



# NURSE-FAMILY PARTNERSHIP IN NOVA SCOTIA

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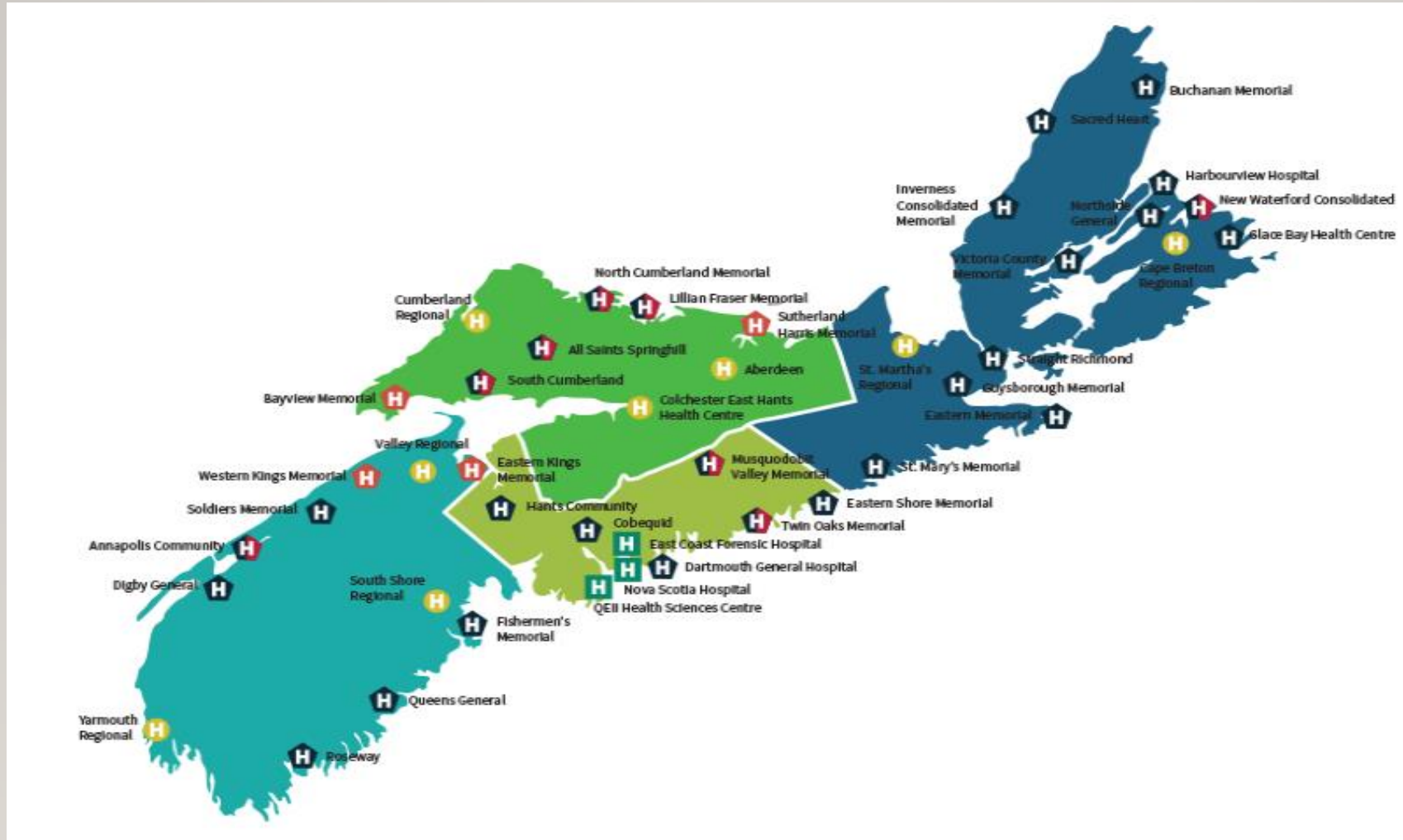
PHASE ONE:

ANNUAL REVIEW

JANUARY 16<sup>TH</sup>, 2025

# AGENDA

|    | Item  | Leadership   |
|----|---|--|
| 1. | Welcome & introductions   | Jen  |
| 2. | Annual report<br>Presentation and reflections on the annual report (summary of key points from the report, reflections on strengths and challenges) | Jen/Gail   |
|    | <ul style="list-style-type: none"> <li>Discussion re learnings gained, issues and themes emerging</li> </ul>  | All  |
| 3. | CME variances   | All  |
| 4. | Agreement of priorities and action plans for 2025: Expanding with quality   | All  |
| 5. | Celebrating success   | Bonnie & Lisa – NFP Charge Nurses (Supervisors) - joining for 30 minutes |
| 6. | Feedback on the process of completing and submitting annual report  | Jen  |
| 7. | Additional agenda items   | All  |





## NFP'S CORE MODEL ELEMENTS & BENCHMARKS



### NS NFP Core Model Elements & Benchmarks:

1. 100% of clients participate in the program voluntarily.
2. 100% of clients meet definition of first-time parenting experience, with approved variance including any indigenous birthing parent or person pregnant with indigenous child.
3. 100% of clients meet established socioeconomic disadvantage criteria.
4. Client enrolled early in pregnancy with 100% of clients receiving home visit prior to 28 weeks gestation, 75% of eligible clients enrolled, and 60% of clients enrolled before 16 weeks.
5. 100% of clients assigned a single NFP nurse who remains consistent throughout. Approved variance in NS to include dual role NFP and Healthy Beginnings Nurses in rural/remote areas.
6. NFP nurses will meet with clients in their homes unless another location is required or preferred by the client or for weather related reasons.
7. NFP nurses visit in accordance with NFP visit schedule and adapt based on client context (no benchmark recommended based on importance of adapting to meet client need).
8. 100% of NFP nurses have minimum bachelor's degree.
9. 100% of NFP nurses and charge nurses/team leads complete required educational curricula and participate in ongoing learning activities.
10. NFP nurses use professional knowledge, judgement and skill and utilize the visit-to-visit guidelines covering six program domains: personal health, environmental health, maternal role, family and friends, life course development, health, and human services.
11. NFP nurses and supervisors apply theoretical framework that underpins the program (self-efficacy, human ecology, attachment theories).
12. 100% of NFP teams have an assigned charge nurse/team lead who provides regular reflective supervision.
13. NFP teams collect and utilize data to guide program implementation, quality improvement, demonstrate program fidelity, assess client outcomes, and guide clinical practice/reflective supervision.
14. High quality NFP implementation is developed and sustained – advisory boards including experts by experience/client representatives.

# STRENGTHS

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- Government investment in NFP provided us with the opportunity to implement to program requirements.
- Experienced teams of nurses to draw from and who can mentor new staff
- Commitment to shift to prenatal focus prior to introduction of NFP
- Transformation of broad Early Years program allows us to integrate NFP appropriately within the enhancements
- Support and learnings from Ontario and British Columbia & NFP International
- Electronic Health Record adapted from British Columbia
- Team of project managers, communications advisors, evaluators, epidemiologists within Public Health team

# CHALLENGES

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- Variances in prenatal referral numbers and pathways in zones
  - Rapid hiring timelines
  - Rurality of our province, distance to travel to home visits and access to alternative community spaces
  - Work to do with community, provincial and national partners to ensure cultural safety and appropriateness of NFP
  - Equity, Diversity, Inclusion, Reconciliation and Accessibility considerations for NFP

# NFP Evaluation Questions

To what extent was the program implemented as planned?

What are the opportunities for improvement?

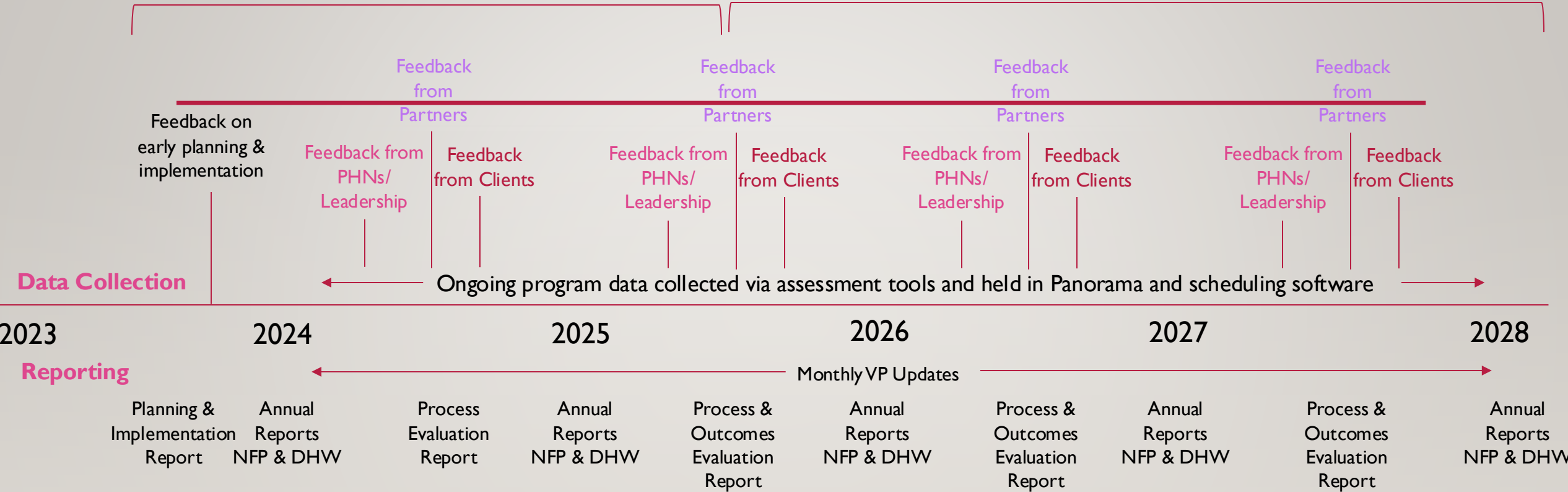
To what extent are the program outcomes being achieved as expected?

# DATA COLLECTION & REPORTING TIMELINE



Process Evaluation

Process & Outcomes



Findings from Evaluation Reports will be integrated into DHW and NFP Annual Reports.





# PHASE 2 PRIORITIES

## EXPANDING WITH QUALITY

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- Increase prenatal referral base across zones
- Identify families who can most benefit
- Provincial leadership structure with strategic and operational collaboration (program fidelity)
- NFP indicators at zone level
- Provincial reflective supervision structure
- Equity, diversity, inclusion, reconciliation, accessibility assessment of NFP in NS
- Build quality provincial NFP workforce & education and training model and capacity
- Evaluation plan for year 2 and beyond