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Nurse-Family Partnership® (NFP) International

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International NFP Project: COVID-19 Pandemic; The NFP International Response

Background:

The World Health Organization (WHO) has recently declared a global pandemic over a [new coronavirus](#) which causes an illness known as [COVID-19](#) that has spread to more than 160 countries and territories, killing over 10,000 people amid near 250,000 cases. As the world further shuts down in the wake of the [coronavirus pandemic](#), more cases are now being recorded outside of China, where the virus was first detected in the central city of Wuhan, than outside. As of March 19, at least 8,648 people worldwide have died of COVID-19, the disease caused by the coronavirus. More than 207,000 people have tested positive for COVID-19. To date, all countries implementing Nurse Family Partnership program (NFP) have been affected by COVID-19.

What is coronavirus?

[According to](#) the WHO, coronaviruses are a family of viruses that cause illnesses ranging from the common cold to more severe diseases such as severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome (MERS). These viruses were originally transmitted from animals to people. SARS, for instance, was transmitted from civet cats to humans while MERS moved to humans from a type of camel. Several known coronaviruses are circulating in animals that have not yet infected humans. The name coronavirus comes from the Latin word corona, meaning crown or halo. Under an electron microscope, it looks like it is surrounded by a solar corona. The novel coronavirus, identified by Chinese authorities on January 7 and since named SARS-CoV-2, is a new strain that had not been previously identified in humans. Little is known about it, although human-to-human transmission [has been confirmed](#)

The symptoms of Corona virus

According to the WHO, signs of infection include fever, cough, shortness of breath and breathing difficulties. In more severe cases, it can lead to pneumonia, multiple organ failure and even death. Current estimates of the incubation period - the time between infection and the onset of symptoms - range from one to 14 days. Most infected people show symptoms within five to six days. However, infected patients can also be asymptomatic, meaning they do not display any symptoms despite having the virus in their systems.

Who is at risk from Corona Virus?

The Corona Virus to date has tended to affect adults, in particular elderly people over 70 years and those with underlying long-term health conditions and those with a weakened immune system, with children accounting for the smallest percentage of the infections so far. A recent study has shown that an increasing number of children are now being affected and is advising hospitals world-wide to prepare for paediatric patients affected by the virus¹.

Protection from Coronavirus

World-wide guidance to date includes hygiene guidance relating to washing hands and avoiding touching the face, limited travel, and limited social activities. Guidance also focuses on minimising social contact and staying at home if an individual has symptoms of the virus or living with someone who does. For those who have symptoms, a 7-day isolation period at home is required and for those living with someone who has contracted the virus a 14-day isolation period at home is required from the first day that the individual started having symptoms.

Nurse Family Partnership clients and Coronavirus

Nurse Family Partnership program (NFP) aims to reach out and support those families who are most vulnerable, often living in poverty with limited or no access to generic healthcare support. These are families potentially more susceptible to the Coronavirus and therefore at greater risk of death from the disease.

For families isolated at home with young children, (due to contact with the virus or in line with government advice or instructions) this creates increased tension in the home environment. For a mother feeling unwell with the disease and looking after a child, this will only be compounded further where there are food shortages, issues of addiction or other challenges in the home such as caring for elderly relatives, relationship issues or IPV. The issue of social isolation for both parent and child cannot be underestimated for those who are advised to not leave the house. Significantly worse for the many NFP clients who have limited access to a mobile phone and the internet, so reduced contact with the outside world.

NFP is a program delivered where possible in the client's home, so with the effects of COVID-19 in a community, alternative ways of supporting NFP clients is required. NFP Guidance on Telehealth to support NFP Implementation was developed in 2017 and more recently updated in response to COVID-19². There is also existing guidance on adjusting frequency of home visits³ NFP now requires creative and innovative thinking to enable those who need it most to remain connected to the program. Guidance to support NFP nurses working with families where IPV is an issue is also in development⁴. It plans to look at how nurses might be able to assess and

¹ Tong,S (2020) Epidemiology of COVID-19 among children in China. American Academy of Pediatrics. 2020-0702

² NFP International Guidance on Telehealth (2020) University of Colorado Denver

³ <https://nfpinternational.ucdenver.edu/file/145>

⁴ Dr Susan Jacks et al in development (2020)

provide support for mental health assessment (mental health symptoms of anxiety, Post Traumatic Stress Disorder and, depression). This work will incorporate suggestions for safety planning – all within the context of NFP telehealth, with the aim at continuing to deliver NFP at this crucial time for families.

NFP workforce and Corona Virus

NFP Nurses, through the nature of their role in visiting the homes of clients, will potentially be exposed to the Coronavirus as frontline staff delivering community healthcare so, it is likely that the NFP workforce across the world will be significantly affected by the rising spread of COVID-19.

The NFP workforce is likely to impacted by nurses contracting the virus individually as well as through their family members being affected and therefore requiring the nurse to be in isolation away from the work place. This will deplete NFP teams of nurses, affecting the recommended staffing ratios in line with CME # 12

‘Each NFP team has an assigned NFP Supervisor who leads and manages the team and provides nurses with regular reflective supervision A full time NFP supervisor can lead a team of no more than eight NFP nurses (including community mediators or similar positions where applicable) and a team administrator. The minimum team size is four NFP nurses with a half time supervisor’.

Employing organisations will have contingency plans mobilised (Emergency Planning strategies etc) in response to the Pandemic which will undoubtedly mean the re-deployment of NFP nurses to other areas where their expertise is required. This will also impact on the number and ratio of nurses to deliver the NFP program effectively. In some areas it may mean that NFP teams cease to deliver the program to families during the Pandemic.

Rationale for revised International Project Goals;

Without doubt, COVID-19 is one of the most significant issues to impact on NFP clients and nurses and International NFP program delivery in the history of the program since inception. Capturing this impact was the focus and agreed outcome from the discussions with Dr David Olds and NFP International Clinical Leads at the recent March 2020, Clinical Advisory Group (CAG) meeting⁵,

It was agreed that this is a priority workstream and should be commenced as soon as possible with a focus on gathering then telling the ‘story’ of NFP response to COVID-19 ‘as it happens’ and in time writing about and sharing learning with others. It was also agreed at the CAG meeting that forums should be established through this work stream to support NFP Clinical

⁵ NFP Clinical Advisory Group meeting, notes . March 2020, University Colorado, Denver

Leads by keeping them connected to each other, the licence holder, Dr David Olds and NFP International Consultants.

This workstream would need to take precedence over the agreed International project for 2020 'Quality Improvement Approaches in NFP'. This will be agreed with CAG members and Dr Olds.

Discussions post CAG March 2020 with a small number of Clinical Leads took place to sense-check this draft proposal. There was overwhelming support for the need to capture this information (as in the CAG discussions, March 2020) meeting but with the following suggestions;

- An appreciation that the need for information around this project should minimise any further impact on the Clinical Lead's workload. Ideally communication for the purposes of collating feedback, should be through a teleconference (monthly was suggested)
- The requirements for written feedback should be minimal (see above)
Data required for the purpose of this project should not be excessive and ideally not over and above what is normally collected. It was appreciated that extra data or information on the number of families receiving telehealth support would be useful as would intelligence and information on how many (vulnerable) families do not have access to a mobile phone to be in receipt of telehealth support

Project Goals; COVID-19 Pandemic; The NFP International Response;

To keep Clinical Leads connected during the COVID-19 pandemic and to facilitate the sharing of innovation and best practice.

To capture the current and unfolding story of COVID-19 virus and its impact on NFP program delivery across the Implementing countries

To collect, collate and share information (narrative) and data relating to the impact on NFP program delivery

To minimise the amount of written requirements from CL's to contribute to this work and requirement for extra data

To share, in time, lessons learned from delivering an evidence based, licensed program to the both NFP community and those working with children and families with a wider audience.

Project principles:

- The international team will take this project forward as a priority over the previously agreed project on Quality Improvement Approaches in NFP
- We will use a collaborative process with the Clinical Advisory membership (designated CLs) throughout the project
- We will agree on this project proposal and negotiate timelines for all project components
- We will draw-upon the experience and knowledge of Clinical Leads (CLs) (and other knowledgeable experts within the NFP leadership team/ National Unit of each country where requested) as a major resource to the project
- We will minimize the time commitment for the key informants, respectful of the competing priorities for Clinical Leads working with the impact of Corona Virus, balanced with the commitment for collaboration
- Each country will submit single collated responses of requested information
- Clinical leads are encouraged to consult and elicit feedback from whomever they so choose within their country
- We will share key findings and involve CLs in policy decisions as they arise
- We will use a consensus approach to arrive at final recommendations
- All data shared between countries will be aggregated and anonymised to protect client and workforce identities and in line with each country's information sharing regulations.

Timeline

The project will commence in March 2020 and be completed by March 2021.

Expectations of the Clinical Leads:

Key contributions by Clinical Leads are as follows:

- To formally agree (as soon as possible) the revised project proposal
- To agree to a drafted template to be used for a monthly teleconference with International Consultants and Dr Olds
- To make themselves (and any other key informants they nominate to participate) available to provide insights into the ongoing response to NFP delivery and COVID-19
- To provide feedback on interim and final products as they are produced during the project
- To disseminate and utilize the final project products to support sharing NFP learning from the response to COVID-19 in their respective countries and to others working with children and families

Project Activities

	Objective	Activities	Expected Output	Timeline
1.	To gain agreement regarding the scope and methods of the revised International project	<ul style="list-style-type: none"> • Share and confirm project proposal with CAG members and Dr David Olds; the proposed scope and actions for the project. 	Consensus and buy-in to project	April 2020
2.	To develop in collaboration with CLs and Dr Olds, a monthly template to be used with CLs and International Consultants to 'capture the story'	<ul style="list-style-type: none"> • Develop, share and agree on a monthly template 	Completed template, tested and signed off	April 2020
3.	To continuously review and share literature and evidence emerging regarding COVID-19 and its impact on the delivery of care to communities	<ul style="list-style-type: none"> • Review emerging bulletins, literature and authoritative guidance on COVID-19 and its impact on the delivery of care to communities and share with CLs 	A summary document of the key literature and guidance emerging over time.	Ongoing
4.	To determine and assess the impact of COVID-19 on NFP nursing teams, NFP families In each NFP country, and assess the impact on NFP program delivery	<ul style="list-style-type: none"> • Collate the narrative from the monthly template and discussion on what is happening in each country around the following questions: <ul style="list-style-type: none"> ○ COVID-19 what is the impact on NFP clients currently enrolled on the NFP program ? ○ What additional assessments are you making and data are you collecting from families during this pandemic? How is the data being collected? ○ What is this data indicating? ○ How are families being prioritised for nurse contact? 	A written blog or narrative on the ongoing response and impact to NFP program for clients and nurses	May 2020-December

Project Proposal; COVID-19 Pandemic. The NFP International Response

	Objective	Activities	Expected Output	Timeline
		<ul style="list-style-type: none"> ○ What innovations are being deployed to support the most vulnerable families at this time i.e. telehealth, use of mobile phones? ○ Overall what is the current impact on NFP program delivery? ○ COVID-19 what is the impact on NFP workforce/ teams in your country? ○ Where (if any) are NFP nurses being re-deployed at this time? ○ How has reflective supervision been adapted during this period? ○ How are CME's maintained and/or modified at this time? ○ What are the successes/significant challenges to delivering the program at this time? ○ What policies are supporting/challenging NFP program delivery? ○ Ideas for improved national or international support 		
5.	To develop a narrative and examples of best practice from all countries as the response to COVID-19 continues	<ul style="list-style-type: none"> ● Analyse the data/information generated through the first 2 objectives ● Develop a narrative for all CL's on each country's response and best practice. ● Develop and/or share any other resources as necessary to support activities within countries. ● Use the CAG and the international website forum to maintain communication between countries and share experiences ● Provide International supervision and support where needed simultaneously to Clinical Leads working to deliver the program at this time 	A narrative of case studies, (client and nurse experience) best practice, innovations and the impact on program delivery	To be provided informally on an ongoing basis Full report December 2020-onwards

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	Objective	Activities	Expected Output	Timeline
6.	<p>To make recommendations for improvements to NFP program implementation at a time of significant global challenge</p> <p>To share with NFP community and others supporting children and families, the NFP response; delivering an evidence-based program at a time of greatest challenge to program fidelity.</p>	<ul style="list-style-type: none"> Develop a narrative that captures the international experiences during the pandemic 	<p>Final guidance document completed, disseminated to CLs and posted on international website.</p> <p>Potential International publication, co-authored by Clinical Leads sharing the experiences from their leadership role at this time</p>	March 2021