 Department of Health Government of Nunavut		NURSING POLICY, PROCEDURE AND PROTOCOLS	
		Community Health Nursing	
TITLE:		SECTION:	POLICY NUMBER:
Standards for Monitoring & Evaluating Community Health Nursing		Standards	04-002-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		4
APPLIES TO:			
Community Health Nurses			

POLICY

The Department of Health and Social Services ensures there is a system in place for continuous monitoring and evaluation of the quality of care delivered through the Community Health Nursing Program.

Each community shall be visited by the Director of Health Program (or designate) at least once a year as part of the Community Health Nursing evaluation.

PRINCIPLES

- Prompt action will be taken to work with the health centre staff to eliminate potential or actual problems/concerns.
- Ongoing monitoring of activities will ensure program and departmental goals and objectives have been successfully achieved.

RELATED POLICIES, GUIDELINES, LEGISLATION:

Guideline 04-002-01	Guidelines for Conducting a Community Visit by Nursing Administration
Policy 04-003-00	Health Centre Chart Audit
Guideline 04-003-01	Conducting a Health Centre Chart Audit
Reference Sheet 04-003-02	Chart Audit Template

GUIDELINES 04-002-01

The Director of Health Programs (or designate) shall conduct community visits at a least once per year.

PREPARATION ACTIVITIES

Contact the Supervisor of Health Programs (SHP) in advanced to:

- Arrange a mutually agreeable date for the community visit
- Identify specific agenda items to review during the visit
- Allow the SHP an opportunity to plan his/her time and that of his/her staff during the visit



Community visits require two to four days on site, depending on:

- The size of the community;
- The date of the last community visit; and
- The overall frequency of community visits.

DOCUMENTATION

Narrative summary reports are completed for each community visit and placed in the community file. Community visit findings and recommendations shall be shared verbally with the staff, followed by a written report. The summary report should be sent within two weeks of the visit.

VISIT ACTIVITIES

Administration Review:

- Staff moral
- SHP administrative duties
- Rapport of the health centre within the community
- Review administrative files, including birth and death record system
- Review month-end reports
- Community health information reports and other program information, including the after-hours calls log book
- Evaluation of the percentage of time spent on treatment vs. health promotion activities
- Transient accommodation

Personnel Review:

- Staff performance appraisals
- Workload
- Leave and attendance
- Certifications (as required)
- Other personnel concerns (consider consultation with Human Resources, if appropriate)

Narcotic Count and Audit:

- Count as per current *Nunavut Controlled Substances Policy and Procedures*
- Review entries in the Narcotic and Controlled Drugs Registers and findings on the *Nunavut Controlled Substances Audit* form.
- Review any drug loss/discrepancy reports and authorizations for destruction.
- Random chart audit on narcotics and controlled drugs given, on a minimum of five charts as per *the Nunavut Controlled Substances Policy and Procedures*.
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Client Chart Audit:

- 10 files audited at random using the territorial audit tool
- Involve the SHP and other nurses with these audits, as appropriate
- Care delivered, including diagnostic testing, diagnosis and treatment plans
- Evidence of relevant health teaching
- S.O.A.P. charting requirements
- Legal charting requirements (e.g. RN designation after signature)
- Client file is set up as per the regional format requirements
- Process for referrals



Facility Tour:

- Tour facility
- Identify deficiencies in set-up and space
- Advise and discuss areas for improvement to enhance client care and health promotion activities

Workplace Health and Safety:

- Health Centre Fire evacuation plan
- Cleanliness of workplace
- Vehicle maintenance logs
- Environmental concerns
- Workplace Health and Safety Committee
- HSS Emergency Preparedness Plan
- Community Emergency Preparedness Plan / Health

Stores Review:

- Review stock supplies and ordering system
- Review protocol for requisitioning of supplies and justification for any recent requests for equipment
- Review quality control checks for emergency medical equipment

Treatment Clinics Review:

- Execution of treatment clinics and how health promotion activity is integrated into treatment clinics
- Identification of any staff learning needs in relation to providing treatment services
- Identification of ongoing health trends (e.g. rising incidence of hypertension and obesity in the community) and the risk reduction strategies (e.g. health promotion activities, screening) employed by the health centre staff to address these conditions
- Review the after-hour call backs
- M.D. appointment list
- Review client travel – scheduled and medivac
- Implementation of in-patient and home visiting protocols

Program Review:

- Complete a full audit of at least three core programs
- Review, at minimum, the following components of the other core programs:
 - Well child and immunization cards
 - Chronic disease follow-up and surveillance system (register, card index, database, etc.)
 - School health and immunization record
 - Adult immunizations
 - Prenatal charts and prenatal diagnostic screening criteria
 - Adult health services (e.g. well woman, well man)
 - Communicable disease surveillance (e.g. TB, STD, Hep B&C)

Staff Interviews:

- Spend time individually with both nursing and support staff and encourage them to discuss any matter/concern
- Review job descriptions
- Discuss any problem areas identified prior to the community visit
- Provide feedback on findings of visit to individual staff as required



Staff Meetings:

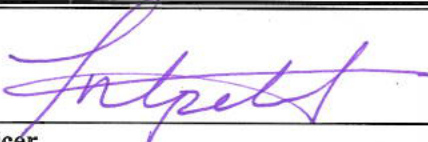

- General discussion with all staff (i.e. what is happening in the community, new initiatives, conferences, workshops, etc.)
- Provide feedback on findings of visit relative to team functioning and health centre operation

Community Development for Health:

- Program planning – current and future plans
- Number and type of community meetings attended as a committee member
- Type of support and expert guidance given to community groups
- Community health promotional activities
- Local healthy public policy
- Meetings with key community members and stakeholders
- Community Health Representative's involvement in the community
- Meetings with Hamlet Health Committee

RELATED POLICIES, GUIDELINES, LEGISLATION:

Policy 04-002-00	Standards for Monitoring and Evaluating Community Health Nursing Programs
Policy 04-003-00	Health Centre Chart Audit
Guideline 04-003-01	Conducting a Health Centre Chart Audit
Template 04-003-02	Chart Audit Template
<i>Community Health Nursing Standards and Protocols</i>	
<i>Nunavut Controlled Substances Policy and Procedures</i>	

Approved by:	 11 FEB 2011	Effective Date:
Chief Nursing Officer	Date	April 1, 2011
 February 11, 2011	Date	
Deputy Minister of Health and Social Services	Date	

