SASH Wellness Nursing Core Competencies

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Introduction

SASHSM Wellness Nurses (SWNs) contribute to the implementation of the SASH model through direct interaction with participants and panels (A group of approximately 100 SASH participants who share a SASH Coordinator and Wellness Nurse).

The highly informative SASH Operations Manual thoroughly outlines the duties to be performed by the SWN, as well as the skills and processes to be completed within the orientation and training periods. However, at the time of writing there does not currently exist a standardized set of SASH Wellness Nursing Core Competencies: unique, in-depth proficiencies that exist to promote shared values and capabilities as a means of defining and developing the role of the wellness nurse within the SASH model.

Core competencies have become increasingly vital to the nursing profession as a means of guaranteeing the highest quality and effectiveness of delivered care and upholding the social value and status of the profession (Chen, 2010). Although core competencies are typically developed for specific disciplines within nursing (such as public health or psychiatric nursing), there is not currently a set of core competencies specific to the practice of wellness nursing.

The purpose of this document is to introduce and delineate a set of core competencies specific to the practice of wellness nursing within the SASH model: the SASH Wellness Nursing Core Competencies (SWNCCs).

What is the SASH Model?

The SASH (Support And Services at Home) model is part of the Blueprint for Health, Vermont's statewide health care reform initiative. SASH helps Vermont’s seniors and individuals with special needs access the care and support they need to stay healthy while living comfortably and safely at home. SASH is available throughout Vermont and serves primarily persons 65 and older or with disabilities. Participation is voluntary and free of charge. SASH communities include a care coordinator and wellness nurse who work in partnership with a team of community providers to assist SASH participants.

SASH uses six core elements to improve the health and well-being of participants:

1. shared knowledge, care planning and coordination between housing and designated community service agency staff;
2. trusting relationships between on-site staff and residents;
3. individual and community wide healthy living plans using evidence based practices and newly developed strategies promoting health, wellness and quality of life;
4. team communication through regular team meetings and shared records;
5. linkages with other providers through electronic records;
6. commitment to person-centered planning and goal setting.

See the Cathedral Square web page for more information.
Review of the Literature

The role of the wellness nurse and the practice of wellness nursing have not been well defined in the current or relevant past nursing literature.

In the late 1980s and early 1990s, several forward-thinking nursing scholars published articles in academic journals championing the potential benefits of community and/or home-based models of nursing practice, particularly for vulnerable, community-dwelling elderly people. Wilson and Alford (1989) suggested a model of care in which "entrepreneurial nurses" seek out congregate housing sites with large populations of elderly people and implement interventions and activities promoting healthy lifestyle and increased quality of life, ultimately allowing these populations to age in place and remain independent. Hawranik (1991) suggested the possibility of community health and parish nurses implementing home- and community-based services and interventions as a means of preventing negative outcomes associated with common health problems of the elderly including osteoporosis, falls, cognitive impairment, and depression. Hey (1993) described a nursing continuum of care within a specific organization in Tucson, Arizona (Carondelet Health Care) in which home health nurses work with patients in their homes to provide education on chronic disease management and medications, perform basic nursing tasks such as wound care and monitoring of patients' conditions, and coordinate services such as physical therapy, occupational therapy, and meal delivery. The three authors mentioned above proposed that such models of care would become increasingly relevant in the United States, given our significant aging population and complex, fragmented health care system. Petit (1994) was the only author from this period to use the term “wellness nurse” in an article exploring the potential for home-based nurses to benefit residents of continuing care retirement communities.

Similarly, contemporary descriptions of wellness nursing tend to define various contexts within which the nursing role is most suitable for the purpose of wellness promotion, as opposed to explicitly defining the role of the wellness nurse. A study by Campbell and Aday (2001) described the beneficial impact of a nurse-managed wellness clinic on 111 older adults. In this model, nurses held wellness clinics at local senior centers, offering services such as blood pressure monitoring, educational programs, counseling, and chronic disease management services. Although the title “wellness nurse” is generally absent from the literature, there are disciplines within nursing whose practice and role resemble those of wellness nurses within the SASH model. For example, in their 2015 article, authors Balint and George offer an in-depth description of the role of the Faith Community
Nurse (or parish nurse), who provides multifaceted holistic care to vulnerable individuals within religious communities. Like SWNs, Faith Community Nurses focus on home- and community-based primary prevention, health maintenance, and chronic disease management. There are also instances of wellness-focused practicums in nursing education. Aselton (2011) describes an baccalaureate-level rotation in which senior nursing students work with elderly and disabled residents in public housing as part of a Wellness Program. In comparison to a more traditional home nursing experience, students were able to hone skills in community outreach wellness promotion. Again, there was only one article from the current literature to use the term “wellness nurse,” a 2013 study (Avery, Johnson, Cousins, & Hamilton) in which a school-based wellness nursing model was implemented as a means of reducing the incidence of overweight among children and adolescents. At the time of publication, the model had been successfully implemented for two years.

Although the role of the wellness nurse and the practice of wellness nursing have not been explicitly described or defined in the current or relevant past nursing literature, there exists ample evidence of a need for innovative home- and community-based nursing professionals who can provide services beyond traditional patient care. Wellness promotion, disease prevention, chronic disease management, screening, risk assessment, advocacy, and care coordination are all areas of vital importance to vulnerable populations. Fortunately, these are also areas in which nursing can make a significant difference. Establishing a set of core competencies for SWNs will not only contribute to describing and defining the role of the wellness nurse within the SASH Model, but will also set a precedent for contextualizing and identifying dynamic and essential roles within the nursing discipline.
Framework for the SASH Wellness Nursing Core Competencies

1) Foundations of SASH Wellness Nursing
   a. Wellness Promotion
   b. Illness Prevention & Health Protection
   c. Community-Based Nursing Practice

2) Elements of SASH Wellness Nursing
   a. Care Coordination
   b. Transitional Care
   c. Self-Management Education
   d. Therapeutic Partnership Development

3) Professional Standards of SASH Wellness Nursing
   a. Professionalism
   b. Teamwork & Collaboration
   c. Quality & Safety
   d. Technology
1) Foundations of SASH Wellness Nursing

These competencies focus on the core knowledge and preventative health care philosophy that is fundamental to SASH wellness nursing practice.

a. Wellness Promotion

The SASH Wellness Nurse is able to . . .

i) partner with SASH participants to facilitate planned change by applying and incorporating health promotion theory, population health theory, change theory, and preventative care principals

ii) recognize ways in which social determinants of health influence the health and wellness of SASH participants

iii) assess the impact specific issues may have on the SASH participant's health such as: life stage; declining health; culture and values; living situation; economic hardship; social and systemic contexts

iv) assess the readiness of SASH participants to make sustainable health-positive changes

v) educate and inform SASH participants regarding relevant wellness-related measures and activities

b. Illness Prevention & Health Protection

The SASH Wellness Nurse is able to . . .

i) integrate knowledge from a broad range of nursing theories, models, and frameworks into day-to-day practice

ii) apply the nursing process to provide appropriate, high-quality wellness nursing interventions to SASH participants

iii) partner with SASH participants and family members/support persons to identify risks to health and make informed choices about protective and preventative health measures
iv) participate in action planning with collaborative and interdisciplinary health care teams to promote SASH participants’ meeting stated individual wellness goals

c. Community-Based Nursing Practice

The SASH Wellness Nurse is able to . . .

i) partner with SASH team members to develop and implement care and wellness interventions with SASH participants and panels

ii) develop and implement activities, programs, and interventions that facilitate community involvement

iii) describe to SASH participants and panels the role of the SASH model in facilitating community-based care and support to enable participants to stay safe and healthy at home

iv) utilize community assets and resources to promote the health and wellness of SASH participants and panels

v) identify opportunities for community-focused advocacy for SASH participants and panels
2) Elements of SASH Wellness Nursing

These competencies focus on nursing activities, interventions, goals, and outcomes that are central to SASH wellness nursing practice.

a. Care Coordination

The SASH Wellness Nurse is able to . . .

i) conduct timely wellness assessments with SASH participants

ii) utilize appropriate tools to guide SASH team members in identifying high, moderate, and low risk SASH participants based on wellness assessment data

iii) participate in regular SASH team meetings to ensure close interaction and coordination between care providers with no duplication of services

iv) provide input to SASH team members on the development of individual Healthy Living Plans (HLPs) with close attention to moderate and high risk SASH participants

v) collaborate with SASH team members and SASH participants to develop, implement, monitor, and amend targeted HLP interventions, taking lead when necessary and appropriate

vi) delegate tasks (utilizing appropriate tools/protocols) to SASH team members and/or personal care attendants (where available) as needed to ensure adequate supports are in place for SASH participants

b. Transitional Care

The SASH Wellness Nurse is able to . . .

i) communicate with SASH team members, participants, family members/support persons, and applicable interdisciplinary team members to help facilitate safe and effective transitions for SASH participants between off-site care facilities and home
ii) research and implement home visit intervention strategies of evidence-based care transition interventions as needed for SASH participants

iii) effectively communicate SASH participants’ need for care transition interventions with SASH team members

iv) utilize effective communication approach to transfer care responsibilities to other professionals whenever SASH participants experience transitions in care across settings

c. Self-Management Education

The SASH Wellness Nurse is able to . . .

i) describe and promote the importance of self-management of chronic health conditions to SASH participants

ii) educate SASH participants on self-managing symptoms of chronic health conditions through preventative routines and activities conducive to good health and wellness

iii) develop, promote, and facilitate evidence-based individual and group-based preventative interventions that empower SASH participants to self-manage chronic health conditions and optimize good health and wellness

iv) educate SASH team members, family members, and care givers as needed to maximize self-management of chronic health conditions among SASH participants

d. Therapeutic Partnership Development

The SASH Wellness Nurse is able to . . .

i) assess and clarify the influences of one’s personal beliefs, values, and life experiences on interactions with SASH participants

ii) adapt practice continuously to meet holistic needs of SASH participants, taking into account individual socioeconomic, cultural, ethnic, and spiritual values and beliefs

iii) recognize, identify, and validate the feelings of SASH participants

iv) develop a rapport with SASH participants and promote trust through mutual respect, genuineness, empathy, acceptance, and collaboration

v) monitor communication process with SASH participants and adapt communication strategies accordingly by using a variety of verbal and non-verbal communication skills
vi) apply therapeutic strategies, techniques, and resources to promote SASH participant safety, self-awareness, physical and mental health, and wellness (e.g., SBIRT, motivational interviewing, supportive counseling, health coaching, crisis intervention).
3) Professional Standards of SASH Wellness Nursing

These competencies focus on practice activities and/or strategies by which the SASH Wellness Nurse upholds the professional standards of the SASH model and promotes quality of care.

a. Professionalism

The SASH Wellness Nurse is able to . . .

i) demonstrate a commitment to the mission, values, and priorities of the SASH model and the employing agency

ii) demonstrate professionalism, leadership, judgement, and accountability in all aspects of SASH wellness nursing practice

iii) recognize personal capabilities, knowledge base, and areas for development, and actively seek opportunities for professional development

iv) identify and respond to ethical concerns, issues, and dilemmas that affect SASH wellness nursing practice

v) use clear, concise, and effective written, electronic, and verbal communications at all times, with all applicable parties

b. Teamwork & Collaboration

The SASH Wellness Nurse is able to . . .

i) demonstrate self-awareness of strengths and limitations as a team member
function competently within own scope of practice as a member of a professional team  
assume the role of team member or leader based on the situation  
assert own position/perspective in discussions about health, wellness, and care of SASH participants  
itegrate contributions of others into partnering with SASH participants to achieve health and wellness goals  

**c. Quality & Safety**

The SASH Wellness Nurse is able to . . .

i) evaluate wellness nursing interventions in a systematic and continuous manner by measuring effects on SASH participants  
ii) contribute to the quality of work environments by identifying needs, issues, and solutions  
iii) demonstrate effective use of technology and standardized practices that support safe practice  

**d. Technology & Data**

The SASH Wellness Nurse is able to . . .

i) demonstrate proficiency in basic computer competence, as well as in all relevant applications (e.g., electronic health records, care management systems, spread sheets, email platforms.)  
ii) articulate understanding of how data collected in wellness nursing practice creates the measures that ultimately translate to outcomes  
iii) articulate and demonstrate understanding that high-quality participant- and panel-specific SASH programming is the result of a data-driven learning process which leads to improved outcomes and quality of life for SASH participants.  
iv) articulate and demonstrate understanding that outcomes are tracked for funding, and that high-quality participant- and panel-specific SASH programming (resulting from a data-driven learning process) leads to outcomes which will facilitate the acquisition of sustainable sources of funding.
References


