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Updating the Community Health Nurses of Canada Core Competencies for Home Health Nursing: A modified eDelphi study

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Introduction

Since the development of the Community Health Nurses of Canada (CHNC) Home Health Nursing (HHN) Competencies in 2010, there have been important changes to the home care environment prompting calls to update the core competencies to better reflect present-day practice including:

- the widespread adoption of digital health and telemedicine precipitated by the COVID-19 pandemic [6,7],
- the increase in transitional care programs and hospital-at-home initiatives in response to the hospital capacity crisis [8,10], and
- the need for culturally competent care in light of the growing ethnocultural diversity in Canada [5,9].

Objectives

To establish consensus on a national set of core competencies for safe and ethical HHN practice in Canada by:

1. Assessing continued relevance of the 2010 HHN Core Competencies [3],
2. Identifying any new domains or competencies necessary to reflect present-day HHN practice,
3. Establishing which identified competencies are essential for safe and ethical practice.

Methods

A 4-phase, modified eDelphi process was used (see Figure 1) leveraging web-based surveys, virtual consensus meetings with a Project Advisory Workgroup as well as an in-person workshop to facilitate broad consultation on competency development.

Phase 1 Defining Scope:

An environmental scan was conducted to identify pre-existing home health nursing competencies.

Phase 2 Generating Competencies:

Nursing Panel members were asked to rate the *relevance* of identified competencies to present-day home health nursing practice and suggest additional competencies in Round 1 of the eDelphi.

Phase 3 Achieving Consensus:

Over two more eDelphi rounds, the Nursing Panel was asked to rate the *importance* of identified competencies to safe and ethical home health nursing practice in Canada.

Phase 4 Interdisciplinary Consultation:

Attendees of a national home health nursing conference were asked to validate and provide feedback on the established set of draft home health nursing competencies as part of a full-day pre-conference workshop.

Also, Interdisciplinary Panel members will be asked to rate the *relevance and importance* of the established set of draft home health nursing competencies and identify any key competencies or domains which may have been missed.

Project Advisory Workgroup

Participants were recruited pragmatically from existing CHNC committees, including nurse leaders (n=28) working in point-of-care, clinical management and operational leadership, or research, education, and training roles.

Nursing Panel

Participants were recruited using a convenience, stratified sampling approach, including home health nurses and nurse practitioners (n=43) in point-of-care, clinical management, training, and academic roles.

Pre-Conference Workshop

Participants (n=41) were recruited among workshop attendees through convenience sampling and an implied consent process.

Interdisciplinary Panel

Interdisciplinary team members (n=10) with experience working with home health nurses will be recruited through the contact networks of the Project Advisory Workgroup.

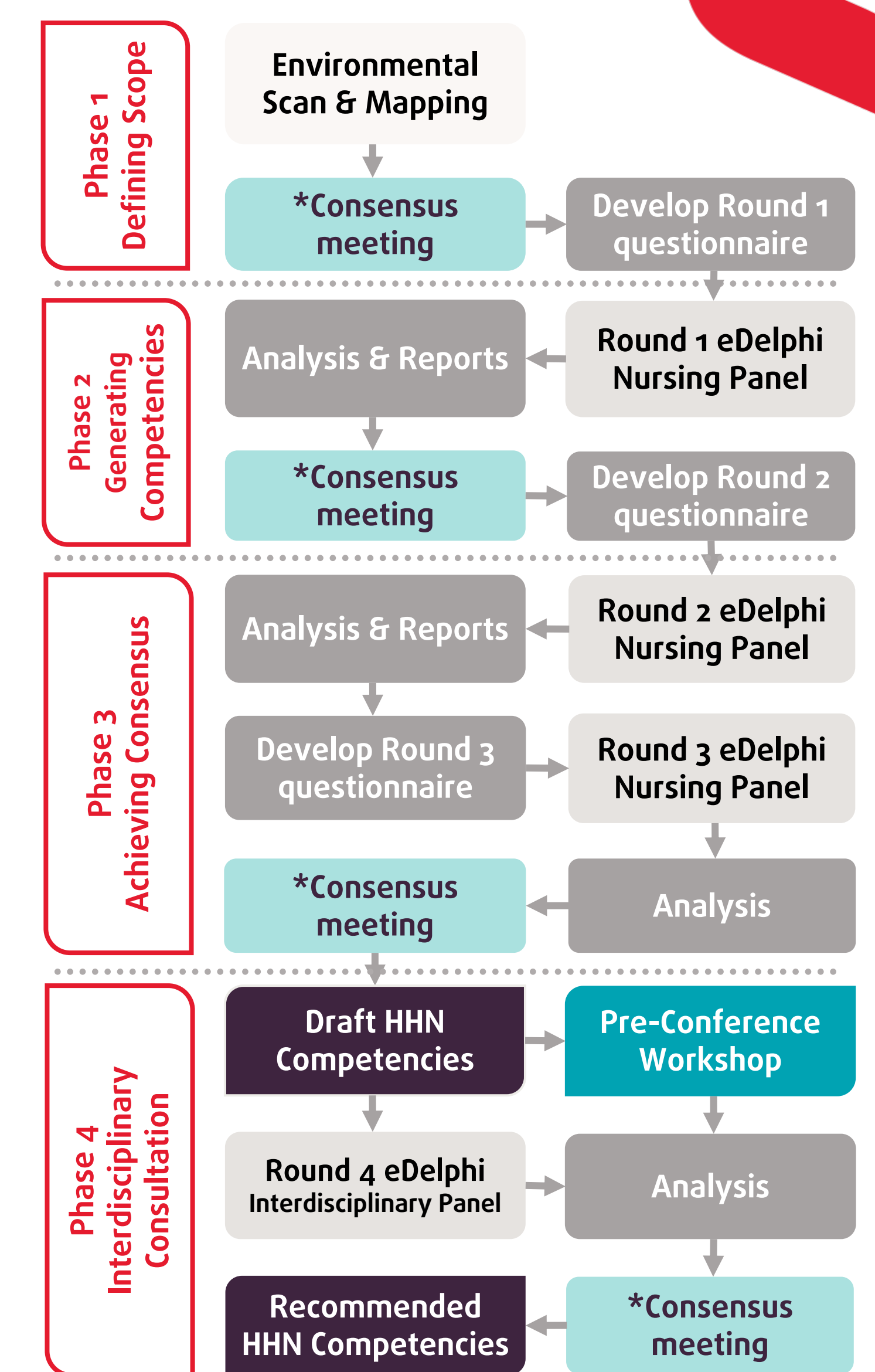


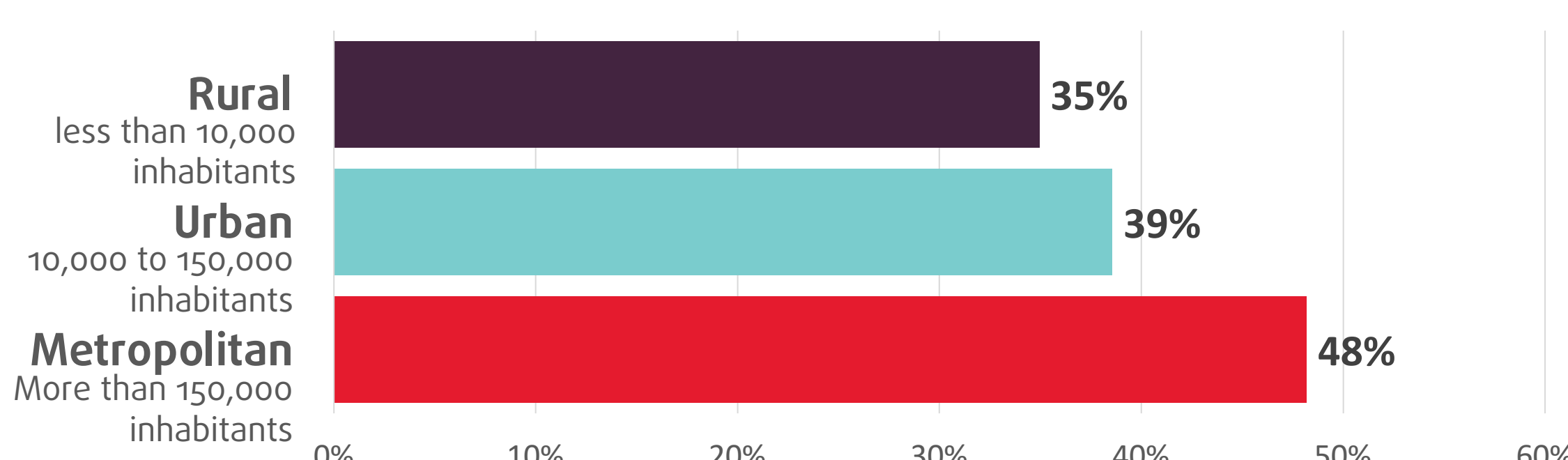
Figure 1. Modified eDelphi Consensus Process

Preliminary Results & Analysis

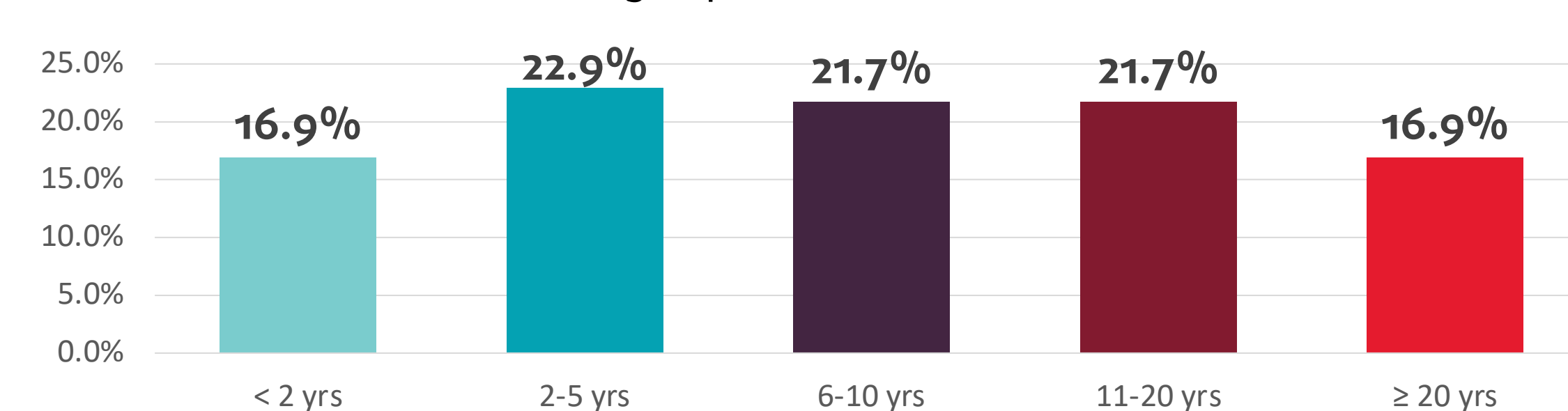
Participant Demographics

Geographic Setting of Practice

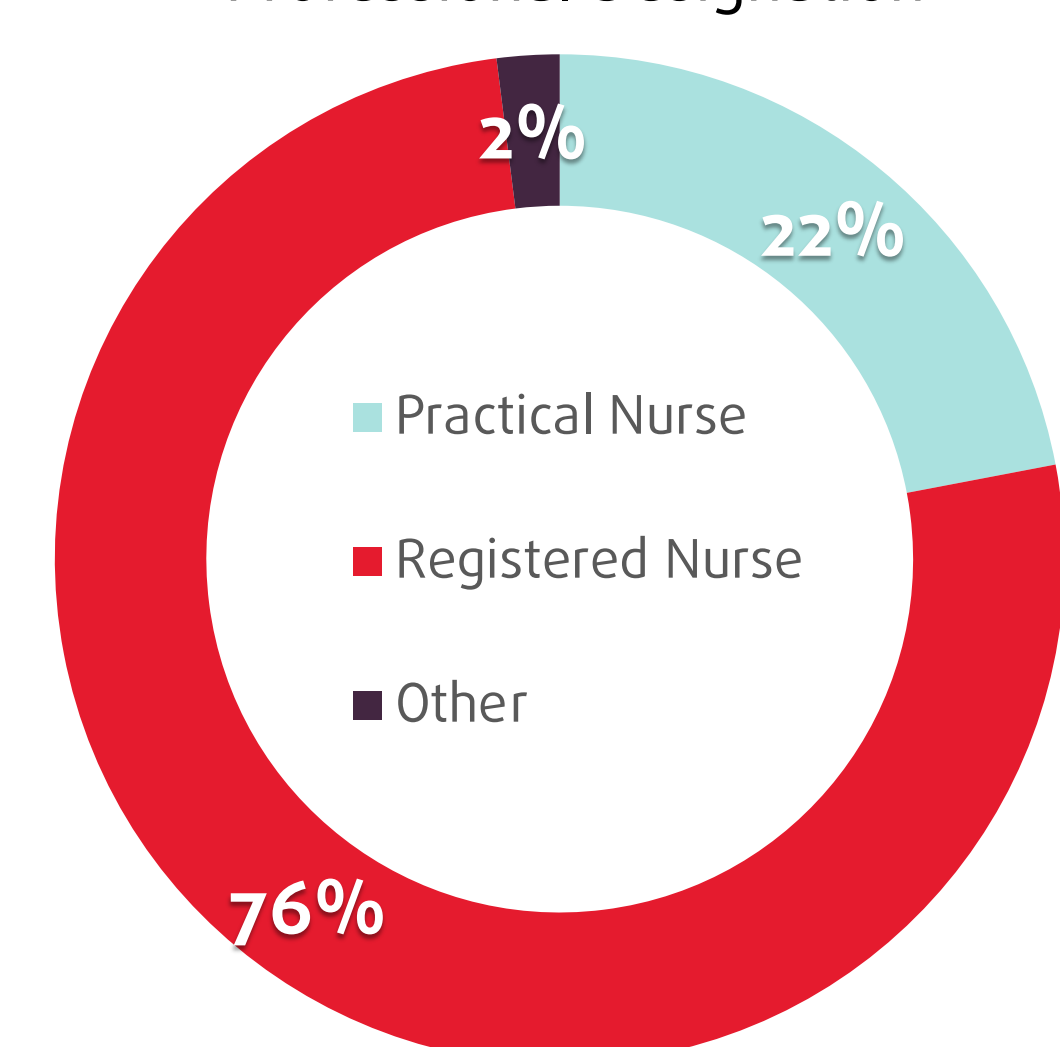
Note: Percentages do not total to 100 to account for people practicing across geographic settings.



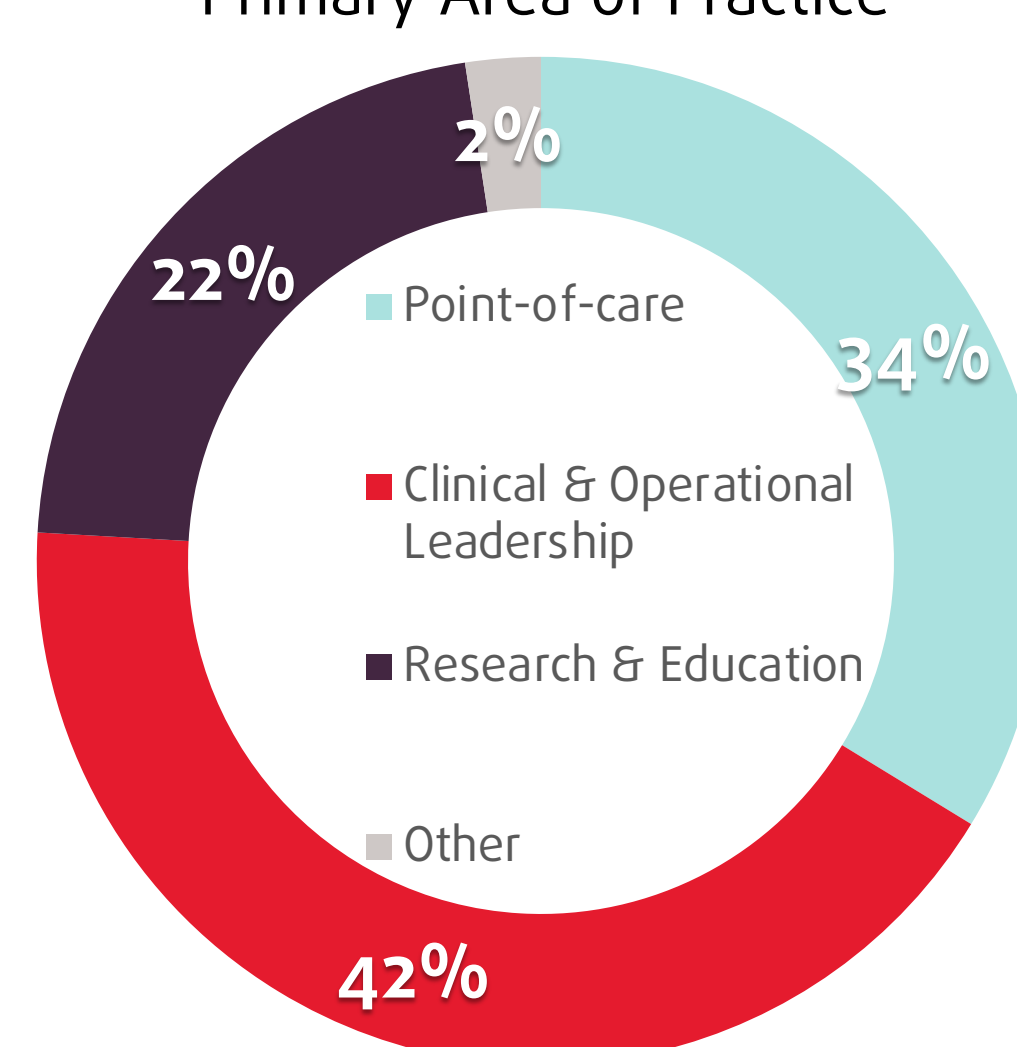
Years of Home Health Nursing Experience



Professional Designation



Primary Area of Practice



Consensus was defined a priori as those competencies which were rated as relevant and either "important" or "essential" by ≥75% of the Nursing Panel.

Standard of Practice	Proposed Draft Competencies	Competencies with an Average Rating of "Essential"	Competencies with an Average Rating of "Important"	Competencies Not Meeting Consensus Criteria
Cross-cutting Competencies	6	5	1	0
Standard 1: Health Promotion	8	6	2	0
Standard 2: Prevention and Health Protection	6	2	3	1
Standard 3: Health Maintenance, Restoration and Palliation	7	7	0	0
Standard 4: Professional Relationships	11	8	2	1
Standard 5: Capacity Building	10	3	5	2
Standard 6: Health Equity	13	7	4	2
Standard 7: Evidence Informed Practice	7	3	3	1
Standard 8: Professional Responsibility and Accountability	14	10	4	0
Unmapped Competencies	14	8	5	1
Newly Developed Competencies	5	3	2	0
Total	101	62	31	8

Table 1. Results after Phase 3

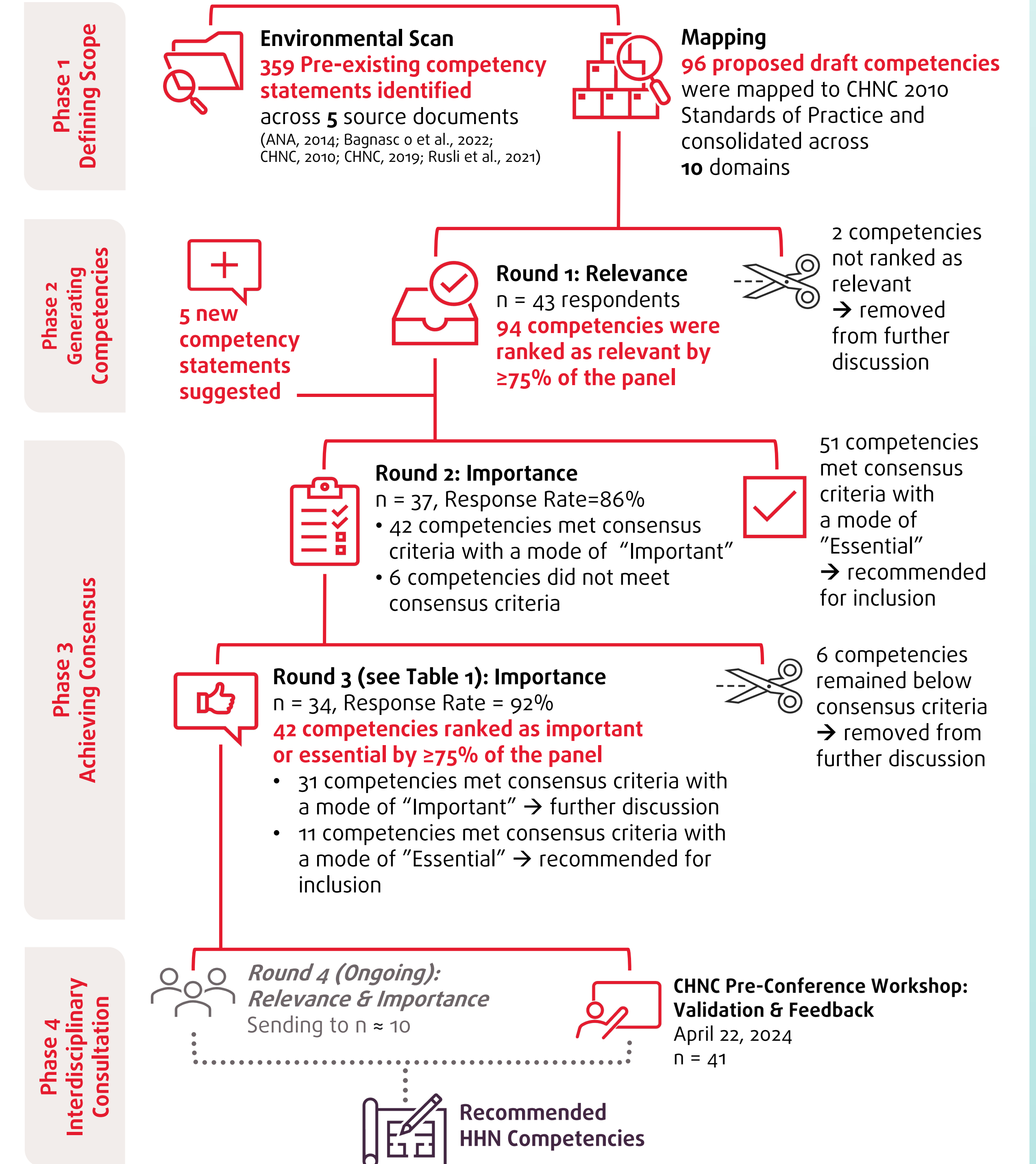


Figure 2. Detailed Flow Diagram of the Delphi Consensus Results and Next Steps

Conclusions

- Use of an eDelphi process supported the engagement of nurses from across Canada, enabling the inclusion of diverse and relevant perspectives into the development of competencies.
- Updated home health nursing competencies will strengthen the foundation for nursing workforce education and development, while promoting consistency in the delivery of evidence-informed care across homes and communities.
- Employers can use updated core competencies as a framework for actions to improve recruitment, orientation, professional development, performance evaluation, and retention activities.

References

1. American Nurses Association. Home Health Nursing Scope and Standards of Practice 2nd Edition. American Nurses Association, Inc.; 2014.
2. Community Health Nurses of Canada. Canadian Community Health Nursing Professional Practice Model & Standards of Practice. Toronto, ON: Community Health Nurses of Canada; 2019.
3. Community Health Nurses of Canada. Home Health Nursing Competencies. Toronto, ON: Community Health Nurses of Canada; 2010.
4. Bagnasco A, Catania G, Zanini M, Pozzi F, Allet G, Watson R, et al. Core competencies for family and community nurses: A European e-Delphi study. Nurse Educ Pract. 2022;60:103296.
5. Bjarnadottir RI, Bockting W, Trifilio M, Dowling DW. Assessing Sexual Orientation and Gender Identity in Home Health Care: Perceptions and Attitudes of Nurses. LGBT Health. 2019;6(8):409-16.
6. Brocard E, Antoine P, Melhan-Chenain P, Rusch E. COVID-19's impact on home health services, caregivers and patients: lessons from the French experience. Lancet Reg Health Eur. 2021;8:100197.
7. Patterson PB, Roddick J, Pollack CA, Dutton DJ. Virtual care and the influence of a pandemic: Necessary policy shifts to drive digital innovation in healthcare. Healthc Manage Forum. 2022;35(5):272-8.
8. Ganann R, Weeres A, Lam A, Chung H, Valaitis R. Optimization of home care nurses in Canada: A scoping review. Health Soc Care Community. 2019;27(5):e604-e21.
9. Laher N, Bates L, Um S. The Changing Face of Home and Community Care: Policy Background & Recommendations. Toronto, ON: Wellesley Institute; 2019.
10. Lim SM, Island L, Horsburgh A, Maier AB. Home First! Identification of Hospitalized Patients for Home-Based Models of Care. J Am Med Dir Assoc. 2021;22(2):413-7 e1.

