Practice Examples from Model and Standards Network Cafe Niagara Falls 2017

Recorded from forms submitted at Network Cafe by Liz Diem

1. PHN: Partnering with Organizations Delivering Vaccines in Ontario
2. Description of practice: Meeting requirements for immunization of School Pupils Act with community HCP (Health Care Providers). Vaccine programs in Ontario rely on HCPs to provide mandatory immunizations. If HCPs are not knowledgeable in schedules and science, incorrect vaccines may be given leading to school suspension (and other medical effects). There are limited PH resources for outreach to HCP and internal clinics.
3. Audience: Public Health Nurses facing ethical dilemmas, nursing students
4. Client in Model: families with children in school, community health care organizations, community, population
5. Application to Practice Model
   1. Community health nursing and nursing practice: (most relevant Standards) prevention and health protection (S 2), professional relationships (S4), professional responsibility and accountability (S 6)
   2. Working with community organizations: relationships between PHU and HCPs; delivery process of providing mandatory vaccines in PHU in Ontario
   3. Working within the system: people receiving incorrect vaccinations may be suspended, experience loss of time for appointments and work, language barriers, less system literacy, negative impact by suspension (absence from school); government funding of program for training for HCP staff
6. Public Health- Change in relationship between Public Health and Ontario Early Years Centres
   1. Description: Original relationship needed to be changed due to reduction in PH resources. PH became responsible for content, training and evaluation (quality assurance). Early Years Programs became responsible for delivery to allow more access for parents with babies.
   2. Audience: PHN orientation and training sessions, nursing students
   3. Client in Model: families with babies, organizations serving families with infants, community, population
   4. Application to Practice Model
      1. Community health nurses and nursing practice (specific Standards): health promotion (S 1), professional relationships (S 4), access and equity (S 6). Professional and Regulatory Standards and ethics.
      2. Working with community organizations: all apply but particularly management practices
      3. Working within the system: addressing government requirements and determinants of health by reaching more underserved families
7. PH- Outreach health services at high school
8. Description: Provision of low cost contraception (free condoms, ECP- Emergency Conception Pills) and a variety of other health promotion and prevention services including smoking cessation by Public Health Nurses
9. Audience: PHN orientation, school teachers, principal and parents; nursing students,
10. Client in Model: high school students and parents, school, community
11. Application of Model in Example
    * 1. Community health nurses and nursing practice (specific Standards) prevention and health protection (S 2), capacity building (S 5), access and equity (S 6). Includes, values, code of ethics
      2. Working with community organization: relationship with school and board of education; delivery of services needed by students; management support to provide outreach services,
      3. Working within the system: health equity, serving vulnerable population
12. Education- Students collaborate with PH to use hand washing kit in schools
13. Description: Hand washing kit developed by PH with funding for infection control week using surveys with teachers. No funding to implement the kit. Nursing students collaborated with PH and schools to implement the kit, including modifications and updates to the kit.
14. Audience: nurses working in schools, nursing students
15. Client in Model: students, parents, and schools, community
16. Application to model in Example:
17. Community health nurses and nursing practice (specific Standards) prevention and health protection (S 2), professional relationships (S 4), professional responsibility and accountability (S 7).
18. Working with community organization: nursing student adaption and delivery of hand hygiene in classrooms
19. Working with system: provides an example for other jurisdictions
20. Street Health- Working to increase access of street youth to Emergency Room (ER)
21. Description: Street youth (individuals and as a group) lack access to ER. They are left out, not seen, denied because they don’t have health care card. As a street nurse, I met with staff at clinic close to hospital to advocate on behalf of youth and explain role of Street Nurses. I encouraged them to call us, if needed. I have arranged a time for youth to have a walk in time at clinic. I have also brought clinic doctor to our setting.
22. Audience: nurses working with street youth, nursing students
23. Client in Model: street youth, organizations serving street youth, emergency room service providers, community
24. Application to model in Example:
25. Community health nurses and nursing practice (specific Standards) prevention and health protection (S 2), professional relationships (S 4), access and equity (S 6)
26. Working with community organizations: relationship with clinic to provide services to street youth and with provincial government to obtain health cards for youth
27. Working with system: provides an example for other jurisdictions for improving services for street youth
28. Home Health- Dealing with potential spousal abuse in home
    1. Description: Home Health Nurse reported potential spousal abuse after home visit to client being treated for burns. Nurse felt spouse was aggressive and when she questioned the client, the client cried and expressed extreme exhaustion. Nurse reported situation to supervisor. Supervisor found out that 1) client is main caregiver to spouse, 2) spouse recently diagnosed with dementia, 3) family MD is providing some support and further tests are pending and may bring some medical intervention forward, 4) no other assistance in home at this time, and 5) very supportive daughter works full time, lives nearby. Situation reported to upper management. Interview with client, nurse, LHIN coordinator using ethical tool.
    2. Audience: home health nurses, home health care coordinators, nursing students, elder abuse teams
    3. Client in Model: family receiving home services, organizations providing home care services, community
    4. Application to model in Example:
29. Community health nurses and nursing practice (specific Standards) health maintenance restoration and palliation (S 3), professional relationships (S 4), professional responsibility and accountability (S 7). Professional and regulatory standards – duty to report abuse, code of ethics
30. Working with community organizations: professional relationships among home care organization and LHIN and possibly police, delivery structure and process to deal with complex issues in home, review of management practices
31. Working with system: provides an example for dealing with other complex cases that could be considered elder abuse but involve mental health issues.
32. Home Health- Improving wound care in home
    * 1. Description: Home care client sent to hospital with signs of infection. Cause of infection was packing left in wound. Home care organization review client’s treatment and found lapses in documentation. The organization decided to use example as a teaching opportunity with an emphasis on documentation.
      2. Audience: home health nurses, nursing students
      3. Client in Model: wound care clients on home care, home care organizations, community
      4. Application to model in Example:
33. Community health nurses and nursing practice (specific Standards) health maintenance restoration and palliation (S 3), capacity building (S 5), professional responsibility and accountability (S 7). Professional and regulatory standards – duty to report abuse, code of ethics
34. Working with community organizations: RNAO best practice guidelines for wound care, LHINs, and hospitals related to review of management practices in terms of renewed emphasis on training in documentation
35. Working with system: provides an example for dealing with treatment issues
36. Northern health- Difficulty providing Tamiflu in a timely manner in northern area
37. Description: In first year of flu outbreak in northern area, results for testing for influenza took two days, yet Tamiflu must be given within 2 days of exposure. Also difficult to obtain Tamiflu because of funding delays. Residents of northern area more susceptible to flu because of smaller crowded housing. Interprofessional outbreak meeting held to prepare plan of action for following year: government to cover cost of Tamiflu, Tamiflu provided to MD in advance of outbreak, MD to provide as needed and cost would be refunded by band.
38. Audience: nurses and health care organizations providing health care in north, nursing students
39. Client in Model: community members exposed to flu virus, organizations providing health care services, community, population, system
40. Application to model in Example:
41. Community health nurses and nursing practice (specific Standards) health maintenance restoration and palliation (S 3), access and equity (S 6), professional responsibility and accountability (S 7). Professional and regulatory standards, social justice, epidemiology
42. Working with community organizations: Professional relationships and partnership- outbreak meeting; Delivery structure and process- improving timing of test results and provision of Tamilflu. Management practices- delivery of Tamiflu before outbreak.
43. Working with system: government provides funding for medication according to Public Health Act, health care organizations provide training in management of outbreak and emphasis on health care practices.
44. Northern Health- Dealing with request for treatment outside scope of practice
    1. Description: Community Health Nurse (CHN) working in a northern setting was left orders by MD to give a Biacillin injection to a child before leaving on vacation. This treatment (deep IM injection) was not included in the CHN’s scope of practice and she was not comfortable giving it. She asked home care nurse to give injection and received the response that previous CHN gave all injections. CHN arranged for injection to be given by RN at local hospital which required arranging for the medical van to transport the family to the hospital. Tried to explain to mother why CHN in community could not give medication while nurse in hospital could give it.
    2. Audience: nurses and health care organizations providing health care in north, nursing students
    3. Client in Model: community members requiring IM injections (other than vaccinations), northern organizations providing health care services, community, population, system
    4. Application to model in Example:
45. Community health nurses and nursing practice (specific Standards) prevention and health protection (S 2), access and equity (S 6), professional responsibility and accountability (S 7). Professional and regulatory standards, code of ethics to provide safe care to patient
46. Working with community organizations: Professional relationships and partnership- with home care and hospital; Delivery structure and process- making alternative arrangements to provide necessary treatment
47. Working with system: coordinating services including arranging medical van since they had no transportation
48. Northern Health- Dealing with dog bite in northern isolated community
    1. Description: A client of nursing station was bitten by a dog. Owners of dog refused to quarantine the dog because they didn’t feel it was necessary and felt it was cruel treatment for the dog. Police were stationed outside the community and could not be summoned because community was only accessible by air and it was spring break up (so planes could not land on the lake). Health care staff unable to carry out required protocols.
    2. Audience: nurses and health care organizations providing health care in north, northern police services, nursing students, government
    3. Client in Model: community members in isolated communities, northern organizations providing health care and police services, community, population, system
    4. Application to model in Example:
49. Community health nurses and nursing practice (specific Standards) health maintenance restoration and palliation (S 3), access and equity (S 6), professional responsibility and accountability (S 7). Professional and regulatory standards, code of ethics to provide safe care to patient
50. Working with community organizations: management practices- need alternative policing arrangements during breakup and freeze up.
51. Working with system: need government regulations and policies to cover situations when community is isolated that community members will accept
52. Research- Improve services for breastfeeding mothers
53. Description: Used systematic process to gather perspective of mothers regarding their breastfeeding experiences to help health system provide better support. Women identify challenges they faced, what strategies were helpful, and provided recommendations of how health system could better support them.
54. Audience: nursing assisting breastfeeding mothers, nursing students
55. Client in Model: breastfeeding mothers, community organizations serving breastfeeding mothers, community
56. Application of Model in Example
    * 1. Community health nurses and nursing practice (specific Standards) health promotion (S 1) capacity building (S 5), access and equity (S 6). Includes public participation, ethical approval
      2. Working with community organization: professional relationships across continuum- LaLech League, prenatal, hospital OBS care, public health; delivery structure and process- identify if there are adequate resources to provide support.
      3. Working within the system: identify where government funding is required to provide adequate breastfeeding support with focus on disadvantaged communities which have a lower breastfeeding rate.