

Practice Guidelines

Telenursing

Introduction

Telehealth offers nursing, medicine and other disciplines, the opportunity to provide health-related activities at a distance, between two or more locations, through the use of information and communication technologies (e.g., videoconferencing, the Internet, telerobotics).

According to the Canadian Nurses Association (2007), using Telehealth technology in nursing is consistent with the philosophy of primary health care and should be part of an integrated healthcare system developed to enhance, not replace, existing healthcare services and to improve access, appropriate use and efficiency of healthcare services.

The National Initiative for Telehealth Framework of Guidelines (NIFTE) was developed in 2003 for clinically-related telehealth activities such as telerriage, telecare and teleconsultation, and provides guidelines for the following areas:

- » clinical standards and outcomes of a service (Clinical Standards and Outcomes)
- » professionals involved in providing care (Human Resources)
- » organizational requirements (Organizational Leadership)
- » technical requirements (Technology and Equipment) requirements.

This document, *Telenursing Practice Guidelines*, has been developed by the College of Registered Nurses of Nova Scotia (the College), as a resource for registered nurses who are providing or considering providing professional nursing services through the use of telehealth technologies. The intent of this guide is to support RNs and NPs to attain and maintain the necessary knowledge and skills required in telenursing in order to provide safe, competent, compassionate and ethical care.

Defining Telenursing

Q. What is telenursing?

A. Telenursing is a component of telehealth that occurs when nurses meet the health needs of clients using information, communication and web-based systems. It has been defined as “the delivery, management and coordination of care and services provided via information and telecommunication technologies” (CNO, 2009).

Technologies used in telenursing may include, but are not limited to:

- » telephones (land lines, cellphones and smart phones)
- » personal digital assistants (PDAs, Smart Phones)
- » facsimile machines (faxes)
- » tablets
- » bedside computers
- » Internet
- » video and audio conferencing
- » teleradiology
- » computer information systems
- » telerobotics

Although telenursing changes the method in which professional nursing services are delivered, it does not fundamentally change the nature of nursing practice. Registered nurses engaged in telenursing continue to use the nursing process to assess, plan, implement, evaluate and document nursing care. They are also involved in the provision of information, referrals, education and support. However, instead of establishing therapeutic nurse-client relationships in-person, telenursing relationships are established through the use of telephones, computers, the Internet, or other communication technologies.

Registered nurses in various practice settings (e.g., ambulatory care, call centres, family practice, outpatient and emergency departments) have regularly participated in some form of telenursing practice. However, today's rapidly expanding technologies provide more diverse options for telenursing. For example, nurses now:

- » triage health concerns and provide health information to clients using protocol or algorithm-driven software via call-centre services (using the 811 system)
- » promote client's self-care by providing health information and answering questions via telephone or secure e-mail messaging
- » provide disease-specific information, education, and counseling, including links to resources, via hotline services, Motherisk® services, poison control centres, phone lines for teenagers and mental health crisis intervention
- » facilitate audio and/or videoconferencing consultations with health providers or between healthcare providers and clients (e.g., in rural clinics, assessing the health status of clients living with chronic illnesses such as congestive heart failure)
- » use cameras in consultations with other healthcare professionals to transmit relevant images of their clients (e.g., range of motion of a client's limb, status of a chronic wound, images of a skin lesion)
- » relay vital client information, such as electrocardiogram data, via electronic transmissions
- » use videoconferencing to provide continuing nursing education sessions (e.g., College's Telehealth sessions, CNA's NurseONE)
- » develop websites to provide health information and real-time counseling on issues, such as smoking cessation.

Q. What are the principles of telenursing?

A. While support for the concept of telenursing continues to grow, the reality is that technology will continue to change the ways in which registered nurses practise (NIFTE, 2003). As a result, the College has developed these guidelines to provide clear direction to registered nurses who engage in this practice or plan to engage in this practice, so as to enhance their ability to provide safe, competent, compassionate and ethical care.

These guidelines are based on the principles of telenursing, which state that effective telenursing should:

- » augment existing healthcare services
- » enhance optimum access and, where appropriate and necessary, provide immediate access to healthcare services
- » follow position descriptions that clearly define comprehensive, yet flexible roles and responsibilities
- » improve and/or enhance the quality of care
- » reduce the delivery of unnecessary health services
- » protect the confidentiality/privacy and security of information related to nurse-client interactions (CRNNS *Personal Health Information Act Questions and Answers*, 2013, CRNNS *Documentation Guidelines for Registered Nurses*, 2012,).

Q. What accountabilities apply specifically to registered nurses practicing telenursing?

A. Nurses engaged in telenursing are accountable for practicing in accordance with the *CRNNS Standards of Practice for Registered Nurses* (2017), *Code of Ethics* (2017) and all relevant Nova Scotia and federal legislation. Registered nurses must reflect on their practice and consider how to apply these principles to telenursing practice, particularly those related to privacy, consent, confidentiality, nurse client relationships and documentation.

Scope of Practice, Liability and Risk Management

Q. How does scope of practice relate to telenursing?

A. The practice of nursing, as defined in the *Registered Nurses Act* (2006), is broad and encompasses diverse roles and settings for nursing practice, including telenursing. Registered nurses who practise telenursing must have a valid and current Nova Scotia nursing licence and, as in any context of practice, provide services that are consistent with their legislated scope of nursing practice and individual scope of practice (i.e., as outlined in various policy documents such as the *Registered Nurses Act*, the College's *Standards of Practice for Registered Nurses*, CNA's *Code of Ethics*, and various College guidelines and position statements). Nurses' practice should also reflect agency guidelines, other relevant acts such as *Personal Information Protection and Electronic Documents Act*, the *Protection of Persons in Care Act*, and, where applicable, clinical protocols.

Nurses providing services via telenursing that fall outside the legislated scope of practice of nursing should contact the College to determine if their practice contravenes the RN Act or other legislation such as the Medical or Pharmacy Acts. In some cases, nurses may receive direction on how to acquire the authority to perform specific services (e.g., to perform a delegated function).

Q. If a nurse practicing in Nova Scotia provides telenursing services to clients outside the province, in which province must the nurse be licensed?

A. Regardless of where a client lives, the College considers the location or "locus of accountability" to be the province in which a nurse practises. According to the *Registered Nurses Act*, s. 21[a)] "A member in the Province who is engaged in practice by electronic means to clients outside of the province is deemed to be practising the profession in the Province".

Nurse who are employed in Nova Scotia and are providing care to clients outside of Nova Scotia must have licensure with CRNNS. Different polices and legislation may affect telenursing in other provinces, states or countries which may or may not require RNs to have licensure in that jurisdiction. The College would advise RNs who are engaging in this practice to contact the appropriate nursing regulator when providing services outside of Nova Scotia.

It is important to note, however, that while Nova Scotia would be the licensing jurisdiction for a nurse practising telenursing within the province, it has yet to be determined where a client who resides outside Nova Scotia would proceed with legal action against a registered nurse should it be deemed appropriated. The College would advise that the Canadian Nurse Protective Society (CNPS) be contacted to discuss the legal implication of telenursing.

Q. Could a nurse practicing telenursing/teletriage in Nova Scotia accept a phone order from a doctor in another province?

A. A registered nurse can accept orders from a physician in another province, however, only after confirming that the physician has an active-practising licence in the province in which s/he is located (i.e., checking licensure status with the appropriate provincial regulatory body).

Q. Should RNs practicing telenursing be concerned about liability and risk management?

A. Whether nurses engage in e-health, internet-based practice or other technologies, they will face new and constant challenges, including potential issues of liability. Clearly defined accountabilities for RNs working in telenursing is key to dealing with several recognized categories of liability, including those related to:

- » health professionals involved
- » specific technologies/applications used
- » organizations or institutions involved
- » human resources and training. (NIFTE, 2003, p. 69)

Nurses providing care via telehealth also need to be involved in the development and documentation of risk management plans and related policies. The Canadian Nurse Protective Society (CNPS) should be contacted to discuss any legal matter related to telenursing. CNPS has a comprehensive library of online publications, articles, and *infoLAW* bulletins related to telehealth practice liability and risk management concerns. Another useful resource related to nursing and e-health is the Canadian Nursing Informatics Association (visit the CNIA website at www.cnia.ca).

Q. How can I manage risk related to the development of web based nursing and health related information?

A. Risk management related to web based nursing could include ensuring the security and integrity of relevant websites, particularly in regards to the use of disclaimers. Disclaimers on websites and/or e-mail messages help define accountabilities and minimize liability. For assistance on the topic of developing disclaimers contact CNPS at www.cnps.ca. For example, if a registered nurse has created a website to assist in the delivery of nursing services, a disclaimer might indicate that the nurse is not accountable for sites which may be linked to her/his site. However, still be aware because although many links and endorsed sites are credible, the sites to which her/his site are linked could also be linked to non-credible sites from which clients could receive misleading or inaccurate information that may be harmful when followed.

Q. Is liability protection an issue in telenursing?

A. Liability issues in telenursing are unique in that this type of nursing may carry certain risks that are not present in traditional, face to face care delivery (Schlachta-Fairchild, et. Al., 2010). Potential liability issues facing telenursing includes technology failure, confidentiality of health information, consistency of delivery methods and competences related to telenursing. Clear policies and procedures need to be developed to guide practice. Examples of further policy development and/or practices to help reduce liability risks include:

- » using consistent tools to collect data (see CNPS *infoLaw Telephone Advice*)
- » using evidence-based, protocol-driven software or data to support telenursing
- » consultation with other care providers when appropriate (e.g., “when in doubt, check it out”).

Employers generally provide insurance protection for registered nurses. Additionally liability protection is provided by CNPS, for nurses in Nova Scotia who hold active-practising status and who are practising nursing in accordance with provincial nursing legislation.

RNs who are practising or are considering practicing telenursing are encouraged to discuss liability issues with their employers, legal counsel, and/or CNPS. Additional liability protection (e.g., CNPS Plus) may be required for practising RNs who are self-employed or have additional risk associated with their practice (CNPS, 2013).

Competency, Qualifications and Skills

Q. What competencies are required to ensure safe telenursing practice?

A. In general, the competencies required in telenursing practice mirror the competencies required of all registered nurses (e.g., clinical competence and assessment skills in the nurses' area of practice; an understanding of the scope of service being provided). RNs must possess current and in-depth knowledge of the clinical area relevant to the role (CNO, 2009).

Safe, competent, compassionate and ethical care occurs when nurses providing telenursing care demonstrate competency in areas such as critical thinking, the use of evidence-based information, expert teaching, counselling, communication, interpersonal skills and the use of telenursing technology (CNO, 2009, NIFTE, 2003). Nurses are expected to assess their competence at using the technology, identify knowledge gaps, and seek training or education to close any identified gaps¹.

Existing clinical practice guidelines should also be used, whenever possible, to guide the delivery of care in telehealth settings, recognizing that certain modifications may need to be made to accommodate specific circumstances (e.g., the lack of ability to touch or directly examine a client). The use of these guidelines will assist to build competencies in new RN's and to ensure consistent care is delivered

Q. What about continuing competence?

A. According to the Standards of Practice for Registered Nurses¹, registered nurses have a primary responsibility to ensure that their clinical and technical competencies are current. The College's Continuing Competence Program was designed to assist nurses in Nova Scotia to identify their learning needs, develop and implement learning plans, and evaluate the impact of learning on their practice. Registered nurses can use the continuing competence program and other professional development and/or performance management systems within their workplaces to ensure the delivery of safe, competent, compassionate and ethical telenursing practice.

Q. Do nurses need specialized preparation or education for telenursing?

A. As is the case for all registered nurses, those providing telehealth services should have the necessary education and competencies to provide safe, competent, compassionate and ethical care. Competence and effectiveness in telenursing may be enhanced through a focused formal educational program, adequate orientation², vendor training and mentoring (CNO, 2009, Schlachta-Fairchild, et. al., 2010). As telenursing becomes more an integral part of health care delivery in Canada, certificate programs in telenursing are becoming more common in Canadian universities and colleges. Formal telenursing education programs should provide a review of principles associated with communication and interviewing, introduce technologies used in telenursing, and offer opportunities to develop and/or enhance competencies.

Telenursing is a growing area for nursing educators and other involved in curriculum development and so they are encouraged to advocate for the inclusion of telenursing competencies in basic nursing programs (CNO, 2009).

Therapeutic Nurse-Client Relationships

1 Standard of Practice for Registered Nurses Standard 2 Knowledge- Based Practice and Competence (2017)

2 In 2002 telehealth coordinators from across the country met and discussed a number of items that should be included in orientation/education related to telehealth (NIFTE, 2003, p. 49).

Q. How does telenursing impact the development of therapeutic nurse-client relationships?

Whatever the context and nature of a nurse-client relationship, the obligation to maintain standards of professional competence and ethics remains with the nurse (for more information review Professional Boundaries and the Nurse-Client Relationship: Keeping it Safe and Therapeutic Guidelines for Registered Nurses, CRNNS, 2012).

A. Therapeutic nurse-client relationships are purposeful, goal directed relationships between a registered nurse and a client that is based on trust and respect and ultimately, protects the client's best interests (CRNNS, 2017). According to *Standards of Practice for Registered Nurses*, the RN is accountable for the development and maintenance of this relationship³.

Whether nurse-client relationships are developed in-person or through the use of information and telecommunication technologies, they will be based on nurses' assessment and evaluation of clients' healthcare needs. Therapeutic relationships should always take into consideration clients' cultural (including language), spiritual, and psychosocial needs

and preferences.

Q. How can nurses in telenursing enhance their nurse-client relationships?

A. Although effective communications are essential in establishing all nurse-client relationships, this is particularly crucial when using information and telecommunication technologies. To establish and maintain therapeutic relationships in telenursing, nurses should:

- » recognize and communicate that a nurse-client relationship and a duty to provide care is established from the moment the RN engages with the client (CRNBC, 2011).
- » acknowledge that face-to-face interactions are still considered the most effective way in which to communicate
- » ensure that telenursing practice will be an effective and appropriate method to provide nursing services to meet a specific client's needs (NIFTE, 2003, p.34)
- » provide clients with education/orientation to the telehealth process and communication issues prior to their initial telehealth encounter.

In addition, to reduce the risk of missing important information and to enhance the nurse-client relationship, nurses should:

- » ask open-ended questions to elicit sufficient data and assist with decision-making
- » ask questions in logical sequence with attention and sensitivity to the client's acuity level
- » find solutions to communication, language or cultural barriers
- » avoid using excessive medical or technical jargon
- » avoid making premature conclusions regarding a client's situation or problem
- » listen and/or watch for verbal, emotional and behavioural cues that can convey important client information (e.g., tone of voice, background noise, body language)
- » explore a client's self-diagnosis (e.g., a client with chest pain says it's just indigestion; other symptoms and the client's medical history suggest a heart attack)
- » avoid second-guessing the client (e.g., if the telephone caller requests an ambulance, avoid suggesting that s/he drive to the emergency room)
- » consult with and refer to appropriate healthcare professionals when client needs exceed her/his knowledge and/or skills (CNO, 2009).

3 Standards of Practice for Registered Nurses, Standard 3: Indicator 3.1 (2017)

Security, Confidentiality/Privacy, Client Choice, Informed Consent

Q. How important are security, confidentiality and privacy in relation to telenursing?

A. All registered nurses have an ethical and legal responsibility to maintain the confidentiality of information they obtain in the context of their professional relationships. As professionals, they are also expected to demonstrate honesty, integrity and respect.

In telenursing, security, confidentiality and privacy are of utmost importance not only in terms of nurses' interactions with clients, but also in ensuring that the technologies themselves are secure (e.g., minimal risk of hacker 'intrusions'). To ensure clients' information remains confidential and private, it is vital that clients' records be adequately protected (e.g., secure in

electronic and/or written format). The amount and type of security measures required will depend on the mode of technologies used in telenursing practice (e.g., Internet, e-mail).

Organizations and registered nurses providing telehealth services need to be aware of, and ensure compliance with, relevant legislation and regulations designed to protect the confidentiality of client information (See Appendix A).

For more information related to the confidentiality of health information see the following College publications: Documentation Guidelines for Registered Nurses (2012); Social Media Position Statement and Q & A (2012)

Q. What choices do clients have when their care is provided via telenursing?

A. Clients always have the right to be informed about aspects of their care, and this no different in relation to telenursing. Clients should be informed about any limitations of the telenursing services, including the possibility of equipment failure or communication breakdown (CRNBC, 2011).

Clients receiving care from nurses practising telenursing should be informed that they have the right to seek other methods or media for their care or to augment telenursing services with face-to-face interactions. Registered nurses should be explicit with clients about alternate ways to obtain care, particularly in urgent or emergent situations (CRNBC, 2011).

Healthcare facilities/agencies should have policies in place to support client access to required and preferred services.

Q. How would a nurse providing care via telenursing get informed consent from a client to provide care and to use and access the client's medical records?

A. Consent in telenursing may be implicit or explicit. A client accessing health information via 811 is implicit consent, whereas the use of video conferencing from a client's home to monitor the progress of a chronic disease may require explicit consent.

The main types of consent in the health care setting are general consent, as required for admission to and basic care in a health care facility, and specific consent for particular procedures or therapies to be performed. Consent must be valid and must not have been revoked or withdrawn.

Criteria for valid consent have been identified by Canadian courts (CNPS, 1994)

- » the consent must be genuine and voluntary;
- » the procedure must not be an illegal procedure;
- » the consent must authorize the particular treatment or care as well as the particular care giver;
- » the consent must have the legal capacity to consent;
- » the consent must have the necessary mental competency to consent; and
- » the consent must be informed.

For consent to be informed, sufficient information about material risks should be relayed to the client. This information should be disclosed in easily understood terminology, and should include the consequences of refusing treatment and an explanation of possible alternatives (CNPS, 1994). The *Personal Health Information Act (PHIA)* (2012) relates only to consent for the management of personal health information, not consent to treatment. Consent to collect, use, disclose and retain personal health information must be given by the individual or substitute decision maker, be knowledgeable, specific to the information and given freely (CRNNS, 2013).

Managing Quality Care

Q. What if a registered nurse determines that telenursing is not the right method to provide a client's care?

A. Registered nurses must be satisfied that the standard of care delivered via telehealth is 'reasonable' and at least equivalent to any other type of care that could be delivered to a client while taking into consideration the specific context, location, timing and relative availability of 'traditional' care. If a nurse decides that a 'reasonable' standard cannot be satisfied via telehealth, s/he should inform the client and suggest an alternative mode of healthcare delivery/service (e.g., face-to-face encounter, emergency room visit).

Healthcare facilities/agencies should have policies in place to guide registered nurses when a reasonable standard cannot be met.

Roles and Accountabilities

Q. What role should RNs play in terms of developing policies for telehealth?

A. As noted previously, the College considers the 'locus of accountability' to be the province in which a nurse resides/works or from which s/he provides telenursing services. Given this, it is the responsibility of the practising RN to ensure that her/his employer has put policies and mechanisms in place to address potential client concerns about the practice of registered nurses and support clients access to information related to licensing. Registered nurses practicing telenursing should also be aware of policies and mechanisms available through the College related to their practice.

For instance, when services are being provided to clients residing outside of Nova Scotia, policies should be put in place identifying how to contact the College of Registered Nurses of Nova Scotia if they have concerns or questions about the practice of the registered nurse. (e.g., while a client is on hold, waiting to speak to a registered nurse at a call centre, recorded information about where registered nurses are licensed and how to contact the College could be provided).

In Nova Scotia, the OP3 (One Province, one policy, one process) website (http://policy.nshealth.ca/Site/Published/Provincial/Nova_Scotia_Home_Page.aspx) provides and index of policies from a variety of health authorities. Nurses may find this site useful if they are supporting policy development in their place of employment. Nurses can always contact the College for assistance in locating resources related to policy development.

Standards, Guidelines and Position Statements

Q. What standards or documents are available to guide nurses' practice in telenursing?

A. All registered nurses in Nova Scotia are expected to practise in accordance with the RN Act and Regulations, the *Standards for Registered Nurses* and *Code of Ethics for Registered Nurses*, as well as other provincial guidelines, position statements, and legislation relevant to their area of nursing practice. This expectation is no different for nurses engaged in telenursing.

In addition to these Telenursing Practice Guidelines, nurses practising telenursing should also refer to the following College publications:

- » [Care Directives: Guidelines for Registered Nurses](#) (2012)
- » [Delegated Functions: Guidelines for Registered Nurses](#) (2012)
- » [Documentation Guidelines for Registered Nurses](#) (2012)
- » [A Guide for Self-Employed Registered Nurses](#) (2013) (if applicable)
- » [Professional Boundaries and the Nurse-Client Relationship: Keeping it Safe and Therapeutic - Guidelines for Registered Nurses](#) (2012)
- » [Guidelines to Assist Registered Nurses and Nurse Practitioners with the Personal Directives Act](#) (2013)
- » [Personal Health Information Act \(PHIA\) Questions and Answers for Registered Nurses](#) (2013)

Clinical guidelines and protocols, decision-based software programs where appropriate, and agency policy and procedures should also be used by registered nurses to support their delivery of nursing care services.

National Initiative for Telehealth Framework of Guidelines (2003), offers a wealth of information related to telehealth activities and is the result of a national, multi-stakeholder, interdisciplinary collaboration. These guidelines provide nurses and others with a structured set of statements designed to assist individuals and organizations with the development of telehealth policy, procedures, guidelines and/or standards.

Q. What documentation do nurses need to complete in relation to telenursing?

A. Regardless of the role or setting in which a registered nurse practises, all nurse-client therapeutic interactions should be documented in accordance with agency policies and the College's documentation guidelines. To ensure the consistency and accuracy of documentation in telenursing practice, registered nurses should work with their employers in the development of related policies and procedures. To assist in the development of these policies/procedures, registered nurses and employers should consult the *Documentation Guidelines for Registered Nurses* (2012).

Employers and Telenursing

Q. What is the role of employers in relation to telenursing?

A. Employers are expected to share the responsibility of ensuring that RNs acquire and maintain the necessary competencies to practise in their respective areas⁴. Specifically, employers are expected to facilitate RNs' continuing competence by providing detailed orientation programs that support safe, competent, compassionate and ethical care.

In addition, employers should foster professional practice environments that:

- » help RNs identify their learning needs
- » facilitate access to educational opportunities
- » provide support for continuing education
- » enable and maximize the RN scope of practice.

Employers should ensure that nurses have the educational opportunities and support required to develop telenursing skills and other competencies required for them to perform their telenursing role (e.g., beyond entry-level competencies and/or delegated medical functions). As noted previously, employers are also responsible for ensuring that policies and procedures specific to telenursing are in place to guide nurses' practice.

4 Standards of Practice for Registered Nurses; Standard 2 Knowledge-based Practice and Competence; Indicators 2.13, 2.14

Q. What aspects of telenursing should be guided through policy?

A. As noted throughout this document, policies to guide telenursing practice should be developed in relation to:

- » locus of accountability
- » client choice
- » informed consent (verbal, written, recorded)
- » privacy and confidentiality
- » documentation
- » security, ownership of client records
- » appropriate video/telephone behaviours
- » liability protection. (NIFTE, 2003, p.8)

When developing policy related to telenursing, registered nurses and their employers should consult the *Registered Nurses Act*, the *Standards of Practice for Registered Nurses* and *Code of Ethics*. RNs and their employers should be aware of relevant privacy legislation that may impact nursing practice, and incorporate/develop appropriate policy consistent with legislation (see Appendix A). In addition, agencies risk management or legal council should be involved in the development of policy particularly those which cover informed consent. If an agency does not have a risk management department or legal representation or if the nurse is self-employed, CNPS should be contacted for advice related to policy development.

Conclusion

As models of care delivery continue to change and new technologies emerge, telenursing practice will continue to evolve. In turn, as the scope of nursing practice further expands, registered nurses will need to ensure that they possess the necessary technical and clinical competencies to practise telenursing safely, competently, compassionately and ethically. To guide them in their practise, registered nurses are encouraged to follow the guidelines provided in this document as well as those in the National Initiative for Telehealth Framework for Guidelines (NIFTE), keeping in mind that all guidelines will require ongoing updates to keep pace with changes in technologies, the healthcare environment, and the nursing profession itself.

For further information on telenursing practice and/or the *Telenursing Practice Guidelines*, please contact the College (Professional Practice Services) at 902-491-9744, ext. 250 or 256 (toll- free in NS 1-800-565-9744) or e-mail info@crnns.ca. Information can also be accessed on the College website at www.crnns.ca.

Appendix A: Legislation affecting Telenursing

Federal

Access to Information Act: <http://laws-lois.justice.gc.ca/eng/acts/A-1/index.html>

Personal Information Protection and Electronic Documents Act: <http://laws-lois.justice.gc.ca/eng/acts/P-8.6/index.html>

Privacy Act: <http://laws-lois.justice.gc.ca/eng/acts/P-21/index.html>

For information on where to obtain copies of current federal legislation, call the Government of Canada Inquiry Centre at 1-800-O Canada or visit the Department of Justice website at <http://laws.justice.gc.ca>.

Provincial

Freedom of Information and Protection of Privacy Act: <http://nslegislature.ca/legc/statutes/freedom%20of%20information%20and%20protection%20of%20privacy.pdf>

Health Act: <http://nslegislature.ca/legc/statutes/health.htm>

Health Protection Act: <http://nslegislature.ca/legc/statutes/health%20protection.pdf>

Homes for Special Care Act: <http://nslegislature.ca/legc/statutes/homespec.htm>

Hospitals Act: <http://nslegislature.ca/legc/statutes/hospitals.pdf>

Personal Health Information Act: http://nslegislature.ca/legc/bills/61st_1st/1st_read/b064.htm

Registered Nurses Act: <http://nslegislature.ca/legc/statutes/regisnur.htm>

For more information or to obtain copies of current provincial legislation, visit the Government of Nova Scotia Publications website <http://www.gov.ns.ca/snsmr/publications/> (go to Acts, Statutes and Regulations).

Glossary of Terms

Client(s): the individual, group, community or population who is the recipient of nursing services and, where the context requires, includes a substitute decision-maker for the recipient of nursing services (*RN Act, 2006*).

Competency: the integrated knowledge, skills, judgment and attributes required of a registered nurse to practise safely and ethically in a designated role and setting. (Attributes include, but are not limited to, attitudes, values and beliefs.) (*CNA Code of Ethics, 2017*)

Confidentiality: the ethical obligation to keep someone's personal and private information secret or private (*CNA Code of Ethics, 2017*).

Consent: See "Informed consent".

Continuum of care: activities relating to health promotion, illness/injury prevention, curative care, rehabilitative care and supportive care, including palliative care (*CRNBC, 2011*).

Duty of care: meeting standards of practice when providing care (*Duty to provide care, 2013*)

E-health: a client-centred model of health care where stakeholders collaborate, utilizing information/communication technologies, including internet technologies to manage health, arrange, deliver and account for care and manage the healthcare system.

Electronic health record: health record of an individual that is accessible online from many separate, interoperable automated systems within an electronic network (Health Canada). See Enterprise Medical Record.

Electronic means: refers to the use of telephone, television, videoconferencing, cable, Internet or any form of electronic or computerized delivery of the practice of nursing (*RN Act, 2006*).

Informed consent: a phrase used in law to indicate that the consent given by a person has been based upon a clear appreciation and understanding of the facts, implications, and future consequences of an action. In order to give informed consent, the individual concerned must have adequate reasoning faculties and be in possession of all relevant facts at the time consent is given. In some instances, a substitute decision maker may be involved in giving informed consent.

Liability: The state of being legally obliged and responsible (Word Web). (2013). Retrieved from <http://www.wordwebonline.com/en/LIABILITY>

National Initiative for Telehealth Framework of Guidelines (NIFTE): a structured set of statements designed to assist individuals and organizations in the development of policy, procedures, guidelines and/or standards.

Nurse: refers to registered nurses, nurse practitioners, licensed practical nurses, student nurses (*RN Act, 2006*).

Personal health information: means identifying information about an individual, whether living or deceased, and in both recorded and unrecorded forms, if the information

- i. relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family,
- ii. relates to the application, assessment, eligibility and provision of health care to the individual, including the identification of a person as a provider of health care to the individual,
- iii. relates to payments or eligibility for health care in respect of the individual,
- iv. relates to the donation by the individual of any body part or bodily substance of the individual or is derived from the testing or examination of any such body part or bodily substance,
- v. is the individual's registration information, including the individual's health-card number, or
- vi. identifies an individual's substitute decision-maker (*Personal Health Information Act, 2012*)

Privacy: (1) physical privacy is the right or interest in controlling or limiting the access of others to oneself; (2) informational privacy is the right of individuals to determine how, when, with whom and for what purposes any of their personal information will be shared. (*CNA Code of Ethics*, 2017)

Telehealth: the delivery of health related services, enabled by the innovative use of technology, such as videoconferencing, without the need for travel. Telehealth can refer to transmission of medical images for diagnosis (referred to as store and forward telehealth) or groups or individuals exchanging health services or education live via videoconference (real-time telehealth).

Teletriage: a means of providing health information and advice on preferred courses of treatment, usually over the telephone, using computerized protocols or algorithms developed by clinical experts.

Telenursing: use of electronic means by registered nurses to establish communication links with clients and/or other healthcare professionals in the delivery of professional nursing services.

References

- American Academy of Ambulatory Care Nursing. (2011). *Scope and practice standards for professional telehealth nursing*. New Jersey: Author
- American Association of Critical Care Nurses. (2013). *Tele-ICU nursing practice guidelines*. California: Author
- Association of Registered Nurses of Newfoundland and Labrador. (2002). *Telephone nursing Care: Advice and information*. St John's: Author
- Canadian Nurses Association. (2017). *Code of ethics*. Ottawa: Author.
- Canadian Nurses Association. (2007). *Position Statement - Telehealth: The role of the nurse*. Ottawa: Author.
- Canadian Nurses Protective Society. (1994). Consent to treatment: The role of the nurse. *infoLAW*, 3 (2). Ottawa: Author.
- Canadian Nurses Protective Society. (2009). Telephone advice. *infoLAW*, 6(1). Ottawa: Author.
- Canadian Nurses Protective Society. (2005). Privacy. *infoLAW*, 14(2). Ottawa: Author.
- College of Nurses of Manitoba. (2008). *Telephone consultation: Standards of practice application*. Winnipeg: Author.
- College of Nurses of Ontario. (2009). *Telepractice: Practice guideline*. Toronto: Author.
- College of Registered Nurses of British Columbia. (2011). *Practice standard for registered nurses and nurse practitioners: Telehealth*. Vancouver: Author.
- College of Registered Nurses of Nova Scotia. (2012). *Documentation guidelines for registered nurses*. Halifax: Author.
- College of Registered Nurses of Nova Scotia. (2013). *Personal Health Information Act: Questions & answers for registered nurses*. Halifax: Author
- College of Registered Nurses of Nova Scotia. (2013). *Professional boundaries and expectations for nurse-client relationships*. Halifax: Author.
- College of Registered Nurses of Nova Scotia. (2012). *Social media questions and answers*. Halifax: Author.
- College of Registered Nurses of Nova Scotia. (2017). *Standards of practice for registered nurses*. Halifax: Author.
- National Initiative for Telehealth (NIFTE). (2003). *National initiative for telehealth framework of guidelines*. Ottawa: NIFTE.
- Registered Nurses Act, c 21. (2006). Statutes of Nova Scotia. Halifax, NS. Government of Nova Scotia.
- Registered Nurses Association of Ontario. (2006). Telehealth. Retrieved July 7, 2013 from <http://www.rnaoknowledgedepot.ca/improvingcare/pctelehealth.asp>
- Schlachta-Fairchild, L., et al. (2010). Telehealth and telenursing are live: APN policy and practice implications. *The Journal for Nurse Practitioners*, 6(2), 98-106.
- Steinle, R., Dube, J., & LeBlanc, B. (2013). Finally, some guidance on telepractice. *Grey Areas*, (April: No. 175), Toronto, ON.