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Telehealth: Great potential or risky terrain?

The use of information and communication technology (ICT) in the health services sector is skyrocketing. When so much of health care involves communicating the right information to the right people at the right time, today's technology can be a very effective tool.

"Telehealth" has been defined by Industry Canada's Advisory Council on Health Info-structure as "the use of information and communications technology to deliver health and health care services and information over large and small distances."¹

There are many forms of telehealth including **telemedicine**, which is employed by medical professionals to view and discuss diagnostic information, for example. **Tele-education** has been used by various health professions for many years, to provide training and continuing education, particularly to professionals in areas outside the main urban centres in Canada. And, **nursing telepractice** (or "telenursing") is a telehealth application that involves registered nurses.²

Providing health advice via ICTs has become a common – and sometimes cost-effective – way to communicate and provide health services in the United States, Europe and Japan. It is especially appropriate in Canada where our geography often separates people by long distances from health care providers.

Telehealth is considered to be so effective that the World Health Organization announced in 1997 that it is part of WHO's "health for all" strategy. The then Director-General noted that telehealth is an advance in public health that should be made available to all people.³

Nurses on the line

Nurses are increasingly becoming involved in tele-

health through nursing telepractice. The partnership of nursing expertise and call centre technology, for example, has resulted in nurses being employed by large telehealth call centres to provide information to clients by telephone, fax or e-mail. A national working group chaired by the Canadian Nurses Association has defined nursing telepractice as "client-centred forms of nursing practice, which occur through, or are facilitated by, the use of telecommunications or electronic means. Nursing telepractice uses the nursing process, which encompasses client assessment, planning and implementation through the provision of information, referral, education and support, evaluation and documentation."⁴

Typically, nursing telepractice is interactive. Common settings for a nursing

role in telehealth include call centres, specific disease management centres or services, medical offices, hospital departments including emergency rooms, community health centres and public health departments. In addition, some nurses have opened their own consulting firms, providing information and advice by telephone.

Nursing telepractice may employ the telephone, wireless

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communications, video-imaging equipment, or computer include services such as:

- Communicating results of laboratory tests to clients.
- Telephone “triage” or providing advice and support to those with immediate concerns.
- Telephone follow-up for recently discharged clients or new mothers.
- Providing ongoing care and information to clients regarding chronic diseases such as diabetes and asthma.
- Providing health information to travellers.
- Monitoring home care clients via telephone or video conferencing, which may include a connection to health status monitoring equipment.

Risky new terrain?

Although nurses have been providing advice and information to clients over the telephone for many years, several factors have generated new issues and areas of concern. Historically, many nurses have taken calls while working in emergency departments or have received post-discharge calls from anxious clients and families. What is new is the growth in consumer demand, expansion of communications technologies and the resulting emergence of new provider roles requiring standards and protocols in order to maintain quality and safety of care.

Among the issues raised are concerns about the regulation of nursing telepractice, qualifications required, privacy and confidentiality considerations, legal implications, and the responsibilities of employers.

Professional practice

A key issue is protection of the public. As communication technology provides the means for nurse-client communication without face-to-face consultation, professional accountability becomes more complex. The

question is, how do professional nursing organizations and regulatory bodies promote good practice, prevent poor practice and intervene or discipline as necessary, when the nurse and client may be thousands of miles apart and the interaction is electronic?

Licensing and regulation of the nursing profession in Canada is administered through the provinces and territories, which have the responsibility to protect the public. One of the greatest challenges in telehealth is accountability and more specifically, to which jurisdiction’s standards is the nurse held accountable when the nurse and client are not in the same province or territory and the “encounter” occurs in cyberspace?

This issue is being discussed by many professional groups and government. In the United States, some professions are moving to a “client-centred” locus of accountability, which means that health professionals engaged in telepractice would have to be registered in the client’s state. Some legal experts say, however, that based on existing law regarding professional practice, the model of nurse-centred accountability currently being considered in Canada is more realistic.

Since the fall of 1998, CNA has been working with nursing association representatives and provincial and territorial registrars to address the issues of professional practice and regulation as they relate to nursing telepractice. These discussions have resulted in several recommendations on how best to ensure safe, high quality nursing telepractice.

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Although no national policy has been adopted and no legal precedent set, the concept most widely supported by this group to date is that of “nurse-centred” locus of accountability. This means that nurses whose work includes telepractice must be registered or licensed for active practice in the province where they work and the nurse shall be considered to be practising in that province or territory, regardless of the location of the client.

In such a model, the nurse should inform the client of his or her name, professional designation, provincial/territorial regulatory body and place of work so that the client has the option of seeking further information about the nurse should the client wish to file a complaint. In the event complaints are filed, provincial/territorial regulatory bodies should have mechanisms in place so that out-of-jurisdiction matters can be handled confidentially and to the satisfaction of the public.

Qualifications for nurses in telepractice

Generally, nurses engaged in telepractice require additional competencies to those expected of novice nurses. Telepractising nurses must employ the nursing process (assess, plan, implement, evaluate and document) in the delivery of this specialized form of health care. However, many employers also require additional qualifications, such as: exceptional communication skills; specialized knowledge and skills depending on the client population served; computer skills; and at least three to five years of experience in a variety of acute and/or community care settings.^{5,6,7}

In general, nurses employed in telehealth should:

- View telepractice as a delivery method for nursing skills and demonstrate knowledge of relevant telehealth technology.
- Establish a therapeutic relationship with the client.
- Employ competent listening skills and avoid leading questions or assumptions about conditions.
- Demonstrate evidence-based decision-making.
- Explore whether or not clients are aware of all choices available to them and identify if telehealth is the most appropriate means for accessing health services.
- Follow all policies related to informed consent, and privacy and confidentiality.
- Document all stages of the telehealth encounter.
- Always err on the side of caution, employing clinical judgment to determine the appropriateness of a care plan, implementation and follow-up.

Telehealth often requires the collection of information for further use (the number of callers asking about a specific medication, etc.), therefore, nurses may also need to demonstrate competence in data collection, developing research questions, and in applying research findings to nursing practice. To date, Centennial College in Toronto is the only school offering a nursing telepractice program. Beginning in January 2001, their program will be bilingual, offered in partnership with the University of Quebec in Hull, and available on-line.

What are the legal implications of nursing telepractice?

According to the Canadian Nurses Protective Society, providing health advice without face-to-face contact

can be a “high-risk activity.”⁸ This risk may be increased by factors that are not within the control of the nurse. For example, in the absence of a physical assessment and observation, the nurse is relying on the client for information that could be incomplete or inaccurate.

Nurses themselves can minimize the risks in telepractice (see *How to avoid the pitfalls of giving advice*). The best advice for

nurses in telepractice is to document every step of providing nursing or health advice, particularly if, based on clinical judgment, the nurse digresses from protocols or decision trees, so that the rationale for decision-making can be traced. At a minimum, the documentation should include the date and time of the call, the name, telephone number and address of the client, information received and advice given, and any referral or follow-up.

Implications for employers

Another consideration for nurses engaged in telepractice is that employers bear the legal responsibility for the information given or not given by nurse employees (this should be carefully considered by self-employed nurses). Employers should carry insurance for professional staff involved in telehealth activities (generally an extra \$1 to 5 million), and employers should provide the necessary support for safe nursing care such as protocols, policies and procedures, adequate and appropriate staffing, orientation and information resources. Employers must also have realistic expectations of time requirements and of what can be done via telehealth encounters.

The best advice for nurses in telepractice is to document every step of providing nursing or health advice, particularly if, based on clinical judgment, the nurse digresses from protocols or decision trees, so that the rationale for decision-making can be traced.

Nurses and employers must recognize limits and maximize links to existing community resources.

The future of the nurse in telecare

As self-regulated professionals, nurses must play an active role in developing the framework for roles and responsibilities in telehealth.

Nurses, as well as regulatory bodies, health care organizations, government and the public, all

have a role to play in ensuring that the nursing care carried out through electronic means is safe and high quality nursing care.

At this point, more discussion is needed on several issues in particular. Policies should be developed outlining who can provide telehealth services and under what circumstances. Stakeholders need to determine what are the appropriate levels of education and experience, as well as the specialized skills required for nursing staff involved in telehealth. Work is underway, by CNA and other interested stakeholders, for the development of national standards and an accreditation process for facilities providing nursing telepractice services.

There is also a need for policies that outline the necessary mechanisms to protect patient confidentiality, and identify standards for documentation, information storage and retrieval systems that are systematic and secure.

Employers, or those self-employed, should be educated as to the need for liability insurance coverage for professional staff. They should also provide all necessary supports such as adequate staffing levels, sufficient and appropriate equipment, access to

current information and resources, and clinical guidelines required to support quality nursing care.

There is great potential for telehealth to help meet the health needs of the public and to promote public health through the use of information technology. There should be mechanisms, however, to determine the appropriateness of telehealth and any nursing telepractice interventions in a given nurse-client encounter. Research into the effectiveness of nursing telepractice would also be valuable for future planning and program development.

RESOURCES TO LEARN MORE ABOUT TELEHEALTH

Nurses involved in, or planning to be involved in, telepractice should be familiar with any guidelines or professional standards prepared by their professional association or licensing body. The Canadian Nurses Protective Society (CNPS) can discuss liability issues related to telepractice.

Nurses who are members of participating professional associations are eligible for professional liability protection from CNPS for incidents that arise out of the provision of nursing services. Telephone: 1-800-267-3390.

(Members of the Registered Nurses Association of British Columbia [RNABC] have liability protection through the RNABC Captive Insurance Corporation. Contact RNABC at (604) 736-7331 or 1-800-565-6505.)

Other sources of help and information:

- ✓ **Canadian Nurses Protective Society.** Telephone advice. *infoLaw*, Vol.6, No.1, September 1997.
- ✓ **Telehealth News**
<http://telehealth.net>
- ✓ **Busy Signals:** The telehealth newsletter, electronic bi-weekly
<http://www.cyberhealth.bc.ca/TIG/signals/subscribe.html>
- ✓ **Canadian Society of Telehealth**
<http://www.ucalgary.ca/md/CST>
- ✓ **Telehealth Association of Ontario**
<http://www.telehealthontario.on.ca/>
- ✓ **Industry Canada**
<http://strategis.ic.gc.ca>
- ✓ **Centennial College,** Toronto ON
Nursing Telepractice Program
<http://www.cencol.on.ca/programs/nursing/prog.html>
- ✓ Your provincial registrar is a member of the national working group on nursing telepractice, and can update you on the group's activities.

On-line practice How to avoid common pitfalls when giving telephone advice

The Canadian Nurses Protective Society suggests that nurses giving advice over the telephone avoid:

- Using “leading” questions
- Use of medical terminology or jargon that can confuse the caller
- Jumping to conclusions based on the caller's information
- Spending too little time with the caller
- Accepting the caller's self-diagnosis
- Not getting enough information from the caller
- Persisting with a telephone assessment in the face of language barriers.

¹ Industry Canada. (1997). *The telehealth industry in Canada: Part I – Overview and prospects*. Ottawa: Author.

² Subsequent use of “nurse” refers to registered nurse.

³ World Health Organization. (Press Release, 23 December 1997). *Telehealth and telemedicine will henceforth be part of the strategy for health for all*.

⁴ Canadian Nurses Association (Unpublished report, June 2000). *Report of the national working group on nursing telepractice*. Ottawa: Author.

⁵ College of Nurses of Ontario. (1999). *Telephone nursing standards*.

⁶ Manitoba Association of Registered Nurses. (1997). *Telephone nursing care guidelines*.

⁷ Ordre des infirmières et infirmiers du Québec. (1998). *Lignes directrices : L'exercice infirmier à info-santé*.

⁸ Canadian Nurses Protective Society. (1997). Telephone advice. *infoLaw*, vol. 6, no. 1.

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