Telenursing
Practice Guidelines

TABLE OF CONTENTS

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 (2001, p. 1), 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.

Nursing telehealth has emerged in many parts of the country as a 'desirable alternative for consumer access to the healthcare system' (Centennial College, 2005). Although telehealth is within the scope of nursing practice — and registered nurses have the necessary knowledge and skills to provide safe, competent, compassionate and ethical care — additional specialized knowledge, skills and education are required for telenursing practice.

The National Initiative for Telehealth Framework of Guidelines (NIFTE) was developed in 2003 for clinically-related telehealth activities such as teletriage, 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), based largely on the NIFTE framework, as a resource for registered nurses who are providing or considering providing professional nursing services through the use of telehealth technologies. The content within these guidelines is presented in a 'Question & Answer' format. However, in response to the ever-changing nature of technology, it is important to note that these guidelines will require ongoing updates.

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, 2005).

Technologies used in telenursing may include, but are not limited to:
- telephones (land lines and cellphones)
- personal digital assistants (PDAs)
- facsimile machines (faxes)
- 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, in telenursing these 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
- 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 video, computer, and data equipment to monitor the condition/health status of clients
- monitor the status of clients in their homes or early-discharge hospital clients over the telephone (e.g., blood pressures and pulses)
- assist travelers to obtain health care at their destinations
- assist with client surgeries from a distant site
- 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 (CNO, 2005; Centre for E-Health Nursing, 2006; Canadian Nursing Informatics Association).

In its ongoing quest to improve public access to healthcare services, the Nova Scotia Department of Health is currently working toward the establishment of a self-care/telecare initiative, to provide toll-free 24/7 hotline access to teletriage and health information.

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, 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 (*Personal Information Protection & Electronic Documents Act,* 2000, Division 4, No. 20: CRNNS *Documentation Guidelines for Registered Nurses,* 2005, p. 13*)*.

Q

What are the pro's and con's of telenursing?

A

Proponents of telenursing think it increases public access to health services, especially for people living in rural areas and those with compromised health status. These individuals also propose that telenursing will decrease waiting times, reduce unnecessary visits to emergency rooms and physicians' offices, enable clients to leave hospitals sooner or stay at home longer before becoming institutionalized, and potentially reduce costs for public travel and professional overhead expenses. Another benefit cited includes the immediacy of information provided to clients to help them meet their healthcare needs.

In addition to healthcare professionals in rural areas valuing telehealth, clients have reported decreased isolation as a positive aspect of being able to access health services in their communities via technology (Curran & Church, 1999, p. 48). "It (telehelath) is especially useful in cases of elderly and chronically ill clients who need to be nursed at home and are remotely located" (Arnaert, A., & Delesie, L., 2001, p.311).

Promoting the availability of communication technologies may also help attract healthcare professionals to rural or underserved areas as this will enable them to access other healthcare providers through mechanisms such as videoconferencing and the Internet (American Nurses Association, 1999).

Evaluations of telehealth projects in various aspects of nursing (e.g., education, administration, clinical practice) have had positive results. For instance, applications of telehealth in education have shown the potential to bring interactive education, potentially rich in visual content, to audiences dispersed over immense geographical areas in a logistical and cost-effective manner that could not have been achieved through any other means (Moehr, J., 2005, p. iv). This evaluation also demonstrated that from an administrative perspective the avoidance of travel for in-person meetings is more than just a matter of convenience and cost savings; it is essential for conducting the business of health care in a safe and responsible manner. In fact, telehealth is considered to be so effective that in 1997 the World Health Organization announced that it has become part of their "health for all" strategy and should be made available to all people (World Health Organization, 1997, p.1).

Alternatively, opponents to telehealth fear the absence of direct hands-on assessments or face-to-face interactions will diminish the quality of health care and increase liability risks (Robbins, 1998, p.134; Canadian Nurses Protective Society, 2005). Concerns have also been expressed in relation to the potential for agencies to reduce healthcare expenditures by replacing face-to-face encounters with connections via telehealth technologies … even in situations when personal contacts would be deemed to be in the best interests of a client (e.g., need for more emotional support, therapeutic touch).

Other potentially negative impacts raised in relation to telehealth include:
- likelihood of technology failures
- increased risks to the security and confidentiality of clients' health information and records
- potential for health providers to step outside their scopes of practice
- inability (increased difficulty) to provide clients with information to allow them to make informed decisions about whether to give or refuse consent
- responsibilities of employers to ensure personnel have the necessary competencies
- consideration for additional professional liability insurance if clients are located in another province or country (Steinecke, Maciura, & LeBlanc, 2002, p.51).

It is well recognized that assessments and the ongoing collection and analysis of relevant data are required to promote and support the sustainability of telehealth programs (NIFTE, 2003, p. 35). In addition, there is a need to establish clinical outcomes evaluations and indicators. However, it is important to note that the identification and measurement of these indicators will be partially dependent on the telehealth service being used/evaluated.

REGISTERED NURSES AND TELENURSING

Definition of Nursing

The "practice of nursing" means the application of specialized and evidence based knowledge of nursing theory, health and human sciences, inclusive of principles of primary health care, in the provision of professional services to a broad array of clients ranging from stable or predictable to unstable or unpredictable, and includes

(i)   assessing the client to establish their state of health and wellness;
(ii) identifying the nursing diagnosis based on the client assessment and analysis of all relevant data/information;
(iii) developing and implementing the nursing component of the client's plan of care;
(iv) coordinating client care in collaboration with other health care disciplines;
(v)   monitoring and adjusting the plan of care based on client responses;
(vi) evaluating the client's outcomes;
(vii) such other roles, functions and accountabilities within the scope of practice of the profession which support client safety and quality care;

in order to

(A) promote, maintain or restore health;
(B) prevent illness and disease;
(C) manage acute illness;
(D) manage chronic disease;
(E) provide palliative care;
(F) provide rehabilitative care;
(G) provide guidance and counseling; and
(H) make referrals to other healthcare providers and community resources;

and also includes research, education, consultation, management, administration, regulation, policy or system development relevant to the above.

Registered Nurses Act (2006)

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 (i.e., as outlined in various policy documents such as the *Registered Nurses Act*, the College's *Standards for Nursing Practice*, CNA's *Code of Ethics*, and various College guidelines and position statements). Nurses' practice should also reflect agency guidelines, other relevant acts such as PIPEDA and 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 medical function).

Q If a nurse practising 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".

In other words, nurses are required to be registered in the jurisdiction in which they reside when providing telenursing. In this licensure model, the client is in effect "electronically transported" to the RN to receive nursing services (Pong, 1999).

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. Legal precedents are yet to be developed in this aspect of telenursing practice; however, the possibility of having Pan-Canadian mechanisms or approaches, such as special licensures or special telehealth permits, may become a reality in the future (NIFTE, 2003, p. 44).

As primary health care and the use of technologies in health care become more prevalent, healthcare consumers may be more likely to seek assistance through telenursing. As a result, mechanisms will be required to address potential client concerns regarding this practice, and the College, registered nurses, and employers of registered nurses will have a role to play in ensuring clients have access to information about telehealth/telenursing.

Q

Could a nurse practising 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 practising 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. Although a lack of legal precedents creates uncertainty about liability in telehealth, clearly defined accountabilities will be 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.

Risk management in terms of telehealth could include ensuring the security and integrity of relevant websites, with the use of disclaimers being of particular importance. Disclaimers on websites and/or e-mail messages help define accountabilities and minimize liability. 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. While the nurse could, and should, ensure that all links or 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.

The following questions may prove helpful to nurses in developing their own websites and evaluating the trustworthiness of others:

*   Is the resource credible? (e.g., is the author/organization name clearly stated? is the author/organization an accredited authority?)
*   Is the content suitable? (e.g., is there enough information or detail?)
*   Is the resource timely? (e.g., is the information reviewed and/or updated on a regular basis?)
*   Is there clear and adequate disclosure? (e.g., is the author's/organization's interest and/ or mandate in developing and sharing the information clear? are commercial links/ sponsorships stated?)
*   Is there a clear caution statement? (e.g., does the site offer a clear statement that health information should not be taken as health advice or a substitute, where applicable? If fees are charged for services are they clearly noted and explained?)
*   Does the website have a security certificate to validate its authenticity?

Adapted from Netlife Magazine, May/June 2000, p. 29 (**www.canadian-health-network.ca**).

The Canadian Nurses Protective Society (CNPS) has a comprehensive library of online publications, articles, and *info*LAW 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

Is liability protection an issue in telenursing?

A

Face-to-face interactions are still considered to be the best way to ensure accurate communications between nurses and clients (CNPS, 1997). Given this, the importance of developing policies to support safe, competent, compassionate and ethical telenursing cannot be overstated. Examples of further policy development and/or practices needed to help reduce liability risks include:
- using consistent tools to collect data (see CNPS *info*Law *Telephone Advice*)
- using evidence-based, protocol-driven software or data to support telenursing
- consulting other care providers when appropriate (e.g., "when in doubt, check it out").

Employers generally provide insurance protection for registered nurses. However, liability protection is provided by CNPS, for nurses who hold active-practising status with a member association of CNPS and who are practising nursing in accordance with their provincial nursing legislation (the College of Registered Nurses of Nova Scotia is a member association).

The need for additional liability protection for nurses practising telenursing depends on a number of factors, such as the:

- types of technology to be used (e.g., Internet)
- services to be provided (e.g., expanded scope of practice)
- location of the clients (e.g., outside of Canada)
- employment status of the registered nurse (e.g., self-employed).

RNs practising or considering practising telenursing are encouraged to discuss liability issues with their employers, legal counsel, and/or CNPS. Additional liability protection (e.g., CNPS Plus) may be available to practising RNs (MacLean, P., 2001; CNPS, 1999).

"Nursing informatics integrates nursing science, computer science, and information science to manage and communicate data, information, and knowledge in nursing practice. Nursing informatics facilitates the integration of data, information, and knowledge to support clients, nurses, and other providers in their decision-making in all roles and settings."

(Staggers & Bagley-Thompson, 2002).

Increasing pressures to improve access to healthcare services while containing costs, along with the concurrent growth in information technology and communication systems, is leading to further exploration of opportunities to apply these technologies in health care.

College of Registered Nurses of Nova Scotia

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). However, registered nurses practising telenursing should also possess:

- personal characteristics (e.g., positive attitude, open-mindedness towards technology and good people skills) that will facilitate their involvement and advance the telehealth program (see *Knowledge, Skills and Attitudes for Telehealth Personnel,* NIFTE, 2003, Table 4.1, p. 47).
- knowledge and ability to navigate the technology system and environment (e.g., the knowledge and skill to properly operate hand-held cameras, videoconferencing equipment, computers, etc.)
- an understanding of the limitations of the technology being used (e.g., able to determine if vital signs are being monitored accurately by specific equipment)
- the ability to recognize when telehealth approaches are not appropriate for a client's needs (i.e., not 'reasonably' equivalent to any other type of care that can be delivered to the client, considering the specific context, location and timing, and relative availability of traditional care), includes assessment of a client's level of comfort with telehealth (NIFTE, 2003, p. 8)
- ability to modify clients' care plans based on above noted assessments (NIFTE, 2003, p. 8)
- awareness of client risks associated with telehealth and willingness to develop back-up plans and safeguards (CRNBC, 2005)
- knowledge, understanding and application of telehealth operational protocols and procedures
- competent enhanced communication skills
- appropriate video/telephone behaviours (NIFTE, 2003, p. 8)
- awareness of the evidence base for their practice and areas of practice in need of research
- the ability to deliver competent nursing services by regularly assessing their own competence, identifying areas for learning, and addressing knowledge gaps in relation to the area of practice and relevant decision-based software and technology.

9

When telenursing may not be appropriate …
- *in a telephone assessment of the ongoing health needs/progress of a hearing impaired client post-hospital discharge, when the telephones being used lack enhanced features.*
- *in a home assessment of a chronic leg ulcer, when the client has advanced rheumatoid arthritis or Parkinson's disease and would need to use a hand-held camera*

Note: In both these examples, in-person interactions may be the best way to conduct ongoing nursing assessments and facilitate effective two-way communications.

Requisite clinical knowledge for competent telenursing (examples):
- *Registered nurses employed in a call-centre responsible for triaging health concerns should possess clinical competencies in emergency and/or critical care nursing practice.*
- *Assessment of the needs of seniors, through the use of in-home video monitoring systems, should be conducted by nurses with expertise in home care and gerontological nursing.*

Q
What about continuing competence?

A

According to the *Standards for Nursing Practice* (Standard 2), registered nurses have the primary responsibility to ensure that their clinical and technical competencies are current. The College's Continuing Competence Program (i.e., *Building Your Profile*™) 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 *Building Your Profile*™ 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. The required amount/type of formal education and on-the-job training will depend on the nature of the telehealth service offered. In light of the evolving nature of telehealth services there is a need for continuing education/professional development in this area, and already certificate programs in telehealth are becoming more common in Canadian universities and colleges.

Although the onus for education has fallen primarily on the telehealth service providers, 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). Additional information can be accessed at the Canadian Nursing Informatics Association's website (**www.cnia.ca/education.htm**).

Therapeutic Nurse-Client Relationships

Q

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

A

Therapeutic nurse-client relationships are formed when nurses provide care to clients. These relationships are formed to: a) gain an understanding of a client's need for care based on a comprehensive assessment, and b) create an environment in which care can be provided safely, effectively and ethically.

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 also be characterized by trust, respect, and intimacy, and should always take into consideration clients' cultural (including language), spiritual, and psychosocial needs and preferences.

However, it is important to keep in mind that there is inherent vulnerability in nurse-client relationships based on clients' need for care. Nurses practising telenursing should pay particular attention to these vulnerabilities as they could be further compounded by clients' fear and/or intimidation of the technologies being used.

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 Expectations for Nurse-Client Relationships,* CRNNS, 2002).

Q

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

A

Although effective communications are essential to 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:

- establish a 'duty of care' in all telehealth encounters, to clarify ongoing responsibility for the client, as well as the roles and responsibilities of other healthcare providers (NIFTE, 2003, p.8 and 30: *Professional Practice Guidelines*: *Duty to Provide Care,* 2007, p. 2).
- 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, nurses should:

- ask open-ended questions: to elicit sufficient data to 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 (College of Nurses of Ontario, 2005, p. 4).

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 terms of 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).

According to Gauthier (2008), because registered nurses have a high level of public trust and are held to high standards of professional conduct, what they do outside their practice setting may also affect how they are perceived professionally. She advises nurses to protect client privacy by being cautious when using social networking sites (e.g., blogs, Facebook and Myspace), and notes that it is not appropriate to share client information unless it is with other members of the healthcare team, for the sole purpose of providing care, and/or the client has given consent.

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 (NIFTE, 2003, p. 9; PIPEDA, 2000, Division 4, No. 20).

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 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. For example, if a nurse's plan includes using telenursing in place of face-to-face or in-person interactions, and the client wants to meet with the nurse in-person, the nurse involved should take steps to ensure that the client is able to access the care required (i.e., referring the client to a registered nurse in another care setting).

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?

A

Consent to care via telenuring may be implicit (e.g., a client accessing health information via a call-centre service) or explicit (e.g., the use of videoconferencing from a client's home to monitor the progress of a chronic disease). Regardless of whether consent is implicit or explicit, all registered nurses must comply with agency policies on informed consent.

It is also important to keep in mind, that consents must:
- be genuine and voluntary
- be with the client's knowledge of who is in the room when a consent is being obtained
- relate to a legal procedure (e.g., one that is within the practitioner's scope of practice)
- authorize a particular treatment or care measure, to be provided by a particular care giver
- be obtained from a consenter with the legal and necessary mental capacity
- come from an informed consenter (CNPS, 1994).

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, 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).

Existing clinical practice guidelines should 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).

Registered nurses must possess the qualifications, competencies and skills required to practise telenursing, and must also adhere to agency protocols and procedures related to telehealth practices (NIFTE, 2003, p. 8).

Registered nurses also need to be aware of and support their agency's method for collecting, evaluating and reporting meaningful healthcare outcome data, including indicators of efficiency (e.g., cost per case, timeliness, accessibility, elimination of client transfer/travel, waiting times) and clinical effectiveness (e.g., diagnostic accuracy, validation of diagnostics, appropriateness of service delivered, information provided, referrals made, client safety, client satisfaction, acceptability, and reviews of complications, morbidity and poor outcomes)
(NIFTE, 2003, p.9).

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 to support client access to information on the licensing status of nurses. Registered nurses practising telenursing should also be aware of policies and mechanisms available through the College, their licensing body.

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 (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).

Similarly, an option in interactive voice response menus could detail privacy and licensing issues. For a nurse providing services over the Internet or through e-health, a link to the College website could be included to facilitate the client's access to information about the College and the services it provides (e.g., registration status, professional conduct processes, professional practice standards). As well, a clear explanation of accountability and privacy/confidentiality should be included on the homepage of a website or linked from the e-mail signature.

Q

What accountabilities apply specifically to registered nurses practising telenursing?

A

Telenursing services require registered nurses to:
- inform clients of their full name, qualifications and registration status (clients may wish to confirm registration status with the regulatory authority)
- never leave confidential information on a voice-message system unless a client has indicated that s/he considers it acceptable to do so (*Documentation Guidelines for Registered Nurses*, 2005, p. 19)
- inform clients of the telehealth process, including other persons/professionals who may be participating or present in a telehealth consultation, and obtain consent before proceeding (Milholland, D.K., 2000)
- inform clients about their choices regarding telenursing, and ensure telenursing services are augmented by face-to-face interactions as needed
- collaborate with other members of the healthcare team, when appropriate and as necessary, to ensure quality care and effective service
- engage in the evaluation of their practise in relation to issues of quality, safety and client outcomes
- participate in the development, implementation, evaluation and improvement of all aspects of telehealth related to nursing practice, including policy development
- comply with existing organizational policies and guidelines relating to privacy confidentiality, informed consent, information security and documentation when providing telenursing care
- participate in developing new or modifying existing policies and guidelines, as necessary, to address telehealth-specific issues
- advocate for technological innovations and systems that support safe, competent, compassionate and ethical care, and enhance the quality of nursing care and services
- adhere to and advocate for agency policies that support informed consent
- protect the confidentiality and security of client information, and ensure the privacy of interactions by developing and/or implementing appropriate policies
- support evidence-based practice by evaluating the effectiveness of telenursing services, and modifying and improving practices accordingly.

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 Nursing Practice 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:
* *Guidelines for Delegated Medical Functions and Medical Directives (2005)*
* *Documentation Guidelines for Registered Nurses (2005)*
* *A Guide for Self-Employed Registered Nurses (2003) (if applicable)*
* *Professional Boundaries and Expectations for Nurse-Client Relationships (2002)*

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.

Additional resources available:
* *info*LAW on *Telephone Advice* (2002); published by the Canadian Nurses Protective Society (CNPS): www.cnps.ca (member website)
* Position statement on *The Role of the Nurse in Telepractice*; published by the Canadian Nurses Association (CNA): www.cna-aiic.ca

Q

Are there specialty standards to guide telenursing practice?

A

Standards that guide telenursing practice include the:
* College's *Standards for Nursing Practice* (guiding the practice of every registered nurse)
* *National Initiative for Telehealth Framework of Guidelines* (NIFTE): 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. The focus of the document is on telehealth activities related to the provision of clinical services (i.e., teletriage,

telecare, and teleconsultation). A number of topics are addressed in five main content areas related to telehealth:

- Clinical Standards and Outcomes
- Human Resources
- Organizational Readiness
- Organizational Leadership
- Technology and Equipment

(NIFTE document available on the Canadian Society for Telehealth website: www.cst-sct.org/en/index.phb?module=library&VV_DocumentManager_ op=viewDocument&VV_Document_id=47.)

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* (2005). This document provides general guidelines for all forms of documentation and addresses the general principles of documentation regardless of whether they are in paper-based or electronic formats.

Q

What is the role of employers in relation to telenursing?

EMPLOYERS AND TELENURSING

A

Employers are expected to share the responsibility of ensuring that RNs acquire and maintain the necessary competencies to practise in their respective areas. Specifically, employers are expected to facilitate RNs' continuing competence by providing detailed orientation programs that support safe, competent, compassionate and ethical care. The content of orientation programs related to telenursing practice might include:

- an overview of the protocols most frequently used
- an introduction to relevant communication media
- a review of selected telenursing interactions (e.g., recordings, video, or documented notes)
- a demonstration and hands-on practice with computer software programs
- observation/preceptoring experiences with a nurse skilled in the provision of telenursing 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.

Q

What aspects of telenursing should be guided through policy?

POLICY DEVELOPMENT

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 for Nursing Practice* and *Code of Ethics*. In addition, RNs and their employers should be aware of relevant privacy legislation (e.g., *Personal Information Protection and Electronic Documents Act*, 2000) that may impact nursing practice, and incorporate/develop appropriate policy consistent with legislation (see *Documentation Guidelines for Registered Nurses*, p. 13).

Q

What should be taken into consideration when developing policies related to informed consent?

A

Policies related to informed consent should be integrated into an agency's existing consent processes/documentation. Risk management teams and legal counsel should be included in the process of determining an appropriate consent policy.

Policies to guide communications with clients prior to a telenursing encounter should include informing them of:
- the name of the registered nurse, as well as the organization with whom s/he is employed and where this organization is located
- who will be participating in the encounter (e.g., people in the room during an examination, supervisor listening to conversations for quality assurance purposes)
- the process (how and by whom the consent is to be obtained) of such an encounter
- how the technologies work and what is involved in any specific application (e.g., what to expect during the interaction)
- potential risks and benefits
- the choice to decline participation, and available alternatives
- how care will be documented (e.g., videotaping, still pictures, voice recording or documenting on a client record)
- security, privacy, and confidentiality of information
- who is responsible for ongoing care
- the right to withdraw consent at any time

(NIFTE, 2003, p. 9)

Written informed consent is to be obtained prior to specific telehealth encounters, as required by applicable legislation and regulations, such as: robotic or invasive treatment, videotaping and/or recording of the encounter, use of information for promotional/media events, client photography, and other medical acts that would normally require written consent in traditional healthcare settings.

Informed consent related to telenursing may also require the development of policies to explain the following:
- where information will be stored and for how long
- who will have access to the information
- a mechanism to determine a client's capacity to provide an informed consent, when appropriate,
- anonymous callers
- contingency plans should technology fail or be insufficient for clinical diagnosis/management.

Q

What should be addressed in policies related to security, confidentiality and privacy?

A

Policies to protect security, confidentiality and privacy should define:
- who can be in a room when information is being obtained (e.g., is a private space provided by the employer to ensure confidentiality)
- who can listen and/or observe the transmission/receiving of information (e.g., if calls are monitored for quality assurance purposes this should be conveyed to clients)
- what type of information may be shared and with whom
- where records/data will be stored, by whom, and for how long
- who can access the records
- who is responsible for maintaining security.

Confidentiality guidelines, policies/procedures might also include reference to:
- site security
- maintenance of stored and forwarded documentation (e.g., electronic data back-up), including photographs and videotapes (see *Documentation Guidelines for Registered Nurses*, 2005, p. 15; NIFTE, 2003, p. 88)
- employee confidentiality agreements for support/teaching staff associated with a telehealth encounter
- physical security of telehealth equipment being used and electronic security of data, for example:
    - telehealth equipment being kept behind locked doors, whenever possible
    - peripherals and other movable equipment being physically secured
    - access to telehealth equipment being limited through the use of keys and passwords
    - Integrated Services Digital Network (ISDN) and Internet Protocol (IP) networks requiring user authentication protection
    - IP networks requiring a secure network behind a firewall with encryption
    - use of screensavers (NIFTE, 2003, p. 81)

- sound-proofing of rooms/headsets
- establishment of security and ownership of client records
- informing clients of the name, organization/location and type of health professional they are speaking to, as well as all individuals party to an encounter
- disclaimer policy related to privacy legislation
- process to secure client consent to obtain, use, disclose and transmit information (e.g., permission to fax/send information to a hospital or family physician) (NIFTE, 2003, p. 8).

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 telenusing 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. 224 (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**.

REFERENCES

American Nurses Association. (1997). *Telephone nursing practice administration and practice standards*. Maryland: Author.

American Nurses Association. (1999). *Competencies for telehealth technologies in nursing*. Maryland: Author.

Arnaert, A., & Delesie, L. (2001). Telenursing for the elderly. The case for care via video-telephone. *Journal of Telemedicine and Telecare*, 7(6): 311-6.

Canada Health Infoway. (2002). *Presentation of Business Plan*. [On-line]. Retrieved December 17, 2008, from http://www.infoway-inforoute.ca/lang-en/about-ehr

Canada's Health Informatics Association (COACH). (2007). *Guidelines for the Protection of Health Information*. [On-line]. Retrieved December 17, 2008, from http://www.coachorg.com/

Canadian Institute for Health Information. (2002). *Privacy and Confidentiality of Health Information at CIHI: Principles and Policies for the Protection of Personal Health Information and Policies for Institution-Identifiable Information*, 3rd edition. Ottawa: Author.

Canadian Nurses Association. (2001). The role of the nurse in telepractice: Position Statement. Ottawa: Author.

Canadian Nurses Association. (2005). NurseONE, the Canadian Nurses Portal. Ottawa: Author. Retrieved August 1, 2006, from http://cna-aiic.ca/CNA/nursing/portal/default_e.aspx

Canadian Nursing Informatics Association. (2006). Retrieved August 1, 2006, from http://www.cnia.ca/about.htm

Canadian Nursing Informatics Association. (2002). Staggers, Bagley-Thompson quote. Retrieved from CNIA website August 4, 2006 from http://www.cnia.ca/

Canadian Nurses Protective Society. (1994). Consent to treatment: The role of the nurse. *info*LAW, 3 (2). Ottawa: Author.

Canadian Nurses Protective Society. (2005). Telephone Advice. *info*LAW, 6(1). Ottawa: Author.

Canadian Nurses Protective Society. (2005). Privacy. *info*LAW, 14(2). Ottawa: Author.

Canadian Society for Telehealth. (2001). *National Telehealth Interoperability Workshop* Report. [On-line]. Available: http://www.cst-sct.org

Centennial College. (2005). Nursing Telehealth. Available online: http://www.centennialcollege.ca/future/schs_ce_rn_telehealth.jsp

Centre for E-Health Nursing. (2006). Retrieved August 1, 2006, from http://www.ehealthnurse.com/centerehealth.html

College of Nurses of Ontario. (2005). *Telepractice: Practice Guideline*. Toronto: Author.

College of Physicians and Surgeons of Ontario. (2001). *Consent to Medical Treatment,* Policy #1-01. [On-line] Available: www.cpso.on.ca/policies/consent.htm

College of Registered Nurses of British Columbia. (2005). *Telehealth*. Practice Standard. Vancouver: Author.

College of Registered Nurses of Nova Scotia. (2005). *Documentation guidelines for registered nurses*. Halifax: Author.

College of Registered Nurses of Nova Scotia. (2002). *Professional boundaries and expectations for nurse-client relationships*. Halifax: Author.

College of Registered Nurses of Nova Scotia. (2007). *Professional practice guidelines: Duty to provide care.* Halifax: Author.

Curran, V.R., & Church, J.G. (1999). A study of rural women's satisfaction with a breast cancer self-help network. *Journal of Telemedicine and Telecare*, 5(1), 47-54. Retrieved August 1, 2006, from http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed& list_uids=10505369&dopt=Abstract

Dorland, W.A.N. (2007). *Dorland's Illustrated Medical Dictionary*. (31st ed.). Philadelphia: W.B. Saunders.

Dykeman, M.J. (2000). *Consent to Treatment. Canadian Health Law Practice Manual.* Markham: Butterworths Publishing.

Gauthier, M. (2008). Technology and Confidentiality. *Nursing BC*. 40(2). p.11-12.

Government of Canada. (2000). *Personal Information Protection and Electronic Documents Act* (PIPEDA). Retrieved December 17, 2008, from http://www.privcom.gc.ca/ legislation/02_06_01_01_e.asp

Industry Canada. (2005). http://strategis.ic.gc.ca/epic/internet/inict-tic.nsf/en/it07554e.html

Institute of Electrical and Electronic Engineers. (1990). *IEEE Standard Computer Dictionary: A Compilation of IEEE Standard Computer Glossaries*. New York: IEEE.

MacLean, P. (1998). *Telephone advice. Is it safe?* Retrieved August 3, 2006, from http://www.cnps.ca/members/publications/articles/teladvice/teladv_article_e.html

Manitoba Association of Registered Nurses. (1997). *Telephone nursing care guidelines*. Winnipeg: Author.

Milholland, D.K. (2000). *Telehealth & telenursing: Nursing and technology advance together*. International Council of Nurses.

Moehr, J. (2005). *BC Telehealth Program Final Evaluation Report*. Retrieved August 1, 2006, from http://hinf.uvic.ca/archives/t_health.pdf

Morris, J.J., Ferguson, M., & Dykeman, M.J. (1999). *Canadian nurses and the Law*. Markham, ON: Butterworths Publishing.

25

National Initiative for Telehealth Guidelines. (2003). National Initiative for Telehealth (NIFTE) Framework of Guidelines. Ottawa: NIFTE.

Netlife Magazine. (2000). Retrieved August 4, 2006, from www.canadian-health-network.ca.

Phillips, E. (1994). Accountability, responsibility, liability. *The Canadian Nurse,* April. Retrieved August 3, 2006, from http://www.cnps.ca/members/publications/articles/accountability/accountability_e.html

Pong, R.W. (1999). Licensing physicians for telehealth practices: Issues and policy options. *Health Law Review*, 8(1), 3-14.

Robbins, K.C. (1998). Telenursing: Using technology to deliver health care. *American Nephrology Nurses Association Journal*, 25 (2), p. 134.

Steinecke, R., Maciura, J., & LeBlanc, B. (2002). Regulating telepractice. *Grey Areas*, (May: No. 51). Toronto, ON.

Tapp, A. (2001). The legal risks of e-mail. Retrieved August 3, 2006, from http://www.cnps.ca/members/publications/articles/risks/risks_e.html

Word Web. (2008). Retrieved December 17, 2008, from http://www.wordwebonline.com/en/LIABILITY

World Health Organization. *Telehealth and telemedicine will henceforth be part of the strategy for health for all*. Press release, December 23, 1997.

APPENDIX: GLOSSARY OF TERMS

Client: refers to individuals, groups, populations or entire communities who require nursing care.

Competency: the specific knowledge, skills, judgement and personal attributes required to practice safely and ethically in a designated role and setting (Canadian Nurses Association, 1997).

Confidentiality: information to be kept private is safeguarded, with guaranteed limits on the use and distribution of information collected from individuals (Canadian Council on Health Services Accreditation, 2001). The duty to ensure that information is accessible only to authorized persons (Canadian Institute for Health Information, 2002).

Consent: See "Informed consent".

Continuity: the provision of unbroken services that are coordinated within and across programs and organizations, as well as during the transition between levels of services, across the continuum and over time (Canadian Council on Health Services Accreditation, 2001).

Continuum: an integrated seamless system of settings, services, service providers, and service levels to meet the needs of clients or defined populations. Elements of the continuum are: self-care and service, continuing care and service, rehabilitation and support (Canadian Council on Health Services Accreditation, 2001: cited in NIFTE).

Duty of care: a legal term used to describe the obligation imposed on individuals requiring that they exercise a reasonable standard of care while providing nursing services (Morris, Ferguson, and Dykeman, 1999, p. 153). In order for a duty of care to arise there must be a sufficient relationship between a nurse and client.

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 (EHR): provides each individual in Canada with a secure and private lifetime record of their key health history and care within the health system. The record is available electronically to authorized healthcare providers and the individual anywhere, anytime in support of high quality care (Canada Health Infoway, 2002: cited in NIFTE).

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 (Registered Nurses Act, 2006, Section 2(k)).

Informed consent: voluntary permission given by a subject or guardian for participation in a study or investigation, or for health care, after having been informed of the purpose, methods, procedures, benefits and risks (Dorland, 2000) and is the primary means of protecting a client's right to control his or her medical treatment (Dykeman, 2000). In non-emergency situations, five conditions must be present in order for consent to be valid: the client providing the consent must be capable, the consent must be related to the treatment, it must be informed, it must be given voluntarily, and it must not be obtained through misrepresentation or fraud (College of Physicians and Surgeons of Ontario, 2001). Types of consent include:

- expressed consent: where an individual provides explicit signification that they have granted it (may be in writing or verbal)
- implied consent: circumstances in which an individual's action reasonably causes another party to interpret consent as having been granted.

Liability: legal responsibility for one's acts or omissions (Word Web). (2008).. retrieved December 17, 2008. 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.

Outcomes: changes in health status, or the consequence of service (results) (Canadian Council on Health Services Accreditation, 2001 – need in references?).

Personal health information: any information in any form – electronic, written, verbal, etc. – about an identifiable person. This includes information that is specifically health related as well as information that is not always considered directly related to a person's health, such as his or her name, address, telephone number, or health insurance number. It also includes genetic information and blood and tissue samples (Canada's Health Informatics Association: COACH, 2007).

Privacy: the right of an individual to control the collection, use and disclosure of personal health information about himself or herself (Canadian Institute for Health Information, 2002).

Qualified staff: those staff having the credentials and competence to perform specific acts by being professionally and legally prepared, and by being legally authorized. This may include registration, certification, licensure, or other formal approval; and training or experience in proportion with the assigned responsibilities (adapted Canadian Council on Health Services Accreditation, 2001).

Security: the protection of personal health information from unauthorized or unintentional loss, theft, access, use, modification, or disclosure (Canadian Institute for Health information, 2002). Security involves the protection of computer hardware and software from accidental or malicious access, use, modification, destruction, or disclosure. Security also pertains to personnel, data, communications, and the physical protection of computer installations (Institute of Electrical and Electronic Engineers Standard Dictionary of Electrical and Electronics Terms, 1990).

Telehealth: refers to the use of communications and information technology to deliver health and healthcare services and information over large and small distances (Industry Canada, 2005). The use of advanced telecommunications technologies to exchange health information and provide health care services across geographic, time, social, and cultural barriers (Canadian Society for Telehealth, 2001).

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.

Notes