

Telepractice

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Introduction

In today's health care system, **information**¹ and **telecommunication** technologies have been integrated into nursing practice. Increasingly, technologies are being used to provide care, conduct consultations with clients² or other professionals, and provide education or transmit information over geographical distances.

While the forms of technologies continue to evolve, the use of information and telecommunication technologies does not alter the nurse's accountability for meeting all of the standards of the profession. As with all other forms of practice, nurses³ in **telepractice** are expected to meet all of the College of Nurses of Ontario's (the College) practice standards.

This guideline will help nurses to understand their accountabilities when providing care using information and telecommunication technologies. It highlights key points of College standards and guidelines and government legislation that apply to telepractice. The information will help nurses to promote and maintain the use of information and telecommunication technologies to offer safe, effective and ethical care in a timely manner.

This *Telepractice* document replaces the *Telephone Practice* guideline.⁴

What is Nursing Telepractice?

The College defines nursing telepractice as the delivery, management and coordination of care and services provided via information and telecommunication technologies.⁵ This may include the use of:

- telephones (e.g., land lines and cellphones);
- personal digital assistants (PDAs);

- faxes;
- the Internet;
- video and audio conferencing;
- **teleradiology**;
- computer information systems; and
- **telerobotics**.

Nursing telepractice encompasses all types of nursing care and services delivered across distances. Telepractice can occur in a variety of settings such as ambulatory care, call centres, hospital units, clients' homes, emergency departments, insurance companies, visiting nursing agencies and public health departments.

Examples of nursing telepractice include the following:

- answering questions about laboratory tests;
- providing disease-specific information, education, counselling and/or linking to resources (e.g., hotline services, Motherisk services, poison control centres, or phone lines for teenagers or mental health crisis intervention);
- facilitating audio and/or video consultations between the health care provider and client or among health care providers;
- providing immunization assessment and counselling;
- assisting travellers to obtain health care at their destinations;
- providing health information and/or answering client questions that promote client self-care;
- using video, computer and data equipment to monitor the condition/health status of clients in their homes;
- sending camera images of a skin lesion to a dermatologist at a distant site; and
- assisting with surgery on a client at a distant site.

¹ Bolded words are defined in the Glossary, which begins on page 14.

² In this document, the term *client* may be an individual, family, community or group.

³ In this document, *nurse* refers to a Registered Nurse (RN), Registered Practical Nurse (RPN) and Nurse Practitioner (NP).

⁴ *Telepractice* does not address **electronic health records**. For more information on electronic health records, refer to the College's *Documentation, Revised 2008* practice standard.

⁵ American Academy of Ambulatory Care Nursing, 2004, page 20.

Principles of Nursing Telepractice

The following principles broadly outline nurses' accountabilities in telepractice and can be used to guide individual practice.

Principle 1: The therapeutic nurse-client relationship

Principle 2: Providing and documenting care

Principle 3: Roles and responsibilities

Principle 4: Consent, privacy and confidentiality

Principle 5: Ethical and legal considerations

Principle 6: Competencies

Principle 1: Therapeutic nurse-client relationships

When a nurse provides care to a client using information and telecommunication technologies, a therapeutic nurse-client relationship is formed.

Nurses are accountable for establishing and maintaining the therapeutic nurse-client relationship. The relationship is established and maintained by the nurse's use of her/his professional nursing knowledge and skill, and caring attitudes and behaviours. The relationship is based on trust and respect. As with all forms of practice, nursing telepractice requires that nurses put the needs of clients first.

A number of activities can establish and maintain a therapeutic nurse-client relationship in nursing telepractice. A full description of these activities is in the College's *Therapeutic Nurse-Client Relationship, Revised 2006* practice standard.

Communicating effectively is central to establishing a nurse-client relationship when using information and telecommunication technologies. Just as in face-to-face client encounters, nurses are expected to use strategies that reduce the risk of missing important information.

Strategies include:

- asking open-ended questions to elicit sufficient data to assist with decision-making;
- asking questions in a logical sequence with attention and sensitivity to the client's acuity level;
- finding solutions to communication, and language or cultural barriers;

- avoiding medical or technical jargon;
- avoiding premature conclusions regarding the client's situations or problems;
- listening and watching for verbal, emotional and behavioural cues that can convey important client information (e.g., body language, tone of voice, background noise);
- exploring a client's self-diagnosis (e.g., a client with chest pain says it's just indigestion but, on further questioning, the nurse finds that other symptoms and the client's medical history suggest a heart attack);
- avoiding second-guessing the client (e.g., if the telephone caller requests an ambulance, avoid suggesting that he/she drive to the emergency room); and/or
- consulting with and referring to appropriate health care professionals when a client's needs exceed the nurse's knowledge, skill and judgment.

As with all therapeutic nurse-client relationships, nurses use a caring and systematic approach while identifying care needs and providing care during nursing telepractice encounters. It is expected that clients can be assured of confidentiality; however, as in face-to-face encounters, there may be times when nurses become aware of information they are required to report (e.g., suspected child abuse). In such cases, nurses are expected to meet legislative and College reporting obligations regardless of a specific client request to remain anonymous.

Principle 2: Providing and documenting care

The provision of nursing care using information and telecommunication technologies consists of obtaining information about, and providing information to, clients or other health care professionals. Using technology, nurses perform assessments by gathering data, determining client care needs, providing information and/or health care advice, and evaluating the clients' understanding of the information or advice.

Nurses in telepractice situations use nursing frameworks, theories, **evidence-based practice** and processes to identify client needs as well as provide and evaluate care. When conducting assessments in

telepractice, nurses may use standardized interview tools, computer-based **protocols, algorithms** or other decision support tools.

Nurses apply critical-thinking skills and clinical judgment to plan effective care in collaboration with clients. This may include creating a plan of care or following a protocol appropriate for a particular client's circumstances. In cases in which a nurse's judgment conflicts with the protocol and the nurse actively decides to override the protocol, then the nurse is accountable for her/his decision and subsequent actions. Nurses demonstrate accountability for their decisions and actions by documenting situations in which their clinical judgment necessitated departing from established protocols. When guides and/or protocols are not available and would be appropriate, nurses are expected to advocate for their development.

The implementation step of nursing telepractice may involve the provision of health advice, information and/or counselling, referring clients to emergency services or encouraging clients to visit their physician, Nurse Practitioner or other health care professional. For nurses practising in the community, the implementation step may involve visiting the client.

All nurses who provide care, including those in telepractice, are required to document interactions with clients according to the *Documentation, Revised 2008* practice standard. Documentation may be in paper or electronic format and should be stored according to the relevant legislation or regulations. The best place for storing information about client care is in the client's **health record**. When the nurse does not have access to a client's health record, another consistent method of collecting and recording the information must be found (e.g., telephone log).

When telecommunication technologies are used to seek or provide advice and/or information to another health care provider concerning a client's care, a consistent method of collecting and recording the information should be employed.

Nurses' documentation of provider-to-provider interactions is expected to include:

- date and time of the interaction;
- name of the providers involved;
- name of the client being discussed (when applicable);
- reason for the interaction;
- information provided/received;
- client information provided/received;
- advice or information given/received;
- any follow-up required/provided;
- any agreement/consensus about the plan of care; and
- the documenting nurse's signature and designation.

Principle 3: Roles and responsibilities

A nurse is accountable for recognizing whether she/he has the knowledge, skill and judgment to meet the needs of the client. A nurse providing care using information and telecommunication technologies is accountable for consulting with the appropriate health care professional and, when necessary, to do as follows:

- seek advice, information or assistance;
- transfer aspects of care; and/or
- transfer care.

Using information and telecommunication technologies to provide care requires advanced communication skills and competencies that overcome the inherent barriers to data collection. The lack of face-to-face contact with the client and the nurse's reliance on technology to relay accurate and comprehensive information about health concerns pose unique challenges and risks. To reduce the risks, consideration should be given to the following three decision-making factors when determining the most appropriate care provider: the nurse's knowledge and skill, the client and the environment.

The nurse

To determine the appropriate category of nurse to provide care, consider her/his foundational knowledge, ongoing learning, knowledge application, leadership ability and decision-making competency. The ability to make decisions and

independently carry out nursing responsibilities is directly related to the nurse's foundational knowledge and affects the level of collaboration and consultation required to meet client care needs (individual- and population-based).

Every nurse has the knowledge and skill to take a client history and perform an assessment, and can develop the ability to do a focused assessment tailored to a specific client population. Due to the greater depth and breadth of their foundational knowledge, however, RNs are expected to carry out a broader, more in-depth assessment and to analyze and synthesize client data to a greater extent than RPNs.

The client

When determining the appropriate category of nurse required, consider the complexity of client care needs, the situation, the predictability of outcomes or any changes in the client's condition, as well as the risk of negative outcomes in response to the care/information provided. The more complex the client care requirements, the greater the need for the more in-depth nursing competencies and skills provided by RNs.

The environment

A supportive and stable environment for nurses who provide care using information and telecommunication technologies would include clear and identified practice support tools, systems in place for consultation, a low client turnover and a low proportion of novice staff.

Examples of environmental supports include the following:

- policies, procedures and/or protocols;
- algorithms or other decision-support tools;
- standard assessment interview tools or guidelines and computer-based protocols; and
- the availability of expert, more experienced nurses or other health care professionals to consult with or transfer care to.

The stability of the environment and the knowledge, skill and judgment of the nurse combined with an assessment of the client factors

determines the category of nurse required to meet the client care needs.

An unstable environment has an absence of practice support tools and/or few systems in place for consultation, a high client turnover and/or high proportion of novice staff.

How this translates into practice

Experienced nurses autonomously provide care using information and telecommunication technologies in situations in which the needs of the client are known and/or when the nurse is familiar with the client and the health care needs.

For example, a nurse provides health teaching information to a **known client** in a family practice setting or obtains and communicates laboratory results to another health care professional about a known client. In these situations, the nurse's decision-making is likely enhanced by her/his knowledge of the client's psychosocial context, pattern of illness and approach to self-care. When client populations are known to the nurses, they can draw on their knowledge of the disease process and previous treatment provided to design individualized assessments and give advice (Wilson & Hubert, 2002).

Experienced RNs can autonomously provide care in situations in which client care needs are unknown or unpredictable, there is a high risk of negative outcomes in response to the information/care provided and/or when limited environmental supports are in place. For example, nurses working in call centres often receive calls from clients whose health care needs are complex, varied and often unpredictable. In call centre situations, client care needs are often undefined and potentially interrelated, and the clients' coping mechanisms or supports are unknown. The nurse must perform a systematic and skilled assessment to determine the nature of a client's problem, the urgency of health care needs and the appropriate course of action (AAACN, 2004). An RN is the most appropriate health care provider when the client's care needs are fluctuating, the risks of negative outcomes are high and the environmental supports are minimal.

Consultation

Consultation means obtaining information, advice or assistance from a more experienced or knowledgeable nurse or health care provider. Depending on the complexity of the client's condition, the acuity of the client and the environmental factors, consultation may result in advice or transferring care.

Nurses consult with other health care professionals when a situation demands expertise beyond their competence. An RPN, after carrying out a client assessment, must determine if she/he is able to meet the client care needs or if consultation with an RN or another health care professional is required.

For example, working in a public health unit with a nursing staff mix of RNs and RPNs, an RPN can provide information to a client about the common side effects of an immunization agent. The client identifies the signs of a reaction, and the RPN recognizes that she/he has limited knowledge of immunization side effects. The RPN, therefore, transfers the call to the RN for a more in-depth assessment that leads to the appropriate action.

Similarly, an RN working on a surgical unit receives a phone call from a client who has recently been discharged from the unit. The client has diabetes and asks for information about her insulin infusion pump. After an assessment of the client and situation, the RN determines that she/he has limited knowledge of the client's type of infusion pump and is not able to meet the client's care needs; therefore, the nurse transfers the call to the diabetes educator.

For more information on how to determine the appropriate category of nurse, refer to the College's *Utilization of RNs and RPNs* practice guideline.

Principle 4: Consent, privacy and confidentiality

Nursing telepractice is subject to the same College standards and government legislation concerning consent, confidentiality and privacy as are all other types of nursing care. Under the *Health Care Consent Act*, a client's informed **consent**

for treatment is required in most cases before a treatment is provided. Nursing telepractice involves assessing a client to determine the general nature of the person's condition. Informed consent is required prior to any assessment and treatment delivered by telepractice and includes telling the client:

- the nurse's name, title and registration category;
- the nature of the help the nurse will give (e.g., "I will ask you questions and then provide some information or advice.");
- how to obtain more information or get further questions answered; and
- whether the call is being recorded for quality monitoring purposes, either by telling the caller directly, providing printed notice or having a recorded message that the caller hears before speaking with a nurse.

Nurses are expected to keep all **personal health information** confidential as required by standards of practice and legislation, including that which is documented or stored electronically. Refer to the *Personal Health Information Protection Act, 2004* (PHIPA) or the College's *Confidentiality and Privacy — Personal Health Information* practice standard for more details. Nurses demonstrate regard for privacy and confidentiality of a client's personal health information by:

- informing the client that other health care team members directly involved in their care will have access to personal health information;
- informing the client when other health care team members are viewing or listening to a telepractice interaction;
- obtaining the client's consent prior to reporting his/her name as a victim of abuse; and
- informing the client of the purpose for permanently retaining a record of a telepractice interaction (e.g., for teaching). Written consent for videoconference encounters is recommended by the telepractice industry [National Initiative for Telehealth Guidelines (NIFTE), 2003].

A client's consent for the collection, use and disclosure of personal health information may be implied in certain telepractice encounters (e.g., providing telephone advice). **Implied consent** for sharing information among health care team

members applies provided the clients are advised of the health information practices.

An important aspect of telepractice privacy and confidentiality involves ensuring that the environment, audio and visual interactions and images, and data are secure. Certain telepractice situations may unintentionally be open to breaches of clients' privacy. To help ensure client privacy:

- take reasonable steps to ensure both ends of telecommunication links are secure (e.g., asking the receiver if their fax machine is in a private area);
- take steps to ensure that passersby, casual intruders and unauthorized personnel are not present in the area where audio or visual images are received;
- use your cellphone in the privacy of your vehicle;
- use first names or code numbers when discussing care;
- use the phone in a public area to only disclose general information;
- reserve the transfer of client-specific information for face-to-face interactions;
- advocate for not locating voice and image-receiving technology (e.g., laptops, screens or monitors) in open areas;
- advocate for secure storage and handling of any retained video images; and/or
- advocate for systems resources for the physical **security** of information.

If you are using e-mail in telepractice, refer to the College's *Documentation, Revised 2008* practice standard for strategies to maintain confidentiality. Clients and practitioners need to ensure that the information they are sending via e-mail is clear, secure, neutral and understood by the other party. Clients should be made aware that e-mail messages will be kept in their health record (McFadden, 2002), and that sites vary in the degree of **encryption** and other means of keeping data secure. E-mail is not always instantaneous and can arrive hours or days after it is sent; therefore, immediate health concerns should not be addressed using this technology.

Principle 5: Ethical and legal considerations

With the growth in nursing telepractice comes important practice, ethical and legal issues that need to be considered and addressed. As with other forms of practice, nurses in telepractice may experience ethical dilemmas. The College's *Ethics* practice standard provides information on working through ethical dilemmas.

The use of information and telecommunication technologies in client care can increase risks to the nurse. Some risks may be reduced by establishing and maintaining therapeutic nurse-client relationships and by exploring the client's situation and reason for seeking help. Other risks can be reduced by ensuring that the information and telecommunication systems and data transmission are secure. The College's *Confidentiality and Privacy — Personal Health Information and Documentation, Revised 2008* practice standards discuss preventive strategies and approaches.

Nurses registered with the College may provide nursing telepractice to clients in distant locations, including other provinces and countries. For example, an Ontario resident spending the winter in Florida may call a nurse in Ontario to ask for help with a health issue, rather than contact a local facility. Nurses working in Ontario, but in contact with clients outside the province, are considered to be practising nursing in Ontario and are accountable for maintaining the College's practice standards. The client's location in relation to the nurse should not affect the outcome of care. The client should be informed of the nurse's geographic location when indicated or requested.

If a complaint is lodged in a jurisdiction outside of Ontario, then the nurses in Ontario who have provided care to a client across provincial or national boundaries may be required to travel to other locations to defend themselves against allegations. Being registered and professionally accountable in one jurisdiction does not absolve a nurse from professional accountability and liability in other jurisdictions. Nurses may want to ask their employers and/or professional associations about liability issues (e.g., provisions for legal counsel,

policies and procedures regarding liability, and whether an employer advises or requires nurses to purchase malpractice insurance).

Cases have been reported in other jurisdictions where nurses who provided **telehealth** advice were accused of, or in some cases found liable for, professional misconduct for giving inappropriate or inadequate advice (Castledine, 2003; Hall, 2003).

Principle 6: Competencies

Some nursing telepractice requires competence, expertise and knowledge beyond that which is obtained in a basic nursing program. Nurses providing telepractice care must possess current and in-depth knowledge in the clinical area(s) relevant to the role. Safe, efficient and ethical care occurs when nurses providing telepractice care demonstrate competency in areas such as critical thinking, the use of evidenced-based information, expert teaching, counselling, communication, interpersonal skills and the use of telepractice technology. Nurses providing telepractice care may need to acquire knowledge in these areas. For example, a nurse's participation in telepractice may involve using a hand-held camera to transmit an image of a client's limb or using a computer to relay electrocardiogram data. Although these activities use technology, they still involve direct contact with clients. Nurses are expected to assess their competence at using the technology, identify knowledge gaps, and seek training or education to close any identified gaps.

Competence and effectiveness in telepractice nursing may be enhanced through a focused formal educational program and/or adequate orientation. Formal telepractice nursing education programs that provide a review of principles associated with communication and interviewing, and introduce technologies used in telepractice, offer opportunities to develop and/or enhance competencies. Participation in the Quality Assurance Program, which includes ongoing professional development, facilitates continued competence.

Nursing telepractice is a growing phenomenon that is integral to service delivery in many settings. Nurse educators and others involved in curriculum

development are encouraged to advocate for inclusion of telepractice competencies in basic nursing programs.

Maintaining a Quality Practice Setting

As partners in care, employers and nurses have a shared responsibility to create environments that support quality practice. The College encourages practice settings to incorporate the following strategies to develop and maintain a quality practice setting that helps promote safe, effective and ethical care when nursing is provided using telepractice technology.

All nurses are accountable for taking action when client care is compromised. Nurse managers and administrators can demonstrate leadership by advocating for and implementing strategies that support nurses' telepractice. The following strategies are not an exhaustive listing.

Care delivery processes

- Supporting the appropriate use of nurses' critical thinking skills and clinical judgment to vary from established protocols.
- Supporting nurses in individualizing client care.
- Facilitating client follow-up activities as deemed appropriate by the nurse, which may include referrals, consultations and return phone calls.
- Working with nurses to provide evidence-based protocols, guides and documentation tools to facilitate interviewing, decision-making about advice and **disposition**.
- Supporting the regular updating of clinical protocols and guidelines that are appropriate for the client population.
- Providing sufficient staff resources to enable best nursing practices.
- Providing staff with access to interpreters.

Leadership

- Establishing and maintaining interdisciplinary quality review processes that address client safety issues and variances from standardized assessment guides or protocols.
- Ensuring that required changes to guides and protocols are made based on best evidence.

- Establishing a process whereby nurses may raise concerns and work with managers to resolve issues related to workload management or inappropriate workplace pressures (e.g., pressure to divert clients away from emergency departments).
- Ensuring that nurses have the available resources, such as secure telecommunication facilities and equipment, when providing telepractice interventions.
- Ensuring that nurses have systems to document information in a safe, secure manner and in a way that is easily accessible and centralized.
- Advocating for system resources to support safe and secure telecommunication practices.

Professional development systems

- Providing nurses with relevant professional development opportunities related to the use of telepractice technology and care delivery processes.

Organizational supports

- Providing supportive policy related to expectations of a nurse's role in telepractice.
- Establishing position descriptions that clearly articulate roles and responsibilities of nurses engaged in telepractice (NIFTE, 2003, page 10).
- Providing staff with current resources or links to enable coordination of services to meet client needs effectively.
- Supporting an adequate length of time for each nurse-client telephone interaction.
- Adopting workload measures that take into account time spent on all telepractice activities.
- Providing safe, reliable and up-to-date technology, and timely technology support.
- Providing for staff needs related to areas such as ergonomics, lighting, noise reduction and work breaks.

Communication systems

- Providing a paper- or computer-based form or log for documentation of telepractice client interactions if the client's chart is not available. (A log may be used in settings where the client chart is inaccessible to nurses upon the client's discharge. Completed forms or log entries should be linked and entered into the client health record so that the information is up-to-date and centralized.)
- Ensuring that clients and nurses are informed when their interactions are being monitored for quality improvement purposes.
- Having effective communication processes in place to inform staff about issues that require immediate attention, consultation and/or referral.

Case Scenarios

Scenario 1

Jane, an RPN in the community, receives a telephone call from Ms. Martens, a client she saw two days ago. Ms. Martens had a lumpectomy and axillary dissection for cancer of her left breast five days ago and is receiving home nursing care. She asks Jane questions regarding the redness and tenderness of her left breast and wants clarification of the skin care information that Jane taught at her last visit.

If providing care over the phone is not within her role, Jane should ask Ms. Martens to contact her family physician, surgeon or local emergency department. Although this may be the only advice Jane provides, she should document the conversation.

In this situation, Jane's employer is supportive of nurses providing care over the telephone to known clients. There is also an RN available for consultation, if necessary.

Jane asks Ms. Martens about the redness, tenderness and other signs and symptoms. She determines if Ms. Martens understands the information on skin care that she taught her. In addition to Ms. Martens' direct responses, Jane pays attention to other auditory, verbal and emotional cues communicated by Ms. Martens.

Jane has knowledge of skin healing in a surgical incision and knows the parameters for referral in her practice setting. She informs Ms. Martens of her options, and together they decide that support and further health teaching is needed.

In accordance with the guidelines, Jane provides Ms. Martens with health teaching in a supportive and calm manner, and encourages her to call again if her symptoms do not improve. Jane reinforces that she should seek medical attention from her surgeon or family doctor if the redness and tenderness increase in the next 24 hours. Finally, Jane evaluates Ms.

Martens' understanding of the information by having her repeat it.

Ms. Martens' chart is not available, so Jane documents the phone call in the telephone log. The log is set up to guide nurses' documentation and includes areas to record the date and time of the call, the client's name and telephone number, the reason for the call, the assessment of signs and symptoms, the specific protocol used to manage the call, the support and education given, the disposition and required follow-up, and the nurse's signature and designation. Jane photocopies her documentation; and the next time she visits Ms. Martens' home, she places the copy in the client's chart.

Scenario 2

Kathy, an RPN, works on a postpartum obstetrical unit in a small community hospital, which has RNs and RPNs. Kathy is working a weekend evening shift when she receives a telephone call from a previous client, Mrs. James, who was discharged two days ago with her newborn baby. The baby is four days old. Mrs. James asks how often the baby should be breastfeeding. Kathy knows that providing care to known clients over the telephone is within her role and that her unit has developed tools to assist nurses in providing telephone care.

Before responding to Mrs. James' question, Kathy performs an assessment to reduce the risk that the client may end the call before Kathy can determine the mother's care needs and reason for her question. To assess the baby's milk intake, Kathy uses a breastfeeding algorithm as a guide and finds that the child is lethargic and has not had a wet diaper in 18 hours. In addition, Kathy determines that the mother's breasts are engorged. Realizing that the client's care needs are complex, Kathy consults with Joan, an RN with extensive knowledge in breastfeeding. She decides to transfer the call, and Joan conducts a more in-depth assessment of the mother and baby.

Following the assessment, Joan discusses with Mrs. James her and her baby's condition. Joan and Mrs. James agree that Mrs. James should take her baby to

the hospital emergency room within the next hour. Mrs. James agrees that it is appropriate for Joan to discuss the care plan with the emergency room nurse. Joan notifies the emergency room triage nurse of the mother and baby's return to the hospital and discusses a possible care plan. Both Kathy and Joan document their assessments, actions and plans of care in the unit's telephone log book.

Scenario 3

Marco is an NP and the telehealth coordinator at a community hospital. He sets up a consult with Dr. Roth, a cardiologist in another city, for his client, Mrs. Cherkovski. She is 85 years old and has congestive heart failure. Recently, she developed peripheral edema and a cough that is not responding to treatment. Marco and the physician he works with requested the consultation to investigate other treatment strategies.

Mrs. Cherkovski had received information about the telehealth consultation the previous week. Marco reviews the information with Mrs. Cherkovski to make sure she understands how the consultation will proceed and how her personal health information will be handled. Although there will be a visual transmission of images, no videotape or audiotape record of the session will be kept. The consultation will happen in a private room at the hospital, and only Mrs. Cherkovski and Marco will be present. Dr. Roth will take part in the consultation at her office with no one else present. Mrs. Cherkovski signs a consent form for the telehealth encounter.

Marco operates an electronic stethoscope that permits the physician to hear Mrs. Cherkovski's heart and breathing. Marco ensures that Mrs. Cherkovski is not exposed unnecessarily during the physical examination.

A few days before, Marco provides information to Dr. Roth about Mrs. Cherkovski's current treatments. During the consult, Dr. Roth advises Mrs. Cherkovski about her treatment options. Marco confirms with Mrs. Cherkovski that she understands the treatment being proposed. In this way, each member of the health care team is

contributing to ensure that the client is informed to give or withhold consent to treatment.

Dr. Roth tells Marco that she will send him a written summary of the consultation with her recommendations for inclusion in Mrs. Cherkovski's health record.

Privacy and confidentiality were respected in the same manner as in a face-to-face consultation. Marco will obtain consent for the recommended treatment and will follow up on the treatment plan. He documents his decisions and actions in the client's health record.

Scenario 4

Dana, an RN, works at a local public health department on its Health Connection Line, a phone line that people can call for information and advice on family health, pregnancy, breastfeeding, infant care and parenting, and for referral to community resources. One morning, Dana receives a call from a man concerned that his wife may be suffering from postpartum depression. He is wondering what to do and where to get help. He wants to remain anonymous because he is concerned about his family's reputation within the community.

Dana assesses his wife's behaviour using the agency's nursing protocol and her professional judgment, and does not foresee any immediate harm to the mother or baby. (If Dana had determined that the mother, baby or others were at risk of imminent harm, then she would have worked through the ethical dilemma of whether she should breach confidentiality policies and report the situation to the appropriate authorities, or maintain confidentiality and risk harm to those involved in the situation.)

Based on her assessment and the information from the father, Dana provides advice about postpartum mood disorders, recommends that he make an appointment with the family physician, offers a home visit by a public health nurse and provides contact information for community support resources. Dana also discusses the importance of including the mother in the care plan, reinforces

aspects of self-care for the mother and encourages a return call from public health.

The husband refuses the home visit and does not express interest in participating in the community support group; however, he agrees to ask his wife to accompany him on a visit to their physician. Dana evaluates the man's understanding of the information by having him repeat it. She stresses the importance of seeking immediate emergency care at his local hospital if his wife's behaviour changes and/or he becomes concerned about the safety of his wife, their baby or others. She encourages him to call back if he has further concerns. Dana documents the call in the phone log as an anonymous call.

Glossary

Algorithm: A medical algorithm is any algorithm (i.e., a way of doing a computation, formula, look-up table, nomogram, etc.) that is useful in health care or medicine.

Consent: See implied consent.

Disposition: The action, intervention or response to the client that may involve providing health advice, information and/or counselling; referring the client to emergency services; or encouraging the client to visit a physician or Nurse Practitioner.

Electronic health record: See health record.

Encryption: Encryption is the conversion of data into a form called cipher text that cannot be easily understood by unauthorized people.

Evidence-based practice: The integration of knowledge of the best available research, client preferences, resources and clinical expertise when making decisions with a client about achieving the best possible health care.

Health record: A health record may be a paper or electronic document, such as a computerized record, audio or videotape, or mail, fax or image. The health record is a collection of information about a client's health, needs, interventions and outcomes.

Implied consent: Consent is implied when circumstances would lead a reasonable person to believe that consent had been given, although no direct, express or explicit words of agreement are uttered. The *Personal Health Information Protection Act* specifies that several conditions must be met to assume a client's implied consent. It is a custodian's obligation to fulfil these conditions by providing notice or information that describes the purposes for the collection, use and disclosure of personal health information.

Information technology (IT): The technology required for information processing. In particular, the use of computers and computer software to convert, store, protect, process, transmit and retrieve information from anywhere, anytime (Wikipedia, 2005).

Known client: The nurse has a previously established nurse-client relationship with the client and possesses known information (e.g., about diagnoses, health history, assessments, lab work, plans of care and other sources of data) regarding the client.

Personal health information: Personal health information is any identifying information about clients that is in oral, written or electronic form. This includes information collected by nurses during the course of therapeutic nurse-client relationships. Such information relates to physical or mental health, including family health history; care previously provided (including the identification of people providing care); plan of service (under the *Long-Term Care Act, 1994*, donation of body); payments or eligibility for health care; parts or substances (e.g., blood), or information gained from testing of these body parts or substances; a person's health number; or the name of a client's substitute decision-maker.

Protocol: A clinical practice guideline, decision guide, algorithm or standardized interview tool.

Security (of personal health information): The processes and tools that ensure confidentiality of information. When using computers, nurses should refer to the indicators outlined in the College's *Documentation, Revised 2008* practice standard under the Electronic Health Records section. Security pertains to the protection of personal health information from authorized or unintentional loss, theft, access, use, modification or disclosure (Canadian Institute for Health Information, 2002, as cited in the NIFTE Guidelines). Security involves protection of computer hardware and software from accidental or malicious access, use, modification, destruction or disclosure. Security also pertains to personal

data, communications and the physical protection of computer installations (Institute of Electrical and Electronic Engineers, 1997).

Telecommunication: Referring to the extension of communication over a distance, this term covers all forms of distance and/or conversion of the original communications, including radio, telegraphy, television, telephony, data communication and computer networking (Wikipedia, 2005).

Telehealth: The use of communications and information technology to deliver health care services and information over large and small distances (Industry Canada).

Telepractice: The delivery, management and coordination of care and services provided via telecommunication technology (AAACN, 2004).

Teleradiology: The electronic transmission of radiological images from one location to another for the purposes of interpretation and/or consultation [American College of Radiology (ACR), 2003].

Telerobotics: The use of a telerobot in the provision of health care. A telerobot is a robot controlled at a distance by a human operator, regardless of the degree of robot autonomy (Durlach & Mavor, 1995).

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Suggested Reading

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Websites and Resources

American Academy of Ambulatory Care Nursing (AAACN) website — This site has information on the Telehealth Nursing Practice Core Course; Telehealth Nursing Practice Core Course Manual; and Telehealth Nursing Practice Administration and Nursing Practice Standards at www.aaacn.org.

Canada Health Infoway at www.infoway.ca.

Canadian Society of Telehealth at www.cst-sct.org.

Health On the Net Foundation — This is a Swiss-based non-governmental organization best known for the HONcode (International Code of Conduct for Internet). Health On the Net has also developed online applications for clients and caregivers, including the HONselect search engine, an encyclopedic resource of medical and health information containing over 70,000 references, at www.hon.ch.

National Initiative for Telehealth (NIFTE) Framework of Guidelines at www.cst-sct.org/resources/FrameworkofGuidelines2003eng.pdf — This is a structured set of statements designed to assist individuals and organizations in the development of policy, procedures, guidelines and/or standards.

TelehealthNet — This site has a chat room for telehealth discussions and other resources, at www.telehealth.net.

Notes:



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