

TELEHEALTH: THE ROLE OF THE NURSE

CNA POSITION

Telehealth¹ is “the use of information and communication technology to deliver health services, expertise and information over distance.”² Nursing practice in telehealth³ includes all client-centred forms of nursing practice and the provision of information and education for health-care professionals occurring through, or facilitated by, the use of telecommunications or electronic means.⁴

Nursing practice in telehealth is consistent with the philosophy and approach of primary health care⁵ and has the potential to enhance the application of principles of the *Canada Health Act* such as comprehensiveness, universality and accessibility.⁶

The Canadian Nurses Association (CNA) believes that nursing practice in telehealth should be part of an integrated health-care service and should enhance existing health-care services by improving their accessibility, appropriate use and efficiency. CNA believes that the following framework of principles is critical to nurses providing safe, competent and ethical nursing telehealth services.

Nurse-client relationships

A nurse-client relationship and a duty to provide care are established as soon as the nurse interacts with a client using telehealth technology, and they continue throughout the interaction.⁷ Clients also need to be informed of who will have responsibility for any follow-up and ongoing health care after the interaction is completed since telehealth services are often provided by multiple individuals and interprofessional teams.

As in all areas of nursing practice, the therapeutic nurse-client relationship in telehealth involves assessment of client needs, planning, implementation – through the provision of information, referral, education and support – and evaluation of client outcomes. Nurses engaged in telehealth take into account clients’ cultural, spiritual and psychosocial needs and preferences.⁸ Nurses document all telehealth nurse-client interactions in electronic or paper format.

¹ The terms *telehealth* and *e-health* are often used interchangeably. However, *e-health* is increasingly recognized as an umbrella term that covers an array of information and communications technology applications such as telehealth, health informatics, electronic health records, etc.

² (Health Telematics Unit, University of Calgary, 2005)

³ Nursing practice in telehealth may also be referred to as *nursing telehealth practice*, *nursing telepractice* and *telenursing*.

⁴ (Canadian Nurses Association [CNA], 2000a)

⁵ Nursing telehealth practice is client-centred (clients may be individuals, families, groups, communities or populations), and it supports the primary health care principles of accessibility, public participation, health promotion, appropriate technology and intersectoral cooperation.

⁶ (CNA, 2000b)

⁷ (CNA, 2002; College of Registered Nurses of British Columbia, 2005; Registered Nurses Association of Nova Scotia [RNANS], 2000)

⁸ (RNANS, 2000)



Competencies and scope of practice

Nurses providing telehealth services may require nursing knowledge, judgment and skill beyond that expected of the entry-level nurse.⁹ In-depth clinical knowledge and strong skills in assessment, communication, critical thinking and evidence-informed decision-making are critical for a nurse providing services to a client without the benefit of face-to-face contact. It is also important for the nurse to possess competencies relevant to the technologies being used, such as electronic documentation, and the ability to determine whether telehealth services are the appropriate means of meeting the client's needs. Competencies in telehealth practice may be developed and enhanced through basic, graduate and continuing education as well as orientation programs.

Nurses are obligated to determine whether they have the required competencies for nursing telehealth practice. Also, as with all nursing care, nurses providing telehealth services are expected to practise within their scope of practice; that is, they carry out only the activities they are competent and authorized to perform.

Locus of accountability

Provincial and territorial nursing regulatory bodies in Canada have determined that nurses engaged in telehealth are considered to be practising in the province or territory in which they are located and currently registered, regardless of where the client is located. This licensure model, which is endorsed by CNA, is believed to be the most cost-effective and efficient for regulatory bodies to implement and to be in the best interests of both clients and nurses. The model addresses accountability and avoids complex issues of administration of multiple licensure agreements that could present barriers. However, nurses must be aware that being registered and professionally accountable in one jurisdiction does not absolve them from professional accountability and liability in another jurisdiction.¹⁰

Nurses provide nursing services consistent with the *Code of Ethics for Registered Nurses* (2002) and the professional practice standards, relevant legislation and practice guidelines of the province or territory in which they are registered and practising. In this model of accountability, the nurse should inform the client of his or her name, professional designation, provincial or territorial regulatory body and place of work.¹¹ This information enables the client to follow up with the nurse after the interaction, if required, and ensures that the client has the option of seeking further information about the nurse should the client have questions or concerns or wish to file a complaint. In the event a complaint is filed, provincial and territorial regulatory bodies have mechanisms in place so that out-of-jurisdiction matters can be handled in the public interest.¹²

Nurses engaged in telehealth need to be knowledgeable about liability issues, including any requirements for additional liability insurance, when providing telehealth services.¹³

⁹ (CNA, 2000c)

¹⁰ (College of Nurses of Ontario [CNO], 2005)

¹¹ (College of Registered Nurses of Manitoba, 2002)

¹² (CNA, 2000c)

¹³ (Canadian Nurses Protective Society [CNPS], 1997).



Client safety

Client safety is fundamental to all nursing care, including nursing care provided through telehealth. There can be increased risk in providing telehealth services owing in part to the limitations of technology and in part to the lack of face-to-face contact and the resulting increased potential for incomplete or inaccurate information.¹⁴ Although the nature of the client-nurse encounter in telehealth is different from that in the traditional situation, nurses remain responsible for ensuring the telehealth services they provide are safe, appropriate and ethical.

Security, confidentiality and privacy

Maintenance of security, confidentiality and privacy in the telehealth setting may be more challenging than in the usual health-care environment because of factors such as the transfer of electronic information (e.g., client data, video imaging) between sites and the increased number of people who may be involved in care.¹⁵ Nurses and employers have a responsibility to develop, implement and adhere to telehealth policies that ensure the privacy, security and confidentiality of nurse-client interactions and adhere to relevant legislation. Of particular importance to telehealth is ensuring that the technologies themselves and client records, including electronic health records, are secure. The amount and type of security must be appropriate to the technology being used.¹⁶ Nurses also participate in quality improvement measures such as audits to monitor appropriate access to and use of the telehealth system.

Informed consent and client decision-making

Nurses engaged in telehealth, like all nurses, practise within relevant legal authority governing consent to treatment. Whether consent is obtained by implicit or explicit means, it should be based on informed decision-making.¹⁷ In the case of telehealth, informed client decision-making may require nurses and employers to explain to clients such things as how information will be recorded and stored, who will have access to the information, who will be present during an interaction, the client's right to not participate in or end the interaction at any time, as well as alternative methods of care available.¹⁸

Professional practice environments

Ensuring quality professional practice environments that promote safe, competent and ethical nursing practice in telehealth is a shared responsibility involving practitioners, employers, governments, regulatory bodies, professional associations, educational institutions, unions, health service delivery and accreditation organizations and the public.¹⁹ Nurses engaged in telehealth practice need clinical guidelines, standardized protocols, appropriate agency policies and procedures, orientation programs and continuing education/professional development to guide and support their practice and to help reduce their liability risk. Nurses engaged in telehealth have an obligation to advocate for systems that promote the safe, competent and ethical delivery of telehealth services and to act when client care is compromised.

¹⁴ (CNPS, 1997; National Initiative for Telehealth [NIFTE], 2003)

¹⁵ (NIFTE, 2003)

¹⁶ (RNANS, 2000)

¹⁷ (RNANS, 2000)

¹⁸ (RNANS, 2000)

¹⁹ (CNA & Canadian Federation of Nurses Unions, 2006)

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Evaluation

It is essential that nurses, as knowledge workers in this technological age, play an increased role in the development of telehealth solutions to ensure maximum client benefit.²⁰ Nurses are involved in data collection, such as outcome data and system utilization data. Nurses also support evidence-informed practice by leading and participating in research that informs and evaluates telehealth practice, particularly in the areas of clinical outcomes for clients, accessibility and cost-effectiveness of services.²¹

BACKGROUND

“Telehealth can support services across the whole spectrum of health care including diagnosis, treatment and prevention of disease and, when well integrated into clinical practice, can improve the efficiency and cost effectiveness of the health care system by moving people and information virtually rather than physically.”²² There is great potential for telehealth to increase timely access to health care and to enhance the coordination of services across the continuum of care.

Nurses work in telehealth in a variety of settings, including ambulatory care clinics, call centres, disease management services or centres, physicians’ offices, hospital units, emergency departments, visiting nursing agencies, public health departments, educational institutions and insurance companies, as well as from their homes.²³ In the delivery of telehealth, nurses may use information and communications technologies such as telephones, facsimile machines, audio and video conferencing, computers, personal digital assistants and the Internet. Telehealth services that nurses provide include, but are not limited to, health assessment, triage, provision of health information, health counselling and teaching. Nurses are increasingly integrating electronic health records into their telehealth practice.

Telehealth is a rapidly evolving and complex field of health care being provided by multiple disciplines in addition to nursing such as medicine, pharmacy and social work. Although a comprehensive policy for telehealth in Canada is needed, the telehealth community has recognized that “some intermediate steps need to be taken first, two of which are: the development of telehealth guidelines and standards by various health provider organizations; and the evaluation of telehealth as a component of accreditation.”²⁴ The *National Initiative for Telehealth Framework of Guidelines* (2003) is an important resource for nurses and other health-care providers. It consists of a structured set of statements designed to assist people and organizations with the development of telehealth policy, procedures, guidelines and standards. As part of its accreditation program, the Canadian Council on Health Services Accreditation, in collaboration with Canada Health Infoway, has developed criteria for health services organizations engaged in the delivery of telehealth services.²⁵ As telehealth continues to expand, it is important for nurses and other health-care providers to consider emerging ethical issues related to telehealth such as how to ensure that clients have the knowledge, skills and technology to access and benefit from telehealth services.²⁶

Approved by the CNA Board of Directors, November 2007

²⁰ (CNA, 2006)

²¹ (Association of Registered Nurses of Newfoundland and Labrador, 2002; NIFTE, 2003)

²² (Canada Health Infoway, n.d.)

²³ (CNA, 2000a; CNO, 2005)

²⁴ (NIFTE, 2003)

²⁵ (Canadian Council on Health Services Accreditation, 2006)

²⁶ (Maddox, 2002)

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References:

- Association of Registered Nurses of Newfoundland and Labrador. (2002). *Telephone nursing care: Advice and information* [Guidelines]. St. John's: Author.
- Canada Health Infoway. (n.d.). *Telehealth*. Retrieved March 5, 2007, from www.infoway-inforoute.ca/en/WhatWeDo/TeleHealth.aspx
- Canadian Council on Health Services Accreditation. (2006). *Telehealth supplementary criteria*. Ottawa: Author in collaboration with Canada Health Infoway.
- Canadian Nurses Association. (2000a). *National working group on nursing telepractice: Draft report*. Paper presented at the board meeting of the Canadian Nurses Association, Ottawa, ON.
- Canadian Nurses Association. (2000b). *Framework for Canada's health system* [Position statement]. Ottawa: Author.
- Canadian Nurses Association. (2000c). Telehealth: Great potential or risky terrain? *Nursing Now. Issues and Trends in Canadian Nursing*, 9. Ottawa: Author.
- Canadian Nurses Association. (2002). *Code of ethics for registered nurses*. Ottawa: Author.
- Canadian Nurses Association. (2006). *Better healthcare, better patient outcomes: An e-nursing strategy* [Brochure]. Ottawa: Author.
- Canadian Nurses Association & Canadian Federation of Nurses Unions. (2006). *Practice environments: Maximizing client, nurse and system outcomes* [Joint position statement]. Ottawa: Authors.
- Canadian Nurses Protective Society. (1997). Telephone advice. *InfoLaw*, 6 (1). Ottawa: Author.
- College of Nurses of Ontario. (2005). *Telepractice*. Toronto: Author.
- College of Registered Nurses of British Columbia. (2005). *Telehealth* [Practice standard for registered nurses and nurse practitioners]. Vancouver: Author.
- College of Registered Nurses of Manitoba. (2002). *Telephone nursing care: Standards of practice application*. Winnipeg: Author.
- Health Telematics Unit, University of Calgary. (2005). *Glossary of telehealth related terms, acronyms and abbreviations*. Retrieved January 25, 2007, from www.fp.ucalgary.ca/telehealth/Glossary.htm
- Maddox, P. J. (2002). Ethics and the brave new world of e-health. *Online Journal of Issues in Nursing*, 8(1).
- National Initiative for Telehealth. (2003). *National initiative for telehealth framework of guidelines*. Ottawa: Author. (Available online at www.cst-sct.org)
- Registered Nurses Association of Nova Scotia [now the College of Registered Nurses of Nova Scotia]. (2000). *Guidelines for telenursing practice*. Halifax: Author.

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Also see:

Related CNA Publications:

Canadian regulatory framework for registered nurses [Position statement] (2007)

E-nursing strategy for Canada (2006) Available at <http://cna-aiic.ca/CNA/documents/pdf/publications/E-Nursing-Strategy-2006-e.pdf>

Framework for Canada's health system [Position statement] (2000)

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Replaces:

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