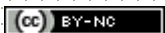




International Guidelines for Home Care Nursing

Christos Kleisiaris

Associate Professor in Homecare Nursing
Nursing Department, Hellenic Mediterranean University



Standard 1: Assessment

S1 : The home health nurse performs a comprehensive assessment of the patient, collecting data that affects the patient's health and well-being.

Comprehensive assessment:

- to identify all the factors that could affect their health outcomes/goals
- the patient's health status and needs holistically using a systematic and ongoing process.
- to evaluate the patient's medication plan, learning needs, cultural preferences, caregiver needs, financial needs, home environment.



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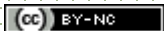


Standard 2: Diagnosis

S2: The home health nurse analyzes the assessment data to determine the patient's problems and needs.

Data assessment:

- The patient's home healthcare problems and needs are based on the patient's medical diagnoses and other factors identified during the assessment that could affect the patient's health and well-being.
- FCN develops a list of problems and needs, which are sometimes identified as "actual or potential problems" or "nursing diagnoses."



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Standard 3: Goal Identification

S3 : The home health nurse identifies desired care goals individualized to the patient.

Identify:

- the nurse discusses them with the patient, family, and other caregivers.
- Together, they should determine goals that honor the patient's desires, priorities, and preferences. (Goals are also known as “expected outcomes.”)
- Each goal should be SMART (specific, measurable, achievable, relevant, and time-defined).



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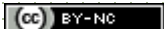


Standard 4: Planning

S4: The home health nurse develops a plan that prescribes strategies and interventions to attain the desired goals.

This plan should be developed in collaboration with the patient:

- The nurse may plan for other interdisciplinary or community services, if they are available and affordable, such as social workers, rehabilitation therapists, dietitians, pastoral counselors, or social service/government programs.
- Strategies may include ongoing assessments, teaching interventions, administering medications and treatments, coordinating care and transitions of care, and other interventions.



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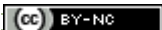


Standard 5: Implementation

S5 : The home health nurse implements the individualized patient plan of care

While implementing the plan:

- The nurse demonstrates kind and caring behaviors, facilitates patient engagement and self-management, promotes patient safety (e.g., implementing infection control principles), and works collaboratively with physicians/healthcare providers and the interdisciplinary team.
- The nurse prioritizes the strategies implemented per the patient's needs and preferences and delivers care in a safe, efficient, and effective manner.



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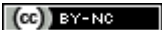


Standard 6: Evaluation

S6: The home health nurse evaluates the patient's progress toward the desired goals.

In consultation with the patient and the interdisciplinary team:

- The nurse provides ongoing evaluation of the patient's progress toward the goals and expected outcomes.
- Evaluation requires reassessment and if the plan is not working, the nurse needs to revise the plan with new strategies that are more likely to be effective.
- Once the patient's home healthcare goals for care are achieved, the nurse facilitates an effective transition of care for management after discharge.



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Standard 7: Ethics

S7 : The home health nurse practices ethically.

Evidence of work:

- Nurses must value and protect each patient's inherent dignity and rights to self-determination, privacy, and confidentiality.
- Nurses provide compassionate caring, characterized by keeping patient interests paramount, forming therapeutic relationships, adapting care to meet patient's needs and preferences, and maintaining professional boundaries.
- They must advocate for the patient and the patient's rights and priorities, especially when they are threatened.
- Nurses must adhere to professional and governmental practice regulations.



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Standard 8: Education

S8 : The home health nurse seeks the knowledge and skills needed for providing excellent care to patients in their homes

Home healthcare nurses need:

- to determine their educational needs and seek formal and informal opportunities
- to develop their knowledge and skills so they can provide excellent home healthcare nursing services.
- Additional knowledge and skills may be needed in patient/community assessment,
 - *teaching to promote patient/family self-management, effective use of technology, case management, care coordination, advances in care practices based on new research, and leadership skills, among others.*



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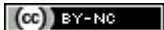


Standard 9: Evidence-Based Practice/Research

S9 : The home health nurse integrates evidence and research findings into practice.

Nursing care is grounded in science, evidence, and research to the extent possible:

- Nurses have the obligation of staying up-to-date with the latest evidence and guidelines that enhance the services that nurses provide to home healthcare patients.
- Home healthcare agencies and government programs should support the dissemination of research and evidence-based guidelines to the nurses who provide home care.



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Standard 10: Quality of Practice

S10 : The home health nurse contributes to quality nursing practice.

Evidence of work:

- Home healthcare nurses must be committed to providing quality nursing services.
- Quality care is safe, effective, equitable, patient-centered, cost-efficient, and timely.
- Home healthcare nurses should help develop and implement policies and procedures that promote quality care.



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Standard 11: Communication

S11 : The home health nurse communicates effectively

Evidence of work:

- Home healthcare nurses communicate effectively with patients, families, caregivers, physicians, interprofessional care team members, and others as needed to promote effective patient care
- They communicate effectively orally, in writing or electronically, while always protecting patient privacy and confidentiality.
- Effective communication skills are crucial to patient assessment, teaching, case management, care coordination, and documentation.



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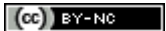


Standard 12: Leadership

S12 : The home health nurse demonstrates leadership.

Evidence of work:

- The nurse's leadership responsibilities are intrinsic to the nurse's professional responsibilities.
- The home healthcare nurse leads by example, such
- as when the nurse collaborates, solves problems, manages conflicts, promotes quality care, advocates for the patient, and in many other ways.
- Nurses lead whenever they manage care, develop care plans, or supervise nonprofessional/non licensed care providers.



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Standard 13: Collaboration

S13 : The home health nurse collaborates with the patient's physician/ healthcare provider, other healthcare team members and with the patient/family/caregivers.

Evidence of work:

- Collaboration is grounded in cooperative communication that recognizes the unique and important perspective everyone involved in a patient's care brings to achieving the best outcomes for the patient.
- Nurses see all professionals and paraprofessionals caring for a patient as crucial members of the patient's team.
- Nurses work collaboratively with patients by discovering, respecting, honoring, and facilitating their patients' values and goals.



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Standard 14:

Professional Practice Evaluation

S14: The home health nurse evaluates one's own practice in relation to standards, guidelines, statutes and regulations

Evidence of work:

- They work collaboratively with physicians/healthcare providers to provide patient-centered care by voicing their unique perspective about the patient's status, goals, barriers/facilitators to care, and the care plan interventions that they believe will best help the patient achieve the desired health and wellbeing outcomes.
- Nurses also collaborate with families, caregivers, other team members, payers, and anyone else involved with the patient's care through cooperative communication



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Standard 15: Resource Utilization

S15 : The home health nurse uses resources to plan and provide safe, effective and financially responsible nursing services.

Evidence of work:

- Home healthcare nurses are responsible for their own practice and may need to actively advocate for public policy changes that allow home healthcare nurses to exercise their professionalism.
- Home healthcare nurses are accountable to their professional practice standards, such as the guidelines identified in this document, or other documents they choose to guide their practice.
- Home healthcare nurses are also accountable to any governmental statutes or regulations that govern their practice.



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Standard 16: Environmental Health

S16 : The home health nurse practices in an environmentally safe and healthy manner

Evidence of work:

- Nurses need to be fiscally responsible.
- The nurse needs to balance the resources allotted to the patient's care with the resources (including financial resources) available to provide the care.
- The nurse focuses on the right care, at the right time, with the right provider, in the right place, at the right cost.



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Standard 17: Cultural Competence

S17 : The home health nurse practices in a manner that is congruent with cultural and inclusion principles.

Evidence of work:

- The waste products of healthcare in the home—needles, syringes, drugs, medications, supplies contaminated with blood and bodily fluids, and other medical/plastic waste products—can pose infection and contamination risks mto people and the environment



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INTERNATIONAL HOME CARE NURSES ORGANIZATION

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