with culturally knowledgeable staff, several resources available in appropriate languages, assist clients with accessing community cultural groups
2. Facilitates team efforts through respectful communication at all levels within the organization.	<ul style="list-style-type: none"> - team conflict resolution before goes to nurse management - give manager heads up when issue goes to nurse management -liaison with CDIP – they attend our meeting; to their meeting -bring forward information from clinic, VP, IDC relevant to schools 	<p>Participates in team/staff meetings; Follow through with action plan as agreed in meeting</p> <p>Supports other team members; Meet with other team members as needed. Follow through with action plan as agreed in meeting</p> <p>Provides information summary to manager each month</p> <p>Provides manager with project updates on a regular basis</p>	<ul style="list-style-type: none"> - participate in team meetings - support team members - follow formal channels of communication within HU 	<ul style="list-style-type: none"> - follows formal channels of communication within HU - uses healthy conflict resolution among colleagues/team/m anagement - ensures team coverage at all times for the program, e.g. epi team has someone available to answer questions - time sensitivity, e.g. responding in a timely fashion 	<ul style="list-style-type: none"> - encourage open discussion of issues among the team 	<ul style="list-style-type: none"> -address team issues through appropriate channels of communication, i.e. manager, peer to peer, team meetings - ensure team coverage at all times, i.e. 48 hour calls, staff vacations and absences - team birthday lunches, voicemail and e-mail, informal case debriefings - physical layout of team: listening to other's calls, discussions, etc. - open door policy of managers for staff - updates – liaison nurse - mentorship among team members and with U of W students
3. Demonstrates a commitment to the Windsor-Essex County Health Unit's mission, vision, and values	<ul style="list-style-type: none"> - professionalism: go into office, make staff know that you are present - explain CSH role and mandate -explanation to schools what are professional responsibilities - go to every school – equal access - team planning, e.g. desks, school assignments, lead role assignments 	<p>Utilizes nursing professionalism in all aspects when practicing nursing on behalf of the WECHU</p>	<ul style="list-style-type: none"> - incorporate value statements into nursing practice and collegial relationships with team 	<ul style="list-style-type: none"> - uses flexibility to meet client needs (provide examples) 	<ul style="list-style-type: none"> - demonstrate HU values in practice 	<ul style="list-style-type: none"> - flexible hours, i.e. working at noon, late day and weekends to meet the needs of clients - maintain professional relationships with community i.e. CAS, hospitals - representatives from the HBHC team on various HU committees, i.e. CPR, Signing Smart, promotional items such as baby blankets for high risk clients - access translation services and have literature available in various languages - policymaking not generally a function of HBHC team, but present on Breastfeeding Council and The Mat Child Coalition.



Department Practice Example Tool for Standards contributed to CCHN
Standards Toolkit by Windsor-Essex County Health Unit March 24, 2006

Standard 4: Facilitating Access and Equity The PHN	School Health	Chronic Disease and Injury Prevention	Child Health	Infectious Disease	Clinic	Health Babies, Health Children
1. Assesses, monitors, and evaluates the impact of the determinants of health for individuals – communities – populations.	- extra time, activities with comp ed school - assess Safety Net – social support ?? - leftover resources e.g. pedometers, frisbees -increase dental resources to schools CINOT - Quit for Life at some schools, increase impact because everyone in house smokes (social support) - Holy Names incentives don't work because	Maintains awareness and understanding of determinants of health Maintains awareness and understanding of how determinants of health impact population i.e. marital, educational status along with level of income and how characteristics relate to past marijuana use. Use health determinant data related to CDIP topic in the development of initiatives i.e. enclose low risk drinking guidelines information to low income families in social services mass mailing	- assessing, monitoring and evaluating needs of groups such as Just for Moms & Babies, BBBB, prenatal classes and workshop attendees, plus individuals such as intake clients, Breastfeeding Clinic clients and communities such as OEYC, e.g. of determinants: support systems, income, education, inability to read, availability of written resources, language barriers, employment conditions, e.g. shift work, long hours	- assess immunization status - provides appropriate referrals to community agencies	- complete assessment of client	- universal phone calls, 48 hours - brief screens to assess risk, i.e. IDA - ongoing assessments for high risk clients - refer to appropriate community resources - in-home teaching sessions - inform other agencies and in-house staff, i.e. Physician Outreach, CAS, Lunch & Learn, Grand Rounds, Health Fairs - population-based initiatives: PPMD, assist clients in accessing population-based initiatives - delegate, monitor appropriate activities for FHV to complete in home
2. Advocates for appropriate resource allocation for individuals, groups, and potential vulnerable populations to facilitate access to public health services.	- Children's' Rehab got different info re: nutrition geared to their special nutrition needs - manager said need to identify resources for high needs CAS family - advocate/work with clinic for intellectually disabled - grant application tobacco grant applications background notes	Utilizes health status reports and other statistical data to plan programming – includes appropriate allocation of resources (grant applications, media, educational, incentives, etc)	- active role in program planning where nurse advocates for resource development and purchase of resources and health promotion strategies to assist specific populations - referrals to appropriate agencies	- advocating with physicians to support clients		- representatives from HBHC team on various HU committees: CPR, Signing Smart, promotional items such as baby blankets for high risk clients
3. Advocates for healthy public policy by participating in policy-making activities that influence health determinants and access to services.	- Champions workshop to increase p.a. policy promoting 2010 to schools -participating in Think First research can lead to policy development - provide Sun Safety guidelines: shade/umbrellas/hats for track and field - Kiss n' Ride – parents set up safe drop off zone	Assist community partners and coalitions (falls prevention, injury prevention, CEASE) in the identification and development of health public policy for a variety of populations – i.e. alcohol and drug policies in the workplace, Saver ATV use policy for WEC municipalities.	Policymaking initiatives don't apply to everyone, but depend on nurse's job assignment. E.g. Windsor Library incorporating "Rock n' Read" classes into their program, various agencies changing their program by doing Mother Goose classes, OEYC increasing the physical activity at circle time.	- advocate for HU to support communities with emerging communicable diseases	- use RUCS according to HU policy	- Breastfeeding Council, Mat Child Coalition (policymaking is not a focus of the HBHC team)



COMMUNITY HEALTH NURSES ASSOCIATION OF CANADA



Department Practice Example Tool for Standards contributed to CCHN Standards Toolkit by Windsor-Essex County Health Unit March 24, 2006

Standard 5: Demonstrating Professional Responsibility and Accountability The PHN	School Health	Chronic Disease and Injury Prevention	Child Health	Infectious Disease	Clinic	Health Babies, Health Children
1. Participates in the advancement of community health nursing by mentoring students and novice practitioners.	<ul style="list-style-type: none"> - regular preceptor for 4th year students - mentor new staff 	Routinely makes self available to precept a 4th year nursing student	<ul style="list-style-type: none"> - have been a preceptor - assist with orientation of new nurses - precepting nursing students and assist with orientation of nurses to the team 	<ul style="list-style-type: none"> -actively involved in mentoring -informal teaching -takes university student 	<ul style="list-style-type: none"> -assist with orientation of new nurses 	<ul style="list-style-type: none"> -mentor fellow HBHC staff re: program issues (i.e. ISCIS, hospital liaison) -orient/precept new staff and nursing students -educate other agencies and professionals (one on one and groups) -information to staff from other HU programs -as a preceptor, I am
2. Participates in research and professional activities.	<ul style="list-style-type: none"> -sit on individual committees -includes program evaluation -Kn'R evaluation -ASH evaluation 	Plans and implements program evaluation strategies as part of routine program planning i.e. a community affair, practice sun safety everywhere	<ul style="list-style-type: none"> -involved in evaluation of projects and focus groups - take elective PD days - involved on boards in the capacity of health care professional – involved with RNAO – involved in HU online surveys 	<ul style="list-style-type: none"> -RNAO membership -committee membership 		<ul style="list-style-type: none"> -committee work/coalitions/research (Postpartum Mood Disorder trial) -inter/intra agency committee work -HBHC team participates in research projects, i.e. PPMO
3. Seeks assistance with problem solving as needed to determine the best course of action in response to ethical dilemmas and risks to human rights and freedoms, new situations, and new knowledge.	<ul style="list-style-type: none"> - appropriate use of manager's time - raises ethical issues at team meetings - uses HU mission, vision, value statement to assist with problem solving 	<p>Routinely consults with immediate supervisor.</p> <p>Consults with immediate supervisor prn</p>	<ul style="list-style-type: none"> -consult with manager and other team members or staff as appropriate 	<ul style="list-style-type: none"> -consults with team and management, e.g. when reporting suspected child abuse 	<ul style="list-style-type: none"> - refers to manager when necessary 	<ul style="list-style-type: none"> - aware of scope of practice - knowledge of Standards, where Standards are stored - bring issues (cases) forward to team members for input - participate/discuss during team meetings - seek manager input - service planning with other agencies and families - aware of community agencies and link clients appropriately
4. Promotes constructive feedback to peers as appropriate to enhance community health nursing practice.	<ul style="list-style-type: none"> - am free with sharing expertise with others -serve as peer review 	Performs peer review recommendations as per the College of Nurses of Ontario	<ul style="list-style-type: none"> -review articles and provide feedback when asked – peer evaluation for CNO 	<ul style="list-style-type: none"> -debriefing for improvement -assist colleagues who require a different approach 	<ul style="list-style-type: none"> - share with team 	<ul style="list-style-type: none"> -CNO peer review -informal consultation with peers and professionals in other agencies (i.e. hospital staff) -information sharing of evidence based practice -input into other HU resources (i.e. child health pamphlets, feeding your baby) -request input from peers (i.e. read a letter written to a community partner)



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Standard 5: Demonstrating Professional Responsibility and Accountability The PHN	School Health	Chronic Disease and Injury Prevention	Child Health	Infectious Disease	Clinic	Health Babies, Health Children
5. Documents community health nursing activities in a timely and thorough manner, including telephone advice, work with communities and groups, and organizational planning activities.	-documentation and paperwork consistently submitted on time -charts done accurately	Meets CNO charting guidelines	- documents according to current policies	-maintain log books/note books -charts within 24 hours, ideally by end of day	- client charts adhere to audit Standards	- aware of CNO Standards - HV ratio (PHN:FHV) - ISCIS guidelines – aware and use - appropriate time management – blotters - aware of program guidelines for charting
6. Utilizes reflective practice as a means of continually assessing and seeking to improve personal community health nursing practice.	-evaluate intervention and look for opportunity for more growth -admits errors, shares so colleagues can learn	Meets CNO reflective practice guidelines	-use of reflective practice to evaluate how effective classes and new presentations – modifications for future presentations -during monthly meetings with manager discuss PHN roles, responsibilities and future goals	-builds reflective time into practice and modifies practice to incorporate new ideas	-debrief after issues with clients -maintain psychomotor skills and update as necessary	- annually complete reflective practice - completes peer reviews, open discussions at Touch Base meetings, PD workshops
7. Seeks professional development experiences that are consistent with current public health nursing practice.	-attend ONA PD days and local workshops appropriate to job -recognizes own responsibility	-attend ONA PD days and local workshops appropriate to job -recognizes own responsibility	-attend workshops and conferences that meet learning needs	-attends professional development days		- provide list of conferences attended during last year - ONA PD, CPR - elective PD opportunities
8. Uses evidence-based practice in decision-making and selects appropriate models to guide practice.	-familiar with RNAO Best Practice Guidelines -reviews literature relevant to lead role -consults with other HU	-familiar with RNAO Best Practice Guidelines -reviews literature relevant to lead role -consults with other HU	-assist with development of new resources and pamphlets	-uses HP & P Act -provides reference materials with sources always cited	- reviews clinical procedures regularly	-maintain current knowledge of program guidelines -use model to guide practice when developing projects -adult learning theory/stages of change -follow HU feeding guidelines -use NCP
9. Utilizes information and communication technology to generate, manage and process relevant data to support nursing practice.	-familiar with web searches, list servers -uses MLHU library services	Utilizes the following programs to facilitate day-to-day practice: Excess; Word; Outlook; Microsoft Internet Explorer; Publisher; PowerPoint; Adobe reader and writer; Nero CD burner; Windows Explorer; Access; Access MLHU library services	-ISCIS literate -mastered computer documentation -Health Connection, PowerPoint, E-mail, Word, Publisher and Excel	-IPHIS coming -Internet monitoring	- IPHIS	- e-mail - voice mail - internet to access current information - ISCIS - PowerPoint for sp education



Comparison of CCHN Standard “Building Relationships” and Saskatchewan Public Health (2004) Position Description and Interview Guide

Canadian Community Health Nursing Standards of Practice	Excerpts from Saskatoon District Health Position Description and Interview Guide
1. Recognizes her/his personal attitudes, beliefs, assumptions, feelings and values about health and their potential effect on interventions with individuals/communities.	
2. Identifies the individual/community beliefs, attitudes, feelings and values about health and their potential effect on the relationship and intervention.	In developing programs, uses awareness of factors which impact on or affect health such as social, cultural, economic issues and environmental factors
3. Is aware of and utilizes culturally relevant communication in building relationships. Communication may be verbal or non-verbal, written or pictorial. It may involve face-to-face, telephone, group facilitation, print or electronic means.	Ability to communicate effectively, orally and in writing with clients of varying ages, socio-economic status, and targeted populations Helps individuals, families and groups who are disadvantaged by reasons of social economic status, isolation, culture, lack of knowledge to become aware of issues of significance to their health Reviews educational material for accuracy, relevance, visual appeal, age and cultural appropriateness Develops educational material such as lesson plans, teaching kits/games pamphlets, information sheets and newsletters Individual Counseling Media Communication Education
4. Respects and trusts the family's/ community's ability to know the issue they are addressing and solve their own problems.	Individual Counseling
5. Involves the individual/community as an active partner in identifying relevant needs, perspectives and expectations.	Applies knowledge of community assessment and development models to facilitate public participation in identifying and defining health issues
6. Establishes connections and collaborative relationships with health professionals, community organizations, businesses, faith communities, volunteer service organizations, and other sectors to address health related issues.	Ability to work collaboratively with team members and the community at large Influences community leaders and politicians to make policy decisions that address the determinants of health and environmental issues
7. Maintains awareness of community resources, values and characteristics.	Assists in the development of health programs and activities based upon community assessment and best practice literature
8. Promotes and facilitates linkages with appropriate community resources when the individual/community is ready to receive them (e.g. hospice/palliative care, parenting groups)	Uses knowledge of community to link those needing services to the appropriate service provider Fosters inter-agency/care group linkage and working relationship
9. Maintains professional boundaries within an often long-term relationship in the home or other community setting where professional and social relationships may become blurred.	
10. Negotiates an end to the relationship when appropriate, e.g. when the client assumes selfcare, or when the goals for the relationship have been achieved	



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Production of this Toolkit, CD-ROM and any material related to this project has been made possible through a financial contribution from the Public Health Agency of Canada.
The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.