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

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March, 2010

ISBN 978-0-9733774-4-6

Funding for this publication was provided by the Public Health Agency of Canada. The opinions expressed in this publication are those of the authors and do not necessarily reflect the official views of the Public Health Agency of Canada.

Cette publication est aussi disponible en français.
Home Health Nursing Competencies
Acknowledgements

We wish to acknowledge the following for their contribution in supporting the completion of this work.

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Acknowledgements
The “Expert Group”

There were 47 people identified for the expert group, representing varied Home Health nursing expertise and perspectives including frontline nurses, managers, consultants, directors, educators, researchers and senior decision makers. The expert group members provided feedback on the draft Home Health Nursing Competencies, using an electronic survey. They also sent the survey directly or through their networks to other nurses working in home health to insure that the opinions of home health nurses would be reflected in this document.

Consultants for this project

*Underwood & Associates*
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Home health nurses are committed to the provision of accessible, responsive and timely care which allows people to stay in their homes with safety and dignity.
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Introduction

Home Health Nursing Competencies are the integrated knowledge, skills, judgement and attributes required of a nurse working in home health to practice safely and ethically. Attributes include, but are not limited to attitudes, values and beliefs (adapted from Canadian Nurses Association Code of Ethics, 2008).

A review of the literature provided evidence of the vast array of diverse competencies required for the unique and complex practice of home health nursing (Mildon & Underwood, 2010). The review also identified over a dozen organizing frameworks for home health nursing competencies. The existence of so many frameworks speaks to the challenge of organizing competencies in a way that is practical, comprehensive and meaningful. As recommended at the conclusion of the literature review, the Canadian Community Health Nursing Standards of Practice (Community Health Nurses Association of Canada, 2008) have been used as the organizing framework for the home health nursing competencies contained in this document. The competencies are broad in scope, thereby lending themselves to application within multiple settings and to be further delineated into more specific elements of practice for position descriptions or performance appraisal tools.
About the Practice of Home Health Nursing

Home health nursing encompasses disease prevention, rehabilitation, restoration of health, health protection and health promotion with the goal of managing existing problems and preventing potential problems.

Home health nursing activities include “teaching, curative interventions, end-of-life care, rehabilitation, support and maintenance, social adaptation and integration, and support for the family caregiver” (Canadian Home Care Association, 2008, p. 2) and involve initiating, coordinating, managing and evaluating the resources needed to promote the patient’s maximum level of health and function (American Nurses Association, 2008).

Home health nurses practice in a highly independent and autonomous manner. They provide or manage the care of patients with a broad array of diagnoses across the lifespan and the health-illness continuum. Their role is characterized by flexibility, adaptability and creative approaches to situations and problems encountered in the context of service delivery where clients live. Home health nurses incorporate excellence in communication and motivation skills, applying critical thinking and clinical decision-making in the application of the nursing process and work collaboratively with clients and their families/caregivers and as effective members within interprofessional teams.

Home health nurses are committed to the provision of accessible, responsive and timely care which allows people to stay in their homes with safety and dignity. The following list of competencies identifies the knowledge, skills, judgment and attributes required of home health nurses, as they work with clients/families in the community within a complex health system.
Framework for the Home Health Nursing Competencies

1. Elements of Home Health Nursing
   a. Assessment, Monitoring and Clinical Decision Making
   b. Care Planning and Care Coordination
   c. Health Maintenance, Restoration & Palliation
   d. Teaching and Education
   e. Communication
   f. Relationships
   g. Access and Equity
   h. Building Capacity

2. Foundations of Home Health Nursing
   a. Health Promotion
   b. Illness Prevention & Health Protection

3. Quality and Professional Responsibility
   a. Quality Care
   b. Professional Responsibility
1. Elements of Home Health Nursing

These elements and associated competencies focus on the nursing activities, functions, goals and outcomes that are central to home health nursing practice.

a. Assessment, Monitoring and Clinical Decision Making

The home health nurse is able to…

i. conduct comprehensive autonomous and/or collaborative health assessments to determine the health status, functional and psychosocial need and competence of clients and their families within the context of their environment and social supports

ii. apply critical thinking skills and creative problem-solving analysis when making clinical decisions

iii. analyze information to determine appropriate nursing actions, implications, applications, gaps and limitations

iv. collaborate with health care team members and others who are involved with the client, to determine appropriateness and availability of required services

v. incorporate a combination of basic and advanced knowledge of health and nursing across the lifespan and the health-illness continuum

vi. keep knowledge current and use evidence to inform practice to ensure optimal case management

vii. assess the safety of the home environment with the goal of optimizing client safety and taking actions to support a safe work environment for all members of the home health care team

b. Care Planning and Care Coordination

The home health nurse is able to…

i. plan and prioritize visits to meet the health and scheduling needs of clients

ii. use the nursing process to collaboratively develop, coordinate and implement mutually agreed upon care plans, negotiating priorities in care with clear treatment and outcome goals and supporting client navigation and transition through the continuum of care

iii. support clients and families to build on their strengths to attain or maintain a desired health status within available resources

iv. anticipate the need for alternative ways of providing services and use creative problem solving skills to overcome obstacles in delivery of client care i.e. weather, lack of resources etc.

v. ensure discharge planning is integrated within the care plan and occurs in collaboration with the client, family, health care team and community

vi. promote an integrated assessment and develop a unified care and treatment plan that is collaboratively carried out by team members to maximize continuity of care within a client-centered approach

vii. appreciate and understand the roles and responsibilities and the contributions of other regulated and unregulated health workers involved in the client care plan
viii. facilitate and coordinate access to other members of the multidisciplinary team such as primary care providers, specialist physician, community pharmacist, nurses, and other allied health professionals to address a specific health issue

ix. collaboratively evaluate care plan interventions through reassessment and ongoing evaluation of results and adapt them to the changing conditions of the client and the client’s family

c. Health Maintenance, Restoration & Palliation

The home health nurse is able to…

i. assist clients and families to maintain and/or restore health by using a comprehensive mix of strategies to address their health needs across the life span and illness continuum

ii. understand and/or educate clients, their families/caregivers and colleagues in the safe and appropriate use and maintenance of various types of equipment, technology and treatments to maintain health and assist clients and families to integrate them into their everyday life/routine

iii. communicate effectively with clients and families while supporting them through the decision making process about end of life issues

iv. use basic and advanced nursing skills to perform and adapt complex procedures in the home health setting

v. recognize when specialized counselling beyond the scope of nursing is required and facilitate an appropriate referral

vi. respond to the ever-changing and evolving health care needs of the client and family by strategically revising interventions and therapies

vii. self-identify the need for assistance when not familiar with care requirements and seeks support to assure continued excellence in care

d. Teaching and Education

The home health nurse is able to…

i. assess the knowledge, attitudes, level of motivation, values, beliefs, behaviours, practices, stage of change, and skills of the client/family

ii. consider and integrate into educational planning the factors that may impact the client/family’s ability to learn. For example: environment, readiness, willingness, literacy level, educational background, socioeconomic situation health status etc.

iii. interpret and explain complex information for clients and families

iv. apply appropriate learning principles, teaching methods and educational theories to educational activities

v. include family, volunteers and caregivers in teaching and education

vi. evaluate the effectiveness of health education interventions

e. Communication

The home health nurse is able to…

i. use effective listening, verbal and non-verbal communication skills to understand the client’s perspective and be understood by the client, family and other caregivers involved in the care

ii. use effective interviewing skills and strategies to engage in constructive dialogue with clients and their families

iii. use effective communication skills to engage, connect, appreciate, respond, empathize and support the empowerment of others

iv. identify and use strategies to overcome language and communication barriers
v. maintain a focused approach amidst multiple distractions within the home environment
vi. employ negotiation and conflict management skills
vii. use techniques that are client-centered, client-driven, and strength-based when counselling clients
viii. use documentation as an effective communication tool
ix. use technology to effectively communicate and manage client care in a confidential manner

f. Relationships
The home health nurse is able to…

i. optimize the health of the client and care giver(s) by establishing and maintaining a therapeutic nurse-client relationship based on mutual trust, respect, caring, and listening within the context of being ‘a guest in the house’
ii. acknowledge the contribution that the family/caregiver provides to client health in a way that makes them feel valued and respected and support them to maintain relationships that support effective care
iii. work effectively and non-judgementally in a wide range of environments with varying conditions of cleanliness
iv. use skills such as team building, negotiation, conflict management and group facilitation to build and sustain partnerships
v. involve clients and families as active partners to identify assets, strengths and available resources

g. Access and Equity
The home health nurse is able to…

i. advocate for healthy public policies and accessible, inclusive and integrated services that promote and protect the health and well-being of all individuals and communities
ii. apply culturally-relevant and appropriate approaches with people of diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities
iii. recognize opportunities to promote social justice and advocate in collaboration with, and on behalf of clients and families on related issues to give voice to the vulnerable
iv. optimize allocation of human, financial, and infrastructure resources in order to provide a safe and accessible health delivery system
v. advocate for the reduction of inequities in health by participating in legislative and policy making activities

h. Building Capacity
The home health nurse is able to…

i. mobilize clients, families and others to take action to address health needs, deficits and gaps accessing and using available resources
ii. assist the client and their family to recognize their capacity for managing their own health needs according to available resources
iii. assist colleagues, partners and/or clients to support and build on the capacities that are inherent in the individual, families and the communities to influence policy change
iv. demonstrate cultural competency when addressing client care issues and when working in an environment where there may be levels of ambiguity
v. adapt and be flexible and responsive to the changing health needs of the client and family
2. Foundations of Home Health Nursing

These competencies focus on the core knowledge and primary health care philosophy that is central to home health nursing practice.

a. Health Promotion

The home health nurse is able to...

i. facilitate planned change with clients and families by applying and incorporating health promotion theory, primary health care principles and change theory into practice

ii. recognize how the determinants of health influence the health and well-being of clients and families

iii. assess the impact specific issues may have on the client's health such as; political climate; priorities, values and culture; social and systemic structures and settings

iv. assess the readiness and capacity of the client and family to make changes to promote their health

b. Illness Prevention & Health Protection

The home health nurse is able to...

i. apply nursing sciences to practice and evaluate, synthesize and apply knowledge from a broad range of theories, models, frameworks and practice

ii. use critical thinking to consider the ethical, political, scientific, socio-cultural and economic contexts to determine the meaning of information related to client health care needs

iii. support clients and families to identify risks to health and make informed choices about protective and preventive health measures

iv. take action to protect clients, families and groups from unsafe or unethical circumstances

v. participate in collaborative, interdisciplinary and intersectoral partnerships to enhance the health of clients and families
3. Quality and Professional Responsibility

These competencies focus on practice activities and/or strategies by which the home health nurse promotes quality of care and demonstrates professional responsibility.

a. Quality Care

The home health nurse is able to…

i. initiate, lead and participate in risk management and quality improvement activities to measure effectiveness of services, cost implications and processes
ii. initiate and participate in critical incident reviews
iii. evaluate nursing interventions in a systematic and continuous manner by measuring their effect on clients and families
iv. evaluate programs in relation to determinants of health and health outcomes
v. contribute to the quality of work environments by identifying needs, issues, solutions and actively participating in team and organizational quality improvement processes
vi. understand the financial aspects of care and be accountable for effective, efficient and responsible use of time and resources when delivering care to clients and families

b. Professional Responsibility

The home health nurse is able to…

i. demonstrate professionalism, leadership, judgement and accountability in independent practice in multiple settings with multiple stakeholders
ii. practice independently and autonomously providing client centered services in a wide variety of settings where nursing care and services are needed
iii. use reflective practice to continually assess and improve practice
iv. integrate multiple ways of knowing into practice
v. contribute to the development and generation of evidence-informed nursing practice
vi. pursue lifelong learning opportunities to support professional practice
vii. use nursing ethics, ethical standards and principles and self-awareness to manage self and practice in accordance with all relevant legislation, regulatory body standards, codes and organizational policies
viii. describe the mission, values and priorities of the health organization where one works
ix. participate in the advancement of home health nursing by mentoring students and new practitioners
x. recognize and understand that one’s attitudes, beliefs, feelings and values about health can have an effect on relationships and interventions
References


