

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2020 May 21

Impact of the COVID-19 Pandemic on Adherence to the Nurse-Family Partnership Core Model Elements

Recommendation

It is recommended that Report No. 023-20 re: “Impact of the COVID-19 Pandemic on Adherence to the Nurse-Family Partnership Core Model Elements” be received for information.

Key Points

- Nurse Family Partnership® (NFP) continues implementation in five health units, with MLHU as the Ontario license-holder.
- Adjustments to service delivery to reduce or eliminate risk to clients and staff during the COVID-19 pandemic has impacted the ability to fully meet fidelity requirements as outlined by the program license
- Anticipated impacts on program fidelity have been discussed with and accepted by the program licensor

Background

The Nurse-Family Partnership® (NFP) is an evidence-based intensive home visiting program for young, low-income, first-time mothers, with demonstrated positive effects on pregnancy, children’s subsequent health and development, and parents’ economic self-sufficiency. Since 2008, steps have been taken in Ontario and British Columbia (BC) to adapt and evaluate NFP in Canada, including the Middlesex-London Health Unit’s (MLHU’s) completion of the Canadian Nurse-Family Partnership Education (CaNE) Project (see [Report No. 039-19 “Completion of the Canadian Nurse-Family Partnership Education \(CaNE\) Project”](#)). Beginning in 2019, MLHU became the provincial license holder for five Ontario public health units delivering the NFP program to high-risk clients while the program awaits the results of the Randomized Control Trial in British Columbia.

Beginning in March 2020, as part of the response to the COVID-19 pandemic, the health unit prioritized the continuation of Nurse-Family Partnership® program delivery to ensure this service remained available to its priority population (see [Report No. 016-20 “Further Adjustments to the Health Unit Services During Pandemic”](#)).

Adaptations to Program Delivery (across the 5 Health Units)

As with most other public health programs and services continued during the pandemic, the NFP program has made adjustments to optimize the safety of clients and staff. Adaptations made by the five NFP-implementing health units include the following:

- Most NFP visits are being completed via telepractice, rather than as home visits; telepractice is considered the default approach and home visits are only provided when there is a strong case to do so;
- Public Health Nurses (PHNs) are using of an adapted version of guidelines for telepractice that were developed by NFP National Service Office in the United States;

- PHNs have had to adapt their approach to discussing and providing education on Intimate Partner Violence (IPV) and responding to clients experiencing IPV; an adapted guideline developed by Dr. Susan Jack is being used;
- NFP team members are using phone/video for team meetings, case conferences and 1:1 Reflection Supervision sessions;
- All accompanied home visits have been temporarily suspended;
- Some health units have redeployed some of their NFP PHN's to COVID-19 work; and
- The in-person NFP PHN core education originally planned for the spring of 2020 has been postponed

Anticipated Impacts on Program Fidelity

The NFP program has specific education requirements for PHNs and supervisors, requires home visits with clients, has set guidelines and processes related to Intimate Partner Violence (IPV), requires regular reflective supervision sessions between supervisor and PHN, and sets an expectation for accompanied home visits (visits in which both the supervisor and PHN attend). The above adaptations have resulted in the inability to fully meet these requirements. The specific impacts include:

- Inability to meet the required frequency and duration of reflective supervision sessions/team meetings/case conferences in some sites
- Reduced number of completed visits (dosage decrease overall) and total time spent with clients as telepractice visits may be shorter in duration
- Minimum team size (4 FTE PHNs) not met across all sites if NFP PHNs are redeployed
- Minimum number of annual accompanied home visits per PHN (4 annually) may be reduced for this reporting period
- Reduced number of referrals overall for this reporting period that may impact early referral rate (benchmark of 60% of referred clients before 16 weeks gestation) as many clinics and practices not seeing non-urgent patients during this time
- A delay in completion of the in-person component of the NFP education curriculum for two PHNs

Collaboration and Communication

The Ontario NFP Nursing Practice Lead has been working collaboratively with the NFP International Team as part of an emerging NFP international project focused on the NFP program during the COVID-19 pandemic. The proposed project goals include keeping the clinical leads connected during the COVID-19 pandemic to facilitate sharing of innovation and best practice and to capture the current and unfolding story of COVID-19 and its impact on the NFP program. As part of this collaboration, the anticipated impacts on program fidelity (as outlined above) have been communicated to, and accepted by, the NFP International Team and the NFP Licensor.

Conclusion

During the COVID-19 pandemic response, the NFP program continues to be considered an urgent service and is utilizing adaptive approaches to offer public health nursing support to a priority population. Program adaptations will impact MLHU's ability to fully meet program fidelity requirements during this reporting period. Anticipated impacts on program fidelity have been communicated to, and accepted by, the licensing organization in Denver, Colorado.

This report was submitted by the Office of the Chief Nursing Officer.



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