Implementation Overview & Planning
A guide for prospective Nurse-Family Partnership Implementing Agencies

October 2010
How is research put into practice?

Nurse-Family Partnership offers states and communities one of the most promising approaches developed for helping first-time, low-income families succeed. NFP draws its strength from an extensive body of rigorous research conducted over the past thirty years. The research demonstrates that NFP makes significant and sustainable differences in the lives of vulnerable families.

The challenge in implementing NFP is ensuring that this proven research model functions equally well in practice. Research-based programs can be diluted or compromised when scaled up in the “real world.” Preventing this compromise from occurring as NFP expands is of the highest importance.

The success of NFP depends on preserving its clinical integrity. This integrity is achieved directly through nurse home visitors. The nurse home visitors are skilled in establishing therapeutic relationships. They use the theories to guide their application of the model. To successfully implement the model, nurse home visitors need:

- Full participation in the NFP educational program (i.e., completion of all online and face-to-face educational offerings)
- Relationship-based clinical supervision
- Ability to use data to monitor and improve program implementation over time
- Administrative and agency support for conducting the program with fidelity to the model
- Community support

What staff positions are critical to the success of Nurse-Family Partnership?

The four critical staff positions needed to operate the Nurse-Family Partnership at the local level are Administrator (state and/or local), Nurse Supervisor, Nurse Home Visitor, and Administrative and Data Entry Support.

Administrator

In most agencies, the Nurse-Family Partnership begins as a relatively small program serving about 200 families. It is often one of several programs for which an administrator is responsible. As the program grows, it may require dedicated program management at a level higher than that of the clinical supervisor.

In general, the administrator plays several critical roles. The first is to create a supportive organizational environment. This enables the nurse home visitors and their supervisor to produce good outcomes with families enrolled in the Nurse-Family Partnership. For example, the administrator should advocate for flexible workplace policies governing hours and days worked. The administrator should also assure that nurse home visitors are fully dedicated to the Nurse-Family Partnership and not required to staff additional programs that make it difficult to manage the required home visit schedule and caseload.
In addition, the administrator is often the person responsible for helping the supervisor monitor program quality. The administrator supports program improvement strategies, helps with staffing issues in the program, and provides support to the supervisor. Further, the administrator must be familiar with the role of the nurse home visitor.

The administrator should help make the Nurse-Family Partnership a highly visible and valued program within the host agency and in the larger community. This involves advocating for funding and other resources needed to keep the program growing. The administrator provides leadership. The administrator may participate in establishing an advisory board that advocates for the program, helps with referrals, and opens doors to resources. Further, the administrator may well relate to county and state government entities concerned with the Nurse-Family Partnership. This includes legislators or other elected officials and leaders of professional associations or other organizations with a stake in the success of the Nurse-Family Partnership.

These responsibilities may sound essentially the same as the management duties associated with supporting the start-up and sustainability of any program. However, upon further review, several distinctions emerge:

- The Nurse-Family Partnership is intensive and complex. There is an intersection of the theoretical underpinnings, evolving clinical methods, an ever more rich evidence base, and the real world challenges of intensive services to vulnerable families. This provides for one of the most dynamic, exciting and challenging efforts in human services and public health today.
- This complexity requires time to mature a practice, followed by time to maintain proficiency. Consequently, administrators need to allow time for visitors and supervisors to learn the model. They must cultivate an organizational climate that rewards ongoing learning, growth and effectiveness. Further, performance expectations should be consistent with the developmental approach to program implementation – modest early on and rising with time and experience.
- Administrators are most successful when they show they care about the NFP staff as individuals. Direct and practically-helpful involvement of administrators is key to the ultimate results the team achieves. This involvement assists NFP teams as they become solutions-focused, reflective practitioners.

Great administrators are anxious to take on new approaches and be leaders in evidence-based practice. When administrators provide supportive leadership to the NFP team, administration can shape the environment and bring the vision to fruition for all.

**Nurse Supervisor**

Each nurse supervisor in the Nurse-Family Partnership has two critical roles. The first is effective program management. The second is clinical supervision of nurse home visitors. In general, masters-prepared nurses tend to be more effective in understanding the theoretical framework of the program model. They are better able to assist their home visitors in becoming more clinically skilled.

Nurse supervisors need a strong desire to foster the learning of nurses under their supervision. They must use data to inform program management. The success of the Nurse-Family Partnership is largely dependent on strong, relationship-based supervision. Successful nurse supervisors attract and retain capable nurse home visitors. This is critical in achieving good outcomes with families.
The nurse supervisor helps build community partnerships. These partnerships result in referrals, client services, and ongoing program support. Nurse supervisors build strong community partnerships by:

- Fostering community awareness of and ongoing support for NFP through creation of a Community Advisory Board and outreach education.
- Generating and sustaining a steady flow of referrals into the NFP Program.
- Learning about community services and forming relationships with service providers in order to help clients access needed services.

Nurse supervisors must also ensure that nurse home visitors are clinically competent and able to implement the NFP Program. Nursing supervisors provide clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development. This is done through specific supervisory activities, including:

- **One-to-one Supervision**
  These are meetings between a nurse and supervisor in one-to-one weekly, one hour sessions for the purpose of reflecting on a nurse’s work. This includes caseload management and quality assurance. Supervisors use the principles of reflection as outlined in NFP supervisor training. Supervisors who carry a caseload will make arrangements for clinical supervision with reflection from a qualified person other than the nurse home visitors he/she supervises.

- **Case Conferences**
  These are team meetings dedicated to joint review of cases and ETO reports. The team uses reflection for the purposes of solution-finding, problem-solving and professional growth. Experts from other disciplines are invited to participate when appropriate. Case conferences reinforce the reflective process. Case conferences are to be held twice a month for 1 ½ to 2 hours per case conference.

- **Team Meetings**
  These are administrative meetings. The time is used to discuss program implementation issues and for team building. Team meetings are held twice a month for at least an hour. Team meetings and case conferences alternate weekly so there is one meeting of the team every week.

- **Field Supervision**
  This is a joint home visit conducted by the nurse supervisor and nurse home visitor. The supervisor should accompany each nurse to at least one client visit every four months. Additional visits may be made at the nurse’s request or when the supervisor has concerns. The minimum time required for field supervision is 2-3 hours per nurse every four months. Some supervisors prefer to spend a full day with each nurse. This enables the supervisor to comprehensively observe the nurse’s typical day, including home visits, time and case management skills, and charting. After any joint home visit, a Visit Implementation Scale is completed and discussed.

**Nurse Home Visitor**

Nurse-Family Partnership Nurse Home Visitors have a very challenging job. We strongly prefer that nurses in this role have at least a bachelor’s degree. Some experience in obstetrics, maternal and child health, community health nursing, or public health is also beneficial. Further, nurse
home visitors must have a great deal of personal maturity. They need a strong desire to do home-based preventive intervention with young families. They must be willing to develop a therapeutic relationship with each parent in the program. Nurses in this program deal with more than just health. They are required to become expert in assessing status, teaching, making appropriate referrals and nurturing the development of young parents across several domains of functioning. The Nurse-Family Partnership can provide position descriptions and guidance for hiring nurse home visitors who are likely to succeed in this program.

**Administrative and Data Entry Support**

The NFP model requires a 0.5 FTE administrative or data entry support person per 100 clients. This important role serves to support the nurse home visitors and nursing supervisors. Hiring capable administrative staff will greatly enhance the efficiency of the nursing staff and the ability of supervisors to manage the program.

The administrative support person must take responsibility for efficient, accurate, thorough entry of program and home visit data into the national web-based Efforts to Outcomes (ETO) software. In some locations, nurse home visitors enter their own data. However, the expectation of a 0.5 FTE support staff remains.

Most implementing agencies have found it extremely helpful to have administrative support personnel assist with other organizational functions as well. There are many forms, client resources and visit facilitators that need to be inventoried and kept well-organized and in adequate supply. When this is done by the administrative support person, the nurses can focus on completing visits and charting. In addition, an administrative support person can help with program communications, client correspondence and tracking, filing, organizing community and family events, and other activities that would otherwise fall to the supervisor or nurse home visitors.

Plan to have the Administrative or Data Entry Support person available for work at least 2-3 weeks before program implementation (i.e., enrolling pregnant women into the program).

**What support is required for the Nurse-Family Partnership team?**

Support is the infrastructure necessary to implement and sustain the program. This includes the physical space, desks, computers, cell phones, filing cabinets and other equipment needed to carry out the program. Further, this includes employing a person primarily responsible for key administrative support tasks for NFP staff, as well as entering data and maintaining accuracy of ETO reports.

It may seem early to be thinking about the practicalities of making space for a new program in each host agency, but many public agencies and community-based non-profits are chronically cramped. It is important to plan ahead! Space considerations should be considered when planning to meet the needs of the host agency and the nursing staff in the Nurse-Family Partnership program.

NFP nurses in existing programs share that there is incredible value in sharing space within the office. This allows them to interact regularly, share concerns, problem-solve together, and inspire each other with best practice ideas and successes. We advise co-locating nurses to provide regular access to each other and the supervisor. Because of the emotional demands of the job, we strongly discourage home-officing.
Nursing Practice

Why do nurses deliver the Nurse-Family Partnership program?

Registered nurses are perceived by the public as holding high standards of ethical practice and honesty. In addition, nursing is widely respected as a caring profession with strong academic preparation in the social, life and caring sciences. Polls of the American public consistently rank nurses at the top of the list of professions when it comes to the values of honesty and ethical standards (Gallup, 2007). Nurses are trusted.

Nurses have unique knowledge that is appealing to a first-time mother. Pregnant women have many questions and concerns about their health and the baby’s health. Mothers value the expertise of registered nurses during this critical life transition. NFP nurses are welcomed into clients’ homes and in the community.

Registered nurses have an educational background that teaches them to listen, assess, plan, teach, refer, support, challenge and encourage. This makes them ideally prepared to conduct the strengths-focused assessments and deliver the individualized interventions that are part of the NFP program.

How is this important to your agency?

The Denver trial compared outcomes between nurse-visited and paraprofessional-visited groups. The evidence clearly supported the use of registered nurses to implement NFP.

The paraprofessionals in the Denver trial were able to achieve some improved outcomes. However, the nurses’ outcomes for clients were generally twice as strong as their paraprofessional counterparts. The nurse-visited group was also able to demonstrate a good return on investment while the paraprofessional-visited group’s improvements in outcomes were insufficient to offset the costs of the program.

We know that funders, politicians, and programs look at “Return on Investment.” While nursing salaries account for the majority of the expense of the program, the evidence shows that public and private dollars are well spent on nurses. The use of nurses allows agencies to achieve desired outcomes and produce cost return.

Why do we require BSN degree or higher?

A bachelor’s degree in nursing (BSN) is considered entry-level for public health. This is partially because degree programs specifically educate nurses in public health. It is also because the academic preparation of BSN better enables nurse home visitors to function in independent settings.

Nurses must integrate the Nurse-Family Partnership interventions and the Standards of Nursing Practice. They must maintain therapeutic relationships, set appropriate boundaries and achieve program outcomes. Nurse-Family Partnership nurses use their clinical knowledge and skills to deliver comprehensive services to complex clients and families. We have found that BSN-prepared nurses are better prepared to meet these responsibilities. Model Element 8 clarifies the importance of a commitment to hiring qualified nursing staff that meet these standards.

How is this important to your agency?

There is a shortage of nurses, particularly in community health. It may be difficult to find baccalaureate-prepared nurses in your community. It is important that you look at salary levels in
your organization to see if you can compete with the market in your community. Because the nature of the challenging, satisfying work of NFP nursing is highly attractive in and of itself, we rarely see serious problems with the initial recruitment of a nursing team. However, careful planning contributes to success!

More information regarding nurse education and demographics can be found in the National Sample Survey of Registered Nurses at the U.S. Department of Health & Human Services at: http://bhpr.hrsa.gov/healthworkforce/rnsurvey

What is the work of a nurse who is implementing the Nurse-Family Partnership program?

NFP implementing agencies employ registered nurses who work within the full scope of their licensure to implement the Nurse-Family Partnership model. NFP nurses promote:

- Mothers’ personal health
- Mothers’ and fathers’ care of the child
- Environmental health
- Support of the mother and child from family and friends
- Parents’ life course development

Nurses address these domains through assessment, education, promotion of behavioral change, and referral of families for other health and human services. This comprehensive approach requires a skilled nurse with a broad background who is ready to learn.

Nurses develop therapeutic relationships that promote adaptive behavior change such as decreased substance use, development of healthy relationships, and good nutrition. This is done through understanding and supporting the client’s goals and dreams. Other examples of nurse activities include referring women for treatment of any identified potential obstetric complications, taking blood pressures and promoting healthy pregnancy practices and family planning.

After the baby is born, NFP nurses monitor child health, development and growth. They support standard pediatric recommendations such as immunizations and routine well-child care. Nurses teach and model consistent and nurturing parenting. NFP nurses refer suspected health and developmental problems to specialists for further evaluation and treatment.

Within the context of NFP, nurses are not required to operate under a physician’s orders or those of any other licensed provider. Registered nurses are governed by both federal and state laws and regulations, including licensure requirements.

Model Elements 10 and 11 explain how the NFP Guidelines, nurse competencies and core education support the nurse in learning and integrating ways to address the domains and use the underlying theories.

How is this important to your agency?

Successful Nurse-Family Partnership nurses respect and value clients from low-income, diverse populations. These successful nurses are comfortable initiating, working independently, and asking for what they need. They use their challenges and those of their teammates as opportunities for growth. They need a broad background of experience. There will be areas in which they need support and education.
When recruiting staff, it is essential to find the right mix of values and experience. A clear understanding of the values of Nurse-Family Partnership is key to your success. It will allow you to match your staff appropriately. Anticipating and planning for continued professional development – both time and money – is also essential.

**What are the Standards of Nursing Practice?**

Nurses are accountable to themselves, their clients, their peers and society for their professional actions. The regulation of nursing practice is determined by legal requirements to assure the health, safety, and welfare of the general public and to protect the integrity of the nursing profession.

Standards of Nursing Practice are authoritative statements that describe the responsibilities for which nurses are held accountable. They describe a competent level of behavior in the professional role. These performance measures include quality of practice, education, professional practice evaluation, collegiality, collaboration, ethics, research, resource utilization and leadership. Generally, standards of nursing care include the nursing process. This is a deliberate, problem-solving approach to meet the health care and nursing needs of clients. The nursing process involves assessment, diagnosis/issues, outcome identification, planning, implementation, and evaluation. The practice of nursing in the Nurse-Family Partnership is an art and a science.

Regardless of clinical setting, nurses are expected to practice to the level of nursing specified in the standards. Although standards are not laws, standards of practice are now used to establish and determine quality nursing care by courts and regulatory agencies and clients. The court’s use of a community’s “accepted” common nursing practice is being replaced by the use of national standards to identify acceptable practice and define therapeutic relationships (Helm, 2003). The ANA Scope and Standards on Practice for Registered Nurses can be found at [www.nursingworld.org](http://www.nursingworld.org).

**How is this important to your agency?**

Nurse-client visits are used to educate. Nurses use the therapeutic relationship as a vehicle for client change. This sometimes results in confusion and interpretation of the Nurse-Family Partnership as a “social” program. However, nurses in the Nurse-Family Partnership practice nursing though assessing, planning, intervening, teaching, and evaluating their care.

Nurses are held to the standards of nursing regardless of the setting. This presents liability implications for agencies and nurses related to obtaining legal consent, mandatory reporting, documentation of visits, etc. Agencies must create policies that allow nurses to incorporate all actions for which they are legally liable into their practice.

For those agencies experienced in working with nursing, there may be few surprises. For those who are new to employing nurses, consultation on the practice of nursing and nursing standards would be valuable.

**What is the Nurse Practice Act?**

Each state has a Nurse Practice Act. This is a set of laws that define the formal education needed for a particular level of nurse and sets the regulations for licensure. The intent is to protect the public from harm.
Each state’s Nurse Practice Act makes provision for a Board of Nursing. The Board of Nursing enforces the regulations that govern nursing, licenses qualified nurses, approves nursing education programs and provides disciplinary actions against nurses that violate the Nurse Practice Act.

The Nurse Practice Act defines the nurse’s scope of practice based on formal education and licensure. That is, the scope of practice is different an RN, an LPN/LVN, or a Nurse Practitioner. A nurse may not perform duties outside the scope of practice for his or her license.

**How is this important to your agency?**

Agencies must confirm that each nurse has a valid nursing license. The state Board of Nursing can guide you on licensing issues.

Leaders and nurses in your agency need to understand the Nurse Practice Act and practice accordingly. Some people erroneously believe that nurses are not held to the same standard when visiting in the home and providing a health promotion/illness prevention model. This is not the case. Nurses are accountable for their actions, must use the nursing process and must complete timely and accurate documentation regardless of the setting or the model of care.

Your agency may have a policy to report exceptional situations and client concerns that could have implications with the Board of Nursing.

**How is nursing in the Nurse-Family Partnership unique?**

You have read about the values of Nurse-Family Partnership. These values include promoting self-efficacy, honoring the client’s “heart’s desire,” acknowledging that the client is the “expert on her own life,” facilitating growth and change through motivation, and promoting emotionally available, responsive parenting. The values help nurses create new opportunity and growth.

One nurse proclaimed, “This is the hardest job I’ve ever loved!” The expectations and challenges of very complex clients with dynamic lives, the comprehensive knowledge needed, the level of skill to listen, to really hear, to facilitate instead of direct – these are all high-level skills. It takes time and support to build these skills.

Many Nurse-Family Partnership nurses have come to the program highly-skilled and experienced in home visiting and maternal child nursing. Even for these nurses, there is a lot to learn. As one supervisor stated, the learning curve in the first two years is “not a curve, it’s straight up!”

**How is this important to your agency?**

Even highly-skilled and experienced nurses have a huge learning curve in the Nurse-Family Partnership. For this program to succeed, nurses need good preparation, support, and ongoing opportunities for growth. Time to orient and learn is essential.

This may be perceived by leadership or those who fund the program as “non-productive” time. However, when nurses have adequate time to orient and learn, they are better able to move forward with enrolling and retaining their caseload. If they are rushed, they are less able to integrate the concepts. This may lead them to use a more superficial approach while they organize and begin to integrate their new learning. Planning and protecting time for learning is a valuable investment.
How will Nurse-Family Partnership support nurses’ skill development?

The Nurse-Family Partnership provides a core education curriculum. It is required for all nurses in the program. This education includes the theories that support the model, visit structure, tools for building self-efficacy, and ways to encourage parents to become emotionally available and responsive parents.

The curriculum is built on competencies (knowledge, attitudes and skills) that result in effectively delivering the model to clients. Education to build these competencies is delivered in various ways, including distance learning and face-to-face education sessions with Nurse-Family Partnership instructors. Skills are refined with the support of the National Service Office Nurse Consultants assigned to each implementing agency.

How does this affect your agency?

All nurses are required to complete the core education. Line items for tuition, travel and food are included in the budget. It is helpful to plan the budget for some attrition in staff, which will result in additional education and travel expenses for the replacement nurses. It is also helpful to consider and plan for any possible challenges in accommodating travel or reimbursement due to agency policy. Model Element 9 explains the commitment each NFP agency makes to ensure quality preparation for all NFP nurses.

What is reflective practice?

Reflection is essential to professional practice in the fields of nursing medicine, social work and teaching. “Reflective practice is about getting into the habit of consciously and deliberately examining situations, actions and responses, and changing practice as a result. Clinical supervision can provide a supportive and safe framework for reflection, helping nurses develop their professional skills” (McDonald & Glover, 2000, p.49). In other words, reflection is a process for learning, professional growth and change.

Reflecting on practice is a valuable process for NFP Nurse Home Visitors. The nurses soon discover that their work with clients is challenging, complex and emotionally demanding. Even nurses with public health and nurse home visiting experience feel uncertain, confused and overwhelmed at times. Nurse-client relationships in this program are affected by the intense visit schedule over two-and-a-half years.

Working with 25 high-risk clients, their infants, and other family members is never easy. NFP nurses visit frequently and spend 1-1 ½ hours per visit with clients. Although this can lead to emotional closeness, it is essential that nurses establish healthy boundaries and maintain them throughout the intervention. Clients often live in difficult situations with tremendous obstacles to overcome. Nurses express frustration about trying to support clients in finding solutions and achieving goals when there are no simple answers.

These are intense situations, and the more intense the work, the more nurses need reflection in their practice. Reflective practice can help nurses establish and maintain healthy boundaries in the therapeutic relationship.

How does this affect your agency?

Nurse supervisors must be prepared to practice reflective supervision. Supervisors help nurses to reflect on their work. This includes caseload management and quality assurance. Supervisors use the principles of reflection as outlined in NFP supervisor training.