

Virtual Nursing Practice



College of **Registered Nurses**
of Newfoundland & Labrador

Setting the Standard for Nursing Excellence.



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Introduction

The CRNNL is the regulatory body for Registered Nurses (RNs) and Nurse Practitioners (NPs) registered in Newfoundland and Labrador (NL). The mandate of the CRNNL is to protect the public through self-regulation of the nursing profession in accordance with the *Registered Nurses Act* (2008). This document articulates the practice expectations required of RNs/NPs participating in virtual nursing practice. This document does not address cross-jurisdictional licensure requirements. RNs/NPs are encouraged to connect with the CRNNL to address any questions or concerns.

Definitions and Background

Virtual care refers to “any interaction between client and/or members of their circle of care, occurring remotely, using any form of communication or information technology, with the aim of facilitating or maximizing the quality and effectiveness of client care” (CMA, 2018).

Virtual care technologies are those forms of technology that allows ‘virtual’ interactions with health care professionals to occur in real time, from virtually any location. Services provided using virtual care technologies range from simple to complex. Examples of simple technologies may include telephone, text, messenger, or email, etc. Examples of complex technologies may include, but are not limited to, live, two-way audio/video conferencing or virtual visits, teleradiology, telerobotics, remote control surgical instrumentation (CMA, 2018; CNO, 2017; CRNBC, 2018).

Virtual Nursing Practice (VNP) encompasses all types of nursing care and services that are delivered across distances via virtual care technologies. Nursing care and services may include but are not limited to, education, counselling, assessment, initiation, and evaluation of treatment, and health care monitoring.

VNP may encompass the totality of nursing services being provided (i.e., providing nursing services only via virtual care technologies) or VNP may be only one of many different modalities in which nursing services are being delivered (i.e., community clinic/hospital setting where face-to-face, as well as, VNP services are offered).

Although ‘virtual’ care is not meant to replace traditional face-to-face care, sometimes, virtual care is the desired option, or the only option, especially for those who live in rural and remote areas where face-to-face visits are not available. Therefore, to provide optimal health care services and wellness opportunities in the best interest of clients, RNs/NPs are engaged with virtually connected health care environments.

Appropriateness of VNP

As members of CRNNL, RNs and NPs who engage in VNP must comply with regulatory requirements as outlined in the most current version of the *Standards of Practice for Registered Nurses and Nurse Practitioners* and *Code of Ethics for Registered Nurses*; applicable legislation, including any duty to report legislation (e.g., *Public Health Protection and Promotion Act*, *Personal Health Information Act*); and in

accordance with relevant documents (e.g., *Scope of Practice for Registered Nurses and Nurse Practitioners*) and business/employer policies. VNP must be delivered in a manner that is in the best interest of the public ensuring the delivery of safe, competent, compassionate, and ethical nursing services.

Nursing is a reflective practice. RNs/NPs need to reflect on their VNP to ensure that they are not unknowingly taking risks with their clients. RNs/NPs must be aware of the risks of VNP and have a process in place to reduce/mitigate the risks. To help reduce the risks, when engaging in VNP RNs/NPs must reflect on the appropriateness of this method to deliver nursing services with respect to appropriate duty of care, appropriate technology, and appropriate employment support.

Appropriate Duty of Care

As within all practice environments and employment situations, the appropriateness of duty of care being provided is specific to the client, the provider, type of practice, location, and the availability of supports.

When engaging in VNP, a formal duty of care is established between the RN/NP and the client the moment the RN/NP answers a phone call, text, message, email, or via any other means of communications technology to provide nursing services (CNPS, 2019). Therefore, RNs/NPs who have established a formal duty of care with clients are responsible and accountable for the care being provided.

However, with VNP, because the client is in a different location, a nurse's ability to do a comprehensive, face-to-face assessment (if needed) is reduced, therefore, VNP may not be appropriate in all situations.

When reflecting on the appropriateness of care, RNs/NPs must:

- consider their professional accountabilities and individual level of competence when engaging in this form of nursing practice.
- utilize a client centered approach, including:
 - introducing themselves to the client, identifying their role, and that they are licensed to practice in NL.
 - obtaining the client's informed consent regarding participating in VNP with an awareness of the strengths and limitations of this form of practice including:
 - providing information regarding the privacy, security, and technology risks associated with VNP; and
 - providing information regarding any material risks associated with the treatment and care.
 - ascertaining the ability of the client to participate in the virtual application of care. The comprehensiveness of the care provided is dependent on the client's desire/ability to participate, which may be limited by physical, mental, cognitive, social barriers, and/or support systems.
- consider how the nursing process will be used to provide this form of nursing service. This includes the use

of critical inquiry to assess, plan, implement, and evaluate client care.

- consider how to capture, in documentation, the use of the nursing process and the rationale used for decision-making. RNs/NPs are encouraged to refer to the most current version of CRNNL's guidance for documentation. Details specific to documentation for VNP are included in Appendix A.
- use professional judgement in deciding if they can provide the nursing service virtually:
 - Clients must be screened to determine if VNP is appropriate to meet their health care needs (e.g., conduct an initial assessment). Evidence-based risk assessment protocols/employer protocols may assist this process.
 - If a more detailed physical assessment (i.e., face-to-face, hands-on) is required, a process must be in place to transfer/refer the client to another health care service where it can be obtained.
 - Use clinical judgement to determine if the physical assessment required can be completed with the assistance of a third-party, which could include, but is not limited to:
 - a person facilitating the RN/NP with the hands-on portion of the assessment (e.g., remove a dressing so the RN/NP can assess the wound, or correctly place a virtual stethoscope).
 - a third party who is deemed competent and authorized within their scope of practice and employment situation to complete a physical assessment so that their findings can be relied upon and integrated into the RNs/NPs' clinical judgement.
- consider the use of decision-making tools, algorithms, policies, and other processes.
- consider the ability to plan for any future visits to ensure continuity of care over time.
- consider the availability of imaging, laboratory, and pharmaceutical services, and the acceptance of virtual prescriptions, orders, and health care instructions.

RNs/NPs who provide generalized, web-based, non-client specific advice (i.e., an RN who writes a blog on lifestyle coaching), are not considered to be entering a formal duty of care because they have no direct client contact. The individuals seeking those services are responsible to use their own discretion when acting on and/or using the information provided. Yet, the RN/NP if holding themselves as such, and using the service to claim nursing practice hours, is still responsible and accountable for making accurate, evidence-informed statements that fall within their scope of practice, and are consistent with their Standards of Practice and Code of Ethics, and any other professional accountabilities when using the title of RN and/or NP.

In addition, the detail in documentation may vary depending upon whether nursing care/advise was provided versus providing information only.

Appropriate Technology

- the form of technology being used needs to be consistent with the level of assessment/services required (e.g., two-way video conferencing). If the technology is not appropriate, then a process must be in place to safely mitigate this limitation.
- the form of technology must allow for clear, confidential communication (e.g., a dedicated computer or telephone).
- measures must be in place to reduce the increased risk for breaches of privacy and confidentiality (e.g., cybersecurity), as well as maintain the ethical and legal requirements for confidentiality of electronic information (including encryption of data). Infrastructure supports must be in place in all employment settings, including working from home (e.g., supports to minimize the risk of hacker intrusions).
- RNs/NPs must maintain continuing competence in the application of VNP. RNs/NPs must keep up to date on new processes, equipment, and/or changes in VNP. As well, ongoing education is required when gaps occur between initial education/orientation to VNP and VNP initiation; when the RN/NP has had lengthy absences from using VNP; or upon request for a refresher from the vendor or employer as required.

Appropriate Employment Support

Employment for the purpose of this document includes: an employer/employee relationship, an independent contractor, and self-employment.

The employment situation must have policies that clearly articulates the form(s) of VNP that can be provided (e.g. care as a primary care provider, the provider of episodic care, a mixture of both, etc.). This allows providers and clients to connect in a safe way while ensuring nursing practice expectations are being met.

The RN/NP must:

- adhere to relevant policies and protocols regarding VNP specific to role (e.g., direct practice, administration, research, education, and policy), practice setting and employment situation (including self-employment). If policies and protocols are not in place, require revisions, or need to adapt to meet client needs, then the RN/NP must advocate for this to occur, and support the development.
- ensure that the physical environment (e.g., working from home) in which VNP is delivered is conducive to maintaining client privacy and confidentiality.
- ensure processes are in place to manage system downtimes or failure(s) of technology which is clearly communicated to all healthcare providers.
- ensure processes are in place for proper client identification, informed consent, disclosure of limitations, privacy and confidentiality, and documentation of care.
- adhere to legislation regarding personal health information and the storage of documentation (e.g., custodian requirements must be clearly defined in your employment situation). **NOTE:** An independent contractor or self-employed individual may be the custodian of the patient record and therefore is

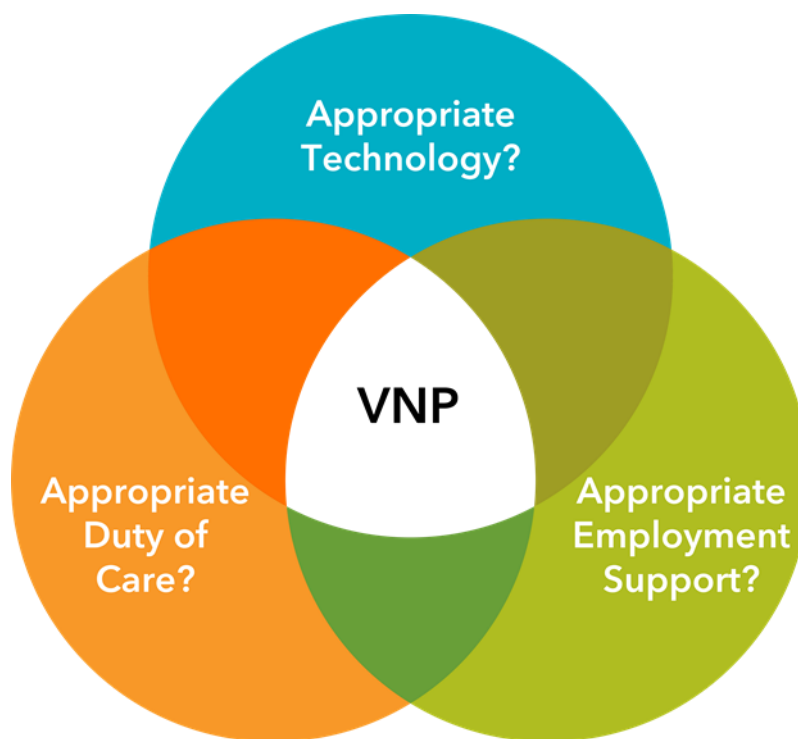
required to meet custodian requirements in the *Personal Health Information Act*. RNs/NPs are encouraged to refer to the most current version of CRNNL’s self-employment document.

- ensure adequate infrastructure and resources are in place to support VNP, including the ability for collaboration/consultation with other health care providers within the circle of care.

When providing virtual nursing services on behalf of an organization that is not operated by health care professionals/ or licensed as a health care organization, there should be clear, documented understanding (e.g., contract for professional services), in advance of providing care, as to which party (the organization or RN/NP) will be responsible to ensure appropriate duty of care, technology, and infrastructure (e.g., record keeping system, communication tools, follow-up system, appropriate limitations in advertisement, client management system, etc.). The RN/NP is responsible to provide care on behalf of these organizations in accordance with regulatory and legal requirements (CNPS, 2020).

RNs/NPs engaging in VNP are encouraged to consult with the Canadian Nurses Protective Society to discuss the application of VNP and ensure a clear understanding of their responsibilities and accountabilities.

Decision-Making Framework: Establishing the Appropriateness of VNP



Appendix A – VNP Documentation Guidelines

Virtual Nursing Practice

Providing nursing care virtually is practicing nursing and thus the interactions must be documented and are part of the client's permanent record. Documentation via virtual practice should meet all documentation standards and employment setting policy. Documentation should identify how client information obtained through virtual nursing practice is to be transmitted, recorded, and shared between care providers.

Documentation should include (but not be limited to):

- Client's name, location, and demographics.
- Evidence of confirmation of client's identity as per employer/self-employment policy.
- Evidence of an informed consent received from the client (e.g., documentation of verbal consent).
- The date and time of the episode, commenting if there is a time gap between receipt and response to communication (e.g., email or text message and follow-up contact and number of attempts to contact if unsuccessful in obtaining a response).
- The reason for the call, the client's subjective comments, signs and symptoms, and related contextual factors.
- The application of the nursing process, the technology used to complete the assessment, and the process used to make decisions regarding patient treatment/interventions, and how those decisions were communicated to the client.
- Reference to any standard, policy, protocol, algorithm, or care plan followed.
- Documentation of advice or information given with respect to appointments, referrals, or suggested next steps for follow-up.
- Documentation is stored and managed in compliance with the *Personal Health Information Act*.
- Anonymous clients: If the client refuses to provide their name or identifying information, at a minimum, the date and time of the interaction, the request, and information provided should be recorded.

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